## Welcome to Geriatric Psychiatry Training

## Orientation to Rotations

## West Los Angeles VA Healthcare Center

## Jul 1, 2022 - Jun 30, 2023

### A. General Guidelines

**LOCATION**

Most clinics are located in Buildings 401 and 500 at the WLA campus; most of our offices are located in Building 401. See part E. Nursing homes are located at WLA, North campus and Sepulveda VA. Check ahead of time with your Service Attending since many of our services are remote and change based on the service and patient needs.

**ABSENCES**

Please kindly arrive on time to the scheduled event, see part E and F. Please report all foreseen absences and delays well in advance and unforeseen absences or as soon as possible **to your Attending**(s) so that patient care isn’t compromised by your absence. **If you are sick, please text or call your Attending first thing in the morning.**  Then please notify your Residency administrator and cc Dr. Feil. All *planned* absences (vacations, conferences, etc) must be reported to Dr. Feil and your training Director at least 60 days in advance to accommodate re-scheduling patients. Please refer to you the UCLA Residency handbook as needed for guidance.

**CLINIC PROTOCOL**

* Trainees will be assigned 2-4 patients per clinic, usually fewer at the beginning of the rotation and for new consults.
* During clinic, log in on the computers in designated rooms to review charts and to see patients. If you are seeing your patients virtually, you will still present in person to access CPRS in a clinic room in 401. When you have CPRS open or HIPAA information is visible in your clinic room, please close your door behind you when you leave for any reason, unless the patient is present in the room, and then close the screen.
* At the end of each appointment, **Residents/Fellows are to provide each patient with a written handout** instructing patient/caregiver of the appointment’s clinical plan and any specific medication changes, in addition to any expected referrals and future appointments (templates provided). This is necessary to reduce patient misunderstandings and provide visual memory cues for our patients who have psychiatric, perceptual and cognitive changes. If the patient is evaluated virtually, please ask caregiver or patient to write down instructions including any changes and confirm understanding.

**CPRS NOTE ETIQUETTE:**

* Please write and sign your notes and cosign your staffing Attending **the same day of the patient visit**. If you cannot complete the full note, include brief assessment and plan and sign so that Attending can cosign. You may then addend the rest of your note the next day. This is a VA requirement that all notes are signed and cosigned within 24 hours. Note writing is to be reserved for times when patients are not waiting to be seen.
* *All* ***medication and lab orders*** *are to be completed at the time of seeing the patient*. Please reconcile meds at each visit to prevent patient medication errors. Medication orders can be processed for either mail-out or pick-up. Please review med list and discontinue any medications that you are no longer prescribing. For more urgent need, medications can be mailed out via UPS (2 days) by contacting your designated clinic pharmacist. If patient requests pick-up, they must present to the Pharmacy, 1st floor in bldg. 500; this can take up to two hours but can be reduced to 30 minutes by asking a pharmacist to process the medication.
* **Diagnoses:** if you are adding or removing a diagnosis from your assessment, please adjust in the patient’s list of diagnoses.

**SECURITY GUIDELINES:**

* Only send patient ID info via encrypted email (e.g. DOB, Last 4, medical info). Please discard any and all patient documents/information in the security bins. Please Do NOT use personal cell phones/texting for patient correspondence or relay of patient information.
* Please reserve all patient care discussions for private staffing rooms.
* For urgent safety concerns (yours or others), you may call the following:

VA Police Dispatch at 310-268-4524 ( from VA phone: X54524)

**Current Policy on Mask and PPE Use:**

1. Surgical grade or N-95 Masks to be worn by all employees engaged in interactions with Veteran patients or in their presence. Please follow updated guidelines as these change regularly.
2. Employees likely to engage in aerosolizing procedures must wear hospital-provided personal protection equipment (PPE; e.g., N95 respirator masks), unless unavailable
   1. All patients and individuals in patient care buildings and indoor public areas are required to wear face coverings - this includes Veterans, employees, visitors, etc. Public areas include things like hallways, elevators, and the canteen.
3. All unvaccinated individuals are required to wear face coverings in all indoor areas; please offer a patient or caregiver a surgical mask for better protection.
4. Employees who are vaccinated may remove their face coverings when in private offices, but not in shared group spaces
5. Face coverings are not required outside for vaccinated or unvaccinated individuals but are still recommended to maintain 6 feet of distancing outside

