
Bree Collaborative | Complex Hospital Discharge
November 9th, 2023 | 3:00 – 4:30 pm
Hybrid

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
Janice Tufte, Family Advisor- PCORI West
Ambassador/Hassanah Consulting
Azmera Telahun, Associate Chief Nursing
Officer, Harborview Medical Center

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN 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 October minutes.

Result: Unanimous approval

DISCUSSION: Reviewing the Guidelines

Beth Bojkov, FHCQ, begin reviewing the guidelines to prepare them for voting for public comment, beginning with the definition of complex patient discharge and barriers to discharge section. Then she began walking through each audience section.

The following changes were made based on discussion within the workgroup:

Hospitals

- A group members asked if the examples of the tools are the ones being used, and requested public comment feedback on the tools called out in the recommendations.

- Changed statement -> “educate all members of the care team on patient needs and practices that could delay discharge to post-acute settings, such as use of restraints, psychoactive medications or lengthy prior authorization processes for medications **or durable medical equipment.**”
- Changed statement -> “Include a data element that identifies patients as a complex discharge patient in hospital registries” -> **“develop a way to share complex discharge barriers information across teams in the hospital”**
- Added PRAPARE **“or other tools that meet federal guidelines”** to universal social needs screening
- Deleted **“establish and/or follow complex transition protocols...”**
- Change statement -> **“Understand services offered and assessment process”** under hospital responsibilities for referring to HCS
- Added **“Establish regular meetings to prioritize assessments and to discuss cases – include DDA and payer case manager to jointly address barriers”** to the recommendations for hospitals working with DDA
- Concern was raised that some medications are extremely expensive, statement was changed “Identify patient medication that needs prior authorization **or high-cost medications** as soon as possible in the stay and initiate prior authorization process, **and work with the health plan and post-acute settings to address high-cost related barriers.**”

Health Plans

- Discussion around whether or not the health plan should notify the hospital when they identify a member has had a complex discharge in the past – some health plans have this in place already and are automatically notified and call the hospital but that might not be the case everywhere – decided to keep statement in “Notify complex discharge team/lead when this occurs.” – **revisit after public comment**

DSHS

- Revisited the online directory with the list of Washington state post-acute facility capabilities publicly available and reliable contact information available to verify information before patient transfers – **leave and see what public comment feedback we get.**
- Discussion around the statement: “Establish and communicate clear expectations for assessment of clients who have a current care plan that will need to be adapted to a community setting (e.g., use of sitters, use of restraints, etc.)” group decided to leave in and **see what comments we may receive in public comment.**
- Added **“develop processes to limit delays due to change in case managers”** under DDA and HCS departments of DSHS – often cases get dropped when they are transferred to other case managers.

Post-acute Facilities

- Discussion around whether to include there’s a nurse to accept the patient when admitted – included statement **“communicate with acute facilities promptly when staffing capabilities change ability to admit patients.”**

Adult Family Homes & Assisted Living (who can accept complex patients)

- Added “request a care plan **from acute facility and other relevant entities** that can be replicated in this setting prior to admission”
- Added recommendation for AFH/Assisted Living: “Communicate with PCP and BH providers, and assist in identifying when necessary”
- Added comment under collaborating with hospital discharge planning team to understand the specific requirements and recommendations for the potential residents care – ***“nurse delegator communicate with hospital discharge team as soon as possible to address potential delays in discharge”***

PUBLIC COMMENT AND GOOD OF THE ORDER

Emily Nudelman, DNP, RN reviewed next week Bree staff will send out a workgroup survey to receive feedback on participants experience as a workgroup member.

Dr. Nudelman provided an overview of remaining steps to finalize the Complex Discharge Report. In December, the group will work on developing tools for implementation and review metrics for evaluation.

PUBLIC COMMENT AND GOOD OF THE ORDER

Emily Nudelman closed the discussion and invited public comments. Bree staff will plan to review the Bree report with Bree members to approve for Public Comment. The workgroup’s next meeting will be on **Thursday December 14th from 8:00 – 9:30 AM.**