

CODA Accreditation Self-Study

2025

Gene W. Hirschfeld School of Dental Hygiene

Old Dominion University

1019 W 41 Street

Norfolk, VA 23529

(757) 683-4960

Faculty Members:

Hite Jones, Faculty Leader

Stephanie Bettis

Katherine Brooke

Tiffany Conry

Diana Stoute

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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 available at the training facility and appropriately referred for procedures that cannot be 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.

Patients treated at the Sofia and David Konikoff Dental Hygiene Care Facility do not have to meet specific financial criteria to be qualified for treatment in the clinic. The Sofia and David Konikoff Dental Hygiene Care Facility operates as a low-cost clinic that does not take insurance. All patients five years of age or older are welcome who are due for dental hygiene treatment based on their specific oral hygiene needs. New patients are accepted to the clinic on a first-come, first-served basis. Patients who pay the designated fee when indicated, sign initial consent of our policies including Consent for Use and Disclosure of Information Form (HIPAA), agree to follow the policies of the clinical facility, answer questions on the Patient Screening Form, and have no medical problems that would preclude treatment are accepted as patients and/or have necessary medical clearance are accepted for treatment. New patients are placed on a waiting list due to scheduling availability for "New Patient" days. The waiting list is available for use when there is an open appointment or a last-minute no show or cancellation.

- Exhibit 1: Consent for Use and Disclosure of Information Form
- Exhibit 2: Patient Screening Form

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

The services available at Old Dominion University's Dental Hygiene Clinic are those that dental hygienists may provide according to state law and are as follows: review of medical and dental history, including the taking and recording of vital signs, intraoral and extraoral examinations, including oral cancer screening, periodontal charting and assessment, radiographic image

exposure, assessment, and charting, biofilm indices, treatment planning, oral health education, including smoking cessation and nutritional counseling, hard and soft deposit debridement, including scaling and root planing, ultrasonic scaling, rubber-cup polishing, and air polishing. Additional services include periodontal laser bacteria reduction therapy, pit and fissure sealants, fluoride varnish treatments, application of desensitizing agents, caries arresting medicaments, application of chemotherapeutic agents, pain management, cleaning of removable appliances and prostheses, fabrication of athletic mouthguards and bleaching trays, and evaluation of dental hygiene services. If the need for restorative dental care or further diagnosis for pathology is necessary, patients will be given a referral to a restorative dental clinic.

- Exhibit 3: Current Clinic Fee Schedule 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.

Under guidance and supervision by faculty (licensed RDHs) and supervising clinic DDS, students will complete an assessment which includes an oral exam, dental charting, periodontal charting, human needs, treatment planning, and informed consent. After that, a full treatment plan will be presented to the patient in the system we utilize, called Axiom. Faculty will review the treatment plan to ensure the correct standard of care is developed for the patient. Discussion with the patient will occur about risks and benefits of treatment, expected outcomes, and prognosis without treatment. Patients also sign a Radiology Refusal Form and Informed Consent Form, documenting their consent or refusal for recommended treatments. Patients will then give their consent and approval for treatment. Students will then print an estimate for patients to see the cost of their treatment needs. If patients need restorative work completed like fillings or extractions, a referral will be given to take to a dentist. Referrals are also given for concerns that need to be addressed by doctors, such as high blood pressure. The Old Dominion University School of Dental Hygiene does not perform restorative work.

- Exhibit 4: Radiology Refusal Form
- Exhibit 5: Informed Consent Form
- Exhibit 6: Physician Consultation Forms
- Exhibit 7: Dental Referral Procedure Form

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

The dental hygiene faculty and supervising dentist will review the treatment plan with the student and review treatment goals with the student and the patient. The supervising dentist will approve the treatment plan or tell the student if revisions are needed. The student and supervising dentist will present the treatment plan to the patient, outlining all of the findings, including diagnoses, preventive, periodontal, and restorative needs. Patients will be advised on the expected number of visits, recommended treatments, and associated fees. Any patients needing

restorative work will be referred to Old Dominion University School of Dentistry. Any care that cannot be provided at an ODU facility will be given a referral to a clinic that can assist them.

