BSCIP Advisory Council Performance Quality and Improvement Committee Meeting (Tentative Dates)-20241003_140440-Meeting Recording

October 3, 2024, 6:04PM

54m 24s

Casavant, Robert started transcription

Robinson, Kimberly S 0:05

I think they probably get tired of hearing me say it.
There's Madonna.
We got one more minute and then we'll get rolling.

SM

Stotsenburg, Madonna 0:18

It's just.

Robinson, Kimberly S 0:26

So it it's 205 S we're gonna go ahead and start this meeting.
We have a lot to cover.
With the standards. So with that, I wanna welcome everybody. I hope everyone is is faring well from the current events with Hurricane Helena.
Don Chester was asking earlier, you know, if Tallahassee was back to business as usual and so forth. And yes, everything seems to be functioning up there as it was before the storm.
There are still some staff members that are activated.
And Beskip has one person that was activated and she should be back on Monday and she was pulled from our provider enrollment department.
But she should be back on Monday.
Other than that, that's all that was activated from Bskip.
There are other other EMS people that are activated, but everybody is slowly coming back.
So with that, Madonna, I'll go ahead and turn this over to you and I hope you didn't mind that I put your agenda together for you. It was pretty basic.
So.

With that, I'll turn the meeting over to you.
Madonna not here, I thought.
I saw her log in.
Yeah, she's here. Where'd she go?
Donna, can you hear us?
Oh, there you can.
You hear us? You're you're muted.

+15*****00** 2:12
Can you hear me now? Yes.

Robinson, Kimberly S 2:13
Yes, yes we can.

+15*****00** 2:15
Oh.
No problem.
I'm having some technical difficulties, I apologize.

Robinson, Kimberly S 2:25
Problem we can hear you now.

+15*****00** 2:25
No problem.
We can hear you now.

Robinson, Kimberly S 2:49
Oh well, she's having some technical difficulties.
We'll go ahead and move forward with roll call and Caitlin is out on annual leave today.
So Kim Rita, who is our staff assistant, is going to be taking roll call.
So Kim, can you do that for us, please?

Reda, Kim 3:05
Yes, ma'am, Don Chester.

CD **Chester, Don** 3:09
Here.

 **Reda, Kim** 3:12
Kevin Mullen.
Maddie Lance.
Jennifer Lannan.
Daniel Nicholson.

DN **Dan Nicholson** 3:37
Here, sorry.

 **Reda, Kim** 3:38
It's OK.
Michael fada.
Madonna stotzenberg.
Jill Olenek, we heard that she will be running late.

+15*****00** 3:52
You.

 **Reda, Kim** 3:55
Will be looking for her.
Doctor Adriana. Val Buena.

V **Valbuena Valecillos, Adriana D** 4:01
Present.

 **Reda, Kim** 4:03
Doctor Brian Higdon.
Doctor Abilash horadas.

DH **Dr Abilash Haridas** 4:10
Present.

Reda, Kim 4:12
Carrie rayburn.
Ruthan Tattersall.

Ruthan Tattersall 4:19
Present.

Robinson, Kimberly S 4:26
That all of our members him.

Reda, Kim 4:29
Yes, that's that's, yes.

Robinson, Kimberly S 4:30
OK.
So we do have a quorum Madonna, so you can go ahead and vote on minutes.

+15*****00** 4:40
Do we have a motion to approve the Minutes?

Kevin Mullin 4:46
This is Kevin. I provide motion.

Valbuena Valecillos, Adriana D 4:50
2nd.

+15*****00** 4:50
Do we have a second?

Robinson, Kimberly S 4:56
There was a second, but I didn't hear who that was.

Valbuena Valecillos, Adriana D 4:59
Yeah, me.

Robinson, Kimberly S 5:01
Oh.
Thank you.
Madonna, do you wanna take over from here? And I can bring up the standards.

+15*****00** 5:19
Yes.

Robinson, Kimberly S 5:20
OK.
So I went ahead and corrected just a couple of easy things that were on here that were highlighted from the first meeting, which was adding. No, I oh, the description for FAA and dot. Whoops.
I have a typo there.
And so where I believe we left off, if I'm correct, was right here under Section D data collection and evaluation.
Everybody see this screen OK?

Valbuena Valecillos, Adriana D 6:06
Yes.

Robinson, Kimberly S 6:06
OK.
Madonna, how do you want to move forward with this?
Do you want me to read all this out?

+15*****00** 6:18
Yeah, I think if we read it either you or I could do that and then we can ask for feedback.
I'm just checking.
Sorry, I'm multitasking because I invited another trauma program director to come as well that has historical perspective on this.
So let me see if she's gonna jump on as well.
But if we just start reading it and then we can go through.

Robinson, Kimberly S 6:47
And what is her name?

+15*****00** 6:49
Candace.

Robinson, Kimberly S 6:51
OK. No, I don't see Candace on here.
I'm looking through the list.

+15*****00** 6:55
OK.
Let me just text her.

