MEMBERS PRESENT

Robert Mecklenburg, MD (Chair), Retired, Virginia Mason Medical  
LuAnn Chen, MD, MHA, FAAFP, Community Health Plan of Washington  
Sarah Darveau Foster, RN, (for Michael Chen), Premera  
Michael Griffin, Providence St. Joseph Health  
Linda Radach, Washington Advocates for Patient Safety  
Steve Overman, MD MPH, KenSci|Tegria  
Emily Transue, MD, MHA, Health Care Authority

STAFF AND MEMBERS OF THE PUBLIC

Katie Sypher, Providence St. Joseph Health  
Nick Locke, MPH, Bree Collaborative  
Joshua Drumm, DO, Providence  
Ginny Weir, MPH, FHCQ  
Mary Beth McAteer, Virginia Mason

WELCOME

Robert Mecklenburg, MD, retired, Virginia Mason, welcomed members to the workgroup.  
Movement: Adopt August minutes.  
Action: Unanimous adoption.

BUNDLE REVIEW

Dr. Mecklenburg began the discussion by asking for comments on the introduction, bundle, and warranty. Workgroup members had reviewed the documents prior to the meeting. No new changes were indicated. Dr. Mecklenburg moved on to the discussion on same-day discharge. Dr. Mecklenburg had prepared language on same-day surgery drawn from HSS standards The workgroup discussed:

- Defining “Same-Day Discharge” as discharge within 24 hours of surgery
- Amending the introductory paragraph to be more specific and accurate to evidence
  - References to choosing patients who are “younger” or “motivated” were removed to allow the care team and patient to make the decision
  - References to same day surgery leading to “more rapid recovery” were removed due to lack of evidence. References to “may reduce likelihood of infection” were included due to incidence of hospital-acquired infections and importance of COVID-19.
- Specific standards for planning same-day surgery were reviewed
  - Standard one was amended from “absence” of significant risk factors to “effective management” of significant risk factors.
  - No changes were indicated standards 2-4
- The decision regarding timing of discharge changed from the patient’s clinical course and “preferences” to the patient’s clinical course and “needs.”
- Reimbursement for same-day surgery may be subject to contracted terms which acknowledge the lower costs of medical resources associated with a reduced length of stay.
- The workgroup discussed the importance of allowing the patient and care team to determine discharge timing and being flexible to allow changes depending on the clinical course.
NEXT STEPS
Dr. Mecklenburg discussed presenting the bundle to the full Bree Collaborative on September 22nd to approve for public comment. After public comment this workgroup will meet to review public comment and make final edits in November.

GOOD OF THE ORDER
Dr. Mecklenburg thanked all for attending and adjourned the meeting.