



2018 Compliance Guide for Accreditation Standards

Health Information Management

Baccalaureate Degree

2018

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Commission on Accreditation for Health Informatics and Information Management Education

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Online Help—Anytime

Throughout the Compliance Guide, you will see references to the CAHIIM Accreditation Training Series (CATS) courses. This is an online training program offered by CAHIIM. Registration is open to any program that is in the accreditation cycle including those in the applicant phase. Except for the annual workshop, all other courses are free. Visit cahiim.org for information on registering.

I Sponsorship

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.

INTERPRETATION

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. Only HIM graduates from CAHIIM accredited programs are qualified to sit for the AHIMA credential exam.

II Systematic Planning

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.

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.

(See: [AHIMA Code of Ethics](#))

INTERPRETATION

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.

The CATS course, HIM.201 Best Practice Tips for Site Visits, should be viewed.

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.

Results of the program's annual assessment must be monitored and reflected in an action plan and reviewed by the program's advisory board. Programs must conduct a qualitative and quantitative assessment of how the program achieves its mission, goals, and target objectives for continual improvement, including a documented, candid assessment of strengths and weaknesses in terms of the program's performance against the accreditation established thresholds.

CAHIIM will seek evidence that there is documentation of changes made in the program. Program officials and faculty are required to compare program performance with the goals and identify ways in which the program can improve. These may include curriculum revisions, improvements in student services, and faculty development activities. An institutional effectiveness survey, or other institutional-level evaluation data, is not a replacement of the program's own evaluation plan. 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.

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. 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 assurance that the educational needs of students are met, and that graduates demonstrate at least the AHIMA entry-level curriculum competencies. The program must examine and assess, through goals and target outcomes, whether student learning outcomes progress toward achieving entry-level competencies, and that graduates have met entry-level competencies.

Faculty Development Goal

The program must provide measurable evidence that all faculty responsible for delivering the academic components of the program maintain continuing competence in the content areas in which they teach, and must assure, through annual measurable outcomes, that faculty development planning is targeted to improve faculty knowledge and expertise, including currency in health information management and/or other relevant professional content, practice, and teaching techniques.

INTERPRETATION

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

FREQUENTLY ASKED QUESTIONS

- Q How many goals do I need per category: curriculum, faculty development, and advisory committee?
- A 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.
- Q Do we need new goals each year?
- A 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.
- Q We wrote a curriculum goal that all students would pass the registry exam, but it came back as unacceptable, why?
- A This is a problematic goal for several reasons. First, new programs are not yet accredited, so graduates can't sit for the exam. Second, the assumption of a 100% pass rate is unlikely. A more reasonable and achievable pass rate is 80% for mature, accredited programs.
- Q All of our goals came back as unmet because we didn't have any results. Most of these things haven't happened yet!
- A Three categories, curriculum, students/grads, and faculty development, should reflect activities during the current term; tracking on a "year-to-date" basis will yield results in each category. Every field in the Program Evaluation Plan (PEP) form needs to be complete with actual measurable findings. If, for example, findings have only been tracked for a quarter, post quarterly results; if findings have been tracked for six months, post partial year results, etc.
- Q Our faculty development goal was to track everyone's CEUs and it was bounced back as unacceptable?
- A Tracking of CEU progress is a step in the action plan, but it isn't a goal or a targeted outcome. The goal is to improve HIM knowledge for each member of faculty, the target outcome is how the PROGRAM will contribute to that goal. What is the program doing to help improve or enhance HIM knowledge or pedagogy in faculty? Faculty must have background in and current knowledge of Health Information Management as well as a background in educational theory and methodology consistent with teaching assignment e.g., curriculum development, educational psychology, test construction, measurement and assessment. Some practical examples of how a program can contribute to faculty development include:

- Assembly on Education (AOE) attendance,
 - CSA educational program attendance,
 - AHIMA National Convention attendance,
 - Hosting AHIMA webinars for faculty attendance,
 - Providing funding to help faculty earn additional professional credentials,
 - Offering classroom management training,
 - Offering curriculum building or test construction design courses
- o What type of documentation would CAHIIM require for the Faculty Development Goal
- A A table or spreadsheet with faculty identified, and what effort was made for each person in the latest year to assist them with their professional development in teaching or HIM topics (as needed).
- o We are a new program and have only had one graduate. What should our goal be in the Student/Graduate category?
- A Focus on students when designing the goal and target outcome. If, for example, the program has simulation labs, identify key labs that reflect competency in three areas and then track how well students are scoring on these labs. If the results are not satisfactory, decide what actions will improve them. One such action would be to provide more foundation work in each competency before getting to the sim lab.