### B. Troubleshooting tips

* **PIV badge issues:**  for now go to Belvia Jenkins: [Belvia.Jenkins@va.gov](mailto:Belvia.Jenkins@va.gov) and if no response or away, Ricardo Alvarez: [Ricardo.Alvarez2@va.gov](mailto:Ricardo.Alvarez2@va.gov)
* **TMS issues:** Ricardo Alvarez above.
* **CPRS access, IT or PKI issues**: dial \*14 or [vhaglaclin@va.gov](mailto:vhaglaclin@va.gov)
* **Computer or CPRS connection issues** not resolved by above: Dr. Cassidy Zanko via email or if needed, via text (415)987-3844.
* **Phone:** To dial out from VA or long-distance calls: dial 9 +1+ area code, telephone #

**PRINTERS:**

1. Locate search bar next to the “Start” button at the bottom of your screen

2. Type in [\\VHAWLAAPPKOFAX1\SecurePrint](file:///\\VHAWLAAPPKOFAX1\SecurePrint) and press ENTER. A “Connecting” dialog box should appear on your screen for a few seconds.

*At this point you should see a Secure Print dialog box.*

3. Go to the printer you wish to print from and select “K” on the screen; then, insert your PIV badge; login using your PIV security code.

*You will see a list of pending print jobs. Select which print “Jobs” you would like to print.*

4. You will need to do this for every new computer you log on to.

**\*Appointment Bingo** is a CPRS function whichallows you to monitor if/when your patient arrives (in person)**.** Patients check in through reception and are tracked by our clinic coordinator or front desk on a regular basis.

1. When in CPRS, you can choose any veteran and double click.
2. “Tools” at the top of the CPRS menu header.
3. Scroll down to “Admin Applications/Reporting Tools” and choose “Checked In/Appt bingo”.
4. Log in using your CPRS codes.
5. Scroll down to either “GERI,” “WLA-Memory,” or “WLA-GRECC” for the respective clinic and double click.
   1. Note: For Geri Clinic, select \*GERI and new patients will show up under the provider ‘June Smit’ while follow ups will appear under the provider ‘Osato”
6. Patients’ names will appear as they scan their ID card for their appt. Click “Refresh” regularly to update the list.

### C. Documentation on CPRS Notes

\*\*\* Please refer to separate coding handout for each respective clinic as these instructions vary by clinic.

**Privacy/HIPAA**: please keep all patient identifiers out of sight and discard in security bin after use. Please do not discuss patient care in public space.

1. **Template instructions: How to upload CPRS templates**
   1. You will be provided with templates in Word format to upload into CPRS:
   2. Select a patient record and open a new note
   3. You may create your own templates (for new, consult, f/u notes) by clicking on Options, Create new template. You will be provided templates for each clinic in Word Format to paste in. Staff can assist you with this process.
2. **Enter Encounter information.** Your attending physician is the Primary Provider for all medical notes, telephone notes & addendums.
   1. Providers: **Select your Attending as the Primary provider and then yourself as the “Other provider**.”
   2. Visit Type: Refer to clinic coding handout
   3. Diagnoses: If the appropriate diagnosis is not already listed, then, click on the “Other Diagnoses” bar where you can search for the diagnosis. Code any secondary underlying medical conditions that you address in the clinic visit as well (e.g. Primary as Alzheimer’s, Parkinson’s, etc.; Secondary as mood disorder, sleep disorder); IF you are making a new diagnosis, add it to the Problem List;
   4. Procedures: Refer to your specific clinic’s coding handout.
3. **Note Documentation:**
   1. Identify your attending physician as your **Co-Signer** and add Additional Signers as neededon all notes
   2. Right-click to Sign your note AFTER you have received staffing. This is permanent. Otherwise you may save your note “unsigned” so that you can edit it later and so that you do not lose it. *It is recommended that you periodically save your note “unsigned” to prevent losing your draft in case of CPRS malfunction*.

All notes include the statement (included in your templates): “I have seen and discussed the patient with my supervising attending, Dr. X, who agrees with my assessment and plan.”

**Psychology Trainees:** please create a different encounter with your supervising psychologist, and list the supervising psychologist as the co-signer.

When you cut and paste text from other CPRS notes, please identify source and date.

