

0:0:0.0 --> 0:0:1.430

Robinson, Kimberly S

OK, we're going to go ahead and get started.

0:0:1.440 --> 0:0:6.150

Robinson, Kimberly S

It's 205 and I will open it up with welcoming everybody today.

0:0:6.160 --> 0:0:11.640

Robinson, Kimberly S

Thank you for taking time out of your busy day to join this Council meeting.

0:0:11.650 --> 0:0:15.970

Robinson, Kimberly S

This is the PQI and with that I will turn it over to Madonna.

0:0:17.860 --> 0:0:18.400

Stotsenburg, Madonna

Thank you, Kim.

0:0:20.450 --> 0:0:20.980

Stotsenburg, Madonna

All right.

0:0:20.990 --> 0:0:23.70

Stotsenburg, Madonna

We will go ahead and start with roll call.

0:0:27.670 --> 0:0:30.640

Speaker 1

OK, Natalie Alden.

0:0:35.170 --> 0:0:37.850

Speaker 1

I'll go back through this a second time too, just in case.

0:0:37.860 --> 0:0:39.260

Speaker 1

If I see anyone join.

0:0:39.530 --> 0:0:40.620

Speaker 1

Uh, Kevin Mullin.

0:0:44.950 --> 0:0:46.90

Speaker 1

Doctor Rhonda Ross.

0:0:55.590 --> 0:0:56.200

Speaker 1

OK, got it.

0:0:55.590 --> 0:0:56.220

Robinson, Kimberly S

He sent you?

0:0:56.230 --> 0:0:57.220

Robinson, Kimberly S

She sent you a chat?

0:0:57.330 --> 0:0:57.850

Robinson, Kimberly S

Yeah.

0:0:56.210 --> 0:0:58.250

Speaker 1

Present in the chat Patty Lance.

0:0:57.890 --> 0:0:58.440

Robinson, Kimberly S

OK.

0:1:4.560 --> 0:1:5.580

Speaker 1

Jennifer lannon.

0:1:10.840 --> 0:1:11.830

Speaker 1

Daniel Nicholson.

0:1:18.320 --> 0:1:19.230

Speaker 1

Jeffrey secure.

0:1:24.780 --> 0:1:25.620

Speaker 1

Michael fodder.

0:1:32.350 --> 0:1:33.860

Speaker 1

Madonna saltzberg.

0:1:35.210 --> 0:1:35.630

Stotsenburg, Madonna

Present.

0:1:36.890 --> 0:1:38.900

Speaker 1

Thank you, Jill olenek.

0:1:44.120 --> 0:1:45.430

Speaker 1

Doctor Adriana Valbuena.

0:1:46.310 --> 0:1:46.730

Valbuena Valecillos, Adriana D
Present.

0:1:47.550 --> 0:1:50.90

Speaker 1

Thank you, Doctor Brian Higdon.

0:1:51.790 --> 0:1:51.980

Dr. Higdon

Here.

0:1:52.950 --> 0:1:55.410

Speaker 1

Thank you, Suzanne Doswell.

0:2:0.680 --> 0:2:1.890

Speaker 1

Carrie rayborn.

0:2:2.90 --> 0:2:3.70

Speaker 1

Or rayburn. Sorry.

0:2:6.660 --> 0:2:8.500

Speaker 1

And ruthann Tattersall.

0:2:17.880 --> 0:2:18.200

Robinson, Kimberly S
OK.

0:2:19.60 --> 0:2:19.970

Robinson, Kimberly S

So thank you, Caitlin.

0:2:18.880 --> 0:2:21.580

Speaker 1

I see Ruth in here, but I didn't get a present.

0:2:24.850 --> 0:2:26.110

Robinson, Kimberly S
But she's here.

0:2:26.790 --> 0:2:27.70

Speaker 1
OK.

0:2:28.30 --> 0:2:29.330

Robinson, Kimberly S
She put it in the chat.

0:2:30.580 --> 0:2:31.740

Robinson, Kimberly S
She was talking earlier.

0:2:35.560 --> 0:2:36.800

Robinson, Kimberly S
So we'd ohh there.

0:2:36.860 --> 0:2:37.970

Robinson, Kimberly S
She sent you a present.

0:2:38.560 --> 0:2:39.330

Robinson, Kimberly S
She sent you a text.

0:2:40.790 --> 0:2:41.220

Robinson, Kimberly S
Perfect.

0:2:41.230 --> 0:2:46.290

Robinson, Kimberly S
So we do not have a quorum today, so we cannot vote on minutes.

0:2:49.50 --> 0:2:49.510

Stotsenburg, Madonna
OK.

0:2:50.280 --> 0:2:51.130

Stotsenburg, Madonna
Perfect.

0:2:51.140 --> 0:2:53.440

Stotsenburg, Madonna
Then we can just move down into the meeting.

0:2:54.930 --> 0:2:55.70

Robinson, Kimberly S
Yeah.

0:2:56.770 --> 0:3:20.440

Stotsenburg, Madonna

Umm, OK, so one of the topic items that I kind of wanted to go over today because I know we had the discussion and I believe it was our April meeting on kind of what we wanna do with this committee as far as from my quality standpoint and we kind of identified in the last meeting like some things are overlapping with umm with the other committee that falls under B Skip.

0:3:20.450 --> 0:3:40.670

Stotsenburg, Madonna

So really what I wanna do today is kind of go over what your guys's ideas are, how we can start building some quality metrics and maybe some dashboards that we can implement so we can start actually tracking trending data and and doing.

0:3:42.20 --> 0:3:50.370

Stotsenburg, Madonna

Quality review or quality analysis, so one of the things is is I know that outreach has been ongoing with the case managers.

0:3:50.760 --> 0:4:1.630

Stotsenburg, Madonna

Do we have, umm, is there anything from the like querying the case managers on any issues that they're experiencing?

0:4:4.100 --> 0:4:20.350

Robinson, Kimberly S

So what I recently did was I I pulled a report of all of the referring facilities and in the counties for all the referring facilities and how many referrals have come in from each facility within the last year.

0:4:20.670 --> 0:4:33.230

Robinson, Kimberly S

And I sent that out to the regional managers to take a look at for their counties and their facilities to review on, for site visits starting after July 1.

0:4:33.740 --> 0:4:40.10

Robinson, Kimberly S

Right now, there's really not any travel going on because we're going into financial lockdown for the state.

0:4:40.100 --> 0:4:46.560

Robinson, Kimberly S

So there's a lot to do right now, so travel is pretty limited, but I have a meeting with them.

0:4:46.570 --> 0:4:51.170

Robinson, Kimberly S

I yeah, I think it's a I can't look at my calendar.

0:4:51.240 --> 0:4:56.260

Robinson, Kimberly S

It's towards the end of like the the the 4th Tuesday.

0:4:56.270 --> 0:5:5.310

Robinson, Kimberly S

I think of this month I have what I call a roundtable meeting with my regional managers and that's one of our topics is to look at that report and start strategizing for site visits.

0:5:6.700 --> 0:5:6.960

Stotsenburg, Madonna

OK.

0:5:8.670 --> 0:5:28.110

Stotsenburg, Madonna

Because they think that could potentially provide us some direction from a quality perspective, what they're gathering from the facilities and how can we bring that to the our level to help them break barriers or challenges that they're having, does anybody else have anything?

0:5:27.640 --> 0:5:32.710

Robinson, Kimberly S

I I would say, and I'm just speaking for them.

0:5:32.780 --> 0:5:34.370

Robinson, Kimberly S

I don't take me.

0:5:34.440 --> 0:5:41.170

Robinson, Kimberly S

You know as gospel, but from what I hear in the field, some of their biggest obstacles are contacts.

0:5:41.270 --> 0:5:41.910

Robinson, Kimberly S

Who do they?

0:5:41.920 --> 0:5:45.100

Robinson, Kimberly S

Who do they get in contact with because of turnover?

0:5:46.170 --> 0:5:47.830

Robinson, Kimberly S

That's what we were just discussing.

0:5:48.880 --> 0:5:50.600

Stotsenburg, Madonna

Yes, yes.

0:5:50.800 --> 0:5:52.940

Robinson, Kimberly S

That that's the biggest struggle.

0:5:54.400 --> 0:5:58.790

Stotsenburg, Madonna

Contacts at rehab centers and referring.

0:6:1.800 --> 0:6:1.980

Robinson, Kimberly S

Yeah.

0:6:3.10 --> 0:6:9.510

Dr. Higdon

You're talking about turnover in the from the referral hospitals, not turnover at Beskid personnel, correct?

0:6:10.640 --> 0:6:10.780

Robinson, Kimberly S

Yes.

0:6:14.70 --> 0:6:25.870

Stotsenburg, Madonna

So I'm wondering, umm, and and Kim, you and I were kind of talking about this, so I do I have been able to coordinate and get us on the FTC agenda?

0:6:26.150 --> 0:6:27.30

Stotsenburg, Madonna

I'm just waiting.

0:6:27.80 --> 0:6:40.100

Stotsenburg, Madonna

I believe that they're trying to do a meeting here in June or August, so that way we can present to trauma program directors, managers across the state.

0:6:40.390 --> 0:6:47.240

Stotsenburg, Madonna

And then I reached out to Doctor Pappas, who leads the Florida A umm.

0:6:49.520 --> 0:6:50.830

Stotsenburg, Madonna

Umm, trauma.

0:6:50.980 --> 0:6:56.0

Stotsenburg, Madonna

It's the Committee for the trauma medical directors Foot Sack Committee.

0:6:56.800 --> 0:6:59.10

Stotsenburg, Madonna

Umm to get on that agenda?

0:6:59.20 --> 0:7:11.200

Stotsenburg, Madonna

Because I I think from my trauma perspective, we keep a database now with all the program directors and medical directors for those programs.

0:7:11.270 --> 0:7:14.340

Stotsenburg, Madonna

And then I I don't know how we gather.

0:7:14.690 --> 0:7:19.510

Stotsenburg, Madonna

Is there a directory for rehab centers? Umm.

0:7:21.880 --> 0:7:25.300

Stotsenburg, Madonna

I and maybe maybe it's just making the phone calls.

0:7:24.420 --> 0:7:25.920

Valbuena Valecillos, Adriana D

It's just making the phone calls.

0:7:26.830 --> 0:7:29.200

Valbuena Valecillos, Adriana D

Uh, well, we have that flooded.

0:7:29.210 --> 0:7:37.850

Valbuena Valecillos, Adriana D

The PMR association with actually my the chair of my department, doctor Andrew Chairman, he is the chair of the of the Association.

0:7:38.810 --> 0:7:39.290

Valbuena Valecillos, Adriana D

Umm.

