

**Date: February 27, 2026**

**Attendees: Rodney Koenig, Tiffany Mendoza, Vivian Acevedo, Katie Alexander, Magen Costilla, Krista Harris, Kurt Harris, Lawrence Gates, Alexis Martinez, Alyssa Schulz, Chance Thepmontrynep, Christine Paley, Frank Nguyen, Himelda Churchill, James Bailey, Jasmine Yuen, Jocelyn Le, Kelly Medina, Kimberly Sales, Lisa Wongsoqui, Maerah Ahmed, Meagan Ponciano, Nichole Sayegh, Rebecca Rimka, Lauren Campos**

**Location: Ring Central**

<i>Topic</i>	<i>Discussion</i>
<b>Lake Elsinore</b>	<p>Katie</p> <ul style="list-style-type: none"><li>● The card reader is now installed on the door at Lake Elsinore<ul style="list-style-type: none"><li>○ The team is getting the list of badge numbers to Leslie so she can update access</li><li>○ Lawrence will notify the team once the badge access is updated so staff can start using the door with their badges</li></ul></li><li>● For now, there is a key available for staff<ul style="list-style-type: none"><li>○ Staff should know where the key is located</li><li>○ If the door is closed, locked, or shuts during a shift, the key can be used to open it</li></ul></li><li>● The scribes received a stand so they do not have to juggle materials while working</li></ul>
<b>BPA's</b>	<p>Katie</p> <ul style="list-style-type: none"><li>● Katie will send the numbers to Rodney next week</li><li>● The team has been doing very well with Cologuard and Pap screenings over the last two months<ul style="list-style-type: none"><li>○ In November alone, there were almost 50 results from Cologuard and only 3 of those results were abnormal</li><li>○ That is a very high number considering the patient population being served</li></ul></li><li>● There are no big changes coming down the pipeline for BPA's</li><li>● Staff should continue filling them out when they appear</li></ul>

- This includes BMI, substance abuse, and tobacco
- Epic pushed an update over the weekend, which moves things around on the screen
  - If a BPA does not appear but there is a yellow banner somewhere on the screen, reach out so Katie can help bring it back up

Katie

- Katie reviews in-baskets and will sometimes send items to the primary care doctor if they are normal or do not need to be addressed
  - Some results take a long time to come back, such as vitamin D, cologuard results, or other labs
  - When those results finally return, it may reappear in the in-basket
    - When this happens, Katie's original message will still be present
    - Providers could clear the message right away if appropriate, but should check that there are no abnormal results
      - Quickly scan for any red before clearing it out
      - This is important because abnormal results can sometimes be missed
  - Sometimes the message reappears because a new lab result came in, not because the entire set of labs was resent

Rodney

- If there is a positive Cologuard result, it must be addressed
- Sending the result to the PCP alone does not count as addressing it
- Providers should not clear the result from their in-basket unless it has been addressed
  - There was a case where a result was cleared from a provider's in-basket and never made it to Katie
  - The result had been sent to the primary doctor, but the primary doctor only saw it later
- Providers are still responsible for tests they order and must ensure that results are properly addressed
- Providers should reach out to Katie with questions about Cologuard, BPAs, or care gaps
- BPAs are considered low-hanging fruit and easy opportunities for completion