4 Communities of Practice Outreach Goal

The program must indicate how it assesses and 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.

INTERPRETATION

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

- o We are a totally online program and our students come from four states. We don't have a community of practice.
- A 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 at local high schools

5 Program Planning and Assessment

There must be 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.

The program's goals and measurable outcomes must be clearly defined and regularly reviewed for internal and external evaluation.

The program must incorporate current curriculum components and other content changes as identified by AHIMA's Council for Education Excellence (CEE).

Accredited programs must annually assess its program goals and outcomes as required by the designated CAHIIM reporting system. The program must use the results of annual assessments to document program improvements. Data analysis and action plans must be documented. A program must document how it meets its goals and objectives and how it plans to address observed weaknesses.

INTERPRETATION

This standard does not refer to annual APAR reporting only. Institutional assessment of the accredited program's maintenance every five years also qualifies for meeting Standard 5.

Contact your institution's planning and assessment department to gather information about what elements of data are being collected about your program and provide this information for this standard. Annual HIM program planning typically includes:

- Identifying how the program responds to Institutional Effectiveness requirements
- Implementing the AHIMA /CEE sponsored curriculum change in a timely manner
- Outlining how the program will implement these changes

6 Measures to Promote Informed Decision Making

Results of the program's annual assessment must be monitored and reflected in an action plan and reviewed by the program's advisory board. An institutional effectiveness survey or other institutional-level evaluation cannot replace the program's own assessment plan.

The action plan and the results of its implementation must be qualitatively and quantitatively documented by ongoing assessments to determine if the program is achieving its mission, goals, and target objectives. Program officials and faculty are required to identify the program's strengths and weaknesses relative to established accreditation thresholds, and suggest program improvements, including curriculum revisions, betterment of student services, and activities for faculty development. CAHIIM will seek evidence that changes to the program are documented.

The program must annually assess and publish on its website student outcomes, which must include annual enrollment numbers and graduation rates.

INTERPRETATION

A program must have an APAR data reporting plan in place even if, as with programs with Initial accreditation, the program has yet to submit its first APAR report.

The PEP form can be used to track measures supporting and promoting informed decision-making for students.

FREQUENTLY ASKED QUESTIONS

- Q What is “evidence of compliance” for this standard?
- A A copy of recent Advisory Committee minutes where the program presents findings of their assessments, and where the advisory committee members assist the program in creating an action plan to bring about needed improvements.
- Q Why do we have to publish student outcomes on our program website?
- A The DOE emphasizes the importance of informed decision-making for potential students. As accreditor, CAHIIM is tasked with ensuring that all programs provide public insight into student outcomes, although which outcomes are publicly shared are self-determined by the program.

III Program Autonomy and Governance

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.

FREQUENTLY ASKED QUESTIONS

- Q What is evidence of compliance for this standard? What are you looking for?
- A A detailed organization chart starting with the institutional president and ending with adjunct faculty and administrative assistants for the HIM department, showing lines of authority along with staff names and position titles. CAHIIM is interested only in the governance of the HIM program, not of the entire institution. Generic institutional organizational charts neither satisfy nor address this standard.

8 Program Director Qualifications

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), and must have, at minimum, a master’s degree; there is no exception to this required credential. 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.

FREQUENTLY ASKED QUESTIONS

- Q 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?
- A 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.

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 customary for the program director/program chair to have, at minimum, 20% release time per term for administrative and program oversight.

It is customary for program coordinators working under the supervision of the program director or chair to have, at minimum, 15% of release time per term for administrative and program oversight.

INTERPRETATION

Program Director Responsibilities is a standard that generates strong opinions from those who want hours defined and those who do not. Some program directors want a prescriptive standard that outlines their release time with a specific hours requirement, while others want to keep the standard as is for flexibility (for example, taking on more hours to increase salary).

