

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 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.

No patient will be denied acceptance based on race, creed, sex, national origin, or disability. Each patient will receive an Introduction letter welcoming them to the clinic and providing them with important information about the care that is being provided by dental hygiene students. The introduction letter informs patients about Infection Control, Service Disclaimer, Service Provided, Patient Bill of Right, Payment, and Dismissal policy. In addition to the Introduction letter patients are provided with an Informed Consent, and HIPPA Privacy form that is required to be signed. All patients will be screened for COVID-19 symptoms and risk factors by telephone 1-4 days prior to the appointment following the procedure in the ODU Dental Hygiene Clinic Manual. In addition, upon arrival at the Dental Hygiene Care Facility before entering the clinic waiting room area patients will be screened for COVID-19 symptoms and risk factors following the procedure in the manual. Each patient will receive a comprehensive exam and overview of his/her treatment needs. Payment for all services is expected before services are provided.

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

Services are offered in the Dental Hygiene Clinic based on the student/faculty assessment of the patient's dental health needs. All recommended and delivered treatments are individually tailored to each patient's unique needs. After a medical history questionnaire and blood pressure screening is completed, an assessment of the dental hygiene student will be performed which includes dental x-rays, intra/extra oral exam, dental exam, periodontal exam, oral hygiene assessment, and an oral cancer screening. A treatment plan will be created based on the dental hygiene student's assessment. The clinic supervisor will monitor the students' assessment and make any necessary adjustments. The full assessment and treatment plan will be discussed with every patient. In the event a specialist is needed, all patients are referred out for alternative treatments.

Patients that are accepted for treatment will be partnered with a dental hygiene student. Patients that do not qualify for a lower level dental hygiene student will be placed with a higher level student. Oral hygiene services include prophylaxis, non-surgical periodontal therapy (deep cleaning), and Laser Bacterial Reduction Therapy (LBR). Additional treatments such as localized application of antimicrobial agents, fluoride application, dental sealants, occlusal guards, and teeth whitening are also offered. Nutritional counseling, tobacco cessation, and oral hygiene instruction is offered as well.

- Exhibit 1: Clinical Service Forms

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

Patients are advised of their treatment needs by the dental hygiene student after a complete assessment of the patient is completed. For cases requiring only a single appointment (typically Class 1 calc or less, or a pediatric patient), a treatment plan is completed and recorded in the patient record by the student, explained to the patient and be presented to the instructor at check-in. If a treatment plan requires multiple appointments, treatment plans should be recorded, sequenced in order of delivery and a projected number of appointments should be listed in the patient record. Services treatment planned will be explained to the patient. At final checkout for that appointment, the treatment plan for the next appointment should be re-evaluated and changes can be made if needed.

The Dental Referral Form is used to communicate to the patient's dentist of record concerns or problems, which were noted during dental hygiene treatment and the need for additional dental evaluation. This form may also be used to communicate to the patient's primary care physician regarding any overall health concerns that need evaluation. It is the responsibility of the patient to share referrals given with appropriate healthcare providers.

After the referral is shared with the patient, the student will have the patient sign the form electronically, print the form and provide a copy to the patient when services are completed. If additional referrals are needed after faculty rechecks, the referral will be mailed to the patient.

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

Dental hygiene students will present completed treatment plans to the faculty when they are ready for an assessment check. Students will first present the intraoral and extraoral exam to the faculty to review. Dental charting will next be presented to the faculty, and corrections will be made promptly if necessary. The periodontal assessment will be reviewed by the faculty following with the human needs assessment and the radiology authorization form. Finally, the treatment planning form and consent form will be presented and reviewed by the faculty. If any

changes are needed, those will be amended. Once revised the instructor will swipe to approve all pages that were reviewed. Once approved by the faculty, the name of that faculty member will appear in the approval window, and the lettering appears gray.

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

Dental hygiene students are responsible for reappointing patients and keeping track of their recall patients. Students are expected to inform patients of any changes made to the appointment and what to expect at the next recall appointment. The following services will be provided again at every recall appointment; updating health/dental history, oral examination, dental charting, periodontal charting and assessment, care planning, oral health education and instruction, and prophylaxis or scaling and root debridement as needed. Recall appointments will vary depending on the care plan that both the dental hygiene student and instructor have approved. Periodontal patients will need to be on a recall schedule for 3 months, while regular patients will be on a 6 month recall schedule.

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

- Exhibit 2: Initial Screening Form

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

- Exhibit 3: Client Consent Form, Physician's Consultation Form, and Dental Referral 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.

