



# NEWSLETTER

July 2021

## *Division updates:*

### ED Medical Clearance Update

To decrease the number of clicks when medically clearing a patient, the following items have been updated.

1. If medical clearance has been documented (using the Medical Clearance flowsheet) prior to opening a sensitive BH note, the text "Patient has been medically cleared" will appear in the 5150 section of the note.
2. If medical clearance has not been documented prior to opening a sensitive BH note or BH Handoff note, the text "Patient has not been medically cleared. Pending further evaluation" will appear. A new help text field will also appear with a direct link to the Medical Clearance section, so that medical clearance can be documented.
3. Once medical clearance has been documented, **THE NOTE MUST BE REFRESHED** so that "Patient has been medically cleared" will appear in the note.
4. This text and link will also appear at the beginning of the BH Handoff note



### **Lukas Austin-Page, MD**

*"I've been in multiple situations with Dr. Austin-Page where he goes above and beyond in assisting the nurses with his patients. He recently was the provider for a sick, intubated patient from Mexico and throughout the initial resuscitation, he held my PIV attempt and helped verify my OG-tube placement – all while executing smart, effective care for that patient. These small, humble acts are examples of how he is a team player and willing to do whatever is necessary for patients. Thank you!"*

# *Clinical Director* Update

Heather Conrad, MD

- **Operations**

- Please huddle with nursing at the beginning of your shift
- Emphasize placement of standing orders e.g., EKGs, Zofran, for vomiting less than 4 hours, COVID testing, x-rays.
- Consider seeing or quickly placing two x-ray orders if patient with pain in 2 locations i.e., wrist/elbow
- If there is a delay in being able to see a patient, please have nursing update families.

- **Photos and Media:**

- Thank you for using Haiku to take photos of pertinent medical findings!
- Please inform families that the photo is going into the patient's medical record and NOT your cell phone
- Let families know what you are doing so that they are not taken off guard

- **Radiology and Culture In-Basket:**

- Maintain >90% Epic Chart completion within 96hrs
- At this time the radiologist cannot see our wet reads
- Please do not place prelim reads until this is resolved
- More information to come on this throughout the week
- Please remind families that they will receive a call for radiology or cultures if there is an actionable discrepancy or a culture that is positive and needs follow up. We do not call on all cultures.

- **Staffing**

- Heather has been working exceptionally hard as the recruiting director to obtain new faculty, coverage physicians, and moonlighters. We have currently recruited:
- Moonlighters: 2 NPs and 3 Physicians
- Coverage: Hired 2 IC physicians for partial FTEs. Onboarded and in the process of onboarding 16 physicians for coverage including our very own fellows
- July: 199.5 coverage physician hours added
- August: 307 coverage physician hours added
- Faculty: 3 outstanding offers to full time PEM providers with one expected to start in December/January





# QUALITY Improvement Updates

Amy Bryl, MD

- *Allergic Reaction to COVID Vaccine Discharge SmartSet:*
  - Now available in Epic!
- *Piloting new Rady E-QUAL process for QI IRB submission*
  - <https://redcap.rchsd.org/surveys/?s=MALEN98YXM>
- *QI Course (for fellows and faculty)*
  - 3rd Fridays 0830-1030 am
  - August 20th: QI Basics-Teams, Aims, & Measures
- *Project Updates*
  - Pertussis (Mandeville)
  - AAP BASiC (Wang)



Cystitis in kids > 2 years old can be treated with  
**7 days of antibiotics**

Use the **UTI/Pyelo Discharge SmartSet!**

Discharge Orders + New Order

Suggested by SmartSets <sup>⌵</sup>

Order	🏠	cephALEXin (KEFLEX) 500 MG (for MILD UTI 500 mg bid x 7 days) Caps
Order	🏠	cephALEXin (KEFLEX) 250 MG/5ML (for MILD UTI 25 mg/kg/day bid x 7 days) Oral Recon Susp
Order	🏠	cephALEXin (KEFLEX) 250 MG/5ML (for MILD UTI 50 mg/kg/day bid x 7 days) Oral Recon Susp
Order	🏠	cephALEXin (KEFLEX) 500 MG (for PYELO 500 mg tid x 10 days) Caps
Order	🏠	cephALEXin (KEFLEX) 250 MG/5ML (for PYELO 50 mg/kg/day tid x 10 days) Oral Recon Susp
Order	🏠	cephALEXin (KEFLEX) 250 MG/5ML (for PYELO 75 mg/kg/day tid x 10 days) Oral Recon Susp
Order	🏠	cephALEXin (KEFLEX) 250 MG/5ML (for PYELO 100 mg/kg/day tid x 10 days) Oral Recon Susp