HIMAC decided that, while a HIM program director may be assigned other institutional duties that 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 HIM program are being met.

FREQUENTLY ASKED QUESTIONS

- Q What is a reasonable amount of release time?
- A It is customary for the program director, or program chair, to have at minimum 20% release time of his or her workload per term for administrative and program oversight. For example, in a 40-hour work week, a minimum of 8 hours (or one day) of the 40-hour workload should be dedicated to HIM program director responsibilities.

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.

In larger programs, the program director may have a supervised program coordinator. In such circumstance, the program director gets 20% release time, while the program coordinator gets 15% release time in order to handle the administrative duties of the HIM program.

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

10 Faculty

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

INTERPRETATION

Each HIM program must have a staff of two full-time faculty whose work is fully allocated to the HIM program. 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

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

- Q What do you mean by “full time faculty fully allocated”?
- A “Full time faculty fully allocated” are teachers who are fully engaged in the HIM program during a typical work day. 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.

11 Faculty Qualifications

All faculty members must hold an AHIMA credential, and 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.

INTERPRETATION

This is a new condition in the 2018 standard of faculty qualifications. Both full-time HIM faculty must hold AHIMA credentials. All part time (aka adjunct) 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

- Q What credentials must the two full-time faculty have?
- A AHIMA credentials include the academic credentials of RHIT and RHIA as well as the coding and specialty credentials of: CCS, CCS-P, CDIP, CHDA, CHPS, CHTS, CPHI, and other credentials as developed by AHIMA CCHIIM.
- Q 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?
- A 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).

- Q I've inherited a second full-time faculty who has no background in HIM and isn't interested in getting any.
- A With the implementation of the 2018 Standards, the program will no longer meet the conditions of accreditation. Non-compliant programs risk loss of accreditation.
- Q Why did HIMAC require the second full time faculty to have AHIMA credentials?
- A 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.

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.

INTERPRETATION

All programs must have some documented method of measuring faculty effectiveness, although the exact nature of that measurement is up to the institution. Typically, a program will use a combination of both end-of-course student surveys and routine measurements of teacher engagement (e.g., posts five times a week, adds notes to failing grades, provides advising to five students, etc.).

FREQUENTLY ASKED QUESTIONS

- Q What counts as evidence of compliance on this standard?
- A 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

13 Advisory Committee

Each HIM program must have an advisory committee representative of its communities of interest. 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.

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.

The advisory committee must meet annually, at minimum. When warranted, the advisory committee will meet more frequently to review program goals, curricula, etc.

INTERPRETATION

The advisory committee has shifted from an annual goal item to a stand-alone standard. The key element of Standard 13 is to have a committee in place that includes external members of the healthcare community (HIM Department Directors, Physicians, Hospice Administrators, Coding Supervisors, etc.), that have an active role in the program.

Active Role: Advisory committee members provide professional insights into course content, a valuable contribution to program responsiveness to the needs of the community. Some examples of projects or tasks that advisory committees perform in other programs may include:

- Curriculum review
- Guest speakers
- Assisting students with PPE
- HIM practitioner training brainstorming
- Environmental scans
- Assistance with grant proposal writing
- Student mentoring
- Creation of course assignments, and the sharing of practice documents and policies

FREQUENTLY ASKED QUESTIONS

Q How big should the advisory committee be?

A A larger advisory committee is more flexible. For example, a twelve-person advisory committee can meet even if two members cannot attend. On the other hand, a four-person committee missing two members will have to reschedule.

At least half of the committee should consist of members of the healthcare community external to the HIM program; the remainder should consist of HIM teaching faculty, a student member, and, if possible, a program graduate.

Q How frequently do program advisory committees meet?

A Program advisory committees meet at least annually, but typically more often. Multiple meetings throughout the year—quarterly, for example—greatly assist with monitoring the program’s goals and with setting tasks.

Q Can HIM adjunct faculty act as external members of an advisory committee?

A HIMAC agrees that HIM adjuncts employed in the field can act as external members of the advisory

committee, but the advisory committee must also include non-teaching HIM practitioners. These practitioners provide valuable program objectivity.