* 1. You can use **a “Tickler/Post It**” temporary note to prep notes prior to clinic days. When clinic day arrives, identify the correct encounter and copy/paste the tickler note contents into a new note. This prevents the patient’s scheduled visit encounter from being opened before the patient checks in.

1. **Suicide Risk Assessments:**

For ALL clinics, Suicide Risk must be conducted and documented for all new patients, all patients at one-year follow-up, and anytime there is a clinical indication to assess more thoroughly. **The Columbia Suicide Severity Rating Scale (C-SSRS)** needs to be completed for all new patients, on a yearly basis for follow-up patients, and anytime there is a clinical indication to assess more thoroughly. It is best to create a separate new note (search for “Columbia” to create a separate C-SSRS note. If **C-SSRS** is positive, then complete **Suicide Risk Evaluation-Comprehensive** **(SRE-C)**

Suicide risk assessment:

-brief assessment at each visit

-Columbia CSSRS once a year and for new patients, do together with PHQ-9 if needed for monitoring mood symptoms

-use list of risk factors (from note template) for your own reference

-ask details about firearms/locks

-can write “reviewed risk factors, pt remains at a low risk of suicide”

-If positive, complete the comprehensive suicide risk evaluation (CSRE)

For ongoing depression monitoring when there is a clinical indication to monitor depression and suicide risk on an ongoing basis, use the **PHQ-9**. You can imbed the PHQ-9 into your note using the template in the Shared Template Folder, “**MENTAL HEALTH**” and subfolder, **“MH EXAM TOOLS.”**

If you rate your patient as **HIGH risk** but are not hospitalizing the patient, complete the **Suicide Prevention Safety Plan** (search for note title) with the Veteran. Print out a copy of this note and give it the Veteran before he/she leaves. If at any point in your visit your patient reports a **previous suicide attempt** that has not already been documented, complete the **Suicide Behavior and Overdose Report** (search for that note title).

**For GERO-PYSCHIATRY OUTPATIENT CLINICS:**

**See above.** In addition:

**Assessing Severity of Suicide risk:**

If you rate your patient as HIGH risk but are not hospitalizing the patient, complete the **Suicide Prevention Safety Plan** (search for note title) with the Veteran. Print out a copy of this note and give it the Veteran before he/she leaves. If at any point in your visit your patient reports a previous suicide attempt that has not already been documented, complete the **Suicide Behavior and Overdose Report** (search for that note title).

Psychology Trainees create a different encounter with your supervising psychologist.

Independent of the suicide screening measures, all progress notes should include a paragraph on a patient’s overall risk for suicide.  This should take into account static factors (e.g., age, gender, diagnosis), ongoing psychosocial stressors (e.g., death of spouse), as well as protective factors (e.g., religious beliefs, supportive family).  Risk ratings are framed as low, medium or high.  Ratings of medium or high have to be discussed with your attending, as differences in documentation and clinical care will need to be addressed.

**For OTHER CLINICS**:

* 1. MH Providers embedded in teams have slightly different requirements:
  2. If you are within a team and solely consulting, likely no requirements. If you are within a team and prescribing or subsuming some aspect of patient’s clinical care, conduct a **Columbia Suicide Severity Rating Scale (C-SSRS)** and follow suicide guidelines for Gero-Psychiatry clinic as above. This includes Memory clinic because it is a mental health clinic. (\*\*IF the patient’s **Columbia-SSRS** screen is positive, then complete the **Suicide Risk Evaluation-Comprehensive** **(SRE-C)** note--search for it if not in your note template).
  3. In contrast, if this is a one-time evaluation/consultation or a follow-up visit solely to confirm diagnosis, no screening is required. If you are unsure, err on the side of screening.

.

