

Date: May 21, 2025

Attendees: Michael Mesisca, Rodney Koenig, Katie Alexander, Rebecca Rimka, Christine Paley, Jocelyn Le, Tiffany Mendonza, Vivian Acevedo, Brenda Villareal, Meagan Ponciano, Magen Costilla, Kurt Harris, Krista St Onge, Kimberly Ortega, Kelly Medina, Amar Sandhu, Veronica Au, Jonathan Caldwell, Frank Nguyen, Himelda Churchill, Lawrence Gates, Tara Guentz

Location: Ring Central

Topic	Discussion
Central	<p>Christine:</p> <ul style="list-style-type: none">● Compliance modules will open on June 1, you will have 6-8 weeks to complete. Please try to get them done as soon as possible.<ul style="list-style-type: none">○ Mesisca: Since the modules are already available, I told those in the ER they should have completed the modules by the end of May.● The CEO interview season starts July 1 - September 30.● Innovation grant closes at the end of the month. Apply if you have any ideas that need funding and operational support.<ul style="list-style-type: none">○ Mesisca: If you have an idea, please let me know so I can help you solidify your proposal.
New Hires	<p>Tiffany:</p> <ul style="list-style-type: none">● We have 5 new hires: Paul, Jasmine, Lisa, Chance, and Alexis.<ul style="list-style-type: none">○ Rodney: We also have a new grad PA who is coming out to interview and tour with Matt. There is a lot of interest in what we are doing. <p>Rodney:</p> <ul style="list-style-type: none">● There is a referral bonus if you refer someone and they are hired. Vituity will give you \$1,000 if you fill out the form online. Send people our way if you can see them fitting well in our team

	<ul style="list-style-type: none"> ● Magen and Kim are our newest additions who have been training, I will be meeting with you to go over feedback in the following weeks. <p>Mesisca</p> <ul style="list-style-type: none"> ● We have some primary care doctors and residents who are interested in joining the team. There is the hopeful side of having some eager family medicine-trained physicians who want to join our team to support this group on the primary care side (picking up primary care shifts and being a resource to us).
<p>Care Gaps</p>	<p>Matt:</p> <ul style="list-style-type: none"> ● Reason for completing BPA and Care Gaps: FQHCs are funded by the federal government and state, and they use BPAs to evaluate success. ● Updates on Epic include the BPA section is now collapsed, so you have to expand it to address them. Also, the care gap icons on the left-hand side of the screen have some changes. Red dot = not addressed; clipboard with red dot = ordered, but overdue; clipboard = ordered and within time frame. <p>Katie:</p> <ul style="list-style-type: none"> ● We collected the shared data from the dashboard for BPAs and looked at the numbers for RUHS as a whole vs. Express Care. We collected data from January/February (when we started the project) and compared it to March/April (after having some education). <ul style="list-style-type: none"> ○ Overall, saw an increase of ~1,000 in the number of patients eligible to be screened in Express Care. ○ Adult and child BMI: decreased in the percentage of those completed in Express Care. ○ Depression screening: increased in the percentage of those completed in Express Care. ○ SBIRT: We started with low numbers because we did not have a lot of education on whether we were going to be responsible for this. We will be working more towards this moving forward.

	<ul style="list-style-type: none"> ○ Matt: These screenings are intake-driven. If you see them, the staff did something to trigger them to be completed. SBIRT is the least addressed in Express Care because it is the longest form of questions and takes the longest to complete. Moving forward, we need to work on how to include SBIRT screening. ○ Mesisca: What is the expectation of RUHS leadership of the nurses? Is it supposed to be done every time? ○ Rodney: The staff has a workflow and is mandated to do it. ○ Mesisca: As we work through that as a leadership team, we should put targets on there. ○ Rodney: There are goals set on that already with the county. We aim to achieve just around 5% higher than that. <p>Rodney</p> <ul style="list-style-type: none"> ● I have been working with Kim Boker on compliance with nursing. Be careful not to feed the frenzy with nurses about the intake, as this might generate some pushback on them completing the BPAs.
<p>Volume and workflow</p>	<p>Rodney:</p> <ul style="list-style-type: none"> ● Volume is all over the place, as it normally is this time of year. Vivian and Tiffany are tracking these numbers. ● Surge shift goes to Neighborhood, and we have been adjusting to go to Corona if Neighborhood is slow. ● We have had some questions about changing presentation times for patients. For example, at MSC we will have patients present right before 8 PM while we are still very behind (usually due to lack of nursing staff and/or urgency). Our contract with the county is to accept patients from 9 AM - 8 PM, the last hour we have to document is meant to be a padded hour. We get paid for all the hours of work we do. <p>Matt:</p>

