

[00:00:02.04] - Kimberly Robinson

I'm sorry, your phone was breaking up. One of us is breaking up. It could be me.

[00:00:07.10] - Jill Olinick

No, that's okay. Can you hear me now?

[00:00:10.15] - Kimberly Robinson

Yes, ma'am.

[00:00:12.15] - Jill Olinick

Okay. Yeah. Let's go ahead and get started.

[00:00:18.02] - Kimberly Robinson

You want to start? Yeah.

[00:00:20.15] - Jill Olinick

So welcome, everybody. All right.

[00:00:22.02] - Kimberly Robinson

I'm sorry. That's okay. I want to welcome everybody to This is a Performance Quality Improvement Committee meeting for the Brain and Spinal Cord Injury program. With that, I will turn it over to Jill, who is our committee leader.

[00:00:43.12] - Jill Olinick

Yeah. I'm happy that all of you could be here today. We're going to go ahead and let Jeremy help us with roll call to start.

[00:00:55.15] - Jeremy Rutland

Awesome. Good afternoon, everyone. It's time for the roll call. Going down the list, Don Chester. Kevin Molen.

[00:01:07.07] - Kimberly Robinson

Good afternoon. Don Chester is on the call. He's having issues with his mic, just so you know.

[00:01:15.06] - Jeremy Rutland

Awesome. Kevin Molen.

[00:01:18.04] - Kevin Mullin

I am here.

[00:01:19.08] - Jeremy Rutland

Awesome. Patty Lance. Daniel Nicholson. Michael Fata. Jill Arnick.

[00:01:40.05] - Jill Olinick

I'm here.

[00:01:43.00] - Jeremy Rutland

Dr. Adriana.

[00:01:46.09] - Dr. Brian Higdon

She let me know that she's doing some oral board exams, but she may be able to join at around 2: 30.

[00:01:55.11] - Jeremy Rutland

Okay, awesome. Dr. Brian Hickman.

[00:02:01.01] - Dr. Brian Higdon

I'm here.

[00:02:04.02] - Jeremy Rutland
Dr. Heredias. All right. Kari Rayburn. Ruth Ann Tatersaw.

[00:02:20.12] - Kimberly Robinson
There she is. Kari is on the call, but she had to step away. It was in the chat. Okay. Ruth Ann just joined.

[00:02:29.10] - Jeremy Rutland
Okay, awesome. All right, back over to you.

[00:02:37.04] - Jill Olinick
All right, fantastic.

[00:02:39.03] - Kimberly Robinson
Jill, you do have a quorum now.

[00:02:41.08] - Jill Olinick
Perfect. Thank you. Can you scroll down just a little for me on the agenda? Nice. I failed to put on here. Oh, no, I did. We did. Okay, we're calling for the approval of minutes for April third. Do I hear a motion?

[00:03:03.11] - Kevin Mullin
I motion it, Kevin.

[00:03:05.14] - Jill Olinick
Thanks, Kevin. Do I have a second?

[00:03:15.14] - Carrie Rayburn
I can second if I'm allowed to.

[00:03:22.11] - Jill Olinick
All right.

[00:03:23.05] - Kimberly Robinson
Is that Ruth Ann? Ruth Ann second? Yes. Okay.

[00:03:28.11] - Jill Olinick
Okay, perfect. All right. Our goal for today is to try and finalize the review of the acute care and rehab standards for the Brain and Spinal Cord Injury program so we can move forward to the next level of those going through the process. I think it has to go to trauma next. Is that right, Kimberly?

[00:03:53.08] - Kimberly Robinson
I'm having a hard time hearing you, Jill. It's breaking up on my end. Again, that could be my headset. If I may, just on this assignment here for the standards, I had sent out an email with a link to a SharePoint where everybody could go out and view the original document from 2013, one that had all the track changes on that was requested at our last meeting. I don't know that any of you went out there and made those changes. Last I looked, I didn't see any recommendations. So if you want to use the one that has all the track changes on it, then we can pull that one up. Or if you want a fresh copy that included all of the changes up to the last meeting, we have a copy of that available. So which copy would you like to use to try and wrap this up today?

[00:04:51.14] - Jill Olinick
Yeah. So can you hear me?

[00:04:55.06] - Kimberly Robinson
Yes.

[00:04:56.04] - Jill Olinick

So I personally didn't make changes all I had one recommended change. I apologize if I misunderstood that I was supposed to do that. Did anybody else make changes on it, which you said, Kimberly, nobody did?

[00:05:11.13] - Kimberly Robinson

I didn't see any. I don't know if anybody even went out to the SharePoint site.

[00:05:19.03] - Jill Olinick

Yeah, I definitely went out to the SharePoint site. But let's use the track changes so that way we know and we can go forward from there. Does that work? Yes.

