

Date: November 20, 2024

Attendees: Rodney Koenig, Michael Mesisca, Vivian Acevedo, Tiffany Mendoza, Veronique Au, Cheryl Chow, Sheranda McGee, Brenda Villarreal, Himelda Churchill, Jocelyn Le, Katie Alexander, Krista StOnge, Kurt Harris, Lawrence Gates, Magen Costilla, Matthew Keane, Rebecca Rimka, Rosilyn Kattiyaman, Saify Talib, Bushra Hasan, Frank Nguyen, Karla Montes, Lauren Campos

Location: Ring Central

<i>Topic</i>	<i>Discussion</i>
Central	<p>Veronique</p> <ul style="list-style-type: none">● Benefits through open enrollment closes next Tuesday. If you participate in FHA or FSA plans, you need to renew it every year.<ul style="list-style-type: none">○ This can be done on your phone.○ If you want to opt out of benefits, you have to go in each year and ensure that you are not auto enrolled into the basic package. <p>Mesisca</p> <ul style="list-style-type: none">● Vituity Express Care providers did well overall with health systems.● Veronique: Unsure how we did overall on ON as she has not received the numbers.<ul style="list-style-type: none">○ Outpatient medicine landed on 65-67% - not the best rollout as providers only had a week to do it as opposed to two.● As Vituity has grown to become the largest democratic group in the country, Vituity uses all of the data and information to do internal comparisons with other large systems and groups.<ul style="list-style-type: none">○ One of the quality measures is how many of your employees you can get to do your survey. If you can not get them to do an anonymous survey, it is a poor reflection of the engagement that the team has.● Thank you as all of you took the time to do it.● At any given time people can be struggling or have concerns about the sites while everyone else is happy. If only that person does the survey, it can skew the data. <p>Veronique</p>

	<ul style="list-style-type: none"> ● Vituity has developed its internal process where there are leadership tracks within the organization. ● Recently another private equity backed group went bankrupt in the Bay Area. They did not pay providers for 2-3 months and gave them short notice. <ul style="list-style-type: none"> ○ Vituity will not let this happen as they are self funded and self sufficient. Vituity operates with an independent model.
Lake Elsinore	<p>Katie</p> <ul style="list-style-type: none"> ● New primary doctor starts this Friday. She has been onboarding since 11/14/24. <ul style="list-style-type: none"> ○ She is very excited to join primary care and has her schedule open and available to be booked. ● In order to address care gaps, pediatric patients who are missing a BMI on file are being scheduled (around 1-2 at a time) to come in for BMI and nutrition counseling. <ul style="list-style-type: none"> ○ This visit has made some parents confused. Make sure to reiterate this does not replace a well child visit. ○ If scheduled, keep MRN to track visits as there are no shows. ○ During the visit, document it as a child physical exam and NOT a well child exam. ● Bushra is doing amazing on the radiology binder. <p>Rodney</p> <ul style="list-style-type: none"> ● Leslie the clinic manager has reached out to ensure the ACC staff is not turning patients away. ● Let Rodney know if there are any other problems as the team is being proactive.
Corona	<p>Vivian</p> <ul style="list-style-type: none"> ● Desiree has left Corona clinic. Jaime the LVN has provided assistance which has created a smooth transition as she has prior experience and knowledge with how Express Care works. ● Volume has been good overall. ● Maria is in charge of supplies. Let her know if there is any need.
MSC	<p>Tiffany</p> <ul style="list-style-type: none"> ● The clinic is having a Thanksgiving celebration today. There will be a Christmas celebration with the nursing staff on 12/18/24. ● There are two separate bins when patients are being sent to the ER.

- One if the patient can take themselves and walk over on their own and the other if when they need assistance.
- Nursing staff had some changes on where they take patients within the ER, but on the provider's end nothing has changed.
- There are some general staffing issues. Do not put too much pressure on the nurses when this happens.
 - When there are problems with adequate staffing, message Rodney so that he is aware of it in real time.

Tiffany

- All the providers will begin sharing their inbasket amongst their groups. Each group is around 5 providers per group with a site lead assigned to each group.
- Providers will go into their inbasket and screen everyone in their group for anything critical.
 - This provides accountability for everyone in the group and the hope is that by the end of each week they are screened.
- On the weekends, the pool from the assigned groups is what can be used to schedule any visits at the slower clinics.
 - Jocelyn has been asking the slower clinics to schedule and add a patient that needs a visit.

Kurt

- Are these the official groups?
 - Tiffany: This will be the permanent group while the trial is run. Will see how the groups work and base it off of that.
- If there is a provider that consistently has their inbasket full, what do we do?
 - Tiffany: If you consistently notice that someone specifically always has their inbasket fill, vocalize that to the leads.
 - Rodney: These groups reduce the risk for everybody.

Tiffany

- Peer review emails have been sent out. If a provider needs an extra person, ask Tiffany.

