



VA-Greater Los Angeles

Geriatric Fellow

Palliative Care Consults

Rotation Information

2021-2022

Veteran's Administration
Greater Los Angeles Healthcare System

(VA-GLAHS)

11301 Wilshire Blvd.
Los Angeles, CA 90073

Palliative Care Fellows' Room: 2 North, Pod D, Room 2057

Main Phone Number: 310-478-3711

Program Fax Numbers:

2nd Floor: 310-268-4272

Palliative Care Emergency Pager:

1-800-918-2007

Introduction

Welcome to your rotation with the palliative care team at VA-GLAHS. This packet is designed to orient you to our clinical and educational activities as well as provide information to make you feel comfortable with our service.

What is Palliative Care?

Palliative Care is the symptom-directed, patient-centered, life-affirming care of individuals, their families and friends who are living with progressive life-threatening illnesses. Palliative Care focuses on a patient's need for pain control and symptom management caused either by a disease process or treatments for the disease. The ultimate goal of Palliative Care is to improve quality of life for the patient and family.

Palliative Care specialists treat difficult to control pain and non-pain symptoms, handle intensive patient-family communication, including helping to define goals of care, and provide support to patients and families with complex psychological, social, and spiritual needs during the patient's illness and during bereavement. The traditional medical model of 'treat to cure' may not apply to many of the patients for whom you will be caring while on this rotation.

Palliative Care Rotation at VA-GLAHS

Goals

It is expected that Geriatric fellows will gain knowledge of the spectrum of Palliative Care. They will understand the indications for a Palliative Care referral, the components of the interdisciplinary team, and how to work as an active member of this team.

Trainees will gain experience and knowledge in the following areas:

- ❑ **Pain Management**—ability to utilize opioid and non-opioid methods for managing pain at the end of life.
- ❑ **Communication**—knowledge of goals of care discussions, 'breaking bad news' discussions, and family meetings.
- ❑ **Symptom Management**—ability to manage refractory symptoms including but not limited to dyspnea, nausea, depression, constipation, and anorexia.
- ❑ **Psychosocial and Spiritual Care**—recognition of the psychological, social, cultural, familial, and spiritual/existential issues associated with life limiting illness.

While on the Inpatient Consult Service Palliative Care Rotation at VA-GLAHS, trainees will meet these goals through exposure to the palliative care continuum through the following objectives:

Objectives:

1. Develop communication skills with patient and families in the course of serious illness, including an understanding of developing goals of care discussions
2. Learn skills in palliative care evaluation and assessment, including pain and non-pain symptoms
3. Identify signs and symptoms of impending death
4. Recognize and respond to family and caregiver needs for psychosocial support, grief, and spiritual counseling
5. Develop a working knowledge of opioid equi-analgesic dosing
6. Demonstrate skill in professional consultation communications and interdisciplinary team care

Writing notes on your patients:

- In CPRS, first find your patient by inputting the first initial of their last name plus their last four digits
- Next click on the patient location (where you see your patients hospital floor and room #). If you have trouble finding the location, it is at the top left of the screen, just to the right of the patient name.
- Next click new visit in the dialog box, then input a new location:
WLA-VIP-PALLIATIVE CARE X
- Then start a new note. For initial consults choose the title palliative inpatient consult and then click below on the consult to link it to your note. For all subsequent notes choose the title palliative inpatient follow up
- The **inpatient initial palliative care template** should be used for the first note, followed by **inpatient palliative care follow-up** notes each subsequent day. The palliative fellow can share these templates with you.
- Identify the palliative care attending as a co-signer on ALL consults and progress notes
- When finishing your note, you are not the primary – your palliative attending is. So, choose them as the primary. When choosing diagnoses, choose the most relevant diagnoses for your patient, and then use the search function to add palliative encounter as an additional secondary diagnosis.
- Patients on medical and surgical floors have vitals recorded in cover sheet on CPRS.

