

Date: August 19, 2025

Attendees: Rodney Koenig, Michael Mesisca, Tiffany Mendoza, Vivian Acevedo, Katie Alexander, Christine Paley, Rebecca Rimka, Matthew Keane, Meagan Ponciano, Magen Costilla, Rosilyn Kattiyaman, Kurt Harris, Brenda Villarreal, James Bailey, Kelly Medina, Kimberly Sales, Bushra Hasan, Himelda Churchill, Jocelyn Le, Krista St Onge, Lawrence Gates, Paul Rogers, Jasmine Yuen, Lisa Wongsoqui, Alexis Martinez, Lauren Campos, Karla Montes

Location: Ring Central

<i>Topic</i>	<i>Discussion</i>
Central	<p>Christine Paley</p> <ul style="list-style-type: none">● Partnership is coming up at the end of September● Every year they review “Supervisory Guidelines”, where as a site, each clinic decides what guidelines they want for each advanced provider, in terms of when they should reach out and document that they have had conversations with their supervising physicians.<ul style="list-style-type: none">○ See if any adjustments need to be made.● Each provider should look at their eligibility for the success sharing bonus that comes out in February. Providers should ensure they have enough hours to qualify.<ul style="list-style-type: none">○ The hours can be located on their paychecks on ADP○ Site leads can guide providers on how many hours they need based on how many years they have been at Vituity○ Dr. Mesisca and Rodney do not have control over hours, as they are determined by Vituity Central <p>Mesisca</p> <ul style="list-style-type: none">● Partnership meeting is in Hollywood, Florida● Reminder that providers need to be on good standing for the bonuses. This is earned on the national level.● If you go on the RUEM.org website and click on Express Care, the supervisory guidelines are posted with a list of expected consults<ul style="list-style-type: none">○ Patients less than 30 days

	<ul style="list-style-type: none"> ○ Patients being sent to the ER ○ Patients that are not being cooperative that need to sign an AMA ○ Prior to calling a speciality consultant, consult and engage the supervising attending into the discussion ○ This is updated regularly. Feel free to shoot Rodney or Mesisica a message so that they could revisit it.
<p>Introductions</p>	<p>Christine</p> <ul style="list-style-type: none"> ● A NP who provides updates from Central <p>Jasmine</p> <ul style="list-style-type: none"> ● A PA from Modesto, CA ● She did an ER fellowship with Fred in Fresno, CA, who is a long term Vituity/CEP member. Fred recommended Jasmine to the EC clinics. <p>Lisa</p> <ul style="list-style-type: none"> ● A NP for about 16 years now. She has experience in the ER, urgent care, and primary care.
<p>Palm Springs</p>	<p>Matt</p> <ul style="list-style-type: none"> ● The clinic RN is going to continue to be on baby bonding leave until October ● The new LVN starts next week, they are coming from primary care ● The new MA was hired and will start training shifts next week ● All staff should be 100% by beginning of september ● There is an extra room in the PS clinic now, down by the dental area. There is a WOW/COW inside the room that has a ticket placed to make sure it is functioning. There is also a fridge in there that the nursing staff will try to use to store vaccines. ● All MAs should have access to pull medications from the medication room ● The provider binder contains a list of diagnoses with feedback provided by Dr. Quinones. It contains expectations, work ups, referrals, and management. ● A OBGYN was hired Monday-Friday. When a pregnant patient comes in, let the team know as they have the ability to message the OB team to schedule them. The providers just have to order everything needed. <p>Mesisca</p> <ul style="list-style-type: none"> ● He wants to recognize how efficient Matt has been. He escalated certain issues to Sergio, the clinic manager, and ensured that the MAs gained access to be able to pull vaccines from the

