

WSU Five-Year Program Review
Self-Study

Cover Page

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

Semester Submitted: Fall, 2016

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2015

Brief Introductory Statement

Health Information Technology is a program offered under Health Administrative Services.

Health Information Technicians perform the essential functions of maintaining health data and records in acute, long-term, and ambulatory health care settings. Opportunities also exist in related health care settings, e.g., insurance companies, medical clinics, computer software vendors, and health maintenance organizations. These functions include, but are not limited to, the coding of diseases and operations, maintaining statistics, transcribing medical reports, performing DRG and utilization review procedures, supervising employees.

In addition to classroom and laboratory course work, students participate in a supervised clinical experience in a hospital medical record department or other health information environment.

The Commission on Accreditation for Health Informatics and Information Management Education accredits the Health Information Technology program.

Successful completion of the Health Information Technology two-year program leads to an associate of applied science degree and the student is then eligible to sit for the national certification exam. Students passing this national examination may use the professional designation Registered Health Information Technician.

Standard A - Mission Statement

HAS Department Mission Statement:

Our mission is to develop exceptional professionals and leaders for health care organizations.

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.

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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.

Standard B - Curriculum

Associate HIM Level Curricular Competencies

| Courses | HIM 2000 | HIM 2250 | HIM 2300 | HIM 2320 | HIM 2330 | HIM 2410 | HIM 2500 | HIM 2861 | HIM 2862 | HIM 2863 | HIM 3000 | HIM 3300 | HAS 3000 |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Entry Level Competency | | | | | | | | | | | | | |
| Domain I: Data Content, Structure & Standards (Information Governance) | | | | | | | | | | | | | |
| Subdomain I.A Classification Systems | | | A | A | U | A | I | | | A | | | |
| Subdomain I.B Health Record Content & Documentation | A | U | | | | | | | | | E | | |
| Subdomain I.C Data Governance | | | | | | | A | | | | I | | |
| Subdomain I.D Data Management | E | | | | | | A | | | | | | |
| Subdomain I.E Secondary Data Sources | E | | | | E | | A | | | | | | |
| Domain II: Information Protection: Access, Disclosure, Archival, Privacy & Security | | | | | | | | | | | | | |
| Subdomain II.A Health Law | I | A | | | | | | | | | | | |
| Subdomain II.B Data Privacy, Confidentiality & Security | | U | | | | | | | | | A | | |
| Subdomain II.C Release of Information | | A | | | | | | | | | | | |
| Domain III: Informatics, Analytics and Data Use | | | | | | | | | | | | | |
| Subdomain III.A Health Information Technologies | E | | | | | | A | | | U | E | | |

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| Subdomain III.B Information Management Strategic Planning | | | | | | | E | | | | | A | | |
| Subdomain III.C Analytics and Decision Support | | | | | I | | E | | | | | I | A | |
| Subdomain III.D Health Care Statistics | | | | | | | A | | | | | | A | |
| Subdomain III.E Research Methods | | U | | | | | U | | | | | | U | |
| Subdomain III.F Consumer Informatics | | | | | | | | | | | | A | | |
| Subdomain III.G Health Information Exchange | I | | | | | | E | | | | | A | | |
| Subdomain III.H Information Integrity & Data Quality | | | | | | | E | | | | | | A | |
| Domain IV: Revenue Management | | | | | | | | | | | | | | |
| Subdomain IV.A Revenue Cycle and Reimbursement | | | | U | A | | | | | | | | E | |
| Domain V: Compliance | | | | | | | | | | | | | | |
| Subdomain V.A Regulatory | I | A | | U | E | | | | | | | E | A | |
| Subdomain V.B Coding | | | U | U | I | | I | I | | | A | | | |
| Subdomain V.C Fraud Surveillance | | | | | A | | | | | | | | | |
| Subdomain V.D Clinical Documentation Improvement | U | | E | | | | | E | | | A | | | |
| Domain VI: Leadership | | | | | | | | | | | | | | |
| Subdomain VI.A Leadership Roles | I | | | | | | | | | | | E | A | U |
| Subdomain VI.B Change Management | | | | | | | | | | | | | E | |

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| Subdomain VI.C Work Design & Process Improvement | | | | | | | | | | | | A | |
| Subdomain VI.D Human Resource Management | | A | | | | | U | | E | | | E | |
| Subdomain VI.E Training & Development | | | | | | | A | | | | | E | |
| Subdomain VI.F Strategic & Organizational Management | | | | | E | | E | | | | | A | E |
| Subdomain VI.G Financial Management | | | | | | | A | | | | | | |
| Subdomain VI.H Ethics | | A | | | E | | | | | | | | |
| Subdomain VI.I Project Management | | | | | | | | | | | | E | |
| Subdomain VI.J Vendor/Contract Management | | | | | | | | | | | A | | |
| Subdomain VI.K Enterprise Information Management | | | | | | | A | | | | | | |

I = Introduced; E = Emphasized; U = Utilized; A = Assessed Comprehensively

Standard C - Student Learning Outcomes and Assessment

Measurable Learning Outcomes

| Entry Level Competency Student Learning Outcomes | Bloom's Level | Curricular Considerations |
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| Domain I. Data Content, Structure & Standards (Information Governance) | | |
| <i>DEFINITION: Academic content related to diagnostic and procedural classification and terminologies; health record documentation requirements; characteristics of the healthcare system; data accuracy and integrity; data integration and interoperability; respond to customer data needs; data management policies and procedures; information standards.</i> | | |
| Subdomain I.A Classification Systems | | |
| 1. Apply diagnosis/procedure codes according to current guidelines | 3 | <ul style="list-style-type: none"> • Principles and applications of Classification Systems <ul style="list-style-type: none"> ○ ICD/CPT, HCPCS • Taxonomies <ul style="list-style-type: none"> ○ Healthcare data sets (OASIS, HEDIS, UHDDS, DEEDS) ○ Clinical Care Classification (CCC) • Nomenclatures <ul style="list-style-type: none"> ○ DSM, RxNorm, CPT • Terminologies <ul style="list-style-type: none"> ○ SNOMED-CT, LOINC |
| 2. Evaluate the accuracy of diagnostic and procedural coding | 5 | <ul style="list-style-type: none"> • Principles and applications of classification, taxonomies, nomenclatures, terminologies, clinical vocabularies, auditing |
| 3. Apply diagnostic/procedural groupings | 3 | <ul style="list-style-type: none"> • Principles and applications of diagnostic and procedural grouping • DRG, MSDRG, APC, RUGS |
| 4. Evaluate the accuracy of diagnostic/procedural groupings | 5 | <ul style="list-style-type: none"> • Principles and applications of diagnostic and procedural grouping |
| Subdomain I.B. Health Record Content and Documentation | | |
| 1. Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status | 4 | <ul style="list-style-type: none"> • Content of health record • Documentation requirements of the health record • Health information media <ul style="list-style-type: none"> ○ Paper, computer, web-based document imaging |
| 2. Verify the documentation in the health record is timely, complete, and accurate | 4 | <ul style="list-style-type: none"> • Documentation requirements of the health record for all record types |

