



Community Living Center (CLC)



CLC

- ??? Community living center

Community Living Center Mission Statement

The Mission of the VA GLA Long-Term Care Service is to improve Veterans' health and quality of life, while providing comfort and dignity in a home-like environment through excellence in clinical care, education, and research.

CLC Services Provided

- Skilled Nursing Service
- Rehabilitation Services
- Complex medical services
 - IV therapy, diabetic management, PICC lines, tracheotomy care, enteral tube feedings, wound care, XRT/chemotherapy and palliative care
- Restorative Nursing program
- Respite Care Services

Patient Demographics

- Gender
 - Male: 147
 - Female: 2
- Age Range:
 - Average age: 74
 - 45-64: 31
 - 65-84: 72
 - 85+: 35

CLC

- 2 Locations
 - North Hills (Sepulveda CLC)
 - G-35 CLC
 - G-63 CLC
 - G-35H (Hospice) (Geriatric fellows are not on call for G-35 Hospice)
 - 14 beds for hospice care
 - West Los Angeles (WLA CLC)
 - 213-2, 215-2, 215-3 West wing
 - Covid Recovery Unit (CRU) 215-3 East wing
 - Note fellows do NOT take call for the CRU

WLA CLC

- Three units in two buildings
 - Building 213: ward 213-2
 - Building 215: ward, 215-2 and 215-3
- Each unit is staffed for about 51 residents
- 213-2 is wander guard unit
 - An alarm system that alerts the nursing station that a resident is near a CLC exit
- Contact # for the WLA CLCs
 - 310-478-3711
 - Extension starting w/either 4XXXX or 8XXXX or 5XXXX

Sepulveda CLC

- One unit in Building 99 (G-35 and G-63)
 - About 20 miles (405N) from WLA VA campus
 - About 50 patients
- Contact # for Sepulveda CLC
 - 818-891-7711
 - Extension starting with 3XXXX

Treatments in the CLC

Treatment	WLA	Sepulveda
IV fluids $\leq 100\text{cc/hr}$	+	+
IV antibiotics (2 max)	+	+
IM/SC Medications	+	+
Nebulizers	+	+
Suction $\geq \text{Q4hs}$	+	+
Tracheostomy Care	+	
Post Dialysis Care	+	

Operations

- No ACLS in the CLCs
- No crash carts
 - Emergency carts
 - Suction
 - AED
- Labs can be ordered for the AM (to be drawn M-F AM)
 - Weekend draws
 - Sepulveda CLC (Monday/Thursdays)
- No IV push medications
- No physical restraints/sitters

CLC Longitudinal Rotation

- Follow 2-3 CLC residents for the year
 - Comprehensive monthly medical assessments
 - Please follow up on tests/labs that you order
 - Huddle with CLC Attending monthly
 - Discuss medical issues, plan of care and topics related to nursing home care
 - Please alert CLC attending when you are on vacation
 - CLC Attending to complete the monthly assessments

CLC Call

- On average one-two weekends/ month
 - (3 to 6 months)
- On average 2-3 Weekday calls (4:30pm-8am) depending on rotation schedule
- Telephone call
 - Please ensure that you will be in pager range (50 miles)
 - If not please switch call or give a # you can be reached
 - Please give back up # (cell phone)
- Citrix access is highly recommended

VA High Reliability Organization (HRO) Principles

Characteristics of high reliability organizations (HROs)

- preoccupation with failure
- commitment to resilience
- sensitivity to operations
- a culture of safety

Life-Sustaining Treatment Decisions Initiative (LSTDI)

National quality improvement initiative to promote personalized, proactive, patient-driven care for Veterans with serious illness

Desired outcomes:

The values, goals, and life-sustaining treatment decisions of Veterans with serious illness are proactively elicited, documented, and honored

– LST Progress note

- To document goals of care conversations
- Accessible from CPRS Cover Sheet
- Launches LST orders

LST Progress Note

Vista CPRS in use by:

File Edit View Tools Help

Mr. Jones 3AS Primary Care Team Unassigned (Inpatient) Attending: Flag VistaWeb Remote Data Postings D

Active Problems	Allergies / Adverse Reactions	Postings
Alcohol Abuse, In Remission (ICD-9-CM 305.00) Alcohol Abuse (ICD-9-CM 305.00) Morbidity Obesity (ICD-9-CM 278.01) * Diabetes Mellitus Type II Or Unspecific Liver Cancer (ICD-9-CM 155.0)	No Known Allergies	Life-Sustaining Treatment Jun 10, 2015

