

NORTH HARRIS COLLEGE
HEALTH INFORMATION TECHNOLOGY
STUDENT HANDBOOK

Revised: February 2016

Health Information Technology Program Mission

The mission of the Lone Star College North Harris Health Information Technology (HIT) Program is to:

- * Provide technically competent individuals for the healthcare delivery system in North Houston and surrounding areas.
- * Provide the highest quality education and training to students so that they may enhance their ability to master AHIMA's Domains, Subdomains and Tasks.
- * Instill in the graduates the obligation to support the national, state and local health information management associations.

Student Handbook

This document is intended to serve as a reference for the HIT student throughout his or her enrollment in the HIT program, and to address issues and concerns that arise throughout the instructional program.

This handbook provides policies and guidelines in addition to those designated in the LSC-North Harris College Catalog and the LSC-North Harris College Student Handbook. Each student is expected to be thoroughly familiar with all three of these documents.

Updates may be provided periodically to this document. It is suggested that the student maintain this handbook in a manner that makes it accessible for future use.

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Practicum/ Clinical

Each student will be assigned to those locations which effectively assist in meeting the appropriate competency. Keep in mind that some of the clinical sites may be in the greater Houston area.

Students may not be substituted for paid staff. Students may not take the responsibility or the place of qualified staff. However, after demonstrating proficiency, students may be permitted to perform procedures with careful supervision.

Practicums and clinicals must be unpaid educational experiences; therefore, students cannot receive financial compensation for work performed. In addition, clinical experiences cannot be completed at the student's place of employment.

Practicum Dress Code

In keeping with the professional atmosphere in hospitals and other health care institutions, the students will adhere to the following:

1. Students must wear their name badges at all times while at the facility.
2. Clothing must be clean and neatly pressed at all time.
3. Jeans, jean skirts/ jumpers and denim pants are not appropriate.
4. Students must wear closed toe shoes with socks or hose at all times.
5. Students will refrain from the excessive application of cosmetics, perfume or aftershave.
6. The length of skirts and dresses for female students must be in good taste.
7. Male students should wear dress pants, shirt and tie as appropriate.

Employment

Students may be employed in the field of study outside regular educational hours, provided the work does not interfere with regular academic responsibilities. The work must be noncompulsory, paid and subject to standard employee policies.

HEALTH INFORMATION TECHNOLOGY

The Health Information Technology (HIT), tech prep associate of applied science degree is designed to prepare graduates for entry level employment as health information technicians. North Harris College is currently accredited by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) in cooperation with the Council on Accreditation of the American Health Information Management Association (AHIMA). Program accreditation allows graduates to apply for certification examination to become Registered Health Information Technicians (RHIT).

Registered health information technicians perform technical medical record functions vital to the operation of the organization, including analyzing, coding, and health record evaluation. Registered health information technicians process, maintain, complete and report health information data for reimbursement, facility planning, marketing, risk management, utilization management, quality assessment and research. Graduates may be employed in a variety of settings including hospitals, health maintenance organizations, and other health care facilities.

The general education core will transfer to a variety of colleges and universities. Contact academic advisor or faculty member for the Health Information Technology/Medical Coding Program at Lone Star College- North Harris for specific information and to obtain the recommended sequencing of courses.

Coding Certificate:

This certificate in coding prepares the technician to assign a code to a medical diagnosis or procedures. Medical coders consult classification manuals and rely on their knowledge of disease processes to assign codes. North Harris College is currently accredited by Approval Committee for Certificate Programs of the American Health Information Management Association (AHIMA). After completion of the certificate, graduates are eligible to sit for a national certification exam administered by AHIMA. The coding certificate program begins in the Fall semester. Students wishing to begin the certificate program at any other time besides the Fall may take some of the core classes or prerequisites for the program.

Students admitted to the program will be required to pay liability insurance during the semesters involving an off-campus practicum or clinical. At some facilities, students may be required to show proof of immunizations such as Hepatitis B, tetanus, and MMR (mumps, measles, rubella). All facilities require a current tuberculosis test. These costs are borne by the student.

Students must attain a grade of "C" or better in each Health Information Technology and general education course designated in the HIT certificates or AAS degree.

CODING CERTIFICATE

Prerequisites		Credit
BIOL	2401 Human Anatomy & Physiology I	4
HITT	1305 Medical Terminology	3
SEMESTER TOTAL		7

FIRST YEAR

First Semester		Credit
BIOL	2402 Human Anatomy & Physiology I	4
HITT	1301 Health Data Content & Structure	3
HITT	1342 Ambulatory Coding	3
HITT	1341 Coding & Classification Systems	3
SEMESTER TOTAL		13

Spring Semester		Credit
HPRS	2301 Pathophysiology	3
HITT	1345 Health Care Delivery Systems	3
HITT	2346 Advanced Medical Coding	3
HITT	2335 Coding & Reimbursement Methodologies	3
HITT	1211 Computers in Health Care	2
SEMESTER TOTAL		14

Summer Semester		Credit
HITT ¹	1260 Clinical I	2
SEMESTER TOTAL		2

TOTAL Credit Hours for Medical Coding Certificate 36

HEALTH INFORMATION TECHNOLOGY AAS DEGREE

FIRST YEAR

First Semester	Credit
BIOL 2401 Human Anatomy and Physiology I	4
HITT 1305 Medical Terminology (TP)	3
HITT 1301 Health Data Content & Structure	3
ENGL 1301 Composition & Rhetoric I	3

