

[00:00:04.07] - Kim

I'm going to open by welcoming everybody to our PQI, our Performance Quality Improvement Committee meeting. We're going to start with roll calls, which Jeremy will do roll call for us.

[00:00:23.14] - Jeremy

All righty. Good afternoon. Here's the roll call, Don Chester. Kevin Molen. Here.

[00:00:34.10] - Kim

That raise money in participating in a different type of war, like a typical middle school.

[00:00:39.15] - Jeremy

Patty Lance.

[00:00:41.05] - Kim

Here.

[00:00:44.01] - Jeremy

Daniel Nicholson. Michael Fader. Jill Olnik.

[00:01:00.10] - Dr. Higdon

I saw her log in.

[00:01:01.15] - Jeremy

Yeah, I did, too. She's muted, but I see she's here. Dr. Brian Hicken. Here. Dr. Heredias. Kari Rayburn.

[00:01:19.01] - Valerie

Present.

[00:01:21.05] - Jeremy

Ruth Ann Tatersaw.

[00:01:24.01] - Kim

Present.

[00:01:25.02] - Jeremy

All righty. Awesome. Back over to you, Kim.

[00:01:30.04] - Kim

Okay, so do we have a quorum, Jeremy? I don't think- Hey, this is.

[00:01:34.01] - Jill

We have a lot of technical issues getting on.

[00:01:37.08] - Dr. Higdon

We can hear you now.

[00:01:38.08] - Kim

Yes, we can hear you.

[00:01:42.15] - Jill

I could see you nodding, but I couldn't hear you.

[00:01:45.13] - Jeremy

We have six.

[00:01:48.07] - Kim

We have six, okay. So we don't have a quorum. All right. So right now we can't vote on anything. So

moving forward We have the minutes that were e-mailed out from the morning session on March sixth, but we don't have a quorum, so we cannot vote on them. Well, actually, let me take that back. If we go by committee members, we do have a quorum because committee members are listed as four, and the only one not here is Don Chester. So if I go by the committee members for this committee, there is a quorum and we can vote on those minutes.

[00:02:31.05] - Dr. Higdon

Yeah, I was curious about that. Am I not counted on the committee?

[00:02:37.10] - Kim

I don't have the last last meeting, they decided to combine the committees So I don't know what that...

[00:02:46.07] - Beth

I know we had to discuss how that would affect the voting and the quorum for members. Kimberly, can you hear me?

[00:02:57.04] - Kim

Yes.

[00:02:59.08] - Jill

I can I still can't hear anything. I'm wondering, could you put in the chat maybe a phone number I can call?

[00:03:08.07] - Kim

Can you look up Rob's phone number and give her Rob's phone number?

[00:03:13.11] - Beth

Yeah.

[00:03:13.15] - Dr. Higdon

Let me drop something in the I want the...

[00:03:16.11] - Beth

Yeah, there's the teams.

[00:03:19.15] - Dr. Higdon

Hold on. Yeah, I got it.

[00:03:21.03] - Beth

You got it. Thanks, Dr. Hicken.

[00:03:23.02] - Dr. Higdon

No, it's not letting me do the teams. It's not letting me do the chat. It's like a permissions thing.

[00:03:28.15] - Beth

Okay, hold on. Let me see if I can drop it.

[00:03:33.05] - Kim

So going back to whether we can vote or not, if we're going to combine the committee, we have to change our charter, and the charter has to be approved. So you have to have all your council members in order to approve that change.

[00:03:54.07] - Dr. Higdon

Okay.

[00:03:55.08] - Kim

We can continue with just the PQI and just cancel the PAC meeting, and we can continue with the PQI, but until we change our charter, and then you vote and you decide that everybody is going to be a member, a committee member for this committee. We can vote. It's really tricky. We can vote on the minutes for this committee meeting. We can vote on the March minutes because this is a committee. This is still a committee, and we have four members. Now, if I need to I'll add you, Dr. Higgin, that's probably my oversight. Let me make a note to add you to this committee. Eventually, everybody's just going to be this committee because there's only one. But for today, we can vote on the March minutes in this committee. Do I hear an approval?

[00:04:51.01] - Kevin
Yeah, let me approve.

[00:04:53.04] - Dr. Higdon
Second.

[00:04:55.04] - Kim
Okay, so the minutes are approved. Go ahead.

[00:04:59.10] - Dr. Higdon
The The decision to put aside the Public Awareness Committee happened towards the end of the meeting last month, so I don't think we had a chance to make that into the charter. I was reviewing the charter, and it seems like there's supposed to be council meetings every quarter, but I feel like we've typically been doing them every six months. Am I misunderstanding the discrepancy?

