

BSCIP Advisory Council PQI Committee Meetings-20251204_140131-Meeting Recording

December 4, 2025, 7:01PM

45m 18s

● **Casavant, Robert** started transcription



Robinson, Kimberly S 0:03

OK, so I want to welcome everybody.

This is the brain and spinal cord Injury Advisory council's performance, quality and Improvement Committee meeting. That's a mouthful.

I appreciate people taking the time out of their day to join this meeting and participate, and with that I will turn this meeting over to Jill Olney.

She is the committee lead.



Jill Olinick 0:26

Excellent. Thank you.

Well, welcome everybody.

I hope you had a wonderful Thanksgiving and are looking forward to the rest of the holiday season.

We're going to go ahead and do roll call.

So Keith, if you would like to?

Go ahead and start with roll call. That'd be fantastic.



Soans, Keith O 0:44

Excellent. Thank you, Joe.

Good afternoon, everyone.

This will be quick.


The roll call is as follows.


Don Chester, are you present?




Chester, Don 0:53


Yes, I am. Thank you.


 **Soans, Keith O** 0:55
Excellent, Kevin Mullen.


 **Kevin Mullin** 0:57
I'm here.
Thank you.

 **Soans, Keith O** 0:59
Thank you, Patty Lance.
I'll take that as a no. Jill Olnick, I know you're here, Doctor Adriana Velas.
OK. Doctor Brian Higden, I see you.


 **HIGDON, BRIAN** 1:18
Here.

 **Soans, Keith O** 1:20
Doctor Abhilash Haridas.
OK.
Gary Rayburn.

 **Carrie Rayburn** 1:28
President.

 **Soans, Keith O** 1:29
Thank you and ruthanne tatasil.


 **Ruthan Tattersall** 1:33
Present.


 **Soans, Keith O** 1:34
Thank you.


 **Robinson, Kimberly S** 1:36


So Jill, we do have a a quorum, but we did not get the minutes from the last meeting ready yet.


 **Soans, Keith O** 1:36
Me.


 **Robinson, Kimberly S** 1:43
We had issues with the transcript, so if it's OK with you, we'll just add them to February's meeting to approve. All right.


 **Jill Olinick** 1:50
Absolutely. Yep.


 **Robinson, Kimberly S** 1:52
Thank you for that, grace.

 **Jill Olinick** 1:55
But super happy. We have a quorum, so that's good.

 **Soans, Keith O** 1:55
Thank you.

 **Jill Olinick** 2:02
All right, if we can.

 **Robinson, Kimberly S** 2:02
OK.

 **Jill Olinick** 2:03
Yep, perfect. Scroll down.
OK.
So we had some reports that we wanted to discuss from our last meeting. And so the acute care referral ratio report is the first one.

 **Robinson, Kimberly S** 2:24

Whoops.

Bring it over.

And so I'll start with the legend so everybody can read what the legend is.

 **Jill Olinick** 2:33

Repeat.

 **Robinson, Kimberly S** 2:34

This tab presents the summary of acute care referrals with group by agency facilities and injury type with displaying the ratio between rehab facilities versus trauma facilities.

And then we have the detail tab that gives you all the details.

 **Jill Olinick** 2:46

Yes.

 **Robinson, Kimberly S** 2:50

And so we started with the pivot table here.

 **Jill Olinick** 3:03

So go ahead.

 **HIGDON, BRIAN** 3:04

The oh gone.

 **Jill Olinick** 3:07

Go ahead, Brian.

 **HIGDON, BRIAN** 3:09

I was just.

I I think I was expecting.

I'm not sure if I said this or not previously, but I I think I was sort of expecting that'd be broken down by the bskip regions.

Do we have further information or is that?

Or is that feasible?



Robinson, Kimberly S 3:26

Let's let me see if it's over here.

We have counties.

Let me see if region's on here referral agency agency type. We can do county which might be helpful.

Oh, I got it in the.



Jill Olinick 3:42

Thank you.



Robinson, Kimberly S 3:44

I'm not great at this.

I'm sorry. Let me take that back out and move it.

So I want county.



HIGDON, BRIAN 3:49

Better than me?



Robinson, Kimberly S 3:52

I want County Down here.

Let's try this out.

It's it's not giving me county names, so let me try this one.

So these are by counties. I don't see the choice for region in here.

Amanda, do you? Do you know if we can get region in here from the report that we currently have?

Let me see if it's in the data.

I don't see it in the data.



HIGDON, BRIAN 4:28

Yeah, I think you have to tie the region to the.



Robinson, Kimberly S 4:30

Yeah.

 **HIGDON, BRIAN** 4:32

To the county.

 **Robinson, Kimberly S** 4:33

Correct. So what we can do is we can rerun this.

And actually.

Include regions.

 **HIGDON, BRIAN** 4:44

OK.

 **Jill Olinick** 4:44

Perfect.

 **Strickland, Amanda L** 4:50

Oh, sorry, I was on mute.

This is Amanda.

I will mark that down.

So we can get that reran with region.

 **Jill Olinick** 4:57

Great. Thank you so much.

 **Soans, Keith O** 4:58

Good evening.

 **Robinson, Kimberly S** 5:00

You want to look at it while I have with the data that we have here.

Do you want to look at it any other way over here in the table we can do.

