

WSU Five-Year Program Review
Self-Study

Cover Page

Department/Program: Health Administrative Services, Health Information
Management emphasis

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A. Brief Introductory Statement

The Utah State Board of Regents approved the development of a Health Information Management (HIM) program for the College of Health Professions in 1993 based upon evidence of a demonstrated need and strong support for the program by the Utah Hospital Association and the Utah Health Information Management Association.

Mission of Health Information Management Education

"Health information management education is responsible for preparing confident, innovative, and contributing professionals who can identify and use a variety of information resources and technologies to accomplish the objectives of diverse practice environments. It provides students with the knowledge and skills necessary to become self-directed learners who possess critical-thinking and problem-solving abilities as well as communication and interpersonal skills. It instills a commitment to life-long learning and important ethical values. The educational process fosters the acquisition of leadership abilities and systems thinking necessary for adapting careers within a changing healthcare environment. As practitioners, graduates of programs will serve society and the profession through collaborative practice, innovative teaching, and the generation and application of new knowledge about health information management.

Health Information Management Practice Definition

"Health information management represents a continuum of practice concerned with health-related information and the management of systems to collect, store, process, retrieve, analyze, disseminate and communicate information related to the research, planning, provision, financing and evaluation of healthcare services.

Successful completion of the Health Information Management program leads to a Bachelor of Science degree in Health Administrative Services: Health Information Management emphasis. The HIM program is accredited by the Commission on Accreditation of Health Informatics and Information Management Education, allowing graduates to sit for the national registration exam. Students passing this national examination may use the professional designation of Registered Health Information Administrator (RHIA).

B. Mission Statement

The mission of the DCHP, Health Administrative Services Department (HAS) is to provide an opportunity for health practitioners, students in the health disciplines, and others to prepare themselves for managerial, technical, and health promotion roles in both traditional and nontraditional health care settings. In addition, many students use the program to prepare themselves for graduate studies in Health Administration and other related disciplines. The Program is uniquely structured to help practicing health professionals build upon their two-year professional degree or credential, while at the same time accommodating the more traditional four-year student.

The goals of the Health Information Management Program are:

Faculty will demonstrate current knowledge, skills, qualifications and professional development in the content areas they teach.

Program graduates will demonstrate the HIM entry-level competencies.

The HIM curriculum will include, at minimum, the required knowledge clusters with content and experiences to enable students to meet current entry-level competencies.

The HIM program will demonstrate responsiveness to the needs of the community of interest.

C. Curriculum

Curriculum Map

Core Courses in Department/Program	Department/Program Learning Outcomes							
	RHIA Exam Domain I	RHIA Exam Domain II	RHIA Exam Domain III	RHIA Exam Domain IV	RHIA Exam Domain V	RHIA Exam Domain IV		
HIM 2000 Intro to Health Information Systems & Settings	S		D			D		
HIM 2250 Health Care Privacy & Security					S			
HIM 2300 Diagnosis Coding	S							
HIM 2320 Ambulatory & Physician Office Coding	S							
HIM 2330 Classification Systems Topics & Reimbursement	S							
HIM 2410 ICD-10-PCS Coding	S							
HIM 2500 Healthcare Database Mgmt & Security	S	S	D					
HIM 2861 Professional Practice Experiences	P	P	P		P	P		
HIM 2862 Professional Practice Experiences	P	P	P		P	P		
HIM 2863 Professional Practice Experience in Coding	S							
HIM 3000 Computer Applications in Health Care			S					
HIM 3200 Epidemiology & Biostatistics		D						
HIM 3300 Intro to Quality Improvement in Health Care	D	S				D		
HIM 3400 Health Care Networks & Databases		D	D					
HIM 3450 Health Care Systems Analysis & Design			S					
HIM 3500 Biomedical Research Support		C						
HIM 4100 Health Information Services Mgmt						S		
HIM 4990 Baccalaureate Thesis & Presentation		S						

Core Courses in Department/Program	Department/Program Learning Outcomes							
	RHIA Exam Domain I	RHIA Exam Domain II	RHIA Exam Domain III	RHIA Exam Domain IV	RHIA Exam Domain V	RHIA Exam Domain IV		
HAS 3000 The Health Care System	C				C			
HAS 3230 Health Communication				S				
HAS 3240 Human Resource Development in Healthcare				S				
HAS 3260 Health Care Administrative & Supervisory Theory				S				
HAS 3750 Health Care Financial Administration				S				
HAS 4860 Practicum/Internship	P	P	P	P	P	P		
IST 3110 Information Technology for Business			D					
ACTG 2010 Survey of Accounting				D				

C = Concept – comprehension, translation, extrapolation, and interpretation of meaning

D = Detailed understanding – appropriate application of knowledge in a structured or controlled context

S = Skilled use – application using analysis, synthesis, and evaluation in new situations

P = Practical Experience in a professional setting

Summary:

The levels are determined by the HIM Program accreditation organization CAHIIM.

D. Student Learning Outcomes and Assessment

Measureable Learning Outcomes

At the end of their study at WSU, students in this program will

DO MAIN I.