[00:05:33.12] - Kim
Statute requires me to have two biannual council meetings. According to statute, I have to have two. The quarterly are the committee meetings in the charter. It's not the annual meetings. By statute, I'm required to have two.

[00:05:53.11] - Dr. Higdon
Okay.

[00:05:54.15] - Kim
I believe the charter is referencing your committee meetings, but then we had meetings every other month.

[00:06:05.15] - Dr. Higdon
Yeah. On page 3 at the bottom, it says Council procedures. It says, Agenda's outlining meeting objectives shall be published. Number 2 is, Conference call meetings shall be held at least quarterly. That's under Council procedures, not committee. Yeah.

[00:06:24.09] - Kim
But it's not necessarily pertaining to Council. That can be committee.

[00:06:29.07] - Dr. Higdon
Okay.

[00:06:30.02] - Kim
I'm going by statute, and my statute requires me to have two per year. One has to be- The requirement versus the charter.

[00:06:39.06] - Dr. Higdon
But if the charter was laid out- Right. Yeah.

[00:06:44.15] - Kim
Well, we can revisit that as well.

[00:06:48.08] - Dr. Higdon
Yeah.

[00:06:50.00] - Kim
If we are going to do away with the PAC committee and only have the PQI, that's a change in charter. We also need to determine how often you want to have those meetings. Right now, our committee meeting is every other month. Do you want to have this committee meeting once a quarter? Every other month, every month, how often? In this committee meeting, the quorum can vote on that because right now there is a quorum. And how often you want to have this committee meeting?

[00:07:31.11] - Kevin
If I'm allowed to add my insight, I wouldn't increase the frequency just because we're already having a little bit of attendance issue. So either maintaining the same or going to a quarterly, that would be my best suggestion. I don't think maintaining the same is a bad idea.

[00:07:49.15] - Dr. Higdon
Yeah, I agree with keeping it. I'll make the official motion to keep the same.

[00:07:58.10] - Kevin
I second.

[00:07:59.08] - Dr. Higdon
Okay. All right.

[00:08:01.11] - Kim
It'll be every other month. It's the first Thursday of every month from 2: 00 to 3: 00 Eastern Standard Time. Is that what I'm hearing?

[00:08:17.14] - Kevin
Good on my end.

[00:08:19.03] - Dr. Higdon
Yeah.

[00:08:20.04] - Kim
Okay. Excellent. We're moving right along here.

[00:08:25.11] - Dr. Higdon
Yeah. Do we have a committee? I don't think we have a committee lead No, we don't.

[00:08:32.05] - Kim
That's one of the things I was going to bring up next before we get into the standards and the, so is there any council member that's on this meeting willing to take the lead for this committee?

[00:08:52.09] - Beth
Okay, I hate to bring this up because Jill can't hear us right now, but we did talk about this in March, in March meeting, and I think she was the lead for that. She was going to take over PQI. Again, I know she can't hear me.

[00:09:08.14] - Dr. Higdon
Yeah, that's right, Valerie. Probably Jill's like, me, me, me. I remember that now.

[00:09:20.15] - Valerie
I remember that, too. I don't think she can hear us currently, but she can let us know.

[00:09:29.14] - Kim
I'll email her and verify.

[00:09:32.12] - Dr. Higdon

Yeah. But, Jill, if you can hear us, the phone number for the call is available in that that team's meeting that was sent out, I think today and last week under the team's link.

[00:09:48.00] - Valerie

I'll type that into the comment for- It's right here on my screen.

[00:09:54.04] - Kim

It's right here on my screen.

[00:09:56.11] - Beth

Oh, there it is. Yeah, it wasn't in the invite when I opened it. Oh, okay.

[00:10:00.10] - Valerie

I didn't see it in the in the inbound either.

[00:10:05.15] - Dr. Higdon

Let's see if Gill is able to connect.

[00:10:09.03] - Kim

I'm not trying to throw Kaitlyn under the bus at all, but she set up all my meetings that I've had a heck of a time because I can't change anything that she set up. So this coming new year, we're going to have two organizers on these meetings. So if I'm not available, somebody else is that can go in and edit our meetings. That'll make it much easier. All right, so we have a pretend... I'm sorry, go ahead, Beth.

[00:10:41.13] - Beth

Can you scroll back up for one second? I'm typing in the thing for her. Sorry, I just didn't get the code.

[00:10:53.05] - Valerie

I'll check with her as well to make sure that she sees the chat.

[00:10:57.10] - Beth

Okay, thank you. Okay, I'm sorry. You can scroll back now.

