GERIATRICS TEAM:
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Website: http://www.harbor-ucla.org/general-
internal-medicine/geriatrics/

FELLOW’S RESPONSIBILITIES:
See Orientation document on Geronet under Rotation Goals and Objectives. The emphasis in this rotation is on acquiring and practicing SKILLS AND BEHAVIORS in Care Transitions from inpatient to outpatient, including patient and family education, understanding eligibility for community resources, and communication with patient’s other providers.

1. Demonstrate leadership skills as the Team Leader of the Consultation service by supervising the Geriatrics Team of IM resident(s) assigned to the rotation and NP.
   a. Field consult pager 6 days a week and manage patient assignments
   b. Ensure that all patients are seen daily; if resident unavailable (e.g., post call), see those patients and write notes.
   c. Pre-round with residents to review all patient plans and assessments
   d. Lead Attending rounds
   e. Co-sign resident notes and ensure they are accurately reflecting the plan in their documentation
   f. Ensure regular communication with primary team on recommendations
   g. Ensure all consult patients have correctly completed admission and discharge medication reconciliations in ORCHID. This may include teaching residents how to do this for the patients they are following.
   h. Keep track of patient insurance, identifying patients who may qualify for Medicare but not yet enrolled and identify patient eligibility for community resources that will help with discharge planning

2. Perform comprehensive Geriatric Assessment and focused evaluation/recommendations for Automatic and Requested consults.
   a. Contact family and/or caregivers to corroborate history and provide education on hospital events, chronic conditions, and advance care planning as appropriate.
   b. Inpatient follow-up of active Geriatric issues.
   c. Complete Mini-CEX on Memory Assessment with the attending
3. Teach, observe, and give feedback on residents’ geriatric assessment skills.
   a. Role model exceptional geriatric care
   b. Supervise residents in developing their assessment and plan.
   c. For each resident, observe a complete geriatric assessment and give feedback using the Communications Skills Mini-CEX - start this no later than your second week on the rotation
   d. Prepare and present a 30 minute session on a Controversy in Geriatrics (see topic list). You are expected to turn in a list of references from this talk to your attending.
   NOTE: residents will evaluate fellows on teaching styles at the end of the rotation

4. Manage TOC post-discharge follow-up for all patients.
   a. At discharge, ensure patients discharged to home (especially if no PCP) are scheduled in the next Care Transitions Clinic or have a follow-up phone call within 1 week of discharge. Post-discharge follow up note should be completed in the patient chart.
   b. Contact primary care provider after discharge to communicate hospital course and recommendations (phone preferable, fax is also acceptable).
   c. Complete Mini-CEX on PCP Communication with the attending

5. Deliverables due by the end of the rotation:
   a. 30 minute literature based presentation on a topic relating to a controversy in geriatrics (Assigned date is the last Tuesday of your rotation)
   b. List of references used for your presentation
   c. 2 CEXs that you complete with your attending (communication with PCP and memory)
   d. 1 CEX that you complete for each resident

BEFORE YOU START:
- Contact Virginia Ramirez, GIM Medical Secretary, 310-222-2465 or viramirez@dhs.lacounty.gov, to ensure you are on track for security and health clearance, ID badge, and computer access.
  See: [http://www.harbor-ucla.org/gme/visiting-residents/](http://www.harbor-ucla.org/gme/visiting-residents/)
  1. **Online Application** (prior to July): Virginia approves the application, and you should be given a contract employee number (“C number”). Virginia will sign you up for EMR training (below).
  2. **Live Scan at Human Resources** (310-222-3241, Building F8): Scheduled to occur during your July fellowship orientation. Live Scan is a drop-in service and should be done no less than 2 weeks before your rotation start date.
  3. **Employee Health Services (EHS) Clearance** (310-222-2360): Complete the E2 form and have it reviewed by EHS: TB clearance (test result and questionnaire), form to decline vaccinations or have evidence of immunity (e.g. titers), and evidence of influenza vaccination (call UCLA Occupational Health to have documentation faxed to Harbor). E2 can be signed by any licensed physician, no physical exam required. THEN, have the E2 signed by UCLA fellowship staff, such as Robin Catino.
   ➔ FAX completed E2 and supporting documents to 310-222-5326, Employee Health Services
  4. If you did not complete Orchid training during orientation, please do the following:
     a. Review the online tutorial for our EMR, Orchid: [https://www.youtube.com/playlist?list=PLunvVgjkZwIs1Eert2Kj9tUsX3lxBiP](https://www.youtube.com/playlist?list=PLunvVgjkZwIs1Eert2Kj9tUsX3lxBiP)
     b. Schedule in person training at the following website. Scroll down to “Orchid training”. [http://www.harbor-ucla.org/internal-medicine/](http://www.harbor-ucla.org/internal-medicine/)