	<ul style="list-style-type: none"> <li>● Kim Boker reviews BPA performance for Express Care clinics and regularly communicates with Katie about the completion rates <ul style="list-style-type: none"> <li>○ Kim reports completion percentages and identifies where providers stand</li> <li>○ If a provider is below 85% completion for BPAs, Katie will reach out</li> </ul> </li> <li>● Epic will occasionally have issues, but providers still need to watch for them</li> <li>● BPA completion is tied to the value Express Care brings to the county due to contract stability</li> <li>● If BPAs are not addressed, Katie escalates the issue to Rodney</li> <li>● Progressive discipline may occur if BPAs are consistently not completed: <ul style="list-style-type: none"> <li>○ verbal warning</li> <li>○ written warning</li> <li>○ potential termination</li> </ul> </li> <li>● If someone is struggling with the BPA completion, they should let leadership know so the workflow can be improved</li> <li>● How do providers handle care gap orders when a patient has an outside PCP? <ul style="list-style-type: none"> <li>○ Katie: If the patient's PCP is outside, IEHP will not capture those numbers</li> <li>○ Nursing staff may complete the process automatically without noticing the outside PCP, if this happens, the provider can simply delete the order</li> </ul> </li> </ul>
<p><b>Corona</b></p>	<p>Vivian</p> <ul style="list-style-type: none"> <li>● Patient volume at Corona has been slow recently, but there is a new primary care provider whose schedule is free and they might have been filling her schedule with our patients</li> <li>● The new provider's name will be shared with the team later <ul style="list-style-type: none"> <li>○ If providers have urgent patients who need to be seen, they can ask Jamie or Sonia to schedule those patients with the new provider</li> </ul> </li> <li>● Dr. Lamb will retire in two weeks</li> <li>● Rodney: Can you check with Andre and the ACC to see if patients are being diverted?</li> <li>● Corona clinic volume has been around 30 patients per day, which is lower than usual</li> </ul>

	<ul style="list-style-type: none"> <li>● Recently met the new primary care provider and believes registration may be filling the new provider's schedule with patients <ul style="list-style-type: none"> <li>○ Viv will confirm with registration and follow up</li> </ul> </li> </ul> <p>Rodney</p> <ul style="list-style-type: none"> <li>● There have been concerns about the dentist wanting an extremely quiet environment</li> <li>● Rodney will meet with Kim to address the issue <ul style="list-style-type: none"> <li>○ Possible solutions include speaking directly with the dentist or moving them to a different room</li> <li>○ The current expectation of a silent environment is not realistic for Express Care</li> <li>○ Providers are not doing anything wrong and have been accommodating <ul style="list-style-type: none"> <li>■ The issue will be addressed</li> </ul> </li> </ul> </li> </ul>
<b>Loan Repayment</b>	<p>Vivian</p> <ul style="list-style-type: none"> <li>● Loan repayment applications close March 31</li> <li>● Several providers are applying</li> <li>● Vivian will host two informational webinars: <ul style="list-style-type: none"> <li>○ March 13 at 12 p.m.</li> <li>○ March 16 at 10 a.m.</li> </ul> </li> <li>● Everyone should receive the webinar links</li> <li>● Providers can reach out to Vivian with questions or if they want to review applications before submitting</li> <li>● Dr. Khan needs two weeks to complete point-of-contact verification forms</li> <li>● Providers should not submit applications at the last minute because it could jeopardize receiving the award</li> </ul>
<b>Schedule</b>	<p>Vivian</p> <ul style="list-style-type: none"> <li>● May schedule will be published soon</li> <li>● June schedule is currently being drafted</li> </ul>

	<ul style="list-style-type: none"> <li>○ June vacation requests are no longer being accepted because many have already been submitted</li> <li>○ July and August schedules still have open availability</li> <li>● Providers planning vacations should reach out on which weeks are the best</li> </ul>
<b>Neighborhood</b>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● Rodney spoke with both the Neighborhood clinic team and leadership there and workflow is currently difficult due to limited space</li> <li>● Going to continue to solve this as patient volume has been strong <ul style="list-style-type: none"> <li>○ Rodney plans to meet again with Jennifer and Kim regarding the situation</li> </ul> </li> <li>● There had previously been a plan to expand the shared workroom used by the team <ul style="list-style-type: none"> <li>○ The expansion process appears to have slowed down</li> </ul> </li> <li>● Providers may encounter patients sent to Express Care after already being seen by a PCP earlier that same day</li> <li>● Providers should still see the patient when this happens, but sent the MRN to Rodney <ul style="list-style-type: none"> <li>○ Rodney wants to track these situations because sometimes they are appropriate and sometimes they are not</li> <li>○ When needed, Rodney will escalate these cases to Kim, who oversees the clinic, and Melissa</li> <li>○ The goal is to provide access for patients who need care</li> </ul> </li> <li>● In the past, staff may have been told not to see patients who were already seen earlier the same day <ul style="list-style-type: none"> <li>○ When patients are turned away for that reason, it can be interpreted by others as Express Care refusing to see patients</li> <li>○ To avoid this narrative, providers should see the patient and Rodney will handle it</li> </ul> </li> </ul>
<b>MVC</b>	<p>Magen</p> <ul style="list-style-type: none"> <li>● No major updates from Moreno Valley at the moment</li> <li>● The RN at the clinic is currently on leave</li> </ul> <p>Rodney</p>