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| | | <ul style="list-style-type: none"> • Acute, outpatient, LTC, rehab, behavioral health |
| 3. Identify a complete health record according to, organizational policies, external regulations, and standards | 3 | <ul style="list-style-type: none"> • Medical staff By-laws • The Joint Commission, State statutes <ul style="list-style-type: none"> ◦ Legal health record and complete health record |
| 4. Differentiate the roles and responsibilities of various providers and disciplines, to support documentation requirements, throughout the continuum of healthcare | 5 | <ul style="list-style-type: none"> • Health Information Systems as it relates to the roles and responsibilities of healthcare providers • Administrative(patient registration, ADT, billing) and Clinical (lab, radiology, pharmacy) |
| Subdomain I.C. Data Governance | | |
| 1. Apply policies and procedures to ensure the accuracy and integrity of health data | 3 | <ul style="list-style-type: none"> • Data stewardship • Data and data sources for patient care <ul style="list-style-type: none"> ◦ Management, billing reports, registries, and/or databases • Data Integrity concepts and standards • Data Sharing • Data interchange standards <ul style="list-style-type: none"> ◦ X2, HL-7 • Application of policies • By-laws <ul style="list-style-type: none"> ◦ Provider contracts with facilities, Medical staff By-laws, Hospital By-laws |
| Subdomain I.D. Data Management | | |
| 1. Collect and maintain health data | 2 | <ul style="list-style-type: none"> • Health data collection tools <ul style="list-style-type: none"> ◦ Screen design, screens • Data elements, data sets, databases, indices • Data mapping • Data warehousing |
| 2. Apply graphical tools for data presentations | 3 | <ul style="list-style-type: none"> • Graphical tools • Presentations |
| Subdomain I.E. Secondary Data Sources | | |
| 1. Identify and use secondary data sources | 3 | <ul style="list-style-type: none"> • Data sources primary/secondary <ul style="list-style-type: none"> ◦ UHDDS, HEDIS, OASIS • Specialized data collection systems • Registries |
| 2. Validate the reliability and accuracy of secondary data sources | 3 | Principles and applications of secondary data sources |

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| Domain II. Information Protection: Access, Disclosure, Archival, Privacy & Security | | |
| <i>Definition: Understand healthcare law (theory of all healthcare law to exclude application of law covered in Domain V); develop privacy, security, and confidentiality policies, procedures and infrastructure; educate staff on health information protection methods; risk assessment; access and disclosure management.</i> | | |
| Subdomain II.A. Health Law | | |
| 1. Apply healthcare legal terminology | 3 | <ul style="list-style-type: none"> Healthcare legal terminology |
| 2. Identify the use of legal documents | 3 | <ul style="list-style-type: none"> Health information/record laws and regulations <ul style="list-style-type: none"> Consent for treatment, retention, privacy, patient rights, advocacy, health power of attorney, advance directives, DNR |
| 3. Apply legal concepts and principles to the practice of HIM | 3 | <ul style="list-style-type: none"> Maintain a legally defensible health record Subpoenas, depositions, court orders, warrants |
| Subdomain II.B. Data Privacy, Confidentiality & Security | | |
| 1. Apply confidentiality, privacy and security measures and policies and procedures for internal and external use and exchange to protect electronic health information | 3 | <ul style="list-style-type: none"> Internal and external standards, regulations and initiatives <ul style="list-style-type: none"> State and federal privacy and security laws Patient verification <ul style="list-style-type: none"> Medical identity theft Data security concepts Security processes and monitoring |
| 2. Apply retention and destruction policies for health information | 3 | <ul style="list-style-type: none"> Data storage and retrieval E-Discovery Information archival, data warehouses |
| 3. Apply system security policies according to departmental and organizational data/information standards | 3 | <ul style="list-style-type: none"> Security processes and policies Data/information standards |
| Subdomain II.C. Release of Information | | |
| 1. Apply policies and procedures surrounding issues of access and disclosure of protected health information | 3 | <ul style="list-style-type: none"> Release patient specific data to authorized users Access and disclosure policies and procedures |
| Domain III. Informatics, Analytics and Data Use | | |
| <i>Definition: Creation and use of Business health intelligence; select, implement, use and manage technology solutions; system and data architecture; interface considerations; information management planning; data modeling; system testing; technology benefit realization; analytics and decision support; data visualization techniques; trend analysis; administrative reports; descriptive, inferential and advanced statistical protocols and analysis; IRB; research; patient-centered health information technologies; health information exchange; data quality</i> | | |
| Subdomain III.A. Health Information Technologies | | |

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| 1. Utilize software in the completion of HIM processes | 3 | <ul style="list-style-type: none"> • Record tracking, release of information, coding, grouping, registries, billing, quality improvement, imaging, natural language processing, EHRs, PHRs, document imaging • EHR Certification (CCHIT) • Software application design and use <ul style="list-style-type: none"> ○ System testing and integration tools |
| 2. Explain policies and procedures of networks, including intranet and Internet to facilitate clinical and administrative applications | 2 | <ul style="list-style-type: none"> • Communication and network technologies <ul style="list-style-type: none"> ○ EHR, PHR, HIEs, portals, public health, standards, telehealth |
| Subdomain III.B. Information Management Strategic Planning | | |
| 1. Explain the process used in the selection and implementation of health information management systems | 2 | <ul style="list-style-type: none"> • Strategic planning process • Integration of systems • Information management strategic plan • Corporate/Enterprise strategic plan |
| 2. Utilize health information to support enterprise wide decision support for strategic planning | 3 | <ul style="list-style-type: none"> • Business planning, market share planning • Disaster and recovery planning |
| Subdomain III.C. Analytics and Decision Support | | |
| 1. Explain analytics and decision support | 2 | <ul style="list-style-type: none"> • Analytics and decision support <ul style="list-style-type: none"> ○ Data visualization, dashboard, data capture tools and technologies |
| 2. Apply report generation technologies to facilitate decision-making | 3 | <ul style="list-style-type: none"> • Organizational design and strategic use of patient and performance data to support specific lines of business in healthcare <ul style="list-style-type: none"> ○ OPPI, IPPS, medical research |
| Subdomain III.D. Health Care Statistics | | |
| 1. Utilize basic descriptive, institutional, and healthcare statistics | 3 | <ul style="list-style-type: none"> • Mean, frequency, percentile, standard deviation • Healthcare statistical formulas <ul style="list-style-type: none"> ○ LOS, death, autopsy, infections, birth rates |
| 2. Analyze data to identify trends | 4 | <ul style="list-style-type: none"> • Quality, safety, and effectiveness of healthcare • Structure and use of health information and healthcare outcomes <ul style="list-style-type: none"> ○ Individual comparative aggregate analytics |
| Subdomain III.E. Research Methods | | |

