

CA⁺HME

Commission on Accreditation
of Healthcare Management Education

"GUIDELINES FOR PROGRESS REPORTS"

GUIDELINES FOR PREPARATION OF PROGRESS REPORTS

CAHME's responsibility to assure quality in graduate programs for healthcare management and to assist such programs in maintaining quality goes beyond periodic site assessments and accreditation. It is an ongoing responsibility that is expressed in several ways: through information activities, technical assistance programs, ongoing consultation, and ensuring that programs that did not fully meet criteria at the time of the last site visit come into full compliance within the set timeframe. The latter type of monitoring is achieved through the use of the report.

Since the adoption of the 1990 Criteria and revised policies and procedures, CAHME has placed greater emphasis on the progress report as a means of keeping the Commission informed of these program activities. Progress reports reinforce peer review and encourage excellence and quality improvement. These reports are not intended to be a burdensome exercise in documentation, but rather are intended to aid the program in continuing the self-evaluation required for continuous quality improvement. The importance of progress reports is particularly noteworthy as they serve as the primary means of communication between the program and the Commission during this corrective activity.

When accreditation is granted, the minimum period of time before the next site visit is three years, and the maximum period is six years. All programs that do not fully meet all criteria are required to submit a first year progress report for review at the Accreditation Council meeting one year from the time of action. That report will detail the program's efforts to meet any criteria not judged fully met at the time of the site visit. In the event that the Council determines that any criteria remain unmet after review of the first year progress report, the Council communicates with the program which criteria still are not satisfactorily met and they are informed that a second progress report is due on the second anniversary of the site visit. The Council may request an interim site visit to determine the cause of the program's failure to meet the criteria and develop an appropriate course of action. The program is informed that if all criteria are not determined as met at the time of the second progress note the program accreditation may be revoked. The program must a) come into full compliance with all criteria, b) demonstrate good cause for failure to come into compliance along with an aggressive plan to achieve full compliance with the criteria, or c) voluntarily withdraw from accreditation. In order to maintain its full accreditation status, a program must demonstrate that it has fully met all criteria within two years of the site visit unless it can demonstrate good cause.

When, after review of a Progress Report, the program (1) remains out of compliance with any criterion and (2) sufficient progress toward compliance has not been demonstrated by evidence supplied by the program of a **good faith effort** to come into compliance, CAHME may act to shorten the accreditation cycle.

If the program remains out of compliance with any criterion at the end of a two-year period, CAHME will withdraw accreditation unless CAHME judges the program to be making a **good faith effort** to come into compliance with the evaluative criteria. If CAHME so judges, CAHME may determine to continue the accreditation cycle and to monitor the program's progress.

CAHME defines a "good faith effort" as:

- 1) an appropriate plan for achieving compliance within a reasonable time frame,
- 2) a detailed timeline for completion of the plan,
- 3) evidence that the plan has been implemented according to the established timeline, and
- 4) reasonable assurance that the program can and will achieve compliance as stated in the plan."

CAHME requires an interim site visit when conditions demand an in-depth review of problem areas or recent developments as identified through review of the progress report or the annual reports submitted by all accredited programs. The interim site visit team reports the results at the next meeting of the Accreditation Council. The Council, in turn, votes on the recommendation of the interim site visit team.

The following guidelines have been prepared to assist programs in the preparation of progress reports that are responsive to the Accreditation Council's concerns. It is extremely important that programs follow this structure as it outlines CAHME's expectations as well as provides the Accreditation Council with a format to review all progress since the last site visit. The progress report is the only information to which Council Members will refer.

The program's status will be discussed at the next regularly scheduled Accreditation Council meeting and a determination of accredited status made at that time.

PROGRESS REPORT STRUCTURE

A reminder letter is sent to all programs regarding the submission of progress reports. This letter indicates the date reports are due in CAHME offices, reviews the structure of the report, and explains the potential action the CAHME may take on the report. In general, all reports follow the same structure. CAHME indicates when it wishes a program to emphasize certain issues in greater detail and/or to structure a report in an alternative format. Progress reports should only provide information for the year(s) since the last report or site visit. The teaching and research accomplishments of only those faculties at the program during this timeframe should be included: accomplishments of newly recruited faculty not present during the report timeframe should not be included.

The progress report should be presented in three major sections: program overview, response to accreditation report recommendations including timetable and appendices. Programs are encouraged to be succinct in their overview and response, but should attach all relevant appendices (e.g., revised and/or new syllabi, curricula vitae of all new faculty members, etc)

Program Overview

The first page of the report should be an overview that outlines changes in faculty, course content, funding, curriculum, governance, or other major events that have occurred since the site visit. The narrative of the program overview should provide a concise summary of the strategic plan, mission, goals, objectives, structure, resources, and curriculum of the Program. In addition, information identified by the program as important for the Commission should be included in this section. Any detailed charts or statistical presentation exceeding one page in length should be placed in the appendices rather than in this section. This section should not be a replica of the self-study, but rather an overview of the basic parameters of the program.

