

ITT Technical Institute
HT211
Utilization, Risk and Compliance
Management
Onsite Course

SYLLABUS

Credit hours: 4

Contact/Instructional hours: 50 (30 Theory Hours, 20 Lab Hours)

Prerequisite(s) and/or Corequisite(s):

Prerequisites: HT100 Medical Terminology or equivalent, HT102 Introduction to the Health Care Record, HT104 Release of Personal Health Information, HT105 Alternative Health Records or equivalent, HT112 Human Diseases with Pharmacology or equivalent, HT201 Health Care Statistics, HT207 Coding I or equivalent, HT203 Health Care Data Sets and Specialized Registries, HT204 CPT Coding or equivalent, HT205 Health Care Reimbursement Systems or equivalent, GE258 Human Anatomy and Physiology I or HS210 Anatomy and Physiology I or equivalent, GE259 Human Anatomy and Physiology II or HS220 Anatomy and Physiology II or equivalent

Course Description:

This course is an introduction to utilization and quality management programs in health care. The course focuses on common quality and outcomes measurement, and management tools such as ORYX, SQC, benchmarking best practices and customer surveys. The course provides an overview of the structure and common practices associated with effective health care risk management and compliance management programs. This course requires a laboratory component.

Syllabus: Utilization, Risk and Compliance Management

Instructor:	_____
Office hours:	_____
Class hours:	_____

Major Instructional Areas

1. Clinical quality management
2. Quality improvement programs
3. Utilization management programs
4. Risk management programs
5. Compliance programs

Course Objectives

1. Describe the process to collect, organize, and present data for quality management.
2. Analyze clinical data to identify trends that demonstrate quality, safety, and effectiveness of health care.
3. Collect, maintain, and analyze health data to ensure organizational compliance with regulations and standards both internal and external.
4. Describe the process for interpreting and reporting statistical findings according to organizational policy.
5. Demonstrate the ability to collect, query, and report data for quality management, utilization management, risk management, and/or compliance management activities by using specialized software and techniques.
6. Apply and promote ethical standards of practice.

SCANS Objectives

SCANS is an acronym for Secretary's Commission on Achieving Necessary Skills. The committee, created by the National Secretary of Labor in the early 1990s, created a list of skills and competencies that the committee feels are necessary for employees to function in a high-tech job market.

1. Demonstrate the ability to acquire and evaluate information.
2. Display the capacity for organizing and maintaining information.
3. Demonstrate the aptitude for interpreting and communicating information.
4. Exhibit the ability to use computers to process information.
5. Demonstrate a competence for working with systems.

Course Outline

Note: All graded activities, except the Course Project, are listed below in the pattern of <Unit Number>.<Assignment Number>. For example, Assignment 2.1 refers to the 1st assignment in Unit 2.

Unit	Activities
1— Defining a Performance Improvement Model	<ul style="list-style-type: none"> • Content Covered: <i>Quality and Performance Improvement in Healthcare</i>: <ul style="list-style-type: none"> ○ Introduction ○ Chapter 1, "Defining a Performance

