



VA MEDICAL CENTER
BRONX, NEW YORK

**Medical
Resident
“How-To” & Policy
Manual 2006**

Bronx VA Medical Resident "How-To" and Policy Manual 2006

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The Medical Program provides this manual. We would welcome any suggestions for inclusion or deletion from future editions. Please provide your comments, suggestions to: **Dr. Mark Korsten, Extension 6753 or Beeper: **026**
mark.korsten@med.va.gov

Welcome to the Bronx VA Medical Center

Like other hospitals, the Bronx VA Medical Center is in a state of flux. For this reason, it is unlikely that this manual will be completely accurate by the time it reaches your hands. Despite this, I hope that this little booklet is useful during the initial phase of your experience at this institution.

If nothing else, you must sign in by introducing yourself to **Ms. Anitra Collins**, Secretary to the Program Director in room 7A-11. Ms. Collins will smile (usually) and present you with a number of memos that will enable you to acquire room keys, a fashionable white coat, a nifty beeper and computer access. Getting finger printed is mandatory, remember that you have 10 days from the time of your initial computer access to get finger printed.

With regard to computer access, facility with the VA's Computer Patient Record System (CPRS) is absolutely **essential** if you are to function effectively during your stay. Although it may seem imposing, it is actually quite friendly and **very** advanced. However, for those of you who are computer phobic, we have a solution. Judy Hollander (ext 6853, beeper **262) will hold your hand, speak softly, wipe your brow and otherwise ease you into this high-tech component of the hospital. Please don't hesitate to call them—they won't make fun of you.

Finally, to remain useful, this guide will require continuous revision. If you have suggestions in the interim, please contact **Dr. Korsten (beeper **026)**. Your anonymous evaluations at the end of your rotation are carefully reviewed.

General Organization of the Medical Program

Medical Housestaff (PG-1's, 2's and 3's) are assigned to two general medical wards as well as the CCU and MICU. In addition to coverage of these units, the medical house staff provides consultative services to the rest of the hospital and provides medical care in the outpatient subspecialty medical clinics. Two rotating Ward Attendings and a hospitalist provide clinical oversight and evaluate the Housestaff on each of the two medical wards.

Ward Rounds

Two staff physicians (at times, one of these physicians is the Chief Resident) are assigned to each of the medical wards on a monthly basis. There are also two full-time hospitalists. Dr. Wendy Cleare is on Ward 7C and Dr. Susan Adamcik is on ward 7B. Remember that attending rounds are for you. Dr. Korsten would like prompt feedback if they are unsatisfactory.

Recommendations:

1. Residents/Attendings are encouraged to present a short topic at the beginning of the rounds. Usually attendings present 2 days of the week and residents 3 days
2. All cases do not need to be presented (especially when there are ≥ 4 new admissions).
3. Present cases in this general order:
 - a. "Sick" new cases
 - b. "Stable" new interesting/teaching cases
 - c. "Sick" or interesting patients already on the service (i.e. patients admitted at any time in the past still without diagnoses or without an adequate plan for assessment/management)
 - d. Brief follow-up of previous recent admissions
4. All new cases not seen during rounds should be seen after rounds by the attending and admitting intern (and/or resident) on a one-on-one basis with "bullet" presentations and the attending going to the bedside of the new admission with the house officer.
5. Attending rounds should generally be limited to one-and-a-half hours. The above guidelines should help accomplish the latter, while increasing education and decreasing boredom (ideally). **The housestaff must be free to attend noon conference!**
6. Attendings must be informed when a patient will undergo an invasive procedure, has taken a turn for the worse and will be transferred. Under these circumstances, the attending must write a note in CPRS.

Note: Some attendings may want to vary this routine. For example, it is at the discretion of the attendings to choose bedside or sit-down rounds, or a combination of the two. In addition, at times (every 2 weeks to 1 month), the attendings may want to round and see every patient on the ward.

