

# ***Health Information Administration***

***School of Health Sciences  
College of Health and Human Sciences***



**Program Review  
2007-2008**

**Site Visit  
February 2008**

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***"Quality Healthcare through Quality Information" - -AHIMA***

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**Response to Program Review Standards  
Health Information Administration Program  
Western Carolina University  
January 2008**

*Significance and Scope of the Program*

**Standard 1. The purpose of the program reflects and supports the mission and strategic vision of Western Carolina University and the mission of its School or College.**

Western Carolina University's central mission is engaged teaching and learning. As a regional comprehensive institution, it also focuses on improving individual lives and enhancing economic and community development through service. The missions of the College of Health and Human Sciences (CHHS) and the School of Health Sciences (SHS) align with these goals, with an emphasis on specific contributions to healthcare (Appendix 1.1-4).

***Program Mission.*** The mission of the Health Information Administration (HIA) Program is to provide a quality education to enable HIA students to become competent, confident, adaptable, reflective, and service-oriented entry-level professionals who provide health information management services in a variety of facilities and agencies and exemplify the philosophies, ethics, and standards of the American Health Information Management Association and Western Carolina University (Appendix 1.5-6)

***Alignment with university and college mission.*** Our Program mission, goals, and objectives reflect and help implement these missions. The HIA program combines a firm foundation in general academics, medical sciences, computer concepts and applications, and law and ethics with specific health information management (HIM) professional education. Students are actively engaged and supported in both the classroom and during Professional Practice Experiences (PPEs). The Program's courses provide students with the knowledge and skills necessary to become self-directed learners possessing critical thinking, problem-solving, and communication skills with a commitment to life-long learning. Graduates are expected to successfully complete the national certification examination and competently perform entry-level duties and responsibilities of the Registered Health Information Administrator (RHIA) in a variety of settings. The HIA Program is further committed to an organized, continual assessment of its goals, methods, and allocation of resources because today's healthcare industry is dynamic. Healthcare is rapidly changing because of efforts within to seek new and improved delivery systems, and from developments without, in the areas of basic and applied sciences, technology, and government. A newly approved distance learning option provides an RHIT-HIA transition program for career advancement for place-bound professionals, which will help meet the workforce needs created by the dynamic changes in the HIM profession, the community, region, state, and nation.

A very new mission of the North Carolina University (UNC) system has just been finalized by the UNC Tomorrow Commission. In its Final Report findings on the health and wellness of people and communities in the state are described, along with three related recommendations (Appendix 1.7). We believe the HIA Program can also contribute to these identified needs for improving healthcare in the state. Additionally, WCU has a major new part of its mission, the Quality Enhancement Plan.

***Quality Enhancement Plan (QEP).*** In 2007, WCU received reaffirmation of its accreditation from the Southern Association of Colleges and Schools-Commission on Colleges (SACS-COC). As part of this process, the University's Quality Enhancement Plan (QEP) topic is described in the Executive Summary as follows: "*Synthesis: A Pathway to Intentional Learning.* The QEP uses *synthesis* – the ability to integrate knowledge from different areas into an integrated, original whole – as the driving framework for teaching and learning. WCU faculty and staff recognize that a major challenge of higher education is the need for students to synthesize their curricular and co-curricular college experiences. This emphasis on synthesis enhances students' educational journey and helps prepare them for life beyond college. The QEP fosters synthesis across the disciplines, coordinating curricular and co-curricular experiences to facilitate students' development of a clearer purpose at the university. The plan's implementation will impact academics, residential life, service learning, student leadership, and career planning/education. The outcome of the plan will be students who are *intentional* participants in their own learning." (Appendix 1.8).

***Distinctive aspects.*** The HIA program was established in the late 1960s as one of the first health profession programs at WCU. The HIA program has been continuously nationally accredited since graduating its first class in 1972. It is currently accredited by the Commission on Accreditation for Health Informatics and Information Education (CAHIIM) and is one of only 48 accredited baccalaureate programs across the United States. Because the program's professional content (Appendix 8.3) is concerned with medical knowledge, electronic technologies, and legal requirements, the curriculum of the program must be constantly updated (major revisions approximately every three years) in order to adapt to the rapidly changing health information management needs of the healthcare system across the program's communities of interest. Additionally, the two full-time HIA faculty members were involved in the QEP development process and are currently implementing its goals by volunteering to have the HIA Program serve as one of four pilot programs.

***Primary strengths.*** Our primary strength is our faculty, which has both professional and teaching experience in multiple areas of health information management (HIM). Since 2005, both Irene Mueller and Mary Teslow have won WCU teaching awards for engaged and innovative teaching. The faculty (two full-time, tenure-track positions and one adjunct faculty) have excellent collegial and collaborative relationships within the Program and with the faculty members of the other seven programs in the School.

