

**SOUTHWESTERN COMMUNITY COLLEGE**

**HEALTH INFORMATION TECHNOLOGY**

**STUDENT HANDBOOK**

**2006 - 2007**

**revised June, 2006**

**Faculty Information**

Penny Wells, M.A.Ed, BS, RHIA  
Program Director/Instructor/Advisor  
Health Information Technology  
Allied Health 224  
Southwestern Community College  
447 College Drive  
Sylva, North Carolina 28779  
(828) 586-4091, Ext. 362  
pwells@southwesterncc.edu

Kimberly Rice, RHIA  
Faculty, HIT  
P.O. Box 220  
Cullowhee, NC 28723  
(828) 293-0077  
krice@southwesterncc.edu

## TABLE OF CONTENTS

	Page
I. Introduction	4
General Information	5
II. Goals and Standards of the Health Information Technology Program	5
III. Faculty Information	8
IV. Description of the Profession	8
A. Description of a Health Information Technician	9
B. Categories of Learning Experiences	9
C. Professional Organizations	11
D. Earning and Maintaining Accreditation	12
V. The Educational Process	12
A. Curriculum Framework	12
B. Clinical Education	12
C. Confidentiality Statement	13
D. Admission Procedures	13
E. Grade Standards	13
F. Student Employment Policy	14
G. Expenses	14
H. Medical/Malpractice Insurance	15
I. Infectious Disease Policy	15
J. Information Regarding Clinical Sites	16

## **APPENDICES**

### Appendix A

Course Description for the Health Information  
Technology Program

### Appendix B

HIM Associate Degree Entry-Level Competencies  
Domains, Subdomains, and Tasks for 2006 and beyond

### Appendix C

Health Information Technology Curriculum

### Appendix D

Confidentiality Statement

### Appendix E

Student Medical Form

# INTRODUCTION

Southwestern Community College  
Health Information Technology Student Handbook

This document is intended to serve as a reference for Health Information Technology students throughout their enrollment in the program. It is intended to be used to address issues and concerns that arise throughout their instruction.

This handbook provides policies and guidelines in addition to those designated in the Southwestern Community College Catalog and the Southwestern Community College Student Handbook. All students are expected to be thoroughly familiar with these documents.

Updates may be provided periodically to this document. It is suggested that students maintain this handbook in a manner that makes it easily accessible for future use.

## **Mission Statement:**

The mission of health information education is to prepare confident, innovative, and contributing professionals who can identify and use a variety of information resources and technologies to accomplish the objectives of diverse practice environments.

## **I. General Information**

A. The Health Information Technology Program is a health science curriculum administratively directed by Health Sciences Division of Southwestern Community College (see Appendix A).

All programs at Southwestern Community College are approved and reviewed by the North Carolina Department of Community Colleges. Southwestern Community College is fully accredited by the Southern Association of Colleges and Schools. Full accreditation was received in April, 1996, and is for a period of ten (10) years.

Additionally, the Health Information Technology program at Southwestern Community College is accredited by the Commission on the Accreditation of Health Informatics and Information (CAHIIM) in cooperation with the American Health Information Management Association's Council on Accreditation. This accreditation process is based on the academic program's ability to meet the HIM Associate Degree Entry-Level Competencies as established by the American Health Information Management Association (AHIMA); and by making efforts toward assuring that students will be able to meet AHIMA's Domains, Subdomains, and Knowledge Clusters for Registered Health Information Technicians (see Appendix B).

Students in the HIT program are expected to follow the policies, schedules, and standards of Southwestern Community College. In addition, students are expected to follow the policies of this program as distributed by this department and as stated in this manual.

## **B. History of the Program**

The HIT program at SCC was started as a result of the needs analysis performed in May, 1996, as well as the needs expressed by the local health care provider community. The first class of students was accepted in the Fall of 1996. The first students graduated April 30, 1998.

## **II. Goals and Standards of the Health Information Technology Program**

The field of health information technology is recognized as one of the top ten professions. In order to provide students with the necessary learning experiences in which to gain knowledge and understanding in the field of health information technology, the following goals and standards were developed.