I can take out county and put referral source if you want to see referral source.

 **HIGDON, BRIAN** 5:14

Sure.



Robinson, Kimberly S 5:16

OK, me, take out county.
And then we can drag referral source down here.
It's not the right referral source.
I thought that was going to be the actual agency.
Maybe it's this one.
Well, there's outpatients, OK.
So close, but no cigar.



Jill Olinick 5:48

Mammoth numbers of brain injury.
Comparatively.
So the only other thing I would say is is maybe is there any trend in the time of the year or too so by referral date perhaps?



Robinson, Kimberly S 6:16

Referral dates and let me take out.
This one that didn't work referral date.
I'm not sure which if I wanna put it in a row.



Jill Olinick 6:29

Unless it's going to give everyday.



Robinson, Kimberly S 6:34

Well, we have years is what's coming back and then you can expand this by quarters.



Jill Olinick 6:38

Quarters in months.



HIGDON, BRIAN 6:40

Yeah, I guess that'd be a fair way to look at it.



Robinson, Kimberly S 6:41

And months.

 **Jill Olinick** 6:43

Yeah.

 **Robinson, Kimberly S** 6:46

You want me to expand?

 **HIGDON, BRIAN** 6:46

And then you can't really see the.

Once you do this, I don't think it's dividing between.

Oh, no, no, it is OK.

I just don't.

 **Robinson, Kimberly S** 6:55

It is.

These are your rehabs.

 **HIGDON, BRIAN** 6:55

It's hard to see it side by side.

 **Robinson, Kimberly S** 6:56

These are your trauma.

 **HIGDON, BRIAN** 6:58

Yeah, it's hard to see side by side, but.

 **Robinson, Kimberly S** 6:59

Hi.

Do I need to make my screen a little bigger?

 **HIGDON, BRIAN** 7:04

No, it's not that.

It's just you. You have to keep on looking up. Down, up, down, up, down.

To try to compare.



Robinson, Kimberly S 7:15

Want me to open more months or anything? Quarters.



Jill Olinick 7:19

Quarters maybe?



Robinson, Kimberly S 7:21

OK.

So these well, we have quarters three and four here.



Jill Olinick 7:25

That for 2024.

So let's look into the open 2025 there.



Robinson, Kimberly S 7:28

Yeah.

Oh, I'm sorry.

I didn't see 2025. My apologies.



Jill Olinick 7:36

That's OK.



Chester, Don 7:39

Instead of quarters, how about how about full moon?



Robinson, Kimberly S 7:39

I'm like doctor.

Yeah.

Yeah, I don't.



HIGDON, BRIAN 7:46

To buy, yeah.



Robinson, Kimberly S 7:47

Don't get me started on full moon.



Jill Olinick 7:51

Yeah.

Interesting.



Soans, Keith O 7:59

Yeah, please.



Jill Olinick 8:01

Let's see. Can you go up to quarter three real quick in 2024?

I just want to see.



Robinson, Kimberly S 8:06

Mm-hmm.



Jill Olinick 8:07

So.



Robinson, Kimberly S 8:11

I'm just gonna open July because I want to see if it. Yeah.



Jill Olinick 8:15

It really looks like order two for the referrals from rehab seems to be where the bulk of them come, which would be April, May and June months.

Can you go below on the Toronto and just see how that correlates?



Robinson, Kimberly S 8:31

Yep.



Jill Olinick 8:33

I'm sure it correlates but.



Robinson, Kimberly S 8:40

There's quarter two. These are rehabs.



Jill Olinick 8:41

Now 41.



HIGDON, BRIAN 8:41

Yeah, I mean, there were 60.



Robinson, Kimberly S 8:42

Here's traumas.



HIGDON, BRIAN 8:43

There were 60 referrals total in quarter two from rehab hospitals compared to like 50. Yeah.



Jill Olinick 9:01

OK.



Carrie Rayburn 9:03

So now these are all just people that are referred, right?
Not all people that receive services.



Robinson, Kimberly S 9:09

Correct. These are referrals only.



Carrie Rayburn 9:11

OK.



HIGDON, BRIAN 9:15

Yeah. I mean, I'd be.

I know you're not capable of pulling this up now, but I'd I'd be interested in seeing, like, if it's changed like five years ago or 10 years ago. It's pretty similar ratio or if it's

'cause. I know you guys have been working hard lately to to improve this.
So it'd be nice to see, see the evidence of that.



Robinson, Kimberly S 9:29

Mm-hmm.



Jill Olinick 9:32

Mm-hmm.



Robinson, Kimberly S 9:32

So you want to you want to see a five year trend?



HIGDON, BRIAN 9:35

Yeah, yeah, that'd be that.

'D be really cool.



Jill Olinick 9:38

Yeah, because the last two and a half really right has been spent on how can we increase awareness.



Carrie Rayburn 9:38

That was.



Jill Olinick 9:45

I mean, that's been one of our primary goals and so hopefully we can do that within this within that trend.



HIGDON, BRIAN 9:47

Yeah.



Robinson, Kimberly S 9:50

OK.



HIGDON, BRIAN 9:50

Mm-hmm.



Robinson, Kimberly S 9:52

Alright, Mandy, you got that.



HIGDON, BRIAN 9:54

Yeah. So you, you're you're by your trend and then?



