COA Policies and Procedures Self-Study Workshop

Council on Accreditation Policies and Procedures

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Self-Study Workshop
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Conflict of Interest Disclosure Statement

- The American Association of Nurse Anesthesiology is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.
- In order to obtain contact hours, you must attend/complete at least 85% of this session to receive the educational CE credits for this activity.
- I have no financial relationships with any commercial interest related to the content of this activity.
- I will not discuss off-label use during my presentation

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Policies and Procedures Manual Revised April 2023

- The COA's Policies and Procedures are an important piece of the accreditation review.
- Why do programs have to comply with the COA Policies and Procedure?
  - The obvious reasons.
  - Standard A.12 states that programs act in accordance with COA's Policies and Procedures for Accreditation.

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Purposes of the COA Policies and Procedures

- To establish guidelines for enhancing educational quality.
- To **facilitate implementation** of the *Standards for Accreditation of Nurse Anesthesia Educational Programs and Practice Doctorate Standards.*
- To meet the requirements of external agencies such as the Council for Higher Education Accreditation (CHEA) and the U. S. Department of Education (USDE).
- To safeguard the rights, responsibilities, and interests of students, faculty, administrators, programs, the profession, the public, and other members of the community of interest.

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Policies that may impact the self study but not discussed

- **A-10: Appearances Before the Council**
- **A-14: Appellate Review**
- **C-15: Complaints Against Nurse Anesthesia Programs**
- **C-21: Confidentiality and Disclosure of Information**
- D-1: Deadline for Compliance with the Standards and Criteria of the COA
- **E-1: Eligibility for Accreditation**
- **G-1: Graduate Employment Rate**
- **N-2: Notification of the COA's Decisions**
- **O-8: Onsite Reviewer's Application and Appointment**
- **P-8: Probation Procedure**
- **P-12: Program Closures**
- **P-24: Progress Reports**
- **P-18: Program Resources and Student Capacity**
- **S-1: Selection and Election of COA Directors**
- **T-1: Program Administrator or Assistant Administrator Replacement**

Numbering refers to the page number in the Policies and Procedure Manual

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Will examine these – may impact the self study

- A-1 Accreditation after Graduation of First Class of Students
- A-3 Accreditation Review for Established Programs
- A-2 Accreditation Process for New Programs
- A-5 Accreditation Process for Established Programs
- A-27 Attrition Monitoring
- C-4 Certification Exam
- C-23 Conflicts of Interest
- D-3 Decisions for Accreditation
- H-1 Health Insurance Portability and Accountability Act (HIPAA
- O-2 Onsite ReviewP-27 Public Disclosure of Accreditation Decisions and Performance Data
- S-6 Self Study

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If we have time, we will look at these policies…

- A-8 Annual Report
- C-10 Clinical Site – Acquisition
- C-13 Clinical Site Maintenance
- D-13 Distance Education
- F-1 Fees
- M-1 Major Programmatic Change
- P-1 Plans for Purposeful Change and Needed Improvement

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Accreditation Review

- When does a new program have to complete a self study prior to being awarded accreditation?
- How often must an established programs complete a self study?
- The capability review includes a self study – is a program awarded accreditation without completion of another self study?

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Page C-1: Capability Review for Accreditation
Pages A-1 & A-3: Accreditation Review

- C-1: Describes process for an applicant program
  - A self study and onsite visit is part of this
- A-1: A new program must complete a Self Study and host an onsite review five years after the admission of its first class.
  - Provides time to evaluate the program's degree of success in attaining its educational outcomes and complying with the COA Standards for Accreditation.
- A-3: Established programs must undergo a periodic review by the Council in order to be considered for continued accreditation.
  - Establishes the requirements all programs must meet as part of the self study and onsite review process.

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Accreditation Flowcharts

- Describe the following:
  - Capability Study
  - Accreditation process for a new
  - Accreditation process for an established program
- When does the program have the opportunity to respond to the onsite reviewer summary report?

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Page C-3 Applicant Program Capability Study and Accreditation Review

Applicant Program Capability Study and Accreditation Review

PROGRAM PRELIMINARY ACTIVITIES
Submit letter of intent to COA
Prepare Self Study report
Submit copies of Self Study report to COA and onsite review team
Pay fees

ONSITE REVIEW
COA conducts onsite review
Onsite reviewers' perform exit conference with program and community of interest
COA receives written summary report of onsite review
Program receives written summary report of onsite review
Program responds to summary report of onsite review

COA STAFF ANALYSIS

WORKGROUP REVIEW
Workgroups review all staff analyses and supporting documentation
Workgroups report findings and make accreditation recommendation to Full Council

COA MEETS AND RENDERS ACCREDITATION DECISION

DEFERRAL UNTIL NEXT COA MEETING | GRANT ACCREDITATION (PROGRAM CAN ADMIT STUDENTS) | DENY ACCREDITATION*

WITH PROGRESS REPORT | WITHOUT PROGRESS REPORT

*Refer to "Adverse Decision Cycle" flowchart, D-12.

