

External Review Report
Western Carolina University Health Information Administration Program
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I. INTRODUCTION

a. Description of visit length

The team, which was comprised of two external Health Information Management Professionals and one internal Health Professional, arrived on Sunday afternoon and held a brief meeting to discuss strategy and areas of potential concern. The team met at a local restaurant on Sunday evening with the primary faculty teaching Health Information Management (HIM) content along with Scott Philyaw. Discussion centered on broad curricular issues, the University's Quality Enhancement Plan for SACS-COC, and historical perspectives of the region. The team spent the day Monday meeting with faculty, students, and administrators. The team departed on Tuesday morning.

b. Summary and Description of meetings conducted

On Monday morning, the team briefly met with Melissa Wargo to discuss the day's activities and then met with Phil Kneller, School Director. The main item of conversation with Mr. Kneller dealt with the budget process and how monies were allocated to the HIM Program. The team specifically explored further funding resources regarding travel for faculty development, for the AHIMA Virtual Lab, and administrative/technical support provided to the program.

The second meeting was with Irene Muller, HIM Program Director and Mary Teslow, faculty member, and focused on the UNC Tomorrow initiative. The team watched a video on the initiative and held general discussions regarding workforce issues at the local, state and national levels. Pat Brown, Dean of Educational Outreach joined the meeting and the discussion focused on distance education and the offering of HIM courses online. The team explored technology support for faculty migrating their courses online, tuition and fees for online courses, and the market potential for online HIM

education. Dean Brown indicated that articulation agreements have been developed with associate degree Health Information Technology Programs as well as having an agreement with the military for military spouses. The online HIA program would utilize a 2+2 model.

The next meeting was with Linda Stanford, Dean of Health & Human Sciences. This meeting focused on the broader issues affecting the Health Information Management profession. Issues discussed dealt with workforce, credentials, *Vision 2016: A Blueprint for Quality Education in Health Information Management* and how HIM and Informatics education intersect. Budget discussions also occurred.

The team next met with Beth Lofquist, Associate Provost. Discussion primarily focused on the process once the final report has been received. A follow-up meeting with participants will be held and a program development plan will be formulated. The plan will examine what recommendations could be immediately addressed, which ones can be addressed at a later point and which ones may be ignored. The team discussed workload issues along with the hiring of additional faculty.

For lunch, the team met with several students including recent alumni of the program. All spoke very highly of the faculty members, and were very pleased with the quality of education received. Specific issues discussed include the types of professional practice experiences (clinical/internships) received along with the types of projects and the use of technology within the curriculum.

After lunch, the team met with the faculty who teach some aspect of the HIM curriculum. Discussion centered on gaining a better understanding of the content taught as well as the projects required. For the faculty teaching in other programs, a discussion topic centered on how HIA students compare with other health profession students. The consensus was that they were very comparable to the other students.

The team next toured the departmental facilities in Moore Hall which included the HIM classroom and laboratory.

Following the tour, the team had an opportunity to review the day's materials and discussed potential strengths and areas needing improvement.

The final event of the day was a catered working dinner with more in-depth discussion of strengths, areas needing improvement, and recommendations along with a plan for writing the report.

The next morning Melissa Wargo and the external reviewers met for breakfast and after which the team departed.

II. ANALYSIS OF PROGRAM

a. Undergraduate Program

The curriculum is fairly standard for HIM programs as curriculum content is mandated by the Commission on Accreditation of Health Informatics and Information Management Education (CAHIIM). The program is one of 48 HIM baccalaureate programs accredited by CAHIIM. The degree consists of 122 credit hours with 42 hours in the liberal studies, 9 hours of electives and 71 hours of HIM specific content and required support courses. Students receive a Bachelors of Science degree in Health Information Administration.

The course sequence plan provided was an 8 semester plan. The sequence allows the student to gain basic foundational content in the freshman and sophomore years required for the more advanced courses in the professional phase of the curriculum. The sequence provided is fairly typical of traditional HIM baccalaureate programs. There are 4 professional practice (clinical or internship) courses within the curriculum. Both within the documentation provided and with discussions with faculty and students, it was unclear as to the variety of professional practice experiences students receive. While the program should be commended for using and developing simulated professional practice experiences (PPE), students should receive additional exposure to the variety of health care settings and have more hands-on experiences in the settings in which HIA professionals are commonly employed.

The HIA program admits a cohort of students once a year in the fall semester. Each HIA/HSCC course is offered once a year with one section. Current enrollments include 18 juniors and 7 seniors which is a definite increase from previous years. It appears that faculty has performed concentrated recruitment efforts which have paid off with increased enrollments.

As part of the CAHIIM accreditation process, programs must have program goals which include the following four (4) major areas – curriculum, students, faculty and community of interest. The program has six major goals which were outlined in the document and are appropriate for a baccalaureate program. The program is also required to have a programmatic evaluation plan and must be evaluating its outcomes on an annual basis. The program meets the requirements in this area. The program should be commended for participating in the QEP process. This is another indicator that the faculty are committed to continuous program assessment and improvement.

