



2018 HEALTH INFORMATION MANAGEMENT BACCALAUREATE AND ASSOCIATE DEGREE COMPLIANCE GUIDE

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Introduction

This document provides guidance to associate and baccalaureate degree programs in Health Information Management to provide compliance to each accreditation standard when they are in a comprehensive review.

Resources for Programs

CAHIIM provides additional resources for programs going through a comprehensive review on the CAHIIM website.

You can find the following resources on the CAHIIM website:

- CAHIIM Process Forms
- CAHIIM Accreditation Training Series (CATS) Registration and Courses
- CAHIIM Forum
- Accreditation Process Fees
- Accreditation Process Timeline
- HIM Accreditation Standards

I. Sponsorship

Standard 1: Sponsoring Educational Institution

The sponsoring educational institution must be a postsecondary academic institution accredited by an institutional accrediting organization recognized by the U.S. Department of Education (USDE). The Institution must be authorized to award degrees. The sponsoring institution must participate in the federal student financial assistance program administered under Title IV of the Higher Education Act. Upon request, the applying campus program must provide the Office of Postsecondary Education Identifier (OPE ID) number assigned by the U.S. Department of Education as proof of participation for financial aid. State Board of Education approvals must also be completed.

Compliance Guide

Supporting Documents Needed for Compliance with this Standard:

- *Upload the most recent institutional accreditation award letter.*

Please be aware that CAHIIM does not support system accreditation. CAHIIM is a programmatic accreditor. Each HIM program (campus based or online) is recognized as a unique campus, and each program must seek accreditation independently.

One example of a system is one that is run by the state. In a state system all colleges within a state contribute partial courses to a single online presence. The online presence does not have a dedicated HIM program director or staff. In this instance, North Forty contributes three classes to the state online system, Southwest contributes two classes to the state online system, and Central contributes four classes to the state online system.

Another example of a system is of a multi-campus system where multiple campus of a single university contribute partial courses to a single online presence. The online presence does not have a dedicated HIM program director or staff.

In these system cases, each HIM program located at a campus must seek CAHIIM accreditation independently of the system's online presence. Each program will be judged by its own merits and whether all standards are met.

II. Systematic Planning

Standard 2: Program Mission

The program's mission and goals must be outcomes-focused, form the basis for program planning and implementation, and be compatible with the mission of the sponsoring educational institution and ethics of the health information management profession.

Compliance Guide

Supporting Documents Needed for Compliance with this standard:

- *Upload/Identify location of Program Mission*
- *Upload/Identify location of Institutional Mission*

Each program will define its own mission and goals which derive from the purposes of its sponsoring educational institution, communities of interest, workforce needs, faculty expertise, and the values of the field of health information management.

The HIM program mission and vision should be complimentary to the institution's mission and vision; but at the same time, be unique to address the goals of graduating students ready to compete in the HIM professional workforce.

Standard 3: Program Effectiveness Measures

The program must have an assessment plan for systematic evaluation of mission, goals and measurable outcomes. The program must be involved in an ongoing effort to determine its effectiveness, which constitutes a cycle of quality improvement.

Program goals for the following are required:

Curriculum Goal

The program must assess the appropriateness and effectiveness of the curriculum, with the results of the program assessment used as the basis for ongoing planning and program improvement. At least one measurable target outcome must be related to curriculum content, improvements and/or effectiveness in approach to curriculum content.

Students and Graduates Goal

The program must provide measurable evidence of:

1. students' educational needs are being met, and;
2. graduates demonstrating the HIM-related curriculum competencies.

Faculty Development Goal

The program must provide measurable evidence that all faculty responsible for delivering the academic components of the program maintain knowledge and expertise, including currency in health information management and/or other relevant professional content, practice, and teaching techniques.

Compliance Guide

The CATS course, HIM.204 Building Successful Program Goals, should be viewed.

Supporting Documents Needed to Demonstrate Compliance with Standard:

- *CAHIIM Program Evaluation Plan (PEP) Document*

Curriculum Goal Guidance:

Annual assessment of the curriculum is required to determine where and when improvements are needed. Assessment is conducted using feedback from students, faculty, graduates, advisory committee, employers, and other relevant sources.