Health Data Management (20%)

1. Manage health data elements and/or data sets
2. Develop and maintain organizational policies, procedures, and guidelines for management of health information
4. Ensure accuracy and integrity of health data and health record documentation
5. Manage and/or validate coding accuracy and compliance
6. Manage the use of clinical data required in reimbursement systems and prospective payment systems (PPS) in healthcare delivery
7. Code diagnosis and procedures according to established guidelines

8. Present data for organizational use (e.g., summarize, synthesize, and condense information)

Health Statistics and Research Support (11%)

1. Identify and/or respond to the information needs of internal and external healthcare customers
2. Filter and/or interpret information for the end customer
3. Analyze and present information for organizational management (e.g., quality, utilization, risk)
4. Use data mining techniques to query and report from databases

DO MAIN III.

Information Technology and Systems (20%)

1. Implement and manage use of technology application
2. Develop data dictionary and data models for database design
3. Manage and maintain databases (e.g., data migration, updates)
4. Apply data and functional standards to achieve interoperability of healthcare information systems
5. Apply data/record storage principles and techniques associated with the medium (e.g., paper-based, hybrid, electronic)
6. Evaluate and recommend clinical, administrative, and specialty service applications (e.g., financial systems, electronic record, clinical coding)
7. Manage master person index (e.g., patient record integration, customer/client relationship management)

DO MAIN IV.

Organization and Management (30%)

1. Develop and support strategic and operational plans for facility-wide health information management
2. Monitor industry trends and organizational needs to anticipate changes
3. Perform human resource management activities (e.g., recruiting staff, creating job descriptions, resolve personnel issues)
4. Conduct training and educational activities (e.g. HIM systems, coding, medical and institutional terminology, documentation and regulatory requirements)
5. Establish and monitor productivity standards for the HIM function
6. Optimize reimbursement through management of the revenue cycle (e.g., chargemaster maintenance)
7. Develop, motivate, and support work teams and/or individuals (e.g., coaching, mentoring)
8. Prepare and manage budgets
9. Analyze and report on budget variances
10. Determine resource needs by performing analyses (e.g., cost-benefit, business planning)
11. Evaluate and manage contracts (e.g., vendor, contract personnel, maintenance)
12. Organize and facilitate meetings
13. Advocate for department, organization and/or profession
14. Manage projects
15. Prepare for accreditation and licensing processes (e.g., Joint Commission, Medicare, state regulators)

DO MAIN V.

Privacy, Security, and Confidentiality (13%)

1. Design and implement security measures to safeguard Protected Health Information (PHI)
2. Manage access, disclosure, and use of Protected Health Information (PHI) to ensure confidentiality
3. Investigate and resolve healthcare privacy and security issues/problems
4. Develop and maintain healthcare privacy and security training programs

DO MAIN VI.

Legal and Regulatory Standards (6%)

1. Administer organizational compliance with healthcare information laws, regulations and standards (e.g., audit, report and/or inform; legal health record)
2. Prepare for accreditation and licensing processes (e.g., Joint Commission, Medicare, state regulators)

Summary Information (as needed)

The outcomes statement listed above represent the entry-level competencies that HIM graduates should possess at the time of graduation. These statements are used as the Registered Health Information Administrator (RHIA) certification examination blueprint, and the basis for employer assessment data collecting on graduate from the program. Please see the full program evaluation report in the following pages 8-16.

Health Information Management – BS Degree

Department of Health Administrative Services

Program Evaluation Report 2010-2011 Academic Year

Program Goal #1

Faculty will demonstrate current knowledge, skills, qualifications and professional development in the content areas they teach.

Standard/Outcome

A. Director/faculty must have current HIM credentials when teaching HIM specific courses and should possess a Baccalaureate degree or higher. Faculty should participate in ongoing professional development, scholarship and service activities.

Evaluation Method

1. The HIM Program Director will maintain faculty files with a current resume and copy of AHIMA membership card.

Results:

- All HIM credentialed faculty have current active membership with AHIMA. All fulltime faculty are Master's Degree prepared or higher and all other faculty who teach in the HIM program have a Baccalaureate degree or higher.
- **Responsive/Corrective Action:**
None needed at this time.

2. Faculty Peer Evaluation process is completed on all HIT/HIM faculty in accordance with WSU Policies and Procedures (non-tenured track faculty will be evaluated at a minimum of every three years; tenure-track faculty will conduct a Peer Evaluation before each level of evaluation). In addition, the department chair or Dean conducts an annual assessment of faculty in the areas of teaching, scholarship and service.

Results:

- **Pat Shaw** – currently working on Ed.D. Degree with support from Dee Wade Mack fund; professional development activities as noted in measure D in this category; Presentations: Panel member – Utah HIMA fall conference “ICD-10 Implementation”; AOE Summer Symposium, “Online vs Campus: Does it make a difference” with Darcy Carter; AHIMA ICD-10 Coding Academy faculty. Service: University BA/BS Ad Hoc Committee; University Curriculum Committee; Chair, College Curriculum Committee; Co-Chair, AHIMA Fellowship Review Committee. Appointed Chair, Department of Health Administrative Services, July, 2011. Scholarship: Published – “RHIA Exam Prep Book” with Darcy Carter; Published – 5th edition, “Quality and Performance Improvement in Health Care” with Chris Elliott.
- **Heather Merkley** – Professional development activities as noted in measure D in this category; Published article “Incorporating EHR Technology into the Classroom and Online Course”; Service: College IT Committee. Full Peer Review is scheduled for 2011-2012 academic year.
- **Darcy Carter** - Professional development activities as noted in measure D in this category; Presentations: AOE Summer Symposium, “Online vs Campus: Does it make a difference” with Pat Shaw. Scholarship: Published – “RHIA Exam Prep Book” with Pat Shaw; “RHIT Exam Prep Book.” Appointed fulltime Clinical Coordinator fall, 2011, will move to fulltime faculty January 1, 2012.

