



SITE VISITOR POLICIES AND PROCEDURES MANUAL

*Supplemental Document to the CoARC Accreditation Policies &
Procedures Manual*

Effective December 2021

Published By:

Commission on Accreditation for Respiratory Care

264 Precision Blvd.

Telford, TN 37690

PH 817-283-2835

Fax: 817-354-8519

Web Page: www.coarc.com



TABLE OF CONTENTS

TABLE OF CONTENTS	2
5.01-INTRODUCTION AND OVERVIEW.....	3
5.02-THE ON-SITE EVALUATION	4
5.03-ON-SITE EVALUATION TEAM	5
5.04-CONFLICT OF INTEREST	11
5.05-CONSULTING	11
5.06-PRECAUTIONS FOR THE ON-SITE EVALUATION TEAM	12
5.07-DUTIES OF THE ON-SITE EVALUATION TEAM	14
5.08-ROLE OF THE REFEREE IN THE ACCREDITATION PROCESS	17
5.09-ROLE OF THE EXECUTIVE OFFICE.....	18
5.10-FOCUSED SITE VISITS.....	19
5.11-SATELLITE SITE VISITS.....	19
5.12-STANDARD VIRTUAL SITE VISIT PROTOCOL.....	19
5.13-RESPONSIBILITIES OF THE SITE VISIT TEAM.....	19
5.14-THE CONSULTATION CONFERENCE	22
5.15-THE SUMMATION CONFERENCE.....	23
5.16-THE WRITTEN REPORT	23
5.17-ELECTRONIC SUBMISSION OF REPORT.....	24



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

5.18-TRAVEL AND REIMBURSEMENT.....	25
5.19-CONFIDENTIALITY	28
5.20-EVALUATION OF TEAM MEMBERS	28
5.21-COMPLAINTS ABOUT ACCREDITATION SITE VISITOR(S).....	28
5.22-DELAY OR ADVANCEMENT OF THE ON-SITE EVALUATION.....	30
5.23-VIRTUAL SITE VISIT PROTOCOL.....	31
5.24-CANCELLATIONS AND RESCHEDULING OF AN ON-SITE EVALUATION	38
5.25-LIST OF SITE VISIT FORMS	39
5.26-LIST OF COARC ACRONYMS.....	40

Please Note: Unless specified otherwise, the term ‘Standards’ refers to the CoARC’s most recently approved Accreditation Standards (*Entry into Respiratory Care Professional Practice* or Accreditation Standards for *Degree Advancement Programs*) and Accreditation Standards for *Advanced Practice Programs in Respiratory Care*, as applicable to the program offered.

The term ‘program’ in this document refers to all base programs and program options (i.e., additional degree track programs, sleep disorders specialist programs, and satellite programs) unless specified otherwise.

5.01-INTRODUCTION AND OVERVIEW

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). Accordingly, the CoARC has the obligation to assure both itself and the educational community it serves that those engaged in site evaluation are fully qualified and competent.

Site visitation teams usually have two members, one of whom may be (and in some cases, must be) a physician. As a Site Visitor you are an on-site objective observer and gatherer of the “facts” that you report back to the CoARC Referee as a part of the ongoing process of accreditation and reaccreditation.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

Prior to your site visit, the Referee assigned to that program (a Referee is a member of the CoARC Board assigned to a program to review and assist with a program's accreditation process) will communicate with you and the program about specific concerns or requests regarding the data submitted by the program in their self-study report, annual report, or progress report. The Site Visitor will review the Program's Self Study and the Referee's Analysis of the Self Study prior to the site visit.

During the site visit, the Site Visitor will endeavor to gather program information relative to the CoARC Standards and to address any Referee questions or concerns. This information can be obtained from: 1) on-site inspection of records, facilities, etc., 2) interviews of faculty, students, and graduates, 3) discussions with the Administration, Dean, Program Director, Director of Clinical Education, and the Advisory Committee.

Becoming a site visitor requires that the site visitor be familiar with the CoARC Thresholds of Success, *Accreditation Policies and Procedures*, and the *Standards* which are available from the CoARC website, www.coarc.com. The process of accreditation is heavily dependent upon the performance of the site visit team. This team must accurately and reliably collect, review, interpret, verify, and document all information pertaining to the program under review. The accreditation recommendation made by the CoARC depends to a significant extent upon this information. Unless this information is accurate and fully documented, the CoARC will be unable to reach a fair and responsible decision concerning the program.

It is for this reason that the following policies and procedures have been developed. The CoARC believes that delineating the competencies and behaviors expected of site visitors will assist those already engaged in the process in discharging their responsibilities and will provide the basis for training new evaluators. Careful preparation and continuing improvement of the on-site evaluation process will enhance the precision and consistency of the entire accreditation function.

5.02-THE ON-SITE EVALUATION

As noted in the introduction, the on-site evaluation is one of the most important and critical functions of the CoARC. 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.

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*.



5.03-ON-SITE EVALUATION TEAM

QUALIFICATIONS FOR INITIAL APPOINTMENT AS A SITE VISIT TEAM MEMBER:

To be eligible to become a site visit team member, an individual must meet or exceed all the qualifications for one (1) of the three categories (A-C):

A. Academic Team Member:

1. At least three (3) years of experience as a senior academician (e.g., dean, associate dean, department chair, program director, director of clinical education, within the last 10 years at program(s) holding continuing accreditation;
2. At least five (5) years as an NBRC-credentialed registered respiratory therapist;
3. Earned baccalaureate degree or higher from an academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE);
4. Demonstrated active involvement in the profession of respiratory care (e.g., membership in professional organizations, credentialing, and research record;
5. Has played a significant role in preparing or contributing to the preparation of a self study report; and involved in a site visit.

B. Physician Team Member:

1. At least three (3) years as a Board-certified, licensed physician, credentialed at or has been credentialed at one of the clinical affiliates of a CoARC-accredited program, with recognized qualifications, by training and/or experience, in the management of respiratory disease and in respiratory care practices;
2. Hold appropriate state credential to practice, or be a retired physician in good standing who is otherwise qualified as determined by the CoARC;
3. Demonstrated active involvement in the profession of respiratory care (e.g., membership in professional organizations, specialization, or research record).

C. Sleep Specialist Team Member:

1. At least three (3) years of experience as a faculty member within the last 10 years at program(s) holding initial or continuing accreditation;
2. At least five (5) years as an NBRC-credentialed registered respiratory therapist;
3. At least three (3) years as an NBRC-credentialed sleep disorders specialist (SDS) or BRPT-credentialed registered polysomnographic technologist;
4. Earned associate degree or higher from an academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE);



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

5. Demonstrated active involvement in the profession of respiratory care and polysomnography (e.g., membership in professional organizations, credentialing, and research record).

D. Degree Advancement Site Team Member

1. At least three (3) years of experience as a faculty member within a degree advancement program and/or currently serves as the program director for a degree advancement program;
2. At least five (5) years as an NBRC-credentialed registered respiratory therapist; or meet the criteria as a physician team member who has experience with degree advancement education;
3. Developed a respiratory care degree advancement program in its entirety and/or has developed courses within the program;
4. Earned master's degree or higher from an academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE).

CONTINUED QUALIFICATION AS A SITE VISIT TEAM MEMBER

Once initially qualified, the site team member must:

1. Maintain active status (see Appointment Process, p. 7-8);
2. Complete all required retraining;
3. Maintain an updated Site Visitor Participation Agreement on file at the CoARC Executive Office upon request;
4. Provide an updated Curriculum Vitae, CoARC CV Outline, or Bio sketch on file at the CoARC Executive Office upon request;
5. Provide a current CoARC approved professional head shot upon request.

QUALIFICATIONS FOR INITIAL APPOINTMENT AS A SITE VISIT TEAM CAPTAIN:

To be eligible to become a site visit team captain, an individual must meet or exceed all the following qualifications:

1. Satisfactory completion of at least five (5) or more site visits as a team member.
 - a. Satisfactory completion is defined as receiving no unfavorable evaluations from either the team captain or the programs site visited;
2. Working knowledge of the CoARC Standards and Site Visitor Manual;
3. Recommendation by the Site Visit Committee to the CoARC for approval.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

CONTINUED QUALIFICATIONS AS A SITE VISIT TEAM CAPTAIN:

Once initially qualified as a site visit team captain, the site team captain must continue to abide by all requirements for maintaining qualification as a site visit team member (see above).

APPOINTMENT:

A. Application Process

The applicant's record must demonstrate that s/he meets the initial qualifications, is an active and respected participant in the respiratory care education community and is therefore well-qualified to represent the community in the accreditation process.

