

# BSCIP-Advisory-Council-Public-Awareness-Committee-Meeting-1-4-24

January 4, 2024, 7:05PM

51m 0s

● **Casavant, Robert** started transcription



**Robinson, Kimberly S** 0:03

Everybody to the Public Awareness Committee meeting.

Umm.

With that, I'll go ahead and turn it right over to Jill and then we can do roll call.



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 0:13

OK, awesome.

Welcome everyone.

If I hope you all had a wonderful Christmas and New Year.

Umm.

And just want to go ahead and get started for roll call before we do our approval of minutes UM.



**Hamilton, Joshua A** 0:29

Oh.

Ohh, right.

Uh, we're gonna start with Don Chester here.

Kevin Mullen.

OK. Pay excuse.

Jennifer Landon.

OK, Daniel Nicholson.

OK, Jeffrey sucker.

Michael fader.

Madonna start somberg.



**Robinson, Kimberly S** 1:02

Uh.


Madonna's probably gonna join us a little bit late, so we need to keep an eye out for her because she has something she wanted to add to the agenda.

 **Hamilton, Joshua A** 1:07

Yes, ma'am.

OK.

Ohh Joe olenick.

 **1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 1:14

I'm here.

 **Hamilton, Joshua A** 1:16

OK, doctor Valbuena excused.

Dr Higdon.

 **DH** **Dr. Brian Higdon** 1:22

Here.

 **Hamilton, Joshua A** 1:23

OK, doctor Haridas.

 **Fernandez, Aleskia** joined the meeting

 **Hamilton, Joshua A** 1:28

OK, Kerry Rayburn.

 **CR** **Carrie Rayburn** 1:30

Here.

 **Hamilton, Joshua A** 1:32

Alright.

And Ruth and Tattersall.

 **RT** **Ruth Tattersall** 1:35

Here.



**Hamilton, Joshua A** 1:37

OK.



**Robinson, Kimberly S** 1:39

Alright, so we don't have a quorum yet if Madonna log.



**PL Patty Lance** 1:42

I have a party lances on the phone. Excuse me?

I just want to let you know I'm on the phone.

It's Patty Lance.



**Robinson, Kimberly S** 1:48

Ohh, OK, excellent.



**Hamilton, Joshua A** 1:49

OK.



**Robinson, Kimberly S** 1:52

Patty, you're actually not part of this committee specifically, so we still won't have a quorum, but thank you for letting us know you're here.



**Samper, Christina** joined the meeting



**PL Patty Lance** 1:58

OK.

A bookworm numbers.



**Robinson, Kimberly S** 2:03

So I'm just looking.



**PL Patty Lance** 2:03

Sure.



**Robinson, Kimberly S** 2:04

I saw somebody else come in, but it's not Madonna.

So Josh, if you could just kind of keep your eye open in the people section to see if when Madonna logs on, then we can still we can come back and vote on minutes because then we'll have a quorum.



**Hamilton, Joshua A** 2:15

Yes, ma'am.



**Robinson, Kimberly S** 2:21

Right now we do not.



**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 2:22

OK. That's something.



**Robinson, Kimberly S** 2:23

OK, alright, thank you.



**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 2:25

Thank you.

So First off, we wanna review umm here any update regarding the B Skip Resource Center, UMM website and umm any update on the News Feed section?



**Robinson, Kimberly S** 2:43

OK.

So we, we do have some updates on our resource dinner.

I'm sorry, our Resource Center website.

I'll spit it out there.

Amanda, do you wanna give that update and then Becky can give some updates on where we are with news feed and all that.



**Strickland, Amanda L** 2:59

Sure.

I have good news.

We are creating a new site.

And inside and.

Umm, we've been approved to create it.  
I'm gonna get started on that, sorry.



**Robinson, Kimberly S** 3:16

It so to elaborate on that just a little bit, we we had to go to communications.  
As you all knew, we had to go to communications.  
They kicked it back.  
They didn't like it, they we were doing it in cascade and then they said we had to go to WordPress.  
Well, we're not doing cascade or WordPress.  
We're doing actually what's called a.net, which is going to allow us to utilize our own developers that we have in the program to create and build our website.



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 3:46

Yeah.



**Robinson, Kimberly S** 3:48

Amanda and I should have introduced her.  
I apologize if I haven't introduced her before.  
She is our project manager for the program for our Rims team.  
The RIMS team is the rehabilitation information management system, which is the software that we use for the program to manage our caseloads and so forth.  
So we are making progress.  
The deadline for the website.  
I've given them a hard deadline which is going to be May of this year.  
It has to be completed up and going so that at our face to face meeting that we have in May we will actually be able to present and show everybody the website.  
It will be up in live.  
So with that, Becky, do you have anything you want to add to that?



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 4:32

What?



**Robinson, Rebecca** 4:39

Now I don't, Kim.



**Robinson, Kimberly S** 4:41

OK.

So we we really don't have any success stories to share at this meeting.

And the news feed that's all just part of the development that we're.



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 4:52

OK.



**Robinson, Kimberly S** 4:52

Reworking and rerolling so we are we are moving forward and we are making great strides, but that's very exciting for us.



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 4:55

Right.



**Robinson, Kimberly S** 5:00

We got all of that pushed through this morning with communications.



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 5:05

They will look forward to seeing the final product Super chat.



**Robinson, Kimberly S** 5:09

Yeah, that's that's been quite a quite a road to be going down there.

That's this has been tough.

Communications is tough, but we're making when we are now on our way.



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 5:19

Yeah, that's right.

Awesome.

Thank you so much for that.

Alright, what about the peer mentor program?

Sucky.



**Robinson, Rebecca** 5:33

They currently we have four people enrolled in the Pier Mandarin program and they've gone through training and they've all been approved by HR.

