

**Date: September 17, 2025**

**Attendees: Rodney Koenig, Michael Mesisca, Tiffany Mendoza, Vivian Acevedo, Katie Alexander, Christine Paley, Rebecca Rimka, Meagan Ponciano, Magen Costilla, Rosilyn Kattiyaman, Kurt Harris, Brenda Villarreal, Kelly Medina, Kimberly Sales, Jocelyn Le, Krista Harris, Lawrence Gates, Jasmine Yuen, Lisa Wongsoqui, Alexis Martinez, Chance Thepmontrynep, Lauren Campos**

**Location: Ring Central**

<i>Topic</i>	<i>Discussion</i>
<b>Corona</b>	<p>Vivian</p> <ul style="list-style-type: none"><li>● The clinic is doing well and is well staffed</li><li>● If family medicine has a call off, family nursing helps out</li><li>● On Tuesdays, rooming is shared with Podiatry and Dr. Roum can take up to 3 rooms.<ul style="list-style-type: none"><li>○ Ask if he can go down to 2 rooms</li><li>○ On these days, let Anabelle the RN know and she can find out if Pod B or D rooms can be used as express care should always have at least 4 rooms</li></ul></li></ul>
<b>Lake Elsinore</b>	<p>Lawrence</p> <ul style="list-style-type: none"><li>● The clinic is 1 LVN short due to a leave and they are waiting for a resolution regarding this.</li><li>● The clinic is starting a morning huddle when express care starts at 10:50am as an opportunity for Leslie, express care, and primary care teams to discuss matters such as lunch coverages and organizing staffing shortages<ul style="list-style-type: none"><li>○ Had their first huddle yesterday</li></ul></li><li>● The clinic will be getting a cart on wheels for the laptop that the scribes use as most rooms do not have a place for the scribes to work</li><li>● Primary has 2 physicians with full patient loads. As a result express care has lost a few rooms, but is providing better follow up on patients</li><li>● Rodney: Chris Malone is working to get a badge reader for the provider room to be able to lock and unlock</li></ul>

	<ul style="list-style-type: none"> <li>● There is a ticket for the family medicine IT department to update it, so providers can send primary controlled prescriptions without having to log onto the virtual environment.</li> </ul> <p>Katie</p> <ul style="list-style-type: none"> <li>● Some of the provider badges do not work on certain weekdays. If a provider works on weekends and notices their badge does not work, email Katie with C number and badge number, so she can make a list to send over to Leslie. <ul style="list-style-type: none"> <li>○ If providers do not have badge access, they will not be able to enter the provider room on the weekends.</li> </ul> </li> </ul>
<b>Riverside</b>	<p>Jocelyn</p> <ul style="list-style-type: none"> <li>● The clinic is doing really well and fully staffed to support the busy volume.</li> <li>● Providers should ensure they label their specimens, label and sign faxes and media reports for scanning.</li> </ul> <p>Rodney</p> <ul style="list-style-type: none"> <li>● He will be meeting with Roxie to sign off on the idea of expanding the provider room. <ul style="list-style-type: none"> <li>○ The idea is to take the provider room wall out that separates it from radiology and to extend a desk all the way across there, so that would open that entire area up.</li> <li>○ There would also be a space in there for a lot of supplies.</li> </ul> </li> </ul>
<b>Moreno Valley</b>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● When providers start their shift, they should speak with the nurses and ask if they have already spoken with Gilbert or the clinic manager. Nursing should also know if there are any additional rooms available for the day in the morning or afternoon. <ul style="list-style-type: none"> <li>○ The nurses have previously sent out a widespread text on Teams indicating that there is a 1-3 hour wait. We want to get ahead of that by ensuring there are enough rooms and staff.</li> </ul> </li> <li>● There are no new problems with the ACCs. In the past there was lots of miscommunication or no communication with the ACCs and the nursing staff. <ul style="list-style-type: none"> <li>○ When the ACCs ask questions, talk through it with them. If you are not sure, reach out, so that there can be education.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ If there are any problems, reach out so that the clinic manager can get involved.</li> </ul>
<p><b>MSC</b></p>	<p>Tiffany</p> <ul style="list-style-type: none"> <li>● There is a new MA</li> <li>● There was talk circulating from the nursing staff if express care is able to call code mets. Providers are absolutely able to call code mets when appropriate. If there are ever any problems, escalate that as needed.</li> <li>● Code greens should also be called if there is a combative patient assaulting others. If there are any problems when calling code greens, please let the clinic manager know or escalate that to leadership with express care. <ul style="list-style-type: none"> <li>○ Tiffany will be talking to Mariana the clinic manager so that all staff are familiar with this.</li> </ul> </li> <li>● If providers are on the 9 am shift, before they leave between 6 pm - 7 pm, make sure to have a discussion with the team. <ul style="list-style-type: none"> <li>○ If there are a lot of patients in the rack or a long wait in the waiting room, ask before leaving</li> <li>○ Providers are not expected to work 12 hour shifts every single time they are scheduled for the 9 am, but checking in with the team will help with team morale.</li> </ul> </li> <li>● Triage patients as necessary when they come in. If there is concern that a patient should go to the ER, pull them back, get vitals, do an assessment, and then send them to the ER as necessary. <ul style="list-style-type: none"> <li>○ It is important to put eyes on the patient before sending them to another department</li> <li>○ Do a full note as opposed to a triage note, which ensures it is a full billable note <ul style="list-style-type: none"> <li>■ Rodney: This creates a defensible chart. What has happened is that a patient will get sent over to another department with no documentation. If the patient decompensates on the way or shortly after arriving, they will look back on the note and see what kind of patient was sent over. If the patient is sent appropriately and there is documentation that the patient is stable to walk over, it is good for the provider and the patient. Ensure that there is</li> </ul> </li> </ul> </li> </ul>