- Exhibit 8: Current Treatment Plan Form

5. Explain the program's recall policies and procedures.

At the end of the visit, after treatment is completed, the patient will be given a recall based on his or her needs determined by the student and instructor, and the software system (Axium) will prompt the student to select a recall interval. The student and instructor will assign the periodontal class and calculus class for each of his or her patients treated. Recall appointments will be scheduled by students or the Office Manager accordingly and no earlier than two weeks prior to the actual due date of the recall appointment. Each student will receive a list of recare patients in their student folders, which remain in the clinic due to the HIPAA policy. When reaching out to patients, students will use the current recare script form. When patients are scheduled for their recare visits, they will be advised of the appointment length, fees associated at the visit, ask about health history changes, and check on pre-medication status to make appropriate arrangements with the proper physician if necessary. If the patient is not able to be seen or accommodated by the assigned student, the Office Manager of the clinic will be notified as soon as possible so that the patient can be reassigned to another student. If the patient will no longer be attending the ODU Dental Hygiene Clinic due to moving, insurance or finding another dentist, proper documentation in the patient chart will be made.

- Exhibit 9: HIPAA Policy
- Exhibit 10: Current Recare Script Form

6. As an exhibit, include a blank initial patient screening form for new patients.

- Exhibit 2: Patient Screening Form

7. As an exhibit, include a blank client consent form, physician's consultation form and dental referral form.

- Exhibit 5: Informed Consent
- Exhibit 6: Physician Consultation Forms
- Exhibit 7: Dental Referral Procedure Form

6-2 The program must have a formal written patient care quality assurance plan that allows for a continuous systematic review of patient care standards. The quality assurance plan must be applied at least annually and include:

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 audit of a representative sample of 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. Findings should be used to modify outcomes and assessed in an on-going manner. 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 program is in place to ensure that certain standards of care are being met by the students and for the patients in the ODU School of Dental Hygiene. It allows for potential problems involved in patient care and treatment to be identified, managed and evaluated. It ensures that injuries are prevented and allows for a secure practice domain improving the overall care and quality of patient care provided. Additionally, at the end of each session, the treatment plan and services rendered are reviewed by the faculty to ensure that the approved treatment was implemented and appropriately documented.

2. Describe the process to review a representative sample of patient records.

Faculty members conduct patient chart audits each semester and every month. For patients who return for a dental hygiene appointment evaluation, the student addresses treatment deficiencies identified via chart audits at this time, performing further scaling and root debridement as necessary and addressing any other documented services that needs to be completed. Once the faculty has addressed all problems identified on the chart audit, they will be given to the clinic director, who will verify that corrections have occurred. Reports of quality assurance of chart audit review reports will be given to students and faculty at the end of the semester to assist with identifying patterns of deficiencies so they can be more fully evaluated and corrected if needed.

3. As an exhibit, include the current quality assurance reports and patient’s completed satisfaction surveys and results for continuous evaluation of patient care standards.

- Exhibit 11: Current Quality Assurance Reports
- Exhibit 12: Patient’s Completed Satisfaction Surveys and Results

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

Chart and radiologic audits are conducted by faculty on a monthly basis. The faculty member involved in the treatment planning of the deficiency must meet with the student for corrections to

be made, which will be documented in the services rendered section of the patient's chart. If for any reason treatment that was marked complete is incomplete, the patient should be contacted and asked to return for treatment completion. If the patient declines to return, it will be documented in the patient's chart. When necessary, policies are derived to discontinue the identified deficiencies and discussed during clinic faculty meetings.

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

On a daily basis, the office manager in collaboration with clinical supervisor reviews a financial report and chart review for each patient seen in the clinic. This is used to ensure active patients are completed and accurately reflected in the financial report. On a weekly and monthly basis, the office manager and Director of Clinical Affairs review the financial reports and charts. This is a way to provide a check and balance system to ensure completed patients are accurately tracked and reflected on the financial reports. If there are discrepancies found in the end of the day, weekly, or monthly reports and reviews, the Clinical Affairs Director notifies the appropriate student and faculty to correct it in the Axium system. Additionally, students are required to attend mid-semester and end of semester clinical conferences with faculty. Completed patients are tracked on the advising forms and cross-referenced with the Axium and Clinical Evaluation System records for accuracy. Students are required to fill out the google docs requirement form that tracks completed and in progress patients based on specific graduate requirements. Ultimately, students are responsible for correcting discrepancies with the appropriate faculty.

