

Date: November 19, 2025

Attendees: Rodney Koenig, Michael Mesisca, Tiffany Mendoza, Vivian Acevedo, Katie Alexander, Cheryl Chow, Christine Paley, Frank Nguyen, Himelda Churchill, James Bailey, Jasmine Yuen, Jocelyn Le, Kelly Medina, Kimberly Sales, Krista Harris, Kurt Harris, Lawrence Gates, Lisa Wongsoqui, Maerah Ahmed, Matthew Keane, Magen Costilla, Meagan Ponciano, Nichole Sayegh, Rosilyn Kattiyaman, Alexis Martinez, Brenda Villarreal, Lauren Campos

Location: Ring Central

<i>Topic</i>	<i>Discussion</i>
General Comments	Katie <ul style="list-style-type: none">● It is vital that providers are updating the imaging excel sheet binder.<ul style="list-style-type: none">○ Providers cannot go into each other's Radnet accounts○ Make sure that you are adding all imaging to the imaging excel sheet, especially at outside clinics. Otherwise, we cannot follow up on those, if a provider is gone. If something critical comes in, we get no notification.● I sent out an email and message about the pap smears on the weekends. These are done to try and help capture the cervical cancer screening for our patients.<ul style="list-style-type: none">○ Some patients cannot make it to clinics during the work day or primary care hours. So offering cervical cancer screenings on the weekends and after hours helps meet that metric.● In terms of the BPAs, we have been holding steady with our best practice advisories for BMI, however, we did have a little bit of a dip in October<ul style="list-style-type: none">○ Make sure that you are checking those best practice advisories, and hitting the BMIs, especially for the kids as they are very low hanging fruit. We offer education in our AVS to help with that metric.○ Rodney: If you are not sure if the advisories are popping up for you, reach out to one of the site leads, so we can correct that.

	<ul style="list-style-type: none"> ■ We must get the BMI advisories done, so that our numbers look really good and for patient education
<p>Lake Elsinore</p>	<p>Lawrence</p> <ul style="list-style-type: none"> ● I met with Dr. Handojo last week and just kind of have a few more updates. I think things were going really well. ● Dr. Handojo wants to invite anybody who has any questions to come and talk to him. They have a lot of new staff up there. <ul style="list-style-type: none"> ○ I offered to help if the staff has any new questions about procedures. A lot of the providers can share and bring some expertise. ● When doing medication refills, remember to list what is being treated in the diagnosis, not just medication refill. ● When doing pregnancy verifications, use the diagnosis codes for prenatal care in that specific trimester, so we get credit for the prenatal visit. <ul style="list-style-type: none"> ○ Tiffany: I think Z code wise, you can also just put pregnancy, and that is the same Z code as prenatal care. So it should also count as a prenatal visit, and they will still get credit for it. ○ Lawrence: He specifically requested specifying the trimester. I have hung the breakdown that has the same information as the RUHS prenatal care guideline that Matt sent out a few months ago. It has the same Z codes that it lists over in the right column, but ultimately it's Z34.0.8 or 0.9 based on the first, second, or third trimester. <p>Rodney</p> <ul style="list-style-type: none"> ● Did you notice the flags out in front of the Lake Elsinore clinic? Do they have any? And if so, how many? <ul style="list-style-type: none"> ○ Lawrence: We have two bilingual flags on the street, and we have a large banner that says express care on the face of the building. I did not see any flags in the parking lot, which, I think, by the time you are there, would be unnecessary
<p>Corona</p>	<p>Vivian</p>

- Corona is doing well, but they are short an MA right now. The MA that was on maternity leave is not coming back, so family med is currently filling in on Sundays, Monday evenings, and Tuesday evenings.
 - It has not been a problem so far, but sometimes they do not know what POCs to run and room a little slow, so be patient.
- No new marketing flags

Rodney

- Can you ensure that the clinic manager has the new, most updated supply list, and that it has been shared with whoever orders their supplies, both for medications and supplies?
 - Vivian: Annabelle, our RN has one, and so does Jamie, but I will give it to Andre today.
- Have they identified an area in that supply room that is just for express care to start organizing equipment and supplies?
 - Vivian: Yeah, we did start organizing it last week. It is in the middle of the supply room, and it is just all our wound stuff, labeled. We need a couple more labels, but we picked out a section that is ours, and we worked on it a week or two ago when it was slow.

