Site Visitor Update Goals

- To bring you up-to-date with current activities of the Commission
- To review policies/procedures particularly relevant to site visitors
- To brief you on the use of technology as it relates to site visits
- To remind you of travel reimbursement and other logistics
- To review site visit report writing
- Do’s and Don’ts
The Site Visitor Evaluation Report (SVER)

- All sections/questions must be answered
- Compliance with Commission Policies
  - Third Party Comments
  - Complaint Policy
  - Distance Education
  - Program Effectiveness
The Site Visitor Evaluation Report (SVER)

- “Must” statements in “yes” and “no” format.
- If you circle NO, the program is not in compliance with this standard and you must write a recommendation. Programs **must** respond to recommendations.
  - [ ] Oral Surgery Grid
- If you circle YES, you have two options:
  - [ ] Make no comment
  - [ ] Write a suggestion
Return of Site Visit Material

- Site Visitor Evaluation Report (SVER) and Site Visit Committee Report should be returned to appropriate staff by e-mail for all non-dental school single program visits within 3 to 5 days after the visit.

- Return SVER to staff on-site on all dental school based and non-dental school multi-discipline visits.
The Written Report: Review of the Basics

- Information taken from the SVER

- The bridge between the site visit and review by the Review Committee and Commission.

- Your report, along with the program’s response (if there is one) is the only information the Review Committee will have to make a recommendation to the Commission. They will not have the self-study.

- The report must contain enough background and details in order to make decisions.
Writing a Recommendation

- A recommendation is written when an area of non-compliance has been identified.
- A rationale must be included. Why are you writing a recommendation?
- May help to answer the following questions:
  - What precisely is the issue?
  - What does the program currently provide?
    - How is it provided?
    - How well does it work?
  - To what extent are students/residents gaining the required training and experience?
  - What training and experiences are the students/residents not gaining?
Writing the Recommendation

- The narrative/recommendation cannot be prescriptive. Tell the institution what the deficiency is, not how to “fix” it.

- Provide as much detail as possible.

- Restate the standard, use the “stem.” “It is recommended…..” Include only those aspects of the standard that are not being met.

- Treat each circled NO as a separate issue and provide rationale for each.

- Cite multiple sources
For Example

Final version of recommendation, including narrative:

Following review of the self-study and interviews on-site, the visiting committee determined that adequate allied dental personnel are not consistently available to the residents. Currently, the program is unable to provide continuous dental assisting and dental hygiene support for the residents; chairside assistance is provided approximately 25% of the time. Recruitment is ongoing for both allied areas. Consequently, this situation does not allow for resident training and experience in the use of modern concepts of oral health care delivery.

1. It is recommended that adequate support staff, including allied dental personnel, be consistently available to allow for student/resident training and experience in the use of modern concepts of oral health care delivery.

Note-this is an AEGD/GPR standard
A Writing Example—Acceptable or Unacceptable?

Written criteria for evaluating the quality of a student’s/resident’s performance must be used. These criteria must be shared with appropriate staff and students/residents. A record of each student’s/resident’s clinical and didactic activities must be maintained and reviewed as part of each student’s/resident’s evaluation. Evaluation results must be provided to students/residents in writing. Documentation of evaluation meetings with students/residents, along with records of students’/residents’ activities, and formal evaluations of students/residents must be kept in a permanent file. During the on-site visit, the consultant reviewed documentation on the evaluation of the periodontics students/residents. It was noted, however, that these evaluations occurred irregularly and were not shared with the student/resident as timely feedback.
It is **recommended** that a record of each student’s/resident’s clinical and didactic activities be maintained and reviewed as part of each student’s/resident’s evaluation. It is further recommended that evaluation results be provided to students/residents in writing and that documentation of evaluation meetings with students/residents, along with records of students’/residents’ activities, and formal evaluations of students/residents be kept in a permanent file. (PERIO Standards 5-1.1, 5-1.2 and 5-1.3)
Was this writing Acceptable?

