

FERRIS STATE UNIVERSITY

Academic Program Review

Health Care Systems Administration (HCSA)

2013-14

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Section 1. Overview of the Health Care Systems Administration Program

The Health Care Systems Administration (HCSA) program is a 4-year program which culminates in a Bachelor of Science (BS) degree. This program has been designed in two formats, one for students who enter the program either as freshmen or who transfer into the program after having completed an associate degree, and the second for students who wish to complete a bachelor's degree concurrently with an associate or bachelor clinical degree program. Students can earn a Bachelor of Science degree in HCSA prior to, at the same time as, or after earning a degree in one of the clinical programs (Respiratory Care, Radiography, Sonography, Nuclear Medicine, Nursing, Clinical Lab Sciences, HIT, HIM, and Dental Hygiene). This is particularly advantageous for students waiting to get into a quota degree program. The Health Care Systems Administration program also is offered in Grand Rapids. In the Grand Rapids program, the professional courses are offered in the evenings to allow flexibility in scheduling for working adults.

Graduates of the HCSA program are eligible to take the Michigan Nursing Home Administrators licensure examination in order to practice as a nursing home administrator in Michigan. There are no other specific certification or licensure examinations for which they are eligible. The program is not externally accredited; however, the faculty are currently undergoing the preliminary steps to qualify for the National Association of Long Term Care Boards accreditation program. The HCSA curriculum, which includes courses in management, reimbursements, accounting, quality improvement, health care finance, health-care planning, managed care, and long-term care management prepares graduates to work in a variety of health care settings.

HCSA graduates work in hospitals, physician practices, nursing homes, home health agencies, mental health facilities, public health agencies and more. Opportunities for employment can be found in any organization that needs health care managerial skills such as pharmaceutical companies, law and insurance firms, and health product vendors. Graduates enter the health care work force in entry level positions that include Human Resource Assistants, Quality Improvement Coordinators, Risk Managers, Finance Assistants, Revenue Cycle Managers, Compliance Audit Coordinators, Credentialing Specialists, Admitting Supervisors, Patient Relations Representatives, Volunteer Services Coordinators, Administrative Assistants, Resource or Education Coordinators, Inventory Control Coordinators, Materials Management Assistants just to name a few. Graduates of the program are also able to enter graduate school to earn a master's degree.

Our Curriculum

Program courses are taught online, at the Big Rapids campus, and evenings in Grand Rapids. Two internships are required – a six week internship in a hospital setting and a ten week management internship in a setting of choice during a student's last semester.

A. PROGRAM GOALS

1. The primary goal of the HCSA program is to prepare students through education and experience for entry level employment in a variety of health care settings. The HCSA program mission, vision, and values was adopted in 2010 by faculty and reviewed and approved by the Health Care Systems Administration Advisory Committee.

At the conclusion of the student's program, graduates will be able to:

- Utilize the knowledge/professional competencies to practice as an entry level practitioner
- Apply previously learned knowledge to the solution of new problems
- Communicate effectively to acquire/develop/convey ideas and information to diverse populations
- Demonstrate ethical and professional behaviors*
**(Goals created 2009 for the TracDat assessment program)*

- 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.
 5. create charts and diagrams in Excel.
- 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 improvement throughout the health care professions.
- m. Demonstrate specific knowledge and skills defined by their curriculum.

In addition to the above, our HCSA graduates are skilled in all aspects of health care managerial and supervisory skills necessary to assume an administrative position.

2. These goals were developed by the faculty of the HCSA program and approved by the HCSA program's Advisory committee. They are reviewed annually and remain appropriate for the program.

3. The goals reflect the graduates need for technical, professional and general education. Graduates of this program are employed in various health care settings including hospitals, nursing homes, physician offices, long term care facilities, ambulatory care clinics, clinics, and insurance companies to name a few.
4. The program's goals have changed slightly since the last APR. With the adoption of the TracDat assessment program in 2009, the major goals outlined above were created by faculty, yet remain consistent with earlier goals. Some of the assessment methods and targets for the goals of the program have been modified for greater relevance and specificity. The HCSA Advisory committee and the program faculty review the program goals on an annual basis and have recommended changes in the number of finance related courses, English courses, and the inquiry into the National Association of Long Term Care Board accreditation.

5. HCSA Mission, Value and Vision Statements

Mission

Building upon the mission, vision and values of Ferris State University and the College of Health Professions, the Health Care Systems Administration program, in collaboration with our health care partners, prepares and supports ethical leaders who are equipped to meet the challenges of a rapidly changing environment.

Vision

The vision of the Health Care Systems Administration program is to be recognized for best practices in educating health care leaders.

Values

To fulfill its vision, the HCSA program values include responsiveness to change, academic excellence, collaboration, passion for learning, and ethical behavior.

The HCSA statements fit well into the overall mission of Ferris State University and the College of Health Professions.

Mission of Ferris State University: Ferris State University prepares students for successful careers, responsible citizenship, and lifelong learning. Through its many partnerships and its career-oriented, broad-based education, Ferris serves our rapidly changing global economy and society.

Mission of College of Health Professions: Building upon the mission, vision and values of Ferris State University, the College of Health Professions' mission is to prepare students for successful careers in the program contained therein, to foster responsible citizenship and to promote lifelong learning. The college will partner with health care providers and facilities to prepare students for rapidly changing careers.

Vision of the College of Health Professions: The college's vision is to be a recognized leader in the provision of career-oriented programming in the allied health and nursing fields. It will become the preferred

choice for students who pursue a career in one of the disciplines offered by the college through its alignment of program with the evolving needs of the agencies which it serves.

The HCSA program is consistent with the University's mission statement by offering varied internship experiences across the nation and globally, thereby providing the most current preparation for students in their career area of choice. The introduction of more on-line or mixed delivery courses also provides students with greater flexibility in meeting the competing demands of school, work, and family. The college is currently in the process of developing a new five year strategic plan.

B. Program Visibility and Distinctiveness

1. The HCSA program at Ferris State University is unique in many ways:
 - a. The program's faculty are experienced in multiple areas of the health care industry.
 - b. Our students complete two different internships prior to graduation. The internships are available in various types of health care settings and across the globe. Due to the rigor of the internships and the well-developed projects, many of our interns are offered jobs following completion of the internship.
Many sites repeatedly ask for our interns rather than other colleges' candidates. Students select their own site and in that way are able to find what best suits their area of interest or exploration and convenience with choice of location.
 - c. The HCSA program provides the other clinical program students in the college the opportunity to dual enroll. Many of the clinical programs have waiting lists of 1-2 years, and therefore these students can start the HCSA program while waiting to get into their clinical degree program. We accept the clinical degree internship for our six week HCSA internship to further incentivize students choosing to be dual enrolled.
 - d. Courses are offered at times and places convenient for students. The HCSA program is offered in Big Rapids in the daytime and evening, and Grand Rapids in the evenings to accommodate our working students. The program courses are also offered in seat, on-line or mixed delivery.
 - e. Continuously updated curriculum changes in response to the needs of the health care industry and the recommendations of our Advisory committee are followed each year. Currently we are undertaking the process for accreditation through the National Association of Long Term Care Boards.
 - f. From a labor perspective, there is a high demand for HCSA graduates. Employment in the field is expected to grow 22% faster than the average for all occupations through 2020 according to the Bureau of Labor Statistics.
2. We attract quality students by:
 - a. Dawg Day events, presentations for high schools and career technical schools are some of our recruitment tools. The admission counselors have been crucial in helping us deliver program information to prospective students at schools, job fairs, and career fairs.

- b. The CHP advisors for pre-professional students talk to students who are waiting to get into CHP clinical programs. If these students have completed all of their general education courses, they are able to complete the HCSA program as a dual enrolled student.
 - c. Another method for bringing quality students into the program is by recruiting Ferris pre-pharmacy and pre-optometry students who are not accepted into their respective program.
 - d. The HCSA program offers courses at the Grand Rapids campus to attract individuals who may not be able to attend the main campus to take classes.
- 3) These institutions offer the main competition to our bachelor in HCSA program:
- Alma college
 - Baker College
 - Cleary University
 - Davenport University
 - Eastern Michigan University
 - Madonna University
 - Miller College
 - Siena Heights University
 - University of Michigan- Flint
- a. The HCSA programs at other colleges are different than ours because, while they may include several similar health management related courses, only four of the schools listed above require an internship, and neither of them have the same required length of time as our program does because of our two internships, 16 weeks total requirement. Our Advisory committee and our Internship site coordinators repeatedly inform us that our internship program is the most comprehensive and rigorous of all. Only one of the schools requires a Long Term Care course despite the growing need for this service in the future. This makes our program well situated to design a Certificate or Bachelor degree in Long Term Care Management. The University of Michigan program alone matches the depth and breadth of our program, while our emphasis on Finance gives us a competitive edge. However, the U. of M. program is certified by the Association of University Programs in Health Administration. Our program needs to look at pursuing this certification in the future. We should also explore the long term care certificate or bachelor degree in long term care management as well as the possibility of creating tracks as many of the other schools offer. The Advanced Certificate in Health Management is in process and will be reviewed again once we are fully staffed in fall 2013. Student enrollment in the HCSA program is high, close to 300+, due to the flexibility we offer dual enrolled students in getting both degrees, a clinical AAS/BS and HCSA degree.

C. Program Relevance

1. Labor Market Relevance – Health Information Profession

Department of Labor

Bureau of Labor Statistics, U.S. Department of Labor. (2012-13). Medical and health services managers. *Occupational Outlook Handbook*. Retrieved from <http://www.bls.gov/ooh/management/medical-and-health-services-managers.htm>

- Employment of medical and health service managers is expected to increase by 22% percent from 2010 to 2020, faster than the average for all occupations.
 - Medical and health service managers held about 303,000 jobs in 2010.
 - Projected employment in 2020 is 371,000.
 - 39% of jobs were in hospitals, the remainder were in offices of physicians, nursing care facilities, home health care services, and outpatient care centers.
 - A bachelor's degree is the requirement for entry level jobs.
 - While a license is not required for positions in hospitals or office settings, all states require nursing care facility administrators to be licensed and our degree prepares the student to take the state exam. Our newest course offering, HCSA 461-Nuring Home Administration specifically addresses the content on the State exam.
 - Earnings will vary by the type and size of the facility and level of responsibility:
 - Median annual earnings were \$84,270 in 2010
 - Lowest 10% earned less than \$51,280 in 2010
 - Highest 10% earned more than \$144,880 in 2010
 - Medical Group Management Association (MGMA) reported in 2010:
 - Median compensation in practices with <6 physicians was \$86,459
 - Median compensation in practices with 7-25 physicians was \$115,000
 - Median compensation in practices with >26 physicians was \$150,756
2. The HCSA Program responds to emerging issues in the discipline, changes in the labor force, changes in employer needs, and changes in student needs in the following manner:
- a. A curriculum redesign was completed in 2010 based on faculty and Advisory committee review. As a result of survey and advisory recommendations, courses were added in English and Finance to better prepare students. The program is currently preparing for the accreditation process for the National Association of Long Term Care Boards in order to prepare students for the increased number of elderly requiring long term care services. Our onsite internship coordinators and our Advisory committee members provide us updates on the current market needs. The HCSA program coordinator is a member of the Medical Group Management Association which provides current medical practice issues and updates related to changes in the laws or regulations. Academic Affairs has recently purchased Cerner's electronic health record system for the College of Health Professions (CHP). This product has been installed in our laboratory as well as the CHP computer lab. Cerner is the electronic record system that is currently used in most hospitals in the United States and therefore will provide the students with the most current EMR software experience.
 - b. HCSA classes and the corresponding texts are reviewed and updated each semester as necessary.
 - c. Computers and software are continuously upgraded to meet the demands of the health care industry and include 3M coding software and the Cerner program.
 - d. Review of the graduate surveys and student program evaluations allow us to make appropriate changes to individual courses and the program curriculum when warranted.
 - e. Faculty are active in professional organizations such as the American Health Information Association, Michigan Health Information Association, American College of Health Care Administrators, Michigan Hospital Association, and Medical Group Management Association. Participation in these organizations allows faculty to stay abreast of any changes made in the health care industry.
 - f. Internship site coordinators often comment on the high level of competency our program's students demonstrate. Our students and graduates are often hired by our internship affiliates. On

occasion, jobs have been created for students in the facilities in which they have completed their internship.

3. According to informal surveys of students requesting program changes or new student orientation conversations, the most common reasons given for enrolling in the program are:

- Desire to be employed in health care without clinical patient contact,
- Desire to have a clinical degree and work up to a managerial role (dual enrolled),
- Desire to have flexibility of options for employment in health care, and
- Reputation of the program and faculty.

a. Graduate's survey responses reflect that the HCSA program has met their expectations. We are continually revising our curriculum and updating computer software to reflect industry changes and updates. For more information, refer to the graduate survey results provided in the PDF attachments.

b. Student sentiment is measured through the IDEA surveys. Individual faculty take note of the results and make necessary changes. The department head also reviews these measures and provides comments to individual faculty. The Student Perceptions of Program survey was administered to students in February 2013. All measures exceeded 90% or better (acceptable, good, or excellent) except for

- The required general education courses are current and meaningful (85%),
- My advisor is available when I need to see them (80%), and
- I am provided with meaningful information by my advisor (89%).

Advising seems to be the prevalent concern from students. Several additional comments indicated that students were not satisfied with their advisor's availability or customer service. These issues will be addressed with faculty at our faculty meetings. The majority of comments from students focused on the need for more course sections and the ability to have on-line registration parity with off campus students, something that needs to be addressed at the university level. (See pg. 153-5)

D. PROGRAM VALUE:

1. To the university:

The HCSA program benefits the university because we are one of the few programs in the state that offers the most comprehensive approach to health care management with courses in long term care along with two internships, more than any other school. The program also provides a retention tool for the clinical degrees offered in the college. All program faculty have working experience in the health care industry that allows them to bring real-world experiences into the classroom, something students have noted as an asset in their survey responses.

2. To students: The students learn highly technical skills which ultimately provide for a well-paying career. Although the faculty survey shows that we have satisfactory laboratories, there are times when students must use their personal laptops in the lab because there are not enough computers to accommodate all students in the class. The program's courses are offered at various times (day, evening, and weekend formats) and locations to meet the needs of the students. Occasionally Big Rapids students may take evening classes in Grand Rapids or vice versa. The faculty are available to the students via email,

telephone, and by appointment.

The HCSA program benefits both the university and the students by providing an associate degree program student the option to get a bachelor degree and have many courses credited towards both degrees. This allows students to complete a program while waiting to begin a clinical program that has more applications than available openings.

3. Assessment by program personnel:

The value of the Ferris HCSA program is evidenced by many employers selecting FSU interns and graduates over other programs' students in the state. While on internship, some Ferris interns are providing training to student interns on human resource practices and administrative functions. Some employers with open positions contact Ferris instructors requesting graduate or student referrals for possible candidates. The HCSA Advisory committee members have reinforced the quality of our graduates compared to other schools as they review recent FSU-HCSA hired employees.

4. To entities external to the university:

Faculty explain the role of health care administrators to technical center and high school students at Open Lab Days that have been hosted by the College of Health Professions. Program faculty has visited career fairs and job fairs as a means to attract students to our profession. Faculty have presented continuing education activities, reviewed textbook chapters, and served as officers in local and state health information associations. Health care recruiters contact us when they have job openings.

Many of our interns land their first job at the internship site, so employers get to trial a new employee at no cost. Employers who hire our graduates state that they would hire a Ferris grad again. This is reflected on employer surveys and via conversations directly with faculty at professional meetings. Although most of our graduates are employed by hospitals, we have graduates working for software vendors, long term care facilities, Veteran facilities, outpatient clinics, home health agencies, physician practices, and insurance companies.

5. Services for extra-University general public groups: The faculty participates in local, state, and national organizations. Program faculty and students have provided services to groups outside the university. The registered student organization, Health Care Management Association (HCMA), of which many HCSA students are members, have participated in several service projects each year including Relay for Life, The Big Event, Big Brothers, Big Sisters, Toys for Tots, Adopt a Family at Thanksgiving and Christmas, Halloween party for community children, and participating with the American Red Cross blood drives. They also host social events for association members and/or the community associated with heart, breast cancer awareness, and more. The Spring Health Fair provided an opportunity for HCSA students to engage in service learning for the Ferris Community to increase their knowledge of health care issues.

Section 2: Collection of Perceptions

A. Graduate Follow-up Survey

The Institutional Research and Testing Center (IRT) conducted a graduate survey for 2010-11. Of the 86 graduates, 20 responded and 18 were employed with an average salary of \$34,602.

The HCSA program, as a part of our ongoing outcomes assessment conducted a survey in 2012 of graduating students within one year following graduation. QuestionPro was used to email the survey, based on the instrument developed through the IRT. Two \$25.00 gift cards were offered in order to increase participation. We had 35 participants after two dropped out, with an average annual salary of \$38,400.

HCSA Program Graduate Survey Results 2008-2011

Graduate Survey	Target	2008	2009	2010	2011
# of Returns	50%	9	11	17	37
#25-Recommend FSU-HCSA Program	80%	N/A	73%	82%	80%
#24-Overall Quality of Program Rated Highly	80%	78%	91%	93%	86%
#2- Dual enrolled		2	4	0	17
#4-Time before getting a job < 1yr	75%	N/A	64%	29%	84%
#3-Employed in Health Care	75%	100%	100%	76%	65%
#7-Currently in college		1	N/A	1	8 N,MBA,MHA
#6-Avg. Wages		N/A	\$37,500	\$29,500	\$38,400
Hired from internship		0	1	3	8

*Shaded areas reflect results below the target

**2011 data from QuestionPro

Targets for the above survey were developed by faculty. Evaluation of the data suggests the majority of students rate the quality of the program positively. However on average, we still have not met our target for graduates recommending the program to others. A review of the survey comments indicate that during the recent recession, many students had difficulty finding jobs. The data from 2011 grads indicate that health care facilities are now beginning to hire again. In fact, some students reported that positions were actually created for them after their internship. With passage of the Affordable Care Act and the expected increase in insured patients, we should see hiring continue to grow. We also note that the number of students seeking a Master's degree has increased and may provide the impetus for us to consider a Master in Health Care Systems Administration for the future. Employment opportunities are available in a variety of settings, but graduates find employment mainly in the acute care setting. Average wages show a slight increase from 2009.

The graduate survey from 2008 - 2011 has continued to identify the strengths of the program to be the faculty, internships, and relevancy of coursework. Graduates express concerns about the need for areas of concentration/tracks and assistance with job placement.

The number of graduate respondents more than doubled with use of the QuestionPro services and two \$25.00 gift cards as an incentive. Our goal is to capture data from at least 50% of our graduates for the 2012 survey, which is in process. We would like to get a 10% increase each year in graduate returns. We continue to encourage students to stay in touch via LinkedIn. (See PDF attachment)

B. Employer Follow-up Survey:

HCSA Employer Survey Results 2008-2011 Results based on a rating of: 4 (Agree) and 5 (Strongly Agree)

Employer Survey	Target	2008	2009	2010	2011
# of Returns		3	14	12	42
B1- Technical Skills	90% rate 4 or 5	100%	93%	100%	91%
A1-Necessary Knowledge	90% rate 4 or 5	100%	100%	100%	88%
C4-Teamwork	90% rate 4 or 5	100%	100%	92%	95%
A4-Critical thinking	90% rate 4 or 5	100%	100%	100%	86%
C2-Professional Conduct	90% rate 4 or 5	100%	93%	100%	90%

Overall results indicate that employers are quite satisfied with our HCSA graduates' skills. Sending employer surveys to the internship sites has resulted in a higher rate of return and greater reliability with data collection. Comments from employers commended the FSU graduate as highly skilled, however concerns include the need for more professional, time management, and critical thinking skills as well as leadership training. Faculty are reviewing courses to increase the rigor and critical thinking applications progressively through the curriculum. Data still needs to be collected from the employers for 2012. (See pgs. 158-62)

C. Graduating Student Exit Survey:

Graduating students complete the Intern survey after their HCSA 493 management internship.

493 Intern Evaluation	Target	2008	2009	2010	2011	2012
# of Returns (Yes/No) responses		27	29	42	59	39
#11-Classroom Prepared You for Internship	80%	88%	93%	93%	92%	95%
#12-Manual Provided Sufficient Information	80%	96%	100%	98%	88%	85%

Results indicate that students are satisfied with the preparation they received for the final internship. The internship manual, a very comprehensive project based tool for the student to use provides the well rounded experience needed for a general manager. Students express that they were generally well prepared for the internship with the exception of exposure to the latest medical software. The HCSA program now has Cerner software available which will be used in the reimbursement course, with the potential for use in the quality course. The software still needs patient data added to it however, and that is a cost and time issue that faculty are working to resolve. Some students expressed concern that the internship projects seem like a waste of time or busy work, however the majority recognize the importance of each project in their overall understanding of health care operations. We will continue to reinforce the necessity and comprehensive nature of the internship projects as part of the most complete understanding of the health care industry in the HCSA 345- Internship Orientation course. (See Intern survey pgs. 163-5)

D. Student Program Evaluation:

HCSA Student Perceptions of Program 2013 Respondents: 56 HCSA Students

A= Excellent B = Good C=Acceptable D=Below Expectations E=Poor

	Excellent	Good	Acceptable	% Acceptable and above	Below Expectations	Poor
Courses available at convenient times	23%	34%	30%	87%	9%	4%
Pre-requisites for courses are realistic	27%	52%	16%	95%	2%	0
I am provided with a syllabus	79%	18%	2%	99%	2%	0
Know how assignments will be graded (rubrics)	43%	34%	20%	97%	2%	2%
There are enough supplies and/or equipment to use during classroom/lab sessions (2 did not respond)	34%	54%	11%	99%	2%	0
Required general education courses for degree are current and meaningful (1 did not respond)	20%	36%	30%	86%	13%	2%
Library has needed information (8 did not respond)	30%	39%	27%	96%	4%	0
Advisor is available when needed (2 did not respond)	37%	30%	14%	81%	16%	4%
Provided with useful information by advisor	49%	25%	16%	89%	9%	2%
Instruction in program courses is	32%	54%	13%	99%	0	1%
On-line courses designed to meet student needs. (3 did not respond)	32%	27%	32%	91%	7%	2%

Current students in upper level courses (HCSA 410 and 460) were surveyed in Spring 2013 to attain their perspectives related to the quality of instruction, relevance of courses, and satisfaction with program outcomes based on their expectations. Program faculty utilize the comments and recommendations from students as a tool to evaluate the effectiveness of the specific courses, internship, and the overall program. Recommendations for change are based on this and other survey data.

There were 56 respondents. The items with less than a 90% acceptable or higher rating were related to the meaningfulness of required general education courses, the availability of course times, the availability of advisors, and the advisor provided useful information. Students written concerns and comments predominantly related to these four issues. It is the expectation of program faculty, that with new faculty to be hired in fall 2013, we will see greater opportunity to expand course offerings and therefore course times. The program faculty need to do better in meeting the needs of advisees,

as several comments related to this concern. Advising concerns will be addressed and improvements recommended in future faculty meetings.

E. Faculty Perceptions:

**HCSA Faculty Perceptions of Program
2013**

**Rating Scale: 5=Excellent B=Good C=Acceptable D=Below Expectations E=Poor
Results based on 4 Tenure Track, 1 Part Time, and 2 Full Time Faculty in Grand Rapids**

	Excellent	Good	Acceptable	% Acceptable and above	Below Expect	Poor
Administrators involved in program and respond to faculty input	0	1	6	100%	0	0
Written goals for program state realistic outcomes	5	2	0	100%	0	0
Curricula designed to meet needs of graduates	5	2	0	100%	0	0
Curricula designed to meet needs of employers	4	3	0	100%	0	0
Curricula designed to meet requirements of accrediting	3	2	2 N/A	N/A	0	0
Involved in program evaluation	7	0	0	100%	0	0
Administrative support for program	2	3	2	100%	0	0
Lab space for program	0	2	4	86%	1	0
Lab equipment for program	0	1	4	71%	2	0
Library support for program	3	3	1	100%	0	0
Adequate support for professional development	1	2	2	86%	1	0
Advisory committee for program	5	2	0	100%	0	0
Provision for students with disabilities	4	2	1	100%	0	0
Secretarial support for program	6	0	1	100%	0	0
Instructional support staff	3	2	2	100%	0	0

Number of faculty assigned to program	0	2	2	57%	3	0
Quality of faculty assigned to program	6	1	0	100%	0	0
Admission Requirements	4	2	1	100%	0	0
Processes adequate to keep program current	5	2	0	100%	0	0

Generally speaking, faculty are satisfied with the program. Staffing issues and adequate numbers of computers in the lab are the two areas of concern. The program is currently seeking two full-time faculty with the hope that they will relieve some of the burden of regular overload each semester for current faculty. The open enrollment policy provides a steady stream of students to the program, so faculty have chosen not to apply a quota for new enrollees at this time.

The need for computer lab space is a continued problem. VFS 327 is currently the computer lab for student use but is also being used regularly for classes. That room lacks the technology requirements of a ‘smart classroom’ particularly with the need for an overhead display tool. The room also lacks sufficient space for flexible seating to accommodate group work. Grand Rapid’s computer labs also lack the optimal smart classroom tools or flexible seating for group work. Class sizes are limited by the number of computers available and/or working.

Funding for professional development has increased and faculty are now aware that it is available.

F. Advisory committee Perceptions:

HCSA Advisory committee Survey Results 2013 7 Advisory committee Members responded

	Excellent	Good
Courses available at convenient times	5	2
Program meets needs of health information community	4	3
Faculty in the program are qualified	6	1
Lab facilities for program are adequate	3	4
Graduates are in high demand	7	0
Curricula reflective of current health information practice	5	2

Survey results indicate that the Advisory committee members were satisfied with the program, faculty, and graduates. To better meet the needs of future graduates, the committee offered these suggestions at the last meeting in December 2012: encourage the two internships back to back as a semester long internship (this is often done by our students already), leadership and patient satisfaction classes (these are covered in HCSA 474 and MRIS 209, but the content needs to be expanded), and provide more content in communication and decision making (current content needs to be modified and expanded). Increasing the number of presentations that students complete through the curriculum will help with communication skills. Faculty are adding more critical thinking and

decision making content/scenarios, and presentations to increase the rigor in current courses. (See pgs. 156-7)

Section 3: Program Profile

A. Profile of Students

1 a-f) Student Demographic Profile: Health Care Systems Administration (HCSA)

		2008	2009	2010	2011	2012
		HCSA	HCSA	HCSA	HCSA	HCSA
Sex	Male	72	79	81	69	60
	Female	277	286	291	271	270
Race	Unknown	6	7	5	3	4
	Black	27	21	28	23	27
	Hispanic	3	8	11	13	13
	Native	4	3	1	4	4
	Asian	4	7	8	6	8
	WHCSAe	304	315	310	283	261
	Hawaiian	0	0	0	0	0
	Multi	0	0	4	3	6
	Foreign	1	4	5	5	7
Age	Avg. Age	24	24	24	24	24
Residence	In-state	347	360	365	332	318
	Out-of-State	2	5	6	5	7
Enrolled Status	Full-Time	259	258	284	248	232
	Part-Time	90	107	88	92	98
Enrolled	On-Campus		260	282	262	263
	Off-Campus		105	90	78	67
SCH's	On-Campus		3389	3731	3381	3403
	Off-Campus		908	855	652	550
Delivery Method	100% On-line	0	0	0	0	4

Source: Ferris Fact Book

g. The data indicates that student enrollment has decreased slightly from 2010. The new Bachelor in Allied Health Science degree (BAHS) began accepting students in 2010 and that corresponds with a subsequent decrease in our enrollment for 2011 and 2012. However, many of these students are taking the HCSA courses as part of the curriculum for that degree. Therefore the HCSA program is still impacted. Many of our HCSA students at the Grand Rapids campus are attending classes on a part-time basis because they are currently working full-time in health care. The numbers of our Grand Rapids students have been declining and a review of comments by that student cohort indicates that they find the fewer courses offered each semester is limiting for them. Occasionally we will have Grand Rapids students attend a class on the Big Rapids campus or vice versa due to limited seats or times available. On campus courses have been modified recently to a mixed delivery method in order to meet the needs of working students. Introductory courses are still offered in a face to face, mixed delivery, and for some courses an on-line version. Students consistently complain that on-line courses fill up too quickly with off-campus students and they should have

the same registration priority for on-line courses. It has been determined by faculty that HCSA 210, 326, 410, and 460 are best provided in a mixed delivery format for optimal student performance.

2.) Quality of Students

		2008	2009	2010	2011	2012
		HCSA	HCSA	HCSA	HCSA	HCSA
a. Currently Enrolled GPA	Range	.35 - 4	1.23 - 4	1.56 - 4	1.15 - 4	1.52 - 4
	Average	3.20	3.23	3.20	3.17	3.15
Currently Enrolled ACT	Range	12 - 31	12 - 33	12 - 33	12 - 30	11 - 31
	Average	20.63	20.54	20.54	20.65	20.39
b. Graduating Students GPA	Range	1.92 - 3.89	2.39 - 4	2.25 - 4	2.35 - 3.98	2.4 - 4
	Average	3.22	3.33	3.34	3.35	3.39
Graduating Students ACT	Range	13 - 29	14 - 30	13 - 31	14 - 25	13 - 29
	Average	19.67	21.06	19.75	19.90	21.18

Source: Ferris Fact Book

a-b. Comparing GPAs, the average for currently enrolled students over the last five years is 3.19 and for graduating students, 3.36. The range over the last five years has narrowed for both groups. ACT scores demonstrate a wide range; from 11-33 over the last five years. The data support that students with higher level GPAs and ACT scores tend to be more successful and complete the program.

We have implemented a few changes over the last two years to raise the standards and requirements for HCSA students. We no longer have a pre- program. Once a student's GPA is 2.5 or above, the student can request a program change. Some students are enrolled in the Associate in Allied Health Sciences degree until they meet the 2.5 GPA requirement. We do find that students not enrolled in HCSA sometimes try to enroll in HCSA classes but do not have a 2.5 GPA. We are trying to catch those students early in order to keep seats open for the HCSA enrolled students. We communicate often with the advisors in the Dean's office in order to keep HCSA courses open for enrolled students only. Students must now have a 2.25 GPA for graduation. This as well as the following progression policy changes will strengthen the standards and eliminate those students that don't perform well at the level required for future employment. All students enrolled in the HCSA Program must earn at least a "C" in all professional and some specific support courses. Students earning less than "C" in any of those courses will be required to repeat the course. Listed below is the dismissal policy revised in 2012.

Dismissal Policy: Any ONE of the following will result in dismissal from the program.

- Two unsuccessful attempts (less than "C") in any of the courses listed below will result in dismissal from the Health Care Systems Administration program, or
- Unsuccessful attempts (less than "C") of more than 50% of the courses listed below during any semester, or
- Unsuccessful attempts (less than "C") of more than 12 credit hours of the courses listed below while in the program.

c. The only other methods currently used to assess the quality of students entering the program is through the college admission requirements for FTIAC in which the student must meet the 2.5 GPA and two of the three following criteria:

- Placement into ENGL 150,
- Placement into MATH 115, and
- Reading ACT of 18 or higher, or SAT verbal of 430 or higher.

d. Some students in the HCSA program are members of the Health Care Management Association, the student association on campus, and have received recognition in the Torch college paper and the Pioneer local paper for their various activities in the community. Students also complete quality projects in health care facilities therefore providing them a hands-on experience in data collection and analysis in a real world setting. Recently students worked with the Dental Hygiene program and that culminated with a revision of their HIPAA privacy policies. All of these activities broaden the students' awareness of the community and health care industry.

e-f. Other significant accomplishments of students in the HCSA program include serving as SLA facilitators, tutors, guides for CHP Open Lab Days and Dawg Days. Students have attended the Health Care Management Association conference and presented projects they completed in class. All of these activities strengthen the students' understanding of the real world application of course content and develop their professional skills.

3. Employability of students

Graduate Survey	Target	2008	2009	2010	2011
# of Returns	50%	9	11	17	37
#25-Recommend FSU-HCSA Program	80%	N/A	73%	82%	80%
#24-Overall Quality of Program Rated Highly	80%	78%	91%	93%	86%
#2- Dual enrolled		2	4	0	17
#4-Time before getting a job < 1yr	75%	N/A	64%	29%	84%
#3-Employed in Health Care	75%	100%	100%	76%	65%
#7-Currently in college		1	N/A	1	8 N,MBA,MHA
#6-Avg. Wages		N/A	\$37,500	\$29,500	\$38,400
Hired from internship		0	1	3	8

- Eighty-four percent of students find a job within one year after graduation. Most of these graduates are employed in health care. Graduates may find difficulties finding a job because of self-limiting desires to stay in their hometown or region. Students are advised of the need to look out-of-state and in all available industry settings. Another obstacle to job placement is the requirement of many facilities for at least one to three years of experience. Students are encouraged to provide their internship portfolio to demonstrate competence and to work with internship coordinators for potential job openings. Twenty percent of students decided to pursue a Master's degree either full-time or part-time following graduation.
- The average starting salary of HCSA graduates who became employed full-time in the field since the last program review is \$38,400.00 according to the QuestionPro survey information. IRT data with 20 respondents indicates a 90% placement rate and an average salary of \$34,602.00. These numbers are considered to be right on target with an entry level position. As the BLS data informs, earnings will vary by the type and size of the facility and level of responsibility for the

new graduate. The \$38,400.00 average salary for 2011 as calculated from the QuestionPro survey compares more favorably than the average salary listed in Payscale.com of \$34,753.00 for the entry level position as an assistant manager. According to the Bureau of Labor Statistics, the median annual salary for a health care manager is \$84,270.00 with the lowest 10% earning \$51,280.00. One recent graduate reported earnings of \$100,000.00 for their first job.

- c. Only one student was employed part-time at the Van Andel Institute in Grand Rapids. The majority found well paying full-time jobs.
- d. Career assistance provided to HCSA students primarily comes through presentations by staff from Career Services during the internship orientation course. Student advising also incorporates career assistance advice and recommendations. Some students have expressed the desire for more information on potential careers and job search advice. Faculty are implementing more career assistance content in the internship orientation course to help meet their needs.
- e. Graduates continue to be employed in the health care field and find that there is great flexibility and multiple areas in health care for which they are qualified.
- f. The majority of graduates find employment in Michigan, however a few travel out-of-state. Recent graduates have listed Ohio, Illinois, North Dakota and Arizona as their places of employment outside of Michigan. Because the degree is so versatile, there are no real obstacles to entry level employment except experience. Student internships help provide the onsite experience that employers frequently desire for that first entry level position.
- g. We have had a few HCSA graduates continue with completing their Nursing bachelor's degree or a Master's degree in business or health administration. In most health care facilities, the education requirements for entry level department managers or managers' assistants is a bachelor degree. However, larger organizations desire a Master's degree preparation for their managers.
- h. The majority of graduates of the HCSA program continue their education at FSU either in the BSN or MBA programs. Others are working on their Master degree in Health Administration or Business Administration at Central Michigan and University of Michigan. FSU continues to offer programs that work well for students seeking educational advancement. (See PDF attachment)

B. ENROLLMENT

- 1. The anticipated fall enrollment for the HCSA program is 330-350 students and remains stable with the prior year enrollment figures.
- 2. Enrollment has decreased slightly since the last APR review. Again, this is due to the increased bachelor degree offerings in the college, particularly the BAHS program. Student Credit Hours (SCHs) have increased slightly despite the decrease in enrollment. There has been a trend in students taking as many credits as possible in order to complete the degree quickly. Students are always advised to limit their credits in order to be successful. Many students that take on more than 15 credits each semester do handle the load well. Students are always advised not to take courses concurrently with their internships, however some still do and must drop the

courses or fail to achieve the grade necessary in the courses and must repeat them.

HCSA Student Credit Hours 2008-2012

	2009	2010	2011	2012
HCSA enrollment	365	372	340	330
HCSA SCH	3389	3731	3381	3403

Source: FSU Fact Book

- Because there is open enrollment to the program, information related to how many new students enter the program each year has been limited. However, the following table provides that information now being compiled with each new program change. Outside of the year 2011, the program gains as many or slightly more students than those who graduate.

Number of Program Changes Processed	2008	2009	2010	2011	2012	2013
			105	48	101	Spring- 44

- Open enrollment allows all students the opportunity to get into the program. The limiting factor for admission is the GPA of 2.5. Students may have to enroll in the Associate’s in Allied Health program until their GPA increases above the 2.5 in order to meet the GPA requirement for the program.
- See the table under #3 for this information.
- What is the program’s current enrollment goals, strategy, and efforts to maintain/increase/decrease the number of students in the program?
We would like to maintain or slightly increase the current enrollment of about 100 students each year to the level held in 2009-10. Limitations to enrollment capacity are due to the availability of full-time faculty and computer lab space. Various strategies are used to maintain and/or increase our enrollment, including Dawg Days, high school open houses, the Dean’s office advising for new students, and student peer recruitment.

C. PROGRAM CAPACITY

- Since the program has no accreditation requirements, state and federal regulations, and no funding issues, the limiting factors for the program are classroom/lab availability and qualified faculty for instruction. The program is in the process of hiring two new faculty which will facilitate instruction for the 300+ students in the program. The department head is working to provide the necessary smart classroom features to the computer lab in VFS 327 to accommodate the increased need for computer lab instructional space.

D. RETENTION AND GRADUATION

- IRT data indicates that the attrition rate for the program is generally low. Most

recently the program lost students due to the Bachelor in Allied Health degree as evidenced by the percentages of non-persisters for 2010 and 2011. However, we are currently getting students asking to be switched back to the HCSA program due to limited course offerings in the BAHS degree.

Year		2	3	4	5
200808	% graduated	25	25	25	50
	% still enrolled	75	75	75	25
	% persisters	100	100	100	75
	% non-persisters	0	0	0	25
200908	% graduated	0	0	25	
	% still enrolled	100	100	75	
	% persisters	100	100	100	
	% non-persisters	0	0	0	
201008	% graduated	0	0		
	% still enrolled	75	25		
	% persisters	75	25		
	% non-persisters	25	75		
201108	% graduated	0			
	% still enrolled	57			
	% persisters	57			
	% non-persisters	43			

2. The program's current goals, strategies and efforts to retain students include:
 - a. Mandatory advising sessions – students are required to attend an advising session each semester. This has recently evolved into an on-line advising program which includes a test that must be passed at 100%. Students are also encouraged to meet with their advisor at least two times per year and at least once prior to graduation for an audit. Students meet more often with their advisor if there are academic problems or other concerns. The program maintains a website for students in FerrisConnect that provides general information about the program and announcements for increased communication. This has been well received and appreciated by the students.
 - b. Involvement in the HCMA association helps students gain opportunities to network with other organizations and provide community service.
3. Data from IRT indicate that 86 degrees were awarded in 2010-11. The number of graduates has been increasing the last two years.

Year	Graduates
2008-09	86
2009-10	73
2010-11	88
2011-12	99

4-5. For the FTIAC student, it takes on average four years to complete the degree; for dual enrolled students in an Associate's degree program, it can take up to 6 years to finish the degree. Students who have completed their general education requirements and have transferred into the program from a community college, find it can take up to 2½ years to complete the program. Some students who were unsure of their career direction may take up to 5-6 years to finish the program. Students waiting to get into the clinical degree programs may take up to 6-7 years to finish and often declare a minor in order to maximize their wait time and entry employment potential.

E. ACCESS

1. The HCSA program makes itself available to students by:
 - a. The HCSA website provides relevant information about the program and regular communication and updates through announcements.
 - b. Using FerrisConnect for internships and courses.
 - c. Offering evening courses for our Grand Rapids cohort increases availability to many students who might not have attended FSU if they had to move to Big Rapids.
 - d. Internships are available at unlimited sites and geographic locations.
 - e. Entry into the program in any semester benefits displaced workers or students searching for a new degree.
2. The actions described in #1 above have had the following impact.
 - a. Maintaining/increasing the average enrollment in HCSA program.
 - b. Increased visibility in Grand Rapids and enrollment maintenance.
 - c. Multiple entry points allows a greater number of student opportunities to enroll in the HCSA program. Using Ferris Connect for internships has reduced costs related to printing and postage for students, allows students to see grades more quickly, and facilitates communication between faculty in Grand Rapids and Big Rapids.
 - d. Increased enrollment has impacted the faculty. The advising load is about 100 students per faculty member. Many faculty are also at maximum credit or overload in addition to college and university committee responsibilities. The increased numbers of students also requires more coordination time for internships.
 - e. There are challenges related to scheduling for the high demand computer labs.
3. The action in #1 has had the following impact on the goals of the HCSA program:
 - a. The HCSA program needs to have the full contingent of full-time faculty in order to adequately meet the needs of the program. We will continue to collaborate with the COB for a certificate in health care management as well as more directed studies in long term care along with accreditation. However, until we have the necessary faculty, it limits our growth. We anticipate two new faculty hires for fall of 2013.

F. Curriculum

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

The HCSA program underwent an extensive curriculum review in 2009-10 that resulted in the current curriculum. Regular faculty meetings and surveys of Advisory members, students, and

graduates keeps the curriculum relevant and responsive to industry's needs. The current program curriculum is included below.

Ferris State University/ Health Care Systems Administration Program
Fall 2010 and beyond / 126-7 credit hours required

<u>Professional Requirements- 56 cr. Required</u>				
		Course Title prerequisites shown in ()	Cr.	Grade
HCSA	120	Health Care Administration (CCHS 101 with grade of C or above)	3	
HCSA	202	Health Care Law 1 (CCHS 101with grade of C or above)	3	
MRIS	209	Quality Management in Health Care (MRIS 103 and MRIS 101 or HCSA 120 with grades of C or above) (2+2)	3	
MRIS	221 was HCSA 210	Foundations of Reimbursement (HCSA Students Pre-Requisites: ISYS 105 and CCHS 101 and MRIS 103 with grade of C or above)	3	
CHP	300	Health Information System (Junior Status)	3	
HCSA	310	Health Care Finance 2 (MRIS 221 or MRIS 228, and Acct 201 with grades of C or above) (2+2)	3	
HCSA	336	Health Care Supervisory Practices (CCHS101 with grade of C or above)	4	
HCSA	345	Internship Orientation (Department approval)	1	
HCSA	392	Hospital Internship (HCSA 345 with grade of C or above)	6	
HCSA	225/326/402	Choose one of the following: HCSA 225- International Health Care (CCHS 101with grade of C or above) HCSA 326- Health Care Personnel Practices (HCSA 120 or HCSA 220 with grade of C or above) HCSA 402- Health Care Law 2 (HCSA 202 with grade of C or above) HCSA 461-Nursing Home Administration (HCSA 460 with grade of C or above or approval by the Department.)	3	
HCSA	410	Health Care Finance 3 (HCSA 310 with grade of C or above)	4	
HCSA	460	Principles of Long Term Care (HCSA 120, or HCSA 220, or HCSA 320 with grade of C or above)	3	
HCSA	474	Health Care Strategic Application (HCSA 120 or HCSA 220, or MRIS 122 and MRIS 123, and MRIS 209 and HCSA 310 with grades of C or above) or HCSA 401 with grade of C or better	4	
HCSA	475	Practice Management in Health Care (HCSA 336 and HCSA 410 with grades of C or above)	3	
HCSA	493	Management Internship (Department approval)	10	
<u>Professional Support Requirements -11 cr. Required</u>				
ISYS	105	Microcomputer Applications OR Competency	3	
ISYS	200	Database Applications (ISYS 105 or competency)	3	
ACCT	201	Principles of Accounting 1 (MATH 110 with grade of C- or above or ACT Math score 19)	3	
CHP	317	Public Health	2	
ENGL	321 /323	Advanced Composition OR Proposal Writing	3	
<u>Core Requirements –11 cr. Required</u>				
CCHS	101	Orientation to Health Care	3	

CCHS	102	Safety Issues in Health Care	1	
MRIS	103	Medical Terminology	4	
CCHS	315	Epidemiology and Statistics (Enrollment in CHP)	3	
Communication Competence - 12 cr. Required				
COMM	105/121/ 200/201/ 221/251	Select ONE of the following: Interpersonal Communication, Fundamentals-Public Speaking, Found of Interpersonal Comm, Public Presentation Practice, Small Group Decision Making, OR Argumentation and Debate	3	
ENGL	150	English 1 (ENGL 074, 14 on ACT, 370 on SAT)	3	
ENGL	250	English 2 (ENGL 150 with grade of C- or better)	3	
ENGL	311/325	Advanced Technical Writing OR Advanced Business Writing	3	
Scientific Understanding 7-8 cr. Required				
BIOL	109	Basic Human Anatomy and Physiology	4	
		Select one course from the General Education Scientific Understanding List.	3-4	
Quantitative Skills – 3 cr. Required				
		Math 115 with grade of C- or better or ACT Math subscore of 24	3	
Social Awareness – 9 cr. Required				
		Select 3 courses from the General Education Social Awareness List. Courses must be in at least two different subject areas.		
		Social Awareness Foundation Course	3	
		Social Awareness Elective	3	
		Social Awareness Elective at 200 level or higher	3	
Cultural Enrichment - 9 cr. Required				
		Select 3 courses from the General Education Cultural Enrichment List: One course must be at the 200 level or higher. No more than 5 credit hours in music or theater activities courses.		
		Cultural enrichment elective	3	
		Cultural enrichment elective	3	
		Cultural enrichment elective at 200 level or higher	3	
Electives – 6-7 cr. Required -Related Electives are met for dual enrolled students with their clinical theory courses				
			6	
		FSUS 100 (if required)	1	

_____ One course from Cultural Enrichment or Social Awareness must meet the Global Consciousness requirement)

Outcomes and Assessments

Outcome:

Graduates will communicate effectively to acquire/develop/convey ideas and information to diverse populations.

Assessments:

Faculty members will indicate that students are able to work with others to gain information necessary to perform assigned tasks and deal with conflict while showing respect for diverse opinions and ideas, Employer survey distributed one year following students' graduation, Preceptor evaluation of student at conclusion of practical experience

Outcome:

Graduates will apply previously knowledge to the solution of new problems

Assessments:

Preceptor evaluation of student at the conclusion of the practical experience, Employer survey one year after student's graduation

Outcome:

Graduates will demonstrate ethical and professional behaviors

Assessments:

Evaluation of critical thinking skills applied to resolution of a problem posed by an assignment in HCSA 474, Employer survey distributed one year after students' graduation

Outcome:

Graduates will utilize the knowledge/professional competencies to practice as an entry level practitioner

Assessments: Employer survey distributed one year following students' graduation, Preceptor evaluation of students at the end of HCSA 493

- a. There are two areas where general education courses are directed in the curriculum: BIOL 109 and the choice of either COMM 105, 121, 221, or 251. BIOL 109 is a directed general education course because knowledge of anatomy and physiology is a foundation for many of the professional courses and forms the basis for the understanding of the language of health care. The choice of communications courses is directed because of the College of Health Professions 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 COMM 121, COMM 105 or COMM 221 best met the needs of allied health graduates. Credit will also be given for the COMM 251 as a critical thinking component so necessary in administrative management graduates as determined by the faculty in the curriculum review process. ENGL 311 or 325 are directed as being a necessary part of the higher level writing skills a manager will need.
 - b. There are no hidden prerequisites in the program.
2. The curriculum was revised in 2010. After a thorough faculty review and in consultation with the Advisory committee, several changes were made. An additional finance course was added (HCSA 410), an additional 300 level English course was added beyond the general education requirement, an international health care course (HCSA 225), a specialized course in human resources (HCSA 326), law (HCSA 402), and public health (CAHS 317) were added.
 3. Recently, a specialized course in nursing home administration (HCSA 461) was added to the curriculum as an optional course for those students intending to pursue nursing home administration state licensure. In cooperation with the HIM program, HCSA 210 was discontinued and MRIS 221 will take its place. This change will provide an increase in the student's understanding of coding and its relationship to reimbursements and organizational financing.
 4. Due to the increase in the elderly population over the next few years, the faculty are currently preparing for long term care management accreditation and a certificate in long term care. The possibility of specialized tracks is also being discussed as an opportunity to tailor offerings to meet the needs of industry and the students' desire for greater specialization.

G. Quality of Instruction

1. Based on the various survey results, the program is meeting the needs of students with quality of instruction and preparation for the health care industry. The content is taught at the appropriate level and at a quality that allows our students and graduates to be successful.

493 Intern Evaluation	Target	2008	2009	2010	2011	2012
# of Returns (Yes/No) responses		27	29	42	59	39
#11-Classroom Prepared You for Internship	80%	88%	93%	93%	92%	95%

Current students	Excellent	Good	Acceptable	% Acceptable and above	Below Expectations	Poor
Instruction in program courses is	32%	54%	13%	99%	0	1%

Graduate Survey	Target	2008	2009	2010	2011
# of Returns	50%	9	11	17	37
#25-Recommend FSU-HCSA Program	80%	N/A	73%	82%	80%
#24-Overall Quality of Program Rated Highly	80%	78%	91%	93%	86%

2. Based on the Advisory committee survey and employer surveys, it is apparent that they are satisfied with our graduates and the quality of instruction in the program. Survey results from employers indicate that the students have the necessary skills for the workplace. We continue to address the need for increased critical thinking skills in current courses.

Advisory committee Survey	Excellent	Good
Courses available at convenient times	5	2
Program meets needs of health information community	4	3
Faculty in the program are qualified	6	1
Graduates are in high demand	7	0
Curricula reflective of current health information practice	5	2

Employer Survey	Target	2008	2009	2010	2011
# of Returns		3	14	12	42
B1- Technical Skills	90% rate 4 or 5	100%	93%	100%	91%
A1-Necessary Knowledge	90% rate 4 or 5	100%	100%	100%	88%
C4-Teamwork	90% rate 4 or 5	100%	100%	92%	95%
A4-Critical thinking	90% rate 4 or 5	100%	100%	100%	86%
C2-Professional Conduct	90% rate 4 or 5	100%	93%	100%	90%

3. The HCSA program continues to improve the learning environment. Software applications for coding are updated each semester to stay current with industry standards. Structured Learning Assistance (SLA) sections are offered for medical terminology and biology courses. Student participation in these has helped to enhance the student knowledge and grades in these courses. Cerner is a new electronic health record system that is currently used in many hospitals in the United States and now available to students. Information for the program including well developed patient charts still needs to be loaded though as they weren't provided in the package purchased by the university. The program has increased the number of on-line offerings and hybrid offerings to students.

4. The faculty have attended a variety of Faculty Center for Teaching and Learning (FCTL) courses including workshops on “Blackboard” and “Quality Matters”. Each faculty member enhances their skills and knowledge for specific classes by attendance at professional seminars, conferences or membership in professional organizations.
5. Efforts to increase interaction between students and faculty include involvement in the RSO- HCMA and participation at the annual banquet of HCMA members and faculty. Students have also attended and participated in service learning and projects. Faculty and students have participated in community service projects through HCMA.
6. With the ongoing faculty review of TracDat, faculty are continuously analyzing current practices and updating or revising them based on outcomes and faculty discussion and input. Faculty maintain a strong presence at FCTL events in order to learn and employ new technologies and best practices. The college has a close relationship with the library liaison and she provides regular updates on new information. She also holds regular hours one day each week in VFS 327 for assistance to students.
7. The quality of teaching continuously improves as new faculty learn from the current faculty or from the FCTL community. Having the most current software programs and the use of 16 weeks of internship provide students a relevant and timely experience. Data provided through multiple surveys point to the benefits of the current strategies used to enhance student outcomes.

H. Composition and Quality of Faculty

1. Tenured and Tenure-Track Faculty
 - a. Marie Sickelsteel, MS, RHCSA, Associate Professor, Clinical Coordinator
Steve Karnes, LNHA, MHA; Assistant Professor, Faculty Member
Julie Ward, MSA, Assistant Professor, Faculty Member
Mark Hutchinson, MHA, Tenure Track Faculty
 - b. Julie Ward and Steve Karnes received tenure in 2013.
Mark Hutchinson began a doctoral program in Public Health in 2013.
 - c. Refer to Appendix A 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 may also teach at the Grand Rapids campus. Program faculty regularly accept overload nearly every semester.
 - b. The HCSA program coordinator receives 25% release time per semester. The internship coordinator receives release time based on the number of internship sites and students planning their internship for the next semester for both the HCSA and HIM program internships.
3. Recruitment
 - a. Faculty members are recruited using procedures approved by the university. The program is currently in the process of selecting two new tenure-track faculty this year.
 - b. New faculty are now required to have a Doctoral Degree in health administration, business or related field with prior work experience in health care supervision or management and previous teaching in education. The doctoral degree must be conferred to stand for tenure.
 - c. The University guidelines are followed and efforts are made to attract candidates of all ethnicities

as our core values reflect.

d. We strive to hire the most qualified candidate.

4. Orientation of New Faculty

a. A new faculty member is expected to attend the FCTL New Faculty Transition program. Members of the HCSA faculty team assist the new faculty. The program coordinator regularly checks on new faculty.

5. Reward Structure

- a. In addition to salary, the faculty may apply for the CHP Faculty Professional Development Grant of \$400-600 to help with expenses related to professional advancement activities. There are no eligibility criteria, although faculty are required to apply through the CHP. There are Timme funds available for faculty members that can be used for conferences. The University offers incentives for attendance at some of the Faculty Center for Teaching and Learning (FCTL) courses.
- b. HCSA faculty may receive Market Adjustment dollars each year to align with comparable faculty pay at other higher education institutions. It can be difficult to attract qualified adjunct faculty because of the geographic obstacles to in-seat instruction.
- c. The reward structure to support faculty productivity in teaching is in place. Many faculty members routinely accept overloads. Faculty members are active in college and university committees. Research grants are available for faculty interested in research or service. There is no reward structure in place for enhancing diversity and inclusion. The promotion and merit process requires much documentation from the faculty member who is applying, however it is changing in the future. Currently there is no reward system in place for course development or transition of a course from face to face to on-line. This creates an extra uncompensated burden on faculty already on overload. With almost 100 advisees each, faculty have difficulty with professional development opportunities or comprehensive course revisions.
- d. Enhancing diversity is not a component of the reward structure.

6. Graduate Instruction

a. There are no graduate courses in the HCSA program at this time.

7. Non-Tenure Track Faculty and Adjunct Faculty

- a. Terry Harper, BSN, CRRN, MSCTE, Program Coordinator, 3 yr. FT-Temp (14 years at FSU)
Janna Baxter, RHIA; faculty member at Grand Rapids campus; year to year contract
Paula Koning, MM, RHIA; faculty member at Grand Rapids campus; year to year contract
Jennifer K. Riggs, BS, Adjunct
Sherri L. Thrasher Divelbiss, JD, Adjunct
Richard D. Kline, MS, Adjunct
Ranelle L. Brew, Ed.D., Adjunct
- b. The college has been able to retain the program coordinator due to the 3 year contract and competitive wage. We have had good success with maintaining adjunct that are working in industry and see this as an opportunity to broaden their experience despite the low wages. The only courses not taught by adjunct are HCSA 210, 410, 461, 345, 474, and MRIS 209. Due to the high number of interns each semester, adjunct faculty are needed to cover regular course loads. The anticipation is that the two new faculty to be hired this year will decrease the need for as many adjunct to teach courses.
- c. The required qualifications for adjunct faculty are a Bachelor of Science degree in Health Administration or other related program. We have been fortunate to have many qualified adjunct faculty with advanced degrees.

- d. As noted above, the use of adjunct faculty has been needed due to lack of full-time faculty. The anticipation is that the two new faculty to be hired this year will decrease the need for as many adjunct to teach courses.
- e. The program is not accredited at this time.

I. ASSESSMENT AND EVALUATION

1. List and describe student learning outcomes at the course level.
The course syllabi include the student learning outcomes for the course as listed in the Form E for each course. We have been using and reporting the learning outcomes for each professional course at the end of each semester in TracDat. When problems meeting outcomes have been identified, related course content and assessment methods have been revised. (See the PDF attachments)
2. Program learning outcomes are reviewed yearly. Revisions were made to two of the assessment methods since adoption in 2010.
The HCSA program outcomes are:
 - Graduates will apply previously learned knowledge to the solution of new problems - Assessment/Problem-based Assignment in HCSA 474 and the employer survey
 - Graduates will utilize the knowledge/professional competencies to practice as an entry-level practitioner – Assessment/Employer surveys and internship evaluations
 - Graduates will communicate to acquire/develop/convey ideas and information to diverse populations – Assessment/internship evaluation, employer survey, and HCSA 474 presentation project
 - Graduates will demonstrate professional and ethical behaviors – Assessment/ Employer and internship evaluation
3. The program outcomes correlate with the course outcomes. Both are evaluated yearly.
(See the PDF attachments)
4. Learning outcomes at the course level are measured via course assignments, projects and testing and then documented in TracDat. Each year these outcomes are reviewed during faculty meetings and revised if necessary. We are confident that the measures are valid.
5. Learning outcomes at the program level are measured via employer and internship surveys as well as HCSA 474 projects or presentations. Each year these outcomes are reviewed during faculty meetings and revised for improvement if necessary. We are confident that the measures are valid.
6. The assessment and survey data is used to revise learning outcomes, assessment methods, and best practice methods for course content. Recently faculty reviewed outcomes and assessment methods for HCSA 474 with changes resulting in order to better provide the appropriate content and rigor expected of the graduate. An initiative project was changed to a strategic plan for a health care facility or organization.
7. The HCSA program surveys graduating students, current students, employers, and the Advisory Committee to assess the appropriateness of the program. All of the criteria already discussed assists the faculty in recognizing the successes or deficiencies in the program. Actions are taken to improve

outcomes when needed. Results of the surveys can be found in Appendix D-Survey Instruments (p.150-167). These surveys show that graduates of the HCSA program have had and continue to have successful careers.

8-10. Trend data reflect the faculty commitment to quality improvement. Measures have been changed in the last two years in order to set reasonable and achievable targets. Methods of assessment have changed in the last two years in order to enhance instruction as well as rigor in the courses and improve outcomes.

J. SERVICE TO NON-MAJORS

- a. There are no general education courses provided by HCSA faculty for other departments at Ferris.
- b. The following courses are used by other programs in the CHP and in the COB: HCSA 120, 202, 210, 310, 336, 225, 326, 460, 410, 402, and 475. Unfortunately, the program did not have any input in the courses chosen for the BAHS degree, the degree that utilizes the most courses in the curriculum. Discussions with the COB resulted in courses being used that were not recommended by the HCSA faculty. Other programs within the CHP have collaborated well with the program faculty in discussing and implementing courses they need.
- c. The impact of General Education and non-General Education courses on the program is significant only when it comes to transfer students and their credits. In light of costs for degree completion, it would serve the program well to have greater flexibility in granting transfer credits to courses that closely meet the general credit criteria. The program strives to provide as many credits as possible for the transfer student in order to decrease total costs to degree.
- d. The HCSA program plans to maintain the level of service courses that are taught by HCSA faculty, however, we have asked that the face to face courses for the BAHS degree be eliminated from the curriculum as that degree is designed as an on-line bachelor completion degree.