Revised: 05/18/17, 01/24/14

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Page A-2 Accreditation Process for NEW Programs

Accreditation Process for New Programs

COA ACTIVITY
Send Notice to Program to Begin Self Study

PROGRAM ACTIVITIES
Graduate First Class
Prepare Self Study Report
Submit Self Study Report to COA and to Onsite Review Team
Pay Fees

ONSITE REVIEW
COA Conducts Onsite Review
Onsite Reviewers Conduct Exit Conference with Program
COA Receives Written Summary Report of Onsite Review
Program Receives Written Summary Report of Onsite Review
Program Responds to Summary Report of Onsite Review

COA STAFF ANALYSIS

WORKGROUP REVIEW
Workgroups Review All Staff Analyses and Supporting Documentation
Workgroups Report Findings and Make Accreditation Recommendation to Full Council

COA MEETS AND RENDERS ACCREDITATION DECISION

DEFERRAL UNTIL NEXT COA MEETING | ACCREDITATION | ADVERSE ACCREDITATION DECISION*

WITH PROGRESS REPORT | WITHOUT PROGRESS REPORT

*Refer to "Adverse Decision Cycle" flowchart, D-12.

Revised 05/19/17
Revised 01/24/14

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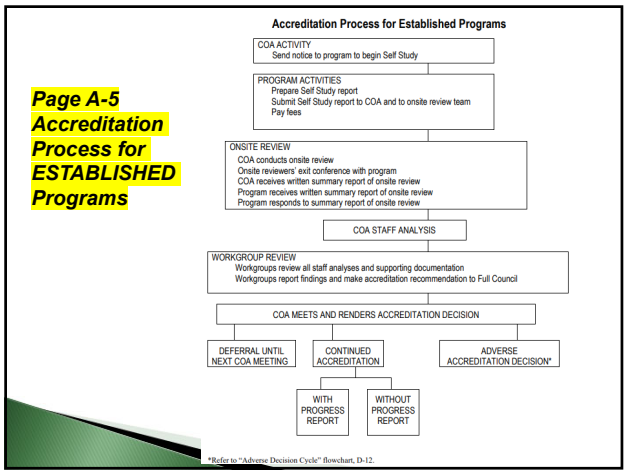
Page A-5 Accreditation Process for ESTABLISHED Programs



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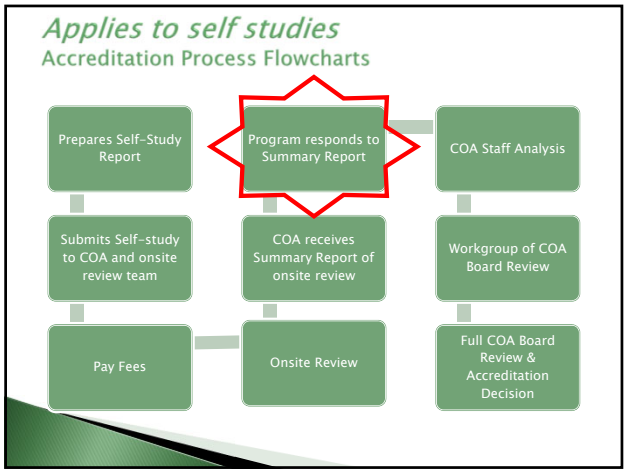

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Attrition Monitoring

- What % attrition triggers action by the COA?

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Page A-27: Attrition Monitoring

- A measure of students no longer enrolled in the program against the number enrolled as reported on the COA's Report.
- The COA requires programs to monitor the attrition of all students enrolled in the program.
- The COA reviews attrition rates and takes action as appropriate.
- Reported on the annual report – COA will inquire if over 10% as reported on the annual report.
- Average attrition of program is 4 – 5%

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Certification Exam

- What are the three pass rate methods described in this policy?
- What in regards to the pass rate is required to be placed on the program's website?
- A program does not meet the pass rate for a cohort of graduates. What happens before the COA sends the program a show cause letter and the program closes?

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Page C-4: Certification Examination

- Programs must document student achievement in multiple ways. The COA believes that one important measure of student learning is the ability of graduates to pass the NCE administered by the NBCRNA. Each accredited program must demonstrate that graduates take the NCE and pass it in accordance with the COA pass rate requirement.

