BSCIP Advisory Council Public Awareness Committee Meeting (Tentative Dates)-20240905_140109-Meeting Recording

September 5, 2024, 6:01PM

59m 26s

Casavant, Robert started transcription

Robinson, Kimberly S 0:08

So I wanna thank everybody for joining today.
I know this is still a pretty busy time of year for everybody, so it's great that we can still get together and have a good crowd.
And with that, I will turn it over to Joe.

+18*****79** 0:24

Great.
Well welcome.
So today we we'll do roll call in just a minute.
Just so that we know, if we have a quorum, but I really just wanted to.
You know, this is a special meeting because we're gonna talk about the EMS and acute care standards specifically anyway.
If you want to go ahead, Kim and Kim Rita and help us with roll call that would be.

Robinson, Kimberly S 0:50

Yeah, I don't see Kim on the call.
Let me just look and see if she's on, but I don't see her on yet.

+18*****79** 0:56

OK.

Robinson, Kimberly S 1:00

But that's alright.
I'll go ahead and take roll call.

+18*****79** 1:03
Thank you.


Robinson, Kimberly S 1:04
So that we can keep moving.
So Don Chester.

CD
Chester, Don 1:10
Here.


Robinson, Kimberly S 1:12
Kevin Mullen.

KM
Kevin Mullin 1:14
Here.


Robinson, Kimberly S 1:16
Uh, Patty Lance.
Jennifer Lennon.
Daniel Nicholson.
Michael fada.
Madonna stoltzenberg.

SM
Stotsenburg, Madonna 1:39
Present.


Robinson, Kimberly S 1:42
You'll onic.

+18*****79** 1:44
Brother.


Robinson, Kimberly S 1:47

Doctor valbuena.
Doctor Higdon.

Higdon, Brian 1:56
I just joined.
Can you see me?

Robinson, Kimberly S 1:59
Ohh Yep, I see you.
Thank you.
Uh, doctor herodas.
Harry rayburn.

Carrie Rayburn 2:11
Present.

Robinson, Kimberly S 2:13
And Ruth Tattersall.

Ruthan Tattersall 2:16
Present.

Robinson, Kimberly S 2:17
Uh, alright, give me one second.
And so we have 12345, we we have a quorum.

+18*****79** 2:28
Fantastic.
So do we have a motion to approve the Minutes from July?

Kevin Mullin 2:35
Motion to approve this is Kevin.

Stotsenburg, Madonna 2:38
Second, this is Madonna.

+18*****79** 2:41

Great.
Thank you so much.
Alright so.
I umm, I think we we had the.
Documentation sent out that we're reviewing so.
Kimberly, do you have that to be able to pull up?

Robinson, Kimberly S 3:03

I do.
I'm just saving a copy of my roll call here so I don't lose, so I can't lose it.

+18*****79** 3:08

Perfect.
Yeah.

Robinson, Kimberly S 3:11

Alright, so alright, so let me go get my document.
I do have it open and I cut it down.
Let me pull it over here to where it just shows the section that we're going over today for EMS.
So let me go ahead and get my edit in here, so let me pull it down.
Instead of having the whole document, I just cut the sections we're looking at for today, so it starts out with.
Yeah, I EMS and acute care standards, the brain and spinal cord injury research.
So do you want to?
How do you want to do this?
Do you wanna read through all of this?
Umm I have it highlighted to where I can make changes on the fly as we go through it.

+18*****79** 4:00

Yeah, I think, uh, I don't know that we need to.
I'm hopeful that everybody actually reviewed it like we discussed prior to coming so

that we can just kind of go, you know, paragraph by paragraph to see if anybody has any recommended changes.
If you think we need to do it differently, please let me know.

Robinson, Kimberly S 4:17
Yep, this is up to the Council.
However, you guys would like to review this, I'm good with.

HB

Higdon, Brian 4:27
Just be honest, I didn't have time to review it between, but I I'm I'm a quick read, so I'll do my best.

+18*****79** 4:36
OK.
So.
I I think then we can go ahead and just read through the the 1st is really just kind of talking about.
You know the the intro to it, if you will.
And then it gets to some of the other stuff.
But Umm, is there anybody on the call to specifically had any changes for the first two paragraphs or recommended changes before we get into the the the pieces the meat with the objectives and things like that?

CR

Carrie Rayburn 5:09
I had a question.
This is Kerry.
Umm does this?
Is this a document that is required to be a certain level like reading level?

Robinson, Kimberly S 5:18
No.

SM

Stotsenburg, Madonna 5:20
No.

Carrie Rayburn 5:20
OK.
I just wanted to make sure.

+18*****79** 5:27
I didn't personally, when I read through it, I didn't see any specific changes for these couple of pair intro paragraphs if you will.

Robinson, Kimberly S 5:35
OK, you know.

+18*****79** 5:37
Madonna, did you have anything to add?
I know this is something that you're really familiar with far more than I am.

Stotsenburg, Madonna 5:43
Yeah, yeah.
The first couple of paragraphs I'm OK with.

+18*****79** 5:48
OK, alright.

Robinson, Kimberly S 5:49
Alright, so let me roast.
Let me Scroll down then.
Ohh, we'll get.
I'll go right to the objectives here.

+18*****79** 5:57
Perfect.
Alright, so I think we can take these objective.
Uh by objective so objective A to design, maintain and promote a statewide system for the rescue, evaluation, treatment and care of patients with traumatic brain and or spinal cord injuries.

Pretty straightforward.
Is there any recommended changes for that?

Carrie Rayburn 6:24
And and.

+18*****79** 6:28
OK.
Hearing none, we'll move to be to establish criteria for designation of centers capable of delivering optimal evaluation, treatment and care to patients who sustain acute brain and or spinal cord injuries.
Do we just uh verb saying do we wanna just stick with instead of a acute, say traumatic?
Or do you want to say acute traumatic?

Higdon, Brian 6:56
That's a good point.

Stotsenburg, Madonna 7:00
1st.

+18*****79** 7:05
I think we're.
Did I hear acute, traumatic, maybe.

Higdon, Brian 7:08
Yeah.

+18*****79** 7:09
OK, just add the word traumatic there.

Robinson, Kimberly S 7:15
I'll clean this up.
Don't never mind my typos, I I do this every time I have to type during a an exercise like this so don't, don't criticize me yet.

+18*****79** 7:27
No, no worries.
Alright, so see to promote and support an optimal continuum of care through coordination among prehospital emergency medical services, hospital emergency departments, and rehabilitation centers.
I think that's the continuum essentially.

