Department/Program: Health Information Technology AAS Degree
Academic Year of Report: 2011-2012
Date Submitted: December 17, 2012
Report author: Pat Shaw

Contact Information:
  Phone: ext 7989
  Email: pshaw@weber.edu
A. Brief Introductory Statement:
Please review the Introductory Statement and contact information for your department displayed on the assessment site: http://www.weber.edu/portfolio/departments.html - if this information is current, please indicate as much. No further information is needed. We will indicate “Last Reviewed: [current date]” on the page.
If the information is not current, please provide an update:

After undergoing formal program review for the both the Health Information Management and Health Information Technology programs last year, we have updated our Assessment Plan, Student Learning Outcomes, and Curriculum Grids for both programs. Please see the information below.
B. Mission Statement
Please review the Mission Statement for your department displayed on the assessment site:
http://www.weber.edu/portfolio/departments.html - if it is current, please indicate as much; we will mark the web page as “Last Reviewed [current date]”. No further information is needed.

Information is still current.

If the information is not current, please provide an update:

C. Student Learning Outcomes
Please review the Student Learning Outcomes for your department displayed on the assessment site:
http://www.weber.edu/portfolio/departments.html - if they are current, please indicate as much; we will mark the web page as “Last Reviewed [current date]”. No further information is needed.
If they are not current, please provide an update:

Upon graduation from this program students will be able to:

- Abstract information found in health records (for example, coding, research, physician deficiencies, etc.)
- Analyze data (for example, productivity reports, quality measures, health record documentation, case-mix index)
- Maintain filing and retrieval systems for health records
- Identify anomalies in data
- Resolve risks and/or anomalies of data findings
- Maintain the master patient index (for example, enterprise systems, merge/unmerge medical record numbers, etc.)
- Eliminate duplicate documentation
- Organize data into a useable format
- Review trends in data
- Gather/compile data from multiple sources
- Generate reports or spreadsheets (for example, customize, create, etc.)
- Present data findings (for example, study results, delinquencies, conclusion/summaries, gap analysis, graphical)
- Implement workload distribution
- Design workload distribution
- Participate in the data management plan (for example, determine data elements, assemble components, set timeframe)
- Input and/or submit data to registries
- Summarize findings from data research/analysis
- Follow data archive and backup policies
- Develop data management plan
- Calculate healthcare statistics (for example, occupancy rates, length of stay, delinquency rates, etc.)
- Determine validation process for data mapping
- Maintain data dictionaries
- Apply all official current coding guidelines
- Assign diagnostic and procedure codes based on health record documentation
- Ensure physician documentation supports coding
- Validate code assignment
- Abstract data from health record
- Sequence codes
- Query physician when additional clinical documentation is needed
- Review and resolve coding edits (for example, correct coding initiative, outpatient code editor, National Coverage Determination, Local Coverage Determination, etc.)
- Review the accuracy of abstracted data
- Assign POA (present on admission) indicators
- Provide educational updates to coders
- Validate grouper assignment (for example, MS-DRG, APC, etc.)
- Identify HAC (hospital-acquired condition)
- Develop and manage a query process
- Create standards for coding productivity and quality
- Develop educational guidelines for provider documentation
- Perform concurrent audits
- Ensure patient record documentation meets state and federal regulations
- Ensure compliance with privacy and security guidelines (HIPAA, state, hospital, etc.)
- Control access to health information
- Monitor documentation for completeness
- Develop a coding compliance plan (for example, current coding guidelines)
- Manage release of information
- Perform continual updates to policies and procedures
- Implement internal and external audit guidelines
- Evaluate medical necessity (CDMP—clinical documentation management program)
- Collaborate with staff to prepare the organization for accreditation, licensing, and certification surveys
- Evaluate medical necessity (outpatient services)
- Evaluate medical necessity (data management)
- Responding to fraud and abuse
- Evaluate medical necessity (ISSI (utilization review))
- Develop forms (for example, chart review, documentation, EMR, etc.)
- Evaluate medical necessity (case management)
- Analyze access audit trails
- Ensure valid healthcare provider credentials
- Train users on software
- Maintain database
- Set up secure access
- Evaluate the functionality of applications
- Create user accounts
- Troubleshoot HIM software or support systems
- Create database
- Perform end user audits
- Participate in vendor selection
- Perform end user needs analysis
- Design data archive and backup policies
- Perform system maintenance of software and systems
- Create data dictionaries
- Audit health records for content, completeness, accuracy, and timeliness
- Apply standards, guidelines, and/or regulations to health records
- Implement corrective actions as determined by audit findings (internal and external)
- Design efficient workflow processes
- Comply with national patient safety goals
• Analyze standards, guidelines, and/or regulations to build criteria for audits
• Apply process improvement techniques
• Provide consultation to internal and external users of health information on HIM subject matter
• Develop reports on audit findings
• Perform data collection for quality reporting (core measures, PQRI, medical necessity, etc.)
• Use trended data to participate in performance improvement plans/initiatives
• Develop a tool for collecting statistically valid data
• Conduct clinical pertinence reviews
• Monitor physician credentials to practice in the facility
• Ensure confidentiality of the health records (paper and electronic)
• Adhere to disclosure standards and regulations (HIPAA privacy, HITECH Act, breach notifications, etc.) at both state and federal levels
• Demonstrate and promote legal and ethical standards of practice
• Maintain integrity of legal health record according to organizational bylaws, rules and regulations
• Follow state mandated and/or organizational record retention and destruction policies
• Serve as the custodian of the health records (paper or electronic)
• Respond to Release of Information (ROI) requests from internal and external requestors
• Work with risk management department to provide requested documentation
• Identify potential health record related risk management issues through auditing
• Respond to and process patient amendment requests to the health record
• Facilitate basic education regarding the use of consents, healthcare power of attorney, advanced directives, DNRs, etc.
• Represent the facility in court related matters as it applies to the health record (subpoenas, depositions, court orders, warrants)
• Communicate with providers to discuss documentation deficiencies (for example, queries)
• Participate in clinical documentation improvement programs to ensure proper documentation of health records
• Collaborate with other departments on monitoring accounts receivable (for example, unbilled, uncoded)
• Provide ongoing education to healthcare providers (for example, regulatory changes, new guidelines, payment standards, best practices, etc.)
• Identify fraud and abuse
• Assist with appeal letters in response to claim denials
• Monitor claim denials/over-payments to identify potential revenue impact
• Prioritize the work according to accounts receivable, patient type, etc.
• Distribute the work according to accounts receivable, patient type, etc.
- Maintain the chargemaster
- Ensure physicians are credentialed with different payers for reimbursement

