

BSCIP Advisory Council Performance Quality and Improvement Committee Meeting (Tentative Dates)-20231005_135825-Meeting Recording

October 5, 2023, 5:58PM

1h 57m 10s



Robinson, Kimberly S 0:03

I want to welcome you to our committee meeting.

🕒 **Casavant, Robert** started transcription



MS **Maya Smellie-odle** 0:10

Umm, thank you so much.

Yes, I'm excited to hear what's going on.

Thank you so much.



Robinson, Kimberly S 0:18

Where where are you from?

Are you from a community partner agency?



MS **Maya Smellie-odle** 0:23

No, I'm a parent who just got the message and sorry, and I decided to join.



Robinson, Kimberly S 0:30

Oh, awesome.

Awesome.

You're welcome.



MS **Maya Smellie-odle** 0:35

Thank you.




Robinson, Kimberly S 0:36

Welcome.


We'll get started and it's just a few minutes.


You know, I always give a couple extra minutes after the 2:00 o'clock to allow umm people to to join.
So we'll get started shortly.


 **Collins, Valerie B** joined the meeting

 **Robinson, Kimberly S** 1:11
Right now it looks like there's only two committee members.
Ohh, there's Mr Chester.
He's coming in.


 **Chester, Don** joined the meeting

 **Robinson, Kimberly S** 1:30
Hey, Mr Chester.
So glad you could make it.

 **Chester, Don** 1:32
Hi.
Yeah, I'll be here for a little while then.
I've gotta go down to a meeting downstairs, but glad to join you.


 **Robinson, Kimberly S** 1:41
Awesome.
Well, the most important part is the beginning where we have to approve minutes.


 **Chester, Don** 1:47
OK, of course.

 **Robinson, Kimberly S** 1:49
So that's the most important part.
Yeah, but right now we we don't have a quorum for that.
So I'm just gonna give it a couple more minutes and see if any other committee members join in.


There were a couple that had already told me that they wouldn't be able to make it today, so we may not have a quorum today.


 **Chester, Don** 2:07
Thanks.


 **Robinson, Kimberly S** 2:07
Maybe.


 **Chester, Don** 2:08
Do we?

 **Robinson, Kimberly S** 2:09
Maybe if Doctor Ross can get on.

 **Chester, Don** 2:12
Do we have a someone at the state level that lobbies for us?

 **Robinson, Kimberly S** 2:19
Ohm there probably is, but I cannot speak about lobbying or who lobbyists are I that I am not allowed to speak on those subjects.

 **Chester, Don** 2:30
OK.
No, they're they're there is House Bill 53, which was filed and what that does is if in my case we don't pay property taxes because I'm a quadriplegic and with that bill. But when I if I die before my wife does, she doesn't get that same benefit. And what House Bill 53 would do was extend that benefit to their surviving spouse.

 **Robinson, Kimberly S** 2:56
Uh.
Ohh that would be nice.

 **Abilash Haridas, MD** joined the meeting

 **Chester, Don** 3:05

Yeah, I I don't know too much about.

 **Brewer, Evelyn T** joined the meeting

 **Chester, Don** 3:08

I haven't it we we have, we have a lobbyist and I, no, most of our, you know, Palm Beach County legislative delegation.

 **Kevin Mullin** joined the meeting

 **Chester, Don** 3:18

And so I'm gonna see about that and also.
Killer Doctor Ken schepke.
He's the deputy surgeon general.
He's a friend of yeah.

 **Robinson, Kimberly S** 3:31

Yes, Sir.

 **Chester, Don** 3:32

Ken is a friend of mine and and I'm I'm gonna.
I haven't had chance to.
I saw him the other day down here, but I haven't had a chance to talk to him about that because that would be a great, great thing for the surviving spouse, no?

 **Robinson, Kimberly S** 3:45

That wouldn't be.


 **Chester, Don** 3:47

Yeah.

 **Robinson, Kimberly S** 3:47

I agree with that.

 **Dr. Brian Higdon** joined the meeting

 **Chester, Don** 3:49

OK. Alright.

I'll fine.

Thank you.

Don't that.

 **Robinson, Kimberly S** 3:53

You're welcome.

 **Chester, Don** 3:53

That's very helpful to me.

 **Robinson, Kimberly S** 3:57

So I think we're gonna go ahead and get started.

I want to welcome everybody and thank you for taking the time to join.

Let me share my screen here.

I have the agenda up.

So we'll go right into welcome.

Madonna is here today.

So, yay.

Welcome back, Madonna.

We're so glad to have you.

 **Stotsenburg, Madonna** 4:22

Thank you.

 **Robinson, Kimberly S** 4:24

How's motherhood doing?

 **Stotsenburg, Madonna** 4:27

Ohh it's awesome.



Robinson, Kimberly S 4:29

I'll bet I'll bet so going right into that on the agenda we have.
Caitlin, who usually does our roll call and she actually started maternity leave on Monday and on Tuesday she gave birth to two twin baby girls.



Stotsenburg, Madonna 4:45

Ohh.



Robinson, Kimberly S 4:45

So she's gonna be out?

Probably until January is what we're anticipating.

So I would like to introduce the Council members and everyone on this call to Joshua Hamilton.

He is our new staff assistant and he is going to be helping me with all of the Council meetings moving forward, so he's going to go ahead and do our roll call.



Adriana Valbuena MD joined the meeting



Abilash Haridas, MD 5:05

You're going to see big.



Robinson, Kimberly S 5:08

So Joshua, if you can do roll call, I'd appreciate that.



Hamilton, Joshua A 5:12

Yes, ma'am.

It's nice to meet you all.

Please forgive me if I butcher everybody's name.

Ohh first Don Chester.



Chester, Don 5:20

Yes, here.



Hamilton, Joshua A 5:21

OK.

Kevin Mullin or Mullins are alright.

 **Kevin Mullin** 5:24

Melinda.

And yes, I'm here correct?

 **Hamilton, Joshua A** 5:27

Doctor Ross.

OK, Jennifer Landon.

OK.

Ohh Jeffrey secure.

OK, Michael fader.

Madonna.

On the same Madonna.

I don't wanna mess it up.

 **Stotsenburg, Madonna** 5:59

Start some bird and I'm here.

 **Hamilton, Joshua A** 6:00

OK.

OK, that's emerged.

OK, Jill ohmic OK.

 **Jill (Guest)** 6:06

I'm here.

 **Hamilton, Joshua A** 6:10

Ohh doctor Valbuena.


 **Adriana Valbuena MD** 6:13

Here.


 **Hamilton, Joshua A** 6:15


OK.
Doctor Higdon.


 **Dr. Brian Higdon** 6:20
Here.


 **Hamilton, Joshua A** 6:21
OK, doctor Haridas.


 **Abilash Haridas, MD** 6:25
Here.

 **Hamilton, Joshua A** 6:26
OK, Kerry Rayburn.
OK.
And Ruthin Tattersall.
OK.
What?

 **Robinson, Kimberly S** 6:42
So it looks like on our agenda I had to cross out Suzanne Doswell.
We had her name listed as a committee member and she had resigned from the Council, so I had to cross her off on our agenda.
So it looks like we have a quorum Madonna, so I'll turn the meeting over to you then.

 **Stotsenburg, Madonna** 7:00
Perfect.
Thank you.

 **Robinson, Kimberly S** 7:01
Yes, ma'am.
Thank you, Joshua.

 **Stotsenburg, Madonna** 7:03
Thank you.

All right.

We will go ahead since we have a quorum.

Was everybody?

Available to review the April and June Pqi meeting minutes.

 **Jill (Guest)** 7:18

Yeah.

Motion to approve both.

 **Adriana Valbuena MD** 7:20

Yeah.

 **Jill (Guest)** 7:20

This is Jill.

 **Kevin Mullin** 7:22

I second.