So I'm ready to set my first one up to meet with the first client.

That's all I've received from the case managers as one so far, so I need to send out another email to the staff letting them know that we have 4 peer mentors ready to go to work if they've got the clients for us.

So and we won't have another scheduled training until this quarter sometimes because HR only wants us to have one every quarter a training session, so.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 6:03

Fantastic.

And Becky, remind me.



**Robinson, Rebecca** 6:15

We'll be having one soon.

Go ahead.

I'm sorry.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 6:19

No, that's OK.

I was just gonna say these are all spinal cord peer mentors.



**Robinson, Rebecca** 6:24

They are currently I have one that would like to be a pure matter who is a brain injured individual, but the training that had been developed way back was for spinal cord injury only.


So we're gonna kind of tweak it a bit for brain injury so that we can include that person in our training.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 6:45


Fantastic.


Thank you so much.

Anybody have any questions?


 **Carrie Rayburn** 6:50  
This is I do this is Carrie Rayburn.


 **Robinson, Rebecca** 6:50  
Umm.


 **Carrie Rayburn** 6:54  
Do we know what like areas those people are available in, in the state?

 **Robinson, Rebecca** 7:00  
They they're actually quite extensive around the state.  
We have one in Miami.  
I'm doing this from memory carry, but we have one in Miami.

 **Carrie Rayburn** 7:07  
OK.

 **Robinson, Rebecca** 7:08  
We have one in Jacksonville.  
We have one in the Panhandle.  
We have one in the Tampa area and I believe we have one in the Orlando area.  
So we're really basically covered around the state with those with those four or five people that I've got.

 **Carrie Rayburn** 7:22  
That's great. Ohh.  
That's fantastic.  
So if like for, you know, the therapist that are working in those areas, if they wanted a mentor for one of their clients, would they reach out to like their be skip person in their area to set that up is like how that would go?

 **Robinson, Rebecca** 7:42  
Well, you mean they are.  
They wanna be up here, mentor or they wanna have a client be mentored.



**CR** **Carrie Rayburn** 7:47

Yeah, if they have a client that they think would benefit from having a mentor.

 **Robinson, Rebecca** 7:51

Are they a brain and spinal cord injured client?

**CR** **Carrie Rayburn** 7:54

They would be, yes.

 **Robinson, Rebecca** 7:56

OK.

Yeah, that case manager can just refer them to me.

**CR** **Carrie Rayburn** 8:00

OK, cool.

I just wanted to be able to share the process.

 **Robinson, Rebecca** 8:02

OK.

**CR** **Carrie Rayburn** 8:03

Thank you.

 **Robinson, Rebecca** 8:04

Very good.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 8:08

Awesome.

Just wanted to follow up on if there were any recent events and that anybody wanted to recap and any upcoming events before our next meeting.

I know Kerry.

I'll ask you to update on the presentation.

Here in the Panhandle, that's your team did.

**CR** **Carrie Rayburn** 8:35

Yeah, we presented in November at the area trauma conference.

I say we meeting our brain injury core team we presented on managing behaviors for people with acquired brain injuries and we had some information that Kim had sent to us and we shared it at the table throughout the two day conference.

And so we talked about specific resources and highlighted B skip during our presentation, the there were about 200 people there mostly like ER doctors and nurses, EMS professionals.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 9:06

Yeah.

**CR** **Carrie Rayburn** 9:12

So it was really great conference.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 9:15

And many really appreciated the books Kim that you had sent.

 **Robinson, Kimberly S** 9:19

Something.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 9:20

We ran out.

 **Robinson, Kimberly S** 9:22

I wondered if you were gonna run out.

Sometimes they go like hot cakes and sometimes they don't.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 9:28

Yeah, it was fantastic.

**CR** **Carrie Rayburn** 9:31

It was.



**Robinson, Kimberly S** 9:32

Wonderful.

Well, if you need more of those, we can print them for you.



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 9:34

Doesn't.

OK.

Fabular.

Does anybody have any others?

I know the hall.

We had the holidays and stuff, so I don't recall hearing any others that were occurring, but certainly there's some upcoming.



**Robinson, Kimberly S** 9:54

So Doctor Val Buenos gave sent me an email.

Doctor Higdon and you were on that email regarding uh.

FS PMR that if I'm reading correctly through this email, is going to be happening in September in Orlando.

Umm, they are willing to uh, give B skip.

Uh.

A complimentary exhibit space, so it would be at no cost to the program to go ahead and and present.

At that conference, am I correct on that?

That's how I read that email.

My correct doctor Higgin.

You're muted.



**Dr. Brian Higdon** 10:43

Shoot.

I must unmuted.

I think there's an email in my inbox that I still need to respond to.

Think Doctor Balbuena is still probably on here, but I think we were planning on doing either a newsletter article together or even like a presentation during the conference itself.

 **Wanecski, John M** joined the meeting

**DH** **Dr. Brian Higdon** 10:58

But looking forward to kind of sharing about Biskit further with the FSP MAR group.

 **Robinson, Kimberly S** 11:06

Excellent.

I don't.

I don't see a specific date in September and do you know what that specific date is by chance?

**DH** **Dr. Brian Higdon** 11:15

Look at my calendar.

 **Robinson, Kimberly S** 11:26

I have to plan ahead for those.

**DH** **Dr. Brian Higdon** 11:30

Not in that calendar.

Let me check my other calendar.

**CR** **Carrie Rayburn** 11:36

This is Kerry.

Does FS just mean Florida before the PMR?

**DH** **Dr. Brian Higdon** 11:40

Yes, it's Florida State team and R so it's a physician society.