- Vanik should be informing Vernon, who oversees the clinic, whenever staff will be off
- The clinic's workflow requires them to let everybody know across the broader RUHS enterprise so they can arrange staffing coverage
- Having no staffing coverage is not acceptable unless every effort has been made to fill the position
  - Leaves and vacations are usually known in advance and should be planned for accordingly
  - Call-offs can be more difficult to address, but communication is still necessary
- When arriving for a shift, especially if you are the first team member present, check what staffing looks like for the day
  - If the clinic is short staffed, ask whether the clinic manager knows and how the issue is being escalated
  - Providers should notify their site lead if the clinic is short staffed
    - Site leads will escalate the issue to Rodney
- Upper leadership such as Kim and Melissa are sometimes unaware of staffing shortages
  - Palm Springs is a frequent offender of this issue
  - Rodney sometimes only learns about staffing shortages after the clinic has already opened
- Clinics need to be more proactive about communicating staffing problems so leadership understands what coverage will look like each day
- There has been ongoing drama at the Moreno Valley clinic
  - Providers should avoid getting involved in workplace conflicts
  - Staff may vent or raise complaints, and it is acceptable to listen briefly
  - After listening, providers should direct staff to bring concerns to Vanik
  - Vanik can then escalate concerns to Rodney if necessary
- Rodney was told there had been infighting among the nursing staff
- The situation appears to be improving, but providers should not take sides in these conflicts
  - When he visited the clinic, staff tried to get him to side with them
  - Taking sides does not help resolve the situation
- There appears to be some confusion about what success and teamwork look like at the clinic

	<ul style="list-style-type: none"> <li>● No one at the clinic has a single isolated job. Everyone is expected to help support each other as part of the team</li> </ul> <p>Chance</p> <ul style="list-style-type: none"> <li>● She was informed during a meeting that Mercy, the RN is no longer working there permanently</li> <li>● Rodney: has a meeting scheduled with Kim Boker and will follow up on it</li> <li>● Kim oversees operational aspects of Express Care clinics, similar to Chris Malone's previous role <ul style="list-style-type: none"> <li>○ Direct oversight of the Moreno Valley clinic belongs to Vernon</li> <li>○ Vernon should have informed Rodney about the RN's departure</li> </ul> </li> </ul>
<p><b>MSC</b></p>	<p>Tiffany</p> <ul style="list-style-type: none"> <li>● Providers should make sure they are completing the work and school notes themselves <ul style="list-style-type: none"> <li>○ When providers do not complete those notes, nurses have to go back and complete them later, which disrupts their workflow</li> </ul> </li> <li>● Providers should make sure they are using the binder and bins appropriately</li> <li>● Providers should communicate clearly whether a patient can be transported by an MA or if a nurse is required for transport</li> <li>● If a provider plans to discharge a patient and the patient independently decides to go to the emergency department, staff do not need to escort them <ul style="list-style-type: none"> <li>○ In this situation, the ER visit is the patient's decision, not part of the provider's plan</li> <li>○ Rodney: Patients who are considered at risk should still be escorted or offered transport to the emergency department</li> <li>○ If transport is offered and the patient refuses, document that the patient refused escort to the ED</li> </ul> </li> <li>● Staff should make sure the refrigerator is cleaned regularly and old food should not be left in the fridge</li> <li>● Providers should be mindful of how they communicate with nursing staff <ul style="list-style-type: none"> <li>○ Communication should remain polite and professional at all times</li> <li>○ Staff should remain professional even when someone else may be having a difficult day</li> </ul> </li> </ul>

