Orientation to UCLA NPI Co-Management & Geriatric Consultation
(Updated 7/2/2019)

During this rotation, you will serve as a geriatric medicine consultant in two settings. First, you will provide medical co-management services to the geriatric psychiatry patients on the Geriatric Psychiatry Ward (4N). Second, you will provide medical consultation services to geriatric patients who are hospitalized at UCLA-Ronald Reagan Medical Center.

GERIATRIC PSYCHIATRY WARD – 4N

We consult on all patients over the age of 65 located in the geriatric psychiatry ward (4 North). You are expected to see every patient on the geriatric psychiatry ward who is on the ACTIVE PATIENT LIST every day. (There will be patients who we have signed off on in the psychiatry unit and they are INACTIVE. You do not need to see these patients unless the primary team asks us to help with a medical issue and then they will be placed back on the ACTIVE PATIENT LIST.)

Everyday you should check to see if there are any new admissions (over age 65) to the 4N & 4E wards. You can find this information on CareConnect or by asking the charge nurse. We automatically consult on all new patients whether or not the psychiatry intern has informed us. This is an expected agreement between our two teams and we serve in the co-management style.

The majority of the patients are on a “teaching team”. There are two teaching teams: Gold (Geriatric) and Silver (Adult). These teams have interns/residents and attendings. You will help them manage the patients’ active medical problems. Your recommendations should be documented in your notes as well as verbally relayed to the team. The psychiatry interns and residents will typically write all orders for these patients Monday-Friday. Sometimes you may need to place the order if it is time sensitive or for patient safety purposes.
Always make sure you communicate these orders with the primary team. After 5pm (M-F) and on Saturday and Sunday you are responsible for writing all orders related to the patient’s medical conditions. There is only an on-call psych resident during these times who is not part of the patient’s usual psychiatric team.

Rarely, we have patients followed by private psychiatry attendings. The main private psychiatrist with patients on 4N is Dr. Lee Sadja (pager 18218) or Dr. Seroussi. You will serve as a medical consultant for these patients. We discourage you from writing orders on these patients unless you ask them if it is okay for specific orders or if patient safety is involved and you cannot reach the physician. You may find you need to be more “hands on” with these patients as the private psychiatrists are not very present.
Geriatric Fellows will follow a maximum **15 ACTIVE patients** and see no more than **4 new consults per day** between 4N NPI and the UCLA-Ronald Reagan Medical Center.

**HOURS & COVERAGE**

You will be expected to be on campus from *no later then 8 am – 5 pm daily* to perform consultations, provide follow-up patient care, and participate in teaching rounds. If the service is busy and on days when you have off-campus activities such as clinic or didactics, you may need to come in earlier, stay later, or return to campus until your patient care responsibilities for the day have been completed. On such days **you must leave the hospital no later than 10 pm** due to ACGME requirements that you have 10 hours off prior to the start of your next shift. There may be very rare occasions when you are required to return to campus after going home to do an urgent geriatric consultation that is requested between 5 – 10 pm. Your geriatric medicine attending is your back-up and will be available 24 hours per day to help you with any concerns or questions, and will address any consultations that may come after 10 pm. **You are expected to sign your pager and the consult pager (87710) out to your attending between 10pm and 8am.** Please ensure you have signed back on the consult pager each morning (pager 87710).

You are expected to stay signed onto the consult pager during your continuity clinic (unless it is the first 4 months of the fellowship). As an advanced trainee it is important to improve your skills of phone triage and multi-tasking. Many questions can be answered over the phone without physically seeing the patient. Your attending is always available as a back-up if you are getting too many calls, clinic is exceptionally busy or if an in-person assessment if warranted when you are off-campus.

On Saturdays you will round with your attending in the morning. When your clinical work is complete, you may leave the hospital. However, you will remain on pager until 5pm and may need to return to the hospital if a new consult comes in before 5pm. **You should sign your pager and the consult pager out to your attending at 5pm** and sign back on the your pager and the consult pager Monday morning.

During the evening hours (after 5pm), the patients on 4N are covered by the psychiatry intern/resident on call (the Psychiatry On-call Doctor or “POD”, pager 95722). If there are pending studies that will require follow-up in the evening or if a patient will need a follow-up assessment, please let the “POD” know.

**DAYS OFF**

Every Sunday.
DOCUMENTATION

It is expected that you will write/perform a complete geriatric assessment for all initial consultations. All non-psychiatry patients require a daily progress note. Sometimes, a psychiatry patient does not require a daily progress note. You should write a daily progress note if there are any clinically significant events, findings, or recommendations. This includes, but is not limited to the following:
- Recommend new medication and/or dose change of an old medication;
- Request or review labs/studies/procedure
- Address abnormal results
- Obtain relevant information from a family member/caregiver;
- Participate in a family meeting
- Change in medical status of a patient (ie: new symptom or complaint)
- Management of active symptoms/conditions (titrating BP meds/insulin, active infection, coumadin management, etc)
- Evaluation of a fall

Please discuss with your attending at the end of rounds which patients will need a note for the day. If there are no significant issues to address for several days, then discuss signing off on the patient during rounds (“Signing-off” a patient will be at the discretion of the attending). If you do sign-off a patient, please alert the intern and leave specific follow-up/discharge/outpatient recommendations in your “sign-off” note. For non-psychiatry patients, we encourage following the patient until discharge however there are often circumstances when “signing-off” prior to discharge is appropriate and this can be done at the discretion of the attending.