Unit	Activities
	<p style="text-align: center;">Improvement Model”</p> <ul style="list-style-type: none"> • Assignments: 1.1 • Labs: 1.1
2— Performance Improvement	<ul style="list-style-type: none"> • Read from <i>Quality and Performance Improvement in Healthcare</i>: <ul style="list-style-type: none"> ○ Chapter 2, “Identifying Improvement Opportunities Based on Performance Measurement” ○ Chapter 3, “Using Teamwork in Performance Improvement” • Assignments: 2.1 • Labs: 2.1, 2.2
3—Performanc e Improvement (Continued)	<ul style="list-style-type: none"> • Read from <i>Quality and Performance Improvement in Healthcare</i>: <ul style="list-style-type: none"> ○ Chapter 4, “Aggregating and Analyzing Performance Improvement Data” ○ Chapter 5, “Communicating Performance Improvement Activities and Recommendations” • Assignments: 3.1, 3.2 • Labs: 3.1
4— Customer Satisfaction	<ul style="list-style-type: none"> • Read from <i>Quality and Performance Improvement in Healthcare</i>: <ul style="list-style-type: none"> ○ Chapter 6, “Measuring Customer Satisfaction” ○ Chapter 7, “Refining the Continuum of Care” • Assignments: 4.1, 4.2 • Labs: 4.1
5— Safety	<ul style="list-style-type: none"> • Read from <i>Quality and Performance Improvement in Healthcare</i>: <ul style="list-style-type: none"> ○ Chapter 9, “Preventing and Controlling Infectious Disease” ○ Chapter 10, “Decreasing Risk Exposure” • Exam 1 • Assignments: 5.1, 5.2 • Labs: 5.1
6—Provisions	<ul style="list-style-type: none"> • Read from <i>Quality and Performance Improvement in Healthcare</i>: <ul style="list-style-type: none"> ○ Chapter 8, “Improving the Provision of Care, Treatment, and Services” • Assignments: 6.1 • Labs: 6.1
7—Provisions (Continued)	<ul style="list-style-type: none"> • Read from <i>Quality and Performance Improvement in Healthcare</i>: <ul style="list-style-type: none"> ○ Chapter 11, “Building a Safe Medication Management System” ○ Chapter 12, “Managing the Environment of Care” • Course Project: Interim Report (Part 1-5) • Assignments: 7.1

Unit	Activities
	<ul style="list-style-type: none"> • Labs: 7.1
8— Staffing and Human Resources	<ul style="list-style-type: none"> • Read from <i>Quality and Performance Improvement in Healthcare</i>: <ul style="list-style-type: none"> ○ Chapter 13, “Developing Staff and Human Resources” ○ Chapter 18, “Managing the Human Side of Change” • Assignments: 8.1, 8.2 • Labs: 8.1
9—Accreditation, Certification, and Licensure	<ul style="list-style-type: none"> • Read from <i>Quality and Performance Improvement in Healthcare</i>: <ul style="list-style-type: none"> ○ Chapter 15, “Navigating the Accreditation, Certification, or Licensure Process” • Exam 2 • Assignments: 9.1 • Labs: 9.1
10— Future of Performance Improvement	<ul style="list-style-type: none"> • Read from <i>Quality and Performance Improvement in Healthcare</i>: <ul style="list-style-type: none"> ○ Chapter 16, “Implementing Effective Information Management Tools for Performance Improvement” ○ Chapter 21, “Understanding the Legal Implications of Performance Improvement” ○ Chapter 22, “Predicting the Future of Performance Improvement in Healthcare” • Assignment 10.1, 10.2 • Labs: 10.1
11— Course Review and Course Project	<ul style="list-style-type: none"> • Course Review • Course Project • Student group presentations • Final report • Team evaluation form

Instructional Methods

This course discusses issues involved in the management of quality in healthcare. The course covers how improvements are made to healthcare services through various activities and application of performance improvement (PI) data analysis and tools. You will be presented with information on the theory, practice, and management of performance and quality improvement. In addition, you will become familiar with ways to facilitate PI activities through hands-on application of analytical and graphic tools.

This course uses a variety of activities: presentation of information by the instructor, discussions, assignments, assessment of progress in the course, and a group project and presentation. The labs, assignments, and contribution to class discussion are arranged in a manner that will facilitate the instruction and understanding of the course objectives.

The following assessment strategies are used in this course:

- Assignments are analysis-based and allow you the opportunity to apply the concepts taught in the course. The assignments follow a case study–based approach that involves scenarios and data gathering.
- Labs will provide you time to work on the Course Project in your teams. In addition, there will be two labs independent of the Course Project that will allow you to practice concepts learned in the first two units of the course.
- The Course Project will include a presentation at the end of the course. The presentation will include all of the information that was gathered and developed over the 10 weeks of class. The subject matter for this project will be decided by each group or team.
- Exams will be held at regular intervals to review the concepts taught in the course.

Instructional Materials and References

Student Textbook Package

Shaw, P. & Elliott, C. (2012). *Quality and performance improvement in healthcare: A tool for programmed learning* (5th ed.). Chicago: American Health Information Management Association.