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| 1. Explain common research methodologies and why they are used in healthcare | 2 | <ul style="list-style-type: none"> • Research methodologies <ul style="list-style-type: none"> ○ CDC, WHO, AHRQ ○ Quantitative, Qualitative, and mixed methods, IRB |
| Subdomain III.F. Consumer Informatics | | |
| 1. Explain usability and accessibility of health information by patients, including current trends and future challenges | 2 | <ul style="list-style-type: none"> • Mobile technologies, patient portals, patient education, outreach, patient safety, PHRs, patient navigation |
| Subdomain III.G. Health Information Exchange | | |
| 1. Explain current trends and future challenges in health information exchange | 2 | <ul style="list-style-type: none"> • Exchange/Sharing of health information <ul style="list-style-type: none"> ○ Employer to health provider, health provider to health provider, health provider to employer, facility to facility ○ HIE |
| Subdomain III.H. Information Integrity and Data Quality | | |
| 1. Apply policies and procedures to ensure the accuracy and integrity of health data both internal and external to the health system | 3 | <ul style="list-style-type: none"> • Quality assessment and improvement <ul style="list-style-type: none"> ○ Process, collection tools, data analysis, reporting techniques • Disease management process • Case management/care coordination |
| Domain IV. Revenue Management | | |
| <i>Definition: Healthcare reimbursement; revenue cycle; chargemaster; DOES NOT INCLUDE COMPLIANCE regulations and activities related to revenue management (coding compliance initiatives, fraud and abuse, etc.) AS THESE ARE COVERED IN DOMAIN V.</i> | | |
| Subdomain IV.A. Revenue Cycle and Reimbursement | | |
| 1. Apply policies and procedures for the use of data required in healthcare reimbursement | 3 | <ul style="list-style-type: none"> • Payment methodologies and systems <ul style="list-style-type: none"> ○ Capitation, PPS, RBRVS, case mix, indices, MSDRGs, healthcare insurance policies, Accountable Care Organizations • Utilization review/management <ul style="list-style-type: none"> ○ Case management |
| 2. Evaluate the revenue cycle management processes | 5 | <ul style="list-style-type: none"> • Billing processes and procedures <ul style="list-style-type: none"> ○ Claims, EOB, ABN, electronic data interchange, coding, chargemaster, bill reconciliation process; hospital inpatient and outpatient, physician office and other delivery settings • Utilization review/management • Case management |

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| Domain V. Compliance | | |
| <i>Definition: COMPLIANCE activities and methods for all health information topics. For example, how to comply with HIPAA, Stark Laws, Fraud and Abuse, etc.; coding auditing; severity of illness; data analytics; fraud surveillance; clinical documentation improvement.</i> | | |
| Subdomain V.A. Regulatory | | |
| 1. Analyze policies and procedures to ensure organizational compliance with regulations and standards | 4 | <ul style="list-style-type: none"> • Internal and External standards regulations and initiatives <ul style="list-style-type: none"> ○ HIPAA, ARRA, The Joint Commission, Quality Integrity Organizations, meaningful use • Risk management and patient safety |
| 2. Collaborate with staff in preparing the organization for accreditation, licensure, and/or certification | 4 | <ul style="list-style-type: none"> • Accreditation, licensure, certification |
| 3. Adhere to the legal and regulatory requirements related to the health information management | 3 | <ul style="list-style-type: none"> • Legislative and regulatory processes <ul style="list-style-type: none"> ○ Coding quality monitoring, compliance strategies, and reporting |
| Subdomain V.B. Coding | | |
| 1. Analyze current regulations and established guidelines in clinical classification systems | 4 | <ul style="list-style-type: none"> • Severity of illness systems <ul style="list-style-type: none"> ○ Present on admission • UHDDS guidelines |
| 2. Determine accuracy of computer assisted coding assignment and recommend corrective action | 5 | <ul style="list-style-type: none"> • Coding specialty systems |
| Subdomain V.C. Fraud Surveillance | | |
| 1. Identify potential abuse or fraudulent trends through data analysis | 3 | <ul style="list-style-type: none"> • False Claims Act • Whistle blower, STARK, Anti Kickback, unbundling, upcoding • Role of OIG, RAC <ul style="list-style-type: none"> ○ Fraud/Abuse |
| Subdomain V.D. Clinical Documentation Improvement | | |
| 1. Identify discrepancies between supporting documentation and coded data | 3 | <ul style="list-style-type: none"> • Clinical outcomes measures and monitoring |
| 2. Develop appropriate physician queries to resolve data and coding discrepancies | 6 | <ul style="list-style-type: none"> • AHIMA CDI toolbox • Professional communication skills • Clinical documentation improvements <ul style="list-style-type: none"> ○ Physician Role, HIM Role in CDI |
| Domain VI. Leadership | | |
| <i>Definition: Leadership models, theories, and skills; critical thinking; change management; workflow analysis, design, tools and techniques; human resource management; training and development theory and process; strategic planning; financial management; ethics and project management</i> | | |

| Subdomain VI.A Leadership Roles | | |
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| 1. Summarize health information related leadership roles | 2 | <ul style="list-style-type: none"> • Leadership roles <ul style="list-style-type: none"> ○ Healthcare providers and disciplines |
| 2. Apply the fundamentals of team leadership | 3 | <ul style="list-style-type: none"> • Team leadership concepts and techniques <ul style="list-style-type: none"> ○ Future roles for HIM professionals ○ C-Suite (within various healthcare settings, pharmaceutical companies, medical staff, hospital, clinic management, HR) • Business related partnerships |
| 3. Organize and facilitate meetings | 3 | <ul style="list-style-type: none"> • Roles and functions of teams and committees <ul style="list-style-type: none"> ○ Work in teams/committees, consensus building • Communication and interpersonal skills • Critical thinking skills |
| Subdomain VI.B. Change Management | | |
| 1. Recognize the impact of change management on processes, people and systems | 2 | <ul style="list-style-type: none"> • Mergers • New systems and processes implementation <ul style="list-style-type: none"> ○ Risk Exposure |
| Subdomain VI.C. Work Design and Process Improvement | | |
| 1. Utilize tools and techniques to monitor, report, and improve processes | 3 | <ul style="list-style-type: none"> • Tools and techniques for process improvement/reengineering • Gantt chart, benchmarking and data presentation • Lean, Six Sigma |
| 2. Identify cost-saving and efficient means of achieving work processes and goals | 3 | <ul style="list-style-type: none"> • Incident response • Medication reconciliation • Sentinel events |
| 3. Utilize data for facility-wide outcomes reporting for quality management and performance improvement | 3 | <ul style="list-style-type: none"> • Shared governance |
| Subdomain VI.D. Human Resources Management | | |
| 1. Report staffing levels and productivity standards for health information functions | 3 | <ul style="list-style-type: none"> • Staffing levels and productivity standards • Productivity calculations |
| 2. Interpret compliance with local, state, federal labor regulations | 5 | <ul style="list-style-type: none"> • Labor/Employment laws |
| 3. Adhere to work plans, policies, procedures, and resource requisitions in relation to job functions | 3 | <ul style="list-style-type: none"> • HR structure and operations |
| Subdomain VI.E. Training and Development | | |
| 1. Explain the methodology of training and development | 2 | <ul style="list-style-type: none"> • Orientation and training |