SM **Stotsenburg, Madonna** 7:52
I'm good with that.

+18*****79** 7:54
It said D to increase increase prompt recognition and initiation of proper emergency health care system response through information education, including public education on safety and prevention.

SM **Stotsenburg, Madonna** 8:10
That's good for me as well.

CR **Carrie Rayburn** 8:14
Same.

HB **Higdon, Brian** 8:15
Umm, I'm just this is more of a point of curiosity for Kimberly.
Is there is as far as like the prevention of disease am I?
Is there a certain thing that historically biscuit has been doing in this regard?

 **Robinson, Kimberly S** 8:31
Not that I'm aware of.

SM **Stotsenburg, Madonna** 8:32
Yeah.

 **Robinson, Kimberly S** 8:35
Yeah, for disease.

Higdon, Brian 8:38
I know a lot of trauma hospitals will sometimes have like, events for, like, you know, wearing helmets and wearing seat belts and things like that.

Stotsenburg, Madonna 8:44
Yeah.
So we.

Robinson, Kimberly S 8:46
Umm.

Higdon, Brian 8:46
I'm just not sure what B skips capacity is for that.

Stotsenburg, Madonna 8:52
So we utilize so the B skip designated centers utilize those center injury prevention and outreach and then prompt recognition and initiation.
We get engaged with trauma transport protocols and then that and training and education and paramedics and then also in the system we have benchmarks for response times and policies and guidelines that direct the the recognition and initiation of all of this.

Higdon, Brian 9:27
Alright, cool.
Thanks for answering that question.
I think this language is fine from my perspective.

+18*****79** 9:33
Yep, alright, you're good E to promote and support continuing education for emergency medical technicians.
Paramedics, Emergency Department personnel and other acute care staff.
It's pretty generic and and broad.

Kevin Mullin 9:49
All good from here.

+18*****79** 9:50
When?

Stotsenburg, Madonna 9:53
Same.

+18*****79** 9:55
OK.
Great.
All right.
So just one in that section, just adding the word traumatic.
OK.
Moving on under EMS, uh.
A brain and or spinal cord injury coordinator or Amalfi administrator who facilitates a timely and orderly transfer.
Patients with acute traumatic brain and or spinal cord injury to and from the hospital must be on staff.
The coordinator was facilitating augment essential physician and treatment team communication.
Umm, I just had one, you know?
Is this actually an EMS coordinator who's on side?
Or is it more like a trauma coordinator?
It wasn't aware if there was a specific brain and spinal cord injury.

Stotsenburg, Madonna 10:39
So the trauma, the trauma centers, UM, like I have a trauma.

+18*****79** 10:39
Coordinate.

Stotsenburg, Madonna 10:46

Narrow nurse practitioner that is kind of our bee skip coordinator.
And then I have an EMS liaison or injury prevention and outreach coordinator that are required by the trauma standards and they pick up this as part of their job description.

+18*****79** 11:06
OK, so does any Burbage or any language I'm sorry need to be modified to fit that?

SM **Stotsenburg, Madonna** 11:15
I don't think so.

CR **Carrie Rayburn** 11:21
Kim, can you add a end parentheses after EMS?

+18*****79** 11:21
Anybody else?

CR **Carrie Rayburn** 11:28
At the top on the title.


Robinson, Kimberly S 11:30
Yeah, there's a few typos in here.
That's why I have FFA and DOHC highlighted cause those will have to be written out and then the acronym behind them like EMS.

CR **Carrie Rayburn** 11:39
OK.

+18*****79** 11:41
OK, great.
Alright, #2 teleport landing facility should be in proximity to the emergency department and shall meet FAA and DOT requirements.
Other than writing those out, yeah.

CD **Chester, Don** 11:51

Yeah, this is.
Yeah, this is Don.
There's just one thing we all have hella stops because the heliport has to be able to refuel.

+18*****79** 12:01
Ah, OK.

CD **Chester, Don** 12:03
That's a technical thing, but it's in your license.
It's in our license for that.

HB **Higdon, Brian** 12:08
Very interesting.

+18*****79** 12:08
So yeah, changing heliport to helistop or how it may be how a staff or heliport.

CD **Chester, Don** 12:13
Yeah.

HB **Higdon, Brian** 12:16
Or helicopter landing facility.

CD **Chester, Don** 12:17
Yeah, I don't.
I don't know.
Yeah, that's fine.

 **Robinson, Kimberly S** 12:22
So what do you want to have here?

CD **Chester, Don** 12:26
I thought helicopter landing facilities is great.

+18*****79** 12:31
Great.


Robinson, Kimberly S 12:38
What?

HB **Higdon, Brian** 12:38
Yep.


Robinson, Kimberly S 12:40
OK.

+18*****79** 12:42
Alright, fantastic three the brain and or spinal cord injury Designated Hospital shall maintain two way radio communications with the ambulance and rescue vehicles. This radio shall be compatible with the regional EMS and the Verified Trauma Center Standard communication system.

CD **Chester, Don** 13:02
That looks good.

SM **Stotsenburg, Madonna** 13:03
That's yeah.

+18*****79** 13:05
No.
Umm #4 medical surgical plan of care.
A plan of care or clinical pathway must be developed and used as a guideline for the evaluation treatment of patients with acute traumatic brain and or spinal cord injury who have been accepted by the designated hospital for treatment.
This plan of care should be made available to all health providers and the catchment area.
These providers shall be made aware that the hospital is an acute be skipped, designated facility and that all patients with a newly acquired traumatic brain and or

spinal cord injury should be transferred to the designated facility for optimally evaluation and treatment care.

Stotsenburg, Madonna 13:42
So. Umm.
We need to, Kim.
I am.
I would like to make the the recommendation we need to.
Have a discussion with foot SAC on this.
Umm, these provider shall be.
I have a note in my notes.
When I reviewed and it has been a little bit since I reviewed and made these notes.
I think we need to discuss because it used to be that there were specifically designated B skip centers throughout the state and then I believe it was last year that.
Try trauma centers.
What trauma designation status were equipped to care for be skip patients?
So I think this is a further discussion with the trauma centers and foot sack or do we make this decision?


Robinson, Kimberly S 14:42
What?
What's the accurate?
What's what's the acronym for BOOKSTACK?
What is that?

Stotsenburg, Madonna 14:48
Ohh sorry, Florida Trauma Systems Advisory Council.


Robinson, Kimberly S 14:53
OK.

