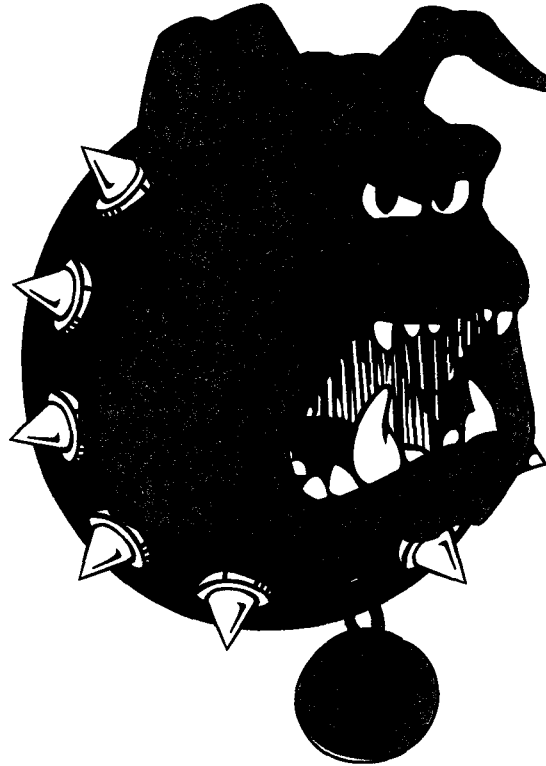Medical Record Programs

APRC 2006 - 2007

Section 1 of 8

Medical Record Programs
College of Allied Health Sciences
Ferris State University

Academic Program Review Report

Program Review Panel

Dan deRegnier, College of Allied Health Faculty
Mary Edgerly, Medical Record Program Faculty
Paula Hagstrom, Medical Record Program Faculty
Ellen Haneline, Interim Dean, College of Allied Health
Dale Hobart, Faculty Member outside College of Allied Health
Cindy Konrad, Medical Record Program Faculty
Marilyn Skrocki, Health Care Systems Administration Program Faculty
Marie Sickelsteel, Medical Record Program Faculty

August 18, 2006

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Observation   Evidence

1. **Strengths**

2. **Weaknesses**

3. **Opportunities**

4. **Suggestions**

5. **Rating**

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1. Strengths
- Full time on-campus faculty   p. 11, 52
- Employability of graduates   p. 11, 52
- Accreditation   p. 18
- On-campus facilites/support   p. 18, 46, 48, 49
- On-going curriculum redesign   p. 18
- Lack of competition for MRA [BS]   p. 51
- Internships   p. 11, 12, 17, 18, Appendix H
- Relevancy of course work   p. 11, 12
- Advisory Board   p. 16

2. Weaknesses
- Lack of qualified faculty [adjuncts & off-campus]   p. 19, 39, 40
- Off-campus facilities/teaching   p. 48
- Software for EMR   p. 13, 48
- Secretarial support   p. 13
- Poor survey return rates   p. 10
- Pharmacology and voice recognition technology   p. 21
- Course schedule offerings at various sites   p. 13
- On-line courses [lack of support]   p. 17

3. Opportunities
- Enrollment increase @ Schoolcraft C.C.   *MRA*
- Enrollment increase on-campus
- Enrollment increase @ G.R. and Midland

4. Suggestions
- Match increase in enrollment with increase in internship sites
- Match increase in enrollment with increase in full-time faculty
- Match increase in enrollment with increase in facility capacity
- Push for better facilities at off-campus sites
- Monitor quality of instruction at off-campus sites
- Be leery of hiring adjuncts and part-time faculty

5. Rating
- Continue with enhancement
    i. Improve facilities off-campus
    ii. Obtain EMR software
    iii. Hire more full-time, tenure track faculty as enrollment increases [especially off-campus]

[handwritten notes]
Q — will competition from (off campus ...) — Are they planning to reduce to MRS from 71 to 64 hrs.
describe   MRS phase out cert. — Increasing contacts with grads to get better survey numbers
— accreditation process — discuss facilities at off campus sites
discuss
— define recruitment — Monitor quality of instruction at off campus sites
— Comment on difficulty of getting EMR software
— Why don't students sit for the exam — Internships — more across state + beyond — internship development
— lack of support for on-line development

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The medical record programs are designed to provide flexibility for students by allowing them to enter and exit at various degree levels to fit their needs. The student could start his/her educational career by completing the Coding and Reimbursement Specialist certificate, ladder into the Medical Record Technology (MRT) program and earn an associates degree and finally ladder into the 4-year Medical Record Administration (MRA) baccalaureate degree without loss of credit.

The MRT program is one of four accredited medical record technology programs in Michigan.   Its curriculum has been designed to meet the accreditation standards published by the American Health Information Management Association (AHIMA). Graduation from an accredited program allows the graduate to apply to write the national certification examination of the AHIMA to qualify to use the title Accredited Health Information Technician (RHIT).

The medical record administration program is a 4-year degree which culminates in the BS degree. It too, has been designed to meet the accreditation standards published by AHIMA.   Ferris has the only accredited medical record administration program in Michigan. Graduates of the MRA program are eligible to apply to write the national certification examination of the American Health Information Management Association to qualify to use the title Registered Health Information Administrator (RHIA).

Both programs have been continuously accredited by the American Health Information Management Association in conjunction with the Commission on Accreditation of Allied Health Education Programs until 2005 when the accrediting body changed due to action by AHIMA. The program then came under the accrediting jurisdiction of the Commission on Accreditation for Health Informatics and Information Management Education. Continuous accreditation has been granted under that body.

Please note: Throughout this document, the Medical Record Technology and Medical Record Administration programs will be referred to as the Medical Record Information Science (MRIS) programs where the responses are identical for both degree programs. The following abbreviations will be used for the individual programs: Coding and Reimbursement Specialist Certificate (CRS), Medical Record Technology (MRT), Medical Record Administration (MRA)

A.   PROGRAM GOALS
      1)   The primary goal of the MRIS programs is to prepare students through education and experience for entry level employment in a variety of health care settings.

At the conclusion of the student's program, they should be able to:

a. Demonstrate interpersonal skills necessary to:
   1. work with others in a group
   2. ask questions to gain information necessary to perform assigned tasks.
   3. deal with conflict.
   4. show respect for diverse opinions and ideas.
b. Demonstrate oral communication skills necessary to:
   1. make professional presentations.
   2. support a conclusion.
c. Demonstrate the ability to use the computer to:
   1. construct a basic spread sheet.
   2. manipulate data.
   3. access information.
   4. use word processing skills.
d. Demonstrate critical thinking skills to apply previously learned knowledge to solving a new problem.
e. Demonstrate analytical skills necessary to interpret data.
f. Demonstrate written communication skills to:
   1. support proposals.
   2. report the results of investigations.
   3. convey ideas to appropriate audiences.
g. Demonstrate professional conduct.
h. Speak the language of the health care professions.
i. Demonstrate understanding of the laws that pertain to health care.
j. Demonstrate understanding of the structure of health care in the United States.
k. Demonstrate appropriate work ethics:
   1. responsibility for individual's actions
   2. punctuality
   3. honesty
   4. integrity
   5. understanding of personal value systems
   6. understanding of expectations of health care work place
l. Demonstrate an understanding of the pervasive nature of quality assurance throughout the health care professions.
m. Demonstrate specific knowledge and skills defined by their curriculum.

In addition to the above, our medical record administration graduates are skilled in the collection, interpretation, and analysis of patient data. They receive the necessary training necessary to assume managerial positions related to the medical record functions.

2) These goals were developed by the faculty of the MRIS programs and approved by the programs' advisory committee. They are reviewed annually and remain appropriate for the programs.

3) The goals reflect program graduate needs for technical, professional and general education. Graduates of these programs are employed in various health care settings including hospitals, nursing homes, physician offices, long term care facilities, ambulatory care clinics, hospices, and insurance companies.

4) The programs' goals have not changed since the last APR. They continue to reflect the goals of the program. The MRIS Advisory Committee and the program faculty review the program goals on a regular basis and have not recommended changes.

5) The MRIS programs fit well into the overall mission of Ferris State University and the College of Allied Health Sciences.

Mission of Ferris State University: Ferris State University will be a national leader in providing opportunities for innovative teaching and learning in career-oriented, technological and professional education.

Mission of CAHS: The College of Allied Health Sciences will be a national leader in quality education preparation for health-related careers.

Excerpts from the Vision of the CAHS: "... The preparation of our students will increasingly merge technical content with computer, communication, critical thinking, and collaborative skills. Our graduates will be nationally known and recruited for the excellence of their preparation... the programs will be known and respected throughout the country for the teaching/learning approaches utilized, the caliber of the graduates, and the strength of the faculty... there will be a close collaboration with health care providers, industry and government to assure curriculum relevance and maximum utilization of resources."

Mission of the MRIS programs: The mission of the Medical Record Information Sciences programs at Ferris State University is to prepare students through classroom instruction, laboratory application, and professional practice experience to assume an entry-level position in a health care field in a technical, supervisory, or management position.

The programs are consistent with the university's mission statement. While they are not prominent nationally, they do provide opportunities for innovative teaching and learning in career-oriented, technological and professional education. Graduates of the programs are employed in

3

numerous states of the United States as well as Saudi Arabia, Israel, and Botswana. Most of the courses within the curricula require computer skills and many are web-enhanced to provide students with the most current information in the field. The programs are offered during the week, on weekends and in the evenings. Weekday courses are offered on the Big Rapids campus, evening classes are offered in Grand Rapids, and weekend classes are offered in Midland for the certificate and associate degree programs.

B. Program Visibility and Distinctiveness

1) The MRIS programs at Ferris State University are unique in many ways:
   a. Well-equipped laboratory with state of the art hardware and software.
   b. Students use the same equipment and software that they will use in health care facilities. They will be given the opportunity to be proficient before they go on their internship.
   c. Internships are available in various types of health care settings. The program has not had difficulty in securing internship sites for eligible students.
   d. Excellent placement rate for graduates of the medical record programs. Placement rates vary between 98% and 100% of the students who seek employment.
   e. Experienced faculty. The program's faculty members have more than 60 years of teaching MRIS students as well as working experience in the health care industry.
   f. Courses are offered at times and places convenient for students. The certificate and associate degree programs in medical records are offered on weekends in Midland. All three medical record programs are offered in Big Rapids during the week and Grand Rapids in the evenings.
   g. Continuously updated curriculum in response to the needs of the health care industry and the requirements of the accrediting agency. The Coding and Billing certificate program was updated and put in place beginning Fall semester 2005. The Medical Record Administration program was last updated in fall 2004. Changes are currently being made and are scheduled for implementation in Fall 2007.
   h. Faculty who lend their expertise to the CAHS core courses.
   i. High labor demand for graduates. Employment in the field is expected to grow much faster than the average for all occupations through 2012 according to the Bureau of Labor Statistics.

2) We attract quality students by:
   a. Recruiting in high schools and career technical schools. The CAHS recruiter was crucial in helping us disburse program infor-

mation to prospective students at schools, job fairs, and career fairs.

b.   Recruiting Ferris pre-pharmacy and pre-optometry students who are not accepted into their respective programs.

c.   Attending the annual Michigan Health Information Management Association meeting to provide current program information to those working in the industry who may want to seek a degree.

d.   Offering a career ladder (CRS to MRT to MRA) that meets the needs of prospective students.

e.   Offering the medical record programs in off campus locations to attract individuals who may not be able to attend the main campus to take classes.

3)   The institutions that offer the main competition to our CRS program:
a.   Davenport University
The institutions that offer the main competition to our MRT program:
a.   Baker College -Flint
b.   Davenport University-Grand Rapids
c.   Schoolcraft College-Livonia
The institutions that offer the main competition to our MRA program:
a.   There are not any other colleges or universities in Michigan that offer the MRA program.

Davenport University has a Grand Rapids campus for MRT. Until recently, this program was not accredited. The faculty works closely with west Michigan hospital medical record directors and the advisory committee to assure that course content is reflective of the current workplace environment. Baker College and Schoolcraft Community College are located in southeast Michigan. Schoolcraft and Baker associate degree graduates are able to then ladder into the FSU MRA. The professional courses in the medical record administration program will be taught at Schoolcraft Community College beginning Fall, 2006. Between 1999 and 2005, they were taught at Henry Ford Community College. However, with the closure of Henry Ford Community College's medical record technology program the program is being moved to the campus of Schoolcraft College. MRT and MRA students are combined in the 100 and 200 level courses with a MRIS prefix. Combining students in both levels helps to improve efficiency in the classroom.

b.   We have not learned anything from the other institutions that would improve our programs. Baker College and Davenport University's program were developed after our programs. Thus, they are very similar. We have the same accrediting agency,

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CAHIIM, with defined program requirements. The faculty at the other institutions are Ferris graduates.

C.   Program Relevance

1)   Labor Market Relevance – Medical Record Profession

Department of Labor
Bureau of Labor Statistics (Modified March 2004)
- Job prospects should be very good, particularly in office of physicians.
- Medical record and health information technicians held about 147, 000 jobs in 2002.
- 37% of jobs were in hospitals, the rest were mostly in offices of physicians, nursing care facilities, outpatient care centers, and home healthcare services, public health departments and insurance firms that deal in health matters.
- Most employers hire Registered Health Information Technicians, or RHIA, who must pass a written examination offered by the American Health Information management Association. Examinations are offered to graduates from the 2-year associate degree program and 4-year bachelor of Science degree program accredited by the Commission on Accreditation of Allied Health Education Programs.
- Employment of medical records and health information technicians is expected to grow much faster than the average through 2012 due to rapid growth in the number of medical tests, treatments, and procedure that will be increasingly scrutinized by third-party payers, regulators, courts, and consumers. (<u>Bureau of Labor Statistics, Occupational Outlook Handbook, 2004</u>)
- EARNINGS
  o   Median annual earnings were $23,890 in 2002
  o   Middle 50% earned between $19,550 and $30,600
  o   Lowest 10% earned less than $16,460
  o   Highest 10% earned more than $38,640

AHIMA

Of 22,000 members of AHIMA May 2005
        6 of 10 members earn at least $40,000 annually
        16% of members earn at least $70,000 annually

        56% of the members work in the Hospital setting

        51% of members have a minimum of a baccalaureate degree
        12% have earned post-baccalaureate degrees

1)   Job opportunities are expected to be excellent because the number of job

openings is expected to increase. Many openings will result from the need to replace workers who retire or stop working for some reason.

Results from the FSU Planning and Placement Services show high placement rates for our graduates.

The medical record faculty receive phone calls and emails on a regular basis from hospitals with job opportunities and inquiries about our recent graduates.

2) Program responds to emerging issues in the discipline, changes in the labor force, changes in employer needs, changes in student needs in the following manner:

a. Curriculum redesign due to technological advances using an electronic medical record

b. Medical Record coding classes are updated each year with new textbooks and supplemented with CPT and DRG coding updates. All of the courses are reviewed and if necessary revised each semester. The medical record administration program was last revised for Fall, 2004 and is presently under revision. The medical record technology program was last revised for Fall, 2004 and is presently being revised. The coding and reimbursement certificate was last revised for Winter, 2005.

c. Newly emerging roles such as Corporate Compliance and Corporate Responsibility information is brought to the classroom via legal and coding classes, critical for understanding importance of proper coding procedures.

d. Computers and software are continuously upgraded to meet the demands of the health care industry. In many cases, we have different types of software for the same function. We are able to expose the student to a variety of software programs that they will see in the workplace.

e. Some of our courses are taught online (CCHS 101, CCHS 102, MRIS 103, EHSM 315). On-line courses meet the needs of place-bound students.

f. Review of the graduate surveys and student program evaluations allow us to make appropriate changes to individual courses in the programs.

g. Faculty are active in professional organizations such as the American Health Information Association, Michigan Health Information Association, local health information associations as well as specialty associations. Attendance at these meetings and conferences allows the faculty to stay abreast of any changes made in the medical record profession.

h. Internship site instructors often comment about the high caliber students from our medical record programs. Our students and

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graduates are hired by our internship affiliates. Quite often, jobs are created for students that these facilities have had on internship and do not want to lose.

3) According to informal surveys conducted in MRIS 101 Introduction to Health Information Systems, the students listed the following as reasons for enrolling in a MRIS program.
   - Saw article in the Torch
   - Read about profession
   - Aunt is a coder
   - Career counseling

The graduate survey currently does not ask why students come to Ferris for the program. It will be added the to survey for use this fall.

   a. Responses from the Medical Record Graduate surveys reflect that the program courses meet student expectations.
   b. Student sentiment is measured using the Student Assessment of Instruction (SAI) for two courses per instructor each semester. Students meet with their advisors at least once per semester to discuss concerns and have their questions answered. Faculty also use their own course evaluations to assess student satisfaction. The results are used for both course and program evaluation.

D. PROGRAM VALUE

1) To the university: The medical record programs benefit the university by offering a bachelor of science degree program unique to the State of Michigan. The associate degree program is only taught at three other Michigan colleges/universities, two in southeast Michigan, and one in Grand Rapids. Our well-equipped computer lab has 23 stations with state of the art hardware and software. All of the faculty have working experience in the health care industry that allows them to bring real-world experiences into the classroom.

2) To students: The students learn in state of the art equipped labs in each of the sites where the program is offered. The programs are offered at various times (day, evening, weekend formats) and locations to meet the needs of the students. It is common for Big Rapids students to take weekend classes in Midland or evening classes in Grand Rapids. The faculty are available to the students via email, telephone, or face to face meetings.

3) To the state of Michigan: The programs prepare a large number of the MRIS practitioners in Michigan. Program graduates are hired in Michigan, other states and internationally. Because graduates take a national examination, they are able to practice in any state and several countries without having to become recertified. Employer surveys indicate that employers who hire FSU graduates are very satisfied with the

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level of their entry-level skills. All of the employers would hire another Ferris MRIS graduate. These opinions are expressed on the surveys and in discussions at professional meetings.

4) To the profession: The faculty participate in local, state, and national continuing education activities. All of the faculty have presented continuing education activities and/or reviewed textbook chapters, and served as officers in local and state health information associations. Faculty have worked with the state Health Information Association to co-sponsor meetings at the Grand Rapids campus. A faculty member has served on the Board of Directors at Mecosta County General Hospital.

5) The faculty and students have provided services to groups outside the University. Students have gone to their high schools and tech centers to talk about the value of a medical record profession. The registered student organization, Health Care Management Association (HCMA), of which the MRIS students are a part, performs several service projects each year including Toys for Tots, Adopt a Family at Thanksgiving and Christmas, Halloween party for community children, and participating in walks for charitable organizations. They also host social events for members and/or the community.

Faculty explain the medical record program to tech center and high school students at Open Lab Days. Program faculty have visited career fairs and job fairs as a means to attract students to our profession. The program coordinator has visited other medical record technology programs in the state to encourage students to enroll in the medical record administration program.

A listing of the programs' internship sites can be found in Appendix H.

Section 2: Collection of Perceptions

A.   Graduate Follow-up Survey

The programs, as a part of their ongoing outcomes assessment, undergo a two-part graduate evaluation. The first part, conducted as the students prepare to leave campus consists of a survey of graduating students. The second part consists of a graduate survey mailed to all graduates one year following their graduation.

The survey that is conducted just prior to the student's graduation is designed to assess their perceived readiness to enter professional practice. Students are asked to evaluate their perceived value of the courses, their internship and various other aspects of the program.

The purpose of the graduate survey is to determine graduate's employment and salary status and to determine whether they perceive that they were prepared for professional practice. Additional questions are designed to elicit information regarding areas where the curriculum may need to be changed to keep it current with practice in the field. Results have been extensively used in the recent curriculum revision.

There is an ongoing problem getting the graduates to return the survey documents. A total of 81 graduate surveys were mailed in September, 2004 to CRS (Certificate), MRT (AAS), and MRA (BS) graduates from the classes of Summer 1999 – Winter 2003. Twenty surveys were returned representing a 25% return rate. Three surveys were returned to us as undeliverable. 58 surveys were sent out in September of 2005 to Summer 2003 – Summer 2005 graduates. Nine surveys were returned for a return rate of 16%. Two surveys were returned undeliverable. Because our graduates are primarily female, when they marry and change their name, we do not usually receive the updated information.

Surveys were created based on our accrediting body requirements and those for the APR report. Addresses for graduates were obtained from the Alumni Office.

Graduate Survey Results 1999-2005

	1999	2000	2001	2002	2003	2004	2005
Employed within one year of education	100%	100%	100%	100%	100%	80% 1 no response	100%
Employed in acute care	75% 1 No Response	87.5%	50%	100%	33%	NA	NA
Employed in long term care	0%	0%	0%	0%	0%	NA	NA
Employed in ambulatory care	0%	0%	0%	0%	0%	NA	NA
Employed in other type of facility	0%	12.5% Billing Service	50% Mental Health	0%	33.3%	NA	NA
Adequately prepared for employment	yes 100%	yes 87.5% no 12.5%	yes 100%	yes 100%	Yes 100%	yes 100%	yes 100%
Would enthusiastically recommend program	yes 100%	yes 87.5% no 12.5%	100%	100%	100%	NA	NA

NA – Not Applicable (information not gathered during this year)

Average responses were calculated by dividing the average number of responses to an item by the number of individuals who responded to each item. In many cases, all of the alumni who responded to the survey failed to respond to some of the individual items.

Evaluation of the data suggests that students readily find employment in the field. Employment opportunities are available in a variety of settings, but graduates find employment mainly in the acute care setting. Graduates indicate that they are prepared to enter the workforce upon graduation. A majority of the graduates state that they would recommend Ferris Medical Record programs to others.

The graduate survey from 2003-2005 graduates identified the strengths to be the faculty, internships, and relevancy of coursework. This group identified the weaknesses to be the amount of general classes (too many), the need for additional coding classes, the need for a billing class (a billing course was implemented Summer 2005), and the need for an electronic medical records software

package (additional EMR information will be included in the curricula revision that is in progress).

Comments from graduates are found on the reports for individual years.

B. The employer surveys were sent to the medical record graduates. The graduates were asked to give their employer a survey to complete and return in the enclosed self-addressed stamped envelope.

In 2004, eleven employer surveys out of the 81 surveys sent were returned for a 14% return rate. The surveys showed that the employers were very satisfied with Ferris' medical record graduates in all subject/skill areas. The scores ranged from 4.3 (above average) to 5 (excellent). All but one employer would hire another Ferris medical record graduate.

The employers felt that Ferris has the strongest graduates that are very well prepared for their technical and management internships as well as their ability to apply their knowledge.

Of the 58 employer surveys sent out in 2005, only three were sent back for a return rate of 5.2%. One refused to respond commenting that they would not release personal information about any employee. One of the respondents had three Ferris medical record graduates that they reported on.

It is difficult to make an overall judgment based on such a small number of responses. The employers were very satisfied with three of the four employees reported on.

The surveys can be found in Appendix D.

C. Graduating student exit surveys are done each year to obtain information regarding quality of instruction, relevance of courses, and satisfaction with program outcomes based on their expectations.

A survey was given to 7 MRT and 7 MRA students in their last class prior to going out on internship. 100% of the students felt that they were adequately prepared for an entry level position in the health information profession. 13 of the 14 students would recommend the MRIS programs to others who are interested in the profession.

The surveys showed that the program taught the students how to deal with conflict, work together as a team, and provided the necessary skills to practice as a practitioner in the workplace.

A separate survey is given to students at the end of their internship experience. One of the questions asked of the students is if their classroom instruction adequately prepared them for their internship. Of the fifty-three students surveyed, fifty of them felt their coursework prepared them more than adequately to perform the tasks required on internship. Many of the students commented that they did not have any problem performing tasks in the department. They commented that their computer skills, especially using Access and Excel, were very valuable in the work setting.

D. Students in the medical record programs (on campus and off campus) are surveyed each semester to obtain information regarding quality of instruction, relevance of the courses, and satisfaction with program outcomes based on their own expectations.

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The surveys showed that the students were satisfied with the quality of education received in the medical record programs. Many commented that they were looking forward to internship and working in the "real world" because of their learning experiences in their courses.

Some students felt that each program course should be offered every semester. We do try to offer most courses each semester, one semester the course may be offered in Grand Rapids and the next semester in Big Rapids. This would require the student to attend the campus where it is being offered.

The surveys can be found in Appendix D.

E.   Faculty perceptions surveys were given to the four full time medical record faculty members to assess their perceptions of the program curricula, resources, admission standards, commitment by administration, procedures used, and their overall feelings. Overall, the program faculty is satisfied with the program. Areas where faculty are most satisfied include administrative support, program goals with realistic outcomes, and faculty involvement in program evaluation. Faculty were least satisfied with secretarial support for the program. Until recently, one secretary was responsible for the whole department (Clinical Lab Sciences, Respiratory Care, Health Care Systems Administration, and Medical Records). The secretary is very efficient in her job, but there is too much work for just one secretary. A part-time secretary has recently been hired to provide assistance to the department.

The surveys can be found in Appendix D.

F. Advisory Committee perceptions were sent to the Medical Record Advisory Committee members. The advisory committee members include four Medical Record department heads from hospitals of various sizes from different parts of the state, a manager of Information Services, a manager of Education Services and Development at a large hospital, a coder, and the Central Office Coordinator for Michigan Health Information Management Association.

The advisory committee members were asked to assess their perceptions of the medical record programs' curricula, outcomes, facilities, equipment, graduates and trends that affect job placement.

Overall, the committee felt that the faculty is well-qualified to teach in the medical record programs. They were least satisfied with the adequacy of the laboratory facilities. We are attempting to strengthen the laboratory by purchasing electronic medical record (EMR) software. We are currently working with the dental hygiene program to purchase an EMR that could be used by the MRIS programs.

The surveys can be found in Appendix D.

Section 3: Program Profile

Administrative Program Review   Program_Medical Record Administration
December 2005

Purpose of Administrative Program Review
1. to facilitate a process led by the deans and department heads/chairs to assess and evaluate programs under their supervision
2. to facilitate long term planning and recommendations to the VPAA
3. to collect and analyze information that will be useful in the University's accreditation efforts; Academic Program Review deliberation; and assessment.

Instructions: Please prepare a report following the outline below.

I.   **Program Assessment/Assessment of Student Learning**

a) What are the program's learning outcomes? **Students will:**
   - **Demonstrate interpersonal skills necessary to:**
     o **Work with others in a group**
     o **Ask questions to gain information necessary to perform assigned tasks**
     o **Deal with conflict**
     o **Show respect for diverse opinions and ideas**
   - **Demonstrate oral communication skills necessary to:**
     o **Make professional presentations**
     o **Support a conclusion**
   - **Demonstrate the ability to use the computer to:**
     o **Construct a basic spread sheet**
     o **Manipulate data**
     o **Access information**
     o **Use word processing**
   - **Demonstrate critical thinking skills to apply previously learned knowledge to solving a new problem**
   - **Demonstrate analytical skills necessary to interpret data**
   - **Demonstrate written communication skills to"**
     o **Support proposals**
     o **Report the results of investigations**
     o **Convey ideas to appropriate audiences**
   - **Demonstrate professional conduct**
   - **Speak the language of the health care profession**
   - **Demonstrate understanding of the structure of health care in the United States**
   - **Demonstrate an appropriate work ethic:**
     o **Responsibility for individual actions**
     o **Punctuality**
     o **Honesty**

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- o Understanding of personal value system
- o Understanding of the expectations of the health care work place
- Demonstrate understanding of the pervasive nature of quality assurance throughout the health care professions
- Demonstrate specific knowledges and skills defined by the curriculum

b) What assessment measures are used, both direct and indirect?
- **Evaluation by peers**
- **Student evaluation by faculty**
- **Internship supervisor evaluation of student work, conduct and attitudes**
- **Student self evaluation**
- **Employer survey**
- **Graduate survey**

c) What is the assessment cycle for the program?
- **Student peer evaluation is conducted throughout the second through fourth years of the curriculum**
- **Internship supervisor evaluation occurs at the conclusion of the internships in the second and fourth years**
- **Student self evaluation occurs through the curriculum**
- **Employer and graduate surveys are conducted one year post graduation**

d) What assessment data were collected in the past year?
- **On the alumni survey, the respondents identified the following areas of strength by rating the area 5 (excellent) or 4 (above average):**
  - o **Medical Terminology**
  - o **Common software packages (Excel, Powerpoint etc)**
  - o **Assembly/Analysis of records for completion**
  - o **Retrieve/Track/locate/file health records**
  - o **Registries and indexes**
  - o **Documentation requirements**
  - o **Organization of healthcare delivery**
  - o **Basic Management supervision principles**
  - o **Human Resource management**
  - o **Development of policies and procedures**
  - o **Determination of productivity standards/standards of performance**
  - o **Quality improvement tools and techniques**
  - o **Data presentation techniques**
  - o **Performance improvement**
  - o **Accrediting and licensure standards**
  - o **Facility-wide/interdepartmental teams/committees**
  - o **ICD9-CM coding**
  - o **CPT coding**
  - o **Case-Mix analysis**
  - o **Data Quality**
  - o **Compliance with regulatory requirements**

- o Confidentiality
- o Release of medical information
- The following weaknesses were identified on the graduate survey (respondents rated their preparation at 2(below average) or 1(poor):
  - o Pharmacology
  - o Voice recognition technology
- Employers indicated their satisfaction with the competency of the graduates in all areas surveyed by rating graduation preparation as either a 5 (excellent) or a 4(good to above average). It should be noted that the average ratings for written and oral communication were each 4.5 which represents a change from the rating of 3 on the previous review.

e) How have assessment data been used for programmatic or curricular change?
As a result of the evaluation by the internship supervisors, the curriculum was recently modified to include a billing course to enhance the students' knowledge and skills in that area. Additionally, their comments regarding the students' communication skills led to changes in several courses— students are required to do more professional presentations throughout the curriculum.

As a result of student and graduate comments, testing strategies have been reviewed and modified to give the students more practice taking computerized multiple choice exams to more adequately prepare them for the national certifying examinations.

II.   Course Outcomes Assessment

a) Do all multi-sectioned courses have common outcomes? **Yes**
b) If not, how do you plan to address discrepancies?
c) How do individual course outcomes meet programmatic goals?
Throughout the curriculum, students are provided with opportunities to practice their oral and written communication skills. Each course has laboratory sessions which provide students with the opportunity to practice professional conduct, utilize the computer to prepare reports and manipulate data, and demonstrate a work ethic appropriate to the health care setting. Additionally, in the internship assignments, students are required to demonstrate mastery of all of the programmatic goals.

III.   Program Features

1. **Advisory Board**
   a) Does the program have a board/committee? **Yes** When did it last meet? **January, 2005** When were new members last appointed? **November, 2004.** What is the composition of the committee (how many alumni, workplace representatives, academic representatives, etc.) :**5 alumni/workplace**

representatives; 2 workplace representatives. **No educators outside of FSU faculty.**

 b) If no advisory board exists, please explain by what means faculty receive advice from employers and outside professionals to inform decisions within the program.

 c) Has feedback from the Advisory Board affected programmatic or curricular change? **Feedback from the advisory board has resulted in several curricular changes.**

2. **Internships/Cooperative or Experiential Learning**

 a) Is an internship required or recommended? **Yes**

 b) If the internship is only recommended, what percentage of majors elect the internship option?

 c) What challenges does the program face in regard to internships? **Changes in the health care environment coupled with increased program size have made student placement in the internship settings more difficult** What is being done to address these concerns? **The internship coordinator continues to work with health care agencies and facilities across the state to develop new opportunities for students.**

 d) Do you seek feedback from internship supervisors ? **Yes**

If so, does that feedback affect pedagogical or curricular change? **Several changes have been made in courses as a result of feedback from internship supervisors. The prerequisites for the final internship were changed as a result of feedback from the internship supervisors.**

3. **On-Line Courses**

 a) Please list the web-based courses, both partial internet and fully online, offered last year. **CCHS 101, CCHS 102, MRIS 103, EHSM 315**

 b) What challenges and/or opportunities has web-based instruction created?**Lack of support for on-line development, lack of release time to convert courses to an on-line format. On-line delivery provides opportunities for students to complete coursework at a time and location that fits their schedule.**

 c) What faculty development opportunities have been encouraged/required in order to enhance web-based learning within the program? **Faculty have been encouraged to (and have) attended Web CT training opportunities.**

 d) How has student feed-back been used to enhance course delivery? **Yes, as a result of student feed-back more sections of MRIS 103, CCHS 101 and CCHS 102 have been offered on-line**

 e) Is there any plan to offer this program on-line? **Not entirely. The number upper division courses will be increased, however, the entire program will not be converted to an entirely on-line format.**If yes, what rationale is there to offer this program online?" (emerging market opportunity?, expand enrollment?, demand for niche program offering?, etc.) **Expanding into an on-line or partially on-line format will allow the program to expand its market. As the only program in the state, it has the opportunity to expand its enrollment across the state of Michigan to meet workforce needs and student demand.**

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4. Accreditation
a) Is the program accredited or certified? **Accredited**
b) By whom? **Commission on Accreditation of Informatics and Information Management**
c) When is the next review? **Unknown- continuing accreditation is granted as a result of satisfactorily meeting outcome measures. Annual report required.**
d) When is the self-study due? **Annual report**
e) How has the most recent accreditation review affected the program? **At the time of the last review, there were no recommendations for improvement**

5. Student/Faculty Recognition
a) Have students within the program received any special recognition or achievement? **No**
b) Have faculty within the program received any special recognition or achievement? **No**

6. Student Engagement
a) Is volunteerism and student engagement a structured part of the program? **No**
b) Does the program utilize service learning in the curriculum?**Yes**
Students in MRIS 209 perform quality assurance projects for health care

facilities and agencies both on campus and throughout the community.

c) Does the program participate in the American Democracy Project? **No**

Areas of Strength:
- **Experienced faculty who work as a team to set and accomplish goals**
- **Flexible curriculum-courses are offered in locations and at times convenient for students**
- **Curriculum that offers maximum flexibility for students—students in the certificates can enter the associate degree without loss of credit—students who graduate from the associate degree can enter the baccalaureate degree without loss of credit.**
- **Curriculum responsive to the needs of the student, employer**
- **Faculty who are involved in their professional organization at the state, local and national levels**
- **Computer laboratory with appropriate hardware and software to provide students with work-place experience**
- **Excellent and supportive internship sites**
- **Faculty who are viewed as leaders in the college and on-campus**
- **Increased demand for programming.**

Areas of Concern (and proposed actions to address them)
- **Lack of qualified faculty—due to continued growth in enrollment, there is a need to hire increased numbers of adjunct faculty. An ad will be placed on the Ferris Website to attract prospective faculty.**

Future Goals:
Work with community colleges to offer 4-year program at selected sites in Southeastern and Southwestern Michigan.

Other Recommendations:

Administrative Program Review   Program___Medical Record Technology_

Purpose of Administrative Program Review

1. to facilitate a process led by the deans and department heads/chairs to assess and evaluate programs under their supervision
2. to facilitate long term planning and recommendations to the VPAA
3. to collect and analyze information that will be useful in the University's accreditation efforts; Academic Program Review deliberation; and assessment.

Instructions: Please prepare a report following the outline below.

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  - **Show respect for diverse opinions and ideas**
- **Demonstrate oral communication skills necessary to:**
  - **Make professional presentations**
  - **Support a conclusion**
- **Demonstrate the ability to use the computer to:**
  - **Construct a basic spread sheet**
  - **Manipulate data**
  - **Access information**
  - **Use word processing**
- **Demonstrate critical thinking skills to apply previously learned knowledge to solving a new problem**
- **Demonstrate analytical skills necessary to interpret data**
- **Demonstrate written communication skills to"**
  - **Support proposals**

- o Report the results of investigations
- o Convey ideas to appropriate audiences
- Demonstrate professional conduct
- Speak the language of the health care profession
- Demonstrate understanding of the structure of health care in the United States
- Demonstrate an appropriate work ethic:
  - o Responsibility for individual actions
  - o Punctuality
  - o Honesty
  - o Understanding of personal value system
  - o Understanding of the expectations of the health care work place
  - o Demonstrate understanding of the pervasive nature of quality assurance throughout the health care professions
  - o Demonstrate specific knowledges and skills defined by the curriculum

b) What assessment measures are used, both direct and indirect?
   a. Evaluation by peers
   b. Student evaluation by faculty
   c. Internship supervisor evaluation of student work, conduct and attitudes
   d. Student self evaluation
   e. Employer survey
   f. Graduate survey

c) What is the assessment cycle for the program?

Graduate and employer surveys are conducted one year after graduation; peer evaluation occurs during the coursework, faculty evaluation is ongoing, Internship supervisor evaluation occurs during and at the conclusion of each internship assignment. Students engage in self evaluation during the internship assignment.

d) What assessment data were collected in the past year?

e) On the alumni survey, the respondents identified the following areas of strength by rating the area 5 (excellent) or 4 (above average):
   a. Medical Terminology
   b. Common software packages (Excel, Powerpoint etc)
   c. Assembly/Analysis of records for completion
   d. Retrieve/Track/locate/file health records
   e. Registries and indexes
   f. Documentation requirements
   g. Organization of healthcare delivery
   h. Basic Management supervision principles
   i. Quality improvement tools and techniques
   j. Data presentation techniques
   k. Accrediting and licensure standards
   l. Facility-wide/interdepartmental teams/committees
   m. ICD9-CM coding

      n. **CPT coding**
      o. **Case-Mix analysis**
      p. **Data Quality**
      q. **Compliance with regulatory requirements**
      r. **Confidentiality**
      s. **Release of medical information**

f) **The following weaknesses were identified on the graduate survey (respondents rated their preparation at 2(below average) or 1(poor):**
      a. **Pharmacology**
      b. **Voice recognition technology**

g) **Employers indicated their satisfaction with the competency of the graduates in all areas surveyed by rating graduation preparation as either a 5 (excellent) or a 4(good to above average). It should be noted that the average ratings for written and oral communication were each 4.5 which represents a change from the rating of 3 on the previous review.**

h) How have assessment data been used for programmatic or curricular change? **As a result of the evaluation by the internship supervisors, the curriculum was recently modified to include a billing course to enhance the students' knowledge and skills in that area. Additionally, their comments regarding the students' communication skills led to changes in several courses— students are required to do more professional presentations throughout the curriculum.**

As a result of student and graduate comments, testing strategies have been reviewed and modified to give the students more practice taking computerized multiple choice exams to more adequately prepare them for the national certifying examinations.

II. Course Outcomes Assessment

a) Do all multi-sectioned courses have common outcomes? **Yes**
b) If not, how do you plan to address discrepancies?
c) How do individual course outcomes meet programmatic goals?
Throughout the curriculum, students are provided with opportunities to practice their oral and written communication skills. Each course has laboratory sessions which provide students with the opportunity to practice professional conduct, utilize the computer to prepare reports and manipulate data, and demonstrate a work ethic appropriate to the health care setting. Additionally, in the internship assignments, students are required to demonstrate mastery of all of the programmatic goals.

III. Program Features

1. **Advisory Board**
   a) Does the program have a board/committee? **Yes** When did it last meet? **January 2005.** When were new members last appointed? **November, 2004** What is the composition of the committee (how many alumni, workplace representatives, academic representatives, etc.) **5 alumni/workplace representatives; 2 workplace representatives. No educators outside of FSU faculty.**
   b) If no advisory board exists, please explain by what means faculty receive advice from employers and outside professionals to inform decisions within the program.
   c) Has feedback from the Advisory Board affected programmatic or curricular change? **Feedback from the Advisory Board has not affected programmatic or curricular change for the 2-year program.**

2. **Internships/Cooperative or Experiential Learning**
   a) Is an internship required or recommended? **Required**
   b) If the internship is only recommended, what percentage of majors elect the internship option?
   c) What challenges does the program face in regard to internships? **Changes in the health care environment coupled with increased program size have made student placement in the internship settings more difficult** What is being done to address these concerns? **The internship coordinator continues to work with health care agencies and facilities across the state to develop new opportunities for students.**
   d) Do you seek feedback from internship supervisors ? **Yes**
      If so, does that feedback affect pedagogical or curricular change? **As a result of comments from internship supervisors, additional writing assignments have been added to the courses, students are required to do presentations in each of their courses to give them more practice in speaking before groups of people; a billing course was added to the curriculum and additional emphasis has been placed on HIPAA regulations in the legal class.**

3. **On-Line Courses**
   a) Please list the web-based courses, both partial internet and fully online, offered last year. **CCHS 101, CCHS 102, MRIS 103,**
   b) What challenges and/or opportunities has web-based instruction created? **There have been increased instances of students cheating on exams, especially in the medical terminology course; lack of support for course conversion to a WEB format. Offering courses on-line provides opportunities for students to complete coursework at times and locations that meet their needs.**
   c) What faculty development opportunities have been encouraged/required in order to enhance web-based learning within the program? **Faculty have been encouraged to attend the WEB-CT sessions to become familiar with teaching on line.**

d) How has student feed-back been used to enhance course delivery? **Student feedback from on-line courses has been very positive, especially in the off campus courses**

e) Is there any plan to offer this program on-line?**There is no plan to offer this program totally on-line. Plans have been made to convert selected courses to an on-line format and others to a partial internet format.** If yes, what rationale is there to offer this program online?" (emerging market opportunity?, expand enrollment?, demand for niche program offering?, etc.) **Increased demand by off-campus students and a strong demand for graduates has placed pressure on the program to convert courses to an on-line format.**

4. Accreditation

a) Is the program accredited or certified? **Accredited**

b) By whom? **Council on the Accreditation of Informatics and Information nt**

c) When is the next review? **Unknown- continuing accreditation is granted as a result of satisfactorily meeting outcome measures. Annual report required. Site visits are required only if the program fails to meet the established goals.**

d) When is the self-study due? **Annual report**

e) How has the most recent accreditation review affected the program? **At the time of the last review, there were no recommendations for improvement.**

5. Student/Faculty Recognition

a) Have students within the program received any special recognition or achievement? **No**

b) Have faculty within the program received any special recognition or achievement? **No**

6. Student Engagement

a) Is volunteerism and student engagement a structured part of the program? **No, although the student organization is very involved with voluntary activities- they work through WISE to adopt a family for the holidays, made prizes for games at Metron, participated in Relay for life and other community-wide activities.**

b) Does the program utilize service learning in the curriculum? Students in MRIS 109 perform quality assurance projects for health care facilities and agencies both on campus and throughout the community.

c) Does the program participate in the American Democracy Project? No

Areas of Strength:

- **Experienced faculty who work as a team to set and accomplish goals**
- **Flexible curriculum-courses are offered in locations and at times convenient for students**
- **Curriculum that offers maximum flexibility for students—students in the certificates can enter the associate degree without loss of credit—students who graduate from the associate degree can enter the baccalaureate degree without loss of credit.**

- Curriculum responsive to the needs of the student, employer
- Faculty who are involved in their professional organization at the state, local and national levels
- Computer laboratory with appropriate hardware and software to provide students with work-place experience
- Excellent and supportive internship sites
- Faculty who are viewed as leaders in the college and on-campus
- Increased demand for programming.

Areas of Concern (and proposed actions to address them)
- Lack of qualified faculty—due to continued growth in enrollment, there is a need to hire increased numbers of adjunct faculty. An ad will be placed on the Ferris Website to attract prospective faculty.

Future Goals:
- Continue to do environmental scans to determine the need for off-campus programming
- Complete curriculum revision to bring program into compliance with accreditation standards to become effective Fall 2006.

Other Recommendations:

A. Profile of Students .

1 a-f) Student Demographic Profile: Medical Record Technology (MRT) and Medical Record Administration (MRA) (including Pre-MRT)

Data is incomplete because students are not required by federal law to self identify.

A1 a1)

		2001 MRT	2001 MRA	2002 MRT	2002 MRA	2003 MRT	2003 MRA	2004 MRT	2004 MRA	2005 MRT	2005 MRA
Sex	Male	1	1	3	1	6	3	3	2	1	0
	Female	35	16	59	21	86	35	53	39	48	32
Race	Black	1	0	8	1	3	4	4	5	1	6
	Hispanic	2	0	1	0	1	1	0	1	2	0
	Indian/ Alaska	1	0	0	0	0	0	0	0	0	1
	Asian/ Pac Isl.	0	0	1	0	0	1	2	0	0	1
	White	28	15	47	21	78	26	46	31	43	23
	Foreign	2	0	0	0	0	2	0	1	0	0
	No Response	2	2	5	0	10	4	4	3	3	1
Age	Avg. Age	31.3	26.3	33.3	26.9	34.8	29.4	29.4	29.1	32.5	28.2
Residence	In-state	34	17	62	21	91	35	55	39	48	32
	Out-of-State*	2	0	0	0	0	3	0	2	1	0
Enrollment Status	Full-Time	11	14	16	17	19	25	27	26	20	18
	Part-Time	25	3	46	5	73	13	29	15	29	14

NA Not Applicable

A1 a2) Information taken from FSU Fact Book – Enrollment by Program Data

		2001 MRT	2001 MRA	2002 MRT	2002 MRA	2003 MRT	2003 MRA	2004 MRT	2004 MRA	2005 MRT	2005 MRA
	Day	21	10	16	15	25	25	37	26	45	27
	Evening	10	6	36	4	57	12	56	22	70	16
	Weekends	5	1	10	3	10	1	10	0	6	0
	On-Campus	21	15	25	19	24	28	37	33	36	27
	Off-Campus	15	2	37	3	68	10	66	15	85	16
Delivery Method	100% On-line	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Mixed Delivery	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

NA Not Applicable

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g.	The increase in our student numbers are due to efforts of the CAHS recruiter as well as the recruiting efforts of the faculty. Because many of the allied health programs have more demand for seats than availability, some of these students have enrolled in the Medical Record programs and have successfully completed the program. President Bush has called for nationwide paperless health records by 2014. This has attracted the interest of potential students. The Coding and Reimbursement Specialist (CRS) certificate has acted as a career ladder to the associate and baccalaureate degree programs. Frequently, students enroll in the Coding and Billing certificate program and then, after having been successful, decide to complete either their associate or baccalaureate degree. This has also provided an educational opportunity for displaced workers.

Many of the students in the MRIS program, especially at the Grand Rapids campus, are non-traditional working adults. To accommodate their schedule, many of the courses have been offered in the evening and online. Most of our on-campus students are full-time and complete the degree in the expected timeframe. Many of our off-campus students are going to school on a part-time basis and take longer to complete the program, usually 3 years for an associates degree and 5-6 years for a bachelor's degree.

The medical record program is traditionally female, however, there are more males enrolled at the Grand Rapids campus.

The MRIS faculty worked closely with medical record department heads and coders from health care facilities in west Michigan as the CRS certificate was developed and later revised. The close collaboration assures that the program prepares graduates that will meet the demands of the health care facilities and agencies.

2 a-b) Quality of Students – Medical Record Technology (includes Pre-MRT)

Students are required to have a high school diploma and a 2.5 GPA to enroll in the Medical Record Administration program and a 2.35 GPA to enroll in the Medical Record Technology program

GPA/ACT Scores for MRT

		2001	2002	2003	2004	2005
GPA	Range	1.33-4.0	.85-4.0	1.15-4.0	1.17-4.0	2.16-4.0
	Average	2.96	2.94	3.32	3.13	3.12
ACT	Range	13-28	13-24	14-28	13-29	14-29
	Average	18.1	17.3	19.6	18.7	19
GPA (Graduated)	Range	3.63	2.5-3.83	2.15-3.98	3.44-2.74	2.59-3.81
	Average	3.63	3.29	3.14	3.44	3.31
ACT (Graduated)	Range	20	20-21	10-26	11-23	10-30
	Average	20	20.3	18.7	17.9	21.3

– Medical Record Administration (includes Pre-MRA)

GPA/ACT Scores for MRA

		2001	2002	2003	2004	2005
GPA	Range	2.64-4.0	2.12-3.94	2.0-4.0	2.2-4.0	1.64-4.0
	Average	3.29	3.20	3.22	3.29	2.95
ACT	Range	12-27	15-27	13-26	13-29	13-29
	Average	20.8	21.6	20	20.5	19.6
GPA (Graduated)	Range	3.23	2.87-4.0	2.75-3.72	3.06-3.92	3.06-3.93
	Average	3.23	3.59	3.28	3.44	3.41
ACT (Graduated)	Range	0	18-30	12-26	13-26	12-24
	Average	0	22.3	19.3	20.8	17.6

Source: Institutional Research and Testing
11/8/2005

b.   No other methods are used to assess the quality of students entering the programs.

c.   Students are required to earn a " C" or better in BIOL 109, core courses, and professional courses with either a MRIS or HCSA prefix.
The progression policy is currently being revised so that students may not enroll in a professional course more than twice. This measure is being taken in an effort to help improve the certification exam scores that graduates take to earn their credentials. Currently, students are able to enroll in courses multiple times and eventually pass the course but many are unable to pass the certification exam.

d.   Students in the MRIS programs have earned several academic

awards including: the Yvonne Harbert award through the Michigan Health Information Management Association. In addition, they have been awarded FORE scholarships through the American Health Information Management Association to further their education. The FORE scholarships are competitive with fewer than 100 given nationally each year.

    e.   Students in the MRIS programs are members of the American Health Information Management Association, the national professional organization; members of Michigan Health Information Management Association, the state organization; and Health Care Management Association, the student association on campus. These students perform fundraising activities for various charitable organizations in Big Rapids, mentor students in the program, and sponsor social activities for the members.

    f.   Other significant accomplishments of students in the MRIS programs include acting as tutors, SLA instructors, guides for CAHS Open Lab Days and Dawg Days.

3)   Employability of Students

    a.   In 2004, 81 surveys were sent out with a 25% return rate leaving 75% lost to follow up. In 2005, 58 surveys were sent out with only 16% responding. The results of the 2004 graduate survey showed that 100% of the graduates are employed full-time in the medical record field within one year after graduating; in 2005, 75% were employed full-time. The 2004 graduate survey results show that 18% of the graduates continue their education; in the 2005 survey, 14% continued their education.

    b.   The average salary of graduates employed in the field is $30,000 for CSR graduates; $33,500 for MRT graduates, and $49,000 for MRA graduates.

    c.   According to the 2004 survey results, 0% of the respondents were employed part-time in the field. In 2005, 25% were employed part-time in the medical record field within one year after receiving their degree.

    d.   Most of our students do not require career assistance because they are hired by health care facilities before the completion of their internships. Faculty members often receive job openings and communicate this to students in advising sessions. These jobs are also posted on a memo board near the department head's office. Students are encouraged to attend the on-campus job fairs. Many students make contact with potential employers at these events.

    e.   100% of the graduates who returned their surveys continue to be employed in the field.

    f.   The number of graduates who remain in Michigan is unknown because this question is not asked on the survey. Many of our

graduates were working prior to enrollment in the program and were already established in Michigan.

    g.   Based on the 2004 survey, 20% of the MRT students continued their education in MRA; in 2005, 12% continued their education in MRA. These surveys show that 0% continued their education in another field. In 2004, 5% continued their education in a graduate program compared to 0% in the 2005 survey.

    h.   All of the graduates who continue their education do so at Ferris State University or other colleges/universities in Michigan. Students attend graduate programs at Central Michigan University, Michigan State University, University of Michigan, Grand Valley State University and Western Michigan University.

B.   ENROLLMENT

1)   We do not anticipate any change in enrollment from Fall 2005. Exact figures will be available after the four day count in Fall 2006.

2)   Our numbers and SCH trends have increased since our last academic program review. The numbers reflect fall semester totals. Efforts are in progress to increase our student numbers by offering a MRA completion program in southeast Michigan. Students that are graduates of a MRT program will be eligible to complete their MRA program in the Detroit area.

MRT/MRA Enrollment and Student Credit Hours 2001-2005

	Fall 2001		Fall 2002		Fall 2003		Fall 2004		Fall 2005	
	Enrollment	SCH*	Enrollment	SCH	Enrollment	SCH	Enrollment	SCH	Enrollment	SCH
MRT	36	291	62	476	92	670	56	535	49	441
MRA	17	228	22	278	38	400	41	458	32	338
Total	53	519	84	754	130	1070	97	993	81	779

*SCH Student Credit Hours

Source: Institutional Research and Testing, 11/9/2005.

6)   Currently, the MRIS enrollment goal is 10% increase per year. Various strategies are used to increase and maintain our enrollment. Included are:

Strategy for Increasing Enrollment	Person(s) Responsible
Open Lab Days	MRIS faculty
Dawg Days	MRIS faculty
Off Campus CRS, MRT, MRA	MRIS faculty
Career Fairs	CAHS recruiter, MRIS faculty, alumni
Work with Michigan Works!	CAHS dean, dept Head, Program Coordinator

Strategy for Increasing Retention	Person(s) Responsible
Advising	MRIS Faculty
Hands-on laboratory courses	MRIS faculty
Variety of teaching methods	MRIS faculty
Active student organization	MRIS students, faculty advisor

These strategies help to increase and retain student numbers. The CRS certificate has proven to be helpful in attracting students who then ladder into the MRT and/or MRA program. The certificate works well for displaced workers who must complete a program within one year.

C.   PROGRAM CAPACITY

1)   The appropriate program enrollment capacity for the MRIS programs is 40 students per lecture section and 22 per lab section. Limitations to our enrollment capacity are available faculty and available laboratory space. Enrollment capacity on campus is 100 students (60 MRT and 40 MRA students). Capacity off-campus has not been determined because students are generally part-time and do not impact the program at the same time.

As the numbers of students increase, a growing concern is the number of available internship sites. Currently, the MRT program requires that the internship is in a hospital setting, however, as professional practice is changing, that requirement will be reviewed.

Our laboratory has 23 computer stations (22 student stations and one faculty station. Most of our laboratory sections require use of the computer.

D.   RETENTION AND GRADUATION
D. Retention and Graduation

1. To determine the attrition rate, we looked at the students who enrolled in MRIS 101 and determined the number of students who left the program. Whenever possible, we identified the reason. Since the last program review, we have had 430 students enrolled in MRIS 101 Introduction to Health Information Systems, one of the first courses taken in the MRIS programs. Twenty percent or eighty-eight students have not graduated or

are currently attending Ferris. This number appears high because 47 of the off-campus students are currently not taking a Ferris class. However, many of these students are taking their general education courses at a community college and will continue with their professional courses at Ferris. Two percent (9 students) remained at Ferris, but changed curricula.

Reason	# of Students
Academic dismissal	8
Withdrew from Ferris	12
Program change to Health Care Systems Admin	2
Program change to Nursing	1
Program change to Dx Medical Sonography	1
Program change to Environmental Health	1
Program change to Dental Hygiene	1
Program change to Education	1
Program change to Respiratory	1
Program change to Social Work	1
Program change to Business	1
Program change to Technical Communication	1
Unknown	47 (off campus) 10 (on campus)

2) Our current goals and strategies to retain students include:
a. Mandatory advising session – students are required to attend a group advising or individual advising session with their program advisor. Thus, students must meet with advisor at least two times per year. Students meet more often with advisor if there are academic problems or other concerns.

b. Progression Review Policy
    1. Grade of "C" or better in core requirements (CCHS 101, 102, ENGL 150, ENGL 250, COMM 105, and ISYS 105)
    2. Grade of "C" or better in all MRIS and HCSA courses
    3. Grade of "C" or better in BIOL 109
    4. For MRA, in addition to above, students must earn a "C" or or better in ENGL 321 and EHSM 315.
    5. Revising policy so students may not take a MRIS or HCSA course more than twice

3) Many MRT students do a curriculum change into the MRA program. Thus, many of these do not graduate from the MRT program.

4-5) The number of students who enroll in the program and graduate from the MRT program in five semesters is almost 100%. Most who take more than the "prescribed" period of time do so because they have to repeat

courses that are pre-requisites for other courses. Some of the non-traditional students are going part-time and take longer to complete the program. Most of our students take their first professional internship summer semester after their second year. Because this is only a six week internship, the students are often able to complete any classes yet remaining in the first six weeks of summer semester and do the internship in the second six weeks.

Nearly 100% of our MRA students graduate from the program in 9 semesters. The CSR certificate can be completed in three semesters (two semesters of coursework and a six week internship).

Many of our MRT students that transfer in with all of their general education requirements from another college are able to complete their associate degree in three semesters. MRA students transferring in with all of their general education requirements are able to complete the MRA program in five semesters at Ferris.

E. **ACCESS**

1) The MRIS program is accessible to students by:
   a. Offering the CRS certificate and MRT programs in Big Rapids during the day, Midland on weekends, and Grand Rapids in the evening.
   b. Offering the MRA program in Big Rapids during the day and Grand Rapids in the evening.
   c. Beginning Fall 2006, offering the MRA completion program in southeast Michigan on weekends, evenings, and/or online.
   d. Offering entry point into our programs fall, winter, or summer semester.
   e. Offering online and mixed delivery professional courses.
   f. During summer semester, we offer two courses in a double paced format. This allows the students to complete Professional Practice I during the last six weeks of summer semester.

2) The effects of the actions described in (1) above have had the following impact:
   a. Increased the enrollment in the MRIS programs
   b. Because we have a physical presence in different parts of the state, our program is visible to many students who might not attend FSU if they had to move to Big Rapids. We will also have a presence in southeast Michigan beginning Fall 2006.
   c. Entry point in any semester allows a larger number of students the opportunity to enroll in a MRIS program. This also benefits

displaced workers who must complete the program in a defined time period.

d. Increased enrollment has impacted the faculty. Many are at maximum load in addition to college and university committee responsibilities. In addition to the teaching responsibilities, there are more students to advise. The increased numbers also requires more coordination time for internships.

3) The action in (1) has had the following impact on the goals of the MRIS programs:

a. An important goal has been to increase enrollment in the MRA program. Because we will have a physical presence in southeast Michigan, we plan to meet this goal. This is especially important because FSU has the only bachelor of science degree in Medical Records in the state of Michigan. The coordination for southeast Michigan will be at the Big Rapids campus, but we will work with the Flint office in meeting the needs of students enrolled at the southeast Michigan campus.

b. Entry points in any semester allows us the flexibility to tailor a student's schedule to meet their needs.

F. CURRICULUM

1) Program requirements. Describe and assess the program-related courses required for graduation.

The curricula for both the Medical Record Technology and Medical Record Administration programs have been designed to meet the accreditation standards of the Commission on Accreditation for Health Informatics and Information Management (CAHIIM). The programs have been designed so that the first two years (the associate degree program) ladder directly into the final two years of the baccalaureate degree program. Therefore the student can earn a bachelor's degree without loss of credit.

The foundation and technical courses are located in the Medical Record Technology Program and consist of the following:

SUPPORT COURSES		
CCHS 101	Orientation to Health Care	3 cr.
CCHS 102	Safety Issues in Health Care	1 cr.
HCSA 202	Health Care Law	3 cr.
HCSA 335	Supervisory Practices in Health Care	4 cr.
HCSA 345	Internship Orientation	1 cr.
ISYS 105	Introduction to Microsystems and Software	3 cr.
TECHNICAL COURSES		
MRIS 101	Introduction to Health Information Systems	4 cr.
MRIS 103	Medical Terminology	4 cr.
MRIS 122	Health Information Systems 1	3 cr.
MRIS 204	ICD Coding	4 cr.
MRIS 209	Quality Management In Health Care	3 cr.
MRIS 210	Fundamentals of Disease Processes	3 cr.
MRIS 211	CPT Coding	3 cr.
MRIS 228	Billing Concepts	2 cr.
MRIS 293	Professional Practice 1	6 cr.
GENERAL EDUCATION COURSES		
COMM 105 OR COMM 221	Interpersonal Communication Small Group Decision Making	3 cr.
ENGL 150	English 1	3 cr.
ENGL 250	English 2	3 cr.
BIOL 109	Basic Human Anatomy and Physiology	4 cr.
MATH 110	Fundamentals of Algebra	4 cr.
	Social Awareness elective	3 cr.
	Cultural enrichment elective	3 cr.

70 credit hours are required for graduation.

There are two areas where general education courses are directed in the 2-year curriculum: BIOL 109 and the choice of either COMM 105 or COMM 221. BIOL 109 is a directed general education course because knowledge of anatomy and physiology is a foundation for many of the professional courses and an accreditation requirement by CAHIIM. The choice of communications courses is directed because of the College of Allied Health Sciences Core requirements. When the Core requirements were implemented, the faculty within the college reviewed all of the communication courses that could be used to fulfill general education requirements and determined that either COMM 105 or COMM 221 best met the needs of allied health graduates. Graduates of allied health programs, especially at the 2-year level are required to be able to have strong interpersonal communications skills to interact with patients and other groups

within the facility. The option of COMM 221 was given because of its intent to prepare students to work in groups, a skill which is also needed in the health care arena.

There are no hidden prerequisites in the program.

The curriculum has been revised twice since the time of the last review. The first revision resulted in the removal of MRIS 202-Legal Aspects of Health Care and the redistribution of the content of the course into other courses and several minor content changes. It also involved the replacement of ISYS 202 with ISYS 105—a course that more adequately meets the needs of health information professionals. The second revision resulted in the reinstitution of the legal course under the HCSA 202 course designation; removal of MGMT 301 from the curriculum and the addition of MRIS 228 and HCSA 335 to the curriculum. The curriculum revisions were made as a result of comments from graduate, student and employer surveys.

Currently, the curriculum is under revision. During the Summer, 2005, the faculty met several times to perform a gap analysis to compare the curriculum's content to the curriculum content required by the accreditation agency. As a result of that analysis, the curriculum is currently under revision. While no new courses will be proposed, the content of the majority of the courses will be changed and the level at which students are taught and tested will be raised so that student receive practice answering questions at the analysis and application levels.

In addition to the courses required in the first 2-years, the following courses are required for completion of the baccalaureate degree in Medical Record Administration:

SUPPORT COURSES		
ACCT 201	Principles of Accounting 1	3 cr.
EHSM 315	Introduction to Epidemiology and Statistics	3 cr.
HCSA 401	Finance Concepts in Health Care	4 cr.
HCSA 474	Planning and Promotion in Health Care	4 cr.
ISYS 200	Database Design and Implementation	3 cr.
MGMT 301	Applied Management	3 cr.
MKTG 321	Principles of Marketing	3 cr.
COMM 305 OR COMM 365 OR COMM 370	Communication and Human Relations Intercultural Communications Communication and Conflict	3 cr.
PROFESSIONAL COURSES		
MRIS 493	Professional Practice 2	12 cr.

MRIS 499	Seminar in Health Information Management	3 cr.
GENERAL EDUCATION		
ENGL 321	Advanced Composition	3 cr.
	Scientific Understanding Elective	3-4 cr.
MATH 115	Intermediate Algebra	4 cr.
	Social Awareness elective	6 cr.
	Cultural enrichment elective	3 cr.
	Cultural enrichment elective-global awareness	3 cr.

129 credits required for graduation.

There are no hidden prerequisites in the curriculum.

Like the 2-year program, the 4-year program has undergone two curriculum changes since the time of the last academic program review. In addition to the changes made in the requirements for the 2-year program, the following changes were made to the 4-year program: MRIS 493 credit hours were increased from 10 credits to 12 credits to give students more experience in the clinical setting and ISYS 303 and ISYS 301 were added to the curriculum. The latter courses provided students with a greater understanding of computer usage. During the second curriculum revision, ISYS 200 was added and ISYS 301 and ISYS 303 deleted from the curriculum upon recommendation of the ISYS faculty; MRIS 499 Seminar in Health Information Management was added to the curriculum.

Currently, the curriculum is under revision. During the Summer semester, 2005, the faculty met several times to perform a gap analysis to compare the curriculum's content to the curriculum content required by the accreditation agency. As a result of that analysis, the curriculum is currently under revision. Several new courses will be proposed, mainly dealing with higher knowledge management and health care technology issues. The content of most of the courses will be changed and the level at which students are taught and tested will be raised so that student will receive more practice answering questions at the analysis and application levels.

Within the next 3-5 years, there will be many changes in medical record/ health information practice. The onset and increased use of the electronic record will necessitate the programs' continued review of the curriculum to assure that students are able to keep abreast of the field. It is anticipated that the 4-year program will be offered in a partially on-line format; that the requirements for admission will be raised as the knowledge and skill level of graduates is increased. Knowledge management rather than information management will become the thrust of medical record/health information professional practice.

G. QUALITY OF INSTRUCTION

1) Discussion of student and alumni perceptions: refer to Section 2.

2) Discussion of advisory committee and employer perceptions: refer to Section 2.

