CODA Accreditation Self-Study

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STANDARD 6 - PATIENT CARE SERVICES

6-1 The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.

Intent:

All dental hygiene patients should receive appropriate care that assures their right as a patient is protected. Patients should be advised of their treatment needs and the scope of care provided by the program. This Standard applies to all program sites where clinical education is provided.

Narrative Response and Documentation:

1. Describe procedures used to accept patients for treatment in the program's clinic.

The dental hygiene care facility is open to the public and is advertised via social media, student recruitment, and referrals from patient dental and medical providers. Patients will be treated upon a signed General/Initial Consent form including a COVID19 Acknowledgement of Risk, signed informed consent including a HIPAA privacy form, and complete payment upon approved dental hygiene treatment. Patients may be refused treatment if the above conditions are not met, and/or, they are deemed "medically compromised" and/or needing a medical consultation, needing referral due to an extensive periodontal status, or demonstrating a failure to follow the policies of the Old Dominion University clinical facility. For a comprehensive list of referral reasons, refer to page 129 in the ODU Volume I Manual, 2021.

- Exhibit 1: ODU's Informed Consent and HIPAA Privacy Form

2. Describe the scope of dental hygiene care available at the program's facility. As an exhibit, include the current clinical services form(s).

In an educational setting, students perform all dental hygiene services within the scope of practice. These services include scaling and polishing, exposing dental radiographs (full-mouth series, periapical images, bitewings, and panoramic images), fluoride application, pit and fissure sealants, oral hygiene instructions, nutritional counseling, tobacco cessation, impressions and fabrication of study models. The dental hygiene program at ODU offers many valuable preventive health cares. The patients may need to be referred for additional dental or medical treatment, such as dental restorations or fillings, orthodontic treatment, and/or medical history concerns. The following health care services are provided at the Dental Hygiene Clinic at ODU based on the student/faculty assessment of the patients' dental health needs:

1. Health questionnaire (including blood pressure screening)
2. Radiographs (dental x-rays).

3. Extraoral & intraoral exam (EOIE), an oral cancer screening
4. Assessment of dental & periodontal health
5. Assessment of the patient's oral hygiene and individualized patient education (OHI).
6. Oral prophylaxis (dental “cleaning” with hand and ultrasonic scalers and polish when indicated)
7. Non-surgical periodontal therapy: “deep” periodontal cleaning
8. Fluoride treatments
9. Dental sealants
10. Nutrition counseling
11. Tobacco cessation counseling and referral
12. Athletic mouth protectors (mouth guard)
13. Teeth Whitening tray fabrication.

- Exhibit 2: Clinical Services Form
- Exhibit 3: Comprehensive services by semester form

3. Explain the mechanism by which patients are advised of their treatment needs and referred for procedures that cannot be provided by the program.

The Dental Referral form is used to communicate any dental concerns as well as any need for additional dental evaluation or treatment. It is the patient's responsibility to share the referrals given with the appropriate providers. Completing the form will allow for students to gain experience in evaluating patients’ needs for dental treatment. The student is first to consult with the instructor and the supervising dentist before making any referrals. Once confirmed by the dentist, the student can complete the form and demonstrate completion of referral to the instructor. The student will explain the reason for referral to the patient and give the patient the opportunity to ask questions.

The form must be completed in its entirety. Since the form is electronic, a copy is automatically saved in the patient file. A printed copy is given to the patient. The form must be signed by the patient, indicating their understanding of the referral and reason for the referral.

Referrals to any physician or dentist must be dated and completely filled out with a brief description of the condition and or the reason for the referral (i.e., caries evaluation, tooth number, description or symptoms of lesion, pathology, abscess, malocclusion, caries, broken / fractured tooth, mobility, pockets over 7mm, class II-IV furcation.)