### F. CLINIC EVENT and LOCATION FOR TRAINING ACTIVITIES

|  |  |  |  |
| --- | --- | --- | --- |
| **\*\*** | **Day/Time** | **Location** | **Attending** |
| Journal Seminar | Monday  9:00-10:15 am | Building 401, conference room on the first floor C102/103 | Drs. Tognolini/Feil |
| Geropsychiatry E-Consult Service | Monday  10:30-noon | Building 401, conference room on the first floor C102/103 | Dr. Tognolini |
| GRECC Clinic | Tuesday  8:45am-12 noon | Bldg 500, 4 West, Rm 4639-B | Dr. Feil |
| Movement Disorders Clinic | Tuesday  1:00 pm | Bldg. 500, 1st floor, clinic 1647 (Corridor across from Canteen) | Drs. Tognolini/Feil |
| Geropsychiatry Clinics Tue am | **Tuesday** 9am  **Note:** make a **R** when entering the building | Bldg. 401, 1st floor, attending room is **A111** (select an office in the hallway leading up to this room for virtual appt. or live) | Drs. Osato (Psychologist), Bussel & Tognolini (Psychiatrists) |
| Geropsychiatry Clinics Wed am | **Wednesday** 9am  **Note:** make a **R** when entering the building | Bldg. 401, 1st floor, attending room is **A111** (select an office in the hallway leading up to this room to see patients in for the day) | Drs. Osato (Psychologist), Bussel & Tognolini (Psychiatrists) |
| Geropsychiatry Clinics Wed pm | **Wednesday** 12:45 pm  **Note:** make a **LEFT** when entering the building | Bldg. 401, 1st floor, attending room is **A111** (select an office in the hallway leading up to this room to see patients in for the day) | Drs. Osato (Psychologist), Chen, Von Walter & Yarns (Psychiatrists) |
| Geropsychiatry Clinics Thur pm | Thursday 1pm  **Note:** make a LEFT when entering the building | Bldg. 401, 1st floor, attending room is **B114** (select a clinic office in the hallway leading up to B114 to see patients) | Drs. Osato (Psychologist), Von Walter, & Chen (Psychiatrists) |
| 2-North North Geropsychiatry  Inpatient Rounds | Thursday 9:00am | Bldg 500, 2-North | Dr. Loreta Mulokas  (Psychiatrist) |
| WLA CLC Nursing Home Geriatric Psychiatry Rounds | Friday  9:00 am | Bdg. 213, 1st Floor Conference Rm (East  Wing) | Dr. Loreta Mulokas |
| Neurobehavior/Memory Clinic | Friday  8:00am – 5:00 pm | Bldg. 401 | Drs. Mario Ashla- Mendez, Michael Mahler (Neurologists), Von Walter & Feil (Psychiatrists), & Melrose (Neuropsychology) |
| Sepulveda VA CLC Nursing Home Geriatric Psychiatry Rounds | Thursday  9:00am-12noon | 16111 Plummer St, North Hills, CA 91343, Bldg. 99 | Dr. Alessia Tognolini |
| WLA VA Inpatient Geri Psych Consultation & Liaison Rounds | Monday  1:30pm-4:30pm | Bldg. 500 , 6th floor, South corridor, Rm 6429K | Dr. Rusty Baik |

**Virtual Geriatric Psychiatry Seminar/E-Consults/Didactics:** Mondays in Bldg. 401 starting at 9:15 am

**9:00-10:15**: The Geriatric Psychiatry Seminar takes place on Monday mornings, 9:15- 10:30am, in Bldg 401 in the C102/103 conference room.

Tognolini and Feil will coordinate the Seminar/didactics. Interactive seminar on select topics-- can include the wide variety of issues that have impact on geriatric psychiatry – clinical, phenomenological, research, neuroscience, psychodynamic, healthcare policy, and others. Attendees include the Geriatric Psychiatry Fellows, PGY-2 Psychiatry Residents from USC, Geriatric Medicine Fellows and VA-UCLA psychiatry residents joining as an elective. Bringing a VA laptop it is recommended if available.

**10:30-noon** E-Consultation assignment and case-based learning related to Geriatric Psychiatry topics. E-consults rounds will also be held in Bldg. 401, C102/103 conference room.

**CLINICS:**

**All clinics require RTC (Return to Clinic) orders; reference your specific clinic for details.**  After all appointments, enter a follow-up appointment on the Orders Tab.  On the bottom of the left column, click on the RTC Orders link. Enter the recommended follow-up interval.  Please specify the clinic – or your specific clinic name assigned at the beginning of the rotation---e.g. Geripsych Outpatient Clinic. You will receive a handout to follow for each clinic.

**GRECC and Interdisciplinary Clinic** with Dr. Feil at 8:45 a.m. on 4-West: The GRECC Psychiatry clinic is an integrated care clinic embedded within the Geriatric Medicine Clinic, with an interdisciplinary team of professionals and trainees from Geriatric Medicine, Geriatric Psychiatry and Neuropsychology, Social Work, and Pharmacy. The clinic provides consultation or ongoing primary care management for frail older adults with multiple, co-morbid conditions, functional decline, and cognitive impairment. Donna Henriques is the GRECC Clinic Manager (X83474).