Rodney

- Has noticed that patients will not be seen until around 9:20am. Nursing staff have been made aware of the expectation that the patient's need to be roomed and ready so that they can start seeing them right away. In order for this to work, providers cannot be late.

	<ul style="list-style-type: none"> ○ Patient's cannot be roomed if there is not a provider present. ● There are some concerns regarding the nursing team that will be discussed with Daryl. ● If you notice there is not a collaborative team, let Rodney know. <p>Lawrence</p> <ul style="list-style-type: none"> ● He has noticed there are sometimes empty rooms, can those be used? <ul style="list-style-type: none"> ○ Rodney: Nursing team has all the provider's schedules and is aware of when certain rooms cannot be used. ○ The expectation is that as long as there are patients, there is no empty room. <ul style="list-style-type: none"> ■ Priority will be making sure patients are in a room.
Riverside	<p>Jocelyn</p> <ul style="list-style-type: none"> ● Staffing situation remains the same. ● On Mondays and Tuesdays they pull from primary. This can be difficult as they are not always up to speed on how Express Care runs. ● When a patient leaves, she has been changing the dot orange. ● Sometimes the nursing leads print results and place them on the provider's desk. Look at them and call patients if anything is positive. ● Review any IEHP discharge packets that are placed on the desk. These are provided to be able to review for scheduled patients. <p>Rodney</p> <ul style="list-style-type: none"> ● Has spoken to Riverside clinic regarding nursing staff and it is being addressed real time. They are actively hiring to find a new LVN. ● The expectation is that there are always 3 nurses. When a nurse needs to take their lunch, the clinic will float someone and if the clinic is extremely busy, they will float another nurse so that there are 4.
Palm Springs	<p>Matt</p> <ul style="list-style-type: none"> ● Everything is going well. Clinic is fully staffed with ACCs, MAs, and providers. ● Volume has been good the last couple of weeks - above 30 everyday last week, 21 this past Saturday and 9 on Sunday. ● Clinic has been helping primary care with pap smears. <ul style="list-style-type: none"> ○ The clinic has had 16 pap smears scheduled for November over the weekends. <p>Rodney</p>

	<ul style="list-style-type: none"> ● Has the new room and POC room been put together? No <p>Saify</p> <ul style="list-style-type: none"> ● Is there any standing protocol for nursing staff to do POC tests immediately on certain visits? <ul style="list-style-type: none"> ○ Matt: RUHS dictates nursing staff protocols. Providers can have open communication with the team if they have certain preferences and asks. ● Had an instance where a splint was not actually placed when the patient was discharged. <ul style="list-style-type: none"> ○ Rosilyn: Has noticed staff are not familiar with splinting. When this happens, she will show them how to do so. ○ Matt: Make sure patients who receive any splinting or crutches are seen by the provider prior to discharge to ensure proper reassessment of placement.
Moreno Valley	<p>Rodney</p> <ul style="list-style-type: none"> ● Construction is not done. It is a work in progress and the second sink is being added to a room. ● There should be 4 rooms in the end for Express Care to use ● Nurses all want to be together in an area. ● Rodney is working alongside James to figure out the logistics and workflow of the clinic. <p>Lawrence</p> <ul style="list-style-type: none"> ● Wants to ensure providers will have a sink outside of patient care rooms to be able to wash hands after patient encounters.
Emergency Department	<p>Rodney</p> <ul style="list-style-type: none"> ● ER shifts have been going well. <ul style="list-style-type: none"> ○ Recent shifts with Krista and Magen went really well! ● Yesterday the attending was ecstatic to find out that the Express Care providers were in the ED. ● Feel free to give any feedback to Rodney or Mesisca to ensure that it is a good experience for everyone. <p>Sheranda</p> <ul style="list-style-type: none"> ● While everyone is getting their credentialing done, make sure providers are regularly checking their emails and following up as it is the only form of communication being used. <ul style="list-style-type: none"> ○ Emails are being sent to vitiuity emails as well as those attached to their file

