UCI BLOCK 13

Holidays: President's Day 2/18/2013

Events: ROC 2/25/2013, City Tower, Room 403, UCI, 3-5pm

Educational Conferences (none on holidays):
   AM report: every Monday-Thursday at 3:30-4:00 PM in Douglas Hospital room 7843
   Best Case of The Month Conference and Competition: Last Thursday of the Block
1. Each of the 6 ward teams will present their best case of the month.
2. Each presentation will take no longer than 5 minutes and will include
   a. A very brief and concise presentation of a clinical case, the best case for that team for the block just ending.
   b. The surprising elements of the case: What made it your best case for that block
   c. A short, concise and relevant take home message.
   d. You can include pictures or radiology but we must have them before the conference so that we can bring them up quickly.
3. At the end of the conference, we will hold a secret ballot of all in attendance for the Best Case of the Block.
4. The winning team will receive bragging rights and reimbursement of up to $100 (after submission of a receipt) for a team lunch for that block.
5. To be eligible to win the competition, the attending must be present for the presentation and must participate in the lessons to be learned from the case. The senior resident will present the case and must be present as well unless it is his or her day off. In that case one of the interns will present the case.

Noon Conference: Every weekday – see posted Conference schedule on website.
The Academy of Internal Medicine: Every Friday at 8:30 AM in Douglas Hospital room 7843. All residents on Elective MUST attend. If you need to be excused for whatever reason, please notify the chiefs in advance. If you fail to do so and is absent from Academy, you will be assigned extra back up/coverage.

Sign-outs: Updated daily on the paper forms given out during the Block Orientation.

UCI New Call System – 7/10/2012

July 2011 ACGME Duty Hours:
   • R1 = maximum 16 hr shifts (i.e. start at 6:30 AM, signout by 10:30 PM). Practically speaking, this means a 14 hour maximum shift (i.e. start at 6:30 AM, signout by 8:30 PM).
   • R2/3’s = maximum 24 hr shifts (+4 hrs if necessary for handoffs/signout), but then need 14 hrs off.
   • 10 hrs off between shifts (i.e. signout at 8:30PM -> return at 6:30 AM).

Ward Call System: Geographic Team:
   • Six Ward Teams (A-G).
   • Team Caps = 15 patients, Intern Caps = 8 patients.
   • Admission: 6:30Am-6:30PM. If you have patient who is being discharged and you are not actively managing this patient or waiting for pending labs, this patient will not count toward your cap.
   • To avoid overwhelming the night float residents, if you are called for a late admission and feel that you can admit this patient without violating duty hours, please do so. Please use your best judgement and professionalism.
UCI Admission and the 2 hours rule:

- The rule that each team will receive only 1 admit in 2 hours is not absolute. In some circumstances, there will be more than 1 admission in 2 hours:
  - 1. There are more than 5 admissions in a 2-hour period leading to cycling through the teams more than once in that period.
  - 2. A patient admitted earlier in the day shows up much later and functionally you have to admit more than 1 patient in two hours.
  - 3. A patient transferred from another hospital or out of the ICU shows up later and again overlaps with another admission.
- These are not new circumstances. When it gets busy, we have always had to take on more patients, even with a pure drip system.
- Once a patient is admitted to your team, you cannot refuse the admission when called by the ED. Accept the admission. If you feel that accepting the admission would jeopardize patient care or keep you in the hospital past the duty hours limits, contact the chief resident on call.
- Refusing an admission just delays care and causes problems for all involved.

