

Optimal Patient Communication: Elements of a Good Chart Note and Patient Messaging

Mike Tankersley, MD, MBA

Founder/Medical Director, The Tankersley Clinic, PLLC

Professor, Departments of Medicine, Pediatrics and Otolaryngology

University of Tennessee Health Science Center, Memphis, TN

Virtual Practice Management Workshop

JULY 23-24, 2021

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The Tankersley Clinic Appt - Message (HTML)

File Message Help Tell me what you want to do

Ignore Delete Archive Reply Reply All Forward Delete Quick Steps NEW PATIENT F... To Manager Team Email Done Create New Move Actions Assign Policy Mark Unread Categorize Follow Up Translate Read Aloud Zoom Send to OneNote OneNote

The Tankersley Clinic Appt

To: The Tankersley Clinic
Cc: The Tankersley Clinic

New Patient Email

Mon 8/12/2019 3:31 PM

You forwarded this message on 2/17/2020 10:56 AM.

Authorization to Release Med Info.pdf 347 KB
New Patient Form 7-24-2018.docx 29 KB
Patient Financial Responsibility Form.pdf 148 KB

Suggested Meetings Action Items + Get more add-ins

Dear Jane Doe 3 form version,

We look forward to seeing you at your 09:00 am appointment on Monday, July 27, 2020. New patient appointments are thorough and, if testing is required, can take up to 2-3 hours. Please plan accordingly!

Attached to this email is a New Patient Packet with three documents we will need completed for your visit. The completion and return of these forms **before** your visit will shorten your time in our waiting room. Though not recommended, if you prefer to complete the forms in our offices, please plan on arriving one hour before your scheduled visit in order to complete the New Patient Packet and allow us time to enter it. All your information must be in our system before Dr. Tankersley can see you. It is to your advantage to send us your paperwork prior to your appointment. We value your time and want to be efficient while you are with us on the day of your visit!

Also, it is **very important** to not take an antihistamine by mouth **5 days** prior to the appointment. Antihistamine examples: **Claritin** (loratadine), **Allegra** (fexofenadine), **Zyrtec** (cetirizine), **Xyzal** (levocetirizine), **Clarinox** (desloratadine), **Benadryl** (diphenhydramine), hydroxyzine, etc. **There is no need to stop any other medicine, only antihistamines.** Skin testing cannot be performed if you have used an oral antihistamine. If you are unable to stop your oral antihistamine, Dr. Tankersley can still evaluate you and can then discuss various options if he feels future skin testing would be helpful as a part of your initial evaluation.

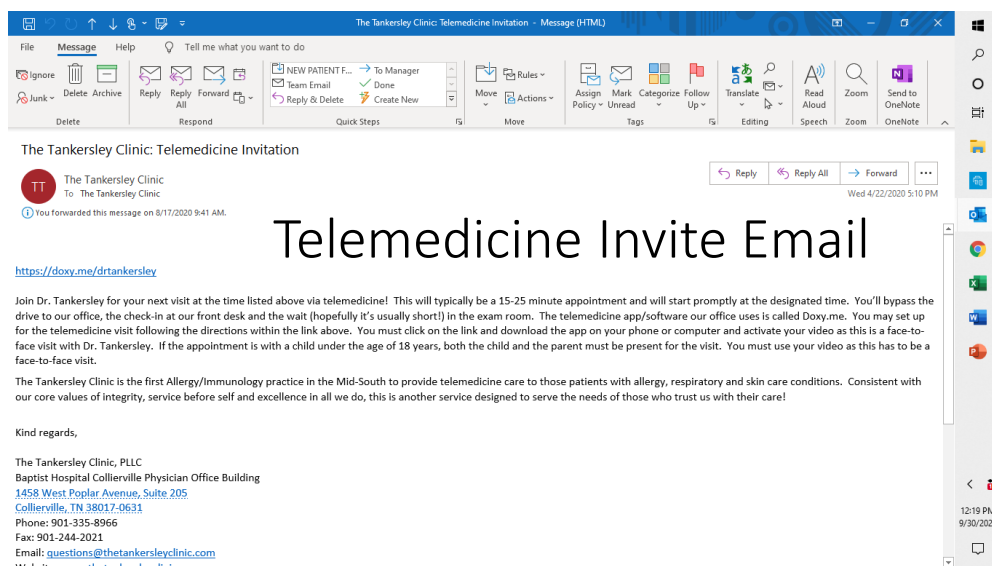
Please bring a **written list of medications** you are currently taking. Also, it is usually very helpful if you know any medications you previously used for the conditions Dr. Tankersley will be addressing at the visit. Some patients prefer to just bring the medications, which is also fine. Also bring your preferred pharmacy name, address, and phone number.

