WSU Five-Year Program Review
Self-Study

Cover Page

Department/Program: Health Administrative Services, Health Information
Technology AAS degree

Semester Submitted: Fall, 2011

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Version Date: Oct 2011

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 Technology 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													
	RHIT Exam Domain IA	RHIT Exam Domain IB	RHIT Exam Domain IC	RHIT Exam Domain ID	RHIT Exam Domain IIA	RHIT Exam Domain IIB	RHIT Exam Domain IIIA	RHIT Exam Domain IIIB	RHIT Exam Domain IVA	RHIT Exam Domain IVB	RHIT Exam Domain IVC	RHIT Exam Domain IVD	RHIT Exam Domain VA	RHIT Exam Domain VB
HIM 2000 Intro to Health Information Systems & Settings	D	S					C		C		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			D							D
HIM 2410 ICD-10-PCS Coding			S											
HIM 2500 Healthcare	D		C		S	D			C	C	D	C		C

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Core Courses in Department/Program	Department/Program Learning Outcomes													
	RHIT Exam Domain IA	RHIT Exam Domain IB	RHIT Exam Domain IC	RHIT Exam Domain ID	RHIT Exam Domain IIA	RHIT Exam Domain IIB	RHIT Exam Domain IIIA	RHIT Exam Domain IIIB	RHIT Exam Domain IVA	RHIT Exam Domain IVB	RHIT Exam Domain IVC	RHIT Exam Domain IVD	RHIT Exam Domain VA	RHIT Exam Domain VB
Database Mgmt & Security														
HIM 2861 Professional Practice Experiences	P	P	P	P	P	P	P	P	P	P	P	P	P	P
HIM 2862 Professional Practice Experiences	P	P	P	P	P	P	P	P	P	P	P	P	P	P
HIM 2863 Professional Practice Experience in Coding			P											
HIM 3000 Computer Applications in Health Care							D		D		C	D		
HIM 3300 Intro to Quality Improvement	D	D			D	S							D	
HAS 3000 The Health Care System							D						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 HIT 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
Subdomain A
Health Data Structure, Content, and Standards
Knowledge of:
• Collecting and maintaining data sets and databases
• Conducting qualitative analysis to ensure that documentation in the health record supports the diagnosis and reflects the progress, clinical findings and discharge status
• Applying clinical vocabularies and terminologies used in the organization's health information systems
• Complying with national patient safety goals as related to abbreviation usage
• Verifying timeliness, completeness, accuracy, and appropriateness of data and data sources (such as patient care, management, billing reports, and databases)
Subdomain B
Healthcare Information Requirement and Standards
Knowledge of:
• Monitoring the accuracy and completeness of the health record as defined by organizational policy, external regulations and standards
• Performing analysis of health records to evaluate compliance with regulations and standards:
• Quantitative analysis
• Qualitative analysis
• Applying policies and procedures to ensure organizational compliance with regulations and standards
Subdomain C
Clinical Classification Systems
Knowledge of:
• Use and monitoring of applications and work processes to support clinical classification and coding
• Applying diagnosis and procedure codes using ICD-9-CM
• Applying procedure codes using CPT and HCPCS
• Ensuring accuracy of diagnostic and procedural groupings (such as APC, DRG, and IPF)
• Adhering to current regulations and established guidelines in code assignment
• Validating coding accuracy using clinical information found in the health record
• Identifying discrepancies between coded data and supporting documentation
Subdomain D
Reimbursement Methodologies
Knowledge of:
• Applying policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery (such as APC, DRG, RVU, and RBRVS)
• Support accurate revenue cycle through coding

• Use established guidelines to comply with reimbursement and reporting requirements (such as National Correct Coding Initiative [NCCI]; Local Medical Review Policies [LMRP])

DO MAIN II
Health Statistics, Biomedical Research, and Quality Management

Subdomain A
Healthcare Statistics and Research
Knowledge of:
• Abstracting and maintaining data for clinical indices, databases, and registries
• Collecting, organizing, and presenting data for:
  • Administrative purposes
  • Financial purposes
  • Performance improvement programs
  • Quality management

Subdomain B
Quality Assessment and Performance Improvement
Knowledge of:
• Participate in facility-wide quality assessment program
• Present data in verbal and written forms

DO MAIN III
Health Services Organization and Delivery

Subdomain A
Healthcare Delivery Systems
Knowledge of:
• Complying with accreditation, licensure, and certification standards from government (national, state, and local levels) and private organizations (such as Joint Commission on the Accreditation of Healthcare Organizations)
• Applying policies and procedures to comply with the changing regulations among various payment systems for healthcare services such as Centers for Medicare and Medicaid Services (CMS), managed care
• Differentiating the roles of various providers and disciplines throughout the continuum of healthcare and responding to their information needs
• Understanding the role of various providers and disciplines throughout the continuum of healthcare services