- Providers should aim to remain above reproach in their communication
- The team is doing a good job keeping up with the radiology binder
- Staff should continue documenting and maintaining it properly
- Providers should ensure that the ER transport log is being utilized
- Recently it has been difficult to reach the emergency department by phone
  - She was accidentally on hold for 15 minutes and then the call disconnected
  - If providers cannot reach the ED by phone, they can send a message through Epic
  - Providers can check the ER board or shift administration list to identify which attending physicians are on duty
  - Providers can send a secure Epic chat message to the attending with the patient attached
  - Documentation that attempts were made to contact the ED is acceptable if direct contact cannot be made
- Difficulty contacting the ED should not delay sending a patient who needs to go there
  - ED nurses may ask why a patient is being sent so they can provide report to the receiving nurse
- Fluorescein strips are available at MSC and should be used only when patients really need them

Rodney

- Some Express Care nurses have received pushback from ED nurses when transferring patients
- If an ED nurse questions a transfer, Express Care nurses can ask whether the concern has been raised with Dr. Mesisca
- Venting between departments is normal, however, questioning or discouraging appropriate patient transfers is not acceptable
  - Providers should not feel discouraged from sending patients to the ED when appropriate
  - Negative comments from ED staff should not make Express Care second-guess necessary transfers as this can hurt the patients
- If ED staff continue to push back, they can be directed to escalate concerns to their nursing director Lisa and to Dr. Mesisca

<p><b>Banning</b></p>	<p>Magen</p> <ul style="list-style-type: none"> <li>● There were concerns about primary care using Express Care rooms and the vital signs machine</li> <li>● Primary care typically uses these resources in the morning and should be finished by the time Express Care arrives <ul style="list-style-type: none"> <li>○ If they are still using the rooms or vitals machine after EC opens, let Magen know</li> <li>○ Since patient volume is generally slow, it is acceptable if primary care occasionally uses one room a little longer</li> </ul> </li> <li>● Providers should make sure the radiology binder is completed daily <ul style="list-style-type: none"> <li>○ There are usually only about ten reads in the binder</li> </ul> </li> <li>● If providers have follow-up items for patients, they should try to schedule those as video visits</li> <li>● The clinic is currently fully staffed and the MA, Bernadette has returned from leave</li> </ul>
<p><b>Palm Springs</b></p>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● The clinic regularly has inappropriate nursing staffing, which has been escalated to Sergio</li> <li>● Sergio is expected to update the team each morning about staffing levels and plans to address shortages</li> <li>● Palm Springs recently lost another primary care provider and Express Care has been asked to help again</li> <li>● He has asked about creating a permanent primary care position under Vituity</li> <li>● Providers who are interested in working primary care in Palm Springs, even temporarily, can let Rodney know <ul style="list-style-type: none"> <li>○ The expected schedule would likely be four 10-hour shifts</li> <li>○ A job requisition is currently open for primary care recruitment</li> </ul> </li> <li>● Providers can refer strong candidates who would work well with the team <ul style="list-style-type: none"> <li>○ Referred candidates should be clinically competent and a good cultural fit</li> <li>○ Because Vituity providers receive scrutiny from the county, performance and professionalism must be strong</li> <li>○ Staff who refer a candidate who gets hired can receive a \$1,000 referral bonus</li> </ul> </li> </ul>