Robinson, Kimberly S 6:56
Nope, I don't.
I don't see her yet.
All right.
Do you want me to wait or you want me to move forward?

+15*****00** 7:01
You can move forward.

Robinson, Kimberly S 7:03
OK, #1 to ensure consistency in the initial evaluation and classification of traumatic spinal cord injuries, to ensure accurate communication between clinicians and investigators, hospitals must use the standard neurological classification of spinal cord injury developed by the American Spinal Injury Association.
And spinal acute care. Acute cord care, designated facilities only.
#2 to ensure consistency in the initial evaluation and classification of brain injuries and to ensure accurate communication between clinicians and investigators, hospitals must use the Glasgow comma coma scale developed by G Teasdale and B Genet brain injury. Acute care designated facilities only.
For three program evaluation data should be collected on an ongoing basis and at

least annually to review annually reviewed to include the following elements, number of brain and spinal cord injury, injured patients, length of stay and disposition of these patients. Monthly total quality management data with the DOC.
Review of more morbidity, more mentality.
Referral, where care is determined to require augmentation and action plans for problem resolution.
Where appropriate.
#4 the current guidelines, titled guidelines for the management of Severe Traumatic Brain Injury, 3rd Edition, a joint project of the Traumatic Brain Foundation, and the American Association of Neurosurgeons are available and utilized for staff orientation.
In reference per need brain injury, go ahead.

+15*****00** 8:50
I.
I hope.


Robinson, Kimberly S 8:51
I'm sorry.

+15*****00** 8:53
Sorry, I think that there is A and I was looking this up the other day as I was prepping.
I believe that there is a new addition.


Robinson, Kimberly S 9:07
OK.
So we need to look at this, correct?

Valbuena Valecillos, Adriana D 9:11
Yeah, that's in 2000, sevent.

+15*****00** 9:12
Yeah.

Valbuena Valecillos, Adriana D 9:15
Een a new one.

+15*****00** 9:17
Yeah. And I'm wondering.
Too ACS has the guidelines too, for the for brain traumatic brain injuries too.
So we may want to look into, I can send that out to the group and then we can kind of review.
And update.

Robinson, Kimberly S 9:50
The other comments on Section D.

Higdon, Brian 9:56
Oh, I have some. OK, making sure I'm not muted the.
So.
Comment on on both the spinal cord injury scale and the GCS scale.
For the spinal cord injury scale, this is, I guess in some ways, a confession, but.
The that exam takes a long time to do, and while you know Pez practices to to perform that.
My time as well as the the therapist side was limited, so it doesn't always get done, especially if it's not gonna change the clinical management.
But it is done when they come to the rehab hospital setting.
But that is a very tiny exam, so I'm sort of wondering now how often this being done.
I would like to be done in an ideal world that'd be done, and maybe potentially therapists can help complete that exam.
In settings where they don't have a doctor available that can do that.
But have to take a closer look about how how much is currently being used and kind of if if it's gonna be rolled forward.
Kind of giving the the the facility some guidance on on how to train and and and skill up on that.
My comment for the brain injury scale is so.
In Doctor Albino may know you more about this but.
The GCS is obviously what they get scaled on when they when they arrived the Ed

and things like that. But for the first few days then it's gonna be the rancho's Los Amigas scale that's used. And that's also on the documentation for for B Skip. So, so. I feel like the the the Rancho scale should be included on this.
On this document.

Robinson, Kimberly S 12:01
I'm not sure if it's included anywhere down further.
But I'll put a comment in here.

V

Valbuena Valecillos, Adriana D 12:12
Yeah, for the referral form, you're gonna need the run show.
For the referral for the program for this date.

Robinson, Kimberly S 12:22
Oh, here we go with it's 'cause. Everybody's looking at me. I can't type.
Where is the Rancho scale?
OK.
Comments. Any other comments?

HB

Higdon, Brian 12:55
I mean, I have a question leading off my comment. I think Doctor Valbrane is pretty good at her facility doing the Asia score.
Anyone else here from representing any acute care centers?
Could you speak to kind of your utilization of the Asia score in the acute care setting?

+15*****00** 13:14
Yeah, this is Madonna.
We we have this as part of our evaluation on brain and spinal cord injured patient.
So we have a whole process once they come in and our neuro psych team usually takes on the Asia scores or rehab team.

HB

Higdon, Brian 13:36
So those are neuropsychologists doing a strength exam.

+15*****00** 13:41
Yep.

HB **Higdon, Brian** 13:42
OK.
That's that's novel.
Well, that's novel to my ears. We'll say that.
OK. Yeah.
So yeah.

V **Valbuena Valecillos, Adriana D** 13:56
And what we do at the beginning when we get, we are power plan for patients with a spinal cord and brain injury. And one of the consultants, it's a spinal cord fellowship training.
So when she's not able to fully complete the Asia, at least we documented sensory and motor level and that is, I believe what it's required for that form.
For the discount form to be just to initiate the referral.

HB **Higdon, Brian** 14:26
Yeah.

