

Date: October 16, 2024

Attendees: Rodney Koenig, Vivian Acevado, Tiffany Mendoza, Frank Nguyen, Katie Alexander, Krista StOnge, Kurt Harris, Lawrence Gates, Magen Costilla, Matthew Leane, Saify Talib, Umron Alkotob, Cameron Learman, Jocelyn Le, Lauren Campos

Location: Ring Central

<i>Topic</i>	<i>Discussion</i>
Corona	<p>Vivian</p> <ul style="list-style-type: none">● RN has not begun but is scheduled to begin this Thursday.● Maria the MA will be an ACC for clinic - will need a new MA.● Desiree the LVN has requested to be transferred to a clinic closer to home.● Jaime the LVN from Primary Care side will replace Desiree for Wednesday-Saturday nursing team.● Flow at the clinic has been steady - 40 patients yesterday.
Palm Springs	<p>Matt</p> <ul style="list-style-type: none">● Providers are all back working in Express Care.● Nursing staff has been good and efficient.● The ACC is coming back from maternity leave at the end of this month.● There is an ongoing expansion project. Clinic should be gaining a room and a half and a fridge for vaccines and medications.<ul style="list-style-type: none">○ Sergio last stated that Express Care should have one of the radiology rooms so that POC testing can be done.○ Matt will email Chris and CC Rodney regarding gurney.● Make sure to check the paper radiology book every shift.● Make sure patients have a follow up appointment with a PCP to establish general care or to continue care for Express Care visits.● Review hospital discharge appointments for the weekends during the week and print out any

	<p>discharge summaries that are available and input them into a paper basket.</p> <ul style="list-style-type: none"> ○ Carrie is great at reviewing and printing out hospital discharges reports for the providers.
Lake Elsinore	<p>Katie</p> <ul style="list-style-type: none"> ● Trying to increase volume on weekends by pulling video visits from MSC ● Rodney: Are there any more issues with the ACC's turning away patients for not having appointments? <ul style="list-style-type: none"> ○ The main ACC Leslie has been fixing and educating ACC staff regarding this that there is no appointments needed for Express Care ○ Report to Rodney if there is any push back during education with ACC so they can be further educated
Riverside Neighborhood	<p>Jocelyn</p> <ul style="list-style-type: none"> ● Patient volume has briefly gone from high 30s to low 30s during the week and approximately 20 during the weekends. <ul style="list-style-type: none"> ○ Yesterday there were 60 patients at the clinic. ● Educate staff to not remove patients that leave and are a no answer as these numbers are also tracked. ● When diagnosing animal and insect bites in a patient's charts, ensure that you are specifying the injury site as a diagnosis instead of just a bite so it could be billed appropriately. <ul style="list-style-type: none"> ○ Ex. Laceration to right hand from dog bite. ○ The same way a medication refill for HTN is diagnosed as HTN. <p>Matt</p> <ul style="list-style-type: none"> ● In the diagnosis box, the primary diagnosis should be at the top and have the diamond next to it.
Moreno Valley	<p>Rodney</p> <ul style="list-style-type: none"> ● Construction was not finished on 9/21/24 as scheduled. ● Nurses have continued escalating situations even when they do not need to be. ● Rodney is communicating with James as he is great at organizing and handling the clinic. ● Clinic has 4 rooms that are being used by Express Care.

<p>MSC</p>	<p>Tiffany</p> <ul style="list-style-type: none"> ● When transferring patients to the ED, write in the back of stickers whether the patient needs to be escorted, walked, or can go alone. ● New LVN Juan. ● Nurses have implemented a whiteboard in the sink area of who the staff and providers for the days are, goals for the day, and any supplies needed. ● Paula, who orders any supplies aside from medications that the clinic is out of, is back. ● In regards to video visits, ensure ACC staff is arriving patients and nursing staff calls them. Staff should note down the purpose of the visit and the time. Patients will usually respond by the second time. ● When using Boise interpreter service, when they ask for the purpose of the call, they want to know if the service is for results or a patient encounter - patient encounter will be a satisfactory response for Express Care
<p>Surge Ship</p>	<p>Rodney</p> <ul style="list-style-type: none"> ● An additional provider will be utilized at 11am, mainly at Riverside Neighborhood to support with high patient volume. ● If volume is low, reach out to Rodney so he can see if any other clinics within a reasonable distance are in need of assistance. ● If there is not enough volume at any of the clinics, the ask is that the surge provider leave. ● If the clinic is consistently busy due to volume load or regarding patient case difficulty, reach out to Rodney to let him know that surge provider will be staying. It is not a problem if the provider wants to stay and help. <ul style="list-style-type: none"> ○ This will allow Rodney to know exactly why providers decided to stay if the county has follow-up questions.
<p>Care Gaps</p>	<p>Tiffany</p> <ul style="list-style-type: none"> ● Gonorrhea, chlamydia, and cologuard fall within Care Gaps and will be orders placed within patient's charts that will need to be signed. <ul style="list-style-type: none"> ○ Cologuard reaches out to the patient and sends the necessary materials. <p>Kurt</p> <ul style="list-style-type: none"> ● If they have an outside PCP, do we still do the cologuard?