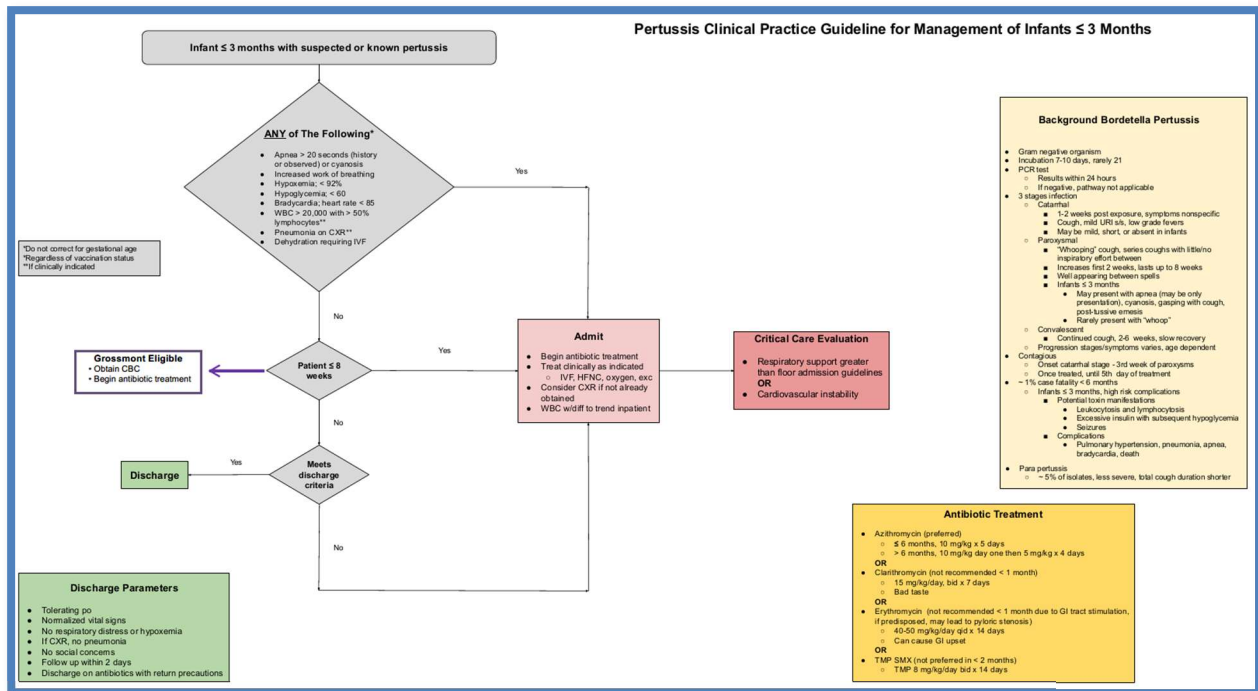
Uncomplicated cellulitis can be treated with **7 days of antibiotics**

Posters coming soon to an ED workroom near you

# Pertussis

Katy Mandeville, MD

Patients admitted only for age <2mo with pertussis swab pending can be admitted to Grossmont



## Updates

Tanya Vayngortin, MD

- **Emotional**
  - Peer Support (within division and department)
  - UCSD HEAR Program, [ucsdwellbeing.org](http://ucsdwellbeing.org)
  - Employee Assistance Program (800)327-9298, [magellanascend.com](http://magellanascend.com)
    - 8 counseling sessions (in person and telehealth)
    - Lifestyle coaching
- **Physical**
  - Healthy nutrition
  - Sleep hygiene
  - Regular exercise
  - <https://ucsdhswellness.blogspot.com>
  - <https://ucnet.universityofcalifornia.edu/working-at-uc/livingwell/index.html>
- **Spiritual**
  - Duke Monthly Resilience Webinar. July 21: Being Present, the Science of Mindfulness
  - Gratitude practice (CARES awards, Cheers for Peers)
- **Financial**
  - Grand Rounds
  - <https://www.myucretirement.com/>
  - EAP: financial coaching, legal assistance
- **Occupational**
  - Faculty survey coming soon
  - Mentorship, feedback
- **Social**
  - Personal and professional community
  - Social events
  - Fellow families
- **Intellectual**
  - Faculty development
  - Teaching and learning at conferences
  - QI, Research, Ultrasound support
- UCSD Center for Mindfulness