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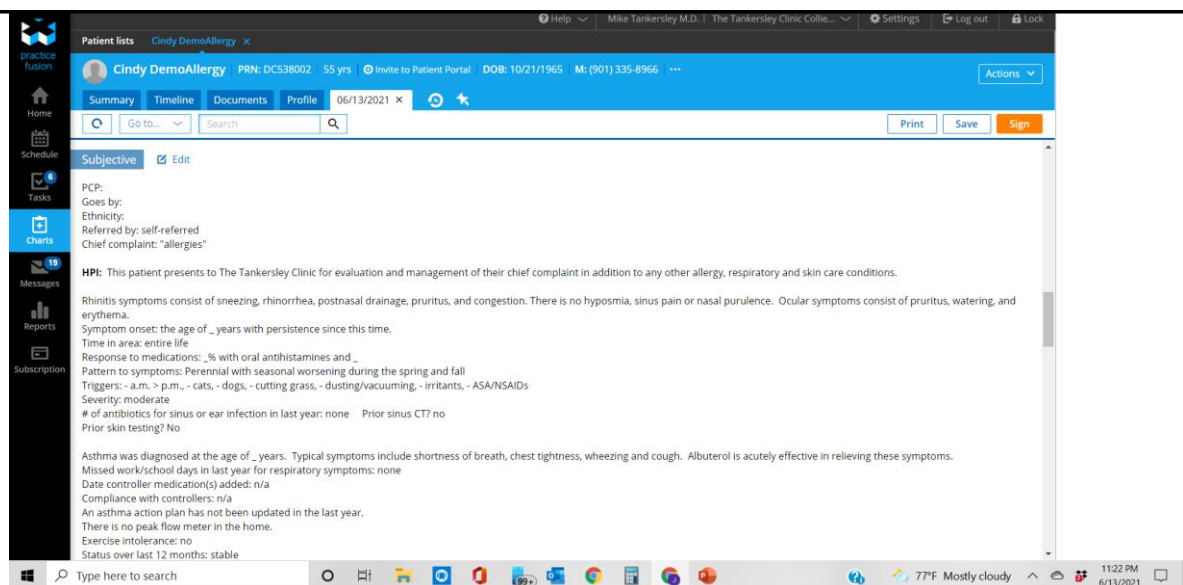


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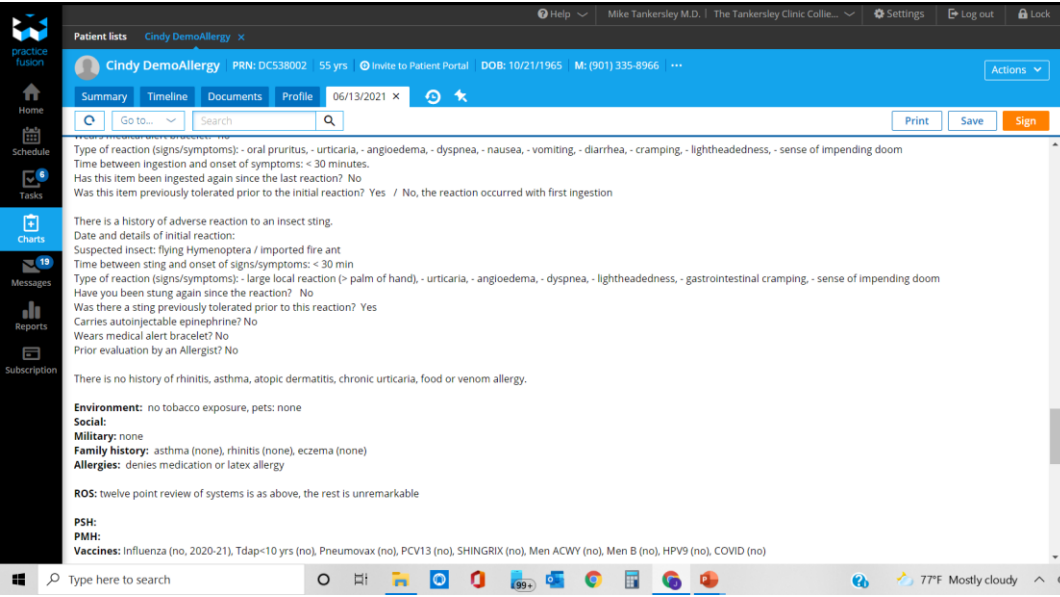


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Patient lists Cindy DemoAllergy x

Cindy DemoAllergy | PRN: DCS38002 | 55 yrs | Invite to Patient Portal | DOB: 10/21/1965 | M: (901) 335-8966 | ...

