

# Who We Admit To Geriatrics QUICK REFERENCE FOR GERI RESIDENTS (Updated Sept 1, 2023)

Refer to the Geri Nuts & Bolts on MedRes for further details or for the most recently updated version if viewing paper copy.

## Should This Patient Be Admitted To Geriatrics?

Does the patient have a **UCLA Geriatrician-PCP\***, **Geriatrician-SNFist\*\***, or **Alzheimer's Dementia Care (ADC) Program provider\*\*\*?**

- |  |                           |                              |
|--|---------------------------|------------------------------|
| 1. Cabagnot, Adelita NP**                  | 11. Hu, Peifeng MD        | 21. Ohashi, Minori           |
| 2. Charette, Susan MD                      | 12. Jimenez, Yvette NP*** | 22. Panlilio, Michelle NP*** |
| 3. Chen, Grace MD                          | 13. Karlamangla, Arun MD  | 23. Primbas, Angela MD       |
| 4. Chen, Mai NP (may admit <65 yo)         | 14. Koretz, Brandon MD    | 24. Reeves, Kemi NP***       |
| 5. Cook, Erin MD                           | 15. Lee, David MD         | 25. Reuben, David MD         |
| 6. Dattoma, Lucia MD**                     | 16. Lee, Kristine NP***   | 26. Sorod, Patra DO**        |
| 7. Escalante, Winnila NP***                | 17. Leonard, Susan MD**   | 27. Tran, Hong-Phuc MD**     |
| 8. Eskildsen, Manuel MD**                  | 18. Lindsay, Catherine MD | 28. Wenger, Neil MD          |
| 9. Evertson, Leslie NP***                  | 19. Mafi, John MD         | 29. Wong, Valerie MD         |
| 10. Harris, Patricia MD (may admit <65 yo) | 20. Mulroy, Matthew MD    |                              |

\*Geriatrician must be listed as PCP in Care Team

\*\*SNF patients who have been discharged by these providers from the SNFs (Berkley East, Berkley West, Brentwood Health Care, Mary Health of the Sick, or Oak View) are to be triaged based on PCP listed in Care Team

\*\*\*ADC specialists: if actively enrolled and listed in Care Team

Yes

### Admit to Geriatrics unless:

- 1) Patient needs to be directly admitted to ICU (ICU team admits)
- 2) Patient is admitted for **elective** joint replacement (Ortho team admits), or is an ortho admission of Dr Edward McPherson (Hospitalist team admits)
- 3) Geriatrics Service is capped, or Geri Long Call resident is capped (Hospitalist team admits but will be repatriated to Geri the following morning by 11 AM when Geri has space)

No

Geriatrics Service is not capped, the Geri resident on the call cycle is not capped, &:

- 1) Patient is **≥ 85 yo from SM-UCLA ED, and appropriate for 5NW (Geri Unit) level of care** (see Note below for Panel Admission guidelines), and:
  - a. It's a weekday between **7AM-4PM**, or
  - b. It's weekend between **7AM-4PM** with covering NP
- 2) **NOT a patient of Drs Zafir Khan, J Baharvar, Robert T Wang or Edward McPherson**
- 3) **Patient is a qualified bounceback: the original resident is still on service and not on last day of service**

Yes

### Admit to Geriatrics unless:

- 1) Patient needs to be directly admitted to ICU (ICU team admits)
- 2) Patient is admitted for **elective** joint replacement (Ortho team admits) or is an ortho admission of Dr Edward McPherson (Hospitalist team admits)
- 3) Geriatrics Service is capped, or Geri Long Call resident is capped (Hospitalist team admits but will be repatriated to Geri the following morning by 11 AM when Geri has space)

No

### Admit to Hospitalist Team

Notes:

1. Once admitted by Hospitalist Team, patient will be kept by Hospitalist Team till discharge, **unless the patient is a mistriage:**

A) a Geri Practice patient (see top bubble)

B) a qualified bounceback to Geri (primary resident still on Geri rotation)

**A&B:** repatriate to Geri by 11AM if mistriaged and Geri has space

2. If pts of Drs Zafir Khan, Jamshid Baharvar or Robert T Wang: admit to non-teaching service (these providers follow their own patients).