This dental hygiene program's patient quality assurance plan focuses on meeting the needs of the patients while also ensuring that the standards of care and quality are being fulfilled. The purpose of this plan is to create a safe practice environment for both the students, faculty, and patients. In order to assess quality assurance there will be specific documents that will be reviewed. These documents will include patient chart audits that will be done by the faculty, radiographic grading units, incident reports analysis, sterilization monitoring, infection control monitoring, and an overall evaluation of the clinic. Patients will be screened prior to patient treatment. Patient services are overseen by an instructor and care planning and treatment plan options will be reviewed by an instructor prior to treatment. Students are expected to report patients that have been completed or are in process to the clinic director every month. This helps to ensure that all patients are being completed in an adequate amount of time. The clinic's computerized database will store all confidential patient information and track all patients in order to avoid patient abandonment. The clinic will strive to make changes and updates as seen to benefit all patients, students, and faculty.

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

A review of patient records will be completed through the process of quality assurance. The quality assurance program is an information-based system designed to ensure 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 the care and treatment of patients. Quality assurance of patient records includes patient chart audits by faculty which are performed monthly each semester and radiographic grading audits performed by the clinic dentists at least 4 times each semester. The Clinical Evaluation System is a computerized database tracking incomplete and completed patients, preventing patient abandonment. Monthly student reports track patients who are in "in-progress" or a "planned" phase. Quality of patient care is an on-going process at ODU involving all patients, not just a representative sample. At the end of each clinic session, the treatment plan and services completed will be reviewed by clinical faculty to make sure that the approved treatment was completed and documented correctly.

3. As an exhibit, include the patient record audit form.

- Exhibit 4: Patient Record Audit Form

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

Once the chart and radiologic audit is complete and revisions are needed, the faculty member involved with the patient's treatment will need the chart or radiologic audit form to make any corrections with the student who provided the assessment and treatment. If faculty has found problems with care, the faculty will aid the student in the corrections at that time and reappoint the patient if more time is required. All services rendered will be documented in the patient's

chart. Any needed additional referrals will be mailed to the patient upon completion of the dental hygiene treatment. All patients must be informed and called to return for further treatment if treatment deficiencies are discovered by faculty. Proper documentation will be completed in the patient's chart if they refuse to return.

High calculus patients will be rechecked by faculty at random to ensure root debridement has been done properly. Faculty will be held responsible for deficiencies in calculus detection if deposits remain, which could result in a treatment problem. When deficiencies in calculus detection occur, the student and the faculty will work together to complete the treatment and the clinic director will address these deficiencies with the faculty involved. Individualized attention with faculty may occur to address proper instrumentation and partnering the faculty in question with a more experienced faculty member to correct deficiencies and improve consistency in patient treatment and faulty evaluation. Students will finalize scaling and root debridement and any other services documented that need to be addressed will be completed for patients that have treatment deficiencies documented and identified in their chart audits. With corrected chart audits, the clinical director will verify the corrections were completed by the faculty involved with the treatment deficiencies.

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

A computerized database is designed to organize patients and keep track of completed and "in progress" patients. Students are responsible for setting patients completed on the database while also keeping track of their current patients. During patient check out, students will need to select "patient completed" in order to correctly track this information into the database. Faculty members will help students keep track of all patients that have been completed by ensuring they have selected the correct response. Students will be expected to report all their patients and completed treatments to the clinic supervisor.

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.

The quality assurance program in the school of dental hygiene is designed to ensure standards of care are being met. At the conclusion of each semester, quality assurance reports will be prepared to help identify patterns of deficiencies so they can be more thoroughly assessed and addressed. As patterns of quality assurance issues appear, clinic faculty meetings will be used to address them with training as necessary. Patient chart audits are conducted monthly each semester. When revisions or changes are needed the faculty member who oversaw the patient's treatment will be required to meet with the student and correct the errors. Faculty members recheck completed quadrants on high calculus patients to make sure it is complete. If deposits are found the student and faculty must work to remove it within that clinic session. The clinic director will address this deficiency with the faculty that was involved.

- Exhibit 5: 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.

A confidential Patient Satisfaction Survey is being used to review comments or complaints about the treatment. Patients can access the survey from the Dental Hygiene Clinic web page. All School of Dental Hygiene faculty and employees serve as representatives of the school and are responsible for addressing a complaint and making an appropriate referral. If a patient's complaint cannot be resolved to the patient's satisfaction, the patient can file a formal complaint with Patient Services. The Patient Relations staff have the responsibility for the investigation and resolution of all patient complaints with input from Clinic Supervisor.

