Health Information Management

Program Review

2018-2019

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1. Program/Discipline Overview:

a. Educational Goals and Objectives

The program degree outcomes for Health Information Management are:

1. Demonstrate the ability to accurately interpret health record documentation in accordance with various regulatory standards and assign appropriate classification codes.
2. Utilize healthcare legal requirements to properly protect and disclose patient records.
3. Identify current informatics technology and statistical techniques to manage and maintain quality health information.
4. Apply revenue cycle policies and procedures to evaluate utilization of services and proper reimbursement.
5. Apply coding, fraud surveillance and clinical documentation improvement regulatory guidelines to manage health information.
6. Apply skills in leadership, motivation and team building in healthcare settings.

These outcomes were changed after the last program review because the two previous degree outcomes were not measurable. Although our graduates have excellent job prospects, we cannot guarantee employment and some graduates did not take the Registered Health Information Technician (RHIT) exam or waited so long after graduation that they decreased the chance of passing. Though we encourage the students to take the RHIT once they are eligible, students decide if or when they will take the exam. These could not be measured at the time of graduation since many graduates start job hunting and take the RHIT exam after graduation, not before.
In addition, the older outcomes did not adequately reflect the college outcomes.

The current outcomes are measurable, aligns with the external program accreditation agency curriculum and exam domains, and provide the faculty with direction on meeting the PCC outcomes.

Since the program is accredited, we took those domains and made them our program outcomes.

The program faculty determined how these outcomes meet the PCC outcomes and created various levels of assessments within the courses that built upon each other from the basic introductory level to a more advanced level of assessment. Here is a brief explanation:

1. Demonstrate the ability to accurately interpret health record documentation in accordance with various regulatory standards and assign appropriate classification codes.

    - To meet this outcome students must show they understand the various regulatory standards healthcare facilities must follow for health record documentation practices and accurate coding of medical services and diagnoses. What is documented in the health record has a direct impact on patient care, public health management, and healthcare research. One of the roles of a health information management (HIM) professional is to abstract data from the health record, interpret that data, and assign proper medical codes. Three main coding classifications used to communicate the text narrative in the health record are identified as ICD-10-CM, PCS, and CPT.
    - Skills required to successfully perform these tasks that align with PCC outcomes include critical thinking, problem solving, professional competence, self-reflection, and community and environmental responsibilities.

2. Utilize healthcare legal requirements to properly protect and disclose patient records

    - To meet this outcome students must show they can interpret state and federal regulations, and medical staff by-laws correctly while applying these rules on a case-by-case basis pertaining to the use and disclosure of health information. Students must also be able to apply best practices following state and federal laws in protecting health information from unauthorized users in every type of health record format (i.e. paper, electronic health record, hybrid). In this area the HIM professional also acts as a patient advocate by providing education to patients about their rights to accessing their health information.
    - Skills required to successfully perform these tasks that align with PCC outcomes include cultural awareness, communication, critical thinking, problem solving, professional competence, self-reflection, and community and environmental responsibilities.

3. Identify current informatics technology and statistical techniques to manage and maintain quality health information.

- To meet this outcome students must remain current with the technology that support, store, and communicate health information across various entities that facilitate the continuum of patient care (i.e. the hospital staff communicating to the patient's primary doctor or transferring a patient to long-term care). They also must be able to work with healthcare statistical data in healthcare settings when making decisions pertaining to patient care, utilization of services, and tracking diseases and medical services.
- Skills required to successfully perform these tasks that align with PCC outcomes include communication, community and environmental responsibility, critical thinking, problem solving, and professional competence.

4. Apply revenue cycle policies and procedures to evaluate utilization of services and proper reimbursement

- To meet this outcome students must be able to identify and trouble shoot trends that may impact an organization's revenue cycle. The goal is to maximize an organization's revenue while following the regulatory steps defined within policies and procedures.
- Skills required to successfully perform these tasks that align with PCC outcomes include communication, community and environmental responsibility, critical thinking, problem solving, professional competence, and cultural awareness.

5. Apply coding, fraud surveillance and clinical documentation improvement regulatory guidelines to manage health information.

- A health information management (HIM) professional is considered the "custodian" of health information. This means they play a vital role in managing the use of health information while ensuring the information is used appropriately. To meet this outcome students, need to have knowledge about the various users of health information, how those users make decisions based on the information found in the health record, be able to educate staff on best documentation practices, and know how to identify fraud from within and outside an organization.
- Skills required to successfully perform these tasks that align with PCC outcomes include communication, community and environmental responsibility, critical thinking, problem, solving, professional competence, and cultural awareness.

6. Apply skills in leadership, motivation and team building in healthcare settings

- An HIM professional with an RHIT credential has numerous choices for work in the healthcare field. Some examples are coders, health record analysts, release of information coordinators, supervisors, privacy officers, physician educators, patient advocates, and IT support. Whether working from home or at the office, the HIM professional will be in contact with many people. To meet this outcome students will demonstrate leadership and team building skills.
- Skills required to successfully perform these tasks that align with PCC outcomes include communication, community and environmental responsibility, critical thinking, problem solving, professional competence, and cultural awareness.

The HIM program is going to go through another significant curriculum change within the next 1-2 years and after evaluating these new outcome changes, the domains are similar so we will not have to make changes to our program outcomes.

b. Curricular and Instructional Changes

One suggestion from the last program review was that there be increased innovation in instructional delivery and creation of online learning communities should be explored.

In response to this, as well as suggestions from the advisory committee, the following have occurred:

- Both Bonnie and Judy are now certified as Quality Matters Peer Reviewers and are incorporating those concepts into their courses.
- There is an HIM Program shell and an HIM Faculty shell available in Brightspace that are in the process of being implemented to enable collaboration throughout the program.
- An attempt was made to create a Linked In group for graduates but individual connections in Linked In seem to be working better for social media collaboration.

- Both Bonnie and Judy have added video lessons to enhance learning in some courses and continue to evaluate where we can add more videos that would be helpful to our students.

In the previous program review response from administrators, a suggestion was made that training access to Epic be made available through collaboration with local healthcare facilities. Unfortunately, this is not an option because facilities sign a contract with Epic which does not allow them to provide access to colleges. In 2010 a local hospital system CIO and the Health Informatics Program Director at Oregon Institute of Technology went to Wisconsin to meet with the Epic CEO and unsuccessfully attempted to get that policy changed. The Allied Health Department is currently requesting pricing for obtaining OCHIN Epic at PCC for student use. All the major health systems in the Portland metropolitan area use the EPIC electronic health record so this would be a valuable skill for graduates to include on their resumes.

There was a recommendation in the last program review that faculty be funded to attend the AHIMA Assembly on Education (AOE). AOE has educational sessions on topics specific to accredited programs, including different ways educators meet the curriculum competency requirements. Requests to attend the AOE were made in the summer of 2015 and was rejected. Instead, funding was provided so that Bonnie could attend a small regional AOE conference in Tacoma focusing on data analytics and Judy got funded to attend the ICD-10-CM/PCS Train-the-Trainer workshop. This allows both of us to teach medical coding courses as needed since Bonnie was already an ICD-10-CM/PCS trainer at the time of hire by PCC.

The division has consistently supported the attendance for both of us to attend the Oregon Health Information Management Association (OrHIMA) Annual Convention, which students are encouraged to attend as well. To encourage student attendance, extra credit is offered in one first-year class and one second-year class.

2. Outcomes and Assessment

a. Course-Level Outcomes

i. SAC Process

In addition to the SAC meetings Bonnie and Judy meet weekly in person to collaborate and evaluate our CCOG outcomes to ensure they are aligned with PCC outcomes and AHIMA competencies. About every five years the AHIMA Council on Excellence in Education (CEE) reviews the current curricula competencies and conduct work place research identifying future skills within the HIM profession that result in necessary curricula changes. The study identifies current and future skill sets that employers need from HIM professionals.

To ensure the programs' CCOG's aligned with AHIMA's curricula competencies under the 2014 curriculum, in 2014-2015 Bonnie and Judy used the time at SAC meetings with additional weekly meetings to critique each individual HIM course. The goal was to review each CCOG and determine if they described clearly the intent of the outcome and if the outcome was measurable. In addition, each project, test, discussion post, and assignment were analyzed to ensure these assessments were adequately measuring the outcomes.

During this time, it was determined that the CCOGs needed updating to better measurable outcomes that would align better to the program outcomes, AHIMA competencies, and PCC outcomes. Though the types of assessments in the courses were meeting the CCOG's we felt revising some of the older assignments, discussions, and projects would not only provide new fresh assessments, but the revisions provided an opportunity for us to include more assessments that assessed PCC outcomes, critical thinking, problem solving, and cultural awareness.

For example, a group project was added to the HIM290 Healthcare Teams and Training course that required students to research a specific HIM task assigned to their group, develop a work product and share it with the rest of their class for their review and comment. Students have used this work product in job interviews.

A full-term project was added to HIM271 Healthcare Quality Improvement requiring students to assume they are an HIM department manager and are working on a quality improvement project to correct accuracy and timeliness problems with the submissions of birth certificates to the state registry. It is divided into six tasks that they complete and submit throughout the term and is compiled into a final paper at the end of the term. They are provided with spreadsheets showing the birth rates, submission dates and errors received. They graph and analyze the data as part of their project. This project was originally developed and submitted to the multi-state collaborative as part of the learning council assessment process.

In HIM 121 an assignment was added that provided students with a cultural competence checklist and they summarize their findings to the instructor identifying areas of prejudice and bias and then self-reflect in a safe non-judgmental environment on how they may address this. Students were also provided a case scenario where they acted as the HIM supervisor whose job was to analyze specific HIM staff with potential bias and prejudices to determine what type of additional training would be most appropriate for each individual.

Now that the program outcomes are aligned with the AHIMA curriculum domains and RHIT exam domains, when we review RHIT exam results each year at the SAC meetings and at the advisory committee meetings, we are able to determine that the students are achieving both the program outcomes and the AHIMA competencies for the program accreditation simultaneously. A summary report of the 2018 RHIT Exam Results are in Appendix D and the most recent advisory committee minutes are included in Appendix E.

Our program has an external accreditation which currently has 69 outcomes that must be assessed. Those assessments are provided to the reviewers during the accreditation site visit for evaluation to ensure they are assessing the required curriculum outcomes at the proper Bloom's level. Since our CCOG's are aligned with AHIMA competencies and PCC outcomes this feedback will be valuable as we continue to improve our courses and program to meet both the expectations of PCC and of the program accreditation agency. The accreditation standards were revised for 2018 and are included in Appendix C.

The 2021 curriculum updates will have 37 outcomes. The number of outcomes were decreased to give the programs more flexibility in how they meet them along with meeting the individualized needs of the communities they serve. The current curriculum requirements are in Appendix A and the upcoming ones are in Appendix B.

ii. Changes in Instruction

In 2014-2015 our LAC assessment focus was on professional competence. We provide a student evaluation form to all sites who mentor our students for directed practice and through this evaluation we found some students struggled with communication and professional attitude. Judy added a professional behavior quiz in the directed practice course, HIM 293. This required all students to watch videos on professional behavior and then they had to complete a quiz related to the video content before they could begin their directed practice.

We also wanted to obtain more accurate data on if our directed practice site mentors felt our students met entry level job readiness. We revised the student evaluation form so directed practice site mentors could easily communicate to us if our students met this. Additionally, we requested that at least two raters conduct the evaluation to improve inter-rater reliability. Any student evaluations where the directed practice mentor selected the option that the student did not meet the entry-level job readiness would be evaluated at the SAC. To this day, all students have met entry-level job readiness.

Judy also created a mapping of the PCC core outcomes to each element identified in the student evaluation form. A copy of these documents are included in Appendix I and Appendix J.

In 2015-2016 our LAC assessment focus was professional competence. We felt if we identified the lowest subdomain score on the RHIT exam we could pinpoint what class may need some improvements on this specific topic. Through our analysis we discovered the lowest rate was in the subdomain for revenue cycle. Initially discussion posts were added to course HIM 285 to increase group discussion on revenue cycle topics because prior to this analysis there were no discussion posts. Assignments were reviewed and updated. The scores in the domain did improve in that area.

In 2016-2017 our LAC assessment focus was on communications and critical thinking. We participated in the multistate collaborative project since the outcomes for this project closely aligned with our accreditation body, HIM program, and PCC outcomes. We wanted to see if some of our assessments provided to our students were meeting the written communication and critical thinking requirements at an associate level. The results were positive in that we are meeting the appropriate level.

Even though our students consistently exceed the AHIMA national scores in all domains, when taking the RHIT exam, we want to ensure we are providing the best opportunities for success for our students. So, in 2017-2018 our LAC assessment focus was to review our professional competence related to our lowest rate subdomain, revenue cycle that we evaluated previously. Last year a scavenger hunt was added to this course and graduate feedback who have taken the RHIT exam have stated most of the content in the scavenger hunt was found on the RHIT exam. Although the exam scores dropped slightly with 2018 graduates, the percentage as compared to the national average grew. This is because the RHIT exam was fully revised for 2018 and scores overall dropped nationwide. This result showed that even though our scores dropped, as compared to national average, we were continuing to improve.

We have continued to evaluate the one-year assessment provided to students at the end of spring term in one of their first-year courses where students are assessed on what they have retained during the past year. This helps us to identify topics covered in the first year that students may be struggling to retain.

We are discussing the possibility of integrating this assessment into review materials during second-year courses and adding pre-tests in some of those courses to ensure that students are retaining the knowledge they will need.

Mock exams, covering all the materials in the program are included in the HIM293 HIM Directed Practice course and our RHIT Exam Review course to help students prepare for the RHIT exam. Students are asked to complete these mock exams without studying or using books so they can assess what areas they need to focus their studying on before taking the RHIT exam. The results from the comprehensive mock exam is included in our TSA reporting.

b. Addressing College Core Outcomes

i. Core Outcomes Mapping Matrix

Please see the following link for the outcome mapping matrix:

https://www.pcc.edu/resources/academic/core-outcomes/him.html

We have recognized that our courses include core outcomes in communication, problem solving, critical thinking, professional competence, and self-reflection, but show areas where we can improve on to increase the presence of community and environmental awareness and cultural awareness. We have added these core outcomes into courses that we felt would provide the most meaningful exposure to our students, but will continue to evaluate ways where we can increase that presence. We will ask our Advisory Committee to help in this process since we can lean on their working knowledge as HIM professionals and Judy will be working with Randolph Carter, Director of Diversity and Multicultural affairs, to gain insight into his expertise.

Communication:

Course were updated to require more robust communication into discussions, assignments, and labs where appropriate. For example, physician query and professional communication lessons were added into some courses.

Plans are being made to include student presentations using Zoom in the new second-year professional practice lab courses. Student-led discussion forums and blogs will also be added to assess the leadership outcomes. These activities will help students be prepared to communicate with clarity and coherence in the workplace.

In addition, during directed practice we ask facilities to conduct a mock interview and provide feedback using a student evaluation tool that provides constructive feedback to the students and instructor.

Community and Environmental Responsibility:

It is communicated throughout the program the various impacts on individual and institutional users within and outside the healthcare delivery system. For example, HIM professionals play a vital role in educating patients, healthcare professionals, and other HIM professionals. Utilizing health information efficiently and effectively directly impacts the quality of patient care. An HIM professional will analyze data captured in the health record and communicate suggestions on how better to present that data reducing redundancy if there are too many fields to capture the same data in various areas of the health record. HIM professionals are the educators to providers on best documentation practices and coding guidelines to ensure accurate reimbursement and avoiding flags that are deemed fraudulent. HIM professionals support other HIM professionals by being mentors and educators for current and future HIM professionals. This is a large community of various individuals that the HIM professional engages with. We have included various cases within group discussion posts and assignments to get the students actively thinking about the important impact they have on a broad community of people.

In addition, through our student evaluation form during directed practice we ask HIM mentors to rate students on various skills through observation that include how they relate to others and adhere to ethical standards.

Critical Thinking and Problem Solving:

This is a concept that is embedded throughout the program due to our degree outcomes which measures this skill in almost every outcome. An HIM professional will be using this skill in almost every aspect of their job, not matter what area in the HIM department they work in. Students analyze health record documentation, case scenarios, and present team projects emphasizing various HIM work processes and appropriate policies and procedures that help run those processes smoothly. During the accreditation site visit, the reviewers will evaluate the online courses, assessments, discussions, and exams to confirm this is occurring.

Cultural Awareness:

A cultural competence checklist with a personal reflection summary to identify how the HIM supervisor assesses and solves potential bias or prejudices in the department, were added to HIM121 Legal and Ethical Issues in HIM. A cultural diversity discussion forum and an assignment about developing a diversity program in HIM were added to HIM272 Health Information Management.

Published articles were provided for assigned reading to HIM271 Quality Improvement in Healthcare and to HIM182 Healthcare Delivery Systems, that emphasize the importance of patients being able to discuss sexual orientation and gender identity with their healthcare provider and the potential of this being a patient safety issue if it does not happen. A lab question was added in a first-year course that addresses the gender identity field in the EHR.

Professional Competence:

Professional competence is assessed in many ways through quizzes, discussion forums, assignments and projects. Students complete detailed chart reviews in the lab courses where patient records are analyzed for completeness, accuracy, and timeliness against state and federal regulations, accreditation standards and medical staff by-laws. An effort is made to simulate real-world practice in the lab assignments throughout the program.

HIM290 HIM Teams and Training was updated to focus on team projects. Students are divided into groups where they are assigned a "job" in a hospital HIM department. They are the team leads and the rest of the class are their trainees. They develop a policy and procedure for their assigned area of responsibility. They then develop a presentation and a quiz to teach their trainees the task. Their materials are posted in discussion forums for the entire class to review and comment on. If they have experience in the job, they are encouraged to comment on different ways that task may be completed at different facilities. Graduates have used these materials in job interviews.

During directed practice students and site mentors are provided general objectives and they chose which ones will be the most meaningful during their time on the site. The student evaluation form completed by the HIM mentor provides the student and instructor feedback on how well they met those outcomes and if they are ready for an entry-level HIM position.

Self-Reflection:

Self-assessments are included in many courses midway through the term and prior to the final exam. Some courses included a reflective discussion forum during the final term of the course. There is a plan to include a personal reflection journal in the new professional practice labs that are being developed

c. Degree Outcomes

i. Reflection on Assessment

Our 2014-2015 LAC assessment focus was on professional competence based on a few student evaluation forms we had received from our directed practice mentors. With the changes we made to the student evaluation form and the added videos on professional behavior in the HIM 293 course, we have seen consistent feedback from directed practice sites that our students are not only meeting entry level job readiness, but they are conducting themselves professionally.

