

Rural Residency Planning and Development and Teaching Health Center Planning and Development Technical Assistance Centers

A partnership between



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2023 Grantee Annual Meeting

Navigating the CODA Accreditation Process



Disclosures

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Objectives

- Introduction to CODA
- Review the process for CODA initial accreditation
- Understand the definition of a Sponsor for CODA and THC
- Understand the CODA Standards
- Learn about the Quality Improvement process required by CODA
- Learn tips to make the accreditation process easier

Who is CODA (The Commission on Dental Accreditation)?

- The US Dept of Education: Sole agency to accredit dental programs
- Objective: Set standards for the quality of dental education and operate within a set of policies and guidelines
- Operate independently and autonomously, including the ADA
- Traditional dental education-centric

CODA Path To Initial Accreditation

- **Sponsorship: AEGD vs Pediatric Dentistry**
- Program Director (PD)
- The PD requests Initial Application from CODA
- Self-Study Process and Guide
 - Program Director
 - Curriculum and Assessments
 - Facilities
 - Faculty and Staff
- Mock Site Visit
- Submission into the ePortal and Application fee

CODA Path To Initial Accreditation (con't)

- Timeline: 18-24 months from acknowledgement of the initial application
- Site Visit by Site Visit Team
 - Recommendations
- Site Visit report by Site Visit Team makes a recommendation to the Review Committee
- Deadline to make agenda for bi-annual meeting
- Review Committee reviews just before bi-annual meeting and makes a recommendation to the Commission
- Commission approves at Winter or Summer CODA meeting
- Confirmation letter in 30 days and posted on CODA website
- Reaccreditation every 7 years

Current CODA Definition of a Sponsor

- [AEGD and GPR \(Standard 1-1\)](#)

- **AEGD:** Must be accredited by an agency recognized by the United States Department of Education **or** accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS).
- **GPR:** The program must be sponsored or co-sponsored by either a United States-based hospital, or educational institution or health care organization that is affiliated with an accredited hospital. Each sponsoring and co-sponsoring institution must be accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS)

- [Pediatric Dentistry \(Standard 1\)](#)

- Must be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity.
 - Hospital
 - Educational Institution

CMS-Approved Accrediting Organizations

Accreditation Association for Ambulatory Health Care (AAAHC)

5250 Old Orchard Road, Ste 200
Skokie IL 60077

www.aaahc.org

Program Types: ASC

Cardenas

Adrian

ACardenas@aaahc.org

847-853-6060

Accreditation Commission for Health Care(ACHC)

139 Weston Oaks Court
Cary NC 27513

www.achc.org

Program Types: ASC, CAH, ESRD Facilities, HHA, HIT, Hospice, Hospital

Sylvester

Barbara

bsylvester@achc.org

855-937-2242 ext 231

American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)

7500 Grand Avenue Suite 200
Gurnee IL 60031

www.aaaasf.org

Program Types: ASC, OPT, RHC

Henry

Jeanne

jhenry@aaaasf.org

847-775-1970

The Joint Commission (TJC)

One Renaissance Blvd
Oakbrook Terr IL 60081

www.jointcommission.org

Program Types: ASC, CAH, HHA, HIT, Hospice, Hospital, Psychiatric Hospital

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630-792-5708

Revised CODA Definition of a Sponsor (Under Review)

- [AEGD and GPR \(Standard 1-1\)](#)

- Each sponsoring or co-sponsoring institution conferring a certificate must have the state or federal approval to operate, and as applicable, to confer a certificate
- Degrees

- [Pediatric Dentistry \(Standard 1\)](#)

- A Health Care Organization accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) can serve as a sponsor

Understanding CODA Requirements

- Standards: "must" statements and evidence to meet Standards
- Program Goals and Learning Outcomes
- Outcomes Assessment
- Competency-based Education

Create a Standards Tracking Process

1

Look at what CODA considers as evidence but don't stop there

2

Set periodic review of your Evidence

3

Continually search for ways to improve your ability to meet each Standard

Sample Evidence Tracker (Northwest Dental Residency)



CODA STANDARDS (2022) EVIDENCE TRACKER		EVIDENCE			
STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS		1	2	3	4
Standard 1-1 Each sponsoring or co-sponsoring United States-based educational institution, hospital or health care organization must be accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS).		Joint Commission accreditation documentation			
Standard 1-2 The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program		We have no other sponsoring or co-sponsoring organizations			
Standard 1-3 The authority and final responsibility for curriculum development and approval, resident selection, faculty selection and administrative matters must rest within the sponsoring institution		Faculty meeting notes			
Standard 1-4 The financial resources must be sufficient to support the program’s stated purpose/mission, goals and objectives.		THC funding approval e-mails for years 2020-2021, 2021-2022 and	Copy of current NDR budget		

AEGD Standard One: Institutional and Program Effectiveness

- Sponsor CMS accreditation
- Sponsoring organization's responsibilities
- The program must be financially sound
- Must have written overall program goals and objectives that emphasize:
 - general dentistry
 - resident education
 - patient care
 - community service.
- Formal and ongoing outcome assessment process
- Ethics and Professionalism: check out the American College of Dentists

AEGD Standard Two: Educational Program

- 2.1 and 2.2 describe more Goals and Objectives
- Requires written curriculum plan
- Describes requirements for Rotations/ Experiences
- Twelve Patient Care Conferences: diagnosis, treatment planning, progress, and outcomes can be followed and discussed
- Describes 1 and 2 year programs and requirements
- Scientific literature reviews
- Minimum of 3 resident competency reviews/ year