	medication room.
Banning	<p>Matt</p> <ul style="list-style-type: none"> ● Banning clinic is open Monday-Friday. The clinic should open on weekends around the end of September/beginning of October as they hire more providers. ● Staffing: <ul style="list-style-type: none"> ○ There is a LVN and ACC working full time ○ They will have an RN moved over to EC from family as soon as a new replacement RN is hired ○ There is currently an LVN that was hired for the slot, but there have been some performance issues and unsure how that will work out. ○ They will be hiring an MA and ACC so they are fully staffed. ● Supplies are still needed such as the crash cart, a second EKG machine, and a tonopen - keep this in mind for any relevant chief complaints. ● Matt with the PIC. The binder at the provider desk has common conditions and how they are managed at the clinic for reference ● They have been unable to prescribe controlled substances through the red button app; they need to log onto the website to do it <ul style="list-style-type: none"> ○ Tiffany: As of 2 days ago, it should be fixed. Let her know if this is an ongoing issue <p>Mesisca</p> <ul style="list-style-type: none"> ● He has met with Kristin Delgado, the clinic manager ● The volume is 12.6 patients a day, which is fantastic ● Thankful Matt and Tiffany went out to the clinic site several times and ensured opening success. It has been one of the smoothest openings with the clinics. ● Thankful Magen, Kurt, and Krista have been working the clinic shifts and seeing the patients
Lake Elsinore	<p>Lawrence</p> <ul style="list-style-type: none"> ● He has taken a co lead role alongside Katie ● The clinic is 1 LVN short due to a leave. They will be unable to hire until that is finalized ● MAs are fully staffed again. Previously the clinic was sharing a MA with family, but that is no longer necessary. ● The clinic is still dealing with medication shortages, specifically bicillin <ul style="list-style-type: none"> ○ He had a pregnant patient who was able to work with public health to get a dose

	<p>delivered to their house.</p> <ul style="list-style-type: none"> ○ Some providers are sending the patients to other EC clinics that have the medication. ● The clinic has bilingual banners on the street ● Family is anticipating 2 new PCPs by the end of the month. They will be taking back their rooms, which will leave EC back to 3 rooms. ● If anyone has any comments or suggestions for Lawrence, feel free to share. <p>Katie</p> <ul style="list-style-type: none"> ● The clinic will be back to business as usual with family <ul style="list-style-type: none"> ○ May see a scheduled patient come in as they were unable to get in contact with them. If this happens, just see them in the clinic. Do not turn them away. ● Katie will continue helping with video visits Monday, Wednesday, Friday ● EC should still be expecting to see scheduled hospital follow ups and pap smears all week to help with flow
Riverside	<p>Jocelyn</p> <ul style="list-style-type: none"> ● The clinic is in the process of hiring a week day LVN, otherwise it is fully staffed with 2 MAs, 1 LVN, and 1 RN on week days ● Since early start, the clinic is averaging around 50 patients a day ● Vaccines are all stocked and ready for back to school season
Corona	<p>Vivian</p> <ul style="list-style-type: none"> ● The clinic expanded hours this month ● Staffing is doing well. The plan is that there will be <ul style="list-style-type: none"> ○ An LVN, MA, and RN Monday-Friday, 8am to 5pm ○ The other two teams will stay the same Sunday-Wednesday and Wednesday-Saturday ● Rooming is different on some days. There is trouble on Tuesdays as the rooms are shared with Podiatry <ul style="list-style-type: none"> ○ Podiatry should only be using the procedure room and C1 ○ Dr. Roum can take up 3 rooms, but they do not need 3 rooms ○ On these days, let Anabelle the RN know and she can find out if Pod B or D rooms can be used. ○ Express Care should always have at least 5 rooms ● The clinic has a new OB every other Friday. His name is Dr. Chang and EC staff is able to