Responsive/Corrective Action:

Validate the Peer Review evaluation is completed for Professor Heather Merkley.

B. Director/faculty must demonstrate a variety of teaching strategies.

Evaluation Method

1. Faculty will be evaluated by students on course evaluations in the average to excellent range for techniques that enhance learning.

Results:

- Student evaluation scores range from 3.5 to 5.0 (on a 5 point scale or above average), indicating that students agree that teaching techniques in the course enhanced their learning.

Responsive/Corrective Action:

None needed at this time.

C. 100% of HIM courses will incorporate technology for instructional delivery.

Evaluation Method

1. Assignments are reviewed annually by HIM faculty to assure that technology is appropriately being applied to course activities.

Follow-up from 09-10 report:

Students continue to have experience with the VA CPRS electronic health record system in HIM 2000, the College of Health Professions received a donation for access to an EMR by one of the local health care corporations. Faculty are working with the vendor and IT staff to develop appropriate assignments, activities and experience by HIM students with this software program, access to this new EMR should be available for student use spring semester 2012.

Results:

Continue to add assignments as appropriate to courses using web-enabled access to software. Faculty need to work on getting EMR up and running for student use.

Responsive/Corrective Action:

EMR installed and working so that student work can be incorporated into the curriculum.

Follow-up:

Program Director will verify that additional assignments and use of the web-enabled software programs is working for both students and faculty. Get the EMR up and running and begin to incorporate it into the curriculum.

D. Director/faculty teaching HIM specific courses will attend relevant professional development activities to keep knowledge and skill current.

Evaluation Method

1. Documentation of appropriate professional development to include attendance at least one State or National HIM professional association meeting (CE certificate, travel documents, etc.). The University supports the program director and faculty in attending professional association meetings. In addition, faculty have access to free training through the Faculty Senate Teaching, Learning and Assessment Forum, and on campus training. All staff and faculty also have the option of taking up to six credits a semester free of charge. Finally, the Dumke College of Health

Professions has two endowment funds available to faculty and staff for both continuing education and to enable faculty to pursue advanced degrees. Both of these funds require the faculty to submit a request for funding to a committee for approval. HIM program faculty have benefitted greatly from these endowments over the years.

Results:

- Program Director and all faculty have attended appropriate professional development meetings to include: 2011 National Convention, Salt Lake City – Pat Shaw, Heather Merkley and Darcy Carter; 2010 National Convention, Orlando – Pat Shaw; 2011 AHIMA Assembly on Education Summer Symposium, San Antonio – Pat Shaw and Darcy Carter; Utah Health Information Management Association's Fall Meeting – Pat Shaw and Heather Merkley; UHIMA Spring Meeting, Salt Lake City, UT – Pat Shaw and Heather Merkley.
- Darcy Carter is scheduled to attend the ICD-10-CM/PCS Coding Academy in Las Vegas, NV December, 2011.

Responsive/Corrective Action:

None needed at this time.

E. Provide faculty with up-to-date instructional resources and computer software in areas that have frequent changes and updates.

Evaluation Method

1. Faculty computers are updated every four years as recommended by WSU policy.

Results:

- All department faculty are provided a laptop computer with docking station. These devices are updated every four years. The department has adequate financial support from administration to maintain this update schedule.

Responsive/Corrective Action:

None needed at this time.

2. Annually assess additional computer software requirements.

Results:

- Continue to maintain web-enabled software using the Citrix server so all students will have access to Softmed Applications and 3M Coding and Abstracting. This has been incorporated into assignments for classroom and online students in: HIM 2000, 2250, 2300, 2320, 2330, 2500, 2862, 2863 and HIM 3400. Two servers were purchased for the Citrix platform and placed in the server farm for IT monitoring and maintenance.

Responsive/Corrective Action:

None needed at this time.

F. 90% of HIM Course Evaluation forms will indicate HIM faculty performance is good to excellent.

Evaluation Method

1. Course evaluations are reviewed annually by the Program Director.

Results:

- Student course evaluation results ranged from 3.35 to 5.0 (on a scale of 5 or above average), indicating that students believe that department faculty are performing above average.

Responsive/Corrective Action:

None needed at this time

Program Goal #2

Program graduates will demonstrate the HIM entry-level competencies.

Standard/Outcome

A. 80% of all HIM graduates taking the RHIA certification examination will pass on the first writing.

Evaluation Method

1. Annual review of the RHIA certification examination results to analyze student performance in each knowledge area in comparison to overall performance.

Results:

- 7 of 7 first-time students passed the RHIA examination, or 100%.
- Students scored at or above the national average in all content areas.

Responsive/Corrective Action:

None needed at this time.

Follow-Up:

Program Director will continue to monitor these results and make adjustments to curriculum if needed.

B. 80% or more of the HIM areas of practice in exit surveys will show that the program was average to high quality.

Evaluation Method

1. Detailed exit surveys are conducted annually and the results are analyzed and shared with the Program Advisory Committee.

