COA Update: Key Revisions to COA Policies and Standards

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Conflict of Interest Disclosure Statement

The presenters have no financial relationships with any commercial interest related to the content of this presentation.

Administrator Positions in a New Program (A-7)

- Added the term **“experientially”** to align with Standard B.17
- Clarifies qualifications for program administrator and assistant administrators
- Glossary definition of “experientially qualified” from the Practice Doctorate standards included

Capability Review for Accreditation (C-1)

- Policy Item 1a Update: Added language requiring programs to submit a description of agreements/arrangements between:
  - Accredited Title IV eligible conducting institution
  - Non-accredited, non-Title IV eligible organization
- Joint Operation of Nurse Anesthesia Program
  - Clarifies roles of each organization involved
- Footnote Clarification
  - “Accredited” refers to accreditation by an institutional accreditor recognized by the U.S. Secretary of Education

Confidentiality and Disclosure of Information (C-21)

- **New Item 1a**:
  - Programs must ensure COA access to all necessary information, including from clinical sites
  - COA accreditation includes observing students in clinical procedures, possibly involving incidental PHI exposure
- **New Item 1a1**:
  - Onsite reviewers are bound by COA's Confidentiality and Disclosure policy
  - Reviewers do not sign additional confidentiality agreements or waivers from clinical sites

Eligibility for Accreditation (E-1)

- New Policy Requirement – Item 1e
  - Applies to joint programs with accredited and non-accredited institutions
  - Initial accreditation: Must show compliance with USDE rules
  - Documentation required (Items 1e1–1e7)
- Effective Dates
  - New programs: Jan 1, 2025
  - Established programs: Jan 1, 2027 or next onsite review
- Established Programs
  - Submit documentation 6 months before onsite review
  - Early submission allowed; requirements now in policy

Health Insurance Portability and Accountability Act (HIPAA) Access to Information Necessary to Perform Accreditation Function, Including Protected Health Information (H-1)

- Clarified: Reviewers must have access to direct patient care areas at clinical sites
- New Policy Item 1c:
  - Places responsibility on sponsoring institution to ensure COA reviewer access
  - Emphasizes need to observe students during clinical procedures
  - Notes potential incidental contact with Protected Health Information (PHI)
- Encourages clinical sites to sign COA's Business Associate Agreement

Program Resources and Student Capacity (P-18)

- Only significant increases (4 students or 10%) require COA approval
- Programs with monitoring/resource issues must apply for any increase
- New programs without NCE data cannot request increases
- Non-significant increases need prior COA notice only
- Failure to notify risks accreditation consequences
- Incomplete applications may be reviewed at next meeting
- Class Size counts students returning from leave into first year

Application for Increasing Class Size (AA-18)

- Definition Added: "Significant increase"
- Definition Section Updated: Removed conditions for application submission
- Clinical Site Info (Item 6a): Revise to include number/types of specialty cases at COA-approved sites
- Faculty Resources (Item 6b):
  - Report faculty-to-student ratio
  - Submit Faculty Resources Matrix
  - Option to include faculty expansion plans with approval documentation
- New Template: Required for reporting NCE pass rates (Item 1e)
- Accreditation Documentation (Items 6f & 6g):
  - Submit most recent accreditation decision letter
  - Include COA letter if resource concerns were previously identified

Standard A – Conducting Institution Standards

- ***A.3: The conducting ~~organization~~ institution completes a legally binding written agreement that outlines the expectations and responsibilities of all parties when an academic-affiliation is established or when ~~2~~ two or more entities with unshared governance enter into a joint arrangement to conduct a program[1] *(see Glossary, "Conducting institution," "Unshared governance")***
  - **Conducting institution** - The legal entity (institution or organization) that assumes sole, primary, or shared responsibility for the conduct of a program including budgetary support; responsible for ensuring that the program has complied with accreditation requirements.

[1] May not be applicable to all accredited programs.

Standard A – Conducting Institution Standards

- **A.5: The governance structures in which the program functions facilitate appropriate involvement and~~s~~ effective communication among and between faculty, students, administrators, the public, and its communities of interest.**
- ***A.8: The conducting institution provides sufficient time to permit faculty to fulfill their obligations to students including clinical and classroom teaching, counseling and evaluation, and advising on doctoral level scholarly activities *(see Glossary, "Scholarly work oversight," "Sufficient time").***
  - **Sufficient Time** - The amount of time needed to complete a task or effectively achieve a goal; varies based on the complexity of the tasks to be completed and capabilities of the individuals assigned to perform the tasks. Time committed to faculty obligations may be communicated to COA in a completed Faculty Resources Matrix.