- Exhibit 4: Dental Referral Form

4. Describe how the dental hygiene treatment plans are presented and approved by faculty.

A treatment plan should be completed by the student after assessment of the patient and be presented to the instructor at check-in. The treatment plan should include the number of appointments required to complete appropriate dental hygiene care services. Once the instructor has checked the treatment plan and it has been explained to the patient, a

signature and payment for services will be required. There will be a final review by the instructor with the student for the appointment once treatment is complete. A re-evaluation appointment in 2-6 weeks is encouraged for eligible patients upon treatment completion. Changes can be made if needed to amend the treatment plan.

- Exhibit 5: Care Treatment Planning (ODU Manual p. 128)

5. Explain the program's recall policies and procedures.
All treated patients will be placed into the recall system. At the last session of treatment, it is the responsibility of the student to update the patient in the computer recall system and to explain to the patient the importance of maintaining the required recall schedule. It is the student's role to ensure that if the patient is added to the system. It is also the responsibility of the student to ensure if the patient is aware of the necessity of keeping appointments to maintain the optimum dental health.

Dental Software reports will be run on a semiannual basis to determine if patients have not yet had their recall appointments. Students, working along with the Office Manager, will make an effort to contact and schedule patients who do not have their recall appointment scheduled.

If for any reason the students are unable to accommodate one of the recall patients, it is the student responsibility to notify the Office Manager so that it can be scheduled with another student. It is important to make a note in the patient record to inform them that if the patient will no longer be able to come to the clinic for treatment, if the patient moved away, has insurance and found a dentist, etc. This will require an "inactivation" letter to be sent to the patient.

- Exhibit 6: Recall system set up screen in dental software

6. No Assignment: no narration needed

7. No assignment: no narration needed

6-2 The program must have a formal written patient care quality assurance plan that includes:

a) standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria.
b) an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided.
c) mechanisms to determine the cause of treatment deficiencies.
d) patient review policies, procedure, outcomes and corrective measures.
Intent:

The program should have a system in place for continuous review of established standards of patient care. This Standard applies to all program sites where clinical education is provided.

Narrative Response and Documentation:

1. **Describe the program's formal written patient care quality assurance plan.**
   The quality assurance plan at ODU is in place to prevent injury, provide a safe practice environment, and ensure and continue to improve the quality of patient care. There are regular quality assurance checks to maintain patient care. The checks vary in frequency from daily, semester, and annually. Examples of specific quality assurance checks include patient chart audits, radiographic grading audit, incident report analysis, sterilization monitoring, patient satisfaction surveys, clinical evaluation system. If there is found to be a gap in procedures or an area that needs improvement, the error will be fixed. If an error cannot be fixed, the protocol will be improved, or a remediation or relearning will occur. This is a collaborative effort on part of both the faculty and students.

   - Exhibit 7: List of Quality Assurance Reports

2. **Describe the process to review a representative sample of patients and patient records.**
   The patient record will include all demographic data, medical, dental and pharmacologic history, examination findings, consultations, radiographic and diagnostic data, treatment procedures and referrals. Patient records will be maintained in a manner that provides for access while maintaining confidentiality of Personal Health Information (PHI) and Personal Identifiable Information (PII). This includes the physical security of the hard copy of records in locked cabinets and filing rooms as well as password protected and encrypted online databases. Each clinical faculty member will be required to randomly select and audit a minimum of 5 patient records over the course of a semester and complete the chart audit form for each record. If a revision and or change needs to be made, the faculty member and the student involved in the patient's treatment, will need to make the necessary corrections. If necessary, the patient may need to be contacted and asked to return to correct any issues or complete any pending services. This process will be documented entirely whether the patient agrees to return or not. Once the problems identified during the audit have been corrected, the involved faculty member will bring the record to the clinic coordinator to verify the corrections.

   - Exhibit 8: Patient record audit form, pg. 149 in ODU Manual.