3) The MRIS programs continue to improve the learning environment. This is done by maintaining state of the art computers in the program laboratory. Many of the software applications are updated at least annually. Many have quarterly updates. Structured Learning Assistance (SLA) sections are offered for medical terminology, pathophysiology, and coding courses. Student participation in these have helped to enhance the student knowledge and grades in these courses.

The MRT and MRA curricula were last revised in Fall 2004. The CRS certificate was last revised for Winter 2005. The MRT and MRA programs are currently being revised to address new and revised content domains established by the American Health Information Management Association. The revised curricula will go through the approval process in Fall 2006.

4) Professional Development by the Faculty: The faculty has attended a variety of Faculty Center for Teaching and Learning (FCTL) courses including workshops on WebCT. Each faculty member enhances their skills/knowledge by attendance at professional seminars/conferences. Mary Edgerly completed her Master of Science degree in Information Systems Management in 2005. For more detail, see faculty CVs in the appendix.

5) Efforts to increase interaction between students and faculty include an annual banquet of HCMA members and faculty. Students are also encouraged to attend Michigan Health Information Management Association's annual meeting. This is a good opportunity for faculty and students to interact outside of the classroom.

6) Current laboratory activities enhance the teaching and learning in the MRIS courses. A variety of assignments/projects are used to enhance the students' learning. These include reading, writing, case studies, lab activities, and working with health care facilities in the area to conduct "live" studies.

7) The same software applications used in healthcare settings are used in our lab. Thus, our students are adequately prepared in the classroom and lab prior to their internship experience. The "live" project/study results are then used by the students to prepare a written report of their findings

which are then presented to the health care facility. These activities are invaluable to their learning.

H.   COMPOSITION AND QUALITY OF FACULTY

1) Tenured and Tenure-Track Faculty
   a.   Paula Hagstrom, MM, RHIA, Associate Professor, Program Coordinator
         Marie Sickelsteel, MS, RHIT, Associate Professor, Clinical Coordinator/Faculty MRIS
         Cynthia Konrad, MS, RN, RHIT, Associate Professor, Faculty MRIS
         Mary Edgerly-Gill, MIS, RHIA, Associate Professor, Faculty MRIS
         Marcy Parry, MAcct., MS, CPA; Associate Professor, Faculty Health Care Systems Administration
         Marilyn Skrocki, JD, HCSA. Assistant Professor, Faculty Health Care Systems Administration
   b.   Cynthia Konrad received a merit award in 2002.
   c.   Refer to appendix for current CVs and summaries of professional activities.

2) Workload
   a.   The normal workload in the program is 12 credit hours per week. Program faculty also teach at Midland and Grand Rapids campuses. Program faculty accept overload when necessary.
   b.   The program coordinator receives 25% release time per semester. The clinical coordinator receives release time based on the number of internship sites and students planning their internship for the next semester. She is the coordinator for MRIS and HCSA programs. Clinical coordination includes setting up interns at health care organizations.
         The formula is: Number of students enrolled x 2 hours + clinical sites + number of new sites x 5 hours = Total number of clinical coordination hours.
         Total hours x .25 divided by 160 = % of load
         12 x % of load = Number of credits of release time

3) Recruitment
   a.   Faculty members are recruited using procedures approved by the University. Once the approval to hire has been obtained, a search committee is formed. A faculty member in the program chairs the committee. There is representation from program faculty, department faculty, a member from outside the program, and a program student. A national search takes place with advertisements placed in the Chronicle of Higher Education or HigherEducationjobs.com,

and in professional publications. Applications are reviewed, telephone interviews are conducted, and qualified applicants are interviewed on campus. Applicants brought to campus will meet with program faculty, department head, and dean. Applicants also make a presentation on a relevant program topic to college faculty, students, and staff.

b.   New faculty are required to have at least a Master's Degree, have RHIA credentials, and have teaching experience.

c.   The program has no specific goals for hiring new faculty members of a specific gender, race, or ethnicity. The University guidelines are followed.

4)   Orientation of New Faculty

a.   A new faculty member is expected to attend FCTL New Faculty Transition program. A MRIS faculty member mentors the new faculty member.

5)   Reward Structure

a.   In addition to salary, the faculty is rewarded with departmental and CAHS funds to help with travel expenses to attend professional activities. There are no eligibility criteria, although faculty are required to apply through the Faculty Affairs Committee. The reward is limited to $500/faculty member per year. Faculty members are expect to apply for Timme funding as well. Departmental incentive funds have been available on a limited basis to offset the cost of travel for professional development. Money for software or reference materials is made available from incentive funds earned through off campus teaching efforts.

b.   The current salary structure makes it difficult to attract faculty. This is especially true for adjunct faculty.

c.   The reward structure to support faculty productivity in teaching is in place. Faculty who accept overloads are compensated according to the University standards. Many faculty members routinely accept overloads. Faculty members are active in College and University committees. There is not a college program that rewards faculty to participate in research or service. There is no reward structure in place for enhancing diversity and inclusion.

6)   Graduate Instruction

a.   There are no graduate courses in the MRIS programs.

7)   Non-Tenure Track Faculty and Adjunct Faculty

a.   Sherri Gilbert, adjunct faculty, AAS, Medical Record Technology
Jennifer Fetrow, adjunct faculty, AAS, Business Administration
Janna Baxter, adjunct faculty, BS Medical Record Administration

Sally Rynberg, adjunct faculty, MM, BS Medical Record
Administration
Theresa Ruiz, adjunct faculty, BS, Business Administration
Paula Koning, MM, MRIS Medical Record Administration; non-
tenure track faculty, one year appointment, one year of service.
Paula has accepted the full time faculty/program coordinator
position for the MRIS programs in Grand Rapids.

It is difficult to retain non-tenured track faculty. It is difficult to
hire a qualified instructor to travel/move to Big Rapids for a non-
tenured track position.

    b.   Adjunct faculty teach on the Midland and Grand Rapids campuses.
The only MRIS classes taught by adjunct faculty on the Big Rapids
campus are MRIS 103 Medical Terminology and MRIS 228 Bill-
ing and Reimbursement. About 50% of the courses on the Grand
Rapids campus are taught by adjunct faculty. Approximately 80%
of the courses at the Midland campus are taught by adjunct faculty.

    c.   The required qualifications for adjunct faculty are an associate or
bachelor of science degree in Medical Records or related program.
All MRIS adjunct faculty meet this requirement for teaching.
The problem with using adjunct faculty is the lack of consistency
in teaching. The program faculty are developing an adjunct faculty
handbook to address questions and concerns of adjunct faculty.
We plan to have a program orientation for them.

    d.   The program thinks that the current use of non-tenured track
faculty is appropriate as long as there is mentoring by program
faculty and that there is consistency in teaching by the adjunct
faculty. Adjunct faculty are provided with the course syllabus and
course materials that are used by the tenured/tenure track program
faculty. The faculty member also oversees the adjunct faculty
member and is available to answer questions and concerns of the
adjuncts.

    e.   The program is accredited by the Commission on Accreditation for
Health Informatics and Information Management Education
(CAHIIM). They do not address the use of non-tenure-track fac-
ulty in the education process for CRS, MRT, or MRA programs.

I.   SERVICE TO NON-MAJORS

1)   There are no general education courses provided by MRIS faculty for
other departments at Ferris.

2)   MRIS 103 Medical Terminology is a service course provided by MRIS
faculty for more than 150 CAHS students each academic year. MRIS 210
Fundamentals of Disease Processes is a service course provided by MRIS

faculty for more than 150 CAHS students each academic year. MRIS faculty also teach MRIS 102 Medical Vocabulary to more than 150 CAHS students each school year. CCHS 101 Orientation to Health Care is a core course for all Allied Health students that is also taught by faculty in the MRIS programs.

3) MRIS faculty do not teach general education courses.

4) The MRIS programs plan to maintain the level of service courses that are taught by MRIS faculty.

J. DEGREE PROGRAM COST AND PRODUCTIVITY DATA
Productivity Report Aggregated by Course Prefix (MRIS)

Year	Student Credit Hours				Full-Time Equated Faculty (FTEF)				SCH/FTEF			
	Summer	Fall	Winter	F + W	Summer	Fall	Winter	F + W	Summer	Fall	Winter	F + W
2000-01	284.00	452.0	664.00	1116.00	2.54	4.04	4.29	4.17	111.96	111.80	154.87	267.94
2001-02	366.00	727.0	873.00	1600.00	2.38	4.12	4.08	4.10	154.04	176.5	213.97	390.29
2002-03	452.00	870.00	1003.00	1873.00	2.57	2.64	3.40	3.02	175.60	329.03	295.20	620.01
2003-04	496.00	1161.0	1280.00	2441.00	2.84	4.30	5.47	4.88	174.85	270.18	233.94	499.76

Degree Program Costing 2002-2003

	Avg. Instructor Cost/SCH $	Avg. Dept. Cost/SCH $	Avg. Dean's Cost/SCH $	Total Avg. Cost/SCH $	Total Program Instructor Cost $	Total Program Dept. Cost $	Total Program Dean's Cost $	Total Program Cost $
FSU	156.86	37.11	17.72	211.68	N/A	N/A	N/A	N/A
CAHS	161.51	53.61	21.89	237.01	N/A	N/A	N/A	N/A
HEALTH MGT	173.69	35.55	20.31	229.55	N/A	N/A	N/A	N/A
MRT	117.96	39.66	25.22	182.83	7,431.42	2,498.46	1,588.72	11,518.60
MRA	134.90	38.10	23.63	196.63	16,72815	4,724.18	2,929.67	24,381.99

N/A – Not Applicable

K.   ASSESSMENT AND EVALUATION

1)   The Medical Record program surveys graduating students, graduates, employers, and their Advisory Committee to assess the appropriateness of the program. Graduate scores on national accreditation and certification exams are also reviewed. This assessment process was approved by the Department Head who is now Interim Dean of the CAHS.

Some of these variables include mastery of essential subject material, place of employment, salary, strengths and weaknesses of the program.

Many of these variables were chosen because they are required by the external accreditation agency (CAHIIM) for the medical record programs. Graduate and employer satisfaction surveys as well as national examination scores are a good indicator of a program's success.

2)   Results of the surveys can be found in Appendix D. These surveys show that graduates of the MRIS programs have had and continue to have successful careers.

Over the years, the MRT and MRA national examination scores have largely reflected the national mean scores. The national examinations are administered by the American Health Information Management Association. Students are now able to take the exam at a time and place of their choice. Previously, the exam was offered one time a year at a prescribed location.

Tables 1 and 2 are included for the MRT classes of 2001-2005. Perhaps the most important information is the percentage of graduates who pass the examination on their first attempt.

The surveys show that many of our graduates are waiting to take the exam or do not take the exam at all if it is not required by their employer.

Our MRT graduates have been above the national average each year except 2001. Scores are much higher than the national average. It is apparent that our course content is relevant for entry level technicians.

Tables 3 and 4 are included for the MRA classes 2001-2005. The surveys show that many of our graduates are waiting to take the exam or do not take the exam at all if it is not required by their employer. Our pass rates were at or above the national average each year except 2002 and 2005. In 2002, there were only two graduates that took the exam.

We last revised our MRA curriculum for Fall 2004. We added MRIS 499 Seminar in Health Information Management. This is a research course as

Medical Record Programs

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well as the class where the students prepare for and take a mock national exam. This helps in their preparation for the "real" national exam. We hope that this will encourage students to take the national exam soon after graduation rather than waiting or not taking it at all. We have also done a gap analysis of our programs to identify content that must be added or revised for our curriculum. We plan to have the revised MRT and MRA curricula in place for Fall 2007.

Registered Health Information Technician (RHIT)

Table 1: RHIT National Examination Comparison of First Time Candidates to Repeat Candidates

		Pass	Fail
2001	1st Time Candidate	7	2
	Repeat Candidate	0	1
2002	1st Time Candidate	2	0
	Repeat Candidate	2	0
2003	1st Time Candidate	2	1
	Repeat Candidate	1	0
2004	1st Time Candidate	8	2
	Repeat Candidate	3	0
2005	1st Time Candidate	17	4
	Repeat Candidate	0	0

Table 2: RHIT National Examination Pass Rates Compared to National Average

	FSU Pass Rate	National Average Pass Rate
2001	70%	78%
2002	100%	76%
2003	75%	72%
2004	85%	74%
2005	81%	73%

Registered Health Information Administration (RHIA)

Table 3: RHIA National Examination Comparison of First Time Candidates to Repeat Candidates

		Pass	Fail
2001	1st Time Candidate	3	0
	Repeat Candidate	3	0
2002	1st Time Candidate	1	1
	Repeat Candidate	0	0
2003	1st Time Candidate	2	0
	Repeat Candidate	0	0
2004	1st Time Candidate	7	1
	Repeat Candidate	0	0
2005	1st Time Candidate	5	3
	Repeat Candidate	0	0

Table 4: RHIA National Examination Pass Rates Compared to National Average

	FSU Pass Rate	National Average Pass Rate
2001	100%	85%
2002	50%	87%
2003	100%	87%
2004	87.5%	87%
2005	62%	85%

3) Graduate and employer satisfaction surveys have proven to be very helpful as we continually strive to provide quality education in our MRIS programs. We have used the survey results in the curriculum revision process. The Advisory Committee suggestions and rationale have been important in the curriculum revisions that we are in the process of completing.

The Advisory Board and employers have asked for more content on time management, professionalism, project planning, and research. These topics have been discussed and included in the classes. This has meant that we have had to redesign classes. Currently, we are in the process of

revising the curriculum to strengthen the program as well as to respond to the surveys and assessments.

4) The graduate and employer satisfaction survey results are invaluable to maintain the currency of the programs' content. Because of the courses required for the AAS degree in MRT, our graduates can easily ladder into the BS degree in MRA. Most MRT graduates can complete the BS degree in two additional years or less.

Because we rely on employee and graduate survey results as well as national exam scores, we continue to maintain a curriculum that meets the needs of the industry.

Assessment and Evaluation

Activity	When Completed	What is Done	Follow-Up
Graduation Rate	Annual	Monitor	
Survey Graduates	1 year post degree	Surveys sent to home address	Annual Advisory Meeting
Survey Employers	1 year post degree	Surveys sent to graduates home address	Annual Advisory Meeting
Clinical Adjunct Faculty Evaluations	At midterm and conclusion of internship	Surveys sent to clinical adjunct faculty	Annual assessment meeting
Students Evaluate Internship Experience	At conclusion of internship	Surveys included in internship manual	Annual assessment meeting
National examination scores	Twice a year	Exam scores sent to dept head	Twice a year review
Advisory committee meeting	Annual	Discussions	Annual assessment meeting
Monitor program attrition	Ongoing	Discussions	Program meetings - ongoing

L. Administration Effectiveness

1) Adequacy of administrative and clerical support
Until January, 2006, our department head was Ellen Haneline. She is very supportive of the programs. She has always had the foresight to determine the appropriate direction of our program. Since January 2006, Ellen Haneline has been the interim dean of the College of Allied Health. She has been instrumental in the development of the off-campus programming for the college. Roger Daugherty is the interim department head. He is also supportive of our program. We share a secretary with four other programs. She is very efficient and is always willing to provide clerical support to the department. The department recently hired a part-time secretary to help with department clerical tasks. The secretarial support in our Student Affairs office is able to meet the needs of the college. The tasks in this area were recently reviewed by an outside consultant. The

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suggestions were considered and many procedures revised to increase the efficiency in this area. The counselor provides academic and career counseling for CAHS students. Until October 2005, the CAHS had a recruiter who was responsible for coordination of CAHS Dawg Days, open lab days, summer camp, attendance at job and career fairs, visitation at high schools, and direction of prospects to the appropriate programs.

2) Efficiency of the program/department
Paula Hagstrom, the program coordinator, is efficient in her role. Regular program meetings are conducted. The department faculty work well together and communicate on a regular basis. There is good communication between the department head and department faculty. The department head and the dean are very supportive of the medical record programs.

3) Class and teaching schedule preparation
The department head prepares the class schedule with input from the faculty. This process works well for the program.

4) Students' ability to take courses in a timely manner
The MRT program can be completed in five semesters. The fifth semester is a six week internship in a hospital setting. Students in the MRA program can complete the program in nine semesters. The ninth semester is a ten week internship in a health care organization. Many of the MRIS courses require pre-requisites. The CRS certificate is currently 35 credits and can be completed in three semesters. The third semester is a six week internship in a health care setting.

SECTION 4: FACILITIES AND EQUIPMENT

A.   INSTRUCTIONAL ENVIRONMENT

1-2)   The Medical Record program laboratory is located in the Victor F.
Spathelf building on the Big Rapids campus.   The lab occupies 300
square feet of space. The lab is currently being renovated. The lab will
have new tables that will be used as student desks. The tables will
accommodate 35 students. This lab has 23 computers, 22 for students and
one for classroom instruction. A proxima unit will be re-installed in our
lab once the ceiling is installed.   Within the last five years, every
computer in the medical record program laboratory has been replaced with
a new computer. Installed on all of the computers are various software
packages. We currently are using two different coding packages for use in
MRIS 204 ICD Coding and MRIS 211 CPT Coding. We have MedLook
and Medi-Soft which are billing software packages used in MRIS 228
Medical Billing and Reimbursement. We are working with the Dental
Hygiene program to purchase an electronic medical record system that
would be used by both programs. Two of the classrooms in CAHS have
been renovated with new desks/tables and "smart classroom" equipment to
improve the instructional facilities in our building. Another CAHS
classroom is currently being renovated.

At the Grand Rapids campus, there is not a dedicated computer laboratory
for the medical record program. At times, it is difficult to schedule class-
rooms to accommodate the number of classes that we need to offer each
semester. We schedule around other classes to accommodate our students
for classroom and computer lab space. The same software is installed on
the computers in Grand Rapids that we have in Big Rapids. The number
of computers and laboratory facilities are adequate for instruction in the
medical record programs in Big Rapids. However, we would like a
dedicated lab for medical records in Grand Rapids.

CAHS has a computer lab that is accessible to faculty and students.

3)   The program's projected needs are an electronic health information
system. Most of the hospitals are using an electronic medical record
system. We have asked various vendors to help us obtain a system, but
have been unsuccessful. We are hoping to purchase such a system with
the Dental Hygiene program's help.

4-5)   Because the numbers of medical record students and other Allied Health
programs have been increasing in numbers, we have had to offer classes
outside of the Allied Health building. However, part of this is due to the
remodeling that is taking place. Once the renovation is complete, the

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facilities will be much better for our students. The "smart classroom" capabilities have improved the instructional capabilities of the faculty.

B. COMPUTER ACCESS AND AVAILABILITY

1) CAHS has a computer lab that can be used by faculty and students. MRIS program software is not available in the computer lab. However, the computers all have the Office package which allows them to do word processing, Excel, Access, and Powerpoint.

The MRIS program has a classroom/computer lab with 23 computers, 22 available for student use and one by faculty.

2) The CAHS computer lab hours includes both day and evening times. The computer lab can also be reserved for classes.

The medical record program lab provides access to our MRIS students for projects/activities, but also are used to check email, or access other course materials via WebCT. Students can use the internet to research their project activities.

3) We believe that the number of computers in the CAHS lab and the medical record laboratory are adequate to meet the needs of our students.

4) For the past several years, incentive funds have been used to upgrade computers each year. On average, five new computers are replaced in the MRIS lab each year.

5) We use WebCT for our online courses. WebCT is also used to communicate, deliver documents, administer tests, and provide the students with their grades. Most students are comfortable with using WebCT.

6) We are very fortunate to have had very supportive assistance through TAC. When there are computer problems, TAC responds in a timely manner, often within the hour. The computer technicians are very helpful. Support for WebCT is getting better. At the start of the semester, there are usually access problems, but they can often be resolved the same day.

C. OTHER INSTRUCTIONAL TECHNOLOGY

1-3) The MRIS programs do not require other types of instructional technology resources.

4) The MRIS programs have a computer replacement plan. Each computer in the medical record lab is replaced every five years using departmental and/or Perkins funds.

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5) This is not applicable to the medical record programs.

D. LIBRARY SOURCES

1) The print and electronic resources available through FLITE are adequate
    to meet the needs of the MRIS program students.

2) The service and instruction that is provided by FLITE faculty and staff
    meet the needs of the program. Although, we do not have a health science
    librarian at the present time, the library staff is very helpful to both CAHS
    faculty and staff.

3) The budget allocation provided by FLITE is adequate to meet our needs.
    A librarian regularly asks for input from faculty in regard to book pur-
    chases for the library.

Section 5 Conclusions

A. Relationship to FSU Mission
"Ferris State University will be a national leader in providing opportunity for innovative teaching and learning in career-oriented, technological and professional education."

The Medical Record programs at Ferris State University help to enhance the mission of the University. The MRIS programs prepare the graduates for entry level positions in their choice of career. We offer the only BS degree in MRA in the entire state of Michigan. Our on-campus training with laboratory activities prepares the students for their internships in health care facilities throughout the state.

B. Program Visibility and Distinctiveness
Taking the Coding and Reimbursement Specialist certificate classes will increase our visibility in the state. Our program will allow a student to begin with the certificate, ladder to MRT and then the MRA degree. We are the only MRA program in the state.

Beginning Fall 2006, we will be offering the MRA completion program at Schoolcraft College in Garden City. This will provide us with visibility in this part of the state.

C. Program Value
The MRIS programs at Ferris State University prepare a large number of the medical record professionals practicing in the state of Michigan. We are the only program in a state-supported institution of higher education in Michigan and the only MRA program in the state. Our graduates are hired throughout the state and country.

Our graduates are employed in hospital medical record departments, non-traditional health care facilities such as home health, long term care, hospice, and ambulatory care settings. They are also employed by the insurance industry, government, and software vendors. Many of our graduates also serve as consultants to various types of health-related organizations.

D. Enrollment
The number of students enrolled in the MRT program has increased by 33% since 2003-2004. The MRA program has also steadily increased their enrollment numbers. These enrollment numbers have more than doubled since 2001.

In Fall 2005, we enhanced our coding and reimbursement certificate program. Prior to Fall 2005, there were only four courses (15 credits) in this program. After discussions with medical record directors in health care facilities, it was

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deemed necessary to enhance the certificate program. It is now a 35 credit certificate program. Thus, more students are enrolled in the MRT program rather than the certificate program.

E. Characteristics, Quality and Employability of Students
Job opportunities in the medical record field are in the top 10 careers cited by the Bureau of Labor Statistics. The MRIS program provide an alternative for students in pre-pharmacy, pre-optometry, and other CAHS programs that have more applicants than available seats. They are able to complete a health-related program and gain professional employment making a good salary.

The MRIS programs are enrolling increasing numbers of non-traditional students. We are seeing an increase in the number of students as well as the quality of students.

The demand for graduates continues to be strong. Graduates are able to easily find employment in entry level medical record positions in various types of health care facilities.

F. Quality of Curriculum and Instruction
Survey of students, graduates, and employers of graduates indicate that the content of the curriculum is appropriate for positions in the medical record field.

The MRIS program includes various methods of instruction including online courses, mixed delivery courses, group activities, conducting projects at off-site health care settings, and critical thinking exercises to enhance student learning.

MRIS faculty attend professional meetings to help maintain currency. Three of the faculty have taken sabbaticals to update their teaching skills in their areas of expertise.

G. Composition and Quality of Faculty
Since the last academic program review, three of the faculty who teach in the MRIS programs have gone on one semester sabbaticals to enhance and update their knowledge in topics relevant to courses they teach.

One of our program faculty members retired last year. Her position was filled by a one year temporary. The individual hired to fill her position is currently the full time instructor/coordinator from the Grand Rapids campus. She has a Master's degree in Information Systems Management. Her advanced computer skills will be used to enhance the computer content in some of our medical record courses. She begins Fall 2006. The non-tenure track one year temporary faculty member that taught on campus this academic school year has been hired to fill the Grand Rapids campus medical record faculty/coordinator position.

Some faculty have reviewed text books, have been active in a variety of professional organizations, and one member has served on a hospital board of directors. The faculty serves on CAHS and university-wide committees and task forces.

H.   Academic Program Review Process
The MRIS faculty has all helped in the Academic Program Review process. We understand the usefulness of the process and see the benefits of participating. This has been a tedious process which has taken a lot of time to complete the review.

In our opinion, the MRIS programs are worthy of continuing the program.

Our reasons for continuing the program are:
- the large number of students that are served at our Grand Rapids campus.
- most of the Grand Rapids and Midland students are non-traditional students who require additional advising.
- many are required to complete the program in a defined timeframe as mandated by their retraining requirements.

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Curriculum Vitae
MARY EDGERLY, MS, RHIA
247 N. Cass, Morley, MI   49336
(231) 856-7681

</div>

EDUCATION

A.A.S. Ferris State University	Medical Record Technology	8/1990
B.S.	Medical Record Administration	8/1990
M.S.	Management Information Systems	8/2005

Registered with the American Health Information Management Association   1990

PROFESSIONAL EXPERIENCE

Mercy General Health Partners, Muskegon, MI   2004-present
    Consulting Director, Health Management Department

Flint Osteopathic Hospital, Flint, Michigan   1990-1993
    Supervisor, Medical Record Department

Directed Practice Supervisor - Flint Osteopathic Hospital   1990-1993
    Baker College, Ferris State University

Blodgett Memorial Hospital, Grand Rapids, Michigan   1992
    Consultant, Medical Record Department

TEACHING/ADMINISTRATIVE EXPERIENCE

Baker College   1991-1998
    Program Coordinator, Health Information Programs   1996-1998
    Assistant Professor, Health Information Programs   1993-1998
    Part-time Faculty, Health Information Programs   1991-1993
    Clinical Supervisor, Health Information Programs   1993-1998

Ferris State University, Big Rapids, Michigan
Faculty, Health Systems Management Programs   1998-2002
    Recruitment Specialist, College of Allied Health Sciences   2000-2001
    Program Advisor/Faculty, Health Management Programs
        Off-campus – Grand Rapids   2002-present

PRESENTATIONS AND PROGRAM APPEARANCES

"Clinical Data Systems Core Data", Volunteer Hospital of Michigan   1990
    Medical Record Roundtable, spring, Lansing, Michigan

"Confidentiality of Health Information, presented to medical staff of   1991
    Flint Osteopathic Hospital, Flint, Michigan

"National Exam Review Seminar", Baker College, July, Flint, Michigan   1994-1998

"Information Systems in Health Care", MidMichigan Health Information   1995
    Association, Association meeting, Flint, Michigan

"MHIMA National Exam Review Seminar", Michigan Health Information   2000
    Management Association, July, Lansing, Michigan

WORKSHOPS
AHIMA National Convention, American Health Information Management   1993-1998
    Association   2000

MHIMA Educational Seminars, Michigan Health Information Management   1988-2005
    Association
        Various Topics in Health Information   1988-2005

PROFESSIONAL ACTIVITIES AND SERVICE
American Health Information Management Association   1990-present

Michigan Health Information Management Association   1990-present
    Legislative and Distinguished Member Committees   1991
    Chair, Scholarship Committee   1992-1993
    Distinguished Student Committee   1993
    Retention Manual Committee   2001–2002

Volunteer Hospitals of America   1989-1991
    Medical Record Roundtable   1989-1991

Baker College   1991-1998
    Health Information Student Organization-Advisor   1994-1998
    HIT/HIM Self-Survey Committee   1996
    Health Information Advisory Committee   1992-1998
    Planning Committee – New HIM Programs   1994
    General Education Review Committee   1995
    Faculty Search and Screening Committee   1994-1997
    Curriculum Committee   1993-1997

Ferris State University   1998-2001
    Recruitment/Retention Committee   1998
    Health Management Program Curriculum Committee   1997-1998
    Health Management Student Organization – Advisor   2000-2001

HONORS AND AWARDS
Medical Record Student of the Year   1990

COMMUNITY SERVICE
Volunteer, Mecosta Commission on Aging, Big Rapids, MI   1995-2003

REFERENCES
Tracy Powers , MS   Pat Poe
Assistant Dean, Grand Rapids Campus   Director, Health Information Department
Ferris State University   Mercy General Health Partners
616-451-4777   231-739-4886

Paula Hagstrom, RHIA   Darrell Hagen, OTR
Faculty, Health Management Programs   Dean, Health and Human Services
Ferris State University   Baker College
231-591-2316   810-766-4192

Curriculum Vita

Paula Hagstrom, MM, RHIA
7801 Reed Rd.
Howard City, MI 49329
231-937-5037

Education:

Masters of Management, Aquinas College, Grand Rapids, MI	1985
Bachelor of Science Medical Record Administration, Big Rapids, MI	1980
Associate of Science Medical Record Technology, Big Rapids, MI	1978

Experience:

Associate Professor, Health Management Programs, Ferris State   1983-Present
University, Big Rapids, MI

- Instruction in Medical Record programs and Health Care Systems Administration programs
- Program Coordinator, Medical Records

Medical Record Director, Kent Community Hospital, Grand Rapids,   1980-1983
MI.

Academic Activities: College of Allied Health Sciences, Ferris State University

- Assisted in curriculum revisions for Medical Record Technology, Medical Record Administration, and Health Care Systems Administration
- Assisted with development of Coding and Reimbursement Specialist certificate program
- Program coordinator for Medical Record programs
- Interim program coordinator for Health Care Systems Administration (2003-2005)
- Weekend and evening instructor in Medical Record programs at off-campus locations
- University-wide Athletic Advisory Committee member
- Leadership Council, College of Allied Health Sciences

Professional Membership:

Member, American Health Information Management Association   1980 - Present
(AHIMA)

Member, Michigan Health Information Management Association   1980 - Present

Member, Southwest Michigan Health Information Management   1985 - 1995
Association

Member, American Academy of Professional Coders (AAPC)   1992 - Present

Presentations:
Medical Record Review Workshop for AHIMA registration applicants   1995 – 2000

CPT Coding Review Workshop for AAPC certification applicants   1996 -1998

Professional Development: (2005 – 2006)
Health Information Management (HIM) Role in a Paperless Environment

HIPAA, the OIG and the (Electronic Health Record (EHR): Issues and Trends

HIM Compliance- What Should It Encompass?

Speech Recognition, What's Right for Your Facility?

Revenue Cycle Management –Role at William Beaumont

Implementation of Electronic Coding System

Implementation of a Clinical Documentation Program

Hot Topics in Professional Coding

Medicare Rules and Regulations Self-Study

Effective Documentation for the Electronic Health Record

The Perfect Storm – Future of Retention and Engagement

Professional Certification Exam and the New Curricula

Products, Service, Resource Showcase

Coding Certificate Programs Meeting Workforce Needs

Transitioning an HIM Program: From Brick to Click

Regional Health Info Organizations: Impact on HIM Curricula and Careers

Taking the Next Step in HIM Education: Issues for Graduate Degrees

Let's Make Our Workforce Cases Before It's Too Late

CPT and APC Update and Coding Roundtable

Michigan's Medical Records Access Act

Documentation for Doctors

Audit the Physician Practice

Community Service:

Member, St. Mary Catholic School Board, Big Rapids, MI   2000-2004

Member, Tri County Schools Sports Booster   2004 – Present

Girl Scout Leader   1998 -2004

UNIVERSITY WIDE COMMITTEES:

2005-Present	University Wide General Education Committee
2005	FFA Equity Committee
2004	Presidential Task Force on Faculty Development
2003	Academic Vice President Search Committee
2003	Academic Senate Charter Revision Committee - Chair
2002	Post Tenure Review Committee
2002-2004	HIPAA Task Force
2000	Search Committee – Vice President for External Affairs
1999 - 2002	President's Leadership Council
1999 – 2002	Town and Gown Council
1999 – 2002	Academic Senate President
1997 - 2003	Academic Senate Executive Board
1996 - 2001	NCA Steering Committee
1996 - 2003	Academic Senate
1996 - 1998	Academic Program Review Council
1996 – 1997	High School Summer Institute Planning Committee
1994 - 1995	Quality Sciences Development Committee
1994 - 1996	Senate Task Force on Academic Program Review
1988, 1993,1994	Mentor for new faculty members
1993 - 1996	Summer Semester Study Committee, Chair
1990 - 1996	Holiday Inn Conference Center Advisory Committee
1991 - 1995	Academic Program Review Council
1991 - Present	Vocational Educational Support Services Advisory Committee
1991 - 1992	Athletic Blue Ribbon Task Force
1988 - 1989	Academic Health and Safety Committee

COLLEGE OF ALLIED HEALTH SCIENCES COMMITTEES:

2005-2006	Medical Records Academic Program Review Committee
2004-2005	Clinical Laboratory Academic Program Review Committee
2001-Present	Tenure Committees – 3 faculty members
2002	HIPAA Officer
2002	CAHS Recruitment Committee
2001-Present	CAHS Strategic Planning
2000	FSU Board of Trustees Process Improvement Team
2000	Dean Search Committee
1997-1999	Core Curriculum Committee
1998	Faculty Search Committee - Respiratory Care
1997 & 1995	Organization Committee for CAHS Faculty Development
April 1997	Faculty Search Committee
1996 - Present	Clinical Core Task Force - Chairperson
1995 - 1996	Faculty Tenure Committee - Chairperson
1995-1996	Medical Technology Program Review Panel
Fall 1994	CAHS Fiscal Restructuring Task Force
1994	Search Committee for Nuclear Medicine Faculty Member

1994 - 1996	CAHS Tenure Committee, elected member, Chair
1992 - 1993	Health Information Programs Accreditation Committee
1992 - 1993	Computer Committee
1990 - 1991	Chairperson, Industrial and Environmental Health Program Review Panel
1990 - 1991	Medical Records Program Review Panel
Spring 1990	Search Committee Member for Dental Assisting Program Director Position
1988 - 1991	Promotions Committee, elected member
1986 - 1990	Recruitment and Retention Committee
1986 - 1989	Parent's Day Committee

PUBLICATIONS:

1994 - Contributed a classroom activity to be published in the Instructor's Activity and Resource Kit, published spring 1994.

1991 - Case Study - "Release of Information Policies," Case Study Manual, First Edition, Assembly on Education, American Health Information Management Association, July, 1991.

1990 - "Careers in Medical Records Offer Challenging Work and Growing Opportunities, " Health Update, June/July, 1990

WORKSHOPS/SEMINARS PRESENTED:

CAHS Summer Camp – 2004, 2005

Facilitator for Faculty Week, August 2005

Michigan Diabetes Educators Annual Meeting, "Data Gathering and Data Retrieval," September 16, 1999

Michigan Board of Education High School Summer Institute at Ferris State University, "Confidentiality of Health Records," June 23, 1997

Health Care Association of Michigan Annual Meeting, "Quality Improvement in Long Term Care," September 20, 1995

"Confidentiality of Health Records," Mid-America College Health Association Annual Meeting, October 6, 1994

"Integrating Academic Programming into College Health Centers," Round Table Discussion, Mid-America College Health Association Annual Meeting, October 6, 1994

Quality Improvement Workshops, Greenridge Nursing Center,
September 16, 1993 and October 14, 1993

Quality Improvement Presentation via Distance Learning to Michigan
State University Medical Technology faculty and students, November
19, 1993.

Coordination of summer figure skating camp for Gerholz Center
for Lifelong Learning - 1991 and 1992

SEMINARS AND CONFERENCES ATTENDED:

2003   Trends Conference – October 2003
2002   Lab Tests for Nurses
1999 – Noel-Levitz Recruitment Seminar, October 1999
1999 – Medical Surgical Update for Nurses, June 1999
1998 - Structured Learning Assistance Training. FSU
1998 - Confidentiality of Medical Records, MEDS
1997 - Problem Based Learning, McMaster University
1997 - Faculty Summer Institute, Problem Based Learning
1997 - Health Professions Education Futures Conference
1997 - Case Management: Applying CQI Techniques, MAHQ
1997 - Patch Adams Presentation
1996 - Distance Learning Seminar, Traverse City, MI
1996 - Confidentiality of Medical Records
1994 - MAHQ Annual Meeting
1994 - Managing Information to Reduce Managed Care Losses
          American Health Information Management Association
1994 - Coaching and Teambuilding Skills for Managers and
          Supervisors, Skilpath Co.
1994 - Trends in Managed Care, Northwest Michigan Health
          Information Management Association Annual Meeting
1994 - Computerized Patient Records and Healthcare Ethics
          Northwest Michigan Health Information Management Assoc.
1994 - Michigan Association of Healthcare Quality Annual Meeting
1994 - Michigan Health Information Management Association
          Annual Meeting
1993 - Ergonomic Strategies and the Cardiovascular System
          Northwest Michigan Health Information Management Assoc.
1993 - Utilization Review Workshop, Interqual, Co.
1992 - Getting to Quality, Michigan Hospital Association

1992 - Transitions in Healthcare, QMEC
1991 - Designing Computer-based Instruction
  Texas Health Science Center
1991 - Michigan Medical Records Association Annual Meeting
1991 - Legal Challenges of the Medical Record Professional
  Michigan Medical Records Association
1990 - Nursing and the Law
1990 - Confidentiality of Medical Records in Michigan, MES
1990 - Michigan Medical Records Association Annual Meeting
1989 - Michigan Medical Records Association Annual Meeting
1989 - Confidentiality of Medical Records: An Update, Lorman
1988 - Nursing Advancement Week, Bronson Methodist Hospital
1988 - Michigan Medical Records Association Annual Meeting
1988 - Confidentiality of Medical Records, MES

COURSES TAKEN FOR CREDIT:

CISM 580 - Microsoft Office II - Summer 1998
ISYS 280 - Excel
MRS 204 - Classification Systems - Winter 1990-91
MRS 209 - Quality Assessment - Spring 1991
MRS 115 - Health Record Principles I - Summer 1991
MRS 117 - Health Care Regulatory Agencies - Fall 1991

SABBATICAL LEAVE: Fall semester 2002

GRANTS:

Spring 1990 - $3,000 Timme Grant was jointly received with
  Judy Monson to create a CAI program in Medical
  Terminology

1988- Present - Numerous travel grants from the College of Allied
  Health Sciences Professional Development Fund

COMMUNITY ACTIVITIES:

2002-Present   Weight Watchers At-work coordinator
2001-Present   MCMC Auxiliary Scholarship Committee
2002-2003   Mecosta County Medical Center Vice Chair
1999 - 2000   Mecosta Health Services,Board of Trustees - Secretary
1998 – 2005   Mecosta County General Hospital, Board of

	Trustees Member
1994	Mecosta County General Hospital Health Fair Committee Member
1994 – 2000	Member, Big Rapids Figure Skating Club
1993 – 1994	Past President, Board Member, Big Rapids Figure Skating Club
1992 - 1993	Acting President, Vice President, Big Rapids Figure Skating Club
1988 - 1992	Committee Chair and Board Member, Big Rapids Figure Skating Club
1988 - 1989	Co-chairperson of ticket sales, Big Rapids Figure Skating Club Ice Show

Curriculum Vita

MARIE J SICKELSTEEL, MS RHIT

EDUCATION:	Masters of Science, Education, Ferris State University, Big Rapids, MI

EXPERIENCE: Associate Professor, Health Management Programs,   *1974-present*
Ferris State University, Big Rapids MI

- *Instruction in both Associate Degree and Bachelors Degree medical records and Bachelors Degree health care systems administration curricula.*

- *Internship Coordinator – Medical Records and Health Care Systems Administration (on-campus and off-campus students).*

- *Primary teaching responsibility in ICD-9-CM coding system, Internship Preparation, and Health Care Issues and Reimbursement.*

- *Advisor for medical records and health care administration students.*

ACADEMIC ACTIVITIES: <u>College of Allied Health Sciences, Ferris State University</u>

- Assisted in curriculum revision with creation of new courses and modification of existing courses for Medical Record Technology, Medical Record Management, and Health Care Systems Administration.
- Assisted with development of a coding certificate program.
- Developed and taught weekend and evening curriculum courses to off-campus students for Medical Record Technology, Medical Record Administration, and Health Care System Administration.

- Tenure Faculty Search Committee, Chair   *2005*

- Internship Coordination Task Force, Member   *2003-2004*

- Faculty Affairs Committee, Chair (Promotion &   *1999– present* Merit, Sabbatical Leave, Tenure, Faculty Enrichment)

- College of Allied Health Sciences   *1999-2000* Reorganization Task Force, *Chair*

University

•	Quality Improvement 2000+ member	2002-2003
•	Curriculum Development & Approval Task Force member	1999-2000

AWARDS:	Distinguished Member Award, Michigan Health Information Mgt. Assoc	2003
	Honorary Member, Southwest Michigan Health Information Mgt. Assoc.	2001

PROFESSIONAL AFFILIATIONS:	American Health Information Mgt. Assoc.	
	Michigan Health Information Mgt. Assoc.	
	• PAST PRESIDENT	1990-91
	• PRESIDENT	1989-90
	• PRESIDENT ELECT	1988-89
	• VICE PRESIDENT	1984-85
	• CODING PANEL MEMBER	1988-95
	• MHIMA DELEGATE	1989-93
		1980-84
		1977-78
	• NOMINATING COMMITTEE CHAIR	1999-00
	• CENTRAL OFFICE PROJECT MANAGER	1991-93
	• SECRETARY	1976-77
	Southwest MI Health Information Mgt. Assoc.	
	Michigan Association of School Boards	

PRESENTATIONS:	Coding Roundtables, Facilitator	
	Coding Workshops	
	Medical Record Review Workshop for registration candidates	1976-2000

ELECTED OFFICE:	School Board Member, President, Tri County Areas Schools, MI	1989 - present

COMMUNITY ACTIVITIES:	Alzheimer's Association, West Michigan Chapter Facilitator for Big Rapids, MI, Support Group.	1996-present

Marcy Parry, MAcct., MS, CPA

Parrym@ferris.edu   231-591-2273 Office
20630 18 Mile Rd. Big Rapids, MI   49307   231-796-4534 Home

EXPERIENCE

Ferris State University (Big Rapids, MI) – College of Allied Health Sciences
Associate Professor - Health Management Department   **1991 - present**

Courses taught
- Healthcare Finance
- Healthcare Strategy & Planning
- Computers in Health Care
- Orientation to Health Care
- Epidemiology & Statistics
- Introduction to Epidemiology
- Environmental Health Statistics
- Technical Internship
- Management Internship
- Ferris State University Seminar
- Non-Profit Accounting (College of Business)
- Teambuilding
- Introduction to Honors

Other
- Co-advisor for student organization (3 years)
- Student advisor (ongoing)
- Multiple college/university teams & committees (ongoing)

Expanded requirements include team development, creativity, original writing & speaking. Finance course results in a fully supported budget sequence in Excel. Emphasis in all courses includes critical thinking, computing, quality, teaming, & awareness of current trends. Engaged in ongoing course design, online development & curriculum revision for program & department.

Private practice   **1981 - 1990**
- Consulting & tax planning/compliance for small businesses & partnerships in healthcare, real estate, sales, & service industries.

GTE (Westfield, IN & Durham, NC)   **1987-1990**
National Database Administrator   (7 companies, 38 states)
- Designed system specifications & data dictionary to combine several diverse companies into a single national hierarchal financial database, administered & maintained 20+ databases
- Trainer & end-user liaison for 200 local employees & thousands nationwide for micro/mainframe & downloading/RAMIS issues
Senior Reporting Analyst
- Coordinated internal & external audits, designed multi-party reporting systems via relational databases
- Re-tooled budget reporting to facilitate control of $ 6 million budget

Ohio State University – College of Business   **1986 – 1987**
Faculty – Accounting/finance

Courses taught
(quarter system)
- Introductory & Intermediate Accounting (I & II for each)
- Cost Accounting
- Managerial Accounting
- Introductory & Intermediate Finance

Other
- Counseled students
- Initiated Accounting Club

University of North Carolina Hospitals (Chapel Hill, NC)
    750 bed teaching hospital
    $150 million operating budget $40 million capital budget
    Assistant Controller   **1982 - 1985**

- Spearheaded successful general ledger conversion, initiated fixed asset conversion, converted trust funds (49) from manual to computerized system
- Negotiated RFPs & faculty physician group contracts
- Motivated & empowered staff resulting in increased productivity, significantly decreased turnover & expanded upward job mobility
- Acclaimed as leader of first 'clean' audit in hospital's history
- Commended by Board for outstanding cash management
- Converted hospital to accrual reporting & maintained both cash & accrual systems
- Directed activities of third party audits, general & trust fund accounting, payroll, payables, fixed assets & financial systems
- Established goals & objectives for team of 50 employees

Arthur Andersen & Co (Columbus, OH)   **1979 – 1981**
Acting Manager/Tax Senior

- Engaged in tax planning, research, compliance & education for small to large businesses, both domestic & international
- Requested by international subsidiaries to be the liaison with the firm
- Youngest acting manager in the history of the Columbus firm
- Managing partner's personal friend (& general partner of several partnerships) requested permission to retain my services when I left the firm & paid thousands of dollars in fees to do so.

EDUCATION

Ferris State University	2003
Masters of Science in Information Systems Management	
Ohio State University	1979
Master of Accounting	

PROFESSIONAL

Memberships & licensing

Ferris Critical Thinking Institute (founding member)	2002 - present
Healthcare Financial Management Association	1996 to present
Certified Public Accountant (CPA)	1981 to present
American Institute of Certified Professional Accountants	1981 to present

Presentations, panels, workshops, professional engagements

• Introduction to Intellectual Standards • How to Improve Student Learning • Applying the Elements • Overcoming Barriers • Facilitator in all break-outs	Critical Thinking Workshop for Educators Critical Thinking Institute at FSU Andrews University Berrien Springs, MI	August 17-18, 2005
Invited presenter • Developing a Grass Roots Approach to Critical Thinking (panel)	25th International Conference Critical Thinking Foundation Berkeley, CA	July 13, 2005
• Introduction to Intellectual Standards (co-presenter) • How to Improve Student Learning (co-presenter) • Facilitator in all break-outs	Critical Thinking Conference for Educators Critical Thinking Institute at FSU Grand Rapids, MI	September 2004
Invited presenter • From Trauma to Thinking • Information Revolution or Pandora's Box: Thinking Critically Online (co-presenter)	24th International Conference Critical Thinking Foundation Palo Alto, CA	July 2004
Panel/presenter • Unique WebCT Applications	Faculty Week Ferris State University	August 2003
Invited presenter • How to Improve Student Learning (co-presenter)	Critical Thinking Conference Northwestern Michigan University, Traverse City, MI	June 2003
Presenter/facilitator	1st Critical Thinking Conference (2 days) Critical Thinking Institute at FSU Big Rapids, MI	May 2003
Reviewer • Mayfield Publishing	Basic Statistics for the Health Sciences, 5th edition, Kuzma & Bohnenblust	Spring 2003
Consultant to consultant	Essential Solutions Detroit Quality Improvement firm	Spring – Fall 2001
Reviewer • Blackwell Publishing	Financial Management of Health Care Organizations: An Introduction to Fundamental Tools, Concepts, and Applications, 2nd ed., Zelman, McCue et al	April – September 2001
Panel • Teaching tips	New faculty orientation Ferris State University	August 2000

Presentations, panels, workshops, professional engagements, cont.

Co-presenter
• How to Succeed on
  Internship
	HCSA students
	
	College of Allied Health
	  Sciences
	Ferris State University
		Fall 1999

Requested presenter • Investing Basics	3 session series conducted for Health Management students	Fall 1998
Invited presenter • Empower Yourself	NAACP Empowerment Conference Ferris State University	Fall 1996

Publications

Thesis: May 2003
Development of Web-based Core Resources for the College of Allied
Health Sciences, Ferris State University

Sabbatical

Granted to study critical thinking applications in health care finance   Winter 2005
& information systems.

Writings to support teaching & internship endeavors (individually or as primary compiler)

Computers in Health Care, 2nd ed.	HCSA 205	2005
Thinking about Healthcare Finance, 1st ed.	HCSA 401	
Computers in Health Care	HCSA 205	2004
Healthcare Finance: Fun Fundamentals, 2nd ed.	HCSA 401	
Healthcare Finance: Fun Fundamentals	HCSA 401	2003
Planning Concepts in Healthcare, 2nd ed.	HCSA 474	2001
Orientation to Health Care, 2nd ed	CCHS 101	2000
Healthcare Finance: The Basic Concepts 3rd ed	HCSA 401, post curriculum revision	
Orientation to Health Care	CCHS 101, new core curriculum course	1999
HCSA 392 Internship Manual	HCSA 392, 'technical'	1997

internship

Seminars/continuing education

Program name	Institution	CEU/certificate	Year
• Designing Assignments for Critical Thinking	Faculty Resource Network by Susan Wolcott, PhD	N/A	October 11, 2005
• Engaging the Online Learner	Ferris State University Learning Community	N/A	Weekly during Fall 2005
• Writing Better Assignments	Ferris State University, Faculty Week	N/A	August 2004
• What Does the Future Hold?	Friday First Forum Grand Rapids, MI	N/A	Jan 2004
• 24th International Conference	Critical Thinking Foundation Palo Alto, CA	3 days	July 2004
• 23Rd International Conference	Critical Thinking Foundation Sonoma, CA	3 days	July 2003
• HIPAA Privacy Policies & Procedures	Ferris State University	N/A	April 2003
• Train the Trainers	Critical Thinking Foundation Sonoma, CA	4 days	July 2002
• WebCT - content	Ferris State University	1/2 day	November 2001
• WebCT - overview	Ferris State University	3 days	July 2001
• Equity Conference	Hosted by Ferris State University	2 days	March 2001
• Socratic Dialectic –Critical Thinking	Ferris State University	1/2 day session	Nov 10, 2000
• Are You History? Online World	Ferris State University	1/2 day session	Oct 12, 2000
• Education Technology Conference	Syllabus 99, San Jose, CA	Certificate (3 days)	July 1999
• Synergy from Others	Ferris State University	N/A	Jan 1999

Seminars/continuing education, cont.

• Applying Continuing Quality Improvement to the Classroom	Ferris State University by Dr. Robert Cornesky	2 days	Jan 1999
• Managed Care	HFMA (Healthcare Financial Management Association) Chicago, IL	Certificate (2 days)	Oct 1998
• Introduction to Grant Searching & Proposal Writing	Ferris State University	N/A	April 1998
• Advanced Microsoft Excel	Accountants Education Group	20 CPE*	Oct 1997
• Faculty Summer Institute - Technologies in the Classroom	Ferris State University	Certificate (3 days)	July 1997
• Spring Conference on Managed Care: Minnesota Experience, Pricing & Capitation	Health Care Association of Michigan Lansing, MI	12 CEU	May 1997
• Using the World Wide Web	Accountants Education Group	10 CPE*	Fall 1996
• Collaboration, Learning & Teaching	Ferris State University by Betsy Wilson U. of Washington Libraries	1 day	Fall 1996
• Distance Learning Education	Northwestern Michigan College	Certificate (5 days)	August 1996
• Faculty Summer Institute - Problem Based Learning	Ferris State University	Certificate (5 days)	July 1996
• Summer Institute: Technology, Human Rights & Development	MIDEON (Michigan International Development Education Outreach Network) By invitation only	Certificate (5 days)	June 1996

Course development

Teambuilding, 2 cr.	Sole developer	2005
Computers in Health Care, 2 cr.	Sole developer	2003

Online course development

Introduction to Epidemiology, 1 cr.	Sole developer	2003
Epidemiology & Statistics, 3 cr.	Sole developer	2002
Orientation to Health Care, 3 cr.	Primary developer	2002

Grant writing (1996)

Grant proposal: "The Access & Cost Issues Related to Transitory Migrant Workers' Spread of Infectious Diseases" Robert Wood Johnson Foundation Health Care Investigator Awards– co-authored with Dr. Richard Griffin (Professor - Political Science, Program Director - Public Affairs, Ferris State University)
Status: Passed first round, 3 year grant not awarded

SERVICE

Recruiting & retention

Critical Thinking Study Group	2005-2006
Critical Thinking Study Group	2004-2005
Dawg Days Critical Thinking Study Group	2003-2004
Dawg Days Open labs Critical Thinking Study Group	2002-2003
First Impressions Autumn Adventure Critical Thinking Study Group Pilot program – Learning Style Assessment	2001-2002
Critical Thinking Study Group Autumn Adventure Dawg Days	2000-2001

University committees

Health Promotion & Substance Abuse	2005-2006
Faculty Senate member (elected)	2004-2005
Faculty Senate E-Board, at large (elected) Faculty Senate member (elected) Chair – General Education Task Force	2003-2004
Faculty Senate E-Board, at large (elected) Faculty Senate member (elected) Chair – General Education Task Force Workload Review (requested) – College of Business	2002-2003
Faculty Senate member (elected) Programmatic Marketing (requested) General Education – communication Book Store Advisory – ex-officio	2001-2002
Faculty Senate member (elected) Programmatic Marketing (requested) General Education – communication sub-committee 'Extranet' ad hoc committee	2000-2001
NCA self-study co-chair, criterion IIg NCA self-study member, criterion IIe	1999-2000
Secretary - Senate Budget Planning Committee	1998-99
VP Academic Affairs Search Committee Senate Budget Planning Committee Ferris Faculty Association Exception Committee General Education - Reasoning Ability Assessment Committee Pilot study member	1997-98
General Education – Life long learning sub-committee Arts & Lecture Committee	1996-97

College committees/task forces

Interdisciplinary task force: strategic planning	Fall 2005
Strategic Planning Tenure committee – chair Tenure committee – member (3 tenure track faculty)	2005-2006
Chair – Strategic Planning Tenure committee – member (2 tenure track faculty)	2004-2005
Chair – Strategic Planning Core Curriculum Recruiting & Retention WebCT User Group Workload Review – Lab/Online Tenure committee – member (1 tenure track faculty)	2003-2004

College committees/task forces

Search committee – Dean of College of Allied Health Sciences	2002-2003
Chair - Strategic Planning	
Recruiting & Retention	
WebCT User Group	
Tenure committee – member (1 tenure track faculty)	
Chair - Strategic Planning	2001-2002
WebCT User Group	
Chair - Curriculum, Assessment & Planning	2000-2001
Curriculum, Assessment & Planning	1997-2000
CCHS Non-Clinical Core Task Force	1997-98
CCHS 101 Core Curriculum Committee	1998-99
HCMA (student organization) co-advisor, advisor	1996-1999

Department committees

Faculty mentoring, weekly	2005-2006
Search committee- temporary faculty HCSA	2004-2005
Chair - search committee- tenure track faculty HCSA	2003-2004
Search committee- temporary faculty HCSA	2002-2003
Curriculum revision committee	2001-2002

Community

United Church - Liturgist & usher	1996 –
Salvation Army - Bell ringer	present
Initiated & implemented college wide donation program of personal care items for WISE (Women's Information Service) & Manna (local food pantry)	
Habitat for Humanity – pro bono review for State of Michigan	2005
Habitat for Humanity construction committee	
Friends of the Library – assist with book sales	
United Church – Mission Commission	
Relay for Life – volunteer & requested reader	
Habitat for Humanity construction committee	2004
Friends of the Library – assist with book sales	
United Church – Mission Commission	
Relay for Life – volunteer & requested reader	
Relay for Life – volunteer & requested reader	

Community

Habitat for Humanity construction committee	2003
Friends of the Library – assist with book sales	
United Church – Mission Commission	
Starburst - assist with Christmas package wrapping/distribution	
Relay for Life – volunteer & requested reader	
Habitat for Humanity construction committee	2002
Habitat for Humanity – pro bono review for State of Michigan	
Friends of the Library – assist with book sales	
Starburst - assist with Christmas package wrapping/distribution	
Habitat for Humanity construction committee & volunteer	2001
Habitat for Humanity board volunteer	
Friends of the Library – assist with book sales	
Team manager – Grand Valley Soccer Association	
Team captain – CAHS – Relay for Life	
Faculty connection - Linking Together to Make A Difference (CCHS 101 fund raiser for American Red Cross – 9/11 tragedy)	
Habitat for Humanity board & construction volunteer	2000
Team captain – CAHS – Relay for Life	
United Church - Senior High Sunday School Teacher	
United Church - Senior High Sunday School Teacher	1999
Relay for Life – walker & fund raiser with student organization	1996-1998
United Church - Substitute Sunday School teacher (& substitute)	
United Church - Spiritual Life Commission	
Playscape construction volunteer	
Citizens' Curriculum Advisory Committee member for Big Rapids Public Schools	

Marilyn K. Skrocki

5558 Spring Knoll Lane, Bay City, Michigan 48706
989-686-1889 (home); 989-450-8032 (cellular phone); mksjd101@chartermi.net

EXPERIENCE

PROGRAM COORDINATOR/ASSISTANT PROFESSOR August 2005-present
Ferris State University; Big Rapids Michigan
♦ Responsible for providing leadership for the Health Care Systems Administration program including; recruitment and retention activities; curriculum oversight; serving as the resource person for program faculty; provide classroom instruction; advising students; participation in program, departmental, and College meetings, and provides service to the department, college, university and professional community

DIRECTOR OF RISK MANAGEMENT/CORPORATE COMPLIANCE January - June 2005
Saint Mary's Medical Center; Saginaw Michigan
♦ Responsible for developing and setting standards for the implementation and maintenance of an effective Corporate responsibility Program, which is enforced so it will be effective in preventing and detecting unethical, unlawful conduct
♦ Responsible for oversight of all liability, automobile and directors and officers liability claims
♦ Oversee medical research activities in conjunction with the IRB Committee

VICE PRESIDENT OF LEGAL AFFAIRS May 2002-January 2005
Saint Mary's Medical Center; Saginaw Michigan
♦ Legal Counsel for 2,200 employee medical complex which included responsibility of reviewing and drafting contracts, leases, policies and procedures and medical staff bylaws, in addition to the above stated responsibilities as Director of Risk Management and Corporate Compliance.
♦ Provide educational in-services/presentations for compliance with state and federal laws and regulations.

RISK MANAGER July 2001-May 2002
Saint Mary's Medical Center; Saginaw Michigan
♦ Minimized risk potential by tracking and trending incidents, patient satisfaction concerns, falls, medication errors, etc.; instituted loss prevention measures; oversight of all liability claims

ADJUNCT PROFESSOR – Health Law 2001-present
Cooley Law School; Lansing Michigan
♦ The Health Law class covers cases, statutes, regulations that reflect problems faced by health lawyers

ASSOCIATE ATTORNEY November 1999-July 2001
Chaklos, Jungerheld, Hahn & Washburn, P.C.; Saginaw Michigan
♦ Responsible for litigation files in defense firm specializing in medical malpractice and healthcare related claims

LAW CLERK June 1999-November 1999
Kitch, Drutchas, Wagner, Denardis & Valitutti; Lansing Michigan
♦ Team member on various medical malpractice cases and corporate hospital issues

RISK MANAGEMENT/CORPORATE COMPLIANCE EXTERNSHIP September 1998-May 1999
Bay Health Systems; Bay City Michigan
- ◆ Actively participated in risk management of a 450-bed hospital; attended Core Compliance Team meetings and seminars with managers formulating individual department compliance programs

CAT SCAN/RADIOLOGIC TECHNOLOGIST October 1987-November 1999
Bay Medical Center; Bay City Michigan
- ◆ Performed diagnostic computer axial tomography procedures at an acute trauma center; served as a risk management representative for the diagnostic imaging department; served as department representative in continuous quality improvement projects

EDUCATION
Thomas M. Cooley Law School Lansing, Michigan
Juris Doctorate, Cum Laude; September 1999
- ◆ Accomplishments:
  - ▪ Class Ranking; Top 20%; 17/102
  - ▪ Book Award, Certificate of Merit in Labor Law
  - ▪ Book Award, Certificate of Merit in Health Law
  - ▪ Book Award, Certificate of Merit in Worker's Compensation
  - ▪ Food and Drug Law Institute's Summer Internship Program at Georgetown, D.C. (1999)
  - ▪ Admitted to the Practice of Law, May 2000

Ferris State University Big Rapids, Michigan
Bachelor of Science with High Distinction in Health Systems Management, August 1995
Delta College University Center, Michigan
Associate of Science in Radiology, August 1983

GUEST SPEAKER
Ferris State University
- ◆ Academic Honors Convocation – "Importance of Academic Success"   March 2000

Central Michigan University
- ◆ Healthcare Law – "Role of Risk Manager/In-House Counsel"   March 2001

Saginaw Valley State University
- ◆ "Introduction to the Healthcare Regulatory Environment"   November 2002

Torch Club International
- ◆ "Paradoxes in the Healthcare Arena, Catch 22"   October 2002

Saginaw Valley State University
- ◆ "Patient Rights – It's Not Just Confidentiality"   March 2003

Saginaw Bar Association
- ◆ "Ethical, Medical and Legal Issues of Terminally Ill Patients"   February 2004

Ferris State University-Health Care Management Association
- ◆ "Roles in Healthcare Administration"   April 2005
- ◆ "Future Trends of Managed Care"   May 2005

PERSONAL INTERESTS/COMMUNITY INVOLVEMENT
- ◆ Member of Saginaw County Bar Association, Member of Michigan Bar Association
- ◆ Board of Directors Trustee, local chapter of TORCH International

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
CERTIFICATE
CODING & REIMBURSEMENT SPECIALIST

		PROGRAM COURSES – 15 cr.		
MRIS	101	Introduction to Health Information Systems	4cr	
MRIS	103	Medical Terminology	4cr	
MRIS	204	ICD Coding	4cr	
MRIS	211	CPT Coding	3cr	

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
CERTIFICATE
CODING & REIMBURSEMENT SPECIALIST

		CORE COURSES – 12 cr. hours		
MRIS	101	Introduction to Health Information Systems	4	
MRIS	103	Medical Terminology	4	
HCSA	202	Legal Aspects of Health Care	3	
FSUS	100	Ferris State University Seminar	1	
		CODING AND BILLING – 23 cr. hours		
BIOL	109	Anatomy and Physiology	4	
MRIS	204	ICD Coding (inpatient) (MRIS 101, MRIS 103)	4	
MRIS	210	Fundamentals of Disease Processes (MRIS 102 or MRIS 103 & BIOL 109 or BIOL 205)	3	
MRIS	211	CPT Coding (outpatient) (MRIS 101, MRIS 103)	3	
MRIS	228	Introduction to Medical Billing and Reimbursemen (MRIS 211)	2	
MRIS	105	Pharmacology for Medical Records	1	
MRIS	291	Professional Practice (Dept. Permission)	6	

Revised Winter 2005

Ferris State University
College of Allied Health Sciences
Medical Record Technology
For students who enter the program Fall 2004 and beyond

Name_____   SS#_____

		Technical Core Requirements –47 cr. hours		
CCHS	101	Orientation to Health Care (none)	3	
CCHS	102	Safety Issues in Health Care (none)	1	
HCSA	202	Health Care Law (CCHS 101)	3	
HCSA	335	Supervisory Practices in Health Care (none)	4	
HCSA	345	Internship Orientation (Departmental approval)	1	
ISYS	105	Introduction to Microsystems and Software (none)	3	
MRIS	101	Introduction to Health Information Systems	4	
MRIS	103	Medical Terminology (none)	4	
MRIS	122	Health Information Systems 1 (MRIS 101)	3	
MRIS	204	ICD Coding (MRIS 101, MRIS 103)	4	
MRIS	209	Quality Management in Health Care (MRIS 103)	3	
MRIS	210	Fundamentals of Disease Processes (MRIS 102 or MRIS 103. BIOL 109 or BIOL 205)	3	
MRIS	211	CPT Coding (MRIS 101, Co-requisite MRIS 228)	3	
MRIS	228	Billing Concepts (Corequisite MRIS)	2	
MRIS	293	Professional Practice 1 (Departmental approval)	6	
		Communication Competence- 9 cr required		
COMM COMM	221OR 105	Small Group Decision Making (none) Interpersonal Communication (none)	3	
ENGL	150	English 1 (ENGL 074 or minimum score of 14 on ACT or 370 on SAT)	3	
ENGL	250	English 2 (ENGL 150 with a grade of C- or better)	3	
		Scientific Understanding 4 cr. required		
BIOL	109	Basic Human Anatomy and Physiology	4	
		Quantitative Skills – 4 cr. required		
MATH	110	Fundamentals of Algebra (Math 010 with a grade of C- or better or 15 on ACT or 350 on SAT)	4	
		Social Awareness –3 cr. required		
PSYC SOCY	150 OR 121	Introduction to Psychology OR Introduction to Sociology (Reading score of 17 on ACT or 430 verbal on SAT or READ 106 with grade of C or better)	3	
		Cultural Enrichment 3 cr. Required		
		Select 1 course from the list found in the on-line university catalog at www.ferris.edu/htmls/academics/gened/gened.html		
		Elective	3	

10/21/03

Students must earn a grade of "C" or better in the CAHS core courses (ENGL 150, ENGL 250, CCHS 101, CCHS 102, COMM 105 or 221), all MRIS and HCSA courses and BIOL 109.