**CR** **Carrie Rayburn** 11:45

OK.

Thank you.

**DH** **Dr. Brian Higdon** 11:47

For for P&R and I think the doctors there in in Pensacola are like the residency

program is involved in this.

Yeah.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 11:56

Yeah.

**DH** **Dr. Brian Higdon** 11:56

So so that I have it on here as the September 21st, we usually do in conjunction with umm.

 **KIRWAN, JESSICA M** left the meeting

**DH** **Dr. Brian Higdon** 12:10

I, with a pain society conference, but one day of it is specifically for physical medicine and rehabilitation.

I'm looking at my calendar way out in advance here and it does look actually might have a scheduling conflict already with a different conference that I might be attending, but it looks like it's gonna be September 24th.

 **Robinson, Kimberly S** 12:32

You're 24th, OK?

OK.

And that's in Orlando, correct?

**DH** **Dr. Brian Higdon** 12:42

Correct.

 **Robinson, Kimberly S** 12:42

OK.

Excellent.

Thank you.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 12:49

Alright, fantastic.

Umm, so next we wanted to just.

 **Dr. Brian Higdon** 12:54

Wait, wait.

 **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 12:55

Yep.

 **Dr. Brian Higdon** 12:55

Did I say 24th, 21st?

 **Robinson, Kimberly S** 12:57

Yes, when he first, OK.

 **Dr. Brian Higdon** 12:57

Isn't that today and 1st center?

Yeah, my right.

 **Robinson, Kimberly S** 13:01

That's alright.

OK.

Thank you.

 **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 13:09

That's OK.

Some of the other ways we talked about increased public awareness.

Umm.

Was, you know, potential for interviews or articles, new local newspapers.

We just talked about presentations and health fairs and different things, but specifically we had discussed a SurveyMonkey and it was going to be sent to include all the trauma facility contacts.

And so just following up, has this been issued or when will it be issued?

 **Robinson, Kimberly S** 13:38

OK, so there's another good piece of good news for you.

So let me pull this over because we just, I know it's been a good day for be skip.

1 1aa78b5d-604f-4a34-897d-b67ae0f08a30 13:43

Like good news.



**Robinson, Kimberly S** 13:47

You have no idea.

It's been a good day here at Biskup, so communicate we sent it over to communications.

Uh.

And they sent it back and we had to make just a few changes to it.

It was just mostly a graphical things here and aligning things language a little bit, but this is what it's going to look like when it goes out.

So I'll just kind of scroll here kind of slowly.

So you can all concede this.

It is gonna go out to the listing of all the trauma facilities that I got from Kate cost severe the trauma administrator and it's gonna go out via SurveyMonkey.

1 1aa78b5d-604f-4a34-897d-b67ae0f08a30 14:25

OK.



**Robinson, Kimberly S** 14:29

These are all the questions that we all agreed on at the last meeting.

So this is what it's looking like and we have the approval from communication.

1 1aa78b5d-604f-4a34-897d-b67ae0f08a30 14:36

Great.



**Moore, Fallon** joined the meeting



**Robinson, Kimberly S** 14:40

So we are good to go with this now.

1 1aa78b5d-604f-4a34-897d-b67ae0f08a30 14:44

Awesome.

And what will be?



**Robinson, Kimberly S** 14:44

So.



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 14:45

What do we talk about the turn around time for like you know how long we're gonna leave it open?



**Robinson, Kimberly S** 14:51

No, I don't think we've talked about that yet.

It's been SurveyMonkey now.

So Becky's my expert on SurveyMonkey, not me.



**Robinson, Rebecca** 15:02

Right.



**Robinson, Kimberly S** 15:04

She she's my expert monkey.



**Robinson, Rebecca** 15:05

Ohh.



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 15:07

OK.



**Dr. Brian Higdon** 15:09

Monkey handler.



**Robinson, Rebecca** 15:10

That is a joke.



**Robinson, Kimberly S** 15:11

Yeah, yeah, I play that little music box and she sends out the surveys.





**Robinson, Rebecca** 15:13

I.



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 15:16

What?

Question.



**Robinson, Kimberly S** 15:21

Ohm.

So what would the Council suggest as an amount of time to leave the survey open?

For you know, for response how much time do you think you wanna give them to respond?



**Dr. Brian Higdon** 15:38

Feel like past two weeks?

Your chances of getting any more responses might might drop precipitously.

That's my take.



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 15:45

I'm with you.



**Robinson, Kimberly S** 15:45

I would, OK.



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 15:45

I was gonna say.



**Carrie Rayburn** 15:48

The green.



**Robinson, Kimberly S** 15:49

OK.

So we'll plan on sending this out with a two week deadline.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 15:55

Fabulous will look forward to the results.

And then we can discuss the phase two of maybe going out to the rehab facilities at some point.

 **Robinson, Kimberly S** 16:05

Yep.

 **Hamilton, Joshua A** 16:05

And if I can cut in there, this Madonna has just arrived.

 **Stotsenburg, Madonna** joined the meeting

**SM** **Stotsenburg, Madonna** 16:11

Money.

 **Robinson, Kimberly S** 16:12

Oh, wonderful.

Thank you, Josh.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 16:16

Alright, so before we look at our goals, we'll go back to approving the minutes from last meeting.

Do I hear a motion to approve?

**CR** **Carrie Rayburn** 16:27

Motion to approve this can agree.

**SM** **Stotsenburg, Madonna** 16:27

I'm too.

**DH** **Dr. Brian Higdon** 16:34

2nd.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 16:34

I heard Terry wants to prove OK.  
OK. Thanks.  
Great minutes or so approved.  
And then, umm, I think Madonna.  
Did you have something you wanted to discuss?