ON YOUR START DATE:
  5. Go to your scheduled ORCHID Training (EMR)
  6. Graduate Medical Education (GME) check-in (310-222-2912): On your start date, go to the 8th floor education office 8E-21 in the main hospital and bring these forms at [http://www.harbor-ucla.org/gme/visiting-residents/](http://www.harbor-ucla.org/gme/visiting-residents/)
     a. Affiliated Resident/Fellow Questionnaire
b. Code of Conduct answer sheet  
c. Your HIPAA certificate from UCLA (or, if not available, complete the Privacy & Security Survival form on the webpage).

You will receive a parking hang tag (it must be returned at the end of your rotation).

-Key #LA25: Obtain from your attending. Needed for access to ICUs, Staff restrooms
-Until you have a Harbor-UCLA ID badge, you must go through Security/metal detector at the Hospital and PCDC entrances, including metal detector
-Let the attending know at start of rotation which clinic day you have (i.e., Tues or Wed) and any anticipated approved time away, including mini-fellowship, etc.

PARKING:  
-Allow sufficient time for commuting to the South Bay and for parking. Morning traffic on 405 South is generally fairly light.
-Park in Lot D (Parking Structure) at corner of Vermont Avenue and 220th Street (enter on 220th St). Use your hang tag for floors 1-2. The rooftop is open (non-permit) parking. Lot usually fills by 8AM. Lot V is also close. See full Campus Map for other lots:
http://harborintranet.dhshucla.org/files/HarborCampus.pdf

HOURS & LOGISTICS:
-Mon-Fri, 8AM to 5PM except when in clinic, Journal Club, etc, and Saturday 8AM to 5PM for new consults (as deemed by your attending).
-Carry the Geriatrics Consult pager: 310-501-0840 (Monday-Saturday 24hr/d).
-Pre-rounding starts at 8AM except on your continuity clinic, State Home, or Journal Club days
-Attendings usually change service on the 1st of each month
-Teaching Conferences open to housestaff/fellows include Tuesday morning IM Grand Rounds 8:30-9:30AM in the Parlow Library auditorium and Morbidity & Mortality Conference Thursdays 12-1PM in the Assembly Room.

-New consults:  
Meet with the NP in the morning to review the Geriatric Frailty report and assign patients.  
1) Automatic (Triggered) consults are surgical patients age 70 and up who screen positive for frailty (per admission nursing assessment, e.g., have gait disorder, basic ADL dependence, prior stroke diagnosis).  
2) Requested consults by primary services before 3PM should be seen that day and informally staffed by phone or in person with the attending by 5PM.
3) Orthopedic Co-Management: Pre-op evaluation and medical co-management; we write orders on these patients on medical issues except for Anticoagulation. Primary team is first call. (After-hours and weekends, Third Call (pager 6534) does new pre-op evaluations.)
**Requested consults should be seen first and recommendations communicated to the primary service before seeing automatic consults."
-Facilities:
  - The main hospital is at the corner of Carson St and Vermont St. Inpatients are on floors 3-6.
    - Ortho and Trauma are often on floor 3, West wing.
    - There are East and West wings and several ICUs and telemetry units on both wings.
  - The Care Transitions Clinic is held in PCDC Building, Basement Level, Clinic B or C. PCDC is a hospital-based clinic at the basement level connected to the main hospital (follow signs).
    - EHR: HAR PC Int Med Geriatrics Discharge Clinic in HAR PC Room 5.
    - The appointment phone # for patients is 310-222-2367 or 310-222-8035
  - Staff Restrooms are located on the inpatient floors and the Staff Lounge (Rm # B05) in PCDC and require Key #LA25 to access
  - Doctors’ Dining Room, 1st floor across from Courtyard Café (public cafeteria): Your housestaff ID badge entitles you to 3 free meals per day.
  - Lactation Rooms: 7th floor, room 7W20, and Mothers’ Room 1J9, in the former ER wing on the 1st floor
  - 5th Floor IM Residents’ Lounge: you may store your personal items here. Entry code: 534

CURRICULUM:
In addition to learning from direct patient care and on teaching rounds:
  - Attendings will give short lectures on topics of special importance in providing geriatric care at this county, safety-net hospital, including Care Transitions, and Health Literacy.
    a. You are expected to select one of the lecture from the series to present to the team.
  - Prepare a short (20-30 minute) didactic on a Controversy in Geriatrics. Your assigned lecture date is the last Tuesday of your rotation.
  - Self-study Articles and Online Modules: Sign Out folder on all desktops/Geriatric Medicine