- Each team will be assigned a number of beds on each tower (see assignment below)
- Five teams will accept patients in a modified drip system based on bed assignment.
- The 6th team will not accept patients and the senior resident may have a day off.
- If any team has 15 patients, they will be out of the drip until they either drop their team census to less than 15 or all the teams have 15 patients, in which case, all teams will re-enter the drip. It is your responsibility to call SPPO at x 8455 or pager 6000 to let SPPO know you when you are capped or uncapped.
- All pending admits (coming from outside hospital or clinic) will be entered into sharepoint and admitted to the next team in the drip at the time the patient arrives to the hospital. However, if you get called for an admission, that patient will be admitted to your team. DO NOT REFUSE THE ADMISSION.
- Every day (including Sat-Sun) there will be at least FIVE senior ward residents in-house.
  - Seniors have pre-assigned off days, and none during the 1st 2 days or last 2 days of block.
  - Interns off days would occur at the discretion of each team, suggested days include days where no team member has clinic
  - Both interns could also take off days simultaneously.
- Goal is to have 80% of the patients on the same floor as the team.
- All admissions/transfers will be assigned to team and attending based on their bed assignment by SPPO.
- Each team will have its own admission pager:

  3 Tower
  - Medicine Team A Pager # 714-506-2139. Room 1-14
  - Medicine Team B Pager # 714-506-3379 Room 15-28

  4 Tower
  - Medicine Team C Pager # 714-506-3222 Room 1-14
  - Medicine Team D Pager # 714-506-0964 Room 15-28

  5 Tower
  - Medicine Team E Pager # 714-506-0241 Room 1-14
  - Medicine Team G Pager # 714-506-2083 Room 15-28

  Each team will have its own social worker and case manager:
  - Bed huddle at 9:15 for team A, C, E
  - Bed huddle at 9:30 for team B, D, G

Ward Nightfloat = 2 residents will do new admissions for their teams (ACE or BDG), with admissions being accepted in an alternating fashion between the two Ward NF residents. They will admit patients from 6:30PM to
6:30 AM. Both of these residents will hold clones of pager 1763

- One resident will cross cover for all teams starting at 5PM until 6:30AM. This resident will hold pager 6575. They will also hold the Team H/medicine consult pager (p6555) from 6PM to 7AM. This resident will also hold the admit pager from 5PM until 6:30PM
- They will perform any overnight Medicine consults and will staff with the consult attending at the time of the consult. The consult note will be handed off to the Team H senior in the AM and a blue note with preliminary recs will be left in the chart.
- These pagers will be held by the on-call team during the day

MICU New Call System:

- During the week days, there will be 2 Pulmonary fellows covering MICU. The junior fellow will come in the morning at 6AM and the senior fellow will come in at 10AM and stay for sign out. There will be pulmonary fellow in the ICU from 6am-6pm.
- On the senior’s day off, the fellow will help the interns cover the patients. Seniors will not have to cover each other’s patients unless the total census is < 10 patients.
- On weekend, there will only be 1 fellow covering the ICU. Thus, senior residents in the MICU CANNOT take weekend off. NO EXCEPTION
- Days off are no longer pre-assigned to day senior residents. Each senior resident will take 24 hours call on Thursday night. CCU resident will take 24 hour calls on Friday.
- Night residents in the MICU will get Thursday and Friday off.
- Post-call days are counted as days off! If you are post-call from a night shift, you will get 2 additional days off for a total of 3 days per 3 weeks block.
- On weekend, Team O will sign out after the fellows are done with their work.

MICU Caps:

- Each intern is capped at 6 patients
- Each senior can take an additional 4 patients after the intern caps for a total of 10 patients.
- If there are more patients, they will go to the fellow.

UCIMC – New Policy on Transferring Patients from the MICU

- On occasion when patients are in the MICU, a delay occurs in obtaining a bed. We are adopting the close ICU system similar to LBVA’s policy.
- Beginning on September 24, 2012, the MICU team will retain direct responsibility for all patients in the MICU managed by the MICU team until such time as those patients are physically transferred out of the MICU.
- If the patient is ready to be transferred out AND has a bed ASSIGNED on the medicine floor, the MICU team CAN give sign out to the accepting medicine team.
- If there is NO BED ASSIGNED to the transferred patient, the MICU will manage the patient until one is assigned and patient is ready to be transferred.
- If a patient is transferred out of the MICU during the night, the unit float resident will continue to manage the patient on the floor and will sign out to the accepting team the next morning.