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| | | <ul style="list-style-type: none"> • Content delivery and media |
| 2. Explain return on investment for employee training/development | 2 | <ul style="list-style-type: none"> • Recruitment, retention, and right sizing |
| Subdomain VI.F. Strategic and Organizational Management | | |
| 1. Summarize a collection methodology for data to guide strategic and organizational management | 2 | <ul style="list-style-type: none"> • Strategic and organizational management • Workflow and process monitors • Resource allocation • Outcomes measures and monitoring • Corporate compliance and patient safety • Risk assessment • Customer satisfaction • Internal and external |
| 2. Understand the importance of healthcare policy-making as it relates to the healthcare delivery system | 2 | <ul style="list-style-type: none"> • Healthy People 2020 • IOM reports • CDC • State, local and federal policies • PCORI |
| 3. Describe the differing types of organizations, services, and personnel and their interrelationships across the health care delivery system | 2 | <ul style="list-style-type: none"> • Managed care organizations • ACO's • Payers/providers, all delivery settings • Payers' impact to each delivery setting • Biotech • Medical devices |
| 4. Apply information and data strategies in support of information governance initiatives | 3 | <ul style="list-style-type: none"> • Information and data strategy methods and techniques • Data and information stewardship • Critical thinking skills |
| 5. Utilize enterprise-wide information assets in support of organizational strategies and objectives | 3 | <ul style="list-style-type: none"> • Data and information models • Data/information visualization and presentation • Critical thinking skills |
| Subdomain VI.G. Financial Management | | |
| 1. Plan budgets | 3 | <ul style="list-style-type: none"> • Budgets <ul style="list-style-type: none"> ◦ Staffing, department, capital |
| 2. Explain accounting methodologies | 2 | <ul style="list-style-type: none"> • Accounting methodologies • Cost and cash accounting |
| 3. Explain budget variances | 2 | <ul style="list-style-type: none"> • Budget variances |

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| Subdomain VI.H. Ethics | | |
| 1. Comply with ethical standards of practice | 5 | <ul style="list-style-type: none"> Professional and practice-related ethical issues AHIMA Code of Ethics |
| 2. Evaluate the consequences of a breach of healthcare ethics | 5 | <ul style="list-style-type: none"> Breach of healthcare ethics |
| 3. Assess how cultural issues affect health, healthcare quality, cost, and HIM | 5 | <ul style="list-style-type: none"> Cultural competence Healthcare professionals self-assessment of cultural diversity Self-awareness of own culture Assumptions, Biases, stereotypes |
| 4. Create programs and policies that support a culture of diversity | 6 | <ul style="list-style-type: none"> Diversity awareness training programs: age, race, sexual orientation, education, work experience, geographic location, disability Regulations such as ADA, EEOC |
| Subdomain VI.I. Project Management | | |
| 1. Summarize project management methodologies | 2 | <ul style="list-style-type: none"> Project management methodologies <ul style="list-style-type: none"> PMP |
| Subdomain VI.J. Vendor/Contract Management | | |
| 1. Explain Vendor/Contract Management | 2 | <ul style="list-style-type: none"> System acquisition and evaluation |
| Subdomain VI.K. Enterprise Information Management | | |
| 1. Apply knowledge of database architecture and design | 3 | <ul style="list-style-type: none"> Data dictionary, interoperability |
| Supporting Body of Knowledge (Pre-requisite or Evidence of Knowledge) | | |
| Pathophysiology and Pharmacology | | |
| Anatomy and Physiology | | |
| Medical Terminology | | |
| Computer Concepts and Applications | | |
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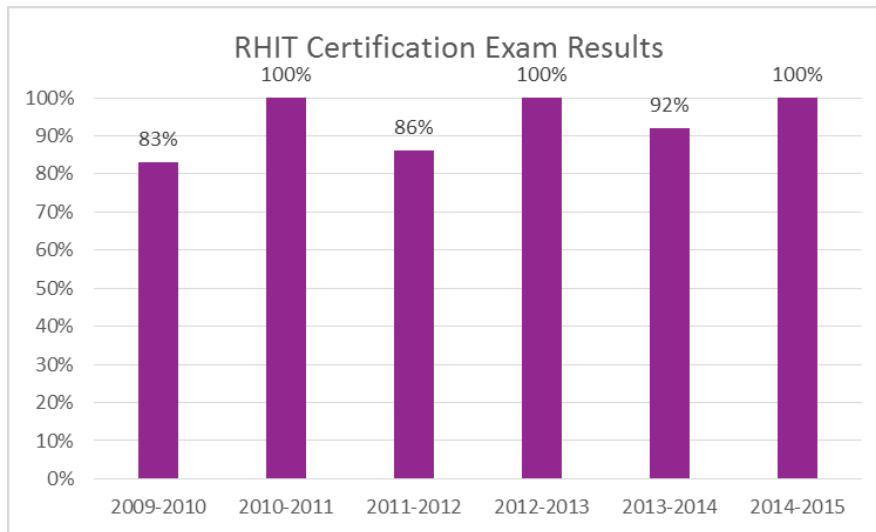
Five-year Assessment Summary

No changes to program requirements have occurred in the past five year. However, to meet the new AHIMA curriculum competencies, courses were updated and adapted. Information regarding program goals 2 and 3 are listed below:

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

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.

Program graduates and employers have consistently rated the program above average in graduate competency/preparation as reflected in graduate and employer surveys over the past four years. The program actively and continuously reviews the results of the RHIT certification examination by exam domain areas to improve results on the examination and preparation by program graduates. Below is a graph displaying the results of WSU graduates on the RHIT examination since 2010-2011:



- WSU program graduates' performance on the RHIT certification examination has been consistently above the national average for all RHIT test-takers.
- 100% pass rate for first-time RHIT test-takers through the first 3 quarters of 2015-2016.
- The technical PPE course HIM 2861 was changed in the 2013-2014 academic year so that students are meeting as a group with the program faculty member and PPE site preceptors. The change was made based on recommendations from our program advisory committee and industry-partners. Students are exposed to many HIM departments and settings. The settings were chosen based on what they had to best offer students. Students have modules that are completed during the rotations and also benefit from the knowledge and perspective of each preceptor that they encounter while at each facility. These preceptors not only provide necessary information for the practicum, but also impart of their wisdom and give valuable advice and perspective to students. Rotations include:
 - Clinical documentation improvement at a healthcare facility using a model with heavy involvement in the CDI program by HIM professionals;
 - All HIM departmental functions (analysis, physician deficiencies, MPI, release of information, coding, etc);
 - Cancer registry at a cancer specialty hospital managed by an RHIT; scanning and indexing at a regional scanning center for a large hospital corporation;
 - Release of information from a ROI vendor;
 - Record storage is experienced at a large retention center unique to one healthcare organization with both the director of the center and the corporate HIM director as preceptors;
 - Quality improvement and interdepartmental teams with a facility HIM director;
 - Presentations by a hospital unit clerk, billing specialist, and birth certificate clerk.
- These rotations also include an interview with an HIM Director at a facility level and an organizational level, as well as opportunities for students to ask questions of all directors that they encounter at the different facilities.

In the appendix, you will find the detailed program evaluation reports from the previous four years.

Standard D - Academic Advising

Advising Strategy and Process

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

Effectiveness of Advising

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

Past Changes and Future Recommendations

In February 2015, Cathy Volt, MBA was hired as the HIM Outreach Program Recruiter/Advisor. This position was supported by the TAAACT Department of Labor grant and will be sustained at the conclusion of the grant. Ms. Volt is responsible for recruitment of students in our partner institutions: Casper College, Western Wyoming Community College, Dixie State University, and Utah Valley University. This has allowed the program to recruit and retain students from these outlining areas. In addition, Cathy provides initial advisement to any student from the HAS department, sends emails to students reminding them of upcoming

deadlines (registration, graduation application, etc.). This has been a valuable addition to the program.