Other Recommended Resources

Johns, M. L. (2011). *Health information technology: An applied approach* (3rd ed.). Chicago: American Health Information Management Association.

Note: You should have received this resource in *Introduction to the Health Care Record*.

References

ITT Tech Virtual Library

Log on to the ITT Tech Virtual Library at <http://library.itt-tech.edu/> to access online books, journals, and other reference resources selected to support ITT Tech curricula.

School of Study> School of Health Sciences

> Professional Organizations

> Recommended Links

○ Center for Disease Control and Prevention

○ StateHealthFacts.org

The Kaiser Family Foundation's Web site provides access to data covering state-level and U.S. data on health, health care, and health policy.

[Periodicals> EbscoHost](#)

"Maintenance of Certification: American Board of Surgery Goals." By: Lewis, Frank R. *American Surgeon*, Nov2006, Vol. 72 Issue 11, p1092-1096, 5p; (AN 23041977)

Periodicals> ProQuest Health Management

"The Joint Commission announces 2008 National Patient Safety Goals." (2007, August). *Healthcare Purchasing News*, 31(8), 6. Retrieved May 13, 2008, from ProQuest Health Management database. (Document ID: 1318541221).

Other References

The following resources may be found **outside** of the ITT Tech Virtual Library, whether online or in hard copy.

Periodicals

- Cimino, James J. "Collect Once, Use Many: Enabling the Reuse of Clinical Data through Controlled Terminologies." *Journal of AHIMA* 78, no.2 (February 2007): 24-29.
- e-HIM Work Group on Benchmark Standards for Clinical Coding Performance Measurement quality subgroup. "Collecting Root Cause to Improve Coding Quality Measurement." *Journal of AHIMA* 79, no.3 (March 2008): 71-75.
- Fenton, Susan; Gamm, Larry D.. "Who's Coding and How in Physician Practices: a Survey of E/M Documentation and Coding Practices." *Journal of AHIMA* 78, no.7 (July 2007): 52-55.
- Schulte, Skye K.. "Avoiding Culture Shock: Using Behavior Change Theory to Implement Quality Improvement Programs." *Journal of AHIMA* 78, no.4 (April 2007): 52-56.
- Viola, Allison. "Quality Organizations Take Center Stage: AHIMA Active in Efforts to Improve, Harmonize Quality Reporting." *Journal of AHIMA* 78, no.10 (November-December 2007): 18, 20.
- Wilson, Donna; et al. "A New Focus on Process and Measure: Raising Data Quality with a Standard Coding Workflow and Benchmarks." *Journal of AHIMA* 79, no.3 (March 2008): 54-58.

Web sites

- Agency for Healthcare Research and Quality (AHRQ)

Agency for Healthcare Research and Quality (AHRQ) supports research designed to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.

<http://www.ahrq.gov/>

- American Health Information Management Association (AHIMA) Students that are members of AHIMA may refer to AHIMA Communities of Practice, Quality Management & Risk Management.

<http://www.ahima.org/>

- American Hospital Association

Website for a national organization that represents and serves all types of hospitals, health care networks.

<http://www.aha.org>

- American National Standards Institute

Website for a premier source for timely, relevant, actionable information on national, regional, international standards and conformity assessment issues.

<http://www.ansi.org>

- American Society for Healthcare Risk Management (ASHRM)

This Web site focuses on developing and implementing safe and effective patient care practices, the preservation of financial resources and the maintenance of safe working environments.

<http://www.ashrm.org/>

- Centers for Medicare and Medicaid Services

Website for the U.S. federal agency that administers the Medicare and Medicaid programs.

<http://www.cms.hhs.gov/default.asp?>

- Health Care Compliance Association

Website to champion ethical practice and compliance standards and to provide the necessary resources for ethics and compliance professionals.

<http://www.hcca-info.org>

- The Joint Commission

Website for the organization that attempts to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.