Robinson, Kimberly S 9:55

OK.



Soans, Keith O 9:58

How old are you?



HIGDON, BRIAN 9:59

Yeah, I don't know how much like work it is to do like each year.

Or just a couple click of the buttons, or if it's a a lot of compilation but be interesting.

Look, you know if there's data even, you know, 10 years ago to see see kind of what the total trend was because we don't really don't know what kind of.

What kind of a good benchmark is like right now?

It's like I think 90% our acute care, but it'd be interesting to see, OK, you know, was it 80% last year, five years ago.

Is it you know 95%?

Yeah.



Strickland, Amanda L 10:34

So how far back are we going?



Robinson, Kimberly S 10:34

OK.



HIGDON, BRIAN 10:38

As far back as as possible, but also feasible.



Robinson, Kimberly S 10:39

29th.

Oh.

 **HIGDON, BRIAN** 10:43

From a from AI mean if you can do it in in a couple hours, that'd be to to see it.
Like all all the data you have but OK.

 **Robinson, Kimberly S** 10:48

Oh, no, no.
It won't be a couple hours 2 the two months.

 **Carrie Rayburn** 10:53

I would say at least five years would be good, like back to 2020.

 **Robinson, Kimberly S** 11:02

So when you say back five years, I always have to clarify, do you want calendar years
or do you want state years?

 **HIGDON, BRIAN** 11:12

You can stay. Here's.

 **Robinson, Kimberly S** 11:13

State years.

 **Jill Olinick** 11:14

Mm-hmm.

 **Robinson, Kimberly S** 11:17

So we'll start in July 1 of 2020.
Or do you want to go to July 1 of?

 **HIGDON, BRIAN** 11:28

Honestly, that year, obviously a lot of things change in 2020, so it'd be interesting to
know what happened in the in the pre COVID year.



Robinson, Kimberly S 11:31

2019.

So you want to go back to 2019 July 1st, 2019?



HIGDON, BRIAN 11:42

Yeah. And it's gonna be like 18 and 19 cause 19 to 20 is gonna capture COVID.

So it'll be like the 18 to 19.



Robinson, Kimberly S 11:50

OK.

So we're gonna do.

I have to write these out for Raj.

I have to be specific for him.

So we're going to start July 1.



HIGDON, BRIAN 11:58

Mm.



Jill Olinick 12:01

2018.



Robinson, Kimberly S 12:02

2818 and do you want to go to the close of June 30th?



HIGDON, BRIAN 12:04

Mm-hmm.



Jill Olinick 12:12

2025.



Robinson, Kimberly S 12:12

20/25/2025.

 **HIGDON, BRIAN** 12:15

Yeah.


 **Robinson, Kimberly S** 12:16

OK.

 **HIGDON, BRIAN** 12:17

And don't need to do all those like region by region.

But but going forward would be good to see like like the one you present to us and then then going forward by region.


 **Strickland, Amanda L** 12:30

Go by region, but do you want it to still show county as well?

 **HIGDON, BRIAN** 12:36

I think counties, there's just so many of them.

It's hard to really make sense of it.

 **Strickland, Amanda L** 12:40

Right. OK.

 **HIGDON, BRIAN** 12:41

So I favored something.

Handful of handful regions.

 **Carrie Rayburn** 12:44

Would it be?

 **HIGDON, BRIAN** 12:46

Is it 6 regions or?

 **Robinson, Kimberly S** 12:48

5.

 **HIGDON, BRIAN** 12:48

Five, yeah.

 **Carrie Rayburn** 12:51

Would it be possible to also have like the number of people that actually receive services on the same so that we can see referrals versus like services rendered?

 **Robinson, Kimberly S** 13:03

So you want applicants?

You want, alright, I'm sorry.

You want number of referrals.

Versus.

In service.

 **Jill Olinick** 13:14

Yes.

 **Robinson, Kimberly S** 13:16

So it's applicants versus in service?

OK.

I'm glad that we had till February to do this because I I am going to tell you that this will not be a 2 hour job for Raj.

 **HIGDON, BRIAN** 13:35

OK.

 **Robinson, Kimberly S** 13:35

And and he will be happy that I'm not telling him I need this in two hours.

No, he he will be ecstatic over that one.

 **Jill Olinick** 13:43

But we will appreciate it.

 **HIGDON, BRIAN** 13:43

Mm-hmm.

 **Robinson, Kimberly S** 13:44

Yes, yes, he does a fantastic job.

 **Carrie Rayburn** 13:47

Yeah.

 **Robinson, Kimberly S** 13:49

He does a fantastic job.

I just have to make sure I'm giving him the specifics correctly.

 **Carrie Rayburn** 13:57

I think you could give us a lot of insight as far as like how our awareness is growing, but also like is there gonna be a lot of education that really needs to be provided if the, I mean 1400 brain injury referrals is wild if it's the.

 **Jill Olinick** 13:59

OK.

 **Carrie Rayburn** 14:13

People that were servicing aren't as even close to that. Then that's obviously some education that needs to be provided to the people making referrals about who's appropriate.

 **Robinson, Kimberly S** 14:22

That is our biggest struggle.

 **Carrie Rayburn** 14:24

Mm-hmm.

 **Robinson, Kimberly S** 14:25

Is is especially brain injuries on what is appropriate.

OK.

