

## **UCLA Geriatrics Fellows' Continuity Clinic at UCLA Orientation (Updated 7/7/2020)**

### ***Faculty***

- Erin Cook MD (26731), UCLA Site Coordinator, 650-269-5599
- Patricia Harris MD (29620) – home visits at Belmont Village quarterly
- Grace Chen MD (23205)
- Arun Karlamangla MD (16407)

The supervision by the ambulatory attending does not end with the office visit, just as the supervision by the inpatient attending extends beyond teaching rounds. Fellows are expected to seek guidance after the office visit if questions arise.

### ***Clinic Schedule (8am - noon)***

- Didactics are at 0800 every Wednesday
  - o Didactics include cases, presentations, and board-review questions.
  - o Fellows and Faculty will take turns leading the session
  - o The schedule can be found via "BOX". Belen can help you gain access.
- Patient appointments start at 8:30am. The last scheduled patient is at 11am. Clinic responsibilities may overflow past 12 pm at times
- New-to-medicine patients are allotted 90 minutes. Return-follow-up (RF) and urgent care (UC) patients are allotted 30 minutes.
- Daily notes should be signed by Wednesday evening
- We accommodate all patients, even if they are late. Our geriatric patients face many barriers in regards to traveling to clinic (socially, physically, and mentally)

### ***Helpful People and Resources:***

- **Patient Service Representatives (PSRs)** – staff who help by calling patients regarding labs and other clinical matters, sending prescriptions to pharmacies, starting home health orders, and making referrals to consultants and scheduling appointments, etc; Your PSR is **Tyrone Council**
- **Clinic Manager:** Mindy Straub. Notify her and Dr. Cook of all clinic changes, known vacations, conferences, sick days. Can assist you if there is a problem with patient experience (ie: angry or frustrated patient)
- **Comprehensive Care Coordinators** – staff who help facilitate care for patients who have been recently hospitalized and/or who have other challenges – **Anastashia Magbitang**. (send message in CareConnect)
- **Social Worker** – our Comprehensive Care Coordinator serves in this role and we also have a geriatric social worker in training. Her name is **Kira Morrissey**

- **Pharmacists** – you can refer patients to “MyMeds”, a pharmacy program for patients. Examples for referral include: cost of medications, medication interactions, reducing polypharmacy, improving compliance, changing part D plans (place order in CareConnect) – **Grace Cheng** (pharmD) is a great resource for general pharmacy questions as well you can send via care connect.
- **Nurses**
  - o Corridor B: Ruby, Shirin, Andrew, and Maria (“Ron”)
  - o Nurse Manager: \_\_\_\_\_
- **Alzheimer’s & Dementia Care program** – program with NPs who can help manage dementia, provide education and support to families and caregivers (place order in CareConnect). Website is [Dementia.uclahealth.org](http://Dementia.uclahealth.org). Great videos and resources

### ***Expectations on Notes for “New” Patients***

- Goal is to complete a full Geriatric Assessment within first 1-2 visits
  - o Functional Status (ADLs, Fall Assessment)
  - o Gait and Balance Assessment
  - o Cognitive Screen
  - o Depression Screen
  - o Advanced Care Planning
  - o Medication Review for poly-pharmacy and BEERs list medications
  - o Detailed Social History
  - o Geriatric Appropriate Preventative Care
- Physical Exam should include
  - o Traditional Exam
  - o Gait Exam
  - o Hearing Assessment
  - o Cognitive/Psych Assessment (ie: confused, poor memory, tangential, attentive/inattentive)
  - o Mood Assessment
- Review of Systems should include
  - o Nutrition (weight loss/gain, dysphagia, aspiration, dentures, etc)
  - o Mood
  - o Hearing/Vision
  - o Memory Concerns
  - o Falls
  - o Constipation
  - o Urinary Incontinence/Retention
- Patients who are truly new to the Geriatric practice should have completed a pre-visit questionnaire. If this is not complete you can ask the nurse to provide the patient with one to fill out while he/she is waiting to see you.
- New notes can be written or dictated
- Template for fellow outpatient H&P under Dr. Erin Cook: “FELLOWOHP”. You can also look at Arun Karlamangla, Grace Chen or Jonathan Wanagat templates

### Expectations on Notes for Follow-Up Patients or Urgent Care Patients

- When you see an urgent care patient, make sure to “CC” patient’s attending via the electronic health record with an update.

