2018 Graduate Curriculum Guidance

Domain I. Data Structure, Content, and Information Governance		
Competency	**Bloom's Level**	**Curriculum Guidance**
I.1. Assess health care delivery systems across diverse stakeholder perspectives.	5	• **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, sentinel event/medical error reporting programs), 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 • Understand the different types of organizations, services, and personnel and their interrelationships across the healthcare delivery system

Domain I. Data Structure, Content, and Information Governance		
Competency	**Bloom's Level**	**Curriculum Guidance**
I.1. Assess health care delivery systems across diverse stakeholder perspectives. (Continued)	5	• Comparison of healthcare delivery systems in other countries as compared to the US. • Impact of a single payer or national health system in the US: the implications for various populations (special populations with disparities, elderly, low-income, minorities etc.)
I.2. Develop strategies for the management of information.	6	• 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). • 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, Healthcare Facilities Accreditation Program, and Accreditation Association for Ambulatory Care) • Roles and responsibilities of healthcare employee access to health information (e.g., electronic health record, web-based data) • Health information management department policies and procedures, Application of policies, regulations, and standards for the management of information associated with treatment, payment or operations • 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, 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) • Facilitate the use of enterprise-wide information assets to support organizational strategies and objectives. • Concurrent analysis and discharge analysis, open record review, point-of-care review, continuous record review

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Competency	**Bloom's Level**	**Curriculum Guidance**
I.2. Develop strategies for the management of information. (Continued)	6	• Organizational, regulatory, licensure, and accreditation standards for the content of the health record • General requirements for primary documentation required in most health records, including the history and physical examination, progress notes, orders and discharge summaries, etc. • Compare Governance of Information across the Healthcare Continuum (external). Evaluate Governance and compliance of an organization (internal). • Population Health Management
I.3. Develop strategies to achieve data integrity with data governance standards.	6	• 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). • Data Governance policies and procedures, integration of updated regulation and standards • Governance of Data across the Healthcare Continuum • Data Governance and compliance of an organization • Models of data governance • Differentiate healthcare compliance strategies across the data life cycle assess data integrity • Policies and technologies to protect data integrity, Quality assessment and improvement; Data technologies • The creation, use, storage, revision and exchange of data. determine the validity of health information; documentation supportive of the care provided • Health information exchange-identify models of HIE (Directed, Query-based, Consumer mediated) • Policy initiatives that influence data integrity, integration, interfaces, data quality, and data reliability • System testing to ensure data integrity and quality of health information exchange

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I.4. Evaluate health record requirements across the health industry.	5	• Analysis of health record content for deficiencies: data authentication, completeness, and validation (e.g., Medicare Conditions of Coverage, Conditions of Participation, state licensure requirements)
		   o Quantitative analysis: review of patient record for completeness (e.g., missing authentication, missing documentation)
		   o Qualitative analysis: review of patient record for inconsistencies in documentation (e.g., medical necessity, incomplete diagnosis or procedure statements)
		   o Concurrent and discharge analysis
		• Continuum of care
		   o 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, care planning and management
		• Accreditation standards, Medical Staff bylaws, Licensure requirements, payer requirements, Federal regulations, organization-wide guidelines related to health record contents for all record types
		Promoting Interoperability (formerly Meaningful Use)

Domain I. Data Structure, Content, and Information Governance		
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I.5. Analyze classification systems, clinical vocabularies and nomenclatures and the impact on the healthcare continuum.	5	• Classification systems (coding systems): Current Procedural Terminology (CPT); Diagnostic and Statistical Manual, 5th edition; 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; International Classification of Functioning, Disability, and Health; National Drug Code • Including but not limited to: ICD-9-CM as a legacy system, ICD-O, LOINC, DSM, and SNOMED along with appropriate cross-walks and mapping. • 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–Clinical Terms • Distinguish, compare, and map the use of classification systems, clinical vocabularies, and nomenclatures. • Construct examples of mapping of clinical vocabularies and terminologies to appropriate classification systems. E.g. SNOMED, DSM, ICF, SNODENT

