BSCIP Advisory Council Public Awareness Committee Meeting (Tentative Dates)-20241107_090002-Meeting Recording

November 7, 2024, 2:00PM

2h 38m 43s

◉ **Casavant, Robert** started transcription

Robinson, Kimberly S 0:23

So it's 9:00 and we're we're gonna go ahead and get started.

PL **PATTY LANCE** 0:25

Run.

Robinson, Kimberly S 0:29

This morning I wanna welcome everybody and thank you for participating today.
It's gonna be kind of a long day, but I think we can get a lot accomplished.
This morning, especially with our designated facilities, that's the primary goal of this morning's meeting.
I had sent everything out so everybody would be able to review them, so hopefully we can go through them, maybe get it all accomplished this morning, maybe not.
We'll see how we do.
But I wanna welcome you in with that.
I'll turn it over to Doctor Higdon.

HB **Higdon, Brian** 1:06

I mean it.
Let's go ahead and and and take roll call.

Collins, Valerie B 1:15

OK.
Don Chester.

Chester, Don 1:19
Here.

Collins, Valerie B 1:23
Mullen.
Open no.
Patti Lance.

PATTY LANCE 1:32
Here.

Collins, Valerie B 1:35
Thank you. Jennifer lannon.
Daniel Nicholson.
OK.
Michael Farah.
Donna spotsenberg.

Stotsenburg, Madonna 2:03
Present.

Collins, Valerie B 2:07
Jill olnick.
Oh, there she is. OK, thank you.
Doctor valde.
Z.
Doctor higden.
Oh, you're here.
Doctor huradas.
Jerry rayburn.
Thank you. And Ruth Ann Tattersall.
We have 6 right now, Kim.

Robinson, Kimberly S 2:59

Yeah. So we we don't have a quorum, Dr. Higgins.
So we cannot approve the Minutes from May this morning.
Perhaps we can do that this afternoon.

Higdon, Brian 3:10
If we can keep an eye on the on the attendees on on zoom and if we think we have a consensus, let me know and we can, we can do that. So we can proceed with more. But let's.
And that's always gonna interfere with the the voting.
So I guess we can move on with the with the discussion of the standards.
I think there's apdf that sent out this that has a place marker for where we're at so we can resume there.
If people like.
Pulling up here.
So we stopped on page page 6.

Robinson, Kimberly S 3:55
So Beth is gonna pull that document up on her screen and share that with everybody.

Collins, Valerie B 4:09
OK so.
Kim, are we gonna?
I don't know.
Are we just gonna go to areas that they want to?
Adjust or we're not gonna go line by line, right?

Robinson, Kimberly S 4:26
We're gonna. We're gonna pick up where we left off, and I sent all the doc or the document out to everybody.
So they had time to review it because I didn't wanna have to waste our time this morning reading every line and going line through line.
So we're gonna go through section.
We're gonna pull up the section, and if anybody has any recommendations for changes, let's talk about that section and then we'll move to the next section.

So where we left off is right here.
The nursing specific standards.

Higdon, Brian 5:02
Do you have any any input of this?

Robinson, Kimberly S 5:03
So in review.

Higdon, Brian 5:21
Personally did have a lot of input because I I'm not exactly sure exactly, you know nursing standards for acute care settings.
I'm more familiar with the with the nursing care at our rehab setting, but.
The person I was reviewing them, I didn't see any any notes.

Collins, Valerie B 5:42
OK.

Higdon, Brian 5:53
I know there's someone here.
I I'm sorry.
I forget the name.
Someone here last meeting from the Trauma center's committee. I think she's like the chair of that or something.
Is she here today?

Stotsenburg, Madonna 6:06
Yes, Candace, Panana and myself, we both sit on.

Higdon, Brian 6:08
OK.

Stotsenburg, Madonna 6:13
The Florida Trump Welsh ice.

I'm a chair on the Florida Trauma Systems Advisory Council and she chairs the Florida Association of Trauma Coordinators.

Higdon, Brian 6:25
OK. And I see Candace is logged in here.

Pineda, Candace 6:30
Good morning.
How are you?

Higdon, Brian 6:31
Yep, are these pretty much in alignment with with what?
The trauma stands there are for in general.

Pineda, Candace 6:46
They are a little bit more expensive than what's in the Florida trauma standards.
The Florida trauma standards just dictate some education and you know some nursing ratio for the ICU.
But it does not have such detailed expensive.
Details of this.

Higdon, Brian 7:11
This does mention eight hours of contact every two years related to brain spinal cord injury.
Is that something that's kind of standard now or is that aspirational?
I'm looking at letter I.

Stotsenburg, Madonna 7:31
Yeah. So I can jump in there.
That is the standard with for trauma, we have requirements for continuing education for all the specialties that treat trauma patients and it's trauma.

Higdon, Brian 7:33
Yeah.

Stotsenburg, Madonna 7:45
It's specific to the topics of the centers that are.
This is specific to be skip centers.
That way there's additional training.
To.
Treat those patients.

Pineda, Candace 8:00
My my question would be for this cause the Florida travel standards say 8 hours every two years and it just says injury.
So I think people may ask is do they want in addition?
In eight hours of specific.
Brain and spinal cord content.
Because that is either makes it 16 hours every two years or, you know, can the trauma hours count as the brain spine hours?
So we we probably just need to be more specific on what that means, 'cause I'm sure that will bring some questions.

Stotsenburg, Madonna 8:44
And for the B skip centers, because I'm currently at AB Skip Center, we do 8 N 8.
So we do specific B skip and then.
Or trauma 8 of trauma 8 for B Skip.

Pineda, Candace 8:58
Didn't Madonna wasn't our previous standards 8 trauma and to be skip?

Stotsenburg, Madonna 9:07
I don't think so.
I we always reference these standards because that's what we were previously surveyed to for B Skip.

Jill Olinick 9:24
I would recommend that we absolutely have some requirements for additional education specific to brain spinal cord.

We have to do that whether it's, you know, if you're a stroke designated facility or things like that.
So, you know number of hours that can be another discussion, but.

Higdon, Brian 9:46
My question is, does this apply just the the people in the the the nursing staff in the ICU or it's also including like floor staff that would be caring for the patient?

Stotsenburg, Madonna 9:59
Staff that care for trauma patients.
And in our center specifically be skip patients, they are all required from we have specific classes for trauma resuscitation, the operating room, ICU step down and trauma Med surg.

Higdon, Brian 10:20
OK.
I don't think you mentioned uh would or should that be on that or or or is that included in what you said?

Stotsenburg, Madonna 10:27
Trauma. Racist.
Yeah, trauma racist is the is our.

Pineda, Candace 10:31
Yeah, she means.
EROR PAC you ICU Med surg now Madonna and every center obviously is different but when do you want it to the areas that care for the brain and spinal cord injury patients meaning some centers have a designated like brain and spine.
Med surg floor.
So it would just be limited to those nurses, or would it be all nurses on all Med surg floors 'cause that?
That probably depends on the center.

Stotsenburg, Madonna 11:01
Yeah, I we only do it for the unit caring for these patients.

But each center we kind of look at their education plan. I have not participated in a survey for this specifically on a surveyor perspective, but we just provide our education plan when they came previously and.
And I'm not sure I doctor Valpoina you guys are AB Skip center.
I don't if you've had any experience when they surveyed for Bskyp and the education plan.

V **Valbuena Valecillos, Adriana D** 11:45
Can you hear me?
Yes. No, I don't have any specific.
Experience with the survey.

SM **Stotsenburg, Madonna** 11:59
We can reach out.
I can 'cause there's six or there were only six or seven Centers for a period of time, so I I can reach out and get some feedback.

HB **Higdon, Brian** 12:15
OK.
So we're gonna make a note to to come back to that after you kind of have have some more, more more discussions offline.

SM **Stotsenburg, Madonna** 12:29
Yes, and campus.
We could probably take this through aftc too.

PC **Pineda, Candace** 12:35
OK.
Yeah, that sounds good.

V **Valbuena Valecillos, Adriana D** 12:42
Repl.

HB **Higdon, Brian** 12:47
For point Ki did review the.

These trauma standards.
For like the pressure entry ulcer prevention.
And and it's there. It doesn't really seem to specify exactly which interventions should be used, but it but it you know states that it that that some invention should be used.
But I think it's just.
I'm finally just leaving it as a reference to the other standards.

PC **Pineda, Candace** 13:20
I would just be cautious that in the the updated revision, I don't know that those will stay in.
So if we wanna pull it off to add it to these standards, I I don't think that stuck for the updates for having the pressure alter prevention policy.

HB **Higdon, Brian** 13:37
Oh, OK.
OK.

JO **Jill Olinick** 13:42
OK. Can I ask the question?
Oh, sorry Brian.

HB **Higdon, Brian** 13:45
But.

JO **Jill Olinick** 13:46
Yeah, I was just gonna.
I did not review the policy, but I was just wondering if instead of saying policy we could reflect something like pressure ulcer prevention and treatment.
Best practice standards or something like that.
You know, because if you're you're really utilizing.
I mean that's that's what we're looking back at that way.
I don't know. That's just my thoughts.
And verses reflecting back to a policy.

PC **Pineda, Candace** 14:15

Yeah, or perhaps something more generic that allows them.
You know the and maybe it's not specific in this nursing section, but that the brain and spinal cord injury Center should have pressure ulcer prevention guideline.
And then they and then, you know, obviously they would have performance improvement related to their own guideline.

JO **Jill Olinick** 14:39
Yeah, positioning and yeah.

HB **Higdon, Brian** 14:42
Yeah. And then the the trauma center to talk about screening based on Braden risk score and with these injuries, you, you, you pretty quickly become high risk on those.
And then then if they do screen positive then then then falling out the facilities protocol.

PC **Pineda, Candace** 15:03
Yeah. So maybe strike that part about Department of Health standard and just.
Change it from policy to guideline.

 **Collins, Valerie B** 15:18
Kim, I don't have the same Adobe version you have.
I don't think, but I'll I'll make a note to come back and do this later and I'll change this.
Forgot minds.
Oh my gosh.

 **Robinson, Kimberly S** 15:38
Are you able to highlight the areas 'cause? I'm taking notes as well on my my notepad here.

 **Collins, Valerie B** 15:43
Yeah, it looks really ugly whenever I highlight, but I'll highlight this and come back and get rid of it later.

Robinson, Kimberly S 15:48
OK.

Collins, Valerie B 15:52
Our department, OK.

Higdon, Brian 16:05
You're working on the the the computer technical side of things.
I'll I'll I'll chat with the with the Council members.
I I it is interesting how this the standards references the trauma standards and and I actually spent much time looking at those trauma standards, but I noticed that trauma standards mention the diaphragm pacing, which is of course the spinal cord injury specific topic.
Canis and and stutzenberg.
Sorry, I forgot your first name.
The.
Is a diaphragm pacer language gonna stay the same in the in the updated version?

Pineda, Candace 16:50
I'm. I'm gonna look back right now.
I don't know that that's stuck Madonna.
Do you remember if that is still in there?

Stotsenburg, Madonna 16:57
I'm checking the draft.

Pineda, Candace 16:59
OK.

Stotsenburg, Madonna 17:00
I think diaphragmatic pacing.

Higdon, Brian 17:00
OK.

Stotsenburg, Madonna 17:02
I know it's one of the.
It's one of the things that came down through the I don't if that's actually in the standard or if it's in the. Is it the 64 J that?
We submit to the state.
So all diaphragmatic Pacers are part of our registry capturing and we submit to the state.
Don't see it in our draft.

Higdon, Brian 17:34
I saw a draft from 2023, so I don't know if that's the draft or not, but it did have it in the notes section at the bottom. Things like note eight or nine or something, and it talked about like tracking, like, what proportion of of Pat?
That got it.
Versus didn't get it.

Stotsenburg, Madonna 17:51
Yes.

Higdon, Brian 17:52
Yeah. So I don't.

Stotsenburg, Madonna 17:53
Yeah, that's not the latest draft, but we do track that at the we do submit that at the state level and track that.
And then there's only a couple of centers through the state that do diaphragmatic Pacers, so.
We're all in pretty constant communication on what's going on, what's working and doing. The π on those cases.
So we all learn from it.

Higdon, Brian 18:20
The π.

Stotsenburg, Madonna 18:22
Performance improvement.
So it's part of trauma and we review the cases have multidisciplinary discussion.

Higdon, Brian 18:24
OK.

Stotsenburg, Madonna 18:30
What works well? What doesn't work well and how do we move forward to make the experience better?

Higdon, Brian 18:37
Good, good.
So maybe we can, since that language may not exist, may not go into the next draft.
Maybe we can borrow that language for the spinal cord specific standards.
How do you guys feel about that?

Stotsenburg, Madonna 18:58
I like that idea because I think that that is important.
I an important thing that is specific to this patient population that does need tracking and conversation.

Higdon, Brian 19:11
Hmm. Yep, I actually sent that old language to Doctor Anders.
Who's gonna be presenting this afternoon?
It'll be be important to have his opinion on it, but also the actual surges in Florida who are doing it and get their opinion on on the language.

Stotsenburg, Madonna 19:30
I agree.

Higdon, Brian 19:31
Yep, OK. It seems like we figured out the formatting for letter K.
Yep.

Do you wanna continue?
Yeah.
Where? Where we're at. I guess we're at at end.
No, we we just did end, yeah.

Collins, Valerie B 19:52
Yeah, just where?
Yeah, wherever we left off with K.
So wherever you guys wanna go next.

HB **Higdon, Brian** 19:57
Yep.

JO **Jill Olinick** 20:03
Yeah, I just. The only other thing that I have to say and I was looking to see if I missed it elsewhere in the standards, was about the social determinants of health. I think there's some of this captures a little bit and Madonna, you guys may be able to tell us if if that's already added into the trauma standards revision as a whole.