Vivian

- Corona has an OB that is there every other Friday, so you can make appointments with him for any new pregnancies.
- Corona is going to get an optometrist that is going to be there once a month, so both the ACCs and the nursing staff can make appointments for patients.
 - Lawrence: In past attempts referring to optometry, I have heard it is non referable, so can we just have patients follow up there as a walk in?
 - They do not need a referral and the ACCs can make the appointments with the optometrist.
 - A lot of patients want an optometrist, so it is really exciting to have one
 - Rodney: Will you remind me later as it could potentially be put on the flyer? When we are doing some advertisement, that is a good thing to bring in patients
 - Rodney: Do we have other clinics where we can have optometry visits?

	<ul style="list-style-type: none"> ■ Vivian: Corona will be the first site with an optometrist. All patients will be able to go to Corona. ○ Mesisca: Is that a county employed optometrist or an outside group that they are contracting with? Our optometrist in the jail has not been very cooperative and we are looking. I am pleased to hear that they are adding optometry in the clinics, and that might be the same person or vendor that can support us in the jail. ■ Vivian: I will ask the clinic manager today email you guys
Riverside	<p>Jocelyn</p> <ul style="list-style-type: none"> ● As far as staffing goes, Amos, the MA is no longer working with the clinic, but you should have seen Cindy, the new LVN around. She is on Monday, Tuesday, Thursday, and Friday. ● Volume is still the same ● Nursing does ask the providers to remember to sign your point of care orders as soon as possible, so they can input the results. ● Nikita, the RN does put up the weekly BPA progress on the whiteboard on the express care side. It is good to stop by and check to see where your numbers are at ● Rodney: Have you heard any discussions behind the scenes regarding the expansion of the workspace there? <ul style="list-style-type: none"> ○ Jocelyn: I have not had any updates from Jennifer since October.
Moreno Valley	<p>Rodney</p> <ul style="list-style-type: none"> ● We are trying to increase the pediatric visits there and some of the compliance <ul style="list-style-type: none"> ○ The challenges are because it is a residency clinic, they have limited amount of space in terms of their schedule to see patients. ○ So I will be working a little more closely with Vanick, their clinic manager there
MSC	<p>Tiffany</p> <ul style="list-style-type: none"> ● We lost our clinic manager, Mariana, and we now have Kim again. Kim takes care of business and Rodney has been meeting with her.

- There is currently a filing cabinet in the provider room. The objective with it is to be able to store prescription pads in the locked drawer and some other items that we might need.
 - We do not have a key hole right now, so hoping to get that swapped out at some point.
 - There should only be one filing cabinet, so if any other ones pop up in the room, let Tiffany know as there is not much space for a lot more of them.
- If you are on shift and you notice that there are missing supplies, send a message to Tiffany or Rodney. They have been putting a lot of pressure on the clinic to stay on top of ordering.
- The EPIC board is still being organized by the dots, as opposed to the checked in time. I have been working to try and get the issue resolved.
- Some people are up for reappointment for the ER and the county. So please make sure that you are checking your email because you will be getting those from RUHS. You could also be getting it to the email you initially applied with, so check all of your emails.
 - We have a list of people who are up for reappointment and we will be reaching out for that.
 - If you have any problems with any of that, please send me a message.
 - If anyone needs a peer reference, let Tiffany know and she will do it right away.

Rodney

- Nursing staff cannot room a patient unless a provider is there. When you get there, let the nurses know to go ahead and start rooming patients. What that tells them is they can start the intake, so by 9 a.m. patients are ready to be seen.
 - I was there with Nichole the other day, and it was 9:17a.m. before we got a patient in a room for no good reason.
 - I spoke with Kim who is watching it closely to make sure they are efficient.
 - As we all know, if we are behind in the first hour, it is just going to continue on through the rest of the day, and we are not behind because of us. We are behind because of the lack of urgency to room patients. So with Mariana being gone we are starting over, but Kim is a great replacement while she finds somebody else. Lets stay on them about keeping these rooms full.