Domain I. Data Structure, Content, and Information Governance		
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I.6. Design data dictionaries in compliance with governance standards.	6	• Design a Data Dictionary utilizing or selecting data sets/sources, internal and external data sets, for compliance with internal and external requirements, Data standardization, enterprise-wide data, internal & external customers
		• Create a set of enterprise wide data dictionaries.
		• Data standardization, enterprise-wide data, internal & external customers
		• Data analytics stages: capture, provisioning, analysis
		• Data Storage and Structure, enterprise data warehouses, enterprise master patient index software
		• Data analysis techniques: mining, relational databases, online analytical processing (OLAP) servers
		• Manage clinical indices/databases/registries
		• Governance standards
		• Accreditation standards (The Joint Commission, NCQA, CARF, CHAP, URAC)
		• Data set standards (HL7, ASTM, HEDIS, ACS)
		• Validating reliability and accuracy of secondary data sources
		    o General data characteristics: integrity, quality, reliability, validity
		    o Data quality management: analysis, application, collection, warehousing
		    o Characteristics that ensure data quality: accessibility, accuracy, comprehensiveness, consistency, definition, granularity, precision, relevance, timeliness (format)

Domain II. Information Protection: Access, Use, Disclosure, Privacy, and Security		
Competency	**Bloom's Level**	**Curriculum Guidance**
II.1. Develop privacy strategies for health information.	6	• Information privacy and security policies and procedures; access, use, and disclosure of information associated with treatment, payment or operations. • Designing a privacy and security infrastructure. • Tools and techniques for retention, archiving, and destruction of information in accordance with current requirements and standards • Mobile technologies, telehealth; privacy training programs; patient verification and identify management policies • E-discovery; privacy laws & regulations • Developing a Privacy plan/procedure for the implementation of a telehealth/e-health practice (e.g. addressing provider office becoming an exam room)
II.2. Develop security strategies for health information.	6	• Analysis of security threats & vulnerabilities based on best practices and industry standards / discuss DCL statements and user/role-based access controls and auditing. design trigger audits, inappropriate access, audit tools, cyber security, analysis of internal processes/methods, audit trails, cyber-attacks, phishing • Designing a security risk analysis strategy consistent with appropriate laws, regulations, best practices and organization policies, HIPAA; ACOs • Promoting interoperability Programs (PI) formally Meaningful Use; • Medicare/Medicaid, Federal and state privacy and security laws and regulations • Risk assessment, evaluation, and management • Business continuity planning • Generate DCL statements • Security training programs
II.3. Determine compliance requirements throughout the health information life cycle.	5	• 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 • Tools and techniques for retention, archiving, and destruction of information in accordance with current requirements and standards. • Authentication, encryption, firewalls • Information governance standards • State and local laws

Domain III. Informatics, Analytics, and Data Use		
Competency	**Bloom's Level**	**Curriculum Guidance**
III.1. Recommend solutions using health informatics strategies.	5	• Data Analysis: the task of transforming, summarizing, or modeling data to allow the user to make meaningful conclusions (White, 2016). • Health Informatics: a collaborative activity that involves people, processes, and technologies to produce and use trusted data for better decision making. (AHIMA, 2018). • Data analysis to identify trends: 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 • Disaster and recovery planning • Utilization of technology for data collection, analysis, storage, reporting of information, system architecture, data warehousing, compliance with regulations and laws, RFP process • Systems Development Life Cycle (SDLC), device selection based on workflow, ergonomics, and human factors. • Development of networks (intranet and internet applications) • Planning, design, selection, implementation, integration, testing, evaluation, and support of health information technologies • Facilitate the use of enterprise-wide information assets to support organizational strategies and objectives • Propose use of artificial intelligence applications/machine learning • Propose the implementation of health information systems • Evaluate use of data capture technologies • Construct information systems capabilities • Evaluate systems life cycle concepts; mobile health; Patient portals; PHRs; • Facilitate the use of enterprise-wide information assets to support organizational strategies and objectives; Software Packages (MS Excel, SAS; Python; SPSS, R)

Domain III. Informatics, Analytics, and Data Use		
Competency	**Bloom's Level**	**Curriculum Guidance**
III.2. Perform the data analysis of health information within a statistical application.	4	• Employing the tools to make decisions • Inferential statistics (T-tests, ANOVA, regression analysis, reliability, validity) • Computerized statistical packages; Software Packages (MS Excel, SAS; Python; SPSS, R) • Workforce productivity and quality statistics • Data analysis to identify trends: 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 • Trend analysis; Hypothesis generation; Forecast modeling • Application of analytical results to facilitate decision-making • Recommending organizational action based on knowledge obtained from data exploration and mining • Evaluating administrative and clinical reports using appropriate software • Mapping data flow, data life cycle
III.3. Present data visually through a computerized application.	6	• Creating dashboards using MS Excel, Tableau, Qlik View, GIS mapping (public health data) • Evaluating data from varying sources to create meaningful presentations • Apply data extraction techniques • Data cleaning and transformation