PC **Pineda, Candace** 20:28
Some elements that we have to collect for trauma centers is related to alcohol and drug abuse screening as well as like a pre screening for PTSD, but it doesn't address necessarily all social determinants of health.

HB **Higdon, Brian** 20:49
Does it include housing status?

PC **Pineda, Candace** 20:53
No, that's not a mandatory for trauma.
Most centers are doing it, but that's that's not written anywhere.

HB **Higdon, Brian** 21:02
OK, now that we're collecting it for for bskip do we want to include it in the in the standards here and would we go to nursing or would it go under somewhere else?

Stotsenburg, Madonna 21:15
So that usually falls under our case management team.
They rarely get into the details of that and document the social status and work on that.

Higdon, Brian 21:26
Right.

Stotsenburg, Madonna 21:27
Which?
There are in case managers.

Higdon, Brian 21:32
Yeah, I noticed that the standards don't actually have a section for like case management.
If we wanna wanna try to draft one.
Or we can just put it put that language somewhere.

Stotsenburg, Madonna 21:50
I think that's a great idea.


Robinson, Kimberly S 21:51
No.

Higdon, Brian 21:53
Yep.


Robinson, Kimberly S 21:53
If you wanna add case management, we can.
We can add that, but I think what I'd like to stay focused on right now is to get through what we have here and then we can go back and add case management where we think it's gonna be appropriate.
That keeps us moving and getting through these standards that we already have in place, if you will, all agree.

Higdon, Brian 22:14
I'm fine with that.
And looks fine to me.
And then I see, you know, #7 is the Brayden, which is sort of references back to to what we already talked about, but it's fine.

Jill Olinick 22:51
Beginning.

Higdon, Brian 22:57
Yeah, all that language looks fine to me.
No comments here.

Collins, Valerie B 23:31
Do you guys have like if you have a particular note or you know where sections that you wanna edit that you wanna do it that way or do you wanna just keep?
Why do I have a blank page?

Higdon, Brian 23:43
So I didn't have any notes about that.
And we're on the last few pages here because actually the the document you sent, like, just repeats itself.
I think there's a different set of like rehab centers, right?

Jill Olinick 23:55
Yeah.

Robinson, Kimberly S 24:01
Yes. So what I did is I think I cut the rehab stuff out of this document.
So this would this would finish the trauma section. So let me go grab the rehab section.

Collins, Valerie B 24:06
Oh.

Jill Olinick 24:08
Yep.

Collins, Valerie B 24:09
OK.

Robinson, Kimberly S 24:12
I didn't even think of that earlier when I was sending this out. My apologies.

Higdon, Brian 24:16
Yeah, yeah.

Collins, Valerie B 24:18
OK.

Higdon, Brian 24:19
But let's review the psychology section.
I didn't.
The psychology section looks very well worded.
I I'd be curious from the people with more experience in in in acute care setting how much is being currently implemented.

Collins, Valerie B 24:28
Ah.

Higdon, Brian 24:35
Psychology services.

Collins, Valerie B 24:35
Hold on one second.
Here you open this.
Hold on one SEC.

Jill Olinick 24:48

Yeah, I'm curious as well because it specifically talks about psychologists and I think we probably not everybody has specific psychologists.
It might be you know.
Other trained people that are involved professionals.

Higdon, Brian 25:08
Licensed clinical social workers.

Jill Olinick 25:10
Yeah.

Pineda, Candace 25:13
I would say my trauma center, a huge piece, is neuropsychologist.
Now it's one of the possibilities to have in a trauma center, but neuropsychologist, really.
Help run and connect with our patients, families and and the additional assessment specific to brain and spine.

Stotsenburg, Madonna 25:36
So I agree with what Candace said and if it's not.
This specific standard actually has supported me and approaching our administration.
On keeping the required resources and not eliminating them and neuropsych is a huge part of beeskip Brandon spinal cord injured patients.

Higdon, Brian 26:07
For I said I have comments and not not comments for for brain injury specifically.
I think having a bigger role for neuropsychology.
Is I think should should be emphasized.
The current language of this just says, you know, doctor in psychology, but that not necessarily neuro Psych.
That's often associated with like a post grad fellowship, even.
But.
For people with, you know, severe brain injuries, there's a lot in the literature about.
The tendency for for clinicians to give overall negative prognosis.

When it's a lot less known where where some patients even who are, you know, GCS, you know three or four.
Rancho, you know, two or three.
To have.
Kind. Better than better than expected outcomes.
In in Neurosci could be a big part of of helm two help helping families to to negotiate that process of even considering withdrawal care.
I think we have some psychologists in this group, right?
Are they? Are they on?

Robinson, Kimberly S 27:36
I think so.

HB

Higdon, Brian 27:38
Bad.

Robinson, Kimberly S 27:40
Yes, I just emailed you the whole document.
So when we get it, we have section we can pull that up and just go to the rehab section.

Collins, Valerie B 27:44
OK.

HB

Higdon, Brian 27:50
OK.

Collins, Valerie B 27:50
OK.

JO

Jill Olinick 27:54
So to clarify for this particular part, is there particular language we want to recommend changing?
Before we move on.

And then my second question would be, I think it falls within here where we wanted to add the case management before we start on the rehab specific standards or not.

Higdon, Brian 28:16
The language I propose and and I want your guys input is that the the recommendation for psychology be upgraded from just a psychologist with a doctorate degree to some with.
Neuropsych credentials.
And and I know it's not gonna happen overnight, but clinically that'd be my recommendation.
And I think it's something that that trauma centers ideally would would work towards.
What do you guys think?

Stotsenburg, Madonna 28:51
I'm in support of that recommendation.

Jill Olinick 28:53
Agree.

Valbuena Valecillos, Adriana D 28:55
Yeah. I also feel it's appropriate.

Carrie Rayburn 28:59
I agree.

Higdon, Brian 29:10
The actual. Does anyone know what the actual like designation is?
That just I know my my colleagues are are neuro psych but I I don't know like the name of like I know I'm board certified in P&R like I don't know what.
What the actual credential is?

Robinson, Kimberly S 29:38
Can research that to get the specifics for you.

Higdon, Brian 29:42
OK.
So does mention a one year post grad fellowship.

Carrie Rayburn 30:10
And then I'll see you.


Collins, Valerie B 30:11
Change something else. I'm sorry.

Carrie Rayburn 30:14
Looks like they have to be board certified for the American Board of Clinical Neuropsychology.


Robinson, Kimberly S 30:26
We have vendors in rims that we can go back and reference as well.

Valbuena Valecillos, Adriana D 30:27
Question.


Robinson, Kimberly S 30:33
For their credentialing.

Valbuena Valecillos, Adriana D 30:35
The language is already including that they have to have experience on the acute brain injury spinal cord, but it's not required to have the.
A specific degree of the neural aspect.

Higdon, Brian 31:06
But it seems to be the ABC end, yeah.
Make make a note to myself to ask my colleagues.


Robinson, Kimberly S 31:23
So what is it that you want? OK.

So what is it that you want to modify this section that we can?
We can put notes that we're we're going to add neuro site and what their specific credentials are.

Higdon, Brian 31:39
Yeah, preliminarily, I I propose that you know that require that they be board certified.
In clinical neuropsychology, I know sometimes board certifications are not as widespread so as as as other specialties.
So I wanted to kind of double check that that's not that. There's not like a lot of like clinical neuropsychologists out there that just haven't bothered to get this haven't bothered to take the test, but they're they're they're fully fledged neuropsychologists. I just want to make sure that.
That's.
That that's standard care for, for for that.
Especially.

Robinson, Kimberly S 32:26
Perfect. Thank you.

Collins, Valerie B 32:26
I don't like the word.
OK. And is that it for that section?
Sorry I don't wanna.

Robinson, Kimberly S 32:51
Is this where you wanted to then talk about adding case management?
Is that what I heard earlier?

Higdon, Brian 32:58
I think this is still all under the setting of psychology.
I think these are all subsections to that about, like the orientation in their in their, what they're actually doing.

Robinson, Kimberly S 33:02

OK.
But it's at the end of this section.

Higdon, Brian 33:09
At the end of this, yeah.

Robinson, Kimberly S 33:09
This is where you wanna add. OK, OK.

Higdon, Brian 33:12
Yeah.

Collins, Valerie B 33:33
So are we doing?
I thought we were.
Are we doing the case management now or?

Higdon, Brian 33:43
I've heard of Kimberly on that.

Robinson, Kimberly S 33:49
If you think now would be the appropriate time and we can add that in or if you wanna wait and go through everything and come back to it, we can.
I'm just looking at the amount of time we have to get through this this morning.
We have two more hours, so if you think we can add it now and still complete our task, I'm I'm fine with that.

Higdon, Brian 34:18
Jill.

Jill Olinick 34:20
Yeah, that's OK.
I was just gonna say I think since we are moving into a new section that.
We should just go ahead and finish where case management will fall under it since

we've designated everything else for the other providers of that in this section.
That's just my recommendation.

Higdon, Brian 34:36
Yep.
Madonna and Candace, what are the trauma centers say about case management?
I think you sort of said this already.

Stotsenburg, Madonna 34:53
I'm pulling the section.
Just give me one second.

Higdon, Brian 34:55
OK.
Yeah, I mean, all these skip centers are gonna be trauma centers, so I, yeah.

Robinson, Kimberly S 35:20
Open up a Word document and we'll put it in a Word document and then bring it back and add it to this PDF.

Collins, Valerie B 35:28
Mm hmm. Yeah, that's what I'm doing.

Robinson, Kimberly S 35:30
OK.

Collins, Valerie B 35:31
I don't think it will go well if I try to put it in the PDF right now.

Robinson, Kimberly S 35:46
I agree.

Collins, Valerie B 35:48
Oh sorry, I have it on the wrong screen.
Yeah, whenever you guys.

Jill Olinick 35:55
I mean, I think a simple statement of you know from the case management standpoint, obviously, whatever's included in the trauma standards.
In addition, you know we want to include.
Data gathering for.
The social determinants of health and specific to.
Housing and.
Doctor Higgin, what else did you?
Sorry I didn't write.

Higdon, Brian 36:26
I I didn't know if this was somewhere else, but just please refer them to bskip.

Jill Olinick 36:34
Right.

Higdon, Brian 36:35
My my dead horse.

Jill Olinick 36:46
Repl.

Stotsenburg, Madonna 36:47
My screen's loading.
Sorry, I'm trying to get to the standard.

Carrie Rayburn 37:07
Training for psychology.
It has like or they will complete orientation with social work case management.
So we might want to use the same verbage as like social work, slash case management and then list all of those out specifically.

Jill Olinick 37:23
Good call, Kerry.

Stotsenburg, Madonna 37:24
Yeah.
So all trauma centers need the listed allied health services available seven days per week.
And it it does bulk them together.
Physical therapy, social work, case management, occupational therapy, nutrition support.

Higdon, Brian 37:47
Yeah, I searched the document.
You know, see, it says like case management should participate in like the the the, the monthly meetings. But that's pretty much it.
So there's not much there.

Stotsenburg, Madonna 37:59
Well, and then there shall be.
And yeah, that's the case management and then the end trauma systems.
Roll 64 J.
Yeah, it it just kind of states that we have to have them and then the facility we define what their role is at our facility.
So the national standard, I believe is like one case manager to every 20 patients.
So we staff appropriately through our trauma service line and they follow those patients and some programs have dedicated Trump.
Most trauma centers have dedicated trauma care.
So they round with the team.
They do.
They come to sign out.
Multidisciplinary sign out in the morning.
They're specific to the trauma team, so it's not formally written out in the standards, but.
The American College of Surgeons, when they come in and survey you, they they really review and highlight the work of case management and its integration and.
The patient's duration of stay with us.
Candace, do you have anything?

Pineda, Candace 39:23

I think, yeah, I think Madonna and our Florida standards, there's a whole subsection of like, support services, and that's where it says Neuro Psych and or nursing and or social work and or some other supports. And they leave it open.

I know.

And our center social work is almost more critical than case management because a lot of the injured patients have more social issues than.

Like clinical.

Just basic care.

So they they leave it open for case manager or social worker and then neuropsychologist and or PM and R and or psychologist. Because I think each center functions a little bit different based on their resources or the resources that they can get for that area.

So if we're going to keep it, I would say.

Case management and or social work.

Jill Olinick 40:20

Yeah.

Pineda, Candace 40:22

And yeah.

Stotsenburg, Madonna 40:24

In the trauma standards, it titles that section psychosocial support systems.

In the new, in the drafts, the the new draft that's coming out.

And it says trauma centers must prioritize the mental health needs of all admitted trauma patients to assist in meeting these needs. The trauma center should have protocols to screen patients 12 and older that have an increased risk for psychosocial ramification should include.

Pineda, Candace 40:41

So.

Stotsenburg, Madonna 41:00

And then it has validated screening tools.
Trauma centers must maintain 80% compliance with screening a minimum of 80% of.
Patients screening positive for alcohol abuse.
Must receive a brief intervention and then referral processes to mental health providers must be in place for those patients needing further behavioral care.
The Trauma Center shall have written policies and protocols to provide mental health services.
Child Protective Services and emotional support to trauma patients or their families at a minimum.
The policies and protocols shall include qualified personnel to provide the service.
And require that the personnel shall be available seven days a week and qualified personnel may include, but are not limited to, the following nurses, in addition to resuscitation area personnel, pastoral or spiritual care representatives, patient advocates or representatives, physician, consultants, psychologists or psychiatrists, social services.
Or case manager workers advanced practice providers.
And childlike perfume.
All pediatric trauma centers must have a childlike program.
But that's kind of.
It kind of is.
It includes and gives them opportunities to document and showcase their support, but it gives the center's like Candace said, the ability to build their own plan and support system.