 **Stotsenburg, Madonna** 7:25

Thank you.

Then can we Scroll down?

 **Robinson, Kimberly S** 7:32

Yep.

 **Stotsenburg, Madonna** 7:33

And I'm just counting coming back from maternity leaves.

 **Robinson, Kimberly S** 7:34

So when one second Madonna?

 **Stotsenburg, Madonna** 7:36

Ohh go ahead.

 **Robinson, Kimberly S** 7:37

So you had a you had a motion by Jill Olnick and a second by Kevin Mullin.
You now need to make the motion that the Minutes are approved.

 **Stotsenburg, Madonna** 7:50

OK, I make the motion that the Minutes are approved.

 **Robinson, Kimberly S** 7:55

OK.

 **Natalie Alden** joined the meeting

 **Stotsenburg, Madonna** 7:57

Does anybody do?

We need a second on that.

 **Robinson, Kimberly S** 8:00

No.

 **Chester, Don** 8:00

I think we have one.

 **Stotsenburg, Madonna** 8:02

Perfect.

Thank you.

All right.

We will go ahead and move down.

 **Robinson, Kimberly S** 8:15

My screen might be a little slow.

 **Stotsenburg, Madonna** 8:18

That's OK.

Umm.

So on the agenda today, I kind of went through, I caught up in the meeting minutes from the last couple of meetings.

I appreciate everybody that covered me while I was out on my leave.
Umm, so going into improving the quality of work and staff performance, the Florida Medical Association Conference update.
Did anybody attend that or have an update to provide?

 **Adriana Valbuena MD** 8:53

I have a update on the what it's going to be the next meeting.

 **Stotsenburg, Madonna** 8:58

Perfect.

Thank you, Doctor Valbuena.

 **Adriana Valbuena MD** 9:00

Uh, yeah, it's gonna be, UM, September 19 to 2220 second.

And the plan?

Doctor.

Chairman who is the active precedent of and the Florida PMR Sociation and suggested to.

Have me as a speaker for 30 minutes and invite and you and he also mentioned as a key could get a discount.

Umm price for the admission so I more to more details to come.

I need to get the official uh invitation from him.

 **Stotsenburg, Madonna** 9:44

Perfect.

 **Robinson, Kimberly S** 9:45

And and can you repeat those dates again?

 **Stotsenburg, Madonna** 9:45


That will be awesome.

 **Robinson, Kimberly S** 9:48


I I didn't quite hear them.

I'm sorry.

AM **Adriana Valbuena MD** 9:50
September 19 to 22nd.

 **Robinson, Kimberly S** 9:52
OK.
That's next year.

AM **Adriana Valbuena MD** 9:56
Umm yeah, yes.

 **Robinson, Kimberly S** 9:56
The 24 year 2024 alright.
Thank you.

SM **Stotsenburg, Madonna** 10:02
I like that we have plant time to plan.

AM **Adriana Valbuena MD** 10:05
Yes.

SM **Stotsenburg, Madonna** 10:10
Thank you.
FS PMR in conjunction with the Pain Management Conference update.

DH **Dr. Brian Higdon** 10:20
Oh, that's just what Doctor Valvano.

AM **Adriana Valbuena MD** 10:21
That, yeah, I was talking about the Florida PMR.

SM **Stotsenburg, Madonna** 10:23
OK.
Perfect.

AM **Adriana Valbuena MD** 10:27
I don't know anything about the pain part.

SM **Stotsenburg, Madonna** 10:27
Thank you.
Alright, 32nd annual surviving trauma, November 16th and 17th.

J **Jill (Guest)** 10:39
Yeah, this is Jill.
That's our regional trauma conference and our facility is part of that and we're going to be presenting on understanding and encountering a person affected by acquired brain injury and invisible journey.
And so I have a a core team of therapists and one of our resident physicians who's going to do a presentation to the regional trauma attendees and such.
They'll be about 200 people there, so we're looking forward to it.

SM **Stotsenburg, Madonna** 11:09
Is this the one at the state level or is this at your facility?

J **Jill (Guest)** 11:13
So it's a regional, so it's not at the state, but it's our our whole region.
So all the hospitals in our region, umm, work collaboratively to put together this trauma conference.
And so all of the local E you know this area, EMS and everything are in attendance.

SM **Stotsenburg, Madonna** 11:34
Perfect weight.
Where are you at?
I apologize.

J **Jill (Guest)** 11:37
That's OK, Pensacola.

SM **Stotsenburg, Madonna** 11:40

Awesome.

OK, I think I heard it, but I've seen something come down about this one.

 **Robinson, Kimberly S** 11:46

Yeah.

And Jill, if if you and I can talk about that because I know you wanted to be skipped to come and speak, but there there may be a problem would be coming and speaking according to the registration that we were looking into.

 **Dr. Brian Higdon** 11:47

Yeah.

 **Robinson, Kimberly S** 12:01

So if you and I wanna talk about that, umm, after that we can.

 **Jill (Guest)** 12:02

OK.

Perfect.

OK.

Yes, that would be great.

How connect with you after?

 **Robinson, Kimberly S** 12:10

Thank you. OK.

 **Stotsenburg, Madonna** 12:15

Right.

And then follow up regarding outreach.

FT agenda and adding BB Skip is that part of that these meetings?

 **Robinson, Kimberly S** 12:31

I'm not sure I understand your question.

 **Stotsenburg, Madonna** 12:35

That on here the NAFTA agenda, I couldn't find a lot of meeting minutes about this. Is this the state meetings for trauma state meetings, the BUDZAK meetings?

 **Robinson, Kimberly S** 12:52

I can't speak to that.

I'm not sure what that that is, what that meeting is.

 **Stotsenburg, Madonna** 12:59

OK, OK.

I think because I know I had talked about it before I went out on late.

We also have a FTC and we're working on getting you guys on that agenda for our end of the year meetings or first quarter next year.

We brought that up this last night, actually.

 **Robinson, Kimberly S** 13:20

OK.

 **Stotsenburg, Madonna** 13:22

And then we talked about the PMR CMS website.

And I apologize, I'm catching up from discussions that were had.

 **Dr. Brian Higdon** 13:39

I mean I can explain what we talked about last time.

It was just that if we want to identify all the rehab hospitals in the in the state, this is a quick way to identify them and and reach out to them as far as.

Sent out either these surveys or just in general, uh, making sure that they're knowledgeable about the brand's final words you program.


 **Stotsenburg, Madonna** 14:01


Perfect.


And then you had also brought up in the last meeting about capturing the homeless population.

Correct.


 **Dr. Brian Higdon** 14:08
Yeah.

 **Stotsenburg, Madonna** 14:08
Like OK.

 **Dr. Brian Higdon** 14:08
Yeah, in, in kind of a future data collection.


 **Stotsenburg, Madonna** 14:12
Perfect.
And I have that down kind of in the new business because I I didn't see what level of detail we got into that.
So we'll we're gonna loop back around to this here in a couple of minutes.

 **Dr. Brian Higdon** 14:24
OK.


 **Stotsenburg, Madonna** 14:26
Survey discussion so Resource Center update.

 **Jane Johnson** joined the meeting

 **Robinson, Kimberly S** 14:32
Umm Becky's on the call.

 **Stotsenburg, Madonna** 14:32
Do we have a list of us?

 **Robinson, Kimberly S** 14:33
Call.

 **Stotsenburg, Madonna** 14:34
No. Hello.



Robinson, Kimberly S 14:35

Yeah, but Becky's on the call, and she can give an update on the Resource Center where we are.

Are she's been working on the facility surveys so Becky.



Robinson, Rebecca 14:44

Yeah, I don't.

I believe the survey questions was sent out to everyone.

I'm not sure if you've had a chance to look at them, but we had discussed it the last meeting and took your input and put it together.

So if you have any comments or want to change something let me know.