K. DEGREE PROGRAM COST AND PRODUCTIVITY DATA

Productivity Report Aggregated by Course Prefix (HCSA)

Year	Student Credit Hours				Full-Time Equated Faculty				SCH per Full-Time Equated Faculty			
	Summer	Fall	Spring	F + Sp	Summer	Fall	Spring	Avg F + Sp	Summer	Fall	Spring	F + Sp
2007-2008	929.00	1635.00	2024.00	3659.00	3.37	5.56	6.31	5.94	276.08	293.99	320.76	616.43
2008-2009	906.00	1914.00	2050.00	3964.00	4.01	6.53	6.17	6.35	225.68	293.17	332.03	624.12
2009-2010	1259.00	1945.00	2405.00	4350.00	6.28	6.80	8.78	7.79	200.34	286.17	273.97	558.58
2010-2011	1611.00	2390.00	2657.00	5047.00	9.58	10.38	9.26	9.82	168.19	230.19	286.96	513.90
2011-2012	1478.00	2210.00	2325.00	4535.00	6.17	7.98	9.59	8.78	239.36	277.01	242.40	516.23

Source: FSU Productivity Report

Degree Program Costing 2009 -2010

	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
HCSA	\$121.23	\$36.30	\$17.68	\$175.21	\$15,154.00	\$4,537.50	\$2,209.56	\$21,901.15

Source: Office of Institutional Research

For 2011-12, the HCSA program generated on average 61.72 more SCH per FTEF than the average across all programs for the University. Only the COB and CAS had greater SCH/FTEF than the HCSA program. The HCSA program generated on average 24.8 more SCH per FTEF than the average across all programs for the CHP. Within the department, only the Respiratory program and the Core (which has since been moved to the Dental Hygiene and Medical Imaging department) had more SCH/FTEF. Because this program doesn't require expensive equipment other than computers and software updates, costs are kept low.

L. Administration Effectiveness

1. Adequacy of administrative and clerical support:

Since March, 2009, our department head has been Dr. Gregory Zimmerman. He is supportive of the HCSA program. He works with the program faculty on issues of concern. He regularly attends our program meetings.

We share a secretary with four other programs. Nancy Alles is very efficient and is always willing to provide clerical support to the department. She willingly addresses student concerns and questions. She directs students to the appropriate faculty member or program coordinator when necessary.

The secretarial support in our Student Affairs office is able to meet the needs of the college. The CHP has a counselor who provides academic and career counseling for prospective and current CHP students. The academic advisor also works with prospective and current CHP students. CHP recently hired a second academic advisor. These advisors also talk to FSUS 100 classes about the HCSA program.

2. Efficiency of the program/department:

Terry Harper performs her duties as program coordinator efficiently. Regular program meetings are conducted through AdobeConnect to allow the off-campus faculty to participate. Minutes of the meetings are sent to faculty via email. The program faculty work well together and communicate on a regular basis via the faculty website. Students are provided information about the program via the Program website. Every new student is enrolled by Terry Harper in this website on admission to the program. The program coordinator utilizes the TracDat system for continuous quality improvement.

3. Class and teaching schedule preparation:

The department head prepares the class schedule with input from the program coordinator and faculty. This process has worked well.

4. Students' ability to take courses in a timely manner: As evidenced by the current students' responses in the survey, students occasionally have difficulty enrolling in all of the courses they would like each semester and must request that the faculty allow overload in sections. Grand Rapids students find that their options for courses are limited each semester. Sections in Grand Rapids may be discontinued because of low enrollment. We continue to explore options with Katie Laier, the off-campus advisor, who works directly with students and registers them for their classes in order to keep them on track. Students have repeatedly voiced their complaint that the system for on-line enrollment is not equitable. Students on campus believe that since they pay the same amount per

credit hour, they should be allowed to enroll in on-line classes at the same time as off campus students. Some have attempted to become off campus students in order to become eligible for the earlier registration for on-line courses.

	Excellent	Good	Acceptable	% Acceptable and above	Below Expectations	Poor
Courses available at convenient times	23%	34%	30%	87%	9%	4%
On-line courses designed to meet student needs. (3 did not respond)	32%	27%	32%	91%	7%	2%

Section 4: Facilities and Equipment

A. Instructional Environment

HCSA Faculty Perceptions of Program 2013

Rating Scale: 5=Excellent B=Good C=Acceptable D=Below Expectations E=Poor
Results based on 4 Tenure Track, 1 Part Time, and 2 Full Time Faculty in Grand Rapids

	Excellent	Good	Acceptable	% Acceptable and above	Below Expect	Poor
Lab space for program	0	2	4	86%	1	0
Lab equipment for program	0	1	4	71%	2	0

HCSA Student Perceptions of Program 2013 Respondents: 56 HCSA Students

A= Excellent B = Good C=Acceptable D=Below Expectations E=Poor

	Excellent	Good	Acceptable	% Acceptable and above	Below Expectations	Poor
There are enough supplies and/or equipment to use during classroom/lab sessions (2 did not respond)	34%	54%	11%	98%	2%	0

1 – 2. The current classrooms, labs and technology are adequate but with the following concerns:

- a. The data above provides evidence that while students believe the instructional environment to be satisfactory, the faculty have concerns with the present structure. There are two computer labs in the college that are shared between the HIM and HCSA programs as well as for advising purposes. One of them is not ideal for instruction because it lacks a document camera (VFS 327) and enough table space for students to do work. VFS 327 is not suitable for group work, taking notes, or being able to reference texts while taking notes during discussion. It often has too few computers for the size of classes that we have today even when we want to use it simply as a lab.
 - b. The other computer lab (VFS 419) occupies 300 square feet of space. The lab has tables that are used as student desks. The tables will accommodate 34 students. This lab has 23 computers, 22 for students and one for classroom instruction. There are times when there are not enough computers and we have to ask students to bring in their laptops. There are times when not all the computers are working properly.
 - c. At the Grand Rapids campus, the computer lab configuration is not the most conducive for teaching as it provides the instructor's computer in the back of the class rather than the front with the screen. At times, it is difficult to schedule classrooms to accommodate the number of classes that we need to offer each semester. Quite often, class size is limited in Grand Rapids due to rooms that are available. 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.
- 2) Temperature control in some rooms leaves them too cold or hot for comfort. These are primarily VFS 419 and VFS 420.
 - 3) With the growth of our program as well as the college, we have had to use classrooms in other colleges on campus. Not all of the classrooms assigned in other colleges are smart classroom equipped.
 - 4) Currently there are no new plans for renovating any classrooms or adding new technology in the CHP.

B. COMPUTER ACCESS AND AVAILABILITY

1. As stated above, HCSA has a computer lab that can be used by faculty and students. The computers have the Microsoft Office suite which allows them to use Word, Excel, Access, 3M Coding software, Cerner EMR, and PowerPoint.
2. For the past few years, the computer lab has been used for classes that require the use of computers along with lecture. These are primarily classes in health care finance, quality management and planning, making use of the Word, Excel, Access, 3M Coding software, Cerner EMR, and PowerPoint software programs. VFS 327 is shared with the Dean's office advisors, library liaison as well as other programs for advising or instruction.
3. As health care management uses technology increasingly to assess, budget, plan and control, we will need more classrooms where students can practice using technology. We also need the Cerner software to include populated patient charts, as that component was not provided with the package installed.
4. There are no new plans for improvement in technologies in the college.
5. We currently use Ferris Connect for our on-line courses. Ferris Connect is also used to communicate,

deliver documents, administer tests, and provide the students with their grades. Most students are comfortable with using Ferris Connect. Two faculty members have completed “Quality Matters” training.

6. We are fortunate to have very supportive assistance through TAC now reassigned back in our college building. When there are computer problems, TAC responds in a timely manner. The computer technicians are very helpful.

B. OTHER INSTRUCTIONAL TECHNOLOGY

- 1-5. The HCSA program does not require other types of instructional technology resources.

C. LIBRARY SOURCES

1. The print and electronic resources available through FLITE are adequate to meet the needs of the HCSA program students. The College of Health Professions librarian, Alison Konieczny, has a good relationship with HCSA faculty and students. She comes to the CHP at least once a week to meet with students.
2. The service and instruction that is provided by FLITE faculty and staff meet the needs of the program.
3. The budget allocation provided by FLITE is adequate to meet our needs. The College of Health Professions librarian regularly asks for input from faculty in regard to book purchases for the library.

Section 5 - Conclusions

A. Relationship to FSU Mission

“Ferris State University prepares students for successful careers, responsible citizenship, and lifelong learning. Through its many partnerships and its career-oriented, broad-based education, Ferris serves our rapidly changing global economy and society”.

The HCSA program at Ferris State University helps to enhance the mission of the university by offering varied internship experiences across the nation and globally, thereby providing the most current preparation for students in their field of choice. We offer one of the most comprehensive BS degrees in HCSA in the entire state of Michigan with our extensive curriculum, on-campus training with laboratory activities, and sixteen weeks of internship. Graduates of the program are employable in a variety of health care settings and a majority of them have found work within a year. Eighty percent of the graduates would recommend the program to others. Graduates are also pursuing Master’s degrees. The introduction of more on-line or mixed delivery courses provides students with greater flexibility in meeting the competing demands of school, work, and family.

B. Program Visibility and Distinctiveness

Our program will allow a student to begin with a clinical degree and then dual enroll with the HCSA degree. Our degree provides the most rigorous internships along with content in long term care and finance that exceeds what other programs in the state have to offer. Our decision to complete the NAB accreditation for Long Term Care will set us apart from all other programs in the state in that growing sector of practice. Our presence in Grand Rapids provides visibility in that area and our night course offerings helps meet the demands of working students. Regular participation in recruitment events as well as community service events increases the visibility of the program in the community.

C. Program Value

The HCSA program at Ferris State University prepares a large number of health care administration professionals practicing in varied health care settings throughout the state and country. With the continued growth of health care expected as more people become insured due to the passage of the Affordable Care Act, and the increase in the elderly population with their corresponding health needs, health care administrators are in demand. Survey results indicate that the current students and graduates are satisfied with the value of the program. Average wages for graduates exceed the national average. Employers, internship site coordinators, and the Advisory committee members all rate the program courses and internships highly.

D. Enrollment

Enrollment for the program has decreased from a high in 2010. There seems to be evidence that this may be partly due to the addition of the BAHS program as an option for the Associate clinical degree students in the CHP. A disadvantage of the program is that not all courses are available on-line, however faculty have made all courses not on-line available in a mixed delivery method in order to allow more flexibility for working students. Open enrollment in the program provides a steady stream of students, however it also creates a challenge in providing enough course section offerings each semester to meet demand with limited faculty available at this time. With the expectation of two new faculty for fall of 2013, the program will be better able to address the increased need for section offerings on and off campus. The proposed Certificate in Long Term Care and the accredited Long Term Care degree will enhance the program offerings and increase enrollment.

E. Characteristics, Quality and Employability of Students

The HCSA program is primarily composed of Caucasian females, with an average age of twenty four, enrolled full-time and from Michigan. We have a small contingent of Saudi Arabia students. We need to develop a strategy for increasing diversity in the program. We do have one-third of our students in the program part-time and typically these are non-traditional students in the Grand Rapids area. Students average a GPA of over 3.0 and average ACT scores over 20 which provides for long term success in program completion. Changes in the progression policy, increased rigor in courses, and the newly required graduation GPA of 2.25 are assuring that students will be well prepared for their first entry level job.

Job opportunities in health care administration are expected to grow by 20% between 2010 -2020, according to the Bureau of Labor Statistics and are listed in the top ten of the fastest growing allied health careers by healthdegrees.com and allhealth care.monster.com to name a few. Graduates with an HCSA degree can find employment in a variety of settings in the health care industry offering the diversity in career placement that many desire.

F. Quality of Curriculum and Instruction

Surveys of students, graduates, and employers of graduates indicate that the content of the curriculum is appropriate for positions in health care administration. Faculty regularly review the course offerings with data from surveys, TracDat, and Advisory committee meetings in order to make improvements. Our graduates are prepared to work in entry level HCSA positions.

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

The faculty attend professional meetings to help maintain curriculum relevance and funding is available for that purpose.

G. Composition and Quality of Faculty

Program faculty come from the health industry with several having executive administration experience. Some have reviewed text books and all are active in a variety of professional organizations. The faculty serve on the CHP and university-wide committees and task forces.

Since the last APR, we have hired one faculty member and are in the process of hiring two more. As enrollment increases, the need for a stable faculty line is essential as faculty continue to teach with an overload schedule. Faculty attend continuing education activities and participate in community events.

H. Academic Program Review Process

The HCSA faculty appreciates the opportunity to participate in the Academic Program Review process. We believe in the regular process of review to keep the University Senate apprised of the program's quality and effectiveness and for continuous quality improvement purposes.

The program faculty believe that the HCSA program is an essential offering in the CHP because:

1. National data supports the growing need for health care managers into the future.
2. Passage of the Affordable Care Act and the increased number of insured individuals supports the need for more health care managers.
3. Survey data from stakeholders supports the value and excellent quality of the program.
4. The pursuit of the National Association of Long Term Care Boards accreditation and creation of the Bachelor's degree and Certificate in Long Term Care Management will set us apart from our competition and create increased demand for the degree.
5. Dual-enrollment will continue to provide a steady stream of students for enrollment.

Appendix A

Tenure and Tenure-Track Faculty Curricula Vitae

Curriculum Vita

MARIE J SICKELSTEEL, MS RHCSA

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

EXPERIENCE: Associate Professor, Health Management Program, 1974-present
Internship Coordinator, Ferris State University, Big Rapids MI

- *Instruction in both Associate Degree and Bachelor's Degree medical records and Bachelor's 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: College of Health Professions, Ferris State University

- 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 & Merit, Sabbatical Leave, Tenure, Faculty Enrichment) 1999– 2011
- College of Health Professions Reorganization Task Force, Chair 1999-2000

University

	<ul style="list-style-type: none"> • Quality Improvement 2000+ member 2002-2003 • Curriculum Development & Approval Task Force member 1999-2000 	
<i>AWARDS:</i>	Distinguished Member Award, Michigan Health Information Mgt. Assoc	2003
	Honorary Member, Southwest Michigan Health Information Mgt. Assoc.	2001
<i>PROFESSIONAL AFFILIATIONS:</i>	American Health Information Mgt. Assoc.	
	Michigan Health Information Mgt. Assoc.	
	<ul style="list-style-type: none"> • PAST PRESIDENT 1990-91 • PRESIDENT 1989-90 • PRESIDENT ELECT 1988-89 • VICE PRESIDENT 1984-85 • CODING PANEL MEMBER 1988-95 • MHCSAA DELEGATE 1989-93 	
		1980-84
		1977-78
	<ul style="list-style-type: none"> • 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	
<i>PRESENTATIONS:</i>	Coding Roundtables, Facilitator	
	Coding Workshops	
	Medical Record Review Workshops for registration candidates	1976-2000
<i>ELECTED OFFICE:</i>	School Board Member, President, Tri County Areas Schools, MI	1989 - 2005
<i>COMMUNITY ACTIVITIES:</i>	Alzheimer's Association, West Michigan Chapter	1996-2005

JULIE ANN WARD

**1048 Pueblo Pass
Weidman, MI 48893
(989) 621-6714**

HIGHER EDUCATION:

Central Michigan University
Mt. Pleasant, Michigan
Master of Science in Administration Degree-1998
Health Services Administration Concentration

Ferris State University
Big Rapids, Michigan
Bachelor of Science Degree-1992
Health Systems Management

Ferris State University
Big Rapids, Michigan
Associates of Applied Science Degree-1979
Dental Assisting

EMPLOYMENT:

August 2008-
Present

Ferris State University
Big Rapids, Michigan
Assistant Professor
Health Care Systems Administration
Courses taught: Personnel Practices in Health care, Legal Aspects of Health Care, Health Care Administration, Computers in Health Care, Health Care Supervision and Orientation to Health Care, Health Care Law 2

Professional Accomplishments:

- Course Development
- Lead instructor
- Design and implementation of Service Learning
- Secured \$1,500 grant for Service Learning Project
- Raised money for Cardiac Care Unit at Mecosta County Medical Center through Service Learning Project
- Health Care Management Association faculty advisor
- Participated in major curriculum revision

June 1996 -
July 2008

Central Michigan Community Hospital
Mt. Pleasant, Michigan

Vice President, Human Resources

(Title changes include Interim Manager, Interim Director, Director and Administrator– all top HR Position)

Responsible for all areas of Human Resources including Employment, Labor Relations, Recruitment, Retention, Physician Recruitment, Training and Development, Employee Health, Volunteer Services, Compensation and Benefits, Workers Compensation. Also responsible for Volunteer Services, Infection Control and Service Excellence.

Professional Accomplishments:

- Integral part of financial turn around of CMCH in 2002
- Moved workers comp to self-funded model resulting in savings of over \$100,000 per annum
- Developed workers comp program returning employees to work with restrictions, reducing claims by \$400,000 in one year
- Responsible for Model Loss Control Program for Workers Comp saving Hospital over \$20,000 per annum in premiums
- Developed Back Safety Program
- Responsible for Infection Control and oversight for reducing needle sticks by 90%
- Responsible for administering all areas of Human Resources at multiple sites including physician practices
- Initiated request for proposal on many benefits and implemented changes
- Successfully negotiated 9 union contracts using both traditional and target specific bargaining for substantial savings to the hospital
- Responsible for bringing acquired physician practices into the system
- Developed benefit design for physician practices
- Project coordinator of campus-wide Tobacco Free Initiative
- Converted Time and Attendance system to be completely automated; coordinating all off-site locations, training for 750 employees
- Completed several J-1 visa waivers for physicians
- Negotiated physician employment and income guarantee contracts
- Successfully defended unit clarification against the hospital
- Lead person in closure of Psychiatric Unit and Employed Ambulance Service
- Lead person in Physician Divestiture
- Lead person from CMCH on recruitment issues working with Spectrum Health on Cardiology
- Reduced vacancy rate from 19% in nursing to less than 1%
- Reduced vacancy rate for entire hospital to less than 1%
- Implemented Employee Satisfaction surveys
- Involved in Patient Satisfaction Initiatives

Fall Semester 2004-
Fall Semester 2007

Central Michigan University
Mt. Pleasant, Michigan
Adjunct Faculty Member
Health Care Administration

April 1994 -
June 1996

Central Michigan Community Hospital
Mt. Pleasant, Michigan
Human Resources Assistant/Employment Coordinator

December 1993 -
April 1994

Isabella County Medical Care Facility
Mt. Pleasant, Michigan
Risk Management Coordinator-Temporary Position

August 1992 -
February 1993

Central Michigan University
Mt. Pleasant, Michigan
Academic Advising
Temporary Secretary/Receptionist

February 1992 -
May 1992

Central Michigan Community Hospital
Mt. Pleasant, Michigan
Infection Control/Employee Health
Student Intern

September 1982 -
August 1990

Tad Richards, D.D.S.
Mt. Pleasant, Michigan
Chairside Dental Assistant

OTHER PROFESSIONAL EXPERIENCES:

1996 to 2005

Member of the Michigan Hospital Association
Workers Compensation Board of Trustees
During time on Board a Cayman Captive was developed and a Loss Portfolio Buyout occurred

2001 to 2002

Member of the Hospice of Central Michigan Board
of Directors

1996 to 2008

Ferris State University Health Care Systems
Administration Board Member

AWARDS/CERTIFICATES:

2005

"Most Appreciated"
Elected by the CMCH Management Staff

2006

"Preceptor of the Year"

Elected by Central Michigan University,
College of Health Professions

Steven D. Karnes

4835 Tyler Oaks
Hudsonville, Michigan 49426
231-591-2251 (W) (616) 662-0925 (H)
Karness1@ferris.edu

Education

University of Minnesota, School of Public Health

Minneapolis, Minnesota

Master of Health Care Administration, Graduated 1991

Bethel College

St. Paul, Minnesota

Bachelor Degree in History, Graduated 1975

Professional Experience

Ferris State University

Big Rapids, Michigan

Assistant Professor, August 2008 to present

Spring Arbor College

Adjunct Professor of Health Care Administration

Taught: Accounting, Health Care Administration and Ethics, August 1997 to April 2000

Health Care Executive Director/Administrator for various organizations in Michigan, North Dakota, Wisconsin and Kansas, June, 1977 to August 2008

Organizational Activity

Ferris State University

Chair of College of Health Professions curriculum committee.

Member of Ferris State University curriculum committee

Member of Timme Grant committee

Aging Services of Michigan

Former member of Board of Directors

Member of Continuing Education Committee

Past Co-chair of the task force on Quality Improvement

Past co-chair of the Council on Continuing Care Policy

American College of Health Care Administrators

Member

Teaching Activity

I have taught classes in long term care, health care finance, managed care, nursing home administration and health care administration

Scholarship Activity

I wrote a problem based learning paper which was published in the refereed website for problem based learning at the University of Delaware (<https://primus.nss.udel.edu/Pbl/>)

I reviewed the manuscript for "Introduction to Health Care Finance and Accounting" by Carlene Harrison and William p. Harrison for Delmar Cengage learning. The book is now published with my name listed as one of the book's reviewers.

I have spoken at various conferences including the last two annual meetings of Aging Services of Michigan on the topics of Aging and Management.

Service Activity

Chair of the college curriculum committee

Member of the University curriculum committee

Member of the Timme Travel Grant committee

Steven D. Karnes

4835 Tyler Oaks
Hudsonville, Michigan 49426
231-591-2251 (W) (616) 662-0925 (H)
Karness1@ferris.edu

Education

Graduated 1991 **University of Minnesota, School of Public Health**
Minneapolis, Minnesota

Master of Health Care Administration

Graduated 1975 **Bethel College**
St. Paul, Minnesota

Bachelor Degree in History

Professional Experience

August 2008 to
present **Ferris State University**
Big Rapids, Michigan

Assistant Professor

April 2002 to
August 2008 *Grand Rapids, Michigan*

Executive Director

Covenant Village is a new continuing care retirement community presently consisting of 188 residential living apartments which were completed in October of 2006, 37 beds of skilled nursing completed in August of 2004 and 63 units of assisted living completed in 2001.

January, 1994 to
April 2002 **Sunset Manor and Village**
Jenison, Michigan

Administrator of the Manor and Village

The Manor is a 166 unit HFA offering four levels of care with a 19 bed dementia wing.

The Village consists of 167 independent housing units with a 54 unit addition that was completed in January of 2002.

January 1995 to
2002

Spring Arbor College

Grand Rapids, Michigan

Adjunct Professor of Health Care Administration

Taught: Accounting, Health Care Administration and Ethics

March 1992 to
January 1995

Baywood Nursing Home

Ludington, Michigan

Nursing Home Administrator

April, 1986 to March,
1992

Elim Nursing Home

Nursing Home Administrator

June, 1977 to
April, 1986

Ev Luther Good Samaritan Society

Sioux Falls, South Dakota

Worked as a nursing home administrator for the Good Samaritan Society in the following locations:

St. Croix Valley Good Samaritan Center in St. Croix Falls, Wisconsin

Ellis Good Samaritan Center in Ellis, Kansas

Noonan Good Samaritan Center in Noonan, North Dakota

Organizations

Ferris State University

Chair of College of Allied Health Sciences curriculum committee.

Member of Ferris State University curriculum committee

Member of Timme Grant committee

Michigan Association of Homes and Services for the Aging

Former member of Board of Directors of the Michigan Association of Homes and Services for the Aging

Member of Continuing Education Committee

Past Co-chair of the task force on Quality Improvement

Past co-chair of the Council on Continuing Care Policy

MARK HUTCHINSON, M.P.A.

12141 Newcosta Ave
Sand Lake, Michigan 49343
Markhutch@hotmail.com
(616) 557-3106

CURRENT POSITION

Assistant professor for the Health Care Administration Program, Ferris State University

EDUCATION

Candidate for Doctoral in Public Health – Health Advocacy and Leadership from Capella University, Minneapolis, Minnesota,

Master's in Public Administration, Health care Concentration December 2002,

from Western Michigan University, Kalamazoo, Michigan, 3.75 GPA.

Honors: Member of PI ALPHA ALPHA - Public Affairs and Administration National Honorary Society.

Licensed Nursing Home Administrator, State of Michigan, October 1994.

Bachelors of Science degree in Health Care Systems Administration, May 1994, from Ferris State University, Big Rapids, Michigan, 3.62 GPA.

Minor in Speech Communication, July 1993.

Activities: Member of Health Care Systems Administration Student Association for two years and served as president one year.

Honors: Dean's List (5 terms, 2 semesters)
National Dean's List 1990/1991
Awarded Mike Schirra Program Scholarship 1993
Awarded 1993/1994 Health Care Systems Administration Outstanding Senior Award

WORK HISTORY Ferris State University, Big Rapids, Michigan 08/12 to present

Assistant Professor: Serve as an assistant professor for the Health Care Administration Program offered by the university. Have taught face-to-face, mixed delivery and on-line courses at all levels of the undergraduate program. Courses taught include: Finance 210 and 410, Quality Management in Health Care and Strategic Planning and Promotion.

Spectrum Health Medical Group, Grand Rapids, MI 05/11 – 08/12

Quality Improvement Specialist 3:

Provided quality support to the Medical Specialties Department. Worked with providers on process improvements, measure development, and patient experience. Assisted with the department implementation of Meaningful Use project. Also served as the project facilitator for the Medical Group's Episode of Care Projects. Served as project manager the Medical Group's Anti-Coagulation Clinic project. Managed the project from start to implementation of two the pilot sites.

Spectrum Health United Memorial, Greenville, MI 01/07 – 05/11

Director of
Clinical Excellence /

Lead and directed the System-Wide Clinical Quality Program, including disease Manager Clinical and outcomes management; patient safety; infection control; and accreditation

Reporting:

and regulatory affairs. Coordinated an integrated, inter-disciplinary quality structure that enabled effective improvement initiatives; developed standards of practice and evidence based protocols using national best practices; achieved desired targeted goals and measurable outcomes; oversaw data collection, analysis, benchmarking, reporting and education functions; directs quality teams and system-wide quality initiatives; utilizes dashboards and report cards; and interfaced with the community and system. Served as chair of the Spectrum Health's Regional Health Network Quality Committee, and Vice President of the Michigan Critical Access Hospital Network. As Manager of Clinical Reporting oversaw the dashboard production for the hospitals and taught patient safety education to staff.

Saint Mary's Health Care, Grand Rapids, Michigan 8/03 – 12/06

Senior
Planning Consultant:

Worked in the Strategic Advancement Department assisting in the implementation of the strategic initiatives that have been developed by the hospital. Duties included coordinating Certificate of Need applications and committee work, generation of market information from the Michigan Inpatient Data Base and other data sources, completion of hospital surveys, serving on variety of internal and external committees. Also assisted in the development of business plans for services such as lithotripsy and an outpatient facility.

Ferris State University, Grand Rapids, Michigan 1/04 – 7/12

Adjunct Faculty:

Served as an adjunct professor for the Health Care Administration Program offered by the university. Have taught face-to-face and on-line courses at all levels of the undergraduate program. Courses taught include: Managed Care, Health Care Administration, Computers in Health Care, Strategic Planning and Promotion, and Orientation to Health Care.

District #10 Health Department, Baldwin, Michigan 5/95 - 1/03

Rural Health Planner:

Coordinated the Community Health Assessment and Improvement Projects for Lake, Mason, Newaygo and Oceana Counties. Wrote grants and collected statistics for the department.

Duties

included: overseeing the daily operations of the projects, facilitated meetings, retreats, community outreach, collected and prepared statistics for reports, prepared agendas and

minutes

for meetings, served on various community efforts, and fostered collaboration between local public and other health and human service providers.

Rehab Specialists, Grand Rapids, Michigan 9/94 - 5/95

Accounts Receivable:

Duties include inpatient and outpatient billing, working with aged accounts, answering phones, and a variety of office support for a five-physician practice.

ACHIEVEMENTS

February, 1996-	Panel presenter on the Rural Health Project at the Michigan Hospital Associations Small Hospital Conference at Shanty Creek
1996 to present-	Appointed to and continue to serve on the Program Advisory committee for the Health Care Systems Administration Program at FSU
November, 1997-	Featured in an article in the "Rural Health" section of <i>Successful Farming</i> Magazine for coordinating a health screening for farmers
1998 - 2002-	Played a leading role in getting a kidney dialysis unit in Fremont
June, 1998-	Completed Check Points Program, a course in client-centered, outcome based evaluation
1999 to 2002-	Developed and printed "Reports to the Community" a health statistic booklet for the counties served by District Health Department #10
May, 2001-	Completed Leadership in Newaygo County (LINC) comprehensive leadership series
2001 to 2003-	Former chair of the Newaygo County MSU Extension Advisory Board Wrote two grants and received funding to purchase two mini-vans to provide transportation for health department clients
2001- 2002-	Played a leading role in securing funding for fluoride mouth rinse program for Newaygo County public schools by working with the Newaygo County Health Care Improvement Council
October, 2001 to Present-	Past chair (2003 - 2005) of the Board of Directors for Choices West Counseling Services in Hart. Currently serving as secretary
2001to 2003-	Chair for the Mason County Human Service Coordinating Council.
2002 to 2003-	Vice-chairperson for the Lake County Round Table
April, 2002-	Completed the introduction training for ARC GIS I mapping program
2002 to 2003-	Assisted in securing funds for three Automated External Defibrillators for law enforcement offices in Lake, Mason, and Newaygo Counties
October, 2002 to February, 2003 -	Completed West Michigan Community Mental Health's Group Facilitation Workshop Training
Summer 2004-	Served on the Michigan Department of Community Health's Hospital Bed Standard Advisory committee
April, 2006-	Key note speaker at the Health Care Systems Administration Spring Banquet
June, 2006-	Served as a donor champion for Saint Mary's Doran Foundation Annual Employee Campaign
August, 2006 to November 2006-	Serve as a Loaned Executive for The Heart of West Michigan United Way
August 2007 to August 2009-	Served on the review committee for Spectrum Health's Synergy Award Review Committee
November 2008-	2008 Spectrum Health Synergy Award winner
July 2009 to September 2010-	Day to day leader of the MISTAAR Project for Spectrum Health United Memorial
October 2009-	Panel presenter at the 10 th Annual Michigan Critical Access Hospital Conference

Spring 2010-	Served as a donor champion for Spectrum Health United Memorial Foundation's Annual Employee Campaign
June 2010 to May 2011	Chair of Spectrum Health's Regional Network Quality Committee
June 2010 to May 2011	Executive Committee Member of the Michigan Critical Access Committee
2010-	Spectrum Health System named a Top Ten U.S. Hospital System by Thomson Reuters
September 2010 to May 2011	Member of the Executive Committee of Blue Cross Blue Shield of Michigan Peer Group 5 pay for performance
November 2011-	2011 Spectrum Health Synergy Award winner

OTHER INTERESTS

4-H project leader for five years
Newaygo County's Bowl for Kids Sake volunteer three years
Newaygo County Prevention of Child Abuse volunteer two years

APPENDIX B

Curricula Check Sheet

Ferris State University/ Health Care Systems Administration Program
Fall 2010 and beyond / 126 credit hours required

<u>Professional Requirements- 56 cr. Required</u>				
		Course Title prerequisites shown in ()	Cr.	Grade
HCSA	120	Health Care Administration (CCHS 101 with grade of C or above)	3	
HCSA	202	Health Care Law 1 (CCHS 101with grade of C or above)	3	
HCSA	209	Quality Management in Health Care (HCSA 103 and HCSA 101 or HCSA 120 with grades of C or above) (2+2)	3	
MRIS	221	Foundations of Reimbursement (HCSA Students Pre-Requisites: ISYS 105 and CCHS 101 and MRIS 103 with grade of C or above.) <i>Formerly HCSA 210</i>	3	
CHP	300	Health Information System (Junior Status)	3	
HCSA	310	Health Care Finance 2 (HCSA 210 or HCSA 228, and Acct 201 with grades of C or above) (2+2)	3	
HCSA	336	Health Care Supervisory Practices (CCHS101 with grade of C or above)	4	
HCSA	345	Internship Orientation (Department approval)	1	
HCSA	392	Hospital Internship (HCSA 345 with grade of C or above)	6	
HCSA	225/326/402	Choose one of the following: HCSA 225- International Health Care (CCHS 101with grade of C or above) HCSA 326- Health Care Personnel Practices (HCSA 120 or HCSA 220 with grade of C or above) HCSA 402- Health Care Law 2 (HCSA 202 with grade of C or above) HCSA 461-Nursing Home Administration (HCSA 460 with grade of C or above or approval by the Department.)	3	
HCSA	410	Health Care Finance 3 (HCSA 310 with grade of C or above)	4	
HCSA	460	Principles of Long Term Care (HCSA 120, or HCSA 220, or HCSA 320 with grade of C or above)	3	
HCSA	474	Health Care Strategic Application (HCSA 120 or HCSA 220, or HCSA 122 and HCSA 123, and HCSA 209 and HCSA 310 with grades of C or above) or HCSA 401 with grade of C or better	4	
HCSA	475	Practice Management in Health Care (HCSA 336 and HCSA 410 with grades of C or above)	3	
HCSA	493	Management Internship (Department approval)	10	
<u>Professional Support Requirements -11 cr. Required</u>				
ISYS	105	Microcomputer Applications OR Competency	3	
ISYS	200	Database Applications (ISYS 105 or competency)	3	
ACCT	201	Principles of Accounting 1 (MATH 110 with grade of C- or above or ACT Math score 19)	3	
CHP	317	Public Health	2	
ENGL	321 /323	Advanced Composition OR Proposal Writing	3	
<u>Core Requirements –11 cr. Required</u>				
CCHS	101	Orientation to Health Care	3	

CCHS	102	Safety Issues in Health Care	1	
HCSA	103	Medical Terminology	4	
CCHS	315	Epidemiology and Statistics (Enrollment in CHP)	3	
Communication Competence - 12 cr. Required				
COMM	105/121/ 200/201/ 221/251	Select ONE of the following: Interpersonal Communication, Fundamentals-Public Speaking, Found of Interpersonal Comm, Public Presentation Practice, Small Group Decision Making, OR Argumentation and Debate	3	
ENGL	150	English 1 (ENGL 074, 14 on ACT, 370 on SAT)	3	
ENGL	250	English 2 (ENGL 150 with grade of C- or better)	3	
ENGL	311/325	Advanced Technical Writing OR Advanced Business Writing	3	
Scientific Understanding 7-8 cr. Required				
BIOL	109	Basic Human Anatomy and Physiology	4	
		Select one course from the General Education Scientific Understanding List.	3-4	
Quantitative Skills – 3 cr. Required				
		Math 115 with grade of C- or better or ACT Math subscore of 24	3	
Social Awareness – 9 cr. Required				
		Select 3 courses from the General Education Social Awareness List. Courses must be in at least two different subject areas.		
		Social Awareness Foundation Course	3	
		Social Awareness Elective	3	
		Social Awareness Elective at 200 level or higher	3	
Cultural Enrichment - 9 cr. Required				
		Select 3 courses from the General Education Cultural Enrichment List: One course must be at the 200 level or higher. No more than 5 credit hours in music or theater activities courses.		
		Cultural enrichment elective	3	
		Cultural enrichment elective	3	
		Cultural enrichment elective at 200 level or higher	3	
Electives – 6-7 cr. Required -Related Electives are met for dual enrolled students with their clinical theory courses				
			6	
		FSUS 100 (if required)	1	

_____ One course from Cultural Enrichment or Social Awareness must meet the Global Consciousness requirement)

Outcomes and Assessments

Outcome:

Graduates will communicate effectively to acquire/develop/convey ideas and information to diverse populations.

Assessments:

Faculty members will indicate that students are able to work with others to gain information necessary to perform assigned tasks and deal with conflict while showing respect for diverse opinions and ideas, Employer survey distributed one year following students' graduation, Preceptor evaluation of student at conclusion of practical experience

Outcome:

Graduates will apply previously knowledge to the solution of new problems

Assessments:

Preceptor evaluation of student at the conclusion of the practical experience, Employer survey one year after student's graduation

Outcome:

Graduates will demonstrate ethical and professional behaviors

Assessments:

Evaluation of critical thinking skills applied to resolution of a problem posed by an assignment in HCSA 474, Employer survey distributed one year after students' graduation

Outcome:

Graduates will utilize the knowledge/professional competencies to practice as an entry level practitioner

Assessments: Employer survey distributed one year following students' graduation, Preceptor evaluation of students at the end of HCSA 493

APPENDIX C

Sample Course Syllabi

HCSA 120
FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
Department of Clinical Laboratory Sciences, Respiratory Care and
Health Administration Programs
HCSA 120 Health Services Administration - Online
Spring 2013

COURSE DESCRIPTION: This course is designed to provide an introduction to the spectrum of health services administration. It will explore the unique role of the administrator in the health care setting, expose students to the dual power structure in health care agencies, study the impact of the organization's culture on the role of the administrator as well as explore the administrative roles of planning, inventory control, facility and equipment management, productivity management, staffing and work distribution.
Pre-requisite CCHS 101.

INSTRUCTOR: Julie A. Ward, MSA
Office: VFS 415
Office phone: 231 591- 3110
E-Mail: wardj8@ferris.edu preferred method of communication is through messages in the course Shell
Office hours: Tuesdays 3:00 to 4:30 and Wednesday 11-12 and 3:00 to 4:30, other appointments by Appointment

COURSE SCHEDULE: HCSA VL1

REQUIRED TEXT

Buchbinder, S.B., & Shanks, N.H. (2012). *Introduction to Health Care Management Second Edition*. Jones & Bartlett, Publishers.

EVALUATION:

• **Points/grading**

93-100% 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

Examinations: There will be 2 exams during the semester. Failure to take an exam will result in zero points awarded. Exams cannot be retaken or taken late. Once the assessment closes it is closed. Be sure to submit your answers once you have completed the assessment. You will find them under the Assessment Tab. Each exam is worth 100 points toward your overall score.

Case studies: There will be 5 case studies, each will be worth 80 points. The instructions for the case studies are below. I will give a two day late period, for a 20 percent penalty. I do not

recommend waiting until the last minute to submit, if it is late the deduction will occur. Once you are past the late period, the assignment will not be accepted.

Assessments: There will be 10 chapter assessments at 10 points each. These assessments must be completed on time, I will not re-open them. Be sure to click submit once you have completed the assessment.

Assignments: There will be 10 assignments worth 10 points each. The assignments must be completed on time. I will give a two day late period, for a 20 percent penalty. I do not recommend waiting until the last minute to submit, if it is late the deduction will occur. Once you are past the late period, the assignment will not be accepted.

DISCUSSION BOARD:

There will be a minimum of five discussion board assignments. Instructions will be in the discussion board. You must do your original post and respond to two posts to receive points. Discussion Board must be in compliance with the due dates to receive credit.

ATTENDANCE: Please check the course shell every day for announcements, assessments, discussion board, assignments, exams etc.

Grading Information: Approximate, changes may be made throughout semester

2 examinations	200 points (100 points each)
Case studies	400 points
Assessments	100 points
Discussion Board	25 points
Assignments	100 points
TOTAL	825 points

Note: Late work will not be accepted on assessments. You will be able to turn your assignments in up to two days late with penalty. Once the date is past, the assignments and assessments will not be re-opened. Please watch your dates.

Comments regarding Case Studies:

Health Care Management Case Studies (*Introduction to Health Care Management*)

Case studies are widely used as learning devices in the education of health care managers and administrators. Case studies are taken from health care management situations and experiences in the real world and are written for students of management to analyze and resolve. They require the student to think, reason, develop critical thinking skills and analytic skills, identify underlying causes of problems, use creative abilities, make decisions and deal with personality conflicts and change.

- Read the case carefully several times. Become absorbed in the situation in such a way that you see yourself intimately involved with the personalities, problems and conflicts.
- Decide what role you wish to play: the chief administrator in the case who must deal with the matter; or an outside management consultant who has been called in to advise top management on what to do.
- Determine what the major problem is -- the real problem.
- Identify secondary and other problems.

- Analyze the factors behind the major and secondary problems. Apply reasoning to how and why the problems developed. Always answer the question *WHY*?
- Decide what actions you would take. Prepare a written report of the case using the following format.
- Remember each case is addressing a subject from a chapter in the book. Use the information from that chapter to solve the problem.

1. **Background statement.** What is going on in this case? What are the key points? Summarize the scenario in your own words without rewriting the case. Briefly describe the organization, setting, situation, who is involved, who decides what. This section is very important. It is identifying the facts of your case.

2. **Identification of diversity issues and their impact in this case.** How do matters of race, color, ethnicity, gender, sexual orientation, age, national origin, religion, and/or disability appear in this case and what impact might they have on this case? Or don't they?

3. **Major problems and secondary issue.** Specifically identify the major issue(s) and secondary problems. What are the real issues? What are the differences? Can the secondary issues become major problems? Analyze the causes and effect. What is your analysis of the case? While we only know what the case tells us, we need to think about underlying motivators. Fully explain your reasoning.

4. **Organizational strengths and weaknesses.** What are their strengths and weaknesses? How are they positioned in the marketplace? What strengths do they bring to the situation? What weaknesses do they need to address? This section can mirror, but should not be identical to the previous section. **DO NOT DESCRIBE THE INDIVIDUAL STRENGTH OR WEAKNESS; THIS SECTION SHOULD DESCRIBE THE ORGANIZATION'S STRENGTHS OR WEAKNESSES.**

5. **Alternatives and Resolution.** What alternatives do they have available to them? Were there possibilities not suggested by the text? What feasible strategies would you recommend? What are the pros and cons? The best choice may not be affordable; make the best choice available at that time. State what should be done--why, how, and by whom. Specify the actions, steps and recommendations.

6. **Evaluation.** How will you know when you've gotten there? There must be **measurable** goals put in place with the recommendations. If you want to increase satisfaction, how will you measure it? Money is easiest to measure; what else can be measured? What evaluation plan would you have them put in place to enable them to assess if they are reaching their goals?

Grammar, punctuation and clarity in analysis will be assessed. There will be a one point deduction for each writing error. It would be very difficult to do a thorough job in a page or two. Although there is no minimum number of pages, the paper must be long enough to think through all aspects of the case.

COURSE OBJECTIVES:

1. To provide prospective health services managers with an appreciation of the role of the administrator within the health care setting
2. To provide a foundation for further study of the role of the administrator in dealing with employees within the health care setting.

3. To provide students with an appreciation of the processes utilized in decisions regarding inventory control, purchasing, leasing of equipment and outsourcing services.
4. To provide students with an appreciation of the role of the administrator in managing health care facilities.

TENTATIVE SCHEDULE: I will give notice when schedule changes are needed. This is a tentative schedule. The instructor may change, at any time, the schedule of assignments, required materials to be completed and/or read, dates assignments are due and other student responsibilities with the issuance of a notice with the effected changes and new dates.

UNIT 1: Management of Health Care Organization Systems and Culture

- Chapter 1 An Overview of Health care Management
- Chapter 4 Organizational Behavior and Management Thinking
- Chapter 13 Teamwork
- Chapter 3 Management and Motivation
- Chapter 7 Quality Improvement Basics
- Chapter 5 Strategic Planning
- Chapter 2 Leadership
- Chapter 10 Managing Cost and Revenues

UNIT 2: Role of the administrator in dealing with employees within the health care setting.

- Chapter 11 Managing Health care Professionals
- Chapter 12 The Strategic Management of Human Resources
- Chapter 14 Addressing Health Disparities: Cultural Proficiency

Course policies:

Please refer to the Student Handbook: Student Handbook-Ferris State University @ <http://www.ferris.edu/htmls/administration/StudentAffairs/Studenthandbook/homepage.html>

Conflict resolution: see CAHS home page.

It is the students responsibility to comply with due dates. Assignments, assessments, discussion boards etc. will not be re-opened. It is the students responsibility to use BlackBoard for this course any questions about the use of BlackBoard should be directed to TAC.

HCSA 202

FERRIS STATE UNIVERSITY

COLLEGE OF HEALTH PROFESSIONS

DEPARTMENT OF CLINICAL LAB, RESPIRATORY CARE & HEALTH ADMINISTRATION PROGRAMS

HCSA 202 COURSE SYLLABUS – Spring 2013

TITLE OF COURSE: HCSA 202 Health Care Law 1 (3 credits) Prereq.- CCHS 101

INSTRUCTOR: Terry Harper, BSN, MSCTE
Office: VFS 414
Office phone – (231) 591-2279
E-mail: **Use Blackboard course email** for all communications to me
**Expect a reply within 24-48 hours
Office hours: W 11:00- 12:00p.m., MTR 3:00-4:00 pm., other times by appointment

COURSE DESCRIPTION: This course presents an overview of the legal issues facing the health care industry. It provides students with a basic working knowledge of health law. It is a comprehensive and inclusive review of a wide variety of health care legal issues. Students are provided with a realistic knowledge of health law and its application to the real world.

STUDENT TEXT: Pozgar, George D. Legal Aspects of Health Care Administration, 11th edition, 2012 by Jones and Bartlett Publishers, LLC., ISBN-10: 0-7637-8049-9

COURSE OBJECTIVES: At the end of this course, the student shall be able to understand the legislative and legal system, risk management for health care, importance of corporate compliance, health information laws, regulations and standards (such as HIPAA, JCAHO, state and federal laws governing health care), importance of organizational policies and procedures addressing health care rules and regulations, legal release of information, and professional and practice related ethical issues.

Competencies to be achieved from class include;

- Retain health law information retrieved in textbook in order to effective as a manager within the health care setting
- Learning how to access electronic databases to obtain current Health Law information from professional organizations, journals, and state and federal statutes as required within the health care administrative arena
- Able to analyze and synthesize information from various articles and statutes into a written document, utilizing APA citation format
- Apply writing skills required within a health care manager's role
- Access electronically state, federal, and administrative rules and regulations

- Understand how an idea (bill) can become a law
- Be able to understand and relate to both sides of an issue by class and group discussions
- Accept and meet project deadlines as expected within the health management setting

Course Learning Outcome	Assessment Method
Critical Thinking: Analyze and evaluate a legal issue	Legal Paper
Knowledge/Professional Competency: Identify elements required for a medical malpractice lawsuit	Final Exam case study essay question
Critical Thinking: Identify the benefits of arbitration, facilitation and mediation	Final Exam essay question
Knowledge/Professional Competency: Access and gain information about health law	MI Child Law assignment

METHODS OF TEACHING: Lecture, class discussions, assignments, and tests. The class requires student participation in class discussions and group activities. Students will be expected to submit an article review and legal paper during the semester related to current legal issues in the health care field and be prepared to discuss them in class.

METHODS OF ASSESSMENT: see the table below

SCHEDULE: 10956 HCSA 202-001 TR 1:30-2:45p.m.-VFS 425
10957 HCSA 202-002 W 1:30-2:45p.m. -VFS 325

EVALUATION AND GRADING SCALE:

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:

Requirement	Points
Class assignments- 5 @ 25 points each	125
Self Study chapter assessments; Chapters 1 & 5 @ 20 points each	40
Chapter Review Questions- 15 @ 10 points each	150
Article review	50
Tests- 4 @ 50 points each	200
Legal Research Paper	100
APA citations	10
Final Exam	50
Faculty Discretion- attendance , discussion, participation	20
Signature sheet & Student Info Sheet/Syllabus quiz	10
Library Info Sheet	10
Poster presentation *(may not be required)	*50
Total points	765/+50*

***Requirements may be subject to minor changes**

SPECIAL NOTE:

The assignments are to be TYPED unless instructor indicates otherwise. The assignments are to be submitted online, unless other arrangements have been made with the instructor. Typed assignments must be in a font size of 12 with no larger than 1½-inch margins.

COURSE POLICIES:

- *DISRUPTIVE STUDENT BEHAVIOR* Acts of obstruction or disruption that disturb classroom activities are not allowed.

Classroom Chitchat: Demonstrate respect for others, inappropriate conversation when someone else is speaking is disruptive to the entire class. **No use of cellphones during class.**

- *ACADEMIC DISHONESTY* Cheating and plagiarism is considered unethical and unprofessional. Please refer to the Student Handbook.

<http://www.ferris.edu/htmls/administration/StudentAffairs/StudentHandbook/homepage.html>

- *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* Attend each class. Students who arrive late disturb the class. Consistent late attendance affects total faculty discretion points awarded.

- *ASSIGNMENTS* All assignments and projects are to be handed in on the DUE DATE. A 20% deduction applies to all late work. No late work is accepted after 1 week from the original due date. Late assignments due the Sunday before exam week, must be completed by the final exam time. Assignments with a total point loss of greater than 25%, may be corrected and resubmitted for late credit within 1 weeks of the due date. Provide prior notice through the class email if there is an emergency that prevents timely submission of assignments. There are no make-up assignments.

Make use of the Writing Center or Tutorial Services as needed:
<http://www.ferris.edu/htmls/colleges/artsands/languages-and-literature/Writing-Center-Home.htm>

<http://www.ferris.edu/htmls/colleges/university/asc/>

- *TESTS* Mandatory attendance is required. If you are ill or an emergency occurs, please notify the instructor **before** class; a voice mail or e-mail message is acceptable. A missed test due to illness will require supporting documentation. *Those arriving up to 5 minutes late for a test will get a 20% deduction off the total test points. Those arriving more than 5 minutes late without providing prior notice to the instructor will not be able to take the test.

On-linetesting needs to be completed by the due date listed. Allow enough time for contingencies (i.e. electrical outage, computer problems, etc.) to complete an on-linetest in case of computer problems.

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

- CLASS PARTICIPATION Active participation is necessary to learn to apply, analyze, synthesize, and problem solve. Team and group activities require action from each person and are built into this course.

- Conflict Resolution Policy:** Please see the CAHS WEB Homepage for more information. <http://www.ferris.edu/htmls/colleges/alliedhe/csrhca/health-info-tech/Handbook-10-11-PT-rwd.pdf>

STUDENT INFORMATION HCSA 202

Please complete this sheet and return to the instructor.

NAME	DATE
PHONE #:	E-MAIL
<input type="checkbox"/> Other Curriculum + HCSA? [i.e. Nuc Med.]	
<input type="checkbox"/> If you currently work in a health care setting, what do you do?	

ABOUT ME:

<u>Academic strong points</u> 	<u>Academic weak points</u>
<input type="checkbox"/> Prior health care experience	
<input type="checkbox"/> Three words that describe me as a:	

<u>student</u> 	<u>person</u>
<input type="checkbox"/> What I love most about learning	
<input type="checkbox"/> Priorities that impact my time	
<input type="checkbox"/> 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.]	

MRIS 209
FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
DEPARTMENT OF CLINICAL LAB, RESPIRATORY CARE & HEALTH ADMINISTRATION
PROGRAMS.

COURSE SYLLABUS Summer 2012

COURSE TITLE	MRIS 209 211 Quality Improvement In Health Care Thursday 5:30-9:50 p.m.	3 CREDITS [2+2]
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COURSE OBJECTIVES:	Unit 1- At the end of this course, you will be able to:
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Course Learning Outcome	Assessment Method
<p><u>Knowledge/Professional Competency</u> You will be able to describe various quality improvement philosophies (<i>as well as define continuous quality improvement/performance improvement</i>)</p>	<p>Written Product: You will complete a Journal review(<i>as well as reading/written assignments and/or discussion boards</i>)</p>
<p><u>Knowledge/Professional Competency</u> You will be able to complete the procedures for Utilization Review (<i>as well as define utilization management, the role of the utilization coordinator/case manager, intensity of service (IS), severity of illness (SI), generic criteria for SI/IS, the UR process as outlined in class, Apply the IS/SI criteria to inpatient charts for admission review, Certify charts for length of stay, Define MPRO' role in UR, "Core Measures" as set forth by MPRO/CMS/BCBS, Complete a web-site search of MPRO, List job description criteria for a utilization coordinator/case manager, List the steps in the utilization review process, Define "termination of benefits", Describe the "10th Scope of Work"</i>)</p>	<p>Case studies: You will complete UR forms (<i>as well as reading/written assignments and/or discussion boards</i>)</p>

<p><u>Critical thinking:</u> You will be able to apply quality improvement tools and techniques <i>(as well as define the components of a criterion, the different categories of criteria, the rules for applying the standards to the criteria, the element is present or absent in the record to meet the standard, what a variation/variance is in data retrieval, what a deficiency is in data retrieval, calculate compliance with the criterion, non-compliance with 100% criteria, non-compliance with 0% criteria, the adjusted number of records, the incidence of a criterion, compliance with critical management, Describe a chart audit, Retrieve data from the State of Michigan Department of Community Health web-site, Define the role of the medical record technician in the data retrieval process, Complete a variety of data retrieval forms)</i></p>	<p>Project: You will complete a CQI project <i>(as well as reading/written assignments and/or discussion boards that will prepare you for the CQI project)</i></p>
<p><u>Critical thinking:</u> You will be able to apply team skills <i>(as well as apply team building techniques and apply a CQI process to a clinical site project)</i></p>	<p>Project: You will be an active and productive team member during the CQI project <i>(as well as written assignments, presentation, and/or discussion boards that will prepare you for the CQI project)</i></p>

1. Define continuous quality improvement/performance improvement
2. Define the components of a criterion
3. Describe the different categories of criteria
4. List the rules for applying the standards to the criteria
5. Define if the element is present or absent in the record to meet the standard
6. Define what a variation/variance is in data retrieval
7. Define what a deficiency is in data retrieval
8. Calculate compliance with the criterion
9. Calculate non-compliance with 100% criteria
10. Calculate non-compliance with 0% criteria
11. Calculate the adjusted number of records
12. Calculate the incidence of a criterion
13. Calculate compliance with critical management
14. Describe a chart audit
15. Retrieve data from the State of Michigan Department of Community Health web-site
16. Define the role of the medical record technician in the data retrieval process
17. Complete a variety of data retrieval forms
18. Define quality
19. Display data in a usable format

20. Describe the role of JCAHO, NCQA, URAC in health care quality improvement
21. Describe the use of HEDIS
22. Describe the JCAHO Ten Step Process
23. Describe the PDCA process (FOCUS-PDCA)
24. Describe the LEAN processes
25. Discuss the Six Sigma processes
26. Use information given to the student in class complete a scatter diagram using Excel.
27. Use information given to the student in class they will complete a pareto chart using Excel.
28. Use information given to the student in class they will complete a run chart using Excel.
29. Use information given to the student in class they will complete a control chart using Excel
30. Draw a flowchart and cause and effect chart using VISIO/ Microsoft Word.
31. Describe the purpose and use of CQI Tools
32. Discuss the purpose of continuous quality improvement tools and techniques.
33. Apply team building techniques
34. Define the purpose of surveys
35. Analyze data
36. Define root cause analysis
37. Define "structure + process = outcome"
38. Define what an indicator is and types of indicators
39. Define thresholds for indicators
40. List the purpose of storyboards and minutes
41. List the purpose of a Gantt chart
42. Apply a CQI process to a clinical site project
43. List the purpose of ORYX
44. Define benchmarking
45. Describe the purpose of critical/clinical pathways
46. Discuss the JCAHO Improving Organizational Performance standards
47. Define a "cross functional team"

48. Describe the role of accreditation in the Joint Commission
49. Define performance improvement in relation to accreditation
50. Define sentinel event
51. Identify management of sentinel events
52. Define utilization management
53. Describe the role of the utilization coordinator/case manager
54. Define intensity of service (IS)
55. Define severity of illness (SI)
56. Define generic criteria for SI/IS
57. Describe the UR process as outlined in class
58. Apply the IS/SI criteria to inpatient charts for admission review
59. Certify charts for length of stay
60. Define MPRO' role in UR
61. Define "Core Measures" as set forth by MPRO/CMS/BCBS
62. Retrieve data for Core Measures
63. Complete a web-site search of MPRO
64. List job description criteria for a utilization coordinator/case manager
65. List the steps in the utilization review process
66. Define "termination of benefits"
67. Describe the "10th Scope of Work"

COURSE DESCRIPTION

You will learn about quality and reimbursement issues as they impact the health care setting. Students will gain an understanding of and experience in applying the Joint Commission quality standards, introduction to reimbursement issues including assignment of appropriate codes, case mix and utilization management.

Prerequisites: MRIS 103, HCSA 120 or MRIS 101

INSTRUCTOR

Terry Harper VFS 414 PH:231-591-2279

***Email through the FerrisConnect course**

OFFICE HOURS

R 3-5:00pm.
VFS 414 or by appointment

REQUIRED MATERIALS

- Course Packet for Terry Harper’s section, Spring 2012
- **The Memory JoggerII** by Goal/QPC

EVALUATION – Assignments will be reviewed and graded with feedback for improvement provided ON A WEEKLY BASIS, so you should know your standing each week within the course.

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

GRADE DETERMINATION

	POINTS	RECORD YOUR POINTS
• Individual Assignments 33%	305	
• Project – Team 30%	275	
• Journal Article Reviews 6%	60	
• Tests 11%	100	
• Quizzes 6%	60	

• Final Examination 11%	100	
• Class Participation [Attendance] 3%	25	
TOTAL POINTS	925	

****As listed above, grades are based on multiple assessment forms including individual assignments, quizzes, tests, team projects, attendance and participation.**

POLICIES

- *DISABILITY SERVICES* The purpose 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 opportunities and programs. Information, reasonable accommodation, assistive technology and counseling are offered to students. <http://www.ferris.edu/htmls/colleges/university/disability/>
- *DISRUPTIVE STUDENT BEHAVIOR* Acts of obstruction or disruption that disturb classroom activities are not allowed. No use of cellphones during class please.

Classroom Chitchat: 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. Please refer to the Student Handbook.
- *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* Attend each class. Students who arrive late disturb the class.

- *ASSIGNMENTS*

All assignments and projects are to be handed in by the DUE DATE. A 20% deduction applies to all late work. No late work is accepted after 1 week from the original due date. Late assignments due the Sunday before exam week, must be completed by the final exam time. Assignments with a total point loss of greater than 25%, may be corrected and resubmitted for late credit within 2 weeks of the due date. All assignments will be graded with points taken off for spelling and grammar errors.

Upload assignments as .doc, .docx, or .rtf. Be sure to Close and Save the assignment first or it will save as a .lnk which can't be opened. **Assignments that need to be resubmitted since they can't be opened will be considered Late.

Make use of the Writing Center for assistance with assignments as needed for success. They can help with article reviews, report reviews, and PowerPoint reviews. **For Tutorial assistance contact:**

<http://www.ferris.edu/htmls/colleges/artsands/languages-and-literature/Writing-Center-Home.htm>

<http://www.ferris.edu/htmls/colleges/university/asc/>

- *TESTS/QUIZZES*

Mandatory attendance is required. If you are ill or an emergency occurs, please notify the instructor before class; a voice mail or e-mail message is acceptable. A missed test due to illness will require supporting documentation. *Those arriving up to 5 minutes late for a test will get a 20% deduction off the total test points. Those arriving more than 5 minutes late without providing prior notice to the instructor will not be able to take the test. On-linetesting needs to be completed by the due date listed. Allow enough time for contingencies (i.e. electrical outage, computer problems, etc.) to complete an on-linetest in case of computer problems.

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

- *CLASS PARTICIPATION*

Active participation is necessary to learn to apply, analyze, synthesize, problem solve, and to retain information. Team and group activities require active participation from each person in class. A "Help" discussion thread is available for you to post questions about the course and to answer your peers' questions about the course. Responses provided to students in the thread will count towards participation points.

More Policy Information provided in these sites or documents:

FSU Code of Community Standards

<http://www.ferris.edu/htmls/administration/StudentAffairs/studenthandbook/>

HCSA/HIM Student Handbook

<http://www.ferris.edu/htmls/colleges/alliedhe/csrhca/health-info-tech/Handbook-10-11-PT-rvwd.pdf>

HCSA 210, (now MRIS 221)

Ferris State University

College of Allied Health Sciences

Department of Clinical Lab, Respiratory & Health Administration Programs

HCSA 210 Health Care Finance 1 Spring 2013

Course description

This course will provide an overview of the evolving health care payment systems in the public and private sectors in the U.S. Students will explore U.S. regulations pertinent to reimbursement as well as the role of the electronic medical record in reimbursement for health care providers. International models of health care coverage and reimbursement will be compared with the U.S. model of health care. Prerequisites: CCHS 101 with grade of C or above.

