UCLA POST-ACUTE SKILLED NURSING FACILITY ROTATION
(UCLA NH)
Revised Nov 2018
Berkley East Convalescent Hospital
2021 Arizona Avenue (x 20th), Santa Monica
(310) 829-5377 (enter 3 for 3rd floor, 4 for 4th floor)

**ROTATION SITE DIRECTOR:**
Dr. Susan Leonard

**ATTENDINGS:**
Dr. Susan Leonard (admits Sun, Mon, Weds, Thurs, Fri*) SLeonard@mednet.ucla.edu
Dr. Maristela Garcia (admits Sat, Tues*) MaGarcia@mednet.ucla.edu
*Admission days may vary depending on census and schedule changes; fellow will be informed of any updates*

**PRIMARY SUPPORT STAFF:**
Nursing supervisors on each floor
Joselyn (LVN)- Joselyn.Bumacod@berkleyeast.com
Adelita Cabagnot (NP) – she covers the attending's non-teaching panel when they are away. ACabagnot@mednet.ucla.edu

**OTHER KEY STAFF:**
Director of Nursing: Cristina Briones. Cristina.Briones@berkleyeast.com
Assistant Director of Nursing: Raymond Latayan. Raymond.Latayan@berkleyeast.com
Physical therapists, Occupational therapists, Speech therapists. Rehab Director: Kevin Howells, PT (x4016). Therapy2021@aol.com
Social worker (office on 4th floor): Anita Csukardi (x4012). Anita.csukardi@berkleyeast.com
Psychologist: Dr Eden Zigman (Mondays)
Podiatry: once a month (a sign-up list is on the wall)
RN is present, but most are LVNs and CNAs
Hospice nurse if someone is on SNF hospice
Note: There are no respiratory therapists available

**MEDICAL STUDENTS & RESIDENTS:**
-Residents may admit patients, but are only occasionally present during this rotation
-Medical students currently do not admit or follow patients; they join rounds on Thursday mornings

**KEY LECTURES***:
Week 1 -Overview to Nursing Home Care/Quiz
- Care Transitions and Levels of Care
Week 2 –Rehab overview, review of PT/OT (and how to read their charting), assistive devices
- Medication Reconciliation (by NP, Adelita Cabagnot or another week as time permits)
Week 3 –Wound care/Pressure ulcers or Hip fractures and treatment
Week 4 -DME and Home Health or other topic
If time, possible other topics-Billing/Regulations, urinary retention/incontinence, weight loss/anorexia
*Didactic topics may change based on time or relevance to patient cases *

**HOURS & LOGISTICS:**
- Patients (residents) are on the 3rd and 4th floors; PT/OT is located on 1st floor.
- Mon-Fri, 8 am to 5 pm (or until work is done)
- Pre-rounding is expected to start at 8AM Mon-Fridays except on your clinic days or state home days. After your clinic sessions and half-day state home visits, please report back to the nursing home.
If you are running late or if you need to leave the nursing home premises during office hours, please inform Joselyn Bumacod, our nurse liaison. Please leave your contact information with Joselyn.
- Let attendings know at start of rotation which clinic day you have (eg Tues or Wed) and any anticipated approved time away.

**BEFORE YOU START:**
- Written & verbal signout from Fellow going off-service.
- You may expect to have up to ~5-7 patients per attending, or ~10-14 patients total (variable)
- On first day, please arrive at 8 am for orientation and so SNF staff can meet you – find Joselyn or an attending
- You are responsible for all patient issues between 8 am to 5 pm, so be available by phone/pager.

**PARKING:**
- Valet parking in underground garage 8 am – 8 pm
- Tell them you are the new Fellow (free parking for physicians)
- After 8 pm, your car key is left in a gray metal box at the 3rd floor nursing station

**PHYSICIAN WORKROOM:**
- Located on 3rd floor (across from room 309)
- Laptop passwords *(subject to change)*:
  1st screen (encryption key): geriaTrics
  2nd screen (Gerifellows): geriaTrics
- Connect to wireless internet by clicking green “connect” button in black box on right side of screen
- Access Care Connect to review patient charts (for those admitted from UCLA – the majority)
- Laser printer
- Casamba for physical therapy notes – separate login. We can show you how to access this

