Health Information Management

2015-2016
Student Handbook

Department of Health Information and Information Technology
HEALTH INFORMATION MANAGEMENT PROGRAM
STUDENT HANDBOOK

The University of Saint Mary is pleased to provide you with this information about the Health Information Management (HIM) Program. This Handbook is designed to serve as your guide to information concerning this Program and to student policies that are specific to this course of study. The requirements given in this Handbook apply to all students enrolled in this course of study, and the student should become familiar with and make plans to comply with them.

This handbook has been prepared to supplement the information you have already received in your USM Student Handbook and the USM catalog. You are invited to discuss any questions you might have with the HIM program director.

It is the policy of the University of Saint Mary to assure equal educational and employment opportunity to qualified individuals without regard to race, color, religion, age, national origin, ancestry, disability, sex, marital or parental status, or sexual orientation.

CONTACT INFORMATION
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Offcie Phone: (913) 758-6127
Leavenworth, KS  66048

WEB SITES:  Department:  www.stmary.edu/him
USM Catalog:  http://www.stmary.edu/catalogs/ugrad/default.htm

UNIVERISTY OF SAINT MARY MISSION STATEMENT

The University of Saint Mary educates students of diverse backgrounds to realize their God-given potential and prepares them for value-centered lives and careers that contribute to the well being of our global society.

HEALTH INFORMATION MANAGEMENT PROGRAM MISSION STATEMENT

The Health Information Management program at the University of Saint Mary prepares qualified professionals to provide ethical leadership in the diverse global healthcare environment while promoting excellence in the management of health information.
HEALTH INFORMATION MANAGEMENT PROGRAM VISION STATEMENT

Develop tomorrow’s leaders in the management of health information

ACADEMIC FACULTY

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Professor

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ACCREDITATION

The University of Saint Mary Health Information Management Program is accredited by the Commission on Accreditation for Health Informatics and Information Management Education.

HIM CURRICULUM

36 hours, including the following:

- HIM 300 Principles of Health Information Management
- HIM 330 Information Governance
- HIM 350 Advanced Principles of Health Information Management
- HIM 360 Healthcare Administration
- HIM 430 Health Care Quality Improvement
- HIM 440 Professional Practice Experience
- HIM 450 Health Care Reimbursement
- HIM 455 Coding Administration
- HIM 480 Research in Health Care
- HIM 501 Healthcare Internship

- HCI 410 Health Information Systems
- HCI 440 Health Care Security

OTHER CORE AND GENERAL EDUCATION COURSES

- BI 258/259 Human Anatomy and Physiology I & II
- HIM 200 Introduction to Healthcare
- HIM 210 Medical Terminology
- HIM 220 Principles of Disease I
### HIM SEQUENCE OF COURSES

#### Freshman Year

<table>
<thead>
<tr>
<th>Fall Semester</th>
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<tbody>
<tr>
<td>EN 111 English Comp I</td>
<td>EN 112 English Comp II</td>
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<tr>
<td>GE 114 First Year Experience</td>
<td>GE115 First Year Experience</td>
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<tr>
<td>MA 115 Intermediate Algebra</td>
<td>CH 113 Allied Health Chemistry</td>
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#### Sophomore Year

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<tr>
<td>HIM 200 Intro to Healthcare</td>
<td>HIM 210 Medical Terminology</td>
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<tr>
<td>BI 258 Human A&amp;P I</td>
<td>BI 259 A&amp;P II</td>
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#### Junior Year

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<tr>
<td>HIM 300 Principles of HIM</td>
<td>HIM 350 Advanced HIM</td>
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<td>HIM 330 Information Governance</td>
<td>HIM 360 HC Administration</td>
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<td>HIM 220 Prin. Of Disease I</td>
<td>HCI 410 Health Info Systems</td>
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<tr>
<td>MA 230 Statistics</td>
<td>HIM 370 Prin. Of Disease II</td>
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#### Senior Year

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<tr>
<td>HIM 430 HC Quality Improvement</td>
<td>HIM 450 HC Reimbursement</td>
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<tr>
<td>HIM 440 Prof Practice Experience</td>
<td>HIM 455 Coding Administration</td>
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<tr>
<td>HCI 440 Healthcare Security</td>
<td>HIM 480 Research in Health Care</td>
</tr>
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<td>HIM 270 HC Coding</td>
<td>HIM 501 Healthcare Internship</td>
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<td>Electives</td>
<td>IT 360 Database Programming</td>
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<td>15 hrs</td>
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HIM PROFESSIONAL COURSE DESCRIPTIONS

HIM 200 INTRODUCTION TO HEALTHCARE (IS)
This course is an Idea Seminar and during the course of the semester the class will review the American healthcare system and then compare and contrast it with other nation’s healthcare systems to evaluate our healthcare system’s strengths and weaknesses. The United States is a melting pot of different cultures and by understanding other cultures and how they approach healthcare, the class will have a better appreciation of how healthcare is currently or should be delivered.

Three hours fall semester

HIM 210 MEDICAL TERMINOLOGY
This course focuses on the study of the vocabulary and acronyms used in the healthcare industry. Students will learn to recognize, define and appropriately use the language of healthcare. In addition to basic language study, students will learn to use the vocabulary and acronyms appropriately in a series of written and oral exercises.

Three hours spring semester

HIM 220 PRINCIPLES OF DISEASES I
An introduction to medical science, including the etiology, treatment (including pharmacology), and prognosis of various diseases. Topics considered include diseases related to the autoimmune system, congenital and hereditary, neoplastic, and circulatory disturbances, cardiovascular, and lymphatic. Emphasis is given to the medical information as viewed from the standpoint of a health informatics or information management professional. Prerequisites: BI258/259 or BI256/358, and HIM 210 or instructor consent.

Three hours fall semester

HIM 230 PRINCIPLES OF DISEASES II
This course is a continuation of HIM 220 and includes diseases related to the following: respiratory, breast, female and male reproductive, urinary, liver and biliary, pancreas, gastrointestinal tract, nervous, and musculoskeletal. Emphasis is given to the medical information as viewed from the standpoint of a health informatics or information management professional. Prerequisites: HIM 220.

Three hours spring semester

HIM 270 HEALTHCARE CODING SYSTEMS
This course provides the student with introductory rules and principles for International Classification of Diseases (ICD) coding, both 9 & 10, and emphasizes the importance in accuracy in coding for inpatient and outpatient diagnoses and in-patient procedural coding. Students will develop an understanding of HCPCS coding with an emphasis on CPT coding for non-acute setting. The course will use sample exercises, paper medical records and EHR records to develop skills and accuracy in coding in various healthcare settings. Students will also access two type of encoder products and access risks and benefits of using an encoder over a coding book. The importance of coding references such as AHA Coding Clinic, CPT Assistant, and other are emphasized to assure coding accuracy, consistency, efficiency, and quality. Prerequisites: HIM 230 or consent of instructor.

Five hours fall semester

HIM 300 PRINCIPLES OF HEALTH INFORMATION MANAGEMENT
An introduction to the composition of the health record. The student will study the form, content, and regulations impacting the health record. Special emphasis is placed on how
healthcare data is collected, stored, and managed throughout the American health care system.

Three hours fall semester

HIM 330 INFORMATION GOVERNANCE
This class presents a holistic approach to the management of a healthcare organization’s information through the implementation of processes, roles, controls, and metrics that treat information as an important asset. Follow’s the American Health Information Management Association’s eight principles for healthcare: Accountability, Transparency, Integrity, Protection, Compliance, Availability, Retention, and Disposition.

Three hours fall semester

HIM 350 ADVANCED PRINCIPLES OF HIM (WCF)
A continuation of HIM 300 this course provides special emphasis on the legal aspects of healthcare, knowledge management, and data management.

Three hours spring semester

HIM 360 HEALTHCARE ADMINISTRATION
The study of management practices in the healthcare industry. Areas studied include, but are not limited to: human resources, logistics, technology, inventory, physical plants, data flow, and work flow. Students use case studies to recognize and identify successful practices of industry leaders.

Three hours spring semester

HIM 430 HEALTHCARE QUALITY IMPROVEMENT
This course covers the components of quality improvement systems, using practical tools for problem solving, decision making, time management, and implementation of quality concepts and critical clinical pathways. Activities that provide the process of reviewing and evaluating healthcare services will be examined as well as topics related to utilization review and risk management will be explored. Prerequisites: HIM 200 & MA230.

Three hours fall semester

HIM 440 PROFESSIONAL PRACTICE EXPERIENCE
The course provides faculty supervised exposure to the multiple venues that healthcare is practiced and the role of the HIM professional. Lectures are coupled with onsite visits to selected healthcare sites and examine current workplace expectations of health information administrators, including behavioral, ethical, and practice competencies. Prerequisite: HIM 350

Three hours fall semester

HIM 450 HEALTHCARE REIMBURSEMENT
Focusing on the American healthcare payment system, this course will cover reimbursement methodologies, approved code sets and their functionality, compliance with established national and organization coding guidelines, 3rd party and government payers, managed care, and revenue cycle management. Prerequisites: HIM 300 or consent of the instructor.