<http://www.jointcommission.org>

- Merck Manual of Medical Information

This all-new publication is based on *The Merck Manual of Diagnosis and Therapy*, commonly referred to as *The Merck Manual*, the textbook of medicine used by health care professionals in the U.S. and worldwide. The Home Edition transforms the language of the professionals' version into commonly used English while retaining the vital information about diseases, diagnosis, prevention, and treatment.

http://www.merck.com/pubs/mmanual_home/

- National Association of Health Data Organizations

Website is a national, not-for-profit membership organization dedicated to improving health care through the collection, analysis, dissemination, public availability, and use of health data.

<http://www.nahdo.org>

- National Committee for Quality Assurance

Website for a non-profit organization dedicated to improving health care quality.

<http://www.ncqa.org/>

- Online Tutorial: Microsoft Excel

Website with a wide range of online interactive tutorials on Microsoft Excel.

http://www.internet4classrooms.com/on-line_excel.htm

All links to Web references outside of the ITT Tech Virtual Library are always subject to change without prior notice.

Course Evaluation and Grading

Evaluation Criteria Table

The final grades will be based on the following categories:

CATEGORY	WEIGHT
Assignments	30%
Labs	5%
Exams	30%
Course Project	35%
Total	100%

Note: Students are responsible for abiding by the Plagiarism Policy.

Grade Conversion Table

The final grades will be calculated from the percentages earned in the course, as follows:

A	90–100%	4.0
B+	85–89%	3.5
B	80–84%	3.0
C+	75–79%	2.5
C	70–74%	2.0
D+	65–69%	1.5
D	60–64%	1.0
F	<60%	0.0

HIT Associate Degree Entry-Level Competencies

Refer to the following chart for the complete HIT Associate Degree Entry-Level Competencies.

HIT ASSOCIATE DEGREE ENTRY-LEVEL COMPETENCIES

Domains, Subdomains, and Tasks	Curriculum Course(s) in Which Task is Covered																	
	HT100	HS210*	HT102	HS220*	HT105	HT201	HT112	HT113	HT104	HT207	HT200	HT203	HT204	HT205	HT208	HT211	HT212	
<i>I. Domain: Healthcare Data Management</i>																		
<i>A. Subdomain: Health Data Structure, Content and Standards</i>																		

HIT ASSOCIATE DEGREE ENTRY-LEVEL COMPETENCIES

Domains, Subdomains, and Tasks	Curriculum Course(s) in Which Task is Covered																
	HT100	HS210*	HT102	HS220*	HT105	HT201	HT112	HT113	HT104	HT207	HT200	HT203	HT204	HT205	HT208	HT211	HT212
1. Collect and maintain health data (such as data elements, data sets, and databases).			A ✓		A ✓			✓			A ✓			✓			
2. Conduct analysis to ensure documentation in the health record supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status.			A ✓		A ✓						A ✓						
3. Apply policies and procedures to ensure the accuracy of health data.			A ✓		A ✓						A ✓						
4. Contribute to the definitions for and apply clinical vocabularies and terminologies used in the organization's health information systems.	A ✓		A ✓		A ✓			✓			A ✓						
5. Verify timeliness, completeness, accuracy, and appropriateness of data and data sources for patient care, management, billing reports, registries, and/or databases.			A ✓		A ✓			✓			A ✓	✓		✓	✓		
B. Subdomain: Healthcare Information Requirements and Standards																	
1. Monitor and apply organization-wide health record documentation guidelines.			A ✓		A ✓						A ✓						✓
2. Apply policies and procedures to ensure organizational compliance with regulations and standards.			A ✓		A ✓						A ✓			✓			✓
3. Report compliance findings according to organizational policy.			✓		✓						A ✓						✓
4. Maintain the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards.			✓		✓						A ✓						✓
5. Assist in preparing the organization for accreditation, licensing, and/or certification surveys.			✓		✓						A ✓						✓
C. Subdomain: Clinical Classification Systems																	
1. Use and maintain electronic applications and work processes to support clinical classification and coding.											A ✓		✓		✓		
2. Apply diagnosis/procedure codes using ICD-9-CM.											A ✓				✓		
3. Apply procedure codes using CPT/HCPCS.													A ✓		✓		
4. Ensure accuracy of diagnostic/procedural groupings such as DRG, APC, and so on.											A ✓			A	✓		
5. Adhere to current regulations and established guidelines in code assignment.											A ✓		✓	A ✓	✓		
6. Validate coding accuracy using clinical information found in the health record.											A ✓		✓	A	✓		
7. Use and maintain applications and processes to support other clinical classification and nomenclature systems (such as ICD-10-CM, SNOMED, and so on).											✓			A	✓		
8. Resolve discrepancies between coded data and supporting documentation.											A ✓		✓	A ✓	✓		
D. Subdomain: Reimbursement Methodologies																	
1. Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery.											✓			✓	✓		
2. Support accurate billing through coding, chargemaster, claims management, and bill reconciliation processes.											✓			✓	✓		

