

---

**Bree Collaborative | Complex Discharge**June 16<sup>th</sup>, 2023 | 3:00 – 4:30 a.m.**Virtual**

---

**MEMBERS PRESENT**

---

Darcy Jaffe, Washington State Hospital Association (chair)  
Amanda Baker RN manager for care management at PeaceHealth St. John  
Shelley Bogart, DSHS-DDA  
Rodas Demssie, MSN, RN, ACM, MultiCare  
Kelli Emans, Senior Strategic Integration Advisor, DSHS/ALTSA  
Jas Grewal, WA Health Care Authority  
Karla Hall, RN, Peace Health  
Carol Hiner, MSN, Kaiser Permanente  
Linda Keenan, PhD, MPA, RN-BC, United Healthcare  
Jen Koon, MD, Premera Blue Cross  
Danica Koos, MPH, Community Health Plan of Washington

Catherine McInroe, MSW, Providence Franciscan Health  
Keri Nasenbery, MHA, BSN, Harborview Medical Center  
Sheridan Rieger, MD, Concerto Health  
Kim Sinclair, BSN, M-HAIL, Peace Health  
Dorothy Sivanish, Manager, Transitions of Care, Molina Healthcare of WA  
Zosia Stanley, Washington State Hospital Association  
Cyndi Stilson, RN, BSN, Community Health Plan of Washington  
Jennifer Triggs, MSW, Care Coordination Team Manager at MultiCare Yakima Memorial  
Eric Troyer, MD, Optimus Senior Health  
Janice Tufte, Patient Collaborator

**STAFF AND MEMBERS OF THE PUBLIC**

---

Nick Locke, MPH, Bree Collaborative  
Emily Robson, DNP, RN Foundation for Health Care Quality  
Karie Nicholas, MSc, Foundation for Health Care Quality  
Billie Dickinson, Washington State Medical Association

**WELCOME**

---

Emily Robson, Bree Collaborative, welcomed everyone to the Bree Complex Discharge workgroup and highlighted new members. Those present introduced themselves in chat and adopted the May minutes.

**Action:** Adopt May minutes.

**REVIEW: DATA and ALIGNMENT RECOMMENDATIONS**

---

Darcy Jaffe began by reviewing the group recommendation and consensus definition of avoidable days from May. The current definition reads: “All healthcare sites should align on a definition for avoidable days even if different parties calculate avoidable days differently, which the definition is “days where the patient does not meet medical necessity and their care needs can be met at a lower level of care.” Ms. Jaffe brought up questions that were raised by Bree members for the group to review and discuss.

- Members could have an avoidable day while still meeting the medical necessity to be in the hospital and not ready to be moved to a lower level of care. Through conversation, the group highlighted different situations that may result in an avoidable day, such as an internal hospital delay, i.e., the client needs a test done, and the machine is not working and an external delay or barrier, i.e., no location to discharge the client to, insurance coverage for skilled nursing facility, guardianship.

- Members described how payor organization, they also look at the severity of illness and intensity of care. It was the level of care given that may be appropriate for someone with a higher severity of illness that requires an acute care bed. Some payor organization have two types of reports: avoidable days with complex discharge and avoidable days with a delay of care.
- Avoidable day report and a not meeting medical necessity report, clients who are denied for continued stay for medical necessity will trigger the client to be on the avoidable day report.
- The recommendation was updated through discussion to “all healthcare sites should align on a definition for patients in an acute care bed without an acute care need, even if different parties calculate avoidable days differently.”

The group continued the conversation further around the term “medical necessity.”

- Patients may still meet “medical necessity” to be in the hospital; however, their medical need can be met at a lower level of care, but they are unable to be discharged due to an external barrier (i.e., dialysis patients, ICU patients, and no respiratory SNF).
- Our goal here may not be “necessity” but more the appropriate level of care.
- Ms. Jaffee summarized the comments as patients who could go somewhere else if that somewhere else existed, and it may not exist due to availability, infrastructure, capacity, or process level barriers (i.e., guardianship process). The definition for the recommendation was updated to “days where a patient does not meet medical necessity, or where the patient’s medical needs could be met outside of acute inpatient care, but they are unable to be transferred to a lower level of care setting.”
- Definition summarized: Patients who are medically ready to be transferred outside of an acute care setting and are unable to due to external barriers.

The group finished the conversation on data by discussing the important patient characteristic data to collect during the discharge process.

- Additional data to collect could include healthcare decision maker and power of attorney
- We should draw from the DSHS/WSHA common barrier list that was developed as part of a legislative initiative in 2017. We will hear an update on this report in July.
- Additional discharge barriers should be able to be defined in more depth, as many of the barriers are related. This is another process that we will continue at future meetings.

## **DISCUSSION: DISCHARGE EVIDENCE REVIEW**

---

Nicholas Locke, MPH, Bree Collaborative, joined the meeting to help facilitate the conversation on discharge evidence. Mr. Locke shared the current evidence review progress. Most published articles focus on broad discharge planning improvements – such as shared decision making, open communication with patients about discharge planning, and being proactive about developing collaborative discharge teams. Workgroup members provided feedback to help refine the evidence review process.

- Instead of just searching for academic articles, we can search for examples from other states/trade associations. The Massachusetts Hospital Association in particular has a good report.
- Other terms for “discharge” that can be used include “transitions of care” “transitional care” “complex coordination of care” and “case management in transitions of care”

## **DISCUSSION: MEDICAL BARRIERS BRAINSTORMING**

---

Mr. Locke facilitated a discussion to dive deeper into the medical barriers to work to identify solutions. Members discussed the complex barriers that are associated with specific medical diagnoses or needs. For example:

- Patients with respiratory needs – there are only 7 respiratory post-acute care centers in the state.
- TBI/Alzheimer's: memory care is not as much of a problem as the aggressive/inappropriate behaviors that are sometimes associated with memory decline.
- Dialysis: not only is hemodialysis in post-acute care difficult to find, there are also concerns about dialysis chair availability, transportation to dialysis centers (and transportation in a supine position), two-way transportation availability, and bed availability.
- Bariatric status: lack of staffing, availability of lifts/beds for bariatric patients, etc.
- Wound Care: more wound dressing needs = more time and more staffing needs.

Trying to brainstorm potential solutions to these barriers is more difficult, as some are very specific. Members provided some ideas about how to address the underlying barriers:

- MCOs have been working with SNFs to address SUD, homelessness, bariatric, wounds, and hemodialysis.
- Other specific solutions include: improving consent/power of attorney practices, addressing Medicaid rates especially for specialty care, and addressing regulations that prevent post-acute care facilities from expanding and developing infrastructure.
- Telehealth may present a solution for access to specialty care.
- We should also consider solutions outside of traditional post-acute care to get patients back home and broadly support the return to community.

#### **PUBLIC COMMENT AND GOOD OF THE ORDER**

---

Mr. Locke invited final comments or public comments, then thanked all for attending. At the next meeting the workgroup will review broad discharge process recommendations and a chart on discharge barriers and solutions. The workgroup's next meeting will be on July 20<sup>th</sup> from 3:00 – 4:30 PM.