SEMESTER TOTAL 13

Second Semester	Credit
BIOL 2402 Human Anatomy and Physiology II	4
HITT 1345 Health Care Delivery Systems	3
HITT 1253 Legal & Ethical Aspects of Health Information	2
HITT 1255 Health Care Statistics	2
SPCH 1311 Introduction to Communications	3

SEMESTER TOTAL 14

Summer Semester	Credit
HITT 1260 Clinical I	2
Elective Humanities/Fine Arts	3
SOCI 1301 Sociology OR	3
PSYC 2301 Psychology	

SEMESTER TOTAL 8

SECOND YEAR

Fall Semester	Credit
HITT 1342 Ambulatory Coding	3
HPRS 2301 Pathophysiology	3
HITT 1341 Coding & Classification Systems	3
HITT 1211 Health Information Systems	2
HITT 2343 Quality Asses & Perf. Impr.	3

SEMESTER TOTAL 14

Spring Semester	Credit
HITT 2346 Advanced Medical Coding	3
HITT 2239 Health Info Org. & Supervision	2
HITT 2335 Coding & Reimbursement Methods	3
HITT 2260 Clinical II	2
HITT 2149 RHIT Competency Review	1

SEMESTER TOTAL 11

TOTAL Credit Hours for AAS degree 60

See general education requirements for AAS degree listed in the current catalog.

DEPARTMENTAL POLICIES

General Guidelines:

- Students wishing to change from the coding certificate to the AAS degree or from the AAS degree to the Coding Certificate must notify the Program Director in writing of the request.
- Students desiring to withdraw from the program must notify the Program Director.
- Student who miss two consecutives semester will be deemed inactive in the program (unless they notify the Program Director of circumstances preventing them from enrolling in courses) and will be placed in inactive status and must re-apply to the program in order to continue.
- Students desiring to take HITT courses outside of the Lone Star College – North Harris HITT program must have prior approval from the Program Director.

Attendance Policy:

Attendance in all classes is expected (face to face or online). Should you anticipate an absence, please notify the instructor in advance. An excessive number of absences will prohibit the successful completion of this course. If you should miss a class, it is the student's responsibility to obtain lecture notes and assignments from a classmate. Absences beyond three may result in administrative withdrawal from the course by the instructor.

Confidentiality Statement:

As a student in the LSC- North Harris HIT program, you will have access to confidential information during your clinical experiences. Confidential information includes patient information, employee information, financial information, other information relating to your duty as a student and information proprietary to other companies or persons. You may have access to some or all of this confidential information through the computer systems of the clinical facilities or through your student activities.

Confidential information is protected by strict policies of the clinical facilities and by federal and state laws particularly the Health Insurance Portability and Accountability Act. The intent of these laws and policies is to assure that Confidential Information, that is Patient's Protected Health Information or Individually Identifiable Information provided to students orally or contained in patient medical records or maintained on the facility's electronic information system will remain confidential. As a student, you are required to comply with the applicable policies and laws governing confidential information. Any violation of these laws will subject the student to discipline, which might include, but is not limited to, dismissal as a student and to legal liability.

ADA Statement

The LSC colleges are dedicated to providing the least restrictive learning environment for all students. The college district promotes equity in academic access through the implementation of reasonable accommodations as required by the Vocational Rehabilitation Act of 1973, Title V, Section 504 and the Americans with Disability Act of 1990 which will enable students with disabilities to participate in and benefit from all post-secondary educational activities.

If you require reasonable accommodations because of a physical, mental, or learning disability, Please notify the instructor of the course as soon as possible and preferably before the end of the First two weeks of class to arrange for reasonable accommodations.

Grade Performance

Students must maintain a grade point average of 2.0 in all courses. Students are encouraged to schedule conferences with their advisor or Program Director periodically throughout the semester if there is any type of academic difficulty

Code of Conduct

Infraction of the code of conduct whether it occurs in the classroom, on campus or any of the LSC campuses including the clinical sites will result in disciplinary action. Discipline can range from a critical incident to removal from the program depending on the seriousness of the incident. Students should follow the chain of command: Instructor, Program Director, Dean, Vice President of Instruction. Reasons for disciplinary action may include but are NOT LIMITED TO:

1. Use of alcohol or drugs before or during class or a clinical work shift.

Examples are not all inclusive:

- a. Alcohol on a student's person or detected on her/his breath.
- b. Slurred speech, glassy red eyes.
- c. Difficulty in maintaining his/her balance.
- d. Belligerent, combative, irrational behavior.
- e. Illogical or inappropriate decision-making that could endanger patients or others.
- f. Possessing articles usually associated with drug use.

2. Impairment by reason of mental or physical health, alcohol, or other mind altering drugs which could expose patients, the public, students, and faculty unnecessarily to risk of harm.

Examples:

- a. Demonstration of hallucination, delusion, combative behavior.
- b. Physically or verbally attacking or threatening to attack patients, family, or other students or faculty.
- c. Misleading and deceptive comments including slanderous remarks or actions.

3. Unprofessional or dishonorable conduct which may deceive, defraud, or injure patients, the public, school personnel, other students, and faculty.

Examples may include but are not limited to:

- a. The brandishing of any kind of knife, firearm, or other instrument that could be used as a weapon or that could frighten others

4. Aiding another student in deceiving or attempting to deceive the faculty in obtaining an exam, care plan grade, or grade on any required paper.

Examples may include but are not limited to:

- a. Cheating on an exam or allowing another student to copy answers.
- b. Plagiarizing data for any reason.
- c. Submitting late papers and then informing the instructor that the paper was previously submitted.
- d. Using codes, gestures, or any other types of conduct designed to share or obtain answers from another student.
- e. Using "crib" notes or writing answers on the walls or desk tops, etc.

