

Medical Education at the VA CLC (Community Living Center) Formerly known as NHCU (Nursing Home Care Unit)

Rev. March 25, 2022

In response to a significant number of older Veterans who require temporary or permanent care in the nursing homes, the staff at the GLA CLC has developed a teaching curriculum that introduces medical students, residents and geriatric fellows to the field of nursing home medicine. Currently the geriatric fellows spend four weeks at a time at the WLA CLC providing care to our Veterans and learning about major geriatric issues affecting our residents. During their rotation at the CLC, fellows monitor and assess residents' conditions, participate in team conferences, prepare and present medical topics at the teaching conferences for the CLC staff and make regular rounds with CLC medical attending and team. The experience gained through this rotation has been very rewarding for both fellows and participating staff: geriatric fellows gain considerable knowledge in managing residents in the nursing home settings while residents benefit from the increased attention and interaction.

Rotating Geriatric Fellows in the CLC

Geriatric fellows rotate through the CLC as part of their geriatric fellowship curriculum. While there, fellows are responsible for the medical care of the nursing home residents. Geriatric fellows will be assigned one wing on the unit (up to 25 patients) and will be responsible for guiding the plan of care, working with nursing staff and members of a multidisciplinary team (Nurse practitioners, nutrition, social work etc..) thereby learning how to take care and coordinate care in nursing home patients. Medical supervision of geriatric fellows is provided by the CLC staff physicians at all times. The patients in the CLC have a variety of reasons they are admitted. To learn about medical documentation of long-term care patients in the CLC, the fellows will be assigned about 8 patients on their wing to write comprehensive medical assessment notes. The duties of geriatric fellows, as pertaining to the care of individual residents and as part of medical service requirements, are as follows:

1. Perform periodic patient evaluation and determine overall patient needs through meaningful interaction with other members of the treatment team.
2. Attend interdisciplinary team meetings and be prepared to present medical information to the team, Veteran and his/her family as needed.
3. Attend clinical/ teaching sessions with CLC staff physicians (Geriatric teaching rounds, wound rounds, CLC Performance improvement (PI) and Geriatric Psychiatry rounds).
4. Participate in CLC didactics, in-services and other educational activities at the CLC. Fellows will be expected to present a topic during the Thursday CLC didactics.

CLC Rotation Geriatric Fellows' Goals and Objectives

GOALS: To provide the fellow with formal training in assessing and managing common geriatric disorders in the nursing home residents.

- The fellow will learn how to document in the nursing home by completing geriatric admission, monthly note, 60 day medical and daily progress notes in CLC patients.
- The fellow will be able to list, demonstrate, and describe how and when the following geriatric assessment tools are applied: ADLs, IADLs, Tinetti Scale, GDS Depression scale, PHQ-9 Depression Screening, Folstein Mini-Mental Status Exam and the Pain assessment scale. The resident will be made aware of the basic assessment issues of the Resident Assessment Instrument (MDS).
- The fellow will be able to identify and manage some of the common medical disorders in the nursing home population such as delirium, acute and aspiration pneumonia, urinary tract infections, cellulitis, diarrhea, constipation problems, diabetes mellitus, renal failure, tuberculosis, hydration issues, sleep disorders, stroke related complications, advanced cardiovascular disease, COPD and prostate disorders.
- The fellow will be able to discuss, by the way of examples, the importance of the following palliative care issues: pain management, pain evaluation using the PAIN-AD scale, feeding and hydration, oral hygiene, bowel and bladder care, pressure ulcer prevention, the role and limitations of advance directives, decision-making capacity, and family bereavement issues.
- The fellow will be able to list the causes of acute and persistent urinary and fecal incontinence. The fellow will be able to outline the uses and limitations of a pain assessment tool.
- The fellow will be able to outline, by way of examples, the risk factors for falls in nursing home residents' community.

Rehabilitation Objectives

- The fellow will be able to list various members of the rehabilitative team, describe each of their functions and list when each of these members should be consulted.
- The fellow will be able to identify residents' impairment, disabilities, and handicaps.
- The fellow will be able to assess the need for orthotic devices or adaptive equipment and make appropriate referrals.
- The fellow will be able to recommend preventive rehabilitation measures to avoid the development of pressure ulcers, deconditioning, and falls.