* On Monday you will be assigned your patients to review prior to clinic starting. Preview the most recent geriatric medicine and psychiatry progress notes, any recent psychologic testing, labs, or brain MRI, or inpatient admissions (discharge summary).
* On Tuesdays, Clinic begins at 9:00 a.m. Donna Henriques coordinates patient flow as patients are usually booked for multiple appointments; however, you may also monitor electronically through Appointment Bingo.
* For additional psychological care or neuropsychological testing, we may refer internally to Dr. Rebecca Melrose; for social work, ask Ms. Henriques.
* ALL patients or their caregivers (in all geriatric clinics) are to receive WRITTEN instructions documenting what was discussed in their visit, medication changes, contact number.
* The GRECC pharmacist is available by Microsoft “chat” (Dr. Marian Rofail) for any pharm-related questions or adherence assistance, medication complexities, and to facilitate medication processing speed.
* For EKG orders, place order under Consults >Cardiology Procedures> and send patient to 4-South and enter hallway to the Right.
* For EVERY patient, place an RTC order in **WLA-GRECC Psy** in the following format: for date of return, place “+1M” for f/u in one month, etc. In comments section type in, “Same day with GRECC Medicine” unless otherwise specified.

**Geriatric Psychiatry Clinics**:

Geri Psych Clinic flow:

* + - Before clinic day, receive your patient assignments on the Clinic Roster which will be distributed via email by Dr. Osato.  Review the charts and prepare on Fridays/Mondays; consider constructing skeleton notes on a Word document to facilitate your clinic days.  Shred the roster for confidentiality purposes.
    - At the beginning of clinic, verify if there were assignment changes on the roster in Attending room detailed above.
    - Take one of the rooms in the hallway leading up to the attending room for the day and write it on the roster so we know where you and patient are located.
    - Refresh your Appointment Bingo\* to see if your patient has checked in and confirm if the nurse has completed Vital Signs.  Then, call for and walk patients from reception to your room. If the nurses are delayed in obtaining VS, call for the patient and get VS later.  Try to stay on schedule.  (You can check VS 3 ways:

1. Check the CPRS Coversheet to see if VS were entered, or
2. Attendings will keep an eye out and TEAMS you if we see they are done.

* When your interview is complete, go to Attending Rm to present the case to your attending physician.
  + - If the patient is at risk for suicide/wandering, alert your attending immediately, so that appropriate supervision of the patient can be arranged.
    - **For imaging**: If ordering a MRI scan, order while patient still present and  *provide the patient with the scheduling number*: 310-268-4505 OR 310-268-3458.  If ordering a PET scan, provide the patient with the number 310-478-3711 x53583. Add Sukh as a co-signer.
* **Labs:** orderas needed.
* **RTC order**

**Memory/Neurobehavior Clinic**: Patients are assigned via email by Thursday for Friday’s clinic in building 401, 1st floor which starts at 8:00-8:15 am. Patients arrive at 8:30 am. The Attending main staffing room is A111 at the South- West corner of 401. You will be assigned to a clinic room to see patients in person or via Video-Connect. All patients are to be staffed by an Attending.

**Movement Disorders Interdisciplinary Clinic:**

This outpatient consultative service embedded in Neurology’s Movement Disorders Clinic takes place on Tuesday at 1:00pm. Geriatric psychiatry fellows and residents will diagnose and treat non-motor symptoms of Parkinson’s disease and other movement disorders, including dementia, apathy, mood disorders and behavioral disturbances. Trainees will also interface with the Neurology Team to develop knowledge and skills about a) interpreting the movement disorders neurologic exam, b) differential diagnoses of cognitive disorders with motor symptoms and c) optimizing pharmacotherapy to treat these commonly missed disorders. A similar format and protocol to GRECC Psychiatry is used in this clinic. You will be assigned a clinic room to examine your patient separately or together with a Movement Disorders Neurology Trainee.

**2-North Inpatient Geriatric Psychiatry Consultation (Medical Center (Bldg. 500):**

On Thursday mornings at 9:00 am, Fellows will meet with Dr. Loreta Mulokas in the Medical Center, Bldg. 500, 2-North, Rm #2017. Dr. Mulokas will assign patients either the day before or day of and you will have an hour to review your assigned patients, receive updates from nursing staff, and round on your patients prior to the Interdisciplinary Meeting at 10:00 am. Fellows will follow assigned patients on a twice weekly basis and gradually provide a pre-Attending and teaching role on the service. The USC Resident will be mentored by the Fellow who may assign one follow-up patient each week.