Robinson, Kimberly S 15:04

I have them.



Stotsenburg, Madonna 15:04

OK.



Robinson, Kimberly S 15:05

I have them up on the screen.

If we wanna look at them right now, I have them up, yeah.



Robinson, Rebecca 15:08

Ohh you do OK.



Stotsenburg, Madonna 15:10

That would be perfect.



Robinson, Kimberly S 15:15

So can you see my screen Becky?



Robinson, Rebecca 15:17

Yes, I can.



Robinson, Kimberly S 15:19

OK.



Robinson, Rebecca 15:19

So the first one is your facility or staff aware of the Florida Statute 381.76 on the referral time frame?

Yes or no.

And we also added some, I think you'll be able to see down in the bottom of this.

We added some text boxes which you suggested.

#2 is what resources would better support your facility on the referral process, and we'll have a text box there for that.

So they can give us a what they feel would support them best.

What barriers, if any, do your staff experience?

That's also going to be a text box and then the next one is just a yes, no.

Does your facility or staff know the criteria for referring someone to the brain and spinal cord injury program?

Let's say yes or no.

Has your facility or staff been referring to the brain and spinal Cord injury program?

Yes or no is your facility staff aware of required information needed for the referral?

Yes.

And if no, would your facility like to schedule an in service and then please include the contact information if they would like to have an in service done by the regional office.

Remember, 7 is your facility, your staff aware of what services are provided by the Brandon Spinal Cord Injury Program for eligible clients, yes.

And then no.

Again, would your facility like to have an in service scheduled and the contact information and then 8 is what is your perception of the brain and spinal cord injury program and we'll have a text box for that as well.



Jill (Guest) 16:56

These look great.



Robinson, Rebecca 16:56

And I I know you mentioned last time Kim, about having the the statute ready.



Stotsenburg, Madonna 16:57

I read.



Robinson, Rebecca 17:02

I've got both the statue for or.

I mean for eligibility and also the five day uh, I'm brutal.



Robinson, Kimberly S 17:12

OK.



Robinson, Rebecca 17:14

If anyone needs to see that.



Stotsenburg, Madonna 17:20

Perfect.

I like this combination.

I like these questions.

Is this gonna go out in a paper format or in an electronic format?



Robinson, Rebecca 17:30

It'll go out and electronic in a in a SurveyMonkey questionnaire.



Stotsenburg, Madonna 17:36

OK.

And are we using the CMS like Doctor Higdon brought up to collect the rehab centers?

And then are we going through like Florida trauma for the trauma centers?



Robinson, Kimberly S 17:51

So I think to start out with because we don't have all that information like in a database that we can quickly pull, but we do have like our current referring facilities

we can pull that from our External agency directory and maybe use them to sample this and see what kind of feedback we get immediately from them.

And then that allows us time to grow the population that we do want to survey and identify who they are, because that's gonna be a big build.

And I will probably have to pull my data analyst to help build that for SurveyMonkey.



Robinson, Rebecca 18:33

Umm, another thing on that, Kim, are we gonna know who the contact person is or what?



Stotsenburg, Madonna 18:33

OK.



Lagasse, Nancy L joined the meeting



Robinson, Rebecca 18:39

What position should we sending that we sending that contact to you or that that survey?

I mean, even if you pull the facilities, that's not gonna have a contact person, is it?



Robinson, Kimberly S 18:49

In our directory, I don't believe it does, so that's a really good question.

I'm glad that you asked that and brought that up.

So we may have to do a little more research to build that database then.



Robinson, Rebecca 19:01

Yeah.



Stotsenburg, Madonna 19:01

And I know what I know.

What the trauma centers we might be able, I and I'm not sure how this works with this being the committee, but we could have the sun out, we can ask to have this be sent out to all the trauma facilities because we have the contacts in our database for the trauma, Medical Director, program director and all the CEO's at the Florida designated trauma centers.



Robinson, Kimberly S 19:31

Uh, that would be wonderful.

Is that something that you can export and send it over?



Stotsenburg, Madonna 19:34

OK.



Robinson, Kimberly S 19:37

In in a shared file.



Stotsenburg, Madonna 19:41

Yes, I I have access to it.

And then I can touch base with Kate Kosovar because she houses that database and all the key contacts at the trauma center at the state level.



Robinson, Kimberly S 19:47

OK.

Of course she does.



Stotsenburg, Madonna 19:55

So I'll put that.



Robinson, Rebecca 19:55

That would be great.



Robinson, Kimberly S 19:56

I know, Kate.




Stotsenburg, Madonna 19:59


I think I think she might be close to you guys.




Robinson, Kimberly S 20:01


Yeah, yeah.


 **Stotsenburg, Madonna** 20:05
But.


 **Robinson, Kimberly S** 20:05
Too far away.

 **Stotsenburg, Madonna** 20:08
I I actually is she in Gainesville right now.


 **Robinson, Kimberly S** 20:08
I don't know why I didn't even think of that.

 **Stotsenburg, Madonna** 20:11
I think she's at trauma meeting.
She might be a little farther away today.

 **Robinson, Kimberly S** 20:15
Yeah, yeah, yeah.
I don't think she's at headquarter.
I'm not at headquarters today so I&I don't think she's there because they got the M
SAC thing going on they they got a whole bunch of things going on up there so it's
like a skeleton skeleton crew at headquarters everybody's gone to M Zach.

 **Stotsenburg, Madonna** 20:26
Yes yes it's.
It's a week this week.

 **Robinson, Kimberly S** 20:35
Yes.

 **Stotsenburg, Madonna** 20:35
Ohm but I can do that for all the Florida designated trauma centers.
And then wait and then where can we locate a list of current designated B skip
hospitals and that B skip rehabs?



Robinson, Rebecca 20:41

OK.



Stotsenburg, Madonna 20:51

Do we have that information?



Robinson, Kimberly S 20:53

I I have that information, yes.



Stotsenburg, Madonna 20:56

OK.

Umm, because we could.

We could also kind of start there and see who's referring, who's not referring.

See what information they have.



Robinson, Kimberly S 21:08

So I pulled a referral report.

Ohh I think I the last one I pulled was probably little over a month ago here.

I'll turn my camera back on to you, not just talking to a face and for the most part, we're getting referrals from all.

We're we're getting referral from all the designated facilities, some referrals were pretty low at the time that I pulled uh that report and that's where our regional managers have been going out to some of those facilities and providing in services on you know how the referral process works and the eligibility.



Stotsenburg, Madonna 21:30

OK.



Robinson, Kimberly S 21:48

So I haven't pulled it since they've been going out, but it would be interesting to see how much it's increased.



Stotsenburg, Madonna 21:57

OK, I think another I like the question #8.

What is your perception of the brain and spinal cord injury program?

 **Casavant, Robert** left the meeting

 **Stotsenburg, Madonna** 22:06

I know just as I was going out on leave, we had some conversations here with our, with our senior leadership team on, you know, kind of we were kind of asked what is the point of us doing all this work and submitting when the when the hospital doesn't see necessarily the financial support and we did a we tried to do education on this is this is for the patients umm and providing those resources for the patients. But I think that may be an education point that we might wanna, you know, pursue or look at because that that came from a trauma center and a rehab center.

 **Casavant, Robert** joined the meeting

 **Stotsenburg, Madonna** 22:50

You know, we have both here.

 **Robinson, Kimberly S** 22:54

OK, that's interesting.

 **Stotsenburg, Madonna** 22:55

I don't know if any of.

Yeah, it was.

It was a very interesting conversation.


I'm like, no, this is guided by Florida statute like we we have to submit this information and then kind of the the the conversation led into you know like what's kind of the financial benefit of the hospital and and collecting all of this data and dedicating FTE when they don't see a big return on it.


It was interesting.


Just the thought.


I don't know if anybody else has a experience that.


