

GENERAL INFORMATION

VCU Nephrology fellows' clinic is held in Ambulatory Care Center Fourth Floor (ACC4) Multispecialty Clinic on Tuesday afternoons from 12:40 to 17:00.

Clinic does not end at 17:00! It continues until you have followed up on all labs or other issues and have closed the loop with your patient about results or other next steps.

This year each fellow is assigned a VCU Nephrology clinic coach. Your clinic coach is your resource for:

- Finding out how to get stuff done in clinic (things covered in this guide and more);
- Venting clinic frustrations;
- Receiving feedback on your documentation and communication with clinic;
- Helping with transition to Epic® and move to the Ambulatory Office Pavilion (AOP) in Dec 2021.

Fellows still staff patients with any available attending—preferably the attending who had seen the patient before—and discuss subsequent clinical issues with that attending.

Each fellow is assigned a provider number in the format

MCV Renal Provider #,

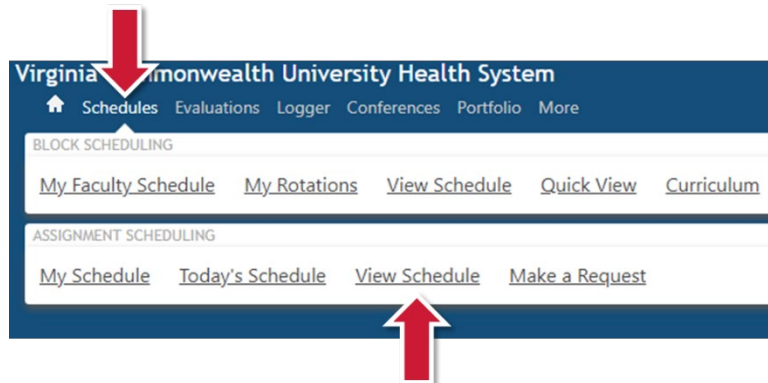
where the “#” obviously represents the numeral.

Fellow	Provider #	Clinic Coach
Johnson, Peace	1	Gizaw, Andinet
Abdel-Rahim, Mohammed	2	Vinnikova, Anna
Akbar, Nouman	3	Gipson, Graham
—	4	—
Patrick, Kennerly (Clint)	5	Gipson, Graham
Amrutiya, Viral	6	Fatani, Imran
Siff, Melody	7	Kothari, Niraj
Abdel Massih, Sarah	8	Vinnikova, Anna

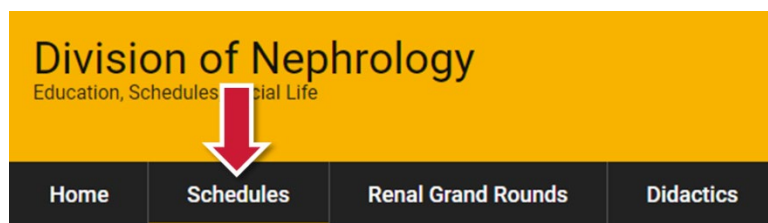
The schedule runs on alternate weeks between providers 1–3 and 5–8. Because the fellows' block schedule can't always make you available on alternate weeks, you will be covering some clinics for another provider number.

Therefore, you cannot assume that *you* will be in VCU clinic on alternate weeks, even though *your provider number* does. Briefly put: On a given week, you will *either* have clinic at VCU *or* at the VA, but not at both.

Please keep up with the schedule, which can be found on **New Innovations** (<https://www.new-innov.com/login>) or on our **Nephrology blog** (<https://blogs.vcu.edu/nephrologydivision>):



OR



Schedules

Clinical Schedules

[Fellows block-schedule21-22.Kidd4](#)

Download

[VCU-Clinic-Schedule-2021-22](#)

Download

[ATTENDING-SCHEDULE-2021-2022-FINAL-VER-5-6-25-21](#)

Download

QUESTION AND ANSWER

1. Why do I have to be a provider number instead of my name?

This has to do with credentialing of new fellows. No patients can be scheduled with a fellow who is not yet credentialed. Waiting for that would create a huge waiting list of patients who can't be scheduled until July. We feel that provider numbers are a small price to pay for continuity of care!