V **Valbuena Valecillos, Adriana D** 14:27
Often has the the Asia, but we don't have.
I mean, sometimes the trauma resins document in Asia level, but there is no like a clear form with that documentation.
They just say HIV and the level, so we don't know exactly. Does you know that was performed properly or this is just based on imaging?
So that's why doctor cocaine is usually if she's not fully able to complete the exam, at least put the sensory and motor level.
Continue following the patient until complete exam.

HB **Higdon, Brian** 15:01
Yeah, I typically you know exam to determine the level and then if there's a question of the rectal sensation, then I can do that.

But that's that's far from a full Asian exam.
Yeah, but you know, if if this is an aspirational document, you know that's that'd be appropriate that all senators are doing that.
But that's that's in some ways, aspirational.
Yeah.

Robinson, Kimberly S 15:34
Are we changing anything with that?

Valbuena Valecillos, Adriana D 15:42
I think for the proper data collection should be continue being in Asia requirement.

Robinson, Kimberly S 15:52
We're leaving it in there as is.
Is that what I'm hearing?

Valbuena Valecillos, Adriana D 15:55
I don't know.
Black turtleneck have the final in this final call bar.

Robinson, Kimberly S 16:03
Donna, do you have any comments on this?

+15*****00** 16:09
No, I don't.

Robinson, Kimberly S 16:16
And I understand we're we're not gonna change anything with Asia.

Higdon, Brian 16:21
Yeah, I'm. I'm just personally very ambivalent about this because, you know it.
It is great to have all the information.
But you know, telling people they have a 30 to 40% chance of yada yada yada's, it's.
It's not as predictive as I wish it was.
Yeah, especially in Q care, yeah.

Robinson, Kimberly S 16:38

OK.

OK.

Any other comments before I move on to E?

Alright.

The next section E training a comprehensive in hospital training program, must be available for the initial and continuing education of EM, TS, paramedics, nurses, physicians, Allied health personnel and other interested groups in the care of patients with acute brain and or spinal cord injury.

Yes, the hospital shall actively collaborate with the state of Florida brain and spinal Cord Injury program as required.

All patients so shall be referred to the brain and or spinal cord Injury Support group and or peer support groups in the local region in areas where ongoing groups do not exist, the designated facility will shell, excuse me, endeavor to sponsor them.

The H the hospital provides opportunities for interdisciplinary staff to participate in formal programs to educate the public in traumatic brain and or spinal cord injury prevention, which may include the following components, one an ongoing community public awareness program that may include the local media to target specific Prev.

Concerns.

Two regularly scheduled traumatic brain and or spinal cord injury education programs with specific.

Curriculum.

Implemented in local, elementary, middle or high schools.

Epidemiology of injury on both the local and national level consequences of injury to include physical, cognitive, emotional, social and financial.

Fee prevention safety techniques D first responder considerations E traumatic brain and spinal cord, injured survivors survivor or survivors to relate their personal experience with injury.

F concussion and sports injury.

Let me get up here a little bit.

#3A designated Traumatic brain and or spinal cord Injury prevention coordinator.

For demonstrated involvement or collaboration with other organized organizations involved in prevention activities.

Five active supportive legislation that will influence public policy decisions to prevent traumatic brain and spinal cord injuries.
6 familiarity with ongoing injury prevention programs.
And relevant local data regarding epidemiology of injury.
And then seven is the ability to serve as an injury prevention resource for the community.
So any questions?
On E through H.
Let me go back here so you can see EA little bit.

Higdon, Brian 19:58
I yeah. I'm. I'm I. I I've got so many.

Robinson, Kimberly S 19:58
Down you can see the rest of H.

Higdon, Brian 20:03
I mean comprehensive, but then also training like five or six different disciplines.
Uh, I'm. I'm just trying from the top here. If you can scroll up, I don't.

Robinson, Kimberly S 20:11
Yep.

Higdon, Brian 20:12
I don't have any clue what that would mean to be both comprehensive and then train all these disciplines. And really you know the the hospitals don't directly interact, don't directly employ EMTs or paramedics.
So yeah, and so I'm not sure exactly how that would.
I think it's it's hard for me to picture what that would look like.
Yeah. So just very vague and kind of flowery language that that doesn't.
I I just can't picture without look like.

Robinson, Kimberly S 20:46
Donna, do you have any feedback on that?
From a trauma standpoint standpoint?

+15*****00** 20:51

So.

Yeah.

Hold on.

An area is groups, so it just it's the training and education on anybody that.

Touches a trauma patient so.

Em TS paramedics.

Sometimes we have EM, TS, paramedics, and trauma recess that are hired along with the trauma resuscitation nurses.

We also do history. The purpose of having a injury prevention outreach coordinator is that that way EMS is included in education, injury prevention of a brain or spinal and or spinal cord injured patient.

Higdon, Brian 21:24

Mm hmm.

+15*****00** 21:40

So it's all part of the trauma program.