During this LAC assessment we determined that the old HIM program outcomes were not measurable and did not align with PCC's Core outcomes or our AHIMA competencies so we worked on changing the CCOGs and HIM program outcomes to be measurable and align with PCC's Core outcomes and AHIMA's competencies. As a result, we now have six program outcomes that align with PCC's Core outcomes and AHIMA's competencies. They are:

1. Demonstrate the ability to accurately interpret health record documentation in accordance with various regulatory standards and assign appropriate classification codes.
2. Utilize healthcare legal requirements to properly protect and disclose patient records.
3. Identify current informatics technology and statistical techniques to manage and maintain quality health information.
4. Apply revenue cycle policies and procedures to evaluate utilization of services and proper reimbursement.

5.   Apply coding, fraud surveillance and clinical documentation improvement regulatory guidelines to manage health information.

6.   Apply skills in leadership, motivation and team building in healthcare settings.

A description on how these outcomes align with PCC's Core Outcomes can be found under Section 1A of this review.

Though the LAC assessment in 2014-2015 was under the old program outcomes, this professional competence is adequately measured in every one of our new six outcomes.

We had established new program outcomes that better aligned with PCC's Core outcomes, so in 2016-2017 our LAC assessment focus was on communications and critical thinking, which is reflected in all our new program outcomes. We participated in the multistate collaborative project and provided them with assignments used in HIM 271, Quality Improvement in Healthcare, to be evaluated using a rubric designed to evaluate the communication and critical thinking level we were assessing our students to. The results were positive in that these assignments were meeting the outcomes and were at the appropriate level for an associate program.

In one of our LAC assessments we wanted to evaluate the RHIT domains and subdomains to see if there was an area of competence that our students scored lowest in. It was determined that the subdomain for revenue cycle had the lowest percentage rate. Since one of our program outcomes is to "Apply revenue cycle policies and procedures to evaluate utilization of services and proper reimbursement," this was a good opportunity for us to evaluate further. It was determined the Healthcare Finance and Reimbursement course, HIM285, provided the most content for this topic and outcome so Bonnie began to review this course's content.

ii. Effectiveness of Changes

After assessing the course that was developed by another instructor, Bonnie discovered that no discussion posts were included in this course. The class focused on reading and exams with one assignment. Bonnie created thoughtful discussion posts each week pertaining to a revenue cycle topic and she revised and added some of the assignments. Upon review of the next set of RHIT

results there was an improvement in this subdomain. This domain was still the lowest overall, so last year our adjunct faculty, Erin Hall, created a comprehensive scavenger hunt. Feedback from graduates who took the RHIT exam stated that they were able to answer revenue cycle topics more confidently because of this added assignment. In 2018, scores dropped but remained at 106% of the national average. The RHIT exam was completely revised in 2018 and scores nationwide dropped.

iii. SAC Assessment Cycle Processes

The primary members of the SAC are Bonnie and Judy. In addition to the SAC meetings, we meet weekly to discuss the program. We are in continuous communication collaborating and brainstorming ways to continue to improve our courses and program to provide the best learning environment for our students.

Part time instructors are encouraged to come to the SAC meetings and if they are able to take time off of work, they do attend. Part-time faculty do communicate with us through email and, if needed, we meet face to face in the office. We want to make sure our part-time faculty feel they are part of this team so we reach out to them each term to see if they have needs or concerns and we include them in our email exchanges when we have concerns about students or if Bonnie receives any opportunities for professional development that they would benefit from. When they have taught our courses, we have reached out to them for constructive feedback on where they could see improvements in the courses because we want them to feel their expertise matters.

Some things that we learned about the learning assessment process is the value it has shown us in assessing our program outcomes with PCC's Core outcomes. In one of our earlier assessments we learned our two program outcomes were not measurable or aligned with the Core outcomes. We may not have discovered this without this assessment. As a result, our program and CCOG outcomes were changed to better align with PCC's Core outcomes.

Another positive is having our part-time faculty engaged in this process because as a result of including them in this process, one of our part-time faculty created an assignment that was well received by our students and we look forward to seeing the results from our next RHIT results and

how this assignment may have contributed to the increase in student competence in the area of revenue cycle.

One of the challenges that we have faced is staying focused on the learning assessments throughout the year. With accreditation demands, two major curriculum changes, continuous improvements to our courses, preparing for an upcoming accreditation review, and making sure we are meeting the needs of all our students, we can easily lose focus because our time is so stretched. There are 26 courses in the HIM program and the majority of these courses are taught by the two full-time faculty with different courses every term, since courses are taught once a year.

iv. Challenging Core Outcomes

The HIM courses can assess the core outcomes required by PCC. These are topics that our program accreditation expects to see as well. Presently we are weakest in assessment of community and environmental responsibilities and cultural awareness and continue to work on increasing this focus in more courses.

v. Students Meeting Degree Outcomes

Our graduation and retention rates are very high with only a few students who drop out of the program usually due to personal reasons. Most drop out of the program during, or right after the first term since they discover it is more work than they expected. A few drop out later due to personal or family health issues. Others do not respond when we inquire about why they did not register for a new term.

During directed practice, sites provide student evaluation feedback that goes beyond assessing knowledge for the RHIT but provides useful feedback on soft skills. This is a foundational degree, not an expert degree and student evaluation provides insight as to whether students are meeting baseline skills for entry-level employment.

The six program outcomes play an important role in our assessment process. With them mapped to the AHIMA competencies and aligned with the Core outcomes we can assess student competencies

against these outcomes while ensuring we are also meeting AHIMA competencies and PCC Core Outcomes.

There are currently 69 AHIMA competencies that must be assessed, each one can be mapped to one or more of the six program outcomes. These are assessed within 22 of the 26 HIM courses. Most of these are assessed two or three times in different courses. At the time of the program accreditation site visit, these assessments will be evaluated by the reviewers to ensure they are being assessed at the correct Bloom's Taxonomy level.

The site reviewers will be provided access to the HIM online courses, along with a completed document listing where to locate each assessment in the courses. This document is provided in the appendix A. These 69 AHIMA competencies are grouped under six domains, which comprise the program outcomes.

After revising program outcomes to align with the AHIMA domains, we then updated our CCOG's based on the AHIMA competencies that are categorized by domain.

We evaluated each competency and all the various assessment tools we use to ensure our competencies were being met. Depending on the Bloom's Taxonomy level, various tools are used to evaluate these through discussion posts, quiz questions, assignments, projects, and labs.

3. Other Instructional Issues

a. Course Enrollments

Based on the FTE trend data, overall college CTE trends seem to be declining with FTE numbers. Though it seems there was a decline in Cascade FTE trends, it appears it may be increasing again. In comparison to our program, our program has stayed consistent with enough applicants who maintain a full program.

HIM is a closed enrollment program that accepts 35 students for each Fall cohort. The program has had no difficulty enrolling a full cohort each year. Additional students may be admitted if they are transferring coursework and can begin the program with second-year courses. This allows the program to fill course slots vacated by students who dropped the program. Typically, there are about five applicants who are not accepted into the program after admissions that are placed on a waiting list. The applicant pool has remained fairly consistent over the last five years. This year an additional 15 students transferred from Clark College for one-year completion.

Prior to the replacement of the program director, questions were asked during past HIM advisory committee meetings if they felt an increase in student enrollment would be beneficial to the industry. The response back then was that 35 students was a good number without saturating the market. This discussion may have focused on hospital HIM departments. This degree can by helpful to those entering healthcare administrative work in non-traditional roles. The knowledge gained can help those working in other departments, such as Information Systems, Accounting, Quality Improvement, Risk Management, Compliance and others. There are also many other places of employment that include workers comp companies, insurance companies, and others. By encouraging students to explore broader employment roles there is room for expansion of the program.

Beginning in the summer of 2018, a group of students from Clark College was accepted as transfer students to complete the PCC accredited HIM program. These students had been told that the Clark College program was getting accredited and graduates would be able to take the RHIT exam upon graduation. The college had not applied for accreditation, which is a two-year process. The PCC HIM program expanded temporarily to give these students the opportunity to qualify for the RHIT exam. Most students accepted from Clark College can complete the program in one year and will graduate Spring 2019. A couple of them will take two years to finish and will be integrated with the PCC cohort for their second year.

With the support of our part-time faculty, including Clark Community College students into our program has been manageable and we like that we have been able to provide an avenue for these students to be in the position to sit for the RHIT exam and become HIM professionals. It may be worth having another conversation with our Advisory Committee about increasing our enrollment

or adding an additional cohort to our program since we have shown we can serve students outside the Portland Metro area.

Since our program is 100% online, we are able to reach rural areas in Oregon and even outside the state of Oregon. It would not hurt to reassess the student enrollment cap into the program, keeping in mind that the current 35 student cap is a large number for one class with all the manual grading required for the types of assignments included in the courses. These assignments are important to assess students appropriately to our outcomes in order to prepare them for the RHIT exam and employment. This means that expansion would require a second cohort, rather than expanding the current cohort. The program is currently two years with students enrolled Fall, Winter, and Spring terms.

There are a number of other scheduling options to consider for a second cohort. One might be to offer a part-time three-year plan as a second cohort with courses offered all four terms. A nine-term three-year plan could be completed in just over two years. So many students work full-time while attending the program, this might become a popular option.

Expanding the program, would require PCC commitment to advertising in appropriate locations. This might include advertising outside of the HIM community where more diverse applicants may be located. The current cohort is filled without advertising, but expansion would require advertising outside the local HIM community.

If Oregon allowed community colleges to offer Bachelor of Applied Science degrees, a new accredited program at the bachelor's level might be worth considering, since none currently exist in Oregon. The University of Washington has a classroom-based bachelor's program in HIM, and Tacoma Community College is in the process of getting a new online bachelor's program accredited. If this were considered at PCC, the important accreditation points to keep in mind are that each program is required to have two full-time instructors dedicated to it. The program director can be one of the instructors in one program. The program director for a bachelor's degree program must have a master's degree and an RHIA, along with three years of HIM experience, in contrast to the associate degree program which requires the program director to have a bachelor's degree and an RHIT or RHIA along with three years of HIM experience.

The only advertising done for the program is through PCC sponsored events attended by the Allied Health admissions coordinator. One option for advertising is to purchase a vendor table at the Oregon Health Information Management (OrHIMA) annual convention or fall institute. This venue would encourage those currently working in HIM positions without the RHIT credential to return to school to obtain that, giving them more advancement opportunities. Distributing advertisements to their Human Resources or Education departments might be one thing to consider. The diversity staff at PCC may have ideas on where to advertise to find interested candidates outside the HIM community.

Since our program is 100% online, we can reach student interests outside the state of Oregon. Our program is already listed on the AHIMA website as a 100% online associate degree program, but to expand visibility of our program for those with no knowledge of the HIM profession outside the state of Oregon perhaps PCC can advertise programs that are offered 100% online. Is there a link on PCC's website that quickly introduces students to programs offered 100% online? This could be the first step for students exploring their opportunities and this first curious step would at least get students to our HIM program website where they can decide then if this is the career for them. Does PCC have a facebook, Instagram, or LinkedIn account and if so, do these sites market PCC's 100% online programs? Has anyone from PCC asked our program to be in PCC's weekly online topic?

b. Trends in Grades

Based on the data from the institutional effectiveness website, our courses have very low fail rates. Fail rates are defined by grades lower than a C or a no pass. Though the numbers of fail rates are low, we have identified courses that seem to have more fail rates than others.

Classes that were identified are:
- HIM 285 Healthcare Finance and Compliance. Fail rates were higher in 2013-2014 with 2 students each year. Since 2016 that rate has dropped to one student per year. This does not seem to be statistically significant.

- HIM 276 Coding Capstone. This course was a lab connected to a coding course until we changed it in 2016.
    - It is one of our most rigorous coding courses so it has consistently shown to have one student fail per year.
    - We have added video lectures to our coding courses so that students have a different way to learn the coding steps to apply to coding cases.
- HIM 282: Calculating and Reporting Healthcare Statistics. This course consistently shows about one student a year fails the class. We have had challenges in the past with students not meeting the math requirements to graduate from our program because they struggle with math. We made our math a pre-requisite, but students in the HIM program have to learn healthcare statistics which contains a lot of math. Students who really struggle with math find this course challenging.
    - We have provided links to student services for math tutoring, added videos, and provided online resource links to help students in this course.
    - We communicate to students at orientation to prepare for this class since we know overall, students are nervous about any content related to math.
    - With the updated curriculum and using embedded Math statistics, we will be expected to revise one course to be 50% statistics. That will likely be HIM281 Data Management and Analysis or HIM271 Healthcare Quality Improvement. Efforts will be made to approach math statistics from a healthcare application perspective to make it more understandable. Bonnie plans to also offer online Zoom meetings to assist students.
- HIM 283 Health Information Systems. Data shows one student fails this course a year, with a two-year period of no fails during the years 2015-2016.
    - Video lectures are being added to this course to see if that helps, but one student failing does not seem to be statistically significant.
- HIM 290 Healthcare Teams and HIM 293 directed practice have shown one student has not passed these courses in the last two years.
    - Based on our evaluation this aligns with students who have had significant personal issues and couldn't continue the courses.

Our student success is something we evaluate and discuss continually. We provide student resources to assist them with their challenges and provide ways for them to continue in the program should they not pass courses. If they fail a class early in the program, they will be dismissed from the program and reapply for admission the following Fall term. If they fail a class later in the program, they will be moved to a three-year plan and allowed to continue in the program. This is necessary since courses are offered once a year and many must be taken in sequence.

c. Online Course Offerings and Student Success

This is a fully online program. It became fully online in early 2000, allowing students greater accessibility to a CAHIIM-accredited program while supporting high retention and completion rates. With the program 100% online, our student demographics not only includes the Portland metropolitan area, but geographical areas all around Oregon, including outside states (i.e., Hawaii, Texas, Washington, Arizona, California). Other than SW Washington, most out-of-state students are ones who lived in Oregon when they started the program and then moved, or who are planning to move to Oregon.

d. SAC Curricular Changes and Educational Initiatives

In Fall 2018 term, HIM 182 was revised to take advantage of the opportunity to offer Open Educational Resources (OER) rather than the traditional course textbook with the explicit goal of saving students $70. While we have only utilized the OER resources two times so far, student feedback is somewhat mixed. Some students do like the option of having a physical textbook for reference, while others liked some of the electronic resources. More discussion within the SAC, with the Advisory Committee and from student evaluations will help us determine the next steps.

HIM 105 used to require the purchase of a resource manual for ancillary services (Labs, Radiology Procedures). The course was re-designed to use online references and the EHR with instructor-created labs, which allows the instructor to make purposeful errors for students to find during health record documentation audits. This provides a great learning environment and continues to emphasize the importance of complete records using qualitative and quantitative analysis.

The program has recently started offering credit for prior learning. The HIM advisory committee was excited to hear this plan because there have been a number of experienced HIM coders who have chosen to attend school elsewhere for this reason. We started by offering credit for industry certificates. For students who are a Certified Professional Coder (CPC) or a Certified Coding Specialist – Physician (CCS-P), we give credit for HIM273 and HIM275. For those who are a Certified Coding Specialist (CCS), we give credit for HIM270, HIM273, and HIM275. If those students also have significant coding experience, we will also evaluate their transcript with the possibility of giving credit for HIM276.

We are open to evaluating other credit for prior learning requests from applicants to the program.

e. Dual Credit

Most of our program pre-requisites are offered as dual credit. These include MP 111, WR 121, and CAS 133. The program will also accept BI 121/122 in place of HIM128/129, which can be taken as dual credit.

Although the HIM program does not currently offer dual credit for any of our core classes, we are exploring the possibility of offering HIM 182 as a dual credit course in area high schools with health-focused programs such as Benson High School and Beaverton High School.

We are also discussing how we can reach out to high schools to provide students information about our program. Most of our students do not come straight from high school so we are missing an opportunity to engage with are younger students who may not know about this field.

f. Course Evaluations

At this time, we do not have SAC specific questions, but we do discuss instructor specific questions when changes are made to courses during SAC meetings and outside SAC meetings just so we can get input from each other as we develop them.

With the new curriculum and increased credits there is discussion on whether to keep HIM 105/107 or incorporate it into the Medical Science class. Questions will be placed on the course evaluation of several courses to get student feedback. There will also be discussions with the advisory committee as well.

4. Needs of Students and the Community

a. Changes in Demographics

Based on the institutional effectiveness data since 2014 we have seen an increase in black and Hispanic students with a slight decrease in white students. In 2017-2018 the data showed we had 66.7% white students; this is a 10% decrease since 2014. In 2017-2018 we had an increase in black students at 6.7%, an increase of 0.9% since 2014. In 2017-2018 we had an increase in Hispanic students at 6.7%, an increase of 4.4% since 2014.

Asian students are our second highest group of students which in 2017-2018 represented 9.3% of our student population. This is an increase of 3.5% since 2014.

The diversity is slightly higher than the national AHIMA membership database. According to AHIMA, 80% are Caucasian. African American members comprise 9% and Hispanics are 4.3%. The student database shows an increase in ethnic diversity nationwide.

We believe the increase in these groups has required us to evaluate how we communicate and deliver our course content because some for some of our students English is not their primary language. We have reviewed our written lectures to determine if there are ways, we can better communicate the content in a way that everyone can understand. Judy is piloting the use of video lectures in addition to typed lectures in her MA 180 online course. The idea is to provide different ways to present the course content that not only help students that may learn by the use of audio/visual tools, but perhaps the video lectures will help ESOL students. This course is being

offered this way this spring term and once Judy gets feedback from the students after the term, we will get together to discuss if this is a good option for our HIM courses.

HIM182, Healthcare Delivery Systems, Bonnie redeveloped to use video lectures with transcripts so students can choose which they prefer, or use a combination of the two.

We do have some video lectures in our HIM courses (i.e., HIM 282 and our coding courses), but we currently do not provide the student the option to choose between a video, typed, or both video/typed lecture. During the current term, Bonnie is adding video lectures to HIM272 Healthcare Management. During the next academic year, she will be adding them to HIM281 Data Management and Analysis, HIM283 Healthcare Information Systems, and HIM271 Quality Improvement in Healthcare.

The ratio of female and men tend to be consistent where the majority of our students are female, but there has been a slight increase with female students this past year (84.0% in 2017-2018) and a slight decrease in male students this past year (12.0% in 2017-2018). The AHIMA database shows 93% of their members are female. We have not had to make any adjustments or seen any impacts in curriculum based on student gender.

The highest age group that enters our program have been consistently between the ages of 25-49 (82.7% in 2017-2018). Second largest age group was consistently 50+, but there was a decline this last year (3.7% in 2017-2018), putting this age group at third highest. The 20-24 age group was consistently in third, but jumped to being the second largest group this past year (10.7%). This is encouraging that we are seeing a younger group of students entering our program. What we have noticed with the younger students entering our program is they require extra support on organization and time management. Those who are most successful tend to be those with parents working in healthcare. We have implemented ways to communicate to all the students on how to better organize themselves and manage their time by providing them ideas during student orientation, written suggestions in our syllabi, and provide them with student service links in our course that could help them in this area. We also reach out to our advisor, Karen Henry, who assists the students with added resources and suggestions that we may have missed or hadn't thought about. Karen is a valuable resource to us and our students.

