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13TH ANNUAL CONFERENCE

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April 22-25, 2018  
Newport Beach, CA

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**JAWS**Society

Promoting the professional development of the oral and maxillofacial surgery administrator/office manager through peer interaction and educational programs.





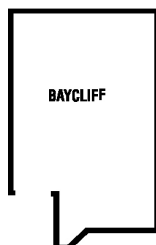
## CONFERENCE VENUE MAP

CONFERENCE BALLROOM  
FROM THE LOBBY OR  
ELEVATORS:

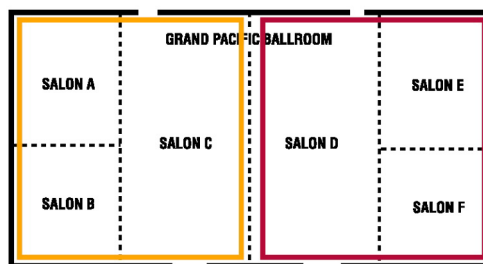
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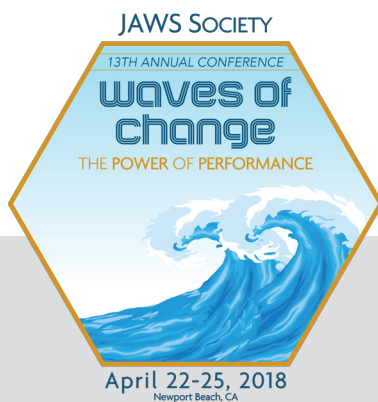
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JAWSSociety.org | Facebook.com/JAWSSociety

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# 2018 JAWS SOCIETY CONFERENCE

PRESENTED BY SOUTHERN ANESTHESIA & SURGICAL

## SCHEDULE

**LOCATIONS:** SEE PAGE INSIDE COVER FOR PROPERTY MAP

**Sessions:** Grand Pacific Ballroom A-C

**Meals:** Food will be served in ballroom D-F, and we will eat in A-C

**Exhibitors:** Grand Pacific Ballroom D-F

**Check-in / Conference HQ:** Grand Pacific Ballroom atrium

### Sunday, April 22

7 to 8 am Check-in for Coding & Billing Pre-conference Course

Grand Pacific  
Ballroom atrium

#### 8 am to 1 pm **Coding & Billing Pre-Conference Course**

Grand Pacific  
Ballroom A-C  
Terri Bradley, Terri Bradley Consulting  
Pre-registration is required

#### 4 to 6:30 pm **Conference Attendee Check-in**

Hotel Atrium Pick up your name tag and drink tickets for the Sunday evening reception

#### 5 to 7 pm **Opening Reception**

Hotel Atrium

#### 7 pm **New Member Reception**

Hook and Spear  
Sunset Terrace  
(hotel restaurant)  
If this is your first conference as a JAWS Society member, let JAWS Society leadership welcome you and meet other new members. We'll provide light snacks, but other food and beverages are on your own.

### Monday, April 23

7 am to 3 pm Check-in / Conference HQ Open

Grand Pacific  
Ballroom atrium

7:45 am to 4 pm Exhibit Hall open

Grand Pacific  
Ballroom D-F  
Visit our sponsors, thank them for their support, work on your Sponsor Bingo card, and enjoy refreshments

#### 7 to 8 am **Breakfast sponsored by OMSNIC**

Grand Pacific  
Ballroom A-C

7:45 am	<b>Conference Opening</b>
Grand Pacific Ballroom A-C	President Dana Leach
8 to 9:35 am	<b>The X Factor: 12 Keys to Set Your Practice Apart</b>
Grand Pacific Ballroom A-C	Dave Weber, Weber Associates
9:35 to 10:05 am	<b>Break + Exhibit Hall</b>
Grand Pacific Ballroom D-F	Visit our sponsors, thank them for their support, work on your Sponsor Bingo card, and enjoy refreshments
10:05 to 10:50 am	<b>The X Factor: 12 Keys to Set Your Practice Apart continues</b>
Grand Pacific Ballroom A-C	Dave Weber, Weber Associates
10:50 to 11:30 am	<b>New Member Introductions, Sponsor Elevator Pitches, App Introduction</b>
11:40 am to 1 pm	<b>Lunch sponsored by DSN Software</b>
Grand Pacific Ballroom A-C	<b>Lunch Keynote: “Hi, I’m Calling to Check on My Back Order” by Presenting Sponsor Southern Anesthesia &amp; Surgical</b>
	Bill Alexander, General Manager & COO
1:10 to 2:30 pm	<b>How do They Do That? Secret Tech Weapons for the OMS Administrator</b>
Grand Pacific Ballroom A-C	Beth “The Nerd Lady” Ziesenis, Avenue Z, Inc.
2:30 to 3 pm	<b>Break + Exhibit Hall</b>
Grand Pacific Ballroom D-F	Visit our sponsors, thank them for their support, work on your Sponsor Bingo card, and enjoy refreshments
3 to 4 pm	<b>A Day in the Life of a Nerdy OMS Administrator</b>
Grand Pacific Ballroom A-C	Beth “The Nerd Lady” Ziesenis, Avenue Z, Inc.
6:15 pm	<b>Networking Reception, Dinner, and Entertainment</b>
Rose Garden	Please make sure you and your guest bring your name tags and drink tickets
6:15 pm	Cocktail hour
7 pm	Dinner
7:45 pm	Dueling Pianos performance... bring your special requests!

## Tuesday, April 24

7 am to 3 pm	Conference HQ Open
Grand Pacific Ballroom atrium	



7:45 am to 4 pm	Exhibit Hall open
Grand Pacific Ballroom D-F	Visit our sponsors, thank them for their support, work on your Sponsor Bingo card, and enjoy refreshments
7 to 8 am	<b>Breakfast sponsored by OMSVision</b>
Grand Pacific Ballroom A-C	
8 am	<b>2019 Conference Location Reveal</b>
Grand Pacific Ballroom A-C	The 2019 Annual Conference will be April 7-10, 2019... but where???
8:15 to 9:50 am	<b>Just When You Thought It Was Safe to Go Back in the Water—Ransomware Attack</b>
	Donna Grindle, Kardon Compliance
9:50 to 10:20 am	<b>Break + Exhibit Hall</b>
Grand Pacific Ballroom D-F	Visit our sponsors, thank them for their support, work on your Sponsor Bingo card, and enjoy refreshments
10:20 am to 11 am	<b>Annual Business Meeting + Special Education Committee Update</b>
Grand Pacific Ballroom A-C	JAWS Society Board President Dana Leach, Vice-President Lynn Howard, Secretary Audra Lansdown, and Treasurer Robin Zenz
	Education Committee Chair Jill Dunnam and board liaison Audra Lansdown
11 to 11:30 am	<b>Member-Led Roundtables</b>
11:30 am to 12:30 pm	<b>Lunch sponsored by NEA</b>
12:40 to 2:30 pm	<b>Health Care Changes and Risk with Q&amp;A</b>
	Rich Sanders, Julie Goldberg, DDS, OMSNIC
2:30 to 3 pm	<b>Break + Exhibit Hall</b>
Grand Pacific Ballroom D-F	Visit our sponsors, thank them for their support, work on your Sponsor Bingo card, and enjoy refreshments
Tuesday evening	Dinner on your own, or...
5:15 - 9:30 pm	<b>Duffy Boat Scavenger Hunt</b>
5:15 pm	Board bus
outside hotel lobby	
5:30 pm SHARP	Bus departs
5:40 pm	Check in for adventure
6 pm	Ready... Set... GO!! Scavenger hunt begins!
8 pm	Scavenger hunt ends; 5- minute bus ride to Balboa Island
8 to 9:30 pm	Enjoy dinner in any of the nearby restaurants, then make your way back to the drop-off point by 9:30
9:30 pm	Leave for hotel
9:40 pm	Arrive at hotel

## Wednesday, April 25

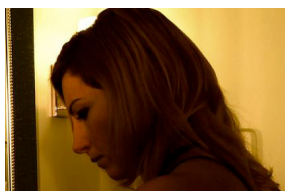
7 am to 2:30 pm	Conference HQ Open
7:45 am to Noon	Exhibit Hall open
Grand Pacific Ballroom D-F	Visit our sponsors, thank them for their support, work on your Sponsor Bingo card, and enjoy refreshments
7 to 8 am	<b>Breakfast sponsored by CEDR HR Solutions</b>
Grand Pacific Ballroom A-C	
8 to 9:35 am	<b>Untangling the Web of Dental Payors</b>
	Nick Partridge, Five Lakes Professional Services
9:35 to 10:05 am	<b>Break + Exhibit Hall</b>
Grand Pacific Ballroom D-F	Visit our sponsors, thank them for their support, work on your Sponsor Bingo card, and enjoy refreshments
10:05 to 11:15 am	<b>JAWS Society OMS Benchmarking</b>
Grand Pacific Ballroom A-C	Robert G. Haney, Aspen Consulting Group
11:15 am to Noon	<b>Vendor Prize Drawing + Conference Wrap-Up</b>
	Must be present to win!
Noon	<b>Box Lunch Sponsored by Nuvolum</b>
Grand Pacific Ballroom D-F	Eat at your table, or grab one to take on your flight. See you next year!

## ENTERTAINMENT

### HUDSON & DELILAH GUITAR & VIOLIN

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Delila studied in Berlin, Italy, London, and LA. She combines her classical training with the modern sound of pop music. Jim Hudson is a classical and Flamenco guitarist who graduated from UCLA. He has 25 years of experience on stage, including with the Santa Monica Symphony.



