

The Bree Collaborative Complex Discharge/Transition Charter and Roster

Problem Statement

In a survey from August of 2021, hospitals in Washington state reported that more than 900 patients who were ready to be discharged were stuck in the hospital.¹ In one widely reported example, Harborview Medical Center announced in summer 2022 that they will only accept patients in urgent need of specialized care, as they have more than 100 medically stable patients in need of long-term post-acute care.² It can be difficult to find appropriate post-acute care for a number of reasons, including patient's complex behavioral health or social needs and a lack of appropriate post-discharge care sites.³ While COVID-19 is a contributing factor to hospital capacity concerns, the primary issue appears to be access to appropriate post-acute care facilities.¹

Aim

Increase evidence-informed practices for appropriately and equitably discharging people from acute care facilities in order to increase access to acute care and improve quality of life for non-acute patients.

Purpose

To propose practical and evidence-informed recommendations to the full Bree Collaborative on appropriate and timely discharge of people from acute care facilities to post-acute settings, including:

- Defining topic area and scope.
- Aligning definitions and language around difficult to discharge and defining responsibilities.
- Identifying barriers to discharge.
- Identifying practices for improving the discharge process.
- Defining "appropriate" post-acute care.
- Identifying practices and partnerships to increase access to appropriate post-acute care.
- Implementation of discharge protocols.
- Forming recommendations for further collaboration and investigation on complex discharges/transitions.
- Consider system transformation toward a high quality post-acute care continuum.

Duties & Functions

The workgroup will:

- Research evidence-informed and expert-opinion informed guidelines and best practices (emerging and established).
- Identify current barriers and future opportunities for implementing interventions.
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Maintain an equity lens while developing recommendations.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.

¹ Strong, A & McComb, L. 2022. Budge Brief – Increase Patient Access to Appropriate Post-Acute Care Settings. Washington State Hospital Association. Accessed November 2021. Available: <https://www.wsha.org/wp-content/uploads/Budget-Brief-Pro-Difficult-to-Discharge-FINAL-2022.pdf>

² Zucco, E. 2022. Problems persist at Washington hospitals due to lack of long-term care options. King5 News. Accessed November 2021. Available: <https://www.king5.com/article/news/health/long-term-care-availability-crowding-hospitals/281-a987d2b7-f5a3-494e-b7c9-464ab8f6d1df>

³ Kreiger, G, Moss B, and Perez E. 2019. Practices for Patients who are Difficult to Discharge: Report to the House Health Care & Wellness Committee on September 12, 2019. Washington State Health Care Authority. Accessed November 2021. Available: <https://www.hca.wa.gov/assets/difficult-to-discharge-presentation.pdf>

- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies including metrics or a process for measurement.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative. The Bree Collaborative director and program coordinator will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. Bree Collaborative staff will conduct meetings, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the Bree Collaborative director.

Name	Title	Organization
Darcy Jaffe	Senior Vice President, Safety and Quality	Washington State Hospital Association
Shelley Bogart	Benefits Integration & Community Hospital Program Manager	DSHS-DDA
Gloria Brigham, EdD, MN, RN	Director of Nursing Practice	Washington State Nursing Association
Amy Cole, MBA	Healthcare Executive	Multicare
Jay Cook, MD, MBA	Chief Medical Officer	Providence
Billie Dickinson	Associate Director, Policy	Washington State Medical Association
Kelli Emans	Integration Unit Manager	DSHS
Jeff Foti, MD	Medical Director, Inpatient Care Coordination	Seattle Children's
Jas Grewal		Washington State Health Care Authority
Karla Hall, RN	Palliative Care Program Coordinator	PeaceHealth
Kathleen Heim, MSN, RN	Nursing Director	PeaceHealth
Carol Hiner, MSN	Regional Director of Network Hospital Operations	Kaiser Permanente
Linda Keenan, PhD, MPA, BSN, RN-BC	Chief Nursing Officer	United Healthcare
Jen Koon, MD	Associate Medical Director	Premiera Blue Cross
Danica Koos, MPH	Program Manager, Care Improvement	Community Health Plan of Washington

Cathy MacEnraw, MSW	Director of Social Work	Providence
Elena Madrid, RN	Executive Vice President of Regulatory Affairs	Washington Health Care Association
Colin Maloney, MPH	Community Health Strategies for Homelessness Manager	WA Department of Health
Amber May, MD	Pediatrician	Kaiser Permanente
Liz McCully, MSW	Social Work Case Manager	Swedish
Jason McGill, JD	Assistant Director	WA Health Care Authority
Kellie Meserve, MN, RN	Division Director, Care Coordination	Virginia Mason Franciscan Health
Tracey Mullian, MSW	Manager, Case Management	Swedish
Kim Petram, BSN	Director, Case Management	Valley Medical Center
Lou Reyes		Swedish
Sheridan Rieger, MD	Market Medical Director	Concerto Health
Odilliah Sangali	Community Health Strategies for Homelessness	WA Department of Health
Zosia Stanely, JD, MHA	Vice President and Associate General Counsel	Washington State Hospital Association
Cyndi Stilson, RN, BSN	Manager, Transitions of Care	Community Health Plan of Washington
Ric Troyer, MD	Care Team Medical Director	Iora Health
Janice Tufte	Family Advisor	PICORI West Ambassador/Hassanah Consulting