The CoARC accepts applications on an as-needed basis. Qualified persons wishing to be selected as site visitors must first submit an application (available upon request from the CoARC Executive Office). Applicants should contact Bonnie Marrs, Site Visit Coordinator (817-283-2835 ext. 102) prior to submitting the application to the CoARC Executive Office. Applicants must also submit a current (less than 6 months old) curriculum vitae (CV) or CoARC-approved CV Outline Form, 2 Letters of Reference, and a signed Site Visitor Participation Agreement.

Once the application and supporting documentation (e.g., proof of credentials, degree, etc.) has been received and reviewed by the CoARC Executive Office, the applicant will be contacted to participate in a telephone interview with either the COO or the CEO. Applicants who have completed the telephone interview process will then be reviewed by the Site Visit Committee. Applicants will then be presented to the CoARC for a final decision. Applicants will be notified of the Commission's decision. If the Commission's decision is to deny the application, the notification will include the reason(s) for the denial.

B. Appointment Status

1. **Provisional Status:** "Provisional" status will be granted to a Commission approved applicant who has completed the site visitor training program. To achieve active status, a probationary site visitor must: (1) complete a minimum of 2 site visits within a 2-year period (1st site visit must be completed during the first year) with an experienced CoARC commissioner or team captain; and (2) receive satisfactory evaluations for both visits. Exceptions to the 2-year timeline must be approved by the Chair of the Site Visit Committee.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

- 2. Active Site Visitors:** "Active" status will be granted to an applicant who has successfully completed the site-visitor training, signed the Site Visitor Participation Agreement, and satisfactorily completed the probationary period.

Active status for all site visitors is subject to review by the CoARC and is based upon appointment recommendations by the Site Visit Committee.

Active status requires that site visitors participate in at least an average of one site visit per year every three years (i.e., a minimum of 3 site visits in a three-year period).

Whenever there is a change in the CoARC *Standards*, all site visitors with "Active" status must complete the retraining program and submit an updated Site visitor Participation Agreement upon completion.

Whenever an active site visitor's program receives an adverse accreditation status from CoARC, the site visitor's active status will be temporarily suspended. The site visitor's active status will be reinstated once the adverse accreditation status has been removed.

- 3. Withdrawal of Appointment:** Individuals will be deleted from the roster of site visitors if they: (a) voluntarily resign; (b) fail to maintain active status, (c) fail to correct any deficiencies revealed in the evaluation process, or (d) violate the Terms of Participation for CoARC Site Visitors as described in the CoARC Site Visitor Participation Agreement.

KNOWLEDGE, SKILLS, AND SENSITIVITIES:

Note: The following is a description of the general competencies expected of site visitors. It is recognized that a site visitor may not be fully proficient in all the areas described after a single site visit. The team approach utilized by the CoARC assumes a complementary integration of the site visitors' knowledge and skills in such a manner that the team exhibits the required competencies.

A. Knowledge

1. In-Depth Knowledge

Site visitors representing the CoARC must exhibit in-depth knowledge of:

- a. The full scope of the program's resources, operations and components as described in the self-study report prepared by the institution under evaluation;
- b. The CoARC *Standards* for the Profession of Respiratory Care;
- c. The existing procedures for accreditation and re-accreditation, including the mechanism for reconsideration;
- d. The role of Resource Assessment and Outcome Evaluation in respiratory care programs.

2. General Knowledge

Accurate and complete on-site assessment requires that the site visitors have a general knowledge of:

- a. The principles of institutional organization/administration, including:
 - (1) Institutional accreditation processes;
 - (2) Fiscal policy and planning;
 - (3) Various organizational/authority structures.
- b. Curriculum design and instructional methods, including non-traditional approaches.
- c. Psychometric theory and application including:
 - (1) Cognitive testing and evaluation;
 - (2) Performance evaluation.
- d. Contemporary standards of respiratory care, including current procedures and equipment, and the expected role of practitioners.
- e. Current learning resources related to respiratory care.

3. Sensitivities

For a site visit to be satisfactory, the site visitors must demonstrate not only the knowledge and skills identified above, but also that they are imbued with certain affective attributes. The following are some of the basic attributes and sensitivities the CoARC believes to be very important in a successful site visitor:

- a. Sensitivity to the concerns of the parties with a stake in the evaluation process, including those of
 - (1) Privacy;



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

- (2) Confidentiality of data;
- b. Sensitivity to the politics of evaluation and accreditation, including
 - (1) Internal and external ramifications of adverse findings or decisions;
 - (2) Potential institutional or programmatic misuse of accreditation process;
- c. Sensitivity to the facilitative and consultative role of site visitors;
- d. Sensitivity to the limitations of the responsibility and authority of site visitors (i.e., not assuming the role of the referee or the CoARC in accreditation recommendations, etc.);
- e. Sensitivity to values and philosophies different from those personally held;
- f. Sensitivity to the potential for personal or professional bias.

TEAM CONSTITUTION/ASSIGNMENT:

- A. On-site evaluation teams shall consist of two (2) qualified members assigned by the CoARC Executive Office.
- B. Assignment Criteria:
 - 1. Site visitors should not have any real or potential conflict of interest that may affect the evaluation as outlined in the Site Visitor Participation Form or the Conflict of Interest Form. If the site visitor, the CoARC, or the program has reason to believe that a conflict of interest may exist, the site visitor will be excused and another member will be selected.
 - 2. The on-site evaluation team shall not be made up exclusively of current Commissioners.
 - 3. A current Commissioner shall not site visit the program of a current Commissioner.
 - 4. The Executive Office may decide to send a site visitor from the same state of the program. This will be determined on an individual basis and the program will be contacted to ensure it would not be considered a conflict of interest (i.e., site visitor cancellation or retirement/relocation of a site visitor).
- C. Additional Personnel: Observers may accompany the on-site evaluation team. The program must be notified and give prior consent. The Observers must sign the CoARC Approved Site Visitor Agreement form.



- D. Team Captain: The team member having the most experience in on-site program reviews will be the Team Captain. In the event that a Commissioner is part of the team, the CoARC Commissioner may serve as Team Captain.

5.04-CONFLICT OF INTEREST

All individuals associated with the CoARC, including the Commissioners, staff, site visitors, consultants and other representatives, shall maintain the highest standard of professionalism and integrity and shall conduct themselves in a manner that fosters respect for the integrity, expertise, and reliability of all.

The CoARC requires that its procedures and the actions of its site visitors and others with designated roles in the accreditation process are consistent with the need to maintain confidentiality during the review process.

Site visitors must decline any assignment in which a real or potential conflict of interest may be perceived. This includes assignment to programs in which close personal friends (or enemies), former associates, former students or relatives are employed, or institutions at which the site visitor has been employed. Site visitors should also disqualify themselves if at any time in the past they have served as a consultant to the program or the sponsor. Conflict of interest may also arise when a clear disparity in the values, philosophies, or orientations of the program and the site visitor would make an objective evaluation difficult or impossible.

5.05-CONSULTING

- A. A Site Visitor cannot consult with a program for a period of one (1) year following a site visit to that program or a program within their corporate structure.
- B. A Site Visitor can never site visit a program or corporate entity in which he/she was employed in a consulting capacity or served in the capacity of key personnel since it is a conflict of interest for a person to site visit a program or corporate entity in which he/she was formerly employed.
- C. A Site Visitor must contact the Chief Executive Officer for approval in writing before contracting with a school as a consultant to avoid any unforeseen conflict of interest. The Chief Executive Officer in consultation with the Site Visit Committee Chair will reply within 5 working days to the site visitor. If a site visitor accepted a contract that was not approved by

the CoARC, he/she would be removed as a CoARC Site Visitor and notification would be sent to the program.

- D. The Site Visitor must provide in writing the following statement that he/she must send to the program and provide a copy to the Chief Executive Officer so it will remain on file with the program and the site visitor.

“The consultation I provide to [program] are the personal opinions and recommendations of [your name]. These personal opinions and recommendations are not endorsed or approved in any way by the Commission on Accreditation for Respiratory Care (CoARC) and do not represent the opinions and recommendations of the CoARC. I am not acting as an agent of the CoARC when providing consultation for [program].”