 **DiCaro, Samantha** joined the meeting

**SM** **Stotsenburg, Madonna** 16:50

Yes, I apologize.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 16:50

What?

**SM** **Stotsenburg, Madonna** 16:52

I was.  
I was multitasking and a couple of meetings.  
I just wanted to bring to this group if it's OK we are revising and the Florida trauma UM Systems Advisory Council, we are revising the trauma standards and making proposals so that way we could take them forth and one of the portions of that is the B skip standard.  
And I thought that this would be an appropriate committee to bring this to you, just for discussion on the standard.  
Umm, just for awareness.  
And then if there's any feedback and I will pull, I don't know if I can share my screen or if Kim, if you have that standard, but I'll pull it up here if I can.

 **Robinson, Kimberly S** 17:40

Here I'll I can stop sharing.  
So let me let me interject on this conversation to cause some Council members may not even know what the B skip designated facilities.  
Are there standards you may have heard things so uh in years past, be skip did did have a designated facility standards in which we went out and we did surveys to the

facilities and they had to meet all these the criterias that were written and then that's how they became a designated facility.

There is no rule that be skip has for these standards.

Therefore, we cannot use those standards at this time.

And in speaking with legal and speaking with trauma, the way trauma standards are written, it does cover facilities to be designated it as be skipped, so be skip is following the trauma standards that they currently have in place.

So if there is a facility who meets all of those standards and is certified as a designated trauma, specifically those facilities are automatically grandfathered in to be designated as a B skip facility.

So I have all these letters that are gonna be going out to every trauma center.

Uh.

Designating each trauma center that Kate has as a designated biscuit facility, whether you're level one Level 2 and in those packets I have a little bit of more information on the program and the referral process that's gonna be going out with each of those letters.

So if you wanna share your share, if you want to share your screen with that standard, it's just a short standard that's in there that talks about be skip.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 19:29

Still, can I ask the clerk?

So some of the rehabs, the the inpatient rehab facilities had previously been designated umm by the state for brain and spinal through.

They skip.

Are you saying that can happen no longer?

 **Robinson, Kimberly S** 19:51

Correct.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 19:53

And if we are not at, if we're, if our facility that we're affiliated with is not a trauma facility, we can no longer have that designation.

 **Robinson, Kimberly S** 20:00

I'm not saying that at all because I have to go back it with legal and ask legal how

they wanna go about the rehab facilities right now.

Here are addressing the issue with all of the trauma centers specifically, and then we're gonna go back and see how we can redesignate the rehab facilities that were previously designated.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 20:09

OK, some.

OK, got it.

 **Robinson, Kimberly S** 20:25

That's a that's a whole project with rule that I've been working on with legal for a very long time, and it's it's not moving fast at all.

I can tell you that it's not moving fast at all, so.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 20:40

Yeah.

**SM** **Stotsenburg, Madonna** 20:45

Thank you for that overview, Kim.

 **Robinson, Kimberly S** 20:47

Yeah.

**SM** **Stotsenburg, Madonna** 20:48

Yes, this has been in progress.

I think I've been on the participated in the Foot Sack Committee for almost 10 years and the last time these standards were revised I believe was in 2010.

So we have updates that we vote on in our meetings that we take back to our trauma center.

So it is.

It is a process, but we're making headway.

So basically this is the standard here on the screen.

Can you guys see that?



**Robinson, Kimberly S** 21:21

Umm.



**Stotsenburg, Madonna** 21:22

And it's just the acute spinal cord and brain injury management capability.

Basically, it just states that the trauma center has written policies and procedures for triage, assessment, stabilization, emergency treatment and transfer for brain or spinal cord injured patients.

Policies and procedures shall also be written regarding in hospital management, including rehab and the implementation of the preventative ulcer program.

Umm for brain or spinal cord injury patients?

Uh, the trauma center shall be designated by the Department of Health, Brain and Spinal Cord Injury Program as a spinal cord injury, acute care center, or brain injury acute Care Center I we are a designated center here, so I've worked with Kim on requesting those letters as we come up for our surveys or if anything else comes up or you can have a written transfer agreement in place with such a facility and written medical transfer policies and protocols for when to initiate a transfer to ensure the timely and safe transfer of the brain or spinal cord patient.

Umm I I mean, this one's kind of small and straight forward, but I'm open to any feedback because we are openly discussing this and the foot sack and the and the Trauma Committee Advisory Council.

So if you guys have any questions or any feedback to this or any suggestions were open to bring that back to the Florida Committee on Trauma.



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 23:10

Madonna, this is Jill.



**Stotsenburg, Madonna** 23:11

We're not just I can, but yeah.



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 23:11

I just have a question.

You can rehab, which is it within the acute care hospital.

So is there stipulations around response to begin assessments for PT, OT speech?

**SM** Stotsenburg, Madonna 23:26

I.

**1** 1aa78b5d-604f-4a34-897d-b67ae0f08a30 23:27

Within that or.

**SM** Stotsenburg, Madonna 23:30

Yeah.

So I I can speak to my and Kim if there's more detail to this from your guys's side, I I could.

I probably should have been invited.

Kate, too, from the state, but from my side being a designated B Skip Center, we have protocols in place so we have an inpatient rehab and then also within our county we have AB skip designated Brehan B.

So we work together.

We collaborate on a multidisciplinary plenary process.

We have policies, procedures, imaging, rehab protocols.

Bizaare tree, right?

**1** 1aa78b5d-604f-4a34-897d-b67ae0f08a30 24:06

OK.

**SM** Stotsenburg, Madonna 24:09

A whole it's a whole multi disciplinary team that engages with these patients and determines where where they should go, where what the appropriate pathway for rehabilitation is for the patient.