- Q There are some brilliant people in our Computer Sciences and Health Administration programs. Can we include them in our advisory committee?
- A Teachers from other programs can provide an objective look at a HIM program's courses suggesting content improvements (e.g., data mining, project management, etc.). However, these members should be classified as internal committee representatives.
- Q What if we don't have funds for an on-site meeting with our advisory committee?
- A Advisory committee meetings can be held virtually via free conference call (visit conferencecall.com to set up an account).
- Q What constitutes evidence of compliance?
- A A directory of advisory committee members (with names, job titles, credentials, and licenses) and copies of the advisory committee agendas and minutes.

14 Professional Development

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

INTERPRETATION

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:

- Attending Assembly on Education (AOE) meetings
- Attending CSA local and state educational programs
- Attending the AHIMA National Convention
- Participating in AHIMA webinars
- Earning professional credentials (e.g., PM certificate for project management)
- Pursuing a higher academic degree
- Participating in pedagogy courses such as curriculum building, test construction, online engagement, etc.

15 Learning Resources and Student Access

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.

The program must ensure that technology requirements and skills are made known to students before courses begin. Technical support services must be available to students seven days a week.

INTERPRETATION

All programs are required to have some type of simulation software in use (e.g., 3M coder/grouper, other encoders, AHIMA VLab, Neehr Perfect, PREZI, Tableau, etc.), and must provide an inventory of that software.

Online courses should include a technical support telephone number.

FREQUENTLY ASKED QUESTIONS

- Q What about small colleges that don't have 24/7 technical support for students?
- A The Standard does not require 24/7 technical support; it does, however, require coverage of the technical support call-in number seven days a week.

16 Financial Support

The sponsoring educational institution must provide sufficient financial support for the program to achieve its goals and outcomes, and for faculty development.

INTERPRETATION

HIMAC is aware that the program director in many for-profit institutions may have little or no input in setting the program budget. However, the institution is still required to identify how it funds the HIM department in the support of faculty development, advisory committee work, and the purchase or subscription to software used in the program. Failure to provide a program with fundamental financial support will result in a not met status for Standard 16.

FREQUENTLY ASKED QUESTIONS

- Q What if the program budget only covers salary and employee benefits?
- A A program budget that covers only faculty salaries and benefits is inadequate. A budget must cover staff training and subscriptions or purchase of simulation software used in teaching students how to access an EHR.

17 Student Records

Documentation must be maintained for student admission, advisement, counseling, and evaluation. Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements. 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 evidence of student evaluation on all levels, as well as student progress in achieving program requirements.

INTERPRETATION

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 (rather than records held by the registrar's office).

The CATS course, *HIM.205 Student Record Keeping*, should be viewed. The course is under construction at this time but should be released October 2018.

FREQUENTLY ASKED QUESTIONS

- Q What student records should a program keep on a routine basis and for how long?
- A Corrective action letters, PPE supervisor evaluations, and student guidance on course sequencing are student records typically kept by the program. Programs should follow their institutional retention policy.
- Q What if our student records are stored digitally and not on paper?
- A 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.)

- Q How long should I keep my student records?
- A Follow your institutional policy on record retention; if there isn't a policy, retain student records for three years.

V Program Curriculum

18 Curriculum

The program must demonstrate that the curriculum meets or exceeds the professional course content as published in the AHIMA HIM curriculum competencies for associate/baccalaureate degree programs. Institutions must have policies regarding the allocation of credit to courses, particularly with respect to the credit value of laboratory and professional practice experience courses.

Teaching and assessment methods should be active, and evidence-based. Analysis of situations in professional contexts and problem-based assessments must be emphasized.

INTERPRETATION

The program’s HIM curriculum will be examined by CAHIIM for compliance to the CEE model curriculum for both content (domains/subdomains) and taxonomy level compliance. All subdomain content must be present. The program should design a variety of assessments to measure how students are attaining new competencies. Assessments include projects, case studies, presentation builds, skill labs, etc. A variety of evaluation methods such as multiple choice, fill in the blank, completion, and essay, should be included.

Standard 18 requires the most time for Initial accreditation candidates to complete. All faculty should be consulted when building the program’s curriculum map so that the best examples are used to validate content and taxonomy levels.

The CATS course, *HIM.203 Curriculum Content & Taxonomy*, should be viewed. The course is under construction at this time but should be released October 2018.

