
Bree Collaborative | Complex Hospital Discharge
October 19th, 2023 | 3:00 – 4:30 pm
Virtual

MEMBERS PRESENT

Darcy Jaffe (chair) ARNP, WSHA
Shelley Bogart, DSHS-DDA
Amy Cole - Director Care Management
Multicare Yakima
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
Elena Madrid, Executive VP for Regulatory
Affairs, Washington Health Care Association
Zosia Stanley, Washington State Hospital
Association
Dorothy Sivansh, Transitions of Care Manager,
Molina Healthcare of Washington

Kellie Meserve, MN, RN, Virginia Mason
Franciscan Health
Jas Grewal, Washington State HCA
Jen Koon, MD, Associate Medical Director,
Premera BC
Kim Sinclair, Systems VP Integrated Care
Management, PeaceHealth
Hillary Norris, WSMA
Danica Koos, Program Manager II, Care
Improvement, Community Health Plan of
Washington
Terra Rea, PsyD, Quality Improvement, King
County Behavioral Health & Recovery Division
Christy Alger-Williams, Social Worker Manager,
PeaceHealth

STAFF AND MEMBERS OF THE PUBLIC

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

WELCOME

Beth Bojkov, FHCQ, welcomed members to the workgroup. Those present introduced themselves in chat and adopted the September minutes.

Action: Adopt September minutes.

Result: Unanimous approval

PRESENTATION: Indicators, Measures and Metrics – Karie Nicholas, MA, GC

Beth welcomed Karie to present the Bree's evaluation framework and the indicators, measures, and metrics available and possible to understand implementation and effectiveness of the guidelines. The framework is organized into domains (providers, programs, screening requirements and reimbursements and insurance coverage and payments) and then into stakeholder groups (post-acute settings, hospitals, health plans and public agencies). She also described that the group might want to categorize the potential measures by the Donabedian framework of structure, process, and outcome. Karie then reviewed the workbook with all potential measures and the only existing metric that is used (social needs screening) and that workgroup members should discuss what the workgroup members would want to measure for success of this guideline. She opened the floor to comments. A group member asked the goal of using the patient-provider bed ratio, and Karie stated it was from the perinatal

behavioral health guidelines. A question was raised about the measure for complex discharge registry, and that is up to further discussion for the group. A group member mentioned that capability to accept patients can change very frequently and is not very measurable, so the patient provider bed ratio is not potentially the best way to measure. Several group members recognized that this capacity issue is at the core of the issue, and that that information is shared across the system but maybe just not recorded or reported anywhere. MCOs have been monitoring and in communication with skilled nursing facilities on their capabilities and declines for transfer, and that might be more relevant than patient-provider bed ratio. Karie requested that the workgroup review the workbook and provide feedback, including any existing measures and the potential data sources to receive that information from. Emily Nudelman reviewed the discussion in the comments about a potential registry, and the possibility of a central registry of post-acute facility capabilities might be helpful, and if appropriate any caps on the number of patients with specific needs (e.g., respiratory care needs, ventilation). While the group recognized that this may change on a day-to-day basis in some circumstances, the group also recognized the need for some baseline expectation, and potentially want to include a collection of potential specialties or needs that the skilled nursing facilities might be able to take to prioritize where hospitals and health plans can begin to reach out to and determine appropriate placement, since they are not held to the same responsibility or regulations as hospitals.

DISCUSSION: Reviewing the Guidelines

Beth continued the conversation to review the guidelines in the complex discharge report, beginning with new recommendations in the Post-Acute Facilities and Public Agencies audience sections. The following actions came out of reviewing the Post-Acute Facilities audience section:

- Moving a separate section for Adult Family Home & Assisted Living Facilities (who can accept complex patients) as the Post Acute Facilities as most of the recommendations are not applicable to Adult Family Homes & Assisted Living Facilities, but they are still a part of the post-acute world.
- Adding “maintain adequate capacity to accept patients over the weekend.”
- Adding bilateral communication statement to post-acute facilities section
- Change the audience section name of DOH & Public Agencies to DSHS as they are more directly responsible for regulation of post-acute facilities.
- Addition of a statement regarding secondary discharge plan when appropriate when discharging to short term rehab or other post-acute settings that are short term to overcome barriers to discharge.

PUBLIC COMMENT AND GOOD OF THE ORDER

Beth Bojkov closed the discussion and invited public comments. Linda Keenen informed the group during public comment that she is retiring on October 20th and thanked everyone for allowing her to participate and for the work being done during this workgroup. Beth then thanked all for attending. Between meetings, Bree staff will continue to update draft guidelines and request that members review the workbook Karie shared regarding evaluation. Bree staff will plan to review the Bree guidelines further at the next meeting. The workgroup’s next meeting will be on **Thursday November 9th from 8:00 – 9:30 AM.**