Domain III. Informatics, Analytics, and Data Use		
Competency	**Bloom's Level**	**Curriculum Guidance**
III.4. Propose a research initiative for organizational effectiveness.	6	• Utilize principles of research and clinical literature evaluation to improve outcomes • Literature review and evaluation • Knowledge-based research techniques (Medline, CMS libraries, AHRQ, and other websites), • Research methodologies: quantitative, qualitative, and mixed methods • 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 *priori* hypotheses), exploratory research (e.g., seeks to generate a *posteriori* hypothesis by examining a data set and looking for potential relations between and among variables) • Population databases (AHRQ); Public health. • Create research proposal • IRB process, informed consent, ethical principles of research • Comply with research administrative processes and policies • Hypothesis generation • Critical Analysis of current research, publication requirements
III.5. Create organizational knowledge with database management techniques.	6	• Techniques: Data cleaning, transformation, exploration, reporting and profiling • Tools that may be used to design queries: MS Access, MS SQL Server (My SQL), R, Python Analysis of clinical data to identify trends including design meaningful queries to evaluate outcomes • Design and Validate Queries
III.6. Recommend organizational strategies in relation to the exchange of health information.	5	• Clinical, administrative, and specialty service applications, encoders, chargemaster, claims management systems • Health information exchange • Interoperability, including semantic interoperability • Office of the National Coordinator for Health IT (ONC) • Standards development: American Society for Testing and Materials, Health Level Seven International (HL7), International Organization for Standardization (ISO) • Metadata

Domain IV. Revenue Cycle Management		
Competency	**Bloom's Level**	**Curriculum Guidance**
IV.1. Evaluate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines.	5	• Official coding guidelines from the cooperating parties. • NCCI edits and other federal & payer requirements • Federal compliance guidelines • Use of physician queries and encoders • Coding validations via CAC, DRG/APC audits • UHDDS and other data sets • Conduct coding audits to ensure coding and grouping validation (CAC audit, DRG/APC audit, RUG audit, NCCI, NCD/LCD, etc.). • Ensure health record documentation supports the diagnosis and reflects the patient's progress, clinical findings, procedures performed, and discharge status. Policies and procedures to ensure proper coding, including encoder use, computer-assisted coding (CAC) and physician querying.
IV.2. Manage components of revenue cycle.	5	• Review all components of the revenue management life cycle: contracting; patient registration and coordination of benefits; clinical documentation improvement (CDI) and utilization review/management (UR/UM); charge capture and chargemaster maintenance; coding and medical necessity; claims management cycle, accounts receivable, and denial management. • Principles of healthcare reimbursement across the healthcare continuum. • Health plans: BlueCross BlueShield, Civilian Health and Medical Program of the Department of Veterans Affairs, 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 units), skilled nursing facility prospective payment system (using resource utilization groups)

Domain IV. Revenue Cycle Management		
Competency	**Bloom's Level**	**Curriculum Guidance**
IV.2. Manage components of revenue cycle. (Continued)	5	• 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 • 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 • Conduct coding audits • Evaluate coding audits to verify health record documentation supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status in compliance with institutional policies and procedures and/or national guidelines. • Track denials and documentation practices • Trend and track physician query response, content, and volume • Track data for benchmarking and trending internally and externally • Review clinical data management and case mix management • Inform and educate providers and CDI team of ethical documentation practices along with issues and recommendations • Improvement or changes to CDI programs • Fraud detection • Performance improvements with coding staff • Develop enterprise-wide strategic and operational planning models for RCM.

Domain IV. Revenue Cycle Management		
Competency	**Bloom's Level**	**Curriculum Guidance**
IV.3. Evaluate compliance with regulatory requirements and reimbursement methodologies.	5	• Assess the components required by payment and reimbursement methodologies for all healthcare settings, including individual payer requirements, CMS requirements, clinical data requirements, medical necessity, and clinical validity. This includes but is not limited to: prospective payment systems (PPS), Resource-Based Relative Value Scale (RBRVS), value-based purchasing (VBP), commercial insurance, managed care, and federal insurance plans. • Provider querying techniques to resolve coding discrepancies • Coding validation (CAC audit, DRG/APC audit) • Methods to monitor Present on Admission (POA), Hospital Acquired Conditions (HACs), severity of illness and other CDI components. • Identify components of a compliance plan. • Non-retaliation policies • Auditing and monitoring • Formulate healthcare reimbursement models across various healthcare settings. • Health record documentation supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status; physician queries, encoder use, coding validation (CAC audit, DRG/APC audit);