[00:05:31.06] - Kimberly Robinson

Jeremy, do you have the copy with all the track changes on it?

[00:05:36.04] - Jeremy Rutland

I have the copy that's fully complete without the track changes, the updated one.

[00:05:42.09] - Kimberly Robinson

Okay. All right. We can get the one with all the track changes if you want. We can pull that. Rob, can you grab that real quick and send it to Jeremy? I'm sorry, Jill. I didn't mean to interrupt you.

[00:05:59.10] - Jill Olinick

No, you're totally fine. Unfortunately, I don't. I wrote down the page number based on the track changes for the one recommendation that I had. I'm not sure what anybody else did.

[00:06:14.02] - Kimberly Robinson

We'll find it. For Jeremy's purposes, I see Patty Lance has joined the Council today as well.

[00:06:25.01] - Jill Olinick

Perfect.

[00:06:26.01] - Jeremy Rutland

No, there.

[00:06:32.02] - Kimberly Robinson

Rob is going to grab that and send it to you, Jeremy, and then you can pull it up and share your screen, and then we can continue with making changes. Okay, awesome. I would really like to wrap this up today if we can, so I can get it over to legal because I do not know how long it's going to take with legal.

[00:06:53.01] - Dr. Adriana Valbuena Valecillos

Right.

[00:06:53.13] - Jill Olinick

I just want to... We'll start with just reviewing that if anybody anybody has any suggestions or changes for the acute standards because we had moved on from those. But I don't know that we ever voted to finalize what we had made recommendations on for the acute standards for the trauma facilities.

[00:07:14.15] - Dr. Brian Higdon

There seems to be a part where there's an outline of a change we want to make, but it's not actually spelled out the way we would. I'm trying to find the page or the section for this, but it's under D, data collection and evaluation. It's four, but it says... What I see in my copy, it says, no to add language regarding referring to current version of ACS guidelines for spinal cord injuries. It's just a note in there that we're going to make it change, but there's not the actual language in there. It's not fully said. Do you have that part pulled up? Have it been specific enough?

[00:08:04.12] - Jill Olinick
Was it the highlighted section?

[00:08:07.09] - Dr. Brian Higdon
Yeah.

[00:08:08.12] - Jill Olinick
Can you share your screen, too?

[00:08:16.03] - Dr. Brian Higdon
Yeah, I can do that. But it's going to take over where we have the minutes listed.

[00:08:25.14] - Kimberly Robinson
That's okay. If you want to share your screen, that's okay until the customer gets it.

[00:08:31.10] - Dr. Brian Higdon
Yeah. Did I share the right screen? Do you see? Yeah, I think I did. But here it says no add language regarding referring to current vision of ACS guidelines for spinal cord injuries. So I'd say, says the current guidelines of this one or current version. I Trying to read the wording for the TBI. Yeah, so it says, are available and utilized for staff orientation reference per need. Then I just make another section here and I just say, The latest versions of ACS guidelines for spinal cord injuries should be used for staff orientation and reference per need.

[00:09:26.05] - Jill Olinick
Yeah. Basically, Basically, Jeremy, it's just using the ACS guidelines and then the rest of the same sentence that it says for brain injury above it.

[00:09:38.08] - Jeremy Rutland
Okay, I'm ready to share my screen.

[00:09:41.05] - Dr. Brian Higdon
Okay. Okay. I can stop sharing.

[00:09:46.03] - Jill Olinick
That's good.

[00:10:19.08] - Jeremy Rutland
All right, you guys can let me know where you want to start at.

[00:10:25.12] - Jill Olinick
Did you catch, Jeremy, where we were for the If you go down to the highlighted section in this Acute Care Standards, that's what we were just talking about.

[00:10:35.09] - Jeremy Rutland
Okay. Sorry, my phone was going in and out.

[00:10:38.06] - Jill Olinick
Yeah, that's okay. I apologize for my connection.

[00:10:58.10] - Jeremy Rutland
My computer is moving really slow. I can't even...

[00:11:02.14] - Dr. Brian Higdon
So just a little bit more down. Yeah, right there.

[00:11:09.01] - Jeremy Rutland

Okay. I don't know why my computer is doing that. Okay.

[00:11:16.15] - Jill Olinick

So we're taking out that yellow highlighted.

[00:11:29.07] - Jeremy Rutland

Yeah. Mike, Maybe because the file is large, but it's moving very slow, you guys.

[00:12:02.02] - Jill Olinick

Well, I don't want to get ahead so that we can finalize.

[00:12:10.12] - Dr. Brian Higdon

Hey, Jeremy, I replied back. You could download the file, and then we can always upload it later. I'm talking about super quiet. Can you hear me now?

[00:12:34.07] - Carrie Rayburn

Go ahead.

[00:12:35.05] - Dr. Brian Higdon

I think you're using the wrong microphone. Hold on a sec.

