**HARBOR-UCLA CONSULTATION & CARE TRANSITIONS ROTATION:**

**HELPFUL HINTS**

**GERIATRICS TEAM:**

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**FELLOW’S RESPONSIBILITIES:**

See Orientation document Rotation Goals and Objectives. The emphasis in this rotation is on acquiring and practicing SKILLS AND BEHAVIORS in Care Transitions from inpatient to outpatient, including patient and family education, understanding eligibility for community resources, and communication with patient’s other providers. Additionally this rotation provides opportunities to develop your teaching skills.

1. **Demonstrate leadership skills** as the Team Leader of the Consultation service by supervising the Geriatrics Team of IM resident(s) assigned to the rotation and NP.
   1. Answer consult pager 6 days a week and manage patient assignments
   2. Ensure that all patients are seen daily; if resident unavailable (e.g., post call), see those patients and write notes.
   3. Pre-round with residents to review all patient plans and assessments
   4. Lead Attending rounds
   5. Addend resident new consult H&Ps and ensure they are accurately reflecting the assessment and plan in their documentation
   6. Ensure regular communication with primary team on recommendations
   7. Ensure all consult patients have correctly completed admission and discharge medication reconciliations in ORCHID.
   8. Keep track of patient insurance, identifying patients who may qualify for Medicare or Medi-Cal but not yet enrolled and identify patient eligibility for community resources that will help with discharge planning
2. **Perform comprehensive Geriatric Assessment** and focused evaluation/recommendations for Automatic and Requested consults.
   1. Contact family and/or caregivers to corroborate history and provide education on hospital events, chronic conditions, and advance care planning as appropriate.
   2. Inpatient follow-up of active Geriatric issues.
   3. **Complete Mini-CEX** **on Memory Assessment** with the attending
   4. Complete Advanced Care Planning document in Orchid for all patients. Use the **ACP Ad Hoc Form** for documenting discussion
3. **Teach, observe, and give feedback** on residents’ geriatric assessment skills.
   1. Role model exceptional geriatric care
   2. Supervise residents in developing their assessment and plan.
   3. **For each resident, observe a complete geriatric assessment and give feedback using the Communications Skills Mini-CEX** - start this no later than your second week on the rotation
   4. Prepare and present a 30 minute session on a Controversy in Geriatrics or other topic of your choice. You are expected to turn in a list of references from this talk to your attending.
4. **Manage TOC post-discharge follow-up** for all patients.
   1. Check the master Excel consult list in “Shared Folder”; ensure that TOC post-discharge follow-up column is completed for all patients seen each week, including patients that had been signed-off prior to discharge.
   2. Ensure patients discharged to home have appropriate follow up.
   3. Contact primary care provider after discharges to communicate hospital course and recommendations:
      1. **Outside PCP:** Write ORCHID letter using Letter template**;** cc: attending to document; fax to PCP and call to confirm receipt
      2. **DHS PCP:** Write ORCHID communication message using Letter templateand cc: attending. Make sure that “save to chart” box is checked.
      3. **SNF MD:** Call to sign out complex patients and document in chart.
   4. Complete **Mini-CEX** **on PCP Communication** with the attending
5. **Deliverables due by the end of the rotation:**
   1. 30 minute literature based presentation on a topic relating to a controversy in geriatrics (Assigned date is the last Tuesday of your rotation)
   2. List of references used for your presentation
   3. 2 CEXs that you complete with your attending (communication with PCP and memory)
   4. 1 CEX that you complete for each resident

**BEFORE YOU START:**

**Contact Virginia Ramirez, GIM Medical Secretary, 424-306-4446 or** [**viramirez@dhs.lacounty.gov**](mailto:viramirez@dhs.lacounty.gov)**, to ensure you are on track for *security and health clearance, ID badge*,and *computer access*.**

