BSCIP Advisory Council Performance Quality and Improvement Committee Meeting (Tentative Dates)-20240404_140503-Meeting Recording

April 4, 2024, 6:05PM

43m 0s

Casavant, Robert started transcription

Dr. Higdon 0:04
Yep.

Robinson, Kimberly S 0:04
We.
I'm Caitlin.
Will still do cold roll call, but you know I I do want to thank the Council members that are on today.
We have 3 Council members and we have 3 guests that are on and then be skip.
Staff is also on so with that, I'll turn it over to you, Doctor Higdon.

Dr. Higdon 0:27
Alright, I thank you for.
Thank.
You all for coming?
I'm filling in for Madonna.
Who I believe has another important meeting.
So she's not able to make it this time, but we've got a number of things here on agenda and look forward to talking with you guys about it and we'll proceed with roll call.

Daws, Caitlin E 0:46
OK.
We're gonna start with Don Chester.

Chester, Don 0:50
Here.

Daws, Caitlin E 0:52
Kevin Mullen.
Uh Doctor Rhonda Ross.
Patty Lance.
Jennifer lannon.
Daniel Nicholson.
Jeffrey secure.
Michael fada.
Madonna stoltzenberg.
Jill olenek.
Doctor valbuena.

Adriana Valbuena MD (Guest) 1:33
Here.

Daws, Caitlin E 1:35
Doctor Higdon.

Dr. Higdon 1:36
Here.

Daws, Caitlin E 1:39
Doctor herodas.
Kerry rayborn.
Carrie rayburn.
I say that every time, uh ruthann Tattersall.
OK, I'm going to keep an eye to see if anyone else joins, but right now, umm.

Robinson, Kimberly S 1:56
OK, so you have 3 Council members and no quorum, so we can now vote on any meeting or any meeting minutes.

Daws, Caitlin E 2:00
Yes.
Right.

Dr. Higdon 2:06
Yep, alright, but we'll have this meeting then.
Our next meeting will actually be next month, I believe, right, because because it'll be on the same day as the whole Council meeting.

Robinson, Kimberly S 2:17
Yes.
So it'll be the 16th.
So in the morning, we'll have our committee meeting and then in the afternoon we'll have our main meeting.

Dr. Higdon 2:27
Yep.
Umm, now I put away my agenda.
So but so first thing on our agenda.

Robinson, Kimberly S 2:33
Oh, I'm sorry, I can share my I'll share my screen.
I'm sorry I meant to do that.

Dr. Higdon 2:35
Yep, right.

Robinson, Kimberly S 2:37
I apologize.

Dr. Higdon 2:41
So I think believe our last meeting you said we we created the field for for capturing data on on homeless people with these injuries.
But it seems like you have an update on that.

Robinson, Kimberly S 2:56
So it has been created and it's been promoted into rims and we're starting to gather some data on that.
So at the meeting in May, we'll actually have some meaningful data that I think we can bring back to the Council right now that we're there's not gonna be much there cuz we just did that promotion.

Clark, Rosalind M joined the meeting

Robinson, Kimberly S 3:16
Is it a month ago we did, I think, do I have any in my room to team people here?
Amanda, do you know when we promoted the homeless changes?

Strickland, Amanda L 3:26
Homeless was two months ago.

Robinson, Kimberly S 3:29
Two months ago. OK.

Strickland, Amanda L 3:30
Yes.

Robinson, Kimberly S 3:32
So that'll give us three months, almost four months of data.
It will be able to collect.

Dr. Higdon 3:40
OK, that'll be interesting to see the early data and.
I with that new with that new information, OK.
And then our next matter on the agenda is a survey discussion.
Do you have any updates about the facility survey?

Robinson, Kimberly S 4:02

Becky is on the call here and I think that survey closed already.
Am I correct Becky?

Robinson, Rebecca 4:10
Yes, you are and that's the one that I only received 2 responses on the second time I sent it out.

Robinson, Kimberly S 4:12
OK.
Right.
So in the last meeting, and I believe we discussed and I sent the facility surveys out for everybody to look at, cause we were going to consider revising some of those questions so that we could point them more towards rehab facilities as the next group.

Dr. Higdon 4:33
Umm.