[00:12:52.04] - Jill Olinick

There you go. We heard you that time.

[00:12:54.01] - Dr. Brian Higdon

Yeah. Okay. You can download the file. If that helps. I'm not sure if you already did Yeah, I did.

[00:13:01.02] - Jeremy Rutland

It's just moving very slow for some reason. I don't know if it's because it's large, but it keeps in not responding. But I did delete that line. Once we accept all track changes, it will be erased.

[00:13:14.08] - Dr. Brian Higdon

Okay.

[00:13:18.03] - Jill Olinick

So go ahead, Dr. Higdon, if you want to add to restate now that he can type it in there.

[00:13:23.07] - Dr. Brian Higdon

Yeah, let me type in the chat just so you can copy and paste. Oh, it says chat is not available right now. If there's some way to enable that, that'd make things easier. But it should say, ACS guidelines for spinal cord injuries are available and utilized for staff orientation and reference per need.

[00:14:04.08] - Jill Olinick

And did you want to say the most current ACS guidelines?

[00:14:07.15] - Dr. Brian Higdon

Yeah, that'd be good.

[00:14:10.03] - Jill Olinick

That way it just... Whatever the most recent version is. Yeah.

[00:14:33.06] - Jeremy Rutland

Dr. Hiemer, can you repeat that one more time? Acs guidelines for spinal cord injuries.

[00:14:37.08] - Dr. Brian Higdon

The latest ACS guidelines for spinal cord injuries, and it's going to use that same language from the line for them section above it are available and utilized for staff orientation and reference per need.

[00:14:50.05] - Jeremy Rutland
Okay. All right.

[00:15:06.12] - Dr. Brian Higdon
This is a small thing, but this is something that we discussed before that I don't see there. But above that section, it says Hello Port, and we discussed that this is going to be Hello Pad. I think one of our members pointed that out, or that that was two different things.

[00:15:28.09] - Jill Olinick
Yeah. That might have been Thanks for catching that.

[00:15:35.08] - Kevin Mullin
I actually believe that was Mr. Don Chester, a port, if I remember his verbiage correctly, I believe had to have a gas tank where a pad is just, of course, a pad.

[00:15:44.12] - Dr. Brian Higdon
Yeah.

[00:15:47.10] - Jill Olinick
Good memories.

[00:15:54.04] - Jeremy Rutland
Okay.

[00:15:56.05] - Jill Olinick
All right. For the acute standards, did anybody have any other feedback on changes, modifications, or are we good to go for acute care and make a motion to approve this specific section, and then we'll move to the rehabilitation? Okay, so I'm going to request a motion to approve.

[00:16:25.03] - Kevin Mullin
Kevin.

[00:16:26.01] - Dr. Brian Higdon
Second.

[00:16:28.08] - Jill Olinick
Okay. Approved. First was by Kevin, and second was Dr. Higdon.

[00:16:33.08] - Dr. Brian Higdon
Yes.

[00:16:34.11] - Jill Olinick
All right. Fantastic. Look at us go, Kimberly. All right, the next section, Inpatient Rehabilitation. It's probably somewhere about page 29 or something like that.

[00:16:51.02] - Jeremy Rutland
Okay.

[00:16:55.12] - Jill Olinick
It's a rough estimate, but... I'm not so lucky. Oh.

[00:17:11.01] - Kimberly Robinson
Do you think that they write out? I think they can go back to it.

[00:17:29.13] - Jeremy Rutland
It's my computer. It's moving very slow. That is crazy.

[00:17:39.04] - Dr. Brian Higdon

Yeah, my computer is actually having trouble with the document, too.

[00:17:42.05] - Jeremy Rutland

It's like, what?

[00:17:44.11] - Jill Olinick

Yeah, I had to play with the slide 42 times to get to the spot that I wanted it.

[00:18:11.02] - Carrie Rayburn

I'm interested to see what it looks like on you all because when I was trying to look through the rehab standards, it just was multiple pages of words that looked like they had already been marked through. So maybe I'm just not familiar with track changes and having a hard time figuring out what we're looking at. But my page is 23 to 30, or it feels like they're all- Well, we had agreed to get rid of the patient standards and the pediatric standards.

[00:18:42.03] - Dr. Brian Higdon

Maybe that's what- So it might have been those sections.

[00:18:45.12] - Carrie Rayburn

Okay.

[00:18:49.07] - Jill Olinick

All right. So let's go up a little bit because we need to... We're now at the bottom of the document, right? So we got to go back up to the inpatient Agent Rehab. So somewhere page 29 or 30 of this track changes document.

[00:19:12.02] - Kimberly Robinson

Excuse me, you all cut a lot out of this because this was, I think, 55 pages. Yeah. I think it's now... Well, that says 22 pages down in the bottom left-hand corner there. But I thought the other one that Rob did had 34 pages. I'll have to go look at his. Rob rewrote the entire thing for us.