3 Credit hours

3 Lecture hours

Faculty

Mark Hutchinson, MPA

VFS 411

200 Ferris Drive, Big Rapids, MI 49307

231-591-2265

Toll free phone 1-800-GOBULLDOGS (Business hours), ext. 2265 or
1-800-592-6499

Email via FerrisConnect

Back up email: Hutchinm@ferris.edu Use this email ONLY as a backup to Ferris Connect. Late credit applies if used for assignments.

Office hours

Tuesdays 1:00 – 3:00 p.m.

Wednesdays 11:00 – 1:00 p.m.

Course schedule

Monday 1:00 – 2:15 p.m. VFS 419

Wednesday 3:00 – 4:15 p.m. VFS 419

Required materials

Text: Principles of Health care Reimbursement, 3rd ed., Casto, Anne and Layman, Elizabeth, AHIMA, 2012. ISBN: 978-158426-2435

Course pack: Supplemental Materials, 3rd ed.

EVALUATION

Grading Scale (%) for all CRHA Departmental programs

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-	59 & below	F

Grade determination

- A minimum of a "C" grade is mandatory in order to pass the course and become eligible to progress in the program.
- Scores will be posted in FerrisConnect. It is your responsibility to inform me of any discrepancies. Changes are based on graded work.
- Students are expected to check Ferris Connect twice weekly for updates and announcements.

Points in class

135	Assignments, In-class work
75	Group projects
80	Quizzes, Midterm
50	Final – 1/8 of your final grade
340	Total points

Timeliness

Late work is undesirable and unprofessional. Because 'life happens' and our best intentions are not always possible, a two (2) calendar day window for a maximum of 80% applies to assignments. Thus, late credit means that you automatically lose 20%. After one week any assignment turned in will result in a zero for the assignment.

Attendance

Attendance is expected. In-class points cannot be earned later – you must be present to earn them. The professional courtesy of alerting your professor to non-attendance is a good habit to practice. What would you do in your career? Let that be your guide.

Critical thinking

Critical thinking concepts will be considered in all evaluative work. A brief summary of key concepts is located later in this syllabus.

Testing

Periodic testing will assess the level of your new foundational knowledge. The final will be comprehensive. Plan on studying regularly rather than 'cramming'.

Quality Of Work

All assignments excepting chapter review questions are to be proofed, re-proofed & grammar checked in Word, Excel and any other software. (Chapter review questions are to be handwritten.) Proper grammar & spelling are critical to a passing score... **and a successful career! In today's world, we are often known only by our writing – let's be the best!** Truly, professional writing is a critical skill in today's world.

Any student who is caught cutting and pasting information word for word from a source and using it as their own will result in a zero for the assignment.

My standard policy follows the internship manuals: a one-point loss per error. **This impact is applied after rubrics are considered.**

Course outcomes

At the end of the course, students will be able to:

- Utilize the language of health care reimbursement.
- Compare international and U.S. payment system models.
- Describe the role of the electronic medical record in reimbursement.
- Utilize software to group diagnoses.

University course policies (Continue reading for class policies.)

We observe University policies as described in the Office of Student Conduct homepage. These policies include, but are not limited to, the following policies:

Academic dishonesty	ADA	Disruptive student behavior	
Harassment	Plagiarism	Religious holidays	Student dignity

You may link to the University's disclosures at

<http://www.ferris.edu/htmls/administration/StudentAffairs/judicial/judicial.htm> , then 'Student Handbook'. Sections III & IV are most pertinent to our class.

How program outcomes will be achieved

Writing

Writing skills will be reinforced and enhanced through individual and team assignments, e.g.,

- *Frontline analysis*
- *EMR memo*
- *International presentation*

Speaking

Speaking skills will be reinforced and enhanced through individual and team assignments, e.g.,

- *International presentation*
- *Participation*

Critical Thinking Background/Review

Critical thinking concepts will be considered in all evaluative work.

Consider critical thinking **elements** in our class discussions and homework

- **Point of view** - What 'hat' are we wearing? (HCO for our class)
- **Purpose** – WHY are we thinking? What is our goal; are we still on track?
- **Questions** – What questions should be asked to meet our purpose?
- **Information** – What data do we need? Facts? Experience? Observations?
- **Concepts** – What is the main idea we're using? Is there a pertinent definition or model?
- **Conclusion** – What is our solution or recommendation? Does it address our purpose? Does our evidence support it?
- **Assumptions** – What assumptions are inherent in our thinking? How do they bias our outcome, our choice of data and/or the concepts we used?
- **Implications** – What are the potential consequences related to our conclusion?

Consider critical thinking **standards** in our class discussions and homework. These are the tools that measure how 'well' we are thinking.

- **Clarity** - the cornerstone. Without clarity, all else becomes negligible.
- **Accuracy** - could someone verify your facts?
- **Precision** - have you provided details? Are you specific?
- **Relevance** - does your response relate to the question or topic? How does it help expand our thinking?
- **Depth** - what complexities did you consider? Are there factors that make this difficult?
- **Breadth** - did you suggest looking at the issue from a different perspective or point of view?
- **Logic** - does your response make sense? Does your conclusion follow from the facts or evidence?
- **Significance** - what is the most important issue to consider? What is the central concept?
- **Fairness** - have you examined your thinking for prejudice? Do you have a vested interest in a particular position? Are you considering how others might perceive this issue?

Class Policies

Expectations

The following is a list of behaviors expected in class to create an environment where learning is fostered.

1. **Respect for all** – we listen when others talk, we minimize disruptions if we must leave early or arrive late, we encourage every class member to succeed and we support each other.
2. **Choose to learn** Our time is for us. We will stay on task for OUR class. If you must study for another class, simply don't come to our class that day.
3. **Arrive on time.** If circumstances occasionally interfere with this, observe behavior 1 & sit in the back.
4. **Leave when class is over.** If occasional circumstances interfere with this, observe behavior 1 & sit in the back.
5. **Attendance is expected** and will be taken each day. Consider our class 'your job' & inform me of issues that may interfere with your success. In-class points may not be made up.
6. **Food/drink** - If you bring food, take care of the 'housekeeping'. Observe proper etiquette near computers.
7. **Sound** – See behavior 1. Turn off and store all beepers, pagers, phones etc. during class. Headphones, earplugs etc. are not permitted.
8. **COMMUNICATE** Keep me informed so we can work together for your success.
9. **Silence** Silence implies agreement and/or understanding.

Rules to facilitate learning

To enhance our 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 I ask you a question, simply say 'PASS TO XXXX'. (This does require that you know someone's name!)
3. **Ask** There are no dumb questions, only unasked ones. (Exception: Are you going to do (or 'did you do') anything important in class?)
4. **Absence** You are responsible for all information covered during classes that you may miss. Check with at least 2 classmates before you contact your professor.

Rules to respect your professor

1. Assignments are to be submitted in hardcopy on noted due dates, unless otherwise noted. **If you must submit an assignment via email in Ferris Connect in order to meet the 'on time' criteria, the consequence may be a 20% reduction in the score.**
2. You will notify me as soon as possible when situations exist or occur that could impact your success in our class. **I can't help if you don't let me know.**

HCSA 210 Point Allocation (Tracking....)

Official scores will be posted in Ferris Connect. It is your responsibility to inform me of any discrepancies. Changes are based on graded work.

	Assignments	
	50	<i>Handwritten questions & responses to 'Review questions' are at the beginning of class for the week a chapter is assigned. (10 @ 5 points each)</i>
	25	Frontline video (See Ferris Connect assignment.)
	25	DRG grouper software (See manual.)
	25	EMR memo, peer reviewed (See manual.)
	10	Insurance Assignment
	135	
	Group	
	30	Presentation – international vs. US model with class quiz
	20	Team quizzes, in-class (International vs. US presentations)
	25	Team evaluation
	75	
	Exams	Exams are online, password protected. These will be reviewed after the exam, but will not be visible after that.
	50	A – In-class quizzes (5 pts. each)
	30	A – Midterm (Chapters 1-5 plus EMR)
	50	A - Final – comprehensive (15% of your grade)
	130	Total
	340	Total points in our course

In the case of a documented medical or family emergency, I **may** permit you to take an exam within the following week. Discuss this with me as soon as possible.

HCSA 225

FERRIS STATE UNIVERSITY
College of Allied Health Sciences
Health Management Department
COURSE SYLLABUS – Spring 2012

Course: HCSA 225 International Health Care (3 credits)
Semester: Winter 2012
Instructor: Dr. Brew
Campus/Location: ONLINE
Course Start Date: Monday, January 9th

Instructor Contact Information:

Office Hours: By internet appointment (set up via email)
Monday – Friday
Phone: 616-331-5947
E-Mail: brewr@ferris.edu – preferred method for quickest response

*PLEASE use the above email ONLY as a backup to our Blackboard classroom mail. Blackboard classroom mail will be checked daily (weekdays M-F) during the semester. Expect a response within 48 hours or two business days.

COURSE DESCRIPTION:

This course provides an overview of the determinants of health in various countries. Students will explore diverse international health care systems. The course content includes a comparison of the United States health care system with other developed and undeveloped world health care systems. 3 credit hours.

TEXTBOOK:

Johnson J.A. and Stoskopf C.H., **Comparative Health Systems- Global Perspective**, ISBN # 9781449625610

PLEASE BE SURE you are purchasing a book WITH the on-lineaccess code

You may obtain your text by going to <http://www.whywaitforbooks.com/> and choose Michigan, Ferris State University and under the drop down menus choose Winter 12, department is HCSA, course is 225.

COURSE OBJECTIVES:

At the end of this course, the student shall be able to understand what constitutes health according to the World Health Organization (WHO). The student will identify the components (social, cultural, political and economic) of human created health systems in selected nations. The student will make a comparison of the US health care system with other national systems.

Competencies to be achieved from this course include:

1. Increase awareness about **Global Health and Disease**

- Understand that health systems exist within larger social systems.
 - Recognize the characteristics of population health management including the social determinants of health.
2. Increase awareness about **Population Health and Disease**
 - Identify the commonly used population health indicators.
 - Understand the burden of disease as expressed in statistics regarding morbidity and mortality on a global scale.
 - Understand the Multicausation Disease Model (Mckenzie, Pinger & Kotecki, 2008)
 - Recognize the top ten leading causes of death worldwide.
 3. Increase Awareness about **Global Health Systems Policy and Economics**
 - Apply both “micro” and “macro” frameworks to understand how policy making is used to manage medical/scientific and economic decisions as they relate to health systems and population health.
 - Consider the relationship between access to care and health outcomes.
 - Understand what is involved in measuring health outcomes.
 - Become aware of distinctions and diversity in national health ideology.
 - Become more aware of select countries’ history, geography, government, and economy.
 - Become familiar with health systems by country.
 - Become familiar with international health care policy.
 4. Complete a **comparative analysis** of the **US Health care System** to other national systems.
 - Develop familiarity with electronic databases about Global Health.
 - Review international demographic health and illness profiles.
 - Review US demographic health and illness profiles.
 - Identify the health financing effect on available health care services, facilities, workforce, technology, quality and access around the world and in the US.
 5. Demonstrate ability **to communicate effectively about Global Health care.**
 - Apply critical thinking and demonstrate writing skills required within a health care manager’s role.
 - Analyze and synthesize information from various sources into a written document, utilizing APA citation format.
 - Accept and meet project deadlines as expected within the health management setting
 - Present about a national health care system.

Communication with Instructor

The primary means of communication we will have will be done via email. I receive 100’s of emails each day and do my best to answer them promptly and professionally.

I anticipate the communication I receive from you will be the same and should follow a professional template using appropriate greeting, salutations, grammar and spelling.

I'm teaching multiple sections this semester, therefore ALL emails that come to me must have a subject line so I may differentiate how to answer your question promptly.

Subject line: Question on Homework

Dr. Brew,

I have a question on (name the assignment specifically – i.e., Chapter 4, Homework Question #10).

This will save a tremendous amount of time for me to search what I am reviewing.

Sign your name

Please do not use slang, text talk or partial descriptions! In college it's appropriate that we are using professional conversation in all means of communication. This is a good habit to start.

Course Policies

PLEASE NOTE: HSCA 225 – NO Late Policy Guidelines

In the on-line environment timeliness is extremely important. Please do not fall behind, as it will be extremely difficult to catch up and your overall scores will be greatly affected. All course due dates are by **11:59 p.m., EASTERN TIME**, regardless of where one lives; please keep this in mind and plan accordingly. **Use the Syllabus section to keep track of due dates and print your syllabus.**

Weekly work is opened by 10:00 a.m. on the day the week starts and will be available through 11:59 EST on the last day of the week. In winter 2012 session each week runs Monday through Sunday. Once the due date has passed for assignments they are removed from the Bb classroom. You must complete the work by that date to earn credit.

Discussion Board questions posted after **Day 3** and replies to other students posted after **Day 7** will receive a **ZERO** if they are late. At the end of each week, the Discussion Board for that week is closed. **No postings will be accepted after the end of the week.**

All Homework questions are due by their appropriate due date. Late work will receive a ZERO.

Final Exam must be completed by Day 2 of Final Exam Week (May 1st) No Exceptions!

Contact your instructor immediately if there is an extenuating circumstance that prevents you from submitting an assignment BEFORE the due date. Any communication AFTER the due date will receive a ZERO.

****Also, please note that ALL assignments, papers, quizzes MUST be posted to their appropriate tab in the Blackboard classroom for grading.**

NO assignments will be accepted by email or into Dr. Brew's Virtual Office for grading.

Computer issues

DO NOT COUNT as an excuse for late work. As an on-line student, you are required to have a computer back-up plan; this may be in the form of a family member, friend, or local library computer. Please arrange your back-up plan prior to the start of this course.

Have a Computer Back-up Plan

The familiar excuse “my computer crashed or my computer doesn't work” will not be accepted as an excuse for not completing assignments. It is your responsibility to have an immediate back-up plan (campus computers, libraries, internet cafes, friends, etc.) and determine an alternate computer prior to having computer issues. **Computer issues are not accepted as an excuse for not turning in work on a timely basis.**

Blackboard Technical Issues

If there is a University-wide Blackboard issue, you will be notified via email. Unless you receive an email from FSU notifying you of a Blackboard problem, your assignment must be turned in on time. If you are having trouble with Blackboard, please **contact tech support ASAP** to work out any individual problems you may have. Always have a back-up plan for emergencies!

Important things to remember about this Web Delivery Course:

1. PLEASE NOTE! This course is being offered in BLACKBOARD 9.1 not Ferris Connect! This means you will have to click on the “LEARN” tab (found directly to the right of your FC tab).
2. **Announcements are my means of communicating information to the class. ALWAYS CHECK FOR NEW ANNOUNCEMENTS WHENEVER YOU LOG INTO THE COURSE.**
3. You will be actively posting to a Discussion Board daily – please put yourself on a schedule to be on-line often and regularly!
4. Midnight Sunday evening is the default due dates for all assignments and discussion board contributions.
5. If the calendar indicates something is due on January 15th at midnight, it is not due on January 14th at midnight, but midnight the evening of January 15th.
6. Early assignments are accepted, but grades and feedback may not be provided until after the deadline for the assignment has passed.

Integrity/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.

Conflict Resolution Policy

Please see the CAHS WEB Homepage for more information.

Global Health -Web References

Demographic and Health Surveys	www.measuredhs.com
Global Health Facts	www.globalhealthfacts.org/
Maps of the World	www.embassyworld.com/maps
The Global Fund To Fight Against AIDS, TB, and Malaria	www.theglobalfund.org/en/
The Kaiser Family Foundation-on-linehealth policy resource for faculty and students	www.kaiseredu.org/
The Lancet Student	www.thelancetstudent.com/category/global-health-resources/
The Population Reference Bureau	www.prb.org
The World Health Organization	www.who.int
UNAIDS	www.unaids.org
UNICEF	www.unicef.org
UNICEF - Statistics	www.childinfo.org
United Nations Development Program	www.undp.org
USAID	www.usaid.gov
USAID Global Health elearning	www.globalhealthlearning.org
US Centers for Disease Control and Prevention	www.cdc.gov

Weekly Discussion Boards

To earn full credit in the weekly discussion boards, please answer the discussion question posted by Wednesday AND make **two (2)** replies to other students' postings, and participate by posting at least **three (3)** separate days each week.

These are the MINIMUM requirements and please note that to get the most from this course you should be on-linedaily and posting much more often than that. On average students post between **5-10 times per week** and follow the discussions daily for an active discussion and that is ideal.

Weekly Homework Questions

Weekly you will be given 20 points worth of questions to test your knowledge on chapter materials. These questions will come in various formats and will cover all readings from the week. You will have one attempt to complete the questions and 30 minutes.

Additional Assignment Descriptions

1. Written Paper - “Health care in France and Switzerland” - Due by February 13th

Write 2-3 page APA formatted paper that describes these two health systems and answer the questions:

- (1) Could the French System work in the US?
- (2) Could the Swiss System work in the US?
- (3) Listing referenced, detailed reasons why.

Point Value: 50 points

2. Cultural Awareness Group Project – Due by April 8th

Groups of 3 or 4 will choose a cultural / ethnic / or religions group from anywhere on the globe. Each group will research the following information concerning each of the groups identified:

1. Major health concepts
2. Beliefs in the causes of illness
3. Types of traditional healers utilized
4. Methods of treatment
5. Response to pain
6. Beliefs/practices surrounding births
7. Beliefs/practices surrounding deaths
8. Health care beliefs
9. Special symbols, books, religious practices

Point Value: 200

Each group will prepare a PowerPoint presentation. Your presentation should include a learning activity for the class (e.g. discussion questions, or a game) and will be posted for your peers to view in the on-line classroom. Students will utilize a minimum of 4 resources, with no more than 2 resources from the Internet. APA 6th edition format is required for this assignment.

3. Student Lead Country Case Study – Due Weekly by assignment

On a WEEKLY basis, assigned students will research and share audio/video clips of current health care systems in each country through the case study tab. Discussions, questions and narrative will be generated to accompany these clips and the assigned students will facilitate the board for the week.

Point value: 50 points

4. Global Health Presentation – Final Exam Project due by May 1st

Presentation designed as the final exam to answer the following questions:

- (1) What is the biggest threat to human health?
- (2) What can be done to stop avoidable death and illness in the World?
- (3) What can be done to stop avoidable death and illness in the US?
- (4) What role do Non Governmental Organizations (NGOs) have in US and in global health care? (5) What effect will the proposed US health care reform have on the US Health care System?
- (6) Will the proposed Healthy People 2020 objectives impact population health in the US?
- (7) What role does the United Nations and the World Health Organization have in managing health?
- (8) What is the significance of the Declaration of Alma Alta?
- (9) How does the Healthy People 2020 goals compare to the WHO Millennium Goals?
- (10) What will global health care look like in five years?

Point Value: 200 points

APA Paper Guidelines

All papers should follow guidelines for APA format and have the following:

- Title Page including:
 - A. Title of Country Reviewed
 - B. Your name
 - C. Ferris State University
- A abstract page (which is a summary of your review 250 to 350 words)
- The review which should be from 5 to 8 pages following this this order:
 - A. Introduction (describe the country and the people)
 - B. Abbreviated history of the health care system
 - C. Observation about the current health care system
 - D. Current and emerging issues and challenges
 - E. Where this country is currently ranked by the WHO
 - F. What would improve the management of health care in this country
 - G. Closure/Discussion: Answers the following question. (a) What is your understanding about the globalization of health care? (b) Explain what effect globalization will/could have on your future role in the Health Care sector. (c) Describe and compare the organization of health systems in the US and in your selected country (d) Explain how global health financing effects available health care in your selected country.
- Reference Page with proper APA referencing. This means in-text citations and corresponding proper referencing on the reference page. Use resources if necessary.

- Proper APA requires Times New Roman, size 12 font, double spaced, maximum 1” margins, proper use of grammar and spelling are critical for credit.

WINTER 2012 COURSE SCHEDULE

I **STRONGLY** suggest you print this syllabus and make sure you have completed all week requirements.

Week #1

January 9 – January 15th

Reminder - All work due by SUNDAY, January 15h at 11:59 pm

7. Review the Blackboard classroom set up – this may be a new format to you, so PLEASE acquaint yourself to using the LEARN tool and the Bb 9.1 format right away.
8. Print and review the syllabus found under the “Course Information” tab
9. Review *Case Study – Student Led assignments* on the syllabus schedule and MAKE A NOTE of the week you are assigned to lead
10. Post your introduction in the discussion board section labeled “Introductions”
11. Read Chapter 1 – Introduction to Health Systems
12. Post Week #1 Discussion Question responses – What are the critical building blocks of a successful health system and how do they impact the success of the system?

** Your answer to be posted in the discussion board by Wednesday. With subsequent (2) posts minimum responding to your peers about their posts by Sunday. Posts must be done a minimum of (3) days per week to earn full credit.

Week #2

January 16th – January 22nd

1. Read Chapter 2 – Global Health and Disease
2. Post Week #2 Discussion Question responses
3. Homework - Chapter 1 & 2 (found under “Weekly Assignments”)

Week #3

January 23rd – January 29th

1. Read Chapter 3 – Health Systems Policy and Economics
2. Post Week #3 Discussion Question responses
3. Homework - Chapter 3

Week #4

January 30th – February 5th

1. Read Chapter 4 – Canada
2. Read Chapter 19 - Mexico
3. Post Week #4 Discussion Question responses

4. Homework – Chapters 4 & 19
5. **Case Study Country Discussions** – Led by: Baltruczak & Blanton (Canada) and Bartuska (Mexico)

Week #5

February 6th – 12th

1. Read Chapter 5 - United Kingdom
2. Read Chapter 6 - Ireland
3. Post Week #5 Discussion Question responses
4. Homework – Chapters 5 & 6
5. **Case Study Country Discussions** – Led by: Doane (UK), Fernandez (Ireland)
- 6.

Week #6

February 13th – 19th

1. Read Chapter - On-line France
2. Read Chapter 7 Portugal
3. Post Week #6 Discussion Question responses
4. Homework – Chapters On-line France and Chapter 7
5. **Case Study Country Discussions** – Led by: Gilcrest & Hagstrom (France) and Grenier (Portugal)

****Paper on France and Switzerland Due by Monday 2/13****

Week #7

February 20th – 26th

1. Read Chapter 8 Germany
2. Read Chapter 9 Russia
3. Post Week #7 Discussion Question responses
4. Homework – Chapters 8, & 9
5. **Case Study Country Discussions**: Led by: Haley (Germany) and Hammond (Russia)

Week #8

February 27th – March 2nd

NOTE THE SHORTENED WEEK DUE TO SPRING BREAK!!!

1. Read Chapter 10 - Australia
2. Read Chapter 11 - Japan
3. Post Week #8 Discussion Question responses
4. Homework – Chapters 10 & 11
5. **Case Study Country Discussions**: Led by: Harrell (Australia) and Hodgins and Ziomkowski (Japan)

****SPRING BREAK WEEK – March 3 – 11, 2012 ~ Enjoy!!!****

Week #9

March 12th – March 18th

1. Read Chapter 12 - Korea
2. Read Chapter - On-lineChina
3. Post Week #9 Discussion Question responses
4. Homework – Chapters 12 & On-lineChina
5. **Case Study Country Discussions**: Led by: Kosten (Korea) and Maksym and Tolliver (China)

Week #10

March 19th – 25th

1. Read Chapter 13 - India
2. Read Chapter 14 - Jordan
3. Read Chapter 15 - Turkey
4. Post Week #10 Discussion Question responses
5. Homework – Chapters 13, 14 & 15
6. **Case Study Country Discussions**: Led by: Koza (India), Lee (Jordan) and Mayer (Turkey)

Week #11

March 26th – April 1st

1. Read Chapter 16 - Democratic Republic of Congo
2. Read Chapter 17 - Nigeria
3. Read Chapter 18 - Ghana
4. Post Week #11 Discussion Question responses
5. Homework – Chapters 16, 17, & 18
6. **Case Study Country Discussions**: Led by: Ngo (Congo), Sommers (Nigeria) and Parker & Schultz (Ghana)

Week #12

April 2nd – 8th

1. Read Chapter 21 - Changing The U.S. Health System
2. Post Week #12 - Discussion Question responses
3. Homework – Chapter 21

****Cultural Awareness Group Project – Due by April 8th****

Week #13

April 9th – 15th

1. Read Chapter 22 - Role of Non-Governmental Organizations

2. Post Week #13 Discussion Question responses
3. Homework – Chapter 22

Week #14

April 16th – 22nd

1. Read Chapter 23 Comparative and Global Challenges for Health
2. Post Week #14 Discussion Question responses
3. Homework – Chapter 23

Week #15

1. Finish work on Global Health Presentations

Week #16

Last SHORT Week of Class!

April 30 – May 1st

****Global Health Presentation due by Tuesday, May 1st****

CAHS 300

FERRIS STATE UNIVERSITY COLLEGE OF ALLIED HEALTH SCIENCES

Health Care Informatics
CAHS 300

Course Description:

This course examines the realm of Health Care Information Systems (HCIS), and will provide the student with the opportunity to develop an understanding of basic information technology terminology, standards and protocols, as well as Local and Wide Area networks and general network typologies. The course will introduce software applications used in HCIS. The student will develop an understanding of the implications of integrated versus interfacing disparate HCIS applications, data base management and patient privacy issues. The course will examine emerging technology in the areas of rural health care, telemedicine, access to Electronic Medical Records, and Regional Health Information Organizations.

Course Outcomes:

1. Describe basic technology hardware, terminology, protocols and basic network typologies used in Health Care Information Systems (HCIS) involving the Local Area Networks.
2. Describe the different types of HCIS applications used in Health Care Institutions.
3. Discuss the implications of HIPAA Administrative Simplification on the HCIS including privacy, security of systems, transactions and code sets, and Identification Numbers.
4. Describe how Health Language 7 allows disparate applications and systems share data in integrated systems.
5. Explain the central role of databases in the HCIS.
6. Analyze the impact of emerging technologies on consumer access to quality health care and to their health care record.

Instructor:

Denise Hoisington RN, MSN, PhD

316 VFS

200 Ferris Drive

Phone 231 823 2897 for night phone office hours. See instructor's schedule in the Orientation learning module in Ferris Connect.

e-mail through FerrisConnect Course

Please use MYFSU and Ferris.edu for student rights and responsibilities, and other student

Telephone Office Hours

Phone : 231 823 2697 I am happy to take calls anytime. However I will be specifically home Tues and Wed evenings from 6- 8 PM for calls. Please call if you need but be sure to look at the syllabus and the FAQ discussion area to make sure the answer is not there.

Please note: a schedule of the instructor is in the orientation module of Ferris Connect

showing office hours and other class times.

Answering E-mail and FAQ Discussion will be done every 48 hours. Instructor will not be available during the week-ends and all questions will be answered during the normal work week only. If you have a question ask in class FAQ in the discussion area so all can see the answer. Please assist your peers and answer the FAQ questions if you know the answer

Required Text

Burke, L. & Weill, B (2009). *Information technology for the health professions* (3^d ed). Upper Saddle River, NJ: Pearson/Prentice Hall.

Hanson, C. W. (2006). *Health care informatics*. New York: McGraw Hill

Hebda, T.L. & Czar, P. (2009), *Handbook of informatics for nurses and health care professionals* (4th ed). Upper Saddle River, NJ: Pearson

Recommended Texts:

American Psychological Association. (2001). *Publication manual of the American Psychological Association*. (6th ed.). Washington, DC: American Psychological Association.

Also see Ferris Connect for OWL site for APA.

Knowledge Management

1. Discuss the basic principles of information management.
2. Discuss how the design of database can affect data quality.
3. Compare a relational data database and its characteristics with other database models.
4. Discuss how data modeling, particularly using an entity relationship diagram (ERD), can help ensure high data quality.
5. Discuss the role of a data dictionary in ensuring both the quality of enterprise wide data and data within a specific database application.
6. Define the roles of database administrator, data administrator, and data resource manager.
7. Discuss how to ensure the integrity and security of data within a database.
8. Differentiate between decision support systems and other information systems.
9. Discuss the general types of decision support systems and to recognize the key architectural differences.
10. Demonstrate knowledge on the concept of data warehousing and how it is applicable to decision support.
11. Utilize the process and tools of data mining and how they are used in decision support systems.
12. Discuss the different classes of decision support systems found in health care.
13. Discuss some of the basic models of artificial intelligence used in developing decision support systems.

14. Discuss some of the career opportunities available to health information professionals.
15. Discern the components of a knowledge management initiative/program.
16. Explore key knowledge management applications in health care, such as data warehousing, data mining, and customer relationship management.
17. Disaster Recovery in health care information technology: What is involved and how does it relate to contingency planning?
18. Contingency planning in Health care information technology: How does it related to Disaster recovery and what is involved?

Grading Scale:

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

GRADE DETERMINATION

Any student not presenting either paper to the class will receive an F in the class no matter what their grade without the presentation. The papers will not be graded if presentation is not completed.

On-lineactivities, safe Assign, articles posted, plagiarism, discussions		15%
Quizzes		10%
Exams (4)		32%
Final Exam		8%
Paper with interview		25%
Instructor eval of Presentation		5%
Class evals of Presentation		5%
	Total	100%

All work should reflect professional writing. APA style will be used to prepare and cite references. APA style will be used for cover page, reference page, and abstract. Proper grammar, spelling punctuation, paragraphing and general overall paper conformation should be of professional quality and will be considered in the final grade. See grading Rubrics. APA template can be found in FC.

Professional sources will only be used for the papers – Wiki is not a professional source.

Technical and Ferris Connect (FC) Issues should be addressed with TAC

Plagiarism

Students will complete the Plagiarism quiz and tutorial found in Ferris connect by the end of week two and submit results of the quiz to the instructor week 3 in the assignment area of FC. The Link to the plagiarism info and test are in the Course Orientation and Course Materials module in Ferris Connect in the Learning Modules.

If you do not acknowledge the author of the work you are writing about it is considered plagiarism. See the OWL/APA site Found in Ferris connect for how to write the title page, abstract, citations in text and references. Limit direct quotes and remember to cite the author, year and page number in direct quotes. Paraphrasing uses the author and year.

Librarian Discussion Board

This discussion area will be available for questions for the librarian.

Student Led FAQs

This is a discussion area to ask course questions. It is neither a social networking site nor a place to editorialize about peers, the course or instructor. You will help answer your peers' questions in this area. GOT A PENNY GIVE A PENNY, NEED A PENNY TAKE A PENNY. Make sure to ask your question in the SUBJECT area of the message.

E-mail is only for PERSONAL ISSUES to the instructor.

Biweekly Discussions

For discussions, turn on the HTML editor so you can use the toolbar for editing. This allows the student to spell-check, bold, underline, etc. Please use paragraphs in the discussion, do not leave one big paragraph. You can put spaces between paragraphs. Do your post in MS word and paste into the discussion area. **NO ATTACHMENTS ARE accepted in the discussion.**

The guidelines for the discussion will be in the learning modules along with links to the quizzes and link to the discussion area.

Once pasted in the discussion box you will have to format and put the black lines between paragraphs. These can be single spaced. Use proper language, grammar, spelling and formatting. USE PARAGRAPHS.

The initial post should be completed by the end of the first week of the cycle. The second week is for peers to comment on your posts. You will have replies to at least 2 of the initial postings during the second week of the cycle. These are to be substantive replies. **Do not just say good job or I didn't know that.**

The computer will assign your group members for discussion and if you look under the ROSTER tab on

the course tools you can see who is in the group with you.
You will start week two with the first quiz/discussion cycle.

Please go to the Cycle one learning module when it is open in week two, and you will find a white paper containing information and the questions for the discussion. You will also find a link to the discussion area and to quizzes. Make sure your group members know which topic you are taking by writing it in the discussion subject line. No topic can be done twice.

Remember to cite your sources you used in the writing to develop the post using APA citation style. Also please put the full APA reference citation at the bottom of the post. Remember this is an on-linecourse and it is your responsibility to know what to do and when to do it.

Quizzes and exams

1. Quizzes will be given weekly in Ferris Connect.
2. They are given in two week cycles.
 - a. For the first week of the cycle, the Hanson text readings will be the topic of the quiz and you will have one attempt.
 - b. For week two of the cycle, the Hebda & Czar and Burke & Weil texts will be the topics of the quiz. For the Hebda and Burke quizzes two attempts will be given. You can see your answers and what you got wrong, but the answers will not be open until everyone has taken the quizzes.
 - c. Both Hebda & Czar and Burke & Weil tests will be averaged together the grade for that quiz.
 - d. For the H/C and the B/W there are multiple choice questions in a short answer form. I will check these manually, but to answer them if you have the options of A, B, C, D, E, but them in the order matching column 1. So if your answer is C, D, E, B, A , Then put them in like this so there is a comma and space after each letter. This way you can tell if they are correct for your second time through the exam. CDEBA will get it wrong as will C,D,E,B,A without spaces after the comma.
 - e. Quizzes are graded after they close and the answers opened
3. Once the quiz answers are open, no one can take the quiz. So keep the tentative schedule with you so you know when the quizzes and exams are available - No redoing of quizzes or exams once the answers are open.
4. Dates for each cycle are on the tentative schedule. Quizzes will open on Monday of the week and close Sunday of the week. Then the next quiz will open.
5. Exams will be given on-line on the dates specified in the tentative schedule.
6. Any question on a quiz or exam will be written in the discussion area for that quiz and include:
 - a. quiz name,
 - b. question number,
 - c. number of the question found on each question,
 - d. why you think the answer is incorrect
 - e. and the documentation from the text to show why you think the answer is incorrect.
 - f. The page number of the documentation and text name

Safe Assign

1. Safe Assign evaluates papers for plagiarism. Submit a PLAY paper from another class to the Safe Assign icon on the home page and return to the REPORT to see how much possible

plagiarism there is in the paper. Use the PLAY paper to check and see how SA works. It will give a percent of plagiarism, but it picks up your references and citations. Look at the SENTENCES identified as plagiarism and change them before submitting the papers.

2. Submit the paper 1 week before it is due so you can correct any possible plagiarism problems before submitting in the assignment area.
3. You plagiarize even if you paraphrase but do not cite the author in the paragraphs where you took the information from. Sp please see in the OWL site how to write a title page, abstract, text citations, and references. There are templates for papers, but do not show citations, as only you can do that. So get the APA book or follow the OWL site with shows all these items

Paper and class Narrated PowerPoint Presentation, articles published in Ferris Connect and Interview, and Evaluations of peer Power Points

1. Students will prepare a 10 page professional paper (does not include the title page and references) using APA formatting, references and citation style. Students will be assigned topics from the list below. This is not an exhaustive list and any topic may be used. **An interview with a HIM or informatics professional is needed and will be included in the presentation and the paper.**
2. There is a template for this paper with APA headers, headings, title page and reference page in the FC orientation module.. You still have to provide the citations properly in text and insert items , like the page headers where specified.
3. Students will present the paper to SAFE assign 1 week prior to submitting the paper. The students will return to see what areas of the paper reflect plagiarism and correct any areas before submission
 - a. To submit a paper to safe assign go to the home page and click on Safe Assign icon, select the paper to be evaluated and upload.
 - b. Return in 12 hours and if evaluated, click on the report and note the areas of concern.
 - c. Click on each number in the evaluated paper. Make changes to sentences where what you wrote is too close to what was in the document you took it from.
 - d. Ignore citations and reference pages as they automatically show as plagiarism.
4. Students will submit 2 articles to the ASSIGNMENT area in Ferris Connect (and publish the articles) two weeks prior to the presentation. All students will read the articles submitted by peers to prepare for the presentation.
5. You must have the paper I send to you with the dates due for the paper, articles, PowerPoint, paper evaluation with you so you know what articles to read, what PowerPoints to review and what PowerPoints to submit evaluations on.
6. Each student will copy the evaluation form for the presentations for each presentation. Only the form attached below will be accepted and attached in the assignment area of Ferris Connect. Points are deducted if you do not submit an evaluation form. If someone who has not submitted a presentation on time, you do not have to evaluate that PowerPoint and the student will receive an F for the class.
7. Students who do not submit the paper will also receive an F for the class if they do not submit the paper on time.
8. Do not use the dates in FC assignments for when to submit your items as all students will submit PowerPoints and papers to one area and these will be over 5 weeks, so check the topics and due dates that will be sent to you during week two.
9. Each paper will have the rubric for paper 2 attached. There is a template in the course materials for the paper with the rubric attached.
10. **INTERVIEW** – Each student will interview one health care professional expert or knowledge

able about the topic.

- a. The student will submit the name of the person (with contact information) to the instructor for approval before asking the person for an interview. The student will submit 5 questions to ask the expert and ask the expert to demonstrate the system for the students.
 - b. No interview will be done until the students have completed a thorough review of literature on the topic.
 - c. Submit the name and contact info in the assignment area in Ferris Connect.
 - d. The interview needs to be face-to-face and not via phone or e-mail. The instructor will help with question on some systems that do not fit the following:
 - Demonstrate the system
 - How does the system interface/integrate into the total Electronic medical record?
 - How does the system effect other departments?
 - How does it affect clinical or non-clinical decision support?
 - How /what types of reports can be produced?
 - Who maintains the system (dictionaries, updates, testing)
 - What do you do for downtime procedures?
 - What are future trends
11. The topic will be presented to the class in a formal narrated Power Point presentation. The paper will be a professional paper 10 pages not including cover page and reference page. The presentation will be approximately 20 Minutes. No less than 10 current, relevant references will be used.
 12. As this class deals with computers and informatics in health care, this paper will provide the student a chance to find quality information on the topic from the FLITE database. The information used will be less than 5 years old and directly address the paper topic. If you cannot find enough reference 5 years and newer you can look at older articles.
 13. **To PUBLISH your articles and PowerPoint** so others can read it, you go to the assignment area and click on the small box at the end of the assignment. This is a drop box and you will see a PUBLISH option. Click PUBLISH. If you do not publish your articles or PowerPoint you will receive a zero for on-lineparticipation
 14. The presentation will be professional provide the class insight into issues involved in the topic.
 15. Each student will submit 2 articles on the topic to FC and publish them one week before the presentation. Other class members will read the articles and be prepared to ask questions for participate in the presentation discussion. If the articles are not on FC by the date for submission, 10 points will be removed from the paper grade.
 16. All Class members will evaluate the presentation and the instructor and class grades for the presentation will be used to calculate Presentation grade.

Topics for Paper - Your topic will be sent as a grid with due dates for paper, articles, PowerPoint and evaluations which will be ready after the first week of class and will be sent to you in Ferris Connect. Print this so you know when you have to submit your paper, articles and PowerPoint's, and what PowerPoints and articles you need to view/ read and when to submit the evaluations each week..

Start early to find a person to interview as the paper will have 20 points deducted

without the interview.

- Interfacing including the Health Language 7 (HL7) Interface
- Report Writing and data repositories – getting the data out
- Executive support systems, Budgeting and Forecasting - Non clinical support systems
- Admission, Discharge and Transfer (ADT) systems, pt scheduling – Pt access (intake, customer support, customer service)
- Supply Chain Management – Materials Management
- Patient Billing systems, patient accounts
- Coding systems – encoder systems
- Payroll and personnel systems
- PACs – clinical support system
- Computer Physician Order Entry, Electronic Medical record vs an Enterprise Medical Record – Clinical Decision Support systems
- Barcoding – charges, patient identification, med administration – Clinical Decision Support
- Laboratory Information Systems (LIS)
- RHIOs (Regional Health Information Organizations) and future
- Telemedicine
- How to Select software systems – issues involved.
- Electronic Signature – include legal and ethical implications - How do systems maintain the legal characteristics of a written signature?
- Scanning systems – how do these system effect HIM, implications for clinical decision support
- Ways HCIM systems back-up data (TAPE, Enterprise systems, daily backups, redundant systems) and why are they so important?
- HIPAA implications on HIM systems include both privacy and security.
- HIPAA Identification – Explain the types of identification to be used in Medical records including physician, taxonomies, other providers (hospitals, SNF) and patient identification. Why don't we have a Patient Identification system yet (privacy advocates) and what are the implications of instituting this system. What happens if we do not get the patient identification system to sending receiving data from other health care facilities, insurance companies, etc.
- Contingency planning
- Disaster planning
- Strategic Planning

Rubric for paper and paper evaluation can be found below.

Grading Rubric Paper

10 Pages including results of interview

15 points can be deducted after paper is graded for APA errors

Major paper Parts

Major Headings/Sub Headings		Points	GIVEN
APA Title Page		5	
Abstract	Summary of paper	5	
Main Paper	Use heading and indented paragraph, double space. See Owl site for Proper APA, reference, citations, abstract and title page.		
Introduction to paper What is this paper about? Why is it important? How does it relate to this Health care technology or informatics.	Don't forget to properly cite the works you use in all paragraphs using APA citation style found at the OWL site linked in The course orientation learning module. You may use subheading and other headings for your paper, but make sure they are the correct APA levels.	10	
General Info General information about the topic. Define the topic you are writing about. How is it used in Health care? Provide a good overview of the topic.		15	
Problems/issues Highlight any Problems / Issues about the topic. Use subheadings in this section to highlight main points.		15	
Conclusion Summarize the main points of the paper and conclude the paper with a strong conclusion.		10	
Reference PAGE (APA)			
Interview		20	
Submitted 2 articles in FC 2 weeks prior to presentation and PUBLISHED in FC		10	
Spelling and Grammar		10	
Attach this rubric to the paper	Total	100 points	
APA Deductions		Final Grade	

PRESENTATION OF Paper Topic/Health care information systems Paper

Points will be subtracted from students not filling out the below, including group names and number in table

Group Members:

Date:

Evaluator's name:

CONTENT CRITERIA	POINTS POSSIBLE	POINTS Group #	POINTS Group #	POINTS Group #
Introduces the Topic and presents overview	10			
Provides Direct information related to topic – define and provide major	15			
Provides how topic is important/used in Health care	15			
Discusses how Health care professional (interview) discussed topic	15			
Discusses what will happen in the future/ trends.	15			
PRESENTATION CRITERIA	POINTS POSSIBLE	POINTS AWARDED	POINTS AWARDED	POINTS AWARDED
Organizes the presentation in a logical manner	5			
Communicates ideas clearly	5			
Demonstrates originality & creativity	5			
Provides references to peers	5			
Demonstrates critical thinking during presentation and questioning	5			
Adheres to suggested timelines: 30 minutes	5			
TOTAL POINTS	100			

COMMENTS:

ATTENDANCE/PARTICIPATION:

Ferris State University students are expected to participate in all classroom and on-line learning activities. Because the structure of the course supports only a few face-to-face meetings during the semester, it is extremely important that students attend when they are held. Nevertheless, students may occasionally need to absent themselves from class meetings for reasons of illness, family or work. In fairness to students who attend and participate in every face-to-face session, an absence for any reason will result in a reduction in the absent student's class participation grade. This reduction will be based on the total number of face to face classes and the number a student misses. For the purpose of this policy, being late to class or leaving early for any reason constitutes an absence. *Important note: This participation grade is not merely a grade for attending class-participation credit is earned through active involvement in class discussions, small and large groups, etc.*

All assignments are expected by the due dates. Unless prior arrangements have been made with me, late submissions may not be accepted and may result in a grade of 0 for that assignment. Grades for late submissions that are accepted may be reduced.

GENERAL POLICIES:

ADA, Harassment, Religious holidays, Disruptive Student, Plagiarism, and other College/ University standardized policies are in the Nursing Student Handbook.

PLAGIARISM

According to Webster, plagiarism is "the taking of ideas, writings, etc. from another and passing them off as one's own". This practice is not acceptable to the University, the College, the Nursing programs, or to the instructors. In an academic setting, this is equivalent to grand larceny. Severe consequences will result.

Judicial services will be notified of any suspected incident of academic misconduct. See Student Handbook for further information.

FERRIS COMMUNITY EXPECTATIONS

As a Ferris Community Member:

I will practice personal and academic integrity.

A commitment to this ideal is inconsistent with cheating in classes, in games, or in sports. Refraining from plagiarizing or offering another's work as your own, lying, practicing deceit, or being disloyal in personal and academic relationships.

I will respect the dignity of all persons.

A commitment to this ideal means not taking part in or condoning behaviors which demean dignity of individuals or groups, including hazing, intimidating, taunting, baiting, ridiculing, insulting, harassing and discriminating against others.

I will respect the rights and property of others.

A commitment to this ideal means not stealing, vandalizing, committing arson, destroying property, or misappropriating funds. Respect for another's personal rights means refraining from any behaviors, which violates the persons' rights to move about freely, express themselves appropriately and to enjoy privacy.

I will refrain from all forms of bigotry and will strive to be open and accepting of the differences in people, ideas and opinions.

A commitment to this ideal pledges affirmative support for equal rights and opportunities for all regardless of their age, sex, race, religion, disability, ethnic heritage, socio-economic status, political, social or other affiliation or disaffiliation, or sexual preference.

I will demonstrate concern for others, their feelings and will work to bring about an environment that promotes intellectual development and a sense of community.

A commitment to this ideal is a pledge to be compassionate and considerate, to avoid behaviors which are insensitive, or inhospitable, or insightful, or which unjustly or arbitrarily inhibit one's ability to feel safe as they pursue their goals in the Ferris community.

At the completion of this course, students will have met the following:

- I. Domain: Health care Data Management
 - A. Subdomain: Health Data Structure, Content and Standards
 - 4. Monitor use of clinical vocabularies and terminologies used in the organization's health information systems
- IV. Domain: Information Technology and Systems
 - A. Subdomain: Information and Communication Technologies
 - 1. Implement and manage use of technology, including hardware and software, to ensure data collection, storage, and analysis and reporting of information
 - 2. Contribute to the development of networks, including intranet and internet applications to facilitate the electronic health record, personal health record, public health, and other administrative applications.
 - 3. Interpret the derivation and use of standards to achieve interoperability of health care information systems
 - C. Subdomain: Data Storage and Retrieval
 - 2. Apply knowledge of data base querying and data mining techniques to facilitate information retrieval.
 - 3. Implement and manage knowledge-based applications to meet end-user information requirements.
 - 4. Design and generate administrative reports using appropriate software.
 - D. Subdomain: Data Security
 - 4. Recommend elements that must be included in the design of audit trail and data quality monitoring programs.
 - 5. Recommend elements that should be included in the design and implementation of risk assessment, contingency planning, and data recovery procedures.
 - E. Subdomain: Health care Information Management
 - 1. Compare and contrast the various clinical, administrative, and specialty service applications used in health care organizations.
 - 2. Apply appropriate systems life cycle concepts, including systems analysis, design, implementation, evaluation, and maintenance to the selection of health care information systems.
 - 4. Formulate planning, design, selection, implementation, integration, testing, evaluation, and

support for organization-wide information systems.

V. Domain: Organization and Management

C. Subdomain: Strategic Planning and Organizational Development

1. Develop strategic and operational plans for facility-wide information systems.
2. Assess organization-wide information needs.

HCSA 310
FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
HEALTH CARE SYSTEMS ADMINISTRATION
Course Syllabus – Spring of 2013

HCSA 310, Health Care Finance 2

COURSE DESCRIPTION:

This course introduces the theory of managerial planning for capital and operational budgeting in health care as well as the regulatory constraints related to capital expenditures. Students will have the opportunity to prepare a capital budget proposal as well as to gain practical skills in operational budgeting preparation and related analysis. 3 credit hours

COURSE OBJECTIVES:

At the end of the course the student will be able to:

- Identify types of budgets used in health care organizations
- List the steps in the budget process
- Discuss accrual accounting as it applies to health care providers
- Discuss cost as it relates to health care including listing the types of cost
- Discuss volume, revenue and expense as it relates to health care budgeting
- Create an integrated operating budget for a health care provider
- Create and present a capital budget proposal
- Identify capital budgeting requirements and constraints for health care providers
- Analyze a budget variance report
- Analyze a capital budget proposal

FACULTY

Steven D. Karnes, MHA

Office: VFS 407

Office Phone: 231-591-2251

Email via Blackboard

Mailing address: VFS 407
College of Allied Health Sciences
Ferris State University
200 Ferris Drive
Big Rapids, MI 49307

Office Hours: Tuesday and Thursday 8:00 – 9:30
Wednesday, 8:00 – 11:00 and by appointment

REQUIRED MATERIALS:

Text: Harrison, Carlene; Harrison, William P. Introduction to Health Care Finance and Accounting 2013. Delmar, Cengage Learning, ISBN-13: 978-1-111-30867-4

COURSE POLICIES:

Please refer to the following pdf for all course policies including: Disruptive Behavior, Honesty and Student Dignity

<http://www.ferris.edu/htmls/colleges/alliedhe/Editor/Files/HAhandbook.pdf>

COURSE EVALUATION:

(Scores will be posted in Blackboard. It is your responsibility to inform me of any discrepancies.)

Grade Determination

Assignments/quizzes	= 200
Discussion Article	= 30
Excel Discovery	= 30
In-Class Participation/Attendance	= 100
10 Exams (1 exam for each module at 20 points each)	= 200
Capital Budget Proposal	= 100
9 Excel Budget Assignments (20 points each)	= 180
Total	= 840

The following uniform percentage grading scale for all health management courses will be used. Scores will be posted on Blackboard.

A	93 +	781	to	840	B-	80 to 82	672	to	696	D+	67 to 69	563	to	587
A-	90 to 92	756	to	780	C+	77 to 79	647	to	671	D	63 to 66	529	to	562
B+	87 to 89	731	to	755	C	73 to 76	613	to	646	D-	60 to 62	504	to	528
B	83 to 86	697	to	730	C-	70 to 72	588	to	612	F	Below 60	0	to	503

TENTATIVE COURSE SCHEDULE:

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 with the issuance of a notice with the effected changes and date of implementation. **Readings should be completed prior to the week assigned.**

ASSIGNMENTS: Due dates are noted in the tentative timeline. Assignments that are one (1) minute to one (1) calendar week late (including weekends) will be accepted for late credit, i.e., 80% maximum credit potential. **ASSIGNMENTS WILL NOT BE ACCEPTED AFTER 1 WEEK HAS PASSED THE DATE THAT THEY ARE DUE.**

Discussion:

1. Find an article relating to health care finance and write a review (one to three paragraphs) in the discussion section of Blackboard. Read other classmate's submissions and comment on one (one paragraph).
2. Discover something new about Excel and share it with the class
3. In Cyber Café post a message telling a little about who you are and what you would like to be doing 5 years from now.

Excel Lab Assignments:

Starting with Excel lab #6 you will be building a budget. This will require that you correct the assignment (if there are errors) prior to completing the next one because the subsequent lab assignments will depend on the correctness and accuracy of previous assignments.

Capital Proposal:

You will put together a capital project proposal following the instructions given in that module.

Assignments/Exams:

Throughout the semester assignments and exams (one per module) based on the textbook and other reading assignments will be given. The assignments will vary in format. The format of the exams will be objective questions, such as multiple-choice, true and false, matching, and fill-in sentences or they will be Excel based. You may use the book or other reading material to complete exams.

Schedule of material and assignments

Week	Module	Content	Reading	Assignments
1 1/14/13	1	Introduction Excel Basics	Read Chapter 1	Excel Tutorial Excel Quiz
2 1/21/13	1	Format Guidelines Formulas Accounting Framework	Read Chapters 4 – 5	Format and Formula Assignment Module 1 Exam test portion Module 1 Exam Excel portion
3 1/28/13	2	Chart of Accounts BS&IS Accrual Accounting	Read Chapters 6 – 7	BS & IS Assignment Chart of Accounts Assignment Module 2 Exam
4 2/4/13	3	Defining Cost Allocating Costs	Read Module Material	Cost Assignment Module 3 Exam
5 2/11/13	4	Strategic Planning Process Introduction to Budgeting Cash Management	Read Chapters 8 and 9	Module 4 Exam Cash Flow Statement
6 2/18/13	5	Payroll Basics and Productivity	Read Module Material	Excel Payroll Assignments Module 5 Exam
7 2/25/13	6	Capital Budget and CON	Read Chapter 10	Capital Budget Assignment Module 6 Exam (both portions)
3/4/13		Spring Break		
8 3/11/13	7	Operating Budget Volume	Read Chapter 11	Description Volume
9 3/18/13	7	Volume by Payer Revenue by Payer	Read Module Material	Volume by payer Revenue by payer Module 7 Exam
10 3/25/13	8	Expense Budgeting	Read Module Material	Seasonal Projections
11 4/1/13	8	Expense Budgeting Continued	Read Module Material	Non-payroll budget
12 4/8/13	8	Payroll, Expenses and Allocation	Read Module Material	Payroll Budget Budget 2 Assignment Module 8 Exam
13 4/15/13	9	Final budget adjustments Budget Negotiations Presentation	Read Module Material	Budget 3 Assignment Presentation Assignment Module 9 Exam
14 4/22/13	10	Budget performance reports Variance analysis	Read Module Material	Budget Variance Assignment Module 10 Exam
15 4/29/13		Capital Budget Workshop		
16 5/6/13		Capital Budget Proposals Presented		

HCSA 326
FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
Department of Clinical Laboratory Sciences, Respiratory Care and
Health Administration Programs
HCSA 326 Health Care Personnel Practice
Spring 2013

COURSE DESCRIPTION: Students will study the various Human Resource components unique to the health care industry. Topics include aspects of Human Resources; Health Care bargaining units, licensing, and credentialing and accreditation requirements for health care personnel. This course will also cover health care mandates pertaining to the employment process. Prerequisites: [HCSA 120](#) with grade of C or above.

INSTRUCTOR: Julie A. Ward, MSA
Office: VFS 415
Office phone: 231 591- 3110
E-Mail: wardj8@ferris.edu
Office hours: Tues 3 – 4:30 and Wed 11-12 and 3:00 to 4:30

COURSE SCHEDULE: HCSA 326-001

This class meets in VFS 328 and meets on Tuesdays from 1:30 to 2:45 and is mixed delivery. It is very important to be in class on the day we meet. You will need to check black board on a daily basis as there will be assignments, assessments and discussion board assignments required.

REQUIRED TEXT

L. Fleming Fallon, Jr. & Charles R. McConnell (2007). *Human Resource Management in Health Care*. Jones & Bartlett, Publishers.

EVALUATION:

• **Points/grading**

93-100% 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

Examinations: There will be 2 exams during the semester. Failure to take an exam will result in zero points awarded. Exams cannot be retaken. Each exam is worth 100 points toward your overall score.

Assignments: There will be 3 major group assignments/ in class projects. Each will be worth 100 points. A group grade of up to 80 points for the assignment will be given by the instructor. Students will grade each other for participation and effort worth up to 20 points. You are expected to work in teams and to use the guidelines below. You have to be present

for all aspects of the work/presentation to be awarded any of the 80 points. Teams may be required to present their findings in no more than ten (10) minutes to the rest of the class on the date that it is due.

Assessments: There will be 10 assessments on the chapters in the book and from the power point presentations. These assessments will be 5 questions worth 10 points each.

Quizzes: There will be a minimum of 3 pop quizzes at 10 points each. These quizzes may not be made up.

Journal Assignments: Beginning week 2 through week 11 student is required to review an article on a Human Resources issue (10 total). The student will write a paper summarizing the article and offering their opinion of the issue. The paper will not be not longer than one page in length. The article shall be attached to the student's assignment. The review will include a cover page with student name, title of article, date and journal review #_. Journal Reviews may not be turned in late. A citation page is to be included using APA formation.

ATTENDANCE: Students are expected to attend each scheduled class. It is further expected that each student be actively involved in class discussions and group work. You cannot make-up assignments or receive points for in-class activities if absent.

Grading Information: The instructor reserves the right to make changes.

2 examinations	200 points (100 points each)
3 Assignments	300 points (80 from instructor and 20 from peer review)
Pop Quizzes	30 points
Chapter Questions	50
Discussion Board	20
Chapter Assessments	100
Journal assignment	100
TOTAL	800 points

Note: Assignments and chapter questions will be accepted up to 2 days late with a 20% penalty. All assessments, examinations, discussion bards and journal assignments will not be accepted late.

COURSE OUTCOMES:

- 1.) Identify regulations that apply to the health care work force
- 2.) Analyze the unique relationship between management and health care bargaining units
- 3.) Examine the responsibilities of Human Resources to ensure compliance with health care accrediting bodies

TENTATIVE SCHEDULE: I will give notice when schedule changes are needed. This is a tentative schedule. The instructor may change, at any time, the schedule of assignments, required materials to be completed and/or read, dates assignments are due and other student responsibilities with the issuance of a notice with the effected changes and new dates.

UNIT 1: Introduction to Human Resources

UNIT 2: Recruitment/Hiring/Employment /Termination Process(es)

UNIT 3: Compensation and Benefits

UNIT 4: Position Descriptions/Policies and Procedures

UNIT 5: Accreditation and Human Resources

UNIT 6: Labor Relations

UNIT 7: The Laws and Human Resources

Course policies:

Please refer to the Student Handbook: Student Handbook-Ferris State University @
<http://www.ferris.edu/htmls/administration/StudentAffairs/Studenthandbook/homepage.html>
Conflict resolution: see CAHS home page.

HCSA 336

FERRIS STATE UNIVERSITY

COLLEGE OF HEALTH PROFESSIONS

DEPARTMENT OF CLINICAL LAB, RESPIRATORY CARE & HEALTH ADMINISTRATION PROGRAMS

HCSA 336 COURSE SYLLABUS – Spring 2013

TITLE OF COURSE: HCSA 336 Supervisory Practices (4 credits) Prereq.- CCHS 101

INSTRUCTOR: Terry Harper, BSN, MSCTE
Office: VFS 414
Office phone – (231) 591-2279
E-mail: **Use Blackboard course email** for all communications to me
**Expect a reply within 24-48 hours
Office hours: W 11:00- 12:00p.m., MTR 3:00-4:00 pm., other times by appointment

COURSE DESCRIPTION: Students will study and discuss theory and practice of management in health care facilities with an emphasis placed on conducting meetings, performance appraisals, interview processes, and corrective actions. Students will develop policies and procedures, job descriptions, and orientation topics. Skills in team building, coaching, counseling, conflict management, networking and delegation will be addressed.

Four credit hours (Lecture 3, Lab 2) Prerequisite: **CCHS 101 with grade of C or above.**

STUDENT TEXT: McConnell, C. (2012). The Effective Health Care Supervisor (7th edition). Boston: Jones and Bartlett Publishers, Inc.

COURSE OBJECTIVES: At the end of this course, the student will demonstrate competency with day to day responsibilities of a health care supervisor.
Overarching objectives to be achieved from class include:

Critical Thinking & Problem Solving: Analyze case scenario and propose solution to problem	Assessment Method: Case Study/Essay Test - Final Exam	75% of students will receive 80% or higher.
Thinking and Problem Solving: Develop policies and procedures	Assessment Method: Develop an HR policy: Project/Model/Invention	75% of students will receive 80% or higher.
Professional & Ethical Behaviors, Communications: Develop a staff education project	Assessment Method: Students will choose a management topic to research, prepare and present Assessment Method Category:	75% of students will receive 80% or higher.

In addition, the student will complete the following learning objectives:

- Conduct and participate in meetings.
- Develop appropriate orientation and training sessions for employees.
- Learn about the function of a job analysis and use the information to develop a job description and develop a policy on performance appraisals.
- Demonstrate principles of employee selection through the use of appropriate recruitment and selection techniques.
- Develop productivity standards as a basis for employee evaluation, counseling and job descriptions.
- Demonstrate principles of employee discipline/counseling.
- Identify pertinent legislation that defines organizational and supervisory behavior
- Select leadership style appropriate for work place situation/circumstances.
- Recognize and implement appropriate motivational techniques for employees.
- Appropriately delegate functions to empower employees.
- Describe techniques to successfully negotiate solutions to work place problems.
- Acknowledge diversity of employees and customers within the work place and recognize its value.
- Describe the role of the supervisor in dealing with employees who are members of the bargaining unit.
- Implement management techniques that are effective in supervising the health Care employee.
- Demonstrate appropriate written communication skills through the development of a training plan, policies, job descriptions, meeting minutes, etc.
- Demonstrate appropriate communication skills and presentation skills by developing a training session.
- Demonstrate interpersonal skills through teamwork, collaborating with students in an on-line environment to research and investigate a topic area appropriate for this course and present to the class an orientation session for their peers or subordinates.