Results:

- 9/11 responses were received; surveys were mailed first, then a follow-up email was sent directly to the students to try to get more responses. Students ranked their overall satisfaction with the curriculum 3.47 (on a 4 point scale) and overall satisfaction with the program 3.89 (on a 4 point scale) on exit surveys, or above average.

Responsive/Corrective Action:

None needed at this time. Scores are above average.

C. 80% or more of the subject areas of the graduate surveys will show that instruction was satisfactory.

Evaluation Method

1. Detailed graduate surveys are conducted annually and the results are analyzed and shared with the Program Advisory Committee.

Results:

- 3/5 responses were received; surveys were mailed first, then a follow-up email was sent directly to the students to try to get more responses. Students ranked their overall satisfaction with the curriculum 3.15 (on a 4 point scale) and overall

satisfaction with the program 3.67 (on a 4 point scale) on graduate surveys, or above average.

Responsive/Corrective Action:

Need to monitor the curriculum satisfaction score as it is trended lower.

D. 95% of all HIM courses will reflect critical thinking/problem solving projects, activities or other types of assessment.

Evaluation Method

1. Assignments, exams and other types of assessment are reviewed annually by HIM faculty to assure that practice and evaluation of critical thinking skills are available to students.

Follow-up from 09-10 report:

HIM 3450 assignments were improved and changes in the delivery of the course material were made to improve the flow and all tables, figures and examples were updated.

Results:

- HIM faculty will continue to evaluate curriculum content for critical thinking and analysis activities. Specifically, more data analysis and interpretation assignments and exercises need to be added to HIM 2500; in HIM 3000 a case study will be developed where students will be asked to analyze the circumstances around changing an EMR/EHR system, and, a case study on HIM department function quality and productivity will be added to HIM 4100.

Responsive/Corrective Action:

Evaluate curriculum on an annual basis to determine where critical thinking/problem solving activities may be added with input from the program advisory committee.

Follow-up:

Program Director to schedule curriculum evaluation meeting each fall semester.

2. Faculty will be evaluated by students on course evaluations in the average to excellent range for problem-solving and thinking analytically.

Results:

- Student course evaluation results ranged from 3.56 to 5.0 (on a 5 point scale), or above average, indicating that students agree that course activities challenged them to apply problem-solving skills and to think analytically

Responsive/Corrective Action:

None needed at this time

E. Employers will express adequate to excellent competence or unimportant regarding HIM skills expected of entry-level health information administrators.

Evaluation Method

1. Employee surveys are administered to area employers by the HIM Program Director annually and the results are shared with the Program Advisory Committee.

Results:

- 4/8 responses were received; surveys were mailed first, then a follow-up email was sent directly to the employer to try to get more responses. Employers ranking of our students competence averaged 3.1 (on a 4-point scale) and

overall satisfaction with entry-level performance 3.25 (on a 4 point scale), or above average.

Responsive/Corrective Action:

In an effort to obtain more data from the potential employer market in 2011-2012 the program will be asking all professional practice experience preceptors to evaluate the competence and satisfaction with students as they complete their practicum rotations in addition to our standard PPE evaluation.

Program Goal #3

The HIM curriculum will include, at minimum, the required knowledge clusters with content and experiences to enable students to meet current entry-level competencies.

Standard/Outcome

A. 80% of all HIM graduates taking the RHIA certification examination will pass on the first writing.

Evaluation Method

1. AHIMA Domains, subdomains and tasks and knowledge cluster content assessments are reviewed annually by the HIM faculty and Program Advisory Committee.

Follow-up from 09-10 report:

Curriculum changes for ICD-10-CM/PCS were. HIM 2250 Healthcare Privacy and Security was offered for the first time fall, 2010 and the Healthcare statistics content was transitioned to HIM 2500. Content was added to HIM 2000 and recommended by the advisory committee. HIM 3450 assignments were improved and changes in the delivery of the course material were made to improve the flow and all tables, figures and examples were updated.

Results:

- 7 of 7 first-time students passed the RHIA examination, or 100%.
- Students scored at or above the national average in all content areas.
- HIM 2300 will begin covering both ICD-9 and ICD-10 coding guidelines and conventions in 2011-2012, and the new ICD-10-PCS course HIM 2410 will be offered in spring, 2012.
- Darcy Carter is scheduled to attend the ICD-10-CM/PCS Coding Academy in Las Vegas, NV December, 2011 Remaining faculty need to be trained on ICD-10-CM/PCS. Heather Merkle will attend some ICD-10 training in 2011-2012.
- HIM Faculty have been touring local HIM departments to assess how the workflow is changing based on implementation of EMR/EHRs. These visits will continue in the 2011-2012 academic year. Faculty will determine from these visits how curriculum and PPE activities should be modified to accommodate the workflow changes.
- HIM Advisory committee met December 2, 2011 and recommended that the program enhance curriculum in the areas of form management/design, auditing at all levels (CDI, training MDs in documentation standards), and error management.
- HIM Faculty met to review the new model curriculum. HIM 2000: update Joint Commission standards, add HIM MD Physician Suspension Letter assignment, add CHAP; HIM 2250 add e-Discovery policy and procedure writing, legal health record discussion; HIM 2300 add Clinical Documentation Improvement; HIM 2320 Add auditing, outpatient code editor and correct coding initiative assignments; HIM 2330 update/improve coding compliance plan assignment; HIM 2500 add screen design, budgeting and resource allocation assignment, more data analysis and interpretation assignments, and severity of illness

systems; HIM 3000 add case study to discuss changing EHR/HIM systems; HIM 2862 add Workflow redesign assignment; HIM 2863 add abstracting practice. In HIM 4100 content about the human/computer interface and a case study on HIM department function quality and productivity will be added to HIM 4100

Responsive/Corrective Action:

Continue to monitor RHIA exam results to see if curriculum changes are needed. Verify that curriculum changes as outlined above have been made to each course respectively.