70 credits required for graduation

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
Medical Record Technology
Guide for students entering the program Fall 1999 and beyond

GENERAL EDUCATION REQUIREMENTS (19 SEMESTER HOURS)

BIOL 109 Basic Human Anatomy and Physiology   4 cr._____
    (Grade of "C" or better required)
ENGL 150 English 1   3 cr._____
ENGL 250 English 2 (Prereq: Engl 150)   3 cr._____
COMM 105 Interpersonal Communication   **OR**
COMM 221 Small Group Decision Making   3 cr._____

Cultural Enrichment Elective   3 cr._____
(Select courses from ARTS, FREN, GERM,
HIST, HUMN, LITR, MUSI, SPAN, THTR)
PSYC 150 Introduction to Psychology **OR**
SOCY 121 Introduction to Sociology   3 cr._____

_____ Math 110 or higher, proficiency exam for Math 110 or higher, or an ACT math subset score of 19 or higher plus two years of high school algebra with a grade of C- or better is required for graduation.

CORE REQUIREMENTS (14 SEMESTER HOURS) - A GRADE OF "C" OR BETTER IS REQUIRED

ISYS 202   Principles of Information Systems   3 cr._____
MGMT 301 Applied Management   3 cr._____

CCHS 101   Orientation to Health Care   3 cr._____
CCHS 102   Safety Issues in Health Care   1 cr._____
MRIS 103   Medical Terminology   4 cr._____

PROFESSIONAL REQUIREMENTS (30 SEMESTER HOURS) – A GRADE OF "C" OR BETTER IS REQUIRED

HCSA 335   Supervisory Practices for Hlth. Care   4 cr._____
     Workers (Prereq: MGMT 301)
MRIS 101   Intro. to Hlth. Information Systems   4 cr._____
MRIS 204   ICD Coding (Prereq: MRIS 103)   4 cr._____

MRIS 209   Quality Assurance in Health Care   3 cr._____
(Prereq: MRIS 103)
MRIS 210   Fundamentals of Medical Science   3 cr._____
(Prereq: BIOL 109 or BIOL 205)
MRIS 211   CPT Coding (Prereq: MRIS 103)   3 cr._____
MRIS 222   Health Information Systems 1   3 cr._____
(Prereq: CCHS 101, MRIS 101, ISYS 202)
MRIS 293   Professional Practice 1   6 cr._____

63 semester hours required for graduation

Ferris State University
College of Allied Health Sciences
Medical Record Administration
Guide for students who enter the program Fall 2004 and beyond

Name_____   Student #_____

		Technical Core Requirements –85 cr. hours		
ACCT	201	Principles of Accounting 1 (MATH 110 or ACT Math subscore of 19 or 460 on SAT)	3	
CCHS	101	Orientation to Health Care (none)	3	
CCHS	102	Safety Issues in Health Care (none)	1	
EHSM	315	Introduction to Epidemiology and Statistics (enrollment in Allied Health)	3	
HCSA	202	Health Care Law (CCHS 101)	3	
HCSA	335	Supervisory Practices in Health Care (none)	4	
HCSA	345	Internship Orientation (Departmental approval)	1	
HCSA	401	Finance Concepts in Health Care (ACCT 201)	4	
HCSA	474	Planning and Promotion in Health Care (HCSA 401, MRIS 293)	4	
ISYS	105	Introduction to Microsystems and Software (none)	3	
ISYS	200	Database Design and Implementation (ISYS 105)	3	
MGMT	301	Applied Management (none)	3	
MKTG	321	Principles of Marketing (Sophomore Status)	3	
MRIS	101	Introduction to Health Information Systems	4	
MRIS	103	Medical Terminology (none)	4	
MRIS	122	Health Information Systems 1 (MRIS 101)	3	
MRIS	204	ICD Coding (MRIS 101, MRIS 103, BIOL 109 or BIOL 205)	4	
MRIS	209	Quality Management in Health Care (MRIS 103)	3	
MRIS	210	Fundamentals of Disease Processes (MRIS 102 or MRIS 103and BIOL 109 or BIOL 205)	3	
MRIS	211	CPT Coding (MRIS 101, MRIS 103, BIOL 109 or BIOL 205, co-requisite MRIS 228)	3	
MRIS	228	Introduction to Medical Billing and Reimbursement(co-requisite MRIS 211)	2	
MRIS	293	Professional Practice 1 (Departmental approval)	6	
MRIS	499	Seminar in Health Information Management (Departmental approval)	3	
MRIS	493	Professional Practice 2 (MRIS 293 or Departmental approval)	12	
		Communication Competence- 15 cr required		
COMM COMM	221OR 105	Small Group Decision Making (none) Interpersonal Communication (none)	3	
COMM COMM COMM	305 OR 365 OR 370	Communication and Human Relations (COMM 105 or COMM 200) OR Intercultural Communications (COMM 105 or COMM 200) OR Communication and Conflict (COMM 105 or COMM 200)	3	
ENGL	150	English 1 (ENGL 074 or minimum score of 14 on ACT or 370 on SAT)	3	
ENGL	250	English 2 (ENGL 150 with a grade of C- or better)	3	
ENGL	321/325	Advanced Composition (ENGL 250 or ENGL 211)	3	

		Scientific Understanding 8 cr. required		
BIOL	109	Basic Human Anatomy and Physiology	4	
BIOL	108	Scientific Understanding elective	4	
		Quantitative Skills – 3 cr. required		
MATH	115	Intermediate Algebra (Math 110 with a grade of C- or better, Math subscore on ACT of 19 or 460 on SAT)	3	
		Social Awareness –9 cr. required		
		Social Awareness (SA) courses must include: • Courses in at least 2 different subject areas • One foundation course • One Race/ethnicity, and/or gender course • One course at 200 level or higher • Global consciousness requirement – see below *	3	
			3	
			3	
			3	
		Cultural Enrichment 9 cr. Required		
		Select 3 courses from the following subject areas: ARTH, ARTS, FREN, GERM, HIST, HUMN, LITR, MUSI, SPAN, THTR • One course must be at the 200 level or higher • No more than 5 credits in music or theater activities courses • HUMN 216/217 strongly recommended • Global consciousness requirement – see below *		
			3	
			3	
			3	

11/08/05

* Each student must complete one course from the global consciousness group that may also count toward fulfilling the cultural enrichment or social awareness requirement.

Students must earn a grade of "C" or better in the CAHS core courses (ENGL 150, ENGL 250, ENGL 321, CCHS 101, CCHS 102, COMM 105, 121, or 221, ISYS 105), MGMT 301, all MRIS and HCSA courses, BIOL 109, and EHSM 315.

129 credits required for graduation

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
Medical Record Administration

GENERAL EDUCATION REQUIREMENTS (41 SEMESTER HOURS)

*ENGL 150 English 1	3 cr.____	*BIOL 109 Basic Human Anatomy & Physiology	4 cr.____
*ENGL 250 English 2 (Prereq: ENGL 150)	3 cr.____	(A grade of "C" or better is required)	
*ENGL 321 Advanced Composition (Prereq: ENGL 250)	3 cr.____	*COMM 105 Interpersonal Communication **OR**	
COMM 205 Effective Listening **OR**		COMM 221 Small Group Decision Making	3 cr.____
COMM 305 Communications and Human Relations **OR**		ECON 221 Principles of Economics 1	3 cr.____
COMM 336 Tech. & Prof. Presentation **OR**		PSYC 150 Introduction to Psychology **OR**	
COMM 365 Intercultural Communication **OR**		SOCY 121 Introduction to Sociology	3 cr.____
COMM 370 Communication and Conflict **OR**		SOCY 373 Health and Illness in Society	
COMM 380 Organizational Communication	3 cr.____	(Prereq: SOCY 121) **OR**	
Cultural Enrichment Elective (9 credits total)	3 cr.____	PSYC 326 Industrial and Organizational Psychology	3 cr.____
(Select courses from ARTS, FREN, GERM, HIST,	3 cr.____	(Prereq: PSYC 150)	
HUMN, LITR, MUSI, SPAN, THTR)	3 cr.____	Scientific Understanding Elective	4 cr.____

____ **Math 115, proficiency exam for MATH 115 or higher, or an ACT math subtest score of 24 or higher plus one year of high school algebra with a grade of C- or better is required for graduation.**

____ **Global Consciousness Requirement**

CORE REQUIREMENTS (29 SEMESTER HOURS)

ACCT 201 Principles of Accounting 1	3 cr.____	*EHSM 315 Intro. to Epidemiology and Statistics	3 cr.____
*CCHS 101 Orientation to Health Care	3 cr.____	*ISYS 202 Principles of Information Systems	3 cr.____
*CCHS 102 Safety Issues in Health Care	1 cr.____	ISYS 301 Database Implementation	3 cr.____
MGMT 301 Applied Management	3 cr.____	(Prereq: ISYS 105)	
MKTG 321 Principles of Marketing (Prereq: MGMT 301)	3 cr.____	ISYS 303 Systems Analysis Methods	
*MRIS 103 Medical Terminology	4 cr.____	(Prereq: ISYS 202) **OR**	
		ISYS 311 Management Information Systems	3 cr.____
		(Prereq: ISYS 202)	

PROFESSIONAL REQUIREMENTS (48 SEMESTER HOURS)

*MRIS 101 Intro. to Health Information Systems	4 cr.____	*HCSA 335 Supervisory Practices for Health Care	4 cr.____
*MRIS 204 ICD Coding(Prereq: MRIS 103 & BIOL 109)	4 cr.____	Workers (Prereq: MGMT301)	
*MRIS 209 Quality Improvement in Health Care	3 cr.____	*HCSA 401 Financial Concepts in Health Care	4 cr.____
(Prereq: MRIS 103)		(Prereq: ACCT201)	
*MRIS 210 Fundamentals of Medical Science	3 cr.____	*HCSA 474 Strategy and Planning in Health Care	4 cr.____
(Prereq: BIOL 109 or BIOL 205)		(Prereq: HCSA 401)	
*MRIS 211 CPT Coding (Prereq: MRIS 103)	3 cr.____	*MRIS 293 Professional Practice 1	6 cr.____
*MRIS 222 Health Information Systems 1	3 cr.____	*MRIS 493 Professional Practice 2	10 cr.____
(Prereq: CCHS101, MRIS 101, ISYS 202)			

ELECTIVES: Free electives 6 credits: Recommended courses in Communication, ISYS, Management, or Behavioral Science.

* A grade of "C" or better is required.

Recommended minor: Computer Information Systems. See Computer Science Department, College of Business.

Revised 3/26/99
Last Revised 10/00

124 semester hours required for graduation

Medical Record Programs

APRC 2006-2007

Section 3 of 8

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
HEALTH MANAGEMENT DEPARTMENT

COURSE SYLLABUS
Fall 2005

COURSE TITLE: MRIS 101 – Introduction to Health Information Systems

CREDIT HOURS: 4 credit hours (3 lecture, 2 lab)

COURSE DESCRIPTION: Study of the health record including definition, content, format, and purpose. Study of JCAHO and AOA accreditation standards applicable to health information. Study of certification and licensure requirements regarding health care. Study of storage an retrieval systems for health information. Also studied will be the interactions of the health care professional contributing to, utilizing, and analyzing the health information.

PREREQUISITES: None

INSTRUCTOR: Paula Koning, MM, RHIA
Office: VFS 428   Phone: 1-231-591-2275
E-mail: PaulaKoning@ferris.edu

COURSE SCHEDULE: Lecture: Tuesday & Thursday in PHR 201 at 8:00-9:15 am
Lab: Section 211 - Wednesday in VFS 419 at 8:00-9:50 am
        Section 212 – Friday in VFS 419 at 8:00-9:50 am

OFFICE HOURS: Monday 12:00-2:00 PM
Wednesday 10:30-11:30 AM
Friday 10:00-11:00 AM

REQUIRED MATERIALS: Health Information Management Technology An Applied Approach, AHIMA, 2002.
MRIS 101, Course Pack
Thick (3") 3-ring binder

COURSE OBJECTIVES: At the completion of this course, the student shall be able to:

Unit I Content and Structure of the Health Record - Chapter 3
Objectives: At the end of this unit the student will be able to:
1. Describe and explain the content of the health record in various health care settings.
2. Describe different formats used in health care organizations to store records.
3. Interpret and apply the documentation requirements of various regulatory agencies.
4. Describe the advantage of the computer-based health records over paper-based health records.

Unit II Functions of the Health Record - Chapter 2
Objectives: At the end of this unit the student will be able to:
1. Describe the various uses of the health record.
2. Identify the different users of health records and its importance to each user.
3. Describe the functions of the health record.
4. Describe the components of health record data quality.
5. Describe the patient's right to privacy and the requirements for maintaining the confidentiality of patient-identifiable health information.
6. Describe necessity for patient information security.
7. Describe the role and responsibility of the health information management professional in the development and maintenance of health record systems.

Unit III Health Information Technology Functions - Chapter 20
Objectives: At the end of this unit the student will be able to:
1. Identify the functions usually performed by the health information management (HIM) department.
2. Describe different operational techniques for managing HIM functions.
3. Identify techniques for storage and maintenance of health records.
4. Describe the purpose, development and maintenance of registries and indexes.
5. Describe functions and responsibilities of the usual HIM support services including medical transcription, coding services, and statistical and research services.
6. Describe the purpose of policy and procedures and budgeting.

Unit IV Secondary Data Sources - Chapter 5
Objectives: At the end of this unit the student will be able to:
1. Differentiate between primary and secondary data and between patient-identifiable and aggregate data.
2. Identify internal and external users of secondary data.
3. Describe indexes commonly maintained in hospitals.
4. Describe registries commonly maintained in hospitals.
5. Describe the agencies that approve cancer, immunization, and trauma registries.
6. Distinguish among healthcare databases in terms of purpose and content.
7. Compare manual and automated methods of data collection.
8. Assess data quality in secondary records.
9. Identify methods to ensure data security and confidentiality of secondary records.
10. Identify the role of the health information professional in creating and maintaining secondary records.

Unit V Healthcare Data Sets - Chapter 4
Objectives: At the end of this unit the student will be able to:
1. Describe the difference between data and information.
2. Define the term healthcare data sets and describe the purpose of the data sets.
3. Describe the use of minimum data sets and resident assessment protocols in the long term care setting.
4. Describe the difference between the Data Sets for Emergency Department Systems and the Essential Medical Data Set and the use of these data sets.
5. Describe the purpose and use of the Health Plan Employer Data and Information Set.
6. Describe ORYX and give examples of core measures identified through ORYX.
7. Identify key players in developing standards for computerized health records.
8. Define the term health informatics standards.
9. Explain vocabulary standards, content and structure standards, transmission (communication) standards, and security standards.
10. Select data sets and/or standards appropriate for specific care settings for use in developing health records and health information systems.
11. Describe the relationship of code sets to healthy informatics standards in computer-based environments.
12. Describe the impact of HIPAA on the development of health informatics.

Unit VI American Health Information Management Association - Chapters 1 & 6
Objectives: At the end of this unit the student will be able to:
1. Describe the origin and development, structure and purpose of the American Health Information Management Association.
2. Discuss the categories and benefits of AHIMA membership.
3. Explain the purpose and process of continuing education.
4. Identify ethical principles that guide health information practitioners in decision making.
5. Identify professional values and obligations inherent in the AHIMA Code of Ethics.
6. Recognize core ethical problems, including those related to release of information and coding functions.

EVALUATION: Uniform Grading Scale will be used.

A	100 – 93	B-	82 – 80	D+	69 – 67
A-	92 – 90	C+	79 – 77	D	66 – 63
B+	89 – 87	C	76 – 73	D-	62 – 60
B	86 – 83	C-	72 – 70	F	56 or below

GRADE DETERMINATION: (some assignments may be adjusted/added):

Quizzes/Exams	50%
Assignments/Projects	40%
Final Examination	10%

Additional comments regarding grading procedures:
Attendance in this class is essential for successful understanding of the material, as *information is often presented in class that is not covered in the textbook or handouts*

COURSE POLICIES: See Student Handbook, Health Management Department (or Course Packet)

Assignments – p. 5
Class Attendance – p. 8
Disruptive Student Behavior – p. 11
Honesty – p. 15
Harassment – pp. 21-22

COURSE POLICIES:

1. **Attendance** – When absent from the class, the student is responsible for all of the information covered during that session including contacting the instructor regarding materials and assignments handed out in class. An Absence Report will be filed with the Dean's Office when a student has an extended absence during which the instructor has not received any contact from the students. **In-class activities may not be made up.**

2. All assignments/worksheets are to be submitted on the date given in class. Assignments are due at the beginning of class. Failure to submit assignments on time or before the due date will result in automatic 50% deduction of points. No assignment will be accepted after 2 weeks from due date.

3. All exams are to be taken on the day scheduled by the instructor. If you are absent due to illness or injury and want to make up the examination, you must notify the instructor **PRIOR** to the class. Make-up examinations will be allowed at the discretion of the instructor. Missed application exercises, discussions, and other in-class activities may be made up at the discretion of the instructor.

This course meets the following American Health Information Management Association entry-level competencies for Registered Record Administrators:

7.1 Maintain information needed to fulfill specific health information reporting requirements related to applicable legal, licensing and accreditation requirements.

At the completion of this course, the following Accredited Record Technician competencies will have been met:

1.1.4 Monitor changes in federal, state and local laws, regulations and/or Joint Commission standards.
1.1.9 Collect data on the quality of documentation of the medical record (i.e., timeliness, completeness, accuracy).
1.1.12 Track location of medical records.
1.1.14 Monitor accreditation/licensing survey results.
1.1.17 Assemble medical records.
1.1.22 Abstract information from patient records for disease, procedure, physician, or other indices.
1.1.27 Retrieve and/or file records.
3.4 Plan self-development/continuing education activities.

At the completion of this course, the following Registered Record Administrator competencies will have been met:

1.1.9 Collect data on the quality of documentation of the medical record (i.e., timeliness, completeness, accuracy).
1.1.22 Abstract information from patient records for disease, procedure, physician, or other indices.

TENTATIVE COURSE SCHEDULE:

Week 1   Introduction to Course
            Unit VI American Health Information Management Association – Chapters 1 & 6

Week 2   Unit II Functions of the Health Record – Chapter 2

Week 3   Exam 1
            Unit I Content and Structure of the Health Record – Chapter 2 – forms

Week 4   Continuation of Unit I – forms

Week 5   Continuation of Unit I – forms

Week 6   Exam
            Unit III Health Information Technology Functions – Chapter 20 – Chart deficiencies,
            Number and Filing Systems, Storage Systems

Week 7   Continuation of Unit III

Week 8   Unit V Healthcare Data Sets – Chapter 4

Week 9   Continuation of Unit V

Week 10   Health Record Regulations – Course Pack

Week 11   Health Record Regulations – Course Pack

Week 12   Presentations

Week 13   Presentations

Week 14   Presentations

Week 15   Final Review

Week 16   Final Exam

CLASSROOM EXPECTATIONS
MRIS 101
ADDENDUM TO COURSE SYLLABUS

EFFECTIVE: OCTOBER 24, 2005

1. Arrive to class/lab <u>on time</u>. All students arriving after class has begun will automatically receive a 50% deduction of points for in-class assignments/lab regardless of when the points were received during class.

2. Attendance is <u>expected</u> for each class. Attendance will be taken daily.

3. All exams are to be taken on the day scheduled by the instructor. If you are absent due to an illness or injury and want to make up the examination, **YOU** must notify the instructor **PRIOR** to the beginning of class. A doctor's slip will be required before the make up exam will be scheduled.

4. **COMMUNICATE!** If you have any questions or concerns regarding the class it is your responsibility to communicate with me.

5. It is the student's responsibility to contact the instructor for information missed due to an absence.

6. **In-class activities, including laboratory assignments, may not be made up.**

7. No cell phones, pagers, headphones, etc. are allowed during class. Electronic devices may not be used in the class room or during exams. Using an electronic device during an exam will cause you to fail the class.

8. Doing work for other classes while our class is going on is not acceptable.

9. **RESPECT FOR ALL is an essential behavior in the classroom.**

Course Title: MRIS 103 Medical Terminology, 4 credits

Course Description: Terminology of disease conditions, operative pathology, radiology, surgery, operative procedures and techniques, surgical instruments, diagnostic tests, therapeutic treatments, anesthetic agents, pharmacologic agents, oncology, nuclear medicine, and other specialized areas of medicine.

Course Objectives: At the end of this course, the student shall be able to:
1. Analyze the basic components of medical terms: prefixes, suffixes and roots.
2. Analyze medical terms that cannot be broken down into component parts.
3. Spell correctly the medical terms learned during the semester.
4. Define terms relating to disease processes.
5. Define anatomic/symptomatic terms.
6. Match lay terms with their medical counterparts
7. Define standard medical abbreviations.
8. Define diagnostic terms specific to disease.
9. Proficiently us dictionaries, formularies, and other medical references.
10. Demonstrate comprehension of medical terms by reading, and summarizing case studies and journal articles.

Instructor: Paula Koning, MM, RHIA
Office: VFS 428   Phone: 231-591-2275
E-mail – PaulaKoning@ferris.edu
Office Hours: Monday 12:00-2:00 pm
Wednesday 10:30-11:30 am
Friday 10:00-11:00 am

Course Schedule: Tuesday & Thursday in PHR 201 at 12:00-1:15 pm
Friday in VFS 425 at 12:00-12:50 pm

Required Materials: Chabner, Davi-Ellen, *The Language of Medicine,* 7th edition, W.B. Saunders, Philadelphia, 2004
Course Pack including: CD Tutorial, Mosby's Medical, Nursing and Allied Health Dictionary, latest edition.

Evaluation: Uniform Grading Scale will be used.

A	93 - 100	B-	80 - 82	D+	67 - 69
A-	90 - 92	C+	77 - 79	D	63 - 66
B+	87 - 89	C	73 - 76	D-	60 - 62
B	83 - 86	C-	70 - 72	F	Below 60

Grade Determination: The final grade will be evaluated as follows:

Quizzes/Exams/Final Exam	80%
Assignments/Projects	20%

Additional comments regarding grading procedures:
Attendance in this class is essential for successful understanding of the material, as *information is often presented in class that is not covered in the textbook or handouts.*

Course Policies:
1. Attendance – you are responsible for contacting the instructor regarding materials handed out in class, assignments made during class and makeup assignments for any classes missed (excused or unexcused). An Absence Report will be filed with the Dean's office when a student has an extended absence during which the instructor has not received any contact from the student.

2. All assignments/worksheet are to be submitted on the date given in class. Failure to submit assignments on time or before the due date will result in an automatic deduction of 10% of the assigned points for each day that the assignments is late, this included non-class days.

3. All exams are to be taken on the day scheduled by instructor. If you are absent due to illness or injury and want to make-up the examination, you must notify the instructor **PRIOR** to the class and bring a medical excuse to the next scheduled class. Make-up examinations will be allowed at the discretion of the instructor. All in class assignments and quizzes are not allowed to be made up.

4. See health management program student manual for university and college policies on the following:
   Academic Honesty
   Student Dignity
   Racial Harassment
   Sexual Harassment
   Consensual Relationships between University Employees and Students
   Disruptive Behavior
   Religious Holidays

TENTATIVE COURSE SCHEDULE

1. Chapter 1 – Basic Word Structure
2. Chapter 2- Terms Pertaining to the Body as a Whole
3. Chapter 3 – Suffixes
4. Chapter 4 – Prefixes
5. Chapter 21 – Pharmacology
6. Chapter 19 & 20 – Cancer Medicine, Radiation, Nuclear Medicine and Radiation Therapy
7. Chapter 5 & 6 – Digestive System
8. Chapter 10 & 17 – Nervous System, Eye and Ear
9. Chapter 11 – Cardiovascular System
10. Chapter 12 – Respiratory System
11. Chapter 13 & 14 – Blood & Lymphatics System
12. Chapter 15 – Musculoskeletal System
13. Chapter 18 – Endocrine System
14. Chapter 7, 8, & 9 – Urinary, Female Reproductive and Male Reproductive System
15. Chapter 16 - Skin

Ferris State University
College of Allied Health Sciences
Health Management Department
Course Syllabus – Winter 2005

Course Title   MRIS 122 Health Information Science I
3 credits (Lecture 2, Lab 2)

Course Description   Various procedures specific to health information practice will be addressed including release of medical information, calculation and interpretation of health care statistics, tumor registry and the computerized health record. Laboratory experiences will reinforce the student's understanding of lecture topics. Prerequisites: CCHS 101, MRIS 101, ISYS 202.

Instructor
Judy Monson   VFS 428
(231) 591-2275 or 1-800-462-8553
200 Ferris Drive, VFS 428, Big Rapids MI 49307-2740
monsonj@ferris.edu
Office hours:

Course Schedule
Monday and Wednesday 9:00-9:50 a.m. - VFS 419
Monday 11:00 - 12:50 a.m. - VFS 419

Required materials
Health Information Management Technology An Applied Approach. AHIMA 2002.
MRIS 122 Course packet.
Three ring binder
Calculator

Course Objectives

Unit 1 Database Application
Objectives - At the end of this unit the student shall be able to –
1. Input, sort, query, and retrieve patient data base information.
2. Describe Cancer Registry functions including abstracting, staging, case definition, case finding, and follow-up.

Unit 2 Statistics
Objectives - At the end of this unit the student shall be able to -
1. Compute health care statistics.
2. Define terms used for health care statistics.
3. Describe requirements regarding birth, death and fetal death certificates.

Unit 3 Release of Information
Objectives - At the end of this unit the student shall be able to-
1. Analyze policies and procedures for release of medical information.
2. Identify issues related to ownership and control of the health record.
3. Develop a retention policy for health records.

Unit 4 Health Care Information Systems (Chapter 14)
Objectives - At the end of this unit the student shall be able to-
1. Describe the evolution of information systems in health care.
2. Identify major types of information system applications used in health care organizations.
3. Recognize the importance of strategic information systems planning to a health care organization
4. Describe the systems development process in regards to health care information systems.
5. Identify key elements necessary to manage information resources effectively.
6. Recognize emerging trends affecting the development of health care information systems.
7. Describe the role of the health information technician in information systems planning and development.

Unit 5 Fundamentals of Information Systems (Chapter 15)
Objectives - At the end of this unit the student shall be able to -
1. Discuss three major functions of an information system.
2. Identify three components of information technology.
3. Describe the major types of information systems and give an example of each.
4. Describe the twelve steps on the systems development life cycle.
5. Compare the functions of systems analysis with the functions of systems design.
6. Identify the three main types of system software and provide an example of each.
7. Discuss the major types of databases.
8. Recognize the functions of the components of a communications system.
9. Compare and contrast clients and servers..
10. Compare and contrast local-area networks, wide-area networks, intranets, extranets, and the Internet.
11. Recognize the policies that must be incorporated into the use of an information system.
12. Identify four criteria used to evaluate an information system.
13. Use the Internet to conduct research on health-related topics.

Unit 6 Information Systems for Managerial and Clinical Support (Chapter 16)
Objectives - At the end of this unit the student should be able to -
1. Differentiate among strategic, tactical, and operational decision making.
2. Recognize the difference between structured and unstructured decisions.
3. Identify the types of information needed by different health care decision makers.
4. Define and give an example of a management information system.
5. Define and give an example of a decision support system.
6. Define and give an example of an executive information system.

Unit 7 Information Security (Chapter 17)
Objectives - At the end of this unit the student should be able to -
1. Describe the difference among the terms *confidentiality, privacy.* and *security.*
2. Describe the elements of a data security system.
3. Identify the greatest threats to the security of health information.
4. Discuss methods for minimizing threats to data security.
5. Describe the four primary components of the security provisions of HIPAA.
6. Describe the roles and responsibilities of health information technicians with regard to data security.

Unit 8 Applications of Emerging Information Technologies (Chapter 18)

Objectives - At the end of this unit the student should be able to -

1. Define emerging technologies and describe their importance to health information technicians.
2. Identify and describe the emerging information technologies used to assist with virtual teamwork.
3. Identify and describe the emerging information technologies used to improve patient and and clinical contact.
4. Identify and describe the emerging information technologies used in clinical decision making.
5. Identify and describe the emerging information technologies used in diagnostic and therapeutic services.
6. Identify and describe the emerging information technologies used to support data collection, maintenance and retrieval.
7. Describe the future directions of information technologies and their impact on the roles and functions of the health information technician.

Evaluation   Uniform Health Management Department grading scale will be used.

A 93-100	B- 80-82	D+ 67-69
A- 90-92	C+ 77-79	D 63-66
B+ 87-89	C 73-76	D- 60-62
B 83-86	C- 70-72	F Below 60

Course Policies

See the Student Handbook Health Management Department for policy regarding the following: **Assignments**
Class Attendance
Disruptive student behavior
Academic dishonesty
Harassment

Attendance Policy

When absent from class, the student is responsible for all the information covered during that session including contacting the instructor regarding materials and assignments handed out in class. An Absence Report will be filed with the Dean's Office when a student has an extended absence during which the instructor has not received any contact from the student.
Quizzes and lab activities may not be made up for points.

Assignment Policy

Points are deducted for late assignments. Assignments are due at the beginning of class.

Exam Policy

Students are expected to be present for scheduled exams. If you are absent
due to illness or injury and want to make-up the exam, you must notify the instructor
as soon as possible and bring an excuse from your physician to the next scheduled class.
Make-up exams are at the discretion of the instructor.

FERRIS STATE UNIVERSITY

COLLEGE OF ALLIED HEALTH SCIENCES
HEALTH ADMINISTRATION PROGRAMS
COURSE SYLLABUS – FALL 2005

COURSE TITLE **MRIS 204 – ICD CODING**   **4 CREDITS (3+2)**

COURSE OBJECTIVES:

1   Assign diagnostic and procedure codes using ICD-9-CM.

2   Apply principles of diagnostic and procedure classification – ICD-9-CM.

3   Analyze data for patient-related information system needs or for departmental operations or services.

4   Verify timeliness, completeness, accuracy and appropriateness of data sources.

5   Analyze health record content – clinical documentation.

6   Apply and validate DRG assignment.

7   Assess quality control of coding function.

8   Evaluate data quality linkage with reimbursement.

9   Conduct an interview with an acute care coder, supervisor, or director.

COURSE DESCRIPTION

Principles of coding diseases, conditions, and procedures, with the International Classifications of Disease System. Laboratory practice in the assignment of codes using both computerized and manual methods. Prerequisite: MRIS 103 and BIOL 109 or consent of professor. Correct ICD code assignment is critical to data quality and data integrity in all health care delivery systems.

INSTRUCTOR

Marie J Sickelsteel, M.S., R.H.I.T.
College of Allied Health Sciences
Associate Professor
VFS 412
231 591 2321
sickelsm@ferris.edu