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.

Chart review audits, treatment plan evaluations, and patient satisfaction surveys identify the need for intraoral assessments to be completed before the approval of radiographs by the supervising dentist. This will be done to ensure the correct series are requested and to maintain the lowest reasonable exposure to the patients.

- Exhibit 11: Current Quality Assurance Reports

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

The quality assurance program is an information-based system designed to ensure that the Standards of Care in the School of Dental Hygiene are being met. The program is designed to identify, evaluate, and manage potential problems in patient care and treatment. The overall purpose is to prevent injury, provide for a safe practice environment, and improve patient care

quality. Patient satisfaction surveys are given to patients through a link on the Old Dominion University website or at the dental hygiene front desk. Also, patient complaints are directed to the Director of Clinical Affairs via email, phone call or in person. Patients may phone or visit the dental care facility to express concerns to the office manager or the Director of Clinical Affairs. If a patient is still not satisfied, they are directed to contact the chair of the program and are provided with the chair's phone number. Refunds are offered to patients who were dissatisfied with the services provided. The office manager is responsible for maintaining the client complaint log.

- Exhibit 12: Patient's Completed Satisfaction Surveys and Results

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 patients assignment strategies.

Students are responsible for scheduling their patients through patient recruitment strategies and are able to utilize their designated patient recall list after completion of DNTH 306. Students are also able to add "Please Fill" to their schedules and let the office manager know they need assistance in scheduling a patient for a specific appointment time. For DNTH 306, the patient is screened by faculty to determine the level of difficulty for the student, where a decision is made for continuance or pausing treatment until completion of DNTH 306. For more complex patients in DNTH 306, students have the ability to request a patient as a teaching case one time. For more complex patients in DNTH 316 and DNTH 411, students have the ability to request a patient as an ungraded case one time per semester. Care is taken to provide additional guidance for the student.

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

Clinical advisors are assigned to each student for the academic year. Students must meet with their assigned clinic advisor for mid-semester clinical advising. Students must meet with the clinical course director during the end-of-year grade conference. Students are expected to schedule meetings, prepare progress tracking forms, and complete clinical requirements. These forms are transferred in person to the junior or senior clinical director by the advisor and kept in files for documentation purposes.

- Exhibit 13: Advisory Documentation Forms

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 or 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.

Patients will be provided the location of the Patient Bill of Rights in the ODU School of Dental Hygiene Clinic reception area. Patients will be asked to read over them while waiting in the reception area. Students, faculty, and staff are given a copy in the provided clinic manual at the beginning of each semester.

- Exhibit 14: Patient's Bill of Rights.

6-5 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. All individuals who have access to patient information will ensure patient confidentiality.

Narrative Response and Documentation

1. Describe how patient confidentiality is maintained.

All patient records will be kept confidential. These records will maintain confidentiality of Personal Health Information (PHI) and Personal Identifiable Information (PII). Patient records will only be accessed electronically when students are on campus. The computers can only be

accessed with a password, and every student has a unique username and password to access records. Employees will be trained annually regarding HIPAA policies. Informed consent letters are also reviewed and signed by patients before beginning care. By signing the form, patients are consenting to the use and disclosure of their health information to carry out treatment, payment activities, and healthcare operations.

- Exhibit 9: HIPAA policy

Examples of Selected Exhibits:

Exhibit 1: Consent for Use and Disclosure of Information Form

Exhibit 2: Patient Screening Form

Exhibit 3: Current Clinic Fee Schedule Form

Exhibit 4: Radiology Refusal Form

Exhibit 5: Informed Consent Form

Exhibit 6: Physician Consultation Forms

Exhibit 7: Dental Referral Procedure Form

Exhibit 8: Current Treatment Plan Form

Exhibit 9: HIPAA Policy

Exhibit 10: Current Recare Script Form

Exhibit 11: Current Quality Assurance Reports

Exhibit 12: Patient's Completed Satisfaction Surveys and Results

Exhibit 13: Advisory Documentation Forms

Exhibit 14: Patient's Bill of Rights