**1** 1aa78b5d-604f-4a34-897d-b67ae0f08a30 24:24

OK.

 **Robinson, Kimberly S** 24:25

And if I'm not mistaken, uh, aren't the facilities recertified by trauma?

Is it five years every five years or every seven years?

**SM** **Stotsenburg, Madonna** 24:36

It's, uh, it's every you have to be recertified by the 7th year, so it's usually between the 5 1/2 to 6 1/2 year mark.

 **Robinson, Kimberly S** 24:41

OK.

**SM** **Stotsenburg, Madonna** 24:47

We are discussing moving that up to meet the ACS standard verification standard of every three years.

 **Robinson, Kimberly S** 24:47

OK.

OK.

**SM** **Stotsenburg, Madonna** 24:56

So we are preparing and we've had those discussions since about 2019 for trauma centers that are not ACS verified to, to start preparing for A3 year designation cycle. What the state?

 **Robinson, Kimberly S** 25:13

OK, next one.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 25:19

Awesome.

Does anybody have any other questions for Madonna?

Thank you for sharing.

**SM** **Stotsenburg, Madonna** 25:26

Thank you for sharing.

No problem.

And I'll bring back anything, any discussion or if any rewording or anything comes out of that meeting, I can bring it back here.



1 1aa78b5d-604f-4a34-897d-b67ae0f08a30 25:39

Alright.

OK.

So the last portion are go ahead.

DH Dr. Brian Higdon 25:43

I tried one more thing.

I'd reason for my mute got in.

Are you going to send out a copy to the to the Council members here?

Of the standard alright.

SM Stotsenburg, Madonna 25:54

Yes, yes.

And I put the link in the chat as well.

That should take you right to the trauma standards.

DH Dr. Brian Higdon 25:59

Oh, it's night and higher.

SM Stotsenburg, Madonna 26:01

And then if you go to the standard it'll it's on page 2.29.

But I will say I'll screenshot this section and send it out to you guys.

1 1aa78b5d-604f-4a34-897d-b67ae0f08a30 26:13

Perfect.

Thank you.

Alright, so for the last portion of our meeting, I wanted to take a look at our our goals for this committee to guide further conversation and kind of determine our next recommended focus for this committee.

We the goals are one development strategy and associated test in the Senate, information and resources to the public through a ensure relevant and timely information to cinema nation communication to traumatic brain injury and spinal cord injury populations.

Regarding current umm issues and the second portion of that was identify audiences

and other stakeholders to best create awareness of the BISKIT program.  
So we've I I think that's what we've talked about a lot in you know with the website going up and you know we're reaching out to the trauma centers with the SurveyMonkey.

We're getting out to some events.

The peer mentor program has been developed, as anybody have any other thoughts on what we can potentially do to improve?

Dissemination of information and resources to the public.

Or do we feel like we're we're on the right track to accomplish that goal?

 **Stotsenburg, Madonna** 27:51

I.

I know that we were from our last meeting, at least coming out of the quality meeting.

 **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 27:56

Someone.

 **Stotsenburg, Madonna** 28:02

We reviewed a few things and we kicked it back for further review on on the state side.

Is that correct, Kim?

 **Robinson, Kimberly S** 28:11

Are you are you referencing like using Facebook and things like that?

The the DOHC channels out there.

 **Stotsenburg, Madonna** 28:23

Yes.

And the surveys.

 **Robinson, Kimberly S** 28:27

It's so Becky had an update on the surveys there that she can give you because you y'all had asked about ages and so forth for the client survey.

So she can give an update on that.

I'm still working with Lindsey and Communications on how we might be able to utilize some of their public platforms that the department has and that I know I sound like a broken record and you guys are like ohh my goodness.

Does she know anything else besides?

It's a slow process.

I can't be anymore honest than that though.

It's just it's just a process.

1

**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 29:03

I've got two wins today.

Do it.



**Robinson, Kimberly S** 29:06

Part.

1

**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 29:06

We're taking them.



**Chester, Don** 29:10

He's done.

Chester, quick question.

I I'm sure that you know that the hospitals that are trauma centers through their case managers distribute information.

But I'm also wondering about the skilled nursing facilities that take.

Again, a perhaps a brain injury or spinal cord injury that needs, you know, some follow up where you can't.

You know, they they can't participate in the hospital.

I wonder if those facilities happen to have we have any communication with them to provide them with information about the the programs.

I'm not sure that made sense or not.


1

**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 29:50

That was an excellent segue into our goal.

 **Chester, Don** 29:50

But.

 **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 29:52

Second goal done for the you know strategy and tasks to help identify, identify and develop educational opportunity and resources for dramatic traumatic brain and spinal cord community, which would include for sure you know all the other providers out there and any other community participants.

 **Chester, Don** 29:53

OK.

 **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 30:16

So I I I.

 **Chester, Don** 30:16

I was just trying to, you know, I just wanted to give you a little lead in.

 **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 30:21

Yeah, I appreciate it.

I think that's great.


I would love.

I don't know if the area be skip.

Coordinators have are reaching out to the skilled nursing, or if that's really even within their purview, to maybe you can speak to that, Becky.

 **Robinson, Kimberly S** 30:41

Well, I think I can speak.

 **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 30:42

OK.

 **Robinson, Rebecca** 30:42

I think they're not.

I think Kim needs to take that.



**Robinson, Kimberly S** 30:43

I think I I I think I can speak to that and I know I have some managers on this call, so feel free to chime in.



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 30:47

I'm not.



**Robinson, Kimberly S** 30:53

So typically we aren't engaging per se with the with the sniffs out there.

Typically, if we have a client that's closed because they're going to a sniff, we may follow them for a short time just to make sure you know they're doing well.

