

# THE UNC MEDICINE CHIEFS' CORNER

Volume VIII, Issue XXV (January 19<sup>th</sup> - 22<sup>nd</sup> – January 25<sup>th</sup>)

## GENERAL ANNOUNCEMENTS

### Adult Code Blue calls go silent February 4<sup>th</sup>

Starting February 4<sup>th</sup>, Adult Code Blue calls will no longer be announced overhead. Hospital operators will be notifying Adult Code Blue team members of code situations by both Vocera and pager. This change in practice will result in a quieter environment and will decrease the anxiety that patients and families experience when hearing overhead emergency calls. We have already successfully transitioned Code Medic and Behavioral Response Teams to this process.

Some important things to consider:

- You still call for an Adult Code Blue by dialing 4-4111 or "call emergency" via Vocera
- When calling the operator for an Adult Code Blue, the calling unit needs to also page the primary team provider. It is the unit's responsibility to notify the primary team.
- Even though you will not 'hear' the call overhead, the Code Blue team will be notified & will respond.
- The operator will call back to the phone that called in the emergency at the 3-minute mark. **If the team has not arrived yet, they will make an overhead announcement.**
- Your team needs to have a process for notifying unit staff when there is an emergency on the unit. We recommend using the code blue button for inpatient areas to alert that local support is needed.
- If the Vocera system goes down, the overhead paging system will be utilized to call Code Blue events.
- All Pediatric calls, as well as Adult Rapid Response calls, will continue to be announced overhead, but will eventually transition to this process.
- Directions to the CTRC are attached

No surprise, our inpatient management of DM is less than stellar. Please use the insulin sub-q management order-set for patients needing insulin for glucose control. Additionally, please adopt endocrine consultant recommendations expeditiously, or (better yet) discuss with the consult team and have them enter DM related orders (document this in the treatment team sticky note).

The division of Endocrinology is piloting an automatic consult on 3 west (Med B and Med U). They will automatically see all patients with an A1c of 7.5 or greater, one episode of glucose <70 or >180 during their hospital stay.

When an OSH transfer arrives with inappropriate communication or documentation, please look for the intake note for additional information. The intake note can be found under the Encounters tab --> Intake. The intake note typically includes information about the referring location, referring physician, clinical indication, and last vital signs prior to transport. We also recommend double checking the media tab for discharge summaries as they occasionally are uploaded there prior to transfer. Finally, if you have an OSH transfer who lands with inappropriate communication, please provide the MRN to the chiefs so that we may present to the PLC, MAP, and Dr. Downs for monthly review. You may also email this information to Dr. Downs directly.

The American Academy of Hospice and Palliative Medicine is offering free membership to residents. Here's the link to join the academy: <http://aahpm.org/membership/join-aahpm>

## CLINIC CORNER

1. **New year, new HCCs:** Each CMS-HCC RAF dx must be billed in a face-to-face encounter at least once per calendar year – **everything starts over in January**. If you use the HCC Score Gap column on your schedule view, you will notice that these values are now higher because the new calendar year has started.
2. **Buspirone shortage:** Please consider alternative augmenting agents for anxiety: hydroxyzine, gabapentin, or pregabalin. More information about these alternatives is located on our clinic's Sharepoint site (<https://collab.unchealthcare.org/sites/genmed/layouts/15/WopiFrame.aspx?sourcedoc=/sites/genmed/Internal%20Medicine%20Clinic%20Protocols/Medical%20Topics/Anxiety/Anxiety%20Medication%20Chart.pdf&action=default>)
3. **TDaP and Shingrix vaccines:** For Medicare/Medicare Advantage patients, TDaP is not covered as a clinic administered immunization. Please be sure to check insurance coverage, and direct Medicare/Medicare Advantage patients to their local pharmacy to receive TDaP. We do not carry the Shingrix vaccine in the clinic, so all patients, regardless of insurance coverage should be referred to their local pharmacy to receive this vaccine. There is a QI project in the works to assist with this!
4. **COPD Toolkit:** PCIC has collected several resources created throughout the UNC Health System and put them in one helpful spot found here: <https://unchcs.intranet.unchealthcare.org/dept/PQI/programs-analytics/PCIC/Pages/COPD-Resource-Guide-.aspx>

## SHOUT OUTS

To Dillon Cockrell and Jefferson Peeples for crushing it in the CICU over WARS. Dr. Katz was very impressed by your intelligence, teamwork, diligence, attitude and compassion.

Jefferson led the critical care team like an absolute CHAMP - he was an exceptional leader and teacher. The nurses loved him, the patients loved him, the families loved him, and I felt privileged to have worked with him. Dillon was a fantastic intern as well - cool under pressure, enthusiastic, hard-working...just incredible.

Shout out to Godly Jack while on Wake nights for fantastic management of sick patient with malaria and for organizing a morning report visit to the lab to look at the thick and thin smear.



To Michael Lorentsen, for being such an awesome intern out at Wake, that I get to work on crossword puzzles and watch Hannah Montana.

--Matt Waters

Shout out to Ana Bermudez for being so incredibly caring and thoughtful for one particularly challenging patient on med B.

To Erin Finn and Scott Butler, whose Clinical Vignette "What's in a node? A confusing case of fever and rash" has been accepted to the SHMs National Meeting.

## **BIRTHDAYS**

Sean Gaffney 1/9

Tyler McMillan 1/11

Ana Bermudez 1/12

Amit Ringel 1/14

Rimma Osipov 1/15

McGinty Chilcutt 1/18

Krystina Quow 1/18

Jonathan Sorah 1/24

## **UPCOMING EVENTS**

Lenny Feldman MD, Associate Professor at Hopkins and editor of the "Things We Do for No Reason" series in the Journal of Hospital Medicine (as well as former UNC Med-Peds resident and WakeMed chief), is going to be giving a talk on various Things We Do for No Reason in the hospital.

The meeting is free to attend and is on February 13<sup>th</sup> at 6:30 pm at the Embassy Suites in Brier Creek (and will also be broadcast as a webinar). The registration link is: <https://register.gotowebinar.com/register/5563050944597031426>.

## CONFERENCE SCHEDULE

Morning Report and Noon Conference Schedules can be viewed [here](#)

## SPOTLIGHT ON



Bolanle Mufuka, JD, MD

After graduating from law school, Bolanle worked with the NC Court of Appeals as a legal extern. After that, she served as the agency attorney for the NYC Administration for Children's Services in Brooklyn, representing the city of NY in child abuse/neglect cases and later worked in Charlotte as a litigator for cases involving large banking and pharmaceutical companies. After working in her legal career for 6 years, she decided to pursue training to be a physician so that she could work more closely with people in need. Bolanle was born in Nigeria and lived there until moving to England at the age of 8 and then to the US. She enjoys travel, cooking, and art.



Welcome to the world Marlo Olivia Robey, DOB 1/17/19, and congratulations to the entire Robey family!



Congratulations to Dr. Sarah Rutstein and family on their healthy baby Sampson  
Walter LeFebvre





Med G and Med K surviving (thriving?) during WARS



Dr Falk and the med B team slacking off during rounds



Med B and Nephrology Fellow Romin looking at urine (Dr Falk is still on coffee break)

[Check out our website here!](#)

*If you have something you would like to include in next week's edition of Chiefs' Corner, or if you catch any errors, please email the chiefs!*

[Ben Robey, Grace Prince, Alison Raybould and Benjamin Sines](#)

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