

IMS Orientation

Welcome to the Internal Medicine Suites! The purpose of this document is to introduce you to the basics of IMS. This clinic will be your home base for you to build and run your primary practice during your residency at UCLA. IMS offers an incredible opportunity to provide patients with longitudinal continuity care, and the following information is geared toward maximizing what you get out of clinic. We greatly hope you enjoy this experience!

On your first clinic day, we will give you a brief orientation to and walk through the clinic. Please introduce yourself to the attending preceptor, and let them know it is your first clinic. Additionally, please review the Outpatient Section under Practice on the medres.med.ucla.edu website. Please feel free to ask any of the residents, attendings, or nurses if you have any questions.

☐ Personnel

- Brandon Koretz, M.D., Medical Director (bkoretz@mednet.ucla.edu)
- Tony Michaelis, IMS Manager (imsresidents@mednet.ucla.edu, x49822)
- Stacy Park, IMS Social Worker (slpark@mednet.ucla.edu, p98883)
- Crystal Riley (crriley@mednet.ucla.edu, x61814) and Romie Angelich (rangelich@mednet.ucla.edu, x49806), Patient Service Representatives
- Nurses (see the photos in the IMS Workroom):
 - Corridor A: Lorrie Achivida, Fay De Leon, Yvette McNair, Petra LaDonna
 - Corridor B: Hilda Nickens, Eden Kernan, Liliey Guerra, Kristine Esteban
 - Corridor C: Evelyn Cantos, Shirin Hakimi, Helen Rhodes
 - Coumadin Clinic: Lorrie Achivida, Lily Tabibian
- IMS Front Desk : x58038
- IMS Workroom C: x59141, x61948
- IMS Fax: 310-825-5791 (goes to Crystal)
- Patient Appointment Line: 310-825-4083
- Address: 200 Medical Plaza, Suite 420, Box 951685, Los Angeles, CA 90095-1685
- Extensions are as follows (all 310 area code): 794-####, 825-####, 206-####, 267-####, 319-####.

☐ Tour IMS!

- There are three corridors (A, B, C) in which we see our patients, each with an associated set of nurses.
 - Listed on a whiteboard at the front of clinic is the room that you are assigned to for the day.
 - Coumadin clinic nurses are located in corridor A follow patients on coumadin with the Anticoagulation Monitoring System protocol. (DOMcoumadin@mednet.ucla.edu, x69750). See **medres** site for further details.

- Patient exam rooms:
 - Log onto the computer using the generic login (ID: imsdocs, PWD: doctor) to look up labs, radiology studies, etc.
 - Frequently used forms are above the desk including blue order sheets, radiology, lab slips, etc. Note pads should be in drawer. Rx slips are at the RN station (remember you need security Rx for Medical patients).
 - Examination supplies and gowns are located in exam table drawers.
 - Orders for nurses should be left on blue order sheet in the box outside the exam room door (including accucheck, vaccines, urine dips, visual acuity, etc.).
 - Procedure room (also used for holding if patients are admitted) located in C.
- Supply room and microscope for wet mounts, along with liquid nitrogen, eye tray, pulse ox, wound/splint supplies all located in corridor C.
- Physician workrooms:
 - Pick up a notebook to keep track of your encounters (always keep an extra sticker) and things to follow up.
 - Prior resident's ghost charts may have copies of old continuity patient notes.
 - Mailboxes are located in workroom C, lab results will come to you here, as will interdepartmental correspondence and anything mailed to you at the address above.
 - Your business cards will be placed in your mailbox.
 - Give your card to all new continuity patients (write your partner's name on the back) and the patient handout for IMS (in workroom C).
 - There is a box for Pre-Op H&P forms in workroom C.
 - Place completed encounter forms, signed by the attending, in the tray on the workroom table.
- Check-in and check-out at the front of clinic, phlebotomy down the hall.
 - The check-in area has a drawer for patients to pickup Rx, order forms, letters, etc.
- Photocopier located at front check-in area, fax is in the check-out room, restrooms in corridors A and C, and break room in the back.

