

INSIGHTS INTO THE CCNE ACCREDITATION PROCESS & STANDARDS

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Presenter

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Expected Outcomes

- ☐ to be able to identify the purpose and scope of CCNE programmatic accreditation
- □ to become familiar with the CCNE standards and procedures for accreditation
- □ to become knowledgeable about the processes related to initial or continuing CCNE accreditation, including timelines, program monitoring, and the decision-making process



CCNE Accreditation: Scope and Purpose

SCOPE OF CCNE ACCREDITATION

CCNE is the autonomous accrediting arm of the American Association of Colleges of Nursing (AACN).

CCNE:

- □ began accrediting programs in 1998-1999
- ☐ is governed by a Board of Commissioners
- ☐ is financially independent
- controls its own bylaws
- establishes and approves accreditation standards, policies, and procedures

SCOPE OF CCNE ACCREDITATION

CCNE is a <u>programmatic</u> accreditor of nursing education programs in the U.S. and its territories.

CCNE accredits:

- Baccalaureate
- Master's
- DNP
- □ Post-Graduate Advanced Practice Registered Nurse (APRN) certificate



CCNE by the Numbers

CCNE currently accredits 1,571 nursing programs at 758 institutions.

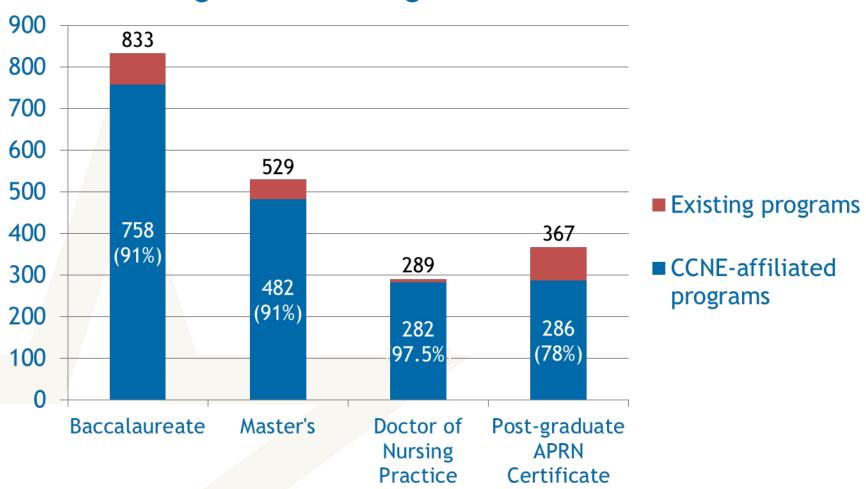
Education Programs:

- □ 731 baccalaureate degree nursing programs
- ☐ 462 master's degree nursing programs
- ☐ 249 Doctor of Nursing Practice (DNP) programs
- ☐ 129 post-graduate APRN certificate programs

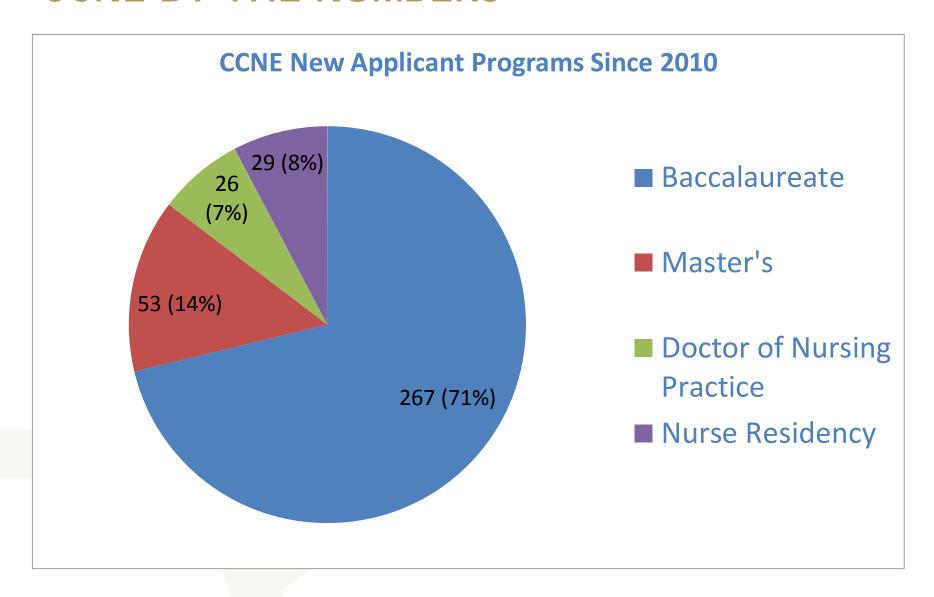
Nurse Residency Programs:

☐ 25 entry-to-practice nurse residency programs

Nursing Education Programs Affiliated with CCNE



New Applicants (institutions new to CCNE): ■ 58 baccalaureate □ 19 master's □ 6 DNP ■ 5 post-graduate APRN certificate New Programs (institutions already have one or more other programs accredited by CCNE): ■2 baccalaureate □ 29 master's **□**53 DNP □ 166 post-graduate APRN certificate





Standards for Accreditation of Baccalaureate and Graduate Nursing Programs 2013

The Standards were last updated in 2013 and went into effect January 1, 2014. There are four Standards:

- ☐ Standard I Program Quality: Mission and Governance
- ☐ Standard II Program Quality: Institutional Commitment and Resources
- ☐ Standard III Program Quality: Curriculum and Teaching-Learning Practices
- ☐ Standard IV Program Effectiveness: Assessment and Achievement of Program Outcomes

Each Standard has 6-8 Key Elements (totaling 28).

- □ Standards are found to be "met" or "not met."
- □ Key Elements are found to have or not have a compliance concern ("yes" or "no").
- ☐ The same standards and key elements apply to all degree and/or post-graduate APRN certificate programs under review (regardless of mode of educational delivery).
- ☐ The standards and key elements build upon one another and there are relationships among the key elements.

Access the Standards on the CCNE website at: http://www.aacn.nche.edu/ccne-accreditation/Standards-Amended-2013.pdf

Notable differences between the 2009 and 2013 Standards include:

- □ Key Element III-E specifically states CCNE's expectations in relation to clinical practice experiences
- Standard IV specifies expected levels of achievement in relation to completion rates, pass rates (licensure and certification), and employment rates
- ☐ Inclusion of post-graduate APRN Certificate programs

What you need to know about seeking accreditation of a post-graduate APRN certificate program:

- Must be scheduled concurrently with the on-site evaluation of a degree program
- ☐ Eligible for the same term of accreditation as the degree program under review
- Must be separately addressed in the self-study document, this includes providing separate data in Standard IV

Review and revision of Standards:

- □ CCNE reviews and revises the Standards at least every 5 years.
- □ A Standards Committee has been appointed and will begin its work in the first quarter of 2017.
- The standards review and revision process is expected to take approximately 12 months.
- ☐ CCNE will be seeking public comment on the current standards as well as on proposed revisions.

- ☐ A Call for Comments on the <u>current (2013)</u> <u>standards</u> will be issued soon by CCNE.
- Comments should be sent to:

CCNEStandards@aacn.nche.edu



Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs 2014

The CCNE Procedures include information about:

- □ CCNE Board and Committees
- Initial Accreditation
- Scheduling the On-Site Evaluation
- The Accreditation Review Process
- ☐ The Accreditation Decision-Making Process
- ☐ Categories of Accreditation

- □ Accreditation Terms
- □ Communication of Actions
- □ Disclosure of Accreditation
 (http://www.aacn.nche.edu/ccneaccreditation/Accreditation-DisclosureStatement.pdf) and
 - (http://www.aacn.nche.edu/ccneaccreditation/seal-policy/baccalaureate-graduate)
- **■** Monitoring Program Performance