Robinson, Kimberly S 4:35
So that has been sent out and that's open for discussion in May.
That'll be on the agenda.

Dr. Higdon 4:43
OK.
Umm.
And then the next thing in this problem was looking forward to the most was, umm, there's gonna be a a presentation on kind of the process from start to finish.
U M4 patient like as far as enrollment and and and treason resources.
I really, really wish there was more subcommunities members here here for this.
Umm, is that prepared?

Collins, Valerie B 5:17
Umm well.

Dr. Higdon 5:18
That they're there, run.

Collins, Valerie B 5:20
I yeah, I guess we're we can discuss.
I wouldn't necessarily call it a presentation because you know our client data we, you know, I can't like pull a case up and show you guys, but we can definitely go through the life of the case and.

Dr. Higdon 5:35
Right.

Collins, Valerie B 5:41
You know, whatever question you got questions you guys may have or suggestions. However, you guys want to proceed with it after this.
Ohm.
I'll lean on Cam a little bit to help me fill in areas that I forget.
But I wish I had you know something that I could share, but.
Basically, when we get a referral.
We have what I refer to as a referral period.
It's about 60 to 90 days.
That gives us time to evaluate the clients medical eligibility and determine the other criteria for eligibility.
You know their residents, the, you know, all all the little check boxes to make sure that they're eligible for our program and a lot of times, all of these things are kind of taking place at the same time, especially depending upon how early we get the client after this injury.
So there will be some back and forth with the facility as if they are not medically eligible when we first get those first medical records and we'll continue to get updates which we request every two weeks.
I know you guys heard some of the survey responses last time.
I believe you know the a lot of times the facilities do not understand why we keep asking them For more information, but that's why if they do not fit into our medical eligibility when we first received the client, we tried to give them that period to

progress so that we are able to enroll them.
Once they have a discharge plan and you know we moved along a little bit, like I said, that's gonna be different depending on each client, each injury situation we will work with the client's family, client and or family to get them enrolled.
That may take place in like a number of different ways.
If we're able to do it in person, we'll do it in person.
Sometimes that the facility, sometimes at the client's home.
That's not always possible, depending on again the situation so.
The pandemic taught us anything.
It is.
There are ways around that and we can get the clients enrolled without being face to face.
We worked with the facilities and their daughter.
Higdon is probably pretty familiar with this.
Our partners at our facilities are so helpful to case managers will will email them the applications.
They'll take it to the clients room.
Will you go through everything with the clients and their families?
They sign everything and many times the case managers there will fax or email the information back to us, even if they've discharged home.
We we will do whatever we can to help them get that information back.
They can fax it to us, they can mail it to us.
However, however, we have to go about it, we will get them enrolled if there's not a way for us to do it in person.
Umm so at.

Dr. Higdon 9:29
Sorry this is this an opportunity to for me to ask basic questions.
So this paperwork you're talking about is that like the two pager one that I'm familiar with or or is it a whole another set of paperwork that that once the enrollment process started, they they they have to fill out even more paperwork before they're enrolled?


Collins, Valerie B 9:52

Yeah, you're probably referring to the referral form and the medical eligibility screening form.

Dr. Higdon 10:00
Yeah.

Collins, Valerie B 10:00
That's for the facilities to fill out and that's what takes place at the very beginning.

Dr. Higdon 10:03
You know.

Collins, Valerie B 10:06
That's the referral.
Once the clients express interest, you know we've made contact with them.
They are interested in enrolling.
Then there's an application packet that take their clients and their family have to fill out. Umm.

Dr. Higdon 10:18
Yeah.
Umm, I've never had a chance to see that packet.
Do you have like a blank one that you could send out?
Or is available online.

Collins, Valerie B 10:31
Yeah, I can send it to you guys.

Dr. Higdon 10:34
Yeah, I'm just curious what stuff is on there.

Collins, Valerie B 10:35
Yeah.

Dr. Higdon 10:38

Umm, you mentioned that like you know the the client has to be interested, which is obviously important if you're delivering stuff to sounds home.
Uh.
Uh.
But like, how often?
How often do they say?
No thanks.