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*Photo: Ami Winland, oral surgery assistant, and Heath H. Evans, DDS, oral and maxillofacial surgeon, at Eastern Oklahoma Oral & Maxillofacial Surgery, Broken Arrow, Oklahoma*






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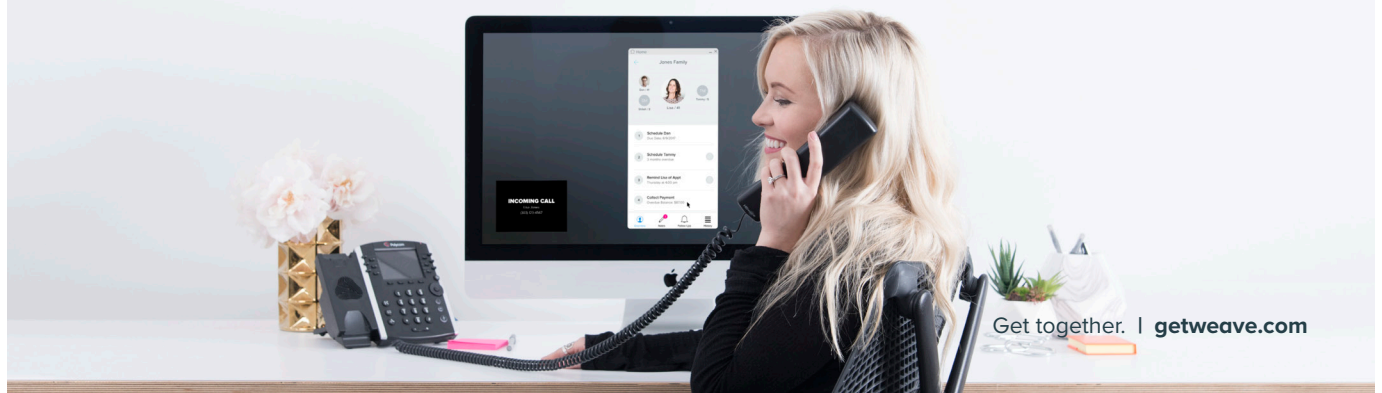
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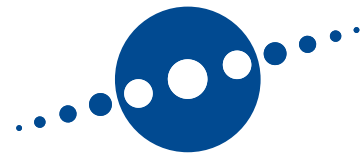


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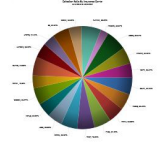
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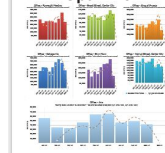
Implant Treatment  
Tracker  
•  
Adjustment  
Optimizer  
•  
Refunds Manager

### Practice Pilot

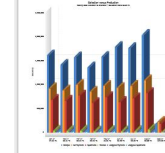
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Susan Rust..... Speaker Chair  
Nicole Toombs ..... Sponsor Chair

WE THANK YOU FOR YOUR DEDICATION AND  
SERVICE TO JAWS SOCIETY!

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We encourage YOU to serve on a committee. If you are not available to serve on a committee, but you're happy to help with smaller tasks a couple times a year, please let Linden or a committee chair know.

## MEMBERSHIP COMMITTEE

Lacey Heftka ..... Chair  
Briana Bales  
Jhett Epp  
Michelle Flynn  
Kate Gero  
Jeff Krey  
Nancy Young  
Audra Lansdown..... Board Liaison

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Audra Lansdown..... Chair  
Jill Dunnam

## NEWSLETTER COMMITTEE

Scott Graham ..... Chair  
John Williams  
Danny Ketola  
Audra Lansdown..... Board Liaison

## MARKETING COMMITTEE

Courtney Schneider .Chair  
Michelle Flynn  
Laura Gray  
Ashley Kraussman  
Alanna Merriman  
Libby Scott

## WEBSITE/INTERNET COMMITTEE

LynnHoward ..... Chair

# JAWS SOCIETY HISTORY

JAWS Society was founded in 2005 and held its first Annual Conference in 2006.

## PAST PRESIDENTS

2017-PRESENT

Dana Leach

2015-2016

Keith Miller

2012-2014

Susan Rust

2011

Monique Corcoran

2009-2010

Ruben Martinez

2006-2008

President and Founder: Scott Graham

# SPEAKER AND SESSION INFO

## Sunday, April 22

### TERRI BRADLEY

TerriBradleyConsulting.com | Facebook.com/TerriBradleyConsulting | LinkedIn.com/in/terri-bradley-097679b  
| @TerriBradleyLLC

Terri Bradley is the owner of Terri Bradley Consulting and OMS Billing Solutions. With a hands-on background spanning more than 30 years Terri is a practice management expert devoted to her clients. She is highly sought after for speaking engagements offering medical /dental/OMS coding and billing workshops across the country. Her publications include the Insurance Solutions Newsletter, Dentistry IQ, and the Fonseca Oral and Maxillofacial Surgery textbook Chapter (Volume III to be released fall 2016). Terri and her team can be reached via email at [info@terribradleyconsulting.com](mailto:info@terribradleyconsulting.com) or by phone: 844-PMC-4OMS. For more information, visit [www.TerriBradleyConsulting.com](http://www.TerriBradleyConsulting.com).

### TERRI'S COURSE: CODING & BILLING PRE-CONFERENCE COURSE

This workshop will draw on Terri's 30+ years of experience with medical/ dental cross coding and billing for OMS Practices. Terri will cover: the correct coding principles and guidelines for diagnostic and procedure coding seen most often in OMS practices. This includes: bone and tissue grafting, oral pathology, and other common OMS surgical procedures. radiology billing (including CBCT imaging) and anesthesia billing will be reviewed. Find out how to code more complex scenarios such as orthognathics and trauma related services. We'll also examine industry changes that may impact your practice.

### LEARNING OBJECTIVES

Updates on

- How to locate, prioritize, and report diagnosis codes.
- How to code bone grafting, implants, pathology, and dentoalveolar.
- How to code more complex cases like orthognathics and trauma.
- The importance of relative value units.
- When to use modifiers and which ones to use.
- Coding and anesthesia guidelines.
- Question & Answer session

## Monday, April 23

### DAVE WEBER

WeberAssociates.com | Facebook.com/WeberAssoc | @WeberAssociates

Dave Weber Dave's an international speaker, humorist, trainer and two-time best-selling author who helps people "Make Progress On Purpose"!

Besides being a favorite speaker for corporations and education groups, he's taking the dental world by storm after first being discovered by Dr. Peter Dawson.

Dave's been invited numerous times to great meetings like: AAOMS, The Hinman, ADA, Chicago Mid-Winter, The Shulman Group, Yankee Dental Congress, Greater New York, California Dental, 100+ Seattle Study Clubs, dozens of state dental conferences, specialty

## SESSION INFO, CONTINUED

practices and dental support organizations from California to the Carolinas!

His humor and “Chihuahua on Caffeine” personality might get him invited to present...but it’s his insights & real-life applications about practice management issues—that get him invited back time and time again.

Dave’s dazzles audiences 165 times a year and has been called the “cure for the common meeting”! He and his wife Tina live in Atlanta, GA and are the parents of two great kids.

### DAVE’S SESSION: THE X FACTOR: 12 KEYS TO SET YOUR PRACTICE APART

For years, leadership was thought to be all about authority, title, ownership or responsibility, but there’s a NEW reality in medicine and dentistry. Leadership is also about INFLUENCE. And in every office, there are team members are driving the culture & climate of the practice, for good or bad. Dave shares 12 points, proven strategies that everyone can use to positively influence people in our personal and professional lives... and does it with a TON of laughing and learning as only Dave Weber can do!

#### LEARNING OUTCOMES:

- Learn how to overcome opposition, negative attitudes, and not let others pull you down
- Discover the secret to making progress in achieving your personal and professional goals
- Consider new, creative options and get others on board

### BETH “YOUR NERDY BEST FRIEND” ZIESENIS

[YourNerdyBestFriend.com](http://YourNerdyBestFriend.com) | [Facebook.com/YourNerdyBFF](https://www.facebook.com/YourNerdyBFF) | [@NerdyBFF](https://twitter.com/NerdyBFF) | [LinkedIn.com/in/NerdyBFF](https://www.linkedin.com/in/NerdyBFF)

Meet Your New Nerdy Best Friend... Since her first Commodore 64 computer, Beth Z has made a verb out of the word “nerd.” Beth helps your audience filter through thousands of apps, gadgets, widgets and doodads to find the perfect free and bargain technology tools for work and home.

Beth Z speaks to about 10,000 people a year, about 9,999 of whom can’t pronounce her last name.

### BETH Z’S SESSION: SECRET TECH WEAPONS FOR THE OMS ADMINISTRATOR

What if you could schedule a staff meeting without having to send three dozen emails to find a time everyone could meet? Or automate your little tasks that keep you from your real work? Or pass off annoying projects to someone else—without breaking the bank?

And what if you could pull all this off straight from your mobile device—without an IT degree?

Join Your Nerdy Best Friend, aka Author Beth Ziesenis, to discover how to use free and bargain technology tools you never knew existed to work more efficiently with your colleagues, create professional-level graphics and wow your patients. This high-energy session will give you 30+ tools that will leave people asking, “How DO they do that?”

# SESSION INFO, CONTINUED

**Tuesday, April 24, 2018**

## DONNA GRINDLE

DonnaGrindle.com | @kardonhipaa | LinkedIn.com/in/DonnaGrindle

Donna Grindle has been in the healthcare IT field for 30 years. After spending her early years in software development, she progressed through various departments, management, and executive positions throughout the 1990s. Donna opened her own consulting firm in 1998 specializing in consulting and technical support for a variety of businesses in the medical industry.

As Founder and President of [Kardon Compliance](#), Donna's extensive experience is focused on developing and maintaining effective privacy and security programs for all kinds of businesses.

You can hear Donna's weekly podcast, [Help Me With HIPAA](#) with the [Help Me With HIPAA App](#), on [iTunes](#), [Stitcher](#) and many other podcasting platforms and apps.

## DONNA'S SESSION: JUST WHEN YOU THOUGHT IT WAS SAFE TO GO BACK IN THE WATER—RANSOMWARE ATTACK

Healthcare is considered the top cyber-attacked industry. Healthcare ransomware attacks are predicted to quadruple by 2020. How do you prepare your organization for those attacks?

### LEARNING OBJECTIVES

At the end of this activity, the learner will be able to:

1. Have an awareness of the malware threats to healthcare organizations especially ransomware attacks.
2. Recognize some security controls built into the HIPAA security rule that can be used to mitigate damage and possibly prevent a ransomware attack.
3. Have an awareness of the basic steps to follow if a ransomware attack occurs to respond and recover properly in order to meet an organization's HIPAA obligations.

### CONTENT OUTLINE

4. Explain what is ransomware and how criminals can be successful in tricking users to execute an attack.
5. Explain how HIPAA security controls and training can help prevent a ransomware attack or at least minimize its impact.
6. Identify the steps that should be taken if an organization does experience a ransomware attack.