All HIA faculty members have extensive online teaching experience at the associate and the baccalaureate level. The HIA Program Director serves as a CAHIIM accreditation surveyor, which increases her ability to assist the program in complying with national standards. The small faculty size and small size of the junior and senior HIA classes (16 students each in a full enrollment year) mean that HIA faculty and students develop strong personal relationships that provide many opportunities for individualized advising, tutoring, and career counseling. Just as nationally, there is a continuing shortage of HIM professionals in North Carolina and the on-campus enrollment of the program has grown over the past five years. A long-planned goal of the Program has finally been realized with the approval of an RHIT–HIA transition online option, beginning in Fall 2008. This should further stabilize enrollment and provide opportunities for place-bound professionals to advance their careers and contribute to the North Carolina economy (Appendix 8.6-7).

**Primary weaknesses.** Our primary weakness is also related to our faculty. The program has only two FTE faculty, both of whom will be retiring within five years. A growing enrollment, major changes in work expectations due to the ongoing changes across WCU, and the need to assume more, increasingly decentralized administrative tasks means that the faculty members are becoming less effective due to the increasing complexity of their teaching and other duties (See Standard 4). Their ability to carry out scholarly functions is also negatively influenced by these organizational issues.

Other factors that affect the HIA faculty workload include; an inadequate number of support staff for the SHS, the need to constantly update our curriculum, all unique courses every semester with no duplicate sections, and the course management complexities of the WebCT (WebCat at WCU) learning management system. Neither the College nor the School has dedicated instructional technology staff. Each full-time faculty member has eight unique course preparations every year, which must be redeveloped annually to meet the needs of the constantly changing content requirement of the dynamic healthcare industry and the health information management profession.

**Standard 2. The program engages in ongoing, systematic planning that reflects the University's strategic priorities.**

**Strategic goals / objectives.** As part of CAHIIM accreditation, the program must have program goals for its students, faculty, its community of interest, and itself. The HIA program has six major goals:

- 1) provide an HIA curriculum that includes required content and experiences that will enable students to meet current entry-level competencies for employment in all types of healthcare settings;
- 2) prepare health information administrators who demonstrate the HIA entry-level competencies as determined by AHIMA for employment in all types of health care settings;

- 3) provide students with accurate, specific advising that informs students of all program and university requirements for timely graduation;
- 4) attract well-qualified students to the HIA Program and the HIM profession.
- 5) enhance faculty development, encourage professional growth, and maintenance of RHIA; and
- 6) involve the HIA Program with the community and be responsive to the needs of its communities of interest.

In 2003, when the current two faculty members began working together, a major curriculum revision was completed in order to keep the program content current. Another major curriculum revision is being completed this year (Appendix 2.4). Based on the HIA faculty's planning process and cycle, they set the following strategic objectives; (1) create and receive approval for an online RHIT-HIA transition program, (2) increase enrollment and maintain it at a stable level, including adding distance education enrollment, and (3) improve the quality of students admitted to the program and their professional success following graduation. In response to the QEP development and the changes occurring throughout the university, other objectives include; 4) to integrate WCU's QEP goals throughout the upper-division professional sequence, and 5) to respond effectively to strategic plans at the national, regional, university, college, school, and program levels.

***Process for developing and modifying goals / objectives.*** The HIA program has a general, several-year cycle that includes: semester debriefings; ongoing environmental scanning for external changes at the university, regional, state, and national levels; attending annual state and national professional development conferences; consulting with the Program's Advisory Board; and maintaining national accreditation. Information sources used in the process include; changes within our professional areas of expertise and scope of practice, mandates from the program's national accreditation organization, input from regional employers and the Advisory Board, graduate surveys and feedback, and PPE instructors' evaluation of seniors. This process results in setting short- and long-term objectives for the program annually, which are then assessed as part of the ongoing planning and assessment process (Appendix. 3.10).

***Relation of program goals / objectives to curricular and programmatic activities:*** The faculty members are in the final stages of the approval process for a second major curriculum revision. This revision incorporates several major program goals, including re-sequencing to meet the needs of the students entering the online RHIT-HIA transition option (Appendix 8.6-7), integrating QEP learning outcomes to meet university needs (Appendix 1.8), and staying current with the content mandates of CAHIIM, which are provided to the students (Appendix 8.3).

The HIA curriculum and activities are developed in order to meet the Program's goals and purpose, which are primarily concerned with preparing students for success as entry-level HIM

professionals following graduation. Student activities include; producing professionally-prepared products such as research papers, community outreach by providing “My Personal Health Record” (MyPHR) presentations, and participating in events such as sponsoring a Red Cross Blood Drive every semester and attending the Business Etiquette Dinner (which helps students understand the importance of professional behavior). The program activities and objectives are adjusted frequently in order to meet the changing needs of the program’s students, evolving content requirements of the profession they will enter following graduation, and to incorporate new experiential learning opportunities.