5.06-PRECAUTIONS FOR THE ON-SITE EVALUATION TEAM

1. All information made available to site visitors for and during their evaluation is to be considered confidential. Site visitors are required to sign a confidentiality statement. Disclosure of any information obtained during the accreditation process is a breach of confidence. Team members are also privy to a number of opinions expressed by individuals during their many interviews; these too are confidential. Site visitors should refrain from discussing any aspect of an institution, even positively, with anyone other than representatives of the institution or individuals involved in the accreditation process. While site visitors are encouraged to be on the lookout for exceptional evaluation instruments or other things that may be beneficial to other programs, such material may be utilized only with the express written consent of appropriate institutional personnel.
 1. Sponsors must inform the CoARC Executive Office in writing at least 10 (ten) days prior to the site visit the site visit team members will be required to sign a non-disclosure agreement or similar documents. If the site visit team is required to sign such documents while on site without notice, the CoARC reserves the right to cancel the visit and to reschedule the site visit at the sponsor’s expense.
- B. Site visitors may not engage in either personnel recruitment or job hunting activities/behavior during an on-site evaluation or until the accreditation process is complete, whichever is longer. Team members should not imply their availability for any role, temporary or permanent, at the institution being visited. In addition, they should not apply for any position at that institution for at least one year following the on-site evaluation. If such activities are observed, the uninvolved team member shall notify the Executive Office immediately about the potential for a gross conflict of interest.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

- C. Site visitors should not accept gifts, favors, or services from any person associated with the program being evaluated. (This includes: souvenirs, key chains, pens, coffee mugs, shirts, etc.) In addition, the site visitors should pay all travel, accommodation and meal expenses. Exceptions are breakfast or lunch meetings utilized to facilitate the on-site evaluation (i.e., lunch with the Advisory Committee).
- D. Team members should not use the on-site evaluation or their report to promote personal theories, nor is there any room for process-based criticism such as the number of books in the program's section of the library, or the types of flow meters in its laboratory.
- E. Site visitors must be objective and unbiased. Team members who are overly sympathetic may leave program personnel with unwarranted optimism regarding the extent to which their program meets the *Standards*. Conversely, team members who are in awe of highly respected or well-known institution or program personnel may hesitate to point out weaknesses in the program. Excessive criticism based on personal biases may have serious adverse effects on a program. The extent, to which it meets the current CoARC Standards as written, must be the only criterion by which a program is evaluated. Site visitors who have any doubts about their ability to perform an objective evaluation of a particular program must excuse themselves.
- F. CoARC's objective in establishing a formal work dress code is to enable our site visitors to project the professional image that is in keeping with the needs of our programs to trust us. Site visitors should project the image of a trustworthy, knowledgeable professional for the programs who seek accreditation and our consultative and facilitative services. Site visitors are expected to dress in business attire during the site visit. The CoARC will issue each site visitor an identification badge to wear during the site visit to identify themselves as members of the site visit team.
- G. Team members' conduct throughout the visit must be above reproach. Behavior such as lewd comments, off-color jokes, and intolerance of any kind (gender, race, ethnicity, sexual orientation) are unacceptable and must be reported to the Executive Office immediately.
- H. In order to minimize disruptions during meetings and interviews, site visitors should refrain from using cell phones, pagers, and other portable electronic devices. These devices should be turned off or placed in silent mode.
- I. The sponsor must provide video-free and audio-free facilities where the site visit team can work and conduct interviews. Surveillance and/or recording of site visitors during the site visit are prohibited.

5.07-DUTIES OF THE ON-SITE EVALUATION TEAM

GENERAL:

The responsibilities described below are listed in the chronological order in which they are discharged prior to, during, and after an on-site evaluation. Those responsibilities marked with an asterisk (*) are traditionally delegated to the team captain of the on-site evaluation team. Each member of the on-site evaluation team is expected to be thoroughly familiar with the *Standards* and the components of the accreditation process. Each member of the team is required to respect and maintain the confidential nature of all materials and activities related to the accreditation process.

SPECIFIC:

- A. Confirmation of Participation:** Upon selection and assignment for a scheduled on-site evaluation, the team members should confirm with the Executive Office their willingness to participate.
1. Site visitors recognizing real or apparent conflicts of interest with the program being evaluated should disqualify themselves immediately;
 2. The Executive Office should be notified at the earliest possible time of scheduling conflicts that arise after assignment and prior to the scheduled date(s) of the visit.
- B. Self-Study Report Review:** Upon receipt of the program self-study report and any supplementary documentation, the team members should review its contents in relation to the applicable *Standards*.
1. Where necessary, the team captain should communicate with the CoARC referee assigned to the program for clarification of self-study report contents, supplementary materials, etc;
 2. Following review of the written program documentation and Referee's Analysis, team members should communicate with each other in order to: (a) develop strategies for data collection and evaluation; (b) outline specific areas for scrutiny; and (c) identify concerns;
 3. Team member(s) should communicate with the Executive Office regarding any questions or concerns not clarified by (1) or (2) above.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

- C. ***Visit schedule/Agenda approval:** A mutually satisfactory agenda should be arranged in consultation with the Program Director and/or the administrative officials of the program being visited.
1. The Executive Office should be contacted if changes in the length of the visit are deemed appropriate;
 2. The program personnel may be asked for recommendations of appropriate accommodations and ground transportation;
 3. When possible, the travel arrangements of the team members should be coordinated. Late arrival to or early departure from the institution reduces the efficiency and efficacy of the site visit and can adversely affect the team's ability to evaluate the educational program completely and objectively.
- D. ***Preliminary Team Meeting:** Arrangements should be made for the site visitors to meet prior to the formal agenda. At this meeting, the team should compare notes, decide how they will conduct the various interviews, and discuss any other concerns.
- E. ***Orientation:** At the first encounter with both program personnel and with representatives of the administration, these individuals should be clearly informed about the purposes, function, and mechanics of the on-site evaluation and its relationship to the accreditation processes of the CoARC. The Opening Scripts is to be read at this first meeting. Fears and/or anxieties should be allayed.
- F. **Data Collection/Interpretation:** The team members should seek, collect, verify, and interpret all information likely to demonstrate how the program meets the applicable *Standards* by:
1. Interview of all key program personnel, support staff, students, graduates, and representation of the Advisory Committee;
 2. Review and analysis of relevant documentation and reports, particularly Resource Assessment materials;
 3. When necessary, inspection of pertinent facilities and resources.
- G. **Documentation:** Since the CoARC can take no action without adequate documentation; team members must carefully document all findings on the "On-Site Review Report" forms. In addition, site visitors should be careful to answer any questions listed on the Referee's Analysis of the Self Study on Form X of the On-Site Review Report (OSRR).

1. Evidence must be provided to substantiate all *Standards* marked as 'not met'. For example, if the *Standard* marked as 'not met' is 2.14 – “physician instructional involvement”, support may consist of reference to statements made by the students or staff, to admission of non-participation by the physician or physicians concerned, to the absence of any formally scheduled physician seminars, etc.;
 2. For all *Standards* marked as 'not met', reference must be made to the number/letter designation of the applicable *Standard(s)*;
 3. The On-site Review Report should be reviewed for accuracy prior to its submission. Errors should be identified and corrected. Consistency between the observations/impressions of the site team and their documentation is essential;
 4. Recommendations for the remediation of *Standards* marked as 'not met' must be provided in writing on Form X of the report, but are not to be presented by the site visit team to the program. The Referee will communicate the “Required Documentation” to the program in the Referee’s Analysis of the On-Site Review Report.
- H. Consultation Conference:** After they have completed their report, the site visit team should arrange to meet with the Program Director and Director of Clinical Education to confirm their data and to discuss their conclusions. It is important that team members discover prior to the Summation Conference whether any of their conclusions have been based on faulty interpretations or incomplete information. In addition, this is an ideal time for the site visit team to function as consultants, providing informal ideas and suggestions to help the program personnel address any shortcomings in their program.
- I. Summation Conference:** Team members must provide program personnel and administration officials with an objective oral review of the findings of the team during the on-site evaluation. The Summation Conference script is read and the Summation Conference Handout is distributed.
1. Those present during the summation conference are to be documented by printing their name on Form A of the OSRR;
 2. Team members should try to evaluate the degree of concurrence expressed by those present regarding the team's observations;
 3. Team members should reiterate their function and review the sequence of events (including the program’s right to verify the facts in the report, the ability of the program



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

to inform the CoARC of improvements made prior to the close of the agenda at which the CoARC will consider the program, and the reconsideration mechanism, where applicable) in the accreditation process subsequent to on-site visit. Under no circumstances should the team indicate their estimate of the nature of the CoARC recommendation. None of the written report must be left with the program; and videotaping or recording of any type is prohibited.

J. Following the On-Site Evaluation: The Executive Office must be provided with an electronic copy of the "On-Site Review Report" (OSRR) within five (5) working days of the completion of the on-site evaluation, along with signed copies of the Opening Script and Summation Script.

1. The OSRR is considered complete only when the names of both team members are typed on the bottom of form A. The Team Captain should forward a copy of the finalized report to the other team member prior to submitting it to the Executive Office to ensure that they agree with the contents of the report;
2. When necessary, an explanatory letter (or other documentation) of any difficulties, unusual circumstances, and/or incidents related to the visit should be included with the Report.

K. Miscellaneous Responsibilities: Team members shall:

1. Submit all travel/expense reports within two weeks of completion of the on-site evaluation (see Travel and Reimbursement section);
2. Communicate in a timely manner with the CoARC Chief Executive Officer if there is a concern about a site visitor's performance;
3. Report to the CoARC Chief Executive Officer any impropriety or unusual circumstance which could affect the validity or integrity of the on-site evaluation;
4. Complete the Site Visitor Peer Evaluation form.

