

# Nuts and Bolts for the UCLA-RNPH Rotation for the UCLA Geriatric Fellow (updated June 26, 2021)

## Resnick Neuropsychiatric Hospital (RNPH)

Approach to all new patients  $\geq 65$ yo admitted to RNPH (usually admitted to 4 North or 4 East)

- **Geriatric Medicine Consults**

- Geriatric Fellow to complete a full Geriatric Assessment on all new admissions to RNPH (Monday-Wednesday-Friday or Monday-Tuesday-Friday)
  - Psychiatry team will not page you about patient
  - Fellow to look through chart to see which patients are new since patients were last formally staffed with Geriatric attending
- Provide Geriatric oriented advice on:
  - fall/functional assessments
  - discharge considerations (including psychosocial considerations)
  - polypharmacy
  - advanced care planning
  - urinary incontinence assessment
  - skin assessment
  - hearing assessment
  - spiritual care
  - cognition
  - Mood
  - Psychosocial complexities
- Use consult template found on Care Connect: **.nphgericonsult**
  - Your attending can share this template with you
- If tests are recommended it is the responsibility of the fellow to follow up results.
- The fellow should not be providing advice on medical issues. These issues should be deferred to the Internal Medicine Consult Team (IMCS).
- Fellows are expected to follow all the patients they performed consultations on and review with psychiatry team their progress
  - Patient check-ins can occur 2-3 times a week
  - The fellow and attending will jointly decide which patients will require a periodic progress notes during their inpatient psychiatry stay (not all will require follow-up notes, but all patients should be checked on by the fellow so they can monitor the ongoing medical management of various psychiatric conditions including agitation, ECT, and depression)
- Availability:
  - Patients are only formally staffed with attending physician three days a week.

- Not available to see patients after business hours on weekdays or on weekends.
- **Internal Medicine Consult Service (IMCS)**
  - Psychiatry team to inform IMCS of all new admissions of patients  $\geq 65$  years old to the service
  - Manage ongoing active, chronic medical issues.
    - e.g. hypertension, diabetes, CHF
  - Manage acute medical issues that arise during the NPRH stay.
    - e.g. worsening blood pressure control, shortness of breath, delirium, falls, injuries, UTI
  - Pre-operative evaluation for ECT
  - Availability: Available by pager 24/7

### **UCLA Medical Center at Westwood**

- The majority of medicine consults will initially go to IMCS for triage and management of acute medical issues
  - IMCS and/or primary medicine team may request non-urgent Geriatric Medicine consults on patients admitted to UCLA Medical Center at Westwood
    - Patients to be seen within 24-48 hours (not on weekends)
    - Assist with goals of care, transitions of care, complicated social dynamics
- If the fellow is called to consult on a patient in the main hospital (not from IMCS)
  - Fellow will explain to consulting service the role of geriatrics (see below)
    - If consulting team wants medical management, refer them to IMCS
    - If consulting team wants delirium assessment and IMCS is NOT involved, refer them to IMCS
    - If consult seems appropriate for geriatrics, fellow will chart biopsy patient or evaluate at bedside
  - After chart biopsy/bedside evaluation, fellow should notify attending of RRMC consult
    - if attending thinks IMCS is more appropriate, then please call IMCS
  - If fellow is not on campus, fellow can provide initial phone recommendations as appropriate after review of chart and discussion with attending
  - Fellow must be mindful to resist the urge to manage medical issues
  - Fellow Script to consulting team (unless requesting team is IMCS):
    - "Hello, this is the geriatric fellow and I received your consult request. What is your reason for consult? I want you to know that the geriatric consult service only sees non-urgent consults and only sees patients in the hospital three days a week. We are not available on the weekends. We do not co-manage or provide advice on active medical issues. We are happy to assist with geriatric specific problems. However, if you need someone to help with medical issues like hypertension, diabetes

management, infections then I would recommend getting the internal medicine consult service involved as well. Given these limitations, are you still okay with our team consulting?"

- *We want to consult on these patients so this should not be an attempt to block the consult but rather to ensure consulting team understands the limitations of our service. Your tone of voice should be friendly and welcoming so other teams continue to seek out our services*
- Learning Objective for Fellow on these consults
  - helps fellow learn to triage and establish expectations in the role of a consultant
  - Helps fellow learn to focus consult on geriatric issues only
  - Improve telephone medicine skills
- Primary Geriatrician may request involvement of Geriatric Medicine in a patient admitted to UCLA Medical Center at Westwood
  - Primarily for assisting with difficult social dynamics, goals of care that primary Geriatrician is unable to assist with by phone consult with primary team
  - Primary Geriatrician to contact primary inpatient team's attending first regarding approval to have Geriatric Medicine team see patient
    - Not auto-consults
  - Not to be involved in management of active medical problems
  - Should be mainly "one-and-done" consults
    - Not expected to be involved in ongoing management

### **ECT Experience**

- Fellows will watch ECT on Thursday mornings twice during their rotation on the first and third Thursday of the month (note: not of the rotation, but the month).
- Start time is 8am
- ECT suite is located in Suite 4217. It is just outside the East Core Elevators in the hospital. The area is secured so fellows will need to knock on the door to gain entry
- John Kettering, RN, is the ECT Charge Nurse and able to help coordinate the observation. Please call ECT extension 7-9147 the day prior to check in and confirm you are coming (310-794-9147).
- The only PPE needed is a facemask. There is no patient contact, but gloves are available. Fellows can wear their white lab coat. All patients are COVID-19 tested regularly and they do not treat COVID + patients in the ECT Suite.

### **FRAILITY PROJECT**

- Fellows will perform frailty assessments on hospitalized older adults who are undergoing cardiac pre-transplant evaluations.
- On average there are 1-2 frailty assessments that happen each month
- Frailty Assessments are staffed with Dr. Deena Goldwater (Geriatric Cardiologist)
- Please refer to separate handout on this project

### **Pager Expectations**

- You are expected to cover the geriatric consult pager (p87710)
- You may sign out your pager to the attending when you are in continuity clinic, Thursday Lectures, and monthly Longitudinal Nursing Home experience
- Please sign out the consult pager by 10pm each night to the attending and sign back on by 8am. You should also sign out the consult pager on weekends
- It is your responsibility to make these pager changes
- We want you to practice the art of triage and phone management which is why it is important to stay on pager even on days you are not physically on campus. This is an important skill to learn. Your attending expects you to call them with any questions that arise and is prepared to discuss patients with you via phone. Please ask your attending their preferred communication style (pager, text, phone)