

Date: September 18, 2024

Attendees: Rodney Koenig, Michael Mesisca, Vivian Acevado, Tiffany Mendoza, Sheranda McGee, Cheryl Chow, Magen Costilla, Rosilyn Kattiyaman, Rebecca Rimka, Brenda Ivana Villareal, Matthew Keane, Katie Alexander, Kurt Harris, Krista St. Onge, Lawrence Gates, Jocelyn Le, Bushra Hasan, Frank Nguyen, Cameron Learman, Karla Montes, Lauren Campos

Location: Ring Central

Topic	Discussion
Announcements/Reminders	<p>Vivian</p> <ul style="list-style-type: none">● Schedule for November and December has not been posted as she is waiting for Himelda to have Shiftadmin access and to be able to add ED shifts. Should be done by the end of this week or latest next week. If you want the schedule right now, a picture can be sent.● Will begin working on January's schedule soon <p>Rodney</p> <ul style="list-style-type: none">● Timecards should be reviewed and signed by Saturday nights biweekly so that Rodney can check it Sunday morning.● Make sure to input this meeting into timecards.● Make sure you are attesting that shifts and times are correct.● If shifts are not correctly showing up on ShiftAdmin, submit a ticket.● Reminder: CME money (\$1500) must be used before December <p>Frank</p> <ul style="list-style-type: none">● Tentative dates for Christmas party?● Tiffany: Combining ER and XC christmas party at Mission Inn but unsure of the dates● Rodney: Have an opportunity to plan our own outing unrelated to holidays for team building
Corona	<p>Vivian</p> <ul style="list-style-type: none">● Andre is back.● Volume has been consistent and busiest days tend to be Mondays with 38-40 patients. The rest of the week is around 25-35 patients.

	<ul style="list-style-type: none"> ● No RN onsite yet. Currently an LVN and MA Sunday - Wednesday with another LVN and MA Wednesday - Saturday. <ul style="list-style-type: none"> ○ Frank: They are currently onboarding someone. ● Maria in charge of ordering supplies for Corona.
Lake Elsinore	<p>Katie</p> <ul style="list-style-type: none"> ● Volume has been low the past few days as Primary has been pulling over patients before 4:30 pm for patients coming in for medication refills and lab reviews. ● Rodney: Is Primary able to pull patients as their schedules have openings from not being filled? <ul style="list-style-type: none"> ○ Staff scrubs patients ahead of time and if Primary has 5-7 reschedules or call offs, it puts them under 20 and they need patients. ● Rodney: Are you seeing patients that have a Primary who cannot get in or are they new patients with acute injuries? <ul style="list-style-type: none"> ○ Last patients the past 2 days were not assigned to a Primary and the nursing staff is assigning them. Appointments as early as this upcoming Monday. ● Patient walk-ins are notoriously low during the weekends. Try to bulk with video visits on weekends. <p>Mesisca</p> <ul style="list-style-type: none"> ● Once we drive more volume to Primary, as they send them back, our volume will be back to where we had it. ● Are leads re-distributing patient load across locations? On-call leads are re-distributing patients. <p>Rodney</p> <ul style="list-style-type: none"> ● Will be picking up advertising cards at NBHD. Will take some down to Lake Elsinore and strategize with Katie about an outreach with the schools and area. ● Signage is almost non-existent leading to a visibility problem. <p>Mesisca</p> <ul style="list-style-type: none"> ● With the fires we can use that opportunity to promote Express Care. ● There is a lot currently going on with the community with civil service and air quality.
Palm Springs	<p>Matt</p> <ul style="list-style-type: none"> ● Providers will be working until the end of this month at Primary and then will return to

	<p>Express Care.</p> <ul style="list-style-type: none"> ● Nursing and MA staff are up and running. ● ACC spot was filled and they will begin working by the end of this month to fill the shortage. ● Scribes for the last month have been fantastic. Currently waiting on 2 laptops to get configured so both the provider and scribe can use them. ● Patient volume from 27-28 patients during the week and 16 patients on the weekends. Mondays are the busiest days with around 34 patients. ● Currently in talks and discussion of moving to a bigger space to have more rooms. ● Supplies at the clinic are good. ● Palm Springs clinic ordered 46 X-Rays out of Express Care and they are looking at ways to bring radiology back. ● Palm Springs still has paper reports printed and put in the in-baskets. On down time please go through and review them even if they are not your patients to ensure we are not missing any acute findings. Helps cover all the other providers and can drive volume on slower days. <p>Mesisca</p> <ul style="list-style-type: none"> ● On 9/23/24 at 10 am Matt, Rodney, and Mesisca will be touring with Melissa ● Working with CHC executive leadership to try and identify more space and growth for the team
Education	<p>Matt</p> <ul style="list-style-type: none"> ● Met with Dr. Alkotob last week and talked about goals for education. He sent him some materials and the next lecture will be on the material discussed. They communicated and will continue to do so regarding issues and Express Care. <p>Rodney</p> <ul style="list-style-type: none"> ● Will coordinate with Dr. Alkotob as the Express Care shifts can be utilized for educational opportunities. <p>Vivian</p> <ul style="list-style-type: none"> ● Lectures will be at 9am and recorded for those working. ● Will coordinate with Karla to upload and store recorded lectures to keep a registry.
MSC	<p>Tiffany</p> <ul style="list-style-type: none"> ● The process for sending patients to the ED is posted up in the Express Care on the wall.