Geriatric Psychiatry Objectives

- The fellow will be able to outline the following aspects of delirium: prevalence of delirium in the nursing home, the risk factors for developing delirium, the DSM V criteria for diagnosing delirium, identifying signs and symptoms of delirium, and patient management issues.
- The fellow will learn to identify those residents whose depression or dementia-related behavior disorder would benefit from a Geropsychiatry consultation.
- The fellow will be able to assess and manage residents with sleep disorders.

Nutrition Objectives

- The fellow will be able to outline the role of the dietician in the nursing home.
- The fellow will learn the uses and limitations of nutritional instruments.
- The fellow will learn how to assess for malnutrition and calculate the nutritional needs of the elderly patient.
- The fellow will become familiar with the options and basic enteral formulas for enteral feedings.

Wound Assessment, Management Objectives

- The fellow will be able to identify, by way of either residents or photographs, the different stages of pressure injury.
- The fellow will be able to identify the four extrinsic and intrinsic risk factors for the development of pressure related injury.
- The fellow will by way of example outline preventive pressure ulcer treatment plans.

Goals of care objectives

- The fellow will learn to discuss goals of care, risks and benefits of life sustaining treatment and end of life planning.
 - VA Life-Sustaining Treatment Decisions Initiative (LSTDI)
 - Refer to the LST note and complete/document GOC in an LST note if appropriate
- The fellow will learn the uses and limitations of advance directives. The fellow will become familiar with the use of the POLST form.
- The fellow will learn the ethical considerations of placing residents in nursing homes.

Administrative Geriatric Issues in the CLC

- The fellow will become familiar with the roles and duties of the nurse practitioner, social worker, chaplain, occupational specialist, psychologist and the interdisciplinary team.
- The fellow will be able to outline, by way of examples, the importance of cultural tradition in the care of elderly, and the role of the CLC/nursing home in the 21st century.
- The fellow will become familiar with the roles and duties of the nursing staff and how these roles and duties differ from their colleagues in the acute care hospital.

I. Documentation/Notes

- As mentioned above, the fellow will complete comprehensive medical assessments (CLC admission H&P, CLC monthly medical note, CLC 60-day medical note, CLC Annual H&P) to become proficient in documentation of nursing home resident for about 8 patients.

CLC Monthly or CLC 60 day Notes

- **Use “CLC Monthly Medical Note” or “CLC 60-day medical note”** template in CPRS. All items must be addressed.
- Review all records – notes, labs, and studies – at least from the preceding month or last 60 days depending upon the note template being used. Chart biopsy might be necessary for notes such as consults and geriatric psychiatry notes.
- Document
 - Indication/diagnosis for **all medications** discussed in assessment and plan.
 - Indication/diagnosis for **all medications** in the Active inpatient medication list.
 - Diagnosis and end date of administration for antibiotics Medical Indication for indwelling catheter and plan for voiding trial if appropriate, and if not appropriate why?
- Document medication changes, acute issues, changes in condition and important changes in the plan of care that will require team follow-up.
- **For those patients needing completion of a CLC Annual H&P MMSE or other cognitive screening tool i.e., MOCA/SLUMS, Depression screening (GDS or PHQ-9), ADLs, and Tinetti gait & balance (if veteran is ambulatory) will need to be performed. Please note any significant changes in the screening tools and plan if appropriate. Use the “CLC Annual H & P” template.**
- **PAIN, the ‘5th’ vital sign must be addressed in your note if appropriate. For all patients on pain medications, the issue must be addressed in the note. The fellow can use the pain template under NHCU under shared templates to document. If the veteran cannot communicate pain verbally, please use the PAIN-AD scale. The template for the PAIN-AD scale can be found under shared templates under pain.**
- If a veteran is on **Trazadone for sleep, please verify that non-pharmacological interventions were tried (avoidance of naps/caffeine) have failed and document. Trazadone** is considered a psychotropic medication, so documentation of interventions is important.