- So the rule is, and feel free to remind them, Rodney said, if there is a patient in a lobby to be seen, there should be no empty rooms. If anybody says anything about it, please let me know because I'm happy to remind them myself.

Maerah

- I had a patient come into the clinic, sent by their primary care provider for knee injections. Do we do those?
 - Rodney: Primary care providers will send their patients to express care for all kinds of things. No, we are not doing the injections, but what we can do at that point is get them an appointment with sports medicine, so we can facilitate something for them.
 - When weird things like this come across, send me a secure chat, so I can help educate their teams on what we can and cannot do. We want to make sure we are ahead of that.

Rodney

- We are getting patients again from PCPs that are being seen in the clinic the same day, and then sent over to express care to manage some other problem, like, put a referral in or do a post hospital discharge.
- A patient cannot be seen twice on the same day. So when this happens, take care of the patient and then send Rodney a secure chat about it.
- There was an RIE, which is some type of county improvement group, that evaluated the flow and somehow the interpretation is that the providers only have to manage one complaint or two complaints in primary care. And so what they are doing is they are sending the patients to express care to manage any other complaint.
 - Rodney needs to know when this is happening, so he can escalate it to leadership, so they understand the financial problems with this that they probably are not aware of.
- Katie: If a patient had an appointment for their mammogram for example with their PCP, but then fell off their bike and went into express care, it is a completely different complaint.
- We are still going to see the patient, but I want to know about it, so I can escalate it to Melissa Terolla, who will look into it, because that is not always the case. We are never going to decline the patient and we will do what is right for the patient. We do want to ensure we can bill for our work

	<ul style="list-style-type: none"> ● Matt: I do not think it is an issue if they have a phone visit with their PCP or video visit, and the provider believes it would better be evaluated at express care in person <ul style="list-style-type: none"> ○ I think what you are alluding to that has been happening recently is they are in the office with a list of complaints. The primary care provider says, “I cannot get to all of those, so when we are done here, walk over to express care and be seen for the rest of your complaints. ● See the patient and then send a secure chat with the MRN to Rodney. This allows the county to look into it themselves and to be aware of the issue. It helps us be better partners.
<p>Radiology Binder</p>	<p>Mesisca</p> <ul style="list-style-type: none"> ● I know a lot of you have asked about onsite x-ray. We are meeting with the finance team and they are working on the financial reports. We are going to use that as an opportunity, to make this appeal again, to bring x-ray back into the system. It comes at an additional cost to the health system to bring it in-house, but it is in fact, revenue neutral. ● The tedious work of sending patients out and having an x-ray log every day is, in fact, life saving. ● Mareah called me on Friday while I was on call. A young man, 26 years old that was kickboxing, got kicked in the chest, and came into the express care. He was clinically stable, got an x-ray ordered, and then waited four or five days to actually go get the x-ray taken. The day after it was taken, Mareah was going through the log and sent the x-ray to me and asked me to take a look at it. <ul style="list-style-type: none"> ○ In the x-ray, you could see the normal, long markings going all the way to the periphery. But there is a line that shows the collapsed lung and some possible pneumo media steinems, along the hard border that shows a very significant and large pneumothorax ○ And typically more of the heart is on the left side of the chest, so this patient may be sort of an impending tension pneumothorax, because his heart is starting to shift over more to the right. ○ Mareah and James call him, but are unable to get a hold of him as he is at work working with a 30% pneumothorax. So we called and got a hold of the mom and told her to go get him and take him to the ER.

- On his CT once he gets to the emergency room shows all of the air in his chest. His pneumothorax was pretty significant, probably about 30%. He also got, in the lung, probably a pulmonary contusion. He got a chest tube and a small pigtail catheter put in and his lung is almost completely re expanded.
- Ideally, that guy would have gotten an x-ray in the clinic, but what if we had not had a process to follow up on the x-ray logs?
- So, I would love it if somebody would put together a couple slides, as a quality thing, that we can share with administration. One, and how well our QA process worked, but also to point out how hard you all are working.
 - I mean, this was potentially a lifesaving Friday night for James and Mareah and I.
 - If that guy continued and that thing had expanded much more, he would have been potentially in some significant trouble, so awesome work.
- I think the pictures are worth, you know, a thousand words. It's great.
- Keep doing what you are doing.