***Process of implementing program goals / objectives.*** Once a potential new or modified goal is identified, the two full-time faculty members jointly decide how changes can be incorporated, and the modifications are presented to the Advisory Board for review and recommendations. All HIA faculty members meet at the end of each semester to review the courses, student work, and environmental or accreditation changes. Based on these “debriefings,” in which the faculty members look back to what has been successful and what needs improvement and forward to how the curriculum can be improved in the next cycle, the HIA faculty then determine if any changes are necessary and if the program goals need to be adjusted. The national accreditation organization for the HIA program mandates the content of four of the program’s goals. These are then adapted by each CAHIIM-accredited program to meet the needs of its communities of interest. A key planning tool in this process is the use of matrices, which allow the faculty to consider the curriculum as a whole when deciding which courses will be modified and to avoid redundancies or gaps in the curriculum (Appendix 2.3).

**Standard 3. The program provides and evaluates a high quality curriculum that emphasizes student learning as its primary purpose.**

***Alignment with disciplinary standards.*** CAHIIM requires that program directors of accredited HIA programs have the Registered Health Information Administrator (RHIA) credential. Maintaining the RHIA credential requires completion of profession-relevant continuing education in a two-year cycle. All HIA faculty members maintain this credential. By being accredited, the Program demonstrates that it is in compliance with the disciplinary standards of our profession. Program accreditation also qualifies all graduates of the program to take the national credentialing examination for the RHIA.

***Adherence to sequence, logic, and coherence of curriculum.*** Using a formal application process during the spring of a student’s sophomore year, the HIA program admits a cohort of students once a year in the fall semester (Appendix 8.1). Prerequisite courses in the freshman and sophomore years (Medical Terminology, Anatomy and Physiology, e-Health Computer Applications, Systems and Trends in Healthcare Delivery) provide basic healthcare knowledge that is used throughout the program’s curriculum. Due to the small size of the faculty, HIA major courses are taught only once a year. HIA

courses are scheduled very carefully in consultation with other SHS programs to insure that the students' courses each semester do not conflict with one another (Appendix. 3.2, 3.4). Therefore, students are able to complete the courses in sequence. Each semester of courses provides foundational knowledge and skills that are reinforced in the following semester. The logic and sequence of the curriculum are also related to CAHIIM accreditation standards. Examples of these requirements include the Knowledge Clusters (KCs) and Domains, Subdomains, and Tasks (DSTs) that program graduates are expected to be competent in and that CAHIIM mandates that ICD-9-CM coding be taught before CPT coding. The DSTs are provided to the HIA students at the beginning of the first junior semester (Appendix. 8.3). The curriculum culminates in the spring semester of the senior year with a seminar course and a management-focused PPE in a healthcare organization, in which the student observes and applies administrative and management skills under the supervision of an experienced HIM professional (Appendix 3.2).

***Amount of time needed to complete the curriculum.*** Students enter the HIA program as juniors. The program is designed to be completed in two years following admission to the program. The program's advising process is very specific and effective, and virtually all full-time students complete the program as planned (Appendix 3.2-3). When students declare the major as freshmen, they can complete all Liberal Studies and the HIA curriculum in eight semesters (Appendix 3.6). If students declare later, the HIA faculty members develop individual completion plans that may require summer semesters to graduate on time. The faculty members have developed a WebCat website for the HIA community, which provides access to information and networking opportunities for students who declare the major in their freshman or sophomore years, current HIA juniors and seniors, and the faculty. This site: provides resources that are useful for applying to the program and advising, allows students constant, asynchronous access; helps keep the students connected to the program and WCU; integrates professional content and context across levels and semesters; and develops a sense of community beyond individual courses or semesters (Appendix 8.5).

***Multi- or interdisciplinary strengths of the curriculum.*** Several of the courses taught within the HIA curriculum are also required by other healthcare programs. Because HIM professionals must be able to work in all types of healthcare settings, with all types of providers, and understand the clinical, technology, management, and financial components of healthcare, both full-time HIA faculty members are competent in many interdisciplinary aspects. This enables the two full-time HIA faculty members to teach several common core courses within the School, which not only meet the needs of HIA students, but also those of students in other programs. These courses reduce the required workload for other programs' faculty, and include HSCC 220 Medical Terminology, HSCC 311 Systems and Trends in Healthcare Delivery, HSCC 330 Legal and Regulatory Aspects of Healthcare, and HSCC 318 Department Administration. Courses activities, such as group presentations, are developed to provide students with

opportunities to work with other healthcare programs' students (Appendix 3.11). Since 2003, the HIA faculty members, in collaboration with other WCU faculty members, have been creating a virtual simulation of a rural, regional healthcare integrated delivery system (IDS) using WCU's Learning Management System (first WebCT and now WebCat). Mary Teslow built the site, which is called WestHealth, and continues to coordinate its maintenance.. It is a stable repository of learning materials and resources developed by faculty members for their students. Once a learning material is posted, it is available for faculty members in other healthcare-related programs to use in new ways to benefit their students. Students are directed to WestHealth to access, download, and uses many types resources for assignments. One example of these are the Orientation Modules for all CHHS majors who are required to complete clinical education in healthcare facilities, are available in WestHealth (Appendix 8.5). Benefits for students include one learning curve for accessing materials, reinforcement of search and retrieval skills, increasing student familiarity with the e-Health workplace and current methods of continuing education, role-modeling professional practice context, application of computer-related work competencies, and understanding organizational context.

