

The Intern's Survival Guide to the VA

The one thing to remember about being on Medicine at the VA is that things WILL happen here, but sometimes at a slower pace. Patience is indeed a virtue. You will be surprised, however, at some things (such as PICC lines) that are far easier to get quickly here versus other hospitals. Please note that things here can change somewhat on a whimsical basis, so all of the information below may not be completely accurate by the time you're done reading this.

Mastering CPRS:

Becoming familiar with the computer system is tantamount to your efficiency. When writing admission orders, the first thing you should note is whether the patient is in the computer as being admitted. Look at the box immediately to the right of the yellow box with the patient's demographic information. If it has written in it a hospital floor or room number, the patient has been officially admitted, and you can write orders without delay. If this box shows "No Visit Is Selected" or something indicating an outpatient or ER visit, the patient has not been admitted yet. To write orders on these patients, you must write delayed orders, which will get activated when the patient is recognized in the computer system as being admitted. To write delayed orders, click on "Write Delayed Orders" just underneath the "View Orders" box on the left side of the screen under the "Orders" tab. It will bring up a dialog box asking if you want to release orders immediately or delay until a certain event. Choose the delay option, and when it asks you for the event for which the orders are to be associated, choose Medicine Ward (Seattle) Admit or Medicine ICU (Seattle) Admit. Those orders will then get activated by the ward clerk when the patient hits the floor. If there is something you want done on an ER patient prior to arrival on the floor, discuss what you want done with ER staff, as this usually involves paper orders.

For writing admit orders, pretty much everything you need will be under "Medicine Order Sets (Seattle)" at the top of the "Write Orders" box on the left side of your screen under the "Orders" tab. From there, you can find generalized templates to write orders to the floor or to the ICU. There are also "pathway" order sets for common diagnoses (cellulitis, CHF, pneumonia, etc.) that are helpful as well.

Writing for Meds:

You can transfer a patient's outpatient medications to their inpatient medical orders. Under the "Medications" tab, simply highlight the medicines you want to continue as an inpatient (hold down the Shift key to select multiple meds). Then, under the "Action" menu at the top of the screen, select "Transfer to Inpatient." It will then ask you if you want to release the orders immediately or delay them. As above, release them immediately if the patient is admitted in the computer, delay them if they are not. Common inpatient medicine orders are in a template form under "INPT Med Quick Order" towards the bottom of the "Write Orders" box. Try this option first. If you don't find what you want, look in the Medicine Order Sets menu, which contains useful ordering templates. If still unsuccessful, then go to "INPT MED Order" and just type in what you want.

In the ICU (but not on the floors), you are allowed to write for standing electrolyte replacements. These are found in the Medicine Order Sets under "Admit to MICU." If you would rather use PO electrolyte replacements, orders for these can be found under "Surgery Order Sets", but make sure the parameters are appropriate for your patient.

Labs: Ward Collect versus Lab Collect

This is a huge source of frustration for most interns and students. If your patient currently has a PICC line or central line (including patients with indwelling central catheters) or is admitted to the MICU, SICU, or CCU, labs desired on those patients should be designated "Ward Collect." You can pick the exact time you want them drawn. If the patient meets none of the above criteria, you should select "Lab Collect", which means a phlebotomist will come draw your labs at one of three scheduled draws during the day: morning (typically 6-8AM), noon (anywhere from 10:30 until about 1PM) and evening (typically 5-6PM), and you can specify which draw you want. Evening lab draws must be entered in the computer by 2PM.

In certain situations, you can get away with Ward Collect on floor patients. If a patient is being directly admitted from somewhere other than the ER, the nurses and IV teams will usually draw admission labs for you as Ward Collect on a one-time only basis. Also, if you really need a lab to be drawn at a time other than those designated by the phlebotomists, talk to the patient's nurse. You might be able to get him or her to draw the lab for you if you're nice and they're not too busy. Just don't expect to get q4h labs on the floor in the middle of the night.