OFFICE HOURS

TUESDAY	WEDNESDAY	THURSDAY
10:00 – 10:50 AM	1:00 – 2:00 PM	10:00 – 10:50 AM
		2:00 – 2:50 PM

~~~~~~~~~~~~~~~~~~~~

COURSE SCHEDULE	TUESDAY	WEDNESDAY	THURSDAY
	12:00 – 1:15 PM	11:00 – 12:00 PM	12:00 – 1:15 PM

REQUIRED MATERIALS

- Course Packet
- 3-ring notebook (2-3")
- ICD 9 CM Coding Book
- CodeMaster Plus
- **HEALTH INFORMATION MANAGEMENT TECHNOLOGY, AHIMA, 2002.**

- Coding Clinic, AHA
- Health Records
- Case Studies
- Handouts

EVALUATION

<u>Uniform Grading Scale</u>

GRADE DETERMINATION

Record Your Score

⇒	40%	Tests	
⇒	10%	Quizzes	
⇒	20%	Exercises	
⇒	2%	Interview	
⇒	1%	Weekly Journal	
⇒	1%	Article	
⇒	1%	Participation & Attendance	
⇒	25%	Comprehensive Final Examination-Part 1, 2, 3	
	100%	Total Points	

+1   EXTRA CREDIT   = 1 Point = MRIS 204 Notebook

POLICIES

- *DISRUPTIVE STUDENT BEHAVIOR*

Acts of obstruction or disruption that disturb classroom activities are not allowed..

<u>Classroom Chitchat</u>: Demonstrate   respect   for   others, inappropriate conversation when someone else is speaking is disruptive to the entire class.

- *ACADEMIC DISHONESTY* Cheating and plagiarism is considered unethical and unprofessional.

- *SEXUAL HARASSMENT* Ferris is committed to maintaining an educational and working environment free of conduct that degrades or oppresses individuals, including conduct that sexually humiliates individuals.

- *ATTENDANCE/LATENESS* **MANDATORY ATTENDANCE.** You are expected to attend each class. Quizzes and exams are announced and **unannounced**.

  If you arrive late, it disturbs the class.

- *ASSIGNMENTS* All assignments and projects are to be handed in on the DUE DATE. Five (5) points will be deducted for each day that the material is received late. After five days the assignment is not accepted and a "0" grade is recorded. Or if assignment has been returned to the rest of the class, your assignment will not be accepted.

- *TESTS* All tests will be announced at least one week before the test. Mandatory attendance is required. If you are ill or an emergency occurs, please notify the instructor before class; a phone mail message is acceptable. A missed test due to illness will require supporting documentation.

  Emergency - a sudden, generally unexpected occurrence or set of circumstances demanding immediate action

- *QUIZZES* All quizzes are **unannounced** and **cannot** be made up.

- *CLASS PARTICIPATION* Active participation is necessary to learn to apply, analyze, synthesize, and problem solve. Team and group activities require action of each person.

Performance Scale of Class Participation
• participates or gets involved in all discussions and group activities
• attempts to answer all questions given to the class or group
• ask questions and is involved in group activities
• expresses herself or himself every once in awhile
• does not offer information in class and does not participate

- *RED PEN* **Do not use** a red pen on any course assignment! The assignment will not be accepted.

1   Course content will be introduced in units, each unit will be discussed, **starting** **with** **Unit 1**.
       1.1   Read unit prior to scheduled class and complete examples [the diagnostic and procedural statements enclosed in boxes in your lecture outline.
2   Exercises will be assigned to correspond with each unit.
3   Three tests
4   Projects - watch due dates
5   Comprehensive final examination [3 parts]

COURSE UNITS

1.   INTRODUCTION: NOMENCLATURES AND CLASSIFICATIONS

2.   CODING & DEFINITIONS OF DIAGNOSTIC AND PROCEDURAL DATA

3.   GUIDELINES FOR SELECTION OF PRINCIPAL DIAGNOSIS AND FOR REPORTING OTHER DIAGNOSES

4.   THE DOCUMENTATION REVIEW PROCESS AND DOCUMENTATION SOURCES

5.   ICD-9-CM CHARACTERISTICS, CONVENTIONS AND TERMINOLOGY

6.   BASIC CODING PRINCIPLES

7.   NEOPLASMS

8.   CODING, RECORD DOCUMENTATION AND DIAGNOSTIC RELATED GROUPS [DRGs]

9.   PREGNANCY, CHILDBIRTH, AND PUERPERIUM

10.   NEWBORN AND PERINATAL PERIOD

11.   OUTPATIENT CODING AND REPORTING GUIDELINES

12.   MENTAL DISORDERS

13.   SIGNS AND SYMPTOMS

14.   V CODES

15.   DIABETES MELLITUS

16.   INFECTIOUS DISEASES: HIV AND ACUTE AND CHRONIC VIRAL HEPATITIS

17.   CIRCULATORY SYSTEM

18.   RESPIRATORY SYSTEM

19.   INJURIES, LATE EFFECTS, AND COMPLICATIONS

20.   E CODES - EXTERNAL CAUSES OF INJURIES AND OTHER ADVERSE EFFECTS

21.   POISONING AND ADVERSE EFFECTS OF DRUGS/SUBSTANCES

22.   MISCELLANEOUS

23.   DRGs , CASE MIX, AND QUALITY CONTROL

You are required to maintain a journal of course activities -- a summary of what you learned, feelings -- positive and negative, what was most difficult, what was of value, etc. This may be handwritten or done on a word processor. Please do not rewrite the lecture notes; be brief and pertinent. Minimum requirement is at least **one entry per class meeting (i.e. 1 per week).**

Journals are **due on each test day**. You are responsible for turning in your journal before each test. **Journals will not be accepted after class.** Pick up your journal before you leave. I am not responsible for journals left in the classroom.

PROJECT 2   JOURNAL ARTICLE REVIEW   1 POINT   DUE: October 13, 2005

1   Typewritten summary of a journal article that relates to <u>ICD coding or reimbursement</u>, 1 to 1½ pages. This article can be taken from the Internet. Article recent (2002 or later).

2   Write a summary of the article. Summary must include:

   2.1   What does the article say to you?

   2.2   How will it impact practice?

   2.3   How will it impact you?

   2.4   Your reaction to the article.

3   Attach a stapled copy of the article to the typewritten summary. The instructor will retain the copy; the summary will be returned.

4   Evaluation:
   * ARTICLE RECENT (2002 OR LATER) AND   .25   * SUMMARY COMPLETE   .25
     RELATES TO CODING.
   * GRAMMAR AND SPELLING   .25   * **YOUR REACTION**   **.25**

5   Follow this format:

> SUSAN ADAMS
> MRIS 204 – PROJECT 2
> OCTOBER 13, 2005
>
> *Smith, Susan J.   "Coding and Data Integrity".* <u>*Journal of the American Health Information*</u>
> <u>*Management Association.*</u> *60/1 (June, 2004, 25-27.*
>
> <u>Summary</u>
>
> <u>Reaction</u>
>
> *My reaction to this article was ....*

Interview a_health information manager, coding supervisor or an experienced coder in an **acute care facility** regarding coding issues, concerns, and the future market for coders.

You will be responsible for making an appointment to conduct the interview. A list of questions is included in the Appendix.

Submit a typewritten report of the results of your interview and be prepared to discuss your findings with the class.

Evaluation:

- DATE, TIME, SITE, PERSON   .25
- GRAMMAR/SPELLING   .50
- QUESTION + RESPONSE   .75
- **YOUR REACTION**   **.50**

Includes:
- Date, time and site of interview.
- Person interviewed.
- Interview discussion.
- Question typed, double space, then response. Do not ask questions that require only a 'yes' or 'no' answer. The responses must be followed with 'why.'
- ***Your reaction to the interview and findings, positive and negative.***
- Professional appearance.
- All sheets stapled in upper left hand corner. Do not place report in a folder.
- Brief report to the class.

1   Maintain a three ring notebook (2-3") of the contents of this class.

2   The "Notebook" will be evaluated by the professor during the final examination; it will not be accepted after that day or time.

3   Notebook Requirements:
     3.1   Notebook labeled.
     3.2   Title page, yours not mine.
     3.3   Table of Contents, SPECIFIC not broad. Labeled tabs. Your table and tabs must allow me to quickly locate notebook contents. The table must be typed.
     3.4   Course syllabus, course outline, notes, handouts, assignments, and projects-- everything.
     3.5   Appropriately organized for easy reference, neatly arranged and well assembled.

> **CREATE MENTAL PICTURES OF YOUR GOALS,**
> **THEN WORK TO MAKE THOSE PICTURES BECOME REALITIES.**

ATTITUDE

Charles Swindoll

The longer I live, the more I realize the impact of attitude o life.

Attitude, to me, is more important than facts.

It is more important than the past, than education, than money, than circumstances, than failure, than success, than what other people think or say or do.

It is more important than appearance, giftedness or skill.

It will make or break a company...a church...a home.

The remarkable thing is we have a choice everyday regarding the attitude we will embrace for that day.

We cannot change our past...we cannot change the fact that people will act in a certain way. We cannot change the inevitable.

The only think we can do is play on the one string we have, and that is our

ATTITUDE.

I am convinced that life is 10% of what happens to me and 90% how I react to it.

MY MRIS 204 ACTION PLAN

THE LETTER GRADE I EXPECT TO EARN:

In MRIS 204, I want to learn:

1. _____

2. _____

3. _____

4. _____

5. _____

MY PLAN, I WILL do the following to EARN the above grade.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

STUDENT INFORMATION   MRIS 204 - ICD CODING

NAME	DATE

SCHOOL ADDRESS	HOME ADDRESS
PHONE #:	PHONE #

☐ Curriculum: [circle]   MRT   MRA   Expected Graduation |_____|

☐ ABOUT ME:

Academic <u>strong points</u>	Academic <u>weak points</u>

☐ Prior health care experience

☐ Three words that describe me as a:

<u>student</u>	<u>person</u>

☐ What I love most about learning

☐ My self-discipline to learning (circle)   low 1 2 3 4 5 6 7 8 9 10 high

☐ Priorities that impact my time

☐ I want you to know this – to help me succeed. [This may be your learning style, writing, speaking, test taking skills, medical issues, learning disabilities, etc.]

Thank you.

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
HEALTH MANAGEMENT DEPARTMENT

COURSE SYLLABUS – FALL 2005

COURSE TITLE: MRIS 209 – QUALITY MANAGEMENT IN HEALTH CARE

CREDITS: 3 credit hours (lecture 2, lab 2)

INSTRUCTOR: Cindy Konrad, M.S., R.N.
            Office – VFS 413
            Telephone – 231-591-2298 or ext. 2298
            Toll Free – 1-800-462-8553 or 1-800-592-6499
            E-mail – konradC@ferris.edu
            Mailing address – 200 Ferris Dr., Big Rapids, MI 49307-2740

CATALOG DESCRIPTION: Study of the concepts and procedures utilized in the
performance of the quality assurance function in the health care setting. Emphasis on the
role of the medical record practitioner in the management and control of the utilization
review function of the facility. In the laboratory, the student will participate in
utilization review and medical care evaluation. Prerequisite: MRIS 103 or permission of
instructor.

STUDENT TEXT:

Brassard, Michael and Ritter, Diane, The Memory Jogger II, GOAL/QPC, Methuen, PA,
1994

Course Pack available in bookstore

COURSE OBJECTIVES: At the conclusion of this course, the student will be able to:

    1. List the differences between quality assurance and quality improvement.
    2. Describe the external and internal pressures in today's health care environment
       and their impact on quality improvement programs.
    3. Discuss the purpose of quality improvement activities.
    4. Describe the JCAHO Ten Step process and PDCA.
    5. Discuss the history of quality improvement in the U.S.
    6. Discuss the purpose of utilization management.
    7. Identify the procedures which comprise the utilization review process.
    8. Identify critical pathways
    9. Discuss the role of federal, accrediting and licensing agencies in
       quality improvement programs (NCQA, JCAHO, HEDIS, URAC).

10. Describe the role of the health information practitioner in each of the components of the quality improvement process.
11. State the purposes of, and charges to, peer review organizations.
12. Recognize the importance of accurate health data in efforts to assure quality patient care.
13. Discuss the legal and confidentiality issues related to the quality improvement components.
14. Apply quality improvement techniques/tools.
15. Discuss continuous quality improvement techniques, theory and benchmarking.
16. Practice team building techniques.
17. Apply data retrieval techniques and calculations.
18. Design data retrieval forms.
19. Apply written, oral and interpersonal communication skills.
20. Discuss the impact of managed care including case management on utilization management.
21. Discuss the implications/correlation of quality improvement on risk management.
22. Apply data display techniques.
23. Discuss the JCAHO Process Improvement standards.

COURSE SCHEDULE: Lecture: Tuesday 3-4:50 in 425
Lab. Section 211: Wednesday 3-4:50 in 419
Lab. Section 212: Thursday 3-4:50 in 419

METHOD OF TEACHING: Lecture, class discussion, handouts, readings, on-site clinical experience, projects, assignments, team assignments/projects

COURSE POLICIES: Disruptive Student Behavior – see attachment
Academic Dishonesty – see attachment
Student Dignity – see attachment

EVALUATION: The standard College of Allied Health Sciences grading scale will be used:

Grade Determination:

15% Worksheets/Assignments
15% Project
50% Tests/Quizzes
20% Final exam (comprehensive)

Attendance is mandatory. Absence on a quiz day or in-class assignment day will mean no credit for the quiz or assignment. All assignments and projects are due on the date given in class, at the beginning of the hour. Failure to submit

assignments on time will result in an automatic deduction of 50%. No assignments accepted after 4 days. All assignments are to be typed, untyped assignments are not accepted. Typed assignments must be in a font size of 10-12 and a font style of Arial or Times New Roman. Using a typewriter with Pica or Elite type is acceptable, also. All other type styles must be approved by the instructor or the assignment is deemed unacceptable.

Tests will be given on the days assigned in class. Absence on a test day will result in a "0" grade. If you are sick on a test day you must telephone the instructor **prior** to the class hour and a medical excuse must be brought to the next class session for verification of the illness. If absence is for a death in the family, prior notification must be given and a funeral home note must be provided.

Any student present in class who is unable to participate in group work because of drunkenness, a hangover or disruptive behavior will be asked to leave class and take a "0" on the assignment for that day.

MINIMUM BIBLIOGRAPHY:

Huffman, Edna, Medical Record Management, 9th or 10th Edition, Physicians' Record Co. Berwyn, IL., 1990.
_____ Quality Improvement Techniques for Medical Records, Opus Communications, Marblehead, MA,
1992.
_____ The ISD-A Review System with Adult ISD Criteria, Interqual, North Hampton, NH, 1993.

TENTATIVE AGENDA

UNIT 1 – A. ORIENTATION TO QUALITY ASSURANCE/IMPROVEMENT
       B. DATA RETRIEVAL
       C. DATA DISPLAY
       D. DATA INTERPRETATION
       E. DATA INTEGRITY

UNIT II – A. QUALITY IMPROVEMENT
       B. CQI/TQM TOOLS AND TECHNIQUES
       C. JCAHO TEN STEP PROCESS & PDCA
       D. TEAM BUILDING SKILLS

UNIT III – A. UTILIZATION MANAGEMENT
       B. PEER REVIEW ORGANIZATIONS
       C. REGULATORY AGENCIES – JCAHO, NCQA

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
HEALTH MANAGEMENT DEPARTMENT
COURSE SYLLABUS - FALL 2005

TITLE OF COURSE: MRIS 210 FUNDAMENTALS OF DISEASE PROCESSES

CATALOG DESCRIPTION: Introductory study of the nature, cause and treatment
of disease processes. Prerequisite: BIOL 109 or 205

STUDENT TEXTS: Daniels, Rick, Delmar's Manual of Laboratory and Diagnostic
Tests, 2003
Pathophysiology Made Incredibley Easy, 3rd Edition, Springhouse
Publishing, 2005
Nursing 2005 Drug Handbook, Lippincott, Williams & Wilkins

COURSE OBJECTIVES: At the conclusion of this course, the student will be able to:

1. Define terminology associated with pathology.
2. Discuss the mortality and morbidity statistics used in pathology.
3. Identify diagnostic resources for specific disease processes.
4. Discuss the fundamental mechanisms of disease processes: injury,
inflammation and repair; hyperplasias; neoplasms; cancer; genetic disorders.
5. Discuss the underlying pathophysiology of a specific disease/disorder.
6. Discuss the specific signs and symptoms for a disease/disorder.
7. Identify the various treatment modalities for specific diseases/disorders.
8. Identify the appropriate pharmacotherapy for specific diseases/disorders.

METHODS OF TEACHING: Lecture, class discussion, study sheets, mini-papers,
exams, case studies.

SCHEDULE: CLASS MEETS: Tuesday and Thursday 9:30-10:45 in VFS 425

EVALUATION: GRADING SCALE:

A 100-93	C+ 79-77	D- 62-60
A- 92-90	C 76-73	F 59 and below
B+ 89-87	C- 72-70	
B 86-83	D+ 69-67	
B- 82-80	D 66-63	

GRADE DETERMINATION:

The students grade will be determined by the total number of points earned by
the student divided by the total possible for the semester. The total possible will come
from assignments, quizzes and tests.

ADDITIONAL COMMENTS REGARDING GRADING PROCEDURES:

Assignments are to be submitted on the due date given in class. Failure to do so will result in the loss of 50% of the grade per day late, no papers accepted after four days.

Attendance is mandatory and will be taken daily. If you miss a class or part of a class you are responsible for all information and assignments missed. If you are absent during an in-class assignment then the grade for that assignment is forfeited. Tests are to be taken on the date announced in class. Failure to do so will result in a "0" on the test. Excused absences will require a telephone call prior to the class hour and a physician's note for illness, obituary notice for funeral attendance or other documentation so stated by the instructor. This notice must be brought to the next regular class session.

QUIZZES CANNOT BE MADE UP

INSTRUCTOR: Cindy Konrad Phone - 1-231 - 591-2298
Associate Professor (leave a message)
Ferris State University Office hours:
200 Ferris Drive Mon-Thurs: 2-3 p.m. & Wed. 10-11a.m.
VFS 413 other times by appointment
Big Rapids, MI 49307 E-mail: KonradC@Ferris.edu

MINIMUM BIBLIOGRAPHY

Chernecky, Cynthia, Krech, Ruth, and Berger, Barbara, Laboratory Tests and Diagnostic Procedures, Saunders Co., 1993.

Crowley, Leonard, Introduction to Human Disease, 3rd Edition, Jones and Barlett, 1992, Springhouse Co., 1993

Fischbach, Frances, A Manual of Laboratory Diagnostic Tests, J.B. Lippincott Co., 1996

McCance, Kathryn, and Huether, Sue, Pathophysiology: The Biologic Basis For Disease in Adults and Children, 2nd Edition, Mosby, 1994.

_____ The Merck Manual, 16th Edition, Merck Publishing Group, 1992.

_____ Nursing Drug Guide 2001, Lippincott Co., 2001

Rothenberg, Mikel, Lab Tests for Health Care Professionals, PESI Healthcare, 1998.

Rothenberg, Mikel, Pathophysiology – A Plain English Approach. PESI Healthcare, 2001

<u>FALL 2005 - CLASSROOM BEHAVIOR EXPECTATIONS</u>

THE FOLLOWING IS A LIST OF BEHAVIORS THAT ARE EXPECTED IN THE CLASS:

1. COMMUNICATE – COMMUNICATE – COMMUNICATE!! If you have questions or concerns regarding the class it is your responsibility to communicate with me. I am not a mind reader. If you have personal problems that are interfering with your class work/attendance , i.e.: sick kids, sick parents, sick you, whatever – you need to contact me so you can decide if you can be successful in the class.

2. Arrive to class on time.

3. Attendance is expected for each class. Attendance will be taken each day.

4. A student does not leave the classroom unless it is an emergency. It is rude to interrupt your classmates.

5. No eating in class unless you bring enough for everyone. Beverages are acceptable, but not by the computers in 419.

6. Class is not finished until the teacher says it is. Do not pack up your things until class is done.

7. NO CELLPHONES, PAGERS, MP3 PLAYERS, HEADPHONES, ETC. IF AN UNACCEPTABLE ELECTRONIC DEVICE IS FOUND BEING USED DURING AN EXAM YOU WILL FAIL THE CLASS.

8. Doing work for other classes while the class is going on is not acceptable.

9. Chewing gum is allowed, however, cracking gum is not.

10. It is expected that you will stay on the task that is being done in the classroom.

11. **<u>RESPECT FOR ALL</u>** is an essential behavior in the classroom.

THANKS FOR YOUR HELP IN KEEPING THE LEARNING ENVIRONMENT A POSITIVE PLACE. – Cindy Konrad

Health Administration
Department Policies

Student Dignity

The University expects all students and employees to conduct themselves with dignity and respec for students, employees, and others. It is each individual's responsibility to behave in a civil man and make responsible choices about the manner in which they conduct themselves. Harassment any kind is not acceptable at Ferris State University. The University does not condone or allow ha assment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistenc is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

Racial Harassment

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an indiv ual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any o the following:

1. The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person;
2. Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, aca-demic efforts, employment, or participation in University-sponsored activities.
3. The conduct has the effect of unreasonably interfering with an individual's work, or acader performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected b law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specificall covered by law. In any event, harassment of any type is not acceptable at Ferris State University

Sexual Harassment

Using the definition contained in the Equal Employment Opportunity Commission guidelines, adapted to include educational environments, sexual harassment is defined as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement;

2) submission to or rejection of such conduct by an individual is used as a factor in employment or academic decisions affecting such individuals;

3) such conduct has the purpose or effect of substantially interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, living, or academic environment.

While sexual harassment most often takes place in situations of power differential between the persons involved, sexual harassment may also occur between persons of the same status, e.g., student-to-student. The person exhibiting sexually harassing conduct need not realize or intend the conduct to be offensive for the conduct to constitute sexual harassment.

Harassment Concerns

Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact either an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action.

If approaching the individual is not possible (i.e., you are uncomfortable or uncertain as to how the situation should be handled or concerned the situation may become volatile) or does not resolve the matter, it should then be reported immediately to an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, the Director of Student Judicial Services, or the Director of Affirmative Action. If, for some reason, you are uncomfortable discussing your situation with any o these individuals, please report your situation to any member of University administration. The circumstances surrounding the matter will be fully investigated, including the nature of the harassment and the context in which it occurred.

All reports of harassment and subsequent investigations will be kept as confidential as possible. Anyone found to have violated this Policy will be subject to discipline up to and including discharge and dismissal, that may include, but not be limited to, official reprimand, official apology, sensitivity training, and/or other disciplinary action including dismissal. Likewise, because intentionally false accusations of harassment can have serious effects on innocent people, anyone found to have intentionally falsely accused another person of violating this Policy will be subject to discipline up tc and including discharge or dismissal.

Consensual Relationships Between University Employees and Students

Consensual relationships of an amorous or sexual nature that might be appropriate in other circumstances are deemed inappropriate when they occur between an employee of the University and a student for whom he or she has a professional responsibility. For example, such a relationship would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choice.

It is the policy of Ferris State University that any University employee who has professional responsibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. I no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.

Disruptive Behavior Policy Statement

The College of Allied Health Sciences strives to maintain a positive learning environment and educa tional opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt th learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized tc direct the student to leave the class. If the student fails to comply with a directive t leave the class, the instructor may call Public Safety to assist with the student's removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Science Dean's Office, and/or University disciplinary proceedings.

Disruptive Behavior Policy Statement (con't)

5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

Honesty Policy

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. Plagiarism (copying) of themes or other written work shall also be considered an infraction.

Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students.

The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations means failure in the course. The student may appeal the decision to the Disciplinary Committee.

Further offenses may result in suspension or dismissal from the University.

MRIS 211 – CPT CODING
Summer 2006

COURSE DESCRIPTION: Principles of coding with the CPT classification system. Laboratory practice in the assignment of codes using both computerized and manual methods. (3 cr.) (2 hours lecture + 2 hours lab)

INSTRUCTOR:
Paula Koning, M.M., RHIA
200 Ferris Drive, VFS 407
Phone: 231-591-2275
E-mail: Koni1@ferris.edu
Office hours:
    Tuesday, Wednesday, Thursday, Friday 10:05-11:05 a.m.

COURSE SCHEDULE:
Tuesday, Wednesday, Thursday, Friday 8:00-10:05 a.m. VFS 419
SLA Tuesday and Thursday 4:00-5:30 p.m. VFS 419

REQUIRED COURSE MATERIALS:
MRIS 211 CPT Coding, 2006 Edition
Step-by-Step Medical Coding, by Carol Buck, 2006 edition
ISBN1-4160-0131-X
Step-by-Step Medical Coding Workbook, 2006 edition
ISBN 1-4160-0136-0
MRIS 211 CPT Coding Course Pack

EVALUATION:
Uniform grading scale for all medical record courses.

A	93 – 100	B-	80 – 82	D+	67 – 69
A-	90 – 94	C+	77 – 79	D	63 – 66
B+	87 – 89	C	73 – 76	D-	60 – 62
B	83 – 86	C-	70 – 72	F	Below 60

Grade Determination:
    30% worksheets
    15% quizzes
    35% tests
    20% final exam

Assignments are due and accepted for full credit only on date assigned by instructor. Failure to submit assignments on time will result in an automatic deduction of 20% of the assigned points for each day that the assignment is late. Excused absences include medical excuses from the Health Center, a physician, or an official school sponsored event with your name on the list.

All exams are to be taken on the day scheduled by instructor. If you are absent due to illness or injury and want to make up the examination, you must notify the instructor **PRIOR** to class and bring documentation to the next scheduled class.

Unannounced quizzes may not be made up.

All students enrolled in the Medical Record Technology, Medical Record Administration, or Coding Specialist programs must earn at least a grade of "C" (73%). If you earn less than a "C" (73%), you will be required to repeat the course.

ATTENDANCE: You are expected to attend and participate in all class meetings. Responsibility for class attendance and participation rests with you, the student. Class attendance and participation will be counted as an assignment grade worth 45 points.

Students must attend SLA workshops at least until the first test. If student earns and maintains 83% or better, attendance at SLA is not required. A student that **does not** receive and then maintain an 83% or better is required to attend SLA.

COURSE OBJECTIVES: At the end of this course, the student will be able to:

1. Code ambulatory services and procedures using Level I, and principles for various providers.
2. Discuss the audit and appeal process for fraud and abuse issues.
3. Discuss coders Code of Ethics in the reimbursement process.

UNIT I

UNIT OBJECTIVE: At the completion of this unit, the student will be able to:

1. Apply CPT coding principles to correctly and completely code assigned exercises manually and using coding software.

UNIT I OUTLINE

A. Background

B. Overview

    1. Format of Book
       a. Guidelines
       b. Appendices
    2. Coding Conventions
       a. Symbols
    3. Modifiers
       a. Five digit code
       b. Two digit code
    4. Using Index

5. Six Sections of CPT
    a. Evaluation and Management
        1) Components of visit code selection for various health care settings
            a) History
            b) Physical
            c) Medical Decision Making
            d) Nature of presenting problem
            e) Counseling
            f) Coordination of care
            g) Time
        2) Documentation guidelines
    b. Anesthesia
        1) Physical status modifiers
        2) Anesthesia time
        3) Qualifying circumstances
    c. Surgery
        1) Separate procedures
        2) Multiple procedures
        3) Global surgery package
        4) Unbundling
    d. Radiology
        1) Diagnostic radiology
        2) Ultrasonography
        3) Radiation therapy
        4) Nuclear Medicine
    e. Laboratory
        1) Panel codes
        2) Chemistry test codes
        3) Surgical pathology codes
    f. Medicine
        1) Specialty subsections
        2) Special services and reports

UNIT II

UNIT OBJECTIVE: At the completion of this unit, the student will be able to:

1. Apply Level II and III codes when required by payor.

UNIT II OUTLINE – Level II (National codes)

A. Modifiers (Alpha)

B. Alpha-Numeric Codes

C. Coding Conventions

    1. Symbols

UNIT III

UNIT OBJECTIVE: At the completion of this unit, the student will be able to:

1. Define fraud and abuse.
2. Discuss various fraudulent and abuse activities.
3. Define and interpret the Comparative Performance Report.
4. Understand the audit and appeal process.
5. Define "whistle blower", "qui tam"
6. Discuss content and importance of compliance program

UNIT III OUTLINE – Fraud and Abuse

A.   Definitions and Examples

B.   Comparative Performance Report

C.   Audit Process

D.   Appeal Process

E.   Compliance Program

At the completion of this course, the following Registered Health Information Technician's domains, subdomains, and tasks will have been met:

I.   Domain: Healthcare Data

      4.   Validate coding accuracy using clinical information found in the health record.

    C.   Subdomain: Clinical Classification Systems – CPT Coding[2]

      1.   Assign procedure codes using CPT/HCPCS.

III. Domain: Healthcare Environment

    C.   Healthcare Information Requirements and Standards

      5.   Ensure facility-wide adherence to health information service's compliance with regulatory requirements (e.g., ICD-9-CM Cooperative Parties Coding Guidelines, HCFA Compliance Plan, and Correct Coding Initiative).

IV. Domain: Information Technology and Systems

    A.   Subdomain: Information Technology

      1.   Use common software packages (e.g., spreadsheets, databases, word processing, graphics, presentation, statistical, e-mail).

At the completion of this course, the following Registered Health Information Administrator's domains, subdomains, and tasks will have been met:

I.   Domain: Healthcare Data

    A.   Subdomain: Data Structure, Content, and Use

      4.   Validate coding accuracy using clinical information found in the health record.

C.   Subdomain: Clinical Classification Systems – CPT Coding[1]

III.   Domain: Healthcare Environment

C.   Healthcare Information Requirements and Standards

6.   Ensure facility-wide adherence to health information service's compliance with regulatory requirements (e.g., ICD-9-CM Cooperating Parties Coding Guidelines, HCFA Compliance Plan, Correct Coding Initiative).

IV.   Domain: Information Technology and Systems

A.   Subdomain: Information Technology

1.   Use common software packages (e.g., spreadsheets, databases, word processing, graphics, presentation, statistical, e-mail).

GENERAL POLICIES:

Academic Honesty: The purpose of this policy is to encourage a mature attitude toward learning, to establish sound academic morale, and to discourage illegitimate aid with examinations, class assignments, and laboratory work.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to obtain products or prepared materials, information about a quiz or examination, or copies of work that a student is assigned to do alone and not in collaboration with others. Plagiarism (copying) of written work is also considered an infraction of this policy.

Students are required to present their own work, except under circumstances where the instructor has requested or approved the joint efforts of a group of students.

The penalty for a first offense of willful cheating will be a grade of zero for the assignment. Cheating on a quiz or examination may mean failure of the course. The student may appeal any decision to the Program Director òr Department Head.

ADA Accommodations: Ferris State University maintains the Office of Disabilities Services to provide accommodations for students with special needs. Diabilities Services is the campus office responsible for determining and providing requested academic accommodations for students with disabilities. A variety of support services are provided to students with documented mobility limitations, learning disabilities, hearing and visual disabilities, attention deficit disorders, psychological disabilities, and other types of disabilities. Their mission statement is:

"The mission of Disabilities Services is to serve and advocate for students with disabilities, empowering them for self-reliance and independence while promoting equal access to educational opportuni-

ties and programs. Information, reasonable accommodation, and counseling are offered to students. Professional development is offered to faculty and staff."

In order for Disabilities Services to determine a student's eligibility for services, all students must complete the Intake Interview Form with the Educational Counselor for Students with Disabilities, and present appropriate documentation.

- Students with hearing disabilities must provide a Speech and Hearing Evaluation, or a Physician Statement of a Long-Term Disability Form that was completed within three (3) years of the date of application to Ferris State University's Disabilities Services.
- Students with functional disabilities (i.e., psychological or emotional impairments) may be requested to submit additional documentation that will assist Disabilities Services in clarifying the services that are most appropriate to the specific disability.

- Students with learning disabilities are required to submit documentation to verify their eligibility under Ferris' Policy on Education of Students with Disabilities. For purposes of evaluating requests for accommodations for learning disabilities, Disabilities Services relies upon the following definition: A qualified learning disabled person is a person having average to above average intelligence with a significant discrepancy between IQ (intellectual potential) and achievement (actual performance level), and average to greater achievement scores in at least one academic area as measured by an appropriate diagnostic instrument. (Pierangelo, R., and Guiliano, G., (1998) Special Educator's Complete Guide to 109 Diagnostic Tests, New York, The Center for Allied Research in Education).
- Students with a physical disability must provide a Physician's Statement of Long-Term Disability form.

Both the University and the Health Management programs are eager to help all students succeed. If you need further information concerning Disabilities Services, contact Ms. Eunice C. Merwin, ASC 1017, 231-591-3772, Eunice_C_Merwin@ferris.edu.

Disruptive Students: Any student that acts in a disruptive, inappropriate, and/or counter-productive behavior in thè classroom will be asked to leave the classroom and the course. If necessary, such a student will be dealt with according to Ferris State University policies.

Sexual Harassment: The University is very concerned about providing a positive working and learning environment for its employees and students, including those who are on internship. Part of that concern deals with the presence of sexual harassment resulting in an awkward situation in an internship site. Inappropriate conversations, inappropriate requests, and unwanted physical touching may be considered to be sexual harassment, especially if the actions continue after the recipient has asked that they cease.

You should be aware that you have recourse if such a situation occurs. There are really two things that you should do. The first is to let the Department Head Roger Daugherty (591-2313), know what is happening. He will assist you in walking through the process and in carrying out the next step which is notifying the supervisor of the individual acting inappropriately. We will support you through that process and monitor the situation to make sure that there is no retaliation by the individual doing the harassing. We all recognize that such situations are unpleasant at best.

Misconduct and Student Dignity: Policies on Misconduct and Student Dignity are found at the following website: http://www.ferris.edu/HTMLS/administration/trustees/board policy/5.htm

Withdrawal: The last day to withdraw from the class with a "W" is June 12. Failure to attend class does not constitute withdrawal. The student must follow proper procedure to formally withdraw from the course. Failure to do so will result in a failing grade.

Note: I, the instructor, reserve the right to change any of the aforementioned should the need arise. Should changes be made, you, the student, will be notified in class of the changes.

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES

MEDICAL RECORDS

MRIS 228 – INTRODUCTION TO MEDICAL BILLING AND REIMBURSEMENT

Summer 2006

COURSE DESCRIPTION: Introduction to Medical Billing and Reimbursement.

Students will be provided with an overview of the medical billing and reimbursement cycle. Study of major medical third party payers including coverage offered, patient eligibility requirements, billing guidelines and reimbursement methodologies. Students will have hands-on practice completing paper and electronic forms to obtain maximum reimbursement.   (2 cr.)

INSTRUCTOR: Sherri Gilbert

Ferris State University

Phone: (H) 231-592-9811 (Do not call after 10 p.m.)

E-Mail: tgilbert@tucker-usa.com

COURSE SCHEDULE: Tuesday, Wednesday, Thursday, Friday 12:00 – 2:35 pm
VFS 419

REQUIRED COURSE MATERIALS: Insurance Coding and Electronic Claims for

Medical Office with CD.   By: Shelley C. Safian, McGraw Hill Publication

MRIS 228 Course Pack

EVALUATION: Uniform grading scale for all medical records courses.

A 93-100	B- 80-82	D+ 67-69
A- 90-92	C+ 77-70	D 63-66
B+ 86-88	C 73-76	D- 60-62

B 83-85   **C-** 70-72   **F** Below 60

<u>Grade determination:</u>

Assignments are due and accepted only on date assigned by Instructor.

Failure to submit assignments will result in an automatic Deduction of 5% of the assigned points for each day that the assignment is late. Excused absences include medical excuses from a physician, family emergency, any other absences are at the instructor's discretion.

All exams are to be taken on the day scheduled by instructor. If you are absent due to illness or injury and want to make up the examination, you must notify the instructor prior to class and bring a medical excuse to the next scheduled class.

Unannounced quizzes may not be made up.

All students enrolled in the Medical Records Technology, Medical Records Administration, or Coding Specialist program must earn at least a grade of "C" (73%). If you earn less than a "C" (73%), you will be required to repeat the course.

ATTENDANCE: You are expected to attend and participate in all class meetings. Responsibility for class attendance and participation rest with you, the student. Class attendance and participation will be counted as an assignment grade worth 25 points.

COURSE OBJECTIVES: At the end of this course, the student will be able to:

1. Explain the life cycle of a claim

2. Determine major insurance program benefits and requirements

3. Correctly utilize medical billing and reimbursement terminology

4. Interpret information on patient benefits and reimbursement coverage

5. Correctly complete a paper and electronic 1500 and UB-92 claim form

6. Identify appropriate procedures when the insurance company refuses to pay or pays an unacceptable amount of the bill

7. Define APC

8. Explain how APC's have impact on hospitals

9. General understanding of the main functions of a chargemaster and how it relates to proper reimbursement.

MRIS 293

PROFESSIONAL PRACTICE 1

INTRODUCTION

The time has arrived! You are about to enter an exciting and challenging phase of your educational career – your technical internship. The value of your internship experience will be determined, in large part, by your **attitude, work ethic, and professionalism**. YOUR desire to learn and contribute is critical.

This manual is designed to guide both you and your Site Coordinator through your internship. **You are asked to read it carefully prior to your arrival at the internship site**. It will guide you in acquiring an overall experience in the working environment, and assist you in functioning more effectively within a Healthcare Organization (HCO).

OVERVIEW

During your 240 hour full-time internship, you will be assigned to the health information management department. This will give you exposure to the many related functions necessary to effectively manage an operational area. It will also give you an opportunity to work extensively with a primary group of practitioners, an opportunity to see day-to-day operations of the department. This is an opportunity to learn about the practical side of healthcare from the practitioners themselves.

The assignment requirements of this internship are intended to benefit both the HCO and you. You will benefit the HCO by:
1. Adding an extra pair of hands,
2. Devoting energy, knowledge, and research to awaiting projects,
3. Providing an 'extra body' to perform required duties,

and benefit yourself by:

1. Gaining an appreciation of the complexity of healthcare,
2. Gaining in depth knowledge of a clinical service area,
3. Touring the departments in an acute care setting, and
4. Networking with myriad healthcare professionals.

Written Projects

Weekly reports are to be in memo format. E-mail each memo as an 'attachment' to your FSU Faculty Member. Each memo is worth 10 points (60 points for 6 weeks).

All projects are to be computer generated except for activity checklists. Send the original to your FSU Faculty Member at Ferris State University. For all activity sheets there is an attachments in this manual. You send the attachment to your FSU Faculty Member. Whenever possible, attach samples of department reports.

Projects will be retained by the FSU Health Administration Programs Department; you may want to make copies for yourself.

Contact your FSU Faculty Member if you are unable to adhere to the due date as specified.

Departmental Contribution

You will be working within the department on a day-to-day basis and you are expected to assist with different tasks, in addition to your assigned projects.

Progress and Site Coordinator Evaluation of the Student

Your Site Coordinator has been asked to periodically discuss the status of expectations, needs, and interests with you. This should serve to keep both of you on the right track. The Site Coordinator will be requested to evaluate you during the third week of the internship. All completed evaluations will be sent to your FSU Faculty Member. Additional evaluations may be requested if your progress is unsatisfactory. Each evaluation should be discussed with you. You are required to review and sign the evaluation. Your signature indicates that the evaluation has been reviewed, it does not indicate agreement.

An unsatisfactory evaluation could result in an academic warning. Under severe circumstances, the student may be removed from the internship experience.

A 'Site Coordinator's Final Assessment of Intern's Performance' will be completed during the final week of your internship. Again, this evaluation should be discussed with you, reviewed, and signed by you.

Grade Determination

All projects and Site Coordinator evaluations will be sent to and graded by the FSU Faculty Member, he or she is responsible for determining your final grade. See page 18, **Assignments Requirements and Point Allocation.**

INTERNSHIP HOURS AND WORK ROTATION

You will complete 240 hours (6 weeks x 40 hours per week) of a hospital based internship at the designated site; work schedule will be determined by the site. You must contact the site at least two (2) weeks before the start of the internship to determine arrival time.

INTERNSHIP FSU FACULTY MEMBERS

Paula Hagstrom	Cindy Konrad	Marie Sickelsteel
VFS 400	VFS 413	VFS 412
231 591-2316	231 591-2298	231 591-2321
hagstrop@ferris.edu	konradc@ferris.edu	sickelsm@ferris.edu

Address to: (name of FSU Faculty Member)
VFS _____
Ferris State University
200 Ferris Drive
Big Rapids, MI 49307

You will be monitored by a FSU Faculty Member during your internship. Visits _may_ be held in conjunction with other students. A Intern or Site Coordinator experiencing problems may request an on-site visit.

If you are unable to reach your FSU Faculty Member, contact the internship coordinator or department head:

Marie Sickelsteel   Roger Daugherty
Internship Coordinator   Department Head
231 591-2321   231 591- 2313
sickelsm@ferris.edu   daugherr@ferris.edu

OTHER

Professional courtesy and a respect for confidentiality should be exhibited at all times. You are the guest of the HCO.

When copies of reports are requested as part of your project, delete all name specific references for the HCO and personnel that may be noted. Specific titles and 'Hospital', 'Community Hospital', 'County Hospital', and other generic terms should remain.

Your learning curve will be directly tied to your approach to securing information. Requesting **sources** of data, rather than specific answers, enhances your professional competence and value to the HCO. In large part, the value of your hospital-based internship rests in **YOUR** hands.

Interactions at Internship Site

During your internship, you will meet and interact with many different people. As a intern, it is your responsibility to "fit" into this new environment. It is expected that you exhibit a professional attitude toward these individuals at all times.

1. When interacting with physicians, you should:
    *   Address him/her by the title "Doctor", never "Doc"!
    *   Willingly conform to the physician's requests or directives where these are applicable to departmental protocols.
    *   If the physician wishes you to perform some task that is contrary to departmental protocol, report it to your supervisor member who will make the appropriate decision, and
    *   Be polite at all times.

2. When interacting with Site Coordinator and departmental staff, you should:

    *   Treat the staff and their work with respect, and refrain from verbalizing judgments and criticisms about their performance.
    *   Refrain from loud talking, rudeness, and socializing. They are out of place in any department.

3. When interacting with patients, you should:

    *   Use tact and diplomacy at all times.
    *   Refrain from any discussion of the patient or his/her medical care, unless such discussion is related to your assigned tasks.
    *   Handle every record in strict conformance with HCO and departmental policies and procedures. REMEMBER THAT FAILURE TO MAINTAIN CONFIDENTIALITY MAY WARRANT DISMISSAL FROM THE PROGRAM.

"THANK YOUs"

Professional courtesy suggests a follow-up after you complete your internship. Please prepare and mail "thank-you" notes to your Site Coordinator and the department where you spent your internship. These notes should be hand written. Forward a copy of your thank you note to your FSU Faculty Member.

(PROOF READ carefully before mailing!)

INTERNSHIP POLICIES

1. The FSU Academic Calendar will be followed regarding holidays and recesses. No intern is allowed at the site during these specified dates. Time must be made up. Your site coordinator will be advised of these dates.

2. Contact your Site Coordinator at least two (2) weeks before the starting date to determine hours you will be working.

3. You are expected to follow the dress code for the HCO. Contact your Site Coordinator prior to the first day regarding acceptable dress during your internship.

4. You are to report to the internship site at 9:00 A.M. on the first morning unless otherwise previously arranged with the Site Coordinator.

5. It is important that you report to work on time. If you must be late, report to your Site Coordinator prior to the time that you are supposed to report to work. All lost time must be made up.

6. You will be working a minimum 8 hours per day, 40 hours per week; unless other hours have been prearranged.

7. The Site Coordinator can schedule evening, night, or weekend shifts in your schedule if it is felt that it would be helpful to your learning experience.

8. You should make every effort not to miss work. If you absolutely have to be absent, be sure to inform your Site Coordinator prior to the time you are scheduled for work. Check with your Site Coordinator to see when you are to make up the time.

9. While at the internship site, you are responsible to the Site Coordinator or their designee. You are expected to follow the policies of the internship site concerning breaks, parking, personal telephone calls, etc., as well as all departmental and hospital policies and regulations. It is **your** responsibility to know and understand the rules and regulations.

10. If any problems arise, they should be brought to the attention of your Site Coordinator. However, the FSU Faculty Member is available by phone should you need consultation at any time. You will be advised as to which FSU Faculty Member will be supervising your internship.

11. Remember that you may be sharing your experience with the rest of the class following your internship. You should be prepared to give a presentation on some aspect of the experience. Unique or interesting experiences are worthy of sharing.

12. You are responsible for costs incurred during internship -- housing, food, transportation, parking, and for miscellaneous items, both on and off campus.

13. Before leaving your assigned work areas, prepare a detailed list denoting the status of HCO assigned projects. Include information that will be useful to the person who will complete the project, e.g., location of bulky materials, sources of input, and where you may be contacted. Notify, in person, the appropriate departmental personnel, and discuss this status report so that arrangements may be made for completion of projects.

14. Attending meetings is an excellent opportunity for exposure to committee/project activities and to observe group dynamics. Communicate with your Site Coordinator about upcoming meetings that you will be permitted to attend. Remember that as a guest you show respect by showing interest in the proceedings.

15. Personal telephone calls are not to be made within the department or during working hours.

16. You will be scheduled to be involved with a variety of functions. During this time, you will collect information for your projects. *Project completion is not to be done during your internship working hours, unless permission is granted by your Site Coordinator.*

17. Should you become ill while on duty, notify your Site Coordinator. Arrangements will be made for medical attention as appropriate with existing departmental procedures. You are responsible for the costs incurred in this treatment.

18. ADA (Americans with Disabilities Act) – You must notify your HCO site of any disability that needs special consideration.

19. INTERNSHIP TERMINATION – Unsatisfactory internship progress or conduct could result in an academic or disciplinary termination from the internship. If there is evidence that termination may occur, the FSU Faculty Member will be notified by the Site Coordinator. A meeting between the student and the FSU Faculty Member will be scheduled to obtain the facts. A meeting of the Site Coordinator and FSU Faculty Member will follow. At this time, a decision will be made as to whether the student intern will continue in the internship.

20. APPEAL – Each student will have the right to appeal an academic or disciplinary termination from an affiliation site.

    The student intern shall first appeal within five (5) working days to the Department Head of the Clinical Lab., Respiratory, and Health Administration Programs, who shall inform the student intern of his/her decision in writing within three (3) working days.

    The Final Step in the appeal process shall rest with the Dean of the College of Allied Health Sciences. If any student intern wishes to appeal the decision of the Department Head of the Clinical Lab., Respiratory, and Health Administration Programs, he/she shall file an appeal within five (5) working days to the Dean of the College of Allied Health Sciences. The Dean shall meet with the student intern and render a written decision within five (5) working days.

    If a student is removed from an internship site, that entire internship will have to be repeated.

21. Enjoy your internship! *Open yourself to this valuable experience, begin networking, and challenge yourself. Remember – your growth is directly related to your proactive involvement and follow through.*

AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION
DOMAINS, TASKS, AND SUBTASKS

HIM BACCALAUREATE DEGREE ENTRY-LEVEL COMPETENCIES

1 HEALTH DATA MANAGEMENT

 1.1 HEALTH DATA STRUCTURE, CONTENT AND STANDARDS
 1.1.1 MANAGE HEALTH DATA (SUCH AS DATA ELEMENTS, DATA SETS, AND DATABASES).
 1.1.2 ENSURE THAT DOCUMENTATION IN THE HEALTH RECORD SUPPORT THE DIAGNOSIS AND REFLECTS THE PATIENT'S PROGRESS, CLINICAL FINDINGS, AND DISCHARGE STATUS.
 1.1.3 MAINTAIN PROCESSES, POLICIES, AND PROCEDURES TO ENSURE THE ACCURACY OF CODED DATA.
 1.1.4 MONITOR USE OF CLINICAL VOCABULARIES AND TERMINOLOGIES USED IN THE ORGANIZATION'S HEALTH INFORMATION SYSTEMS.

 1.2 HEALTHCARE INFORMATION REQUIREMENTS AND STANDARDS
 1.2.1 DEVELOP ORGANIZATION-WIDE HEALTH RECORD DOCUMENTATION GUIDELINES.
 1.2.2 MAINTAIN ORGANIZATIONAL COMPLIANCE WITH REGULATIONS AND STANDARDS.
 1.2.3 ENSURE ORGANIZATIONAL SURVEY READINESS FOR ACCREDITATION, LICENSING AND/OR CERTIFICATION PROCESSES.

 1.3 CLINICAL CLASSIFICATION SYSTEMS
 1.3.1 SELECT ELECTRONIC APPLICATIONS FOR CLINICAL CLASSIFICATION AND CODING.
 1.3.2 IMPLEMENT AND MANAGE APPLICATIONS AND PROCESSES FOR CLINICAL CLASSIFICATION AND CODING.

 1.4 REIMBURSEMENT METHODOLOGIES
 1.4.1 MANAGE THE USE OF CLINICAL DATA REQUIRED IN PROSPECTIVE PAYMENT SYSTEMS (PPS) IN HEALTHCARE DELIVERY.
 1.4.2 MANAGE THE USE OF CLINICAL DATA REQUIRED IN OTHER REIMBURSEMENT SYSTEMS IN HEALTHCARE DELIVERY.
 1.4.3 PARTICIPATE IN SELECTION AND DEVELOPMENTOF APPLICATIONS AND PROCESSES FOR CHARGEMASTER AND CLAIMS MANAGEMENT.
 1.4.4 IMPLEMENT AND MANAGE PROCESSES FOR COMPLIANCE AND REPORTING SUCH AS THE NATIONAL CORRECT CODING INITIATIVE.

2 HEALTH STATISTICS, BIOMEDICAL RESEARCH AND QUALITY MANAGEMENT
 2.1 HEALTHCARE STATISTICS AND RESEARCH
 2.1.1 MANAGE CLINICAL INDICES/DATABASES/REGISTRIES.
 2.1.2 ANALYZE AND PRESENT DATA FOR QUALITY MANAGEMENT, UTILIZATION MANAGEMENT, RISK MANAGEMENT, AND OTHER RELATED STUDIES.
 2.1.3 UTILIZE STATISTICAL SOFTWARE.
 2.1.4 ENSURE ADHERENCE TO INSTITUTIONAL REVIEW BOARD (IRB) PROCESSES AND POLICIES.

 2.2 QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT
 2.2.1 ORGANIZE AND COORDINATE FACILITY-WIDE QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT PROGRAMS.
 2.2.2 ANALYZE CLINICAL DATA TO IDENTIFY TRENDS.
 2.2.3 ANALYZE AND PRESENT DATA FOR HEALTHCARE DECISION-MAKING (SUCH AS DEMONSTRATING QUALITY, SAFETY, AND EFFECTIVENESS OF HEALTHCARE).

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3 HEALTH SERVICES ORGANIZATION AND DELIVERY
 3.1 HEALTHCARE DELIVERY SYSTEMS
  3.1.1 MONITOR THE IMPACT OF NATIONAL HEALTH INFORMATION INITIATIVES ON THE HEALTHCARE DELIVERY SYSTEM FOR APPLICATION TO INFORMATION SYSTEM POLICIES AND PROCEDURES.
  3.1.2 INTERPRET, COMMUNICATE, AND APPLY CURRENT LAWS, ACCREDITATION, LICENSURE AND CERTIFICATION STANDARDS RELATED TO HEALTH INFORMATION INITIATIVES AT THE NATIONAL, STATE, LOCAL, AND FACILITY LEVELS.
  3.1.3 ANALYZE AND RESPOND TO THE INFORMATION NEEDS OF INTERNAL AND EXTERNAL CUSTOMERS THROUGHOUT THE CONTINUUM OF HEALTHCARE SERVICES.
  3.1.4 REVISE POLICIES AND PROCEDURES TO COMPLY WITH CHANGING HEALTH INFORMATION REGULATIONS.
  3.1.5 TRANSLATE AND INTERPRET HEALTH INFORMATION FOR CONSUMERS AND ADVOCATES.

 3.2 HEALTHCARE PRIVACY, CONFIDENTIALITY, LEGAL, AND ETHICAL ISSUES
  3.2.1 COORDINATE THE IMPLEMENTATION OF LEGAL AND REGULATORY REQUIREMENTS RELATED TO THE HEALTH INFORMATION INFRASTRUCTURE.
  3.2.2 MANAGE ACCESS AND DISCLOSURE OF PERSONAL HEALTH INFORMATION.
  3.2.3 DEVELOP AND IMPLEMENT ORGANIZATION-WIDE CONFIDENTIALITY POLICIES AND PROCEDURES.
  3.2.4 DEVELOP AND IMPLEMENT PRIVACY TRAINING PROGRAMS.
  3.2.5 RESOLVE PRIVACY ISSUES/PROBLEMS.
  3.2.6 APPLY AND PROMOTE ETHICAL STANDARDS OF PRACTICE.

4 INFORMATION TECHNOLOGY & SYSTEMS
 4.1 INFORMATION AND COMMUNICATION TECHNOLOGIES
  4.1.1 IMPLEMENT AND MANAGE USE OF TECHNOLOGY, INCLUDING HARDWARE AND SOFTWARE, TO ENSURE DATA COLLECTION, STORAGE, ANALYSIS AND REPORTING OF INFORMATION.
  4.1.2 CONTRIBUTE TO THE DEVELOPMENT OF NETWORKS, INCLUDING INTRANET AND INTERNET APPLICATIONS TO FACILITATE THE ELECTRONIC HEALTH RECORD (EHR), PERSONAL HEALTH RECORD (PHR), PUBLIC HEALTH, AND OTHER ADMINISTRATIVE APPLICATIONS.
  4.1.3 INTERPRET THE DERIVATION AND USE OF STANDARDS TO ACHIEVE INTEROPERABILITY OF HEALTHCARE INFORMATION SYSTEMS.

 4.2 DATA, INFORMATION, AND FILE STRUCTURES
  4.2.1 APPLY KNOWLEDGE OF DATA BASE ARCHITECTURE AND DESIGN (SUCH AS DATA DICTIONARY, DATA MODELING, DATA WAREHOUSING, AND SO ON) TO MEET ORGANIZATIONAL NEEDS.

 4.3 DATA STORAGE AND RETRIEVAL
  4.3.1 APPLY APPROPRIATE ELECTRONIC OR IMAGING TECHNOLOGY FOR DATA/RECORD STORAGE.
  4.3.2 APPLY KNOWLEDGE OF DATABASE QUERYING AND DATA MINING TECHNIQUES TO FACILITATE INFORMATION RETRIEVAL.
  4.3.3 IMPLEMENT AND MANAGE KNOWLEDGE-BASED APPLICATIONS TO MEET END-USER INFORMATION REQUIREMENTS.
  4.3.4 DESIGN AND GENERATE ADMINISTRATIVE REPORTS USING APPROPRIATE SOFTWARE.

 4.4 DATA SECURITY
  4.4.1 ENFORCE CONFIDENTIALITY AND SECURITY MEASURES TO PROTECT ELECTRONIC HEALTH INFORMATION.
  4.4.2 PROTECT DATA INTEGRITY AND VALIDITY USING SOFTWARE OR HARDWARE TECHNOLOGY.
  4.4.3 IMPLEMENT AND MONITOR DEPARTMENT AND ORGANIZATIONAL DATA AND INFORMATION SYSTEM SECURITY POLICIES.

4.4.4 RECOMMEND ELEMENTS THAT MUST BE INCLUDED IN THE DESIGN OF AUDIT TRAIL AND DATA QUALITY MONITORING PROGRAMS.

4.4.5 RECOMMEND ELEMENTS THAT SHOULD BE INCLUDED IN THE DESIGN AND IMPLEMENTATION OF RISK ASSESSMENT, CONTINGENCY PLANNING, AND DATA RECOVERY PROCEDURES.

4.5 HEALTHCARE INFORMATION SYSTEMS

4.5.1 COMPARE AND CONTRAST THE VARIOUS CLINICAL, ADMINISTRATIVE, AND SPECIALTY SERVICE APPLICATIONS USED IN HEALTHCARE ORGANIZATIONS.

4.5.2 APPLY APPROPRIATE SYSTEMS LIFE CYCLE CONCEPTS, INCLUDING SYSTEMS ANALYSIS, DESIGN IMPLEMENTATION, EVALUATION, AND MAINTENANCE TO THE SELECTION OF HEALTHCARE INFORMATION SYSTEMS.

4.5.3 FACILITATE PROJECT MANAGEMENT BY INTEGRATING WORK EFFORTS, AS WELL AS PLANNING AND EXECUTING PROJECT TASKS AND ACTIVITIES.

4.5.4 FORMULATE PLANNING, DESIGN, SELECTION, IMPLEMENTATION, INTEGRATION, TESTING, EVALUATION, AND SUPPORT FOR ORGANIZATION-WIDE INFORMATION SYSTEMS.

4.5.5 APPLY ERGONOMIC AND HUMAN FACTORS IN INTERFACE DESIGN.

5 ORGANIZATION AND MANAGEMENT

5.1 HUMAN RESOURCES MANAGEMENT

5.1.1 MANAGE HUMAN RESOURCES TO FACILITATE STAFF RECRUITMENT, RETENTION, AND SUPERVISION.

5.1.2 ENSURE COMPLIANCE WITH EMPLOYMENT LAWS.

5.1.3 DEVELOP AND IMPLEMENT STAFF ORIENTATION AND TRAINING PROGRAMS.

5.1.4 DEVELOP AND IMPLEMENT CONTINUING EDUCATION PROGRAMS.

5.1.5 DEVELOP PRODUCTIVITY STANDARDS FOR HEALTH INFORMATION FUNCTIONS.

5.1.6 MONITOR STAFFING LEVELS AND PRODUCTIVITY, AND PROVIDE FEEDBACK TO STAFF REGARDING PERFORMANCE.

5.1.7 BENCHMARK STAFF PERFORMANCE DATA.

5.1.8 DEVELOP, MOTIVATE, AND SUPPORT WORK TEAMS.

5.2 FINANCIAL AND RESOURCE MANAGEMENT

5.2.1 DEMONSTRATE KNOWLEDGE OF FINANCIAL MANAGEMENT AND ACCOUNTING PRINCIPLES.

5.2.2 PREPARE AND MONITOR BUDGETS AND CONTRACTS.

5.2.3 DEMONSTRATE AND APPLY KNOWLEDGE OF COST-BENEFIT ANALYSIS TECHNIQUES TO JUSTIFY RESOURCE NEEDS.

5.2.4 MANAGE ORGANIZATION-WIDE CODING AND REVENUE CYCLE PROCESSES.

5.3 STRATEGIC PLANNING AND ORGANIZATIONAL DEVELOPMENT

5.3.1 DEVELOP STRATEGIC AND OPERATIONAL PLANS FOR FACILITY-WIDE INFORMATION SYSTEMS.

5.3.2 ASSESS ORGANIZATION-WIDE INFORMATION NEEDS.

5.3.3 FACILITATE RETRIEVAL, INTERPRETATION, AND PRESENTATION OF DATA/INFORMATION APPROPRIATE TO USER NEEDS.

5.3.4 DEMONSTRATE AND APPLY PRINCIPLES OF ORGANIZATION BEHAVIOR TO FACILITATE TEAM BUILDING, NEGOTIATION, AND CHANGE MANAGEMENT.

5.4 PROJECT AND OPERATION MANAGEMENT

5.4.1 APPLY GENERAL PRINCIPLES OF MANAGEMENT IN THE ADMINISTRATION OF HEALTH INFORMATION SERVICES.

5.4.2 ASSIGN PROJECTS AND TASKS TO APPROPRIATE STAFF.

5.4.3 IMPLEMENT PROCESS ENGINEERING AND PROJECT MANAGEMENT TECHNIQUES TO ENSURE EFFICIENT WORKFLOW AND APPROPRIATE OUTCOMES.

HIM ASSOCIATE DEGREE ENTRY-LEVEL COMPETENCIES

1 HEALTH DATA MANAGEMENT

   1.1   HEALTH DATA STRUCTURE, CONTENT AND STANDARDS
- 1.1.1 COLLECT AND MAINTAIN HEALTH DATA (E.G. DATA ELEMENTS, DATA SETS AND DATABASES).
- 1.1.2 CONDUCT ANALYSIS TO ASSURE THAT DOCUMENTATION IN THE HEALTH RECORD SUPPORTS THE DIAGNOSIS AND REFLECTS THE PROGRESS, CLINICAL FINDINGS AND DISCHARGE STATUS.
- 1.1.3 APPLY POLICIES AND PROCEDURES TO ASSURE THE ACCURACY OF HEALTH DATA.
- 1.1.4 CONTRIBUTE TO THE DEFINITIONS FOR AND APPLY CLINICAL VOCABULARIES AND TERMINOLOGIES USED IN THE ORGANIZATION'S HEALTH INFORMATION SYSTEMS.
- 1.1.5 VERIFY TIMELINESS, COMPLETENESS, ACCURACY, AND APPROPRIATENESS OF DATA AND DATA SOURCES FOR PATIENT CARE, MANAGEMENT, BILLING REPORTS, REGISTRIES AND/OR DATABASES.

   1.2   HEALTHCARE INFORMATION REQUIREMENTS AND STANDARDS
- 1.2.1 MONITOR AND APPLY ORGANIZATION-WIDE HEALTH RECORD DOCUMENTATION GUIDELINES.
- 1.2.2 APPLY POLLICIES AND PROCEDURES TO ASSURE ORGANIZATIONAL COMPLIANCE WITH REGULATIONS AND STANDARDS.
- 1.2.3 REPORT COMPLIANCE FINDINGS ACCORDING TO ORGANIZATIONAL POLICY.
- 1.2.4 MAINTAIN THE ACCURACY AND COMPLETENESS OF THE PATIENT RECORD AS DEFINED BY ORGANIZATIONAL POLICY AND EXTERNAL REGULATIONS AND STANDARDS.
- 1.2.5 ASSIST IN PREPARING THE ORGANIZATION FOR ACCREDITATION, LICENSING AND/OR CERTIFICATION SURVEYS.

   1.3   CLINICAL ELECTRONIC CLASSIFICATION SYSTEMS
- 1.3.1 USE AND MAINTAIN ELECTRONIC APPLICATIONS FOR CLINICAL CLASSIFICATION AND CODING.
- 1.3.2 APPLY DIAGNOSIS/PROCEDURE CODES USING ICD-9-CM
- 1.3.3 APPLY PROCEDURE CODES USING CPT/HCPCS.
- 1.3.4 ASSURE ACCURACY OF DIAGNOSTIC/PROCEDURAL GROUPINGS SUCH AS DRG, APC, ETC.
- 1.3.5 ADHERE TO CURRENT REGULATIONS AND ESTABLISHED GUIDELINES IN CODE ASSIGNMENT.
- 1.3.6 VALIDATE CODING ACCURACY USING CLINICAL INFORMATION FOUND IN THE HEALTH RECORD.
- 1.3.7 USE AND MAINTAIN APPLICATIONS AND PROCESSES TO SUPPORT OTHER CLINICAL CLASSIFICATION AND NOMENCLATURE SYSTEMS (EX. ICD-10-CM, SNOMED, ETC.)
- 1.3.8 RESOLVE DISCREPANCIES BETWEEN CODED DATA AND SUPPORTING DOCUMENTATION.

   1.4   REIMBURSEMENT METHODOLOGIES
- 1.4.1 APPLY POLICIES AND PROCEDURES FOR THE USE OF CLINICAL DATA REQUIRED IN REIMBURSEMENT AND PROSPECTIVE PAYMENT SYSTEMS (PPS) IN HEALTHCARE DELIVERY.
- 1.4.2 SUPPORT ACCURATE BILLING THROUGH CODING, CHARGEMASTER, CLAIMS MANAGEMENT AND BILL RECONCILIATION PROCESSES.
- 1.4.3 USE ESTABLISHED GUIDELINES TO COMPLY WITH REIMBURSEMENT AND REPORTING REQUIREMENTS SUCH AS THE NATIONAL CORRECT CODING INITIATIVE.
- 1.4.4 COMPILE PATIENT DATA AND PERFORM DATA QUALITY REVIEWS TO VALIDATE CODE ASSIGNMENT AND COMPLIANCE WITH REPORTING REQUIREMENTS SUCH AS OUTPATIENT PROSPECTIVE PAYMENT SYSTEMS.

2 HEALTH STATISTICS, BIOMEDICAL RESEARCH AND QUALITY MANAGEMENT
   2.1   HEALTHCARE STATISTICS AND RESEARCH
- 2.1.1 ABSTRACT AND MAINTAIN DATA FOR CLINICAL INDICES/DATABASES/REGISTRIES.
- 2.1.2 COLLECT, ORGANIZE AND PRESENT DATA FOR QUALITY MANAGEMENT, UTILIZATION MANAGEMENT, RISK MANAGEMENT, AND OTHER RELATED STUDIES.

2.1.3   COMPUTE AND INTERPRET HEALTHCARE STATISTICS.

2.1.4   APPLY INSTITUTIONAL REVIEW BOARD (IRB) PROCESSES AND POLICIES.

2.1.5   USE SPECIALIZED DATABASES TO MEET SPECIFIC ORGANIZATION NEEDS SUCH AS MEDICAL RESEARCH AND DISEASE REGISTRIES.

2.2   QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

2.2.1   ABSTRACT AND REPORT DATA FOR FACILITY-WIDE QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT PROGRAMS.

2.2.2   ANALYZE CLINICAL DATA TO IDENTIFY TRENDS THAT DEMONSTRATE QUALITY, SAFETY AND EFFECTIVENESS OF HEALTHCARE..

3   HEALTH SERVICES ORGANIZATION AND DELIVERY

3.1   HEALTHCARE DELIVERY SYSTEMS

3.1.1   APPLY INFORMATION SYSTEM POLICIES AND PROCEDURES REQUIRED BY NATIONAL HEALTH INFORMATION INITIATIVES ON THE HEALTHCARE DELIVERY SYSTEM.

3.1.2   APPLY CURRENT LAWS, ACCREDITATION, LICENSURE AND CERTIFICATION STANDARDS RELATED TO HEALTH INFORMATION INITIATIVES AT THE NATIONA, STATE, LOCAL, AND FACILITY LEVELS.

3.1.3   APPLY POLICIES AND PROCEDURES TO COMPLY WITH CHANGING HEALTH INFORMATION REGULATIONS AMONG VARIOUS PAYMENT SYSTEMS FOR HEALTHCARE SERVICES SUCH AS MEDICARE, MEDICAID, MANAGED CARE, ETC.

3.1.4   DIFFERENTIATE THE ROLES OF VARIOUS PROVIDERS AND DISCIPLINES THROUGHOUT THE CONTINUUM OF HEALTHCARE AND RESPOND TO THEIR INFORMATION NEEDS.

3.2   HEALTHCARE PRIVACY, CONFIDENTIALITY, LEGAL, AND ETHICAL ISSUES

3.2.1   PARTICIPATE IN THE IMPLEMENTATION OF LEGAL AND REGULATORY REQUIREMENTS RELATED TO THE HEALTH INFORMATION INFRASTRUCTURE.

3.2.2   APPLY POLICIES AND PROCEDURES FOR ACCESS AND DISCLOSURE OF PERSONAL HEALTH INFORMATION.

3.2.3   RELEASE PATIENT-SPECIFIC DATA TO AUTHORIZED USERS.

3.2.4   MAINTAIN USER ACCESS LOGS/SYSTEMS TO TRACK ACCESS TO AND DISCLOSURE OF IDENTIFIABLE PATIENT DATA.

3.2.5   CONDUCT PRIVACY AND CONFIDENTIALITY TRAINING PROGRAMS.

3.2.6   INVESTIGATE AND RECOMMEND SOLUTIONS TO PRIVACY ISSUES/PROBLEMS.

3.2.7   APPLY AND PROMOTE ETHICAL STANDARDS OF PRACTICE.

4   INFORMATION TECHNOLOGY & SYSTEMS

4.1   INFORMATION AND COMMUNICATION TECHNOLOGIES

4.1.1   USE TECHNOLOGY, INCLUDING HARDWARE AND SOFTWARE, TO ENSURE DATA COLLECTION, STORAGE, ANALYSIS AND REPORTING OF INFORMATION.

4.1.2   USE COMMON SOFTWARE APPLICATIONS (E.G., SPREADSHEETS, DATABASES, WORD PROCESSING, GRAPHICS, PRESENTATION, EMAIL, ETC.) IN THE EXECUTION OF WORK PROCESSES.

4.1.3   USE SPECIALIZED SOFTWARE IN THE COMPLETION OF HIM PROCESSES SUCH AS RECORD TRACKING, RELEASE OF INFORMATION, CODING GROUPING, REGISTRIES, BILLING, QUALITY IMPROVEMENT, AND IMAGING.

4.1.4   APPLY POLICIES AND PROCEDURES TO THE USE OF NETWORKS, INCLUDING INTRANET AND INTERNET APPLICATIONS TO FACILITATE THE ELECTRONIC HEALTH RECORD (EHR), PERSONAL HEALTH RECORD (PHR), PUBLIC HEALTH, AND OTHER ADMINISTRATIVE APPLICATIONS.

4.2   DATA, INFORMATION, AND FILE STRUCTURES

4.2.1   APPLY KNOWLEDGE OF DATA BASE ARCHITECTURE AND DESIGN (SUCH AS DATA DICTIONARY, DATA MODELING, DATA WAREHOUSING, AND SO ON) TO MEET ORGANIZATIONAL NEEDS.

4.3   DATA STORAGE AND RETRIEVAL

     4.3.1   USE APPROPRIATE ELECTRONIC OR IMAGING TECHNOLOGY FOR DATA/RECORD STORAGE.

     4.3.2   QUERY AND GENERATE REPORTS TO FACILITATE INFORMATION RETRIEVAL.

     4.3.3   DESIGN AND GENERATE REPORTS USING APPROPRIATE SOFTWARE.

     4.3.4   MAINTAIN ARCHIVAL AND RETRIEVAL SYSTEMS FOR PATIENT INFORMATION STORED IN MULTIPLE FORMATS.

     4.3.5   COORDINATE, USE AND MAINTAIN SYSTEMS FOR DOCUMENT IMAGING AND STORAGE.

4.4   DATA SECURITY

     4.4.1   APPLY CONFIDENTIALITY AND SECURITY MEASURES TO PROTECT ELECTRONIC HEALTH INFORMATION.

     4.4.2   PROTECT DATA INTEGRITY AND VALIDITY USING SOFTWARE OR HARDWARE TECHNOLOGY.

     4.4.3   APPLY DEPARTMENTAL AND ORGANIZATIONAL DATA AND INFORMATION SYSTEM SECURITY POLICIES.

     4.4.4   USE AND SUMMARIZE DATA COMPLIED FROM AUDIT TRAIL AND DATA QUALITY MONITORING PROGRAMS.

     4.4.5   CONTRIBUTE TO THE DESIGN AND IMPLEMENTATION OF RISK ASSESSMENT, CONTINGENCY PLANNING, AND DATA RECOVERY PROCEDURES.

4.5   HEALTHCARE INFORMATION SYSTEMS

     4.5.1   PARTICIPATE IN THE PLANNING, DESIGN, SELECTION, IMPLEMENTATION, INTEGRATION, TESTING, EVALUATION, AND SUPPORT FOR ORGANIZATION-WIDE INFORMATION SYSTEMS.

     4.5.2   USE THE PRINCIPLES OF ERGONOMIC AND HUMAN FACTORS IN INTERFACE DESIGN.

5   ORGANIZATION AND MANAGEMENT

5.1   HUMAN RESOURCES MANAGEMENT

     5.1.1   APPLY THE FUNDAMENTALS OF TEAM LEADERSHIP.

     5.1.2   ORGANIZE AND CONTRIBUTE TO WORK TEAMS AND COMMITTEES.

     5.1.3   CONDUCT CONTINUING EDUCATION PROGRAMS.

     5.1.4   MONITOR STAFFING LEVELS AND PRODUCTIVITY, AND PROVIDE FEEDBACK TO STAFF REGARDING PERFORMANCE.

     5.1.5   COMMUNICATE BENCHMARK STAFF PERFORMANCE DATA.

     5.1.6   PRIORITIZE JOB FUNCTIONS AND ACTIVITIES.

     5.1.7   USE QUALITY IMPROVEMENT TOOLS AND TECHNIQUES TO MONITOR, REPORT AND IMPROVE PROCESSES.

5.2   FINANCIAL AND RESOURCE MANAGEMENT

     5.2.1   MAKE RECOMMENDATIONS FOR ITEMS TO INCLUDE IN BUDGETS AND CONTRACTS.

     5.2.2   MONITOR AND ORDER SUPPLIES NEEDED FOR WORK PROCESSES.

     5.2.3   MONITOR CODING AND REVENUE CYCLE PROCESSES.

     5.2.4   RECOMMEND COST-SAVING AND EFFICIENT MEANS OF ACHIEVING WORK PROCESSES AND GOALS.

     5.2.5   CONTRIBUTE TO WORK PLANS, POLICIES, PROCEDURES, AND RESOURCE REQUISITIONS IN RELATION TO JOB FUNCTIONS.

OBJECTIVES

1.	Attend the HCO orientation session for new employees.
2.	ADHERE TO THE DRESS CODE.
3.	ABIDE BY THE EMPLOYEE RULES AND REGULATIONS OF THE INTERNSHIP.
4.	ABIDE BY THE AIMA CODE OF ETHICS.
5.	MAINTAIN A COOPERATIVE ATTITUDE THROUGHOUT THE CLINICAL EXPERIENCE.
6.	ACCEPT RESPONSIBILITY FOR ASSIGNED TASKS (PROJECT) AND FOR INITIATING DISCUSSION THAT WILL ENHANCE THE LEARNING EXPERIENCE.
7.	REPRESENT THE HEALTH INFORMATION MANAGEMENT PROGRAM AT FERRIS STATE UNIVERSITY IN A PROFESSIONAL MANNER.
8.	SUPPORT ACCURATE BILLING THROUGH CODING, CHARGEMASTER, CLAIMS MANAGEMENTS AND BILL RECONCILLIATION PROCESSES. (BILLING DEP PROJECT)
9.	APPLY POLICIES AND PROCEDURES TO ASSURE ORGANIZATIONAL COMPLIANCE WITH REGULATIONS AND STANDARDS. (REGULATORY AGENCIES)
10.	COLLECT, ORGANIZE AND PRESENT DATA FOR QUALITY MANAGEMENT. (MR REVIEW)
11.	CONDUCT ANALYSIS TO ASSURE THAT DOCUMENTATION IN THE HEALTH RECORD SUPPORTS THE DIAGNOSIS AND RELECTS THE PROGRESS, CLINICAL FINDINGS AND DISCHARGE STATUS. (MR REVIEW)
12.	ABSTRACT AND REPORT DATA FOR FACILITY-WIDE QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT PROGRAMS. (MR REVIEW)
13.	ADHERE TO CURRENT REGULATIONS AND ESTABLISHED GUIDELINES IN CODE ASSIGNMENT.
14.	USE AND MAINTAIN ELECTRONIC APPLICATIONS FOR CLINICAL CLASSIFICATION AND CODING. (CODING SOFTWARE)
15.	USE SPECIALIZED SOFTWARE IN THE COMPLETION OF HIM PROCESSES SUCH AS RECORD TRACKING, RELEASE OF INFORMATION, CODING GROUPING, REGISTRIES, BILLING, QUALITY IMPROVEMENT, AND IMAGING.
16.	USE QUALITY IMPROVEMENT TOOLS AND TECHNIQUES TO MONITOR, REPORT AND IMPROVE PROCESSES.
17.	APPLY CONFIDENTIALITY AND SECURITY MEASURES TO PROTECT ELECTRONIC HEALTH INFORMATION.
18.	PROTECT DATA INTEGRITY AND VALIDITY USING SOFTWARE OR HARDWARE TECHNOLOGY.
19.	APPLY DEPARTMENTAL AND ORGANIZATIONAL DATA AND INFORMATION SYSTEM SECURITY POLICIES.
20.	USE APPROPRIATE ELECTRONIC OR IMAGING TECHNOLOGY FOR DATA/RECORD STORAGE.

SITE COORDINATOR INFORMATION
GENERAL COMMENTS AND SUGGESTIONS

Ferris State University, in compliance with the "Essentials for Accredited Programs in Medical Records," requires that the intern complete an internship assignment. The internship assignment for the Medical Record Technology (MRT) intern consists of 6 weeks spent in a healthcare setting. The Medical Record Administration (MRA) intern spends an additional 10 weeks in the healthcare setting applying management principles.

Interns may experience some apprehension in terms of how they will fit into your department. We hope that the following comments and suggestions will be of assistance to you as you prepare for, and work with, the interns in this 6 week internship.

SCHEDULE AND ITS IMPLEMENTATION

1. The intern can be scheduled to work with any employee in the department as long as he/she remains under the overall direction of the Site Coordinator.

2. To assist you in planning and scheduling for the internship, we suggest the following time allotments for the main activities of the internship. It is not a rigid schedule, and you may vary this according to the functions of your department. All of the project activities are to be included in the internship through observation, explanation, or participation. You may make the determination as to the appropriate approach.