[00:11:02.07] - Kim

No problem. All right, so we have a potential lead for this committee. We're going to talk about the changes for the charter. The trauma list Before we get to the other two, Dr. Hicken, you asked about being able to provide a list of facilities to your clients that are B-Skip designated. I did speak with legal on that, and When I attached a list of all the trauma facilities that are B-Skip designated, if they have a rehab within their facility, they would be included in the traumas designation for be skipped. We used to give out specific designations to rehabs. I do not have a list of that. That is history that I don't have. If there is a rehab out there that still has the letter that says that they are designated, if they can show that to me, I would honor that. But I'm not issuing any new designations for rehabs right now. I'm just only doing the trauma facilities because we umbrella under their standards right now.

[00:12:17.07] - Dr. Higdon

Okay. Is there any current plan in place? But you can. In a longer perspective, is that the standards that we worked on would then be applied in the future to decide which centers were BISCAP centers?

[00:12:35.15] - Kim

Correct. That's correct. Yes. But that list that I sent out, that is public record. You should be able to get that on the trauma website, so that can be used. I got that list from the trauma section administrator. I asked him if he knew specifically any of his trauma centers that had rehabs in it, and he did not have a current listing of anything like that. He just had a listing of his trauma facilities.

[00:13:11.04] - Valerie

Kimberly, we still have our certificate. Can I send that to you? Our rehab facility?

[00:13:19.05] - Kim

Is it still valid? What's the expiration date on it?

[00:13:24.04] - Valerie

I'm not sure. I'll check that and I'll send it to you and you can let me know what we need to do moving forward.

[00:13:30.00] - Kim

Yeah. Okay, that'd be great. I know that there were designated rehabs, but I don't have any of that. I don't have any of that information. I went back in the previous administrator's files to see if I could find anything in his files, and I can't find anything in his files. But I do know that B. Skip did designate rehabs. I can't find the history.

[00:13:56.02] - Valerie

Yeah, I know we have a certificate here at our facility, and I'll look to see if there is there some letter available that I could share with you, too.

[00:14:04.13] - Kim

Yeah, there should be like what the trauma centers get, I believe, something that's on B. Skip's letterhead that says you are a designated rehab facility and it has an expiration date on it.

[00:14:17.15] - Valerie

Okay, thank you.

[00:14:20.11] - Dr. Higdon

Sure.

[00:14:21.02] - Kim

Okay. Thank you.

[00:14:22.09] - Dr. Higdon

I appreciate that. But did you speak to the attorneys about whether the trauma centers would be required to notify the B-Skip patients, whether or not, or notify them which ones are B-Skip centers, B-Skip rehab centers once that list is created?

[00:14:51.05] - Kim

I'm sorry. Ask me that again. I don't think I understood your question. Ask me one more time.

[00:14:57.08] - Dr. Higdon

When the patients are being referred for post-acute care, rehab house. The question for legal is, would it be so that the case manager would say, Okay, here's five rehab centers that take your insurance, and these two are B-Skip centers. Did you talk to the attorneys about that question?

[00:15:27.05] - Kim

I believe that the trauma center or The case manager could provide that information to the client at discharge so that they could choose where they wanted to go.

[00:15:37.08] - Dr. Higdon

Could or should?

[00:15:41.14] - Kim

I'm going to say could. Okay. I don't know I don't know that they're required. I would have to probably go back and see what trauma has in their standards. If there's anything there that says that they have to. That I don't know.

[00:15:55.10] - Dr. Higdon

The point I made during the larger council meeting before is there's no money that goes with being a B-Skip rehab center. If a center is not already meeting those requirements to be a B-Skip center, there's really no incentive right now to make any changes to become a B-Skip center. But having that designation as something to promote their center for patients coming to their center to build that program, that would be an incentive, a non-monetary incentive to build up and improve your program to become a B-Skip Center.

[00:16:41.06] - Kim

I agree. But until we have our standards in place, so this is going to roll right into where the standards are. Okay, so Jeremy is going to pull up the standards that you all worked on.

[00:16:55.04] - Dr. Higdon

Yeah.

[00:16:56.01] - Kim

Beth and him worked very hard to put that all together based on all the recommendations. So we want the council to look at it to make sure that it is what you wanted. And if it is the final draft, the next step is I will take that draft and I will take it and send it to legal, and legal will review it. They'll red pen it, they'll probably send it back to me, ask me all kinds of questions. That's just typical standard, but it'll go to legal. Once legal approves the final document, Then we have to go to rulemaking. Rulemaking is probably going to take about a year is what Laurie explains to me. Rulemaking is about a year. It's a long process Yeah. So our next step is we need to look at our standards, agree that this is what you want, or if there's a change in here, we can make the change today. And then if this is the final draft, then my next step is to send it to legal review. They'll do their review. As soon as I get the approval from them, then Laurie, who is the B-Skip Council, her name is Laurie Job, she's our Council, her and I will then start working on rulemaking.