Higdon, Brian 42:56
My opinion is that.

Robinson, Kimberly S 42:56
My question to the.

Higdon, Brian 42:57
My opinion is that the language is already there and in place, so we don't need Nessa need to duplicate that you know. But. But but what we're doing to do specifically for.
For these types of trauma patients with with brain, spinal cord injuries.

Pineda, Candace 43:15

In the.

In the national standards for trauma, it's listed as Allied health services, and they specifically say social workers seven days per week PTO T seven days per week. Speech therapy, speech and nutrition is not 24/7. It says available, but it doesn't have the seven days per week.

So at least if we put some of those services, I would say seven day a week coverage included.

And I would.

I know it's redundant if it's in the trauma standards. To put it here, but I think even more important for the patient with brain injury, they need that additional support so.

I I would want it restated here so that you almost can leverage having.

Additional coverage specific for brain and spine in addition to other injured patients.

Higdon, Brian 44:19

I hear that.

What are the other?

What are the rest of you think?

Jill Olinick 44:30

I agree with adopting.

You know what?

Specifically, that says in outlining the the seven day per week. I really just want to make sure that you know we're we're addressing the other the additional, you know, social determinants of health. And to your point, Dr. Higgin, making sure that the referral is then sent at that.

Point for brain and spinal cord.

Higdon, Brian 45:05

Should we put something about just having?

I don't how to say this, but like having a working relationship with with the local bscape representatives like.

They.

Like should there be like?
Like monthly case reviews with.
The B Skip liaisons or.
Yeah, Kim.
Kim, what's your insight on like?
You know the availability or or kind of how that might work between the, the, the, the local bscap workers and the and and these case managers.

Robinson, Kimberly S 45:46
So I I think to start out with your case management section, you should also.
Put in the language, the Florida statue, which requires in the timeline in which referrals are required to be submitted to our Central registry.
As far as our staff meeting with Thomas Centres, so we have case managers who make weekly rounds out there already.
Not in all of our regions, but in some of our regions we have case managers who go out and do weekly rounds, which is I think is fantastic.
I think at least once a month would be minimum or maximum that they would go out feasibly. And Beth, you can correct me if I'm wrong.
Per our regional managers, their feedback that we've gotten on facility visits is quarterly. They go out and do quarterly visits to ensure that people.
Are educated with turnover and so forth, or as the facility calls and requests and in service.

Collins, Valerie B 46:56
Yeah, that's true. As far as like staffing like, you know, following up on current active cases, that kind of thing, a lot of that is done.
You know through technology now they don't.
They're not necessarily there in the facility like weekly, but they are in constant communication with all of these facilities. So I don't.
I don't know how.
How strongly you guys want to or how specifically you want to?
But what type of?
You know meetings.
What does that mean, you know?

Higdon, Brian 47:36
Yeah, in, in, in, in some of these areas are bigger than others.
I'm. I'm personally fine if it's if it's a phone or teleconference.
Or or in person and and leave that out of the discretion of the case managers and the regional managers.


Robinson, Kimberly S 47:54
I think that would be up to the discretion of the regional managers and to give the directive down to their case managers, absolutely.

Higdon, Brian 48:01
Mm hmm.


Robinson, Kimberly S 48:04
We do have regions that do teams meetings like we're doing today for in services and that has worked quite well in some of the areas, especially like Jacksonville where they're spread across the top of the state, they have 333 counties that they cover. So the main.
Offices in Jacksonville. So you get into some of those other areas across that region.
Fallon is not always able to travel all the way over to Pensacola, and I know Jill and Kerry work pretty good with clay over there.
Goes out and does a lot of these services to the facility out there.
In Pensacola area.
So I would agree that.
In services.
Can be done quarterly.
The teams in person, not not over a telephone, though that has to be some kind of in person, some kind of face to face, whether it's team zoom or in person.
But we're we're always available for.

Higdon, Brian 49:07
You said quarterly.
Yeah, you said quarterly, but I think someone else said that the that the minimum frequency what they thought would be monthly.

Robinson, Kimberly S 49:11
Sorry, go ahead.
Well, some of our regions go out monthly and that's where some of our case managers actually go out and do rounds weekly.
I can over in shanes I I can think of one case manager that goes over there.
Typically, I think once a week or every two weeks she goes and she does rounds over at Shan's.

Collins, Valerie B 49:40
Weekly here in Gainesville, yeah.

Higdon, Brian 49:40
Yeah.
Yeah, but I mean, would it be reasonable to say, you know, on a monthly basis have either an in person or video conference?
With.
That, that, that one person, one case manager from each center should have, should have a like a standing monthly.
Conference with with the Bskip team.

Robinson, Kimberly S 50:09
Well, I would say that would be the regional manager that would have that contact with the facility.
To see if there's any needs that are being. If there's any need that are not being met and do we need to schedule an in service because of turnover?
That would be up to the regional manager's responsibility to coordinate that, not our case managers.

Higdon, Brian 50:28
OK.

Collins, Valerie B 50:29
Yeah.

Higdon, Brian 50:33
Sure, but should it be Carly or or monthly?


Robinson, Kimberly S 50:38
I think a follow up monthly would be reasonable and but to actually schedule an insurance quarterly would be realistic unless the facility is requesting something sooner.

Higdon, Brian 50:46
OK.

Jill Olinick 50:52
Did I ask a question when the?
Case managers or?
Representatives go out to the facility.
Do they review a list of everybody that's been referred to be skip so that we can, you know, with the maybe the trauma list that had the brain and spinal cord injury?
Diagnosis from the facility to see if to make sure that everything was everyone was sent or a referral was made.


Robinson, Kimberly S 51:21
So when the when a specific case manager goes out to a facility that they're assigned to, they have a current list of all their clients that are in applicant status.
And that is the purpose of them going through the facility to see what the current status of that applicant is once they're discharged and have been enrolled in the program, then there would obviously be no follow up at the facility.

Jill Olinick 51:43
Sure. OK.
I just didn't know if the facility was reviewing their list at the same time to make sure that.


Robinson, Kimberly S 51:51

That I can't answer to. I I would have to ask the case manager specifically that I cannot answer to. I I don't know Beth. If you know that answer or not.

Jill Olinick 51:51
They had.
Yeah.
OK.

Collins, Valerie B 52:02
Yeah. I mean, I think that's probably facility by facility.
I know some.
You know that will say that we'll kind of cross reference and say have you got this referral yet?
That kind of thing.
Especially the case managers that like go and do the rounds like weekly.
But is that happening at every facility?
I don't know and I I don't.
I.
I don't even.
I mean, yes, they call sometimes and say, do you have this?
Has this been referred yet?
Because there may be multiple people from a facility that send referrals, so you know, but no, we don't have a trauma list that we go out with and say, you know, why hasn't this been referred or that kind of thing.

Carrie Rayburn 52:50
I like the having the contact at least once a month.
I think you know if they're having a relationship and they know they have a meeting, that's just gonna be more reason to keep be skipping their mind and keep those referrals coming.
You know, when you build relationships with organizations, you reach out to them more.
So I think that's a great idea.

Robinson, Kimberly S 53:15

I agree.

HB **Higdon, Brian** 53:20

OK, so I think we've agreed on daily.

Daily case manager availability.

Monthly meetings in person or via video.

With with bskip.

I don't think we've really talked about any education for them specifically.

I'm just wondering what we think would be appropriate. Should they do like similar 8 hours as nurses do, or should there be something else?

Robinson, Kimberly S 53:56

Not sure I understand your question. When you're talking about.

HB **Higdon, Brian** 53:59

For nursing and for psychologists and and for these other disciplines, they talked about some sort of education for them regarding brain, spinal cord injury. And I think it would be, would be useful to have some sort of education for them.

They're not going to be doing hands on care, but for them to understand the implications of of these injuries, the long term outcomes of them.

Robinson, Kimberly S 54:20

OK.

So that would be the case.

Managers to the facilities, correct.

HB **Higdon, Brian** 54:26

Yeah, the, the, the, the facility case manager.

I I I think there should be a minimum standard for their for their train with education.

CR **Carrie Rayburn** 54:34

I agree. I think staying with the 8 would be appropriate just so it's across the board.

Robinson, Kimberly S 54:44
And that would be very useful on our end of things, because if they understand the injuries.
They're easier to identify in the hospital. What should be referred to be skip because a lot of times we get referrals that are not qualifying.
Candidates for our program.
So I I would agree with that.

Collins, Valerie B 55:08
Yeah, correct.

Higdon, Brian 55:15
But they're gonna be so confused if they walk into nursing training and they, you know, learn how to do bow program.
For them.
But I guess we can put it in there and and leave it up to each program to develop some sort of training for for their own staff.

Robinson, Kimberly S 55:39
I would agree with that.
My question goes to Madonna and Candace.
Do you do the trauma facilities currently have training that they provide to the staff to identify?
You know the specifics for the brain and spinal cord injuries that would be.
More specific to qualifying for this program, I I don't know what kind of continuing education that the facilities provide.

Stotsenburg, Madonna 56:17
So that's a good question.
I.
I have AB skip coordinator at our facility who goes and he's also my trauma, Nero nurse practitioner.
So every single morning at sign out, we discuss potential candidates for the program that need to be referred where they're at and what they're pending. But as far as

doing specific education on the Florida B skip requirement.
I don't think I have anything in process other than just orienting that individual.
And our trauma clinic nurse practitioner.
On what?
The standards are what?
The expectations for referral are.

Jill Olinick 57:06
Maybe we can say something like sorry, I was just gonna say.

Stotsenburg, Madonna 57:06
They do.

Jill Olinick 57:10
Maybe we can say something like annual review of B Skip.
You know, referral required and however that's met, it could be through the in services that are done or what have you, but at least it it puts the language in there for that piece of the education in addition to the you know education they need for the brain.
And and spinal cord diagnosis themselves.
But it gives them guidance and.
Ensures that they are gonna get that information and understand what the requirements are to refer.

Robinson, Kimberly S 57:52
It's a good recommendation.

Collins, Valerie B 57:55
The minimum annual review of bees kit referral guidelines requirement.

Robinson, Kimberly S 58:06
Your document's not on the screen.

Collins, Valerie B 58:08

Oh, sorry.
Oh.

Jill Olinick 58:27
I think that's fine, I mean.

Higdon, Brian 58:31
I think for nursing is 8 hours every other year or every two years.

Jill Olinick 58:35
Yeah.

Higdon, Brian 59:00
And just we can pretty much copy and paste as Kimi suggested. We can pretty much copy and paste the.
The.
The language from the.
From the rule regarding regarding referral pattern or practices.

Collins, Valerie B 59:21
Yeah, from startup OK.
I did.
I put within five days, but yeah, we can put that in as well.
From the statute.

Higdon, Brian 59:32
OK.
Yeah. Statute. That's the word.

Collins, Valerie B 59:38
Anything else?

Robinson, Kimberly S 59:38
I would actually copy this.
I would actually copy the statue and put that in there.

Higdon, Brian 59:43
Yeah. Yeah, just.


Collins, Valerie B 59:44
Yeah, I will.


Robinson, Kimberly S 59:46
OK.

Jill Olinick 59:49
Great. Does anybody have anything else on the case management social workpiece?
If not, we're right at an hour and I just wondered if everybody needed a few minutes.
To.
Break before we go into the next section.


Robinson, Kimberly S 1:00:15
I will.
I'll speak up.
I.
I'd like to buy.

Higdon, Brian 1:00:19
Right, take 5.

Jill Olinick 1:00:20
I'm saying so anyway.


Robinson, Kimberly S 1:00:21
I'm not.
Right. 5 minutes. Thank you all.

Jill Olinick 1:00:25
Thank you.
Perfect.

Robinson, Kimberly S 1:04:50
Doctor Higdon.
When everybody gets back, we do have a quorum. Now if you want to circle back around to approving the minutes and we can, I can share with the with the voting ballots were.
Chair and Co chair.
Muted.
Do that all the time.

Higdon, Brian 1:05:20
OK.
Looks like.
Yeah. So we'll go ahead and strike out the while the iron is hot for the for the minutes.
Was the voting supposed to happen beforehand?

Robinson, Kimberly S 1:05:34
Yeah, yeah, I sent out the ballot.
And so I no, I think you did.

Higdon, Brian 1:05:37
OK.
I didn't vote, but that's fine.

Robinson, Kimberly S 1:05:41
I think you did send in your ballot. You did.

Higdon, Brian 1:05:42
Yeah.
Right. There must've been a Mal ago, OK.

Robinson, Kimberly S 1:05:47
So so I tallied those up and and I can share the results.

So it's now five after. If you want to go ahead and make sure everybody's back, then we can continue on.

Higdon, Brian 1:06:00
Yeah. I'm. I'm. I'm looking for the rehab standards and I I can't find a copy easily.
Could could someone pull that up and send it out?
The rehab facilities.

Robinson, Kimberly S 1:06:11
I should have send it to everybody. Want to send it to Beth.
And let me pull that up.
Send it out to all the companies.

Higdon, Brian 1:06:18
Right. But let's go ahead and do a roll call again.

Collins, Valerie B 1:06:26
OK, one second.
Yep.
OK.
We need to do roll call again. Kim now.

Robinson, Kimberly S 1:06:45
I.
I don't.

Higdon, Brian 1:06:45
An hour since we did it, so I think we should do the whole thing.

Robinson, Kimberly S 1:06:49
OK.

Collins, Valerie B 1:06:51
Don Chester.

Chester, Don 1:06:53
Here.