AEGD Standard Three: Faculty and Staff

- List qualifications and authority of Residency Director
- Requirements for Faculty input, calibration, development and evaluation
- Faculty qualifications: bio-sketches; non-specialists teaching specialty areas
- Adequate staff support

AEGD Standard Four: Educational Support Services

- Requires a formal resident selection process
- Requires adequate clinical experiences
- Requires specific information available to applicants description of educational experience, listing of Goals and Objectives
- Develop formal Due Process to handle resident complaints
- Immunization policy

AEGD Standard Five: Patient Care Services

- Requires adequate patient experiences that give all residents the opportunity to achieve your Program's Goals and Objectives/competencies
- Requires an adequate treatment record
- All faculty, staff and residents must be BLS certified
- Residents must be involved in program's QI process
- Requires Infection control, confidentiality and radiation safety protocols

Goals and Objectives

- Review other Residency web sites
- Should be broad but inclusive
- Look in depth at CODA standards and what they require
- Add any G&O you feel sets your program apart from others
- Everything from the didactic to clinical program should revolve around the G&Os
- PDSA process

Sample Goals and Objectives

1. Provide residents didactic and clinical experiences that will enable them to provide comprehensive dental care to a broad-based population, including special patient groups such as children, adults, medically compromised patients, special-needs patients, and those who are financially challenged.
2. Provide residents with an understanding of practice in rural communities with an emphasis on public health and cultural competency.
3. Provide residents with training in quality assurance protocols, ethics, and risk management techniques.

Sample Goals and Objectives

4. Enhance the graduate's ability to make sound multidisciplinary health judgments in arriving at a sound scientific based diagnosis and patient-centered treatment plan.
5. Provide both didactic and clinical training in practice-management skills to prepare the resident to become a productive member of the dental profession
6. Enhance the resident's skills in the use of advanced technology and new preventative techniques to improve their patient's and community's oral health

Curriculum Development

- Develop a written curriculum Plan
- Must support your Goals & Objectives
- Analyze your health center's teaching capabilities
- Check special interests of your Faculty
- Start with specialists in your area and local dental schools
- Shared curriculum possibilities


Quality Improvement Process

- Starts and ends with your Goals and Objectives
- Trimester competency evaluations
- Faculty evaluation by residents
- Resident and Faculty evaluations of the program
- Resident evaluations of any Rotations
- Pre and post resident tests
- Review of results and formulation of an Action Plan for improving the program's ability to meet the stated Goals and Objectives
- Report to the Faculty for input and approval
- Document well!!!!

Sample Annual Outcome Assessment Report

PROGRAM GOALS AND OBJECTIVES/OUTCOMES MEASUREMENT REVIEW

Academic Year 2021 to 2022

	
Goal and Objective 1	Provide residents didactic and clinical experiences that will enable them to provide comprehensive dental care to a broad-based population, including special patient groups such as children, adults, medically compromised patients, special-needs patients, and those who are financially challenged.
Outcome Assessment Mechanism	Resident Outcome Evaluation Forms, Faculty Surveys, Resident Surveys; Pre and post Residency SCDA tests
Frequency of Assessment	Trimester, Semi-Annually, Annually or <u>At Completion</u> depending on the Mechanism used, with an Internal YVFWC Final Annual Report
Date of Expected Completed	Program completion
Results expected	100% competency
Results Achieved	
Assessment of Results	
Resulting Program Improvement	
Date of next Assessment	Ongoing

Competencies

- Written statements describing the levels of knowledge, skills, and values expected of residents completing the program.
- Described in Standards 1.10, 2.1, 2.2, 2.4
- Beginner, Novice, Competent and Expert
- Written competency evaluation process needed for trimester resident evaluations
- Don't reinvent the wheel!!!
- More is not always better

Patient Panels

- Residents must have the opportunity to examine, tx plan and complete their own cases
- Consider a Resident Fund pool to cover lab costs (Can't come out of THC grant)
- CODA reviewers will ask to examine charts so have a list of chart #s of comprehensive cases showing resident Exam to Tx completion care ready for review

HIPAA Concerns of CODA

- Read and follow CODA instructions very carefully concerning their HIPAA rules
- CODA is very strict about this and you will be fined for violations

Patients With Special Needs

- Those patients whose medical, physical, psychological, cognitive or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical conditions, significant physical limitations, and/or other vulnerable populations
- Have each resident keep a tracking sheet listing patient chart #s

Be Organized

- Make it easy for Reviewers to find the information they need
- Arrange your information by Standard # (consider color coding each section)
- Have Evidence matched to each Standard
- You'll either have the Evidence you need or not but the more organized you are the better impression you make

Designated CODA Contacts

- CODA allows limited contacts each program for sending information specific to your program- typically CEO and Residency Director
- Internal lines of communication to key staff (i.e. Residency Coordinator) must be established to ensure proper and timely attention to CODA requests

Compliance with Commission Policies

Third Party Comments:

- ✓ Have Third Party Comments Posting posted and in place during site visit, with easy access for viewing.

Complaints:

- ✓ Have Residency Program Complaint Policy in place and provide to site visit team for viewing.
- ✓ Be prepared to provide evidence to site visit team that Complaint Policy will be or has been provided to and is understood by all enrolled residents.

Distance Education:

- ✓ Be prepared to provide evidence for tracking attendance at distance learning sessions. CODA wants to be able to see you have verification for who is attending the distance learning sessions.

Regularly Review the CODA Website for Changes





QUESTIONS

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