[00:19:39.02] - Jill Olinick

Oh, thank you, Rob.

[00:19:41.08] - Kimberly Robinson

That was arduous.

[00:19:44.02] - Jill Olinick

No kidding. Almost there, I think. Getting closer.

[00:19:54.14] - Jeremy Rutland

My page number still says 13 as I'm scrolling. Page 13 of 22.

[00:20:06.04] - Jill Olinick

Yeah, there was a lot of seemingly unnecessary redundancy, which is why we eliminated.

[00:20:14.04] - Kimberly Robinson

Rob's version is 30 pages.

[00:20:23.04] - Jill Olinick

We're getting close.

[00:20:26.09] - Dr. Brian Higdon

I got moving in slow motion. My network is terrible. Like an old-school video game.

[00:20:34.00] - Jeremy Rutland
I extremely apologize.

[00:20:37.04] - Dr. Brian Higdon
No, the thing is, like I said, I'm having it on my own computer, so I'm dealing with it twice at the same time.

[00:20:43.11] - Jill Olinick
I think it's right below that page.

[00:20:54.10] - Jeremy Rutland
Okay.

[00:20:55.09] - Jill Olinick
Because that talks... Yeah. I'm trying to remember where it was in the reading, but I think it's right below there because this is the end where it talks about reporting to be skipped within five days and all the different things. There we go. Okay. You can scroll slowly. Otherwise, I'm afraid it's going to zip past to the next 10 pages. Of course, then it could be ultra slow or- Jeremy, turn your camera off.

[00:21:41.05] - Kimberly Robinson
That might help your bandwidth with your network Anybody have any changes on this page as we're going through it?

[00:22:10.02] - Jill Olinick
My only thought was where this CARF section starts, and we say preferred for part of the language. So we can stop, Jeremy, if you will. My only recommendation, and we had some of this discussion previously, but there's a huge number of rehab facilities that are not CARF certified, but are either connected with the trauma facility or in areas where it would not be... Ideally, you want the patients to stay closer to their home, if at all possible, while also getting the best care. So I'm just wondering if we say something like CARF designation is preferred to include specialty designation If the facility is not CARF, they must demonstrate compliance with current best practice and outcomes achievement above the 50th percentile in comparison to the nation or above the 75th percentile, whatever we want to choose, so that then the burden of proof is on the facility since we've later say that there's a modified survey for those who are CARF certified because they've already gone through that process.

[00:23:29.01] - Dr. Brian Higdon
Does that make sense Yeah, I'm in agreement with this, that there should be an alternative path besides CARF.

[00:23:38.05] - Carrie Rayburn
I think so, too. I think that's a great idea.

[00:23:42.12] - Dr. Brian Higdon
But the 50% for So 50% of what?

[00:23:49.10] - Jill Olinick
Yeah, I was just saying, I just generalized it to the primary outcomes that we're looking at from All the metrics that we're measured up by, and of course, what's in my head right now is the CMS pieces, where we're looking at PEM and discharge disposition and their care and mobility and function scores and that stuff against their goals. But whatever we want to say for that is great Scroll down just a little bit.

[00:24:58.04] - Dr. Brian Higdon
Yeah, that's good. It would replace the language about must achieve CARF accreditation in one or both. But you'd say if a program does not have CARF accreditation, they have to demonstrate Would you say programmatic planning and coordination to provide diagnosis-specific care for brain injury and spinal cord injury?

[00:25:51.15] - Jill Olinick

Say the last part you said again, after programmatic planning.

[00:25:55.07] - Dr. Brian Higdon

I wish we had the chat box so I could I'm not going to type it, because I'm probably not going to repeat it the same way. Must have programmatic planning to provide diagnosis-specific care, following following best practice guidelines.

[00:26:31.10] - Jill Olinick

Okay, I'm able to chat in the chat box, so I'm just typing it so that we can see, but I have CARF designation, preferred to include specialty designation. If a facility is not CARF accredited, the program must demonstrate compliance with current best practice with programmatic planning to provide disease-specific care.

[00:26:54.04] - Dr. Brian Higdon

Based on established guidelines, I'm not sure what the set of guidelines is for TBI care, but for spinal cord care, it'd be like the... Such as the Paralyzed Veterans America guidelines, treatment guidelines.

[00:27:23.12] - Jill Olinick

Kari, do you know for the brain injury?

[00:27:27.15] - Carrie Rayburn

Just the standards of care? I'm sorry, someone stepped into my office. Can you repeat that?

[00:27:34.15] - Jill Olinick

Yeah, the disease-specific established guidelines, the hallmark of guidelines for brain injury care and rehabilitation.

[00:27:45.01] - Carrie Rayburn

We've used so many different in the past. Let me look into that and see if there's one that the brain injuries once promote specifically really quickly.