HEALTH RECORDS SYSTEMS
Computers are available in Resident Workrooms in the PCDC Clinics (B or C). For access problems, go to Information Systems (310-222-2059, Main Hospital Basement, B251-A).
  2. Affinity: Legacy system that uses old MRUNs. You can access test results, discharge summaries, ER notes. You can sign up for access at Information Systems or ask us.
  3. Note/Letter/Fax Templates: Sign Out folder on the desktop/Geriatric Medicine/Consult Templates for the Geriatric Assessment packet and other helpful tools.

ORCHID GUIDE
1. Consult List: HAR Geriatrics Care Team. In Physician Handoff, click on far right drop-down arrow, select Care Team Lists, select Geriatrics Service, Geriatrics Team.
2. New Consults: Cut and paste from the “Geriatric Consultation Initial Consult Note ORCHID Template” in Sign Out. We can show you how to make the template an auto-text. Note Type: Geriatric Medicine Consult Note, Note Template: Free Text Note. Change title to: “Geriatric Medicine Inpatient Initial Consult Note.” To fill out the form, press F3 to tab to next underscore.
3. Progress Notes: Note type: Geriatric Medicine Inpt Progress Note, Note Template: Consult Note.
4. TOC Clinic Notes: Note type: Geriatric Medicine Outpt Provider Note, Note Template: Ambulatory Office Visit Note.
5. Forward for cosignature: After you sign your note, click the Forward button to route to your attending.
RESOURCES:
- **Phone interpreter** (very important!!)
  - Cordless phone at nursing stations (including Clinic C, must sign for phone) OR use portable 2 handset phone, plug into patient's room telephone jack
    NOTE: On the wards, some nursing stations have PAIRED cordless handsets (one for you and one for the patient) that do NOT work on speaker mode. Dial as usual and give one handset to the patient.
  - Hit Speaker phone button
  - Dial **ext 5405**
  - Press 01 for Spanish. MANY other languages available (listen for options)
- To call a patient/family member:
  - Dial 5404. Dial 00. Tell operator the phone # you want them to dial for you and the language.
- Portable 2-handset phone for phone interpreting (dial 9-1-310-222-5405 using pt's telephone line)
- Long-distance calls: dial “9” for outside line, dial 1+9 digit phone #, after prompt enter: 211-207-2735. This is a calling card number assigned to Dr. Wu and should be used for patient care calls only!
- **Copies:** Clinic B Vitals Room B02-1
- **Consult Templates:** Sign Out folder on computer desktop, Geriatric Medicine folder
- **Advance Directive Forms:** [http://myladhs.lacounty.gov/forms/Harbor%20Forms/Forms/AllItems.aspx](http://myladhs.lacounty.gov/forms/Harbor%20Forms/Forms/AllItems.aspx)

SUPPORT STAFF/USEFUL CONTACTS:
Harbor-UCLA Medical Center (main number): 310-222-2345, extensions are 310-222-xxxx

**Social Work Office**: 1st floor Lobby, x3278, Suzette Shields (Supervisor).
  - Medical Case Workers help with Discharge Planning and require a physician order
  - Clinical Social Workers are assigned to Units (Physician order needed)
  - Financial Services (Building 3-South) helps with determining insurance and benefits
  - DMV Reporting: [https://www.dmv.ca.gov/portal/dmv/detail/forms/formsds](https://www.dmv.ca.gov/portal/dmv/detail/forms/formsds) (PDF form in Sign Out)

Geriatrics clerk (for scheduling appointments): Brenda Scott, brscott@dhs.lacounty.gov

Home Health Coordinator: Annabelle, x3428

Physical Therapy: Sue Okazaki, PT Supervisor, x2453; Rancho PT Monica pager 562-466-2767

Pharmacy: Inpatient pharmacy is in the basement x2363, outpatient is in 1st floor Lobby, x6856 (doctor line)

Virginia Ramirez, GIM Secretary: x2465, viramirez@dhs.lacounty.gov, Office B02-9

Clinic C Staff: Amber and Debbie are the front desk clerks and can help with mailing letters and scheduling appointments. Katrina Pasion and Meghan Ly are the main clinic RNs.

Managed Care Case Managers: Anne Stodder, x8286, Office B01-5 in Clinic A

Shauna Collins, Graduate Medical Education Admin Assistant: x2912