## RICH SANDERS AND JULIE GOLDBERG, DDS

### RICH'S BIO

Richard D. Sanders represents a variety of healthcare providers on a broad range of issues, including business transactions, fraud and abuse compliance (Anti-Kickback Statute and Stark), Certificate of Need (CON) issues, medical staff credentialing, Medicare reimbursement, antitrust policy, and legislative activities. He also assists providers in their relationships with federal and state regulatory agencies. After graduating from Duke University in 1992 with a double-major in political science and history, Rich earned his Juris Doctor degree from the Emory University School of Law in 1996. In 2013, Rich was rated as a "Top Rated Lawyer in HealthCare Law" and has a AV Preeminent® peer review rating from Martindale-Hubbell™. Rich currently serves on the adjunct faculty at Emory University and teaches courses in



## SESSION INFO, CONTINUED

business and regulatory law. In 2004, he was awarded Professor of the Year. Rich is a former intelligence officer in the U.S. Navy, where he worked with an Atlanta-based unit supporting the U.S. Sixth Fleet in Naples, Italy. His non-profit activities have included: Secretary of the Board of Buckhead Baseball (Cal Ripken League), Member of the Board of the Garden Hills Neighborhood Foundation, and member of the Midtown Atlanta Rotary Club. He and his wife Rebekah live in Buckhead and have three children: James (2000), William (2002) and Caroline (2005). They are members of the Cathedral of St. Philip Episcopal Church in Atlanta.

### JULIE'S BIO

Julie Goldberg is the Dental Education Coordinator at OMSNIC and Fortress. Julie received her dental degree from the University of Illinois and is a licensed dentist in both Illinois and Florida. She is a Chicago area native who has been in private practice in Illinois as well as in the Ft. Lauderdale, FL area, and currently maintains membership with the ADA as well as the Chicago Dental Society. Julie brings her clinical dental experience and knowledge to the Patient Safety and Risk Management Department. Dr. Goldberg has nothing to disclose.

### RICH AND JULIE'S SESSION: HEALTH CARE CHANGES AND RISK WITH Q&A

Join us Tuesday afternoon for the return of two popular professionals that have presented at JAWS annual conference in the past. They will both present a quick update on their areas of expertise and update us all on the latest hot topics of our times pertaining to our specialty and following their brief presentations they will join each other on stage to field questions on Risk, HIPAA, Oral Surgery best practices, social media, online reviews, and laws.

Rich will present on health care changes on the federal, legislative, and regulatory levels and Dr. Goldberg will present on current trends in litigation.

## Wednesday, April 25, 2018

### NICK PARTRIDGE

FiveLakesPro.com | Facebook.com/FiveLakesPro | @FiveLakesPro | LinkedIn.com/company/five-lakes-professional-services

Nicholas is the founder and President of Five Lakes Professional Services, a consulting and technology firm helping dental providers manage growth and profitability. Five Lakes is a 2-time Inc. 500 honoree (2016 and 2017).

Mr. Partridge is an industry leader in analyzing the impact of dental insurance networks on the financial health of a dental practice. Partridge has been featured as a guest speaker and guest columnist for many events and publications on the topic of dental benefits.

Previously, he was the product development and technology lead at a privately held fleet services provider. Past experiences further include co-founding, developing and managing a Dallas-based dental benefits startup, roles of increasing responsibility at a Fortune 500 industry leader in Internal Audit, Compensation, Supply Chain Planning, Production Planning and Scheduling and Operations.

Nicholas has served on three non-profit boards, as well as in a Regional Leadership capacity for his International Fraternity. Nick is also an active member in his local church.

### NICK'S SESSION: UNTANGLING THE WEB OF DENTAL PAYORS

Join us Wednesday morning for this informative high level view of dental payors and the often

## SESSION INFO, CONTINUED

times waves of chaos they tend to confuse us all with. Attendees will gain a new perspective of the dental insurance world from this industry leader.

### ROBERT HANEY

Aspen-ltd.com | (877) 238-7032

Bob is the co-founder and managing member of Aspen Consulting Group. Bob has worked with healthcare professional practices for over thirty years in all aspects of planning, compliance reporting, organizational structures, executive compensation and benefit planning, and management issues. During his career, he has acted as both managing and tax partner for local certified public accounting firms in which he was a partner. He also founded his own accounting and consulting firm in 1989 after twenty years of practice with others. Bob's education was completed at Cleveland State University along with ongoing continuing education in the areas of accounting, tax planning, and management. He has spoken before groups on many aspects of group practice and planning over the past twenty years. In addition to extensive experience with healthcare professional practices, he has had substantial exposure to auditing and compliance issues for financial institutions, and the examination of internal controls to safeguard assets.

### ROBERT'S SESSION: JAWS SOCIETY OMS BENCHMARKING

Join us Wednesday morning as Bob Haney returns for a second year with JAWS Survey 2.0. This year's membership survey will be summarized in a fairly concise presentation along with taking some time for Q&A and roundtable discussions from the audience regarding financial benchmarks and good indicators for the power of OMS performance.

# THE X FACTOR

## 12 KEYS TO SET YOUR PRACTICE APART

PARTICIPANT WORKBOOK

DAVE WEBER

WEBER ASSOCIATES  
975 COBB PLACE BLVD., SUITE 107  
KENNESAW, GA 30144  
770-422-5854  
DAVEWEBER.COM

**The X Factor****3 Assumptions**

- 1) You are a \_\_\_\_\_ person.
- 2) You have a \_\_\_\_\_ to learn and grow.
- 3) You are a \_\_\_\_\_ person.

**Group Participation Exercise****Contestant #1**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Contestant #2**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Contestant #3**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



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daveweber.com



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**The X Factor**

1. x \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_



*"The best way to \_\_\_\_\_ the future  
 is to \_\_\_\_\_ it."*

Peter Drucker

Key: \_\_\_\_\_ in the future brings power to the present.



What's your true \_\_\_\_\_?

\_\_\_\_\_ - Not knowing what you want  
 and working your guts  
 out to get it.



## The X Factor

2.  $\times$  \_\_\_\_\_

\_\_\_\_\_

Key Principles:



We \_\_\_\_\_ what we expect to \_\_\_\_\_.



We \_\_\_\_\_ what we expect to \_\_\_\_\_.



"\_\_\_\_\_ is the most powerful source of leverage for bringing about change in any organization."  
Thomas Sergiovanni



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800-800-8184  
daveweber.com

**The X Factor****TOP 25 SIGNS OF STRESS OVERLOAD**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_ Disturbances
5. Weight \_\_\_\_\_
6. \_\_\_\_\_ Problems
7. \_\_\_\_\_ Irregularities
8. Psychological \_\_\_\_\_
9. Increased \_\_\_\_\_ Abuse
10. \_\_\_\_\_ in the Head, Neck or Back
11. Dryness of the Throat and \_\_\_\_\_
12. Inability to \_\_\_\_\_
13. \_\_\_\_\_ Prone
14. "Floating \_\_\_\_\_"
15. Trembling, Nervous \_\_\_\_\_
16. Tendency to Be Easily Startled By Small  
\_\_\_\_\_
17. \_\_\_\_\_





**The X Factor**

18. The Frequent Need to \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. Increased \_\_\_\_\_
23. Stuttering and Other \_\_\_\_\_
24. High-Pitched, Nervous \_\_\_\_\_
25. \_\_\_\_\_ Menstrual Cycles



If you frequently experience any of these symptoms, you may be reacting poorly to stress. Learning how to cope more effectively can help you avoid serious damage to your health.



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**The X Factor****TOP 14 CAUSES of STRESS**

1. Sudden Change
2. Thwarted Ambition
3. Over-promotion
4. Personality Clash
5. Declining Ability
6. Ambiguity
7. Biochemistry
8. Implementing Policy Against Values
9. "Busyness"
10. Uncompleted Tasks
11. Financial Overextension
12. Conviction
13. Conflict of Work and Home Life
14. Fear of Being "Not Needed"

## **The X Factor**

### **COPING WITH STRESS**

#### **CURES:**

1. Get into somebody else's \_\_\_\_\_.
2. Use unconventional \_\_\_\_\_ to accomplish...
3. Keep a \_\_\_\_\_.
4. \_\_\_\_\_ more.
5. Escape from your \_\_\_\_\_.
6. Emphasize \_\_\_\_\_ work.
7. Discover what you do \_\_\_\_\_ and do it \_\_\_\_\_.
8. Read or listen to \_\_\_\_\_ material.
9. Find \_\_\_\_\_ and anti-models.
10. \_\_\_\_\_ projects.
11. \_\_\_\_\_—keep “short list” of co-worker  
or family conflicts.
12. \_\_\_\_\_ (your workplace, closet, kitchen, garage,  
etc.)
13. \_\_\_\_\_
14. Sense of \_\_\_\_\_



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**The X Factor**

3. x \_\_\_\_\_



Don't let the \_\_\_\_\_ things  
rob you of the \_\_\_\_\_ things.

4. x \_\_\_\_\_



## The X Factor

Key Principle: \_\_\_\_\_ is contagious.  
Is yours worth \_\_\_\_\_?



Look for \_\_\_\_\_ to \_\_\_\_\_.

## Words Matter

Words impact \_\_\_\_\_.  
Relationships impact \_\_\_\_\_.  
Culture impacts \_\_\_\_\_.



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The X Factor

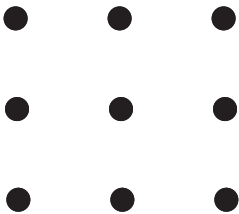
5. x \_\_\_\_\_  
\_\_\_\_\_



6. x \_\_\_\_\_

Cynicism is \_\_\_\_\_ of the attitude.

7. x \_\_\_\_\_  
\_\_\_\_\_



The opposite of courage is \_\_\_\_\_.



## The X Factor



8.x \_\_\_\_\_

Think "Rubberband"



Key Principle: There is no \_\_\_\_\_  
on the extra mile.



9.x \_\_\_\_\_ /



The \_\_\_\_\_ Attack

12

The X Factor



10.x \_\_\_\_\_

“Every job is a \_\_\_\_\_  
of the person who did it.”



