
Bree Collaborative | Surgical Patient Optimization

Tuesday February 4th, 2025 | 7-8:30AM

Hybrid

MEMBERS PRESENT VIRTUALLY

Carl Olden, MD, Central Washington Family Medicine
Vickie Kolios, CHPQ, SCOAP
Nick Kassebaum, MD, SCOAP
Nawar Alkhamesi, MD, PhD, MBA, FRCS (GEN. SURG.), FRCS, FRCSEd, FRCSC, FACS, FASCRS
Timothy Barnwell, MD, Confluence Health
Evan P. (Patch) Dellinger, MD
Andrea Allen, RN, Washington HCA
Michael Bota, MD, MultiCare
Robert Rush, MD

Venu Nemani, MD, PhD, Virginia Mason
Rosemary Grant, RN, BSN, CHPQ, CPPS, Washington State Hospital Association
Thien Nguyen, MD, Overlake
Ty Jones, MD, Regence
Irl Hirsch, MD, UW Diabetes Institute
Tina Girardi, Proliance
Joe Frankhouse, MD FACS, Legacy Health
Edie Shen, MD, UW Medicine
Cristina Stafie, MD, Kaiser Permanente

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative
Karie Nicholas, MA, GDip, Bree Collaborative
Cora Espina, ARNP, Foundation for Health Care Quality (Intern)

WELCOME

Beth Bojkov, Bree Collaborative, welcomed everyone to the Bree Collaborative Surgical Patient Optimization February Workgroup. Those new to the group introduced themselves, their role, and their reason for interest in this group.

EVALUATION SUBCOMMITTEE

Beth turned the meeting over to Karie Nicholas, MA, GDip, Measurement and Evaluation Manager from the Foundation for Health Care Quality to explain the evaluation subcommittee. The workgroup will convene a subcommittee of those working on evaluation tools, such as a framework and scorecard, that will assist organizations in evaluating how their organizations align with the best practices recommended in the Bree Collaborative.

Action: Workgroup members should contact Karie to become part of the evaluation subcommittee

GUIDELINE REVIEW

Beth Bojkov then reviewed existing guidelines surrounding glycemic control and anemia optimization prior to surgery, including the American Diabetes Association, Endocrine Society, NICE UK, Canadian Journey of Surgery, and others. See slides here: [Slides-SurgOpt-02.pptx](#)

Points made during discussion:

- Some data showing perioperative glycemic control is more important than A1c in preventing surgical complications including infection
- Significant impact on workflow to check blood glucose for all patients (diabetic and nondiabetic)
- Significant variation in institutional practices for glycemic control, some without pushback on preoperative glycemic checks, some have been doing it for years

- Consider the type of surgery and expected blood loss when deciding how to manage anemia
- Iron deficiency anemia should have a full work-up, especially in postmenopausal women to identify underlying cause
- Some conditions cause anemia, such as some cancers, so there is a need to balance urgency of surgery with the time available for treatment of the anemia
- Some studies to suggest hematopoiesis can occur 1-2 weeks following IV iron infusion with significant impact on hemoglobin

FOCUS AREA REVIEW

Beth Bojkov then transitioned the group to review and confirm the focus areas for the work. The following changes were made in red:

PrePerioperative management of Glycemic Status for people with AND WITHOUT diabetes:

PUBLIC COMMENT AND GOOD OF THE ORDER

Beth invited final comments or public comments, then thanked all for attending. At the next workgroup meeting, the team will begin reviewing evidence and drafting guidelines for perioperative glycemic control. The workgroup's next meeting will be on Tuesday, March 4th from 7-8:30AM.