	<p style="text-align: center;">documentation that the patient is stabilized and the reasoning for why patients are being sent.</p> <ul style="list-style-type: none"> <li>● Express care will have new faces coming on and will likely be at next month’s provider meeting. Provide a warm welcome and answer any questions asked.</li> <li>● There will also be two students doing rotations this month. In the past, students have expressed interest in working with express care after graduation as they like the team. It is important to keep the momentum going.</li> </ul>
<p><b>Banning</b></p>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● The clinic is up and running. It is open 5 days a week instead of 3 days as a soft opening. Weekends will commence in October. Most delays are a result of county staffing and nursing.</li> <li>● The numbers have been going for the clinic. Yesterday the clinic had 17, and 20 the day before. Will look into where they are coming from as there has not been much marketing.</li> <li>● Kristen Delgado is the new clinic manager. She is extremely supportive and will do what she can at a moment's notice. We want to continue to nurture that relationship.</li> <li>● If there are any issues with staff or questions from them, reach out to Rodney, Magen, or Matt.</li> <li>● The workspace seems to be working out well.</li> <li>● Dr. Lopez is the PIC physician in charge and he is very supportive. He reaches out to Rodney and has also reached out to Matt with ways express care can collaborate with him. <ul style="list-style-type: none"> <li>○ He asked for specialized equipment such as a POC machine. Rodney will partner with him to see how that will be used and if they do not get it, what will help decision making</li> </ul> </li> </ul>
<p><b>Palm Springs</b></p>	<p>Magen</p> <ul style="list-style-type: none"> <li>● Everything is going well. The clinic is fully staffed except for occasional call offs. When that happens, Sergio, the clinic manager will send over primary care staff to help out.</li> </ul>

	<ul style="list-style-type: none"> <li>● They are fully staffed with ACCs, Juliana and Gaby will sometimes both be working together. The latter half of the week, Kim and Alejandra are the ACCs. Kim used to work with Dr. Quinones and is great with booking appointments with PCP.</li> <li>● The numbers seem to fluctuate a bit, but it is overall going well.</li> </ul>
<p><b>General Comments</b></p>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● Shout out to Kurt for catching an osteo of one of the digits of the foot at one of the clinics. It was clinically suspicious and the patient was sent to the ED. Sometimes new residents will wonder why it was brought in as it often looks like simple cellulitis, but it is an osteo. <ul style="list-style-type: none"> <li>○ Good job to Kurt for catching this and using his clinical acumen and experience. He is a great wealth of information.</li> <li>○ This is a big deal for the team as imaging is not available.</li> </ul> </li> <li>● Site leads should speak with the clinic manager, RN, or whoever is in charge of stocking. There is a virtual supply list and medication list that will be standardized across all seven express care clinics. <ul style="list-style-type: none"> <li>○ He was at Corona and when he asked if they had the supply list, they did not as there is not always communication between the clinic manager and the person who orders supplies.</li> <li>○ Reach out to Rodney and Kim Boker if there are any problems regarding these lists.</li> <li>○ There will be a par check on Wednesdays, so that there are supplies going into the weekend.</li> <li>○ This is going to help make sure that the clinics are not running out of supplies or meds.</li> </ul> </li> <li>● The nurses fill out the intake forms to help the team be more efficient and identify sicker patients if providers are not told about it. Please make sure to do your part by signing the note and reading what they write on there. They will include if a school note is needed. Providers should have the note pended. <ul style="list-style-type: none"> <li>○ This creates an efficient clinic workflow.</li> </ul> </li> </ul>

- When providers do not do this, it can create a pain point for the nurses who continuously need to stop their work flow to ask providers. It is understandable to forget occasionally and gentle reminders are okay, but we want to ensure it is not a pattern.