2. I heard that there will be many changes this year: tell me more!

Yes!

First: Our clinic is moving to a new building called Ambulatory Office Pavilion (AOP) on 12/8/2021.

Importantly, you will need to go outside to get to clinic; it is a fair distance from the D Deck; and there is no on-site parking for providers. You might need to dress for the weather and have an umbrella handy.

More info forthcoming.

Second: We are switching from Cerner® PowerChart to Epic®. Again, more info TBA.

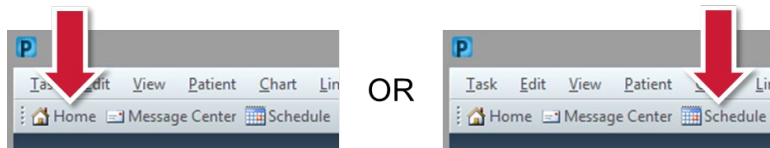
3. How many patients will I see?

Per ACGME guidelines, you must have 8 patients scheduled: 2 new-patient visits (abbreviated "NPV"), and 6 follow-ups patient visits (abbreviated "FUV"). The time structure is as follows:

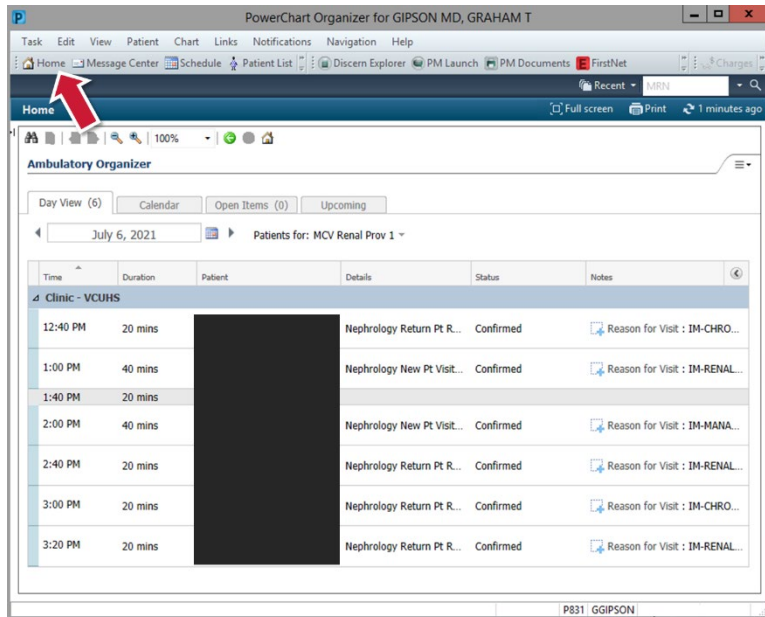
Visit #	Clock Time	Visit Type	Duration
1	12:40–13:00	FUV	20 min
2	13:00–13:40	NPV	40 min
3	13:40–14:00	FUV	20 min
4	14:00–14:40	NPV	40 min
5	14:40–15:00	FUV	20 min
6	15:00–15:20	FUV	20 min
7	15:20–15:40	FUV	20 min
8	15:40–16:00	FUV	20 min