24 Hour Coverage: The attendings must provide telephone and/or beeper access for 24 hour availability.

Weekend Attending Rounds: Ward attendings are responsible for rounding on weekends. At the end of Friday morning rounds, the attendings should know who will be rounding on both Saturday and Sunday morning. A time should be specifically arranged.

Please note:

1. Rounds will take place with the attending and the two ward interns (coming on and off-call).
2. Presentations may be brief, but the attending must see all new admissions.
3. This is also a time for follow-up on recent admissions as well as discussion of "sick" patients and management problems.

Paperwork

"Paperwork" is rapidly becoming a misnomer at the VA. Much of what was previously accomplished using paper is now done in the computer. The system in use here is highly advanced and has resulted in many happy residents. However, this is a "good news - bad news" situation. With improvements in information retrieval has come a significant problem – copying & pasting of notes between residents and from one day to another. This is a very poor practice! **Plagiarism must be avoided at all costs and will have very adverse consequences if identified.**

Admission Caps

A first year resident will not be required to admit more than 5 new admissions in any 24-hour period. A PGY-2 is permitted to admit up to 8. This policy refers to both ward and intensive care unit rotation. Transfers from intensive care units will count as new admission. During the weekdays short call schedule for residents consists of 3 admissions up to 3pm and long call consists of a total of 8 admissions until 5AM. The patient load of a PGY-1 should not exceed 12 patients. A supervisory resident (PGY-2 or 3) will be permitted to follow a maximum of 24 patients.

Moonlighting

Moonlighting by residents is permitted after approval by the Program Director and provided that it does not interfere with their housestaff duties. If, as judged by the Program Director and/or other attendings, moonlighting interferes with the resident's clinical performance, it must be modified or terminated.

The Evaluation Process

- Resident clinical competence is evaluated on a regular and on going basis.

- a) At the end of each rotation, the supervising attending evaluates either in written or online at www.myevaluations.com or www.new-innov.com. In addition a resident can verbally discuss evaluations with the supervising attending at the end of the rotation.
- b) In the out patient / primary care setting, residents are evaluated on a Mini CEX module and Six Competencies after each PCP block.
- c) A resident is observed by a supervising attending while he/she is presenting a journal club / evidence based discussion or topic presentation. An evaluation is filled out by the supervising attending and is submitted to the GME office.

- d) A resident is evaluated by the program director during PGY-1 and PY-2 with a case presentation.
- e) A resident is evaluated on a yearly basis by other members of the health care team i.e. nurses, social workers and clerk.
- f) A resident meets the assistant training director on a yearly basis to discuss future goals, training satisfaction, procedure log and review of evaluations during an academic year.
- g) Residents are encouraged to take in training examinations each year. These are conducted under guidelines of the NBME to identify weakness. (this evaluation is only for resident self improvement).

- It is the policy of the GME that a resident has to complete each rotation with at least satisfactory evaluation. Failure to do so will result in evaluation review by the GME Committee. The GME will make appropriate recommendations to improve the resident training and performance; these will include but is not limited to a) discussion with program director in person and placing the resident on academic observation b) repetition of rotation c) academic probation etc. Failure to improve and follow recommendation will result in suspension and finally expulsion from the training program.

- The resident may appeal the findings of the GME committee with in two weeks of receiving its recommendations. The resident may appeal in person or in writing to the V.A GME committee. If the resident disagrees with the outcome of the appeal, a second appeal can be made to the Mount Sinai School of Medicine GME committee.

Didactic Exercises of the Medical Program

Attending Rounds are held on each of the medical wards Monday through Friday. They include rounds in the X-ray Reading Room with a review of pertinent films with the help of a radiologist. X-ray requests must be received by 8:00am to give the file room adequate time to track down the films (retrieval rates average about 75% but seem to be improving). — see Radiology

Other conferences and meetings include morning report every Thursday 8:15AM to 8:45AM in 7B conference room, noon conferences and Grand Rounds (everyone). A monthly schedule of events is posted outside of the Medical Program Office (Rm. 7A-11). **Attendance at these conferences is mandatory and attendance rosters will be maintained. Light Lunch will be provided at noon conferences courtesy of the Bronx VA attendings. This is a small token of appreciation for the hard work of the medical residents.**

Many other conferences are organized by Subspecialty Sections. Consult the Medical Program weekly schedule or check with the Section Secretary for times and locations. Attendance at such meetings is encouraged but obviously optional.