Follow-Up:

Program Director will verify curriculum changes and faculty training have been made; continue to monitor these results and make adjustments to curriculum if needed.

B. 80% or more of the responses on the HIM graduate survey will show good to excellent preparation for their current position.

Evaluation Method

1. Detailed graduate surveys are conducted annually and the results are analyzed and shared with the Program Advisory Committee.

Results:

- 3/5 responses were received; surveys were mailed first, then a follow-up email was sent directly to the students to try to get more responses. Students ranked their overall satisfaction with the curriculum 3.15 (on a 4 point scale) and overall satisfaction with the program 3.67 (on a 4 point scale) on graduate surveys, or above average.

Responsive/Corrective Action:

Need to monitor the curriculum satisfaction score as it is trended lower.

C. Employers will express adequate to excellent competence or unimportant regarding HIM skills expected of entry-level health information administrators.

Evaluation Method

1. Employee surveys are completed by the HIM Program Director annually and the results are shared with the Program Advisory Committee.

Results:

- 4/8 responses were received; surveys were mailed first, then a follow-up email was sent directly to the employer to try to get more responses. Employers ranking of our students competence averaged 3.1 (on a 4-point scale) and overall satisfaction with entry-level performance 3.25 (on a 4 point scale), or above average.

Responsive/Corrective Action:

In an effort to obtain more data from the potential employer market in 2011-2012 the program will be asking all professional practice experience preceptors to evaluate the competence and satisfaction with students as they complete their practicum rotations in addition to our standard PPE evaluation.

Program Goal #4

The HIM program will demonstrate responsiveness to the needs of the community of interest.

Standard/Outcome

A. 10 or more, HIM related professionals will participate in HIM required courses.

Evaluation Method

1. Course schedules will reflect dates and identification of guest speakers or onsite visits by students. Discussions regarding the quality of these presentations are done with students and faculty.

Results:

- HIM 2000 included two scheduled site visits (acute care and long term care tours). In addition two guest speakers presented information to students (one on Personal Health Records and had one presenting on secondary databases (Utah Cancer Registry)).
- HIM 2250 included an interview with a Corporate compliance officer in privacy and security.
- PPE activities in HIM 2861 and 2862.
- HIM 2330 had one guest speaker presenting the billing process in the acute care environment to include the billing denial process.
- HIM 2500 had one guest speaker presenting on secondary databases (Utah Cancer Registry).
- HIM 3000 included two guest speakers (Utah QIO – Health Insight and the UHIN Health Information Exchange representative. These guest speakers were either video recorded or audio recorded to be included in our online courses.
- 2 guest speakers in HAS 3000

Responsive/Corrective Action:

None needed at this time.

B. 100% of professional practice experience sites selected will demonstrate good to excellent instruction and adherence with instructional objectives.

Evaluation Method

1. Evaluation forms completed by students regarding their Clinical Practice activities are reviewed by the Program Director/faculty and results shared with Professional Practice Preceptor.

Results:

- PPE students completed an evaluation form on their Professional Practice Experience preceptor at the end of their internship or each rotation. According to the graduate and exit surveys completed by students the average was 3.4 (on a 4 point scale). This would rank the PPE as above average.

Responsive/Corrective Action:

None needed at this time.

C. 15 or more different community sites will be used for HIM professional practice experience annually.

Evaluation Method

1. Program Director or HIT Clinical Coordinator will contact via onsite visit, telephone or email all professional practice sites to evaluate the site, discuss professional practice goals and to receive verbal evaluations of the students and the programs from the supervisors.

Results:

- 10 long-term care sites used for the alternate care PPE sites.
- 9 acute care hospital sites were used for the acute care PPE sites.

- Ten students completed HIM internships this academic year. These internships were completed in Acute Care Hospital HIM Management.

Responsive/Corrective Action:

None needed at this time. We have adequate sites available.

2. Preceptors will be oriented to professional practice experience activities annually.

Results:

- Darcy Carter communicated with each PPE preceptor via email, telephone or in person and oriented them to our PPE needs and to answer their questions and make sure they were aware of PPE requirements in September, 2010.
- Pat Shaw meets or has a conference call with the student and internship preceptor at the beginning of all HIM-BS student internship. At this meeting all goals, projects, and assignments are mutually agreed upon by all parties.

Responsive/Corrective Action:

None needed at this time.

D. 50% or more of the Program Advisory Committee members will be present at all meetings.

Evaluation Method

1. Advisory committee minutes will be monitored annually for attendance.

Results:

- HIT/HIM Program Advisory Committee met December 3, 2010. Nine of the eleven member were in attendance or 82%.

Responsive/Corrective Action:

None needed at this time

E. The HIM program will attain affiliation agreements with a sufficient number and a variety of health care facilities to meet the needs of the clinical practice.