Standard E - Faculty

Faculty Demographic Information

The HIM program has three full time HIM faculty and one part-time faculty position (funded by TAAACT Grant). Four other faculty members teach a class or two in the program.

Programmatic/Departmental Teaching Standards

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

Faculty Qualifications

Be sure to include this (completed) summary graphic:

Faculty & Staff (current academic year)

| | Tenure | Contract | Adjunct |
|--|---------------|-----------------|----------------|
| Number of faculty with Doctoral degrees | 2 | | |
| Number of faculty with Master's degrees | | 2 | |
| Number of faculty with Bachelor's degrees | | | |
| Other Faculty | | | |
| Total | 2 | 2 | |

Evidence of Effective Instruction

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Program Goal #1: Faculty will demonstrate current knowledge, skills, qualifications, and professional development in the content areas they teach.

All HIM program faculty are active members of the American Health Information Management Association and hold current RHIA certification. This RHIA certification requires the individual to participate in ongoing continuing education to maintain it.

All regular faculty have been satisfactorily evaluated by the HAS Department Chair annually in the areas teaching, scholarship, and service. Program directors for the HAS and HIM programs review the courses evaluations after each semester for ALL regular and adjunct faculty that teach in their respective disciplines. If any issues are identified these are addressed with the faculty or adjunct and monitored for corrective action if required. Three items are monitored specifically: overall ratings, teaching techniques that enhance learning, and apply problem-solving skills and to think analytically. No faculty members had ratings below 3.5 in all three areas. When ratings are below 3.5, the program director counsels the faculty member, directs them to resources (i.e., teaching and learning forum, WSUonline training, AOE, etc) to improve these ratings. If ratings do not improve for adjunct faculty, the individual will not be asked to teach in the future. Regular faculty are evaluated through the formal processes.

Highlights from the previous four years include:

- The program transitioned one line from the HIT Clinical Coordinator professional staff to fulltime Instructor in the 2011-2012 academic year. Dr. Darcy Carter holds this position. Dr. Carter has completed her DHSc degree in March 2016, and has moved to a Tenure-Track line effective July 1, 2016.
- Heather Merkley, Assistant Professor, Non-Tenure Track, is currently pursuing a doctorate degree with an anticipated completion of 2018.
- Pat Shaw, Associate Professor, and Tenured, completed a Doctorate in Education September 2016, and will be reviewed for Promotion to the rank of Professor this academic year.
- Miland Palmer was hired as an Instructor July 1, 2014 in a temporary position funded by TAAACT Department of Labor grant that was awarded to

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the program. This position was permanently funded this academic year 2016-2017 to support both the HIM and HAS 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 five 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. The Dumke College of Health Professions has two endowment funds available to faculty and staff. These endowments are used for continuing education, and 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.

Standard F – Program Support

Support Staff, Administration, Facilities, Equipment, and Library

Adequacy of Staff

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The HIM programs are housed in the Health Administrative Services department. This department has one fulltime 12-month administrative assistant. As noted earlier in this report, in February 2015, Cathy Volt, MBA was hired as the HIM Outreach Program Recruiter/Advisor. This position was supported by the TAAACT Department of Labor grant and will be sustained at the conclusion of the grant.

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

Adequacy of Administrative Support

The Dean and University Administration has been very supportive of the program and the department both in the area of curriculum and resources as evidenced by the addition of a faculty line in the 2016-2017 academic year. The program has benefitted from financial support for professional development and continuing education of faculty. Macey Buker, Darcy Carter, Brian Cottle, Lindsay Garr, Heather Merkley, Miland Palmer, and Pat Shaw have all benefitted from the Dee Wade Mack endowment fund in their efforts to pursue their doctorate degrees.

Adequacy of Facilities and Equipment

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

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

The HIM program also has a virtual laboratory for all 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. Course fees paid by HIM students support ongoing maintenance. The software that is made available to students through the WSU Virtual Lab includes: 3M Health Information Systems: encoder and abstracting programs; NEEHR Perfect EHR; MS Access for database management projects; and Apelon SNOMed mapping software, Tableau, R, and SPSS for data analysis. Up-to-date and Anatomy TV are available to HIM students for CDI and coding course work.

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.

Standard G - Relationships with External Communities

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Description of Role in External Communities

One of the programs goals addresses our external community.

Program Goal #4: The HIM program will demonstrate responsiveness to the needs of the community of interest.

The program has benefitted from excellent support from our industry-partners. Attendance at annual advisory committee meetings is above our threshold. The program has used these individuals as guest speakers in face-to-face courses and have recorded these presentations for our online courses. As noted in the discussion for program goals 2 and 3, the program advisory committee and our industry-partners assisted the program to make a change to our technical PPE in the 2013-2014 academic year.

In an attempt to obtain more feedback from our employer community, the program director and faculty held three focus groups with the HIM department managers in our community of interest. The HIM managers were representatives from the major employers in our state. At the end of these meetings, the individuals in attendance provided their overall satisfaction with HIT program graduates. Feedback was obtained from 19 (of 30) individual employers who have hired or interacted in PPE, or other meetings with program graduates. This group rated their overall satisfaction with entry-level student performance as 4.7 on a 5-point scale. The HIT program is clearly meeting the expectations of employers in our community of interest. Themes that emerged from the focus group meetings on what else we need to be teaching our students/or where improvements could be made included: interoperability, HIT/direct mail of documents, use of portals to access PHI, auditing of scanned records.

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

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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 to add an increased focus on information governance and data analytics in the HIM program curriculum. The program added this content into our existing curriculum for the HIT program due to credit constraints

Standard H – Program Summary
 Results of Previous Program Reviews

| Problem Identified | Action Taken | Progress |
|---|---|--|
| Issue 1 The number and capabilities of the support staff are adequate to meet the mission and objectives of the program. | Previous 5 Year Program Review: 2011-2012 | There is evidence of strong support from the Dean of the College for all aspects of the program. Recent changes include the addition of an administrative support position |
| | Year 1 Action Taken: 2012-2013 | Administrative assistant for the HAS department was moved to a fulltime 12 month position. |
| | Year 2 Action Taken: 2013-2014 | Program applied for and was awarded a 2.5 M Department of Labor grant that has provided funding to increase program support. |
| | Year 3 Action Taken: 2014-2015 | New faculty member and HIM program advisor were hired using DOL grant funds. |
| | Year 4 Action taken: 2015-2016 | Provost approved ongoing support for the faculty line in the 2016-2017 academic year. HIM program advisor will be retained using soft money. |

Summary Information (as needed)

The team identified no weaknesses of the programs in their evaluation; they did list the following challenges:

- Constant changes in the field and the need to prepare graduates for future positions and new credentials (e.g. Certified in Clinical Document Specialist)(CCDS)
- Focusing on technology in the industry (e.g. Computer-Assisted Coding)
- Encouraging the students to take the national certification examination
- Evaluating the course delivery methods (on-campus, distance, hybrid) to determine best practices

The program agrees with the team that this list represents the current challenges that we face. In reference to the constant changes in the field and the need to prepare graduates for future positions and credentials, the program has added a focused unit on clinical documentation improvement and another on auditing into our coding curriculum. In fall of 2013, three new courses were added as upper division electives for our BS students and optional electives for our AAS degree students. These courses are HIM 3600 Advanced Diagnosis and Procedural Coding, HIM 3610 Advance Revenue Cycle Management, and HIM 3620 Clinical Documentation Improvement. We believe the addition of these three courses will help our students meet these challenges. In spring 2016, HIM 3550 Health Care Data Analytics was also added to the BS degree program in response to industry needed.