0:7:39.670 --> 0:7:42.80

Valbuena Valecillos, Adriana D

So maybe we can go through there.

0:7:43.470 --> 0:7:45.50

Stotsenburg, Madonna

That that would be awesome.

0:7:45.980 --> 0:7:54.210

Dr. Higdon

Yeah, I mean on the Medicare, on the Medicare website, you can look up at every single like rehab hospital in Florida because they all report to Medicare.

0:7:55.80 --> 0:8:4.650

Dr. Higdon

But, and I'm sure they have some sort of contact information associated with them, I was just making sure that those contacts are made by the biscuit staff.

0:8:8.570 --> 0:8:9.800

Stotsenburg, Madonna

Contact improvement.

0:8:10.90 --> 0:8:10.430

Stotsenburg, Madonna

I'm just.

0:8:10.310 --> 0:8:11.120

Dr. Higdon

Can be Robinson.

0:8:11.130 --> 0:8:12.170

Dr. Higdon

Are you familiar with?

0:8:12.330 --> 0:8:13.40

Dr. Higdon

What I'm talking about?

0:8:13.50 --> 0:8:13.850

Dr. Higdon

Or do you do?

0:8:13.920 --> 0:8:15.970

Dr. Higdon

You guys have access to to to that sort of list.

0:8:19.30 --> 0:8:25.400

Robinson, Kimberly S

I don't believe peace Skip has access to that list, and in medical well, if it's not, if it's public record, we do.

0:8:26.510 --> 0:8:29.610

Robinson, Kimberly S

Are you talking about the CMS website for Medicare, Medicaid go out there?

0:8:30.860 --> 0:8:31.950

Dr. Higdon

I correct?

0:8:32.690 --> 0:8:32.970

Robinson, Kimberly S

OK.

0:8:31.960 --> 0:8:33.760

Dr. Higdon

Yeah, yeah, yeah.

0:8:35.490 --> 0:8:35.670

Robinson, Kimberly S

Yeah.

0:8:33.770 --> 0:8:38.810

Dr. Higdon

Everyone has access to it, but whether or not you, you, you use it or or have used for it.

0:8:40.580 --> 0:8:45.510

Robinson, Kimberly S

No, I can't say that we've ever really used that a lot of times with the referring facilities.

0:8:48.350 --> 0:8:49.100

Robinson, Kimberly S

We have.

0:8:49.190 --> 0:8:49.380

Robinson, Kimberly S

Who?

0:8:49.390 --> 0:8:54.980

Robinson, Kimberly S

The referral came from and that's our first point of contact when we're trying to go out to do the site visits.

0:8:57.310 --> 0:8:58.80

Robinson, Kimberly S

Not to the case.

0:8:58.90 --> 0:9:3.840

Robinson, Kimberly S

Managers are commonly in contact with because of course we have to get medical records and so forth like that.

0:9:4.290 --> 0:9:9.140

Robinson, Kimberly S

But if we have a place where we can go out and actually look up contacts, that's even better.

0:9:9.290 --> 0:9:10.700

Robinson, Kimberly S
That saves us a lot of time.

0:9:12.780 --> 0:9:13.40

Dr. Higdon
Yeah.

0:9:13.50 --> 0:9:18.370

Dr. Higdon
So there's 67 rehab hospitals or IR's in reported in the state of Florida.

0:9:18.380 --> 0:9:18.990

Dr. Higdon
Of Florida.

0:9:19.120 --> 0:9:26.0

Dr. Higdon
I'll drop the link here and and you just put Florida into the location and it'll pull up a list of all all 67 of them.

0:9:27.70 --> 0:9:27.500

Robinson, Kimberly S
Wonderful.

0:9:30.970 --> 0:9:31.400

Stotsenburg, Madonna
Perfect.

0:9:35.420 --> 0:9:38.980

Stotsenburg, Madonna
And then I know it's not just trauma centers and rehabs.

0:9:39.170 --> 0:9:56.300

Stotsenburg, Madonna
I I think that we could go through the Florida Hospital Association potentially for just a general, umm coverage of all the hospitals and you know, public awareness kind of campaign about resources.

0:9:56.350 --> 0:10:3.810

Stotsenburg, Madonna
Most of these patients, if they're a brain or spinal cord injury, should be coming through some type of trauma system.

0:10:3.940 --> 0:10:4.280

Robinson, Kimberly S
Umm.

0:10:3.820 --> 0:10:10.630

Stotsenburg, Madonna

But I know that there's other defining characteristics that maybe they're holding or they have capability.

0:10:10.640 --> 0:10:14.670

Stotsenburg, Madonna

Or, umm, they keep them.

0:10:24.170 --> 0:10:44.850

Stotsenburg, Madonna

And then from there, I think once we establish this contact list and we do the next set of meetings, I think that from the trauma facilities, we're going to get a lot of feedback because of the turnover in the trauma systems over the last few years in the state of Florida.

0:10:45.40 --> 0:10:54.730

Stotsenburg, Madonna

And I think bringing awareness of what this program is, what the reporting requirements are, even if you're not a bee, skip designated Trauma Center.

0:10:54.740 --> 0:11:8.420

Stotsenburg, Madonna

They still, I know that was a question at one of our last meetings was a lot of people had an understanding that only be skipped centers refer into and that's in my understanding not the case.

0:11:8.430 --> 0:11:10.930

Stotsenburg, Madonna

Everybody has a reporting responsibility.

0:11:14.110 --> 0:11:17.50

Robinson, Kimberly S

Let me go and pull up the statue directly for you.

0:11:18.130 --> 0:11:18.410

Stotsenburg, Madonna

OK.

0:11:20.110 --> 0:11:21.30

Robinson, Kimberly S

Give me one second.

0:11:22.390 --> 0:11:23.160

Robinson, Kimberly S

Go grab it.

0:11:24.30 --> 0:11:25.960

Robinson, Kimberly S

You can keep going while I go grab it here.

0:11:25.970 --> 0:11:27.250

Robinson, Kimberly S

It'll take me a minute to get there.

0:11:28.30 --> 0:11:28.290

Stotsenburg, Madonna

OK.

0:11:30.510 --> 0:11:34.820

Stotsenburg, Madonna

And then I know in the last meeting we discussed doing a survey.

0:11:34.870 --> 0:11:40.520

Stotsenburg, Madonna

So a compilation or pull from the pub like Awareness Committee? Umm.

0:11:43.670 --> 0:11:51.420

Stotsenburg, Madonna

I know that some of that was presented at the at the General B skip meeting, but is what?

0:11:51.430 --> 0:11:57.830

Stotsenburg, Madonna

Is there anything from there that we can pull information to do a quality project from this committee?

0:12:0.490 --> 0:12:0.850

Stotsenburg, Madonna

For that.

0:12:0.80 --> 0:12:3.150

Robinson, Kimberly S

Well, I think we were talking about putting a survey together.

0:12:3.650 --> 0:12:3.880

Stotsenburg, Madonna

Mm-hmm.

0:12:3.200 --> 0:12:6.80

Robinson, Kimberly S

I don't know that the Resource Center has done that yet.

0:12:6.940 --> 0:12:7.320

Stotsenburg, Madonna

OK.

0:12:7.830 --> 0:12:10.830

Robinson, Kimberly S

I would have to follow up on that and that's my oversight.

0:12:11.800 --> 0:12:12.470

Stotsenburg, Madonna
OK.

0:12:12.800 --> 0:12:13.770

Stotsenburg, Madonna
No, that's OK.

0:12:13.780 --> 0:12:16.340

Stotsenburg, Madonna
Hey I completely understand.

0:12:18.210 --> 0:12:19.440

Robinson, Kimberly S
Well, thank you for that, grace.

0:12:21.940 --> 0:12:28.220

Stotsenburg, Madonna
We all need a every now and then survey, so we'll just follow up on that.

0:12:36.410 --> 0:12:43.310

Stotsenburg, Madonna
So we kind of talked about this, the data analysis, the rehab centers, trauma, hospitals and non trauma hospital referrals.

0:12:44.210 --> 0:12:47.380

Stotsenburg, Madonna
I again, I think that's an education component.

0:12:47.390 --> 0:13:4.690

Stotsenburg, Madonna
We did bring it up at our last a FTC meeting for the Florida Association of Trauma Coordinators and the and we LED that with inviting Kim for you to come and speak to that committee.

0:13:4.700 --> 0:13:11.880

Stotsenburg, Madonna
And then speak to the the foot Sack Committee as well on just what be skip is what the reporting requirements are.

0:13:12.110 --> 0:13:14.320

Stotsenburg, Madonna
How do they contact the case manager?

0:13:15.620 --> 0:13:18.590

Stotsenburg, Madonna
Umm, I think that's a really big start.

0:13:18.600 --> 0:13:20.100

Stotsenburg, Madonna
Is hitting those programs.

0:13:21.780 --> 0:13:22.160

Robinson, Kimberly S
OK.

0:13:22.170 --> 0:13:25.830

Robinson, Kimberly S
So on your screen I pulled up the the statue.

0:13:26.370 --> 0:13:26.610

Stotsenburg, Madonna
Uh-huh.

0:13:26.260 --> 0:13:28.250

Robinson, Kimberly S
That's the duties and responsibilities.

0:13:38.30 --> 0:13:38.340

Stotsenburg, Madonna
Off.

0:13:28.260 --> 0:13:38.370

Robinson, Kimberly S
And so in here it says, you know, we will administer a multi level treatment program and then this part here is 15 days what?

0:13:40.410 --> 0:13:52.10

Robinson, Kimberly S
I was gonna try and highlight it, but you know that's not gonna work 15 days after any report of an individual who has sustained a brain or spinal cord injury, the department shall notify the ohh no.

0:13:52.20 --> 0:13:52.850

Robinson, Kimberly S
That's me.

0:13:53.20 --> 0:13:54.630

Robinson, Kimberly S
Where is it telling me on my.

0:13:54.680 --> 0:13:55.870

Robinson, Kimberly S
I'm sorry I missed Brandon.

0:13:55.880 --> 0:13:57.550

Robinson, Kimberly S
I think I got the wrong statue.

0:13:57.560 --> 0:13:58.30

Robinson, Kimberly S
Hold on.

0:13:58.540 --> 0:13:59.560

Robinson, Kimberly S
I think I got the wrong one.

0:14:4.850 --> 0:14:7.680

Robinson, Kimberly S
All this back over here, I got the wrong one.

0:14:7.690 --> 0:14:10.330

Robinson, Kimberly S
That's 15 days that we have to notify them.

0:14:10.400 --> 0:14:11.190

Robinson, Kimberly S
I got the wrong way.

0:14:11.200 --> 0:14:12.250

Robinson, Kimberly S
I know it's five days.