Stotsenburg, Madonna 14:58
Mike, well, there's somebody new now, but it was Mike.

Robinson, Kimberly S 14:59
So with.

+18*****79** 15:03
Just a matter of semantics.

Robinson, Kimberly S 15:04
You said in in trauma and trauma centers you said.

Stotsenburg, Madonna 15:09
Yeah, I think I think if we just take it through foot, sock or Epcot, umm, which will include all the trauma center leadership, just because they're, you know, you know, it used to be that there were only like 7 designated centers that were considered B skip and they met all of those criteria.

Robinson, Kimberly S 15:15
OK.

Stotsenburg, Madonna 15:32
But that kind of expanded a couple of years ago just because of the regulatory ability.
And I I don't know if this committee has oversight on that, or if it is the foot Sack Committee.

Robinson, Kimberly S 15:50
Does this have anything to do and I and I don't know the answer to this, so that's why I'm asking.

Stotsenburg, Madonna 15:50
Because it's pretty.

Kevin Mullin 15:55
Hold on.

Robinson, Kimberly S 15:56
Does this have anything to do with transfer agreements?

Kevin Mullin 15:56
Yeah, yeah.

Robinson, Kimberly S 16:00
This is separate.

Stotsenburg, Madonna 16:01
Well, yes, but it also so and I kind of know this from a from a high level view because I've been at organizations that were trauma centers and they were bypassed because they weren't bee skip centers.

Kevin Mullin 16:05
Umm.

Stotsenburg, Madonna 16:21
So you can be a level 1 trauma center, but you're not a bee skip center. So that.

Robinson, Kimberly S 16:23
Alright.
Right.
But you weren't dead right.

Stotsenburg, Madonna 16:27
Yeah.
And and so that's where do is at this committee that owns this process and or is it the foot Sack committee through the trauma standards that own this process and define this as my question?

Chester, Don 16:30
OK.

Kevin Mullin 16:41
And.


Robinson, Kimberly S 16:49
I'm I'm not sure I would have to run that by illegal.

Kevin Mullin 16:51
You just grab those, put them on the bed for me.

Stotsenburg, Madonna 16:54
OK.

Kevin Mullin 16:55
Thank you very much.

Stotsenburg, Madonna 16:57
Yeah, because I know.
I know they this will be a hot conversation within the trauma centers.

Kevin Mullin 17:02
You have one meal a day.


Robinson, Kimberly S 17:03
Yes.

Kevin Mullin 17:04
That's all I need.
Yeah, it'll be last night.
No, no, no.
It depends.
I'm saying I'm I I'm I'm.

Higdon, Brian 17:09

Hey, Kevin, can you mute?
Thanks.

+18*****79** 17:15
So my only feedback on this number 4 is that.
You know, a plan of care usually is developed based on the perhaps the implementation of a clinical pathway or best practice.
You know evaluation and assessment and all of those things, so.

Stotsenburg, Madonna 17:37
Correct.
Yeah.
That that's part of it.
It's just the this could start prehospital on where EMS decides to transport the patient.
Because it says these providers shall be made aware that the hospital is an acute bee skip designated facility. Umm.

Robinson, Kimberly S 18:03
So no right now.
All trauma centers have been designated as a bee.
Facility.

Stotsenburg, Madonna 18:14
Correct.
And that just occurred last year.

Robinson, Kimberly S 18:15
Across.
Right.

Stotsenburg, Madonna 18:20
And that is.
That's kind of part of this is what?

How do we wanna develop these standards to have the oversight?
Because B skip centers before had a had additional requirements.

Robinson, Kimberly S 18:38
We did our own surveys.
Right.

SM **Stotsenburg, Madonna** 18:42
Then the general trauma standards.

Robinson, Kimberly S 18:43
So.
So as I understand, through legal, when those letters were sent out to all trauma centers, regardless if they were already designated or not, they were not following, they were not following B skip standards because they were designated per the trauma standards.

SM **Stotsenburg, Madonna** 18:53
Uh-huh.
Yes.

Robinson, Kimberly S 19:15
So if you met all of the requirements for the trauma standards and we're certified, then that's why the senators were automatically designated as B skip and it goes back to and I don't have it in front of me.
What that little standard was that one paragraph in your standards that mentions beast skip.

SM **Stotsenburg, Madonna** 19:35
Yeah.
I'm pulling it up right now.
Uh, be skip, it's actually a full section in the trauma standards.

+18*****79** 19:42
So.

Stotsenburg, Madonna 19:46
2.29 I have it? Umm.
17.


Robinson, Kimberly S 20:03
Nope.
It's one and two.

Stotsenburg, Madonna 20:04
Well, yeah.

+18*****79** 20:06
1-2 OK.

Stotsenburg, Madonna 20:06
And so this standard is acute spinal cord and brain injury management capability and it reads the trauma Center shall have written policies and procedures for triage, assessment, stabilization, emergency treatment and transfer either into or out of the facility for brain or spinal cord injured patients.

Dr Abilash Haridas 20:08
I one and two.

Chester, Don 20:22
Meeting of poor people.

Stotsenburg, Madonna 20:34
This is for every trauma center.

Chester, Don 20:34
How about tomorrow?

Stotsenburg, Madonna 20:36
Policies and procedures shall also be written regarding in hospital management,

including rehabilitation in the implementation of the preventative. Also program. See note #7 for brain or spinal cord injured patients Part B of this is the trauma center shall be designated by the Department of Health, Brain, and Spinal Cord Injury program as a spinal cord injury, acute care center, or brain injury, acute care center, or have a written.

Robinson, Kimberly S 20:51

Umm.

SM **Stotsenburg, Madonna** 21:12

So this is the two ways that it used to be designated or have a written transfer agreement in place with such a facility and written medical transfer policies and protocols for when to initiate a transfer to ensure the timely and safe transfer of the brain or spinal cord injured patient.

Robinson, Kimberly S 21:36

Correct.

SM **Stotsenburg, Madonna** 21:37

So it it directly in the standard references being designated by the Bee Skip program. The Do oh Florida DOHB skip umm.

And if you are not designated, you have to have a transfer agreement in place and part of that.

That designation was these standards we used to have that we used to have a team that came in and evaluated the bee skip part of the program, and then we would get a letter and then when the states surveyors came in for the trauma survey, we would have that in this standard with all the documentation and the survey that was performed.

Correct.

And break him.

Robinson, Kimberly S 22:30

Correct.

Stotsenburg, Madonna 22:31
That makes sense.


Robinson, Kimberly S 22:32
That's correct.