[00:28:06.01] - Jill Olinick

Do we want to say anything about outcomes or just leave it at that?

[00:28:12.09] - Carrie Rayburn

I like mentioning outcomes. I think that shows a lot about what the program is, how people are improving. So I like having that. I don't know what would be an appropriate number for them to have to hit on those things. But I'm assuming all inpatient rehabs keep track of that data through all different forms, I'm sure. Does the American Congress of Rehab Medicine, there's all cons that are coming up. Oh, ACRM. Yeah.

[00:28:49.03] - Dr. Brian Higdon

It has ACRM, A, PMR, and then CARF are listed. Which Dr. Albanian is here. She'd probably know.

[00:29:09.12] - Kimberly Robinson

Mm-hmm.

[00:29:11.06] - Jill Olinick

Apmr?

[00:29:15.11] - Dr. Brian Higdon

It says it's going to be ACRM.

[00:29:17.15] - Jill Olinick

Okay. Outcomes to be above. Okay, so I put it in the chat so that we can read and see if what we want to modify that might make it easier. I know Jeremy is trying to type it, too. Can you see the chat?

[00:30:11.11] - Jeremy Rutland
Yes, I can see the chat.

[00:30:18.04] - Jill Olinick
Then we can wordsmith it from there. Okay. Can you hear me? That last sentence above where you started, I can't tell if you deleted that, These facilities must achieve.

[00:30:40.08] - Jeremy Rutland
Yeah, we're going to take it out.

[00:30:42.03] - Jill Olinick
Yeah. Yes, ma'am.

[00:30:44.09] - Jeremy Rutland
Just slow.

[00:31:14.01] - Carrie Rayburn
For the ACRM, it's the cognitive rehabilitation manual. Is there evidence-based manual, if we need to say that, versus just ACRM guidelines?

[00:31:26.01] - Dr. Brian Higdon
Yeah, I don't think there's an analogous set of guidelines for TBI, like there's for spinal cord injury. But yeah, just the emphasis that they are using some external guidelines and programmatic planning for their TBI care.

[00:31:44.06] - Kimberly Robinson
Very much.

[00:32:21.12] - Jeremy Rutland
What was the acronym? I'm sorry.

[00:32:24.13] - Dr. Brian Higdon
Acrm.

[00:32:24.14] - Jill Olinick
I think you put it in there. Above right after the Paralyzed Veterans. So Anybody have any thoughts on changing any of those words around now that it's written out? You have a... Or at least I'm seeing a white square box in front of it.

[00:32:59.12] - Jeremy Rutland
Same Awesome.

[00:33:04.05] - Dr. Brian Higdon
Can you need to move your mouse.

[00:33:08.09] - Jeremy Rutland
Is it gone?

[00:33:10.03] - Jill Olinick
No.

[00:33:11.10] - Dr. Brian Higdon
All right, there it goes.

[00:33:13.04] - Jeremy Rutland
Wow, delayed.

[00:33:27.10] - Dr. Brian Higdon
This is just an editorial thing, but if you could Capitalize Paralyzed Veterans. It's Paralyzed Veterans of America, so it's PVA.

[00:33:38.06] - Jill Olinick
Oh, yeah. Thank you.

[00:33:43.11] - Dr. Brian Higdon
I still feel like the outcome should be about fit for spent time. It's just we're not really being very specific about what outcomes we're looking at. There's Dr. Valbraina.

[00:33:56.04] - Jill Olinick
Hi. How are you?

[00:34:01.03] - Dr. Brian Higdon
We all signed off on the acute care guidelines, and we're just working on polishing these guidelines. We're in some slower computer issues.

[00:34:20.12] - Jill Olinick
Yes. So do we want to give some specifics for the outcomes? Is that what you're saying?

[00:34:26.09] - Dr. Brian Higdon
Yes. So you could say discharge community. So outcomes should be 50 percentile or above for national benchmarks on discharge community. And what's another major one?

[00:34:42.02] - Jill Olinick
Functional performance.

[00:34:43.14] - Dr. Brian Higdon
Functional performance improvement.

[00:34:52.12] - Jill Olinick
Yes. Yeah, on discharge to communities and functional performance.

[00:35:06.12] - Dr. Brian Higdon
Yeah.

[00:35:08.03] - Jill Olinick
Yeah. Carrie, were you saying something?

[00:35:19.05] - Carrie Rayburn
No, I was just... I said cares, but your functional improvement. So we were on the same page. Perfect. Is 50th percentile a good number? Is it too low?

[00:35:31.15] - Dr. Brian Higdon
I think 50 % of the time, I was fine. It's the push and pull of the more acuity you take, the harder it is to reach those. And if we're going to say both of those, then that's doubling the challenge. I think the bigger thing is that they're actually having some sit down meetings, some programmatic planning to provide that It's not that they happen to get patients with that. They actually have some specific conversations around that in a way to deal with those diagnosis. I know from my own I feel that can be a lot of work to take time out of your clinical day to have those conversations and drop those plans.