	<ul style="list-style-type: none"> ● When providers see patients and drop stickers in the bin for those going to the ER, we verbally let the nursing staff know if they could go on their own or need to be escorted, but the nurses have asked for the provider to write on the back of the page how they want patients to go to the ER. ● POC have been ordered - unknown expected day. ● There is a new MA Alejandra who is super nice. Welcome her to the team when you meet her. ● We saw 100 patients a week ago! We have previously had 100 patients check in, but never seen. ● Our new hire Himelda has her orientation today. She is a PA who has worked in FQHC setting previously. ● Our PA student Michael Alvarez from KGI had his first shift on Monday. He is smart and nice. He performed a toenail removal and taught how to do an IV by James. <ul style="list-style-type: none"> ○ If anyone has any textbook cases, please allow him to see. ● Will be working alongside KGI for students <p>Rodney</p> <ul style="list-style-type: none"> ● PA Students will not be documenting on EPIC. They will be writing down on a downtime sheet Tiffany created which will have no identifying markers. Will ensure education continues when they leave. ● Good pipeline to create for Express Care and ED. Based on feedback, it can provide an opportunity for a second rotation and eventually a role in the ED that will help replace those who do not want to be doing ED shifts.
MoVal	<p>Rodney</p> <ul style="list-style-type: none"> ● Construction should be done 10/18/24. ● One of the areas will be a workspace for nurses and there will be an opportunity to be in there with them or stay in the current space. ● James is the clinic manager and will continue to work together for space. <ul style="list-style-type: none"> ○ As volume increases, limitations increase. Waiting room area has a limitation. RUHS is aware of it. ○ James will be communicating with Rodney daily on what other rooms are available. We have 4 rooms, but if residents are not using some of the other rooms we may have more.

	<ul style="list-style-type: none"> ● Bili checks are going well and Dr. Leem is appreciative of the help when there is no access. ● Post hospital discharge follow ups are important for hospitals and patients. The goal is to make sure they have their medications and educate them that this is not in lieu of their primary check up. <ul style="list-style-type: none"> ○ Have had to educate MVC nurses on the importance of these follow ups and check ups as they have been resistant. ○ Escalate issues with Rodney real time and so it is dealt with quickly.
Emergency Department Shifts	<p>Vivian</p> <ul style="list-style-type: none"> ● Everyone needs PALS before 10/18/24. ● Reach out to Rodney if you need it done as he has a contact. ● Rodney: Within ADP, ensure you distinguish properly between EM and Express Care as they have a different budget. PALS will be under EM. <p>Rodney</p> <ul style="list-style-type: none"> ● Has walked the facility and discussed with Dr. Mesisca the goals and rules and how to accomplish and follow them. ● Escalate any issues, concerns, or questions to Rodney. ● Rodney, Tiffany, and Vivian will iron out the onboarding process and plan. ● Take advantage of attendings and residents and their knowledge and experience to learn why certain procedures, skills, and medications are ordered. This will transfer to Express Care and other practices. Bring back information to Matt and Dr. Alkotob that can be applied to Express Care so that we can learn and include things onto our onboarding. ● Frank: Is there opportunity for training if we have not had prior experience in ED? <ul style="list-style-type: none"> ○ Onboarding is used as training. Certain providers will be paired together. <p>Mesisca</p> <ul style="list-style-type: none"> ● All shifts are intended to be training shifts on some level. In this setting the attending working with providers is familiar with working with others of all levels of ED experience. ● There is no assumption you will have to know everything on day 1. Attending will expect providers to be asking questions. ● Dr. Mesisca would like everything to be run by attending prior to outside consulting. ● Providers will bring a lot to the table and attendings should provide a warm welcome. Collectively as you get through it, provide feedback as to how it is going. ● There is lots of variability in how people handle the ED.

