Bree Collaborative | Surgical Patient Optimization
Wednesday August 5th, 2025| 7-8:30AM
Hybrid

MEMBERS PRESENT VIRTUALLY

Carl Olden, MD, Central Washington Family Medicine
Nick Kassebaum, MD, SCOAP
Nawar Alkhamesi, MD, PhD, MBA, FRCS (GEN. SURG.), FRCS, FRCSEd, FRCSC, FACS, FASCRS
Evan P. (Patch) Dellinger, MD
Andrea Allen, RN, Washington HCA
Rosemary Grant, RN, BSN, CHPQ, CPPS, Washington State Hospital Association
Edie Shen, MD, UW Medicine/Harborview
Cristina Stafie, MD, Kaiser Permanente
Tiffany Levia, Proliance

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Karie Nicholas, MA, GDip, Bree Collaborative
Micah Quintall
Jarrell Fox
Kurt Jahn
Jaden Sanchez
Brad Budjick

WELCOME

Carl Olden, MD, workgroup chair, welcomed everyone to the Bree Collaborative Surgical Patient Optimization August Workgroup. Quorum was not reached

MEDICAL MANAGEMENT OF JEHOVAH'S WITNESS: A COLLABORATIVE APPROACH

Dr. Olden transitioned the meeting to allow Micah Quintall, Jerry Fox and Kurt Jahn to present on medical management of Jehovah's witness, a collaborative approach.

- Jehovah's Witness Hospital Liaison Committees bride the gap between patients and clinicians, reducing patient anxiety and ensuring effective communication of patient wishes particularly for those refusing transfusion
- Strategies for bloodless treatment include minimizing blood loss, optimizing blood production, and using multimodal approaches. Early involvement of hematology and anesthesiology is critical for patients who cannot receive transfusion.
- Hospital liaison network: 86 branch offices and 2000 committees that support clinicians in navigating bloodless medicine, and presenting to hospital teams
- Challenges and barriers
    - Insurance prior authorization for treatments, particularly EPO
    - Hospital institutional bias against bloodless medicine
    - Resource limitations (lack of cell salvage machines, personnel trained to use them)
- Blood management strategies
    - Mimize blood loss: restricted phlebotomy, prompt surgery for active bleeding, using medications like TXA, do not take wait and see approach
    - Optimize blood production: IV iron, vitamin C, vitamin B12, folic acid, EPO

    - Multimodal approach: combine various strategies to avoid blood transfusion – early involvement of multiple disciplines, including hematologists and anesthesiologist, to optimize care
- Best practices
    - Bloodless medicine and surgery program at Englewood NJ – comprehensive approach to severe anemia including protocols for Hb levels <7 and <4-5
    - Duke preop anemia clinic – POET program, focuses on optimizing patients for surgery reducing the need for transfusions and improving surgical outcomes
- Network and Support: global network of liaison committee, reduce barriers and support medical community. Liaison committees collaborate with providers and admin teams, ethics committees, etc. to reduce barriers and improve patient outcomes through education and support.
- Early screening for anemia and optimizing blood and hemoglobin status before surgery is a proactive strategy that can help all patients not just those who can't receive blood products

DRAFT GUIDELINES FOR ANEMIA OPTIMIZATION

Beth transitioned the group to reviewing the draft guidelines for preop anemia management, with the group providing feedback. '

- Suggested HCA make a patient decision aid for surgical optimization that includes anemia and glycemic control
- Ensure including rechecking Hb after delivering IV iron infusions
- Need to look further into the EPO insurance coverage concern

PUBLIC COMMENT AND GOOD OF THE ORDER

Carl invited final comments or public comments, then thanked all for attending and their effort. The workgroup's next meeting will be on **Tuesday, September 2nd from 7-8:30AM**, where we will review combined draft report and guidelines.