Three-program faculty are AHIMA approved ICD-10 Trainers and are currently teaching ICD-10-CM and ICD-10-PCS in our programs. Computer-Assisted Coding (CAC) is being introduced in our program, but we continue to struggle with a solution to have our students interact with this product on a more in-depth level. Our students also see the CAC program in action at one of our PPE sites.

Students purchase the certification examination preparation book as their text for HIM 2862 Professional Practice Experience. Assignments were added to HIM 2862 that require students to take a mock certification examination and develop a study plan for the certification examination. Since we added this information, we have seen an upturn in the number of our students sitting for the national certification examinations.

The final program challenge identified by the review team was in the area of course delivery methods. This is a constant challenge for the program and one that the faculty believes to be our biggest. In the fall of 2015, the program faculty made a decision to only teach the HIM courses that are also required by the HAS program in face-to-face section. These include HIM 2330 Classification Systems Topics and Reimbursement, HIM 3000 Computer Applications in Healthcare, HIM 3300 Introduction to Quality Improvement, and HIM 3200 Epidemiology and Biostatistics.

With the DOL grant we increased our recruitment and advertising for the HIM programs which yielded more students but not more students in the classroom sections. We are victims of our own online success.

The 2011-2012 review team's recommendations for faculty to attend distance learning conferences is one that the program embracing with much enthusiasm. Two faculty members attended the Educause conference in Anaheim this fall (2016) and three of the HIM program faculty have participated in the WSUonline Master Online Teaching programs. Finally, the program director has just completed her Doctorate in Education with an emphasis on Education Technology and E-Learning.

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 New AHIMA Curriculum Competencies | Current 5 Year Program Review: We have identified assessment measures for most of the competencies. The program believes that we are covering all of the new competencies, but need to continue to assess that we are covering them at the required Bloom's levels. Year 1 Action to Be Taken: Ensure measures are set and data collected for all competencies. Continue moving curriculum to the required Bloom's levels. |
| | Year 2 Action to Be Taken: See year 1 plan. |
| | Year 3 Action to Be Taken: See year 1 plan. |
| | Year 4 Action to Be Taken: See year 1 plan. |
| Issue 2 Advanced upper division courses | Current 5 Year Program Review: Market these courses to both HIT/HIM students. |
| | 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)

Follow industry changes related to the HIM Reimagined initiative. Decide if WSU will be offering a specialty track(s), if so, which one(s).

The program continues to be challenged by student recruitment issues. HIM is not a program most high school students are aware of and so we continue to market our programs to this audience, as well as students within our college.

Continue to improve our online courses.

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 |
| Annual Faculty Evaluation | Faculty professional development | Annually | Program Director's office files |
| Annual program assessment report | Student learning outcomes/competency measurement | Annually | Program Director's file or Office of Institutional Effectiveness |

Summary Information (as needed)

APPENDICES

Appendix A: Student and Faculty Statistical Summary

| | | | | | | | | | | | | | | Major Codes Incl. |
|--|---|---------------|---------------|---------------|---------------|--------------|---------|-------|-------|------|------|------|------|----------------------|
| | | 2011- 12 | 2012- 13 | 2013- 14 | 2014- 15 | 2015- 16 | | | 11 | 12 | 13 | 14 | 15 | |
| | Student Credit Hours Total ¹ | 6,453 | 7,015 | 7,401 | 8,838 | 9,555 | Summer | | 1242 | 1313 | 1423 | 1570 | 1975 | |
| | Student FTE Total ² | 215.10 | 233.83 | 246.70 | 294.60 | 318.5 | Fall | | 2494 | 2975 | 2966 | 3476 | 3614 | |
| | Student Majors ³ | 150 | 228 | 215 | 254 | 257 | Spring | | 2717 | 2727 | 3012 | 3792 | 3966 | |
| | | | | | | | | | 6453 | 7015 | 7401 | 8838 | 9555 | |
| | Program Graduates ⁴ | | | | | | | | | | | | | |
| | Institutional Certificate | 10 | 17 | 24 | 21 | 34 | | | | | | | | |
| | Associate Degree | 14 | 12 | 18 | 15 | 28 | | | | | | | | |
| | Bachelor Degree | 10 | 10 | 18 | 14 | 15 | | | | | | | | |
| | Student Demographic Profile ⁵ | | | | | | | | | | | | | |
| | Female | 130 | 190 | 182 | 209 | 207 | | | 12 | 13 | 14 | 15 | 16 | |
| | Male | 20 | 37 | 33 | 45 | 50 | | | | | | | | |
| | Other | | 1 | | | | Facfte | 5.03 | 5.81 | 3.37 | 4.25 | | | |
| | Faculty FTE Total ⁶ | 11.13 | 12.07 | 8.55 | 9.2 | n/a | Instfte | 2.1 | 2.03 | 0.13 | 1.35 | | | |
| | Adjunct FTE | 6.1 | 6.26 | 5.18 | 4.95 | | 208fte | 4 | 4.23 | 5.05 | 3.6 | | | |
| | Contract FTE | 5.03 | 5.81 | 3.37 | 4.25 | | dvs fte | 0 | 0 | 0 | 0 | | | |
| | Student/Faculty Ratio ⁷ | 19.33 | 19.37 | 28.85 | 32.02 | | Adj | 6.1 | 6.26 | 5.18 | 4.95 | | | |
| | | | | | | | Ttl | 11.13 | 12.07 | 8.55 | 9.2 | | | |
| | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1 | <p>Student Credit Hours Total represents the total department-related credit hours for all students per academic year. Includes only students reported in Banner system as registered for credit at the time of data downloads.</p> | | | | | | | | | | | | | |
| 2 | <p>Student FTE Total is the Student Credit Hours Total divided by 30.</p> | | | | | | | | | | | | | |
| 3 | <p>Student Majors is a snapshot taken from self-report data by students in their Banner profile as of the third week of the Fall term for the academic year. Only 1st majors count for official reporting.</p> | | | | | | | | | | | | | |
| 4 | <p>Program Graduates includes only those students who completed <u>all</u> graduation requirements by end of Spring semester for the academic year of interest. Students who do not meet this requirement are included in the academic year in which all</p> | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | requirements are met. Summer is the first term in each academic year. | | | | | | | | | | | | | | | | | | |
| 5 | Student Demographic Profile is data retrieved from the Banner system. | | | | | | | | | | | | | | | | | | |
| 6 | Faculty FTE is the aggregate of contract and adjunct instructors during the fiscal year. Contract FTE includes instructional-related services done by "salaried" employees as part of their contractual commitments. Adjunct FTE includes instructional-related wages that are considered temporary or part-time basis. Adjunct wages include services provided at the Davis campus, along with on-line and Continuing Education courses. | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 7 | Student/Faculty Ratio is the Student FTE Total divided by the Faculty FTE Total. | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|

Summary Information (as needed)

Appendix B: Contract/Adjunct Faculty Profile

| Name | Gender | Ethnicity | Rank | Tenure Status | Highest Degree | Years of Teaching | Areas of Expertise |
|------|--------|-----------|------|---------------|----------------|-------------------|--------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Summary Information (as needed)

The HIM program does currently use any adjuncts for teaching.