0:14:12.260 --> 0:14:13.780

Robinson, Kimberly S
I just gotta find which one it is.

0:14:14.850 --> 0:14:19.610

Stotsenburg, Madonna
Yeah, I I and I have the I have the and my bees.

0:14:19.620 --> 0:14:25.270

Stotsenburg, Madonna
Get Finder here because that's what we follow for reporting to you guys.

0:14:26.500 --> 0:14:26.730

Robinson, Kimberly S
Umm.

0:14:29.340 --> 0:14:31.330

Robinson, Kimberly S
I should know these by heart, but I do not.

0:14:35.280 --> 0:14:39.240

Robinson, Kimberly S
Artifact definition.

0:14:37.480 --> 0:14:39.350

Stotsenburg, Madonna

It's always good to go to the reference.

0:14:40.490 --> 0:14:42.980

Robinson, Kimberly S

Yeah, I'd rather have the direct language.

0:14:43.50 --> 0:14:43.660

Robinson, Kimberly S

Nope.

0:14:44.560 --> 0:14:44.990

Stotsenburg, Madonna

I.

0:14:44.180 --> 0:14:46.0

Robinson, Kimberly S

Don't know why I can't find the right statue here.

0:14:46.10 --> 0:14:46.880

Robinson, Kimberly S

This is ridiculous.

0:14:46.890 --> 0:14:47.650

Robinson, Kimberly S

I don't have that many.

0:14:58.820 --> 0:15:8.370

Robinson, Kimberly S

I know it's five days from the date of injury from the date of admission, but I'm looking for the language on who specifically.

0:15:9.230 --> 0:15:9.530

Stotsenburg, Madonna

OK.

0:15:12.740 --> 0:15:13.670

Robinson, Kimberly S

Oh, it's right here.

0:15:13.760 --> 0:15:17.320

Robinson, Kimberly S

I'm sorry I got it right here.

0:15:31.540 --> 0:15:31.720

Stotsenburg, Madonna

Like.

0:15:17.420 --> 0:15:36.930

Robinson, Kimberly S

It's under central registry, so every public health agency, private health agency, public Social agency, private social agency and attending physician shall report to the division within five days after identification or diagnosis of any person who has a moderate to severe brain or spinal cord injury.

0:15:38.260 --> 0:15:45.110

Robinson, Kimberly S

Uh, the the consent of such person shall not be required, so it's pretty much everybody.

0:15:49.130 --> 0:15:52.750

Stotsenburg, Madonna

Maybe what we can do is we can.

0:15:54.210 --> 0:16:1.840

Stotsenburg, Madonna

I think the FHA has a list along with the list that Doctor Higdon provided for each of the rehab centers.

0:16:1.850 --> 0:16:15.370

Stotsenburg, Madonna

Maybe we send like some type of general letter umm or educational update to each of the centers with this information and then the case manager pointed.

0:16:15.540 --> 0:16:17.400

Stotsenburg, Madonna

Maybe it comes from the case managers.

0:16:19.530 --> 0:16:20.10

Stotsenburg, Madonna

I don't know.

0:16:19.640 --> 0:16:23.280

Robinson, Kimberly S

So here's my word of caution on that.

0:16:24.630 --> 0:16:26.920

Robinson, Kimberly S

I am not opposed to doing that.

0:16:38.820 --> 0:16:39.80

Stotsenburg, Madonna

Uh-huh.

0:16:44.370 --> 0:16:44.690

Stotsenburg, Madonna

OK.

0:16:27.110 --> 0:16:55.90

Robinson, Kimberly S

Let me first say that my concern is, which is always been the concern with the public awareness and putting that PSA out there, that Ricky always wanted to do is the program has to be the program has to be prepared for the influx of referral that may come in once we put once we really put ourselves out there, the program is not ready for that big of an of referrals there.

0:16:58.380 --> 0:16:58.640

Stotsenburg, Madonna

OK.

0:16:55.360 --> 0:17:3.200

Robinson, Kimberly S

I would need a lot more staff and right now that's not even in the budget.

0:17:3.780 --> 0:17:3.960

Dr. Higdon

Yeah.

0:17:3.320 --> 0:17:5.320

Robinson, Kimberly S

I have budget for what I'll do.

0:17:5.460 --> 0:17:14.90

Robinson, Kimberly S

I have like 64 positions, 63 positions in the program and I can't add positions right now.

0:17:14.810 --> 0:17:15.30

Stotsenburg, Madonna

Ohh.

0:17:14.100 --> 0:17:23.330

Robinson, Kimberly S

Especially I can't add career service and my contract money is already budgeted out for the year.

0:17:23.340 --> 0:17:28.800

Robinson, Kimberly S

So all I'm saying is I'm not opposed to sending information out.

0:17:28.810 --> 0:17:31.160

Robinson, Kimberly S

I'm not opposed to speaking about the program.

0:17:31.590 --> 0:17:39.700

Robinson, Kimberly S

My number one goal when I took the seat was to make the public aware of this program because so many people do not know about us until they need us.

0:17:40.210 --> 0:17:41.220

Robinson, Kimberly S

I hear it all the time.

0:17:41.940 --> 0:17:42.220

Stotsenburg, Madonna
Right.

0:17:42.100 --> 0:17:42.360

Robinson, Kimberly S
Umm.

0:17:43.70 --> 0:17:49.320

Robinson, Kimberly S
But in doing that I have to keep in mind the, you know, every action has a reaction.

0:17:50.250 --> 0:17:50.500

Robinson, Kimberly S
OK.

0:17:50.510 --> 0:18:0.490

Robinson, Kimberly S
We put it out there and then all these referrals start flooding in and I have to think that the continuity and health and safety of the clients and do we have the manpower for all of that.

0:18:0.770 --> 0:18:1.960

Robinson, Kimberly S
And right now we do not.

0:18:3.280 --> 0:18:3.550

Stotsenburg, Madonna
OK.

0:18:6.50 --> 0:18:16.640

Stotsenburg, Madonna
I'm wondering if we break it down, maybe we look at the data and the ones that are referring well, then we just take on like 1-1 area at a time.

0:18:18.280 --> 0:18:22.270

Robinson, Kimberly S
Well, that's why I ran that report the other day, because I want to see who is referring.

0:18:22.280 --> 0:18:34.0

Robinson, Kimberly S
I and I only did it for a year and so I wanna see who is referring and how many referrals are we getting and are they, you know, the trauma centers that we should be getting them from, are they, you know, other hospitals?

0:18:34.10 --> 0:18:36.350

Robinson, Kimberly S
How many are are rehab facilities?

0:18:36.690 --> 0:18:38.390

Robinson, Kimberly S

And so we're breaking that down in.

0:18:39.460 --> 0:18:42.970

Robinson, Kimberly S

That's what I sent out to my managers, and we're gonna start discussing that.

0:18:44.880 --> 0:18:45.150

Stotsenburg, Madonna

OK.

0:18:42.980 --> 0:19:4.640

Robinson, Kimberly S

The roundtable towards the end of this month because I think I myself and this is just my opinion that I'm going to throw out to the Council, is for right now we need to focus on where our roofers are currently coming from to make sure that they are educated on who we are again because they're having turnover.

0:19:4.930 --> 0:19:8.180

Robinson, Kimberly S

And so when you have turnover, you have to reeducate people.

0:19:32.110 --> 0:19:32.490

Stotsenburg, Madonna

Yes.

0:19:8.430 --> 0:19:36.760

Robinson, Kimberly S

And who better than the program itself to have people go out there and do the site visits and it's a good way for our case managers to get in there, hopefully meet maybe some of the clients and the families while they're there, maybe get in front of them, be able to do applications if it's, you know, to that point in the process they used to be able to go to some of the hospitals in, sit in on what they call rounds and not not all the hospitals will allow them to do that anymore.

0:19:36.770 --> 0:19:39.740

Robinson, Kimberly S

They don't want them there, so they don't do that.

0:19:39.750 --> 0:19:47.140

Robinson, Kimberly S

But there's there isn't any reason why they can't go and reintroduce themselves to who the discharge planners are to social workers.

0:19:47.150 --> 0:19:47.520

Robinson, Kimberly S

The trauma?

0:19:48.470 --> 0:19:57.700

Robinson, Kimberly S

Uh managers and get in front of them and just keep them in the know of who we are in a constant education piece.

0:20:0.280 --> 0:20:8.430

Stotsenburg, Madonna

I think I actually think that's a that's a great strategy to get it started and establish that report.

0:20:8.440 --> 0:20:10.100

Stotsenburg, Madonna

I wonder why the hospitals.

0:20:12.380 --> 0:20:13.680

Stotsenburg, Madonna

Don't want them?

0:20:13.980 --> 0:20:15.770

Stotsenburg, Madonna

I mean, we use you guys here.

0:20:17.50 --> 0:20:20.310

Stotsenburg, Madonna

Umm, like we were for all of ours.

0:20:21.490 --> 0:20:21.800

Robinson, Kimberly S

Right.

0:20:22.730 --> 0:20:23.130

Stotsenburg, Madonna

Umm.

0:20:24.840 --> 0:20:40.850

Stotsenburg, Madonna

And you know, I I just think it's a good collaboration to have, umm and to facilitate and it also helps our case management teams with discharging and and turn over and things like that.

0:20:42.330 --> 0:20:42.500

Robinson, Kimberly S

Yeah.

0:20:42.510 --> 0:20:50.880

Robinson, Kimberly S

So the biggest the biggest problem we have from not all facilities, there are a few that really are of issue.

0:21:7.70 --> 0:21:7.450

Stotsenburg, Madonna

OK.

0:20:51.190 --> 0:21:7.900

Robinson, Kimberly S

They send over the referral, but they don't send the medical screening form and we have a really hard time getting medical records and there's a couple facilities in Orlando that are really difficult, really difficult.

0:21:8.310 --> 0:21:18.820

Robinson, Kimberly S

And so the longer it takes us to get that, you know, the longer it takes us to determine the eligibility for the client, you get them the services they need or to refer them to another agency that can help them.

0:21:18.830 --> 0:21:22.630

Robinson, Kimberly S

If they don't qualify for our program, it's it's really quite a struggle.

0:21:25.390 --> 0:21:36.440

Robinson, Kimberly S

So education, I think is the key getting out there, getting in front of them, have a face and a voice to know, you know that you know, you know the space, you know this voice.

0:21:38.220 --> 0:21:38.560

Stotsenburg, Madonna

Right.

0:21:41.770 --> 0:21:45.620

Stotsenburg, Madonna

Does anybody else have anything on this or ideas or suggestions?

0:21:51.680 --> 0:21:55.380

Dr. Higdon

Uh, sorry, I I was waiting for that conversation.

0:21:55.390 --> 0:21:55.670

Dr. Higdon

Finished.

