

# CAHME<sup>®</sup>

## Pilot Program Meeting #1

October 1, 2025

Website  
www.cahme.org

Rev 09/30/2025

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# CAHME<sup>®</sup>

Commission on Accreditation of Healthcare Management Education

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## PRESENTING TODAY




**Melissa Sanseverino**  
Executive Vice  
President & CFO



**Maureen Jones**  
CAHME Standards Implementation  
Task Force Chair &  
Past Standards Council Chair

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## AGENDA

- Post Comment Period Summary of Changes
- Walkthrough of CAHME Standards Resource Hub for Pilot Programs
- PIC Tool
- Pilot Program Timeline
- Next Steps
- Q&A

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## 2026 Standards Intensive

August 12-14, 2025:

- CAHME held a three-day intensive to plan the implementation of the 2026 Standards
  - CAHME Staff
  - Maureen Jones (Standards Implementation Task Force Chair, past Standards Council Chair)
  - Lynn Downs (Accreditation Council Chair)
- Intensive included:
  - Review of comments from the field, categorization of comments (integrate into standards, refer to a council/committee)
  - Deep-dive into each standard's required elements
  - Exhibits development (previously called Figures)
  - Alignment of each standard layout
  - Terminology consistency and glossary development
  - Pilot Planning and implementation
  - Site visitor training

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## General Changes

- Apply to all the standards
- Changes:
  - “Must” to “Will”
  - “Review Elements” to “Required Elements”
  - Added term “Exhibit” to replace “evidence files provided by CAHME (PBC)”
  - Exhibits added for each standard
  - “opportunity for improvement” to “quality improvement opportunity”
  - Aligned required elements across similar standards
  - Added/removed required elements based on changes made to the criterion itself
  - Formatting consistency
  - Terminology defined for difference between “Standard” and “Criterion”

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# Standard 1: Program Development, Operations & Sustainment

Criterion	Criterion Title	Summary of Changes
1.1	Mission, Vision, Values	<ul style="list-style-type: none"> <li>Added explanation of target student population</li> <li>Added narrative on how program’s mission, vision and values align with the mission, vision and values of the College and/or University</li> </ul>
1.2	Program-Level Sustainment Plan	<ul style="list-style-type: none"> <li>Moved to calling the plan a "sustainment plan" versus "operational and sustainment plan"</li> <li>Focus on program resources was incorporated into this criterion.</li> </ul>
1.3	Program Leadership and Faculty Authority	<ul style="list-style-type: none"> <li>Removed "strategic initiatives, operational plan and continuous quality improvement plans" replaced with "and sustainment plan" to align with wording changes to 1.2.</li> <li>Added "and other stakeholders"</li> </ul>
1.4	Student Recruitment, Admissions, Retention	<ul style="list-style-type: none"> <li>Added request for description of "exceptions granted" to Admissions element</li> <li>Removed the following required element (included as part of the "Monitor and Evaluate" element): Illustrate the continuous improvement processes in place to update and refine recruitment, admissions, and retention plans based on feedback and outcomes.</li> </ul>
1.5	Information Transparency	<ul style="list-style-type: none"> <li>Added "target student population" to criterion statement</li> </ul>
1.6	Program Resources	<ul style="list-style-type: none"> <li>REMOVED - Incorporated within Criterion 1.2</li> </ul>



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# Standard 2: Competency Model

Criterion	Criterion Title	Summary of Changes
2.1	Competency Model Development	<ul style="list-style-type: none"> <li>Called out ‘adopting or adapting’ in addition to developing as an option for competency model</li> <li>Removed reference to integrative assessment from this criterion as the integrative assessment will be its own criterion in Standard 3</li> </ul>
2.2	Competency Model Effectiveness	<ul style="list-style-type: none"> <li>Required element was changed to clarify that individual student level assessment is needed to obtain program-level information:                             <ul style="list-style-type: none"> <li>“Although competency assessment happens at the individual student level, documentation provided will be at the program-level.”</li> </ul> </li> <li>Required elements now request that the program provide direct and indirect measurement tools.</li> </ul>
2.3	Competency Model CQI	<ul style="list-style-type: none"> <li>Added required element regarding transparency and accountability:                             <ul style="list-style-type: none"> <li>“Explain how the outcomes from feedback are communicated to stakeholders.”</li> </ul> </li> </ul>