Three hours spring semester

HIM 455 CODING ADMINISTRATION
This course explores the multitude of reasons why accurate coding is vital to many areas such as reimbursement, research, and even public health via epidemiology. Students will study the National Correct Coding Initiative and accurate coding drives both inpatient reimbursement through DRG’s and outpatient reimbursement through APC’s and Fee-For-Service. Strong emphasis will be given to determination of which codes sets apply to which healthcare settings. Students will also study medical necessity regulations such as
NCD’s and LCD’s, etc. where diagnosis and procedure codes will determine approval or denial of services during preauthorization. Students will study the difference between hard and soft coding and the roles of HIM in both. Risks and benefits of a CAC will also be addressed. Today’s “Big Data” environment will be analyzed and how and we will address the need for clinical data generated from coding to be analyzed for trends in utilization, population health, morbidity, mortality, outcomes, etc. Prerequisite: HIM 270 or consent of instructor.

Three hours fall semester

HIM 480 RESEARCH IN HEALTHCARE
This course is an applied approach to the use of healthcare statistics and the role it plays in healthcare decision-making. Topics include epidemiology and outcomes research with an emphasis on data analysis, interpretation, and presentation of results. Students will identify a research topic, perform a literature review, and write a research proposal suitable for acceptance by an Institutional Review Board. Prerequisite: HIM 430

Three hours spring semester

HIM 501 HEALTHCARE INTERNSHIP
This course is to monitor the student in the practical application of skills learned in a working environment. Students will be evaluated by faculty based on input from supervisors at internship locations. By Appointment.

One to six hours as needed

HCI 410 HEALTHCARE INFORMATION SYSTEMS
This course focuses specifically on the accounting information systems for healthcare. Key components are data integrity, image and record transfer, reporting systems, resource management, personnel systems, inventory and logistics management systems and financial accounting systems. The focus is on the recognition and use of systems in the management process. Prerequisites: HIM 330 or Consent of the Instructor

Three hours fall semester

HCI 440 HEALTHCARE SECURITY (WCF)
The implementation of security for information systems is comprised of: incident response, disaster recovery, network defense and countermeasures, forensics, firewalls, and referential integrity. Students use case studies to recognize intrusion patterns and countermeasures. Additionally, students design and develop plans to assist in the protection of sensitive materials. Prerequisites: HCI 410 or Consent of the Instructor

Three hours spring semester

STUDENT INFORMATION

Academic Standards
HIM students are required to earn a “C” or better in all HIM professional courses and maintain a 2.5, or higher, overall cumulative grade point average (GPA). Failure to do so may result in probation or termination from the HIM program (see Grade Policies below).

Confidentiality
During their course of study, HIM students will be exposed to confidential patient information. Therefore, the Health Information Management Program requires all HIM
students to sign an annual HIM confidentiality statement (Appendix E). Each student will receive a copy of this form to sign and which will be maintained in the HIM Program files.

**Costs**
Costs to the students include:

1) Tuition/fees - as listed in the University catalog
2) Lab fees of approximately $50 per semester
3) Books - will vary from semester to semester depending on number of courses
4) Transportation - students are responsible for providing their own transportation to clinical sites for Professional Practice
5) Physical exam & health insurance coverage
6) Criminal background checking (approximately $45.00)
7) AHIMA Student Membership (approximately $35.00)

**Employment**
In the event that the student is employed while in school employment in the Health Information field may not count toward Professional Practice requirements.

**Liability Insurance**
The University provides liability insurance coverage for each student while on Professional Practice assignments. There is no charge to the student for this service.

**Health Insurance**
Students are required to submit proof of health insurance coverage prior to beginning the Professional Practice courses.

**Background Check**
Successful completion of the Health Information Management program requires participation in professional practice courses. Students can only be placed in professional practice courses after a background check, at their expense, has been completed which discloses they do not present a criminal history of:

- Convictions of laws regulating controlled substances;*
- Convictions at the felony level of crimes, as defined under Kansas Criminal Code (K.S.A. 21-3101 et seq.) and amendments thereto, which are crimes against persons, crimes against property, or sex offenses;
- Conviction of an offense requiring registry as a sex offender under the Kansas Offender Registry Act or any federal, military or other state law requiring registry;
- Conviction, at the felony level of crimes involving moral turpitude which include but are not limited to: perjury, bribery, embezzlement, theft, and misuse of public funds.
*Exception:* Persons who have been convicted of a misdemeanor illegal drug offense may be permitted to participate in the directed practice if they have demonstrated, in the opinion of the program director, they have been sufficiently rehabilitated.

**Job Placement**
While the HIM Program does not place graduates, all students have access to notices of available positions as they are made known to the program. Students will also be assisted in securing information relative to employment.

**Health**
Each student is required to have a physical examination prior to beginning Professional Practice assignments. Any injury received at a clinical site during assigned clinical education will be treated at the student's expense. Any student diagnosed as having a communicable disease will contact the program director immediately. The director will in turn contact the infection control nurse at the appropriate clinical site. Communicable disease may include, but is not limited to the following: AIDS, hepatitis, resistant staph, strep throat, pneumonia, influenza, meningitis, German measles, scabies, impetigo, chicken pox or rubella measles.

**Computers**
The HIM program at the University of Saint Mary requires that all students accepted into the program obtain a personal computing system (PC not Apple or Mac) that meets or exceeds the published “Personal Computing Specifications” of the university. Proof of system ownership or reliable access to such a system, as well as minimum specifications may be required for acceptance into the HIM program.

**Copy Machine**
A copy machine for students use is located in De Paul Library.

**HIM CLASS OFFICERS**
HEALTH INFORMATION MANAGEMENT (HIM) CLASS OFFICERS:
Junior and Senior HIM students will meet to elect one set of class officers at the beginning of the fall semester.

STUDENT REPRESENTATION AT FACULTY/ADVISORY BOARD MEETINGS: The class president and/or vice president will represent the HIM student body at the weekly HIM faculty meetings and biannual Advisory Board meetings. If neither is able to attend a faculty meeting, the class president and/or vice president should appoint an alternate.
PROFESSIONAL ORGANIZATIONS

OPPORTUNITIES
A variety of opportunities exist for Health Information Management students to attend professional meetings, and/or to participate in professional development.

Student membership within AHIMA is not required but is strongly recommended by the HIM Program.

AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION (AHIMA) AHIMA is the national organization for the health information management profession. AHIMA provides educational opportunities and resource information in health information management and encourages student participation at the state level Kansas Health Information Management Association and at the national level (Student Community – in Communities of Practice).

KANSAS HEALTH INFORMATION MANAGEMENT ASSOCIATION (KHIMA) KHIMA is the state organization that represents health information management professionals, including students, across the state of Kansas in legislative, ethical, professional and practice matters. Scholarships are offered to qualified students displaying positive attributes in academic, leadership, and community activities. KHIMA meetings are held twice a year. Registration is free to students from CAHIIM accredited programs.

KANSAS CITY HEALTH INFORMATION MANAGEMENT ASSOCIATION (KCHIMA): KCHIMA is an area association for health information managers throughout our city. Meetings are held monthly, and membership for students is free. This is an excellent opportunity for networking, meeting active professionals, and becoming known to the HIM community. It is strongly recommended that the students attend these meetings. Students attending the KCHIMA meetings become eligible to receive monies toward reimbursement of their registry exam fees.
AHIMA CODE OF ETHICS

The AHIMA Code of Ethics intended to serve as a professional ethics guide for its members and credentialed professionals who are not members.

- **Preamble**—provides the ethical obligation of AHIMA members and credentialed professionals who are not members.

- **Values**—summarizes core values based on AHIMA's mission.

- **Purpose**—delineates the six purposed of the Code of Ethics.

- **Using the Code**—describes how members and credentialed professionals who are not members should use the Code.

- **Ethicals Principles**—Outlines and interprets the 11 principles that are the Code of Ethics' foundation and serve as a guide to members and credentialed professionals who are not members.

- **Interpreting the Code**—guidelines assist members and HIM professions in interpreting principles.

For the full Code of Ethics see APPENDIX A

**Ethical Principles**

I. Advocate, uphold and defend the individual's right to privacy and the doctrine of confidentiality in the use and disclosure of information.

II. Put service and the health and welfare of persons before self-interest and conduct themselves in the practice of the profession so as to bring honor to themselves, their peers, and to the health information management profession.

III. Preserve, protect, and secure personal health information in any form or medium and hold in the highest regard the contents of the records and other information of a confidential nature, taking into account the applicable statutes and regulations.

IV. Refuse to participate in or conceal unethical practices or procedures.

V. Advance health information management knowledge and practice through continuing education, research, publications, and presentations.

VI. Recruit and mentor students, peers and colleagues to develop and strengthen professional workforce.
VII. Represent the profession accurately to the public.

VIII. Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.