Updated 12/17/12

**D. Curriculum**

Please review the Curriculum Grid for your department displayed on the assessment site: [http://www.weber.edu/portfolio/departments.html](http://www.weber.edu/portfolio/departments.html) - if it is current, please indicate as much; we will mark the web page as “Last Reviewed: [current data]”. No further information is needed. If the curriculum grid is not current, please provide an update:

**Health Information Technology – AAS Degree**

**Curriculum Map**

<table>
<thead>
<tr>
<th>Core Courses in Department/Program</th>
<th>Department/Program Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>R_HIT Exam Domain IA</td>
</tr>
<tr>
<td>HIM 2000 Intro to Health Information Systems &amp; Settings</td>
<td>D</td>
</tr>
<tr>
<td>HIM 2250 Health Care Privacy &amp; Security</td>
<td></td>
</tr>
<tr>
<td>HIM 2300 Diagnosis Coding</td>
<td>S</td>
</tr>
<tr>
<td>HIM 2320 Ambulatory &amp; Physician Office Coding</td>
<td>S</td>
</tr>
<tr>
<td>HIM 2330 Classification Systems</td>
<td>S</td>
</tr>
<tr>
<td>Core Courses in Department/Program</td>
<td>Department/Program Learning Outcomes</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Topics &amp; Reimbursement</td>
<td></td>
</tr>
<tr>
<td>HIM 2410 ICD-10-PCS Coding</td>
<td></td>
</tr>
<tr>
<td>HIM 2500 Healthcare Database Mgmt &amp; Security</td>
<td></td>
</tr>
<tr>
<td>HIM 2861 Professional Practice Experiences</td>
<td></td>
</tr>
<tr>
<td>HIM 2862 Professional Practice Experiences</td>
<td></td>
</tr>
<tr>
<td>HIM 2863 Professional Practice Experience in Coding</td>
<td></td>
</tr>
<tr>
<td>HIM 3000 Computer Applications in Health Care</td>
<td></td>
</tr>
<tr>
<td>HIM 3300 Intro to Quality Improvement</td>
<td></td>
</tr>
<tr>
<td>HAS 3000 The Healthcare System</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RHIT Exam Domain IA</th>
<th>RHIT Exam Domain IB</th>
<th>RHIT Exam Domain IC</th>
<th>RHIT Exam Domain ID</th>
<th>RHIT Exam Domain IIA</th>
<th>RHIT Exam Domain IIB</th>
<th>RHIT Exam Domain IIB</th>
<th>RHIT Exam Domain IVA</th>
<th>RHIT Exam Domain IVC</th>
<th>RHIT Exam Domain IVD</th>
<th>RHIT Exam Domain VA</th>
<th>RHIT Exam Domain VB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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 CAHIM.

