

**NOVA COLLEGE-WIDE COURSE CONTENT SUMMARY  
HIM 280 – HIM CAPSTONE (1 CR.)**

**Course Description**

Integrates and applies knowledge and skills learned in prior HIM courses, focusing on those required to prepare for national certification in American Health Information Management Association's Domains, Sub-domains and Tasks. Includes a capstone project in which students apply principles of good practice in health information management. Lecture 1 hour per week. 1 credit

**General Course Purpose**

This capstone course is designed to prepare students for professional roles in HIM and promote ethical standards of practice. It is taken in the last semester of the program to assist in reviewing the American Health Information Management Associations' (AHIMA) Domains, Sub-domains and Tasks for writing the National Certification Examination.

**Course Prerequisites/Co-requisites**

Prerequisite(s): HIM 230, HIM 229, HIM 226, HIM 254

Co-requisite(s): HIM 252, 233

**Course Objectives**

Upon completing this course, the student will be able to:

- Collect, analyze and maintain health data (e.g. data elements, data sets and databases).
- Apply policies and procedures to assure the accuracy of health data.
- Verify timeliness, completeness, accuracy, and appropriateness of data and data sources for patient care, management, billing reports, registries and/or databases.
- Monitor and apply organization-wide health record documentation guidelines and standards.
- Apply diagnosis/procedure codes using ICD-9-CM and CPT/HCPCS.
- Adhere to current regulations and established guidelines in code assignment.
- Use and maintain applications and processes to support other clinical classification and nomenclature systems (ex. ICD-10-CM, SNOMED, etc.).
- Resolve discrepancies between coded data and supporting documentation.
- Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery.
- Compile patient data and perform data quality reviews to validate code assignment and compliance with reporting requirements such as outpatient prospective payment systems.
- Collect, organize and present data for quality management, utilization management, risk management, and other patient care related studies.
- Compute and interpret healthcare statistics.
- Apply Institutional Review Board (IRB) processes and policies.
- Use specialized databases to meet specific organizational needs to support medical research and disease registries.
- Apply current laws, accreditation, licensure and certification standards related to health information initiatives from the national, state, local and facility levels.
- Differentiate the roles of various providers and disciplines throughout the continuum of healthcare and respond to their information needs.
- Participate in the implementation of legal and regulatory requirements related to the health information infrastructure.
- Apply and promote ethical standards of practice.

- Use technology, including hardware and software, to ensure data collection, storage, analysis and reporting of information.
- 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.
- Apply confidentiality and security measures to protect electronic health information.
- Protect data integrity and validity using software or hardware technology.
- Contribute to the design and implementation of risk management, contingency planning, and data recovery procedures.
- 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.
- Organize and contribute to work teams and committees.
- Conduct new staff orientation and training programs.
- Conduct continuing education programs.
- Monitor staffing levels and productivity standards for health information functions, and provide feedback to management and staff regarding performance.
- Communicate benchmark staff performance data.
- Prioritize job functions and activities.
- Use quality improvement tools and techniques to monitor report and improve processes.
- Make recommendations for items to include in budgets and contracts.
- Monitor and order supplies needed for work processes.
- Recommend cost-saving and efficient means of achieving work processes and goals.
- Contribute to work plans, policies, procedures, and resource requisitions in relation to job functions.

#### **Major Topics to be included**

- Health Data Structure, Content and Standards
- Healthcare Information Requirements and Standards
- Clinical Classification Systems
- Healthcare Delivery Systems
- Reimbursement Methodologies
- Healthcare Statistics and Research
- Quality Management and Performance Improvement
- Healthcare Privacy, Confidentiality, Legal, and Ethical Issues
- Information and Communication Technologies
- Data, Information, File Structures
- Data Storage and Retrieval
- Data security
- Healthcare Information Systems
- Human Resources
- Financial and Physical Resources