IX. State truthfully and accurately their credentials, professional education, and experiences.

X. Facilitate interdisciplinary collaboration in situations supporting health information practice.

XI. Respect the inherent dignity and worth of every person.

POLICIES

Cell Phones and Electronic Devices
All cell phones, iPhones, and Blackberry devices must be turned off, and not to vibrate, during class. Text messaging is unacceptable and not permitted at any time. Use of any electronic device, other than your pc, is prohibited during class unless approved by the instructor. Turn off all electronic devices, with the exception of your tablet, when you are in class.

Verification of Handbook
Each student is required to sign and date the Student Handbook Verification Form (Appendix F) acknowledging that they have read and understood the policies/procedures, and agree to abide by them. The signed verification will be maintained in the HIM Program files.

Dress Code
While the University of Saint Mary does not have a specific dress code for students in the classroom environment, the Health Information Management program expects that each student will maintain a neat, clean, and well-groomed appearance. This is especially true when the student is off-campus during their Professional Practice Experiences. During these times students will be visiting/working in a professional health care environment and should dress accordingly. It is required that professional business attire is worn at all professional sites and for all major in-class presentations (such presentations will be listed in the course syllabus so that the student has advanced warning of the time and place). In the event that the student shows up to a health care facility wearing inappropriate attire, the student will be sent home and will receive a zero for that specific site grade. (Please note that jeans and sandals are not considered professional attire).

Examples of inappropriate Attire:
- Mini-skirts & skorts
- Dresses no shorter than 2 inches above the knee
- Denim of any color
- Jogging suits
- Hoodies
- Blouses with deep V-neck or scoop neck (i.e. cleavage gone wild)
- Leggings
- Clothing with holes (either intentional or unintentional)
- Visible tattoos
- Body piercings other than on the ear

**Attendance**

Prompt attendance at academic appointments (classes, lectures, or conferences) is an essential part of academic work. It is expected that students will keep all academic appointments. Each instructor sets the attendance policy for each course taught and communicates it clearly to the student at the beginning of the semester. Such attendance policy recognizes the validity of required university-sponsored activities. The responsibility for work missed because of absence, regardless of the reason, rests upon the student. Excessive absences may result in grade adjustments, recommended withdrawal from the course, or failure. (USM Student Handbook)

In addition:

- Arriving to class **15 or more minutes** late will be counted as an absence for that student.
- A student who misses more than the three class days will be scheduled for a meeting that includes both the department chairperson and his/her advisor.
  - The student will be counseled, and given the opportunity to explain further the reasons for his/her chronic absentee behavior pattern.
  - These reasons should also be stated in writing by the student. This letter will be placed in the student’s permanent folder.
  - The student will be requested to develop a plan of action to correct this non-attending behavior. The resulting plan of action should be detailed in writing by the student and placed in the student’s permanent file.
  - A letter detailing this meeting will be signed by the student, advisor and department chairperson, and placed in the student’s permanent file.

- With any continued absenteeism, the faculty member who teaches the course will reduce the student’s grade by one letter grade.

- With no improvement of attendance, and chronic lack of attendance from any class, the student will be considered for dismissal from the program. These decisions would be made by a committee of the faculty, the Department Chairperson, and the director of the Health Information Management Program. The student would be notified of the meeting of this committee and then notified of their decision within five working days from the date of the meeting.
Because extenuating circumstances do occasionally arise, the student is urged to meet with the instructor of the course(s) and the Department Chairperson to create a plan that would not place the student in any jeopardy.

**Advising and Enrollment**
At the beginning of the school year students will be assigned an academic advisor within the HIM program. Student advising is available throughout all semesters of the HIM program. Students are encouraged to meet with their assigned advisor at least once each semester while they are enrolled in the program.

**Uncompleted Prerequisite Coursework**
Any and all uncompleted prerequisites **must be completed prior to the beginning of the fall semester of the senior year**. Consequences for a student who is noncompliant with this policy include the placement of an academic hold for senior fall enrollment and/or possible dismissal from the program. Any exceptions to this policy must be approved by the HIM Department Chair.

Official transcripts from other schools should be sent to the Admissions Office as soon as possible after the completion of any coursework. It is also recommended that an unofficial transcript be given to your HIM advisor.

**Grade Policies**
HIM students are required to earn a “C” or better in all HIM professional courses and **maintain a 2.5, or higher, overall cumulative grade point average (GPA)**. Failure to do so may result in probation or termination from the HIM program.

At the end of each semester, the HIM program will review the records of all students whose semester cumulative GPAs are below a 2.5. Those students will be **notified in writing** that they have been placed on probation.

The official written notification regarding probation status shall include the following information:

- a. the reason the student is being so notified
- b. the potential consequences of the circumstances,
- c. the time frame in which the student may attempt to rectify the situation,
- d. the steps necessary to rectify the situation,
- e. the name of the faculty advisor appointed to assist the student
- f. the consequences of an unsuccessful attempt to resolve the matter in the specified time.

If, by the end of the next semester, the student’s semester GPA has been raised to 2.5, the student will be returned to regular status. If the semester GPA is still below 2.5, the student will be considered for dismissal from the program.

A student who has achieved less than a 2.5 GPA for two (2) non-consecutive semesters will also be considered for dismissal from the program.
Students are responsible for keeping track of their grades over the semester and for recognizing when their anticipated course grade is below course and Departmental standards, or when their anticipated grade places them in academic jeopardy in any way. Students are expected to seek assistance from the course instructor at such times, or sooner, if they feel they need support from faculty to be successful.

Readmission of Non-Continuing Students

Students who are dismissed from the HIM program due to academic or non-academic conduct or academic performance may not reapply to the program.

While the HIM program recognizes that students may have to sit out a semester or drop a professional course due to life circumstances, the student must understand that this is a professional program and as such, courses are sequenced and may be offered only once an academic year.

A student who withdraws from professional courses for a semester is still considered a continuing HIM student; however, the student may have their graduation delayed as he/she will have to retake the missed course when it is next offered.

Students who do not enroll or withdraw from all professional courses for more than two consecutive semesters (not including the summer semester) are no longer considered active HIM students and must reapply to the program. Readmission to the HIM program is not guaranteed as the student is reevaluated against a new pool of applicants. If the student is accepted again into the HIM program, then that student may have to repeat some courses, particularly if the courses missed are those that have frequent changes to the curriculum (i.e. Coding).

Professional Practice Experience (PPE) Explanation

Academic time is scheduled each senior semester for the [senior] student to receive hands-on experience in, or information about, health care facilities within the greater Kansas City area. Each PPE session is focused on a specific function/concept that has been previously discussed in the classroom. Performance standards are set for each activity and the student will be graded accordingly. See “Policies, Professional Practice Experience,” located in another section of this handbook for more information.

a. Attendance at all assigned PPEs is required. Although absences are not permitted, the student may switch with another student (if that PPE is held twice) to meet their needs should a conflict arise. The student is required to notify the clinical coordinator as soon as possible of the impending switch, and to notify the site coordinator, as the facility has a list of the names of the specific students who they are expecting to visit their site for the particular PPE. Failure to attend a PPE will result in a grade of zero for the student for that particular PPE.

b. The student is responsible for his/her travel arrangements to any off-site activity. Carpooling is encouraged.
c. A directory of facility addresses, locations, and maps will be made available at the beginning of the semester in the PPE class.

**Retaking HIM Courses**
All students must obtain at least a “C” or above in order to pass any HIM course. If a student does not pass a course, then he or she may retake it at the discretion of the instructor. **Students may only retake a course once.** Final approval rests with the Program Director.

**Degree Policy**
Degrees are awarded to senior HIM students who have met all program and university requirements by the last day of final examinations of their senior year of study.

**Academic & Non-Academic Misconduct**
The Health Information Management program follows the academic and non-academic misconduct policies and procedures that are described in the USM Student Handbook. However, the department stresses that any issues that a student has with a course should first be resolved with the instructor to see if resolution can be achieved. If the situation remains unresolved, the student should then follow the University's grievance procedures.

**HIM Student of the Year Aware**
Each year the HIM faculty may select a 2nd year student as the "Student of the Year". This award - presented during the spring Finals Week - is based on the following criteria:

- Grade Point Average of no less than 3.25 within the program
- Advocacy of the program (recruitment of students into the program)
- Leadership (Formal or informal in the HIM Club or in the classroom)
- Promotes HIM outside of the classroom.

During the last week of the semester, each 2nd year students will write a letter nominating the student of the year. They must include the name of the student and 3 reasons why they should be awarded student of the year. This letter, plus the faculty knowledge of the four criteria, will lead in the awarding of this honor.
APPENDIX A

American Health Information Management Association
Code of Ethics

I. Preamble

The ethical obligations of the health information management (HIM) professional include the protection of patient privacy and confidential information; disclosure of information; development, use, and maintenance of health information systems and health records; and the quality of information. Both handwritten and computerized medical records contain many sacred stories—stories that must be protected on behalf of the individual and the aggregate community of persons served in the healthcare system. Healthcare consumers are increasingly concerned about the loss of privacy and the inability to control the dissemination of their protected information. Core health information issues include what information should be collected; how the information should be handled, who should have access to the information, and under what conditions the information should be disclosed.

