

BSCIP Advisory Council PQI Committee Meeting-20261001_140045-Meeting Recording

October 1, 2026, 6:00PM

1h 5m 0s

● **Casavant, Robert** started transcription



Robinson, Kimberly S 0:03

Kevin isn't going to be able to join us today, nor Doctor Valbuena.

I'll wait till about 205 and see if either Jill or Dr. Higdon get on.

If they don't, then.

I will start it.

Doctor Higdon.

We're waiting till about 205 because Jill isn't on the meeting yet. So if she doesn't get on, you'll have to take over for her.

You're muted.



HIGDON, BRIAN 2:00

Sorry, were you speaking to me? I was getting my audio fixed up.



Robinson, Kimberly S 2:01

Yeah.



HIGDON, BRIAN 2:08

So, yeah, okay. I think I got the second-half of what you're saying.



Robinson, Kimberly S 2:13

Okay. So what I was saying is Jill isn't on just yet. So we're going to wait till 205, see if she can give her time to get on. If she doesn't get on, then we'll go ahead and start and you can just take over for her.

Thank you.

It's a busy time of year for everybody.

Just crazy. It's supposed to be our quiet time, but it's not. It's not our quiet time.

HB **HIGDON, BRIAN** 2:49

Because.

 **Robinson, Kimberly S** 3:01

We usually get like 3 months out of the year that's quiet, which...

which is from now to the end of the December.

Uh, I don't see that happening.

We're going to give it one more minute and then we'll go ahead and get started.

So it's 205, so I'm going to go ahead and start our meeting. I want to welcome everybody for joining us today. I do have one announcement before we get started.

Earlier today, I received an e-mail from Dr. Valbuena, and she had to resign from her position for the council.

So that brings our total council members right now to seven. So because we have seven, 4 will be a quorum for today. So with that, we'll go ahead and do roll call.

And then we'll turn the meeting over to you, Doctor Higdon.

Keith, you're muted.

SO **Soans, Keith O** 5:05

Good afternoon, everyone. Thank you so much for joining us. I'll start with the roll call. I'll start with Jill Olnick.

She is not here yet. Donchester.

CD **Chester, Don** 5:19

Here.

SO **Soans, Keith O** 5:21

Excellent.

Dr. Brian Higdon.

HB **HIGDON, BRIAN** 5:29

Here.

SO **Soans, Keith O** 5:31

Doctor Abhilash Haridas.

Carrie Rayburn.

 **Carrie Rayburn** 5:38
Here.

 **Soans, Keith O** 5:39
Thank you.
We have a quorum of four, so we can proceed.

 **Robinson, Kimberly S** 5:47
You missed Patty Lance.

 **Soans, Keith O** 5:51
Oh, by Lance, yes, I'm sorry.

 **Patty** 5:51
Here.

 **Robinson, Kimberly S** 5:54
Yep. And Kevin Mullen is excused for today. He had emailed me earlier.

 **Soans, Keith O** 5:54
Thank you.
Yes, yeah.

 **Robinson, Kimberly S** 6:01
And so with that, we do have a quorum before Dr. Higdon, if you want to call for approval of the minutes from our last PQI meeting. On.

 **HIGDON, BRIAN** 6:11
Of course, alright.

 **Robinson, Kimberly S** 6:13
August 6th.



HIGDON, BRIAN 6:15

I'll call and also motion for approval. Well, forgive my rules, but I'll call for a motion to approve the minutes from our last meeting.



Carrie Rayburn 6:29

So moved.



Chester, Don 6:33

Miss Don Chester, I'll second.



HIGDON, BRIAN 6:37

All right, so moved to approve the minutes.



Robinson, Kimberly S 6:41

Okay.



HIGDON, BRIAN 6:42

Um, I'm pulling up the, well, let me scroll down. Um, I...

Would you like to, Kimberly, would you like to review the updated reports that you sent out?



Robinson, Kimberly S 6:56

Yep, which one would you like to start with? Amanda's going to be running the reports.



HIGDON, BRIAN 7:01

Acute care referral report.



Robinson, Kimberly S 7:05

Acute care referral. OK.

Yeah, I'll stop sharing my screen.



Poston, Amanda L 7:12

Let me pull that up.
One second.

 **HIGDON, BRIAN** 7:30
Mhm.

 **Poston, Amanda L** 7:31
Um, hang on just a second, I'm getting it up here.

 **HIGDON, BRIAN** 7:36
Hey, Joe.
Just to catch you up, we just took tenants and approved the minutes and we're just about to start reviewing the acute care referral ratio report.

 **Jill Olinick** 7:52
Awesome. Thank you.

 **HIGDON, BRIAN** 7:54
Hope you're doing well. And we did learn that Dr. Valbuena sent an e-mail to Kim resigning from the council. So our quorum threshold changed because of that.

 **Poston, Amanda L** 8:10
Hello, everyone.

 **Carrie Rayburn** 8:13
Hello.

 **Jill Olinick** 8:16
Can you hear me or no?

 **Poston, Amanda L** 8:16
This is the.
Yes, we can hear you.

 **Jill Olinick** 8:19

Okay, so sorry. Thank you. Thanks for the update. I'll be quiet now.

 **Poston, Amanda L** 8:26

Okay, so this is the acute care referral report. This is the pivot table.
And what would you all like to look at?

 **HIGDON, BRIAN** 8:41

I think the last meeting we discussed some, there's some kind of identified outliers. I think Delray was one of them. And we were wanting to know if there's any updates in regard to Delray or in general if there's any kind of outliers as far as ones with a A core ratio of of referrals, I think. Wait, was that?

 **Robinson, Kimberly S** 9:08

So, Delray, we talked about when...

 **HIGDON, BRIAN** 9:09

Sorry, that might have been the other measure.

 **Poston, Amanda L** 9:13

I think you're referring to a different report.

 **Robinson, Kimberly S** 9:13

When we were talking.

 **HIGDON, BRIAN** 9:16

Okay, sorry.

 **Robinson, Kimberly S** 9:23

So do you want to break this down more, you know, because this one is by referral date, agency names, types, injury types. So this is the number of referrals for the year per the quarter.

brain injury, dual spine, applicant status, and in-service status.

This was the comparison across the last three years.



HIGDON, BRIAN 9:53

Yeah, I think just an overall overview of this. I think trending sequence is pretty easy.



Robinson, Kimberly S 10:01

that goes with this. I think it's the graph that you want to look at.



Poston, Amanda L 10:04

Okay, yeah, that's what I was thinking. And we did do what you asked. That looks very nice. I'm going to zoom out a little while I can zoom in to the top one. This is the one that you requested to be by region and colored.