Unit NF – Will be covered by the ICU senior resident assigned to nights

- Unit NF resident holds the Unit admit pager (p6207). Unit NF resident will hand off CCU admissions at 9AM
- The CCU admissions must be signed out to the CCU team (senior if not attending). The NF resident is not mandated to stay and round with the CCU team unless round is conducted early and the NF resident is within duty hours.
- All overnight CCU admissions must be staffed with the cardiology fellow and all overnight MICU admissions must be staffed with the pulmonary fellow at the time of admission
• Unit NF resident will admit any Team O patients and will communicate the admission to the oncology fellow at the time of admission.

**Typical Ward Day:**
- **6:30-7AM = AM signout (crosscover, new admits)** with all ward teams, and all nightfloat residents present
  - Sign out will occur in Team C room (4T by the elevators) for teams ACE and in Team G room (5T by the elevators) for teams BDG
- **7AM-8:30AM = Teams pre-round on all patients**
  - NF pagers -> Triage interns
  - All 5 admitting teams are now vulnerable for admissions
- **8:30-9 AM = Morning Report** in Douglas Hospital room 7843
- **9:15-9:30: Case management interdisciplinary rounds**
- **9:30-10:30 = Walk rounds with the attending on new patients**
- **~11 AM = Multidisciplinary rounds with case management/social workers starts (varies by team).**
- **12 Noon-1 PM = Noon Conference / Grand Rounds.**
- **5PM = “Triage” team able to sign out to cross cover resident**
  - Admit pager -> cross cover NF residents
- **6:30PM = Admit NF Residents arrive**
  - Admit pager -> admit residents
  - All admitting teams able to sing out to the cross cover NF resident

**Typical MICU/CCU Day:**
- **6:00-7:30 AM = AM signout** with all MICU/CCU, Unit NF residents & Team O fellow present.
  - Unit admit pager (p6207) -> MICU senior resident.
- **9:00 AM = CCU signout** to the CCU attending
- **6 PM = PM signout** with all MICU/CCU, Unit NF residents & Team O fellow present.
  - Unit admit pager -> Unit NF senior resident.

***CAPS***:
- **Ward Interns:** Maximum 8 patients at any given time.
- **Ward Seniors:** Maximum 15 patients at any given time.

**Ordering Prophylaxis on new admission**

**DVT prophylaxis:** for every patient that you admit, please assess his/her DVT risk and order the appropriate DVT prophylaxis. Please DO NOT use the emergency bypass. Emergency bypass is meant for trauma patient in whom a reliable history cannot be obtained. If there are contraindications to starting chemical prophylaxis, please select that option instead of bypassing it.

**GI prophylaxis:** please review the GI prophylaxis indication prior to starting it!

**UCI Hospitalist Program**

**Clinical Documentation Pearls for Hospitalists**

Don’t use “versus”, or “rule out”, use “probable”, “likely, or “suspect”.
Don’t use up/down arrows for “hyper-“ and “hypo-“. Symbols cannot be coded.

SIRS + suspected or confirmed infection = Sepsis

Sepsis + positive blood culture = Septicemia. (“Bacteremia” is a lab value).

Sepsis + organ dysfunction = Severe Sepsis.

“Urosepsis” codes to “UTI”. Use Sepsis from Urinary Source.

Pneumonia: CAP, VAP, nosocomial, HCAP all code to simple pneumonia in coding world. If you suspect or are concerned about MRSA, gram negatives, and aspiration, then state it.

Use Acute Respiratory Failure instead of “insufficiency” or “distress”, where appropriate.

Patients on home O2 have Chronic Respiratory Failure.

GI bleed: Medically, we tend to state upper or lower. Coding needs more specifics, even if just suspected or presumed: esophageal varices, gastritis, PUD, IBD, diverticulosis, hemorrhoids, AVM, etc.