[00:18:16.09] - Kim

And that's where I will probably come back to Council to see what it is, how we want to write our rule for implementing these standards so that we can do designations again.

[00:18:27.04] - Dr. Higdon

All right. Kevin, you had a comment?

[00:18:29.15] - Kevin

So we're going to review this as a group right now, or are you sending this out via email for us to do an individual?

[00:18:37.09] - Kim

No, I would like to do it right now so we can get our final draft, be done with this, and move it to legal. If it's possible, if we have enough time.

[00:18:48.08] - Kevin

Excellent. Is there anything else that's on our agenda today?

[00:18:53.05] - Kim

The only other thing was to talk about the review for changes on the charter, but that's not as important right now as these standards. No, let's get this done. We're going to prioritize. I would like to. I would very much like to get the standards done.

[00:19:10.12] - Kevin

A hundred %. Thank you.

[00:19:13.02] - Kim

Okay. So, Jeremy, I'll let you take it.

[00:19:20.08] - Jeremy

All righty. Here we are starting on page 2. Dr. Hickman, is there a specific section you wanted to look at to just clarify, or did you just want to go from top to bottom?

[00:19:37.15] - Dr. Higdon

I generally go from top to bottom. But to follow what Kimberly was talking about earlier, I would like to include that language, and we can put it to vote for the committee, I would like to include that language that says, the case manager at a B-Skip Trauma Center would notify the patient and family as part of the referral process, communicate to them which centers are B-Skip rehab centers as part of that referral process, provide them that information. And that's a direction and a requirement for them to do?

[00:20:17.04] - Beth

That's in there. Okay, so we did get that. What we forgot in March, I think we forgot, was that you guys had written a whole case manager social work section. I found that document while I was editing and compiling this stuff. Let me try to tell you the page number. I think we stuck it in the end of acute care anyway. I think it's the end of page 14.

[00:20:43.12] - Dr. Higdon

All right.

[00:20:58.02] - Beth

That whole section right there was added that Madonna and... I'm sorry. Madonna and the lady that came with her, Candice Paneda, helped put that language together. All right. I think it's right at the end.

[00:21:20.10] - Dr. Higdon

Next page. Yeah. Seven. Yes, so 7 doesn't say that they're communicating that they are be skipped as any facilities.

[00:21:51.10] - Beth

Oh, okay. Maybe I read it wrong. I would say probably this is the section that you guys might want to add in there if it's If the case managers are the ones communicating that information or wherever you guys want to add it. I'm sorry, I thought that's what I was referring to.

[00:22:08.12] - Dr. Higdon

So the case manager, social workers. Sorry, what's that?

[00:22:16.05] - Kim

So on number seven, it says, Facility manager, social workers will provide B-Skip designated facilities as options for post-acute care. Do you just need it to say to the discharging client?

[00:22:30.08] - Dr. Higdon

So one, that sometimes with difficult insurance, that may not be a reasonable option, but if they have really terrible insurance, When referring for inpatient rehabilitation, they will communicate which ones are B-Skip designated rehabilitation facilities. Please.

[00:23:03.08] - Beth

Okay, I might have a silly question.

[00:23:05.01] - Kim

Do you want to change number 7? Go ahead, Beth.

[00:23:10.04] - Beth

All right. This might be a silly question, but isn't post-acute care inpatient rehabilitation? Do we just need to change how that's phrased?

[00:23:23.06] - Dr. Higdon

So yes, it is. Inpatient rehabs are post-acute, but not all post-acute are inpatient rehab. So it can be LTAC, SNIF, or inpatient rehab facility.

[00:23:35.06] - Beth

Okay. So maybe we just need to change the language a little bit.

[00:23:41.15] - Kim

So how would you change that language, Dr. Higna?

[00:23:47.04] - Dr. Higdon

Okay. So Facility Case Manager/Social Workers will provide, will inform the patient/family of which rehabilitation facilities are B-Skip designated rehab facilities.

[00:24:17.11] - Jeremy

Okay, say that again.

[00:24:20.05] - Dr. Higdon

Facility case manager social workers will inform patient/family of which inpatient rehabilitation facilities are BC designated centers or facilities.

[00:24:43.12] - Jeremy

One more time.

[00:24:44.14] - Beth

And Can just delete, provide, and put R?

[00:24:48.10] - Dr. Higdon

Yeah. All right, that's good. All right.

[00:24:59.02] - Kim

Okay. All right. Do we want to go back to the top? Is there anything else that stands out in anybody's mind you want to look at specifically, or do you want to start from the top and go down?