5.08-ROLE OF THE REFEREE IN THE ACCREDITATION PROCESS

The referee is the member of the CoARC Board of Commissioners assigned to guide a program through the accreditation process. The role of the referee is that of liaison between the CoARC Board of Commissioners and the program. The referee collaborates with the CoARC Executive Office and will make recommendations to the CoARC concerning the accreditation status of the



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

program. Furthermore, the referee is responsible for communicating with the program to clarify program matters and for determining whether program documents demonstrate compliance with the *Standards* before the recommendation to the CoARC.

The referee is responsible for maintaining a running file of all documentation on the program to which he/she is assigned as a referee from the original application date until final accreditation is granted by CoARC. Copies of all correspondence with the program must be sent to the Executive Office so that parallel files may be retained. It is the referee's responsibility to submit all documentation supporting his/her recommendations for accreditation status to the Executive Office. These documents must be forwarded to the Executive Office by the preset deadline dates or they will be retained until the next CoARC meeting. After full accreditation has been granted or accreditation withdrawn, and all appeals exhausted, the referee may discard all documents.

The referee also serves as a consultant, available to help program personnel improve all aspects of the program, so that it will meet current *Standards*. The role of the referee is not simply to identify weaknesses, deficiencies, and *Standards* 'not met', but referees should try to analyze the deficiencies and make recommendations that will help the program correct the problems and achieve accreditation. The CoARC and the referee should strive to make accreditation a positive process.

However, referees must avoid delaying action on a program based upon the programs' promises or good intentions. In addition, referees must be consistent in their interpretation of the *Standards* so that programs will not be affected by biases or inconsistencies. It is the referee's responsibility to contact the team captain prior to the site visit if the referee deems such communication is necessary.

5.09-ROLE OF THE EXECUTIVE OFFICE

The Executive Office is active throughout the on-site evaluation process. Initially, Executive Office staff assigns team members for each visit, and ensures that each site visitor receives all appropriate program materials. The Executive Office staff is available to answer questions about the self-study report and/or the on-site evaluation process. Following the on-site evaluation, the staff distributes the Program Site Visit Questionnaires (PSQs) to the program's administration and staff and ensures that a copy of the site visit report, along with the referee's analysis of the report, is sent to the program in a timely fashion.



5.10-FOCUSED SITE VISITS

Site visitors will receive a blank Focused On-Site Review Report, a list of citations with the Referee's Analysis, and any other documentation required from the program prior to the visit.

The referee will communicate directly with the site visitor to ensure that his/her instructions will be answered.

An On-Site Review Report must be completed for a "Focused" site visit addressing only the Standards noted by the Referee.

5.11-SATELLITE SITE VISITS

The format for a Satellite Site Visit is the same as a regular site visit. The Referee in consultation with the Chief Executive Officer will determine if an additional site visitor is needed at the site of the Satellite Program.

5.12-STANDARD VIRTUAL SITE VISIT PROTOCOL

A virtual site visit, meaning that the site visitors are not physically present at the program's location, is not the customary format used by the CoARC to conduct the review of a program seeking provisional or continuing accreditation. When a virtual site visit (VSV) is conducted by the CoARC, at least one of the site visitors will not be physically present at the program's location. A VSV will be conducted on-line, using an interactive format; it cannot be based solely on a review of documents or exchanges of emails. The rigor, quality and process of the site visit, including the opportunity for the program/sponsor to verify, clarify and amplify evidence, must be comparable to an in-person site visit. See page 31 for additional details.

5.13-RESPONSIBILITIES OF THE SITE VISIT TEAM

TEAM MEMBER

Before the visit:

1. Prior to making any travel arrangements, communicate with the Team Captain. This should be done to ensure that ground transportation costs are minimized and that, prior to its commencement, there is sufficient time for the team members to discuss the various aspects of the visit, including the responsibilities of each team member.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

2. Download and become familiar with the program's Self Study (SSR). This is absolutely essential to determine on which items to focus during the interviews with each of the program's communities of interest.
3. Be aware of the purpose of the site visit and the program's current accreditation status.
4. Understand the various aspects of the CoARC's accreditation process, in particular those that apply to the program under review.
5. Become familiar with the names of the program director, the director of clinical education and those of other program faculty members.

During the visit:

1. Perform all assigned duties as effectively and efficiently as possible.
2. Understand that full cooperation, interaction and discussion with the Team Captain is essential to the completion of a satisfactory site visit.
3. Understand that the team has both facilitative and consultative responsibilities in addition to those related to accurate completion of the On-Site Review Report (OSRR). Be as helpful to, and supportive of, program faculty as possible.

After the visit:

1. Respond as quickly as possible when the Team Captain asks you to review/revise the OSRR, as it must be submitted to the Executive Office within 5 business days of completion of the visit.
2. Remember to submit your Expense Report within 2 weeks of completion of the visit.

TEAM CAPTAIN

Before the visit:

1. Communicate with the Program Director (PD) at least 6 weeks (or as early as possible) prior to the visit to begin work on the site visit agenda and to let him/her know that you are available to answer questions about the visit. The PD will have a sample agenda provided by the CoARC. This may be modified as desired, so long as all communities of interest listed on the sample agenda are interviewed. Time must also be set aside for: review of supporting documents; touring of classrooms, laboratories or other facilities (if necessary); an Executive Session; a Consultation Conference with program personnel; and the Summation Conference. The PD may also be requested to provide local transportation for the on-site evaluation team;



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

2. Communicate with the other member of the team at least 2 months prior to the visit (or as early as possible) to facilitate travel arrangements. Arrival and departure times should be arranged in a manner that will minimize ground transportation expenses and allow for the "Site Visit pre-conference". The program director will have provided some accommodation recommendations on the Site Visit Request form, but the Team Captain will have final responsibility for making hotel reservations.
3. Download the necessary forms (SSR, OSRR) provided by the CoARC Executive Office. Thoroughly review the Self-Study Report and Referee's Analysis. Communicate with the Referee if clarification is needed.
4. Manage the expenses of the site visit for the team in accordance with the Travel and Reimbursement policies and guidelines.

DURING THE VISIT:

1. Arrange for a pre-visit team conference on site. This usually requires a limited amount of time and may be done on a casual basis either on the evening of arrival (i.e. at dinner) or early on the first day of the visit (i.e. at breakfast). During this conference the team members should review questions or concerns that each member has garnered from the SSR, review the Referee's Analysis of the Self Study, and discuss the general format of the interviews, agenda, and any other pertinent matters;
2. Ensure that both team members participate in the interviews and that they work as a team during interviews, review of documents and at the Consultation and Summation Conferences. Ensure that prior to each interview the interviewees are informed about: the accreditation process; the importance that the CoARC places on confidentiality; the specific role of the site visitors; and the lack of effect of the accreditation process on the eligibility of past and current students for NBRC examinations, licensure, etc.
3. Read the CoARC On-Site Review Opening Script at the meeting with administration, and have one of the attendees sign the script. The signed copy of the Opening Script must be emailed to the Executive Office with the OSRR.
4. Ensure that the Agenda includes sufficient time to review supporting documents. These documents should be in one location, and the program director should be informed that s/he will need to be available during this process to answer questions and provide any additional documents that may be required;

5. Ensure that, in the afternoon of the first day, the on-site team has time to compare notes and to begin work on the written report while information from the interviews is still fresh. The Captain should also ensure that, at a time and place acceptable to both team members, the team can discuss the second day's activities;

6. Coordinate the completion of the written report. Following review of the supporting documents and the instructions on Form "X" of the Referee's Analysis of the Self Study, at least a rough draft of the report must be completed during the "Executive Session" so that a complete summary of the team's findings are available for discussion with program personnel at the Consultation Conference. While revision of the OSRR subsequent to the Executive Session is allowed, the site team needs to be aware that any changes must be approved by both members and the report must be emailed to the Executive Office within five (5) working days of the visit. When completing the Report remember that:
 - All citations must be fully documented.
 - The Site Visit Team must respond to all the Referee's questions/concerns on form X;
 - The OSRR must be emailed to the Executive Office within 5 business days of the visit;

7. Responsible for training and evaluating probationary site visitors.

5.14-THE CONSULTATION CONFERENCE

The on-site evaluation schedule must allow time for a meeting with the program's personnel (PD and DCE) after all data have been evaluated and discussed by the team. At this conference the program personnel should be told, in detail, not only about apparent problem areas, but also should be congratulated for any strengths in the program. Site visitors should use this time both to corroborate the data that they will be using to support their conclusions and recommendations and to function as consultants. The site visitors should suggest various ways in which the above noted problems can be addressed. During this conference, team members should be particularly careful to behave in a professional manner.