Acute blood loss anemia: if new anemia due to bleeding, state it.

Pancytopenia: State if due to chemo.

Chest pain, dehydration, syncope, back pain, abdominal pain: all need probable cause. What are you working up? What are you concerned about? This will justify medical necessity for your diagnostics.

Diabetes: include the complications --retinopathy, neuropathy, nephropathy, gastroparesis, etc.

Acute renal failure: state suspected cause. Is there acidosis? Encephalopathy?

CHF specificity: systolic, diastolic, combined; acute, chronic, acute on chronic

Acute pulmonary edema is real important.

Use Encephalopathy or Delirium, give suspected cause. “Altered mental status” is a symptom.

Morbid obesity is BMI > 40.

Cachexia is BMI < 19, give cause such as cancer, AIDS, etc.

Severe malnutrition is BMI <16.

Functional quadriplegia: When a patient is total care, bed bound. Would apply to patients with advanced dementia, etc.

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Team H (Hospitalist/ Medicine Consult)
AM signout & transfer of new consults at 7 AM from the Ward Crosscover NF resident. Signout at night to the ward nightfloat resident. **During evenings, the Consult Attending can be reached via the intranet on-call schedule or page (714) 506-2112.**

***DAYS OFF***
Days off for senior ward residents are pre-assigned (see call schedule), and any changes to the off days must be approved by the Chief Residents to ensure an adequate number of ward teams participating in the “Drip System”. Interns off days are to be assigned at the discretion of the senior resident & team attendings, and should be planned during the first few days of the block. All team members must get at least 3 days off. Please include the MS4 subinterns and MS3 students when planning your rotation days off.

- MS3’s must not work longer than 12 hours per day. Please make sure that the MS3s on your team have enough time to study during their rotation.

Call Rooms: Escort to Sleep Trailer (Bldg. 58) → (714) 448-7696

<table>
<thead>
<tr>
<th>Sleep Room Assignments</th>
<th>Resident</th>
<th>Telephone Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUH 3834 (3rd Floor East Side)</td>
<td>Ward Night Float (ACE)</td>
<td>1115</td>
</tr>
<tr>
<td>NUH 4838 (4th Floor East Side)</td>
<td>Ward Night Float (BDG)</td>
<td>1158</td>
</tr>
<tr>
<td>NUH 7241 (7th Floor, CCU)</td>
<td>Unit Night Float</td>
<td>1120</td>
</tr>
<tr>
<td>NUH 7243 (7th Floor, CCU)</td>
<td>MICU Intern On Call</td>
<td>1121</td>
</tr>
<tr>
<td>Sleep Trailer (Bldg. 58) Room 113</td>
<td>Ward Cross Cover Resident</td>
<td>unknown</td>
</tr>
<tr>
<td>Sleep Trailer (Bldg. 58) Rooms 114, 121</td>
<td>Miscellaneous Residents</td>
<td>unknown</td>
</tr>
</tbody>
</table>

** Keys to the sleep trailer rooms are located in a box at the 4T nurses station. These keys must be returned to the box before you leave the hospital at the end of your shift.

** If you find your call room has not been cleaned, please call the Housekeeping Supervisor at x5494 (24/7) and ask them to please clean the room. Please let the Chief Residents know if you run into any issues.

Back- Up:
- If any NF resident is overwhelmed with admissions or cross-cover, they should seek assistance first from their counterparts on NF. If more assistance is needed, please call the on-call Chief Resident pager (p6666) to solicit help from a resident on home backup (jeopardy) call.
- When you are on home backup (jeopardy), the call occurs from 7am to 7am (24 hours). During this time, you must keep your pager with you at all times and be within 30 minutes (not miles) of all three hospitals. You may be called into any hospital at any time of day or night. Backup duties can include any needed coverage as directed by a Chief Resident.
- IT is YOUR RESPONSIBILITY to check to see if you are on back up. The back up schedule can be found on the residency website www.medicine.uci.edu/residency under schedule.