[00:36:23.14] - Jill Olinick

Yeah, definitely. Hey, Jeremy, one more word, improvement and functional performance improvement. All right. Fantastic. Now for the rest of the document, did anybody have any other, when they reviewed it, have any other changes or recommendations?

[00:37:09.12] - Carrie Rayburn

I didn't have anything when I was looking through it.

[00:37:16.13] - Jill Olinick

All right. I'd say we'd scroll down page through page, but that could take us quite a long time with the system. Kimberly, did you have any other thoughts? Go ahead, Brian.

[00:37:37.09] - Dr. Brian Higdon

On page 43, I'm seeing some language that doesn't really make sense to me. It's talking about having a medical director that is a physiatrist. Then it says, or client's direct treating physician. Oh. Oh, so the client is Client being the... All right, so it's starting to make sense to me a little bit more. I guess that makes sense. The Rehabilitation Center, Medical Director, that is a physiatrist, or the Client's Director and Physician, Shall be a Physiatrist. I guess that makes sense. Do you want to add in board-certified physiatrist? I think that'd be appropriate.

[00:38:46.09] - Dr. Adriana Valbuena Valecillos

Yeah.

[00:38:50.01] - Jill Olinick

Definitely.

[00:38:53.01] - Kimberly Robinson

Definitely.

[00:38:54.13] - Dr. Brian Higdon

Got to pass those tests, right, Dr. Balbuena? Yeah.

[00:39:00.10] - Jill Olinick

That's right.

[00:39:01.13] - Dr. Brian Higdon

That's what she was doing right before she came here was making sure that our next crop of physiatrists are board-certified. I'm hoping one of my colleagues pass I'm doing a test right now.

[00:39:17.11] - Jill Olinick

Do you know what number it is or what letter?

[00:39:31.14] - Dr. Brian Higdon

It's page 43 on my document.

[00:39:46.06] - Jeremy Rutland

Is that page 43 on the page?

[00:39:48.15] - Dr. Brian Higdon

Oh, that's the end of... I guess there's a discrepancy between that. Is there a 43 on the... Yeah, your 43 doesn't match. If you do a word search for physiatrist, it should come up.

[00:40:41.15] - Jeremy Rutland

Who wants to spell it?

[00:40:44.01] - Dr. Brian Higdon

Is that IJay? Yes. P-h-y-s-i-a-t-r-i-a-s-t. Yeah, right there.

[00:41:04.14] - Jeremy Rutland
Perfect.

[00:41:06.03] - Dr. Brian Higdon
So Adin is a board-certified physiatrist? I guess to me, it doesn't really make sense because centers the the next clause that says, or the client's physiatrist treating physiatrist meets or is it board-studded by the physiatrist? Because we're evaluating the whole facility and not patient by or client by it, whether the center is a B-Skip center.

[00:41:51.08] - Dr. Adriana Valbuena Valecillos
Yeah, I think that the after or. I'm not sure it goes well there.

[00:42:00.02] - Dr. Brian Higdon
Maybe just change it to and.

[00:42:09.13] - Dr. Adriana Valbuena Valecillos
Yes.

[00:42:10.12] - Dr. Brian Higdon
And the direct treating position for these clients.

[00:42:14.12] - Dr. Adriana Valbuena Valecillos
Because the one doesn't replace the other one.

[00:42:17.00] - Dr. Brian Higdon
Yeah. I'd say after position, have it say, For clients, there, and then take out the clients earlier in the sentence.

[00:43:04.08] - Jill Olinick
You want to put board certified there again?

[00:43:07.11] - Dr. Brian Higdon
Sure.

[00:43:10.00] - Jill Olinick
So you say, and the client's direct treating physician, or whatever, shall be a board certified physiat.

[00:43:20.14] - Dr. Brian Higdon
So it says, and the direct treating physician for clients, which I think we have mostly there, but add in a the. I think What do you guys think about having the language for CARF there? I'm not sure if CARF specifies even what training, knowledge, and experience the physician should have. So I'm not sure if that's even a thing.

[00:43:57.03] - Jill Olinick
Yeah, I think we can just end the sentence. Client shall be a board-certified physiatrist.

[00:44:03.04] - Dr. Brian Higdon
Yeah.

[00:44:11.05] - Jill Olinick
Do you want to say anything about the physician having a specialty training such as- No.

[00:44:19.02] - Dr. Brian Higdon
Well, if you're going to be a board-certified physiatrist, you will have training in TBI and spinal cord injury. But to have subspecialized training is not really It's not realistic. There's only four or five spinal cord injuries, physiatrists in Florida that have practice in the community. So it's not really realistic.