SUGGESTED SCHEDULE FOR ACTIVITIES

1 DAY   ORIENTATION

A basic orientation in terms of general overview of the department including such things as:

- facility and departmental organizational structure
- introduction to employees with whom he or she will be working
- rules of the department and facility
- a tour of the facility
- scheduling attendance at a general orientation session, if possible

Review of the schedule which you have prepared for the intern. Discuss your mutual expectation, and the needs and interests of the intern for the internship. This discussion will help to set the direction for periodic reviews during the internship and the evaluation at the end.

Have the intern read and sign the **Intern Statement of Confidentiality** sheet and complete the **MRIS Intern Data Form**.

6 DAYS   CLERICAL - Storage and Retrieval, Discharge Analysis, Incomplete Record Control, and Release of Information

1 DAY   PATIENT ACCOUNTING

3 DAYS   REGULATORY AGENCIES

10 DAYS	CODING and ABSTRACTING
3 DAYS	QUALITY ASSESSMENT and UTILIZATION REVIEW and MANAGEMENT
4 DAYS	MEDICAL RECORD REVIEW
2 DAYS	CLINICAL OVERVIEW

2. Interns have been instructed to report to you prior to the scheduled starting time if they must be absent. If the intern is absent, it is expected that the missed time be made up. Excessive absences (3 consecutive days or 4 total days) should be reported to the FSU Faculty Member.

3. Meeting attendance is encouraged. Please inform the intern when he/she may attend a meeting.

4. If you desire specific feedback from the intern on a particular work assignment, you may ask that a brief summary of his or her observation be written, or a flow chart developed. If you decide to do this, you may wish to review the work with the intern and comment on the accuracy of the presentation.

5. Discuss lead time regarding project completion and evaluation.

6. With the increased emphasis on ambulatory settings, we would like the intern to get as much exposure to these as possible, particularly those with organized health record systems.

EVALUATION

1. Complete and sign a 'Site Coordinator Project Evaluation' form for **ALL** written intern projects where it is required. **Please, only review (do NOT rewrite or correct) student** projects. With this evaluation, the FSU Faculty Member will receive valuable input for assigning an appropriate grade to each project.

2. Complete and return a one (1) page evaluation on the intern that will be mailed to you. Please return this after the **3rd week** of the internship.

    2.1 The purpose of these evaluations is to monitor intern progress.
    2.2 Additional evaluations may be requested, if intern progress is unsatisfactory.
    2.3 Each evaluation should be discussed with the intern. The intern is required to review and sign the evaluation.

3. Near the end of the internship, a 'Site Coordinator's Final Assessment of the Intern's Performance' will be mailed to you. Please complete and return it to the FSU Faculty Member at the University. We ask that you discuss the evaluation with the intern before he/she leaves your institution. The intern is to sign the evaluation.

4. An intern signature on an evaluation indicates that the evaluation has been reviewed; it does not indicate agreement.

5. The intern will complete an evaluation of the internship experience and site at the end of the internship. He/she has been asked to discuss the evaluation with you.

OTHER

1. You are <u>not</u> required to sign the weekly memos from the intern to the faculty contact person.

2. If it will not disrupt work flow in a department, we ask that the ntern be allowed to use available personal computers, or other office equipment, to key or type their projects. **They are not to use internship time to write the projects, however, without YOUR expressed permission.**

3. <u>**INTERNSHIP TERMINATION**</u> – Unsatisfactory internship progress or conduct could resulting an academic or disciplinary termination from the internship. If there is evidence that termination may occur, the FSU Faculty Member will notify the Site Coordinator. A meeting between the intern and the FSU Faculty Member will be scheduled to obtain the facts. A meeting of the Site Coordinator and the FSU Faculty Member will follow. At this time, a decision will be made as to whether the intern will continue in the internship. At your discretion, an intern may be suspended from the internship until a decision is made. (Time will not need to be made up, but the intern must complete all required projects.)

4. <u>**APPEAL**</u> – Each intern will have the right to appeal an academic or disciplinary termination from an affiliation site.

   The student intern shall first appeal within five (5) working days to the Department Head of the Clinical Lab., Respiratory, and Health Administration Programs, who shall inform the student intern of his/her decision in writing within three (3) working days.

   The Final Step in the appeal process shall rest with the Dean of the College of Allied Health Sciences. If any student intern wishes to appeal the decision of the Department Head of the Clinical Lab., Respiratory, and Health Administration Programs, he/she shall file an appeal within five (5) working days to the Dean of the College of Allied Health Sciences. The Dean shall meet with the student intern and render a written decision within five (5) working days.

5. <u>If an intern is removed from an internship site, that entire internship will have to be repeated.</u>

PROJECT AND EVALUATION OVERVIEW

1. Due Dates	One week AFTER beginning Internship (Monday of Week 2):
	"Conclusive MRIS Internship Information"
	Signed copy of Intern Statement of Confidentiality
Weekly Memo	Weekly, first due Monday of Week- 2
2 projects	2 weeks from start date
8 projects	4 weeks from start date
4 projects	Within 1 week following internship - 7th Monday

- You determine which projects are due on the above dates. Projects submitted on or before the above due dates will be at your discretion, as each intern's schedule will vary in each site. Submit projects throughout the 6 weeks.

- Notify your Faculty Member if dates can't be met; only valid extensions will be granted. The Faculty Member may reassign above due dates. Projects and weekly memos must be received by the due date.

- Five [5] points late penalty, per day, for late arrivals.

- Not accepted after five [5] days; 0 points.

- Read project instructions several times. Proofread and edit all projects.

- ALL PROJECTS RETAINED AT FSU. Make copies for yourself.

- PLAN – DO – CHECK – ACT - Time management skills and planning is crucial.

---

2. Format:

- Cover page for each project
    - project title and number
    - site name
    - your name
    - date

- Address all project items. Use question then answer format - type the question and then the response. Or **bold** or underline the primary phrasing in your opening sentence, then respond.

- Free of grammatical or spelling errors (1 point per error).

- Professional appearance

- Computer printed with a maximum of 1 inch margins, font 11-12 [minimum], and single spaced. Professional appearance.

- Always send original project to Faculty Member. Attachments of site samples often strengthen your project.

- _Format Exceptions:_

    Activity Checklists

3. **Weekly Memos**	• Email weekly as an attachment ! Must arrive the following Monday.
4. **Project Eval.**	• ALL projects require Site Coordinator approval and signature [or his or her designee] prior to sending to FSU. The Site Coordinator reviews all projects to detect any misconceptions or confusion on your part. **THE SITE COORDINATOR IS NOT RESPONSIBLE FOR CORRECTING YOUR PROJECTS, ONLY TO OFFER GUIDANCE** • Attach a signed *Project Evaluation by Site Coordinator* form to each project; this <u>does not</u> include Activity Checklists. • Some Activity Checklists require only a signature; others require evaluation. • Activity Checklists DO NOT NEED A 'PROJECT EVALUATION' form. • The Faculty Member will use these when assigning project points. • <u>*Exceptions*</u>: *Weekly Memos* • FSU Faculty Member determines project grade (points earned).

5. **Evaluation**	Your FSU Faculty Member [FM] will grade your projects based on the
	  ❑ evaluation sheet
	  ❑ project content, grammar, depth, organization and answers to all project questions.

• **3 Week Eval**	Site Coordinator will complete and send to FM.
• **Intern Eval.**	**You** complete as to your internship experience. Send to FM.
• **Final Evaluation**	Site Coordinator will complete and send to FM.
	All evaluations should be discussed with you, reviewed, and signed by you.

ASSIGNMENTS AND POINT ALLOCATION

POINTS	ASSIGNMENTS	
5	CONCLUSIVE MRIS INTERNSHIP INFORMATION	COMPLETE, SIGNED, AND SENT BY MONDAY OF WEEK 2.
5	STATEMENT OF CONFIDENTIALITY	COMPLETE, SIGNED, AND SENT BY MONDAY OF WEEK 2.
60	WEEKLY MEMO	A WEEKLY MEMO OF DAILY ACTIVITIES; E-MAIL
	PROJECTS	*A – ACTIVITY SHEET SC = SITE COORDINATOR FORM*
50	FACILITY ORIENTATION	WRITTEN REPORT A/ SC EVALUATION FORM
50	DEPT CONTRIBUTIONS – DAY–TO-DAY	WRITTEN REPORT A/ SC EVALUATION FORM
50	DEPT CONTRIBUTIONS – SHORT TERM	WRITTEN REPORT A/ SC EVALUATION FORM
50	DEPT CONTRIBUTIONS – LONG TERM	WRITTEN REPORT A/ SC EVALUATION FORM
25	STORAGE & RETRIEVAL	ACTIVITY CHECKLIST W/ SC SIGNATURE
25	DISCHARGE ANALYSIS	ACTIVITY CHECKLIST W/ SC SIGNATURE
25	INCOMPLETE CHART TRACKING	ACTIVITY CHECKLIST W/ SC SIGNATURE
25	RELEASE OF INFORMATION	ACTIVITY CHECKLIST W/ SC SIGNATURE
50	PATIENT BILLING DEPARTMENT	WRITTEN REPORT W/ SC EVALUATION FORM
50	REGULATORY AGENCIES	WRITTEN REPORT W/ SC EVALUATION FORM
50	INPATIENT ICD CODING	ACTIVITY CHECKLIST W/ SC SIGNATURE
50	OUTPATIENT CPT/ICD CODING	ACTIVITY CHECKLIST W/ SC SIGNATURE
50	PRIVACY PROTECTION PROGRAM-HIPAA	WRITTEN REPORT A/ SC EVALUATION FORM
25	UTILIZATION MANAGEMENT	ACTIVITY CHECKLIST W/ SC SIGNATURE
100	MEDICAL RECORD COMPLIANCE	WRITTEN REPORT W/ SC EVALUATION FORM
100	OVERVIEW OF CLINICAL SITE	WRITTEN REPORT W/ SC EVALUATION FORM
5	INTERN'S EVAL OF INTERNSHIP	COMPLETE AND SIGNED.
5	THANK YOU	A COPY OF AT LEAST ONE OF YOUR THANK YOU NOTES TO PERSONNEL WHO ASSISTED YOU IN YOUR INTERNSHIP.
	EVALUATION	
50	SC'S FINAL ASSSESSMENT OF INTERN'S PERFORMANCE	SITE COORDINATOR WILL COMPLETE AND MAIL TO FSU FACULTY MEMBER.
705	**TOTAL POINTS**	

PROJECTS

Internship Information Sheet
(Send 1st week of internship)

This form is to provide information to allow the FSU Faculty Member to contact the intern or site coordinator. **Write clearly.**

Intern Information

Name	
Semester and year of internship	293 493 circle one
Beginning date	
Ending date	
Phone number during internship (at site)	
Phone number during internship (home)	
Phone number, permanent	
Mailing address during internship (home)	
E-mail	
Permanent mailing address (home)	

Site Coordinator Information

Name	
Title	
Phone	
Fax (if known)	
E-mail	

Site Information

Name	
Department	
Address	
Phone	

Intern Signature	Date

Send – Attachment A

INTERN'S STATEMENT OF CONFIDENTIALITY

HEALTH INFORMATION MANAGEMENT DEPARTMENT

I understand that it is normal and to be expected that I will come into deliberate or inadvertent possession of patient, facility, or departmental information that must be regarded as confidential. This confidential information may be of a financial, personal, or medical nature. I am aware of the serious nature of violating such confidentiality. I recognize and appreciate the serious nature of the privilege I have been accorded in having access to such information. I will hold this information in strict confidence.

I understand and acknowledge that the following actions are necessary should I breach this confidence.

1. My Site Coordinator will contact my FSU Faculty Member immediately.

2. My Faculty Member, in conjunction with my Site Coordinator and the Assistant Dean for Academic Affairs, will investigate the breach of confidentiality.

3. In concert, the parties in #2 above will make disciplinary recommendations to the Dean of the College of Allied Health as warranted.

4. Such disciplinary recommendations may include immediate termination of my internship and loss of academic credit.

Intern Signature	Date	Site Coordinator Signature	Date

Send – Attachment B

Weekly Memos

- Must be computer generated.
- This weekly memo **does** **not** have to be signed by the Site Coordinator
- Complete the memo somewhere other than your internship site. This allows you the opportunity to express yourself totally without inquiries such as, "What are you doing?", or "May I see that?"
- Email weekly as an attachment! Must arrive the following Monday.

FORMAT:

TO: (name of FSU Faculty Member)

FROM: (your name)

WEEK OF: (January 12-16. 200_; five days of the week Monday-Friday; week #1)

DATE: January 17, 200_

Include:
- *At least 2-3 sentences, of each day of internship; 1 - 2 pages in length.*
- *A daily record of your activities, events, and interactions with people, departments, and other situations. Comment on your reactions to these occurrences, and conclude with what you have learned.*
- *Note any problems you are having, or concerns you wish to share with the FSU Faculty Member.*
- *Always notify your FSU Faculty Member of any problem so that he/she can follow up with you promptly.* ***DO NOT WAIT UNTIL THE END OF THE INTERNSHIP TO MENTION PROBLEMS RELATED TO THE INTERNSHIP OR THE PROJECTS.***

PROJECT 1	ORIENTATION	50 Points

Attend the HCO orientation session for new employees.

Describe:
1.   Areas covered
2.   Content of those areas
3.   Your reaction to the session itself.
4.   **Attach** the HCO notice that includes the date of the HCO orientation.

	DEPARTMENTAL CONTRIBUTIONS	
PROJECT 2	DAY TO DAY	50 Points
PROJECT 3	SHORT TERM	50 Points
PROJECT 4	LONG TERM	50 Points

Required - 3 separate reports. Each project requires the Site Coordinator's Departmental Contribution Evaluation.

Reports	Description	Assignment
#2 Day to Day	Assist in the department daily as directed by your Site Coordinator. You may be asked to answer phones, file, compile data, create reports, type, run samples - records - materials, etc. to other departments, or assume other duties within your realm of experience and skills. Your purpose is twofold: to offer a contribution to the hosting facility and to learn, at a very personal level, what actually happens in your department area. (Your other projects are designed to help you learn how other areas relate to the day to day operations of your department.) This simple requirement is extremely effective in offering you an opportunity to appreciate and understand patient care concerns, the key to healthcare. What you do in the department is as important as what you absorb and learn from daily contact with providers. Embrace this opportunity!	Describe: 1. What you learned about this area (your 'home base') 2. Primary concerns of this area 3. Possible changes you believe might be helpful, and 4. How your knowledge will transfer to your future in healthcare **_Submit at the end of internship._**

#3 **Short Term**	Complete a project during your internship. This project will be assigned to you by your Site Coordinator.	Describe: 1. The purpose 2. Tools utilized 3. Time spent 4. What you did 5. How you knew what to do 6. How you reviewed your final version 7. What you learned by completing the project
#4 **Long Term**	Provide your assistance on a long term project assigned to you by your Site Coordinator.	Describe: 1. The purpose 2. Tools utilized 3. Time spent 4. What you did 5. How you knew what to do 6. What you learned by working on the project

PROJECT 5 - STORAGE AND RETRIEVAL

NAME:	POINTS	25
FACILITY:	DATE:	

The following is a list of Storage and Retrieval tasks. Check the 'M/E' column if you did the activity ['M' if done manually and an 'E' if electronic]. You may or may not be involved in each activity; if not, check 'NA' - Not Applicable or 'DNO' - Did Not Observe.

Activity	'M' or 'E'	DNO	NA
Alphabetize supplemental reports accurately			
File records			
Accurately place supplemental reports in numerical order			
Locate records for filing supplemental reports			
Prepare list for study and retrieve records			
Receive requests from other departments for reports			
Complete chart tracking mechanisms for records			
Retrieve records via:			
• paper-based			
• microfilm			
• digital scanning (i.e. optical disk)			
• other			
Sign out chart to requesting department			
Demonstrates understanding of MPI as "key" to patient record by utilizing MPI for location of records			
OTHER [list and describe if necessary]			

COMMENTS:

PROJECT EVALUATION BY SITE COORDINATOR - STORAGE AND RETRIEVAL

5	Able to function with minimal supervision
4	Able to function with occasional supervision
3	Functions with constant supervision
2	Unable to function with present knowledge and experience
1	Needs to rethink career options based upon present knowledge and effort.

- I reviewed or supervised the intern's performance.

- My evaluation of the intern at entry level Storage and Retrieval is as follows:

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

Site Coordinator or Supervisor Signature

Date

Send - Attachment J

PROJECT 6 - DISCHARGE ANALYSIS

NAME:	POINTS	25
FACILITY:	DATE:	

The following is a list of Discharge Analysis tasks. Check the 'M/E' column if you did the activity with an 'M' if done manually and an 'E' if electronic. You may or may not be involved in each activity; if not, check 'NA' - Not Applicable or 'DNO' - Did Not Observe.

Activity	'M' or 'E'	DNO	NA
Obtain discharges			
Check records received versus discharge list			
Locate records not present			
Call for records			
Record data of discharge or death and other appropriate notations on MPI			
Locate supplemental reports for patient record			
Add supplemental reports to appropriate place in the record			
Follow procedure for quantitative analysis of health records:			
Inpatient			
Outpatient			
Identify deficiencies [inpatient and outpatient]			
Record deficiency on proper form			
Distribute records			
OTHER [list and describe if necessary]			

COMMENTS:

PROJECT EVALUATION BY SITE COORDINATOR - DISCHARGE ANALYSIS

5   Able to function with minimal supervision

4   Able to function with occasional supervision

3   Functions with constant supervision

2   Unable to function with present knowledge and experience

1   Needs to rethink career options based upon present knowledge and effort.

- I reviewed or supervised the intern's performance.

- My evaluation of the intern at entry level Discharge Analysis is as follows:

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

_____
Site Coordinator or Supervisor Signature

Date _____

Send - Attachment 1

PROJECT 7 – INCOMPLETE RECORD TRACKING

NAME:	POINTS	25
FACILITY:	DATE:	

The following is a list of Incomplete Record Tracking tasks. Check the 'M/E' column if you did the activity with an 'M' if done manually and an 'E' if electronic. You may or may not be involved in each activity; if not, check 'NA' - Not Applicable or 'DNO' - Did Not Observe.

Activity	'M' or 'E'	DNO	NA
File incomplete records into incomplete file			
File index cards or enter data into MPI			
Retrieve records for physician			
Review records for completion after physician has 'worked' on them			
Route records to appropriate area of department			
Prepare and update physicians incomplete and delinquent record list – inpatient and outpatient			
Notify physicians of incomplete and delinquent records - inpatient and outpatient			
Notify the medical staff and administration of practitioners with incomplete and delinquent records - inpatient and outpatient			
Outpatient			
OTHER [list and describe if necessary]			

COMMENTS:

PROJECT EVALUATION BY SITE COORDINATOR - INCOMPLETE RECORD TRACKING

5   Able to function with minimal supervision

4   Able to function with occasional supervision

3   Functions with constant supervision

2   Unable to function with present knowledge and experience

1   Needs to rethink career options based upon present knowledge and effort.

- I reviewed or supervised the intern's performance.

- My evaluation of the intern at entry level Incomplete Record Tracking is as follows:

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

_____
Site Coordinator or Supervisor Signature

Date _____

Send - Attachment H

PROJECT 8 - RELEASE OF INFORMATION

NAME:	POINTS	25
FACILITY:	DATE:	

The following is a list of Release of Information tasks. Check the 'M/A' column if you did the activity with an 'M' if done manually and an 'E' if electronic. You may or may not be involved in each activity; if not, check 'NA' - Not Applicable or 'DNO' - Did Not Observe.

Activity	'M' or 'E'	DNO	NA
Follow the facility's ROI policies and procedures			
Operate and follow FAX policies and procedures			
Receive and date requests			
Log in requests			
Check validity of request			
Use MPI to locate patient's number			
Prepare out guides			
Retrieve patient's record			
Copy needed pages of record			
Calculate appropriate charges			
Prepare invoice			
Record information that was sent			
Place response in mail			
Receive subpoena or court order			
Log in subpoena			
Validate a subpoena			
Copy records			
Prepare certification document for signature of Director			
Answer phone requests for patient information			
Respond appropriately to phone request			
Complete appropriate form to request records from other health facilities			
Respond to a walk-in request for information			
OTHER [list and describe if necessary]			

COMMENTS:

5   Able to function with minimal supervision

4   Able to function with occasional supervision

3   Functions with constant supervision

2   Unable to function with present knowledge and experience

1   Needs to rethink career options based upon present knowledge and effort.

• I reviewed or supervised the intern's performance.

• My evaluation of the intern at entry level Release of Information is as follows:

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

_____

Site Coordinator or Supervisor Signature

Date _____

Send - Attachment H

Spend time in the Patient Billing Department with a biller for each financial class--Medicare, Medicaid, HMO, and Blue Cross/Blue Shield. Observe the billing process and review bills.

1.   Obtain a copy of three (3) claims (1 inpatient, 1 outpatient surgery, and 1 emergency room) submitted to a third party payer (Medicare, Medicaid, and one third party payor) and compare with the reimbursement received.

   • Describe your comparison findings and include copies of claim forms reviewed. Delete all patient ID on any form.

2.   Visit the Patient Billing Department and collect the following information:

   2.1.   What is the "Charge Master?"

   2.2.   How is it used and how are changes and updates processed?

   2.3.   Who is responsible for maintenance of the charge master?

   2.4.   Explain how bills are processed - tape, hard copy.

   2.5.   Explain how the Health Information Management Department affects the billing process.

   2.6.   Analyze and describe the working relationship between Health Information Management and Patient Accounting.

   2.7.   Describe any diagnoses coding done in the Patient Billing Department.

   2.8.   What are the implications of the answer to 3.6? Why or why not?

   2.9.   Describe the reimbursement monitoring and reporting.

   2.10.   Is there a future for the Health Information Management Practitioner in the Patient Billing Department?

NOTE:

1. Delete all patient ID on any form.

2. Typed report must include the above questions and then your response.

Describe <u>two (2) examples per agency</u> for at least <u>three (3) agencies</u> below. Quote the law, rule, or guideline, describe the impact in your area and note the agency,
1. JCAHO or AOA
2. CMMS
3. MPRO
4. State of Michigan/MDCH (MI Dept. Comm. Health)
5. Other Agencies

Example:

Agency 1	Law/rule/guideline	Impact
Agency 1	Law/rule/guideline	Impact
Agency 2	Law/rule/guideline	Impact
Agency 2	Law/rule/guideline	Impact
Agency 3	Law/rule/guideline	Impact
Agency 3	Law/rule/guideline	Impact

PROJECT 11	ICD IN-PATIENT CODING

NAME:	POINTS	50
FACILITY:	DATE:	

Follow the facility's control procedures to assure accuracy and completeness of coded materials and DRG assignment.

- ❑ Identify and code (ICD) conditions and procedures from a minimum of 30 inpatient records from various hospital services. This Includes review of the face sheet and the record.) (10 medical, 10 surgical, 5 OB, 5 NB)
- ❑ Assign DRGs to all inpatient records coded.

PROJECT EVALUATION BY SITE COORDINATOR - ICD INPATIENT CODING SKILLS:

5   Able to function with minimal supervision

4   Able to function with occasional supervision

3   Functions with constant supervision

2   Unable to function with present knowledge and experience

1   Needs to rethink career options based upon present knowledge and effort.

- • I reviewed or supervised the intern's performance.

- • My evaluation of the intern at entry level inpatient coder is as follows:

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

Site Coordinator or Supervisor Signature

Date _____

Send - Attachment G

PROJECT 12	CPT & ICD OUTPATIENT CODING

NAME:	POINTS	50
FACILITY:	DATE:	

Follow the facility's control procedures to assure accuracy and completeness of coded materials. Follow the facility's procedures to identify and code (ICD) conditions and procedures from a minimum of 30 outpatient records utilizing CPT-4 and ICD [at least 20 must be ambulatory surgery].

PROJECT EVALUATION BY SITE COORDINATOR - CPT & ICD OUTPATIENT CODING SKILLS:

5   Able to function with minimal supervision

4   Able to function with occasional supervision

3   Functions with constant supervision

2   Unable to function with present knowledge and experience

1   Needs to rethink career options based upon present knowledge and effort.

• I reviewed or supervised the intern's performance.

• My evaluation of the intern at entry level outpatient coder is as follows:

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

_____
Site Coordinator or Supervisor Signature

Date _____

Send - Attachment F

PROJECT 13   PRIVACY PROTECTION PROGRAM PROJECT (HIPAA)   50 POINTS

Interview the Chief Privacy Officer (CPO), who is responsible for monitoring and assuring the facility's compliance with the regulations pertaining to the privacy of patient records.

1   The name of the CPO or designee. Briefly describe the individual's background and formal training.

2   What other position(s) does the CPO hold?

3   Briefly explain how the CPO developed and implemented the privacy policies. Were committees organized? Was the approach used to create the policy at the department level and accepted upward, or was it instituted at the executive level and handed down?

4   Discuss the methods and procedures used for monitoring the institution's privacy program.

 • Create and attach a flow chart showing this process.

5   Discuss the staff-training program process used to assure current and new staff personnel have received the mandatory training. (Attach an outline or agenda of the training program used.)

6   Discuss the process used when a complaint is received regarding the possibility of a breach in security. What procedures are in place for the resolution of the complaint? What basic documentation is completed (format), reported, and maintained? How long are the records kept?

7   What process is in place to maintain and monitor data security?

8   List any additional comments by the CPO as to concerns or recommendations to be made in the future.

PROJECT 14 - UTILIZATION REVIEW/MANAGEMENT/MEDICAL NECESSITY   **25 POINTS**

NAME:	POINTS	25
FACILITY:	DATE:	

Check items appropriately. All activities will be supervised by the Utilization Review Coordinator; the intern must be exposed to not less than 10 cases of varied services.

Activity	'M' or 'E'	DNO	NA
1. Conduct an admission/episode of care review. Determine medical necessity and appropriateness of the admission/episode of care using approved criteria.			
2. Assign an initial LOS and review date to all admissions deemed necessary.			
3. Record information needed on worksheets for the concurrent review process.			
4. Make determinations with respect to medical necessity and appropriateness of continued stay using approved criteria.			
5. Certify an additional continued stay period when determined to be medically necessary using approved criteria			

6. OTHER [list and describe if necessary]

7. Attach copies of 4 of your worksheets used in the above process [ID removed].

Alternate Site - interns in a nonacute care setting.

Describe the participation in the UM process – i.e. ABC, medical necessity.

- Attach documentation

COMMENTS:

5   Able to function with minimal supervision

4   Able to function with occasional supervision

3   Functions with constant supervision

2   Unable to function with present knowledge and experience

1   Needs to rethink career options based upon present knowledge and effort.

- I reviewed or supervised the intern's performance.

- My evaluation of the intern at entry level URC is as follows:

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

_____
UR Coordinator Signature

Date _____

S e n d - Attachment D

PROJECT 15	MEDICAL RECORD COMPLIANCE	100 Points

Start this project early and stay focused.

1. Using the attached criteria review 25 completed inpatient medical records. You must compare each record to all items listed if applicable. Example: #10 Consultation reports - If a consultation was not requested the record will not include a report.

2. You can develop a worksheet of your choice. The department may have a form that you can use. **Attach** worksheets with your project report.

3. Prepare a report of your findings. This report must include outcome numerical data, i.e. a table. You should display this data using a CQI tool - appropriate graph.

4. The project report must be titled 'Medical Record Review.' Include the facility name, day prepared, and time frame for patient information collected.

5. Failure to compare all items will result in significant point loss. Points will also be lost for failure to edit—grammar, spelling, and unprofessional appearance.

6. At the end of the report, include a summary of:
   - ❑ overall findings
   - ❑ recommendations
   - ❑ your reaction to the record review process

7. If you have questions about this project, ask your Site Coordinator early in the internship.

8. **Start this project early and stay focused.** This project can be worked on at different times throughout your internship, especially if you have a hour or more of free time.

CRITERIA:

MEDICAL RECORD COMPLIANCE

The review must address the completeness, accuracy, timely completion, and authentication of the items listed below.

1. Identification data

2. Medical history, including

   2.1. chief complaint

   2.2. details of present illness

   2.3. relevant past, social, and family histories

   2.4. inventory by body system

3. Report of relevant physical examination

4. Statement on the conclusions or impressions drawn from the admission history and physical

5. Statement of the course of action planned for this episode of care and its periodical review, as appropriate

6. Diagnostic and therapeutic orders

7. Evidence of appropriate informed consent

8. Clinical observations, including the results of therapy

9. Progress notes made by the medical staff and other authorized staff

10. Consultation reports

11. Reports of operative and other invasive procedures, tests, and their results

12. Reports of any diagnostic and therapeutic procedures, such as pathology and clinical laboratory examinations and radiology and nuclear medicine examinations or treatments

13. Diagnoses and Procedures (principal and secondary)

14. Discharge Summary:

    14.1. reason for admission

    14.2. significant findings

    14.3. procedure(s) performed and care, treatment, and services provided

    14.4. patient's condition at discharge

    14.5. information provided to patient and or family as appropriate

15. Author authentication by written signature, electronic signature, or computer key or rubber stamp for:
    ❑ History & Physical Exam
    ❑ Operative Reports
    ❑ Consultations
    ❑ Discharge Summary

16. Discharge instructions to the patient and/or family

Start this project early and stay focused on getting it done.

Using the questions below, you are to prepare a typed report about the Health Information Management department in which you are doing your internship.

You will collect answers to these questions gradually throughout the entire internship, and should only ask the Site Coordinator for assistance IF you are unable to find answers through other methods (such as review of policies, procedures, statistics, observations, or discussions with the responsible unit supervisors or employees).

Failure to respond to each item below will result in point loss. Points will also be lost for failure to edit--grammar and spelling and unprofessional appearance.

NOTE   Computer generated (word processed) report must include each question and then your response.

Date Prepared

HEADING:

- Name of facility.

- Accredited by JCAHO or AOA? Teaching or nonteaching hospital?

- Licensed bed capacity.

- Number of full-time equivalents in health information department.

ORGANIZATIONAL CHARTS

1. Submit an organization chart of the _facility_ and one the _Health Information Management Department_ (2 charts). Include the title of all of the departments and show their relationship to the governing board and CEO. If the facility is part of a corporation, please show on the chart.

   If charts already exist, you may photocopy them; otherwise prepare the charts.

   1. Prepare a report to accompany your departmental organization chart.
      - Describe use of the organizational chart in this facility (i.e. orientation, etc.)
      - Describe the span of authority in the Health Information Management Department.

Example:

FERRIS STATE UNIVERSITY MEDICAL CENTER
200 FERRIS DRIVE
BIG RAPIDS MI 49307

ORGANIZATIONAL CHART

DEPARTMENT FUNCTIONS

5. Describe coding quality monitors and reporting. Describe coding compliance strategies, auditing, and reporting plans - i.e. CCI, outside compliance.

6. Describe the indexes and/or reports that are produced. (Include number, frequency, types, and formats in your discussion. Attachments are acceptable.)

7. What happens to the record at the end of the coding and abstracting process?

ARCHIVED RECORDS

8. Describe the policy for archived records (paper-based, microfilm, and electronic) or inactive records.

9. What is the retention period, specifically the length of time a facility will maintain an archived record. Indicate the federal and state laws specific to retention.

10. Discuss the alternative storage methods, such as off-site storage, microfilm, or optical imaging.

AMBULATORY RECORDS

11. Describe the ambulatory registration process.

12. How are ambulatory records filed?

13. Discuss the system for providing records to ambulatory areas/clinics.

MEDICAL STAFF

14. List the major committees of the medical staff that are required by JCAHO/AOA and facility bylaws; include the committee functions.

15. Which committees involve the Health Information Management Department and how (chart preparation, review)?

16. On which medical staff committee(s) is the Health Information Management Director/Assistant a member?

GENERAL

17. How are departmental policies and procedures:

- maintained
- used
- updated
- who writes

18. Is any portion of the department unionized? If so, what is the impact of the union upon the department?

19. How are staffing levels monitored?

20. How is productivity monitored?

21. How would you characterize the management/supervision styles you observed? Strict? Permissive? Variable? Do you believe these styles are effective in this department? Why?

22. How are the employees and supervisors evaluated? How frequently?

23. How are employees disciplined when such action becomes necessary?

24. Would you characterize the relationship between the department and its customers as positive or negative and why?

WORKFLOW IN THE MEDICAL RECORD ADMINISTRATION DEPARTMENT

25. Prepare a flowchart of movement of the record throughout the department. Show the movement of record processing from the point of patient discharge to record completion, i.e. record picked up on second shift, assembly, analysis, etc. Flow of the record can be demonstrated by branching, symbols, letters or numbers. This is a great place to use your flow charting skills and a software flowchart program.

26. A computer generated legend may be used to identify items in flowchart.

27. How is workflow monitored?

25. Include a brief summary of your feelings of the overall record flow. This should include assumptions, questions, effective vs. ineffective record movement.

REGULATORY AGENCIES

26. What types of accrediting and regulatory agencies (i.e., JCAHO, AOA, MPRO, BCBS, CMMS, State, CARF) have impact on this facility?

    - Identify who is responsible for the preparation for:
    - MPRO
    - BCBS
    - certification
    - licensure
    - accreditation
    - Centers for Medicare and Medicaid Services
    - other payor reviews

27. Describe how the Health Information Management Department prepares for accreditation, certification and licensure.

28. Identify who (by job title) is primarily responsible for the JCAHO/AOA/ISO 9000 preparation.

Start early and stay focused.

| PROJECT 17 | INTERN EVALUATION OF INTERNSHIP | 5 Points |

Complete the attached evaluation; it must include your signature.

It is suggested that you fill this out as you progress through the internship. You may want to discuss this evaluation with your Site Coordinator.

It is suggested that you make a copy for your Site Coordinator.

Submit Attachment C

| PROJECT 17 | INTERN EVALUATION OF INTERNSHIP | 5 Points |

- Complete the attached evaluation. It must contain your signature.
- It is suggested that you fill this out as you progress through the internship. You may want to discuss this evaluation with your Site Coordinator.

FACILITY _____

SITE COORDINATOR _____

DATES OF INTERNSHIP _____ to _____
Beginning Date   Final Date

Answer each question; document any comments in the space between questions.

CIRCLE

1. Did you receive a tour and general orientation to the department? YES NO

2. Did you receive a general orientation to the hospital? YES NO

3. Did you receive adequate orientation to each procedure that you performed? (i.e. clear instructions, explanation of job purpose, location of needed tools, etc.) YES NO

4. Was your performance in each function monitored? YES NO

   How?

5. Did you feel comfortable asking for assistance from your supervisor and other employees? YES NO

6. When you asked questions or requested assistance, did you receive the help you needed? YES NO

7. Did you feel accepted by HCO and departmental personnel? YES NO

8. Are there any areas of the HCO you did not receive exposure to? YES NO

   What were they?

9. Did you ask to spend time in any areas other than the ones your Site Coordinator had scheduled for you?   YES   NO

10. If so, was your request granted?   YES   NO

11. Did your classroom instruction adequately prepare you for internship?   YES   NO

If not, in what areas did you feel unprepared.

12. Did the internship manual provide you with sufficient information for internship preparation?   YES   NO

If not, what additional information would have been useful?

13. What were the strongest aspects of the internship experience?

14. What were its weakest points?

15. What recommendations would you make for the next student?

_____   _____
Intern Signature   Date

Send - Attachment C

Prepare and mail a *'thank-you'* note to your Site Coordinator and the Health Information Management Department where you spent your internship. These notes should be hand written.

Forward a copy to your FSU faculty member.

PROOFREAD carefully before mailing to the Site Coordinator and department.

EVALUATIONS

Medical Record Programs

APRC 2006-2007

Section 5 of 8

Intern Name	Project
Facility	Date

INSTRUCTIONS FOR COMPLETION:

- A Site Coordinator Project Evaluation must be completed for each required project that is not a check sheet.
- The Site Coordinator MUST sign the evaluation before the intern submits the project report.
- The Site Coordinator will evaluate the intern's work for format, content, grammar and punctuation.
- **FSU Faculty Member determines the project grade.**

Key:		
	5	Able to function with minimal supervision
	4	Able to function with moderate supervision
	3	Functions with constant supervision
	2	Unable to function with present knowledge and experience
	1	Needs to rethink career options based upon present knowledge and effort.

My evaluation of the intern at entry level, based on the above this key, is

1.	Assessment of **Knowledge**	5	4	3	2	1
2.	Assessment of **Skills**	5	4	3	2	1
3.	Assessment of **Conceptual Ability**	5	4	3	2	1
4.	Assessment of **Attitude**	5	4	3	2	1
5.	**Overall Performance**	5	4	3	2	1

My opinion: The attached project *DOES   DOES NOT*   meet acceptable standards in this organization.   (CIRCLE)

COMMENTS :

Site Coordinator's Signature	Date

FERRIS STATE UNIVERSITY

MRIS 293
SITE COORDINATOR'S FINAL ASSESSMENT
OF INTERN'S PERFORMANCE

INTERN:	
FACILITY:	
DATE:	

1. Please complete this evaluation of the intern's internship performance.

2. You may request that the intern do a self assessment on these behaviors to compare with your evaluation.

3. Review this evaluation with the intern prior to the end of the internship.

Please use the following scale to rate the intern's performance. Circle the number which reflects your observation. Use the comment section to support your rating.

4	3	2	1
ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR

INTERPERSONAL SKILLS: The intern:

1.	demonstrated appropriate interpersonal skills when working with others.	4	3	2	1
2.	asked questions to gain information necessary to perform assigned tasks.	4	3	2	1
3.	dealt appropriately with conflict.	4	3	2	1
4.	showed respect for diverse opinions and ideas.	4	3	2	1
5.	showed respect for site coordinator and allowed appropriate time when submitting projects for review.	4	3	2	1

Comments:

ORAL COMMUNICATION SKILLS: The intern:

6.	was able to present material professionally.	4	3	2	1
7.	could explain his or her point of view.	4	3	2	1

Comments:

COMPUTER SKILLS: The intern demonstrated the ability to:

8.	construct a basic spread sheet.	4	3	2	1
9.	manipulate data.	4	3	2	1
10.	access information within the facility's system.	4	3	2	1
11.	use word processing skills to complete assigned projects.	4	3	2	1

Comments:

QUALITY OF WORK: The Intern:

12.	was able to apply knowledge learned on-campus to the healthcare setting.	4	3	2	1
13.	was able to accurately interpret information.	4	3	2	1
14.	used acceptable grammar and punctuation when completing tasks.	4	3	2	1
15.	completed all work assigned.	4	3	2	1
16.	presented work that was neatly done and had a professional appearance.	4	3	2	1

Comments:

PROFESSIONAL CONDUCT: The intern:

17.	arrived on time for scheduled days.	4	3	2	1
18.	arrived on time for scheduled meetings and appointments.	4	3	2	1
19.	was in attendance for the number of hours scheduled each day.	4	3	2	1
20.	was neat and clean.	4	3	2	1
21.	was appropriately attired for the work situation (followed the facility's dress code).	4	3	2	1

Comments:

DEMONSTRATION OF KNOWLEDGE: The intern:

22.	could speak the language of healthcare.	4	3	2	1
23.	demonstrated understanding of the laws that pertain to healthcare.	4	3	2	1
24.	demonstrated understanding of the structure of healthcare in the U.S.	4	3	2	1
25.	demonstrated an understanding of the pervasive nature of quality improvement throughout healthcare.	4	3	2	1

Comments:

26. **OVERALL ERFORMANCE**   ABOVE AVERAGE   AVERAGE   BELOW AVERAGE   POOR

COMMENTS BY THE SITE COORDINATOR: If none, write NONE.

Strong Attributes –

Areas for Improvement –

Potential for employment in healthcare –

COMMENTS BY THE INTERN: If none, write NONE.

Intern Signature	Date	Site Coordinator Signature	Date

Intern signature indicates that this evaluation has been reviewed. It does not indicate agreement.

FSU Faculty Member Notes

MRIS 293 - EVALUATION CHECKLIST AND POINT ALLOCATION

INTERN		SITE	
SEMESTER	DATES	TO	

		POINTS	COMMENTS
	WEEKLY MEMOS *1 2 3 4 5 6*	60	
	INTERNSHIP INFORMATION SHEET	5	
	STATEMENT OF CONFIDENTIALITY	5	
PROJECTS:			
1.	FACILITY ORIENTATION	50	
2.	DEPT CONTRIBUTIONS – DAY –TO– DAY	50	
3.	DEPT CONTRIBUTIONS – SHORT TERM	50	
4.	DEPT CONTRIBUTIONS – LONG TERM	50	
5.	STORAGE AND RETRIEVAL	25	
6.	DISCHARGE ANALYSIS	25	
7.	INCOMPLETE RECORD TRACKING	25	
8.	RELEASE OF INFORMATION	25	
9.	PATIENT BILLING DEPARTMENT	50	
10.	REGULATORY AGENCIES	50	
11.	INPATIENT ICD CODING	50	
12.	CPT/ICD OUTPATIENT CODING	50	
13.	PRIVACY PROTECTION PROGRAM	50	
14.	UTILIZATION MANAGEMENT	25	
15.	MEDICAL RECORD COMPLIANCE	100	
16.	OVERVIEW OF CLINICAL SITE	100	
17.	INTERN'S EVALUATION OF INTERNSHIP	5	
18.	THANK YOU – HAND WRITTEN .	5	
	FINAL ASSESSMENT BY SC	50	
TOTAL PTS		705	
INTERNSHIP GRADE			

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
HEALTH MANAGEMENT DEPARTMENT

COURSE SYLLABUS
Winter 2006

COURSE TITLE: MRIS 499 – Seminar in Health Information Management

CREDIT HOURS: 3 credit hours

COURSE DESCRIPTION: Students will explore the role of the health information administrator in support of biomedical research. They will employ various research methods in the conduct of a limited research project. The implications of the Health Insurance Portability and Accountability Act on research in health care as well as the purposes and use of the Health Plan Employer Data and Information Set will be studied.

PREREQUISITES: None

INSTRUCTORS: Ellen Haneline, M. Ed., RHIA   Mary Edgerly-Gillespie, MS, RHIA
                         Phone: (231)591-2313   Phone: (616) 451-4537
                                                                   (231) 856-7681

                         E-mail: haneline@ferris.edu   edgerlym@ferris.edu

COURSE SCHEDULE: Thursday 4:00 – 7:00 PM

OFFICE HOURS: by appointment

REQUIRED MATERIALS: Health Information Management: Concepts, Principles, and
                         Practice, AHIMA 2004
                         Professional Review Guide for the RHIA and RHIT Examination
                         Health Care Management, PRG Publishing 2005

COURSE OBJECTIVES: At the completion of this course, the student shall be able to:
Management Principles
1.   To demonstrate the steps in effective problems solving and decision making.
2.   To apply the purpose and function of work measurement and work measurement techniques and to assess the strengths and weaknesses of each as a management tool.
3.   To explain how standard can be applied to each of the resources of management and to identify alternative ways in which they can be communicated.
4.   To identify the criteria for effective standard setting.

5. To develop production (quantitative) standards in terms of time/unit and units/time and to calculate quantitative standards using data obtained via various methodologies.
6. To identify the steps involved in work sampling effort and the tools that can be used with certain steps.
7. To determine sample size for a work sampling effort by using precision interval method and by formula involving various scenarios of desired certainty factor and acceptable error in the study results.
8. To develop production standards for HIS functions
9. To forecast staffing requirements for HIS functions on the basis of predicted work volume increases/decreases.
10. To distinguish between quantitative and qualitative standards and to identify example of each for HIS functions.
11. To write effective, well-written quantitative and qualitative performance standards.
12. To identify common symptoms of process problems, generally and specific to HIM services.
13. To differentiate among the terms effectiveness, efficiency, and adaptability as goals of process improvement.
14. To summarize the steps of the systems analysis and design process.
15. To describe the tools that can be used to assist managers in determining the efficiency of work flow and the distribution of work responsibilities in a work unit.

Project Management
16. To describe the project management process.
17. To describe the steps in planning and organizing projects
18. To perform a risk assessment.

Knowledge Management
19. To understand the differences among data, information and knowledge.
20. To discuss the basic principles of information management.
21. To list and give examples of seven characteristics of quality data.
22. To discuss how the design of database can affect data quality.
23. To compare a relational data database and its characteristics with other database models.
24. To discuss how data modeling, particularly using an entity relationship diagram (ERD), can help ensure high data quality.
25. To discuss the role of a data dictionary in ensuring both the quality of enterprisewide data and data within a specific database application.
26. To describe and compare the roles of database administrator, data administrator, and data resource manager.
27. To discuss how to ensure the integrity and security of data within a database.
28. To differentiate between decision support systems and other information systems.
29. To discuss the general types of decision support systems and to recognize the key architectural differences.
30. To demonstrate knowledge on the concept of data warehousing and how it is applicable to decision support.
31. To utilize the process and tools of data mining and how they are used in decision support systems.
32. To discuss the different classes of decision support systems found in healthcare.

33. To discuss some of the basic models of artificial intelligence used in developing decision support systems.
34. To discuss some of the career opportunities available to health information professionals.
35. To discern the components of a knowledge management initiative/program.
36. To explore key knowledge management applications in healthcare, such as data warehousing, data mining, and customer relationship management.
37. To describe the role of a chief knowledge officer in a healthcare organization.

Research
38. To describe basic research designs and methods used in the practice of health information management.
39. To formulate research problems in terms of research questions.
40. To plan research projects appropriate to the research questions.
41. To critically evaluate research studies in health-related fields.
42. To related the measures outline by the Nuremberg Code, the Declaration of Helsinki,, and the Belmont Report for the protection of human subjects.
43. To outline the contents of informed consent for the protection of human subjects as required by federal regulation.
44. To understand the various research designs for conducting biomedical research.
45. To describe the various types of outcomes and effectiveness measures.

EVALUATION: Uniform Grading Scale will be used.

A	100 – 93	B-	82 – 80	D+	69 – 67
A-	92 – 90	C+	79 – 77	D	66 – 63
B+	89 – 87	C	76 – 73	D-	62 – 60
B	86 – 83	C-	72 – 70	F	56 or below

GRADE DETERMINATION: (some assignments may be adjusted/added):

Quizzes/Exams	50%
Assignments/Projects	40%
National Exam Preparation	10%

Additional comments regarding grading procedures:
Attendance in this class is essential for successful understanding of the material, as *information is often presented in class that is not covered in the textbook or handouts*

COURSE POLICIES: See Student Handbook, Health Management Department (or Course Packet)
Assignments – p. 5
Class Attendance – p. 8
Disruptive Student Behavior – p. 11
Honesty – p. 15
Harassment – pp. 21-22

COURSE POLICIES:

1. **Attendance** – When absent from the class, the student is responsible for all of the information covered during that session including contacting the instructor regarding materials and assignments handed out in class. An Absence Report will be filed with the Dean's Office when a student has an extended absence during which the instructor has no received any contact from the students. **In-class activities may not be made up.**

2. All assignments/worksheets are to be submitted on the date given in class. Assignments are due at the beginning of class. Failure to submit assignments on time or before the due date will result in an automatic deduction of points for each day that the assignment is late. This includes non-class days.

3. All exams are to be taken on the day scheduled by the instructor. If you are absent due to illness or injury and want to make up the examination, you must notify the instructor **PRIOR** to the class. Make-up examinations will be allowed at the discretion of the instructor. Missed application exercises, discussions, and other in-class activities may be made up at the discretion of the instructor.

4. All references are to be cited using the APA format. All submissions will be typed using either Arial 12 or Times New Roman 12. We consider your work that of a professional, therefore please proofread carefully prior to submission. Correct spelling and punctuation is critical, papers with more than 5 errors will be returned for correction, if errors remain, there will be a 5 point loss for each spelling, grammatical or punctuation error thereafter.

Tentative Course Schedule:

	Topic	Exam Reviews
Week 1 1-12	Introduction to Course Management Principles – Chapter 21	Health Records Information Retention and Retrieval
Week 2 2-19	Management Principles – Chapter 22	Classification Systems, Registries and Indexing
Week 3 1-26	Management Principles – Chapter 22	Medical Billing and Reimbursement Systems
Week 4 2-2	Exam on Management Principles Project Management – Chapter 26	Health Statistics and Research
Week 5 2-9	Project Management – Chapter 26	ICD-9-CM Coding
Week 6 2-16	Project Management – Chapter 26	CPT-4 Coding
Week 7 2-23	Exam Project Mangement Knowledge Management – Chapter 5	Information Systems
Week 8 3-2	Knowledge Management – Chapter 5	Health Information Privacy and Security
Spring Break	No class	Health Care Law
Week 9 3-16	Knowledge Management – Chapter 19	Quality Assessment and Improvement
Week 10 3-23	Knowledge Management – Chapter 19	Management

Week 11 3-30	Knowledge Management – Chapter 20	Human Resources
Week 12 4-6	Exam Knowledge Management Research – Chapter 16	Medical Sciences
Week 13 4-13	NO CLASS – Easter Break	Prepare for Mock Exam
Week 14 4-20	Mock Exam	
Week 15 4-27	Research – Chapter 16	
Week 16 5-4	Research – Chapter 18	

MRIS 493

PROFESSIONAL PRACTICE 2

INTRODUCTION

The time has arrived! You are about to enter an exciting and challenging phase of your educational career – your management internship. The value of your internship experience will be determined, in large part, by your **attitude, work ethic, and professionalism**. YOUR desire to learn and contribute is critical.

This manual is designed to guide both you and your Site Coordinator through your internship. **You are asked to read it carefully prior to your arrival at the internship site.** It will guide you in acquiring an overall experience in the working environment, and assist you in functioning more effectively within a Healthcare Organization (HCO).

OVERVIEW

During your 400 hour (10 week) full-time internship, you will be assigned to the health information management department. This will give you exposure to the many related functions necessary to effectively manage an operational area. It will also give you an opportunity to work extensively with a primary group of practitioners, an opportunity to see day-to-day operations of the department. This is an opportunity to learn about the practical side of healthcare from the practitioners themselves.

The assignment requirements of this internship are intended to benefit both the HCO and you. You will benefit the HCO by:
1. Adding an extra pair of hands,
2. Devoting energy, knowledge, and research to awaiting projects,
3. Providing an 'extra body' to perform required duties,

and benefit yourself by:

1. Gaining an appreciation of the complexity of healthcare,
2. Gaining in depth knowledge of a clinical service area,
3. Touring the departments in an acute care setting, and
4. Networking with myriad healthcare professionals.

Written Projects

Weekly memos are to be in memo format. Email each memo as an 'attachment' to your FSU Faculty Member. Each memo is worth 10 points (100 points for 10 weeks).

All projects are to be computer printed. Send the original to your FSU Faculty Member at Ferris State University. For all activity sheets there is an attachment in this manual. You send the attachment to your FSU Faculty Member. Whenever possible, attach samples of department reports.

Projects will be retained by the Health Administration Programs; you may want to *make copies for yourself.*

Contact your FSU Faculty Member if you are unable to adhere to the due date as specified.

Departmental Contribution

You will be working within the department on a day-to-day basis and expected to assist with different tasks, in addition to your assigned projects.

Progress and Site Coordinator Evaluation of the Student

Your Site Coordinator has been asked to periodically discuss the status of expectations, needs, and interests with you. This should serve to keep both of you on the right track. The Site Coordinator will be requested to evaluate you during the third week of the internship. All completed evaluations will be sent to your FSU Faculty Member. Additional evaluations may be requested if your progress is unsatisfactory. Each evaluation should be discussed with you. You are required to review and sign the evaluation. Your signature indicates that the evaluation has been reviewed, it does not indicate agreement.

An unsatisfactory evaluation could result in an academic warning. Under severe circumstances, the student may be removed from the internship experience.

A 'Site Coordinator's Final Assessment of Intern's Performance' will be completed during the final week of your internship. Again, this evaluation should be discussed with you, reviewed, and signed by you.

Grade Determination

All projects and Site Coordinator evaluations will be sent to and graded by the FSU Faculty Member, he or she is responsible for determining your final grade. See page 20, Assignment Requirements and Point Allocation.

INTERNSHIP HOURS AND WORK ROTATION

You will complete 400 hours (10 weeks x 40 hours per week) of a hospital based internship at the designated site; work schedule will be determined by the site. You must contact the site at least two (2) weeks before the start of the internship to determine arrival time.

INTERNSHIP FSU FACULTY MEMBERS

Paula Hagstrom	Cindy Konrad	Marie Sickelsteel
VFS 400	VFS 413	VFS 412
231 591-2316	231 591-2298	231 591-2321
hagstrop@ferris.edu	konradc@ferris.edu	sickelsm@ferris.edu

Address to: (name of FSU Faculty Member)
VFS ....
Ferris State University
200 Ferris Drive
Big Rapids, MI   49307

You will be monitored by a FSU Faculty Member during your internship. Visits may be held in conjunction with other students. An intern or Site Coordinator experiencing problems may request an on-site visit.

If you are unable to reach your FSU Faculty Member, contact the internship coordinator or department head:

Marie Sickelsteel   Roger Daugherty
Internship Coordinator   Department Head
231 591-2321   231 591-2313
sickelsm@ferris.edu   daugherr@ferris.edu

OTHER

Professional courtesy and a respect for confidentiality should be exhibited at all times. You are the guest of the HCO.

When copies of reports are requested as part of your project, delete all name specific references for the HCO and personnel that may be noted. Specific titles and 'Hospital', 'Community Hospital', 'County Hospital', and other generic terms should remain.

Your learning curve will be directly tied to your approach to securing information. Requesting sources of data, rather than specific answers, enhances your professional competence and value to the HCO. In large part, the value of your hospital-based internship rests in YOUR hands.

Interactions at Internship Site

During your internship, you will meet and interact with many different people. As an intern, it is your responsibility to "fit" into this new environment. It is expected that you exhibit a professional attitude toward these individuals at all times.

1. When interacting with physicians, you should:
    - Address him/her by the title "Doctor", never "Doc"!
    - Willingly conform to the physician's requests or directives where these are applicable to departmental protocols.
    - If the physician wishes you to perform some task that is contrary to departmental protocol, report it to your supervisor member who will make the appropriate decision, and
    - Be polite at all times.

2. When interacting with Site Coordinator and departmental staff, you should:

    - Treat the staff and their work with respect, and refrain from verbalizing judgments and criticisms about their performance.
    - Refrain from loud talking, rudeness, and socializing. They are out of place in any department.

3. When interacting with patients, you should:

    - Use tact and diplomacy at all times.
    - Refrain from any discussion of the patient or his/her medical care, unless such discussion is related to your assigned tasks.
    - Handle every record in strict conformance with HCO and departmental policies and procedures. REMEMBER THAT FAILURE TO MAINTAIN CONFIDENTIALITY MAY WARRANT DISMISSAL FROM THE PROGRAM.

"THANK YOUs"

Professional courtesy suggests a follow-up after you complete your internship. Please prepare and mail "thank-you" notes to your Site Coordinator and the department where you spent your internship. These notes should be hand written. Forward a copy of your thank you note to your FSU Faculty Member.

(PROOF READ carefully before mailing!)

INTERNSHIP POLICIES

1. The FSU Academic Calendar will be followed regarding holidays and recesses. No intern is allowed at the site during these specified dates. Time must be made up. Your site coordinator will be advised of these dates.

2. Contact your Site Coordinator at least two (2) weeks before the starting date to determine hours you will be working.

3. You are expected to follow the dress code for the HCO. Contact your Site Coordinator prior to the first day regarding acceptable dress during your internship.

4. You are to report to the internship site at 9:00 A.M. on the first morning unless otherwise previously arranged with the Site Coordinator.

5. It is important that you report to work on time. If you must be late, report to your Site Coordinator prior to the time that you are supposed to report to work. All lost time must be made up.

6. You will be working a minimum 8 hours per day, 40 hours per week; unless other hours have been prearranged.

7. The Site Coordinator can schedule evening, night, or weekend shifts in your schedule if it is felt that it would be helpful to your learning experience.

8. You should make every effort not to miss work. If you absolutely have to be absent, be sure to inform your Site Coordinator prior to the time you are scheduled for work. Check with your Site Coordinator to see when you are to make up the time.

9. While at the internship site, you are responsible to the Site Coordinator or their designee. You are expected to follow the policies of the internship site concerning breaks, parking, personal telephone calls, etc., as well as all departmental and hospital policies and regulations. It is **your** responsibility to know and understand the rules and regulations.

10. If any problems arise, they should be brought to the attention of your Site Coordinator. However, the FSU Faculty Member is available by phone should you need consultation at any time. You will be advised as to which FSU Faculty Member will be supervising your internship.

11. Remember that you may be sharing your experience with the rest of the class following your internship. You should be prepared to give a presentation on some aspect of the experience. Unique or interesting experiences are worthy of sharing.

12. You are responsible for costs incurred during internship -- housing, food, transportation, parking, and for miscellaneous items, both on and off campus.

13. Before leaving your assigned work areas, prepare a detailed list denoting the status of HCO assigned projects. Include information that will be useful to the person who will complete the project, e.g., location of bulky materials, sources of input, and where you may be contacted. Notify, in person, the appropriate departmental personnel, and discuss this status report so that arrangements may be made for completion of projects.

14. Attending meetings is an excellent opportunity for exposure to committee/project activities and to observe group dynamics. Communicate with your Site Coordinator about upcoming meetings that you will be permitted to attend. Remember that as a guest you show respect by showing interest in the proceedings.

15. Personal telephone calls are not to be made within the department or during working hours.

16. You will be scheduled to be involved with a variety of functions. During this time, you will collect information for your projects. **Project completion is not to be done during your internship working hours, unless permission is granted by your Site Coordinator.**

17. Should you become ill while on duty, notify your Site Coordinator. Arrangements will be made for medical attention as appropriate with existing departmental procedures. You are responsible for the costs incurred in this treatment.

18. ADA (Americans with Disabilities Act) – You must notify your HCO site of any disability that needs special consideration.

19. INTERNSHIP TERMINATION – Unsatisfactory internship progress or conduct could result in an academic or disciplinary termination from the internship. If there is evidence that termination may occur, the FSU Faculty Member will be notified by the Site Coordinator. A meeting between the student and the FSU Faculty Member will be scheduled to obtain the facts. A meeting of the Site Coordinator and FSU Faculty Member will follow. At this time, a decision will be made as to whether the student intern will continue in the internship.

20. APPEAL – Each student will have the right to appeal an academic or disciplinary termination from an affiliation site.

   The student intern shall first appeal within five (5) working days to the Department Head of the Clinical Lab., Respiratory, and Health Administration Programs, who shall inform the student intern of his/her decision in writing within three (3) working days.

   The Final Step in the appeal process shall rest with the Dean of the College of Allied Health Sciences. If any student intern wishes to appeal the decision of the Department Head of the Clinical Lab., Respiratory, and Health Administration Programs, he/she shall file an appeal within five (5) working days to the Dean of the College of Allied Health Sciences. The Dean shall meet with the student intern and render a written decision within five (5) working days.

   If a student is removed from an internship site, that entire internship will have to be repeated.

21. Enjoy your internship! **Open yourself to this valuable experience, begin networking, and challenge yourself. Remember – your growth is directly related to your proactive involvement and follow through.**

Ferris State University, in compliance with the "Essentials for Accredited Programs in Medical Records," requires that the intern complete an internship assignment. The internship assignment for the Medical Record Technology (MRT) intern consists of 6 weeks spent in a healthcare setting. The Medical Record Administration (MRA) intern spends an additional 10 weeks in the healthcare setting applying management principles.

Interns may experience some apprehension in terms of how they will fit into your department. We hope that the following comments and suggestions will be of assistance to you as you prepare for, and work with, the interns in this 6 week internship.

SCHEDULE FOR INTERNSHIP

1. The schedule, which you are asked to prepare in advance of the intern's arrival and forward to the Faculty Member at the University. This is helpful tool to you and your staff, but also to the intern in giving a sense of direction for practical experience. The intern can be scheduled to work with any employee in the department as long as he or she remains under the overall direction of the Site Coordinator.

2. The intern has been instructed to report to you prior to the scheduled starting time if they must be absent. If the intern is absent, it is recommended that the time be made up; it is left to your discretion. Excessive absences [3 consecutive days or 5 total days] should be reported to the Faculty Member.

3. If you desire specific feedback from the intern on a particular work assignment, you may ask that a brief summary of his or her observation be written, or a flow chart developed. If you decide to do this, you may wish to review the work with the intern and comment on the accuracy of the presentation.

4. With the increased emphasis on ambulatory settings, we would like the intern to get as much exposure to these as possible, particularly those with organized health record systems.

5. Meeting attendance is encouraged. Please communicate to the intern when he or she may attend a meeting.

6. To assist you in planning and scheduling for the internship, we suggest the following time allotments for the main activities of the internship. It is not a rigid schedule, and you may vary this according to the functions of your department. All of the project activities are to be included in the internship through observation, explanation, or participation. You may make the determination as to the appropriate approach.

7. **ORIENTATION**

    We suggest you cover the following topics on the first day:

    -   A basic orientation in terms of general overview of the department including such things as:
        -   o facility and departmental organizational structure

- o introduction to employees with whom he or she will be working
- o rules of the department and facility
- o a tour of the facility
- o scheduling attendance at a general orientation session, if possible

- Review of the schedule which you have prepared for the intern. Discuss your mutual expectation, and the needs and interests of the intern for the internship. This discussion will help to set the direction for periodic reviews during the internship and the evaluation at the end.

- Have the intern read and sign the confidentiality agreement [Attachment A]

8. HIM DEPARTMENT OVERVIEW   1 week

Since the intern has had a previous technical experience, a brief overview of your medical record system (unless they are unique and innovative in some respect) is all that is expected. After this introduction to the department, the intern could be allowed free time to follow the work flow, observe activities as he or she feels necessary, and ask questions of employees.

9. HIM DEPARTMENT - MANAGEMENT   10 days

We consider this to be a very important area. **We suggest you allow the intern to spend as much time as possible with you.** Interns have expressed a desire to be able to observe a full day's activities of the department director.

Time should be set aside each week, preferably 1/2 to 1 hour, to allow the Site Coordinator and the intern to discuss management problems or considerations that relate to the experience of that week and to allow time for answering intern questions. This can take place between the intern and the most appropriate supervisor.

Provide a "wrap-up" session at the end of the internship, this is attended by the intern and Site Coordinator/director with or without support staff.

Main Activities:

- Facility and department organization (including charts).
- Department policies.
- Personnel management - employee selection, orientation and evaluation; scheduling.
- Personnel supervision: motivation, discipline, problems, and affirmative action.
- Managerial applications: budgeting, forms design, standards.
- Involvement with computer applications.
- Involvement with accrediting and regulatory agencies.
- Meetings and functions - medical staff, interdepartmental and department, professional HIM.
- Director relationships to administration, medical staff and other departments.
- Other managerial responsibilities (i.e., professional correspondence).

10. **POLICIES AND PROCEDURES**   **5 days**

The purpose of this section is to acquaint the intern with the manner in which the following procedures are carried out in your department. It is also to allow the intern to apply the managerial considerations listed under Objectives 2 and 3.

- Admission procedures (inpatient and outpatient)
- Chart assembly/discharge procedures (inpatient and outpatient)
- Daily collection of statistics (whether for manual or computer processed)
- Abstracting, coding and indices.
- Filing and record retrieval.
- Record locator or check-out controls.
- Birth certificates.
- Tumor registry.
- Transcription or word processing system (should be included as an observation of procedures, equipment and application of management considerations).