Summary | Timeline | Documents | Profile | 06/13/2021 x

Go to... Search

Type of reaction (signs/symptoms): - oral pruritus, - urticaria, - angioedema, - dyspnea, - nausea, - vomiting, - diarrhea, - cramping, - lightheadedness, - sense of impending doom
Time between ingestion and onset of symptoms: < 30 minutes.
Has this item been ingested again since the last reaction? No
Was this item previously tolerated prior to the initial reaction? Yes / No, the reaction occurred with first ingestion

There is a history of adverse reaction to an insect sting.
Date and details of initial reaction:
Suspected insect: flying Hymenoptera / imported fire ant
Time between sting and onset of signs/symptoms: < 30 min
Type of reaction (signs/symptoms): - large local reaction (> palm of hand), - urticaria, - angioedema, - dyspnea, - lightheadedness, - gastrointestinal cramping, - sense of impending doom
Have you been stung again since the reaction? No
Was there a sting previously tolerated prior to this reaction? Yes
Carries autoinjectable epinephrine? No
Wears medical alert bracelet? No
Prior evaluation by an Allergist? No

There is no history of rhinitis, asthma, atopic dermatitis, chronic urticaria, food or venom allergy.

Environment: no tobacco exposure, pets: none
Social:
Military: none
Family history: asthma (none), rhinitis (none), eczema (none)
Allergies: denies medication or latex allergy

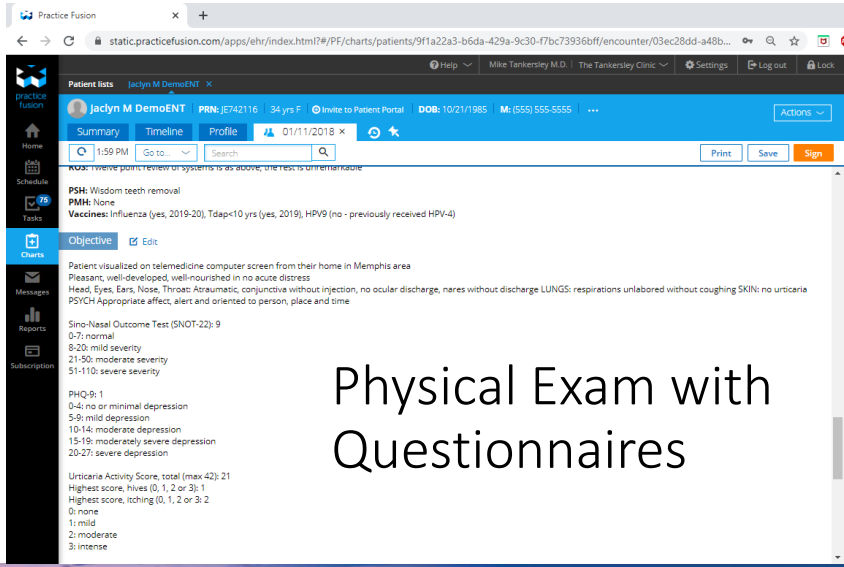
ROS: twelve point review of systems is as above, the rest is unremarkable

PSH:
PMH:
Vaccines: Influenza (no, 2020-21), Tdap<10 yrs (no), Pneumovax (no), PCV13 (no), SHINGRIX (no), Men ACWY (no), Men B (no), HPV9 (no), COVID (no)

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Patient lists Jaclyn M DemoENT x

Jaclyn M DemoENT | PRN: J742116 | 34 yrs F | Invite to Patient Portal | DOB: 10/21/1985 | M: (555) 555-5555 | ...

Summary | Timeline | Profile | 01/11/2018 x

Go to... Search

ROS: twelve point review of systems is as above, the rest is unremarkable

PSH: Wisdom teeth removal
PMH: None
Vaccines: Influenza (yes, 2019-20), Tdap<10 yrs (yes, 2019), HPV9 (no - previously received HPV-4)

Objective | Edit

Patient visualized on telemedicine computer screen from their home in Memphis area
Pleasant, well-developed, well-nourished in no acute distress
Head, Eyes, Ears, Nose, Throat: Asymmetric, conjunctiva without injection, no ocular discharge, nares without discharge LUNGS: respirations unlabored without coughing SKIN: no urticaria PSYCH: Appropriate affect, alert and oriented to person, place and time

Sino-Nasal Outcome Test (SNOT-22): 9
0-7: normal
8-20: mild severity
21-50: moderate severity
51-110: severe severity

PHQ-9: 1
0-4: no or minimal depression
5-9: mild depression
10-14: moderate depression
15-19: moderately severe depression
20-27: severe depression

Urticaria Activity Score, total (max 42): 21
Highest score, hives (0, 1, 2 or 3): 1
Highest score, itching (0, 1, 2 or 3): 2
0: none
1: mild
2: moderate
3: intense

Physical Exam with Questionnaires

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Use of Standardized Questionnaires