Collins, Valerie B 1:06:55
Open Mullen.
Oh, he OK.
Patty Lance.
Jennifer Lannan.
Daniel Nicholson.
Michael Farah.
Donna spotsenberg.

Higdon, Brian 1:07:31
Donna, you're muted.

Collins, Valerie B 1:07:31
Yes.

Higdon, Brian 1:07:36
Maybe she's not back yet.

Collins, Valerie B 1:07:37
They may not be back yet, but OK.
I'll come back Jill olenek.
Is here I see her daughter Valdina.

Jill Olinick 1:07:47
Yep.

Collins, Valerie B 1:07:53
Doctor Higdon.
Doctor harada.
Gary Rayburn.

Carrie Rayburn 1:08:07
There.

Collins, Valerie B 1:08:09
And Ruth Patterson.

PATTY LANCE 1:08:14
Patti Lance is here.

Collins, Valerie B 1:08:17
OK.
Go back.
Hey, and then Madonna.

Higdon, Brian 1:08:32
We need her working for Quorum.

Robinson, Kimberly S 1:08:35
Madonna.

Collins, Valerie B 1:08:36
For the for the quorum.

Robinson, Kimberly S 1:08:38
Well, she she's still on the meeting.

Higdon, Brian 1:08:42
Alright.

Robinson, Kimberly S 1:08:42
She just has her stuff muted.
She she may have had.
She may have stepped away, but she was here earlier, so I would still count her.

Higdon, Brian 1:08:49
OK.


Collins, Valerie B 1:08:52
Yeah.
So yes, we have a quorum.

Higdon, Brian 1:08:58
Approval for, I think it's May's minutes.

Jill Olinick 1:09:02
Motion. This is Jill.

Higdon, Brian 1:09:04
2nd.

Carrie Rayburn 1:09:05
2nd.

Higdon, Brian 1:09:07
All in favor?

Valbuena Valecillos, Adriana D 1:09:09
Yes.

Jill Olinick 1:09:09
Hi.

Higdon, Brian 1:09:10
OK. And the and then opposition?

Carrie Rayburn 1:09:10
Yes.

Higdon, Brian 1:09:15
Thank you.
And Kimberly, do you have the results of of the voting?


Robinson, Kimberly S 1:09:20
I do.
I do so for the voting.
We had two votes of or Co chair for Kevin Mullen.
One vote for chair for Madonna Stockingsburg 3 votes for Co Chair for Jill Olney.
One vote for Co chair for Doctor Val Buena.
And six votes for chair for Doctor Higgin.
S so overall, the votes came to Doctor Higgin was nominated.

Higdon, Brian 1:09:58
Right.


Collins, Valerie B 1:09:59
Cut out.

Higdon, Brian 1:10:02
Like I said last year, I really appreciate this, this organization and and what it does and and you know really value helping it, but I don't plan on being the being the chair every year.
So I welcome other people to to to step up and help out.


Robinson, Kimberly S 1:10:21
OK.
So then what?
You just closed my document. Hold on.
So Jill, I think would then be the runner up even though she was Co chair. She had the most nominations for chair and then Kevin Mullen would have been the next person in line for Co chair.
Is not online to accept Co chair if he is not. If if you all are approving the votes.
Doctor Higa, are you? Accept being chair for another year?

Let me put it that way.
Or you accepted chair for another year.

HB **Higdon, Brian** 1:11:05
Yes, yes, yes, yes, yes.

 **Robinson, Kimberly S** 1:11:06
Oh, OK. And you know, are you accepting?
Are you accepting Co chair for another year?

JO **Jill Olinick** 1:11:13
Yes.

 **Robinson, Kimberly S** 1:11:15
OK.
So then those are your nominees.
And so if everybody is in agreement.
All all in favor?

V **Valbuena Valecillos, Adriana D** 1:11:22
Yes.
Yes.

CR **Carrie Rayburn** 1:11:26
Yes.

 **Robinson, Kimberly S** 1:11:28
OK.

CR **Carrie Rayburn** 1:11:31
One second.

 **Robinson, Kimberly S** 1:11:33
OK.

So then it is official that Doctor Higdon will serve as chair for another year, and Jill Olnick will serve as Co chair for another year.

Higdon, Brian 1:11:50
Right. Umm, I guess now we're gonna resume where we left off with the.
With the standards.
Yep.

Collins, Valerie B 1:12:00
Let me.

Robinson, Kimberly S 1:12:01
So I emailed those.
I emailed those out.

Higdon, Brian 1:12:03
OK.

Robinson, Kimberly S 1:12:04
I I emailed the whole standard out again 'cause I didn't have them separated.

Collins, Valerie B 1:12:11
OK.
Let me get to the right page here.
Oh.

Higdon, Brian 1:12:27
It's on this document where I get quarter the way through.

Valbuena Valecillos, Adriana D 1:12:31
Play.

Collins, Valerie B 1:12:43
There we go.

Higdon, Brian 1:12:43
Think Carrie was just requesting another e-mail.


Robinson, Kimberly S 1:12:45
Yeah, I I see that.
I'll send that over over to you, Kerry.


Collins, Valerie B 1:12:55
Actually, hold on.
Let me resave this oops.

Carrie Rayburn 1:12:55
Thank you.


Collins, Valerie B 1:13:54
Do you guys have somewhere you wanna start or?

Higdon, Brian 1:13:58
OK, sorry. I was just looking up the some of these carp things, but I think we're done with acute care and we're gonna move to the to the rehab centers.
But to summarize it a little bit, it seems that you know if if the center is carved credited in brain injury and or spinal injury care, then then we defer to that accreditation.

Jill Olinick 1:14:24
Could I ask a quick question?
I'm sorry, I didn't realize I was on mute before, but I just wanted to ask on the the ones that we had been sent originally on under, I think it was page 14.
It talked about hospital requirements and must be accredited by the Joint Commission.
I just didn't know if that was standing in the EMS and acute care standards.
I just know there's a lot of hospitals that have moved away from Joint Commission and gone to another accrediting body.

Robinson, Kimberly S 1:14:50
Yeah, I don't.
And we can change that in these standard.
Remember, these standards are from, I think, 2013, 13 or 15.

Collins, Valerie B 1:15:06
So 13, yeah.

Robinson, Kimberly S 1:15:08
These are old standards, so we can change them to whatever we want them to be at that time.

Higdon, Brian 1:15:14
Yep.

Robinson, Kimberly S 1:15:14
That's what they were.

Jill Olinick 1:15:15
Sure, sure. OK.

Higdon, Brian 1:15:18
So.

Jill Olinick 1:15:18
I just didn't want it to be, you know, create issues for the the facilities.

Higdon, Brian 1:15:25
Yeah. So so page 14 of that document is the same as page.

Robinson, Kimberly S 1:15:27
So if that.

Higdon, Brian 1:15:31
Like two or three of the document it that document is like repeated.

Jill Olinick 1:15:37
OK.

Higdon, Brian 1:15:37
So we had reviewed that language before.

Jill Olinick 1:15:37
Got it.
Oh sorry, I missed that.
I might have brought it up.

Higdon, Brian 1:15:44
We had a discussion about the looking back, the T quip data.
But yeah, we hadn't actually talked about the Joint Commission part.

Jill Olinick 1:15:54
OK.
Think it should be by a recognized.
Accrediting body.
For.

Higdon, Brian 1:16:07
What's what's like the alternative that people are using?

Jill Olinick 1:16:10
I knew you were gonna ask me that.
And of course, my brain is.
Not pulling it up.
I'll look it up.
I don't want to hold this up, otherwise I just.

Higdon, Brian 1:16:29
I I'm looking at Google.
Something about dnv?

Jill Olinick 1:16:32
Yeah, D&B is one for sure.
That that a lot, that some hospitals have gone to, those are two the two primary ones.

Higdon, Brian 1:16:40
And Hfap is another one.
I don't know, but I'm I'm fine with that language.
Just and and a recognized credentialing body.


Collins, Valerie B 1:16:54
Where is it?
Is this here at the bottom of this page?
I'm sorry. Where is she at?

Higdon, Brian 1:16:58
So it's the second page of the.
It's like the second or third page of the of.

Jill Olinick 1:17:04
Page 3.

Higdon, Brian 1:17:04
Of the queue care standards.

Jill Olinick 1:17:06
Under B.


Collins, Valerie B 1:17:08
Oh, a cute hair. OK, hold on.

Jill Olinick 1:17:11
Yes, sorry, I just before we moved on, I that was the one thing I forgot to mention earlier.

Higdon, Brian 1:17:15
Yeah.
Can they may want to shoot me for this, but no.
But there to drag this on because we did have all those comments that we had done at previous meetings and some of those had said to go back to them with more information. I don't know if you we wanna go over those now or or later.

Jill Olinick 1:17:36
It's.

Higdon, Brian 1:17:37
Something about data, something about going legal, about the referral process.

Jill Olinick 1:17:43
Yeah.

Higdon, Brian 1:17:43
Yeah.
Kimberly, thoughts.

Robinson, Kimberly S 1:17:48
This is your call, Doctor Higgin.

Higdon, Brian 1:17:50
OK.

Robinson, Kimberly S 1:17:51
Your meeting, you get to call the shop.

Higdon, Brian 1:17:53

I will see if you have updates.
So there's that line right below Joint Commission that talks about T quick data about like how many?
What volumes?
These centers are are are actually having. Do you have any have any information back about the current volume for for the current bsip hospitals?

Collins, Valerie B 1:18:13
Hold on.

Robinson, Kimberly S 1:18:13
All I can go by is my referral.

Collins, Valerie B 1:18:14
Let me.

Robinson, Kimberly S 1:18:15
I can go by the referral reports that I pull and I have one attached for this afternoon meeting from the first quarter.

Higdon, Brian 1:18:24
Yeah, I mean the problem with the referral is that they don't always originate from the Q care hospital, but.

Robinson, Kimberly S 1:18:24
Unless you want.
This is this is true, and it would have to be broke down so I could separate out.

Higdon, Brian 1:18:33
Yeah.

Robinson, Kimberly S 1:18:34
Acute care.
I could separate out the referrals by trauma center.

Jill Olinick 1:18:42
Yeah, I think the discussion was, is 50 a reason for traumatic brain injury admissions in a year for the hospital is that?

Higdon, Brian 1:18:42
Wait.

Jill Olinick 1:18:52
A reasonable number. Do we need to modify that number?

Robinson, Kimberly S 1:18:56
So for brain injury, I would have to statistically I would have to pull that for you. But I can tell you that we we primarily get the spinal cord.
Spinal cord we get now I'm confused.
Let me look at that.
Let me look at that before I answer.

Higdon, Brian 1:19:17
Very. Yeah. I'll give you time.

Robinson, Kimberly S 1:19:18
Let me look at that.

Higdon, Brian 1:19:19
But this has like 50 and 12 for brain and spine.
So we we kinda wanna hit the sweet spot with with not having too few centers and but not yeah.

Jill Olinick 1:19:31
Yeah.

Higdon, Brian 1:19:32
For the question above, for point AI, think my request was that.
That the case manager at least mentioned. OK.

Here's these five facilities that were that we can refer you to and these two are beset facilities.
Is that?
Would that be within?
Within the realm of possibility.


Robinson, Kimberly S 1:19:56
So.
So we can only we cannot identify specific beach facilities because that would be showing partiality.
So when we when we have a client, we want to refer them to a rehab, we have to provide the rehab facilities that are available in their area and now they ask us are they brain and spinal cord specific. We can answer that, but we cannot stay this.
Is a beast gift designated facility.

HB **Higdon, Brian** 1:20:27
Is that the answer that legal gave you?
OK.


Robinson, Kimberly S 1:20:32
Because we cannot show partiality to any vendor that we provide for our clients, cause the clients always have the choice on who they want to use.

HB **Higdon, Brian** 1:20:44
You're calling him a vendor, but usually bskib is not paying for their earth.
Say 99 times out of 100.
But there's still the same rules apply.
OK.


Robinson, Kimberly S 1:21:00
So a good example that we commonly get asked is I need AI need an attorney. Can you refer me to a good attorney for my case? And no, we cannot.

HB **Higdon, Brian** 1:21:07
So.

Robinson, Kimberly S 1:21:12
We cannot.

Higdon, Brian 1:21:13
No, I mean that's clearly that.

Collins, Valerie B 1:21:13
Yeah.

Higdon, Brian 1:21:16
My my point of thinking, I'm just repeating myself now.
But you know, why would why would a hospital want to kind of go through the survey to become AB skip facility?
If no one knows about it.
And Nona's told about it.

Collins, Valerie B 1:21:32
I think the difference is like we be skip staff case managers and I don't know Kim.
Correct me if I'm wrong but we are not generally asked the this question because.

Higdon, Brian 1:21:46
Planning out, I think.
Sorry, I'm alright. So this might might might help me understand.
So I'm not. I'm. I'm not asking for.
For the Bscaip employees to mention this.
I'm asking that the hospital case managers are expected to say, you know, here's the five facilities that your insurance pays for. And these two are Florida bsip centers.

Collins, Valerie B 1:22:16
So we don't have any control over that.

Robinson, Kimberly S 1:22:16
The hospital keeps me in from the facility.

Collins, Valerie B 1:22:19
Yeah.

Robinson, Kimberly S 1:22:21
The case manager can, at the facilities can say these are vskip designated facilities, but if you're asking AB skip employee or staff member for a recommendation to a rehab, we can only provide them with the rehabs are in the area.
We cannot say this is the skip designated.
We cannot show any kind of partiality, however, in the facilities they have a listing.
They can say here are three.
Facilities in your area.
This one is not be skip designated these two are.
They can do that. My staff cannot do that.

Higdon, Brian 1:22:59
Yeah. Can we put in the standards that we that they that they do that?