Rodney

- I want to emphasize to everybody, when you see something, this is the key to looking at films of any kind, and it just does not look right and you may not know what it is. Do not hesitate to reach out to our supervising doctors and/or the ED to take a look at it. You are never going to get in trouble for advocating, if you just do not know what it is, but it looks weird, that is what they are there for.
- If Mareah would have hesitated and said, “oh, I will wait for a formal reading”, the potential for death was high.
- So again, emphasizing do not hesitate. If your gut says, I do not know what this is, make a phone call. So thank you for escalating that.

Mesisca

- Same for EKGs. I think the same night, I got contacted, because somebody had already talked to the ER to send a patient over, and they were just calling me. And I do not know if the ER was just busy, but they got bad advice. I will just call it out what it is. They got some misdirection from the

ED attending. It does not happen very often. But the express care provider and I both felt that the patient needed to go to the ER. And so sometimes, at the end of the day, you know, they are not looking at the patient, they might not hear.

- It was, like, a sudden headache that woke the patient up in the middle of the night, and they were on blood thinners. I do not know if they just were not computing the blood thinner piece, but I think you guys do an excellent job, and sometimes there is just getting that second set of eyes, to look at things.

Matt

- Can you talk about the medical, legal liability that we are assuming on some of these patients? Like having to decide something is an acute injury and sending them out and never seeing them again versus the ability to just get an x-ray right then and there.
 - It is always a tough choice, whether I am going to send out an acute injury to go get an outpatient x-ray versus, sending them to the ER to get an x-ray, just because of the ability to, like, follow it and track it.
 - I mean, I think a lot of this stuff wouldn't be an issue if we had x-ray in the clinic. How does it increase liability by sending these acute x-rays out?
- Mesisca: So every case is a risk to benefit, right? So you are doing your clinical assessment, what are you looking for, right? Are you worried about a fracture? Is the patient hypoxic? What was the mechanism of injury? You know, are we talking about a non displaced fracture versus an obviously displaced fracture? So I do not think the liability is in not having the x-ray immediately. It is having the judgment call of what needs to be done right now versus what could be done in a day or two. But I think it is shared decision making with the patient. It is calling your on-call attending, if you are not sure.
 - If the patient is clinically stable, I could see why it was done as an outpatient, but, hopefully, the initial documentation was, like, we told him to go today so that if something does happen, and he went five days later, you know, the patients bear some of that responsibility.

	<ul style="list-style-type: none"> ○ If somebody saw the same patient and thought he had multiple rib fractures, and he had decreased breath sounds, or he was in a lot of pain, sending him to the ER would be appropriate. ○ He only had one non displaced rib fracture, so it is pretty unusual for a younger, healthier guy to have a significant pneumothorax. <p>Rodney</p> <ul style="list-style-type: none"> ● We have a physician, Dr. Leaf, that will be joining the team and doing some shifts. They will be mostly at MSC. We are going to have an opportunity to really increase our medical knowledge and decision making. Is this an acute event? Does this need to be done? ● If you are really concerned and worried about a pneumothorax, we need to emphasize to the patient that it needs to be done immediately and why they should go to the ER. That sense of urgency to the patient will oftentimes get them to go get the film done then. <ul style="list-style-type: none"> ○ What we want to do is, understand the sense of urgency and make sure we are ordering tests that they do have time to get. ○ An example is ultrasound. You are worried about ovarian torsion, testicular torsion, that is not an outpatient study. Anything that is acute life or lives threatening needs to be done immediately, so that might be to go to the ED. So consultation with the supervising doctor is really important at that point. When Dr. Leaf gets here, she will be carrying the same workload, but you will have an opportunity to bounce things off of her to better understand, what is acute and what is not and what may need to go to the ED immediately. ● So we will talk about some workflows to help you all increase your ability to recognize what needs to be done immediately or may have a little bit of time.
<p>Banning</p>	<p>Magen</p> <ul style="list-style-type: none"> ● The clinic does not have an LVN for Wednesday through Saturday. It is going pretty well. ● There are no supply issues. Everything seems to be ordered. ● I was told to remind everyone to fill out any forms completely that the staff is asking to be filled out, whether it is the declinations or anything similar.