- Standard 5-1.1-3 –Acceptable recommendation, but the preceding narrative until the last two sentences is unacceptable.
- Why?
Writing a Suggestion

- Program is in compliance, but could be improved.
- Emphasis is on enhancing compliance; not to provide a “favor”
- Program is not obligated to address in response.
- Written in the basic format of a recommendation:
  - Must relate to a Standard
  - Cite multiple sources, if applicable
  - Provide the “story.”
  - Begin with “It is suggested…..”
For Example

Narrative

- The sponsoring institution provides adequate and appropriately maintained facilities and learning resources to support the goals and objectives of the program. It was noted that while the program has a resource of books available in the dental clinic, they are maintained in a private office. The current arrangement could compromise the residents’ access to the resources.

Add the “stem”

- It is suggested that the program continue to develop its learning resources and consider relocating the resources to an area that will be more accessible to the residents.
Other Written Comments

- Remember: no written commendations
- Don’t include “strengths”
- Can include comments that document a specific situation that could be useful for future site visits.
Clarity and Completeness

- Be simple and direct.
- The report should be a straightforward and detailed explanation of your findings.
- Keep your audience in mind.
- Your report is a record of the site visit. When the Commission meets it relies on your report. It is crucial that it is complete and detailed.
USE THIS…

- multiple sources to verify findings
- description of the verification process
- on-site interviews, review of the self-study document, observations
- anonymity of sources—"on-site interviews"
- short, concise, clear sentences
- a sound rationale to describe what you found

INSTEAD OF…

- relying on a single source
- leaving verification source to speculation
- Names of people, academic titles, or “the faculty who teaches…”
- Revealing sources: “the students said….”
- Complex, run-on verbiage
- Stating that the program “did not do X”
Ten Tips for Report Writing

1. Use multiple sources to verify findings.
2. Note the audience for whom you are writing.
3. Write in short, concise and clear sentences.
4. Remember: recommendations are already written for you (the Standard); you cannot make up your own language.
5. Every recommendation and suggestion must be accompanied by a rationale.
Ten Tips for Report Writing, Continued

6. Build a sound rationale to support your recommendations and suggestions.

7. Move from general to specific in the writing of the rationale.

8. Note recommendations that have been previously cite at last site visit.

9. Be sure to comment on only those areas determined to be recommendations or suggestions.

10. Note when the report is due to staff and your obligation to the Commission regarding the report after you have completed the site visit.
After the team approves the Site Visit Report:

- Forwarded to the institution. Directed to prepare a response, if applicable
- Review committee considers the site visit report, along with the program’s response
- Makes a recommendation to the Commission regarding accreditation status
- Suggestions cannot become recommendations
- Recommendations can become suggestions or be removed if RC deems appropriate
- CODA makes final accreditation decision
What’s New at CODA?

New and Proposed Accreditation Standards and Revised Policies
Accreditation Standards Revisions Recently Adopted

- Dental Anesthesiology
  - Implementation: July 1, 2015
- Oral and Maxillofacial Surgery
  - Implementation: July 1, 2014
- Oral and Maxillofacial Radiology
  - Implementation: July 1, 2014
Accreditation Standards Revisions Recently Adopted

- Advanced Education in General Dentistry
  - Implementation: July 1, 2014

- General Practice Residency
  - Implementation: July 1, 2014

- Oral Medicine
  - Implementation: July 1, 2014
Standards Circulating for Comment

All Comments due December 1, 2014

- Oral and Maxillofacial Surgery
- Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery
- Dental Therapy
- Accreditation Standard 1, common to all Advanced Specialty Education Programs, related to institutional accreditation
- Accreditation Standard 1-1 for GPR, AEGD, dental anesthesiology, oral medicine, and orofacial pain

All Comments due June 1, 2015

- Dental Education Programs
Why is it important for programs to know “What’s NEW” with Accreditation Standards?