Student and Graduate Goal Guidance:

The program must examine and assess, through goals and target outcomes, whether student learning outcomes progress toward achieving entry-level competencies, and those graduates have met entry-level competencies.

Faculty Development Goal:

Faculty must demonstrate that they are receiving continuing education to improve knowledge, expertise and relevant professional content.

Frequently asked questions

How many goals do I need per category: curriculum, students and graduates, and faculty development?

A minimum of one measurable targeted outcome per goal category is acceptable. For new programs, one well designed goal per category is preferable to having several goals in each category.

Do we need new goals each year?

No, goals can be carried over from one year into the next; especially if interventions have so far not provided expected results. Retain goal and target outcomes but replace action steps for a better result.

Standard 4: Communities of Practice Outreach Goal

The program must indicate how it responds to the needs of its communities of practice, demonstrating how it translates those needs into an educated, competent workforce, and how the program inspires and supports its communities of practice.

Compliance Guide

Supporting Documents Needed to Demonstrate Compliance with Standard:

- *CAHIIM Program Evaluation Plan (PEP) Document*

Experience shows that programs active in community relations find it much easier to place students into HIM environments for PPE, while programs that have made little or no attempt to integrate the program into the greater HIM community find it difficult to place students for PPE. Program participation in community of practice is a condition of accreditation.

Frequently asked questions

We are a totally online program and our students come from four states. We don't have a community of practice.

Every program has a community of practice, the HIM professionals called upon to place students for PPE, recruit for advisory members, and who hire program graduates.

Examples of community of practice outreach include, but are not limited to, the following target outcomes:

- *Provide CEU opportunities through the program and/or institution.*
- *Provide student volunteers to local or state association meetings.*
- *Provide faculty guest speakers on topics of interest in HIM at local and state association meetings.*
- *Provide in-services for the local workforce (such as special training for PPE Site Supervisors)*
- *Provide exposure to the profession of HIM to the community i.e. local high school career events, local job fairs, different profession exposure events, institutional career/job fairs, etc.*
- *Provide meeting space for local and state association educational meetings*
- *Donation to CSAs or local organizations*

Standard 5: Program Planning and Assessment

There must be a program assessment plan in place that includes systematic evaluation of its mission, goals and outcomes. The assessment plan must include a process for continuous improvement that is in compliance with the sponsoring educational institution's overall evaluation plan.

Compliance Guide

This standard is looking for the continuous process of the evaluation of the program mission, program goals, curriculum competencies, and program's overall quality.

Annual HIM program planning may include, but not be limited to one or more of the following:

- *Describing how the program responds to Institutional Effectiveness requirements*
- *Mapping and implementing the HIM-related curriculum change in a timely manner.*
- *Outlining how the program will implement these changes.*
- *Reviewing and reflecting on program goals in conjunction with the advisory committee*

Standard 6: Implementation of Program Planning and Annual Assessment Results

Results of the program's annual assessment must be monitored and reflected in an action plan.

Compliance Guide

The action plan may include, but not be limited to one or more of the following:

- *suggested program improvements*
- *curriculum revisions*
- *Improvement of student services*
- *activities for faculty development*
- *Technology improvements*

III. Program Autonomy and Governance

Standard 7: Program Governance

The sponsoring educational institution must identify the lines of authority and administrative governance of the program within the framework of the sponsoring institution.

Compliance Guide

If you participate in a system school, please refer to the interpretation in Standard 1: Sponsoring Educational Institution.

Supporting Documents Needed to Demonstrate Compliance with Standard:

- *Institutional Organization Chart*
- *Organizational Chart for the program*

A detailed organization chart starting with the institutional president and ending with program director, faculty, adjunct faculty and support staff for the HIM department, showing lines of authority along with staff names and position titles.

Standard 8: Program Director Qualifications (Baccalaureate)

The program must clearly define the roles and responsibilities of the program director necessary to fully support and sustain the program. The program director must be certified as a Registered Health Information Administrator (RHIA); there is no exception to this required credential. The program director must possess a master's degree. The qualifications and responsibilities of individuals responsible for leadership of the program must be documented.

The program director must be a full-time position of the sponsoring institution and have full employee status, rights, responsibilities, and privileges as defined by institutional policy, and be consistent with other similar positions at the institution.