Appendix C: Staff Profile

| Name | Gender | Ethnicity | Job Title | Years of Employment | Areas of Expertise |
|----------------|--------|-----------|--------------------------------|---------------------|--------------------------------|
| Devon Trujillo | M | Hispanic | Administrative Specialist | Less than 1 year | Office management |
| Cathy Volt | F | Caucasian | HIM Recruiter/Outreach Advisor | 2 | HIM/student engagement |
| Fred Henderson | M | Caucasian | HIT-CM Grant Director | 3 | Reporting financial management |
| | | | | | |

Summary Information (as needed)

Appendix D: Financial Analysis Summary

| Health Administrative Services (includes HIM/HIT) | | | | | |
|--|----------------|----------------|----------------|----------------|------------------|
| Funding | 11-12 | 12-13 | 13-14 | 14-15 | 15-16 |
| Appropriated Fund | 506,063 | 515,487 | 405,039 | 423,886 | 550,231 |
| Other: | | | | | |
| Special Legislative Appropriation | | | | | |
| Grants or Contracts | 0 | 0 | 56,006 | 500,285 | 540,282 |
| Special Fees/Differential Tuition | | | | | |
| Total | 506,063 | 515,487 | 461,045 | 924,171 | 1,090,513 |

Note: Data provided by Provost's Office

Summary Information (as needed)

Appendix E: External Community Involvement Names and Organizations

| Name | Organization |
|-------------------|--|
| Marcus Trinite | Shriners Hospitals for Children, Western Region HIM Director |
| Vickie Griffin | HIM Manager, Lakeview Hospital |
| Wyatt Packer | HealthInsight |
| Delia Vasquez | HIM Manager, Davis Hospital Medical Center |
| Jason Brockett | Manager, Risk Adjustment Analytics, Select Health |
| Carolyn Russell | HIM Manager, McKay Dee Hospital Center |
| Kim Svoboda | Cancer Registry Manager, Huntsman Cancer Institute |
| Andy Sager | 3M Health Information Systems |
| Larry Dean | Associate Director, Health Information Management, University of Utah Health Sciences Center |
| Mary Staub | Corporate HIM Director, Intermountain Healthcare |
| Tifini Corbin | HIM Manager, Ogden Regional Medical Center |
| Nancy Baxter | HIM Operations Manager, Intermountain Healthcare |
| Jayne Glines | HIM Manager, Intermountain Medical Center |
| Carrie Berg | HIM Manager, LDS Hospital |
| Shawn Wells | University of Utah Health Sciences Center |
| Michelle Knuckles | Coding Manager, University of Utah Health Sciences Center |
| Mary Carbaugh | Utah Health Information Network |
| Tara Walton | HIM Manager, Utah Valley Regional Medical Center |
| Suzanne Orton | HIM Manager, Logan Regional Medical Center |

Appendix F: Site Visit Team

| Name | Affiliation |
|-----------------|---|
| Robert Garrie | University of Alabama-Birmingham, HIM program |
| Janelle Gardner | coordinator |
| | WSU Respiratory Therapy Program |
| | |
| | |
| | |

Appendix G: Evidence of Learning Courses within the Major or General Education

(use as a supplement to your five-year summary, if needed. Be sure to delete the sample text before using)

| WSU Health Information Technology AAS Degree Program | | | |
|--|---|--|--|
| Goal 2: The HIM curriculum will include, at minimum, the required knowledge clusters with content and experiences to enable students to meet current entry-level competencies. | | | |
| Domain/Subdomain | Measures | 2015-2016 Results | Action Plan |
| Domain I: Data Content, Structure & Standards (Information Governance) | | | |
| Subdomain I.A Classification Systems | HIM 2863: SDS Coding and INP Coding: At least 80% of students will earn 83% or higher | 88% received 80% or better on both assignments exceeding the threshold. | No curricular changes needed at this time |
| Subdomain I.B Health Record Content & Documentation | Nidterm Exam - At least 80% of students will earn 75% or higher(HIM 2000) | 87% received 80% or higher on exam 2 exceeding the threshold. | No curricular changes needed at this time |
| Subdomain I.C Data Governance | Interface Exercise 1 - At least 80% of students will earn >= 83% (HIM2500) | 82% of HIM 2500 students earned >= 83% on the Interface 1 assignment exceeding the threshold. | No curricular changes needed at this time |
| Subdomain I.D Data Management | Data Presentation Assignment - At least 80% of studetns will earn >= 83% (HIM2500) | 96% of HIM 2500 students earned >= 83% on the Data Presentation Assignment exceeding the threshold | No curricular changes needed at this time. |
| Subdomain I.E Secondary Data Sources | Health Datasets Assignment - At least 80% of students will earn >= 83% (HIM2500) | 92% of HIM 2500 students earned >= 83% on the Health Datasets assignment exceeding the threshold. | No curricular changes needed at this time |
| Domain II: Information Protection: Access, Disclosure, Archival, Privacy & Security | | | |
| Subdomain II.A Health Law | Midterm- 80% of students will earn 80% or higher (HIM 2250) | 92% of students scored 80% or higher on midterm exceeding the threshold. | No curricular changes needed at this time |

| | | | |
|---|---|--|---|
| Subdomain II.B Data Privacy, Confidentiality & Security | 80% of class will earn 83% or higher on security audit (HIM 3000) | 94% of students scored 83% or higher on security audit exceeding the threshold. | Note: rubric was changed in spring 2016 to increase rigor on assignment |
| Subdomain II.C Release of Information | 80% of class will earn 70% or higher on Ch 12 quiz (HIM 2250) | 90% of students received 70% or higher on Ch 12 quiz exceeding the threshold. | No curricular changes needed at this time. |
| Domain III: Informatics, Analytics and Data Use | | | |
| Subdomain III.A Health Information Technologies | 80% of HIM 2500 students will earn >= 83% on the HDM Abstracting and HDM Reporting assignments. | 96% of HIM 2500 students scored 83% or higher on the HDM abstracting assignment, and 81.5% of HIM 2500 students scored 83% or higher on the HDM reporting assignments. Even though both of these measures are at or above threshold. | Even though both of these measures are at or above threshold, in 2016-2017, an assignment was added using Neehr Perfect software system; students will use the EHR software and assess the functionality and design. This assignment will take the student beyond the utilize capability. |
| Subdomain III.B Information Management Strategic Planning | 80% of class will earn 83% or higher on EHR vendor selection (HIM 3000) | 96% of students earn 83% or higher on EHR assignment exceeding the threshold. | No curricular changes needed at this time. |
| Subdomain III.C Analytics and Decision Support | QI Data Analysis Assignment - At least 80% of students will earn > or = 83% (HIM 3300) | 60% of all HIM 3300 students scored 83% not meeting the threshold | HIM 3300 - this is a new assignment that may need more instruction to students - spring 2016 was the first semester this assignment was used so the program will monitor this assignment in future semesters |
| Subdomain III.D Health Care Statistics | Hospital Compare Assignment - At least 80% of students will earn > or = 83% (HIM 3300) | 79.7% of HIM 3300 students scored 83% or higher which is just slightly below the threshold | Watch these scores for a year to see if changes are necessary |
| Subdomain III.E Research Methods | 80% of students will earn 70% or higher on Ch 9 quiz (HIM 2250) | 89% of students received 70% or higher on Ch9 quiz exceeding the threshold. | Continual monitor of this quiz as most students score 80% |
| Subdomain III.F Consumer Informatics | 80% of students will earn 80% or higher on mobile device policy assignment (HIM 3000) | 97% of students scored 80% or higher on mobile device policy assignment exceeding the threshold. | No curricular changes needed at this time |