Ethical obligations are central to the professional's responsibility, regardless of the employment site or the method of collection, storage, and security of health information. Sensitive information (genetic, adoption, drug, alcohol, sexual, and behavioral information) requires special attention to prevent misuse. Entrepreneurial roles require expertise in the protection of the information in the world of business and interactions with consumers.

II. Professional Values

The mission of the HIM profession is based on core professional values developed since the inception of the Association in 1928. These values and the inherent ethical responsibilities for AHIMA members and credentialed HIM professionals include providing service, protecting medical, social, and financial information, promoting confidentiality; and preserving and securing health information. Values to the healthcare team include promoting the quality and advancement of healthcare, demonstrating HIM expertise and skills, and promoting interdisciplinary cooperation and collaboration. Professional values in relationship to the employer include protecting committee deliberations and complying with laws, regulations, and policies. Professional values related to the public include advocating change, refusing to participate or conceal unethical practices, and reporting violations of practice standards to the proper authorities. Professional values to individual and professional associations include obligations to be honest, bringing honor to self, peers and profession, committing to continuing education and lifelong learning, performing Association duties honorably, strengthening professional membership, representing the profession to the public, and promoting and participating in research.

These professional values will require a complex process of balancing the many conflicts that can result from competing interests and obligations of those who seek access to health information and require an understanding of ethical decision-making.
III. Purpose of the American Health Information Management Association Code of Ethics

The HIM professional has an obligation to demonstrate actions that reflect values, ethical principles, and ethical guidelines. The American Health Information Management Association (AHIMA) Code of Ethics sets forth these values and principles to guide conduct. The code is relevant to all AHIMA members and credentialed HIM professionals and students, regardless of their professional functions, the settings in which they work, or the populations they serve.

The AHIMA Code of Ethics serves six purposes:

- Identifies core values on which the HIM mission is based.
- Summarizes broad ethical principles that reflect the profession's core values and establishes a set of ethical principles to be used to guide decision-making and actions.
- Helps HIM professionals identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
- Provides ethical principles by which the general public can hold the HIM professional accountable.
- Socializes practitioners new to the field to HIM's mission, values, and ethical principles.
- Articulates a set of guidelines that the HIM professional can use to assess whether they have engaged in unethical conduct.

The code includes principles and guidelines that are both enforceable and aspirational. The extent to which each principle is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical principles.

IV. The Use of the Code

Violation of principles in this code does not automatically imply legal liability or violation of the law. Such determination can only be made in the context of legal and judicial proceedings. Alleged violations of the code would be subject to a peer review process. Such processes are generally separate from legal or administrative procedures and insulated from legal review or proceedings to allow the profession to counsel and discipline its own members although in some situations, violations of the code would constitute unlawful conduct subject to legal process.

Guidelines for ethical and unethical behavior are provided in this code. The terms "shall and shall not" are used as a basis for setting high standards for behavior. This does not imply that everyone "shall or shall not" do everything that is listed. For example, not everyone participates in the recruitment or mentoring of students. A HIM professional is not being unethical if this is not part of his or her professional activities; however, if students are part of one's professional responsibilities, there is an ethical obligation to follow the guidelines stated in the code. This concept is true for the entire code. If someone does the stated activities, ethical behavior is the standard. The guidelines are not a comprehensive list. For example, the statement "protect all confidential information to include personal, health, financial, genetic and outcome information" can also be interpreted as "shall not fail to protect all confidential information to include personal, health, financial, genetic, and outcome information."
A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values and ethical principles, and offers ethical guidelines to which professionals aspire and by which their actions can be judged. Ethical behaviors result from a personal commitment to engage in ethical practice.

Professional responsibilities often require an individual to move beyond personal values. For example, an individual might demonstrate behaviors that are based on the values of honesty, providing service to others, or demonstrating loyalty. In addition to these, professional values might require promoting confidentiality, facilitating interdisciplinary collaboration, and refusing to participate or conceal unethical practices. Professional values could require a more comprehensive set of values than what an individual needs to be an ethical agent in their personal lives.

The AHIMA Code of Ethics is to be used by AHIMA and individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, insurance providers, courts of law, agency boards of directors, government agencies, and other professional groups) that choose to adopt it or use it as a frame of reference. The AHIMA Code of Ethics reflects the commitment of all to uphold the profession's values and to act ethically. Individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments, must apply ethical principles.

The code does not provide a set of rules that prescribe how to act in all situations. Specific applications of the code must take into account the context in which it is being considered and the possibility of conflicts among the code's values, principles, and guidelines. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional. Further, the AHIMA Code of Ethics does not specify which values, principles, and guidelines are the most important and ought to outweigh others in instances when they conflict.

**IV. Code of Ethics 2004**

**Ethical Principles:** The following ethical principles are based on the core values of the American Health Information Management Association and apply to all health information management professionals.

Health information management professionals:

XII.  Advocate, uphold and defend the individual's right to privacy and the doctrine of confidentiality in the use and disclosure of information.

XIII.  Put service and the health and welfare of persons before self-interest and conduct themselves in the practice of the profession so as to bring honor to themselves, their peers, and to the health information management profession.
XIV. Preserve, protect, and secure personal health information in any form or medium and hold in the highest regard the contents of the records and other information of a confidential nature, taking into account the applicable statutes and regulations.

XV. Refuse to participate in or conceal unethical practices or procedures.

XVI. Advance health information management knowledge and practice through continuing education, research, publications, and presentations.

XVII. Recruit and mentor students, peers and colleagues to develop and strengthen professional workforce.

XVIII. Represent the profession accurately to the public.

XIX. Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.

XX. State truthfully and accurately their credentials, professional education, and experiences.

XXI. Facilitate interdisciplinary collaboration in situations supporting health information practice.

XXII. Respect the inherent dignity and worth of every person.

V. How to Interpret the Code of Ethics

The following ethical principles are based on the core values of the American Health Information Management Association and apply to all health information management professionals. Guidelines included for each ethical principle are a non-inclusive list of behaviors and situations that can help to clarify the principle. They are not to be meant as a comprehensive list of all situations that can occur.

I. Advocate, uphold, and defend the individual's right to privacy and the doctrine of confidentiality in the use and disclosure of information.

Health information management professionals shall:

1.1. Protect all confidential information to include personal, health, financial, genetic, and outcome information.

1.2. Engage in social and political action that supports the protection of privacy and confidentiality, and be aware of the impact of the political arena on the health information system. Advocate for changes in policy and legislation to ensure protection of privacy and confidentiality, coding compliance, and other issues that surface as advocacy issues as well as facilitating informed participation by the public on these issues.

1.3. Protect the confidentiality of all information obtained in the course of professional service. Disclose only information that is directly relevant or necessary to achieve the purpose of disclosure. Release information only with valid consent from a patient or a person legally authorized to consent on behalf of a patient or as authorized by federal or
state regulations. The need-to-know criterion is essential when releasing health information for initial disclosure and all redisclosure activities.

1.4. Promote the obligation to respect privacy by respecting confidential information shared among colleagues, while responding to requests from the legal profession, the media, or other non-healthcare related individuals, during presentations or teaching and in situations that could cause harm to persons.

II. Put service and the health and welfare of persons before self-interest and conduct themselves in the practice of the profession so as to bring honor to themselves, their peers, and to the health information management profession.

Health information management professionals shall:

2.1. Act with integrity, behave in a trustworthy manner, elevate service to others above self-interest, and promote high standards of practice in every setting.

2.2. Be aware of the profession's mission, values, and ethical principles, and practice in a manner consistent with them by acting honestly and responsibly.

2.3. Anticipate, clarify, and avoid any conflict of interest, to all parties concerned, when dealing with consumers, consulting with competitors, or in providing services requiring potentially conflicting roles (for example, finding out information about one facility that would help a competitor). The conflicting roles or responsibilities must be clarified and appropriate action must be taken to minimize any conflict of interest.

2.4. Ensure that the working environment is consistent and encourages compliance with the AHIMA Code of Ethics, taking reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the code.

2.5. Take responsibility and credit, including authorship credit, only for work they actually perform or to which they contribute. Honestly acknowledge the work of and the contributions made by others verbally or written, such as in publication.

Health information management professionals shall not:

2.6. Permit their private conduct to interfere with their ability to fulfill their professional responsibilities.

2.7. Take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

III. Preserve, protect, and secure personal health information in any form or medium and hold in the highest regards the contents of the records and other information of a confidential nature obtained in the official capacity, taking into account the applicable statutes and regulations.
Health information management professionals shall:

3.1. Protect the confidentiality of patients' written and electronic records and other sensitive information. Take reasonable steps to ensure that patients' records are stored in a secure location and that patients' records are not available to others who are not authorized to have access.

3.2. Take precautions to ensure and maintain the confidentiality of information transmitted, transferred, or disposed of in the event of a termination, incapacitation, or death of a healthcare provider to other parties through the use of any media. Disclosure of identifying information should be avoided whenever possible.

3.3. Inform recipients of the limitations and risks associated with providing services via electronic media (such as computer, telephone, fax, radio, and television).