Standard 8: Program Director Qualifications (Associate)

The program must clearly define the roles and responsibilities of the program director necessary to fully support and sustain the program. The program director must be certified as a Registered Health Information Technician (RHIT) or Registered Health Information Administrator (RHIA); there is no exception to this required credential. The program director must possess a baccalaureate degree. The qualifications and responsibilities of individuals responsible for leadership of the program must be documented.

The program director must be a full-time position of the sponsoring institution and have full employee status, rights, responsibilities, and privileges as defined by institutional policy, and be consistent with other similar positions at the institution.

Compliance Guide

Supporting Documents Needed to Demonstrate Compliance with Standard:

- Upload current CV for program director that reflects documents the credential held, and educational level obtained.
- Upload most current RHIA/RHIT certificate provided by AHIMA.

Frequently asked questions (Baccalaureate):

Can you define “dedicated to the program and discipline”? My fear is that faculty will be used for several roles, even though they are indicated as a HIM program director. Institutions, in an effort to save money, will name a program director on paper, then assign that person several other functions. How can someone be an effective program director if they are also functioning as a program director for another program in the institution?

Part of the accreditation process for Initial and Continued programs is an onsite visit involving confidential discussions to determine if the program director is overwhelmed with responsibilities beyond that of the program, and if the program director’s work load is similar to comparable positions at the institution. If the onsite visit indicates that a program director is ineffective due to an excessive workload, the HIM program will fail this standard and will either lose or be denied CAHIIM accreditation.

Frequently asked questions (Associate)

Can you define “dedicated to the program and discipline”? My fear is that faculty will be used for several roles, even though they are indicated as a HIM program director. Institutions, in an effort to save money, will name a program director on paper, then assign that person several other functions. How can someone be an effective program director if they are also functioning as a program director for another program in the institution?

Part of the accreditation process for Initial and Continued programs is an onsite visit involving confidential discussions to determine if the program director is overwhelmed with responsibilities beyond that of the program, and if the program director’s workload is similar to comparable positions at the institution. If the onsite visit indicates that a program director is ineffective due to an excessive workload, the HIM program will fail this standard and will either lose or be denied CAHIIM accreditation.

I heard that CAHIIM is considering requiring a master’s degree for Associate Program Directors?

HIMAC conducted an impact study to determine how the requirement of a master’s degree for Associate Program Directors might affect current and future programs and concluded that, while the current minimum requirement of a baccalaureate degree will stand for now, Associate program directors may want to take steps to complete their graduate degree.

Standard 9: Program Director Responsibilities

The program director must be responsible for the organization, administration, continuous review, planning, development, and general effectiveness of the program. The program director may be assigned other institutional duties so long as they do not interfere with the management and administration of the program.

The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met. It is mandatory for the program director/program chair to have at minimum, 20% release time per term for administrative and program oversight.

It is customary for faculty professional practice/internship coordinators working under the supervision of the program director or chair to have at minimum, 15% of release time.

Compliance Guide**Supporting Documents Needed to Demonstrate Compliance with Standard:**

- *Institutional policy regarding full-time faculty teaching load*
- *Most recent year of program director teaching load*
- *Program Director job description*
- *If applicable – union contract*

For the professional practice/internship coordinators, they should demonstrate either the 15% release during the term that they are placing students or have an equivalent course assignment.

While most institutions define “workload” as the number of credit hours instead of work hours, there are such wide variances in how a credit hour is calculated (lecture or lab, semester or quarter, etc.) that CAHIIM defaults to the total percentage of release-time rather than to attempt covering all credit hour variations, thus allowing each program to calculate what 20% of their credit-hour workload is.

Two examples:

- *For a quarter-based program where 18 credit hours is considered a full workload, a minimum 20% release time equals 4 credit hours.*
- *For a semester-based program where 12 credit hours is considered a full workload, a minimum 20% release time equals 3 credit hours.*

Institutions seeking initial accreditation, or that are scheduled for a site visit, may need additional release time in order to complete all of CAHIIM’s documentation requirements.

Standard 10: Faculty

The program must have at least two full-time faculty members fully allocated to the HIM program.

Compliance Guide

Fully allocated = Greater than 75% consists of classes found in the HIT/HIM degree plan.

The program director can be counted as one of the full-time faculty members.