Collins, Valerie B 10:54
Umm, I mean, I don't have a number, but we definitely do have people decline that. Just either they don't want another case manager, I've I've been told that I do not want another case manager calling me.
Or you know that they have coverage and you know, so we try to explain to them if they're not really, that's the whole part of that, like referral period is explaining it is optional.
We we're not trying to make anybody enrolled that doesn't want to, but we are here for clients that do not have insurance that have insurance that maybe doesn't cover all of the therapy or other services that insurance is do not cover.
But we do.
We have people decline for sure.

Dr. Higdon 11:50
OK.
Are they instill included in like the databases?
As far as incidence of spinal cord injury.

Collins, Valerie B 11:59
People that decline.

Dr. Higdon 12:02
Like like if they say no, I'm good.
Do they?
Do they then get kind of excluded from the data set or do they umm?
Or is that still count as like towards like the Department of Health members of of number of injuries?

Robinson, Kimberly S 12:18
Yeah.

Collins, Valerie B 12:18
Search.

Robinson, Kimberly S 12:19
Information is still inclusive wherever we do reporting.
It would depend if they were closed as an applicant or closed as in service, but we we never lose the data.

Dr. Higdon 12:28
OK.
Alright, cool.
All right.
I'm sorry.
Enough interruptions, I guess, by appreciate it.

Collins, Valerie B 12:36
Yeah.
No, you're fine.
No good to stop.
Just jump in when you guys have questions or I'll keep rambling.

Dr. Higdon 12:43
You know.

Collins, Valerie B 12:47
OK, so once they are enrolled and we're past that hurdle, I guess you'll call it.
Two types of situations, if they have not been discharged because we usually do that just as the clients are preparing to discharge home.
Umm.
If they have needs for.
Dear me, you know, medical supplies.

Whatever.
Whatever a ramp you know to get in the front door, whatever that may be, we will be coordinating all of that will be going on at the same time as we're working on this application and trying to get everything in place.
It's kind of like a wild and crazy circle that goes on.
I like flurry of activity, but then we will start providing services, right?
You know, as soon as they're enrolled.
If they're already home, you know some some services may either a they didn't need those services to discharge home or they were covered by other resources.
And again, we'll just pick up wherever they're at.
However, they found out about us.
What?
Whatever the case may be, that there already home will pick up and start providing services, but just typically therapies, you know, like I said, maybe a ramp at the initial onset.
Medical supplies.
I don't know.
You know I'm forgetting things, but.
That's kind of that's kind of the big beginnings of the case getting them enrolled, getting services coordinated and started.
UMI don't know how or what other questions you guys have are exactly what else you want to delve into as far as the case.

Chester, Don 14:52
Yeah, this is Don.
I've I found that one of the most important things is the ramp because you can get into businesses.
Florida has some very good laws that change that and sidewalks, but you can't get into your own house or anybody else's.

Collins, Valerie B 15:04
Umm.

Chester, Don 15:05
For the most part, without that.

Robinson, Kimberly S 15:08
So we also provide what we call suitcase ramps that are portable that we have those as, yeah, Yep, those are nice to have.

Collins, Valerie B 15:08
Yeah, absolutely.

Chester, Don 15:11
Yep.
Yeah, we have one.
We have those too.
You know, we carried in the van.

Collins, Valerie B 15:16
Umm.

Chester, Don 15:16
But.
Yes, they are.

Dr. Higdon 15:19
How long are those?

Chester, Don 15:23
My ramp is 3 feet long.
I think there's a we the six feet long was was was a little bit too big to carry around in the van, but three feet you will help with some other places you just you can't get in and we don't go to a lot of well I get a invited a lot of like political fundraisers and for the most part it's at somebody's house we just don't go which also saves some money.

Collins, Valerie B 15:51
OK.

Dr. Higdon 15:52
Yeah, definitely.
Umm for like the situations that it's really quick and they need a ramp on, do you have certain vendors that you work with for these ramps that you can get them very quickly?

Chester, Don 16:06
Ohh yeah.

Dr. Higdon 16:09
Well, my question is more for these skip but.

Chester, Don 16:09
Uh, but with?

Collins, Valerie B 16:12
Yes.

Chester, Don 16:12
Yeah.
Ohh good.