HIGDON, BRIAN 10:05

Yeah.

Ohh, yes.



Poston, Amanda L 10:19

So, yeah, it's very easy to look up and read.



Jill Olinick 10:19

Love it.



Robinson, Kimberly S 10:27

So the first graph is from 2023 to 2024 to 2025. Those are the three years that we're trending. The first one is the referral, count of referrals by year and region.



Jill Olinick 10:44

So for, remind me what region 3 is, because it's a steady decline, it looks like.



Robinson, Kimberly S 10:50

Pinellas, the Tampa area.



Jill Olinick 10:53

Two.

 **HIGDON, BRIAN** 10:55

I think the key point with this was that we were looking at ratio of acute care referring compared to rehab hospitals referring. There's actually a piece that came up during the in-service that we had a few weeks ago at Brooks was...

 **Jill Olinick** 10:55

Interesting.

 **HIGDON, BRIAN** 11:14

I was under the impression that the that the case manager that would be assigned to them would be tied to their home address, but I learned that the case manager was following them was from, you know, for the territory that Brooks is in. Is this data tied to their home address or where the referral was received from, because...

If it's just from where it was received, it might have some bias built in as people cross from one region to another seeking medical care.

 **Robinson, Kimberly S** 11:46

So our referrals are assigned per case manager that handles a specific facility in that regional area. The client is assigned to the region by the referral source that is sending in the referral. So even if the client lives in Miami, but they were injured in Jacksonville, that referral is coming out of Jacksonville and going to be assigned to Jacksonville until that client's ready to transfer back to their home down in Miami. Then we transfer the whole case to a case manager in the other region.

 **HIGDON, BRIAN** 12:26

I think more of my concern is that someone, you know, as far as tracking quality, my concern is that, you know, someone may be, I don't want to throw a region under the bus here, but by name of the location, but someone injured across the state, like near their home, and then crossing the state to come.

to a larger center, such as Brooks, and then the larger center refers them to to to be skip, whereas their trauma center neglected to per statute, but then it looks like when we're

counted a ratio, a ratio of IRF referrals compared to acute care hospital referrals, that

it not being an accurate reflection of the quality of that, quality of the referral ratio in that center. Does that make sense?



Robinson, Kimberly S 13:21

Are you talking about from the facilities? So are you talking about if Miami Jackson sent a client straight to Brooks and Brooks referred? Brooks is counted as the referral source, not Miami Jackson, because they didn't refer the client. It came from Brooks. Is that what you're trying to say?



HIGDON, BRIAN 13:45

Yes, I yeah, but then then that which region is Brooks in region one or two, I think. Um...



Robinson, Kimberly S 13:54

I'm sorry, say that again.



HIGDON, BRIAN 13:56

Which region is Jacksonville in?



Robinson, Kimberly S 13:58

One.



Collins, Valerie B 13:59

One.



HIGDON, BRIAN 13:59

One, yeah, so, but if we make the referral, but they they live they live and they were injured in a different region, but then the it looks like a referral originated from from region one when the when it should have originated from region say 4.



Robinson, Kimberly S 14:17

Not the way that B. Skip does does business, no, so our our our referrals are based on the our reports are based on the referral sources, so.

I'm trying to think how to explain this. So even if we have a... client that comes from Shepherd's.

That Shepherd's is going to be counted as a referral source, but they're an out-of-state referral source, but they're going to refer that client to wherever they live to that. So if the client coming out of Shepherd lives in Pinellas, that referral is going to go to Pinellas, but Shepherd is going to count as an out-of-state referral. Agency.

 **HIGDON, BRIAN** 15:02

Yeah.

But then does it make, but whoever, but if they're injured in Pinellas County and their acute and their trauma hospital neglected to refer them while they're in acute care, then that's something to be remedied. And that's what we're trying to track as a council.

Um, would that would that show up as a as a missed referral?

By Pinellas.

 **Robinson, Kimberly S** 15:31

No, no. It's going to show if the client is injured in Pinellas County and they're trauma hawked to Orlando and we get the referral from Orlando, the referral is going to count from Orlando, not from where they were trauma hawked from in Pinellas over to Orlando.

Our basis, our referral counts are based on ours.

 **HIGDON, BRIAN** 15:55

What do you mean?

 **Robinson, Kimberly S** 15:58

Pardon me?

 **HIGDON, BRIAN** 15:59

What do you mean, like helicopter?

 **Robinson, Kimberly S** 16:03

Yeah, a trauma hawk, yeah, where they go and pick up somebody at the scene.

 **HIGDON, BRIAN** 16:05

Never met him before.

No, I'm talking about.



Robinson, Kimberly S 16:07

Oh, I'm sorry. They might call them something different now. I'm still old school with trauma hawks. Life flight, I think it's life flight now.



Jill Olinick 16:13

Yeah.



HIGDON, BRIAN 16:15

Yeah.

Yeah, yeah, my finals, but...

Front term, the I'm not talking about the the the the trauma air ambulance that really doesn't happen with it with a cross regions like that by by helicopter. I'm talking about when they cross regions when they go from acute care to to rehab. I feel like I'm struggling here. Could could could someone else help out?

I'm trying to.



Robinson, Kimberly S 16:41

So then the referral, the referral doesn't get counted twice. It's only counted once from the original referral source. So if they go from Tampa General or Tampa, we'll say Tampa, Tampa General Hospital, and they get sent over to Brooks, the referral is still coming from

Tampa because we're not getting the referral from Brooks. That's just where they were transferred to.



HIGDON, BRIAN 17:07

Sorry, I...



Carrie Rayburn 17:07

Do they then transfer like case managers from one region to the next? Is that how that would work then? Like they're in one area case management while they're at Brooks and then if they go back home to Tampa, they would transfer area case managers?



Robinson, Kimberly S 17:24

Yes, they trans. If it's going to be long term, if it's short term, no, we do not transfer the case to another region if it's short term. If it's long term, yes. If it's short term, no. So there's two ways that we count. Okay. We have caseloads and that's how many clients are on a case manager's caseload.



Carrie Rayburn 17:36

Okay.



Robinson, Kimberly S 17:44

And then we have a count of how many referrals are coming in from a facility.



Carrie Rayburn 17:52

Okay.



HIGDON, BRIAN 17:53

You start from...

from basics. So this whole, what our effort is working on is developing metrics that we can use to track the quality and the efficacy of the referral pathway and other measures of tracking the good quality work that B-Scape does.

and identify if things are worsening over time as well with there's a degradation of referral pathways and things like that. So the, but the metric needs to be reflect.