A dedicated second faculty member not only ensures program continuity in the event of the loss of the program director but protects currently enrolled students from sudden and unexpected changes in leadership.

The institution decides when to add full-time or part-time faculty; however, the size of the faculty in relationship to the number of students enrolled in the program will be evaluated by CAHIIM, and the program will need to explain how that ratio supports and encourages effective and regular student/faculty interactions.

Frequently asked questions

Our current student/faculty ratio is about 67:1. We also must cover two other programs. Is this reasonable?

A student/faculty ratio depends on several factors, including the nature of the institution, the range of teaching responsibilities, and the intensity of teaching (lectures, projects, practice experiences, research). However, the most commonly seen ratio in our national program metrics is 12:1, including part time (adjunct) faculty who are also factored into the ratio.

What do you mean by “full time faculty fully allocated”?

“Full time faculty fully allocated” are teachers who are fully engaged in the HIM program during a typical workday. The following scenarios test the Standard:

- *Not accepted by CAHIIM: Nancy Smith, named as the second full-time HIM faculty member, is an RN who teaches only one course for the HIM program, while all of her other course duties are dedicated to the Nursing Program.*
- *Not accepted by CAHIIM: Latrelle Hogan, named as the second full-time HIM faculty member, is a RHIA and former HIM program director promoted to Dean of the College of Health-Related Professions. Latrelle occasionally teaches a course in Leadership.*

Accepted by CAHIIM: Bob Johnson, named as the second full-time HIM faculty member, is a RHIT who teaches in the HIM program, but who also teaches a single course in the Health Administration program. Working full-time at an institution does not in itself qualify an individual to be named as the second full-time faculty in the HIM program.

Standard 11: Faculty Qualifications

The two full-time faculty members must hold an AHIMA credential, and all faculty members must have a degree and/or certification in their assigned teaching area. The qualifications of faculty members must include professional preparation and experience, competence in assigned teaching areas, effectiveness in teaching, and scholarly productivity consistent with their faculty appointment and institutional policy.

Compliance Guide

This is a new condition in the 2018 standard of faculty qualifications. The two, required full-time HIM faculty must hold AHIMA credentials. All faculty must have either a degree in the topic area they teach, or a certification in the topic area they teach. No exceptions will be made. Evaluate if your faculty meet the qualifications for Standard. 11.

Frequently asked questions

What credentials must the two full-time faculty have?

AHIMA credentials include the academic credentials of RHIT and RHIA as well as the coding and specialty credentials of: CCS, CCS-P, CDIP, CHDA, or CHPS.

I currently use a Hospital Business Manager who is an accountant to teach Revenue Cycle and a lawyer to teach Legal Concepts. Is this acceptable?

Yes. The lawyer has the professional qualifications to teach a legal course, while the accountant has professional qualifications to teach the revenue management course. Likewise, coding faculty should have a coding certificate reflective of the type of coding they are teaching. For example, CPT course instructors should hold a CCS-P certificate unless they are RHIA or RHIT credentialed (in which case this skill set is assumed).

I've inherited a second full-time faculty who has no background in HIM and isn't interested in getting any.

With the implementation of the 2018 Standards, the program will no longer meet the conditions of accreditation. Non-compliant programs risk loss of accreditation.

Why did HIMAC require the second full time faculty to have AHIMA credentials?

The second full-time faculty must have a background in and current knowledge of Health Information Management, as well as educational theory and methodology consistent with the teaching assignment (e.g., curriculum development; educational psychology; test construction, measurement, evaluation, and assessment) in order to assist the program director and share the teaching workload, as well as serve as a qualified acting program director should the need arise.

Standard 12: Faculty Performance

The required faculty must provide students with adequate attention, instruction and supervised practice to acquire the knowledge and competence needed for entry-level practice. Faculty (including part-time

and adjunct) performance must be evaluated and documented according to the institutional policy; evaluations include teaching effectiveness and scholarly productivity consistent with faculty appointments. Within applicable institutional policies, faculty, students, and others must be involved in the evaluation process.

Compliance Guide

All programs must have some documented method of measuring faculty effectiveness, although the exact nature of that measurement is up to the institution.

Supporting Documents Needed to Demonstrate Compliance with Standard:

- *Append the institutional requirements and process for periodic faculty evaluation.*
- *Append the performance evaluation tool(s) used.*

These can be either blank or completed tools.