5. Using profane language or gestures.

Examples may include but not limited to:

- a. Using four letter words, profane or obscene language or obscenities, or words and phrases that are derogatory or demeaning. Using language or engaging in conduct that could be construed as sexual harassment under Lone Star College System policy on sexual harassment.
- b. Demonstrating obscene gesture.
- c. Making derogatory statements regarding a specific cultural or ethnic group.

6. Being disruptive, habitually late, or absent from class or clinical.

Examples may include but not limited to:

- a. Arguing with an instructor over an assignment, examination, or other academic/clinical issue. The college recognizes the value of class discussion and debate. However, the College will not tolerate students who are knowingly confrontational or who knowingly attempt to embarrass or intimidate, making gestures, slamming down books, or talking loudly when someone else has the attention of the group.
- b. Monopolizing class time to share personal family problems, or medical experience.
- c. Habitually arriving to class late and disrupting instruction that is in progress.
- d. Excessive class absence.
- e. Failing to call the instructor when an absence from clinical occurs.
- f. Having beepers or cell phones audible during clinical or class time.

7. Physically or verbally assaulting others, demonstrating poor coping mechanisms or becoming confrontational during the instructional process

Examples can include:

- a. Grabbing, hitting or assaulting a student, patient, faculty or other persons affiliated with the college or clinical site.
- b. Using menacing, aggressive verbal or physical behavior.
- c. Shouting obscene or abusive words.
- d. Being argumentative and menacing.
- e. Threatening others with physical or personal injury.

8. Demonstrating behaviors that could be categorized as harassment.

Examples may include but are not limited to:

- a. Following or stalking a faculty member around campus or to the faculty members' home or other places. Except in an emergency or under conditions previously approved by the faculty member, the proper method to discuss such matter is for the student to visit the instructor during office hours or to make an appointment.
- b. Calling faculty/administrators at home without specific permission.
- c. Making repeated phone calls to the faculty member's office or home to challenge grade or assignment.
- d. Making obscene calls to the faculty member's office or home.
- e. Harassing another student or faculty member in violation of the

colleges' policy on sexual harassment.

Evaluation:

The scale for determining a letter grade in HIT is:

- A 90-100
- B 80-89
- C 70- 79
- D 60-69
- F Below 60

Students who miss an exam will be allowed ONE make up exam per course per semester within one week of the final exam. If more than one exam is missed, students will receive "0" for each additional missed exam. A grade of "I" (Incomplete) will be allowed for students Who have completed 80% of the course work and are unable to complete course assignments And test due to unforeseen circumstances which may include but not limited to:

1. Illness of student, child, spouse or parent
2. Death of immediate family member (child, spouse, or parents)

A student will not have an option to receive an "I" because he or she is not prepared for an exam, or for an inability to maintain a 2.0 average in the course.

Children in the Classroom

The faculty strongly recommends that children not be brought into the classrooms while class is in session. Children will not be allowed in the clinical or campus lab, for safety reasons. There are occasional personal emergencies when a student has no alternative but to bring a child to class, or miss that class. In that situation, it is the responsibility of the student to inform the faculty member in advance, and to seek approval for that class. It is then up to the discretion of the individual faculty member to decide on the appropriateness of having a child in the classroom, depending on the availability of space, the age of the child, the possibility of distraction, and the appropriateness of language and/or content for the children. If the child becomes noisy or distracting, it is up to the student to leave the classroom or the instructor will ask them to leave. Every effort will be made to prevent distractions in the classroom, and to prevent the embarrassment of the student involved.

Computer Virus Protection

Computer viruses are, unfortunately, a fact of life. Using external storage devices on more than one computer creates the possibility of infecting computers and devices with a computer virus. This exposes the computers of the college, and any others you may be using to potentially damaging viruses. The college has aggressive anti-virus procedures in place to protect its computers, but cannot guarantee that a virus might not temporarily infect one of its machines. It is your responsibility to protect all computers under your control and use to ensure that each storage device you use, whenever or wherever you use it, has been scanned with anti-virus software. Since new viruses arise continually, your anti-virus software must be kept current. In addition,

since no anti-virus software will find every virus, keeping copies of data (backup) is extremely important.

Course Syllabi

At the beginning of each semester, student are provided with a course syllabus. The syllabus includes a schedule of classes, exams, special reports, assigned readings, etc.

Course Withdrawal Policy

Withdrawal from the course after the official day of record and prior to “W” day (see current catalog) will result in a final grade of “W” on the student transcript and no credit will be awarded.

Students who enrolled in Texas Public institutions of higher education as first-time college students during the Fall 2007 term or later are subject to section 51.907 of the Texas Education Code, which states that an institution of higher education may not permit a student to drop (withdraw with a grade of a “W”) from more than six courses. This six-course limit includes courses that a transfer student has previously dropped at other Texas public institutions of higher education if they fall under the law.

Academic Integrity

The Lone Star College System is committed to a high standard of academic integrity in the academic community. In becoming a part of the academic community, students are responsible for honesty and independent effort. Failure to uphold these standards includes, but is not limited to, the following: plagiarizing written work or projects, cheating on exams or assignments, collusion on an exam or project, and misrepresentation of credentials or prerequisites when registering for a course. Cheating includes looking at or copying from another student's exam, orally communicating or receiving answers during an exam, having another person take an exam or complete a project or assignment, using unauthorized notes, texts, or other materials for an exam, and obtaining or distributing an unauthorized copy of an exam or any part of an exam. Plagiarism means passing off as his/her own the ideas or writings of another (that is, without giving proper credit by documenting sources). Plagiarism includes submitting a paper, report or project that someone else has prepared, in whole or in part. Collusion is inappropriately collaborating on assignments designed to be completed independently. These definitions are not exhaustive. When there is clear evidence of cheating, plagiarism, collusion or misrepresentation, a faculty member will take disciplinary action including but not limited to: requiring the student to retake or resubmit an exam or assignment, assigning a grade of zero or "F" for an exam or assignment; or assigning a grade of "F" for the course. Additional sanctions including being withdrawn from the course, program or expelled from school may be imposed on a student who violates the standards of academic integrity.