Code Blue/Rapid Response Teams:
From 6:30 PM- 6:30 AM this team will consist of ALL NF residents & the Unit intern. Otherwise, this consists of the MICU, Triage team, and Team H residents. Please use the Code Blue Keys to expedite movement within the hospital (i.e. calling for the service elevators).

*** Important information for Night Float & Backup Residents ***
Often times, a Night Float resident orders studies for the primary team. However, the following day, that resident will not be available to follow-up on those studies. Thus, when you are ordering a study and the system asks for your pager number, please enter 1763, which is the Internal Medicine admission pager. There is someone carrying that pager 24 hours a day (Triage Intern or Ward NF). If you are carrying the 1763 pager and get a page for a patient you are not currently caring for, please try to be as helpful as possible to the other person and try to direct them to the correct team. Help them determine the correct team and contact person.

*** UCI Internal Medicine Policy on Bounceback Admissions*** (revised 7/16/2012)
As we move forward with the geographic team, there will be NO bounceback until further notice! The only exception is when the patient is admitted by your team and gets transferred to the MICU. When the patient is ready to go back, he/she will go back to the team that he/she was originally came from. However, if the team is on a non-admitting day, the patient will go to the next team in the “drip” and will remain with that team for the rest of the hospital stay.

**Bouncebacks (patient who returns to the hospital within 90 days) must have a dictated interval note/ H+P that includes the following information:**

- **CC:** new
- **HPI:** documenting what has happened since last admission
- **PMHx:** "see previously dictated H&P"
- **Meds:** update changes since last admission
- **FHx:** "see previously dictated H&P"
- **SHx:** "see previously dictated H&P"
- **ROS:** new
- **PE:** new
- **Data:** new
- **A/P:** new

**Team O (Oncology)**

- Team O will care for routine chemotherapy patients & hematologic malignancy patients **up to a cap of 12.** Overflow patients may come to ward teams on occasion. The first priority for Team O is to care for chemo & heme malignancy patients.
- Oncology attendings can also choose to admit to Team O for complications of cancer. These are directly communicated to the inpatient oncology attending/fellow by the outpatient attending.
- Any routine chemo & heme malignancy patients who come in after hours will be transferred to Team O the following day. **Overnight the admitting resident must communicate with the oncology fellow/attending for these admissions at the time of admission.** These patients will not be staffed by the general medicine ward attending/team.
- **All admissions handled by the medicine team count towards their cap, regardless of whether they write a full yellow H&P note or white Heme/Onc comprehensive consult note.**
- Sick patients with cancer will come to the medicine ward team on call, not Team O.
- New workups for cancer and complications of cancer (DVT, pneumonia, etc.) will be carried out on the medicine ward teams unless the primary outpatient oncologists prefers Team O (as above).
- Team O fellows will sign-out their patients on nights and weekends to the Unit NF resident (as above). On weekend and Holiday, Heme/Onc fellows can sign out when their work is done. **HOWEVER, if you have questions about Heme/Onc patients or if the patients need evaluation by the fellow, please do not hesitate to contact them (even if they have signed out the patients).**

**Hospitalist To PCP Communication: Use Secure Message In Quest For These Communications.**

Always cc: the PCP in your dictated H&P. Always cc: the Sr. resident & attending to any email sent to the PCP.

**Admission:**

1. A brief 2-3 line email for admission, active issues, plan of treatment should be emailed to the PCP within 24 hours of admission. This should be done by either the senior resident or hospitalist attending and verification of who will be responsible needs to happen.

**Discharge:**

1. An email should be sent to the PCP or Next Provider of Care immediately upon discharge of the patient. This should include any follow-up studies, home health referrals, specialist studies.
2. FYI ONLY (see DC policy below) - Gottschalk Plaza (UCI Main Campus): Pat Sauritch: 949-824-1617; Pavilion III: Deborah May: 714-456-7542; Senior Health Center: 714-456-7007.
**ADDITIONAL INFORMATION**

- **Admission Guidelines** (family medicine, surgery, orthopaedics, urology, cardiology, etc.):
  - Refer to your resident organizational binder under the “policies” tab, or visit the residency website.