Frequently asked questions

What counts as evidence of compliance on this standard?

The documents will vary by institution, but typically, a program will provide examples of the types of assessment used to measure faculty performance such as a copy of the end of term survey and a copy of any type of program director evaluation of staff.

Note: *Do not submit personally identifiable faculty performance documents, only samples of the forms used to track faculty performance are acceptable.*

IV. Resources

Standard 13: Advisory Committee

Each HIM program must have an advisory committee representative of its communities of practice. Advisory committee responsibilities include assisting program faculty and sponsoring educational institution personnel with the development and revision of program goals and curriculum, monitoring program needs and expectations, and ensuring program responsiveness to change.

The advisory committee must meet annually, at minimum. At least half of the advisory committee must be external to the institution.

Compliance Guide

CAHIIM emphasizes the importance of a strong advisory committee comprised of individuals external to the academic institution, such as employers, graduates, healthcare executives and others representative of the communities of interest to assess the program and it aligned with current practices.

Supporting Documents Needed to Demonstrate Compliance with Standard:

- *Upload the two most recent Advisory Committee Meeting minutes that reflect that the advisory board is supporting the program in the development and revision of program goals and curriculum, monitoring program needs and expectations, and ensuring program responsiveness to change.*

A directory of advisory committee members with their name, job title, and credential/license.

The key elements of Standard 13 are to have a committee that includes external members of the healthcare community (HIM Department Directors, Physicians, Hospice Administrators, Coding Supervisors, etc.), and that the members have an active role in discussing what happens in the program.

Active Role: *The committee members should be providing professional insights into your course content. This is a valuable contribution to making your program responsive to the needs of the community. Some examples of projects or tasks that advisory committees do in other programs include:*

- *Review curriculum*
- *Guest speakers into courses*
- *Take students for PPE*
- *Brainstorming on HIM practitioner training*
- *Environmental scans*
- *Assist with grant proposal writing*
- *Mentoring of students*
- *Creating course assignments and sharing practice documents/policies*

Frequently asked Questions

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How big should the committee be?

Larger is better! If you have a 12-person advisory committee and two can't attend, you still have a vibrant meeting. If you have a four-person committee and two can't attend, you have to reschedule. At least half of the committee should consist of external members, with the other half consisting of HIM teaching faculty, a student member, and if possible, a graduate of the program. So, for example, if you had a ten-person committee then five would represent the external healthcare community.

How frequently do other programs' advisory committee meet?

Typically, the advisory committee is meeting more than once a year. A quarterly meeting is helpful to set up a task, and then have check-in points to see how things are progressing. For example, you might have coding professionals look over the coding and revenue courses and contribute the latest methods of coding and documentation review to keep your courses pertinent. Or perhaps you want some of the members to be a guest speaker for a course. Meeting multiple times in the year gives you time to work out these types of contributions.

We have some brilliant people on our campus. I want to include them in our advisory committee, I've sent invitations to the Computer Sciences and Health Administration programs to sit on our committee. Can I allow fellow teachers to be on our advisory committee?

Having fellow teachers from other programs is fine; and it can help having them look at your courses with a critical eye (like data mining, project management, etc.). However, these members should be classified as internal member representatives on your committee.

We don't have funds for an on-site meeting with our advisory committee. Is this, okay?

All advisory meetings can be held virtually. You can set up a free conference call account by visiting conferencecall.com. These meetings can be recorded for free so that individuals that couldn't attend can still hear the meeting and participate via email.

Standard 14: Professional Development

Both the program director and HIM faculty, including adjunct instructors, must demonstrate continuing professional development related to the curriculum content, including continuing education in program management, teaching techniques, scholarly achievements, improvements in technology and online teaching and learning methods.

Compliance Guide

Faculty must have current knowledge of Health Information Management domains of learning as well as a background in educational theory and methodology. Some practical examples of professional development include:

- *Assembly on Education (AOE) attendance,*
- *CSA local and state educational program attendance,*

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- *Getting another professional credentials (i.e. PM certificate for project management)*
- *Returning to school to get a higher degree*
- *Participating in courses offered by the institution on pedagogy areas such as: curriculum building, test construction, online engagement, etc.*
- *CAHIIM Town Halls*
- *CAHIIM Workshops and/or Conferences*
- *Workshops regarding online teaching*

Standard 15: Learning Resources

The program must provide students access to appropriate learning resources to support their educational experience, including access to current technology, computers and relevant software, practice resources, simulation labs, and other materials. These learning resources must accommodate all students enrolled in the program and be sufficient to meet program goals and outcomes.