| | | | |
|--|--|--|--|
| Subdomain III.G Health Information Exchange | 80% of students will earn 80% or higher on HIE assignment (HIM 3000) | 96% of students scored 80% or higher on HIE assignment exceeding the threshold. | Note: rigor was increased spring 2016 |
| Subdomain III.H Information Integrity & Data Quality | PI Project - At least 80% of students will earn > or = 83% (HIM 3300) | 94% of all HIM 3300 students scored 83% or higher exceeding the threshold. | No curricular changes needed at this time. |
| Domain IV: Revenue Management | | | |
| | HIM 2330 Midterm/Final: At least 80% of students will earn 83% or higher | 66% of all HIM 2330 students scored 83% or higher on midterm/final grades. Not meeting our threshold. We changed these exams midyear 2015-2016, and this improved the scores in spring semester to 75.5% | We changed these exams midyear 2015-2016, and this improved the scores in spring semester to 75.5%. Item analysis will be conducted on each of the questions in these exams and changes made as necessary. |
| Subdomain IV.A Revenue Cycle and Reimbursement | Bill Case: At least 80% of students will earn 83% or higher | This is a new assignment for 2016-2017 | |
| Domain V: Compliance | | | |
| Subdomain V.A Regulatory | QI Data Analysis Assignment - At least 80% of students will earn > or = 83% (HIM 3300) ; 80% of students will earn 80% or higher on policy and procedure assignment (HIM 2250) | 60% of all HIM 3300 students scored 83% not meeting the threshold | HIM 3300 - this is a new assignment that may need more instruction to students - spring 2016 was the first semester this assignment was used so the program will monitor this assignment in future semesters |
| Subdomain V.B Coding | CAC Measure to be determined | This is a new assignment for 2016-2017 | |
| | HIM 2863: Coding Guidelines Assessment 2- At least 80% of students will receive an 83% or better on the assessment | 97.6% of all HIM 2863 students received an 83% or better on the assessment, exceeding the threshold. | |
| Subdomain V.C Fraud Surveillance | HIM 2330: Miscoding Assignment: At least 80% of students will earn 83% or higher | 95.3% of all HIM 2330 students scored 83% or higher on the Miscoding Fraud Surveillance assignment, exceeding the threshold. | No curricular changes needed at this time. |

| | | | |
|--|--|--|---|
| Subdomain V.D Clinical Documentation Improvement | 80% of class will earn 80% or higher on clinical documentation analysis (HIM 2000) | 87% of class scored 80% or higher on assignment exceeding the threshold. | Although meeting the threshold, several students struggled with documentation on paper records. Starting Fall,16 this assignment has moved to EHR and will now be tested on Neehr Perfect: Introduction to Chart deficiencies |
| | HIM 2863 Detailed Query Assignment: At least 80% of students will earn an 80% or higher | 82.7% of all HIM 2863 students scored 80% or higher, exceeding the threshold. | Although meeting the threshold, a few students did not complete the assignment because it was only worth 10 points. The point value has been increased in an effort to encourage all students to complete the assignment. |
| Domain VI: Leadership | | | |
| Subdomain VI.A Leadership Roles | 80 % will earn 83% or higher on unit 4 quiz (HAS 3000) | 79.0% of HAS 3000 students scored >= 83% on the Unit 4 quiz, which is slightly below the threshold. | |
| Subdomain VI.B Change Management | 1. AIM Change Mgmt Assignment in HIM 3300 - at least 80% of students will earn > or = 83% (HIM 3300) | 90% of all HIM 3300 students scored 83% or higher exceeding the threshold | No curricular changes needed at this time. |
| Subdomain VI.C Work Design & Process Improvement | 1. PI Project - At least 80% of students will earn > or = 83% (HIM 3300) | 94% of all HIM 3300 students scored 83% or higher exceeding the threshold. | No curricular changes needed at this time. |
| | 2. At least 80% of students will earn a composite grade of > or = 83% (HIM 3300) | 93% of all HIM 3300 students scored 83% or higher exceeding the threshold. | No curricular changes needed at this time. |
| Subdomain VI.D Human Resource Management | 80% of students will earn 80% or higher on Ch 17 quiz (HIM 2250) | 95% of students scored 80% or higher on Ch 17 quiz exceeding the threshold. | No curricular changes needed at this time. |
| Subdomain VI.E Training & Development | Coding Quality/Productivity Assignment - At least 80% of students will earn >= 83% (HIM2500) | 62.9% of HIM 2500 students earned >= 83% on the coding quality/productivity assignment, not meeting the threshold. | This assignment has been redesigned with clearer instructions and more detailed support materials for the 2016-2017 academic. The program will watch to see if these changes improve this outcome. |

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| Subdomain VI.F Strategic & Organizational Management | PI Project - At least 80% of students will earn > or = 83% | 94% of all HIM 3300 students scored 83% or higher exceeding the threshold. | No curricular changes needed at this time. |
| Subdomain VI.G Financial Management | Coding Quality/Productivity Assignment - At least 80% of students will earn >= 83% (HIM2500) | 62.9% of HIM 2500 students earned >= 83% on the coding quality/productivity assignment, not meeting the threshold. | The program has determined that this content is not appropriate for HIM 2500 with the redesign and focus on information governance any longer. We will be moving this into HIM 2862 our professional practice capstone course in 2016-2017. |
| Subdomain VI.H Ethics | 80% will earn 80% or higher on Ethics quiz (HIM 2250) | 93% of students scored 80% or higher on Ethics quiz exceeding the threshold | No curricular changes needed at this time. |
| Subdomain VI.I Project Management | 80% will earn 83% or higher on project management questions on final (HIM 3300); 80% will earn 83% or higher on project management questions on midterm (HIM 2500) | 91.8% of all HIM 3300 students scored 83% or higher on project management questions on the final exam exceeding the threshold. | No curricular changes needed at this time. |
| Subdomain VI.J Vendor/Contract Management | 80% of students will earn 80% or higher on RFP assignment (HIM 3000) | 92% of students scored 80% or higher on RFP assignment, exceeding the threshold | No curricular changes needed at this time. |
| Subdomain VI.K Enterprise Information Management | Data Dictionary - Part 2 Assignment - At least 80% of students will earn >= 83% (HIM2500) | 70.4% of HIM 2500 students scored >= 83% on the Data Dictionary - Part 2 assignment, not meeting the threshold. | This assignment has been redesigned with clearer instructions and more detailed support materials for the 2016-2017 academic. The program will watch to see if these changes improve this outcome. |