Commission on Accreditation for Respiratory Care

High Stakes for an Accreditation Site Visit

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Objectives

- How to prepare for an accreditation site visit under the new standards
- Preparing your students, faculty, and administrators for the site visit
- Working with your Referee and Team Captain prior to the site visit
- Planning ahead to ensure participation by key individuals
Objectives

- Gathering and organizing essential documentation
- Review the NBRC School Score Reports
- Interpret the results of the school score reports for use in revising curriculum to improve exam scores
History of Essentials/Standards

- Initially adopted in 1962
  
  (JRCRTE in 1970; CoARC in 1997)
The Revision Process

- The ongoing review of the Standards will occur as needed, but no less than every five (5) years.
- Programs with self-studies due on or after **November 1, 2015** are required to demonstrate compliance with the 2015 Standards.
General Changes

- A number of Standards have been eliminated or combined with existing Standards resulting in a lower total number of Standards;

- Evidences of Compliance have been revised and made more applicable to measuring compliance with the relevant Standards;

- Interpretive Guidelines have been revised and are now embedded in the Standards document.
Standard I – Program Administration and Sponsorship

• Institutional Accreditation
• Consortium
• Sponsor Responsibilities
• Program Location
• Substantive Changes
• Affiliate Agreements
Standard II – Institutional and Personnel Resources

- Institutional Resources
- Personnel Resources
- Key Program Personnel
- Program Director
- Director of Clinical Education
- Medical Director
- Instructional Faculty (sleep and satellite)
- Administrative and Support Staff
- Assessment of Program Resources
Standard III – Program Goals, Outcomes, and Assessment

- Statement of Program Goals
- Assessment of Program Goals
- Assessment of Program Resources
- Student Evaluation
- Assessment of Program Outcomes
- Reporting Program Outcomes
- Clinical Site Evaluation
Goal Statement

Entry versus advanced practitioner programs
Standard IV– Curriculum

- Minimum Course Content
- Core Competencies
- Length of Study
- Equivalency
- Clinical Practice
Significant Changes to Standard IV

- CoARC will continue its outcomes-centered approach to the accreditation review process;

- Given the significant shifts to a competency-based approach to accreditation, revisions in the 2015 Standards reflect an *increased emphasis on student learning outcomes that focus on the competencies and attainment levels reached by respiratory care students upon completion of their first professional degree program.*
Standard V – Fair Practices and Recordkeeping

- Disclosure
- Public Information on Program Outcomes
- Non-discriminatory Practice
- Safeguards
- Academic Guidance
- Student and Program Records
Site Visit Process

The site visit is the most complex aspect of the accreditation process. Site visitation teams usually have 2 members, one of whom must be a physician. Site Visitors are on-site objective observers and gatherers of data during the process of accreditation and reaccreditation. Site Visits end with the Site visitor providing an in-depth review of pertinent documents and, when appropriate, inspect program facilities. A critical component of this function is the preparation of an analysis and action plans related to its resources and outcomes. Further, the visit includes a program’s presentation of the current requirements and the Standards.

Before the Site Visit

Prior to your site visit, the Referee assigned to that program (a Referee is a member of the Commission who is assigned to a program to review and assist with a program’s Self Study) will communicate with you and the program regarding specific concerns related to a program’s self-study report, annual report, or progress report. The Site Visitor will review the Program’s Self Study in preparation for the site visit. The Site Visit Cancellation option is available in case of unforeseen circumstances. Site Visit Cancellations are accepted up to 7 days prior to the site visit. The Site Visit Cancellation must be in writing.

Suggested Reading:

- Annual Reporting Tool (E-Accreditation)
- Self Studies
- Site Visit Process
- Resource Assessment
- Program and Personnel Changes
- Progress Reports
- Substantive Changes
- Standard Site Visit Agendas

For more information, visit www.coarc.com.
Referee Assigned

↓

Self-Study Completed/Review

↓

Continuing Accreditation Self-Study Review Report (CSSR)

↓

Site Visit Scheduled

↓

On-Site Review Report (OSRR)

↓

Referee Recommendation to the Commission
Site Visit Process

When the program submit its self-study, the Executive Office will assign a Referee. The Referee is a CoARC Commissioner who reviews the self-study and assists the program through the accreditation process. The Referee communicates with the PD regarding concerns or requests related to the data submitted in the self-study report, annual report, and/or progress report.
Site Visit Process

The Referee will submit his/her analysis to the Executive Office. A back and forth between the Referee and the PD may occur to resolve any concerns noted from the self-study. Once all concerns are resolved the Executive Office will assign site visitors. The most experienced site visitor is termed the Team Captain.
Site Visit Process