0:22:5.670 --> 0:22:5.980

Robinson, Kimberly S

No.

0:21:57.10 --> 0:22:8.670

Dr. Higdon

Uh, given you mentioned a report we is that the ACH report or sorry not ACH but the the hospital diagnosis report?

0:22:9.990 --> 0:22:10.240

Robinson, Kimberly S

No.

0:22:11.710 --> 0:22:12.20

Dr. Higdon

Alright.

0:22:11.670 --> 0:22:15.540

Robinson, Kimberly S

Nope, that one we should be able to go live with the ACA.

0:22:15.550 --> 0:22:20.20

Robinson, Kimberly S

HIE report where we have a target date of August 1st.

0:22:20.980 --> 0:22:21.840

Dr. Higdon

OK, alright.

0:22:22.690 --> 0:22:25.670

Dr. Higdon

I just wanted to to to know the timeline that OK, very good.

0:22:36.170 --> 0:22:52.960

Stotsenburg, Madonna

So from a quality perspective, I think our biggest focus is getting the referral facilities on board, getting people reeducated and educated on what resources they have and where that leads.

0:22:53.430 --> 0:22:58.860

Stotsenburg, Madonna

Is there anything that we want to take a look at further?

0:22:58.870 --> 0:23:6.300

Stotsenburg, Madonna

I think the survey follow up will be important because once we get that out there, we'll get date, we'll get hard data.

0:23:6.660 --> 0:23:7.310

Stotsenburg, Madonna

Not exactly.

0:23:8.460 --> 0:23:12.990

Stotsenburg, Madonna

Who knows what and who wants more information.

0:23:22.50 --> 0:23:34.130

Stotsenburg, Madonna

Does anybody else have anything or are you guys seeing anything in particular in your areas that maybe we can work on or we can get additional data on?

0:23:37.890 --> 0:23:39.120

Ruth Tattersall

Hey, this is Ruth.

0:23:39.320 --> 0:24:4.50

Ruth Tattersall

I'm sorry if I missed this already, but have we reviewed the actual referral form in depth and I only say this because, you know, speaking on behalf of a healthcare provider and just seeing the form myself when my daughter was hospitalized, it was very difficult to understand exactly what to fill out and what snapshot in time to fill it out.

0:24:4.60 --> 0:24:16.660

Ruth Tattersall

And so I just didn't know if you know if Doctor Hagan or somebody else could just review it from the lens of a physician or whoever we intended to fill it out and understand what the friction is or the barrier because is, is that the problem?

0:24:20.550 --> 0:24:20.750

Ruth Tattersall

Sure.

0:24:23.30 --> 0:24:23.260

Dr. Higdon

Please.

0:24:19.0 --> 0:24:33.580

Robinson, Kimberly S

If I can speak to that for just a moment, we are aware that for like self referrals, it's very difficult for somebody who's trying to fill them out a family member or caregiver to fill that referral form out.

0:24:33.590 --> 0:24:55.350

Robinson, Kimberly S

It's very difficult for them and we send out instructions with it, but it's still not an easy process, so the program has put together a self referral form and we simplified it and right now I am working with legal on that because I can't just change my form because I don't have a rule.

0:24:56.440 --> 0:25:7.400

Robinson, Kimberly S

First of all, for referral, so I'm obligated to using the central Registry referral form until there is a rule that says we have a self referral form.

0:25:7.820 --> 0:25:16.770

Robinson, Kimberly S

So that's something that we have developed and I have sent it over to legal and I'm I'm waiting on them to respond back about rule.

0:25:19.60 --> 0:25:20.650

Ruth Tattersall

Yeah, I wasn't even being self referral.

0:25:20.660 --> 0:25:26.710

Ruth Tattersall

I was meeting from the the barrier of why hospitals and doctors aren't referring or or filling out the form.

0:25:26.300 --> 0:25:26.760

Robinson, Kimberly S

Oh, I'm sorry.

0:25:27.240 --> 0:25:27.520

Ruth Tattersall

Yeah.

0:25:27.550 --> 0:25:27.880

Robinson, Kimberly S

All right.

0:25:28.600 --> 0:25:29.130

Ruth Tattersall

No, that's OK.

0:25:27.890 --> 0:25:29.350

Robinson, Kimberly S

I'm sorry I misunderstood.

0:25:31.220 --> 0:25:34.100

Dr. Higdon

Umm I I can just offer a comment and.

0:25:37.270 --> 0:25:40.500

Dr. Higdon

I then the other doctor's on here can can can offer.

0:25:40.510 --> 0:25:41.200

Dr. Higdon

There's as well.

0:25:41.750 --> 0:25:50.270

Dr. Higdon

I mean, a lot of this stuff is is measured pretty much for for all child patients on some trauma doctors may not assign a range of score.

0:25:51.480 --> 0:25:51.720

Stotsenburg, Madonna

Right.

0:25:51.200 --> 0:25:51.760

Dr. Higdon

Umm.

0:25:52.100 --> 0:25:53.870

Dr. Higdon

And that's one of the required ones here.

0:25:54.140 --> 0:26:3.980

Dr. Higdon

I know the where I do consoles, I'm the one assigning ranchers course to patients, but if I wasn't there, they probably wouldn't be assigned.

0:26:4.790 --> 0:26:5.810

Dr. Higdon

So that's the one where.

0:26:7.350 --> 0:26:11.0

Dr. Higdon

Maybe it's difficult for them to fill out, but I'm not sure how much.

0:26:11.10 --> 0:26:11.760

Dr. Higdon

That's a barrier.

0:26:12.470 --> 0:26:23.140

Dr. Higdon

I wish all trauma surgeons and you knew how to roughly side match the score, but I'd also want them to not give all patients sedatives as well.

0:26:23.150 --> 0:26:25.150

Dr. Higdon

But yeah, that's another top.

0:26:26.570 --> 0:26:27.980

Valbuena Valecillos, Adriana D

Change over time like.

0:26:30.600 --> 0:26:31.90

Valbuena Valecillos, Adriana D

Ohh yes.

0:26:24.580 --> 0:26:34.650

Ruth Tattersall

But is that, but doesn't that score change over time, like from admission to discharge and and does it specify when at what point you would put the score down?

0:26:36.70 --> 0:26:38.480

Dr. Higdon

Yes, the rancher score uh changed over time.

0:26:38.490 --> 0:26:44.510

Dr. Higdon

Uh, but you can just assign it the day that you're you're doing it, yeah.

0:26:47.730 --> 0:26:48.70

Robinson, Kimberly S

So to.

0:26:47.200 --> 0:26:51.770

Dr. Higdon

As long as it's below 8 which which which is a pretty high level, yeah.

0:26:54.240 --> 0:27:5.50

Robinson, Kimberly S

And so, Ruth, just for information, our case managers, umm, before they enroll a person and make the final eligibility determination.

0:27:5.60 --> 0:27:16.350

Robinson, Kimberly S

If it's if, let's say they've been in an applicant status for three months, we know that there's gonna be a change from the time we got that referral and that first Rancho score to what it may be now at three months.

0:27:16.360 --> 0:27:23.150

Robinson, Kimberly S

So what they will do is request a new medical screening form to get that update before they make that final decision.

0:27:26.100 --> 0:27:28.940

Dr. Higdon

Uh, I, doctor Valbuena, are you familiar with this form?

0:27:28.950 --> 0:27:30.220

Dr. Higdon

Do you have any feedback on it as well?

0:27:43.190 --> 0:27:44.440

Dr. Higdon

Maybe she she she.

0:27:44.450 --> 0:27:45.50

Dr. Higdon

She had a subway.

0:27:52.130 --> 0:27:54.210

Dr. Higdon

But I'll I'll drop the link just in case.

0:27:54.220 --> 0:27:56.260

Dr. Higdon

I don't want anyone else wants to look at it.

0:28:12.360 --> 0:28:17.50

Stotsenburg, Madonna

So we do you want me to or Kim, do you wanna share the form?

0:28:17.60 --> 0:28:18.980

Stotsenburg, Madonna

So we can kind of take a look.

0:28:18.560 --> 0:28:20.70

Dr. Higdon

Ohh, I'd put a link in the chat.

0:28:20.80 --> 0:28:21.550

Dr. Higdon

You can click on it and look at the form.

0:28:21.560 --> 0:28:22.100

Dr. Higdon

It's a PDF.

0:28:24.610 --> 0:28:25.280

Stotsenburg, Madonna

Correct.

0:28:25.290 --> 0:28:25.940

Stotsenburg, Madonna

Do you want?

0:28:26.0 --> 0:28:29.910

Stotsenburg, Madonna

I have it pulled up here from the link. Umm.

0:28:30.230 --> 0:28:32.10

Robinson, Kimberly S

There I have it on the screen.

0:28:40.730 --> 0:28:41.520

Stotsenburg, Madonna

Yeah, this is.

0:28:49.400 --> 0:28:49.570

Dr. Higdon

It's.

0:28:49.120 --> 0:28:50.450

Stotsenburg, Madonna

Pancho Glasgow.

0:28:50.500 --> 0:28:51.230

Stotsenburg, Madonna

Open closed.

0:29:0.680 --> 0:29:6.320

Stotsenburg, Madonna

Do you Doctor Higdon, just for my knowledge, do you also complete the Asia forms?

0:29:7.430 --> 0:29:8.800

Stotsenburg, Madonna

When you do this assessment.

0:29:11.450 --> 0:29:14.720

Dr. Higdon

I I mean, Asia isn't isn't listed on here?

0:29:19.980 --> 0:29:20.300

Stotsenburg, Madonna

OK.

0:29:14.760 --> 0:29:25.840

Dr. Higdon

I I don't necessarily do Asia's on on every single spinal cord injury, but as as necessary to kind of guide guide medical care in and guide counseling.

0:29:25.850 --> 0:29:26.370

Dr. Higdon

Counseling.

0:29:29.370 --> 0:29:36.330

Dr. Higdon

But just to be frank, I don't, I don't have the time to do Asia exams on on, on, on all the acute care patients.

0:29:37.230 --> 0:29:37.640

Stotsenburg, Madonna

OK.

0:29:38.170 --> 0:29:40.190

Stotsenburg, Madonna

I I was just curious because we have.

0:29:38.750 --> 0:29:41.340

Dr. Higdon

I when you come to rehab, it's the.

0:29:41.400 --> 0:29:44.880

Dr. Higdon

It's the physical therapist and and occupational therapists who are trained to do those.

0:29:45.960 --> 0:29:46.200

Stotsenburg, Madonna

OK.

0:29:48.150 --> 0:29:48.630

Stotsenburg, Madonna

Thank you for.