Here is a video tutorial demonstrating how to locate the template and fill it out: <https://www.screencast.com/t/BqXmtJvU>

FREQUENTLY ASKED QUESTIONS

- o Is there step-by-step advice on how to complete the curriculum map?
- A The following visualization exercise may help when creating the curriculum map.

Table Top Matching: Write each sub-domain curriculum consideration onto two index cards. Lay out all syllabi and match each sub-domain card to an assessment/assignment in one of your courses. This will indicate where coverage is lacking or where too many competencies have been put into a single course. Index card competencies that are not matched or that need reworking are put into a “needs work” pile.

Example: Subdomain II.B Data Privacy and the first three curricula considerations.

<i>Subdomain II.B. Data Privacy, Confidentiality & Security</i>		
1. Apply confidentiality, privacy, security measures and policies and procedures for internal and external use and exchange to protect electronic health information	3	*Internal and external standards, regulations, and initiatives (state and federal privacy and security laws) *Patient verification (medical identity theft); data security concepts, processes, and monitoring
2. Apply retention and destruction policies for health information	3	*E-Discovery; data storage and retrieval
3. Apply system security policies according to departmental and organizational data/information standards	3	*Security processes and policies (data/information standards)

Make two copies on index cards for all three items in the left column. Search syllabi to find where these topics are taught. The far-right column provides typical course topics where this information can be found.

First Card: If an assignment or assessment covering a curriculum consideration cannot be found, set that card aside with NONE written on it and assign it to a “to do” pile. If there is a match, put the card on top of that syllabus and note on the card where it’s found (e.g., HIM201, week 3, Assignment: Create EHR policy to protect patient PHI from accidental release).

Second Card: Check to see where else this competency may be taught in the curriculum map in case peer reviewers disagree with your chosen assignment/ assessment. Having a second assignment/assessment helps prevent a curriculum problem later during the onsite visit. This “there and a spare” strategy improves the chances of passing an audit without any “not met” or “partial met” notations.

Take a photograph of the papers for future reference.

- Q I am working on mapping program courses to the required curriculum considerations map. 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 HIMS 4503, Module 6 be enough information?
- A HIMS 4503, Module 6 Discussion Board “Good data requires a systems approach” would be more informative. Useful elements might include:
- Course number
 - Module or Week
 - Type of assessment (project/exam/discussion board/case study/ assignment)
 - Brief title of assessment
- Q What is course drift?
- A During the time between the submission of the curriculum considerations map and the onsite visit, an assessment may have been moved (e.g., from module 6 to module 10) by faculty unaware of the need to match assignments to the map. Check the map for drift at least 30 days before the onsite visit and advise staff to refrain from shifting or deleting assignments until after the curriculum audit.
- Q I have the definitions of each taxonomy level, but I am not sure how to apply them. Any suggestions?
- A Generally, an exam question is good for level 2, an essay question level 3. For a discussion board to achieve level 4 it must have a detailed rubric that includes evaluating the contributions of others, and one or more citations to support student’s perspective. For level 5, many programs use an assignment that challenges the student to develop their problem-solving skills. Level 6 lends itself to group projects.
- Q Many of our competencies have more than two assignments. Should I list them all?
- A List your two best competencies.
- Q Where do I find the most current curriculum requirements for an associate degree?
- A All degree-level curriculum requirements can be found on the [CAHIIM website](http://CAHIIM.org).

19 Syllabi

The curriculum syllabi must document the AHIMA HIM curriculum competencies for baccalaureate 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:

- 1 Course Number and Title
- 2 Co- or Pre-requisites
- 3 Instructor contact information
- 4 Details regarding text/lab purchases required
- 5 AHIMA HIM entry-level curriculum competencies related to each course
 - or a table that defines which competencies are seen in each course
- 6 Course Objectives
- 7 Course Schedule
- 8 Evaluation Methods
 - including a weighted scale if points or percentages are used for grading, so that students can determine what is needed to get an A, B, C or D.

INTERPRETATION

In the 2018 rewrite of the standards, Standard 19 became more descriptive, clearly outlining what elements must be in each syllabus:

- Course Number & Title
- Co- or Pre-requisites
- Instructor contact information
- Details regarding text/lab purchases required
- AHIMA HIM entry-level curriculum competencies related to each course
 - or a check-off competency table
- Course Objectives
- Course Schedule
- Evaluation Methods
 - if points or percentages are used, include a weighted scale so that students can determine what is needed to get an A, B, C or D.