11.x \_\_\_\_\_

12.x \_\_\_\_\_



**NOTES**



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**The X Factor**



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Fax 770-422-8131

[www.weberassociates.com](http://www.weberassociates.com)  
[daveweber.com](http://daveweber.com)

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JAWS SOCIETY  
13TH ANNUAL CONFERENCE  
waves of  
change  
THE POWER OF PERFORMANCE  
April 22-25, 2018  
San Diego, CA

Just when you  
thought it was safe:  
Ransomware  
Attack

Donna Grindle

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KARDON

Hello!

I am Donna Grindle

30 years in Healthcare IT  
Programmer, Tech Nerd, Teacher, Podcaster, Blogger,  
Speaker, Entrepreneur, and Consultant  
KardonHQ.com,  
HelpMeWithHIPAA.com,  
DonnaGrindle.com

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1.  
What is  
Ransomware

Let's start with  
just a little nerdy  
stuff but in  
English

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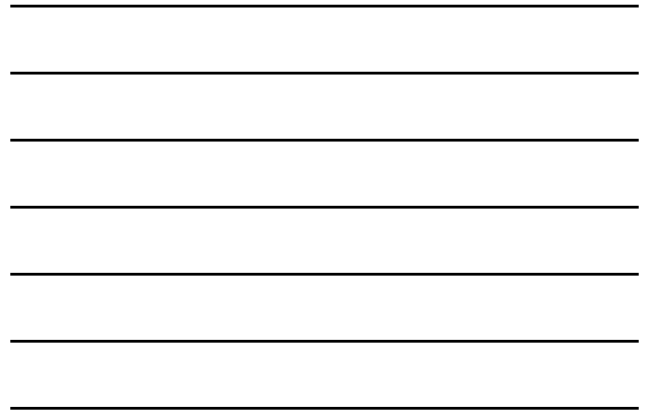
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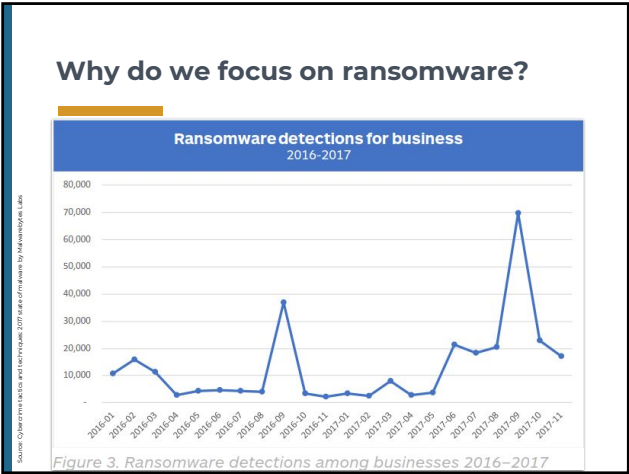
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**2.**  
**Why is ransomware so successful?**

Can't you just stop it with a firewall thingy or something?

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### It is very profitable and prolific

NEWS

#### Ransomware damages rise 15X in 2 years to hit \$5 billion in 2017

Ransom payouts are overblown. The real ransomware damages are downtime, lost productivity and other overlooked costs.

“ Ransomware attacks on healthcare organizations—the No. 1 cyber-attacked industry—will quadruple by 2020.

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### Healthcare is a direct target

1/24/2018  
05:56 PM



Jai Vijayan  
News

#### Ransomware Actors Cut Loose on Health Care Organizations

An attack on Allscripts last week that knocked out EHR services to 1,500 clients is the third reported incident just this month.

A string of recent attacks suggests that ransomware operators are sharply ramping up their focus on healthcare organizations.

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Ransomware is more about **manipulating vulnerabilities in human psychology** than the adversary's technological sophistication.

-- James Scott,  
Sr. Fellow, Institute for Critical Infrastructure Technology

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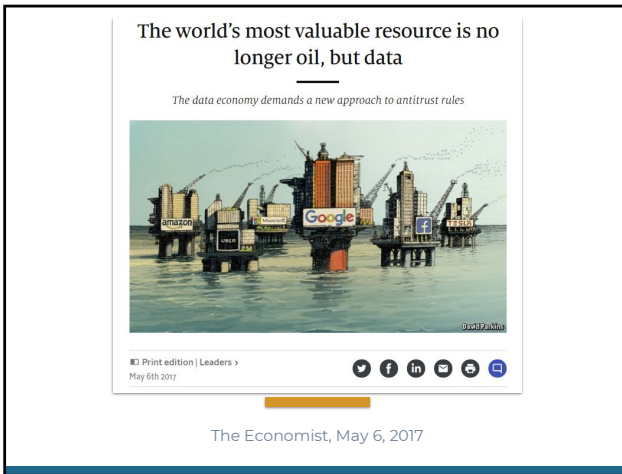
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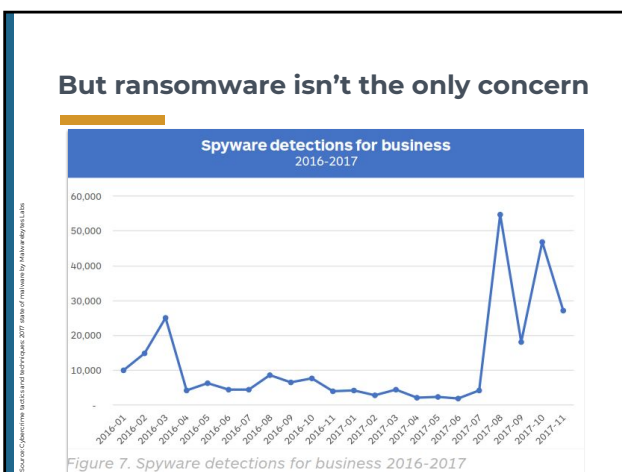
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...a heavy spyware attack ... could also be used to “scout” the corporate network, identifying the best possible attack points to launch more dangerous forms of malware.

— Cybercrime tactics and techniques: 2017 state of malware by Malwarebytes Labs

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Cryptocurrency miners growing

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SECURITY'S BIGGEST OBSTACLES

These obstacles inhibit IT from defending cyberthreats...

1

Lack of skilled personnel

2

Low security awareness amongst employees

3

Too much data to analyze

Source: 2018 Cyberthreat Defense Report, Cyberedge Group

It's complicated

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54 2018 JAWS Society Conference • Presented by Southern Anesthesia & Surgical

### 3.

## How can we prevent it?

Following HIPAA security is a start.



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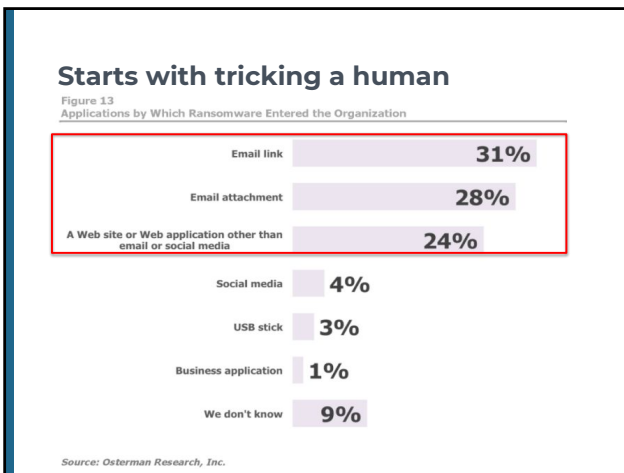
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### Security controls against ransomware

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#### Anti-Virus / Anti-Malware / Anti-Ransomware

- Use business class versions of software that are audited and kept up to date.
- Understand what IT has in place - don't assume.
- Consider ransomware specific tools like:
  - Cryptoprevent
  - Malwarebytes Anti-Ransomware



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### Security controls against ransomware

#### Software Patching

- ▣ Windows updates / Mac OS updates / Linux updates
- ▣ iOS updates / Android updates
- ▣ Chrome / Firefox / Opera / Safari
- ▣ Adobe products
- ▣ Office tools
- ▣ Updates to Anti-Virus tools just mentioned




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### Security controls against ransomware

#### Train, Train, Train

- ▣ Phishing training and testing is a must
- ▣ Don't assume people understand
- ▣ Reminders in every meeting
- ▣ If you prevent someone from inviting the bad guys in, you have won more than half the battle




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### Make it a chant for everyone

**Think Before You Click**




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### HIPAA Security Controls

- ▣ Limit access to only what users need to access
  - ▣ Reduce what they can encrypt
- ▣ Limit application installation rights
  - ▣ Don't let ransomware be installed



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### HIPAA Security Controls

- ▣ Check your backup plans
  - ▣ Backups can get encrypted too
- ▣ Know what devices are connected to your network
  - ▣ Smart TVs, Coke Machines, Medical Devices
  - ▣ BYOD - Bring Your Own Device



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4.

What if we  
don't prevent  
it?

Have a plan of  
action.



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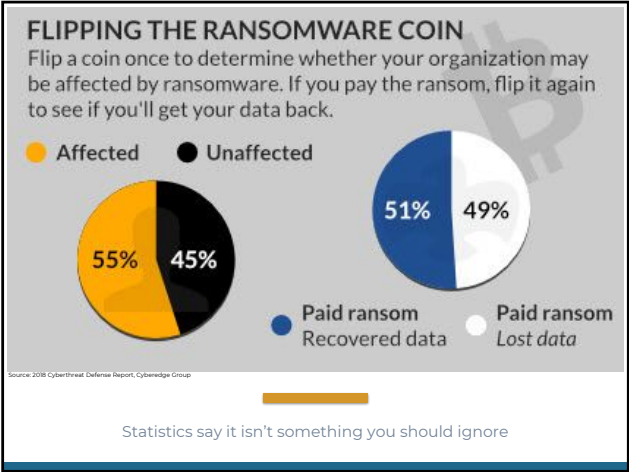
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**Most important thing to do first?**

**Stop the spread.  
Disconnect from network.  
Disconnect from internet.  
Shut it all down.**



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**Steps to take after stopping spread**

- 1. Call your insurance provider**
- 2. Activate your incident response team**
- 3. Document everything**



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Ransomware attacks can result in “data being compromised, destroyed, gone forever,” ..... “it’s very likely the organizations will have to report it to OCR.”

--Roger Severino, Director of HHS' Office for Civil Rights

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### You can't just wipe and restore

Technically, someone else just took control of your data.