- Self-Study is sent about one year ahead and is due to team members two months in advance of site visit
- Standards *may* change *within* that time
  - Proposals for revision
  - Adoption of revisions
  - Implementation of revisions
- Site Visitors review program based upon standards *at time of visit*, which may be revised (adopted and implemented) from those that formed the basis for the Self-Study that was completed and studied before visit.
Conflict of Interest-Consulting

- Active consultants/site visitors who independently consult with educational programs accredited by CODA or applying for accreditation must:
  - Identify all consulting roles to the Commission
  - File with the Commission a declaration form signed by themselves and the institution/program with whom they consulted. Contact the Commission office for the declaration form
  - Make it clear to the program they are not representing CODA
Conflict of Interest-Consulting

- **Review Committee** members should not serve as site visitors for an actual accreditation site visit to an accredited or developing program, unless deemed necessary.
  - there is an inability to find a site visitor from the comprehensive site visitor list of consultants
  - when the review committee believes a member should attend a visit for consistency in the review process.

- Review committee members are prohibited from serving as consultants or site visitors for mock accreditation purposes.
Conflict of Interest-Consulting

- Commissioners may not independently consult with a CODA-accredited program or a program applying for CODA accreditation or serve on a site visit team during their term of service.
Conflict of Interest Policy Updates Summer 2014

- For Commissioners, review committee and appeal board members:
  - Length of having been employed at a program or institution increased from five (5) to ten (10) years
  - Having served on a site visit team in the last ten (10) years

- For serving on a site visit team
  - You must not have served on a prior site visit team to that program in the last ten (10) years
  - You must not be a former employee of the program or institution
Current Policies and Procedures Reminder
HIPAA compliance for consultants

- CODA must verify that all consultants have received HIPAA training
  - Annual record of completion required
- Training materials and certificate e-mailed to you annually
- All consultants **MUST** review, sign and return certificate. Can’t participate in a site visit without certificate on file.
Review HIPAA/PII Reminder For Consultants document
- Carefully review Self-Study Guide for any PHI or PII that is not redacted or not appropriately redacted
- Notify CODA staff immediately
HIPAA/PII reminders for consultants

- If identified:
  - Consultants are instructed to securely dispose of (shred paper and CD or “pulverize” USB) and notify CODA when done.
  - Program instructed to send a new electronic version of the self-study, which either does not include the information or is appropriately redacted
  - **Program will be assessed fee of $1,000**
HIPAA/PII reminders for consultants

- Immediately report any lost or stolen CODA or program materials
- Immediately report any lost or stolen devices (e.g., laptop, USB, CD)
Document management post site visit

- Remember procedures for disposal of all program materials after the site visit
  - Shred paper documents and CD following the visit
  - “Hard” delete all e-mails pertaining to the visit
  - Pulverize the USB following the visit
Business Associate Agreement (BAA)

- BAA template provided to all programs
- Law changed September 2013
- All programs must have a BAA on file by September 2014
Institutional Sponsor - reminder

- Site Visitors/Consultants must verify institutional sponsor meets accreditation standard for all disciplines.

- Advanced specialty education programs 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. Hospitals that sponsor advanced specialty education programs must be accredited by an accredited organization recognized by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor advanced specialty education programs must be accredited by an agency recognized by the United States Department of Education.
Institutional Sponsor-reminder

As of September 2013, accreditation organizations recognized by the Centers for Medicare and Medicaid Services (CMS) include:

- Accreditation Association for Ambulatory Health Care (AAAHC)
- Accreditation Commission for Health Care, Inc. (ACHC)
- American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)
- American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP)
- Center for Improvement in Healthcare Quality (CIHQ)
- Community Health Accreditation Program (CHAP)
- Det Norske Veritas Healthcare (DNV Healthcare)
- The Joint Commission (JC)
Conflict of Interest

- The site visitor is obligated to report any conflict of interest – real or perceived
- If you think you have a conflict of interest, contact Commission Staff
- See the entire Conflict of Interest Policy, found in Evaluation and Operational Policies and Procedures manual
Examples of conflict of interest include a consultant who...

