A.S. HEALTH INFORMATION TECHNOLOGY PROGRAM REVIEW

DOCUMENT 1

Introduction

0A: An executive Summary that provides a one-two page summary/abstract of the information contained with the program reviews

0.B: A brief description of the history of the program under review

The Department of Health Information Technology at the University of New Mexico-Gallup (UNMG) has been in existence since 1982. I am uncertain when Melody Brashear became the coordinator of the program. However, upon her retirement, Laura Blalock took the position of the Director of the HIT program, effective March 18, 2013. Upon Laura's resignation, Irene Den Bleyker became the Acting Program Director, effective August 8, 2016. Roseanna McGinn was an adjunct instructor for UNM Gallup in 2017. In 2017, she took over as the director of the HIT program. The many changes within the program have made it difficult to maintain consistency within the program and management of program information.

The two-year Associate of Science (AS) degree in Health Information Technology (HIT) is the key that allows students to sit for the rigorous American Health Information Management Association (AHIMA) exam to become a Registered Health Information Technician (RHIT) thereby opening up a multitude of career opportunities in the immense healthcare job market. Students can only accomplish this by graduating with a HIT Associates Degree. UNMG is one of the few HIT programs in the state accredited by AHIMA's Commission on Accreditation for Health Informatics and Information Management (CAHIIM). The program has always tailored its academic program to the needs of the Gallup community and, specifically, to the coding and revenue cycle needs of Indian Health Services and Gallup McKinley Christian Hospital.

0.C: A brief description of the organizational structure

The HIT program is directly, under the Education, Health, and Human Services Division, Chair, Irene Den Bleyker. The Chair reports to the Dean of Instruction, Dr. Daniel Primozic. Roseanna McGinn, Director, of the program coordinates and

disseminates HIT information with full time instructor, Larry Conyers, and adjunct instructor, Laura Hammons.

The program also operates in accordance with the Curriculum Committee, guidelines and under the authority the New Mexico Higher Education Department and the Commission on Accreditation for Health Information (CAHIIM).

0.D: Information regarding specialized /external program accreditations associated with the unit including a summary of findings from the last external review.

The accreditation association, CAHIIM, requires annual program assessment Reports (APAR). The 2017, 2018 and 2019 reports have been completed and approved for the continuation of accreditation in good standing, with no need for changes. The records prior to 2017 are no longer available.

(See attached CAHIIM APAR)

CAHIIM schedules accreditation site visits every 10 years. A visit was scheduled for 2016, but due CAHIIM changes the Board has made a decision to delay all site visits. They have not provided a date for the site visit at this time. The last site visit took place in 2005. At that time, there were 4 compliance issues, all of which were addressed after the initial review in 2005, leaving the program in good standing.

O.E: A brief description of the previous Program Review for the program. The description should also provide a summary of the findings from the Curricula Committee's final report and how the program addressed the Committee's recommendations.

The Health Information Technology Program Reviews took place in 2002 and 10 years later in 2012. If ten years in the norm, then the next program review should be due in 2022. At the time of the 2012 Program Review, Melody Brashear, was the program coordinator. In addition to Melody, there were two adjunct instructors.

The CAHIIM regulations have since changed requiring a director and a certified instructor who may teach in other health areas, but must teach HIT courses and have the ability to take over the HIT director duties if needed.

At the time of the last program review, there were seven documents required, three data forms as well as a curriculum history, HIT program statistics and program syllabi. The curriculum committee had no recommendations for the HIT program.

DOCUMENT I: PROGRAM GOALS

1A: Provide a brief overview of the vision and mission of the program and how the program fits into the vision and mission of the UNM-Gallup campus.

The UNMG HIT AS Program Vision Statement: *"The University of New Mexico-Gallup Health Information Technology (HIT) Program develops HIT professionals to become an integral part of the healthcare delivery system through demonstrated competencies while maintaining cultural sensitivity and confidentiality to all communities served."* This vision statement fits very well with UNMG Vision Statement, i.e., *"The University of New Mexico–Gallup will be a nationally recognized leader in community focused, regionally specific and culturally vibrant education"* and the UNMG Mission Statement, i.e., *"The University of New Mexico-Gallup prepares people to achieve their educational and professional goals in a context of respect for the traditions and values of the many groups it serves,"* in that the UNMG HIT AS degree program continues to graduate students with the necessary technical skills that allow them to fill the numerous Gallup community and IHS job vacancies and to make an immediate positive impact upon their hiring into these institutions. In developing professionals in the HIT field, students are meeting the UNM mission of preparing students to achieve their educational and professional goals.