The site visit is the most complex aspect of the accreditation process. It is also the most visible function of the Commission on Accreditation for Respiratory Care (CoARC).
The site visit team will endeavor to gather program information relative to the *Standards* and to address any questions or concerns from the Referee. This information can be obtained from:

- On-site inspection of records, facilities, etc.
- Interviews of faculty, students, and graduates
- Discussions with the Administration, Dean, Program Director, Director of Clinical Education, Medical Director and the Advisory Committee.
Site Visit Process

- Site visitation teams usually have two members, one of whom may be (and in some cases, must be) a physician.
- Site visitors are on-site objective observers and gatherers of the “facts” that are reported back to the CoARC Referee as a part of the ongoing process of accreditation and reaccreditation.
Site Visit Process

- During one to two days at a campus, site visitors interact with all of the communities of interest, review pertinent documents, and, when appropriate, inspect program facilities.
  - Faculty offices, RT classroom and lab, simulation lab, and computer lab.
Site Visit Process

Through this process, the CoARC ensures that each program’s documentation supports the analysis and action plans related to its resources and outcomes. Further, the visit offers an opportunity to document the degree to which the program meets the Standards.
Site Visit Process

- The site visitors will review the program's self-study and the Referee's analysis of the self-study prior to the site visit.

- The Team Captain will call the PD making an introduction but it is appropriate for the PD to make the first call.
Site Visit Agenda

- This is a good opportunity for the PD to inquire about the agenda. Typically most site visits can use the template agenda on the CoARC website but there are times when modification is necessary.

- It is ok to make changes in the agenda to accommodate special circumstances but it is advised to discuss changes with the Team Captain first.
Site Visit Agenda

Site Visit Documents

2010 CoARC Accreditation Standards
March, 2012 Interpretive Guidelines
CoARC Accreditation Policies and Procedures Manual (in effect 1/1/14)
General Guidelines for Site Visitors
Responsibilities of the Site Visit Team Captain
Site Visit Agendas
Site Visit Agenda for Provisional
On-site Opening Statement
On-site Summation Statement
Site Visit Interview Guide (Revised 12/1/10)
Evidence List for Site Visitors (ISSR)
Evidence List for Site Visitors (CSSR)
Evidence List for Site Visitors (SSPO) - Sleep Specialist
Evidence List for Site Visitors (PSSR) - Provisional
CoARC On-Site Review Report (Sample of form used with the ISSR/Initial On-site Review)
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Site Visit Agenda

**Monday or Thursday**
8:00 AM - 8:30 AM  
Arrive on Campus

8:30 AM - 9:00 AM  
Meet with Faculty

9:00 AM - 9:30 AM  
Meet with Administration

9:30 AM - 10:00 AM  
Meet with Graduates

10:00 AM - 10:30 AM  
Meet with First Year Students

10:30 AM - 11:30 AM  
Meet with Second Year Students

11:30 AM - 12:00 PM  
Meet with Medical Director

12:00 PM - 1:00 PM  
Advisory Committee Luncheon *(no Key Personnel in attendance)*

1:00 PM - 1:30 PM  
Meet with Clinical Instructors

1:30 PM - 5:00 PM  
Review Program Documents

5:00 PM - 5:30 PM  
Return to hotel

**Tuesday or Friday**
8:00 - 8:30 AM  
Arrive on Campus – Clarify concerns with Faculty

8:30 – 10:30 AM  
Executive Session

10:30 – 11:00 AM  
Meet with Faculty to review Site Visit Report (Consultation conference)

11:00 AM – 12:00 PM  
Summation Conference
Site Visit Agenda

- Once the program has a confirmed site visit date, start the process of notification of those who will be involved and have them save the date/time.
- You may want to let students who will (at the time of the site visit) be recent grads know about the process and let them know that you will be notifying them to attend and the importance of good attendance.
Site Visit Process

It is not necessary for the program to communicate with the second team member. The program will meet the second team member when the site visit team arrives on campus. Once assigned a site visit team, communicate with the Team Captain.
Budget for the Site Visit

- Budget actual cost.
- Average approximately $3,000.
- Air fare and lodging are the largest variables.
- Allow the site visitors to assume all costs during the visit. The Executive Office will then bill the college for the entire cost afterwards.
Budget for the Site Visit

- The site visitors will make their own travel arrangements and hotel reservations.
- When the Team Captain and the PD talk, it is appropriate to inquire about the need to transport the team back and forth between the hotel and the school.
Budget for the Site Visit

When the program selects and submits its three recommendations for hotel accommodations consider shuttle service from the airport to the hotel.
Budget for the Site Visit

- Consider any hospitality arrangements that need to be made:
  - Advisory committee luncheon
  - Water, coffee, light snacks
- Consider food allergies.
Before the Site Visit

No gifts!