Our program continues to evaluate how we can increase more diversity into our program and it is encouraging to see our national organization recognizes this importance and is working on diversity and inclusion within the organization.

In order to achieve more diversity into our program we are working with the AHELS division evaluating our application process to ensure we are not unintentionally excluding or causing barriers for our diverse students. We need help from the college, such as, finding advertisement venues outside of the HIM community to determine how we can increase diversity into our program.

b. Strategies to Facilitate Success for Students with Disabilities

We have worked very hard to evaluate ways to present material in the classroom that is accessible to all students, including those with disabilities.

Both Bonnie and Judy met several times with the accessibility department and a student who worked in the accessibility department, who also had disabilities, to identify areas in our courses that we could improve on to make them more accessible to students. During these meetings we also had the department and student assess our electronic health record platform at that time to see if the platform supportive the use of JAWS.

With this new knowledge when we revise or add material to our courses, accessibility requirements are at the forefront of our thought process. When we add videos, we make sure to include either transcripts or captions to ensure we meet accessibility to students with various disabilities and students who may have a different learning style.

We include direct links within our courses so students can access disability services directly from the courses. Judy works with healthcare facilities to ensure accommodations are met for all students with identifiable disabilities to ensure their directed practice experience goes smoothly.

We have seen an increase in different types of disability accommodation requests that at times have been confusing to understand. We have reached out to disability services and have invited them to our next SAC meeting so we can better understand these newer requests to better serve our students.

One of the challenges we face is the RHIT exam requires more documentation than PCC's disability services to approve disability accommodations so we make sure to communicate this to our students so they are prepared for the probability of additional documentation requirements than what they may expect.

We comply with any disability accommodation requests received and if there are accommodations that we feel will be difficult to accommodate we reach out to disability services and are able to establish a plan that is agreeable to us and the student.

Additionally, we provide disability service links within our courses and provide links in the HIM 293 course so students know where to go to learn about AHIMA's disability accommodation process and guidelines.

c. Strategies to Facilitate Success for Online Students

Our students are well prepared for online courses. Before taking online courses, they have an online orientation as a PCC requirement. During the first week, some of our courses have syllabi scavenger hunts to make sure students are able to locate important course information and this provides them an opportunity to ask questions early in the term.

We provide quick turnaround feedback to our students when grading the various activities within the courses. At the beginning of the syllabi instructors provide specific time lines on when they will return emails and provide feedback on graded material. Additionally, instructors provide weekly feedback to students when there are identified trends where the class as a whole missed a particular question on a quiz or assignment. There is a general discussions board that students are encouraged to use to post general questions on the course material that are answered by other students and

instructors. It is a good way to provide a community of togetherness where we see each other as a team.

The students can keep track of how well they are doing in the course since the grade tool is set up to update students on their progress on a continuing basis. A grading rubric is provided in the syllabi so students can compare their class points with the rubrics to determine how well they are doing. CPNs are sent out at midterm when students are not performing well, and when requested. We communicate with the students when we see any concerns in the course and invite students to reach out for assistance. This includes communicating to them when we see they missed one week's worth of material and did not reach out to us, completing the course CPNs at midterm and upon request, and emailing them again prior to the course drop date when there is concern for their grades affecting their transcripts.

One challenge is students, especially working students, not being prepared for the amount of time it requires to complete courses. To ensure they are fully aware of the amount of time needed we have added this topic to our student orientation and placed approximate number of hours students need to dedicate to each course within the course syllabus.

Many students are not well-equipped with time management and organization. Efforts are made to guide students in this area by intervening early in the program to facilitate student success. The program has a remediation policy that allows students to extend their course of study, rather than being dismissed from the program.

We include our advisor, Karen Henry, in this communication because she plays a vital role in supporting students when they need help.

d. Feedback from Industry for Curriculum or Instructional Changes

We review course evaluations every term and if a student provides a great idea, we will implement it in our courses. We send out employer surveys annually and review them for recommendations. One employer suggested that we add more video content to our courses and we have done so and

will continue to evaluate where we can add more. A copy of the most recent employer survey is included in Appendix F.

Judy sent assignments to an employer to review and obtained feedback regarding how practical it was in preparing them for their career. The employer stated that they felt what was presented to the students directly related to the specific areas that supervisor was responsible for, and also praised the use of multi-format analysis of records using the EHR, as well as typed and handwritten records.

The HIM Advisory Committee has provided us valuable feedback on the computer skills they would like to see in our students so we added more Excel and PowerPoint assignments to classes that we felt would be most meaningfully used that aligned with the outcomes. We continue to reach out to them for additional ideas on how we can increase these computer skills or other soft skills that they see are in important to have when entering the industry.

5. Composition, Qualifications, and Development of Faculty

a. Diversity, Equity, and Inclusion

Bonnie completed online training offered at PCC on equity and open education during winter term in 2019. Topics included OER and copyright basics, culturally responsive teaching, universal design, and open pedagogy.

In addition, Judy will be collaborating with Randolph Carter, Director of Diversity and Multicultural Affairs. Mr. Carter will assess one of Judy's courses and provide feedback on new inclusive teaching strategies.

The SAC discussed ways on how they present material that may support the needs of our ESOL students so both Bonnie and Judy have included more videos into their courses in hopes this will help ESOL students, students with dyslexia or other disabilities, and students with different learning styles that may benefit from these videos.

Judy is also piloting the use of video lectures with transcripts in addition to typed lectures in her MA 180 online course this spring. The idea is to provide different ways to present the course content while providing choices for students that fit their learning needs best. Once Judy gets feedback from the students after the term, we will get together to discuss if this is a good option for our HIM courses.

HIM182 was revised by Bonnie for Fall 2018 and includes open educational resources (OERs) that include video lectures with transcripts to better meet the needs of ESOL students and students with accommodations. Students can now learn the material by viewing video lectures, reading written documents, or a combination of the two, based on the way they learn best. Some of these OER materials with video lectures and transcripts are being added to the existing HIM272 course for Spring 2019 and there is a plan to add them to HIM281, 283 and 271 for the 2019-2020 academic year.

The part-time faculty use the courses developed by Bonnie or Judy when they are assigned courses to teach. They can make modifications, once they are familiar with the courses, as long as they confirm that the proper outcomes are being assessed. One former part-time coding instructor recorded a few videos for the coding courses that are still being used. . Bonnie worked with the distance learning video department to create some coding videos for ICD-10-CM and ICD-10-PCS which are located on the PCC YouTube Channel. Other colleges have found these and are using them in their coding classes.

Part-time faculty are currently being encouraged to complete PCC training that pertain to online pedagogy.

b. Changes to Instructor Qualifications

No changes are needed at this time.

All instructors currently meet the instructor qualifications. We are staying abreast of instructor qualification changes being discussed by the accrediting organization.

c. Professional Development Activities

Bonnie completed an online course offered by PCC on Equity and Open Education during Winter 2019 and Judy will be working with the Director of Diversity and Multicultural Affairs on assessing new inclusive teaching strategies. All faculty stay current with trainings on FERPA and Title IX. Judy became an AHIMA Approved ICD-10-CM/PCS Trainer in 2015 so she could also teach the updated coding classes. Most HIM professionals are either "coding only" or "anything but coding" as it relates to the courses that they are most comfortable teaching. This certification, along with broad professional experience gives us more flexibility than you find in most HIM programs. Bonnie became an AHIMA Approved ICD-10-CM/PCS Trainer in 2011 prior to being hired at PCC. This training was important because of the conversion from ICD-9-CM to ICD-10-CM/PCS coding on October 1, 2015.

Bonnie became a CAHIIM peer reviewer last year and is assigned to participate in about two CAHIIM program reviews a year. She has participated in two associate degree program reviews, one bachelor's degree program review, and is scheduled for another associate degree program review during the summer. This allows her to be familiar with the accreditation review process and position the PCC program to perform well in 2020-2021 accreditation site visit.

Both Bonnie and Judy are certified as Quality Matters Peer Reviewers, which is important for well-developed online courses. We became certified during the 2014-2015 academic year and recently completed an updated course on the newest QM rubrics version.

All faculty, including part-time instructors, attend the annual Oregon Health Information Management Association (OrHIMA) conferences, which provides updated information that can be used to update course content in the appropriate areas. It also provides regular contact with other HIM professionals and potential future directed practice sites.

6. Facilities, Instructional, and Student Support

Since the program is fully online students are not required to go on campus. However, some students do access the computer labs to do course work and are encouraged to use these labs as a backup in case their home computer fails. We do require additional software that students subscribe to, such as an academic EHR, encoder, and a CPT mobile app for their phones which the student must purchase. Though these additional costs may impact students financially, they are required to meet our program outcomes.

Though the EHR platform we currently use has provided many ways to assess outcomes that were more challenging to assess in the past, it would be even more valuable if the college supported the purchase of an industry-recognized EHR system for student training. This would provide our students with an even better realistic EHR system and this would enhance their resume upon graduation.

a. Classrooms, Technology, Laboratory and Equipment

Based on a request from us, the library obtained an additional online database that contains the AHIMA journal as well as many other online professional resources. This is used in some of the HIM courses. Some students use the computer labs to complete their coursework but with the changes coming in the 2021 curriculum, that may not be an option since software will be required that is not installed on those computers.

Bonnie has recently learned that some online programs have their libraries purchase the electronic version of the Joint Commission standards. The SAC will discuss this to see if we should make this request.

b. Academic and Student Resource Use

Students are referred to these resources if they discuss challenges they are facing with the instructors. The courses include a special module that provides the links to the PCC resources available to students, such as disability services, academic advising, grievances, academic integrity and counseling.

The HIM program has a dedicated program advisor. All students are required to meet with her during their first term and their fifth term. This requirement is enforced by a pass/no pass lab assignment. When students are struggling, we refer them to the advisor for assistance. Bonnie reviews student transcripts, identifying HIM-specific equivalencies, and develops individual plans for any student interested in transferring into the program. During the spring and summer each year, there are lot of students interested in knowing if any of their previous courses are equivalent to the PCC HIM courses, so these are all reviewed by Bonnie.

Our program also provides paths for students who wish to go from a 2-year plan to a 3-year plan and provides paths for students to remain in the program who may have failed a course.

7. Career and Technical Education (CTE)

a. Impact of Advisory Committee

Our HIM Advisory Committee consists of representatives from Legacy, Providence, Kaiser, OHSU, Tuality, and various settings that are not hospital settings, such as, Multnomah County Health Department, Reimbursement Management Consultants, physician office clinics, long term care facilities, and HIM consultants.

A common topic within the advisory committee are the importance of computer skills. It has been a challenge to find meaningful ways to use more computer software skills in some of the first-year classes because the curriculum design does not afford many options to develop more advanced computer skills. However, the program will be moving HIM282 Healthcare Statistics to first year,

which requires the use of Excel. We will also be adding CIS 125D as a required class in the program during the first year of the program. With the updated 2021 curriculum, the second-year lab classes will be separated from the courses they are attached to and a new three-term HIM Professional Practice Lab will be developed. This will allow Bonnie to use data management skills to teach HIM core and revenue management topics and the required technology skills can be developed strategically over 34 weeks, in a way that cannot be done in a 10-week course.

The advisory committee is supportive of increasing the technological competence of students and offers recommendations for topics to include in the courses that are needed on the job.

The advisory committee offered feedback to the program on questions to revise or add to the employer and graduate surveys.

At the April 2019 advisory committee, the updated curriculum with the choice of two tracks (one or both) will be discussed. Preliminary feedback indicates that the advisory committee will be supportive of the plan to offer both tracks – data management and revenue management and we will use this discussion with our Advisory Committee to provide supporting documentation to our accreditation as to why we chose both tracks.

There were advisory committee members who wanted the program to offer credit for prior learning because of the number of potential applicants working in HIM who chose other schools for that reason. The program began this effort by offering credit for industry certification to those with the coding credentials. As students inquire about credit for prior learning in other areas, this will be assessed.

When we decided to rearrange the coding course sequence the advisory committee provided valuable feedback and supported the changes. This ensured that students had the appropriate coding courses completed before the term they were doing their directed practice.

Some of the committee members evaluated program created assignments and provided valuable feedback on how the assignments assessed real-world HIM functions.

In addition, we had a committee member accept students for a coding directed practice as we began to see a decline on this type of opportunity for our students due to this HIM function going remote. This advisory committee member offers a remote coding experience for two or three students each year. The students go into the office and meet with a manager to review the process and obtain a CD of records. They code those from home, and then return to the office to discuss their coding results.

Though we have several Advisory members from our largest hospitals in the local area, some do not hold the position on making decisions for mentoring students for directed practice. Currently only two hospitals mentor 1-2 students per year for directed practice. The bulk of our directed practice mentors come from non-hospital setting facilities. We would like to work with our Advisory Committee members to identify the barriers that may be contributing to the decline in hospital-setting support for our students. One barrier that has been discussed before is the remote positions of some of these HIM roles placing working staff in various places within Oregon and in some cases, outside the state. If we can collaborate to find creative ways where our students can gain some experience even remotely, this would still add value to their experience since remote working is a real-world experience in the HIM field.

b. Projected Demand and Enrollment Patterns

The program admits 35 students each year and graduates around 30-32 students. With the added Clark Community College students this year we will have around 45 students graduating from our program in 2019. With collaborative efforts from Clark Community College's directed practice coordinator, we were able to obtain directed practice sites for all students.

Our program continues to fill the 35 applicant slots and if we were to increase our directed practice site numbers, we believe our program could support an increase in enrollments as long as we had the part-time faculty to support the program demands.

Though it was discussed over five years ago if adding more students to our program would over saturate the market, we think this deserves another discussion. With the industry changes, support

from our part-time faculty, and our program's ability to reach extended geographical locations and non-traditional HIM roles, it would be a benefit to the program to ask the advisory committee again if they see a potential in adding more students to our program.

Sufficient numbers of applications would be needed for the program to add an additional cohort since course sizes cannot grow beyond the 35-student cap without overwhelming the instructors, due to the amount of manual grading our assignments require.

c. Student Selection and Preparation for Program Entry

The HIM program is a closed admission program. The program is open for new applicants during winter term annually and a cohort of 35 is accepted to begin the program the following fall term.

The prerequisites for applying for admission are:
WR 121 – English Composition
MP 111 – Medical Terminology
MTH 65 – Introductory Algebra - 2nd term, or MTH 58 – Math Literacy I
CAS 133 – Basic Computer Skills/MS Office

The prerequisite courses must be passed with a C grade or higher.

The points-based system currently places emphasis on pre-requisite grades, recommendations, and volunteer or healthcare experience. A student that has re-applied obtains an additional point.

The admissions application and admission review processes are currently being redesigned to help level the playing field for all applicants to support the diversity, equity and inclusion goals of the college.

Since the program is fully online, include labs that may utilize a web-based electronic health record, students should be competent in the following areas:
- Handling problems with their home computer.

- Utilizing a browser, such as Internet Explorer, Firefox, or Chrome, including accessing websites, downloading files, installing browser add-ins, and searching for resources.
- Utilizing Microsoft Office applications, including Word, Excel, and PowerPoint.
- Opening files in Acrobat Reader.

We also provide in-person orientations for students that were accepted into the program during the spring term prior to beginning their fall courses. Since our program is online this provides students a chance to see each other face-to-face. During this orientation we discuss:

- Background checks, immunizations, drug screen requirements prior to directed practice
- Show them an example of one of our online courses, pointing out to them the different elements within the course shell that will help them navigate the learning environment. This also allows us the opportunity to ask students if any of them have taken online courses. If they have not, we direct them to the required PCC online orientation.
- We provide them with a list of textbooks for fall term
- We discuss admission and advisory processes and provide them an opportunity to speak with our admissions and advisor coordinators as they are present during this orientation.
- We explain to them the importance of organization and time management while taking multiple online courses, providing them with examples on how to achieve this.
- Explain more about what an HIM professional is and what various job opportunities are out there for them.
- Explain to them the importance of taking the RHIT exam as soon as possible for a better chance at passing the exam the first time.
- Explain the importance of knowing specific computer software skills since we use these in some of our courses and is a skill, we have heard from the industry they want to see in our students.
- Explain the importance of soft skills and provide them with examples on how we assess these skills in the learning environment.
- Express the importance of their success is to us and that we are available to them whenever struggles may arise throughout the program.

d. Job Placement Data and Forecasts

It has been difficult to collect employment data on graduates because once they leave the program, they do not always communicate with us when they obtain employment. With past surveys we were lucky to receive two responses. This is a challenge not just for the HIM program, but for all CTE programs.

Bonnie has recently revised the employer and graduate survey that can be completed online, instead of the old paper form the program used in the past. We recently sent the survey to the 2018 graduates and have received eight responses, so the electronic survey has increased responses. The advisory committee recommended that we send the survey out about six months after graduation each year, while students still have the program on their minds to see if that increases responses. A copy of the most recent graduate survey results is in Appendix G.

Last year Judy interviewed all the facility sites that mentored our students and asked how many of their hired staff are PCC graduates. Several facilities stated that the majority of their staff, including themselves, were PCC graduates. Over half of the facilities had at least one PCC graduate as hired staff.

According to the Bureau of Labor Statistics updated on April 13, 2018, the median pay for entry-level HIM professionals in 2017 was $39,180 annually. The average growth rate for all occupations is 7%, but for the HIM field, the projected rate of employment rate is at a higher rate at 13% through the year 2026.

In Oregon the median salary range is $46,560 and as of May 2017, employed 3,170 HIM professionals.

e. Completion Records

		FT	PT	Total
2018-2019 Academic Year	Clark Group	12	1	13
	2nd Year (2017 cohort)	32	2	34
	1st Year (2018 cohort)	38	1	39
	Attrition	9		
2017-2018 Academic Year	2nd Year (2016 cohort)	29	6	35
	1st Year (2017 cohort)	35		35
	Attrition	5		
2016-2017 Academic Year	2nd Year (2015 cohort)	30	2	32
	1st Year (2016 cohort)	34	3	37
	Attrition	7		
2015-2016 Academic Year	2nd Year (2014 cohort)	23	7	30
	1st Year (2015 cohort)	35	2	37
	Attrition	10		

		FT	PT	Total
2014-2015 Academic Year	2nd Year (2013 cohort)	25	4	29
	1st Year (2014 cohort)	34	1	35
	Attrition	5		

Few students leave the program, but barriers to completing our program are mainly personal circumstances taking priority over the program, such as student or family health issues and program rigor. When program rigor is a problem, students typically drop out during the first term in the program. Efforts are made to retain students who are dropping out, by offering extension of the program into a three-year plan and this has helped some students complete the program.

f. Perkins

i. Secondary School Alignments

The program is Perkins-eligible. There are two area high schools with health-focused curriculum (Benson and Beaverton). The curricula in these programs prepares students for a host of healthcare careers and academic programs including HIM. We are exploring opportunities to partner more closely with high schools to include HIM specific content into their curricula.

ii. Technical Skills Assessments (TSA)

The Technical Skills Assessment (TSA) is based on the mock exams, which cover materials throughout the program. Students take this at the beginning of their final term in the program and are told not to study prior to taking it, so there can be a realistic assessment about how much information they have retained throughout the program.