0:29:47.210 --> 0:29:52.280

Dr. Higdon

Yeah, maybe I'll get results like Doctor Valbuena and and and then the residents will will do it for me.

0:29:54.920 --> 0:29:55.80

Stotsenburg, Madonna

Yeah.

0:30:1.970 --> 0:30:5.530

Stotsenburg, Madonna

Does anybody have any questions, comments on the form here?

0:30:6.950 --> 0:30:9.480

Rhonda M. Ross

So this is Doctor Ross call or talking.

0:30:10.350 --> 0:30:20.730

Rhonda M. Ross

If you think that maybe a deterrent would be related to the Glasgow Rancho, perhaps.

0:30:20.880 --> 0:30:23.630

Rhonda M. Ross

Maybe it looks like that's A1 pager?

0:30:23.940 --> 0:30:34.610

Rhonda M. Ross

Perhaps on the back you could have, you know, kind of like the outline identification for what each score, you know, kind of like to prompt them for scoring that.

0:30:34.620 --> 0:30:49.100

Rhonda M. Ross

And I mean, I don't know if that's actually a deterrent or not, but I mean the more information that you

might have on that form to make sure it's, you know filled out correctly or you know appropriate classification or rating maybe helpful.

0:30:50.820 --> 0:31:2.90

Robinson, Kimberly S

So we do have instructions on how to fill this form out for every one of those fields, and it does give you how to how to score the Rancho and the Glasgow.

0:31:3.30 --> 0:31:3.610

Robinson, Kimberly S

We do have that.

0:31:4.540 --> 0:31:8.720

Rhonda M. Ross

Is it on like say the back of that page that we're looking at?

0:31:7.250 --> 0:31:9.140

Robinson, Kimberly S

It it's just.

0:31:9.580 --> 0:31:14.70

Robinson, Kimberly S

No, it's a whole separate document that goes over every single field.

0:31:14.520 --> 0:31:14.750

Dr. Higdon

Yep.

0:31:14.570 --> 0:31:14.910

Rhonda M. Ross

Yeah.

0:31:14.240 --> 0:31:25.600

Robinson, Kimberly S

So when they're giving an in service on the program and how to fill out the referral form, they will give them the instructions on what every every field means, what it is we're looking for.

0:31:26.420 --> 0:31:39.870

Rhonda M. Ross

I think it might be helpful though, if you had it directly on the source, you know and it it's not that long, you know, I mean Glasgow is pretty simple and then the Rancho.

0:31:39.470 --> 0:31:41.720

Dr. Higdon

Yeah, I dropped the.

0:31:41.780 --> 0:31:45.890

Dr. Higdon

I dropped the instruction sheet on in the chat.

0:31:47.190 --> 0:31:48.570

Rhonda M. Ross

Sure, the.

0:31:45.900 --> 0:31:52.580

Dr. Higdon

If you want to click on it and and look at it and it is on the same exact web page as as as the form itself.

0:31:53.490 --> 0:31:54.320

Dr. Higdon

Umm so.

0:31:54.330 --> 0:31:58.190

Dr. Higdon

So it is fairly accessible because it's like right listed right next to it.

0:32:0.920 --> 0:32:1.390

Dr. Higdon

Umm.

0:32:4.160 --> 0:32:9.580

Robinson, Kimberly S

So just to answer your question, Doctor Ross, yes, that could be added.

0:32:9.630 --> 0:32:22.20

Robinson, Kimberly S

You know, to a second page, I don't think we could fit it in here on this one or even onto the back, but in order to use it, it has to be routed through legal because that would be changing the form.

0:32:22.150 --> 0:32:23.400

Robinson, Kimberly S

And I'm not opposed to that.

0:32:23.410 --> 0:32:24.280

Robinson, Kimberly S

That's not rule.

0:32:24.810 --> 0:32:28.460

Robinson, Kimberly S

So that's not as big of a deal as our self referral form is.

0:32:38.410 --> 0:32:40.320

Dr. Higdon

You're gonna think I hear printer in the background for you.

0:32:41.930 --> 0:32:42.270

Stotsenburg, Madonna

Sorry.

0:32:40.990 --> 0:32:43.690

Dr. Higdon
Umm yeah.

0:32:43.700 --> 0:32:53.430

Dr. Higdon
So I mean this this form physically asks for like complete or incomplete which isn't the full Asia exam, the Eight Asia exam is like every single level of the injury.

0:32:54.210 --> 0:33:7.50

Dr. Higdon
Umm, that's typically what we do at the rehab hospital, but not what's generally done it in in trauma hospitals unless they're unless so like an academic center.

0:33:13.630 --> 0:33:13.870

Stotsenburg, Madonna
OK.

0:33:15.640 --> 0:33:17.390

Stotsenburg, Madonna
Yeah, we do.

0:33:17.630 --> 0:33:34.450

Stotsenburg, Madonna
So, uh, my trauma facility, we do, they complete this initial form for B skip, but then they have a certain time frame where our rehab personnel come in and do the Asia for him.

0:33:35.240 --> 0:33:35.670

Dr. Higdon
A very good.

0:33:34.460 --> 0:33:40.430

Stotsenburg, Madonna
So we we keep that, but we have an inpatient rehab connected.

0:33:40.440 --> 0:33:42.170

Stotsenburg, Madonna
So that may help as well.

0:33:42.860 --> 0:33:43.350

Dr. Higdon
Yep.

0:33:43.420 --> 0:33:46.110

Dr. Higdon
The the, the, the, the people from the rehab hospital come over, yeah.

0:33:52.300 --> 0:33:52.650

Dr. Higdon

Umm.

0:33:46.650 --> 0:33:54.670

Stotsenburg, Madonna

Yeah, the physiatrist usually or sometimes neuro Psych will complete the Asia form as well.

0:33:55.150 --> 0:34:2.910

Dr. Higdon

Ohh that's a if I ask my neuro psych to people to do that they they looking sideways but that's all.

0:34:4.950 --> 0:34:5.930

Stotsenburg, Madonna

And then brancho.

0:34:5.120 --> 0:34:7.440

Rhonda M. Ross

As a neuro psych, I would look at you sideways too.

0:34:9.780 --> 0:34:11.790

Stotsenburg, Madonna

We we have a she's my mother.

0:34:11.910 --> 0:34:12.700

Stotsenburg, Madonna

It's I.

0:34:12.930 --> 0:34:15.600

Stotsenburg, Madonna

She was spending here for a very long time.

0:34:15.610 --> 0:34:20.820

Stotsenburg, Madonna

I don't know if that was like a grandfathered in because I was like Neuro Psych.

0:34:20.830 --> 0:34:21.860

Stotsenburg, Madonna

Are you sure?

0:34:21.930 --> 0:34:35.540

Stotsenburg, Madonna

But yeah, neuro, Psych and then our physiatrist from rehab, we'll do these and we're trying to get our physical therapy occupational therapy on board too to get more accurate readings.

0:34:36.20 --> 0:34:36.220

Dr. Higdon

Mm-hmm.

0:34:36.30 --> 0:34:38.850

Stotsenburg, Madonna

But we have a lot of brain and spinal cord injuries here.

0:34:40.0 --> 0:34:40.290

Dr. Higdon

You're good.

0:34:45.770 --> 0:34:47.570

Stotsenburg, Madonna

I think this is a good thing to bring up.

0:34:49.240 --> 0:34:49.880

Stotsenburg, Madonna

Talk about.

0:34:57.320 --> 0:35:5.550

Stotsenburg, Madonna

To does anybody else have anything that they want to bring up in this committee or project ideas or things that you guys are seeing?

0:35:7.160 --> 0:35:7.870

Valbuena Valecillos, Adriana D

I have a question.

0:35:7.880 --> 0:35:16.430

Valbuena Valecillos, Adriana D

In the form is there Rancho is in any way to to remove the star to the run to score and not to make it mandatory?

0:35:19.70 --> 0:35:20.120

Valbuena Valecillos, Adriana D

There's a lot of problems.

0:35:19.10 --> 0:35:24.620

Robinson, Kimberly S

No, because that's a that's a requirement for eligibility for brain injuries.

0:35:24.630 --> 0:35:25.450

Robinson, Kimberly S

We have to have that.

0:35:27.860 --> 0:35:28.40

Valbuena Valecillos, Adriana D

Yeah.

0:35:27.580 --> 0:35:31.440

Robinson, Kimberly S

So those little asterisks just mean they're required fields to be filled out on the form.

0:35:33.590 --> 0:35:37.540

Valbuena Valecillos, Adriana D

Yeah, yeah, I know where that we are taking moderate to severe.

0:35:38.170 --> 0:35:38.350

Robinson, Kimberly S

Umm.

0:35:37.970 --> 0:35:43.0

Valbuena Valecillos, Adriana D

I mean, just the ranking score doesn't really that of any type of severity.

0:35:43.250 --> 0:35:46.910

Valbuena Valecillos, Adriana D

It could be a mild TBI and the branches core could be at normal.

0:35:47.720 --> 0:35:48.190

Valbuena Valecillos, Adriana D

Umm.

0:35:48.380 --> 0:35:59.370

Valbuena Valecillos, Adriana D

And that we're not we trying to reduce the amount of the referrals that are not appropriate and and I you know Ron just called does not give us any type of severity.

0:35:59.380 --> 0:36:6.270

Valbuena Valecillos, Adriana D

It's just just in general way to describe the exhibition is agitated or confused, but doesn't really.

0:36:6.360 --> 0:36:11.830

Valbuena Valecillos, Adriana D

It could be just agitated or or it could be just a dated by by using medication.

0:36:11.840 --> 0:36:15.990

Valbuena Valecillos, Adriana D

It doesn't really means that it's because of the brain injury itself.

0:36:16.0 --> 0:36:19.970

Valbuena Valecillos, Adriana D

Like I see it in mild complicated TBI, and the vision is have a Rancho 6.

0:36:20.830 --> 0:36:23.820

Valbuena Valecillos, Adriana D

Umm, so you know, I I I don't.

0:36:24.560 --> 0:36:26.750

Valbuena Valecillos, Adriana D

Don't exactly know what Rancho.

0:36:26.760 --> 0:36:29.730

Valbuena Valecillos, Adriana D

It's part of the the mandatory feels.

0:36:30.0 --> 0:36:33.900

Valbuena Valecillos, Adriana D

I will probably be more interesting to know if their brain imaging was positive.

0:36:34.760 --> 0:36:41.300

Valbuena Valecillos, Adriana D

Umm, just to screen and uh patients that are not appropriate, that there are just mild TBI.

0:36:46.980 --> 0:36:52.900

Robinson, Kimberly S

So you're asking to remove the Rancho score off the referral form completely and just have Glasgow.

0:36:53.680 --> 0:36:55.240

Dr. Higdon

No, just to make it harder.

