HIT 218
MANAGEMENT PRINCIPLES IN HIT

COURSE DESCRIPTION:

Prerequisites: HIT 110
Corequisites: None

This course covers organizational management concepts as applied to healthcare settings. Topics include roles/functions of teams/committees, leadership, communication and interpersonal skills, designing and implementing orientation/training programs, monitoring workflow, performance standards, revenue cycles, and organizational resources. Upon completion, students should be able to apply management, leadership, and supervisory concepts to various healthcare settings.

Course Hours per Week: Class, 3. Lab, 0. Semester Hours Credit, 3.

Note: Students must pass all Health Information Technologies (HIT) courses with a C (77% or better) to graduate from the program. No course is considered passed unless a C (77% or better) is obtained.

OUTLINE OF AHIMA KNOWLEDGE CLUSTERS COVERED IN THIS COURSE:

Upon successful completion of this course, the student will be able to:

a. Apply the fundamentals of team leadership.
b. Organize and contribute to work teams and committees.
c. Conduct new staff orientation and training programs.
d. Conduct continuing education programs.
e. Monitor staffing levels and productivity standards for health information functions, and provide feedback to management and staff regarding performance.
f. Communicate benchmark staff performance data.
g. Prioritize job functions and activities.
h. Use quality improvement tools and techniques to monitor, report and improve processes.
i. Make recommendations for items to include in budgets and contracts.
j. Monitor and order supplies needed for work processes.
k. Monitor coding and revenue cycle processes.
l. Recommend cost-saving and efficient means of achieving work processes and goals.
m. Contribute to work plans, policies, procedures, and resource requisitions in relation to job functions.
OUTLINE OF INSTRUCTION:

a. Structure and Organization of the Coding Function
b. Coding Staff Recruitment and Retention Issues
c. Alternative Staffing Solutions
d. Coding in Specialized Care Settings
e. Classifications and Terminologies
f. Uses of Coded Data in Risk Adjustment and Payment Systems
g. The Charge Description Master
h. Performance Management and Process Improvement
i. Coding and Data Quality
j. Clinical Documentation Improvement
k. Compliance
l. Reporting
m. The Revenue Cycle
n. Case-Mix Management