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HBS Department Monthly Meeting
MS Teams
Monday, February 22, 2021

Agenda Item	Discussion / Next Steps

Welcome
Dr. David Chiu
	• February birthdays to: Nelson, Parv, and Anima
	• Caring Moments
	  ○ Monika thanked Chizoba for stepping up as a leader to help arrange multi-disciplinary meeting to care for a complicated psych patient
	  ○ Anima thanked fellow colleagues for being kind and caring after she sustained knee injury
	  ○ Doug thanked whole department for immense support and sympathy
	• Physician recognitions:
	  ○ Rachna - helped family make difficult decision to transition loved one to hospice
	  ○ Viet - helped with doing thoracentesis
	  ○ Vijay - helped with doing thoracentesis

Documentation Review
Dr. Tram Nguyen
Dr. Joseph Wassei
Dr. David Chiu
	• Introduction to Documentation Review Committee
	• Goal: Improve quality of documentation by periodic reviewing of charts to ensure pertinent information is included in three types of notes: H&P, progress notes, discharge summary
	• Feedback/questions from group:
	  ○ Is 10 ROS required? Yes – per CMS guideline
	  ○ Not prioritizing or updating problem list based on acuity
	  ○ Document if using any translation services, history taken from family member
	  ○ Disposition – not just anticipated # of days, but include what is the goal/barrier for discharge
	  ○ Performing medication reconciliation

DTL Updates
Dr. Stephen Lau
Dr. Phong Vo
Dr. Viet Tran
Dr. Sean Shargh
	• Chart chat updates
	  ○ Will be working with nursing staff on agreed workflow
	  ○ Can turn on/off chart chat notification in HC and iPhone Haiku app under notification setting
	  ○ New update: Red flag alert on storyboard with phrase “Chart chat is never stat. Always call for clinically urgent issues”.
	• Mobile ordering on Haiku – you can now place certain orders through Haiku for following things
	  ○ Medications (discrete and free text) – SmartRx supported
	  ○ Labs, x-rays
	  ○ PNL (panel) labs
	  ○ Preference lists can be used
	  ○ Limitations:
	  ▪ No order sets
	  ▪ Cannot edit frequency of medication
	• Admit orders

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	○ Please release admission orders immediately after signing them – there are instances where pts have had delays receiving treatment while boarding in ED • Handoff Tab (right hand side of pt's chart) – this will replace "Sign Out Report" tab where providers can keep treatment plan note to self • Virtual cross cover – has had excellent feedback among other facilities during COVID surge time ○ Target go-live date: April 12, 2021 ○ Coverage: 1 HBS covering both SLN and FRE from 6 pm-12MN ○ Changes to other shifts: Triage MD 8-8 pm will be 8-4pm, cross cover 12-8 pm (FRE), 3-12 AM (SLN) will be 2-10 pm ○ Benefits: ▪ Offloads burden of non-urgent crossover issues (exclude ICU crossover) ▪ Provides extra-layer of support for FRE evening providers ▪ Smoothen transition during busy hand-off times at 8 pm when nocturnist shift starts ○ Expectations: ▪ Ensure home workspace is operational or can come in-person to facility of your choice ▪ Address and clear out sign-out list in both facilities ▪ If there is need for in-person evaluation, then directly reach out to designated in-person HBS (do not ask RN to relay info) ▪ Minimal use of verbal orders (computer should always be accessible) ▪ Communication (text/verbal) to in-person HBS at end of shift for any pending issues ○ Feedback/questions from group: ▪ Who and how frequent will these shifts be assigned? To be determined ▪ How about glucose control in ICU? - This may be too complicated to incorporate in workflow ▪ Volume of calls? Unclear at this time if volume of calls will be too overbearing for this shift ▪ Agree this will relieve burden for nocturnists – especially in Fremont ▪ How about including triage role? This is felt to be too much for provider to handle ▪ Will this replace back-up shift? No. We will still have back-up shift ▪ Will this be reassessed after a few months? Yes – we will readdress as a group to see what is working and what is not
HBS updates Dr. Parvinder Kaur	1. Coding ○ Congratulations to both Fre and SLN for 100% response to CDI inquiries ○ New diagnosis label alert: Please start coding/adding to problem list "Prothrombotic state" for A Fib/Aflutter with CHAD risk score, mechanical heart valve, malignancy ○ Will be sending out first quarter coding list in March 2. Interfacility transfers ○ Workflow has been created for transfers between SLN and FRE for pts that already have H&P on file by one of our providers within last 30 days – use dot-phrase (.gsaaintervalhandp) and file under category "Interval H&P" ○ Provider must still physically see the pt upon arrival and to document any change in clinical status ○ Do not copy orders for transfers to ensure no duplicate orders ○ Review orders and resume and complete order within 60 minutes from patient arrival time