Portland Community College Health Information Management Student Comprehensive Mock Exam Results with 70% Threshold From 2014-2018

Year	Students 70% above	Students below 70%
2014	13	11
2015	21	4
2016	28	2
2017	21	8
2018	22	9
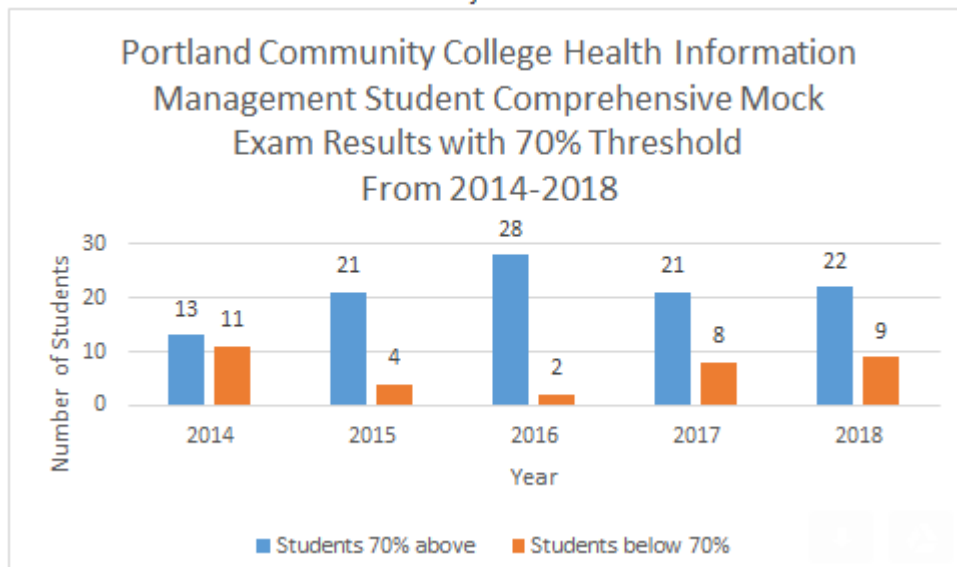
iii. Impact of Perkins Funding

The program finds that being able to attend conferences is the biggest benefit. These funds are used for us to attend the annual Oregon Health Information Management Association (OrHIMA) Conference and will fund Bonnie's attendance to The CAHIIM Accreditation conference this year.

G. Opportunities for Graduates to Continue Education

There are no bachelor's degree programs in Oregon that allow for the completion of RHIA requirements. The closest program is University of Washington, but it is offered in the classroom. University of Washington is considering the development of an online certificate program to complete the RHIA exam requirements, but a bachelor's degree would be required prior to entry to the program. Most students who continue their education in the HIM field have attended the University Cincinnati, Western Governor's University or University of Wisconsin, which have fully online HIM programs. Tacoma Community College is in the process of going through the CAHIIM accreditation process for a new online BAS in HIM, which will allow graduates to sit for the RHIA exam. The department of Allied Health is working on an articulation agreement with PSU/OHSU School of Public Health, though that is not a CAHIIM-accredited program, which some students are

interested in. A number of students have enrolled in the Pacific University Health Sciences degree program.

8. Recommendations

a. SAC Plans for Improvements

The Office of the National Coordinator of Health IT has many resources available using the Creative Commons license that address topics taught within the HIM program. These resources are being used to quickly add video lectures with transcripts to the courses over the 2018-2019 and the 2019-2020 academic years. We are hoping these added resources will benefit students with various learning styles, disabilities, and for our ESOL students. In addition, these resources will align with our upcoming curriculum changes.

With our upcoming major curriculum, we have already began assessing the AHIMA competencies and will collaborate to ensure our program outcomes adequately align with these new competencies and will make adjustments as needed. Items that we have already noticed that will need to be addressed include:

- Moving course content into other courses
- Adding new courses, especially in the second year of the program to ensure we are teaching to the new curricula
- Moving courses around into different terms so students are better prepared to meet these new outcomes. For example, we will be moving HIM 282 to the beginning of the program so students get exposure to math and computer skills at an earlier time so they are getting opportunities to use these skills prior to their second-year courses.
- Update the HIM Student Handbook to ensure we are providing as much information to our students as possible so they understand the rights and responsibilities within the program.
- Work with AHELS to simplify and ensure our admissions process is inclusive.
- Review the student success of the pilot efforts in MA 180 to include choices for students to obtain lecture content through audio videos and/or typed lectures and evaluate how we can implement this into our HIM courses.

- After Bonnie offers zoom sessions in some of her courses, we will evaluate how that impacted student success and instructor/student relationships and see where other courses may benefit from this option.
- After Judy meets with Randolph Carter who will assess one of her courses and provide feedback on inclusive teaching methods, she will bring this information back to the SAC.
- After Bonnie attends another CAHIIM review and conference she will provide insight to the SAC on what she learned so we can assess what our program is doing now and what it needs to improve upon to better serve our students and be better prepared for our upcoming accreditation site visit.

b. Support Needed from Administration

The program would like continued financial support to attend conferences, such as the OrHIMA Annual Convention and Fall Institute, for professional development. These conferences provide valuable tools for us as instructors so we ensure our courses contain the most up to date material presented to our students within the courses we teach. This conference also provides opportunities to talk with potential new directed practice sites so we can continue to have a good list of sites to rely on especially if we decide to increase our enrollment cap.

If one of us were able to attend the Assembly of Education (AOE) conference, this would provide us valuable tools as instructors to better serve our students. The AOE conferences is meant to serve HIM educators providing us innovative ways to improve our course delivery for better student success. Being able to attend this conference provides us with new ideas to improve student outcomes within the online delivery environment. In fact, a couple of topics discussed in this year's coming conference in July includes:

- Strategies to effectively teach online courses and emerging health information topics
- Research presentations to enhance our approach to teaching and improve student outcomes
- Workforce engagement strategies to align your curriculum with the needs of the healthcare industry

Bonnie would like release time for the development of new courses required for the 2021 curriculum updates, rather than payment for course development.

Judy would either like some release time to coordinate directed practice or ask the college to consider hiring an Allied Health directed practice coordinator for all allied healthcare CTE programs. Prior to Judy taking on this role, the coordination of directed practice was done by a person who has since retired and did not hold an instructor position. The HIM program is not the only allied health CTE program that requires directed practice and all the coordinators in this position are also instructors so considering an Allied Health directed practice coordinator would benefit many programs. Coordinating directed practice requires significant effort during the entire year to recruit sites to host students, revise or establish new contracts, arrange the actual directed practice assignment, and visit facilities while students are conducting their directed practice.

With the changes in the HIM field Judy would like to have time allocated to job shadowing current HIM functions to obtain a better understanding of these changes. Reading the changes and seeing the changes provide a different perspective and insight. Having release time during fall term where my teaching load is the lightest could provide an opportunity to enhance my understanding of the challenges the industry faces with more advanced technology now embedded in HIM processes.

If the college can obtain an industry recognized EHR system, that students will actually use on the job, this may provide better employment rates for our students who have no HIM experience that are applying for jobs that require experience. Providing a more realistic EHR that our students can use will not only exposure them to what similar EHRs are currently out there, they can include all their course assignments using this platform in their resume showing prospective employers that they do have some experience working with an EHR. We don't know of any college that has such system, so this would set PCC apart from other college's by providing this tool. Not only would this benefit HIM, it would benefit many Allied Health programs who use EHRs as part of their academic curriculum. Knowing how to navigate in an EHR used by all the major health systems in the Portland metro area, would allow graduates to be more competitive with job candidates who are already employed.

9. Assurances

Please put X's next to all three boxes to verify that…

☐ faculty and FDCs at all of the campuses offering courses in this discipline/program have received a late-stage draft of the Program Review document.

☐ all of the division deans offering courses in this discipline/program have been sent the late-stage draft.

☐ the SAC administrative liaison has reviewed and had the opportunity to provide feedback on the final report.

APPENDICES

Appendix A

2014 Curriculum Requirements

(Implemented by 2017)

CAHIIM CURRICULUM REPORT
AHIMA Entry-Level Competencies For Health Information Management (HIM) at the Associate Degree Level

Entry-Level Competencies	Required Bloom's Level	Curricular Considerations - These are topics programs may use to guide students to achieve the competency at the required Bloom's taxonomy level.	List the course number/prefix, course name, type of assignment/activity/project and the location of the assignment/activity/project in the course syllabus' class schedule or calendar that demonstrates the highest Bloom's taxonomic level for each Competency (Columns 1 & 2). Maximum of two (2) assignments per Competency
Institution/Program Title:		Portland Community College	
Program Director, Credentials:		Bonnie Altus, MS,RHIA,CHPS,CCS-P	
Address/City, State:		Portland, Oregon	
Submission Date:		Updated 11/8/2017	

Programs must provide CAHIIM with faculty viewing access in the Learning Management System (LMS) for all HIM core courses offered and/or delivered in an online format at the time of self-assessment submission in the CAS system. Program must include the login URL/link, username & password

Domain I. Data Content, Structure & Standards			*Note:* Program can increase row height as needed. If copy/paste is used to insert text: **Set paste settings to "Match Destination Formatting"**
Subdomain I.A. Classification Systems			*Example: HIT 134: Health Law and Ethics; Project; Compliance Plan; Week 8*
1. Apply diagnosis/procedure codes according to current guidelines	3	* Principles of Nomenclatures, Terminologies, Clinical Vocabularies, Taxonomies & other data sets (OASIS, HEDIS, UHDDS, & DEEDS), and applications of Classification Systems (ICD/CPT, HCPCS, SNOMED, & DSM)	HIM276 Week 7 Lab (Hospital Outpatient Coding) HIM276 Week 10 Lab (Inpatient Coding)
2. Evaluate the accuracy of diagnostic and procedural coding	5	* Principles and applications of Classification Systems and Audits	HIM 276 Teamwork
3. Apply diagnostic/procedural groupings	3	* Principles and applications of diagnostic and procedural grouping including Diagnostic Related Group (DRG), Medicare Severity Diagnosis Related Group (MSDRG), Ambulatory Payment Class (APC), and Resource Utilization Groups (RUGS)	HIM276 Teamwork
4. Evaluate the accuracy of diagnostic/procedural groupings	5	* Principles and applications of diagnostic and procedural groupings and audits	HIM276 Teamwork
Subdomain I.B. Health Record Content and Documentation			
1. Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status	4	* Content and documentation requirements of the health record; health information media (paper, computer, web-based document imaging)	HIM120 Week 11 Introduction to Chart Deficiencies Neehr Perfect Lab HIM286 Week 3 Analyzing for Chart Deficiencies Neehr Perfect Lab
2. Verify the documentation in the health record is timely, complete, and accurate	4	* Documentation requirements of the health record for all record types including acute, ambulatory, long term care, rehab, and behavioral health	HIM120 Week 11 Introduction to Chart Deficiencies Neehr Perfect Lab HIM286 Week 3 Analyzing for Chart Deficiencies Neehr Perfect Lab

3. Identify a complete health record according to organizational policies, external regulations, and standards	3	* Medical staff By-laws, The Joint Commission, and State Statutes, and Legal Health Record	HIM110 Assignment: Review chart for data integrity and completeness using AHIMA's Information Integrity in the EHR Toolkit HIM110 Week 10 Discussion: The Health Record
4. Differentiate the roles and responsibilities of various providers and disciplines to support documentation requirements throughout the continuum of healthcare	5	* Roles and responsibilities of health care providers for health information documentation	HIM110 Week 3 Discussion: Responsibilities of different users in documentation requirements HIM182 Week 2 Discussion: Providers and Disciplines in a Healthcare Facility
		* Administrative (patient registration, Admission/Discharge/Transfer (ADT), billing) and Clinical (lab, radiology, pharmacy) services	
Subdomain I.C. Data Governance			
1. Apply policies and procedures to ensure the accuracy and integrity of health data	3	* Data stewardship and data sources for patient care (management, billing reports, registries, and/or databases)	HIM274 Week 3 Lab: Quality Improvement Utilizing the EHR Neehr Perfect Lab HIM271 Term Project: Birth Certificate QI Project
		* Data integrity concepts & standards; Data interchange standards including X2 & HL-7	
		* Medical Staff By-laws, Hospital By-laws, and Provider contracts with facilities	
Subdomain I.D. Data Management			
1. Collect and maintain health data	2	* Health data collection tools (screen design & screens)	HIM120 Neehr Perfect Activity: UHDDS and the EHR HIM281 Week 3 Discussion: Data Entry, Screen Design and Data Quality
		* Data elements, data sets, databases, & indices	
		* Data mapping & data warehousing	
2. Apply graphical tools for data presentations	3	* Graphical tools & presentations	HIM282 Project: Data Presentation HIM271 Term Project: Birth Certificate QI Project
Subdomain I.E. Secondary Data Sources			
1. Identify and use secondary data presentations	3	* Specialized data collection systems and registries	HIM281 Week 6 Discussion: Registries HIM271 Week 7 Discussion: Healthcare Cost and Utilization Project Database
2. Validate the reliability and use secondary data sources	3	* Purposes and applications of secondary data sources	HIM120 Week 4 Neehr Perfect Activitiy: UHDDS and the EHR HIM281 Week 6 Discussion: Registry Research
Domain II. Information Protection: Access, Disclosure, Archival, Privacy & Security			
Subdomain II.A. Health Law			
1. Apply healthcare legal terminology	3	* Healthcare legal terminology	HIM121 Week 10 Discussion: Reflections HIM121 Final Exam Questions #2, 3, 4, 5, 6, 7, 13, 21, 22, 23, 27, 28, 48, 51, 52, 53
2. Identify the use of legal documents	3	* Health information/record laws and regulations (consent for treatment, retention, privacy, patient rights, advocacy, health power of attorney, advance directives, Do not Resuscitate (DNR) orders)	HIM121 Final Exam Question #: HIM121 Week 8 Discussion: Valid Authorizations
3. Apply legal concepts and principles to the practice of HIM	3	* Maintain a legally defensible health record (subpoenas, depositions, court orders, and warrants)	HIM121 Project: Release of Information cases HIM290 Teamwork: Two groups related to ROI and all class members participate in final discussions

Subdomain II.B. Data Privacy, Confidentiality & Security			
1. Apply confidentiality, privacy and security measures and policies and procedures for internal and external use and exchange to protect electronic health information	3	* Internal and external standards, regulations and initiatives (state and federal privacy and security laws)	HIM283 Week 9 Discussion: System Security Policies HIM283 Assignment 3: Policy and Procedures
		* Patient verification (medical identity theft); Data security concepts, processes, and monitoring	
2. Apply retention and destruction policies for health information	3	* E-Discovery; Data storage & retrieval	HIM277 Given a policy on retention and destruction, write a procedure HIM110 Week 2 CYU: Question # 22, 23, 24, 25
3. Apply system security policies according to departmental and organizational data/information standards	3	* Security processes and policies (data/information standards)	HIM283 Week 9 Discussion: System Security Policies HIM283 Assignment 3: Policy and Procedures
Subdomain II.C. Release of Information			
1. Apply policies and procedures surrounding issues of access and disclosure of protected health information	3	* Release patient specific data to authorized users; Access and disclosure policies and procedures	HIM121 Project: Release of Information cases HIM290 Teamwork: Two groups related to ROI and all class members participate in final discussions
Domain III. Informatics, Analytics and Data Use			
Subdomain III.A. Health Information Technologies			
1. Utilize software in the completion of HIM processes	3	* Record tracking, release of information, coding, grouping, registries, billing, quality improvement, imaging, Electronic Health Records (EHRs), Personal Health Records (PHRs), and document imaging	HIM120, 107, 274, 286 Neehr Perfect Activities HIM273, 276, 285 Encoder Vlab HIM275 Quick Ref App Most Classes: Word and Excel
2. Explain policies and procedures of networks, including intranet and Internet to facilitate clinical and administrative applications	2	* Communication and network technologies including EHRs, PHRs, Health Information Exchanges (HIEs), portals, public health, standards, and telehealth	HIM283 Week 7 Discussion: Technologies in Healthcare HIM283 Week 8 Discussion: Telemedicine Technology
Subdomain III.B. Information Management Strategic Planning			
1. Explain the process used in the selection and implementation of health information management systems	2	* Strategic planning process, integration of systems, and information management strategic plan	HIM283 Week 6 Discussion: Planning a system implementation HIM283 Assignment 2A or 2B
2. Utilize health information to support enterprise wide decision support for strategic planning	3	* Business planning; Market share planning; Disaster and recovery planning	HIM283 Week 5 Discussion Evidence-based medicine HIM283 Week 3 Discussion:
Subdomain III.C. Analytics and Decision Support			
1. Explain analytics and decision support	2	* Analytics and decision support (data visualization, dashboard, data capture tools, and technologies)	HIM281 Week 8, 9 and/or 10 discussion (revisions needed)

2. Apply report generation technologies to facilitate decision-making	3	* Organizational design and strategic use of patient and performance data to support specific lines of business in healthcare including Outpatient Prospective Payment System (OPPS), Inpatient Prospective Payment System (IPPS), and medical research	HIM 277 Census vs. Staff HIM286 Neehr Perfect Lab: Introduction to Clinical Reminders
Subdomain III.D. Health Care Statistics			
1. Utilize basic descriptive, institutional, and healthcare statistics	3	* Healthcare statistical formulas (length of stay (LOS), death, autopsy, infections, and birth rates); Mean, frequency, percentile, and standard deviation	HIM282 Data Presentation Project Final Exam Question # 2, 3, 4, 7, 10, 13, 14, 15, 17, 18, 19, 24, 25, 27, 29, 30, 31, 32, 35, 39, 41, 42, 46, 47, 49
2. Analyze data to identify trends	4	* Structure and use of health information and healthcare outcomes (comparative & aggregate analytics); Quality, safety, and effectiveness of healthcare	HIM282 New discussion HIM271 Term Project: Birth Certificate PI Project HIM286 Lab 8: Neehr Perfect Activity - Structured and Unstructured Data
Subdomain III.E. Research Methods			
1. Explain common research methodologies and why they are used in healthcare	2	* Research methodologies including quantitative, qualitative, mixed methods, and Institutional Review Board (IRB)	HIM282 Week 9 Discussion: Research Methods HIM282 Final Exam Question #45, 50
Subdomain III.F. Consumer Informatics			
1. Explain usability and accessibility of health information by patients, including current trends and future challenges	2	* Mobile technologies, patient portals, patient education, outreach, patient safety, PHRs, and patient navigation	HIM283 Week 10 Discussion: PHR and Patient Portals
Subdomain III.G. Health Information Exchange			
1. Explain current trends and future challenges in health information exchange	2	* Exchange/sharing of health information (Employer to Health Provider; Health Provider to Health Provider; Health Provider to Employer; Facility to Facility)	HIM283 Assignment 1B: Neehr Perfect Activity - Health Information Exchange HIM283 Week 2 Discussion: HIE Efforts, Problems, and Progress
Subdomain III.H. Information Integrity and Data Quality			
1. Apply policies and procedures to ensure the accuracy and integrity of health data both internal and external to the health system	3	* Disease management process; Quality assessment & improvement (process, collection tools, data analysis, and reporting techniques)	HIM271 Term Project: Birth Certificate PI Project HIM274 Week 6 Lab: Neehr Perfect Activity - Communication within the HER
Domain IV. Revenue Management			
Subdomain IV. A. Revenue Cycle and Reimbursement			
1. Apply policies and procedures for the use of data required in healthcare reimbursement	3	* Payment methodologies and systems including capitation, Prospective Payment System (PPS), Resource Based Relative Value Scale (RBRVS), case mix, indices, MSDRGs, healthcare insurance policies, and Accountable Care Organizations (ACOs)	HIM285 Week 5 Discussion: Revenue Cycle Policies and Procedures HIM285 Assignment 2: Reenue Cycle Management