0:36:53.740 --> 0:36:55.350

Valbuena Valecillos, Adriana D

I mean the right help.

0:36:57.250 --> 0:36:57.430

Robinson, Kimberly S

Out.

0:36:55.680 --> 0:36:59.230

Valbuena Valecillos, Adriana D

He helps you know, to know what level, but it doesn't.

0:36:59.240 --> 0:36:59.690

Valbuena Valecillos, Adriana D

It's not.

0:37:1.320 --> 0:37:1.600

Robinson, Kimberly S

OK.

0:36:59.700 --> 0:37:2.690

Valbuena Valecillos, Adriana D

Doesn't doesn't make a patient moderate your TV.

0:37:6.890 --> 0:37:7.270

Robinson, Kimberly S

OK.

0:37:2.700 --> 0:37:18.0

Valbuena Valecillos, Adriana D

I so I think it should be removed from the mandatory you know and that would be more interesting to know is that the imaging the brain imaging was positive, I don't know it's you know how difficult it is to remove or add things from this form.

0:37:18.610 --> 0:37:34.670

Valbuena Valecillos, Adriana D

But if we are just, you know, we want to make sure we're getting as much as possible that probably referrals bring imaging information or or just having positive bring imaging is a very important part of that classification of the brain severity.

0:37:36.500 --> 0:37:36.950

Robinson, Kimberly S

Understood.

0:37:38.930 --> 0:37:57.930

Robinson, Kimberly S

The Rancho score is a required field because in part of our policies and procedures, when determining eligibility, they have that as a requirement that we have to have to score and the score has to be between 8:00 and three.

0:37:58.320 --> 0:38:5.150

Robinson, Kimberly S

Is it I think 8 and four anything above an 8 would disqualify somebody, anybody, anything.

0:38:5.160 --> 0:38:8.130

Robinson, Kimberly S

I believe it's below 4 disqualifies.

0:38:8.320 --> 0:38:19.650

Robinson, Kimberly S

So in our policies and procedures, it's a required field to help the staff make the correct eligibility determination.

0:38:22.340 --> 0:38:22.560

Valbuena Valecillos, Adriana D

Yeah.

0:38:22.240 --> 0:38:22.670

Dr. Higdon

So.

0:38:23.110 --> 0:38:24.80

Robinson, Kimberly S

I know that doesn't.

0:38:22.490 --> 0:38:24.990

Ruth Tattersall

And if so, is that something that needs is that?

0:38:24.150 --> 0:38:25.160

Robinson, Kimberly S

I know that doesn't.

0:38:25.220 --> 0:38:27.120

Robinson, Kimberly S

I know that doesn't make sense to you all.

0:38:28.310 --> 0:38:28.550

Ruth Tattersall

Well.

0:38:27.900 --> 0:38:30.570

Valbuena Valecillos, Adriana D

No, it's just that it would be present with a mild TV.

0:38:30.580 --> 0:38:39.320

Valbuena Valecillos, Adriana D

I then you can just need to add the brain image in there because you may still have someone with mild TBI while you're putting the Glasgow was core there.

0:38:39.330 --> 0:38:40.690

Valbuena Valecillos, Adriana D

It's just, I don't know.

0:38:40.700 --> 0:38:42.550

Valbuena Valecillos, Adriana D

I think the brain imaging is key.

0:38:43.470 --> 0:38:43.900

Valbuena Valecillos, Adriana D

Umm.

0:38:43.950 --> 0:38:46.390

Valbuena Valecillos, Adriana D

In combination with the other data we have there.

0:38:47.770 --> 0:38:51.150

Robinson, Kimberly S

But wouldn't that be included in the medical records that we're also getting?

0:38:53.960 --> 0:38:54.670

Robinson, Kimberly S

The results?

0:38:53.550 --> 0:38:55.140

Valbuena Valecillos, Adriana D

Umm, I believe.

0:38:54.960 --> 0:38:56.670

Robinson, Kimberly S

The results of the imagery.

0:38:55.210 --> 0:38:57.920

Valbuena Valecillos, Adriana D

Yeah, it should included, yeah.

0:39:1.780 --> 0:39:4.40

Dr. Higdon

Do you guys track that in some sort of database?

0:39:4.460 --> 0:39:5.220

Dr. Higdon

The brain imaging.

0:39:5.130 --> 0:39:6.800

Robinson, Kimberly S

The rent, the Rancho score.

0:39:6.810 --> 0:39:9.550

Robinson, Kimberly S

If it's a required field, we're tracking it through rims.

0:39:9.590 --> 0:39:11.110

Robinson, Kimberly S

It it could be pulled back.

0:39:13.300 --> 0:39:14.450

Dr. Higdon

But the brain imaging findings.

0:39:16.530 --> 0:39:18.730

Robinson, Kimberly S

No, because that's a medical record.

0:39:19.150 --> 0:39:20.860

Robinson, Kimberly S

That's just a record that we're getting.

0:39:21.70 --> 0:39:22.420

Robinson, Kimberly S

It's a scanned document.

0:39:22.610 --> 0:39:24.720

Robinson, Kimberly S

It's part of the medical record that we scan in.

0:39:24.730 --> 0:39:26.650

Robinson, Kimberly S

We aren't getting the actual actual image.

0:39:26.660 --> 0:39:33.770

Robinson, Kimberly S

We're getting the results in the medical records of the imaging, which is in turn a scanned document as part of medical records received.

0:39:35.530 --> 0:39:38.380

Robinson, Kimberly S

We don't get the actual images, just the narrative.

0:39:38.30 --> 0:39:39.610

Dr. Higdon

Well, yeah, of course.

0:39:39.700 --> 0:39:46.610

Dr. Higdon

But just but just the narrative is anyone taking that data from the PDF's or whatever you get, or the faxes?

0:39:46.620 --> 0:39:52.780

Dr. Higdon

And then inputting that into the patient's whatever database you have, no.

0:39:52.830 --> 0:39:53.140

Robinson, Kimberly S

No.

0:39:54.30 --> 0:39:56.670

Robinson, Kimberly S

The information you see on the referral is what we're putting in.

0:39:57.260 --> 0:39:57.530

Dr. Higdon

Umm.

0:39:59.280 --> 0:39:59.700

Stotsenburg, Madonna

Well and.

0:39:59.0 --> 0:40:0.470

Rhonda M. Ross

I I mean this is Doctor Ross again.

0:40:0.480 --> 0:40:9.370

Rhonda M. Ross

I I don't know if I would necessarily go with brain imaging umm as as a deterrent or determination for services.

0:40:9.440 --> 0:40:17.910

Rhonda M. Ross

This and you can add it as you know an addition too, but I wouldn't make it, you know, get rid of the Rancho and solely base it on that.

0:40:18.320 --> 0:40:19.700

Rhonda M. Ross

You have mild TBI.

0:40:21.260 --> 0:40:32.300

Rhonda M. Ross

I mean, there may not be any intracranial hemorrhaging or, you know, anything that's going to be shown on imaging and that may, you know, deter them from services.

0:40:32.310 --> 0:40:45.580

Rhonda M. Ross

So I mean, if you wanted to add you know another section and have you know either or umm maybe perhaps think of of that, I would not get rid of the Rancho.

0:40:45.770 --> 0:40:51.790

Rhonda M. Ross

I mean, it's kind of a common common way of measuring outcomes and things of that nature.

0:40:57.200 --> 0:40:59.780

Valbuena Valecillos, Adriana D

Well, I had to dig deep.

0:40:59.790 --> 0:41:4.450

Valbuena Valecillos, Adriana D

Professional disagree I ranches is not a functional measurement.

0:41:5.490 --> 0:41:7.120

Valbuena Valecillos, Adriana D

That's all over the board.

0:41:7.130 --> 0:41:9.380

Valbuena Valecillos, Adriana D

The brain boards, it's it.

0:41:9.390 --> 0:41:16.790

Valbuena Valecillos, Adriana D

Just a way to describe behavior and a patient, but does not carry any type of functional prognosis on a patient.

0:41:18.80 --> 0:41:29.570

Valbuena Valecillos, Adriana D

That's what I think that you know, just having that that a mandatory field, it doesn't really correlate with the functional prognosis is a brain injury patient.

0:41:38.890 --> 0:41:39.130

Rhonda M. Ross

True.

0:41:29.940 --> 0:41:39.950

Valbuena Valecillos, Adriana D

It's it's important to know behavior wise to know what it's the most appropriate level of care for rehab purpose is the patient is at 4 or less than a four.

0:41:39.960 --> 0:41:41.230

Valbuena Valecillos, Adriana D

What would be the most appropriate?

0:41:41.240 --> 0:41:44.40

Valbuena Valecillos, Adriana D

But it does not carry any functional prognosis.

0:41:45.620 --> 0:41:48.910

Rhonda M. Ross

No, and I I I totally I agree with that statement.

0:41:49.720 --> 0:41:55.750

Rhonda M. Ross

But I think as far As for determining services, I think it's probably one of the most commonly used.

0:41:56.720 --> 0:42:0.200

Rhonda M. Ross

For whatever reason, it is one of the most commonly used measures.

0:42:3.480 --> 0:42:4.400

Rhonda M. Ross

But I do agree with that.

0:42:10.450 --> 0:42:10.760

Valbuena Valecillos, Adriana D

I.

0:42:9.960 --> 0:42:12.400

Dr. Higdon

Am I?

0:42:22.620 --> 0:42:24.150

Valbuena Valecillos, Adriana D

No. OK.

0:42:12.470 --> 0:42:35.650

Dr. Higdon

I think a lot of this leads to kind of a interesting questions like what besides serving directly serving the clients and and providing them I resources to for for Community integration is everything anybody really using this database that's created for any other like epidemiological reasons or or or or any sort of research studies?

0:42:39.500 --> 0:42:39.720

Robinson, Kimberly S

No.

0:42:42.310 --> 0:42:45.410

Robinson, Kimberly S

This is all just internal data that we collect.

0:42:47.340 --> 0:42:47.540

Dr. Higdon

Yeah.

0:42:49.680 --> 0:43:4.330

Dr. Higdon

So if if there was someone with with fundings with with external not funding from the state of Florida, would this be accessible to them if they wanted to do a query of this research, would it?

0:43:4.770 --> 0:43:6.650

Dr. Higdon

Would they be able to fill out the paperwork?

0:43:6.660 --> 0:43:8.990

Dr. Higdon

And of course, jump through 1000 hoops.

0:43:9.0 --> 0:43:15.570

Dr. Higdon

But but it would it be any any way accessible to professional researchers with with the appropriate funding?

0:43:17.100 --> 0:43:21.540

Robinson, Kimberly S

Well, that would be as you know, a public record request.