☐ Encounters

- Remember to check the Physician Info Portal to see when your first patient is scheduled, please be on time for the patients!
- Check at the front to see if your patient has arrived, patients waiting for vitals will be in bins near checkout. Feel free to bring them back early if the RNs are backed up. If they room the patient, you will receive a page informing you the patient's ready to be seen.

- On the box by the door will be an encounter form, stickers, check-out form, and your charting document (H&P, follow up, Pre-Op), with medications written in by the nurse.
- The charting document is for note-taking purposes only, as the formal note should be on CDS. Do not let your attending sign this, as they will need to addend your CDS note instead.
- Ideally, all new continuity patients will also have completed their past medical history/ROS questionnaire.
- Any orders can be written on the blue order sheet and placed in the box outside the door.
- Have the patient wait in the room until you present to the attending, or if its busy, you can also have them return to the waiting room, get labs, etc.
- Don't forget that we have great disease-specific patient handouts in the back of clinic in carts and along the wall. These include Advanced Directive paperwork. **UpToDate** also has great patient handouts as well. Keep your patient well informed!

☐ Forms

- Fill out the check-out form, including attending, your name and if you want any follow up visit scheduled, lab results mailer, or if any consults or simple radiology studies are requested.
- Lab tests need a lab slip (remember to check a diagnosis on back).
- Lab results will return in your mailbox. If you wish for your patient to receive a mailer, include these results with a lab results form (available from Romie) in the lab mailer box located in workroom C, or give directly to Romie or front desk personnel to be mailed out to the patient.
- Please complete a form for complex radiology studies such as CT/MRI.
- If needed, mark "wet read" on radiology forms (call x41341 9am-5pm or p97612 after 5pm for read).
- Also complete a form if your patient needs pulmonary, cardiology, GI, or nuclear medicine studies.
- The patient's label will indicate the type of insurance they have, as will the billing sheet. For instance, FMC=Medicare, SML=Medical, AB*=PPO, U** or M**=HMO.
- Fill out Rx forms for your patient and have an attending sign and provide their CA license/DEA info. Medical patients need special security Rx forms.
- Remember to check the formularies for the patient's insurance. Molina is one of the HMOs under which many of our patients are covered; their formulary is on the **medres** website. Please also see the online Rx template feature on the outpatient signout, which will still need a signature and CA lic/DEA. Triplicates are required for all controlled medications.

☐ Charting

- Once your encounter is complete, please place any pertinent charting information including blue order sheet in the patient's hard chart.

- Update the outpatient signout (link on **medres** website) and use the template (or your own template) to create a CDS note. Also update Healthcare Maintenance portion of the signout for your continuity patients.
 - **All notes for patients seen in IMS should be in CDS.**
 - Remember to update the outpatient signout if you see another resident's continuity patient also.
 - Always email the PMD if you see a patient in urgent care that is someone else's continuity patient.
 - Put a sticker with the attending that you saw the patient with for each encounter into your notebook. Write down any things to follow up, such as labs or studies. **Remember - follow up is your responsibility.** Call/email the clinic attending if you have problems with the patient later.
- ☐ Physician Service Representatives
- Crystal and Romie are your lifeline to your patients and vice versa, use them well!
 - Email or call to schedule a patient for an appointment, obtain a consultation, or obtain labs/studies for your patient.
 - If a patient calls with a problem, they will email you with the patient's name, MRN, complaint, and contact number. If Rx is needed, they will also provide the pharmacy number if available.
 - They should also take care of any preauthorization needs and other insurance-related paperwork.
 - Non-controlled substance refills for patients that have been seen within the past year can also be performed via the PSRs. Controlled substances cannot be automatically refilled and cannot be called into a pharmacy – these need a hardcopy triplicate form.
 - You will be paged if your patient has an urgent issue, don't hesitate to call the prior clinic attending, your firm chief, or the chief resident on call (p91010) if you have questions or problems.
- ☐ Clinics/Scheduling
- Morning clinic starts at 8am with Case Conference. Please be on time!
 - Conference cases and articles, as well as the schedule for presenters are on the **medres** website.
 - Afternoon clinic starts at 1:30pm for residents on outpatient blocks, and 2pm for residents on inpatient blocks. The 1pm and 1:30pm slots are reserved for post-discharge or other urgent/special appointments.
 - Inpatient residents can use the post-discharge appointment scheduler feature on the **medres** website.
 - You should be scheduled for at least two patient encounters each clinic. New patient visits are one hour in length, follow up visits are ½ hour.
 - Listed on your schedule (posted on whiteboard and on your room door) is your most updated schedule – this may have changed from the prior day or the morning. Codes for visit type include: NM=new to medicine (new to