# Fellowship Updates *Kathryn Pade, MD and Michele McDaniel, MD*

## Introducing our newest fellows!

### Daniel Ichwan, MD | UCLA EM

Daniel Ichwan went to medical school at UCLA, continued on to do his emergency medicine residency (where he was a chief resident) at UCLA Ronald-Reagan / Olive-View, and is now excited to be a first-year fellow in pediatric emergency medicine at Rady's. He is interested in medical education, simulation, point-of-care ultrasound, and making pediatric emergency medicine more accessible to the general emergency medicine provider. When he's not volunteering to teach medical students or residents and working on medical education projects, he likes to play guitar, do a bit of computer programming, hike, binge-watch shows, and hang out with friends and family!

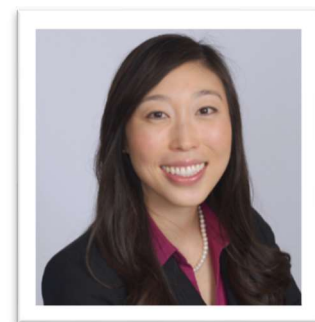


### Janet Yau, DO | CHLA

Janet is a Southern California native. She completed her medical education at Western University College of Osteopathic Medicine of the Pacific and trained at Children's Hospital Los Angeles for her pediatrics residency program. She is interested in the mental health of her patients and the wellness of physicians. She is looking forward to becoming a part of the Rady's family!

### Lauren Van Woy, DO | Kaiser EM

Lauren is a gaucho (olé!) who went to Western U for medical school and Kaiser San Diego for EM residency. Academic interests include point-of-care ultrasound and specifically the use in adult and pediatric resuscitation. Personal interests include paddle boarding, hiking, international travel, and spending time with friends, family, and her Portuguese water dog Coco.



## Fellow Curriculum:

- We have obtained a Physician Development Fund and provided the fellows with a question bank. Core Curriculum has thus been adjusted to a review of monthly assigned questions based on the monthly topic. Faculty are welcome to join but it is not mandatory!

## Residency Updates *Ashish Shah, MD MEd & Yvette Wang, MD*

Hello all!

Thank you for helping give our residents a great experience in the emergency department! We are transitioning to electronic feedback forms so there may not be forms available in the ED. Below are a list of places where QR codes or website links are available. For conference days starting in August, we are going to be asking our residents who are on shift to try to come to EOB to be able to participate in conference (COVID rules willing). They will ask to be excused during educational portions of the conference and be expected to return to their shifts. If able, please allow them to go to these educational opportunities. If you have excellent or concerning feedback, please shoot it our way (hopefully mostly excellent).