0:43:22.660 --> 0:43:26.560

Robinson, Kimberly S

And if it's, there's public record request.

0:43:26.570 --> 0:43:34.50

Robinson, Kimberly S

If it's something that I already have and can and can provide quickly, yes it can be.

0:43:34.60 --> 0:43:50.380

Robinson, Kimberly S

But if it's something that the program has to write a query for and create a document according to public records, they would tell you that it was not available because it has to be created.

0:43:59.120 --> 0:43:59.310

Dr. Higdon

Yeah.

0:43:50.390 --> 0:44:2.40

Robinson, Kimberly S

Public records will provide you things that are already created, but to reinvent the wheel, so to speak, public records is going to tell you now.

0:44:3.30 --> 0:44:3.910

Dr. Higdon

Well, yeah.

0:44:3.380 --> 0:44:10.430

Robinson, Kimberly S

What we do is we put stuff out on Florida health charts, which I know, you know about Florida health charts.

0:44:10.800 --> 0:44:12.10

Robinson, Kimberly S

We do report to them.

0:44:13.50 --> 0:44:18.900

Robinson, Kimberly S

I don't know that we we don't report Rancho or Glasgow scores.

0:44:18.910 --> 0:44:26.310

Robinson, Kimberly S

We don't report that we report basic information on, you know, how many brain injuries Counties Age group.

0:44:27.290 --> 0:44:31.510

Robinson, Kimberly S

Uh, trying to remember what all is out there on poor health charts.

0:44:31.920 --> 0:44:38.150

Robinson, Kimberly S

We haven't had a data analyst since of Fair or the end of March.

0:44:38.160 --> 0:44:47.460

Robinson, Kimberly S

I have a new one that's gonna be on boarding in July so that we can get Florida health charts back up to current with our reporting.

0:44:49.230 --> 0:44:49.490

Dr. Higdon

OK.

0:44:49.240 --> 0:44:54.590

Robinson, Kimberly S

But umm yeah, this isn't stuff that we would just export out.

0:44:58.980 --> 0:44:59.410

Robinson, Kimberly S

I.

0:44:55.940 --> 0:45:0.80

Dr. Higdon

Well, yeah, just his is a. Of course.

0:45:0.90 --> 0:45:21.710

Dr. Higdon

Yeah, the I guess we're just sort of get is kind of like is it just just to serve the specific clients or or or or or is there some larger purpose to serve this to to collect this data for a for larger kind of epidemiological study and obviously there there's nothing that know of like that's funny within Florida to study this sort of thing.

0:45:22.410 --> 0:45:26.390

Dr. Higdon

Umm but I'm not sure if he even could be studied by an external party.

0:45:27.160 --> 0:45:31.830

Dr. Higdon

Umm, but it seems that this point that's just really internal to serve the clients.

0:45:31.840 --> 0:45:32.340

Dr. Higdon

Is that correct?

0:45:33.910 --> 0:45:36.440

Robinson, Kimberly S

Yes, it's to help determine eligibility.

0:45:36.450 --> 0:45:43.950

Robinson, Kimberly S

So I have the statue up here on eligibility for our brain and spinal clients.

0:45:43.990 --> 0:45:45.80

Robinson, Kimberly S

Let me make this bigger.

0:45:45.90 --> 0:45:46.260

Robinson, Kimberly S

So can you all see that?

0:45:47.900 --> 0:46:6.160

Robinson, Kimberly S

So this is the statute and which we have to follow for eligibility determination and so on here, even though it doesn't say and I think it actually says down in Rule, when we pull up rule, we pull up the rule because rule actually has it. No.

0:46:5.730 --> 0:46:8.220

Dr. Higdon

Mentions the Glasgow or sorry the.

0:46:7.850 --> 0:46:9.0

Robinson, Kimberly S

Yes it does.

0:46:9.510 --> 0:46:10.360

Robinson, Kimberly S

Yeah, it does.

0:46:10.370 --> 0:46:13.550

Robinson, Kimberly S

Rule actually is where it it talks about.

0:46:15.40 --> 0:46:17.420

Robinson, Kimberly S

Let me see if I can get it opened here quick enough for you.

0:46:20.190 --> 0:46:22.300

Dr. Higdon

I didn't realize that below 4 was excluded.

0:46:24.70 --> 0:46:27.190

Robinson, Kimberly S

Yes, this is the rule.

0:46:25.890 --> 0:46:29.850

Dr. Higdon

So in this regard, really, so the most needy, needy cases.

0:46:37.930 --> 0:46:38.660

Robinson, Kimberly S

Can you all see this?

0:46:40.770 --> 0:46:40.900

Valbuena Valecillos, Adriana D

Yes.

0:46:41.890 --> 0:46:42.170

Robinson, Kimberly S

OK.

0:46:51.320 --> 0:46:53.850

Ruth Tattersall

But isn't there an or am I reading it wrong?

0:46:53.860 --> 0:46:56.480

Ruth Tattersall

It is a Rancho for or otherwise.

0:46:58.350 --> 0:46:59.50

Dr. Higdon

So there's multiple.

0:46:58.570 --> 0:46:59.250

Ruth Tattersall

Not read them.

0:46:59.180 --> 0:47:9.900

Robinson, Kimberly S

It's the that is below Rancho, for or otherwise is not reasonably expected to achieve reintegration into the community through services.

0:47:12.130 --> 0:47:13.250

Dr. Higdon

So those are just.

0:47:11.930 --> 0:47:17.710

Ruth Tattersall

So does I'm reading that at a Rancho for is not necessarily like a a requirement below?

0:47:20.540 --> 0:47:22.510

Ruth Tattersall

Or knows that's in ineligibility?

0:47:22.520 --> 0:47:23.880

Ruth Tattersall

I'm sorry, right or?

0:47:23.120 --> 0:47:24.480

Dr. Higdon

Yeah, yeah.

0:47:21.420 --> 0:47:26.230

Robinson, Kimberly S

It's that's that's ineligible, that's ineligible.

0:47:26.640 --> 0:47:28.180

Ruth Tattersall

OK. Yeah.

0:47:29.940 --> 0:47:36.900

Dr. Higdon

Umm, I feel like the three of us that are really actually talking about I I'm in the impression that like that.

0:47:36.910 --> 0:47:41.670

Dr. Higdon

That's that's too, too strict of criteria, and in that rule should be revoked at.

0:47:41.680 --> 0:47:43.90

Dr. Higdon

But umm.

0:47:43.300 --> 0:47:44.850

Ruth Tattersall

But but this is just kind of my point.

0:47:44.860 --> 0:47:50.950

Ruth Tattersall

Like if we're representing healthcare professionals, then we can like the it's it's the form.

0:47:50.960 --> 0:47:57.290

Ruth Tattersall

If we're wondering why maybe people aren't referring or filling out the form, that's why my can we just look at the form and is?

0:47:57.300 --> 0:48:14.740

Ruth Tattersall

Is it something that we can help, even if it if we have to keep the rule the same, but how can we help people better understand how to fill it out in a quicker format to where they don't kind of look at this with form fatigue and see all of this stuff and think, Oh my gosh and not want to fill it out is you know what I mean.

0:48:16.120 --> 0:48:25.790

Ruth Tattersall

And then just looking at like fit for purpose, if there's questions that aren't required, can we kind of move them to another page or below and just at minimum, can you please fill this piece out?

0:48:25.800 --> 0:48:27.350

Ruth Tattersall

So it just doesn't look overwhelming.

0:48:27.400 --> 0:48:28.430

Ruth Tattersall

Is is all you know.

0:48:30.210 --> 0:48:30.900

Dr. Higdon

Yeah.

0:48:34.170 --> 0:48:34.490

Valbuena Valecillos, Adriana D

So.

0:48:30.970 --> 0:48:49.570

Dr. Higdon

My concern is that it's required that the report within 5 days and it and within five days you're grants are scored, could still be uh like the low 4 for for various reasons, whether they're on sedatives and ICU or just their brain injuries that severe.

0:48:49.970 --> 0:48:56.890

Dr. Higdon

And then three months later than that, of course, patients like that can recover quite well.

0:49:5.530 --> 0:49:5.690

Robinson, Kimberly S

So.

0:48:57.610 --> 0:49:13.740

Dr. Higdon

Umm, with a with a grade that low at 5 days so that that needs to look as well that that patients aren't losing out on access to this because because this rule is so strict within such a short time period.

0:49:14.860 --> 0:49:17.610

Valbuena Valecillos, Adriana D

I completely agree, no.

0:49:15.300 --> 0:49:19.180

Robinson, Kimberly S

So the rule isn't saying that you can't refer them.

0:49:20.80 --> 0:49:35.620

Robinson, Kimberly S

The rule isn't saying that the rule is saying what is eligible or ineligible for the program, because we do get referrals where the ranchos are twos and threes, and we still enter the referral into the program.

0:49:35.630 --> 0:49:42.590

Robinson, Kimberly S

And those are the ones that will stay in applicant status until they're medically stable and they can stay in an applicant status.

0:49:43.310 --> 0:49:50.280

Robinson, Kimberly S

Uh, we do 90 days after 90 days, there has to be justification why we're keeping them in an applicant status.

0:49:50.690 --> 0:49:59.410

Robinson, Kimberly S

Which many times there is and so they stand in status until we can make that final determination based on another medical screening form.

0:49:59.650 --> 0:50:0.420

Robinson, Kimberly S

They're Rancho.

0:50:0.430 --> 0:50:1.980

Robinson, Kimberly S

Score is going to change.

0:50:2.250 --> 0:50:4.250

Robinson, Kimberly S

Their circumstances are gonna change.

0:50:4.950 --> 0:50:8.980

Robinson, Kimberly S

Umm, some folks you know may even go to a nursing home.

0:50:9.70 --> 0:50:17.130

Robinson, Kimberly S

There's there's many variables so we don't put a cap on and you'll notice on that referral form it doesn't stay if they're below a four.

0:50:17.180 --> 0:50:17.660

Robinson, Kimberly S

Don't refer.

0:50:18.710 --> 0:50:19.760

Robinson, Kimberly S

They're just asking what?

0:50:19.770 --> 0:50:23.60

Robinson, Kimberly S

The Rancho score is currently, it's up to us.

0:50:23.130 --> 0:50:28.110

Robinson, Kimberly S

Us, you go back and ask later what the change is.

0:50:28.400 --> 0:50:54.930

Robinson, Kimberly S

Is for us to go back and ask for an updated medical screening form, and so the the clinician that we have in our program who is helping out right now in one of our regions to verify eligibility determination, she frequently asked the rehab checked to go back and get an updated medical screening form because they've been in applicant status for a while and we want to see what the change is to make that final determination.

0:50:56.350 --> 0:50:56.630

Dr. Higdon

OK.