Typical Weekday at the Medical Program

Monday / Wednesday / Friday

7:30- 8:00 AM	INTERN REACH VAMC MEDICAL FLOOR, FOLLOW LABS AND ACTIVE ISSUES.
8:00-9:00 AM	PGY2-3 AND FLOAT ROUNDS ACTIVE PATIENT EXAMINATION.
9:00-9:30 AM	RADIOLOGY ROUNDS.
9:30-11:00 AM	TEACHING ROUNDS AND MORNING REPORT.
11:00 – 12:00 PM	INTERNS ROUTINE.
12:00-1:00 PM	NOON CONFERENCE.
1:00 – 5:00 PM	INTERNS ROUTINE.

Tuesday

7:30 - 8:30 AM.	PGY2-3 AND FLOAT ROUNDS ACTIVE PATIENT EXAMINATION
8:30 - 9:30 AM .	SINAI GRAND ROUNDS IN 5C01.
9:45 – 10:00 AM	RADIOLOGY ROUNDS.
10:00 - 11:30 AM.	TEACHING ROUNDS AND MORNING REPORT.
11:30 – 5:00 PM.	INTERNS ROUTINE.

Thursday

7:30 - 8:15 AM.	INTERN REACH VAMC MEDICAL FLOOR, FOLLOW LABS AND ACTIVE ISSUES.
8:15 – 9:00 AM.	DR KORSTEN CONFERENCE.
9:00 – 9:45 AM.	PGY2-3 AND FLOAT ROUNDS ACTIVE PATIENT EXAMINATION.
9:45 – 10:00 AM.	RADIOLOGY ROUNDS.
10:00 –11:30 AM.	TEACHING ROUNDS AND MORNING REPORT.
11:30 – 12:00 PM	INTERN ROUTINE
12:00 - 1:00 PM	VA GRAND ROUNDS.
1:00 – 5:00 PM.	INTERNS ROUTINE.

Mount Sinai/Bronx VA Shuttle

A bus provides transportation between Mount Sinai and the Bronx VA. The early (6:30am) shuttle should be popular among PGY-1's who want to complete their "scut" work prior to work rounds. The late (7:15pm) shuttle has been instituted, in part, to allow the housestaff time to evaluate laboratory results before leaving for the day.

Mount Sinai Shuttle makes trips during weekdays between the Bronx VA at 130 West Kingsbridge Road and The Mount Sinai Medical Center at the front of the parking lot at 99th Street & Madison Avenue. Valid VA or Mount Sinai ID required for use of this shuttle.

NOTE: There is no service to or from the Bronx VAMC & Mount Sinai on weekends or holidays.

Weekday Departures

Mount Sinai Shuttle	
Bronx VA to Mount Sinai	99th & Madison to Bronx VA
7:00am	6:30am
8:15am	7:30am
10:00am	9:15am
11:30am	10:45am
12:30pm	12:00pm
2:45pm	1:15pm
4:35pm	3:30pm
5:50pm	5:15pm
7:15pm	6:30pm

Key Telephone Extensions



Programs	Ext
Medical Program	6753 or 6754
Surgical Program	5053
Pharmacy Program (Outpatient).....	5490
Pharmacy Program (Inpatient).....	5489

Radiology:

Routine x-rays.....	6533
CT scans	6557 or 6556
Nuclear/Ultrasound.....	6349 or 6351
RTAS* (wet readings)	5813

* You must have your security code and last 4 digits of pts. Social security number

Laboratory Program:

Chemistry	6268, 6263 or 6264
Hematology	6263
Microbiology & Serology	6320 or 6321
Blood Bank.....	6250

