**MedStar Consulting Onboarding Meeting**

**Action Items**

* Alex will send an email outlining the information needed from MedStar to get started, including identifying the core team members, data, and relevant policies.
	+ Landing page link
	+ Stakeholder map
	+ Meeting notes
	+ Slides from onboarding meeting
* MedStar should identify who they will recruit to join this effort, including a main point of contact
* MedStar should fill out an [informational form](https://gedcollaborative.com/informational-form/) on GEDC Landing Page (GEDC website login needed)
* GEDC will work on scheduling meetings in a two-week cadence

**Outline**

**Collaboration between MedStar, GEDC, and Alzheimer’s Association**

* Alex Ostberg will be the primary point of contact for the collaboration between the GEDC and MedStar, supporting the engagement, developing timelines, and liaising between the two organizations.
* Megan Donovan (unable to attend) is an MBA healthcare consultant who has worked with the team for six years, helping with processes and ensuring that the job is done in the right way.
* Dr. Eric Almli is filling in for Dr. Byrd. He is the ED Vice Chair

**Strategic Priorities for MedStar**

* Transportation to SNF is a major issue the hospital is trying to address and hurts length of stay
* Optimizing how the ED connects with resources to avoid preventable admissions
* Encouraging physicians to initiate end of life care conversations
* Readmission rate in the 65+ patient population

**Optimizing geriatric emergency department care.**

* Kevin Biese highlights the issue of unnecessary hospital admissions for patients with cognitive impairment or dementia, who may not require hospital care but are often sent there due to a lack of alternative options.
* Biese discusses how ER staff often struggle to determine the best course of action for these patients, leading to a cycle of testing and hospitalization that may not be the most effective or safe for the patient.

**Timeline and logistics for consulting engagement.**

* Alex Ostberg and Aaron discuss the timeline for this consulting engagement
* A two week cadence of meetings works, with different MedStar staff leaning in as needed
* The core team for the program will include a champion physician, nurse, and other staff members, with the goal of driving forward the program's development.
* GEDC has created a [landing page](https://gedcollaborative.com/mmmc-consulting-engagement-hub/) that will house all relevant notes.
* Aaron emphasizes the importance of identifying a main contact or project manager to oversee the implementation of the new processes
* Dr. Wexler is the executive sponsor.
* The team will guide the process of identifying and prioritizing policies to be developed or improved, using a structured approach taking into account goals, pain points, feasibility, and timeline.
* GEDC will provide guidance on which specific policies will need to be submitted.

**Improving geriatric care processes and policies.**

* Kevin Biese highlights the importance of geriatric-focused policies and care *processes* rather than solely relying on policies passed by the hospital.
* These processes need data support and regular check-ins to ensure care processes are happening as intended.