- Release of information (medicolegal requests, insurance requests, phone and reception).
- Other clerical functions in the department.

11. **DATA RETRIEVAL AND REPORTING**   **5 days**

- Statistical reporting.
- CQI and utilization management. Please try to expose the intern to as many of these activities as internship time permits.
- MPRO functions.
- Finance/reimbursement.

12. **OTHER DEPARTMENTS, HEALTHCARE FACILITIES, AND AGENCIES**

It is recommended that the interns have an opportunity to visit each hospital department, a nursing unit, and other healthcare facilities and agencies.

13. **ADMINISTRATIVE PROJECT**   **1 – 2 weeks**

It may involve more than 40 hours within the clinical site schedule and additional hours of the intern's own time. This will involve researching an area, determining alternative solutions, and suggesting recommendations. It would not necessarily include implementation because of the time limitation. It will be assigned and evaluated by the Site Coordinator.

Refer to Objective 6 regarding your involvement in identifying the objective(s), deadline for completion, and specific items to be included.

14. **ADDITIONAL APPROPRIATE LEARNING ACTIVITIES INCLUDE:**

- o   Meeting with the Compliance Officer.
- o   Meeting with the Security Officer.
- o   Attendance at meetings (committee--medical staff, department, interdepartmental, professional) whenever possible.
- o   Exposure to any unusual, unique, or innovative procedure, equipment, diagnostic and treatment units such as dialysis, burn, infant, intensive care.

- o An opportunity for the intern to observe or participate in greater depth in areas of special interest, or where there is a need for clarification.
- o Any other activities which the Site Coordinator feels would be a good learning experience.
- o Interns should not be scheduled to visit more than 2 departments in one day as they tend to be exhausted and lose their attentiveness.

EVALUATION

1. Complete and sign a 'Site Coordinator Project Evaluation' form for **ALL** written intern projects where it is required. **Please, only review (do NOT rewrite or correct) student** projects. With this evaluation, the FSU Faculty Member will receive valuable input for assigning an appropriate grade to each project.

2. Complete and return a one (1) page evaluation on the intern that will be mailed to you. Please return this after the **3rd week** of the internship.

   2.1 The purpose of these evaluations is to monitor intern progress.
   2.2 Additional evaluations may be requested, if intern progress is unsatisfactory.
   2.3 Each evaluation should be discussed with the intern. The intern is required to review and sign the evaluation.

3. Near the end of the internship, a 'Site Coordinator's Final Assessment of the Intern's Performance' will be mailed to you. Please complete and return it to the FSU Faculty Member at the University. We ask that you discuss the evaluation with the intern before he/she leaves your institution. The intern is to sign the evaluation.

4. An intern signature on an evaluation indicates that the evaluation has been reviewed; it does not indicate agreement.

5. The intern will complete an evaluation of the internship experience and site at the end of the internship. He/she has been asked to discuss the evaluation with you.

OTHER

1. You are **not** required to sign the weekly memos from the intern to the FSU Faculty Member.

2. If it will not disrupt work flow in a department, we ask that the intern be allowed to use available personal computers, or other office equipment, to key or type their projects. *They are not to use internship time to write the projects, however, without YOUR expressed permission.*

3. **INTERNSHIP TERMINATION** – Unsatisfactory internship progress or conduct could result in an academic or disciplinary termination from the internship. If there is evidence that termination may occur, the FSU Faculty Member will notify the Site Coordinator. A meeting between the intern and the FSU Faculty Member will be scheduled to obtain the facts. A meeting of the Site Coordinator and the FSU Faculty Member will follow. At this time, a decision will be made as to whether the intern will continue in the internship. At your discretion, an intern may be suspended from the internship until a decision is made. (Time will not need to be made up, but the intern must complete all required projects.)

4. **APPEAL** – Each intern will have the right to appeal an academic or disciplinary termination from an affiliation site.

The student intern shall first appeal within five (5) working days to the Department Head of the Clinical Lab., Respiratory, and Health Administration Programs, who shall inform the student intern of his/her decision in writing within three (3) working days.

The Final Step in the appeal process shall rest with the Dean of the College of Allied Health Sciences. If any student intern wishes to appeal the decision of the Department Head of the Clinical Lab., Respiratory, and Health Administration Programs, he/she shall file an appeal within five (5) working days to the Dean of the College of Allied Health Sciences. The Dean shall meet with the student intern and render a written decision within five (5) working days.

5. *If an intern is removed from an internship site, that entire internship will have to be repeated.*

AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION
DOMAINS, TASKS, AND SUBTASKS

HIM BACCALAUREATE DEGREE ENTRY-LEVEL COMPETENCIES

1 HEALTH DATA MANAGEMENT

   1.1 HEALTH DATA STRUCTURE, CONTENT AND STANDARDS
   - 1.1.1 MANAGE HEALTH DATA (SUCH AS DATA ELEMENTS, DATA SETS, AND DATABASES).
   - 1.1.2 ENSURE THAT DOCUMENTATION IN THE HEALTH RECORD SUPPORT THE DIAGNOSIS AND REFLECTS THE PATIENT'S PROGRESS, CLINICAL FINDINGS, AND DISCHARGE STATUS.
   - 1.1.3 MAINTAIN PROCESSES, POLICIES, AND PROCEDURES TO ENSURE THE ACCURACY OF CODED DATA.
   - 1.1.4 MONITOR USE OF CLINICAL VOCABULARIES AND TERMINOLOGIES USED IN THE ORGANIZATION'S HEALTH INFORMATION SYSTEMS.

   1.2 HEALTHCARE INFORMATION REQUIREMENTS AND STANDARDS
   - 1.2.1 DEVELOP ORGANIZATION-WIDE HEALTH RECORD DOCUMENTATION GUIDELINES.
   - 1.2.2 MAINTAIN ORGANIZATIONAL COMPLIANCE WITH REGULATIONS AND STANDARDS.
   - 1.2.3 ENSURE ORGANIZATIONAL SURVEY READINESS FOR ACCREDITATION, LICENSING AND/OR CERTIFICATION PROCESSES.

   1.3 CLINICAL CLASSIFICATION SYSTEMS
   - 1.3.1 SELECT ELECTRONIC APPLICATIONS FOR CLINICAL CLASSIFICATION AND CODING.
   - 1.3.2 IMPLEMENT AND MANAGE APPLICATIONS AND PROCESSES FOR CLINICAL CLASSIFICATION AND CODING.

   1.4 REIMBURSEMENT METHODOLOGIES
   - 1.4.1 MANAGE THE USE OF CLINICAL DATA REQUIRED IN PROSPECTIVE PAYMENT SYSTEMS (PPS) IN HEALTHCARE DELIVERY.
   - 1.4.2 MANAGE THE USE OF CLINICAL DATA REQUIRED IN OTHER REIMBURSEMENT SYSTEMS IN HEALTHCARE DELIVERY.
   - 1.4.3 PARTICIPATE IN SELECTION AND DEVELOPMENTOF APPLICATIONS AND PROCESSES FOR CHARGEMASTER AND CLAIMS MANAGEMENT.
   - 1.4.4 IMPLEMENT AND MANAGE PROCESSES FOR COMPLIANCE AND REPORTING SUCH AS THE NATIONAL CORRECT CODING INITIATIVE.

2 HEALTH STATISTICS, BIOMEDICAL RESEARCH AND QUALITY MANAGEMENT

   2.1 HEALTHCARE STATISTICS AND RESEARCH
   - 2.1.1 MANAGE CLINICAL INDICES/DATABASES/REGISTRIES.
   - 2.1.2 ANALYZE AND PRESENT DATA FOR QUALITY MANAGEMENT, UTILIZATION MANAGEMENT, RISK MANAGEMENT, AND OTHER RELATED STUDIES.
   - 2.1.3 UTILIZE STATISTICAL SOFTWARE.
   - 2.1.4 ENSURE ADHERENCE TO INSTITUTIONAL REVIEW BOARD (IRB) PROCESSES AND POLICIES.

   2.2 QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT
   - 2.2.1 ORGANIZE AND COORDINATE FACILITY-WIDE QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT PROGRAMS.
   - 2.2.2 ANALYZE CLINICAL DATA TO IDENTIFY TRENDS.
   - 2.2.3 ANALYZE AND PRESENT DATA FOR HEALTHCARE DECISION-MAKING (SUCH AS DEMONSTRATING QUALITY, SAFETY, AND EFFECTIVENESS OF HEALTHCARE).

3 HEALTH SERVICES ORGANIZATION AND DELIVERY
    3.1 HEALTHCARE DELIVERY SYSTEMS
        3.1.1 MONITOR THE IMPACT OF NATIONAL HEALTH INFORMATION INITIATIVES ON THE HEALTHCARE DELIVERY SYSTEM FOR APPLICATION TO INFORMATION SYSTEM POLICIES AND PROCEDURES.
        3.1.2 INTERPRET, COMMUNICATE, AND APPLY CURRENT LAWS, ACCREDITATION, LICENSURE AND CERTIFICATION STANDARDS RELATED TO HEALTH INFORMATION INITIATIVES AT THE NATIONAL, STATE, LOCAL, AND FACILITY LEVELS.
        3.1.3 ANALYZE AND RESPOND TO THE INFORMATION NEEDS OF INTERNAL AND EXTERNAL CUSTOMERS THROUGHOUT THE CONTINUUM OF HEALTHCARE SERVICES.
        3.1.4 REVISE POLICIES AND PROCEDURES TO COMPLY WITH CHANGING HEALTH INFORMATION REGULATIONS.
        3.1.5 TRANSLATE AND INTERPRET HEALTH INFORMATION FOR CONSUMERS AND ADVOCATES.

    3.2 HEALTHCARE PRIVACY, CONFIDENTIALITY, LEGAL, AND ETHICAL ISSUES
        3.2.1 COORDINATE THE IMPLEMENTATION OF LEGAL AND REGULATORY REQUIREMENTS RELATED TO THE HEALTH INFORMATION INFRASTRUCTURE.
        3.2.2 MANAGE ACCESS AND DISCLOSURE OF PERSONAL HEALTH INFORMATION.
        3.2.3 DEVELOP AND IMPLEMENT ORGANIZATION-WIDE CONFIDENTIALITY POLICIES AND PROCEDURES.
        3.2.4 DEVELOP AND IMPLEMENT PRIVACY TRAINING PROGRAMS.
        3.2.5 RESOLVE PRIVACY ISSUES/PROBLEMS.
        3.2.6 APPLY AND PROMOTE ETHICAL STANDARDS OF PRACTICE.

4 INFORMATION TECHNOLOGY & SYSTEMS
    4.1 INFORMATION AND COMMUNICATION TECHNOLOGIES
        4.1.1 IMPLEMENT AND MANAGE USE OF TECHNOLOGY, INCLUDING HARDWARE AND SOFTWARE, TO ENSURE DATA COLLECTION, STORAGE, ANALYSIS AND REPORTING OF INFORMATION.
        4.1.2 CONTRIBUTE TO THE DEVELOPMENT OF NETWORKS, INCLUDING INTRANET AND INTERNET APPLICATIONS TO FACILITATE THE ELECTRONIC HEALTH RECORD (EHR), PERSONAL HEALTH RECORD (PHR), PUBLIC HEALTH, AND OTHER ADMINISTRATIVE APPLICATIONS.
        4.1.3 INTERPRET THE DERIVATION AND USE OF STANDARDS TO ACHIEVE INTEROPERABILITY OF HEALTHCARE INFORMATION SYSTEMS.

    4.2 DATA, INFORMATION, AND FILE STRUCTURES
        4.2.1 APPLY KNOWLEDGE OF DATA BASE ARCHITECTURE AND DESIGN (SUCH AS DATA DICTIONARY, DATA MODELING, DATA WAREHOUSING, AND SO ON) TO MEET ORGANIZATIONAL NEEDS.

    4.3 DATA STORAGE AND RETRIEVAL
        4.3.1 APPLY APPROPRIATE ELECTRONIC OR IMAGING TECHNOLOGY FOR DATA/RECORD STORAGE.
        4.3.2 APPLY KNOWLEDGE OF DATABASE QUERYING AND DATA MINING TECHNIQUES TO FACILITATE INFORMATION RETRIEVAL.
        4.3.3 IMPLEMENT AND MANAGE KNOWLEDGE-BASED APPLICATIONS TO MEET END-USER INFORMATION REQUIREMENTS.
        4.3.4 DESIGN AND GENERATE ADMINISTRATIVE REPORTS USING APPROPRIATE SOFTWARE.

    4.4 DATA SECURITY
        4.4.1 ENFORCE CONFIDENTIALITY AND SECURITY MEASURES TO PROTECT ELECTRONIC HEALTH INFORMATION.
        4.4.2 PROTECT DATA INTEGRITY AND VALIDITY USING SOFTWARE OR HARDWARE TECHNOLOGY.
        4.4.3 IMPLEMENT AND MONITOR DEPARTMENT AND ORGANIZATIONAL DATA AND INFORMATION SYSTEM SECURITY POLICIES.
        4.4.4 RECOMMEND ELEMENTS THAT MUST BE INCLUDED IN THE DESIGN OF AUDIT TRAIL AND DATA QUALITY MONITORING PROGRAMS.

4.4.5 RECOMMEND ELEMENTS THAT SHOULD BE INCLUDED IN THE DESIGN AND IMPLEMENTATION OF RISK ASSESSMENT, CONTINGENCY PLANNING, AND DATA RECOVERY PROCEDURES.

4.5 HEALTHCARE INFORMATION SYSTEMS
4.5.1 COMPARE AND CONTRAST THE VARIOUS CLINICAL, ADMINISTRATIVE, AND SPECIALTY SERVICE APPLICATIONS USED IN HEALTHCARE ORGANIZATIONS.
4.5.2 APPLY APPROPRIATE SYSTEMS LIFE CYCLE CONCEPTS, INCLUDING SYSTEMS ANALYSIS, DESIGN IMPLEMENTATION, EVALUATION, AND MAINTENANCE TO THE SELECTION OF HEALTHCARE INFORMATION SYSTEMS.
4.5.3 FACILITATE PROJECT MANAGEMENT BY INTEGRATING WORK EFFORTS, AS WELL AS PLANNING AND EXECUTING PROJECT TASKS AND ACTIVITIES.
4.5.4 FORMULATE PLANNING, DESIGN, SELECTION, IMPLEMENTATION, INTEGRATION, TESTING, EVALUATION, AND SUPPORT FOR ORGANIZATION-WIDE INFORMATION SYSTEMS.
4.5.5 APPLY ERGONOMIC AND HUMAN FACTORS IN INTERFACE DESIGN.

5 ORGANIZATION AND MANAGEMENT
5.1 HUMAN RESOURCES MANAGEMENT
5.1.1 MANAGE HUMAN RESOURCES TO FACILITATE STAFF RECRUITMENT, RETENTION, AND SUPERVISION.
5.1.2 ENSURE COMPLIANCE WITH EMPLOYMENT LAWS.
5.1.3 DEVELOP AND IMPLEMENT STAFF ORIENTATION AND TRAINING PROGRAMS.
5.1.4 DEVELOP AND IMPLEMENT CONTINUING EDUCATION PROGRAMS.
5.1.5 DEVELOP PRODUCTIVITY STANDARDS FOR HEALTH INFORMATION FUNCTIONS.
5.1.6 MONITOR STAFFING LEVELS AND PRODUCTIVITY, AND PROVIDE FEEDBACK TO STAFF REGARDING PERFORMANCE.
5.1.7 BENCHMARK STAFF PERFORMANCE DATA.
5.1.8 DEVELOP, MOTIVATE, AND SUPPORT WORK TEAMS.

5.2 FINANCIAL AND RESOURCE MANAGEMENT
5.2.1 DEMONSTRATE KNOWLEDGE OF FINANCIAL MANAGEMENT AND ACCOUNTING PRINCIPLES.
5.2.2 PREPARE AND MONITOR BUDGETS AND CONTRACTS.
5.2.3 DEMONSTRATE AND APPLY KNOWLEDGE OF COST-BENEFIT ANALYSIS TECHNIQUES TO JUSTIFY RESOURCE NEEDS.
5.2.4 MANAGE ORGANIZATION-WIDE CODING AND REVENUE CYCLE PROCESSES.

5.3 STRATEGIC PLANNING AND ORGANIZATIONAL DEVELOPMENT
5.3.1 DEVELOP STRATEGIC AND OPERATIONAL PLANS FOR FACILITY-WIDE INFORMATION SYSTEMS.
5.3.2 ASSESS ORGANIZATION-WIDE INFORMATION NEEDS.
5.3.3 FACILITATE RETRIEVAL, INTERPRETATION, AND PRESENTATION OF DATA/INFORMATION APPROPRIATE TO USER NEEDS.
5.3.4 DEMONSTRATE AND APPLY PRINCIPLES OF ORGANIZATION BEHAVIOR TO FACILITATE TEAM BUILDING, NEGOTIATION, AND CHANGE MANAGEMENT.

5.4 PROJECT AND OPERATION MANAGEMENT
5.4.1 APPLY GENERAL PRINCIPLES OF MANAGEMENT IN THE ADMINISTRATION OF HEALTH INFORMATION SERVICES.
5.4.2 ASSIGN PROJECTS AND TASKS TO APPROPRIATE STAFF.
5.4.3 IMPLEMENT PROCESS ENGINEERING AND PROJECT MANAGEMENT TECHNIQUES TO ENSURE EFFICIENT WORKFLOW AND APPROPRIATE OUTCOMES.

HIM ASSOCIATE DEGREE ENTRY-LEVEL COMPETENCIES

1   HEALTH DATA MANAGEMENT

    1.1   HEALTH DATA STRUCTURE, CONTENT AND STANDARDS
        1.1.1   COLLECT AND MAINTAIN HEALTH DATA (E.G. DATA ELEMENTS, DATA SETS AND DATABASES).
        1.1.2   CONDUCT ANALYSIS TO ASSURE THAT DOCUMENTATION IN THE HEALTH RECORD SUPPORTS THE DIAGNOSIS AND REFLECTS THE PROGRESS, CLINICAL FINDINGS AND DISCHARGE STATUS.
        1.1.3   APPLY POLICIES AND PROCEDURES TO ASSURE THE ACCURACY OF HEALTH DATA.
        1.1.4   CONTRIBUTE TO THE DEFINITIONS FOR AND APPLY CLINICAL VOCABULARIES AND TERMINOLOGIES USED IN THE ORGANIZATION'S HEALTH INFORMATION SYSTEMS.
        1.1.5   VERIFY TIMELINESS, COMPLETENESS, ACCURACY, AND APPROPRIATENESS OF DATA AND DATA SOURCES FOR PATIENT CARE, MANAGEMENT, BILLING REPORTS, REGISTRIES AND/OR DATABASES.

    1.2   HEALTHCARE INFORMATION REQUIREMENTS AND STANDARDS
        1.2.1   MONITOR AND APPLY ORGANIZATION-WIDE HEALTH RECORD DOCUMENTATION GUIDELINES.
        1.2.2   APPLY POLICIES AND PROCEDURES TO ASSURE ORGANIZATIONAL COMPLIANCE WITH REGULATIONS AND STANDARDS.
        1.2.3   REPORT COMPLIANCE FINDINGS ACCORDING TO ORGANIZATIONAL POLICY.
        1.2.4   MAINTAIN THE ACCURACY AND COMPLETENESS OF THE PATIENT RECORD AS DEFINED BY ORGANIZATIONAL POLICY AND EXTERNAL REGULATIONS AND STANDARDS.
        1.2.5   ASSIST IN PREPARING THE ORGANIZATION FOR ACCREDITATION, LICENSING AND/OR CERTIFICATION SURVEYS.

    1.3   CLINICAL ELECTRONIC CLASSIFICATION SYSTEMS
        1.3.1   USE AND MAINTAIN ELECTRONIC APPLICATIONS FOR CLINICAL CLASSIFICATION AND CODING.
        1.3.2   APPLY DIAGNOSIS/PROCEDURE CODES USING ICD-9-CM
        1.3.3   APPLY PROCEDURE CODES USING CPT/HCPCS.
        1.3.4   ASSURE ACCURACY OF DIAGNOSTIC/PROCEDURAL GROUPINGS SUCH AS DRG, APC, ETC.
        1.3.5   ADHERE TO CURRENT REGULATIONS AND ESTABLISHED GUIDELINES IN CODE ASSIGNMENT.
        1.3.6   VALIDATE CODING ACCURACY USING CLINICAL INFORMATION FOUND IN THE HEALTH RECORD.
        1.3.7   USE AND MAINTAIN APPLICATIONS AND PROCESSES TO SUPPORT OTHER CLINICAL CLASSIFICATION AND NOMENCLATURE SYSTEMS (EX. ICD-10-CM, SNOMED, ETC.)
        1.3.8   RESOLVE DISCREPANCIES BETWEEN CODED DATA AND SUPPORTING DOCUMENTATION.

    1.4   REIMBURSEMENT METHODOLOGIES
        1.4.1   APPLY POLICIES AND PROCEDURES FOR THE USE OF CLINICAL DATA REQUIRED IN REIMBURSEMENT AND PROSPECTIVE PAYMENT SYSTEMS (PPS) IN HEALTHCARE DELIVERY.
        1.4.2   SUPPORT ACCURATE BILLING THROUGH CODING, CHARGEMASTER, CLAIMS MANAGEMENT AND BILL RECONCILIATION PROCESSES.
        1.4.3   USE ESTABLISHED GUIDELINES TO COMPLY WITH REIMBURSEMENT AND REPORTING REQUIREMENTS SUCH AS THE NATIONAL CORRECT CODING INITIATIVE.
        1.4.4   COMPILE PATIENT DATA AND PERFORM DATA QUALITY REVIEWS TO VALIDATE CODE ASSIGNMENT AND COMPLIANCE WITH REPORTING REQUIREMENTS SUCH AS OUTPATIENT PROSPECTIVE PAYMENT SYSTEMS.

2   HEALTH STATISTICS, BIOMEDICAL RESEARCH AND QUALITY MANAGEMENT
    2.1   HEALTHCARE STATISTICS AND RESEARCH
        2.1.1   ABSTRACT AND MAINTAIN DATA FOR CLINICAL INDICES/DATABASES/REGISTRIES.
        2.1.2   COLLECT, ORGANIZE AND PRESENT DATA FOR QUALITY MANAGEMENT, UTILIZATION MANAGEMENT, RISK MANAGEMENT, AND OTHER RELATED STUDIES.

2.1.3 COMPUTE AND INTERPRET HEALTHCARE STATISTICS.

2.1.4 APPLY INSTITUTIONAL REVIEW BOARD (IRB) PROCESSES AND POLICIES.

2.1.5 USE SPECIALIZED DATABASES TO MEET SPECIFIC ORGANIZATION NEEDS SUCH AS MEDICAL RESEARCH AND DISEASE REGISTRIES.

2.2 QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

2.2.1 ABSTRACT AND REPORT DATA FOR FACILITY-WIDE QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT PROGRAMS.

2.2.2 ANALYZE CLINICAL DATA TO IDENTIFY TRENDS THAT DEMONSTRATE QUALITY, SAFETY AND EFFECTIVENESS OF HEALTHCARE.

3 HEALTH SERVICES ORGANIZATION AND DELIVERY

3.1 HEALTHCARE DELIVERY SYSTEMS

3.1.1 APPLY INFORMATION SYSTEM POLICIES AND PROCEDURES REQUIRED BY NATIONAL HEALTH INFORMATION INITIATIVES ON THE HEALTHCARE DELIVERY SYSTEM.

3.1.2 APPLY CURRENT LAWS, ACCREDITATION, LICENSURE AND CERTIFICATION STANDARDS RELATED TO HEALTH INFORMATION INITIATIVES AT THE NATIONAL, STATE, LOCAL, AND FACILITY LEVELS.

3.1.3 APPLY POLICIES AND PROCEDURES TO COMPLY WITH CHANGING HEALTH INFORMATION REGULATIONS AMONG VARIOUS PAYMENT SYSTEMS FOR HEALTHCARE SERVICES SUCH AS MEDICARE, MEDICAID, MANAGED CARE, ETC.

3.1.4 DIFFERENTIATE THE ROLES OF VARIOUS PROVIDERS AND DISCIPLINES THROUGHOUT THE CONTINUUM OF HEALTHCARE AND RESPOND TO THEIR INFORMATION NEEDS.

3.2 HEALTHCARE PRIVACY, CONFIDENTIALITY, LEGAL, AND ETHICAL ISSUES

3.2.1 PARTICIPATE IN THE IMPLEMENTATION OF LEGAL AND REGULATORY REQUIREMENTS RELATED TO THE HEALTH INFORMATION INFRASTRUCTURE.

3.2.2 APPLY POLICIES AND PROCEDURES FOR ACCESS AND DISCLOSURE OF PERSONAL HEALTH INFORMATION.

3.2.3 RELEASE PATIENT-SPECIFIC DATA TO AUTHORIZED USERS.

3.2.4 MAINTAIN USER ACCESS LOGS/SYSTEMS TO TRACK ACCESS TO AND DISCLOSURE OF IDENTIFIABLE PATIENT DATA.

3.2.5 CONDUCT PRIVACY AND CONFIDENTIALITY TRAINING PROGRAMS.

3.2.6 INVESTIGATE AND RECOMMEND SOLUTIONS TO PRIVACY ISSUES/PROBLEMS.

3.2.7 APPLY AND PROMOTE ETHICAL STANDARDS OF PRACTICE.

4 INFORMATION TECHNOLOGY & SYSTEMS

4.1 INFORMATION AND COMMUNICATION TECHNOLOGIES

4.1.1 USE TECHNOLOGY, INCLUDING HARDWARE AND SOFTWARE, TO ENSURE DATA COLLECTION, STORAGE, ANALYSIS AND REPORTING OF INFORMATION.

4.1.2 USE COMMON SOFTWARE APPLICATIONS (E.G., SPREADSHEETS, DATABASES, WORD PROCESSING, GRAPHICS, PRESENTATION, EMAIL, ETC.) IN THE EXECUTION OF WORK PROCESSES.

4.1.3 USE SPECIALIZED SOFTWARE IN THE COMPLETION OF HIM PROCESSES SUCH AS RECORD TRACKING, RELEASE OF INFORMATION, CODING GROUPING, REGISTRIES, BILLING, QUALITY IMPROVEMENT, AND IMAGING.

4.1.4 APPLY POLICIES AND PROCEDURES TO THE USE OF NETWORKS, INCLUDING INTRANET AND INTERNET APPLICATIONS TO FACILITATE THE ELECTRONIC HEALTH RECORD (EHR), PERSONAL HEALTH RECORD (PHR), PUBLIC HEALTH, AND OTHER ADMINISTRATIVE APPLICATIONS.

4.2 DATA, INFORMATION, AND FILE STRUCTURES

4.2.1 APPLY KNOWLEDGE OF DATA BASE ARCHITECTURE AND DESIGN (SUCH AS DATA DICTIONARY, DATA MODELING, DATA WAREHOUSING, AND SO ON) TO MEET ORGANIZATIONAL NEEDS.

4.3   DATA STORAGE AND RETRIEVAL
- 4.3.1   USE APPROPRIATE ELECTRONIC OR IMAGING TECHNOLOGY FOR DATA/RECORD STORAGE.
- 4.3.2   QUERY AND GENERATE REPORTS TO FACILITATE INFORMATION RETRIEVAL.
- 4.3.3   DESIGN AND GENERATE REPORTS USING APPROPRIATE SOFTWARE.
- 4.3.4   MAINTAIN ARCHIVAL AND RETRIEVAL SYSTEMS FOR PATIENT INFORMATION STORED IN MULTIPLE FORMATS.
- 4.3.5   COORDINATE, USE AND MAINTAIN SYSTEMS FOR DOCUMENT IMAGING AND STORAGE.

4.4   DATA SECURITY
- 4.4.1   APPLY CONFIDENTIALITY AND SECURITY MEASURES TO PROTECT ELECTRONIC HEALTH INFORMATION.
- 4.4.2   PROTECT DATA INTEGRITY AND VALIDITY USING SOFTWARE OR HARDWARE TECHNOLOGY.
- 4.4.3   APPLY DEPARTMENTAL AND ORGANIZATIONAL DATA AND INFORMATION SYSTEM SECURITY POLICIES.
- 4.4.4   USE AND SUMMARIZE DATA COMPLIED FROM AUDIT TRAIL AND DATA QUALITY MONITORING PROGRAMS.
- 4.4.5   CONTRIBUTE TO THE DESIGN AND IMPLEMENTATION OF RISK ASSESSMENT, CONTINGENCY PLANNING, AND DATA RECOVERY PROCEDURES.

4.5   HEALTHCARE INFORMATION SYSTEMS
- 4.5.1   PARTICIPATE IN THE PLANNING, DESIGN, SELECTION, IMPLEMENTATION, INTEGRATION, TESTING, EVALUATION, AND SUPPORT FOR ORGANIZATION-WIDE INFORMATION SYSTEMS.
- 4.5.2   USE THE PRINCIPLES OF ERGONOMIC AND HUMAN FACTORS IN INTERFACE DESIGN.

5 ORGANIZATION AND MANAGEMENT

5.1   HUMAN RESOURCES MANAGEMENT
- 5.1.1   APPLY THE FUNDAMENTALS OF TEAM LEADERSHIP.
- 5.1.2   ORGANIZE AND CONTRIBUTE TO WORK TEAMS AND COMMITTEES.
- 5.1.3   CONDUCT CONTINUING EDUCATION PROGRAMS.
- 5.1.4   MONITOR STAFFING LEVELS AND PRODUCTIVITY, AND PROVIDE FEEDBACK TO STAFF REGARDING PERFORMANCE.
- 5.1.5   COMMUNICATE BENCHMARK STAFF PERFORMANCE DATA.
- 5.1.6   PRIORITIZE JOB FUNCTIONS AND ACTIVITIES.
- 5.1.7   USE QUALITY IMPROVEMENT TOOLS AND TECHNIQUES TO MONITOR, REPORT AND IMPROVE PROCESSES.

5.2   FINANCIAL AND RESOURCE MANAGEMENT
- 5.2.1   MAKE RECOMMENDATIONS FOR ITEMS TO INCLUDE IN BUDGETS AND CONTRACTS.
- 5.2.2   MONITOR AND ORDER SUPPLIES NEEDED FOR WORK PROCESSES.
- 5.2.3   MONITOR CODING AND REVENUE CYCLE PROCESSES.
- 5.2.4   RECOMMEND COST-SAVING AND EFFICIENT MEANS OF ACHIEVING WORK PROCESSES AND GOALS.
- 5.2.5   CONTRIBUTE TO WORK PLANS, POLICIES, PROCEDURES, AND RESOURCE REQUISITIONS IN RELATION TO JOB FUNCTIONS.

1.	ADHERE TO THE DRESS CODE.
2.	ABIDE BY THE EMPLOYEE RULES AND REGULATIONS OF THE INTERNSHIP.
3.	ABIDE BY THE AHIMA CODE OF ETHICS.
4.	MAINTAIN A COOPERATIVE ATTITUDE THROUGHOUT THE CLINICAL EXPERIENCE.
5.	ACCEPT RESPONSIBILITY FOR ASSIGNED TASKS (PROJECT) AND FOR INITIATING DISCUSSION THAT WILL ENHANCE THE LEARNING EXPERIENCE.
6.	REPRESENT THE HEALTH INFORMATION MANAGEMENT PROGRAM AT FERRIS STATE UNIVERSITY IN A PROFESSIONAL MANNER.
7.	DISCUSS INTERRELATIONSHIPS AND ROLE OF THE HIM DIRECTOR TO THE FINANCE DEPARTMENT
8.	FACILITATE PROJECT MANAGEMENT BY INTEGRATING WORK EFFORTS, AS WELL AS PLANNING AND EXECUTING PROJECT TASKS AND ACTIVITIES.
9.	IMPLEMENT PROCESS ENGINEERING AND PROJECT MANAGEMENT TECHNIQUES TO ENSURE EFFICIENT WORKFLOW AND APPROPRIATE OUTCOMES.
10.	DISCUSS THE TRANSCRIPTION/WORD PROCESSING AREA, E.G. - CONTROLS, STAFFING AND SUPERVISION NECESSARY TO MAINTAIN ITS FUNCTIONING.
11.	PARTICIPATE IN A QUALITY IMPROVEMENT TEAM PROCESS.
12.	UNDERSTAND MEDICAL STAFF GOVERNANCE AND THE CHANNELS OF COMMUNICATION BETWEEN HCO STAFF AND THE MEDICAL STAFF.
13.	UNDERSTAND THE ROLE OF THE FACILITY COMPLIANCE OFFICER, THE RISK MANAGER, AND THE SECURITY OFFICER.

PROJECT AND EVALUATION OVERVIEW

1. Due Dates	**One week AFTER beginning internship (Monday of Week 2):**
	• "<u>Conclusive</u> MRIS Internship Information"
	• Signed copy of Intern Statement of Confidentiality

	Weekly Memo	**Weekly, first due Monday of Week- 2**
	2 projects	**THIRD Monday from start date**
	2 projects	**FIFTH Monday**
	2 projects	**SEVENTH Monday**
	2 projects	**EIGHTH Friday**
	3 projects	**Friday following the final internship date**

<u>You</u> determine which projects are due on the above dates. Projects submitted on or before the above due dates will be at your discretion, as each intern's schedule will vary in each site. Submit projects throughout the 10 weeks.

- Notify your Faculty Member if dates can't be met; only valid extensions will be granted. The Faculty Member may reassign above due dates. <u>Projects and weekly memos must be received by the due date.</u>

- Five [5] points late penalty, per day, for late arrivals.

- Not accepted after five [5] days; 0 points.

- Read project instructions several times. **Proofread and edit all projects.**

- **ALL PROJECTS RETAINED AT FSU.** Make copies for yourself.

- Time management skills and planning is crucial.

- **PLAN – DO – CHECK - ACT**

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2. Format:

- Cover page for each project
  - project title and number
  - site name
  - your name
  - date

- Address all project items. Use question then answer format - type the question and then the response. Or **bold** or <u>underline</u> the primary phrasing in your opening sentence, then respond.

- Free of grammatical or spelling errors (1 point per error).

- Professional appearance

- Computer printed with a maximum of 1 inch margins, font 11-12 [minimum], and single spaced. Professional appearance.

- Always send original project to Faculty Member. Attachments of site samples often strengthen your project.

- *Format Exceptions:* weekly memos

3. Weekly Memos	• Email weekly! Must arrive the following Monday.

4. Project Eval.	• ALL projects require Site Coordinator approval and signature [or his or her designee] prior to sending to FSU. The Site Coordinator reviews all projects to detect any misconceptions or confusion on your part. **THE SITE COORDINATOR IS NOT RESPONSIBLE FOR CORRECTING YOUR PROJECTS, ONLY TO OFFER GUIDANCE**
	
	• Attach a signed *Site Coordinator Project Evaluation* form to each project.
	
	• The Faculty Member will use these when assigning project points.
	
	• *Exceptions:*
	
	    Weekly Memos
	
	    Project 1 – Professional Ethics
	
	    Project 2 – Professional Practice Issues
	
	• **FSU Faculty Member determines project grade (points earned).**

5. Evaluation	**Your FSU Faculty Member [FM] will grade your projects based on the** ❑ evaluation sheet ❑ project content, grammar, depth, organization and answers to all project questions.
• **3 Week Eval**	Site Coordinator will complete and send to FM.
• **Adm. Project**	Site Coordinator will complete and send to FM.
• **Intern Eval.**	**You** complete as to your internship experience. Send to FM.
• **Final Evaluation**	Site Coordinator will complete and send to FM.
	***All evaluations should be discussed with you, reviewed, and signed by you.**

MRIS 493 ASSIGNMENTS AND POINT ALLOCATION

POINTS	ASSIGNMENTS	
5	INTERNSHIP INFORMATION SHEET	COMPLETE AND SENT BY MONDAY OF WEEK 2.
5	STATEMENT OF CONFIDENTIALITY	COMPLETE, SIGNED, AND SENT BY MONDAY OF WEEK 2.
100	WEEKLY MEMO	A WEEKLY MEMO OF DAILY ACTIVITIES; E-MAIL AS AN ATTACHMENT TO FSU FACULTY MEMBER
25	PROFESSIONAL ETHICS	DOES NOT REQUIRE SC PROJECT EVALUATION SHEET
60	PROFESSIONAL PRACTICE ISSUES	DOES NOT REQUIRE SC PROJECT EVALUATION SHEET
150	DEPARTMENTAL FUNCTIONS	WRITTEN REPORT W/ SC EVALUATION FORM
50	DATA SECURITY & PRIVACY	WRITTEN REPORT W/ SC EVALUATION FORM
25	MGT & STAFF MEETING INTERACTIONS	WRITTEN REPORT W/ SC EVALUATION FORM
250	ADMINISTRATIVE PROJECT	WRITTEN REPORT W/ SC EVALUATION FORM
50	HUMAN RESOURCE DEPARTMENT	WRITTEN REPORT W/ SC EVALUATION FORM
50	REIMBURSEMENT METHODOLOGIES	WRITTEN REPORT W/ SC EVALUATION FORM
50	QUALITY IMPROVEMENT	WRITTEN REPORT W/ SC EVALUATION FORM
50	COMPLIANCE OFFICER INTERVIEW	WRITTEN REPORT W/ SC EVALUATION FORM
100	CLINICAL DATA AND REIMBURSEMENT MGT	WRITTEN REPORT W/ SC EVALUATION FORM
100	CLINICAL DATA AND REIMBURSEMENT MGT	WRITTEN REPORT W/ SC EVALUATION FORM
10	INTERN EVALUATION OF INTERNSHIP	DOES NOT REQUIRE SC EVALUATION SHEET, SIGNED BY INTERN
5	THANK YOU (HAND WRITTEN)	A COPY OF AT LEAST ONE OF YOUR THANK YOU NOTES TO PERSONNEL WHO ASSISTED YOU IN YOUR INTERNSHIP.
25	SC'S FINAL ASSSESSMENT OF INTERN'S PERFORMANCE	SITE COORDINATOR WILL COMPLETE AND MAIL TO FSU FACULTY MEMBER.
985	**TOTAL POINTS**	

PROJECTS

Internship Information Sheet
(Send Ist week of Internship)

This form is to provide information to allow the FSU Faculty Member to contact the intern or site coordinator. **Write clearly.**

Intern Information

Name	
Semester and year of internship	293 493 circle one
Beginning date	
Ending date	
Phone number during internship (at site)	
Phone number during internship (home)	
Phone number, permanent	
Mailing address during internship (home)	
E-mail	
Permanent mailing address (home)	

Site Coordinator Information

Name	
Title	
Phone	
Fax (if known)	
E-mail	

Site Information

Name	
Department	
Address	
Phone	

Intern Signature   Date

Send – Attachment A

I understand that it is normal and to be expected that I will come into deliberate or inadvertent possession of patient, facility, or departmental information that must be regarded as confidential. This confidential information may be of a financial, personal, or medical nature. I am aware of the serious nature of violating such confidentiality. I recognize and appreciate the serious nature of the privilege I have been accorded in having access to such information. I will hold this information in strict confidence.

I understand and acknowledge that the following actions are necessary should I breach this confidence.

1. My Site Coordinator will contact my FSU Faculty Member immediately.

2. My Faculty Member, in conjunction with my Site Coordinator and the Assistant Dean for Academic Affairs, will investigate the breach of confidentiality.

3. In concert, the parties in #2 above will make disciplinary recommendations to the Dean of the College of Allied Health as warranted.

4. Such disciplinary recommendations may include immediate termination of my internship and loss of academic credit.

Intern Signature	Date	Site Coordinator Signature	Date

Send – Attachment B

- Must be computer generated.
- This weekly memo **does not** have to be signed by the Site Coordinator
- Complete the memo somewhere other than your internship site. This allows you the opportunity to express yourself totally without inquiries such as, "What are you doing?", or "May I see that?"
- Email weekly! Must arrive the following Monday.
- **Send as an attachment to your email.**

FORMAT:

TO: (name of FSU Faculty Member)

FROM: (your name)

WEEK OF: (January 12-16. 200_; (five days of the week) Monday-Friday; week #1)

DATE: January 17, 200_

COURSE: (MRIS 293, MRIS 493, HCSA 392, HCSA 493)

Include:
- *At least 2-3 sentences, of each day of internship; 1 - 2 pages in length.*
- *A daily record of your activities, events, and interactions with people, departments, and other situations. Comment on your reactions to these occurrences, and conclude with what you have learned.*
- *Note any problems you are having, or concerns you wish to share with the FSU Faculty Member.*
- *Always notify your FSU Faculty Member of any problem so that he/she can follow up with you promptly. DO NOT WAIT UNTIL THE END OF THE INTERNSHIP TO MENTION PROBLEMS RELATED TO THE INTERNSHIP OR THE PROJECTS.*

PROJECT - 1	PROFESSIONAL ETHICS	25 POINTS

NOTE: It is not required that the Site Coordinator review and sign this project. If the Site Coordinator would like a copy of this project, you may omit #5 and #6.

1. Discuss your reactions to the dress code at the facility.

2. Describe the clothes that you wore on one day of the internship. (NOTE: a suit or dress vs. pants; it is not intended that you wear clothes that would embarrass either you or the employees in the department).

3. How did you feel dressed in this manner?

   3.1. Did you notice any reaction, either positive or negative, to your method of dress?

4. Describe your reaction to the employee rules and regulations of the facility.

5. What might you do differently if you were to become manager of the department?

6. When would you be professionally ready to manage a department of this size?

7. Describe how the HIMD personnel abide by the AHIMA Code of Ethics.

8. Discuss an experience which you feel contributed to your professional growth.

9. Discuss an experience which you feel contributed to your personal growth.

As the internship progresses from week to week, you are asked to keep the following six (6) objectives in mind. Each time an event, a project, an observation, or whatever occurs in and around you, and appears to relate to one of the objectives listed, be sure to document the circumstances that preceded the event, what occurred during the event, and how it was resolved by the manager/supervisor.

As you review your notes, decide which objective the event relates to and describe.

Format:

- Date   Objective #_?_   Your Name:
- Objective: "State the objective and the number"
- Event: Briefly identify what occurred or what you observed.
- Resolution:
- Application to the objective: Describe how you feel this situation relates to the objective, and what it implies to you as a student trying to understand management applications and operations.
- What you learned.

Required 6 Objectives:

1.   **Be an effective listener!**

    Assumption:
    The average manager spends more time listening than anything else. It has been stated that speaking is the second most time consuming means of communication. The third and fourth are writing and reading but of all the communication activities, it is obvious why effective listening is a key element in true communication.

2.   **Every manager must be an effective leader!**

    Assumption:
    The success of a healthcare organization depends totally on effective leadership. This is the most critical element that needs to be present if an organization is to be successful. Unfortunately there is no universal agreement as to what effective leadership means, except most people agree it is a form of influence; the ability to influence others.

3.   **Every effective manager must be able to motivate his or her personnel!**

    Assumption:
    Motivation is an internal psychological process that has two sides: movement and motive. Movement (actions) can be seen easily; motives can only be inferred. Yet motives are the "whys" of behavior. These "whys," i.e., needs, wants, etc., arouse and maintain the level of activity and direction of an individual's behavior. The healthcare manager who can motivate their personnel can increase organizational efficiency.

4. **An effective manager must be a team member!**

<u>Assumption:</u>
The success of a team requires specific skills. Strong members are the real foundation of a strong team. People committed to making the team a success. A team needs people who know how to get their ideas across; who can listen to others; and, who are open to new ideas. This requires members who are willing to expose and deal with problems rather than hide them under the rug.

6. **An effective manager/supervisor understands change, accepts change, introduces change, influences or sells change, when it occurs.**

<u>Assumption:</u>
All organized activities are under continuous pressure for change. There are various reasons for change and degrees of magnitude of change, i.e., throughout an organization to individual level. The growth of most undertakings depends largely on the concept of change and the accommodation of changes. A supervisor's effectiveness in the influencing function is extremely important to a positive effective implementation of this change.

6. **An effective manager plans the use of time--time does not manage the manager.**

<u>Assumption:</u>
Time is life. It is irreversible and irreplaceable. To waste your time is to waste your life, but to master your time is to master your life and make the most of it (Theo Haimann). In other words, time cannot be renewed or stored, but the supply is flexible. If you want more time, the manager "makes it" themselves. This is true for self and the department to be effective.

1 Discuss the following functions:

  o Admissions

  o Record Assembly and Discharge Analysis

  o Coding and Indexing of Diseases and Procedures

  o Abstracting

  o Release of Information

  o Physicians' Incomplete Record Control

  o Storage and Retrieval

  o Tumor Registry

  o Statistics

  o Transcription

  1.1 Who supervises each function? (Position, not name)

  1.2 What are the management concerns of potential management problems related to this function?

2 Analyze the following items as they relate to the departmental functions. **NOTE**: It is not necessary to discuss each function separately; a general discussion is satisfactory.

  2.1 Performance Standards
    2.1.1 Current
    2.1.2 Benchmarks used
    2.1.3 Analyze findings for each function
    2.1.4 Identify problems, concerns, issues
    2.1.5 Describe impact of study
    2.1.6 Recommendations

  2.2 Job Descriptions
    2.2.1 Components
    2.2.2 By whom are they used
    2.2.3 Analyze

  2.3 Forms Design & Control
    2.3.1 Who is responsible for control and evaluation
    2.3.2 Role of the manager

  2.4 Policies and Procedures
    2.4.1 How are they used
    2.4.2 By whom are they used
    2.4.3 Identify policies and procedures that need to be revised

2.5 Organizational Charts (Facility and Department)

    2.5.1 Develop an organization chart for the facility and the department.

    2.5.2 How are they used

    2.5.3 Who uses

2.6 Marketing Strategies

    2.6.1 Identify

    2.6.2 Effectiveness

3 Work flow of the medical record.

    3.1 Chart current flow

    3.2 Analyze the flow

    3.3 Recommend a work simplification plan with a revised chart of work flow.

NOTE: Do this early in your internship and give it to your Site Coordinator to review prior to including it in your report.

Spend a minimum of 1 day with the Security Officer.

NOTE: You must visit another facility or department, if this technology is not part of the MR Department/ HIMD.

1. Describe the role of the Security Officer.

2. What protection methods/policies are in place for data security. Attach the policies.

3. Describe data security protection methods:

   ❑ physical – i.e. locked doors, UPS power, monitor security

   ❑ technical – i.e. hardware and software, standards (ANSI, ASTM, LOINC, UMLS, MESH, Arden Syntax, HL-7)

   ❑ managerial – policies and procedures; attach a policy and a procedure

   ❑ risk assessment

   ❑ audit trails and control (passwords)

4. Describe the role of the HIM Manager in these data protection methods.

5. How does the Security Officer utilize the service of the systems analyst in the planning and development of the computer applications related to medical records or in terms of record linkage?

6. Describe the backup systems, either manual or computer, that are available during computer down time.

7. What are the computer applications related to the HIM Department, utilization management, and quality improvement?

8. List the computer applications and the position responsible. Discuss the department's future plans for security applications.

9. After contact with each person, describe the method of input of data and output devices or methods used for <u>each application.</u>

10. Describe the involvement with coordinating functions of the EHR relating to input of data from various departments (OP, ER, Admitting, Business Office, other departments) and how?

11. Discuss the department's future plans for EHR. Does this plan meet the standards (HIPAA)?

PROJECT - 5   MANAGEMENT AND STAFF INTERACTIONS IN A MEETING   25 POINTS

Summarize your observations of HIMD meeting

1. Identify the location, date, time, and length of the meeting.

2. Explain the reason for the meeting.

3. Describe the agenda. Was the agenda followed?

4. List attendees by position title (not name), e.g., coders, file clerks, transcriptionists, persons in attendance.

5. Describe how the chair controlled the process and not the content of the meeting.

6. Explain how the chair encouraged participation.

7. Evaluate the meeting process.

8. Describe what you learned by attending this meeting.

Complete an ADMINISTRATIVE PROJECT(S) that is assigned by the Site Coordinator, you may be assigned one or more administrative projects.

1. With the Site Coordinator, define:

   - objective(s) of the project

   - deadline for completion,

   - specific items (i.e., forms, procedures, etc.) to be included in the project report

   - method of presentation (i.e., written report plus oral presentation).

   - The Site Coordinator must determine when the action plan is due and approve the action plan. **Also, this plan must be sent to the FSU faculty member for approval by week three (3) of the internship.**

   NOTE: The administrative project should involve at least 40 hours of the intern's time within the clinical site schedule and at least 40 hours of the intern's own time outside the clinical site schedule. Several smaller projects may be assigned if one major project is not available. Its purpose is to assist the intern in using problem-solving and administrative skills (i.e., researching an area, determining alternative solutions, suggesting recommendations); because of time limitation, the intern does not necessarily need to implement the recommendation.

2. Refer to Evaluation of Administrative Project for evaluation criteria.

3. Administrative Project:

   3.1 Objective/Goal
   3.2 Current situation/project
   3.3 Develop action plan
   3.4 Analysis
       3.4.1 Does this project relate to the mission of the Healthcare Organization/Department?
       3.4.2 What other departments of the healthcare organization does this project impact?
           - Describe the impact on risk management, material management, and human resources.
   3.5 Recommendation
   3.6 Implementation

4. The original copy of the report shall be submitted by the intern to the Site Coordinator on the deadline date. A copy of the report is to be submitted to the FSU Faculty Member.

Medical Record Programs

APRC 2006-2007

Section 6 of 8

5. Evaluation of the Administrative Project

    5.1   Site Coordinator (Evaluation of Administrative Project).

    5.2   **FSU Faculty Member will evaluate this project based on:**

        5.2.1   Content

- logical flow of information
- clear and concise documentation
- alternatives and recommendations supported by data
- correct grammar and correct spelling

        5.2.2   Format (refer to #3).

Examples of administrative projects completed by past interns:

1. Designing an incomplete record control system
2. Adaptation of some form of automation to a health information procedure
3. Forms design/revision; developing a forms control program
4. Revision of policies for release of information and revision of consent forms
5. Development of a floor plan or equipment selection
6. Development of a new procedure
7. Development of performance measures for department activities/function
8. Cost-analysis of a department activity or function
9. Designing a quality assurance program for the HIMD
10. Designing a "charge-out" system for health information
11. Evaluation of current procedure/system in operation with recommendations for Improvement (work simplification process)
12. Comparison of two or more types of word processing systems and recommendations for selection
13. Investigation of a record transport problem with outpatient clinics and recommendations for solution

Meet with the Department Director or Site Coordinator, or the Director of Human Resources

1. To prepare for this project review:
   1.1. employee handbook
   1.2. employee newsletter
   1.3. sample job description
   1.4. evaluation forms
   1.5. interview guides for employment, interview and exit interview
   1.6. time card, absentee and sick leave record forms

2. Discuss and report on the following:
   2.1. recent or potential union activity
   2.2. impact of union on HIM Department
   2.3. employee health and safety program
   2.4. salary schedules (internal and external) (not necessarily actual figures); where HIM personnel are located on the salary scale and why
      - the methods used to determine employee salary/wage.
   2.5. fringe benefit package
   2.6. recent legislation affecting selection of and dealing with employees, i.e., ADA, FMLA
   2.7. the general process of employee selection, orientation and scheduling
      - the methods used to place employees in job classifications
   2.8. unique roles of human resource manager and department heads and how they interrelate
   2.9. the effects of budget cuts, job freezes, or layoffs on both the department head and the employees
   2.10. the policies and procedures for employee:
      - evaluation
      - promotion
      - dismissal
   2.11. personnel problems, discipline, motivation, and affirmative action
   2.12. What unusual staffing patterns are used to accommodate employee needs/desires, such as job sharing, flextime, etc.?
   2.13. policy regarding in-service training and continuing education for:
      2.13.1. department heads
      2.13.2. employees
   2.14. Employee Assistance Programs

3. The Site Coordinator will provide a scenario of a personnel problem. Through research, the intern will provide a documented solution to the problem with justification. Discuss with Site Coordinator. Send all documentation to the Faculty Member.

Discuss the interrelationships and role of the HIM Director to the Finance Department

1. Describe the role of the HIM manager in the AR (account receivable) process.

    1.1. What methods are used to decrease AR days.

2. Discuss the case management system and describe the types of reports generated and how used.

3. Explain the Chargemaster and the Claims Management Approval process.

    3.1. components - list

    3.2. maintenance – who does it and when is it done

4. APC Overview – Start to Finish

    4.1. Describe the process.

    4.2. Who is responsible for monitoring and credentials required?

    4.3. How are APC assigned?

Interview a management **and** non-management employee in the department (or other area, if necessary) to determine the level and perceived value of quality improvement activities during the past two years.

Include:
1. An example of a current process improvement goal
   1.1. State the objective/ goal and desired outcome.
   1.2. Describe the background and timeline, e.g., what prompted this particular goal to be addressed?
   1.3. Discuss the method of compiling and reporting data.
      o **Attach** a copy of the format used for reporting, e.g. PDCA, 10 step, Six Sigma, 'LEAN.'.
   1.4. List the titles of employees involved.
   1.5. Identify and describe benchmark sources.
   1.6. Discuss the appropriateness of the benchmark and the methods of data collection, reporting, and analysis.
   1.7. Discuss how this goal relates to quality care and the cost of care.
   1.8. Discuss the perceptions of management and non-management personnel in addressing this issue.
   1.9. Describe the relationship between:
      • risk management
      • quality management
      • HIM management

2. Participate in a quality improvement team process. Describe this participation.

3. Provide your opinion: How involved is this department (facility) in QI?

Interview the Compliance Officer.

1. Describe the organization of the compliance department

2. Describe the department resources

3. Describe the compliance committee. List members that serve on this committee.

4. Review the compliance plan.

   o Identify the HIM components

   o Explain how components are met

   o Attach plan.

5. Discuss the compliance officer's direct access to the governing body, the president or CEO, senior management, and legal counsel.

6. Describe how the compliance officer makes regular reports to the board of directors and other hospital management concerning different aspects of the hospital's compliance program.

7. Discuss all ad hoc groups or task forces that are assigned to carry out any special missions, such as conducting an investigation or evaluating a proposed enhancement to the compliance program.

8. Describe the compliance officer's working relationship with other key operational areas, such as internal audit, coding, billing, and clinical department.

9. Identify and analyze a compliance issue/problem

   • Include a recommendation for corrective action.

PREPARATION

1. Review 20 completed inpatient medical records (5 of the records must be denied claims) with matching claims.

2. Prior to reviewing these records review related coding conventions and guidelines.

3. Identify possible coding and DRG problems that can occur.

4. Develop a worksheet (examples included)

Compile a Summary Report:

1. Titled 'Clinical Data and Reimbursement Management.' Include facility name, date prepared, and time frame for patient information collected.

2. Analyze findings with identification of problems, concerns or issues.

3. Create a variance analysis of overall findings with numerical data; e.g. an appropriate graph.

4. Include worksheets used.

5. Describe impact of this study on case mix management

6. Recommendations for corrective action specific to the problem; e.g. physician review of problem areas, physician documentation training, coding education, improved coding resources, enhanced utilization management or discharge planning, preadmission review.

7. Present and discuss this report with your site coordinator or others as necessary.

RECORD and CLAIM REVIEW	YES	NO
1. Does the medical record:		
1.1. match the claim being reviewed (patient name, admission date)		
1.2. contain an impatient admission order for the date of admission and the level of care billed		-
1.3. match the provider number billed, e.g. PPS versus non-PPS		
2. Is medical record documentation present to substantiate the principal diagnosis:		
2.1. present on admission		
2.2. a principal reason for admission		
2.3. treated or evaluated during the stay		

3. Is medical record documentation present to support secondary diagnoses and complications or comorbidities billed?		
4. Are there any secondary diagnoses or complications or comorbidities that are supported by medical record documentation and affect the DRG but were not billed.		
5. Is medical record documentation present to support procedures billed?		
6. Are there any procedures that are supported by medical record documentation and affect the DRG but were not billed?		
7. Is medical record documentation present to support the patient's age and discharge status?		
8. Are there any other coding errors? Note below:		
8.1. Code does not match diagnosis/procedure		
8.2. Code lacks specificity		
8.3. Sequencing does not follow ICD-9-CM coding conventions		
8.4. Coding does not follow Coding Clinic Guidelines.		

WORKSHEET EXAMPLES

FINDINGS:					
BILLED DIAGNOSTIC CODES	SUPPORTED BY MEDICAL RECORD (X IF YES)	NOT SUPPORTED BY MEDICAL RECORD (X IF NOT)	CODED CORRECTLY YES	NO	IF NOT SUPPORTED NOTE PROBLEM
PRINCIPAL					
SECONDARY					
BILLED PROCEDURE CODES					
BILLED DISCHARGE STATUS					
DRG					
CODE AND REGROUP TO DETERMINE IF CHANGES AFFECT THE DRG. NOTE DISCHARGE DATE, AGE, AND GENDER.					

REVISED DIAGNOSES CODES	NARRATIVE
PRINCIPAL	
SECONDARY	
REVISED PROCEDURE CODES	
DISCHARGE STATUS	
DRG	
DOES CODING AFFECT THE DRG?	
IDENTIFY THE CAUSE OF ANY DRG CHANGE	

1	PRINCIPAL DIAGNOSIS NOT PRESENT AT ADMISSION.
2	PRINCIPAL DIAGNOSIS NOT TREATED/EVALUATED DURING STAY.
3	PRINCIPAL DIAGNOSIS NOT PRINCIPAL REASON FOR HOSPITALIZATION.
4	SECONDARY DIAGNOSIS OR COMPLICATION/COMORBIDITY BILLED BUT NOT SUBSTANTIATED.
5	SECONDARY DIAGNOSIS OR COMPLICATION/COMORBIDITY SUBSTANTIATED IN RECORD BUT NOT BILLED AND IT CHANGES THE DRG.

6	PROCEDURE OMITTED FROM CLAIM.
7	PROCEDURE BILLED BUT NOT SUBSTANTIATED IN RECORD.
8	PROCEDURE DETERMINED TO BE MEDICALLY UNNECESSARY AND MUST BE REMOVED FROM THE DRG.
9	DISPOSITION STATUS IS INCORRECT AND IT CHANGES THE DRG.
10	PATIENT'S AGE IS INCORRECT AND IT CHANGES THE DRG.
11	CORRECT DIAGNOSIS OR PROCEDURE IS INCORRECTLY CODED.
12	OTHER

13 IF A DRG CHANGE OCCURRED, NOTE THE FOLLOWING:

o ORIGINAL DRG	o REVISED DRG
o REIMBURSEMENT	o REIMBURSEMENT

14 PROBLEMS IDENTIFIED

15 RECOMMENDATIONS

PREPARATION

1. Review 20 completed outpatient medical records (5 of the records must be denied claims) with matching claims.

2. Prior to reviewing these records review related coding conventions and guidelines.

3. Identify possible coding and APC problems that can occur.

4. Develop a worksheet (examples included)

Compile a Summary Report:

1. Titled 'Clinical Data and Reimbursement Management.' Include facility name, date prepared, and time frame for patient information collected.

2. Analyze findings with identification of problems, concerns or issues.

3. Create a variance analysis of overall findings with numerical data; e.g. an appropriate graph.

4. Include worksheets used.

5. Describe impact of this study on case mix management

6. Recommendations for corrective action specific to the problem; e.g. physician review of problem areas, physician documentation training, coding education, improved coding resources, enhanced utilization management or discharge planning, preadmission review.

7. Present and discuss this report with your site coordinator or others as necessary.

RECORD and CLAIM REVIEW	YES	NO
1. Does the medical record:		
1.1. match the claim being reviewed (patient name, admission date)		
1.2. contain an outpatient treatment order for the date of treatment and the level of care billed		
1.3. match the provider number billed, e.g. PPS versus non-PPS		
2. Is medical record documentation present to substantiate the principal diagnosis:		
2.1. present at time of treatment		
2.2. a principal reason for treatment		
2.3. treated or evaluated during the ambulatory stay		
3. Is medical record documentation present to support secondary diagnoses and complications or comorbidities billed?		

4. Are there any secondary diagnoses or complications or comorbidities that are supported by medical record documentation and affect the APC but were not billed.		
5. Is medical record documentation present to support procedures billed?		
6. Are there any procedures that are supported by medical record documentation and affect the APC but were not billed?		
7. Is medical record documentation present to support the patient's age and discharge status?		
8. Are there any other coding errors? Note below:		
8.1. Code does not match diagnosis/procedure.		
8.2. Code lacks specificity.		
8.3. Sequencing does not follow ICD-9-CM/CPT coding conventions.		
8.4. Coding does not follow Coding Clinic Guidelines and CPT Assistant.		

WORKSHEET EXAMPLES

FINDINGS:					
BILLED DIAGNOSTIC CODES	SUPPORTED BY MEDICAL RECORD (X IF YES)	NOT SUPPORTED BY MEDICAL RECORD (X IF NOT)	CODED CORRECTLY YES	NO	IF NOT SUPPORTED NOTE PROBLEM
PRINCIPAL					
SECONDARY					
BILLED PROCEDURE CODES					
BILLED DISCHARGE STATUS					
APC					
CODE AND REGROUP TO DETERMINE IF CHANGES AFFECT THE APC. NOTE DISCHARGE DATE, AGE, AND GENDER.					

REVISED DIAGNOSES CODES	NARRATIVE
PRINCIPAL	
SECONDARY	
REVISED PROCEDURE CODES	
DISCHARGE STATUS	
APC	
DOES CODING AFFECT THE APC?	
IDENTIFY THE CAUSE OF ANY APC CHANGE	

16 PRINCIPAL DIAGNOSIS NOT PRESENT AT TIME OF TREATMENT.
17 PRINCIPAL DIAGNOSIS NOT TREATED/EVALUATED DURING STAY.
18 PRINCIPAL DIAGNOSIS NOT PRINCIPAL REASON FOR HOSPITALIZATION.
19 SECONDARY DIAGNOSIS OR COMPLICATION/COMORBIDITY BILLED BUT NOT SUBSTANTIATED.
20 SECONDARY DIAGNOSIS OR COMPLICATION/COMORBIDITY SUBSTANTIATED IN RECORD BU NOT BILLED AND IT CHANGES THE APC.

21 PROCEDURE OMITTED FROM CLAIM.	
22 PROCEDURE BILLED BUT NOT SUBSTANTIATED IN RECORD.	
23 PROCEDURE DETERMINED TO BE MEDICALLY UNNECESSARY AND MUST BE REMOVED FROM THE DRG.	
24 DISPOSITION STATUS IS INCORRECT AND IT CHANGES THE DRG.	
25 PATIENT'S AGE IS INCORRECT AND IT CHANGES THE DRG.	
26 CORRECT DIAGNOSIS OR PROCEDURE IS INCORRECTLY CODED.	
27 OTHER	

28 IF A DRG CHANGE OCCURRED, NOTE THE FOLLOWING

o ORIGINAL APC	o REVISED APC
o REIMBURSEMENT	o REIMBURSEMENT

29 PROBLEMS IDENTIFIED

30 RECOMMENDATIONS

- Complete the attached evaluation. It must contain your signature.
- It is suggested that you fill this out as you progress through the internship. You may want to discuss this evaluation with your Site Coordinator.

FACILITY _____

SITE COORDINATOR _____

DATES OF INTERNSHIP _____ to _____
                              Beginning Date   Final Date

Answer each question; document any comments in the space between questions.

CIRCLE

1. Did you receive a tour and general orientation to the department?   YES   NO

2. Did you receive a general orientation to the hospital?   YES   NO

3. Did you receive adequate orientation to each procedure that you   YES   NO
    performed? (i.e. clear instructions, explanation of job purpose, location of
    needed tools, etc.)

4. Was your performance in each function monitored?   YES   NO

    How?

5. Did you feel comfortable asking for assistance from your supervisor and   YES   NO
    other employees?

6. When you asked questions or requested assistance, did you receive the   YES   NO
    help you needed?

7. Did you feel accepted by HCO and departmental personnel?   YES   NO

8. Are there any areas of the HCO you did not receive exposure to?   YES   NO

    What were they?

9. Did you ask to spend time in any areas other than the ones your Site   YES   NO
   Coordinator had scheduled for you?

10. If so, was your request granted?   YES   NO

11. Did your classroom instruction adequately prepare you for internship?   YES   NO

   If not, in what areas did you feel unprepared.

12. Did the internship manual provide you with sufficient information for   YES   NO
   internship preparation?

   If not, what additional information would have been useful?

13. What were the strongest aspects of the internship experience?

14. What were its weakest points?

15. What recommendations would you make for the next student?

_____

Intern Signature   Date

Send - Attachment C

Prepare and mail a *'thank-you'* note to your Site Coordinator and the Health Information Management Department where you spent your internship. This note should be hand written.

Forward a copy to your FSU faculty member.

PROOFREAD carefully before mailing to the Site Coordinator and department.

EVALUATIONS

Ferris State University
SITE COORDINATOR PROJECT EVALUATION

Intern	Facility

INSTRUCTIONS FOR COMPLETION:

- A Site Coordinator Project Evaluation must be completed for each project.
- Evaluate the progress of the intern's drafts by reviewing "Format/Content" and Grammar/Punctuation" The Site Coordinator MUST sign the evaluation before the intern submits the project report.
- **FSU Faculty Member determines project grade.**

PROJECTS: (CHECK ONE)

	Departmental Functions		Quality Improvement
	Human Resource Department		Compliance Officer Interview
	Data Security & Privacy		Clinical Data & Reimbursement - IP
	Mgt and Staff Meeting Interactions		Clinical Data & Reimbursement - OP
	Reimbursement Methodologies		Other

> **KEY:** 5 Able to function with minimal supervision
> 4 Able to function with moderate supervision
> 3 Functions with constant supervision
> 2 Unable to function with present knowledge and experience
> 1 Needs to rethink career options based upon present knowledge and effort.

My evaluation of the intern at entry level, based on the above this key, is

1.	Assessment of **Knowledge**	5	4	3	2	1
2.	Assessment of **Skills**	5	4	3	2	1
3.	Assessment of **Conceptual Ability**	5	4	3	2	1
4.	Assessment of **Attitude**	5	4	3	2	1
5.	**Overall Performance**	5	4	3	2	1

My opinion: The attached project DOES DOES NOT meet acceptable standards in this organization.   (CIRCLE)

COMMENTS :

Signature	Date

FERRIS STATE UNIVERSITY
EVALUATION ADMINISTRATIVE PROJECT
MRIS 493 – MANAGEMENT INTERNSHIP

INTERN	FACILITY	DATE

Please use the following scale to rate the intern's performance. Circle the number which reflects your observation. Use the comment section to support your rating.

4	3	2	1
ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR

WRITTEN REPORT

1.	Project objective[s] met.	4	3	2	1
2.	Appropriate facts and principles applied to the project.	4	3	2	1
3.	Recommendations and alternative supported by data.	4	3	2	1
4.	Thorough analysis.	4	3	2	1
5.	Clear and concise documentation.	4	3	2	1
6.	Logical flow of information.	4	3	2	1
7.	Acceptable grammar and punctuation.	4	3	2	1

Comments:

ORGANIZATIONAL ABILITY

8.	Established an action plan for the project.	4	3	2	1
9.	Followed through and revised the plan as appropriate.	4	3	2	1
10.	Met established deadline[s].	4	3	2	1

Comments:

VERBAL PRESENTATIONS (Formal or Informal) Please complete, even if the project was only presented to you

11.	Purpose stated.	4	3	2	1
12.	Material presented clearly and contributed to purpose.	4	3	2	1
13.	Used visual aids when appropriate.	4	3	2	1
14.	Held audience's interest.	4	3	2	1
15.	Arranged discussion points in logical order.	4	3	2	1
16.	Moved from point to point with smooth transitions.	4	3	2	1
17.	Summarized subject, viewpoint or discussion points.	4	3	2	1
18.	Spoke with confidence and enthusiasm.	4	3	2	1
19.	Established and maintained eye contact with audience.	4	3	2	1
20.	Sounded spontaneous, not read or memorized [even using notes.	4	3	2	1
21.	Avoided irritating behavior – playing with pencil, notes, clothes, hair, etc.	4	3	2	1
22.	Avoided use of ah, so, ya know, well, stuff, you guys, etc.	4	3	2	1
23.	Spoke clearly and loud enough to be heard and enunciated clearly.	4	3	2	1
24.	Varied speaking rate and voice pitch and volume.	4	3	2	1
25.	Gestured effectively.	4	3	2	1
26.	Maintained appropriate facial expressions.	4	3	2	1

27. **OVERALL ERFORMANCE**   ABOVE AVERAGE   AVERAGE   BELOW AVERAGE   POOR

Comments:

_____

_____
Site Coordinator Signature   Date

FSU Faculty Member Notes.

FERRIS STATE UNIVERSITY

MRIS 493
SITE COORDINATOR'S FINAL ASSESSMENT
OF INTERN'S PERFORMANCE

INTERN:	
FACILITY:	
DATE:	

1. Please complete this evaluation of the intern's internship performance.

2. You may request that the intern do a self assessment on these behaviors to compare with your evaluation.

3. Review this evaluation with the intern prior to the end of the internship.

Please use the following scale to rate the intern's performance. Circle the number which reflects your observation. Use the comment section to support your rating.

4	3	2	1
ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR

INTERPERSONAL SKILLS: The Intern:

1.	demonstrated appropriate interpersonal skills when working with others.	4	3	2	1
2.	asked questions to gain information necessary to perform assigned tasks.	4	3	2	1
3.	dealt appropriately with conflict.	4	3	2	1
4.	showed respect for diverse opinions and ideas.	4	3	2	1
5.	showed respect for site coordinator and allowed appropriate time when submitting projects for review.	4	3	2	1

Comments:

ORAL COMMUNICATION SKILLS: The Intern:

6.	was able to present material professionally	4	3	2	1
7.	could explain his or her point of view.	4	3	2	1

Comments:

COMPUTER SKILLS: The Intern demonstrated the ability to:

8.	construct a basic spread sheet	4	3	2	1
9.	manipulate data	4	3	2	1
10.	access information within the facility's system	4	3	2	1
11.	use word processing skills to complete assigned projects	4	3	2	1

Comments:

QUALITY OF WORK: The intern:

12.	was able to apply knowledge learned on-campus to the healthcare setting	4	3	2	1
13.	was able to accurately interpret information	4	3	2	1
14.	used acceptable grammar and punctuation when completing tasks	4	3	2	1
15.	completed all work assigned	4	3	2	1
16.	presented work that was neatly done and had a professional appearance	4	3	2	1

Comments:

PROFESSIONAL CONDUCT: The intern:

17.	arrived on time for scheduled days	4	3	2	1
18.	arrived on time for scheduled meetings and appointments	4	3	2	1
19.	was in attendance for the number of hours scheduled each day	4	3	2	1
20.	was neat and clean	4	3	2	1
21.	was appropriately attired for the work situation (followed the facility's dress code)	4	3	2	1

Comments:

DEMONSTRATION OF KNOWLEDGE: The intern:

22.	could speak the language of healthcare	4	3	2	1
23.	demonstrated understanding of the laws that pertain to healthcare	4	3	2	1
24.	demonstrated understanding of the structure of healthcare in the U.S	4	3	2	1
25.	demonstrated an understanding of the pervasive nature of quality improvement throughout healthcare	4	3	2	1

Comments:

26. **OVERALL ERFORMANCE**   ABOVE AVERAGE   AVERAGE   BELOW AVERAGE   POOR

COMMENTS BY THE SITE COORDINATOR: If none, write NONE.

Strong Attributes –

Areas for Improvement –

Potential for employment in healthcare –

COMMENTS BY THE INTERN: If none, write NONE.

Intern Signature	Date	Site Coordinator Signature	Date

Intern signature indicates that this evaluation has been reviewed. It does not indicate agreement.

FSU Faculty Member Notes

EVALUATION CHECKLIST AND POINT ALLOCATION

MRIS 493 INTERN _____

SEMESTER _____ SITE _____

DATES _____ TO _____

	ASSIGNMENTS	POINTS		COMMENTS
	WEEKLY REPORTS (MEMO)	100		
	1 2 3 4 5 6 7 8 9 10			
	INTERNSHIP INFORMATION SHEET	5		
	STATEMENT OF CONFIDENTIALITY	5		
1.	PROFESSIONAL ETHICS	25		
2.	PROFESSIONAL PRACTICE ISSUES	60		
3.	DEPARTMENTAL FUNCTIONS	150		
4.	DATA SECURITY & PRIVACY	50		
5.	MGT & STAFF MEETING INTERACTIONS	25		
6.	ADMINISTRATIVE PROJECT	250		
7.	HUMAN RESOURCE DEPARTMENT	50		
8.	REIMBURSEMENT METHODOLOGIES	50		
9.	QUALITY IMPROVEMENT	50		
10.	COMPLIANCE OFFICER INTERVIEW	50		
11.	CLINICAL DATA AND REIMBURSEMENT MGT	100		
12.	CLINICAL DATA AND REIMBURSEMENT MGT	100		
13.	INTERN EVALUATION OF INTERNSHIP	10		
14.	THANK YOU (HAND WRITTEN)	5		
	FINAL ASSESSMENT BY SC	25		
TOTAL PTS		985		
INTERNSHIP GRADE				
3-WEEK EVALUATION				

ATTACHMENTS

Internship Information Sheet
(Send 1st week of internship)

This form is to provide information to allow the FSU Faculty Member to contact the intern or site coordinator. **Write clearly.**

Intern Information

Name	
Semester and year of internship	293 493 circle one
Beginning date	
Ending date	
Phone number during internship (at site)	
Phone number during internship (home)	
Phone number, permanent	
Mailing address during internship (home)	
E-mail	
Permanent mailing address (home)	

Site Coordinator Information

Name	
Title	
Phone	
Fax (if known)	
E-mail	

Site Information

Name	
Department	
Address	
Phone	

Intern Signature	Date

INTERN'S STATEMENT OF CONFIDENTIALITY
HEALTH INFORMATION MANAGEMENT DEPARTMENT

I understand that it is normal and to be expected that I will come into deliberate or inadvertent possession of patient, facility, or departmental information that must be regarded as confidential. This confidential information may be of a financial, personal, or medical nature. I am aware of the serious nature of violating such confidentiality. I recognize and appreciate the serious nature of the privilege I have been accorded in having access to such information. I will hold this information in strict confidence.

I understand and acknowledge that the following actions are necessary should I breach this confidence.

5. My Site Coordinator will contact my FSU Faculty Member immediately.

6. My Faculty Member, in conjunction with my Site Coordinator and the Assistant Dean for Academic Affairs, will investigate the breach of confidentiality.

7. In concert, the parties in #2 above will make disciplinary recommendations to the Dean of the College of Allied Health as warranted.

8. Such disciplinary recommendations may include immediate termination of my internship and loss of academic credit.

Intern Signature	Date	Site Coordinator Signature	Date

PROJECT   INTERN EVALUATION OF INTERNSHIP   10 Points

- Complete the attached evaluation. It must contain your signature.
- It is suggested that you fill this out as you progress through the internship. You may want to discuss this evaluation with your Site Coordinator.

FACILITY _____

SITE COORDINATOR _____

DATES OF INTERNSHIP _____ to _____
                         Beginning Date   Final Date

Answer each question; document any comments in the space between questions.

CIRCLE

1.	Did you receive a tour and general orientation to the department?	YES NO
2.	Did you receive a general orientation to the hospital?	YES NO
3.	Did you receive adequate orientation to each procedure that you performed? (i.e. clear instructions, explanation of job purpose, location of needed tools, etc.)	YES NO
4.	Was your performance in each function monitored? How?	YES NO
5.	Did you feel comfortable asking for assistance from your supervisor and other employees	YES NO
6.	When you asked questions or requested assistance, did you receive the help you needed?	YES NO
7.	Did you feel accepted by HCO and departmental personnel?	YES NO
8.	Are there any areas of the HCO you did not receive exposure to? What were they?	YES NO

9. Did you ask to spend time in any areas other than the ones your Site Coordinator had scheduled for you   YES   NO

10. If so, was your request granted?   YES   NO

11. Did your classroom instruction adequately prepare you for internship?   YES   NO

    If not, in what areas did you feel unprepared

12. Did the internship manual provide you with sufficient   information for   YES   NO
    internship preparation?

    If not, what additional information would have been useful?

13. What were the strongest aspects of the internship experience?

14. What were its weakest points?

15. What recommendations would you make for the next student?

Intern Signature   Date

Ferris State University
SITE COORDINATOR PROJECT EVALUATION

Intern	Facility

INSTRUCTIONS FOR COMPLETION:

- A Site Coordinator Project Evaluation must be completed for <u>each</u> project.
- Evaluate the progress of the intern's drafts by reviewing "Format/Content" and Grammar/Punctuation" The Site Coordinator MUST sign the evaluation before the intern submits the project report.
- **FSU Faculty Member determines project grade.**

PROJECTS: (CHECK ONE)

☐ Departmental Functions	☐ Quality Improvement
☐ Human Resource Department	☐ Compliance Officer Interview
☐ Data Security & Privacy	☐ Clinical Data & Reimbursement - IP
☐ Mgt and Staff Meeting Interactions	☐ Clinical Data & Reimbursement - OP
☐ Reimbursement Methodologies	☐ Other

KEY:	5	Able to function with minimal supervision
	4	Able to function with moderate supervision
	3	Functions with constant supervision
	2	Unable to function with present knowledge and experience
	1	Needs to rethink career options based upon present knowledge and effort.

My evaluation of the intern at entry level, based on the above this key, is

1.	Assessment of **Knowledge**	5	4	3	2	1
2.	Assessment of **Skills**	5	4	3	2	1
3.	Assessment of **Conceptual Ability**	5	4	3	2	1
4.	Assessment of **Attitude**	5	4	3	2	1
5.	**Overall Performance**	5	4	3	2	1

<u>My opinion:</u> The attached project *DOES DOES NOT* meet acceptable standards in this organization.   (CIRCLE)

COMMENTS :

Signature	Date

FERRIS STATE UNIVERSITY
College of Allied Health Sciences
Health Management Administration Department

COURSE SYLLABUS – Fall 2005

Course Title: HCSA 202 Health Care Law (3 credits)

Course Description: Study of the legal system, courtroom behavior, laws governing release of information, agencies and authorities using medical information, hospital policy for release of information, and risk management.

Course Objectives: At the end of this course, the student shall be able to:
1. Discuss statutes concerning confidentiality of patient information.
2. Define the terminology which deals with medical-legal issues
3. Develop policies and procedures for record retention.
4. Develop guidelines for documentation of medical information in the medical record.
5. Prepare a medical record for court.
6. Discuss issues surrounding a patient's rights to the medical record.
7. Develop policies and procedures for release of medical information.
8. Follow an established procedure for the release of medical information.
9. Discuss Risk Management
10. Discuss the structure of the legal system in the U.S.
11. Discuss the current Michigan law for health records
12. Discuss the medical staff credentialing process.
13. Demonstrate development of communication ability (oral, written, and listening) by class participation

Instructor:	Marilyn Skrocki RT, BS, JD	Office hours: Monday, Tuesday 3-4pm
	VFS 414 (231) 591-2280	Wednesday – 10am-12 Thursday 11am-12
	E-mail: skrockm@ferris.edu	Other times by appointment

Course Schedule: Wednesday 5-7:50 pm HCSA 202-002 Room VFS 425

Required Materials: Textbook – <u>Legal Aspects of Health Information Management,</u> 2nd edition, McWay, Dana, 2003.

Evaluation: Uniform Grading Scale will be used.

A	93 - 100	B-	80 - 82	D+	67 - 69
A-	90 – 92	C+	77 - 79	D	63 - 66
B+	87 - 89	C	73 - 76	D-	60 - 62
B	83 - 86	C-	70 - 72	F	Below 60

Grade Determination: The students grade will be determined by the total number of points earned divided by the number of points possible.

ADDITIONAL COMMENTS REGARDING GRADING PROCEDURES:

All assignments are to be submitted at the beginning of the hour, on the due date given in class. Failure to submit reports on time or before the due date will result in an automatic deduction of 20% for each day that the assignment is late, this includes non-class days. Assignments will not be accepted after 4 days. The assignments are to be typed according to the directions given in class. Un-typed assignments will not be accepted.

Tests will be given on the days assigned as announced in class. Absence on a test day will result in a "O" grade. If you are sick on a test day you must telephone the instructor prior to the class hour and a medical excuse must be brought to the next class session for verification of the illness. If absence is for a death in the family prior notification must be given and an obituary notice or funeral home notice be provided at the next class session.

Attendance will be taken on a daily basis.

Course Policies:
See the Student Handbook Health Care Administration Department for policy regarding the following: **Assignments**
Class Attendance
Disruptive student behavior
Honesty
Harassment