4. Where do I find my patient schedule?

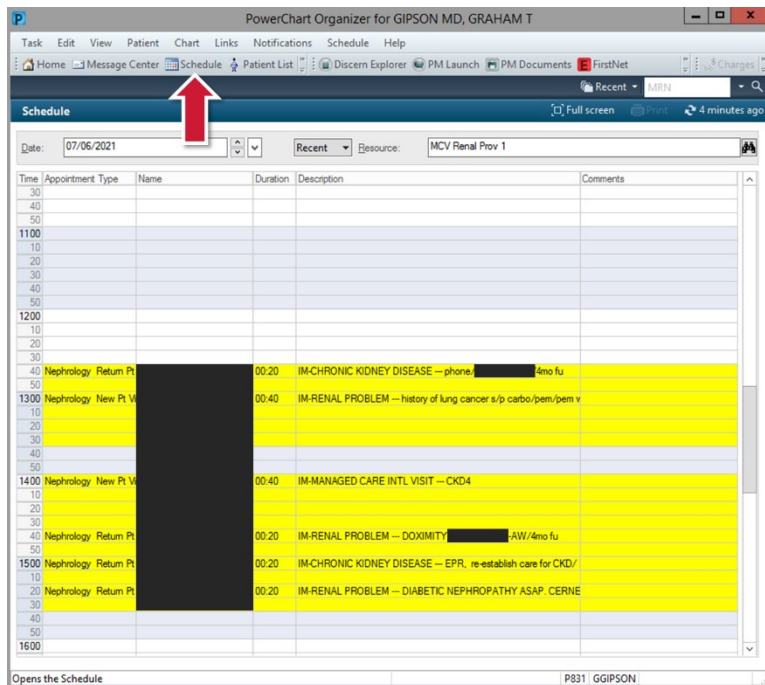
PowerChart gives you two options, either the Home screen or the Schedule screen:



The Home screen looks like this:



The Schedule screen looks like this:



Most providers tend to work from the Schedule screen, though the Home screen allows you to **print** a very nice list of your clinic patients on which you can take notes.

The date and the provider are changeable using dropdown menus at the top of each screen.

5. What does a patient visit entail?

A full patient visit, whether NPV or FUV, comprises the following (in general temporal order):

- Check-in with the PARs in the front.
- Vital signs measurements and other information gathering by the RNs or MAs.
- Interview and exam with you.
- Presentation of the case to an attending physician.
- Brief interview and exam by attending physician with you present.
- Check-out with the PARs in the back.
- Collection of specimens (blood or urine) for laboratory studies.

6. Can we do virtual (telephonic or video) visits?

No, not by default.

Due to COVID-19, we have done a lot of phone or virtual visits. We are phasing this out, and by July 2021 *nobody* should be scheduled for phone visits. However, this might still happen sometimes.

Virtual and phone visits are done using the Doximity app on your phone. Please install it (free) just in case. Once installed, configure it to use **VCU Nephrology Clinic (804-828-7700)** as your office number.

Traditional telephone visit is acceptable too as a last resort.

7. How do we handle no-show patients?

Even though we discourage *pre-scheduled* phone visits (see item 6 above), if your patient did not show to clinic, then please call them and (attempt to) do a phone visit. This approach is better than losing a patient to follow-up simply because they couldn't physically come to clinic.

8. Documenting in-person visits is easy enough; but how do I document a virtual visit?

```
telemed_video *
telemed_options *
telemed_phone-addendum *
telemed_phone-only *
telemed_phone_hs-not_prsnt *
telemed_phone_hs-prsnt *
telemed_portal *
telemed_video-hs-prsnt *
telemed_video_hs-not_prsnt *
```

As of July 2021, there are special attestations for virtual visits. In PowerChart fashion, there are various dot phrases for each attestation.

Below is the summary of how to use the dot-phrases:

Dot Phrase	Scenario	Documentation
.telemed_video	The visit is provided with video capability by a non-house-staff physician.	The provider would document the visit like any other in-person visit and add the dot-phrase.
.telemed_video_hs-not_prsnt or .telemed_video_hs-prsnt	Same as above but with a house-staff physician.	The <i>house-staff</i> physician would use the .telemed_video dot-phrase, and the <i>non-house-staff</i> physician would use one of these dot-phrases depending on the level of supervision.
.telemed_phone-only	The provider calls a patient to replace an in-person visit. It cannot be linked to a previous visit.	Create a regular note type and document the history and assessment and plan.
.telemed_phone_hs-not_prsnt or .telemed_phone_hs-prsnt	Same as above but with a house-staff physician.	The <i>house-staff</i> physician would use the .telemed_phone-only dot-phrase, and the <i>non-house-staff</i> physician would use one of these dot-phrases depending on the level of supervision.
.telemed_phone_addendum	The provider calls a patient concerning an issue the patient was seen for previously and can be linked to any visit. The duration of the call and any review of labs, imaging or notes from consults totals ≥30 min.	Create an addendum to the previous clinic visit you are following up or clearly reference it. Describe the work you did (including review of records, labs and images). This cannot be done by house-staff.
.telemed_portal	The patient and provider communicate via portal messaging within a 7-day period.	Create a regular note type and use the dot-phrase with relevant information from the messages and subsequent plan.