IV. Refuse to participate in or conceal unethical practices or procedures.

Health information management professionals shall:

4.1. Act in a professional and ethical manner at all times.

4.2. Take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

4.3. Be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. These include policies and procedures created by AHIMA, licensing and regulatory bodies, employers, supervisors, agencies, and other professional organizations.

4.4. Seek resolution if there is a belief that a colleague has acted unethically or if there is a belief of incompetence or impairment by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive. Take action through appropriate formal channels, such as contacting an accreditation or regulatory body and/or the AHIMA Professional Ethics Committee.

4.5. Consult with a colleague when feasible and assist the colleague in taking remedial action when there is direct knowledge of a health information management colleague's incompetence or impairment.

Health information management professionals shall not:

4.6. Participate in, condone, or be associated with dishonesty, fraud and abuse, or deception. A non-inclusive list of examples includes:

- Allowing patterns of retrospective documentation to avoid suspension or increase reimbursement
• Assigning codes without physician documentation
• Coding when documentation does not justify the procedures that have been billed
• Coding an inappropriate level of service
• Miscoding to avoid conflict with others
• Engaging in negligent coding practices
• Hiding or ignoring review outcomes, such as performance data
• Failing to report licensure status for a physician through the appropriate channels
• Recording inaccurate data for accreditation purposes
• Hiding incomplete medical records
• Allowing inappropriate access to genetic, adoption, or behavioral health information
• Misusing sensitive information about a competitor
• Violating the privacy of individuals

V. Advance health information management knowledge and practice through continuing education, research, publications, and presentations.
Health information management professionals shall:

5.1. Develop and enhance continually their professional expertise, knowledge, and skills (including appropriate education, research, training, consultation, and supervision). Contribute to the knowledge base of health information management and share with colleagues their knowledge related to practice, research, and ethics.

5.2. Base practice decisions on recognized knowledge, including empirically based knowledge relevant to health information management and health information management ethics.

5.3. Contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the health information management profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations.

5.4. Engage in evaluation or research that ensures the anonymity or confidentiality of participants and of the data obtained from them by following guidelines developed for the participants in consultation with appropriate institutional review boards. Report evaluation and research findings accurately and take steps to correct any errors later found in published data using standard publication methods.

5.5. Take reasonable steps to provide or arrange for continuing education and staff development, addressing current knowledge and emerging developments related to health information management practice and ethics.

Health information management professionals shall not:
5.6. Design or conduct evaluation or research that is in conflict with applicable federal or state laws.

5.7. Participate in, condone, or be associated with fraud or abuse.

VI. *Recruit and mentor students, peers and colleagues to develop and strengthen professional workforce.*

Health information management professionals **shall**:

6.1. Evaluate students' performance in a manner that is fair and respectful when functioning as educators or clinical internship supervisors.

6.2. Be responsible for setting clear, appropriate, and culturally sensitive boundaries for students.

6.3. Be a mentor for students, peers and new health information management professionals to develop and strengthen skills.

6.4. Provide directed practice opportunities for students.

Health information management professionals **shall not**:

6.5. Engage in any relationship with students in which there is a risk of exploitation or potential harm to the student.

VII. *Accurately represent the profession to the public.*

Health information management professionals **shall**:

7.1 Be an advocate for the profession in all settings and participate in activities that promote and explain the mission, values, and principles of the profession to the public.

VIII. *Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.*

Health information management professionals **shall**:

8.1. Perform responsibly all duties as assigned by the professional association.

8.2. Resign from an Association position if unable to perform the assigned responsibilities with competence.

8.3. Speak on behalf of professional health information management organizations, accurately representing the official and authorized positions of the organizations.
IX. State truthfully and accurately their credentials, professional education, and experiences.

Health information management professionals shall:

9.1. Make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the health information management profession, a professional health information organization, or the health information management professional's employer.

9.2. Claim and ensure that their representations to patients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, training, certification, consultation received, supervised experience, other relevant professional experience are accurate.

9.3. Claim only those relevant professional credentials actually possessed and correct any inaccuracies occurring regarding credentials.

X. Facilitate interdisciplinary collaboration in situations supporting health information practice.

Health information management professionals shall:

10.1. Participate in and contribute to decisions that affect the well-being of patients by drawing on the perspectives, values, and experiences of those involved in decisions related to patients. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.

XI. Respect the inherent dignity and worth of every person.

Health information management professionals shall:

11.1. Treat each person in a respectful fashion, being mindful of individual differences and cultural and ethnic diversity.

11.2. Promote the value of self-determination for each individual.

VI. Acknowledgement

Adapted with permission from the Code of Ethics of the National Association of Social Workers.

VII. Resources


*Revised & adopted by AHIMA House of Delegates – July 1, 2004*
APPENDIX B

Upon successful completion of the Health Information Management (HIM) program, the student receives a Bachelors of Science degree in Health Information Management and is eligible to sit for the Registered Health Information Administrator (RHIA) examination through the American Health Information Management Association (AHIMA). Health information administrators are employed by a wide variety of health care organizations including acute care hospitals, long term care settings, outpatient clinics and physician offices, as well as business, educational, and legal settings. Services provided in these areas range from technical to administrative, with emphasis being placed on the latter.

All individuals admitted to the University of Saint Mary’s health information management program will be asked to verify that they can meet these minimum essential functions with or without accommodation(s). Applicants who disclose a disability are considered for admission if they are otherwise qualified.

If you believe you would need accommodation to perform these essential functions as a student, please consult with USM’s Academic Resource Center, Miege Hall, Room 101, (913) 682-5151 x6426.

1. **Verbal communication:** Includes speaking and listening using the English language and medical terminology. The individual must be able to communicate clearly with members of the health care team, their instructors, their peers, any patient/patient family interactions, and other legitimate requestors of patient information. The HIM student/professional must be able to verbalize that they comprehend the information presented in class, on their professional practice experiences, or during the normal course of business. The student must be able to listen and speak clearly over the telephone.

2. **Written communication- reading and interpretation:** HIM students/professionals must have extensive reading ability using English and medical terminology when reviewing medical document in a variety of formats (i.e., print, longhand script, graphics, photos, and any other information that can be viewed on a computer screen) and reference books (medical dictionaries, coding books, etc.) needed to perform jobs/duties. While going to school, this individual must be able to read and interpret textbooks, online computer materials, handouts, etc. The HIM student/profession must also be able to read and choose that information necessary to answer
requests for administrative purposes, for continuing medical care, for research, and for legal and/or reimbursement purposes.

3. **Written communication – writing:** Includes using English and medical terminology as he/she fulfills college assignments in the classroom (i.e., completion of examinations, term-papers, team projects, etc.). The HIM student must be able to attain, comprehend, retain, and utilize new information presented in any of the following formats: printed text, longhand script, or graphics. The HIM student is expected to develop and create appropriate written or graphic documentation based on this information.

The HIM student must also be able to create job-related documents. Examples of writing required on the job includes telephone messages, memos, letters, professional e-mail messages, business proposals, job descriptions, policies, procedures, quality improvement reports, etc.

4. **Visual needs:** Includes the ability to read names and numbers on medical records, distinguish colors for color coded file systems, read voluminous medical records in paper or computer form, read coding books and other reference materials, read information in a variety of computer programs and databases, read handwritten or computer documents, and the ability to prepare office layouts, design forms and computer screens.

5. **Motor function:** Students must have gross motor, fine motor and equilibrium functions reasonably required to access information from a computer using a keyboard or mouse, a telephone, and/or a copy machine. Some HIM positions require the ability to sort medical record forms, assemble records in correct order, and file records in open shelf files. This may include overhead reaching and stooping/bending/kneeling to the lowest shelves at or near floor level and the ability to move 20 pounds of paper records for a distance of 50 feet in an office. Some of these activities may be supervised by the HIM professional and carried out by others during their career; however the HIM student will be required to demonstrate these skills during their participation in the academic program.

The HIM student will be required to travel to a variety of traditional and non-traditional facilities for professional practical experiences.

6. **Computer skills:** Includes the ability to work with a wide variety of computer software programs following written instructions, reading and inputting/responding to information displayed. This includes word processing, spreadsheet, presentation, database and flow-charting software, as well as specialized health information programs (e.g., electronic health records, encoders, chart tracking systems, etc.). Jobs may include up to eight hours per day of computer work.

7. **Mathematical ability:** Includes the ability to calculate mathematical information such as hospital statistics, productivity information, quality improvement studies, budgets, equipment and supply needs/costs, medical bills, etc. This individual must also have the ability to apply appropriate algebraic formulas when preparing computerized spreadsheets.
8. **Walking, sitting and standing abilities:** Includes the ability to walk or move (50 feet minimum) from one job station to another in an office environment, and ability to sit for long periods (two hours in succession) in an office job. Typical job is eight hours with a meal break and two short rest breaks during the shift. Many HIT positions require the ability to stand for average periods of time (one hour).

