

Date: July 19th, 2024

Attendees: Rodney Koenig, Michael Mesisca, Vivian Acevedo, Karla Montes, Cheryl Chow, Christine Paley, Frank Nguyen, Ivana Villarreal, Jocelyn Le, Katie Alexander, Krista St Onge, Kurt Harris, Lara Kattiyaman, Lawrence Gates, Rebecca Rimka, Saify Talib, Cameron Learman

Location: Ring Central

<b>Topic</b>	<b>Discussion</b>
<b>Announcements</b>	Vivian <ul style="list-style-type: none"><li>• Tiffany will be back from maternity leave on August 1</li><li>• Workflows can be found in the clinic binders as well as on the RUEM.org website under the Express Care tab</li></ul>
<b>Bilirubin Workflow</b>	Vivian <ul style="list-style-type: none"><li>• If serum returns high (over 15) and you are at Riverside or on the weekend, they should be sent to the ED. Anytime the patient/baby is being sent to the ED for this, should run it by Dr. Mesisca. At Riverside because there is no way to get a serum, send the baby to the ED.</li></ul> Kurt <ul style="list-style-type: none"><li>• During a weekday, a bilirubin check patient was sent to the lab by the Provider and lab informed Express Care staff parents they need to present to the ED because they will not do the serum check unless it is the weekend.</li><li>• Would like to make sure lab is on board with regards to the workflow<ul style="list-style-type: none"><li>○ Rodney: Will speak to Dr.Lima to notify regarding this.</li></ul></li></ul> Rodney <ul style="list-style-type: none"><li>• Patient's may get registered as "newborn discharge" in Express Care, they are to be treated the same as a bilirubin check. Use the template for bilirubin, same information and process, dx is "bilirubin check" and "pediatric physical".</li><li>• Team should be scheduling a appointment within 3-5 for newborn discharge follow up</li><li>• Any pushback, report to Rodney so that he could escalate.</li><li>• Once patient's get bilirubin serum, the parents do not need to wait for the results. Providers just need to ensure they have contact information because we can track them as well as pediatrics can track them.<ul style="list-style-type: none"><li>○ If close to the end of express care day, give pediatrics a call to let them know the patient is still pending results. Make sure to document who you spoke to. They will then track those results.</li></ul></li></ul> Kurt <ul style="list-style-type: none"><li>• At Moval, how will getting a serum work when it is after hours?</li></ul>

	<ul style="list-style-type: none"> <li>Rodney: Direct them to the lab but it might happen that patients end up going to the ED by mistake. Vivian can create a flier with instructions where to go and how to find the lab with a map to avoid unnecessary ED visits.</li> </ul>
<b>BPA (Best Practice Advisement)</b>	<p>Rodney</p> <ul style="list-style-type: none"> <li>These are the caregaps: Ordering statins (if appropriate), BMI checks. We are helping primary care figure out their workflows so please continue to do the BMI.</li> </ul>
<b>MSE Shifts</b>	<p>Rodney</p> <ul style="list-style-type: none"> <li>Expanded MSE hours and adding shifts.</li> <li>Common sense must ensue. Communication is key, talk to each other before we leave</li> <li>If the provider needs help, you can stay just make sure to communicate with leads/Rodney. This way he can go back and look at the numbers to keep track of the surges and find the patterns.</li> </ul> <p>Mesisca</p> <ul style="list-style-type: none"> <li>Reason to inform leads/Rodney/Mesisca: Total daily volume doesn't tell the full picture. <ol style="list-style-type: none"> <li>To know frequency in which surges are happening and back up is needed.</li> <li>Gives the leads the opportunity to look at the snapshot of what is happening in real time.</li> </ol> </li> <li>The busy shifts can be the fun shifts as long as we are all working together. Communication is huge.</li> <li>We also need to be looking at the clinic staffing to make sure it is synergistic and delays in patient care are not due to their staff.</li> <li>There is a certain degree of uncertainty when you come to work which is probably what you all enjoy from it. Different from primary care where you have scheduled patients, same thing at the same pace almost daily because there is a schedule.</li> </ul> <p>Kurt</p> <ul style="list-style-type: none"> <li>Concern over the lulls waiting for patient's to be roomed. Feels like sometimes he is just sitting there after completing charting and the arrived list grows and they are unable to see the patients. Then all of a sudden they have a rapid surge of roomed patients.</li> </ul> <p>Rodney</p> <ul style="list-style-type: none"> <li>Speaking with Vernan and Melissa with regards to clinic staff to be able to see the volume at a timely manner.</li> <li>There must be at least two nursing staff at 9 am in the MSC Monday- Friday. If this is not the case, notify Rodney at that moment even if the clinic team states they are working on it or have escalated it themselves to the managers (per Mesisca). <ul style="list-style-type: none"> <li>Mesisca: Wants to know everytime the clinic is short staff to document the frequency</li> </ul> </li> </ul> <p>Lara</p> <ul style="list-style-type: none"> <li>At five, we can ask the clinic staff to use all the rooms and they will <ul style="list-style-type: none"> <li>Rodney: Patient does not need a room to be discharged but he will educate staff regarding this when it is appropriate.</li> </ul> </li> </ul>