If they have any plans on discharging back out, we have a ohh I'm trying to think what it's called, where they're discharged and I need what, Beth, you might recall what this is.

We just went over to this new process and policy where when we're closing the clients case because they're going to a sniff, we follow them for a year to see how they're doing and if they're going to be charged or discharged, trying to think what we call that.



**Collins, Valerie B** 31:41

The institutional closure, OK.



**Robinson, Kimberly S** 31:42

Thank you.

Institutional closures, institutional closures, so.



**Collins, Valerie B** 31:47

Yeah, we only do that for six months now, but yes, that's what.



**Robinson, Kimberly S** 31:53

So we followed them for for six months and then if they're not gonna be discharged then.

Ohh we the case manager and the tech, they no longer follow it after follow the client after six months, but that's the most interaction that we really have with skilled nursing.

We don't get very many referrals from a skilled nursing facility.

Per se, I don't even know that that would be those clients would really be eligible because they're institutionalized and that's typically long term care.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 32:18

OK.

 **Robinson, Kimberly S** 32:28

And we're short term.

Not sure if I answered the question.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 32:38

Yeah.

No, I I I appreciate that and I apologize.

I was trying to get Kim out and I said Becky, but my brain anyway.

 **Robinson, Kimberly S** 32:46

OK, you could still call Becky.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 32:51

But do we think it would be beneficial just to even provide them some sort of education or reference?

So I mean, because I I do know we have patients that sometimes go from rehab to sniff and it's short term, it's not a long term thing just because they aren't quite able to get home yet or they're their family or their home or whatever isn't quite ready for them yet, so.

 **Robinson, Kimberly S** 33:08

Mm-hmm.

I'm all about educating the public on be skip.

You know the the more awareness that we have out there, the more that people are aware of who we are and what we do.

That's that's better for the client, not not only the program, but for the clients out there who can use those types of services because even though they may not be eligible for our program or whatever reason, let's say they're not eligible.

We still can help find them services and the things that they're gonna need to continue with their quality of life.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 33:55

Yeah, for sure. OK.

**CD** **Chester, Don** 33:57

I I think it would be helpful to those particular patients and you know we we also get patients that they go to a sniff and then come back into a rehab facility when they get stronger.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 34:09

Uh-huh.

 **Robinson, Kimberly S** 34:11

Yes.

 **Collins, Valerie B** 34:14

We have.

We have done a few.

In in services, I guess I would say maybe more like calls like.

You know, a couple of teams calls.

I think Clay did go to one actually out there in Pensacola one time, but you know it it's few and far between.

But like Kim was saying, it's never a bad thing for us to go, you know, give our information out, at least make them aware of our program.

And you know that we are.

We're not long term care, but you know the these are some what our resources are, what our services are and that way they could guide the appropriate clients to us if needed.

If they haven't already been referred to us by that point, cause a lot of times they

have, you know, by the time they get to a facility like that, when we, we've already gotten them.

**CD** **Chester, Don** 35:04

The I I think they're gonna be more people like that as insurance companies continue to deny inpatient rehab and they wanna send them to one of these, you know, subacute care centers.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 35:15

Yeah.

 **Patty Lance** left the meeting

**CD** **Chester, Don** 35:18

And I I think that's gonna happen more in the future.

**DH** **Dr. Brian Higdon** 35:21

Yeah.

And and and, but they're just.

 **Robinson, Rebecca** 35:24

And I have been getting more calls all the time.

**DH** **Dr. Brian Higdon** 35:25

I mean the counter to that is that. Yeah.

Yeah, very true that there is still an ongoing push to to send these patients to.

To sniffs and I'd argue, if you haven't even against that, for both brain and spine.

But we're all our main push should continue to be getting the trauma hospitals to it because every single one of these patients are going through the trauma hospitals, whether or not they go to sniff or or if after, after their trauma care.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 36:06

Alright, so I I hear that we do think there would be some benefit and to at least providing some resources or reference material see it's nice.

What about other community?



Umm, organizations.

That you know what do do we?

The area on agent, I mean the sorry agency on aging.

I'm just trying to think of different organizations to see if just to them have information would be helpful.

 **Carrie Rayburn** 36:44

Yeah, like.

 **Dr. Brian Higdon** 36:46

Well, it sounds very independent.

 **Carrie Rayburn** 36:47

Alright.

 **Dr. Brian Higdon** 36:48

Living would be maybe even more appropriate.

They they sort of are the counterpart to aging services, but some of it in infant living.

I imagine there's already some connections between B skip and different Centers for independent living.

 **Robinson, Kimberly S** 37:03

Yes.

 **Robinson, Rebecca** 37:04

Yeah.

 **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 37:05

Yeah.

 **Robinson, Kimberly S** 37:08

Yes, we have specific services that we pay for that.

The sills provide for our clients.

Not all seals participate.

**1** 1aa78b5d-604f-4a34-897d-b67ae0f08a30 37:17

Yeah.

 **Robinson, Kimberly S** 37:19

Some sills decide decline participating, but I think majority participate with B skip as a vendor, but we always are working with them, whether they're a vendor or not in some capacity.

**DH** **Dr. Brian Higdon** 37:36

Yes, sales are interesting.

Is there heterogeneous like that?

Why are the ones that the the ones that aren't participating as much, do you know why that is there?

They're just smaller and less resourced or or what's going on?

 **Robinson, Kimberly S** 37:47

They just, they're more independent and they just chose not to.

They did not want to enroll.

**DH** **Dr. Brian Higdon** 37:57

I good.

Will there be opportunities to to knock on that door again with some of these cells?

 **Robinson, Kimberly S** 38:05

Absolutely.

**1** 1aa78b5d-604f-4a34-897d-b67ae0f08a30 38:07

Yeah.