And the education pathways that we do specific to being a designated B Skip Center or if we have higher.

Even in other areas. So if you see higher areas and falls, you have specific requirements and a duty to go out and educate and train. So that way you don't cause further injury is the idea.

Higdon, Brian 22:09

Would you?

Would you describe that as a comprehensive training?

+15*****00** 22:15

I.

I don't, and I don't know the history behind why this was called comprehensive training.

I.

I don't know really.

I wouldn't. It's more.
I.
I don't know that it would be comprehensive.
I I don't.
I'm not sure how that language came to be, and I'm sure there is history on it.

Higdon, Brian 22:37
Yeah.
Yeah. And is it needed necessary to be in hospital?
Yeah. And and does that necessarily be in hospital if there if they're not working?
And I'm not sure what. Who other groups, if that's like a groups and yeah.

+15*****00** 22:58
Yeah.

Robinson, Kimberly S 22:59
I cannot speak to the history of this.

Higdon, Brian 23:01
Yeah.

Robinson, Kimberly S 23:02
I.
I I cannot.

+15*****00** 23:07
Yeah, I.

Pineda, Candace 23:07
It says Candice Canida I'm not.

+15*****00** 23:09
Hey, Candace.

Pineda, Candace 23:09

I'm not a trauma program manager.
I I'm a trauma program manager and have been in the state trauma system for almost 20 years.
I can tell you the education and training for Bskip has had to be two continuing education hours, but nothing that said comprehensive training like that.
So I'm not sure where that specific language came in because that that may be hard to measure because.
For most national organizations, they want, you know, a a professional class versus just, you know, some a physician providing a individual lecture.
And as far as I'm aware of other than like.
Like the neuro ALS?
I don't know that there's any other national specific education for this.

Robinson, Kimberly S 24:10
Then to strike comprehensive and leave it.
And in hospital training program must be available and maybe add the language.
To include two hours of Ceus.

+15*****00** 24:29
I agree with that language.

HB **Higdon, Brian** 24:32
Candice, first of all, just thank you for for attending and and helping us out the.
You mentioned that there's a specific accreditation for Neuro ACS.

PC **Pineda, Candace** 24:48
There is just how there's advanced trauma life support.

V **Valbuena Valecillos, Adriana D** 24:51
Play.

PC **Pineda, Candace** 24:52
There's actually a neurological national course where there's a test and then you get a card.
I don't know what that encompasses.

I think it's all brain, including strokes and other things. I haven't taken it myself.
Give me a second and I'll I'll look it up so.
Let me just see if there's anything out there nationally specific to brain and spine.

Higdon, Brian 25:16
Yeah. I just wanted to if that could be piggybacked off of if it is something that's, you know, fairly prevalent in in use already.

Pineda, Candace 25:26
I can tell you at some of the larger comprehensive stroke centers, they like people to have that.
Narrow, narrow ALS course.

Higdon, Brian 26:03
While she's looking out, we can maybe go down the line here.
That's alright with you, Kimberly.

Robinson, Kimberly S 26:12
Down to nursing specific standards, you're ready for that section.

Higdon, Brian 26:15
Oh, no. I I had other comments in that section.

Robinson, Kimberly S 26:17
Oh. Oh, OK, I'm sorry.

Higdon, Brian 26:17
There's just.
So much I I mean for starters, like guidelines to take political action.
Seems suspect.

Robinson, Kimberly S 26:30
No, I have to find out here. Down here. Whoops.

Higdon, Brian 26:32

.5, H five yeah.
I.

Robinson, Kimberly S 26:36
I'll get off my screen there.

Higdon, Brian 26:39
Yeah, I just didn't know how that passes the pass muster on the first round from before. Yeah.

Robinson, Kimberly S 26:47
This supportive legislation will influence public policy decisions to prevent traumatic brain and spinal cord injuries.
I would take that.

Higdon, Brian 26:55
Yeah, I mean, you could ask them to comment on it.
But but it's but to support legislation is a political act.

Robinson, Kimberly S 27:01
Help.
Program could not be involved in any any lobbying.

Higdon, Brian 27:12
Yeah.

Robinson, Kimberly S 27:12
For changes.
But the Council, if I'm correct.
Can make suggestions to change our legislation, our rules or.
Our statutes.

Higdon, Brian 27:27
Yeah, but this is saying that.
The that the acute surgery or the the acute trauma hospitals have to support

legislation.
But they may or not actually want to support.
Or they.
Yeah, I mean, you could ask them to to to be available for comment, but yeah.

Robinson, Kimberly S 27:46
Donna, does that actually happen in the trauma centers that they go to support legislation?
As it stated here.

CD **Chester, Don** 27:53
This. This. Yeah. This is Don Chester St. Mary's.

+15*****00** 27:55
Yeah.

CD **Chester, Don** 27:57
And then I do government relations.
Yeah, we the hot. The trauma centers do.

Robinson, Kimberly S 28:02
OK.