- As far as virtual visits, they need to be roomed before being seen by the staff and the nurses
- If anybody is having any badge access issues, let Matt or Magen know.
- Try to make sure that we add video visits as much as possible on days that are slow. Go through in baskets, you can go through in baskets that are not even part of your group. Go through Radbinder for all clinics. Try to make the flow and try to add more people to the workload.

Matt

- If you are going to add a video visit, whether it is video or phone visit to the schedule, the patient needs to be, like, a rooming workflow that the MA or the LVN would normally do if the patient was there in the clinic. This needs to be done for virtual patients as well.
- In order for RUHS to capture metrics they need to capture certain screenings, such as depression, smoking, medications, etc.
 - If you are going to add a patient, let the staff know if they can go ahead and call them and room them.
 - We are not doing what Katie is doing. We are going to follow the process map.
 - Rodney: Everyone should use doximity or haiku on Epic for video visits.

Lisa

- There is a mammogram trailer coming on December 9th to the Banning area. Lets reach out to the clinic. This is a great opportunity to get some more of these patients in and advertise express care.

Matt

- The phones were not working or ringing at the clinic, so there is a ticket in for that.
- Quest and LabCorp are scheduled to come pick up labs on the weekends. They should just be coming on a regular schedule and you should not have to call.

Rodney

- We are working on the Banning clinic advertisement. It is not in a visible place because it is up the street. We are going to talk with public health to see if we can get some yard signs and some other things out there with some arrows pointing up the street, as well as some other ideas.
- For anybody that is out there, make a map when you are there if you think of something we can do. Let me know so I can involve Vernon and Melissa, and marketing.

	<ul style="list-style-type: none"> ● Dr. Mesisca is going to meet with marketing again, so we can help them better understand ways of getting the message out that we have this access for their community. ● I am going to try to reach out to whoever is in charge of the health at the school district and try to make a connection like we have in Palm Springs.
Palm Springs	<p>Matt</p> <ul style="list-style-type: none"> ● Staffing RN is still on maternity leave and the clinic is short one MA, but the coverage has been okay. No recent major coverage issues. The clinic just went through and reordered supplies yesterday. No provider issues at the clinic <p>Rodney</p> <ul style="list-style-type: none"> ● Do you have advertising flags for the clinic, or do we need some? <ul style="list-style-type: none"> ○ The clinic has two newer flags that are outside
ED	<p>Kurt</p> <ul style="list-style-type: none"> ● I just want to say as far as ER people, if you guys want extra ER time, they do have a bunch of float shifts that they opened up. You can ask me about that and how that works. If you want to get more hours or more ER experience. ● You can also work on the weekends. I am sure they would not mind that. In ED2 you will be solo, 9 to 7, but there is always an attending you can contact in the main ED. If you want to get more experience in or more hours, I am sure they would not mind with that, but if you are interested in the flow, message me separately, and I will explain to you how it works. ● We have a student that is dedicated to us in ED2. She will do a few shifts at MSC as well. I sent out the schedule a little bit. She is about a week into her rotation. We will continue to have more students in February, March, and April scheduled that are dedicated just to us. We are talking to you guys about the proctoring cases for those of you who work there. If you have any more questions about that, you can ask me. ● MAT is going fine. No major issues. You guys are always texting me or calling me, which is really good, so I appreciate that.