Active Medications	Clinical Reminders	Due Date
No Active Medications Found	Homelessness Screening Alcohol Use Screen (AUDIT-C) Tdap Immunization	Dec 16, 99 DUE NOW DUE NOW

- Accessible from the CPRS Cover Sheet
- Does not have to be re-written on each admission if there are no changes to patient's goals or preferences

LST Orders

Vista CPRS in use by: [icon]

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View Orders Active Orders (includes Pending & Recent Activity) - ALL SERVICES

Active Orders (includes Pending & Recent Activity) - ALL SERVICES

Servi...	Order	Start / Stop	Provider	Nurse	C
Life Sup	>> DNR: Do not attempt CPR in the event of cardiopulmonary arrest	Start: 06/10/15 07:09	Dr. Smith		
	>> No invasive mechanical ventilation (e.g., endotracheal or tracheostomy tube) in circumstances other than cardiopulmonary arrest	Start: 06/10/15 07:09	Dr. Smith		
	>> No artificial nutrition (enteral or parenteral).	Start: 06/10/15 07:16	Dr. Smith		
	>> No transfers to the ICU except if needed for comfort.	Start: 06/10/15 07:16	Dr. Smith		
Nursing	>> OOB as able	Start: 07/12/99 15:30	Dr. Smith		
	>> Elevate head of bed	Start: 07/12/99 15:30	Dr. Smith		

Write Delayed Orders

Write Orders

Cardiac Consults
Outpatient Medications
EKG WRJ

- Default to the top of the CPRS Orders tab
- Durable – do not auto-discontinue upon discharge or transfer

Issues for CLC on call Provider

- Common clinical scenarios while on call
 - Fever, pain, falls, critical lab values, AMS
- Fellow should not be involved in screening or accepting prior or new CLC patients
 - If contacted on nights/weekend regarding the above, have them contact the CLC back up physician or Dr. Sohn

Issues for CLC on call Provider

- Change in condition
 - *IV fluids/IV antibiotics/breathing treatments can be initiated*
 - If higher level of care is needed or patient is clinically unstable, transfer to ER
- Transfers to ER
 - If residents are clinically unstable have nurses call 911
 - CLC RN to give hands off/report to ER

Issues for CLC on call Provider

- Refusal of Transfer to a Higher level of Care
 - CLC fellow on call to contact the CLC Back up attending or CLC Medical Director
 - Discussion and documentation of incident
 - Capacity for refusal
 - Goals of care/LST note
 - Involvement of mental health for capacity evaluation if necessary
 - Involvement of family/significant others if needed or appropriate

Issues for CLC on call Provider

- Deaths
 - DNR residents
 - RN can pronounce patients
 - Full Code residents
 - Paramedics can pronounce residents
 - On call MD may be asked to inform NOK of death
 - For specifics have NOK call CLC to speak to charge nurse
 - May need to have families speak to primary providers in AM

Issues for CLC on call Provider

- Telephone orders
 - For urgent/emergent situations where CPRS access is not immediately available
 - Initiating treatments, interventions, ordering medications, tests, transfer orders to ER
 - If problems with nursing staff taking a telephone order for an urgent/emergent situation
 - Contact Dr. Linda Sohn
 - If it is not an urgent/emergent situation
 - The order can likely wait until the AM

Pass Orders

- Pass orders - off-station (off VA grounds) passes (day and overnight) should be approved by the **primary CLC medical providers** during normal working hours to ensure proper evaluation:
 - Veteran's clinical stability including cognition
 - Veteran's readiness (Does the veteran have everything he/she needs to go out on pass?)
 - Family/friend/significant other/conservator's involvement and acceptance of responsibilities (contact phone number, transportation, timely return, emergency procedures)
- For exceptions where pass orders for weekends are needed contact back up CLC physician or Dr. Linda Sohn

Continuity after Weekend Call

- Communicate to the primary providers in the CLC regarding issues that came up during the weekend call

Back-up

- Dr. Linda Sohn
 - CLC Medical Director
 - 310-903-9692
 - Do not text, leave a voice message!
 - Don't hesitate to call if you have any questions or concerns!
 - If she doesn't answer, leave a message
 - She will get back to you (She has a life😊)

The Wave

