Course Prefix and Number: HIM 141  
Credits: 3

Course Title: Fundamentals of Health Information Systems I

Course Description: Focuses on health data collection, storage, retrieval, and reporting systems, with emphasis on the role of the computer in accomplishing these functions. Part I of II. Prerequisite: Passing score on the computer competency exam, ITE 115, or permission of the instructor. Lecture 3 hours per week.

General Course Purpose: Required for the Medical Records Coder Career Studies Certificate, this course is designed to allow students to gain an understanding of the data elements that comprise a patient information system; to develop skills in analyzing data for completeness and accuracy; to understand the vision of the computer-based patient record (CPR) and their role in its development; to gain knowledge of the various methods for filing, storage, and retention of health records; and to develop requisite skills in the filing and storage of health records.

Course Prerequisites and Co-requisites:  
Prerequisites: Passing score on the computer competency exam, ITE 115, or permission of the instructor

Course Objectives:  
Upon completing the course, the student will be able to  
a. Discuss health care data elements and documentation standards, including documentation for inpatient, psychiatric, managed care, hospice, long-term care, and ambulatory surgery institutions;  
b. Apply policies and procedures for quantitative and qualitative analysis of primary health care data;  
c. Evaluate the accuracy of quantitative analysis;  
d. Evaluate and review primary and secondary health care data for institutional effectiveness;  
e. Apply and follow policies and procedures for data information reports by collecting, maintaining, analyzing, and displaying data based on external regulatory and accrediting agency standards;  
f. Employ accreditation standards for patient-related data;  
g. Discuss the role and purpose of the patient record;  
h. Evaluate appropriate user needs for computer-based patient records;  
i. Select and utilize appropriate technologies for computer-based patient records (storage, retention, and retrieval); and  
j. Construct a health record data filing system for retrieval, retention, archival storage, and destruction of health care data.

Major Topics to Be Included:  
a. External regulatory agencies and accreditation standards  
   1. HIPPA  
b. Health care data elements and documentation standards  
   1. Primary and secondary  
c. Quantitative and qualitative data analysis  
d. Computer-based patient record (CPR)  
e. Technology  
f. Health data record  
   1. Filing  
   2. Retrieval  
   3. Retention  
   4. Archival storage  
   5. Destruction

Effective Date of Course Content Summary: March 18, 2014