 **Dr. Brian Higdon** 23:37
Umm.


 **Stotsenburg, Madonna** 23:38
Does any?

 **Adriana Valbuena MD** 23:38
I I think it's interesting because it's, you know, if they do it in a tie in at the time they're supposed to do it, that may significantly affect the the lenses state in the cute side of the hospital because of the resources of the vision.


 **Stotsenburg, Madonna** 23:50
X.


 **Adriana Valbuena MD** 23:54
May you know may have for discharge home, so I don't think they may not necessarily understand.

 **Stotsenburg, Madonna** 24:04
That.

 **Adriana Valbuena MD** 24:04
The benefit that the patient and how they indirectly benefit from that.

 **Robinson, Kimberly S** 24:10
Yeah, it it's critical for us.

 **Stotsenburg, Madonna** 24:10
Exactly, I agree with you.

 **Robinson, Kimberly S** 24:12
It's critical for our regional offices to get those referrals as as quickly as we can and one of the bead bumps, I'll call it that we come across is with, you know, some rehab facilities.

The client may be discharged from the hospital right to a rehab facility and you, you know, getting services there and we don't, we didn't, we don't get the referral from the hospital and we don't get the referral from the rehab center until the clients ready to go, but right.

It what's hard for us, especially when they're in rehab, is if we get that referral like a day or two, you know, there's not enough turn around time for us to make sure that the equipment that that client's gonna need when they get home is there.

So we're getting, it's a really tight turn around and sometimes that can create unnecessary hardship on both the program and the client trying to coordinate those services quickly.

So with the rehabs, I think we really need to encourage the and emphasize the importance on as soon as they get a referral, even though that client may be gonna have rehab there for six weeks, that as soon as they get that referral, if they could turn that right around and send it over, that allows us to do what we need to do, enroll them the eligibility and start coordinating services.

So when they go home, they have everything they need.

They're not waiting on anything and it's a a safe environment.

DH **Dr. Brian Higdon** 25:46

How?

Umm, I'd love it if my patient got six weeks.

SM **Stotsenburg, Madonna** 25:50

Great.

DH **Dr. Brian Higdon** 25:53

Uh, that's only most of your patients.

AM **Adriana Valbuena MD** 25:53

Yeah.

J **Jill (Guest)** 25:53

Yeah.

AM **Adriana Valbuena MD** 25:54

I was about to say that it's been a while that I don't hear six weeks.

DH **Dr. Brian Higdon** 25:56

No, many of them are.

Many of them are two weeks which really puts everyone into buying.

 **Robinson, Kimberly S** 26:00

Even, yeah.

DH **Dr. Brian Higdon** 26:01

Here it is it.

 **Robinson, Kimberly S** 26:03

But even two weeks is a good lead time.

That's a good lead time for us.

DH **Dr. Brian Higdon** 26:06

Yeah.

Yeah.

So for our Medicaid patients, this is kind of uh, limitation of Medicaid.

Is that really are linked to stay with Medicaid is about 2 weeks, so by the time we identify them that they that they haven't had a biscuit problem and make that referral, then we're all kind of behind the ball and these are some of the most needy patients when it comes to home accommodations.

J **Jill (Guest)** 26:27

Umm.

DH **Dr. Brian Higdon** 26:30

Is there a process Windows referrals are made from?

 **243b5761-ce74-440f-be43-0d3c86a4186b** joined the meeting

DH **Dr. Brian Higdon** 26:32

The rehab facilities do we keep track of when that happens and then track back to the acute care facility that failed to make that referral.

 **Robinson, Kimberly S** 26:42

I'm sorry.

Say that again.

I have.

Patty was logging in and I couldn't hear everything.

DH **Dr. Brian Higdon** 26:45

Yeah.

So unless they, unless they had their trauma in Georgia or or Alabama and then came to a Florida rehab hospital near their home, unless they were treated outside the state they for acute care, acute care facility should be making the referral whenever there is a referral from a rehab facility.

Do we do we have a master list of when that when that happens is how often it happens and identify the that those centers aren't making those referrals.

 **Robinson, Kimberly S** 27:16

I would have to have my data analyst query the the information in RIMS based on the date of injury and the date of referral that it's possible to pull that and I could see what he would come back and and it's not just rehabs, it could be all referrals from.

DH **Dr. Brian Higdon** 27:25

Yeah.

 **Robinson, Kimberly S** 27:34

We could say the last year, what was the length of time between date of injury and date of referral?

We could query that.

DH **Dr. Brian Higdon** 27:42

Umm yeah.

And whenever that happens that I mean once it's mainly exception but but try to catch patterns with that and just show over the Derby like OK, it's time to talk when it's really a pattern.

Yeah.

Uh, yeah.

 **Stotsenburg, Madonna** 28:04

I agree.

 **Robinson, Kimberly S** 28:06

Is that something that you would like for the next meeting?

 **Collins, Valerie B** left the meeting

 **Jill (Guest)** 28:09

Yeah.

 **Robinson, Kimberly S** 28:11

OK.

 **Stotsenburg, Madonna** 28:11

I think that would be great.

 **Jill (Guest)** 28:12

Yes.

 **243b5761-ce74-440f-be43-0d3c86a4186b** 28:13

Great.

 **Dr. Brian Higdon** 28:13

Umm yeah.

The proportion between referrals they make and the referrals that they that they identified that they failed to make.



Robinson, Kimberly S 28:22

And how far back would you like to go?



Stotsenburg, Madonna 28:26

Umm.



Dr. Brian Higdon 28:26

Umm, I mean depends what's most convenient from a data perspective.

If you just want to do a calendar year and just query the whole, you know the whole calendar year, that's probably the the most efficient way to get the largest N number for this ratio.



Robinson, Kimberly S 28:34

OK.

OK.

So we'll do calendar year for 2020 because we won't have it done by 2023.



Dr. Brian Higdon 28:50

Yeah, I don't know if you want to do fiscal year or or or how you count your year, but yeah.



Robinson, Kimberly S 28:55

Well, state goes physical.

That's July to June.

That's a state state fiscal year.



Dr. Brian Higdon 29:02

Yeah.

So we can do do do that the do we have all the data from three months ago?



Robinson, Kimberly S 29:05

Do last state year so I can do 2223 for the state year 2223, OK.

DH **Dr. Brian Higdon** 29:11

Yeah.

 **Collins, Valerie B** joined the meeting

DH **Dr. Brian Higdon** 29:14

Mm-hmm.

 **Robinson, Kimberly S** 29:17

They wanted to see all clients, their date of in the date of referral and the difference in the time how much time there was between how many days between the injury and the date of referral and the facility correct. OK.

DH **Dr. Brian Higdon** 29:30

Umm.

And what and whether it made by the referrals made by the Q Care facility or the OR different entity like the Rehab hospital?

 **Robinson, Kimberly S** 29:39

Right.

SM **Stotsenburg, Madonna** 29:40

Yeah.

 **Robinson, Kimberly S** 29:40

OK. OK.

SM **Stotsenburg, Madonna** 29:42

I think that'll provide us some good data.

DH **Dr. Brian Higdon** 29:45

Umm you? Yeah.



Robinson, Kimberly S 29:46

Sure.



Stotsenburg, Madonna 29:46

Also also one necessary.

Ohh sorry.

Go ahead, doctor Hickton.



Dr. Brian Higdon 29:50

Yeah, go ahead.



Stotsenburg, Madonna 29:52

On this survey at the top, are we also going to have a place where they can put in their facility name the point of contact at that facility?



Robinson, Rebecca 30:04

Yes, I can add that.



Stotsenburg, Madonna 30:04

And their contact.

OK, perfect.

I just want to make sure that we get capture that information because then we can start building our own database or contact list.



Robinson, Rebecca 30:19

That idea.



Jill (Guest) 30:21

Do we need to approve this form?

All these questions OK.



