


BSCIP Advisory Council Performance Quality and Improvement Committee Meeting (Tentative Dates)-20240801_140251-Meeting Recording


August 1, 2024, 6:02PM

1h 1m 33s


● **Casavant, Robert** started transcription

 **Kevin Mullin** 1:12
It's.

 **Robinson, Kimberly S** 2:01
We have one more minute and then we'll go ahead and get started.
So it's 205, so we'll go ahead and get started.
And I wanna thank everybody for joining us today.
Umm.
Madonna has her menu all put together here.
Very nicely.
So with that, I'll turn it over to her.

 **Stotsenburg, Madonna** 2:58
Good afternoon, everybody.
Thank you for attending.
So we'll go ahead and start with roll call.


 **Daws, Caitlin E** 3:08
OK, Don Chester.

 **Chester, Don** 3:13
Here.


 **Daws, Caitlin E** 3:16
Kevin Mullen.

HB **Higdon, Brian** 3:18
Thank God.

KM **Kevin Mullin** 3:18
Here.

 **Daws, Caitlin E** 3:20
Patty Lance.
Jennifer lannon.
Daniel Nicholson.
Michael fatter.
Madonna stautzenberger.


SM **Stotsenburg, Madonna** 3:41
Present.

 **Daws, Caitlin E** 3:42
Jill olenek.

J **Jill (Guest)** 3:44
Present.

 **Daws, Caitlin E** 3:46
Doctor valbuena.

V **Valbuena Valecillos, Adriana D** 3:48
Present.

 **Daws, Caitlin E** 3:50
Doctor Higdon.

HB **Higdon, Brian** 3:52
Present.



Daws, Caitlin E 3:53

Doctor herdes.

Carrie rayburn.

And ruthann Tattersall.

OK.

And we have a quorum.



Robinson, Kimberly S 4:10

Excellent.



Stotsenburg, Madonna 4:10

Perfect.

Perfect.

Now that we have a quorum, we can moved to do we have a motion to approve the meeting minutes from the June six meeting?



Higdon, Brian 4:21

Actually I saw one thing that correct.

So opposed. I just.

I was listed as the the one I was looking at said I was the committee lead, but I'm not umm so just that small change.



Robinson, Kimberly S 4:36

OK, we can make that change.



Higdon, Brian 4:39

But otherwise, motion to approve can I?

Can I say that?




Robinson, Kimberly S 4:43


Umm.





Kevin Mullin 4:45


I'll second it.


 **Stotsenburg, Madonna** 4:45
So we have a certain.


 **Kevin Mullin** 4:49
Kevin will second.

 **Robinson, Kimberly S** 4:55
OK.

 **Stotsenburg, Madonna** 4:55
Alright, thank you.
All right.
We'll move down into the meeting agenda.
So just an update on improving the quality of work and staff performance, the RIMS team update, do we have any additional information there?

 **Robinson, Kimberly S** 5:12
Uh, no, not really.
Amanda wasn't able to join us today.
We don't have any updates on the homeless population that we're doing.
We'll have to run a report for you on that.
I I did not have them do it this time.
I can tell you that it appears that we are starting to get more homeless referrals down in Broward is what I'm hearing from the regions.
So that is that seems to be picking up more down in that area.
So we are gonna wanna keep a close look on that.

 **Higdon, Brian** 5:46
Umm, just had one in in Duvall at Memorial and she's not yet eligible.
Umm, actually I you have to be Rancho 4 to be referred as or or to be registered.
Is that right?

 **Robinson, Kimberly S** 6:03
Yeah, four is the lowest score.

HB Higdon, Brian 6:05

Alright, so she's not yet eligible to be being rolled, but she'll be there.

 **Robinson, Kimberly S** 6:10

You could be she could be referred and even though she's unstable and we can keep her an applicant status and for like 90 days to see if she becomes medically stable.

HB Higdon, Brian 6:18

OK.

 **Robinson, Kimberly S** 6:23

If at 90 days she's still not medically stable or anything like that or isn't eligible, then we would close the case.

HB Higdon, Brian 6:24

Mm-hmm.

OK, I'll let the case manager know.

 **Robinson, Kimberly S** 6:32

OK.

SM Stotsenburg, Madonna 6:34

And do you should start seeing from Palm Beach County referrals coming in. I'm gonna retail to our case managers as we have a couple of Co response models that we are building with our violence prevention program. And as we're going out and meeting the homeless population in the community, we're finding some opportunities out there. So we'll have more coming from Palm Beach County as well as we get those these programs off the ground.

 **Robinson, Kimberly S** 7:06

OK, so interesting enough that you bring that up, Madonna, because we have actually seen an increase in referrals.

The one facility, not just for homeless overall, we have seen an increase in referrals

and there was a big jump from Delray, wouldn't that we got 21 referrals from Dell Del Rey last month and I actually have two referral reports that I prepared for you.

 **Stotsenburg, Madonna** 7:25

Yes.

 **Robinson, Kimberly S** 7:34

All one was for all referrals that were received for July 2024, and then I did a, umm, a physical physical year 2324 all referrals.

So you could see everything and you can see the fluctuations on between the months I have them separated by month.

So you can see per month how many came in by the facility per county per injury, that whole thing.

So I did a year view and then I did July for you all as well.

So I'll send those out to you.

 **Stotsenburg, Madonna** 8:07

Oh, that'll be awesome.

I know that we have a new trauma program manager at Delray and as soon as she came in, I connected her with the case manager for this region.

So hopefully that education and getting that program back back up and running will assist us and they have a lot of the geriatric population with these brain and spinal cord injuries and then they have the rehab to, they're not AB skip trauma center, but they have the B skip rehab.

 **Robinson, Kimberly S** 8:19

Mm-hmm.

 **Stotsenburg, Madonna** 8:38

So that's a really important catchment I feel.

 **Robinson, Kimberly S** 8:43

Absolutely.

So I the regional manager when I was talking with him the other day and his staff meeting when he brought up the increase of the referrals from Delray, he had made

mention that there were some referrals that the clients don't really qualify for our program.

So I'm having him do an assessment on all of those referrals so that we can see what is coming in and where we need to better educate your discharge planners down there on our program on what's eligible, what's not.

 **Stotsenburg, Madonna** 9:13

Perfect.

That'll that'll be great.

And just have them reach out and we'll get that facilitated cause we we definitely we have a had a lot of turnover and multiple levels of the case management and leadership.

So if we need to do a reeducation session, we can get that scheduled.

That'll be perfect.

 **Robinson, Kimberly S** 9:36

Excellent, excellent.

Thank you.

 **Stotsenburg, Madonna** 9:40

No, thank you.

That's great information.

Umm and at.

 **Robinson, Kimberly S** 9:44

He was trying to get that.

He was trying to get it all ready for me for this meeting, but they weren't able to to meet my deadline.

Well, it wasn't a deadline.

It was request I was hoping they would be able to get it because I just had that meeting with him.

So sometimes I'm told my expectations are pretty high.

I.

 **Stotsenburg, Madonna** 10:02

That's alright.

That's alright.

At least they're working on it and it's on our purview.



Robinson, Kimberly S 10:07

Yeah. Yep.



Stotsenburg, Madonna 10:11

All right.

And then as far as the survey updates, I know there was a question about a QR code from the last meeting.

Uh, any updates on that?



Robinson, Kimberly S 10:25

Ah, no.

I we don't have any updates on the QR code we've had.

I don't.

It's not a set back, but we've had a slow progress getting some of our updates approved so that we can push out.

We had a hiccup this past month and I have a meeting next Wednesday to it to address the hiccup.