[00:25:12.14] - Dr. Higdon

Start from the top.

[00:25:13.07] - Valerie

I just have a quick question on this page. Is it common for case management to work seven days a week?

[00:25:22.02] - Beth

I think that just meant that there has to be- In the hospitals? Yeah, there has to be coverage for seven days a week.

[00:25:29.02] - Dr. Higdon

Yeah.

[00:25:30.02] - Kim

Okay.

[00:25:49.01] - Dr. Higdon

All right, you can go down. All right. So this doesn't seem to be edited on We had discussed this heliport thing before. And not that it's a big thing, but it's still there. Is there a different draft that's edited, or is that just one thing that was missed out?

[00:26:29.03] - Beth

No, this I took the one from November where you guys had started editing, and that's the only draft that we had. We edited in November, December, and January, and I compared all of the drafts.

[00:26:50.06] - Dr. Higdon

Okay. I remember someone along the way making a comment about the heliport not being the right language for a helicopter landing spot. Heliport implies that it's a full airport.

[00:27:01.11] - Beth

It used to say helicopter something or another. I do remember this now, and they changed it to heliport landing something. So it did change a little bit.

[00:27:13.05] - Dr. Higdon

Okay. Maybe I'm missing something. Apologies.

[00:27:22.08] - Beth

There are a couple. I think there's maybe two notes or three in this section that I left because I'm not sure where we were on those.

[00:27:45.11] - Dr. Higdon

All right.

[00:27:51.04] - Beth

You're muted, Kim. Do we need to remove that note? That was my, I guess, question.

[00:27:57.07] - Kim

I just assume we need to remove it. That's why I'm asking if we need to strike that.

[00:28:06.02] - Beth

Just delete the whole note.

[00:28:08.07] - Kim

Yeah, just delete it. All right.

[00:28:21.12] - Dr. Higdon

I think you can keep on going down.

[00:28:38.15] - Jill

Hi, it's Gill.

[00:28:42.06] - Dr. Higdon

Sorry, I was so told. Hey, finally.

[00:28:44.01] - Valerie

You get an A plus for working at it so long.

[00:28:51.14] - Kim

Oh, my gosh.

[00:28:54.13] - Jill

Anyway.

[00:29:02.14] - Valerie

We're just reviewing for the final draft to be sent to legal, Jill.

[00:29:10.06] - Dr. Higdon

All right, you can confirm going down. So we were going to add this language, but it's not added yet?

[00:29:23.12] - Kim
No.

[00:29:25.08] - Dr. Higdon
Okay. I'm going to pull that language and talk about it now.

[00:29:29.14] - Kim
I'm going to have to do that trauma standards. I don't know where it's at in the trauma standards. I'll have to research that. I don't know where that's at in standards, their standards.

[00:29:42.05] - Dr. Higdon
Let me see if I can go find it. I can find it really quick here. I can't post anything to chat right now because of the settings.

[00:29:54.04] - Beth
Hello.

[00:30:05.07] - Kim
I'm calling their standard to see if I can find it.

[00:30:07.14] - Dr. Higdon
Yeah, so it's on page 33, 33, 34 of the trauma standards. But we're going to borrow that language and put it here since it's being removed from the trauma standards. So do we want to hash this out now or do you want to do that in the interim and then come back?

[00:30:40.06] - Kim
We'll keep going while I find it in the standards here.

[00:30:43.10] - Dr. Higdon
Okay. And Yeah, it's on page 33 and 34, and there's a note

[00:31:49.00] - Dr. Higdon
8. Have you found it?

[00:32:09.15] - Beth
Yeah.

[00:32:11.01] - Dr. Higdon
All right. So I'm looking at page 4.

[00:32:16.14] - Kim
33, and I'm not seeing it.

[00:32:20.05] - Dr. Higdon
Can I share my screen and show that? Yeah. Is that possible?

[00:32:26.15] - Kim
Of course.

[00:32:37.14] - Dr. Higdon
All right. All right. So process outcome indicators- I'm on 34.

[00:32:55.13] - Kim
I'm sorry.

[00:32:56.13] - Dr. Higdon

Yeah. Process outcomes, facility I'll just monitor at least 10 indicators. It says percentage of all traumatic C1, C2, or C3, is upon according to your patient is permanently dependent on my account for the data.

[00:33:12.10] - Kim

I'm not looking at the same standard. My page 34 is not your page 34.

[00:33:19.09] - Dr. Higdon

All right. This one would be from 2009. So maybe you have more updated ones than I do. What year is yours from?

[00:33:27.11] - Kim

I must because it's not here. I'm looking here because I went out to their site. This is January 2010.