METHODS OF TEACHING: Reading, class discussions, interactions among their peers, group project, research various websites, writing, assignments, quizzes. The class requires that students actively participate with peers to create a quality group project. Students will be expected to access material outside the context of the text such as professional journals.

EVALUATION AND GRADING SCALE:

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: Please note the instructor reserves the right to modify points throughout the semester as deemed necessary.

Assignment	Point Value
Syllabus Quiz/Student Info and syllabus signature sheet	10
Discussion Board Postings	45
Supervisory effectiveness & self improvement	50
Chapter and Weekly Assignments	200
Group Presentation including Multiple Choice questions + Average of Peer Reviews	100
Quizzes/Assessments	350
Individual Participation/Attendance	25
TOTAL Points	780

***Requirements may be subject to minor changes**

Important things to remember about this course:

- **ALWAYS CHECK FOR NEW ANNOUNCEMENTS WHENEVER YOU LOG INTO THE COURSE.**
- You will be actively posting to a Discussion Board to assist yourself and your group members to prepare for group orientation project and decision making.
- 11:59pm Sunday evening is the default due date for all assignments and discussion board contributions.
- Early assignments are accepted, but grades and feedback may not be provided until after the deadline for the assignment has passed.
- The assignments are to be TYPED unless instructor indicates otherwise. The assignments are to be submitted online, unless other arrangements have been made with the instructor. Typed assignments must be in a font size of 12 with no larger than 1½-inch margins. Grammar and spelling are critical for credit.

PARTICIPATION:

- The intent of participation is to engage you in the thought processes that are fundamental to effective performance in the health care arena.
- Active participation is necessary to learn to apply, analyze, synthesize, and problem solve. Team and group activities require action from each person and are built into this course. You must be present in class to be able to earn these points.
- Cell phones are a distraction from class. Points are deducted for cell phone use in class.

ATTENDANCE:

- Attend each class. Students who arrive late disturb the class. Consistent late attendance affects total faculty discretion points awarded.

ASSIGNMENTS:

- All assignments and projects are to be handed in on the DUE DATE. A 20% deduction applies to all late work. No late work is accepted after 1 week from the original due date. Late assignments due the Sunday before exam week, must be completed by the final exam time. Assignments with a total point loss of greater than 25%, may be corrected and resubmitted for late credit within 1 week of the due date. Provide prior notice through the class email if there is

an emergency that prevents timely submission of assignments. There are no make-up assignments.

- **Make use of the Writing Center or Tutorial Services as needed:**
- <http://www.ferris.edu/htmls/colleges/artsands/languages-and-literature/Writing-Center-Home.htm>
- <http://www.ferris.edu/htmls/colleges/university/asc/>

TESTS:

- Mandatory attendance is required. If you are ill or an emergency occurs, please notify the instructor **before** class; a voice mail or e-mail message is acceptable. A missed test due to illness will require supporting documentation. *Those arriving up to 5 minutes late for a test will get a 20% deduction off the total test points. Those arriving more than 5 minutes late without providing prior notice to the instructor will not be able to take the test.
- On-linetesting needs to be completed by the due date listed. Allow enough time for contingencies (i.e. electrical outage, computer problems, etc.) to complete an on-linetest in case of computer problems.

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.

Harassment

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

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 constitute 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 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 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 to and including discharge or dismissal.

Disruptive Behavior Policy Statement

The College of Allied Health Sciences strives to maintain a positive learning environment and educational 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. 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.
4. 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.)
5. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
6. 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.

<http://www.ferris.edu/htmls/administration/StudentAffairs/Studenthandbook/homepage.html>

Conflict Resolution Policy: Please see the CAHS WEB Homepage for more information.

<http://www.ferris.edu/htmls/colleges/alliedhe/csrchca/health-info-tech/Handbook-10-11-PT-rvwd.pdf>

TENTATIVE COURSE SCHEDULE: (See calendar in FerrisConnect, although I post as many things as possible on the course calendar, the calendar only allows me to put the date assessments, or quizzes, are available to take, not the date they are due, so I **STRONGLY** suggest you print this syllabus and make sure you have completed all week requirements).

Weeks Readings Topic **All assignments are due on Sunday at 11:59pm of the due date**
week

Module 1; Chapters 1-7, 9-11 This module covers the evolution of the health care manager in a changing environment, the varied managerial settings, basic management functions, managerial effectiveness, and leadership.

1. Review the "Getting Started in Blackboard"
2. Assessment (Syllabus quiz) in Blackboard
3. Introductions – Please introduce yourself to the class in the Discussion Board. Tell us about you, your family, hobbies, and the academic program(s) you are in. Finally, tell us about your career aspirations and where you see yourself in ten years. Although this is not a graded assignment, it is a good way to become acquainted with your classmates.
4. Instructions for group education project
5. Sign up for group/team education topic – will sign up in class must be present.

- **Module 2; Chapters 8,12,13,14,15,19,20 Meetings, policy writing, memo drafting** This module covers the supervisor's role in hiring, performance appraisals, disciplining,
- leading meetings, memo and letter writing, and minute taking.
-

Module 3; Chapters 16,17,18,22,23,24,27,29 This module covers the supervisor and ethics, decision making, change management, quality improvement, team building, and legal aspects of supervision.

Group Education Projects and Presentations

1. The group leader, or their designee, will email me their final presentation, labeled with the subject of their presentation. Make sure the first slide of the PowerPoint lists each member of the group.
2. Once the PowerPoint/Prezi is completed, create 8 multiple choice questions from your presentation. **Group leader, or their designee will submit the 8 multiple choice questions (with answers) to me as an attachment to an email in Messages. I will choose approximately 5 questions per topic from the presentations and/or chapters and post as an assessment for the class to complete.** I only need one set of MC Questions per group. If a group presentation is not done for a chapter, I will create five multiple choice questions for that chapter as part of your assessment/test.

HCSA 345

HEALTH ADMINISTRATION DEPARTMENT COURSE SYLLABUS – SPRING 2013

Course Title HCSA 345 Internship Orientation

Credits: 1 credit hour - lecture

Course Schedule: 9:00 A – 4:15 P, Saturday, January 26, 2013

Professor: Marie J Sichelsteel, M.S., R.H.I.T. Office: VFS 412
College of Allied Health Sciences Office Phone: 231 591 2321
Associate Professor E-mail: sickelsm@ferris.edu

Office Hours:

Tuesday	Wednesday	Thursday
10:00 A	10:00 A	10:00 A
2:00 P		

Course Description The purpose of this course is to prepare students for their internship experience by reviewing areas that will enhance their professional preparation. Some of the areas to be explored are project requirements, internship expectations, work ethics, 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.

Internship Placement: There are many questions and concerns regarding your internship. The **Internship Coordinator, Marie Sichelsteel** processes all internship placements. Faculty are very helpful in providing guidance regarding internships; however, the process of securing and finalizing an internship rests with the internship coordinator. You may ask someone who may not be in the decision making line regarding your internship; and, a common explanation is 'someone told me....' Your time is valuable and your internship is a critical piece of your academic experience. Contact the Internship Coordinator for direct and reliable answers your questions.

Attendance: **Mandatory attendance for all scheduled classes.** In class assignments **cannot** be made up.

Course Objectives At the end of this course, the student shall be able to:

1. Describe a commitment to an internship including an understanding of internship projects, time constraints, and the specific responsibilities to successfully complete an internship.
2. Prepare a resume for an internship.
3. Prepare a cover letter for an internship.
4. Develop an action plan for an internship.
5. Establish time management elements for his or her planning of work and internship responsibilities.

6. Describe importance of Intent Form and who initiates the internship process.
7. Establish an interview with a health care manager/ supervisor for the purpose of obtaining acceptance to do an internship in that facility.
8. Discuss different personality traits.
9. Describe professionalism
10. Gain a greater understanding of people skills and interaction with others including communication skills and conflict resolution.
11. Describe essential personal traits and skills of the health care professional

Evaluation

Uniform Grading Scale will be used.

Grade Determination

- | | |
|------|---|
| 100 | Total Points |
| ✓ 10 | Class Participation and Attendance |
| ✓ 5 | Student Information Sheet – Due today |
| ✓ 0 | Intent Form – Week 8 or before (spring internship students) |
| ✓ 25 | Resume: Due <u>March 1, 2013</u> ; revised after Career Services or Writing Center review; <u>not accepted without review attached.</u> |
| ✓ 25 | Cover Letter: Due <u>March 1, 2013</u> ; revised after Career Services or Writing Center review; <u>not accepted without review attached.</u> |

Submit resume and cover letter as follows:

Staple together in the following order; points deducted for failure to follow this order:

- A cover sheet with class title (HCSA 345), class day (Sat.) and student name.
- Revised cover letter (final draft)
 - Cover letter review that includes review comments.
- Revised resume (final draft)
 - Resume review that includes review comments.
- ✓ 25 Action Plan
- ✓ 10 Assignments

TENTATIVE SCHEDULE

HCSA 345 - Course Schedule: 9:00 AM – 4:15 PM, Saturday; January 26, 2013

DATE	ASSIGNMENT
------	------------

Class 1 Jan. 26

Orientation

Internship overview:

- Information Sheet – due today, Jan. 26, 2013
- written projects and format
- progress and site coordinator project evaluation
- grade determination
- internship hours and work rotation
- policies

Skill Identification

Review of resume and cover letter

Review of internship manual.

Review of internship requirements.

- MRIS students only
- HCSA students only

March 1

Submit as follows:

Staple together in the following order; points deducted for failure to follow this order:

- A cover sheet with class title (HCSA 345), class day (Sat.) and student name.
- Revised cover letter (final draft)
 - Cover letter review that includes review comments.
- Revised resume (final draft)
 - Resume review that includes review comments.

March 1

Internship Action Plan due

April 1

Intent Form on or before this date.; mail to M. Sichelsteel

Mail (US Postal Service) resume, cover letter, and action plan with a **self addressed stamped envelope** to:

Marie Sichelsteel
Ferris State University
200 Ferris Dr.
Big Rapids, MI 49307

Fax or FerrisConnect submission NOT ACCEPTABLE.

E-MAIL ETIQUETTE

Guidelines:

1. Make your reader's job easy.
 - Keep sentences relatively short.
 - Keep paragraphs relatively short.
 - Use a clean, simple, easy-to-read font.
2. Write it right.
3. DO NOT WRITE YOU WHOLE E-MAIL IN CAPITALS. IT MAKES YOUR READER FEEL THAT YOU'RE SHOUTING AT THEM.
4. Be clear in the subject line. A clear subject line is like a clear title to a paper.
5. Be polite and clear in your message.
6. Spelling checks. Remember to check your spelling before you send an e-mail; proofread.

Internship emails must contain:

1. Internship class: HCSA 392, HCSA 493, MRIS 493, or MRIS 293
2. Internship semester: Fall, Spring or Summer with the appropriate year.
3. Message: i.e. I plan to do my HCSA 392 6-week internship during summer semester 2013.

'Susan Smith would like you to contact her regarding a potential internship.' Insufficient information.
4. If this involves a site, please identify:
 - Site
 - Contact person when appropriate :
 - Name
 - Title
 - Phone number
 - Email address
5. The reader deals with at least four different internships and as many as 120+ students. Do not assume the reader knows what internship you are planning or specific details that are relevant. Always include your full name.
6. Add additional information that is appropriate.
7. Emails lacking the above pertinent information will be returned for clarity.

HCSA 392

See the PDF Attachments

HCSA 402

FERRIS STATE UNIVERSITY
College of Allied Health Sciences
Health Management Department
COURSE SYLLABUS – Fall 2011

TITLE OF COURSE: HCSA 402 Health Care Law 2 (3 credits)

INSTRUCTOR: Julie A. Ward MSA
Wardj8@ferris.edu

*Use the above email ONLY as a backup to FerrisConnect
Ferris Connect will be checked daily (weekdays) during the semester. Expect a response within 48 hours or two business days.

OFFICE HOURS: By phone appointment. Email questions are preferred. If requested, chat sessions will be held at times convenient for both student and myself.

COURSE DESCRIPTION: This course builds on the basics in Health Care Law 1. Students will examine contracts, regulations affecting leases, physician, and health care executive compensation. It will explore various legal entities and forms of health care corporations. Students will analyze issues impacting hospital/physician mergers and joint ventures with special attention to Stark, Anti-kickback, and IRS concerns for non-profit entities. Methods of resolving medical malpractice cases outside the of the courtroom (alternative dispute resolution, facilitation, mediation) is discussed. Prerequisites: HCSA 202 with grade of C or above.

STUDENT TEXT: Showalter, J. Stuart. The Law of Health care Administration; Fifth Edition. You may obtain your text by going to <http://www.whyywaitforbooks.com/> and choose Michigan, Ferris State University and under the drop down menus choose Fall 11, department is HCSA, course is 402 VL1.

COURSE OBJECTIVES: Analyze federal regulations and restrictions for corporate structuring, define elements needed for various valid contracts, compare and contrast legal requirements and restraints between for-profit and not-for-profit private corporations.

METHODS OF TEACHING: Reading, discussion threads, research and writing, web reviews, assignments, assessments. The class requires student participation in weekly discussion board. Students will be expected to reply to an article identified for the discussion board each week.

EVALUATION AND GRADING SCALE:

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

(See My Grades under My Tools in Ferris Connect)

APPROXIMATE POINTS

Individual assignments including all chapter review questions	200
Weekly discussion board responses	60
Tests (4 modules)	200
Research Paper	100
Total points	560

Important things to remember about this Web Delivery Course:

- **Announcements are my means of communicating information to the class. ALWAYS CHECK FOR NEW ANNOUNCEMENTS WHENEVER YOU LOG INTO THE COURSE.**
- You will be actively posting to a Discussion Board every week [Weekly Discussion Board]
- [Discussion Board Postings](#) will not be considered for evaluation if posted later than midnight Sunday evening.
- Midnight Sunday evening is the default due date for all assignments and discussion board contributions.
- If the calendar indicates something is due on January 24 at midnight, it is not due on January 23 at midnight, but midnight the evening of January 24.
- Early assignments are accepted, but may not be graded until after the due date for the assignment has passed.
- [Individual Assignments](#) will be accepted if submitted within 2 calendar days of the original due date. A 20% penalty will apply if submitted within the 2 calendar days of when it was due, anything later than 2 days will be worth 0 points. Even though the calendar is used for some assignments for this course, each week a module will be provided on the course home page with course requirements for the week. Often the FerrisConnect calendar only posts when assessments are available, not when they are due. I don't have control to change that.
- Word processing format: 11-12 font size, double spaced, maximum 1" margins. Grammar and spelling are critical for credit.
- Each student will select a topic pertaining to a contemporary legal issue related to a course objective. The student will research the topic and prepare a written paper. While researching your paper, you will find the discussion board reference librarian, Alison K., our FLITE librarian extremely helpful during this course. Depending on Alison's other obligations, she usually checks the discussion board daily (Monday-Friday) to assist those students who need guidance in locating information for their research paper. Upon completion of the paper, it will be required to be submitted to SafeAssign. SafeAssign is located on our home page.

PARTICIPATION:

- The intent of participation is to engage you in the thought processes that are fundamental to effective performance in the health care arena.

- **Weekly during the semester, you will participate in an On-line Discussion via the discussion board found under ‘my tools’.**

GENERAL POLICIES:

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.

Harassment

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

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 constitute 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 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 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 to and including discharge or dismissal.

Disruptive Behavior Policy Statement

The College of Allied Health Sciences strives to maintain a positive learning environment and educational 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. 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 withdraw from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.
4. 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.)
5. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
6. 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.

Conflict Resolution Policy: Please see the CAHS WEB Homepage for more information.

Research Analysis Written Paper (100 points possible)

The following link will be helpful if you are not sure what should or should not be in a research paper; http://www8.esc.edu/esconline/across_esc/writerscomplex.nsf/0/ddbc866bc537f67e85256a460066ab2d
Your research paper may analyze a perspective or argue a point.

Required APA Format (Review library resources material found on home page). Additionally the Ferris Writing Center can offer you can be accessed by going to <http://www.ferris.edu/htmls/academics/Departments/WritingCenter/>

I will be available for consult on potential topics, but will only provide input on APA format if student provides proof they have been to the writing center prior to requesting assistance.

Cover page: Title, Author, Course number, Instructor & Due Date (10 points)

Table of contents: Page numbers should correlate with section headings within paper; do not label a section with the word 'Body.' (10 points)

Body/Content: 5-7 pages, double spaced, no more than 1 1/2 inch margins, 12 point font, developed to flow from beginning to conclusion (labeling section headings)

Points for this area total 40. Once you submit your paper to SafeAssign, it will generate a similarity index. The Similarity Index will compare your paper to other material, including any papers you have previously submitted to SafeAssign. Therefore, less similarity is better. The Similarity Index, excluding quoted material, and excluding the bibliography the following graph will help me to determine points for this section. (40)

Similarity Index	Max Points Content Will Earn
< 30%	40
30 – 49%	15
50 – 65%	10
> 66%	0

Grammar and Spelling (10)

Conclusion: (Within 2 paragraphs state your conclusion on the issue, specifically labeling it conclusion in your paper) (10)

Appendices: ONLY if needed to support your report. Appendices include charts, graphs, numerical tables, illustrations or other graphics necessary to enhance your report.

Bibliography page: Include at least 7 references. All but 2 must be from a professional, peer-review journal or state or federal statutes, rules, or regulations. (20)

HCSA 410

Ferris State University College of Health Professions

Department of Clinical Lab, Respiratory & Health Administration Programs

HCSA 410 Health Care Finance 3 Spring 2013 * Monday section *

Course description

This course focuses on managerial and financial analysis with special emphasis on the revenue cycle and payment systems in myriad health care settings. Students will have the opportunity to interpret and analyze administrative reports common in health care. Prerequisites: HCSA 310 with grade of C or above. Typically Offered Summer and Fall.

4.000 Credit hours

4.000 Lecture hours

Faculty

Mark Hutchinson, MPA

VFS 411

200 Ferris Drive, Big Rapids, MI 49307

231-591-2265

Toll free phone 1-800-GOBULLDOGS (Business hours), ext 2265 or
1-800-592-6499

Email via FerrisConnect

Back up email: Hutchinm@ferris.edu Use this email ONLY as a backup to Ferris Connect. Late credit applies if used for assignments.

Office hours

Tuesdays 1:00 – 3:00 p.m.

Wednesdays 11:00 – 1:00 p.m.

Course schedule

Monday 3:00 – 4:50 PM VFS 419 remainder online

A week equals Monday AM through Sunday midnight.

Required materials

Text: Introduction to the Financial Management of Health care Organizations, 5th ed. Nowicki, Michael. HAP. 2012. ISBN: 978-156793-4120

Course pack: Supplemental Material, 3rd ed.

Calculator for in-class work

EVALUATION

Grading Scale (%) for all CRHA Departmental programs

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-	59 & below	F

Grade determination

- A minimum of a "C" grade is mandatory in order to pass the course and become eligible to progress in the program.
- Scores will be posted in FerrisConnect. It is your responsibility to inform me of any discrepancies. Changes are based on graded work.
- Students are expected to check Ferris Connect twice weekly for updates and announcements.

Points in class

375	Assignments
50	Quizzes & final
425	Total points

Timeliness

Late work is undesirable and unprofessional. Because 'life happens' and our best intentions are not always possible, a two (2) calendar day window for a maximum of 80% applies to assignments. Thus, late credit means that you automatically lose 20%. After one week any assignment turned in will result in a zero for the assignment.

Attendance

Attendance is expected. In-class points cannot be earned later – you must be present to earn them. The professional courtesy of alerting your professor to non-attendance is a good habit to practice. What would you do in your career? Let that be your guide.

Critical thinking

Critical thinking concepts will be considered in all evaluative work. A brief summary of key concepts is located later in this syllabus.

Testing

Periodic testing will assess the level of your new foundational knowledge. The final will be comprehensive. Plan on studying regularly rather than 'cramming'.

Quality Of Work

All assignments are to be proofed, re-proofed & grammar checked in Word, Excel and any other software. Proper grammar & spelling are critical to a passing score... **and a successful career! In today's world, we are often known only by our writing – let's be the best!** Truly, professional writing is a critical skill in today's world.

Any student who is caught cutting and pasting information word for word from a source and using it as their own will result in a zero for the assignment.

My standard policy follows the internship manuals: a one-point loss per error. ***This impact is applied after rubrics are considered.***

Course outcomes

At the end of the course, students will be able to:

- Compute net revenue.
- Analyze common reports and financial statements in health care.
- Compute payroll for health care employees.
- Discuss current trends in health care finance.

Participation is expected.

A lack of participation or disrupting class may lower your class grade.

University course policies (Continue reading for class policies.)

We observe University policies as described in the Office of Student Conduct homepage. These policies include, but are not limited to, the following policies:

Academic dishonesty	ADA	Disruptive student behavior
Harassment	Plagiarism	Religious holidays
		Student dignity

You may link to the University's disclosures at

<http://www.ferris.edu/htmls/administration/StudentAffairs/judicial/judicial.htm>, then 'Student Handbook'. Sections III & IV are most pertinent to our class.

How program outcomes will be achieved

Writing

Writing skills will be reinforced and enhanced through individual and team assignments, e.g.,

- *Discussion boards*
- *Presentation materials*

Speaking

Speaking skills will be reinforced and enhanced through individual and team assignments, e.g.,

- *Group presentation and*
- *Participation*

Critical Thinking Background/Review

Critical thinking concepts will be considered in all evaluative work.

Consider critical thinking **elements** in our class discussions and homework

- **Point of view** - What 'hat' are we wearing? (HCO for our class)
- **Purpose** – WHY are we thinking? What is our goal; are we still on track?
- **Questions** – What questions should be asked to meet our purpose?
- **Information** – What data do we need? Facts? Experience? Observations?
- **Concepts** – What is the main idea we're using? Is there a pertinent definition or model?
- **Conclusion** – What is our solution or recommendation? Does it address our purpose? Does our evidence support it?

- **Assumptions** – What assumptions are inherent in our thinking? How do they bias our outcome, our choice of data and/or the concepts we used?
- **Implications** – What are the potential consequences related to our conclusion?

Consider critical thinking **standards** in our class discussions and homework. These are the tools that measure how 'well' we are thinking.

- **Clarity** - the cornerstone. Without clarity, all else becomes negligible.
- **Accuracy** - could someone verify your facts?
- **Precision** - have you provided details? Are you specific?
- **Relevance** - does your response relate to the question or topic? How does it help expand our thinking?
- **Depth** - what complexities did you consider? Are there factors that make this difficult?
- **Breadth** - did you suggest looking at the issue from a different perspective or point of view?
- **Logic** - does your response make sense? Does your conclusion follow from the facts or evidence?
- **Significance** - what is the most important issue to consider? What is the central concept?
- **Fairness** - have you examined your thinking for prejudice? Do you have a vested interest in a particular position? Are you considering how others might perceive this issue?

Class Policies

Expectations

The following is a list of behaviors expected in class to create an environment where learning is fostered.

10. **Respect for all** – we listen when others talk, we minimize disruptions if we must leave early or arrive late, we encourage every class member to succeed and we support each other.
11. **Choose to learn** Our time is for us. We will stay on task for OUR class. If you must study for another class, simply don't come to our class that day.
12. **Arrive on time.** If circumstances occasionally interfere with this, observe behavior 1 & sit in the back.
13. **Leave when class is over.** If occasional circumstances interfere with this, observe behavior 1 & sit in the back.
14. **Attendance is expected** and will be taken each day. Consider our class 'your job' & inform me of issues that may interfere with your success. In-class points may not be made up.
15. **Food/drink** - If you bring food, take care of the 'housekeeping'. Observe proper etiquette near computers.
16. **Sound** – See behavior 1. Turn off and store all beepers, pagers, phones etc. during class. Headphones, earplugs etc. are not permitted.
17. **COMMUNICATE** Keep me informed so we can work together for your success.
18. **Silence** Silence implies agreement and/or understanding.

Rules to facilitate learning

To enhance our 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 I ask you a question, simply say 'PASS TO XXXX'. (This does require that you know someone's name!)
3. **Ask** There are no dumb questions, only unasked ones.
(Exception: Are you going to do (or 'did you do') anything important in class?)
4. **Absence** You are responsible for all information covered during classes that you may miss. Check with at least 2 classmates before you contact your professor.

Rules to respect your professor

3. Assignments are to be submitted in hardcopy on noted due dates, unless otherwise noted
4. You will notify me as soon as possible when situations exist or occur that could impact your success in our class. ***I can't help if you don't let me know.***

"Not everything that counts can be counted, and not everything that can be counted counts." -- William Bruce Cameron

HCSA 410 Assignments (Tracking....)		
Official scores will be posted in Ferris Connect. It is your responsibility to inform me of any discrepancies. Changes are based on graded work.		
	Assignments	
	Readings	
50	50	Chapter readings (7 @ 7 pts. + 1)
	Career	
	5*	HFMA membership
	5*	Linked-in membership
	5*	Indeed.com
	15*	O'Net job search
50	20*	Career plan for HFMA future position
	Revenues	
	25*	MIhospitalinform (Medicare DRG net revenues)
50	25*	Net revenue computation (O/P)
	Reports	
	25*	A/R aging schedule & analysis
	25*	Administrative report analysis
75	25	Financial statements - personal
	Payroll	
25	25*	Payroll template

	Current trends	
	20*	hfm article summary posting and 2 questions
	15*	Random review of responses to article share (3@ 5 pts)
	10	Excel tip – share & post
	10	News to use
	25	Group presentation with class quiz
	20	Presentation quizzes (4 @ 5 pts)
	25	Case
125		
375		* online
	Testing	
	10*	Quiz: CMI, case mix and payer mix
	10*	Quiz: Contractual adjustments
	10*	Quiz: Payroll
50	20	Final - case
		*online
425		Total points in our course

In the case of a documented medical or family emergency, I **may** permit you to take an exam within the following week. Discuss this as soon as possible with me.

HCSA 460
FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
HEALTH CARE SYSTEMS ADMINISTRATION
Course Syllabus – Spring of 2013

HCSA 460, Principles of Long Term Care

COURSE DESCRIPTION:

In this course you will have exposure to administrative responsibilities, management, financing, public relations, ethical practices, and state and federal requirements in long-term care.

3 credit hours, Mixed Delivery

COURSE OBJECTIVES:

At the end of the course the student will be able to:

- Discuss the aging processes and the various physical, psychological and social changes that occur with aging.
- Design an environment that takes into account the various changes that occur with aging
- Differentiate between various long term health care systems relating to the health care needs of the resident/patient.
- Identify the internal and external components affecting management of long term care services and discuss their impact and implications to quality of services delivered.
- List and discuss the ethical issues of providing long term care services.
- List and explain the primary activities of an administrator, department responsibilities, and resident/patient care services of a long term care facility.
- Discuss the various methods of payment for each type of long term care provider.
- Write a plan of correction in response to a health department survey.
- Demonstrate an awareness of key issues in current affairs relative to long term care.
- Discuss the challenges of providing long term care in the future.

FACULTY

Steven D. Karnes, MHA

Office: VFS 407

Office Phone: 231-591-2251

Email via Blackboard

Mailing address: VFS 407
College of Allied Health Sciences
Ferris State University
200 Ferris Drive
Big Rapids, MI 49307

Office Hours: Tuesday and Thursday 8:00 – 9:30
Wednesday 8:00 – 11:00 (And by appointment)

REQUIRED MATERIALS:

Text: Pratt, John R., Long-Term Care: Managing Across the Continuum, 3rd edition, 2010.
Jones Bartlet Publishers, ISBN: 0-7637-6450-7

COURSE TIME AND PLACE:

HCSA 460-001 Tuesday 9:30-10:45 in VFS 425
HCSA 460-002 Thursday 9:30-10:45 in VFS 425

COURSE EVALUATION:

(Scores will be posted in FerrisConnect. It is your responsibility to inform me of any discrepancies.)

Grade Determination

Plan of Correction Assignment	= 100
3 Examinations – (50 pts. each)	= 150
In-Class Participation/Attendance (5 points off for each missed class plus points lost for the in-class work)	= 100
14 Quizzes (5pts. each)	= 70
14 Chapter Assignments (10pts. each)	= 140
Two “polished” papers (60pts. each)	= 120
Leadership Assignment	= 30
3 Current Affairs Discussions (posting and response) - (30 pts. each)	= 90
Final Examination (Comprehensive)	= <u>100</u>
Total	= 900

The following uniform percentage grading scale for all health management courses will be used. Scores will be posted on Blackboard.

A	93 +	837	to	900	B-	80 to 82	720	to	746	D+	67 to 69	603	to	629
A-	90 to 92	810	to	836	C+	77 to 79	693	to	719	D	63 to 66	567	to	602
B+	87 to 89	783	to	809	C	73 to 76	657	to	692	D-	60 to 62	540	to	566
B	83 to 86	747	to	782	C-	70 to 72	630	to	656	F	Below 60	0	to	539

Tests will cover recent content. You may bring an 8 1/2 x 11 notes sheet for any test. Front & back may be used. You may type or hand-write your notes sheet.

ATTENDANCE:

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, death in the immediate family, etc., on a case-by-case basis for missed exams.

COURSE POLICIES:

Please refer to the following pdf for all course policies including:

Disruptive Behavior, Honesty and Student Dignity

<http://www.ferris.edu/htmls/colleges/alliedhe/Editor/Files/HAhandbook.pdf>

TENTATIVE COURSE SCHEDULE:

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 with the issuance of a notice with the effected changes and date of implementation. All reading assignments

are in parenthesis. Readings should be completed prior to the week assigned except for Chapter 1 which should be completed before the third day of class.

Week 1 1/15, 1/17	Orientation , introduction, and physical changes resulting from natural aging processes and their relationship to direct patient care services.
Week 2 1/22, 1/24	Tasks of Aging and historical background; (Chap. 1) Characteristics of an ideal LTC system (Chap. 2 and Appendix A). Alzheimer's disease
Week 3 1/29, 1/31	<u>Dining Room Presentations</u> / Exam Review Discussion Article Due on 2/1 and response on 2/4
Week 4 2/5, 2/7	<u>Exam 1 (chapters 1-2 and lectures on aging)</u>
Week 5 2/12, 2/14	Continuum of Care, Nursing Care Facilities, Sub-acute Care, (Chaps. 3 and 4)
Week 6 2/19, 2/21	Assisted Living and Senior Housing. (Chaps. 5 and 6)
Week 7 2/26, 2/28	Community-Based Services (Chap. 7) Discussion Article Due on 3/1 and response on 3/4, Review for Exam 2.
Week 8 3/5, 3/7	<u>Exam 2 (Chapters 3-7)</u>
3/11 – 3/15	SPRING BREAK
Week 9 3/19, 3/21	External Control and Survey Process and Work on Plans of Correction - <u>Plans of Correction Due 4/5</u> (Chap. 9)
Week 10 3/26, 3/28	Competition, cooperation, integration (Chap. 8))
Week 11 4/2, 4/4	Long-Term Care reimbursement, budgeting and financial management; (Chap. 10)
Week 12 4/9, 4/11	Ethical Issues (Chap. 12) Exam 3 Review
Week 13 4/16, 4/18	On-line - <u>Exam 3 (Chapters 8-10 and 12)</u> Discussion Article Due on 19 th and response on the 22 nd
Week 14 4/23, 4/25	Leadership and Change Management, (Chap. 14)
Week 15 4/30, 5/2	Technology and The Future of Long Term Care (Chap. 15, 17 and 18) There is no quiz or discussion question for Chapter 18

Finals Week: Comprehensive Final Exam

5/6 – 5/9

ASSIGNMENTS: Due dates are noted in the tentative timeline, others will be announced in class. Assignments that are one (1) minute to one (1) calendar week late (including weekends) will be accepted for late credit, i.e., 80% maximum credit potential. **ASSIGNMENTS WILL NOT BE ACCEPTED AFTER 1 WEEK HAS PASSED THE DATE THAT THEY ARE DUE.**

Word Processing Format for “polished papers: 11-12 font size, maximum 1” margins are acceptable only. Grammar and spelling are **CRITICAL** for full credit.

For all Chapter Assignments: Submit papers in the Assignment Materials Section in the assignment on Blackboard.

Current affairs in long term care – During the course of the semester, students are expected to become familiar with current key issues relative to LTC in the United States. Students are expected to independently review current literature (trade periodicals, professional journals, newspapers, on-line resources, etc.) in order to gain current knowledge of the LTC environment and prepare summaries and reviews of some of the articles they have read. Post one of the reviews in each of the weeks listed below. Post them in the discussions section of the class web page. Read at least one fellow students posting and comment on it..

	Post Review by	Comment on a Review by
C. A. Report 1	Feb 1	Feb 4
C. A. Report 2	March 1	March 4
C. A. Report 3	April 19	April 22

Plan of Correction Assignment - Write a plan of correction in response to a case study. More information on this assignment will be presented in class. Due April 5, 2013

Chapter Assignments – Chose 1 discussion question located at the end of each chapter and write a page for each question. Use the “submission” area in Blackboard to write the answer. Out the fourteen papers you will choose 2 to “polish.” Submit these as an attached MS Word document. These two will be graded for spelling, grammar and punctuation as well as content. One will be chosen out of Chapters 1 – 7 and the other out of Chapters 8 – 18.

Quizzes – There is a quiz for each chapter assigned (except chapter 18). Each quiz is worth 5 points.

HCSA 461
FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
HEALTH CARE SYSTEMS ADMINISTRATION
Course Syllabus – Spring of 2012

HCSA 461, Nursing Home Administration

COURSE DESCRIPTION:

This course focuses on the skills and information needed to be a successful nursing home administrator. The course content includes state and federal regulations, financial systems, human resource management, resident rights, ethical issues and other topics related to managing a licensed nursing facility.

COURSE OBJECTIVES:

At the end of the course the student will be able to:

1. Apply the legal and ethical issues confronting nursing home administrators – assessed through exams and participation in class discussion.
2. Demonstrate knowledge needed to operate a nursing home – assessed by taking a practice exam that covers the material on the National Association of Long Term Care Administrators Boards (NAB) exam.
3. Demonstrate where to look and how to apply for a nursing home administrator position – assessed through a project that will include completing an application for a position, cover letter and resume.

FACULTY

Steven D. Karnes, MHA
Office: VFS 407
Office Phone: 231-591-2251
Email via Blackboard

Mailing address: VFS 407
College of Allied Health Sciences
Ferris State University
200 Ferris Drive
Big Rapids, MI 49307

Office Hours: Tuesday and Thursday 8:00 – 9:30
Wednesday 8:00 – 11:00 (And by appointment)

REQUIRED MATERIALS:

Text: Allen, James E, Nursing Home Administration, 6th edition, 2011. Springer Publishing Company, ISBN 978-0-8261-0704-6

COURSE TIME AND PLACE:

Tuesday and Thursday 1:30-2:45 in VFS 419

COURSE EVALUATION:

(Scores will be posted in FerrisConnect. It is your responsibility to inform me of any discrepancies.)

Grade Determination

1 Major project	= 100
6 Examinations – (25 pts. each)	= 150
In-Class Participation/Attendance (5 points off for each missed class plus points lost for the in-class work)	= 100
10 Quizzes (5pts. each)	= 50
15 Case Studies– (20 pts. each)	= 300
3 Current Affairs Discussions (posting and response) - (30 pts. each)	= 90
Final Examination (Comprehensive)	= <u>100</u>
Total	= 890

The following uniform percentage grading scale for all health management courses will be used. Scores will be posted on Blackboard.

A	93 +	828	to	890	B-	80 to 82	712	to	738	D+	67 to 69	596	to	622
A-	90 to 92	801	to	827	C+	77 to 79	685	to	711	D	63 to 66	561	to	595
B+	87 to 89	774	to	800	C	73 to 76	650	to	684	D-	60 to 62	534	to	560
B	83 to 86	739	to	773	C-	70 to 72	623	to	649	F	Below 60	0	to	533

Tests will cover recent content. You may bring an 8 1/2 x 11 notes sheet for any test. Front & back may be used. You may type or hand-write your notes sheet.

ATTENDANCE:

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<http://www.ferris.edu/htmls/colleges/alliedhe/Editor/Files/HAhandbook.pdf>

TENTATIVE COURSE SCHEDULE:

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Week	Module	Content	Reading
1 1/14/13	1	Introduction Managing	Part 1, Pgs 1-26
2 1/21/13	1	Management Functions	Part 1, Pgs 26-55
3 1/28/13	1	Management Functions	Part 1, Pgs 55-90
4 2/4/13	2	Organization of the nursing facility	Part 2, pgs 91-120
5 2/11/13	2	Organization of the nursing facility	Part 2, pgs 121-173
6 2/18/13	3	Financial and legal role of administrator	Part 3, pgs 179-182; 247-253 and 269
7 2/25/13	3	MDS, RUGS	
3/4/13		Spring Break	
8 3/11/13	4	Overview of current nursing home industry	Part 4, pgs 277-338
9 3/18/13	4	Rules and Regulations	Part 4, pgs 338-382
10 3/25/13	5	Resident Care	Part 5, pgs 383-404
11 4/1/13	5	Resident Care	Part 5, pgs 404-443
12 4/8/13	5	Resident Care	Part 5, pgs 444-470
13 4/15/13	6	Policies	Part 6, pgs 481-514
14 4/22/13	6	Care Plans	Part 6, pgs 515-518
15 4/29/13	6	Surveys and Report Cards	Part 6, pgs 518-522
16 5/6/13		Finals Week	

HCSA 474

Ferris State University

College of Allied Health Sciences

Department of Clinical Lab, Respiratory & Health Administration Programs

HCSA 474 Strategic Applications in Health Care Fall 2012

Course description

This course introduces applications underlying strategic alignment in health care organizations. Introduction to the techniques involved in the strategic planning process, supply chain management and project planning are enhanced by best practices in quality improvement. 4 credit hours: 4 lecture hours

Faculty

Mark Hutchinson, MPA

VFS 411

200 Ferris Drive, Big Rapids, MI 49307

231-591-2265

Toll free phone 1-800-GOBULLDOGS (Business hours), ext 2273 or 1-800-592-6499

Email via FerrisConnect

Back up email: Hutchinm@ferris.edu Use this email ONLY as a backup to Ferris Connect. Late credit applies if used for assignments.

Office hours

Tuesdays 1:00 – 3:00 p.m.

Wednesdays 10:00 - Noon

Course schedule

We do not meet at a certain time online. This course is an asynchronous course. I check in at least three (3) business days a week. You may expect a response within two (2) business days, so plan ahead.

Required materials

1. Simplified Strategic Planning, Bradford and Duncan, Chandler House Press, 2000, ISBN: 1-886284-46-6
2. Hardwiring Excellence, Studer, FireStarter Publishing, 2003, ISBN: 978-0-9749986-0
3. The Project Management Memory Jogger — Second Edition Karen Tate, Paula Martin Goal QPC ISBN: 978-1-57681-122-1
4. MS-Office (Only .doc, .docx, .ppt and .pptx files will be reviewed for credit.)
5. Visio or Gliffy software

EVALUATION

Grading Scale (%) for all CRHA Departmental programs

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-	59 & below	F

Grade determination

- o A minimum of a "C" grade is mandatory in order to pass the course & meet program requirements for graduation.
- o Scores will be posted in FerrisConnect. It is your responsibility to inform me of any discrepancies. Changes are based on graded work.
- o Extra credit is not part of a senior level class. The class is designed to include the competencies that you will need when you enter the work force.
- o You are expected to **check FerrisConnect twice weekly** for updates and announcements.

Point allocation

55	Assessments
285	Assignment drop box (individual)
85	Discussion boards
120	Assignment drop box (group)
30	Final
575	Total

Important tips to remember about this on-linecourse:

- [Announcements and the 'FAQ' discussion board are my means of communicating information to the class. **ALWAYS CHECK FOR NEW ANNOUNCEMENTS & NEW POSTINGS ON THE FAQ DISCUSSION BOARD WHEN YOU LOG INTO THE COURSE.**](#)
- *You will be actively posting to a Discussion Board to assist yourself and your group members to work on projects. Set up separate threads for each project for better management. Suggested threads: Supply Chain, Texts, QI*
 - *It is expected that each group member is an active participant. Postings to these threads will document that. Group members reserve the option of requesting an upward or downward adjustment of an individual's group score based on documented contributions.*
- Midnight Sunday evening is the default due date for all assignments and discussion board contributions.
 - If the calendar indicates something is due on September 25 at midnight, it is not due on September 24 at midnight, but midnight the evening of September 25. Midnight Sunday is denoted as 11:59 PM.
- Early assignments are accepted, but grades and feedback will not be provided until after the deadline for the assignment has passed.
- Assignment drop boxes are designed to allow you to overwrite your assignment by the due date. If you attach the wrong file, you can re-submit the correct file before the due date.
- Individual & group assignments plus discussion board postings will be accepted if submitted within 2 calendar days of the original due date. A 20% penalty will apply. Anything later than 2 days will be worth 0 points.
- If you have difficulty attaching an assignment, simply open a different browser and try again. A common culprit is Java so consider running a browser check and updating Java. Just follow the links. Mac users may run Software Update or follow links.
- There are 4 modules in the course and 4 key deadlines. You may work ahead in each module when it becomes available to enable you to better manage your schedule. This

course is structured with key deadlines rather than weekly deadlines since time management is an essential skill in your career. Plan your work and work your plan; the time to practice is now. There is a single deadline for each module, excepting Modules 1 and 4 that have 2 deadlines.

Module 1, Getting ready (2 deadlines)

Module 2, Strategic planning

Module 3, Tools: Project management & supply chain

Module 4, Quality (2 deadlines)

Final exam

Timeliness

Late work is undesirable and unprofessional. Because 'life happens' and our best intentions are not always possible, a two (2) day window for partial credit applies to assignment drop box submissions.

Critical thinking

Critical thinking concepts will be considered in all evaluative work. See below for summarized concepts.

Testing

The nature of this course precludes significant testing. Competencies will be demonstrated via writing, discussions, project development and more.

Quality Of Work

All assignments and discussion board postings are to be single-spaced, proofed, re-proofed & grammar checked in MS-Office software. Using proper software plus professional grammar & spelling are critical to a passing score... **and a successful career!**
In today's world, we are often known only by our writing – let's be the best!

My standard policy follows the internship manuals: a one-point loss per error. This impact is applied after rubrics are considered. Please know that I am quite serious about this, it's too important to your career to not pay attention to professional writing. If you text frequently, this may be a challenge for you since professional writing is quite different from texting. You will need to be very conscious of your audience when you write professionally; consider it a paradigm shift.

Course goals – the 'big picture'

At the end of the semester, students will

- Demonstrate professionalism in writing.
- Apply critical thinking and analysis in assignments.
- Utilize concepts from several areas of expertise in designing outcomes.
- Express outcomes in a 'big picture' manner

Course outcomes

- **Design a project that supports a strategic plan.**
- **Design objectives and action plans to support a strategic plan.**
- **Analyze the value of supply chain management in health care.**

- **Discuss best practices in quality improvement.**

COURSE OBJECTIVES

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

- I Strategic planning
 1. Describe the strategic planning process.
 2. Discuss the roles of creativity and risk taking in strategic planning.
 3. Assess value, vision & mission for a health care organization.
 4. Design goals, objectives and action plans.

- II Project management
 1. Utilize a common tool used in project management.
 2. Explain the relationship between a Gantt chart & PERT/CPM diagram.
 3. Compare time management techniques.
 4. Utilize numerical and drawing software tools to support planning documentation.

- III Supply Chain
 1. Identify the primary activities that occur in supply chain.
 2. Discuss the purpose & methods of group purchasing options.
 3. Discuss primary tools in inventory management.
 4. Analyze the value of supply chain management in health care.
 5. Incorporate capital budgeting to support planning documentation.

- IV Best practices
 1. Compare and contrast best practices in quality improvement.

- V Professional behaviors and skills
 1. Utilize creativity within the planning process & discuss its value in succeeding professionally.
 2. Demonstrate critical thinking in assessment & discussions.
 3. Demonstrate professional work behaviors.
 4. Demonstrate professional group behaviors.

University course policies (Continue reading for class policies.)

We observe University policies as described in the Office of Student Conduct homepage. These policies include, but are not limited to, the following policies:

Academic dishonesty	ADA	Disruptive student behavior
Harassment	Plagiarism	Religious holidays
		Student dignity

You may link to the University's disclosures at <http://www.ferris.edu/htmls/administration/StudentAffairs/judicial/judicial.htm> , then 'Student Handbook'. Sections III & IV are most pertinent to our class.

How program outcomes will be achieved

Writing

Writing skills will be reinforced and enhanced through individual & team assignments,

including

- Value, vision, mission
- Group presentations
- Discussion boards and more.

Communication

Communication skills will be reinforced and enhanced through individual & team assignments, including

- Discussion boards and
- Group discussions.

Organizational

Organizational skills will be reinforced and enhanced through individual & team assignments, including

- Floor planning and related memo
- Time management for meeting course requirements plus
- Planning for group submissions.

Critical Thinking Background/Review

Critical thinking concepts will be considered in all evaluative work.

Consider critical thinking **elements** in our class discussions and homework

- **Point of view** - What 'hat' are we wearing? (HCO for our class)
- **Purpose** – WHY are we thinking? What is our goal; are we still on track?
- **Questions** – What questions should be asked to meet our purpose?
- **Information** – What data do we need? Facts? Experience? Observations?
- **Concepts** – What is the main idea we're using? Is there a pertinent definition or model?
- **Conclusion** – What is our solution or recommendation? Does it address our purpose? Does our evidence support it?
- **Assumptions** – What assumptions are inherent in our thinking? How do they bias our outcome, our choice of data and/or the concepts we used?
- **Implications** – What are the potential consequences related to our conclusion?

Consider critical thinking **standards** in our class discussions and homework. These are the tools that measure how 'well' we are thinking.

- **Clarity** - the cornerstone. Without clarity, all else becomes negligible.
- **Accuracy** - could someone verify your facts?
- **Precision** - have you provided details? Are you specific?
- **Relevance** - does your response relate to the question or topic? How does it help expand our thinking?
- **Depth** - what complexities did you consider? Are there factors that make this difficult?
- **Breadth** - did you suggest looking at the issue from a different perspective or point of view?
- **Logic** - does your response make sense? Does your conclusion follow from the

- facts or evidence?
- **Significance** - what is the most important issue to consider? What is the central concept?
 - **Fairness** - have you examined your thinking for prejudice? Do you have a vested interest in a particular position? Are you considering how others might perceive this issue?

HCSA 475 (still to be developed)

Course Identification:

Prefix:	Number	Title
HCSA	475	Practice Management in Health Care

Course Description:

This course provides students with the opportunity to integrate program concepts in a simulated practice environment.

Course Outcomes and Assessment Plan:

1. Create a medical practice within a simulated environment

Assessment plan method

Complete the simulation with all aspects of simulation addressed

Criterion for success

90% of students will earn 80% or higher

2. Evaluate the success of the created simulation

Assessment plan method

Score on medical revenue after operating cost per FTE physician

Criterion for success

90% of students will earn 80% or higher

HCSA 493

See the PDF Attachments

APPENDIX D

Survey Instruments

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
HEALTH CARE SYSTEMS ADMINISTRATION PROGRAM
ADVISORY COMMITTEE SURVEY
2013

Every 6 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 letter 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)

PERCEPTIONS OF PROGRAM

1. The two required internships meet the needs for onsite student preparation

A B C D E
5 2

2. The program meets the needs of the health administration field

A B C D E
4 3

3. Faculty in the program are qualified

A B C D E
6 1

4. The facilities/equipment for the program are adequate

A B C D E
3 4

5. The graduates of the program are well qualified for an entry level position

A B C D E
7

6. The curriculum is reflective of current health care administration practice

A B C D E
5 2

7. Please provide any recommendations that you may have.

Health Care Administration jobs do not really exist so it is knowing what you can do and what you want to do with that degree. This is really dependent on the individual student. I think the curriculum is reflective for a broad overview of health care as a whole.

A semester long internship would be more beneficial rather than the break between the 6 and 10 week. The students that do them back to back have the best experience compared to the ones that just do a six week. The ten week is better but again, the two combined really allow the student to become a true part of the team and enables them to take on projects and tasks for a variety of things. They can “own” their work and take pride in their accomplishments.

We should consider more leadership and patient satisfaction classes for students.

Curriculum remains current and relevant

I believe that additional communication courses might be useful. Students are required to choose only one; however, the majority of their position will be in communication and decision making. This might be an area that could be strengthened. When evaluating the program, and considering credit hours, it may be necessary to “swap” a course to balance the curriculum. Written communication is also very valuable and many students are lacking the ability to write effectively; but I wonder if a single 300 level English course in advanced writing or composition would provide the necessary knowledge as opposed to the two 300 English requirements currently in the curriculum. This change would provide room for a second communication or decision making course.

This is just a thought and I know the curriculum has been evaluated regularly to provide students the necessary education to become employed in Health Care Administration. Overall, this is a great curriculum!

I think Health care is changing so fast it is difficult to keep up with the needs. I know informatics and patient safety are big as well as lean thinking are some of the latest nuances in health care.

I have heard from many that they prefer Ferris students to any other program in Michigan.

FERRIS STATE UNIVERSITY
 COLLEGE OF HEALTH PROFESSIONS
 HEALTH CARE SYSTEMS ADMINISTRATION PROGRAM
STUDENT PERCEPTIONS OF PROGRAM
2013

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 our most important customer. We are asking that you complete the following survey by marking the letter 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. Health Care Systems Administration Program | 38/56=68% |
| B. Other program | 1/56=2% |
| C. Dual-enrolled in another program too | 17/56=30% |

2. I am a:

- | | |
|--|-----------|
| A. on-campus Health Care Systems Administration student | 35/56=63% |
| B. off-campus Health Care Systems Administration student | 21/56=38% |

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)**

3. Courses are available at times that are convenient for me

- | | | | | |
|-----------|-----------|-----------|----------|----------|
| A | B | C | D | E |
| 13/56=23% | 19/56=34% | 17/56=30% | 5/56=9% | 2/56=4% |

4. Prerequisites for courses are realistic

- | | | | | |
|-----------|-----------|----------|----------|----------|
| A | B | C | D | E |
| 15/56=27% | 29/56=52% | 9/56=16% | 1/56=2% | 0 |
- All good except the multiple cult. enrich. and social awareness.

5. I am provided with a syllabus describing what I will learn in the course

A B C D E

44/56=79%, 10/56=18%, 1/56=2%, 1/56=2%, 0

6. I know how my assignments will be graded (rubrics)

A B C D E

24/56=43%, 19/56=34%, 11/56=20%, 1/56=2%, 1/56=2%

7. There are enough supplies and/or equipment for me to use during the classroom/computer lab sessions

A B C D E

19/56=34%, 30/56=54%, 6/56=11%, 1/56=2%, 0

8. The classroom/computer lab is adequately lit, ventilated, and heated

A B C D E

24/56=43%, 23/56=41%, 5/56=9%, 2/56=4%, 1/56=2%

9. The required General Education courses for the degree are current and meaningful to me

A B C D E

11/56=20%, 20/56=36%, 17/56=30%, 7/56=13%, 1/56=2%

10. When I use the library, it has the information that I need

A B C D E

17/56=30%, 22/56=39%, 15/56=27%, 2/56=4%, 0

11. When I need to see my advisor, he/she is available

A B C D E

20/56=37%, 17/56=30%, 8/56=14%, 9/56=16%, 2/56=4%
just switched advisors

12. When I see my advisor, I am provided with useful information

A B C D E

27/56=48%, 14/56=25%, 9/56=16%, 5/56=9%, 1/56=2%
Julie ward is the best, so helpful

13. The instruction in my program courses is _____

A B C D E

18/56=32%, 30/56=54%, 7/56=13%, 0, 1/56=2%
all in class teachers are great

14. On line courses are designed to meet my needs

A B C D E

18/56=32%, 15/56=27%, 18/56=32%, 4/56=7%, 1/56=2%

some do, some need serious help

Haven't had any yet

16. What suggestions do you have for the program to be more effective and fulfill your expectations?

I like how all my teachers work in the places they are teaching. Everything is going very well, as far as I can tell. Great program

more course packets, less txt books!
advisors need better availability. I have a hard time even getting ahold of my advisor
advisors need to be able to answer our questions, rather than just referring us to another person. a little confused
on when to take internship
My advisor is unavailable too busy, not friendly and gives you misleading info
office staff and admission could be nicer instead of acting like we are a burden
better advisor work with students
it would be helpful to choose my advisor from available ones
On-lineclass registration should be available to anyone, not just students who do not commute.
have more sections of certain classes, don't just have one. I think more mixed delivery classes should be offered
none the program is very good and executed well
Offer more HCSA classes at the Grand Rapids campus. I moved to GR and was told by an advisor that it
shouldn't be an issue to just attend courses there, but there are usually only a few offered. Also maybe add night
class options
make on-lineclasses that we have to take easier for to get into
on-lineclasses need to be structured better
on-lineclasses should be available more and more sections
when it comes to certain classes, there is a waiting list how long will we have to wait
offer the on-lineclasses fully in class as well. don't like on-lineclasses, have a hard time with them
have more seats available in on-lineclasses
more hybrid classes, offer more on-lineclasses it's easier for commuters
more class times to choose from
have more sections of courses
take time to focus on what areas we can go into with HCSA degree in and outside hospitals
HCSA 410 needs to be revamped. don't feel like I learned anything new felt it was a review of previous class
more sections available
blackboard user friendly
internships are confusing, knowing what to expect and when we can go would be great. too many pre-reques
required. most of info in class is repetitive
assign sites for internship. help students move with this since it's requirement
teach professors how to use blackboard

E. **Faculty perceptions:** The purpose of this activity is to assess faculty perceptions regarding the following aspects of the program: curriculum, resources, admissions standards, degree of commitment by the administration, processes and procedures used, and their overall feelings. Additional items that may be unique to the program can be incorporated in this survey.

**HCSA Faculty Perceptions of Program
2013**

**Rating Scale: 5=Excellent B=Good C=Acceptable D=Below Expectations E=Poor
Results based on 4 Tenure Track, 1 Part Time, and 2 Full Time Faculty in Grand Rapids**

	Excellent	Good	Acceptable	% Acceptable and above	Below Expect	Poor
Administrators involved in program and respond to faculty input	0	1	6	100%	0	0
Written goals for program state realistic outcomes	5	2	0	100%	0	0
Curricula designed to meet needs of graduates	5	2	0	100%	0	0
Curricula designed to meet needs of employers	4	3	0	100%	0	0
Curricula designed to meet requirements of accrediting	3	2	2 N/A	N/A	0	0
Involved in program evaluation	7	0	0	100%	0	0
Administrative support for program	2	3	2	100%	0	0
Lab space for program	0	2	4	86%	1	0
Lab equipment for program	0	1	4	71%	2	0
Library support for program	3	3	1	100%	0	0
Adequate support for professional development	1	2	2	86%	1	0
Advisory committee for program	5	2	0	100%	0	0
Provision for students with disabilities	4	2	1	100%	0	0
Secretarial support for program	6	0	1	100%	0	0
Instructional support staff	3	2	2	100%	0	0

Number of faculty assigned to program	0	2	2	57%	3	0
Quality of faculty assigned to program	6	1	0	100%	0	0
Admission Requirements	4	2	1	100%	0	0
Processes adequate to keep program current	5	2	0	100%	0	0

20. Additional comments can be made here

Fairly new to the process but I think we do some great things with what we have. We really need to fill those two positions for fall

I believe administrators seek input but don't always respond to input. With each curriculum review the program continues to get better for graduates and employers ongoing process Would like Adobe or something for off-site training opportunities. Many vacancies at the present time

Need VFS 327 improvements for 2nd computer lab, Need greater \$ support for professional development on degree enforcement. Amazing group of faculty in commitment and ability

Faculty team-excellent work productive together. Need additional faculty-relieve overload. No funds available for professional development

**Ferris State University
College of Health Professionals
HEALTH CARE SYSTEMS ADMINISTRATION (HCSA)
EMPLOYER SURVEY
2011-12**

This survey tool is designed to help the Health Care Systems Administration program faculty determine the strengths and areas for improvement for our program. All data will be kept confidential and will be used for program evaluation purposes only.

SECTION I.

1. Have you hired a FSU HCSA graduate in the last two (2) years? YES 42 NO 27
2. If YES, please continue to **Section II.** If NO, please continue to **Section III.**

SECTION II.

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A =

A. GRADUATE(S) KNOWLEDGE BASE:

1. Has the knowledge necessary to function in this job.	5 27	4 10	3 5	2 0	1 0	N/A
2. Uses sound judgment while functioning in this job.	5 26	4 12	3 3	2 1	1 0	N/A
3. Is able to recommend appropriate procedures relevant to this job.	5 27	4 11	3 4	2 0	1 0	N/A
4. Demonstrates ability to think critically, solve problems, and develop appropriate action steps.	5 25	4 11	3 5	2 1	1 0	N/A

Comments:

K__ has been absolutely fantastic! Needs very little directions and does a fabulous job!
 We have always loved the students that come to us through FSU. They are a very professional group.
 Hired her directly from internship
 A__ has been a great hire!
 Working well in a high peak specialty department.
 J__ was an intern at my company. She has been hired by one of my clients in the long term care industry.
 C__ did a wonderful job for me but there were many issues during his internship, Needs significant mentoring

Lack of risk management is experience related. She will grow into a great employee.

Very solid fundamental skills

K___ is overqualified for the job she is in. But that is to our advantage . Her ability to grasp the “big picture” operationalize the pieces of the picture is a great strength for her and great help to us

Note: Ch___ did not have an internship here; we hired her directly post-graduation

They were already an employee, but I promoted them after completion of their degree

B. GRADUATE(S) PRACTICE PROFICIENCY:

- | | |
|---|---|
| 1. Possesses the technical and computer skills to perform in his/her job. | 5 31 4 7 3 4 2 0 1 0 N/A |
|---|---|

Comments: His final projects looked great

Could use more focus on Excel

Strong skills

K___ internalizes our knowledge and guidelines quickly and what she does not know she seek through resources and puts into practice

Needs to learn access

C. GRADUATE(S) BEHAVIORAL SKILLS:

- | | |
|--|--|
| 1. Communicates effectively. | 5 23 4 17 3 2 2 0 1 0 N/A |
| 2. Conducts himself/herself in an ethical and professional manner. | 5 31 4 8 3 2 2 1 1 0 N/A |
| 3. Manages time efficiently while functioning in their job. | 5 28 4 12 3 1 2 1 1 0 N/A |
| 4. Functions effectively as a member of the work team. | 5 30 4 10 3 2 2 0 1 0 N/A |

Comments: C___ is very nice but came off to others as “creepy” and knowing more than he does. Spent too much time over-thinking a task and ended up doing very little to complete the project.

Initially a good employee but developed attitude and was rude to others-would not work as team-criticized others

Excellent skills

She is great at customer service and careful to complete the logs and call back when needed often confirming information

D. OVERALL RATING:

1. Please rate and comment on the OVERALL quality of graduates of this program.

5 21 4 16 3 4 2 0 1 1 N/A

E. ADDITIONAL COMMENTS

1. What are the strengths of the graduate(s) of this program?

Work ethic. Ability to learn quickly

Computer savvy and capable to do most tasks assigned.