Valbuena Valecillos, Adriana D 10:45

Hello.

Hey, what's so?

I'm gonna put you this on the phone, OK?

Is that OK?

Because I.



Higdon, Brian 10:55

Ohh she she muted herself.



Robinson, Kimberly S 10:59

Did you all hear what I was saying there?

SM **Stotsenburg, Madonna** 11:02

I didn't catch the end.

 **Robinson, Kimberly S** 11:03

We OK, so we had a slight hiccup with our Resource Center in our approval process for updates that we're doing to it.

Ohm, we did, we were able to promote on time, but they didn't get to promote everything they wanted to, I believe.

So I have a meeting next Wednesday to address a where the where the issue was this month to to address it and resolve it so that we don't have it again.

It's in our approval process.

SM **Stotsenburg, Madonna** 11:36

Perfect. Perfect.

 **Robinson, Kimberly S** 11:37

So.

SM **Stotsenburg, Madonna** 11:37

Alright, so surveys weren't emailed out from the last meeting.

 **Robinson, Kimberly S** 11:44

Uh, now, Becky, I think Becky did.

Didn't you send out surveys?

SM **Stotsenburg, Madonna** 11:46

The.

 **Robinson, Kimberly S** 11:48

I'm talking about just updating our Resource Center is what I was referring to, not the surveys Becky can speak to the surveys.

SM **Stotsenburg, Madonna** 11:51

OK.



Robinson, Rebecca 11:54

We we sent out two surveys for the original survey and then the rehab facilities. I sent that out twice and I've not gotten any responses at all, and I indicated that at our last meeting.



Stotsenburg, Madonna 12:11

OK, OK, I'm wondering.

I'm wondering if we shouldn't bring it.

Maybe communication down through the FHJ about these surveys coming out that way, the CEO's and the hospital leadership teams are made aware.

Umm.

I'm.

Does anybody else have any suggestions on how we can get better responses?



Jill (Guest) 12:41

This is Jill.



Higdon, Brian 12:42

Up.



Jill (Guest) 12:42

I'm on the one organization I sent, you know the contacts.

And so I have on my to do and I haven't done it yet.

I apologize is to reach out personally to them and send the message that you know this be on the lookout for the survey and the reason why we need their participation or were requesting their participation cannot speak participation.

So I'm going to try that and see if we can.

Yeah, if that doesn't help us get more responses.



Robinson, Rebecca 13:15

And once you do that, Jill, if you'll just let me know the send them out again.



Jill (Guest) 13:18

Yeah.
OK will do.

 **Stotsenburg, Madonna** 13:22

Perfect.
Perfect.

 **Robinson, Kimberly S** 13:25

I'm going to email these referral reports to Caitlin right now.
So she can attach them to the calendar outlook for you guys, the calendar.

 **Stotsenburg, Madonna** 13:32

All right.

 **Robinson, Kimberly S** 13:33

So they'll be attached there.

 **Stotsenburg, Madonna** 13:35

Thank you.

 **Kevin Mullin** 13:37

I have a quick question.
Can everybody hear me?

 **Stotsenburg, Madonna** 13:40

Yes.

 **Robinson, Rebecca** 13:41

Yeah.

 **Kevin Mullin** 13:41

Great.
How many people are on the list or how many facilities are on that list that were emailing out?
Give or take.



Robinson, Rebecca 13:52

On the facilities or the rehabs?



Kevin Mullin 13:55

Uh, both.

Altogether, collectively.



Robinson, Rebecca 13:57

The uh, I'm not sure, Kevin.

I'd have to do a real quick count on them.



Kevin Mullin 14:03

But are we talking a couple 100 or less than 100 possibly?



Robinson, Rebecca 14:06

Ohh no, no no, there was not that many.

Maybe it was probably less than 20 and then on the rehabs it was only five or six.



Kevin Mullin 14:12

Alright and.

That's what I was alluding to.

So the reason why is that I I work for a large software company.

We hand out a lot of surveys to our customer accounts and CEO, CEO or C-Suite executives.

99% of the time and I work for a global company that does this 99% of the time, the mail either gets disregarded, ends up in a different file or folder and to other customer companies all over the world.

And no matter what and it could be servers, lots of different issues.

Reason why I bring this up is if it's takes somebody on our team two hours on an afternoon, the after we send out a mass mailing.

If you follow up with one phone call to one point of contact that that center, I guarantee our response rate will be at least half, they will fill it out because they understand the importance or they'll actually look for it and do it right on the spot.

So is there any way that we'd be able to make contact via telephone other than just sending these mass emails and not receiving much?

 **Robinson, Kimberly S** 15:18

OK.

Do you have the contact numbers?

 **Robinson, Rebecca** 15:21

And let me say if I have them.

 **Kevin Mullin** 15:26

The only reason why I wouldn't want to be to task somebody with extra work, I just think this is something that we're all agreeing is important.

 **Robinson, Rebecca** 15:27

I do.

 **Kevin Mullin** 15:35

It might be just worth a one time call, or at least once a quarter whenever we're sending these out to do follow up verbally.

 **Robinson, Rebecca** 15:41

I do have the numbers for the trauma centers.

I'm not sure if it's directly to that person that I sent to, but I could ask for that person and then on the I'm not sure if Jill gave me the ones for the rehab facilities or not.

Do you remember Jill?

If it was on there.

 **Jill (Guest)** 16:01

I don't remember.

I'd have to go back and look umm, but I I have a a direct contact to somebody at the organization so.

 **Robinson, Rebecca** 16:05

Yeah, Jim.



Jill (Guest) 16:11

I I like I said, I can follow up, but I'll also send them a a follow up email.



Robinson, Rebecca 16:16

OK.



Robinson, Kimberly S 16:21

OK.



Robinson, Rebecca 16:21

And I will contact the ones at the facilities, the trauma centers.



Kevin Mullin 16:27

I just think it might be worth and then let's just see how it goes.

Every time we send a survey out, if they start getting trained and really understand the importance, maybe we can get them kind of addicted to doing in need on the deal.

But until we leave them there, I think it's just gonna be a little bit hard.



Robinson, Rebecca 16:44

OK, what I'm gonna do is send it to the ones that have not responded.

I'll send out a third one and then you know, next week I'll contact them if I haven't received a response from them.



Kevin Mullin 16:55

I think.



Stotsenburg, Madonna 16:55

And we.



Kevin Mullin 16:58

That's great.

SM **Stotsenburg, Madonna** 16:58

Can we forward those your emails to them and will the link still work?

KM **Kevin Mullin** 17:01

I mean.

SM **Stotsenburg, Madonna** 17:05

So say, like for the trauma centers, if if I get the FTC involved and we can reach out to each of the individual program managers and directors and then have the discussion, this is what it's about.

And then, umm, kind of facilitate the response it are we able to do that or do they have to respond to the link directly from you?

 **Robinson, Rebecca** 17:32

I think it puts my email address in there directly.

SM **Stotsenburg, Madonna** 17:36

OK, OK.

I'm just trying to find a way.

Where we can have a quick I know that with the trauma centers we meet regularly.

So while we've had these discussions, I don't think either they emails being firewalled, which I think is a problem with my facility, cause I get some emails from you, but the survey has yet to come through on my email.

 **Robinson, Rebecca** 18:04

Great to you, yeah.

SM **Stotsenburg, Madonna** 18:05

Yeah, I.

But I get your email like I've responded to your emails.

The survey, though, is for some reason I don't know if it's a firewall issue, yeah.

 **Robinson, Rebecca** 18:15

You're not getting them, yeah.