- Asthma Control Test (ACT), 4-11 years and 12 years and older
- Urticaria Activity Score (UAS)
- Derm Life Quality Index (DQLI)
- Epworth Sleepiness Scale (ESS)
- Sino-Nasal Outcome Test (SNOT-22)
- COPD Assessment in Primary Care To Identify Undiagnosed Respiratory Disease and Exacerbation Risk (CAPTURE)
- All the above are coded CPT 96160 with 59 modifier and pair with the appropriate ICD-10

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Patient Health Questionnaire (PHQ-9)

NAME: _____ DOB: _____ DATE: _____

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered
by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3

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practice fusion

Patient lists Cindy DemoAllergy x

Cindy DemoAllergy PRN: DC538002 55 yrs Invite to Patient Portal DOB: 10/21/1965 M: (901) 335-8966 Actions

Summary Timeline Documents Profile 06/13/2021 x

Go to... Search

Print Save Sign

Objective Edit

Pleasant, well-developed, well-nourished in no acute distress
Head, Eyes, Ears, Nose, Throat: Atraumatic, conjunctiva without injection, no ocular discharge, bilateral tympanic membranes clear, pharynx clear without postnasal drainage or cobblestoning, nares without discharge, nasal mucosal edematous and pale, no nasal polyps, neck supple without thyromegaly LUNGS: clear with good air movement, respiratory effort relaxed with no retractions, no wheezing CARDIOVASCULAR: regular rate and rhythm without murmur, no peripheral edema SKIN: no urticaria, xerosis, lichenification, fissures, dermatographism or fine papular plaques on triceps LYMPH: no cervical or axillary lymphadenopathy MUSCULOSKELETAL: digits without clubbing or cyanosis, bilateral upper extremities without asymmetry, tenderness or defects PSYCH Appropriate affect, alert and oriented to person, place and time

Pre-BD spirometry
FVC
FEV1
Ratio
PEF
25-75%

Interpretation: flow-volume curve is appropriate for effort; effort reveals values that are normal
obstructed per FEV1 <80%, ratio >75% and 25-75 <50%; cannot r/o restrictive defect with FVC <80%

Post-BD Spirometry
FVC
FEV1 (mL and % increase)
Ratio

Interpretation: flow-volume curve is appropriate for effort; effort reveals values that are normal
obstructed per FEV1 <80%, ratio >75%; there is no significant reversibility
Prick skin testing, panel of 80 allergens to include trees, grasses, weeds, molds, and environmental (normal controls with histamine and glycerin): positive to

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Print Save Sign

Objective Edit

Pleasant, well-developed, well-nourished in no acute distress
Head, Eyes, Ears, Nose, Throat: Atraumatic, conjunctiva without injection, no ocular discharge, bilateral tympanic membranes clear, pharynx clear without postnasal drainage or cobblestoning, nares without discharge, nasal mucosal edematous and pale, no nasal polyps, neck supple without thyromegaly LUNGS: clear with good air movement, respiratory effort relaxed with no retractions, no wheezing CARDIOVASCULAR: regular rate and rhythm without murmur, no peripheral edema SKIN: no urticaria, xerosis, lichenification, fissures, dermatographism or fine papular plaques on triceps LYMPH: no cervical or axillary lymphadenopathy MUSCULOSKELETAL: digits without clubbing or cyanosis, bilateral upper extremities without asymmetry, tenderness or defects PSYCH Appropriate affect, alert and oriented to person, place and time

Assessment Edit

1. Allergic rhinitis, inadequate control on current therapy so we will step-up the therapy.

Indications for initiating subcutaneous (SCIT) or sublingual (SLIT) immunotherapy include the following: poor response to pharmacotherapy or allergen avoidance; unacceptable adverse effects of medications; desire to avoid long-term pharmacotherapy and reduce the cost of medication; co-existing allergic rhinitis, atopic dermatitis and/or allergic asthma; and possible prevention of asthma in children.

2. Allergic conjunctivitis, adequate control on current therapy

Plan Edit Print visit summary

1. Medications: continue other current medications and treatment plan
Education:
• test results and/or treatment plan reviewed in detail
• the websites for the American Academy of Allergy, Asthma and Immunology (AAAAI, www.aaaai.org) and the American College of Allergy, Asthma and Immunology (ACAAI, www.acaaai.org) are recommended for reliable patient education material
• smoking avoidance and/or cessation was recommended

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Patient lists Cindy DemoAllergy x

Cindy DemoAllergy PRN: DC538002 55 yrs Invite to Patient Portal DOB: 10/21/1965 M: (901) 335-8966

Summary Timeline Documents Profile 06/13/2021 x

children.