- If a veteran is on an **Antipsychotic medication** please document **appropriate indication for use of medication, last Abnormal Involuntary Movement Scale (AIMS), and labs for monitoring (glucose, lipids, etc.)**

Interim Notes

- **Fall note-use FALL-POST FALL MEDICAL NOTE.** A note in CPRS is needed for all falls in the CLC. Etiology of fall, medication review, and a physical exam should be documented in the post fall note.
- Documentation is needed for any change in condition, new medication, or change in treatment plan. The noted titled CLC Medical Note, a blank template can be used for documentation.

Admissions

- **CLC admissions-Use the “CLC Admission H & P” title template notes in CPRS. Please address all parts of the template.** This note should include geriatric assessment tools such as cognitive screening, depression screening, functional status, ADL’s, Tinetti gait & balance (if appropriate), code status, POLST, advance directives, TB testing, discharge planning. The note must also include an oral exam, vaccination status, and a rectal exam. “Rectal exam deferred” is not acceptable, but you may document that patient refused or was uncooperative or is not consistent with the goals of care of this patient. Admission H & Ps must be co-signed by the attending and completed within 72 hours of admission. Please add the pharmacist and MDS nurse as additional cosigners to you admission H&P.
Pain assessment- please document pain based on the 7 descriptors of pain. For veterans that are unable to communicate verbally, please use the **PAIN-AD template** to assess for non-verbal indicators of pain.

Consults

- **Consults** can be requested in CPRS using the order tab under WLA CLC order screen.
 - Most consultants do not come over to the CLC, therefore consults need to be placed as an outpatient consult
 - Consults can be requested in CPRS using the order tab under WLA CLC order menu or WLA outpatient clinics order menu
 - Psychology, Geriatric Psychiatry, Integrative health and healing, and Restorative nursing evaluate the veteran in the CLC, please consult them by going to the WLA CLC Order menu-→CONSULTS and click the specific consult.
 - **EXCEPTION:**
 - PM&RS consults for rehab/PT/pain evaluation, under PM&RS inpatient general Rehab Consult, click INPATIENT in WLA CLC (Buildings 213/215) for consult
 - Please consult as necessary (i.e., Gero/Psych, PM&RS or Palliative Care)

E-consults can be used to ask a quick medical question to the specialists where a face-to-face interview/examination of the patient is not necessary. E-consults are answered usually no later than 72 hours. **ASIH (Away sick in hospital)**

- If a patient returns from the hospital, a brief note summarizing the events, work-up and plan must be written within 24 hours of readmission. **A CLC Medical Readmission note or CLC Continuum of Care Medical Readmission**

note template must be used. Please add the pharmacist and MDS nurse as an additional cosigner to your admission or readmission note.

Post ER Visit notes

If a CLC patient is evaluated in the Emergency Room but not admitted, a follow up note needs to be completed within 24 hours of the next business day including a complete physical exam and summarizing the reason he was sent to the ER, final diagnosis and plan. The blank note template **CLC Medical note** can be used.

II. MISCELLANEOUS ISSUES

- **Day and Overnight Passes (during normal business hours)** If you receive a call from the nursing staff requesting an order for a day pass, you should first ask if there are any restrictions in CPRS prior to giving the order for the day pass. For patients leaving on pass, an order needs to be written as in section entitled “generic orders” including the date of the pass and return time. If the pass is for overnight, medications may have to be ordered and the pharmacist must be notified. Go to med tab in CPRS, highlight meds to go with patient, click “action” tab and click “transfer to outpatient.” Pass narcotics medications must be written by an attending. Passes must be arranged for during normal business hours. Pass orders should not be ordered on the weekend, unless it is a rare and special occasion.
- **Restraints** Restraints need an order and consent from the patient, the family or the conservator. Restraints are any object that prevent volitional movement (i.e., having 4 bedrails up). Included in this category are “bedrails up”, “lap tray in chair”, and anything/any object that is used to restrict patient movement. Telephone consent is acceptable, but it must be documented by a note in CPRS. In addition, there must be a note in CPRS detailing the indication for the order (e.g., patient slips out of chair). The order needs to be renewed monthly, and the monthly note must address the issue. Please keep in mind that restraints are to be used minimally and for a time limited period in the nursing home, and only when the patient is an imminent danger to himself or others. Underlying causes for agitation must be thoroughly explored. If the patient persistently manifests aggressive behavior to the point that the level of care available at the nursing home may not be sufficient, please consider the option of transferring the patient to an appropriate acute care setting.
- **Deaths** A **Death Note** must be completed in CPRS by whoever pronounces the patient. The family or conservator must be notified in a timely manner.
- **Transfers to Acute Hospital/ER**