**CR** **Carrie Rayburn** 38:08


Is there somewhere where we can learn about like what services that be skip offers through the skills in the in the site?

 **Robinson, Kimberly S** 38:18

Is you for what?

We what we pay sills to do for us.

**CR** **Carrie Rayburn** 38:23  
Yes.

 **Robinson, Kimberly S** 38:23  
Ohh absolutely yes.

So we have 3 levels of services and basically what they do for us is they're like the gap between the time the client comes into the program and the client is discharged. There are so many different programs out there that this population may qualify for, we can authorize them to meet with our client.

We have three different tiers, as depending on you know how far we want them to go with the client or what we think the clients needs are and what they do is they meet with the client to determine what other programs they may be eligible for.

Umm, Medicaid is 1, helping them sign up for Medicaid.

Maybe getting food stamps?

A housing you know, help with getting housing that I have a whole list of them, but I can't tell you verbatim what they are.

And So what they do is they'll go out and meet with the client if if they determine that they may be eligible for another third party program, they'll help them enroll and fill out whatever paperwork they need.

So that at the time of discharge that client is fully engaged with all possible resources that they are eligible for.

**CR** **Carrie Rayburn** 39:42  
That's fantastic.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 39:44  
Yeah.

**CR** **Carrie Rayburn** 39:46

You know, I think that when we share information with like rehab facility specifically or the trauma units like we need to make sure that that information is passed on that people can help them with that.

We get so many people, especially if someone has any cognitive deficits that aren't able to apply for those things themselves, and they don't understand, and I share resources with my patients daily and I didn't know that the Center for Independent living offered those services.

Yes.

So you know, there's always such a gap of we don't know until we do.

And so I think if we can try to get the word out about those details, that's really important too, not just what B skip is, but the specific things that are offered would be so valuable.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 40:38

Awesome.

OK.

So, UM, the last piece for us was the last goal.

Is to develop a strategy and associated tasks to conduct outreach activities as needed to achieve the Council's overall goals.

So ensuring relevant outreach and communication to the traumatic brain and spinal cord injury populations regarding current issues and identify audiences and stakeholders to best conduct outreach for program awareness.

So the question is, you know, is there any additional outreach?

And and I think we talked about this at one point.

And I apologize if it wasn't this meeting, but current issues, you know, we talked about preparation like during a storm or.

Different things that would come up and how you can best work with your communities, with the traumatic brain and spinal cord populations, that's just what I think of when I think of this, if I'm way off, please don't hesitate to let me know.

**SM** **Stotsenburg, Madonna** 41:57

No, I think that is a great point.

I know down here in Palm Beach County, every time I hurricane rolls through, this is a point of heavy, heavy conversation on where these patients go, what resources are available to them in the event, you know, they get stuck or we lose electricity for an extended period of time.

So I think that's actually a really great conversation.

We've talked at the county level about like some type of registry where they can sign

up and we educate on their discharge, but maybe that's something we can do from the state level, I'm not sure.

 **Robinson, Kimberly S** 42:41

So at the onset of enrollment in our program, one of the topics that the case manager speak with the clients about is registering for a shelter.

That's that's one of the first first conversations that they have as part of their enrollment is making sure that they are aware of the shelters in their area and how how to register long before an event even starts to come.

So be skip is always educating our clients in starting in about May I we start preparing our clients for hurricane season.

We start reaching out to them, making sure that they are registered for shelters, making sure they do have a plan in place and I believed, Dr Higdon, you had mentioned at our face to face meeting in May about having this as a topic in our may face to face meeting and having a speaker come and talk to us from EMS about emergency preparedness during the hurricane.

 **Dr. Brian Higdon** 43:49

Yeah, that, that, that was something that I'm curious about.

I'm participating.

I'm part of some other work in that kind of sphere a little bit, but it would be good to kind of hear more about their side of the story and how they look about it and and and hoping maybe we get to learn more from them the.

My question, so you said like every may you kind of reach out to all the clients for the people that have graduated and finish, do they get a little at least like a text or something like that is a reminder or or it's mainly the fact that you've done this for one or two years the prior seasons that that that they've already kind of gotten that information once already in and more likely than not have gone the message before?

 **Robinson, Kimberly S** 44:34

But so we focus on the clients that are currently enrolled.

So if they've been enrolled for two years, they're gonna get the same phone call again.

**DH** **Dr. Brian Higdon** 44:39

Umm.



**Robinson, Kimberly S** 44:43

They're gonna get asked the same questions to ensure that they are prepared and they're ready because, you know, maybe a shelter is closed and their area and they weren't aware of it.

So we want to make sure that they are prepared.

So our clients are going to hear it to repeat to some of them, some of them is gonna be brand new, others it's just gonna be a repeat.

**DH** **Dr. Brian Higdon** 45:00

Umm.

Yep, and probably there's no clients that are well, there's probably gonna be very few clients that are just enrolled for like 3 months and would miss that season.

And if they are, they're probably either a a resident in an institution or they're very high functioning, that a correct assessment.



**Robinson, Kimberly S** 45:21

Well, even if they're only enrolled in three months at the beginning of their enrollment into the program, once they've been determined eligible, they're still gonna get that same information and they're still gonna be asked the same questions to make sure that they're aware of the shelters in their area and that they need to make sure they're registered.

**DH** **Dr. Brian Higdon** 45:30

Mm-hmm.

That's good.



**Robinson, Kimberly S** 45:44

And the other thing that be skipped did, which I think we've talked a little bit about before is we are now enrolled in, Umm a program called E Plus which is where during an event we can actually take our client panel and pop them into this other application and it's gonna tell us where our clients are.