## Standard 3: Curriculum

Criterion	Criterion Title	Summary of Changes
3.1	Graduate-Level Curriculum Development	<ul style="list-style-type: none"> <li>Combined 3.1 (Curriculum Development) and previous 3.3 (Graduate-Level Curriculum).</li> <li>Part of curriculum development is ensuring that the graduate-level teaching, learning and assessment methods are included as part of that process</li> <li>Added Patient-Centered Care to list of required topics</li> <li>Removed Interprofessional Experience from list of required topics because it is covered in its own required element</li> <li>Under Healthcare Information Technology topics, added “(including AI in healthcare)”</li> </ul>
3.2	Program-Level Final Integrative Assessment Development	<ul style="list-style-type: none"> <li>This criterion was previously 3.4</li> <li>Changed the focus of this standard to be on the integrative assessment rather than experience.</li> <li>Included definitions of integrative experience versus integrative assessment</li> </ul>
3.3	Curriculum Effectiveness	<ul style="list-style-type: none"> <li>This criterion was previously 3.2</li> <li>Clarifying that the effectiveness of the curriculum (3.1) and final integrative assessment (3.2) are what should be evaluated.</li> </ul>
3.4	Curriculum CQI	<ul style="list-style-type: none"> <li>This criterion was previously 3.5</li> <li>Added required element regarding transparency and accountability:                             <ul style="list-style-type: none"> <li>“Explain how the outcomes from feedback are communicated to stakeholders.”</li> </ul> </li> </ul>

## Standard 4: Student Success

Criterion	Criterion Title	Summary of Changes
N/A	General Student Resources	<ul style="list-style-type: none"> <li>This criterion was previously 3.4</li> <li>Evaluated by the university-level accreditor</li> </ul>
4.1	Academic Resources	<ul style="list-style-type: none"> <li>This criterion was previously 4.2</li> <li>No significant changes</li> </ul>
4.2	Academic Advising	<ul style="list-style-type: none"> <li>This criterion was previously 4.3</li> <li>No significant changes</li> </ul>
4.3	Professional Career Advising	<ul style="list-style-type: none"> <li>This criterion was previously 4.4</li> <li>No significant changes</li> </ul>
4.4	Post-Graduate Career Preparedness	<ul style="list-style-type: none"> <li>This criterion was previously 4.5</li> <li>Use of broader term 'career' rather than specific to employment to accommodate all types of post-graduate career paths.</li> </ul>

## Standard 5: Faculty

Criterion	Criterion Title	Summary of Changes
5.1	Qualified Faculty	<ul style="list-style-type: none"> <li>Inclusion of evaluating the number of faculty to ensure it is sufficient to support the program's mission, student learning needs and program outcomes.</li> <li>Changed based on comments: "Recruiting Philosophy: Describe the philosophy on recruiting and hiring all types of faculty" to the idea "Do you meet your own metrics, if not what is the plan to address this discrepancy?"</li> </ul>
5.2	Faculty Andragogical Development	<ul style="list-style-type: none"> <li>Based on comments received, changed 'pedagogical' to 'andragogical'</li> </ul>


## Resource Hub for Pilot Programs

### Draft Exhibits

Standard 1: Program Development, Operations and Sustainment		
Criterion	Exhibit	Exhibit Example
1.1	1.1.1: Program Variant Table	
1.2	1.2.3: Program Resource Planning and Sustainment Table	
1.2	1.2.2: Strategic Initiatives Tracking Table	
1.2	1.2.3: Program Risk Assessment and Mitigation Table	
1.2	1.2.4: Plan Review and Evaluation	
1.4	Instructions on how to pull Exhibits for 1.4 from CARE	

Standard 2: Competency Model

Standard 3: Curriculum



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# Resource Hub for Pilot Programs

### Resources

- Required Elements Checklist
- Process Improvement Cycle (PIC) Tool Graphic
- Process Improvement Cycle (PIC) Tool

### Pilot Training Series

- October 1, 2025 1-2:30pm EST
- November 6, 2025 1-2:30pm EDT
- December 11, 2025 1-2:30pm EDT

## CAHME Staff Support

### CAMP, Website, Exhibits


Stacey Rowand  
Chief Operating Officer  
301-298-1820 Ext. 700  
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### All Other Standard Inquiries

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REV: 09/10/2025

## Criterion 2.3 Competency Model CQI

**Criterion Statement**  
The program will develop and implement a plan to improve competency model effectiveness.

**Rationale**  
Developing and implementing a plan to improve competency model effectiveness is essential for maintaining the relevance and quality of a healthcare administration graduate program. A well-documented continuous quality improvement (CQI) plan ensures that the program can review, analyze, and act upon competency model effectiveness outcomes. By incorporating input from key stakeholders, the program can align its competencies with industry expectations. Regular communication of feedback to stakeholders fosters transparency and accountability, while targeted development initiatives and continuous monitoring ensure that the program remains responsive to evolving needs and expectations. This approach strengthens essential skills and behaviors, ensuring graduates are well-prepared, competitive, and adaptable for long-term career success in varying healthcare environments.