CD **Chester, Don** 28:03
We yeah, there was a some big legislation a few years ago to avoid what was known as trauma drama, and that was the the legislation that set the number of trauma centres for the state of Florida. Many other criteria that are in their rules.

HB **Higdon, Brian** 28:17
You weren't forced to support it.
You were.
You helped craft it.
You have to write it.
But you didn't support every word of it.
Just, yeah.

Robinson, Kimberly S 28:25

They're actively supporting, so I think those are the keywords here is active active support of.

If, if that's what I'm hearing Don say.

CD **Chester, Don** 28:38

You know, we will on certain things, issues we will lobby.

So support is a good, better word to use.

HB **Higdon, Brian** 28:45

Yeah. And this is to prevent the injury and this is to prevent the injury.

CD **Chester, Don** 28:46

In the in that case.

HB **Higdon, Brian** 28:49

So it it could be.

It could be.

Let's bring in a hot topic.

Let's it could be construed to they must support, you know, gun regulations to prevent traumatic brain injuries or traumatic spinal injuries. Like that's. That's how it could, could be framed in the worst light.

+15*****00** 29:12

Maybe we changed the language to active participation.

And public policy decisions to prevent traumatic brain and spinal cord injuries.

CD **Chester, Don** 29:30

That would fit.

HB **Higdon, Brian** 29:33

And and it can be added to say to to, to prevent and and then the management of.

+15*****00** 29:33
Would would that be appropriate yet?


Robinson, Kimberly S 29:42
Say that again.
You wanna change the language to?
Active. Say that again, we're done.

+15*****00** 29:48
Active.
Active participation.
In public policy decisions.
To prevent traumatic brain and spinal cord injuries.
That way it doesn't say support.
That that they're participating in the legislation and that you have comment and that you're putting forth feedback.

V **Valbuena Valecillos, Adriana D** 30:19
Yeah.

CD **Chester, Don** 30:23
I like the word participation because honestly, they're there potentially could be something that we wouldn't like.

+15*****00** 30:29
Exactly.

PC **Pineda, Candace** 30:36
This is kind of, I think, the intent of that's written into the national trauma standards as well is just supporting patient care advocacy to change practice, to improve care and decrease injury.

+15*****00** 30:51

Yeah.
Yep.

Chester, Don 30:54
That's good.

Robinson, Kimberly S 30:59
No, I can't type 'cause. Everybody's looking at me.

Chester, Don 31:04
We can't either.

Robinson, Kimberly S 31:06
Oh good.
Anything else on here?
Did we want to go back up here and address?

Higdon, Brian 31:14
Yeah, let me read it.

Robinson, Kimberly S 31:14
ALS.

Higdon, Brian 31:14
There's some other things, yeah.
Support groups.
I just wonder if that's to for the Toronto hospitals or the rehab hospitals or or or both?
I'll be there collaborating, but.

Robinson, Kimberly S 31:40
You talking on number?
Speaking about G, when you talk about support groups.

Higdon, Brian 31:44
Yeah, the support group, yeah.

+15*****00** 31:50
I think it's any support. It referred to a brain or spinal cord Injury support group and or peer support group in the local region.
So I think that's making sure that your region has something set up and that you're actively providing that information to patients and participating.
That's my interpretation.

Higdon, Brian 32:16
Yeah.

Robinson, Kimberly S 32:18
OK.

Chester, Don 32:22
Let them, let me just say one thing we.

Pineda, Candace 32:23
And this is Kenneth again. Before we circle on, go ahead.

Chester, Don 32:26
Wait one more thing. Just so you know, in our support group that this run here by people because they do try to make you make it available online, we do get some people that I would consider are not in our our local area but anybody's welcome to. Join from wherever they are.

+15*****00** 32:57
I like that feedback, Don. Thank you.

Pineda, Candace 33:09
This is Candace. Just going back to.
That national neurotraining.

It's by the Neurocritical care society.
It's called emergency neurological life support and it's it says it's a course for healthcare professionals to improve patient outcomes during the first hours of a patient's neurological emergency.
So it's it's kind of like taking advanced trauma, life support or advanced cardiac life support.
So this is specific to neuro emergency.
So it does include brain and spinal cord injury, but it also includes medical.
Brain emergencies.
So I don't know.

Higdon, Brian 33:50
Huh.

Pineda, Candace 33:51
If we want to include something like that because it may not apply to all.

Higdon, Brian 33:57
Yeah, and and imagine, you know Acls has has a lot on, you know stabilizing the spine and and airway and all that.
That would cover the the neuro trauma.
Yeah.

Robinson, Kimberly S 34:15
Or are we making any other?

Pineda, Candace 34:15
Understood. And and I don't.

Higdon, Brian 34:15
Yeah.

Robinson, Kimberly S 34:18
Go ahead. I'm sorry.

Pineda, Candace 34:21
No, that's OK.
So that's the only national course that I can think of that specifically related to brain, but I don't know if there's anything out there that we could advocate for.

Higdon, Brian 34:28
Yeah.

Pineda, Candace 34:31
So I think just more generic for now is the best course of action.