1. **Online Application** (prior to July): Virginia approves the application, and you should be given a contract employee number (“C number”). Virginia will sign you up for EMR training (below).
2. **Live Scan at Human Resources** (Building 3 South)**:** Scheduled to occur during your July fellowship orientation. Live Scan is a drop-in service and should be done no less than 2 weeks before your rotation start date.
3. **Employee Health Services (EHS) Clearance**: Should be completed during July fellowship orientation. Complete the E2 form and have it reviewed by EHS: TB clearance (test result and questionnaire), form to decline vaccinations or have evidence of immunity (e.g. titers), and evidence of influenza vaccination (call UCLA Occupational Health to have documentation faxed to Harbor). E2 can be signed by any licensed physician, **no physical exam required**. THEN, have the E2 signed by UCLA fellowship coordinator.

* FAX completed E2 and supporting documents to 310-222-5326, Employee Health Services

1. If you did not complete Orchid training during orientation, please do the following:
   1. Review the online tutorial for our EMR, Orchid:   
      <https://www.harbor-ucla.org/wp-content/uploads/2021/09/ORCHID-YouTube-Training-LM-9.21.21.pdf>

**ON YOUR START DATE:**

1. **Go to your scheduled ORCHID Training (EMR) (if not completed during fellowship orientation in July)**
2. **Graduate Medical Education (GME) check-in**: **At this time, you will receive a “REMOTE check-in e-mail from the GME office”.  You must have submitted the following forms to Virginia in order to receive your remote check-in e-mail.  Forms can be found at:** <https://www.harbor-ucla.org/gme-resources/> and click “Visiting Residents/Fellows”
   1. Affiliated Resident/Fellow Questionnaire
   2. Code of Conduct answer sheet
   3. Your HIPAA certificate from UCLA (or, if not available, complete the Privacy & Security Survival form on the webpage).

You will receive a parking hang tag from the NP on service and you must return it to her at the end of your rotation for the next fellow to utilize.

1. **Human Resources:** Obtain Harbor badge. Until you have a Harbor-UCLA ID badge, you must go through Security/metal detector at the Hospital and PCDC entrances, including metal detector.
2. Key #LA25: Obtain from your attending. Needed for access to ICUs, Staff restrooms
3. **Confirm access to Microsoft Applications (free to download)  
   a. Microsoft Teams** for HIPAA protected communications and consult templates/forms/resources; use DHS email and login (not UCLA)

**b. Microsoft Sharepoint** for rotation curriculum, use DHS email and login

1. **Pick up laminated card with phone numbers/pagers** from Jan Kiernan’s office (5th floor)

**PARKING:**

* Allow sufficient time for commuting to the South Bay and for parking. Morning traffic on 405 South is generally fairly light.
* Park in Lot D (Parking Structure) at corner of Vermont Avenue and 220th Street (enter on 220th St). Use your hang tag for floors 1-2. The rooftop is open (non-permit) parking. Lot usually fills by 8AM.
* Parking is free on campus but can be difficult to find after 8am. Only parking structure D requires the hang tag permit.