Domain V. Health Law & Compliance		Core Curriculum
Competency	**Bloom's Level**	**Curriculum Guidance**
V.1. Assess legal processes impacting health information.	5	- Public law; private law; civil law; criminal law; torts and consent - Legal health record; health information laws and regulations - HIPAA, The Joint Commission, state laws, federal laws - Healthcare legal terminology - US legal system (courts, sources of law), types of law (public/private, intentional/non-intentional torts, contract) - Legal procedures (criminal/civil case cycle, subpoena, depositions, discovery, eDiscovery) - Business record rule and exception, theories of liability such as negligence, malpractice, battery, assault, corporate negligence, breach of confidentiality, breach of contract - Legal doctrines of confidentiality, consent, competency, privacy, autonomy, privileged communications (physician/patient, attorney/client, work product), duty to warn, endangered persons; - Definition of legal health record, designated record set - Custodian of the health record (including electronic health record) - Certification of the legal health record - Admissibility of health records per Federal Rules of Evidence and the Uniform Rules of Evidence
V.2. Develop strategies for compliance with external forces.	6	- Develop strategies for compliance programs and/or reporting; regulatory and licensure requirements accreditation - Develop strategies organizational compliance programs and policies - Develop strategies to comply with standards and regulations in healthcare. - Fraud and abuse - HIPAA 42 CFR Part 2, EMTALA, GINA, HITECH, PSDA, Stark Law, Anti-Kickback statute - State mandatory reporting laws (communicable disease, registry, suspected adult/child abuse reporting, state licensure requirements (professional and facility), CMS Conditions of Participation, accrediting body requirements (Joint Commission, AAAHC, HFAP, CARF),

Domain V. Health Law & Compliance		Core Curriculum
Competency	**Bloom's Level**	**Curriculum Guidance**
V.3. Evaluate risk management strategic across the health continuum.	5	• Evaluate the Compliance of risk strategies and policies • Risk management plan/patient safety • Risk analysis & Risk mitigation. • Evaluate the impact to quality patient care, patient safety • Potentially compensable events, incident reporting, contingency planning; financing, insurance and claims management; emergency preparedness; medical errors • Risk management plan • Root cause analysis (RCA); Risk identification, analysis, and mitigation • Failure Mode Effects Analysis (FMEA) • Medical staff peer review; credentialing/privileging • Healthcare Quality Improvement Act • Safe Medical Devices Act • AHRQ • National Practitioner Data Bank • Patient Safety Organization: OIG list of excluded individuals/entities • Hospital acquired conditions reporting and response • Patient consent process
V.4. Evaluate the impact of policy on health care.	5	• Governmental policy-making process • Healthcare delivery of accountable care organizations and medical homes • 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). • Health care delivery systems of other countries and the comparison to US. • How the US healthcare system impacts delivery in other countries. • Health disparities and the impact on policy (eg. ADA) • Analyze standards and regulations in healthcare and how they drive and/or constrain operations. ACO, population health, public health initiatives, how policy-making affects healthcare; governmental policy-making process
V.5. Develop strategies for detecting and preventing fraud.	5	• Forensic models for fraud surveillance and improvement measures.

Domain VI. Organizational Management & Leadership		
Competency	**Bloom's Level**	**Curriculum Guidance**
VI.1. Leverage fundamental leadership skills.	5	• 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 • Design effective Teams, Roles or functions that advance an organization toward meeting its goals; visionary thinking, decisions responsive to membership and mission, and accountability for actions and outcomes (Oachs & Watters, 2016) that are interprofessional and interdisciplinary • 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) • Negotiating and influencing skills; enterprise-wide committees; Identify different types of organizations, services, and personnel and their interrelationships across the healthcare delivery system; negotiating skills for system selection • Demonstrate effective communication through project reports, business reports and professional communications; • Examine personal leadership style using contemporary leadership theory and principles. • Identify different types of organizations, services, and personnel and their interrelationships across the healthcare delivery system; collaboration with information governance initiatives • Demonstrate effective communication through project reports, business reports and professional communications; Examine personal leadership style using contemporary leadership theory and principles; professional development; networking techniques; professional communication; re-engineering • Create effective communication through project reports, business reports and professional communications

Domain VI. Organizational Management & Leadership		
Competency	**Bloom's Level**	**Curriculum Guidance**
VI.1. Leverage fundamental leadership skills. (Continued)	5	• 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) *versus* informal; conflict resolution, civil discourse, facilitation techniques, virtual meetings • Manage information as a strategic resource and mission tool • Strategic planning including but not limited to Information management, departmental, organizational, health information technology for the HIM department – computer assisted coding, encoders, and CDI programs • Critical thinking, benchmarking • Professional development, networking techniques
VI.2. Recommend strategies for organizational change.	5	• Re-engineering • Change management theories • Workflow concepts • Organizational design • Mergers and acquisitions • Change management initiatives • Assess workflow for a given entity and evaluate the impact of change in workflows on employee performance and behavior.
VI.3. Determine human resource strategies for organizational best practices.	5	• Calculating full time equivalents (FTE) • Development of interprofessional relationships • Evaluate staffing levels and productivity and provide feedback to staff regarding performance. • Department staffing levels and staffing mix • Develop department policies and productivity standards. • Recruitment, retention and counseling of employees • Federal and state employment and labor laws