- **Admission Notifications** (regardless of the time/reason for admission):
  - Notify the **Primary Oncologist** for every Heme/Onc patient to a ward team or Team O. If the primary oncologist wants or the patient needs an oncology consult, then notify the heme/onc service.
  - Notify the **MICU/CCU fellows** for every MICU/CCU admission and transfer.
  - Notify the **Renal fellow** about every dialysis patient or renal transplant patient being admitted.

- **Dictations**:
  - Senior Residents: Please dictate Admission H&Ps within 24 hours. Dictated H+Ps must include the **actual** Date of Admission, even if this is not the date the patient is seen. For example, if the patient is admitted at 11:30 PM and not seen until after midnight, the date of admission is the day the patient is seen.
  - Interns: Must dictate a death summary if a Death Discharge Note is not completed within 14 days.

- **When the attendings change, please remember to change the attending name in QUEST.**
  - Click on “Registration”, then “Visit Maintenance”, then “Modify visit”. Change the attending provider under the “Visit Demographics” tab

- **Update the “Admit To” Order with the correct resident and intern in Quest:**
  - In the Quest “Orders” Tab, right click the “Admit to” order or “Transfer to” order (if patients are transferred from another service
  - Click “modify by me”
  - If unable to update the order (because it is grayed out), then you can click on “copy/reorder” and then “current”. This will open up the order in the order menu, then double click it here to update it.
  - Make sure the correct “resident” and “resident pager” are listed in the specified fields
  - Under “special instructions”, make sure you specify the intern and intern pager number, for example: Intern: Dana Faw, p5029

- **Add yourself as care provider**
  - In the Quest “Patient Info” tab, double-click on “care provider” in the “data entry” section
  - Specify “expiration date” (last day of the block)
  - Click “add me”
  - For “role”: select “resident” and the corresponding PGY year, for example Resident 3 if you are a PGY-3

- **Email/ Pagers:**
  - Please respond to your pages in a timely manner, ideally within 15 minutes.
  - You are accountable for checking your emails at a minimum of every 24 hours.
  - On days off or when leaving the hospital, please leave an out of office message on your pager with the appropriate contact information of the covering physician. If any pages accidentally come through -- please try to provide callers with the appropriate person to call.

- **Procedures:**
During procedures, please hand off your pager to a team member or nurse not participating in the procedure. This will help improve prompt responses to pages.

If, at any time, you are uncomfortable with a procedure, call your attending and/or Chief for assistance.

**Sharepoint:**
- If while triaging, you hear about a patient that will be coming into the hospital but has not arrived yet (i.e., coming from an outside hospital or a clinic), please put the patient information into Sharepoint and this patient will be given to the next team in the drip system when the patient physically arrives in the hospital.
- Any patient that is being admitted from home or clinic will be entered into Sharepoint by the triage intern. When you are called on this patient, give the admitting doctor the triage attending’s name as the accepting doctor so the triage team will be called about the patient and can assign the patient to the next team in the drip.
- How to access Sharepoint:
  - Go to residency website: [www.medicine.uci.edu/residency](http://www.medicine.uci.edu/residency)
  - Click on Resident Resources on the left hand side
  - Click on Residency Portal and log in using your email username and password
  - Click on “Add new item” (This is found in the center of the page, under the heading “Incoming Unassigned patients who have been accepted by a hospitalist”)
  - Fill in as much information as you know, including who to contact when the patient arrives (all boxes with an asterisk must be filled in)
  - Click OK

**Pagers during clinic:**
- **The hospitalists will now cover the ward service while the senior resident is in clinic.** Please arrange with your attending if they will hold your pager or want your pager forwarded to them while you are in clinic.