[00:33:38.08] - Dr. Higdon

All right. Maybe yours are somehow more up to date. But in the notes, under note 8. What And this might be the language we want to include.

[00:34:11.02] - Kim

All right, here we go.

[00:34:22.01] - Dr. Higdon

Sorry. All right, die from paced your program eligibility. So I think the discussion The question that we had earlier was that each trauma hospital would be expected to determine if a patient would be eligible for a Pacer and have a plan in place. If a patient is eligible to have a Pacer, have a plan in place to get the patients that Pacer. So this is the eligibility criteria. Then they're supposed to track How many of the patients end up getting one? Kimberly, there's a lot of... Someone's having a lot of background noise.

[00:35:17.00] - Beth

I'm trying to find it. Sorry.

[00:35:20.12] - Kim

I don't know.

[00:35:22.15] - Dr. Higdon

Okay.

[00:35:23.15] - Kim

What version was yours?

[00:35:27.10] - Dr. Higdon

These are the 2009, it seems. Well, no, this is revision 114. 10. All right.

[00:35:34.09] - Kim

So why am I not seeing the same thing you're seeing? That makes no sense.

[00:35:41.06] - Dr. Higdon

This is the last page of the whole document. Search your document just for diaphragm Pacer. See if it says anything about it. Just Control F.

[00:35:50.08] - Kim

I did.

[00:35:52.06] - Dr. Higdon

Okay. I just googled Florida Trauma Standards' Diagram and I found this document. January 2010.

[00:36:04.03] - Kim

That's pamphlet. Let me see if I'm on the pamphlet. That could be the difference. Yeah, it says same thing. That is so weird.

[00:36:18.01] - Beth

All right.

[00:36:19.02] - Dr. Higdon

All right. But I would like the B-Skip Rehab standards to say that each trauma center should determine which patient are appropriate for a die fan Pacer and then have a plan in place for implantation. They're at their facility or have a transfer agreement with a facility that can complete it.

[00:37:32.01] - Kim

Okay, I posted in the chat in the standards I'm looking at is what it's talking about for the diaphragic patient. That's the language that they have that I'm finding.

[00:37:45.11] - Dr. Higdon

All right. Are other people able to access the chat? Because I am not.

[00:37:53.03] - Valerie

Yeah, I can.

[00:37:54.06] - Kim

You can't access chat?

[00:37:56.13] - Beth

Yeah, we were using it earlier.

[00:37:59.08] - Dr. Higdon

Oh, Maybe it's on my side.

[00:38:03.12] - Kim

I can share my screen. Give me one second. What I have highlighted here is what I just pasted in the chat.

[00:38:26.03] - Dr. Higdon

Okay.

[00:38:51.09] - Kim

Is that what you're looking for?

[00:38:53.06] - Dr. Higdon

Yeah. But in addition to that, what's in the notes, but talking about the requirement that they have I feel like I've said this two or three times now, that they have a Pacer program, that they have a program to identify patients and treat them appropriately. All right.

[00:39:16.14] - Kim

Okay. So, Jeremy, pull your document back up, and we can add that language.

[00:39:42.03] - Jeremy

Can you guys see my screen?

[00:39:48.14] - Dr. Higdon

All right. Yes, I can. So this would be like a 0. 9, a number 9. What's the overall heading for this? What is the the ninth one of?

[00:40:20.11] - Jeremy

I'll have to go back and correct that. That's fine. There it is. Do you want me to just copy what Kim put in the chat? Did you want to add?

[00:40:37.02] - Dr. Higdon

Yes, I wanted to add that comment I was making earlier. Do you want me to repeat myself?

[00:40:51.06] - Jeremy

Yeah, that will be great.

[00:40:55.02] - Dr. Higdon

What page number are we on?

[00:40:59.04] - Jeremy

On this I'm on page 5.

[00:41:06.08] - Dr. Higdon

Okay. Hold on a second. Sorry, I'm trying to find my place in my own document.

[00:41:14.03] - Beth

See, this document is not going to look like any of the old versions because we deleted a lot of stuff, added in, had to add in pages, and it's a work in progress right now.

[00:41:27.11] - Dr. Higdon

Okay. What's letter C above this? What is the- Okay.

[00:41:38.04] - Jeremy

Letter C is hospital support capability.

[00:41:45.03] - Dr. Higdon

Okay, that's appropriate enough. For number 9, it would be... Let me call this other language. Is this ? Hospitals will identify, have a program in place to identify which patients are eligible for diffragmatic pacing.

[00:42:24.04] - Jeremy

Identify what- Patients who are appropriate for diffragmatic pacing in order to wean from ventilator support and be able to implant.