Great communication skills. Knowledge base ability to comprehend any aspect of our complicated health care world

Thoroughness of assignments. Preparation of student.

Data analysis. The ability to apply a research process to find information

Communicates well. Picking up new skills easily.

Great with communications; critical thinking and customer service; quality scanning

Applied knowledge from classes

Organized, efficient-applied knowledge obtained in classes-Respectful-work as team

40 hours/week requirement allows students to truly experience the “working world” environment.

Came to us highly qualified, motivated, enthusiastic, focused-very pleased

Very well rounded and had diverse knowledge of processes

Eagerness to learn and research each task to be fully informed. Willingness to learn and listen. Takes criticism well.

They have a general knowledge base of health care

This graduate had excellent skills and knowledge but poor people skills

Able to apply knowledge

Compared to other program. FSU students/grads are always the most prepared for our positions.

Anyone with FSU on their resume is always a preferred candidate for an interview

Good overall knowledge of the health information department.

Availability and dedication

Organized, eager to learn, professional

Knowledgeable

Within the past 2 years, my dept hosted 3 interns from this college-the strengths/opportunities are unique to the individual.

Well-rounded, eager to apply theory and principle in health care setting

Attitude, willingness is clear

Professional-great computer skills

Time-management, multitasking, also helpful in policy development, in addition to other strengths mentioned above

Professional and knowledgeable

Very computer savvy ,learns + retains information quickly, is able to multi-task effectively.
organized

2. What qualities or skills did you expect of the graduate upon employment that he/she did not possess?

More phone customer service. But this depends on the person too.

NA

None

She was prepared

This graduate was hesitant and requires quite a bit of explanation-Does a good job though

Each graduate is different-This employee excels

More experience which can only be gotten with on the job training

Multitasking, work independently without need to step into others office just to say hi. His social skills are undeveloped and scared a couple staff during intern.

More excel and long term care knowledge

Expected her to be more respectful, to listen, to conduct self more professionally. Inconsiderate, overconfidence

Very unsure of self. Once she is sure of something does a great job

Medical terminology is weak

Confidence

Just inexperience

Computer knowledge

This graduate did not work out and resigned after 10 months. Very unprofessional. This is not like the usual graduate/intern/employee. FSU graduates are the best all around

SECTION III.

Please provide comments and suggestions that would help this program to better prepare future graduates, to meet the needs this employer. If you have NOT recently hired an HCSA graduate from Ferris State University, please indicate why:

MHP has hired two interns that I have in my dept . But the dept only has part timers and couldn't hire another person. Although a couple of them I would have loved to hire!

No comments. I am completely satisfied with the quality of K__'s work and her performance and dedication to job.

The Health care Admin. degree needs to be more focused on a specific career path.

C__ has a military background and his talents best suit that atmosphere. He shares personal and inappropriate stories with preceptor and peers. He needs much personal growth to be a candidate in the health care arena. He needs to understand how to be a facilitation with his tasks so he can be an effective part of a team. Military rule will not get him in peer bridge building.

L__ is continuing her education to become a nurse. Hopefully in the future HCHC will file.

There were no openings in my department

D__ was not hired into the department because he is not trained as a processing tech and we had no other openings

Was not hired-no openings

Just didn't have a job open for him

No job openings. S__ was an excellent student!

S__ was already employed prior to her internship. B__ moved to Flint; however we do not have an opening

for her.

Have not had an opening for a position that requires this degree.

No openings and/or none have applied when there was an opening.

None have applied to my knowledge

A ___ is still working in OB

In regards to L___ we would have hired her if we had an available position, and she did not move out of state. She was an excellent intern, very knowledgeable, and very professional.

Position availability. With the challenges facing health care organizations today, positions for HCSA do not come up very often especially a small organization such as ours

R___ was very knowledgeable and prepared. She was getting married and moved out of state.

Would have hired K but she went on to pursue her nursing degree Previously employed program prior to completion of and continues to be employed here in same role

Meeting, minutes tasking. multitasking ability, time management, ability to work independently, how to facilitate projects.

Resumes-very bare. If I see a resume like this I would pass them by due to lack of info. I like to see what details of experience is.

Mr. H___ was well prepared and if we had a job opening he very likely would have been offered a position.

We would have tried to hired L___, however she was not done with her scholarship and she moved up north to Big Rapids.

Generally speaking, we are seeing opportunities in the area of analysis and critical thinking

I do not currently have open positions on the Psych Med unit.

We did not have any positions open. The students listed in your letter were well prepared for the internship with me

We have no position available. Sparrow Main did hire a coder

We did not have any open positions

N/A

Both of my HCSA interns were concurrently trained in Sonography. they were specifically looking for US position and we had none available. Given the opportunity I would not hesitate to hire either one of them. P. S.

Send me another intern! They were wonderful

Opportunity to do so has not arisen.

Have not had need to hire interns. B___ did a great job

We have administrative positions open. We have had several HCSA Ferris students for internships and they have done well. It may be worthwhile to look at the project book and determine if all those are necessary and beneficial.

A___ had a dual major and was continuing on for a nursing degree.

K___ was exceptional before her degree. I believe the degree rounded her out and gave her the credentials to be qualified for the position.

Job Title(s) of Graduate(s) you have hired from the HCSA Program:

Trinity health Senior Living Centers Sanctuary at the Shore in Grand Haven as the Director of Hospitality

Administrative Assistant

Patient Relations rep

Quality Improvement Coordinator

Revenue Cycle Systems Manager

Finance assistant

Manager Optical Shop

Program Analyst/ VAAAHs

HCSA 493 Intern Evaluation					
Questions		Yes	No	Both	N/A
1.	Did you receive a tour and general orientation to the department?	37	2	0	0
	1. I had received a tour for my 1 st internship at the same hospital 2. *During my first internship				
2.	Did you receive a general orientation to the hospital?	35	4	0	0
	1. Received pamphlets and employee information, etc. 2. *For the first internship I did				
3.	Did you receive adequate orientation to each procedure that you preformed?	38	1	0	0
	(I.e. clear instructions, explanation of job purpose, location of needed tools, etc.)				
	1. The only time I feel I did not was the PDF files 2. *Although most tasks were left to my analysis and decisions regarding requirements and actions. 3. *sometimes but not all the time				
4.	Was your performance in each function monitored? 2. Through weekly reports and to managers and intermittent meetings.	34	5	0	0
b.	How?				
	1. It was measured after completion (7) 2. *Regular meetings with my site coordinator (8) 3. Meeting deadlines 4. Job description 5. Peer review 6. *was explained how to complete a task and then was left alone to complete it myself 7. *did what was asked and didn't need to be babysat 8. *verbal presentation/ verbal feedback 9. *written tasks were reviewed/proofed 10. *always worked with other staff members 11. *Carrie Directly supervised my tasks				
5.	Did you feel comfortable asking for assistance from your supervisor and other employees?	39	0	0	0
	1. It was not an issue at first, but later I felt uncomfortable 2. Sometimes they seemed too busy 3. *everyone was helpful				
6.	When you asked questions or requested assistance, did you receive the help you needed?	36	0	2	1
7.	Did you feel accepted by HCO and departmental personnel? 2. I was treated as an employee, an equal	39	0	0	0
8.	Are there any areas of the HCO you did not receive exposure to?	3	35	1	0
	1. *Mostly clinical (2) 2. Surgery (1) 3. Billing 4. Cafeteria 5. Off-site training opportunities 6. Marketing dept. 7. ER 8. * only was exposed to what department does and nothing else 9. *OR but it wasn't relevant to my internship 10. *Able to visit anywhere I asked				

9.	Did you ask to spend time in any areas other than the ones you Site Coordinator had scheduled for you?	27	11	1	0
	<ol style="list-style-type: none"> 1. It was required 2. Orthopedic surgery 3. *CBOC visit 				
10.	If so, was your request granted?	29	1	0	9
	<ol style="list-style-type: none"> 1. I was not granted access to the OR 				
11.	Did your classroom instruction adequately prepare you for internship?	37	2		0
b.	If not, in what areas did you feel unprepared?				
	<ol style="list-style-type: none"> 1. Coding, it's been a long time since coding courses 2. Some areas of billing and accounts 3. Taking orientation and internship closer together 4. Benefit for practical application skills 5. *I did use some things I was taught but I had to learn with some help but on my own about difficult situations and how to stay professional 6. *Ferris did not teach how to play the corporate game 7. *Due dates on projects, evaluations, documents 				
12.	Did the internship manual provide you with sufficient information for internship preparation?	33	4	1	1
b.	If not, what additional information would've been useful?				
	<ol style="list-style-type: none"> 1. I did not understand some of the questions (3) 2. There should have been general guidelines about what to look for 				
13.	What were the strongest aspects of the internship experience?				
	<ol style="list-style-type: none"> 1. ***Seeing many different aspects of the hospital (6) 2. Competent site coordinator 3. Interviews and observations (4) 4. *Being treated as an employee (5) 5. How much there is due on a daily basis in correlation to my education 6. Personal relationships built (1) 7. Experiencing another HCO setting 8. Hand-on learning 9. *working with the whole HR Department 10. *Became close with coworker and was taught a lot. 11. **Site coordinator involved me a lot and it was a great experience 12. *learned life lessons 13. *the job experience but it is not enough to get a job after it 14. *Projects were interesting and great learning experience 15. *everyone willing to help and I got exposure to many different areas 16. *asked to assist with/complete seemed more meaningful and the amount of responsibility and independence I had 				

14.	What were its weakest points?				
	<ol style="list-style-type: none"> 1. I spent a lot of the time doing things I did not expect (2) 2. *There was nothing to do at times (2) 3. The amount of tech work 4. Projects from Ferris were a waste of time (1) 5. Paying for it 6. Managing to be there 40hrs/week and still doing reports 7. Site coordinator was not around very often 8. Not being able to complete my clinical services project 9. Slowness of authorization to the computer 10. Sometimes hard to get questions answered 11. Getting projects evaluated timely 12. *Not always being included on some of the benefits information 13. *limited communication channels made interaction with the staff challenging 14. **not getting paid for it 15. *Scheduling phone interviews 16. *getting yelled at and getting told if she was an employee she would be fired 17. *Some projects just seemed like busy work 18. *not being assigned to one department 19. **Started to run out of projects at the end 20. *computer had older software...newer is better 21. *should have asked to be more involved in the schedule making for staff 				
15.	What recommendations would you make for the next student?				

Graduate Survey 2011-12

See the PDF Attachments

APPENDIX E

National Association of Long Term Care Boards Accreditation Manual

COLLEGE/UNIVERSITY NAME: Ferris State University

CONTACT: Steven D. Karnes, MHA

PHONE: 231-591-2251

NHA Self-Assessment

10. RESIDENT CENTERED CARE AND QUALITY OF LIFE

Tasks:

10.01 Ensure the development, implementation, and review of resident care policies and procedures.

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461 Long Term Care Administration		X			
<i>Covered in AIT</i>					X
Additional Comments: Will add to Long Term Care Internship					

Note: HCSA 461 is a new course being taught for the first time Spring Semester of 2013. I cannot give myself a top grade for content of this course until I have taught it a few times.

10.02 Ensure that nursing services are planned, implemented, and evaluated to maximize resident quality of life and quality of care.

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461 Long Term Care Administration		X			
<i>Covered in AIT</i>					X
Additional Comments: Will add to Long Term Care Internship					

10.03 Ensure that the admission process is planned, implemented, and evaluated to promote communication with residents and realistic expectations.

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461 Long Term Care Administration		X			
<i>Covered in AIT</i>					X
Additional Comments: Will add to Long Term Care Internship					

10.04 Ensure that social service programs are planned, implemented, and evaluated to meet resident psychological and social needs and preferences to maximize resident quality of life and quality of care.

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461 Long Term Care Administration		X			
<i>Covered in AIT</i>					X
Additional Comments: Will add to Long Term Care Internship					

10.05 Ensure that the food service program and dining experience are planned, implemented, and evaluated to meet the nutritional needs and preferences of residents to maximize resident quality of life and quality of care.

	A	B	C	D	N
Covered in course(s): HCSA 461 Long Term Care Administration		X			
Covered in AIT					X
Additional Comments: Will add to Long Term Care Internship					

10.06 Ensure that medical services are planned, implemented, and evaluated to meet resident medical care needs and preferences to maximize resident quality of life and quality of care.

	A	B	C	D	N
Covered in course(s): HCSA 461 Long Term Care Administration		X			
Covered in AIT					X
Additional Comments: Will add to Long Term Care Internship					

10.07 Ensure that therapeutic recreation/activity programs are planned, implemented, and evaluated to meet the needs, and interests of residents to maximize resident quality of life and quality of care.

	A	B	C	D	N
Covered in course(s): HCSA 461 Long Term Care Administration		X			
Covered in AIT					X
Additional Comments: Will add to Long Term Care Internship					

10.08 Ensure that a health information management program for resident care is planned, implemented, and evaluated to meet documentation requirements to maximize resident quality of life and quality of care.

	A	B	C	D	N
Covered in course(s): HCSA 461 Long Term Care Administration		X			
Covered in AIT					X
Additional Comments: Will add to Long Term Care Internship					

10.09 Ensure that pharmaceutical services is planned, implemented, and evaluated to support medical care for residents to maximize resident quality of life and quality of care.

	A	B	C	D	N
Covered in course(s): HCSA 461 Long Term Care Administration		X			
Covered in AIT					X
Additional Comments: Will add to Long Term Care Internship					

10.10 Ensure that a rehabilitation program is planned, implemented, and evaluated to maximize residents' optimal level of functioning and independence.

	A	B	C	D	N
Covered in course(s): HCSA 461 Long Term Care Administration		X			
Covered in AIT					X
Additional Comments: Will add to Long Term Care Internship					

10.11 Identify, monitor, and ensure that quality indicators and quality assurance programs are utilized to maximize effectiveness in resident care and services and quality of life.

	A	B	C	D	N
Covered in course(s): HCSA 461 Long Term Care Administration MRIS 209 Quality Mgmt in Health Care	X				
Covered in AIT	X				
Additional Comments:					

10.12 Ensure the integration of Resident Rights and resident individuality with all aspects of resident care and quality of life.

	A	B	C	D	N
Covered in course(s): HCSA 461 Long Term Care Administration		X			
Covered in AIT					X
Additional Comments: Will add to Long Term Care Internship					

10.13 Ensure the integration of stakeholders' perspectives to maximize resident quality of life and quality of care.

	A	B	C	D	N
Covered in course(s): HCSA 460 Principles of Long Term Care HCSA 461 Long Term Care Administration	X				
Covered in AIT					X
Additional Comments:					

10.14 Ensure that resident care services comply with federal and state standards and regulations.

	A	B	C	D	N
Covered in course(s): HCSA 461 Long Term Care Administration		X			
Covered in AIT					X
Additional Comments:					

Knowledge of:

10.K.01 Federal and state standards and regulations

	A	B	C	D	N
Covered in course(s): HCSA 461 Long Term Care Administration HCSA 460 Principles of Long Term Care	X				
Covered in AIT					X
Additional Comments:					

10.K.02 Aging process (psychological)

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460 Principles of Long Term Care			X		
<i>Covered in AIT</i>					
Additional Comments: Look into other courses at the University to cover this more in depth.					

10.K.03 Aging process (physiological)

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460 Principles of Long Term Care HCSA 461 Nursing Home Administration		X			
<i>Covered in AIT</i>					X
Additional Comments: Look into other courses at the University to cover this more in depth. (Three courses in Gerontology taught in the gerontology certificate program)					

10.K.04 Basic principles and concepts of nursing

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.05 Basic principles of restorative nursing

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.06 Basic principles of rehabilitation

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.07 Basic principles of infection control

	A	B	C	D	N
<i>Covered in course(s):</i> CCHS 102	X				
<i>Covered in AIT</i>					X
Additional Comments: Add to internship					

10.K.08 Basic principles and regulations for handling, administration, labeling, record keeping, and destruction/disposal of drugs and biologics

	A	B	C	D	N
<i>Covered in course(s):</i> CCHS 102		X			

	<i>Covered in AIT</i>					X
Additional Comments: May need to add more information specific to long term care						

10.K.09 Basic principles of pain management

		A	B	C	D	N
	<i>Covered in course(s):</i>					X
	<i>Covered in AIT</i>					X
Additional Comments:						

10.K.10 Basic principles of wound prevention and skin care management

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 460 Principles of Long Term Care			X		
	<i>Covered in AIT</i>					X
Additional Comments: HCSA 460 covers skin changes as people age and the need to protect skin in the health care environment.						

10.K.11 Basic principles of chemical and physical restraints

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 460 Principles of Long Term Care HCSA 461 Nursing Home Administration	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

10.K.12 Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 460 Principles of Long Term Care HCSA 461 Nursing Home Administration		X			
	<i>Covered in AIT</i>					X
Additional Comments:						

10.K.13 Admission, transfer, bed hold, and discharge requirements and regulations

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 460 Principles of Long Term Care HCSA 461 Nursing Home Administration		X			
	<i>Covered in AIT</i>					X
Additional Comments:						

10.K.14 Techniques for auditing resident care and service outcomes

		A	B	C	D	N
	<i>Covered in course(s):</i> MRIS 209 Quality Mgmt in Health Care		X			
	<i>Covered in AIT</i>					X

Additional Comments: Not specific to long term care HCSA 460, Principles of Long Term Care

10.K.15 Roles and relationship of resident care staff and consultants

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, Principles of Long Term Care HCSA 461 Nursing Home Administration	X				
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.16 Emotional, psychosocial, spiritual, financial, and legal service needs of residents

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461 Nursing Home Administration		X			
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.17 Interpersonal relationships and group dynamics

	A	B	C	D	N
<i>Covered in course(s):</i> COMM 105 Interpersonal Communication	X				
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.18 Available resources (e.g., community, social, financial)

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, Principles of Long Term Care	X				
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.19 Basic principles of hospice and palliative care

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, Principles of Long Term Care	X				
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.20 Grieving process

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X

Additional Comments: **Need to add to a course**

10.K.21 Death and dying

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments: Need to add to a course					

10.K.22 Resident Rights

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, Principles of Long Term Care	X				
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.23 Advance directives

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, Principles of Long Term Care	X				
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.24 Basic nutritional requirements

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments: Add to a course					

10.K.25 Basic principles of food storage, handling, preparation, and presentation

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments: Add a course in plant management					

10.K.26 Resident dining experience

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, Principles of Long Term Care		X			
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.27 Meal frequency

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461 Nursing Home Administration		X			
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.28 Therapeutic or specialized diets

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments: Need to add to a class					

10.K.29 Principles of dietary sanitation

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments: Need facilities management course					

10.K.30 Nutritional supplements

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments: Need to add to a class					

10.K.31 Basic medical terminology

	A	B	C	D	N
<i>Covered in course(s):</i> MRIS 103 Medical Terminology	X				
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.32 Provision of basic specialty medical services (for example, optometry, podiatry, dental, psychiatry, psychology)

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, Principles of Long Term Care HCSA 461 Nursing Home Administration	X				
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.33 Physician services (e.g., frequency of visits, physician/resident relationship, accessibility)

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461 Nursing Home Administration		X			
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.34 Role of medical director

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, Principles of Long Term Care HCSA 461 Nursing Home Administration	X				
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.35 Provision of emergency medical services

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461 Nursing Home Administration		X			
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.36 Quality assurance processes as they relate to resident care and services

	A	B	C	D	N
<i>Covered in course(s):</i> MRIS 209 Quality Mgmt in Health Care		X			
<i>Covered in AIT</i>		X			
Additional Comments: Not specific to long term care					

10.K.37 Basic elements of a therapeutic recreation/activity program

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.38 Basic elements of a social services program

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461 Nursing Home Administration		X			
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.39 Medical record content, format, and documentation requirements

	A	B	C	D	N
<i>Covered in course(s)</i> :MRIS 101 Intro to Health Info. Services	X				
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.40 Confidentiality and safeguarding medical record information

	A	B	C	D	N
<i>Covered in course(s)</i> :HCSA 202 Health Care Law	X				
<i>Covered in AIT</i>	X				
Additional Comments:					

10.K.41 Center for Medicare and Medicaid Services (CMS) quality indicators and measures

	A	B	C	D	N
<i>Covered in course(s)</i> : HCSA 460 and HCSA 461	X				
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.42 Multi-cultural needs of residents

	A	B	C	D	N
<i>Covered in course(s)</i> : HCSA 460 and HCSA 461	X				
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.43 Resident/person centered care

	A	B	C	D	N
<i>Covered in course(s)</i> : HCSA 460 and HCSA 461	X				
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.44 Transportation requirements for residents

	A	B	C	D	N
<i>Covered in course(s)</i> : HCSA 460 and HCSA 461	X				
<i>Covered in AIT</i>					X
Additional Comments:					

10.K.45 Disaster preparedness

	A	B	C	D	N

	<i>Covered in course(s):</i>					X
	<i>Covered in AIT</i>					X
Additional Comments: Maybe part of plant management course?						

10.K.46 Ethical decision making

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 120 202,410,336, MRIS 222	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

20. HUMAN RESOURCES

Tasks:

20.01 Facilitate effective communication among management and staff.

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 326, 336	X				
	<i>Covered in AIT</i>	X				
Additional Comments:						

20.02 Develop, implement, and monitor recruitment, staff development, evaluation, and retention programs to maximize resident quality of life, quality of care, and staff job satisfaction (e.g., recognition programs, staff continuing education, work culture).

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 326, 336, MRIS 209	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

20.03 Ensure that human resource programs are planned, implemented, and evaluated to address diversity.

		A	B	C	D	N
	<i>Covered in course(s):</i> MRIS 120, 326, 336	X				
	<i>Covered in AIT</i>	X				
Additional Comments:						

20.04 Develop, implement, and monitor compensation and benefit programs.

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 310, 326	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

20.05 Ensure the development and implementation of employee health and safety programs.

		A	B	C	D	N
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	<i>Covered in course(s)</i> :CCHS 102, HCSA 326	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

20.06 Ensure that human resource management policies and programs are planned, implemented, and evaluated to comply with federal and state standards and regulations

		A	B	C	D	N
	<i>Covered in course(s)</i> : HCSA 326	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

Knowledge of:

20.K.01 Federal and state standards and regulations (e.g., Family Medical Leave Act, Occupational Health and Safety Act, Americans with Disabilities Act, Equal Employment Opportunity Commission, immigration law, Health Information Portability and Accountability Act)

		A	B	C	D	N
	<i>Covered in course(s)</i> :HCSA 202, 326	X				
	<i>Covered in AIT</i>	X				
Additional Comments:						

20.K.02 Methods of communication (e.g., formal and informal, verbal and non-verbal)

		A	B	C	D	N
	<i>Covered in course(s)</i> :COMM 105, HCSA 120, 336, ENGL courses	X				
	<i>Covered in AIT</i>	X				
Additional Comments:						

20.K.03 Technology (e.g., e-mail, voice mail, computer software)

		A	B	C	D	N
	<i>Covered in course(s)</i> :ISYS 105, 200, CAHS 300	X				
	<i>Covered in AIT</i>	X				
Additional Comments:						

20.K.04 Criminal background checks/nursing assistant registry

		A	B	C	D	N
	<i>Covered in course(s)</i> :HCSA 120, 345, 460	X				
	<i>Covered in AIT</i>					X

Additional Comments:

20.K.05 Employee interview techniques

		A	B	C	D	N
	<i>Covered in course(s)</i> :HCSA 326, 336, 345	X				
	<i>Covered in AIT</i>		X			
Additional Comments: Some interns sit in on employee interviews						

20.K.06 Facility staffing needs and requirements

		A	B	C	D	N
	<i>Covered in course(s)</i> :HCSA 310, 460, 461	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

20.K.07 Staff position qualifications

		A	B	C	D	N
	<i>Covered in course(s)</i> :HCSA 460, 461	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

20.K.08 Staff licensure requirements

		A	B	C	D	N
	<i>Covered in course(s)</i> : HCSA 460, 461	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

20.K.09 Staff education/in-service requirements

		A	B	C	D	N
	<i>Covered in course(s)</i> :HCSA 336, 461	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

20.K.10 Confidentiality requirements

		A	B	C	D	N
	<i>Covered in course(s)</i> :HCSA 202, MRIS 222, 209, 345	X				
	<i>Covered in AIT</i>	X				
Additional Comments:						

20.K.11 Recruitment and retention methods

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 326	X				
<i>Covered in AIT</i>	X				
Additional Comments:					

20.K.12 Employment history and verification methods

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 120, 326	X				
<i>Covered in AIT</i>					X
Additional Comments:					

20.K.13 Drug-free workplace program

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 326	X				
<i>Covered in AIT</i>					X
Additional Comments:					

20.K.14 Mandatory reporting requirements

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 202, 461	X				
<i>Covered in AIT</i>					X
Additional Comments: Should add to long term care internship					

20.K.15 Staff development requirements, resources, and models

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461		X			
<i>Covered in AIT</i>					X
Additional Comments:					

20.K.16 Employee discipline and grievance process

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 326	X				
<i>Covered in AIT</i>	X				
Additional Comments:					

20.K.17 Staff recognition and appreciation programs

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 120, 326, 336	X				
<i>Covered in AIT</i>	X				
Additional Comments:					

20.K.18 Employee evaluation process

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 326, 336	X				
<i>Covered in AIT</i>					X
Additional Comments:					

20.K.19 Safety programs and requirements

	A	B	C	D	N
<i>Covered in course(s):</i> CCHS 102			X		
<i>Covered in AIT</i>					X
Additional Comments: Not specific to long term care					

20.K.20 Worker's compensation rules and procedures

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 326	X				
<i>Covered in AIT</i>					X
Additional Comments:					

20.K.21 Professional ethics

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 202, 336	X				
<i>Covered in AIT</i>	X				
Additional Comments:					

20.K.22 Compensation and benefit programs (e.g., employee assistance programs, insurance, salary, retirement)

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 210, 310, 326, 410	X				
<i>Covered in AIT</i>	X				
Additional Comments:					

20.K.23 Disaster preparedness

	A	B	C	D	N
<i>Covered in course(s):</i> CCHS 102			X		
<i>Covered in AIT</i>					X
Additional Comments: Not specific to long term care					

20.K.24 Diversity (e.g., cultural, spiritual, ethnic, socioeconomic, sexual)

	A	B	C	D	N
<i>Covered in course(s):</i> Race, ethnicity, gender Gen Ed requirement		X			
<i>Covered in AIT</i>					X
Additional Comments:					

20.K.25 Succession planning /leadership development

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 120, 336, 345	X				
<i>Covered in AIT</i>					X
Additional Comments:					

20.K.26 Union and labor relations

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 326	X				
<i>Covered in AIT</i>					X
Additional Comments:					

30. FINANCE

Tasks:

30.01 Develop annual operating and capital budgets to effectively forecast fiscal requirements.

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 310	X				
<i>Covered in AIT</i>					X
Additional Comments:					

30.02 Manage annual operating and capital budgets to effectively use fiscal resources.

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 310, 410	X				
<i>Covered in AIT</i>					X
Additional Comments:					

30.03 Generate and collect revenue to ensure financial viability of the facility.

	A	B	C	D	N
<i>Covered in course(s)</i> :HCSA 310, 410	X				
<i>Covered in AIT</i>					X
Additional Comments:					

30.04 Negotiate, interpret, and implement contractual agreements (e.g., organized labor, managed care, vendors, consultative services).

	A	B	C	D	N
<i>Covered in course(s)</i> :HCSA 326, 410	X				
<i>Covered in AIT</i>					X
Additional Comments:					

30.05 Ensure the integrity of financial audit programs and reporting systems.

	A	B	C	D	N
<i>Covered in course(s)</i> :HCSA 310, 410	X				
<i>Covered in AIT</i>					X
Additional Comments:					

30.06 Ensure protection of the facility's financial assets (e.g., insurance coverage, risk management).

	A	B	C	D	N
<i>Covered in course(s)</i> :HCSA 202, 310, 410	X				
<i>Covered in AIT</i>					X
Additional Comments:					

30.07 Ensure that financial practices are planned, implemented, and audited to comply with federal and state standards and regulations.

	A	B	C	D	N
<i>Covered in course(s)</i> :HCSA 202, 210, 310, 410	X				
<i>Covered in AIT</i>					X
Additional Comments:					

Knowledge of:

30.K.01 Federal and state regulations affecting nursing home reimbursement

	A	B	C	D	N
<i>Covered in course(s)</i> :HCSA 460, 461	X				
<i>Covered in AIT</i>					X
Additional Comments:					

30.K.02 Budgeting methods and financial planning

	A	B	C	D	N
<i>Covered in course(s)</i> : HCSA 310	X				
<i>Covered in AIT</i>					X

Additional Comments:

30.K.03 Accounting methods (e.g., Generally Accepted Accounting Practices [GAAP], cash and accrual) and regulatory requirements)

	A	B	C	D	N
<i>Covered in course(s):</i> ACCT 201, HCSA 310	X				
<i>Covered in AIT</i>					X
Additional Comments:					

30.K.04 Financial statements (e.g., income statement, balance sheet, statement of cash flows) and measures (e.g., operating margin, days cash on hand, per patient day [PPD] analysis)

	A	B	C	D	N
<i>Covered in course(s):</i> ACCT 201, HCSA 310	X				
<i>Covered in AIT</i>					X
Additional Comments:					

30.K.05 Reimbursement sources and methods (e.g., Centers for Medicare and Medicaid Services [CMS], managed care, Resource Utilization Groups [RUGS], Prospective Payment Systems [PPS])

	A	B	C	D	N
<i>Covered in course(s):</i> MRIS 222, HCSA 310, 461	X				
<i>Covered in AIT</i>					X
Additional Comments:					

30.K.06 Additional revenue sources (e.g., fund raising, grants, ancillary services)

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments: I need to include this in a course – probably HCSA 461					

30.K.07 Internal controls (e.g., segregation of duties, reconciliation, audits)

	A	B	C	D	N
<i>Covered in course(s):</i> ACCT 201, HCSA 310, 410	X				
<i>Covered in AIT</i>					X
Additional Comments:					

30.K.08 Payroll procedures and documentation

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 310	X				
<i>Covered in AIT</i>					X
Additional Comments:					

30.K.09 Billing, accounts receivable, and collections management

	A	B	C	D	N
<i>Covered in course(s):</i> ACCT 201, HCSA 310	X				
<i>Covered in AIT</i>					X
Additional Comments:					

30.K.10 Accounts payable procedures

	A	B	C	D	N
<i>Covered in course(s):</i> ACCT 201, HCSA 310	X				
<i>Covered in AIT</i>					X
Additional Comments:					

30.K.11 Eligibility and coverage requirements from third party payors

	A	B	C	D	N
<i>Covered in course(s):</i>		X			
<i>Covered in AIT</i>					X
Additional Comments: Need to include HCSA 310 or 461?					

30.K.12 Resident trust fund

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments: Need to include HCSA 310 or 461?					

30.K.13 Importance of integration of clinical and financial systems (e.g., MDS, case mix)

	A	B	C	D	N
<i>Covered in course(s):</i> ACCT 201, HCSA 310	X				
<i>Covered in AIT</i>					X
Additional Comments:					

30.K.14 Contracts (e.g., pharmacy, hospice, managed care, therapy)

	A	B	C	D	N
<i>Covered in course(s):</i>					X

	<i>Covered in AIT</i>								X
Additional Comments: Need to include in HCSA 461									

30.K.15 General and professional liability insurance (e.g., property, clinical, governing body, workers compensation)

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 310, 410			X		
	<i>Covered in AIT</i>					X
Additional Comments: Need to cover better – maybe in HCSA 461						

40. ENVIRONMENT

Tasks:

40.01 Ensure that a comprehensive system for maintaining and improving buildings, grounds, and equipment is planned, implemented, and evaluated.

		A	B	C	D	N
	<i>Covered in course(s):</i>					X
	<i>Covered in AIT</i>					X
Additional Comments:						

40.02 Ensure that the facility provides a clean, attractive, and home-like environment for residents, staff, and visitors.

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 460 and HCSA 461		X			
	<i>Covered in AIT</i>					X
Additional Comments:						

40.03 Ensure the planning, implementation, and evaluation of an environmental safety program that will maintain the health, welfare, and safety of residents, staff, and visitors.

		A	B	C	D	N
	<i>Covered in course(s):</i>					X
	<i>Covered in AIT</i>					X
Additional Comments:						

40.04 Ensure the planning, implementation, and evaluation of an emergency preparedness program that protects the safety and welfare of residents, visitors, staff, and property.

		A	B	C	D	N
	<i>Covered in course(s):</i>					X
	<i>Covered in AIT</i>					X
Additional Comments:						

40.05 Ensure that quality assurance programs are implemented to maximize effective environmental services.

	A	B	C	D	N
<i>Covered in course(s):</i> MRIS 109 and HCSA 461		X			
<i>Covered in AIT</i>					X
Additional Comments:					

40.06 Ensure residents are provided with an environment that fosters choice, comfort, and dignity.

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460 and HCSA 461		X			
<i>Covered in AIT</i>					X
Additional Comments:					

40.07 Ensure development, implementation, and review of environmental services policies and procedures.

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments:					

40.08 Ensure that facility complies with federal and state standards and regulations (e.g., ADA, OSHA, CMS, Life Safety Code).

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460 and HCSA 461	X				
<i>Covered in AIT</i>					X
Additional Comments:					

Knowledge of:

40.K.01 Federal and state standards and regulations for buildings, grounds, equipment and maintenance including ADA, OSHA, Life Safety Codes, and NFPA

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461		X			
<i>Covered in AIT</i>					X
Additional Comments:					

40.K.02 Preventative maintenance programs for buildings, grounds, and equipment

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments:					

40.K.03 Roles of environmental staff (e.g., housekeeping, maintenance, laundry)

	A	B	C	D	N

	<i>Covered in course(s):</i> HCSA 461			X		
	<i>Covered in AIT</i>					X
Additional Comments:						

40.K.04 Waste management, including infectious waste

		A	B	C	D	N
	<i>Covered in course(s):</i>					X
	<i>Covered in AIT</i>					X
Additional Comments:						

40.K.05 Basic sanitation and infection control concepts and procedures (e.g., personal protective equipment, universal precautions)

		A	B	C	D	N
	<i>Covered in course(s):</i> CAHS 102		X			
	<i>Covered in AIT</i>					X
Additional Comments:						

40.K.06 Potential hazards (e.g., biohazards, blood-borne pathogens, hazardous materials)

		A	B	C	D	N
	<i>Covered in course(s):</i> CAHS 102		X			
	<i>Covered in AIT</i>					X
Additional Comments:						

40.K.07 Basic housekeeping, maintenance, and laundry requirements

		A	B	C	D	N
	<i>Covered in course(s):</i>					X
	<i>Covered in AIT</i>					X
Additional Comments:						

40.K.08 Pest control

		A	B	C	D	N
	<i>Covered in course(s):</i>					X
	<i>Covered in AIT</i>					X
Additional Comments:						

40.K.09 Resident and facility security measures (e.g., elopement prevention, monitoring devices, access control)

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 461		X			
	<i>Covered in AIT</i>					X
Additional Comments:						

40.K.10 Fire and disaster preparedness

	A	B	C	D	N
<i>Covered in course(s):</i> CAHS 102		X			
<i>Covered in AIT</i>					X
Additional Comments:					

40.K.11 Community emergency resources

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments:					

40.K.12 In-house emergency equipment

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments:					

40.K.13 Evacuation resources and requirements (e.g., transfer agreements, transportation)

	A	B	C	D	N
<i>Covered in course(s):</i>					X
<i>Covered in AIT</i>					X
Additional Comments:					

40.K.14 Design principles that create a home-like atmosphere

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460 and HCSA 461		X			
<i>Covered in AIT</i>					X
Additional Comments:					

50. LEADERSHIP AND MANAGEMENT

Tasks:

50.01 Ensure that policies and procedures are developed, implemented, monitored, and evaluated to comply with directives of governance (e.g., owner, board of directors, corporate entity).

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461			X		
<i>Covered in AIT</i>					X
Additional Comments: This would be a good LTC Internship project					

50.02 Promote and monitor resident's and family's/responsible party's satisfaction with quality of care and quality of life.

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461			X		
<i>Covered in AIT</i>					X
Additional Comments:					

50.03 Manage the facility's role throughout the entire survey process.

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, 461	X				
<i>Covered in AIT</i>					X
Additional Comments:					

50.04 Educate stakeholders with regard to interpretation of and compliance with regulatory requirements.

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461		X			
<i>Covered in AIT</i>					
Additional Comments:					

50.05 Identify areas of potential legal liability, and develop and implement an administrative intervention or risk management program to minimize or eliminate exposure.

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 202, 461			X		
<i>Covered in AIT</i>					X
Additional Comments:					

50.06 Develop and/or direct the strategic planning process.

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 310, 410	X				
<i>Covered in AIT</i>					X
Additional Comments:					

50.07 Participate in and promote professional development activities.

A	B	C	D	N

	<i>Covered in course(s):</i> HCSA 461		X			
	<i>Covered in AIT</i>					X
Additional Comments:						

50.08 Develop leadership skills of management team and key staff.

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 326			X		
	<i>Covered in AIT</i>					X
Additional Comments:						

50.09 Ensure that information management systems support facility operations.

		A	B	C	D	N
	<i>Covered in course(s):</i> CAHS 300	X				
	<i>Covered in AIT</i>	X				
Additional Comments: Covered in general but not specific to LTC						

50.10 Ensure sufficient resources (e.g., supplies, medical equipment, technology, trained staff) to provide resident care and to promote quality of life.

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 310, 461	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

50.11 Develop and implement comprehensive marketing and public relations strategies.

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 461		X			
	<i>Covered in AIT</i>					X
Additional Comments:						

50.12 Foster and maintain relationships between the facility and other community resources (e.g., educational institutions, hospitals, vendors).

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 461		X			
	<i>Covered in AIT</i>					X
Additional Comments:						

50.13 Ensure that policies and procedures are developed, implemented, monitored, and evaluated to comply with federal and state standards, regulations, and guidelines (e.g., facility/NHA license, professional responsibility).

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 460, 461	X				

	<i>Covered in AIT</i>					
Additional Comments:						

Knowledge of:

50.K.01 Federal and state regulations, agencies, and programs (e.g. Centers for Medicare and Medicaid Services (CMS), Occupational Safety and Health Administration (OSHA), Americans with Disabilities Act (ADA), Fair Labor Standards Act (FLSA), Equal Employment Opportunity Commission (EEOC), Safe Medical Devices Act (SMDA), Health Information Portability and Accountability Act [HIPAA])

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 460, 461, 202,336	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

50.K.02 Corporate compliance

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 202				X	
	<i>Covered in AIT</i>					
Additional Comments:						

50.K.03 Legal liability of the facility

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 202,461, 326	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

50.K.04 Legal and criminal liability of administrator

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 461, 202		X			
	<i>Covered in AIT</i>					X
Additional Comments:						

50.K.05 Legal and criminal liability of other staff members

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 202, 461		X			
	<i>Covered in AIT</i>					X
Additional Comments:						

50.K.06 Legal and criminal liability of governing entities

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 202, 461		X			
	<i>Covered in AIT</i>					X

Additional Comments:

50.K.07 Roles and responsibilities of governing entities

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 202, 461, 120		X			
<i>Covered in AIT</i>					X
Additional Comments:					

50.K.08 Codes of ethics and standards of practice

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 202, 461			X		
<i>Covered in AIT</i>					X
Additional Comments:					

50.K.09 Quality improvement models (e.g., continuous quality improvement [CQI], quality assurance [QA], total quality management [TQM])

	A	B	C	D	N
<i>Covered in course(s):</i> MRIS 209, HCSA 461		X			
<i>Covered in AIT</i>					X
Additional Comments:					

50.K.10 Facility licensing requirements

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, 461	X				
<i>Covered in AIT</i>					X
Additional Comments:					

50.K.11 Types of surveys (e.g., certification, annual, extended, complaint, life safety)

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, 461	X				
<i>Covered in AIT</i>					X
Additional Comments:					

50.K.12 Survey process (e.g., scope and severity grid, acceptable plan of correction, Informal Dispute Resolution [IDR], appeals process, remedies)

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, 461	X				
<i>Covered in AIT</i>					X
Additional Comments:					

50.K.13 CMS quality indicators reports, on-line survey certification reports (OSCAR), and other available systems/reports for outcome measurement

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, 461, 209	X				
<i>Covered in AIT</i>					X
Additional Comments:					

50.K.14 Management information systems

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, CAHS 300		X			
<i>Covered in AIT</i>		X			
Additional Comments: Internship does not cover LTC specifically unless that is where the intern is doing his or her internship					

50.K.15 Technology to support facility operations (e.g., medical, security, environmental, work-place safety)

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, CAHS 300		X			
<i>Covered in AIT</i>					X
Additional Comments:					

50.K.16 Services available in the health care continuum

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, 461	X				
<i>Covered in AIT</i>					X
Additional Comments:					

50.K.17 Role of the facility in the health care continuum

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 460, 461	X				
<i>Covered in AIT</i>					X
Additional Comments: This may be a good project in a LTC internship					

50.K.18 Resource Management

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 310, 410, 461	X				
<i>Covered in AIT</i>					X
Additional Comments:					

50.K.19 Functions of all departments and services provided

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461		X			
<i>Covered in AIT</i>					X
Additional Comments: This may be a good project in a LTC internship					

50.K.20 Management principles and philosophies

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 120, 326, 336		X			
<i>Covered in AIT</i>					X
Additional Comments:					

50.K.21 Leadership principles and philosophies

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 120, 326, 336, 460, 461	X				
<i>Covered in AIT</i>					X
Additional Comments:					

50.K.22 Methods for assessing and monitoring resident's and family's/responsible party's satisfaction with quality of care and quality of life

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461, MRIS 209			X		
<i>Covered in AIT</i>					X
Additional Comments:					

50.K.23 Grievance procedures for residents and families/responsible parties

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461		X			
<i>Covered in AIT</i>					X
Additional Comments:					

50.K.24 Internal investigation protocols and techniques

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 461, 326,MRIS 209		X			
<i>Covered in AIT</i>					X
Additional Comments: This may be a good project in a LTC internship					

50.K.25 Resident rights

	A	B	C	D	N

	<i>Covered in course(s):</i> HCSA 202, 460, 461	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

50.K.26 The role of the resident ombudsman

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 460, 461	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

50.K.27 Risk management principles

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 202, 461		X			
	<i>Covered in AIT</i>					X
Additional Comments:						

50.K.28 Public relations and marketing techniques – Do we cover this?

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 461		X			
	<i>Covered in AIT</i>					X
Additional Comments:						

50.K.29 Culture change concepts for providing resident/person-centered care

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 461, 202, 336		X			
	<i>Covered in AIT</i>					X
Additional Comments:						

Core Skills Used Across All Domains:

S.01 Conducting effective meetings

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 336		X			
	<i>Covered in AIT</i>					
Additional Comments:						

S.02 Leading the change process

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 461, 336		X			
	<i>Covered in AIT</i>					X

Additional Comments:

S.03 Analyzing and interpreting data

		A	B	C	D	N
	<i>Covered in course(s)</i> :HCSA 310, 410,474, 209	X				
	<i>Covered in AIT</i>					
Additional Comments:						

S.04 Informed decision making

		A	B	C	D	N
	<i>Covered in course(s)</i> : HCSA 474, 202, 209	X				
	<i>Covered in AIT</i>					
Additional Comments:						

S.05 Creating and communicating a vision

		A	B	C	D	N
	<i>Covered in course(s)</i> :HCSA 474	X				
	<i>Covered in AIT</i>					
Additional Comments:						

S.06 Developing and implementing a strategic plan

		A	B	C	D	N
	<i>Covered in course(s)</i> : HCSA 310, 461	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

S.07 Delegating

		A	B	C	D	N
	<i>Covered in course(s)</i> : HCSA 326, 336	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

S.08 Inspiring and motivating - This is teaching students to inspire and motivate others

		A	B	C	D	N
	<i>Covered in course(s)</i> :HCSA 326, 336	X				
	<i>Covered in AIT</i>					X
Additional Comments:						

S.09 Prioritizing

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 326, 336		X			
	<i>Covered in AIT</i>					X
Additional Comments:						

S.10 Negotiating

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 326, 336		X			
	<i>Covered in AIT</i>					
Additional Comments:						

S.11 Problem solving

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 120		X			
	<i>Covered in AIT</i>					
Additional Comments:						

S.12 Time management

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 336	X				
	<i>Covered in AIT</i>					
Additional Comments:						

S.13 Conflict resolution and mediation

		A	B	C	D	N
	<i>Covered in course(s):</i> HCSA 326, 336		X			
	<i>Covered in AIT</i>					X
Additional Comments:						

S.14 Oral and written communications

		A	B	C	D	N
	<i>Covered in course(s):</i> ENGL 105, 205	X				
	<i>Covered in AIT</i>					
Additional Comments:						

S.15 Cultivating effective relationships

	A	B	C	D	N
<i>Covered in course(s):</i> COMM 105, HCSA 336	X				
<i>Covered in AIT</i>					
Additional Comments:					

S.16 Leading organizational behavior

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 326, 336	X				
<i>Covered in AIT</i>	X				
Additional Comments:					

S.17 Team building

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 120, 326, 336	X				
<i>Covered in AIT</i>					X
Additional Comments:					

S.18 Consensus building

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 336	X				
<i>Covered in AIT</i>					X
Additional Comments:					

S.19 Active listening

	A	B	C	D	N
<i>Covered in course(s):</i> COMM 105	X				
<i>Covered in AIT</i>					X
Additional Comments:					

S.20 Coaching, teaching, and mentoring

	A	B	C	D	N
<i>Covered in course(s):</i> HCSA 120, 326, 336	X				
<i>Covered in AIT</i>					X
Additional Comments:					

APPENDIX F

HCSA Curriculum Mapping,
Unit Course Assessment Report
(Provided as a PDF by email)

APPENDIX G

APR Plan (Includes Timeline and Budget)

PROGRAM EVALUATION PLAN

HEALTH CARE SYSTEMS ADMINISTRATION PROGRAM

Degree Awarded: B.S. in Health Care Systems Administration

Program Review Panel:

Chair and Program Coordinator: Terry Harper

Program faculty: Steve Karnes, Julie Ward, Mark Hutchinson, Terry Harper, Marie Sichelsteel, HIM: Janna Pacey, Paula Koning, and Paula Hagstrom

College of Health Professions faculty: Kim McVicar

Individual with special interest in the Program: Mark Hutchinson

Faculty member outside the College of Allied Health: Stephanie Thomson

Health Care Systems Administration Department Head: Gregory Zimmerman

Purpose: To conduct a study of the Health Care Systems Administration program to evaluate its needs and effectiveness so the University can make informed decisions about resource allocations.

Data Collection Techniques

1. Graduate surveys completed in 2008-2012.
2. Employer surveys from 2008-2012.
3. Student evaluation of program and courses from 2013.
4. Faculty perception of program from surveys to Health Care Systems Administration faculty from 2013.
5. Advisory committee perceptions of the program from questionnaire to advisory board members from 2008-2013.
6. Labor Market analysis information from current market indicators, 2011-2012.
7. Evaluation of facilities and equipment by doing a review of the health information collection in the library, the adequacy of classrooms and computer facilities, 2013.
8. Curriculum evaluation information will be also be taken from the self-study and assessment for the National Association of Long Term Care Boards which is in process, 2013.

Schedule of Events

<u>Activity</u>	<u>Leader</u>	<u>Target Date</u>
Graduate Survey	Terry Harper	Dec 12, 2012
Employer Survey	Terry Harper	Dec 12, 2012
Student Evaluation	Kim McVicar	Jan 25, 2013
Faculty Perceptions of Program	Marie Sichelsteel	Jan 25, 2013
Advisory committee Perceptions	Julie Ward	Jan 25, 2013
Labor Market Analysis	Mark Hutchinson	Jan 25, 2013
Evaluation of Facilities	Steve Karnes (BR) Janna Pacey (GR)	Jan 25, 2013
Curriculum Evaluation	Terry Harper, Greg Zimmerman	Jan 25, 2013

1. Budget

To: Dr. Wagenheim, Chair Academic Program Review

From: Terry Harper, Program Coordinator, Health Care Systems Administration Program

Subject: Proposed budget for Health Care Systems Administration Program Review

Date: December 7, 2012

The proposed budget for the Health Care Systems Administration Program is listed below. Please contact me if you have any questions.

Surveys (graduate follow-up, employer follow-up, Advisory committee)

Copying Costs: \$ 150.00

Mailing Costs: \$ 100.00

Clerical Costs: \$ 600.00

Final Report Copying Costs for Department: \$ 150.00

TOTAL: \$ 1000.00

APPENDIX H:

Department Head Response for HCSA Academic Program Review 2013

TO: Academic Program Review Council
FROM: Dr. Gregory R. Zimmerman, Department Head – Clinical Laboratory/Respiratory Care/Health Administration programs, College of Health Professions
DATE: May 21, 2013
RE: Department Head's Response: Health Care Systems Administration Program APR Report

The Health Care Systems Administration (HCSA) program is the flagship baccalaureate degree in the Clinical Laboratory/Respiratory Care/Health Administration (CRHA) department if not the College of Health Professions (CHP). The program strengths as outlined in the APR report are impressive and I believe are the result of very devoted and passionate faculty. Success can also be attributed to our strong and long-standing relationships with institutional partners, many of whom are represented on our program Advisory Committee.

The challenges for the HCSA program as cited in the APR report include some specific areas that I would like to further highlight:

- **Declining enrollment:** Declining enrollment is a trend we are experiencing across many of the programs in the CHP. Some of this may be attributed to a seemingly improving economy and fewer students sponsored by job retraining programs. Another factor may in fact be the advent of the BS in Allied Health degree in CHP that tends to be a favorite of students seeking a dual degree option without requirement of a second internship. However, as was noted in the report, many interns receive job offers from their sponsors during, or shortly after completing their internships. This is a powerful case for requiring internships in nearly all CHP programs. What seems misaligned though, is that the BS in Allied Health is comprised of many HCSA courses. This creates confusion with our affiliates on what preparation our graduates have received. As it is structured now, the BS in Allied Health degree is the HCSA program without requirement of the internship. I believe all HCSA courses should be removed from the BS in Allied Health degree and the program should be renamed for what it is, a general studies in health degree. The HCSA program is distinct in that it prepares graduates to supervise and manage within health care organizations.
- **Additional faculty members:** While the APR report outlines the need for additional faculty members, this need has been present for quite some time. There has been a constraint in identifying locally available, qualified supplemental faculty to teach courses. This, as well as the volume of students HCSA enjoys, has resulted in the hiring of an additional tenure track faculty member. The HCSA program will now (Fall 13) possess five (5) tenure or tenure track faculty and one (1) temporary full-time contract instructor. This should remedy, in part, the consistent overload climate we have been operating under as well as improve faculty availability to students by reducing the total number of advisees assigned per faculty member. It should be noted that some years ago the HCSA and HIT/HIM program faculty combined informally due to limited resources, shared courses and to leverage program and clinical coordination. Each program is now fully staffed and should begin establishing their own brand image and identity, including holding separate program meetings, internship coordination and creating distinct advisory committees.
- **Program Equipment/Technology:** The APR report did specifically note the recent purchase of the CERNER electronic medical record package but lack of patient data files. I was unaware of this need and welcome a proposal to purchase this upgrade. I am cognizant of the limitations we face in regards to the number of computers available in the HCSA dedicated lab classroom. I do not share the same belief that a critical need exists for more computers in the HCSA lab though. Issues related to course caps and teaching pedagogy limits capacity in these laboratories. Still, if program faculty feel that pedagogy will not be negatively impacted and course caps may be increased, we may be able to creatively add more computers to these classrooms. On the other hand, I do agree that classroom VFS 327 needs to be renovated and modeled after the existing HCSA laboratory classroom. For example, I find it astounding that I personally submitted a proposal for the acquisition of a document camera for VFS 327 over two (2) years ago and still await this purchase and installation. Reconstruction of VFS 327 should be a high priority for the CHP in the next phase of space renovation.

In conclusion, I would again like to commend our devoted Health Care Systems Administration faculty, especially Program Coordinator Terry Harper and Internship Coordinator, Marie Sickelsteel, who are experienced and very active in their span of control and responsibilities. Additional areas of strength continue to be our state-wide (and in many cases nationwide) internship opportunities and strong support from institutional preceptors and advisory committee members. Our curriculum is highly regarded and respected for its blend of integrated theory and practice. Thank you for this opportunity to provide my administrative perspective.

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INTRODUCTION

The time has arrived! You are about to enter an exciting and challenging phase of your educational career – your hospital-based internship 1. 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 Health Care Organization (HCO).

OVERVIEW

During your 240 hour full-time hospital-based internship, you will be assigned to one 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 health care,
2. Gaining in depth knowledge of a clinical service area,
3. Touring the departments in an acute care setting, and
4. Networking with myriad health care professionals.

Written Projects

- Weekly reports are to be in memo format. See 'Weekly Memos' format.
- Use Ferris Connect or E-mail each memo as an **attachment** to your FSU Faculty Mentor.
- Each memo is worth 5 points (30 points for 6 weeks).

- All projects are to be computer generated. Send the original to your FSU Faculty Mentor at Ferris State University. Whenever possible, attach samples of facility reports.

- Projects will be retained by the Health Administration Program at FSU for one year; you should *make copies for yourself*. **Do not email or fax your projects.**

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

Departmental Contribution

Another significant requirement is your formal documentation of three methods in which you contributed to your department: completing a short-term project, assisting with a long-term project, plus working within the department on a day to day basis.

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 Mentor. 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 Mentor, he or she is responsible for determining your final grade. See page 12, Project Requirements and Point Allocation.

STUDENT INFORMATION

INTERNSHIP HOURS AND WORK ROTATION

You must contact the site at least two (2) weeks before the start of the internship to determine arrival time.

During your managerial internship, you will be assigned to one primary service area. This will give you exposure to the many related functions necessary to effectively run an operational area. It will also give you an opportunity to work extensively with many different employees in the HCO. This is an opportunity to learn from these health care individuals, and observe many of their supportive functions in the HCO.

INTERNSHIP FSU FACULTY MENTORS

Paula Hagstrom	Terry Harper	Mark Hutchinson	Steve Karnes
VFS 400	VFS 428	VFS 411	VFS 407
231 591-2316	231 591 2279	231-591-2265	231 591 2251
hagstrop@ferris.edu	harpert@ferris.edu	hutchinm@ferris.edu	karness@ferris.edu

Paula Koning	Janna Pacey	Marie Sichelsteel	Julie Ward
FSU Grand Rapids	FSU Grand Rapids	VFS 412	VFS 411
151 Fountain St. NE	151 Fountain St. NE	231 591-2321	231 591 3110
Grand Rapids, MI 49503	Grand Rapids, MI 49503	sickelsm@ferris.edu	Wardj8@ferris.edu
PaulaKoning@ferris.edu	JannaPacey@ferris.edu		
616 643 5726	616 643 5723		
Use above address.	Use above address.		

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

You will be monitored by a FSU Faculty Mentor during your internship. A Student Intern or Site Coordinator experiencing problems may request an on-site visit.

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

Marie Sichelsteel
Internship Coordinator
231 591-2321
sickelsm@ferris.edu

Greg Zimmerman
Department Head
231-591-2313
zimmerg@ferris.edu

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.

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. This does not apply to audited financial statements for public HCOs.

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.
 - Not chew gum.
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.
 - Not chew gum.
3. When interacting with patients, you should:
 - Not chew gum.
 - 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 departments where you spent your internship. Forward a copy of your thank you note to your FSU Faculty Mentor. (PROOF READ carefully before mailing!)

INTERNSHIP POLICIES

1. The FSU Academic Calendar will be followed regarding holidays and recesses. **Per FSU policy 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 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. Do not use your cell phone during working hours. Personal telephone calls are not to be made within the department or during working hours. Cell phone use during breaks and lunch time would be permitted.
7. You will be working a minimum 8 hours per day, 40 hours per week for 10 (HCSA/HIM) continuous weeks; unless other hours have been prearranged with your site coordinator and your faculty mentor.
8. Missed days must be reported in the weekly memo including when the day(s) it will be made up.
9. 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.
10. 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.
 - Alternate Site Visit – notify your SC when you plan this visit and that you will not be at your internship site
11. While at the internship site, you are responsible to the Site Coordinator or his or her 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.
12. If any problems arise, they should be brought to the attention of your Site Coordinator. However, the FSU Faculty Mentor is available by phone or email should you need consultation at any time. You will be advised as to which FSU Faculty Mentor will be supervising your internship.
13. You are responsible for costs incurred during internship -- housing, food, transportation, parking, and for miscellaneous items, both on and off campus.
14. When you move from one work area to another, 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.

15. 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.
16. You will be scheduled to be involved with a variety of functions. During this time, you will collect information for projects. **Project completion is not to be done during your internship working hours.**
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. An affiliation site may terminate the internship.
 - The Site Coordinator will contact the FSU Faculty Mentor or Internship Coordinator regarding the decision to terminate the internship.
 - A meeting between the student and the FSU Faculty Mentor or Internship Coordinator will be scheduled to obtain the intern's perception regarding the termination.
 - If a student is removed from an internship site due to professional misconduct or academic performance, the entire internship will have to be repeated. If the intern chooses to terminate his or her internship, the internship will have to be repeated.
 - At this time, a decision will be made as to whether the student intern will seek a new internship site or be required to repeat an internship.
 - A repeat internship will have a contractual requirement related to the cause of removal from the first internship. This contract will be utilized during a repeat internship.
20. APPEAL – Each student will have the right to appeal an academic or disciplinary termination from an affiliation site.
21. 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.
22. The Final Step in the appeal process shall rest with the Dean of the College of Health Professions. 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 Health Professions. The Dean shall meet with the student intern and render a written decision within five (5) working days.
23. Enjoy your internship! **Open yourself up to this valuable experience, begin networking, and challenge yourself. Remember – your growth is directly related to your proactive involvement and follow through.**

CHP Policy 5.0 Student Conflict Resolution

When a student has an issue with a grade, internship or other student/faculty issue, it is the responsibility of the student to use a progressive procedure to resolve the issue. This policy provides a step-by-step means of resolving student/faculty issues. Individual programs may have other specific steps for resolving student/faculty issues.

5.1 The first step in resolving a grade, internship or other student/faculty issue is for the student to talk to the Faculty Mentor about the situation. There may be a simple remedy (e.g., a calculation error and the Faculty Mentor can make the correction with a change of grade form). The student and Faculty Mentor must try to resolve the issue within five business days of the initial meeting of the student and Faculty Mentor. All discussions will be recorded and placed in the student's file.

5.2 If the issue is not resolved between the student and Faculty Mentor within five days, the next step is for the student to submit a written request, stating the issue of concern, to the Department Head. After reading the documentation between the student and Faculty Mentor, the Department Head will meet with the student and Faculty Mentor to hear both sides of the situation and analyze the issue. The Department Head will render a decision on the issue and inform the student and Faculty Mentor in writing within five business days of the meeting. If the student does not agree with the decision, he/she may petition in writing to the Dean. All discussions will be recorded and placed in the student's file.

5.3 If the issue is not resolved by the Department Head within five days, the next step is for the student to submit a written request, stating the issue, to the Dean. After reading the documentation between the student and Faculty Mentor, and the Department Head's decision, the Dean will meet with the student, Faculty Mentor and Department Head to hear all sides of the situation and analyze the issue. The Dean will render a decision on the issue and inform the student, Faculty Mentor and Department Head in writing within five business days of the meeting. The decision of the dean is final. All discussions will be recorded and placed in the student's file.