Collins, Valerie B 16:13
Ohh yeah, our our vendors and contractors.
Know with very well and they know you know a lot of times when we're calling about a ramp that it's a very quick turn around.
Sometimes that is one of the biggest factors with trying to get the referrals in as soon as possible.
You know that that five day thing, it really helps us in that coordinating services because you know, sometimes you know, sometimes we there been delayed discharge dates you know because you know I can't go build a ramp you know we we have to have vendors and contractors that are able to do that.

Dr. Higdon 16:56
Umm.


Collins, Valerie B 17:04
So the faster we get, the referrals are able to determine eligibility coordinate with the hour vendors you know sometimes they have to go out and do measurements on site.
It can't.
You know, they they do the best they can.
But yeah, that's definitely a big, big service for us and that's why we depend heavily on the information for the referrals.

Dr. Higdon 17:29
We yeah.

Chester, Don 17:30
It now I know in in Palm Beach County we have a pretty good county operated system of a vans to to take people around to appointments and jobs and whatever it might be it it are.
We just lucky, are we lucky here or what is it like in other parts of the state?


Collins, Valerie B 17:51
Umm well, you know I can't speak for everywhere, but for Metro metro populations, you know, Jacksonville, Orlando, Miami, Tampa.

Chester, Don 17:55
Yeah.


Collins, Valerie B 18:02
You know the there and even smaller than that, they're definitely systems in place and how well those work, I think fluctuate from place to place, but the more rural areas you know in some places there are none or very, very limited and.
You know, even in Jacksonville, I know we have clients that have expressed frustrations for waiting, you know, waiting or the service is running late or you know,

just trials and tribulations of those services.
But you know, they they do have them.

Dr. Higdon 18:48
Yeah.

Chester, Don 18:49
OK.
Thank you.

Dr. Higdon 18:50
Yeah, the the to to add to what she's saying, no, ours is fairly good.
One barrier for us is just how quick we can get there, because I have to do an in person enrollment appointment and that has to be scheduled out.
So it's sometimes there's a delay between when they're discharged and when they're rolled in paratransit.
Another issue is that these services don't cross county lines.
So, Duvall, which is the county for Jacksonville, I you know, we'll we'll do Duvall.
But if they're just couple miles South in St.
John's County, then it's next to impossible to get them, you know, to their appointments where we have our where we have our physician clinic and most of our therapy clinics just are just within 15 minute drive or something.
But yeah.

Chester, Don 19:39
OK. Thanks.

Dr. Higdon 19:45
So I just more about Rams because this is just so, so important.
So the portable ramps.
Uh you?
How how quickly are you able to get those out to umm to clients after they're enrolled?


Collins, Valerie B 20:03

Umm, I again.
Kind of depends on the vendor.
You know the day what's going on, what they have going on, but within a couple of days.

Dr. Higdon 20:10
But.

Collins, Valerie B 20:13
Honestly, they can. Yeah.

Dr. Higdon 20:13
Yep.
Umm, the kind of the one thing that patients have told me lately is really tricky as the the the.
The the process because it's a government organization, the process with getting bids, getting multiple bids on renovations, do you have to get multiple bids for even the portable wheelchair ramps or is that just for I it or is that just for like custom construction?

Collins, Valerie B 20:49
Well, there, and it's almost impossible to have less than $1000 now.
But yeah, I mean we we typically do send it out to three, at least three contractors.
But I think if it's under $1000, you don't have to do.
The multiple bids, but that's almost impossible at this point.

Dr. Higdon 21:14
Yeah.

Collins, Valerie B 21:15
So, but we do and and like I said, ramps are such a big part of our program and what we do in our vendors know us so well that they you know, I mean they'll they can turn the quotes around usually pretty quick especially for those types of ramps.
You know, for something that they are gonna have to construct.
That's the little more intricate, and it might take a couple of days to get us a quote

back because they have to go out and do measurements and you know, figure that out.
But they're they're very quick.

Dr. Higdon 21:49
Or I imagine certain certain locations.
There's there's less vendors just because it's more, more rural.
Umm yeah, the besides the $1000 rule, it sounds like you also have to get 3.
Vendors usually are there any other rules that really are the mean?
Every rule has a reason, but I in any other rules that are the most kind of sticky as far as that take more more work to deal with.

