

**Date: February 19, 2025**

**Attendees: Michael Mesisca, Rodney Koenig, Katie Alexander, Matthew Keane, Magen Costilla, Rebecca Rimka, Christine Paley, Jocelyn Le, Brenda Villareal, Karla Montes, Kimberly Ortega, Frank Nguyen, Cheryl Chow, Tiffany Mendonza, Vivian Acevedo, James Bailey, Kimberly Sales**

**Location: Ring Central**

<b><i>Topic</i></b>	<b><i>Discussion</i></b>
<b>Central</b>	<p>Mesisca:</p> <ul style="list-style-type: none"><li>● Providers are doing well at consulting attendings with complex high, acuity cases.<ul style="list-style-type: none"><li>○ If the case requires immediate response, feel free to call. Text for cases that could wait for a response within the hour. Email for those that could wait 24-48 hours.</li></ul></li><li>● The Spring Symposium in Irvine is on May 6 - 8.<ul style="list-style-type: none"><li>○ The 7th is the day that everyone can attend.</li><li>○ Make sure the May schedule allows providers to attend. If providers are not working, they should be at the symposium.</li></ul></li><li>● The partnership meeting in Florida will be in the Fall, let us aim for a 1/3 of providers to attend.</li><li>● The ED side is launching a campaign to improve patient and provider experience.<ul style="list-style-type: none"><li>○ The goal is to thank the patient for coming in. Expressing gratitude can positively impact the environment of the interaction and the relationship between provider and patient. It is also important to thank other providers and staff.</li><li>○ Rodney: Expressing gratitude to staff, particularly in the beginning, is important to set the tone for the rest of the shift.</li><li>○ Matt: always implements gratitude in his closing interaction with patients.</li></ul></li></ul>

	<ul style="list-style-type: none"> <li>○ Mesisca: Try to ask patients if there are any other questions at the beginning of that interaction. Share your observations on that experience in the future.</li> <li>● Concerns about increased ICE activity. <ul style="list-style-type: none"> <li>○ It is not an unusual occurrence, there might just be more awareness about it.</li> <li>○ The new law has lifted restrictions on ICE to enter hospitals if they have a warrant.</li> <li>○ Reach out to Rodney and Mesisca (text or call, not GroupMe) if they are on campus so they can reach out to compliance and legal. Try not to get involved in the situation, legal and compliance should navigate it.</li> <li>○ The hospital saw a record low in ambulance transports during the first 3 days of the Trump administration. <ul style="list-style-type: none"> <li>■ Possible that people are not seeking care because of concerns.</li> </ul> </li> <li>○ Still unsure about whether ICE was on campus or not.</li> </ul> </li> </ul>
<p><b>Care Gaps</b></p>	<p>Katie:</p> <ul style="list-style-type: none"> <li>● Express Care is partnered with the Community Health Centers and is meant to bridge patients to primary care.</li> <li>● We are being asked to start addressing preventive care gaps and BPAs, which we already started sprinkling in through the BMI and PHQs in the Summer. These expectations are in place because the CHCs are FQHCs (Federally Qualified Health Clinics). <ul style="list-style-type: none"> <li>■ FQHCs are federally funded. Funds contribute to clinic operations and benefits, such as applying for and receiving tuition assistance.</li> <li>○ They are asking us to help with the care gaps so that we can help maintain the numbers to continue seeing patients, empaneling patients, and providing care for patients in the Express care setting. <ul style="list-style-type: none"> <li>■ These are metrics that federal and state bodies use. The funding and benefits we receive are contingent on meeting these expectations.</li> </ul> </li> </ul> </li> </ul> <p>Matt:</p> <ul style="list-style-type: none"> <li>● CHC receives federal grants to exist and the county asks for deliverables in return.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Addressing care gaps (mammograms, colonoscopies, etc.) for patients assigned to RUHS is where this comes into play.</li> <li>● Express Care was created to be a continuous line of primary care services in addition to treating acute illness.</li> <li>● Katie and Matt will create online training and will be going to clinics to ensure providers know how to incorporate the care gaps into their plans.</li> </ul> <p>Rebecca:</p> <ul style="list-style-type: none"> <li>● A concern is that some primary care providers will not review labs because they were ordered through Express Care. How far do Express Care providers continue to manage patients if the PCP is not able to? <ul style="list-style-type: none"> <li>○ Matt: The expectation is that everyone in the system is doing the care gaps for every patient every time. Managing the results includes filtering in-baskets so that we can catch abnormal and positive results that need to be acted on ASAP. Otherwise, results are sent to PCP for review at the patient's follow-up appointment.</li> <li>○ Rodney: The care gap approach is meant to have a long-term, downstream effect to help everyone in the entire clinic do their job. The primary side is aware that Express Care is ordering these and forwarding results to them. The physicians in charge (PIC) understand this roll out, as well. If you send results to primary and they send them back to you for a non-emergent reason, let Rodney know.</li> </ul> </li> <li>● Is there a way to work with primary care to get set appointments to do a rapid Express Care follow-up (ex: stable patients who require more timely care)? <ul style="list-style-type: none"> <li>○ Rodney: Express Care can schedule patients sooner. If the nursing staff is unable to do so, message Rodney with MRN.</li> </ul> </li> </ul> <p>Matt:</p> <ul style="list-style-type: none"> <li>● Let the team know if you have any questions on how to manage more of the primary care side of things. Many people on the team have primary care experience, so they can help bridge gaps in knowledge on those specific topics.</li> </ul>
<b>New Hire</b>	Rodney