Stotsenburg, Madonna 22:32
So that's where the conversation is coming out of foot.


Robinson, Kimberly S 22:33
That's correct.

Stotsenburg, Madonna 22:37
Sack is how do we hold these trauma centers to?
Written standards in the trauma standards and then like I believe it was last year.
That all trauma centers were designated by, but the bee skep centers actually, as you guys read through these standards, you'll see there is a higher level of expectation for B skept designated centers, especially in resources for these patients.
The General Trauma Center, right?


Robinson, Kimberly S 23:13
That's correct.
But the reason that biscuit cannot.
Enforce this designated per our standards that we have written, that you're that you're looking at here is because there's no rule.
That's why we had to stop.

Stotsenburg, Madonna 23:30
Gotcha.
OK.


Robinson, Kimberly S 23:33
Because there's no rule.
And so we couldn't enforce it.

And this was before my administration.
This was this happened during John Cherries administration and so the answer the answer's been Gray all the time.

Stotsenburg, Madonna 23:43
OK.

Higdon, Brian 23:45
Are there?

Robinson, Kimberly S 23:49
Until legal came fourth last year, when all those letters went out, Madonna and Legal looked at trauma standards and said, OK, well, if all the trauma centers are meeting the standards that are set in the trauma standards here, they're meeting everything. Then under that clause that you just read, they can become beast skip designated because bees skip even though we had the standards.
We can't enforce the standards because it's not written in Rule.

Stotsenburg, Madonna 24:21
Gotcha.

Higdon, Brian 24:22
Yeah, I.
And I don't really know what I even want, but I I'm just curious what is their process where you're like, where there's a whole or or or gap like this that it's like, like the legislators are notified that that there's a sort of an incomplete legislation or.

Robinson, Kimberly S 24:47
Well, if B Skip wants to go back and enforce the designated facilities for trauma and the rehabs because rehab is another section to all this, we can write these standards.

Higdon, Brian 24:58
Yeah.

Robinson, Kimberly S 25:01

We can write them and have them ready, but then we have to go to rule.
To to implement them we have to go to.

HB **Higdon, Brian** 25:08
Her.

+18*****79** 25:09
So could we?

 **Robinson, Kimberly S** 25:10
Rule Rule takes A at least.
It probably about a year.

+18*****79** 25:15
So I'm wondering if we when do they have to be in by?
Is there a certain date or just any time?

 **Robinson, Kimberly S** 25:21
Umm, no.
I would have to go back to legal to see if we've missed our window for next year and I I'm not sure what the deadline is to start submitting for rule.
I've never done rule for this program, so that's a whole new animal for me.
I know, I know enough about it to be able to talk about it, but I don't know all the intricacies of it.
I don't know what the timeline was to submit rule.

+18*****79** 25:45
I'm.
OK.
I'm wondering if we that could be a part of our in person meeting in November, really part of the part of what we work on.

SM **Stotsenburg, Madonna** 26:00
That sounds good to me.

Robinson, Kimberly S 26:01
Rule you want, so when you say part of our in.

+18*****79** 26:03
You developing our proposal? Umm.

Robinson, Kimberly S 26:09
I'm sorry, go ahead.

+18*****79** 26:12
I was just saying, I wonder if if that could be something we work on at the November in person meeting is writing that umm.
Whatever you called it to, yeah.

Robinson, Kimberly S 26:22
Working on rule rule.

Higdon, Brian 26:25
Yeah.
I mean, as an advisory counts, I don't think we'd be the ones authoring it, but I think we'd have a role in, in, in giving our opinion on it.

Robinson, Kimberly S 26:26
Alright.

Higdon, Brian 26:32
But uh yeah.

Robinson, Kimberly S 26:34
That's correct.
So let me get more information on uh, how to get the rule started and I can push that out to you guys so that you so that I can I can talk more intelligently about it because like I said, I've never done rule.

I know there's a lot of hearings you have to post, and there's a lot of public hearings that go with this.

+18*****79** 26:58
Yeah. OK.

Robinson, Kimberly S 27:00
But, Donna you you've probably been involved in Rule meetings for trauma, so I'm not.

HB **Higdon, Brian** 27:02
Umm.

SM **Stotsenburg, Madonna** 27:04
Yes, yes.

Robinson, Kimberly S 27:07
I'm not far from the target, correct?

SM **Stotsenburg, Madonna** 27:10
No, no, it it is a process, so.

Robinson, Kimberly S 27:12
OK.
Yes it I I know it takes about a year that I do know cause I've had this conversation with Lori Jobe, who was our legal counsel.

+19*****42** 27:18
Conversation.

HB **Higdon, Brian** 27:22
OK.
Would it be separate rules for acute versus rehab or was it be would be across the board?

Robinson, Kimberly S 27:28

We could do it, I believe across the board as just designated facilities and go through this whole document and present the whole thing in one rule.

I don't think it has to be two separate rules.

HB **Higdon, Brian** 27:41

OK.

+18*****79** 27:42

That's great.

OK, cool.

So more work on #4.

And for bee hospital requirements, one says must be accredited by Joint Commission.

My only question was this, you know, are there any others allowed?

Because not, I mean joint commissioned by and large is the large.

But there are other surveying entities.

SM **Stotsenburg, Madonna** 28:08

I think all trauma centers and the state of Florida, there's 36.

We are all required to have Joint Commission.

+18*****79** 28:18

OK.

Perfect.

Umm #2.

There should be a volume of admissions that meet the state definition of traumatic.

I think we need the word acute before that again, just to keep it consistent.

Acute traumatic brain and or spinal cord injury.

Are these the?

Are these still the right numbers?

A minimum of 50 new traumatic brain?

Or a minimum of 12.

Spinal cord.

Stotsenburg, Madonna 28:45
So.
So I don't know the historical nature on why those specific numbers were selected.
Umm, I definitely think that's a conversation as well.
As you know, in trauma, umm, that's why you have my my.
Well, that's why you kind of geared towards having unlimited number of centers because they become the experts in this care.
Is Doctor Valbuena on?

+18*****79** 29:14
Umm.

Chester, Don 29:18
Hey, Madonna.

Stotsenburg, Madonna 29:18
From yes.


Robinson, Kimberly S 29:19
No, I don't see her.

Chester, Don 29:20
This is Donna.
Do you even even need that section?

Stotsenburg, Madonna 29:24
Well, yes, that's.

Chester, Don 29:24
If you say you must need to stake condition, do you need the the additional numbers or you say meet the state definition?