KM **Kevin Mullin** 18:17

Hey, this is exactly what I'm thinking.

For whatever reason, the surveys just might be getting picked up by everybody's firewall or security source, and that even get into their inboxes.

SM **Stotsenburg, Madonna** 18:29

Yeah, that's because you and I, we've had back and forth conversation and you've sent it multiple times, but the actual survey has never come through to me.

 **Robinson, Rebecca** 18:37

Right.

And it's interesting because you got my email where I was testing this, testing your email.

HB **Higdon, Brian** 18:41

Yeah.

SM **Stotsenburg, Madonna** 18:45

Yeah, yeah, yeah.

 **Robinson, Rebecca** 18:46

You got that one, but just not with the survey attached.

HB **Higdon, Brian** 18:47

Yeah.

SM **Stotsenburg, Madonna** 18:48

And I responded.

Yeah.

And the surveys?

Not like it.

I just can't get the survey for some reason.

HB **Higdon, Brian** 18:56

Yeah, I wish my I I wish my system had a better firewall.

 **Robinson, Rebecca** 18:58

I.

HB **Higdon, Brian** 19:01

I get spammed so much to my work email, but on a more serious note, if you can let me know who's on the mailing list for for my hospital, for for Brooks, I can follow up with them and ask them if they to to to search their mailbox and see if they got anything and kind of get their impression of their email and and whether they're planning on getting to it or or or if they thought it was spam.

 **Robinson, Rebecca** 19:23

OK.

HB **Higdon, Brian** 19:25

But let me know and I'll follow up on an individual level.

 **Robinson, Rebecca** 19:27

OK.

HB **Higdon, Brian** 19:28

And that's a good place to start for our own institutions kind of troubleshoot what's going on here and then go from there.

 **Robinson, Rebecca** 19:34

And but Madonna, I will get with Lindsey.

SM **Stotsenburg, Madonna** 19:35

Yeah, that's what.

 **Robinson, Rebecca** 19:37

Who is my contact person and see if there's a way that I can also send the link to you?

 **Stotsenburg, Madonna** 19:40

OK.

OK, that would be perfect.

And then what we can do, I could bring it through Candace with a FTC and we can start reaching out to each of the individual trauma centers.

And if I have that link, I know that they get our emails.

 **Robinson, Rebecca** 19:57

OK.

 **Stotsenburg, Madonna** 20:01

So because they respond.

 **Robinson, Rebecca** 20:05

OK.

 **Robinson, Kimberly S** 20:07

So I'm gonna think out.

 **Stotsenburg, Madonna** 20:08

Awesome.

 **Robinson, Kimberly S** 20:08

I'm gonna think outside the box here for a minute.

And Rob, who I never call on in these meetings, is is gonna hate me for this.

But my question is to rob directly cause he's our IT guru.

If we put that link out on our main biscuit page and maybe try to redirect people to that page to click on the link to do the survey, is that doable?

So that Becky could get the results from SurveyMonkey.

That even a possibility.

 **Casavant, Robert** 20:44

Yeah, we could.

Uh place the link to the survey on the web page.

As long as they're as long as the web page opens up for them, the survey rather, once they click on the link.



Robinson, Kimberly S 20:57

OK.



Robinson, Rebecca 20:57

That's the same thing.



Robinson, Kimberly S 21:01

I'm sorry.

Say that again, Becky.



Robinson, Rebecca 21:02

I think that would be the same thing, because if they're not able to open it or you're saying it's a different length passing through a different way.



Casavant, Robert 21:11

So it depends on.



Robinson, Kimberly S 21:12

Yeah, we could put the link and redirect traffic that way.



Robinson, Rebecca 21:14

OK, OK.



Casavant, Robert 21:17

Are they not receiving the emails?

Like, are the emails blocked?



Robinson, Rebecca 21:21

And yeah.

I don't get any responses that they've come back that they might be getting them.



Casavant, Robert 21:30

Well, even if you're, it's possible they could receive an email that states something like you know this message was.

Encrypted this message was, you know.

Blocked something like that.

Probably the best bet would be just to go ahead and test it and see.

You know, we can place that link up on a web page real quick and then have someone test it.



Robinson, Kimberly S 22:00

OK, we can try that too.



Casavant, Robert 22:00

See how that works out.



Robinson, Kimberly S 22:03

I'm just throwing out ideas.

Different options.



Casavant, Robert 22:09

Yeah, it just kind of depends on if the the survey itself is blocked or if it's the the emails that are blocked.



Robinson, Kimberly S 22:09

So.

OK.



Casavant, Robert 22:22

There might be other options, you know, like Microsoft survey has or Microsoft forms.

Rather, you can kind of create surveys in that.

There's some other things we could try.



Robinson, Kimberly S 22:34

OK, OK.

Alright, I'll catch you offline on that one.



Casavant, Robert 22:40

And.



Robinson, Kimberly S 22:41

Thank you, rob.



Casavant, Robert 22:43

Yeah, yeah.



Robinson, Kimberly S 22:59

Madonna.

You still there?



Stotsenburg, Madonna 23:05

Yeah.

Sorry, I was talking and I was on mute.



Robinson, Kimberly S 23:06

OK.

No, that's OK.



Stotsenburg, Madonna 23:09

Alright, I think I think that this will be good and let's see what we can, how we can move forward.



Valbuena Valecillos, Adriana D 23:16

The.



Stotsenburg, Madonna 23:17

Cause I think the information from these surveys is where true quality projects can come out of as far as the case manager presentation.

I know that we voted to have that removed, but are there any case managers on the

phone that have any concerns?
Or have anything that they want to share.



Robinson, Kimberly S 23:44

So I I think you mean our regional managers cause our case managers don't come to you, OK?



Stotsenburg, Madonna 23:47

Yeah.



Robinson, Kimberly S 23:49

So no, that's OK that I was asked.



Stotsenburg, Madonna 23:50

Sorry.



Robinson, Kimberly S 23:53

That is, I think, at another meeting where we were referencing case managers and I I was told him I'm pretty sure that you mean the regional managers, but I'm looking to see if I have any.

I had a regional manager on UH, but I see.

I think she dropped off, so I don't have any regional managers on.



Stotsenburg, Madonna 24:11

Do you happen?

Do you have any updates or anything other than what you shared previously that they've escalated or have concerns or anything?



Robinson, Kimberly S 24:25

No, everything is moving along pretty good in the program right now.

I'm really pleased we're doing some refresher trainings with all of our staff, with our policies.

We've updated our policies to be current because they were old, so there was a group of us that did that and we're rolling that out.

KM **Kevin Mullin** 24:43

Really.

 **Robinson, Kimberly S** 24:49

So no, we're we're seemed to be doing pretty good right now.

I haven't heard any.

I haven't heard any complaints.

Beth, have you heard anything?

Because I don't always hear it.

 **Collins, Valerie B** 25:01

No, no, I don't have anything rolling along.

HB **Higdon, Brian** 25:06

I'm a little bit just just bit of praise.

I know we usually do kind of.

This is the success stories during Umm, the the biannual meeting.

But I had a patient maybe about a month ago, who's a brain injury, spinal cord injury, patient family is very involved, but kind of limited resources.

Think the patient himself was kind of the primary breadwinner situation.

UM, but with both of these injuries, you know, they were thinking he's gonna have to go to facility.

But the more and more they looked at different sniff facilities, they more and more they are dissatisfied with them.

So within about a week or two of his scheduled discharge date, we had to change things all around and try to arrange a home discharge and his and his biscuit case manager was very helpful with that process and very reassuring to the family to know that they were gonna continue to get B skip services after discharge to help with this really difficult situation.