***Alignment to meet university needs, i.e. liberal studies.*** Although the HIA program has a highly technical and specialized curriculum, it does provide several courses that are widely used by other healthcare programs, including Nursing, as noted above. Due to the small size of the HIA faculty and the extensive curriculum content requirements of CAHIIM, the HIA program does not offer any Liberal Studies courses. The two full-time HIA faculty members were involved in the QEP development process and are currently implementing its goals by volunteering to have the HIA Program serve as one of four pilot programs. The major structure in the new curriculum for the Program that integrates QEP learning outcomes to meet university needs is the use of the one-credit PPE courses (HIA 387, 388, and 487) in the first three semesters of the program (Appendix 1.8, 3.2). These courses are used to provide experiential learning activities that apply content and skills acquired in other courses, application of professional behavior expectations, self-awareness development, career exploration, and integrative assignments for students. QEP learning outcomes are assessed through the use of self-SOAP notes (Appendix 3.10.2) and performance evaluations (Appendix 3.10.3). These were used for the first time in the Fall 07 semester and preliminary results have been valuable for both students and faculty.

***Course objectives / expected learning outcomes in syllabi.*** All HIA courses in the curriculum have course objectives that document expected learning outcomes for the students. Additionally, the courses controlled by the HIA program include related CAHIIM-mandated learning outcomes (DSTs) in their syllabi. The program also has over-arching intended learning outcomes. The program's intended learning outcomes are provided to the students upon entry into the program, when they each receive a copy of the HIA Student Handbook (Appendix. 8.2).

***Internal curriculum processes.*** The HIA faculty members meet at least once a semester to evaluate students' success in individual courses, across semesters, and throughout the curriculum. They work together to make improvements and re-sequencing changes. Since both full-time faculty members regularly work with both the junior and senior HIA students, they know them well and constantly make modifications to meet the students' varying learning styles, needs, and interests.

***Learning Outcomes Assessment.*** Outcomes for each student are considered in each course, during each semester, and throughout the time the student is in the program. For the students, the final learning outcomes assessment is the national RHIA credentialing exam. Outcomes are assessed internally through testing and the use of rubrics for student products, such as research papers, presentations, or group projects (Appendix 3.7). Assessment of student learning outcomes also assists the HIA faculty in better understanding the changing nature of students and adapting to the Millennial generation.

Various learning outcomes for the program are assessed in specific courses through the current students' course evaluations, during the Performance Evaluation process that is carried out every semester as the "final" for the PPE courses, and some are assessed by HIM professionals serving as the students' PPE Instructors during their capstone experience in healthcare organizations. HIA Seniors also provide assessment data through their capstone experience and a "debriefing" session. The final assessments of the program's learning outcomes are based on the graduates' results on the RHIA exam and the Graduate and Employer survey results regarding the professional competency of recent graduates. These results are reported to CAHIIM and are also analyzed by the HIA faculty members, with any areas of concern addressed through course and/or curriculum revisions (Appendix 5.5-6).

### ***Faculty Resources, Teaching, Scholarship, and Service***

#### **Standard 4. The Program has sufficient faculty resources to meet its mission and goals.**

***Faculty credentials.*** All HIA faculty have terminal degrees for our discipline. In addition, the HIA Program Director has an EdD in Adult and Higher Education. All HIA faculty members also hold current RHIA credentials (Appendix 4.2, 4.6).

***Faculty backgrounds spanning major concentrations.*** Although the faculty is small, we have a good cross-section of working experience relevant to the three major areas of HIM. Irene Mueller, the HIA Program Director has experience in medical record coding and teaches the related courses for this area of expertise (pathophysiology and coding). Mary Teslow, the other full-time faculty member has work experience that relates to the courses she teaches in health information technology, record systems, and management. Kimberly Rice, the HIA adjunct faculty member, has just completed her Master's in HIM and has experience as a department manager, which relates to the courses she teaches in the

curriculum related to reimbursement and the EHR. However; the HIM area of expertise is evolving rapidly, the enrollment in the program is growing, and we will be offering an online RHIT-HIA transition option; all of which makes it difficult to have the time for in-depth professional development in the HIM body of knowledge (such as return to practice) that is needed to keep the Program's content current.

**Demographics.** Like the large majority of HIM professionals nationwide, all of the HIA faculty members are female. The national average number of full-time faculty in CAHIIM-accredited programs is three. The two full-time faculty members also reflect the "graying of the professoriate" and will probably be retiring within the next five years. This creates a need to begin developing a succession plan, so that the transition to new program faculty can be carried out as effectively as possible. For the best results, this process should begin while the current faculty members are still on campus in order to share their knowledge of WCU. The current Program Director assumed her duties at very short notice and did not receive any formal orientation to the position, which has been a detriment for the program and its students over the last few years. The HIA Program Director is tenured and Mary Teslow is being considered for tenure this year (Appendix. 4.1).