**Goal I:**

To provide HIT graduates who meet the entry-level competencies and become gainfully employed in the Health Information Field.

- 1.a. 100% of students will receive positive evaluations and a grade of “C” or better in the 200 level HIT courses.
- 1.b. 90% of students will successfully write the RHIT exam on the first attempt.
- 1.c. 80% of HIT graduates will be employed in Health Information or related field within six months of taking the RHIT examination.
- 1.d. 95% of employers will express satisfaction with the entry-level skills of HIT graduates.

**EVALUATION METHODS:**

- 1.a. Review the percentage of positive comments and grades of “C” or better on student transcripts.
- 1.b. Review RHIT exam results.
- 1.c. Follow up survey of students
- 1.d. Follow up survey of employers.

**GOAL 2**

To retain faculty members who maintain their CE hours and participate in professional growth activities.

- 2.a. All credentialed faculty members will meet the CE requirements of AHIMA.
- 2.b. All full-time faculty members will complete at least 12 hours in the category of Teaching and Learning and will complete at least two professional development activities in addition to this as required by the college on an annual basis.

**EVALUATION METHODS:**

- 2.a. Review AHIMA CE form every two years.
- 2.b. Review content of Continuous Improvement Plan annually.

### **GOAL 3**

To provide educational opportunities for the community – particularly for those working in the HIT field.

- 3.a. Offer evening or online classes for those currently working a daytime schedule, when possible.
- 3.b. Work with HIM directors to devise a flexible schedule for their employees wishing to take HIT courses.

#### **EVALUATION METHODS:**

- 3.a. Review college schedule for times of course offerings.
- 3.b. Review HIT student profiles.

### **GOAL 4**

To increase enrollment and retention by actively recruiting students for the HIT program.

- 4.a. Enroll 10 new students annually
- 4.b. Retain 75% of enrolled students from first to second year.

#### **EVALUATION METHODS:**

- 4.a. Review enrollment numbers from registrar
- 4.b. Review retention rates each semester

### **DEFINITION OF THE COMMUNITY SERVED BY THE HEALTH INFORMATION TECHNOLOGY PROGRAM.**

#### 1. Students

The HIT program is part of a state supported community college located near a town in which a Health Information Administration (RHIA) program is offered at a state supported university. The student population is predominantly female at this point. Most are residents of Jackson, Macon, and Swain counties, enrolled full-time, and are pursuing a degree in a daytime technical program. It is expected that this HIT program will eventually serve as a “feeder” institution to the local RHIA program for those students desiring the RHIA degree. There is currently an articulation agreement in place between the university (WCU) and SCC that will allow for a smooth transition from the AAS level to the BS level should students desire to further their education. This is a 2 plus 2 agreement.

2. Employers Potential employers within the geographical area include physicians' offices, hospitals, long term care centers, ambulatory care centers, and an array of specialized treatment facilities.

### 3. Health Care Agencies/Institutions

Many of the health care agencies/institutions in the area who will be the employers of the graduates of this program, will also serve the very necessary role of serving as clinical affiliation sites in the training of students in the HIT curriculum. The wide range of health care agencies/institutions in this area should provide a variety of clinical experiences from which the student can gain a better understanding of his/her role as a health information practitioner.

## III. Faculty Information

### A. Current Faculty:

Penny Wells, M.A.Ed, BS, RHIA  
Program Director/Instructor  
Health Information Technology  
Allied Health 224  
Southwestern Community College  
447 College Drive  
Sylva, North Carolina 28779  
(828) 586-4091, Ext. 362  
pwells@southwesterncc.edu

Kimberly Rice, RHIA  
Faculty, HIT  
P.O. Box 220  
Cullowhee, NC 28723

krice@southwesterncc.edu

### B. Faculty Availability

Hours of faculty availability are posted on the door of the faculty members' office and will differ from semester to semester. Other hours available by appointment.