	<p>make him appointments as well. Providers should just ensure they are ordering the labs and ultrasounds for the patients.</p> <ul style="list-style-type: none"> ● Volume has been in the 40s Monday-Friday ● No new banners have been put up
<p>Moreno Valley</p>	<p>Rodney</p> <ul style="list-style-type: none"> ● The clinic has 4 rooms. Providers should ask in the morning when they start their shifts if other rooms in the pod are available for the day. ● The nursing staff will oftentimes send a message that there is a 2 hour wait already at 11:30am. ● He will meet with the new clinic manager. ● If told there is a delay on shift, text Rodney, as he will let the clinic manager know. The new clinic manager will solve the problem if they are aware. ● The clinic has ideally fixed the ventilation, but if it has not been fixed, Rodney will follow up. <p>Bushra</p> <ul style="list-style-type: none"> ● The initial provider room phone is not working again. <ul style="list-style-type: none"> ○ Rodney will get it fixed
<p>MSC</p>	<p>Tiffany</p> <ul style="list-style-type: none"> ● She would like to hear about any problems, concerns, or inconsistencies ● Staffing is pretty good. They have new MAs and LVNs ● The clinic has been busy with back to school vaccines and sports physicals ● If you notice the clinic is running out of supplies, send a message out to Tiffany or Daryl as they have several stock rooms ● She organized the wound cart with Daryl. The labels on the outside may still need to be fixed, but the inside of the cart should be organized. ● If the clinic is out of vaccines during back to school season, which will last until September, tell the site lead as the RN may have permission to pull from the pharmacy stock ● Throughout the other clinics, they have noticed some people were closing and isolating rooms with positive covid patients. There is no reason the rooms should be closed down, and can just be cleaned like regular. The only exception would be positive TB. Let Vivian, Tiffany, or Rodney know immediately if this occurs.

	<ul style="list-style-type: none"> ○ Jocelyn: What about scabies or bug infestations? It should just be wiped down thoroughly. ● Mariana the clinic manager will be meeting twice a week with staff to streamline between express care and family <ul style="list-style-type: none"> ○ Mariana had a meeting with higher ups and did not receive any feedback - no new is good news ○ Kim was covering for Mariana while she was gone ● If the providers get people with fractures who are going to be seen by our ortho, they can send patients to the second floor during regular weekly clinic hours to get established and make an appointment <ul style="list-style-type: none"> ○ The referral placed remains the same. This just expedites patients getting an appointment in the books ● ECM is for IEHP adults. They work alongside patients who are frequent flyers and often miss appointments or lack transportation. Refer any patients that are falling through the cracks <p>Rodney</p> <ul style="list-style-type: none"> ● Met with Mariana and she is very engaged. Bring up any clinic concerns to Tiffany so that she can take them to Mariana as needed. ● He is making sure the clinic has a cast splitter and cast saw. If a patient has a fracture, make sure to splint them. It is vital that fractures are stabilized by a splint, even if they are going straight to ortho to be evaluated. Make sure to check on splints after they are placed by nursing staff.
General Comments	<p>Katie</p> <ul style="list-style-type: none"> ● She is going through the provider's inbaskets, but providers are still expected to go through their own <ul style="list-style-type: none"> ○ New providers may not see her name in their inbaskets, so that they could get used to it on their own ● Updates on InBasket and BPAs <ul style="list-style-type: none"> ○ The sureswab should be ordered as a "sureswab, advanced vaginitis plus" as it screens for the two types of yeast, BV, trichomonas, gonorrhea, and chlamydia ○ Urine cultures should be ordered as just "urine cultures" when they are already being called a UTI. They should not be ordering a urine culture reflex

- There was a dip when tracking the best practice advisories from June to July. It is vital that providers are going through and reviewing the BMI, substance abuse, and depression screening for all patients on the PLAN tab on EPIC
 - If a patient's BMI is high, you discuss if they want to see a nutritionist and order/do not order based on response. You add the diagnosis based on their BMI and accept. This will fulfill the BPA for BMI.
 - The same concept applies for substance abuse and depression screening
- Providers should be reviewing the medical history/problem list and medications with every patient on the PLAN tab
 - The lower left corner has a "Start Review" button that will allow providers to quickly review family history, surgical history, medical history, medications, and allergies in one place
 - Tiffany: With the new EPIC interface update, the BPAs are much harder to see. Adjust the PLAN tab with the little wrench in the corner to move the BPA towards the top to be easily accessed. This will hopefully ensure that it is captured.
- Kurt: Has noticed that oftentimes the SBIRT screening is needed, but those questions are really tedious. With the volume of the clinic, is this doable?
 - Katie: Reviewing the BPA's has always been a part of clinic charting and flow. Nursing staff should be screening for substance abuse beforehand in the rooming process.
 - Rodney: If nursing staff are not doing it, it needs to be addressed. Remind them and give them a chance to do it, but if there is no change in behavior, let the site lead know
- Kelly: Could PHQ values be added on the vital intake forms. There have been instances where they accidentally discharge someone who has a high depression screening, but their chief complaint was not correlated, so it did not come up
 - Rodney: Not opposed to adding the PHQ to the vital intake forms. Tiffany will update the forms.