Highlights of 2014 procedural revisions include:

- New language throughout for the accreditation of postgraduate APRN certificate programs
- □ Compliance Report now a separate requirement from Continuous Improvement Progress Report (CIPR) if compliance concerns
- ☐ Third-party comments process revised
- Substantive change notification section rewritten for consistency with revised standards
- ☐ Conduct of all business in English

- □ new applicant programs now submit substantive change notification, if needed, prior to Board action
- ☐ the definition of the practicing nurse representative who serves on the team has been revised

Access the Procedures on the CCNE website at: http://www.aacn.nche.edu/ccne-accreditation/Procedures.pdf





CONTINUOUS IMPROVEMENT PROGRESS REPORT (CIPR)

The CIPR is due at the midpoint of the accreditation term. The due date is provided in the Board action letter awarding accreditation.

A reminder regarding the due date of the CIPR is sent several months in advance of the due date.

For more information go to:

http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate/progress-report

ANNUAL SURVEY

All CCNE-accredited programs are required to complete the AACN annual survey.

The AACN survey includes questions that are relevant to accreditation.

AACN shares selected, relevant data with CCNE, and CCNE informs the chief nurse administrators of this process each year.

COMPLIANCE REPORTS

Compliance reports are required if at the time of accreditation a program has (a) compliance concern(s) at the key element level.

Compliance reports are generally due in 12 months.

For more information go to:

http://www.aacn.nche.edu/ccne-accreditation/Procedures.pdf

SPECIAL REPORTS

Special reports are required if at the time of accreditation a program has a "not met" standard(s).

Special reports are generally due in 12 months.

For more information go to:

http://www.aacn.nche.edu/ccne-accreditation/Procedures.pdf

FOLLOW-UP REPORTS

Follow-up reports are required if concern(s) remain at the key element level and/or a standard is found to be "not met" following the submission and review of a required report.

For more information go to:

http://www.aacn.nche.edu/ccne-accreditation/Procedures.pdf

SUBSTANTIVE CHANGE NOTIFICATIONS

Submit to CCNE no earlier then 90 days prior to but no later then 90 days after implementation, including as appropriate:

- Description of the change
- □ Timeline for implementation
- Expectations
- Impact on resources
- ☐ Change in status of approval from other bodies/regulators
- Curriculum overview
- Impact on the accredited nursing program(s)
- Other relevant documentation

Submit substantive change notifications to CCNE at: ccnesubchange@aacn.nche.edu



The CCNE Accreditation Process

APPLYING FOR CCNE ACCREDITATION

New Applicants

- □ A program begins the accreditation process by requesting new applicant status and submitting the required documentation and fee.
- New applicant status signifies an affiliation with CCNE; it is not a status of accreditation.
- New applicants must host an on-site evaluation within 2 years of completing the new applicant process.
- New applicants for accreditation are eligible for a maximum accreditation term of 5 years.

APPLYING FOR CCNE ACCREDITATION

New Programs

- ☐ Institutions that already have a CCNE-accredited program and seek accreditation of a new program are required to submit a letter of intent and fee to request an accreditation review.
- ☐ The letter of intent needs to be signed by the chief nurse administrator and include:
 - the type of program (degree and/or certificate) seeking accreditation
 - when the program began enrolling students
 - when the program plans on hosting the on-site evaluation

SCHEDULING AN ON-SITE EVALUATION

New Applicants & New Programs

- □ A degree program must have students enrolled for the equivalent of one academic year (e.g., two semesters) prior to hosting an on-site evaluation.
- ☐ On-site evaluations are generally scheduled with CCNE a minimum of 12 months in advance.
- □ CCNE conducts on-site evaluations during the spring and fall.
- □ Date availability is on a first-come, first-served basis.
- □ Post-graduate APRN certificate programs must host an on-site evaluation concurrently with a degree program.
- ☐ The entire degree and/or post-graduate APRN certificate program must be presented for accreditation.