So there's.

There's these stories all the time that I hear from patients, but just just want to share that one.



Robinson, Kimberly S 26:09

Thank you.



Collins, Valerie B 26:10

Thank you.



Stotsenburg, Madonna 26:15

That's awesome.

All right.

Any other success stories or anything that anybody wants to share under the regional discussions?

All right.

So we will move into the bee skip trauma discussion.

I know it was highlighted in the last meeting and I apologize I wasn't able to jump on, but umm, the trauma standards are being revised at the state level and there is a portion of the trauma standards.

We brought it a couple of meetings ago.

The actual trauma standard portion, which is very vague and references the B skip standards.

Umm, so I think the focus right now is I would like to get those standards out to everybody to review.

And Kim, I'm not sure if we should do like a Commons hour call to start working on these standards or we use these sessions and maybe make them more frequent just to get through the standards.

So you have the trauma center be skip standards and then you have the rehab center, B skip standards.

I would like to start with the trauma ones, just as we're trying to close out and wrap up new standards to present for the trauma centers.

Does anybody have any comments or discussion on that?



Robinson, Kimberly S 27:46

So I believe I said the sent those standards out to everybody.

So you all should have a copy of those.

For your reference, did you all receive that?

KM Kevin Mullin 28:02

And unfortunately I didn't.
When was?
When did you sort that out?

 **Robinson, Kimberly S** 28:06

OK, it was.

KM Kevin Mullin 28:07

What date was that?

 **Robinson, Kimberly S** 28:09

It was probably after our last our last meeting.

KM Kevin Mullin 28:14

I did receive, of course, this invite and a reminder to this.

 **Robinson, Kimberly S** 28:15

Let.

KM Kevin Mullin 28:20

But I'm almost positive I didn't get it.

 **Robinson, Kimberly S** 28:20

Let me go.

KM Kevin Mullin 28:23


Did anybody else?


 **Robinson, Kimberly S** 28:23

Right.


KM Kevin Mullin 28:24


Or is it just me?


 **Valbuena Valecillos, Adriana D** 28:24
No, I don't think I got it either.


 **Robinson, Kimberly S** 28:27
Only.


 **SM** **Stotsenburg, Madonna** 28:28
Yeah.


 **Robinson, Kimberly S** 28:29
Alright, let me go see when I sent it.
I gotta go find it here in my email.


 **KM** **Kevin Mullin** 28:34
Kimberly, are you now in my spam list?
Also, what's going on here?
Uh.

 **Robinson, Kimberly S** 28:40
He wants to talk to me.
Nobody likes me, no.

 **KM** **Kevin Mullin** 28:43
That's it.

 **Robinson, Kimberly S** 28:46
I'm I'm one of those in the Christmas thing.

 **KM** **Kevin Mullin** 28:46
What's going on?

 **Robinson, Kimberly S** 28:48
I'm on the island of Misfit toys.

 **Kevin Mullin** 28:53

Ohh see.

 **Robinson, Kimberly S** 28:56

Ohh and of course you know I'm not gonna find this quickly.
Yeah, I'm in my wrong folder here.

 **Higdon, Brian** 29:09

Ohh, there's an email on 6/6/24.
Basically, facility designation standards manual.
That might be what you talking about, yeah.

 **Robinson, Kimberly S** 29:18

That's it.
Yeah, that's it.

 **Higdon, Brian** 29:22

June 624.

 **Kevin Mullin** 29:30

Follow-up be skip PQ meeting.

 **Robinson, Kimberly S** 29:35

Ohh that could be yes.
Is that what it says?


 **Collins, Valerie B** 29:37


Yeah, that's it.


 **Robinson, Kimberly S** 29:38


Doctor Higgins.
I'm still trying.


 **Higdon, Brian** 29:39
Uh.


 **Robinson, Kimberly S** 29:39
I'm still trying to find my email OK.

 **Higdon, Brian** 29:39
Correct, that's the title of the email.
Yep, that one.


 **Kevin Mullin** 29:42
Uh, excuse me.
I I did receive it.


 **Robinson, Kimberly S** 29:45
I'm not in your spam.

 **Kevin Mullin** 29:46
Good call.
You're not in my spam.

 **Robinson, Kimberly S** 29:48
Thank you.

 **Higdon, Brian** 29:49
Umm.

 **Robinson, Kimberly S** 29:50
Thank you for finding that so quickly, cause I haven't even found it yet.
I have so many folders for Advisory Council.

 **Higdon, Brian** 29:54
Yeah.
Yeah, I I did not get a chance to review this before.

KM **Kevin Mullin** 30:01

Likewise, say say.

Hey.

HB **Higdon, Brian** 30:04

Since I didn't remember.

J **Jill (Guest)** 30:05

I did not either.

KM **Kevin Mullin** 30:07

She'll by chance.

HB **Higdon, Brian** 30:08

Like, there's like a book club where I've been shows up and didn't read the book.

KM **Kevin Mullin** 30:09

She'll we push this.

Exactly.

That's what I feel like.

Should we push this to next meeting so we all have the opportunity just to go through it?

SM **Stotsenburg, Madonna** 30:18

That's what I was thinking.

KM **Kevin Mullin** 30:19

So.

SM **Stotsenburg, Madonna** 30:20

UM, there's we take the next.

V **Valbuena Valecillos, Adriana D** 30:22

Can I can someone forward it to me?

I can't find it.

SM **Stotsenburg, Madonna** 30:28

Maybe resend it again.

Everybody confirmed that they received it and then we'll take this time.

 **Robinson, Kimberly S** 30:31

Yep.

SM **Stotsenburg, Madonna** 30:34

So you guys can read through it and then we'll we'll, I'll make it an agenda and we'll go through standard by standard and make the revision and then bring it to our biscuit committee or our formal bee skip forum for approval.

And then we can present it to the foot stack.

The Florida Trauma Systems Advisory Council, is that correct?

 **Robinson, Kimberly S** 30:57

OK.

SM **Stotsenburg, Madonna** 30:58

In the process, Kim, I just want to make sure I'm not jumping anything.

 **Robinson, Kimberly S** 31:00

Yes.

Now.

Nope, that's good.

So I'll send it out to everybody and I'll put a read receipt on it.

So you have to hopefully tell me you read it.

SM **Stotsenburg, Madonna** 31:09

Awesome.

HB **Higdon, Brian** 31:09

Further.



Robinson, Kimberly S 31:11

I know you can bypass that.

I know that people can, but I'll put a read read.



Higdon, Brian 31:15

It doesn't show you open up the dog, doesn't show.



Robinson, Kimberly S 31:16

I'll put a read receipt on it.



Kevin Mullin 31:19

You know, actually, you did just bring up a good point for our SurveyMonkey, too.



Higdon, Brian 31:19

If you open up the attachment.



Kevin Mullin 31:25

I mean, I know Rob's gonna assist by putting that up on our website.

The hyperlink and that might be a great way, but I never even thought of that.

If it's less than 100, why don't we do read receipts on the survey monkeys as well to at least see if they're receiving them in the inbox?



Higdon, Brian 31:40

Look.



Robinson, Rebecca 31:40

Yeah, I could do that.




Kevin Mullin 31:44


I mean it just one way to know, won't least know we have attention.




Higdon, Brian 31:45


Umm.