- is a graduate of a program at the institution;
- has served as a site visitor, consultant, employee or appointee to the institution;
- has a family member who is employed or affiliated with the institution;
- has a personal or professional relationship with key personnel in the institution/program;
- is affiliated with an institution/program in the same state;
- is a resident of the state.
Confidentiality

- A **FOUNDATION** of the Commission’s process of program evaluation

- Covers:
  - All site visit materials received prior to the visit
  - All written information obtained on site
  - All patient protected health information
  - All meetings and discussions related to the program’s accreditation

- Has **NO** expiration date -- It lasts forever
Confidentiality/Conflict of Interest Forms

- **Must** have signed forms on file with CODA
- Will receive forms yearly requesting any updates and signature
- All observers and State Board Reps are required to have signed forms on file
Specialty Authorized Enrollment Increase

- *Prior* Commission approval must occur before announcement/recruitment of additional position
- *Retroactive* requests may be considered on a case-to-case basis
- Special focused site visit may be required
- Accreditation may be jeopardized
Reporting Program Changes

☐ All program changes must be reported to the Commission.
  ☐ Reporting on the Annual Survey, only, is not acceptable.

☐ Some changes must be reported at least 30 days prior to a regularly scheduled Review Committee meeting and approved prior to implementation.

☐ Some changes must be reported at least 30 days prior to anticipated implementation.

☐ Contact CODA staff for guidance and review program change policy for more information.
State Board Participation on Site Visits

- Participation is dependent upon invitation by the institution and availability of a current member of the state board.

- Role of state board representative
  - Provide assistance in interpreting dental practice acts
  - Give insight into issues pertaining to practice and licensure within the state
  - State Board Representatives are required to maintain confidentiality – forever
Third Party Comments

- **Must** be signed. Identification of the individual making comment will be removed prior to referral to the site visitors and program.

- Third Party Comment and program’s response provided to team 15 days prior to site visit.
Anonymous Complaints

- Unsigned comment/complaint submitted to CODA
- Added to the program’s file for evaluation during the next scheduled site visit.
- The program will have an opportunity to respond; response will be considered during the site visit evaluation.
- Site visit team will be informed of the anonymous comment/complaint at the time of the site visit
- Section on SVER to complete relative to anonymous complaints
Distance Education

- Related to Off-Campus Sites but separate & distinct policy
- Technology-driven
- Expectation is that programs using this modality must comply with accreditation standards; must have a student identity verification process, and must alert students to possible associated charges
- Programs are reviewed at time of site visit for compliance with Distance Education policy
- Site Visitor Evaluation Report (SVER) includes questions on Distance Education in the Compliance with Commission Policies section

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Accreditation of Off-Campus Sites

- **Primary site**: The sponsoring institutional site for an accredited program is the primary site. This site holds responsibility for clinical or didactic learning experiences that meets the accreditation standards for a specific program. The site further holds responsibility for the written agreement with off-campus sites to meet accreditation standards.

- **Off-campus site**: A training site located away from the primary site. For students/residents in a specific program, an off-campus site could be their principal learning site. An off-campus site could be one of the following:
  - A site with which a written agreement is held with the sponsoring institution regarding off-campus learning experiences that meet accreditation standards.
  - A site owned/operated by the sponsoring institution that does not require a separate written agreement.
Accreditation of Off-Campus Sites

- **Optional Enrichment/Optional Observation**
  - A site utilized for the purposes of providing *elective* enrichment or *observational* experiences.
  - Students/residents assigned to these sites are not evaluated on achieving program or accreditation requirements.
  - Enrichment/observation sites may be used episodically by the institution to augment student/resident learning with experiences of only a few days for a student/resident.
  - These sites do not require Commission approval.
Accreditation of Off-Campus Sites