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Before the Site Visit

- Reserve a room where the site visitors can work.
- Use the RT classroom or lab if available.
- Schedule the following meetings for this room:
  - Graduates
  - Students
  - RT Faculty (didactic and clinical)
  - Key personnel
  - Advisory committee luncheon if it works
  - Medical Director
Before the Site Visit

- Move relevant files (past five years) to the room in advance so site visitors can do all their file reviews.
- Any documents that the Referee or Team Captain requests should be made available in this room.
- Label all files so that it is obvious what they are and identify them with the Standard.
- Flag any relevant information requested so the site visit team doesn’t have to search.
# Evidence List for Site Visitors

## Site Visit Documents

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EVIDENCE TO BE MADE AVAILABLE TO ON-SITE EVALUATION TEAM

During the on-site survey of your program the following evidence must be available for review by the site visit team. The evidence should be assembled in the room that is to be used during discussions with the Program Director and Director of Clinical Education on the first day of the site visit. Other documents not identified below may be requested by the site visit team to assist them in evaluation of the program’s compliance with the Standards.

Standards 1.04/1.09/5.09/5.11:
☐ Copies of duly executed agreement, contract or memorandum of understanding for each affiliate (e.g., institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the program for clinical experiences)

Standards 2.05/2.10:
☐ State license and RRT verification

Standards 2.08/2.13/2.15/2.16/5.12:
☐ Results of student course evaluations
Before the Site Visit

- When the program receives its CSSR (Continuing Accreditation Self-Study Review Report), Form B of the report will have Standards checked (compliance cannot be determined at this time) that the program will need to have ready on site for review.

- Review the Interpretative Guidelines (minimum evidence of compliance) to ensure that the necessary materials are ready for review.
<table>
<thead>
<tr>
<th>Standard</th>
<th>Standard Description</th>
<th>Standard Appears Met</th>
<th>Standard Appears Not Met, including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met. Be specific about which elements of a Standard appear Not Met.)</th>
<th>Compliance cannot be determined at this time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.09</td>
<td>Responsibilities.</td>
<td>☑</td>
<td>☐ Rationale: ☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.10</td>
<td>Holds valid RRT and professional license/cert.</td>
<td>☐</td>
<td>☐ Rationale: ☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.11</td>
<td>Has at least a Baccalaureate degree.</td>
<td>☐</td>
<td>Compliance with Standard verified by documentation previously received by EO.</td>
<td>☐</td>
</tr>
<tr>
<td>2.12</td>
<td>Has min 4 yrs RRT/2 yrs clinical/2 yrs teaching.</td>
<td>☑</td>
<td>☐ Rationale: ☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.13</td>
<td>Has regular/consistent contact w/fac, clin, students.</td>
<td>☐</td>
<td>☐ Rationale: ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Medical Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.14</td>
<td>MD responsibilities and qualifications.</td>
<td>☑</td>
<td>☐ Rationale: ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Instructional Faculty</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.15</td>
<td>Sufficient faculty; student to clin faculty ratio ≤ 6:1.</td>
<td>☐</td>
<td>☐ Rationale: ☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.16</td>
<td>Instructor qualifications.</td>
<td>☑</td>
<td>☐ Rationale: ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Before the Site Visit

Meet with your advisory committee, administration, key faculty, and medical director to prepare them for the visit.
Site Visit Interview Guide

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ON-SITE REVIEW INTERVIEW GUIDE

Instructions to On-Site Reviewers:

This guide is designed to provide on-site reviewers with assistance in gathering and verifying program information and evidence relative to the 2010 CoARC Accreditation Standards for the Profession of Respiratory Care.

This guide is not meant to be all-inclusive of the questions that can be asked by on-site reviewers. Conversely, site visitors should refrain from asking every question included in this guide.

All information made available to on-site reviewers for and during their interview process is to be considered confidential. Team members are also privy to a number of opinions expressed by individuals during their interviews; these too are confidential. Prior to each interview, the interviewees must be informed about the accreditation process, the specific role of the on-site reviewers, and the importance that the CoARC places on confidentiality.
Site Visit Interview Guide

Samples question for:

- President/CEO/Consortium Chair
- Dean/Division Chair
- Program Director
- Director of Clinical Education
- Medical Director
- Program Faculty
- Clinical Faculty
- Advisory Committee
- Students
- Graduates
Medical Director Interview Questions