 **Robinson, Kimberly S** 31:51
Yeah, because it pops up.
It will pop up.


 **Kevin Mullin** 31:54
That's a great idea.


 **Higdon, Brian** 31:54
Yeah, I'm.

 **Robinson, Kimberly S** 31:56
OK.

 **Higdon, Brian** 31:56
Yeah, I'm just curious what the story behind this behind these are.
They're very, very detailed, I think kind of beyond the scope of even this committee to U M2 guy.
Rewrite them.
We can certainly give give feedback if there's large kind of glaring errors.
Umm but yeah, it seems like they like these are 11 years old.
I'm just curious on who who helped to write these.

 **Robinson, Kimberly S** 32:19
Mm-hmm.
A historically, I want to say it was the Council at that time that helped to write those standards.

 **Higdon, Brian** 32:29
Oh wow, alright.
Yeah, this is very kind of detailed was like medical, uh, things.

 **Kevin Mullin** 32:36
Yeah. Wow.

HB **Higdon, Brian** 32:39

And you know, I'm a rehab doctor, of course.

But it it even gets into trauma care, which is beyond my medical scope.

SM **Stotsenburg, Madonna** 32:47

The other thing, and Kim, I don't know how we can approach that from this committee or from the Bee Skip Forum Kim.

We invite, like Doctor Pappas, the Epcot Chair, Candace, the FTC chair, and.

Maybe a couple of the trauma surgeons that have been engaged in this or is that something like, how do we work through that?

 **Robinson, Kimberly S** 33:14

Nope, the this is this is a public meeting.

SM **Stotsenburg, Madonna** 33:19

OK.

 **Robinson, Kimberly S** 33:19

So anybody anybody can attend any of our meetings, whether the the Committee meetings or the biannual Council meetings, they're all public meetings.

So anybody can attend.

That's why there are noticed out on the Florida Administrative Register because it's it has to be publicly noticed.

SM **Stotsenburg, Madonna** 33:35

OK.

 **Robinson, Kimberly S** 33:39

They can join.

They cannot vote on anything, only council members can vote, but they can make suggestions and recommendations, but they can't.

SM **Stotsenburg, Madonna** 33:45

OK.



Robinson, Kimberly S 33:50

They can't afford anything.
They can't vote on anything.
They can.
They can speak, they can make suggestions. Ideas.
And so forth.



Stotsenburg, Madonna 34:00

OK.



Higdon, Brian 34:03

Umm.



Stotsenburg, Madonna 34:04

Let me get let me.
Yeah, let me think about that.
And if anybody has any suggestions because some of these standards are are very trauma centric standards from the medical standpoint of caring for a trauma patient and then to that, especially the trauma standards part, the the rehab skip is a little bit more rehab umm geared, but the the trauma portion does talk about trauma management of patients.



Robinson, Kimberly S 34:43

When you when you talk to her.



Kevin Mullin 34:44

And.



Robinson, Kimberly S 34:46

I'm sorry, Kevin, when you spoke earlier about the comments call, I don't think that it would be appropriate for counsel to discuss all of this on the trauma Commons call.



Stotsenburg, Madonna 34:51

Yes.



Robinson, Kimberly S 34:58

I don't think that's the right environment for it.



SM Stotsenburg, Madonna 34:58

Yeah.

For right.



Robinson, Kimberly S 35:01

So I think we need to, we need to keep it to our our committee meetings and if we need to have a subcommittee meeting, the problem with our meetings is everybody's schedule.

That's what we'll run into is everybody's schedule.



SM Stotsenburg, Madonna 35:18

Yeah, that's.



Robinson, Kimberly S 35:19

But I'm I'm not a opposed to putting it out there.

So you all can decide on how you want those meetings.

If you want to use this meeting for that purpose, if you want more frequently meetings to address the standards you know we can work with whatever it is that the Council would like with that.



SM Stotsenburg, Madonna 35:44

OK.

I just know that this is it's, you know, coming from the trauma standpoint, I know it is slightly time sensitive as we're trying to push through the trauma standards to get something more updated than you know 11-12 years ago.



Robinson, Kimberly S 36:04


Oh, absolutely.





J Jill (Guest) 36:05


You know that the time of, you know, the timing our when we need to have the


feedback like when they'll be when that group will be meeting in person or whatever and changes can be made.


 **Kevin Mullin** 36:05
Summit and.


 **Stotsenburg, Madonna** 36:18
They they are meeting the comments, our calls that Kim is talking about are occurring about every week right now wrapping up the revisions that have been proposed, we came across the B Skip standards a couple of weeks ago and it was tabled to for Michael to have further discussion.

 **Jill (Guest)** 36:18
I'm asking because maybe.

 **Stotsenburg, Madonna** 36:43
So that's we wanted to bring it through this committee, cause it's definitely a quality project and then through the B Skip Council and then propose that through the foot sack.

 **Jill (Guest)** 36:56
I I would say asking because maybe instead of our other meeting in August, if that would be, I mean, sorry in September, I guess whatever day umm if if if that was soon enough because we could just use that slot since everybody's got it already to. Discuss them.
That gives us a month to review and come back.

 **Stotsenburg, Madonna** 37:23
I think that's appropriate.

 **Robinson, Kimberly S** 37:23
You can do that.
Yeah, you can do that if if.

KM Kevin Mullin 37:26

And.

 **Robinson, Kimberly S** 37:27

If that's what you want, absolutely.

KM Kevin Mullin 37:29

Just just so I understand, we're still we're talking about the 55 page brochure for B Skip facility designation Standards manual, correct, it's so in 30 days you want us all come back somewhat with a revision on the entire 55 pages cause I mean this is an undertaking or are we talking about just the trauma aspect within this standards manual?

SM Stotsenburg, Madonna 37:38

Correct.

 **Robinson, Kimberly S** 37:38

Yes.

SM Stotsenburg, Madonna 37:52

But there's two manuals.

They're they're the 55 and correct me if I'm wrong, Ken.

HB Higdon, Brian 37:54

Or.


SM Stotsenburg, Madonna 37:58


The 55 page one is for trauma centers and then there's a another one that is for rehab.

Be skipped.


KM Kevin Mullin 38:07

OK.


 **Stotsenburg, Madonna** 38:08
Designation.
Is that correct?


 **Higdon, Brian** 38:09
Uh, it's in the same document.


 **Stotsenburg, Madonna** 38:09
Kim, is it?


 **Higdon, Brian** 38:11
They're they're both in this document. Yep.

 **Robinson, Kimberly S** 38:12
It's.


 **Stotsenburg, Madonna** 38:12
I thought that.

 **Robinson, Kimberly S** 38:14
Yeah, they're all.

 **Stotsenburg, Madonna** 38:15
Oh, OK.

 **Robinson, Kimberly S** 38:15
It's all encompassing in in that 155 page document.

 **Higdon, Brian** 38:18
Yep.

 **Stotsenburg, Madonna** 38:20
OK, I just separate them out.

HB **Higdon, Brian** 38:21

It seems like the first yeah, it seems like the 1st 11 pages are for trauma and then the rest is for rehabilitation.

SM **Stotsenburg, Madonna** 38:29

OK.

 **Robinson, Kimberly S** 38:29

So my my I'm I'm sorry.

KM **Kevin Mullin** 38:30

That so my question is, are we just going for the 1st 10 or 11 pages or are we going for the full 55 and 30 days?

J **Jill (Guest)** 38:41

I say the full 55 because I don't think we.

I mean, if we're gonna make changes, we should.

If we're going to make recommendations, that should be for the whole document.

KM **Kevin Mullin** 38:46

Go all out.

HB **Higdon, Brian** 38:50

Umm.

SM **Stotsenburg, Madonna** 38:50

And we could, we could separate it out and have a couple of meetings.

That's what we've done.

Like with the trauma standards is we go through like we start the meeting and we allocate a certain amount of time, like an hour to review and we get as far as we can get.