	<ul style="list-style-type: none"> • There is no dumb question, the more you ask the more you will learn. Sometimes we are timid and think we should know that, but we encourage it. The more engaged you are, the more understanding you get and allows them to move forward more quickly. • Providers will get direct feedback on EKG and XR and enhance knowledge. • Providers do a great job at capturing essence and important information during patient consultations. <p>Sheranda</p> <ul style="list-style-type: none"> • Applications will be going out soon for cross credential for ED. • An email will be sent from Veronica and the MD app. Will need to create an account and password within 24 hours or it will expire. <ul style="list-style-type: none"> ○ Sheranda will send a text reminder. Please do it as soon as possible. • Will need to upload requirements directly into the application. • Rodney: A recruiter will send out a new offer from Vituity about working in the ED. <p>Magen</p> <ul style="list-style-type: none"> • Will working ED shifts affect loan forgiveness? • Rodney: Vivian is aware of everyone's requirements and will ensure they have the proper amount of shifts without adding onto it. • Vivian: 1-2 ED shifts that will not take away from the loan forgiveness program. Shifts will be given to those who are not in the program first.
<p>Riverside Neighborhood Clinic</p>	<p>Rodney</p> <ul style="list-style-type: none"> • We have a new clinic manager at NBHD - Jennifer Glanchri who understands the scheduling system and who we have a good relationship with. • Roxy gets it done and the staff is proactive in finding rooms to get patients in and out. • Looking at expanding space for the clinic as things can be difficult with the limited space. • Feel free to escalate when there is a shortage of nurses. This helps county leadership understand pain points. Rodney regularly shows them the impacts of patients leaving and not providing access. • These problems should not fall on your shoulders. Don't own the problems of the county. Do not feel stressed out. Do not cut corners and do the best. Don't let it wreck your medicine. <p>Mesisca</p> <ul style="list-style-type: none"> • Met with the executive director that oversees clinics this week and she asked Rodney what the staff expectations are. As Express Care grows, they are looking for triggers to add staff

	<p>to match the volume.</p> <ul style="list-style-type: none"> ● As contractors, we have the ability to adapt and be creative as opposed to a government agency. RUHS is a public entity and bureaucracy that has red tape. ● Had their best meeting recently that shows there is progress. May not be on the timeline we want but it is happening. ● Do not reach a point where you are frustrated from lack of system support.
<p>Vaccines</p>	<p>Matt</p> <ul style="list-style-type: none"> ● Did we get feedback as to why we are not providing vaccines to patients not assigned to RUHS? <ul style="list-style-type: none"> ○ Rodney: Mandates from the county stated that if a patient presents for vaccines only and they are not part of RUHS, they need to return to their PCP due to how quickly they were getting through vaccines. There is supposed to be another email that if the patient can be established, vaccines can be administered. ○ Rodney: Have you noticed patients being turned away? ACC is talking to patients regarding this and asking them to fill out paperwork as this is predominantly an IEHP and molina issue. ● Mesisca: If Rodney can summarize, he will take it directly to Melissa. <ul style="list-style-type: none"> ○ Whether they are assigned to us or not, reimbursement is not impacted. Pharmacy likely does not even know there is an issue. ● Vaccines specifically used for these kids are coming from the VFC program where they use the number to track volume.
<p>Express Care Roles</p>	<p>Matt</p> <ul style="list-style-type: none"> ● There has been an increase in scheduled ED follow-ups. Is this something we should expect moving forward? <ul style="list-style-type: none"> ○ Rodney: We will be seeing the ED discharge follow-ups when they are walk-ins but they should not be scheduled. Rodney will talk to Jennifer about this to remind the scheduling center. <p>Bushra</p> <ul style="list-style-type: none"> ● Goal is to fill the gaps with the fall throughs if they need medications or referrals and have them follow up with a PCP. <ul style="list-style-type: none"> ○ Rodney: If there is ever a medication question, consult the supervising physician.

	<ul style="list-style-type: none"> ● Has recently seen an increase in patients who have been sent to Express Care by their Primary when they have multiple concerns. Patient's also being sent for medications despite seeing their Primary the prior week. <ul style="list-style-type: none"> ○ Mesica: Send these patient's MRN directly to Rodney so that they could directly look into it. <p>Magen</p> <ul style="list-style-type: none"> ● Cardiology referrals are circumstantial, ensuring it is only for critical cases. ● Rodney: Send Rodney MRN through secure chat - <u>not email</u> - when Primary is not properly understanding the roles that Express Care has. ● Matt: Will message Sergio to communicate with Indio regarding scheduling patients.
<p>Patient Interactions/Concerns</p>	<p>Rodney</p> <ul style="list-style-type: none"> ● Kristina is a part of the patient quality for RUHS who sends patient concerns from Express Care and Primary. These concerns are across the board and are associated with the providers who saw them. ● The patient's perception of how we see them is everything. Our tone and body language is everything. We need to be over friendly. We get once chance to make a first impression. ● Spend a little time and deescalate patients. Help them help themselves. <ul style="list-style-type: none"> ○ If at MSC, utilize partners and have them de-escalate. ● First presentation will set the meeting especially if ACC or nursing upset the patient. <ul style="list-style-type: none"> ○ If a nurse regularly upsets a patient let Rodney know. ● When there are patient complaints, Rodney will reach out as he will have to give feedback to RUHS regarding concerns. Some concerns are real and if this is a pattern there will have to be consequences.
<p>Banning</p>	<p>Rodney</p> <ul style="list-style-type: none"> ● Clinic may or may not open up until the end of February to mid-March. ● Will just be a mirror of what we are already doing. ● Will allow us to hire more people - Remember that if you refer people and they get hired, you will receive a referral bonus.

Meeting called to order: 8:00a; Meeting adjourned 9:14a