## IV. Description of the Profession

Health Information management is the profession that focuses on health care data and the management of health care resources. The profession addresses the nature, structure, and translation of data into usable forms of information for the advancement of health and the health care of individuals and populations. Health Information management professionals collect, integrate, and analyze primary and secondary health care data, disseminate information and manage information resources related to the research, planning, provision, and evaluation of health care services. The e-HIM Vision for the Future indicates that dramatic changes in health information management demands new thinking about how we educate tomorrow's professionals. HIM professionals must continuously transform their knowledge, skills, and abilities to keep pace.

## **A. Description of a Health Information Technician**

The health information technician is the professional responsible for maintaining components of health information systems consistent with the medical, administrative, ethical, legal, accreditation and regulatory requirements of the health care delivery system. In all types of facilities, and in various locations within a facility, the health information technician possesses the technical knowledge and skills necessary to process, maintain, compile, and report health information data for reimbursement, facility planning, marketing, risk management, utilization management, quality assessment and research; abstract and code clinical data using appropriate classification systems; and analyze health records according to standards. The health information technician may be responsible for functional supervision of the various components of the health information system.

## **B. Categories of Learning Experiences**

To accomplish the specifics of this definition it is expected that a student should Have learning experiences in each of the following areas:

1. General Education
  - A. Oral and Written Communication Skills
  - B. Social and Behavioral Sciences
  - C. Humanities
  - D. Physical and Biological Sciences
  - E. Mathematics
  
2. Biomedical Science
  - A. Anatomy
  - B. Physiology
  - C. Language of Medicine
  - D. Medical Sciences
  - E. Pharmacology
  
3. Information Technology
  - A. Computer concepts (hardware, software, operating systems, and file structure)
  - B. Data, information
  - C. Telecommunications, networks
  - D. Microcomputer applications (word processing, spreadsheets, graphics, database)
  - E. Data integrity
  - F. Data security
  - G. Health information systems (administrative, patient

registration, HIM applications, clinical, point of care, lab, radiology, pharmacy)

4. Health Data Content and Structure
  - A. Content of health records
  - B. Documentation
  - C. Health care data sets
  - D. Registries and indexes - secondary records
  - E. Forms design
  
5. Health Care Delivery System
  - A. Organization of health care systems (functions, governing, medical care administration)
  - B. Classification systems (inpatient, outpatient, ownership, specialization multi-hospital systems)
  - C. Accreditation standards
  - D. Licensure
  - E. Federal regulations
  
6. Organization and Supervision
  - A. Basic management/supervision principles
  - B. Human resource supervision
  - C. Fundamentals of budgeting
  - D. Ergonomics - equipment selection
  - E. Marketing HIM services
  
7. Health Care Statistics and Data Literacy
  - A. Vital statistics
  - B. Descriptive statistics
  - C. Data presentation techniques
  - D. Reliability and validity of data
  - E. Library search
  - F. Data search and access
  
8. Clinical Quality Assessment and Improvement
  - A. Quality Assessment and Improvement (collection tools, data analysis, reporting techniques)
  - B. Utilization Management
  - C. Risk Management
  - D. Critical/clinical pathways
  
9. Coding and Reimbursement
  - A. Principles and applications of coding systems including those used in the computer-based patient record
  - B. Prospective payment systems

- C. Case mix analysis and indexes
  - D. Third party payers
  - E. Billing and insurance procedures
  - F. Explanation of benefits
  - G. Severity of illness systems
  - H. Data quality
10. Legal and Ethical Issues
- A. Confidentiality
  - B. Release of Information
  - C. Legislative processes
  - D. Court system
  - E. Legal vocabulary
  - F. Retention guidelines
  - G. Patient rights
  - H. Advanced directives
  - I. Ethics

### C. PROFESSIONAL ORGANIZATIONS

The American Health Information Management Association (AHIMA) is the national professional organization of health information administrators and technicians.

The North Carolina Health Information Management Association (NCHIMA) is a component state association of AHIMA and is a state-wide affiliated group of health information technicians, health information administrators, and interested individuals. NCHIMA is divided into ten regions whose function is to provide continuing education on a local basis.

Membership in AHIMA is strongly encouraged for all first year class members, and is **required** for all second year students.