Vivian

- The clinics are closed on Columbus day and everyone who was scheduled to work that day received a text about it.
- The January schedule requests were opened up again for another week as only 5 people had put in their requests.
- Vivian will be off from September 25th to October 5th, so if anything is urgent, please text Katie and Tiffany.
  - A reminder text will be sent the day before. If anything can wait and is needed in the future, an email can still be sent.

Katie

- Thankful that the providers have been checking how they order sure swabs and urine cultures. There have not been many incorrect results come through.
- If a provider goes through their group's inbasket and they call a patient or touch the chart in some way, make a documentation so that there are no repeats for the same problem.
  - If a provider already tried to call a patient and left a voicemail, we do not want another provider to go back in and redo it 15 minutes later.

Kurt

- ED2 is doing well and people seem to like it. They are working on getting people their procure cases. Jessica has sent out a list that is almost complete. Magen will be on shift today and Frank will complete his when he comes back from baby leave.
- There will be a skills lab open for all of the providers where they will make abscess models with chicken thighs for hands on practice. This is perfect for providers that are not comfortable with abscesses and draining them. This will be a good lecture to provide hands

	<p>on experience with some live models. It will be streamed for those that cannot attend, but want the information and understanding on on what to look for, when to cut, and how to cut</p> <ul style="list-style-type: none"> <li>○ Tiffany and Krista are going to figure out how to stream it</li> </ul> <p>Mesisca</p> <ul style="list-style-type: none"> <li>● It is amazing to think back how express care first started with Rodney and Mesisca 4 years ago, then having Tiffany and Vivian at the meetings. Now there is leadership and ownership all throughout ensuring the success. Shows how far the clinics have come.</li> <li>● There will be a panel session at the partnership meeting on Friday afternoon on FQHC's and the integration between health systems and FQs. Mesisca will be sitting on the panel and be able to rave about the kind of work and integration express care does.</li> <li>● As he was meeting with other panelists, they were talking about conflict between Vituity urgent cares and Vituity ERs and how to manage that. It was interesting to think that these conflicts are happening and are the norm in other areas. Makes Mesisca appreciative that the teams problem solve together and that although express care has their problems, when compared to others, these are very different problems.</li> </ul> <p>Vivian</p> <ul style="list-style-type: none"> <li>● Shout out to Kelly for coming in after her ER shift to help out Himelda at MSC clinic on the weekend. Thank you to our team for stepping up and picking up shifts, especially as one of the providers went from full time to per diem.</li> </ul>
<p><b>Radiology Book</b></p>	<p>Rodney</p> <ul style="list-style-type: none"> <li>● The radiology book is officially online and is no longer a physical binder. It has been fantastic.</li> <li>● The limitation is if providers do not put patients into the binder online. The clinic will get results back, and when checking the online sheet, the patient is not there, which means the provider did not put it in. <ul style="list-style-type: none"> <li>○ Please do not forget, as it helps with compliance, quality, and follow up so that there are not missed studies.</li> </ul> </li> </ul> <p>Katie</p>

	<ul style="list-style-type: none"> <li>● It would be really, really helpful if providers could put where the patient is having point tenderness when they order imaging. It makes it easier to examine patients when doing wet reads and follow ups. If there is new pain, it could allow the provider to send the patient back into the clinic as needed.</li> </ul> <p>Rodney</p> <ul style="list-style-type: none"> <li>● All acute injuries or potentially acute injuries of extremities with an x-ray ordered need to be splinted. Splint patients before they go down to radiology.</li> <li>● All lower leg injuries need to be on crutches and non-weight bearing if there is concern for a fracture. Patients must be stabilized as it is standard of care.</li> <li>● If there are questions on how to splint, the nurses are getting really good at them or site leads can educate. When patients are splinted, they need to be reviewed after being placed. <ul style="list-style-type: none"> <li>○ Do not let nursing staff use Coban to secure splints as it is too constrictive of the tissue.</li> </ul> </li> <li>● Reach out to Kurt, Rodney, or providers that have been doing this for a long time, so education and understanding can be provided.</li> </ul> <p>Kurt</p> <ul style="list-style-type: none"> <li>● If an x-ray is ordered, request for the x-ray techs to remove the splint during imaging as splinting material can hide fractures.</li> <li>● Rodney: We have seen some patients come back up to the clinic from imaging and the splint has been removed and re splinted by the technicians. What is important is that the patient is protected with the splint going to imaging and returning.</li> </ul>
<b>Clinic Safety</b>	<ul style="list-style-type: none"> <li>● There was a media release at Riverside Medical Clinics yesterday that they received a bomb threat. They shut down the clinics and had the Sheriff's department sent out to inspect the sites.</li> <li>● There has been an increase in incidents nationally and a violence towards healthcare workers. Our express care clinics have security at their locations and they are variably secure, but we want to make sure to always practice deescalation.</li> </ul>