Robinson, Kimberly S 22:23
The home home modifications require an eval.
You have to have an evaluation done and then we once we get that we can submit out to the vendors 3 different vendors for bids on home modifications.

Dr. Higdon 22:38
Mm-hmm.

Robinson, Kimberly S 22:38
But you have to have an eval done first.

Dr. Higdon 22:42
Like who does those home evals?
Are they like someone contracted by the vendors?

Robinson, Kimberly S 22:45
We have vendors.
Yeah, we have vendors.

Dr. Higdon 22:47
The vendor for eval vendor for the Yep.

Robinson, Kimberly S 22:47
Yeah, we have.

Dr. Higdon 22:52
Her.
So all these other things.

Robinson, Kimberly S 22:55
Anything so.
So any any service that is over $15,000 has to be what we call a well, we call them special funding requests or we can have prior approvals.
It depends on whether the region has the budget.
Uh in their bank to spend the money.
If they don't, then they they put in what we call a special funding request, which are reserves that every quarter when budget comes out, I reserve X amount of dollars just for these special projects.
And so each region is allocated their funding based on what I'm given.
And then I take out my reserves and I allocate the rest down to the region.
So when they have these big modifications of vehicle modification, home modification, any any big ticket item, if they don't have the funding, then they have to fill out a special funding request and it has to get approved by myself.
And then I pull it from what I call our reserves and allocate the funds down to the region.
But all of those big ticket items usually have a quote associated with them so that we can make sure that we're getting the best possible deal, if you will, for for the cost of the home modification and some of those vendors are, umm, very expensive, some are very reasonable and then we have issues with vendors who are not reliable and they still put in bids and we they're not reliable because they do not get the job done in a timely fashion and I will not tolerate a home modification being dragged out for months for these clients.
Because they can't have that.
And so we've had those struggles with some vendors where they drag them out and then they have what they call their ohh well they need this and then they start adding things.

You know, after the fact that weren't authorized up front and you're kind of stuck because the client needs it, they've got their home tore up.
And so we, we've had some issues with just a couple of vendors, but we have worked that out with the regional managers.
We all know who they are.
They still get the opportunity to bid by all means, we get all the vendors the opportunity to bid that are in the area wherever the area is in the area that they serve, but that those are some of the struggles that we have when we get into those big ticket items.

Dr. Higdon 25:25
Go ahead then.
You have the discretion if those ones are the lowest bidder, if they have a poor track history, you have the discretion to not go with them.


Robinson, Kimberly S 25:35
Correct that.

Dr. Higdon 25:37
Yeah.


Robinson, Kimberly S 25:38
That's ultimately my decision.
I that's not the decision of the regional managers.
I can.
I can approve or deny.

Dr. Higdon 25:46
Umm OK.


Robinson, Kimberly S 25:46
And sometimes I I you know, I don't go with the lowest bid because of the timeline that we have like we're getting into the end of our state year.
So we have to be very cognitive on how long a home modification's gonna take.
And for some of those vendors that we know historically do not finish those jobs

before the end of the year.
I I won't approve them.
I'll I'll go to the next bidder even if it's a little bit more because I need that service done and completed for the client.
So I put the clients health and safety first before I put the dollar to the vendor.

Dr. Higdon 26:24
Umm Yep.
OK.
So to to go back to the kind of the storyline the so we get home modifications after that, what's kind of the rest of the life cycle for, for the for this client for their for their case.

Collins, Valerie B 26:51
Umm, so we you know, we definitely followed them through outpatient therapies.
And you know at that at that point, like I said, a lot of things are going on at one time, right?
So we're trying to address any other.
Needs talking to them at that time about budgeting.
You know how they're gonna budget for their life?
You know, at this point and kind of trying to determine do they need help either applying reapplying for other services for, you know SSI or any any of those types of services.
We have other partners that we work with that we can refer them to or help, you know, help them with those types of things.
It really is the case management time of the case where we're trying to provide the best guidance and counseling on what their life is going to look like.
And and again it's different case by case.
But once they have finished all of their services that are on their care plan and we've got to that point of community reintegration, that is when we will start to discuss closure or what needs we need to address referrals that need to be made, anything like that and and start, you know, building towards case closure that can be completely different from one client to another.
You know, I've seen cases closed, community reintegrated in less than a year from the time they were enrolled until the time we closed the case, because that just was

the life of that case.
You know, they didn't.
They did not need our services anymore and and that's awesome.
And we love that.
But you know, then we have cases that need longer, you know, and that could be for any number of reasons.
They may have.
You know their their therapy services may have gone longer.
So you know, then it kind of pushes out when you're addressing other issues, but UM, it.
Like I said, it's just kind of the case by case, but.
Pretty much anything you know that they come to us and ask, even if it's not something that be skip pays for, it may not be something that we fund.