2. Allergic conjunctivitis, adequate control on current therapy

Plan Edit Print visit summary

1. Medications: continue other current medications and treatment plan
2. Education:
 - test results and/or treatment plan reviewed in detail
 - the websites for the American Academy of Allergy, Asthma and Immunology (AAAAI, www.aaaai.org) and the American College of Allergy, Asthma and Immunology (ACAAI, www.accai.org) are recommended for reliable patient education material
 - smoking avoidance and/or cessation was recommended
 - pollen, cat, dog, HDM and mold avoidance measures discussed, as applicable to testing
 - asthma action plan provided
 - inhaler technique was reviewed with demonstration of open mouth technique, location of expiration date and appropriate 5 sec inhalation with breath hold for 10 sec
3. Vaccinations: annual influenza vaccine for patient and household members
4. Labs/studies: none
5. Follow-up with Dr. Mike Tankersley in 1 month(s) to assess clinical course and response to therapy, sooner prn; Primary Care Manager for routine healthcare maintenance issues
6. Continuity of care: A copy of this note was faxed to the referring provider/PCP as applicable

The 45 min appointment consisted of the coordination of care and education of the condition to include discussions of the following: diagnostic results, prognosis, risks and benefits of treatment options, impressions, instructions for management, importance of compliance with chosen treatment options, risk factor reductions, and patient and family education.

Superbill Record

No superbill recorded.

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Patient lists Cindy DemoAllergy x

Cindy DemoAllergy PRN: DC538002 55 yrs Invite to Patient Portal DOB: 10/21/1965 M: (901) 335-8966

Summary Timeline Documents Profile 06/13/2021 x

cyanosis, bilateral upper extremities without asymmetry, oriented to person, place and time

Assessment Edit

1. Allergic rhinitis, inadequate control on current therapy
2. Allergic conjunctivitis, adequate control on current therapy

Templates Add folder Edit

Thanks! I appreciate your willingness to refer this patient to The Tankersley Clinic. I enjoyed seeing them and appreciate the opportunity to participate in the care of your patient. As always, if there are specific questions you would like to discuss, please feel free to contact me. Did you know all patients labeled with penicillin allergy should be skin tested as 90% of them are not allergic and unnecessarily avoid penicillins? I am happy to see your patients who carry a penicillin allergy label so that they can be skin tested and challenged accordingly as recommended by the national antibiotic stewardship programs. I appreciate the opportunity to share in the care of your patients since Jan 2018 at The Tankersley Clinic. I wanted you to know I am now contracted to see TennCare UHC Community Plan, BCBS BlueCare, CoverKids and TennCare Select patients. I appreciate your continued referrals and look forward to participating in the care of your patients with allergy, respiratory and skin care conditions under TennCare's UHC and BCBS plans. We are excited to announce we have opened a 2nd location in downtown Memphis at 95 South Main Suite 1021

Orders > Referral

REFERRAL TO*
Dereene Atkins MD x

REFERRAL SPECIALTY*
Internal Medicine

ON BEHALF OF
Mike Tankersley

REFERRAL FOR*
Thanks, Dereene! I appreciate your willingness to refer this patient to The Tankersley Clinic. I enjoyed seeing them and appreciate the opportunity to participate in the care of your patient. As always, if there are specific questions you would like to discuss, please feel free to contact me.

Did you know all patients labeled with penicillin allergy should be skin tested as 90% of them are not allergic and unnecessarily avoid penicillins? I am happy to see your patients who carry a penicillin allergy label so that they can be skin tested and challenged accordingly as recommended by

SINCERELY*
Mike Tankersley M.D.

ATTACHMENTS
☒ Send medications list, diagnoses, and allergies

Cancel Preview Send

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Send the
referring
Provider
a copy of
patient
note

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Account balance email

From: questions@thetankersleyclinic.com
 To: fred.trexler@email.com
 Subject: Account Balance \$0.71

Fred Trexler,

We were notified by your carrier they sent you an explanation of benefits (EOB) concerning your account balance with our clinic. We have attached your account statement with a balance due of as stated above.

You may mail our office a check at the below address or call or stop by our office during our business hours on Mon/Tues/Thurs 8 am-4:30 pm to pay by phone or in person with your credit card.

You may also pay online via PayPal at the bottom of our home page.

Kind regards,

The Tankersley Clinic, PLLC
 Collierville Office: 1458 West Poplar Avenue, Suite 205, 38017
 Downtown Memphis Office: 95 S Main, Suite 102, 38103
 Phone: 901-335-8966
 Fax: 901-244-2021
 Email: allergy@thetankersleyclinic.com
 Website: www.thetankersleyclinic.com
 Twitter: www.twitter.com/TheTankClinic

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Nonadherent SCIT patient email

From: questions@thetankersleyclinic.com
 To: john.doe@email.com
 Subject: Therapy appointment

John Doe,

We have scheduled a follow-up appointment for you with Dr. Tankersley on Jun 14, 2021 at 9:30 pm.