9. **Intellectual or conceptual abilities:** Includes the ability to synthesize information from a variety of sources and apply it in making decisions related to either the class/lab assignment or performing work assigned on the job. Within the challenging health care marketplace, problem-solving is the critical skill necessary for administrators in the management of health information areas. The HIM professional must be able to show an understanding of the rationale and justification for his/her decision and how it will meet the needs of the organization; therefore HIM students should be able to demonstrate the following:

- Use of skills of measurement, calculation, reasoning and comprehension
  - Demonstrate their ability to apply and use mathematical formulas and statistical tools.
  - Rationale behind their reasoning will be questioned with expectations for the student to show their knowledge and understanding of the existing problem.
- Able to analyze and perform needs assessments
  - Able to analyze a situation through observing, listening, and understanding the history surrounding any such problem.
  - Performing a needs assessment (which can be defined as collecting and analyzing relevant information in order to identify potential needs/problems and ways in which to address these needs and problems) can identify the weaknesses and strengths of a department/organization
  - Utilizing and manipulating measurement tools, computers, and testing aids will be necessary.
- Ability to synthesize
  - Usage of deductive reasoning, breaking down problems into smaller parts, and visualizing the “whole” picture will be required of the HIM professional.

10. **Behavioral and Social Abilities:** HIM students are expected to exhibit professional behaviors and attitude during their participation in the classroom and clinical situations. HIM students must be able to accept responsibility for one’s own conduct, respond effectively in situations of stress, and demonstrate emotional stability and flexibility. Examples of this type of behavior include:

- *Functioning effectively as part of a team:* while the HIM student/professional must be able to work independently when required it is also important that the HIM student demonstrate the ability to work as a team member, by supporting and promoting the activities of fellow students and health care professionals, sharing knowledge, eliciting their expertise and input, and acting with empathy towards others.
- *Expressing concern for the well-being of others during times of stress:* The HIM student should be honest, compassionate, ethical and responsible.
• **Maintaining composure when stressful events occur:** HIM students/professionals are expected to exhibit a positive attitude toward patients/patient representatives, peers, and supervisors.

• **Perform the assigned work** according to the quality and timeliness standards required by the facility and continue to function with accuracy.

• **Must be flexible and creative,** and adapt to professional and technical change learning to function in the face of uncertainties inherent within the health information management profession

• **Show dependability in attendance and completing work according to deadlines.**

• **Maintain professional conduct and appearance and use appropriate language.**

**11. Confidentiality, honesty and ethics:** The HIM student and professional must be able to protect the confidentiality and security of health records, as well as facility/practitioner business information. These individuals must be able to comply with all laws, regulations and standards regarding the practice of health information management. HIM students must demonstrate honesty and ethics in the learning environment including not cheating on exams or assignments and not plagiarizing on assignments. HIM professionals must demonstrate honesty and ethics as defined by the employer and the professional association (AHIMA).

*It is your responsibility to notify the HIM program director if there is any reason why you cannot meet the expectations for health information management students described above, with or without reasonable accommodations. Upon request reasonable accommodations will be made for qualified individuals with a covered disability*
APPENDIX C

Baccalaureate Level HIM Curriculum Map

A significant change in approach is noted with this release of the curricula. The emphasis and measurement of success is with attainment of the Bloom’s taxonomy level associated with the Student Learning Outcomes rather than the curricular considerations (which are examples of topics to be considered). When specific content is required it is part of the student learning outcome. With the pace of change in healthcare and HIM today, the curricular considerations may change with great frequency, but the student learning outcomes would remain consistent over longer periods of time.

Concepts to be interwoven throughout all levels of the curricula include:
- CRITICAL THINKING: For example the ability to work independently, use judgment skills effectively, be innovative by thinking outside of the box
- PERSONAL BRANDING: For example personal accountability, reliability, self-sufficiency

<table>
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<tr>
<th>Entry Level Competency</th>
<th>Bloom’s Level</th>
<th>Curricular Considerations</th>
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<td>Student Learning Outcomes</td>
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<tr>
<td><strong>Domain I. Data Content, Structure &amp; Standards (Information Governance)</strong></td>
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<tr>
<td>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.</td>
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<tr>
<td><strong>Subdomain I.A. Classification Systems</strong></td>
<td></td>
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</tr>
<tr>
<td>1. Evaluate, implement and manage electronic applications/systems for clinical classification and coding</td>
<td>5</td>
<td>• Encoders, Computer Assisted Coding, Systems Development Life Cycle</td>
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<tr>
<td>2. Identify the functions and relationships between healthcare classification systems</td>
<td>3</td>
<td>• Healthcare classification systems, and taxonomies o ICD, CPT, SNOMED-CT, DSM, RxNorm</td>
</tr>
<tr>
<td>3. Map terminologies, vocabularies and classification systems</td>
<td>4</td>
<td>• Mapping from a standard clinical terminology to a HIPAA code set o LOINC to CPT or SNOMED-CT to ICD • Mapping from one code set to another code set o One revision of ICD to another</td>
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<tr>
<td>4. Evaluate the accuracy of diagnostic and procedural coding</td>
<td>5</td>
<td>• Principles and applications of classification, taxonomies, nomenclatures, terminologies, clinical vocabularies, auditing</td>
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<tr>
<td><strong>Subdomain I.B. Health Record Content and Documentation</strong></td>
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<tr>
<td>1. Verify that documentation in the health record supports the diagnosis and reflects the patient’s progress,</td>
<td>4</td>
<td>• Health record components o General requirements for documentation for all record types</td>
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<tr>
<td>Subdomain I.C. Data Governance</td>
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<tr>
<td><strong>1.</strong> Format data to satisfy integration needs</td>
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<tr>
<td>• Capture, structure, and use of health information</td>
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<tr>
<td>• Interoperability</td>
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<td><strong>2.</strong> Construct and maintain the standardization of data dictionaries to meet the needs of the enterprise</td>
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<tr>
<td>• Data dictionary composition</td>
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<td>• Data sources</td>
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<td><strong>3.</strong> Demonstrate compliance with internal and external data dictionary requirements</td>
<td>3</td>
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<tr>
<td>• Accreditation standards</td>
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<tr>
<td>o The Joint Commission, NCQA, CARF, CHAP, URAC Data, HL7, ASTM, HEDIS, ACS data standards</td>
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<tr>
<td><strong>4.</strong> Advocate information operability and information exchange</td>
<td>5</td>
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<tr>
<td>• Generally accepted recordkeeping principles</td>
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<tr>
<th>Subdomain I.D. Data Management</th>
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<tbody>
<tr>
<td><strong>1.</strong> Analyze information needs of customers across the healthcare continuum</td>
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<tr>
<td>• Capture, structure, and use of health information</td>
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<tr>
<td><strong>2.</strong> Evaluate health information systems and data storage design</td>
<td>5</td>
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<tr>
<td>• Storage media, disaster recovery, cloud computing</td>
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<tr>
<td><strong>3.</strong> Manage clinical indices/databases/registries</td>
<td>5</td>
</tr>
<tr>
<td>• Secondary data sources, registries, and indices</td>
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<tr>
<td>• Healthcare data sets</td>
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<tr>
<td>o HEDIS, UHDDS, OASIS</td>
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<tr>
<td>• Indices and registry policies</td>
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<tr>
<td><strong>4.</strong> Apply knowledge of database architecture and design to meet organizational needs</td>
<td>3</td>
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<tr>
<td>• Database architecture and design</td>
<td></td>
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<tr>
<td>• Data dictionary, data modeling, data warehousing</td>
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<tr>
<td><strong>5.</strong> Evaluate data from varying sources to create meaningful presentations</td>
<td>5</td>
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<tr>
<td>• Presentation software</td>
<td></td>
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<tr>
<td>• Healthcare data</td>
<td></td>
</tr>
<tr>
<td>• Indices and registries</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Subdomain I.E. Secondary Data Sources</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Validate data from secondary sources to include in the patient’s record, including personal health records</td>
<td>3</td>
</tr>
<tr>
<td>• Data stewardship</td>
<td></td>
</tr>
<tr>
<td>• Patient-centered health information technology</td>
<td></td>
</tr>
<tr>
<td>• Secondary data sources, registries, and indices</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain II. Information Protection: Access, Disclosure, Archival, Privacy &amp; Security</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition:</strong> 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.</td>
<td></td>
</tr>
<tr>
<td><strong>Subdomain II.A. Health Law</strong></td>
<td></td>
</tr>
<tr>
<td>Subdomain</td>
<td>Domain III. Informatics, Analytics and Data Use</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>1. Utilize technology for data collection, storage, analysis, and reporting of information</td>
<td>3</td>
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<td></td>
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</tr>
</tbody>
</table>

**Domain III. Informatics, Analytics and Data Use**

*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

<table>
<thead>
<tr>
<th>Subdomain</th>
<th>III.A. Health Information Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Utilize technology for data collection, storage, analysis, and reporting of information</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Subdomain III.B. Information Management Strategic Planning</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| 1. Take part in the development of information management plans that support the organization's current and future strategy and goals  | 4 | • Corporate strategic plan, operation improvement planning, information management plans  
• Disaster and recovery planning |
| 2. | 4 | • Systems development life cycle  
• Systems analysis, design, implementation, evaluation, maintenance, EHRs, HIEs, RECs |

