RARITAN VALLEY COMMUNITY COLLEGE
ACADEMIC COURSE OUTLINE

HITC-230 Professional Practicum II

I. Basic Course Information

A. Course Number and Title: HITC-230 Professional Practicum II

B. New or Modified Course: Modified

C. Date of Proposal: Semester: Spring   Year: 2014

D. Sponsoring Department: Health Science Education

E. Semester Credit Hours: 2

F. Weekly Contact Hours: Clinical: 4

G. Prerequisites:
   HITC-152 Basic ICD Coding
   HITC-154 Basic CPT Coding
   HITC-200 Health Information Systems and Technologies
   HITC-210 Health Data Reporting & Analysis
   HITC-220 Organizational Resource Management

H. Laboratory Fees: No

I. Department Chair: Patrice Case pcase@raritanval.edu

II. Catalog Description

**Prerequisites:** HITC-152 Basic ICD Coding
   HITC-154 Basic CPT Coding
   HITC-200 Health Information Systems and Technologies
   HITC-210 Health Data Reporting & Analysis
   HITC-220 Organizational Resource Management

This course is the capstone course in Health Information Technology. Second of two supervised practicums designed to allow student to apply technical knowledge and skills learned in classroom to procedures performed in health information management department. Assignments focus on various types of health care facilities to gain exposure to health information practices. Emphasis will be placed on advanced functions of quality improvement, legal aspects,
coding and reimbursement, and department management.

III. Statement of Course Need

A. This course fulfills the “knowledge cluster content and competency” required by the American Health Information Management Association.
B. There is no lab component for this course.
C. This course generally transfers as a program requirement in health information technology.

IV. Place of Course in College Curriculum

A. Free Elective
B. This course does not serve as a General Education course
C. This course meets a program requirement for the Health Information Technology AAS degree program.
D. To see course transferability: for New Jersey schools go to the NJ Transfer website, www.njtransfer.org; for all other colleges and universities, go to their individual websites.

V. Outline of Course Content

A. Orientation to the facility
B. The medical staff
C. Characteristics of the population
D. Medical record department personnel
E. Coding, Abstracting, Severity of Illness Classification and Indexing
F. Processing for Reimbursement
G. Special Registries
H. Utilization Management and Discharge Planning
I. Compliance Officer
J. Performance Measurement and Quality Improvement
K. Risk Management
L. Computer/Information Services
M. Chief Information Officer
N. Administrative project
O. Development of job description to include:
   1. Employees under supervision
   2. Meeting attendance
   3. Education
   4. Human resource responsibilities
   5. Administrative duties
   6. Medical staff interaction
P. ICD coding practice (or alternative project)
Q. Abstracting practice
R. CPT coding practice (or alternative project)
VI. General Education and Course Learning Outcomes

A. General Education Learning Outcomes

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

1. Utilize relevant statistical reports, depending on the facility, to construct graphs, interpret them, and draw appropriate conclusions. (GE-NJ 2)
2. Communicate effectively in written form, specifically producing a written report concerning the organization of the facility, the medical staff, and the medical records department.(GE-NJ 1)
3. Create an administrative assignment after discussion with site supervisor, which entails: designing a plan, gathering appropriate data, analyzing the results, and proposing a suitable recommendation. (GE-NJ 1,*)

(*Embedded critical thinking)

B. Course Learning Outcomes

The student will function as a health information practitioner and:

1. Use technology, including hardware and software, to ensure data collection, storage, analysis, and reporting of information.
2. Use common software applications such as spreadsheets, databases, word processing, graphics, presentation, e-mail, and so on in the execution of work processes.
3. Use specialized software in the completion of HIM processes such as record tracking, release of information, coding, grouping, registries, billing, quality improvement, and imaging.
4. Apply policies and procedures to the use of networks, including intranet and Internet applications to facilitate the electronic health record (EHR), personal health record (PHR), public health, and other administrative applications.
5. Apply knowledge of data base architecture and design (such as data dictionary, data modeling, data warehousing) to meet departmental needs.
6. Apply confidentiality and security measures to protect electronic health information.
7. Protect data integrity and validity using software or hardware technology.
8. Apply departmental and organizational data and information system security policies.
9. Use and summarize data compiled from audit trail and data quality monitoring programs.
10. Contribute to the design and implementation of risk management, contingency planning, and data recovery procedures.
11. Participate in the planning, design, selection, implementation, integration, testing, evaluation, and support for organization-wide information systems. Use the principles of ergonomics and human factors in work process design.


13. Collect, organize, and present data for quality management, utilization management, risk management, and other related studies.


15. Apply Institutional Review Board (IRB) processes and policies.

16. Use specialized databases to meet specific organization needs such as medical research and disease registries.


18. Analyze clinical data to identify trends that demonstrate quality, safety, and effectiveness of healthcare.

19. Apply the fundamentals of team leadership.

20. Organize and contribute to work teams and committees.

21. Conduct new staff orientation and training programs.

22. Conduct continuing education programs.

23. Monitor staffing levels and productivity standards for health information functions, and provide feedback to management and staff regarding performance.