Your last appointment was May 31, 2020. The scheduled follow-up on May 13, 2021 was cancelled and has not been rescheduled. Our system sends an appointment reminder via email and text 1 week and 1 day before all appointments with Dr. Tankersley.

In order to continue your therapy, a follow-up is required every 6 months for monitoring of safety and efficacy of the therapy.

If the above appointment is not good with your schedule, please email back and let us know a day and time that works for you.

Kind regards,

The Tankersley Clinic, PLLC
 Collierville Office: 1458 West Poplar Avenue, Suite 205, 38017
 Downtown Memphis Office: 95 S Main, Suite 102, 38103
 Phone: 901-335-8966
 Fax: 901-244-2021
 Email: allergy@thetankersleyclinic.com
 Website: www.thetankersleyclinic.com
 Twitter: www.twitter.com/TheTankClinic

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Questions?

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Setting the Team Up for Success: Safety and Training

Maria Slack, MD, MMSc

Allergy and Immunology Associates of Northwest Ohio

Blanchard Valley Hospital

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Disclosures

- Nothing to Disclose

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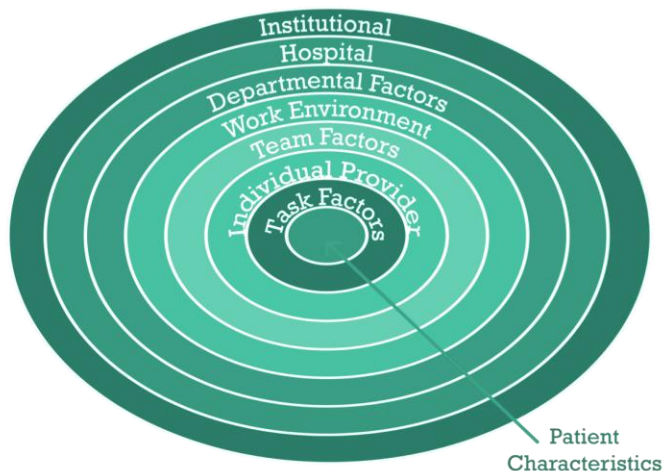
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A System of Safety



AHRQ.gov CUSP. - Vincent C et al. BJM. 1998;316:1154-57

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Setting Up a System of Safety Overview

- **Standardize:**
 - Testing Procedures, Immunotherapy Administration, Biologics, Immunotherapy Mixing, Medication Admin., Staff Documentation & Patient Scheduling
- **Create Independent Checks:**
 - Buddy System
 - Create a standardized system for lab and imaging results
 - Facility Safety Checklist

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Setting Up a System of Safety Continued

- **Create a System for Tracking Errors:**
 - Office safety officer/leader, safety committee
 - Standard error report
 - Create a culture of safety
- **Learn from Problems: “Find and Fix”**
 - What happened?
 - Why did it happen?
 - How will you reduce the risk of recurrence?
 - How will you know it worked?

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Standardize



- **Skin Testing: Procedure, Documentation, Error Reporting: Extremely Safe**
 - Adverse events are rare: allergic (delayed local swelling, systemic), test-related non allergic (theoretical infection), and nonspecific (syncope, headache)
- **Immunotherapy Mixing and Administration:**
 - 3.4 fatal reactions per year, rate of systemic reactions 0.1– 0.2%
- **Biologics:** PA, Shipping/Tracking, Storage, Administration
- **Food/Medication Administration:** Verification, Documentation, Ordering
- **Staff Documentation:** Patient Communications, Prior Authorizations for Imaging, Outside Provider Communications, Handoffs, Patient Scheduling, etc.

World Allergy Organization Journal 2012 5200-204DOI: (10.1097/WOX.0b013e31827e6813)

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Create Independent Checks

• Buddy System:

- First check (patient, dose, medication, route, frequency, expiration, etc.)
- Second check for mixing, food/medication administration, and IT administration (verbal, EMR, empower patients to serve as safety double-checkers)

• Create a standardized system for normal and abnormal results

• Facility Safety Checklist:

- Know OSHA standards, identify risks for facility grounds and parking area, identify a team lead and set up a schedule

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Safety Walk-around Checklist: Physician Office Practice