Written Examination Review Policy

The faculty believes that the purpose of written examinations is to:

- evaluate student knowledge of content, a minimal level being required for safe practice
- evaluate decision-making
- prepare students for the RHIT exam
- serve as a learning tool
- evaluate critical thinking

1. Students may request individual conference times with faculty members to review exams and receive feedback and referrals. Conferences should be scheduled within two weeks of the exam. All conferences must be scheduled prior to the final exam.
2. Students will be expected to adhere to the high ethical standards of the HIT profession, as well as college standards for academic integrity. Cheating on exams, misrepresenting information and disclosing exam question to fellow students will be considered unethical behavior and grounds for dismissal from the HIT program.

Drug and Alcohol Abuse Policy and Procedure

The Lone Star College System (LSCS) believes that it has a responsibility to maintain a safe and efficient academic environment for students, and to assist in ensuring those served by students through clinical experiences are provided safe and effective care or services. The use of controlled substances, lawful or otherwise, which interferes with the judgment, ability or execution of skills while in the classroom or clinical experience setting, poses an unacceptable risk for students, faculty, patients, colleagues, LSCS and affiliated agencies. Therefore, the unlawful use, manufacture, possession, distribution or dispensing of alcohol or illegal drugs, the misuse of legally prescribed or over the counter drugs, or being under the influence of such substances while in the classroom, on LSCS property, grounds, parking lots or any third party clinical sites, or while engaged in any portion of the educational experience poses an unacceptable risk for students, faculty, patients, colleagues, LSCS, and the affiliated agency and is strictly prohibited.

Drug and Alcohol Testing

Students should be aware that LSCS and agencies with which LSCS contracts for clinical experiences may require successful completion of drug/alcohol testing prior to commencement of the clinical experience. The costs of all testing shall be incurred by the student.

LSCS Policy VI.D.2.06 states, “Students and faculty in the health occupation and emergency services or child care programs may be required to undergo drug testing if there is a reasonable cause to believe they may be impaired by chemical or alcohol or as required by affiliated clinical facilities.”

Reasonable Cause Testing

Students in an LSCS classroom, on LSCS property, or engaged in a clinical experience may be requested to undergo a blood or urine screening test for drugs and alcohol if reasonable cause or suspicion exists to believe the student is using or is under the influence of drugs or alcohol during the course of the program such as to interfere with the academic environment or affect the safety of the student or others. Reasonable cause requires some specific basis which indicates the student is using or is under the influence of drugs or alcohol prior to requiring drug testing.

Reasonable cause may include, but not limited to:

- Observable phenomena, such as direct observation of drug/alcohol use or the physical symptoms or manifestations of being under the influence of such; or

- Abnormal conduct or erratic behavior which could be caused by drug/alcohol use

The student will be presented with the basis for reasonable cause and requested to undergo a urine and/or blood drug test within 24 hours.

The Program Director may require a specific test panel and/or vendor for testing. The student will have to give consent for such testing, and provide authorization for the results to be made available to the Program Director. The vendor performing the drug test must send the results directly to the Program Director. A result received directly from the student will not be accepted and may be considered a failed test.

In situations which an instructor has basis to believe that reasonable cause exists or that the student may endanger the safety of patients, employees or self, the instructor will immediately remove the student from the clinical situation before taking further action. If it is determined that the student cannot safely continue with assigned tasks, the student must leave the facility immediately upon the instructor's request and will not be allowed to return to the clinical or classroom setting that day regardless of whether reasonable cause is corroborated or if the student is tested or not. Students dismissed from a program for reasons above are not to drive and must contact another person to take them home. Such students may not return to the clinical or classroom setting until results from the drug test are provided and the student is permitted to return.

The instructor will provide the Program Director detailed documentation of the basis for reasonable cause and the subsequent steps. Documentation should include date, time, behavior, observations and persons involved.

A student who refuses to undergo testing or release of information will be considered to have failed the drug test and may be subject to dismissal from the program.

Negative Screening Test

If the results of the test indicate a negative test for alcohol or drugs, the student shall meet with the Program Director to discuss the circumstances surrounding the impaired clinical/classroom behavior. Based on the information presented during this meeting, the Program Director or designee will make a decision regarding student's return to the clinical/classroom setting. If returned to the clinical/classroom setting, the student must make-up any absences incurred.

Positive Screening Test

Each student will be asked to disclose prescription and over-the-counter medications he/she is taking to the testing facility at the time of testing. If the results of the drug screening test are positive and the student provides documentation of a prescription for the substance, the Program Director and/or designee will consider the case in collaboration with the student and his/her health care provider. Such students will be permitted to begin/continue clinical experiences unless specifically prohibited by the clinical agency.

If the test is positive for alcohol, illegal substances, or medications not prescribed for that individual, the student will be referred to the Chief Student Services Officer for investigation and dismissal from the program. Prior to being dismissed, the student will be given a copy of the drug test.