- ▣ Incident **must** be investigated for a potential breach of PHI under Breach Notification Rule
- ▣ **Must** perform breach risk analysis for Low Probability of Compromise (LoProCo)



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### Preserve Technical Evidence

- ▣ Capture logs from firewalls and threat management devices.
- ▣ Capture logs from Windows servers and some desktops.
- ▣ Pull the hard drives out and put in new ones to rebuild.
  - ▣ Create exact images of the hard drives



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# Downtime

#1 cost of a ransomware attack  
(that can be recovered from completely)

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# Recover Files

Understand your restore options

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# Do Not Pay

Paying them is why we have so much of this.  
Also, CRIMINALS LIE!

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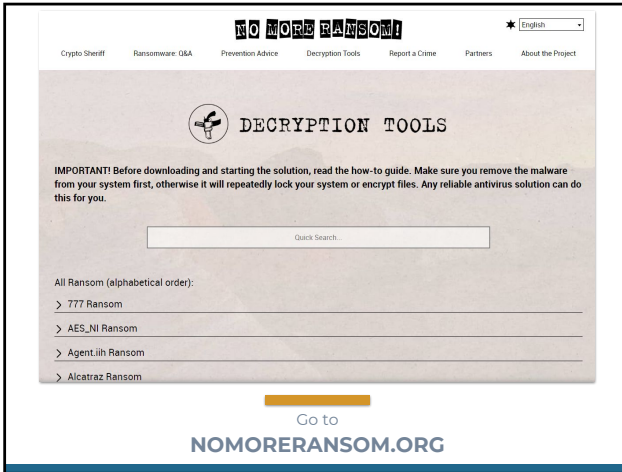
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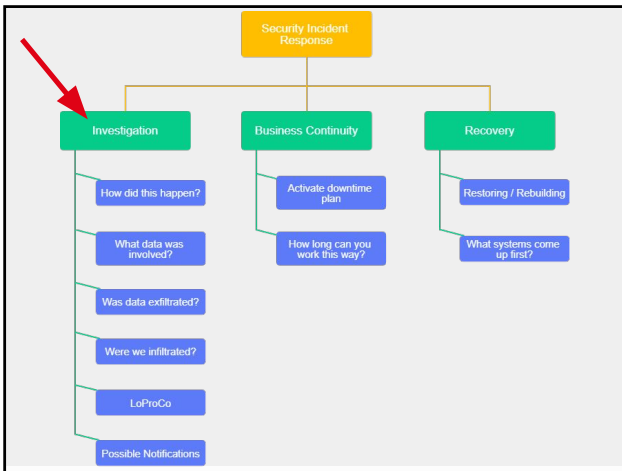
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Now a security incident investigation is required

- ▣ **Confidentiality**
  - ▣ No exfiltration or access by unauthorized individuals
- ▣ **Integrity**
  - ▣ No infiltration of network resources
  - ▣ Data not destroyed or altered
- ▣ **Availability**
  - ▣ Ability to treat and protect your patients and their PHI was not impacted



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**Document everything.**

You need both a timeline of activity AND proof that you did a proper analysis of LoProCo. Keep in mind someone may ask you to prove this 5 years from now.

--Donna Grindle says this all the time

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Hope for an exception to apply

1. Good faith unintentional access
2. Inadvertent disclosure to wrong staff, CE, or BA
3. **Good faith belief PHI not retained**



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**Low Probability of Compromise  
(LoProCo) Analysis**

**1. What is the nature & extent of  
PHI involved?**

- ▣ What types of identifiers?
- ▣ What is the likelihood of identifying the person?
- ▣ How sensitive is the information (from the patient's perspective)?



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**Low Probability of Compromise  
(LoProCo) Analysis**

**2. Who were the unauthorized  
person(s) involved?**

- ▣ Was it another CE or BA?
- ▣ Was it someone obligated to protect the information?



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**Low Probability of Compromise  
(LoProCo) Analysis**

**3. Was PHI actually acquired or  
viewed?**

- ▣ Was there just an opportunity to acquire or view the PHI or did it actually happen?
- ▣ Can you be reasonably sure about it?



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Low Probability of Compromise  
(LoProCo) Analysis

4. Has the potential for harm been  
fully mitigated?

- Can you get satisfactory assurances that the PHI will not be further used or disclosed?
- How much can you trust those assurances?



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POST

Within 60 days of discovery.



- Mail first class letters to every patient
- Notify HHS via their web portal
- Press release that you are notifying patients

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All breaches of over 500  
patients result in being  
investigated by OCR.

That is not a comfortable  
place to be - *at all*.

--Donna Grindle - Kardon

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### New Compliance Effort scores from OCR

- ▣ The score card rates the organization's **"Compliance Effort"**
- ▣ Scale of 1 to 5.
  - ▣ One is the best score.



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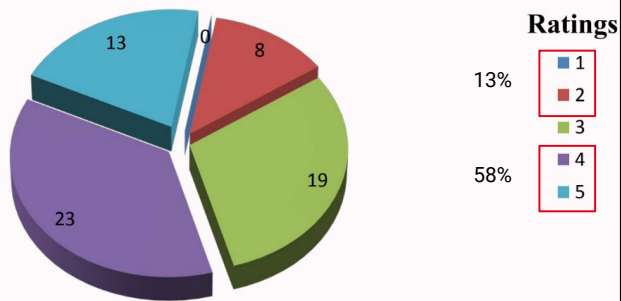
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### S 2 Security Risk Analysis Ratings 63 Covered Entities



Source: HHS, OCR

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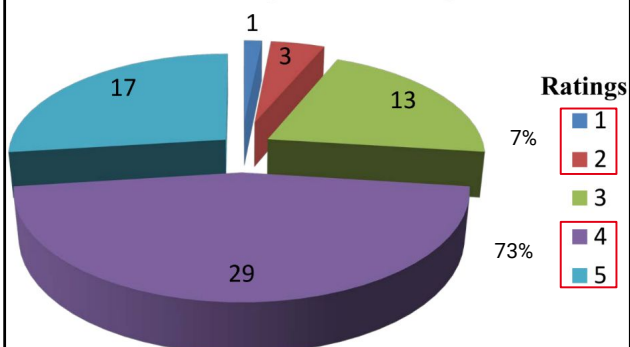
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### S 3 Risk Management Ratings



Source: HHS, OCR

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New audit top scores for effort

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1.

The entity is **in compliance with both goals and objectives** of the selected standards and implementation specifications. (A)
2.

The entity **substantially meets criteria**; it maintains appropriate policies and procedures, and documentation and other evidence of implementation meet requirements. (B)



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New audit scores some received

- 
3.

The entity efforts **minimally address requirements**; analysis indicates that entity has made attempts to comply, but implementation is inadequate, or some efforts indicate misunderstanding of requirements. (C)



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New audit scores many received

- 
4.

The entity made **negligible efforts to comply** with the audited requirements - e.g. policies and procedures submitted for review are copied directly from an association template; evidence of training is poorly documented and generic. (D)
5.

The entity **did not provide OCR with any evidence of serious attempt to comply**. (F)



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### OCR investigation example requests

1. Provide policies and procedures to address security incidents including effective dates and revision dates.
2. Provide specific safeguards in place on affected devices such as encryption, anti-virus, etc. Include evidence of those safeguards.
3. Copy of all Risk Analyses performed in the *last four years*.
4. Copy of associated Risk Management plan for each of the above Risk Analyses.



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### OCR investigation example requests

- Just a few of the items on the 2.5 pages of information to provide.
- All of these details must be supplied to OCR within 14 calendar days.



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Plan for **WHEN**, not **if**, you get hit.



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# Thanks!

## Any questions?

—

You can find me at  
@KardonHIPAA and  
Donna@KardonHQ.com

QUALIFIED • RELIABLE • SUPPORT  
www.HelpMeWithHIPAA.com



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Download on the  
App Store

KARDON

@HelpMeWithHIPAA

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### Credits

Special thanks to all the people who made and released these awesome resources for free:

- Presentation template by [SlidesCarnival](#)