### ***If you want to dictate:***

- Dial “#30” in-house and 310-794-2001 from outside. Follow the prompts. Your ID number is your pager number. Enter the patient’s CSN. Press “2” to pause a dictation, “3” to rewind a few seconds, “5” to end a dictation and disconnect, and “8” to end a dictation and stay on the line for another dictation.
- Back-up dictation line: 877-810-0954

### ***Billing and Level of Service:***

- In your future practice you will need to know how bill patients and code “level of service” in order for you and your healthcare system to get paid. You will practice “billing” on all of your patients in clinic through the electronic medical records
- Pre-set your most common “level of service” in care-connect on your first clinic day (click “wrench” tab in upper right hand corner while in the level of service tab)
- Make sure you add the “GC” modifier to all your coding (this is the “resident/teaching” modifier)
- This is a confusing process so our goal is to teach you tips on this process throughout your continuity clinic experience. Don’t hesitate to ask your attending!

### ***Common Referrals (all done via Care Connect)***

- Check out desk gives referral scheduling information before the patient leaves clinic. Thus, please order all “referrals” before the patient leaves
- **Geriatric Psychiatry (Dr. Christina Hui)**
  - o Referral under psychiatry (behavioral health associates)
  - o Geriatric Therapists as well (non-MD)
- **Dementia Care Program (see above)**
- **Geriatric Dentistry (Dr. Evelyn Chung)**
  - o Dental Faculty Practice Group (310e) 794-5750
  - o Can send Dr. Chung email about patient
  - o Dr. Messadi is Geriatric dentistry fellowship director and may know community referrals
- **Anticoagulation Management Services (Coumadin Clinic)**
- **MyMeds (Pharmacy)**
- **Wound Clinic** (referral to wound clinic, part of vascular department)
- **Physical Therapy** (always offer written prescription if they want to go to a place outside of the UCLA system)
  - o We have a special “back pain PT order” as part of a QI project to avoid unnecessary imaging
- **Home Health**

### ***E Consults***

E-Consults are electronic consults where you can send a specific focused question to a specialist and they can answer via chart-review as opposed to seeing the patient for a clinic visit. Currently available for Urology, Psychiatry, Rheumatology, Allergy, Endocrinology, Infectious Disease, Neurology, Orthopedics, Pulmonary, Heme/Onc, Genetics, Addiction medicine, Cardiology, Derm, Gender Health, High Risk Breast, OBGYN, Pulm, Sleep Apnea, Pharmacy (and maybe more!)

### ***In Box Management***

- Check **daily** for patient messages/calls/prescription refills/results
- Results should be addressed in a timely manner & a “result note” written
- Grant Dr. Cook access to your in-box on first day of clinic (in case of emergency)
- Telephone vs. Orders Only Encounters
- Sending Messages to staff or other doctors
- Clear items from your in-box by using the “done” or “complete” button
- HAIKU APP on Mobile Phone
- Many patients have “MyChart” which is online access to their chart. This allows them to send “messages” directly to their doctor (that are non-urgent). Please check these patient messages so you can respond in a timely manner. You can also send patient messages via this system about labs results or radiology studies as opposed to calling them. Encourage your patients to sign-up

### ***Patient Calls***

- Patient calls should receive a response the same business day
- Fellows should check for telephone calls via their in-basket at least once a day *before* 4pm to allow for your PSR to assist you.
- Calls to patients must be documented in the record. Calls that involve significant management decisions or response to abnormal results should also be filed as a note in the patient’s chart (“telephone note”).