Technical support services must be identified and available to students as designated by the institutional policies and procedures.

Compliance Guide

The program must ensure that technology requirements and skills are made known to students before courses begin.

Supporting Documents Needed to Demonstrate Compliance with Standard:

- *Inventory of all student resources (including LMS) available*
- *Identify all technical support hours for each identified resource*

All programs are required to have some type of simulation software in use (e.g., 3M coder/grouper, other encoders, EHRgo, PREZI, Tableau, etc.).

Standard 16: Financial Support

The sponsoring educational institution must provide financial support for the program to achieve its

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goals and outcomes, and for faculty development.

Compliance Guide

Supporting Documents Needed to Demonstrate Compliance with Standard:

- *CAHIIM Budget Template*
- *Description of program budget setting process*
- *Identify program director's role in budget process and requesting funds, as needed*

Standard 17: Student Program Progression

Documentation must be maintained for student admission, advisement, counseling, and progression within the program. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsoring educational institution in a safe and accessible location. Program officials must maintain student records that reflect progress in achieving program requirements.

Compliance Guide

CAHIIM will verify that the institution has adequate procedures in place to capture and store student records. Institutions must maintain student records that reflect evidence of student evaluation on all levels, and progression toward achievement of program requirements. The focus during the onsite visit will be to review those student records created at the HIM program level.

Frequently asked questions

What if our student records are stored digitally and not on paper?

Digital records are acceptable. During the onsite visit, pull three students records and place them in a locked box in the CAHIIM examining room. These records will serve as a "snapshot" for compliance to Standard. 17.

Evidence of Compliance: *Demonstrate how students attending an online program based in another campus receive comprehensive advisement and record keeping (e.g., PPE assignment, project work, etc.)*

How long should I keep my student records?

Follow your institutional policy on record retention; if there isn't a policy, retain student records for three years.

that the student should have completed by graduation, and those competencies must be tracked among your courses. The objectives from the text can be a clue as to which competencies your focus is on, but it

is rare that you'll find a one to one match on author objectives to HIM-related curricular competencies.

I am working on mapping program course assignments to the required Curriculum Requirements Document. How detailed do I need to be? I am listing the course and the week where the activity is taught. Do I need to list the name of the activity? Would HIM 4503, Module 6 be enough information? Please advise I do not want to do this twice.

HIM 4503, Module 6 Discussion Board "Good data requires a systems approach" would be better. The elements that should be in your response would include:

Course number / Module or Week / Type of assessment (project/exam/discussion board/case study/assignment) /Brief title of assessment

Recommendation: Programs must submit, in their self-assessment, the assignment/test question/discussion used to meet the competency in the curriculum map.

I attended a presentation and they talked about course drift. What is that?

Between the time you submit the curriculum considerations map and the time of the onsite visit, an assessment may have been moved, i.e. from module 6 to module 10 by faculty who aren't aware of the need to match assignments to the map. Be sure to check your map for drift at least 30 days before you onsite visit and tell staff to stop any shifting of assignments (including deleting the assignment) until after your curriculum audit.

Thank you so much for your guidance. Many of our competencies have 2-5 or more assignments to comply with the competency should I list all or just 2 for each?

Your best two is the way to go.

Standard 19: Syllabi (Associate):

The curriculum syllabi must document the HIM-related curriculum competencies for associate degree programs. Instruction must be based on clearly written course syllabi and include course objectives and evaluation methods that assess student learning outcomes. Syllabi must include the entry-level competencies appropriate to the course and should clearly state the requirements for successful course completion, what students are expected to learn, what activities they will experience, and how and when they will be evaluated. Program syllabi must follow a standardized format and contain the following:

- Course Number & Title
- Co or Pre-requisites
- Instructor contact information
- Details regarding text/lab purchases required
- HIM-related curriculum competencies related to each course

-
- Course Objectives
 - Course Schedule

- Evaluation Methods

Standard 19: Syllabi (Baccalaureate)

The curriculum syllabi must document the HIM-related curriculum competencies for baccalaureate degree programs. Instruction must be based on clearly written course syllabi to include course objectives, and evaluation methods that assess student learning outcomes. Syllabi must include the entry-level competencies appropriate to the course. Students must know at the outset of each course through the syllabus what is required for successful completion, what they are expected to learn, what activities they will experience, and how and when they will be evaluated. Syllabi must follow a standardized format for the program.