Stotsenburg, Madonna 29:30

Yeah.
Well, the state, the state defers to this for viska patients.

Chester, Don 29:39
OK.

Stotsenburg, Madonna 29:41
Umm.
And this was kind of so it's like a Don just to kind of explain, it's like in our state trauma standards where there's like a minimum admission of 1200 per year in order to be designated as a trauma center.

+19*****42** 29:47
Yeah.

Stotsenburg, Madonna 29:58
Umm this is the bee skip version of.
You have a minimum of 50 new TBI's and 12 spinal cord injury admissions.
It's umm and then.

Chester, Don 30:08
OK, so this day the state relied on this committee to put in this picture.

Stotsenburg, Madonna 30:12
Yes.

Chester, Don 30:13
OK, great. Thanks.

Higdon, Brian 30:15
Yeah, I'd be curious.
How many trauma centers meet this right now?
Umm, because there's the push and pull of that.

Stotsenburg, Madonna 30:19
Right.

Higdon, Brian 30:21
Like if there's two centers like in the same neighborhood that you know are both below this, then it might make sense that you know one of them be be these center.
But if someone has to travel 200 miles, well, that's a little bit far in Florida.
But if someone has to travel 100 miles away on because you know they're they're logo designer is is right below this, then yeah, so would there be a way to kind of get information on how many centers are meeting this currently?

Robinson, Kimberly S 30:52
I would think that we could pull the referral port, the referral report that indicates how many have been referred per center.

Higdon, Brian 31:01
OK.

Stotsenburg, Madonna 31:01
We we should also be able to make a request through the Florida T Quip collaborative.
Umm, that may be an option for us.
We could read out, reach out to Doctor Pappas for that.

Higdon, Brian 31:18
Yeah, I wouldn't.
I wouldn't really offer an opinion on this until I get that information.

Robinson, Kimberly S 31:23
I don't know that I spell.

Stotsenburg, Madonna 31:24
I yeah.

Robinson, Kimberly S 31:25

Is that right?

TT quip no.

SM **Stotsenburg, Madonna** 31:27

TT.

Ohh sorry, TQ IP.

Robinson, Kimberly S 31:32

OK, PQIP OK, I'm sorry.

SM **Stotsenburg, Madonna** 31:32

It's trauma quality.

Yeah, PTQ IP.

Robinson, Kimberly S 31:39

Oh, I'm sorry.

SM **Stotsenburg, Madonna** 31:41

No, it's OK. Sorry.

Umm, but because the all trauma Center sent 2019 are required to participate in the Florida T Quip Collaborative.

And that's it.

It's very defined criteria.

Umm, that all trauma centers on every trauma patient are required to track in their trauma registries, and this may be a category of area that we can pull from to see apples to apples because we know we're missing missing some referrals throughout the state and that maybe partially because of this beast skip designation status for from a trauma center standpoint.

+18*****79** 32:26

Yeah.

Stotsenburg, Madonna 32:38
Umm, let me.

+18*****79** 32:40
Alright, great.

Stotsenburg, Madonna 32:41
I'm gonna make a note on that so I can reach out and see to the best.
Umm, contact is for that T quip.

Higdon, Brian 32:53
Umm.
If this is the same data set that I'm thinking of, I think it captures track brain injury, but for the spine it says spine but not spinal cord.

Stotsenburg, Madonna 33:08
UM, yeah, there it is.
Broken down like you have, it's broken down by cervical, thoracic.
Umm.
Let me see how we can pull this.
We may be able to pull it from a national standpoint to just for the state of Florida through because national teqip is a national data bank for trauma where all of our trauma data goes into, and that one may be more detailed than what the Florida T Quip collaborative has access to because those are selected data points that the state of Florida trauma centers choose to review and work on as a state.

+18*****79** 33:59
That's.

Stotsenburg, Madonna 34:00
I can bring that back.

+18*****79** 34:01
Like.

Stotsenburg, Madonna 34:02
Let me do some research.

+18*****79** 34:04
OK, great.
So hospital support capability, basically Ed staffed with qualified and designated medical director Ed.
Physicians are trained and evaluation, treatment, care of critically ill with a traumatic I think again.
It's acute traumatic brain and or spinal cord injury and at least one eight efficient shouldn't is present in the Ed 24 hours a day other than adding the a word acute.
Does anybody have anything in there?
I think that's pretty.
Straightforward.

Stotsenburg, Madonna 34:35
That looks good.

Higdon, Brian 34:35
Yeah, this is well below the requirements to be level 2 trauma center.

+18*****79** 34:39
Yeah.
There must be on a staff that designated Board certified eligible neurosurgeon responsible for patients with acute traumatic brain and spinal cord injuries.

Stotsenburg, Madonna 34:50
Yep, that looks good.

+18*****79** 34:54
We're following surgical specialists shell in the case of associated multiple injuries be available on call and promptly available, anesthesiologist, cardiac surgeon, General Surgeon.
We can go to the next page.

He scrolled it.
There we go.
Interventional radiologist maxillofacial surgeon.
You can see the list?
Umm anybody have anything differ for that list?

SM **Stotsenburg, Madonna** 35:22
Umm.

+18*****79** 35:28
Thank you #4.
The following non surgical specialists are on call in person or via telemedicine and are promptly available.
So you can see the list there.
I I only had a question relative.

HB **Higdon, Brian** 35:39
Sorry, go back to the other one.

+18*****79** 35:41
Sorry, go ahead.

HB **Higdon, Brian** 35:42
It says pediatric surgeon UM, I mean a lot of a lot, a lot of trauma centers are are are not not pediatric centers.

+18*****79** 35:46
Uh.
Yeah.

SM **Stotsenburg, Madonna** 35:54
Yeah.

+18*****79** 35:54

So we just say if appropriate.
That I'm with you, yeah.

Higdon, Brian 36:01
Umm, I mean if if treating if treating pediatric cases.

Stotsenburg, Madonna 36:04
The lightful.

Higdon, Brian 36:08
But sometimes, sometimes all two travel stones will will still care for.
I don't know what this I like.
If they come in like and they don't know like how, how will they are?
They'll get like older teenagers and and keep them.

+18*****79** 36:26
Madonna, were you gonna say something?

+19*****42** 36:27
Determine.

Stotsenburg, Madonna 36:29
Yeah, I I agree with Doctor Hagdan and I'm.
I'm trying to think back.
I'm also cross referencing to our draft standards cause I know we updated some of that with our that with the new trauma standards that were presenting. Umm.
Because we.
ACS's Gray book came out and it identifies each trauma centers level and what each surgical requirement is based on.
Not that the level of the trauma center and doctor Higgins right there, are level 2, and even adults specific level 1 trauma centers that will keep pediatric trauma patients.
Uh.