### ***Results***

- Timely review of results is the primary responsibility of the fellow who evaluated the patient
- The fellow will write a result note for **every** lab and radiology result & “cc/route” the attending that staffed the patient (including normal results)
- Normal results should be noted and released to patients within 3 business days (“release” to patient’s MyChart or generate a letter that will be mailed by your PSR)
- Abnormal results should be acted on and released within 1 business day
- If you call a patient with a result or write a new order as a response to an abnormal result, you must also file a telephone encounter to document your actions
- Don’t use the ORDERS encounter. The TELEPHONE encounter is usually best
- Smart Phrase “IMRESRESULT” is helpful

### ***Schedule Pearls***

- Patients may be added onto your schedule during clinic.
- Watch the colored dots on your schedule
  - o White Dot = patient arrived at front desk
  - o Yellow Dot = getting checked in by nurse
  - o Green dot=patient ready for MD
  - o Blue Dot=Something for Nurse to Do
  - o Black Dot=visit completed.
- Keep an eye on the clock – it can be easy to run behind
- Okay to book “double time” for especially complicated patients. Ask Attending

### ***Absences/Vacations***

- Notify Dr. Cook, Your PSR, and the Clinic Manager (Mindy Straub) of any **expected** absence including conferences, board exams, fellowship related activities, and vacation. These require at least one month notification
- Notify clinic attending and Dr. Cook of an unexpected absence (ie: illness) ASAP. This should be done via email, text, **AND** page
- If you suspect you may be absent given a personal/family illness but are not 100% sure, it is best to still notify Dr. Cook as EARLY as possible so she can put your clinic on hold.
- Arrange coverage of your inbox for vacations or situations where you cannot check your inbox. You will need to grant this physician “access” to your inbox
- Out of Office notifications should be done on care connect and email for vacation
- Forward your pager to “geriatrics on call” for vacation, days-off, or other absences

### ***Other Helpful Tips***

- Laboratory: There is a lab in our clinic (suite 420) and on the first floor. The fourth floor lab closes at 6pm, the first floor labs closes at 7pm.
  - o Labs can be added on after the blood draw. Click “add-on” when ordering
  - o Nurse Ordered labs: nurses will take the initiative and order a urine dip for urinary symptoms. Make sure you sign these orders and communicate with the nurse if you want the sample sent to the lab for official culture.
- Radiology: Located on the 1<sup>st</sup> floor. Radiology closes at 6pm. Back-line for urgent scheduling matters is 310-301-6823. PSR can also help
- Triplicates: controlled substances are now “e-prescribed”. This requires dual factor authentication and the DUO Mobile APP on your phone. We can still print out on a special paper at our regular printers when you sign an order but we discourage this given changes in the law. Don’t forget to sign the script and give to patient. All other prescriptions are electronically sent to pharmacy.
- Weekend Urgent Care Centers
  - o Preferred center is in Santa Monica (16<sup>th</sup> Street)
    - 1245 16th Street, Suite 125, Santa Monica, CA 90404, 310-315-8900, Monday-Friday: 8am - 9pm, Weekends & Holidays: 9am - 5pm
  - o <https://www.uclahealth.org/immediate-care>

- Hospital Admissions from Clinic
  - o Ask the nurse in your corridor and your attending for assistance
  - o You will fill out a form and the nurse will call bed control (Odessa: 310-319-4780)
  - o Goal is to direct admit to SM Geriatric Service
  - o If unstable in clinic, nurses will call 911 and transport to ER (call ED for sign-out)
- Geriatric Assessment Tools
  - o Each corridor has pre-printed assessment tools including MMSE, MOCA, PHQ-9, POLST, Advanced Directives, etc. The nurse can assist you.
- Outside Records
  - o Have your patient sign a HIPPA release and bring signed form to your PSR who can obtain the information requested. Your clinic nurse can assist you with signing the paperwork
- Care Everywhere: you can access records from Cedars, Kaiser, and St. Johns (and other facilities that use EPIC) during an open encounter. Ask your attending to show you how.