III. ANALYSIS OF FACULTY

a. Qualifications

The Health Information Administration faculty is highly qualified and motivated. All have the appropriate level of education for the profession and are teaching courses consistent with their areas of specialization and interest. All are enthusiastic classroom teachers and have volunteered to teach core courses beneficial to the program and College.

The students expressed strong support for the program and faculty. They stated the faculty treat them with respect and offer support in all that they do. They are interested in what happens to them not only in the classroom, but also personally. The alumni felt support even after graduation.

b. Resources and Support

All faculty are working on overload. They not only teach classes, but spend a large amount of time mentoring, advising and meeting informally with their students. The students feel like the faculty are family. The faculty are concerned with the student's performance in the classroom and also as a whole person. The workload the faculty are handling at this point could very well damage that relationship with their students. Adjunct faculty are being utilized, but are not able to assist to the level needed. It would be appropriate to hire one full-time fixed-term faculty member to help with the faculty workload.

Clerical support for the program is severely lacking. The faculty share 1.75 FTE with the entire School of Health Sciences. The faculty not only has to teach a full load, but also handle all or most of their clerical work. Since the faculty are both on overload, this leaves little time to complete the clerical functions. It would be helpful if one faculty member could be moved from a 9-month contract to a 12-month contract. This would allow for the necessary time to complete some of the clerical functions for the program in the summer months.

Technology support for the program appears to be lacking. The University supplies electronic teaching equipment in the classrooms, but there is little to no individual support to the program for technology. There appears to be adequate faculty technology education, but follow-up support is lacking when faculty are back in the College. Support for the new distance education program appears to be adequate.

Both faculty expressed the desire to retire within the next 5 years. This could be a problem for the program and students. It is imperative that succession planning is in place for their replacements. Both have stated there is a plan ready for deployment. An optimal situation would be to have someone in place that could learn on the job before they leave. It would be recommended that that faculty member is in place more than one year to gain the necessary knowledge.

IV. ANALYSIS OF OPERATIONAL FACILITIES AND BUDGET

The program's annual budget of \$1,800 suffices to meet the basic needs of the program for expendable supplies. Traditionally, this money has been used to purchase necessary office supplies for program operation. However, the lack of additional available funding has made the purchase of capital equipment, computer programs and site licensing necessary to promote program development impossible. One of the primary needs of the program is improved technology support (in the form of an educational technologist), updated computer software (including encoding software) and site licensing for the Virtual Lab (currently being used by the program).

Space allocation for the program in Moore Hall is primarily composed of two faculty offices of sufficient size to complete program administrative activities, as well as offer private meeting space for student conferences. There is also sufficient space for the storage and maintenance of program and student files. Classroom space is provided on the second floor of Moore Hall. This space is shared by the HIA program with other programs within the School of Health Sciences. The classroom is equipped with appropriate technology and tables conducive to the completion of coding activities and the review of medical records. Finally, the student computer lab on the second floor of Moore Hall provides space for HIA activities requiring access to computer technology and computer software applications. This space is sufficient to meet the program's current needs. However, the software applications available to students are out-dated.

Proposed space in the new Health Sciences Building appears sufficient to meet the current and future needs of the HIA program. This space includes faculty offices, classroom space, wireless access, laptop availability and a simulated work-space for clinical applications.

V. SUMMARY OF PROGRAM STRENGTHS AND AREAS FOR IMPROVEMENT

a. General Impression of the program

Overall, the program has succeeded in creating a strong community for its students. The team was impressed with the dedication of the faculty in enhancing the quality of the education provided to the students. While the overall curriculum is fairly typical for traditional HIM baccalaureate programs, the faculty have gone above and beyond in the use of available technology to meet the evolving demands placed on today's HIM professionals and in trying to deal with the issues of student enrollment and professional practice experiences.

b. Areas of Strength

The following are identified as program strengths:

- 1) The dedication, availability and commitment of the faculty (both full-time and adjuncts) to the program and its students.
- 2) The use of technology in innovative ways.
 - Development of West Health application that is not only used by the HIA Program, but also by other health programs in the School & College.
 - Development of a WebCAT HIA community for students which enhances communication between the faculty and students.
 - The use of virtual professional practice experiences through West Health and the Virtual Lab.
- 3) The collegiality and team approach of the HIA faculty.
- 4) The commitment and buy-in of continuous quality improvement as evident in performance evaluations and being a test site for the QEP initiative.
- 5) The implementation of professional behavior models within the curriculum.
- 6) The implementation of a model that provides for gradual greater independence of students.
- 7) The identification and transition plan to provide an online distance learning program.
- 8) The identification of having a succession plan in place.

c. Areas for improvement

The following were identified as areas needing improvement:

- 1) All faculty are working on overload. They not only teach classes, but spend a large amount of time mentoring, advising and meeting informally with their students. Adjunct faculty are being utilized, but are not able to assist to the level needed. It would be appropriate to hire one full-time, fixed-term faculty member to help with the faculty workload.
- 2) Technology support for the program appears to be lacking. The University supplies electronic teaching equipment in the classrooms, but there is little to no individual support to the program for technology. While there appears to be adequate faculty technology education, the support at the College level is lacking.
- 3) While an actual programmatic budget was not provided, several budgetary issues surfaced. These included lack of monies for faculty development travel and supplies. CAHIIM mandates that programs provide students with hands-on experiences with a variety of software applications. The program utilizes the Virtual Lab for student access for the appropriate software applications. It should be included within the program's budget.
- 4) Clerical support for the program is severely lacking. The faculty share 1.75 FTE with the entire School of Health Sciences. The faculty not only has to teach a full load, but also handle all or most of their clerical work.
- 5) An area of concern is the lack of variety of professional practice (clinical/internship) experiences that students receive. While the program is commended for having utilized technology in providing simulated PPE experiences, this should not replace the actual hands-on experiences needed to practice. The program is encouraged to integrate both simulated and hands-on experiences within the PPE courses.
- 6) The 3M encoder system contained on the computers for student use is outdated. There should be more hands-on experiences with utilizing the encoder. Incorporate more activities utilizing the Quantim Encoder within the Virtual Lab.
- 7) While we are cognizant of the transition from paper records to electronic, there should be more hands-on experiences with the paper-based record and with the transition and migration of the paper record to electronic formats.

VI. SUMMARY OF RECOMMENDATIONS

- a) **Hire a full-time, fixed-term faculty member:** All faculty are working on overload. They not only teach classes, but spend a large amount of time mentoring, advising and meeting informally with their students. Adjunct faculty are being utilized, but are not able to assist to the level needed. This faculty member could help with the faculty workload and this would also allow for succession planning as both full-time faculty members may be retiring within 5 years. Many HIM programs are currently involved in succession planning as senior faculty are nearing retirement, have hired junior faculty (fixed term) and are grooming them for eventual program leadership position (growing your own).
- b) **Transition HSCC courses to HIA courses and prefixes:** HSCC courses have been traditionally taught by the HIA faculty have added to their overload. The HIA faculty also utilize these courses as part of their recruitment efforts. By transitioning these courses (HSCC 110, HSCC 220, HSCC 311, HSCC 318, HSCC 330 & HSCC 450) to HIA prefixes, the courses are housed in the program teaching them. It also enhances the above recommendation for having an additional faculty member.
- c) **Increase instructional/technical support allocation to the program:** Technology support for the program appears to be lacking. The University supplies electronic teaching equipment in the classrooms, but there is little to no individual support to the program for technology. While there appears to be adequate faculty technology education, the support at the College level is lacking. This is especially important with the transition of the program into an on-line format.
- d) **Increase program budget allocation for faculty development travel, supplies and the Virtual Lab:** While an actual programmatic budget was not provided, several budgetary issues surfaced. These included lack of monies for faculty development travel and supplies. CAHIIM mandates that programs provide students with hands-on experiences with a variety of software applications. The program utilizes the Virtual Lab for student access for the appropriate software applications. It should be included within the program's budget.
- e) **Increase clerical support:** Clerical support for the program is severely lacking. The faculty share 1.75 FTE with the entire School of Health Sciences. The faculty not only has to teach a full load, but also handle all or most of their clerical work. Since the faculty are both on overload, this leaves little time to complete the clerical functions. The amount of clerical work will increase when the program goes online.

- f) **Investigate moving one faculty member from a 9-month contract to a 12-month contract:** Both faculty members are on 9-month contracts. It appears that at least one faculty member has traditionally worked during the summer. It would be helpful if one faculty member could be moved from a 9-month contract to a 12-month contract. This would allow for the necessary time to complete some of the clerical functions needed and program enhancements in the summer months.

- g) **Increase the variety of Professional Practice Experiences:** An area of concern is the lack of variety of professional practice (clinical/internship) experiences that students receive. While the program is commended for having utilized technology in providing simulated PPE experiences, this should not replace the actual hands-on experiences needed to practice. The program should include actual site time in clinical settings as a potential part of each PPE course. The program should include the full range of health care settings (acute care as well as alternative care). The program is encouraged to include greater use of the Virtual Lab as part of the simulated experience. Thus, the PPE courses integrate both simulated and hands-on experiences.

- h) **Investigate the development of a College-wide contract database:** The database would allow the program to capitalize on contacts initiated by other programs. The database should be comprehensive, visible, centralized, current and multi-disciplinary.

- i) **Involve students with presentations and education about PHR in HSCC 101 – Nutrition, Fitness & Wellness:** This would promote MyPHR as well as be a recruitment and awareness vehicle for the program.