+18*****79** 37:28
So do we think adding the language of appropriate is OK, OK.

Stotsenburg, Madonna 37:31
Yeah.
And maybe the account can we make and this may be as we're going through this, the IT may be appropriate to put in here to to like some of these sections we could defer to the trauma standard.

+18*****79** 37:34
Alright.

Stotsenburg, Madonna 37:48
Umm the pain point 150-9.
But is that a possibility can?

Robinson, Kimberly S 37:58
Well, if you're if you're writing this specific for biscuit, you can refer to it, but this is gonna be be skip.

Stotsenburg, Madonna 38:06
OK, OK.

Higdon, Brian 38:06
Umm, but I the other time that is you could say, you know it has to be level one or level 2 trauma center plus these additional things.

Stotsenburg, Madonna 38:16
Yeah.

Higdon, Brian 38:17
I don't see any like Level 3 trauma center.
UM, kind.
I mean the mean the standards for for B skip.

So I mean we we could sort of say, OK, it's gonna be level one and level 2 that also meet these criteria and just differ a lot of those things to those standards and that will reduce the kind of the administrative burden umm to kind of that the the the duplicates a lot of these things.

CD **Chester, Don** 38:45
Is there a better word than appropriate?

SM **Stotsenburg, Madonna** 38:48
Yeah.
I think if if applicable or.

+18*****79** 38:53
Sure. Great.

SM **Stotsenburg, Madonna** 38:54
If.

CD **Chester, Don** 38:59
Applicable.
Deb, that's I think that's better.

+19*****42** 39:02
OK.

HB **Higdon, Brian** 39:03
Umm.

+18*****79** 39:06
Great.

HB **Higdon, Brian** 39:08
Yeah.

+18*****79** 39:12

So to follow up on.
He the question is there.
A section that you think we need to just remove and say refer to trauma center level one and two are trauma center level one and two standards and or should we you wanna just keep moving forward this way and then we can figure that out once we get the answers to the other pieces.

Stotsenburg, Madonna 39:40
I I think that we can keep moving forward and then we can go through and make notes and then because this is just the first, like kind of level overview, we can have discussion in my opinion and then and then as I go through this, what I can do is also assist and cross referencing this umm into what is already required by the trauma standards and then we can potentially make the bee skip standards.

+18*****79** 39:46
OK.

Stotsenburg, Madonna 40:11
What the additional the higher level requirements in order to care for this patient population.

+18*****79** 40:20
Sure.
Alright, so #4 it talks about the the following list of specialists are on call in person or via telemedicine, and are promptly available.
There were just a couple that I had a question on.
A neuropsychologist, rehab psychologist, ecologist or clinical psychologist do all level trauma one and trauma 2's actually have a neuropsychologist on staff or on call 20 all the time I.

Stotsenburg, Madonna 40:53
Uh, well, not narrow.
So this is promptly available, meaning that there's a call schedule and the.
They.
They are called in and they have to be promptly available.

That and that's defined by your policies and your facility.
But this the way we interpret it, this is neuropsychology, rehabilitative psychologist, and or clinical health psychologist.
Umm, so one of those is promptly available because usually narrow site comes in towards when the patient is more umm.
They're they're a little bit more.
Uh, they have a higher ability to participate.

+19*****42** 41:41
But.

SM **Stotsenburg, Madonna** 41:43
We usually get the psychologists involved in the acute meaning the 1st 24 to 48 hours and then Neuro Psych comes in and does their evaluation.

HB **Higdon, Brian** 41:56
Yeah.
I mean, in a perfect world, they'd be pretty quickly available.
I'm not sure about how promptly exactly is defined, but you could have like behavioral issues or or like uh, like minimally conscious state sort of situation where neuropsychologist could have a role.
UM, but maybe not prompt.
Maybe not like within 24 hours or something, but.

+18*****79** 42:20
Yeah.
And and then I would just ask about the PMR doc.
And the psychiatrist has some facilities, aren't they?
Don't have rehab, so they might not have any PM and R's.
With privileges necessarily.

CD **Chester, Don** 42:34
So why didn't you just say on call or in person by our, by telemedicine and just leave out the promptly available?

Higdon, Brian 42:40
Yeah.

Stotsenburg, Madonna 42:47
Well, probably available as required by trauma standards.

Chester, Don 42:53
Alright.

Higdon, Brian 42:54
Umm.

+18*****79** 42:56
I'd be curious to see how many times.

Chester, Don 42:57
But now you know I never disagree with you on these things.

Higdon, Brian 43:00
Yeah, the.

+18*****79** 43:00
Have the PMR that.

Stotsenburg, Madonna 43:05
Physical medicine and rehabilitation can be done through, through, through Tele or in person, so a lot of trauma centers eat have a we have like at my trauma center, we have an inpatient rehab.

Higdon, Brian 43:05
Yeah, I.

Stotsenburg, Madonna 43:22
So they're on all of our cases.

+18*****79** 43:25
Sure. Yeah.

Stotsenburg, Madonna 43:25
Another trauma center across the county, they don't have an inpatient.
Rehab.
But they have there.
They have a contact to.
Umm, a rehab.
That's close to them.
So that's who they have a transfer agreement with and they have a call schedule or they have a mechanism of activating the team.

+18*****79** 43:49
OK.
I'm fine with it.
I was just asking because.

Stotsenburg, Madonna 43:52
And this this is where we kind of get into the differences of what is required for B skip versus.
Just the general trauma center.
Bear designation and there's a couple of these here and I that I gotta go back and actually side-by-side cross reference with what we're proposing now and what the current standard is because.
There there is a higher level requirement in the bee skip standards for B skip designated centers.

+18*****79** 44:35
OK.

Stotsenburg, Madonna 44:36
And the promptly available maybe may have been part of that.

Umm instead of it being like just a casual consult and they have time to get to the bedside based on medical staff bylaws.

+18*****79** 44:56
Alright, cool.
Anybody have any changes to this list on #4?
Alright, #5, the following facilities and personnel shall be available on call on a 24 hour basis.
We can see the list.
Question.
I know some places call it case have social workers that are in their case management department, so I just wasn't sure if we needed to have maybe social service, slash case management or.
Different need.


Robinson, Kimberly S 45:39
Down here is more social services down here.