	<p>(personal)</p> <ul style="list-style-type: none"> ● Communicate on a daily basis with medical staff. ● Reach out if there are any problems with receiving emails or communication.
<p>Physician Consults</p>	<p>Vivian</p> <ul style="list-style-type: none"> ● There are new guidelines for when to consult the on-call physicians. <ul style="list-style-type: none"> ○ Made guidelines of when to consult. ○ Any newborn less than 30 days. ○ Any infant less than 3 months if the provider has less than 5 years in the ED. ○ If a patient continues to have multiple returns and there is no improvement. ○ When sending a patient to the ED or if the provider is unsure when a patient should be sent. ○ If a patient is not being cooperative and an AMA needs to be signed to see how you can provide help outside of the ED. ○ If there is a specialty that needs consulting. ○ Anything you feel you do not know and need a second opinion on. ● If you do consult, go into cosign in the upper corner of the patient’s note and add them so that it sends the note to them. <p>Mesisca</p> <ul style="list-style-type: none"> ● If there is ever anything that needs to be added or modified, let the physicians know. ● Consulting is risk management for everyone. Even when everything is done perfectly, it is a high risk demographic so it is best to consult. <ul style="list-style-type: none"> ○ Although it is not required by CA law, it is a reassurance for everyone. ○ If you go to court, they will ask if you consulted your physician. ● On the non medical aspect, it can take long to navigate the complexities of the healthcare system when assisting a patient. <ul style="list-style-type: none"> ○ The physicians can often fix certain problems based off of relationship. ● More often than not, the Express Care providers have already fixed the situation at hand, but it is good to have that agreement from the physician. <p>Rodney</p> <ul style="list-style-type: none"> ● Word regarding the Express Care clinics is out and it is positive. <ul style="list-style-type: none"> ○ Yesterday a patient came into the ED from an urgent care. The patient was given a toradol shot without having a pregnancy test done. They said “it must have been a

	<p style="text-align: center;">different urgent care” because they know Express Care would have done it.</p> <p>Mesisca</p> <ul style="list-style-type: none"> ● Over 60,000 patients are seen and some will be happy and lead to conflicts. These moments of conflicts can stick out in our minds. ● Overall it is helpful consulting with the physicians. ● They like the levels of charting involved with Express Care. <ul style="list-style-type: none"> ○ Even the physicians can be unhappy with a decision later on and being able to reflect and go back to the chart is helpful.
<p>Radiology Binder</p>	<p>Vivian</p> <ul style="list-style-type: none"> ● The scribes have an account and password for Radnet to be able to check Radiology binder. ● Karla has been training the scribes to start checking the binders. ● Normal results are given to the providers to sign and scan. ● Abnormal results are given directly to providers so the patient can be reached. ● Purpose of the binder is to ensure that no one is missed. <p>Tiffany</p> <ul style="list-style-type: none"> ● Every binder has a calendar on the first page. Every day the provider checks the binder, write your initials for that day. <p>Rodney</p> <ul style="list-style-type: none"> ● Under treatment, write what you did for the patient <ul style="list-style-type: none"> ○ Ex. If someone comes in that you suspect has a LE fracture and the scans come back with a fracture but nothing was done, the assumption will be you let them walk like that. ● Karla: If nothing was done, put none or n/a so that we do not have to go back and check each patient that is missing a treatment. <p>Matt</p> <ul style="list-style-type: none"> ● Where do scans go for each clinic? ● Vivian: In Corona there is a basket at the counter. ● Bushra: Usually nursing staff know where it needs to be placed. <p>Rodney</p> <ul style="list-style-type: none"> ● MSC has a different workload. Attempting to figure out what the best time would be for the scribes to check the binders. ● Do scribes have time at 10am to go over scribes?

	<ul style="list-style-type: none"> ○ Karla: It is difficult as the clinic is busy right away. ● Option 1: Have scribes come in 30 minutes earlier. This is an additional cost. ● Option 2: Scribes can start reviewing it at 11am when there are 3 providers. <ul style="list-style-type: none"> ○ Karla: This can work as long as the providers know that scribes are working on the binder and cannot be pulled. <p>Rodney</p> <ul style="list-style-type: none"> ● When an XR is ordered it automatically defaults to a year. How does a 2 week expiration sound? This should be realistic for acute injuries. <ul style="list-style-type: none"> ○ Kurt: A lot of our patients do not go and get imaging done immediately. ● Can attempt to do 2 weeks and if there are a lot of complaints, it can be changed. ● Lawrence: Noticed that a patient from the day prior had his imaging scheduled 2 weeks out. Would this be affected and would the order still go through? ● Mesisca: Some studies cannot be scheduled that quickly. <ul style="list-style-type: none"> ○ These options will all be tabled and will have a further discussion on the options for radiology. <p>Rodney</p> <ul style="list-style-type: none"> ● These can be placed stat. <ul style="list-style-type: none"> ○ Jocelyn: Has encountered several issues when attempting to do it stat. Can do it ASAP which bypasses these issues. ○ Vivian: When it is ordered stat, the clinic nursing staff have to also go into each order and sometimes they get busy and forget. Ordering it ASAP will have it automatically placed.
<p>General Updates</p>	<p>Rodney</p> <ul style="list-style-type: none"> ● Annual Christmas Celebration will be Thursday, December 5th at Riverside Mission Inn. <p>Mesisca</p> <ul style="list-style-type: none"> ● Event will be joint with Emergency Department staffing. ● It will be a nice event and encourages everyone to come. <p>Matt</p> <ul style="list-style-type: none"> ● Another education session will take place in December on pain management.

Meeting called to order: 8:00a; Meeting adjourned 9:04a