- We do not want to be overly sensitive when people say insulting things or are rude. Keep in mind there are a lot of patients with mental health issues and they may be having a bad day. However, if a patient is being threatening, there is zero tolerance towards verbal or physical threats towards anybody on the healthcare team.
- If this occurs or there are safety issues or concerns that somebody has a weapon, it is definitely the right time to call 911. (Code silver is a weapon)
- The medical center has the Sheriff's department and a code green will get a response going.
- We have had a couple times where somebody is making active threats in one of our clinics, and the team is a little hesitant to call for law enforcement. We hope these things never happen, but it is far better to make that phone call and get a response.
  - Cops have a job to keep us safe. Sometimes there is hesitancy as no one wants to overdo it, but there is full support in making these calls.
- All providers should have a badge with the codes attached to it. This came about as an incident occurred at MSC where there was a hesitation to call a code green.

Rodney

- There should never be any hesitation and there is full support. It is better to err in that favor and learn from it, then not make the call when it should have been made.
- If a member of the team feels threatened and they are hesitant to make the call as they do not want to get in trouble, advocate for them and make that call. Dr. Mesisca and Rodney will provide full support.

Mesisca

- There will be some mistrial and a certain percentage that is wrong when calling codes as it is inevitable, but that is okay. There are resources available and in violent situations, it is important to look for the warning signs and not ignore them.
- For 5150s, the resources are different at each clinic:
  - If you have a patient that meets the criteria for a 5150, such as being gravely disabled, under a conservatorship without the proper paperwork, a demented patient,

or suicidal/homicidal patient with an active plan and underlying psychiatric conditions, and are concerned the patient is unstable and may leave prior to assessment, it would be a 911 call for the police department to come out, secure the patient, and write the hold.

- There are voluntary patients who are compliant. For example, a depressed patient who wants help, but does not have a plan. They could be provided with a list of psych resources and a referral. Some clinic sites have psych services on site.
- There are patients in a middle ground that need to be further assessed as there may be concerns to put them on a hold.
  - MSC has the BART team that will be able to access the patient. It is worth making a phone call to them
  - The mobile crisis team is another option. Try to use psych services on site before using the crisis team as they are busier across the whole county.
- All of these patients are great cases for the on-call physician as they are high risk and high liability.

Rodney

- If you have any MAT questions, reach out to Kurt as he knows the process well and can help guide. There have been some questions recently about refilling some of these medications for patients that have been very noncompliant. So Kurt knows the policy forward and backwards and would be a great support and resource.

Tiffany

- Kelly: How do we provide resources for homeless individuals?
- The psych resource page is a summary of everything the express care clinic has.
  - On the psych resource page built into the AVS section, there is a phone number for homeless individuals that is a 24 hour line. You call and give the phone number for the patient or the contact information for the patient. They will reach out to them for housing and whatever way that they can help support.

	<ul style="list-style-type: none"> <li>● If it is an IEHP adult, the ECM team can usually help to provide resources. They know the resources that the county has for these vulnerable populations, as one of the groups they work with the most is the homeless community. If a referral is placed for ECM, it will give you the option to check if they are homeless.</li> <li>● I know we have social work at MSC, then we could also reach out to them. And they can help give us more resources.</li> </ul>
<p><b>Holiday Party</b></p>	<p>Tiffany</p> <ul style="list-style-type: none"> <li>● There is a holiday Christmas party planned. An invitation was sent out and the e-vite is coming by the end of the week to everyone. A picture of the invitation was sent out to everyone. Providers will have a plus one.</li> </ul> <p>Meagan</p> <ul style="list-style-type: none"> <li>● The party is going to be so fun and everyone should go. There are no excuses as some providers will be going and have work planned the next day. It is going to be fun and great!</li> </ul> <p>Rodney</p> <ul style="list-style-type: none"> <li>● There are epic stories with the holiday parties at Community St. Bernard's parties. This holiday party is hyped up where those are the expectations. We do not want it to be at a level where the police show up, but definitely where it is talked about for months.</li> </ul> <p>Mesisca</p> <ul style="list-style-type: none"> <li>● The holiday party is hosted as a way to celebrate the entire team and each other, as well as a way for Vituity to express their appreciation to the staff for all that is done throughout the year. It is important that people attend. Unless you are out of town or scheduled on one of the earlier shifts, the hope is everyone will be there.</li> </ul>

Meeting called to order: 8:01a; Meeting adjourned 8:46a