Subdomain B
Healthcare Compliance, Confidentiality, Ethical, Legal,
and Privacy Issues
Knowledge of:
• Implementing the legal and regulatory requirements related to health information
• Applying regulatory policies and procedures for access and disclosure of protected health information (PHI)
• Maintaining user access logs and systems to track access to and disclosure of patient-identifiable data
• Identifying and reporting privacy issues and problems
• Demonstrating and promoting legal and ethical standards of practice
• Reporting compliance issues according to organizational policy
• Collaborating with staff to prepare the organization for accreditation, licensing, and certification surveys
• Implementing health record documentation guidelines and providing education to staff

DO MAIN IV
Information Technology and Systems

Subdomain A
Information and Communication Technologies
Knowledge of:

• Use of technology, including hardware and software, to ensure data collection, storage, analysis, retrieval and reporting of information
• Use of common software applications (such as spreadsheets, databases, presentation, and e-mail) in the execution of work processes
• Use of specialized software in the completion of HIIM processes (such as chart management, coding, and release of information)
• Applying policies and procedures for the use of networks, including intranet and Internet applications to facilitate the electronic health record (EHR), personal health record (PHR), public health, and other administrative applications
• Protecting data integrity using software or hardware technology (Note: Integrity means that data should be complete, accurate, consistent, and up-to-date.)

Subdomain B
Data, Storage, and Retrieval
Knowledge of:
• Use of appropriate electronic or imaging technology for data and record storage
• Maintain integrity of patient numbering and filing systems
• Design forms, computer input screens, and other health record documentation tools
• Maintaining integrity of master patient/client index/ Enterprise Master Patient Index (EMPI)
• Querying and generating reports using appropriate software
• Designing and generating reports using appropriate software
• Coordinating, using, and maintaining archival and retrieval systems for patient information (such as in multiple formats)

Subdomain C
Data Security
Knowledge of:
• Applying confidentiality and security measures to protected health information (PHI)
• Applying departmental and organizational data and information system security policies
• Use and summarizing of data compiled from audit trail

Subdomain D
Health Information Systems
Knowledge of:
• Collecting and reporting data on incomplete records and timeliness of record completion
• Maintaining filing and retrieval systems for health
Records
DO MAIN V.
Organizational Resources
Subdomain A
Human Resources
Knowledge of:
• Applying the fundamentals of team leadership
• Developing and contributing to:
--Strategic plans, goals, and objectives for area of responsibility and responsibilities
-- Job descriptions
• Developing and conducting performance appraisals
• Participating in intradepartmental and interdepartmental teams and committees
• Developing and implementing staff orientation and training programs
• Providing consultation, education, and training to users of health information:
-- Internal users (such as healthcare providers and administrators)
• Assessing, monitoring, and reporting:
--Quality standards
--Productivity standards
• Performing staffing analysis to determine adequate coverage
• Prioritizing job functions and activities

• Using quality improvement tools and techniques to assess, report, and improve processes
• Promoting positive customer relations
• Applying the principles of ergonomics in work process design
• Complying with local, state, and federal regulations regarding labor relations
Subdomain B
Financial and Physical Resources
Knowledge of:
• Determining and monitoring resources to meet workload needs including staff, equipment and supplies
• Making recommendations for items to include in budgets
• Monitoring coding and revenue cycle processes
• Recommending cost-saving and efficient means of achieving work processes and goals

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 9-17.

Health Information Technology – AAS 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.

<u>Evaluation Method</u>
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 HIT 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 and 2863. 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.

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Program Goal #2
Program graduates will demonstrate the HIM entry-level competencies.

Standard/Outcome
A. 80% of all HIT graduates taking the RHIT certification examination will pass on the first writing.

Evaluation Method
1. Annual review of the RHIT certification examination will pass on the first writing.
   Follow-up from 09-10 report:
   RHIT certification examination scores did improve to above the national average in the two exam content areas of IC Clinical Classification Systems and 3A Healthcare Delivery Systems in the 10-11 academic year so no changes to the curriculum are needed.

   Results:
   - 10 first-time students sat for and passed the RHIT certification examination, or 100%.
   - Students scored at or above the national average in all exam content areas when the two reports are merged (two different testing companies were used). On the Jan-Sept report in area 5B Financial and Physical Resources, students scored 4.13 compared to the national average of 4.20, or slightly below the national average. This does not indicate a trend but will require monitoring in future years.
   - **Responsive/Corrective Action:**
     Continue to monitor RHITexam results to see if curriculum changes are needed.
          Follow-Up:
          Program Director will continue to monitor these results and make adjustments to curriculum if needed.