The quality that the performance of that, if they if patients are being assigned to from one region to another region, it so so this quality metric is a ratio between acute care referrals and and rehab hospital referrals.

But if they're assigned.

to one region for acute care and another region for their rehab hospital, but it's being registered in a W1 depending on who actually makes a referral, then that.

And that would make this metric less meaningful. So if so, let me draw the story. So if someone is injured in Pinellas and they're referred by the hospital in Pinellas.

they end up in one region, but then if the, so that's one version of the story. The other version is that they get injured, they don't get referred, and then they get transferred to Orlando, and then Orlando Health refers them to BSCIP.

Do they end up being assigned to a different region because of who referred them?



Robinson, Kimberly S 19:50

Um...

I'm processing what you're saying to me and trying to apply it to the program. And I'm not sure where we're having a breakdown on.



HIGDON, BRIAN 19:59

Is it?



Collins, Valerie B 20:11

Um...



Robinson, Kimberly S 20:11

Do we track our case transfers between regions? No, we've never pulled a report to track anything like that.



HIGDON, BRIAN 20:21

In that, so if if they referred in Pinellas.

So, the patient lives in Pinellas, they got injured in Pinellas, they got their acute care in Pinellas, then they're then in the then they're going to be assigned to that region, but if they're not, but if they live in Pinellas, get injured in Pinellas, not referred in not referring to Pinellas, but referred in Orlando, do they get assigned to the Orlando region?



Robinson, Kimberly S 20:37

Correct.



HIGDON, BRIAN 20:47

Because they were referred there.



Robinson, Kimberly S 20:50

Yes.



Collins, Valerie B 20:51

Initially.



HIGDON, BRIAN 20:52

All right. Did that get changed or corrected? Go back.



Robinson, Kimberly S 20:52

Yes, until, yes, until they're until they're ready to transfer back home and that either maybe at the at the time that they're discharging from Orlando and they're ready to go back to their home and get their services there in Pinellas.

but their initial referral is coming from Orlando. When they transfer out of the Orlando region over Region 2, over to Region 3 in Pinellas,

The case is transferred between case managers in region.

The referral isn't counted again once it goes to Pinellas. Even if they go to a rehab over there, it's not counted again.



HIGDON, BRIAN 21:37

OK, and this data is pulling directly from, like, the region is the case manager works for, or in.



Robinson, Kimberly S 21:41

The origin.

The original referral source. It's the original referral. Where was the referral received?

What region was the referral received in?



Collins, Valerie B 21:46

Referral.



HIGDON, BRIAN 21:47

Yeah, I mean...

Okay, I don't want to change everything just for the sake of this metric, change your whole system of your workflow for this metric, but it seems like that's going to hamper the meaningfulness of this metric because then the positive work that, in this example, the positive work that Orlando Health...

rehab hospitals are doing by making this referral that they should have been made all along is going to reflect poorly on that region because it's going to make their ratio less good, if that makes sense. Even though, you know, Orlando Health Trauma

Center didn't do anything, didn't miss a referral, is really the Pinellas one that missed the referral.

But the fact that Atlanta Health Rehab Center made the referral hampers the ratio of that region.



Robinson, Kimberly S 22:42

The.

I don't think that it really does if you look at the amount of transfers we have between regions.

I don't think we have that many transfers between regions, transfer of cases, that's really going to impact this.

And the managers on the call, please speak up of.
if I'm wrong.



Collins, Valerie B 23:12

Well, and also, like, I don't think every one of our transfers is related to a missed referral situation, if I'm understanding what we're talking about here. Sometimes it's just a transfer because somebody that lives in Florida was traveling and had their injury happen outside of their home area, and then that ends up being a transfer. So not necessarily every transfer is a missed referral, but I may not be understanding the question.



HIGDON, BRIAN 23:43

Yeah, I mean, so not everyone is injured near home, but the majority of people are injured near home. But of course, we know that people can be traveling within Florida and be injured outside of their home region. But, you know, by and large, people get injured, you know, within the short drive of their home and just coming in the same region.

The yeah.

Yeah, but I...

It would have to be some homework to find out what the actual numbers are, but it could be a difference of 10% where, you know,

Yeah, like...

Like to hear from, I feel like there's a lot of me talking, like to hear from the other council members, the other committee members.

JO Jill Olinick 24:43

I just think there's probably not too much data discrepancy for what we're at least trying to achieve, because we just wanted to be able to, at least I just wanted to be able to see some of the trends and understand, you know, if there's something that's trending down, why it's trending down, and if it's, you know, especially as populations are increasing in certain areas, you know, and maybe it's safer now. I don't know. Maybe that's the reason why it's trending down. But anyway, that was, that's just kind of my take. I understand what you're trying to say from making sure that it's accurate. as far as where it's coming from and where the client is actually going to be residing and having the follow-up care. to to understand that from the from from that purpose. But it doesn't to see it doesn't seem like there's too terribly many that end up coming first from rehab.

HB HIGDON, BRIAN 25:40

Yeah.

JO Jill Olinick 25:49

When you look at, you know, Trump up maybe 20%, I guess, if I'm looking at this correctly. I mean, that's statistically significant, but you know what I'm saying.

HB HIGDON, BRIAN 26:00

Yeah, I mean, and this is statutory instructed to refer from acute care within five days of when they become eligible. So I think, you know, it's not all 20% are kind of unreferral because of

JO Jill Olinick 26:13

Right.

HB HIGDON, BRIAN 26:19

Some of these reasons of being chronic injuries and then self-identify or things like that, and but...

JO Jill Olinick 26:25

Supplement state, yeah.

HB HIGDON, BRIAN 26:27

But, you know, 95 plus percent of people in a trauma hospital should that are eligible should be referred by the trauma hospital. So, you know, even if half of those 20 percent that are referred by rehab hospitals, then there's still some clearly some room for improvement from the trauma hospitals to

JO Jill Olinick 26:45

Mhm.

HB HIGDON, BRIAN 26:47

to make proper referrals. I think overall, you know, COVID was so disruptive. Well, 2023 wasn't really high COVID, but we're still kind of recovering from that, from the kind of the turnover in our case management departments and the turmoil with that. So with employment changes, but you know, I, I think.

You know, I'm still interested in finding a metric to track how well our trauma hospitals are referring, but this may not be the best metric for that if it's getting, if you know, the missed referrals are being attributed to the wrong region, essentially. Not every referral from a rehab hospital is a missed referral, but most of them are. So, so you know, in for shooting for better than 95% compliance with from our from our trauma hospitals to make proper referrals.

JO Jill Olinick 27:27

Yeah.