Standard A – Conducting Institution Standards

- **A.11: The program seeks Council approval before making a significant increase in ~~ing~~ class size and demonstrates reasonable assurance there are adequate resources as delineated in Standard A.10 (see *Glossary, "Significant increase"*).**

Glossary Definition of Significant increase

- **Significant increase** - Programs planning a significant increase in first-year enrollment must submit the Council's Application for Increasing Class Size. The Council considers a "significant increase" one that meets any of the following conditions:
  - A proposed one-time class size increase of four students OR an increase that results in an enrollment cohort of 10% or greater than the program's approved class size, whichever is smaller.
  - Incremental increases that result in an overall increase of four students OR a 10% increase in enrollment, whichever is smaller, as compared to the program's approved class size. Programs will be required to submit an Application for Increasing Class Size as soon as the four student OR 10% increase in enrollment is met.
- For programs currently on National Certification Examination monitoring or with unresolved citations related to adequacy of resources, any increase in class size—even if one student—is considered significant. An Application for Increasing Class Size must be submitted to demonstrate there are adequate resources to support an education program that meets Council Standards.

Standard B – Faculty Standards

- * **B.3: The CRNA program administrator must be experientially qualified to provide leadership to the program *(see Glossary, "Experientially qualified").***

Glossary Definition of Experientially qualified

Experientially qualified - Program administrators must possess: (a) clinical experience as a CRNA~~;~~ ~~(b) graduate preparation in the basic and clinical sciences relevant to nurse anesthesia practice~~; (b~~c~~) formal instruction in curriculum, evaluation, and instruction; (c~~d~~) current knowledge of CRNA practice and related professional issues; and (~~e~~d) current knowledge of institutional and programmatic accreditation requirements for nurse anesthesia educational programs (as evidenced through prior experience with applicable institutional accreditation reviews, active participation in development of a Self Study and completion of a COA onsite review, documentation of a detailed plan or completion of formal mentorship activities with an experienced CRNA program administrator, or other activities). Academic experience is required; a~~A~~dministrative experience is preferred.

Assistant program administrators must possess: (a) clinical experience as a CRNA~~; (b) graduate preparation in the basic and clinical sciences relevant to nurse anesthesia practice~~; (~~c~~b) formal instruction in curriculum, evaluation, and instruction; (c~~d~~) current knowledge of CRNA practice and related professional issues; and (~~e~~d) current knowledge of institutional and programmatic accreditation requirements for nurse anesthesia educational programs (as evidenced through prior experience with applicable institutional accreditation reviews, active participation in development of a Self Study and completion of a COA onsite review, documentation of a detailed plan or completion of formal mentorship activities completed with an experienced CRNA program administrator,or other activities). Academic experience is preferred.

Standard B – Faculty Standards

- **B.21: Faculty who teach in distance education courses are educated in distance education methodologies.**

Standard D – Graduate Standards

- ***D.30: Teach others *(see *Glossary, "Teach others")*.**
  - **Teach others** - Graduates may demonstrate ability to teach others by completing class presentations (face-to-face, virtual), making presentations to staff in the clinical setting (such as grand rounds-type presentations), teaching in a simulation or other laboratory setting, podium and poster presentations at local, state, national, or international meetings, patient education (including preoperative interviews), and other methods.

Standard D – Graduate Standards

- ***D.46: Analyze health outcomes in a variety of clinical settings and healthcare systems.**
- ~~***D.47: Analyze health outcomes in a variety of systems.**~~
- ***D.478 : Disseminate scholarly work (see *Glossary, "Dissemination of scholarly work")*.**
  - **Dissemination of scholarly work -** Dissemination of scholarly work contributes to the profession. Dissemination methods depend on the program or institution and may include a combination of methods. Dissemination includes a final written product that is presented to stakeholders at the university or at a local, state, national, or international meeting. Other methods for disseminating the scholarly product to multiple stakeholders may include: poster presentations; manuscript under review and/or submission for publication; in-service education; or podcasts.

Standard D – Graduate Standards

- ***D.4~~8~~9: Use information/communication ~~systems/~~technologies~~y~~ and informatics processes to support and improve patient care (see *Glossary, "Information/communication technologies and informatics processes")*.**
  - **Information/communication technologies and informatics processes -** Information and communication technologies are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.
- ***D.49~~50~~: Use information/communication ~~systems/~~technologies~~y~~ and informatics processes to support and improve healthcare systems (see *Glossary, "Information/communication technologies and informatics processes")*.**

Standard E – Curriculum Standards

- **Standard E.2.1: Course(s): Separate courses in**
  - Advanced Physiology/Pathophysiology that is comprehensive and across the lifespan.
  - Advanced Pharmacology that is comprehensive and includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.
  - Advanced Health Assessment that is comprehensive and across the lifespan *(see Glossary, "Advanced health assessment")*
  - Basic Principles in Nurse Anesthesia
  - Advanced Principles in Nurse Anesthesia