Viewing/Troubleshooting Labs:

The default setting in CPRS is to display labs in reverse chronological order. This is useful for most things but may lead you to miss labs that take longer to come back (e.g. cultures). To view culture results, it is typically easier to click on Microbiology on the left side of the screen. Make sure you select a date range that is relevant to your patient. If you want to see if a lab has been drawn or in what state of processing it is in, the "Lab Status" function is helpful. Select the date range in which you are interested, and the lab requests are displayed in reverse chronological order with one of the following statuses:

1. Requested: Basically, this means that your order is in the computer, but the lab is not drawn yet and is not on the lab's collection list. Most Ward Collects that haven't been drawn yet will come up as Requested.
2. On Collection List: This means that your lab is scheduled for collection by the lab, and you can see the approximate time that it will be drawn. If, for whatever reason, the lab was not collected in that particular draw (i.e. the patient is in the smoking shack), the lab request automatically gets moved to the next draw.
3. Collected: The lab has been drawn and is being processed by the lab.
4. Test Complete: You can now view the result.

You can also look for a specific lab result in a selected time frame with the "Selected Tests By Date" function. This is helpful for tracking lab values over time (serum creatinine, WBC count, etc.). Make sure that you select the proper qualifying body fluid (serum, plasma, urine, etc.). "Graph" is a similar function for those more visually inclined.

Looking Up Remote Data:

This is an extremely helpful feature of CPRS that is overlooked by a lot of housestaff. If a patient has been seen in any VA facility in the country in the last 4 years, you should be able to access information from that visit under the "Remote Data" function. If a patient has remote data available, the "Remote Data" icon at the top right corner of the patient's CPRS chart will be blue. When you click on the blue text, you will be shown a drop down screen that shows all the VA facilities in which the person has been seen and the last date at which they were seen. Click the boxes next to the VA facilities whose records you are interested in pursuing. Then go to the "Reports" tab, and the facilities that you clicked will be tabs on top of the large display screen. Click the tab that you want. Then, on the left side of the screen, click the box next to "Health Summary." This will explode into a larger menu. Find "Remote Clinical Data", and you have the option of viewing data from that facility from the last 3 months, last year, or last 4 years. Click on what you want, and allow the computer some time to generate the data. The data is given in a somewhat unwieldy form and order (prescriptions written, vital signs, notes in reverse chronological order, radiology, labs), but if you are patient and scroll through, you should be able to find what you need. If you are looking up data from a VA facility in our VISN (Anchorage, Boise, Portland, Roseburg, Spokane, Walla Walla, White City), you can use Vista Webtop, which is a bit more user-friendly:

1. Go to this website: <http://vhav20mul1/WEBTOP/>
2. Type your username and access code (same as for CPRS), and choose "Puget Sound" as the Vista Facility (regardless of where you're trying to get records from).
3. Type in the patient name (or the first letter of the last name, followed by the last 4 numbers of the social security number, e.g. B1234). Select the hospital location (Vista Facility) from which you wish to obtain records.

Advanced Care Directive Templates:

The VA now requires that all admission H&P's append an advanced care directive template to the admission note. The template is a dialogue reminder that you can access under the "Templates" section of the Notes tab. After clicking on Templates, click "Shared Templates". Advanced Directives-Code status; Physician Review icon will pop up (just under patient data objects). Simply click on the icon and a Dialogue Box will appear. It will ask you a series of questions regarding DPOA, life-sustaining treatment, and code status. If the patient does not have a DPOA, it will automatically send a consult to SW to have one obtained during the hospitalization. Once completed, the information will be appended to your admit note. Although it does take an additional 5 minutes, it's really helps to prevent ethical quandaries regarding surrogate decision-making on the patient's behalf.

CPRS from home:

Go to this website: <http://www.visn20.med.va.gov/tc>. You can download the Citrix server you will need to essentially make your computer into a Thin Client from this site. Note: if you have ORCA on your home computer, it uses the same Citrix server, so you won't have to re-download it.

Getting Paged When You're Outside the VA:

When you get paged to a 5-digit extension when you're not in-house, the easiest thing to do is call the main VA hospital line at 762-1010, then enter * then the 5-digit extension.

Other Tricks on the Website:

1. How to listen to radiology reports that have been dictated but not transcribed (for this, you will need your "DUZ" number, a 5-digit identification code that all physicians here have). Ask your MTA how to find out what yours is.
2. How to make long-distance phone calls. This involves acquiring a PIN. Instructions are on the website. Ask your MTAs for assistance if you get stuck. Side note: If you are trying to get a recorded telephone consent, the call goes through Decedent Affairs (don't ask why) at 67010.
3. Phone directory (I use this all the time).

Where the heck is...