[00:42:48.05] - Dr. Higdon

Sorry, we'll have a program in place for them. And either have a program in place to implant the diefragmatic pacing or have a transfer agreement with another hospital that is able to place the diefragmatic Pacer.

[00:43:14.15] - Jeremy

All right.

[00:43:17.01] - Dr. Higdon

See how it's done. That was it. Okay. Who are appropriate for diepregnatic pacing?

[00:43:30.13] - Jeremy

What did you say, Kim? I'm sorry.

[00:43:34.09] - Kim

Well, I'm not trying to interrupt you, Dr. Higdon, but to keep moving this forward, and you don't have to keep repeating yourself. We can go back to the recording after the meeting and add the language that Dr. Higdon is trying to provide here.

[00:43:48.07] - Jeremy

Okay.

[00:43:49.14] - Dr. Higdon
That's fine.

[00:43:50.13] - Kim
Then once you put in the statement that Dr. Higdon just provided, Dr. Higdon, do you want what's in the chat after that that I copied out of the trauma standards?

[00:44:06.13] - Dr. Higdon
Yes, that would generally be appropriate. And I think, so in the trauma standards, the Pacer comes up twice, one on page 33 and 34, like we're talking about, and again, in that note. And both of those The words have useful language.

[00:44:38.10] - Kim
What we can do is we'll go back and add this. Jeremy can listen to the recording, add your language in here and copy and paste in this other language, and we can send it back out again to make sure that it's correct.

[00:44:55.01] - Jeremy
Okay, that's fine.

[00:44:57.05] - Kim
That section. Yeah. It's going to run out of time, and I'm hoping we can go through the rest of this to see if there's anything else that needs change.

[00:45:06.03] - Dr. Higdon
Okay.

[00:45:09.15] - Kim
We'll add that to section C, number 9, language for diaphragmic Pacer.

[00:45:17.10] - Dr. Higdon
Okay.

[00:45:22.11] - Kim
All right.

[00:45:29.01] - Dr. Higdon
Again, It hasn't really been added as we had talked about. We're going to have to talk about this in a future meeting because if you go through all these and then make these changes that we discussed. Yeah. So just as it says, add language regarding the current ACS guidelines. Yeah. You can rephrase that as what it is. Yeah.

[00:46:22.06] - Jill
Could we just make a statement? I don't know what's happening at the...

[00:46:23.09] - Dr. Higdon
I don't know what's happening at the...

[00:46:23.13] - Jill
Do you follow current UCS guidelines?

[00:46:30.09] - Dr. Higdon
Yeah, that's a great idea. What's happening in E? I don't understand that.

[00:46:42.03] - Kim

That I don't know.

[00:46:42.14] - Beth

There are two red lines, I think, on this page and the next page. It's something from converting from the 2013 PDF that we had back to Word, and we're trying to figure out how to get it out of there. Just ignore the red lines. We will get it out. It will not delete. We're going to figure it out.

[00:47:09.05] - Dr. Higdon

Can we jump ahead to the rehab portion? Would that be all right with the rest of the committee members?

[00:47:31.07] - Kim

Yes.

[00:47:33.04] - Jeremy

What page is that?

[00:47:36.08] - Dr. Higdon

I don't know.

[00:47:37.06] - Beth

I don't know.

[00:47:38.08] - Dr. Higdon

I think it's- I don't have this document. It wasn't sent out ahead of time. That's part of this whole...

[00:47:45.13] - Kim

I think it's at the end of page 14. The reason it wasn't sent out ahead of time is that we had to piece it all together from previous recordings to make sure that we had the best version possible. It was very arduous using Adobe.

[00:48:02.14] - Jill

Oh, yeah.

[00:48:03.14] - Dr. Higdon

Okay. But you have a document saved and we don't.

[00:48:12.06] - Kim

Well, we can end this conversation right here on standards and send it out, make the few changes that we have, send it out to all the council members, and you can review it at the next committee meeting.

[00:48:24.03] - Dr. Higdon

Okay, that's fair. Okay.

[00:48:30.15] - Kim

So we'll have that out to you by next week. So it gives you plenty of time to look at everything, make your recommendations for changes and language, and then it will be much through there at the next committee meeting.

[00:48:42.09] - Dr. Higdon

Yeah. Is there any way to do a track changes and identify which parts are new and have been changed? Because that would be useful in reviewing is knowing which ones are the fresh ones and which ones aren't.

[00:48:57.10] - Kim

So, Jeremy, we're going to put track changes on this, this version, so that when we go back, listen to

the recording and update what we can, we'll have those track changes on here for council members, so it will be easier for them to review.