And then the next meeting, umm, we, we get through what we can get.

We may have to add a meeting in between depending on how fast you guys wanna move through these, but we have a lot of flexibility and in how we approach this and

if we prioritize this just because of the trauma standards being revised simultaneously, then we can prioritize this project.

J **Jill (Guest)** 39:36

So that goes back to my original question.

Do we know when they're when the goal is to finalize the trauma standards?

Like is it by end of year?

Do they have to have final recommendations?

SM **Stotsenburg, Madonna** 39:49

Well, it's it was a has.

J **Jill (Guest)** 39:50

And by November, what?

SM **Stotsenburg, Madonna** 39:52

It's the finalization date that was anticipated.

Has already passed?

Because the these the common our calls have escalated and you know that's I I don't know exactly all the details to that but they have escalated.

So there there are hundreds of people joining these calls now, so it's like extended out the discussion and the process.

J **Jill (Guest)** 40:16

Hmm.

SM **Stotsenburg, Madonna** 40:20

But the goal is to get these a final revision again, because this is not the first time that they have been revised in the last couple of years.

Get it done so that way we can get it out to the trauma Centers for for the upcoming surveys that are coming.

HB **Higdon, Brian** 40:42

Umm.

Yeah, I to kind of form.

Yeah.

I I just wanna kind of zoom out and get a feel for what actually this piece of piece of digital paper is gonna accomplish.

So apparently this was written in 11 years ago with contribution of this Council.

So obviously we have a part in this, but at the end of the day, what happens with this piece of paper?

Umm are there?

Looks like there's some way to get in umm so after this is done, what's done with it?

Is there someone that's actually accrediting them as AB Skip center?

PL **patty lance** 41:23

No, you.

SM **Stotsenburg, Madonna** 41:23

Yes.

HB **Higdon, Brian** 41:23

Because that's what these are talking about.

And it and and if they are, they're not accredited.

PL **patty lance** 41:27

Five violence.

HB **Higdon, Brian** 41:27

Umm, what's the consequence of that?

And and who is actually the one actually going through these and deciding if if someone's credit or not?

PL **patty lance** 41:33

What is this?

Three people were fixed.

It's price and price appropriate can afford a price increase and upright.


HB **Higdon, Brian** 41:43

I'm sorry.


SM **Stotsenburg, Madonna** 41:43
Kim, somebody is not on mute.

HB **Higdon, Brian** 41:47
Patty Lance.


PL **patty lance** 41:47
I'm what's Sir?

 **Robinson, Kimberly S** 41:47
Yeah, I'm yeah, I'll mute her.


HB **Higdon, Brian** 41:50
Right.

 **Robinson, Kimberly S** 41:51
But she's leaving.

HB **Higdon, Brian** 41:53
Alright.

 **Robinson, Kimberly S** 41:54
Ohh no she left.

SM **Stotsenburg, Madonna** 41:57
Kim, do you?
Kind of wanna go through.
I can speak from a trauma center standpoint, but umm, I don't have the full logistics.

 **Robinson, Kimberly S** 42:04
So the way bees.
Yeah.
So the way the bee skip is set up for this right now is the trauma centers have to follow the standards.

Which Madonna is talking about?

And these are the standards in their uh standards.

They're what they're writing right now.

What they're revising that one little paragraph.

It's it's very vague.

Like she said, it's very vague, so they're wanting to be more specific in that.

And so any facility that wants to be a, B skip designated facility has to meet the standards that are in the trauma standards in that paragraph.

So that whole 55 page document for the trauma you're going to want to focus on the first section.

That is for trauma, because the rehabs, I don't know, are gonna fall under the trauma standards that may have to be something completely different.

Unless that rehab is part of that trauma facility as well.

Study answer your question.

KM **Kevin Mullin** 43:07
Well.

J **Jill (Guest)** 43:08
Great.
Great point.

KM **Kevin Mullin** 43:11
Alright, go ahead, Joe.

J **Jill (Guest)** 43:11
I'm sorry, go ahead.

KM **Kevin Mullin** 43:14
Go please.

J **Jill (Guest)** 43:15
No, I was just gonna say I appreciate that Kim.
And maybe if we can just focus on that, then perhaps at our in person meeting, we

can spend some time on the other piece of it and make our recommendations from this committee.

 **Robinson, Kimberly S** 43:31

Or so at our face to face in November, discuss the rehab section of designation, and then for the purpose of our next meeting, we review just the 1st 10 pages. I think is what Madonna said specifically for trauma.

 **Jill (Guest)** 43:50

Yeah.

 **Robinson, Kimberly S** 43:53

OK.

 **Kevin Mullin** 43:54

And I got two things.

 **Robinson, Kimberly S** 43:54

So be.

 **Kevin Mullin** 43:56

If I, uh, if you don't mind where acting as the governance body for basically the rules and regulations for B skip facilities going forward.

 **Robinson, Kimberly S** 43:59

No.

 **Kevin Mullin** 44:05

So any recommendations or changes that we are looking to make?

I'm just gonna air on the side of caution, saying we need to tread lightly cause it can make some severe changes and I wouldn't wanna disqualify or anything like that.

So I think we gotta go umm lately on it.

But #2 I think the 1st 11 pages, if they can compartmentalize on that, can we set up a plan right now on how we want to attack them the next 30 days and who wants to be responsible for what?

Maybe we can delegate and work it backwards.
Just my thoughts.

 **Stotsenburg, Madonna** 44:42

I think it's gonna be hard to sell legate sections out until we have kind of a feel for the document.

Just because some of this is very clinical focused and less unless there are team members that are.

Comfortable and and reviewing those clinical standards, I think it I think this is gonna be a multifaceted approach and I think maybe what we should focus on is this first, third, 30 days read through the documents, gather your questions and maybe the first part of that meeting is having discussions on anything that's brought up in the sections that we're reviewing.

And then from there, as we start talking about edits and stuff, we can break it out to teams as people are comfortable with certain sections of the document.

That that's just my recommendation.

 **Kevin Mullin** 45:40

Thanks.

Makes a lot of sense to me.

 **Robinson, Kimberly S** 45:48

OK.

So the takeaway is I will resend out all the the standards to everybody again with a read receipt at our next pack meeting.

It won't be PSQI.

It'll be our pack meeting.

The committee is going to come back and have the well I've had time to review the standards.

Uh, well, out.

We'll focus on the trauma first at the pack meeting, we'll review those as a group and make recommendations for changes that will then go over to Mike Lefler, who is in charge of trauma right now and present it at the Commons call.

Is that correct, Madonna?

SM **Stotsenburg, Madonna** 46:33

Correct.

Yeah, I'm.

I'm not sure if he's gonna take that into a Commons call or just bring that to foot sack.

Umm but yeah, yeah, I I don't know because the bee skip section went through the Commons call.

 **Robinson, Kimberly S** 46:42

OK, that part I don't know about trauma.

SM **Stotsenburg, Madonna** 46:52

Umm, I'll defer that to him to make.

 **Robinson, Kimberly S** 46:52

Umm.

OK.

SM **Stotsenburg, Madonna** 46:56

However, his process is for bringing that through because he made since we discussed it at Commons Hour and it was kind of kicked to this Committee for review.

Umm, we may just present to the foot SAT committee, but all differ that to him.

 **Robinson, Kimberly S** 47:13

OK.

SM **Stotsenburg, Madonna** 47:13

No, and we can talk to him.

 **Robinson, Kimberly S** 47:15

And they they did hire a new trauma administrator.

SM Stotsenburg, Madonna 47:19

Yes.