<p>Volume</p>	<p>Rodney</p> <ul style="list-style-type: none"> ● Volume fluctuates just like the emergency department when the community is healthy. We do not get a lot of volume, so it is going to continue to fluctuate. ● We are probably about 1-3 weeks away from inundation, especially after Palm Spring. After Thanksgiving, people are traveling and the viruses will start to spread and we will get busy again. ● I am asking you all to continue to pay attention to the volume. So at our double covered clinics or quadruple covered clinics, if it is slow, talk with the team, and go ahead and send someone home. ● If it is not slow and we are busy, please stay over and help your team out. ● This is one of those things where I trust you all to take a look. I do look at the volume. <ul style="list-style-type: none"> ○ I take a look at our time cards. Obviously, I have to sign everyone's time cards. People have been doing well with clocking in and clocking out. What I look at in terms of the time card is whether or not it has been time stamped. ○ The reason is, the county comes to Dr. Mesisca and I, and they audit the hours. So if our productivity is down, meaning we have a double covered clinic, and we see 30 patients with 2 providers. That puts everybody at about 5 patients an hour. The problem is, the county wants us around 30 patients, per provider, per 10 hour day. So, we are looking for averages and that is why I ask these questions. That is why I ask you to take a look at the volume. ○ There is nothing to stress about. But please pay attention, help us run this business well so that we can continue to grow in the county, have opportunities to expand clinics, and expand clinic hours. So that is the reason behind the ask. ● The day after Thanksgiving, the last three years in a row has been the busiest at the hospital and in the emergency rooms. So it will probably be that Monday. We might break some records on Monday, after Thanksgiving, and the express clinics. We are closed on Thursday and Friday. Last year we saw 80 patients the day after and then the whole weekend. ● Vivian: We will have 3 providers at MSC Saturday and Sunday to prepare for the two days being closed.
<p>General Comments</p>	<p>Frank</p>

- With the government opening back up, are Medicare and Medi-Cal getting reimbursed for video visits again? I know there was a little pause on that for a little bit.
- Rodney: There is no pause. There is a limitation on how many video visits can be done, but that does not affect us. Matt and I did the math. We are well under the number, so we will continue to do them until we are told not to. The ones you cannot do are Medicare patients. Anyone that has any form of medicare, dual choice IEHP, cannot have video visits. The IEHP patients, Molina patients, straight medical patients, and sliding fee patients, can do video visits.

James

- At the Lake Elsinore clinic, they brought up the minor consent of a patient with a person that is not a legal guardian. This is regarding non custodial parents bringing in a child for medical treatment (vaccines, etc) have no legal standing over the child. They are getting an affidavit saying I do without contacting the actual guardians.
- Rodney: If it is not an acute injury, I do not think we can treat or give vaccines without the parent authorization. I can look this up, but I would not do it any different in any other clinic. It's not an acute emergency.
- Mesisca: For routine medical care, you have to have a guardian or consent from the guardian.
- Matt: The ACCs have them fill out a patient affidavit that the person bringing in the patient is stating who they say they are. It does not provide any documentation that the guardian or the parent is actually allowing them to bring the kid in.
- Rodney: That would not allow us to treat the patient.
- Mesisca: Rodney, confirm with Melissa because that is a health system decision. As long as we are following the health system policy, if RUHS accepts that, then we should comply with that.
- Rodney: Do you know the health system does accept that as authorization to treat?
- Matt: It is an inconsistent process and not applied the same depending on who the ACC is, and it does end up a lot of times going to the provider.
- Matt: I will send you a copy of what the affidavit looks like and then I will follow up with Sergio today.

	<ul style="list-style-type: none"> ● I was just concerned because it is just an honor system, and it could potentially lead to some people being trafficked.
<p>Holiday Party</p>	<p>Tiffany</p> <ul style="list-style-type: none"> ● We do have a lot of people that want to come, which is great. The party is December 7th at 6:30pm. It is in Redlands on State Street. ● I sent out some hotels in the area in case people are planning on staying late. There are a lot of really fun places to go afterwards in that area. It is pretty open until about 2 a.m. for those interested. ● Make sure you RSVP'd. Most of our team is going! <p>Rodney</p> <ul style="list-style-type: none"> ● Meagan Ponciano, on a scale of 0 to 5 scale of this party. What level is this party going to be at? <ul style="list-style-type: none"> ○ Meagan: It is going to be a 10 no doubt in my mind. ○ I have been to level 9 and 10 by vituity/site parties. So, I am expecting a lot then. Dr. Mesisca and I have been involved in some big ones. <p>Meagan</p> <ul style="list-style-type: none"> ● The party planning committee and I are trying to do a cute little video. So if you have seen these glasses at MSC or some of the other clinics that say express care team. Just snap a photo of yourself or the crew with you, so we can do the video at the party.

Meeting called to order: 8:00a; Meeting adjourned 8:55a