12/15/11

E. Assessment Plan
Please review the Assessment Plan for your department displayed on the assessment site: [http://www.weber.edu/portfolio/departments.html](http://www.weber.edu/portfolio/departments.html) - if the plan current, please indicate as much; we will mark the web page as “Last Reviewed [current date]”. No further information is needed.
If the plan is not current, please provide an update:

**Health Information Technology – AAS Degree**
Department of Health Administrative Services

Program Evaluation Plan

<table>
<thead>
<tr>
<th>Goals</th>
<th>Standards/Outcomes</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Faculty will demonstrate current HIM knowledge and skills as teaching expertise and professional role models.</td>
<td>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.</td>
<td>• The HIM Program Director will maintain faculty files with a current resume and copy of AHIMA membership card. • Faculty Peer Evaluation process is completed on all HIM faculty in accordance with WSU Policies and Procedures. In addition, the department chair or Dean conducts an annual assessment of faculty in the areas of teaching, scholarship, and service.</td>
</tr>
</tbody>
</table>

B. Director/faculty must demonstrate a


<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>variety of teaching.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>students on course evaluations in the average to excellent range for techniques that enhance learning.</td>
<td></td>
</tr>
<tr>
<td>C. 100% of HIM courses will incorporate technology for instructional delivery.</td>
<td>Assignments are reviewed annually by HIM faculty to assure that technology is appropriately being used in course activities.</td>
<td></td>
</tr>
<tr>
<td>D. Director/faculty teaching HIM specific courses will attend relevant professional development activities to keep knowledge and skills current.</td>
<td>Documentation of appropriate professional development to include attendance at least one State or National HIM professional association meeting attendance (CE certificate, travel documents, etc).</td>
<td></td>
</tr>
<tr>
<td>E. Provide faculty with up-to-date instructional resources and computer software in areas that have frequent changes and updates.</td>
<td>Inventory computer software annually to access needs.</td>
<td></td>
</tr>
<tr>
<td>F. 90% of HIM Course Evaluation forms will indicate HIM faculty performance is good to excellent.</td>
<td>Course evaluations are reviewed annually by the Program Director.</td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. 80% of all HIM graduates taking the RHIT certification examination will pass on the first writing.</td>
<td>Annual review of the RHIT certification examination results to analyze student performance in each knowledge area in comparison with overall performance.</td>
</tr>
<tr>
<td></td>
<td>B. 95% of all HIM courses will reflect critical thinking/problem solving projects, activities or other types of assessment.</td>
<td>Assignments, exams and other types of assessment are reviewed annually by HIM faculty to assure that practice and evaluation of critical thinking skills are</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>C. 80% or more of the HIM areas of practice in exit surveys will show that the program was average to high quality.</td>
<td>• Faculty will be evaluated by students on course evaluations in the average to excellent range for problem-solving and thinking analytically.</td>
<td></td>
</tr>
<tr>
<td>D. 80% or more of the responses on the HIM graduate survey will show good to excellent preparation for their current position.</td>
<td>• Detailed exit surveys are conducted annually and the results are analyzed and shared with the Program Advisory Committee.</td>
<td></td>
</tr>
<tr>
<td>E. 80% or more of the subject areas of the graduate surveys will show that instruction was satisfactory.</td>
<td>• Detailed graduate surveys are conducted annually and the results are analyzed and shared with the Program Advisory Committee.</td>
<td></td>
</tr>
<tr>
<td>F. Employers will express adequate to excellent competence or unimportant regarding technical skills expected of entry-level health information technicians.</td>
<td>• Employer surveys are completed by the HIM Program Director in odd-numbered years and the results are shared with the Program Advisory Committee.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>A. 80% of all HIM graduates taking the RHIT certification examination will pass on the first writing.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• RHIT Certification examinations results are analyzed by program faculty annually and the results shared with the Program Advisory Committee.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>B. 80% or more of the responses on the HIM graduate survey will show good to excellent preparation for their current position.</td>
<td>• AHIMA Domains, subdomains, and knowledge cluster content assessment are reviewed annually by the HIM faculty and Program Advisory Committee.</td>
</tr>
<tr>
<td></td>
<td>C. Employers will express adequate to excellent competence or unimportant regarding HIM skills expected of the entry-level health information technicians.</td>
<td>• Detailed graduate surveys are conducted annually and the results are analyzed and shared with the Program Advisory Committee.</td>
</tr>
<tr>
<td>4. The HIM program will demonstrate responsiveness to the needs of the community of interest.</td>
<td>A. 10 or more, HIM or related professionals will participate in HIM required courses.</td>
<td>• Employer surveys are completed by the Program Director annually and the results are shared with the Program Advisory Committee.</td>
</tr>
<tr>
<td></td>
<td>B. 100% of professional practice experience sites selected will demonstrate good to excellent in instruction and adherence with instructional objectives</td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>C. 15 or more different community sites will be used for HIM professional experience</td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Program Director or PPE Faculty will contact via onsite visit,</td>
</tr>
<tr>
<td>practice experience annually.</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>• Preceptors will be oriented to professional practice experience activities annually.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. 50% or more of the Program Advisory Committee members will be present at all meetings.</td>
<td>• Advisory committee minutes will be monitored annually for attendance.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>• 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.</td>
<td></td>
</tr>
</tbody>
</table>
F. Report of assessment results for the most previous academic year:

Health Information Technology – AAS Degree
Department of Health Administrative Services

Program Evaluation Report
2011-2012 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.

   Follow-up 2010-2011:
   Full Peer Review conducted for Heather Merkley with Good ratings in teaching effectiveness. Annual faculty evaluations were completed as required.

   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: AHIMA ICD-10 Coding Academy faculty; Utah Health Information Network – ICD-10
Presentations 3 – one hour and one webinar, Fall, 2011; Utah Medical Association – 4 all day Coding and Compliance Updates (ICD-9, CPT and ICD-10) January, 2012; Utah Health Care Association panel presentation on ICD-10, September, 2011. Service: University Diversity Ad Hoc Committee; University Curriculum Committee; Chair, College Curriculum Committee; Member, College Tenure Standards Committee; Member, MLS Department Promotion and Tenure Committee; Co-Chair, AHIMA Fellowship Review Committee; Member, AHIMA Nominating Committee, Chair, AHIMA Credentials Committee; Member, WSU Medical Advisory Board; Appointed Chair, Department of Health Administrative Services, July, 2011. Scholarship: Published – “RHIA Exam Prep Book” with Darcy Carter; Published – “RHIT Exam Prep Book” with Darcy Carter; Technical Reviewer – “ICD-10-PCS: An Applied Approach by Kuehn and Jorwic.

- **Heather Merkley** – Professional development activities as noted in measure D in this category; Service: College IT Committee; Training/Building, DCHP EMR Project; Northern Utah AHEC Presentations. Full Peer Review conducted with Good ratings in teaching effectiveness.

- **Darcy Carter** – Began working on doctorate in Health Sciences degree. Professional development activities as noted in measure D in this category; Service: Member, AHIMA CEE Program Committee. Scholarship: Published – “RHIA Exam Prep Book” with Pat Shaw; “RHIT Exam Prep Book” with Pat Shaw. Appointed fulltime faculty in Instructor Rank January 1, 2012.

**Responsive/Corrective Action:**
- Verify that annual faculty evaluations are completed.

**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 3.4 to 4.5 (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 10-11 report:**
Access to the new EMR was accomplished for fall semester, 2012. Students continue to have experience with the VA CPRS electronic health record system in HIM 2000 as well. Students use other web-enabled software in numerous other courses (Encoder, Abstractor, Apelon Mapping Tool, Access, MPI, Chart Location, ROI).

**Results:** Continue to incorporate the EMR into other courses as appropriate.

**Responsive/Corrective Action:**
Continue to add assignments as appropriate to courses using web-enabled access to software

**Follow-up:**
Program Director will verify that additional assignments and use of the web-enabled software programs is working for both students and faculty.