<table>
<thead>
<tr>
<th>Subdomain III.C. Analytics and Decision Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Apply analytical results to facilitate decision-making</td>
</tr>
</tbody>
</table>
| 2. Apply data extraction methodologies  | 3 | • Data capture tools and technologies  
• Forms, computer screens, templates, other health record documentation tools  
• Clinical, financial, administrative  
• Healthcare statistical formulas |
<table>
<thead>
<tr>
<th>Subdomain III.D. Health Care Statistics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interpret inferential statistics</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Analyze statistical data for decision making</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Subdomain III.E. Research Methods</td>
<td></td>
</tr>
<tr>
<td>1. Apply principles of research and clinical literature evaluation to improve outcomes</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Plan adherence to Institutional Review Board (IRB) processes and policies</td>
<td>3</td>
</tr>
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<td></td>
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<tr>
<td>Subdomain III.F. Consumer Informatics</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recommend organizational action based on knowledge obtained from data exploration and mining</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Analyze clinical data to identify trends that demonstrate quality, safety, and effectiveness of healthcare</td>
<td>4</td>
</tr>
<tr>
<td>5. Apply knowledge of database querying and data exploration and mining techniques to facilitate information retrieval</td>
<td>3</td>
</tr>
<tr>
<td>6. Evaluate administrative reports using appropriate software</td>
<td>5</td>
</tr>
</tbody>
</table>

### Subdomain III.D. Health Care Statistics

- Interpret inferential statistics
  - T-tests, ANOVA, regression analysis, reliability, validity
  - Computerized statistical packages
    - SPSS, SAS

- Analyze statistical data for decision making
  - Statistical analysis on healthcare data
  - Descriptive statistics
    - Mean, standard deviation, ranges, percentiles
  - Data reporting and presentations techniques

### Subdomain III.E. Research Methods

- Apply principles of research and clinical literature evaluation to improve outcomes
  - Research design/methods
    - Quantitative, qualitative, evaluative, mixed, outcomes
  - Literature search and evaluation
  - Knowledge-based research techniques
    - Medline, CMS libraries, AHRQ, and other websites

- Plan adherence to Institutional Review Board (IRB) processes and policies
  - National guidelines regarding human-subjects research
  - IRB process
  - Research protocol data management
1. Educate consumers on patient-centered health information technologies

   - Patient centered medical homes
   - Patient portals, patient safety, patient education
   - Personal Health Record

**Subdomain III.G. Health Information Exchange**

1. Collaborate in the development of operational policies and procedures for health information exchange

   - HIE's, local, regional including providers, pharmacies, other health facilities

2. Conduct system testing to ensure data integrity and quality of health information exchange

   - Integration, interfaces, and data reliability

3. Differentiate between various models for health information exchange

   - RHIO, HIE

**Subdomain III.H. Information Integrity and Data Quality**

1. Discover threats to data integrity and validity

   - Intrusion detection systems, audit design and principle

2. Implement policies and procedures to ensure data integrity internal and external to the enterprise

   - Authentication, encryption, password management

3. Apply quality management tools

   - Control charts, Pareto charts, Fishbone diagrams and other Statistical Process Control techniques

4. Perform quality assessment including quality management, data quality, and identification of best practices for health information systems

   - Data quality assessment and integrity
   - Disease management process
     - Case management, critical paths, care coordination
   - Outcomes measurement
     - Patient as patient, customer satisfaction, disease specific
   - Patient and organization safety initiatives

5. Model policy initiatives that influence data integrity

   - Data quality Model
   - Characteristics of data integrity

**Domain IV. Revenue Management**

*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.*

**Subdomain IV.A. Revenue Cycle and Reimbursement**

1. Manage the use of clinical data required by various payment and reimbursement systems

   - Clinical Data Management and reimbursement management
   - CaseMix Management
   - Payment systems
     - PPS, DRGs, RBRVS, RUGs, Value Based Purchasing (VBP), MSDRGs, commercial, managed care, federal insurance plans
2. Take part in selection and development of applications and processes for chargemaster and claims management | 4 | Chargemaster management

3. Apply principles of healthcare finance for revenue management | 3 | Cost reporting, budget variances, budget speculation

4. Implement processes for revenue cycle management and reporting | 3 | CCI-Electronic Billing X12N, Compliance strategies and reporting, Audit process (Compliance and reimbursement), Revenue cycle process, Utilization and resource management

**Domain V. Compliance**

**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.

**Subdomain V.A. Regulatory**

1. Appraise current laws and standards related to health information initiatives | 5 | Compliance strategies and reporting, Regulatory and licensure requirements, Elements of compliance programs, Patient safety

2. Determine processes for compliance with current laws and standards related to health information initiatives and revenue cycle | 5 | Policies and procedures, Non retaliation policies, Auditing and monitoring

**Subdomain V.B. Coding**

1. Construct and maintain processes, policies, and procedures to ensure the accuracy of coded data based on established guidelines | 6 | UHDDS, Federal compliance guidelines, Official coding guidelines from CMS, AMA, NCHVS, NCCI

2. Manage coding audits | 5 | Audit principles and reporting

3. Identify severity of illness and its impact on healthcare payment systems | 3 | Casemix, Computer assisted coding systems, Payment Systems (PPS, DRG, RBRVS, RUG, VBP, MSDRG, commercial, managed care, federal plans)

**Subdomain V.C. Fraud Surveillance**

1. Determine policies and procedures to monitor abuse or fraudulent trends | 5 | Fraud detection

**Subdomain V.D. Clinical Documentation Improvement**
1. Implement provider querying techniques to resolve coding discrepancies | 3 | • Query process, written, verbal and template queries, timeliness and interpretation, query retention

2. Create methods to manage Present on Admission, hospital acquired conditions, and other CDI components | 6 | • CDI concurrent, retrospective, post-bill review • CDI metrics and reporting process

**Domain VI. Leadership**

*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

**Subdomain VI.A Leadership Roles**

| 1. Take part in effective negotiating and use influencing skills | 4 | • Negotiation techniques

| 2. Discover personal leadership style using contemporary leadership theory and principles | 3 | • Professional development for self • Role of HIM in the C-Suite

| 3. Take part in effective communication through project reports, business reports and professional communications | 4 | • Process re-engineering and work redesign

| 4. Apply personnel management skills | 3 | • Communication and interpersonal skills • Emotional intelligence • People developer/staffing mentor • Negotiation • Leadership and governance

| 5. Take part in enterprise-wide committees | 4 | • Facilitation, networking, consensus building • Meetings with executive boards and other high level organization groups, interdisciplinary committees

| 6. Build effective teams | 6 | • Team/consensus building

**Subdomain VI.B. Change Management**

| 1. Interpret concepts of change management theories, techniques and leadership | 5 | • Change Management • Mergers • Risk exposure • Organizational design • EHR implementation

**Subdomain VI.C. Work Design and Process Improvement**

| 1. Analyze workflow processes and responsibilities to meet organizational needs | 4 | • Workflow reengineering, workflow design techniques

| 2. Construct performance management measures | 6 | • Benchmarking techniques  • Productivity standards, report cards, dashboards

| 3. Demonstrate workflow concepts | 3 | • Swimlane diagrams • Use cases • Top down diagrams