**Professional growth.** The two HIA full-time faculty members are engaged and productive scholars, practitioners, and teachers. They have published regularly, including articles in our profession's national journal and book chapters. They attend and present at Coulter Faculty Center for Excellence in Teaching and Learning (CFC) events, national and international educational and professional conferences, and workshops. Mary Teslow serves as a CFC eLearning Faculty Fellow. All courses taught by the HIA faculty extensively incorporate WebCat, including the CORE HIA Community site (a learning and communication venue for all HIA students) and WestHealth (a virtual healthcare delivery system). Since 2005, both Irene Mueller and Mary Teslow have won WCU teaching awards for engaged and innovative teaching (Appendix. 4.7).

**Opportunities for faculty development** are severely hampered by the historically low amount of travel funds. Both full-time faculty members have committed personal funds and time to applying for alternative funding sources, such as: stipends from our professional organization, microgrants, and monetary awards. A further restriction is the inability to cover courses when a conference is scheduled during the academic year, due to the small size of the faculty. Whenever possible, we take advantage of the CFC faculty development opportunities, including the Summer Institute for Teaching and Learning. Because our adjunct faculty member is also employed elsewhere, she is seldom able to benefit from WCU faculty development opportunities. Because the School is composed of eight small programs with only five tenured faculty at this time, the two full-time HIA faculty members have extensive service loads.

**Work environment.** In general, our School is a very collegial, friendly, and supportive work environment. However, we have outgrown the physical environment of Moore Hall, and are helping in

the planning process for the new Health Sciences building that will be located on the Millennial campus. The HIA faculty members are housed in two adequate offices, but do not have a sufficient amount of administrative, instructional, or technology support, which is an issue for all the programs in the School. Additionally, just like the faculty members in every other program in the School, the full-time HIA faculty members currently are teaching in an overload status, which negatively affects our ability to network and collaborate.

***Equitable distribution of loads.*** The HIA Program Director should receive a one-course reduction for administrative functions. However, this is not adequate and she is currently teaching in an overload situation. Both full-time faculty members are currently teaching overloads, so there is an equitable distribution of loads (Appendix. 4.3-4). As the Program grows, the current adjunct faculty position will need to be upgraded to a renewable fixed-term position with benefits, which requires other services to the University beyond teaching. Part of the duties for this position will be related to the growing enrollment, such as coordination of placement of additional students in Professional Practice Experience healthcare facilities, which is becoming increasingly complex and time-consuming.

***Performance standards.*** Please refer to our School AFE/ TPR document (Appendix. 4.6). Due to a WCU-wide transition, these policies and procedures are currently being revised to reflect the Boyer model for recognizing and rewarding four types of scholarship; discovery, integration, application, and teaching.

***Orientation, mentoring, and evaluation for TAs.*** The HIA program does not have Teaching Assistants.

#### **Standard 5. The program attracts, retains, and graduates high quality students.**

***Demographics and growth.*** The number of HIA students has grown from 8 in 2004 to 25 in 2007. In 2006-07, the HIA program generated 935 student credit hours (SCHs). According to available institutional data, we do a better job than the university at large of retaining our students. Of all students accepted into the HIA Program in the last five years, the Program retained 91%. Of those leaving the program, half left for personal reasons and the other half for failure to meet academic standards. This compares with a 70.9% retention rate for the university as a whole (Appendix 5.1).

***Diversity.*** According to our data, 94% of our majors in 2004-05 were white, compared with 76% in 2007-08. We have seen our largest growth of non-white students among those describing themselves as African-American. In 2005, 90% of WCU's enrolled students were described as white, a proportion that has actually risen since 2001. Although HIM is a female-dominated profession, more males are entering the profession, which is also a pattern occurring in our program. In 2004-05, there was 1 male student. Males in classes since then have ranged from 2 to 4 (Appendix. 5.1).

***Enrollment patterns.*** Enrollment has grown over the past five years, and this year we have 7 seniors, 17 juniors, 17 HIA-declared sophomores, and 4 HIA-declared freshmen. According to the most recent available data from CAHIIM, in 2005-2006, the average number of graduates for HIA programs was 12.06. In recent years, our graduating classes have ranged from 7 to 14, with a projected graduating class of 17 in 2009 (Appendix 5.1).

***Future viability of the program.*** Currently, all HIM associate and baccalaureate programs across the country are graduating about 2,500 students a year, but, according to the US Bureau of Labor Statistics, 6,000 are needed for annual replenishment through at least 2014. In the past, the HIA program has been listed as a “low-productivity” program based on University of North Carolina enrollment and graduation rate criteria. The faculty members have focused on increasing enrollment and their efforts are showing a good return for this objective. We expect to maintain and grow the enrollment in the program through the online RHIT-HIA transition option. This option will help meet the need for new HIM professionals that continues in North Carolina and across the nation.

