

HIM-1301: INTRODUCTION TO HEALTH INFORMATION MANAGEMENT

Cuyahoga Community College

Viewing: HIM-1301 : Introduction to Health Information Management

Board of Trustees:

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Academic Term:

Fall 2021

Subject Code

HIM - Health Information Management

Course Number:

1301

Title:

Introduction to Health Information Management

Catalog Description:

Introduction to the field of health information management technology (HIMT) including an overview of the profession; functions of HIMT department; purposes, uses and flow of patient information through the health care systems. Introduction to the history of Western Medicine, allied health professions, health care organizations and the operation of modern health care delivery.

Credit Hour(s):

3

Lecture Hour(s):

3

Requisites

Prerequisite and Corequisite

BIO-2331 Anatomy and Physiology and MA-1010 Introduction to Medical Terminology and departmental approval: admission to the program.

Outcomes

Course Outcome(s):

Trace the development of the Health Information Management (HIM) profession.

Objective(s):

1. Describe the responsibilities of the healthcare professional.
2. Define the purpose and the structure of the American Health Information Management Association (AHIMA).
3. Describe the requirements for initial and continuing certification within the HIM profession.
4. Identify major milestones in the HIM profession.
5. List and describe the roles of HIM professionals in today's health care environment.
6. Identify the major ethical principles that guide health information management decision-making.
7. Identify professional values and obligations inherent in the Code of Ethics, including those important to patients, the healthcare team, employers, the public, peers and colleagues and professional associations.
8. Describe the steps in an ethical decision-making process and how those are used to resolve ethical issues.
9. Describe the core ethical problems, including those related to the release of health information and coding.

Course Outcome(s):

Trace the evolution of the United States health care system.

Objective(s):

1. Discuss legislation that impacts and/or regulates the health care delivery system in the United States.
2. Describe the medical model of health care in the United States.
3. Compare and contrast the classification of acute health care facilities by ownership and control.
4. Describe the organizational structure of hospitals.
5. Discuss the role and responsibilities of the governing board, administrative heads and the medical staff.
6. Describe the basic organization of the various types of hospitals and healthcare organizations.
7. Describe the impact managed care has had on healthcare providers.
8. Describe the impact that external forces have on the healthcare delivery industry.
9. Identify the various functional components of an integrated delivery system.
10. Describe the systems used for reimbursement of healthcare services.
11. Describe the role of government in healthcare services.
12. Distinguish between public and private funding sources in health care.

Course Outcome(s):

Explain the various uses, components, and requirements of the health record.

Objective(s):

1. Define the term "health record".
2. Define the various uses of the health record.
3. Identify the different users of the health record and its importance to each user.
4. Describe the components of health record data quality.
5. List the requirements for maintaining the confidentiality of patient-identifiable health information.
6. Define privacy, confidentiality and security.
7. Illustrate the importance of information security.
8. Identify the roles and responsibilities of HIM professionals in the development and maintenance of health record systems.
9. Identify the different formats used in healthcare organizations to store health records.
10. Identify the documentation requirements of accreditation organizations and state and federal governmental agencies.
11. List the two basic formats of how health records are maintained.
12. Define source-oriented health records and problem-oriented health records.
13. Describe the advantage of computer-based health records over paper-based health records information and coding.
14. Describe the purpose, development, and maintenance of registries and indexes such as the master patient index, and disease and operation indexes.
15. Discuss different operational techniques for managing traditional HIM functions.

Course Outcome(s):

Discuss the functions and responsibilities of usual HIM support services including medical transcription, coding services, and statistical and research services.

Objective(s):

1. List the basic components of an acute care health record and describe their functions.
2. Cite several techniques used in the management of the HIM department, such as policy and procedure development and the budget process.
3. Identify future directions in health information management technology.
4. Identify the usual functions provided by the health information management department.
5. Identify techniques used in the storage and maintenance of health records.