Grounds and Parking Areas Snow: removed <input type="checkbox"/> Icy areas: treated <input type="checkbox"/> No uneven surfaces, potholes, cracks, debris <input type="checkbox"/> Adequate lighting to minimize shadows <input type="checkbox"/> Signage: parking, entrances, exits, handicap <input type="checkbox"/>	Equipment Safety: Electrical Hazards Office equipment: functional <input type="checkbox"/> Preventative maintenance logs: current <input type="checkbox"/> Out of service equipment: properly stored/labeled <input type="checkbox"/> Oxygen cylinders: secure; upright <input type="checkbox"/> Electrical cords: safely stored <input type="checkbox"/> Electrical outlets: child safety plugs/safety outlets <input type="checkbox"/>
Office Setting No equipment or obstacles in walkways <input type="checkbox"/> Floors: clean; if wet, signage indicates hazard <input type="checkbox"/> Stairwells: handrails firmly attached; well lit <input type="checkbox"/> Waiting area; restrooms: clean <input type="checkbox"/> Signage if an unaffiliated provider shares space <input type="checkbox"/> Signage: cover mouth, hand hygiene for coughs, colds <input type="checkbox"/> No confidential information visible <input type="checkbox"/> Screen saver on for computers not in use <input type="checkbox"/> Prescription pads: secure <input type="checkbox"/>	Fire Safety Elevators signage warning: not to be used in a fire <input type="checkbox"/> Fire alarms, fire extinguishers in accessible area <input type="checkbox"/> Fire extinguishers: annual inspection <input type="checkbox"/> No Smoking signage in designated areas <input type="checkbox"/> Sprinkler system: log notes current inspection <input type="checkbox"/> Exits: clearly marked <input type="checkbox"/> Emergency exit signs: visible, illuminated <input type="checkbox"/> Emergency lighting: functional <input type="checkbox"/>
Exam Rooms Clean <input type="checkbox"/> Needles, syringes: locked <input type="checkbox"/> Needle disposal container: not overfilled <input type="checkbox"/> No hazardous products accessible to patients <input type="checkbox"/> Personal protective equipment: available <input type="checkbox"/> Exam table: wheels lock; intact cushion <input type="checkbox"/> Patient chairs: no wheels; good condition <input type="checkbox"/> Multidose medication vials: label date of expiration <input type="checkbox"/> Medication log: monthly inspection for outdates <input type="checkbox"/> Prescription pads: secure <input type="checkbox"/>	Medication Safety Medication storage area: locked <input type="checkbox"/> Medication outdate log: monthly inspection <input type="checkbox"/> No outdated drugs <input type="checkbox"/> Storage separates similar names, packaging, routes <input type="checkbox"/> Hazardous chemicals separate from medications <input type="checkbox"/> Multidose vials: label date of expiration <input type="checkbox"/> Refrigerator temperature logs: daily checks (twice daily for vaccines) <input type="checkbox"/> Vaccine log: complete <input type="checkbox"/> Controlled substances: double-locked; log current <input type="checkbox"/>
Hazardous Materials; Infection Control Hazardous products: labeled, storage appropriate <input type="checkbox"/> Spills kit <input type="checkbox"/> MSDs accessible <input type="checkbox"/> Personal protective equipment (PPE): available <input type="checkbox"/> Alcohol-based handrub: available; containers full <input type="checkbox"/>	Medical Emergency Emergency drug box/equipment log: monthly check <input type="checkbox"/> Breakaway lock on emergency drug box: intact <input type="checkbox"/> Staff confirms role in emergency plan <input type="checkbox"/>
Other All signage: plain wording; language appropriate <input type="checkbox"/>	Notes

MMIC Risk Management Practice Tips: www.medicalmutual.com

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Create a System for Tracking Errors

- **All staff must be comfortable with reporting errors**
- **Establish and utilize a survey tool to assess safety risk**
 - Use results to determine the team's comfort level
 - Reporting of incidents
 - Reviewing reports, near misses, and good catches
- **Establish tools for incident reporting**
- **Provide positive reinforcement when someone submits an error report:**
 - Thank you note
 - Verbal Feedback
 - "Kudos"

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Learn From Problems

- **Structured Incident Report:**
 - Patient information
 - Incident time/location
 - Individuals involved
 - Suspected cause
 - Contributing factors
 - Incident type
 - Outcome(s)
- **Define the problem (what, how, when, and why)**

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Learn From Problems: “Find and Fix”

- **Identifying the active failure(s):** inadequate handoff, failure to monitor, protocol deviation, incorrect treatment/medication, not seeking help, inadequate supervision, etc.
- **Close the Loop:** Propose solutions and set a timeframe for follow up

Main factors	Contributory factors
Institutional	Economic pressures, regulations, NHS executive, clinical negligence schemes
Organizational	Financial priorities, structure, local policies, standards, safety culture
Work environment	Staffing, skill mix, workload, shift patterns, design, equipment availability and maintenance, support
Team factors	Communication, supervision, team culture
Individual	Knowledge, skills, competence, health
Task factors	Task design, availability and use of protocols, test results, patient notes—accuracy and availability
Patient factors	Complexity and seriousness, language, communication, personality, social factors

Stanhope N et al. *Br J Obstet Gynaecol*. 1997;104(12):32-32

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Office Safety Surveys and Resources