Collins, Valerie B 1:23:06
I don't think we can tell the facilities how to do that.

Robinson, Kimberly S 1:23:06
Sorry, say that again.

Jill Olinick 1:23:13
Particular #4 is referencing about the acute facility.
Specifically, and it says the plan of care shall be made available and the provider shall be made aware that the hospital is an acute brain and spinal cord injury program designated facility, and that all patients with a newly acquired traumatic brain and spinal cord injury should be trans.
To a designated facility for optimal evaluation, treatment and care.
So it says that in the standards for the acute care. And so I think.

Higdon, Brian 1:23:40
Yeah.

Jill Olinick 1:23:42
You know, the question was.
When then the acute trauma facility that the patient is in and the and is getting ready to transfer to an inpatient rehabilitation facility, they have to give choice.
It's that's a that's a requirement.
They have to give choice, but there shouldn't be anything wrong with them saying.
Here's your you know your choice in the area and these facilities, these rehab facilities are designated.
You know, they're of these five. These two are designated brain spinal Cord injury program.
I think that's what you're asking, right?


Robinson, Kimberly S 1:24:17
And so the facilities can provide that.

Jill Olinick 1:24:18
So we've already seen it in #4, I'm sorry.
Go ahead.


Robinson, Kimberly S 1:24:22
So the facilities can provide that information to the client.

Jill Olinick 1:24:26
Right.


Robinson, Kimberly S 1:24:27
These gifts cannot provide that bschip cannot say that.

Jill Olinick 1:24:30
I I think you.


Collins, Valerie B 1:24:34
Right. He's asking. Can we write that in the standard that they have to identify bskit facilities?

Robinson, Kimberly S 1:24:40
Oh, I'm sorry. Total blonde moment.
Total blonde.

Higdon, Brian 1:24:44
It's fine. This all very confusing 'cause there's multiple case managers, there's multiple people, yeah.

Robinson, Kimberly S 1:24:44
Yes, yes, you can write that in.

Collins, Valerie B 1:24:48
Yeah.

Robinson, Kimberly S 1:24:49
My so just so you know, when people ask me can can you refer my Spidey sense is automatically go up in flags and then so it automatically there's a no we cannot do that.

Jill Olinick 1:25:00
Yeah.

Robinson, Kimberly S 1:25:00
So I'm sorry, doctor Higgins.
That was my misunderstanding of the question.
I apologize for that.
Yes, you could write that in the standard that the facility can make the recommendation.

Collins, Valerie B 1:25:15
I mean it's.

Higdon, Brian 1:25:15

With that going to the case manager section that we just created saying, you know, case managers.

Jill Olinick 1:25:15
Perk.


Robinson, Kimberly S 1:25:20
Yes, they can make a recommend, yes.

Higdon, Brian 1:25:21
Refer.
When referring to to to post acute settings.
To.
I recommended that they notify them.
Which ones are bskip centers, bskip rehab centers?

Carrie Rayburn 1:25:41
Can be skip provide that information to the case manager so they know which ones are.


Robinson, Kimberly S 1:25:48
Yeah, that's public record. That's public record.

Carrie Rayburn 1:25:49
OK.

Higdon, Brian 1:25:53
Yeah.
This is just chatting, but I go to international spinal cord conference and it's speaking to to some people at work at that live in Denmark, in Denmark, there are two spinal cord hospitals in the whole country. And if you have a spinal cord injury, you're gonna go to.
One of those two and that's it.
That's definitely not the model that America works on. In some ways, that's a that's a

good thing.
But I think there's something you said for, for, for.

Jill Olinick 1:26:23
Yeah.
So it sounds like for number 4, we don't need to have.
Any further clarification on that?
But we're recommending we add language under the new case, social work case management section that we are, you know that the facilities will make aware the the post acute facilities that are designated for brain and spinal cord injury.
And then under B, we're changing from.
Accredited by Joint Commission to an accrediting body.
Language. And then we're still waiting on the data to determine if 50.
And 12 remain the correct numbers so that we don't limit or open up too widely.
And then scrolling down for the rest of the follow-ups, add transfer agreement and fragmentation language that's under.
#8.

Higdon, Brian 1:27:33
So that's the one I propose that we steal quote UN quote from the from the trauma standards that that they're they may not be using that language anymore. So we can take it into our document.

Jill Olinick 1:27:43
Plug it.
There. Yep. Perfect.
And then under #2D, where is the Rancho scale?
Do we need to add that it's not listed in these standards and I think?
For for brain injury I my personal recommendation is is that we do because we never found it. If I'm correct, if I'm not mistaken, we never saw that the Rancho scale was listed anywhere.

Higdon, Brian 1:28:10
No, it never came up.
So let's add that I think I think it mentions GCS.

Yeah. So and then we always say Rancho scale, but they're but it's, but there's a second version of it, right.

Jill Olinick 1:28:16
Yeah it does.

Higdon, Brian 1:28:22
I think it's like the modified Rancho.

Jill Olinick 1:28:27
Yeah, Carrie, you.

Collins, Valerie B 1:28:28
Yeah, there is.

Jill Olinick 1:28:31
So we want to say modified branches.

Collins, Valerie B 1:28:36
Modify it.

Higdon, Brian 1:28:37
Rancho Los amigos.

Jill Olinick 1:28:38
Perfect.

Collins, Valerie B 1:28:40
Bye. There we go.

Higdon, Brian 1:28:52
Albany, you you agree?

Valbuena Valecillos, Adriana D 1:28:57
Still documented as a rancher.

Los Amigos even you use the latest classification.
I think it may bring a little confusion.
But we go by the latest.

Jill Olinick 1:29:08
So you.

Valbuena Valecillos, Adriana D 1:29:12
But in the documentation we still put RLA as stating as.

Higdon, Brian 1:29:18
Yep. Now if someone is like Rancho one or two, do you?
There's a different metric not gonna blink on it.
There's a different it's like the conscious.

Valbuena Valecillos, Adriana D 1:29:31
Yes, we put it as a reserve in your consciousness, yeah.

Higdon, Brian 1:29:31
There's like a conscious scale.

Valbuena Valecillos, Adriana D 1:29:36
Exhibition is still, you know, not responding.
We just did the assessment.
It will say disorder of consciousness and then we decide what what type of disorder consciousness is that unresponsive? No. Well, no syndromes. Or is a minimally conscious state minus. Plus, depending on the the level of response, that will qualify with level 1 to Regulus and levels.

Higdon, Brian 1:30:00
Actual metric for.
That I figure what it is.

Valbuena Valecillos, Adriana D 1:30:07
What do you mean? Say that again?

Higdon, Brian 1:30:08
There, there's a different scale that's used for disorders with consciousness besides GCS or Rancho.

Valbuena Valecillos, Adriana D 1:30:16
Or we use it comma recovery scale, but that's not. You know, that's usually not a psychology.
So that's that's not widely used.

Higdon, Brian 1:30:25
OK.

Valbuena Valecillos, Adriana D 1:30:26
It's not a standard, even in in in the trauma center.
I don't have that documentation unless I specifically request for it.

Higdon, Brian 1:30:35
OK.
Yeah. So it shouldn't be across the board, but yeah.

Valbuena Valecillos, Adriana D 1:30:39
No, no, I don't think.
I.
I think Rachel's amigos is the most common one and it doesn't doesn't take much.
It just you know, it just it's really subjective.
It's it's it's based on the behavior at the moment.
You see, the patient scale is a little it's way more time consuming.

Higdon, Brian 1:30:54
Yeah.
Yeah. OK.
So just leave it the the the GCS and the Rancho.

Jill Olinick 1:31:08

Some. So then scrolling down to #4, we had that highlight there to look into ACS. Verify there's a 4th edition.
I'm wondering, for the purposes of the document not needing updated changes every time an addition changes. Should we say the most current edition?
Of guidelines for management of severe traumatic brain injury.

V **Valbuena Valecillos, Adriana D** 1:31:39
Yes, I I agree with that.

CR **Carrie Rayburn** 1:31:42
I agree.

HB **Higdon, Brian** 1:31:44
And then.
Should we also mention the ACS guidelines for spine injury?

JO **Jill Olinick** 1:31:49
Yeah, definitely.

HB **Higdon, Brian** 1:31:50
Yep, the last one was in 2022.
But obviously we can have the language to say the most up to date one.
Everyone quick.
I like it.

JO **Jill Olinick** 1:32:07
Yep.

 **Collins, Valerie B** 1:32:08
Up to date, OK.

JO **Jill Olinick** 1:32:12
Alright. And then under training?
OK.

Here's where we we had already made the note about remove comprehensive and add language to include a minimum of two hour CEUS.

Collins, Valerie B 1:32:30
Huh.

Jill Olinick 1:32:31
For acute brain and spinal cord injury.

Higdon, Brian 1:32:33
That's something we just need to make those changes.

Jill Olinick 1:32:35
Yeah. OK.
Alright. Anything.
Sure. What else is below that? I feel like that was.
Oh, number five.
Odette just needs to. Yeah.

Collins, Valerie B 1:32:51
Yeah, this is the last one.

Jill Olinick 1:32:53
And that's just we're changing to reflect that, so.

Higdon, Brian 1:32:57
Participate, yeah.

Jill Olinick 1:32:59
Yep.

Higdon, Brian 1:33:00
Alright, that's where we left off.

Jill Olinick 1:33:02
All right, perfect.


Collins, Valerie B 1:33:03
OK.

Jill Olinick 1:33:03
Now we can go to the rehab.


Collins, Valerie B 1:33:06
Oops, sorry that's fine.
I go back down.
OK.

Jill Olinick 1:33:40
So, since we didn't necessarily.
Well, I should say I didn't particularly review these.
Prior to this meeting, do we just kind of want to take it section by section?

Carrie Rayburn 1:33:57
Yes, I didn't review them either. So I think that would be good.

Valbuena Valecillos, Adriana D 1:33:59
Yes.

Chester, Don 1:34:06
Knock, knock.

Jill Olinick 1:34:08
Alright.

Chester, Don 1:34:09
You want to call sort of, yeah.

Valbuena Valecillos, Adriana D 1:34:16
Repl.

Jill Olinick 1:34:20
This is page 14.
Sorry, I'm enlarging mine on my own personal screen.

Carrie Rayburn 1:34:29
I think it starts on page 12.


Collins, Valerie B 1:34:34
Yeah.

Valbuena Valecillos, Adriana D 1:34:45
Go.


Collins, Valerie B 1:34:49
You guys just let me know where you wanna go to make changes.
I think rather than reading them, you know it would.

Jill Olinick 1:34:56
Sure.


Collins, Valerie B 1:34:57
That would be a little more efficient.

Jill Olinick 1:35:04
Don't anticipate there's much in this first, like just the overview that's significant in change in there.

Higdon, Brian 1:35:17
Albany, Albany if you're talking, you're you're muted.

Valbuena Valecillos, Adriana D 1:35:22
No, I'm reading to myself.

Higdon, Brian 1:35:23
OK, OK.


Collins, Valerie B 1:35:24
Yeah.

Valbuena Valecillos, Adriana D 1:35:26
Thank you.


Robinson, Kimberly S 1:35:29
OK.
So if we can pause for just one second 'cause, I went and looked at the quarterly referral report that I sent out to you all.

Jill Olinick 1:35:37
Yeah.


Robinson, Kimberly S 1:35:38
And going back to that question about if fifty was enough and so forth. So for the first quarter there were 300 and pretty sure I took out the referrals that were not trauma facilities, OK, not guarantee I got 100% of them, but just to give.
You ballpark numbers. So for the first quarter, there were 219 referrals.
Brain injury for brain and spinal there were 20 and for spinal cord there were 88.
So if we want to kind of take an average of those for a year to make a determination on what you think are appropriate.

Jill Olinick 1:36:18
And how many facilities is that?
Do we think?


Robinson, Kimberly S 1:36:21

Trauma trauma has.
Oh gosh, now you're testing me 37.

Stotsenburg, Madonna 1:36:26
Travel has 36 trauma. Yep.

Robinson, Kimberly S 1:36:29
36 I was gonna say 30. I was gonna say 37.

Higdon, Brian 1:36:37
I'm just wondering if you can sort by like number of like number of brain injury.

Robinson, Kimberly S 1:36:47
That's what I that's what it is.
So for the first quarter, oh, you mean per facility?

Higdon, Brian 1:36:53
Yeah.

Robinson, Kimberly S 1:36:56
That's going to take a lot longer time.
I was trying to give you an idea on on what it is for the first quarter of this year for all trauma facilities.

Jill Olinick 1:36:58
Yeah.
Slip.

Robinson, Kimberly S 1:37:06
There were 319 brain injury, twenty brain and spinal, and 88 spinal.

Jill Olinick 1:37:15
So if you just take just in general the 319 / 36, it's 8.8 on 1/4 for a brain injury. So.

Carrie Rayburn 1:37:16
What?

Jill Olinick 1:37:25
That's 32 annualized.

Higdon, Brian 1:37:30
Yeah, and that's pretty far under the 50.
I think that we have written down.

Jill Olinick 1:37:34
Yeah.

Carrie Rayburn 1:37:34
Mm hmm.

Higdon, Brian 1:37:37
And that's average.
I mean, obviously some are gonna be a lot higher in the in the, in the urban centers, but I don't want like a center like that's kind of on an island already to not qualify because because of this and then.
And then and then not. Yeah.


Robinson, Kimberly S 1:37:58
Make the recommendation that you leave the the numbers as is, because each year the amount of referrals changes.

Jill Olinick 1:38:05
Run.


Robinson, Kimberly S 1:38:07
Some years we have, you know.
Over 1200 referrals that come in.