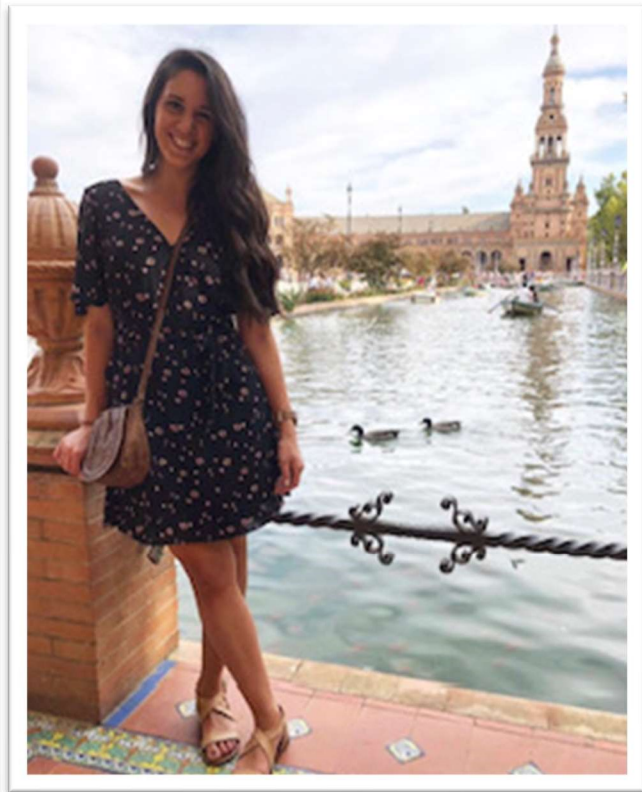
– Yvette and Ashish

## Rancho Springs Updates *Heather Conrad, MD*

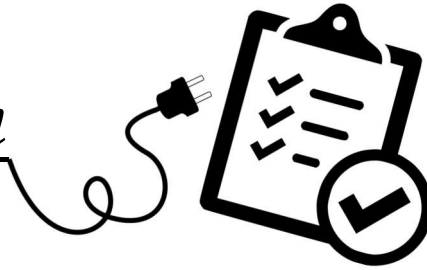
Starting in October at Rancho Springs as Full-time PA.

### **Kathryn Gaudino, PA**

I was born and raised on Long Island. I currently live in Stamford, CT with my fiancé and 8-month-old Australian Shepherd puppy. My current position is a Subspecialty Surgical PA as first assist in the OR and providing coverage on inpatient floor. On my free time I love to hike and travel. I'm very excited to move to beautiful, sunny San Diego this fall and continue my career with Rady!



# Compliance Connection



## Diagnosis Needed at Time of Charge Capture:

Just a friendly reminder to always be sure that you have entered your **ICD-10 diagnosis code(s)** prior to filing your **charges in charge capture**. This information is essential to the claim and, as the provider, you are in the best position to select the best diagnoses. When there is a linked diagnosis you will see the colored interlocking rings icon as you enter your charges. If the rings are not interlocking, this means there is not an associated diagnosis. You can enter a diagnosis right there in charge capture by clicking on the rings icon. See the EPIC screenshots below.

**CORRECT** - a diagnosis has been linked to charges

Accepted Physician Level Charge							
Description	Code	Dx	Service Date	Service Prov	Modifiers	Qty	Status
(99283) PR EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	99283 CPT®		03/22/2020	Naomi Abe, MD		1	Filed X

**INCORRECT** - a diagnosis has not yet been linked to charges

Charges to be Accepted Upon Leaving the Section							
Accept Charges							
Description	Code	Dx	Service Date	Service Prov	Modifiers	Qty	Status
3-Moderate	99283		05/11/2021	Cynthia C Hoecker, MD	GC 50 54	1	New X

To rectify the situation above (no linked diagnosis to charges) simply click on the grey rings icon to open up the following screen. Here you can check off the appropriate diagnosis, add a diagnosis and reorder your diagnoses (select you primary, secondary and tertiary diagnoses, if applicable).

(99285) PR EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ

Service date: 7/3/2021 Department: EMERGENCY [100101010]

Place of service: RADY CHILDRENS HOSPITAL E Service provider: Joy J Donofrio-Odmann, DO [20]

Billing provider: Joy J Donofrio-Odmann, DO [20] Referring provider:

Quantity: 1

Diagnosis:

Charge Diagnoses Visit Dx Prob List Non-hosp Prob List

Diagnosis	Qualifier
<input type="checkbox"/> Abrasion of left upper extremity, initial encounter [S40.812A (ICD-10-CM)]	
<input type="checkbox"/> Fall from skateboard, initial encounter [V00.131A (ICD-10-CM)]	
<input type="checkbox"/> Laceration of left lower leg without foreign body, initial encounter [S81.812A (ICD-10-CM)]	
<input type="checkbox"/> Open wound of left lower leg [S81.802A (ICD-10-CM)]	
<input type="checkbox"/> Open wound of left lower leg, initial encounter [S81.802A (ICD-10-CM)]	

Other diagnosis: Diagnoses entered will not be saved to the patient encounter

Modifiers:

Please let me know if you have any questions about this or the recommended workflow.

