



Draft 2018 Associate Curriculum Guidance

Using this resource: Curricula Guidance resources have been developed for each academic level. The intention is to provide educators with **suggested** learning resources, examples, potential websites, and other ideas for educators’ **consideration only**. In a spirit of academic freedom, it is ultimately each educator’s responsibility to choose whichever learning resources they prefer to use in their courses, curriculum and program. There is **no expressed nor implied guarantee** that using a listed resource meets a given HIM competency, Bloom’s level or accreditation standard. The new Curricula Guidance resources replace the previous *Curricular Considerations* and are now maintained separately from the HIM Curricula Competencies, which provides much more flexibility with keeping the Curricular Guidance resources current.

Domain I. Data Structure, Content, and Information Governance

Competency	Bloom’s Level	Curriculum Guidance: suggested learning resources, examples, and ideas for consideration only
I.1. Identify types of healthcare organizations, services, and personnel, including interrelationships and needs of stakeholders across healthcare delivery systems.	3	<ul style="list-style-type: none"> • Hospitals: inpatient, outpatient, emergency department, ancillary departments • Alternate care settings: stand-alone ambulatory settings, ambulatory surgery centers, dialysis care centers, freestanding radiology centers, urgent care, correctional facilities, home healthcare, hospice care, long term care, mental health settings, physician and dental offices • Clinical informatics in the delivery of healthcare: clinical decision support, clinical reminders and alerts, patient care alerts, reporting triggers, clinical guidelines, order sets (derived from evidence-based practice guidelines), documentation templates • External forces: accreditation and regulation, accountable care organizations, biotechnology (e.g., pharmacology), medical devices, mobile-health technology, quality initiatives (e.g., value-based programs, quality improvement organizations, quality payment program), telehealth, third-party payers and managed care • Internal forces: health information management department organization and functions, levels of care, medical staff organization, healthcare provider roles and responsibilities, administrative patient registration (admission/discharge/transfer), billing, clinical (lab, radiology, pharmacy) • Impact of federal (and state) policy on healthcare delivery: Healthy People 20xx, Institutes of Medicine reports, Centers for Disease Control and Prevention, Patient-Centered Outcomes Research Institute, Precision Medicine Initiative, Centers for Medicare and Medicaid

Domain I. Data Structure, Content, and Information Governance		
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I.2. Apply policies, regulations, and standards for the management of information.	3	<p><i>Information Governance (IG) is an organization wide framework for managing information throughout its lifecycle and for supporting the organization's strategy, operations, regulatory, legal, risk, and environmental requirements (AHIMA, 2018)</i></p> <ul style="list-style-type: none"> • Federal legislation (e.g., Health Insurance Portability and Accountability Act) • Federal regulations (e.g., Medicare Conditions for Coverage, Medicare Conditions of Participation, Medicare Hospital Inpatient Quality Reporting Program, Medicare Promoting Interoperability Programs, Medicare Quality Payment Program) • State health department statutes and regulations (e.g., documentation requirements, licensure requirements) • Healthcare accreditation standards (e.g., American Osteopathic Association, The Joint Commission) • Roles and responsibilities of healthcare employee access to health information (e.g., electronic health record, web-based data) • Audit logs and trails for privacy and security of health information (e.g., granting access to and release of protected health information) • Health information management department policies and procedures • Health information management software: application design and use, system testing and integration tools, software applications (e.g., billing, coding, document imaging, electronic health record, grouping, natural language processing and understanding, electronic health record (EHR), personal health record (PHR), quality improvement, record tracking, registries, release of information), electronic health record certification (e.g., Office of National Coordinator for Health Information Technology)