- TEAM STEPS office based care course: Free online
 - <https://www.ahrq.gov/teamstepps/officebasedcare/classroom.html>
 - <https://www.ahrq.gov/teamstepps/officebasedcare/online.html>
- Choose a Patient Safety Organization: www.pso.ahrq.gov/listed
- Significant Event Checklist: <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/~media/13ADF19879FA44E7A15547D4559B69DB.ashx>
- Standard Operating Procedures:
 - <https://psnet.ahrq.gov/issue/diagnostic-safety-supplemental-items-medical-office-sops>
- OSHA standards:
 - <https://www.osha.gov/complianceassistance/quickstarts/health-care#step1>
 - <https://www.osha.gov/training>
- Facility checklist: https://www.medicalmutual.com/assets/pdf/forms/safety_walk_checklist.pdf

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Training

- Testing Procedures: Skin Prick Testing, Intradermal Testing, Patch Testing, Spirometry, Rhinoscopy, Skin Biopsy
- Immunotherapy Mixing and Administration
- Biologic Medication Preparation and Administration
- Food/Medication Administration: IM/PO, Nebulized Medications, Food Challenge Procedure
- Oral Immunotherapy Administration
- Patient Education: Epinephrine Admin, Action Plans, Inhaler Demonstration
- Adverse Outcome Recognition and Management
- Staff Documentation & Patient Scheduling

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Training Continued

- **Establish Standard Operating Procedures (SOP)**
- **Provide Staff Training and Feedback**
- **Immunotherapy Mixing:**
 - Training, Competency Assessment and Documentation, Annual Review and Documentation
- **Who:**
 - Supervising Physician – Writes Allergen Extract Prescription, Oversees preparation and administration
 - Designated Supervisor - Person with training and expertise to oversee personnel training and preparation
 - Annual Mixing Quiz/Written test on Aseptic Technique and Extract Preparation
 - Media Fill Test
 - Gloved Fingertip and Thumb Sampling
 - Demonstration of competency in hand hygiene, garbing, surface disinfection, aseptic technique, mixing, use of equipment, documentation
 - Compounding Personnel
 - Shot Room/IT Administration Personnel

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Hand Hygiene and Infection Control

- Set standards and guidelines for hand hygiene and infection control in clinic
 - <https://www.health.state.mn.us/people/handhygiene/index.html>
 - <https://infectionpreventionandyou.org>
- Media Fill Test:
 - Hardy Diagnostics
 - Lab Safety Corporation
 - Q.I. Medical Inc.
 - Hardy Val CSP
 - Cardinal Health

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Secrets of A Well-Run Allergy Practice

Hiring The **Right** People, Spotting The **Red** Flags

Helen Combs, Practice Consultant

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The Agenda

- Writing the job description and reaching the talent
- Three step process to interviewing candidates
- Office culture
- **Red Flags**
- Outside resources for recruiting and matching candidates

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Writing The Job Description

- To hire effectively it's important to know what you are hiring for including skills, personality, schedule and experience
- The characteristics of a good job description
 - Title
 - Purpose
 - Duties and Responsibilities
 - Qualifications
 - Working Conditions
 - Relation to Other Jobs

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Three-Step Process to Interviewing Candidates

Step One

- Establish Rapport
 - Vital first impression is formed here – passion, positivity and confidence

Step Two

- Gather Information
 - Directed and open-ended questions, review them against your critical success factors
 - Directed Questions – e.g., What was your GPA?
 - Open Ended Questions – e.g., Why did you reply to the posting for this job? What do you expect to learn and experience in this position and our company/practice?

Step Three

- Close
 - Set the "hook" for the next steps to hiring
 - Step 3.5 have the candidate shadow the position prior to hiring. Ask for feedback from your staff.

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Is It a Culture Match?

- Introduce your Mission & Vision Statement

- The Candidate should be good match for your mission statement

“The leading practice with excellent customer service”

This candidate should have

- pride in any company they have worked with in the past, or school they have been a student
- Exude customer service
- Smile
- Problem solving skills to make patients and co-workers happy
- Not be afraid to make a decision

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Spotting The Red Flags When Hiring

- Speaking poorly about anyone they have worked with in the past
- Late arrival to the interview in-person meeting/phone call/Zoom
- No research or preparation regarding the company or the specific job
- No mention of teamwork – The “I did this” candidate
- Overqualified – they may not stay for long
- Poor Listening Skills - they may not truly be interested in this opportunity
- No specific examples when answering questions about required skills

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In Summary

- Update your job description for each role in your practice – a good HR Manager can assist with this, or outside consultant
 - Engage the current staff in this process to help draft and approve final descriptions
- Follow Your Three Step Process & Step 3.5 too!
- Know your Mission and Vision Statement – match the candidate to this
- Watch for the "red flags" they are indicative of larger issues
- Don't be afraid to use assessment tools for Math, language, technology and more. A few new and relevant options

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