0:51:2.260 --> 0:51:2.470

Valbuena Valecillos, Adriana D

Right.

0:51:1.770 --> 0:51:3.220

Dr. Higdon

I I don't have that rule in front of me.

0:51:3.230 --> 0:51:3.930

Dr. Higdon

Could you pull it back out?

0:51:11.150 --> 0:51:12.30

Robinson, Kimberly S

This is the rule.

0:51:13.320 --> 0:51:13.580

Valbuena Valecillos, Adriana D

Umm.

0:51:12.330 --> 0:51:14.210

Robinson, Kimberly S

You want the rulers statue?

0:51:15.510 --> 0:51:16.360

Dr. Higdon

Uh, the rule.

0:51:16.970 --> 0:51:17.820

Robinson, Kimberly S

Let me make it bigger.

0:51:17.860 --> 0:51:18.170

Robinson, Kimberly S

Whoops.

0:51:18.180 --> 0:51:18.960

Robinson, Kimberly S

Whoa, that's too big.

0:51:23.140 --> 0:51:23.540

Robinson, Kimberly S

That better.

0:51:25.440 --> 0:51:26.370

Dr. Higdon
It's lagging for me.

0:51:26.860 --> 0:51:27.530

Dr. Higdon
There we go. Yep.

0:51:52.440 --> 0:51:55.810

Robinson, Kimberly S
This is just talking about how to determine the eligibility.

0:51:56.840 --> 0:51:57.70

Dr. Higdon
Uh-huh.

0:52:0.750 --> 0:52:2.750

Robinson, Kimberly S
It doesn't have anything to do with the referral.

0:52:4.760 --> 0:52:5.20

Dr. Higdon
OK.

0:52:5.700 --> 0:52:5.900

Ruth Tattersall
Yeah.

0:52:6.490 --> 0:52:9.780

Dr. Higdon
But the but you guys will keep them in applicant status.

0:52:10.370 --> 0:52:13.320

Dr. Higdon
Is that a like a rating policy that you keep them in an applicant status?

0:52:14.980 --> 0:52:15.120

Robinson, Kimberly S
Yes.

0:52:15.960 --> 0:52:16.200

Dr. Higdon
OK.

0:52:16.50 --> 0:52:17.480

Ruth Tattersall
Then but.

0:52:17.270 --> 0:52:22.420

Stotsenburg, Madonna

And when they're in that applicant status, how is the referring center updated?

0:52:24.690 --> 0:52:32.440

Robinson, Kimberly S

They they are, once they get the referral and the clients either discharge and the clients discharge, they won't get any updates from us.

0:52:33.260 --> 0:52:33.560

Stotsenburg, Madonna

OK.

0:52:32.970 --> 0:52:41.130

Robinson, Kimberly S

The only time they might know about a any updates is if they're still in the facility and we need additional medical records or updated medical records.

0:52:42.210 --> 0:52:43.140

Stotsenburg, Madonna

OK. OK.

0:52:43.150 --> 0:52:44.860

Stotsenburg, Madonna

Yeah, we get them if they stay.

0:52:44.870 --> 0:52:46.320

Stotsenburg, Madonna

But then it like drops off.

0:52:46.330 --> 0:52:51.800

Stotsenburg, Madonna

So unless we track them down and follow them, I was wondering.

0:52:53.940 --> 0:52:55.270

Robinson, Kimberly S

No, we don't report back.

0:52:57.690 --> 0:52:58.230

Robinson, Kimberly S

On status.

0:52:59.710 --> 0:53:0.70

Stotsenburg, Madonna

OK.

0:53:1.830 --> 0:53:3.870

Robinson, Kimberly S

Good question though, that's there.

0:53:3.880 --> 0:53:5.180

Robinson, Kimberly S

You have some very good questions.

0:53:6.720 --> 0:53:7.550

Dr. Higdon

We're learning a lot.

0:53:9.70 --> 0:53:44.10

Stotsenburg, Madonna

Well, and I think even looking from the committee from a quality perspective and doctor Higdon inquiring on the research opportunity, even a quality project with looking at the Rancho scores and then comparing the brain imaging and maybe some of the cases it and maybe engaging maybe narrow or spine surgeons in the conversation is I don't know all of your guys's background, but maybe there's a way to look at this or look at the cases from a quality perspective and see.

0:53:46.280 --> 0:54:1.780

Stotsenburg, Madonna

Have we had any fallouts that end up coming back into the program or or has the rentro score affected the status of individuals receiving benefits and how to have we followed that?

0:54:1.790 --> 0:54:2.560

Stotsenburg, Madonna

Do we know?

0:54:2.630 --> 0:54:11.960

Stotsenburg, Madonna

I don't know, just thinking for quality projects that may be a way to use that data for quality control.

0:54:11.970 --> 0:54:14.760

Stotsenburg, Madonna

And are we using the most effective tools?

0:54:44.370 --> 0:54:44.700

Valbuena Valecillos, Adriana D

You.

0:54:16.790 --> 0:54:51.520

Robinson, Kimberly S

So with clients coming back into the program, if a if a client comes in and they qualify for our program, but they decline services, we close out their case and we send them a letter that tells them should or Constance change and they need our services, they can request their case to be reopened and they can come back into the program if we close their case because they have reached community reintegration and they later need some services that maybe they didn't get while they were in the program.

0:55:1.920 --> 0:55:2.380

Valbuena Valecillos, Adriana D

The trouble?

0:54:52.30 --> 0:55:11.880

Robinson, Kimberly S

They can ask their case to be reopened and it what we call a post closure status in a post closure status you have a limitation on available funding which is like I think it's \$3000 unless otherwise approved, you know by administration.

0:55:12.930 --> 0:55:17.300

Robinson, Kimberly S

So client can be discharged either at applicant status or in service status.

0:55:17.310 --> 0:55:22.670

Robinson, Kimberly S

But they have an opportunity to come back in if they need services, depending on how they were discharged.

0:55:26.60 --> 0:55:26.340

Stotsenburg, Madonna

OK.

0:55:33.300 --> 0:55:42.760

Robinson, Kimberly S

So I think I think we've talked about this before, but I'll just clarify that with eligibility that it there is no uh, you know.

0:55:44.480 --> 0:55:45.110

Robinson, Kimberly S

A date?

0:55:45.180 --> 0:55:46.370

Robinson, Kimberly S

You know, how old is your injury?

0:55:46.380 --> 0:55:52.530

Robinson, Kimberly S

You're the injury can be 10 years old and maybe they moved from another state and now they're a resident of Florida.

0:55:53.60 --> 0:55:53.590

Robinson, Kimberly S

They can.

0:55:53.740 --> 0:56:9.200

Robinson, Kimberly S

They can fill out a referral form and request to have their case, and it looked at for eligibility the the hard part about those kind of referrals is we still need the medical records and because maybe the injuries, 10 years old, sometimes it's hard to get those records.

0:56:9.490 --> 0:56:19.360

Robinson, Kimberly S

But we have to have those to determine the eligibility and there is no financial limitation to these clients there.

0:56:19.370 --> 0:56:20.780

Robinson, Kimberly S

There's no financial limitations.

0:56:21.780 --> 0:56:30.650

Robinson, Kimberly S

It doesn't matter if they're indigent or if they're a millionaire that has no consequence on eligibility.

0:56:37.650 --> 0:56:37.830

Stotsenburg, Madonna

OK.

0:56:41.180 --> 0:56:47.500

Stotsenburg, Madonna

I actually think we referred one not too long, but moved from out of state to you guys.

0:56:53.360 --> 0:56:53.870

Stotsenburg, Madonna

All right.

0:56:53.880 --> 0:56:54.910

Stotsenburg, Madonna

Does anybody else?

0:56:54.920 --> 0:57:8.390

Stotsenburg, Madonna

I know we're coming to a close and I want to be respectful of everyone's time and I appreciate the discussion today, but does anybody else have anything in closing and then we can go back through and bring some of these items back next time?

0:57:12.410 --> 0:57:26.890

Dr. Higdon

Can I can I add some add something to the next agenda just as a point to learn more about and I don't know if there's any actual just, but just I'm I'm I'm requesting for next meeting because I'm personally out of time. But.

0:57:28.370 --> 0:57:54.50

Dr. Higdon

I I I want to hear more about kind of kind of how biscuit does deal with those patients who are indigent or like previously homeless and stuff like that obviously be scripted to doesn't have the resources to to house someone but but but I'm curious kind of what resources beast gives a it is able to offer Kimberly, is that something that the next quality improvement that you could speak to a little bit?

0:57:52.570 --> 0:57:55.450

Robinson, Kimberly S

Sure, absolutely.

0:57:56.200 --> 0:57:56.510

Dr. Higdon

All right.

0:57:57.190 --> 0:58:4.750

Robinson, Kimberly S

If if you wanna know more about it even before for the next meeting, you feel free to call me and and I can discuss that with you.

0:58:5.490 --> 0:58:5.750

Dr. Higdon

OK.

0:58:7.470 --> 0:58:7.740

Stotsenburg, Madonna

Perfect.

0:58:9.390 --> 0:58:15.760

Stotsenburg, Madonna

I added it to my notes to have that as an agenda item because I think that would be also good with the education.

0:58:17.910 --> 0:58:18.350

Robinson, Kimberly S

Absolutely.

0:58:16.670 --> 0:58:22.420

Stotsenburg, Madonna

Does anybody else have anything that they would want to bring to the agenda next time?

0:58:29.840 --> 0:58:33.420

Stotsenburg, Madonna

Alright, if nobody has anything else.

0:58:35.350 --> 0:58:37.310

Stotsenburg, Madonna

We can move to adjourn the meeting.

0:58:38.680 --> 0:58:41.460

Dr. Higdon

2nd for motion.

0:58:45.660 --> 0:58:46.40

Valbuena Valecillos, Adriana D

2nd.

0:58:44.340 --> 0:58:47.910

Stotsenburg, Madonna

Do we have a second thank you all.

0:58:49.780 --> 0:58:50.20
Valbuena Valecillos, Adriana D
But.

0:58:49.610 --> 0:58:50.570
Dr. Higdon
Thank you, Manasa, great job.

0:58:52.490 --> 0:58:52.950
Robinson, Kimberly S
Thank you.

0:58:54.90 --> 0:58:54.650
Valbuena Valecillos, Adriana D
Thank you.

0:58:56.250 --> 0:58:58.40
Stotsenburg, Madonna
Kim, I'll call you in a second.

0:58:59.140 --> 0:58:59.260
Robinson, Kimberly S
Yeah.

0:59:1.160 --> 0:59:1.440
Robinson, Kimberly S
Bye bye.

0:59:1.120 --> 0:59:1.630
Dr. Higdon
And so.