*Lab results are in computer as soon as available. Alerts are sent on critical values

Wards

1D	5392
1E.....	5433
NH1A	3446
NH2A	3426
6B.....	5429 or 5250
7B.....	6828 or 6829
7C	6742 or 6743
8B-MICU.....	5026
8C	6715 or 5068
Kidney Dialysis 4 th floor	6633/34

Alarms & Codes

Fire.....	1111
Police	2222
Cardiac Arrest	1484
Psychiatric Crisis Team.....	1777
Seizure	1234

How to Use the Pager System

Unlike some other institutions, the Bronx VA permits you to do your own paging provided you know the 3-digit beeper number of the person you want to contact. You can look up page numbers in any of the directories in VISTA and on the Intranet (home page). Pagers will be listed with either a "7" or a "***" prefix.

To access the system, touch "7" or "***" on any medical center phone and then the 3 digit number of the beeper to which you wish to transmit a message. Next, you will hear a synthesized voice that tells you to start your message.

If given a choice: "1 to speak, 2 to display", **it is to your advantage to choose display** and enter the beeper number into the telephone.

To receive outside calls while at the VA

Tell your party to ask for extension 6753 after dialing 584-9000. This is the extension of the Medical Program; one of the secretaries will page you until 4:30pm.

After 4:30pm, the hospital operator can page you via the beeper system or using the overhead loudspeaker system.

In addition, it is possible to receive a direct message from the outside by dialing (718) 579-3350 and following the automated instructions.

Departments and Affiliations

The North Central Bronx Experience

VA residents travel to North Central Bronx to diversify their exposure in medicine. Assignments for the entire year are made by the Chief Resident and must be adhered to carefully. Continuity of care is essential and achieved with long-range beepers and access to laboratory data at each of the institutions.

The Inpatient Medical Program is supervised by Dr. Sunil Dhuper (718) 519-3972.

The outpatient component at NCB is led by Dr. Cynthia Chung (718) 519-3599.

Unlike the VA, the evaluation process at NCB is computer -based.

Radiology Program

The file room supervisor must have a list of requested films by 8:00am each morning to insure that they are available when attending rounds begin. Films can only be requested via e-mail **before 8:00am** on the day of the conference.

Use this procedure:

1. Log-in to the **VISTA** and select **Mailman** from the Main Menu.
2. Select **SML** from the Mailman Menu.
3. Type in **X-RAYS** as the subject. Use the following as a guide for the message:

7B Radiology Conference 10:00am 7/25/97
Rodriguez 6789
Burgos 2283

4. Send mail to: **G.RADCLERK**

Viewing films at other times during the day (or night) is more of a challenge. The file room is theoretically open until about 5:00pm in the evening. **24-hour radiology support for x-ray films taken in the ER is available in the conference room on Ward 7C. Soon we will be getting a PACS (Picture Archiving and Communication System) and you will be able to retrieve digital images from any PC. You have to go under clinical resources and click on "isite Enterprise". This should be available during the summer of 2005.**

After Hours Microbiology Lab Work

8:00am - 5:00pm (7 days/week): bring all specimens to the micro lab (2nd floor) for gram staining, culture.

For CSF specimens, the 2nd floor hematology/chemistry lab will prepare and interpret gram stain and India ink slides for the house officer (24 hours/day). The intern/resident can use the hematology microscope to further interpret the slide.

For Non-CSF specimens (i.e. urine, sputum, pleural fluid), housestaff may use the gram stain supplies, slides, centrifuge, and microscopes provided in the general second floor hematology/chemistry lab - and are responsible for both preparation and interpretation. Assistance is available from the lab staff. In addition, all specimens must be logged into a book at the lab, and specimens (labeled with a grease pen) must be left in a specified tray. The microbiology staff will formally read these samples in the morning.

Pharmacy

The Pharmacy Program will provide you with a checklist when orders need to be renewed. TPN, PPN, and heparin orders are renewed daily. Large volume I.V.'s and narcotics: every 3 days. Antibiotics: once a week. Other meds renewed every 2 weeks.