Mhm.

HB HIGDON, BRIAN 27:45

Then, you know, even even 5, 10% misaccounted.

People from between regions could be could be pertinent.

JO Jill Olinick 27:54

So in the discrete data back into the Excel, I think we can go down, we can break it down further right by the actual trauma facilities by region.

HB **HIGDON, BRIAN** 28:04

Yeah, do we know, like if they get referred by, and I see people with their hand up, if they get referred by the rehab hospital, do we keep track of what trauma hospital they came from?



Robinson, Kimberly S 28:06

You, you can.

If it's on, if it's in the records, we don't add it as an additional field, but I can tell you probably what you're wanting to look at as far as if you want to know if the trauma facilities are referring according to statute, I can tell you yes, because I can look at a referral report and see

at the time I can see the injury date of the client and the time that we received the referral and they are in compliance with Florida statute. If there was a referral that we got from a rehab center, if a rehab center sends us a referral for a client, and they're already in the system, it's going to come up as a duplicate, and it's going to tell us it's a duplicate from whatever facility.

HB **HIGDON, BRIAN** 29:06

Sure, um, but when, when, when this is.

CR **Carrie Rayburn** 29:07

Is there then any kind of follow-up? Ohh, sorry, sorry.

HB **HIGDON, BRIAN** 29:11

Ohh, go ahead, go ahead, Kerry.

CR **Carrie Rayburn** 29:13

Is there any kind of follow up that happens like once you receive that referral from a rehab? Is there any kind of follow up that then says, well, they were at this trauma center, let's reach out to them and see why it wasn't referred then?



Robinson, Kimberly S 29:26

If it's reflected in the records, we can do that, yes.



Carrie Rayburn 29:30

How is that like a common practice though so far? Just out of curiosity.



Robinson, Kimberly S 29:37

I don't think we've come across that. I don't think we've really come across that because our referrals are coming correctly from the trauma centers.



Carrie Rayburn 29:40

Okay.

Yes.

Okay.



HIGDON, BRIAN 29:50

I mean, for the most part, the but the the we still we still identify some and we're we're trying to quantify how much don't and and this what what this metric is trying to measure is the quantity that that don't get properly referred from that.

On.

The.



Robinson, Kimberly S 30:12

We really have a way to, if we pulled just the referrals coming from the rehab facilities, when we get the referral in, we mark who the referring facility is. So we don't have a way to go in there unless we just look at the medical records we received to see if they were add another facility. We don't have a way to track. where they were before they went to the rehab and we got the referral from the rehab. We don't have a way to track that.



HIGDON, BRIAN 30:38

Yeah.

Yeah, I mean, in the records, at least the way that we write our HMPs here, and I

assume it's pretty similar to other hospitals, is that in our HMP, you know, we're accepting the transfer from such and such sort of facility and they presented there on this date from this trauma. So in most HMPs that should have listed, they the trauma hospital they're coming from and we track that other ways, but just in the, there's an agent P should have listed their trauma center. So it doesn't seem like we have a data field that we like put in what their, if we receive a rehab center referral, we don't necessarily have a data field to input. Where their, uh, where their trauma hospital was.



Robinson, Kimberly S 31:32

Correct.



HIGDON, BRIAN 31:33

All right. I mean, that might be an opportunity in the future, instead of trying to do this region by region and having it be so fuzzy between, okay, what region were they actually in and so like that. And again, to the point of, you know, people are injured away from home, they

They go to the beach and they dive in the, they live in Orlando, they go to the beach and they dive in the ocean and they break their neck. That's an example of what I see. That's, so, but if we could granularly track, you know, where they, where the trauma hospital was.

then we go trauma hospital by trauma hospital for that. And there's a discrete number of trauma hospitals in the state of Florida, and we can have a, you know, a very discrete data collection on, you know, which trauma hospitals have late. have referrals that are eventually made by the rehab centers instead of the trauma center. Now, there's the case where they're Rancho 3, when they're transferred between facilities, they weren't eligible yet, and then they go to, they become Rancho 4 or 5 and then become eligible. So that wouldn't be marked against the trauma hospital.

Yeah.



Robinson, Kimberly S 32:55

So you're talking about development.

Of our system, and we can develop our system, but I can't.

I can't give you a timeline on when that could even be implemented.

 **HIGDON, BRIAN** 33:10

Yeah, and I know that with RIMS, your system, that it's that is no easy easy thing to change, and you've made that you've made changes in the past, which I think is helpful and will be helpful, but we don't expect that to be to happen quickly either. Right on.

Can't speak for Carrie enough.

 **Carrie Rayburn** 33:33

Yeah, I think that it could be a cool change to be able to track that. And then there could be some follow up like education with those trauma centers. If you're seeing like a trend where, you know, there's one that's not referring as they should, you know, there would be opportunities to reach out to them and kind of track how you how you're doing that. So I can see the benefit of it for sure.

 **Robinson, Kimberly S** 33:56

So Amanda, can you enter a DevOps ticket?

And we can just look at that and have it in our ticket system for an enhancement.

 **Poston, Amanda L** 34:05

Yes.

 **Robinson, Kimberly S** 34:06

Thank you.

 **Poston, Amanda L** 34:06

I can do that.

 **HIGDON, BRIAN** 34:16

It is cool to see these trends and see how much, how much it's changed over time, center by center.

Yeah, but it looks like in years 24 and 25, region one has increased quite a bit for rehab hospitals. So I'll pretend to take credit for that.

 **Carrie Rayburn** 34:41
Yeah.

 **Jill Olinick** 34:42
We'll let ya.

 **Poston, Amanda L** 34:44
Yeah.
All right, so I'll move on down to these.

 **HIGDON, BRIAN** 34:57
Um, but seems for region 5.
OK, this is this is on a so went up by like 20% from like 359 to 440.
Uh, changed, but um, doesn't seem like anyone, well, the says region.
Two had a significant drop off. Hopefully that reflects a decrease in trauma region 2.

 **Jill Olinick** 35:24
And three.

 **HIGDON, BRIAN** 35:25
On 3.

 **Jill Olinick** 35:26
Yeah, they've had a steady decline.

 **HIGDON, BRIAN** 35:28
Well.
Yeah, and and and this is a this is a marked area, so you know, region 3 maybe have a lower population density. I don't know.
What is Region 3?

 **Jill Olinick** 35:43
Tampa.



HIGDON, BRIAN 35:44

Tampa, that's growing in populations.
Second, third most popular area, but yeah.



Jill Olinick 35:49

Yeah. So I'm surprised.