Anything else you want to say with this report?

 **Jill Olinick** 14:42

That's great. I think with those with those tweaks and some of the trending, I think it's gonna really be a good tool.

Going forward and for guiding us.

 **Robinson, Kimberly S** 14:56

OK.

What's the next one you wanna look at?

VR or VR?

 **Jill Olinick** 15:02

Yeah.

Yeah.

 **HIGDON, BRIAN** 15:05

Yeah, I I see that you sent us the average service duration, but of course we don't have our minutes yet, but I believe we ended up deciding more to focus on the on the refusal services rate.

 **Robinson, Kimberly S** 15:06

OK.

Right. So that one is going to be quarterly, but Raj pulled it. Amanda and I, I don't think he got the other one ready in time with the with the the closure. I do have a closure report that came out today as an indicator report that I could.

 **HIGDON, BRIAN** 15:28

OK.

 **Robinson, Kimberly S** 15:36

Share with you.

It's one that we.

Routinely pull weekly that you could look at and see if it's kinda what you're looking

for.

I can share that with you.

 **HIGDON, BRIAN** 15:47

Mm-hmm.

 **Robinson, Kimberly S** 15:51

I'll share that one. After we do VR.

So VR, this this report is all referrals to VR, which includes age, injury type, Rancho level at the time of injury, date of injury, education level when the referral was sent to VR and when the case was closed.

 **HIGDON, BRIAN** 15:54

OK.

 **Robinson, Kimberly S** 16:12

This is not a pivot table obviously.

 **HIGDON, BRIAN** 16:18

Yeah, I.

 **Robinson, Kimberly S** 16:19

Let me know when you want me to scroll the right.

 **HIGDON, BRIAN** 16:22

I just wanted to comment on this.

I mean, there's not names listed, but I think for the reports that you sent to us for public meeting, probably in the future, take out like the injury date and the age and things like that to to maintain any sort of confidentiality.

 **Robinson, Kimberly S** 16:41

Will you guys requested age?

You wanted to know when.

What the age of the clients was?

 **HIGDON, BRIAN** 16:48

OK. Yeah.

Oh, sorry, sorry.

The so the age by, by confidential standards, the.

The A You you can do specify things up to one year, so age is not not confidential, but the injury date is specified more than one year. So if you could remove like the injury date.

 **Robinson, Kimberly S** 17:09

OK.

 **HIGDON, BRIAN** 17:10

Yeah.

 **Jill Olinick** 17:13

Although it is interesting information to see what date the injury and then the referral date to VR because that gives you was it was it.

 **Robinson, Kimberly S** 17:21

Well, that that was pointed part of the purpose of this report is I understood you wanted to see how long from the time the injury was to the date that we sent the referral to VR to when the client was enrolled in VR.

 **Jill Olinick** 17:25

Right.

 **Dubrocq, Jose A** 17:34

Good.

 **HIGDON, BRIAN** 17:35

Yeah. So to anonymize it, you could take out you could, you know, subtract that and have excel calculate like how many days between.

 **Robinson, Kimberly S** 17:42

OK.

OK.

HB **HIGDON, BRIAN** 17:51

Yeah, it was.

It was remarkable how severe some of these injuries were that were able to be referred to VR. I think I saw like.

I didn't count them, but like a handful of them that were.

Yeah, four of them that were recorded as GCS 3. The time injury, which is remarkable that they would have have a quite a good recovery, which is awesome to the point that obviously if they're referring to VR, they have some residual deficits, of course, but.

JO **Jill Olinick** 18:08

Mm-hmm.

HB **HIGDON, BRIAN** 18:21

But pretty remarkable.

JO **Jill Olinick** 18:24

But also I feel like it's a pretty low number.

HB **HIGDON, BRIAN** 18:28

Yeah. And that's the whole point of of Poland, this and and we knew that from our last meeting how low it was.

JO **Jill Olinick** 18:33

Yeah, so low.

HB **HIGDON, BRIAN** 18:34

It would be interesting, I don't think because this number is so low, I don't think it's really meaningful to break it down by.

Well, I don't know.

I I I mean if all of these are coming out of one of one region.

That that'd be two thumbs up for that region.

So I guess it would be.

Interesting look like if there's some regional differences but the but the total number is so small that there may not be there. There may not may be kind of too small a numbers but but would just like for the other table.

It'd be useful to know year to year if there's been a trend. If you know if you know in 2018 nineteen there was 50 a year being being referred and you know we're you know we're quarter of that now that'd be.

It'd be information.



Robinson, Kimberly S 19:23

So do you want regions added to this report?



Jill Olinick 19:24

Yeah.



HIGDON, BRIAN 19:28

I'd say so I.

Yeah.

It I I think it useful if if there's one that's doing better than the others to identify that and and you use them as a model for the other regions.



Robinson, Kimberly S 19:44

OK. And do you want to do?

A trending report, like we did for the acute rehabs.

Same date span.



Jill Olinick 19:52

Yeah.



HIGDON, BRIAN 19:52

Mm-hmm.





Jill Olinick 19:55

Yes, I think that is very interesting.

 **HIGDON, BRIAN** 19:56
Mm.

 **Robinson, Kimberly S** 19:57
OK.


 **Jill Olinick** 19:59
I mean, there's this 12 and six and six for brain injury versus spinal cord.
And a couple of them were really, you know, injuries were long ago. But it was, you know, based on age, I think probably in what what needed to happen.