1. What are your responsibilities as the Medical Director? *(Standard 2.14)*

2. How do you ensure that students have adequate physician interaction? *(Standard 2.14)*

3. What is your interaction with the Director of Clinical Education to assure physician input at all clinical sites? *(Standard 2.14)*

4. What is your involvement with the program’s Advisory Committee? *(Standard 3.04)*

5. Do you complete the CoARC Personnel-Program Resource Survey at least annually? *(Standard 3.07)*
Before the Site Visit

- The program may be asked to present an example of a few students who had issues and how those issues were resolved (i.e. grading issues, disciplinary problems, academic dishonesty).
- Having 2-3 student files tagged in advance is a good idea.
It is important to have good attendance at your meetings.
Student Attendance

- This should be easy since they are students and the program has control over their schedule.
- Do not tell site visitors that they are not available because they are in class or clinical.
Graduate Attendance

• Invite past graduates from at least the past three years but not necessary to go beyond five years.

• More important to have grads present who are 1-3 years out versus 3-5 years.

• Ensure a good representation of grads to meet with the site visitors.
Didactic/Clinical Faculty Attendance

- Be sure that they are available and prepared.
- Be sure they have an opportunity to read the self-study or at least be briefed regarding expectations.
Advisory Committee Attendance

- Be sure the Advisory Committee members are available and prepared.
- Be sure they have an opportunity to read the self-study or at least be briefed regarding expectations.
Medical Director/Co Medical Director Attendance

• Be sure the Medical Director/Co Medical Director is/are available and prepared.
• Be sure they have an opportunity to read the self-study or at least be briefed regarding expectations.
Evidence of Compliance

Associated with each Standard, there are items of evidence (evidence of compliance) that need to be available to demonstrate that the program meets that Standard.
Evidence of Compliance

**Standard 3.07:** The program must develop and implement processes that reduce inconsistency among individuals who perform clinical evaluations.

- **Inter-rater reliability (IRR)** - A measure of the extent to which raters agree during evaluation of the same thing.
Evidence of Compliance

- Documentation of an inter-rater reliability plan that includes a description of evaluator training and records of training participation by clinical evaluators;
- Documentation of review and analysis of clinical evaluations completed by individuals performing clinical evaluations;
- Documentation of implementation of an action plan to reduce inconsistency when variability is identified.
Common Standard Violations

Clinical PEP – Practices of Effective Preceptors

• Important to do more than simply purchase and state that you are using Clinical PEP.

• IRR is mentioned in Standards 2.13, 3.07, and 4.09.
At the beginning of your site visit, both program personnel and representatives of the administration will be clearly informed about the purposes, function, and mechanics of the on-site evaluation and its relationship to the accreditation processes of the CoARC (opening statement).
Opening Session With Administrators

- President and/or VP
- Division Dean and/or Chair
- Not necessary to attend:
  - Advisory Committee Chair
  - Medical Director
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President/CEO/Consortium Chair

1. In what ways does your institution support the continued professional growth of program faculty and staff? *(Standard 1.04)*

2. In what ways does your institution assure that appropriate security and personal safety measures are addressed for program students and faculty in all locations where instruction occurs? *(Standard 1.04)*

3. [If applicable] Describe how your institution ensures that program students and faculty at geographically distant locations (i.e. satellite campuses) have access to academic support services and resources equivalent to those on the main campus. *(Standard 1.06)*

4. Describe how your institution ensures adequate funding for the program to meet the goals/objectives of the program. *(Standard 2.01)*
Lab and Classroom

- Take the time to clean and make sure everything is orderly.
- No need to get out a sample of supplies or equipment. The site visitors will simply look around and if there are questions regarding anything they will ask.
Office

- Take the time to clean faculty offices and make sure everything is orderly.
- You don’t get a second chance to make a first impression!
Closing Session

- After the Site Visit team has completed their report, they will arrange to meet with the Program Director and Director of Clinical Education to confirm their data and to discuss their conclusions.
- The team will also provide informal ideas and suggestions to help the program personnel address any shortcomings in their program.
- Team members will then provide program personnel and administration officials with an objective oral review of the findings of the team during the on-site evaluation.
Who Do I Invite to the Closing Session?

- Pack the room...
  - Administration
  - Faculty
  - Students
  - Advisory Committee
  - Medical Director
NBRC School Score Report

- Currently the first time a program is required to report using their NBRC School Score Report is when submitting a PR for Credentialing Success.
- I ask all PDs to send me their School Score Reports prior to the visit.
- Webinar on CoARC web site.
- Threshold not set to date.
NBRC School Score Report

- First time pass rates.
- Three year running average may mask 1\textsuperscript{st} time pass rate issues.
- Gathering data on TMC exam and using high cut score in future.