5.4 If the student does not agree with the decision of the Dean, he/she may petition in writing to the office of the VPAA according to the respective policies and procedures of that office. All discussions will be recorded and placed in the student's file.

5.5 According to FSU Academic Policy 04:4, Students have one year to appeal a course grade. After a year, grades cannot be changed. All other issues must be resolved within the semester the issue occurred or within the following semester at the latest.

Steps in the Student/Faculty Issue Resolution: Progressive Only if Required

Step	Parties Involved	Timeline (Business Days)
Step 1 Student meets with faculty mentor.	Student/Faculty	5 days
Step 2 Student meets with FacultyMentor, Internship Coordinator, and Department Head	Student/Faculty/Department Head	5 days
Step 3 Student meets with Dean	Student/Faculty/Department Head/Dean	5 days
Step 4 Student petitions Office of VPAA	Student and appropriate Representative of VPAA	According to VPAA Policies/Procedures

In all cases for steps 1 to 3, if the issue occurs at the end of the semester, the business day count will continue into the next semester, including summer semesters.

SITE COORDINATOR INFORMATION

GENERAL COMMENTS AND SUGGESTIONS

Ferris State University requires that the student complete two (2) internship rotations.

HEALTH CARE SYSTEMS ADMINISTRATION

1. SIX (6) WEEK IN AN ACUTE CARE HOSPITAL
 - IF A STUDENT HAS OR WILL COMPLETE A CLINICAL INTERNSHIP ROTATION WITH ANOTHER PROGRAM (NUCM, RADI, RESP, SONO, CLS), THIS 6-WEEK INTERNSHIP IS NOT REQUIRED.
 - DHYG STUDENT MUST COMPLETE THIS INTERNSHIP.
2. TEN (10) WEEK MANAGEMENT IN A HEALTH CARE ORGANIZATION

HEALTH INFORMATION MANAGEMENT

1. SIX (6) WEEK IN AN ACUTE CARE HOSPITAL
2. TEN (10) WEEK MANAGEMENT IN A HEALTH CARE ORGANIZATION

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.

SCHEDULE AND ITS IMPLEMENTATION

1. The intern can be scheduled to work with any employee in the HCO as long as he/she remains under the overall direction of the Site Coordinator.
2. Interns have been instructed to report to you prior to the scheduled starting time if they must be absent. If the student 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 Mentor.
3. Meeting attendance is encouraged. Please inform the intern when he/she may attend a meeting.

ORIENTATION

We suggest that you cover the following topics on the first day:

- 1.1 A basic orientation or general overview of the HCO might include:
 - a discussion of HCO, and departmental organizational structure and rules
 - introductions to potential co-workers
 - a tour of the facility
 - scheduling attendance at a general orientation session, if possible
- 1.2 Discuss your mutual expectations, 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.
- 1.3 Have the intern read and sign the ***Intern Statement of Confidentiality***.

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) intern projects.** With this evaluation, the FSU Faculty Mentor will receive valuable input for assigning an appropriate grade to each project.
2. Complete and return a one (1) page evaluation on the intern the 3rd week of the internship. This evaluation is included with this manual.
 - 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 student intern is required to review and sign the evaluation.

3. Near the end of the internship, please complete the 'Site Coordinator's Final Assessment of the Intern's Performance and return it to the FSU Faculty Mentor 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 faculty mentor person.
2. If it will not disrupt work flow in a department, we ask that interns be allowed to use available computer, or other office equipment, to key or type their projects. **They are not to use internship time to write the projects, however, without YOUR permission.**
3. INTERNSHIP TERMINATION – Unsatisfactory internship progress or conduct could result in an academic or disciplinary termination from the internship. An affiliation site may terminate the internship.
 - The Site Coordinator will contact the FSU Faculty Mentor or Internship Coordinator regarding the decision to terminate the internship.
 - A meeting between the student and the FSU Faculty Mentor or Internship Coordinator will be scheduled to obtain the interns perception regarding the termination.
 - If a student is removed from an internship site due to professional misconduct or academic performance, the entire internship will have to be repeated. If the intern chooses to terminate his or her internship, the internship will have to be repeated.
 - At this time, a decision will be made as to whether the student intern will seek a new internship site or be required to repeat an internship..
 - A repeat internship will have a contractual requirement related to the cause of removal from the first internship. This contract will be utilized during a repeat internship.
4. 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 Health Professions. 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 Health Professions. The Dean shall meet with the student intern and render a written decision within five (5) working days.

5. **Refer to the CHP Poicy 5.0 Student Conflict Resolution –page 7.**

PROJECT OVERVIEW

Due Dates:

- **Week 2 - Monday after beginning internship (Monday of Week 2):**
 1. Complete Internship Information Sheet
 2. Signed copy of Intern Statement of Confidentiality
- **Week 2 – Monday -Weekly Memo; email or FerrisConnect as an attachment.**
- **Week 3 - Two projects postmarked on Monday**
- **Week 5 -Two projects postmarked on Monday**
- **Week 6 - Two projects postmarked on Monday**
- **Week 7 – Within 1 week following internship – 7th Friday**
- A 20% late penalty if projects are postmarked within 7 calendar days of the due date. After 7 calendar days, the project is worth zero (0).
- Projects **DO NOT** have specifically defined due dates.
- Most projects will require a Site Coordinator Project Evaluation. The Site Coordinator is not responsible for correcting or writing your projects, rather he/she is to offer guidance and input.
- Time management and planning is crucial - **PLAN – DO – CHECK – ACT**
- Submit projects throughout the 6 weeks.

Project Format:

- All projects must have a cover page that includes:
 - Your name
 - Date
 - Facility
 - Maximum point value, e.g. 50 Points
 - Project title and number
 - Project due date
- List each question (**bold**) by number and give your response. Address all project items. Failure to respond to each item will result in point loss; unless the item is not applicable, in which case, make note of such in your report.
- Computer generated and professional appearance. Free of grammatical or spelling errors (1 point per error).
- Maximum 1 inch margins; font 11-12
- Project content:
 - Organization and format
 - Clarity, accuracy and depth are part of the evaluation process
 - Grading rubrics will be utilized to determine points for each project.
 - Points will be deducted for failure to follow these guiding principles.
- As appropriate, include attachments of key documents that exemplify your discussions. Note and label these as 'Attachment A', 'Attachment B' etc.
- **Staple** each project, don't use paper clips. Metal binder clips may be used for large documents.
- Do not place projects in sheet protectors.
- Always send original project to Faculty Mentor. Attachments of site samples often strengthen your project. **Send US mail or hand deliver; fax not accepted.**
- *Projects are generally produced during non-working hours. **Interns are not expected to work on personal projects during internship hours. The intern will gather information on site.***

Rubric for Internship Projects (Agreed 12/2/2010)

		50%	60%	75%	85%	100%
CRITERIA	ABSENT OR LACKING	INSUFFICIENT (incomplete, errors, inconsistent)	NEEDS IMPROVEMENT	ADEQUATE (accurate/complete but focus on separate points rather than integrating concept of the question.	GOOD	EXCELLENT (complete, thorough, articulate, showing understanding of relationship of question to health care administration)
CLARITY OF ANSWERS		Answer does not communicate a clear connection between project question and provided response.		Answered in general terms, response did not indicate thorough understanding of project question.		Clear and thorough coverage of question, providing specific examples when indicated.
	0	5/10	6/12	7/15	8/17	10/20
DEPTH AND BREADTH OF ANSWERS		Displays little understanding of the project questions or the underlying concept being asked.		Displays some understanding of the project question. None or limited use of examples, specifics, attachments or appendices to explain answer are provided.		Displays an excellent understanding of the project question and the underlying concept of question. Uses attachments, flowcharts or appendices when appropriate to support important points.
	0	5/10	6/12	7/15	8/17	10/20
PROJECT FORMAT		Project did not meet required format; cover page, typed questions, proper margins, proper labeling of attachments.		Project met the majority of required format but may have lacked a cover page, typed questions, proper margins, or proper labeling of attachments.		Project met all required formats: cover page, typed questions, proper margins, proper labeling of attachments.
	0	2/5	3/6	4/7	4/8	5/10
						25/50

***Please remember that proofing errors are considered outside this rubric.**

***Grammatical or spelling errors (1 point per error)**

HCSA 392 PROJECT REQUIREMENTS AND POINT ALLOCATION

POINTS	PROJECT	DESCRIPTION
5	INTERNSHIP INFORMATION SHEET	COMPLETE AND SEND BY MONDAY OF WEEK 2.
	STATEMENT OF CONFIDENTIALITY	COMPLETE, SIGN, AND SEND BY MONDAY OF WEEK 2.
30	WEEKLY MEMO	WEEKLY MEMO OF DAILY ACTIVITIES; E-MAIL AS AN ATTACHMENT TO FSU FACULTY MENTOR
25	DEPT CONTRIBUTIONS #1	SHORT TERM PROJECT
25	DEPT CONTRIBUTIONS #2	LONG TERM PROJECT
20	ORIENTATION	OVERVIEW OF HCO ORIENTATION
50	OP CLINICAL SERVICES	INTERVIEW THREE (3) CLINICAL MANAGERS IN OUTPATIENT AREAS
50	POLICIES AND PROCEDURES	INTERVIEW A HUMAN RESOURCE DEPARTMENT MANAGER
25	FINANCE	UNDERSTANDING FINANCIAL CONCERNS
50	HEALTH INFORMATION MANAGEMENT DEPT (MR)	SPEND 3-4 HOURS IN THE HEALTH INFORMATION DEPARTMENT. INTERVIEW YOUR DEPARTMENT MANAGER AND A MANAGER OR SUPERVISOR IN HIM.
25	INFORMATION SYSTEMS	YOUR DEPARTMENT AND INFORMATION SYSTEMS
25	EMERGENCY DEPARTMENT	UNDERSTAND THE EMERGENCY DEPARTMENT 'S FUNCTIONS
50	MEDICAL STAFF	UNDERSTAND HOW THE MEDICAL STAFF IS GOVERNED
50	QUALITY IMPROVEMENT	UNDERSTAND VALUE OF QUALITY IMPROVEMENT ACTIVITIES
25	REGULATORY AGENCIES	DISCOVER HOW REGULATORY AND ACCREDITATION AGENCIES INFLUENCE DAILY OPERATIONS IN YOUR DEPARTMENT.
25	#1 OPTIONAL	ER, MARKETING, ORIENTATION; CLINICAL SERVICES, VOLUNTEER
25	#2 OPTIONAL	ER, MARKETING, ORIENTATION; CLINICAL SERVICES, VOLUNTEER
10	INTERN'S EVAL OF INTERNSHIP	COMPLETE AND SIGN.
5	THANK YOU	A <u>COPY</u> OF AT LEAST ONE OF YOUR HAND WRITEN THANK YOU NOTES TO PERSONNEL WHO ASSISTED YOU IN YOUR INTERNSHIP.
50	SC'S FINAL ASSESSMENT OF INTERN'S PERFORMANCE	SITE COORDINATOR WILL COMPLETE AND MAIL TO FSU FACULTY MENTOR.
570	TOTAL POINTS	

**Information Sheet
(Send 1st week of internship)**

This form is to provide information to allow the FSU Faculty Mentor to contact the intern or site coordinator. **Write clearly.**

Intern Information

Name	
Semester and year of internship	392
Beginning date	
Ending date	
Student Number	
Phone number during internship (at site)	
Phone number, cell	
Mailing address during internship	
E-mail	
Permanent mailing address (home)	

Site Coordinator Information (MAY ATTACH BUSINESS CARD)

Name	
Title	
Phone	
Fax (if known)	
E-mail	

Site Information

Name	
Department	
Address	
Phone	

Intern Signature	Date

SEND **ATTACHMENT C**

INTERN STATEMENT OF CONFIDENTIALITY

Confidential Information includes, but is not limited to, patient information and health records, information pertinent to employees and their employee records, and the facility, business and financial information. Confidential information includes information heard and obtained from others.

I agree to use caution to avoid being overheard by others and will not discuss any Confidential Information in public areas, including hallways, elevators, and the cafeteria.

I understand that any violation of the Confidential Information policy may result in termination of my internship. The following actions are necessary should I breach this confidence.

1. My Site Coordinator will contact my FSU Faculty Mentor immediately.
2. My FSU Faculty Mentor, in conjunction with my Site Coordinator and my FSU Department Head will investigate the breach of confidentiality.
3. Together, the parties in 2 above will make disciplinary recommendations to the Dean as warranted.
4. Such disciplinary recommendations may include immediate termination of my internship and loss of academic credit.

Intern Signature	Date	Site Coordinator Signature

SEND **ATTACHMENT D**

Weekly Memos

- 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?"
- Submit weekly! Email as a Memorandum (**attachment**); email by the following Monday.

FORMAT:

TO: (name of FSU Faculty Mentor)
FROM: (your name)
SUBJ: Week # _____, January 14-18, 20__; (five days of the week Monday-Friday)
DATE: May 16, 20__

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Comments/Questions: i.e. How is it going?

Include:

- *At least 2-3 sentences, of each day (list each day separately); 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 Mentor.*
- *Always notify your FSU Faculty Mentor of any problem so that he or 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.***

DEPARTMENTAL CONTRIBUTIONS		
Project 1	Short Term	25 Points
Project 2	Long Term	25 Points

Project	Assignment	Description
#1 Short Term	Describe: 1. The purpose/outcome 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.	<ul style="list-style-type: none"> Complete a short term project. Average time - ____ to ____ This is assigned to you by your Site Coordinator.
#2 Long Term	Describe: 1. The purpose /outcome 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.	<ul style="list-style-type: none"> Complete a long term project. Average time - ____ to ____ This is assigned to you by your Site Coordinator.

Site Coordinator Evaluation required for each project.

Project 3	ORIENTATION	20 Points
------------------	--------------------	------------------

Purpose	Orientation provides introduction to the culture and policies of your HCO.
Assignment	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.

Project 4**OUTPATIENT CLINICAL SERVICES****50 Points**

Purpose	An understanding of the increasing complexity and importance of outpatient services in the HCO is essential to your entry level health care knowledge base.
Assignment	Interview three (3) clinical managers in <u>outpatient</u> areas and gather the following information: <ol style="list-style-type: none"> 1. areas of responsibilities for the managers 2. required educational background 3. function of the area 4. number and type of services per month or year 5. title and number of FTEs supervised 6. revenues in \$\$ 7. payroll expenses in \$\$ 8. other expenses in \$\$ 9. trends 10. What did you learn?

Create the following grid. Note if you're sharing monthly or annual data. Complete sentences are not an absolute requirement for this project.

	Outpatient Area 1	Outpatient Area 2	Outpatient Area 3
	Department	Department	Department
Areas of responsibility			
Primary educational background			
Function of the area			
Number of services per mo/yr			
Title or types of services			
Type of FTEs			
Number of FTEs			
Revenues in \$\$			
Payroll expenses in \$\$			
Other expenses in \$\$			
Legal issues			
Trends			
etc.			

(5 points ea.)

<p>Purpose</p>	<p>An understanding that policies and procedures must be properly developed, communicated to all employees and equitably applied is essential to your entry level health care knowledge base.</p>
<p>Assignment:</p>	<p>Interview a Human Resource Department manager to find out how organization-wide policies are initiated and applied.</p> <p>Include the following:</p> <ol style="list-style-type: none"> 1. Describe steps taken when a new organization-wide policy/procedure was initiated. Discuss the following about the policy/procedure: <ol style="list-style-type: none"> 1.1. Name 1.2. Reason(s) initiated 1.3. Personnel involved in development 1.4. Required format (attach a sample or format outline) 1.5. How it was communicated to employees 1.6. Whether or not consequences of non-compliance are included 2. Describe one example of applying an existing policy/procedure. Note the: <ol style="list-style-type: none"> 2.1. Incident 2.2. Name and section of applicable policy/procedure 2.3. Outcome of the incident 2.4. Your analysis of the employee and HR's responses, e.g., what went right, what went wrong? What are some possible solutions? 3. Repeat #2. 4. Provide an analysis of responses/reactions of two employees PLUS an HR representative to a recently enacted policy. Steps to take: <ol style="list-style-type: none"> 4.1. Choose a policy (or ask HR to provide guidance) 4.2. Interview two employees and describe their response. 4.3. Interview the HR representative and describe the response. 4.4. Your analysis

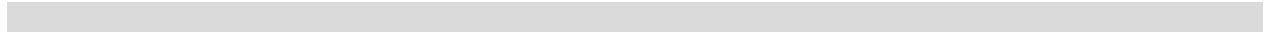
Examples

1. In February 2013, a new Dress Code Policy for office personnel was developed after repeated complaints (by physicians, some members of administration, and staff members) regarding unprofessional appearance. An employee representative from each facility office was involved in the policy development. The policy had to be approved by each Director of affected departments and signed by the HR Director and CEO. A standard policy format was required (see Appendix A). Copies of the Policy were distributed to Department Directors who were responsible for informing their respective employees. Consequences of not abiding by the policy were not included.
2. An employee of the Health Information Department came to work intoxicated. The Health Information Director requested guidance from the HR department in handling the situation. The Personnel Policy Handbook Discipline Policy (section IV A 2) was used. It reads "Any employee caught working under the influence of alcohol/drugs will be automatically suspended for three days. The employee will be referred to the Employee

Assistance Program for referral to appropriate services". The employee was suspended for three days, referred to the EAP and warned that (according to policy) termination would occur if the situation occurred again.

(Possible problems and solutions??)

3. A new policy regarding E-Mail was put into effect February 12, 2011 The reaction of two employees to this new policy is: (reaction). The reaction of the HR representative is: (reaction).



Project 6	FINANCE	25 Points
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Purpose	An understanding of the financial concerns that underscore decision making, control, and adherence to the HCO's mission is essential to your entry level health care knowledge base.
Assignment:	<ol style="list-style-type: none"> 1. Describe: <ol style="list-style-type: none"> 1.1. the most significant ways that financial information and financial requirements impact the day to day operations of your site coordinator's department. 2. Explain the impact in your department of: <ol style="list-style-type: none"> 2.1. payroll 2.2. revenues and expenses 2.3. reimbursement 2.4. budgeting (operating and capital). 3. Attach a sample of a key financial report for your department. Describe what this document tells you. 4. What did you learn from this report?



Project 7**HEALTH INFORMATION MANAGEMENT DEPARTMENT (HIM)
(MEDICAL RECORDS)****50 Points**

Purpose	An understanding of the critical importance of creating a complete accurate medical record and the ways in which the underlying information may be used is essential to your entry level health care knowledge base.
Assignment:	Spend 3 – 4 hours in the HIM Department observing the various functions and roles of personnel. Interview a manager or supervisor in HIM Department and others as needed. Questions: 1. An inpatient record is very different from an outpatient record. Describe a completed inpatient record and an outpatient record. <u>How are they similar?</u> <u>How are they different?</u> <u>What is included in each?</u> 2. What is the purpose of: 2.1. discharge analysis 2.2. ROI (Release of Information), 2.3. coding 2.4. abstracting 3. How is information in the medical record utilized beyond providing patient care? 4. How does the medical record relate to reimbursement? 5. What is an electronic medical record? 5.1. Explain its use in this facility? 6. Utilization Management 6.1. What is an admission review? Who performs this task? 6.2. How is medical necessity and appropriateness of admission determined? 6.3. Who performs this task? Why/when is it important?

Project 8	EMERGENCY DEPARTMENT	25 Points
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Purpose	An understanding of the Emergency Department's function in providing care and channeling patients is essential to your entry level health care knowledge base.
Assignment	<p>Spend 2-4 hours observing and/or helping in the Emergency Room.</p> <p>Describe:</p> <ol style="list-style-type: none"> 1. Triage 2. Waiting times 3. Admitting procedures 4. Insurance requests 5. Emergency codes 6. Availability and demeanor of staff 7. Attitude and response of patients.

Project 9	INFORMATION SYSTEMS	25 Points
------------------	----------------------------	------------------

Purpose	Good information systems provide the backbone of quality decision making in any HCO. An understanding of this critical function that crosses all departments is essential to your entry level health care knowledge base.
Assignment	<p>For your department, describe:</p> <ol style="list-style-type: none"> 1. Networks, provide examples. 2. Available software and hardware, provide examples. 3. How do the above reports contribute to the functioning of your department. 4. How information systems impact the day to day operations of the department. i.e., What would happen if the system(s) were unavailable? 5. List standard reports and their frequency.

Purpose	An understanding of Medical Staff governance and the channels of communication between HCO staff and Medical Staff is essential to your entry level health care knowledge base.
Assignment	Interview appropriate personnel and gather information to learn how the Medical Staff is governed. Determine the relationship, formal and informal, between the Medical Staff and HCO. (If feasible, interview a physician to get her/his opinion on managed care.)
	<p>Questions: Type the question (or bold or <u>underline</u> the primary phrasing in your opening sentence), then respond.</p> <ol style="list-style-type: none"> 1. What governs the Medical Staff behavior and interaction with the facility staff? Give three (3) examples of governance the Medical Staff must abide by. 2. How is the Medical Staff kept informed of changing facility requirements/status, i.e., financial status, accreditation requirements, legislative impacts, etc.? 3. Through what mechanisms is the Medical Staff involved in facility planning? 4. Through what mechanisms is the Medical Staff involved in quality assessment and improvement? 5. What process does a physician have to go through to be appointed to the Medical Staff? What facility position is responsible for coordinating this activity? 6. What is involved in reappointment to the Medical Staff? What type of activity profile is maintained on Medical Staff members? What facility position is responsible for maintaining that profile? 7. What are the categories of Medical Staff membership? Is the facility actively recruiting physicians? What difficulties, if any, are faced in recruitment? 8. Do any of the Medical Staff have ownership in the facility? How does this impact governance of the facility? 9. <u>Attach a copy</u> of the HCO's organization chart and describe the structural relationship between Medical Staff and HCO staff.

Purpose	An understanding of quality assessment, assurance, and improvement in quality care is essential to your entry level health care knowledge base.
Assignment	<p>Interview a management or QI staff 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.</p> <p>Include an example of a current problem or outcome.</p> <ol style="list-style-type: none"> 1. State the problem or desired outcome. 2. Attach a copy of the format used for problem solving and reporting, e.g. PDCA, 10 step. If not available, describe. 3. List the titles of employees involved. 4. Describe the background and timeline, e.g., what prompted this particular problem to be addressed? 5. Describe the 'current condition' as observed and documented by the improvement team. How is data regarding the 'current condition' collected and compiled? 6. State the specific goal (including what, when, how much). 7. How was the specific goal/target identified or how were best practice standards evaluated when establishing the goal? 8. Discuss how this goal relates to quality care and the cost of care. 9. Discuss any causes of the problem and how they were identified and addressed. Was there a specific 'root cause' that was identified? 10. What specific solutions or improvements were implemented to achieve the goal? 11. What were the tools and structure used to manage the implementation of the improvements? 12. What actions were or will be put in place to ensure that the changes are 'hardwired' (implemented) and sustained? 13. Discuss the perceptions of front line staff and management personnel in addressing this issue. 14. What was the role of upper level administrators in addressing this problem or achieving this goal? 15. Provide your opinion: How successful is this department (facility) in achieving positive quality outcomes? Support your answer. 16. How do you anticipate using your knowledge of this improvement process in your career. Give a hypothetical, yet practical example.

Project 12**REGULATORY AGENCIES****25 Points**

Purpose	An understanding of the myriad of rules and regulations that govern health care is essential to your entry level health care knowledge base.
Assignment	<p>Discover the ways that regulatory and accreditation agencies influence daily operations in your department.</p> <p>Describe <u>two (2) examples per agency</u> for at least <u>three (3) agencies</u> below.</p> <p><u>Identify</u> the agency, state the law, rule, or guideline and <u>describe</u> how the department (HCO) meets this requirement.</p> <ol style="list-style-type: none"> 1. OSHA (or MI-OSHA) 2. ERISA, ADA, or FMLA 3. JC or AOA 4. CMS 5. MPRO 6. State of Michigan

Example:

Agency 1	Law/rule/guideline	How is this met?
Agency 1	Law/rule/guideline	How is this met?
Agency 2	Law/rule/guideline	How is this met?
Agency 2	Law/rule/guideline	How is this met?
Agency 3	Law/rule/guideline	How is this met?
Agency 3	Law/rule/guideline	How is this met?

Choose two (2)

- | | |
|--------------------|-----------------------|
| 1. HUMAN RESOURCES | 2. VOLUNTEER SERVICES |
| 3. MARKETING/PR | 4. CLINICAL SERVICES |

HUMAN RESOURCES

Purpose	An understanding of a primary human resource function, i.e., providing information and direction to all employees and managers in dealing with personnel issues, is essential to your entry level health care knowledge.
Assignment:	<p>Meet with your department manager to find out how the Human Resources Department supports and impacts the day to day operations of your department.</p> <p>Describe:</p> <ol style="list-style-type: none"> 1. A specific employee requests for information or direction, and the response provided by the HR department 2. A specific supervisor/manager inservice/training (not employee) regarding personnel functions that was presented or coordinated by the HR department.
<p>Examples</p> <ol style="list-style-type: none"> 1. An employee in Internal Medicine requested leave under the FMLA (Family and Medical Leave Act). Include the reason for the request and the information supplied by the HR department. 2. The HR Department presented an inservice for all managers and supervisors during January 2007 on the ADA (Americans with Disabilities Act). The inservice informed managers of employees eligible under the Act, employee rights under the Act, and how to identify and respond to requests for reasonable job accommodations. All managers were given copies of the ADA. 	

MARKETING/PUBLIC RELATIONS

Purpose	An understanding of the increasing complexity and importance of marketing and public relations in the HCO is essential to your entry level health care knowledge base.
Assignment	Interview a marketing or public relations manager Describe: <ol style="list-style-type: none"> 1. Areas of responsibilities 2. Required background 3. Function of the area 4. Trends 5. Growth of marketing in health care 6. The source of data to help target markets 7. Expected outcome measurements for marketing efforts

VOLUNTEER SERVICES

Purpose	An understanding of the increasing importance of volunteers in hospitals today is important to your perception of total quality care.
Assignment	Describe: <ol style="list-style-type: none"> 1. Services offered 2. Responsibilities assumed by the Volunteer (or Auxiliary) department. 3. <u>Attach</u> an organization chart, pre-existing or created by you, that reflects both paid and volunteer positions.

CLINICAL SERVICES (PROFESSIONAL)

Purpose	Professional clinical departments provide essential support for quality patient care in any HCO. An understanding of this critical function that crosses all departments is essential to your entry level health care knowledge base.
Assignment	<u>Request a tour</u> in a different (not the same departments as Project 4) clinical department, e.g., lab, radiology, pharmacy; and <u>interview</u> a manager or supervisor. Describe: <ol style="list-style-type: none"> 1. Purpose and interrelationships with other clinical areas. 2. What patients are served? 3. How are they served? 4. What type of education do the providers have? 5. Where does this department fit in the chain of providing patient care?

Project 15

'THANK YOU'

5 Points

Prepare and mail a **'thank-you'** note to your site coordinator and the department where you spent your internship. These notes should be hand written.

Forward a copy to your FSU Faculty Mentor.

PROOFREAD carefully before mailing to the Site Coordinator and department.

Project 16

INTERN'S EVALUATION OF INTERNSHIP

10 Points

- Complete and sign this evaluation.
- Fill this out as you progress through the internship.
- You may choose to discuss this evaluation with your Site Coordinator. You may make a copy for 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 | |
|----|--|--------|----|
| | | YES | NO |
| 1. | Did you receive a tour and general orientation to the department? | | |
| 2. | Did you receive a general orientation to the hospital? | | |
| 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.) | | |
| 4. | Was your performance in each function monitored? | | |
| | How? | | |
| 5. | Did you feel comfortable asking for assistance from your supervisor and other employees? | | |
| 6. | When you asked questions or requested assistance, did you receive the help you needed? | | |
| 7. | Did you feel accepted by HCO and departmental personnel? | | |
| 8. | Are there any areas of the HCO you did <u>not</u> receive exposure to? | | |

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 'B'**

Ferris State University
SITE COORDINATOR PROJECT EVALUATION

Intern	Facility

INSTRUCTIONS FOR COMPLETION:

- A Site Coordinator Project Evaluation must be completed for each project.
- The Site Coordinator **MUST** sign the evaluation before the intern submits the project.

PROJECTS: (CHECK ONE)

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; height: 20px;"></td><td>Short Term</td></tr> <tr><td style="width:20px; height: 20px;"></td><td>Long Term</td></tr> <tr><td style="width:20px; height: 20px;"></td><td>Orientation</td></tr> <tr><td style="width:20px; height: 20px;"></td><td>Outpatient Clinical Services</td></tr> <tr><td style="width:20px; height: 20px;"></td><td>Policies and Procedures</td></tr> <tr><td style="width:20px; height: 20px;"></td><td>Finance</td></tr> </table>		Short Term		Long Term		Orientation		Outpatient Clinical Services		Policies and Procedures		Finance	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; height: 20px;"></td><td>Health Information</td></tr> <tr><td style="width:20px; height: 20px;"></td><td>Emergency Department</td></tr> <tr><td style="width:20px; height: 20px;"></td><td>Information Systems</td></tr> <tr><td style="width:20px; height: 20px;"></td><td>Medical Staff</td></tr> <tr><td style="width:20px; height: 20px;"></td><td>Quality Improvement</td></tr> <tr><td style="width:20px; height: 20px;"></td><td>Regulatory Agencies</td></tr> </table>		Health Information		Emergency Department		Information Systems		Medical Staff		Quality Improvement		Regulatory Agencies
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	Finance																								
	Health Information																								
	Emergency Department																								
	Information Systems																								
	Medical Staff																								
	Quality Improvement																								
	Regulatory Agencies																								

OPTIONAL PROJECTS:

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; height: 20px;"></td><td>Clinical Services - Professional</td></tr> <tr><td style="width:20px; height: 20px;"></td><td>Human Resources</td></tr> </table>		Clinical Services - Professional		Human Resources	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; height: 20px;"></td><td>Marketing/PR</td></tr> <tr><td style="width:20px; height: 20px;"></td><td>Volunteer Services</td></tr> </table>		Marketing/PR		Volunteer Services
	Clinical Services - Professional								
	Human Resources								
	Marketing/PR								
	Volunteer Services								

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
INTERNSHIP EVALUATION - 3RD WEEK**

INTERN	FACILITY	DATE

Check each statement in the appropriate column as it describes your evaluation of the intern to date. Please comment on any areas.

ALWAYS	USUALLY	RARELY	NEVER
4	3	2	1

1.	ATTITUDE - Intern is cooperative in accepting assignments and demonstrates interest by asking pertinent questions. Intern demonstrates enthusiasm in learning a task.	4	3	2	1
2.	INITIATIVE - Intern completes assignments promptly and asks or looks for additional work if time permits.	4	3	2	1
3.	COMPREHENSION - Intern understands and applies basic concepts in performing required procedures and assignments. The intern follows and understands instructions. The intern is "pulling it all together" in understanding how operations make up the complete health information system.	4	3	2	1
4.	PERFORMANCE - Completed projects are error free and have a professional appearance.	4	3	2	1
5.	PERSONAL APPEARANCE - Intern's appearance is neat and dress is appropriate.	4	3	2	1
6.	INTERPERSONAL SKILLS - Intern is accepted by employees and is cooperative in working with others. The intern is respectful and tactful in dealing with supervisors, department heads, and medical staff, etc.	4	3	2	1
7.	ATTENDANCE - Intern is present on scheduled days and arrives on time. If the intern has missed a scheduled day this has been addressed.	4	3	2	1
8.	OVERALL PROGRESS TO DATE	Excellent	V Good	Good	Poor

COMMENTS [Site Coordinator or Intern] Use the back of this evaluation for additional comments.

Intern Signature	Date	Site Coordinator Signature	Date
<i>Intern signature indicates that this evaluation has been reviewed does not indicate agreement.</i>			

SEND **ATTACHMENT 'A'**

**FERRIS STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS**

**HCSA 392
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.
4. The Intern is responsible for submitting.

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
ABOVE AVERAGE
3
AVERAGE
2
BELOW AVERAGE
1
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 PERFORMANCE** ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

COMMENTS BY THE SITE COORDINATOR: If none, write NONE.

Strong Attributes –

Areas for Improvement –

Potential for employment in health care –

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 Mentor Notes

HCSA 392 - EVALUATION CHECKLIST AND POINT ALLOCATION

INTERN					SITE		
SEMESTER		DATES			TO		
PROJECTS				POINTS	COMMENTS		
	WEEKLY MEMOS 1 2 3 4 5 6			30			
	INFORMATION SHEET			5			
	STATEMENT OF CONFIDENTIALITY						
REQUIRED PROJECTS:							
1.	DEPT CONTRIBUTIONS – SHORT TERM			25			
2.	DEPT CONTRIBUTIONS – LONG TERM			25			
3.	ORIENTATION			20			
4.	OUT PATIENT CLINICAL SERVICES			50			
5.	POLICIES AND PROCEDURES			50			
6.	FINANCE			25			
7.	HEALTH INFORMATION			50			
8.	EMERGENCY DEPARTMENT			25			
9.	INFORMATION SYSTEMS			25			
10.	MEDICAL STAFF			50			
11.	QUALITY IMPROVEMENT			50			
12.	REGULATORY AGENCIES			25			
13.	#1 OPTIONAL – HUMAN RESOURCES, MARKETING/PR, VOLUNTEER, CLINICAL SERVICES			25			
14.	#2 OPTIONAL			25			
15.	INTERN EVAL OF INTERNSHIP			10			
16.	THANK YOU – HAND WRITTEN			5			
	FINAL ASSESSMENT BY SC			50			
TOTAL PTS				570			
INTERNSHIP GRADE							

ATTACHMENT A

**FERRIS STATE UNIVERSITY
INTERNSHIP EVALUATION - 3RD WEEK**

INTERN	FACILITY	DATE

Check each statement in the appropriate column as it describes your evaluation of the intern to date. Please comment on any areas.

ALWAYS	USUALLY	RARELY	NEVER
4	3	2	1

1.	ATTITUDE - Intern is cooperative in accepting assignments and demonstrates interest by asking pertinent questions. Intern demonstrates enthusiasm in learning a task.	4	3	2	1
2	INITIATIVE - Intern completes assignments promptly and asks or looks for additional work if time permits.	4	3	2	1
3.	COMPREHENSION - Intern understands and applies basic concepts in performing required procedures and assignments. The intern follows and understands instructions. The intern is "pulling it all together" in understanding how operations make up the complete health information system.	4	3	2	1
4	PERFORMANCE - Completed projects are error free and have a professional appearance.	4	3	2	1
5	PERSONAL APPEARANCE - Intern's appearance is neat and dress is appropriate.	4	3	2	1
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7	ATTENDANCE - Intern is present on scheduled days and arrives on time. If the intern has missed a scheduled day this has been addressed.	4	3	2	1
8	OVERALL PROGRESS TO DATE	Excellent	V Good	Good	Poor

COMMENTS [Site Coordinator or Intern] *Use the back of this evaluation for additional comments.*

Intern Signature **Date** **Site Coordinator Signature** **Date**
Intern signature indicates that this evaluation has been reviewed does not indicate agreement.

- Complete and sign this evaluation.
- Fill this out as you progress through the internship.
- You may choose to discuss this evaluation with your Site Coordinator. You may make a copy for 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 <u>not</u> 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 intern?

Intern Signature

Date

**Internship Information Sheet
(Send 1st week of internship)**

This form is to provide information to allow the FSU Faculty Mentor to contact the intern or site coordinator. **Write clearly.**

Intern Information

Name	
Semester and year of internship	393
Beginning date	
Ending date	
Student Number	
Phone number during internship (at site)	
Phone number, cell or permanent	
Mailing address during internship (home)	
E-mail	
Permanent mailing address (home)	

Site Coordinator Information (MAY ATTACH BUSINESS CARD)

Name	
Title	
Phone	
Fax (if known)	
E-mail	

Site Information

Name	
Department	
Address	
Phone	

Intern Signature	Date

INTERN STATEMENT OF CONFIDENTIALITY

Confidential Information includes, but is not limited to, patient information and health records, information pertinent to employees and their employee records, and the facility, business and financial information. Confidential information includes information heard and obtained from others.

I agree to use caution to avoid being overheard by others and will not discuss any Confidential Information in public areas, including hallways, elevators, and the cafeteria.

I understand that any violation of the Confidential Information policy may result in termination of my internship. The following actions are necessary should I breach this confidence.

1. My Site Coordinator will contact my FSU Faculty Mentor immediately.
2. My FSU Faculty Mentor, in conjunction with my Site Coordinator and my FSU Department Head will investigate the breach of confidentiality.
3. Together, the parties in 2 above will make disciplinary recommendations to the Dean as warranted.

Intern Signature	Date	Site Coordinator Signature

Ferris State University
SITE COORDINATOR PROJECT EVALUATION

Intern	Facility

INSTRUCTIONS FOR COMPLETION:

- A Site Coordinator Project Evaluation must be completed for each project.
- The Site Coordinator MUST sign the evaluation before the intern submits the project report.

PROJECTS: (CHECK ONE)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td>Short Term</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td>Long Term</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td>Orientation</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td>Outpatient Clinical Services</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td>Policies and Procedures</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td>Finance</td></tr> </table>		Short Term		Long Term		Orientation		Outpatient Clinical Services		Policies and Procedures		Finance	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td>Health Information (Med. Records)</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td>Emergency Department.</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td>Information Systems</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td>Medical Staff</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td>Quality Improvement</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td>Regulatory Agencies</td></tr> </table>		Health Information (Med. Records)		Emergency Department.		Information Systems		Medical Staff		Quality Improvement		Regulatory Agencies
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OPTIONAL PROJECTS:

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td>Human Resources</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td>Clinical Services - Professional</td></tr> </table>		Human Resources		Clinical Services - Professional	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td>Volunteer Services</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td>Marketing/PR</td></tr> </table>		Volunteer Services		Marketing/PR
	Human Resources								
	Clinical Services - Professional								
	Volunteer Services								
	Marketing/PR								

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

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INTRODUCTION

This manual is designed to guide both you and your Site Coordinator through your internship. **Read this manual 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 Health Care Organization (HCO).

The value of your internship experience will be determined, in large part, by your attitude, work ethics, and professionalism. Your desire to learn and contribute is critical.

OVERVIEW

The management internship, full-time consisting of 40 hours per week for 10 weeks, is considerably less structured than the first internship. Its goals are to allow you to:

1. Translate principles and concepts learned in the academic setting into practical managerial actions.
2. Observe and analyze various management techniques.
3. Apply learned managerial and interpersonal skills in the institutional setting.
4. Formulate personal styles and techniques of management.
5. Demonstrate acceptable levels of oral and written communication.
6. Demonstrate initiative and enthusiasm in the work environment.
7. Demonstrate conformity with normally expected management level activities and attitudes.

You are required to complete a series of projects while working at the health care organization.

The project/work 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 your 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 manager's role in the HCO.
2. gaining in-depth knowledge.
3. analyzing your attitudes and perceptions.
4. networking with myriad health care professionals.
5. understanding what makes a good manager or supervisor
6. adding experience to your resume.
7. gaining the potential for having a 'step in' if a position is posted for which you are qualified

Written Projects

All projects are to be computer printed. Send the original to your FSU Faculty Mentor at Ferris State University. Whenever possible, attach samples of facility reports.

Projects will be retained by the Health Management Department at FSU for one year; you should *make copies for yourself*. **Do not email or fax your projects.**

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

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 Mentor. 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 Mentor, he or she is responsible for determining your final grade.** See page 12 and 13, Project Requirements and Point Allocation.

STUDENT INFORMATION

Ferris State University requires that the student complete two (2) internship rotations.

HEALTH CARE SYSTEMS ADMINISTRATION

1. SIX (6) WEEK IN AN ACUTE CARE HOSPITAL
 - IF A STUDENT HAS OR WILL COMPLETE A CLINICAL INTERNSHIP ROTATION WITH ANOTHER PROGRAM (NUCM, RADI, RESP, SONO, CLLS), THIS 6-WEEK INTERNSHIP IS NOT REQUIRED.
 - DHYG STUDENT MUST COMPLETE THIS INTERNSHIP.
2. TEN (10) WEEK MANAGEMENT IN A HEALTH CARE ORGANIZATION

HEALTH INFORMATION MANAGEMENT

1. SIX (6) WEEK IN AN ACUTE CARE HOSPITAL
2. TEN (10) WEEK MANAGEMENT IN A HEALTH CARE ORGANIZATION

INTERNSHIP HOURS AND WORK ROTATION

You must contact the site at least two (2) weeks before the start of the internship to determine arrival time.

During your managerial internship, you will be assigned to one primary service area. This will give you exposure to the many related functions necessary to effectively run an operational area. It will also give you an opportunity to work extensively with many different employees in the HCO. This is an opportunity to learn from these health care individuals, and observe many of their supportive functions in the HCO.

INTERNSHIP FSU FACULTY MENTORS

Paula Hagstrom	Terry Harper	Mark Hutchinson	Steve Karnes
VFS 400	VFS 428	VFS 411	VFS 407
231 591-2316	231 591 2279	231-591-2265	231 591 2251
hagstrop@ferris.edu	harpert@ferris.edu	hutchinm@ferris.edu	karness@ferris.edu

Paula Koning	Janna Pacey	Marcy Parry	Marie Sickelsteel	Julie Ward
FSU Grand Rapids	FSU Grand Rapids	VFS 332	VFS 412	VFS 415
151 Fountain St. NE	151 Fountain St. NE	231 591-2273	231 591-2321	231 591 3110
Grand Rapids, MI 49503	Grand Rapids, MI 49503	parrym@ferris.edu	sickelsm@ferris.edu	Wardj8@ferris.edu
PaulaKoning@ferris.edu	JannaPacey@ferris.edu			
616 643 5726	616 643 5723			
Use above address.	Use above address.			

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

You will be monitored by a FSU Faculty Mentor during your internship. A Student Intern or Site Coordinator experiencing problems may request an on-site visit.

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

Marie Sickelsteel
Internship Coordinator
231 591-2321
sickelsm@ferris.edu

Greg Zimmerman
Department Head
231-591-2313
zimmerg@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. This does not apply to audited financial statements for public HCOs.

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.
 - Not chew gum.
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.
 - Not chew gum.
3. When interacting with patients, you should:
 - Not chew gum.
 - 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 departments where you spent your internship. Forward a copy of your thank you note to your FSU Faculty Mentor. (PROOF READ carefully before mailing!)

INTERNSHIP POLICIES

1. The FSU Academic Calendar will be followed regarding holidays and recesses. **Per FSU policy 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 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. Do not use your cell phone during working hours. Personal telephone calls are not to be made within the department or during working hours. Cell phone use during breaks and lunch time would be permitted.
7. You will be working a minimum 8 hours per day, 40 hours per week for 10 (HCSA/HIM) continuous weeks; unless other hours have been prearranged with your site coordinator and your faculty mentor.
8. Missed days must be reported in the weekly memo including when the day(s) it will be made up.
9. 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.
10. 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.
 - o Alternate Site Visit – notify your SC when you plan this visit and that you will not be at your internship site
11. While at the internship site, you are responsible to the Site Coordinator or his or her 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.
12. If any problems arise, they should be brought to the attention of your Site Coordinator. However, the FSU Faculty Mentor is available by phone or email should you need consultation at any time. You will be advised as to which FSU Faculty Mentor will be supervising your internship.
13. You are responsible for costs incurred during internship -- housing, food, transportation, parking, and for miscellaneous items, both on and off campus.
14. When you move from one work area to another, 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.
15. 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.

16. You will be scheduled to be involved with a variety of functions. During this time, you will collect information for projects. **Project completion is not to be done during your internship working hours.**
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. An affiliation site may terminate the internship.
 - o The Site Coordinator will contact the FSU Faculty Mentor or Internship Coordinator regarding the decision to terminate the internship.
 - o A meeting between the student and the FSU Faculty Mentor or Internship Coordinator will be scheduled to obtain the intern's perception regarding the termination.
 - o If a student is removed from an internship site due to professional misconduct or academic performance, the entire internship will have to be repeated. If the intern chooses to terminate his or her internship, the internship will have to be repeated.
 - o At this time, a decision will be made as to whether the student intern will seek a new internship site or be required to repeat an internship.
 - o A repeat internship will have a contractual requirement related to the cause of removal from the first internship. This contract will be utilized during a repeat internship.
20. APPEAL – Each student will have the right to appeal an academic or disciplinary termination from an affiliation site.
21. 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.
22. The Final Step in the appeal process shall rest with the Dean of the College of Health Professions. 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 Health Professions. The Dean shall meet with the student intern and render a written decision within five (5) working days.
23. Enjoy your internship! **Open yourself up to this valuable experience, begin networking, and challenge yourself. Remember – your growth is directly related to your proactive involvement and follow through.**

CHP Policy 5.0 Student Conflict Resolution

When a student has an issue with a grade, internship or other student/faculty issue, it is the responsibility of the student to use a progressive procedure to resolve the issue. This policy provides a step-by-step means of resolving student/faculty issues. Individual programs may have other specific steps for resolving student/faculty issues.

5.1 The first step in resolving a grade, internship or other student/faculty issue is for the student to talk to the Faculty Mentor about the situation. There may be a simple remedy (e.g., a calculation error and the Faculty Mentor can make the correction with a change of grade form). The student and Faculty Mentor must try to resolve the issue within five business days of the initial meeting of the student and Faculty Mentor. All discussions will be recorded and placed in the student's file.

5.2 If the issue is not resolved between the student and Faculty Mentor within five days, the next step is for the student to submit a written request, stating the issue of concern, to the Department Head. After reading the documentation between the student and Faculty Mentor, the Department Head will meet with the student and Faculty Mentor to hear both sides of the situation and analyze the issue. The Department Head will render a decision on the issue and inform the student and Faculty Mentor in writing within five business days of the meeting. If the student does not agree with the decision, he/she may petition in writing to the Dean. All discussions will be recorded and placed in the student's file.

5.3 If the issue is not resolved by the Department Head within five days, the next step is for the student to submit a written request, stating the issue, to the Dean. After reading the documentation between the student and Faculty Mentor, and the Department Head's decision, the Dean will meet with the student, Faculty Mentor and Department Head to hear all sides of the situation and analyze the issue. The Dean will render a decision on the issue and inform the student, Faculty Mentor and Department Head in writing within five business days of the meeting. The decision of the dean is final. All discussions will be recorded and placed in the student's file.

5.4 If the student does not agree with the decision of the Dean, he/she may petition in writing to the office of the VPAA according to the respective policies and procedures of that office. All discussions will be recorded and placed in the student's file.

5.5 According to FSU Academic Policy 04:4, Students have one year to appeal a course grade. After a year, grades cannot be changed. All other issues must be resolved within the semester the issue occurred or within the following semester at the latest.

Steps in the Student/Faculty Issue Resolution: Progressive Only if Required

Step	Parties Involved	Timeline (Business Days)
Step 1 Student meets with faculty member	Student/Faculty	5 days
Step 2 Student meets with Faculty/Department Head	Student/Faculty/Department Head	5 days
Step 3 Student meets with Faculty/Department Head and Dean	Student/Faculty/Department Head/Dean	5 days
Step 4 Student petitions Office of VPAA	Student and appropriate Representative of VPAA	According to VPAA Policies/Procedures

In all cases for steps 1 to 3, if the issue occurs at the end of the semester, the business day count will continue into the next semester, including summer semesters.

SITE COORDINATOR INFORMATION GENERAL COMMENTS AND SUGGESTIONS

Ferris State University requires that the student complete two (2) internship rotations.

HEALTH CARE SYSTEMS ADMINISTRATION

1. SIX (6) WEEK IN AN ACUTE CARE HOSPITAL
 - IF A STUDENT HAS OR WILL COMPLETE A CLINICAL INTERNSHIP ROTATION WITH ANOTHER PROGRAM (NUCM, RADI, RESP, SONO, CLS), THIS 6-WEEK INTERNSHIP IS NOT REQUIRED.
 - DHYG STUDENT MUST COMPLETE THIS INTERNSHIP.
2. TEN (10) WEEK MANAGEMENT IN A HEALTH CARE ORGANIZATION

MEDICAL RECORDS

1. SIX (6) WEEK IN AN ACUTE CARE HOSPITAL
2. TEN (10) WEEK MANAGEMENT IN A HEALTH CARE ORGANIZATION

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.

SCHEDULE AND ITS IMPLEMENTATION

1. The intern can be scheduled to work with any employee in the HCO as long as he/she remains under the overall direction of the Site Coordinator.
2. Interns have been instructed to report to you prior to the scheduled starting time if they must be absent. If the student 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 Mentor.
3. Meeting attendance is encouraged. Please inform the intern when he/she may attend a meeting.

ORIENTATION

We suggest that you cover the following topics on the first day:

- 1.1 A basic orientation or general overview of the HCO might include:
 - a discussion of HCO, and departmental organizational structure and rules
 - introductions to potential co-workers
 - a tour of the facility
 - scheduling attendance at a general orientation session, if possible
- 1.2 Discuss your mutual expectations, 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.
- 1.3 Have the intern read and sign the ***Intern Statement of Confidentiality*** (Attachment D).

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) intern projects.** With this evaluation, the FSU Faculty Mentor will receive valuable input for assigning an appropriate grade to each project.
2. Complete and return a one (1) page evaluation on the intern the 3rd week of the internship. This evaluation is included with this manual.
 - 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 student 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 Mentor 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 faculty contact person.
2. If it will not disrupt work flow in a department, we ask that interns be allowed to use available 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 express permission.**
3. INTERNSHIP TERMINATION – Unsatisfactory internship progress or conduct could result in an academic or disciplinary termination from the internship. An affiliation site may terminate the internship.
 - a. The Site Coordinator will contact the FSU Faculty Mentor or Internship Coordinator regarding the decision to terminate the internship.
 - b. A meeting between the student and the FSU Faculty Mentor or Internship Coordinator will be scheduled to obtain the interns perception regarding the termination.
 - c. If a student is removed from an internship site due to professional misconduct or academic performance, the entire internship will have to be repeated. If the intern chooses to terminate his or her internship, the internship will have to be repeated.
 - d. At this time, a decision will be made as to whether the student intern will seek a new internship site or be required to repeat an internship..
 - e. A repeat internship will have a contractual requirement related to the cause of removal from the first internship. This contract will be utilized during a repeat internship.
4. APPEAL – Each student will have the right to appeal an academic or disciplinary termination from an affiliation site.
5. 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.
6. The Final Step in the appeal process shall rest with the Dean of the College of Health Professions. 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 Health Professions. The Dean shall meet with the student intern and render a written decision within five (5) working days.
7. Refer to **CHP Policy 5.0 Student Conflict Resolution** – p. 7.

INTERNSHIP OVERVIEW

Due Dates:

- **One week AFTER beginning internship (Monday of Week 2):**
 - Internship Information Sheet
 - Signed copy of Intern Statement of Confidentiality
- **Week 2 – Monday -Weekly Memo;** email or Ferris Connect as an **attachment.**
- **Week 4 – Administrative Project Action Plan.** The **Action Plan** for the Administrative Project is counted as a project.
- **Week 7 - Six projects postmarked on Monday.**
- **Week 9 -Two projects postmarked on Monday**
- **Administrative project due two weeks prior to the end of the internship, postmarked Friday.**
- Remainder of projects are due 1 week following internship – 11th (HCSA/MRIS) (HCSA) week on Monday.
- **A 20% late penalty if projects are postmarked within 7 calendar days of the due date. After 7 calendar days, the project is worth zero (0).**
- Projects **DO NOT** have specifically defined due dates.
- Most projects will require a signed Site Coordinator Project Evaluation. The Site Coordinator is **not** responsible for correcting or writing your projects, rather he/she is to offer guidance and input.
- Time management and planning are crucial. **PLAN – DO – CHECK – ACT**
- Submit projects throughout the internship.

Project Format:

- All projects must have a cover page that includes:
 - Your name
 - Date
 - Facility
 - Maximum point value, e.g. 50 Points
 - Project title and number
 - Project due date
- List each question (**bold**) by number and give your response. Address all project items. Failure to respond to each item will result in point loss; unless the item is not applicable, in which case, make note of such in your report.
- Computer generated and professional appearance. Free of grammatical or spelling errors (1 point per error).
- Maximum 1 inch margins; font 11-12
- Project content – organization, format, clarity, accuracy and depth are part of the evaluation process. Free of grammatical or spelling errors (1 point per error). Grading rubrics will be used.
- As appropriate, include attachments of key documents that exemplify your discussions. Note and label professionally these as 'Attachment A', 'Attachment B' etc.
- **Staple** each project, don't use paper clips. Metal binder clips may be used for large documents.
- Do not place projects in sheet protectors.
- *Projects are generally produced during non-working hours. Interns are **not** expected to work on personal projects during office hours. The intern will gather information on site.*

Rubric for Internship Projects (Agreed 12/2/2010)

		50%	60%	75%	85%	100%
Criteria	Absent or lacking	Insufficient (incomplete, errors, inconsistent)	Needs Improvement	Adequate (accurate/complete but focus on separate points rather than integrating concept of the question.)	Good	Excellent (complete, thorough, articulate, showing understanding of relationship of question to health care administration)
Clarity of Answers		Answer does not communicate a clear connection between project question and provided response.		Answered in general terms, response did not indicate thorough understanding of project question.		Clear and thorough coverage of question, providing specific examples when indicated.
	0	5/10	6/12	7/15	8/17	10/20
Depth and Breadth of Answers		Displays little understanding of the project questions or the underlying concept being asked.		Displays some understanding of the project question. None or limited use of examples, specifics, attachments or appendices to explain answer are provided.		Displays an excellent understanding of the project question and the underlying concept of question. Uses attachments, flowcharts or appendices when appropriate to support important points.
	0	5/10	6/12	7/15	8/17	10/20
Project Format		Project did not meet required format; cover page, typed questions, proper margins, proper labeling of attachments.		Project met the majority of required format but may have lacked a cover page, typed questions, proper margins, or proper labeling of attachments.		Project met all required formats: cover page, typed questions, proper margins, proper labeling of attachments.
	0	2/5	3/6	4/7	4/8	5/10
						25/50

***Please remember that proofing errors are considered outside this rubric.**

***Grammatical or spelling errors (1 point per error)**

HCSA 493 PROJECT REQUIREMENTS AND POINT ALLOCATION

#	POINTS	HCSA PROJECTS	DESCRIPTION
	50	WEEKLY MEMO	E-MAIL AS AN <u>ATTACHMENT</u> TO FSU FACULTY MENTOR.
	5	INTERNSHIP INFORMATION	COMPLETE AND SEND BY MONDAY OF WEEK 2.
		STATEMENT OF CONFIDENTIALITY	COMPLETE, SIGN, AND SEND BY MONDAY OF WEEK 2.
1	225	ADMINISTRATIVE PROJECT(S)	PROJECT W/ SITE COORDINATOR'S EVALUATION OF ADMINISTRATIVE PROJECT.
2	70	MANAGERIAL SKILLS	PROJECT <u>W/O</u> SC EVALUATION
3	50	ALTERNATE SITE VISIT #1	PROJECT <u>W/O</u> SC EVALUATION
	50	ALTERNATE SITE VISIT #2 - 12-WEEK INTERN	PROJECT <u>W/O</u> SC EVALUATION
4	50	FINANCE	PROJECT W/ SC EVALUATION FORM
	50	FINANCE #2 – 12-WEEK INTERN	PROJECT W/ SC EVALUATION FORM
5	50	HUMAN RESOURCES	PROJECT W/ SC EVALUATION FORM
6	50	PROCESS IMPROVEMENT	PROJECT W/ SC EVALUATION FORM
	50	COMPLIANCE OFFICER INTERVIEW - 12-WEEK INTERN	PROJECT W/ SC EVALUATION FORM
7	50	PRIVACY PROTECTION PROGRAM	PROJECT W/ SC EVALUATION FORM
8	50	DATA SECURITY OF INFO SYSTEMS	PROJECT W/ SC EVALUATION FORM
9	50	MATERIALS MANAGEMENT	PROJECT W/ SC EVALUATION FORM
10	50	REIMBURSEMENT METHODS	PROJECT W/ SC EVALUATION FORM
11	75	DEPARTMENTAL FUNCTIONS	PROJECT W/ SC EVALUATION FORM
12		IP – CLINICAL DATA AND REIMBURSEMENT	DO NOT COMPLETE – MRIS ONLY
13		OP – CLINICAL DATA AND REIMBURSEMENT	DO NOT COMPLETE – MRIS ONLY
14		CHOOSE 1 PROJECT FOR 25 POINTS	
14	25	OP - CLINICAL DATA AND REIMBURSEMENT	PROJECT <u>W/O</u> SC EVALUATION
14	25	PROFESSIONALISM	PROJECT <u>W/O</u> SC EVALUATION
15	10	INTERN'S EVALUATION OF INTERNSHIP	<u>W/O</u> SC EVALUATION
16	5	THANK YOU	A <u>COPY</u> OF AT LEAST ONE OF YOUR THANK YOU NOTES TO PERSONNEL WHO ASSISTED YOU IN YOUR INTERNSHIP.
	50	SC'S FINAL EVALUATION OF INTERN	SC WILL COMPLETE AND MAIL TO FSU FACULTY MEMBER.
	915/1065	TOTAL POINTS	

MRIS 493 PROJECT REQUIREMENTS AND POINT ALLOCATION

#	POINTS	MRIS PROJECTS	DESCRIPTION
	50	WEEKLY MEMO	E-MAIL AS AN <u>ATTACHMENT</u> TO FSU FACULTY MENTOR.
	5	INTERNSHIP INFORMATION	COMPLETE AND SEND BY MONDAY OF WEEK 2.
		STATEMENT OF CONFIDENTIALITY	COMPLETE, SIGN, AND SEND BY MONDAY OF WEEK 2.
1	225	ADMINISTRATIVE PROJECT(S)	PROJECT W/ SITE COORDINATOR'S EVALUATION OF ADMINISTRATIVE PROJECT.
2	70	MANAGERIAL SKILLS	PROJECT <u>w/o</u> SC EVALUATION
3	50	ALTERNATE SITE	PROJECT <u>w/o</u> SC EVALUATION
4	50	FINANCE	PROJECT W/ SC EVALUATION FORM
5	50	HUMAN RESOURCES	PROJECT W/ SC EVALUATION FORM
6		PROCESS IMPROVEMENT	DO NOT COMPLETE
7		PRIVACY PROTECTION PROGRAM	DO NOT COMPLETE
8	50	DATA SECURITY OF INFO SYSTEMS	PROJECT W/ SC EVALUATION FORM
9	50	MATERIALS MANAGEMENT	PROJECT W/ SC EVALUATION FORM
10	50	REIMBURSEMENT METHODS	PROJECT W/ SC EVALUATION FORM
11	75	DEPARTMENTAL FUNCTIONS	PROJECT W/ SC EVALUATION FORM
12	75	IP - CLINICAL DATA AND REIMBURSEMENT	PROJECT W/ SC EVALUATION FORM
13	75	OP - CLINICAL DATA AND REIMBURSEMENT	PROJECT W/ SC EVALUATION FORM
14	CHOOSE 1 PROJECT FOR 25 POINTS		
14	25	<ul style="list-style-type: none"> • OP - CLINICAL DATA AND REIMBURSEMENT 	PROJECT <u>w/o</u> SC EVALUATION
14	25	<ul style="list-style-type: none"> • PROFESSIONALISM 	PROJECT <u>w/o</u> SC EVALUATION
15	10	INTERN'S EVALUATION OF INTERNSHIP	<u>w/o</u> SC EVALUATION
16	5	THANK YOU	A <u>COPY</u> OF AT LEAST ONE OF YOUR THANK YOU NOTES TO PERSONNEL WHO ASSISTED YOU IN YOUR INTERNSHIP.
	50	SC'S FINAL EVALUATION OF INTERN	SC WILL COMPLETE AND MAIL TO FSU FACULTY MEMBER.
	915	TOTAL POINTS	

Information Sheet
(Send 1st week of internship)

This form is to provide information to allow the FSU Faculty Mentor to contact the intern or site coordinator. **Write clearly.**

Intern Information

Name	
Semester and year of internship	HCSA 493 MRIS 493 circle one
Beginning date	
Ending date	
Student Number	
Phone number during internship (at site)	
Phone number, cell	
Mailing address during internship (home)	
E-mail	
Permanent mailing address (home)	

Site Coordinator Information (MAY ATTACH BUSINESS CARD)

Name	
Title	
Phone	
Fax (if known)	
E-mail	

Site Information

Name	
Department	
Address	
Phone	

Intern Signature	Date

SEND ATTACHMENT C

INTERN STATEMENT OF CONFIDENTIALITY

Confidential Information includes, but is not limited to, patient information and health records, information pertinent to employees and their employee records, and the facility, business and financial information. Confidential information includes information heard and obtained from others.