 **Robinson, Kimberly S** 20:22
OK.
So the day span is still going to be July 1, 2018 to June 30th, 2025. Using state years, OK.

 **Jill Olinick** 20:30
Yep.

 **HIGDON, BRIAN** 20:30
Mm-hmm.

 **Dubrocq, Jose A** 20:33
OK.

 **Robinson, Kimberly S** 20:34
OK.
Anything else you want to look look at on this?
I'm sorry.

 **HIGDON, BRIAN** 20:48
No.



Robinson, Kimberly S 20:49

OK.



Jill Olinick 20:50

No, it's great information. Thank you.



Robinson, Kimberly S 20:52

Sure.

And do you wanna look at this average service duration since we modified it for the request from?

The face to face meeting.



Jill Olinick 21:03

Yep, it looks good.



HIGDON, BRIAN 21:03

Sure.



Robinson, Kimberly S 21:07

And then I'll go pull the closure one, the recent closure one I got.

And share that with you.

I'll show you what that looks like.

I'm sorry, the legend.

Represents the average number of days required to complete each service taking place under the service pipe system. Devices listing each service with its average days to complete and account of records used to calculate the average.

Please note that the service is located outside of Florida, have been excluded.

That we did remove home mods, I know that was one of the big ones that you wanted removed with home mods.



HIGDON, BRIAN 21:48

Hmm.

 **Jill Olinick** 21:51

Yeah.

 **HIGDON, BRIAN** 21:52

Yeah, but eleven day average is pretty good.

Obviously there's a couple of outliers, but those are like one off things.

Yeah.

 **Robinson, Kimberly S** 22:11

Excellent. Any changes you want to this?

 **HIGDON, BRIAN** 22:14

Yeah.

 **Robinson, Kimberly S** 22:15

This is one that we're going to provide quarterly.

 **Jill Olinick** 22:15

No.

 **HIGDON, BRIAN** 22:17

And.

Yeah, I'm sort of curious how you can deliver a complex manual ultralight wheelchair in one day.

That's a feat of manufacture, so I'm not sure how to make sense of that, but yeah.

Usually it takes like 2-3 months to fabricate so that they might have made it and then not have to pay for it or something like that and then delivered it based on the based on this agreement.

 **Jill Olinick** 22:38

Yeah, that's impressive.


Yeah.


 **Robinson, Kimberly S** 22:49


So I'm going to say, and I don't know that I'm correct, so don't quote me.
I'll deny it if you quote me one day to one day. It may be that they were working on this, getting the quotes and having it built in this one day is the day when the service was authorized.
And delivered the next day.
That would be my assumption on what that is.


 **HIGDON, BRIAN** 23:10
Yeah.

 **Jill Olinick** 23:10
OK.

 **Robinson, Kimberly S** 23:13
So I don't know how long it may have taken.
The case manager to.
You get the quote, get the chair built, anything like that. I wouldn't know without knowing who the client is. And we could give you more, but I'm guessing that's the day it was issued and it was completed the next day.

 **HIGDON, BRIAN** 23:22
Yeah.
Yeah, of course.
Yeah. Sorry, nitpick.
It's just that impressive in a way. 'cause. I'm used to with regular insurance. It takes, you know, 2-3 months.

 **Jill Olinick** 23:38
90 days.

 **Robinson, Kimberly S** 23:41
Skip has super powers.
You didn't know that.

 **Jill Olinick** 23:43

Yeah.

 **HIGDON, BRIAN** 23:43

Oh, I knew that time on the Advisory Council.

 **Robinson, Kimberly S** 23:45

Yeah.

There you go. There you go.

OK.

So this one's good.

No changes and this will be.

Provided quarterly.

 **Jill Olinick** 23:58

Perfect.

 **Robinson, Kimberly S** 23:58

So do you want this? If we're doing quarterly?

I know this is December, but do you want it at the February meeting?

 **Jill Olinick** 24:07

No.

 **Robinson, Kimberly S** 24:08

No. OK.

 **Jill Olinick** 24:11

Yeah, April should be fine, because that would be the also have the close of the next quarter. So that works.

 **Robinson, Kimberly S** 24:18

OK.

Ready for April, OK.

 **Carrie Rayburn** 24:26

Would it be like this is just a total? What if question would it be possible like in the instances where things are like really outliers like 56 days or 38 days?

Is it possible to know why it took so long?

Like was did the patient initially refuse that they needed that equipment or and then they decided that they did or like, what could that be?

Is that something that's even trackable?

 **Robinson, Kimberly S** 24:52

Absolutely. That would be that would be tracked through case notes. There would be documentation.

 **Carrie Rayburn** 24:57

I think that would be interesting to know, like what some of the roadblocks they're experiencing are.

 **Jill Olinick** 25:04

Like a transfer board, I think of a transfer board and I'm like.

 **Carrie Rayburn** 25:05

Right. Why would it take 38 days?

Yeah, same with the shower chair. You know, 56 days. And what were they like?

 **Jill Olinick** 25:10

Yeah.

Come on. Right. Unless it's a specialty.

 **Carrie Rayburn** 25:17

What were they doing in the meantime? So what?