If a patient has a change in condition exceeding the level of care that can be provided in the CLC and needs hospitalization, he should be transferred to WLA VA ER.

If a veteran refuses to be transferred to the ER, please call the CLC back up monthly attending to alert the attending, discuss the case and the next steps.

 - During normal business hours the provider must call the ER directly and give sign out to the ER attending. Please alert the charge nurse that the patient has been accepted for ER transfer by **ER attending Dr. XXXXX and the**

diagnosis that the veteran is being sent to the ER. Please document the change in condition, reason sending the patient to the ER and ER attending sign out given to. If a patient is unstable and his advance directives do not specify 'Do Not Transfer to Hospital', ask the ward clerk or charge RN to call 911. Please note: **There is no code team in the nursing home.** The house staff should provide a courtesy call to the patient's family or conservator informing them of the transfer.

- During the off tours/weekends, after the RN discusses the possible transfer to the ER with the on call CLC physician, the RN will communicate with the ER regarding the CLC transfer.
- Notify nursing staff of transportation type: regular VA transport or 911 transfer
- If 911 transfer instruct nursing staff to call paramedics
- BCLS is initiated by CLC Staff, there is NO crash cart in the CLC, only an AED.
- Emergency Response Team (Paramedics/LA Fire Dept provide ACLS, transport to VA ER, unless required to send to nearest community ER, for example if VA ER is on diversion or it is a trauma case for example)
- **Interdisciplinary Team (IDT) Meetings**
 - Team meets every Monday at 1PM in the 213-conference room (CLC 213) and Tuesday at 1pm (215-2) and Thursday afternoon at 1pm(215-3) in the 215-conference room
 - Attend interdisciplinary team meetings and be prepared to present medical information to the team, Veteran and his/her family regarding the treatment course/plan.
- **Lab studies**
 - Order lab for 0600 M-F and on weekends if clinically indicated. Input specific date, next available order will be ignored. If ordering labs over the weekend, please sign this out to the physician on call for the CLC that weekend.
 - Please order labs as a "Lab Collect" for the phlebotomist to draw the lab in the CLC. If sending patient to the lab, select 'send patient to lab.'
 - After 0600 you may order for 1400 lab draw (deadline for ordering 12:00 noon) but lab and nursing staff must be alerted
- **All other diagnostic tests (i.e.: CXR, EKG) require sending the patient to the medical center**
 - Order as clinically indicated; may need to call clinicians/schedule for select exams.
- **Medication Renewal**
 - Nursing Staff provides weekly list of renewals or ask charge nurse for list.
 - Medications are renewed every 90 days except narcotics every 14 days

**Fellows Office Bldg. 213 Room101
Code;4-1-2-5**

Nurse Stations

213-2 43041 or 48489

215-2 43055 or 43006, 43007

215-3 83931 or 43048

Audiology Martha Andrews x40624

Chaplain Barbara Speyer Pager 5260/x41321

Pharmacy x49910/x43312

Infusion Clinic 49116

Telephone Consent Line 49291

Psychology Dr. Paul Cernin **Dr. Kevin Booker**

Recreation Therapy Rennie Quesada 43019

Sepulveda CLC G-35 (818) 895-9522

NP Valerie Maerowitz 818-891-7711x38939

Dr. Natasha Harrison 818-891-7711 x38907/310-346-9599