Robinson, Kimberly S 30:25

No.

Well, if you're if you're, if you're happy with this survey and this is what you want to go out, then yes, you need to vote on it.

DH **Dr. Brian Higdon** 30:26
Ohh.

2 **243b5761-ce74-440f-be43-0d3c86a4186b** 30:31
And.

SM **Stotsenburg, Madonna** 30:34
Perfect.

DH **Dr. Brian Higdon** 30:35
Yeah.

I mean, one point I made last time, I don't see it here, but I'm.

I'm putting out a problem, but then I don't have a solution.

Uh, which is great, but the the problem is kind of the we we often present in this as like, OK, this is a resource for people that for their discharge, but really to point out that everyone should be that everyone should be referred to it no matter their financial situation or insurance situation.

2 **243b5761-ce74-440f-be43-0d3c86a4186b** 30:43
So they are OK, that's it, yes.
For what?
But.

DH **Dr. Brian Higdon** 31:01

So I don't know how to query that asset.

I don't wanna make it feel like a gotcha.

Sort of thing.

But umm, you if one of the other community members have an idea of how to how to ask that question.

2 **243b5761-ce74-440f-be43-0d3c86a4186b** 31:08
Your wife network.

SM **Stotsenburg, Madonna** 31:14

Ohh that's like an.

 **Robinson, Kimberly S** 31:17

Well, yeah, but financials financial, there are no financial consequences to speak for referring a client.

J **Jill (Guest)** 31:17

Something like.

2 **243b5761-ce74-440f-be43-0d3c86a4186b** 31:21

Breakfast.

Nothing.

Still, I never.

 **Robinson, Kimberly S** 31:24

It it income has no bearing on eligibility, so I don't know that you really want that as part of your survey because there there's nothing in statue on.

DH **Dr. Brian Higdon** 31:31

Well, I I wanna point out that fact because because often when we try to sell the program with people we talk about like ohh these are all the benefits of it which are which are all great.

 **Robinson, Kimberly S** 31:34

Yeah, but there's there's nothing in statue.

DH **Dr. Brian Higdon** 31:42

That's why I'm here.

 **Robinson, Kimberly S** 31:43

Right.

DH **Dr. Brian Higdon** 31:43

But but ultimately clear that we don't just refer patients that need it, we refer all patients.

And I'm just not sure how to propose that.

 **Stotsenburg, Madonna** 31:51

And the requirements.

 **Jill (Guest)** 31:54

Maybe it's something like.

Are you aware that that you can refer any patient that has this or this?

You know what I mean?

I don't know if we wanna ask it that way or there's no limiting criteria or something like that.

 **Dr. Brian Higdon** 32:04

Yeah.

Yeah.

And not just in refurbished sugar.

 **Stotsenburg, Madonna** 32:05

Jeez.

Do.

 **Robinson, Kimberly S** 32:10

Well there is limit because that there there is.

 **Stotsenburg, Madonna** 32:10

Maybe the question #7 is your.

 **Robinson, Kimberly S** 32:15

I'm sorry, go ahead.

 **Stotsenburg, Madonna** 32:16

No, go ahead.



Robinson, Kimberly S 32:19

I think what what I'm hearing you all say is in the survey questions, we need to integrate what a determines eligibility.

We need to put that statue in there.

That says these are the things that a client has to meet in order to be eligible for the program, but the referral should not be deterred if maybe they don't because we have other resources that we can provide to them even if they aren't eligible for our program.

We don't just say I'm sorry you're not eligible.

Uh, we give them a closure letter.

We explained to them why they're not eligible and we provide other resources that may be able to further benefit them.

So that's, that's what I.



Robinson, Rebecca 33:08

And they always have the Resource Center that they can contact as well.

You know, if they get closed.



Stotsenburg, Madonna 33:17

Maybe we add that content.



Robinson, Kimberly S 33:18

So maybe we need to.

Yeah, I'm sorry.

I don't mean to keep stepping on you.



Stotsenburg, Madonna 33:22

No, go ahead again.




Robinson, Kimberly S 33:24


Uh, so maybe we need to just put in here.


You know what eligibility criteria is the definition of a spinal cord injury and the definition of a brain injury and maybe perhaps add are, you know, are they aware


that we have a Resource Center?
Maybe just add that in I I don't know.


 **Stotsenburg, Madonna** 33:50
I think that's a good idea.

 **Robinson, Kimberly S** 33:50
Throwing it out there.


 **Stotsenburg, Madonna** 33:53
And placing maybe place in and maybe the wording like to question number one.
It could be.
Umm, is your facility staff aware of Florida Statute 381.76 attached or however, and
the referral time stated in the attached?
That way they get the full statue.
It's kind of education, but it's a survey as well.

 **Robinson, Kimberly S** 34:22
Yeah.
Becky, can you do attachments to your survey?
Monkeys, can you put in attachments?

 **Robinson, Rebecca** 34:27
I'm I'm not positive, but I will figure it out.
I'll let you know if I can't, but.

 **Robinson, Kimberly S** 34:33
But OK, if if we can't, then we can just add the language in here.

 **Robinson, Rebecca** 34:40
Yeah.

 **Stotsenburg, Madonna** 34:40
OK.

DH **Dr. Brian Higdon** 34:42

My my my concern with this form is this is like someone's gonna get in the mail.

Well, probably something.

We'll just throw it out or or or in the email.

But but the other option that people might do is just like pull it up and click yes for everything, whether or not it's necessarily true or or fully true.

So that like, OK, we're we know that this thing exists, but do they actually understand?

But just by asking, they'll say.

SM **Stotsenburg, Madonna** 35:05

What the?

DH **Dr. Brian Higdon** 35:06

Sure. Sure.

Yeah, I know.

When, when, when they may not.

SM **Stotsenburg, Madonna** 35:11

Well, we could.

 **Robinson, Kimberly S** 35:11

Well, that's why Becky put in.

I'm sorry.

I don't mean to keep interrupting you.

SM **Stotsenburg, Madonna** 35:14

Go ahead, get.

 **Robinson, Kimberly S** 35:15

Go ahead.

No, no, go ahead, Madonna.

SM **Stotsenburg, Madonna** 35:18

No, go ahead.

 **Robinson, Kimberly S** 35:20

So I was.

I was just gonna say that's why Becky has in here about a.

Would they like it in service if they say now, even if they say yes, they can still ask for an in service they want to, you know, if they've got turnover and they need somebody to come in and educate their staff, that's that's never a problem.

DH **Dr. Brian Higdon** 35:33

Umm.

 **Robinson, Kimberly S** 35:41

We can schedule that.

DH **Dr. Brian Higdon** 35:42

Yeah, yeah, I've been posed.

I don't know my my idea that I came up with with kind of a question and it is a little bit of a gotcha question is like have like a have like a multiple choice question like umm of your patients with brain spinal cord injuries.

Do you refer a all of them?

I be you know the the ones with financial need and or or sees uh, I don't know what the one would be if if if the patient family requests it.

Umm.

And the question of course should be should be a all of them.

But if they do answer if, if there's some way to phrase it where it makes them think be like ohh.

The patients that may need help with yes, he may be like look like ohh the patients that may need help with equipment may need help with this.

May need help with that and make it look like nice and juicy like as like oh, this is a correct answer and actually it's a which is all the patients.

Maybe that might be a way to to to identify them where they where, where they may be thinking about it the wrong way.



Robinson, Kimberly S 36:39

Hey.

OK, Miss Maya, you have a question?



Maya Smellie-odle 36:52

Yes, I'm sorry because I'm new to this, but I realize you guys are talking from the rehab facility getting connected to services.

What happens?

Do you have other ways of getting people referred like say if they've left the hospital or rehab facility, are there other ways that you can connect people like survivors and families to resources outside of the rehab facility?

That's what I'm wanting.