Yeah, I just have lots of questions.

 **Robinson, Kimberly S** 25:24


So what?


I would what?


I would recommend Carrie is this report if you have those kind of questions to send them in an e-mail and then we can look at them further and provide that information to you at the next meeting. If you have specific questions about any of these services that you.


Wanna know more about then we can.


 **Carrie Rayburn** 25:45
OK.


 **Robinson, Kimberly S** 25:46
We can bring that up and discuss it at the next meeting.


 **Carrie Rayburn** 25:49
OK, great.

 **Robinson, Kimberly S** 25:50
That gives us time to go in and actually review the records.

 **Carrie Rayburn** 25:54
Yeah. If you wanna just go ahead and put those two things down and then we could see next meeting that would be great. Kim. Thank you.

 **Robinson, Kimberly S** 26:02
So you want transfer? Transfer the EO 2470.

 **HIGDON, BRIAN** 26:03
Yeah, and it.

 **Carrie Rayburn** 26:08
It was the EO 7:05.
It took 38 days for and then.

 **Robinson, Kimberly S** 26:11
Oh E 07/05.

CR **Carrie Rayburn** 26:18

The E-0240 was 56 days, so I would just be curious what roadblocks they had.

HB **HIGDON, BRIAN** 26:28

Yeah, and this is a little bit of.

I'm not sure this is exactly the name for it, but kind of lost small numbers like when you got these like one off cases you get more wins like smaller numbers you get more outliers.

And then then you kind of your attention gets drawn to the outliers?

Like with me with the the Ultralight manual wheelchair being delivered in one day, then your attention being drawn to the to outlier in the other direction.

CR **Carrie Rayburn** 26:53

Mm-hmm.

HB **HIGDON, BRIAN** 26:54

But when you look at the ones that are like a higher counts like the ones that are you know.

1034 things like that. Those are more kind of in the middle where it's, you know, between, you know, 9914 days or things like that, so.

You know there are gonna be one off cases and and things like that but.

And and if you you as a professional like have a personal case that you're dealing with, it's taking forever and things like that but.

Yeah, I mean with these with these one off cases, there's probably something unique to that situation.

That may not be reproduce.

CR **Carrie Rayburn** 27:33

Yeah.

 **Robinson, Kimberly S** 27:35

OK.


Well, we will see what that is.

OK.

Anything else on this report?

 **Jill Olinick** 27:48

No, thank you.

 **Robinson, Kimberly S** 27:48

Alright, alright.

So let me give me a second.

And I where is it?

We'll go get my other indicator report and I think it just came out today too.

I was looking at it this morning.

Bear with me a moment.

Let me look at it first.

Make sure I don't have.

OK, I have case managers.

Just looking at the data really quick to make sure I can share it. OK I can share the pivot table with you.

'Cause it I can share the pivot table.

So this report is the closure report that came out.

It comes out weekly.

So these are closures from the previous week last week.

 **HIGDON, BRIAN** 29:11

Mm-hmm.

 **Robinson, Kimberly S** 29:11

And it's showing you by regions. That's what the 1452 is down here and case managers and then why they closed the case.

 **HIGDON, BRIAN** 29:28

I was wondering, after last meeting the decline services is that by definition at the beginning of the case that they never started or could that be the middle of someone's case like 3 months into it?



Robinson, Kimberly S 29:40

It could be either or, but most of the time it's at the process of application. Not too often. Once we move somebody to in service, do they come back and say no, I don't want your services that that does happen, but that would be an anomaly.



HIGDON, BRIAN 29:46

OK.

But we don't have a different classification for that necessarily.



Robinson, Kimberly S 29:59

No, not you mean if they're enrolled and they decline services.



HIGDON, BRIAN 30:03

Yeah, 'cause that, I mean, that's a different mode of failure.



Robinson, Kimberly S 30:08

So the difference would be their status at the time of closure.

So we have two statuses we have applicant and in service and if we're closing them at the status of applicant as the client services.

That's different. If they were in service and then decided that they were or had if they were moved to in service in decline services, we would be able to identify these cases by status of applicant or in service.



HIGDON, BRIAN 30:32

Mm-hmm.



Robinson, Kimberly S 30:38

At what point were they when they declined services?



HIGDON, BRIAN 30:43

OK.

Yeah, 'cause, those are two very distinct issues.

To. So it'd be good to see those teased out.

 **Jill Olinick** 30:55

So can you remind me what is the time frame for these?
Because it.
Yeah.

 **Robinson, Kimberly S** 31:03

For so applicants.
Applicants can stay open for 90 days after 90 days if their if their remaining open.
Maybe they're in what we call a monitoring or status or something. They can go
beyond 90 days, but they have to have justification as to why we kept them in status.

 **HIGDON, BRIAN** 31:25

Mm-hmm.

 **Jill Olinick** 31:26

So I I guess my question is is for region one there were a total of.
5 Brooklyn had two, and Paige had three.
But what time period?
Like, oh, is this reflecting back on?

 **Robinson, Kimberly S** 31:42

How old was you know?
How old were you?
Know how long were they in applicant status before they declined services?

 **Jill Olinick** 31:48

Is this over the last year we had she, we had five in Region 1 decline in in region four
we had eight.

 **Robinson, Kimberly S** 31:57

Right.