- If they are not assigned to RUHS it does not need to be done.
- Since nurses are pending it, they should only do it with patients that are a part of RUHS.
- Do we need permission from patients for orders regarding gonorrhea and chlamydia?
 - Since nurses are pending the orders, they need to have discussed this with the patient prior or input if the patient refused.
- Ashley mentioned that they cannot defer these care gap orders and they need to order them.
 - The nurses have been mandated by the county to pend these orders for the care gaps.
 - Rodney will speak with Cynthia Webb regarding this.
 - If the county reaches out to Rodney, he can have a conversation with them regarding these orders being placed or deferred for patients.

Matt

- We have to assume when care gaps are pending, they have not been discussed with patients.
- Nurses should be reinforcing what they have been told about any care gaps.
 - Gonorrhea and chlamydia is routine screening.
 - Cologuard every 3 years.
 - FIT test once a year.
 - If you order these, ask the screening questions to ensure it is appropriate and needed.
 - If you are encountering acuity where it is not appropriate to handle these gaps, it can be deferred but ensure that there is documentation of why it was not addressed.

Rodney

- With workflow changes, the MA should be having a conversation and minimum education with the patient regarding any care gaps that they will pend.
- The county will expect this to be done without thinking about the barriers.
 - This can lead to the conversation of “We can do it but here is the cost of it”.
 - Meeting these care gaps will require more hours, more education for both teams, and workflow change.

	<p>Katie</p> <ul style="list-style-type: none"> ● If you click on a physical care gap and it gets deferred, does it count? <ul style="list-style-type: none"> ○ There is no penalization, but RUHS will not get credit until it is reported and input into the patient's charts. <p>Rodney</p> <ul style="list-style-type: none"> ● Can ignore tier 2 and 3 care gaps as there is no agreement. ● Satisfy adult and child BMI education. ● Satisfy substance abuse and smoking cessation care gap if it is asked. ● Satisfy PHQ2 screening. <ul style="list-style-type: none"> ○ Nurses should be doing this screening. Educate nursing staff that this is county mandated and needs to be done. ○ Kurt: Moval clinic does not do PHQ screening. ● If screenings do not pop up for patients, do not worry as they may have satisfied it previously or it is not needed. <p>Matt</p> <ul style="list-style-type: none"> ● PHQ2 is not always done by the nurses. They do PHQ9. PHQ2 will be located on the left hand screen of the care gap section for providers to do. ● During patient encounters, ask them if they are depressed or have any thoughts of hurting themselves or others to satisfy the care gap. <p>Rodney</p> <ul style="list-style-type: none"> ● Riverside NBHD is not using the intake forms that have the patient's vitals and information. ● Will eventually update intake forms to include care gaps in order to have quicker access when seeing patients and know what orders to approve. ● Kurt: At MSC, ACC staff need to input what insurance each patient falls under.
<p>Radiology Binders</p>	<p>Rodney</p> <ul style="list-style-type: none"> ● Palm Springs and MSC will have a radiology binder. ● Whenever a radiological study is ordered the provider will attach a sticker, document what radiological image was ordered, what treatment was done during clinic visit, wet read of what can be seen from image, and the radiology report (once available). ● Binder will be date driven and will ensure Express Care is chasing results. ● Karla will be educating scribes on what to do with binders.