If in doubt, then ask your attending physician to help choose the proper attestation.

9. What if I cannot come to clinic?

Arrange coverage with another fellow, keeping in mind that both consult fellows at VCU cannot be in clinic at the same time.

Inform **Dr Gipson** of the arrangement.

If you know far in advance, you can redistribute patients and reschedule clinic by communicating with **Appointments-ACC4** pool.

* * *

Up all night on call before clinic or sick on the day of clinic?

Page **Dr Kidd** and **Dr Gipson** so we can arrange coverage.

10. How do I communicate with a pool?

Ask your attending physician for help.

11. How should I prepare for clinic?

Review your patients' charts before clinic and make a plan/start your notes ahead of time!

*** Pre-clinic chart review is not optional! ***

Consider pre-clinic chart review to be a hand-off or sign-out to yourself so that the patients get the best care possible and so that the clinic runs smoothly.

Please note that you are responsible for your scheduled patient panel even if they did not show or if you have never seen them before. If a patient did not show, please review their chart and request them to be rescheduled as necessary.

12. How do I schedule patient in fellows' clinic?

Patients can be followed in fellows' clinic or in private faculty (attending) clinic.

If the patient is already established with a VCU Nephrology attending, do NOT schedule a visit in the fellows' clinic. Rather, send a PowerChart message to that attending and ask them to kindly help arrange for a clinic visit.

To schedule a patient with yourself or another fellow, send a PowerChart message to **Appointments-ACC4** [with carbon-copy (CC) to **Nephrology Messages**] in order to initiate getting the patient scheduled with the appropriate provider.

Here is a template for what your message should contain:

Please schedule this patient for [visit type here (NPV or FUV)] with MCV Renal Provider [# here] on [date here] at [time here]. Reason for visit is "[reason for visit]".
Thank you!

Make sure to put Renal/Nephrology in the subject line.

13. What is Renal Pharmacotherapy Clinic?

In Renal Pharmacotherapy clinic, our renal pharmacist, **Rachel Flurie**, has patients scheduled at the same time as the fellows' clinic. She is a phenomenal resource. She often has pharmacy residents rotating with her.

If you need pharmacy help or need a quick follow-up but don't have any space on your own schedule, you can schedule a FUV with Renal Pharmacotherapy (no provider number here!).

These are criteria for referral to Renal Pharmacotherapy Clinic:

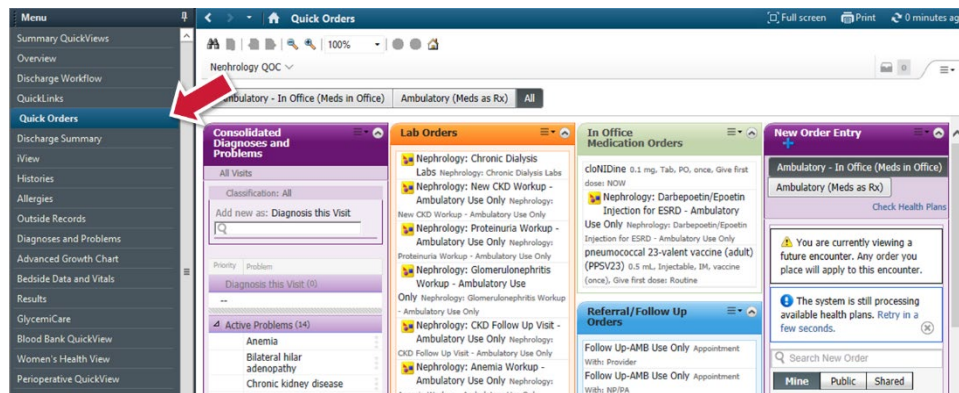
- Close follow-up re: medication titration and safety monitoring;
- Screening for and remediation of polypharmacy;