Health Occupations Division/Social and Health Sciences Division

Student Health Policies and Procedures

Introduction:

Lone Star College System recognizes its responsibility to protect the rights and privileges of students, employees, patients, and the general public against the contact and spread of infectious diseases. LSC is also sensitive to the needs and rights of any of its employees or students who have contracted diseases that might be infectious. In recognition of Human Immune deficiency Virus (HIV), Tuberculosis (TB), and Hepatitis B Virus (HBV) as serious public health threats, LSC has adopted the following policies and procedures. The college wants to protect the rights and well being of those employees or students who may be infected with HIV, TB or HBV, and to prevent the spread of these infections to others.

The faculty of the Health Occupations Programs also believes that with proper education, skills, and immunizations, students in health careers can be reasonably protected from risks of infection while performing clinical activities.

The following policies and procedures relate to:

1. Admission of students who have infectious diseases
2. student immunization
3. tuberculosis policies and procedures
4. pregnancy/temporary disability/mobility assisted devices

Admission of Students Who Have Infectious Diseases

Purpose:

Preventing discrimination against students with infectious diseases.

Policy:

No prospective student will be refused admission based solely on a positive diagnosis of an infectious disease. Further, no HIV screening of potential candidates will be required for admission. Once admitted, persons known as HIV positive will not be discriminated against in terms of access to usual and normal students activities over which the Health Occupations Programs have control

Procedure:

Students will not be required to give information regarding having HIV or HBV prior to admission into the health occupations programs.

Student Immunizations

Purpose:

To meet the requirements of the Texas Department of Health, and to protect the student and others from the spread of infectious diseases.

Policy:

Upon admission to the Health Occupations Program, students will be required to have current immunizations as required by the Texas Department of Health. In addition, the hepatitis vaccine series is suggested. A PPD skin test for tuberculosis is required upon admission to the Health Occupations Program clinical.

Procedure:

Students enrolled in health career courses may submit copies of the original immunization record. These records may be submitted to the division secretary, the faculty, as requested.

Students will be responsible for keeping their own records and maintaining currency of immunization status.

Tuberculosis Policies and Procedures

Purpose:

1. To document status regarding tuberculosis exposure, both prior to attending clinical activities and following exposure to tuberculosis.
2. How to prevent spread of tuberculosis.

Tuberculin Testing

Policy:

All students, including those with a history of Bacillus of Calmette and Guerin (BCG) vaccination, must receive a PPD tuberculin skin test (a tine test is NOT acceptable) prior to their first day of clinical, unless a previously positive reaction can be documented, or completion of adequate preventive therapy or adequate therapy for active disease can be documented.

Initial and follow-up tuberculin skin tests should be obtained and interpreted according to current guidelines.

Students with a documented history of a positive tuberculin test or adequate treatment for disease or preventive therapy for infection should obtain a chest x-ray and review the symptoms of TB. They should be exempt from future screening unless they develop symptoms suggestive of tuberculosis.

PPD negative students must have PPD's done according to CDC guidelines. Currently, students must have yearly PPD's; however, CDC guidelines may change. Students, whose TB status is not current, as evidenced by documentation will not be allowed in the clinical agency for the clinical experience of the class.

Procedures:

Students are responsible for maintaining current status. It is their responsibility to show documentation to the clinical instructor as well as turn it in to the designated division secretary, clinical instructor, and/or faculty.

Evaluation of students after unprotected exposure to tuberculosis.

Purpose:

Students should be evaluated if they have been exposed to potentially infectious tuberculosis patient for whom infection control procedures have not been taken.

Policy

Persons with previously known positive skin test reactions who have been exposed to an infectious patient do not require a repeat skin test or a chest radiograph unless they have symptoms suggestive of tuberculosis.

Procedure:

Unless a negative skin test has been documented within the preceding 3 months, each exposed individual (except those already known to be positive reactors) should receive a PPD tuberculin skin test as soon as possible after exposure and should be managed in the same way as their contacts. If the initial skin test is negative, the test should be repeated 12 weeks after the exposure ended. Exposed persons with skin test reactions of 5mm or with symptoms suggestive of tuberculosis should receive chest radiographs. All diagnostic and treatment related expenses are the sole responsibility of the student.

Evaluation and management of students with positive skin tests or symptoms that may be due to tuberculosis.

Policy:

Students who have positive tuberculin skin tests or skin test conversions but do not have clinical tuberculosis should be evaluated for preventive therapy according to published guidelines. Those with positive skin tests should be evaluated for risk of HIV infection. If HIV infection is considered a possibility, counseling and HIV antibody testing should be strongly encouraged.

All persons with a history of tuberculosis or positive tuberculin tests are at risk for contracting tuberculosis in the future, and must be evaluated further.

Procedure:

These persons should be reminded periodically that they should promptly report any pulmonary symptoms. If symptoms of tuberculosis should develop, the person should be evaluated immediately.

Students who test positive or convert to positive must obtain a letter from their physician stating it is safe for them to return to class and the hospital setting.

Routine and follow up chest radiographs

Policy:

Routine chest films are not required for asymptomatic, tuberculin negative individuals. After the initial chest radiograph is taken, those with positive skin test reactions do not need repeat chest radiographs unless symptoms develop that may be due to tuberculosis.

Procedure:

Students with a positive skin test reaction will be required to submit evidence of a clear chest film prior to being admitted into the clinical area. A repeat chest film will be required if symptoms develop.

Students restrictions with current pulmonary or laryngeal tuberculosis

Policy:

Students with current pulmonary or laryngeal tuberculosis pose a risk to patients and other students and staff while they are infectious; therefore, restrictions for these persons are necessary.