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I.3. Identify policies and strategies to achieve data integrity.	3	<p><i>Data governance (DG) is primarily concerned with policies and strategies that address the creation and use of granular data as inputs into a system (AHIMA, 2018)</i></p> <ul style="list-style-type: none"> • Database, data dictionary, data warehouse, data mining, data governance • Healthcare documentation standards: The Joint Commission, American Osteopathic Association, Medicare Conditions for Coverage, Medicare Conditions of Participation, and state regulations (e.g., state department of health documentation and licensure regulations) • Organizational and industry resources (e.g., books, toolkits, webinars, white papers) • Healthcare facility documentation policies: medical staff bylaws, rules, and regulations; health information management department policies and procedures • Forms and electronic health record screen design: creation, revision, standardization of existing paper-based forms and electronic health record screens • Forms and electronic health record screen control: obtaining approval of newly created and revised paper-based forms and electronic health record screens • Data integrity concepts: amendments and corrections to the health record, authorization validation for disclosure of protected health information, data governance, patient identification (e.g., lowering patient safety risks) • Types of healthcare data: administrative data (e.g., demographic, financial), claims data, clinical trials data (e.g., institutional review board), electronic health records, patient health surveys, registries (e.g., master patient index, cancer registry) • Data reporting: communication and network technologies, electronic health record, personal health record, health information exchanges, patient portals, public health, standards (e.g., transmission control protocol/internet protocol), telehealth, interfaces, core measure reporting, mandatory reporting, identity management, patient matching, integration into electronic health record, security of health information exchange, types of exchanges, changes in outcomes of care resulting from health information exchange, impact of health information exchange on continuity of care, comprehensive and longitudinal data on hospitals, barriers to using health information technology, impact of Medicare Quality Payment Program on data/quality measures reporting, organization adoption and use (e.g., percentage increase in adoption of health information technology), health information technology of the future (e.g., impact of telemedicine)

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I.4. Evaluate health record content for compliance across the healthcare continuum.	5	<ul style="list-style-type: none"> • Health record content deficiencies: data authentication, completeness, and validation (e.g., Medicare Conditions of Coverage, Conditions of Participation) <ul style="list-style-type: none"> ○ Quantitative analysis: review of patient record for completeness (e.g., missing authentication, missing documentation) ○ Qualitative analysis: review of patient record for inconsistencies in documentation (e.g., medical necessity, incomplete diagnosis or procedure statements) • Continuum of care <ul style="list-style-type: none"> ○ Services: primary care (e.g., acute care, preventive care, chronic care), secondary care (e.g., medical specialists), tertiary care (e.g., specialized hospitals, including level I through IV trauma centers), quaternary care (e.g., experimental medicine) ○ Mechanisms: care coordination, case-based financing, integrated information systems, planning and management
I.5. Data Management Evaluate data dictionaries and data sets for compliance with governance standards.	5	<ul style="list-style-type: none"> • Data interchange standards: definition of data elements, interchange formats, interoperability (e.g., Fast Healthcare Interoperability Resources - FHIR), terminologies, knowledge representation, standards (e.g., Health Level 7) • Data analytics stages: capture, provisioning, analysis • Enterprise data warehouses, enterprise master patient index software • Resolving duplicate master patient index entries (and patient records) • Linking patient data across multiple systems • Using secondary data sources <ul style="list-style-type: none"> ○ Indexes and registers (e.g., master patient index, patient registration database) ○ Registries (e.g., birth, cancer, cardiac, trauma) ○ Financial transaction records (e.g., patient bill, CMS-1500, UB-04) ○ Admission/discharge/transfer system ○ Birth certificate, death certificate, patient case abstract, computer-generated aggregate patient reports (e.g., disease-specific, top ten diagnosis-related groups) • Reliability and accuracy of secondary data sources <ul style="list-style-type: none"> ○ General data characteristics: integrity, quality, reliability, validity ○ Data quality management: analysis, application, collection, warehousing ○ Characteristics that ensure data quality: accessibility, accuracy, comprehensiveness, consistency, definition, granularity, precision, relevance, timeliness (currency) ○ Data analysis techniques: mining, relational databases, online analytical processing (OLAP) servers

Domain II. Information Protection: Access, Use, Disclosure, Privacy, and Security		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
II.1. Apply privacy strategies.	3	<ul style="list-style-type: none"> • Accessing, divulging, releasing, or transferring PHI • Artificial intelligence (AI) • Author authentication • Authorization and authentication for release of protected health information • Breach management • Health information exchange (e.g., regional health information organization) • HIPAA preemption analysis • HIPAA Privacy Rule implementation (e.g., privacy training program) • Internal/external access auditing/controls • Mandatory reporting (e.g., state reportable diseases and events) • Notice of Privacy Practices • Patient Privacy/HIPAA rights • Patient right to an accounting of disclosures • Patient rights to view/access PHI • PHI received from external providers • Policies for employee use of social media • Privacy of data generated: telehealth, mobile-health, wearable medical devices • Protected health information (PHI) disclosure and release of information (ROI) procedures • Unreasonable measures (e.g., requiring use of web portal to request access to PHI)
II.2. Apply security strategies.	3	<ul style="list-style-type: none"> • HIPAA Security Rule implementation and safeguards • Impact of social media on health information security • Information security review (e.g., security audits) • Security training program