[00:44:44.10] - Jill Olinick

So We are saying you can put a period after the second board certified physiatrist and then just eliminate the rest.

[00:44:56.05] - Dr. Brian Higdon

Yeah. What do you think, Dr. Valvin?

[00:44:59.07] - Dr. Adriana Valbuena Valecillos

Yeah.

[00:45:18.15] - Jill Olinick

Then under A, B, I guess if we're... I think we can say just team members from the professional disciplines with training, experience and expertise in brain and spinal cord injury standards must be included as staff. Sure. So we can... Yeah.

[00:45:40.09] - Dr. Adriana Valbuena Valecillos

Is the physicians are board-certified, it meets those training. So I think it's redundant. I guess erase that whole thing.

[00:46:00.05] - Jill Olinick

You can take out the words as described and the CARF. And then it will read, Team members from the professional disciplines. I was assuming this meant such as PTOT, speech nursing. Am I reading that correctly? Yeah. You can delete as described and delete the CARF. It'll say, Team members from the professional disciplines with training experience and expertise in brain and spinal cord injury standards must be included as staff of the rehabilitation center. That makes a little bit wordy, but...

[00:47:14.05] - Dr. Adriana Valbuena Valecillos

What is the Team members from the professional disciplines with training experience and expertise in brain and spinal cord injury standard must be included as a staff at the rehabilitation center.

[00:47:28.00] - Jill Olinick

Yeah, it doesn't... How about team members must... Members of the professional... Let's see. Support disciplines Additional team members shall have training, experience, and expertise in brain and cord injury.

[00:48:01.01] - Dr. Adriana Valbuena Valecillos

I like that. Less words than idea. Yeah.

[00:48:13.07] - Jeremy Rutland

We're adding the word additional?

[00:48:15.13] - Jill Olinick

Yeah. We're just going to say additional team members.

[00:48:20.12] - Dr. Adriana Valbuena Valecillos

We don't need to put additional. We just put team members in general.

[00:48:25.06] - Jill Olinick

Yeah. Team members will have training, experience, and expertise in brain and spinal cord injury.

[00:48:35.08] - Jeremy Rutland

Okay. You're just slow.

[00:48:47.04] - Dr. Brian Higdon

I'm going to be really fancy. Sorry. I was just letting the whole process then. You can say, into Disciplinary Care Team members.

[00:49:03.02] - Kimberly Robinson
There we go.

[00:49:03.09] - Dr. Adriana Valbuena Valecillos
Yeah, that's what I'm looking for.

[00:49:05.05] - Carrie Rayburn
I was going to say because I think it's really like we're wanting it to be professional disciplines or this is an interdisciplinary team because we're listing them all below it.

[00:49:16.04] - Dr. Brian Higdon
And that's referencing Medicare, the Interdisciplinary Team, that's defined by Medicare.

[00:49:21.00] - Jill Olinick
All right. Yeah. Yeah, I'm with you. I just couldn't come up with the word as I was... I'm like, What's the word?

[00:49:32.00] - Jeremy Rutland
We're taken out from the professional discipline.

[00:49:34.01] - Dr. Brian Higdon
It's going to say interdisciplinary. It's going to be the first word, big word. Interdisciplinary care team members.

[00:49:52.01] - Kimberly Robinson
Oh, wow. What happened?

[00:49:58.10] - Jeremy Rutland
What?

[00:50:00.12] - Dr. Brian Higdon
Microsoft Word adventure right now.

[00:50:03.04] - Jeremy Rutland
We will have this cleaned up, you guys. I promise.

[00:50:08.00] - Jill Olinick
That's okay. Yeah, just interdisciplinary care team members will have training, experience, and expertise in brain injury and spinal cord, and brain and spinal cord injury. And then, in addition, medical consultative services must be available. These include, but are not limited to two, and then what's listed there. Great. You put a period after injury there and then delete the next part of that sentence, and then start with, In addition, medical consultative services must be. It reminds me of a slow-mo movie.

[00:51:27.11] - Carrie Rayburn
I just feel like there's It was something against us trying to get these done, but now it's the computer working against us.

[00:51:37.05] - Jill Olinick
All right. Was there anything else in the rehab center standards that anybody saw needed adjusting?

[00:51:49.03] - Carrie Rayburn
I didn't notice anything.

[00:51:53.10] - Kevin Mullin
You think this is bad? Wait till we send it to legal. We won't see this till 2026.

[00:51:59.09] - Dr. Brian Higdon
Oh, no, don't say that. That's optimistic.

[00:52:03.03] - Kevin Mullin
Exactly.

[00:52:04.01] - Carrie Rayburn
I'll put it out in the universe. It's going to come back quickly.

[00:52:08.04] - Kevin Mullin
I hate to say it on the real. This one comes to legal.