<p><b>Professionalism</b></p>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● Providers should remain respectful toward both coworkers and patients in the clinic environment</li> <li>● Providers should be mindful of what they say and who may be present in the room</li> <li>● Conversations that may feel normal among coworkers, especially for those with ER backgrounds, may not always be appropriate in shared clinical spaces</li> <li>● ER culture can sometimes involve joking or casual talk that may not translate well in other settings</li> <li>● He has been asking the county to maintain the same standards of professionalism</li> <li>● Sometimes he is asked to counsel county staff regarding behavior or professionalism concerns <ul style="list-style-type: none"> <li>○ County staff may sometimes receive disciplinary action without much prior guidance or warning</li> </ul> </li> <li>● If providers notice professional or communication concerns involving county employees, they should inform Rodney <ul style="list-style-type: none"> <li>○ This allows him to address issues early and help staff improve before problems escalate</li> <li>○ Some county staff lack mentorship and often only hear negative feedback</li> </ul> </li> </ul>
	<p>Rodney</p> <ul style="list-style-type: none"> <li>● The core mission of Express Care is providing access to care for the community <ul style="list-style-type: none"> <li>○ The concept of “access” is not always clearly defined, but the key idea is ensuring patients have someone available to evaluate them</li> </ul> </li> <li>● Rodney has strong trust in the team’s clinical judgment and ability to care for patients</li> <li>● Providers may sometimes feel that certain patients should not be seen in Express Care</li> <li>● If a patient reaches Express Care, it often means another part of the system did not address their needs</li> <li>● In these situations, the role of Express Care is not necessarily to solve every problem directly, but providers should guide patients to the appropriate next step in care</li> <li>● Express Care functions similarly to an emergency department in that it acts as a front door to the healthcare system</li> <li>● Patients may present with issues that technically belong in other specialties or departments</li> </ul>

	<ul style="list-style-type: none"> <li>○ When this happens, providers should focus on helping the patient access the correct follow-up or referral</li> <li>● Efficiency is critical for maintaining patient flow</li> <li>● During busy periods, providers should prioritize efficiency in documentation and workflow</li> <li>● Providers should avoid fully completing complex documentation during a surge if it delays patient flow <ul style="list-style-type: none"> <li>○ Instead, they should document enough information to return later and complete the chart</li> </ul> </li> <li>● Documentation should be structured so providers are not finishing large amounts of charting after their shift ends <ul style="list-style-type: none"> <li>○ Many sites have scribes available to help with documentation</li> <li>○ Providers who struggle with documentation efficiency can reach out to Rodney for guidance</li> </ul> </li> <li>● Most delays in care are caused by limited rooms or staffing shortages rather than provider performance <ul style="list-style-type: none"> <li>○ For this reason, Rodney does not typically question providers about delays in patient care, however, certain situations may raise questions</li> <li>○ For example, if a provider sees around 30 patients in a day but records an additional hour of overtime just for documentation, Rodney may ask about it</li> </ul> </li> <li>● There may be legitimate reasons for extended documentation time, such as complicated hospital discharge cases</li> <li>● Providers must accurately record all hours worked on their timecards</li> </ul>
<p><b>Mobile Health Unit</b></p>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● There are three upcoming Mobile Health Unit events that need provider support</li> <li>● One event is scheduled in March, if anyone is available to help <ul style="list-style-type: none"> <li>○ If providers are off that day and want to pick up an additional 8–9 hours, they can volunteer</li> </ul> </li> <li>● The county may ask Express Care to support the Mobile Health Unit on a permanent basis <ul style="list-style-type: none"> <li>○ Rodney is only willing to commit to permanent support if he can hire an additional full-time provider</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ This would ensure there is enough staffing coverage</li> <li>● The Mobile Health Unit role would likely rotate among multiple team members rather than being assigned to a single person</li> <li>● Does the Mobile Health Unit focus on primary care issues or urgent care–type visits?</li> <li>● The Mobile Health Unit will mainly function as Express Care</li> <li>● Patients may also receive services similar to those normally provided in Express Care clinics</li> <li>● Some physicals may be done, similar to what is currently done in clinic settings</li> <li>● Well-child physicals will not be done because providers have not received training and the unit lacks the required equipment</li> <li>● Patient volume on the Mobile Health Unit is typically low</li> <li>● Providers should have access before working the Mobile Health Unit <ul style="list-style-type: none"> <li>○ James previously had issues with access when he worked the event</li> </ul> </li> <li>● Vivian will contact Anna or the appropriate staff member to ensure providers are set up properly</li> </ul>
<p><b>Hydration Clinic</b></p>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● A new Hydration Clinic workflow will likely be rolled out within the next few weeks</li> <li>● This program primarily involves post-operative patients from GI or surgical services who have ileostomies <ul style="list-style-type: none"> <li>○ These patients can become dehydrated and may need IV fluids</li> </ul> </li> <li>● Instead of sending these patients to the emergency department, the surgical team asked Express Care to evaluate them</li> <li>● Patients will already have been evaluated by a physician or APP before arriving who determined that the patient is stable and just needs some fluids, but do not want to send them to the ER</li> <li>● Express Care’s role will mainly involve confirming stability and administering fluids</li> <li>● Providers will perform: <ul style="list-style-type: none"> <li>○ a brief history</li> <li>○ a physical exam</li> <li>○ vital signs assessment</li> </ul> </li> </ul>