- Exhibit 6: Patient Satisfaction Survey 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 patient assignment strategies.

Students have access to a recall list in Axiom. The office manager can print a list of each patient the student is tasked with treating. This guarantees that every patient receives a callback for care, even if a prior student failed to assign a patient recall appointment. The student is responsible for scheduling their own patients. When a patient wants to schedule an appointment and is a calculus class four or higher or hasn't had a cleaning in three years, they will be booked with a senior student who needs a high calculus patient based on the electronic spreadsheet of student requirements. The scheduler is also utilized for filling patient appointments. Students can add please fill in an empty patient appointment time and the front desk will fill that spot with a patient.

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

Once admitted to the dental hygiene program students are expected to complete clinical course requirements. Efforts to ensure students can complete patient requirements are verified via

student advising, faculty check-ins, established due dates and rubrics. Each set of clinical requirements and rubrics are presented during syllabus review and contained in the student manual. Competency levels for patient care services can be found in the clinic manual for reference by students and faculty. A set number of patients seen, radiographs completed, and rubrics are included in the clinic manual. Students who do not complete requirements in that current semester will complete that semester's requirements in the next semester before beginning requirements in the next semester. Should a student not complete all clinical requirements by Spring Semester of senior year, the student will be enrolled in summer school or fall semester to complete requirements. A mid-semester academic status letter is also sent out to students who fall close to or within the C-, D or F range. The student is given a list of recommendations to assist in raising their grade.

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.

Old Dominion University Dental Hygiene Program is a teaching institution with a commitment to providing the highest quality education of health care professionals. Patients of all ages who receive care in our clinic are an essential part of the process. We strive to provide considerate, respectful and confidential experience to all of our patients.

With modern dental technologies and the most current knowledge in dentistry, we are committed to providing continuity and completion of treatment that meets the standard of care in the

profession. All patients are guaranteed access to complete and current information about his/her condition, and advanced knowledge of the cost of treatment. With your informed consent, an explanation of recommended treatment, treatment alternative, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments is guaranteed. Our standard of care initiative will allow for the highest quality care possible.

Only with the collaboration between patients, the guardians of patients, and dental professionals can we achieve these goals. Improved satisfaction can be achieved with a better understanding of your oral health, treatment options, and rights and responsibilities. We appreciate the special bonds that arise between our patients and their dental hygiene student providers during this oral health journey. Only through mutual trust, cooperation, and respect that support this relationship can we all take this journey together.

This statement is located in the clinic waiting room for all patients, faculty, staff, and students to observe. This statement will be found in the Policies and Procedures Manual which will first be distributed to faculty via email in PDF format. The faculty distributes the statement to the staff via email in PDF format. Students will receive a copy of the statement located in the Policies and Procedures Manual via email in PDF form for studying.

- Exhibit 7: Written Statement of Patient 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.

Students and staff are responsible to maintain patient confidentiality at all times. All patients' forms must be considered confidential and not to be shared with an unauthorized person. Patient records will be maintained in a manner that provides for access while maintaining the confidentiality of Personal Health Information (PHI) and Personal Identifiable Information (PII).

HIPPA is very important to our program and all the staff and students will receive training regarding HIPAA 1996 Privacy Act. Student hygienists are expected to follow the Code of Ethics for Dental Hygienists by respecting the confidentiality of patient information and relationships as a demonstration of the value we place on training individual autonomy. Students must acknowledge their obligation to justify any violation of a confidence.

Policy on the use of social media and patients' privacy is in place. Students and oral health professionals must consider the following when using social media and the internet: (A) Standards of patient privacy and confidentiality must be maintained in all environments, including online. (B) When using the Internet for social networking, oral health professionals and students must use privacy settings to safeguard personal information and content to the extent possible, but realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently and maximum privacy settings do not ensure privacy from postings. Thus, oral health professionals and students should routinely monitor their own Internet presence. (C) If interacting with patients on the Internet, oral health professionals and students must maintain appropriate boundaries of the patient-oral health provider relationship in accordance with professional ethical guidelines just as they would in any other context. Hygienists' Association, they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions.

Examples of Selected Exhibits:

Exhibit 1: Clinical Service Forms

Exhibit 2: Initial Screening Form

Exhibit 3: Client Consent Form, Physicians Consultation Form, and Dental Referral Form

Exhibit 4: Patient Record Audit Form

Exhibit 5: Quality Assurance Reports

Exhibit 6: Patient Satisfaction Survey and Results

Exhibit 7: Written Statement of Patients Rights