Robinson, Kimberly S 35:51

Yeah, I don't think, I don't see Roslyn on the call. She could give some insight to that, but I don't see her on today. Is she off?



Collins, Valerie B 35:55

She's.
She's off this afternoon. Region, just for B-Skip purposes, though, Region 3 is our smallest region. So



HIGDON, BRIAN 36:07

Okay, it is population, population-wise.



Jill Olinick 36:09

Okay.



Collins, Valerie B 36:09

Yeah.
The number of counties that it serves, so it may have.



Jill Olinick 36:16

Yeah.



Collins, Valerie B 36:20

the population that we serve there, thereby, with it being a smaller number of counties, it's just a smaller regional area.

HB **HIGDON, BRIAN** 36:29

Yeah.

JO **Jill Olinick** 36:30

Got it.

HB **HIGDON, BRIAN** 36:30

Yeah, it'd be interesting to see if that also is population-wise, the smallest population.

Yeah.

and the safest drivers apparently in Tampa.

 **Collins, Valerie B** 36:45

Yes.

JO **Jill Olinick** 36:47

It's definitely not along 95, I can tell you that much.

HB **HIGDON, BRIAN** 36:50

Yeah.

Diver, uh, drivers and divers, yeah.

All right. And then rehab count, not any huge change. I mean, this is going from 51 to 71 is really not that big of a change, honestly.

JO **Jill Olinick** 37:03

Yeah.

HB **HIGDON, BRIAN** 37:09

Yeah.

All right, and then the counter referral ID, what is the one below?

All right, good. So, this is brain interview, just want to interview, so we have to look at...

Uh, great graph, but you have to look at each one, every three, every three.

Yeah, so the kind of part track on this one, but good point.

All right, any other comments on this? Oh, sorry, sorry, I'm moving this me along. Jill, technically you're in charge.



Poston, Amanda L 37:54

Yeah.



Jill Olinick 37:55

No, you're fine. You're fine. I'm sorry. I was I was late and my brain's like definitely not firing on all cylinders.



HIGDON, BRIAN 37:59

Pop.

Yeah, I don't have any other comments on on on this graph.



Poston, Amanda L 38:07

All right.



HIGDON, BRIAN 38:07

Yeah, you want to go on to the next metric or 40 minutes of this? Yeah, me believe in the point, but I think we made some parts on that.



Jill Olinick 38:10

Yeah.



HIGDON, BRIAN 38:19

Pickle.



Poston, Amanda L 38:19

Did you all want to still look at this one or did you all want to move on to another report?



HIGDON, BRIAN 38:23

On the next one, the clients cost.

 **Jill Olinick** 38:24
Mmh.

 **Poston, Amanda L** 38:27
Client cases.

 **Jill Olinick** 38:29
Yep.

 **HIGDON, BRIAN** 38:29
Yes, client cases. Do we have a, did we change the graphs on this one?

 **Poston, Amanda L** 38:30
Okay.
I don't think we made any changes to this. The main thing we made changes to was the VR and the pivot table that we just showed.
That's what was requested.

 **HIGDON, BRIAN** 38:44
Okay.
Yeah.
I'm okay with moving on VR, given the limited time.

 **Poston, Amanda L** 38:55
Okay, does anyone else want to look at this or have anything to say about it?

 **Jill Olinick** 39:00
No, my only thought is just still 115 declined services and 87 no need, five other and 23 have other resources available. I mean, I think we talked about this the last couple of times and I know we keep it open and I've seen examples where you know, Beast Skip has done such an amazing job of keeping in contact. And then eventually they were like, the clients were like, oh, I really do need some support. And so I just want to call that out because that's, you know, I don't remember how many attempts we set or how long of a period of time, six or seven months or whatever it

is. But

They just don't know what they need at first. And I think that's the key message and just keeping in contact. So I appreciate that you do that.



Robinson, Kimberly S 39:42

Yeah.



Poston, Amanda L 39:52

Alrighty, so.



HIGDON, BRIAN 39:54

But, but for the for the client that is closed, any any recent trends from the last do we have another quarter of data? Any any insights from from the last quarter of data?



Robinson, Kimberly S 40:08

For which category?



HIGDON, BRIAN 40:09

For the client, well, for all the categories, but for this information, a set of information for the client, this is closed.

Um...



Robinson, Kimberly S 40:18

So this is from July 1st to September. The last time I think we did a, did we do a year? I think we did a year. So now this is just from the first quarter of the state year, state fiscal year.



HIGDON, BRIAN 40:18

Really?



Poston, Amanda L 40:24

Yes.



Jill Olinick 40:31

Yeah, so maybe we can do quarter over quarter trend.

last year and then the first quarter of this year so that we can see any
If there's any variability.



Poston, Amanda L 40:45

So a trend from the one from July to July 25 to, I mean, yeah, July 25 to June 26th.
And then this is the quarter of this month. So you want to look at the trend between
the quarter, the same quarter last year on the next meeting?



Jill Olinick 40:50

Yes, but by quarter, yeah.
The five-quarter trend, so you, yeah.



Poston, Amanda L 41:06

OK.



Robinson, Kimberly S 41:16

And do you need that broke down by region?



Poston, Amanda L 41:20

Or.



HIGDON, BRIAN 41:24

Yeah, I think that would be good to have by region.



Robinson, Kimberly S 41:28

Okay, that may be right there in the pivot table.



Poston, Amanda L 41:33

That's what I was thinking.

Well, maybe not.

Okay, like it.



Robinson, Kimberly S 41:42

No, it's not by region. That region isn't included in that. Okay.



Poston, Amanda L 41:46

Yeah, I will add it though.



Robinson, Kimberly S 41:50

By region.

So, all right, so I'm going to ask the big questions here on this because...

I try to get this right the first time and we don't always get it right the first time. So it's going to be quarter by quarter over five quarter trend by region. Do you also want it by injury type?

And by status.



HIGDON, BRIAN 42:19

What do you mean by status in those contexts? If it's post service, I don't think that is a status, I thought.



Robinson, Kimberly S 42:22

Status would mean at.

Status is closed.

Or, I'm sorry, status is applicant. They were closed as an applicant or closed in service. Because some of these, some of these closures that you're seeing here are clients that are closed when they're in service. And some of these sub-status reasons that you're seeing are reasons they're closed at applicant means they were never enrolled into the program. So we have two statuses, applicant,



HIGDON, BRIAN 42:40

I got to go for that.



Robinson, Kimberly S 43:02

And in service.



Poston, Amanda L 43:06

So this is the sub status that's showing here. There's a status before that of what they were in before they were closed into the sub status.