Membership in AHIMA automatically allows for membership in NCHIMA. By joining these groups a student receives a subscription to the monthly publication entitled The Journal of the American Health Information Management Association (JAHIMA), can join the AHIMA Communities of Practice on the AHIMA website (ahima.org), and receive reduced or free registration fees at educational meetings, and a discount on the RHIT exam.

The cost of the national student membership is \$30 annually.

The local component of NCHIMA is the Western Mountain Region. Membership in AHIMA includes membership at the local level.

## **D. Earning and Maintaining Accreditation**

The goal of the graduate of the HIT program is to successfully complete the accreditation examination of the American Health Information Management Association (AHIMA), administered year round via computer; thereby, becoming credentialed as an Registered Health Information Technician (RHIT).

The American Health Information Management Association in its quest for the maintenance of high professional standards has a mandatory continuing education requirement which must be met to maintain one's credentials. An RHIT must complete 20 clock hours of continuing education every two years, with 50% of these hours coming from the core content.

Failure to complete these required CE hours results in revocation of the individual's registration status rendering that individual unable to use the designated credentials of a Registered Health Information Technician (RHIT).

## **V. The Educational Process**

### **A. Curriculum Framework:**

The HIT curriculum is designed to be a five semester program. This five semester program requires completion of the courses outlined in Appendix C. While the ideal method to complete the curriculum as it is currently designed, is to be enrolled as a full-time student, it is recognized that for a variety of reasons this is not possible for all students. Therefore, it is the intent of this program to work in every possible way to meet the needs of the student seeking part-time program completion without compromising the level and intensity of the educational process.

It must be realized by the student that like most other health care professions, health information courses must be taught in a specific sequence to follow a logical pattern of thought and training. Because of this, there are numerous courses with prerequisites. Additionally, due to limited faculty and clinical site resources, the HIT courses are taught currently once per year. This means that if a student misses or elects not to take one of these sequential courses, completion of subsequent course work may not be possible any earlier than one year later. A student may take related and general courses according to their own preferred schedule in accordance with prerequisite requirements to pursue this degree at a less than full-time basis.

### **B. Clinical Education**

Clinical education is the practice of training in one's field at the physical location of a health care setting and learning from participation in the accomplishment of

tasks of the profession. It involves the practice of tasks and functions in a hospital or health care facility in order to better understand and correlate theory into actual performance. Clinical education, known as Directed Practice, is a vital component of health information education and the completion of clinical education is an extensive aspect of the second year of this curriculum.

### **C. Confidentiality Statement**

Throughout the educational experience of the HIT student, both in the classroom and the clinical setting, actual patient records will be utilized for training purposes. While the identity of records used in the classroom has been altered, the identity of the records in the clinical setting is that of the individual whose name appears on them.

As the confidentiality of patient information is of the highest priority, it must be realized by the student that any action resulting in the release of unauthorized information can result in disciplinary action. The Confidentiality Statement (see Appendix D) includes information regarding this disciplinary action and this statement must be signed by the student prior to contact with or use of medical information.

### **D. Admission Procedures**

To gain admission into the HIT program, a prospective student must follow a series of steps in a standardized review process. Please refer to the College Academic Catalog. A student may leave and re-enter the HIT program no more than three times.

### **E. Grade Standards**

It is expected that the student perform at their optimal level in all course work. Because of the nature of any type of health career, it is important that the student be well prepared in the biological sciences, medical terminology, and coding. With this in mind, it is suggested that a student set as a goal the attainment of a minimum grade of “C”. The program requires that students maintain a high level of academic and clinical performance. Failure to meet these standards will prevent normal progression through the program.

Students must remember that their grades will be an indication to future employers of their ability to perform in the work setting. Often, employers establish minimum grades which must be met before an individual can be considered for certain areas of employment.

A minimum grade of “C” is mandatory in all Health Information Technology courses (those with a prefix of HIT). A student may not progress to the next course in the sequence without having made a “C” in the prerequisite course.

Because of the sequential order of the courses and the fact that each course is taught once annually, a student must realize the implications of delays caused by less than “C” level work.