Due to budgetary restraints, the pharmacy closes down after 12 Midnight. However, there is a mechanism in place for obtaining medications in the middle of the night.

The floor nurse should contact the nursing supervisor that is on-call. The latter individual has access to a wide variety of medications that are stored on the fifth floor. Initiation of therapy can begin immediately at any time during the night by utilizing this system.

Nursing

We urge you to include the nursing staff, whenever possible, in your work rounds. Lack of this cooperation has been a major shortcoming in the past. It is shortsighted to underestimate the potential contribution of nurses in overall patient management. Try to be empathetic. Due to cutbacks these remaining nurses are often overworked. Cooperation and mutual respect is essential for preventing conflict.

Infection Control

Infection Control looks at every procedure that is going on in this Medical Center. One of their main concerns is that you practice Universal Precautions rather than Blood/Body Fluids Precautions. All diagnosed /suspected TB patients are to be placed in AFB isolation (grey card) & not respiratory isolation (blue card).

Put on your appropriate (PPE) Personal Protective Equipment if you anticipate any splashing with Blood/Body Fluids. If in doubt, review the Infection Control Manual (red binder) at the nurses' station.

Please feel free to call ext. 6676, 5681, 5680 or 6668 if you still have any problems after notifying the Patient Care Coordinator (PCC) or the charge nurse.

As of this edition of the manual, all rooms should have latex gloves in addition to vinyl gloves - use them!

Blood Drawing

Floor nurses are trained to draw blood and start IVs. However, occasionally you may be called upon to supplement their skills. Your understanding in this matter is greatly appreciated.

Family Planning

Residents may request up to 4 weeks of maternity leave per year. If leave exceeds this amount, the residents program will need to be extended to meet ABIM requirements.

Education

Medical Library

The library is open until 4:00pm to accommodate your academic needs. A CD-ROM reader is available and the library staff is eager to instruct you in its use for performing literature searches. You can also perform MedLine searches through any terminal, if you have access.

Although more modest than the library at Mount Sinai, the library staff has access to the world's literature via interlibrary loans and microfilms

Electronic Resources

The Bronx VA maintains a wealth of clinical resources on their webpage. These resources can be accessed from any computer at the VA by clicking on the Internet Explorer icon on the PC desktop.

Once the [Bronx VA Home Page](#) appears, simply click on the Clinical Resources tab on the top menu bar to access handbooks (like this one), on-call schedules, Mount Sinai links, clinical libraries, and many other links to Harrison's Online, MedLine, Lippincott, MD Consult, StatRef, etc. Residents also have access to the Levy Library at Mount Sinai. Many journals are available on line via this link.

Consultations

To ensure a rapid response to your consult, all consultation requests should be **entered into CPRS**. Medical Program emergency consults are answered in one hour. Routine requests are answered in one day excluding weekends, holidays, evenings, and nights.

The following chart indicates the procedure for requests emergency consults only.

Section	Emergency
Cardiology	Call x6776
Hypertension	Page **071. If no answer, Page 245
Dermatology	Call MSMC page operator: (212) 241-5581 or VA operator.
Endocrinology/ Metabolism	Contact Fellow-on-Call (on-call schedule at operator)
Gastroenterology	Contact Fellow-on-Call (on-call schedule at operator)
General Medical Consults	Page 7-813
Hematology	Page 7-018 or 7-050 Wknd/Eve: **068 or (877) 695-4675
Oncology	Page **206 or 7-050 Wknd/Eve: **068 or (877) 695-4675
Infectious Diseases	Page **194 or x6678 Wknd/Eve: On-Call MD (on-call schedule at operator)
Liver Disease & Nutrition	Contact Fellow-on-Call (on-call schedule at operator)
ADTP	7-776
Pulmonary	Contact Fellow-on-Call (on-call schedule at operator)
Renal	Contact Fellow-on-Call (on-call schedule at operator)
Rheumatology	Have operator call: Dr. L. Abbey
Neurology	Day time 7-839 Evening call the operator for assistance
Psychiatry	Day time: 7-803 Evening: 7-882