- Assistance with improvement of medication adherence; *or*
- Provision of intravenous iron and erythropoietin-stimulating agents (ESA) for CKD-associated anemia.

14. How do I write orders?

Clinic orders are done a bit differently than inpatient orders (at least this is true for PowerChart).

Use Quick Orders tab in PowerChart and pick Nephrology QOC (if not already selected):



Please review what is available under the Nephrology QOC order set. Everything that you may need to order in clinic is there.

All orders should be entered *before* the patient leaves the room.

15. What should I do if a patient cannot stick around to get labs done today?

Use a future order (ask your attending for help with this).

16. What about when a patient prefers to have labs done before clinic? How do I arrange that?

Use a future order (ask your attending for help with this).

17. Is there anything special about ordering a 24-h urine collection?

Nope. The lab staff will educate the patient on how to perform the collection, but it's also useful to go over it with them during your visit.

18. How does clinic communicate with me between appointments?

You are responsible for the panel of patients scheduled with your provider number even between clinics.

Please check your clinic labs same or next day and call all patients with their test results.

Please decide with your patient during the appointment whether they want to be called if labs are normal.

Please write down patient's best contact number in your note.

Some patients will be on the **patient portal** (My VCU Health; <https://www.vcuhealth.org/my-vcu-health>), in which case you can send them a message with lab results.

When patients call the Nephrology clinic number (**804-828-7700**), they will be redirected to the call center, where they will speak with an operator and leave messages for their doctor (you) with urgent matters, symptoms, refill requests etc.

Messages will be sent electronically in PowerChart to the **Nephrology Messages** pool, at which time the clinic staff responsible for the pool (**Mike Togna RN** or **Kayla Gante CMA**) will address the message (likely call the patient), then forward message/their comments to you and to an attending.

Please check your PowerChart messages **at least twice a week**, even if you are at the VA. If something super urgent is needed, then the **Nephrology Messages** pool RN will page you directly.

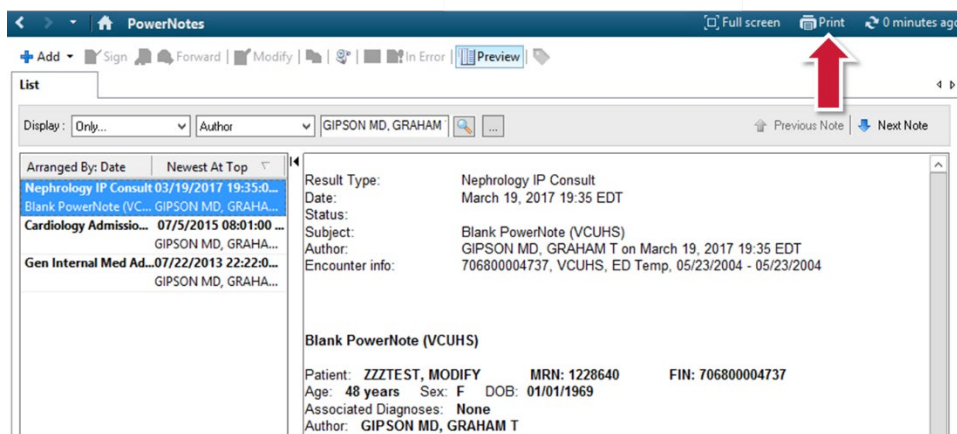
19. How would a referring physician know that I have seen their patient?

All notes need to be faxed to the referring/primary care physician after each visit. You need to do it yourself, and you can do it right from PowerChart!