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Page C-4: Certification Examination

- Definitions:
  - **COA pass rate requirement**: 80%
  - **Program's graduation cohort**: All graduates who took the NCE within 4 months of program completion and any 1st-time takers from previous cohorts.
  - **Testing period**: Time period during which the program's graduation cohort(s) has taken the NCE as reported by NBCRNA for one calendar year.

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Page C-4: Certification Examination
Program's NCE Pass Rate Calculation

- **Method 1**: The number of graduates in the most recent graduation cohort who passed the NCE on their first attempt.

- ***Example***: A program's most recent graduation cohort consists of 10 graduates. To achieve an 80% pass rate, 8 graduates need to pass on 1st attempt:
  - 10 graduates in most recent cohort
  - 8 graduates pass the NCE on first attempt

(8 ÷ 10) x 100 = 80%

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Page C-4: Certification Examination
Program's NCE Pass Rate Calculation

- **Method 2:** The number of graduates in the **three** most recent graduation cohorts who passed the NCE on their first attempt.

- **Example:** A programs three most recent graduation cohorts to take the NCE consisted of 12, 15, & 14 graduates (total of 41 test takers). To achieve an 80% pass rate for the program 33 graduates would need to pass on their first attempt.

(33 ÷ 41) x 100 = 80%

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Page C-4: Certification Examination
Program's NCE Pass Rate Calculation

- **Method 3:** The number of graduates in the most recent graduation cohort who passed the NCE on their first attempt **plus** the number of graduates who passed on their 2nd attempt within 60 days of program completion.
- **Example:** A programs most recent graduation cohort who completed the program on June 23. Seven graduates passed on first attempt, three failed (70% 1st time pass rate). Two of the three graduates who failed took the NCE the 2nd time between 6-23 and 8-22 (within 60 days) - 1 passed and 1 failed).

  [(7 + 1) ÷ 10] x 100 = 80%

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Page C-4: Certification Examination

- The policy describes actions including consequences of a low pass rate.

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Page C-23: Conflicts of Interest

- The USDE and the CHEA require the development of at clear and effective controls against conflicts of interest or the appearance of conflicts of interest by Council directors, on-Site Reviewers, consultants, administrative staff, or other Council representatives be developed.

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Page C-23: Conflicts of Interest

- **Program Requirements:**
  - Notify the Council of any perceived conflicts of interest related to the accreditation process.
- **Council Actions:**
  - **Ensure that no current Council director may serve as a consultant to a nurse anesthesia program (Jan 2015)**
  - Allow no current Council director to serve as an onsite reviewer
  - Allow not individual may participate in any accreditation activity related to a program or institution wherein he or she:
    - Graduated
    - Served as a consultant, worked, held practice privileges within past 5 years
    - Participated in an onsite review during past 5 years
    - Possess a pecuniary interest
    - Possess any close personal or professional relationships
    - Holds a position that has duties that compete with the COA
    - Has evidence of a COI including (but not limited to) residing in same state as the program

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Decisions for Accreditation

- Are the years of accreditation described on page D-5 a requirement? Or are these guidelines?

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Page D-3: Decisions for Accreditation

- **D-3** Accreditation decisions are based on a programs substantial compliance with the COA standards
- Guidelines for Continued Accreditation.
- **Program Requirements:**
  - **All programs –** Accurately portray COA accreditation decisions
  - **New Programs –** Submit confidential and anonymous student and faculty evaluations 2 years after the 1st cohort starts
  - **Established programs –** Submit confidential and anonymous faculty and student evaluations at the midpoint of its accreditation cycle.
    **The COA may accelerate this time frame at its discretion
  - A program that receives an adverse accreditation decision has the responsibility to notify current students and those accepted for enrollment in writing of the decision within 7 business days of receipt of the letter.

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Page D-5: Guidelines

- GUIDELINES for Council decisions for established programs and new programs that have graduated the first class of students: ***Continued Accreditation:***
  - ***10 years***: Compliance (no unresolved standards)
  - ***8 years***: Substantial Compliance (no unresolved Standards of critical concern)
  - ***6 years***: Multiple minor deficits exist (no unresolved Standards of critical concern), and/or recently corrected deficiencies exist which require earlier review to determine sustainability of changes, and/or a history of recurrent problems.
  - ***4 years***: Plans to correct substantial deficits and/or unresolved Standards of critical concern are in place.
  - ***2 years***: 1. Substantial deficits exist and remain unresolved and/or 2. A question of program stability has been raised and/or 3. Multiple areas of noncompliance or Standards of critical concern remain unresolved.
  - ** in **Standards** indicates criteria of critical concern = therefore a critical weakness if not met)*

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Decisions for Accreditation

- ***Continued accreditation with a progress report*** – requirement of one or more written reports submitted to the Council that provide additional information and indicate progress in improving substantial compliance with the Standards
- ***Show Cause*** – Council may issue a show cause letter
- ***Probation*** – Council may give notice that a program's accreditation is in jeopardy by placing it on probation – probation will not exceed one year
- Revocation of Accreditation

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HIPAA

- How could the COA be exposed to protected health information?