Common Snags in Discharge Planning

1. Transportation

Not all patients are eligible (this has really been cut back lately). Ask the patient if someone can pick them up (and bring clothes) as soon as you know he will be discharged. If not, or if the patient has mobility problems, you can request a courtesy ride home on the day prior to discharge (before 3:00pm on the day prior, or 24 hours in advance, whichever is earlier). You have to fill out a form. Some patients know they are eligible and always expect this.

2. Appointments

The ward clerk can schedule outpatient appointments for the patient, but only IF they have previously been seen in that clinic (or if that service was consulted while they were in the hospital). If not, then they need to be scheduled for a Primary Care appointment, and will be referred from there. If you want the patient seen within the next week or two, then you will need a name of a provider so that they can be overbooked.

3. Narcotics & Benzodiazepines

These medicines cannot be requested on the convenient printout forms (which should be done first thing in the morning or earlier as meds take >2 hours to be prepared). For controlled substances you need to fill out a Blue VA prescription slip, which you can sign along with the last 4 digits of your SS#.

Benzos must be on a blue script with the special "BENZODIAZEPINE DO NOT REFILL" stamped on it (these can be used for narcotics as well, but it isn't necessary). Bring this down to the pharmacy yourself and you will get a numbered receipt. Staple this to the patient's medicine printout, or hand it to the patient yourself. They need to present this in order to get their oxycodone, ambien, etc. If you don't have scripts, you can sign out a pad from the pharmacy at your leisure.

4. Placement

Try to find time for discharge planning rounds, which occur Wednesday afternoons around 1:00pm. In addition to nursing home, rehab and home with services, geriatric patients with dependent needs can sometimes be placed in GEMU. Request a GEMU consult in the CPRS when the patient is stable.

5. Discharge Summaries

Should be entered in the computer by 4:00pm on the day of discharge. As always, tell everyone you can think of as soon as you think the patient will be discharged (especially the patient).

Miscellaneous

Sign-out occurs at the end of every day with the complete team in attendance. Many of the worst problems occur because of incomplete or inadequate sign-outs. Be thorough!

Post CABG Patients: According to the cardiology program, all post-CABG patients (transferred post-op from the Manhattan VA) must receive consultations from both the cardiology and the rehab program prior to discharge.

CCU PGY-3: Monday to Friday, this resident supervises the CCU and 7B Telemetry, and admits until 4:00pm. Brief sign-out (especially the sick patients) to the on-call resident is also required. On weekends, the on-call resident will make morning rounds and cover admissions.

Intern Day Float: Reminder—the float begins in the morning by rounding with the post-call intern and his/her resident on work rounds. Individual sign-out (often supplemented by a written sign-out by the post-call intern) may take place both before work rounds as well as after attending rounds (before the post-call intern goes home). The float is responsible for the daily progress notes and management/scut for these patients until the end of the day sign-out.

Post-Call Resident/Intern: In addition to the obvious, the post-call resident must stay at least through attending rounds. The post-call resident signs out to the other resident on his/her team.

Chief Resident Office: At night and on weekends, a chief resident is available 24 hours a day via the page operator.

Medical Office: On the bulletin board outside 7A-11 are copies of all pertinent schedules.

Geriatrics: The Geriatric Evaluation and Management (GEM) Unit provides intensive interdisciplinary comprehensive geriatric assessment.

Inclusion Criteria:

- a. Veterans are 60 and older.
- b. Medically stable patients with specialty problems in Geriatric Medicine. For example: cognitive and effective disorders, falls, immobility and gait disorders, urinary & fecal incontinence, malnutrition and feeding disorders, Polypharmacy, pressure sores, and sleep disorders.