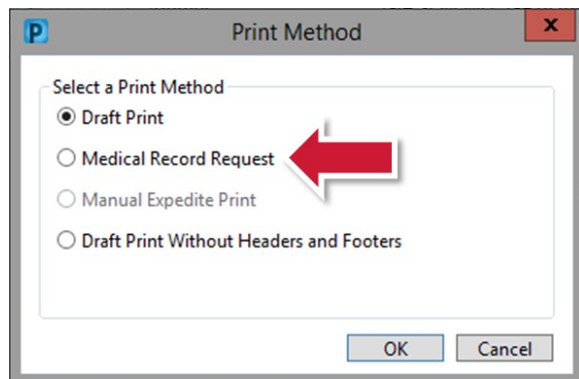
Instructions on faxing notes via PowerChart:

Open the note that you want to fax.

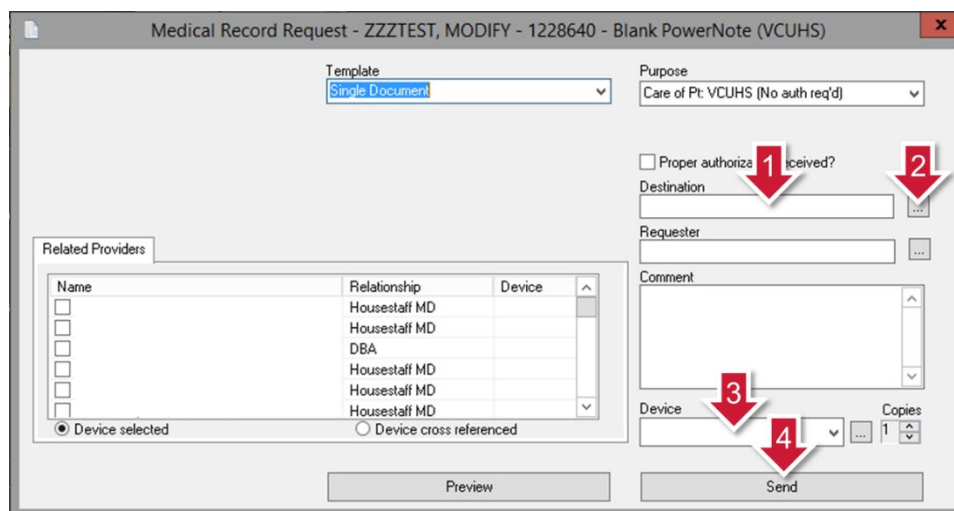
Click Print to open the Print Methods menu.



From the Print Method options, select Medical Record Request and click OK.



You will now have this window:



(1) Click within the Destination field and type last name of the PCP (or whoever is the intended recipient of the fax), then (2) click on the ellipsis (. . .) button to the right. A list of names will appear; select the right name and then click OK. (NB: The same name will appear in the Requester window.)

(3) Open the Device dropdown menu and start typing the same name of the PCP (or intended recipient). Once you see the correct name, select it, and then (4) click Send. The document will be faxed, but you will not receive any confirmation.

20. How often should I follow up my patients?

- Stable CKD G3 patients should be seen every **6 months**, or **yearly** if very stable.
- Uncontrolled hypertension in CKD is *our* job even if the patient has a PCP. (Some would argue that hypertension is our job even *without* CKD.) Craft a specific follow-up schedule with your attending.

BIG PICTURE: Get these patients' hypertension controlled before you relinquish hypertension management back to their PCP!

- Stable CKD G4 patients should be seen every **3–4 months**.
- Stable CKD G5 patients should be seen every **6–8 weeks**.
- Patients with non–primary hyperparathyroidism who take calcitriol (or other activated vitamin D replacements [VDRAs]) need their PTH checked at least every **3 months**, and need their 25-hydroxyvitamin D level checked **yearly**.
- Patients with anemia who take ESA need hemoglobin checked every **1–3 months** and an iron panel checked every **6 months**.