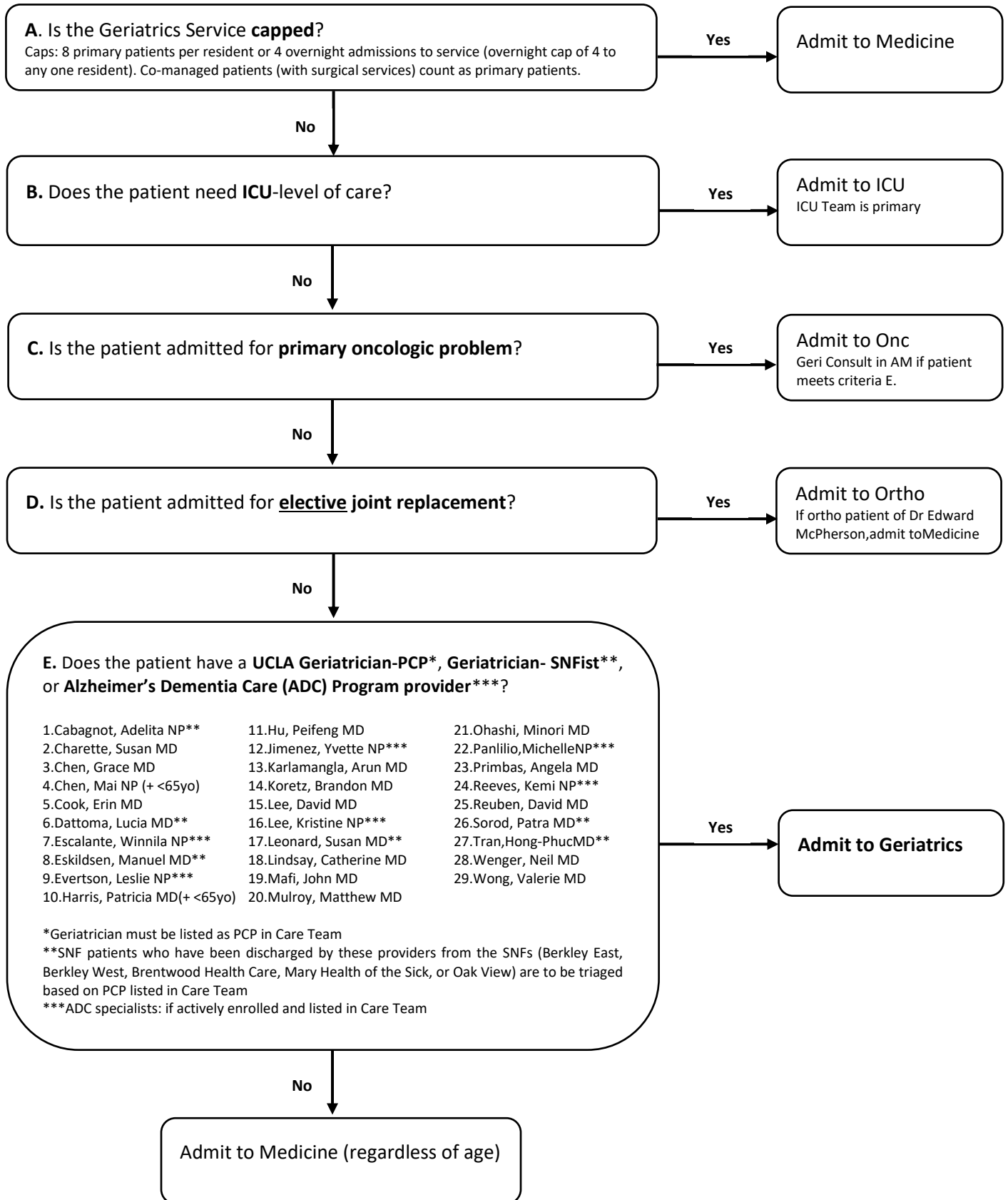
**NOTE: Panel Patients who are accepted between 7AM-4PM must meet the following criteria:**

1. Must be from SMH ED only; no outside hospital transfers and RR transfers are accepted under the Panel policy
2. Must be appropriate for the Geriatrics Unit (5NW) level of care at the time of admission; may board off floor temporarily until a bed becomes available for transfer to the Geriatrics Unit (5NW). [Click here for the 5NW Admission Criteria - Nursing Guidelines](#). The Geriatrics Unit (5NW) is not appropriate for patients who are vent-dependent or on the stroke protocol upon being called out by the ED. (Of note, Geriatrics Practice patients on the stroke protocol are to be admitted to the Geriatrics Service but will board in the designated Stroke unit.)
3. May or may not have UCLA PCP.

**QUICK REFERENCE ALGORITHM FOR NAR & NIGHT FLOAT (Updated 10/01/23)**

Refer to Geri Nuts & Bolts on MedRes for further details or for the most recently updated version if viewing paper copy

**Should This Patient Be Admitted to Geriatrics Overnight (4:00 PM- 7:00 PM)?**



## Geriatrics Service Repatriation

**Starting 8/1/23**, patients who would otherwise meet criteria for admission to the Geriatrics service overnight but were admitted to the Hospitalist service due to Geriatrics service caps can be repatriated to the Geriatrics service when space becomes available. This workflow is meant to enhance continuity of care for patients who are cared for by UCLA Geriatrics providers. Geriatrics is monitoring this process closely to ensure that it works for our residents and hospitalist teams.

1. Patients are eligible for repatriation if they would otherwise have met criteria for Geriatrics admission overnight (refer to Geriatrics and NAR Nuts & Bolts for these criteria) and have an anticipated discharge date >24 hrs from the time of repatriation.
2. Eligible patients can be repatriated daily (including weekends) from 7 am-11 am. Requests should be initiated by paging 91907.
3. Hospitalist teams may hear directly from the inpatient Geriatrics team with a request that a patient on their service be repatriated to Geriatrics.
4. Hospitalist teams may also hear from ADC (Advanced Dementia Care program) providers with a request to initiate repatriation of their patient to Geriatrics and rarely from UCLA geriatricians or SNFists (these providers will generally initiate requests through the inpatient Geri team).
5. Hospitalist teams may also initiate repatriation requests if they identify a patient on their service who meets eligibility criteria.
6. Repatriation requests should be honored as long as the patient meets eligibility criteria as above. If there is a delay in repatriation and the patient in question is expected to be discharged in <24 hours, the hospitalist team will keep the patient. Sign out should be conducted on the day of repatriation, not on the day of request, if there is a delay in repatriation.
7. The Geriatrics service is responsible for maintaining a list of repatriation requests and accepting repatriated patients as possible based on their daily census; this list rolls over day to day.
8. Requests are honored on a first-come, first-served basis regardless of who initiates the request.
9. Patients who may have qualified for daytime admission to Geriatrics as a “panel patient” are not among those eligible for repatriation.
10. Patients repatriated to Geri from hospitalist teams the morning after an overnight admission to the hospitalist service count towards that hospitalist team’s overall admissions cap. These patients also count towards the Geriatrics daytime de novo admission cap.