Procedure:

Students with current pulmonary or laryngeal tuberculosis should be excluded from the classroom until adequate treatment is instituted, cough is resolved, and sputum is free of bacilli on three consecutive smears. Individuals who discontinue treatment before the recommended course of therapy has been completed should not be allowed to attend class until treatment is resumes, an adequate response to therapy is documented, and they have negative sputum spears on three consecutive days.

Students restriction for those who are otherwise healthy and receiving treatment for tuberculosis:

Policy:

Students who are otherwise healthy and receiving preventive treatment for tuberculosis infection should be allowed to continue usual class activities.

Procedure:

Individuals who cannot take or do not accept or complete a full course of preventive therapy should have their attendance in the classroom/clinical setting evaluated. Restrictions may not be necessary for otherwise healthy persons who do not accept or complete preventive therapy. These persons should be counseled about the risk of contracting disease and should be instructed to seek evaluation promptly if symptoms develop that may be due to tuberculosis, especially if they have contact with high risk patients (i.e., patients at high risk for severe consequences if they become infected).

Consultation

Policy:

Consultation on tuberculosis surveillance, screening, and other methods to reduce tuberculosis transmission should be available from state health department tuberculosis control programs and infection control employee health affiliates of clinical facilities.

Procedure:

Faculty and students will consult the policies and procedures at the clinical facilities where they have clinical activities. Policies and procedures will be followed for both the facility and the college whichever is more restrictive.

**Policy for Students with Temporary Disability:
Pregnancy or Requiring Mobility Assistive Devices:**

Purpose:

To clearly define the position on the matter of students continuing to perform published clinical objectives during pregnancy or any other situation where the student is temporarily disabled.

Policy:

Students who are temporarily disabled shall be entitled to the same rights given other students until such time as their performance is documented to be impeded.

Procedure:

1. A student shall be allowed to continue to perform during pregnancy until the student feels it is no longer safe to continue performing the published clinical objectives.
2. A student is not required to disclose the fact of pregnancy. For safety, it is recommended that the clinical instructor be informed.
3. A temporarily disabled student shall be allowed to continue to perform the published clinical objectives until the student's performance is documented to be substandard. Some conditions may preclude the student's ability to perform in the clinical setting. (For example mobility assistive devices such as casts/crutches/canes.
4. A student who has expressed or has been documented as having difficulty performing the published clinical objectives because of a temporary disability shall be requested to consult with their physician. A determination can be made as to the extent that the student may safely continue to perform the published clinical objectives.
5. After consultation with their physician, the student shall present to the division a signed statement from the physician indicating the extent to which the student may safely continue to perform the published clinical objectives. If the student's physician does not give the student an unrestricted release, accommodations will be made according to published departmental policies. If it is not possible to make accommodations in order to ensure safety, the student shall be required to withdraw from the program, but shall be entitled to readmission. Reimbursement for fees and tuition will be based on college policy for reimbursements.

Health Information Technology – Program Outcomes for the AAS

Upon completion of the program, graduates should be able to:

1. Apply clinical vocabularies and terminologies used in the organization's health information system (Covered in HITT 1305)
2. Perform analysis of health records to evaluate compliance with regulations and standards (quantitative analysis) - (Covered in HITT 1301)
3. Apply current laws, accreditation, licensure, and certification standards related to health information initiatives from the national, state, local and facility levels (Covered in HITT 1345)
4. Apply procedure codes using CPT and HCPCS (Covered in HITT 1342 and HITT 2346)
5. Identify and report privacy issues and problems (Covered in HITT 1253)
6. Comprehend basic descriptive, institutional and healthcare vital statistics (Covered in HITT 1255)
7. Apply diagnosis and procedure codes using ICD 10 CM/PCS – (Covered in HITT 1341 and HITT 2346)
8. Apply policies and procedures to the use of networks, including intranet and internet applications to facilitate the electronic health record, personal health record, public health, and other administrative applications (Covered in HITT 1211)
9. Use tools and techniques to monitor, report and improve process (Covered in HITT 2343)
10. Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (Covered in HITT 2335)
11. Apply human resource management and team leadership skills to effectively supervise and lead others (Covered in HITT 2239)

Coding Program Outcomes

Upon completion of the program, graduates should be able to:

1. Apply clinical vocabularies and terminologies used in the organization's health information system (Covered in HITT 1305)
2. Perform analysis of health records to evaluate compliance with regulations and standards (quantitative analysis) - (Covered in HITT 1301)
3. Apply diagnosis and procedure codes using ICD 10 CM/PCS – (Covered in HITT 1341 and HITT 2346)
4. Apply current laws, accreditation, licensure, and certification standards related to health information initiatives from the national, state, local and facility levels (Covered in HITT 1345)
5. Apply procedure codes using CPT and HCPCS (Covered in HITT 1342 and HITT 2346)
6. Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (Covered in HITT 2335)
7. Apply policies and procedures to the use of networks, including intranet and internet applications to facilitate the electronic health record, personal health record, public health, and other administrative applications (Covered in HITT 1211)
8. Apply all coding rules and principles for case summaries and medical records (Covered in HITT 2346)

AHIMA DOMAINS

DOMAINS:

Domain I: Data Content Structure and Standards

Subdomain I.A: Classification Systems

1. Apply diagnosis/procedure codes according to current guidelines
2. Evaluate the accuracy of diagnostic and procedural coding
3. Apply diagnostic and procedural coding
4. Evaluate the accuracy of diagnostic/procedural groupings

Subdomain I.B.: Health Record Content and Documentation

1. Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status.
2. Verify the documentation in the health record is timely, complete, and accurate.
3. Identify a complete health record according to, organizational policies, external regulations, and standards.
4. Differentiate the roles and responsibilities of various providers and disciplines, to support documentation requirements, throughout the continuum of healthcare.