Exclusion Criteria:

- a. Hospice or terminal care patients.
- b. Patients who require treatment for acute illness.
- c. Patients with irreversible dementia, who do not require additional diagnostic evaluation.
- d. No direct admissions: the GEMU only accepts in-house transfers.

Order Writing: In general only residents are permitted to write orders on inpatients. Under exceptional circumstances, it may be necessary for attending to write an emergency order. However, this should be a limited practice and should only occur after discussion with the housestaff.

Intern Survival kit for the VA floor

Prepared by
recent Intern,
Dr. Meenakshi Zaidi

Admission Note

Consists of four important components on CPRS template: as intern history & exam.

- Accurate history of present and past illnesses and pertinent negatives
- Thorough exam with special emphasis on the involved system
- Data collection - past investigations or imaging, past lab values for comparison and assess baseline values ("hard core" report), could obtain data from remote access or Web top
- Initial investigations and treatment before next day rounds and presentation

Preparation Before Rounds

- Morning round on your patient, with morning vitals and trend in the labs
- Please bring to rounds your notes and EKG if you need to share
- Baseline values for that pt e.g baseline H/H if anemia, anemia work up if in the past, baseline BUN/cr in renal pt
- If possible read about the case you're about to present.

Progress Note

- What are the subjective complains of the patient?
- Objective examination of the patient in relation to his/her complaints
- Document entire days work-up, including results of investigations, abnormal labs, change in medications, and recommendations from specialty consults

Make sure you talk with the patient and inform him/her of what's going on – otherwise patients are distressed by not being informed

Labs

- The most important rule is to f/u any lab you order
- Order labs that are necessary
- Serial labs may be required e.g. CBC in pt with a GI bleed, potassium, or others
- Order routine labs in the morning
- Keep 1 pm and 6 pm blood draw for f/u and urgent labs only (place the labels in blue basket at the nurses station and inform the nurse taking care of the patient)
- Follow if your order has been carried out, specially UA/urineC&S/stool/any important blood draws
- Blood cultures are done by interns (two different sites, R and L, indicated clearly on the label)

Consults

- Inpatient consults must be requested as early in the day preferably immediately after rounds - through computers and by phone
- F/u notes and recommendations made by the consulted team
- Outpatient specialty consults are requested for discharged patients (e.g. renal consult for a pt on hemodialysis)

Dietician

Need consult when:

- Difficulty in swallowing due to any cause
- Aspiration pneumonia
- Pt with tracheotomy
- Pt losing wt and may need caloric count
- With peg
- Feed through nasogastric tube

Speech and Swallow

Need consult when:

- Aspiration pneumonia
- Dysphagia due to any cause

Rehabilitation

Need consult when:

- All old patients at risk of deconditioning
- Stroke
- Neurological deficit

Prosthetics

Need consult when:

- Special needs like wheel chair/ cane/ walkers

Day Before Discharge

Pharmacy

- Refill meds for outpatient a night before anticipating discharge
- Inform Ray (the Pharmacist) between 8.30 to 9.00 a.m. about possible or definite discharge

Travel

- Fill out travel form before 3.00pm from the clerk for pt with special needs, notably wheelchair, ambulette, or who do not have way to go home

Social Work

- Inform all possible d/c on a note card a day or two in advance
- SW needs d/c summary one night in advance with all current medications and recommendations, if pt is going to Nursing home or has special needs with VNS, HHA

Day of Discharge

- Complete three items: discharge instruction, d/c summary and d/c note
- D/c instructions are given before pt goes home with clear indication of medications, days of antibiotic treatment, and f/u appointment (done by the clerk)
- D/c summary f/u template with HPI and course in hospital stay, including imaging and procedures done, any nosocomial inf, etc.
- D/c note is synopsis of the case – short SOAP note

Other Important Items

- Explain to the pt all meds or any change that has taken place
- Inform of any special consults appointments made for pt
- Inform Ray (pharmacist) at 9.00 am
- Leave note for Tracy or Mr. Dorset about discharge (home or NH or other VA) so that they can remind pt of bus/ambulette departure time