- ❑ Patients in the 5W ICU do not have their vitals available on their cover sheet. You can see their vitals on the ICU monitors at the nursing stations. Or you can find the ICU flowsheet on CPRS by clicking “tools” at the top of the screen, and then in the middle of the dropdown menu “clinical applications” and then “ICCA (ICU flowsheet)”.

Other Helpful Tips

- ❑ You can find out who the primary team is by looking in the “Orders” page
- ❑ Use Teams to communicate the palliative team’s recommendations to the primary team in a timely manner. Also include a summary of recommendation at the bottom of your daily note.
- ❑ Palliative team does not write orders on the patients we consult on. Rather we communicate recommendations to the primary team and the primary team writes the orders.
- ❑ Use VISTA to see consults as well as images of MRIs, CTs, ECGs etc. Instructions to follow at the second to last page of this document.

Didactic Education: Palliative Care Lecture Series

Geriatric fellows may choose to attend the weekly palliative care lecture on Fridays at 1:30pm virtually. The palliative fellow can share the link with you.

Inpatient Consult Service

The primary clinical responsibility of the trainee during this rotation will be to see new and follow-up inpatient referrals daily under supervision of the palliative care attending physician and in collaboration with the interdisciplinary team. The members of the inpatient palliative care team are the attending physician, social worker, palliative medicine fellow, chaplain, RN and resident. The inpatient team may be consulted for a variety of different issues including (not limited to) pain and symptom management, decision-making, goals of care, and inpatient and outpatient hospice referrals.

- ❑ Palliative care rounds take place in the **fellows’ room (2057) on weekdays at 9 AM and 1PM** (times may vary depending on which attending is on service).
- ❑ Please arrive by 8:30 AM to chart check and pre-round on your patients. If you arrive earlier than 8:00am and the door to the fellow’s room is locked, then please ask one of the members of the interdisciplinary team to unlock the door for you – the interdisciplinary team members are all in offices nearby to the fellows’ room.
- ❑ Presentations of patients should include relevant history and physical findings, social and spiritual history, medications, goals of care, palliative symptoms, and a **plan of care**.
- ❑ Please utilize the white board in the **fellows’ room** to keep track of patients being followed by palliative care. The active patients on the team are listed along the left side of the board. There are other lists for patients who have moved on from the active patient list, including: FFAD (follow from a distance), IPS (inpatient palliative service) and HUGS (Sepulveda VA hospice).

- ❑ Patients are followed until the team has officially stepped back (“follow from a distance.”) After the palliative care attending has agreed, please document in your note that the palliative care consult service will follow from a distance and the primary team can request re-consult should there be further questions.
- ❑ Family meetings are generally scheduled according to the family and palliative team’s availability. Please check with your attending or palliative care team members if/when you are planning on choosing a meeting time. The interdisciplinary team will attend along with you to support you.

Veterans Integrated Palliative (VIP) Outpatient Clinic

- ❑ The VIP Clinic takes place every Friday from 8:30 to Noon on 4 West. Geriatric Fellows are invited to join the pre-clinic interdisciplinary meeting from 8:30am-9am. This pre-clinic meeting is inherently interprofessional. An important component of the pre-clinic meeting is to memorialize Veterans who passed away during the week.
- ❑ Pre-clinic begins promptly at 8:30am. If you would like to attend the pre-clinic meeting, please ask your attending for the link (until the pre-meeting resumes in person on 4West).

Educational Resources

Useful Websites

<http://www.aahpm.org> Academy of Hospice and Palliative Medicine
<http://www.eperc.mcw.edu> End of Life Education Resource Center—great articles about symptom management
<http://www.cherydatabase.org> useful article database for research and presentations
www.capc.org informational site for hospital based palliative care program organization
www.nhpco.org National Hospice and Palliative Care Organization—useful links and job information
<http://www.nationalconsensusproject.org> goal to promote standard clinical guidelines for palliative care.