3. **No Assignment: no narration needed**

4. **Describe how patient treatment deficiencies are identified and corrected.**

   The quality assurance program is designed to identify, evaluate, and manage potential problems in the care and treatment of patients. If revisions are needed after the results of

the chart and radiologic audit process, the faculty member will be required to meet with the student who provided the assessment and treatment to correct any errors and have the patient reappointed if more time is required. If a treatment deficiency is found and the patient is complete, the patient must be called, informed of the deficiency and requested to return. For patients who return for the evaluation, treatment deficiencies identified via chart audits will be addressed at this time by the student. Further scaling and root debridement will be performed as necessary as well as any other services that need to be completed. Once the faculty involved has addressed all problems identified on the chart audit, they will be given to the clinic director for verification. If deposits have been found indicating a deficiency with some faculty members on calculus detection, the faculty and student at the appointment must work together to remove the deposits to ensure the treatment deficiencies are addressed. The clinic director addresses these types of deficiencies with the faculty involved. Partnering the faculty in question with a more experienced faculty member assists with proper instrument usage as well as corrects any deficiencies and improves consistency in both patient treatment and faculty evaluation. Sterilization Logs (Daily and BI log) are evaluated by late night faculty on a daily basis. Problems are reported to the clinic supervisor of the session who will ensure corrective actions are implemented. Proper infection control will be evaluated each time a patient is seen in the clinic by section faculty. The clinic director will also evaluate procedures and advise those involved of any corrections that are needed for safe practice of dental hygiene and compliance with appropriate infection control standards. However, when patterns of problems with quality assurance occur, these will be discussed during clinic faculty meetings.

5. **Identify the policies and procedures used to track completed patients and ensure active patients are completed.**

   The Clinical Evaluation System is a computerized database that serves as a mechanism to track incomplete and complete patients therefore preventing patient abandonment. It will be created each year and will cover the complete Academic Year (Fall through the following Summer). The instructor will be able to view a list of all incomplete and complete patients seen by each student through the clinical evaluation system. Students will have fewer incomplete patients by motivating each patient to return, scheduling their reappointment, giving them an appointment card before they leave, explaining during the initial visit how long it will take to complete the treatment, scheduling the patient for a series of appointments, completing the patient in a time sensitive, efficient manner, and not scheduling multiple new patients all together. For re-appointment incomplete patients, the student is expected to contact the patient in the incomplete list and schedule an appointment in Axium within 2 weeks if possible.

6. **Identify any changes made to clinic policies and/or procedures based on quality assurance program outcomes. As an exhibit, include the quality assurance reports.**

   Quality Assurance at Old Dominion University includes radiographic quality assurance report, incident report analysis, chart audit review report, sterilization monitoring and record keeping, patient satisfaction survey results report analysis, and weekly and

monthly patient billing account audits. It has been recently noted that students have not been properly addressing envelopes for referrals and/or have been recording misinformation regarding referrals. For this reason, a new policy has been added that requires students to submit the signed patient referral and addressed envelope for faculty to review prior to sending to the patient. The faculty are now responsible for sending each referral after a detailed review analyzing radiographs, clinical findings, and addressed envelope format for correctness (ODU Manual, p. 71-72).

- Exhibit 9: Example of quality assurance reports

7. **Discuss how the program assesses patients' perceptions of quality of care. Describe the mechanisms to handle patient complaints. As an exhibit, include the patient satisfaction survey instruments and data results.**

   Included in the patient bill of rights, is the ability to provide feedback, comments or complaints about treatment.

   At the completion of each appointment, patients are sent an electronic survey to solicit feedback about their visit. These responses are confidential, unless a patient chooses to include their name.

   The survey results are tabulated and collected weekly by the receptionist. A summary of these is sent to the director of clinical affairs.

   If a patient chooses to do so, they can make a formal complaint directly to the director of clinical affairs by phone at (757) 683-4308

   - Exhibit 10: Patient satisfaction survey data

6-3 The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient care.

Intent:

The need for students to satisfactorily complete specific clinical requirements prior to advancement and graduation should not adversely affect the health and care of patients.