Evaluation Method

1. Validate that all PPE sites have current and up-to-date clinical affiliation or mentor agreements on file prior to assigning a student to the site.

Results:

- All sites in which students were assigned to for their PPE had current clinical affiliation or mentor agreements in 2010-2011.

Responsive/Corrective Action:

None needed at this time.

E. Academic Advising

Advising Strategy and Process

Each student is provided with an academic contract and recommended course sequencing upon admission to the program. These two documents should guide the student to completion of the program. However, HIM program advisement is also available to students from the Program Director and program faculty by appointment in person, telephone, or via email for distance education students. Pat Shaw has primary advisement duties for all BS degree students, Heather Merkley for all AAS degree students, and Darcy Carter for all Institutional Certificate students in the programs. Each student's progress is assessed on an annual basis. Some admissions information and advisement is also provided by the Office of Admissions and Advisement, Dumke College of Health Professions.

Effectiveness of Advising

In our program exist surveys, students rank program counseling/career guidance and faculty availability as above average. Although this does not exactly measure the effectiveness of advising it is a good indication that students feel that they are provide guidance for their future profession.

Past Changes and Future Recommendations

After this review, the program will add a question about the effective of academic advising to our exit survey. The change will occur with 2011-2012 program graduates.

F. Faculty

Faculty Demographic Information

The HIM program has 2 full time HIM faculty and 1 fulltime (as fall, 2011) professional staff position. Four other faculty members teach a class or two in the program. Effective spring, 2012, the fulltime professional staff position will move to a fulltime faculty position.

Programmatic/Departmental Teaching Standards

Faculty Peer Evaluation process is completed on all HIT/HIM faculty in accordance with WSU Policies and Procedures (non-tenured track faculty will be evaluated at a minimum of every three years; tenure-track faculty will conduct a Peer Evaluation before each level of evaluation). In addition, the department chair or Dean conducts an annual assessment of faculty in the areas of teaching, scholarship and service.

Evidence of Effective Instruction

- i. Regular Faculty

In addition to the formal peer evaluation process, the department chair reviews student evaluations of each faculty. As noted in the program evaluation report earlier, data is maintained on three areas: teaching techniques in the course enhanced their learning; course activities challenged them to apply problem-solving and to think analytically; and, overall satisfaction of the faculty member.

ii. Adjunct Faculty

The department chair reviews student evaluations of each faculty. As noted in the program evaluation report earlier, data is maintained on three areas: teaching techniques in the course enhanced their learning; course activities challenged them to apply problem-solving and to think analytically; and, overall satisfaction of the faculty member. Currently, no adjunct faculty teach in the HIM programs.

Mentoring Activities

In conjunction with the Dean's office, all faculty in the tenure process have the opportunity to be matched up with another faculty in the College that will serve as a mentor for them. The department chair, also offers assistance and guidance to department faculty in the policies and procedures, teaching organization, etc.

Diversity of Faculty

The faculty in the Health Administrative Services department includes three females and four males, all Caucasian.

Ongoing Review and Professional Development

The University supports the program director and faculty in attending professional association meetings. In addition, faculty have access to free training through the Faculty Senate Teaching, Learning and Assessment Forum, and on campus training for specific software programs and systems. All staff and faculty also have the option of taking up to six credits a semester free of charge. Finally, the Dumke College of Health Professions has two endowment funds available to faculty and staff for both continuing education and to enable faculty to pursue advanced degrees. Both of these funds require the faculty to submit a request for funding to a committee for approval. HIM program faculty have benefitted greatly from these endowments over the years.

G. Support Staff, Administration, Facilities, Equipment, and Library

Adequacy of Staff

The HIM programs are housed in the Health Administrative Services department. This department has one fulltime 12-month administrative assistant. This position was increased from a 10-month to a 12-month fulltime

position effective July 1, 2011. This was in response to an increase in students and faculty in the department. The HIT Clinical Coordinator staff position moved from a part-time (20 hours/week) to a fulltime position effective August, 2011. After further evaluation during the fall semester, 2011, this position will be eliminated and an additional faculty line added. This faculty line will retain the duties of professional practice experience coordination.

- i. Ongoing Staff Development
Staff members have access to free training through the campus "Learn" program. Training is available for Weber State Specific information (Facilities Management, People Tracker, ePar, WSU Cash Handling); Personal/Professional Development (Personal Finance, Franklin Covey series); Computer/Technology Skills (Writing for the Web, Intro to Chi Tester, etc.); and, Health and Wellness (Yoga, Pilates, etc.). All staff and faculty also have the option of taking up to six credits a semester free of charge.

Adequacy of Administrative Support

The Dean has been very supportive of the program and the department both in the area of curriculum and resources as evidenced by the increase in the administrative assistant's position and move from a professional staff (HIT clinical coordinator) to a faculty line. The program has benefitted from financial support for professional development and continuing education of faculty. Richard Dahlkemper, Cory Moss and Pat Shaw have all benefitted from the Dee Wade Mack endowment fund in their efforts to pursue their doctorate degrees.

Adequacy of Facilities and Equipment

All program faculty have dedicated individual office space and are provided a laptop computer with docking station. These devices are updated every four years. The department has adequate financial support from administration to maintain this update schedule. The Dean's office employs a Computer Specialist to assist with maintenance of these systems.