Higdon, Brian 34:36
Yeah, is just taking the obvious that that they that they EMS and paramedics are at less trained that is that a safe assumption.

Pineda, Candace 34:46
Actually now.
That no because pre, pre, hospital trauma life support is the latest for them, however, because.
Not a lot of courses are available in most areas.
EMS providers have gone away from that, so the required trauma education, but not a specific national course, just because lack of availability.
So that's, that's the one challenge of when you say you need a specific named course, it makes it a little hard.
A lot of agencies I know in South Florida.

Higdon, Brian 35:16
Alright, in your opinion, are these equivalent?

Pineda, Candace 35:21
Yes.

Higdon, Brian 35:22
OK.

But in even specified it doesn't but so, but it would be a safe assumption that all of them have some sort of appropriate trauma certification anyways for trauma training anyways.

Pineda, Candace 35:46
It would.
But when you put it in a Sander that says.
We or you know, someone has to provide education, at least gives a hospital administrators or rehab center administrators like additional teeth that wait a minute.
We have to invest dedicated time 'cause even though it's an assumption, everybody gets it without this language.
Not everyone's gonna do it well.

Higdon, Brian 36:10
Makes sense?
I mean, I read these sections here.
But before I move on, is there a section that talks about who?
That this would be super obvious, but is there wording that says?
Bsip acute care should be referring as a priority to be skip rehab.
Is there wording in the document that says that?
As a priority, I mean, I know there's exceptions where you know.
Geographically, no it doesn't for the patient and the family to to go to a certain location.
But is there language that says that it those should be recommended as a priority to to these patients?

Robinson, Kimberly S 37:09
I don't recall seeing that language in here. Doctor higgin. I think that's why they originally separated trauma from rehab. Had two sections.

Higdon, Brian 37:18
I mean, I'm a little advised because I work at a place that's gonna be that is AB Skip center.
But but as a provider, I think it's appropriate that.
Patients are are informed.

Patients families are informed which rehab facilities are are that and the recommendation is given to them that that would be an advantage for them to go to that center.

Robinson, Kimberly S 37:49
To recommending a client from a case manager if a case manager's asked on a rehab that a client wants to go to what we can do as a program is provide all of the rehabs that.
Our providers with us.
But we always have the client.
It's the client's final decision on who they want as their provider.
B Skip cannot be skip.
Can't say.
Well, this one's designated.
This one's not.
You should go.
Here we can't do that.

Higdon, Brian 38:24
Yes, but I'm wondering if.
When they're when they're given a list of hospitals that they can go to for their post, acute needs that.
It those be at least labeled OK, this is a brain and spinal cord injury center. This one doesn't have a label.
This one is this one doesn't have a label. Would that be fair?

Robinson, Kimberly S 38:48
That could be fair as long as we can't persuade is what I'm we have to remain. We have to remain neutral.

Higdon, Brian 38:53
Yeah, I don't expect you to be my our sales for sales force now.

Robinson, Kimberly S 38:57

Yes, we have.
We have to remain neutral.

Higdon, Brian 38:59
Yeah. No, but.

Robinson, Kimberly S 39:00
I would have to see how that vendor is actually listed.
I don't know that when they're provided. And Beth, I don't know if you can answer this or not or even maybe one of the managers that are on the call when the clients are given the choice, if they're wanting to go to a rehab in their area.
I don't.
I don't recall in vendor directory like in the titles where specifically this is a designated brain and spiral.
I think they're given the names.
Of the providers that we are contracted with, I don't know that it's specified whether it's brain or spinal.

Higdon, Brian 39:45
When you say vendor, that means that B skip is paying them.
But in almost all circumstances, B skip would not be paying for the rehab hospital. So I'm saying more that the that the Q care hospital when they were making the referrals that the case managers acknowledge which centers are bskip rehab centers and which ones are not.

Robinson, Kimberly S 40:07
Was that written in your discharge orders?
When you're discharging somebody, you're recommending them to go to Brooks.
Rehab, is that part of your discharge orders and your recommendations?

Valbuena Valecillos, Adriana D 40:18
No, we cannot do that.

Robinson, Kimberly S 40:20
Can't that either OK.

Valbuena Valecillos, Adriana D 40:22
No. Well, as long as far as I know, we have to provide at least three choices.
The patient close to their area.
Sometimes I want in the area they leave or or they're fine to be in the area where the trauma.

Higdon, Brian 40:32
Yeah.
Yeah.

Valbuena Valecillos, Adriana D 40:39
But my understanding is we cannot.
In any way.
Kind of.
Influence the the the yeah, the decision.

Robinson, Kimberly S 40:50
Like bee skip. Yeah, yeah.

Valbuena Valecillos, Adriana D 40:55
It said sometimes on the when I do the eval I do recommend more specific specialized programs, but you know, just telling the patient the good and bad things of of the going on the program.
That could be farther from their their residency, but I'm being told we cannot provide do. We cannot influence their decision.