- The nurse will place the IV line
  - If the nurse has difficulty placing the IV, providers may assist
- The surgical team has created a full protocol for this process
- A contact list will be available so providers can call the surgical team if questions arise
- Supporting this program may allow Rodney to request additional equipment for all Express Care clinics
- Potential equipment requests include:
  - a point-of-care CMP machine
  - a point-of-care CBC machine
  - vein scanners for IV placement
- Some providers have expressed concern that new services might increase patient volume
  - Rodney reviewed the data and found that only 20 patients required this type of hydration service last year, so the program is not expected to significantly impact clinic workload
- Clinics will naturally have both busy and slow days and providers should not overreact to occasional busy shifts
- Accepting small additional responsibilities can help Express Care demonstrate value to the county
  - Supporting programs like the hydration clinic helps show value to the county health system
  - Demonstrating value strengthens contract stability with the county
  - Stable contracts help maintain job security for the Express Care team
- Will the Hydration Clinic be located in a separate building or within MSC?
- The Hydration Clinic will operate within Express Care
- Rodney has requested a reclining chair for patients receiving IV fluids and he is also requesting a designated area or room for hydration treatments
  - A standard exam room cannot be occupied for an hour during IV hydration treatments
- Although MSC may initially handle hydration visits, patients could eventually present to any Express Care clinic
- Chance: How do hydration treatments work at clinics that do not have a RN present?

	<ul style="list-style-type: none"> <li>● If there is no RN available and the provider is not comfortable placing an IV, hydration treatments cannot be performed</li> <li>● The county will need to ensure proper staffing if they want the service implemented <ul style="list-style-type: none"> <li>○ The decision to implement the program involves multiple leaders including Kim, Melissa, and Doris</li> </ul> </li> <li>● If a provider is comfortable placing IV lines, they may do so when needed</li> <li>● Jocelyn: Is there an update about the county email stating nurses could not start IVs or give fluids in Express Care?</li> <li>● The email stated nurses were not allowed to start IVs in Express Care, which conflicts with the county's request for Express Care to support hydration services</li> <li>● Rodney forwarded the email to Kim after receiving it</li> <li>● The message may have originated from Cynthia Webb due to lack of communication</li> <li>● Rodney plans to address the issue directly once he is able to discuss it in person</li> <li>● If nurses are told they cannot start IVs, providers should notify Rodney immediately so he can address it <ul style="list-style-type: none"> <li>○ Nurses should not yet be aware of this email</li> </ul> </li> </ul>
<p><b>Radiology Binder</b></p>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● The radiology binder must be completed consistently and they can easily tell when the binder has not been completed</li> <li>● If someone notices the binder was not done, they are expected to report it</li> <li>● Completing the binder is a shared responsibility, not the responsibility of one person</li> <li>● Rodney has personally reviewed the binder in Banning and found it incomplete, particularly on weekends</li> <li>● Staff are responsible for holding each other accountable if the binder is not completed</li> <li>● If the task continues to be missed, progressive discipline will occur: <ul style="list-style-type: none"> <li>○ verbal warning</li> <li>○ written warning</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ possible termination if the issue continues</li> <li>● Especially on days with only 5-10 patients, the binder must still be completed</li> <li>● He already knows which individuals have failed to complete it in the past, but this is a reminder to the entire group so that no one feels singled out</li> <li>● Everyone on the team must carry their share of responsibilities</li> </ul>
<p><b>Quality Checks</b></p>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● Matt Keene will be doing quality checks and review three charts per provider each month <ul style="list-style-type: none"> <li>○ Rodney's charts will also be included in the review process</li> </ul> </li> <li>● He will evaluate charts based on specific criteria provided by Rodney and if issues are identified, Matt will escalate them to Dr. Alkotob <ul style="list-style-type: none"> <li>○ They will review the charts together</li> <li>○ If needed, they may develop individual or group training to address improvement areas</li> </ul> </li> <li>● Kurt Harris will do quality checks on the transfer log from Express Care to the emergency department <ul style="list-style-type: none"> <li>○ The review will begin by going back and evaluating since February cases to generate a report</li> <li>○ Want to make sure transfers are appropriate</li> </ul> </li> <li>● Before transferring a patient to the emergency department, providers must consult with the supervising physician first <ul style="list-style-type: none"> <li>○ Both providers should agree that the patient needs to be transferred</li> </ul> </li> <li>● After the decision is made, the ED should be contacted to notify them of the incoming patient <ul style="list-style-type: none"> <li>○ The chart must document the consultation with the supervising physician</li> </ul> </li> <li>● The review process helps ensure transfers are appropriate and well documented <ul style="list-style-type: none"> <li>○ It also allows leadership to respond to concerns from the hospital about Express Care transfers</li> </ul> </li> <li>● Providers should not hesitate to transfer patients when clinically appropriate</li> <li>● Many of these decisions have directly prevented serious outcomes for patients</li> </ul>