I agree to use caution to avoid being overheard by others and will not discuss any Confidential Information in public areas, including hallways, elevators, and the cafeteria.

I understand that any violation of the Confidential Information policy may result in termination of my internship. The following actions are necessary should I breach this confidence.

1. My Site Coordinator will contact my FSU Faculty Mentor immediately.
2. My FSU Faculty Mentor, in conjunction with my Site Coordinator and my FSU Department Head will investigate the breach of confidentiality.
3. Together, the parties in 2 above will make disciplinary recommendations to the Dean as warranted.
4. Such disciplinary recommendations may include immediate termination of my internship and loss of academic credit.

Intern Signature	Date	Site Coordinator Signature

SEND ATTACHMENT D

Weekly Memos

- 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?"
- Submit weekly! Email as an **attachment**; email by the following Monday.

FORMAT:

TO: (name of FSU Faculty Mentor)
FROM: (your name)
SUBJ: Week # _____, January 14-18, 20__; (five days of the week Monday-Friday)
DATE: May 16, 20__

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Comments/Questions: i.e. How is it going?

Include:

- At least 2-3 sentences, of each day (list each day separately); 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 Mentor.
- Always notify your FSU Faculty Mentor of any problem so that he or 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.**

This project is due two (2) weeks prior to the end of your internship. Must be postmarked by Friday.

You will be assigned one or more administrative projects by your Site Coordinator.

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

ACTION PLAN

With the Site Coordinator, draft an action plan; include the following in your plan:

1. project title
2. why this project is needed, background information
3. objective/purpose of the project
4. deadline for completion, provide date
5. expected product
6. method of presentation (e.g., written report plus oral presentation).

- Site Coordinator must approve the action plan. **Submit this plan to the FSU Faculty Mentor for approval by Friday of week four (4) of the internship.**

FORMAT OF ADMINISTRATIVE PROJECT

1. Table of Contents
2. Objective/Purpose
3. Action plan, original or modified.
4. Analysis of data. What were the end results ?
5. Recommendation(s) based on objective/purpose.
6. Describe who or what department(s) will receive this recommendation and why.
7. Implementation or implemenation plan.
8. Describe what you learned from this project.

EVALUATION OF ACTUAL PRODUCT (ADMINISTRATIVE PROJECT)

- Site Coordinator (Evaluation of Administrative Project).
- **FSU Faculty Mentor will evaluate this project based on:**
1. Project format
 2. Depth and breadth of content. This may include attachments, flowcharts or appendices.
 3. Clarity of documentation.
 4. Correct grammar and spelling
 5. Points (225) will be based on:
 - **50** -- action plan
 - **100** - documentation/analysis/findings
 - **75** - actual product

Examples of administrative projects completed by past interns include:

- Implementation of a needle-less system to administer medication
- Survey of employee compensation for market comparison
- Survey of data and review potential of an acute pediatric clinic
- Study of alternative emergency services
- Preparation necessary to install and present a bar coding system
- Planning and implementing a physical move of a department
- Data collection and analysis of a specific patient care service
- Organize a study to upgrade ambulance services
- Review and upgrade department policies and procedures

Purpose: To aid in your awareness and observations related to key management skills.

Preparation: As the internship progresses from week to week, you are asked to keep the following seven (7) objectives in mind. Each time you 'catch someone in the act' in 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 person observed. You may observe anyone.

As you review your notes, match events or observations to a skill and describe.

Submit all skills at the same time.

Format:

- Objective: 'State the skill and the number.'
- Event: Note the specific date and briefly describe the issue that required management skills, then describe what occurred or what you observed
- Resolution: 'What was the solution?'
- Application to the skill: Describe how you feel this situation relates to the objective, and what it implies to you as an intern trying to understand management applications and operations.
- What you learned.

Required Skills:

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 health care 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 health care manager who can motivate his/her personnel can increase organizational efficiency.

4. **An effective manager must be a team member.**

Assumption:

The success of a team requires specific skills. Strong members are the real foundation of a strong team. People are 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.

5. **An effective manager/supervisor understands change, accepts change, introduces change, influences or sells change, when it occurs.**

Assumption:

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 manager'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.**

Assumption:

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.

Site a specific incident.

7. **An effective manager publically recognizes and acknowledges high performers.**

Assumption:

Positive reinforcement creates high morale. High morale magnifies everything positive that is happening for that individual or the team. High morale gives an individual energy and confidence to do his/her best. Effective managers will go out of their way to praise in public and criticize in private.

NOTE:

- **HCSA and MRIS INTERNS - ONE (1) ALTERNATE SITE VISIT**
- **12- WEEK HCSA INTERNS - TWO (2) ALTERNATE SITE VISITS**

Purpose: To experience and assess another health care facility, the services they provide, and an overall exposure to their customer service base. The intent of this experience is to add to the intern's understanding of health care delivery systems in the United States.

Preparation:

- Select a site outside of the current internship site's facility. However, it is acceptable for the intern to visit another setting of health care within the health care chain. This offers you an opportunity to experience new areas for your career path.
- Contact a representative of the selected site and arrange a one day visit.
- The alternate site day of internship does not have to be made up.
- Notify site coordinator of the date of the visit.

Suggested facilities/agencies:

1. Physician offices
2. Skilled care facilities
3. Ambulatory care center
4. Mental health facility or detox center
5. Women's health center
6. Clinics--dental, veterinary, etc.
7. State or county health department
8. Rehabilitation unit
9. Health Maintenance Organization
10. MPRO
11. Health care vendors—Cerner, EPIC, Dictaphone, Smart, Gordon Foods, etc.
12. Health care organizations--MHA, BCBS, etc.

FORMAT:

- NAME OF ORGANIZATION, ADDRESS, CITY, STATE
- DATE OF VISIT
- TYPE OF ORGANIZATION
- CONTACT PERSON

1. Operations:

- 1.1. What is the geographic area from which patients are drawn?
- 1.2. What are the primary services provided by this organization?
- 1.3. What are the hours of operation?
- 1.4. What record keeping functions are being done?
- 1.5. What volumes are monitored? Provide an example

2. What statistics are kept?

- 2.1. What methods are used?
- 2.2. Who uses this information?

3. What information systems are used?

- 3.1. If not, are information systems being planned for the near future?
- 3.2. Is an electronic medical record utilized? If not, is there a plan to implement one in the near future

4. How is quality monitored?
 - 4.1. How are the findings used?
 - 4.2. What is the impact of this monitoring on the organization?
5. What changes has this organization made to comply with HIPAA and the HITECH Act?
6. What are the major legal issues of concern at this site?
7. How does this organization market its services?
8. Who is responsible for human resources services?
9. What challenges does this organization face?
10. Describe the future plans of the organization.
11. Discuss any outstanding features of the organization you visited.
12. What was the most interesting thing you took away from this experience?
13. Would you recommend this site for future students--why?
14. Is there any additional information you would like to share?

(2.5 points ea)

Purpose: An extremely critical resource in any organization, and in particular a health care organization, is the Finance Department (or those individuals responsible for financial functions). The Finance Department is the heart of the business side of health care. Their personnel secure capital, oversee the "best" allocation of financial resources, interface with third party payers and, in general, provide the "grease" that enables the HCO to achieve its mission.

Assignment: Select **one** of these financial areas pertinent to your internship site. Identify the area in project title.

- General Accounting/ management and financial reporting
- Patient Accounting
- Health Information (Medical Records)
- Budgeting, operating and/or capital

Prepare a comprehensive report (attach documents as examples to assist in your explanation; as appendices or as partial displays). This report should minimally address the questions below.

LIST EACH QUESTION BY NUMBER AND THEN GIVE YOUR RESPONSE

1. Name of the area,
2. How does this area impact financial information and decisions in the organization? How is the organizational structure effective for this function? Describe.
3. Who are the primary customers (internal and external) of financial information for this area?
4. What is the information flow through this area, i.e., sources, systems and output? Where and how is original data collected? What is the original data?
5. Who oversees the reporting? What levels of reporting and monitoring exist?
6. What types of information systems are involved? Is any aspect out-sourced?
7. What types of reports are created and used in this area? Who uses the reports? How are the reports used? **Include attachments; refer to attachments as you explain.**
8. What are the key statistics in this area? Why are these key statistics?
9. Are current changes desired or in progress? Why?
10. What quality, legal, or confidentiality issues exist?
11. What is the impact of this area? How does this area recognize that it's doing well or needs improvement? What tools and reports support your conclusion?
12. What would help this area be more effective?
13. Briefly note the mission statement and describe how it impacts finance.

ONLY 12-WEEK INTERNS COMPLETE FINANCE 2

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12. What would help this area be more effective?
13. Briefly note the mission statement and describe how it impacts finance.

Purpose: The Department of Human Resources (or the individual responsible for this function) has the primary responsibility of screening, coordinating the selection and processing of candidates for employment, and compiling and maintaining all necessary documents of the employees' records of employment.

Preparation:

- 1 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 or electronic documentation of badge swiping, absentee and sick leave record forms
 - 1.7 HR policies and procedures
- 2 Incorporate charts, graphs, or sample forms as a portion of your project's explanation of these human resource functions. Do not use visual aids of graphs, charts, and sample forms as just insertions; they must be important and necessary to the explanation and properly referenced. You may use them as appendices at the end of the narrative (with proper notation of reference in the text), or as visual examples within the text of your document.

LIST EACH QUESTION BY NUMBER AND THEN GIVE YOUR RESPONSE

1. What sources are utilized to recruit employees to the HCO?
2. What department/s are responsible for new employee orientation?
3. How often do employees have their performance appraised?
4. What is the employee performance appraisal based upon? What criteria are used (attach a form)?
5. How does this appraisal impact salary/wages?
6. What criteria are used to promote and reward employees?
7. How are wage scales determined?
8. In addition to hourly wage or salary, what 'fringe' benefits are available to employees?
9. What staffing patterns are used to accommodate employee needs/desires, such as job sharing, flextime, etc.?
10. What types of employee assistance programs are available?
11. What is the process for employee discipline?
12. Describe the grievance/fair treatment process?
13. Is the facility unionized? If yes:
 - 13.1. What is the impact on the facility?
 - 13.2. How many bargaining units are there?
 - What general job classifications are included in each bargaining unit?
14. Describe how the roles of the HR manager and your department head fit together. If you are in HR, describe this utilizing another department.
15. How does the HR Department assist your department and other departments?
16. The Site Coordinator will provide a scenario (current or prior) 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 Mentor.

Purpose: This project is to focus on what Process Improvement Coordinators do, which is regulatory management, traditional performance management and quality monitoring. Process Improvement is the formal and systematic process of identifying clinical or nonclinical problems and designing activities to overcome these problems with thorough follow-up steps, being careful to not create new problems.

Process Improvement is a managerial philosophy designed to improve the level of performance of key organizational areas with specific outcomes that address identified problems – real or potential.

Preparation: Arrange an interview with the HCO's primary staff member (PI Coordinator) responsible for overseeing the facility's PI/QI and/or risk management programs.

If your facility does not have a Process Improvement Department (QI), you must visit a facility that does.

LIST EACH QUESTION BY NUMBER AND THEN GIVE YOUR RESPONSE

1. Describe the educational and professional preparation for this position as it relates to the person you interviewed.
2. Describe the organizational quality structure in place to monitor, analyze and evaluate quality improvement opportunities; attach a diagram if available.
3. Describe the primary philosophy and methodology used for problem solving and continuous improvement at this organization. i.e. PDCA, 10 Step, Six Sigma, LEAN, ISO.? (Design a graphic illustrating this process **and attach.**)
4. Describe how benchmarks and targets are established.
5. What method(s) are being used for compiling and reporting data? **Attach a sample reporting form.** Describe key features of the form.
6. How are the results, from data collected and analyzed, communicated to the units that need to resolve the problem or institute the process improvement/risk management initiatives? To what extent does a representative of this office (interviewee) become involved in this process?
7. List an example of a problem identified and answer the following questions
 - 7.1 What performance levels - dashboards, benchmarks, scorecards, etc. were established (numbers are expected)?
 - 7.2 How were they measured/tracked/trended?
 - 7.3 What are the expected outcomes?
 - 7.4 What plan of action was taken?
8. Repeat #7 for a different example of an identified problem.
9. Identify at the end of your report 'My Reaction;' explain your opinion as to whether QI is effective in this HCO. Support your statement.

If your facility does not have a compliance office; you must visit a site where this is available.

Preparation: Interview the Compliance Officer (or the individual responsible for this function).

1. Describe the organization of the Compliance Department.
 - Is this a fulltime position?
 - Does this office have other job responsibilities?
2. Describe the department resources:
 - budget
 - personnel
 - space
 - equipment
3. Describe the Compliance Committee. List titles of members that serve on this committee.
4. Describe reporting mechanisms for employees to report concerns.
5. Review the compliance plan.
 - Identify the department components.
 - Explain how components are met.
 - Attach plan, if applicable.
6. Discuss the Compliance Officer's direct access to the governing body, the President or CEO, senior management, and legal counsel.
7. 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.
8. 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.
9. Describe the Compliance Officer's working relationship with other key operational areas, such as internal audit, coding, billing, and clinical departments.
10. Describe the frequency and methods used to educate or inform others in the HCO of compliance initiatives. i.e. updates, orientation, etc.
11. Describe a compliance issue and how it was addressed.

Purpose: To develop an awareness of the HCO's policies and procedures established and used to maintain the standards of privacy. The objective of this project is to aid the student in understanding the importance to the HCO and its consumers of a well-implemented program to protect patient privacy.

Preparation: Interview the Chief Privacy Officer (CPO or the individual responsible for this function), who is responsible for monitoring and assuring the facility's compliance with the regulations pertaining to the privacy of protected health information.

- 1 The name of the CPO or designee. Briefly describe the individual's background and formal training.
- 2 What if any, are other position(s) the CPO holds?
- 3 Briefly explain how the CPO developed and implemented the privacy policies.
 - 3.1 Were committees organized?
 - 3.2 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.
 - 4.1 Create and attach a flow chart showing a breach investigation.
- 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 following processes:
 - 6.1 When a complaint is received regarding the possibility of a breach in confidentiality.
 - 6.2 What procedures are in place for the resolution of the complaint?
 - 6.3 What basic documentation is completed (format), reported, and maintained?
 - 6.4 How long are the records kept?
 - 6.5 What sanctions are available to implement for breaches of confidentiality?
- 7 What process is in place to maintain and monitor patient confidentiality?
- 8 List any additional comments by the CPO as to concerns or recommendations to be made in the future.

(3.8 points ea)

Purpose: Quality care and administrative decisions require quality information. Quality information includes these characteristics: timely, current, precise, accurate, easily available, clear, comprehensive, reliable and pertinent to the user. Questions of security, protection and confidentiality arise since all information flows through some type of system. Data travels a long way before it becomes information. This project is designed to enhance your learning of system flow and security measures as they relate to the production of quality information.

Preparation: Review policies and procedures for data security. Observe how these policies are incorporated into day-to-day activities.

Assignment: Spend a minimum of 1 day with the Security Officer (or the individual responsible for this function).

Interview a knowledgeable person in the area responsible for information systems in your area as well as at the organizational level.

Prepare a comprehensive report. This report should minimally address the questions below and incorporate appropriate attachments. This is generally two (2) interviews.

LIST EACH QUESTION BY NUMBER AND THEN GIVE YOUR RESPONSE

Organization Level

- 1 What are the primary information systems in this HCO? Explain the progression of systems as they became automated, i.e., what was the first system that was automated, the second, the third etc. Why was that order chosen?
- 2 Describe how the above systems 'talk to each other', i.e., which systems are integrated/interfaced?
- 3 Describe a recent implementation of a clinical or administrative system. What were the challenges? Who were members, by title, of the team responsible for the implementation? What was the timeline; was it met?
- 4 Choose two of the following data security protection methods and describe how they are incorporated for this HCO:
 - 4.1 Physical, e.g., locked doors, UPS power, monitor security, temperature control
 - 4.2 Technical, e.g., standardized software, hardware, platforms, back up systems
 - 4.3 Access to systems for read only, as well as read and write
- 5 How do information systems contribute to the overall mission of the HCO?

Departmental Level

- 6 What is the primary information system in this area? How is it effective in performing its role? With what systems does it interrelate in receiving data or sending data?
- 7 What is the information flow/interfaced through this area, i.e., sources, systems and output? How and in what ways is the data protected?
- 8 What types of reports are created and used from this information system? How do these reports match the criteria of quality information (above – question 4)? Discuss at least **two** reports.
- 9 What type of data security are desired or in progress? Why?
- 10 How does this area recognize when the information system needs improvement?

(5 points ea)

Purpose: An essential component of quality care and quality support is ensuring that the right item is available at the right time in right place for the right cost for every customer. Material management is the means for one of the highest spending levels in any HCO, second only to payroll. In addition to its impact on quality, effective materials management directly impacts the 'bottom line' of any organization. While this function exists in every business, materials management has unique challenges in health care organizations regarding personnel purchase, oversee storage, transport, stock day-to-day as well as periodic items and more.

Preparation:

1. Arrange an interview with the Manager of Materials Management (or the individual responsible for this function).
2. Secure blank copies of the primary forms used in the material management process, e.g., RFBs, RFQs, requisitions, standing orders, blanket orders, purchase orders, contracted services and capital request forms (for various levels of spending).
3. Obtain a copy of policy & procedures related to material acquisitions.
4. Obtain a copy of the organization chart for this area/function.

Assignment: Prepare a comprehensive report that addresses the questions below. Include attachments of key documents that exemplify your discussions. Note and label these as 'Attachment A', 'Attachment B' etc.

LIST EACH QUESTION BY NUMBER AND THEN GIVE YOUR RESPONSE. IF A QUESTION IS NOT APPLICABLE TO YOUR HCO, EXPLAIN WHY IT IS NOT APPLICABLE.

1. What is the primary function of this area? Describe.
2. How does this area's function contribute to the overall mission of the organization?
3. How does this area recognize that it's doing well or needs improvement? What tools and reports support your conclusion?
4. What types of information systems are involved (bar coding, inventory control, Lawson, purchasing software)? Explain how these are used. Is any aspect out-sourced?
5. Describe the background and skills of key personnel in this area.
6. How does the type of item relate to the types of forms that are utilized to request items? Provide examples and refer to attachments as you explain.
7. Describe **two** (2) different procedures for securing and delivering items, e.g., food, office supplies, medical supplies, linens, equipment, pharmaceuticals etc. Include purchasing, receiving, storing, delivering/transport and concluding with usage or leaving the facility.
8. How are inventory levels (just in time) of medical supplies managed? Who is responsible for this?
9. Discuss desired standardization of surgical supplies such as sutures and medical devices. Is a GPO (Group Purchasing Organization) used or under consideration? Discuss.
10. How are pharmaceuticals controlled and distributed?
11. What is the authorized spending level for managers? Provide authority matrix of HCO if available.
12. What types of reports are created and used in this area? Describe how they are used. Include attachments to support your explanation.
13. Are current changes desired or in progress? Why?
14. What would help this area be more effective?

(3.5 points ea)

Preparation: Arrange an interview with the Accounts Receivable/Revenue Cycle Manager (or appropriate department).

1. Revenue Cycle
 - 1.1. Who is responsible for revenue cycle functions? Describe each function by title.
 - 1.2. Create and attach a flow chart of the revenue cycle.
2. Chargemaster/Claims Management
 - 2.1. What is a Chargemaster?
 - 2.1.1. List the components.
 - 2.1.2. Who performs maintenance? When?
 - 2.2. Explain the Claims Management Approval process.
3. Accounts Receivable
 - 3.1. Describe the role of the manager in the AR (account receivable) process.
 - 3.2. What methods are used to decrease AR days?
 - 3.3. What benchmarks are available to assure it does not exceed national norms?
 - 3.4. What are the current days in AR?
4. Describe a payment system that includes contractual adjustments.
 - 4.1. What is the system? How does it work? Provide an example.
 - 4.2. Who is responsible for monitoring receivables? What is the educational background required?
 - 4.3. Describe contractual adjustments. How are these verified? What records/numbers are used?

Purpose: Gain an overall perception and appreciation of the functions within the department.

- 1 Analyze the following items as they relate to your **departmental functions**.
 - 1.1 Performance Standards - Select one function. 15 points
 - 1.1.1 Current functions – what is done?
 - 1.1.2 Benchmarks used - how do you know that you are doing well?
 - 1.1.3 Analyze findings for each function – compare actual to the benchmark
 - 1.1.4 What did you learn?
 - 1.1.5 What changes would you recommend?
 - 1.2 Performance Standards Select another function. 15 points
 - 1.2.1 Current functions – what is done?
 - 1.2.2 Benchmarks used - how do you know that you are doing well?
 - 1.2.3 Analyze findings for each function – compare actual to the benchmark
 - 1.2.4 What did you learn?
 - 1.2.5 What changes would you recommend?
 - 1.3 Job Descriptions - 7.5 points
 - 1.3.1 **List** the primary components. Provide attachments.
 - 1.3.2 What input does the manager of your department have in preparation of job descriptions?
 - 1.4 Forms/Screens/Report Design & Control – 7.5 points
 - 1.4.1 Who or what committee may change, create or approve forms, reports, etc.?
 - 1.4.2 Describe a recent form that was created or revised in your department.
 - 1.5 Policies and Procedures – 7.5 points
 - 1.5.1 Describe the approval process, publication and education.
 - 1.5.2 By whom are they used
 - 1.6 Organizational Charts (Facility and Department) – 7.5 points
 - 1.6.1 Provide an organization chart for the HCO and the department.
 - 1.6.2 Describe span of authority for the department.
- 2 Choose a function in the department and develop a work simplification plan. Develop a flow chart of the current and simplified plan. Describe the function of the current and the simplified plan. 15 points

PREPARATION

1. Review 10 completed inpatient medical records (3 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 inpatient 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 EXAMPLE

FINDINGS:					
BILLED DIAGNOSTIC CODES	SUPPORTED BY MEDICAL RECORD (X IF YES)	NOT SUPPORTED BY MEDICAL RECORD (X IF NOT)	CODED CORRECTLY		IF NOT SUPPORTED NOTE PROBLEM
			YES	NO	
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 THE RECORD BUT NOT BILLED AND IT CHANGES THE DRG.

6 PROCEDURE OMITTED FROM CLAIM.	
7 PROCEDURE BILLED BUT NOT SUBSTANTIATED IN THE 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:	
<input type="radio"/> ORIGINAL DRG	<input type="radio"/> REVISED DRG
<input type="radio"/> REIMBURSEMENT	<input type="radio"/> REIMBURSEMENT
14 PROBLEMS IDENTIFIED	
15 RECOMMENDATIONS	

PREPARATION

1. Review 10 completed outpatient medical records (3 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		IF NOT SUPPORTED NOTE PROBLEM
			YES	NO	
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	
1. PRINCIPAL DIAGNOSIS NOT PRESENT AT TIME OF TREATMENT.	
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 THE RECORD BUT NOT BILLED AND IT CHANGES THE APC.	
6. PROCEDURE OMITTED FROM CLAIM.	
7. PROCEDURE BILLED BUT NOT SUBSTANTIATED IN THE RECORD.	
8. PROCEDURE DETERMINED TO BE MEDICALLY UNNECESSARY AND MUST BE REMOVED FROM THE APC.	
9. DISPOSITION STATUS IS INCORRECT AND IT CHANGES THE APC.	
10. PATIENT'S AGE IS INCORRECT AND IT CHANGES THE APC.	
11. CORRECT DIAGNOSIS OR PROCEDURE IS INCORRECTLY CODED.	
12. OTHER	
13. IF A DRG CHANGE OCCURRED, NOTE THE FOLLOWING	
14. ORIGINAL APC	15. REVISED APC
16. REIMBURSEMENT	17. REIMBURSEMENT
18. PROBLEMS IDENTIFIED	
19. RECOMMENDATIONS	

Optional Project – Choose '1'

PROJECT 14

MEETING OBSERVATIONS (Choice)

25 Points

Purpose: To analyze the organizational structure and purpose of meetings held by management.

Preparation: There will be several opportunities for you to attend various meetings between management and employees. Some of these meetings are structured for as few as two people (employer/employee), to as large as all HCO employees.

Select a meeting that consists of a full shift, a full department, or an interdepartmental session. The FSU Faculty Mentor must be able to understand your report.

LIST EACH QUESTION BY NUMBER AND THEN GIVE YOUR RESPONSE

1. Location and time of the meeting.
 2. Purpose of the meeting.
 3. Was an agenda provided? Was it provided prior to the meeting? (Attach if available)
 4. Who attended? Identify by position title (not name), e.g., department heads, supervisors, employees, etc.
 5. How did the chair/co-chair encourage participation?
 6. How was the meeting productive?
 7. How were the objectives met? What are the group's expectations for the next meeting?
 8. What did you learn by attending this meeting?
 9. Were minutes taken of the meeting, if so when were they approved and where are they kept for future reference?
- (2.7 pts each)

PROJECT 14

PROFESSIONALISM (Choice)

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 professional attire (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 understanding to the unwritten 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 supervise a department of this size? What skills do you need to strengthen?
 7. Discuss an experience which you feel contributed to your professional/personal growth.
 8. What professional characteristics seem to be rewarded or appreciated in this organization. Describe a scenario to support your point of view.
- (3.1 pts each)

PROJECT 15**INTERN'S 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 facility? | 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 <u>not</u> receive exposure to? | YES | NO |
| | If so, 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 intern?

--	--

Intern Signature

Date

Send: ATTACHMENT B

Prepare and mail a **'thank-you'** note to your Site Coordinator and the Department where you spent your internship. These notes should be hand written.

Forward a copy to your FSU Faculty Mentor.

PROOFREAD carefully before mailing to the Site Coordinator and department.

**FERRIS STATE UNIVERSITY
SITE COORDINATOR PROJECT EVALUATION**

Intern Name _____

Facility _____

PROJECTS: (CHECK ONE)

<u>H C S A</u>	<u>M R I S</u>
FINANCE 1	MANAGERIAL SKILLS
FINANCE 2	FINANCE
HUMAN RESOURCES	HUMAN RESOURCES
PROCESS IMPROVEMENT	IP - CLINICAL DATA & REIMBURSEMENT
COMPLIANCE OFFICER INTERVIEW	OP - CLINICAL DATA & REIMBURSEMENT
PRIVACY PROTECTION PROGRAM	DATA SECURITY OF INFORMATION SYSTEMS
DATA SECURITY OF INFORMATION SYSTEMS	REIMBURSEMENT METHODS
MATERIALS MANAGEMENT	DEPARTMENTAL FUNCTIONS
REIMBURSEMENT METHODS	H C S A / M R I S - CHOICE PROJECTS
DEPARTMENTAL FUNCTIONS	MEETING OBSERVATION
	PROFESSIONALISM

INSTRUCTIONS FOR COMPLETION:

- A Site Coordinator Project Evaluation must be completed for each project above.
- 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 Mentor 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
INTERNSHIP EVALUATION - 3RD WEEK**

INTERN	FACILITY	DATE

Check each statement in the appropriate column as it describes your evaluation of the intern to date. Please comment on any areas.

ALWAYS	USUALLY	RARELY	NEVER
4	3	2	1

1.	ATTITUDE - Intern is cooperative in accepting assignments and demonstrates interest by asking pertinent questions. Intern demonstrates enthusiasm in learning a task.	4	3	2	1
2.	INITIATIVE - Intern completes assignments promptly and asks or looks for additional work if time permits.	4	3	2	1
3.	COMPREHENSION - Intern understands and applies basic concepts in performing required procedures and assignments. The intern follows and understands instructions. The intern is "pulling it all together" in understanding how operations make up the complete health information system.	4	3	2	1
4.	PERFORMANCE - Completed projects are error free and have a professional appearance.	4	3	2	1
5.	PERSONAL APPEARANCE - Intern's appearance is neat and dress is appropriate.	4	3	2	1
6.	INTERPERSONAL SKILLS - Intern is accepted by employees and is cooperative in working with others. The intern is respectful and tactful in dealing with supervisors, department heads, and medical staff, etc.	4	3	2	1
7.	ATTENDANCE - Intern is present on scheduled days and arrives on time. If the intern has missed a scheduled day this has been addressed.	4	3	2	1
8.	OVERALL PROGRESS TO DATE	Excellent	V Good	Good	Poor

COMMENTS [Site Coordinator or Intern] Use the back of this evaluation for additional comments.

Intern Signature	Date	Site Coordinator Signature	Date
<i>Intern signature indicates that this evaluation has been reviewed does not indicate agreement.</i>			

Send – ATTACHMENT A

**EVALUATION ADMINISTRATIVE PROJECT
HCSA/MRIS 493**

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 of communication stated. | 4 | 3 | 2 | 1 |
| 12. Material presented clearly contributed to purpose. | 4 | 3 | 2 | 1 |

13.	Included 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.	Maintained appropriate eye contact.	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, like, etc.	4	3	2	1
23.	Spoke clearly and loud enough to be heard and enunciated appropriately.	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 PERFORMANCE	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR

Comments:

--	--

Site Coordinator Signature

Date

FSU Faculty Mentor Notes:

**FERRIS STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS**

**HCSA/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.
4. The Intern is responsible for submitting.

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
ABOVE AVERAGE

3
AVERAGE

2
BELOW AVERAGE

1
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 PERFORMANCE** ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

COMMENTS BY THE SITE COORDINATOR: If none, write NONE.

Strong Attributes –

Areas for Improvement –

Potential for employment in health care –

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 Mentor Notes

HCSA EVALUATION CHECKLIST AND POINT ALLOCATION

HCSA 493	INTERN			
SEMESTER	SITE			
	DATES		TO	
PROJECTS		POINTS		COMMENTS
	WEEKLY MEMOS	50		1 2 3 4 5 6 7 8 9 10
	INFORMATION SHEET	5		
	STATEMENT OF CONFIDENTIALITY			
1	ADMINISTRATIVE PROJECT	225		
2	MANAGERIAL SKILLS	70		
3	ALTERNATE SITE VISIT #1	50		
	ALTERNATE SITE VISIT #2 - 12-WEEK	50		
4	FINANCE #1	50		
	FINANCE #2 - 12-WEEK	50		
5	HUMAN RESOURCES	50		
6	QUALITY IMPROVEMENT	50		
	COMPLIANCE OFFICER INTERVIEW 12-WEEK	50		
7	PRIVACY PROTECTION PROGRAM	50		
8	DATA SECURITY OF INFORMATION SYSTEMS	50		
9	MATERIALS MANAGEMENT	50		
10	REIMBURSEMENT METHODS	50		
11	DEPARTMENTAL FUNCTIONS	75		
12	IP - CLINICAL DATA AND REIMBURSEMENT	MRIS		DO NOT COMPLETE
13	OP - CLINICAL DATA AND REIMBURSEMENT	MRIS		DO NOT COMPLETE
14	<u>CHOOSE 1 FOR 25 POINTS</u>			
14	MEETING OBSERVATION	25		
14	PROFESSIONALISM	25		
15	INTERN EVAL OF INTERNSHIP	10		
16	THANK YOU – HAND WRITTEN	5		
	FINAL ASSESSMENT BY SC	50		
TOTAL PTS		915/1065		
INTERNSHIP GRADE				

MRIS EVALUATION CHECKLIST AND POINT ALLOCATION

MRIS 493		INTERN				
SEMESTER		SITE				
		DATES		TO		
PROJECTS		POINTS	COMMENTS			
	WEEKLY MEMOS	50		1 2 3 4 5 6 7 8 9 10		
	INFORMATION SHEET	5				
	STATEMENT OF CONFIDENTIALITY					
1	ADMINISTRATIVE PROJECT	225				
2	MANAGERIAL SKILLS	70				
3	ALTERNATE SITE VISIT	50				
4	FINANCE	50				
5	HUMAN RESOURCES	50				
6	PROCESS IMPROVEMENT	HCSA		DO NOT COMPLETE		
7	PRIVACY PROTECTION PROGRAM	HCSA		DO NOT COMPLETE		
8	DATA SECURITY OF INFORMATION SYSTEMS	50				
9	MATERIALS MANAGEMENT	HCSA		DO NOT COMPLETE		
10	REIMBURSEMENT METHODS	50				
11	DEPARTMENTAL FUNCTIONS	75				
12	IP - CLINICAL DATA AND REIMBURSEMENT	75				
13	OP - CLINICAL DATA AND REIMBURSEMENT	75				
14	<u>CHOOSE 1 FOR 25 POINTS</u>					
14	MEETING OBSERVATION	25				
14	PROFESSIONALISM	25				
15	INTERN EVAL OF INTERNSHIP	10				
16	THANK YOU – HAND WRITTEN	5				
	FINAL ASSESSMENT BY SC	50				
TOTAL PTS		915				
INTERNSHIP GRADE						

INTERNSHIP EVALUATION - 3RD WEEK

INTERN	FACILITY	DATE

Check each statement in the appropriate column as it describes your evaluation of the intern to date. Please comment on any areas.

ALWAYS	USUALLY	RARELY	NEVER
4	3	2	1

1.	ATTITUDE - Intern is cooperative in accepting assignments and demonstrates interest by asking pertinent questions. Intern demonstrates enthusiasm in learning a task.	4	3	2	1
2.	INITIATIVE - Intern completes assignments promptly and asks or looks for additional work if time permits.	4	3	2	1
3.	COMPREHENSION - Intern understands and applies basic concepts in performing required procedures and assignments. The intern follows and understands instructions. The intern is "pulling it all together" in understanding how operations make up the complete health information system.	4	3	2	1
4.	PERFORMANCE - Completed projects are error free and have a professional appearance.	4	3	2	1
5.	PERSONAL APPEARANCE - Intern's appearance is neat and dress is appropriate.	4	3	2	1
6.	INTERPERSONAL SKILLS - Intern is accepted by employees and is cooperative in working with others. The intern is respectful and tactful in dealing with supervisors, department heads, and medical staff, etc.	4	3	2	1
7.	ATTENDANCE - Intern is present on scheduled days and arrives on time. If the intern has missed a scheduled day this has been addressed.	4	3	2	1
8.	OVERALL PROGRESS TO DATE	Excellent	V Good	Good	Poor

COMMENTS [Site Coordinator or Intern] Use the back of this evaluation for additional comments.

Intern Signature	Date	Site Coordinator Signature	Date
<u>Intern signature indicates that this evaluation has been reviewed does not indicate agreement.</u>			

INTERN'S EVALUATION OF INTERNSHIP

- 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 facility? | 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 <u>not</u> 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 intern?

Intern Signature

Date

**Information Sheet
(Send 1st week of internship)**

This form is to provide information to allow the FSU Faculty Mentor to contact the intern or site coordinator. **Write clearly.**

Intern Information

Name	
Semester and year of internship	HCSA 493 MRIS 493 circle one
Beginning date	
Ending date	
Student Number	
Phone number during internship (at site)	
Phone number, cell or permanent	
Mailing address during internship (home)	
E-mail	
Permanent mailing address (home)	

Site Coordinator Information (MAY ATTACH BUSINESS CARD)

Name	
Title	
Phone	
Fax (if known)	
E-mail	

Site Information

Name	
Department	
Address	
Phone	

INTERN STATEMENT OF CONFIDENTIALITY

Confidential Information includes, but is not limited to, patient information and health records, information pertinent to employees and their employee records, and the facility, business and financial information. Confidential information includes information heard and obtained from others.

I agree to use caution to avoid being overheard by others and will not discuss any Confidential Information in public areas, including hallways, elevators, and the cafeteria.

I understand that any violation of the Confidential Information policy may result in termination of my internship. The following actions are necessary should I breach this confidence.

1. My Site Coordinator will contact my FSU Faculty Mentor immediately.
2. My FSU Faculty Mentor, in conjunction with my Site Coordinator and my FSU Department Head will investigate the breach of confidentiality.
3. Together, the parties in 2 above will make disciplinary recommendations to the Dean as warranted.
4. Such disciplinary recommendations may include immediate termination of my internship and loss of academic credit.

Intern Signature	Date	Site Coordinator Signature

**FERRIS STATE UNIVERSITY
SITE COORDINATOR PROJECT EVALUATION**

Intern Name _____

Facility _____

PROJECTS: (CHECK ONE)

<u>H C S A</u>		<u>M R I S</u>	
FINANCE 1		MANAGERIAL SKILLS	
FINANCE 2		FINANCE	
HUMAN RESOURCES		HUMAN RESOURCES	
PROCESS IMPROVEMENT		IP - CLINICAL DATA & REIMBURSEMENT	
COMPLIANCE OFFICER INTERVIEW		OP - CLINICAL DATA & REIMBURSEMENT	
PRIVACY PROTECTION PROGRAM		DATA SECURITY OF INFORMATION SYSTEMS	
DATA SECURITY OF INFORMATION SYSTEMS		REIMBURSEMENT METHODS	
MATERIALS MANAGEMENT		DEPARTMENTAL FUNCTIONS	
REIMBURSEMENT METHODS	H C S A / M R I S - CHOICE PROJECTS		
DEPARTMENTAL FUNCTIONS		MEETING OBSERVATION	
		PROFESSIONALISM	

INSTRUCTIONS FOR COMPLETION:

- A Site Coordinator Project Evaluation must be completed for each project above.
- 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 Mentor 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 :

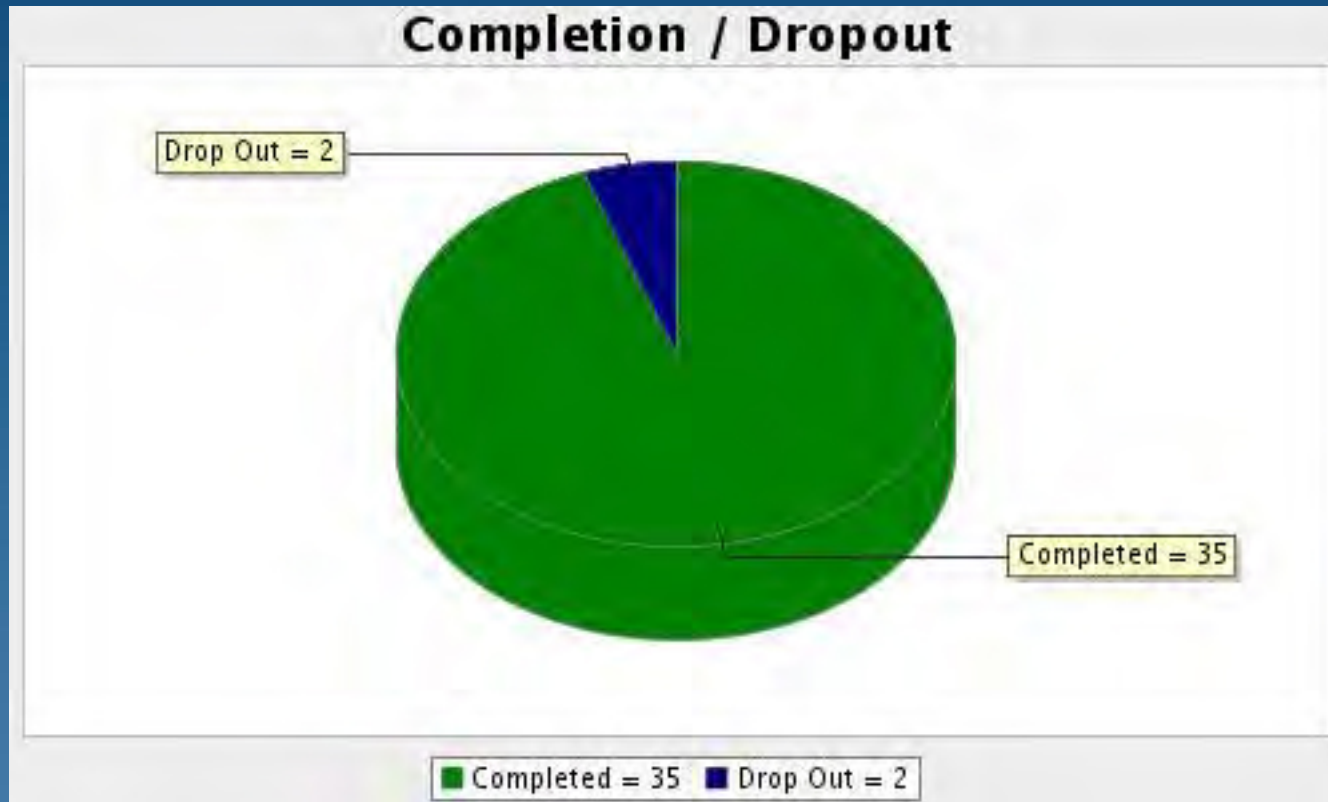
Site Coordinator's Signature	Date

2012 HCSA Alumni Survey

harpert@ferris.edu

QuestionPro®

Survey Overview

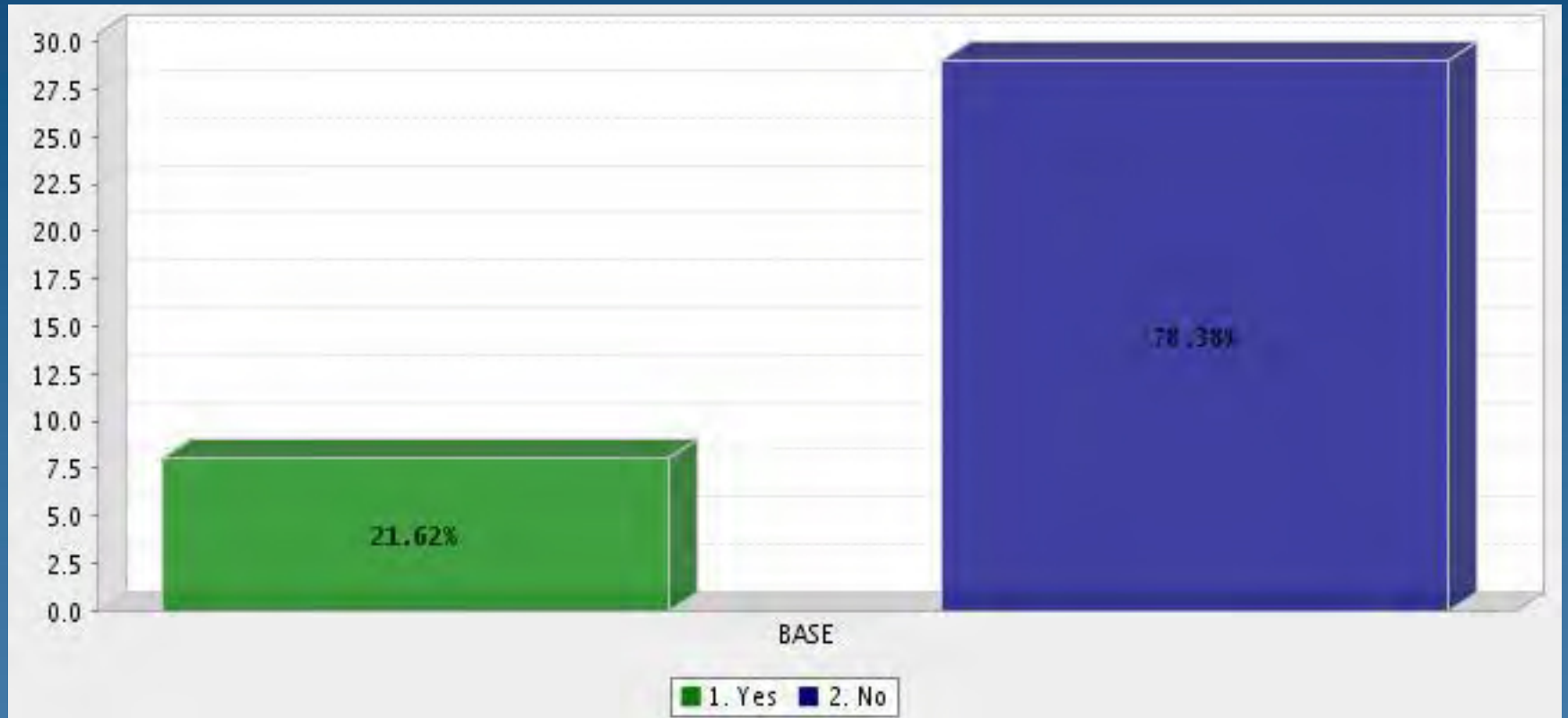


Are you employed in a field related to the HCSA degree?



QuestionPro®

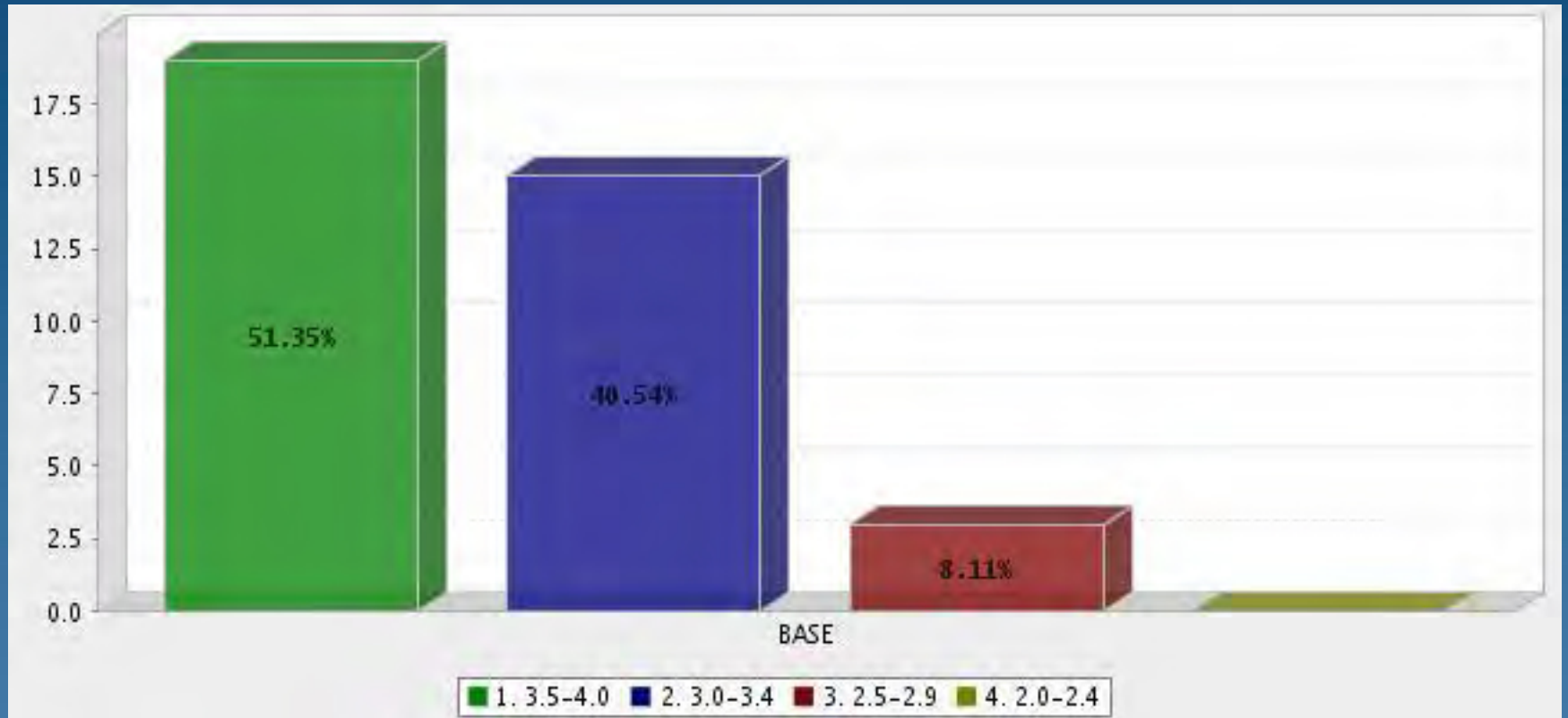
Are you presently attending college?



If attending college, indicate whether your employer is assisting w...

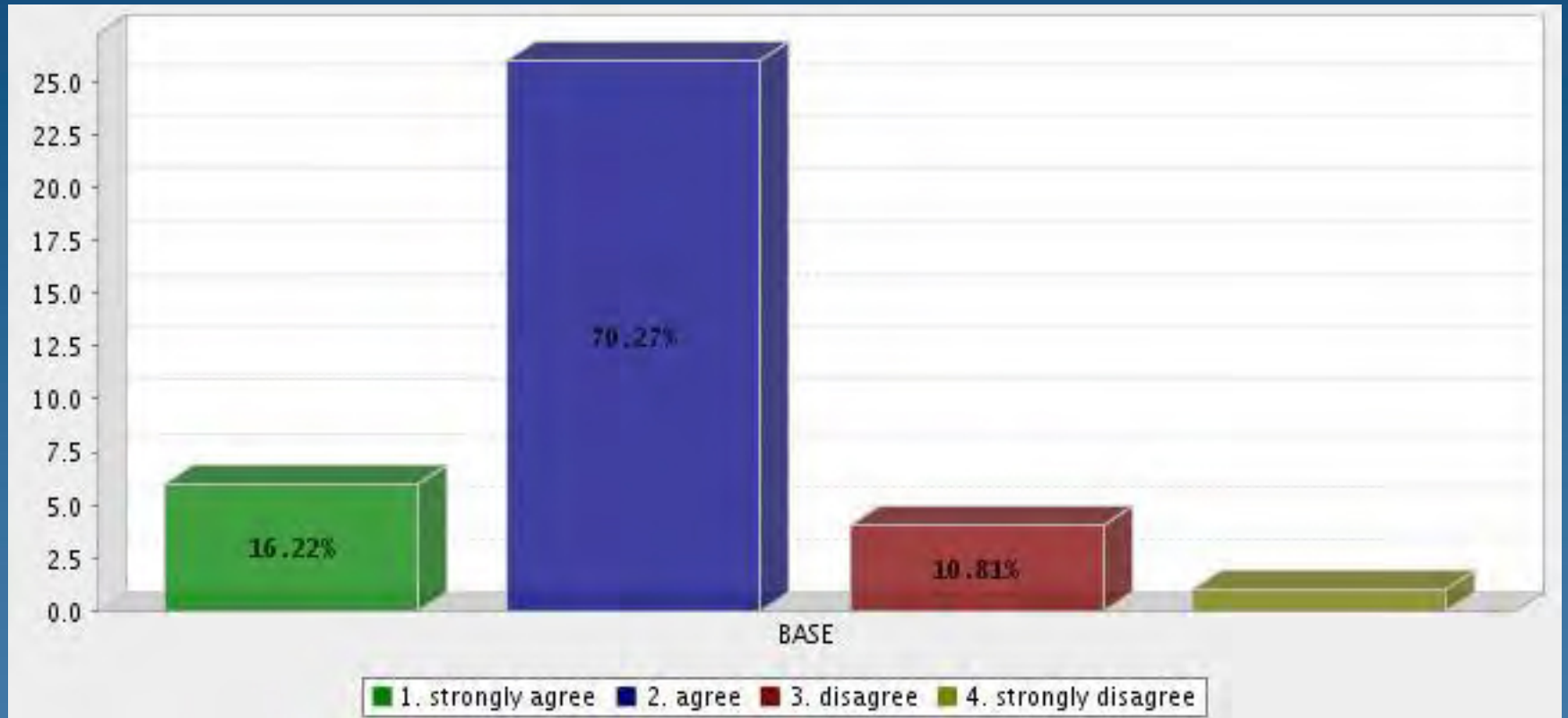


Please indicate your graduation GPA:

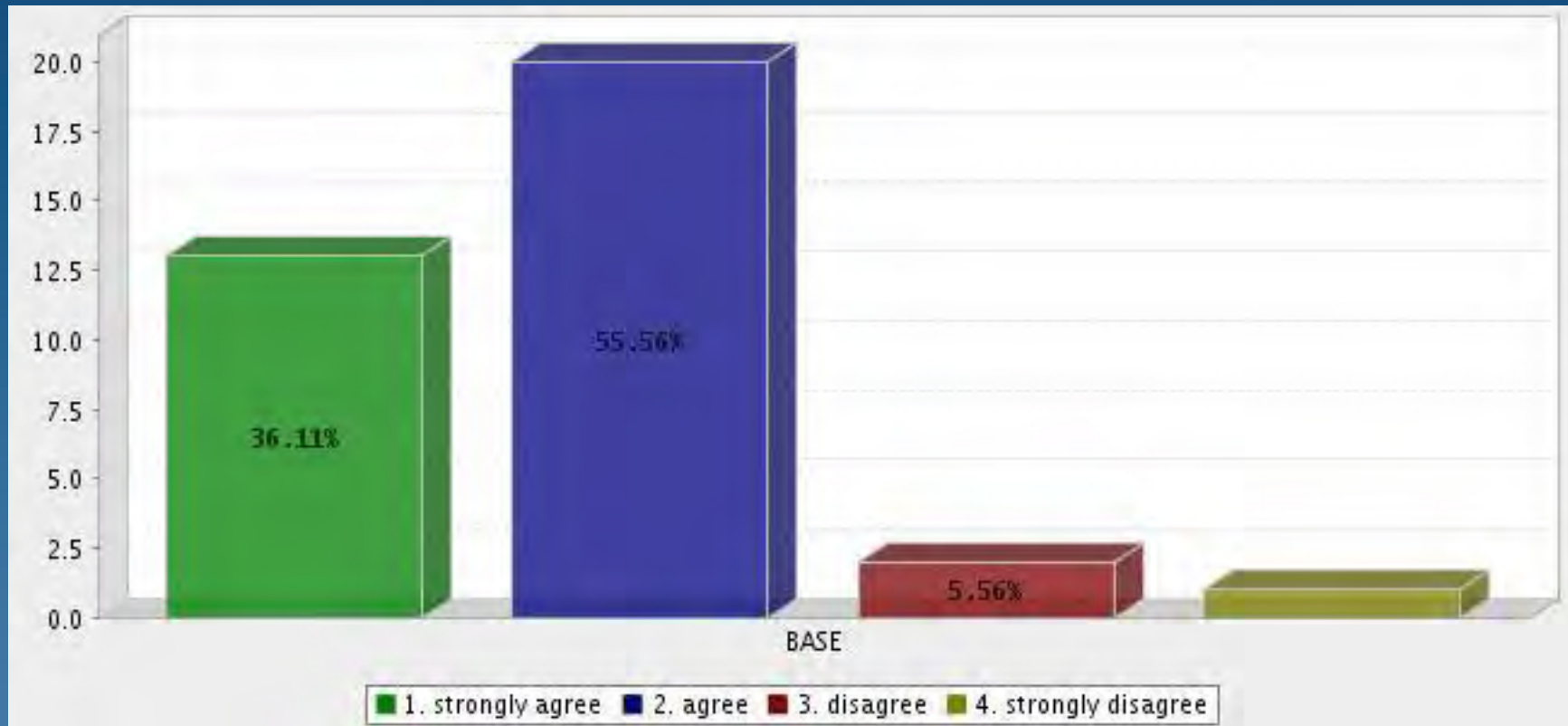


QuestionPro®

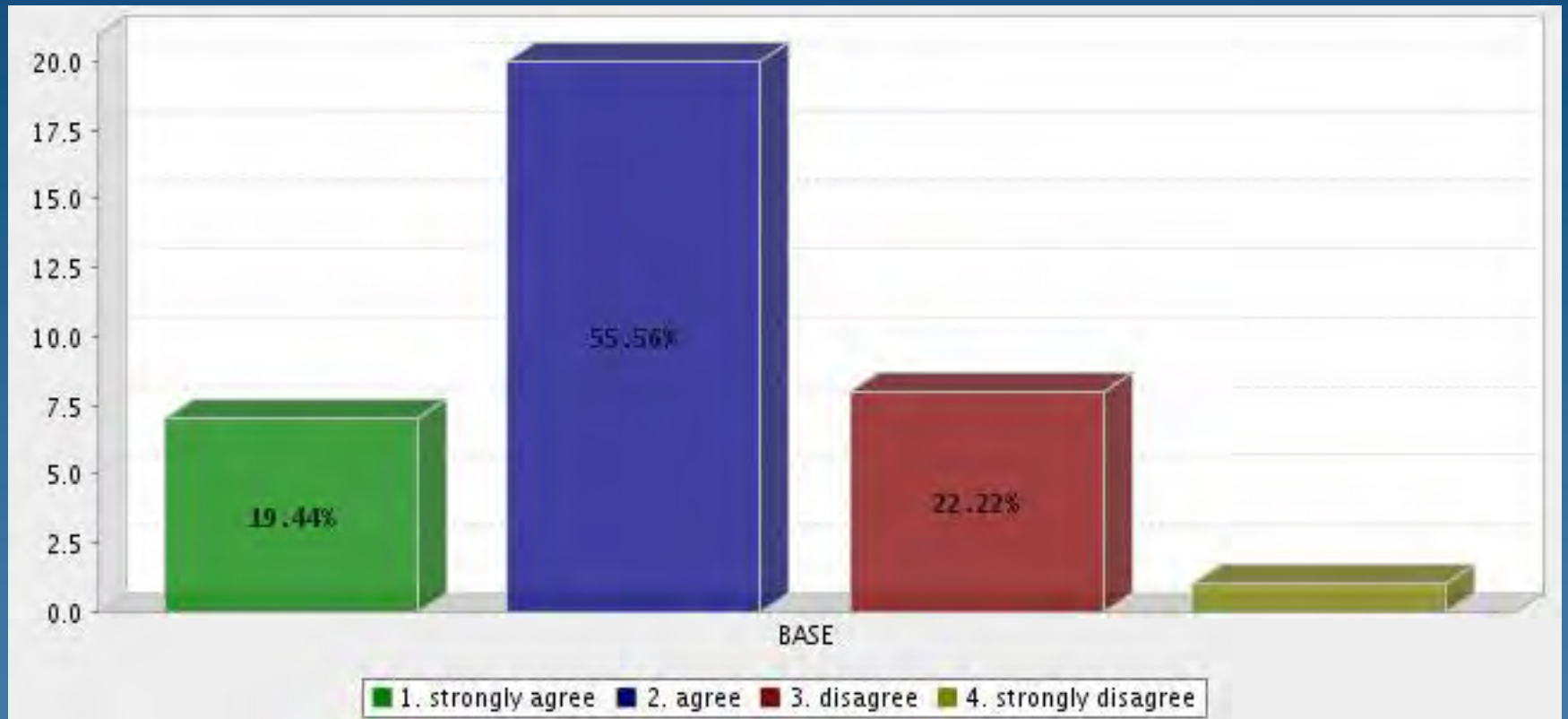
Indicate the extent to which you agree with the following questions. The HCSA program provided the necessary knowledge to function at work.