Jill Olinick 1:38:12
Beginning.


Robinson, Kimberly S 1:38:13
Last year we had 900.
And what was it, 987 referrals that we received?
Now, granted, not all of those qualify, but I believe we service.
Of those 900 some referrals we service 500 and something I don't have all the numbers right in front of me to tell you specifically, but about 500 of those people were provided services. Now of those, I can't tell you how many were brain injured brain.
And spinal and spinal cord.
But overall, the program receives more brain injured referrals than any other.

Higdon, Brian 1:38:56
Yeah.


Robinson, Kimberly S 1:38:57
I don't know if that helps you to make your decision or not, or if you want more specifics. I will have to have my data analyst pull some full reports for that.
I can't.
I can't whip them up today.

Higdon, Brian 1:39:11
Yeah, my opinion is like the more we talk about this like.
I think you have to look at map and and and look at like the geographic areas of these centers and I hate for like a facility have like 40 instead of 50.
But then there's not another facility within within an hour of that. And then like, OK, so they're gonna get the injuries, but they're not be skip center.
So, so. So I feel there needs to be some some actual thinking and and judgment and maybe not written to the rule book.


Robinson, Kimberly S 1:39:38
OK.

OK.
I'll have my data analyst run some reports for us.

Higdon, Brian 1:39:48
Yeah.
So I think there should be some, some professional judgment and discretion with with those numbers.
And that may change. You know on overtime.

Jill Olinick 1:40:13
So just for point of discussion under the the karf it says to even be eligible for a state designation. You have to be carved.
For inpatient rehab.
The way it's worded.

Higdon, Brian 1:40:29
Yeah, you'd be car for going for carf.

Valbuena Valecillos, Adriana D 1:40:29
She has to be.
It's required the card for not.

Jill Olinick 1:40:35
Yes, it says in addition, an inpatient rehab center must be accredited by Karp as a comprehensive integrated inpatient rehab program with accreditation as a brain injury specialty program and or spinal cord system of care.

Carrie Rayburn 1:40:53
On average, how many?
Like rehab facilities in Florida have the Brandry specialty certification with with KARTH. Is that standard?

Higdon, Brian 1:41:06
I'm working on that.

Jill Olinick 1:41:18
I mean, that's gonna eliminate a lot, lots and lots.

Carrie Rayburn 1:41:21
That's what I'm thinking.
I think you know.
The Carf might not be something that limitates, but the specialty programs I think would not. Everyone goes through especially programs, right?

Jill Olinick 1:41:33
You know many, many facilities have moved away from Karf. I mean we we are karf and brain, so and we're going for spinal cord but.

Carrie Rayburn 1:41:38
No.
Alright.

Higdon, Brian 1:41:47
They going towards something else or they're just not not doing it.

Jill Olinick 1:41:52
From my understanding, they're not necessarily doing it.
I mean, they obviously are are managing quality relative to the whether they're using like E rehab or UDS or whatever and and comparisons by diagnosis to the, to the nation for their outcomes.
But yeah, there's a lot of facilities who are not even going for garf.

Carrie Rayburn 1:42:17
OK, bye.

Jill Olinick 1:42:18
So to your point about I, I mean, I think it's important, but I I'm afraid for some of those areas, it's really gonna limit.
Access.

For the brain and spinal cord to where they might have to go hours and hours away. And at the same time you don't want to open it up and let everybody be able to be.

CR **Carrie Rayburn** 1:42:45
Run.
Right.

HB **Higdon, Brian** 1:42:52
I I'm trying to actually find the numbers now.
Some reason this?
Right. Looks like there's like 66, but I don't trust this.

JO **Jill Olinick** 1:43:36
Yeah.

HB **Higdon, Brian** 1:43:36
Oh yeah. I mean, had Brooks like listed like three times, I think includes like non earth facilities.
Yeah, I mean.
I yeah, I really do wish that that there, that they did do accreditation for all of these two specialties.
But I also understand like.
You can't just say there's gonna be like 4 centers and.
Yeah.

JO **Jill Olinick** 1:44:23
Yeah, throughout the whole state, yeah.
I.
I I.
Agree. I wish there was.
There was something in between, even, maybe. Maybe at a minimum, we just say they have to at least be carved.
Maybe not have the specialty.

CR **Carrie Rayburn** 1:44:39

Yeah, that's what I was gonna ask, right.
But we could say, you know, we could word it in a way like that.
They could be carve certified and then you know that we recommend to have special day programs preferred, you know, to have those listed.

JO **Jill Olinick** 1:44:56
Mm hmm.

CR **Carrie Rayburn** 1:44:59
That way, maybe that will encourage.

JO **Jill Olinick** 1:45:11
Yeah, I I like the language. I preferred mm hmm.

CR **Carrie Rayburn** 1:45:11
With regard accreditation, yeah, with a A preferred accreditation as a brain injury specialty program there and that.

JO **Jill Olinick** 1:45:29
Does anybody else have any other thoughts on that?

HB **Higdon, Brian** 1:45:40
Looks like.
Oh, this is still not still not right.
Looks like there's about 42.
If I'm doing this count right 42 car for credited centers in Florida.
24.
39 by this count.
Yeah. So that's roughly how many ones, I guess we could say like if they're, if they're carpet credited, then they have additional requirements.
But if their car carbon credited for brain or spinal cord injury, then it's then it's more kind of abbreviated credentials.

JO **Jill Olinick** 1:46:25

Yeah.
I think that's a good.

Higdon, Brian 1:46:30
Reminds.

Jill Olinick 1:46:31
Yeah, that's the word.

Higdon, Brian 1:46:37
Search is still point of Georgia facilities.
Yeah, I think it.
You can't.
You can't select by state.

Jill Olinick 1:46:48
OK.
So OK to be eligible for state designation facility must demonstrate compliance with applicable standards established by an addition.
An inpatient rehabilitation center must be accredited by KARF as a comprehensive integrated inpatient rehabilitation program.
And then at the end of that sentence, with accreditation as a brain injury specialty program in our spinal cord system of care preferred.


Collins, Valerie B 1:47:21
I'm sorry I don't realize I was muted, OK?
OK, conference program.
OK.
So where do you want me to add?

Jill Olinick 1:47:33
Right there, where your curse. Where you've got? Yep. Say preferred.


Collins, Valerie B 1:47:35

Sorry.
Sorry.

Carrie Rayburn 1:47:52
The the next paragraph says that if they are not involved or accredited with at least one of the specialty programs, they have to notify BSKIP and they lose the designation.
So we need to remove that next statement.
Maybe have them report if they are.

Jill Olinick 1:48:13
Scroll up just one more because that last sentence.
So it says right after you added the word preferred. It says facilities that are carved accredited as a comprehensive facility but do not have accreditation in one or both of the required one or both of those specialty programs. We can remove the word required or preferred change that.
To preferred.
Up up two more 2 lines.


Collins, Valerie B 1:48:45
OK.
Hold on. Required.

Jill Olinick 1:48:48
There you go.
And then I think that the, the following sentence you guys help me out, but I think it says we should say we'll have additional B skip.
Guidelines or something?
Required or specific will have additional requirements to be to be able to maintain bike designation.
It's the best way to wear that.
Something like that.

Carrie Rayburn 1:49:27
Is there?

Yeah. Is there other business we haven't gone through?
Maybe we should put a pin in that to see.

Jill Olinick 1:49:38
Mm hmm, come back to it.

Carrie Rayburn 1:49:39
Yeah, I think so. Just so we can see what is already listed.
Since I haven't reviewed all of it, there could be more.
I've gotten through the car stuff only so far so.

Jill Olinick 1:49:53
OK, we'll come back to that.

Carrie Rayburn 1:50:09
Yeah. And then.
The next one was the one that I had mentioned about it saying that if they.
Fail to maintain car for accreditation.
That talks about in at least one of the specialty programs. I think we need to change the verbiage to.
They they need to notify us if they do have the specialty program in addition, not necessarily that it stops them from being able to be.

Jill Olinick 1:50:39
Yeah, I think I think just take off as they will no longer be able.
That's the the end of the there.

Higdon, Brian 1:50:43
Yeah.
I think you can add the language if they become or or if they lose it 'cause if they become it then then then they might have to follow all those.

Jill Olinick 1:51:00
Yeah.

Higdon, Brian 1:51:00
Duplicate standards.

Jill Olinick 1:51:12
Run.

Higdon, Brian 1:52:22
As far as the oh, it's not on the screen yet, but as far as the volume is saying, 30 TPI missions and 4040 spinal cord missions, but up to 20 of those can be non traumatic to make their numbers.

Jill Olinick 1:53:03
What are you recommending for that one?

Higdon, Brian 1:53:05
I don't have any.

Jill Olinick 1:53:07
Play.

Higdon, Brian 1:53:08
Recommendation for that I do think.
Maybe they're because we we we were talking about volume for acute care hospitals and kind of having some having some fudge factor depending on geography.

Jill Olinick 1:53:19
Yeah.

Higdon, Brian 1:53:24
Be a little bit less structured because we don't have to worry about the golden hour for for getting to rehab center.
But.
Yeah, I don't wanna make people like drive 3 hours away to get to bskip rehab either.
If if they have other family concerns.

Jill Olinick 1:53:45
I just the only thing I would say is, is that I feel like.
You know, for the acute side, we say it says 50 and 12 for per year and then this is like almost the reverse.
We've got 30 and then 40 for spinal cord.
I I appreciate that it says, you know, up to 50% may include non traumatic.
Paralysis.

Higdon, Brian 1:54:06
Yeah. The ratios, the ratio is different.
I mean 30 and 30 and 20 basically is what you're saying, but the ratio is is way different.

Jill Olinick 1:54:12
Yeah.

Higdon, Brian 1:54:17
For for the trauma hospitals, there seem to be some saying that, OK, you could either either be brain or spinal cord or both, but we're not necessarily saying that for for rehab hospitals, it seems.

Jill Olinick 1:54:32
Right.

Higdon, Brian 1:54:40
But I.

Valbuena Valecillos, Adriana D 1:54:40
I find this the way that I.

Higdon, Brian 1:54:44
What was that?

Valbuena Valecillos, Adriana D 1:54:46

I mean this.
You know it's.
I mean comparing with what we are required for the for the trauma, why it's so high for us, for the rehabilitation.

Higdon, Brian 1:54:58
Yeah.
4040 years.
I mean, it's fairly high.
Yeah.

Valbuena Valecillos, Adriana D 1:55:14
What these numbers do, we know where these numbers came?


Collins, Valerie B 1:55:21
Oh, all of this was before Kim or I were with the program.

Jill Olinick 1:55:28
I would make the proposal at least that we go to 30 and 20.

Valbuena Valecillos, Adriana D 1:55:28
OK.
I agree.

Higdon, Brian 1:55:37
Well, it's currently 30 and 20.
For for traumatic cases.


Collins, Valerie B 1:55:44
Standard talking.

Higdon, Brian 1:55:44
But, but that's still a very different ratio.
I mean, do you wanna say that you know?

Jill Olinick 1:55:55
Since since we're not delineating. Oh, I'm sorry.
Go ahead.
I apologize.

Higdon, Brian 1:55:59
I mean, we could say that that you could either be a Center for just like trauma centers or a Center for brain spine or both.
Do you wanna make that delineation for?
For rehab as well.


Collins, Valerie B 1:56:18
Well, it says, oh, hold on.

Jill Olinick 1:56:22
We are are.
The other thought is is do we just wanna say a combined total of between brain and spinal cord because pending your service area, you may have more than the other, if we're not gonna separate?


Collins, Valerie B 1:56:42
So it says and or.

Valbuena Valecillos, Adriana D 1:56:43
Just like that is. Is that also there is so much limitation with insurance in a lot of these cases traumatic that usually does not have insurance. You don't expect traumatic things.
So there's a lot of clearance from the administration component that may not necessarily make it to the cure rehab, but they make it to the acute side because it's it's an emergent treatment.
So I find it like like why would our numbers be significantly higher that the kids center that?
You know they cannot deny a case for admission.
But the administration can deny a case for admission if they don't have the right

social or right financial component.
I agree. I think it should be combined because they're attending that the the area.
You may get more spinal cord versus traumatic or vice versa.

Collins, Valerie B 1:57:40
I think this is combined unless I'm reading it wrong. It says and or.
So 30 traumatic brain and or minimum of 40. So I think it's just a question of the numbers.

JO **Jill Olinick** 1:57:56
I don't read it that way.

HB **Higdon, Brian** 1:57:56
Yeah.

JO **Jill Olinick** 1:57:57
I read it as either 30.
And 40 or 30 or 40, but of that specific diagnosis.

V **Valbuena Valecillos, Adriana D** 1:58:07
Diagnosis. Yeah.

HB **Higdon, Brian** 1:58:09
Yeah. So one kind of good source of data for hospitals is.
Now that the US news and reports includes E rehab data so you can see patients like facilities volumes for these injuries.
So I take the so I just took the US new news and reports and went 15 down the list.
And the 15th to one of of the rankings.
Not not necessarily sorted by volume, but the 15th one on the rankings. Like they don't have.
Like the spinal cord volume to be be skip standard, so it's it's less than 10 a year for traumatic spinal cord injuries and that's quote, it's not really very precise but it's.
Yeah, but this hospital, I'm not.
I'm not gonna call them out, but this hospital does.
You know, within that same city does have a a, a center with higher volume.

So.
You know, would it be better for for those patients in that region to to go to higher volume center? Probably, yes.
Umm.
Yeah, it's. I'll just say, I don't think I'm as being bother. But but Advent Health Tampa is the number 15 one.
But they've got Tampa general in that area, but if someone's insurance doesn't pay for Tampa general.

JO **Jill Olinick** 1:59:31
Hmm.