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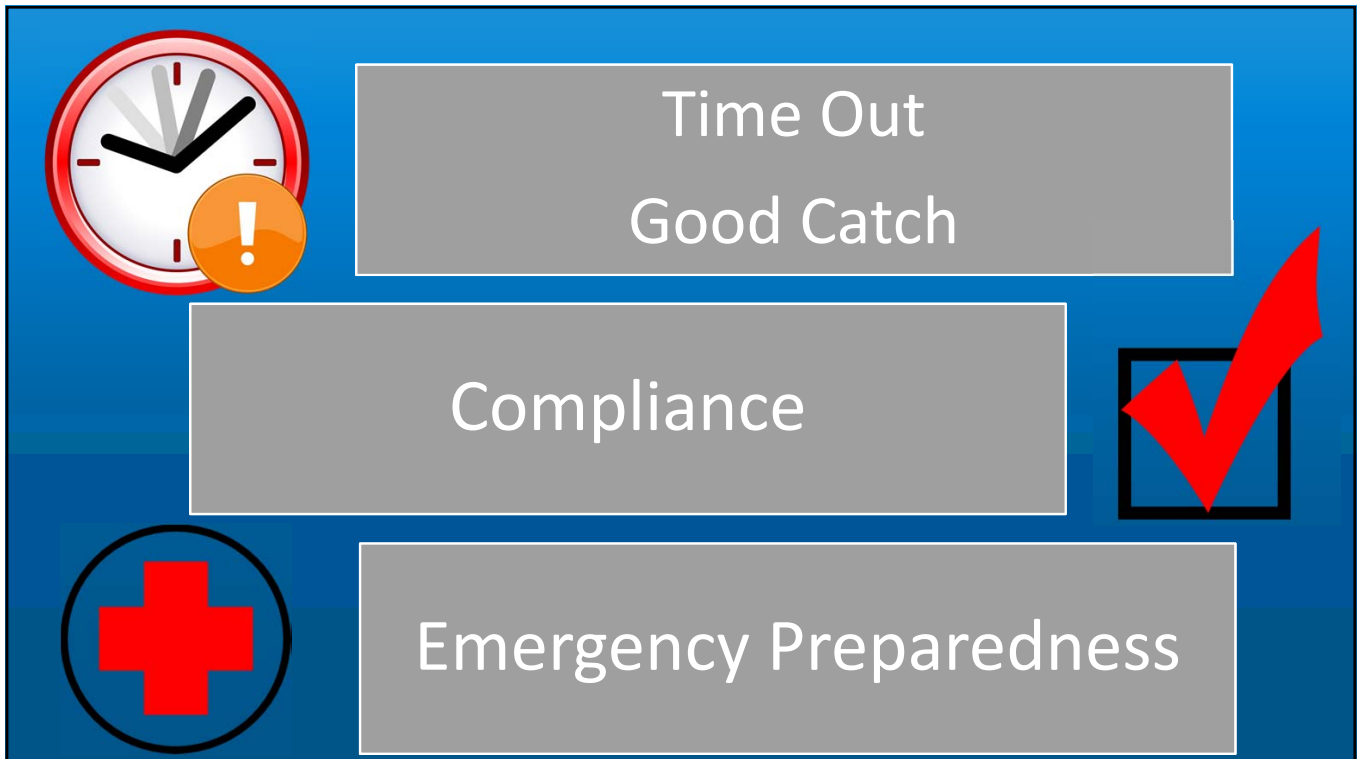
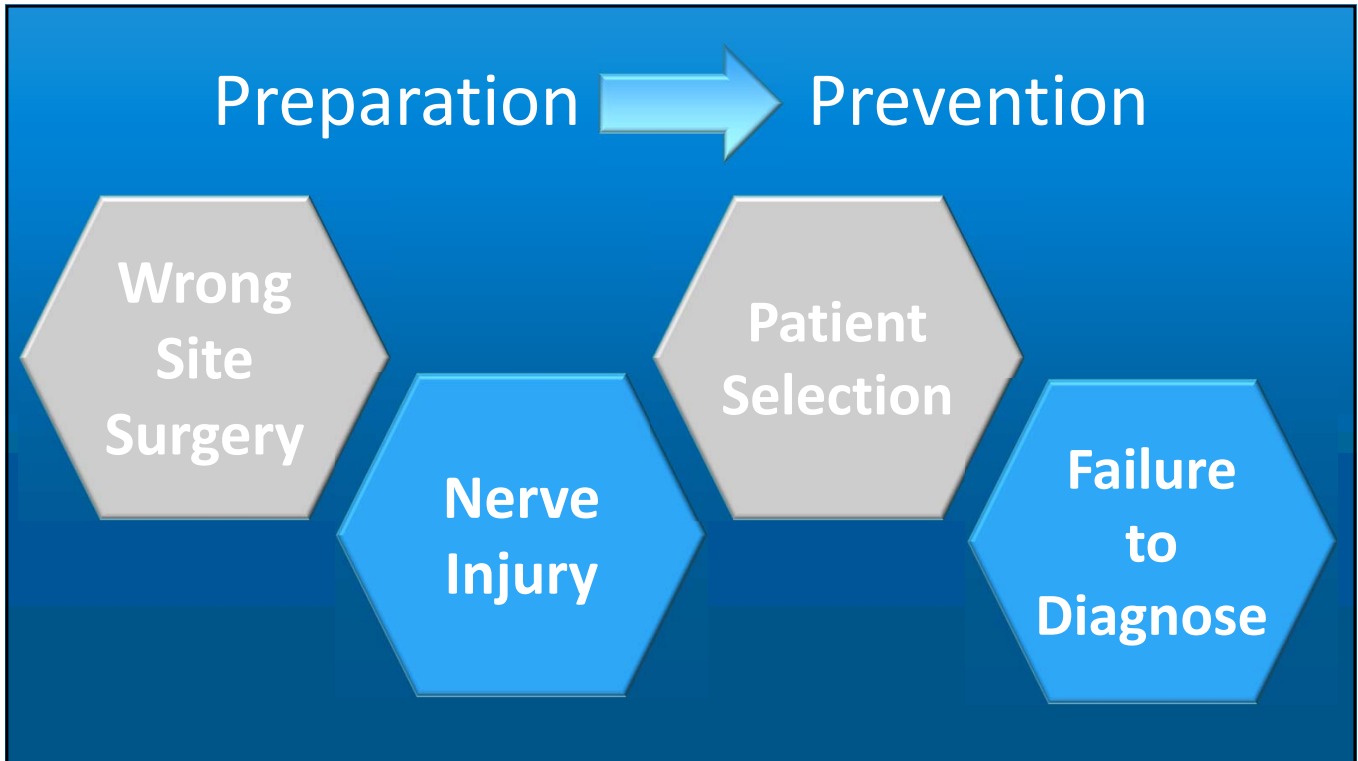
# JAWS Society Annual Meeting

Newport Beach, CA  
April 2018



## TRENDS IN LITIGATION









### Calling JAWS Administrators to Report Your Good Catches

While OMSNIC hears reports of situations or treatment that did not go as planned, we do not always get the opportunity to hear about instances in which you and your team proactively prevented an untoward outcome in your practice. To raise this awareness, OMSNIC is starting a new "Good Catch" initiative. The OMS Administrators and staff can help drive and lead this new initiative. Good catch reporting and analysis can enhance the culture of safety in OMS practices and can be vital to understanding and preventing future adverse events that may harm patients.

### Why Report a Good Catch?

Most likely, staff in the OMS practices sees good catches each and every day without even realizing it. Each Good Catch is an educational opportunity for OMS practices. OMSNIC wants to catalog these events and use them to develop educational resources to help you improve existing protocols and procedures in your practice to prevent incidents. This is the essence of patient safety and risk management and will highlight the positives of the specialty including collective efforts to keep patients safe. The Good Catch initiative is an opportunity for OMSNIC to learn from the patient safety and risk management efforts implemented by our policyholders every day. Engage with your colleagues and encourage your staff to speak up and report Good Catch events to improve your practice's culture of safety.

### Report Your Good Catches to OMSNIC

Reporting your Good Catch story to OMSNIC is easy. Complete the online form to provide case specific information. Be specific about the risk identified, how the untoward outcome was prevented, and the lessons learned. **(Important: Do not include protected health information (PHI) on your patient.)** Reporting Good Catch scenarios will not affect your coverage with OMSNIC.



## Time Out



**Operatory checklists**



**Confirm patient and procedure details**



**Referrals and prescriptions**

**Speak Up!**



## Compliance



**HIPAA**



**OSHA**



**Continuing Education**

## Emergency Preparedness



**CPR**



**Drills**



**Checklists**



**Social Media, Websites & Reviews**



**Imaging in office/Referrals**



**Minors/Informed Consent**



**Opioids & Patient Education**



## Emergency Training

## A Perspective from an OMS Practice: Preparing for In-Office Emergencies

Jill Dunnam, SHRM-CP - Practice Administrator, Fort Worth Oral Surgery



Everyone dreads the day when they may have a serious medical emergency in the office. It is recommended, and sometimes required, to have a written plan of action for emergency situations in the OMS office. However, capturing specific action steps, which may vary depending on the situation, into a concise written plan can be challenging. To better assess our emergency medical action plan, we decided to conduct an emergency simulation drill.

### Preparation and Initiation of the Drill

We asked our local EMS providers, including 911 dispatchers, local ambulance service, and the fire station that serves our area, if they would help with a simulated emergency. Their response was extremely positive and they fully supported our efforts. Our ambulance service provided us with a full-size CPR simulation mannequin, and the local dispatch agreed to work with us on conducting a real 911 call for a simulated emergency on the designated day. One of our OMS connected with the area fire chief to plan the details of the drill.

No advanced notice of the drill was made to our office team. When our surgical assistants were on lunch break, we replaced our regular crash cart supplies with expired products/medications, set up the mannequin in a surgical suite, and created a 'test patient' in our charting system. When the clinical team returned from lunch, we initiated the drill.

All available staff members were notified a medical emergency was occurring in the office. The team was informed that this was a simulation, but was told to react as if it were a real case. The details of the simulated patient scenario were relayed to the team.

### Designated Team Members

The assistant designated to call 911 followed the script from our documented emergency response plan, only adding the words, "We have a simulated emergency" at the beginning of the call. Another assistant was designated to document the emergency, utilizing our Emergency Record form to track timing and the course of events. An ACLS folder is kept in each operatory, so as soon as the issue is identified (such as cardiac arrest), the appropriate Algorithm can be referenced for step-by-step guidance. The crash cart was brought

to the surgical suite, AED training pads were applied, and CPR was promptly initiated. The most experienced surgical assistants took the lead, while the other staff members attended to the other needs throughout the practice.



[omsnic.com](http://omsnic.com)**Emergency Training****A Perspective from an OMS Practice: Preparing for In-Office Emergencies***continued from previous page*

This included a designated individual to:

- Quickly copy patient records for emergency responders to ensure that the originals would not leave the office.
- Calmly inform other patients and family members in the office that we had a patient with a health condition requiring immediate attention, an ambulance was on the way, and their loved ones were safe.
- Wait outside for the ambulance and fire truck to arrive and direct them to optimal access locations into the building.

The fire department and ambulance arrived within four minutes. While asking direct questions, emergency responders swiftly took charge of the situation. The transition of care required us to



switch the AED, communicate pertinent information, and provide a copy of the patient records (including the Emergency Record).

**Debriefing**

In total, the drill lasted about 25 minutes. Afterwards, we gathered the team together with the emergency responders and asked for their feedback. This was an excellent way to discuss the drill and to highlight takeaways. The EMS team shared that most people believe that a paramedic's goal is to get the patient to the hospital as quickly as possible. Instead, they explained their goal is to stabilize the patient on-site, before transporting the patient to the hospital. The EMS also recommended the patient be transferred to the floor if CPR is needed during an emergency if the chairs available do not provide a stable base.

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## Emergency Training

## A Perspective from an OMS Practice: Preparing for In-Office Emergencies

*continued from previous page*

### Testing Lessons Learned

About three months following the drill, with the experience still fresh in our minds, we were suddenly faced with a true in-office emergency. A patient, while walking to the imaging area, suddenly collapsed into our surgical assistant's arms. The patient was unresponsive and not breathing. We followed the proper emergency protocol for the situation, and emergency responders arrived to the office within minutes. We successfully managed the other patients in our multi-doctor practice while the response effort was underway. The affected patient was stabilized and transported to the local hospital for further evaluation. We are all happy to report that the patient has since fully recovered, and the condition causing the collapse was not related to treatment in our office.