**Discharge Appointment Process** (updated 9/16/2010)

1. During 9 AM & 2 PM rounds the hospitalist attending/residents will inform the team-based case managers of which appointments will be needed for patients. This should occur in the context of running down our lists, in addition to discussions on discharge planning, medication/DME needs, etc. This communication will occur verbally. **The Residents and Attendings Will Not Fill Out Any Forms, Nor Call Clinics at UCI To Make Appointments.** The case managers will be responsible for making appointments for UCI, Caloptima, and MSI. The purpose of these rounds is for us to work in a team approach and communicate verbally about the needs of our patients.
2. The attending and residents will not talk to the care coordinators. Their discussion will be with the case managers. The case managers will then communicate with the care coordinators taking into account insurance issues, zip code, etc.
3. The case managers will notify the attending/residents of the discharge appointment and the resident will include this in the discharge summary in QUEST.
4. The attending and residents will make every effort to notify case management of needed appointments early (days before discharge). It is expected and anticipated that as the patient’s care evolves that discharge appointment needs will be given on a daily basis per patient.
5. For discharge appointments needed on a weekend, there is a recently established line for **ALL APPOINTMENTS** (at UCI or in the community, regardless of specialty) via the **UCI x6666 (714-456-6666)**. Please leave a voice mail with the patients’ name, MRN, date of birth, clinic needed/location, time frame...
for the PHFU, and your name/pager number if questions arise. This information will be picked up by the on-call case managers and the D/C appts. will be processed ASAP (however this may not occur on the same day of discharge).

6. Please attempt to discharge your patients by 11 AM.

**POST HOSPITAL FOLLOW-UP FOR NEPHROLOGY PATIENTS AT UCI:**

*From Dr. Kevin Harley (6/10/2012)*

1) Inpatients with ESRD who are on dialysis (HD or PD) will follow up with their own dialysis clinic. Doctors/residents do not need to make a specific appointment for these patients. Simply record in DC instructions where and when your patient will go for their next dialysis appointment. Your case managers should be able to tell you this. These patients CANNOT be scheduled in Tuesday AM UCI CKD clinic. If they show up in this clinic, we cancel their appointment and tell them to go home. We cannot bill for renal clinic service for patients who already receive HD at other institutions.

2) Patients who have an active working kidney transplant AND who are followed by UCI are to be scheduled in Friday AM Renal Transplant clinic. They may NOT be scheduled in Tuesday CKD clinic.

In all cases, the renal fellow on inpatient consult service can help direct appropriate post hospital follow up. We will be reminding our fellows of this process during upcoming fellow orientation.

**Mini Presentations**

There are now a series of mini-presentations available for teaching while on wards teams. These are a series of 10 minute teaching power point presentations prepared by one of the PI groups. The presentations can be accessed on the residency website.

*Topics include:*
- Ventilators
- ABGs
- ACS
- Intern pearls/orientation
- Antibiotics
- CHF
- A-fib
- Sepsis
- AMS
- AKI
- COPD

**Anonymous Feedback**

If you have concerns that you would like to express anonymously, please go to the resident website [www.medicine.uci.edu/residency](http://www.medicine.uci.edu/residency).

Click on “Resident Resources” in the left-hand column.

At the top of the next page right under words **Residency Portal**, you will see the link to “**Anonymous Feedback**”. Click on that link.

The system removes your identity and you can post your concerns anonymously. If you want a response, provide your actual name (obviously not anonymous) or an outside, non-uci email address which does not identify you (and therefore is anonymous).

**DEATH NOTES**
Death Notes can be done in Quest like the Discharge Summary provided it specifically indicates:

- Brief HPI and hospital course leading to the death
- Probable cause of death,
- Date of death,
- Time of death,
- Clinical evaluation of pronouncement (no spontaneous breathing, no heart sounds, no pulse, no BP, pupils non-reactive, does not respond to noxious stimuli, etc.)
- Autopsy request
- Family notification

If the death note is not completed **within 14 days**, it must be dictated by the intern.