Site visitors are both gathering information and serving as a resource for the program's personnel. To perform these roles well, they must be impartial but supportive, polite, non-judgmental (especially within the hearing distance of anyone associated with the program), objective, observant, helpful, and friendly. This is not to imply that the team should be unhelpful or unprofessional at other times, but that special care should be taken at this time.



5.15-THE SUMMATION CONFERENCE

- A. The purpose of the Summation Conference is to provide all interested members of the program's communities of interest with the opportunity to hear a summary of the report the site visitors will send to the CoARC;
- B. Both team members should be involved as this connotes team unity;
- C. Read the On-Site Review Summation Conference Script and distribute the On-Site Review Summation Conference Handout to all attendees. A copy of the Handout must be signed by the PD and emailed to the Executive Office along with the signed copy of the Opening Script.
- D. The report must include 'Program Strengths' (Form C), *Standards* 'not met' (Forms B), 'Suggestions for Enhancement' (Form D) and Additional Comments (Form E). Nothing on Form X should be presented;
- E. Document those present by having all attendees at the Summation print their names and titles on Form A;
- F. **Do NOT** leave any part of the Report with the program; videotaping or recording of any type is prohibited.

5.16-THE WRITTEN REPORT

The On-Site Review Report (OSRR) is an important and unique data source for the CoARC in its evaluation process. In their report, site visitors must provide information that will give the referee insight into the program and the context in which it operates. Plain statements of fact, much of which is available elsewhere, do not help the CoARC to make an informed judgment about the program's quality.

The OSRR should complement and validate, not duplicate, the self-study report submitted by the program. The combined information should provide the CoARC with a comprehensive picture of the educational program's activities as they relate to both the program's objectives and the CoARC's evaluative criteria (*Standards*). In addition, the team's report should address specifically any concerns expressed by the referee in his/her analysis.

The report should be concise but must provide evidence, from objective sources, of the program's quality relative to the *Standards*. In addition, the report should be free from personal philosophical iterations and from convoluted terminology.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

A helpful report will describe both problems and strengths that were not obvious in the self-study report. In addition, it should point out any misinformation or misunderstandings that may have been derived from the self-study report, and the extent to which the program has responded to the referee's concerns. Shortcomings and strengths should be described in the appropriate section of the report. It is not necessary to discuss aspects of the program in which criteria have been met unless there is something unusual which merits the referee's attention. For deficiencies, there must be possible remedies provided by the site visitors to the referee on Form X (do not present these specific possible remedies to the program).

The report should be objective and analytical. On the other hand, because a copy of the report will be sent to the program, the report should not be vindictive or pejorative or dwell on personalities, nor should it contain unnecessary asides. Look in the instructions attached to the report form for specific guidelines for completing the report in such a way as to give the CoARC an accurate picture of the strengths and weaknesses of the program.

If the program wishes to supplement or refute the report, the team should direct the program director to send materials, fully identified, paginated, and collated, to the CoARC in accordance with the directions from the Executive Office. Please do not interpret this to mean that all materials normally left on site should be sent (exams, surveys, etc.)

The report should be completed by the team captain and forwarded electronically to the CoARC Executive Office as soon as possible after the visit, but definitely within five (5) working days of the visit. Note that site team expenses will not be reimbursed until a complete, legible copy of the report arrives in the Executive Office. A copy of the report will then be forwarded to the referee for his/her evaluation of the conclusions and recommendations. The referee will then send a copy of the report to the program and direct the program to respond in the manner s/he deems appropriate. At this time, the program will also be given opportunity to respond to any inaccuracies of fact and to comment on the team's interpretation of information gathered on site.

5.17-ELECTRONIC SUBMISSION OF REPORT

A copy of the On-Site Review Report is available on the CoARC web site at www.coarc.com. The forms are provided to assist in preparing a professional document, as well as to expedite the report writing process. The on-site review report should be submitted electronically to the Executive Office, and by typing in the names of each team member it confirms both team members are in agreement of the report findings. If there are questions, the Executive Office staff should be contacted. On-site review is essential to the accreditation process and the CoARC would like to make the generation of the report as convenient and user-friendly as possible.



5.18-TRAVEL AND REIMBURSEMENT

Policy: Site visitors will be reimbursed for the usual and customary expenses directly related to conducting an on-site review as allowed by IRS regulations. All Site Visitors must set up direct deposit for reimbursement of site visit related expenses and provide a voucher and receipts electronically.

Procedure: The email you receive from the Executive Office for each on-site review will include a memorandum with the instructions for making your travel plans. Travel/expense reports should be submitted within two (2) weeks of completion visit and must include: the site visitor's name and address, the program number and location along with the date of the site visit, and the amount of each expense, categorized by line item on the Expense Report, along with any helpful/necessary supplemental descriptions and the related itemized receipt.

Guidelines:

1. As a CoARC Site Visitor, you are required to schedule your flight through the CoARC Travel Agent. The CoARC will reimburse for a basic economy main cabin seat with one bag. The charges can be billed directly to CoARC or they can be applied to your personal credit card reimbursement will occur upon submission of the Expense report and the receipt to the Executive Office. A copy of the flight schedule should be included.
2. You should make travel arrangements as early as possible. Team members must communicate prior to finalizing their reservations in order to coordinate arrival and departure times and thereby minimize ground transportation expenses. It is recommended that you check in to your flight as early as possible (for most airlines 24 hours before departure) so that you will learn as early as possible about any schedule changes. Note that any flight that costs more than \$900 must be approved by the CoARC Chief Operating Officer (COO) prior to making the reservation.
3. Site Visitors must follow through with the travel arrangements made by the CoARC Travel Agent prior to the site visit. If either limb of the flight was rescheduled for personal reasons, the site visitor will be responsible for any additional fees. If a site visitor has been preapproved to stay an extra night due to limited availability of flights, but is subsequently able to make an earlier flight, thereby avoiding the extra hotel and meal charges, the site visitor will not be responsible for the change fee. All flight changes made prior to the visit must be preapproved by the COO; a site visitor who makes same day changes (as noted above) should also attempt to notify the COO.
4. The "reimbursable expense period" starts when the site visitor would normally be expected to leave home to begin the trip and ends when the site visitor would be expected to arrive back home. *There are circumstances where traveling earlier than the day before, or on the*



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

afternoon/evening of the second day of a site visit the site visit would result in cost savings. Details of such circumstances must be submitted to the COO for approval prior to the visit.

- a. Expenses associated with personal travel before, during, or after the site visit are not reimbursable. If personal travel occurs within the “reimbursable expense period” (see above), site visit expenses will be reimbursed based on either ‘*usual and customary*’ expenses (as determined by the COO) or on expenses from which all personal travel costs have been excluded, whichever is less;
 - b. Trip or flight arrangements that are extended for personal reasons *must have* prior approval from the COO and the site visitor will be responsible for any additional costs related to that extension.
 - c. Expenses related to a non-visitor traveling companion are not reimbursable.
 - d. Airport parking is reimbursed only for the days within the “reimbursable expense period” (see above). Site visitors should look for low cost options.
5. When scheduling the site visit, the program director will provide some hotel recommendations. The Team captain will be responsible for selecting the hotel and making the reservations for both team members. Some programs may be able to secure hotel reservations at a low rate not available to the site visitors (i.e. available only to individuals associated with the program’s sponsor), in which case the program may make the reservation. If the lower rate is **ONLY** available when paid by the program sponsor, the team should allow the program to pay that expense but must provide that information on the expense report so that the Executive Office can reconcile the expenses with the program after the visit. If the discount is available regardless of payer, the site visitors should arrange to pay their hotel expenses at check-in. *Note that this should be clarified by the Team Captain prior to the visit.* Small expenses during the visit, (i.e. the visitors’ share of the Advisory Committee luncheon), may be paid directly by the program. The Team Captain must be fully aware of the last date on which a hotel reservation can be cancelled (generally 48 hours prior to arrival), as the last-minute postponement of a site visit can occur.
6. Purchases by site visitors for program personnel (e.g., dinner) are **not** reimbursable.
7. Itemized receipts must be submitted to the Executive Office along with the site visitor’s expense report within 10 days of the site visit. **Itemized receipts are required for all expenses (except tips) before reimbursement will be made;**
- a. In the case of meals, the CoARC will reimburse up to an average of \$60 per day per visitor but only with itemized receipts. If one of the visitors pays for the meals of both visitors, that notation must be made on either the Expense Report or the receipt. Any exceptions must be approved by the COO;



