JEFFERSON COLLEGE

COURSE SYLLABUS

HIT 205
Healthcare Quality and Performance Improvement
3 Credit Hours

Prepared by:
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HIT 205 Healthcare Quality and Performance Improvement

I. CATALOGUE DESCRIPTION

A. Co/Prerequisite: HIT 100 with a grade of “C” or better.

B. Credit hour award: 3

C. Description: This course introduces students to the theory, practice and management of quality performance and improvement. Examination of peer review processes, collection tools, data analysis and reporting techniques will be reviewed. Utilization, risk, and case management are blended concepts used throughout this course. Regulatory quality monitoring requirements and outcome measures monitoring are addressed. (S)

II. EXPECTED LEARNING OUTCOMES/CORRESPONDING ASSESSMENT MEASURES

<table>
<thead>
<tr>
<th>Expected Learning Outcomes</th>
<th>Assessment Measures</th>
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<tbody>
<tr>
<td>Compare quality assurance/resource and quality assessment.</td>
<td>Class Discussion/Activity Summative Examination</td>
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<tr>
<td>Review the importance of continuous quality improvement and methods of achieving this program.</td>
<td>Class Discussion/Activity Written Project/Paper Summative Examination</td>
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<tr>
<td>Identify Health Information Technology Department's role in quality assessment, including clinical pertinence, quality review of transcription of reports, and quality review of filing records and/or loose sheets.</td>
<td>Class Discussion/Activity Written Project/Paper Summative Examination</td>
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<tr>
<td>Outline the functions of the quality resource, utilization management and risk management committees.</td>
<td>Class Discussion/Activity Written Project/Paper Summative Examination</td>
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<td>Define the scope of service for a Peer Review Organization.</td>
<td>Class Discussion/Activity Summative Examination</td>
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<tr>
<td>Identify the components of quality resource, utilization management and risk management administration.</td>
<td>Class Discussion/Activity Summative Examination</td>
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<tr>
<td>Define the term Corporate Compliance.</td>
<td>Class Discussion/Activity Summative Examination</td>
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<tr>
<td>Discuss Health Information Technology’s role in compliance programs.</td>
<td>Class Discussion/Activity Written Project/Paper Summative Examination</td>
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<tr>
<td>Discuss abuse and fraud and Health Information Technician’s role in protecting against it.</td>
<td>Class Discussion/Activity Written Project/Paper Summative Examination</td>
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III. OUTLINE OF TOPICS

A. Quality Assessment and Improvement
   1. Quality Assurance
   2. Quality Assessment
   3. Origin of Quality Improvement (QI)
4. Defining QI
5. Quality Improvement tools

B. Applying QI to Medical Records
1. Performance Monitoring
2. Clinical Pertinence
3. Compliance Programs
4. Fraud and Abuse

C. Resource Management
1. Historical forces in Utilization Review
2. Integrating Utilization into the Quality Management program
3. Case-mix Systems
4. Preadmission Review
5. Continuing Care Plans
6. Medicare Guidelines
7. Monitoring ancillary services
8. Analysis and Use of Data
9. Critical/Clinical Pathways
10. Disease Management
11. Case Management

D. Risk Management
1. Objectives/integration of a program
2. Mechanisms for case identification
3. Various risk-control programs
4. Incident Reports
5. Various data sources utilized in risk management activities
6. Ways to reduce risk for a facility
7. Risk control programs

E. Quality Monitoring and Improvement
1. Purposes of quality assurance/resource
2. Characteristics of quality assurance/resource
3. External and internal influences that have caused hospitals to monitor quality
4. Terms and acronyms used in quality improvement programs in healthcare
5. Sources from which data can be collected

F. Applying QI to Medical Records
1. Collection tools to gather data for a quality improvement study
2. Screen patient records using performance indicator and collection tools
3. How the health information department can use QI techniques
4. Data collection tools for clinical pertinence review
5. Designing a Compliance Plan

G. Resource Management
1. Components of a Utilization Management plan
2. Describe “severity of illness” and “intensity of service” criteria
3. The relationship between discharge planning and Utilization Review (UR)
4. The relationship between UR and insurance companies
5. Examples of over and under utilization
6. Define the origin and purpose of critical/clinical pathways
7. The relationship between health information and the development of a pathway for a facility
8. The relationship between disease management versus case management

IV. METHOD(S) OF INSTRUCTION

A. Lecture
B. Readings from textbook
C. Supplemental handouts
D. Peer interactive activities/discussions in classroom

V. REQUIRED TEXTBOOK


VI. REQUIRED MATERIALS

A. Textbook
B. A computer with internet access (available through the Jefferson College Labs)
C. Paper, notebooks, pens, pencils with erasers

VII. SUPPLEMENTAL REFERENCES

A. Class Handouts
B. Current internet resources
   1. On-line reference materials
   2. American Health Information Management (AHIMA) web-site

VIII. METHOD OF EVALUATION

A. Written projects or journal/papers will equal 30% of total course grade consisting of 1-3 assignments focused on application of health information technology theory and principles
B. Summative Written Examinations: 4 examinations worth up to 60%
C. Attendance/Participation grade will equal 10% of total course grade
D. Grading Scale:
   A = 90-100%
   B = 80-89.9%
C = 70-79.9%
D = 60-69.9%
F = 0-59.9%

IX. ADA STATEMENT

Any student requiring special accommodations should inform the instructor and the Coordinator of Disability Support Services (Library: phone 636-797-3000, ext. 3169).

X. ACADEMIC HONESTY STATEMENT

All students are responsible for complying with campus policies as stated in the Student Handbook. Any student who cheats or plagiarizes will be subject to dismissal from the Health Information Technology program and will be referred to the college for disciplinary action. (See College website, http://www.jeffco.edu/jeffco/index.php?option=com_weblinks&catid=26&Itemid=84)