Robinson, Kimberly S 41:20
That's the same as. Same for B skip.

Higdon, Brian 41:25
Right, this is what would labeling it as AB Skip center be perceived as like undo information because you're providing other information to them about about other things and things like that.

But would that be undue just to say, you know, here's your three referrals, your 5 referrals and these three are are are bsip centers?

Robinson, Kimberly S 41:50

So be cautious on that answer because I don't wanna answer incorrectly.
I would have to ask legal if that if we if, when we are disclosing to a client.
Facilities that they can go to for for their rehab, can we identify them to the client as a specific B skip designated facility?
That's what you're asking me, correct?

HB

Higdon, Brian 42:16

Correct.

Robinson, Kimberly S 42:18

So with that, I would refer to legal to make sure what are what we can and cannot say, because that may almost be influenced in the influence in them to want to go to that facility because it's be skip designated.

HB

Higdon, Brian 42:23

OK.
OK.

Robinson, Kimberly S 42:35

So I would be cautious in using that language and before I would ask my manager's case managers to use that language, I would run that by legal to make sure that we aren't going outside.
Boundaries.

HB

Higdon, Brian 42:49

But but Bskip is not providing that list of of places. Is it?

Collins, Valerie B 42:56

Not generally.

Robinson, Kimberly S 42:56
If we have.

Collins, Valerie B 42:58
Sorry, not generally.

Robinson, Kimberly S 43:00
No, go ahead.

Collins, Valerie B 43:02
I from what I have seen the clients are getting recommendations for rehab facilities from acute care hospitals, not from Besk case managers.

Higdon, Brian 43:12
Correct, correct.

Collins, Valerie B 43:14
So I didn't know if I was misunderstanding the question, but no, generally we're not. If somebody asks us then.
Yeah, like I would refer to Kim to say what, what can we provide. Again, it would be more of a general list and not a recommendation.

Chester, Don 43:32
That's that's what we do at St.
Mary's but also hate to say this, but much, much too often, your insurance company has a lot to say with where you go exactly.

Robinson, Kimberly S 43:43
That's correct.

Valbuena Valecillos, Adriana D 43:43
Yeah, that was another comment.
Yes, it really depends.

Higdon, Brian 43:45
Yeah.

Valbuena Valecillos, Adriana D 43:47
Also the insurance coverage.

Higdon, Brian 43:58
I feel like some of the responses let me clarify again. What I'm what I'm requesting. Just so you confirm that your your question is legal appropriately, one other question is that the when you queue here, hospitals provide referrals for post acute care. That if any of them are BIP designated rehab centers, that that be part of the information that they're provided.
Yeah. And and I think that's an incentive to for rehab centers to that's a carrot for the rehab centers to participate fully in, in the BSKIP standards.


Robinson, Kimberly S 44:48
Hmm.
Take that to legal.

Higdon, Brian 45:03
Great. Thank you.


Robinson, Kimberly S 45:12
The other questions on this section.
We Scroll down.
I'll go to the next section.
So we have 10 minutes left in our meeting.
Do we wanna continue with the nursing standards for our next 10 minutes or do you wanna stop here?

+15*****00** 45:41
I would make a recommendation to stop here. 'cause. This is a heavier section, but that would be my recommendation.

Robinson, Kimberly S 45:55
Any other council members want to weigh in?

Chester, Don 46:06
On our trauma comments hour, whenever Madonna says something, I always agree with her.

Robinson, Kimberly S 46:17
All right.
Well, then, we'll stop here on the nursing specific standards.
We'll stop here.
I'll make a note of this.

Valbuena Valecillos, Adriana D 46:33
Are we meeting in person on N7?

Robinson, Kimberly S 46:38
Yes. So that is on our agenda.
Let me let me go back to the agenda here real quick.
I don't mean to take over your meeting Madonna.
Not at all, but in in answer to your question, yes, we are going to have our face to face meeting November 7th.
It's going to be at the Hyatt in Tampa. We just got our routing folder back yesterday.
Which probably doesn't really mean anything to you guys, but we can't do anything until we have that folder back with all of our signatures on it.
And we got that folder back yesterday.
Caitlin is out. The rest of this week when she comes back on Monday.
I have a meeting scheduled for her so that we can get information sent out to all Council members as quickly as possible for any Council members that are going to be traveling to the meeting on November 7th, there's going to be a specific e-mail that comes out that.
Going to be asking you.
Information so that we can put your travel requests in.
So be on the lookout for that.

As soon again.
As soon as Caitlin gets back, we'll have the link where you all can go.
And reserve your rooms.
We'll have a block of rooms.
So she'll have that information where you can go and actually reserve your reserve your rooms. I'm just.
I'm waiting for the information on what the block is so that I can go in reserve my room as well.
I have the agenda, a draft agenda already put together for this meeting.
We have two speakers. I've had to move some things around a little bit for this meeting.
It's not gonna be quite like what our other ones are. I can actually.
Bring up that agenda just to kinda show you all. Let me go grab it real quick.
Give you an idea on what I'm talking about.
Sometimes it's nicer to see it than to.
Oh, come on, pull over.
I want you pull over.
Ah.