SM **Stotsenburg, Madonna** 45:41
Yeah.
That's I like, I like combining that.

+18*****79** 45:43
Yeah.

SM **Stotsenburg, Madonna** 45:47
I think that's a good suggestion, and I think a lot of places are moving towards that terminology.


Robinson, Kimberly S 46:00
You want it like that?

+18*****79** 46:03
Sure.

Stotsenburg, Madonna 46:04
Yep.


Robinson, Kimberly S 46:05
Right.
Any other changes appear.

+18*****79** 46:10
Alright.
Great for six, it says there should be a designated person responsible for ensuring new admissions are reported to the B Skip Central Registry.
Do we want to?
My question is is do we wanna add a time frame expected?

+19*****42** 46:34
Right.

+18*****79** 46:34
Or is there one and just not in writing?

Stotsenburg, Madonna 46:39
Does it?


Robinson, Kimberly S 46:39
Those statue requires within 5 days.

Stotsenburg, Madonna 46:40
Yeah, it's at 5, yeah.

+19*****42** 46:40
Who are?
Hello.


Robinson, Kimberly S 46:46

But this this isn't referring to statue.
This is just saying each center will have it designated person responsible for referring.

+19*****42** 46:52
Alright.

HB **Higdon, Brian** 46:54
Yeah, that'd be good.

+18*****79** 47:01
So we're leaving.

+19*****42** 47:02
Right.

SM **Stotsenburg, Madonna** 47:03
Yeah.


Robinson, Kimberly S 47:03
Even it as is or adding statue.
I don't think you need to add statue in here myself, yeah.

SM **Stotsenburg, Madonna** 47:13
No, I would just knowing what we're going through with the trauma standards, I would.

+18*****79** 47:13
OK.

HB **Higdon, Brian** 47:13
Yeah.

SM **Stotsenburg, Madonna** 47:24
I would keep it cause this just defines that these designated centers have to have somebody designated.

Basically, when a surveyor comes, we have a job description.
We show what they do.
We show what their workflow is and then we provide the list of making sure that we meet the five day, the requirement of the Statute that's pulled.

+19*****42** 47:39
This you wanna look.
Alright.

+18*****79** 47:49
OK.
So #7 talks about having the the services listed there a minimum of services available, a minimum of five days per week.


Robinson, Kimberly S 47:50
Correct.

+18*****79** 48:00
So I just want to clarify that.
That's a different than what some of the other requirements are, because usually you have to have availability.
It doesn't mean the patients getting the the service for five out of seven days a week, that's more, you know the rehab.
But as far as availability of services should be available more than five days a week for a trauma center.
I mean cause you have a usually within a 24 hour, the 24 hour evaluation period maybe 48.

HB **Higdon, Brian** 48:39
Yeah.
Yeah, that that expect it, I mean, yeah, I'd expect to be seven days a week for the most part for his available.


Robinson, Kimberly S 48:51
The You want this seven and not 5.

+18*****79** 48:53
Yeah.

Higdon, Brian 48:58
Yeah, I mean, you just say every day, yeah.

+18*****79** 48:58
Yes and yes.
Afternoon please.


Robinson, Kimberly S 49:08
Looking for my?
Well, just cut it.

+18*****79** 49:26
Alright, anybody have any other recommendations or changes for that?
OK, eight. Umm.
This is a little bit longer when evaluation and treatment protocols for transfers of patients with traumatic brain endorsed.
Again, we need the word acute in front of there and or spinal cord injury should be established between B skip designated centers and other hospitals to promote optimal continuity of care.
Telephone communication should be established between the physician and charge of the patient in the outlying hospital and the Ed attending physician at the biscuit does admit facility regarding advice to supplement the treatment protocols into effect transfers.
Establishment of telemedicine links with referring hospitals as recommended.

Higdon, Brian 50:15
Yeah.
One thing that sort of goes here?
Uh, that's sort of in addition to what's here.
There's a technology, probably a lot of you are familiar with it called uh, diaphragmatic pacing.

Stotsenburg, Madonna 50:29
Yes.

Higdon, Brian 50:29
But it helps people with high cervical spinal cord injuries breathe if they're not able to.
The technology itself became fully FDA approved, I think last year, the year before.
Umm, but it's not available in a lot of hospitals yet.
The ACS, the American College of Surgeons.
Trauma guidelines do mention that and their guidelines that patients be considered for this, that that appropriate patients are considered for this.
I wouldn't expect that every B Skip Center would have the capability of doing this since it's still kind of very early and implementation, but I think it would be worth considering that that they have a program in place or or have a have a policy in place for referring appropriate patients to other centers that do this.

Stotsenburg, Madonna 51:18
I agree with that and in addition to that, maybe also requiring a transfer agreement in place.
Because I think there's only three centers in the state right now, right?


Robinson, Kimberly S 51:35
OK.

Stotsenburg, Madonna 51:38
Doctor Higdon, it's UF.
Who kind of pioneered and then I I don't know if Jackson does it and then we do it here in umm and West Palm Beach, we do it here.

Higdon, Brian 51:49
Both.
All right on there was Doctor Valbuena was here to see if Jackson does it the so both the UFD centers do it.
Both Jacksonville and Gainesville do that.

Stotsenburg, Madonna 52:07
OK.

Higdon, Brian 52:08
I've spoken to my because I work at HCA I memorial in Jacksonville about this sort of topic in in their considering, uh, there's a there's an AC hospital in South Florida that they're considering like being like the like the diaphragm pacing place for for their hospital system.

Stotsenburg, Madonna 52:29
OK.

Higdon, Brian 52:30
Although they do sometimes transfer patients to UF for the procedure and then transfer them back, but I think sometimes that it depends on insurance, which is always a makes things especially hot button issue.

Stotsenburg, Madonna 52:38
Correct.
OK.
OK.


Robinson, Kimberly S 52:48
So here you ought to add language to add in transfer agreements, and the diaphragmatic pacer.

Stotsenburg, Madonna 52:55
Yes.


Robinson, Kimberly S 52:55
Service.

Higdon, Brian 52:56
Yeah.

Robinson, Kimberly S 53:00
Is that do you consider that a service?

Higdon, Brian 53:04
It's a it's.

Robinson, Kimberly S 53:04
I I know what it is. Ohh.

Higdon, Brian 53:05
I mean, it's a procedure.
I mean, it's a it's a umm.

Robinson, Kimberly S 53:14
We'll just leave it at Diaphragmatic pacer for right now.

Higdon, Brian 53:17
Yeah.