HIT ASSOCIATE DEGREE ENTRY-LEVEL COMPETENCIES

Domains, Subdomains, and Tasks	Curriculum Course(s) in Which Task is Covered																
	HT100	HS210*	HT102	HS220*	HT105	HT201	HT112	HT113	HT104	HT207	HT200	HT203	HT204	HT205	HT208	HT211	HT212
3. Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative.										✓			✓	✓			
4. Compile patient data and perform data quality reviews to validate code assignment and compliance with reporting requirements such as outpatient prospective payment systems.														A ✓	✓		
II. Domain: Health Statistics, Biomedical Research and Quality Management																	
A. Subdomain: Healthcare Statistics and Research																	
1. Abstract and maintain data for clinical indices/databases/registries.										✓	A ✓	A ✓			✓		
2. Collect, organize and present data for quality management, utilization management, risk management, and other related studies.											A ✓				✓	✓	
3. Compute and interpret healthcare statistics.						✓					A ✓					✓	
4. Apply Institutional Review Board (IRB) processes and policies.									✓							✓	
5. Use specialized databases to meet specific organization needs such as medical research and disease registries.						✓			✓			A ✓	✓		✓	✓	
B. Subdomain: Quality Management and Performance Improvement																	
1. Abstract and report data for facility-wide quality management and performance improvement programs.															✓	✓	
2. Analyze clinical data to identify trends that demonstrate quality, safety, and effectiveness of healthcare.															✓	✓	
III. Domain: Health Services Organization and Delivery																	
A. Subdomain: Healthcare Delivery Systems																	
1. Apply information system policies and procedures required by national health information initiatives on the healthcare delivery system.					A ✓										✓		
2. Apply current laws, accreditation, licensure, and certification standards related to health information initiatives from the national, state, local and facility levels.			A ✓		A ✓										✓	✓	
3. Apply policies and procedures to comply with the changing regulations among various payment systems for healthcare services such as Medicare, Medicaid, managed care, and so forth.					A ✓									✓	✓		
4. Differentiate the roles of various providers and disciplines throughout the continuum of healthcare and respond to their information needs.					A ✓						A ✓			✓		✓	
B. Subdomain: Healthcare Privacy, Confidentiality, Legal, and Ethical Issues																	
1. Participate in the implementation of legal and regulatory requirements related to the health information infrastructure.									✓								