2. Evaluate the revenue cycle management processes	5	* Billing processes and procedures (claims, Explanation of Benefits (EOB), Advanced Beneficiary Notice (ABN), Electronic Data Interchange (EDI), coding, Chargemaster, and bill reconciliation process) in hospital inpatient, outpatient, physician offices, and other delivery settings	HIM285 Assignment 2: Revenue Cycle Management Plan HIM285 Week 4 Discussion: Chargemaster Maintenance
		* Utilization review and case management/care coordination	
Domain V. Compliance			
Subdomain V.A. Regulatory			
1. Analyze policies and procedures to ensure organizational compliance with regulations and standards	4	* Internal and external standards, regulations, and initiatives; Health Insurance Portability and Accountability Act (HIPAA), The Joint Commission, Quality Integrity Organizations (QIOs), Meaningful Use (MU), risk management, & patient safety	HIM285 Compliance plan assignment HIM290 Teamwork and related discussion board
2. Collaborate with staff in preparing the organization for accreditation, licensure, and/or certification	4	* Deeming Authorities for accreditation, licensure, and certification (EHRs)	HIM182 Week 3 Discussion: Licensure, Certification, Accreditation, and Leadership Roles HIM271 Week 9 Discussion: Medical Staff Committees and the National Practitioner Data Bank
3. Adhere to the legal and regulatory requirements related to health information management	3	* Legislative and regulatory processes (coding quality monitoring, compliance strategies, and reporting)	HIM283 Assignment 3: Compliance Plan HIM290 Teamwork
Subdomain V.B. Coding			
1. Analyze current regulations and established guidelines in clinical classification systems	4	* Severity of illness systems such as Present on Admission (POA), Hospital Acquired Conditions (HACs)	HIM182 Week 6: PPS Final Rules HIM285 Week 1 Discussion HCC Coding & RA Models, Week 2 Discussion PPS, Week 3 Discussion HACs and Reimbursement, Week 6 Discussion NCCI (pick any one of these)
2. Determine accuracy of computer assisted coding assignment and recommend corrective action	5	* Coding specialty systems; Computer-Assisted Coding (CAC) technology	HIM 276 Teamwork?
Subdomain V.C. Fraud Surveillance			
1. Identify potential abuse or fraudulent trends through data analysis	3	* False Claims Act, (Stark Law, Anti-Kickback Statute, and Whistleblower Protection Act); Role of Office of Inspector General (OIG) and Recovery Audit Contractors (RACs); Unbundling and upcoding (Fraud/Abuse)	HIM285 Week 10 Discussion: OIG Audits HIM285 Week 7 Discussion: Using Data Analysis to Identify Fraud and Abuse
Subdomain V.D. Clinical Documentation Improvement			
1. Identify discrepancies between supporting documentation and coded data	3	* Clinical outcome measures and monitoring	HIM274 Week 8 Assignment: Neehr Perfect Activity - Hospital Inpatient Quality Measures HIM274 Week 6 Lab: Neehr Perfect Activity - Communication in the HER
2. Develop appropriate physician queries to resolve data and coding discrepancies	6	* Clinical Documentation Improvement (CDI); Professional communication skills; Roles of Physicians and HIM in CDI	HIM110 Week 9 Discussion: Query Practice HIM285 Assignment 4: Constructing an Appropriate Query

Domain VI. Leadership			
Subdomain VI.A. Leadership Roles			
1. Summarize health information related leadership roles	2	* Healthcare providers including administration, CIO/CMIO, and others	HIM182 Week 3 Discussion: Licensure, Certification, Accreditation, and Leadership Roles HIM290 Teamwork with related discussion board
2. Apply the fundamentals of team leadership	3	* Team leadership concepts and techniques	HIM290 Team Project and related discussion board HIM272 Week 1 Discussion: Leadership Styles and Systems Thinking
3. Organize and facilitate meetings	3	* Roles and functions of teams and committees (work in teams/committees & consensus building); Communication, interpersonal, and critical thinking skills	HIM290 Team Project and related discussion board
Subdomain VI.B. Change Management			
1. Recognize the impact of change management on processes, people and systems	2	* Organization Mergers; New systems and processes implementation (Risk Exposure)	HIM290 Teamwork and related discussion board
Subdomain VI.C. Work Design and Process Improvement			
1. Utilize tools and techniques to monitor, report, and improve processes	3	* Tools & techniques for process improvement/reengineering; Gantt charts, benchmarking, and data presentation	HIM271 Term Project: Birth Certificate PI Project HIM271 Week 4 Discussion: Understanding the purpose of PI Tools
2. Identify cost-saving and efficient means of achieving work processes and goals	3	* Incident response, medical reconciliation, and sentinel events	HIM271 Term Project: Birth Certificate PI Project HIM277 Week 8 Lab: Work Distribution Chart
3. Utilize data for facility-wide outcomes reporting for quality management and performance improvement	3	* Data for outcomes reporting; Continuous Quality Improvement (CQI)	HIM271 Term Project: Birth Certificate PI Project HIM271 Week 1 Discussion: Using Performance Data to Judge Healthcare Data
Subdomain VI.D. Human Resources Management			
1. Report staffing levels and productivity standards for health information functions	3	* Staffing levels and productivity standards (productivity calculations)	HIM272 Week 4 Discussion: Staffing Levels and Productivity Standards HIM277 Week 4 Assignment: Coding Productivity report
2. Interpret compliance with local, state, and federal labor regulations	5	* Labor/Employment laws	HIM272 Week 7 Discussion: Labor Law Compliance
3. Adhere to work plans, policies, procedures, and resource requisitions in relation to job functions	3	* HR structure and operations	HIM272 Week 2 Discussion: Adhering to plans and policies or requisition new resources
Subdomain VI.E. Training and Development			
1. Explain the methodology of training and development	2	* Orientation and training	HIM290 Team Project and related discussion HIM277 Lab 7: Training plan for a new employee, including a job description, competency
2. Explain return on investment for employee training/development	2	* Recruitment, retention, and sizing	HIM272 Week 8 Discussion: Return on Investment for training

Subdomain VI.F. Strategic and Organizational Management			
1. Summarize a collection methodology for data to guide strategic and organizational management	2	* Internal and external workflow, process monitors, outcomes measures, and monitoring; Resource allocation, corporate compliance and patient safety, risk assessment, and customer satisfaction	HIM272 Week 3 Discussion: Data Collection Methodologies HIM271 Term Project: Birth Certificate PI Project
2. Understand the importance of healthcare policy-making as it relates to the healthcare delivery system	2	* State, local, and federal policies (Healthy People 2020, Institute of Medicine (IOM) Reports, Center for Disease Control (CDC), and Patient Centered Outcomes Research Institute (PCORI)	HIM182 Week 10 Discussion: Healthcare Policy Making HIM283 Assignment 1A: Neehr Perfect Activity - Introducing HITECH and the History of EHRs
3. Describe the differing types of organizations, services, and personnel and their interrelationships across the health care delivery system	2	* Payers/providers in all delivery settings; Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs); Medical devices and Biotech	HIM182 Week 4 Discussion: Healthcare Organization, Services, Personnel and their Interrelationships
4. Apply information and data strategies in support of information governance initiatives	3	* Information and data strategy methods & techniques	TBD
5. Utilize enterprise-wide information assets in support of organizational strategies and objectives	3	* Governance Standards; Data/information visualization, models, and presentation	HIM281 Discussion Week 8, 9 or 10: TBD
Subdomain VI.G. Financial Management			
1. Plan budgets	3	* Budgets (staffing, department, & capital)	HIM277 Lab 5: Budget Assignment (Part 1)
2. Explain accounting methodologies	2	* Basic accounting methodologies; Cost and cash accounting	HIM272 Week 6 Discussion: Risk in Vendor and Contract Management/Budgets and Accounting
3. Explain budget variances	2	* Budget variances	HIM272 Week 6 Discussion: Budget Variance HIM277 Lab 5 Part 2: Budget Variance Assignment
Subdomain VI.H. Ethics			
1. Comply with ethical standards of practice	5	* Professional and practice-related ethical issues; AHIMA Code of Ethics	HIM285 Assignment 5: AHIMA Code of Ethics Assignment HIM121 Discussion 9: Ethics
2. Evaluate the consequences of a breach of healthcare ethics	5	* Breach of healthcare ethics	HIM121 Discussion 9: Ethics HIM121 Week 5 Discussion: Breach Reporting in the OCR database
3. Assess how cultural issues affect health, healthcare quality, cost, and HIM	5	* Healthcare professionals and cultural diversity; Cultural competence and self-awareness; Assumptions, biases, & stereotypes	HIM272 Week 10 Discussion: Cultural Isuses in Healthcare HIM121 Assignment: Cultural Competence
4. Create programs and policies that support a culture of diversity	6	* Diversity awareness training programs: age, race, sexual orientation, education, work experience, geographic location, and disability	HIM272 Week 10 Lab: Annotated Bibliography on developing a program and policies that support a culture of diversity HIM121 Assignment: Cultural Competence
		* Regulations such as Americans with Disabilities Act (ADA) and Equal Employment Opportunity Commission (EEOC)	
Subdomain VI.I. Project Management			
1. Summarize project management methodologies	2	* Project Management Planning (PMP)	HIM290 Teamwork and related discussion board HIM271 Week 5 Discussion: Medication Management Project

Subdomain VI.J. Vendor/Contract Management			
1. Explain Vendor/Contract Management	2	* Systems acquisition and evaluation	HIM272 Week 6 Discussion: Risk in Vendor and Contract Management/Budgets and Accounting
Subdomain VI.K. Enterprise Information Management			
1. Apply knowledge of database architecture and design	3	* Data dictionary and interoperability	HIM286 Lab 9: Develop a Data Dictionary HIM286 Lab 10: Introduction to Data Mining and Data Mining in the HER
Supporting Body of Knowledge (Pre-requisite or Evidence of Knowledge)			
1. Pathophysiology and Pharmacology			HIM131 and HIM136
2. Anatomy and Physiology			HIM128 and HIM129
3. Medical Terminology			Prerequisite
4. Computer Concepts and Applications			Prerequisite

Appendix B

2019 Curriculum Requirements

(Implemented by 2021)

2018 Health Information Management Associate Degree Curriculum Competencies

Council for Excellence in Education
Health Informatics and Health Information Management

Supporting Body of Knowledge (Prerequisite or Evidence of Knowledge)
Pathophysiology and Pharmacology
Anatomy and Physiology
Medical Terminology
Computer Concepts and Applications
Math Statistics

Additional Notes
The DM and RM competencies are to be completed in addition to all other competencies, specific to the program's chosen specialization.
DM: Competency for Associate Degree Data Management Track
RM: Competency for Associate Degree Revenue Management Track
Curriculum Guidance is provided in a separate document

Domain I. Data Governance, Content, and Structure	
Competency	**Bloom's Level**
I.1. Describe health care organizations from the perspective of key stakeholders.	2
I.2. Apply policies, regulations, and standards to the management of information.	3
I.3. Identify policies and strategies to achieve data integrity.	3
I.4. Determine compliance of health record content within the health organization.	5
I.5. Explain the use of classification systems, clinical vocabularies, and nomenclatures.	2
I.6. Describe components of data dictionaries and data sets.	2
I.6. **DM** Evaluate data dictionaries and data sets for compliance with governance standards.	5

Domain II. Information Protection: Access, Use, Disclosure, Privacy, and Security	
Competency	**Bloom's Level**
II.1. Apply privacy strategies to health information.	3
II.2. Apply security strategies to health information.	3
II.3. Identify compliance requirements throughout the health information life cycle.	3

Domain III. Informatics, Analytics, and Data Use	
Competency	**Bloom's Level**
III.1. Apply health informatics concepts to the management of health information.	3
III.2. Utilize technologies for health information management.	3
III.3. Calculate statistics for health care operations.	3
III.4. Report health care data through graphical representations.	3
III.5. Describe research methodologies used in health care.	2
III.6. Describe the concepts of managing data.	3
III.7. Summarize standards for the exchange of health information.	2

III.6. **DM** Manage data within a database system.	5
III.7. **DM** Identify standards for exchange of health information.	3

Domain IV. Revenue Cycle Management	
Competency	Bloom's Level
IV.1. Recognize assignment of diagnostic and procedural codes and groupings in accordance with official guidelines.	3
IV.2. Describe components of revenue cycle management and clinical documentation improvement.	2
IV.3. Summarize regulatory requirements and reimbursement methodologies.	2
IV.1. **RM** Determine diagnosis and procedure codes according to official guidelines.	5
IV.2. **RM** Evaluate revenue cycle processes.	5
IV.3. **RM** Evaluate compliance with regulatory requirements and reimbursement methodologies.	5

Domain V. Health Law & Compliance	
Competency	Bloom's Level
V.1. Apply legal processes impacting health information.	3
V.2. Demonstrate compliance with external forces.	3
V.3. Identify the components of risk management related to health information management.	3
V.4. Identify the impact of policy on health care.	3

Domain VI. Organizational Management & Leadership	
Competency	Bloom's Level
VI.1. Demonstrate fundamental leadership skills.	3
VI.2. Identify the impact of organizational change.	3
VI.3. Identify human resource strategies for organizational best practices.	3
VI.4. Utilize data-driven performance improvement techniques for decision making.	3
VI.5. Utilize financial management processes.	3
VI.6. Examine behaviors that embrace cultural diversity.	4
VI.7. Assess ethical standards of practice.	5
VI.8. Describe consumer engagement activities.	2
VI.9. Identify processes of workforce training for health care organizations.	3

Blooms Taxonomy Revised for 2018 Curriculum Competencies

Taxonomy Level	Category	Definition	Verbs
1	Remember	Exhibit memory of previously learned material by recalling facts, terms, basic concepts, and answers	Choose, Define, Find
2	Understand	Demonstrate understanding of facts and ideas by organizing, comparing, translating, interpreting, giving descriptions, and stating main ideas.	Collect, Depict, Describe, Explain, Illustrate, Recognize, Summarize
3	Apply	Solve problems to new situations by applying acquired knowledge, facts, techniques and rules in a different way.	Adhere to, Apply, Calculate, Demonstrate, Discover, Educate, Identify, Implement, Interview, Model, Organize, Plan, Promote, Protect, Report, Utilize, Validate, Articulate
4	Analyze	Examine and break information into parts by identifying motives or causes. Make inferences and find evidence to support generalizations.	Analyze, Benchmark, Collaborate, Examine, Facilitate, Format, Map, Perform, Take part in, Verify
5	Evaluate	Present and defend opinions by making judgments about information, validity of ideas, or quality of work based on a set of criteria.	Advocate, Appraise, Assess, Compare, Comply, Contrast, Determine, Differentiate, Engage, Ensure, Evaluate, Interpret, Justify, Leverage, Manage, Mitigate, Oversee, Recommend, Solve
6	Create	Compile information together in a different way by combining elements in a new pattern or proposing alternative solutions.	Build, Compile, Conduct, Construct, Create, Design, Develop, Forecast, Formulate, Govern, Integrate, Lead, Master, Propose, Present

Adapted from *Teacher Created Resources Quick Flip Questions for the Revised Bloom's Taxonomy*. (2017). Madison, WI: Edupress.

Appendix C

CAHIIM Associate Degree Accreditation Standards

(2018 Update)

2018 Accreditation Standards

Health Information Management

Associate Degree

Contents

The Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) is an accrediting organization which has independent authority in all actions pertaining to accreditation of educational programs in health informatics and health information management. CAHIIM is recognized by the Council for Higher Education Accreditation (CHEA).

CAHIIM is located at 233 N. Michigan Avenue, 21st Floor, Chicago, Illinois, 60601, and on the web at cahiim.org.

Public Interest

CAHIIM serves the public interest by operating in a consistent manner with all applicable ethical, business and accreditation best practices. Accreditation is a voluntary, self-regulatory process by which nongovernmental associations recognize educational programs found to meet or exceed standards for educational quality. Accreditation also assists in the further improvement of these educational programs as related to resources invested, processes followed, and outcomes achieved.

CAHIIM and its sponsoring organizations cooperate to establish, maintain, and promote appropriate standards of quality for postsecondary educational programs in health informatics and health information management, providing competent, skilled professionals to the healthcare industry.

Mission

CAHIIM strives to carry out its mission by promoting, evaluating, and improving the quality of undergraduate and graduate education in health informatics and helath information management.

Through our partnerships with academe and practice fields, CAHIIM serves colleges and universities in a voluntary peer-review process, continuously improving quality education to meet the demands of the healthcare workforce. CAHIIM accreditation is the benchmark by which students and employers determine the integrity of health informatics and health information management education.

Vision

CAHIIM is the globally recognized and trusted accreditation organization for health informatics and health information management education programs to ensure the development of a workforce that meets the challenge of an information-intensive environment and its impact on global health.

Definition of Health Information Management (HIM)

CAHIIM defines the discipline of health information management (HIM) as the practice of acquiring, analyzing, and protecting digital and traditional medical information vital to providing quality patient care, a combination of business, science, and information technology.

Students in the HIM discipline are expected to have working knowledge in six major domains: (1) data content, structure and standards, (2) information protection: access, disclosure, archival, privacy and security, (3) health information technologies, (4) revenue management, (5) compliance, and (6) leadership.

I   Sponsorship

1   Sponsoring Educational Institution

The sponsoring educational institution must be a postsecondary academic institution accredited by an institutional accrediting organization recognized by the U.S. Department of Education (USDE). The Institution must be authorized to award degrees. The sponsoring institution must participate in the federal student financial assistance program administered under Title IV of the Higher Education Act. Upon request, the applying campus program must provide the Office of Postsecondary Education Identifier (OPE ID) number assigned by the U.S. Department of Education as proof of participation for financial aid. State Board of Education approvals must also be completed.

II   Systematic Planning

2   Program Mission

The program's mission and goals must be outcomes-focused, form the basis for program planning and implementation, and be compatible with the mission of the sponsoring educational institution and ethics of the health information management profession.