Robinson, Kimberly S 37:20

Uh, yes, yes, so.



Maya Smellie-odle 37:21

He was schools like hmm.



Robinson, Kimberly S 37:25

Umm Becky is in charge of our Resource Center, which is public.

It's open to everybody, and she's always available if you're looking for something particular, her team will go out and actually research to find what it is that you may be needing help with.

If it's not already on our Resource Center, we also get self referred to and anybody can refer themselves or a loved one can refer a child, a husband, a spouse, somebody know anybody can refer to the program if they're going to a physicians office and theologians and they think they've got a brain injury, that be skip could help the client with that doctor can refer to our program.

So it's not just hospitals and rehabs that refer.

We take referrals from anybody.



Maya Smellie-odle 38:19

OK.

Thank you so much.

 **Robinson, Kimberly S** 38:21

You're welcome.

Good questions.

 **Stotsenburg, Madonna** 38:32

So do we wanna bring as a committee?

Do we wanna bring this back to the next meeting with the wording or see if we can add the?

 **243b5761-ce74-440f-be43-0d3c86a4186b** left the meeting

 **Jill (Guest)** 38:46

Can we just approve with those recommended changes?

I don't know if we if we can do that or not.

 **Stotsenburg, Madonna** 38:51

Can we do that?

 **Robinson, Kimberly S** 38:54

I would not do that because you might not like how the changes come out, so I would I would not.

If you're not happy with the survey, I would not motion to approve it today.

I would let Becky go back and put in some of the updates and suggestions that you guys have made and bring it back to the table again, but in the meantime I'll have my data analyst run that one query report, so we'll have that to kind of look at too.

And once you see the results of that, maybe they'll be something that jumps out that you might tweak one of these questions again.

 **Stotsenburg, Madonna** 39:32

That would be perfect.

And then in the meantime, I will work on the trauma center contacts.

We can at least have that database.



Robinson, Kimberly S 39:41

OK, Doctor Higgins putting something in the chat here.
I'm sorry.



Stotsenburg, Madonna 39:46

Perfect.



Robinson, Kimberly S 39:49

Which ohh is that a question you want to put on the survey?
Doctor Higdon, which which patient you refer to?



Dr. Brian Higdon 39:53

Oh no.

I'm.

I'm.

I'm I'm typing up a proposed question, but I hit enter to to early so so let me type it
in and then we can discuss.



Robinson, Kimberly S 39:59

Ohh.

OK.



Dr. Brian Higdon 40:04

Then we can discuss what this question sounds like.



Robinson, Kimberly S 40:09

OK, Becky.



Robinson, Rebecca 40:12

OK.


So and I guess what I need to do is add the the information at the top of this form
before we meet again and then try to come up with something another selection
besides all in financial need for a question.

Is that right, doctor? Hidden.


DH **Dr. Brian Higdon** 40:32
I'm writing that question about financial need right now.

 **Robinson, Rebecca** 40:34
OK, OK.


DH **Dr. Brian Higdon** 40:35
No.
So you finish typing, then, then, then we can chat about it.

 **Robinson, Kimberly S** 40:42
Excellent.

SM **Stotsenburg, Madonna** 40:51
OK, perfect.
So we will bring this back the next meeting, if that's OK with the committee.
Does anybody have anything else to add to the survey discussion?
Kim, can we get back to the agenda?

 **Robinson, Kimberly S** 41:32
Yep, that's what I was going.

SM **Stotsenburg, Madonna** 41:33
Right.

 **Robinson, Kimberly S** 41:33
On I was thinking if I hit the X am I'm gonna close everything.
I had to think about it.
Your phone.
Sometimes the struggle is real, OK.

SM **Stotsenburg, Madonna** 41:41
That's OK.
Technology is great when it works right.



Robinson, Kimberly S 41:48

Yes, ma'am.



Stotsenburg, Madonna 41:50

All right.

So we kind of went through the survey discussion data analysis, so rehabilitation centers, trauma, hospital referrals.

Umm do we have a list of the regional managers and case managers of the facilities that they've been reaching out to and what that feedback looks like?



Robinson, Kimberly S 42:15

Umm, they report to it.

They report on their weekly report to me, but I don't keep it necessarily in a running log anywhere, but if that's something that you would like to see for the next meeting, I can ask them and all my managers are pretty much on this call today.

They can start creating a spreadsheet of the contacts where they're going to dates that they've gone and who they've done in service with in services with, we can contract that.



Stotsenburg, Madonna 42:47

For any of the regional managers or case managers that are on the call, are you are you guys seeing any trends or any any feedback that's been coming back to you guys that we could potentially work on or that we need to review in this committee?



Dubrocq, Jose A 43:06

Yes, this is Jose Dubrock, the regional manager for region five.

I could tell you doctor about Buena just and you know, she assisted me together an in service for the pediatric side at Jackson Memorial Hospital.

And that was done.

We seen the trend, you know, of referrals coming in.

Also, can the regional there's a a lot of referrals coming in lately from the hospital.

We had done 2IN services at that hospital and I'm trying to set up one oven to a hospital, which is HCA now and also Westgate was rehab.

SM **Stotsenburg, Madonna** 43:43
Uh-huh.

J **Jill (Guest)** 43:48
Do you need help getting into the HCA Ventura?

SM **Stotsenburg, Madonna** 43:49
Perfect.

DA **Dubrocq, Jose A** 43:53
Uh, not yet.
The thing is that one of our I don't know if you're familiar.
His name is Doctor Castor.
Ned, he's a he's from the design arrow site.

J **Jill (Guest)** 44:11
OK, if you need help, just reach out to me.
I can reach out to that program director. OK.

DA **Dubrocq, Jose A** 44:14
OK, great.
Thank you.

SM **Stotsenburg, Madonna** 44:18
Yeah, they just, they just got a new program.

J **Jill (Guest)** 44:18
Uh-huh.

SM **Stotsenburg, Madonna** 44:22
Director umm.
So again, if you either one of us can provide you with her contact information.

DA **Dubrocq, Jose A** 44:31

Perfect.

Thank you.

 **Stotsenburg, Madonna** 44:35

Awesome.

Anybody else have anything to bring up or that you would like to bring to this committee?

Are you guys having any challenges or the centers having challenges or any feedback?

 **Moore, Fallon** 44:46

Ohh, this is Fallon region one. I did.

Uh, in service with Brooks last week and I have one coming up with Orange Park. The issue that Brooks is having is they as the rehab facility they are having to refer. The actual trauma hospitals aren't referring.

So when they get the patient, they may have a week or two weeks of UM rehabilitation left and they're the ones that's having to do the referral and.

Basically, by the time they get the referral to us, the patient is ready to leave.

So that's their biggest issue is us getting out to the trauma centers because they feel like they're having to do majority of the referral work and and.

Outside of that, they didn't.

They they didn't know the actual amount of days they had to refer a lot of a lot of them think that is 14.

I'm getting that that time frame from a lot of sinners is 14 days, so we have to stress the actual time frame that they have to refer.

That outside of that, I don't.

I haven't been seeing any other issues.

 **Robinson, Kimberly S** 46:08

Well, the the referral time frame can't be changed easily, so to say, because that's a that's Florida statute, it's written.

 **Dr. Brian Higdon** 46:09

Yep.

Yeah.



Moore, Fallon 46:18

Right.

And that's what I tell.

I actually gave them the print out with the Statute on it.

They just didn't know.



Stotsenburg, Madonna 46:25

Did they provide you with?

Specific trauma centers that maybe are referring or is that information that you can gather so we can reach out to them and educate them?



Moore, Fallon 46:39

I've already talked to Beth, the unit administrator, about their main hospital that they're having an issue with, but we've been seeing a trend of maybe two specific hospitals.



Stotsenburg, Madonna 46:44

OK.



Moore, Fallon 46:52

So we are getting the regional manager out to to those hospitals to do in services for.