A student must maintain a grade point average of 2.0 to continue taking HIT courses. A student whose cumulative average falls below 2.0 at the end of any semester while taking HIT courses will be allowed one semester in which to raise his/her cumulative average to 2.0. The student may enroll in no further HIT courses until a cumulative grade point average of 2.0 is reached. The student may not be able to enroll in the Directed Practice courses unless a grade of “C” or better is maintained in the HIT and related courses. Also prior to Directed Practice, the student must submit the required physical examination and immunization forms. These completed forms must indicate that you are capable of meeting the health requirements of the program.

### **Age of Coursework**

As per the SCC guideline, for all HIT prefix courses, the entire program must be completed within a 6 year period. Therefore, once you begin the HIT program, you will have a total of 6 years to complete or you will be required to re-take the HIT prefix courses.

### **F. Student Employment Policy**

Although the ideal situation would be that students not be employed during their enrollment in the HIT program, it is recognized that for many students this is impossible due to financial and other constraints.

The student should realize that the demands of employment cannot interfere with the demands of student activity in any way and that scheduling of courses will take precedence over the scheduling of their work activities.

Students should also note that they will generally not be assigned to a hospital clinical site in which he/she is currently or has been previously employed. To do so would put both the student and the various personnel involved in the clinical experience at the site in a potentially difficult situation for evaluation purposes.

It must be recognized by both students and the clinical site that students enrolled in the clinical education phase of this program should not be substituted for regular staff in performing tasks or in striving for a reduced workload; rather, clinical education is a learning experience allowing for hands on training and activities.

### **G. Expenses**

Current information regarding tuition and student activity fees, etc. can be obtained from the most recent edition of the SCC Catalog or other official

publication. As with all health science programs, texts are very costly and because of the importance and future use, the student will not likely desire to sell them. Additional expenses (subject to change) specific to the HIT program include, but are not limited to:

<u>Approximate Cost</u>	1st year	2nd year
Membership in AHIMA/NCHIMA	\$30.00	\$30.00
Membership in Regional Association	free	
Name Pin		7.00 (varies)
Transportation to and from clinicals	Varies (responsibility of student)	
Texts	Varies per year	
Malpractice Insurance	\$17.00 (varies per year)	
Health Insurance	\$13.00 (varies per year)	
Physical Examination(prior to clinicals)	Responsibility of each student	

## **H. Medical and Malpractice Insurance**

All HIT students are encouraged to carry hospitalization and medical insurance. While very limited patient contact is necessary as a health information technology student, it frequently is necessary to conduct educational and/or training sessions in and/or around patient care areas. Because of this, a minimal increase in incidence of disease might be realized.

All HIT students are **required** to purchase malpractice insurance prior to their clinical affiliation. Arrangements for this shall be made prior to the Fall semester of their second year. This is to be purchased in the Business Office. The cost (varies) to the student is \$30.00.

## **I. Infectious Disease Policy**

Because of the nature of the health care profession, students participating in required clinical education experiences may find themselves at risk for exposure to infectious diseases. Even though the risk is extremely small and in particular, it is less for those health professions not usually requiring patient contact (such as health information technology), the possibility of exposure cannot be totally eliminated.

Techniques to minimize exposure will be used at all times by staff responsible for the activities of health information technology students.

Prior to the assignment to the clinical site, the student must provide medical documentation to verify that the student is free from and immunized against infectious diseases. No student shall be placed at a clinical site without this

documentation having been received by the HIT Program Director. Each student will receive their medical form at the beginning of their freshman year. Specific instructions such as responsibility of payment for a physical exam, dates by which these forms must be completed by a physician of the student's choice, and date to be returned to the program director will be provided at the time the student receives the form. Students are responsible for carefully reading and following **all directions/instructions** throughout the medical history forms. Students are also responsible for making sure their physicians follow all directions regarding: completion of all required vaccinations, testing, information/documentation dates, and signatures as indicated on the medical history forms. This information must be complete. Failure to follow these directions by the deadline date will be considered an incomplete application and the student will not be allowed to participate in Directed Practice. Responsibilities and example of medical for Appendix E.