***Academic qualifications.*** The HIA faculty have been tracking data collected over several cohorts in an attempt to determine the best predictors of success for students entering the program, completing the program, passing the national credentialing exam, and being successful entry-level professionals following graduation. During this data collection period and in an effort to increase the enrollment stability of the program, the HIA faculty decided to retain the Program’s long-standing minimum 2.0 GPA as an entry requirement. However, (based on our experiences with our student populations over the past several years) this year as part of the major curriculum revision, the entry GPA for the program is being raised to 2.25. Other criteria for admission to the program are part of the application process (Appendix 8.1). The program also recruits and graduates excellent students as evidenced by the fact that for the past five years juniors from our program have been awarded scholarships by our state association. The Program’s graduates are successful in finding employment or continuing their educations (Appendix 5.4). From 2003 through 2007, 31 students have graduated from the HIA program; five have continued their education by going to graduate school, and 26 have been employed within the HIM profession.

***Academic advising.*** Our program has provided strong advising in the past, but we are continuing to improve this process for our students. We have developed an advising form to document all discussion related to advising questions and any other student concerns (Appendix 3.3). We keep copies of relevant emails in each student’s file. We provide each student with a copy of an eight-semester plan, make sure they know how to access the HIA Community CORE site in WebCat, and provide information on recommended Liberal Studies, elective courses, and possible minors. This year, the faculty members have scheduled individual 30-minute meetings with all HIA juniors and seniors to perform a performance evaluation process that models the process they will encounter in their professional life following

graduation, and that provides an opportunity to ask for feedback from the student, discuss strengths and issues, and assist the student in setting personal improvement goals for the next semester. With the approval of the RHIT-to-HIA online option, the HIA program faculty members will need advising support for Distance Learning students. Discussions are underway to coordinate with Educational Outreach in carrying out this process successfully.

***Student opportunities for involvement.*** Our small program creates a host of opportunities for students to enrich their academic careers in and outside of the classroom. These are a major focus of our program and are now being reorganized as a major method for integrating the WCU QEP goals into the HIA Program, as we are serving as a pilot program during its development. Activities for involvement should meet several goals, including (1) being related to healthcare in some way, (2) application of expected professional behaviors and attitudes, (3) application of interpersonal communication skills, and (4) experience in working in teams with students in other healthcare programs. Examples of these activities include; being an AHIMA student member while in the Program, preparing for and participating in the Business Etiquette Dinners and Receptions, attending the Allied Health Career Day, project management and teamwork for Haunted Moore Hall (annual recruitment activity), sponsoring one campus-wide Red Cross Blood Drive every semester, and serving as data recorders for the HSCC 101 fitness assessments, and conducting Personal Health Record (MyPHR) presentations (Appendix 5.2-3).

***Recruitment and retention activities.*** Due to restricted human and financial resources, the HIA Program faculty members' recruitment activities are primarily on-campus, with a focus on undeclared WCU freshmen and sophomores. The HIA Program Director attends two Open Houses every semester. Additionally, we focus on keeping staff members of the Advising Center, Career Services, and Admissions aware of the program and what it can offer to undecided students. Once students have declared the major, our focus is on providing resources and advice that will help them remain in the program and meet their personal goals. We find that current program students are a major factor in recruiting new program students, as they speak with other students across campus, thereby increasing the visibility of the program. Also, the faculty of healthcare programs at WCU will refer potential students to each other's programs, if discussions with students indicate that they might be more successful in a program with a different healthcare focus and scope of practice. The Program cultivates positive relationships with the seven HIT programs in North Carolina, has an articulation agreement with the closest one, and actively involved them in designing the online RHIT-HIA Transition program. The HIT Program Directors are also recruiting potential students. In addition, the Program routinely contributes a WCU "Cat Nips" column to the NCHIMA *Footprints* newsletter.

***Performance on professional exams.*** Our HIA graduates' performance on the national credentialing examination for the past year exceeded the national average. The 2007 graduates' pass rate to date is 80% for those graduates who took the exam within six months of graduation, while the national average is 66%. For additional data on these exam results, please see Appendix. 5.6).

***Financial support for recruiting high quality students.*** Currently, the HIA Program has very minimal financial means to recruit high quality undergraduate students.

### ***Administrative Structure and Operational Resources***

**Standard 6. The program has an administrative structure that facilitates achievement of program goals and objectives.**

***Processes for effective decision-making.*** Our program is one of seven undergraduate and one graduate program in the SHS, has only two full-time faculty members, and no regularly-assigned support. Effective decision-making is frequently made more difficult by lack of time and resources, extremely short notification of administrative tasks with very short turnaround times, and the need to balance multiple responsibilities to our students, program, profession, and communities of interest. Within these constraints, the full-time HIA faculty members work together very effectively and basically make all decisions jointly.

***Support and training for department leaders.*** WCU offers many training opportunities for administrative functions that the HIA Program Director and faculty need to participate in, but are seldom able to attend due to the fact that the training sessions are usually scheduled during times when courses are occurring. Additionally, it is a constant source of frustration that professional development/process training opportunities frequently have minimal advance notice, making it impossible to attend due to already scheduled prior commitments that cannot be adjusted due to our small faculty. At this time, it is our understanding that no formal training currently exists for program directors. The current HIA Program Director did not receive a formal orientation to the position when she began serving in 2003 and did not receive a complete explanation of the duties from the former Program Director, who left unexpectedly due to serious illness. Even if an orientation had been provided at that time, so many administrative functions have completely changed at WCU since 2003 little has remained the same. Information about these changes is provided piecemeal, it would be helpful to have more coordinated resources and training. Administrative simplification is a key need for all areas of WCU at this time.