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; 2012 AHIMA Assembly on Education Summer Symposium, Orlando – Heather Merkley and Darcy Carter; UHIMA Spring Meeting, Salt Lake City, UT – Heather Merkley and Darcy Carter.
- Darcy Carter attended ICD-10-CM/PCS Coding Academy in Las Vegas, NV December, 2011.
- Darcy Carter is participating in the Master Online Teaching Certification training program this academic year.

**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 3.42 to 4.6 (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 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 10-11 report:
There is a new test blueprint so the Domains have changed. An assignment was added to HIM 2500 for students to analyze data and calculate productivity, physical resources statistics. In the new test form the content area where these items are found were above the national averages so it appears these changes helped.

Results:
- 6 of 7 first-time students sat for and passed the RHIT certification examination, or 86%.
- Students scored at or above the national average in all exam content areas but three. Domain 2 Coding, we were .43% below the national mean, so not far below but still below. We believe that this might be due to not enough practice with hospital acquired conditions, present on admission indicators, querying, and auditing. Our plan is to add more exercises in both coding courses and the PPE in coding in these areas. Domain 5 Quality, we were 1.13 below the national mean which we consider significant. This is a first for us in this content area. My first reaction is that our students are getting more application of the content but not enough exposure to multiple choice questions in quality, so we will be adding more quizzes into HIM 3300 Intro to Quality Improvement to try to improve these scores. Domain 6, Legal, we were .44 below the national mean, slightly below. We will add higher level thinking questions in the assessments for this course and believe that this will improve these scores.

Responsive/Corrective Action:
Continue to monitor RHIT exam results to see if the curriculum changes are made and impact the results.

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 3.66 (on a 4 point scale) and overall satisfaction with the program 3.71 (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.

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 their overall satisfaction with the curriculum 3.2 (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.

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 10-11 report:
In HIM 2500, assignments have been added for data analysis related to HIM department functions and coder productivity standards. HIM 3000 a case study was developed where students are asked to analyze the circumstances around changing an EMR/EHR system.

Results:
HIM faculty will continue to evaluate curriculum content for critical thinking and analysis activities. Specifically, we need to add higher level thinking questions to HIM 2250 and HIM 3300 courses.

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 3.88-4.52 (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.

Follow-up from 10-11 report:
Using PPE supervisor evaluations to provide input on graduate competency has provided the program with more data in which an adequate evaluation of the employer market can be determined.

Results:
- 22/29 responses were received – these included responses from employers and PPE preceptors; 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 3.56 (on a 4-point scale) and overall satisfaction with entry-level performance 4.0 (on a 4 point scale), or above average.

Responsive/Corrective Action:
None needed at this time. Scores are above average

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 10-11 report:
HIM 2300 is addressing both ICD-9-CM and ICD-10-CM. The new course HIM 2410 ICD-10-PCS has been taught every semester since spring, 2012. Two program faculty are now AHIMA Approved ICD-10 Trainers. Faculty visited three local hospitals for ideas to improve curriculum – these ideas have been translated into new assignments and laboratory practices for students. All other changes as indicated in last year’s report have been made to the curriculum.

Results:
- 6 of 7 first-time students sat for and passed the RHIT certification examination, or 86%.
- Students scored at or above the national average in all exam content areas but three. Domain 2 Coding, we were .43% below the national mean, so not far below but still below. We believe that this might be due to not enough practice with hospital acquired conditions, present on admission indicators, querying, and auditing. Our plan is to add more exercises in both coding courses and the PPE in coding in these areas. Domain 5 Quality, we were 1.13 below the national mean which we consider significant. This is a first for us in this content area. My first reaction is that our students are getting more application of the content but not enough exposure to multiple choice questions in quality, so we will be adding more quizzes into HIM 3300 Intro to Quality Improvement to try to improve these scores. Domain 6, Legal, we were .44 below the national mean, slightly below. We will have been adding more higher level thinking questions in the assessments for this course and believe that this will improve these scores.
• Evaluate the possibility of incorporating CDI (Clinical Documentation Improvement) content linked to ICD-10 education to strengthen the job opportunities for graduates.

• Explore the possibility of faculty attending distance learning conferences to enhance their knowledge/skill of teaching and learning in an online delivery model. If the program continues to expand the course offerings in the distance-learning model, the faculty would benefit from best practices from experts in the field.