 **Jill Olinick** 31:57

Do you see what I'm saying?



Robinson, Kimberly S 31:58

So this is just for a week.

These are this is ran.



Jill Olinick 32:01

OK.



Robinson, Kimberly S 32:02

This is a weekly indicator report that I'm sharing you.

This is not.



Jill Olinick 32:06

Got it.



Robinson, Kimberly S 32:07

There's not a longer time span if you want to go back further than we, we can run it and we can separate it.



HIGDON, BRIAN 32:10

Yeah.



Robinson, Kimberly S 32:16

I probably could do it with the pivot table too.

It might have statuses in here. If I open the pivot table and you know we can do a trend. If you wanna see that and separate by applicant status in service status.

How long were they in applicant status before they were closed as the client service?

Or and how long were they in applicant status for whatever reason before they were closed?



HIGDON, BRIAN 32:42


Mm-hmm.





Robinson, Kimberly S 32:44


So we do have that data.


 **Jill Olinick** 32:46
OK.


 **HIGDON, BRIAN** 32:47
Yeah. And also like you did for the what was the first one?

 **Jill Olinick** 32:52
The trend.

 **HIGDON, BRIAN** 32:53
The referral.

 **Robinson, Kimberly S** 32:54
The acute care.

 **HIGDON, BRIAN** 32:55
The referral ratio? Yeah, the QK referral ratio, just like you broke that one down by brain injury and spinal injury.
Because there might be a difference for the brain injury, obviously it's there.
You know, I would expect it's their family member refusing services.
And then for spinal cord injury, it may not be the the the individual communicating themselves.

 **Robinson, Kimberly S** 33:21
So it's closed.
That's not what I'm looking for.
Days and status. Here's your days and status, but I'm trying to tell you if it's applicant.
No, I'm sorry.
That day's in status is gonna be how many days they were closed.
No. Oh, well, ignore this right here.
And I'm gonna tell you why, OK?
Because that looks like, Oh my God, Kimberly doesn't do anything.
Look at all that stuff.

 **Jill Olinick** 33:58

We were.

 **Robinson, Kimberly S** 33:58

So yeah, I knew.

 **Jill Olinick** 33:59

We were thinking that.

 **Robinson, Kimberly S** 34:01

That's why I wanted to head you off.

So what?

This is oh, I'm pointing at my screen. Like you can see me.

So in our database, every time a referral comes into the database it automatically goes to a status that is assigned to me and we call it program determination. That's on every single referral that comes in here.

So that's that's why you see me in headquarters and I have.

These hellacious numbers here.

Because it's called program determination, which you can see right below my name.

That's what that status is. And so that's automatically closed when they get moved to applicant.

 **Jill Olinick** 34:33

Yeah.

 **HIGDON, BRIAN** 34:35

Yeah, I figured there's something.

 **Jill Olinick** 34:40

OK.

 **HIGDON, BRIAN** 34:40

Yeah.



Robinson, Kimberly S 34:41

But all right, so let me see if I can still find what you're looking for over here.



HIGDON, BRIAN 34:44

And neither be an explanation.



Robinson, Kimberly S 34:47

Yeah.

It makes me look really bad.

And then I'm like, oh.

Program type.

I don't.

It's not gonna be status of filing.

You have your hand up.

Days and status.

Let me take that one back out, 'cause.



Moore, Fallon 35:07

Yeah, Kim, I just wanted to say that usually on the declined services when they when we send out the letters, it usually tells them why.

But majority of the times when they decline, what I see is they have other services like they have insurance or something like that and there's they'll let us know that.

Sorry, I do not need your services because I have all these other services that are helping me.

So that's typically why they are declining.

In applicant status with us.



Jill Olinick 35:42


And I think the report that's not ready yet, I think that was one of the things that we had specifically asked for was the reason broken out if I'm not.





Moore, Fallon 35:50


Right. It's on the letter that we send the the case managers will put that reason and


also under the decline services in the subcategory, it's a section where they can put that little reason in why as well.


 **Jill Olinick** 36:08
Yeah.

 **Robinson, Kimberly S** 36:08
All right. So let me, let me show you.
Not what I want.
Trying to get my pivot table back because I can show you sub statuses if I can get it to come back up.
But no, Amanda, can you help me on this one?
Why my pivot table won't open back up?
Usually I just click and it'll open.
I'm trying to get open it so I could show you sub statuses of of what Fallon is talking about, but it my pivot table is not opening again.

 **Strickland, Amanda L** 36:46
Sorry I keep.
I keep accidentally talking on mute. Go to view and see if it is locked.

 **Robinson, Kimberly S** 36:57
No, no. I just had the pivot table open, so it's not locked.
Stop sharing and close it and I'll reopen it again.
See if that does it.
There. All right.
Now it's open again and go back to share.

 **Strickland, Amanda L** 37:24
Excel has been a key sometimes.

 **Robinson, Kimberly S** 37:25
Alright, alright.
So the sub status is down here.
Sub status.

Well that is the sub status.

So these are closed and the sub status is the decline services which you can't see the comments if there's comments.

 **Jill Olinick** 37:40

For the reason maybe.

 **Robinson, Kimberly S** 37:43

You can put it in here and see what happens. There you go.

Good idea, Jill. Thank you.

 **Jill Olinick** 37:54

Huh.