Absence – You are responsible for all information covered during classes that you may miss. Check with your classmates.

Tentative Course Schedule:

    I.   Legal System and the Courts
    II.   Principles of Liability
    III.   Medical Record Requirements
    IV.   Access to Health Information
    V.   Confidentiality and Consent
    VI.   Judicial Process of Health Information
    VII. Specialized Patient Records
    VIII. HIV Information
    IX.   Risk Management and Quality Management
    X.   Computerized Patient Records
    XI.   Health Care Fraud And Abuse .

Course Title HCSA 335 Supervisory Practices for Health Care Workers
4 cr hr (Lecture 3, Lab 2)

Course Description   Theory and practice in personnel recruitment, selection, management and utilization in health care facilities. Unique characteristics of professional. technical, skilled and unskilled health care workers will be stressed. Legal responsibilities, collective bargaining, and training are covered. Prerequisite: MGMT 301 or permission of professor.

Course Objectives   At the end of this course, the student shall be able to -

1. Conduct and participate in meetings.
2. Develop appropriate orientation and training sessions for employees.
3. Complete a job analysis and use it to develop a job description and perform a job evaluation for a health care position.
4. Demonstrate principles of employee selection through the use of appropriate recruitment and selection techniques.
5. Develop productivity standards as a basis for employee evaluation and counseling.
6. Demonstrate principles of employee discipline/counseling.
7. Develop policies and procedures.
8. Identify pertinent legislation that defines organizational and supervisory behavior
9. Select leadership style appropriate for work place situation/circumstances.
10. Recognize and implement appropriate motivational techniques for employees.
11. Appropriately delegate functions to empower employees.
12. Describe techniques to successfully negotiate solutions to work place problems.
13. Acknowledge diversity of employees and customers within the work place and recognize its value.
14. Describe the role of the supervisor in dealing with employees who are members of the bargaining unit.
15. Implement management techniques that are effective in supervising the health care employee.
16. Demonstrate appropriate written communication skills through the development of a training plan, policy, meeting minutes, etc.
17. Demonstrate appropriate oral communication skills and presentation skills by conducting a training session.
18. Demonstrate interpersonal skills through teamwork.

Instructor   Marilyn Skrocki RT, BS, JD
Office: VFS 414
Office phone – (231) 591-2280
E-mail: skrockm@ferris.edu
Office hours: MT 3-4 pm   W 10am-12 R 11am-12

Course Schedule Lecture Tuesday and Thursday 9:30-10:45, Lab for section 211 Friday 11-12:50 VFS 420, Lab for section 212 Wednesday 3pm-4:50

Required materials   Umiker, William, <u>Management Skills for the New Health Care Supervisor.</u> Fourth Edition. Aspen Publishers, 2006
Course Packet
Three ring binder

Evaluation   Uniform Health Management Department grading scale will be used.

A 93-100	B- 80-82	D+ 67-69
A- 90-92	C+ 77-79	D 63-66
B+ 87-89	C 73-76	D- 60-62
B 83-86	C- 70-72	F Below 60

Grade determination

Assignments/Projects	85%
Attendance/Participation	15%

Course Policies

See the Student Handbook Health Management Department for policy regarding the following: **Assignments**
Class Attendance
Disruptive student behavior
Honesty
Harassment

Attendance Policy
When absent from class, the student is responsible for all the information covered during that session including contacting the instructor regarding materials and assignments handed out in class. An Absence Report will be filed with the Dean's Office when a student has an extended absence during which the instructor has not received any contact from the student. **The in-class points for project and attendance may not be made up.**

Assignments
All assignments are to be submitted on the date given in class. Assignments are due at the start of class. Failure to submit assignments on time or before the due date will result in an automatic deduction of points for each day that the assignment is late. This includes non-class days.

Tentative Class Schedule (Course schedule may be adjusted to accommodate class size)

Week 1	Introduction, Meetings, In-service Training,
Week 2	In-service Training, Job Analysis
Week 3	Job Description, Job Ad
Week 4	Job Evaluation, Recruitment & Selection
Week 5	Interviewing, Orientation
Week 6	Policies & Procedures
Week 7	Productivity Standards, Performance Appraisals
Week 8	Discipline, Counseling, Grievances
Week 9	Health Care Supervision

Week 10-14 Training Sessions
Week 15   Unions
Week 16   Final

Unit Objectives At the end of this course, the student shall be able to -

Training -
Identify training needs.
Discuss the importance of measurable standards of performance when preparing
        training objectives.
Write objectives for a training presentation.
Contrast modes of training including lecture, laboratory exercise, audiovisual methods,
        computer simulations, discussion, group learning, etc.
Identify characteristics of the adult learner.
Design a plan for a training sessions.
Design an assessment tool to evaluate learning as appropriate to the training
        session.
Prepare and present a training session, including a plan, objectives, and
    :   evaluation mechanisms.

Job Analysis –
Describe the contents of a job analysis.
State the purpose of a job analysis.
Complete a job analysis for a health care position.
Utilize a job analysis to create a job description.
Utilize a job analysis to conduct a job evaluation.

Job Description –
Describe the contents of a job description.
State the purpose of a job description.
List managerial uses of a job description.
Write a job description utilizing a job analysis.

Job Evaluation –
Describe the purpose of a job evaluation.
Perform a job evaluation utilizing a job analysis.

Meetings –
Write a memo to organize a meeting.
Organize a meeting through preparation of an agenda.
Use elementary parliamentary procedure.
Conduct meetings and participate in meetings.
Describe types of meetings and identify examples of these types of meetings in a
        health care setting.
Record meeting minutes.

Recruitment/Selection -
Identify appropriate recruitment sources.
Write an ad for a health care position.
Plan and prepare appropriate questions for an interview.
Conduct an interview for a health care position.

Compile and analyze interview information in order to make a selection.
Plan appropriate orientation for a new employee.

Policy/Procedure –
Define policy, procedure and rule.
State the purpose of policies, procedures and rules.
Describe the contents and format of a policy.
Write and/or revise a health care organization policy.
Describe the contents and format of a procedure.
Write and/or revise a health care organization procedure.

Productivity/Performance Appraisal -
Develop productivity standards based upon work measurement and job description
        criteria.
Conduct an employee performance appraisal utilizing performance standards.
Counsel an employee in developing an improvement plan based upon employee
        performance.

Discipline –
Describe the role of the supervisor in the discipline process.
Define due process and just cause in regard to discipline.
Complete a discipline form.
Conduct a disciplinary session.

Counseling –
Describe the first line supervisor's role in counseling.
Explain how the Employee Assistance Program provides support for the supervisor.

Grievances –
Define grievances in the workplace.
Describe a grievance process.
Describe the role of the supervisor in the grievance process.

Human Resource Department –
Describe how the Human Resource Department supports the departmental
        managers/supervisors.
Describe the basic functions of the Human Resource Department.
Identify how the Human Resource Department fits in the "chain of command."

Supervisory practices -
Identify elements of the health care industry that may impact choice of supervisory
        techniques and leadership style.
Describe the impact of the changing health care delivery environment on employee
        motivation
Identify various leadership styles.
Describe how to select the most effective leadership style for the circumstance.
Describe various factors which motivate employees.
Describe how to delegate functions to empower employees.
Identify reasons managers fail to delegate.
Describe various forms of negotiation.

Describe how to prepare for negotiation and how to carry out the major steps in negotiation.
Identify and acknowledge diversity in the work place.
Describe the value of a diverse work force.. ˙

Equal Opportunity/Wage & Hour laws –
Describe major equal employment opportunity and affirmative action legislation which define fair employment standards.
Describe wage/hour laws as they pertain to the health care industry.

Labor law -
Describe the major legislation that resulted in labor unions.
Explain the reasons that employees unionize.
Explain why health care organizations are target opportunities for union organizing.
Describe the typical union organizing approach.
Define the supervisor's role during a union organizing campaign.
Describe the rights of employees and employers during a strike.

Class Schedule & Assignments - Each Unit is approximately two weeks.

Unit 1-
Introduction
In-service Training
Meetings
Assignment:
Prepare In-Service Training - objectives, introduction, bibliography

Unit 2 -
Meetings
Recruitment & Selection
Lab: Meetings
Assignment:
Prepare In-Service Training
Type a memo to organize a meeting
Type an agenda
Type minutes

Unit 3 -
Job Analysis, Job Description, Job Evaluation
Orientation
Policies & Procedures
Productivity Standards
Performance Appraisals
Lab: Complete Job Analysis, Description and Evaluation
Interviewing
Policy & Procedure writing
Performance Appraisals
Assignment:
Prepare In-Service Training
Type a job description

Research policies
Critique a Job Ad
Complete a Performance Appraisal form

Unit 4

Discipline, Counseling, Grievances
Human Resource Department
Labs: Discipline
Assignment:
Prepare In-service Training
Develop an organization chart
Complete a Discipline Form
Supervision in health care questions

UNIT 5

Unions-

Unit 6 & 7

Supervision in health care
Training Sessions by students:
Legislation, Leadership, Motivation, Negotiation, Diversity, etc.
Assignment:
Training session assessments, self-evaluation, assessment score sheet

FERRIS STATE UNIVERSITY
HEALTH MANAGEMENT DEPARTMENT
COURSE SYLLABUS - WINTER 2005

Course Title   HCSA 345 Internship Orientation

Credits: 1 credit hour - lecture

Course Schedule: 1:00 – 1:50 P, Friday; and others dates as required

Instructor   Marie J Sickelsteel, M.S., R.H.I.T.
                      College of Allied Health Sciences
                      Associate Professor
                      Office: VFS 412
                      Office Phone: 231 591 2321
                      E-mail: sickelsm@ferris.edu

Office Hours

Tuesday		Thursday
1:00 P		1:00 P
3:00 P		3:00 P

Course Description   The purpose of this course is to prepare student for their internship experience by reviewing those areas that will enhance their professional preparation. Some of the areas to be explored are self-awareness, work etiquette, interviewing, resume preparation, and time management as well as others. This will be done through the use of class discussion, presentations, guest speakers, and class projects.

Attendance: **Mandatory attendance for all scheduled classes.** In class assignments or required attendance at seminars or job fairs **cannot** be made up.

Course Objectives   At the end of this course, the student shall be able to:

1. Prepare and complete a quality resume

2. Prepare a cover letter and a letter of introduction to an employer.

3. Properly use a telephone in a business setting.

4. Gain a greater understanding of people skills and interaction others.

5. Establish an interview with an internship site coordinator for the purpose of obtaining permission to do an internship in their facility.

6. Establish time management elements for his or her planning of work responsibilities and internship responsibilities.

7. Gain a better understanding of his or her internship assignment, time constraints, and the specific responsibilities to achieve a successful completion of his or her internship.

Evaluation	Uniform Grading Scale will be used.

Grade Determination		
	100	Total Points
↓	5	Class Participation
↓	**50**	Attendance –_This includes attendance at required activities in addition to scheduled class;_ such as, Flex for Success and the Job Fair.
↓	10	Resume (must be reviewed by Student Employment & Career Services)
↓	5	Cover Letter (must be reviewed by Student Employment & Career Services)
↓	15	Detailed written summary of **Flex for Success** seminar
↓	5	Brief written summary of the **Job Fair**
↓	10	In class assignments

TENTATIVE SCHEDULE

HCSA 345 - Course Schedule: Friday 1:00 – 1:50 PM, VFS 425

DATE		ASSIGNMENT
Class 1	January 14, 2005	Orientation
Class 2	January 21	Discussion – Internship and Course Topics
Class 3	January 28	Skill Identification
Class 4	February 4	
	February 9	FLEX for Success Professional Career & Leadership Conference (**Wednesday**, February 9, 11:00 AM to 7:30 PM
Class 5	February 11	Resume
	February 15	**Job Fair**
Class 6	February 18	Cover letters
Class 7	February 25	Building a portfolio
Class 8	March 4	Review of Internship Requirements – MRIS Students
MARCH 11		*SRING RECESS No Class*
Class 9	March 18	Review of Internship Requirements – HCSA Students
Class 10	March 25	No Class Easter Recess
Class 11	April 8	
Class 12	April 15	
Class 13	April 22	
Class 14	April 20	
Class 15	April 29	

FERRIS STATE UNI

STUDENT EMPLOYMENT & CAREER SEF

FLEX
for success
professional career & leadership conference

Coordinated by Student Employment & Career Services and Student Leadership & Activ

Mark your calendars, this year's conference is -

Wednesday, February 9, 2005

at
Rankin Student Center
Registration begins at 10:30 a.m.
11 a.m. - 7:30 p.m.

Registration form will be active shortly!

Click here for Session Descriptions

Ferris Students! IN JUST ONE DAY, you get the leadership and professional skills you need for SUⁱ campus and in your career.

The conference is FLEXible, so you can come all day or just attend the sessions that fit your schec

Mat Vivona - ALUMNUS KEYNOTE SPEAKER

Mark Stefanick - LUNCHEON KEYNOTE SPEAKER

Mark Schulman - DINNER KEYNOTE

Julie Doyle - ETIQUETTE RECEPTION

Eat and Learn! **LUNCHEON KEYNOTE**, and **DINNER KEYNOTE** are included in the conference **(**I **registration required.)** Cancellation Policy: Please call 591-3808 by noon February 2, 2005, to cancel meals. Failure to cancel charge to your student organization or student account.

Course title   HCSA 401   Financial Concepts in Health Care 4 cr hr
(Lecture 3, Lab 2)

Course description

Theory & practice in financial interactions between payers, consumers, & providers of health care, both public and private. Orientation to financial management issues including analysis of financial information. Emphasis on formulation of budgets, analysis of accounting reports and their use in the health care industry.

Faculty   Marcy Parry, MS, MAcct, CPA
VFS 332
200 Ferris Drive, Big Rapids, MI   44907
231-591-2273
email via WebCT

Office hours   Tuesday   5:30 – 6:20 PM
Wednesday 11 – 11:50 AM
                         2 - 2:50 PM
Friday   1 - 1:50 PM

Course schedule

Lecture   Lab

Monday	10 – 10:50 AM		Monday	11 AM – 12:50 PM
Wednesday	10 – 10:50 AM			
Friday	10 – 10:50 AM			
or			*or*	
Wednesday	6 - 9 PM		Friday	11 AM – 12:50 PM

Required materials

1. **Health Care Finance: Basic Tools for Nonfinancial Managers**, Baker, Judith & Baker, R.W., Aspen, 2000, ISBN 0-8342-1206-4.
2. Course materials   "Thinking about Healthcare Finance", 1st edition

Available   Author resources: http://www.aspenpublishers.com/books/hcfinance.html
Includes: PowerPoint slides, web links (minimal), student exercises & tools
(primarily sources for financial information, e.g., Wall Street Journal)

Course Objectives

1. Understand & discuss the impact of payers, payer mix & case mix in the health care arena.
2. Understand & demonstrate reimbursement methods & impacts in myriad health care settings.
3. Understand & utilize tools to analyze & manage A/R.

Course Objectives, cont.

4. Understand the unique properties of compensation in health care & project compensation expense.
5. Understand the role of the Finance Department & the services it should offer.
6. Understand & demonstrate how to manage both payroll & non-payroll expenses.
7. Read & interpret annual reports & common financial reports in health care.
8. Understand & utilize financial analysis tools.
9. Understand & discuss sources of capital financing.
10. Demonstrate Excel proficiency through a series of exercises.

Unit objectives

At the course's conclusion, the student will be able to:

I   Revenues – Payer (Payor) mix impact
1. Calculate & assess payer mix.
2. Discuss the unique characteristics of payers in health care.
3. Calculate contractual adjustments for a variety of payment mechanisms.
4. Explain the relationship of payor mix, contractuals & the creation of A/R.

II   Revenues - Case mix management
1. Distinguish between case mix & case mix index.
2. Project revenue using case mix index in a DRG environment.
3. Contrast primary methods of reimbursement in various health care settings.

III   Expenses - FTEs & payroll management
1. Explain the distinction between an FTE & an employee.
2. Calculate minimum FTEs to provide service.
3. Project staffing needs & payroll expense.
4. Discuss & calculate authorized overtime, shift differential, on-call & call in pay for both hourly & salaried personnel.
5. Propose methods to increase productivity & morale while managing payroll expense.

IV   Expenses - Non-payroll management
1. Debate the cost impact of standardization in both clinical & non-clinical areas.
2. Assess the value & appropriateness of outsourcing. Analyze common areas outsourced today.

V   Organization – Health care systems & financial division
1. Discuss the titles, departments, responsibilities & reporting relationships within a large financial division.
2. Discuss the potential conflicts of interest that frequently exist in flattened organizations.

VI   Tools - Financial reporting
1. Understand the underlying premises that distinguish financial from managerial accounting.
2. Read & understand the primary financial statements required by GAAP.
3. Read & interpret a variety of financial reports for HCOs.
4. Differentiate the types of revenue & expense streams for various health care entities.
5. Understand & calculate essential financial ratios in health care.
6. Perform vertical & trend analysis on financial reports

Unit objectives, cont.

VII Tools - Managerial reporting
1. Describe the overall budget process.
2. Discuss types of budgets, responsibilities in budgeting.
3. Perform variance analysis.
4. Create a clear well-documented budget tailored to the user's needs.

VIII Tools
1. Discuss the purposes of break-even analysis.
2. Categorize expenses as fixed or variable.
3. Calculate relevant contribution margin, break-even dollars & volumes.
4. Analyze A/R via days & an aging schedule. Suggest methods to improve the status of A/R.
5. Discuss the need for effective cash management.
6. Propose a variety of methods to manage cash effectively.

XIX Current topics
1. Discuss & share the latest reimbursement, contractual, & regulatory issues from a financial perspective.
2. Discuss the financial impact of current managed care strategies.

Evaluation

GRADING SCALE (%)

93+	A	80-82	B-	67-69	D+
90-92	A-	77-79	C+	63-66	D
87-89	B+	73-76	C	60-62	D-
83-86	B	70-72	C-	Below 60	F

Grade determination
140 Writing
200 Excel - lab projects/exercises
160 Testing & group assessment
500 Total points
===

Due dates
All work is DUE at the _beginning_ of class (or it's late.)
There is no late credit.
Duplicate files constitute cheating.
Do not key together in a single file.
Do **not** allow someone else to copy or borrow your file!

QUALITY OF WORK
Unless otherwise stated, all assignments are to be computer printed, proofed & grammar checked. Proper grammar & spelling are critical to a passing score... and a successful career.

QUALITY OF WORK, cont.

My standard policy is to recognize that writing improves during your academic career. Thus lower level courses are 'permitted' limited grammar/spelling errors. After that, you could decrease your score by 1 point per error thereafter.

100 level course - 3 errors per page
200 level course - 2 errors per page
300 level course – 1 error per page
400+ level –   I return the assignment for no credit if there are more than 5 errors on the first page. The assignment may not be resubmitted.

Assignments   All assignments are due at the beginning of class. Due dates are noted on the 'Tentative Course Outline' or will be announced in class as needed.

Writing
A variety of written assignments will be submitted for credit.

Excel - lab projects/assignments
Several Excel projects related to a budget sequence will be submitted for credit.

Testing & group assessments
Quizzes are scheduled periodically. The intent is to keep you focused on a routine basis. Plan on studying regularly rather than 'cramming' .

All quizzes are **comprehensive** with a <u>primary</u> focus on recent material and glossary words. You may bring a double-sided 'cheat sheet', 8 ½" by 11", to use during a quiz.

The final is **comprehensive**. You may bring 2 double-sided 'cheat sheets', 8 ½" by 11", to use during the final.

Group assessments are completed weekly & graded twice during the term. (See 'Assignment' section for form.)

Bring a calculator! <u>You may not share one.</u>

Course Policies

Academic dishonesty

    See program student handbook.

ADA

    See program student handbook.

Attendance is mandatory.

    If you are absent, in-class points will be lost. You may not make up these points. Extremely extenuating circumstances may be considered, e.g., hospitalization, on a case-by-case basis.

Disruptive student behavior

    See program student handbook.

Harassment

    See program student handbook.

Plagiarism

    See program student handbook.

Religious holidays

    See program student handbook.

Student dignity

    See program student handbook.

Class rules

    To enhance our learning environment, the following simple rules apply.

1. Food   If you bring food to class, bring enough for everyone.
2. Volume   If you can't hear someone, loudly say "VOLUME". It is kind to say this at the **beginning** of a response rather than at the end.
3. Pass   If you have a temporary memory lapse when I ask you a question, simply say 'PASS TO XXXX'. (This does require that you know someone's name!)
4. Ask   There are no dumb questions, only unasked ones. (Exception: Are you going to do (or 'did you do') anything important in class?)
5. Communication   Please observe cell phone/pager etiquette.
6. Silence   Silence implies understanding & agreement.
7. Absence   **You** are responsible for all information covered during classes that you may miss. Check with 2 classmates **before** you contact me.

Always bring a calculator !

HCSA 401 Assignments (Tracking....)

Writing

Earned	Possible	
	10	Student information
	20	Mini paper – Change in health care finance
	30	Annual report analysis
	20	*hfm* review
	20	*hfm* review – sharing with group
	40	Chapter 'Logic' – 2 randomly graded (20 each)
	140	

Excel project

Earned	Possible	
	20	Historical information
	20	Projected statistics
	20	Projected statistics by payer
	20	Projected net revenue
	20	Projected payroll expenses
	20	Projected operating expenses
	20	Projected operating budget
	20	Common-sized proforma income statement
	20	Chart – your choice
	20	Key information I learned
	200	

Testing & group assessment

Earned	Possible	All testing is comprehensive
	20	Quiz 1
	20	Quiz 2
	20	Quiz 3
	40	Final
	30	Group assessment: weeks 2 - 8
	30	Group assessment: weeks 9 - 15
	160	

* In case of medical or family emergency, I *may* permit you to take **one quiz** within a week. Late quizzes begin at 80% credit.

HCSA 401
Fall 2005 - Tentative course outline*
Use WebCT for all e-mail

Week of	Read Baker # Manual pages(MP) Chapter logic for Baker readings due first class of week	Topics	Excel Assignments Due at beginning of lab	Deliverables Due last class day of week
Aug 29	MP 1-14	Background: syllabus questions, WebCT refresher, logic of health care finance, identifying what we should learn, identifying viewpoints or perspectives Finance dept & org chart		Pre-test Syllabus understanding Student information
Sept 5 Labor Day	No class Mon Baker #1 & 2 MP 15	Intro: Elements of financial mgt, types of acct & orgs,		Groups assigned Mini paper
Sept 12	Baker # 3 (Email Logic) Baker # 12 Appendix A: Checklists 3 & 4 MP 16-27	Online week Need to know: info flow, mgt cycle, source of records, chart of accounts	Post & respond to questions about project	
Sept 19	MP 28 - 37	Reporting: GAAP & financial statements		
Sept 26	Baker # 4 MP 38-45	Revenues: payers & payer mix, reimbursement systems	Historical information	Annual report
Oct 3	MP 46-74	Quiz Revenue: DRGs CMI, par/non-par	Projected statistics	
Oct 10	MP 75 - 90	Revenue: A/R tools	Projected statistics by payer	
Oct 17	Baker # 8 MP 103 -114	Expenses: staffing levels, payroll	Projected net revenue	

HCSA 401
Fall 2005 - Tentative course outline*, cont.
Use WebCT for all e-mail

Oct 24	Baker # 5 & 6 MP 91-96	Costs: terminology Fixed/variable	*Projected payroll expenses*	
Oct 31	Baker # 7 MP 97 -102	Break-even	*Projected operating expenses*	**hfm** journal review **hfm** group sharing
Nov 7	Baker # 9 MP 129 - 131	**Quiz** Trend analysis, common sizing Forecasting	*Projected operating budget*	
Nov 14	Baker # 10 Appendix A: Checklists 1 & 2 MP 115 -124	Budgeting Variances	*Common-sized proforma income statement*	
Nov 21 *T-Day!*	Baker # 13 MP 132 -134 **No class Fri**	Variance analysis Financial ratios	*Chart – your choice*	
Nov 28	Baker # 14 MP 135 -135G MP 125 - 128	**Quiz** Performance measures Capital formation/ budgeting	*Key information I learned*	
Dec 5	MP 136 -144	Cash management strategies		
FINALS		**Final**		

*The faculty for this course reserves the right to change, at any time, the schedule of assignments, required material to be completed and/or read, dates assignments are due, and other course student responsibilities. Such changes, if any, will be announced in class & posted in WebCT.

HCSA 401 – In class pre-test   Name _____

Yes? No?		
	1	I can name 5 health care payers.
	2	I know how to determine a payer mix.
	3	I can discuss the unique characteristics of payers in health care.
	4	I know how to determine a case mix.
	5	I know the purpose of a payer mix.
	6	I know the purpose of case mix.
	7	I understand how A/R works in health care.
	8	I understand how contractual adjustments are created.
	9	I can discuss the relationship among payers, reimbursement methods & contractual adjustments.
	10	I can discuss the various PPS reimbursement mechanisms.
	11	I know how to read & interpret an annual report.
	12	I can utilize the tools to manage A/R.
	13	I know the components needed to determine take home pay.
	14	I can compute gross pay, including overtime, for hourly employees.
	15	I know how to read & interpret common financial reports in health care.
	16	I know who works in the Finance Department & what they do.
	17	I can read a budget.
	18	I can create a well-supported budget.
	19	I can compute FTEs based on burden.
	20	I remember & understand accounting terms.
	21	I know several methods of effectively managing outflows.
	22	I can discuss the pros & cons of standardization.
	23	I can discuss the major issues in health care finance today.
	24	I understand the purpose of cost accounting in health care.
	25	I am an adequate or proficient Excel user.
		Total 'yes' answers

Medical Record Programs

APRC 2006-2007

Section 7 of 8

Syllabus understanding

I have read the Course Syllabus for HCSA 401, Financial Concepts in Health Care, and the Instructor presented the syllabus material with opportunities to ask questions.
I understand what is expected of me to successfully complete this course.

_____
Print your name

_____
Sign your name

_____

Date

Ferris State University
College of Allied Health Sciences
Health Management Department
Course Syllabus – Winter 2004

Course Title   HCSA 474   Strategy & Planning –Health Care
                                  4 credit hours (Lecture 3 Lab 2)

Course Description

An introduction to the techniques involved in the strategic planning process. The Course consists of two segments: the actual simulation of a planning problem and an examination of the relevant literature addressing the planning process. This course is designed to be the final course in the program sequence.

Course Objectives

At the conclusion of the course, the student will be able to:

I. Strategic Planning:
   1. Assess mission, vision, values of a health care organization.
   2. Interpret a situational analysis using the SWOT technique
   3. Identify critical issues resulting from a SWOT analysis.
   4. Draft goals & objectives pertinent to critical issues.
   5. Explain the purpose of and interactions with a marketing Department within a Health Care Organization.
   6. Discuss how a coordinated Health Care Organization information system relates to strategic planning.

II. Materials Management & Purchasing
   1. Examine the relationship of a materials management department to other departments in an Health Care Organization.
   2. Discuss the purpose and methods of group purchasing options.
   3. Discuss primary tools in inventory management.
   4. Discuss the decision process related to capital budgeting.
   5. Prepare a Request for Bid (RFB), Request for Quote (RFQ), and Request for Proposal (RFP).
   6. Evaluate responses to an RFB/Q.
   7. Evaluate and recommend vendors.
   8. Prepare a capital budget request with supporting justification.
   9. Discuss the relationship of capital budgeting and CON requirements.

III. Planning
   1. Construct and utilize a Gantt chart.
   2. Construct and interpret a PERT diagram.
   3. Explain the relationship between a Gantt chart and PERT diagram.
   4. Distinguish among financial, business, disaster, project, operational, marketing, informational and strategic planning.

5. Compare time management techniques.
6. Design a floor plan to support an intended purpose.
7. Utilize Excel to support planning documentation.
8. Utilize Visio to prepare graphical support for planning documents.
9. Utilize e-mail (via WebCT) as a communication tool.
10. Utilize creativity within the planning process and discuss its value in succeeding professionally.
11. Demonstrate critical thinking in assessment and discussions.
12. Demonstrate professional work ethics.

Faculty

Carol Rewers, R.N., MPA, MLIR, ABD
Office: VFS 414
Office Hours: MWF 10 -11 AM
               By Appointment
Office Phone: (231) 591-2280
Toll Free Phone: 1-800-GOBULLDOGS or 1-800-592-6499
E-mail:
Mailing Address: 200 Ferris Drive, FSU, Big Rapids, MI. 49307
Fax: 1-231-591-3788

Course Schedule

Tuesday	Noon – 1:15 PM
Thursday	Noon – 1:15 PM
Friday	Noon -1:50 PM

Required Materials
1. Book – Power of Focus, Canfield, Hansen & Hewitt
2. Course Pack – Planning Concepts in Healthcare, 3rd edition, Parry

Evaluation

GRADING SCALE (%)

93+	A	80 – 82	B-	67 – 69	D+
90 – 92	A-	77 – 79	C+	63 – 66	D
87 – 89	B+	73 – 76	C	60 – 62	D-
83 – 86	B	70 - 72	C-	Below 60	F

Grade Determination

Evaluation (Grading Components)

        250 Individual Assignments
        200 Team
         50 Final – Comprehensive
        500 Estimated Total Points

Assignments
> All assignments are due on my desk at the beginning of class. Due dates will be announced in class.

Due Dates – All work is DUE at the **beginning** of class
Late work is not accepted

Word Processing Format - 10 -12 font size, single spaced, maximum 1" margins
> Grammar & Spelling are **critical** for maximum credit.
> Assignments that have 5 or more errors are returned as no credit

> Attendance is mandatory
> If you are absent, in class points will be lost. You may not make up these points.

> Extremely extenuating circumstances may be considered on a case by case basis.

> Recognize that both your classmates & your instructor will be asked about your professionalism as you enter the workforce. Attendance is key for knowledge, team work, and personal reputation.

Final Exam
The final is comprehensive – open portfolio, team-based.

Disruptive Student Behavior
See program student handbook

Academic Dishonesty
See program student handbook

Student Dignity
See program student handbook

Class Rules
To enhance out learning environment, the following simple rules apply.
1. Volume   If you can't hear someone, loudly say "VOLUME." It's kind to say this at the beginning of a response rather than at the end.
2. Pass   If you have a temporary memory lapse when asked a question, simply say "Pass To XXX."
3. Ask   There are no dumb questions, only unasked ones.
4. Absence   You are responsible for all information covered during classes that you may miss. Check with classmates before you contact your professor.
5. Food   If you bring food, take care of the "housekeeping"
6. Sound   Turn off all beepers, pagers, phones, etc. during class
7. Silence   Silence implies agreement/understanding

"If you think there is only one right answer, you will stop looking as soon as you find one."
Roger von Oech

We don't plan to fail, we just fail to plan. Anon.

Give me your budget & I'll give you your plan.
Give me your plan & I'll give you your budget.   Anon.

Not taking risks is the riskiest risk of all. Anon

For every disciplined effort, there is a multiple reward.   Jim Rohn

The quality of your questions determines the quality of your thinking.   Anthony Robbins

Assignment Tracking

Earned	Possible	Assignment
*	50	Chapter Logic #1 -10, 2 will be chosen at random
	25	Life plan list (minimum 50)
*	25	Personal V-V-M draft & final (typed)
*	50	Book review: sharing +1 page handout
	25	Portfolio – an organized binder of all resource materials in class
*	50	Expert topic (PowerPoint only)
	25	Minor assignments, TBA
	250	**Assignments**
	50	Teams' Peer Evaluations (assessments of self & teammembers)
	50	Professor assessment of quality & completeness
	100	Documentation included in project portfolio
	200	**Team – Project**
	50	**Final** – comprehensive
	500	**Total course points**

You've got to think about "big things" while you're doing small things, so that all the small things go in the right direction.   Alvin Toffler

Three people were at work on a construction site. All were doing the same job, but when each was asked what his job was, the answers were varied. "Breaking rocks," the first replied. "Earning my living," the second said. "Helping to build a cathedral," said the third. Peter Schultz

There is nothing so useless...as doing efficiently...that which should not be done at all. Peter Drucker

When we escaped from Cuba, all we could carry was our education. Alicia Coro

Life is change. Growth is optional. Choose wisely.   Karen Kaiser Clark

HCSA 474 Tentative Timeline*
Winter 2004
Meet Tuesday, Thursday & Friday

Week –Beginning	Read	Topic	Individual (Last Day of Class)	In Class
#1 - Jan. 12	Salmon 1-10 Blue 1	Intro, Syllabus Creative, critical & strategic thinking Gantt		Team Formation Plan timelines using Gantt Chart
#2 – Jan 19 *No Class 1/19 MLK Day	Salmon 11-28	Time Mgt Tools, Covey, RAMMP Types of planning	Chapter Logic 1	Book chosen (Tues) Print HCO VVM Updated action plan
#3 – January 26	White 1-6	Planning & Benefits SP Def Challenges & Strategies today	Chapter Logic 2 Life list	Updated action plan
#4 – February 2	White 7-11	Values, vision, mission Effective questions	Chapter Logic 3	Experts (4) Visio tour (under help) Updated action plan
#5 – February 9	White 12-19	Situational analysis aka SWOT	Chapter Logic 4 Personal V-V-M draft	Experts (4) Updated action plan
#6 – February 16	White 20-26	Critical issues, goals & objectives	Chapter Logic 5	Experts (4) Updated action plan
#7 February 23	White 27-29 Blue 2	Control & adaptation PERT (Gantt again)	Chapter Logic 6 Chapter Logic chosen	Experts (4)
#8 March 1	White 30–end	Anticipating pitfalls Balanced scorecard	Chapter Logic 7 Personal V-V-M final	Experts (4)
March 8-12 SPRING BREAK				
#9 March 15	Blue 2a & 3	Visio Office/space planning	Chapter Logic 8	Book reviews (3)
#10 March 22	Green 1-3	Materials Mgt. Purchasing & other functions	Chapter Logic 9	Book reviews (3)
#11 March 29	Green 4-7	Materials Mgt. Purchasing & other functions	Chapter Logic 10	Book reviews (3)
#12 April 5 *Easter Break April 8 & 9	Green 8-13	Inventory Mgt. tools RFBs/RFQs, RFIs		Book reviews (3)
#13 April 12		Inventory Mgt. tools RFBs/ RFQs, RFPs	Chapter Logics chosen	Book reviews (3)
#14 April 19	Green 14–end	Capital budgeting/CONs	Teams' assessment of teams	Book reviews (3) Project portfolio (Fri)
#15 April 26		Change, round-up	Personal portfolio	Book reviews (3)
#16 May 3 Final Exam –TBA				

*The instructor for this course reserves the right to change, at any time, the schedule of assignments, required material to be completed and/or read, dates assignments are due, and other course student responsibilities. Such changes, including date changes, will be announced in class.

It is better to know some of the questions than all of the answers.   James Thurber

Syllabus Understanding

I have read the Course syllabus for HCSA 474, Strategy & Planning – Health Care, and the instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me to successfully complete this course.

_____
Print Your Name

_____
Sign Your Name

_____
Date

Syllabus

EHSM 315 - Epidemiology and Statistics (Online)

Course title:	Epidemiology and Statistics
Course number:	EHSM 315
Course discipline:	Other
Course description:	Study of diseases and their distribution among people. Includes methods of data collection, analysis, presentation, and sources of vital statistics. Statistics used in the health sciences are introduced, along with application in conducting epidemiological studies. Epidemiology topics include uses and applications, frequency measures, public health surveillance, and journal article interpretation. Statistical topics include measures of central, distribution, statistical inference, and tests of statistical significance.
Course date:	Tuesday, May 16, 2006 through Thursday, August 10, 2006
Location:	Online

Instructor Information

Name:	Dr. Gary Rodabaugh, CHMM
Email:	rodabaugh@ferris.edu
Office location:	VFS 300A
Office hours:	Online as needed
Phone:	Summer: 231-972-4779, Fall/Winter: 231-591-2308
Biography:	Dr. Rodabaugh is a Full Professor in the areas of Industrial Hygiene, Hazardous Waste Management and Industrial Hygiene. He has extensive expertise in protecting human health and the environment and routinely serves as an expert witness in these areas.

Course Requirements

Introduction: Students are required to complete assignments and exams on time. This will require the use of a standard calculator with basic functions, including square roots. Access to a computer connected to the Internet. Word, Excel and PowerPoint will be needed to read and utilize assignments throughout the course.

Textbooks

Required reading:	*Essentials of Statistics*, Mario F. Triola, Addison-Wesley, 2nd, 0-201-77129-2
Required reading:	*Principles of Epidemiology*, U.S. Department of Health and Human Services, Download in Week 1
Required reading:	*Subscription to Morbidity and Mortality Weekly Report. Go to http://www.cdc.gov/mmwr/ and click on "subscribe" in the left column for an online subscription (free!).*

Course Goals

Course goals: 1. Understand and use basic epidemiological investigation techniques. 2. Understand basic statistics and calculations used in Public Health and epidemiological investigations. 3. Locate current sources of statistical, epidemiological and disease related literature. 4. Understand technical epidemiological and disease literature.

Required Papers

Required Papers: During the semester, you will be required to read and evaluate a total of three (3) statistical or epidemiological articles in professional journals. • 1 statistically based report for any professional content. • 1 statistically based report for epidemiological content. . 1 statistically based report for either professional or epidemiological content. (Total = 3 reports. • Submission Format (Cover page with Title of article reviewed, Complete bibliographical citation, Your name, The LAST FOUR digits of your student number, Date Submitted, One-half to one page evaluation (& NO MORE!), Single spaced, 12 pt. font minimum.)

Policies

Introduction: General Policies: Religious Holidays: Ferris State University will make reasonable accommodations for students who are absent from the University in observance of religious holidays. It is the

responsibility of the student to notify the faculty in writing during the first week of the semester of their intention to be absent from class on their day(s) of religious observance. Upon formal notification, the faculty will excuse the student from the class, labs, and/or clinics for the holiday(s) and allow the student to make up missed exams; however, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty. Requests for absence to participate in religious activities other than recognized religious holidays, are not recognized by the University as excused absences. The student may present such a request to the faculty during the first week of the semester, and the faculty may approve such an absence at his or her discretion. If the instructor approves the absence, the student is responsible for com¬pletion of all missed work within a reasonable time as determined by the faculty. If a student disagrees with the faculty member's determination, the student may make a written appeal to the Dean of the student's college. The decision of the Dean is final. Disabilities Services: Any student with a documented disability (physical, learning, mental, emotional) requiring a classroom accommodation should contact the Disabilities Services Office, located in Arts and Sciences Commons, 1017K, extension 3772, or ASC 1021, extension 5039. Americans with Support services and accommodations are provided for students with Disabilities Act: documented mobility, learning, hearing, vision, or physical disabilities, which interfere with the learning process. These services include educational, counseling, adaptive equipment, extended and/or alternative testings, and student note takers. The Educational Counselor for Students with Disabilities can be contacted for assistance at ext. 3772 or 5039, and is located in ASC 1017. Student Dignity: The University expects all students and employees to conduct themselves with dignity and respect for students, employees, and others. It is each individual's responsibility to behave in a civil manner and make responsible choices about the manner in which they conduct themselves. Harassment of any kind is not acceptable at Ferris State University. The University does not condone or allow harassment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions. To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment. Racial Harassment: Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individ¬ual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following: 1. The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person; 2. Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities. 3. The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment. The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University. Sexual Harassment: Using the definition contained in the Equal Employment Opportunity Commission guidelines, adapted to include educational environments, sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when: 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement; 2) submission to or rejection of such conduct by an individual is used as a factor in employment or academic decisions affecting such individuals; 3) such conduct has the purpose or effect of substantially interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, living, or academic environment. While sexual harassment most often takes place in situations of power differential between the persons involved, sexual harassment may also occur between persons of the same status, e.g., student-to-student. The person exhibiting sexually harassing conduct need not realize or intend the conduct to be offensive for the conduct to constitute sexual harassment. Harassment Concerns: Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact either an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action. If approaching the individual is not possible (i.e., you are uncomfortable or uncertain as to how the situation should be handled or concerned the situation may become volatile) or does not resolve the matter, it should then be reported immediately to an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, the Director of

Student Judicial Services, or the Director of Affirmative Action. If, for some reason, you are uncomfortable discussing your situation with any of these individuals, please report your situation to any member of University administration. The circumstances surrounding the matter will be fully investigated, including the nature of the harass¬ment and the context in which it occurred. All reports of harassment and subsequent investigations will be kept as confidential as possible. Anyone found to have violated this Policy will be subject to discipline up to and including discharge and dismissal, that may include, but not be limited to, official repri¬mand, official apology, sensitivity training, and/or other disciplinary action including dis¬missal. Likewise, because intentionally false accusations of harassment can have serious effects on innocent people, anyone found to have in¬tentionally falsely accused another person of violating this Policy will be subject to discipline up to and including discharge or dismissal. Consensual Relationships Between University Employees and Students: Consensual relationships of an amorous or sexual nature that might be appropriate in other circum¬stances are deemed inappropriate when they occur between an employee of the University and a student for whom he or she has a professional responsibility. For example, such a relationship would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choice. It is the policy of Ferris State University that any University employee who has professional respon¬sibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the rela¬tionship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation. Disruptive Behavior Policy Statement: The College of Allied Health Sciences strives to maintain a positive learning environment and educa¬tional opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed. 1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc. 2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor. 3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal. 4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings. 5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.) 6. Students as well as employees are bound by the University's policy against harass-ment in any form. Harassment will not be tolerated. 7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior. Honesty Policy: The purposes of this policy are to encourage a mature attitude toward learning to estab¬lish a sound academic morale, and to discourage illegitimate aid in examinations, labora¬tory, and homework. Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or at¬tempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. Plagiarism (copying) of themes or other written work shall also be considered an infraction. Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students. The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations means failure in the course. The student may appeal the decision to the Disciplinary Committee. Further offenses may result in suspension

or dismissal from the University.

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
MEDICAL RECORD PROGRAMS
GRADUATE SURVEY
2005
9 Responses/15.6% Return Rate
58 Surveys Sent Out

The primary goal of the Medical Record programs is to prepare our graduates to function as competent medical record professionals. This survey is designed to help us determine the strengths and areas of improvement for our program. All of your responses will be kept confidential and used for program evaluation purposes only.

Please answer the following:

Graduation Semester & Year	Fall - 1 Winter - 4 Summer - 1 2003 - 3 2004 - 4 2005
Program	RHIA - 4 RHIT - 4 Coding & Reimbursement Specialist
Job Title	**Continuing Student, Coding Specialist, Office Manager, Medical Record Supervisor, Coding & Reimbursement Supervisor**
Employed Full-time or Part-time	Full-time - 6 Part-time - 2
I am a member of AHIMA	Yes - 7 No - 1
Were you employed within one year of graduation?	Yes - 7 No
How soon after graduation did you take the national exam?	6 months (2) , 8 months, 9 months, 1 year, 2 Have not taken exam
Have you continued your education since leaving Ferris?	Yes No If yes, where are/did you attend(ing)? 1 (RHIA) 7

To complete the survey, rate each of the statements using the following scale: **5 = Strongly Agree, 4 = Generally Agree, 3 = Neutral, 2 = Generally Disagree, 1 = Strongly Disagree, and NA = Not Applicable. Place a mark through your response.**

One did not respond to following

	5	4	3	2	1	NA	
Helped me acquire the knowledge necessary to function in my job	6	2					4.8
Prepared me to use sound judgment while functioning in my job	5	3					4.6
Prepared me to be able to recommend appropriate procedures relevant to my job	4	3	1				4.4
Enabled me to think critically, solve problems, and develop appropriate action steps	3	5					4.4
Prepared me with the skills to perform as an HIM professional	5	3					4.6
My professional practice experiences were valuable in reinforcing my HIM skills	5	3					4.6
Prepared me to communicate effectively within my work setting	4	4					4.5
Prepared me to conduct myself in an ethical and professional manner	5	3					4.6
Taught me to manage my time efficiently while functioning in my current job	3	5					4.4
Prepared me to work effectively as a team member	4	4					4.5

Please rate and comment on the OVERALL quality of your preparation as an HIM professional.

Comments:_____

Based on your work experience, please identify two or three strengths of the HIM program?

_____

_____

Based on your work experience, please make two or three suggestions to further strengthen the HIM program?

_____

_____

Another part of our evaluation involves feedback from employers about program quality. Please give us the name of your employer so that we can send them a survey.

Name and Address of Employer: _____

_____

_____

Current Salary: _____

Thank you for your time and assistance in evaluating the Medical Record programs at Ferris State University.

2005

Please rate and comment on the OVERALL quality of your preparation as an HIM professional.

The HIM program at FSU did an excellent job at preparing me for a career as an HIM professional.

Provided me a satellite school in GR that made it easier to get my degree

Ahead of most of my peers from other programs

Ferris does a great job at preparing for the different aspects of MR that you may be faced with as an employee

Great

Very useful

Ferris is vital to HIM in Michigan

Based on your work experience, please identify two or three strengths of the HIM program.

Internship is a great way to network

Professors of the HIM program really made the program worthwhile. They have all been in the field and could share experiences

Geared for older student

Evening and weekend classes are super

Greatful for strong background in technical processes to be able to effectively manage staff.

It encompasses the knowledge to do tasks that would actually be asked of you.

Performance evaluations, interviews, audits, and coding

Knowledge of ICD-9, CPT, JCAHO

Based on you work experience, please make two or three suggestions to further strengthen the HIM program?

Gear more towards the EMR

Less general classes (History, Algebra, etc)

Class reunions for students at ATC

More business classes from "business" not healthcare perspective

More legal/HIPAA classes

Class on documentationf or coding purposes

Revenue cycle/Accounts Receivable management class

Teach how to interview. Have instructors sit as various applicants so students learn both sides.

Billing

Current Salary:

Coding Specialist – RHIT – 2003 - $37,000

              -    RHIT – W 2004 - $ 57,000 (Had already been in field, position and job duties did not change)

MR Supervisor – RHIA – F 2004 - $21.23/hr

Operations and Coding and Reimbursement Supervisor – RHIA – W 2003 - $ 42,000

Office Manager – RHIT – 2004 - $ 16.00/hr

Coding Specialist – RHIA – W 2003 - $ 35,800

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
MEDICAL RECORD PROGRAMS
GRADUATE SURVEY

The primary goal of the Medical Record programs is to prepare our graduates to function as competent medical record professionals. This survey is designed to help us determine the strengths and areas of improvement for our program. All of your responses will be kept confidential and used for program evaluation purposes only.

Please answer the following:

Graduation Semester & Year	Fall Winter Summer 2003 2004 2005
Program	RHIA RHIT Coding & Reimbursement Specialist
Job Title	
Employed Full-time or Part-time	Full-time Part-time
I am a member of AHIMA	Yes No
Were you employed within one year of graduation?	Yes No
How soon after graduation did you take the national exam?	_____Have not taken exam
Have you continued your education since leaving Ferris?	Yes No If yes, where are/did you attend(ing)?

To complete the survey, rate each of the statements using the following scale: **5 = Strongly Agree, 4 = Generally Agree, 3 = Neutral, 2 = Generally Disagree, 1 = Strongly Disagree, and NA = Not Applicable. Place a mark through your response.**

Helped me acquire the knowledge necessary to function in my job	5 4 3 2 1 NA
Prepared me to use sound judgment while functioning in my job	5 4 3 2 1 NA
Prepared me to be able to recommend appropriate procedures relevant to my job	5 4 3 2 1 NA

Enabled me to think critically, solve problems, and develop appropriate action steps	5	4	3	2	1	NA
Prepared me with the skills to perform as an HIM professional	5	4	3	2	1	NA
My professional practice experiences were valuable in reinforcing my HIM skills	5	4	3	2	1	NA
Prepared me to communicate effectively within my work setting	5	4	3	2	1	NA
Prepared me to conduct myself in an ethical and professional manner	5	4	3	2	1	NA
Taught me to manage my time efficiently while functioning in my current job	5	4	3	2	1	NA
Prepared me to work effectively as a team member	5	4	3	2	1	NA

Please rate and comment on the OVERALL quality of your preparation as an HIM professional.

Comments:_____

Based on your work experience, please identify two or three strengths of the HIM program?

_____

_____

Based on your work experience, please make two or three suggestions to further strengthen the HIM program?

_____

_____

Another part of our evaluation involves feedback from employers about program quality. Please give us the name of your employer so that we can send them a survey.

Name and Address of Employer: _____

_____

_____

Current Salary: _____

Thank you for your time and assistance in evaluating the Medical Record programs at Ferris State University.

2004

As an annual part of our program review and improvement efforts, we send surveys to our graduates and their employers. Please take a few minutes to complete the survey and return it in the attached return envelope. We sincerely appreciate your time and input.

1. **Graduation Semester and Year:**

Summer 1999 – 2	Winter 2001 - 1
Fall 1999 – 2	Winter 2002 - 1
Winter 2000 – 5	Summer 2002 - 2
Summer 2000 – 2	Winter 2003 - 3
Fall 2000 – 2	

2. __10__ **RHIT** __8__ **RHIA** __1__ **Coding & Reimbursement Specialist**

   1 – No response

3. **Professional memberships you maintain (choose all that apply):**

   _15___ **AHIMA** __7__ **Local Chapter** _____ **AAPC** **Other: MHIMA -2**
   HIMSS – 1
   No response – 3

4. **Place of employment:**

_15_Acute Care	____HMO/PPO	_1__Outsourced Contract Service
_1__Ambulatory Care	____Home Health	____Rehabilitation
_1__Consulting Firm	____Hospice	____VA
____Corrections	____Insurance Company	_1__Other: Billing Service
____Educational Institution	____Long Term Care	
____Healthcare Related Sales	_1__Mental Health/Psych/Substance Abuse	

5. **Which title best describes your job function?**

_1__HIM Director	_1__Compliance/Auditing Staff
____HIM Assistant Director	____Coder
_7__HIM Supervisor	____Medical Transcriptionist
____Utilization Review Staff	_1__Quality Improvement Staff
____Office Manager	____Medical Staff/Credentialing
____Physician Office Staff	_7__Other/Specify: Review Analyst

   HIM System Analyst
   Staff Assistant
   Coding and Claims Mgr
   Adjunct Instructor at Davenport

6. **How long have you been employed here?**

1	One month	3	Two years
1	Four months	4	Three years
1	Six months	5	Four years
1	Nine months	1	Fifteen years
3	One year		

7. **Employment status:**

____Temporary   ____Part-Time   _20_Full-Time

8. **What was your starting salary?**

2 - $18,001 – 19,000		
1 - $24,001– 25,000	2 - $30,001 – 31,000	1 - $37,001 - 38,000
6 - $25,001 – 26,000	1 - $33,001 – 34,000	1 -$42,001 - 43,000
2 - $27,001 – 28,000	1 – $36,001 – 37,000	1 - $51,001 – 52,000

2 – No response

9. **Please indicate your current salary range:**

____<$ 15,000	_6__$35,001-40,000	____$60,001-65,000
____$15,000-20,000	_2__$40,001-45,000	____$65,001-70,000
_2__$20,001-25,000	____$45,001-50,000	_2__ >$70,001
_2__$25,001-30,000	_2_$50,001-55,000	
_4__$30,001-35,000	____$55,001-60,000	

10. **Were you employed within one year of graduation?**   _20_yes   ___no

11. **How soon after graduation did you take the national exam?**

_10_3-6 months   _1_7-9 months   _4__10-12 months
_1__> 13 months   _2__> 2 years   ____> 3 years

2   No response

12. **Where else have you worked as a medical record professional?**
Mercy Health Services
Trinity Information Services – Farmington Hills
Mercy Hospital – Port Huron
Mercy Health Center – Fort Gratiot
Floater at HIM office
Metropolitan Hospital
Orlando Regional Medical Center
SMB Coding, Inc.
Health One

Family Practice
Bixby Med Center
Providence Hospital
Contracting with hospital
PerSe Technologies
US Army
St. Mary's Hospital – Saginaw
West Virginia Medical Institute
Cadillac
Not working in Medical Records
No response (6)

13. **Was it difficult to find a job when you graduated?** _2_ yes _18_ no

14. **Based on classroom/laboratory instruction and internship(s), please rate the adequacy of course content utilizing the following rating scale:**

    5 = Excellent, 4 = Good to Above Average, 3 = Average, 2 = Below Average, 1 = Poor

    Course Content:
    Do you feel adequate instruction was provided in the following?
    A. Biomedical Sciences

1. Medical Terminology	4.6	5	4	3	2	1
2. Pharmacology	2.8	5	4	3	2	1
3. Pathophysiology/Disease Processes	3.8	5	4	3	2	1

   B. Information Technology

1. Applications in Health Information Systems (ADT, HIM Computer Applications, Point of Care, Patient Registration)	3.8	5	4	3	2	1
2. Voice Recognition Technology	2.6	5	4	3	2	1
3. Document Imaging	3.3	5	4	3	2	1
4. Data Integrity/Security/Validity	3.9	5	4	3	2	1
5. Common Software Pkgs.(Excel, Powerpoint,etc)	4.3	5	4	3	2	1
6. Query/Generate Reports from Various Databases	3.4	5	4	3	2	1

   C. Health Data Content and Structure

1. Assembly/Analysis of Records for Completeness	4.0	5	4	3	2	1
2. Perform Admission Procedure	3.4	5	4	3	2	1
3. Retrieve/Track/Locate/File Health Records	4.1	5	4	3	2	1
4. Registries and Indexes	4.1	5	4	3	2	1
5. Health Care Data Sets (UHDDS, OASIS)	3.7	5	4	3	2	1
6. Documentation Requirements	4.0	5	4	3	2	1
7. Forms and Screen Design	3.7	5	4	3	2	1
8. Primary versus Secondary Records	3.7	5	4	3	2	1

   D. Health Care Delivery Systems

1. Licensure/Regulatory Agencies	3.9	5	4	3	2	1

2. Payment and Reimbursement Systems **3.5** 5 4 3 2 1
(Medicare, Medicaid, BC/BS)
3. Accreditation Standards **3.9** 5 4 3 2 1
4. Organization of Healthcare Delivery **4.0**
(Organizational Structure/Allied Health Professionals) 5 4 3 2 1
5. Healthcare Organizations **3.9** 5 4 3 2 1

E. Organization and Supervision
1. Basic Management/Supervision Principles **4.2** 5 4 3 2 1
2. Human Resource Management
 a. Job Descriptions **4.2** 5 4 3 2 1
 b. Staff Orientation/Training/In-service Programs **4.2** 5 4 3 2 1
 c. Evaluate Performance and Counseling/Discipline **4.1** 5 4 3 2 1
3. Plan and Conduct Meetings **4.2** 5 4 3 2 1
4. Develop Policies and Procedures **4.2** 5 4 3 2 1
5. Determine Productivity/Standards of Performance **4.0** 5 4 3 2 1
6. Determine Ergonomic equipment and supply needs
 and Space Requirements **3.8** 5 4 3 2 1
7. Fundamentals of Budgeting **3.8** 5 4 3 2 1
8. Quality Improvement Tools and Techniques
 to Improve Departmental Processes **4.2** 5 4 3 2 1

F. Health Care Statistics and Data Literacy
1. Calculate Statistics (census, LOS, occupancy rates) **3.9** 5 4 3 2 1
2. Reliability and Validity of Data **3.9** 5 4 3 2 1
3. Data Presentation Techniques (bar graphs, pareto) **4.1** 5 4 3 2 1

G. Quality Management
1. PI (collection tools, data analysis, reporting techniques) 5 4 3 2 1 **4.0**
2. Utilization Management (Clinical/Critical Pathways) 5 4 3 2 1 **3.9**
3. Risk Management **3.8** 5 4 3 2 1
4. Accreditation and Licensing Standards (JCAHO, DHH) 5 4 3 2 1 **4.1**
5. Strategic Plans, Goals and Objectives **3.9** 5 4 3 2 1
6. Facility-Wide/Intradepartmental Teams/Committees **4.1** 5 4 3 2 1

H. Clinical Classification Systems
1. Coding Guidelines
 a. ICD-9-CM **4.5** 5 4 3 2 1
 b. CPT (Evaluation and Management/Modifiers) **4.2** 5 4 3 2 1
2. Case-Mix Analysis **4.0** 5 4 3 2 1
3. Severity of Illness Systems **3.9** 5 4 3 2 1
4. Data Quality **4.1** 5 4 3 2 1
5. Coding Code of Ethics **4.5** 5 4 3 2 1
6. Compliance with Regulatory Requirements **4.2** 5 4 3 2 1
(ICD-9-CM Cooperating Parties coding guidelines,
CMS Compliance Plan (PEEP/PRO), DRG Validation
NCCI)

I. Reimbursement Methodologies
1. Assigning/Sequencing/Validating Codes/DRGs/APCs/HCPCS
 a. Inpatient Cases **4.1** 5 4 3 2 1

b. Outpatient Cases	**3.8**	5	4	3	2	1
2. Prospective Payment System						
a. DRG assignment	**3.8**	5	4	3	2	1
b. APC assignment	**3.6**	5	4	3	2	1
c. RBRVS	**3.6**	5	4	3	2	1
3. Third Party Payers	**3.6**	5	4	3	2	1
4. Billing and Insurance Procedures	**3.6**	5	4	3	2	1
5. Explanation of Benefits	**3.5**	5	4	3	2	1
6. Peer Review Organizations	**3.6**	5	4	3	2	1
7. Chargemaster Description	**3.3**	5	4	3	2	1
8. Managed Care/Capitation	**3.6**	5	4	3	2	1

J. Legal and Ethical Issues

1. Confidentiality (HIPAA)	**4.1**	5	4	3	2	1
2. Release of Information	**4.1**	5	4	3	2	1
3. Legislative Process/Court System	**3.7**	5	4	3	2	1
4. Legal Vocabulary	**3.7**	5	4	3	2	1
5. Retention Guidelines	**3.8**	5	4	3	2	1
6. Patient Rights/Advocacy/Advance Directives	**3.8**	5	4	3	2	1
7. Ethics	**3.9**	5	4	3	2	1

15. Overall, do you feel that the MRT/MRA curriculum at Ferris State University adequately prepared you for an entry level position in the health information profession? 19 – Yes   1 - Probably
Comments:
Yes, but nothing beats OTJ training
Need more billing and information systems
More coding
More Pharmacology
More Pathophysiology
Afforded me best platform to start my career
Felt I had advantage over others in my field from other programs
Don't think coding should be offered as summer class
Received good education in my field
Prepared me for entry level
Outdated materials

16. Would you recommend the MRT/MRA program at Ferris State University for other potential students who are interested in the profession?
18 – Yes   2 – No response
Comments:
Great program, learned a lot
Program well-developed and highly regarded
Update material
Real world is nothing like you teach
Get instructors from local hospitals to teach

Prepared going into a job
Ferris offers great networking and professional opportunities to students
Able to use skills to gain employment at intern site
Love what I do!
I have, I do!
Many job opportunities and job security within MRT/MRA
Degree gives a lot of flexibility and easy to find job

17. Have you continued your education since leaving Ferris? _3__yes _17__no

If yes, where are/did you attend(ing)?
__2_Ferris State University (RHIA)   _____Central Michigan
University
____Michigan State University   _____Grand Valley State University
____University of Michigan   _____Western Michigan University
__1_Other/Specify:__Davenport (Master's)_____

18. If you have not continued your education, do you plan to within the next five years?
__1__yes _16__no   3 already started

19. Please make any other comments which you believe would help us to evaluate and improve the Medical Record Science programs.
More in depth education on billing/reimbursement
More coding classes
Role of coding in chargemaster
Pharmacology
Legal/ethical issues class
More experience with DRG assignment
Profs did great job, very helpful
Update
Coding and Terminology important
Offer classes more often and at better times

FERRIS STATE UNIVERSITY
MEDICAL RECORD PROGRAMS
GRADUATE SURVEY
2004

As an annual part of our program review and improvement efforts, we send surveys to our graduates and their employers. Please take a few minutes to complete the survey and return it in the attached return envelope. We sincerely appreciate your time and input.

1. **Graduation Semester and Year:** _____

2. _____RHIT _____RHIA _____Coding & Reimbursement Specialist

3. **Professional memberships you maintain (choose all that apply):**

   _____ AHIMA _____Local Chapter _____AAPC Other:_____

4. **Place of employment:**

   ____Acute Care   ____HMO/PPO   ____Outsourced Contract Service
   ____Ambulatory Care   ____Home Health   ____Rehabilitation
   ____Consulting Firm   ____Hospice   ____VA
   ____Corrections   ____Insurance Company
   ____Educational Institution   ____Long Term Care

   ____Healthcare Related Sales ____Mental Health/Psych/Substance Abuse

5. **Which title best describes your job function?**

   ____HIM Director   ____Compliance/Auditing Staff
   ____HIM Assistant Director   ____Coder
   ____HIM Supervisor   ____Medical Transcriptionist
   ____Utilization Review Staff ____Quality Improvement Staff
   ____Office Manager   ____Medical Staff/Credentialing
   ____Physician Office Staff   ____Other/Specify: _____

6. **How long have been employed here?** _____

7. **Employment status:**
   ____Temporary ____Part-Time ____Full-Time

8. **What was your starting salary?** _____

9. **Please indicate your current salary range:**

   ____<$ 15,000   ____$35,001-40,000   ____$60,001-65,000
   ____$15,000-20,000   ____$40,001-45,000   ____$65,001-70,000
   ____$20,001-25,000   ____$45,001-50,000   ____>$70,001
   ____$25,001-30,000   ____$50,001-55,000
   ____$30,001-35,000   ____$55,001-60,000

10. Were you employed within one year of graduation? ___yes ___no

11. How soon after graduation did you take the national exam?
    ____3-6 months ____7-9 months ____10-12 months
    ____> 13 months ____> 2 years ____> 3 years

12. Where else have you worked as a medical record professional?
    _____

13. Was it difficult to find a job when you graduated? ___yes ___no

14. Based on classroom/laboratory instruction and internship(s), please rate the
    adequacy of course content utilizing the following rating scale:

    5 = Excellent, 4 = Good to Above Average, 3 = Average, 2 = Below Average,
    1 = Poor

    Course Content:
    Do you feel adequate instruction was provided in the following?
    A. Biomedical Sciences
        1. Medical Terminology   5 4 3 2 1
        2. Pharmacology   5 4 3 2 1
        3. Pathophysiology/Disease Processes   5 4 3 2 1
    B. Information Technology
        1. Applications in Health Information Systems   5 4 3 2 1
           (ADT, HIM Computer Applications, Point of
           Care, Patient Registration)
        2. Voice Recognition Technology   5 4 3 2 1
        3. Document Imaging   5 4 3 2 1
        4. Data Integrity/Security/Validity   5 4 3 2 1
        5. Common Software Pkgs.(Excel, Powerpoint,etc)   5 4 3 2 1
        6. Query/Generate Reports from Various Databases   5 4 3 2 1
    C. Health Data Content and Structure
        1. Assembly/Analysis of Records for Completeness   5 4 3 2 1
        2. Perform Admission Procedure   5 4 3 2 1
        3. Retrieve/Track/Locate/File Health Records   5 4 3 2 1
        4. Registries and Indexes   5 4 3 2 1
        5. Health Care Data Sets (UHDDS, OASIS)   5 4 3 2 1
        6. Documentation Requirements   5 4 3 2 1
        7. Forms and Screen Design   5 4 3 2 1
        8. Primary versus Secondary Records   5 4 3 2 1
    D. Health Care Delivery Systems
        1. Licensure/Regulatory Agencies   5 4 3 2 1
        2. Payment and Reimbursement Systems   5 4 3 2 1

(Medicare, Medicaid, BC/BS)

3. Accreditation Standards   5 4 3 2 1
4. Organization of Healthcare Delivery
(Organizational Structure/Allied Health Professionals) 5 4 3 2 1
5. Healthcare Organizations   5 4 3 2 1

E. Organization and Supervision
1. Basic Management/Supervision Principles   5 4 3 2 1
2. Human Resource Management
   a. Job Descriptions   5 4 3 2 1
   b. Staff Orientation/Training/In-service Programs   5 4 3 2 1
   c. Evaluate Performance and Counseling/Discipline   5 4 3 2 1
3. Plan and Conduct Meetings   5 4 3 2 1
4. Develop Policies and Procedures   5 4 3 2 1
5. Determine Productivity/Standards of Performance   5 4 3 2 1
6. Determine Ergonomic equipment and supply needs
and Space Requirements   5 4 3 2 1
7. Fundamentals of Budgeting   5 4 3 2 1
8. Quality Improvement Tools and Techniques
to Improve Departmental Processes   5 4 3 2 1

F. Health Care Statistics and Data Literacy
1. Calculate Statistics (census, LOS, occupancy rates)   5 4 3 2 1
2. Reliability and Validity of Data   5 4 3 2 1
3. Data Presentation Techniques (bar graphs, pareto)   5 4 3 2 1

G. Quality Management
1. PI (collection tools, data analysis, reporting techniques) 5 4 3 2 1
2. Utilization Management (Clinical/Critical Pathways)   5 4 3 2 1
3. Risk Management   5 4 3 2 1
4. Accreditation and Licensing Standards (JCAHO, DHH) 5 4 3 2 1
5. Strategic Plans, Goals and Objectives   5 4 3 2 1
6. Facility-Wide/Intradepartmental Teams/Committees   5 4 3 2 1

H. Clinical Classification Systems
1. Coding Guidelines
   a. ICD-9-CM   5 4 3 2 1
   b. CPT (Evaluation and Management/Modifiers)   5 4 3 2 1
2. Case-Mix Analysis   5 4 3 2 1
3. Severity of Illness Systems   5 4 3 2 1
4. Data Quality   5 4 3 2 1
5. Coding Code of Ethics   5 4 3 2 1
6. Compliance with Regulatory Requirements   5 4 3 2 1
(ICD-9-CM Cooperating Parties coding guidelines,
CMS Compliance Plan (PEEP/PRO), DRG Validation
NCCI)

I. Reimbursement Methodologies
1. Assigning/Sequencing/Validating Codes/DRGs/APCs/HCPCS
   a. Inpatient Cases   5 4 3 2 1
   b. Outpatient Cases   5 4 3 2 1

2. Prospective Payment System
        a. DRG assignment   5 4 3 2 1
        b. APC assignment   5 4 3 2 1
        c. RBRVS   5 4 3 2 1
    3. Third Party Payers   5 4 3 2 1
    4. Billing and Insurance Procedures   5 4 3 2 1
    5. Explanation of Benefits   5 4 3 2 1
    6. Peer Review Organizations   5 4 3 2 1
    7. Chargemaster Description   5 4 3 2 1
    8. Managed Care/Capitation   5 4 3 2 1
J. **Legal and Ethical Issues**
    1. Confidentiality (HIPAA)   5 4 3 2 1
    2. Release of Information   5 4 3 2 1
    3. Legislative Process/Court System   5 4 3 2 1
    4. Legal Vocabulary   5 4 3 2 1
    5. Retention Guidelines   5 4 3 2 1
    6. Patient Rights/Advocacy/Advance Directives   5 4 3 2 1
    7. Ethics   5 4 3 2 1

15. Overall, do you feel that the MRT/MRA curriculum at Ferris State University adequately prepared you for an entry level position in the health information profession?
Comments:

16. Would you recommend the MRT/MRA program at Ferris State University for other potential students who are interested in the profession?
Comments:

17. Have you continued your education since leaving Ferris? ____yes ____no

If yes, where are/did you attend(ing)?
____Ferris State University   ____Central Michigan University
____Michigan State University   ____Grand Valley State University
____University of Michigan   ____Western Michigan University
____Other/Specify:_____

18. If you have not continued your education, do you plan to within the next five years?
____yes ____no

19. Please make any other comments which you believe would help us to evaluate and improve the Medical Record Science programs.

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
MEDICAL RECORD PROGRAMS
EMPLOYER SURVEY
2005
3 Responses/5.2%
(of 3 responses, 1 refused to respond, 1 employer had 3 Ferris grads)
58 Surveys Sent Out