Rodney

- Everyone is doing a phenomenal job and the volume is good
- Outreach will be taking place in the next 3 weeks. They will be going into high schools.

- Sports are in full effect and contact sports have started, especially football. Do not forget that the Sports Medicine Clinic is willing to see these patients for any injuries.
- When there is a CODEMET, the providers are not required to go in, only if the staff asks the providers to go see the patient. If a provider sees a patient, document, so there is a chart that is defensible.
 - If a patient presents to the ACC and there is a CODEMET, the providers should room and see the patient if they are there for Express Care. The providers then have the ability to see how sick the patient is and if they need to be sent to the ER. This is a chance for the providers to intervene. Providers have an opportunity to lay hands on the patient to make an impact. There needs to be a chart made, not just a note, on the encounter.
- If an I&D is performed or a wound laceration repair, a pre and post procedure picture should be placed in the chart. This gives the following providers an idea if the wound is getting better or worse and also provides a learning and training opportunity.
 - Dr. Alkotob will be looking at cases and providing feedback that can be presented through cases
 - Bushra: Can the same be done for rashes that are instructed to return to the clinic?
 - Rodney: Yes, rashes require a picture as well and dermatology will also appreciate it
- The supply list has been formalized and everything has been ordered. Mariana, the clinic manager will schedule a 4 hour protected block for Daryl to review and organize the supplies
 - If there is trouble with supply and medications lists at the other clinics, let Rodney know so that he could meet with the clinic managers to set up protected time for the nurses to sort through it
 - If there are certain supplies that may be good for the clinic, let Rodney know as changes need prior authorization due to costs
- Katie is going through the inbaskets Monday, Wednesday, and Friday, which is a massive help. Providers are still responsible for their own inbaskets
 - Katie will be going through the inbaskets to see what the providers are ordering and take this information back to Matt and Dr. Alkotob to provide education
- The radiology book should be online soon. The goal is to not have any fall outs or miss anything

	<ul style="list-style-type: none"> ● Harmony Haven, a foster care system, will be sending foster youth patients to Banning clinic that need to be checked on. They will be seen as a regular EC patient <p>Mesisca</p> <ul style="list-style-type: none"> ● The providers should embrace the surges and changes ● The clinics are in this growth model. When the clinics hit a volume, a scribe is added, and when a higher volume is reached, another provider is added ● If a provider feels overwhelmed in real time, reach out to a site lead and this can be worked on. A telehealth provider can be added, a provider can be floated, or a scribe can come in ● Holding the clinic and nursing team accountable is essential for the clinic ● If there is a behavior that should be repeated, applaud it <p>Rodney</p> <ul style="list-style-type: none"> ● Quick shout out to Himelda for adding a couple of things to the routine and catching patients that could have had some really bad outcomes ● Providers could always reach out to Tiffany and Vivian for any questions. They are amazing and will always work to figure anything out. <p>Lisa</p> <ul style="list-style-type: none"> ● How are reportable diseases reported to the Department of Public Health? ● Tiffany: The nursing staff should be doing this. Provide the MRN and ask them to report it. If it is the end of the night, a secure chat message can also be sent to the nursing staff to take of the next day <p>Vivian</p> <ul style="list-style-type: none"> ● The December schedule requests will be opening up. The clinics are open on 12/24 and 12/31 and closed on 12/25, 12/26, and 1/1 ● Each provider will have to work on either 12/24 or 12/31. Let Vivian know which day is preferred. She will send an email chain, so that the preferences are all in one spot.
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Meeting called to order: 8:00a; Meeting adjourned 9:12a