Each classroom in the Marriott Allied Health Sciences building is equipped with a networked computer, LCD projector, Elmo document imaging system, and DVD/VHS video system. These systems are supported with Computer Specialist and Health Professions Learning Center staff.

The HIM program also has a dedicated laboratory space for on campus students. The lab has nine workstations and two document scanners, and over 100 patient records (inpatient, outpatient, emergency room and ancillary) for student use in course activities and assignments. The program has also set up a virtual lab system for our off campus students. We provide scanned copies of patient records for student activities and assignments with the WSUonline learning management system. Discipline-specific software is available to both on campus and online students via the virtual lab system. The software is provided

to students on two servers which are maintained by the University Network team and supported by course fees paid by the students. The software that is made available to students through the WSU Virtual Lab includes: 3M Health Information Systems: encoder and abstracting programs; SoftMed: chart location, physician deficiency management, release of information and master patient index software; MS Access for database management projects; and Apelon SNOMed mapping software.

Adequacy of Library Resources

The Stewart Library houses numerous books, journals, media holdings and electronic journals. All students, including distance education students may access the WSU Stewart Library from any location via the Internet. The URL for the library is <http://library.weber.edu/> Students may access any number of electronic databases in this manner. In addition, students may request inter-library loan options from this website. The library has a dedicated librarian for the Dumke College of Health Professions. The holdings and services of the library are more than adequate for the HIM programs.

H. Relationships with External Communities

Description of Role in External Communities

The HIT/HIM Program Advisory Committee meets annually to discuss the outcomes of the programs, curriculum issues and future planning for the programs.

The has clinical affiliations with over 10 acute care organizations and 10 long-term care organizations that are used for professional practice experiences for HIM students. Use local HIM professionals as guest lecturers in several courses annually.

HIM Faculty have been touring local HIM departments to assess how the workflow is changing based on implementation of EMR/EHRs. These visits will continue in the 2011-2012 academic year. Faculty will determine from these visits how curriculum and PPE activities should be modified to accommodate the workflow changes.

Summary of External Advisory Committee Minutes

At each HIT/HIM Program Advisory Committee meeting, program outcomes are reported. These include pass-rates for the RHIA/RHIT certification examinations and graduate, exit, and employer surveys. A discussion of how the program may need to update or change the curriculum occurs based on the outcomes. Also at each meeting we discuss current industry changes and how these changes should and can be reflected in the curriculum. Program faculty

provide the committee a synopsis of any formal curriculum changes and the effective dates for these changes. One example in recent years was how and when to transition the coding curriculum to accommodate the industry transition to ICD-10-CM/PCS coding systems.

I. Results of Previous Program Reviews

Problem Identified	Action Taken	Progress
Graduate performance on the certification examination noted by CAHIIM 06-07 was below the national average	Improved curriculum in specific content areas within course (see program evaluation plan for 07-08 for details).	07-08 scores improved to 86% pass rate
	Improved curriculum in specific content areas within course (see program evaluation plan for 08-09 for details).	08-09 scores reflect a 77% pass rate, although the pass rate for first time test takers dropped, program grads scores at or above then national mean in all but one content area.
		09-10 scores reflect a 100% pass rate
		10-11 scores reflect a 100% pass rate
Update website to delete the reference to the American Health Information Management Association as part of the accreditation process noted by CAHIIM 06-07.	Update program website	Completed
Graduate satisfaction surveys returned is low noted by CAHIIM 07-08	The program continues to try to get surveys returned by graduates. Surveys are mailed and emailed. The program has tried to use online survey tools (Survey Monkey) with some improvement.	Return rates continue to be about 50%.
Faculty development target outcomes should support program or institutional initiatives that help faculty stay current in the areas in which they teach noted by CAHIIM 09-10	Communicated the process to CAHIIM on formal review processes for faculty and annual review by the department chair.	Better documentation and adherence to University policies is occurring.

J. Action Plan for Ongoing Assessment Based on Current Self Study Findings

Action Plan for Evidence of Learning Related Findings

Problem Identified	Action to Be Taken
Issue 1	Current 5 Year Program Review:
	Year 1 Action to Be Taken:
	Year 2 Action to Be Taken:
	Year 3 Action to Be Taken:
	Year 4 Action to Be Taken:
Issue 2	Current 5 Year Program Review:
	Year 1 Action to Be Taken:
	Year 2 Action to Be Taken:
	Year 3 Action to Be Taken:
	Year 4 Action to Be Taken:

Summary Information (as needed)

Please see noted action plans for ongoing assessment activities by the program in section D above.

Action Plan for Staff, Administration, or Budgetary Findings

Problem Identified	Action to Be Taken
Issue 1	Current 5 Year Program Review:
	Year 1 Action to Be Taken:
	Year 2 Action to Be Taken:
	Year 3 Action to Be Taken:
	Year 4 Action to Be Taken:
Issue 2	Current 5 Year Program Review:
	Year 1 Action to Be Taken:
	Year 2 Action to Be Taken:
	Year 3 Action to Be Taken:
	Year 4 Action to Be Taken:

Summary Information (as needed)

Please action plan for staff changes in section D above.

The program has adequate staff at this time.