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

8. **Ground Transportation:** Transportation to and from airports, hotels, and programs should be the lowest cost available – i.e. – hotel/airport shuttle, metro, taxi. Whenever feasible, site visitors should use prearranged transportation to/from the airport and hotel.
 - a. Site Visitors are prohibited from using their personal vehicle for CoARC business purposes **unless approved in writing prior to its use in special circumstances**. In addition, if the personal vehicle is used then there must be liability coverage of at least \$300,000 for each accident. Mileage is reimbursed at the current IRS rate per mile.
 - b. The preferred rental car company is Enterprise. Site Visitors are permitted to use a different car rental company as long as: (a) the cost is equal to or less than the cost of renting through Enterprise, and (b) the cost of the rental includes full Collision Damage Waiver and Liability protection of 100/300/50. CoARC will reimburse for rental of up to a full-size car. Site Visitors will be responsible for the cost difference if a car larger than a full-size (e.g. SUV) is rented. CoARC will reimburse the cost of fuel – receipts are required; rental cars must be refueled prior to return.
 - c. The Team Captain should coordinate the team’s arrival and departure to minimize ground transportation expenses. Each Site Visitor will only be reimbursed for costs acquired during the “reimbursable expense period” (e.g., rental fees, gasoline, and parking).
9. Special accommodations: any site visitor requiring special accommodations that would incur additional expenses must present those needs to the Chief Operating Officer for prior approval. Occasionally, circumstances beyond the control of the site visitor (e.g., inclement weather, canceled flight) will generate additional expenses. When possible, the site visitor should work with the CoARC Travel Agent or the COO to address this problem. Should such an issue arise during the trip, the site visitor should use his/her best judgment to find suitable, cost effective, alternatives.
10. The following expenditures are **Non-Reimbursable**: fees for upgrades of air, hotel, and auto rental costs, entertainment, personal travel, spousal/family expenses, limousine travel, credit card interest charges, laundry services, traffic citations, auto repairs for personal vehicles, optional hotel costs such as: charges for use of the hotel gym, in-room movies, personal phone calls, massage, sauna, or mini-fridge purchases, and valet parking, unless there is no “self-park” or self-parking is an unsafe option.
11. Exceptions to this policy must have the prior written approval of the COO.
12. Following a site visit, the CoARC will provide the program with a breakdown of each site visitor’s expenses. Individual receipts (copies or originals) are not provided.

Note: The Team Captain is responsible for the overall expense and cost-effectiveness of the site visit. The site visitors should exercise discretion and good business judgment for all expenses when representing the CoARC.



5.19-CONFIDENTIALITY

Confidentiality statements are read at the beginning of the on-site review as part of the Opening Script and again at the end of the review as part of the Summation Script.

5.20-EVALUATION OF TEAM MEMBERS

Evaluation of team members by each other as well as by individuals from the institution being assessed is an integral part of the CoARC's accreditation process. The team's peer evaluation form asks questions about the preparation, communication, and function of each site visitor. Additionally, the program director and the senior officer of the institution who participated in the on-site evaluation are each given the opportunity to evaluate the site visitors both as a team and as individuals.

5.21-COMPLAINTS ABOUT ACCREDITATION SITE VISITOR(S)

Site Visits are an integral part of programmatic accreditation and site visit team members must make every effort to avoid jeopardizing the validity and integrity of this process by adhering to all behavioral requirements in the CoARC Site Visitor Policies and Procedures Manual. The Team Captain is responsible for ensuring that team members behave professionally in both pre-visit interactions and during the visit. During a visit, team members should encourage each other's requisite behavior, and if necessary, contact the Executive Office regarding conduct concerns.

Filing a complaint prior to or during a site visit:

Host institution/program personnel should contact the CoARC Executive Office to report what they perceive as site visitor misconduct as soon as possible. If this notification occurs (by telephone, text or email) during the visit, the CoARC CEO will immediately assess the situation and attempt to resolve the issue to the satisfaction of all parties involved. If the CEO determines that a resolution cannot be achieved during the visit s/he will work with the CoARC Executive Committee (EC) to develop an appropriate course of action, including the possible dismissal of a site visitor.

Should the host institution disagree with the CEO's decision, it has two options. Institutional representatives/program personnel may continue to work with the CEO after the visit until the issue is resolved, or it may file a complaint.

Authorized Actions of CEO in Response to Potential Conduct Violations during a site visit:



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

The CEO is authorized by the CoARC to take the following steps, as applicable, to ameliorate, contain, or resolve any issues related to alleged inappropriate conduct by a site team member(s):

1. If, during a site visit, the CEO is alerted, by SV team member or by a member of the host community, to a potential or actual conduct violation by a site team member(s), the CEO will interview representatives of all groups involved and, if warranted, counsel the site visitor(s), immediately and privately, on the behavior expected of a site visitor. If acceptable to the host community, following this interaction the site visitor may then complete the visit
2. If the CEO determines that the team member did not respond appropriately to counseling, s/he may either dismiss that individual, or consult with the CoARC President for further guidance.
3. If the CEO determines that the team member's misconduct has jeopardized the integrity of the site visit, s/he may either dismiss the site visitor from the team, or terminate the site visit. If the CEO is unsure of the potential impact of the behavioral violation on the visit's integrity, s/he should immediately contact the CoARC Executive Committee for guidance on the matter.
4. If the CEO/EC determines that the team member's conduct warrants dismissal as a site visitor (either temporary or permanent), the rationale for such action should be documented and reviewed at the next meeting of the CoARC Executive Committee.
5. The On-Site Review Report cannot be finalized and provided to the program until the CEO has determined that the misconduct of the team member(s) did not affect the integrity of the site visit.

Filing a Complaint after a Site Visit:

The sponsor/program must notify the CoARC Executive Office of their intent to file a complaint within 7 days of the site visit. The formal complaint must be submitted (by email to the Executive Office within 15 working days of such filing and must:

- a. Provide a clear description of the incident(s) in question;
- b. Grant permission to send a copy of the complaint, in its entirety, to both members of the site visit team.
- c. Be signed by at least one individual who witnessed the misbehavior(s), by the Program Director and by a member of the institution's administration.

CoARC Action:

CoARC actions in response to the complaint may include, but are not limited to, any of the following:

- a. Dismiss the complaint after determining the allegations of misconduct were unfounded;
- b. Provide feedback to the site visitor(s) involved and develop a remedial process, when applicable;



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

- c. Reprimand the site visitor(s), which may include temporary or permanent suspension from the CoARC's list of potential site visitors
- d. Pursue the matter further. This may include: further discussion between the CEO and the parties involved; or referral to the Site Visit Review Committee which will endeavor to discover additional information upon which to base a decision.
- e. Take other action, which in the judgment of the CoARC Executive Committee, is appropriate under the circumstances.
- f. Within 15 business days of receipt of the complaint, the CoARC will notify the program/institution regarding which of the above actions has/have been taken.

In addition to acting on the complaint, the CoARC will determine whether this behavior influenced the content of the site visit report. If this is determined to have occurred, the CoARC will void the report and request from the sponsoring institution an invitation to redo the visit, at CoARC's expense. If the incident is determined not to have influenced the contents of the report, the CoARC will proceed with its review of the program. The CoARC will communicate this determination, in writing, to both the program/institution and the site visitors.

Filing a Formal Complaint:

1. If the program/institution disagrees with the CoARC's determinations, related either to the actions it has taken or the effect of the misbehavior on the contents of the OSRR, it may file a Formal Complaint, which would then require that the CoARC establish a Special Committee to review the matter. (See Accreditation Policies and Procedures 10.9).
2. Under such circumstances, the CoARC would take no action on the contents of the OSRR until after the Special Committee had made its determination.

5.22-DELAY OR ADVANCEMENT OF THE ON-SITE EVALUATION

The program director of the program(s) may formally request a delay or rescheduling of a visit for continuing accreditation.

The CoARC Chief Executive Officer makes the decision to grant or deny the request based on the reasons(s) provided. The time frame considered for a visit delay is three months (one accreditation cycle).

Delays are not granted to programs:

- Currently on warning status or
- Having outstanding Progress Reports requested by the CoARC.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

If the request for a delay is made after the continuing accreditation application materials have been sent out to programs, a processing fee is applicable.

If a program does not submit the Progress Report by the date requested, the program will be presented for action to the CoARC at the next scheduled meeting.

5.23-VIRTUAL SITE VISIT PROTOCOL

EMERGENT CIRCUMSTANCES

A Virtual Site Visit (VSV) may be scheduled by the CoARC in emergent circumstances, such as when a manmade/natural disaster or public health emergency prohibits a customary on-site evaluation because it would: when:

- a) put the health or safety of the site visitors at risk
- b) make it unfeasible for the site visitors to reach a given location

VSV may be scheduled for programs if it is approved by the CoARC Chief Executive officer (CEO) and the program's Referee, with the understanding that a subsequent Focused Site Visit may be required for programs.

While CoARC Staff will seek input from the program and its sponsoring institution, determination as to whether a site visit should be conducted in-person or virtually is solely the responsibility of the CoARC CEO. The program may request that the CoARC delay the site visit. The CoARC CEO, in consultation with the program Referee, will determine whether such a delay is warranted. If the CEO determines that a delay is appropriate, the delay cannot exceed one calendar year. While the CoARC staff will seek input from the sponsoring institution and program representatives prior to making this decision, the CEO's determination regarding a delay is not appealable.