 **Robinson, Kimberly S** 47:21

Last Friday I I met him for like 2 minutes yesterday.
Just enough to say hi.

SM Stotsenburg, Madonna 47:25

Perfect.

 **Robinson, Kimberly S** 47:26

How you doing?
Shake his hand and I'll talk to you later.
Yeah, that's pretty much my whole introduction.

SM Stotsenburg, Madonna 47:33

Ohh.

 **Robinson, Kimberly S** 47:34

He was.
He was well, he was really busy with Mike.
So Mike just stopped and it was one of those hallway conversations.
Hey, let me introduce you too.
So and it was OK.

SM Stotsenburg, Madonna 47:44

Uh.

 **Robinson, Kimberly S** 47:45


I knew they're busy.
He's in training, so I know he's busy.


SM Stotsenburg, Madonna 47:46

Or.


And and we have some things going on in the state with trauma.
So I'm sure he's hitting.
He's getting oriented very well right now.


 **Robinson, Kimberly S** 47:58
Yeah.


 **Stotsenburg, Madonna** 47:59
So alright that I think that sounds like a good plan if everybody agrees to that.

 **Robinson, Kimberly S** 48:06
He did the last thing that I that I wanted to bring up about the whole biscuit designated facility.

 **Kevin Mullin** 48:07
Sounds good.

 **Robinson, Kimberly S** 48:13
Thing is, at one point there was an application that a facility had to fill out.
They had to apply to become designated.
OK, so that application I don't believe would be any part of the trauma standards because it's already been through legal and everything that if you are a trauma hospital, you automatically are a designated be skipped facility.
And that's where all of this came about with the standards.
When we get to the portion of looking at designated rehab facilities, you may want to consider the application for a rehab facility, but it that application I don't think will apply to trauma.

 **Kevin Mullin** 49:05
That makes sense.

 **Stotsenburg, Madonna** 49:05
Why?
When did that change occur for trauma?



Robinson, Kimberly S 49:11

For for what that everybody became designated.



SM Stotsenburg, Madonna 49:13

Computer.

Yeah, because I think there's current discussion on that because there's only like 7 designated centers.



Robinson, Kimberly S 49:17

That was at the beginning.

Uh.



SM Stotsenburg, Madonna 49:24

That was a big discussion on the comments.

Our call.



Robinson, Kimberly S 49:29

Or for trauma.



SM Stotsenburg, Madonna 49:32

Yes.



Robinson, Kimberly S 49:33

Oh, no.

Every every trauma Center for every trauma hospital.

I think there's 36 of them received a letter that they were considered a B designated facility based on the current trauma standards.



SM Stotsenburg, Madonna 49:40

Yes.



Robinson, Kimberly S 49:49

And I sent out all those letters in January to every facility.

And in those letters was included.

Information on how to refer clients to the program.

So there was a referral letter.

There was instructions on the referral on how to fill out the referral letter.

There was like a brief overall on you know, what happens when you send a referral, what happens next.

Every facility got a copy of that.

Every facility was designated that came when Kate was in in her position there.

That was discussions between myself, Kate and legal.

Legal made the final decision that yes, this falls under B skip designation falls under the standards in trauma.

That's how that came about.

 **Stotsenburg, Madonna** 50:44

OK, OK.

 **Robinson, Kimberly S** 50:45

And that was January.

 **Stotsenburg, Madonna** 50:47

Yeah.

OK.

That's good to bring back to that committee too, because that was a that was a long discussion on our comments, our calls.

 **Robinson, Kimberly S** 50:54

OK.

Yeah.

Yeah, I'm afraid to join those common calls.

I joined one and I'm like, oh man, I should not be on here right now.

 **Stotsenburg, Madonna** 51:06

It it it that that's that's why I you know that's why I have the discussion about the comments hours because it started out but and we were supposed to be done.

HB Higdon, Brian 51:06

Yeah.

 **Robinson, Kimberly S** 51:07

Just.

Yeah.

SM Stotsenburg, Madonna 51:16

I think we had a goal of being done with this round of revisions.

I think it was June and were, I don't know, when we're gonna be done right now.

 **Robinson, Kimberly S** 51:27

Yeah, yeah.

I I'm I'm getting all the notifications for those and I'm like umm, I don't know, I don't.

SM Stotsenburg, Madonna 51:33

Yeah, yeah.

 **Robinson, Kimberly S** 51:34

Wanna I don't know.

What if I don't wanna step into that arena or not?

SM Stotsenburg, Madonna 51:38

Yeah, it's, it's a.

It's interesting right now, but good discussion and hopefully we can come to a conclusion because we really need revisions for our trauma centers that are more up to date.

 **Robinson, Kimberly S** 51:50

Yeah.

KM Kevin Mullin 51:52

Yeah.

SM **Stotsenburg, Madonna** 51:55
Alright.


 **Robinson, Kimberly S** 51:55
OK.

SM **Stotsenburg, Madonna** 51:56
Any new business that anybody would like to add or have discussions about?

HB **Higdon, Brian** 52:03
I just.

 **Robinson, Kimberly S** 52:03
I do.

HB **Higdon, Brian** 52:04
Ohh I just had a.

 **Robinson, Kimberly S** 52:05
Go ahead, doctor.
No, go ahead.

HB **Higdon, Brian** 52:06
Well, I just had a comment about the I I got to kind of scan through here.
It's it's interesting.
It's it's sort of quaint.
It's still these old ones.
They still talk about film store scores, which many of you know that that we no longer use.

SM **Stotsenburg, Madonna** 52:18
Yeah.

HB **Higdon, Brian** 52:21

It's more of the care tool type set of schools, things like that.

And yeah, so it'll be interesting to print this out and get a red pan out and go through it.

But yeah, a lot of changes are appropriate, but it seems like it's hand in hand with car for creditation.

SM **Stotsenburg, Madonna** 52:36

Yes.

HB **Higdon, Brian** 52:38

Which you know, of course I'm knowledgeable about.

I don't.

Do I don't participate in our service, but I don't.

I don't coordinate those so, but it seems to be hand in hand with that, which makes it kind of easier that we can just sort of in some ways to duplicate what carf does.

Umm, but my my new order business and I is.

Am I in in my on ongoing quest to to increase enrollment in in in VB script program the.

I.

I assume a lot of uh, the other rehab professionals on here are familiar with, like the E rehab data set.

Do you guys use that at your hospital?

You guys know I'm talking about.

J **Jill (Guest)** 53:26

The sorry, say that one more time because I lost a.

HB **Higdon, Brian** 53:29

He's called E rehab it.

It's it's how we kind of process our incoming emissions and make sure that we have all the appropriate information and coding and and and everything.

Do you guys know what I'm talking about?

J **Jill (Guest)** 53:44

Umm.

I'll have to verify.

I mean, we are on UDS umm, so I think a lot of our stuff goes through there.

HB **Higdon, Brian** 53:53

OK.

It'd be interesting if we could.

Use some of that data to kind of verify on kind of where.

Umm, where numbers are at as far as UM.

In missions, some of that data is a little bit more public.

Now for like the I know for like the US news and report, they're now pulling in E rehab data for their for their rankings.

So it's pretty, it's pretty easy to see for the hospitals that have it uploaded, you can pretty easy to see how many traumatic cases each hospital saw per year for both traumatic and brain injury.

Of course, there's gonna be exceptions that there's a difference between the Florida B skip numbers and those numbers, but they should should roughly approximate that.

Umm so so I wonder if that's another way that, UM, Florida Beach skeptics answered the verification on I'm and kind of how how well we're doing with enrollment.