Robinson, Kimberly S 53:17
We used to.
We used to.
Crack clients that came to us with diaphragmatic Pacers gush.
This is going back into the files I'm trying to remember what we did when we got them.
They we would refer them.
I can't remember where we would refer them, but it was a whole nother separate part of the program that we did years ago and then they did away with it because we really didn't get any.

Higdon, Brian 53:44
Yeah.

Robinson, Kimberly S 53:50
So I'd have to really go back on the files and dig that one up to tell you about it.

Higdon, Brian 53:52
Umm is that?
Yeah.
Is that a?
Is that a a field in our in our data collection?

Robinson, Kimberly S 54:02
No, no.

Higdon, Brian 54:02
Umm could I could add that to the wish list whenever that the that sort of thing is considered again.

Robinson, Kimberly S 54:09
Sure.
We we just quick history lesson for you all.
We had one client that we actually served who was on a diaphragmatic pacer.
And ohh we we would supply him with batteries and I think he was in the for his pacer and I think he was in the program for like a year and a half maybe.
And then he went to a another program that we provide, pass through funding on and I believe he's still there at this other program.

Higdon, Brian 54:44
Huh.

Robinson, Kimberly S 54:44
But we did.

Higdon, Brian 54:45
I mean the.

Robinson, Kimberly S 54:45
We did serve one.

Higdon, Brian 54:48
I think the batteries are like 9 gold or double or something, but the all the other stuff is is specialized.

Robinson, Kimberly S 54:54
But these were huge batteries.
These were big batteries that we had to buy.
They were.
They were pretty big and maybe I'm maybe I'm thinking of something else.

Higdon, Brian 55:00
Hmm. Umm.

Robinson, Kimberly S 55:04
I don't think so, but I don't know.
I'd have to go back and research that client.

Higdon, Brian 55:08
Yeah, of the other connectors and stuff like that are are like small manufacturer type stuff, yeah.

Robinson, Kimberly S 55:16
Some this was several.
This was this is way back when I think I was the RIMS administrator, so we're going way back.

Higdon, Brian 55:24
Yeah, yeah, I think I'd actually asked.
I can.
I think I'd actually asked that that we perhaps invite synapse, the company that manufacturers, the only company that manufacturers the paper.

Robinson, Kimberly S 55:34
Umm.

Higdon, Brian 55:36
I think I mentioned maybe inviting them to speak and this might be timely to have them speak at our next conference.

Robinson, Kimberly S 55:40
I you did.
Sure.
Yeah, I have them on the To Do List for the agenda.
I added that.

Higdon, Brian 55:47
Umm.

+18*****79** 55:52
Alright.
Well, we are three minutes before the hour, so this looks like a good place to stop because we're at DD.

Higdon, Brian 55:56
Uh-huh.

Robinson, Kimberly S 56:02
Let me.

+18*****79** 56:02
Umm.

Robinson, Kimberly S 56:08
I'm going to highlight where we stop.

+18*****79** 56:11

Perfect.
Do we want to recommend we continue the discussion for the next, not this the the quality meeting?
Which is next month versus.
We're not gonna wait two months to.

Kevin Mullin 56:34
This is Kevin.
I agree with that.
Let's see if we can get this finalized and underway.

Stotsenburg, Madonna 56:42
I agree.

Higdon, Brian 56:44
Yeah, maybe the next large I, uh, the Advisory Council meeting, maybe we could talk about split in this off into a different subcommittee, but I don't wanna, for those of you that are in both committees and I don't wanna add like a a 3rd monthly meeting or something to you guys counter.

Kevin Mullin 56:49
I'm.

Higdon, Brian 57:03
But it's worth talking about it in next Advisory Council.
But I think it's really great that we're we're that we're going over all of this.

Kevin Mullin 57:14
And again, for all of us, I mean, I got the read through this before we got on this meeting today.
But if everybody takes a collective note and we have notes ahead of time, we might even be able to scan through this even quicker and finalize on our next meeting.

Higdon, Brian 57:27
Point taken.

KM **Kevin Mullin** 57:30
That wasn't directed at you, Doc.
I promised.
I know you're busy.

+18*****79** 57:38
Well, and and for myself, I appreciate the education and the the background because I don't have that knowledge. Ah.

KM **Kevin Mullin** 57:44
Absolutely.

CR **Carrie Rayburn** 57:45
Yes, absolutely.
I was gonna say that as well.

KM **Kevin Mullin** 57:49
I just learned a lot about a helicopter landing pad, facility port gassing area tonight.

HB **Higdon, Brian** 57:53
Yeah, that was great.

+18*****79** 57:53
Right.

HB **Higdon, Brian** 57:54
That's great.
Put our heads together.

KM **Kevin Mullin** 57:57
Don just taught us.

CR **Carrie Rayburn** 58:02
Do you have data are doing dates yet for the in person meeting in November?

+18*****79** 58:02
Alright, thank you.
Go ahead.

HB **Higdon, Brian** 58:08
What?


Robinson, Kimberly S 58:09
Yes.
So we have, it's going to be at the Hyatt, the Hyatt right where we were in Tampa before, but only at the Hyatt.
We're waiting for our a hotel agreement to get approved by legal.
It's been routing for two weeks and Caitlin was following up on that today.
So as soon as she.

CR **Carrie Rayburn** 58:27
Are there tentative bags that you can stay there, or would you rather wait until that's completed?


Robinson, Kimberly S 58:32
I'm sorry Kerry say that again, I'm sorry.

CR **Carrie Rayburn** 58:34
No, it's OK.
Is there tentative dates that you can share or do we need to November 7th?


Robinson, Kimberly S 58:38
November 7th the the meeting?
Yep, the meeting's gonna be N7.

+18*****79** 58:48
Alright.
Do I have a motion to adjourn?
If there isn't anything else.

Higdon, Brian 58:55
Motion.

Kevin Mullin 58:57
I 2nd.

+18*****79** 58:59
Fantastic.
You all have a wonderful rest of your day and happy rehab week this month, this month, so.

Carrie Rayburn 59:08
Yeah.

Kevin Mullin 59:10
Happy rehab week.

Carrie Rayburn 59:13
Hi, guys.

Robinson, Kimberly S 59:14
Have a good day.

Higdon, Brian 59:14
Yeah.

Higdon, Brian 59:14
Bye, bye.

+18*****79** 59:15
Speaker.

Robinson, Kimberly S 59:15
Bye bye.

KM **Kevin Mullin** 59:16
Bye bye now.

Casavant, Robert stopped transcription