All notes should be signed no later then 8pm (preferably earlier)

PATIENT LIST

This list is maintained in CareConnect. Please see the “Fellow to Fellow” Guide for details. Please add each patient to the “geriatric consult” team in CareConnect

Please print out an updated list for rounds with your attending each day.

TEACHING RESPONSIBILITIES

You are expected to do informal teaching during the psychiatry rounds that you attend as well as outside of rounds. You will be working with psychiatry interns, some of whom have not completed medicine rotations as interns. Please take advantage of the opportunity to teach them how to diagnose and manage basic medical conditions.

During your rotation, you will give a lecture on a geriatric medicine topic to the 4N nurses. This will occur on Wednesday at 3-4pm during your third week. Please contact the nurse director, Lindsey Becker (LBecker@mednet.ucla.edu) to help
schedule your talk. They usually have topic suggestions around events that recently happened on the unit.

**TRANSFERS from PSYCHIATRY UNIT to MEDICINE TEAM**

At times, patients on the geriatric psychiatry ward may become medically unstable and require transfer to an inpatient medicine/surgical team (on a different hospital floor) for further management. You will assist the psychiatry intern or attending in making triage decisions.

If a patient becomes critically unstable, it is appropriate to activate the CODE BLUE team. The medical ICU team will respond and assist you in stabilizing and transferring the patient to a medicine floor for ongoing critical care.

If the patient does not require critical care services for stabilization, then the psychiatry intern or resident should make arrangements for transfer; you may need to help them with this process.

- The first step is to fill out online an admission Referral Form called the “non-surgical admission request” which can be found on eForms (located on the Mednet home page – middle column). The referral can be found under the “messaging” tab. Call “Patient Placement/Bed Control” to confirm they received the request (x56922)

- Call the internal medicine chief resident (p91010) to alert them that you need to transfer a patient from the psychiatry unit to the medicine service. The chief resident can also assist you with any questions you may have on how to logistically transfer a patient.

- After the form has been completed online & the chief resident called, “Patient Placement” is contacted at x56922 to find out the name and pager of the medicine resident who will be admitting the patient and needs sign-out.

- When you find out the name of the resident resuming care of the patient, page them to give them a verbal sign-out as you will understand the medical issues more so then the psychiatry intern. You should also write a transfer note regarding the medical issues (which can be the daily note)

- Please help the psychiatry intern or resident with transfer orders, if needed. The intern or resident will need to write a transfer note.

If the patient requires intensive monitoring but is not critically unstable and CODE BLUE is not indicated, then you will need to manage the patient at the bedside until a bed is available. Please call bed control right away (x56922) to facilitate this transfer and fill out the admission request on eForms as described above. This RARELY happens.

The transfer process can be quite confusing, if you are not sure about any step, please page the consult attending to help you
TRANSFERS from SURGICAL TEAM to MEDICINE TEAM

If a Surgery Service (or non-medicine service) at Ronald Reagan requests a patient transfer to Geriatrics for ongoing medical management, it is generally in the best interest of the patient to remain at Ronald Reagan Hospital and be transferred to a General Medicine Service (as opposed to transferring the patient to the Geriatric Inpatient Service located at Santa Monica Hospital). There is not a Geriatrics inpatient team at Ronald Reagan Hospital, only a consultation service. The Geriatrics Consult Service at Ronald Reagan may continue to consult on these patients even if they are on a General Medicine Team. There are rare circumstances that necessitate transfer of a hospitalized Ronald Reagan patient to Santa Monica Hospital, and these will be reviewed on a case by case basis. All such requests must be discussed with the Geriatrics attending who will make the final decision to approve or decline the request for transfer.

Often the request to transfer to the General Medicine Service is initiated by the surgical team. The medicine teams rely on you (as the consult fellow) to be the gate-keeper for these transfers and to ensure they are appropriate. Often transfer requests are inappropriate. Examples of inappropriate transfers include challenging disposition problems, challenging family dynamics, or ongoing surgical-related problems. If the primary team requests a transfer to a Medicine team, please contact the Medicine Chief Resident (p91010) and discuss the transfer request. You may say you are supportive, not supportive, or have no opinion. It can take several days for a surgical patient to be officially transferred to a general medicine team based on hospital census. As the consultant, you will assist the surgical team with managing the patient’s primary medical conditions until this transfer has occurred. Please “sign-out” to the medicine team and write a “transfer note” on day of transfer as you will know more about the patient’s medical problems then the surgical team.

The above is referring to patients already admitted and managed at Ronald Reagan Hospital, not ER patients.