Yeah.



Dr. Brian Higdon 47:00

Yep, and.

And that was exactly what I was talking about earlier in early in this meeting.

So.

So I really appreciate you coming out to Brooks and and and working with our with our case managers on that, especially since we we've had some some turnover for for our case managers and and we just have another one starting next week so

Yep.



Stotsenburg, Madonna 47:20

Well, and I think that's good.

Great to bring up because I know a lot of trauma program and we're in trauma meetings this week along with the MSAC meetings.

I believe that we there's been almost a 30 or 40% turnover of trauma program directors throughout the state.

Umm so I I again I think this is really important for this survey to get out there and for us to work closely umm with you guys to see where what challenges you guys are having on this referral because the faster we get this in the faster hopefully we can find additional resources or anticipate what we need for a safe discharge for our patients.



Robinson, Kimberly S 48:08

Agreed.



Stotsenburg, Madonna 48:10

I really like having the Kim, the regional managers and case managers on here.

I think that maybe we can have like a I know that they report out in the main meeting, but I think for quality committee purposes this is really informative and we can get some good action items from them.

From what they're experiencing, when they're going out to the facilities, does everybody else agree or have feedback on that?



Adriana Valbuena MD 48:39

Agree.



Robinson, Kimberly S 48:44

Excellent.



Stotsenburg, Madonna 48:45

All right.



Robinson, Kimberly S 48:47

Though Doctor Higdon has his question posed in the chat, umm, it says, which patients do you refer to?

Florida, the SDIP a all level 1 trauma patient B all patients with traumatic brain and

spinal cord injury.

The patients with brain and spinal cord injuries who may need assistance from the Florida beach skip with equipment therapy or community resources.

 **Stotsenburg, Madonna** 49:15

I like that question.

 **Robinson, Kimberly S** 49:19

So Becky, can you copy that from the chat?

So you'll have that OK.

 **Robinson, Rebecca** 49:22

I I've already done that.

 **Dr. Brian Higdon** 49:24

Yeah.

And they say, and they say, yeah, they're not doing all Tron patients.

If we go overwhelmed, but if they say see, then, then we can have a conversation with them. Yep.

 **Abilash Haridas, MD** left the meeting

 **Jill (Guest)** 49:35

Right.

 **Stotsenburg, Madonna** 49:36

Right.

 **Robinson, Kimberly S** 49:39

OK.

 **Stotsenburg, Madonna** 49:44

Perfect.

And then can we I?

Does anybody have anything for the data analysis section?

Alright, I will open the floor to new business.

A couple of things that I pulled down from some of the meeting minutes that was briefly discussed in the last meeting was rehab placement throughout the state.

Umm I I know a few people outside and it was it has been brought up in the trauma meetings all week.

 **Jill (Guest)** 50:48

You know.

So I don't know how it is like for example in Doctor Higgins area but.

You know the the discharge disposition I think is probably the best way to say it.

If they don't have a great disparaged discharge disposition plan, umm, you know they may not.

If they're homeless and they're not gonna be able to be released back to being homeless, and that's quite a challenge because then there's, you know, in rehab because we can't safely discharge them to homelessness.

I guess if you will.

 **Stotsenburg, Madonna** 51:28

Different.

 **Jill (Guest)** 51:28

And so I think that that's what a lot of rehabs probably hesitate with for some of the that population when they are accepting or denying from a rehab standpoint.

 **Robinson, Kimberly S** 51:29

Yeah.

 **Dr. Brian Higdon** 51:41

Yeah.

And it and then to add to that and it's not just that they that we can't discharge them is that the duration of time that they're there past maybe two weeks or so depending on their insurance, the entire duration of their time that they're not discharged is completely uncompensated.

So it's it's not financially viable option to take these these patients and then we won't be able to serve anybody else.

 **Jane Johnson** left the meeting

 **Stotsenburg, Madonna** 52:12

Right.

 **Robinson, Kimberly S** 52:14

So when we encounter a homeless person, uh, that's going to be discharged.

Uh, we work to we can't service them without an address, so if they're homeless, then they're living under the bridge.

We can't service them.

They have to have a phone number of some kind, a way to contact them and then address.

And so sometimes, you know, we have to utilize group homes, Umm, assistant living facilities, if that's at all possible.

Shelters Salvation Army if if they're staying at the Salvation Army, we can service them as long as they have have an address and a phone number.

That's how we're handling the homeless population.

If we can't find a place for them and they go back out on the street or wherever they came from, that's really tough.

You know, we do our due diligence to find a place for them to land so that they can get the services that they need.

And I think so far we've been pretty fortunate with being able to place people like I can't tell you, I'd have to ask my managers to, you know, to, to be truthful with you, I'd have to ask them.

Have we had an occasion where we had a homeless person that we were not able to service because they didn't have an address or phone number?

So I can't 100% answered that to the Council today if we've encountered that.

I do know what we do to avert that situation.

 **Dr. Brian Higdon** 53:51

Umm do they it if if then the situation that that a solution is not found, do they still say in the registry as far as or are they taken out of the registry?

 **Robinson, Kimberly S** 54:04

Every referral that is sent to the to the program stays in the in the registry.
We have thousands. Thousands.

DH **Dr. Brian Higdon** 54:10

Not really.

You just can't service them.

 **Robinson, Kimberly S** 54:13

Yeah, but they it was their closure.

It would depend on what their closure is, so they may come in as an applicant and we're not able to service them because they don't have an address, so they're they would be closed and it would be.

Uh.

Uh, I'm trying to think.

What?

What closure we would put them under, I would have to actually go look to see what kind of we have different.

We call them the statuses foreclosures, whether it's an in person being closed or an applicant being closed, we have reasons.

DH **Dr. Brian Higdon** 54:39

Umm.

Umm yeah.

And and and.

The tricky thing if we if we really wanna look at this from a data perspective is, is and categorization is difficult.

The the stereotype is living under a bridge or unsheltered, but there's lots of people that are that are essentially homeless, but they're couch surfing as their friend's house.

Or they're sleeping in our RV or car?

Umm.

Or, you know, different things like that.

So so if we're gonna end up doing a creating more data on this point, we we should go into kind of knowing that we have to group you know, group all these together or come up with different subdivisions for each of these kind of types of homelessness

or if it's a situation where they had at home.
But it's uh, it's just not handicap accessible.
It's a second story apartment without without an elevator.
Sort of situation.



Robinson, Kimberly S 55:46

We can look into our closures for homeless.
I'll I'll have Raj see if he can pull anything that would be viable.



Dr. Brian Higdon 55:54

Yeah.
Because, you know, this is a huge problem that I I I have in my community is, you know patients in the queue care hospital that are never discharged from there or they come, they come come to the rehab hospital and then then they stay kind of unfunded for a long time and really kind of is a big drain on the system.
Do you able to to be able to help other patients as well?



Robinson, Kimberly S 56:16

So do your case managers also research shelters in Group homes that the you're homeless population can be discharged too.



Dr. Brian Higdon 56:29

I mean, typically I these patients aren't really eligible for that situation because the expectation for these places is that they're independent, not any assistance and and that's really the case at the time of rehab, hospital discharge, that they're able to be fully independent.
We did just, you know, we did discharge a patient to a hotel and we we paid for this individual's hotel for a month and then after that, after that time, him and his family are gonna be responsible for finding housing.



Robinson, Kimberly S 56:48

Yeah.



Dr. Brian Higdon 57:03

That was a situation where there's like a second story department without a without

assistance.

Available, but it can be very tricky situation.

 **Robinson, Kimberly S** 57:13

I think in your area, Doctor Higdon and Beth, I'm not sure if Fallon will know this because you're still fairly new.

But Beth might a we on occasion, will utilize a place called Helen House.

 **Dr. Brian Higdon** 57:28

Yeah.

Yeah.