Domain II. Information Protection: Access, Use, Disclosure, Privacy, and Security		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
II.3. Identify compliance considerations throughout the health information life cycle.	3	<ul style="list-style-type: none"> • Health information life cycle: data and information from the point of creation or collection, through the management, storage, transformation in to information and duration of its required retention period • Data – Information – Knowledge – Wisdom continuum • Retention and destruction timeframes, methods • Litigation hold procedures • Health record destruction methods: paper (e.g., burning, macerating, pulping, pulverizing, shredding) versus electronic (e.g., crushing, incinerating, or shredding of media; overwriting to render data unrecoverable, degaussing, demagnetizing) • Health record retention schedules: federal, state • Health record retention methods: paper (e.g., microfilm, on- or off-site storage) versus electronic (e.g., dedicated servers, DVD, gold CD, magnetic disk or tape, optical disk, including on- or off-site storage) • Health record archive methods: environmental controls and identification for digital or paper-based

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Domain III. Informatics, Analytics, and Data Use		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
III.1. Utilize technologies for trend analysis, end user support, decision making, and strategic planning.	3	<p><i>Data Analysis: the task of transforming, summarizing, or modeling data to allow the user to make meaningful conclusions (White, 2016)</i></p> <p><i>Health Informatics: a collaborative activity that involves people, processes, and technologies to produce and use trusted data for better decision making. (AHIMA, 2018)</i></p> <ul style="list-style-type: none"> • Information integrity and data quality: quality assessment and improvement; process, collection tools, data analysis, and reporting techniques • Data Trend analysis: patient quality, patient safety, effectiveness of healthcare, structure and use of health information and healthcare outcomes (e.g., healthcare statistics, privacy audits, security audits), public health trending, epidemiology case studies, health promotion programs, patient-centered medical home, healthcare delivery improvements, individual comparative aggregate analytics • Analytics and decision support • Business planning, market share planning • Disaster and recovery planning
III.2. Calculate basic descriptive, institutional, and healthcare statistics.	3	<ul style="list-style-type: none"> • Mean, frequency, percentile, and standard deviation • Healthcare statistical formulas: length of stay (LOS), death, autopsy, infections, birth rates • Data analytics types: descriptive, diagnostic, predictive, prescriptive • Calculate patient record delinquency statistics • Data chart interpretation (e.g., narrative report) • Pearson X2 test (statistical analysis comparison purposes)
III.3. Create visual representations of data.	6	<ul style="list-style-type: none"> • Creating Excel charts (e.g., area, bar, bubble, column, doughnut, line, pie, scatter, surface) • Data visualization, dashboard, data capture tools and technologies (e.g., dashboards, benchmarks, inventory) • Report generation: organizational design and strategic use of patient and performance data to support specific lines of business in healthcare; current reportable data from regulatory agencies • Data presentation: creating presentations that explain descriptive data (e.g., Microsoft PowerPoint) • Report generating technologies (e.g., Crystal reports, Microsoft Power Business Intelligence, Tableau, pivot tables)

Domain III. Informatics, Analytics, and Data Use		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
III.4. Identify common research methods.	3	<ul style="list-style-type: none"> • Research methodologies: quantitative, qualitative, and mixed methods • Data acquisition: Center for Disease Control, World Health Organization, Agency for Healthcare Research and Quality • Research ethics: institutional review board (IRB) (also called independent ethics committee, ethical review board, or research ethics board) • Research designs: quantitative (e.g., fixed design) and qualitative (e.g., flexible design) <ul style="list-style-type: none"> ○ Fixed design (e.g., experimental and non-experimental research designs, theory driven, measured quantitatively) ○ Flexible design (e.g., case study, ethnographic study, grounded-theory study, more freedom during data collection process, may not be able to be quantitatively measured) • Design types: descriptive (e.g., case study, naturalistic observation, survey); correlational (e.g., case-control study, observational study), semi-experimental, and experimental • Grouping participants: cohort study, cross-sectional study, cross-sequential study, longitudinal study • Types of research: confirmatory research (e.g., tests a <i>priori</i> hypothesis), exploratory research (e.g., seeks to generate a <i>posteriori</i> hypothesis by examining a data set and looking for potential relations between and among variables)
III.5. Data Management Conduct queries using database management techniques.	6	<ul style="list-style-type: none"> • Database Management System (DBMS): Microsoft Access • Microsoft Excel spreadsheet software: calculation, graphing tools, pivot tables • Visual Basic for Applications macro programming language • Database language: structured query language (SQL)
III.6. Data Management Identify system specifications to determine interoperability and optimal efficiencies.	3	<ul style="list-style-type: none"> • Interoperability, including semantic interoperability • Office of the National Coordinator for Health IT (ONC) • Standards development: <i>American Society for Testing and Materials</i>, Health Level Seven International (HL7), International Organization for Standardization (ISO) • Metadata • Measuring quality and performance through data: Joint Commission Core Measures; Center for Medicare and Medicaid Services Present on Admission Indicator Reporting, Clinical Quality Measures; National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set