21. My CKD patient is anemic. What about erythropoietin-stimulating agents (ESA)?

Patient who need ESA are best served in the Renal Pharmacotherapy clinic run by our renal pharmacist, **Rachel Flurie**. The logistics of anemia management are a lot of busy work and order sets are complicated.

In general, patients with CKD G3b or higher, who are iron-replete and have hemoglobin <10 g/dL are candidates for ESA.

In practice, we administer ESA to patients with CKD stage G4–5 who have transferrin saturation >20%, ferritin >100 ng/mL, normal B12/folate, and hemoglobin <8 g/dL.

These patients need commit to coming to clinic at least every **4 weeks**.

If they are iron deficient, order oral iron.

If they remain iron deficient after 3–6 months of oral iron, then order IV iron (administered by the infusion clinic) or refer to Renal Pharmacotherapy.

22. What do I do with lab results?

Check labs on your clinic patients *within 24 h*. Make an addendum to your note with your interpretation of the lab results and if there is a change in plan. **This is required on all patients.**

23. I am on call. I get a page from the lab with a critical result for a nephrology patient. What should I do?

Hypoglycemia: Our patients frequently come fasting for the afternoon clinic! Just call them and make sure they have eaten and are feeling better. Document the conversation.

Hyperkalemia:

- Serum potassium <6 mmol/L: medical management with cessation of ACE inhibitor/ARB/MRA; counseling on low-potassium diet instruction; and prescription of sodium zirconium cyclosilicate (Lokelma) if appropriate.

- Serum potassium >6 mmol/L: Refer patient to the nearest ED. If patient has enterocolonic potassium binders (Kayexalate, Veltassa, or Lokelma) at home, then ask them to take an extra dose.
- For either case, please make a note on the chart indicating what you told the patient.

24. How do I do dialysis modality education and vascular access education?

We do our own education during the patient's visit. Excellent ~2-3 min long education videos covering kidney disease, dialysis modalities, vascular access and transplantation can be found under IKAN Kidney on YouTube (<https://youtube.com/playlist?list=PLA320CE970FB62D80>).

Additionally, a good 18-min vascular access video is found here: <https://unckidneycenter.org/kidneyhealthlibrary/dialysis-vascular-access-education/>

Patients can watch those videos right in the room, put them up on the computer while you see your next patient.

More advanced references are Kidneyschool.org and a book "Help, I Need Dialysis!" on Amazon.

For more education on CKD, dialysis modalities and access education, refer patients to **Amanda Gada** at Fresenius, cell **385-389-5509**.

25. My patient is interested in home dialysis. What do I do now?

Refer the patient to **Amanda Gada** at Fresenius, cell **385-389-5509**.

Once the patient has met with Amanda, you can call **Fresenius Mechanicsville Home Program** at **804-644-0447** and make a referral for further hands-on education.

26. How do I refer a patient for dialysis access (HD or PD)?

- **Arteriovenous fistulas (AVFs)** take longer to develop and need to be placed at least 6 months in advance of anticipated dialysis start date. If you are referring for AVF placement and there is no need for dialysis within 6 months, then please make sure that the consult is worded as "fistula only".
- **Arteriovenous grafts (AVGs)** can be ready to use 1 month after creation. There is also a possibility to create a "rapid stick" AVG, made of material which can be cannulated immediately. Do not refer for AVG placement earlier than 3 months prior to anticipated need of dialysis!
- Venous mapping, a test done in vascular lab, is usually helpful to identify a vein suitable for AVF.

- If a patient needs urgent dialysis and there is no time to place vascular access, then you can order tunneled catheter placement through Interventional Radiology (IR).
- To schedule access evaluation and placement, send Cerner PowerChart message to **TX-GB7 Vascular Access-Clerical**. We typically refer to Transplant Surgery, NOT to Vascular Surgery.
- For clinical issues related to dialysis access (infection, steal), send a PowerChart message or a page to **Angele Lacks RN**, who is also a vascular access coordinator for Transplant Surgery.