Narrative Response and Documentation:

1. **Describe policies and procedures relative to patient assignment strategies.**

   The Clinic Office Manager is responsible for the office activities occurring in the clinic such as assigning patients to students. However, students may be assigned as "office assistant" and will then be responsible for duties delegated by the Clinic Office Manager. If a patient is a Class 3 or higher (or if they have not had services in over 3 years), he or

she will be assigned to a senior student according to students' requirements. If there are no days available, the patient will be advised that someone will call when an opening is available. If a patient is new to the clinic, his or her information will be taken, and the New Patient Wait List form located on a clipboard at the front desk will be completed. If it is a recare patient assigned to a current student, the office manager and/or assistant will take the message and email the student. If it is a recase patient not currently assigned to a student, they will write the patient's name on the phone message notebook and confirm their phone number is the same in the Axium while the patient is still on the phone. They may also schedule a patient on an appointment where a student has indicated PF (please fill) on a reappoint day. If there is a NPP (no patient please) next to a student's name, they will not book a patient in that slot. They will be sure to assign the student as the patient's provider. If the patient cancels an appointment, she/he will be assigned to the same student for a later date. If the patient cannot commit to another appointment within the framework of the semester, his or her name and telephone number will be placed on a call list. If a patient breaks an appointment and the student cannot find another patient for treatment, the student will check with the assigned instructor for another clinical task.

- Exhibit 11: ODU Manual Policy on assigning patients

2. **Discuss all efforts made to ensure students can complete clinical patient requirements.**

   Many efforts are in place to ensure that students can complete clinical patient requirements. Students' competencies are recorded in a Clinical Evaluation System to be monitored by both the Junior and Senior Clinic Directors and the students themselves. There are designated screening days and new patient days designed to assign patients with students according to need and competency requirements. This task is conducted by the office manager who is also overseeing the student's recare list and assigning patients to their designated clinicians. This recare system is designed to position students with success with a pool of patients they can recruit to fill their schedules. Additionally, students have mid-semester and end of the semester meetings with an advisor to assess current and projected standing with meeting clinical requirements and progression through the dental hygiene program. This meeting will highlight students who need help in planning to meet the rest of their requirements or remediation. There are circumstances that will allow students to receive make-up clinics to give them extra time to meet certain requirements and create a fair academic environment for all students.

6-4 The program must develop and distribute a written statement of patients' rights to all patients, appropriate students, faculty, and staff.

Intent:

The primacy of care for the patient should be well-established in the management of the program and clinical facility assuring that the rights of the patient are protected. A written statement of patient rights should include:

a) considerate, respectful and confidential treatment.
b) continuity and completion of treatment.
c) access to complete and current information about his/her condition.
d) advance knowledge of the cost of treatment.
e) informed consent.
f) explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments.
g) treatment that meets the standard of care in the profession.

Narrative Response and Documentation:

1. As an exhibit, provide a copy of the written statement of patients' rights. Describe how the statement is distributed to students, faculty, staff and patients.

PATIENT BILL OF RIGHTS

Patients in the Dental Hygiene Clinic at Old Dominion University have the right, consistent with the law, to:

1. Receive Courteous, respectful, and confidential treatment
2. Receive treatment that meets the standard of care in the profession including the use of appropriate infection control
3. Inspect their patient record and any radiographs taken
4. Advanced knowledge of fees and services
5. Explanation of recommended treatment, alternate treatment options, and explanation of risks with no treatment
6. Participate in the planning of treatment (informed consent)
7. Refuse recommended treatment (informed refusal)
8. Continuity of care or referral for continued care
9. Written informed consent prior to participating in experimental research and the right to refuse participation
10. Provide feedback, comments, or complaints about treatment using the confidential Patient Satisfaction Survey

- Exhibit 12: Patient Bill of Right (ODU Manual p.88)

By signing the computerized consent form chairside you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations. We will provide all of this information for your privacy and patients right prior to any treatment. A copy will be given to you and one will be kept in our files.

- Exhibit 13: Informed Consent Letter (ODU Manual p. 89).

6-5 All students, faculty and support staff involved with the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).