• Monitor the number of students not taking the national certification examination. If there is an upward trend, investigate reasons and develop an action plan (e.g. module on test-taking skills, practice mock exams). We will be requiring students to purchase the certification examination preparation book as their text for HIM 2862 Professional Practice Experience. We will be adding assignments to this course that require students to take a mock certification examination and develop a study plan for the certification examination.

  **Responsive/Corrective Action:**
  Continue to monitor RHIT 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 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:**
  - 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 their overall satisfaction with the curriculum 3.2 (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.

    **Follow-up from 10-11 report:**
    Using PPE supervisor evaluations to provide input on graduate competency has provided the program with more data in which an adequate evaluation of the employer market can be determined.

    **Results:**
22/29 responses were received – these included responses from employers and PPE preceptors; 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 3.56 (on a 4-point scale) and overall satisfaction with entry-level performance 4.0 (on a 4 point scale), or above average.

**Responsive/Corrective Action:**
None needed at this time. Scores are above average.

---

**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). Video of eight alternate HIM site professionals.
- PPE activities in HIM 2861 and 2862.
- HIM 3000 included three guest speakers (Teresa Rivera-CHIE UHIN; Maggie McCann- Meaningful Use; Susan Nelson-HIPAA Security). These guest speakers were either video recorded or audio recorded to be included in our online courses.
- HAS 3000 had one guest speaker on current issues in hospital administration.

**Responsive/Corrective Action:**

10 or more professional related speakers were not used this academic year. However, students volunteers at the AHIMA National Convention that was held in Salt Lake City this year, so the program feels that the community of interest has been very supportive of the program.

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 3.75 (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 PPE Faculty 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:**
- The program made some major changes to our technical level PPE activities. Student now only complete one onsite rotation in HIM 2861 that is usually in an acute or subacute care setting. We have adequate sites for these rotations at this time. HIM 2862 then has the students performing activities related to professional development, certification examination preparation, job searching, and then interviewing an HIM professional in an alternate care setting and writing a comparison report to their previous experience.

**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.

**Evaluation Method**
1. Advisory committee minutes will be monitored annually for attendance.

**Results:**
- HIT/HIM Program Advisory Committee met December 2, 2011. 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.

Evaluation Method
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 2011-2012.

   Responsive/Corrective Action:
   None needed at this time

   Follow-up:
   Program Director/Clinical Coordinator to monitor this annually.

G. Summary of Artifact Collection Procedure

<table>
<thead>
<tr>
<th>Artifact</th>
<th>Learning Outcome Measured</th>
<th>When/How Collected?</th>
<th>Where Stored?</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Report for RHI Certification</td>
<td>Entry-level competencies</td>
<td>Received around November/December for the previous year (Oct 1 through Sept 30)</td>
<td>Program Director’s office files</td>
</tr>
<tr>
<td>Exam Results</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer Surveys</td>
<td>Entry-level competencies</td>
<td>Administered in the fall each academic year</td>
<td>Program Director's office files</td>
</tr>
<tr>
<td>Course Evaluations</td>
<td>Faculty effectiveness</td>
<td>Each semester for all courses</td>
<td>Chitester</td>
</tr>
<tr>
<td>Annual Faculty Evaluation</td>
<td>Faculty professional development</td>
<td>Annually</td>
<td>Program Director’s office files</td>
</tr>
</tbody>
</table>

Summary Information (as needed)

See results as listed above in Program Evaluation Report.
Please respond to the following questions.

1) Reflecting on this year’s assessment(s), how does the evidence of student learning impact your faculty’s confidence in the program being reviewed; how does that analysis change when compared with previous assessment evidence? The Health Information Technology program has a long history of continuous improvement based on student learning outcomes. We used this information to improve specific courses and the overall program. The program has strong outcomes and meets a demand for qualified HIM professionals in the intermountain region. The program faculty rely on the data collected from certification examinations results, graduate and student exit surveys, course evaluations to improve our product.

2) With whom did you share the results of the year’s assessment efforts? All outcome results are shared with the Program advisory committee, and with the Commission on Accreditation of Health Informatics and Information Management Education (CAHIIM) through our Accredited Program Annual Report (APAR) on an annual basis.

3) Based on your program’s assessment findings, what subsequent action will your program take? Please see our detailed plans for improvement in our program evaluation report. In addition, a new curriculum map will be completed in this academic year based on the new RHIT test blueprint.