***Faculty involvement in ongoing program activities.*** The HIA Program Director plays a role in assessment, curriculum development and review, and faculty review, tenure, and promotion in the School of Health Sciences. She serves on the Schools' Tenure, Promotion, and Review Committee as one of only five tenured faculty members in the School. Both HIA full-time faculty members work closely

together in all areas of the program, from curriculum development and advising, to recruitment and program assessment. Program assessment for the HIA Program has two major components; the annual national process required by CAHIIM and the internal WCU program assessment process, which is also annual. The CAHIIM process is focused on graduates' learning outcomes, in that all graduates are expected to be entry-level competent HIM professionals as demonstrated by their ability to pass the RHIA credential exam.

***Student / alumni involvement in program decision-making.*** The HIA Program has several processes for student and alumni input. We now have a process by which the faculty meets with each student once a semester for a performance evaluation. One of the questions the students answer in the pre-meeting process is "What could your HIA faculty members or advisor or WCU do differently to help you better perform as a learner and HIA program member?" Course evaluations are reviewed every semester and recommendations from students are incorporated. Not only are students in the PPE evaluated by an HIM professional, they also evaluate the experiences and are asked for recommendations to improve the PPE and the Program. CAHIIM requires annual Graduate and Employer surveys. One question on these surveys specifically asks for recommendations for improving the program. Recommendations from the recent surveys have been incorporated into the curriculum by the HIA faculty. For example, a need was identified for increased emphasis on professional communication and behaviors. CIS 304, Business Communications, was added to the curriculum to provide an increased emphasis on oral and written communication. Additionally, to meet this need and the QEP goals, new one-credit PPE courses have been designed to provide additional opportunities for students to apply professional behaviors in a variety of settings. The HIA Advisory Board also has several members who are alums and they provide valued input for program decision-making.

***Evaluation of administrators.*** The SHS Director is evaluated by the Dean after evaluations are solicited from faculty and sent to the Dean under seal. AFE statements on program directors usually comment on their service role. The organization chart for the HIA program is located in Appendix 6.1.

#### **Standard 7. The program has adequate resources to meet its goals and objectives.**

***Adequacy of budget to support mission and goals.*** The operating budget has been adequate for modest needs, but not for larger ones such as licenses for student and faculty access to electronic resources that are necessary to keep the program current in teaching electronic-based tools in the e-HIM workplace (which are becoming the standard in healthcare due to the use of the Internet, intranets, and the electronic health record). The last two years, the Program has been able to secure special funding for the AHIMA Virtual Lab (V-lab), which provides student access to millions of dollars of resources (Appendix 8.4). Ongoing, full funding for this resource needs to be secured as part of the annual operating budget.

It is difficult to get budget information that is specific for the HIA program, since it is part of the School of Health Sciences. For the past several years, the program budget has been subsidized by a stipend received by Irene Mueller, the HIA Program Director, for her work with MERLOT (Multimedia Educational Resources for Learning and Online Teaching) as a peer reviewer and Associate Editor for the Health Sciences Editorial Board. This money was part of the support provided by the UNC system to MERLOT as a founding partner. However, this stipend was not allocated this year.

***Currency and adequacy of facilities, instructional technology, and library resources to support mission and goals.*** Like many departments on campus, available space is restricted for classrooms. The two HIA faculty members have adequate offices in Moore, but will lose much of the storage space in their offices once they move to the new Health Sciences and Gerontology building. Finding class space in Moore for non-traditional activities for students is very difficult. All classrooms in Moore Hall now have computers and projectors, but many rooms are not adequately fitted for using this technology effectively (no way to block light coming through windows). The Program can schedule classes in e-classrooms in other buildings on campus where students have access to the Internet, Microsoft Office, and other applications. There are only three networked printers and one printer allocated among over 30 faculty members, which can result in logjams when several faculty members are trying to get items printed or copied at the same time. The current budget process recognizes the need for equipment and supplies, but fails to recognize the need for funding ongoing software licenses. This budgetary constraint has been a barrier to securing on-going funding for student access to the AHIMA V-lab. This virtual resource hosts multiple programs which are the standard in the HIM workplace today, including the electronic health record, databases, encoders and groupers. If schools were to purchase, maintain, and support these applications, the cost would be well over \$250,000 a year (Appendix 7).

***Program staffing needs.*** The HIA Program faculty members have increased the number of courses the program is responsible for in response to changing needs within the School as other programs' faculty changed due to retirement or resignation. These changes resulted in the increasing use of our adjunct instructor, who is able to teach HIA specific courses. This change has been very beneficial for the HIA students, who hear another professional's "voice" and point of view. Currently, this instructor is being paid only for individual courses, without benefits. However, the program's full-time faculty are teaching overloads every semester and, because of increased enrollment over the last few years, are generating enough student credit hours to support a third full-time faculty member. Currently, there is a great shortage of HIM professionals and average salaries in practice are consistently higher than the academic salary structure at WCU. We are concerned that our adjunct faculty member will not continue teaching at Western if her position is not changed to one with benefits.