Useful Journals

Journal of Palliative Medicine
 Journal of Supportive Oncology
 Hastings Center Report (Bioethics)
 Journal of Clinical Oncology
 Journal of Pain and Symptom Management

Useful Textbooks—these can be found on the bookshelf in the fellows’ room

Principles and Practice of Palliative Care and Supportive Oncology
Oxford Text of Palliative Medicine

General Information

The Fellows' Room

- The fellows' room is located on the 2nd floor (2 NORTH, pod D, room 2057).
- The fellows' room is a shared space for the palliative care department with printers, computers, phones, sink, and refrigerator used by numerous people.
 - Please be sure to keep the room and your work space neat.
 - Please remember to Log Off your computer when you are finished as someone else might need to Log On.
 - If you need a quieter spot to make phone calls to patients/families, you may use the family room. Members of the interdisciplinary team can show it to you.
- There is a restroom in the fellows' room and two others just down the hallway (toward the elevator).
- There are lockers behind the door for any personal belongings.

Computer

- You can access Up to Date via the VA Computer System
- For CPRS help, contact yourIT at 855-673-4357 or x84111. If you are on the VA network you can use the online portal at <https://yourit.va.gov>

Paging

- UCLA Pager: 310-206-8477 + pager ID OR via web at <http://pagenet.mednet.ucla.edu/pager.html>
- Internal VA Page: 11 + pager ID
- External VA Page: 310-268-3461 + pager ID
- Palliative Care Emergency Pager: 800-918-2007

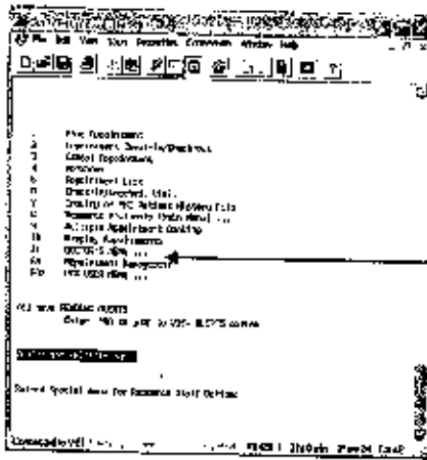
Palliative Care Contact List

| Name | Phone Extension | Pager | Room # |
|--|------------------------|--------------|---------------|
| Albert Melocoton NP Inpatient Palliative Service | 44739 | 74850 | 2055 |
| Jillisa Steckart, M.Ed., Psy.D. Education and Program Administrator | 53500 | N/A | 2056 |
| Geoff Tyrrell, D.Min. Palliative Care Chaplain | 44210 | 5108 | 2055 |
| Social worker: Mei Kameda | 49274 | | 2055 |
| | | | |
| Name | Phone Extension | Pager | Room # |
| Deborah Moran, MD | 49517 | | 2058 |
| Katie Murphy, MD | 44885 | 37728 | |

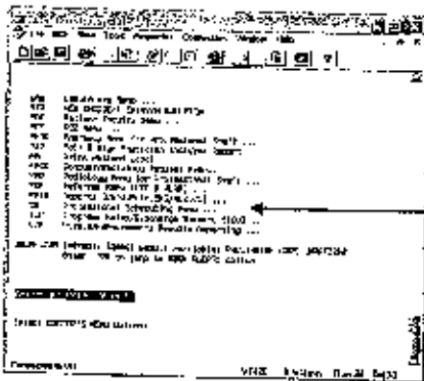
| | | | |
|---|-------------------|-----------------------|-------|
| Annie Walling, MD, PhD | 49896 | 22949 | |
| Eric Prommer, MD | 84374 | | |
| Peter Glassman, Mbbs | 48337 | | |
| Michael Spiker, MD | Use teams | | |
| AY 2021-2022 Palliative Care Fellows | | | |
| Danielle Antonuk, MD | Monica Zell, MD | | |
| Sarah Evans, MD | Sarah Stewart, DO | | |
| Sway Wu, MD | Anjali Shah, DO | | |
| Amy Sun, MD (Geriatrics and Palliative Combined Program) | | | |
| VIP (Veteran's Integrated Palliative) Case Management Team | | | |
| Andrea Lenertz, RN, MPH | 83652 | 5298 | 2055A |
| Tamara Tucker, LCSW | 48698 | 5827 | 2065 |
| Palliative Care Emergency Pager | | 1-800-918-2007 | |