Still, out of curiosity, I see one that says not medically stable.

So if they're not medically stable.

They they can reapply once they are or we.

 **Robinson, Kimberly S** 38:15

Yes. So if they're closed and they're not medically stable in their closure letter, they're given the opportunity that if their circumstances should change and they improve, they can contact the program and will reopen their case and we'll start with eligibility determination all over again.

 **Jill Olinick** 38:35

Jen.

So in theory we could get this for the whole to match like with the first one had as far as the pivot for where the referral source came from, and then you know have this available to see if they declined all the different reasons.

 **Robinson, Kimberly S** 39:18

You want to combine the two reports or you just want them separately, but they should correlate to each other.

 **Jill Olinick** 39:21

No.

Correct, yes.



Robinson, Kimberly S 39:26

Yes.

So if we're going to rerun this closure report and you want it to match.

Either of the other two.

Then we would have to do the same date span.

Of July 1, 2018 to July 30th, 2025.

That's gonna be a big report.



Jill Olinick 39:58

Yeah. And if it's, if you can't go all the way back, at least I would say we would want three years worth.



Robinson, Kimberly S 40:11

All right, so closure report you want July?

1/20/18 to June 30.

2025.

And you want to see.

Closure.

Pipe and sub status.

What was that reason reason OK.



Jill Olinick 40:37

Reason.



Robinson, Kimberly S 40:44

And you want it broken down by region.



Jill Olinick 40:48

Yeah, because that's what we're doing.

The others bud.



Robinson, Kimberly S 40:50

Yes, OK by region.

And do you care about case managers or not?

You just want region case manager wouldn't wouldn't matter.

JO Jill Olinick 41:00

Yeah.

HB HIGDON, BRIAN 41:00

No.

 **Robinson, Kimberly S** 41:02

OK. And what else do you want on this closure?

So I have the dates, the closure type which would be program in ineligible death decline services.

The reason is the substatus the region.

JO Jill Olinick 41:16

Yes.

Right.

 **Robinson, Kimberly S** 41:19

And you wanted to see?

Applicants versus in service and how long they were in applicant status or in service status before they were closed.

So the age of the case prior foreclosure, OK.

Age of case at time of closure.

In service.

Applicant do you need injury types?

HB HIGDON, BRIAN 41:58

By brain spine and I guess both as you have it classified.

JO Jill Olinick 42:02

Mm-hmm.



Robinson, Kimberly S 42:03

OK, injury types.

All right, let me read this again.

I got all my notes right, so it's a closure report from July 1st, 2018 to June 30th, 2025.

It will include closure type.

The reason for the closure the region.

Separated by regions.

The age of the case at the time of closure.

Is the was it closed during in service or was it closed as an application?

Kent. And you wanna know the injury types for each closure.



Jill Olinick 42:45

Yes.



Robinson, Kimberly S 42:46

OK.



Jill Olinick 42:48

Nice job.

Way to get it all done.



Robinson, Kimberly S 42:51

Well, that's why I have to repeat it back because I want to make sure that I'm translating onto my paper what I'm hearing.

That I have it correct. So OK.



Robinson, Rebecca 43:00

And for you to be able to repeat that back to us.



Robinson, Kimberly S 43:02

Yes. And to repeat it back, so I get.



Strickland, Amanda L 43:03

Mm-hmm.



Robinson, Kimberly S 43:06

I get the Gold Star on my forehead today so.

OK.

Anything else that you want to see with this, or bring up the other reports? Again, anything.

Anything that we're missing, OK.



Jill Olinick 43:21

Not for me.

Anybody else want to see anything?



Carrie Rayburn 43:32

No.



Jill Olinick 43:36

All right.

Well, our next meeting is February 5th.

And so we'll have minutes from our last meeting and we'll just view the goals again and.

We'll have some updated information and really then have that baseline kind of data.

For our targets then going forward, so does anybody have anything else that they'd like to add?



HIGDON, BRIAN 44:06

I had a question not related to this committee, but any updates on those applicants.

That had that were pending further processing.



Robinson, Kimberly S 44:16

No, no updates, no updates. You're welcome.



HIGDON, BRIAN 44:17

SNL. OK, alright, thank you.



Jill Olinick 44:23

Anyone else?

And I didn't notice.

Do we have anybody on from external or community?



Robinson, Kimberly S 44:33

Yep, there's some external guests.



Jill Olinick 44:36

Perfect. Does anybody from external have any questions for us?

We love your feedback or insight.

OK.

Well, hearing nothing. Do I have a motion to adjourn?



Carrie Rayburn 44:56

Move to adjourn.



HIGDON, BRIAN 44:56

Motion.



Kevin Mullin 44:56

This is Kevin motion to adjourn.



HIGDON, BRIAN 45:00

This is doctor Higgins 2nd.



Jill Olinick 45:00

And a second perfect. Thank you. Meeting adjourned.

Have a very Merry Christmas or happy holiday season as you celebrate.



Robinson, Kimberly S 45:10

Thank you.



Strickland, Amanda L 45:10

You too.



Kevin Mullin 45:11

Christmas. Happy holidays.



Robinson, Rebecca 45:11

Thanks you as well.



Carrie Rayburn 45:12

Thank you.



Strickland, Amanda L 45:12

Bye.



Casavant, Robert stopped transcription