***Effective use of staff.*** SHS currently has 1.75 FTE Administrative Support Associates. This seems insufficient to meet the needs of our diverse and complex School. Moreover, they do much more than their title suggests. They supervise one 12-hour/week student worker, schedule all SHS courses in Banner, order all needed supplies and equipment, input data and create files for faculty, provide support for search committees, and coordinate site visits for programs' national accreditation, while assisting 28 full-time and 10 part-time faculty with travel, budgets, and other administrative tasks.

The HIA faculty members are forced to complete many clerical, administrative, and instructional technology functions themselves due to the above issue. Additionally, as WCU moves through major restructuring changes, several administrative functions have been reassigned to the School or Program level, but without any resources being reassigned to assist in carrying out these functions. Some of these include new responsibility for the Program's website design and maintenance and contacting potential students during the University's recruitment and application process

### ***Summary***

***Primary Strengths.*** The three leading strengths of the Program are the faculty, our relationships, and Program positioning.

- **Faculty:** Our primary strength is our faculty. Both full-time faculty members have professional and teaching experience in multiple areas of health information management, have extensive online teaching experience, and have been recognized for their engaged and innovative teaching. The HIA Program Director serves as a CAHIIM accreditation surveyor, which increases her ability to assist the program in complying with national standards.
- **Relationships:** The HIA faculty members have excellent collegial and collaborative relationships within the Program, the School, the College, the University, and the HIM community. It is to the Program's advantage to be housed in the new College of Health and Human Sciences, and to be engaged in a very participative management approach. The small faculty size and small size of the junior and senior HIA classes means that HIA faculty and students develop strong personal relationships that provide many opportunities for individualized advising, tutoring, and career counseling.
- **Program Positioning:** The Program has been continuously, nationally accredited for over thirty years, and has a strong history of success in the region and the state. It has a well-organized and logical curriculum that includes interdisciplinary and integrative components. To maintain and advance this history, the HIA faculty members engage in on-going planning and assessment of the Program, including: environmental scanning, increasing enrollment and student diversity, updating the curriculum on a regular basis, and succession planning.

The Program is well positioned to actively participate in campus initiatives such as Distance Education, the QEP, and UNC Tomorrow.

**Primary weaknesses.** The three leading strengths of the Program are the faculty, staff and budget support, and administrative structure.

- **Faculty:** Our primary weakness is also related to our faculty. The Program has only two full-time faculty members. The constantly changing content requirements of the dynamic healthcare industry and the HIM profession require each of them to develop eight unique course preparations every year. In addition, in an effort to strengthen the Program and prepare for the online-RHIT-to-HIA option, as well as participation in University initiatives, they have been in teaching overloads. These overloads have been exacerbated by the lack of administrative support noted below, with these two factors resulting in reduced time for scholarship and professional development. There is a demonstrated need to move our current part-time PPE Coordinator to a full-time, fixed-term position. This is particularly important as part of our succession plan, since both of the current faculty members will be retiring within five years.
- **Administrative Structure:** While the Program has gained from the restructuring which has created the new College and participative management, the size and complexity of the School of Health Sciences presents significant challenges. Programs are often assigned responsibilities otherwise managed by entire Departments. With only two faculty members and limited administrative support, the need to assume these additional decentralized administrative tasks has become a significant burden, which compromises academic and scholarship activities. While the University has addressed some administrative simplification issues, including the process for curriculum revision, significant barriers still exist.
- **Lack of Staff and Budget Support:** The administrative requirements noted above have not been matched with administrative support. The School currently has only 1.75 Administrative Support Associates, which is inadequate to support seven undergraduate programs and one masters' program, each with external accreditation and reporting requirements. Academically, the Program has no Teaching Assistants and no access to Instructional Technology staff. The current budget process and categories lack the flexibility to fund evolving needs of the Program (primarily an on-going license for the AHIMA Virtual Lab). Travel funds have been limited and insufficient to promote participation in professional development activities related to emerging areas of HIM practice.

***The Program's Future.*** Building on the strengths and addressing the weaknesses cited above, the future for the Program is bright. A committed and capable faculty has positioned the Program well to meet the needs of the University, Region, State, and the Profession. The HIA faculty members contribute their expertise by teaching interdisciplinary courses and collaborating in scholarly activities. They have been proactive in their involvement in the QEP and its implementation. The on-campus enrollment of the program, including articulation agreements, has grown over the past five years. A long-planned goal of the Program has finally been realized with the approval of an RHIT–HIA transition online option, beginning in Fall 2008 (Appendix 8.6-7). This should further stabilize enrollment and provide opportunities for place-bound professionals to advance their careers, thereby contributing to graduating more allied health professionals in North Carolina to help meet the healthcare needs identified by the UNC Tomorrow Commission's Final Report (Appendix 1.7).