Methods of Evaluation:

1. Homework assignments
2. Online research and Internet projects
3. Quizzes
4. Final examination
5. Participation

Course Content Outline:

1. Health information management profession
 - a. The early history of health information management
 - i. Hospital standardization
 - ii. Organization of the association of record librarians
 - iii. Approval of formal education and certification programs
 - b. Evolution of practice
 - c. Today's professional organization
 - i. AHIMA's mission and vision
 - ii. AHIMA membership
 - iii. AHIMA structure and leadership
 1. Certification
 2. State and local associations
 3. Engage
 4. Staff structure
 5. AHIMA career map
 - iv. Commission on accreditation for health information and informatics management education
 - v. Health information management specialty professional organizations
2. Healthcare delivery systems
 - a. Healthcare providers
 - i. Medical practice
 - ii. Nursing practice
 - iii. Allied health professions
 - b. Organization and operation of modern hospitals
 - i. Types of hospitals
 1. Number of beds
 2. Type of services provided
 3. Type of patients served
 4. For-profit or not-for-profit
 5. Specialization
 - ii. Organization of hospital services
 1. Board of directors
 2. Medical staff
 3. Administrative staff
 4. Patient care services
 - c. Other types of Healthcare services
 - i. Managed care organizations
 - ii. Accountable care organizations
 - iii. Ambulatory care
 - iv. Long-term care
 - d. Biomedical and technological advances in medicine
 - i. Telehealth
 - ii. Electronic health records and health data
 - iii. Artificial intelligence
 - e. Policymaking and healthcare delivery
 - i. Healthy people 2020
 - ii. The national institutes of health
 - iii. National academy of medicine reports
 - iv. Centers for disease control and prevention
 - v. Local, state, and federal policies
 - vi. Patient-centered outcomes research institute
 - f. Modern healthcare delivery in the united states
 - i. Social security act of 1935
 - ii. Hospital survey and construction act of 1946
 - iii. Public law 89-97 of 1965
 - iv. Public law 92-603 of 1972
 - v. Utilization review act of 1977
 - vi. Peer review improvement act of 1982
 - vii. Tax equity and fiscal responsibility act of 1982

- viii. Public law 98-21
 - ix. Health insurance portability and accountability of 1996 (HIPAA)
 - x. American recovery and reinvestment act 2010 (ARRA)
 - xi. Patient protection and affordable care act of 2010
3. Health information functions, purpose, and users
- a. Purposes of the health record
 - b. Formats of the health record
 - c. Users of the health record
 - d. Overview of HIM functions
 - i. Medical transcription and voice recognition
 - ii. Disclosure of health information
 - iii. Clinical coding and reimbursement
 - iv. Record storage and retrieval functions
 - e. Identification systems
 - i. Paper health record
 - 1. Serial, unit, serial-unit numbering systems
 - 2. Alphabetic filing system
 - ii. Electronic health record
 - iii. Statistics and research
 - iv. Registries
 - v. Birth and death certificates
 - f. HIM interdepartmental relationships
 - g. Virtual HIM
 - h. HIM information systems
4. Health record content and documentation
- a. Role of documentation
 - b. Documentation standards
 - i. Standards
 - ii. Medical staff bylaws
 - iii. Accreditation
 - iv. State statutes
 - v. Legal health record
 - c. General documentation guidelines
 - i. Documentation by setting
 - 1. Inpatient – medical & surgical
 - 2. Ambulatory surgery
 - 3. Physician office record
 - 4. Other – LTC, rehabilitation, behavioral health, home health
 - d. Health information media
 - e. Healthcare providers in documentation
 - f. HIM and documentation
 - g. HIM roles
5. Ethical issues in health information management
- a. Moral values and ethical principles
 - b. Cultural competence in the healthcare environment
 - c. Ethical foundations of health information management
 - i. AHIMA professional code of ethics
 - d. Ethical issues related to medical identity theft
 - e. Ethical decision making
 - f. Important health information ethical problems

Resources

Sayles, Nanette and Leslie Gordon. *Health Information Management Technology, An Applied Approach*. Sixth. Chicago: AHIMA, 2020.

AHIMA Press. *Pocket Glossary of Health Information Management and Technology*. 5th. Chicago: American Health Information Management Association, 2017.

American Health Information Management Association. *Journal of the AHIMA*. <https://journal.ahima.org>

For The Record. https://www.fortherecordmag.com/him_index.shtml

Resources Other

1. Professional journals, newsletters, and other readings as assigned
2. Internet research and activities as assigned

Instructional Services

CTAN Number:

Career Technical Assurance Guide CTHIM001

Top of page

Key: 2142