

**NOVA COLLEGE-WIDE COURSE CONTENT SUMMARY
HIM 229 – PERFORMANCE IMPROVEMENT IN HEALTH CARE SETTINGS (2 CR.)**

Course Description

Focuses on concepts of facility wide performance improvement, resource management and risk management. Applies tools for data collection and analysis. Lecture 1 hour. Laboratory 2 hours. Total 3 hours per week.

General Course Purpose

This course is designed to give the student an introduction to the broad topic of quality management and improvement in the health care environment. Special emphasis is placed on developing analytical skills for performance improvement, utilization review and risk management activities.

Course Prerequisites/Co-requisites

Prerequisites are HIM 141 and HIM 142 or permission of instructor.

Course Objectives

Upon successful completion of this course, the student will:

- Describe the evolution of healthcare quality management from its inception to the present day,
- Identify basic infrastructure and systems necessary to support quality management activities,
- Understand peer review immunity, principles of confidentiality in peer review activities and federal regulations requiring reporting of peer review activity (National Practitioner Data Bank),
- Determine educational/training strategies for introducing and refining quality management knowledge throughout an organization, recognizing key components of an organizations quality infrastructure,
- Identify the basics of Joint Commission requirements for medical staff credentialing, re-credentialing and delineation of clinical privileges,
- Describe Joint Commission requirements for leadership process,
- Differentiate between quality policies, procedures and standards of care,
- Demonstrate ability to write objective, measurable, valid and reliable indicators.
- Demonstrate competence in using tools of quality analysis and display,
- Discuss Joint Commission indicator monitoring system and current efforts to access quality of services rendered in an organization,
- Describe various systematic approaches to improvement currently used in USA,
- Describe utilization management program concepts,
- Describe content requirements for a utilization review plan,
- Discuss various methods of performing utilization review,
- Understand impact of Medicare regulations in utilization management,
- Describe structure and purpose of HEDIS (Health Employer Data and Information Set),
- Define risk management, incident reporting program, occurrence screening, claims management and professional liability,
- Identify key components of an effective safety management program,
- Identify Joint Commission standards supporting data collection and performance improvement,
- Define structure and operation of AHRQ (Agency for Healthcare Research and Quality),
- Describe standards of care and standards of practice, how they are developed and how they are integrated with policies and procedures.

- Discuss various JCAHO survey types and use of standards manuals,
- Identify other accreditation organizations (AOA, NCQA, NCQA, AAAHC, and URAC),
- Describe CMS and Medicare Conditions of Participation and its impact on quality management.

Major Topics to be Included

- a. Quality Management Functions and infrastructure
- b. Planning and implementing an improvement strategy
- c. Measurement, assessment and improvement
- d. Performance information and reference databases
- e. Utilization and Risk Management
- f. JCAHO, External Regulators, Reviewers and Standards
- g. CMS and PRO functions and responsibilities