**HOURS & LOGISTICS:**

* Fellows are expected to be on campus from **8am-5pm daily** to perform consultations, provide follow-up patient care, and participate in teaching rounds. Off-campus activity exceptions: clinic, longitudinal nursing home and didactics. If the service is busy and on days with scheduled off-campus activities, you may need to 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.
* **New consults:** Fellows are to accept new consults Mon-Fri from 8am to 5pm, Saturdays & Holidays from 8am to 5pm.
  + On Saturdays and Holidays, fellows are expected to see any new consults, ortho co-management patients, and selected follow-up patients (discuss with attending). Fellows have the option to leave after telephone rounds with attending, but need to return if there are additional consults before 5pm.
* **Carry the Geriatrics Consult pager:** (310) 501-0840 (Mon-Fri 8am-8pm; Saturday-Sun 8am-5pm). Fellow is responsible for forwarding the pager to attending at 5pm on Saturday and resuming pager duty on 8am Monday.
  + Call Spok at (866) 676-8246; after hours (800) 453-9957). *Password: “Harbor UCLA CC Request” (use exact words)*
  + CC: pager to attending for continuity clinic, didactics, and longitudinal nursing home.
  + Attending will be available 24/7 to help you with any concerns or questions.
* **Pre-rounding starts at 8AM** except on your continuity clinic, longitudinal nursing home, or Journal Club days. Notify attending at start of rotation which clinic day you have (i.e., Tues or Wed) and any anticipated approved time away (e.g. mini-fellowship, conferences, medical appointments, forensic center).
* **Daily Attending Rounds:** Weekday rounds usually start at 1:00 pm; confirm with your attending. Weekend rounding times will be determined by the attending and the fellow.
* Attendings usually change service on the 1st and 16th of every month
* **Virtual Teaching Conferences** open to housestaff/fellows include Tuesday morning IM Grand Rounds 8:30-9:30AM and Morbidity & Mortality Conference Thursdays 12-1PM.
  + Geri Grand Rounds: 8am on 2nd Fridays (UCLA webcast)
  + Geri Journal Club: 8am on 4th Fridays (UCLA webcast)

**NEW CONSULTS:**

Meet with the NP in the morning to review the Geriatric Frailty report and assign patients.

1) Automatic (triggered) consults are trauma patients age 65+ or surgical patients age 70+ who screen positive for frailty (per admission nursing assessment, e.g., have gait disorder, basic ADL dependence, prior stroke diagnosis).

*\*\*Requested consults should be seen first and recommendations communicated to the primary service before seeing automatic consults (triaged by attending)*

2) Requested consults by primary services received before 5pm should be seen that day and staffed with attending. We accept ALL consult requests for patients aged 65+; patients <65 can be seen by Gen Med consult service.

* ***NOTE:*** *It is important to provide prompt, appropriate consultations. Under no circumstances are fellows to refuse or “block” a consultation. If you have concerns about the appropriateness of a consultation, please contact the consult attending.*

3) Orthopedic Co-Management: Pre-op evaluation and medical co-management. We write orders on these patients on medical issues except for Anticoagulation. Primary team is first call.

* + **Hip fracture preop eval:** Only if Ortho is PRIMARY and Anesthesia has deemed it necessary to have Medicine evaluation. OBS hospitalist will complete the preop overnight if request is received after 5pm AND pt is scheduled as first case in AM. Otherwise Geri consult service is to complete the preop promptly in AM.

4) Transfers to Medicine (Wards service): Patient transfers to Medicine must occur prior to 2PM unless urgent need (discuss with your attending). To transfer to Medicine:

1. Document in your consult note that the patient should be transferred and this was staffed with the attending
2. Attending adds patient to MS Teams wards admission Excel sheet & obtains pager number for admitting team resident.
3. Give sign out to the accepting team R2/R3
4. Provide admitting team Attending name to primary team for them to enter the transfer orders and write transfer summary

**FACILITIES:**

**Main hospital** is at the corner of Carson & Vermont St.

Example Room Number: 4P-17C

4 = Floor

P = telemetry unit, W = West, E = East, other letters designate ICU (e.g., C)

17 = Room

C = Bed

* + Inpatients are on floors 3-6. Ortho and Trauma are often on floor 3, West wing.
  + There are East and West wings and several ICUs and telemetry units on both wings.
* **Staff Restrooms** are located on the inpatient floors and the Staff Lounge (Rm # B05) in PCDC and require Key #LA25 to access
* **Doctors’ Dining Room**, 1st floor across from Courtyard Café (public cafeteria): Your housestaff ID badge entitles you to 3 free meals per day.
* **Lactation Rooms:** 7th floor, room 7W20, and Mothers’ Room 1J9, in the former ER wing on the 1st floor
* **5th Floor IM Residents’ Lounge:** You may store your personal items here. Entry code: 2-4-1
* **5th Floor Rounding Room:** Near resident’s lounge. Entry code: 2-4-1

**CURRICULUM:**

In addition to learning from direct patient care and on teaching rounds:

* Attendings will give short lectures on topics of special importance in providing geriatric care at this county safety-net hospital.
  1. **MS Sharepoint:** Harbor-UCLA DOM Rotations -> Geriatrics Consults
  2. You are expected to select **one** of the lectures to present to the team.
* Prepare a short (20-30 minute) didactic on a **Controversy in Geriatrics** (or other topic of interest; discuss with your attending). Your assigned lecture date is the last Tuesday of your rotation.
* **MS Teams Geriatrics SignOut Folder:** Self-study Articles

**HEALTH RECORDS SYSTEMS**

Computers are available in **Resident Workrooms on the 5th Floor.** For access problems, go to Information Systems (Main Hospital Basement, B251-A).

1. **ORCHID**: You will need in-person training for access (this should have happened at your July Harbor Orientation). For ORCHID help, call Enterprise Help Desk 323-409-8000.
2. **Affinity**: Legacy system that uses old MRUNs. You can access test results, discharge summaries, ER notes. You can sign up for access at Information Systems or ask us.
3. **Note/Letter/Fax Templates**: MS Teams Geriatrics Sign Out folder

**ORCHID GUIDE**

1. **Consult List**: HAR Geriatrics Care Team. In Physician Handoff, click on far right drop-down arrow, select Care Team Lists, select Geriatrics Service, Geriatrics Team.
2. **New Consults**: Cut and paste from the “Geriatric Consultation Initial Consult Note ORCHID Template” in Sign Out. We can show you how to make the template an auto-text. Note Type: Geriatric Medicine Consult Note, Note Template: Free Text Note. Change title to: “Geriatric Medicine Inpatient Initial Consult Note.” To fill out the form, press F3 to tab to next underscore.
3. **Progress Notes**: Note type: Geriatric Medicine Inpt Progress Note, Note Template: Progress/Soap Note.
4. **Forward for cosignature**: When signing your note, add the attending as a recipient.

**RESOURCES:**

* **In-person Spanish interpreters:** Call (424) 306-8440 to request – helpful for rounds
* **Phone interpreter**: **424-306-6000**. (You can use your cell phone or landline)
  + Press 01 for Spanish. MANY other languages available (listen for options)
  + Document interpreter ID# in your note
* **Conference calls on Cisco phones:**
  + OPTION 1: Dial 6-6000. Dial 0. Tell operator the language requested, your contractor ID number and department “Medicine.” Tell interpreter the phone # you want them to dial.
  + OPTION 2: Call patient first, then press the "conference call” button (symbol with 3 people) on the phone, 9+1+area code+ phone number, then “Conference” button on top horizontal row.
* **Harbor-UCLA pagers:** 310-501-xxxx. Text page at <https://www.arch.com/message/>, accessible from the Harbor Intranet/Clinical Applications/Harbor alpha paging. Pager Office: B251A (basement) for broken pagers, etc.
* Copies: 5th Floor Rounding Room.
* Please notify attending immediately for concerns regarding other housestaff or hospital staff

**SUPPORT STAFF/USEFUL CONTACTS:**

* Harbor-UCLA Medical Center (main number): 424-306-4000
* **Social Work Office**: 1st floor Lobby, Suzette Shields (Supervisor).
* Medical Case Workers help with Discharge Planning and require a physician order
* Clinical Social Workers are assigned to Units (Physician order needed)
* Financial Services (Building 3-South) helps with determining insurance and benefits
* DMV Reporting for Potentially Unsafe Driver: PDF form in Sign Out
* Home Health Coordinator: Miriam Garcia
* Physical Therapy: Sue Okazaki, PT Supervisor; Rancho PT Monica pager 562-466-2767
* Pharmacy: Inpatient pharmacy is in the basement, outpatient is in 1st floor Lobby
* Virginia Ramirez, GIM Secretary: 424-306-4446, [viramirez@dhs.lacounty.gov](mailto:viramirez@dhs.lacounty.gov), Office N28 room 57