The primary goal of the Medical Record programs is to prepare our graduates to function as competent medical record professionals. This survey is designed to help us determine the strengths and areas of improvement for our program. All of your responses will be kept confidential and used for program evaluation purposes only. We request that this survey be completed by the graduate's immediate supervisor.

Please answer the following for each employee:

Enter employee name (one person per column)				
Length of employment at your facility	Ave 1.25 yrs.			
Specify for each: RHIT RHIA CCS CCA	3 RHIT, 1 RHIA			
Type of facility	4 Acute Care			
Job title of employee	2 Coders, 2 MR Supervisors			

Please rate each of the following statements using the following scale: 5 = Strongly Agree, 4 = Generally Agree, 3 = Neutral, 2 = Generally Disagree, 1 = Strongly Disagree and N/A = Not Applicable. Place a mark through your response.

Has the medical record knowledge necessary to perform technical functions in the health care setting	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Is able to recommend appropriate HIM procedures relevant to this job	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA

Demonstrates ability to think critically, solve problems, and develop appropriate action steps	5 4 3 2 1 NA 2 1 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Uses sound judgment	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Communicates effectively in the health care setting	5 4 3 2 1 NA 1 1 1 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Conducts himself/herself in an ethical and professional manner	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Enter employee name (one person per column)				
Accepts supervision and works effectively with supervisory personnel	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Manages time efficiently while functioning in their job	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Functions effectively as a member of the work team	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Is self-directed and responsible for his/her actions	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Arrives to work prepared and on time	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Contributes to a positive environment in the department	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Rate overall quality of employee	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA

Did not average above due to small number of responses.

1. What are the strengths of the graduate(s) of this program?
   Knowledge of health information, rules and regs
   Confidence
   Not intimidated by any of the areas in the department

Did well in ROI and Cancer Registry

2. What qualities/skills did you expect of the graduates upon employment that he/she did not possess?
   Coding is always something that you can learn better hands-on
   Managerial/supervisory skills, but usually is on the job

3. Would you hire another graduate of the Medical Record programs at Ferris State University?
   Yes

Thank you for your time in completing this graduate survey.

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
MEDICAL RECORD PROGRAMS
EMPLOYER SURVEY
2005
3 Responses/5.2%
(of 3 responses, 1 refused to respond, 1 employer had 3 Ferris grads)
58 Surveys Sent Out

The primary goal of the Medical Record programs is to prepare our graduates to function as competent medical record professionals. This survey is designed to help us determine the strengths and areas of improvement for our program. All of your responses will be kept confidential and used for program evaluation purposes only. We request that this survey be completed by the graduate's immediate supervisor.

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Length of employment at your facility	Ave 1.25 yrs.			
Specify for each: RHIT RHIA CCS CCA	3 RHIT, 1 RHIA			
Type of facility	4 Acute Care			
Job title of employee	2 Coders, 2 MR Supervisors			

Please rate each of the following statements using the following scale: **5 = Strongly Agree, 4 = Generally Agree, 3 = Neutral, 2 = Generally Disagree, 1 = Strongly Disagree and N/A = Not Applicable. Place a mark through your response.**

Has the medical record knowledge necessary to perform technical functions in the health care setting	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Is able to recommend appropriate HIM procedures relevant to this job	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA

Demonstrates ability to think critically, solve problems, and develop appropriate action steps	5 4 3 2 1 NA 2 1 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Uses sound judgment	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Communicates effectively in the health care setting	5 4 3 2 1 NA 1 1 1 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Conducts himself/herself in an ethical and professional manner	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Enter employee name (one person per column)				
Accepts supervision and works effectively with supervisory personnel	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Manages time efficiently while functioning in their job	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Functions effectively as a member of the work team	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Is self-directed and responsible for his/her actions	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Arrives to work prepared and on time	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Contributes to a positive environment in the department	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA
Rate overall quality of employee	5 4 3 2 1 NA 3 1	5 4 3 2 1 NA	5 4 3 2 1 NA	5 4 3 2 1 NA

Did not average above due to small number of responses.

1. What are the strengths of the graduate(s) of this program?
   Knowledge of health information, rules and regs
   Confidence
   Not intimidated by any of the areas in the department

Did well in ROI and Cancer Registry

2. What qualities/skills did you expect of the graduates upon employment that he/she did not possess?
   Coding is always something that you can learn better hands-on
   Managerial/supervisory skills, but usually is on the job

3. Would you hire another graduate of the Medical Record programs at Ferris State University?
   Yes

Thank you for your time in completing this graduate survey.

FERRIS STATE UNIVERSITY
MEDICAL RECORD PROGRAMS
EMPLOYER SURVEY
2004

Dear employer of a Ferris State University graduate: As an annual part of our program review and improvement efforts, we send surveys to our graduates and their employers. We have asked that our graduate give this survey to you for completion. Please take a moment to complete the survey and return it in the attached return envelope. We sincerely appreciate your time and input.

1. **Specify the positions this individual has held while being employed by your facility.**
   Check all that apply:

   ___Coder   ___Medical Transcriptionist
   ___Compliance/Auditing Staff   ___Office Manager
   ___HIM Assistant Director   ___Physician Office Staff
   ___HIM Director   ___Quality Improvement Staff
   ___HIM Supervisor   ___Utilization Management Staff
   ___Medical Staff/Credentialing   ___Other/Specify:_____

2. **Please rate your level of satisfaction in the following areas using the following scale:**
   5 = Very Satisfied   3 = Satisfied   1 = Needs Improvement
   NA= Not Applicable

Subject Area/Skill	Level of Satisfaction	Suggestions for Improvement (if any)
Medical Terminology		
Anatomy & Physiology		
Introduction to Health Mgt.		
ICD-9-CM Coding		
CPT Coding		
Computer Applications		
Pharmacology		
Legal Aspects of Health Care		
Utilization Management		
Quality Improvement		
Management		
Oral Communication		
Written Communication		
Problem Solving		
Leadership		
Working Independently		
Teamwork		
Professionalism		

Other Content Areas (Specify)		

3. **How would you rate your overall satisfaction with the knowledge and skills of the Ferris State University graduate in performing their job?**

4. **Would you hire another Ferris State University graduate?** ____Yes ____No

5. **What do you see as the major strengths of the Ferris program?**

6. **Type of facility**

___Acute Care   ___Hospice   ___VA

___Ambulatory Care   ___Insurance Company   ___Other: Specify

___Corrections   ___Long Term Care

___Health Dept.   ___Mental Health/Psych.   _____

___HMO/PPO   ___Outsource Contract Svc.

___Home Health   ___Rehabilitation

7. **Size of facility in which you are employed?**

___Under 100 beds   ___100 - 299 beds   ___300 - 499 beds

___500 + beds   ___Not Applicable

8. **Graduate:**

____RHIT   ___RHIA   ___CCS   ___CCA

____Coding & Billing Certificate   ____Not Credentialed

9. **Additional Comments/Suggestions?**

11 respondents
81 surveys sent out
14% return rate

Dear employer of a Ferris State University graduate: As an annual part of our program review and improvement efforts, we send surveys to our graduates and their employers. We have asked that our graduate give this survey to you for completion. Please take a moment to complete the survey and return it in the attached return envelope. We sincerely appreciate your time and input.

1. **Specify the positions this individual has held while being employed by your facility.**
   Check all that apply:

   _7_ Coder   ___ Medical Transcriptionist
   _3_ Compliance/Auditing Staff   ___ Office Manager
   ___ HIM Assistant Director   ___ Physician Office Staff
   ___ HIM Director   _1_ Quality Improvement Staff
   _4_ HIM Supervisor   ___ Utilization Management Staff
   ___ Medical Staff/Credentialing   _2_ Other/Specify: **Tumor Registrar**
                                                      Coding & Claims Mgr

2. **Please rate competency of graduate in the following subject areas using the following scale:**
   5 = Excellent   4 = Good to Above Average   3 = Average   2 = Below Average
   1 = Poor

Subject Area/Skill	Level of Satisfaction	Suggestions for Improvement (if any)
Medical Terminology	4.5	
Anatomy & Physiology	4.8	
Introduction to Health Mgt.	4.5	
ICD-9-CM Coding	4.7	
CPT Coding	4.7	
Computer Applications	5.0	
Pharmacology	4.2	
Legal Aspects of Health Care	4.2	
Utilization Management	4.3	
Quality Improvement	4.4	
Management	4.4	
Oral Communication	4.7	
Written Communication	4.5	

Problem Solving	**4.5**	
Leadership	**4.3**	
Working Independently	**4.7**	
Teamwork	**4.5**	
Professionalism	**4.5**	
Other Content Areas (Specify)		

3. **How would you rate your overall satisfaction with the knowledge and skills of the Ferris State University graduate in performing their job?**

   Excellent, the best - 4
   Very Satisfied - 2
   No Response - 5

4. **Would you hire another Ferris State University graduate?** _10_Yes _1_No

5. **What do you see as the major strengths of the Ferris program?**
   Internships
   Well-rounded knowledge
   Beyond entry level
   Come into work world with a lot of current data and knowledge in lots of areas
   Overall quality and preparation prior to work life is excellent

6. **Type of facility**

_8_Acute Care	___Hospice	___VA
_1_Ambulatory Care	___Insurance Company	1__Other: Specify
___Corrections	_1_Long Term Care	**Medical Billing Office**
_1_Health Dept.	_1_Mental Health/Psych.	
___HMO/PPO	_1_Outsource Contract Svc.	
___Home Health	___Rehabilitation	

7. **Size of facility in which you are employed?**

   _2_Under 100 beds   _2_100 - 299 beds   _2_300 - 499 beds
   _2__500 + beds   3__Not Applicable
                                         Provider Practice

8. **Graduate:**

   _4__RHIT   _7_RHIA   _1_CCS   ___CCA

   ____Coding & Billing Certificate   ____Not Credentialed

9. **Additional Comments/Suggestions?**
   Thanks for offering off-site HIT classes! Ferris has the strongest overall grads
   and they are very prepared for their technical and management internship as well

ability to apply their knowledge.

With new HIPAA regulations, please stress this, very important in all areas of health care

HIM program could be stronger in ROI, HIPAA and current issues relating to health care and medical records specifically

FERRIS STATE UNIVERSITY
MEDICAL RECORD PROGRAMS
GRADUATING STUDENT SURVEY

Every 6-7 years, the program is required to undergo a review by a college-wide committee. The purpose of this review is to make sure that the programs are meeting the needs of its customers. As a student who will soon be graduating you are a very important part of the program. We are asking that you complete the following survey by marking the bubble on the scantron that corresponds with your experiences or belief about the program. Please be very candid and honest in your answers.

1. Are you a student member of AHIMA?
   a. Yes-2
   b. No-12
2. I will be graduating from the .
   a. MRT program-7
   b. MRA program-7
3. Overall, do you feel that the MRT/MRA curriculum at Ferris State University adequately prepared you for an entry level position in the health information profession?
   a. Yes-14
   b. No-0

4. Would you recommend the MRT/MRA program at Ferris State University for other potential students who are interested in the profession?
   a. Yes-13
   b. No-1

Please rate each of the following statements using the following scale. If you are unable to answer the statement, please just skip it rather than answering:
A Excellent (top 5-10%)
B Good (top 1/3)
C Acceptable (middle third)
D Below Expectations (bottom 1/3)
E Poor (seriously inadequate)

The program helped me to:
   5. Work with others in a group A-3 B-5 C-6 D-0 E-0
   6. Know what questions to ask to get information that I need A-1 B-9 C-4 D-0 E-0
   7. Deal with conflict A-2 B-4 C-8 D-0 E-0
   8. Respect diverse opinions and ideas A-1 B-9 C-4 D-0 E-0
   9. Practice making professional presentations A-4 B-8 C-2 D-0 E-0
   10. Learn how to construct a spread sheet A-1 B-8 C-1 D-3 E-1
   11. Learn how to manipulate data A-1 B-8 C-3 D-1 E-0
   12. Learn to access information A-2 B-12 C-0 D-0 E-0
   13. Learn to use work processing A-1 B-10 C-1 D-1 E-1

14. Think critically A-0 B-11 C-3 D-0 E-0
15. Learn to solve problems A-0 B-10 C-4 D-0 E-0
16. Learn to analyze data A-1 B-11 C-2 D-0 E-0
17. Demonstrate professional conduct A-2 B-10 C-2 D-0 E-0
18. Understand medical terminology A-8 B-5 C-1 D-0 E-0
19. Understand the structure of health care in the United States A-3 B-9 C-2 D-0 E-0
20. Accept responsibility to my actions A-2 B-8 C-4 D-0 E-0
21. Understand the expectations of the health care work place A-4 B-7 C-3 D-0 E-0
22. Understand how quality assurance impacts health care professions
A-5 B-8 C-1 D-0 E-0
23. MRIS 103 Medical Terminology provided me with a good foundation for MRIS
    210-Pathophysiology, MRIS 211-CPT Coding and MRIS 204 ICD Coding
A-7 B-7 C-0 D-0 E-0
24. MRIS 210-Pathophysiology provided me with a good foundation for MRIS 211-
    CPT Coding and MRIS 204 ICD Coding A-5 B-7 C-2 D-0 E-0
25. The knowledge that I gained about Health Information Systems was
A-0 B-12 C-2 D-0 E-0
26. The knowledge that I gained about voice recognition technology was
A-0 B-5 C-9 D-0 E-0
27. The knowledge that I gained about document imaging was A-0 B-7 C-6 D-1 E-0
28. The knowledge that I gained about Data Integrity/Security/Validity was
A-2 B-9 C-3 D-0 E-0
29. The knowledge that I gained about common Software Pkgs.(Excel,
    Powerpoint,etc) A-1 B-9 C-3 D-0 E-1
30. The knowledge that I gained about hot to Query/Generate Reports from Various
    Databases   A-0 B-6 C-6 D-2 E-0
31. I feel confident that I am able to perform Assembly/Analysis of Records for
    Completeness A-1 B-8 C-3 D-1 E-1
32. I feel confident that I am able to perform Admission Procedure
A-2 B-8 C-3 D-1 E-0
33. I feel confident that I am able to retrieve/track/locate and file health records
A-3 B-9 C-1 D-1 E-0
34. I feel confident that I can work with registries and indexes A-3 B-7 C-3 D-1 E-0
35. I feel confident that I can work with health care data sets such as UHDDS
A-1 B-7 C-6 D-0 E-0
36. I feel confident that I understand documentation requirements in the health record
A-4 B-8 C-2 D-0 E-0
37. I feel confident that I can design forms A-3 B-7 C-4 D-0 E-0
38. I understand the difference between primary and secondary records
A-4 B-7 C-3 D-0 E-0
39. I understand the impact of licensure and regulatory agencies on health record
    practice A-5 B-8 C-1 D-0 E-0
40. I understand the impact of payment and reimbursement systems such as Medicare
    and Medicaid on health record practice A-5 B-7 C-2 D-0 E-0
41. I understand the impact of accreditation standards on health record practice
A-8 B-4 C-2 D-0 E-0

42. I understand basic management and supervision principles A-4 B-7 C-3 D-0 E-0
43. I feel confident in writing job descriptions A-2 B-7 C-4 D-1 E-0
44. I feel confident that I can present staff orientation and training or in service programs A-0 B-7 C-5 D-2 E-0
45. I feel confident that I can evaluate employee performance A-4 B-5 C-3 D-2 E-0
46. I feel confident that I can conduct meetings A-2 B-7 C-4 D-2 E-0
47. I feel confident that I can develop policies and procedures relevant to health information A-4 B-7 C-1 D-2 E-0
48. I understand the fundamentals of budgeting A-1 B-7 C-4 D-2 E-0
49. I feel confident that I can use quality improvement tools and techniques to improve health information department processes A-3 B-8 C-1 D-2 E-0
50. I can calculate health care statistics (occupancy rates, length of stay etc)
A-7 B-6 C-1 D-0 E-0
51. I can evaluate the reliability and validity of data A-4 B-4 C-3 D-0 E-0
52. I can display data for use by others A-7 B-4 C-3 D-0 E-0
53. I can collect information for quality assessment A-4 B-7 C-3 D-0 E-0
54. I can perform utilization management A-4 B-8 C-1 D-1 E-0
55. I can write strategic plans, goals and objectives A-4 B-7 C-1 D-2 E-0
56. I can participate on intradepartmental teams and committees
A-4 B-7 C-2 D-1 E-0
57. I can code using ICD A-3 B-6 C-3 D-0 E-0
58. I can code using CPT A-2 B-8 C-3 D-0 E-0
59. I understand case-mix analysis A-3 B-5 C-3 D-0 E-0
60. I understand severity of illness systems A-5 B-5 C-3 D-0 E-0
61. I understand the importance of correctly sequencing and validating codes
A-7 B-5 C-2 D-0 E-0
62. I understand the prospective payment system A-5 B-6 C-1 D-1 E-0
63. I understand billing and insurance procedures A-4 B-9 C-0 D-0 E-0
64. I understand the role of the peer review organizations A-5 B-4 C-3 D-0 E-1
65. I can describe the code master A-2 B-4 C-4 D-2 E-0
66. I can explain managed care and capitation A-6 B-5 C-2 D-0 E-0
67. I understand confidentiality of medical information A- 10 B-3 C-1 D-0 E-0
68. I can perform release of information processes A-3 B-8 C-2 D-0 E-0
69. I understand record retention guidelines A-5 B-6 C-2 D-0 E-0
70. I understand patient rights/advocacy and advanced directives
A-7 B-5 C-1 D-0 E-0

71. Please make any comments that you believe would help us improve the program. Comments can be made on the reverse side of the scantron

MRIS 210 should be reformatted to better fit the MRA/MRT programs instead of nursing. We do not need to dx and recognize diseases of the patients and we do not prescribe pharmaceuticals. Pharmacology should not be a requirement. We need MRIS 210 to understand the disease to code. I believe that anatomy and physiology 205 should

Medical Record Programs

APRC 2006-2007

Section 8 of 8

be required instead of 109. I took 205 and I understand MRIS 103 and MRIS 210 better than the students who only took 109. I also believe that medical microbiology should also be required. It will help students understand diseases better. I also took that class and feel that I better understood diseases better than most.

Haven't taken MRIS 210 yet.

MRIS 210 should be reformatted to better fit with MRT and MRA instead of nursing. We do not need to dx patients; we need to understand the disease and prognosis.

12. Please make any other comments which you believe would help us to evaluate and improve the Medical Record Science programs.

FERRIS STATE UNIVERSITY
MEDICAL RECORD PROGRAMS
GRADUATING STUDENT SURVEY
2006

Every 6-7 years, the program is required to undergo a review by a college-wide committee. The purpose of this review is to make sure that the programs are meeting the needs of its customers. As a student who will soon be graduating you are a very important part of the program. We are asking that you complete the following survey by marking the bubble on the scantron that corresponds with your experiences or belief about the program. Please be very candid and honest in your answers.

1. Are you a student member of AHIMA?
   a. Yes
   b. No
2. I will be graduating from the
   a. MRT program
   b. MRA program
3. Overall, do you feel that the MRT/MRA curriculum at Ferris State University adequately prepared you for an entry level position in the health information profession?
   a. Yes
   b. No

4. Would you recommend the MRT/MRA program at Ferris State University for other potential students who are interested in the profession?
   a. Yes
   b. No

Please rate each of the following statements using the following scale. If you are unable to answer the statement, please just skip it rather than answering:

A Excellent (top 5-10%)
B Good (top 1/3)
C Acceptable (middle third)
D Below Expectations (bottom 1/3)
E Poor (seriously inadequate)

The program helped me to:
   5. Work with others in a group
   6. Know what questions to ask to get information that I need
   7. Deal with conflict
   8. Respect diverse opinions and ideas
   9. Practice making professional presentations
   10. Learn how to construct a spread sheet
   11. Learn how to manipulate data
   12. Learn to access information
   13. Learn to use work processing

14. Think critically
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66. I can explain managed care and capitation
67. I understand confidentiality of medical information
68. I can perform release of information processes
69. I understand record retention guidelines
70. I understand patient rights/advocacy and advanced directives

71. Please make any comments that you believe would help us improve the program.
Comments can be made on the reverse side of the scantron

12. Please make any other comments which you believe would help us to evaluate and improve the Medical Record Science programs.

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
MEDICAL RECORD PROGRAMS
STUDENT PERCEPTIONS OF PROGRAM

Every 6-7 years, the program is required to undergo a review by a college-wide committee. The purpose of this review is to make sure that the programs are meeting the needs of its customers. As a student enrolled in the program, you are the most important customer. We are asking that you complete the following survey by marking the bubble on the scantron that corresponds with your experiences or belief about the program. Please be very candid and honest in your answers.

1. I am enrolled in the: A. Medical Record Administration Program 29
                          B Medical Record Technology Program 72
2. I am a: A on-campus Medical Record Administration student 12
           B on-campus Medical Record Technology student 16
           C off-campus Medical Record Administration student 20
           D off-campus Medical Record Technology Student 55
           E Coding certificate student 8

Please rate each of the following statements using the following scale. If you are unable to answer the statement, please just skip it rather than answering:
A Excellent (top 5-10%)
B Good (top 1/3)
C Acceptable (middle third)
D Below Expectations (bottom 1/3)
E Poor (seriously inadequate)

3. Courses are available at times that are convenient for me
A-23 B-42 C-33 D-55 E-8
4. Prerequisites for courses are realistic
A-24 B-51 C-30 D-3 E-1
5. I am provided with a syllabus describing what I will learn in the course
A-64 B-31 C-11 D-4 E-0
6. I know how my assignments will be graded
A-43 B-42 C-15 D-7 E-3
7. There are enough supplies and equipment for me to use during the lab sessions
A-36 B-44 C-24 D-1 E-3
8. The lab is adequately lit, ventilated, and heated
A-36 B-40 C-27 D-6 E-1
9. General Education courses are current and meaningful to me
A-18 B-40 C-36 D-12 E-3
10. When I use the library, it has the information that I need
A-27 B-43 C-23 D-2 E-1
11. When I need to see my advisor, he/she is available

A-44 B-38 C-15 D-7 E-3
12. When I see my advisor, I am provided with useful information
A-53 B-31 C-15 D-5 E-3
13. The instruction in my courses is_____
A-31 B-56 C-18 D-2 E-2
14. On line courses are designed to meet my needs
A-29 B-28 C-25 D-5 E-7

Please may any comments on the other side
Thank you for your participation.

COMMENTS:

My HCSA 335 lab is not held in a lab, it is in a lecture room which is very inadequate.
We have no computers, so groups have to meet outside the classroom to finish
assignments. The seating is not good for getting into groups and discussion circles.

All required classes should be offered every semester.

The number of points available and what assignments are worth should be on the
syllabus.

Syllabus needs to be more outlined detailed- what assignments are worth point wise etc...

Assignments should have point value on them. Courses should be more interesting and
should be lively. Options in program should be discussed.

I feel that the Ferris main campus should offer all classes all the time. My personal
experience is last summer I needed MRIS 101 to start ICD coding this fall, well I moved
here from Detroit, pay and additional 2500+ for on campus housing and expect all classes
to be offered here. Well, I have no car, single parent so there was no way I could drive to
midland SAS from 8-5:20 so I waited and I am taking it now. Guess what, now ICD-9 is
only offered in Grand Rapids wed 5-10:20 and midland weekends only. SO now I have to
wait till summer of fall. On summer is only offered Grand Rapids /fall. ICD-9 coding is a
major part of graduation. I wish all classes were offered at the main campus all the time.
You may need more teachers to cover more classes. This fall HCSA 335 interferes with
all the other classes. Ok, thank you for this time to vent.

I feel that we need more lab space and more help in the class room like helpers for
questions. We also need more space.

CCHS 102 online (Fall 05) is unacceptable-lack of instructor responses, misleading
testing expectations and problems with system. Hard to keep 12 hours full time when
scheduling /waiting for classes to be offered.

I feel as though SLA for ICD coding is a waster of time. The sessions are nor at all helpful. Also, I think if SLA is offered through classes, you should not be required to go until you drop below a certain grade. You shouldn't have to go those first few weeks.

Advisors need to be able to give out correct information about what classes are available and at what time they are available (what semester)

For non traditional students that work fulltime classes aren't offered evenings or weekends on Big Rapids Campus. It's not convenient at all.

The professors in the program (Allied Health Building) are excellent and provide beneficial instruction in the courses. ON the other hand, professors for the Gen ed., Cult enrich, and social awareness isn't as affective. There are several courses I do not see fit for the major, yet are required ex. Economics', Marketing, Psychology. The current strategy of group advising is highly beneficial. I wish it would've been implemented earlier, but is great for future students. PS I love Cindy Konrad!!!

I don't think Algebra is necessary for me to attain this degree. I would like to have classes not added to the curriculum.

I would like to suggest that the Gen Ed. Courses made a little more assessable. These are full or not taught at times that are convenient to me.

Hard to access online. I believe there should be a specific program for coding that would earn an assoc degree. The RHIT program is focused on HIM more then coding. Unfortunately a few of the instructors I had were not familiar with the material as I felt they should be. In general Ferris is a great college.

MRIS 228 has no acceptable syllabus.

The Grand Rapids-Ferris campus is a great opportunity for GRCC credits to transfer. Unfortunately the two combined schools are hard to wok around if you are a duo-enrollment because regular class dates are scheduled along with mid terms so that your schedule is getting on your nerves.

I think the classroom has a very funky smell. The online class is way too mush work. It's not realistic and there is not time scheduled for mid-term study. There should be a review in classroom where the instructor could review what we should know to that point.

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
MEDICAL RECORD PROGRAMS
STUDENT PERCEPTIONS OF PROGRAM

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1. I am enrolled in the : A. Medical Record Administration Program
                                  B Medical Record Technology Program
2. I am a: A on-campus Medical Record Administration student
                B on-campus Medical Record Technology student
                C off-campus Medical Record Administration student
                D off-campus Medical Record Technology Student
                E Coding certificate student

Please rate each of the following statements using the following scale. If you are unable to answer the statement, please just skip it rather than answering:

A Excellent (top 5-10%)
B Good (top 1/3)
C Acceptable (middle third)
D Below Expectations (bottom 1/3)
E Poor (seriously inadequate)

3. Courses are available at times that are convenient for me
4. Prerequisites for courses are realistic
5. I am provided with a syllabus describing what I will learn in the course
6. I know how my assignments will be graded
7. There are enough supplies and equipment for me to use during the lab sessions
8. The lab is adequately lit, ventilated, and heated
9. General Education courses are current and meaningful to me
10. When I use the library, it has the information that I need
11. When I need to see my advisor, he/she is available
12. When I see my advisor, I am provided with useful information
13. The instruction in my courses is
14. On line courses are designed to meet my needs

Thank you for your participation.

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
MEDICAL RECORD PROGRAMS
FACULTY PERCEPTIONS OF PROGRAM

Every 6-7 years, the program is required to undergo a review by a college-wide committee. The purpose of this review is to make sure that the programs are meeting the needs of its customers. As a faculty member for the program, you are a very important part of the program. We are asking that you complete the following survey by marking the bubble on the scantron that corresponds with your experiences or belief about the program. Please be very candid and honest in your answers.

Please rate each of the following statements using the following scale. If you are unable to answer the statement, please just skip it rather than answering.
A Excellent (top 5-10%)
B Good (top 1/3)
C Acceptable (middle 1/3)
D Below Expectations (bottom 1/3)
E Poor (seriously inadequate)

1. Administrators involved in developing and revising the plan for this program seek and respond to faculty input.

A	B	C	D	E
4	0	0	0	0

2. Written goals for this program state realistic outcomes

A	B	C	D	E
4	0	0	0	0

3. The curriculum is designed to meet the needs of graduates

A	B	C	D	E
2	2	0	0	0

4. The curriculum is designed to meet the needs of employers

A	B	C	D	E
3	1	0	0	0

5. The curriculum is designed to meet the requirements of the accrediting body

A	B	C	D	E
3	1	0	0	0

6. I am involved in program evaluation

A	B	C	D	E
4	0	0	0	0

7. Administrative support for the program is:

A	B	C	D	E
3	1	0	0	0

8. Laboratory space for the program is:

A	B	C	D	E
2	2	0	0	0

9. Laboratory equipment for the program is:

A	B	C	D	E
0	4	0	0	0

10. Library support for the program is:

A	B	C	D	E
1	3	0	0	0

11. I receive adequate support for professional development

A	B	C	D	E
0	3	0	0	0

12. The advisory committee for the program is:

A	B	C	D	E
1	2	0	0	0

13. Provision for students with disabilities is:

A	B	C	D	E
2	2	0	0	0

14. Secretarial support for the program is

A	B	C	D	E
3	0	1	0	0

15. Instructional support staff is:

A	B	C	D	E
1	2	1	0	0

16. The number of faculty assigned to the program is:

A	B	C	D	E
1	3	0	0	0

17. The quality of the faculty assigned to the program is:

A	B	C	D	E
4	0	0	0	0

Every 6-7 years, the program is required to undergo a review by a college-wide committee. The purpose of this review is to make sure that the programs are meeting the needs of its customers. As a faculty member in the program, your input is valued. We are asking that you complete the following survey by marking the bubble on the scantron that corresponds with your experiences or belief about the program. Please be very candid and honest in your answers.

Please rate each of the following statements using the following scale. If you are unable to answer the statement, please just skip it rather than answering:

A Excellent (top 5-10%)
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1. Administrators involved in developing and revising the plan for this program seek and respond to faculty input
2. Written goals for this program state realistic outcomes
3. The curriculum is designed to meet the needs of graduates
4. The curriculum is designed to meet the needs of employers
5. The curriculum is designed to meet the requirements of the accrediting body
6. I am involved in program evaluation
7. Administrative support for the program is
8. Laboratory space for the program is
9. Laboratory equipment for the program is
10. Library support for the program is
11. I receive adequate support for professional development
12. The advisory committee for the program is
13. Provision for students with disabilities is
14. Secretarial support for the program is
15. Instructional support staff is
16. The number of faculty assigned to the program is
17. The quality of the faculty assigned to the program is

Please note any comments on the reverse side:

Thank you for your participation.

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
MEDICAL RECORD PROGRAMS
ADVISORY COMMITTEE MEMBER

Every 6-7 years, the program is required to undergo a review by a college-wide committee. The purpose of this review is to make sure that the programs are meeting the needs of its customers. As an advisory committee member for the program, you are a very important part of the program. We are asking that you complete the following survey by marking the bubble on the scantron that corresponds with your experiences or belief about the program. Please be very candid and honest in your answers.

Please rate each of the following statements using the following scale. If you are unable to answer the statement, please just skip it rather than answering.

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C Acceptable (middle 1/3)
D Below Expectations (bottom 1/3)
E Poor (seriously inadequate)

PERCEPTIONS OF PROGRAM

1. Courses are available at times that are convenient for students

A	B	C	D	E
2	3	1	0	0

2. The program meets the needs of the health information community

A	B	C	D	E
2	2	2	0	0

3. Faculty in the program are qualified

A	B	C	D	E
4	1	1	0	0

4. Laboratory facilities for the program are adequate

A	B	C	D	E
0	2	4	0	0

5. The graduates are in high demand

A	B	C	D	E
2	4	1	0	0

6. The curriculum is reflective of current health information practice

A	B	C	D	E
2	2	1	0	0

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
MEDICAL RECORD PROGRAMS
ADVISORY COMMITTEE MEMBER

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PERCEPTIONS OF PROGRAM

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Please may any comments on the other side
Thank you for your participation.

Ferris State University
Degree Program Costing 2002- 2003 (Summer, Fall, and Winter)

College :   Allied Health Sciences
Department :   Health Management

Program Name: Medical Record Technology AAS

Program Credits Required (Total credits to graduate)   **63**

*Instructor Cost per Student Credit Hour(SCH) (Average for program)	$117.96
**Department Cost per Student Credit Hour	$39.66
***Dean's Cost per Student Credit Hour	$25.22

Total Cost per Student Credit Hour (Average for program)   **$182.83**

Total Program Instructor Cost (Assumes a student will complete program in one year)	$7,431.42
Total Program Department Cost	$2,498.46
Total Program Dean's Cost	$1,588.72

Total Program Cost (Assumes a student will complete program in one year)   **$11,518.60**

Course ID	Level	Instructor Cost	Dept Cost	Dean's Cost	SCH's Produced	Instructor Cost/SCH	Dept Cost/SCH	Dean's Cost/SCH	Credits Required	Program Instructor Cost	Program Dept Cost	Program Dean's Cost
BIOL109	L	$107,227	$45,034	$8,736	1352	$79	$33	$6	4	$317	$133	$26
CCHS101	L	$110,929	$66,236	$47,705	1359	$82	$49	$35	3	$245	$146	$105
CCHS102	L	$45,033	$22,225	$16,007	456	$99	$49	$35	1	$99	$49	$35
COMM105	L	$322,108	$57,922	$22,918	3546	$91	$16	$6	3	$273	$49	$19
CULTELE	E	$2,154,437	$364,278	$143,190	21562	$100	$17	$7	3	$300	$51	$20
ENGL150	L	$583,812	$97,248	$39,767	6153	$95	$16	$6	3	$285	$47	$19
ENGL250	L	$525,942	$81,364	$33,272	5148	$102	$16	$6	3	$306	$47	$19
HCSA335	U	$25,699	$10,138	$7,301	208	$124	$49	$35	4	$494	$195	$140
ISYS202	L	$27,167	$13,076	$4,734	216	$126	$61	$22	3	$377	$182	$66
MGMT301	U	$238,370	$50,380	$42,207	1926	$124	$26	$22	3	$371	$78	$66
MRIS101	L	$32,341	$19,496	$14,041	400	$81	$49	$35	4	$323	$195	$140
MRIS103	L	$37,007	$29,243	$21,062	600	$62	$49	$35	4	$247	$195	$140
MRIS204	L	$16,671	$13,452	$9,688	276	$60	$49	$35	4	$242	$195	$140
MRIS209	L	$23,231	$6,434	$4,634	132	$176	$49	$35	3	$528	$146	$105
MRIS210	L	$12,187	$5,995	$4,318	123	$99	$49	$35	3	$297	$146	$105
MRIS211	L	$29,736	$11,113	$8,003	228	$130	$49	$35	3	$391	$146	$105
MRIS222	L	$19,274	$6,580	$4,739	135	$143	$49	$35	3	$428	$146	$105
MRIS293	L	$17,280	$2,924	$2,106	60	$288	$49	$35	6	$1,728	$292	$211
PSYC150	L	$254,396	$82,840	$27,436	4245	$60	$20	$6	3	$180	$59	$19

*   Instructor Cost - *Salary & Fringe* - the actual cost to teach a course
**   Depatment Cost - *Departmental Level Non Instructor Compensation, Supplies and Equipment* - departmental average applied to all course prefixes within a department
*** Dean's Cost - *Dean's Level Non Instructor Compensation, Supplies and Equipment* - college average applied to all course prefixes within a college

Ferris State University
Degree Program Costing 2002- 2003 (Summer, Fall, and Winter)

College :   Allied Health Sciences
Department :   Health Management

Program Name: Medical Record Administration BS

Program Credits Required (Total credits to graduate)   124

*Instructor Cost per Student Credit Hour(SCH) (Average for program) $134.90
**Department Cost per Student Credit Hour $38.10
***Dean's Cost per Student Credit Hour $23.63

Total Cost per Student Credit Hour (Average for program) $196.63

Total Program Instructor Cost (Assumes a student will complete program in one year) $16,728.15
Total Program Department Cost $4,724.18
Total Program Dean's Cost $2,929.67

Total Program Cost (Assumes a student will complete program in one year) $24,381.99

Course ID	Level	Instructor Cost	Dept Cost	Dean's Cost	SCH's Produced	Instructor Cost/SCH	Dept Cost/SCH	Dean's Cost/SCH	Credits Required	Program Instructor Cost	Program Dept Cost	Program Dean's Cost
ACCT201	L	$267,184	$58,637	$50,228	2292	$117	$26	$22	3	$350	$77	$66
BIOL109	L	$107,227	$45,034	$8,738	1352	$79	$33	$6	4	$317	$133	$26
CCHS101	L	$110,929	$66,236	$47,705	1359	$82	$49	$35	3	$245	$146	$105
CCHS102	L	$45,033	$22,225	$16,007	456	$99	$49	$35	1	$99	$49	$35
COMM105	L	$322,108	$57,922	$22,918	3546	$91	$16	$6	3	$273	$49	$19
COMM205	L	$35,767	$4,655	$1,842	285	$125	$16	$6	3	$376	$49	$19
CULTELE	E	$2,154,437	$364,278	$143,190	21562	$100	$17	$7	9	$899	$152	$60
ECON221	L	$215,750	$62,321	$53,384	2436	$89	$26	$22	3	$266	$77	$66
EHSM315	U	$62,671	$23,395	$16,849	480	$131	$49	$35	3	$392	$146	$105
ENGL150	L	$583,812	$97,248	$39,767	6153	$95	$16	$6	3	$285	$47	$19
ENGL250	L	$525,942	$81,364	$33,272	5148	$102	$16	$6	3	$306	$47	$19
ENGL321	U	$261,432	$32,337	$13,223	2046	$128	$16	$6	3	$383	$47	$19
FREEELE	E	$30,393,067	$9,612,455	$5,994,481	245302	$124	$39	$24	6	$743	$235	$147
HCSA335	U	$25,699	$10,138	$7,301	208	$124	$49	$35	4	$494	$195	$140
HCSA401	U	$11,481	$5,654	$4,072	116	$99	$49	$35	4	$396	$195	$140
HCSA474	U	$20,127	$5,654	$4,072	116	$174	$49	$35	4	$694	$195	$140
ISYS202	L	$27,167	$13,076	$4,734	216	$126	$61	$22	3	$377	$182	$66
ISYS301	N	$15,024,716	$4,678,186	$2,265,380	96636	$155	$48	$23	3	$466	$145	$70
ISYS303	U	$4,613	$2,179	$789	36	$128	$61	$22	3	$384	$182	$66
MGMT301	U	$238,370	$50,380	$42,207	1926	$124	$26	$22	3	$371	$78	$66
MKTG321	U	$171,606	$57,157	$31,097	1419	$121	$40	$22	3	$363	$121	$66
MRIS101	L	$32,341	$19,496	$14,041	400	$81	$49	$35	4	$323	$195	$140
MRIS103	L	$37,007	$29,243	$21,062	600	$62	$49	$35	4	$247	$195	$140
MRIS204	L	$16,671	$13,452	$9,688	276	$60	$49	$35	4	$242	$195	$140
MRIS209	L	$23,231	$6,434	$4,634	132	$176	$49	$35	3	$528	$146	$105
MRIS210	L	$12,187	$5,995	$4,318	123	$99	$49	$35	3	$297	$146	$105
MRIS211	L	$29,736	$11,113	$8,003	228	$130	$49	$35	3	$391	$146	$105
MRIS222	L	$19,274	$6,580	$4,739	135	$143	$49	$35	3	$428	$146	$105
MRIS293	L	$17,280	$2,924	$2,106	60	$288	$49	$35	6	$1,728	$292	$211
MRIS493	U	$19,082	$2,924	$2,106	60	$318	$49	$35	10	$3,180	$487	$351
PSYC150	L	$254,396	$82,840	$27,436	4245	$60	$20	$6	3	$180	$59	$19
SCIUELE	E	$2,695,577	$786,972	$185,691	28731	$94	$27	$6	4	$375	$110	$26
SOCY373	U	$7,867	$1,405	$465	72	$109	$20	$6	3	$328	$59	$19

* Instructor Cost - *Salary & Fringe* - the actual cost to teach a course
** Depatment Cost - *Departmental Level Non Instructor Compensation, Supplies and Equipment* - departmental average applied to all course prefixes within a department
*** Dean's Cost - *Dean's Level Non Instructor Compensation, Supplies and Equipment* - college average applied to all course prefixes within a college

▉ STANDARDS FOR HEALTH INFORMATION MANAGEMENT BACCALAUREATE DEGREE

Preamble

The Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) is the accrediting organization for degree-granting programs in health informatics and information management.

The *2005 Standards for Health Information Management (Standards)* are the minimum standards of quality used in accrediting programs that prepare individuals to enter the health information management profession at the baccalaureate degree level. The accreditation *Standards* therefore constitute the minimum requirements to which an accredited program is held accountable. **The CAHIIM *Interpretation of Standards* must be used as a companion document to the *Standards*.**

CAHIIM serves the public interest by establishing quality standards for the educational preparation of future health information management (HIM) professionals. When a program is accredited by CAHIIM, it voluntarily undergoes a rigorous review process and has been determined to meet or exceed the *Standards* set in cooperation with the sponsoring professional organization – the American Health Information Management Association (AHIMA).

The Mission of CAHIIM:

- Advances the value of health informatics and health information management practice through quality education;

- Establishes and enforces accreditation *Standards* for educational programs;

- Recognizes through accreditation, programs that meet the *Standards* and encourages educational innovation and diversity.

I. Sponsorship

I.A.   ***Sponsoring Educational Institution***

A sponsoring educational institution must be a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a baccalaureate degree.

I.B.   ***Responsibilities of the Sponsoring Educational Institution***

The sponsoring educational institution must assure that governance and lines of authority are clearly defined and that the provisions of these *Standards* are met.

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STANDARDS FOR HEALTH INFORMATION MANAGEMENT
BACCALAUREATE DEGREE

II. Program Goals, Assessment and Outcomes

II.A.	**Program Goals**

The program goals must form the basis for program planning, implementation and evaluation. Program goals with measurable outcomes must be established annually and be compatible with the mission of the sponsoring educational institution. At a minimum, goals and measurable outcomes must address the following areas:

II.A.1.   **Curriculum.** The program must assess the appropriateness and effectiveness of the curriculum required to meet these *Standards* with the results of this assessment used as the basis for ongoing planning and appropriate action.

II.A.2.   **Faculty Development.** Establish and assess the program's plan for Faculty development as it relates to knowledge, skills, qualifications, and experience pertinent to the professional curriculum content that they are assigned to teach.

II.A.3.   **Students and Graduates.** Provide assurance that the educational needs of students are met and that graduates demonstrate at least the entry-level competencies as defined by AHIMA.

II.A.3.a.   Evaluation of students must be conducted with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies stated in the curriculum.

II.A.4.   **Communities of interest.** Demonstrate monitoring and responsiveness to the substantiated needs of the various communities of interest including healthcare providers and employers.

II.A.4.a.   An advisory committee, which is representative of these communities of interest, must be designated and charged with the responsibility of meeting at least annually, to assist program faculty and sponsoring educational institution personnel in formulating and periodically revising appropriate goals and curriculum, monitoring needs and expectations, and ensuring program responsiveness to change.

II.B.   **Program Evaluation**

II.B.1.   The program must at least annually assess and report its effectiveness in achieving its stated goals and outcomes.

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II.B.2.   At a minimum, this assessment must include graduate performance measures, employer and graduate satisfaction, job placement, yearly attrition, national certification scores, and program completion rates.

II.B.3.   The results of this evaluation must be reflected in an action plan.

II.B.4.   Implementation of the action plan must be documented and results measured by ongoing assessment.

III. Program Director, Faculty and Staff

III.A.   The sponsoring educational institution must provide a program director, sufficient faculty, and staff with the necessary qualifications to achieve the program's goals and outcomes.

III.B.   *Program Director*

III.B.1.   *Qualifications.* The HIM program director must be certified as a Registered Health Information Administrator and must have a minimum of a master's degree.

III.B.2.   *Responsibilities.* The program director of the HIM educational program must be responsible for the organization, administration, continuous program review, planning, development, and general effectiveness of the program. The program director must be given adequate release time to devote to curriculum development and evaluation, counseling of students, program management and administrative duties within the institution.

III.B.3.   *Professional Development.* The program director must demonstrate continuing professional development related to their role and responsibilities, and the health information management profession.

III.C.   *Faculty*

III.C.1.   *Qualifications.* Faculty and professional practice coordinators must demonstrate current knowledge in course content and effectiveness in teaching assigned subjects.

III.C.2.   *Responsibilities.* Whenever a student is assigned didactic or professional practice instruction there must be a qualified individual designated to provide supervision and related frequent assessments of the student's progress in achieving acceptable program requirements.

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III.C.3.   ***Professional Development.*** Faculty must demonstrate continuing professional development related to the curriculum content to which they are assigned.

III.D.   ***Staff***

III.D.1.   The sponsoring educational institution must provide staff to adequately support achievement of the program's goals and outcomes.

IV. Resources

IV.A.   The sponsoring educational institution must provide appropriate resources to achieve the program's goals and outcomes.

IV.A.1.   Resources to support the program's goals and outcomes must include evidence of financial support for the program.

IV.B.   Students must have adequate access to program resources.

V. Curriculum

V.A.   The program must demonstrate that the curriculum meets or exceeds the professional course content as published in the ***AHIMA Model Curriculum*** for baccalaureate degree programs that includes the ***HIM Entry-Level Competencies*** and ***Knowledge Clusters.***

V.B.   Instruction must be delivered in an appropriate sequence of didactic, laboratory, and professional practice activities.

V.C.   Instruction must be based on clearly written course syllabi describing entry-level competencies, course objectives, and evaluation methods.

V.D.   Professional practice experiences must be designed and supervised to reinforce didactic instruction.

V.D.1.   Responsibilities of the sponsoring educational institution and the professional practice site must be clearly documented in a written agreement regarding the instruction and supervision of student learning activities and assessments.

V.D.2.   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.

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V.D.3.   All activities required in the program must be educational and students must not be substituted for paid staff. Policies and procedures by which students may perform service work while enrolled in the program should be made known to all students.

VI. Fair Practices

VI.A.   All published program information must accurately reflect the program offered.

VI.B.   *At least the following must be made known to all applicants and students:*

VI.B.1.   The sponsoring educational institution and programmatic accreditation status;

VI.B.2.   Admissions policies and procedures;

VI.B.3.   Policies on advanced placement, transfer of credits, and credits for experiential learning;

VI.B.4.   Number of credits required for completion of the program;

VI.B.5.   Tuition/fees and other costs required to complete the program;

VI.B.6.   Policies and procedures for withdrawal and for refunds of tuition/fees.

VI.C.   *At least the following must be made known to all students:*

VI.C.1.   Academic calendar;

VI.C.2.   Student grievance procedure;

VI.C.3.   Criteria for successful completion of each segment of the curriculum and Graduation.

VI.D.   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.

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VI.E.   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.

VI.F. Administrative Requirements for Maintaining Accreditation

VI.F.1.   Submitting the CAHIIM **Annual Program Assessment Report (APAR)** and other required reports by the determined CAHIIM date.

VI.F.2.   Participating in a designated periodic site visit of the accredited program.

VI.F.3.   Informing CAHIIM of any adverse changes in the institution affecting the program's accreditation. Changes in program officials (Chief Executive Officer, Dean and Program Director), **within 30 days** of the effective date.

VI.F.4.   Payment of all CAHIIM administrative fees.

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Commission on Accreditation for
Health Informatics and Information
Management Education

STANDARDS FOR HEALTH INFORMATION MANAGEMENT ASSOCIATE DEGREE

Preamble

The Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) is the accrediting organization for degree-granting programs in health informatics and information management.

The *2005 Standards for Health Information Management (Standards)* are the minimum standards of quality used in accrediting programs that prepare individuals to enter the health information management profession at the associate degree level. The accreditation *Standards* therefore constitute the minimum requirements to which an accredited program is held accountable. **The CAHIIM *Interpretation of Standards* must be used as a companion document to the *Standards*.**

CAHIIM serves the public interest by establishing quality standards for the educational preparation of future health information management (HIM) professionals. When a program is accredited by CAHIIM, it voluntarily undergoes a rigorous review process and has been determined to meet or exceed the *Standards* set in cooperation with the sponsoring professional organization – the American Health Information Management Association (AHIMA).

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I. Sponsorship

I.A.	***Sponsoring Educational Institution***
	A sponsoring educational institution must be a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a associate degree.
I.B.	***Responsibilities of the Sponsoring Educational Institution***
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Commission on Accreditation For
Health Informatics and Information
Management Education

STANDARDS FOR HEALTH INFORMATION MANAGEMENT ASSOCIATE DEGREE

II. Program Goals, Assessment and Outcomes

II.A.   *Program Goals*

The program goals must form the basis for program planning, implementation and evaluation. Program goals with measurable outcomes must be established annually and be compatible with the mission of the sponsoring educational institution. At a minimum, goals and measurable outcomes must address the following areas:

II.A.1.   *Curriculum.* The program must assess the appropriateness and effectiveness of the curriculum required to meet these *Standards* with the results of this assessment used as the basis for ongoing planning and appropriate action.

II.A.2.   *Faculty Development.* Establish and assess the program's plan for Faculty development as it relates to knowledge, skills, qualifications, and experience pertinent to the professional curriculum content that they are assigned to teach.

II.A.3.   *Students and Graduates.* Provide assurance that the educational needs of students are met and that graduates demonstrate at least the entry-level competencies as defined by AHIMA.

II.A.3.a.   Evaluation of students must be conducted with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies stated in the curriculum.

II.A.4.   *Communities of Interest.* Demonstrate monitoring and responsiveness to the substantiated needs of the various communities of interest including healthcare providers and employers.

II.A.4.a.   An advisory committee, which is representative of these communities of interest, must be designated and charged with the responsibility of meeting at least annually, to assist program faculty and sponsoring educational institution personnel in formulating and periodically revising appropriate goals and curriculum, monitoring needs and expectations, and ensuring program responsiveness to change.

II.B.   *Program Evaluation*

II.B.1.   The program must at least annually assess and report its effectiveness in achieving its stated goals and outcomes.

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Health Informatics and Information
Management Education

II.B.2.   At a minimum, this assessment must include graduate performance measures, employer and graduate satisfaction, job placement, yearly attrition, national certification scores, and program completion rates.

II.B.3.   The results of this evaluation must be reflected in an action plan.

II.B.4.   Implementation of the action plan must be documented and results measured by ongoing assessment.

III. Program Director, Faculty and Staff

III.A.   The sponsoring educational institution must provide a program director, sufficient faculty, and staff with the necessary qualifications to achieve the program's goals and outcomes.

III.B.   ***Program Director***

III.B.1.   ***Qualifications.*** The HIM program director must be certified as a Registered Health Information Technician or Registered Health Information Administrator and must have a minimum of a baccalaureate degree.

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III.C.   ***Faculty***

III.C.1.   ***Qualifications.*** Faculty and professional practice coordinators must demonstrate current knowledge in course content and effectiveness in teaching assigned subjects.

III.C.2.   ***Responsibilities.*** Whenever a student is assigned didactic or professional practice instruction there must be a qualified individual designated to provide supervision and related frequent assessments of the student's progress in achieving acceptable program requirements.

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III.C.3.   **Professional Development.** Faculty must demonstrate continuing professional development related to the curriculum content to which they are assigned.

III.D.   **Staff**

III.D.1.   The sponsoring educational institution must provide staff to adequately support achievement of the program's goals and outcomes.

IV. Resources

IV.A.   The sponsoring educational institution must provide appropriate resources to achieve the program's goals and outcomes.

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V.D.   Professional practice experiences must be designed and supervised to reinforce didactic instruction.

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V.D.3.   All activities required in the program must be educational and students must not be substituted for paid staff. Policies and procedures by which students may perform service work while enrolled in the program should be made known to all students.

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VI.A.   All published program information must accurately reflect the program offered.

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VI.B.3.   Policies on advanced placement, transfer of credits, and credits for experiential learning;

VI.B.4.   Number of credits required for completion of the program;

VI.B.5.   Tuition/fees and other costs required to complete the program;

VI.B.6.   Policies and procedures for withdrawal and for refunds of tuition/fees.

VI.C.   *At least the following must be made known to all students:*

VI.C.1.   Academic calendar;

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VI.C.3.   Criteria for successful completion of each segment of the curriculum and Graduation.

VI.D.   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.

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VI.E.   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.

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Commission on Accreditation for
Health Informatics and Information
Management Education

FERRIS STATE UNIVERSITY

August 8, 2006

TO: Members of the APR committee

FROM: Ellen Haneline, Interim Dean-College of Allied Health Sciences

RE: Medical Record Technology/Medical Record Administration Programs

The medical record technology program (MRT) is one of five accredited programs in the state of Michigan. The medical record administration program (MRA) is the only accredited program in the state. Both programs are offered both on the Big Rapids campus and in Grand Rapids. In addition, the medical record technology program is offered in Midland and the medical record administration program in Livonia on the campus of Schoolcraft College. The programs are facing increased competition from on-line programs. The programs have been continuously accredited by the Committee on Accreditation of Allied Health Education programs and its successor the Commission on Accreditation of Informatics and Information Management Programs (CAHIIM).

There is a high demand for the programs, especially in the Grand Rapids site. Enrollment in the on-campus MRT program has ranged from a low of 21 in the fall of 2001 to a high of 37 in the fall of 2004. Off campus enrollment in the MRT program has grown dramatically from a low of 15 in the fall of 2001 to a high of 85 in the fall of 2005. The greatest increase in enrollment has been in the evening program offered in Grand Rapids where the enrollment increased from a low of 10 in fall 2001 to a high of 70 in fall 2005. On campus enrollment in the MRA program follows a similar pattern, its lowest enrollment was in the fall of 2001 (15 students) and its highest in the fall of 2004 (37 students). Off-campus enrollment continues to grow from its low of 2 students in the fall of 2001 to a high of 16 students in the fall of 2005. The program has enjoyed 100% placement of graduates for the past ten years.

When considering the impact of variations in enrollment, it is important to note that, with the exception of one course and the internship, all of the courses in the MRA program are courses that are required of students in either the MRT or health care systems administration programs. Therefore, the impact of low enrollment is decreased because there are no faculty members or equipment and supplies dedicated specifically to that program.

Of major concern is the wide variation of student performance on the certification examinations. Faculty members have been proactive in making changes to the curriculum to assure that it meets the requirements of the accrediting agency. However, student performance continues to be uneven. Current efforts to change admission criteria and to provide review for students prior to the exam may address some of the concerns.

Current resources are adequate to meet the demands of the present curriculum. There is sufficient supply and expense funding allocated for program needs. Faculty are able to apply for continuing education funding through the dean's faculty enrichment fund and funding available to all other faculty on campus through the TIMME grant. The programs have a dedicated computer laboratory with state of the art hardware and software to provide students with the opportunity to become proficient prior to their assignment to the professional practice site. Although sufficient numbers of professional practice sites are currently available, increased enrollment may impact the program's ability to place students.

Relationship to mission: The MRT and MRA programs fit the Ferris State University Mission to become a leader providing opportunities for innovative teaching and learning in a career-oriented, technological and professional education. It is a career oriented program that provides students with a professional education that is technical in nature.

Program visibility and distinctiveness: The MRA program is the only accredited program in the state. As such, it is highly visible as a source of highly educated individuals.

Program's value: the programs provide graduates to fill positions in the health care facilities and agencies in the state of Michigan and beyond. By offering courses at off-campus sites, it affords place bound students the opportunity to pursue their education. In addition to teaching students enrolled in the MRT and MRA programs, faculty teach Medical Terminology and pathophysiology as a service course to other programs within the college.

Characteristics, quality and employability of students: The average age of students enrolled in the MRT program in the fall of 2005 was 32.5 and in the MRA program 28.2. The average of students enrolled in the programs is somewhat skewed due to the high proportion working adults who are completing the program on a part-time basis in Grand Rapids. The students are primarily female and Caucasian.

Quality of curriculum and instruction: The curriculum is reviewed every two years to assure that it continues to meet the demands of the accreditation agency and the employers of graduates. It is currently in the process of being revised to meet the changes in accreditation standards.

Composition and quality of the faculty: There are four faculty members assigned to the program. Each has earned a masters degree and each is qualified by education and experience to teach in the programs. In addition, there is a faculty member who is located at the Applied Technology Center in Grand Rapids to meet the advising needs of students at that site. The Grand Rapids faculty member receives 50% release time for program coordination and advising of the 100+ students at that site. Each faculty member has developed an area of expertise; e.g. coding, pathophysiology, medical terminology, electronic health records.

August 14, 2006

TO: Members of the Academic Program Review Council

FROM: Roger Daugherty, Interim Department Head Clinical Laboratory, *RD*
             Respiratory and Health Administration Programs

RE: Medical Record Technology/Medical Record Administration Programs

Relationship to the Ferris State University Mission Statement.

Ferris State University will be a national leader in providing opportunities for innovative teaching and learning in career-orientated, technological, and professional education.

> The Medical Record Technology and Medical Record Administration Programs are career orientated programs.
> Medical Record Administration is the only accredited program in the State of Michigan.

Program visibility and distinctiveness

> Only MRA program that is accredited in the State of Michigan.
> Health care organizations are focused on the professional level for medical record technology to optimize reimbursement.

Health of the Program

> MRT and MRA educational programs play a significant role as it relates to the success of health care organizations. Maintaining /increasing the enrollment of the non-traditional students in urban areas such as Grand Rapids, Midland and Livonia contributes to professional resources for organizations in these locations.
> Successful certification of our graduates is key to sustain the enrollment and recognition of our current MRA and MRT degrees.

Adequacy of resource allocation

Current resource allocation is adequate for both the Medical Record Technology and Medical Record Administration Program. Faculty may request departmental funding to attend continuing education programming, and apply for the dean's funded faculty

enrichment grant and/or TIMME grant. The programs' recently renovated dedicated computer lab is equipped with excellent hardware and the most updated software to provide students with the optimum learning opportunity. This was designed to support the electronic medical record.

Quality of curriculum and instruction

The MRA and MRT program curricula were last revised in 2004. The curricula for both programs are currently being revised with an expectation of completion of the approval process in fall semester 2006. This supports the constant changes in medical record technology with coding and the electronic medical record. The coding education supports reimbursement and financial viability for health care organizations

Composition and Quality of the faculty

  - ➤ Four faculty assigned to the two programs
  - ➤ The MRA and MRT faculty are all Master's degree prepared and have appropriate professional credentialing.

The faculty works together in a cooperative, collaborative, and collegial manner. They are always aware of any changes or proposed changes in program accreditation or professional practice standards, and adjust curriculum to meet those standards. All faculty members attend professional conferences to enhance their professional skills.

Characteristics, quality and employability of students

The MRA and MRT programs offer a professional educational opportunity to both the traditional and non-traditional student. The Grand Rapids program offerings allow working adults to complete the program on a part time basis. Students entering the program must have a high school diploma and 2.5 GPA. Department of Labor - Bureau of Labor Statistics (Modified March 2004) states job prospects should be very good, particularly in the physician's office setting.

Future Goals

  - ➤ Continue recruitment efforts to increase student enrollment at the main campus and off campus program sites.
  - ➤ Work with affiliated health care organization to support MRT and MRA professional careers when addressing health care career to high school students.
  - ➤ Facilitate dissemination of information for FSU college day at high schools across the state of Michigan to assure the awareness and need for degrees in MRT and MRA.
  - ➤ Implement succession planning for quality and continuity of the programs at Ferris State University main campus and off campus sites.

INTERNSHIP SITES	INTERNS ACCEPTED	
	MRT	MRA
ALPENA REGIONAL MEDICAL CENTER	1	
BOTSFORD GENERAL HOSPITAL – FARMINGTON HILLS	1	1
BRONSON METHODIST HOSPITAL - KALAMAZOO	1	1
CARETECH SOLUTIONS, INC - DETROIT	1	1
CARSON CITY HOSPITAL	1	
CENTRAL MICHIGAN COMMUNITY HOSPITAL	1	1
CHEBOYGAN MEMORIAL HOSPITAL	1	
CHILDREN'S HOSPITAL OF MICHIGAN - DETROIT	1	1
CLARK RETIREMENT COMMUNITY – GRAND RAPIDS	1	
COVENANT HEALTHCARE	1	1
DICKINSON COUNTY HOSPITAL	1	
EATON RAPIDS MED CENTER	1	
GERBER MEMORIAL HOSPITAL – FREMONT	1	
GRATIOT COMMUNITY HOSPITAL – ALMA	1	1
HACKLEY HOSPITAL – MUSKEGON	1	1
HARPER HOSPITAL – DETROIT	1	1
HENRY FORD HEALTH SYSTEM – DETROIT	1	1
HENRY FORD HEALTH SYSTEM – WYANDOTTE	1	1
HOLLAND COMMUNITY HOSPITAL	1	1
HURLEY MEDICAL CENTER - FLINT	1	1
IONIA CO MEMORIAL HOSPITAL	1	
LAKELAND REGIONAL HEALTH SYSTEM	1	1
LAPEER MEDICAL CENTER	1	1
MARY FREE BED – GRAND RAPIDS	1	
MECOSTA COUNT MEDICAL CENTER	1	1
MEMORIAL MED CENTER – LUDINGTON	1	
MERCY HEALTH SERVICES – PONTIAC	1	1
MERCY HEALTH SERVICES – CADILLAC	1	1
MERCY HEALTH SERVICES – GRAYLING	1	
MERCY HOSPITAL - MUSKEGON	1	1
METROPOLITAN HOSPITAL – GRAND RAPIDS	1	1
MIDMICHIGAN MEDICAL CENTER – CLARE	1	1

MIDMICHIGAN MEDICAL CENTER – GLADWIN	1	
MIDMICHIGAN MEDICAL CENTER – MIDLAND	1	1
MT CLEMENS GENERAL HOSPITAL	1	1
MUSKEGON FAMILY CARE	1	
NORTH OTTAWA COMMUNITY HOSPITAL	1	1
NORTHERN MI HOSPITAL – PETOSKEY	1	1
OAKWOOD HOSPITAL	1	
SAINT JOHN HEALTH – PROVIDENCE – SOUTHFIELD	1	1
SAINT MARY'S OF MICHIGAN – SAGINAW	1	
SALVATION ARMY TURNING POINT – GRAND RAPIDS	1	
SHERIDAN COMMUNITY HOSPITAL	1	
SPARROW HOSPITAL – LANSING	1	1
SPECTRUM HEALTH HOSPITALS – GRAND RAPIDS	2	1
SPECTRUM HEALTH HOSPITALS – KENT COMMUNITY	1	
SPECTRUM HEALTH HOSPITALS – GREENVILLE	1	
SPECTRUM HEALTH HOSPITALS – REED CITY	1	
UNIVERSITY OF MICHIGAN HOSPITALS	1	1
WAR MEMORIAL HOSPITAL – SAULT STE MARIE	1	
WEST BRANCH REGIONAL MED CENTER	1	
ZEELAND COMMUNITY HOSPITAL	1	

PROGRAM EVALUATION PLAN
MEDICAL RECORD PROGRAMS

Degrees Awarded: A.A.S. in Medical Record Technology
B.S. in Medical Record Administration

Program Review Panel:

Chair and Program Coordinator: Paula Hagstrom
Program faculty: Marie Sickelsteel, Cynthia Konrad, Mary Edgerly
College of Allied Health faculty: Dan DeRegnier
Individual with special interest in the Program: Marilyn Skrocki
Faculty member outside the College of Allied Health: R. Dale Hobart
Health Management Department Head: Ellen Haneline

Purpose: To conduct a study of the Medical Record programs to evaluate its needs and effectiveness so the University can make informed decisions about resource allocations.

Data Collection Techniques

1. Graduate surveys completed in 1999-2004.
2. Employer surveys from 1999-2004.
3. Student evaluation of program and courses from 2005.
4. Faculty perception of program from surveys to Medical Record faculty.
5. Advisory Committee perceptions of the program from questionnaire to advisory board members.
6. Labor Market analysis information from current market indicators.
7. Evaluation of facilities and equipment by doing a review of the medical record collection in the library, the adequacy of classrooms and computer facilities.
8. Curriculum evaluation information will be taken from the Committee on Allied Health Education Accreditation self-study completed in 2002 and assessment of that information.

Schedule of Events

Activity	Leader	Target Date
Graduate Survey	Paula Hagstrom	Dec. 9, 2005
Employer Survey	Paula Hagstrom	Dec. 9, 2005
Student Evaluation	Cindy Konrad, Mary Edgerly	Dec. 9, 2005
Faculty Perceptions of Program	Marie Sickelsteel	Dec. 9, 2005
Advisory Committee Perceptions	Marie Sickelsteel	Dec. 9, 2005
Labor Market Analysis	Marilyn Skrocki	Dec. 9, 2005
Evaluation of Facilities	Paula Hagstrom	Dec. 9, 2005
Curriculum Evaluation	Paula Hagstrom, Ellen Haneline	Dec. 9, 2005

Medical Record Academic Program Review Timeline

Sept. 9 – Begin developing surveys

Oct 1 to Nov 1 - Surveys to be sent out and begin collecting surveys

Dec. 9 - Survey tallies/results due

Dec. 16 – Survey results to dean

January 16 – Begin analyzing data, invite dean to meeting to discuss survey results

January 20 to March 30 – Writing report

April 15 – Analysis of report by department head

April 30 - Analysis of report by dean

May 15 – Submit report

<div align="center">Memorandum</div>

TO: Doug Haneline, Chair, Academic Program Review Council

FROM: Paula Hagstrom, Associate Professor
              Medical Record Programs
              Ellen Haneline, Department Head, Health Management Programs

SUBJECT: Proposed budget for Medical Record programs review panel

DATE: September 15, 2005

Attached is the proposed budget for the Medical Record programs review panel. Please contact us if you have any questions.

Surveys (graduate follow-up, employer follow-up, advisory committee)

     Copying Costs $ 44.00

     Mailing Costs $ 88.00

     3-Ring Binders for Final Report $ 140.00

     Final Report Copying Costs $ 375.00

         TOTAL: $ 647.00