24. Communicate benchmark staff performance data.

25. Prioritize job functions and activities.

26. Use quality improvement tools and techniques to monitor, report and improve processes.

27. Use and maintain electronic applications and work processes to support clinical classification and coding.


29. Apply procedure codes using CPT/HCPCS.

30. Ensure accuracy of diagnostic/procedural groupings such as DRG, APC, and so on.

31. Adhere to current regulations and established guidelines in code assignment.

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

33. Use and maintain applications and processes to support other clinical classification and nomenclature systems.

34. Resolve discrepancies between coded data and supporting documentation.

35. Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery.

36. Support accurate billing through coding, chargemaster, claims management, and bill reconciliation processes.

37. Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative.
38. Compile patient data and perform data quality reviews to validate code assignment and compliance with reporting requirements such as outpatient prospective payment systems.

**Students will be able to:**
1. Obtain information regarding ownership, services, and case-mix of the hospital; the organization of the medical staff, and the organization of the health information department.
2. Obtain specific information relating to the functions of the health information department.
3. Describe the relationship between the following individuals, functions, or departments and the health information management department:
   a. coding, abstracting, severity of illness classification and indexing
   b. processing for reimbursement
   c. special registries
   d. utilization management and discharge planning
   e. Compliance Officer
   f. Performance Measurement and Quality Improvement
   g. Risk Management
   h. Computer/Information Services
   i. Chief Information Officer
4. Identify any pertinent patient documentation that is maintained in any ancillary departments.
5. Describe the policy and procedures for maintaining confidentiality in these areas.
6. Demonstrate, when given an administrative assignment of significant importance to the Health Information Management Department, the ability to accurately:
   a. identify the components of the assignment
   b. design a plan to find a recommendation
   c. gather data appropriate to the assignment
   d. analyze the results
   e. propose a suitable recommendation
   f. prepare a memorandum to the Clinical Supervisor detailing the assignment, methodology, conclusions and recommendations.
7. Accurately code, using the medical record, all diagnoses and procedures relevant to the current admission of 15 patients discharged within a recent (one-week) period, representing varied clinical services, diagnoses and procedures, using the current ICD code set.
8. Accurately code, using the medical record, all diagnoses procedures and services relevant to recent outpatient care of 20 patients representing varied clinical services, diagnoses, and procedures, using CPT.
9. Accurately complete 15 concurrent or discharge abstracts.
10. Observe and describe the roles of the health information manager through creation of a job description. Include, but do not limit to:
a. employees under supervision
b. meeting attendance
c. education
d. human resource responsibilities
e. administrative duties
f. medical staff interaction

11. Identify and describe the role and environment of the health information manager in the specialized health care setting with specific attention to:
   a. the organizational structure
   b. the patient population
   c. the regulatory and accrediting agencies
   d. the legal requirements
   e. the operational requirements

12. Describe the policies and procedures for each of the following functions in the specialized health care setting:
   a. admission/registration
   b. documentation of patient care and retention of records
   c. release of information
   d. statistical reports and reporting requirements
   e. classification systems, indexes and registries
   f. Quality Improvement and Performance Measurement
   g. Utilization Management and reimbursement processing

13. Identify and describe the role and environment of the medical record professional in the specialized setting with specific attention to:
   a. the organizational structure
   b. the customers/clients served
   c. the operation requirements
   d. business incorporation

14. Describe the operations of the business in terms of the following:
   a. types of customers/clients served
   b. service/product offered
   c. ownership/control of the business

15. Communicate effectively in written form; specifically, this includes use of vocabulary appropriate to the topic, clarity of presentation, correct grammar, punctuation and spelling.

16. Demonstrate professional behavior consistent with the environment of the affiliating institution; specifically, this includes:
   a. compliance with all applicable policies, procedures or rules of the Health Information Management department and the hospital, the ethical principles of the health information profession, and the student code of conduct of Raritan Valley Community College.
   b. adherence to the specified schedule with regard to start and stop time, lunch and break periods, and promptness in keeping appointments.
   c. a cooperative attitude and active participation in all assigned tasks and activities.
   d. courtesy and tact in relations with all individuals.
e. a business-like professional appearance and demeanor.
f. thorough organization and preparation for each assignment, meeting or interview.
g. mature behavior and interpersonal communication appropriate to a professional health information manager.

VII. Modes of Teaching and Learning

A. Ongoing interaction with patients, physicians, office staff, preceptor and Practicum Coordinator  
B. Hands-on experience at practicum site  
C. Preceptor and Practicum Coordinator’s demonstration and guidance  
D. Logging and journaling activities

VIII. Papers, Examinations, and other Assessment Instruments

A. Professional Practicum Manual projects  
B. Evaluation by preceptor  
C. Evaluation by Practicum Coordinator

IX. Grade Determinants

A. Completion of Professional Practicum Manual requirements  
B. Evaluation by preceptor  
C. Evaluation by Practicum Coordinator

X. Texts and Materials

A. Practicum Manual provided by Practicum Coordinator  
B. Manuals provided by facility personnel  
C. Reference textbooks from previous health information technology courses

(Please Note: The course outline is intended only as a guide to course content and resources. Do not purchase textbooks based on this outline. The RVCC Bookstore is the sole resource for the most up-to-date information about textbooks.)

XI. Resources

A. Internet connectivity  
B. Commonly available browser such as Internet Explorer, Firefox, Chrome