Sign Out

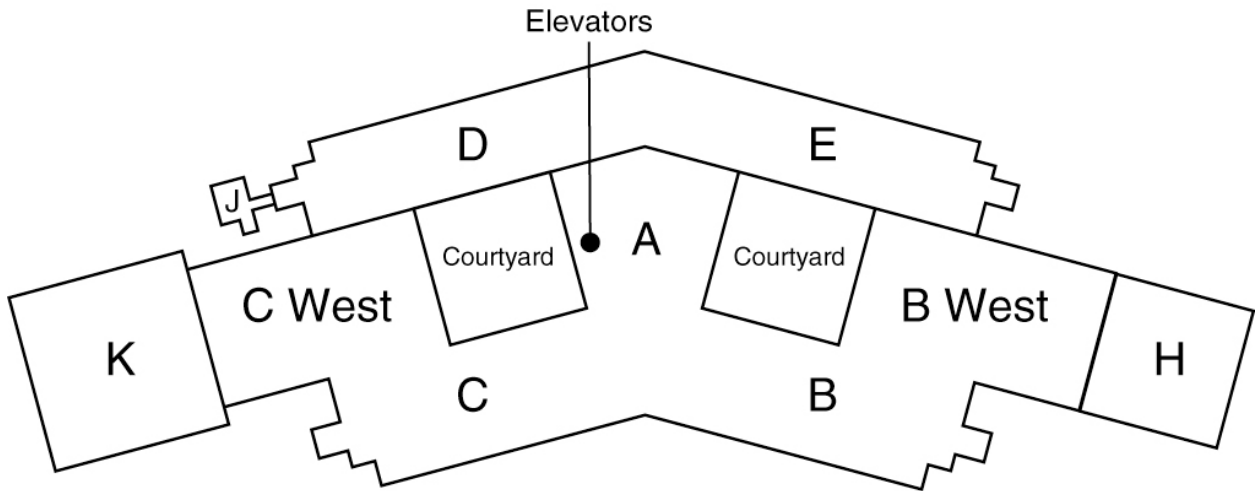
Before leaving for the day, sign out to your colleagues

- Any labs or investigations to be followed
- Information on any unstable or sick pt
- Try not to leave any work unfinished on your colleagues (that person is busy admitting and taking care of pts)
- Person on call must f/u any instructions signed out
- Be proactively informed about unstable pts in co-intern services
- Keep all sign out stapled together
- All patients are responsibility of the intern-on-call

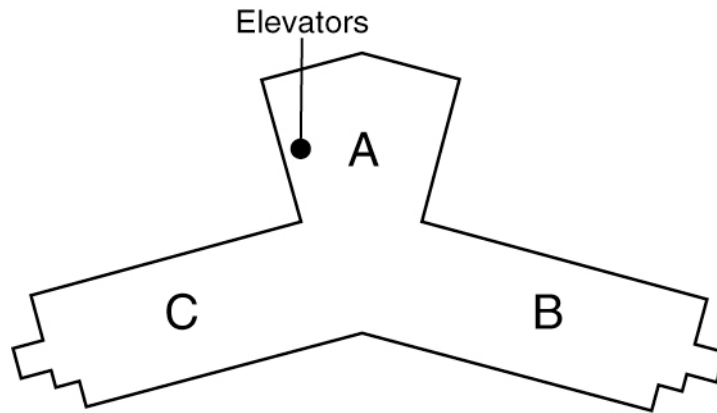
Communication, Communication, Communication!

- Talk to the patient daily informing him/her of what's going on
- Educate them about disease
- Inform them about any procedure or investigation that has been ordered
- Be sensitive specially when informing about life threatening disease, e.g. cancer, MI etc
- Inform the pt at least a day in advance, whenever possible, about discharge plans
- Keep families in loop wherever possible especially if pt is incapacitated

Basic Floor Plan of the Bronx VA



Ground Floor thru 3rd Floor



4th Floor thru 9th Floor