Required immunizations (mandatory under North Carolina State Law) are as follows:

- 1) DPT or Rd
- 2) Td Booster
- 3) MMR (measles, mumps, rubella) - documentation of positive results
- 4) Rubeola Immunity - students born between 1957 and 1968 must provide documentation of vaccination with the live measles vaccine
- 5) Tuberculin (PPD) Test - documentation of positive results. If positive PPD, chest x-ray and results are required
- 6) Hepatitis B series

Any student with an infectious disease must report this to the faculty member in charge of the clinical experience. As necessary, consultation will be made with the staff of the infection control department of the hospital to which the student is assigned or to the responsible party to determine the student's eligibility to participate in the clinical experience. Students cannot participate in clinical experiences when it has been determined that a significant risk of transmission occurs.

#### **J. Information Regarding Clinical Sites**

1. Clinical sites will be selected from hospitals within a reasonable commuting distance (as determined by the HIT faculty) from Southwestern Community College.
2. A student currently or previously employed in a health care facility will generally not be assigned to that facility for the primary clinical experience. To do so could create difficulty in assessing student performance.
3. Student transportation and all costs involved in the performance of clinical duties shall be assumed by the student. Student car pools are the responsibility of the individual

student and are not the responsibility of the Program or the College.

4. No reimbursement/salary/benefits will be awarded to the student for any efforts made in the course of the clinical affiliation. It must be remembered at all times that this is a learning experience utilizing a hands-on approach and it should not be viewed or interpreted as a method to increase the work force of a clinical site.
5. Student attire at the clinical site shall consist of clothing that is neat and attractive and allows the student to present him/herself in a professional manner. In some instances, it will be necessary to follow the dress code of the clinical site facility.
  - A. Female students are expected to wear clothing with a skirt of satisfactory length. Dress slacks or pantsuits are acceptable.
  - B. Male students are expected to dress in a likewise professional manner which should include tailored slacks and dress shirt. It is preferred that a male student wear a tie and that it be coordinated with his attire.
  - C. Blue jeans, shorts, halter tops, tee shirts with graphic/written patterns or other attire deemed to be inappropriate by the HIT faculty or the clinical site shall not be allowed.
  - D. Shoes should be comfortable, well cared for and should be appropriate for professional attire. No tennis/athletic shoes, boots, clog-type shoes shall be allowed. Of particular note is the attention that should be paid to safety, and for this reason, the wearing of heels of an excessively high nature is discouraged. Some clinical sites forbid open-toed shoes.
  - E. Students must wear, at all times, in the clinical facility a name tag which shall identify them as Health Information Technology students representing Southwestern Community College. Arrangements for the purchase of these name tags shall be made with the students prior to the beginning of their clinical affiliation.
6. Students are to park only in the areas designated for student use by the clinical site. All costs incurred as a result of parking are the responsibility of the student.
7. **The use of cell phones is not permitted in the classroom setting**. In the clinical setting, cell phones may only be used during break periods. If the facility prohibits the use of cell phones in the building, students must adhere to this rule. Breach of these rules will result in disciplinary action.



**APPENDIX A**

**COURSE DESCRIPTIONS**  
**FOR THE**  
**HEALTH INFORMATION TECHNOLOGY CURRICULUM**

## **APPENDIX B**

### **HIM ASSOCIATE DEGREE ENTRY-LEVEL COMPETENCIES**

For 2006 and beyond

**APPENDIX C**

**HEALTH INFORMATION TECHNOLOGY  
CURRICULUM SEQUENCE  
FOR  
SEMESTER CURRICULUM  
AND  
STUDENT ADVISING FORM**

**APPENDIX D**

**CONFIDENTIALITY STATEMENT**

**APPENDIX E**

**STUDENT MEDICAL FORM  
for  
PROGRAMS THAT REQUIRE HEALTH FORMS  
in the  
NORTH CAROLINA COMMUNITY COLLEGE  
SYSTEM INSTITUTIONS**