How to Check Palliative Care Consults in VISTA

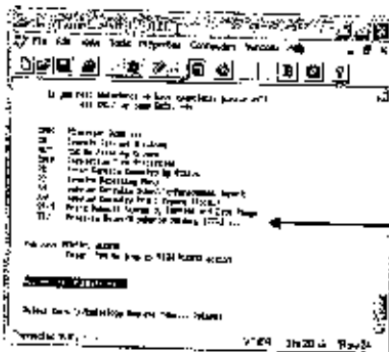
1. Open VISTA using username and access code



2. From the Special Menu for Research select "DOCTOR'S MENU" (#11)



3. From the DOCTOR'S MENU, type "RACO" (Consult/Radiology Request Menu)



3. From the RACO Menu, type "STAT" (Print Consult Status by Service and date range). The STAT menu lists all consults – completed, discontinued, and pending. It is a good way to double check that completed consults have been closed, as well as alert you to new pending consults.

4. Select CONSULT SERVICE, type "PALL" to see a list of all palliative services.

Select CONSULT SERVICE: pall

- 1 PALLIATIVE CARE HOSPICE HOME SERVICES
- 2 PALLIATIVE CARE INPATIENT HOSPICE UNIT
- 3 PALLIATIVE CARE INPATIENT SERVICES
- 4 PALLIATIVE CARE OUTPATIENT SERVICES
- 5 PALLIATIVE CARE SERVICES-GLA-GROUPER GROUPER ONLY

CHOOSE 1-5:

5. Select a service by entering a number 1 – 5

EX: 3 would list PALLIATIVE CARE INPATIENT SERVICE CONSULTS

Please note that outpatient, inpatient, and hospice unit consults must be viewed separately

6. Enter a date range – from {start date} to {end date}

Notes:

- You can use forward slash between month/day/year or simply enter the numeric as long as you use two digits for days, months, and years – 01 01 07 denotes January 1, 2007.
- You can use "T" or "t" to represent "today" and then "- {# of days}" to search consults within a given period. ("t - 3" would display today's consults plus consults from the past 3 days; "t" would just list today's consults; "t - 1" would list yesterday's plus today's consults...)

7. Press return twice and list of consults will show for the specified date range

At "DEVICE:" Press return or enter key to indicate you want to display results on your computer.

At "Right Margin: 80/:" Press return or enter key to show on screen

Draft Daily Schedule

| | |
|-------------------|---|
| 8am – 9am | Chart review for new/old consults (MD/NP follow-up on patients) |
| 9am – 10am | Interdisciplinary Team Morning Meeting / Work Rounds |
| 10am – Noon | See patients with team, then divide and conquer |
| Noon – 1pm | Lunch |
| 1pm | Afternoon Rounds / Walking Rounds, then finish notes |
| 4:30pm (flexible) | Wrap-Up (informal check-in/closing at the end of the day) |

FRIDAY

| | |
|-------------------|---|
| 8am – 9am | Chart review for new/old consults (MD/NP follow-up on patients) |
| 8:30am – 9am | Option to attend pre-clinic meeting (discuss with attending) |
| 9am – Noon | See patients with team, then divide and conquer |
| Noon - 1pm | Lunch |
| 1:30-3:30pm | Palliative Fellowship Lecture (Virtual) |
| 3:30-4:30pm | Finish patient notes |
| 4:30pm (flexible) | Wrap-Up (informal check-in/closing at the end of the day) |