Yeah, that's that's good.

 **Robinson, Kimberly S** 57:28

And is that what you're talking about?

 **Dr. Brian Higdon** 57:32

No, Helen's house is something we might wanna has a long wait list and and and two is it's may not the best place because it's for for this type of situation because it yeah.

 **Robinson, Kimberly S** 57:38

OK.

 **Dr. Brian Higdon** 57:48

So I mean, it's sort of like Ron Ronald McDonald House, but it's, but it's a place where people receiving services.


 **Robinson, Kimberly S** 57:52

Umm.

 **Dr. Brian Higdon** 57:55


But it's, but it's not kind of a long term solution.


Uh, so we don't usually discharge people there that are that don't have a end destination like a home to go to at the end of the day.


 **Robinson, Kimberly S** 58:06
OK.


 **Dubrocq, Jose A** 58:07
But I just wanna add, this is Jose again from reconfirm here.

 **Dr. Brian Higdon** 58:07
Yeah.

 **Dubrocq, Jose A** 58:13
What I have noticed with the homeless even is if it's outrageous for them to be out in the streets, some of them prefer to be out in the street that go into a shelter. And I have found that situation because we just had a case where he preferred to live in the street and he didn't wanna go to a shelter. And so it's really difficult.

 **Dr. Brian Higdon** 58:30
Yeah, yeah.
Yeah.
Yeah, that's something that, you know, just normally emergency departments and acute care hospitals have to deal with all the time to be really tricky.

 **Stotsenburg, Madonna** 58:44
How do you hose or doctor Higdon?
Either one how?
How do you maintain the follow up, especially if they're massive TBI or quadriplegic or paraplegic when you discharge them to the when they want to be homeless?
Like what?
How do we educate?
How do we support?

 **Dr. Brian Higdon** 59:08
I mean the the they still have the depending on the situation, but the you still have access to transportation through like the bus system, uh, so so translation it takes a

while to get them signed up for that but but chat transfusion is obviously not the biggest issue.

SM **Stotsenburg, Madonna** 59:17
OK.

DH **Dr. Brian Higdon** 59:24

It's more just the homelessness itself.

UM, but I I I I'd say I don't have a lot of patients that situation because they is, they don't, they don't come to Brookside, see them more, more the trauma hospital I work at and then and then ultimately they get discharged to to some nursing home under Medicaid is usually what ends up happening but they can sit there on the forward for for two or three months before that happens and and never really receive UM you know uh acute rehab even though they they end up doing quite a bit of rehab had acute care.

J **Jill (Guest)** 59:27

Yeah.

We.

The case manager will for follow up will help them if they don't have a primary care physician, at least set up a follow up appointment with whoever provider whether the patient chooses to go to that or not.

SM **Stotsenburg, Madonna** 1:00:03
Right.

J **Jill (Guest)** 1:00:16

Is a different story.

Obviously they'll help them get transportation arranged, but that's just one other stuff that we'll take.

I mean, obviously.

DH **Dr. Brian Higdon** 1:00:25

Umm yeah.

DA **Dubrocq, Jose A** 1:00:27

Yeah, we had a case of where the IT was.

SM **Stotsenburg, Madonna** 1:00:27

Correct.

DA **Dubrocq, Jose A** 1:00:30

He was homeless and we help out with the we assisted with the bus pass and also setting up for the appointments with the psychologist.

This was actually it was closed as a community integration because he did with civil, with the help of civil he got the SSI at the end of the the program doesn't help much because he will still need a roommate to live, but he was considered, you know, a community.

At least he was, you know, getting something.

Yeah, that would be.

And he did get the Medicaid too.

DH **Dr. Brian Higdon** 1:01:01

Hmm.

SM **Stotsenburg, Madonna** 1:01:03

Yeah.

DH **Dr. Brian Higdon** 1:01:05

Yeah, I can talk for hours about the the challenges of the all the challenges of these patients.

But but I think this would be to have perspective that is at least trying to put a number to to how often this sort of things happening.

 **Robinson, Kimberly S** 1:01:11

Really. Yeah.

Sure.

DH **Dr. Brian Higdon** 1:01:18

Yep.

SM **Stotsenburg, Madonna** 1:01:19

Right.

Alright.

Does anybody else have anything to add to new business?

I think that we had great discussion today and we have a couple of action items to bring to the next meeting.

Umm.

And then as far as future meetings, do you guys want to do a meeting?

Kim, I'm not sure.

 **Robinson, Kimberly S** 1:01:51

I I have I have those dates already.

Madonna because of before Caitlin went on on leave, she created calendar events for each of the committee meetings.

SM **Stotsenburg, Madonna** 1:01:55

Perfect.

Thank you.

 **Robinson, Kimberly S** 1:02:02

And so they're they're out there as tentative.

And then once we get close to that and we post the notice and far then we change that to confirmed.

So the net next PQI meeting is December 7th at 2:00 o'clock and the next pack meeting is November 2nd at 2:00 o'clock.

And then we have our first biannual Council meeting on October 19th, and that will be via teams our face to face meeting will probably be in May.

Is what I'm I'm anticipating may.

SM **Stotsenburg, Madonna** 1:02:38

Perfect.

Thank you.

Do we have a motion to adjourn or does anybody else?

 **Dr. Brian Higdon** 1:02:46

I'm sorry I I got the main meeting, but I didn't get the the other Council, the the committee meetings are.

Have there been tentative counter invites set out for those?

I know you can't send out the.

 **Robinson, Kimberly S** 1:02:59

I believe I believe so.

I think she did a series.

She did them as a series.

 **Dr. Brian Higdon** 1:03:04

OK.

OK, very good.

 **Kevin Mullin** 1:03:06

I wouldn't suggest doing a resend because I think I'm looking for it as well, so maybe to the whole Council if we could do a resend of our next six months of what we're looking at.

 **Robinson, Kimberly S** 1:03:13

Sure.

 **Kevin Mullin** 1:03:15

Just so I think we can all tentatively schedule and our calendars ahead of time.

 **Robinson, Kimberly S** 1:03:19

OK.

Thank you, Kevin.

 **Kevin Mullin** 1:03:21

No, thank you.

DH **Dr. Brian Higdon** 1:03:23
I motion to adjourn.

KM **Kevin Mullin** 1:03:26
I second.

SM **Stotsenburg, Madonna** 1:03:29
Alright, we have adjourned.


 **Jill (Guest)** left the meeting

SM **Stotsenburg, Madonna** 1:03:31
Thank you all.

AM **Adriana Valbuena MD** 1:03:32
Thank you.

DH **Dr. Brian Higdon** 1:03:33
Alright, thank you.

KM **Kevin Mullin** 1:03:33
Thank you all.

 **Robinson, Kimberly S** 1:03:33
Have have a good day.

KM **Kevin Mullin** 1:03:34
Have a great day.

DH **Dr. Brian Higdon** 1:03:35
Right.

WM **Wanecski, John M** 1:03:35
You guys too.



Robinson, Rebecca 1:03:36

Thank you.

 **Dr. Brian Higdon** left the meeting

 **Adriana Valbuena MD** left the meeting

 **Kevin Mullin** left the meeting

 **Moore, Fallon** left the meeting

 **Lagasse, Nancy L** left the meeting

 **Dubrocq, Jose A** left the meeting

 **Brewer, Evelyn T** left the meeting

 **Natalie Alden** left the meeting

 **Wanecski, John M** left the meeting

 **Hamilton, Joshua A** left the meeting

 **Robinson, Rebecca** left the meeting

 **Stotsenburg, Madonna** left the meeting

 **Collins, Valerie B** left the meeting

 **Casavant, Robert** left the meeting

 **Chester, Don** left the meeting

 **Robinson, Kimberly S** left the meeting

 **Myles, Rosalind M.** left the meeting

Casavant, Robert stopped transcription