Dr. Higdon 30:08
Yep.

Collins, Valerie B 30:08
Diversinet.

Dr. Higdon 30:10
Could you give me an example that sounds like?
Sounds like you you you may have had something in mind.
Even where, like there was something that came up that you never heard about, but that you kind of problems solved, could you give an example of that?
Put you on the spot.

Collins, Valerie B 30:25
Alright, alright.
Kim, let me think.

Moore, Fallon joined the meeting

Collins, Valerie B 30:29

I'm trying to think of 1.
Ohh.

Robinson, Kimberly S 30:32
You've got regional managers on the call.
Maybe one of the regional managers can answer that as well, Jose.

DA

Dubrocq, Jose A 30:35
Well, and and it's an example of what of how the case can be extended beyond the the period.
Is that what you're talking about 3?

DH

Dr. Higdon 30:47
I think she was sort of talking about where, you know, working with like a nine kind of a non traditional partner on on on something by reaching out to kind of researching and and and helping a client with that.

Robinson, Kimberly S 30:59
No.

DH

Dr. Higdon 31:00
Is that sort of yeah.

Robinson, Kimberly S 31:00
So, uh, smart homes would be one of those smart homes would be a good example for that, because we don't, we don't do too many smart homes and we only have one vendor that we can use for smart homes systems, smart home systems.
Let me finish that sentence.
So that would be a good example.
And so the clients have to meet a certain criteria in order to get that type of a service.

DH

Dr. Higdon 31:22
And then.

Robinson, Kimberly S 31:28
There's certain criteria that the vendor requires us to fill out.
Age.
Umm, uh, they're adaptability.
What they their functional level, what they can can't do that would be and I don't know, Jose, if you have another example, please share.

Dr. Higdon 31:42
Mm-hmm.

Dubrocq, Jose A 31:51
Know that I can think of, right?

Robinson, Kimberly S 31:55
OK.

Brewer, Evelyn T 31:56
This this is Ian was region two.
One thing I can think of is for people who, especially if they were, you know, athletic, active prior to the injury, sometimes they'll be looking for more high end equipment that they can continue to use at home in their own personal gym or what have you.
So, you know, we may connect them with faster or look for other.
Like nonprofits that offer, like grant funding, things like that.
So we might connect them with with those programs that can assist with those items.
So that's one that I think comes up pretty often.

Dr. Higdon 32:30
Cool.
Cool.
Right.
Umm.
Anything else that you wanted to add on that add on to that storyline?

Collins, Valerie B 32:48

Umm, I think I mean that is that pretty much is the the case the you know open to close.

Dr. Higdon 33:00
Umm.

Collins, Valerie B 33:00
Don't know.
I can't think of anything else.
Well, you know, when we send the closures, the we of course we discuss closure with the clients or with their supportive contact, whoever it is that we've been communicating with throughout the case and then we send a closure letter, it has you know closure resources just kind of reminders, things that it by this point in the case we've already talked about discussed, put them in communication with but it kind of has a a good bike resource recap whatever you want to call it of like state, federal, local, not so much local but like state and federal.
Resources.
Contact information for them, but yeah, I mean that's it, I think.

Dr. Higdon 33:42
Yeah.

Robinson, Rebecca 33:49
Yeah.

Dr. Higdon 33:49
Alright, thank you.

Robinson, Rebecca 33:49
And one other thing, I think that they probably do the best is let them know that the Resource Center is out there so that when their case is closed, if they have things that come up that they're not able to find things for, they can always reach out to the Resource Center and will research for them.

Chester, Don 33:49
Yeah.