[00:49:11.12] - Dr. Higdon

Yeah. So what you can actually do is, and there's websites online that do this, is you take the first drafter document, you put the second drafter document, and then it will highlight all the areas that are changed between the two documents. Even if you didn't track it all along, you can actually have it where it tells you which parts are new, even if you weren't tracking it from the beginning. That would be useful to do and to see.

[00:49:44.06] - Kim

Well, we'll do our best on that. I might have to get Rob involved in some of that. Okay. We'll do our best and put as many tracks on there as we can.

[00:49:58.14] - Dr. Higdon

Okay.

[00:49:59.13] - Valerie

Would it be helpful for us to send our suggestions in another way, or do you want to discuss it page by page together again at the next meeting?

[00:50:11.11] - Kim

If we send out a note An updated version with the track changes on it, we'll send it out by next week. So, Jeremy, there's your task. We have to have this out to the council by next week. No problem. And then you can review it. And I I guess the best way would be, because we're all going to have a document, would be to maybe put your recommendations in a word document, reference what section numbers show in your recommendation for language. I don't know how we can... I don't have a way to have a share folder for everybody to go out through the document and make their changes. And if we have three different changes in one section, that's going to be chaotic as well. So I'm not sure.

[00:51:01.05] - Dr. Higdon

Yeah, it's just you were able to tell us. But yeah, this is supposed to be like a review of the final draft, but then there's all these things in there that we had requested or we had made notes about and then just weren't addressed. So if each of them could be addressed to the best of your ability before you share that out, that'd be helpful.

[00:51:25.14] - Kim

It will be done.

[00:51:27.00] - Dr. Higdon

All right.

[00:51:32.11] - Kim

All right. So on our agenda, I guess we're coming down to the end here. And, Jill, if you're still on the call, it was mentioned earlier that you may be interested Are you interested in being the committee lead for PQI? Are you interested in being the committee lead?

[00:51:51.00] - Jill

Yeah, that works. We had talked about just combining the two and it being one committee. So yeah.

[00:51:57.13] - Kim

Right. Okay. All right. Excuse me. All right, I'll make note of that. We don't have time to go over the charter today. We did briefly talk about the charter, and if you're wanting to eliminate the PAC meeting, then we have to have enough members to vote on changes to the charter, and the charter has to be updated. And we don't have time to do the charter today, so we will have table that. But we can make our next committee meeting. Well, the PAC meeting would be May. Do you want to do

another PQI in May or do you want to do the next PQI when it was scheduled for June?

[00:52:46.03] - Jill

I think what we had talked about was just continuing with the monthly meeting and it's just all PQI. Am I remembering that correctly?

[00:52:54.11] - Kim

Well- So previously it was discussed to keep it every other month.

[00:52:59.13] - Jill

Oh, okay.

[00:53:00.15] - Dr. Higdon

Kevin earlier, I think he's put, When you're having your troubles, she does it every other month. The other hand is with this document, we have a sense of urgency to get this done.

[00:53:14.06] - Valerie

I was going to suggest maybe we meet in May this time just so we can try to wrap up the standards and get that to legal since that could take a long process. Then we can decide from there. Is it possible for you to send the charter out to us, too? I know I have it. I just want to make sure I have the most updated one.

[00:53:35.12] - Kim

Maybe if we can the charter, the standard draft. The charter. The current charter is actually out on the BISCIF website under the Advisory Council section. I can email it, but it's also there, too. The charter and the bylaws. If you scroll all the down past all the meetings and the transcripts and all of that, it's down at the bottom of the screen, but I can email it out as well. Thank you.

[00:54:09.12] - Jill

Was that the only change we were making? Our only change we were making to the bylaws from from our in-person meeting?

[00:54:18.05] - Valerie

I think so. From the charter, we added the mention of attendance for people that aren't active. I think that was already in the newest version. I think that's the last thing I remember.

[00:54:35.13] - Jill

Same.

[00:54:37.03] - Kim

Okay.

[00:54:41.14] - Jill

Yeah. What I hear is we're going to meet in May. We'll make sure that we can try and wrap this up, and then we'll go back to the every other month if that's what we decide it when we talk about the charter and confirm it.

[00:54:54.15] - Kim

Sounds good. Very good. All right. Any Is there a new business or anything else you want to discuss before we adjour?

[00:55:06.05] - Valerie

I don't think so.

[00:55:09.02] - Kim

Do I hear a motion to adjour?

[00:55:15.14] - Dr. Higdon
Motion. Second.

[00:55:19.07] - Kim
Thank you. All right. Well, have a great rest of your day and be looking for our email.

[00:55:28.13] - Valerie
Thank you.

[00:55:29.09] - Dr. Higdon
Yeah. Bye-bye.

[00:55:30.12] - Kim
Thank you. Bye-bye.