Cindy Hoecker, MD  
*“Keep calm and carry on”*

# Ultrasound *Spotlight*

Mylinh Nguyen, MD

## Point-of-care Ocular Ultrasound Part 2:

### Retinal Detachment

#### Symptoms

- Sudden appearance of many floaters
- Sudden flashes of light in the affected eye
- A shadow or curtain over a portion of your visual field that develops as the detachment progresses
- Myopia (near sightedness)
- Ocular Trauma
- Recent Cataract surgery

#### Ultrasound findings

- Mobile
- Highly reflective
- Can be fixed at optic disc



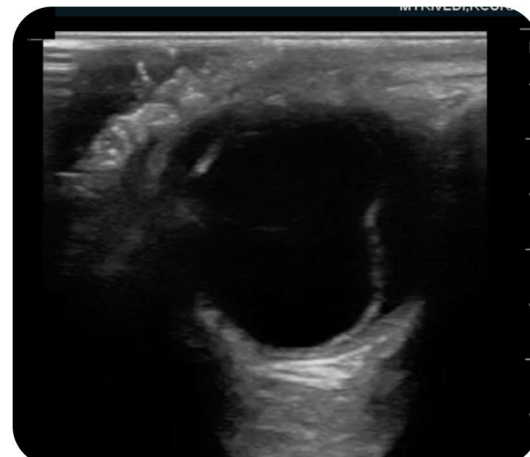
### Choroidal detachment

#### Symptoms

- Typically painless
- Variable degree of vision loss
- Occur after recent intraocular surgery

#### Ultrasound findings

- choroidal layer (deep): tethered and bulges towards the middle and from the sides
- Dome shaped
- Thick membrane
- Serous or hemorrhagic filled



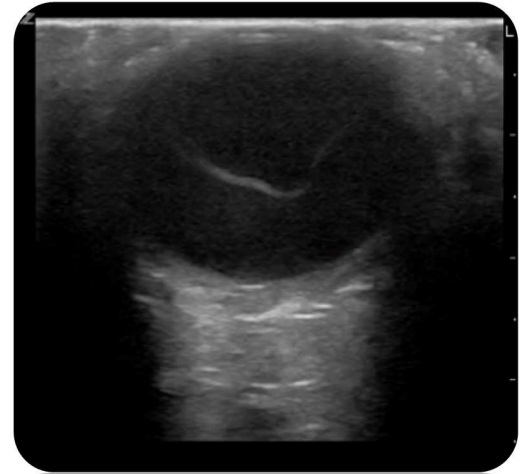


**Vitreous detachment****Symptoms**

- The vitreous shrinks and becomes stringy, which cast tiny shadows on the retina, causing sudden appearance of many floaters
- Sudden flashes of light in the peripheral vision
- Occur after recent intraocular surgery

**Ultrasound findings**

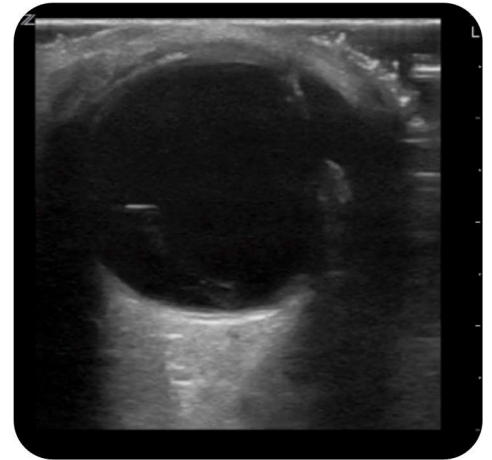
- Thick membrane in posterior compartment
- Unlike retinal detachment, the membrane will cross the intersection of the optic nerve (i.e., not tethered)

**Vitreous hemorrhage****Symptoms**

- Sudden appearance of spots or floaters
- Blurry vision or in severe cases, sudden blindness

**Ultrasound findings**

- mild hemorrhages: small dots or linear areas of areas of low reflective mobile
- severe and older hemorrhages: blood organizes and forms membranes and appear linear, can be difficult to distinguish from retinal detachment

**Lens Dislocation****Symptoms**

- May be a result of trauma or occur in conditions like Marfan's syndrome.
- Blurry vision, double vision
- Eye pain, headaches

**Ultrasound findings**

- Lens is displaced from its normal position, either anteriorly or posteriorly.
- Evidence of trauma, such as vitreous hemorrhage, globe rupture or retinal detachment may also be present.