**FELLOW’S RESPONSIBILITIES:**
1. Admit assigned new patients to the nursing home. This involves doing a complete history and physical examination including (template provided):
   a) Chief complaint
   b) 3 chronic conditions
   c) Review of systems
   d) Baseline functional and social history prior to hospitalization
e) The assessment must have medical diagnosis and plan for each problem.
f) Code status and POLST

2. Please call family or the responsible party listed in the chart on admission to introduce yourself, obtain collateral information, and to review the plan of care. **This is ESSENTIAL.**

3. You should review all admission orders even if you aren’t physically present when they arrive upon your next visit. All blood pressure medications require hold parameters (e.g. SBP< 110/heart rate < 55/minute for b-blockers. All antibiotics need an indication (e.g. pneumonia, UTI, etc) and stop date. You can discontinue any unnecessary or prn’s that might not be needed and add medication you feel the patient may benefit from (e.g. bowel medications/osteoporosis medications)

4. All lab orders and other medications ordered must include indication. In general, all INR results must have an order for warfarin dose as indicated (e.g. continue the same dose, change the dose to…)
   Consider ordering baseline labs (CBC, BMP, INR if applicable) for the next working day on new admissions.
   **New time update**
   Lab draws will be done in the evening (between 3pm- midnight) Sun thru Thurs for Monday thru Friday lab orders. Lab results should be available by 10am. After hours, weekend, stat labs and imaging may incur additional fees

5. Psychiatric meds are considered chemical restraints and are more regulated in the SNF setting and must have an indication/diagnosis and consent form signed by family. Antipsychotics should be avoided as PRN unless there is a indication for behavior, manifested by aggression that affects patient safety or others. Non-pharmacologic measures are recommended (supportive care, delirium precautions, proper sleep/wake cycle and lighting, managing pain, avoiding culprit meds etc). The goal is for gradual dose reduction (GDR) of these medications and to discontinue use if not indicated. Physical restraints are NOT used (ie, mitts, lap guards, posey belts, wrist restraints, etc)

5. Please sign out any problems each evening with the MD on call and each weekend if necessary. The monthly Geriatrics-on-Call schedule is posted on the Mednet.

6. At the end of the rotation, please provide a sign-out of your existing patients to the incoming fellow (please check with your attending physicians which patients are to be handed off to the next fellow).

7. Please check your mednet email and care connect messages routinely in the morning before you start your pre-round, and regularly throughout the day; these are important methods of communication among geriatric division providers. Overnight and weekend issues/calls from the SNFs, are communicated in the morning by the geriatrician-on-call (GOC) through the mednet email system.

**ROUNDS:**
- Meet at physician's workroom on 3rd floor (marked “Exam Room”, across from room 309)
- Check with attendings at start of each week regarding rounding times (sometimes attending on other services). Round will usually be ~2 times/week.
- You may also be asked to precept medical students, interns or residents doing elective rotations that include ½ day SNF experiences. Family medicine residents with precept with fellows 1-2 times/month in the morning and we will inform you of these dates beforehand. Please see these as valuable teaching opportunities important in your fellowship training.

**ADMISSIONS:**
- Admissions happen daily and are assigned to the UCLA MD admitting that day (Garcia or Leonard).
- Multiple physicians (not just UCLA) have patients being admitted to Berkley East; so if a staff member tells you about a new admission, make sure it is for the correct UCLA attendings you are working with.
- You should get a sign-out from the inpatient team – if not, call them directly before they leave the hospital.
- Verify orders (review med list and orders, and sign off on the sheets);
- All ortho patients should have: (1) follow-up appt with Ortho, (2) PT/OT, (3) pain meds (mild/mod/severe)/laxative if on opioids, (4) MAKE SURE PT HAS DVT PPX (sometimes missing); total of 2-4 weeks post-op from Ortho procedures.
- Technically you have 24 hours from patient arrival to write the H&P. Please check with attending about when to “close the encounter” on your notes to allow for addendum and co-signature.
- Lots of little red tabs that say “sign here” in the patient chart – SIGN THEM (usually telephone orders or PT).
- After things are settled, call the patient's family or meet them at bedside to introduce yourself and provide updates. Make sure you have correct contact information.
- Make sure POLST form is personally reviewed with patient and/or family member and signed (even if SNF staff have already prepopulated the form – patients sometimes change their mind after physician's explanation).
- **ALL opiate orders need a controlled substance script** -- get one from the attending if you don't have your own scripts. Alternatively, you can write the name of the controlled substance with quantity # of pills and DEA with signature on the order form.
- Vitals, medications/MAR, weights, finger stick readings, treatment orders, etc are in different charts around the nurses station.
- Labs/imaging – done by Diagnostic Labs & Radiology. Results are faxed to the nurses station and flagged in chart. Please keep track of which patients have pending labs and images ordered and followup on results.