Collins, Valerie B 33:59
Umm.
So yeah, absolutely.
That's our own Resource Center is in in that.
Resource guide that we send out at the end, but yeah, we we kind of start the case out with that and wrap the case up with that with with resources, not just the Resource Center, but we we're definitely trying to promote that because Becky and Robin are always available.
They don't have to be an enrolled client.
You know they can call them, they can go online.
You know it.
It's a resource that's open to anybody, so.

Chester, Don 34:46
Are you able to?
Let's say we right now we have a teenager who's from Illinois who's in a trauma.
She's going back home in a week or so by air ambulance.
If they don't have, you know such a center in in there are they able to call you and like get referrals?
Like who can I talk to?
And in this case, Illinois, I think Illinois probably has has something and that would be available to them.


Robinson, Kimberly S 35:11
Mm-hmm.

Chester, Don 35:12
They're not that far from Chicago, but would you?
Could you be a Resource Center for people who were going back home at a state?


Collins, Valerie B 35:22

So we have a a list of.
I'm not sure how many states it includes, but we we will definitely try to connect them with the the skip of Illinois or you know and there it's not always so it's not always one particular agency like we are every state might be a little bit different but we will try to connect them, get them at least to that starting point of having a connection wherever they're discharging home to.

Chester, Don 35:38
OK.
OK.
Yeah.
We thank you very much.
Thank you.
Goes down here we there's a lot of people traveling around out from out of state.

Dr. Higdon 35:58
Yeah.
Yeah.

Collins, Valerie B 36:03
Absolutely.

Dr. Higdon 36:04
And we also get that, you know, the border of Georgia and Florida where you know they're living in Florida, but they're moving to Georgia.

Robinson, Kimberly S 36:08
Yeah.

Dr. Higdon 36:10
And a lot of cross to like that.

Chester, Don 36:11
Yeah.

Robinson, Kimberly S 36:12
Yeah.

Collins, Valerie B 36:12
Yeah, in Alabama, over there on the other side and yeah. Yep.

Chester, Don 36:16
Yeah.

Dr. Higdon 36:19
Umm.

Chester, Don 36:20
What?
What you and other case managers do is is absolutely amazing with getting people connected.

Collins, Valerie B 36:27
Yeah.

Robinson, Kimberly S 36:28
Thank you.

Dr. Higdon 36:30
Umm, this is sort of a a very particular case, but I have a patient who's like a a resident of Florida, but he's most likely going to Georgia.
Should.
Should we even father open a case with him?
Or umm or?
If we know he's going to Georgia or or or, how does that work?

Collins, Valerie B 36:50
So what would happen is if he so if we get the referral where we're in that referral period, I call it and we're communicating with the family, we'll start to figure that out.

Dr. Higdon 37:00
With.

Collins, Valerie B 37:05
And if he, you know, he's not discharged yet, they're deciding.
And sometimes that might change five times they, you know, they may say where he's going here.

Dr. Higdon 37:15
The.

Collins, Valerie B 37:16
He's going there.
He's whatever, but we will not.

Dr. Higdon 37:18
Yeah.

Collins, Valerie B 37:20
And that's why we wait as much as we possibly can.
We wait until right before that discharge before we really start that enrollment process so that we know where they're going, right.
But if they are going out of state and you know, like I said, like the Jacksonville case manager, Pensacola, the Tallahassee, they're all super familiar with Georgia especially and they have that information.
You know, so that they can connect them, especially with Georgia.
But like I said, we have we have other state information, but yeah, we we still follow them as a referral until we know which way that's going and then we enroll them or we get them in connection with the right state or wherever they're wherever they're actually discharging to.

Dr. Higdon 38:17
Yeah.
But.

Alright.
I think at this point in your agenda, the next one is for new business.
I one thing to bring up, but I'll open it to umm the the other two subcommittee members, it also can.
I was curious, can public members comment at this point in time?

Robinson, Kimberly S 38:46
Yes.

DH

Dr. Higdon 38:47
OK, so any any new business or any new things to talk about for the quality improvement Subcommittee?
I'll go ahead.
Talk now and then give people an opportunity.
Later I was kind of curious about trauma centers and I saw that there's, I was kind of looking at the regulations for the the state statutes for trauma centers.
It seems like there is some other kind of data requirements from them as far as reporting trauma, and I'm looking to statue right now it says that they use like a national trauma databank.
Umm is there any any interface between you know what they're reporting through there and what's being reported through to be skip?