Subdomain I.C. Data Governance

1. Apply policies and procedures to ensure the accuracy of health data
- 2.

Subdomain I.D. Data Management

1. Collect and maintain health data
2. Apply graphical tools for data presentations

Subdomain: I.E. Secondary Data Sources

1. Identify and use secondary data sources
2. Validate the reliability and accuracy of secondary data sources

Domain II: Information Protection: Access Disclosure, Archival, Privacy and Security

Subdomain II: A. Health Law

1. Apply healthcare legal terminology
2. Identify the use of legal documents
3. Apply legal concepts and principles of the practice of HIM

Subdomain II.B: Data Privacy Confidentiality and Security

1. Apply confidentiality, privacy and security measures, policies and procedures for internal and external use and exchange to protect electronic health information
2. Apply retention and destruction policies for health information
3. Apply system security policies according to departmental and organizational data/information standards

Subdomain II.C.: Release of Information

1. Apply policies and procedures surrounding issues of access and disclosure of protected health information

Domain III. Informatics, Analytics and Data Use

Subdomain III.A. Health Information Technologies

1. Utilize software in the completion of HIM processes
2. Explain policies and procedures of networks, including intranet and Internet to facilitate clinical and administrative applications

Subdomain III.B. Information Management Strategic Planning

1. Explain the process used in the selection and implementation of health information management systems
2. Utilize health information to support enterprise wide decision support for strategic planning

Subdomain III.C. Analytics and Decision Support

1. Explain analytics and decision support
2. Apply report generation technologies to facilitate decision-making

Subdomain III.D. Health Care Statistics

1. Utilize basic descriptive, institutional, and healthcare statistics
2. Analyze data to identify trends

Subdomain III.E. Research Methods

1. Explain common research methodologies and why they are used in healthcare

Subdomain III.F. Consumer Informatics

1. Explain usability and accessibility of health information by patients, including current trends and future challenges

Subdomain III.G. Health Information Exchange

1. Explain current trends and future challenges in health information exchange

Subdomain III.H. Information Integrity and Data Quality

1. Apply policies and procedures to ensure the accuracy and integrity of health data both internal and external to the health system

Domain IV: Organizational Resources

Subdomain IV.A. Revenue Cycle and Reimbursement

1. Apply policies and procedures for the use of data required in healthcare reimbursement
2. Evaluate the revenue cycle management processes

Domain V. Compliance

Subdomain V.A. Regulatory

1. Analyze policies and procedures to ensure organizational compliance with regulations and standards
2. Collaborate with staff in preparing the organization for accreditation, licensure, and/or certification
3. Adhere to the legal and regulatory requirements related to health information management

Subdomain V.B. Coding

1. Analyze current regulations and established guidelines in clinical classification systems

2. Determine accuracy of computer assisted coding assignment recommend corrective action

Subdomain V.C. Fraud Surveillance

1. Identify potential abuse or fraudulent trends through data analysis

Subdomain V.D. Clinical Documentation Improvement

1. Identify discrepancies between supporting documentation and coded data

2. Develop appropriate physician queries to resolve data and coding discrepancies

Subdomain V.C. Fraud Surveillance

1. Identify potential abuse or fraudulent trends through data analysis

Subdomain V.D. Clinical Documentation Improvement

1. Identify discrepancies between supporting documentation and coded data

2. Develop appropriate physician queries to resolve data and coding discrepancies

Domain VI. Leadership

Subdomain VI.A. Leadership Roles

1. Summarize health information related leadership roles

2. Apply the fundamentals of team leadership

3. Organize and facilitate meetings

Subdomain VI.B. Change Management

1. Recognize impact of change management on processes, people and systems

Subdomain VI.C. Work Design and Process Improvement

1. Utilize tools and techniques to monitor, report, and improve processes

2. Identify cost-saving and efficient means of achieving work processes and goals

3. Utilize data for facility-wide outcomes reporting for quality management and performance improvement

Subdomain VI.D. Human Resource Management

1. Report staffing levels and productivity standards for health information functions

2. Interpret compliance with local, state, and federal labor regulations

3. Adhere to work plans, policies, procedures, and resource requisitions in relation to job functions

Subdomain VI.E. Training and Development

1. Explain the methodology of training and development

2. Explain the return on investment for employee training and development

Subdomain VI.F. Strategic and Organizational Management

1. Summarize a collection methodology for data to guide strategic and organizational management

2. Understand the importance of healthcare policy-making as it relates to the healthcare delivery system

3. Describe the differing types of organizations, serviced, and personnel and their interrelationships across the health care delivery system

4. Apply information and data strategies in support of information governance initiatives

5. Utilize enterprise-wide information assets in support of organizational strategies and objectives

Subdomain VI.G. Financial Management

1. Plan budgets
2. Explain accounting methodologies
3. Explain budget variances

Subdomain VI.H. Ethics

1. Comply with ethical standards of practice
2. Evaluate the consequences of a breach of healthcare ethics
3. Assess how cultural issues affect health, healthcare quality, cost, and HIM
4. Create programs and policies that support a culture of diversity

Subdomain VI.I. Project Management

1. Summarize project management methodologies

Subdomain VI.J. Vendor/Contract Management

1. Explain Vendor/Contract Management

Subdomain VI.K. Enterprise Information Management

1. Apply knowledge of database architecture and design

AHIMA – CODING CERTIFICATE COMPETENCIES

Domain I. Data Content, Structure & Standards (Information Governance)