- **Optional Enrichment/Optional Observation site**
  - Examples of such activities include but are not limited to (1) short duration clinical experiences at hospitals, clinics, elementary or secondary schools, or community centers, and (2) clinical enriching experiences in private practice offices.
  - Institutions must maintain an ongoing file of experiences obtained at enrichment/observation sites that documents each site’s name, address, phone, and clinical activity gained from offered experiences, and duration of the experience.
  - This file will be reviewed at the institution’s accreditation site visit to ensure reporting meets Commission policy.
  - The Commission may randomly select and visit enrichment/observation facilities during the site visit.
Establishing New Off-Campus Sites

- When a program plans to initiate a new off-campus site, the Commission must be informed in writing at least one (1) month prior to a regularly scheduled Review Committee meeting (January/July).

- The Commission must review and approve off-campus sites prior to utilization.
  - Dental Public Health is exempt from this requirement

- The Commission will conduct a special focused site visit to each off-campus location where a significant portion of each student’s/resident’s educational experience is provided.

- Additional fees will be assessed to the program for the conduct of these visits.
  - A new administrative fee of $4,000 plus actual expenses to conduct the visit will be billed to the institution.
Off-Campus Sites

- Visiting off-campus sites already approved is determined by the visiting committee and in consultation with Commission staff.

- The 20% benchmark rule is no longer used.
Use of Technology & Site Visit Logistics
Current Use of Technology

- Resource for programs preparing for a site visit.
  - Site Visit Orientation Web Site
- Method by which site visit materials are distributed to programs and consultants.
  - Via E-mail
- Method by which site visit team and CODA staff communicate.
  - Via E-mail
- Please make sure CODA has most current contact information, including e-mail
A brand new look for CODA’s website

- Standards, Self-Study, Citings, and SVER
- Policy and Procedures
- CODA Communicator
  - Information on Open Hearings/Call for Comments on proposed new & revised accreditation standards.
  - Recently adopted accreditation standards and policy.
  - Dates of Commission meetings.
  - Upcoming site visits.
E-Mail from CODA to Site Visitor: Prior to Site Visit

- Site visit forms and logistical information is E-Mailed

- Previous site visit report and background information*
- Program history (Data Profile)*
- Site visit hotel confirmation
- Online flight booking procedures
  * Destroy after site visit
Site Visitor Material available on ADA Connect

- Site visit forms and logistical information available on ADA Connect
  - Standards and SVER
  - Resident Questionnaire (Postdoctoral General Dentistry programs)
  - Gant Travel Protocol
  - EOPP
  - Consultant site visit manual, including HIPAA/PII reminders
  - And others
E-Communication from Institution to Site Visitor

- Programs asked to send paper and electronic copy of self-study to Site Visit Team. E-SSG may be sent by CD or USB drive. *E-mail delivery is not acceptable.*
  - Consultant must maintain materials securely per HIPAA/PII CODA policy
- Check “spam” filters if missing communication from CODA or program
Consultant Planning for Site Visit

Once CODA and Program materials received:

- Communicate with fellow consultant
- Review agenda and affiliated sites to visit (plan travel accordingly)
- Review self-study for completeness and PII and PHI
- Chair communicates with program to initiate pre-visit planning
Consultant Planning for Site Visit

- Request additional information (before or during the visit)
  - Through the staff (if staff to attend visit)
  - Through the Chair (if staff not attending visit)
Additional Consultant Reminders

- Institutional personnel at a level above the program director must be at initial and final conferences.
- ALL students/residents should be interviewed unless they are off-site or on rotation and cannot attend.
- The program director and administrators should NOT attend the faculty interviews.
Additional Consultant Reminders

- The state board representative should only participate if the Commission has informed you of their planned attendance.
  - Contact CODA staff immediately if an unexpected state board representative is on the visit
  - If attending, the state board will be identified on the team roster
  - The state board is not a voting member of the team, he/she is an observer, not trained although does sign confidentiality agreement
  - Board member should be identified on SVER
Additional Consultant Reminders

- Additional participants may include silent observer or Review Committee member/Commissioner.
E-Mail from CODA to Site Visitor: After the Site Visit