Robinson, Kimberly S 39:41
No, not at this time, but I I can request a data from them and then I would have to ask rage to intermingle that with data from rims.

DH

Dr. Higdon 39:47
Yeah.
In that.

Robinson, Kimberly S 39:52
But what we are enrolled in is through the HIBE system, that DNS to where all all those cases that are reported in to ACA, we're now starting to get some of that data back.
So we can do a comparison between our database and HIE to see where our clients

are if if maybe we're missing referral somewhere, they're just getting those little quirks worked out of the database where Raj, who was our data analyst, can start to take that information and pull it together so that we can get something out of it. And what I primarily primarily I'm looking for are the referrals that we are not getting that we should have and where were those people, where were they?

Dr. Higdon 40:43
OK.
Yeah, I dropped in the chat the the statute that I was referring it the way it's worded, making me seem like it preexisted 2023, but I guess there's updated in 2023 for the trauma centers.
Umm the I was looking at some of this and it seems like spine injuries are are reported, but then it's if they use the they use the data set that that the national trauma databank uses.
Umm, but then it's not clear if they have a spinal cord injury.
If it's, if it's a spine injury.
But I'm I don't have a lot of familiar with that data set that they use.


Robinson, Kimberly S 41:27
Yeah, I'm.
I'm not familiar with the trauma registry.
I don't.
I don't know it.
Well, I know of it and and I've spoke with that administrator before on how to pull data to do a comparison with our clients.

Dr. Higdon 41:37
Umm.


Robinson, Kimberly S 41:38
And we did one poll one time, but it wasn't really very successful.
It didn't come back with.
I think it came back with like 2500 people, but that was over like a span of five years.

Dr. Higdon 41:52
Mm-hmm.


Robinson, Kimberly S 41:53
So it's like we we have to really think on what it is we wanna pull from that registry to try and match up with ours.

Dr. Higdon 41:59
Yeah, without over undershooting it.
Yeah.
OK.
I just want to bring that up and the other matters of business for this, for this committee.
All right.
So we'll have our next meeting in in May.
I I'll invite a a motion to adjourn.

Chester, Don 42:30
So moved.

Dr. Higdon 42:35
And I'll second my suggested motion.

Chester, Don 42:37
Yeah, but I think you have to, yeah.

Dr. Higdon 42:40
Yeah, let's uh Doctor Brennan wants to jump in, but yeah, I'll second that and we'll adjourn.

Chester, Don 42:48
Thank you.

Robinson, Kimberly S 42:48

OK.

AM

Adriana Valbuena MD (Guest) 42:49

Second, yeah.

DH

Dr. Higdon 42:49

Yep.

CD

Chester, Don 42:49

Thank you.

Robinson, Kimberly S 42:50

All right.

DH

Dr. Higdon 42:51

Alright, thank you all.

CD

Chester, Don 42:51

Yeah.

AM

Adriana Valbuena MD (Guest) 42:52

If bye.

Robinson, Kimberly S 42:52

Thank you.

Collins, Valerie B 42:52

Thank you.

Samper, Christina left the meeting

DH

Dr. Higdon 42:54

Folks were Gemini here.

Brewer, Evelyn T 42:54

Thank you.

Chester, Don left the meeting

WM

Wanecski, John M 42:54

Take care.

Robinson, Kimberly S 42:54

Appreciate you.

Fernandez, Aleskia left the meeting

Brewer, Evelyn T 42:54

Have a good day everyone.

Beekman, Michelle left the meeting

Moore, Fallon left the meeting

DH

Dr. Higdon 42:55

Thank you.

Strickland, Amanda L 42:56

Thank you. OK.

DH

Dr. Higdon 42:56

Alright, next time.

Collins, Valerie B 42:56

Yeah.

Robinson, Kimberly S 42:57

Bye bye.

Brewer, Evelyn T left the meeting

Adriana Valbuena MD (Guest) left the meeting

Dr. Higdon left the meeting

Robinson, Rebecca left the meeting

Strickland, Amanda L left the meeting

Clark, Rosalind M left the meeting

Casavant, Robert stopped transcription