 **HIGDON, BRIAN** 43:06
Ah.

 **Jill Olinick** 43:17
Yes, I think just off of this sub-status section.

 **Robinson, Kimberly S** 43:21
Okay, just office. Okay, just substat.

 **Poston, Amanda L** 43:21
Okay.

 **Robinson, Kimberly S** 43:27
and you don't want by injury.

 **HIGDON, BRIAN** 43:32
Because I think that reflects because when the brain injured, you're going to be interacting with primarily with the family caregiver. It's a different conversation than when you're dealing with the person who's themselves injured and refusing or client services.

 **Robinson, Kimberly S** 43:53
So then you just want regions and sub-statuses, you don't want injury type.

 **HIGDON, BRIAN** 43:58
I think injury type could could provide some, yeah, yeah, it's it's part of the, yeah.

 **Robinson, Kimberly S** 44:00
Oh, you do want it. Okay. Okay, injury type. All right.

 **Jill Olinick** 44:01
Yeah, it would be beneficial.

 **Carrie Rayburn** 44:02
Yeah, I agree with that.

 **Robinson, Kimberly S** 44:05
That, that.
That's why I ask over and over, make sure I got it right. Okay, cool.

 **HIGDON, BRIAN** 44:10
Yeah.

 **Poston, Amanda L** 44:13
Got it.
Okay, so we'll move on to VR.

 **HIGDON, BRIAN** 44:30
Yeah, so it looks like 18 in the last year.

 **Jill Olinick** 44:34
No, this is just since this quarter.

 **HIGDON, BRIAN** 44:35
Sorry, sorry, sorry, in the last night.

 **Poston, Amanda L** 44:36
Quarter.

 **HIGDON, BRIAN** 44:40
Yeah, this is until two days ago. Is that is that right?

 **Jill Olinick** 44:44
Yep.

 **Poston, Amanda L** 44:44
Um...



Robinson, Kimberly S 44:44

Yeah, the 29th. The 29th, yes.



HIGDON, BRIAN 44:45

Or, yeah.



Poston, Amanda L 44:46

Yes, July 1st is September 29th.



HIGDON, BRIAN 44:47

Are we?

Fresh data. But I think this is a, I think all of 2025 was less than 18, I believe.



Jill Olinick 44:57

Yeah, I was gonna say this is an increase.



HIGDON, BRIAN 44:59

Yeah.



Jill Olinick 45:01

Which is great.



Poston, Amanda L 45:02

Also, with us having, whenever we implemented a new checkbox for it, we're able to track the data better. So that also has something to do with it.



HIGDON, BRIAN 45:02

Yeah.



Jill Olinick 45:10

Perfect.



HIGDON, BRIAN 45:10

Mm.

 **Jill Olinick** 45:12
Awesome.

 **HIGDON, BRIAN** 45:12
Yeah.

 **Poston, Amanda L** 45:13
Mhm.

 **HIGDON, BRIAN** 45:15
I was just thinking about this more like compared to like kind of a binary binary thing with like sign up for the service or not sign up for the service or with with the Q care referral, like either Q care is referring them or not, there's much more of a kind of a funneling effect with VR where it's like.
You know, does their injury allow for for consideration of return to work? Does their age allow for that? So, it's very much kind of a quiddling down of this step by step with their eligibility. Does from your guys in...
I saw a little bit of feedback, some written feedback from some of the case managers, which I appreciate. I'm trying to find it and actually do that lab, but...

 **Robinson, Kimberly S** 46:03
Click on the detail tab, Amanda, please.

 **HIGDON, BRIAN** 46:06
Yeah, but the case manager, and I appreciate them sharing the insights. The questions need to be revised or these data will be skewed. Case managers are end users and speak directly to the clients. This particular client was closed due to having workers' compensation, which is a great resource for patients. Communication to the hospital case manager is a spinal injury for four years, 25 years.
Shog, I see speaking over 1000 spinal brain injury patients, both in the work and network capacity. It was a lot of words there, but it seems like from their perspective there needs to be revisions, but does the data fields like kind of allow for this windowing effect and kind of make things more efficient for them, like...
If they're over sixty-five, I'm okay with, like, just I'm that being kind of an off-ramp,

and obviously there's plenty of people that are over sixty-five at work, but after you find this ability, this chance of signing returning to or finding a different career path. Uh, using VR services is vanishingly small, so, like, do the do these kind of, you know, if they check over sixty-five, does that allow them to kind of skip the rest of the answers?



Robinson, Kimberly S 47:20

No, no, because VR does not identify an age group.



HIGDON, BRIAN 47:27

Yeah. I'm just talking about within B skip like before we even would make referral, just because I know our our your your case managers have a lot of work. like if like, I'm not really innocent like.

That's not the kind of the group that I'm targeting is trying to, you know, I think it would be wonderful if someone over sixty-five has the ambition to to find a new career path after becoming newly disabled, but I don't really expect it to happen. The so, like if...

If they're always sixty-five, like, I don't need any more information as far as VR for this client, like, or if they've been working and another this person brought up, if they have workers' compensation, that's a very much its own resource to consider returning to work for someone under who's a who's an injured worker.

Um, so, so one second.



Robinson, Kimberly S 48:23

Right, so the purpose, the purpose of the...



HIGDON, BRIAN 48:26

No, yeah.



Robinson, Kimberly S 48:27

I'm sorry.

The purpose of the checklist was to capture the information for everybody that was referred to VR because the council wanted to know how often we talk to clients about being referred to VR. So that's why we put in specific case notes that they use for that. And then they also use the checklist.

 **HIGDON, BRIAN** 48:46

Yeah.

 **Robinson, Kimberly S** 48:50

And at this point, I don't want to modify the checklist because it's working for our case managers with the duties that they have. They are now into this routine, and I don't want to go back and upset my Apple cart again. I went through that once with them, and that was arduous.

 **HIGDON, BRIAN** 49:04

Yeah.

Yeah.

 **Robinson, Kimberly S** 49:08

I don't want to upset my Apple cart again because this is working for us.

 **HIGDON, BRIAN** 49:13

Yeah, I mean, yeah, I was wondering, working even better and take this, take this case manager's feedback into account, and but you can let them know, and those who are on some might even be on this call, that you appreciate this extra effort for them.

Yeah.

 **Robinson, Kimberly S** 49:34

Well, I'm sure they would appreciate that, but I'm going to keep it the way it's going, business as usual right now, because we have a good flow going for that.

 **HIGDON, BRIAN** 49:44

Yeah, yeah.

 **Robinson, Kimberly S** 49:45

I do. And I would have to go back. I just don't want to change the checklist or the process that we're doing right now because it is working for BSCIP and we are able to capture information. Is there stuff in there that you don't care about? Yes, I can see that when I'm reading the notes. Yes. But it is encompassing everything.