1. The smoking shack: If you walk directly out from the main stairwell on the first floor, there will be doors to the outside. Once you're outside, the smoking shack will be on your left. Enter at your own peril.
2. The TCU: Essentially the equivalent of 1 East, but a bit further east.
3. The spinal cord injury unit: Essentially the equivalent of 1 West. Note: you can't use the stairs at the far corner of 2W (i.e. the stairwell that you can use to go from 2W to the MICU) to get down there.
4. That refrigerator with free food in it: (For on-call residents/interns only) There are some frozen dinners (and other assorted materials) in a refrigerator/freezer in the small room in the back of the vending room around the corner from the elevators in the basement of Building 100. There is even a microwave stocked in that room for your use. Food should be stocked every day, including weekends. The code to enter the room is 2-3-5.
5. The gym: In the basement of Building 1, 2 floors immediately below the Medical Subspecialties office. Call Ellen Ferris of physical therapy (x62202, pager 570-2747), and she will have you sign some waiver forms and give you the combination to get in.
6. The library: Also in the basement of building 1, at the end of the hallway near the Building 1 elevators. There is an ATM machine at the beginning of this hallway as well.
7. Centrifuge and microscope for looking at urine sediment: On the 5th floor in the renal dialysis unit (the equivalent of 5 West).

Calling consults:

To ensure rapid service, you should always directly page a consulting service rather than just entering a consult in the computer. Just because it is entered into the computer does not mean that the service is aware of your consult). Page the appropriate resident or fellow by either looking them up on the roster (for medical subspecialties) or asking the operator who is covering a particular consult service. For some reason, the operators won't page people themselves; they give you the number for you to page.

A few tips:

1. If you're having trouble getting a hold of a particular service, there's a chance they might be in clinic in East Clinic, which can often be a pager dead zone. This is typically true of Vascular Surgery clinic Tuesday mornings and Ortho/PACT clinic Tuesday mornings and Friday afternoons. At those times, you can actually try calling the clinic in order to get in touch with someone from that service.
2. If you can't get in touch with the consult resident, work your way up the food chain by paging the fellow or chief resident, as the consult resident may be away in clinic or in the OR.
3. The CT surgery service is notoriously hard to get a hold of. If you can't get a hold of the resident or fellow, try their PA Tom McDonough at 570-2935.
4. If you can't get a hold of Ophthalmology, try calling the Eye Clinic at x62020.
5. If you have a patient that is receiving scheduled chemotherapy and have questions about it, don't call the Onc consult person (they won't know of the person), call the Cancer Care Clinic PA Chuck Boyd (x61220, pager 570-2598).
6. Wound care consults generally are run through Toni Floyd, a nurse specialist who is quite excellent at her job. Her pager is 570-2703.
7. Hospice consults are run through Mary Tourangeau. Her pager is 570-2692.
8. Want advice regarding the nursing/equipment needs of spinal cord injury patients? Call Laura Heard, SCI nurse specialist at 699-7453.

Social Work:

When you want social work assistance, enter a social work consult into the computer. Then, try to contact the social worker that is most likely to be assigned to your patient.

If a patient is followed in GIMC, they will be on either the Rainier, Cascades, Mt. Baker, or Olympics team (easily identified on the patient's CPRS chart in the top middle portion of the screen). Each has their own social worker that can be contacted through the operator or they are listed on your frequently used phone numbers card.

If a patient is an established oncology patient or has a new cancer diagnosis, the social worker should be Sue Davenport (pager 570-2903).

If the patient is a dialysis patient (or soon-to-be dialysis patient), the social worker should be Joan Hardiman (pager 570-2897).

If your patient isn't followed in GIMC and is not a cancer or renal patient, then it's a bit trickier. Joleen Shaughnessy (x66686, pager 699-3762) ends up handling a lot of the otherwise unassigned patients, as well as patients followed at CBOC Shoreline. The best way to figure out who does what is to ask around, particularly at discharge planning rounds (9:30AM Tuesdays on 2 West, 2PM Mondays on 4 East).

Things that are surprisingly easy to get here:

1. PICC lines: All you need is to enter the consult in the computer (sometimes they'll even do them on Saturdays)
2. Setup for home oxygen: Again, usually just the computer consult suffices.
3. Blood pressure cuffs for patient home use: Ordered through Prosthetics.
4. Echocardiogram: Leave a voice mail for Tricia, the lead echocardiographer (x61706) and give her a good story for why you want the echo.
5. PFTs as an inpatient: Call x62484 to plead your case.
6. Smoking cessation class: The computer consult will ask you to write a prescription for Zyban (which may or may not get filled depending on what cessation strategy ends up being used) unless there is a contraindication.
7. Speech pathology: Usually, the computer consult is enough, but I'd call as well (x62404) to get same-day service.
8. Vascular studies: Ordered as a Vascular Lab consult, not as a radiology study.
9. PT and OT consults: Just a computer order suffices.