	<ul style="list-style-type: none"> ● Something to keep in mind is RUHS has a 48-72 hour time period for charts to be signed policy. So, it is Important to stay to finish charts because it will trigger the system if charts stay unsigned for too long. <p>Kurt:</p> <ul style="list-style-type: none"> ● When I finish at 8 PM at MVC and see that MSC is busy, I go to MSC to take some of the workload to help others finish their charts. This might help if others are able to do the same. <p>Rodney:</p> <ul style="list-style-type: none"> ● Reminder to let me know if there is a slowdown in seeing patients due to the workflow with the nurses. I need this for documentation purposes since I meet with Kim regularly about this. Part of the problem is they send people to lunch and don't fill them when we are only getting busier.
Feedback	<p>Rodney:</p> <ul style="list-style-type: none"> ● We had an NP student with us for the last couple of months. The NP student is the COO of the hospital. I met with her often, and she gave our team really good feedback. She saw how our team is dedicated to helping the patients and how well we navigate the situation with nursing.
Lake Elsinore	<p>Katie:</p> <ul style="list-style-type: none"> ● We have been filling in our with family medicine staff for our LVNs and MAs. ● Next week Angel LVN will be starting full time. He was previously with the mobile clinic in Corona. They also hired another LVN, but they will take time to onboard and train because they are new to the system. ● Dr. Handojo does health classes for patients enrolled in RUHS Lake Elsinore. His upcoming series will be on diabetes. If you see a patient coming in for diabetes, you can sign them up for the course. This will be important in the Summer because we will be down 2 PCPs, so there will be a lot of backfill for some of the primary side of things. <p>Rodney:</p>

	<ul style="list-style-type: none"> • Some ACCs were trying to dictate what we do at the clinic again. If you hear about this, please let Katie and me know so we can educate and figure out why they are saying this. • Nurses and ACCs should not be deciding what we can and cannot do.
Corona	<p>Vivian</p> <ul style="list-style-type: none"> • Paulina MA is on maternity leave, family medicine is helping on Mondays and Tuesdays. It has been fine, but sometimes they forget to do POCs or take complete vitals. • Annabel, new RN, is starting and has been steadily learning about Express Care. She has a good attitude, so I see her doing well with us. • We have a new dentist starting. He is happy to see our patients the same day or the next day if they come in with dental problems. The dentist will also say hi to the kids and quickly check them before their first appointment. <p>Rodney:</p> <ul style="list-style-type: none"> • Make sure flags are switched out, they should be put up and taken down daily. • We have a unique opportunity to serve our community with a dentist. If you see patients who have poor dentition on exams, suggest our dentist. Patients don't always know that we have the service.
Riverside Neighborhood	<p>Jocelyn</p> <ul style="list-style-type: none"> • Full-time MA Sunday-Wednesday will be covered by family medicine since we are still looking for another candidate. Jocelyn MA is back from maternity leave and will be with us Wednesday-Friday. • Side note: reminder about social on Monday, May 27, 3-5:30 PM at Top Golf. <p>Rodney:</p> <ul style="list-style-type: none"> • Working with Dr. Schiller and Kim Boker for more space in the clinic. • New school with ~800 students will be opening soon, I expect volume to go up.
MVC	Rodney