	<ul style="list-style-type: none"> <li>● Kimberly Sales is the new NP who will be working at Express Care.</li> <li>● New hires will be training at both Express Care and at ED 2.</li> </ul>
<b>Loan Forgiveness</b>	<p>Vivian</p> <ul style="list-style-type: none"> <li>● The student loan forgiveness application will be open from March until May 9.</li> <li>● Up to \$75,000 forgiven for 2 years of full-time commitment (15 shifts a month).</li> <li>● Up to \$37,000 forgiven for 2 years of part-time commitment (2 shifts a week).</li> <li>● The application will be forwarded to providers. If you qualify, you need to complete verifications every 6 months.</li> </ul>
<b>Corona</b>	<p>Vivian</p> <ul style="list-style-type: none"> <li>● Disha will be the new MA starting in March.</li> </ul>
<b>Lake Elsinore</b>	<p>Katie</p> <ul style="list-style-type: none"> <li>● We started having scribes Monday - Wednesday.</li> <li>● ACC is back, but we may be losing LVN.</li> <li>● PCP is not leaving, her schedule is just weird. Two more PCPs will be coming this Summer.</li> </ul>
<b>Palm Springs</b>	<p>Matt</p> <ul style="list-style-type: none"> <li>● No issues or updates.</li> </ul>
<b>Riverside Neighborhood</b>	<p>Jocelyn</p> <ul style="list-style-type: none"> <li>● We have had a new RN who shows up every weekday for two weeks now. She has 10 years of experience at Planned Parenthood and is eager to learn.</li> <li>● Surge shift every weekday is going well so far.</li> <li>● The upcoming group social event will be on Memorial Day. RSVP will be out soon.</li> </ul>
<b>MSC</b>	<p>Tiffany</p> <ul style="list-style-type: none"> <li>● Spotfire testing is up and running. We should have plenty of swabs, so there should be no constraints on who gets tested.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Nurses should be swabbing at the beginning of the visit. If not, write in the nursing box and verbally notify staff you want testing done before putting the paperwork in the processing bin.</li> <li>○ Make sure staff are also filling out their section on the intake form if they did swab the patient.</li> <li>○ If nursing students make any mistakes on the intake form, notify the RN.</li> <li>○ Rodney: utilize the new intake form appropriately. Also, make sure to document in Epic because the forms get shredded.</li> <li>● We will be losing two LVNs because they started working as RNs. Try to be patient with staff as rooming might take longer because of this.</li> <li>● There is a fridge in the provider area for us to use. There are also strings with clips hanging for us to photos to decorate.</li> <li>● The radiology binder has been looking good.</li> <li>● Will be printing out the names of the doctors to have on hand at each site. <ul style="list-style-type: none"> <li>○ A new IM doctor has been working at MSC since December.</li> </ul> </li> </ul> <p>Mesisca:</p> <ul style="list-style-type: none"> <li>● No updates on security or parking. <ul style="list-style-type: none"> <li>○ Rodney: will bring up the issue with Melissa.</li> </ul> </li> <li>● The tentative idea is being given access to park in the provider parking lot from 5-9 pm.</li> </ul>
MVC	<p>Rodney</p> <ul style="list-style-type: none"> <li>● Construction is almost completed. <ul style="list-style-type: none"> <li>○ There is a dirty utility area where they are installing a sink.</li> <li>○ There is a new provider area where the lab used to be, but we will also retain the other provider room for those who prefer it. <ul style="list-style-type: none"> <li>■ We will work on the workflow of getting the charts back and forth if people choose to stay in that area.</li> </ul> </li> </ul> </li> <li>● The drama between nursing staff is improving. Avoid engaging with this.</li> </ul>

	<ul style="list-style-type: none"> <li>● Site leads should try to find out the anniversary of the opening of the sites to celebrate with staff.</li> </ul>
<b>ADP</b>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● It is important to clock in and clock out. It is okay to clock in 15 minutes before the start and 15 minutes after the end of the shift. Try to complete your in-basket in that time. <ul style="list-style-type: none"> <li>○ In-baskets are doing well, but could be improved. The shared in-basket system is also doing well, but you should still do individual in-basket during the week.</li> </ul> </li> </ul>
<b>Surge Shift</b>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● Pay attention to the board to see which clinic requires assistance. Reach out to Rodney and communicate with the team if you need to switch clinics.</li> <li>● If none of the clinics are too busy, you can work on in-baskets.</li> <li>● It is okay to leave early if clinics are not busy and you have no work left to do. It shows the county that we are cognizant of the business. <ul style="list-style-type: none"> <li>○ Vivian: let Vivian know which clinics are on your way home to schedule the surge shifts.</li> </ul> </li> </ul>
<b>Scribe</b>	<p>Karla</p> <ul style="list-style-type: none"> <li>● Having difficulty getting badge access to MVC and Lake Elsinore clinics. <ul style="list-style-type: none"> <li>○ Rodney: will try to get Chris involved if clinic managers do not respond.</li> </ul> </li> </ul>

Meeting called to order: 8:01a; Meeting adjourned 9:01a