THE ON-SITE EVALUATION

New Applicants & New Programs

- ☐ The on-site evaluation is typically 2 ½ days.
- ☐ The self-study document is due 6 weeks prior to the on-site evaluation.
- ☐ Terms of accreditation:
 - ☐ Initial (maximum 5 year term)
 - □ Continuing (maximum 10 year term)
 - □ Post-graduate APRN certificate programs are eligible for the maximum term of accreditation of the other degree program(s) under review.

THE ON-SITE EVALUATION TEAM

accreditation.

☐ Reviews the self-study document. ☐ Meets with the program's community of interest (e.g., students, alumni, employers, faculty, administration). ☐ Reviews documents provided in the resource room. ☐ Develops a written report of its findings. ☐ The team determines whether each standard is "met" or "not met" and whether there are compliance concerns ("yes" or "no") at the key element level ■ The team makes a determination about each standard and each key element for each degree and/or certificate program under review. ☐ The team does not make a recommendation regarding

COORDINATING THE ON-SITE EVALUATION

- ☐ The on-site evaluation is coordinated through the CCNE Online Community (www.ccnecommunity.org).
- □ All communications regarding the on-site evaluation occur via the CCNE Online Community and are sent to the chief nurse administrator.
- ☐ The CCNE Online Community allows you to manage your program's profile to ensure that information about the program(s) under review is accurate.
- ☐ The CCNE Online Community provides access to important resources, announcements, reminders, deadlines, etc.

COORDINATING THE ON-SITE EVALUATION

- □ Documents related to the on-site evaluation (self-study, agenda, program information form, verification of third party comment process, team report, and the program's response to the team report) are uploaded to the CCNE Online Community.
- ☐ The evaluation team accesses all information about the on-site evaluation via the CCNE Online Community.
- □ CCNE provides user names and passwords only to the chief nurse administrator; the chief nurse administrator may share this information with (a) designee(s).



The Decision-Making Process

After the on-site evaluation, the team submits a report of its findings to CCNE. The team report is:

- ☐ uploaded to the CCNE Online Community by the team
- ☐ reviewed and edited by staff
- □ uploaded to the CCNE Online Community for review by the nursing program

This process can take up to 8 weeks from the time of the onsite evaluation.

The program is provided the opportunity to provide a written response to the team report. The program's response may:

- offer corrections of errors as they relate to names, positions, data, and other documentable facts; and/or
- □ offer comments that agree or disagree with the opinions and conclusions stated in the team report; and/or
- provide any documentation demonstrating additional progress made toward compliance with the accreditation standards, key elements, or ongoing program improvement.

Or, the program's response may indicate that there are no concerns and that the institution is in agreement with the team report.

Prior to the CCNE Board of Commissioners reviewing a program for accreditation, all programs are reviewed by the Accreditation Review Committee (ARC).

The ARC meets twice per year (generally early spring and midsummer)

The ARC is:

- appointed by the Board Chair
- composed of experienced CCNE evaluators
- □ responsible for making confidential recommendations regarding accreditation to the Board

The ARC and Board review:

- ☐ Self-study document
- Team report
- ☐ Program's response to team report

The ARC may reach a different decision than that of the team.

If the ARC adds a compliance concern and/or a not met standard, the program will be provided an additional opportunity to respond, in writing, prior to the Board's decision-making meeting.

In addition, the Board reviews:

- ☐ Program's response to any concerns added by the ARC
- ☐ ARC's confidential recommendation regarding accreditation

The Board can vote to:

- ☐ grant accreditation
- deny accreditation
- withdraw accreditation(this only applies to programs that are currently accredited by CCNE)
- ☐ issue a show cause directive (this only applies to programs that are currently accredited by CCNE)

Programs are notified of the Board's decision, in writing, within 30 days of the last day of the Board's decision-making meeting.