J **Jill (Guest)** 54:56

You see the CMS?

Umm, you know compare website might be useful.

I mean I there's a lag time with it.

HB **Higdon, Brian** 55:04


Yeah, that's only Medicare data.

J **Jill (Guest)** 55:06

Yeah.

HB **Higdon, Brian** 55:07


So.

 **Jill (Guest)** 55:07
Yeah, I know.

 **Higdon, Brian** 55:07
So.

So that's gonna be only.

Uh 3400% maybe of of of emissions are going to be Medicare admissions.

 **Jill (Guest)** 55:10
Right.

 **Higdon, Brian** 55:18

In in more of the older population, but E we have data should for when it's available it should capture pretty much everyone coming into the rehab hospital.

It may not say like if I have a patient that was injured like two years ago then came in related to their spinal cord injury, they would count towards that admission number.

So obviously they may not be a be a beast, keep enrollee, or they might be a prior one.

UM and I'm not sure how they account readmissions in that we have data.

But so like if someone remits twice, it might be double counted, but it might be something that's that's useful to kind of track.

Tracker numbers to to to see how well be skips doing with with that.

Uh, yeah.

I just want to get other Members thoughts on that and kind of see if that's something that like the RIMS team could use to kind of verify their enrollment.

 **Robinson, Kimberly S** 56:16

So interesting enough that you bring that up.

Doctor Higdon is.


I've been on a project with EMS and Doctor Valbuena has helped us on this project where we were researching across.


Traumas registry.


I forget what part of the EMS registry they were using, and ACA and B skip and I


believe we went back five years to do a comparison on referrals that were received by the program and possible referrals that were not received by the program.


 **Higdon, Brian** 56:42
Umm.

 **Robinson, Kimberly S** 56:54
And there is currently a paper being written up on this.

 **Higdon, Brian** 56:55
Mm-hmm.

 **Robinson, Kimberly S** 56:59
A whole project that we want to actually publish, we had an intern at the Bureau level who came in and was doing all this research with some of our data analysts over in EMS and our data analyst providing information.
And so I'm waiting for that paper to come out to see how best skip compared to these other agencies as far as who should have been referred and who wasn't.
You know how many referrals did we actually receive and how many was it anticipated that we didn't?

 **Higdon, Brian** 57:31
Yeah.

 **Robinson, Kimberly S** 57:35
Our biggest obstacle on doing that project was ICD codes because when a referral is sent in, we don't require the ICD codes and the codes that we typically get aren't really applicable to the brain or spinal cord injury.
Doctor Valbuena was able to provide us with some extensive ICD 10 codes and that are more specific to brain and spinal cord injury, so we're planning.
We're working on implementing lists that facilities will be able to pick from the specific code, so moving forward and the feature when we want to do this a project again we can be more specific and get a better overall picture on who should have been referred and wasn't.
And then it it ties back to the facility and then eventually we would like it to be able

to tie to the specific person that wasn't referred.

We won't get their name, but we may be able to get an address to where we could send information out to that person and say give them information about the program so that that's been a what, a two month project I think at least two months that and it's just wrapping up and the paper is getting written as I speak and it's getting approved and then we want to go ahead and publish that.

 **Higdon, Brian** 58:51

Very good.

About.

Oh, nice.

 **Robinson, Kimberly S** 59:08

So.

 **Higdon, Brian** 59:11

Umm, but it sounds like you're able to get to the patient specific data with between different databases.

 **Jill (Guest)** 59:11

That's awesome.

I'm wondering.

 **Robinson, Kimberly S** 59:18

I'm sorry, say that one more time.

 **Higdon, Brian** 59:19

Are you gonna?

Are you are you able to compare individual patients between databases?


 **Robinson, Kimberly S** 59:25

I would have to go back and ask the data analyst exactly how they matched them.

We we were trying to match mostly on ICD codes and that wasn't 100% successful.

HB **Higdon, Brian** 59:30
OK.


V **Valbuena Valecillos, Adriana D** 59:34
Yeah, it.

 **Robinson, Kimberly S** 59:36
So we looked at.

V **Valbuena Valecillos, Adriana D** 59:37
It doesn't have really identifiers.

HB **Higdon, Brian** 59:40
Hmm yeah.

V **Valbuena Valecillos, Adriana D** 59:42
It's based on on the input of the public database where they that diagnosis ICD 10 codes and financial information and some demographic.


 **Robinson, Kimberly S** 59:42
That.

V **Valbuena Valecillos, Adriana D** 59:56
But it doesn't really have a specific identifiers.
That's the challenge to come because it goes by the, you know, the depends on the input or the ICD tent is they enter it properly.

J **Jill (Guest)** 1:00:10
Umm.

HB **Higdon, Brian** 1:00:11
Umm.

J **Jill (Guest)** 1:00:12
So.

 **Robinson, Kimberly S** 1:00:12
So we're we're trying to restructure and make some changes in the program that way to hopefully get better identifiers.

SM **Stotsenburg, Madonna** 1:00:13
I'm.

HB **Higdon, Brian** 1:00:20
Yeah, I know for a lot of the trauma data, it's identified as spine injury, but not whether it's spinal cord or not.

SM **Stotsenburg, Madonna** 1:00:21
I like this discussion.

J **Jill (Guest)** 1:00:22
I'm wondering if.

HB **Higdon, Brian** 1:00:26
Umm, yeah.

SM **Stotsenburg, Madonna** 1:00:29
Right.
I apologize, I actually have to jump on to another call.

HB **Higdon, Brian** 1:00:35
Call me too, actually.

SM **Stotsenburg, Madonna** 1:00:36
Umm yes.



Robinson, Kimberly S 1:00:37

I know what that is.



Stotsenburg, Madonna 1:00:39

UM, so you can you continue.

And then I I can get updated on the last part of this meeting, I apologize.



Robinson, Kimberly S 1:00:49

No, that's fine.



Higdon, Brian 1:00:49

I I just realized the time too.

I have another meeting. UM.



Stotsenburg, Madonna 1:00:52

Thank you.



Robinson, Kimberly S 1:00:52

OK.

Well, we can go ahead and adjourn then if if nobody has any other new business.



Stotsenburg, Madonna 1:00:55

Are.



Jill (Guest) 1:00:58

No, I just wanted to ask, maybe that report could be brought to the Public Awareness Committee.




Robinson, Kimberly S 1:01:04

As soon as I have it, yes. Yeah.



Jill (Guest) 1:01:06

Yep.

 **Robinson, Kimberly S** 1:01:10
OK.

SM **Stotsenburg, Madonna** 1:01:10
Awesome.
Do we have a motion to adjourn?

KM **Kevin Mullin** 1:01:13
Kevin says motion to adjourn.

J **Jill (Guest)** 1:01:13
About you.


HB **Higdon, Brian** 1:01:15
2nd.

SM **Stotsenburg, Madonna** 1:01:16
Send.

V **Valbuena Valecillos, Adriana D** 1:01:16
So I can.

SM **Stotsenburg, Madonna** 1:01:18
Thank you all.

KM **Kevin Mullin** 1:01:18
There we go.

 **Robinson, Kimberly S** 1:01:19
Right.

V **Valbuena Valecillos, Adriana D** 1:01:19
Thank you. Bye.



Robinson, Kimberly S 1:01:20

Thank you.



Kevin Mullin 1:01:20

Have a great day, yeah.



Robinson, Kimberly S 1:01:20

I appreciate you all.



Robinson, Rebecca 1:01:23

I.



Robinson, Kimberly S 1:01:23

Bye, bye.

● **Casavant, Robert** stopped transcription