Response to Recommendations

This section of the progress report addresses the recommendations made by the Commission in its last accreditation report. The Council's concern in reviewing the progress report relates to the criteria-related recommendations. The report may present a response to all recommendations. However, responding to the consultative recommendations is optional, while the criteria-related recommendations made in the site visit report and not judged completed in the previous progress report must be addressed in the numerical order in which they are listed. Specific emphasis should be placed on providing adequate data and documentation to describe progress since the site visit.

This section should address only recommendations not judged as completed in the last progress report. Each recommendation should be identified along with the program's comments on the recommendation and the status or action taken. Documentation providing evidence of action should be placed in the appendix of the report. This includes appropriate tables, course syllabi, faculty curricula vitae, minutes of meetings, policy documents, etc. where the commission has

highlighted a specific area in its accreditation action, the program should pay particular attention to addressing this area.

The specific format to be used for each recommendation is:

Criterion # x: _____ name

Recommendation: # x _____ (from site visit report)

{text}

Program Comment:

{text}

Status/Action:

{text}

When submitting new or revised syllabi, please describe changes in course content in the narrative. If course titles or number have changed, please, indicate the linkage(s) between past and current courses.

Appendices

Programs should include a timetable for responding to recommendations with the overview. The appendices should contain all documents previously referenced for current progress report activity. These should be numbered sequentially and cross-referenced in the text.

FORMAT FOR REPORTS OTHER THAN FIRST YEAR PROGRESS REPORTS

Using the following format will facilitate the commission's review of progress reports subsequent to the first year progress report:

Criterion # x: _____ name

Recommendation: # x _____ (from site visit report)

{text}

Program Comment:

{text}

Status/Action:

{text}

Year 1 Progress Report:

{text}

Year 2 Update:
{text}

Simply copy the narrative from the previous progress report and then add in the current year's update. Please, do not include the recommendations judged as completed in the previous progress report.

PROGRESS REPORT SCHEDULE AND SUBMISSION

Progress reports for review at the spring meetings of the Council are due in the CAHME office February 1st; those for review at the fall meeting are due September 1st. This lead-time is necessary to allow for appropriate distribution of the reports to Accreditation Council members. One hard copy and one electronic copy are due when submitting for review. The Council members, fellows and staff attending the meeting are provided with copies of each report. The hard copies of the report should be copied double-sided to minimize bulk and should be stapled or 3-ring bound; **they should not be submitted as spiral bound.**

QUESTIONS REGARDING PROGRESS REPORTS

Any questions regarding progress reports requirements, structure, or content should be addressed to the CAHME office. Programs are encouraged to discuss questions or issues with CAHME staff in order to ensure that the progress report is responsive to the CAHME's concerns.

PROGRESS REPORT REVIEW BY THE ACCREDITATION

The purpose of the progress report review is to determine if reasonable progress has been made on each recommendation not completed in the program's last accreditation report. The Commission at a regularly scheduled meeting of the Accreditation Council reviews each Progress Report. A critical element in the evaluation of progress reports is the program's responsiveness to the areas of concern identified by CAHME. The procedure for review is as follows:

1. To the extent possible, the Accreditation Council Member who chaired the site visit assumes primary responsibility for reviewing and analyzing the program's progress reports, and makes a recommendation to the Council. Where the individual who chaired the visit is no longer a Council member, a sitting Council member will present the report, having read the appropriate background documentation (accreditation report, other progress reports) prior to the Council meeting.
2. A second Council member assumes "reader" responsibilities and is also asked to assess the extent to which progress has been made on the CAHME's recommendations.
3. For each progress report to be reviewed, Council members, fellows and staff receive a copy of the program's progress report; the sections of the last accreditation and/or

progress reports dealing with strengths, concerns, conclusions, recommendations, and action of the Commission and any other relevant documentation.

4. The presenter provides staff with his/her written motion regarding action on the progress report, along with any information that the presenter feels should be communicated to the program.

The voting procedures follow the same steps as for the site visit reports. The Commission may take the following actions with respect to progress reports:

Accept: Signifies that CAHME is satisfied with the progress reported by the program.

Reject: Signifies that CAHME continues to have concerns with the progress related to some aspects of the program CAHME may also elect to respond to a report that is only partially responsive to the Commission's concerns. The Commission may require additional progress reports, ask for further clarification, schedule an interim visit, or shorten the accreditation cycle.