- Post-Site Visit Survey
  - Confidently distributed & data presented in aggregate format.
  - Request feedback on logistics
  - Request feedback on process
  - Request feedback on co-visitor(s)
  - Results reviewed to assess areas where training and process can be strengthened.
Site Visitor Travel and Logistics

- Gant Travel
  - 1-877-924-0306
  - www.ganttravel.com

- Online booking preferred

- Failure to use Gant Travel may jeopardize your reimbursement
Site Visitor Travel and Logistics

- Important Phone Numbers
  - Gant Travel
    - Daytime – 1-877-924-0306
    - Emergency after hours – 1-877-924-0306 (reference 96W)
  - CODA Staff
  - Co-Site Visitor
  - Program Director
Site Visitors Must …

- Use **Gant Travel** to book airline tickets
- Get prior approval from appropriate staff for rental car or additional nights stay due to travel difficulties
- Pay your final hotel bill; make sure hotel receipt has zero (0) balance; you will be reimbursed
- Not make arrangements to depart until the final conference is over
Reimbursements

- The ADA Travel and Expense Reporting policy requires that all travel expense forms be submitted within 30 days of the travel return date.

- Forms submitted after 60 days will not be reimbursed, there will be no exceptions.
Reimbursements

- Sign reimbursement and submit original receipts, including airfare and hotel (keep a copy for yourself)
- Processed upon receipt, cannot guarantee specific return time
- Luggage fee reimbursed (1 piece)
Concur

- Electronic expense reporting.
- At this time, not required, but encouraged
- Contact Commission staff if interested
Consultant Do’s and Don’t’s
Consultant Do’s

- **Do** consult CODA staff if substantial changes to the site visit agenda are desired.

- **Do** consider splitting up site visitor duties (e.g. one person reviews documentation, one person tours facilities) if it appears time is running out.

- **Do** inform the program early in the process of all materials to be reviewed on-site and maintain communication early and throughout the process.

- **Do** assess the program according to established, *current* Accreditation Standards, not according to personal preferences.
More Consultant Do’s

- **Do** utilize multiple sources when verifying information and determining compliance with Standards.

- **Do** consider all information gathered before, during and after the site visit to be CONFIDENTIAL.

- **Do** interview all residents of the program.

- **Do** appropriately delete/destroy all site visit materials following approval of the draft report.

- **Do** promptly respond to staff requests for clarification; each member must approve the written draft report.

- **Do** complete the post-site visit survey.
Consultant Don’ts

- Don’t be overly critical, negative or judgmental.
- Don’t bring your biases on the site visit.
- Don’t use your cell phone, iPad or other devices (even for checking messages or texting) during sessions with the program or during interviews.
- Don’t compare the program to your own.
- Don’t be prescriptive when writing the report.
- Don’t make suggestions and/or recommendations as a “favor” to the program.
More Consultant Don’ts

- Don’t qualify the results of the site visit (e.g. “the recommendations are “tiny,” “easy to fix”).

- Don’t accept social invitations or gifts from the hosts.

- Don’t leave the self-study at the institution if you have made notes in it. Suggestion: use “post it” notes that can be removed from self-study.

- Don’t leave the institution prior to the final conference.
Consultant Nominations

- Reviewed each January; ADA membership required
- 1-year term, renewable for 6 years
- Contact staff for nomination form
Ongoing Consultant Activity

- Consultants who have not been assigned on a site visit during the previous two years must re-attend the in-house training provided to new consultants, observe a site visit in the appropriate discipline, or attend the regularly scheduled update sessions at the American Dental Education Association (ADEA) Annual Meeting, before being assigned to evaluate a program on a site visit.
Staff Contacts:

- Catherine Baumann (DPH, OMP, OMR, Ped, Pros, Advanced Site Visits): baumannnc@ada.org

- Jennifer Snow (OMS residency & fellowship, Ortho residency & fellowship, Perio, Endo): snowj@ada.org
Questions ?