	<ul style="list-style-type: none"> ● There are 4 rooms available that should all be used at all times. Nursing should also be checking if there are pods available in the morning. <ul style="list-style-type: none"> ○ Kurt: The 4th room is not being used right now, it looks more like storage. ● Staff tends to slip into doing the bare minimum. Let me know real-time when they do this so I can tell Vernon about it. <ul style="list-style-type: none"> ○ Ex: they told patients there was a 3-hour wait time 30 minutes into opening to discourage them from staying. <p>Tiffany:</p> <ul style="list-style-type: none"> ● The red icon should be working now. If it's not, please send a message to me and Katie so we can follow up on it. The printer should also be routed to the provider computer now.
<p>MSC</p>	<p>Tiffany:</p> <ul style="list-style-type: none"> ● Nurses have moved to the back area to make it easier for us to communicate and improve workflow. ● Some of us have been getting messages from RUHS PT about referrals—upper extremities should be sent to OT per RUHS PT department. ● Code MET after hours (after 5 PM and on weekends) will not respond because the people who respond to code MET are in-house. The workflow for that is printed and posted at every station. True emergencies during after-hours should be true 9-911 on phones. <ul style="list-style-type: none"> ○ Rodney: We are not supposed to respond to code MET. Every clinic has a team and a physician who should be seeing the patients. If no one is responding, please intervene to see the patient. If you get asked to see the patient, that's also fine. Let me know through secure chat when you do see code MET patients. ● We have been working on the supply list to correct the supply shortage <ul style="list-style-type: none"> ○ Rodney: This list will be standardized for all 7 clinics. Every clinic should have the same supplies. I will try to have the list done today to prepare for Banning. ○ Katie: Can we add 3 incentive spirometers for rib contusions and fractures?

	<ul style="list-style-type: none"> ○ Rodney: That is a good idea, I'll get 3 for each clinic. The clinics know nobody should be putting requests in for something we don't already have unless it comes through me. The county comes to me when things expire, we have too much of it, or if it is an odd order. So, if there is something that you want, come talk to me so we can see if it is scalable across all clinics or if there is an alternative. ● The radiology department has asked Express Care to respond to patients with contrast reactions for CT images they might be doing after hours <ul style="list-style-type: none"> ○ We are working on a document to give some education on that. Dr. Keith from radiology also offered to give us a lecture about some of the reactions and what to do (ex: what to take with you, how to document, etc.). ○ They will start asking for our help within the next couple of weeks. I will let you know when this goes live. ○ Rodney: How will documentation work? ○ Tiffany: The plan is to have them added to the Express Care schedule for documentation. I'll create a note template for these specific cases. ○ Rodney: If anyone gets called to one, secure chat me with the patient information so I can track these. ○ Mesisca: The expectation is that it should only happen once a month, and it should not take a lot of time. It should be treated more as triage to decide if they need to go to the ER. If it becomes more than that, we will go in a different direction.
<p>Palm Springs</p>	<p>Matt</p> <ul style="list-style-type: none"> ● RN is on maternity leave. LVNs are good. We are short an MA. Will be getting coverage all days except Fridays this month. Otherwise, no staffing issues for providers. ● We are having room renovations done. The dental room should be ready to use after they finish fixing the flooring. ● The OAs drop paper reports into our in-basket for things that have been ordered by us. If you see it, just treat it as if it were our regular in-basket and review it.

	<ul style="list-style-type: none"> ● Reminder that Epic is great for pediatric prescriptions, but double-check that weight and height are correctly documented. ● When completing your chart, make sure you refresh and put the diagnoses in the correct order. I'm doing the quality chart review for RUHS, and some charts appear incomplete or have the incorrect primary diagnosis if you don't refresh. <p>Rodney:</p> <ul style="list-style-type: none"> ● Reminder to make sure you sign the intake form at the bottom. ● If staff are not doing things on the form or not addressing abnormal vitals, give them a verbal, gentle reminder.
Banning	<p>Rodney:</p> <ul style="list-style-type: none"> ● The clinic is supposed to be opening on the 16th, but will more likely open the following week on the 23rd. Matt and I plan on going out there to meet with the teams and educate them on Express Care.
ED2	<p>Mesisca:</p> <ul style="list-style-type: none"> ● Volume had dropped, but it has been rising again lately. ● We have received positive feedback so far from attendings about you all. <ul style="list-style-type: none"> ○ Rebecca: I think ED2 is the perfect balance and break from primary care things in Express Care. The attendings have also been wonderful. ○ Kurt: I think it's good for everyone because you see a variety of cases and procedures. You also see some of the same patients you see in Express Care. ● We have 5 new PA fellows, but I intend to keep Express Care providers shifting there some days.

Meeting called to order: 8:03a; Meeting adjourned 9:07a