CR **Carrie Rayburn** 1:59:34
Yeah.

HB **Higdon, Brian** 1:59:38
Then they might have to go to Advent.

CR **Carrie Rayburn** 1:59:38
Right.

HB **Higdon, Brian** 1:59:41
Yeah.

CR **Carrie Rayburn** 1:59:43
I know it like in our facility in the Panhandle, we don't see that high of a volume of traumatic brain injury patients.
You know, we see only 90 brain injury patients a year and that's considered both non traumatic and traumatic.
So it's not consistent.

HB **Higdon, Brian** 2:00:05
Remind me which one are you in HA Pensacola?

Carrie Rayburn 2:00:08
Yes.

Jill Olinick 2:00:08
Yeah, we're we're 58 bed, you know.
Sometimes they get sent off to other areas, but.
I mean, I just would say maybe something like a combined total of 50 traumatic brain and spinal cord injury with maybe a minimum of 20% being.
Spinal cord, traumatic spinal cord or something so that you, you know, have something in there that.
Like, you know, gives a minimum because obviously if you get one or two traumatic spinal cord, that's not really.

Carrie Rayburn 2:00:47
Mm hmm.

Higdon, Brian 2:00:48
Yeah.
So.
I mean, it does look like HCA Pensacola would meet these parameters based on the rehab data.
So it says 56 tvis.

Jill Olinick 2:01:03
Yeah.

Higdon, Brian 2:01:04
And 20 traumatic spinal cord injuries.
And then.
Yeah. So but it.
But it's just barely meets that margin.
Yeah, so, so I do agree to that.
That's pretty pretty high bar. Probably should go down on that.

So you said. I don't know if it's Madonna or what.
What was that number you were saying?

Jill Olinick 2:01:35
I just threw out, I said.
Like a combined 50 with with at least 20% being.
Traumatic spinal cord.
And if we don't separate them out, you know what I mean.

Higdon, Brian 2:01:49
At least five traumatic spinal cord.

Jill Olinick 2:01:52
20% would be 10 of the 50, right? Yeah.

Higdon, Brian 2:01:55
10.
OK.

Jill Olinick 2:01:58
I don't.
I don't want anybody else thinks, but that's, you know, almost one a month, so it's.

Valbuena Valecillos, Adriana D 2:02:05
I think that's a fair number.

Higdon, Brian 2:02:10
Yeah.


Collins, Valerie B 2:02:13
Call me again, Jill.
A combined total of.

Jill Olinick 2:02:15
Yeah. So.

50 minimum with at least 20%.
Or we can use the number 10. Whatever you guys want. The spinal cord. A traumatic spinal cord.

Collins, Valerie B 2:02:32
This should be.
20 to 40 should be 20 now.

Jill Olinick 2:02:40
No. We're saying if a combined total of of a minimum 50 dramatic and spinal cord injury with at least.

Collins, Valerie B 2:02:44
And.

Higdon, Brian 2:02:49
I mean, can we just say, can we just say 4040 TBI and 10 spinal cord injury?

Collins, Valerie B 2:02:50
I am.
That's where it all.

Higdon, Brian 2:02:56
Instead of this percentage thing, I mean it's the same thing. It's mathematically the same.
I don't.
Know if there's any facilities that are gonna be like that.

Jill Olinick 2:03:13
K.
I'm totally fine with that.
So minimum of 40 dramatic and.
10 spinal cord.

Higdon, Brian 2:03:18

Spinal cord.
See here the.

Jill Olinick 2:03:32
And we can take off that for inpatient spinal cord up to 50% may include patients with nonndravable. I think we can take that off.
Yeah.

Collins, Valerie B 2:03:43
OK.
Now let's go back to the numbers 'cause. I'm pretty sure y'all went all around and I don't have this right.
What should this be? Or are we rewording this 10?
40 and 10.
Are we good with this now?

Higdon, Brian 2:04:02
Look at one thing the.

Valbuena Valecillos, Adriana D 2:04:04
Yeah.

Higdon, Brian 2:04:06
Make it easier to externally validate the cutoff for extra reporting.
The number for user report is 11.
So so if you meet 11 then, then it'll be public information. But I don't know. I'm fine with 10.

Jill Olinick 2:04:23
That's OK, 11's fine.

Higdon, Brian 2:04:25
Yeah. And it's just because of that.
Kind of because of how it's reported.

Jill Olinick 2:04:29
So can we just say a combined total of 50 brain?

Higdon, Brian 2:04:30
Yeah.

Jill Olinick 2:04:36
And traumatic brain and spinal cord with at least a minimum of 11 spinal cord injury.

Higdon, Brian 2:04:45
Let me find that.

Valbuena Valecillos, Adriana D 2:04:46
Yeah, fine.

Collins, Valerie B 2:04:49
Change in this back to 50.

Jill Olinick 2:04:51
Say 50 combined total of 50 new traumatic brain injury and spinal cord injury admissions with a minimum.
Sorry.

Collins, Valerie B 2:05:05
No problem.
Uh.
Really hateful.
1:04 and 12:00 for a mission to Endor, a minimum of 11.00 injury. Sorry.

Jill Olinick 2:05:22
So instead of and or, we're gonna say with with a minimum of 11 spinal cord.

Collins, Valerie B 2:05:31

OK.
Thank you.

Jill Olinick 2:05:37
Thank you.
Sorry, that was so painful.

Higdon, Brian 2:05:40
I'm I just posted the chat what I'm talking about where like on this public facing data.
If it's very low, it just says less than 11.

Jill Olinick 2:05:49
OK.

Higdon, Brian 2:05:50
But if it's 11 or greater, it's publicly reported.

Jill Olinick 2:05:54
Yeah, which we would want it to be.

Higdon, Brian 2:05:56
Yeah.

Jill Olinick 2:05:57
Yeah.

Higdon, Brian 2:06:08
To it.

Jill Olinick 2:06:22
Under F.

Collins, Valerie B 2:06:26
Oh, sorry.
Hold on one second.

I'm just saving so I don't have.
A cup fluffle again, OK.
Here we go.

Higdon, Brian 2:06:33
Yeah.

Jill Olinick 2:06:37
I think we can just say all rebuilt fishing centers are required to subscribe to a data collection system.

Higdon, Brian 2:06:47
Is everyone using Caretool now?
Because I think that's like written to some regulations or something.

Jill Olinick 2:06:53
Yeah. And it's whether it's through E rehab or UDS or whatever.
But it's all care that was ACMS.

Higdon, Brian 2:07:01
Yeah, but it doesn't really.
We don't need to have in standards if it's duplicate so.

Jill Olinick 2:07:05
Yeah, agreed.

Higdon, Brian 2:07:13
Well, it always says similar data system so.

Jill Olinick 2:07:13
So what are you?

Higdon, Brian 2:07:16
Yeah.

Collins, Valerie B 2:07:17
Oh, OK.
So what do you want me to do?

Jill Olinick 2:07:25
Need to remove functional independence? Measure them.

Higdon, Brian 2:07:34
So I guess we'd say all returning centers required to.
Use.
Use.
To track functional outcome scores.

Jill Olinick 2:07:48
Yeah. Yeah, I think that's good.
That's generic because if we change the name again.
Or the system it just.
Covers.

Higdon, Brian 2:07:57
I'm glad I wasn't here for that changeover.
I was still in training.

Jill Olinick 2:07:59
Oh, ridiculous, yeah.

Collins, Valerie B 2:08:03
Where to where I say to use a data?
I'm sorry. Say it again.

Higdon, Brian 2:08:09
The track functional outcome measures.

Collins, Valerie B 2:08:15

Back.
Sure, it's Bob.
Alright, I'll fix all of this later.
I got subscribe alright.
Measure stuff doesn't make sense, OK?

Jill Olinick 2:08:40
And report accordingly.
I think we can just say and report accordingly, because it needs to be publicly reported.
Are transmitted.

Higdon, Brian 2:08:50
Is that is that publicly reported?
Already I don't.
I wasn't aware that was.

Jill Olinick 2:08:56
Is your Medicare certified? If you're Medicare certified, it has to be on the like CMS compare and.

Higdon, Brian 2:09:04
Is it only the Medicare data though?

Jill Olinick 2:09:08
Hmm.
That's a great question, I can't remember.

Higdon, Brian 2:09:22
But because I've looked at that, I don't remember seeing, you know, to like compare centers based on that.

Jill Olinick 2:09:25
Yeah.

Higdon, Brian 2:09:31
Yeah, and I think.
If someone's like comparing rehab hospitals based on that, I don't think it's the best because you made a lot of high quads. You're not gonna really get movement on that. So yeah.

Jill Olinick 2:09:47
So all rehabilitation is required to track functional outcome measures and just leave it.

Higdon, Brian 2:09:52
Yeah.


Collins, Valerie B 2:09:55
So delete everything else.

Jill Olinick 2:09:57
Yeah.

Higdon, Brian 2:10:27
Braini Society for Florida it is that is the current name of it.
It's a brain injury association in Florida.


Collins, Valerie B 2:10:36
No.

Carrie Rayburn 2:10:36
No, it's raining Florida.

Higdon, Brian 2:10:40
Brain injury, Florida.
Do you guys have public facing like educational resources?

Carrie Rayburn 2:10:48

We had to.
We have an educational conference that is available yearly and then those educational sessions are available.

Higdon, Brian 2:10:57
OK.


Robinson, Kimberly S 2:11:00
Would you?
Would you rather?


Collins, Valerie B 2:11:01
Need to change.


Robinson, Kimberly S 2:11:02
Well, we have to take out the Florida.
Yeah, the the Resource Center change that.


Collins, Valerie B 2:11:04
Yeah.


Robinson, Kimberly S 2:11:08
And would your brain injury Florida, do we need to think about putting in brain injury?
What is brain injury? Association of America as well?

Carrie Rayburn 2:11:21
Well, Brandon, during Florida's a chapter in affiliate of Association of America.


Robinson, Kimberly S 2:11:22
Need for that.

Carrie Rayburn 2:11:28
But I mean.
You can put that in the.

Robinson, Kimberly S 2:11:32
I understand that but.

Carrie Rayburn 2:11:35
Yeah.

Robinson, Kimberly S 2:11:35
My question.
My reason for asking that is both.
You know, previously in the standards that had Grain Injury, Association of Florida and they are they are no longer.
So and I'm not saying brain injury of Florida's going away or anything like that, but we know that brain injury Association of America is a consistent that's going to always be there.
Or most likely always be there. And so that's less of a change that we have to come back and make later.
I mean, we can leave brain injury Florida in and add BIA as well.

Carrie Rayburn 2:12:11
You can do that.

Robinson, Kimberly S 2:12:12
And I know that your chapter.

Carrie Rayburn 2:12:12
You can put red in.
Yeah, you can put Brandry Association of America and the chapter affiliate brain injury Florida.
And or the chapter in affiliate branding.

Robinson, Kimberly S 2:12:22
That's fine.

Jill Olinick 2:12:28
Yeah. Or just say and or the chapter affiliate in case you guys change names.


Robinson, Kimberly S 2:12:34
Oh, I like that.

Carrie Rayburn 2:12:34
OK.


Robinson, Kimberly S 2:12:36
I like that in case something changes I do like that.


Collins, Valerie B 2:12:45
OK, one more time now.

Jill Olinick 2:12:48
Yeah, and the brain injury.
Association of America Brain Injury Association.


Collins, Valerie B 2:12:57
Brain Injury Association I need.
There was something in there.

Jill Olinick 2:13:08
And then and it's chapter affiliate and or a chapter affiliate.


Collins, Valerie B 2:13:08
America.

Jill Olinick 2:13:25
And then just period, you can erase the rest.


Collins, Valerie B 2:13:37
OK.

Jill Olinick 2:14:11
The.
My question on #3 under Jaya designated BRAINIAND or spinal cord Injury prevention coordinator.
It doesn't have to have that title, we're saying, but they just need to be whoever is the person.
That's because you know, in some facilities, it's whichever case manager is assigned, or you might have a rec therapist who provides a lot of information, but they may not have that designation.
So I guess my question is, is do we want to just tweak the wording or are you guys good with the wording on that?

Higdon, Brian 2:14:49
Yeah, I I know my institution does that some, but I'm not sure if there's like a specific person that's designated for that.

Jill Olinick 2:15:03
And I think up above we say that there's somebody who makes sure that they.
Report, right? But.

Carrie Rayburn 2:15:10
Right. And it just says it's worded the same way like a designated person.
To fulfill that.

Higdon, Brian 2:15:18
Yeah, and and and the point right below that, the demonstrated collaboration.
Like, are those redundant?
Can we just get rid of three and keep 4?

Jill Olinick 2:15:27
Yeah, that's my, I agree.


Collins, Valerie B 2:15:36
We're getting rid of this.

Higdon, Brian 2:15:39
.5 just say participate instead of support like we did for the acute centers.

Jill Olinick 2:15:52
Active participation, yeah.

Higdon, Brian 2:15:53
Yeah.
Should we for rehabilitation centers?
Should we also say?
Regarding kind of patients or people living with these injuries, as far as.
Naive came for but, but speaking to their to their life and their care.

Jill Olinick 2:16:29
Can you say that one more time?

Carrie Rayburn 2:16:31
Yeah.

Higdon, Brian 2:16:32
But like participation from the prevention, but then also ongoing care of people living with those injuries.

Jill Olinick 2:16:39
Oh yeah, public policy decisions to prevent traumatic brain injuries.
And.
Promotion of health.
After or.

Carrie Rayburn 2:16:55
Promotion of health for persons living with.

Higdon, Brian 2:16:58
Yeah.

Jill Olinick 2:16:59
Yeah. Thank you.