Each program will define its own mission and goals which derive from the purposes of its sponsoring educational institution, communities of interest, workforce needs, faculty expertise, and the values of the field of health information management.

(See: AHIMA Code of Ethics)

3   Program Effectiveness Measures

The program must have an assessment plan for systematic evaluation of mission, goals and measurable outcomes. The program must be involved in an ongoing effort to determine its effectiveness, which constitutes a cycle of quality improvement.

Results of the program's annual assessment must be monitored and reflected in an action plan and reviewed by the program's advisory board. Programs must conduct a qualitative and quantitative assessment of how the program achieves its mission, goals, and target objectives for continual improvement, including a documented, candid assessment of strengths and weaknesses in terms of the program's performance against the accreditation established thresholds.

CAHIIM will seek evidence that there is documentation of changes made in the program. Program officials and faculty are required to compare program performance with the goals and identify ways in which the program can improve. These may include curriculum revisions, improvements in student services, and faculty development activities. An institutional effectiveness survey, or other institutional-level evaluation data, is not a replacement of the program's own evaluation plan. Program goals for the following are required:

Curriculum Goal

The program must assess the appropriateness and effectiveness of the curriculum, with the results of the program assessment used as the basis for ongoing planning and program improvement.

Annual assessment of the curriculum is required to determine where and when improvements are needed. Assessment is conducted using feedback from students, faculty, graduates, advisory committee, employers, and other relevant sources. At least one measurable target outcome must be related to curriculum content, improvements and/or effectiveness in approach to curriculum content.

Students and Graduates Goal

The program must provide assurance that the educational needs of students are met, and that graduates demonstrate at least the AHIMA entry-level curriculum competencies. The program must examine and assess, through goals and target outcomes, whether student learning outcomes progress toward achieving entry-level competencies, and that graduates have met entry-level competencies.

Faculty Development Goal

The program must provide measurable evidence that all faculty responsible for delivering the academic components of the program maintain continuing competence in the content areas in which they teach, and must assure, through annual measurable outcomes, that faculty development planning is targeted to improve faculty knowledge and expertise, including currency in health information management and/or other relevant professional content, practice, and teaching techniques.

4   Communities of Practice Outreach Goal

The program must indicate how it assesses and responds to the needs of its communities of practice, demonstrating how it translates those needs into an educated, competent workforce, and how the program inspires and supports its communities of practice.

5   Program Planning and Assessment

There must be program assessment plan in place that includes systematic evaluation of its mission goals and outcomes. The assessment plan must include a process for continuous improvement that is in compliance with the sponsoring educational institution's overall evaluation plan.

The program's goals and measurable outcomes must be clearly defined and regularly reviewed for internal and external evaluation.

The program must incorporate current curriculum components and other content changes as identified by AHIMA's Council for Excellence in Education (CEE).

Accredited programs must annually assess its program goals and outcomes as required by the designated CAHIIM reporting system. The program must use the results of annual assessments to document program improvements. Data analysis and action plans must be documented. A program must document how it meets its goals and objectives and how it plans to address observed weaknesses.

III   Program Autonomy and Governance

6   Measures to Promote Informed Decision Making

Results of the program's annual assessment must be monitored and reflected in an action plan and reviewed by the program's advisory board. An institutional effectiveness survey or other institutional-level evaluation cannot replace the program's own assessment plan.

The action plan and the results of its implementation must be qualitatively and quantitatively documented by on-going assessments to determine if the program is achieving its mission, goals, and target objectives. Program officials and faculty are required to identify the program's strengths and weaknesses relative to established accreditation thresholds, and suggest program improvements, including curriculum revisions, betterment of student services, and activities for faculty development. CAHIIM will seek evidence that changes to the program are documented.

The program must annually assess and publish on its website student outcomes, which must include annual enrollment numbers and graduation rates.

7 Program Governance

The sponsoring educational institution must identify the lines of authority and administrative governance of the program within the framework of the sponsoring institution.

8 Program Director Qualifications

The program must clearly define the roles and responsibilities of the program director necessary to fully support and sustain the program. The program director must be certified as a Registered Health Information Technician (RHIT) or Registered Health Information Administrator (RHIA), and must have, at minimum, a baccalaureate degree. The qualifications and responsibilities of the program director must be documented.

The program director must be a full-time position of the sponsoring institution and have full employee status, rights, responsibilities, and privileges as defined by institutional policy, and be consistent with other similar positions at the institution.

9 Program Director Responsibilities

The program director must be responsible for the organization, administration, continuous review, planning, development, and general effectiveness of the program. The program director may be assigned other institutional duties so long as they do not interfere with the management and administration of the program.

The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met. It is customary for the program director to have, at minimum, 20% release time per term for administrative and program oversight.

It is customary for program coordinators working under the supervision of the program director or chair to have, at minimum, 15% of release time per term for administrative and program oversight.

The program director and coordinator during the program review process may need additional release time to complete all CAHIIM documentation.

10 Faculty

The program must have at least two full-time faculty members fully allocated to the HIM program.

11 Faculty Qualifications

The two full-time faculty members must hold an AHIMA credential, and all faculty members must have a degree and/or certification in their assigned teaching area. The qualifications of faculty members must include professional preparation and experience, competence in assigned teaching areas, effectiveness in teaching, and scholarly productivity consistent with their faculty appointment and institutional policy.

12 Faculty Performance

The required faculty must provide students with adequate attention, instruction and supervised practice to acquire the knowledge and competence needed for entry-level practice. Faculty (including part-time and adjunct) performance must be evaluated and documented according to the institutional policy; evaluations include teaching effectiveness and scholarly productivity consistent with faculty appointments. Within applicable institutional policies, faculty, students, and others must be involved in the evaluation process.

IV Resources

13 Advisory Committee

Each HIM program must have an advisory committee representative of its communities of interest. Advisory committee responsibilities include assisting program faculty and sponsoring educational institution personnel with the development and revision of program goals and curriculum, monitoring program needs and expectations, and ensuring program responsiveness to change.

CAHIIM emphasizes the importance of a strong advisory committee comprised of individuals external to the academic institution, such as employers, graduates, healthcare executives and others representative of the communities of interest to assess the program and it aligned with current practices.

The advisory committee must meet annually, at minimum. When warranted, the advisory committee will meet more frequently to review program goals, curricula, etc.

14 Professional Development

Both the program director and HIM faculty, including online instructors, must demonstrate continuing professional development related to the curriculum content to which they are assigned, including continuing education in program management, teaching techniques, scholarly achievements, improvements in technology and online teaching and learning methods.

15 Learning Resources and Student Access

The program must provide students access to appropriate learning resources to support their educational experience, including access to current technology, computers and relevant software, practice resources, simulation labs, and other materials. These learning resources must accommodate all students enrolled in the program, and be sufficient to meet program goals and outcomes.

The program must ensure that technology requirements and skills are made known to students before courses begin. Technical support services must be available to students seven days a week.

16 Financial Support

The sponsoring educational institution must provide sufficient financial support for the program to achieve its goals and outcomes, and for faculty development.

17 Student Records

Documentation must be maintained for student admission, advisement, counseling, and evaluation. Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements. Grades and credits for courses must be recorded on the student transcript and

permanently maintained by the sponsoring educational institution in a safe and accessible location. Program officials must maintain student records that reflect evidence of student evaluation on all levels, as well as student progress in achieving program requirements.

V	Program Curriculum

18 Curriculum

The program must demonstrate that the curriculum meets or exceeds the professional course content as published in the AHIMA HIM curriculum competencies for associate degree programs. Institutions must have policies regarding the allocation of credit to courses, particularly with respect to the credit value of laboratory and professional practice experience courses.

Teaching and assessment methods should be active, and evidence-based. Analysis of situations in professional contexts and problem-based assessments must be emphasized.

19 Syllabi

The curriculum syllabi must document the AHIMA HIM curriculum competencies for associate degree programs. Instruction must be based on clearly written course syllabi and include course objectives and evaluation methods that assess student learning outcomes. Syllabi must include the entry-level competencies appropriate to the course and should clearly state the requirements for successful course completion, what students are expected to learn, what activities they will experience, and how and when they will be evaluated. Program syllabi must follow a standardized format and contain the following:

1   Course Number and Title

2   Co- or Pre-requisites

3   Instructor contact information

4   Details regarding text/lab purchases required

5   AHIMA HIM entry-level curriculum competencies related to each course

   –   or a table that defines which competencies are seen in each course

6   Course Objectives

7   Course Schedule

8   Evaluation Methods

   –   including a weighted scale if points or percentages are used for grading, so that students can determine what is needed to get an A, B, C or D.

20 Course Sequence

Program content must be delivered in an appropriate sequence of didactic, laboratory, and professional practice activities and be logical, coherent, and provide didactic instruction and related activities organized in each course. Prerequisite courses must be identified and properly sequenced in the curriculum. Institutions must

have policies in place regarding the allocation of credit to courses, particularly with respect to the credit value of laboratory and professional practice experience courses.

21 Access to Online Content

Academic technologies, software applications and simulations, and online or web-enhanced courses have a significant role in the learning environment. To fairly evaluate online content, the program must provide CAHIIM with full access to the Learning Management Systems (LMS) in use for all HIM course content and relevant education applications used to deliver that content. The program may limit CAHIIM access to the LMS to a minimum of 90 days, with CAHIIM retaining the option of access extension, if necessary.

22 Curriculum—Evaluation of Students

Student evaluation must be conducted frequently enough to provide both student and program faculty with valid and timely indications of the student's progress toward and achievement of the competencies stated in the curriculum. Student evaluation methodologies (tests, exams, projects, assignments, etc.) may vary in type and construction, but must be able to test different cognitive levels of learning. Programs must show that students are being taught and tested at a variety of taxonomic levels, with emphasis being placed on the use of application and problem-solving techniques. The analysis of situations in professional contexts and problem-based assessment must be emphasized.

23 Professional Practice Experiences

Professional practice experiences (PPE) must be designed and supervised to reinforce didactic instruction and must include program-coordinated experience at professional practice sites. The program must describe how the PPE (e.g., clinical practicum, directed practice experience) is designed, supervised and evaluated, and name the objectives to be achieved in each PPE course. The PPE is a credit-based course, which applies toward degree completion, and requires tuition, fees and costs as normally occurs according to institutional policy. The PPE does not prohibit a paid internship.

Each student must complete a minimum of 40 hours of externally supervised activity prior to graduation. The externally supervised activity PPE must relate to higher level competencies and result in a learning experience for the student and/or a deliverable to a practice site.

Simulation activities designed to replicate PPEs are permitted but cannot totally replace the required 40 hours minimum of an externally supervised activity PPE. The program must describe how simulation activities are designed, supervised, and evaluated, and what objectives are to be achieved by using simulation activities.

PPE onsite preparation   The health and safety of patients, students, and faculty associated with educational activities must be adequately safeguarded according to the health and safety practices of both the sponsoring educational institution and the professional practice site. The responsibilities of the college, PPE site and students must be documented for externships or professional practice experiences. Either a formal contract or memorandum of understanding (MOU) will suffice, if in accordance with institutional practice. Health, safety, and security policies and requirements must be outlined in the agreement or MOU, and students must be informed of these in advance of the PPE.

CAHIIM expects the program and the sponsoring institution to comply with the following Fair Practice Standards.

24 Publications and Disclosures

The following program information must accurately reflect the program offered and must be published and accessible to all applicants and enrolled students:

- The program and its sponsoring educational institution must accurately represent their location and accreditation status.

- Programs accredited by CAHIIM must use the prescribed Accreditation Statement as provided by CAHIIM.

  Accreditation Statement: The Health Information Management accreditor of [COLLEGE NAME] is the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM). The College's accreditation for [ASSOCIATE] degree in Health Information Management has been reaffirmed through [YEAR OF NEXT ACCREDITATON CYCLE].

  All inquiries about the program's accreditation status should be directed by mail to CAHIIM, 233 N. Michigan Avenue, 21st Floor, Chicago, IL, 60601; by phone at 312.233.1134; or by email at info@cahiim.org.

- The Accreditation Statement must also include the CAHIIM Seal graphic in the form provided by CAHIIM.

- Admissions policies and procedures.

- Policies on advanced placement, transfer of credits, and credits for experiential learning.

- Number of credits required for completion of the program.

- Tuition/fees and other costs required to complete the program.

- Policies and procedures for withdrawal and for refunds of tuition/fees.

- Academic calendar.

- Student grievance procedure.

- Criteria for successful completion of each segment of the curriculum and graduation.

Information about student/graduate achievement, including the results of one or more of the programs measurable outcomes, must be published on the program website. This must include, but not be limited to, program completion rate and student satisfaction rate. This standard applies to both accredited programs, and programs in candidacy status.

25 Lawful and Non-Discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accordance with federal and state statutes, rules, and regulations.

26   Substantive Changes

The program must report all substantive changes as described in the CAHIIM Accreditation Manual in a timely manner.

Appendix D

RHIT Exam Summary Results

American Health Information Management Association
Registered Health Information Technician (RHIT)
Summary Report
From 01/01/2018 to 04/03/2019

Portland Community College
PO Box 19000
Cascade TEB 201
Portland OR 97280

School summary

	Total	Pass	Fail	Domain	D1	D2	D3	D4	D5	D6	Total
First time											130.00
	27	24	3	Avg Score	20.78	13.44	13.44	14.96	10.96	12.44	86.04
		89%	11%	% of Max	62%	73%	63%	68%	65%	69%	66%
		89%	11%	% of Nat'l	107%	109%	106%	107%	110%	109%	108%
All	Total	Pass	Fail								130.00
	27	24	3	Avg Score	20.78	13.44	13.44	14.96	10.96	12.44	86.04
		89%	11%	% of Max	62%	73%	63%	68%	65%	69%	66%
		89%	11%	% of Nat'l	109%	111%	108%	108%	111%	111%	110%

National summary

	Total	Pass	Fail	Domain	D1	D2	D3	D4	D5	D6	Total
First time											130.00
	2617	1966	651	Avg Score	19.40	12.35	12.65	14.00	10.00	11.40	79.80
		75%	25%	% of Max	59%	67%	59%	64%	59%	63%	61%
Repeat	Total	Pass	Fail								130.00
	498	273	225	Avg Score	17.70	10.94	11.38	12.88	9.12	10.06	72.08
		55%	45%	% of Max	54%	59%	53%	59%	54%	56%	55%
All	Total	Pass	Fail								130.00
	3115	2239	876	Avg Score	19.13	12.12	12.45	13.82	9.86	11.18	78.57
		72%	28%	% of Max	58%	65%	58%	63%	58%	62%	60%

More information on the reports (/about)

Appendix E

Most Recent Advisory Committee Minutes

Health Information Management
Portland Community College
Advisory Committee
Minutes
October 11, 2018, 11:30 AM – 2:00 PM
Cascade Campus, Cascade Hall 209

Attendees:

Nathan Thomas, RHIA, Multnomah County Health Dept
Stephanie Wirfs, BS, RHIT, Legacy Health
Epic Piper, RHIA, OHSU
Anita Jensen, RHIT, 2015 Graduate, OHSU Outpatient Coder
Salena Sanford, BS, RHIT, 2015 Graduate, Kaiser, Documentation and Coding Educator
Bonnie Altus, MS, RHIA, CHPS, CCS-P, HIM Program Director
Judy Bryan, RHIT, HIM FTE
Janeen Hull, AHELS Dean
Jason Johnson, Allied Health Director
Amanda Gallo, Allied Health Programs Admission
Karen Henry, Allied Health Programs Advisor
Jeri Reed, Allied Health Program Specialist
Tanya Maldonado, PCC Career Specialist

- Introductions
    - Members received an updated spreadsheet of current members (**see attachment**) Revisions were made after the meeting for typos.
- RHIT Exam Results
    - There was an unusual fail rate with PCC HIM graduates and nationally. It was discovered there were two calculation errors within the exam formulas. Graduates who failed were contacted once this was discovered and when the correct calculations were conducted, graduates were contacted with the results. So far, all, but two, PCC HIM Graduates who took the exam and were originally told they failed, got a notice that they did pass the exam. Program directors should be getting the updated national results any time. Bonnie will communicate this update as soon as she gets it.
- Enrollments and Transfer Policy
    - Program accepted Clark Community College students so they could complete an HIM accredited program as it was discovered Clarks program is not accredited. Most will complete the program within a year. This required additional classes to be taught by adjunct faculty.
    - Bonnie will be developing a formal transfer policy evaluating courses from non-accredited programs to determine if those courses are compatible with ours and could be accepted. We would like input from the committee on what to look for during this evaluation process. For example, if we accept health record documentation courses from a non-accredited course, the course would require the use of an EHR simulation product since our course includes this.
- Employer and Graduate Survey Results (**questions and employer feedback are attached**)
    - Bonnie sent out Employer surveys electronically this year and got the best return the program has seen.
    - Bonnie has not sent out the Graduate survey yet because she wanted to know how far she should go back to include past graduates for this one time survey before doing the annual survey. Consensus was no farther than five years.
    - Bonnie also wanted feedback from the group regarding the questions listed on the survey. Should they be revised? Should questions be added? It would be good to include the question on what credentials the graduate has obtained and it was stated that it would be a good idea to send out the annual surveys within 6 months of graduation that way graduate response would most likely be higher.

- HIM Reimagined and Curriculum Updates
    - Comment period for this new curriculum has passed and formal curriculum should be listed sometime next year. This way we can begin planning how to adjust the program courses.
    - Concern was raised that having two tracks, Revenue Cycle Management and Data Management, that there may be an unbalance of students focusing more on the RM track versus the DM track and PCC Admin may look at low enrollment of the DM track negatively.
    - We will need to start planning the curriculum change next year because some students may go to an extended plan and their last year will fall in the year when the curriculum changed. 2021 is the anticipated year the new curriculum must be in place.
- Coding Course Recommendations
    - Currently we have an extensive one year coding schedule. PCS, CPT, CM, and coding capstone that includes all three systems. With the changes in curriculum the question was raised on whether we should keep it this way or adjust. Suggestions were to combine CM with PCS and then offer CPT and coding capstone. Some liked the idea of combining CM with PCS with focus on inpatient CM guidelines, combining CM with CPT focusing on outpatient CM guidelines, and then having the coding capstone.
- CPL (Credit for Prior Learning) Update
    - If students provide their coding certification they can get course subs depending on which coding certificate they have. Additionally if they have work experience on top of the certification that experience can be subbed for the coding capstone. Question was raised on whether we should have a coding assessment done to ensure students have the knowledge to substitute the course. If there is an assessment created by the instructor, the student pays a nominal fee that goes to the instructor who creates the assessment.
- APAR – Goals and Objectives (**see attachment**)
    - Bonnie provided goals and objectives to the committee to review and comment on.
- PCC HIM Program Review
    - Program review is this spring. Encouraged members to attend and asked if anyone is willing to help with review and possibly speak on behalf of employers to the group attending the review. Many PCC Administrators come to these meetings so it would be great to have committee members participating and present.
    - Committee Chair from Advisory Committee Members **(More highlighted information on this guidelines is attached)**
    - We discovered PCC has guidelines in place regarding Advisory Committees. Some discoveries are that it is a non-PCC member that should be chairing the committee with support help from PCC faculty. We asked if anyone would be willing to volunteer for the chair position. At this time no one has volunteered, one will consider. Since we had a lower turn out this time, we will wait until the next meeting to discuss voting for this position and how to address members who do not participate regularly in these meetings.
- Recommendations from Committee Members
    - Positive feedback was given to us about the quality of graduates members are hiring from the program.
- **Next meeting April 11, 2019.**
    - Bonnie will look into a room that allows for multiple calls so members who cannot attend in person, can attend remotely.