### Conclusion

What could have been a serious negative outcome turned out to be a best-case scenario. The lead paramedic who responded to our real-life emergency said he had never seen a team at a medical or dental practice respond so professionally, promptly, and appropriately. Through sharing our experience, we hope to challenge other OMS practices to get involved with your local EMS responders. Practice your written plan, update it as you discover weaknesses, and practice it again! If you do, and the day comes and you are faced with an emergency, you will look back and be thankful you and your team were ready and prepared.

Ms. Dunnam is a member of the JAWS Society. The JAWS Society's mission is to promote the professional development of the Oral and Maxillofacial Surgery Administrator/Office Manager through peer interaction and educational programs. For more information on the JAWS Society, visit their [website](#).



[omsnic.com](http://omsnic.com)

## Emergency Training

## Managing Medical Emergencies: OMSNIC Resources

OMSNIC offers several clinical and office documents in addition to the library of informed consent forms. Documents that may help an office prepare and document a medical emergency include:



Medical Emergency Record



Crash Cart Checklist



Surgery Checklist



Anesthesia Record



Recovery Room Record

To access these clinical and office documents, login with your user ID and password at [www.omsnic.com](http://www.omsnic.com). Click on the "Clinical & Office Documents" link on the left side of the page. Then, browse to the section titled "Clinical Forms".

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EMERGENCY RECORD			
<p>Time Event Recognized _____ Location _____ Witnessed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Age _____ Weight _____ Height _____ 911 called? <input type="checkbox"/> Yes <input type="checkbox"/> No Time _____</p> <p>Conscious at Onset? <input type="checkbox"/> Yes <input type="checkbox"/> No Monitoring at Onset: <input type="checkbox"/> ECG <input type="checkbox"/> BP <input type="checkbox"/> Pulse Ox <input type="checkbox"/> Capnography</p> <p>Brief Medical History: _____</p> <p>Allergies: <input type="checkbox"/> None <input type="checkbox"/> _____</p> <p>Pertinent Medications Given: _____</p> <p style="text-align: center;"><b><u>Airway/ Ventilation</u></b></p> <p>Breathing <input type="checkbox"/> Spontaneous <input type="checkbox"/> Apneic <input type="checkbox"/> Agonal <input type="checkbox"/> Assisted</p> <p>Ventilation: <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Bag-Valve-Mask  <input type="checkbox"/> Endotracheal Tube <input type="checkbox"/> Other: _____</p> <p>Time of First Assisted Ventilation: _____</p> <p>Intubation: Time: _____ Size: _____</p> <p>By Whom: _____</p> <p>Confirmation: <input type="checkbox"/> Auscultation <input type="checkbox"/> Exhaled CO<sub>2</sub>  <input type="checkbox"/> Other _____</p>	<p style="text-align: center;"><b><u>Circulation</u></b></p> <p>Time Chest Compressions Started: _____</p> <p>Compressions: <input type="checkbox"/> None <input type="checkbox"/> Manual <input type="checkbox"/> Device: _____</p> <p>1<sup>st</sup> Rhythm Requiring Compressions: _____</p> <p>1<sup>st</sup> PULSELESS Rhythm: _____</p> <p>AED Applied: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: _____</p> <p>Defibrillator Type(s): _____</p>		
<p>Patient Name: _____</p> <p>DOB or ID# _____</p> <p>Doctor(s) present: _____</p> <p>Staff present: _____</p>	<p>Time In-Office Resuscitation Ended: _____ am/pm</p>		

**THE “CRASH CART” CHECKLIST**

Date Checked \_\_\_\_\_

By Whom \_\_\_\_\_

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Cardiac (CPR) board                       | <input type="checkbox"/> 1L Normal Saline  | <input type="checkbox"/> Alcohol or skin prep pads          |
| <input type="checkbox"/> Multiple size airways (I-gel airway)      | <input type="checkbox"/> 1cc syringe (2)   | <input type="checkbox"/> Eye wash                           |
| <input type="checkbox"/> Nasal Cannulas (multiple sizes)           | <input type="checkbox"/> 3cc syringe (2)   | <input type="checkbox"/> Cricothyrotomy kit                 |
| <input type="checkbox"/> Non-rebreather face mask (multiple sizes) | <input type="checkbox"/> 10cc or 20cc syringe (2)  | <input type="checkbox"/> Oxygen tank(s)                     |
| <input type="checkbox"/> ET tubes (adult and pediatric)            | <input type="checkbox"/> Laryngoscope handles/ suitable blades (backup bulbs, batteries) | <input type="checkbox"/> Glucometer                         |
| <input type="checkbox"/> Ambu Bags (adult and pediatric)           | <input type="checkbox"/> Magill forceps or equivalent                                    | <input type="checkbox"/> AED or other type of defibrillator |
| <input type="checkbox"/> IV start kit                              | <input type="checkbox"/> Gauze   | <input type="checkbox"/> Copy of Emergency Record           |
| <input type="checkbox"/> IV tubing                                 |  |   |

**MEDICATIONS**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Antacid</b> (e.g. Famotidine (Pepcid))  | <input type="checkbox"/> <b>Diuretics</b> (e.g. Furosemide (Lasix))                               |
| <input type="checkbox"/> <b>Antiarrhythmic</b> (e.g. Lidocaine)   | <input type="checkbox"/> <b>IV Sugar Solution</b> (e.g. Dextrose 50%)                             |
| <input type="checkbox"/> <b>Anticholinergic</b> (e.g. Glycopyrrolate (Robinul))   | <input type="checkbox"/> <b>Muscle Relaxant</b> (e.g. Dantrolene (Dantrium))                      |
| <input type="checkbox"/> <b>Antiemetics</b> (e.g. Ondansetron (Zofran), Prochlorperazine (Compazine))   | <input type="checkbox"/> <b>Narcotic</b> (e.g. Morphine Sulfate)                                  |
| <input type="checkbox"/> <b>Antihistamine</b> (e.g. Diphenhydramine (Benadryl))   | <input type="checkbox"/> <b>NSAID</b> (e.g. Nonenteric Aspirin)                                   |
| <input type="checkbox"/> <b>Antihypertensive Agents (Immediate)</b> (e.g. Diazoxide (Hyperstat), Hydralazine (Apresoline), Esmolol (Brevibloc), Labetalol (Trandate))   | <input type="checkbox"/> <b>Paralytic</b> (e.g. Succinylcholine (Anectine), Rocuronium (Zemuron)) |
| <input type="checkbox"/> <b>Bronchodilator</b> (e.g. Albuterol (Ventolin) inhaler)  | <input type="checkbox"/> <b>Reversing Agents</b> (e.g. Naloxone (Narcan), Flumazenil (Romazicon)) |
| <input type="checkbox"/> <b>Cardiovascular Medications</b> (e.g. Epinephrine, Atropine, Nitroglycerin, Ephedrine, Lidocaine 2%, Propanolol (Inderal), Procainamide (Procanbid), Verapamil (Calan), Amiodarone (Cordarone), Adenosine) | <input type="checkbox"/> <b>Sedative</b> (e.g. Diazepam (Valium), Midazolam (Versed))             |
| <input type="checkbox"/> <b>Corticosteroid</b> (e.g. Hydrocortisone sodium succinate or methylprednisolone sodium succinate (Solu-Medrol), Dexamethasone (Decadron))  |   |

**SURGERY CHECKLIST**

Date of Surgery: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medications: \_\_\_\_\_

Surgeon: \_\_\_\_\_

**PRE-OPERATIVE (before procedure)**

RN/ASSISTANT

Emergency cart readily available with O<sub>2</sub> & suction \_\_\_\_\_

Procedure and surgery site confirmed with patient/parent/legal guardian \_\_\_\_\_

H&amp;P reviewed (Patient medically optimized for procedure) \_\_\_\_\_

Pre-op medication given (if applicable) \_\_\_\_\_

NPO status confirmed \_\_\_\_\_

Escort name: \_\_\_\_\_

Radiographs available, up to date, and properly labeled \_\_\_\_\_

Consent accurate, signed and current \_\_\_\_\_

Patient examined (heart, lungs, nasopharynx) \_\_\_\_\_

Appropriate monitors in place: (ECG/SpO<sub>2</sub>/CO<sub>2</sub>/BP) \_\_\_\_\_

Instruments and tray set-up for procedure \_\_\_\_\_

**INTRA-OPERATIVE (immediately before procedure)**

Time Out: Verify patient identity, procedure &amp; confirm consent \_\_\_\_\_

**POST-OPERATIVE (before discharge)**

Gauze packs visible extraoral \_\_\_\_\_

Patient appropriate for transfer to recovery \_\_\_\_\_

Patient met discharge criteria (Modified Aldrete Score ≥ 8) \_\_\_\_\_

**MODIFIED ALDRETE SCORING CRITERIA (circle patient's response)**

Activity	Able to move voluntarily or on command:	
	4 extremities	2
Respiration	2 extremities	1
	None	0
Circulation	Able to breathe and cough freely	2
	Dyspnea (shallow or limited breathing)	1
Consciousness	Apneic	0
	BP ± 20 mmHg of pre-sedation level	2
O <sub>2</sub> Saturation	BP ± 20 -50 mmHg of pre-sedation level	1
	BP ± 50 of pre-sedation level	0
	Fully awake	2
	Aroused by calling	1
	Not responding	0
	Able to maintain O <sub>2</sub> Saturation > 92% on room air	2
	Needs O <sub>2</sub> to maintain Saturation > 90%	1
	O <sub>2</sub> Saturation < 90% even with O <sub>2</sub> supplementation	0
TOTAL		