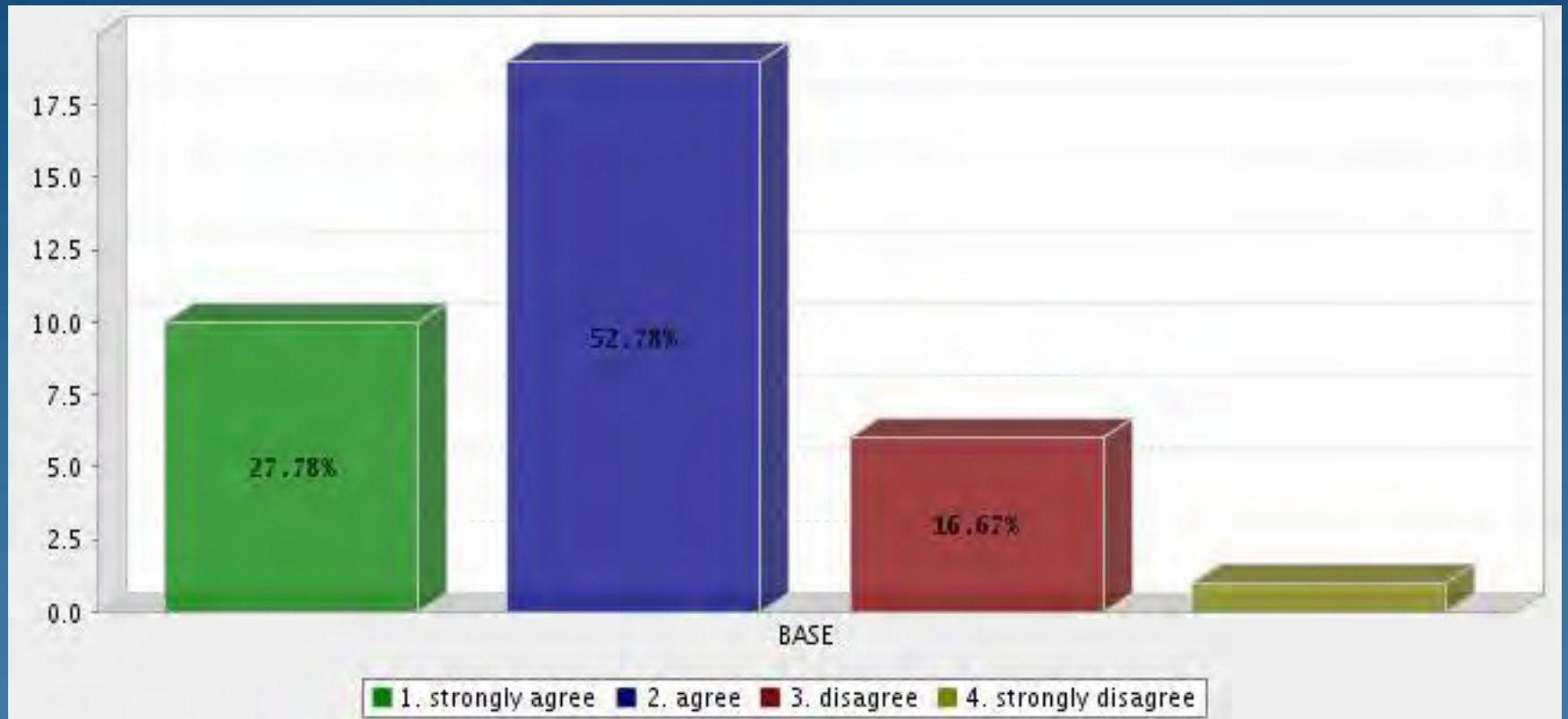
The HCSA program prepared me to use sound judgment while functionin...



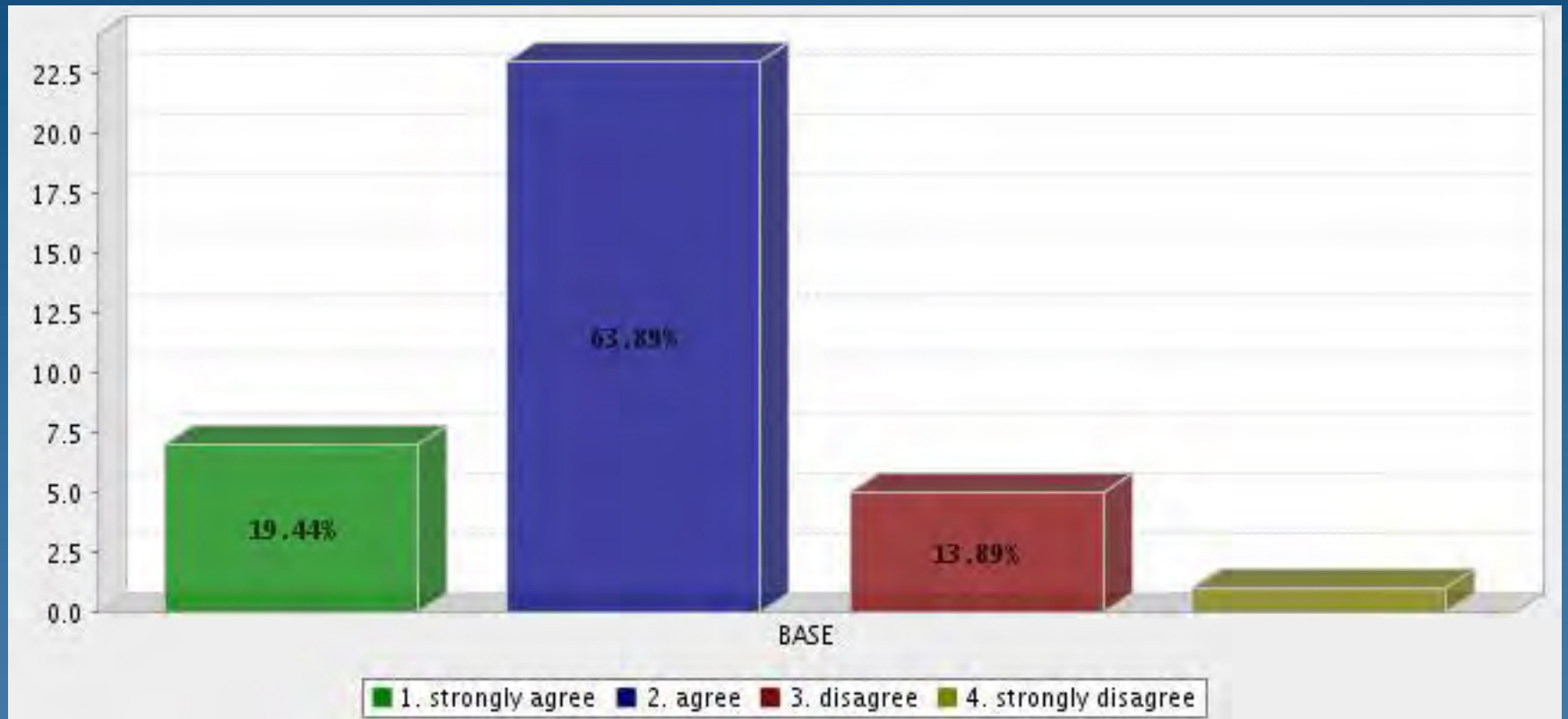
The HCSA program prepared me to be able to recommend appropriate pr...



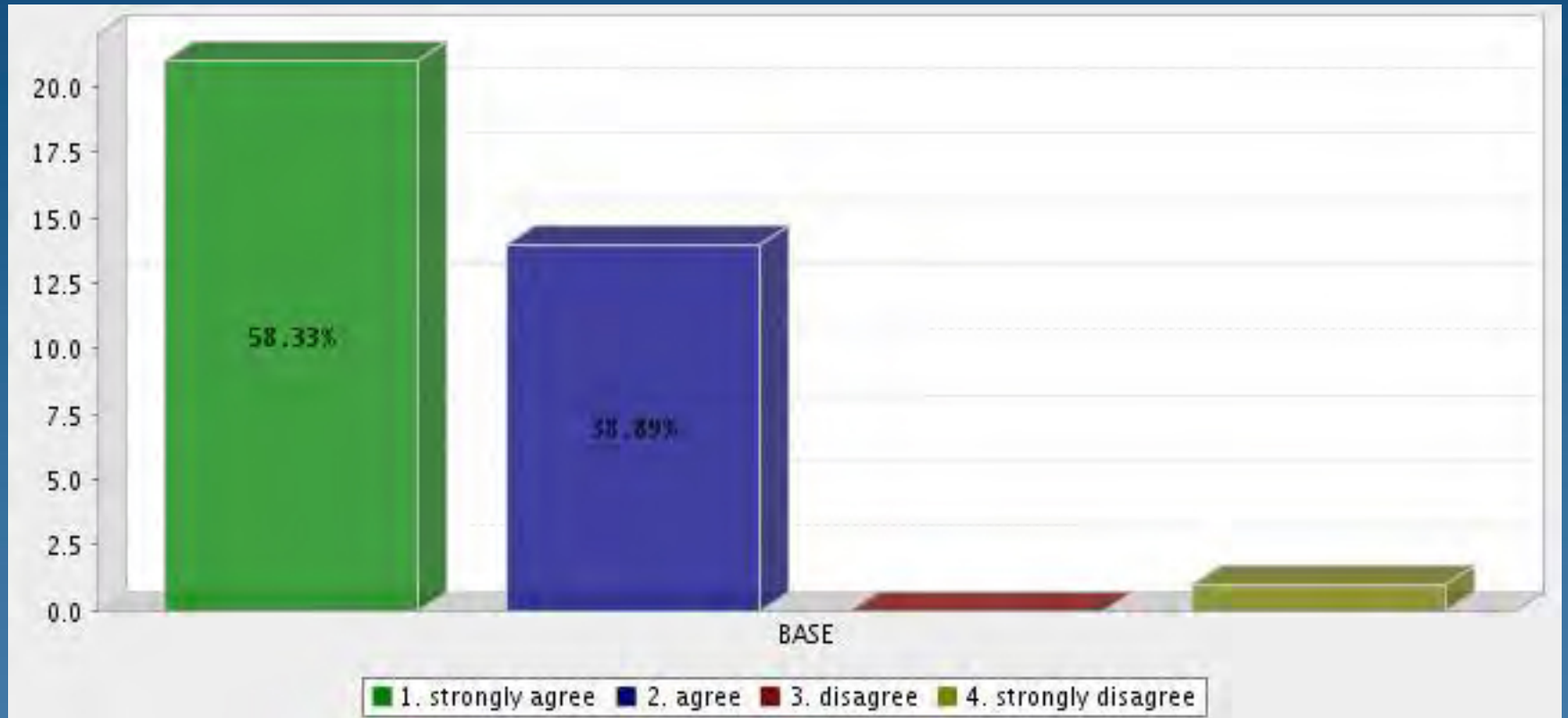
The HCSA program enabled me to think critically, solve problems and...



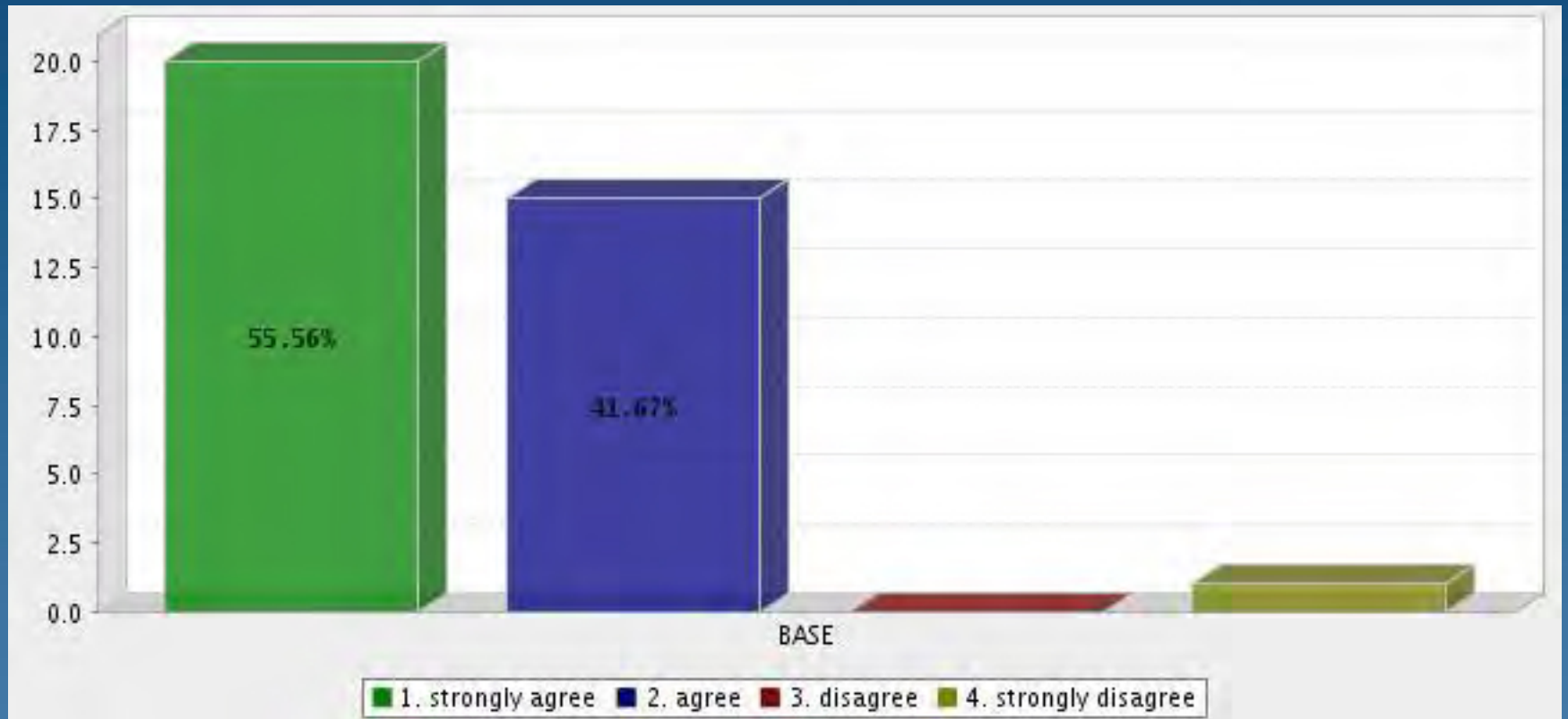
Because of the HCSA program, I have the skills necessary to functio...



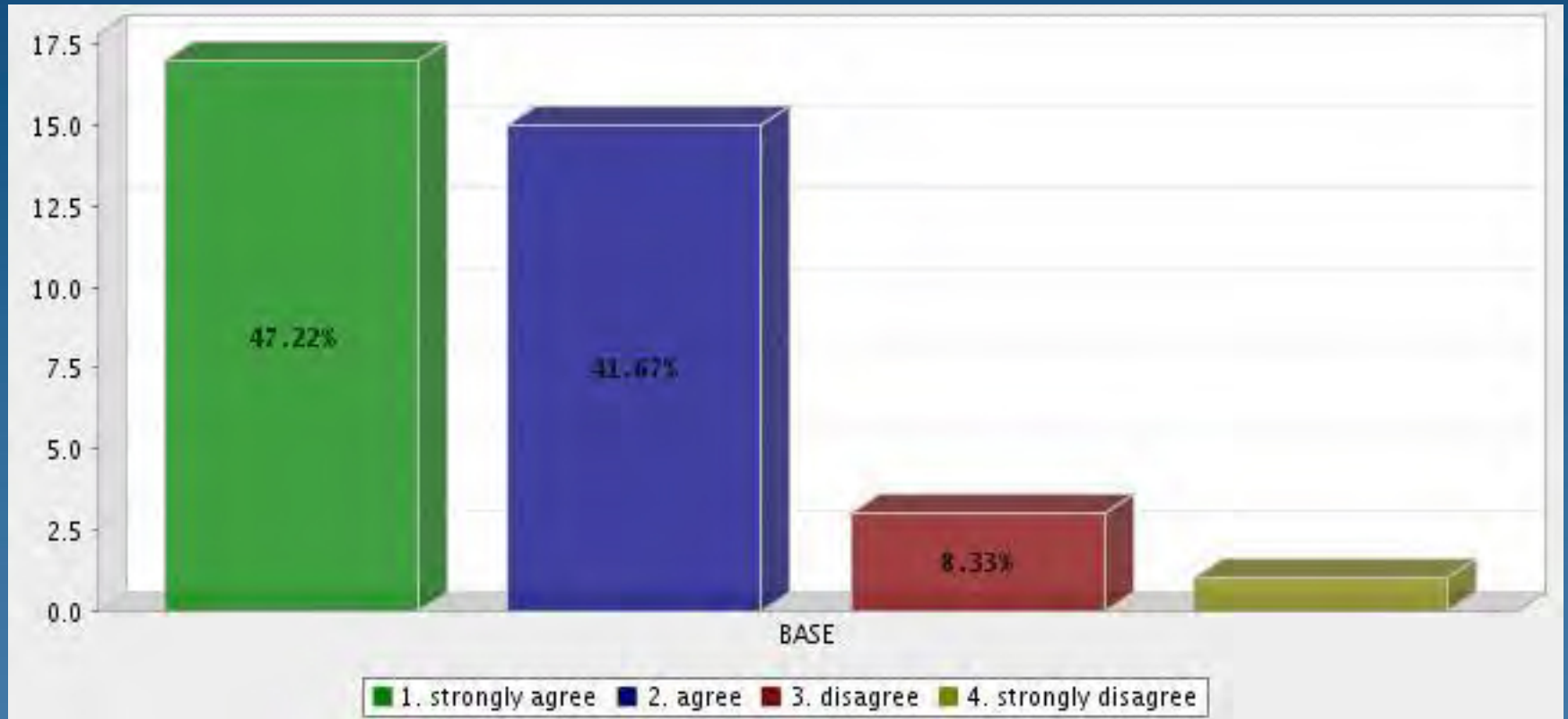
I have the necessary technical/computer skills to function effectiv...



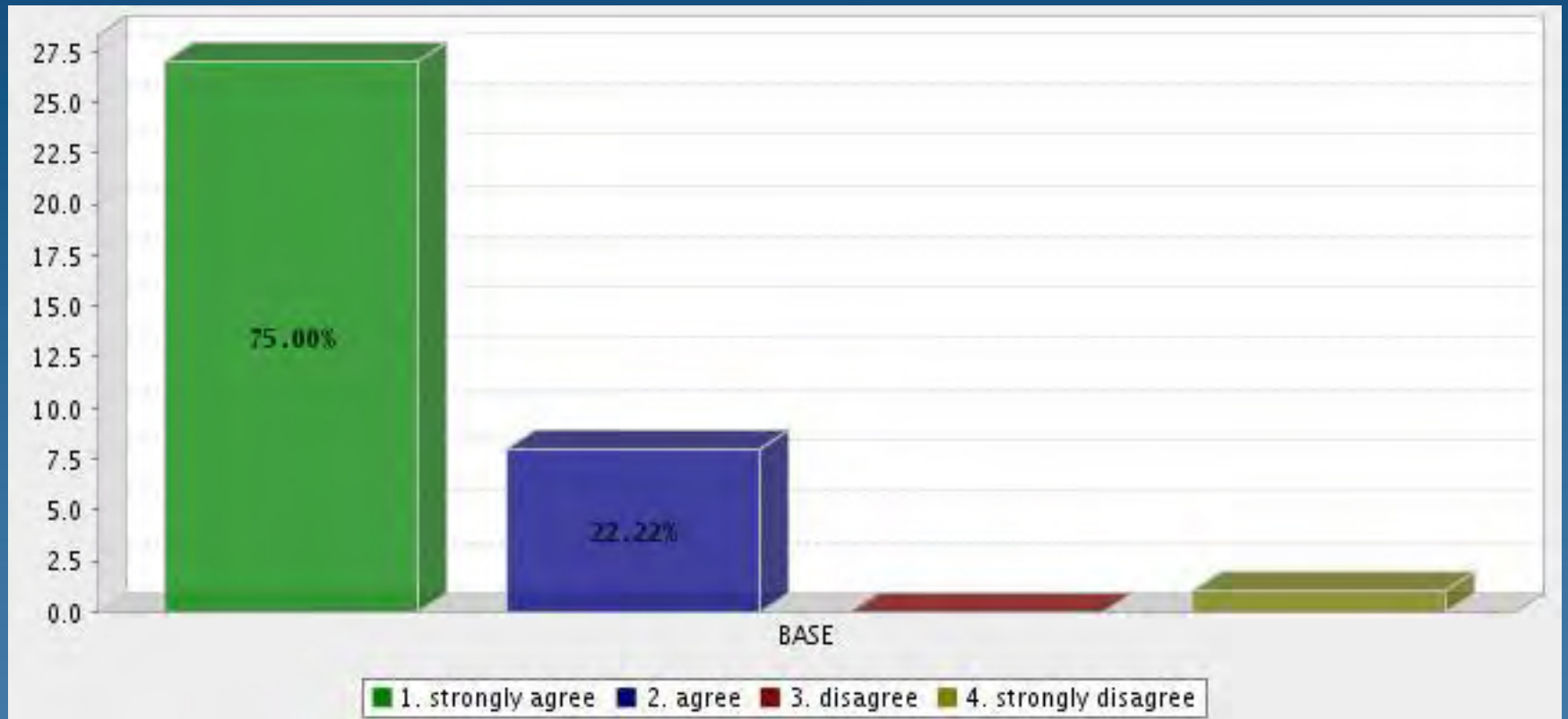
I have the necessary verbal communication skills to function effect...



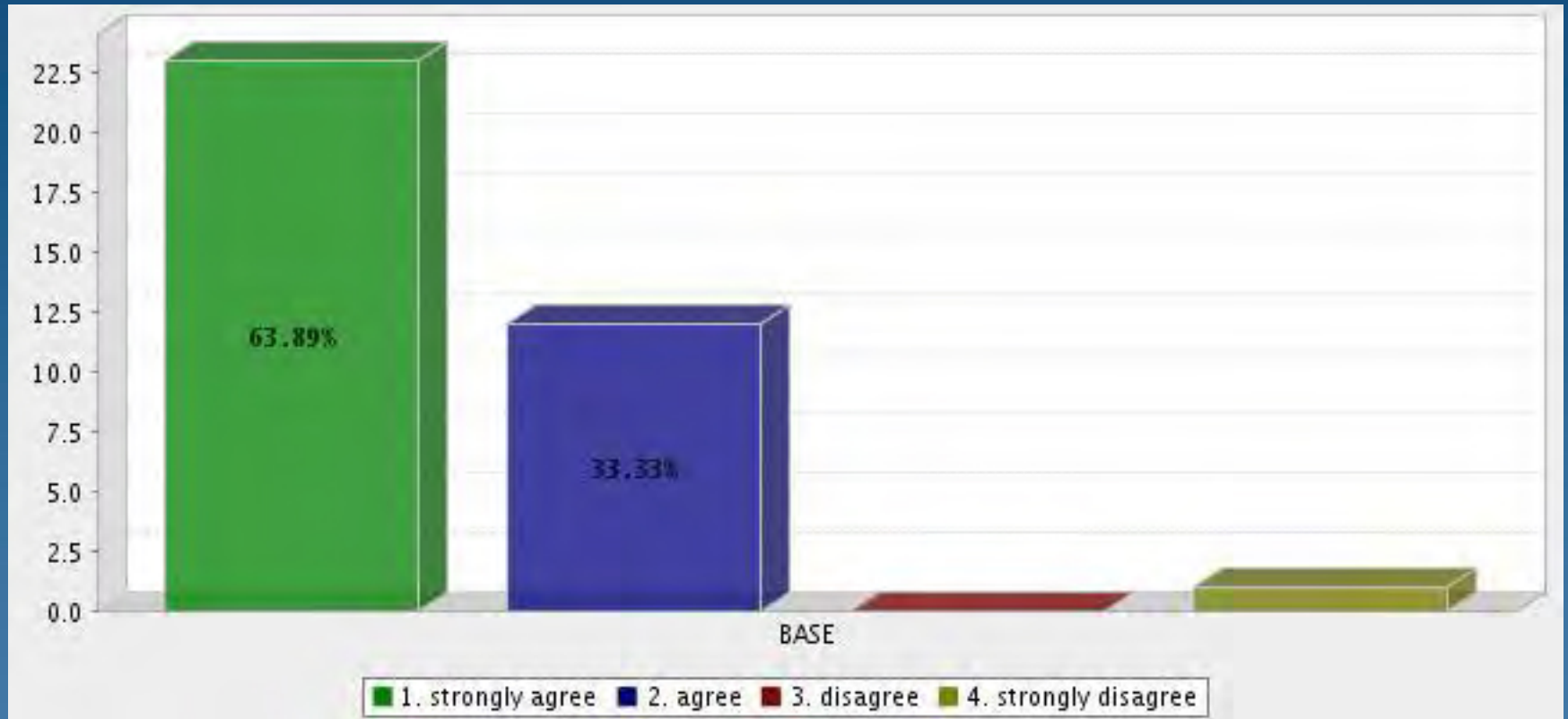
I have the necessary written communication skills to function effec...



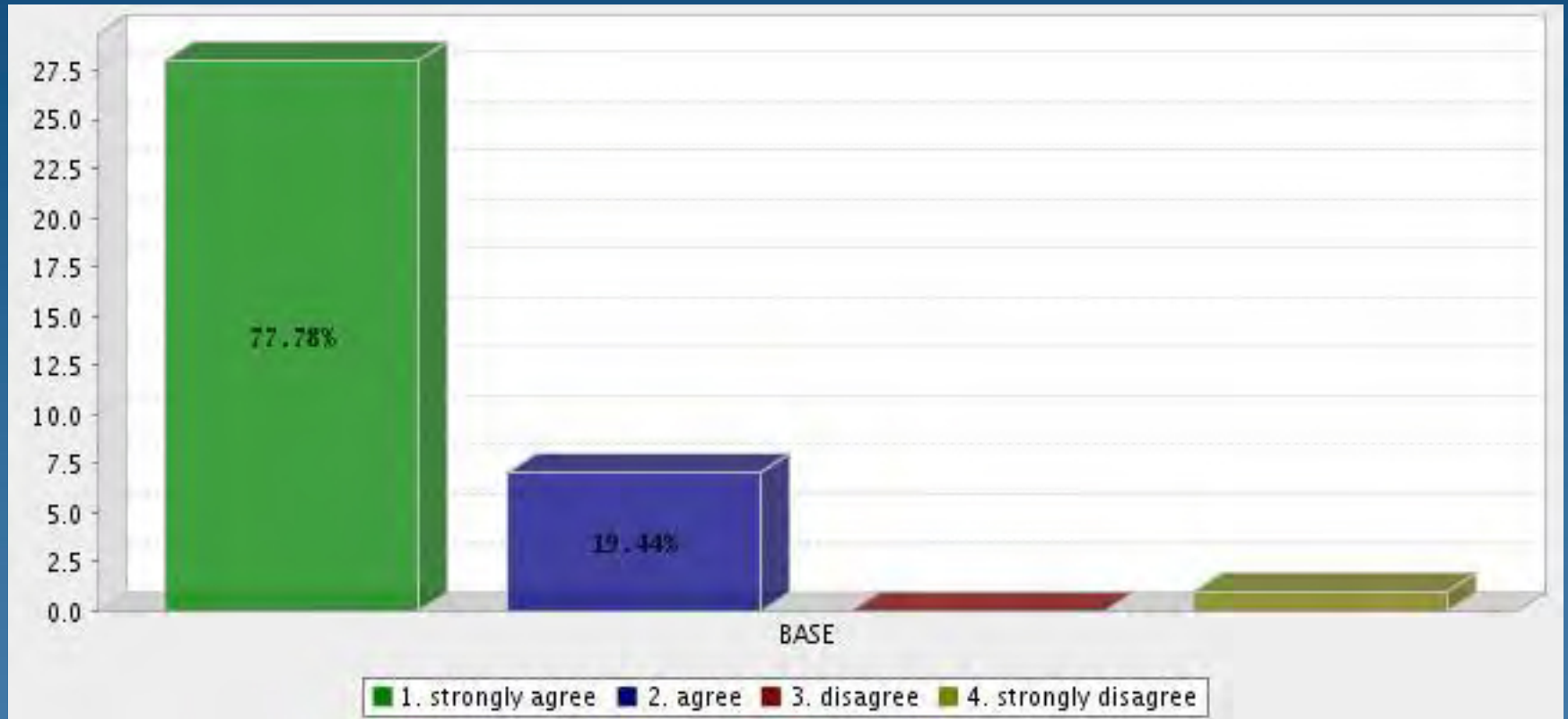
I practice ethically responsible behaviors at work.



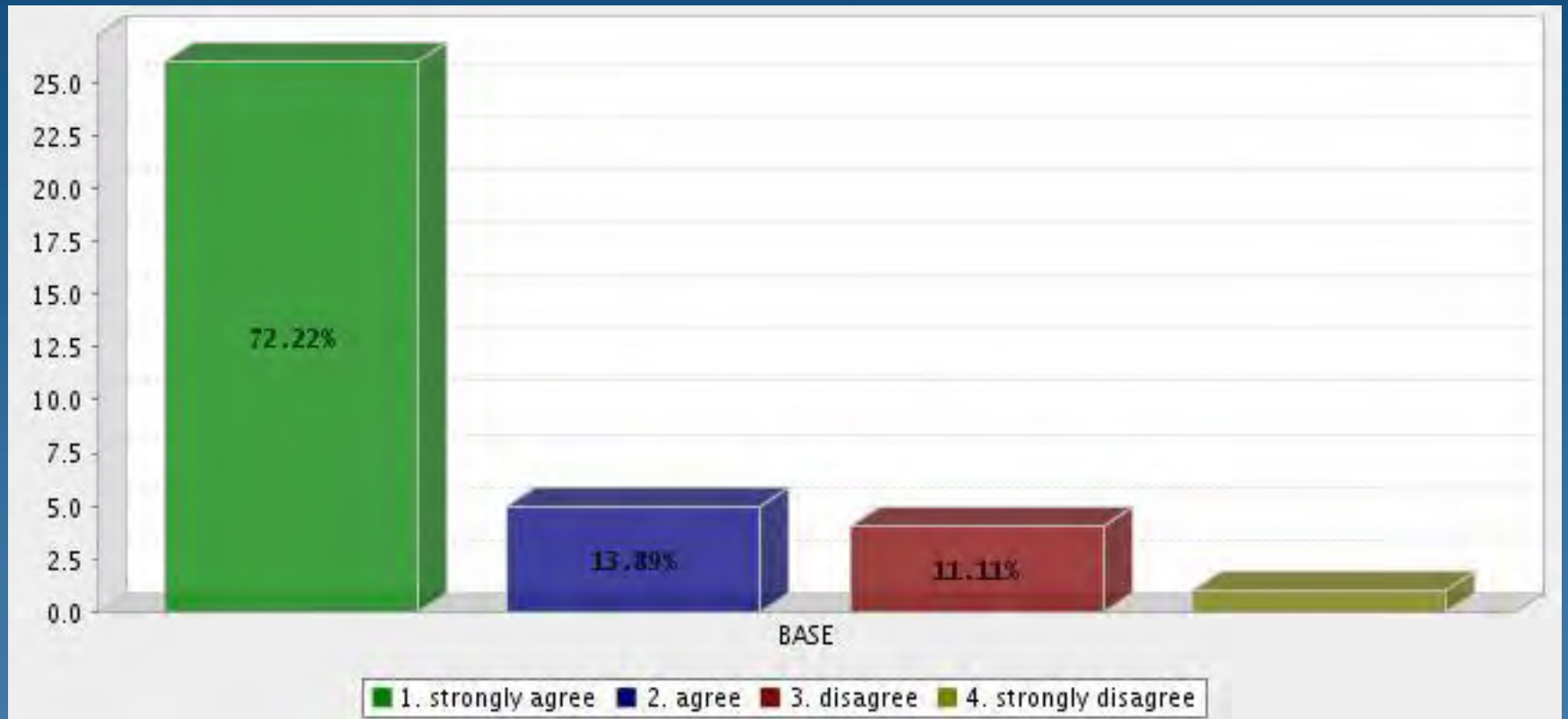
I am able to manage my time efficiently and effectively at work.



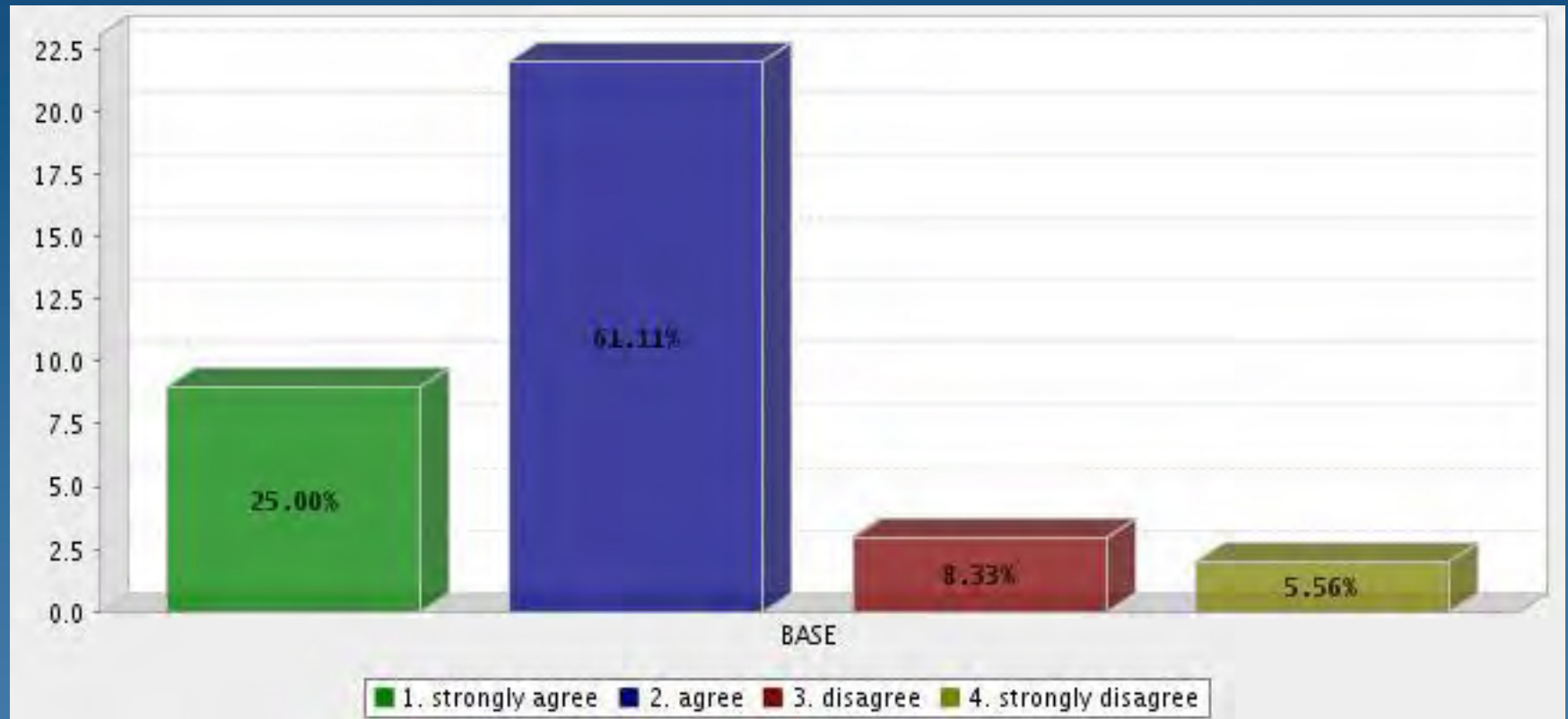
I am able to function effectively as a team member at work.



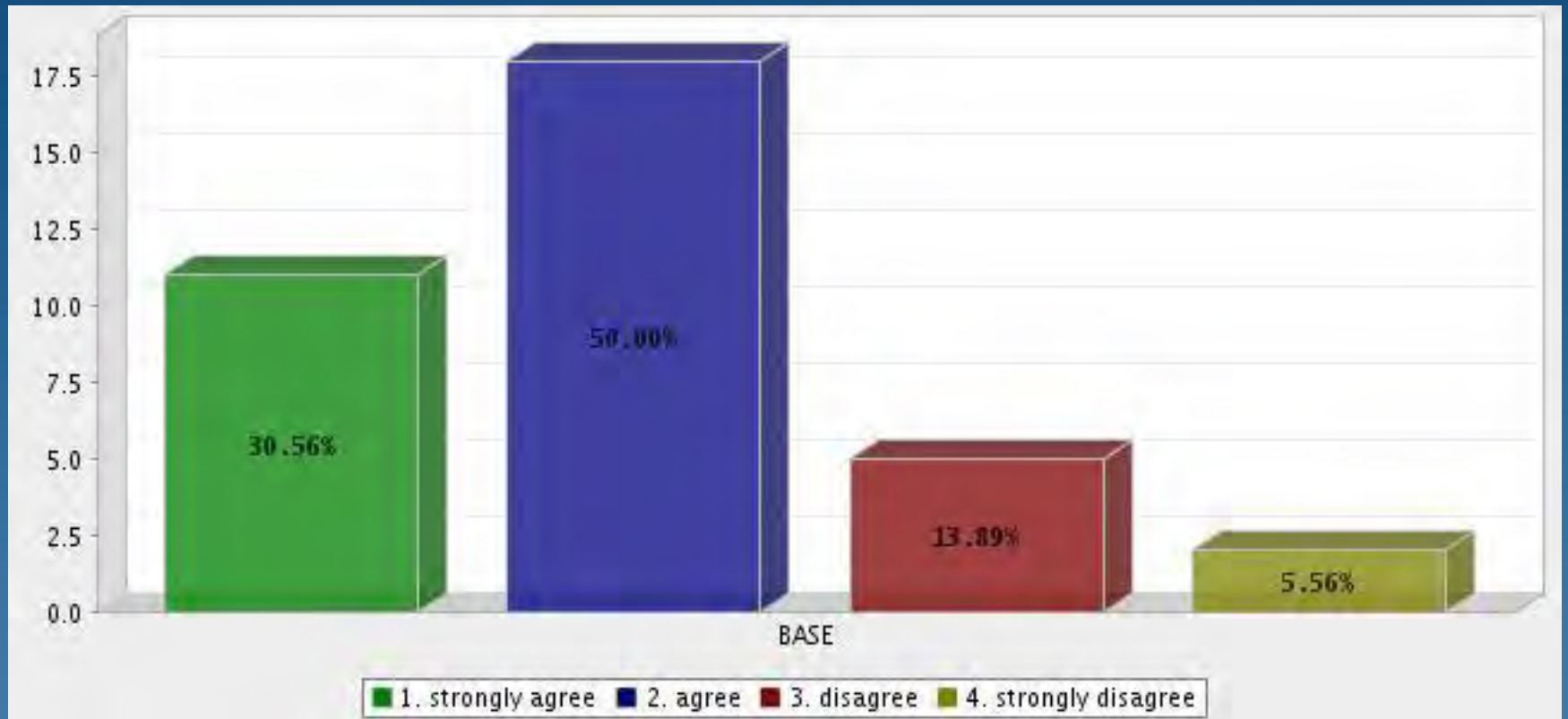
The internship experiences were a valuable part of the HCSA program.



Overall, the quality of the HCSA program should be rated highly.



I would recommend the HCSA program to others.



Open Ended Text Data

Q27 sugges

Please indicate any Comments c

No.	Response I
-----	------------

1 4673679

2 4684305

3 4684873

4 4685249

5 4687124

6 4688941

7 4689034

8 4689263

9 4696799

10 4714902

11 4714935

12 4714947

13 4714997

14 4715003

15 4715080

16 4715756

17 4715877

18 4716064

19 4719429

20 4719843

21 4728570

22 4728917

23 4742651

24 4753101

25 4753383

26 4755121

27 4759379

28 4800458

29 4822659

30 4822823

31 4823968

32 4824191

33 4825440

34 4825545

35 4828666

or Suggestions you have for the program:

Data

Please indicate any Comments or Suggestions you have for the program:

Apply more of the material to a real world setting. We get a lot of information from different courses; however, it is difficult to put it all together and recognize how each topic intermingles with others in the real world.

The program could have different courses for more focused education. They offered a long term care course but there are so many other areas to focus on and there could be optional courses based on where a student felt their passion was.

I believe that the university should look into developing a Master's program. I also would encourage the staff to inform the students that are not dual enrolled, on what struggles they may face while searching for employment.

more practical life experience training in the classrooms; more guidance given to students to help gear their curriculums toward current and best forecasted market/ career trends, more structure provided to internship sites; school coordinated internship placement services (would better justify the tuition charged for internships)

- The program could use a class on leadership and management.

The only thing I found difficult after graduation from the HCSA program was finding a position for a new grad. I thought the program sculpted us for Management positions but I was not certain were I was qualified to get started prior to landing a management position. I feel I am really well prepared to begin job hunting again now that I have over a year of experience under my belt however I did not feel that I was prepared to find the perfect job right after graduation. Overall I loved the program and am very happy I chose HCSA at Ferris!

A suggestion I have for the program is to make "concentrations." For example, if individuals are more interested in quality, have then take a healthcare quality track. If individuals are more interested in finance, have them study a healthcare finance track.

I think the hardest part of getting that first job was that HCSA is so broad. I liked that it was broad, but it wasn't until I was hired that employers told me that I needed to be more specific. Having a more specialized course would make it easier on students down the road.

Would have liked to have a little bit more in-depth training/classes in each department so I could have a little better of an idea where I would like to have pursued a career.

The internship should not be worth so many credits. I did not have to take out student loans until the internship. For plastics, the internship is 10 weeks and only 4 credits. For HCSA, it should not be 18 credits for both. That is ridiculous and left a bitter taste in my mouth about the school and program. Other than that, it's a good program over all.

More English and Financial Classes.

More experience with popular healthcare programs, such as Cerner.

Set students up to receive certifications or licenses such as Nursing Home Administrators license.

I loved the program.

Look at each individual student when it comes to internships. I had 9.5 years of work experience in healthcare, yet had to complete 2 internships.

The job I have is very common sense 'stuff.' Though it is the type of job HCSA would prepare us for, anyone could do the job that has secretarial skills. I've heard the program has been made more specialized and challenging-I wish I would have gone through the program with the new curriculum (instead of something so generalized). I applied to over 50 entry-level secretarial type jobs (with an excellent resume and 3.97 GPA) and never got an interview (except for when I was hired in through my internship). Without paid job experience, hospitals were not interested in hiring me.

*Some classes/instructors were EXCELLENT, and some were very difficult to communicate with (especially online). I feel there should be an easy mechanism for students to report difficulties, so Ferris can assure quality oversight, and assist where necessary.

*I understood the theme of working in teams in class as an element of management skills, however this was often extremely challenging online. In my own experience, and from feedback from fellow students, the top performers would end up taking on a larger portion of the workload when other team members did not do their share. Suggestions include better technology for online group work, have instructors fully explain the technology options that are available (such as google docs), and some way to track the amount of work each person contributes to the project and grade appropriately.

*Online instructors MUST be highly skilled at written communication and the online system. When a good teacher is blocked by not technology challenges, the students are left in the dark. Instructors must demonstrate these competencies prior to taking on the class.

More work with data systems (excel, access)

Do more presentations to prepare. Allow more interview prep time during classes.

Program not very helpful for jobs. Students should be told they need a clinical degree as well. Epic courses should be involved within curriculum.

Given the position I am in, I wish I was a little more prepared for this type of work. Maybe a stronger law class would have helped. The professor that I had for law was not very good. There are times when I'm working when I remember and see where my professors were coming from and the things that they taught us come into play. It's kind of eye opening and reassuring, definitely when I'm a minor, that is having the school background and degree, here at work. Thank you to all of my professors for the work you put in and the time. :)

I graduated under the 'old' curriculum which taught basic, simple, common-sense information that I didn't need to pay thousands of dollars for. The internship allowed me to meet people that eventually hired me, but the job I perform is based on things I have learned through previous jobs and on-the-job training... not the HCSA program.

Need RHIA< RHIT
or Quality Certifications

Give more guidance to students when it comes to selecting their internship sites.
Offer students one-on-one time to discuss different career options.

****Unit Assessment Report - Four Column**

Ferris State University

Program - Health Care Systems Administration (B.S.)

Mission Statement: Building upon the mission, vision and values of Ferris State University and the College of Allied Health Sciences, the Health Care Systems Administration program, in collaboration with our healthcare partners, prepares and supports ethical leaders who are equipped to meet the challenges of a rapidly changing environment.

Advisory Board/Committee Once per year

Meetings:

Next FSU Academic 2013-2014

Program Review:

Accreditor Body: Not applicable

College: CAHS

Outcomes	Means of Assessment & Criteria for Success / Tasks	Results	Action & Follow-Up
<p>Program - Health Care Systems Administration (B.S.) - Graduates will utilize the knowledge/professional competencies to practice as an entry level practitioner - CAHS Theme: Knowledge and professional competency</p> <p>Outcome Types: Learning</p> <p>Start Date: 06/04/2009</p> <p>Outcome Status: Active</p>	<p>Assessment Method: Preceptor evaluation of student at the conclusion of the practical experience</p> <p>Assessment Method Category: Internship Evaluation</p> <p>Criterion for Success: 90% of the preceptors will rate the student's ability to integrate information technology as a 4 on questions 8,9, 10 and 11 of the final evaluation for HCSA 493.</p>	<p>01/18/2013 - All items above 90%. Criterion met.</p> <p>Classification: Criterion Met</p> <p>Action: 1 - No Action Required</p> <p>Curriculum Change: Requires UCC Approval</p> <p>Related Documents: HCSA Site eval 2008 Tallied.doc HCSA 493 Site eval 2009 .doc HCSA 493 Site eval 2010 HCSA Minutes Advisory Meeting Dec 2011.doc HCSA Dashboard 2011_12.xlsx</p>	<p>01/17/2013 - Continue to monitor.</p> <p>Follow-Up: 04/20/2011 - Faculty will review the site evaluation tool for validity this Fall 2011.</p> <hr/> <p>01/26/2012 - Faculty reviewed results for technology use falling below the 90% threshold. Courses need to increase use of technology in assignments. Excel is used in finance courses and quality. Continue to monitor.</p>
	<p>Assessment Method: Employer survey one year after student's graduation Employer survey changed in 2010.</p> <p>Assessment Method Category: Survey - Employer</p> <p>Criterion for Success: 90% of the employers will rate the graduate's performance as 4 or 5 on</p>	<p>01/17/2013 - 93% of the employers rated graduates as a 4 or higher on statement B.1.</p> <p>Classification: Criterion Met</p> <p>Action: 1 - No Action Required</p> <p>Related Documents: HCSA Employer Survey Results</p>	<p>01/17/2013 - Continue to monitor</p> <hr/> <p>04/20/2011 - Criterion target changed to 90% at faculty meeting on 4/19/11.</p>

Outcomes	Means of Assessment & Criteria for Success / Tasks	Results	Action & Follow-Up
	<p>statement B.1. (possess the technical skills to perform his/her job)</p> <p>Related Documents: HCSA Employer Survey 2009.doc HCSA Employer Survey 2010.doc</p>	<p>doc HCSA Employer Survey 2009.doc HCSA Employer Survey 2010.doc HCSA Minutes Advisory Meeting Dec 2011.doc HCSA Dashboard 2011_12.xlsx</p>	<p>04/22/2010 - Discuss revision of the Criterion for Success at our Faculty Committee meeting 4/29/10</p> <p>Follow-Up: 04/20/2011 - Criterion for Success revised at our Faculty Committee meeting 4/15/11 05/19/2010 - At the faculty meeting on 4/29/10, Tracdat information from the employer survey was reviewed. With the low number of employer surveys, it is unrealistic to expect a 95% success rate. It was the consensus of the group to lower the criterion threshold to 85% for the employer survey data.</p>
	<p>Assessment Method: Employer survey distributed one year after student's graduation Employer survey changed in 2010.</p> <p>Assessment Method Category: Survey - Employer</p> <p>Criterion for Success: 90% of the employers will rate graduates as a 4 or 5 on questions A.1. (Has the knowledge necessary to function in this job)</p> <p>Related Documents: HCSA Employer Survey 2009.doc HCSA Employer Survey 2010.doc</p>	<p>01/17/2013 - 86% of the employers rated graduates as a 4 or 5 on questions A1. Review the inclusion of item A3 at next faculty meeting.</p> <p>Classification: Criterion Not Met</p> <p>Action: 2 - Pending Action</p> <p>Related Documents: HCSA Employer Survey Results 2008.doc HCSA Employer Survey 2009.doc HCSA Employer Survey 2010.doc HCSA Minutes Advisory Meeting Dec 2011.doc HCSA Employer Survey 2012[1].doc HCSA Dashboard 2011_12.xlsx</p>	<p>02/04/2013 - At faculty meeting 1/24/13, item A3 (the employee can recommend procedures) was determined to be above the expectation for new grads. Item deleted. Item A1 (the employee has the necessary knowledge) will be retained.</p> <p>01/25/2013 - A3 eliminated as part of the criteria on 1/24/13</p> <p>01/17/2013 - Review the inclusion of item A3 at next faculty meeting. Survey comments indicate Multitasking, working</p>

Outcomes	Means of Assessment & Criteria for Success / Tasks	Results	Action & Follow-Up
			<p>independently, lack of confidence, phone customer service, and computer/Excel as areas that need attention. Continue to work at all aspects of the areas mentioned above in courses.</p> <p>Follow-Up: 01/25/2013 - Faculty meeting on 1/24/13. Faculty decided to eliminate A3 from the assessment criteria.</p> <hr/> <p>04/20/2011 - Faculty decided to set a more realistic target due to sample sizes at 90% on 4/19/11.</p> <hr/> <p>04/20/2011 - Increase the sample size by providing more notice to facilities.</p> <hr/>
<p>Program - Health Care Systems Administration (B.S.) - Graduates will communicate effectively to acquire/develop/convey ideas and information to diverse populations - CAHS Theme: Communication</p> <p>Outcome Types: Learning</p> <p>Start Date: 06/04/2009</p> <p>Outcome Status: Active</p>	<p>Assessment Method: Faculty members will indicate that students are able to work with others to gain information necessary to perform assigned tasks and deal with conflict while showing respect for diverse opinions and ideas</p> <p>Assessment Method Category: Case Studies/Problem-based Assignments</p> <p>Criterion for Success: 75% of the students enrolled in HCSA 474 will receive an 80% or higher on the team assessment</p>	<p>01/16/2012 - No data available as the outcome method is being revised</p> <p>Classification: Criterion Not Met</p> <p>Action: 2 - Pending Action</p> <p>Change Assessment Strategy: Yes</p> <p>Curriculum Change: Does Not Require UCC Approval</p>	<p>01/12/2012 - To be reviewed at faculty meeting to align with 474 course outcome</p> <hr/> <p>01/12/2012 - To be reviewed at faculty meeting</p> <hr/>
	<p>Assessment Method: Employer survey distributed one year</p>	<p>01/17/2013 - 95% of employers rated graduates as 4 or 5 on statement C.4.(functions effectively</p>	

Outcomes	Means of Assessment & Criteria for Success / Tasks	Results	Action & Follow-Up
	<p>following students' graduation Employer survey changed in 2010. Assessment Method Category: Survey - Employer Criterion for Success: 90% of the employers will rate graduates as 4 or 5 on statement C.4.(functions effectively as a member of the work team Related Documents: HCSA Employer Survey Results 2008.doc HCSA Employer Survey 2009.doc HCSA Employer Survey 2010.doc</p>	<p>as a member of the work team) Classification: Criterion Met Action: 1 - No Action Required Related Documents: HCSA Employer Survey Results 2008.doc HCSA Employer Survey 2009.doc HCSA Employer Survey 2010.doc HCSA Minutes Advisory Meeting Dec 2011.doc HCSA Dashboard 2011_12.xlsx</p>	<p>01/17/2013 - Criterion met at 95%. Continue to monitor and promote teamwork in courses.</p> <hr/>
	<p>Assessment Method: Preceptor evaluation of student at conclusion of practical experience Assessment Method Category: Internship Evaluation Criterion for Success: 80% of the preceptors will rate the students as 4 on items 1,2,3,4,6,7 of HCSA 493 final evaluation Related Documents: HCSA 493 Site eval 2010</p>	<p>01/18/2013 - All items at 80% or better. Conflict management at 80%. Advisory committee indicates that anything higher is unlikely for the intern. Classification: Criterion Met Action: 1 - No Action Required Curriculum Change: Requires UCC Approval Related Documents: HCSA Site eval 2008 Tallied.doc HCSA 493 Site eval 2009 .doc HCSA 493 Site eval 2010 HCSA Minutes Advisory Meeting Dec 2011.doc HCSA Dashboard 2011_12.xlsx</p>	<p>01/17/2013 - Continue to monitor. The Advisory committee indicates that the expectation is very high to expect students to deal appropriately with all conflict as they are still learning; present score 80%. We will continue to develop scenarios in HCSA 336 to cover conflict.</p> <p>Follow-Up: 05/21/2010 - We will continue to increase opportunities for students to improve in these areas in all courses. 04/23/2010 - Continue to monitor evaluations under the new curriculum and encourage enhancement of these attributes in the course content.</p> <hr/> <p>04/20/2011 - Fall 2011 faculty review of survey tool planned.</p> <hr/>

Outcomes	Means of Assessment & Criteria for Success / Tasks	Results	Action & Follow-Up
			04/23/2010 - Continue to follow up with new curriculum and encourage faculty to increase opportunities to apply these elements of performance in the course content.
<p>Program - Health Care Systems Administration (B.S.) - Graduates will apply previously knowledge to the solution of new problems - CAHS Theme: Critical thinking and problem-solving</p> <p>Outcome Types: Learning</p> <p>Start Date: 06/04/2009</p> <p>Outcome Status: Active</p>	<p>Assessment Method: Evaluation of critical thinking skills applied to resolution of a problem posed by an assignment in HCSA 474</p> <p>Assessment Method Category: Case Studies/Problem-based Assignments</p> <p>Criterion for Success: 75% of the students enrolled in HCSA 474 will receive an 80% or higher on the written project for the course.</p>	<p>01/18/2013 - This outcome method is being reviewed for revision. Over 90% achieved an 80% or higher on the written project.</p> <p>Classification: Criterion Met</p> <p>Action: 2 - Pending Action</p> <p>Change Assessment Strategy: Yes</p> <p>Curriculum Change: Does Not Require UCC Approval</p> <p>Related Documents: TracDat SP 12_210_410_474.xlsx</p>	<p>02/04/2013 - Project clarified; the written project is the strategic plan.</p> <p>01/12/2012 - To be reviewed at upcoming faculty meeting</p>
	<p>Assessment Method: Employer survey distributed one year after students' graduation Employer survey changed in 2010.</p> <p>Assessment Method Category: Survey - Employer</p> <p>Criterion for Success: 90% of the employers will rate graduates as a 4 or 5 on item A.4. on the employer survey (demonstrates the ability to think critically, solve problems, and develop appropriate action steps)</p> <p>Related Documents: HCSA Employer Survey Results 2008.doc HCSA Employer Survey 2009.doc HCSA Employer Survey 2010.doc</p>	<p>01/18/2013 - 86% of the employers rated graduates as a 4 or 5 on item A.4. on the employer survey</p> <p>Classification: Criterion Not Met</p> <p>Action: 2 - Pending Action</p> <p>Related Documents: HCSA Employer Survey Results 2008.doc HCSA Employer Survey 2009.doc HCSA Employer Survey 2010.doc HCSA Employer Survey 2012[1].doc HCSA Dashboard 2011_12.xlsx</p>	<p>01/17/2013 - Discuss at faculty meeting and encourage more critical thinking activities in classes</p> <p>04/20/2011 - Target revised at the faculty meeting 4/19/11.</p>

Outcomes	Means of Assessment & Criteria for Success / Tasks	Results	Action & Follow-Up
<p>Program - Health Care Systems Administration (B.S.) - Graduates will demonstrate ethical and professional behaviors - CAHS Theme: Professional and ethical behaviors</p> <p>Outcome Types: Learning</p> <p>Start Date: 06/04/2009</p> <p>Outcome Status: Active</p>	<p>Assessment Method: Employer survey distributed one year following students' graduation Employer survey changed in 2010.</p> <p>Assessment Method Category: Survey - Employer</p> <p>Criterion for Success: 90% of the employers will rate graduates as a 4 or 5 on item C.2. on the employer survey (conducts himself/herself in an ethical and professional manner)</p> <p>Related Documents: HCSA Employer Survey 2009.doc HCSA Employer Survey 2010.doc</p>	<p>01/17/2013 - 90% of the employers rated graduates as a 4 or 5 on item C.2. on the employer survey</p> <p>Classification: Criterion Met</p> <p>Action: 1 - No Action Required</p> <p>Related Documents: HCSA Employer Survey Results 2008.doc HCSA Employer Survey 2009.doc HCSA Employer Survey 2010.doc HCSA Dashboard 2011_12.xlsx</p>	<p>01/17/2013 - Target met, continue to monitor</p> <hr/> <p>04/20/2011 - Faculty revised target on 4/19/11.</p> <hr/>
	<p>Assessment Method: Preceptor evaluation of students at the end of HCSA 493</p> <p>Assessment Method Category: Internship Evaluation</p> <p>Criterion for Success: 80% of the students will be rated as 4 on items 17, 18, 19, 20 and 21 on the final evaluation form for HCSA 493</p> <p>Related Documents: HCSA Site eval 2008 Tallied.doc HCSA 493 Site eval 2009 .doc HCSA 493 Site eval 2010</p>	<p>01/17/2013 - All items above 90%.</p> <p>Classification: Criterion Met</p> <p>Action: 2 - Pending Action</p> <p>Related Documents: HCSA Site eval 2008 Tallied.doc HCSA 493 Site eval 2009 .doc HCSA 493 Site eval 2010 493 Site Coord. Eval 2011 HCSA Dashboard 2011_12.xlsx</p>	<p>01/17/2013 - Continue to monitor</p> <hr/> <p>01/17/2013 - Survey tool kept as written</p> <hr/> <p>04/23/2010 - Discuss these outcomes in the faculty meeting on 4/29/10 to develop strategies for improvement.</p> <hr/> <p>Follow-Up: 05/21/2010 - Continue to provide opportunities for improvement in all courses with special focus in HCSA 345.</p> <hr/>

Program - Health Care Systems Administration (B.S.) - Curriculum Map

Legend: (A) - Program Assessment, (I) - Introduced, (M) - Mastery, (R) - Reinforced

Outcomes	CA HS 300	CC HS 101	CC HS 102	HC SA 120	HC SA 202	HC SA 210	HC SA 225	HC SA 310	HC SA 320	HC SA 326	HC SA 335	HC SA 336	HC SA 345	HC SA 392	HC SA 401	HC SA 410	HC SA 433	HC SA 460	HC SA 474	HC SA 493	MRI S 103	MRIS 209
Graduates will utilize the knowledge/professional competencies to practice as an entry level practitioner	I	I	I	I, R	I, R	I, R	I, R	I, R		M, R		I, R	R	R		I, M, R		M, R	M, R	M, R	I	I, R
Graduates will communicate effectively to acquire/develop/convey ideas and information to diverse populations	I	I		R	I	I	I	I, R		R		I, R	R	R		M, R		R	R	R	I	I, R
Graduates will apply previously knowledge to the solution of new problems				I, R	I	I	I	I, R		R		R	R	R		M, R		R	R	R		I, R
Graduates will demonstrate ethical and professional behaviors		I	I	I, R	I	I		R		R		I, R	R	R		M, R		R	R	R		I, R