The following eight items need to be found within the syllabi:

- Course Number & Title
- Co or Pre-requisites
- Instructor contact information
- Details regarding text/lab purchases required
- HIM-related curriculum competencies related to each course
- Course Objectives
- Course Schedule
- Evaluation Methods

Compliance Guide

Supporting Documents Needed to Demonstrate Compliance with Standard:

- *All HIM/HIT Course Specific Syllabi*
- *A copy of the body of knowledge course syllabi*

Standard 19 Syllabi became more descriptive and outlines clearly what elements must be in each syllabus. Those items are:

- *Course Number & Title*
- *Co or Pre-requisites*
- *Instructor contact information*
- *Details regarding text/lab purchases required*
- *HIM-related curriculum competencies related to each course*
 - *Or attach HIM-related Competency Curriculum Requirements Document*
- *Course Objectives*
- *Course Schedule*
- *Evaluation Methods*
 - *Include a weighted scale of points or percentages are used so that students can determine what is needed to get an A, B, C or D.*

Necessary Items for Course Calendar/Schedule/Outline:

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-
- *Identify week/unit/chapter/module*
 - *Assignments, projects, tests, quizzes for each week/unit/chapter/module*

- *Due dates*

Standard 20: Course Sequence

Program content must be delivered in an appropriate sequence of didactic, laboratory, and professional practice activities. Course content must be logical and coherent with didactic instruction and related activities organized in each course. Prerequisite courses must be identified and properly sequenced in the curriculum.

Compliance Guide**Supporting Documents Needed to Demonstrate Compliance with Standard:**

- *CAHIIM Course Sequence Document*

There are certain expectations regarding sequencing that peer reviewers look for:

- *Medical Terminology and Anatomy/Physiology need to occur before the first coding course.*
- *Pathology and Pharmacology can be a co-requisite with a coding course, but if it is taken with a coding course, the same body system sequencing must exist for the life science course and the coding course. For example, Week 4 is Genitourinary in both courses.*
- *Running two coding courses in the same term is acceptable.*
- *In cases of multiple PPEs, the skills the student should demonstrate in the PPE must have been covered in the coursework that precedes the PPE.*

Standard 21: Online Content Access

To fairly evaluate online content, the program must provide CAHIIM with full access to the Learning Management Systems (LMS) in use for all HIM course content and relevant education applications used to deliver that content.

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College accreditors are exceptions to the FERPA access rules. All accreditors are being tasked with increased vigilance in student/teacher interactions. The only method to ascertain the level of engagement by accreditors is to review the latest, active LMS version of each HIM course. This is accomplished by granting CAHIIM access to the LMS.

The IT department should create a profile for CAHIIM and grant this profile “observer status” or “guest view.” This limits access of the peer reviewer to observing interactions only and there is no chance of impacting a course’s notes, content, or grades.

LMS Access by CAHIIM: Generic sign-on/passwords allowing CAHIIM login access to the LMS for all courses in the program are required. Because access to the LMS occurs at multiple points in time throughout the accreditation process (staff review, pre-site visit review, post-site visit review, and Board review), it is imperative that the CAHIIM sign-on/passwords be generic in order to avoid the delays caused by multiple individual logins. Generic sign-on/passwords, like the example below, are required:

Sign-on > CAHIIM

Password > CAHIIM2018

Once set up, this sign-on/password should remain active until the program receives their official CAHIIM Accreditation decision letter.

Frequently asked questions

For LMS access, what courses are needed?

All courses required to receive a HIM degree must be accessible. Live courses, or archived courses, are acceptable. A master course shell is not acceptable.

Do I have to get access to the supporting body of knowledge courses, too?

No, CAHIIM does not require access to the body of knowledge courses that are not taught within the HIM/HIT program.