Things that are not as easy to get here:

1. CTs and MRIs: Have to be cleared with the radiology resident or attending in order to get done in a reasonable time frame. Call the scheduling line at 61888, usually you will have to leave a message. Then call the reading room to speak with a radiologist (Body studies 61664, Neuro studies 63336) I've found that it's much easier to physically walk to radiology on the 2nd floor and speak with someone face-to-face (it's harder for them to tell you no).
2. EKGs: Nurses on the floor pretty much won't do them. During the day, you can send a consult to Cardiology Non-Invasive Procedures, and the EKG techs will do them. Otherwise, you're on your own for floor patients.
3. Dental services and audiology: Typically restricted to patients who are service-connected. Give it a try, though; you might be surprised.

Dispo to the TCU:

The key is to view the TCU as truly a Transitional Care Unit, not a subacute medicine ward. Their mission is three-fold:

1. To serve as a long-term nursing home for a small amount of patients (typically not referred from the inpatient medicine services)
2. To serve as a place where patients can receive subacute rehabilitation (not quite to the level that the Rehabilitation Medicine service requires)
3. To serve as an inpatient hospice service.

If you have a patient meeting mission #2 or #3, then you have a good chance of getting the person placed there. If your patient is expected to recover to a higher functional status than they are now over the course of a few

weeks with appropriate PT/OT, then pursuing a TCU referral is a good idea. Get all your ducks in a row prior to consultation by having PT and OT evaluate the patient. Hospice TCU referrals go through Mary Tourangeau, so contact her first before contacting the TCU re: a hospice patient.

Due to a funding crunch, patients who receive VA funding must first be referred through the TCU and nursing home at American Lake before they can be placed at an outside SNF. Get your social workers involved early.

Adding a Printer:

You will notice that each printer here has two different names/labels. One is for CPRS printing purposes and is typically MED###, and the other is usually something like FPC8S100 #B###. When you are printing something from CPRS, use the MED### designation when you go to print. When you are printing a non-CPRS document (i.e. your MSWord signout), then you need to have a printer added to your profile on the particular computer you are using. This is where the other printer name comes into play.

For Thin Client computers:

Go to the folder My Docs & Printers. Open Puget Sound Printers. The printers will have the designation VHAPUG, followed by the FPC number. Find your printer's number and double-click. You should be good to go, but make sure that when you print the appropriate computer is selected.

For non-Thin Clients:

There should be an icon on your desktop that says "Add NT Printers." Double-click on this. Your printer will most likely be found under "Bldg 100 Nursing Tower" named S100 #B### if you are on the wards (Building 1, 18, 24, 33 will contain the printer for the medical subspecialties office).

Note that for every computer you print from, you have to add the appropriate printer.

Cafeteria Hours:

There are two of them:

- Building 22 (just distal to the canteen, basement level): Hours 6:30- 2:30PM. Closed Saturday, Sunday, and Wednesdays from 1:30 - 2:30.
- Building 1D-101: Hours 7:30-5:30PM M-F and 9:00-4:00 Saturday. Closed Sunday and Wednesdays from 1:30 - 2:30.

Ordering out on call:

Unfortunately, few places deliver to the VA. Culinary Couriers is a pick-up service that will deliver food from various area restaurants to you. They charge \$8.95 plus tip, in addition to your food order. Their menu may be available in the Red Team room, right next to the printer (as long as it was put back after the last time it was used). If your medical student is willing to pick up food, though, anything is possible. My favorite on-call places to pick up food were Malay Satay Hut, Malaysian food best described as a combination of Indian, Thai, and Chinese (get the roti canai appetizer), and Stella Pizza in Georgetown. Pizza Hut definitely delivers to the VA and Pudge Brothers Pizza may deliver, so ask them when you call.

The Canteen:

Cheap, tax-free shopping. Open M-F 7:30-3:30. Particularly useful for batteries, snacks, OTC meds, simple electronics. They even have neckties (for that last-minute Father's Day gift).

Lastly, if you don't know how to go about getting something done here, check with your MTA or give the chief resident a call.