**Subdomain VI.D. Human Resources Management**
<table>
<thead>
<tr>
<th></th>
<th>Activity</th>
<th>Subdomain</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Manage human resources to facilitate staff recruitment, retention, and supervision</td>
<td>Subdomain VI.E. Training and Development</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>• Principles of human resources management</td>
<td>• Information systems, clinical documentation improvement, compliance, prospective payment system changes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Recruitment, supervision, retention, counseling, disciplinary action</td>
<td>• PPS, CDI, EHRs</td>
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</tr>
<tr>
<td>2.</td>
<td>Ensure compliance with employment laws</td>
<td>Subdomain VI.F. Strategic and Organizational Management</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>• Employment laws, labor laws</td>
<td>• Accreditation standards</td>
<td></td>
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<tr>
<td></td>
<td>• Federal and state</td>
<td>• The Joint Commission, NCQA, CARF, CHAP, URAC</td>
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<tr>
<td></td>
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<td>• Provider credentialing requirements</td>
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<td></td>
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<td>• CMS Conditions of Participation</td>
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<tr>
<td>3.</td>
<td>Create and implement staff orientation and training programs</td>
<td>Subdomain VI.F. Strategic and Organizational Management</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>• Workforce education and training</td>
<td>• Strategic planning, critical thinking, benchmarking</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Benchmark staff performance data incorporating labor analytics</td>
<td>Subdomain VI.F. Strategic and Organizational Management</td>
<td>4</td>
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<tr>
<td></td>
<td>• Labor trends, market analysis</td>
<td>• Organizational structures and theory</td>
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<tr>
<td>5.</td>
<td>Evaluate staffing levels and productivity, and provide feedback to staff regarding performance</td>
<td>Subdomain VI.F. Strategic and Organizational Management</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>• Performance standards</td>
<td>• Healthy People 2020</td>
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<td></td>
<td>• Professional development in self and others</td>
<td>• IOM reports</td>
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<td>• CDC</td>
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<td></td>
<td>• State, local and federal policies</td>
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<td>• PCORI</td>
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<tr>
<td>6.</td>
<td>Collaborate in the development and implementation of information governance initiatives</td>
<td>Subdomain VI.F. Strategic and Organizational Management</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>• Inter/intra-organizational team-building and leadership</td>
<td>• Managed care organizations</td>
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<td></td>
<td>• Project management</td>
<td>• ACOs</td>
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<td></td>
<td></td>
<td>• Payers/providers, all delivery settings</td>
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<td></td>
<td></td>
<td>• Payers’ impact to each delivery setting</td>
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<td></td>
<td></td>
<td>• Biotech</td>
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<tr>
<td></td>
<td></td>
<td>• Medical devices</td>
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<tr>
<td>7.</td>
<td>Facilitate the use of enterprise-wide information assets to support organizational strategies and objectives</td>
<td>Subdomain VI.F. Strategic and Organizational Management</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>• Information management planning</td>
<td>• Enterprise information management</td>
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<tr>
<td></td>
<td></td>
<td>• Project management</td>
<td></td>
</tr>
<tr>
<td>Subdomain VI.G. Financial Management</td>
<td>Master data/information management</td>
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<td></td>
</tr>
<tr>
<td>1. Evaluate capital, operating and/or project budgets using basic accounting principles</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Budget process</td>
<td>- Capital and operating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Staffing budgeting</td>
<td>- Accounting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Perform cost-benefit analysis for resource planning and allocation</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cost/benefit analysis</td>
<td>- Outsourcing, acquisition</td>
<td></td>
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<tr>
<td>3. Evaluate the stages of the procurement process</td>
<td>5</td>
<td></td>
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<tr>
<td>- Content of and answers to a request for proposal, request for information and request for quotation</td>
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<table>
<thead>
<tr>
<th>Subdomain VI.H. Ethics</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Comply with ethical standards of practice</td>
<td>5</td>
</tr>
<tr>
<td>- Professional ethics issues</td>
<td>- Ethical decision making process</td>
</tr>
<tr>
<td>- AHIMA Code of Ethics</td>
<td>- Patient rights</td>
</tr>
<tr>
<td>- Patient safety</td>
<td>- Cultural competence</td>
</tr>
<tr>
<td>2. Evaluate the culture of a department</td>
<td>5</td>
</tr>
<tr>
<td>- Cultural Diversity</td>
<td>- Healthcare professionals self-assessment of cultural diversity</td>
</tr>
<tr>
<td>- Self-awareness of own culture</td>
<td>- Assumptions, Biases, stereotypes</td>
</tr>
<tr>
<td>3. Assess how cultural issues affect health, healthcare quality, cost, and HIM</td>
<td>5</td>
</tr>
<tr>
<td>- Diversity awareness training programs: age, race, sexual orientation, education, work experience, geographic location, disability</td>
<td>- Regulations such as ADA, EEOC</td>
</tr>
<tr>
<td>4. Create programs and policies that support a culture of diversity</td>
<td>6</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Subdomain VI.I. Project Management</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Take part in system selection processes</td>
<td>4</td>
</tr>
<tr>
<td>- RFI and RFP</td>
<td>- RFP vendor selection, electronic record, clinical coding</td>
</tr>
<tr>
<td>2. Recommend clinical, administrative, and specialty service applications</td>
<td>5</td>
</tr>
<tr>
<td>- GANTT Charts, benchmarking, risk analysis, team structure</td>
<td>- Issue tracking, facilitation techniques, opportunity costs</td>
</tr>
<tr>
<td>3. Apply project management techniques to ensure efficient workflow and appropriate outcomes</td>
<td>3</td>
</tr>
<tr>
<td>- Project management</td>
<td>- System acquisition and evaluation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subdomain VI.J. Vendor/Contract Management</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Evaluate vendor contracts</td>
<td>5</td>
</tr>
<tr>
<td>- System acquisition and evaluation</td>
<td>- Contract management</td>
</tr>
<tr>
<td>2. Develop negotiation skills in the process of system selection</td>
<td>6</td>
</tr>
<tr>
<td>- System acquisition and evaluation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subdomain VI.K. Enterprise Information Management</th>
<th>Information Management Plan, information as an asset</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Manage information as a key strategic resource and mission tool</td>
<td>5</td>
</tr>
</tbody>
</table>

**Supporting Body of Knowledge (Pre-requisite or Evidence of Knowledge)**

- Pathophysiology and Pharmacology
- Anatomy and Physiology
<table>
<thead>
<tr>
<th>Taxonomy Level</th>
<th>Category</th>
<th>Definition</th>
<th>Verbs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Remember</td>
<td>Recall facts, terms, basic concepts of previously learned material</td>
<td>Choose, Define, Find</td>
</tr>
<tr>
<td>2</td>
<td>Understand</td>
<td>Determine meaning and demonstrate clarity of facts and ideas</td>
<td>Collect, Depict, Describe, Explain, Illustrate, Recognize, Summarize</td>
</tr>
<tr>
<td>3</td>
<td>Apply</td>
<td>Use differing methods, techniques and information to acquire knowledge and/or solve problems</td>
<td>Adhere to, Apply, Demonstrate, Discover, Educate, Identify, Implement, Model, Organize, Plan, Promote, Protect, Report, Utilize, Validate</td>
</tr>
<tr>
<td>4</td>
<td>Analyze</td>
<td>Contribute to the examination of information in part or aggregate to identify motives and causes</td>
<td>Analyze, Benchmark, Collaborate, Examine, Facilitate, Format, Map, Perform, Take part in, Verify</td>
</tr>
<tr>
<td>5</td>
<td>Evaluate</td>
<td>Make judgments in support of established criteria and/or standards</td>
<td>Advocate, Appraise, Assess, Compare, Comply, Contrast, Determine, Differentiate, Engage, Ensure, Evaluate, Interpret, Leverage, Manage, Mitigate, Oversee, Recommend</td>
</tr>
<tr>
<td>6</td>
<td>Create</td>
<td>Generate new knowledge through innovation and assimilation of data and information</td>
<td>Build, Compile, Conduct, Construct, Create, Design, Develop, Forecast, Formulate, Govern, Integrate, Lead, Master, Propose</td>
</tr>
</tbody>
</table>

The layout for the levels and categories was adapted from Lorin W. Anderson and David R. Krathwohl’s *A Taxonomy For Learning, Teaching, and Assessing*, Abridged edition, Allyn and Bacon, Boston, MA 2001.
Minor Editorial Revisions made on 4.28.14

- Added commas and parenthetical (Information Governance) to Domain I header.
- Added commas to Domain II header.
- Added commas to Subdomain II.B header.

Editorial Revision made on 6.9.14
- Removed ACLU and replaced it with EEOC

Revisions made on 10.31.14
- Subdomain 1.A
  - Under Curricular Considerations for #2: removed clinical vocabularies, added RxNorm, and added CT after SNOMED
HIM STUDENT CONFIDENTIALITY AGREEMENT

Patients are entitled to confidentiality with regard to their medical and personal information. The right to confidentiality of medical information is protected by state law and now by federal privacy regulations known as the Health Insurance Portability and Accountability Act (“HIPAA”). Those regulations specify substantial penalties for breach of patient confidentiality.

All patient medical and personal information is confidential information and must be held in strict confidence. This confidential information must not become casual conversation anywhere in or out of a hospital or clinic. Information may only be shared with health care providers, supervising faculty, hospital or clinic employees, and students involved in the care or services to the patient or involved in approved research projects who have a valid need to know the information.

Under strict circumstances, upon receipt of a properly executed medical authorization or subpoena, medical information may be released to the requesting party. Inquiries regarding the appropriateness of the authorization or subpoena should be directed to the medical records department, the Hospital’s legal counsel.

Hospital Information System’s user codes/passwords are confidential. Only the individual to whom the code/password is issued should know the code. No one may attempt to obtain access through the computer system to information to which he/she is not authorized to view or receive. If you are aware that another individual knows your code/password, it is your responsibility to request a new user code/password.

If a violation of this policy occurs or is suspected, immediately report this information to your supervising faculty.

Violations of this policy will result in disciplinary action up to and including termination from the program.

I, ________________________________, acknowledge receipt of this Confidentiality Policy. I have read the policy and agree to its terms as part of my participation in all Health Information Management related activities.

Signature________________________________________________

Date received and reviewed__________________________________
APPENDIX F

PROOF OF NOTIFICATION

My signature below denotes the following:

- I have attended the Health Information Management Department Student Orientation.
- I have read the preceding information within the *Health Information Management Student Handbook* provided by the Health Information Management Program, KUMC.
- I agree to abide by the guidelines presented within this HIM Student Handbook/document.

______________________________________  ______________________
Student Signature                             Date

_______________________________________________
Print Name