COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

RESOURCE GUIDE

Responding to CoARC Subthreshold Programmatic Outcomes

Practical guidance for Program Directors

PURPOSE

A working guide for respiratory care programs that have received—or are at risk of receiving—an accreditation citation or Program Action Letter related to CoARC-established outcomes thresholds.

Prepared August 2026

Use with the current CoARC Program Action Letter, RCS instructions, and Executive Office guidance.

IMPORTANT EFFECTIVE-DATE NOTE

The attached 2027 Entry into Practice Standards were approved March 21, 2026, and become effective January 1, 2027. The same principal threshold values are also reflected in currently published CoARC materials, but programs should always verify the current website and their official correspondence before acting.

1 START HERE: What a Subthreshold Outcome Means

CoARC uses an outcomes-based accreditation process. Under 2027 Standard 3.07, each CoARC-numbered program must submit an annual Report of Current Status (RCS) with complete outcome data, analysis, and action plans for any subthreshold outcomes. Compliance is based on the most recent three-year average, rounded to the nearest whole number. Standard 3.08 requires programs that do not meet an established threshold to engage promptly with CoARC after written notification.

KEY POINTS

- Outcomes are calculated using the most recent three-year average, rounded to the nearest whole number.
- If below an established threshold, CoARC action is triggered.
- Standard 3.08: Engage with CoARC as soon as written notification is received.

Sources: CoARC 2027 Entry into Practice Standards, Standard 3.07–3.08, pp. 41–44; CoARC 2022 Entry Standards (publicly posted, updated 2024).

2 QUICK REFERENCE: THRESHOLDS AND RELATED INDICATORS

MEASURE	THRESHOLD	BASIS	CoARC ACTION?	PROGRAM DIRECTOR FOCUS
Respiratory Therapy Examination High Cut Score Success	60%	3-year average	Yes	Curriculum alignment, exam-domain analysis, testing strategy, remediation
Retention	70%	3-year average	Yes	Early alert, progression points, academic/clinical support, attrition root causes
Graduate satisfaction	≥80% rate 3+ on each survey question	3-year average	Yes	Survey item-level analysis; close feedback loops with graduates
Employer satisfaction	≥80% rate 3+ on each survey question	3-year average	Yes	Employer/clinical partner feedback; competency and workplace-readiness gaps
RRT credentialing success	No CoARC threshold	Report annually	No threshold	Use as an internal leading/lagging indicator and benchmark
Job placement	No CoARC threshold	Report annually	No threshold	Track employability, local market, graduate follow-up
NBRC exam content sections I–III	85% of national mean	Each reporting period	Action plan required under 3.06; not listed as 3.07 threshold	Target curriculum-based remediation by content section

Threshold sources: CoARC 2027 Standard 3.07, pp. 41–43. The 85%-of-national-mean content-section trigger is in Standard 3.06, p. 40 and should be treated as a required CQI action trigger rather than a 3.07 accreditation threshold.

Do not confuse "minimum threshold" with "target performance."
A program can be compliant and still have substantial opportunity for improvement. The 2025 *CoARC Report on Accreditation* reported national means of 84% for High Cut Score success and 92% for retention—well above the minimum thresholds. Use national and peer benchmarks to set internal goals above the compliance floor.

3 WHEN YOU RECEIVE A PROGRAM ACTION LETTER

Treat the letter as the start of a documented accreditation dialogue.

1. **Read the letter literally:** Identify every cited outcome, reporting period, required submission, due date, and supporting document. Build a compliance calendar immediately.
2. **Contact CoARC promptly:** Standard 3.08 calls for engagement as soon as written notification is received. Confirm expectations with the Executive Office and assigned Referee (if applicable).
3. **Freeze and validate the data:** Reconcile cohort rosters, graduates, exam reports, survey files, exclusions, and calculations. Confirm that the problem is performance—not a denominator, coding, or reporting error.
4. **Conduct root-cause analysis:** Disaggregate the outcome by cohort, course, clinical site, admission profile, exam domain, timing, faculty assignment, and reason for attrition.
5. **Build a measurable action plan:** For every action, specify owner, start date, expected completion, resources, process metric, outcome metric, review date, and decision rule.
6. **Document implementation:** Minutes, attendance, revised syllabi, tutoring logs, curriculum maps, faculty development, advisory committee recommendations, and student communications create an auditable trail.
7. **Evaluate and adjust:** Compare post-intervention results with baseline and interim targets. If the intervention is not working, document the decision to modify it rather than simply continuing it.

Source: CoARC 2027 Standard 3.08, pp. 43–44.

4 A PRACTICAL ACTION-PLAN FRAMEWORK

ELEMENT	QUESTION TO ANSWER	WEAK EXAMPLE	STRONGER EXAMPLE
Problem statement	What exactly is below threshold?	Retention is low.	Three-year retention is 66%; 70% is required. Most losses occur after the first-semester cardiopulmonary pharmacology course and before the first clinical rotation.
Cause evidence	What data support the cause?	Students are struggling.	Withdrawal interviews, course grades, and LMS data show that 72% of attrition cases had a D/F or withdrew from the same two courses before courses before leaving.
Intervention	What will change?	Provide tutoring.	Add mandatory early-alert review after Exam 1, embedded tutoring twice weekly, and a structured remediation pathway tied to assessment.
Measure & review	How will we know it's working and by when?	We will monitor progress.	Review monthly. Target: next cohort retention ≥70% (3-year average). Adjust intervention by end of each term if interim targets not met.
Owner & resources	Who is responsible and what is needed?	Faculty will handle it.	Owner: Academic Dean. Resources: 0.2 FTE tutor, analytics support, early-alert software.

REMEMBER Engage early. Use data. Act deliberately. Document everything. Measure results. These are the hallmarks of a strong program response and continuous quality improvement.