Subdomain I.A. Classification Systems

- 1. Apply diagnosis/procedure codes according to current guidelines**
- 2. Evaluate the accuracy of diagnostic and procedural coding**
- 3. Apply diagnostic/procedural groupings**
- 4. Evaluate the accuracy of diagnostic/procedural groupings**

Domain I.B. Health Record Content and Documentation

- 1. Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status**
- 2. Verify the documentation in the health record is timely, complete, and accurate**
- 3. Identify a complete health record according to, organizational policies, external regulations, and standards**
- 4. Differentiate the roles and responsibilities of various providers and disciplines, to support documentation requirements, throughout the continuum of healthcare**

Subdomain I.E. Secondary Data Sources

- 1. Identify and use secondary data sources**
- 2. Validate the reliability and accuracy of secondary data sources**

Domain II.A. Health Law

- 1. Apply healthcare legal terminology**
- 2. Identify the use of legal documents**
- 3. Apply legal concepts and principles to the practice of HIM**

Subdomain II.B. Data Privacy, Confidentiality & Security

- 1. Apply confidentiality, privacy, and security measures and policies and procedures for internal and external use and exchange to protect electronic health information**
- 2. Describe retention and destruction policies for health information**
- 3. Apply system policies according to departmental and organizational data/information standards**

Subdomain II.C. Release of Information

- 2. Apply policies and procedures surrounding issues of access and disclosure of protected health information.**

Domain IV. Revenue Management

Subdomain IV.A. Revenue Cycle and Reimbursement

- 1. Apply policies and procedures for the use of data required in healthcare reimbursement**
- 2. Evaluate the revenue cycle management processes**

Domain V. Compliance

Subdomain V.A. Regulatory

- 1. Apply policies and procedures to ensure organizational compliance with regulations and standards**
- 2. Adhere to the legal and regulatory requirements related to the health information management**

Subdomain V.B. Coding

- 1. Analyze current regulations and established guidelines in clinical classifications systems**
- 2. Determine accuracy of computer assisted coding assignment and recommend corrective action**

Subdomain V.C. Fraud Surveillance

- 2. Identify potential abuse or fraudulent trends through data analysis**

Subdomain V.D. Clinical Documentation Improvement

- 1. Identify discrepancies between supporting documentation and coded data**
- 2. Develop appropriate physician queries to resolve data and coding discrepancies**

Supporting Body of Knowledge (Prerequisite or Evidence of Knowledge)

Pathophysiology and Pharmacology

Anatomy and Physiology

Medical Terminology

Computer Concepts and Applications

At the conclusion of a coding certificate program, the student should be prepared to demonstrate the following competencies:

1. Maintain health data content, requirements, and standards. This content area addresses competencies related to the content and use of healthcare data.
2. Be compliant with regulations and standards associated with health information management, which are distributed by private and governmental agencies (e.g., CMS, JCAHO, NCQA).
3. Understand global issues in healthcare and delivery mechanisms.
4. Understand the role of information technology as it relates to Healthcare Delivery
5. Understand the role of various providers and disciplines throughout the continuum of healthcare services
6. Use common software packages (e.g., spreadsheets, graphics, presentation, statistical, e-mail)
7. Protect data integrity and validity using software or hardware technology
8. Maintain departmental and facility-wide coding guidelines
9. Assist in the facility's billing process and/or revenue cycle process
10. Investigate health plan payment denials
11. Assist in using coded data for reporting – organization and state reporting levels

12. Collect the data necessary to assign patients to severity of illness categories
13. Assign procedure codes using CPT/HCPCS
14. Assign procedure codes using ICD-PCS-CM
15. Assign diagnosis and procedures codes using ICD-10-CM/PCS
16. Be familiar with: DSMIII, SNOMED, ICD-O, and other ancillary coding classifications
17. Conduct qualitative analysis to assure that documentation in the health record supports the diagnosis and reflects the progress, clinical findings and discharge status of the patient.
18. Access and evaluate the EHR: An electronic record of health-related information on any individual that conforms to nationally recognized interoperability standards and that can be created, managed and consulted by authorized clinicians and staff across more than one health care organization.
19. Access and evaluate the PHR: An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed and controlled by the individual.
20. Demonstrate an understanding of a Health Information Exchange: The electronic movement of health-related information among organizations according to nationally recognized standards.
21. Demonstrate an understanding of a Health Information Organization (Regional): A health information organization that brings together health care stakeholders within a defined geographic area and governs health information exchange among them for the purpose of improving health and care in the community.
22. Demonstrate an awareness of emerging technologies in coding: CAC, Voice recognition, coding from the EHR, reading imaged documents

Professional Organizations

Students formally enrolled in the HITT program are eligible for student membership in the following:

1. American Health Information Management Association (AHIMA) www.AHIMA.org
2. Texas Health Information Management Association (TxHIMA) www.txhima.org
3. Houston Area Health Information Management Association (HAHIMA)

Membership in these organizations is not required, but highly recommended.

AHIMA member's dues include the following benefits:

1. Automatic membership in component state associations without any additional dues
2. Subscription to the Journal of the American Health Information Management Association, a publication which brings readers in-depth studies of subjects vital to the health related practitioners.
3. Reduced rates on books and publications
4. Representation and liaison with other national groups
5. Opportunities to develop close professional ties with others in the health information field.
6. Eligibility to join a Community of Practice, a sub section within the AHIMA organization composed of AHIMA members interested in a particular area of specialization in the Health Information Management field.