K. Summary of Artifact Collection Procedure

Artifact	Learning Outcome Measured	When/How Collected?	Where Stored?
School Report for RHIA Certification Exam Results	Entry-level competencies	Received around November/December for the previous year (Oct 1 through Sept 30)	Program Director's office files
Employer Surveys	Entry-level competencies	Administered in the fall each academic year	Program Director's office files
Course Evaluations	Faculty effectiveness	Each semester for all courses	Chitester

Summary Information (as needed)

APPENDICES

Appendix A: Student and Faculty Statistical Summary

Department of Health Administrative Services

Student and Faculty Statistical Summary

(data provided by Institutional Research)

	2006-07	2007-08	2008-09	2009-10	2010-11
Student Credit Hours Total	4,275	3,894	3,644	4,255	4,491
Health Administrative Services	2735	2435.5	2,262	2,612	2,655
Health Information Technology	1,540	1,458	1,382	1,643	1,836
Student FTE Total	142.50	129.78	121.47	141.83	149.70
Student Majors	296	305	265	293	341
Health Information Management	41	52	42	48	59
Health Administrative Services	181	201	178	194	237
Health Information Technology	74	52	45	51	43
Program Graduates					
Certificate-HAS	6	5	13	7	5
Associate Degree-HIT	10	14	14	9	14
Bachelor Degree-HAS	33	40	29	26	37
Bachelor Degree-HIM	7	11	13	5	10
Student Demographic Profile	296	305	265	293	341
Female	215	227	203	202	240

Male	81	78	62	91	101
Faculty FTE Total	8.74	8.62	8.33	7.19	NA
Adjunct FTE	5.14	4.02	3.66	3.19	NA
Contract FTE	3.6	4.6	4.67	4	NA
Student/Faculty Ratio	16.30	15.06	14.58	19.73	NA
*Student majors include pre-professional programs					

Note: Data provided by Institutional Research

Appendix B: Contract/Adjunct Faculty Profile

Name	Gender	Ethnicity	Rank	Tenure Status	Highest Degree	Years of Teaching	Areas of Expertise
Burton, Lloyd	M	C	Professor	Tenured	Doctorate	11	HAS
*Carter, Darcy	F	C	Instructor	Non-tenure track	Masters	5	HIM
Dahlkemper, Richard	M	C	Assistant Professor	Tenure track	Doctorate	15	HAS
Merkley, Heather	F	C	Assistant Professor	Non-tenure track	Masters	10	HIM
Moss, Cory	M	C	Adjunct	N/A	ABD	9	HAS
Shaw, Patricia	F	C	Associate Professor	Tenured	Masters, EdD in progress	21	HIM
Wyant, David	M	C	Associate Professor	Tenure track	Doctorate	15	HAS

Note: Data provided by Institutional Research

Summary Information (as needed)

Currently no adjunct faculty teach HIM courses.

Appendix C: Staff Profile

Name	Gender	Ethnicity	Job Title	Years of Employment	Areas of Expertise
Love, Shari	F	C	Office Specialist	10	
*Carter, Darcy	F	C	HIT Clinical Coordinator	5	HIM

Note: Data provided by Institutional Research

Summary Information (as needed)

Appendix D: Financial Analysis Summary

Department of Health Administrative Services					
Cost	06-07	07-08	08-09	09-10	10-11
Direct Instructional Expenditures	362,566	473,988	501,822	419,957	429,703
Cost Per Student FTE	2,544	3,652	4,131	2,961	2,870
Funding	06-07	07-08	08-09	09-10	10-11
Appropriated Fund	362,566	473,988	501,822	419,957	429,703
Other:					
Special Legislative Appropriation					
Grants of Contracts					
Special Fees/Differential Tuition					
Total	362,566	473,988	501,822	419,957	429,703

Note: Data provided by Provost's Office

Summary Information (as needed)

Financial support for the Program comes as a budgetary allocation from the University. The current budget for the Health Administrative services (HAS) department, in which the HIM program, is located is \$429,703, which includes faculty and staff salaries and benefits. One hundred percent of the budget comes from university sources. The salary portion of the budget includes a fulltime administrative assistant, enrollment director, fulltime clinical coordinator, and seven fulltime faculty.

The program director participates in the program budgetary process for all discretionary monies available. Examples of purchases in the past year include, faculty printer and servers for the virtual lab.

Appendix E: External Community Involvement Names and Organizations

Name	Organization
Mary Staub, RHIA, Corporate Director, Health Information Management	Intermountain Health Care
Nancy Baxter, RHIA, HIM Operations Manager	Intermountain Health Care
Maryanne Murray, RHIA	Independent Consultant, Nursing Facility Health Information Management
Polly Isaacson, RHIA	Independent Consultant, Behavioral Health and Accreditation Specialist
Vickie Griffin, RHIT, Director, Health Information Management	Lakeview Hospital
Tifini, Corbin, M.Ed, RHIA, Director, Health Information Management	Ogden Regional Medical Center
Larry Dean, RHIT, HIM Operations Manager	University of Utah Health Sciences Center
Lori McCrary, RHIA, Director, Health Information Management	Intermountain Medical Center
Marcus Trinite, MHA, RHIA, Director, Health Information Management	Davis Hospital and Medical Center
Stephani Scott, RHIT, Implementation Specialist	NextGen Software Company
Mary Johnson, RHIT, Director, Health Information Management	Park City Hospital

Appendix F: External Community Involvement Financial Contributions

Not Applicable