Domain IV. Revenue Cycle Management		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
IV.1. Explain the use of classification systems, clinical vocabularies, and nomenclatures.	2	<ul style="list-style-type: none"> • Classification systems (coding systems): Current Procedural Terminology (CPT); Diagnostic and Statistical Manual, 5th edition (DSM-5); Healthcare Common Procedure Coding System (HCPCS) Level II; International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM); International Classification of Diseases, 10th Revision, Procedure Classification System (ICD-10-PCS); International Classification of Diseases Oncology, 3rd Revision (ICD-O); International Classification of Functioning, Disability, and Health (ICF); National Drug Code • Clinical terminologies: designations, expressions, symbols, and terms used in the field of medicine (e.g., "pupils equal, round, and reactive to light" is commonly abbreviated as PERRL in a physical examination report) • Clinical vocabularies: clinical phrases or words along with their meanings (e.g., "myocardial infarction," which is defined as the sudden deprivation of blood flow to heart muscle due to coronary artery blockage resulting in tissue damage (necrosis), is commonly called a "heart attack") • Nomenclatures: Systematized Nomenclature of Medicine (SNOMED)–Clinical Terms
IV.2. Recognize assignment of diagnostic and procedural codes and groupings in accordance with official guidelines.	2	<ul style="list-style-type: none"> • Official coding guidelines: ICD-10-CM Official Guidelines for Coding and Reporting, ICD-10-PCS Official Guidelines for Coding and Reporting, CPT guidelines and notes, National Correct Coding Initiative Policy Manual for Medicare Services • Coding guidance publications: American Hospital Association (AHA) Coding Clinic® for HCPCS, AHA Coding Clinic® for ICD-10-CM and ICD-10-PCS, CPT® Assistant (American Medical Association)

Domain IV. Revenue Cycle Management		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
IV.3. Describe components of revenue cycle management and clinical documentation improvement.	2	<ul style="list-style-type: none"> • Health plans: BlueCross/BlueShield, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), commercial health insurance, Medicaid, Medicare, State Children's Health Insurance Program, TRICARE, workers' compensation • Federal payment/reimbursement systems: ambulance fee schedule, ambulatory surgery center payment rates, clinical laboratory fee schedule: durable medical equipment, prosthetics, orthotics and supplies fee schedule, federally qualified healthcare prospective payment system, end-stage renal disease composite payment rate system, home health prospective payment system (using home health resource groups), hospital outpatient prospective payment system (using ambulatory payment classifications), inpatient psychiatric facility prospective payment system, inpatient prospective payment system (using Medicare severity diagnosis-related groups), inpatient rehabilitation facility prospective payment system, long-term care hospital prospective payment system, Medicare physician fee schedule (relative value scales), skilled nursing facility prospective payment system (using resource utilization groups) • Payer contract management (e.g., managed care) • Private payment/reimbursement systems: all payer diagnosis-related groups, all patients refined diagnosis-related groups, managed care, usual/customary/reasonable (UCR) • Performance measurements (metrics): hospital value-based purchasing, quality payment program (e.g., alternative payment models, merit-based incentive payment system) • Case mix management: case mix index, case mix management system, patient acuity, patient population • Case mix measurement: severity of illness (SI), intensity of resources (IR), risk of mortality, prognosis, treatment difficulty, need for intervention • Integrated revenue cycle: integrating case and utilization management, clinical documentation improvement, health information management to improve reimbursement • Utilization management: disease management process, policies and procedures, query knowledge, regulations and guidelines, Healthcare Cost Utilization Project, Patient-Centered Outcomes Resource Institute, Program for Evaluating Payment Patterns Electronic Report (PEPPER) • Case management and care coordination • Claims denial appeals process required by health insurance companies and government health plans • Discharged, not final billed (DNFB) accounts process required by healthcare facilities