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	○ If pt being transferred from ED to another facility, make sure to release all new orders prior to transfer ○ If pt already admitted to hospital and being transferred to another facility, then make sure to clean up existing/outdated orders prior to transfer ○ Transferring provider may use dot-phrase (.gsaatransfersummary) to incorporate in discharge summary under hospital summary ○ If pt is unstable for transfer, please document in progress note reason for instability of transfer 3. Verbal orders ○ We are doing well with signing verbal orders in timely manner ○ Co-sign all verbal orders including for our colleagues – signing means acknowledging/seeing the order and does NOT mean responsible for placing the order 4. Readmissions ○ Ensure placing follow-up visit with PCP in 1-3 days – VAV is preferred method (MAs will convert to TAV if unable to help pt set up for VAV) ○ CHF: Monitor daily weights. Enrol in CHF clinic. Try not to stop diuretic completely ▪ Will further clarify which pts are appropriate for referral to CHF clinic ○ COPD/PNA/COVID: Ensure road test and pulse ox documented prior to transfer and ensure they have pulse ox upon discharge ○ SEPSIS: Ensure ambulating, tolerating PO. Consider HH for complex cases
HBS Wellness 2021 Plans and Updates Dr. Joseph Wassei Dr. Yalda Ataie Dr. Jeannie Tran Dr. Mala Krishnamoorthy	• Farewell party for Orthopaedics PA Michael Jones in SLN HBS office 2/23 • March 4, 2021 is National Hospitalist Day – Big celebration at both facilities! Will also include ICU, AFM, and other specialties who helped us during surge • April 2021 – Outdoor hiking event • September 2021 – Annual Picnic
QA Presentation: Dr. Jennifer Tinloy	• Case of delay in diagnosis of scalp abscess • Questions: ○ Were evaluation and treatment of tenderness/swelling/erythema of right ear lobe/scalp timely and appropriate? ○ Were additional imaging studies, intervention or consultations done in timely manner? • Concerns/comments: ○ This case has also been forwarded to both ED and radiology for review ○ ID consultant should take on more active role when making recommendations regarding complex ID cases ▪ Chizoba and HBS ID liaisons will arrange meeting with new ID chief Dr. Park to further discuss ID's role as consultant ○ Don't be hesitant on asking ED to consult appropriate specialist(s)

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HBS Updates Announcements
 	
Dr Chizoba Nwosu
	• Distribution of new Rx pads
	  ○ Expected to arrive next week
	  ○ All old prescription pads should have VOID stamped on each page and return these pads to Silvia/Luz prior to receiving new pads (pads cannot be shredded)
	• National Hospitalist Day
	  ○ March 4, 2021
	  ○ Will have breakfast/lunch/dinner for all providers working that day
	• Hiring Updates
	  ○ Dr. Ben Faras has been hired for 0.8 FTE nocturnist position – tentative start date in April 12th
	  ○ Currently interviewing more candidates
	• Tele-critical care update
	  ○ Starting April/May
	• Visitation Policy
	  ○ Non-COVID end of life (not need to be on comfort care): 1-2 family members without time limit
	  ○ New policies will be printed and posted in both offices
	• Surge shift sign up update
	  ○ Everyone will be held accountable for doing 2 overnight shifts and 1 daytime shift that was created in Dec/Jan
	  ○ There are still 7 providers who were not able to sign up for the daytime 8-4 pm shift. How should these providers make up for this? Will discuss more as a group in the next couple of weeks