Higdon, Brian 2:17:01
Provide health care, yeah.
Sure.


Collins, Valerie B 2:17:09
What was the last of it?
I'm sorry, sorry about that.

Higdon, Brian 2:17:13
This is living with traumatic brain injuries.
Persons are people.
Survivors.
Survivors has.
A certain connotation to it.

Jill Olinick 2:17:35
Yeah.

Carrie Rayburn 2:17:36
Yeah, people are moving away from that now.

Jill Olinick 2:17:40
Moving away from survivors.

Higdon, Brian 2:17:42
You can say just person or people with history of TBI and spinal cord injury.
Oh yeah, we're being redundant now.
That's fine.
Maybe just strike out history of and just. Yeah. Yeah. Sorry, I I didn't.

Collins, Valerie B 2:18:11
Oh, I thought you said add history. I'm sorry.

Higdon, Brian 2:18:14
I didn't read it from the beginning.

Collins, Valerie B 2:18:16
Oh, OK.

Higdon, Brian 2:18:17
Yeah.

Jill Olinick 2:18:17
Watch.

Robinson, Kimberly S 2:18:19
So if you if you're gonna use those acronyms, they had to have been spelled out previously in the document.
So we're using the equity.

Higdon, Brian 2:18:26
Hopefully at some point we do better.

Collins, Valerie B 2:18:31
To spell it out, I'm sorry.

Robinson, Kimberly S 2:18:34
Yeah, that's what I'm saying. If you're using acronyms there, it has to have been spelled out previously in the document somewhere.
I don't know that it was or wasn't.

Higdon, Brian 2:18:42
OK.

Robinson, Kimberly S 2:18:43
I'm just pointing that out.

Collins, Valerie B 2:18:46
It's right there.

Jill Olinick 2:18:48
So we probably just need to put it in parentheses.
Or whatever, right up there. And then it can be used going forward, yeah.

Robinson, Kimberly S 2:18:54
Yes. Yeah, correct.

Collins, Valerie B 2:18:56
I'll just spell it out. That's fine.

Higdon, Brian 2:19:04
Currently current #5.
I'm wondering if that can that can be copied and pasted up in with #3.

Collins, Valerie B 2:19:22
OK.
I'm sorry. What now?

Higdon, Brian 2:19:24
#5 is like goes hand in hand with #3 the current #3.
We just say and familiarity with ongoing injury prevention programs and relevant local data regarding epidemiology.
And six is private too. So it's like saying the same thing three different ways, four different ways.

Jill Olinick 2:19:58
Love redundancy.

Collins, Valerie B 2:20:01

OK.

So then we're gonna strike the OR delete this because we added it up there.

OK. And then?

CR

Carrie Rayburn 2:20:20

Is it?

Collins, Valerie B 2:20:21

What about this one?

CR

Carrie Rayburn 2:20:21

Is it 3?

Collins, Valerie B 2:20:22

That's number five now.

JO

Jill Olinick 2:20:24

Play.

CR

Carrie Rayburn 2:20:24

Is it too broad just to say a resource for the community?

Like does it need to say injury prevention specifically?

Because you want them to be more than just a prevention resource.

SM

Stotsenburg, Madonna 2:20:36

No. The reason why that is in there is trauma programs are required to have an injury prevention and outreach personnel.

So it's that collaboration.

That standard terminology at the national and in the state standards and the 64 J.

CR

Carrie Rayburn 2:20:54

OK.

Thank you.

So should we include then the verbiage of including, you know, people living with so that we're a resource for them as well? So not just the injury prevention but or is that too redundant from what we stated above?

HB **Higdon, Brian** 2:21:18
Well, as far as resource two, I know there's variation between facilities with how? They deal with outpatients.
So some just have an inpatient side and don't have much of an outpatient side.

JO **Jill Olinick** 2:21:34
Right.

CR **Carrie Rayburn** 2:21:40
OK.

HB **Higdon, Brian** 2:22:25
Have anything myself? Anyone else?

CR **Carrie Rayburn** 2:22:29
No.

HB **Higdon, Brian** 2:22:48
Yeah. I think Emma's good.

JO **Jill Olinick** 2:23:06
Suzanne.

HB **Higdon, Brian** 2:23:10
For NI mean, it's very rare that facilities would be referring to license transitional living facilities.
And umm, as far as the VOC rehab?
Because basically we literally don't do that for people who have traumatic injuries because they're enrolled in bskip.
So as a rule, we don't do that for vocational rehab after at at the time of hospital discharge.

Jill Olinick 2:23:47
I read this as just saying that the rehab center needs to demonstrate that they have a referral process if it's needed, not necessarily that they absolutely do it on everyone, but I could be wrong.
Because if somebody declines.
The you know beeskip resources, we still need to be able to provide them with.


Robinson, Kimberly S 2:24:12
Correct you.


Collins, Valerie B 2:24:12
Got their options.

Jill Olinick 2:24:14
Yeah.

Higdon, Brian 2:24:14
Yeah.


Collins, Valerie B 2:24:14
Yeah.

Higdon, Brian 2:24:16
But I in outpatient when I refer people I'd you know I'd the packet write the number on it and give it to them.

Jill Olinick 2:24:24
That's your.
That's your process.

Higdon, Brian 2:24:26
Yeah, yeah.
Please, please, please call them today.

Jill Olinick 2:24:31
Right, exactly.

Higdon, Brian 2:24:34
And I've talked to Bok rehab and that's what they requested me to do.

Jill Olinick 2:24:37
Yeah.

Higdon, Brian 2:24:38
Yeah.

Jill Olinick 2:24:40
I mean I I'm fine with. However you wanna reward it, but.
And maybe we just say are able to demonstrate the referral processes to.
You know.
Local.
To community resources, period or programs, communities and programs or something.

Higdon, Brian 2:25:02
Yeah.
#2, what does it mean by accredited?
Like there's only one.
Like you, you always start with like the state VOC rehab program.
So you could just say Florida, Florida vocational rehab.

Robinson, Kimberly S 2:25:26
I I think I would just leave accredited therapy because then you're you're being specific.
So if there is another accredited.
Facility that comes up or is out there.
You're being specific. If you say Florida.

Higdon, Brian 2:25:44
Like if they're I think people are gonna be dual dual citizens of, OK.


Robinson, Kimberly S 2:25:46
Do it another.

Higdon, Brian 2:25:51
Yeah, we can leave it, but.

Jill Olinick 2:25:54
Yeah, like we just actually had somebody that was happened to be on vacation and we needed to refer them back to their state.
So I guess that's.

Higdon, Brian 2:26:02
Yeah, they wanna be anyways.


Collins, Valerie B 2:26:03
Alright.

Jill Olinick 2:26:04
A.

Higdon, Brian 2:26:05
Yeah, we can leave it.

Jill Olinick 2:26:12
Right. So are you making any changes to?
OK.
And it goes pretty.
So on this do we want to put anything specific like we talk about CRN and or five units of CEU, but do we want to state anything specific to?
Yeah, ongoing 'cause. It just says the five Ceus in the first year of employment.
Oh, it does say annually there after I apologize.

CR **Carrie Rayburn** 2:27:22
Thank you.

JO **Jill Olinick** 2:27:23
I needed to read further.
I don't have any changes to that first section.

HB **Higdon, Brian** 2:28:03
I didn't read the heading very much, but I again here.
Do you wanna specify neuropsychology instead of?
Any doctorate level psychology?
Point Q.

CR **Carrie Rayburn** 2:28:26
And the facility that I'm at, we had just a psychologist, she wasn't a neuropsychologist.
I mean, we always wanna, like, you know, encourage that to be more specialized.
I don't know if it would, you know, knock people out if they're not able to hire a neuropsychologist.

JO **Jill Olinick** 2:29:01
Yeah. Unfortunately we have like 3 in our whole area. So it's been a challenge to.
Maybe we can use some of the same verbiage like we used above, like preferred neuropsychology.
I don't know you.
You know, I I love the discussion on this because IA 100% see the value.
And it's it's just been a challenge, quite frankly.

HB **Higdon, Brian** 2:29:34
Yeah. I think in General, Florida, there's, there's just.
Compared to some other states.

JO **Jill Olinick** 2:29:40
Yeah.

Higdon, Brian 2:29:40
It's just the staff and volume is just not there yet and we as a community cannot change that.

Carrie Rayburn 2:29:46
Mm hmm.


Collins, Valerie B 2:29:47
Yeah.
I don't if you guys want to discuss that more.
I think we have like a minute left.

Higdon, Brian 2:29:56
OK, less than that.

Jill Olinick 2:29:57
Yeah.


Collins, Valerie B 2:29:57
So.

Higdon, Brian 2:30:00
I mean, one argument that's on the trauma centers may make is the same argument saying, you know, you're saying that we have to have a neuropsychologist and.


Collins, Valerie B 2:30:00
You wanna pause here?

Carrie Rayburn 2:30:08
Alright.

Higdon, Brian 2:30:11
So they're gonna run into the same problem.

Jill Olinick 2:30:13
Play.
Yeah, I mean I I think we could say something like preferred.

Higdon, Brian 2:30:17
Yep.

Jill Olinick 2:30:22
Because that's really what best practice is, right?
But the reality is, is you may not be able to 100% have that and it's, you know, have it available all the time. I mean we we are continuing to seek out you know what's the can we do some virtual assessments.

Higdon, Brian 2:30:25
Yeah.

Jill Olinick 2:30:39
Can we?
You know, whatever it might be, because just the resources are so limited.

Higdon, Brian 2:30:47
Yeah, I mean, just to tell Brooks, like we we have neuropsychologist, but with some of our other psychology staff, there's been high Toler turn over the past several years since, since since I've been here.

Jill Olinick 2:31:00
Yeah.

Higdon, Brian 2:31:01
Is an ongoing challenge.

Jill Olinick 2:31:04
So I in the interest of time for this morning's session, I would say it's good, great discussion and maybe we just kind of put a pause there.

And think about how the verbiage we want to say for when we do our 'cause, this will be the you know at our next meeting.
Sub subcommittee meeting. We can start.
We can finish this section, I hope.
How many pages do we have left for the rehab section?

Robinson, Kimberly S 2:31:40
Well, we're on page, we're on.

Collins, Valerie B 2:31:40
No 'cause it goes to 55.

Robinson, Kimberly S 2:31:43
We were on page 16 and it goes to 55.

JO

Jill Olinick 2:31:48
I wasn't sure if rehab finished out to the 55 or if it was something else. 'cause I don't think we need to go into the rehab outpatient.

CR

Carrie Rayburn 2:31:48
Oh.

HB

Higdon, Brian 2:31:54
There's a Pediatrics there, there's a Pediatrics.

CR

Carrie Rayburn 2:31:57
Pediatric starts on page 39.

Collins, Valerie B 2:32:01
OK.
Yeah. So.

JO

Jill Olinick 2:32:06
This is do we want to talk about outpatient or not?
'Cause that's also some pages.

Higdon, Brian 2:32:16
And realize until now that there was outpatient centers.

Jill Olinick 2:32:19
Yeah, me neither.
Till I saw it on there I was like oh.

Higdon, Brian 2:32:24
Yeah.

Carrie Rayburn 2:32:24
I think, yeah. If we're gonna review all of them, I think we should include.
Outpatient.

Collins, Valerie B 2:32:39
OK.
So I'll put a note here that this is where we left off for the next meeting.

Jill Olinick 2:32:43
OK.
So quick question, when do we need to present these again the changes?

Robinson, Kimberly S 2:32:54
Once the once we're through all the standards and we have our final draft, then I'll take it to legal and legal will go through it and I promise you they'll red pen something and send it back.

Jill Olinick 2:33:06
Yeah.

Robinson, Kimberly S 2:33:09
So once we get it through legal, then we start talking with Lori about rule. If we're gonna go make rules.
So bee Skip does their own designation? Or are we gonna try with the prom or we

rolling the trauma in from a designation with the prom standards? Or is B skip gonna try to do rule? So we have our own surveys that were going out to do so?
First step is to get through the standards.
Get what we want finalized, I take it to legal. They red pen me. They send it back. We make our changes.
Answer the questions and send it back.
So we have a final and then we have to go to rule.
It's the process.
It's not a quick process.

Jill Olinick 2:33:56
It is, but I think it's it's certainly valuable.

Robinson, Kimberly S 2:33:59
Absolutely.

Jill Olinick 2:33:59
You know.
Work and and maybe you know when we talk about our Charter and our goals for this next year and the next section we can.
This is can be one of them.
Alright.

Robinson, Kimberly S 2:34:17
It worked. You guys did good work today.
Excellent. Thank you, Beth.
I know that was that was hard driving.

Higdon, Brian 2:34:21
Into adjourn. Yep.
Motion to adjourn.

Stotsenburg, Madonna 2:34:31
My motion 2nd.

Jill Olinick 2:34:31
Motion.

Higdon, Brian 2:34:33
All right, all right.

Chester, Don 2:34:35
What time do we reconvene?

Higdon, Brian 2:34:35
See you guys at lunch.

Robinson, Kimberly S 2:34:38
1:00.

Higdon, Brian 2:34:38
One 1:00 PM eastern.

Collins, Valerie B 2:34:38
1.

Chester, Don 2:34:40
That's OK.
Thank you.

Jill Olinick 2:34:43
Alright. See everybody in here in half.

Robinson, Kimberly S 2:34:44
Alright, have a good lunch.
Yep, have a good lunch.

Collins, Valerie B 2:34:46
Thank you guys.

CR **Carrie Rayburn** 2:34:46
I think.

HB **Higdon, Brian** 2:34:46
Alright, bye bye.

 **Robinson, Kimberly S** 2:34:48
Bye bye.

◉ **Casavant, Robert** stopped transcription