Douglas College

EFFECTIVE: SEPTEMBER 2009
CURRICULUM GUIDELINES

A.	Division:	**Education**	Effective Date:	**September 2009**	
B.	Department / Program Area:	**Health Sciences** **Health Information Management**	Revision	**X**	New Course
			If Revision, Section(s) Revised:	**A, C, D, I, J**	
			Date of Previous Revision:	**January 13, 2004**	
			Date of Current Revision:	March 2009	

C: **HIMP 1120** **D:** **Health Information Management I** **E:** **4**

Subject & Course No.	Descriptive Title	Semester Credits

F: Calendar Description:

This course provides an introduction to the profession of health information practice. The basic health information functions, services and systems in both acute and nonacute health care settings will be explored. Students will be able to apply knowledge through a variety of activities including lecture/practice at an acute care facility and practicum.

G: Allocation of Contact Hours to Type of Instruction / Learning Settings

Primary Methods of Instructional Delivery and/or Learning Settings:

Lecture
Practicum
Lecture/Practice

Number of Contact Hours: (per week / semester for each descriptor)

Lecture: 2 hrs
Practicum: 36.0 - 37.5
Lecture/Practice: 2

Number of Weeks per Semester: **15**

H: Course Prerequisites:

NIL

I: Course Corequisites: **(recommended)**

HIMP 1170

J: Course for which this Course is a Prerequisite:

HIMP 1220

K: Maximum Class Size:

Lecture - 35
Lecture/Practice - 18
Practicum - 30

L: PLEASE INDICATE**:**

	Non-Credit
X	College Credit Non-Transfer

M: Course Objectives / Learning Outcomes :

In this course students study the aspects that form the foundation for developing and managing quality health information. The learner will:

perform the basic record management processes typically required of a health service including patient/client registration, document organization, analysis, filing, tracking, retrieval, and control
devise and implement systems for the collection, storage, retrieval and destruction of health information within required uses, institutional guidelines and legal statutes
articulate the need for and uses of quality data and information
use computer application to facilitate the record management process
gain skills in health care data collection
have knowledge of the scope of professional practice within the field of health information management
transfer the knowledge and skills obtained in the classroom to reality settings and rationalize why any divergences may have taken place
engage in self-evaluation and develop strategies to facilitate continued learning for personal professional development
develop an appreciation for the importance of confidentiality, security and integrity of health care data

N: Course Content:

1. Overview of Health Information
   - evolution of health information management
   - vehicles used to communicate health information
   - purposes, uses, and value of health data
   - ownership

2. Health Information Systems
   - systems overview (input, process, output, feedback, control)
   - data collection:
     - by source: (patient, client, or resident; direct care providers)
     - by type: (administrative, clinical, operative, nursing, ancillary, miscellaneous)
   - documentation
     - source-orientated
     - problem-oriented
     - integrated
     - by exception
     - other
   - management/processing of data
     - registration, admission, discharge, transfer (R-ADT)
     - documentation requirements (standards)
       - retrospective
       - point of care
       - quantitative assessment and improvement
       - qualitative assessment and improvement
       - compliance
       - electronic authentication
   - forms & views
     - general design principles
     - general control principles
     - forms management team
     - role of the health information practitioner
   - numbering systems
     - types, including advantages and disadvantages of each
     - control systems

Course Content Continued:

- paper-based filing systems
  - types, including advantages and disadvantages of each
  - record management control systems
    - storage options (physical facilities, destruction, technology, commercial)
    - records tracking systems
      - manual
      - automated
- image-based record systems
  - micrographics
  - optical image processing
- electronic record systems

3. Data Collection (abstracting)
- national standards (CIHI)
  - mandatory data elements
  - diagnosis typing
  - sequencing
- provincial standards
  - mandatory data elements
- local standards

4. Practicum
- orientation to facility and health information services
- R-ADT
- assembly (surgical day care, impatient records)
- documentation processing and control
- filing, retrieval and control of health information
- interaction with other departments/services

5. Guidelines for Health Information Professional Practice and Personal Development
- criteria for professionalism
- professional and related associations (provincial, national and international)
  - history
  - purposes
  - organization
- credentialing processes
  - certification
  - licensure
- education and learning
  - entry-level
  - continuing
  - prior learning assessment (PLA)
  - portfolio
  - code of ethics
  - professional practice
  - marketing the profession

O: Methods of Instruction:

1. Lecture/Practice
2. Group discussion
3. Practicum
4. Independent study of assigned topics

P:	Textbooks and Materials to be Purchased by Students: A list of mandatory and optional textbooks and materials is provided for students at the beginning of each semester.
Q:	Means of Assessment: Typical evaluations would include: Final Exam 2 Midterm Exams Assignments Practicum Evaluation Course evaluation is based on course learning outcomes and is consistent with Douglas College Course Evaluation Policies. A detailed evaluation schedule is presented to the students at the beginning of the course. Outline of evaluation may be subject to change.
R:	Prior Learning Assessment and Recognition: specify whether course is open for PLAR Yes

Course Designer(s): Laurie Kenward