Domain VI. Organizational Management & Leadership		
Competency	**Bloom's Level**	**Curriculum Guidance**
VI.4. Formulate data-driven decisions to meet strategic goals	6	• Data-driven performance improvement techniques to achieve desired outcomes performance indicators in conjunction with organizational strategic plans/goals. • Evaluate performance measures for employees on a regular basis and initiate performance improvement initiatives as necessary. • Benchmark staff performance data incorporating labor analytics • Disease management, case management, critical paths, care coordination • Outcomes measurement • Customer satisfaction • Patient and organizational safety initiatives • Evaluate Continuous Quality Improvement tools such as Institute for Healthcare Improvement Quality Model, Lean, Six Sigma and Baldridge Quality Award Criteria and how these tools can be utilized in the improvement of health IT, electronic health record, etc. Also utilize these tools to evaluate workflow for performance improvement initiatives.
VI.5. Recommend financial management processes.	5	• Healthcare organization budgets: capital, cash flow, financial, master, operating, static budgets • Health information management department budgets: capital equipment, personnel, operations budgets (e.g., supplies, software subscriptions) budgets • Evaluate capital, operating, staffing, and/or project budgets using basic accounting principles • Cost-benefit analysis for resource planning and allocation • Stages of the procurement process (include current considerations) • Vendor contracts • Outsourcing • Acquisitions

Domain VI. Organizational Management & Leadership		
Competency	**Bloom's Level**	**Curriculum Guidance**
VI.6. Recommend strategies that promote cultural diversity.	5	• 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 • Evaluate the culture of a department • Assess how cultural issues affect health, healthcare quality, cost, and HIM • Strategies that support a culture of diversity

VI.7. Develop strategies based on ethical standards of practice.	6	• Develop ethical framework for decision making, case studies, ethical practice in healthcare (providers, colleagues, etc.)
		• Developing strategies/guidelines based on ethical standards of practice
		• 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)
		    ○ 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

Domain VI. Organizational Management & Leadership		
Competency	**Bloom's Level**	**Curriculum Guidance**
VI.8. Assess consumer engagement activities.	5	• Create and provide education tools and programs related to access to patient portals, personal health records, patient safety, use of mobile applications • Understand vendor applications that are provided to support patient management of healthcare • Consumer informatics
VI.9. Propose a training program for a health care work force.	6	• Management theories and principles; practicums; Definition of management - "The process of planning, organizing, and leading organizational activities" (Kelly & Greenstone, 2016) • Health information services • Personnel management skills • Workflow processes • Functional responsibilities • Supervisory responsibilities • Collaboration with information governance initiatives • Perform group work enterprise-side and within a virtual team • Evaluate team success on group work • Defining and setting performance measures • Manage information as a key strategic resource and mission tool. • Develop skills that will assist an organization in managing information by utilizing Information Governance and Data Governance tools. • Coding audit results/action items • Employee training • OSHA training • Adult education strategies • Design privacy and security training materials geared toward an organization's workforce. Include practical tips for keeping PHI private, ePHI secure and assisting patients with exercising their rights under HIPAA.

Domain VI. Organizational Management & Leadership		
Competency	Bloom's Level	Curriculum Guidance
VI.10. Recommend project management methodologies to meet the intended outcome.	5	• 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 Excel, Smartsheet, Workzone) • Project management tools and techniques to ensure efficient workflow and appropriate outcomes • Project management methods such as agile and waterfall methodologies • Implementation/updates of systems • Demonstrate effective communication through project reports, business reports and professional communications • System architecture, data warehousing, compliance with regulations and laws, RFP process, SDLC, device selection based on workflow, ergonomics, and human factors. Analyze of networks (intranet and internet applications); • HIMSS standards, ISO standards, AMIA, NIST; use of enterprise-wide information assets to support organizational strategies and objectives. • Project management techniques to ensure efficient workflow and appropriate outcomes;

Supporting Body of Knowledge (Prerequisite or Evidence of Knowledge)
Pathophysiology and Pharmacology
Anatomy and Physiology
Medical Terminology
Computer Concepts and Applications
Math Statistics (Mean, frequency, percentile, standard deviation)