the clinic), ND=new to MD (new to you), UC=urgent care, RF=return follow up.

- You may schedule a special appointment for a patient with an urgent need for any time that an attending is available in clinic (all ½ days except Weds AM).
- There should be two attendings for each clinic, please call the chief resident if there is a scheduling issue.
- Let the attending know if you are significantly behind schedule, and they can help with your patient flow.
- We **always** try to accommodate patients that arrive late, please make every effort to see them (seen after other patients that came on time, etc.), and let the attending know if you have a problem.
- Finally, if you finish early, please let the attending know as we may have additional urgent care add-ons to be seen.

☐ Phone Calls

- Remember that you will be called by your continuity patients; this is part of the practice of primary care medicine. Please return these calls promptly and **document** any significant events, results, or conversations in CDS under Outpatient Note/Telephonic Conversation.
- You will also be called/emailed on any critical labs or radiology results, be sure to document these as well. Routine labs results will arrive in your mailbox, and if you wish for a mailer to be sent to your patient please fill out the form and hand it to the check-out clerk or one of the PSRs.
- Please also fill out any insurance, DMV, or other forms that patients bring in or fax in to Crystal, ask an attending if you need help.
- If you have a question regarding a patient call or test result, please try to contact the IMS attending who saw the patient with you, otherwise please contact the firm chief or the chief resident on call.
- Some quick tips on phone triage:
 - Patients can call at 7am on weekdays for urgent care appointments.
 - Patients that sound sick should be referred to the emergency department, via 911/ambulance if they sound unstable (document these calls!).
 - Lab slips or Rxs may be left at the front desk at IMS for patients to pick up.
 - Lab slips may also be left on the A level laboratory (on the East side) for off-hour urgent outpatient draws.

☐ Miscellaneous

- Please set up a time to meet with your sacred day attending twice a year to review your patient panel, and go over any practice management issues.
- You will receive an email with your clinic partner assignments.

- Please make sure that your pager is always covered, and forwarded to your clinic partner when you are on vacation, so that patients can always get in contact with a physician in case of urgent need. Refer to the Nuts and Bolts on the **medres** website for more details.
- If you are on vacation, remember to also let your clinic partner know of any pending labs/studies, or any timely patient matters.
- If you have any patients with difficult clinical or service issues, please contact Tony Michaelis and Brandon Koretz, and let one of the chiefs know.

Be aggressive in building and maintaining your continuity practice. IMS can be a very rewarding place to work and follow patients for three years, who come to really identify and trust **you** as their primary care physician. Remember to offer your card to patients you see on consult services or on inpatient rotations if they don't have a PMD; this is a good way to build your practice and really extends the comprehensive service we provide to our patients.

We hope you enjoy your time at IMS!

Kevin Breger
Kuo-Chiang Lian
Wendy Simon
Tim Provias
Brandon Koretz

Internal Medicine Suite (IMS) Frequently Asked Questions

If a patient pages me after hours, what do I do?