**Definitions**

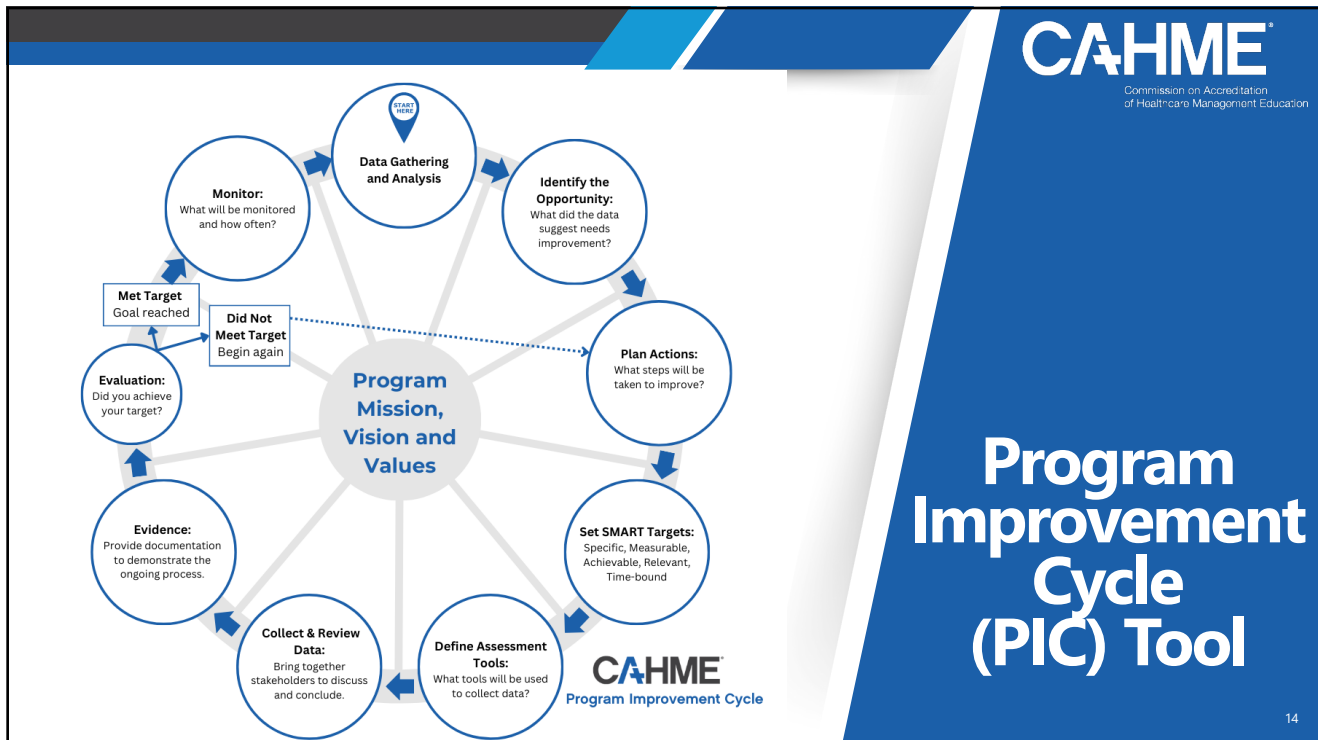
- **Continuous Quality Improvement (CQI)**: a structured, ongoing process of collecting, analyzing, and using data on program performance to make informed changes that enhance quality, effectiveness, and student outcomes. It includes regular assessment, gathering feedback, analyzing results, implementing improvement, and documenting changes/outcomes.
- **Stakeholder Engagement**: intentional process of involving individuals, groups, or organizations with an interest in or influence on a program. Outcome feedback should be provided to the stakeholders.
- **Implement**: put a plan, change, policy, process, or decision into action by carrying out the steps needed to achieve its intended goals