	<ul style="list-style-type: none"> <li>● The goal is not to discourage transfers but to ensure the correct workflow and documentation are followed</li> <li>● Some cases may be manageable in Express Care depending on presentation and resources</li> <li>● Rebecca: When a patient is seen at MSC and needs imaging after hours, if they go to the emergency room for imaging, is that considered a transfer from the provider?</li> <li>● If the patient chooses to go to the emergency department on their own for immediate imaging, it is not considered an Express Care transfer <ul style="list-style-type: none"> <li>○ In this situation, the visit is considered the patient's decision</li> </ul> </li> <li>● Providers should still provide appropriate initial care when imaging is unavailable <ul style="list-style-type: none"> <li>○ Limb injuries should be splinted when appropriate</li> <li>○ Lower extremity injuries should be made non-weight bearing with crutches</li> </ul> </li> <li>● If the injury is acute and imaging would change management immediately, providers should send the patient to the ED rather than ordering delayed outpatient imaging <ul style="list-style-type: none"> <li>○ Delayed outpatient imaging should not be used in situations where urgent treatment decisions are needed</li> </ul> </li> <li>● If providers are unsure about how to manage a situation, they should consult the supervising physician</li> <li>● Supervising physicians may sometimes think from the perspective of being in the emergency department and they may assume immediate lab or imaging results are available <ul style="list-style-type: none"> <li>○ Providers should clarify when certain tests cannot be obtained quickly</li> </ul> </li> <li>● Providers should ask whether delayed results are acceptable for the clinical situation</li> <li>● If providers still feel uncomfortable with the plan, they can call Rodney for guidance and he can help clarify the best approach or support sending the patient to the ED</li> </ul>
<b>ED Transfers</b>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● Is the same approach for ED transfers acceptable at clinics outside of MSC?</li> <li>● The workflow should be the same for all clinics</li> </ul>

	<ul style="list-style-type: none"> <li>● If a provider plans to send a patient to any emergency department, they must first consult with the supervising physician and document that in the chart</li> <li>● Documenting the consultation protects the provider if questions arise later <ul style="list-style-type: none"> <li>○ Rodney can review the chart and confirm the provider discussed the case with the supervising physician</li> <li>○ This allows him to defend the provider’s decision if the receiving emergency department raises concerns</li> </ul> </li> <li>● Most of the emergency departments receiving patients are also Vituity sites</li> <li>● Rodney often reminds ED staff that they are receiving a patient who has already been triaged and packaged for further evaluation</li> <li>● Rodney will defend providers to a fault, and take the bullet and get in trouble for them</li> <li>● But, he needs to make sure he can go back have the defensible chart to support it</li> <li>● Everyone makes mistakes in clinical practice, but providers should use their resources and do what is best for the patient every time</li> </ul>
<p><b>Volume</b></p>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● Rodney’s goal is to have two providers per day at each clinic location <ul style="list-style-type: none"> <li>○ To do that, numbers have to go up</li> </ul> </li> <li>● Clinic volume numbers for 2/26/26 <ul style="list-style-type: none"> <li>○ Corona saw 30 patients</li> <li>○ Lake Elsinore saw 28 patients</li> <li>○ MSC saw 90 patients</li> <li>○ Moreno Valley saw 21 patients</li> <li>○ Neighborhood saw 34 patients</li> <li>○ Palm Springs saw 18 patients</li> <li>○ Banning saw 12 patients</li> </ul> </li> <li>● Banning has started to show slight increases in volume</li> </ul>