Domain IV. Revenue Cycle Management		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
IV.4. Revenue Management Evaluate compliance with regulatory requirements and reimbursement methodologies.	5	<ul style="list-style-type: none"> • Official coding guidelines: ICD-10-CM Official Guidelines for Coding and Reporting, ICD-10-PCS Official Guidelines for Coding and Reporting, CPT guidelines and notes, National Correct Coding Initiative Policy Manual for Medicare Services • Coding guidance publications: American Hospital Association (AHA) Coding Clinic® for HCPCS, AHA Coding Clinic® for ICD-10-CM and ICD-10-PCS, CPT® Assistant (American Medical Association)
IV.5. Revenue Management Evaluate revenue cycle processes.	5	<ul style="list-style-type: none"> • Chargemaster and encounter forms: chargemaster and encounter form coding accuracy validation audits and re-audits, feedback loop of audit results, corrections, decisions regarding use of computer-assisted coding software and chargemaster/encounter form vendors, and re-audits • Appeals letters: referencing official coding guidelines, attaching supporting documentation • Case mix management: calculating case mix index (formula), impact of case mix index on reimbursement • Discharged, not final billed (DNFB) accounts: Processing DNFB accounts, impact of appeal process and DNFB on facility reimbursement • Revenue cycle auditing, financial resource and data analytics
IV.6. Revenue Management Determine diagnosis and procedure codes according to official guidelines.	5	<ul style="list-style-type: none"> • Diagnosis and procedure codes; coding statements, coding cases, and patient records • Official coding guidelines and coding guidance publications • Paper-based coding manuals and encoders • Computer-assisted coding software



Domain V. Health Law & Compliance		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
V.1. Articulate legal terms and processes that impact healthcare.	3	<ul style="list-style-type: none"> • Definition of legal health record, designated record set • Custodian of the health record (including electronic health record) • Health record access • Authentication of the legal health record • Certifying health records as part of the legal process • Information that is not disclosed during the discovery process (e.g., committee minutes, incident reports) • Admissibility of health records per Federal Rules of Evidence and the Uniform Rules of Evidence • Printing electronic health records • United States legal system • United States court systems and legal procedures • Health information judicial process • Principles of liability • Confidentiality and informed consent
V.2. Demonstrate compliance with laws, regulations, and standards.	3	<ul style="list-style-type: none"> • Protected health information (PHI) disclosure and release of information (ROI) procedures • Patient rights to view/access PHI • Notice of Privacy Practices • Patient Privacy/HIPAA rights • HIPAA • Unreasonable measures (e.g., requiring use of web portal to request access to PHI) • Accessing, divulging, releasing, or transferring PHI • Protected health information received from external providers • Patient right to an accounting of disclosures

Domain V. Health Law & Compliance		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
V.3. Identify key components of risk management.	3	<ul style="list-style-type: none"> • Accreditation • Cause and effect diagram • Disaster planning • Failure mode and effects analysis • Financial audits (e.g., Medicare Review, Comprehensive Error Rate Testing audits, Recovery Audit Contractor audits) • Hiring and staffing practices • Incident reporting • Licensure • Malpractice, general liability • National Physician Data Bank • Patient safety • Potentially compensable events • Privacy/security breaches • Privileges • Risk identification and assessment • Risk management • Root cause analysis • Safety culture • Potential risks to quality patient care and facility liability: negligent credentialing, fraud and abuse (e.g., Stark anti-kickback laws), hospital-acquired conditions and nosocomial infections (e.g., Methicillin Resistant Staphylococcus Aureus), sentinel events, cybersecurity
V.4. Analyze how healthcare policy-making directly and indirectly impacts regional and national healthcare delivery systems.	4	<ul style="list-style-type: none"> • Governmental policy-making process • Healthcare delivery of accountable care organizations and medical homes • Public health initiatives (ACA, AHRQ, CDC) to health record documentation requirements and/or reporting • Effects of population health initiatives on exchange of health information • Effects of state and federal pay-for-performance initiatives on the quality and content of health record documentation (i.e. core measures, MACRA)