**PROGRESS NOTES:**
- Each patient should have 2-3 notes per week (any change in condition or updates with acute issues may warrant additional notes).
- Generally, the notes should be done by the day you round with each attending. Once the plan of care is discussed, the encounter should be closed and sent to the attending for co-signature. Please check with each attending regarding her preference for notes.

**REHAB NOTES:**
-updates on Casamba system – we will show you how to access. Weekly updates will be also emailed out with LCD (last cover day) and day of anticipated discharge which will help us with our discharge planning. It is helpful to review therapy updates and progress with the physical therapist periodically in real time.

**APPOINTMENT SCHEDULING:**
-Transportation to appointments is not automatically provided. Patients should plan to have transportation to appointments as they would otherwise arrange outpatient.
-If assistance is needed, SW Anita can help setup transportation and the patient would pay for the transportation service (ie, van service, Access, ambulance if truly needed).
-Patient do NOT need to see PCP until after SNF discharge (unless desired by patient).
-please email DOM 913 staff for appointment scheduling

**DISCHARGES:**
-Review d/c orders with Jocelyn the day before anticipated discharge
-Discharge orders should have: Home PT/OT/RN/MSW (if applicable), DME (if applicable), “DC home with responsible party at [time]”, “DC home with remaining medications,” and F/U with PCP/Ortho in [time frame]
-Usually best to order DME a few days ahead so it is waiting for patient at home

**Medication Reconciliation: We will show you how to do this on care connect.** It is essential to reconcile medications, and provide new opiate/controlled Rx scripts if needed
-Type all discharge summaries and cc: PCP (get address if outside PCP)
-Also email or call PCP to notify them of d/c & any f/u issues or labs
-For all discharged patients who were being followed by the anticoagulation clinic (ACC) before their admission to the SNF or for patients who are to be newly enrolled by the antioagulation: please email the ACC and provide the relevant information (email: DOM WW-Anticoagulation), or route into in care connect.
-Follow appointments – please email DOM 913 staff to coordinate any appointments

**TRANSFERS:**
-discuss with your attending
-please call the ER and the admitting Geriatrics resident and provide handoff (phone numbers below)

**SMARTPHRASE Templates for notes**
All notes should be typed out in care connect. Below are sample smartphrases that can be used or updated and saved as your own.
(search under Susan Leonard)
Admit Note/H&P-- sdlsnfadmit
Progress Note-- sdlsnfpn
Discharge Summary --sdlsnfdc
Medication reconciliation (brief version) – medreconciliation
Medication reconciliation (long version for billing) - SNFmedrec

Other templates may be available for use. Please discuss with the individual attending
CALL:
You are responsible for your patients M-F, 8am-5pm.
After hours, will go to geriatrics on call (GOC)
All fellows during the SNF rotation will take GOC call Saturday 8am-Sun 8am
Details for this will be reviewed with you beforehand.

**Important phone numbers/pagers**
a) Berkley East—310-829-5377 (main number)
b) Pagers: Dr Leonard # 27330, Dr. Garcia #24645
c) Geriatric resident at Santa Monica hospital-pager 91907
d) Santa Monica Hospital operator-310-319-4500
e) Admissions/Bed control for transfers from the Nursing home to Santa Monica hospital-310-319-4780 and ask for Odessa.
f) UCLA, Westwood Hospital, page operator-310-825-6301
g) UCLA, Westwood ER-310-267-8407—speak with triage nurse or MD
h) Santa Monica Hospital ER-424-259-8400-speak directly with MD