B. 80% or more of the HIT areas of practice in exit survey 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:
   - 7/14 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 there overall satisfaction with the curriculum 3.9 (on a 4 point scale) and overall satisfaction with the program 4.0 (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 adequate instruction.

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

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Results:
- 3/9 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 there overall satisfaction with the curriculum 3.32 (on a 4 point scale) and overall satisfaction with the program 4.0 (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.

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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:**
> **All curriculum changes and appropriate content changes were made during the 10-11 academic year.**
>
> **Results:**
> - HIM faculty continue to evaluate curriculum content for critical thinking and analysis activities. These types of assignments are added as appropriate. 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.
>
>   **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 HIT skills expected of entry-level health information technicians.

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

> **Results:**
> - 6/10 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 3.26 (on a 4-point scale) and

overall satisfaction with entry-level performance 3.4 (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 HIT graduates taking the RHIT 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 HIT faculty and Program Advisory Committee.

Follow-up from 09-10 report:
> **RHIT certification examination scores did improve to above the national average in the two exam content areas of IC Clinical Classification Systems and 3A Healthcare Delivery Systems in the 10-11 academic year so no changes to the curriculum are needed. 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. Curriculum changes for ICD-10-CM/PCS were made – HIM 2300 will be duel system (both ICD-9-CM and ICD-10-CM in the 2011-2012 academic year and then 100% ICD-10-CM in 2012-1013), HIM 2410 ICD-10-PCS Coding was added as a required course for the 2011-2012 academic year.**

> **Results:**
> - 10 first-time students sat for and passed the RHIT certification examination, or 100%.
> - Students scored at or above the national average in all exam content areas when the two reports are merged (two different testing companies were used). On the Jan-Sept report in area 5B Financial and Physical Resources, students scored 4.13 compared to the national average of 4.20, or slightly below the national average. This does not indicate a trend but will require monitoring in future years.
> - 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, 2011Remaining faculty need to be trained on ICD-10-CM/PCS. Heather Merkley 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.

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- 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 RHIT examination blueprint and 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.
  Responsive/Corrective Action:
  Continue to monitor RHIT exam results to see if curriculum changes are needed. Verify that curriculum changes are made for ICD-10-CM/PCS. Verify the training of faculty is underway for ICD-10-CM/PCS.
  > **Follow-Up:**
  > **Program Director will verify curriculum changes have been made and faculty training has occurred; continue to monitor these results and make adjustments to curriculum if needed.**

B. 80% or more of the subject areas of the graduate surveys 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:
  - 3/9 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 there overall satisfaction with the curriculum 3.32 (on a 4 point scale) and overall satisfaction with the program 4.0 (on a 4 point scale) on graduate surveys, or above average.
  Responsive/Corrective Action:
  Need to monitor the curriculum satisfaction score and it is trended lower.
  .

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

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

  Results:
  6/10 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 3.26 (on a 4-point scale) and overall satisfaction with entry-level performance 3.4 (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.

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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 in 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 the Professional Practice Experience preceptor.

Results:
- 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.

<u>Evaluation Method</u>
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 program 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.

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:
- Each September, Darcy Carter communicates 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..
Responsive/Corrective Action:
None needed at this time.

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

<u>Evaluation Method</u>
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 HIT program will attain affiliation agreements with a sufficient number and a variety of health care facilities to meet the needs of the clinical practice**.**

<u>Evaluation Method</u>
1. Validate that all PPE sites have a current and up-to-date clinical affiliation or mentor agreement on file prior to assigning a student to the site.
Results:
- All sites in which students were assigned to for their Professional Practice Experience had current clinical affiliation or mentor agreements in 2010-2011.
Responsive/Corrective Action:
None needed at this time
Follow-up:
Program Director/Clinical Coordinator to monitor this annually.

E. Academic Advising

   <u>Advising Strategy and Process</u>
   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.

   <u>Effectiveness of Advising</u>
   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

   <u>Past Changes and Future Recommendations</u>
   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

   <u>Faculty Demographic Information</u>
   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.

   <u>Programmatic/Departmental Teaching Standards</u>
   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.

   <u>Evidence of Effective Instruction</u>

      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.

<u>Adequacy of Administrative Support</u>
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.

<u>Adequacy of Facilities and Equipment</u>
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
Recommendation to split the health statistics content and healthcare privacy and security content into separate courses noted by CAHIIM 06-07	This recommendation was received by the program in February, 2009. So formal curriculum changes were requested through University curriculum process to create HIM 2250 Healthcare Privacy & Security, and moved the health care statistics to Him 2500. These changes were effective for the 2010-2011 catalog year	Completed
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 RHIT 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)

Version Date: Oct 2011

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

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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	Ge	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)

Version Date: Oct 2011

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