	<ul style="list-style-type: none"> ○ First thing scribes will do at the start of their shifts is go through radiology binders and begin looking for necessary results. Scribes will have access to log into RadNet to search and print out radiological results to pass to providers. ○ Scribe will then go into the computer and input a note based on what the provider dictates for results. Provider will then call patients. ● Lake Elsinore's binder will be provider driven as there is no scribe - can talk to staff about help. ● At Palm Springs clinic, Carrie the RN is good at looking and printing out reports. ● Kurt: If a patient does not get their XR done for 3-5 months, do we backtrack and hunt for them in the binders? <ul style="list-style-type: none"> ○ Attempt to call patient and input that the call was made and patient noncompliant with radiological order. ○ If there is a concern with a specific patient, input a tab or note so they do not get lost and forgotten. ○ Have not figured out how far back in time we will go with date in the binders as we progress.
Education	<p>Matt</p> <ul style="list-style-type: none"> ● Working alongside Dr. Alkotob for educational presentations. ● This Friday at 9 am there will be an educational session with Dr. Alkotob on an Introduction to ED 2. ● Next month there will be an EPI professional to speak and educate regarding HIV and communicable diseases. <p>Alkotob</p> <ul style="list-style-type: none"> ● Lecture for Friday's educational session was created with questions and concerns provided by Vivian. ● Requesting for Kurt to send in anything that might be helpful for other providers who have not previously worked in the ED. <ul style="list-style-type: none"> ○ Kurt will only work per diem ED shifts just like everyone else
Emergency Department	<p>Kurt</p> <ul style="list-style-type: none"> ● Charting in the ED is different from charting in Express Care. ● Message Kurt for any ED questions as he is happy to help.

	<ul style="list-style-type: none"> ● Dr. Alkotob is interested in providers shadowing Kurt due to his previous experience in the ED. <p>Rodney</p> <ul style="list-style-type: none"> ● Rodney, Dr. Alkotob, Kurt and others that have worked in ED are setting up an onboarding. ● First shifts will be double covered with 2 providers at least the first half of shift to help adjust with those that have never been there. ● Most attendings there are good workers. <p>Alkotob</p> <ul style="list-style-type: none"> ● They love seeing advanced providers in the ED as it is helpful. ● Most providers have experience and do not need to be taught the medicine, which allows them to have time to spend with the residents and teach them. ● If there is an issue with an attending, feel free to message Dr. Alkotob even if he is not on shift. <p>Rodney</p> <ul style="list-style-type: none"> ● Tiff will put an FAQ together for credentialing in the ED. Everyone will have to fill the MD app and do the moodles. ● Everybody will be done at one time for the next batch as not everyone got cleared for November for various reasons. ● Everyone needs to be responsive to Sheranda and the credentialing team. ● The November schedule will have to be switched around to meet the obligation. This helps the ED and also Express Care as there is overstaffing currently until Banning clinic opens. ● Providers will be billed \$100, concur it through ED tab and bill it to reimbursement. If the ED tab is not available let Rodney know. Providers are not responsible for any costs, including ACLS and PALS.
<p>Concerns</p>	<p>Rodney</p> <ul style="list-style-type: none"> ● Let Rodney know when there are orders being placed within the patient's chart by outside providers and departments while using the provider's name and signage from Express Care visit. ● Rodney should be made aware so he could figure out the reasoning as this is cause for concern as it makes them responsible for these results. <ul style="list-style-type: none"> ○ Katie has had ENT orders and imaging as well as annual laboratories orders from primary providers placed under her name.

	<ul style="list-style-type: none"> ○ Kurt has had colonoscopies and ENT orders placed under his name. ○ This is happening across clinics such as MSC, Moval, Riverside NBHD, Lake Elsinore for several providers.
<p>General Updates</p>	<p>Rodney</p> <ul style="list-style-type: none"> ● There is a new leadership in the ACC world for scheduling. They have all been notified that they do not schedule patients for appointments unless it is a post hospital admission discharge or a newborn bili check follow-up. <ul style="list-style-type: none"> ○ If you see other patients scheduled, let Rodney know so he could bring it up to their boss and have ACC's educated. ○ No ER follow-ups, just post-admission. ● There is a new laptop for scribes at Corona clinic. The laptop at Palm Springs clinic should arrive today. ● There is an ongoing issue regarding signage and patient outreach. <ul style="list-style-type: none"> ○ Rodney has ordered a magnet that contains a QR for patients to scan and see where the closest Express Care is to them. ○ Rodney has ordered cards to be passed out for outreach, especially for the Lake Elsinore clinic. ● Holiday party date is TBD, but Vivian will send out when it is finalized.

Meeting called to order: 8:02a; Meeting adjourned 9:00a