27. How do I refer patient for kidney transplant evaluation?

Send a PowerChart message to **Angele Lacks RN** (with carbon copy [CC] to **Katherine Adcock**). Patients qualify when their lowest eGFR is <20 mL/min/1.73 m².

28. How do I arrange a kidney biopsy?

It's...complicated. Discuss with your attending.

29. My patient lives far away. Can they get labs done locally?

Yes! Here is the list of satellite labs. All of these can activate your lab orders in PowerChart (make sure they are entered as “future orders”).

If none of these are convenient, talk with **Kayla Gante** about sending orders to LabCorp or to PCP office.

**VCU Fredericksburg
Multispecialty Clinic
(northern VA)**
10528 Spotsylvania Ave
(2nd building)

Hours: 08:00–16:00
Phone: **540-891-3173**

**VCU Health at
Williamsburg/Hampton Roads**
1162 Professional Drive
Williamsburg, VA 23185

Hours: 08:30–15:30 (Wed only)
Phone: **757-220-1246** (patient
must call to make appointment!)

**VCU Health at Temple Avenue
(Prince George)**
2035 Waterside Rd #100
Prince George, VA 23875

Hours: 08:30–15:30 (lunch
12:30–13:00)
Phone: **804-957-6287**

**VCU Health at Chesterfield
Meadows**
6433 Centralia Rd
Chesterfield, VA 23832

Hours: 07:30–15:00
Phone: **804-425-3627** (patient
must call to make appointment!)

**VCU Health Center for
Advanced Health Management
(CAHM)**

2116 W Laburnum Ave
Richmond, VA 23227

Hours: 08:00–16:00
Phone: 804-254-3500

**VCU Health at Mayland
Medical Center**

3470 Mayland Court
Henrico, VA 23233

Hours: 08:00–16:30
Phone: 804-527-4540

VCU Health Stony Point

9000 Stony Point Pkwy
Richmond, VA 23235

Hours: 08:00–16:00
Phone: 804-560-8920

**VCU Health Neuroscience,
Orthopaedic and Wellness
(NOW) Center**

11958 West Broad St
Henrico, VA 23233

Hours: 08:00–16:30
Phone: 804-360-4669

30. Is there a social worker in clinic?

For general social problems:

- **Jenny Speight** (08:00–17:30), phone 888-1957 or pager 2275
- **Stephanie DerHovannessian**, phone 403-2259 or pager 1063

For direct outpatient dialysis unit referrals:

Ellen Wafawanaka, phone 828-9224 or pager 6033

31. What if my patient needs and infusion (of IV iron, rituximab, IV cyclophosphamide)?

There are a lot of steps, and you will be guided by your attending. Please note that we have an infusion clinic on ACC5.

32. What number should my patients call to get in touch with me?

The VCU Nephrology clinic phone number is 804-828-7700. Patients will be directed to the call center, speak with an operator, and a message will be sent to **Nephrology Messages** pool. Nurse will call the patient back, find out what is going on and forward the message to you.

33. What is the code to get into the physician room?

2-4-1-5

34. Is there a refrigerator in clinic? A microwave? Water?

Across the hall from physician room there is staff lunchroom with all these things. Current door code is 2-1-6-1 (but changes frequently!).

Domains of CKD Care

- I. CKD stage: $eGFR \times UACR$ + statement of presumed or known cause of kidney disease
(“kidney function”)
- II. Volume Status/Hemodynamics
 - Hypertension (or hypotension)
 - Edema
- III. Electrolytes (Basic/Monovalent)
 - Sodium
 - Potassium
 - Bicarbonate
- IV. Mineral Bone Disease
 - Electrolytes (Divalent): calcium, phosphorus
 - Vitamin D
 - PTH
- V. Kidney Replacement Therapy Planning (when applicable)
 - Dialysis (HD or PD)
 - Transplantation
- VI. Pharmacotherapy: as regards I-IV + kidney safety (no NSAIDs)