 **HIGDON, BRIAN** 49:47

Yeah.

Yeah.

 **Robinson, Kimberly S** 50:06

And that was the goal was to be able to encompass everything in the contacts that we're making with the clients, with the families, to show that yes, we are making that gallant effort to refer as many to VR as possible.

 **HIGDON, BRIAN** 50:24

The do what's the actual number for for 2025? How many total referrals were there?

 **Robinson, Kimberly S** 50:34

I'd have to go back and pull it back up. I couldn't tell you.

 **Poston, Amanda L** 50:35

So.

 **HIGDON, BRIAN** 50:36

Yeah, I mean, when we finish this calendar year, I would love to see a side-by-side comparison of that. And we even made these changes even halfway through 2026. So it'd be good, you know, once we once we do a whole year of this changes that you made, it'd be lovely to demonstrate that.

You know, I know Department of Health has some social media presence, but it'd be a great kind of shining star for Department of Health to speak about the work that you guys do and frame it this way. Say, hey, in the last year, we've increased our vocational rehab referrals by 50% or 100%. We doubled them.

I think we're on track to double it on, um, but be it'd be lovely to uh to advertise what you guys are capable of doing.

 **Robinson, Kimberly S** 51:24

So I would caution you in wanting to do a comparison only because you have to keep in mind we didn't start tracking all of this information until the beginning of this year. So the data that was pulled previous the year before, we're going off reports

where we could identify people just by closures, closure statuses that were referred to VR. So your numbers aren't going to be, they're not going to be, they're not going to be right.

 **HIGDON, BRIAN** 51:51

It's a data process.

Okay, gotcha.

 **Poston, Amanda L** 51:57

So.

 **Robinson, Kimberly S** 51:57

Now that we're collecting this data and we actually have the checklist who is enrolled and we have all the case notes on how many times, that's going to be your true data that you can go by. If you go prior to when we started this implementation, it's not going to be accurate.

 **HIGDON, BRIAN** 52:04

Yeah.

 **Jill Olinick** 52:09

Baseline.

 **Robinson, Kimberly S** 52:18

That, that's not a fair comparison.

 **HIGDON, BRIAN** 52:19

Yeah.

Amanda has.

 **Poston, Amanda L** 52:23

Sorry.

Just to emphasize that, before we would have to go through every single case note to see if they put in VR. And so we did a search the best that we could to pull that data before we added that checklist. And now we have accurate data.

 **HIGDON, BRIAN** 52:43

Alright, very cool.

 **Jill Olinick** 52:44

Yeah, I appreciate it.

It's great.

 **HIGDON, BRIAN** 52:49

Yeah, I know there's a American Spinal Cord Injury. What's the piece on board? ASCIP is a national spinal cord conference and there's some VR presentations there from New Jersey about New Jersey's work on vocation rehab and they're sort of.

Have loved the way across the years, but it'd be lovely to to show, in general, how often are you going to convert and help people get back to work.

 **Robinson, Kimberly S** 53:24

I don't know, is VR going to represent there themselves?

 **HIGDON, BRIAN** 53:29

No, I think there was, no, well, I wasn't there in that conference. Some of my colleagues went. I think there's some people that may have worked either at Kessler, because Kessler works hand in hand. Kessler is a rehab institute in East Orange, New Jersey, and the history of Kessler is tied in with the history of... voc rehab in the state of New Jersey. So I think they have some institutional relationships there. So I don't know if it was Kessler or VR folks that presented, but yeah.

 **Robinson, Kimberly S** 53:59

So just for your, for the council's knowledge, B-Skip has, and Becky, you'll have to tell me what the date is, and in-service scheduled with all of our staff to go back over VR services, how to do the referrals, because I understand they've changed their referral form now. So that
Uh...

statewide training. Becky, are you still on the call in that next week, I think, that staff

are having another in-service with VR?

If you're talking, you're muted.



Robinson, Rebecca 54:33

Yes, I believe it's I believe it's next Tuesday.



Robinson, Kimberly S 54:35

Okay.

Next Tuesday. OK, so.



Robinson, Rebecca 54:38

Yeah.



Robinson, Kimberly S 54:41

And so we've started scheduling in services with our community partners as well, so that our staff stay on top of our community partners and resources that we have available.

And VR is the first one up. They're the first one this year.



HIGDON, BRIAN 55:01

Yeah.

Um, I'm just going through these reasons not referred.

Uh, I'm just kind of looking for interesting insights with that, but um...

Yeah, I see some that are not appropriate, some that are reemployed, some that are some that declined.

Uh, it seems like some are filled out.

And I'm trying to figure out, is it because there's a reason, other reason that it wasn't filled out or is just incomplete?

Or maybe, if they're not interested, uh, CB will.

What are the reasons that that data field, the reason is not referred, would it be filled out? Is that an optional field or just that they haven't finished their paperwork for that individual client or, you know, an active case?



Robinson, Kimberly S 56:03

Can you show me the detail, Amanda?

Fallon, you have your hand up.



Moore, Fallon 56:09

Those are typically the ones that passed away.



HIGDON, BRIAN 56:16

Okay.



Moore, Fallon 56:16

The NA's.

Are those the ones that you're speaking of, the NAs, are the ones that they just put NA next to because they passed away? So it allows for them to skip past the rest of the questions if they passed away.



HIGDON, BRIAN 56:33

Yeah.

Yeah, so I don't see N.A. I just see sometime I'll call them S. Maybe for each of them they have something.



Moore, Fallon 56:44

Ohh.



Robinson, Kimberly S 56:46

Okay, these are not referred.



Poston, Amanda L 56:48

Which we did away with NA. We put sub reasons if they passed. And then we have a sub option.



HIGDON, BRIAN 56:56

Yeah, I think for most of them they have something in the comments, but I'm just looking at row 21, for instance. The S is, row S is blank and then.

Z is blank, Z is null. Maybe there's something else that explains it.

Different row.



Poston, Amanda L 57:17

Um...

I think it's the.

Right here.

Free them for not.

Yeah, I think it's the comments.



HIGDON, BRIAN 57:40

Yeah, but the comments is that null.



Poston, Amanda L 57:45

Some of them are us because they picked an option here for reason not and these are the sub reasons that we picked.

Not interested, and then I guess if it, if they don't have an option and it's null, then they fill in comments.



HIGDON, BRIAN 58:01

Yeah, yeah, and it could be just work in front of us, or, or is this kind of incomplete form?