STANDARD VIRTUAL SITE VISIT PROTOCOL

A virtual site visit, meaning that the site visitors are not physically present at the program's location, is not the customary format used by the CoARC to conduct the review of a program seeking provisional or continuing accreditation. When a virtual site visit (VSV) is conducted by the CoARC, at least one of the site visitors will not be physically present at the program's location. A VSV will be conducted on-line, using an interactive format; it cannot be based solely on a review of documents or exchanges of emails. The rigor, quality and process of the site visit, including the opportunity for the program/sponsor to verify, clarify and amplify evidence, must be comparable to an in-person site visit. Accordingly, a VSV requires the use of video or web conferencing tools which allow real-time, synchronous communication among participants, and visual display of all involved individuals, groups, documents, and/or physical spaces. In addition, the assignment of site visitors to a VSV will, in part, be determined by the relationship of the time zones in which they reside to that of the



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

program. The CoARC will endeavor to ensure that there is no more than a two (2) hour time difference between the locations of all individuals involved in the visit.

Full or Partial Virtual Site Visits

In a full virtual site visit (VSV), all CoARC site visitors will conduct their review of the program using real-time, synchronous video or web conferencing tools, which can be supplemented by telephonic conferencing tools.

In a partial VSV, at least one of the site visitors will be off-site and participate in the review using real-time synchronous video or web conferencing tools which can be supplemented by telephonic-conferencing tools, while the other CoARC visitor(s) will be on-site.

Eligibility for a virtual site visit

A program may be scheduled for a virtual site visit if:

1. The visit is for a Degree Advancement program, particularly if it uses a distance learning format
2. Following a review by CoARC staff of the program's accreditation history, recent annual reports, and the reason for which a VSV is requested, the CoARC CEO and the program Referee determine that the program is eligible for such a visit.

Technology requirements for Virtual Site Visits (VSV)

1. Programs must have the technology and facilities required to conduct a full VSV (all team members functioning remotely) or a partial remote site visit (one or more team members functioning remotely).
2. The CoARC will coordinate virtual technology for the visit using the RingCentral videoconference system.
3. The CoARC will conduct a technology test with the program and site visitors at least two weeks prior to the visit to ensure that college technology is sufficient for all aspects of the VSV.
4. The CoARC will provide a private virtual meeting space for the site visit team's discussions.
5. The sponsoring institution must not record (either audio or video) any portion of the site visit (in-person or virtual). If evidence of recording is discovered, the team captain (TC) will immediately terminate the site visit and contact CoARC staff. The program will be charged with a site visit cancellation fee and requested to schedule an in-person site visit as soon as possible. In addition, per CoARC *Policy 1.04*, such recording may adversely affect the program's accreditation status with the CoARC.
6. The CoARC will send the program director access information that will allow participants to log into their assigned meeting on Ring Central.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

7. The technology (both audio and video) available to program key personnel/faculty must be sufficient for them to communicate in real time with the site visitors.
8. Site visitors must have access to all materials that a site visit team would ordinarily review on-site (faculty and student files, affiliation agreements etc.), using a secure document sharing application (Egnyte). The CoARC staff will send a secure private link for the documents and virtual tour to be uploaded. All documents will be deleted after the visit.

Before the Visit

- **Eight weeks** before the visit, the site visit schedule/agenda must be emailed to bonnie@coarc.com and the site visit team captain (TC). The Executive Office and (TC) will collaborate with the program director to finalize the agenda.
- All VSV activities will be scheduled using the 'Ring Central' real-time synchronous virtual meeting system (or whatever system is being used by the CoARC at the time of the visit).
- The program's institutional sponsor must ensure that its technology infrastructure, facilities, and support services can accommodate a fully engaged, real-time, interactive VSV.
- Technology requirements that must in place for all participants listed on the site visit agenda include:
 - An internet connection – broadband wired or wireless (4G or 5G/LTE)
 - Speakers and a microphone – built-in or USB plug-in or wireless Bluetooth
 - A webcam or HD webcam - built-in or USB plug-in, or
 - an HD cam or HD camcorder with video capture card
- **Six weeks** before the visit, the program must upload all required documentation and supporting evidence that demonstrates program compliance with CoARC *Standards and Policies*, along with a virtual tour of the program's facilities to a private link to a document sharing application (Egnyte) that is provided by the CoARC Executive Office. Any additional information requested by the site visitors during their review of these documents should also be sent to the Executive Office. (See separate documents – **List of Evidence for Site Visit team** and **Virtual Tour of Program Facilities** for details.)
- At least **two weeks** prior to the VSV, a pre-visit virtual meeting with CoARC staff will be scheduled to demonstrate to the CoARC's satisfaction that the program/institutional technology infrastructure and support services are sufficient, to correct any problems that are identified by the test, and to make contingency plans should the technology fail during the visit. This will include demonstrations that the virtual access provided to all interviewees (simultaneously when more than one individual is involved) is comparable to the access available during an in-person site visit, and that the site visitors will have complete access to all the supporting evidence mandated in the site visit report. In addition,



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

there must be someone from the institution's IT department for assistance and to develop a contingency plan to address any deficiencies in the program/institution technology.

- **Two weeks** prior to the site visit, the program director must ensure that all individuals specified on the VSV agenda for a given meeting are pre-registered and have access to that RingCentral meeting. Only preregistered individuals will be allowed to participate in the meetings. The program director will be provided with a link that must be sent to everyone on the agenda to give them access to their assigned meeting.
- The program director is responsible for informing all participants what to expect in the meeting(s) in which they will participate during the VSV and provide access to the CoARC Virtual Site Visit Instructions.

Applicability of Current CoARC Accreditation Policies and Procedures to Virtual Site Visits (VSV)

1. In no way does a VSV alter the duties and authority of the CoARC Board of Commissioners, as specified in the 2019 CoARC Policies and Procedures.
2. Unless specifically stated in this document, all CoARC policies related to site visits and the accreditation process apply and remain in force.
3. All applicable fees, policies, processes, procedures, practices and protocols related to provisional or continuing accreditation shall be the same as for a standard, in-person site visit.
4. CoARC reserves the right to cancel a VSV at any time prior to or during the scheduled visit, and to schedule a complete in-person site visit instead. While the program/institution will be provided with the reason for the change, they will not be allowed to appeal this decision. Reasons for such a decision include those listed in items 5 and 6 below. The CoARC will reschedule an on-site visit as soon as necessary arrangements can be made and the program will be charged a site visit cancellation fee.
5. If there is a technology failure prior to or during the visit that significantly impairs the site visitors' ability to have an engaged, real-time interactive review, the TC will terminate the VSV and an in-person site visit will be scheduled to occur within a reasonable period of time following the terminated VSV. The rescheduled visit can only be an in-person visit; the virtual option for the applicable accreditation cycle will no longer be available.
6. If the TC and team member(s) determine that the on-line availability of the program's written report, required appendices, and supporting evidence before and during the virtual site visit is insufficient for them to conduct a review comparable to an in-person

visit, the TC, in consultation with the CoARC Executive Office and the program's Referee, will terminate the VSV. An in-person site visit will be scheduled to occur within a reasonable period of time following the terminated virtual visit. The rescheduled site visit can only be in-person; the virtual option for the current accreditation cycle will no longer be available.

Scheduling the Activities

When developing the agenda for the site visit, the program director (PD) should remember the following:

- While all individuals/groups included in the CoARC site visit agenda will need to be interviewed by the site visitors, the sequencing of these events is flexible. Prior to finalizing the agenda, the PD should assess the availability of all interviewees and then discuss the order/duration of the interviews with the site visit TC.
- The agenda should specify the names, degrees (MD, PhD, EdD, etc.) and position titles of each person with whom the team will be meeting including program graduates (with year of graduation), students and preceptors. The names of all individuals who will participate must be provided and added to the VSV Agenda at least two weeks prior to the site visit date and this list must match the names listed on the RingCentral profile and the Pre-Registration VSV form.
- The completed VSV agenda developed by the PD in consultation with the TC must then be sent to Bonnie Marrs at the CoARC Executive Office (EO). She will ensure that the VSV agenda includes:
- Breaks for the team between meetings and sufficient time for the next group of individuals to log into RingCentral.
- Time for the visitors to meet with the Key Personnel and program faculty to clarify issues, address concerns or answer questions prior to their completing the site visit report.
- The PD and director of clinical education (DCE) must be available for the entire site visit.
- The PD should communicate with the TC more than once prior to the visit, in particular with regard to developing the agenda. If the PD has difficulty communicating with the TC, s/he should contact the EO.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

- Any schedule changes that occur after the agenda has been finalized must be discussed with/approved by the TC. When these changes are approved, the TC will share the information with CoARC staff and the other site visitor(s).
- Prior to applicable interviews, the PD must inform faculty and students that they must be available for the entire interview period for which they are scheduled, with their cell phones turned off.