**Sepulveda VA CLC and Palliative Geriatric Psychiatry Rounds:**

This Nursing Home rotation takes place Thursday AM:  9:00 to 12:00pm. **Please note that the Sepulveda VA is located in North Hills in the San Fernando Valley so please plan accordingly.**

**Address:** 16111 Plummer St, North Hills, CA 91343, Bldg. 99

**Directions** from WLA: 405 North to Nordhoff. From the off-ramp, turn left onto Nordhoff and go under the freeway. Turn right onto Haskell; left onto Plummer. Main entrance will be on the right side. Follow the main road up the hill and follows signs for Bldg.99

Patients will be seen in the Community Living Center (CLC) Bldg 99.

**Schedule:**

**9:00 to 10:30am: team rounds with Dr Tognolini**

Appropriate PPE will be provided on site. Bed-bound pts will be seen in their bedroom.

Those who can walk or use wheelchairs can be brought out to dining room or outside patio for interview.

Dr.Tognolini will  send you the patient information the day before so that you can review charts before rounds.

Please meet in the Conference Room which is located by the elevator on your left-end side as you enter the lobby of bldg.99.

**10:30 to 11:15am**: interdisciplinary table rounds with geriatric medicine primary team

**11:15am to 12:00pm**: charting

**12:00 to 1:00pm:** lunch and commute back to West LA for PM clinic in bldg. 401 (approximate commuting time 30-40min)

**Community Living Center (CLC) Geriatric Rounds**:

On Friday mornings, at 8:30 am, patients will be seen in the Community Living Center (CLC) Bldg. 213 on the North Campus (see attached map). Dr. Mulokas will email your assigned patients the day before so that you can review charts ahead of time. From the Medical Center (Bldg. 500), take Bonsall north under the Wilshire Blvd overpass and continue up the hill. Make a Left on Grant in between 215 and 213. Parking is available on the West side of Bldg. 213, among other places.

 Please ensure that you follow all up-to-date VA COVID precautions, including masks, hand washing and distancing. Please also bring your face shield for any direct patient contact. 

You can enter 213 from the basement and take the elevator or stairs to 1st floor and then transfer to other elevators to reach patient floors. Those patients who can walk or use wheelchairs can be brought down to the patio for interviews. Nursing Staff can assist you with locating patients. Those who are bedbound will need to be seen at bedside.

At 9:30 am, please meet in Bldg. 213’s Staff Conference Room on the 1st floor, East wing, for interdisciplinary rounds and to informally present your patients.

**Consultation and Liaison Geri Psych Rounds:**

On Monday afternoon, at 1:30pm the trainees will meet with Dr. Rusty Baik to round on medically and psychiatrically complex/compromised older inpatients. Each trainee will be assigned one new or up to two follow-up patients. On your first day, we will meet in person at the CL psychiatry offices located in Building 500, 6th floor, 6South, Room 6429K. You may receive notification earlier in the day of any assigned cases to be seen in the afternoon. The accompanying “nuts and bolts” document goes over many pertinent details of CL psychiatry rotation including work flow, note templates, communication options and much more.

The Geriatric C&L elective is intended to provide an educational experience in assessing and managing neuropsychiatric presentations in the acutely ill geriatric patients admitted to GMed/Gen Surgical wards. Trainees will be consulted on geriatric patients with a variety of issues including delirium, dementia with behavioral disturbances, management of emerging/pre-existing psychiatric illness in the context of worsening medical conditions, capacity assessments, and palliative/end of life issues.