<p><b>Hep C Workflow</b></p>	<p>Vivian</p> <ul style="list-style-type: none"> <li>● Patients who have had a positive Hep C result in the ED will present to the Express Cares for hepatology referral.</li> <li>● There is a workflow posted at all the clinics and the RUEM.org website. Labs to order are included in the workflow but we are not starting them on any medications.</li> <li>● Rodney: Make sure the patient is established and has a follow up with PCP as well</li> </ul> <p>Rodney</p> <ul style="list-style-type: none"> <li>● This is being asked by hepatology for our help so that the patient's don't get lost to follow up after being diagnosed in the ED.</li> <li>● Shows we could be very valuable to the community and the hospital.</li> <li>● If you decide the patient needs to be started on any medications, please call the specialist and have a discussion with them.</li> </ul>
<p><b>Latent TB</b></p>	<p>Vivian</p> <ul style="list-style-type: none"> <li>● For any latent TB, we are making an appointment with PCP because primary wants to treat them</li> <li>● You can also place an infectious disease referral but it takes them longer to see the patient.</li> <li>● After Matt is back, we can work on getting some education on TB and possibly meet with public health BUT as of now we are not treating latent TB.</li> <li>● If for some reason primary is unable to see them in a timely manner, treatment could be discussed with the supervising attending.</li> </ul>
<p><b>Collaborating Physician/ Cosign</b></p>	<p>Vivian</p> <ul style="list-style-type: none"> <li>● There is an attending on call schedule. Make sure to look at it when you are working.</li> <li>● Scribes have been made aware of it as well so they can pay attention to this prior to the start of their shift as well and know who should be reached out to.</li> </ul> <p>Rodney</p> <ul style="list-style-type: none"> <li>● Make sure you are selecting the supervising attending who you consulted regarding the patient as a cosigner of the note. <ul style="list-style-type: none"> <li>○ Shows really good collaboration</li> </ul> </li> <li>● If you do consult, make sure it is documented in your note.</li> </ul> <p>Mesisca</p> <ul style="list-style-type: none"> <li>● You are not only limited to the supervising attendings on the list for that day/clinic unless told otherwise i.e someone is out on vacation.</li> <li>● If you don't get a response right away and would like to consult another attending, this is acceptable.</li> <li>● Reaching out to an on-call physician is not a reflection of lack of training. Even the attending physicians have to "phone a friend".</li> <li>● Make sure you include basic information such as dosage or bili tool results in your consultation message.</li> </ul>

	<ul style="list-style-type: none"> <li>● Tag the attending physician as a cosigner. At some point, someone might want to audit these calls/messages (because it comes at a cost to the county) to figure out: <ul style="list-style-type: none"> <li>○ How often are we using our on call physicians and on what types of cases</li> <li>○ The attendings also like to look back about patient's that have been consulted about.</li> </ul> </li> </ul> <p>Saiffy</p> <ul style="list-style-type: none"> <li>● Kudos to Dr.Azad, loves reaching out to her.</li> <li>● Enjoying using the scribes.</li> </ul>
<b>X-Ray Results</b>	<p>Saiffy</p> <ul style="list-style-type: none"> <li>● With positive findings he typically calls the patient and has them return to the clinic for continued care but notes about half does not show. He is wondering if a letter be sent to the patient?</li> </ul> <p>Rodney</p> <ul style="list-style-type: none"> <li>● Will work with Kerry and Sergio regarding sending a certified letter.</li> <li>● Treat every XR as a fracture: Splint and non weight bearing.</li> <li>● Document when you reach out to the patient whether billing or not. If the patient does not respond, have the letter sent sooner than later.</li> <li>● After the first call that goes unanswered, have that letter sent so that there is not a 2,3, 4 week delay.</li> </ul>
<b>California State Loan</b>	<p>Vivian</p> <ul style="list-style-type: none"> <li>● Application is open now until September 16th.</li> <li>● If you work 40 hours a week you qualify for 50k forgiven in 2 years, If you work 20 hrs a week, 25k forgiven</li> <li>● Webinar on it on July 31st at 9 am and then again at 2pm.</li> <li>● Will need to talk to Dr. Khan for work verification and Nicole Hebert for demographics. <ul style="list-style-type: none"> <li>○ When you email them, make sure you introduce yourself. Then tell them what you are applying to and give them the PDF. They will then sign it, get your demographics and update the application.</li> </ul> </li> <li>● Normally won't hear back about the status of your application until March.</li> </ul>

Meeting Called to Order 8:03a; Meeting adjourned 9:00a