[00:52:11.07] - Kimberly Robinson
Wait till legal gets this. Wait till it goes to legal and It'll come back. I promise you, it'll come back.

[00:52:19.02] - Kevin Mullin
Exactly.

[00:52:21.02] - Jill Olinick
All right. I'm going to request for a motion to approve.

[00:52:28.10] - Dr. Brian Higdon
I understand.

[00:52:29.10] - Kevin Mullin
I second.

[00:52:31.12] - Dr. Adriana Valbuena Valecillos
Second.

[00:52:32.13] - Jill Olinick
All right. Any opposed? Look at us.

[00:52:38.04] - Carrie Rayburn
All right.

[00:52:42.03] - Kimberly Robinson
That was arduous.

[00:52:44.08] - Jill Olinick
Yes. Hey, but a big accomplishment. It's been a long time. Yes.

[00:52:48.04] - Kimberly Robinson
Thank you, Jeremy, for your patience.

[00:52:52.09] - Jeremy Rutland
You're welcome. It was a computer working against us.

[00:52:56.02] - Kimberly Robinson
Yeah, just that document alone.

[00:52:59.08] - Jill Olinick
Yeah.

[00:53:00.11] - Dr. Brian Higdon
We did make it smaller, so we should be proud of that.

[00:53:04.04] - Jill Olinick
That's right.

[00:53:05.12] - Carrie Rayburn
Quite a bit.

[00:53:09.11] - Dr. Brian Higdon
Dogepronens will approve.

[00:53:12.14] - Kimberly Robinson
It dropped to about 30 pages. Well, this says 87, but we haven't taken out stuff, so it added the pages that you added. It hasn't taken out the stuff you guys deleted on this version. But I think it's going to be right around 30 pages.

[00:53:33.10] - Jill Olinick
Exciting. Be the shortest government document. All right. Does anybody have anything else?

[00:53:46.15] - Carrie Rayburn
We're going to look at the charter today or now?

[00:53:52.02] - Kimberly Robinson
We won't have time to do the charter today. We won't have time for that.

[00:53:59.07] - Carrie Rayburn
The next meeting is planned for when?

[00:54:05.09] - Kimberly Robinson
I wanted to clarify with you all because, Jill, you have June fifth on here, and then we talked about every other month, which we should have skipped this month if we were doing, but we wanted to finish this. I don't know where you want to start with your every other month if you want to start it next month or if you want to start fresh in July. The good news is all of these crazy calendar appointments that Kaitlyn scheduled that I can't edit. That's all going to be set up differently next year. There's going to be two organizers that have control of that calendar event, so we won't have to go through this madness anymore.

[00:54:45.04] - Jill Olinick
So my thought was that we keep the June fifth. I kept it on there because we had said every other, and this would have been our month that we would skip, but because we wanted to finish the standards. And then we've got the charter that we really want to finish, and then we can move forward with what we want to focus on after that. Is everybody okay with that?

[00:55:06.10] - Dr. Brian Higdon
I may not be available on June fifth, but I'd be okay for the meeting to proceed without. Well, I am going to be on vacation, but depending on my schedule that day, I might be able to still attend, but no guarantees on that. But I'd be okay with the meeting proceeding without me.

[00:55:27.06] - Kevin Mullin
I should be here, so good on my end.

[00:55:30.11] - Carrie Rayburn
I'm good with that date as well.

[00:55:33.07] - Dr. Adriana Valbuena Valecillos
I'm okay on that date.

[00:55:39.00] - Jill Olinick
All right, perfect.

[00:55:41.08] - Carrie Rayburn

I noticed that on the SharePoint, that the charter was on there. Are we just going to do it in the meeting together or do we want to do track changes for that as well?

[00:55:52.12] - Kimberly Robinson

I think we can do that in the meeting together. There's not a lot of changes. I don't believe on there. I highlighted certain things. I do like having that SharePoint out there for the council, so you all have a place to go and we can put documents there for everybody to see and share. So hats off to Rob. He figured out how to do that for us. Our Mr. Wizard. He's our most valuable player. If you want to make edits to that charter out there, you can. If you don't want to and you want to have your suggestions ready to go at our meeting, we can pull it up. It shouldn't be anything like we've been doing with these standards at all. It shouldn't be anything like that.

[00:56:36.11] - Carrie Rayburn

All right.

[00:56:42.00] - Jill Olinick

If nothing else, do I have a motion to... Adjourn. Yes. Adjourn. Thank you. There's the word. I'm sorry. I'm really having a hard time.

[00:56:54.14] - Kevin Mullin

I'll second.

[00:56:58.01] - Jill Olinick

Great. Thank you all. Have a great weekend.

[00:57:02.11] - Kimberly Robinson

Have a great day.

[00:57:04.08] - Carrie Rayburn

Bye-bye. Bye-bye.

[00:57:06.08] - Dr. Brian Higdon

Bye-bye.