If we can't get a hold of them, we can maybe find them through this missing persons report through E&S or HIE.

I'm sorry.

HIE.

So we now have that available to us as well.

But that's only available during any event.

I thought I could do that year round, but they said no.

They only opened that up during an event.

I'm like, well, OK.

I had great visions for that.

It's still a good vision, but I I I was looking for a little more from it.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 46:43

I have.

 **Robinson, Kimberly S** 46:45

I you know, because sometimes we have a hard time finding clients once they're discharged.

And I thought, well, alright, well, we can pop them into this app and maybe we'll find them somewhere.

You know, maybe they were admitted in a hospital somewhere else or rehab.

You never know, but now I can't do that.

It's only during events which I will take because that's really critical.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 47:09

Yeah.

OK, fantastic. Good.

 **Robinson, Kimberly S** 47:10

So I have.

Yeah, I have two people trained on how to pull that out of pull those reports.

**DH** **Dr. Brian Higdon** 47:13

Yeah.



**Robinson, Kimberly S** 47:16

I have two people trained in the program for that.



**DH Dr. Brian Higdon** 47:18

Yeah.



**Robinson, Kimberly S** 47:18

So if one's out, I have a backup that's new.



**DH Dr. Brian Higdon** 47:19

Have you done that yet, or is that new?



**Robinson, Kimberly S** 47:23

That's new, so we have.



**DH Dr. Brian Higdon** 47:23

Alright, my facility, my facility, Brooks, just kind of integrated HIE and and there's a document called the CCD continuity of care documents that are part of the IE I think hopefully I get this terminology right.

But for my heard each kind of facility has their own version of the CCD document.

So it's kind of very messy data, but probably something is better than nothing.



**Robinson, Kimberly S** 47:53

Correct.



**DH Dr. Brian Higdon** 47:55

Yep.



**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 47:56

It's it's a good first step.



**DH Dr. Brian Higdon** 47:57

But.





**Robinson, Kimberly S** 47:59

Mm-hmm.



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** 48:00

For sure.

Umm, alright, so it sounds like umm more to come on.

Current issues, in particular events such as hurricane season and so we'll have some timely discussion and maybe a presentation in May that will give us a little bit more information and we can ask some relevant questions and see how we may further.

You know, be able to reach those populations during uh, you know, times for with storms and things like that.

Alright, so be thinking on those goals again that for the next time around to see if if there's anything else that you've and been able to brainstorm that may benefit to our progress and ability to meet those throughout this year.

Otherwise it is just a couple minutes before 2 and so if any.

Does anybody have anything else they'd like to bring up or discuss?



**Carrie Rayburn** 49:00

I was just this is Kerry.

I was just curious if there were dates chosen for the May meeting yet.



**Robinson, Kimberly S** 49:06

No, I I don't think that there is.



**Carrie Rayburn** 49:09

OK.

Do you know about how how far in advance you share that information?



**Robinson, Kimberly S** 49:16

We're gonna start working on that face to face.


Meeting.

I'm waiting for Caitlin to come back from her.

Leave.

She should be back within the next couple of weeks, and then we're gonna start searching for our hotel, which I hope is going to be down around Tampa.

 **Carrie Rayburn** 49:23  
OK.

 **Robinson, Kimberly S** 49:29  
There's a place I want to go to down there.  
It's real nice.  
It's on the beach and then we'll be sending out a SurveyMonkey for May.  
Uh to find the best date.  
And again, it's gonna be just a A1 day conference like they usually are and we'll have maybe sessions in the morning.  
So if if we time it to how we do our committee meetings, I'm looking at the calendar, it would be maybe like May 1st is when I don't know which committee it is it would be May 1st, May 2nd would be a committee meeting day.  
So it would be kind of nice if we could target it right on a committee meeting day.  
But if we can't, that's OK.  
We'll see.  
I don't wanna get too close to Memorial weekend because people make plans to go out of town.  
Excuse me?  
And so we'll send a SurveyMonkey out for that.


 **Carrie Rayburn** 50:25  
OK.

Thank you.

I'll join.

I'll join the Council, I think very close to that meeting, so I wasn't sure what the process was.

Thank you.

 **Robinson, Kimberly S** 50:33  
You're welcome.

 **DiCaro, Samantha** left the meeting

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 50:37

Alright.

Does anybody have anything else?

It's not a motion to adjourn.

**DH** **Dr. Brian Higdon** 50:45

Motion.

**CR** **Carrie Rayburn** 50:48

2nd.

**SM** **Stotsenburg, Madonna** 50:48

2nd.

**1** **1aa78b5d-604f-4a34-897d-b67ae0f08a30** 50:51

Alright, everybody have a great month.

 **Robinson, Kimberly S** 50:54

Thank you.

**CR** **Carrie Rayburn** 50:54

Things you know.

**CD** **Chester, Don** 50:55

Thank you.

 **Samper, Christina** left the meeting

**CD** **Chester, Don** 50:55

You too.



**Strickland, Amanda L** 50:56

Yeah, bye.



**Fernandez, Aleskia** left the meeting



**Robinson, Kimberly S** 50:57

Bye bye.



**Dr. Brian Higdon** 50:57

Bye bye.



**Dr. Brian Higdon** left the meeting



**Ruth Tattersall** left the meeting



**Stotsenburg, Madonna** left the meeting



**1aa78b5d-604f-4a34-897d-b67ae0f08a30** left the meeting



**Carrie Rayburn** left the meeting



**Robinson, Rebecca** left the meeting



**Dubrocq, Jose A** left the meeting



**Wanecski, John M** left the meeting



**Collins, Valerie B** left the meeting



**Hamilton, Joshua A** left the meeting



**Casavant, Robert** stopped transcription