	<ul style="list-style-type: none"> <li>● Express Care can help increase patient numbers by being visible in the community and supporting county marketing efforts</li> <li>● When patient volume is low, providers should stay productive rather than leaving early <ul style="list-style-type: none"> <li>○ Providers can do inventory checks using the approved inventory list</li> </ul> </li> <li>● Carts and other equipment should be checked and organized</li> <li>● If two providers are on shift, providers should assist each other as needed</li> <li>● If patient volume increases, providers should step in to help see patients <ul style="list-style-type: none"> <li>○ Common sense should guide decisions about when to help with patient care</li> </ul> </li> </ul> <p>Rodney</p> <ul style="list-style-type: none"> <li>● Two new providers are expected to join the team: Kristen and Kim</li> <li>● Kristen is a new graduate provider</li> <li>● Kim is coming from the ED and brings prior ED experience</li> <li>● They should be cleared to start soon</li> <li>● Rodney's goal is to expand the Express Care team to approximately 35 providers by the end of the year</li> <li>● Reaching that number would allow: <ul style="list-style-type: none"> <li>○ double provider coverage at each clinic site</li> <li>○ staffing for the Mobile Health Unit</li> </ul> </li> <li>● If a primary care contract is added, the team size may expand beyond that <ul style="list-style-type: none"> <li>○ Providers should refer strong candidates for primary care positions</li> <li>○ He prefers hiring people the team already knows and trusts</li> </ul> </li> </ul>
<b>Timecards</b>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● Full-time providers must work an average of 130 hours per month</li> <li>● If shifts are traded or given away and the average drops below this threshold, Vituity may change the provider's employment status to part-time</li> <li>● The 130-hour requirement is averaged over a quarter</li> </ul>

	<ul style="list-style-type: none"> <li>○ A single month below 130 hours is acceptable as long as the quarterly average remains above the threshold</li> <li>○ The 130-hour average is required to maintain benefits</li> <li>● Rebecca: Can PTO count toward the required 130 hours per month for full-time status?</li> <li>● PTO can count toward the 130-hour monthly requirement <ul style="list-style-type: none"> <li>○ Any work performed through Vituity can count toward the total hours</li> <li>○ This includes work at other sites such as the jails</li> <li>○ Administrative hours also count toward the total</li> </ul> </li> <li>● The key requirement is that total Vituity hours average 130 hours per month over the quarter</li> <li>● Providers should clock in and clock out using ADP</li> <li>● Most providers are already doing this consistently and some will occasionally miss a clock-in or clock-out, which is acceptable</li> <li>● Providers do not need to send Rodney a message if they miss a clock entry</li> <li>● Providers must ensure their shift is associated with the correct clinic location in ADP <ul style="list-style-type: none"> <li>○ This is important because invoices to the county are based on where hours were worked</li> <li>○ The county reviews the location data when evaluating staffing and billing</li> </ul> </li> </ul>
<b>General Comments</b>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● Rodney does not introduce sudden operational changes without warning and most updates are discussed in meetings in advance</li> <li>● Rodney still works clinically with the team and understands the workflow challenges <ul style="list-style-type: none"> <li>○ He uses that experience to advocate for the team with leadership</li> </ul> </li> <li>● Hospital discharge patients can be complex and time-consuming</li> <li>● Express Care often receives these patients because other parts of the system were unable to address their needs</li> <li>● Express Care can reach approximately 75,000 patient visits with proper marketing and staffing</li> </ul>

Meeting called to order: 8:00a; Meeting adjourned 8:57a