Course Description

Focuses on health data collection, storage, retrieval and reporting systems, with emphasis on the role of the computer in accomplishing these functions. Lecture is 3 hours per week.

General Course Purpose

This course is designed to allow the student to:

- Gain an understanding of the data elements that comprise a patient information system;
- Develop skills in analyzing data for completeness and accuracy;
- Understand the vision of the CPR and their role in its development;
- Gain knowledge of the various methods for filing, storage and retention of health records;
- Develop supervisory skills in the filing and storage of health records.

Course Prerequisites/Co-requisites

None

Course Objectives

- Health Care Data Elements/Documentation Standards
  - documentation for inpatient, psychiatric, managed care hospice, long-term care and ambulatory surgery institutions. Apply and follow policies and procedures for quantitative and qualitative analysis of primary health care data.
  - Monitor the accuracy of quantitative analysis.
  - Evaluate and review primary and secondary health care data for institutional effectiveness.
  - Apply and follow policies and procedures for reporting information to Collect, maintain, analyze and display data using record standards of external regulatory and accrediting bodies.
  - Recognize accreditation standards related to patient-related data.

- CPR
  - Recognize user needs for computer based patient records.
  - Recognize technologies for computer based patient records.
  - Understand the vision of the CRPI.

- Health Record Filing, Retrieval, Retention and Archival Storage
  - Utilize current technology in the storage, retention and retrieval of primary health care data.
  - Apply and follow policies and procedures for the storage, retrieval, retention and destruction of primary health care data.

Major Topics to be Included

a. Health Care Data Elements/Documentation Standards
b. CPR
c. Health Record Filing, Retrieval, Retention and Archival Storage