Intent:

The need for students to be able to provide basic life support procedures is essential in the delivery of health care.

Narrative Response and Documentation:

1. **Describe the program's policy regarding basic life support recognition (certification) for students, faculty and support staff who are involved in the direct provision of patient care. Provide a copy of the policy as an exhibit.**
   Students admitted to the dental hygiene program are expected to complete course requirements, including the physical and mental expectations given in the program description. Any student who thinks he or she does not possess one or more of the required skills should seek assistance from an academic counselor or faculty advisor and possible accommodation through technical aids and assistance.
   Of the required technical and performance standards, all students and faculty must be able to adequately perform cardiopulmonary resuscitation techniques, use the AED, and respond appropriately in an emergency.
   All providers involved in patient care must be certified in basic life support and maintain this certification, as well as provide proof of valid CPR certification. A copy of each provider's CPR certification will be kept for the school's records.

   - Exhibit 14: Policy on CPR certification and training

2. **How does the program ensure that continuous recognition/certification in CPR with AED for all students, faculty and support staff is maintained?**
   Students and clinical faculty will maintain a biennial CPR certification that is current through June 30th of senior year. Students cannot participate in any clinical activities without current CPR, AED certification. Certifications must be achieved through an approved organization. The actual certificate or certification card must have a clear issue and renewal date that is valid through the end of the school year. Without proof of certification, faculty may not be allowed to work in the clinic and students may not attend clinic sessions. Faculty and students may attend an on-campus CPR certification course offered by the college.

3. **Are exceptions to this policy made for persons who are medically or physically unable to perform such services? If so, how are these records maintained by the program?**

Students who do not believe they possess the skills to complete CPR or AED due to medical or physical limitations, are directed to seek assistance from the Office of Educational Accessibility (OEA) concerns for accommodations. Accommodations can be made so that if a student is not able to perform those duties, that an aid or another person is available in their place. The request must be initiated by the student to OEA and must be documented in writing. Student records for accommodations are stored by the OEA. Individual students are responsible for keeping their CPR card on them while performing clinical services. A copy of all faculty, staff, and student CPR and AED certification and training are to be kept on file with the clinical coordinator.

- Exhibit 15: Log binder of CPR certification trainings

Note: Please include copies of all students, faculty and staff CPR cards in binder referenced in the Self-Study Guide under Standard 3-7.

6-6 The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.
Intent:
The program should have a system in place to ensure patient confidentiality. The use of student employees as secretarial staff does not preclude the essential need for patient confidentiality.

Narrative Response:

1. **Describe how patient confidentiality is maintained.**

HIPAA and Confidentiality training is required upon entry to the dental hygiene program for students or upon hire for faculty and staff. An annual refresher is also required. Confidentiality is also a code of ethics for the dental hygiene profession, and this concept is integrated within the curriculum. If students or staff violate confidentiality, a formal report will be written, and a conference must occur with the program director, and the student or staff member will be placed on probation. If the incident is egregious, it could be grounds for dismissal from the program. To help maintain confidentiality in the clinical setting, the dental computer software requires unique username and passwords to prevent unauthorized users. Privacy screens are also installed at each workstation. All patient and student records are kept on a secure electronic server, and no paper documents are permitted to leave the clinical area. Any transfer of health records in or out of the dental hygiene center must be initiated by a formal request with a signature from the patient. Records can only be sent via the secure email system at the main reception computer station.

- Exhibit 16: HIPAA training logbook
- Exhibit 17: Patient records release request form

Examples of Selected Exhibits:

Exhibit 1: ODU's Informed Consent and HIPAA Privacy Form
Exhibit 2: Clinical Services Form
Exhibit 3: Comprehensive services by semester form
Exhibit 4: Dental Referral Form
Exhibit 5: Care Treatment Planning (ODU Manual p. 128)
Exhibit 6: Recall system set up screen in dental software
Exhibit 7: List of Quality Assurance Reports
Exhibit 8: Patient record audit form, pg. 149 in ODU Manual.
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