Standard 22: Curriculum—Evaluation of Students

Student evaluation methods must be varied to provide both student and program faculty with valid indications of the student’s progress toward, and achievement of, the competencies stated in the curriculum.

Compliance Guide

Each program should offer a combination of lectures, simulation labs, and PPE throughout the program.

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Each method of instruction should have its own type of student evaluation. For example, lectures typically use assignments and exams, simulation labs often use workbook completion or problem-solving

case studies, and PPE uses a site supervisor evaluation. These types of curriculum evaluations should be reflected in the curriculum map as examples of evaluation methods.

Supporting Documents Needed to Demonstrate Compliance with Standard (minimum of 4 types of documents submitted for review). Examples of documents include but are not limited to the following:

- Different evaluation tools (i.e., PPE/Internship Evaluations)
- Case Study
- Test
- Quiz
- Group Project
- Project
- Research Paper Assignment
- Lab activities

Standard 23: Professional Practice Experiences

Professional practice experiences (PPE) must be designed, supervised, *and evaluated* to reinforce didactic HIM instruction and must include program-coordinated experience at professional practice sites.

Each student must complete a minimum of 40 hours of externally supervised activity prior to graduation.

Compliance Guide

Supporting Documents Needed to Demonstrate Compliance with Standard

- *All, previous year and current year, MOUs*
- *PPE Handbook*
- *List of, previous year and current year, preceptors*
- *If applicable, a sample of PPE projects completed by students*

Simulation activities designed to replicate PPEs are permitted but cannot replace the required 40 hours minimum of an externally supervised activity PPE. The program must describe how simulation activities are designed, supervised, and evaluated, and what objectives are to be achieved by using simulation activities.

PPE onsite preparation: *The health and safety of patients, students, and faculty associated with*

educational activities must be adequately safeguarded according to the health and safety practices of both the sponsoring educational institution and the professional practice site. The responsibilities of the

college, PPE site and students must be documented for externships or professional practice experiences. Either a formal contract or memorandum of understanding (MOU) will suffice, if in accordance with institutional practice. Health, safety, and security policies and requirements must be outlined in the agreement or MOU, and students must be informed of these in advance of the PPE.

The program must describe how the PPE (e.g., clinical practicum, directed practice experience) is designed, supervised, and evaluated, and name the objectives to be achieved in each PPE course.

The PPE does not prohibit a paid internship.

The externally supervised activity PPE must relate to higher level competencies and result in a learning experience for the student and/or a deliverable to a practice site.

Adhere to all health and safety requirements of each individual externally supervised activity.

Programs require flexibility in determining how many total hours to be in the PPE course(s). However, CAHIIM determined that an absolute minimum number of hours for onsite placement or external supervised activity should be defined so that programs do not go below the minimum of 40 hours. Programs are encouraged to build PPEs with more than 40 hours of external activity.

Externally Supervised Activity equals but not limited to:

- *Student to work with a remote coding supervisor on a coding-based PPE*
- *Student to work remotely with a hospital HIM employee who will plan a project for the student to complete*
- *Student to work remotely with data analyst or informatician or similar representative on a problem-solving assignment*
- *Research project supervised by an industry specialist*

VI. Fair Practices

Standard 24: Publications & Disclosures

Program information must accurately reflect the program offered and must be published and accessible to all applicants and enrolled students. Specific content **required** is outlined in the *CAHIIM Accreditation Manual*.

Compliance Guide

Refer to the CAHIIM Accreditation Manual, section Public Disclosures, to identify all supporting documents that need to be uploaded to this standard for compliance.

Standard 25: Lawful and Non-Discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accordance with federal and state statutes, rules, and regulations.

Compliance Guide

Supporting Documents Needed to Demonstrate Compliance with Standard

- Append a copy of the non-discrimination policies of the institution.

VII. Administrative Requirements for Maintaining Accreditation

Standard 26: Administrative Requirements

The program must report all substantive changes as described in the CAHIIM Accreditation Manual in a timely manner, or as specified; noncompliance will result in administrative probation.

Compliance Guide

All Substantive Changes must be reported to CAHIIM through the Substantive Change process outlined on the CAHIIM website: <https://www.cahiim.org/programs/substantive-changes>.