During the Site Visit

- The PD must ensure that all participants have properly functioning audio and video access, and that if there are problems, someone from the institution's IT department will be available to address the issue(s).
- The only individual(s) allowed to be present at the virtual meetings occurring during the site visit are those specified in the SV agenda for each interview. This would include administrators, program faculty and staff, CoARC staff/site visitors, etc. All participants in each interview will be required to introduce themselves and state their role in the program.
- Program consultants must not be included in any of the meetings during the visit.
- See CoARC Virtual Site Visit Instructions for meeting etiquette.

The Visit Agenda

- Be prepared for changes. The site visit TC will do everything in his or her power to follow the agenda as agreed to with the program director in advance of the visit. However, the need for the site visitors to attain a complete and accurate picture of all aspects of the program, may necessitate last minute changes.
- As is the case with an on-site visit, program Key Personnel/faculty must not be present at any of the interviews unless their attendance is specified in the agenda.
- Depending on the size of the class, some TCs will ask to meet with all students in a class. Others will ask the program to select students using a specific method, i.e. every third student alphabetically. If the TC does not indicate a preference, but requests that only a portion of the class attend the sessions, the program director should use a similar random method, and inform the TC, prior to the meeting, how this selection was made.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

- During its review of the material provided prior to the visit (the self-study and other documentation demonstrating program compliance with CoARC *Standards and Policies*) the team may request clarification or ask for additional material. While this information may already have been provided and simply overlooked, please understand that the team members want to ensure that programs are given every opportunity to demonstrate compliance with the *Standards*. If the team's requests are unclear, a phone call to the member requesting the information should provide clarification.
- The team/CoARC may accept additional materials voluntarily provided by the program which the team did not request. Further, the team and/or the Referee may ask the program to submit additional materials to the CoARC as part of the program's response to observation(s)/comments made by the site visitors or to items in the Site Visit Report, when applicable. It is the responsibility of the program, not the site visitors, to submit those additional requested documents to the CoARC Executive Office.

Visit Conclusion

The CoARC site visitors will conduct a formal summation conference at the end of the VSV, at which it will provide the details of the contents of the Site Visit Report they will be submitting to the CoARC. The following points are important as the visit ends:

- The written report submitted by the site visit team will be sent to the CoARC Executive Office, which will then be forwarded to the program's Referee. The Referee will review the report and based on available data, may modify the report content. (Modifications may include the addition or deletion of citations)
- The Referee's analysis of the site visit report will then be sent to the program director and dean. The report will specify what documentation the program will need to provide to address any *Standards* citations and the date by which this information must be submitted. The program will not be required to respond to any other aspect of the report.
- The program will have 14 calendar days to bring any factual inaccuracies in the report to the attention of the CoARC. This response should include a cover letter clearly identifying these errors and copies of documentation available to the site visitors during the visit that verify this contention. In addition, the program may submit, by the deadline stated in the Executive Office communication, new information that addresses any Standards citations. The purpose of this response is to eliminate errors of fact, to challenge perceived ambiguities and misperceptions, and provide clarification as the program sees fit.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

- The site visit team does not have the authority to speak on behalf of the CoARC regarding a program's compliance with the *Standards*, as this determination can only be made by the Referee and the CoARC Board.
- Any subsequent communication related to the visit should be directed to the CoARC Executive Office, not to the site visitors.

After the Visit

After the visit, the CoARC will ask the program director to complete a web-based evaluation of the visit process and the site visitors. This evaluation is especially helpful to the CoARC as part of its ongoing internal review of processes and individuals. The CoARC urges the program to complete the evaluation as fairly and candidly as possible. Feedback and comments will remain anonymous and will in no way effect the CoARC's decision regarding the program's accreditation status.

5.24-CANCELLATIONS AND RESCHEDULING OF AN ON-SITE EVALUATION

This policy specifies the individuals and documentation that must be available during On-Site evaluations. Should cancellation of an On-Site Review be based on a program's failure to meet any of the conditions delineated in the following sections, the program will be responsible for a Rescheduling Fee as well as any costs incurred by the CoARC related to rescheduling the visit.

Provisional Accreditation Site Visit:

- A. The Program Director must be in attendance and available to the on-site review team throughout the visit. If the start date of the DCE's employment occurs prior to the visit, the DCE must also be in attendance throughout the visit. If the start date will occur after the visit, the DCE must be available by phone (or other means) at a time to be determined by the site visitors. If either of the Key Personnel is unable to meet the above requirements due to unanticipated circumstances, the on-site visit may be rescheduled at a later date at the discretion of the CoARC Executive Office and the Referee. Should it be determined, in spite of such absence/ unavailability, that the site visit should proceed, the team will complete as much of the evaluation as possible during the visit. Should it be deemed necessary by the Executive Office/Referee, a focused site visit will then be rescheduled at a later date.
- B. The Medical Director/Advisor should also be available for an either face-to-face visit or by conference call. This call may occur either prior to or during the visit and should include both the site visit team captain and the team member. The Program Director will be responsible for



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISITOR POLICIES AND PROCEDURES MANUAL

assisting the team captain with arranging the conference call. At least one representative from the sponsor's administration is also required to be available during the on-site review.

- C. While it is preferable that the President or Provost and divisional (i.e., Dean) members of the sponsor's administration be present during the On-Site visit, at least one such individual must be in attendance.

Continuing Accreditation Site Visit:

The Program Director and Director of Clinical Education as well as appropriate members of the sponsor's administration must be present during the On-Site visit, and all required documentation (as specified in the *Standards*) must be readily available for review by the On-Site Visitors. If all these are not available, the On-Site review team will consult with the CoARC Executive office and the program's Referee to determine whether the On-Site visit should be cancelled and rescheduled.

- A. Both the Program Director and Director of Clinical Education must be in attendance and available to the On-Site review team throughout the visit. If, prior to the visit, it is determined that either of them will be unable to attend the entire evaluation, the visit will be rescheduled. If, due to unanticipated circumstances, this occurs during the Review, the On-Site visit may be rescheduled for a later date at the discretion of the CoARC Executive Office and the Referee. Should it be determined, in spite of such an absence, that the site visit can proceed, the team will complete as much of the evaluation as possible. Should it be deemed necessary by the Executive Office/Referee, a focused, follow up site visit will be scheduled.
- B. The Medical Director (MD) must also be available for an interview with the On-site Review Team. Although this should be done face to face, under special circumstances (i.e. the MD is out of town or dealing with an emergency), a conference call interview is acceptable. The Program Director will be responsible for arranging the conference call, either prior to or during the visit.
- C. While it is preferable that the President or Provost and divisional (i.e., Dean) members of the sponsor's administration be present during the On-Site visit, at least one such individual must be in attendance.

(Note: Starting January 1, 2014, if a program cancels a scheduled On-Site Review, the program will be charged a Rescheduling/Cancellation Fee; in addition to any cost that may have incurred)

5.25-LIST OF SITE VISIT FORMS

For the most current version of any form, please visit www.coarc.com



5.26-LIST OF COARC ACRONYMS

See below for frequently used CoARC Acronyms:

Admin Pro	Administration Probation
ADT	Additional Degree Track
AOI	Approval of Intent
APRT	Advanced Practice Respiratory Therapy
CA	Continuing Accreditation
CC	Community College
CHEA	Council for Higher Education Accreditation
COI	Conflict of Interest
CSSR	Continuing Accreditation Self Study Report
DA	Degree Advancement
DCE	Director of Clinical Education
Entry	Entry into Respiratory Care Professional Practice
ESLO	Expected student learning outcomes
IA	Initial Accreditation
IRR	Inter-Rater Reliability
KPA	Key Personnel Academy
LMS	Learning Management System
LOI	Letter of Intent
MD	Medical Director
OSRR	On-Site Review Report
PD	Program Director
PR	Progress Report
PA or PROV	Provisional Accreditation
PSQ	Program Site Visit Questionnaire
PSSR	Provisional Accreditation Self-Study Report
RA	Referee Analysis
RA CSSR	Referee Analysis of Continuing Self Study
RA PSSR	Referee Analysis of Provisional Self Study
RAM	Resource Assessment Matrix
RCS	Report of Current Status (annual report)
SAT	Satellite
SDS	Sleep Disorder Specialty (Polysomnography)
SSR	Self-Study Report
SV	Site Visit(or)
SVA	Site Visitor Academy



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
SITE VISITOR POLICIES AND PROCEDURES MANUAL

SVRR	Site Visit Review Report
TC	Team Captain
TM	Team Member
VSRR	Virtual Site Visit Review Report
VSV	Virtual Site Visit