Commonly Asked Questions

COMMONLY ASKED QUESTIONS

- □ Our institution has an accredited master's degree program. We are starting a new track (nurse educator) and have just admitted our first cohort. Do we need to submit a substantive change notification to CCNE? Do we need to host an on-site evaluation for this new track?
- Do all tracks (e.g., family nurse practitioner, nurse educator) in our master's program need to be operational for one academic year to be eligible for accreditation?
- ☐ The only track we offer in our master's program is to prepare students as nurse educators. Are these students required to have clinical practice experiences? If so, what should these look like? (Key Element III-E)
- □ Our students are located all over the country. Do their clinical practice experiences need to be supervised by faculty? If yes, do we need to send faculty across the country? (Key Elements III-E and III-G)

COMMONLY ASKED QUESTIONS

- ☐ The majority of students in our master's degree program are employed at the time of admission. Do we still need to collect employment data within 12 months of graduation (Key Element IV-D)?
- Our program prepares students to take exams (e.g., nurse educator) but these exams are not required, do we still need to collect pass rate data? (Key Element IV-C)
- What are acceptable sources of pass rate and employment data? (Key Elements IV-C and IV-D)
- What are "other program outcomes"? Are they required? (Key Element IV-E)

COMMONLY ASKED QUESTIONS

- What is meant by aggregate faculty data? (Key Element IV-F)
- Why do programs need to present *expected* outcome data and *actual* outcome data? (Key Elements IV-E and IV-F)
- What do we need to do to pursue accreditation of our post-graduate APRN certificate program?



Accreditation Resources

RESOURCES

- ☐ Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs (2014)
- ☐ Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (2013)
- Supplemental Resource to the Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (October 2016)
- Guidelines for Assessment of Student Achievement
- Overview of the CCNE Accreditation Process
- ☐ General Advice for Hosting a CCNE On-Site Evaluation

RESOURCES

- ☐ Crosswalk Table Comparing CCNE's 2009 and 2013 Standards
- ☐ Crosswalk Table Between CCNE 2013 Standards and National Task Force (NTF) 2012 Criteria for Evaluation of Nurse Practitioner Programs (N/A if no NP offerings)
- ☐ Crosswalk Table Between CCNE 2013 Standards and National Task Force (NTF) 2016 Criteria for Evaluation of Nurse Practitioner Programs (N/A if no NP offerings)
- All professional nursing standards and guidelines required by CCNE

Access resources on the CCNE website at:

http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate/standards

FREQUENTLY ASKED QUESTIONS

☐ Clinical Practice Experiences FAQ: http://www.aacn.nche.edu/ccne-accreditation/Clinical-Practice-FAQs.pdf ☐ CIPR FAQ: http://www.aacn.nche.edu/ccne-accreditation/CIPRFAQs.pdf □ DNP FAQ: http://www.aacn.nche.edu/ccne-accreditation/DNP-FAQs.pdf ■ Post-Graduate APRN Certificate FAQ: http://www.aacn.nche.edu/ccne-accreditation/Post-Graduate-APRN-Certificate-FAQs.pdf

AACN RESOURCES*

- □ Expectations for Practice Experiences in the RN to Baccalaureate Curriculum (AACN, 2012) http://www.aacn.nche.edu/aacn-publications/white-papers/RN-BSN-White-Paper.pdf
- ☐ The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations (Report from the Task Force on the Implementation of the DNP, August 2015) http://www.aacn.nche.edu/news/articles/2015/dnp-white-paper

^{*}Although not required by CCNE, programs have found these AACN resource documents to be helpful.

PROGRAM MONITORING RESOURCES

- ☐ Continuous Improvement Progress Report (CIPR):

 http://www.aacn.nche.edu/ccne-accreditation/standardsprocedures-resources/baccalaureate-graduate/progress-report
- ☐ Substantive Change Notification:
 - http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate/change-notification
- ☐ Substantive Change Notification Template:
 http://www.aacn.nche.edu/ccne-accreditation/Substantive-Change-Template.pdf



Questions & Final Thoughts



Contacting CCNE Staff

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