FREQUENTLY ASKED QUESTIONS

- Q I just had my site visit and the site report says I need to redo some syllabi and assignments. How do I attach that in the CAS system?
- A Go to the syllabus standard, and scroll down to get to the “Supporting Documents” section. Attach each updated syllabus and highlight what has been changed. If, for example, three assignments were added to HIT.2323, immediately follow the revised, highlighted syllabus with the actual assignments/assessments and the subdomain they satisfy. For example:

CURRICULUM STANDARD	
Supporting Documents	
010 REVISED HIT123 Syllabus Revised Syllabus HIT123 CPT/HCPCS Coding	
I.C.2	HIT123 WK8 Assignment Radiological Procedure
I.C.5	HIT123 WK 10 Assignment Code Audits
I.C.7	HIT123 WK 2 Assignment Documentation Improvement
020 REVISED HIT233 Syllabus Revised Syllabus HIT233 Healthcare Delivery Systems	
III.B.2	HIT233 WK5 Assignment Neehr Perfect Lesson 12
III.B.4	HIT233 WK10 Assignment Data Dictionary

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. Institutions must have policies in place regarding the allocation of credit to courses, particularly with respect to the credit value of laboratory and professional practice experience courses.

INTERPRETATION

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.

21 Online Content Access

Academic technologies, software applications and simulations, and online or web-enhanced courses have a significant role in the learning environment. 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. The program may limit CAHIIM access to the LMS to a minimum of 90 days, with CAHIIM retaining the option of access extension, if necessary.

INTERPETATION

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 (Plan A), or by saving specified content into a cloud-based storage application (Plan B). Plan B is described in the FAQ section.

Peer Reviewers receive special training in confidentiality regarding access to a program's 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.

CAHIIM assesses faculty engagement in order to determine whether or not a course is an online course or a correspondence course by authenticating regular and substantive interactions by the faculty with their students in the online environment.

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 needs should remain active for at least 90 days (with an option to extend if required), to accommodate the phases of accreditation requiring an in-depth look at the curriculum.

Accreditor access to student records is an exception to FERPA regulations. Review the FERPA regulations that address the issue of allowing accrediting organizations (such as CAHIIM) to view student and school records without gaining consent here: <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html?src=ft>

FREQUENTLY ASKED QUESTIONS

- Q For LMS access, what courses are needed?
- A All courses required to receive a HIM degree must be accessible. Live courses, or archived courses, are acceptable. A master shell is not acceptable.

- Q Do I have to get access to the life science courses too?
- A Yes. CAHIIM requires access to all HIM prefix courses, plus any additional courses that are a required component of the major (e.g., A&P, Medical Terminology, Pathology, Pharmacology).
- Q Our IT refuses to cooperate in giving access to the LMS. What can I do?
- A CAHIIM can use a Plan B approach to curriculum access, but doing so increases the burden on the program director. For Plan B cases, the program must submit electronic files via Google Drive or a similar electronic cloud-based file storage/sharing application. The following components must be present for each course:
- An index of the files found in each course
 - Three different screen shots demonstrating teacher/student interactions, such as discussion board, class announcements, individual feedback on grading (one of each type of interaction for each course)
 - Screen shot of the course calendar/schedule
 - A file of each gradable assignment
 - A file of each exam or quiz

22 Curriculum—Evaluation of Students

Evaluation of students must be conducted frequently enough to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies stated in the curriculum. Student evaluation methodologies (tests, exams, projects, assignments, etc.) may vary in type and construction, must be conducted frequently, and must be able to test the different cognitive levels. Programs must show that students are being taught and tested at a variety of taxonomic levels, with emphasis being placed on the use of application and problem-solving techniques. The analysis of situations in professional contexts and problem-based assessment must be emphasized.

INTERPRETATION

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

As stated in the standard, programs must show that students are being taught and tested at a variety of taxonomic levels. Programs that do not have adequate evaluation methods at higher taxonomy levels will be identified as "Partial Met" in the curriculum audit.

