Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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declined). None tested positive on PST or reacted during drug challenge. Seventeen patients had penicillin allergy labels removed.

**Conclusion:** A pilot PST service for inpatients with hematologic malignancies removed penicillin allergy labels for 74% of enrolled patients, and all remaining patients had allergy labels updated. Future research will explore de-labeling outcomes, including antibiotic choices and clinical outcomes.

**P172**

**IMPLEMENTATION OF A SEVERE ASTHMA PROGRAM (SAP) CLINIC IMPROVES PATIENT SYMPTOMS, EDUCATION, AND ASTHMA CONTROL**

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**Introduction:** Inadequate clinic time for patients with severe asthma can lead to insufficient care, poor disease control, reduced quality of life, increased ED visits/hospital admissions, and higher treatment costs. Establishing a specialized multidisciplinary program for patients with severe asthma can increase patient knowledge, improve symptoms and asthma health outcomes.

**Methods:** The program consisting of Allergy/Immunology, Pulmonary, clinical pharmacy, respiratory therapy, and case management was started for comprehensive coordinated evaluation, therapy, and education of patients with severe/uncontrolled asthma. We analyzed pre/post-education quiz scores, PROMIS scores, ED visits/hospitalization days, and Asthma Therapy Assessment Questionnaire (ATAQ) scores using paired t-tests.

**Results:** The study population consisted of 66 severe uncontrolled asthmatic patients seen in the specialized multidisciplinary SAP clinic. The mean number of ED visits and hospitalization days from the year before the year to after joining SAP decreased from 1.71 to 0.98 (p < 0.01; n = 66) and 2.24 to 1.05 (p < 0.01; n = 66), respectively. The ATAQ scores from the most recent clinic visit before joining SAP to the most current score decreased from 4.53 to 2.15 (p < 0.003; n = 55). Pre- and post-educational module quiz score improved after the 1st visit from 2.70 to 2.95 (p = 0.048; n = 43) and after the 2nd visit from 3.23 to 3.88 (p < 0.045; n = 17). PROMIS Asthma Impact score changes compared at each patients' consecutive visit showed no statistical significance yet. The results allowed us to quantify the clinic's effectiveness.

**Conclusion:** Implementation of SAP led to better asthma education, symptom control, and health outcomes as demonstrated by significant improvements in pre/post-educational module quiz scores, ED visits/hospitalization days, and ATAQ scores.

**P173**

**IMPROVING ACCESS TO HEALTHCARE THROUGH TELEMEDICINE IN AN UNDERSERVED ASTHMA POPULATION DURING THE COVID-19 PANDEMIC**

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**Introduction:** Our pediatric pulmonology clinic caters to an underserved community (mostly African-American and Hispanic patients) with barriers to healthcare - such as transportation, poor literacy and language - which contribute to a baseline median “no-show” rate of 33% (January 2019 to March 2020). During the COVID-19 pandemic, families fearful of contracting the virus, missed or canceled in-person visits. Despite improved access via telemedicine patients continued to miss scheduled appointments. We aimed to reduce the no-show rate to 20% over 6 months through expansion of telemedicine.

**Methods:** A team of physicians, front-desk staff and nurses educated families on telemedicine. We identified and addressed barriers to activating patient portal accounts, logging in during visits, and offered telemedicine appointments in lieu of in-person visits. We tracked monthly data.

**Results:**

1. **PDSA 1:** We educated and enrolled patients on a patient portal with an inbuilt telemedicine module. By December 2020, patient portal activation increased from 20% to 85% and telemedicine appointments increased from a baseline of 0% to 75%.

2. **PDSA 2:** We provided real-time troubleshooting for patients who experienced technical and language issues, and could not log in for telemedicine visits.

3. **PDSA 3:** Due to excessive time spent during visits troubleshooting with patients, front-desk staff contacted patients prior to visits to address technical issues. We observed a sustained reduction in the no-show rate of 20% and lower.

4. **PDSA 4:** Patients who missed in-person visits, were offered a telemedicine visit enabling more consistent patient access to healthcare.

**Conclusion:** We reduced the overall no-show rate from a baseline of 33% to 18%.

**P174**

**PREVENTING FOOD ALLERGY BY EDUCATING FIRST-YEAR PEDIATRIC RESIDENT PHYSICIANS**

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**Introduction:** Practice guidelines regarding early introduction of peanut and other allergenic solid foods have shifted in the last decade. We hypothesized that knowledge gaps and discomfort about these topics existed among first-year pediatric resident physicians at a pediatric tertiary care center.

**Methods:** Twenty-first-year pediatric resident physicians participated in a lecture and discussion regarding general solid and allergenic food introduction, food allergy, and allergic reactions. Both before and after, they received a survey consisting of 3 knowledge-based questions and 4 confidence level questions using a 5-point scale (5-very confident to 1-not confident at all). This project’s design employed the Plan-Do-Study-Act method.

**Results:** Initial confidence levels were mid to low (1, 2, or 3) for all topics. Both discrete knowledge and confidence levels improved immediately following the educational intervention. Repeat post-survey 1 year later showed retained discrete knowledge with 95% of participants answering questions correctly. About 85% of participants continued to report high confidence (4 or 5) with the topics of general and allergenic solid food introduction and allergic reaction. However, confidence levels waned regarding food allergy, with 75% again rating mid to low (2 or 3) confidence.

**Conclusion:** Education about introduction of general solid and allergenic foods, food allergy, and allergic reactions was beneficial for a new group of pediatric resident physicians. While overall retention of discrete knowledge persisted over time, confidence with certain topics faded. This suggests that resident physicians may need more consistent practice counseling patients and families on these topics. Future PDSA cycles may incorporate clinical practice scenarios to bolster confidence.