ROUNDS & OTHER EDUCATIONAL OPPORTUNITIES

One of the best opportunities for learning is to participate in the psychiatry rounds. Please check with the Gold interns or the Gold psychiatry attending at the start of the week to see what time rounds will be during the week. It usually is not possible for you to attend the rounds or stay for their entirety but if time allows these rounds are a great learning opportunity. The psychiatry team usually does multidisciplinary rounds with the interns, nurses, and social worker M-F from 8:30ish to 11ish. The fellows are always welcome for any part of the rounds

Daily rounds with the geriatric consult attending are another opportunity for learning. Monday through Friday rounds usually start after 1:00 pm except on Thursdays when they will begin around 11:00 am due to the afternoon didactics.
Check with your attending each week as rounding times will vary per attending. Weekend rounding times will be determined by the attending and the fellow and occur in the morning.

There are eight didactics that will be given by your consult attendings during the rotation, ideally 2 per week. They are available in the “Shared Folders” in Microsoft Outlook. Ask your attending to show you how to access on it. The topics include:

Week 1
Day 1: How to Do a Consult
Day 2: Medical Evaluation for ECT

Week 2
Day 1: Depression
Day 2: ECT Basics

Week 3
Day 1: Delirium
Day 2: Medical Complications of Psychiatric Drugs

Week 4
Day 1: Dementia
Day 2: Polypharmacy

**ELECTROCONVULSIVE THERAPY (ECT)**

Frequently, you will be asked to perform a pre-ECT examination to medically “clear” a patient for ECT. It is critical that these be done in a timely fashion. These patients should be evaluated the day they are admitted. If you order diagnostic evaluation that must be completed prior to the initiation of ECT, you are responsible for documenting the results of the evaluation prior to ECT. Failure to do so can result in unnecessary delay of appropriate psychiatric treatment.

You are expected to observe at least one session of ECT during your rotation, typically a Monday morning. Please contact the ECT charge nurse via phone (310-267-9147) to find a good day and time for your observation.

**DISCHARGES**

Often patients will be discharged to community nursing homes under the care of one of the UCLA geriatricians. We try to encourage discharges to these facilities. If this is the case, please contact the accepting physician. Here is a list of nursing homes where the UCLA Geriatric attendings see patients:

Berkely East, Berkely West, Brentwood Nursing and Rehab Center, New Vista Post Acute Care Center (non-trach).
When the interns are discharging patients to nursing homes, it is very important that they understand how to write these discharge orders. If patients will require antibiotics, the stop date for these should be noted. All medications will require a diagnosis written next to the medication (for example: Lotensin 10 mg po daily, dx: HTN). If the patient will need rehabilitation services, this should be clearly ordered. Code status should be clearly stated.

In addition, patients will frequently require home health services, such as home nursing and physical therapy. Please ensure that these are ordered for patients who require them prior to discharge. It is essential that you give a brief “in-service” to the psychiatry interns when they rotate onto the service about these discharge issues.

**GENERAL POINTS**

Remember, you are acting as a consultant. You are being asked to provide a particular service or address a particular question. It is important to provide prompt, appropriate consultations. Under no circumstances are you to refuse or “block” a consultation. If you have concerns about the appropriateness of a consultation, please contact the consult attending.

This can be a very busy service. On days that you are in clinic or have lectures, the consult attending will work with you to ensure that you are able to make it to these scheduled activities on time and he or she will assist with patient issues while you are away.

**HELPFUL HINTS**

- Become comfortable with the computer system early and get your password and access code on day one. Please call x52235 to obtain your password and access code.

- Check in with the 4 North charge nurse every morning. She or he will help you focus on the most pressing clinical issues first and tell you if there have been admissions overnight. This will markedly increase your effectiveness and efficiency!

- Ask questions if you are not sure. This is a big hospital system and it is impossible to learn everything about it in a brief period of time.

**Supervision Policy**

Your attending is available at all times during your rotation and can be paged or called 24 hours a day, 7 days a week. They will provide **direct** supervision of patient care everyday as well as **indirect supervision**. They also are available for questions related to all aspects of the rotation (patient care, education, systems-based questions, computer questions, professionalism, team-based
competencies). You are expected to notify your attending (at minimum) in the following circumstances:

- Patient death (unless patient is on hospice/end-of-life care)
- Transfer of patient to a higher level of care
- Code Blue or Rapid Response
- Decompensation of clinical status
- Uncertainty in the medical management of a patient
- Leaving the hospital AMA
- Patient fall

In the event an attending physician is needed and the attending of record is not immediately available, the following in-house attending physicians may be contacted.

- Triage Hospitalist - x79873, p82005
- Medicine Observation Attending - p96450
- Psychiatry On-call Doctor or “POD”, pager 95722
- MICU Fellow - p89210
- CCU Fellow - p94228

In the event the attending gets called in the middle of the night about a patient and that attending feels the patient should be seen by a medicine doctor ASAP (ie: faster then you can get to the hospital) then the night-triage hospitalist has kindly agreed to be back-up for us. Pager 82005. Usually the attending/fellow can provide guidance to the surgical or pysch resident over the phone without needing to go to the hospital, but sometimes serious circumstances arise which require an in-person evaluation.