Bree Collaborative | Complex Hospital Discharge
August 17, 2023| 3:00 – 4:30 pm
Virtual

MEMBERS PRESENT

Gloria Brigham, EdD, MN, RN, WSNA
Shelley Bogart, DSHS-DDA
Amy Cole - Director Care Management Multicare Yakima
Rodas Demssie Associate VP, Case Management, MultiCare Health Services
Kelli Emans, Senior Strategic Integration Advisor, DSHS/ALTSA
Rosemary Grant, Director of Safety and Quality at WSHA
Karla Hall, RN, Peace Health
Carol Hiner, MSN, Kaiser Permanente
Betsy Jones, Managing Principal, Health Management Associates
Linda Keenan, PhD, MPA, RN-BC, United Healthcare
Danica Koos, MPH, Community Health Plan of Washington
Elena Madrid, Executive VP for Regulatory Affairs, Washington Health Care Association
Hillary Norris-Policy Analyst, Washington State Medical Association
Sheridan Rieger, MD, Concerto Health
Kim Sinclair, BSN, M-HAIL, Peace Health
Zosia Stanley, Washington State Hospital Association
Cyndi Stilson, RN, BSN, Community Health Plan of Washington
Eric Troyer, MD, Optimus Senior Health
Terra Rea, PsyD. Quality Improvement at Behavioral Health and Recovery Division

STAFF AND MEMBERS OF THE PUBLIC

Emily Nudelman, DNP, RN Foundation for Health Care Quality
Karie Nicholas, MA, GC, Foundation for Health Care Quality

WELCOME

Emily Nudelman, FHCQ, welcomed members to the workgroup. Those present introduced themselves in chat and adopted the July minutes.

Action: Adopt July minutes.
Result: Unanimous approval

Review: Draft Report

Dr. Nudelman reviewed the draft report beginning at the Definitions section of the report. The reviewed section and discussed what the current consensus definition is defining. Group discuss the definition is to connect with the information under discharge barriers of “delayed discharge or avoidable day”. The group clarified definition is for a complex patient discharge, however, would like to revisit to ensure further clarity and alignment.

Group reviewed current list of discharge barriers to discuss, make additions and further edits. Under the behavioral section the group member raised the sub-category of complex behavioral need was too vague. Group members agreed to add an additional category on complex behaviors to differentiate between behavioral need and behaviors. The group discussed clarifying further under each section by providing further examples of behavioral need or behaviors (e.g., aggressive, wandering, inappropriate.)

The group would like to revisit section to discuss if the further example categories are necessary and if so to add more to be comprehensive. Additionally, engagement with legal system was recommended to be moved to be under the legal category and further edited to engagement with legal system related to behavioral health, SUD.

Under the legal section group members advised separating CPS/APS into two sub-categories and clarifying the office in charge of the service.

Through the review, the group acknowledge the document utilized a multitude of acronyms. The group would like to further edit document to spell out acronyms to ensure clarity and decrease confusion.

For the Payment section, group members asked the group for further clarification on the intent of listing COPES since this one of many programs within the long-term care system. Group members requested clarification if the intent of this category is about the program or rates. The group discussed intent and decided the intent of the category was on rates. The group made changes to omit COPES and add Medicaid reimbursement rates and MCO funded rates.

Discussion: Broad Discharge Recommendations & Guidelines

Dr. Nudelman continued the conversation to review the recommendations in the standard discharge best practices document. Between July and August meeting group members provided edits and additional guidelines. The group reviewed the drafted guidelines together and members discussed:

Currently there is no one group in charge of communication across key partners. Instead of having action only under one audience in the report, the group recommends add guideline to every audience section for shared responsibility.

Commonly, there is not just one full-time discharge cording to support all discharges. The guideline was recommended to be updated to employ a dedicated team to support complex discharges.

Group member raised uncertainty on how to appropriately meet the guideline on train staff on discharge practices. Through discussion guidelines were updated to develop and train on complex patient discharge pathways.

Under the guideline that provides examples for discharge planning tools, the group discussed the examples currently listed are limited and would like to expand this section.

Group members raised that there are circumstances outside the hospitals' control that can impact difficulty in scheduling a prompt follow-visit prior to discharge. Support transitional care pathway for prompt follow-up visits post discharge. Additionally, the group discussed the importance of stating support scheduling follow-up visits with BH and/or SUD providers, as its own separate action instead of as part of the previous guideline in the document.

Discussion concluded with the review of the added guidelines under the health plan audience. Dr. Nudelman clarified that at the end of the July meeting members were asked to provide drafted recommendations or guidelines for the audience they represent. Dr. Nudelman provided clarification on this action and an overview of how Bree reports on commonly structured. With this new understanding, group members would like the opportunity to provide suggested drafted recommendations for their area of work.

Action Items for next meeting:

- Revisit further with group if consensus definition for complex patient discharge connects with delayed discharge or avoidable day.
- Spell out acronyms in document.
- Ensure “Ensure complete and timely communication of information across key partners (bilateral)” is under every audience section for shared responsibility.
- revisit section on complex behavioral need and complex behaviors to discuss if the further example categories are necessary and if so to add more to be comprehensive.
- Review and provide further examples for discharge planning tools.
- Workgroup members review guidelines an add additional guidelines and recommendations that would have to happen for a complex patient to be successfully discharged for the audience they represent within the healthcare ecosystem (e.g., clinicians, health delivery system, purchasers, plans, public health, patient, etc.)