Domain VI. Organizational Management & Leadership		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
VI.1. Demonstrate fundamental leadership skills.	3	<ul style="list-style-type: none"> • Leadership skills: best practices for leadership adaptability (e.g., planning for the time of year, thinking “outside the box”), building and maintaining professional relationships, demonstrating ethics and integrity, displaying drive and purpose, enhancing business skills and knowledge; facilitation, motivation, teamwork, team development, exhibiting leadership stature, key competencies needed for managers, leadership process and styles; organizational culture, mission, vision, standards of behavior; securing access to leadership, solving problems and making decisions, understanding and navigating the organization, using interpersonal skills, utilizing critical thinking skills, valuing diversity and difference • Best practices for business operations: employee satisfaction standards, policies and procedures • Facilitating meetings: committee composition and function; role of committees in consensus building; importance of communication, critical thinking, and interpersonal skills; meeting agendas, minutes, memorandums; protocol for conducting meetings; formal (e.g. Roberts Rules of Order) <i>versus</i> informal; conflict resolution, civil discourse, facilitation techniques, virtual meetings • Personal leadership skills: solving problems and making decisions, managing politics and influencing others, establishing vision and strategy, managing the work, multi-tasking, enhancing business skills and knowledge, understanding and navigating the organization, effective oral and written communication, effectively developing others, valuing diversity and difference, building and maintaining relationships, managing multi-disciplinary and multi-cultural teams and work groups, conflict management, managing yourself and demonstrating emotional intelligence, communicating appropriately for the circumstances, developing others, common employability skills

Domain VI. Organizational Management & Leadership		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
VI.1. (Continued) Demonstrate fundamental leadership skills.	3	<ul style="list-style-type: none"> • Strategic planning process <ul style="list-style-type: none"> ○ Information management strategic plan ○ Corporate/enterprise strategic plan ○ Financial and administrative departments ○ Workflow process ○ Organization-wide process ○ Organizational strategic plan <i>versus</i> HIM departmental strategic plan ○ Corporate level planning "trickle down" ○ Innovation in technology ○ Outcome monitoring and control ○ Research in strategic planning • Team leadership: team roles, team building, team positions and functions, team leader role, managing effective teams and work groups, facilitation techniques (e.g., ice breakers, brainstorming, modified Borda count, avoiding groupthink, role playing), decision-making tools and models (e.g., decision matrix analysis), organization and planning, communicating effectively (e.g., soft skills of communication, active listening), demonstrating diplomacy and negotiating skills, team charters • Interdisciplinary and interprofessional teams <i>Interprofessional - "when two or more professionals learn about, from and with each other to enable effective collaboration and improve health outcomes" (WHO 2010) different professions working together, for example HIM working with physician or pharmacist)</i>
VI.2. Identify the impact of change on processes, people, and systems.	3	<ul style="list-style-type: none"> • Anticipatory leadership • Communication plan • Implementing new processes and systems • Managing change • Organizational mergers and acquisitions • Critical thinking for change management • Project management tools for change

Domain VI. Organizational Management & Leadership		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
VI.3. Identify human resource strategies for organizational best practices.	3	<ul style="list-style-type: none"> • Calculating full time equivalents (FTE) • Development of interprofessional relationships • Job analysis: methods and comparing results with health information management functions (e.g., job descriptions) • Department staffing levels and staffing mix • Productivity standards • Standards for health information management functions (e.g., chart completion, coding accuracy, release of information turnaround time, overall departmental workflow) • Workflow planning
VI.4. Utilize data-driven performance improvement techniques for decision making.	3	<ul style="list-style-type: none"> • Continuous quality improvement tools and techniques • Customer satisfaction • Data collection tools • Industrial and facility wide outcomes reporting • Lean Six Sigma • Performance measurements
VI.5. Utilize financial management tools and processes to meet strategic goals.	3	<ul style="list-style-type: none"> • Healthcare organization budgets: capital, cash flow, financial, master, operating, static budgets • Health information management department budgets: capital equipment, personnel, operations budget (e.g., supplies, software subscriptions) budgets • Cash flow statement methods: direct, indirect <ul style="list-style-type: none"> ○ Cash, expenses, revenue, cash flow from operating activities, cash flow from financing activities, cash flow from investing activities, increase/decrease in cash, ending cash balance, reconciliation of net income and net cash provided by each activity • Annual budgets • Budget analysis: variances (e.g., calculating static budget variances), ratio analysis, trend analysis • Accounting principles (e.g., cost accounting, cash accounting) • Accounting methods: cash basis, accrual basis, hybrid methods • Managerial accounting, financial accounting • For profit, not-for profit finances • Governing body, board of director roles