Post-op instructions given (verbally and written) to: \_\_\_\_\_

Prescriptions &amp; appointment (if applicable) reviewed with escort and/or patient \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Patient Name: _____ DOB or ID# _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Age _____ Weight _____ Height _____ BMI _____ NPO ≥ 6° <input type="checkbox"/> Yes <input type="checkbox"/> No ASA Class <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Emergency Allergies _____	
<b>Pre-Op Evaluation:</b> Pre Medication: _____ (Time: _____) BP _____ / _____ mmHg (Site: _____) Pulse _____ bpm O2 Sat _____ % Resp. _____ rpm Temp. _____ °C/F <b>Monitors Used:</b> <input type="checkbox"/> ECG <input type="checkbox"/> SpO <sub>2</sub> <input type="checkbox"/> B/P <input type="checkbox"/> Capnography <input type="checkbox"/> Thermometer <input type="checkbox"/> Precordial <b>Universal Protocol:</b> Time-Out Performed <input type="checkbox"/> Yes <input type="checkbox"/> No Operative Site Identified <input type="checkbox"/> Yes <input type="checkbox"/> N/A			
<b>Review of Systems</b> <b>Heart Rhythm:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <b>Lungs:</b> <input type="checkbox"/> CTA <input type="checkbox"/> _____ <b>Mallampati Score:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<b>O<sub>2</sub> Delivery:</b> <input type="checkbox"/> NC <input type="checkbox"/> Hood/Mask <input type="checkbox"/> LMA <input type="checkbox"/> Intubated <b>IV Size:</b> __G <b>Site:</b> _____ <b>Type:</b> <input type="checkbox"/> Catheter <input type="checkbox"/> Butterfly <b>Position:</b> <input type="checkbox"/> Upright <input type="checkbox"/> Reclined 45° <input type="checkbox"/> Supine	

[illegible]

Surgeon \_\_\_\_\_ Surgical Assistant \_\_\_\_\_ Anesthesia Assistant \_\_\_\_\_  
Date:        /        /        Additional Assistant(s) \_\_\_\_\_



## RECOVERY ROOM RECORD

Patient Name: \_\_\_\_\_ DOB or ID# \_\_\_\_\_  
 Date of Surgery: \_\_\_\_/\_\_\_\_/\_\_\_\_ Surgeon \_\_\_\_\_

Post Op Complications: ☐ None ☐ Other: \_\_\_\_\_ To Recovery: \_\_\_\_:\_\_\_\_ am/pm

## Discharge Vital Signs:

BP \_\_\_\_/\_\_\_\_ mmHg (Site: \_\_\_\_ ) Pulse \_\_\_\_ bpm O2 Sat \_\_\_\_ % Resp. \_\_\_\_ rpm Temp. \_\_\_\_ °C/F

IV Site: \_\_\_\_ ☐ Normal ☐ Hematoma ☐ Oozing ☐ Infiltrated ☐ IV Removed (Time: \_\_\_\_)

Surgical Site: \_\_\_\_ ☐ Coagulated ☐ Oozing ☐ Bleeding

Medication Administered: ☐ IV Fluid (Time: \_\_\_\_ ) ☐ Other: \_\_\_\_\_ (Time: \_\_\_\_)

MODIFIED ALDRETE SCORING CRITERIA (circle patient's response)		
Activity	Able to move voluntarily or on command:	
	4 extremities	2
	2 extremities	1
	None	0
Respiration	Able to breathe and cough freely	2
	Dyspnea (shallow or limited breathing)	1
	Apneic	0
Circulation	BP $\pm$ 20 mmHg of pre-sedation level	2
	BP $\pm$ 20 -50 mmHg of pre-sedation level	1
	BP $\pm$ 50 of pre-sedation level	0
Consciousness	Fully awake	2
	Aroused by calling	1
	Not responding	0
O <sub>2</sub> Saturation	Able to maintain O <sub>2</sub> Saturation > 92% on room air	2
	Needs O <sub>2</sub> to maintain Saturation > 90%	1
	O <sub>2</sub> Saturation < 90% even with O <sub>2</sub> supplementation	0
TOTAL		

Discharge Criteria (i.e. Aldrete score): \_\_\_\_\_ The Patient: ☐ Meets Criteria ( $\geq 8$ ) ☐ Does NOT Meet Criteria ( $< 8$ )

The Patient is Ambulating: ☐ Without Assistance ☐ With Assistance ☐ Wheelchair

## Disposition:

Patient is Discharged: ☐ Without an Escort ☐ With an Escort Escort Name: \_\_\_\_\_

Instructions Given: By \_\_\_\_\_ To: ☐ Patient ☐ Escort Type: ☐ Written ☐ Verbal

Follow Up Appointment Made: ☐ NA ☐ No ☐ Yes: (Date \_\_\_\_\_)

## Post Op Prescriptions Given:

Drug	Dose	Quantity	Refill (✓)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Discharge Assistant Signature \_\_\_\_\_

Surgeon Signature \_\_\_\_\_

# Phone Log

Clinical Message Form		Attention Level
Date/Time/Initials		Immediate
Patient Name:		
Phone Number:		
Patient of:		
Last Appointment:		
Reason for Calling:		End of Session
		End of Day
Chart Attached? (Y/N)		
Time Offered for Return Call:		
Follow Up		
Date:	Staff Initials:	Doctor Initials:

File or Scan into patients chart once completed



## How to Access OMSNIC Resources

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Questions?

[rm@omsnic.com](mailto:rm@omsnic.com)

(800) 522-6670



[illegible]

[illegible]

[illegible]



[illegible]

[illegible]

[illegible]

[illegible]

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FTEs: 20  
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FTEs: 7  
OMSVision (Henry Schein)

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FTEs: 23  
WinOMS (Carestream)

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FTEs: 23  
WinOMS (Carestream)

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WinOMS (Carestream)

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FTEs: 8  
OMSVision (Henry Schein)

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FTEs: 21  
WinOMS (Carestream)

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#Docs: 5  
FTEs: 28  
Oral Surgery Exec (DSN)

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First Conference? Yes  
#Docs: 2  
FTEs: 15  
WinOMS (Carestream)

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FTEs: 8  
Other

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First Conference? Yes  
#Docs: 2  
FTEs: 15  
WinOMS (Carestream)

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FTEs: 23  
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FTEs: 4  
WinOMS (Carestream)

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First Conference? Yes  
#Docs: 3  
FTEs: 6  
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FTEs: 26  
WinOMS (Carestream)

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#Docs: 6  
FTEs: 121  
WinOMS (Carestream)

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FTEs: 23  
Oral Surgery Exec (DSN)

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FTEs: 17  
WinOMS (Carestream)

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FTEs: 6  
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Oral Surgery Exec (DSN)

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FTEs: 5  
WinOMS (Carestream)

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FTEs: 3  
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FTEs: 8  
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FTEs: 30  
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FTEs: 16  
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FTEs: 16

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FTEs: 30  
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FTEs: 48  
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FTEs: 45  
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FTEs: 150  
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FTEs:

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FTEs: 68  
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FTEs: 44  
WinOMS (Carestream)

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FTEs: 52  
WinOMS (Carestream)

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FTEs: 48  
WinOMS (Carestream)

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FTEs: 19  
Oral Surgery Exec (DSN)

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FTEs: 16  
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FTEs: 24  
WinOMS (Carestream)

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FTEs: 19  
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FTEs: 28  
OMSVision (Henry Schein)

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FTEs: 42  
WinOMS (Carestream)

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FTEs: 170  
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FTEs: 96  
WinOMS (Carestream)

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FTEs: 35  
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FTEs: 10  
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FTEs: 17  
WinOMS (Carestream)

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First Conference? Yes  
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FTEs: 15  
WinOMS (Carestream)

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FTEs: 115  
WinOMS (Carestream)

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FTEs: 6  
WinOMS (Carestream)

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FTEs: 11  
WinOMS (Carestream)

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FTEs: 15  
WinOMS (Carestream)

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FTEs: 45.5  
Other

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FTEs: 8  
WinOMS (Carestream)

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First Conference? Yes  
#Docs: 1  
FTEs: 6  
OMSVision (Henry Schein)

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First Conference? Yes  
#Docs: 4  
FTEs: 28  
WinOMS (Carestream)

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#Docs: 4  
FTEs: 18  
Other

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FTEs: 26  
WinOMS (Carestream)

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FTEs: 26  
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FTEs: 25  
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FTEs: 40  
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FTEs: 81  
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FTEs: 8  
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FTEs: 22  
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FTEs: 3  
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FTEs: 6  
WinOMS (Carestream)

**Shivers, Claire**

OS of West Augusta  
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#Docs: 1  
FTEs: 8  
WinOMS (Carestream)

**Simpson, Julie**

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#Docs: 4  
FTEs: 27  
WinOMS (Carestream)

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#Docs: 6  
FTEs: 40  
WinOMS (Carestream)

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#Docs: 4  
FTEs: 40  
WinOMS (Carestream)

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#Docs: 2  
FTEs: 22  
Windent OMS (Carestream)

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FTEs: 65  
WinOMS (Carestream)

**Stern, Pam**

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#Docs: 2  
FTEs: 6  
Oral Surgery Exec (DSN)

**Stoffer, Ashley**

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First Conference? Yes

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FTEs: 30  
WinOMS (Carestream)

**Taylor, Jacki**

Southern MD OMS  
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#Docs: 8  
FTEs: 52  
WinOMS (Carestream)

**Toombs, Nicole**

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#Docs: 1  
FTEs: 3  
WinOMS (Carestream)

**Trapiss, Julie**

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#Docs: 4  
FTEs: 17  
WinOMS (Carestream)

**Turner, Sarah**

Archstone OFS  
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#Docs: 1  
FTEs: 3  
WinOMS (Carestream)

**Vaughn, Reda**

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FTEs: 46  
WinOMS (Carestream)

**Volker, Dianne**

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#Docs: 4  
FTEs: 29  
WinOMS (Carestream)

**Wallace, Michelle**

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**Welker, Cory**

Midwest OS  
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FTEs: 50  
WinOMS (Carestream)

**Whitehurst, Ruth**

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#Docs: 20  
FTEs: 120  
WinOMS (Carestream)

**Williams, Adrienne**

Nu Image Surgical & Dental  
Implant Ctr  
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#Docs: 6  
FTEs: 65  
Oral Surgery Exec (DSN)

**Wisniewski, Jean**

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#Docs: 1  
FTEs: 13  
OMSVision (Henry Schein)

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WinOMS (Carestream)

**Zarnich, Sera**

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#Docs: 4  
FTEs: 25  
WinOMS (Carestream)

**Zenz, Robin**

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#Docs: 6  
FTEs: 42  
WinOMS (Carestream)

**Zickermann, Steve**

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#Docs: 7  
FTEs: 42  
WinOMS (Carestream)