### F. CONTACTS LOCATIONS (VA Phone Access: 310-478-3711)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Days here** | **Contact info** | **Location, Room (& Bldg.)** |
| Bussel, Natalya MD | T-Th | x42710  Cell 310 437 9988  nbussel79@yahoo.com (non-encrypted) | Rm 217 (Bldg.401) |
| Chen, Stephen MD | T-Th | UCLA Pager 13779  Cell 310-486-8565  stephenchen@mednet.ucla.edu | VA and UCLA |
| Feil, Denise MD MPH | M-F | x48480  310-908-0572 (cell)  denise.feil@va.gov | Rm A216 (401) |
| Hunt, Marianne, LCSW | M-F | x48173  Cell 310 691 3342  marianne.hunt@va.gov | Rm 204 (401)  During clinic 4630 (500) |
| Lamba, Sukh RN | M-F | [Sukh.lamba@va.gov](mailto:Sukh.lamba@va.gov) | Bldg. 401 |
| Melrose, Rebecca PhD | M-F | X43741  [Rebecca.melrose@va.gov](mailto:Rebecca.melrose@va.gov) | Rm 167 (Bldg. 158) |
| Mulokas, Loreta MD | M-F | Cell 310-993-3759  Loreta.mulokas@va.gov | Nursing Homes “CLC” Bldgs. 213/215 N campus  2 North, Rm # 2017 Hospital/Bldg. 500 |
| Osato, Sheryl PhD | M-Th | x83336  Cell 310-709-5406  sheryl.osato@va.gov | Rm A203 (401) |
| Yarns, Brandon, MD | M-F | 310-268-4651  Brandon.yarns@va.gov  (480-399-5230) | Rm A212  Bldg. 401 |
| Tognolini, Alessia, MD | M-F  Mornings only | 818-538-4648  Alessia.tognolini@va.gov | Bldg. 401; A202 2nd floor |
| Von Walter, Hans, MD | M-F | Cell phone 863-368-1389 [hans.vonwalter@va.gov](mailto:hans.vonwalter@va.gov); [hansvonwalter@gmail.com](mailto:hansvonwalter@gmail.com) (non-encrypted) | TBA  Bldg. 401 |
| Rusty Baik, MD | M-F | Cell phone 937-602-7756 | Bldg. 500, 6th floor, 6South, Rm 6429K |
| Michael Sassounian, MD | M-F | Geri Psychiatry C&L | Bldg. 500 |
| Tongtong (Anna) Zhu | M-F | Geri Psychiatry Outpatient | Sepulveda VA |
| Stryder (Elmer) Lewis, Program Coordinator | M-F | X41240  Elmer.Lewis@va.gov | Bldg. 401 |
| Neurobehavior Fellow  (Daniel Okobi, MD) |  | X40245 |  |
| Research |  | Alex Alas 310-268-4651  Alexander.alas@va.gov | A236  Bldg. 401 |
| PHARMACY |  | PBM X53152  OTHER: X48293 OR X48292 |  |
| Geropsychiatry Trainees  Computer Room in 401 |  | Keypad code: 1523 | Rm 218 |
| Kitchen in 401 |  | Keypad code: 5124 | Bldg. 401, 2nd floor across from elevator |

**Telephones and pagers**

* Main VA call-in #: 310 478 3711;
* For inside extensions: if ext. starts with an “8” replace it with a “5” (new CISCO system)
* For VA pagers on campus: dial \*11, then VA pager number, then callback number, then #
* \*UCLA pagers: 310-206-6766

**Emergencies:**

* Emergency Department Front Desk: X53169
* Psychiatry Emergency Front Desk: X53410
* Psychiatry Emergency Pager 310-206-6766 (UCLA Pager #94883)
* Psychiatry C&L Pager 310-206-6766 (UCLA Pager #89289)
* **Medical Emergency** (including Cardiac arrest): \*16
* **SMART Team**: \*16
* **Police**: X54524 (or 310-268-4524)
* **Emergency Safety Risk Security** on your Keyboard: **Simultaneous F9 and F11** on computer keyboard
* **Fire: \*16**
* VA Patient Suicide Hotline: NEW: 899 (or 800-273-TALK)
* **West L.A. V.A. Geriatric Psychiatry address:**

Bldg. 500, 3-South 116-AE

11301 Wilshire Blvd.

Los Angeles, CA 90073

### E. Admission to Psychiatry Emergency Room

You may initiate VAPD or ambulance service transportation of veteran to ED at any point in the process from here on out, as is needed. For WLA, please call VAPD non-emergency line at x44541 to coordinate transfer. For other sites, follow local procedures for ambulance transfer). This works well for an elderly incapacitated patient who is uncooperative and needs E.R. evaluation.

At the same time, Call the ER (Psych or Med ER) to notify them of the patient being sent over. Page the Psychiatry ER On Call (above) if unable to reach On Call Psychiatrist directly through the ER.