Domain VI. Organizational Management & Leadership		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
VI.6. Facilitate behaviors that embrace cultural understanding and diversity.	4	<ul style="list-style-type: none"> • Anti-discrimination policies • Assumptions, biases, and stereotypes • Cultural competence • Cultural literacy • Culture diversity among healthcare professionals • Diversity in interprofessional relationships • Diversity/multiculturalism training • Hiring strategies • National Standards on Culturally and Linguistically Appropriate Services (CLAS) • Workplace diversity and discrimination case studies
VI.7. Assess ethical standards of practice.	5	<ul style="list-style-type: none"> • AHIMA code of ethics • Professional and personal ethics • Ethical breaches (e.g., case studies) • Compliance with federal rules and regulations for breaches (e.g., how to handle ethical dilemmas) <ul style="list-style-type: none"> ○ False Claims Act ○ Healthcare Fraud Prevention and Enforcement Action Team ○ Officer Inspector General ○ Recovery Audit Contractor ○ Stark (anti-kickback) Act • Safe harbor provisions • Compliance and internal controls • Corporate compliance programs • Patient rights
VI.8. Conduct consumer engagement activities.	6	<ul style="list-style-type: none"> • Consumer engagement activities: assessing patient engagement, portal management, health literacy, use of personal health records; analyzing consumer informatics • Data collection methods: focus groups, internal document review, interviews, observations, surveys

Domain VI. Organizational Management & Leadership		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
VI.9. Identify principles of management.	3	<ul style="list-style-type: none"> • Authority and responsibility, lines of authority, team spirit, unity of command, unity of direction • Management functions, management positions by organizational settings, management versus leadership, managing and resolving conflict, managing internal organizational politics and influencing others, managing tasks • Remuneration (e.g., determining pay scales and salaries) • Benchmarking • Cost-saving and efficient means of achieving work processes and goals • Impact of re-engineering • Policies and procedures: standardized format, writing policies and procedures • Work design, process design, impact of work design on process improvement • Project management: project life cycle, project planning, team group dynamics, team member selection, leadership versus management, project management tools (e.g., Gantt chart, shared calendars, real time dashboards, task lists, project reports), project management methodologies (e.g., Agile, Scrum, Kanban, Scrumban, Lean, outcome mapping), project management software (e.g., Microsoft Project and Excel, Smartsheet, Workzone) • Vendor contract management: system acquisition and evaluation • Compliance with local, state, federal labor regulations: labor and employment statutes/regulations (e.g., Family and Medical Leave Act), labor departments (e.g., United States <i>Equal Employment Opportunity Commission</i>), employee protection (e.g., whistleblower protections), government contracts, financial aid, and grants; migrant and seasonal agricultural workers, unions and collective bargaining; workplace harassment, layoffs, and safety/health; wage garnishment, workers' compensation, veterans' preference
VI.10. Evaluate training materials.	5	<ul style="list-style-type: none"> • Electronic tools for education delivery (e.g., Microsoft PowerPoint, Prezi) • Return on investment for employee training and development: employee retention; employee engagement with sustainability; employee education, training, and development; managing people and processes; improving personality and communication skills; formula for calculating return on investment (Return on Investment [ROI] = Change in Cost of Activity/Total Cost of Training x 100%) • Training and development methods: new employee orientation, In-service education, training methodologies (e.g., job shadowing, mentoring, teach-back methods, workshops), development methodologies (e.g., coaching, role playing)

Supporting Body of Knowledge (Prerequisite or Evidence of Knowledge)	Additional Notes
Pathophysiology and Pharmacology	DM: Competency for Associate Degree Data Management Track
Anatomy and Physiology	RM: Competency for Associate Degree Revenue Management Track
Medical Terminology	Associate Degree: The DM and RM competencies are to be completed in addition to all other competencies, specific to the program's specialization.
Computer Concepts and Applications	
Math Statistics	

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