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Page H-1: Health Insurance Portability and Accountability Act (HIPAA)

- The privacy rule promulgated by the US Department of HHS under **HIPAA** establishes requirements for "covered entities" to provide accrediting agencies with access to "Protected Health Information" during accreditation activities.
- Program administrator will maintain any and all business associate agreements (BAA) between the COA and the sponsoring institution, co-sponsors, and clinical sites.
- Programs are charged with maintenance of these agreements and are to make them available to COA reviewers upon site visit and at their request.
- *An exception to the above program requirements – the COA has executed a separate BAA with the US Dept of Defense (DOD) that encompasses all DOD facilities

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Page O-2: Onsite Review

- Policy covers such items as:
  - Reviewer substitution
  - Honest
  - People and material available
  - Third party present (unusual)
  - Attendance at faculty conferences
  - Demonstrate compliance
- Covered in the presentation about the onsite visit.

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Public disclosure

- What needs to be published on the program's website?

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Page P-27: Public Disclosure of Accreditation Decisions and Performance Data

Minimum info on the program's website

1) Accreditation status.
2) Specific academic program covered by the accreditation status.
3) Name, address, and telephone number of the Council.
4) Attrition for the most recent graduating class.
5) Employment of graduates within six months of graduation (see Glossary: Graduate employment rate).
6) Certification examination pass rate for first time takers.
7) Program length, in accordance with the Council's definition.

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Self study

- Who is the audience reading a self study?

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Page S-6: Self Study

- Programs are required to complete a **Self Study** as requested by the Council for the purpose of measuring their progress toward complying with established program objectives and the requirements in the *Standards.*

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About these policies…

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- C-13 Clinical Site Maintenance
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- F-1 Fees
- M-1 Major Programmatic Change
- P-1 Plans for Purposeful Change and Needed Improvement

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Annual Report

- What relationship does the annual report have to the self study?

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Page A-8: Annual Report

- All nurse anesthesia programs must submit an annual report to the council.
- Program submits yearly and have copies of past annual reports during the onsite review.
- The COA assesses summative reports during On-Site Review as a way to determine whether programs are in compliance with the Standards and P&P.

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Clinical Site – Acquisition

- What is the difference between a required site and an enrichment site?
- How simple is obtaining an affiliation agreement?

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Page C-10: Clinical Sites – Acquisition
Page C-13: Clinical Sites-Maintenance

- Refer to the policies
- Note
  - Difference between a required and enrichment site
  - Difference between active, inactive, discontinued site
  - What program officials can do site visits
  - Frequency of site visits

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Conflicts of Interest

- The onsite reviewer lives in Maryland. Can that person review the program at Johns Hopkins University?

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Distance Education

- A course is only taught online. How does the program compare outcomes of students in this course to the same course taught face-to-face? (The course is not taught face-to-face!)
- Note: Standard C11. Distance education programs and courses satisfy accreditation standards and achieve the same outcomes as traditional educational offerings.

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Page D-13: Distance Education

- Refer to the policy, especially about the definitions of distance course and distance course.
- If a course is offered only online, there is no face-to-face section to compare outcomes.
- The program should report indicators of success of students in the online course such as grades and student evaluations of the course.

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Fees

- What are the fees are required for initial accreditation?

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Page F-1: Fees

- Refer to the policy
- There are various fees
  - Initial application – new program
  - Onsite visits – administrative fee for onsite visits
  - Actual expenses of onsite reviewers
  - Others – doctoral offerings, distance ed, clinical sites, out-of-cycle review

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Major Programmatic Change

- A program is undecided if a program change constitutes a major programmatic change. What should the program do?

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Page M-1: Major Programmatic Change

- Refer to the policy.
- Ask the program specialist if the planned change will require a major programmatic change submission.

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Plans for change

- What are some indicators of success?

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Page P-1: Plans for Purposeful Change and Needed Improvement

- The Council expects programs to be proactive in planning, implementing, and sustaining purposeful change that improves student achievement and ensures the long-range viability of the program. The Council judges a program's success with respect to student achievement and program effectiveness during programmatic review. Measurement of **indicators of success** is important. See page P-1
- In January 2015, the policy was revised to state that planned programmatic changes should be based ***on causal analysis***. Additionally, programs must now identify and put in place resources to implement changes within an identified timeframe.

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Questions?

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Thank you!

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