Valbuena Valecillos, Adriana D 48:45
Uh huh.


Robinson, Kimberly S 48:49
Don't worry, I can get it to my other screen.
Here, hold on.
Here we go. Yeah.

Higdon, Brian 48:56
Comment and maybe this. Oh, go ahead.


Robinson, Kimberly S 48:58
Right. So this is kind of what the agenda is looking like.
So it's gonna be from 9:00 to 4:00 at the Hyatt House in Tampa. Same area that we were last year.
We're not gonna have our committee meetings in the morning like we usually do.

We're gonna we have to vote for our chair and Co chair because we missed that in May. So we'll have a quick voting for our chair and Co chair, which is Doctor Higdon and Jill. We have to renew that every year.
We miss that in May, so we'll do that here in November.
Then we're gonna finish up the morning reviewing our designated standards here.
Our facility standards in the afternoon, we're just gonna do a quick program update.
There's not going to be a big detail on regional updates, but we will still have the same reports provided to you that we do in every.
Council meeting on what's happening in the regions with case loads, number of applicants, closed cases, those standard.
Reports, but the managers will be available for questions if you have them.
And the reason I'm having to change this is because this gentleman here Doctor Onders needs a little more time to present.
For as a guest speaker, so I had to move some things around, and we're also gonna have JP pass there speaking.
Those were two requests that we had received for this Council meeting, and then we're gonna go over some updates on the homeless population infographic. I've had my my data analyst has been working on to provide you.
I'll provide you a copy of the report, the annual report on this is wrong.
This is 2223.
I don't have 2324 done.
This is 22.
23 there is.
There's nothing for 2324 yet.
And then just a motion to approve changes to the charters because we had two new members added to our Council for veterans.
And so we have to change the language in our Charter, in our bylaws and in order to do that, you all have to vote on or, you know approve that.
That's kind of what that meeting is looking like right now.

Valbuena Valecillos, Adriana D 51:23
None.

Robinson, Kimberly S 51:24
It's probably gonna be fast and furious because we got a lot to try to pack in.

+15*****00** 51:33
I think this agenda looks awesome.


Robinson, Kimberly S 51:36
Thank you.
I've been. I can't get it lined up.
I can't get some of my things to line up correctly and that just that's just bad name for me.

HB **Higdon, Brian** 51:44
Yep.


Robinson, Kimberly S 51:45
Just just madding.

HB **Higdon, Brian** 51:47
Will you be able to attend at all? 'cause. I really valued your your your comments for this on the on the trauma standards.

PC **Pineda, Candace** 51:56
Just send me the information.
I'd I'm happy to jump on if if depending on the date and time.


Robinson, Kimberly S 52:04
So you can also join all of our meetings are also we provide a link to teams if you don't wanna be there in person, you can join virtually through teams like today.

PC **Pineda, Candace** 52:17
I love it.
Yeah, please include me.
I would appreciate that and you know having any of this information in advance, I have the privilege and pleasure to be the President of all the trauma centers in Florida currently.

So anything we can seek insight from them to bring this back so that we can just keep the flow going.

Robinson, Kimberly S 52:38

Beautiful.

Madonna, I'll turn the meeting back over to you then.

+15*****00** 52:47

That's awesome.

Thank you all for all of your input and Candace, thank you for jumping on.

Candace is a huge resource because she's been in the Florida trauma system for so long, so she can provide us with historical perspective on a lot of this and also.

As she chairs, she's the president of the Aftc and other groups throughout the state.

She has a lot of information that she can support our committee and making these decisions.

So thank you for jumping on.

Does anybody?

PC **Pineda, Candace** 53:21

Thank you for setting and including me.

+15*****00** 53:23

No problem.

Do does anybody have any new business that they would like to add to the agenda?

I know our focus is going to be on these standards for a while.

J **Jill (Guest)** 53:41

No, I just wanted to ask.

Did you guys?

I'm I'm sorry I joined late, but did you have a quorum? So yes.

HB **Higdon, Brian** 53:46

We did.

+15*****00** 53:47
We did.

J **Jill (Guest)** 53:47
OK, perfect.

+15*****00** 53:51
Alright, if nobody has any additional information to add, we're coming right up on three O clock. Our next meeting will be on November 7th.
We'll await information from Kim. Do we have a motion to adjourn?

HB **Higdon, Brian** 54:07
Motion.
I can.

CD **Chester, Don** 54:10
2nd.

+15*****00** 54:11
Ah.
Awesome. Thank you all.


Robinson, Kimberly S 54:15
I appreciate you all.
Thank you for your time today.

V **Valbuena Valecillos, Adriana D** 54:18
Thank you.

V **Valbuena Valecillos, Adriana D** 54:18
Take care.


Robinson, Kimberly S 54:19
Bye bye.

◉ **Casavant, Robert** stopped transcription