Course Prefix and Number:  HIM 142  Credits: 3

Course Title: FUNDAMENTALS OF HEALTH INFORMATION SYSTEMS II

Course Description: Focus of health data collection, storage, retrieval and reporting systems, with emphasis on the role of the computer in accomplishing these functions. Part II 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: 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

Student Learning Outcomes:
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 documentations 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: November 2, 2017