~~Advanced Physiology/Pathophysiology, Advanced Pharmacology, Basic and Advanced Principles in Nurse Anesthesia, and Advanced Health Assessment *(see Glossary, "Advanced health assessment").*~~

Standard E – Curriculum Standards

- ***E.2.2: Content: Advanced Physiology/Pathophysiology (120 contact hours), advanced pharmacology (90 contact hours), basic and advanced principles in nurse anesthesia (120 contact hours), research (75 contact hours), advanced health assessment (45 contact hours), human anatomy, chemistry, biochemistry, physics, genetics, acute and chronic pain management, 12-lead ECG interpretation‡, radiology, ultrasound-guided regional and vascular techniques, point of care ultrasonography, anesthesia equipment, professional role development, wellness and substance use disorder, informatics, ethical and multicultural healthcare including health disparities across populations, leadership and management, business of anesthesia/practice management, health policy, healthcare finance, integration/clinical correlation *(see Glossary, "12-lead ECG interpretation," "Advanced health assessment," "Health disparities across populations." ~~"Wellness and substance use disorder,"~~ "Pain management, acute," "Pain management, chronic," "Point of care ultrasonography," ""Professional role development," ~~"12-lead ECG interpretation," and~~ "Radiology," and "Wellness and substance use disorder").***

Glossary Definition of Health disparities across populations

- **Health disparities across populations** - Differences in health outcomes among population groups, including but not limited to, variations in rates of illness, injury, violence, or access to resources for achieving good health that are avoidable and tend to affect groups facing social or economic challenges.

Standard E – Curriculum Standards

- **E.7: Distance education ~~programs and courses~~offerings satisfy accreditation standards and students achieve the same objectives/outcomes as traditional educational offerings.[6]**

[6] In the event that distance courses have only been offered online, achievement of comparable outcomes can be demonstrated by positive course and instructor evaluations, students' final grades, programs' National Certification Examination (NCE) pass rates, and graduation rates. Refer Accreditation Policies and Procedures Manual for "Distance Education" policy and related application.

Clinical Experiences

The minimum number of clinical hours is 2,000 *(See Glossary, "Clinical hours").*

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Patient Physical Status		
Class I		
Class II		
Classes III-VI (total of a, b, c, & d)	200	300
a. Class III	50	100
b. Class IV	10	100
c. Class V	0	5
d. Class VI		
Total cases	700~~650~~[±]	~~700~~ 750

Appendix Clinical Experiences

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Methods of Anesthesia		
General anesthesia	400	
Perform a general anesthetic induction with minimal or no assistance[‡]	50	100
Inhalation induction	25	40
Mask ventilation ~~management~~[12]	~~25~~100	~~35~~ 200
Induction		
Maintenance	25	
Resuscitation		
Supraglottic airway devices (total of a & b)	35	50
a. Laryngeal mask		
b. Other		

[12] ~~A general anesthetic that is administered by mask, exclusive of induction.~~Positive-pressure ventilation administered using a mask during induction and/or maintenance of a case as well as resuscitation events.

Appendix Clinical Experiences

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Arterial Technique		
Arterial puncture/catheter insertion	25	
Intra-arterial blood pressure monitoring	30	
Central Venous Catheter		
Placement[18] – Non-PICC (total of a & b)	10	15
a. Actual		5
b. Simulated		
Placement – PICC (total of a & b)		
a. Actual		
b. Simulated		
Monitoring	~~15~~10	15

[15] Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.
[16] Examples include truncal, cutaneous, head, and neck blocks (e.g., transversus abdominis plane, rectus sheath, ilioinguinal, iliohypogastric, oral, and maxillofacial blocks).

[18] Simple models and simulated experiences may be used to satisfy this requirement. ~~For students enrolled on or after January 1, 2020, N~~**no clinical experiences can be obtained by simulation alone.** Insertion of peripherally inserted central catheters (PICC) does not meet the requirements for central line placement.

Implementation Dates for Revised Standards

Effective Date of Revised Standards:	January 1, 2026
D. Graduate Standards, Standard E2.2, and Clinical Experiences:	Effective for students matriculating on or after January 1, 2026.

Review Timeline

Fall 2025
Onsite Visit

Reviewed under current Standards

Spring 2026
Onsite Visit

Reviewed under current Standards

Fall 2026
Onsite Visit

Reviewed under the revised Standards

Future Activities

- 3Ps Special Interest Group
  - Charged with obtaining clarification from CCNE and NCSBN on 3Ps course evaluation per the APRN Consensus Model, development of Reviewer's Manual guidance, and analysis of key issues such as role-specific content, anesthesia-specific textbooks, and course titling/content scope.
- Guidelines for Counting Clinical Experiences Special Interest Group
  - Charged with updating the 2021 guidelines to align with revisions made to the Standards and Clinical Experiences and developing a crosswalk between the AANA Scope of Practice and COA Standards to identify alignment and potential gaps.