23 Professional Practice Experiences

Professional practice experiences (PPE) must be designed and supervised to reinforce didactic instruction and must include program-coordinated experience at professional practice sites. 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 is a credit-based course, which applies toward degree completion, and requires tuition, fees and costs as normally occurs according to institutional policy. The PPE does not prohibit a paid internship.

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

Simulation activities designed to replicate PPEs are permitted but cannot totally 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.

INTERPRETATION

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 forty hours. Programs are encouraged to build PPEs with more than 40 hours of external activity.

Programs should address the Safety component for students who will be placed in-field by requiring the site supervisor to provide an emergency preparedness orientation in cases of weather, fire, or shooter.

The CATS course, *HIM.202 PPE Models Explored*, should be viewed.

FREQUENTLY ASKED QUESTIONS

- Q The phrase “Externally Supervised Activity” is new. Can you give some examples of how this might be set up by programs that don’t have enough onsite placements?
- A The intent of externally supervised activity was to provide programs with other opportunities for students to participate in an active way with a member of the HIM professional community. For example:
 - Students working with a remote coding supervisor on a coding-based PPE
 - Students working remotely with a hospital HIM employee on a project for student completion

- Students working remotely with data analyst or informatician (or similar representative) on a problem-solving assignment
- o I have a student that wants to do a research project for their portfolio. Can this satisfy the PPE?
- A Yes, if the student is assigned to work with an industry specialist while collecting research data.

VI Fair Practices

CAHIIM expects the program and the sponsoring institution to comply with the following Fair Practice Standards.

24 Publications and Disclosures

The following program information must accurately reflect the program offered and must be published and accessible to all applicants and enrolled students:

- The program and its sponsoring educational institution must accurately represent their location and accreditation status.
- Programs accredited by CAHIIM must use the prescribed Accreditation Statement as provided by CAHIIM.

Accreditation Statement: The Health Information Management accreditor of [COLLEGE NAME] is the Commission on Accreditation for Health Informatics and Information Management (CAHIIM). The College's accreditation for [ASSOCIATE or BACCALAUREATE] degree in Health Information Management has been reaffirmed through [YEAR OF NEXT ACCREDITATION CYCLE].

All inquiries about the program's accreditation status should be directed by mail to CAHIIM, 200 East Randolph Street, Suite 5100, Chicago, IL, 60601; by phone at 312.235.3255; or by email at info@cahiim.org.

- The Accreditation Statement must also include the CAHIIM Seal graphic in the form provided by CAHIIM.
- Admissions policies and procedures must be published.
- Policies on advanced placement, transfer of credits, and credits for experiential learning must be published.
- Number of credits required for completion of the program must be published.
- Tuition/fees and other costs required to complete the program must be published.
- Policies and procedures for withdrawal and for refunds of tuition/fees must be published.
- Academic calendar must be published.
- Student grievance procedure must be published.
- Criteria for successful completion of each segment of the curriculum and graduation must be published.

Information about student/graduate achievement, including the results of one or more of the programs measurable outcomes, must be published on the program website. This must include, but not be lim-

ited to, program completion rate and student satisfaction rate. This standard applies to both accredited programs, and programs in candidacy phase.

INTERPRETATION

- The Accreditation Statement must include the CAHIIM Accreditation Seal in the form provided by CAHIIM
- Admissions policies and procedures must be published
- Policies on advanced placement, transfer of credits, and credits for experiential learning must be published
- Number of credits required for completion of the program must be published.
- Tuition/fees and other costs required to complete the program must be published
- Policies and procedures for withdrawal and for refunds of tuition/fees must be published
- Academic calendar must be published
- Student grievance procedure must be published
- Criteria for successful completion of each segment of the curriculum and graduation must be published
- Information about student/graduate achievement that includes the results of one or more of the programs measurable outcomes must be published on the program website. This must include but not be limited to program completion rate and student satisfaction rate.

Outcomes: This standard applies to both accredited programs, and programs in the candidacy phase. The Standard lists ten to nine elements that must be accurate and made available to the public. The ninth (or final) element requires all programs to publish completion rates, student satisfaction rates, and one additional metric as selected by the program.

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.

INTERPRETATION

None

VII Administrative Requirements for Maintaining Accreditation

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.

INTERPRETATION

None