**Required Elements**

Element	Required Documentation
a. <b>CQI Process</b> : Describe the process for the continuous quality improvement (CQI) plan to assess competency model effectiveness including: <ul style="list-style-type: none"> <li>• How the data provided in Standard 2.2 is analyzed</li> <li>• How opportunities for improvement are identified</li> </ul>	Narrative
b. <b>Stakeholder Engagement</b> : Explain how and when the program incorporates input from key stakeholders into the CQI plan. Stakeholders must include, at a minimum: <ul style="list-style-type: none"> <li>• Students</li> <li>• Alumni</li> <li>• Industry partners</li> </ul>	Exhibit 2.3.1
c. <b>CQI Efforts</b> : Complete a PIC tool for the targeted quality improvement opportunities that enhance competency model effectiveness. Program will provide no more than two quality improvement opportunities.	PIC Tool
d. <b>Maintain Transparency and Accountability</b> : Explain how the outcomes from feedback are communicated to stakeholders.	Narrative

# Criterion Walkthrough

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## Criterion that Utilize the PIC Tool

- Required for the following 2 criterion:
  - Criterion 2.3 – Competency Model CQI
  - Criterion 3.4 – Curriculum CQI
  
- If analysis reveals quality improvement opportunity complete PIC tool; If no improvement is identified, evidence should support this conclusion.
  - Criterion 1.4 – Student Recruitment, Admissions, Retention
  - Criterion 4.1 – Academic Resources
  - Criterion 4.2 – Academic Advising
  - Criterion 4.3 – Professional Career Advising
  - Criterion 4.4 – Post Graduate Career Preparedness
  - Criterion 5.1 – Qualified Faculty
  - Criterion 5.2 – Faculty Andragogical Development


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## PIC Tool Walkthrough




Program Improvement Cycle (PIC) Tool  
Rev 8/11/2025


Data Gathering and Analysis	Identify the Opportunity	Plan Actions	Set SMART Targets			
			Baseline	Specific and Measurable Target	Relevance	Start/End
What data was analyzed to define the quality improvement opportunity?	What did the data suggest needs improvement?	What steps will be taken to improve?	Identify current state of target.	What do you want the result to be at the end of the program improvement cycle?	To consider: Why should we spend efforts on this? What is the benefit to the Students, Program, Faculty, Stakeholders? What is the return on investments?	What is the start/end date?
Student Surveys, Alumni Surveys	Competency attainment for Competency 1	Review of curriculum to improve coverage of Competency 1	43% of students and alumni are unsatisfied with competency attainment of Competency 1	90% of students and alumni satisfied with competency attainment for Competency 1	Competency 1 is core to the program's mission, vision and values.	Me

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2026 STANDARDS  
PILOT PROGRAM TIMELINE

Rev. 9/12/2025



The timeline consists of a central horizontal line with circular markers. Above and below the line are boxes containing event descriptions and dates. The events are:
 

- 2025/26 SELF-STUDY YEAR** (Starts at the beginning)
- FIRST PILOT MEETING** (OCT 1, 2025): Pilot programs provide feedback & management, refine process and templates.
- SECOND PILOT MEETING** (NOV 6, 2025): Pilot programs provide feedback & management, refine process and templates.
- THIRD PILOT MEETING** (DEC 11, 2025): Pilot programs provide feedback & management, refine process and templates.
- THREE ADDITIONAL PILOT MEETINGS** (SPRING 2026): Specific dates TBD.
- PILOT SITE VISITS BEGIN** (FALL 2026): Site visits for first round of pilot programs occur.
- POST SITE VISIT FEEDBACK SESSION** (DEC 2026 / JAN 2027): Post site visit feedback session for first round of pilots.

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## Next Steps

- **CAHME Next Steps:**

- Draft standards presented for final approval to the CAHME Board of Directors on October 20, 2025.
- Continue to add additional resources to Resource Hub website.

- **Pilot Program Next Steps:**

- Review the updated 2026 Standards.
- Complete PIC tool for one criterion to bring to next meeting in November
  - Send to Amanda Grow at [agrow@cahme.org](mailto:agrow@cahme.org) – Due 1 week prior to meeting
- Complete post meeting survey (beginning after Nov 6<sup>th</sup> meeting)
- Send potential dates for Fall 2026 site visits to Eric Brichto at [ebrichto@cahme.org](mailto:ebrichto@cahme.org)

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## Next Meeting – November 6th

- **Agenda:**

- Review an example of one program's PIC tool
- Deep dive into Criterion 1.2 (Program Level Sustainment Plan)
- Review an example of a self-study in CAMP
  - Verify access to new standards within your events in CAMP
- Q&A

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**Thank you**