HIT ASSOCIATE DEGREE ENTRY-LEVEL COMPETENCIES

Domains, Subdomains, and Tasks	Curriculum Course(s) in Which Task is Covered																
	HT100	HS210*	HT102	HS220*	HT105	HT201	HT112	HT113	HT104	HT207	HT200	HT203	HT204	HT205	HT208	HT211	HT212
2. Apply policies and procedures for access and disclosure of personal health information.									✓		A ✓						
3. Release patient-specific data to authorized users.									✓		A ✓						
4. Maintain user access logs/systems to track access to and disclosure of identifiable patient data.									✓		A ✓						
5. Conduct privacy and confidentiality training programs.									A ✓		A ✓						
6. Investigate and recommend solutions to privacy issues/problems.									A ✓		A ✓						
7. Apply and promote ethical standards of practice.			A ✓		A ✓				A ✓	A ✓	A ✓		✓	✓	✓	✓	
IV.Domain: Information Technology & Systems																	
A. Subdomain: Information and Communication Technologies																	
1. Use technology, including hardware and software, to ensure data collection, storage, analysis, and reporting of information.			✓		A ✓			✓			A ✓			A ✓	✓	✓	
2. Use common software applications such as spreadsheets, databases, word processing, graphics, presentation, e-mail, and so on in the execution of work processes.			A ✓		A ✓	✓			✓		A ✓			A ✓	✓	✓	✓
3. Use specialized software in the completion of HIM processes such as record tracking, release of information, coding, grouping, registries, billing, quality improvement, and imaging.			A ✓		A ✓			✓	✓	✓	A ✓		A ✓	A ✓	✓	✓	
4. Apply policies and procedures to the use of networks, including intranet and Internet applications to facilitate the electronic health record (EHR), personal health record (PHR), public health, and other administrative applications.			✓					✓						✓	✓		
B. Subdomain: Data, Information, and File Structures																	
1. Apply knowledge of data base architecture and design (such as data dictionary, data modeling, data warehousing, and so on) to meet departmental needs.								✓									
C. Subdomain: Data Storage and Retrieval																	
1. Use appropriate electronic or imaging technology for data/record storage.			✓								A ✓				✓		
2. Query and generate reports to facilitate information retrieval.			A ✓					✓							✓		
3. Design and generate reports using appropriate software.			✓			✓		✓			A ✓			✓	✓	✓	
4. Maintain archival and retrieval systems for patient information stored in multiple formats.			✓					✓									
5. Coordinate, use and maintain systems for document imaging and storage.			✓						✓		A ✓						
D. Subdomain: Data Security																	
1. Apply confidentiality and security measures to protect electronic health information.								A ✓	A ✓		A ✓				✓		

HIT ASSOCIATE DEGREE ENTRY-LEVEL COMPETENCIES

Domains, Subdomains, and Tasks	Curriculum Course(s) in Which Task is Covered																	
	HT100	HS210*	HT102	HS220*	HT105	HT201	HT112	HT113	HT104	HT207	HT200	HT203	HT204	HT205	HT208	HT211	HT212	
2. Protect data integrity and validity using software or hardware technology.			✓					A ✓	A ✓		A ✓				✓			
3. Apply departmental and organizational data and information system security policies.								A ✓	A ✓		A ✓				✓			
4. Use and summarize data compiled from audit train and data quality monitoring programs.								✓								✓		
5. Contribute to the design and implementation of risk management, contingency planning, and data recovery procedures.								A ✓	✓							✓		
E. Subdomain: Healthcare Information Management																		
1. Participate in the planning, design, selection, implementation, integration, testing, evaluation, and support for organization-wide information systems.								✓										
2. Use the principles of ergonomics and human factors in work process design.															✓		✓	
V. Domain: Organizational Resources																		
A. Subdomain: Human Resources																		
1. Apply the fundamentals of team leadership.											✓				✓		✓	
2. Organize and contribute to work teams and committees.											A ✓				✓	✓	✓	
3. Conduct new staff orientation and training programs.																	✓	
4. Conduct continuing education programs.											A ✓				✓		✓	
5. Monitor staffing levels and productivity standards for health information functions, and provide feedback to management and staff regarding performance.															✓		✓	
6. Communicate benchmark staff performance data.																✓	✓	
7. Prioritize job functions and activities.															✓		✓	
8. Use quality improvement tools and techniques to monitor, report and improve processes.						✓									✓	✓	✓	
B. Subdomain: Financial and Physical Resources																		
1. Make recommendations for items to include in budgets and contracts.		A ✓																✓
2. Monitor and order supplies needed for work processes.																		✓
3. Monitor coding and revenue cycle processes.														✓	✓		✓	
4. Recommend cost-saving and efficient means of achieving work processes and goals.																		✓
5. Contribute to work plans, policies, procedures, and resource requisitions in relation to job functions.															✓		✓	

* HS210 and HS220 are equivalent to GE258 and GE259 respectively.
A=application; ✓ = teach

(End of Syllabus)