Health Information Management
Portland Community College
Advisory Committee
Meeting Minutes by Judy Goble
October 12, 2017, 11:30 AM – 1:30 PM
Cascade Campus, Cascade Hall, Room 209

1. Attendees:
    a. Janeen Hull: AHELS Interim Dean
    b. Jason Johnson: Allied Health Director
    c. Bonnie Altus, MS, RHIA, CHPS, CCS-P: HIM Program Director, FT Faculty and Dept/SAC Chair
    d. Judy Goble, RHIT: FT HIM Faculty, MA Program adjunct faculty
    e. Amanda Gallo: Allied Health Program Admissions
    f. Karen Henry: Allied Health Program Advisor
    g. Pam Erickson, RHIT: Sr. Manager Providence HIM-Home Health/Hospice
    h. Nathan Thomas, RHIA: Operation Supervisor at Multnomah County Health Dept
    i. Stephanie Wirfs, BS, RHIT: Legacy HIM System Supervisor
    j. Pam Yokubaitis, MPH, RHIA, FAHIMA: HIM Consultant
    k. Epic Piper, RHIA: OHSU HIM Manager
    l. Richard Chatters: HIM Supervisor and Epic Identity Analyst Portland Clinic
    m. Anita Jensen, RHIT: 2015 graduate, Tuality OP coder
    n. Salena Sandford, BS, RHIT: 2015 graduate, Kaiser Documentation and Coding Educator
    o. Traci Burns, RHIT: 2016 graduate, HIM Student Mentor
    p. Corinne Weigel: Second year student representative
2. Not in Attendance:
    a. Dana Brown, RHIA, CHC: President of RMC Consultants
    b. Joni DeTrant, RHIA: Oregon State Hospital Director of HIM
    c. Esther Wyatt, RHIA: Legacy HIM Systems Manager
    d. Amy Krieger, SHRM: Metropediatrics SCP Human Resource Manager
    e. Cindy Redmond: Avamere Medical Records Director
    f. Tanya Maldonado: Career Specialist

3. Coding Classes
    a. Curriculum requires the use of encoder software. Up until recently, we were unable to find a product that was not too expensive. AHIMA vLAB now offers access to an encoder product separate from the EHR system so students can pay a fraction of the price for using it. This product is required to purchase with HIM 273 ICD-10-CM Coding and HIM 276 coding capstone this winter and spring terms.

b. Without purchasing more expensive product, we were relying on online resources and textbooks to describe coding clinics and CPT assistants. However, AHIMA now offers a bundle package collaborated with AMA to include the CPT coding textbook, AMA CPT Codebook and a CPT Quick Ref APP that includes CPT assistant. This bundle will be required fall 2018 when CPT HIM 275 is offered

c. Even though our program exceeds the national rates in all domains of the RHIT exam, reimbursement methodologies is the lowest. Currently we introduce some reimbursement topics in HIM182 Healthcare Delivery Systems when learning about healthcare financing and in HIM285 Reimbursement. Committee suggested that we introduce professional/hospital risk adjustment by using the CMS website resource just to provide students exposure to the terminology. With the added encoder software and Quick Ref APP we may be in a better place to provide more of these topics already covered in a few other courses.

4. Background Checks and Drug Tests

a. Though it is only a few, we have had a few students these past few years not be able to complete the program or do their directed practice due to not passing a criminal background check (felonies like identity theft) or pass a drug screen, specifically for marijuana. Our current process is having students sign acknowledgement that they understand they will have to pass background checks, drug screen, and provide immunization documentation prior to doing any directed practice. We also include this information on the website, student handbook, and verbally at student orientation. Judy reached out to COCC to see what policy they have in place. They stated that they had similar issues like us. In fact, they would get students applying for the HIM program who could not pass the nursing program background check. Students would not divulge their issues until it came to directed practice where they could not get a site to accept them. Therefore, CCOC now has HIM students do a background check as part of the application process and list the violations that are automatic rejection into the program on their website. We asked the committee what they thought we should do. Some felt having a background check as part of the application process should be in place, including doing another background check prior to directed practice. Since it takes some students 3 years to complete the program, the committee felt a second check is necessary. Some committee members felt we should talk with our HR department to see what liability PCC would have if we did implement background checks in the beginning or not. Some felt it was not fair to accept potential students who could not graduate, taking slots away from students with no violations. Some also felt that violations should be the sole determination on whether someone can be successful because people grow from their mistakes and not all areas in HIM require a clean record. What we want to do is prevent students from putting so much time and money into the program only to not be able to graduate due to these issues. Everyone agrees that it will be very difficult, if not impossible, for anyone with identity theft to get a job in the HIM field. We will continue to discuss this, review all the feedback,

including talking to the appropriate legal counsel before determining if we need to add more to our application criteria.

5. CAHIIM Review Expectations
    a. Bonnie became a CAHIIM Reviewer so she can understand the process to better prepare our program for upcoming accreditation review. Our last program review was in 2005. These reviews are every 10 years. There has been a backlog of reviews so PCC's HIM program is overdue. We expect to have a review in 2020 or 2021. The hope is when we do have a review it will be on the current curriculum due to the fact the curriculum will go through another significant change in 2022.

6. HIM Reimagined and Curriculum Updates
    a. A committee, HIM Reimagined, foresees the future changes in the HIM field to better prepare educational institutions to implement curriculum changes for future skills HIM students will need to have. Last year this group sent a research survey to employers nationally to determine what skills employers were looking for in the future of HIM. A webinar sharing these results will be on November 14th, which Judy and Bonnie will attend. Once all the data is gathered a formal proposal of what specialty areas should be introduced for the next curriculum change will occur. Once these specialty areas are identified, curriculum will be created and each HIM program can choose which specialty area they will include in their HIM program. Bonnie will communicate with the HIM Advisory Committee when these specialty areas are introduced to get their opinion so we can base our program on local needs. Some areas that are thought to be introduced are auditors, data analysts, outpatient documentation, inpatient documentation, etc. To better prepare students for future changes so they understand they need to continually educate themselves on new skills, Bonnie has added a lesson on ICD-11 and included HIM Reimagine material in HIM 182. Judy also includes HIM Reimagined material in her HIM 110 course.

7. CPL (Credit for Prior Learning)
    a. It was discovered in our last HIM Advisory meeting that we were missing out on more students than we realized with coding credentials/experience from applying to our program because we did not offer credit for prior learning. Bonnie and Amanda have worked with PCC to figure out how we can offer this. We have started by focusing on coding right now and will look at other areas in the future. We will accept those with coding credentials in place of the appropriate coding courses as credit for prior learning. When there is experience with no coding credential there is no transcripted credit at this time, however it can be substituted in unrelated courses. Once PCC policy is revised and approved we will update our HIM policy.

8. RHIT Exam Results

a. Bonnie provided documentation of the RHIT exam results from 5-4-2016 to 6-30-2017. We consistently exceed the national rates in all areas. We use this data to look for areas of the lowest rates, map them to courses, and then determine if we need to adjust material accordingly. It is encouraging to see an increase of students taking the RHIT exam within a year. Though we encourage them to take the exam as soon as possible, in the past, we did not always see even half the graduates taking the exam within a year. With this current summary, almost half the graduating students from 2017 have taken and passed the exam, seven of them during their last term in the spring.

9. APAR – Goals and Objectives
   a. As part of our accreditation and APAR, the program needs measurable goals and objectives and we are looking for recommendations from the HIM Advisory committee. This is due in November, so we appreciate your speedy input. Bonnie provided a portion of the APAR user guide to the committee so they can review it.

10. Multi-State Collaborative (submitting assignments for scoring)
    a. This year Bonnie submitted a project to be evaluated internally and externally to see if this project met the appropriate rubrics for an associate level in written communication. It is suggested that scores of 2 to 3 meant the students were achieving at the appropriate associate level. The internal results of this review showed that the project scored within the associate level rubric and we are waiting for the external review results. Student feedback with this project has been well received, especially on how Bonnie presents this project over a full term, providing small tangible directions each week.

11. HIM SAC (Subject Area Committee) Invite – October 26, 10 AM – 3 PM
    a. Our focus will be looking at our assignments and deciding which one or two will best demonstrate that we meet each of the 68 AHIMA outcomes. Any member is invited to join on October 25 from 10-3 at the Cascade Campus, Jackson Hall Room 112.

12. Recommendations from Committee Members
    a. Epic stated that OHSU is using Lean Methodology and introduced our students to this during their directed practice spring term and suggests we add it to our content.

1. Present for Meeting:
   - John Saito: AHELS Dean
   - Sue Leung: Allied Health Director
   - Karen Henry: Allied Health Program Advisor
   - Amanda Gallo: Allied Health Program Admissions
   - Bonnie Altus: HIM Faculty Chair and Program Director
   - Judy Osswald: HIM Faculty
   - Anita Jensen: 2015 Graduate
   - Salena Sanford: 2015 Graduate
   - Tanya Maldonado: PCC Career Specialist
   - Dana Brown: RMC President
   - Pam Erickson: Providence Health Community and Services Manager
   - Nathan Thomas: Multnomah County Health Department Manager
   - Stephanie Wirfs: Legacy Health Supervisor
   - Esther Wyatt: Legacy Health Manager
   - Pam Yokubaitis: HIM consultant

2. Additional Updates from last meeting

   - Coding Class Sequencing Status and Recommendations
     - First sequence year as follows: PCS, CPT, CM, and Capstone
     - Will continue sequence until we get data to indicate whether there should be a change
     - Can we add home health, hospice, and LTC coding cases to coding courses?

   - Curriculum Updates and CAHIIM Requirements
     - Mapping of program curriculum to new CAHIIM requirements draft completed.

   - Program Application Requirements
     - Applications are done completely online now. Thirty-five applicants are accepted into the program on a scoring system. We had 60 applicants this year. Students who do not make it in the first round are put on an alternative list and if any student drops, then those on the alternative list are contacted in order by application score. Those who do not make it into the program and re-apply do not get first choice over new applicants, but do get one point for reapplying.
     - Computer Prerequisites

       - Does the program pre-requisite enough? Currently we have CAS 133 as a requirement.
       - Should excel level 1 be added since more excel skills are used in field?

- Should we add a typing speed requirement?

- Linked In Group
  - Many alumni have been added, but Bonnie hasn't seen a lot of active participation. Salena has been contacted by other alumni through this route.

3. RHIT Exam Results
   - 29 graduated, 16 took RHIT exam within two weeks of graduation. 15 passed, one failed. One took the exam while in the last term. We got some updated data since the meeting. In addition to the data above, from July through October 17, 2016 there have been an additional four graduates that have passed (total of 20 of the 29 graduates), but we do not have the data of anyone that may have taken the exam and failed. The official report has not been sent to program directors from CAHIIM yet.
   - Program consistently scores higher than national average.
   - Asked how we can entice students to take the exam early and committee suggested possibly making the exam a course requirement. They also liked the idea of removing finals from the courses if students took and passed the exam during their last term.

4. CPL (Credit for Prior Learning) Policies being developed by PCC

   - Recommendations for other certifications, such as Coding as CPL
     - Not having CPL was a draw back for some applicants who ended up choosing a different school who accepted CPL, such as coding.

5. Admitting Transfer Students
   - Not discussed as we ran out of time

6. Recommendations from Committee Members
   - Should we increase number of applications? For a two full time faculty program, having more than 35 would be too much of a work load for faculty and cause delays in student feedback.
   - Is progression of the HIM field accurately reflected? Several Oregon and federal sites are used to pull data (Quality Infor site, OLMIS, ONET, and occupational Handbook.) Ask Mark Goldberg (Sue will follow up) regarding "Burning Glass" to get more accurate data. We need to make sure to include Tanya Maldonado on all job listings e-mailed to us by employers so she can post this information so all PCC students and alumni have access to this information (tmaldona@pcc.edu).
   - HIM Brochure needs updated

7. Next Meeting

   - Having the HIM Advisory meeting prior to SAC meetings is efficient. SAC meetings are every spring and fall, so we will continue to have Advisory meetings just prior to SAC meetings (April and October). Any Advisory committee member is welcome to attend our SAC meetings. Please contact Bonnie if you are interested.

Appendix F

Employer Survey

Default Report

HIM Employer Survey

March 28th 2019, 10:46 pm MDT

Q2 - Have you hired a graduate from our Program within the last two (2) years? If NOT, explain why.

Have you hired a graduate from our Program within the last two (2) years? If NOT, explain why.

Yes
Yes
Yes
Yes
Yes
Yes

Q3 - If you have hired graduates of this Program, did they have the skills and/or knowledge you expected? If NOT, explain why.

If you have hired graduates of this Program, did they have the skills and/or knowledge you expected? If NOT, explain why.

Yes
Yes
Yes
Yes
Yes
Yes

Q4 - Would you hire graduates of this Program in the future?

Would you hire graduates of this Program in the future?
Yes if we had openings, which we do not typically.
Yes
Yes
Yes
Yes
Yes
Yes

Q5 - If you had openings, what job title(s) would you consider appropriate for graduates of this Program?

If you had openings, what job title(s) would you consider appropriate for graduates of this Program?

Medical Records

Health Information Technician

Yes

Medical Records, Unit Secretary, Health Center Administrative Assistant

Coding Consultant, Coding Auditor, Marketing Specialist

Health Information Specialists, Health Information Clerk, billing specialists, coder

any of the entry level positions in HIM depending upon experience

Q6 - Provide any comments or suggestions that would help this Program better prepare future graduates to meet the needs of employers.

Provide any comments or suggestions that would help this Program better prepare future graduates to meet the needs of employers.

more focus on EMR and audits, less focus on coding.

We have hired multiple graduates of the PCC HIM program over the past year into Coder positions. We are finding that the graduates are well prepared for our coding positions

Program must be more diverse. From what we understand the students read power points, handouts, etc there is no live interactive education. Power points should have voice overs, or pre-recorded where students do not have to just read them. The program needs to be geared for success to individuals with different learning abilities. Seems like program has not kept up with technology in the DELIVERY of educational material (not content).

Our clinic does HIM, billing and we have outsourced our coding. Most of your graduates are only looking for coding positions. The importance of HIM should be emphasized as it is a critical part of a health care business.

I think you are on the right track! your students' knowledge base and abilities have greatly increased over the last ten years

Q7 - Name of Employer Organization

Name of Employer Organization
Care Partners
Multnomah County Health Department
Providence Health & Services (Providence Home Health & Hospice)
Willamette View
Reimbursement Management Consultants, Inc.
Orthopedics Northwest PC
OHSU

Appendix G

Graduate Survey

Default Report

Q1 - What year did you graduate from the PCC HIM program?
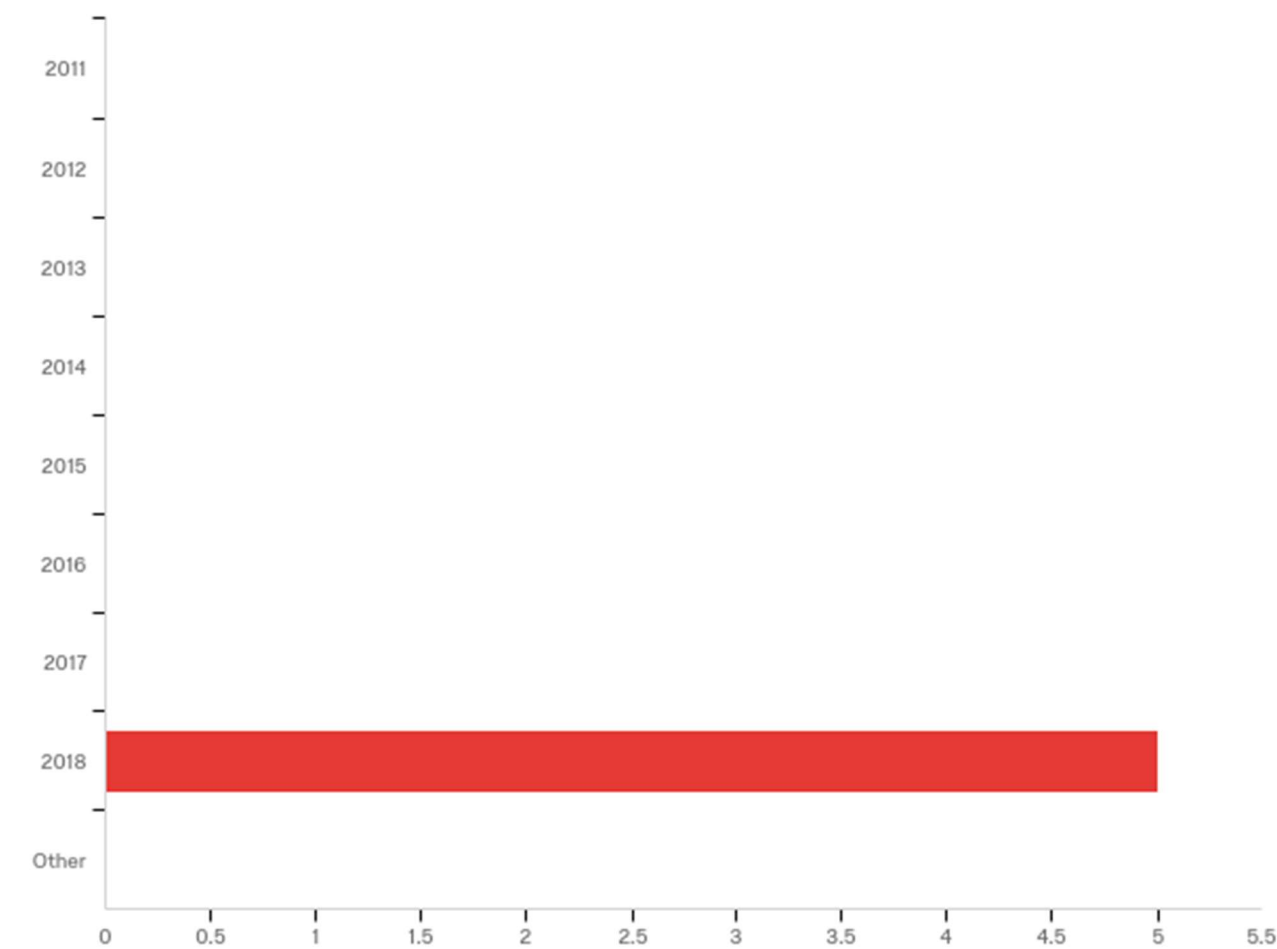
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What year did you graduate from the PCC HIM program?	8.00	8.00	8.00	0.00	0.00	5