Poston, Amanda L 58:02

But then some of them still have no and no.

But it.



Robinson, Kimberly S 58:14

No, the fields that are required have data in them. There's some fields that are not required, but we do have some specifics that were required.

So if they don't have anything to add in a non-required field, they can skip it.



HIGDON, BRIAN 58:36

Looks like reason not referred is not a required field.



Robinson, Kimberly S 58:42

It may not be.



Poston, Amanda L 58:43

That may have been updated recently.



HIGDON, BRIAN 58:45

Okay, it's just not folded.



Poston, Amanda L 58:47

Kim, can you think back on when?

We did a training for it. It was after it was implemented, the checkbox, and then you all did a training. And because we're trying to stay away from null or other.



Robinson, Kimberly S 59:00

Mhm.



Poston, Amanda L 59:05

I wonder what date some of those were put in, because these were in August, which was quite a while ago.



Robinson, Kimberly S 59:15

Yeah, but we didn't implement this until after.



Poston, Amanda L 59:15

About.

Uh-huh, what I'm saying.



Robinson, Kimberly S 59:19

I believe in July, because in August is when I told you all that we were just, we were put in new case note types and we had created the checklist and I believe I shared the checklist with you in a rough format. It was a rough format. format, but, and that was in August at our August meeting. So this was probably implemented, I want to say, at the beginning of August. Right, or at the very end of July.



Poston, Amanda L 59:53

Yeah.



Robinson, Kimberly S 59:53

Because the day we pushed it out.

We already had something we had to go back and change from a case manager. The day we pushed it out.



HIGDON, BRIAN 1:00:06

I think that.



Robinson, Kimberly S 1:00:07

And that, and that's OK.

We consider these living documents.



HIGDON, BRIAN 1:00:14

I can tell you an example from my institution where you change something and then two days later be like, oh, anything about that.



Poston, Amanda L 1:00:21

Yeah, and as you go down to the new to the most recent, you can see there's a lot more filled out.



Robinson, Kimberly S 1:00:21

Yeah.



HIGDON, BRIAN 1:00:28

Ohh, it's it's organized.



Poston, Amanda L 1:00:36

Yeah, things to everyone's starting to get on board.



HIGDON, BRIAN 1:00:40

Gotcha. Cool.



Robinson, Kimberly S 1:00:41

So, we're running over time. And before we run over time, I just had a couple reminders for council. And I'm not trying to cut this conversation off. I don't know how the other council members are for time. And I'll stay on as long as you want to stay on. But a couple of things I wanted to bring up is we have our First.

quarterly or our first annual meeting, November 5th. And if anybody has suggestions on what they would like to bring up at that meeting, please e-mail them to me. I did in the calendar invite attach a ballot because during that meeting, we're going to have to vote for our chair and co-chair again. So I did attach a ballot. I will be sending that out in an e-mail as well for people to go ahead and vote, and we'll do that at our November meeting. I think we also need to look at our charter. I have to see what date we officially updated our charter. That might be in the spring that we do our charter.

I always have to look at that date. So if any, I think it was too, I think it was spring that we updated our charter. So anyways, if you have topics that you want to add to the agenda, if you have a guest speaker that you want to have added to the agenda,



Jill Olinick 1:01:43

I think.

Yeah, I think it was spring.



Robinson, Kimberly S 1:02:02

And you let me know, or let Doctor Higdon know that he gets to chair that meeting, so...



Jill Olinick 1:02:09

Hmm.



Robinson, Kimberly S 1:02:13

That's just my reminders that I had.



Jill Olinick 1:02:15

Wonderful. And my other thought was is, because we have that in November, then we will not have this meeting again until

 **HIGDON, BRIAN** 1:02:16

I like you.

 **Robinson, Kimberly S** 1:02:25

January.

 **Jill Olinick** 1:02:26

January.

because we'll be getting through the holidays and such.

 **Robinson, Kimberly S** 1:02:32

I believe it's January, yes. I'll go and check how I have them scheduled. I think I skipped December. December is a tough month because it's holidays.

 **Jill Olinick** 1:02:33

Is it?

Any.

Right.

 **Robinson, Kimberly S** 1:02:43

and everybody's traveling and doing stuff. So, and I can move them around. If I put one in there for December, I can cancel that and move it to January.

 **Jill Olinick** 1:02:51

Yeah, if you will, there's one in for December. So if you'll move it to January, that would be great.

 **Robinson, Kimberly S** 1:02:52

I'll double check that.

Yeah.

I'll cancel December.

 **Chester, Don** 1:03:01

This is Don. Can I just add one quick thing? Did you mention that you're having trouble getting information back on patients from Delray?
If you are, let...

 **Robinson, Kimberly S** 1:03:14

That was billing. That was billing information. And John is on the call, but I think we've got that resolved.

 **Chester, Don** 1:03:16

Oh, okay.

If you, ohh, okay.

All right, good. And the other thing I had to mention, you used the term trauma hawk, and that's a trauma hawk hat I have on. It is a name that our students here in Palm Beach County came up with when we started the system, and it's kind of caught on around the country. So we like that it's being used. We should have tried my...
Trademark it.

 **Robinson, Kimberly S** 1:03:45

That's how I've always known it as trauma Hawk, and it's probably from when I worked at St. Mary's, Don. That's probably because that's where I worked for anesthesia there.

 **Chester, Don** 1:03:50

Yeah.

Yeah.

Absolutely.

 **Poston, Amanda L** 1:03:55

That's all we can see is your hat.

 **Robinson, Kimberly S** 1:03:55

And we always knew when a hawk was coming. Yep, that's all we could. That's all we would say is there was a hawk coming in.

 **Chester, Don** 1:04:01
Yeah.

 **Robinson, Kimberly S** 1:04:03
So, so I'm not old school is what you're telling me. Yay! I'm not old school.
Excellent.

 **HIGDON, BRIAN** 1:04:18
Yeah, I I'm not we need more time to continue this conversation, but I think we can
continue it next about our about your guys' progress with the with the VR processes.
A motion to adjourn.

 **Jill Olinick** 1:04:36
Do I have a second?

 **Chester, Don** 1:04:39
Try again.

 **Jill Olinick** 1:04:41
Wonderful. See you all in November.

 **HIGDON, BRIAN** 1:04:44
Thank you.

 **Robinson, Kimberly S** 1:04:45
Thank you. Good meeting. Bye-bye.

 **Poston, Amanda L** 1:04:45
Hi, guys. Thank you.

 **Wanecski, John M** 1:04:46
All right, thank you.

 **Chester, Don** 1:04:46
Hey.

● **Casavant, Robert** stopped transcription