- Answer the question/clinical issue to the best of your ability. Document your phone call (see “How do I write a note” section below). You can always ask (in person, via page, via email) the attending who you saw the patient for any advice, and page them if it is an urgent matter. Your second line is your firm chief, followed by the chief resident on call. See section on “Phone Calls” above.

If a patient calls after hours with an urgent matter, what do I do?

- If the patient needs medical attention urgently, send them to the ER. If they are unstable, have them call 911. Do **not** let them (or their family) drive to the ER.

How can I get an appointment for my patient?

There are several ways:

- Have the patient call the IMS patient appointment line at **x6-6232** (can be used for future appointments or same day appointments)
- You email or call Crystal Riley (ccriley@mednet.ucla.edu) **x6-1814** or Romie Angelich (rangelich@mednet.ucla.edu) **x4-9806** and have them schedule an appointment for the patient. (Note that these are back line extensions, and are not for patient use.)

Are urgent care appointments available?

- Yes, have the patient call for appointment on day they need it. See above.

What do I do if a patient needs “pre-authorization”?

- Crystal and Romie take care of any pre-authorization or forms from the insurance company, please direct any questions to them. This goes for studies, prescriptions, referrals, etc.

How do I refer a patient to a specialist after I have seen the patient?

- If it is the end of the visit, fill out the orange sheet on the chart with service you wish to consult, reason for consult, and urgent/routine.
- If it is after the patient has left the office (i.e. a week later after results come back), please contact Crystal or Romie for assistance in referring.

How do I write a note?

- All notes/encounters should be done electronically in some form. After signing the note, send the note for addendum to the appropriate attending. Here are the choices in order of preference:
 - For your continuity patients, please use the Outpatient Signout System (OSS) on the **medres** website. However, there is no access to system from home available currently.
 - Type a note into Clinical Document System (CDS), also accessible from home if you have VPN.
 - Dictate an outpatient note (310-794-2001, and follow the instructions).

What if my patient needs opioids, benzodiazepines, or other controlled substance?

- These need to be written on a “triplicate” blue prescription pad. Ask your clinic attending to help you with filling one out.

- If applicable, consider having patient sign a pain medicine contract if they are a chronic pain patient.

What if my patient calls me on the weekend for pain meds?

- Triplicates cannot be faxed or called in and must be physically taken to a pharmacy in person; therefore, it is difficult to give new prescription for pain meds on weekend. Triplicates may be left during business hours for patients to pick up at the IMS front desk. For urgent issues, please call the clinic attending, etc., as above.

How do I refill a prescription over the phone if I am paged by a pharmacy and they want a CA license or DEA number for billing?

- Try the UCLA institutional license C11739 or DEA #ZZ9994965, however many outside pharmacies will not accept this.
- If they don't, you will need to provide clinic attending's information from that patient visit, contact them if you have problems.

What do I do with my pager when I am on vacation?

- Pagers must be covered at all times by you or your clinic partner(s). Prior to vacation, make sure to ask your clinic partner to cover you and sign out your pager accordingly. Remember to also let your clinic partner of any pending tests, or timely patient matters.

What do I do if a patient shows up late?

- It is IMS policy is to see all patients either by you, another available resident or the attending. If it is really late and you are behind, please ask the attending to help with patient flow.

Who is my clinic partner?

- Please check your email for a listing of your clinic partners, which will include one or two of your classmates, as well as one or two upper level residents.

How do I schedule follow-up for my patient?

- Fill out the orange sheet when you want patient to return to see you. If you are away or on a non-clinic rotation at that time, write the name of your clinic partner on the orange sheet so the schedulers know who to schedule with.

How do I follow-up on labs?

- Keep a log of the patients you see in your notebook, listing the labs and studies that need follow up. Check the results of these on PCIMS. It is **your** responsibility to follow up labs and studies you send on your patients and call them as appropriate with pertinent results. See above for instructions on lab mailers as well. Patients really like to hear from their doctors!