#	Answer	%	Count
1	2011	0.00%	0

2	2012	0.00%	0
3	2013	0.00%	0
4	2014	0.00%	0
5	2015	0.00%	0
6	2016	0.00%	0
7	2017	0.00%	0
8	2018	100.00%	5
9	Other	0.00%	0
	Total	100%	5

Q2 - Please select the category or categories that reflect(s) your status at the time of this survey.
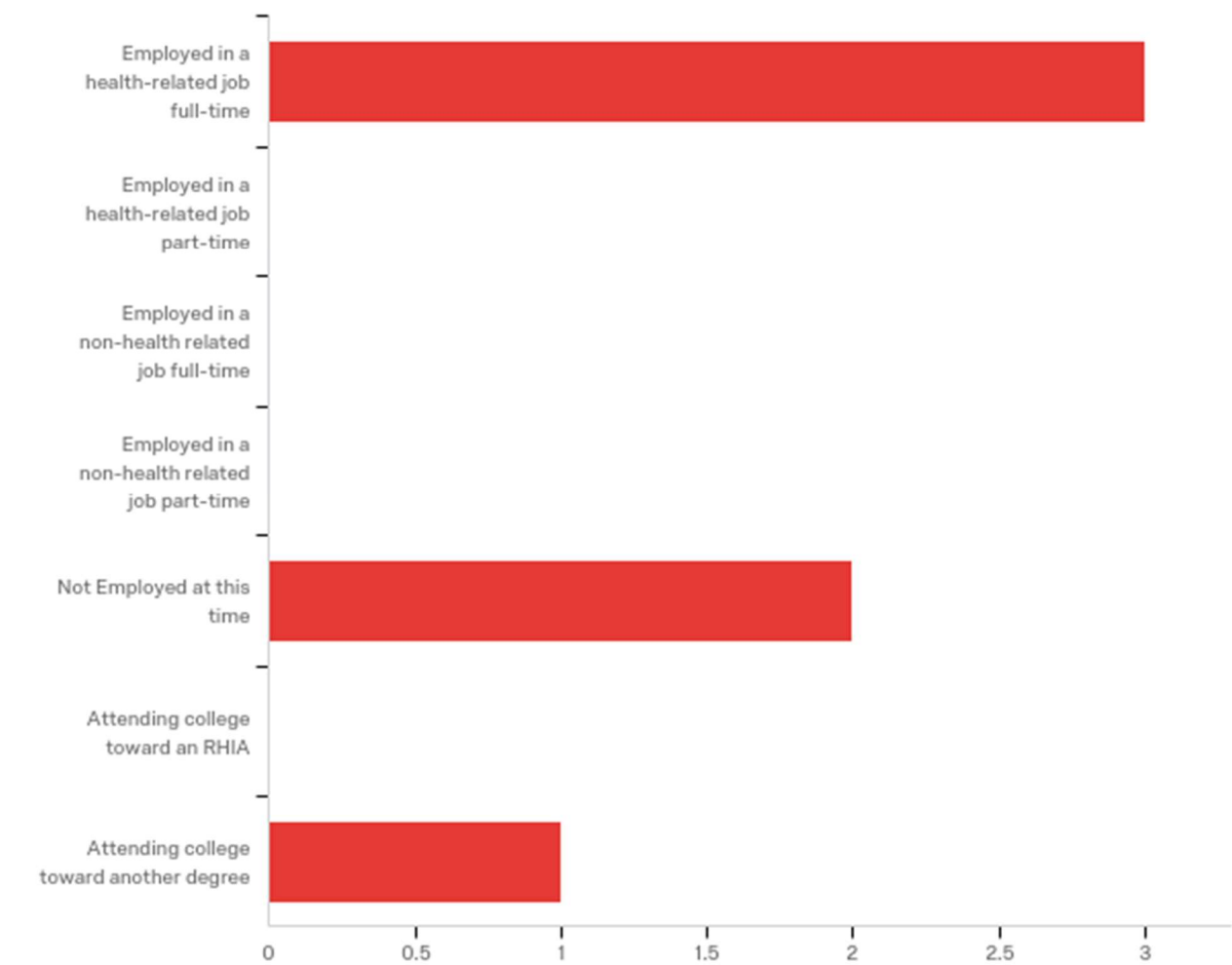
#	Answer	%	Count
1	Employed in a health-related job full-time	50.00%	3
2	Employed in a health-related job part-time	0.00%	0
3	Employed in a non-health related job full-time	0.00%	0
4	Employed in a non-health related job part-time	0.00%	0
5	Not Employed at this time	33.33%	2
6	Attending college toward an RHIA	0.00%	0
7	Attending college toward another degree	16.67%	1
	Total	100%	6

Q7 - Job Title:

Job Title:
HCC/Risk Adjustment Coder/Auditor
Health Information Specialist, site-based
Unit secretary/Interim Medical Records Coordinator

Q8 - Employer:

Employer:
RMC Inc
Providence Health & Services
Willamette View INC

Q9 - Name of Graduate (optional):

Name of Graduate (optional):

Q10 - Please provide the name and email address of your supervisor so we can make sure they received an employer survey.

Please provide the name and email address of your supervisor so we can make sure they received an employer survey.

Q3#1 - Select the appropriate answer for each question. The program: - Select one

Legend:
- Helped me acquire the knowledge necessary for my job.
- Prepared me to use sound judgment while functioning in my job.
- Enabled me to think critically, solve problems, and develop appropriate act...
- Prepared me to communicate effectively within my work setting.
- Prepared me to conduct myself in an ethical and professional manner.
- My OVERALL academic experience met my expectations.
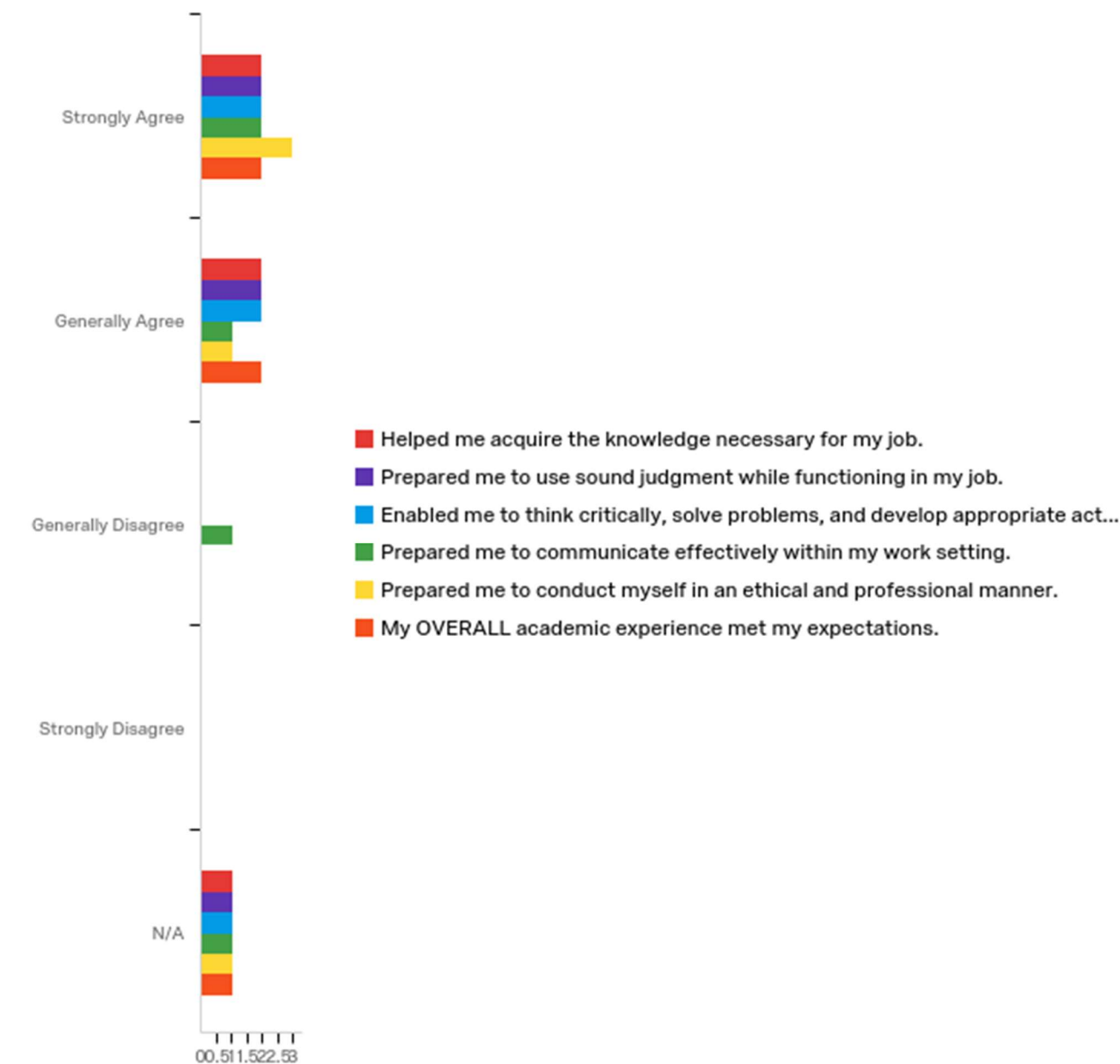
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Helped me acquire the knowledge necessary for my job.	1.00	5.00	2.20	1.47	2.16	5
2	Prepared me to use sound judgment while functioning in my job.	1.00	5.00	2.20	1.47	2.16	5
3	Enabled me to think critically, solve problems, and develop appropriate action steps.	1.00	5.00	2.20	1.47	2.16	5
4	Prepared me to communicate effectively within my work setting.	1.00	5.00	2.40	1.50	2.24	5

#	Question						
5	Prepared me to conduct myself in an ethical and professional manner.	1.00	5.00	2.00	1.55	2.40	5
6	My OVERALL academic experience met my expectations.	1.00	5.00	2.20	1.47	2.16	5

#	Question	Strongly Agree		Generally Agree		Generally Disagree		Strongly Disagree		N/A		Total
1	Helped me acquire the knowledge necessary for my job.	40.00%	2	40.00%	2	0.00%	0	0.00%	0	20.00%	1	5
2	Prepared me to use sound judgment while functioning in my job.	40.00%	2	40.00%	2	0.00%	0	0.00%	0	20.00%	1	5
3	Enabled me to think critically, solve problems, and develop appropriate action steps.	40.00%	2	40.00%	2	0.00%	0	0.00%	0	20.00%	1	5
4	Prepared me to communicate effectively within my work setting.	40.00%	2	20.00%	1	20.00%	1	0.00%	0	20.00%	1	5
5	Prepared me to conduct myself in an ethical and professional manner.	60.00%	3	20.00%	1	0.00%	0	0.00%	0	20.00%	1	5
6	My OVERALL academic experience met my expectations.	40.00%	2	40.00%	2	0.00%	0	0.00%	0	20.00%	1	5

Q4 - What two suggestions would further strengthen the program?

What two suggestions would further strengthen the program?

provide real training course and hands on experience if possible

Live/archived lectures weekly that are accessible at students convenience when they can't attend live. Also Opportunities to get together a couple times a year to meet classmates in cohort, ask questions of professors.

Updating class materials more regularly (there was outdated info in class materials and lectures). Focus less heavily on coding and give more attention to other specialties within HIM.

More video lectures, reading lectures and textbooks is a lot of reading

Q5 - What knowledge or skills were expected of you upon employment that was not included in the program?

What knowledge or skills were expected of you upon employment that was not included in the program?

they all want past experience in the field which not every graduate has

HCC coding

Nothing so far

Q6 - Please provide comments and suggestions that would help to better prepare future graduates.

Please provide comments and suggestions that would help to better prepare future graduates.

it's just that we don't have most employers want which is experience and not a lot of people are willing to invest in training us

Better more thorough class prep for RHIT exam

The RHIT exam covered a lot of material that was not taught in the classes. I know they just changed it right before we graduated but it was a guessing game to which answers were correct.

Appendix H

HIM Course Outcome Mapping Matrix

Course #	Course Name	CO1	CO2	CO3	CO4	CO5	CO6
HIM 105	Ancillary Information Analysis	3	1	3	1	3	3
HIM 107	Ancillary Information Analysis Lab	4	3	4	2	4	4
HIM 110	Heath Record Content in Acute Care Setting	3	2	3	2	3	3
HIM 120	Heath Record Content in Acute Care Setting Lab	4	1	4	2	4	4
HIM 121	Legal and Ethical Aspects of Healthcare	4	4	4	3	4	3
HIM 128	Anatomy & Physiology for Health Info Mgt 1	3	2	4	1	3	2
HIM 129	Anatomy & Physiology for Health Info Mgt 2	3	2	4	1	3	2
HIM 131	Medical Science	3	4	4	4	4	4
HIM 136	Medications	3	2	4	0	4	3
HIM 141	Heath Record Content in Non-Acute Care Setting	3	2	3	1	4	3
HIM 182	Health Care Delivery Systems	4	4	3	3	0	4
HIM 270	ICD Procedural Coding	3	2	4	1	3	4
HIM 271	Quality Improvement in Healthcare	1	4	4	1	4	2
HIM 272	Health Information Management	4	0	4	3	4	3
HIM 273	ICD Diagnosis Coding	2	2	4	1	4	3
HIM 274	Quality Improvement in Healthcare Lab	1	4	4	1	4	2
HIM 275	Basic CPT Coding	3	2	4	1	4	4
HIM 276	Coding Capstone	3	2	4	1	4	3
HIM 277	Health Information Management Lab	4	0	4	3	4	3
HIM 281	Data Management and Analysis	2	2	4	1	4	4
HIM 282	Healthcare Statistics	3	1	4	3	4	3
HIM 283	Health Information Systems	2	3	4	2	4	4
HIM 285	Healthcare Financing & Compliance	2	4	4	2	4	4
HIM 286	Data Management & Analysis Lab	2	2	4	1	4	4
HIM 290	Healthcare Teams	4	4	3	4	4	4
HIM 293	Health Information Directed Practice	4	4	4	4	4	4
COMM 100	Introduction to Speech Communication	2	2	3	1	1	2

Appendix I

Student Evaluation Mapping to PCC Outcomes

Category	Sub Category	PCC Outcome
EMPATHY	Recognize the feelings of others	Cultural Awareness
	Expresses understanding and concern	Communication
	Modifies actions when appropriate	Critical Thinking/ Problem Solving
PROFESSIONAL ETHICS	Interacts w/others professionally	Professional Competence
	Sensitive to cultural differences and diversity	Cultural Awareness
	Abided by AHIMA Code of Ethics	Professional Competence
	Maintains confidentiality	Professional Competence
ATTITUDES TOWARD WORK	Projects a positive attitude	Self-Reflection
	Uses time effectively	Critical Thinking/ Problem Solving
	Looks for ways to improve	Critical Thinking/ Problem Solving
	Keeps busy, initiates more work	Community and Environmental Responsibilities
RELATIONS WITH OTHERS	Cooperates w/Supervisors, is respectful	Community and Environmental Responsibilities
	Works well w/others, is a team member	Cultural Awareness
	Accepts suggestions	Self-Reflection
	Is courteous and helpful w/public and patients	Cultural Awareness
ATTENDANCE	Is on time to work	Community and Environmental Responsibilities
	Completed required hours	Community and Environmental Responsibilities
	Alerts supervisors if late/absent	Communication
	Plans ahead to arrange schedule	Communication
JOB LEARNING/SKILLS IMPROVEMENT	Demonstrates continual improvement	Critical Thinking/Problem Solving
	Can work independently	Self-Reflection
	Learns with ease	Critical Thinking/Problem Solving
	Demonstrate effective written and verbal communication	Communication
	Understands work responsibilities	Professional Competence

	Exhibits knowledge learned in class to perform tasks	Professional Competence
	Demonstrates entry-level problem-solving skills	Professional Competence
QUALITY OF WORK	Uses care w/ equipment/materials	Community and Environmental Responsibilities
	Completes job in minimal time	Self-Reflection
	Able to follow directions	Critical Thinking/Problem Solving
	Adapts to working conditions	Community and Environmental Responsibilities
	Accurate and consistent in work	Professional Competence
	Initiates questions when needed	Critical Thinking/Problem Solving
APPEARANCE	Dress is appropriate for job setting	Professional Competence
	Exhibits cleanliness, good hygiene	Cultural Awareness

Appendix J

HIM Directed Practice Student Evaluation

PORTLAND COMMUNITY COLLEGE
HEALTH INFORMATION MANAGEMENT PROGRAM
PROFESSIONAL PRACTICE EXPERIENCE STUDENT EVALUATION

Student Name:_____

Facility:_____

Instructions: Please rate the student according to expected entry-level job skills. If possible, **please have two (2) raters** complete a separate evaluation to ensure inter-rater reliability.

4= Outstanding   3= Satisfactory   2= Needs Improvement   1= Unsatisfactory

EMPATHY
_____Recognizes the feelings of others
_____Expresses understanding and concern
_____Modifies actions when appropriate

ATTENDANCE
_____Is on time to work
_____Completed required hours
_____Alerts supervisors if late/absent
_____Plans ahead to arrange schedule

PROFESSIONAL ETHICS
_____Interacts w/others professionally
_____Sensitive to cultural differences and diversity
_____Abided by AHIMA Code of Ethics
_____Maintains confidentiality

JOB LEARNING/SKILLS IMPROVEMENT
___ Demonstrates continual improvement
___Can work independently
___Learns with ease
___Demonstrate effective written and verbal communication
___Understands work responsibilities
___Exhibits knowledge learned in class to perform tasks
___Demonstrates entry-level problem-solving skills

ATTITUDES TOWARD WORK
_____Projects a positive attitude
_____Uses time effectively
_____Looks for ways to improve
_____Keeps busy, initiates more work

QUALITY OF WORK
_____Uses care w/ equipment/materials
_____Completes job in minimal time
_____Able to follow directions
_____Adapts to working conditions
_____Accurate and consistent in work
_____Initiates questions when needed

RELATIONS WITH OTHERS
_____Cooperates with Supervisors, is respectful
_____Works well with others, is a team member
_____Accepts suggestions
_____Is courteous and helpful with public/patients

APPEARANCE
___Dress is appropriate for job setting
___Exhibits cleanliness, good hygiene

Job Entry Level

Is this student employable at job entry level? (Please circle one)

Outstanding   Satisfactory   Needs Improvement   Unsatisfactory

---

If student needs improvement to be employable at the entry-level, please provide some recommendations:
_____
_____

By typing in your name and date below, you are agreeing that this is your signature.

_____   _____
Name   Date