1B: Describe the relationship of the program's vision and mission to the University of New Mexico's vision and mission

The above commentary re: the vision for the UNMG HIT AS degree program makes the program a credible working partner with and a viable extension of the UNM Main Campus whose vision statement includes the following: *"UNM will provide students with the values, habits of mind, knowledge and skills that they need to be enlightened citizens to contribute to the state and national economies and to lead satisfying lives. Faculty, staff and students (1) create, apply and disseminate new knowledge and creative works, (2) provide services that enhance New Mexicans' quality of life and promote economic development and (3) advance our understanding of the world, its peoples and cultures."*

As students complete their HIT degree and graduate to become part of the healthcare delivery system, they develop habits of mind, knowledge and skills, enabling them to contribute to the state economy. In the profession they also enhance New Mexican's quality of life as proper coding enables proper billing and information that accurately portrays health needs.

1C: List the overall learning goals of the program

Learning goals for the UNM Gallup HIT Program are formulated in accordance with the educational mandate/domain of the Commission on Accreditation for Health Informatics and Information Management (CAHIIM) the HIT program accrediting arm of the America Health Information Management Association (AHIMA

Goal A: Understand healthcare law, develop privacy, security and confidentially policies, procedures and infrastructure; educate staff on health information protection methods; risk assessment; access and disclosure management.

Goal B: Understand and initiate compliance activities and methods for all health information topics, i.e. how to comply with HIPPA, State Law, Fraud and Abuse etc.; coding auditing; severity of illness; data analytics; fraud surveillance and clinical documentation improvement.

Goal C: Project leadership and critical thinking to skills to enhance workflow analysis, design, tools and techniques; human resource management: training and development theory and process; strategic planning: financial management; ethics and projects management.

Program SLO A.1: Apply current laws, accreditation and certification standards related to health information initiatives from national, state, local and facility levels.

Program SLO A.2: Adhere to legal and regulatory requirements related to health information.

Program SLO B.1: Distinguish between and refrain from codding practices intended to increase payment or skew data by means that do not comply with federal and state statutes, regulations and guidelines.

Program SLO B.2: Advance coding knowledge and practice through continuing education.

Program SLO C.1: Learn to facilitate interdisciplinary collaboration in situations supporting proper coding practices.

Program SLO C.2: Work with peers in the other healthcare disciplines to ensure the integrity of the application of codes by other healthcare professionals, billing/collection staff, and physicians.

1D: Explain the manner in which learning goals are communicated to students.

The faculty members use a syllabus to communicate goals. They have on-line access to all goals provided by CAHIIM aligned with specific program goals.

Hospital, Gallup Indian Medical Centers, Crownpoint Healthcare Facility, Zuni PHS Hospital, Tohatchi Health Center, Kayenta Health Center, Inscription House Health Center, Four Corners Regional Health Center, and Tuba City Regional Health Care Corporation. These entities rely on our graduates to provide them skilled employees. Our students also practice at various sites providing hours of learning and service to prospective employees.

In a sense, UNM-Gallup is a stakeholder, as the program provides need for general education courses, contributes to the graduation rates of students and increases the number of students meeting our mission and vision; contributing to the regional economy and providing skilled workers who give back to the community.

IF: Provide examples of outreach or community activities.

The foremost activity is our sponsorship of an HIT advisory board. However, as president of the New Mexico Health Information Association, Roseanna contributed to the provision of CEUs for professionals in the field for two years, once as association president and the following year as past president at the Albuquerque event.

DOCUMENT 2: TEACHING AND LEARNING – CURRICULUM

2A: Provide a detailed description of program curricula. Include a description of the general education component and program specific components Provide a brief justification for any credits required for program completion above 60 credits.

AS Health Information Technology HIT Health Information Technology

Communications: (6 credits needed)

English 110: Composition I, 3 credits

English 120 Composition II OR

Communication CJ 221, 3 credits

Electives: (9 credits needed)

Fine Arts/Humanities, 3 credits

Behavioral Science, 3 credits

Social Science, 3 credits

Math: (3 credits needed)

Statistics 145 (Introduction to Statistics – Placement or Math 120) OR

Math 121 College Algebra, 3 credits

Natural Sciences (4 credits needed)

HCHS 113 Body Structure Function OR BIOL 136/139L Human Anatomy & Physiology. OR BIOL 123/124L Biology for Health Sciences OR

BIOL 237/227 Human Anatomy & Physiology, 4 credits

PE/Health Elective (2 credits needed

Health Sciences (6 credits needed)

HCHS 111 Medical Terminology, 3 credits

HCHS 115 Pharmacology for Health Occupations, 3 credits

Business Technology (3 credits needed)

CS 150L- Computing for Business Students (prefer the CS150 over IT101) 3 credits

Health Information Technology (38 needed)

HCHT 121 Health Information Tech I, 4 credits

HCHT 211 Basic ICD/CPT Coding, 4 credits

HCHT 213 Principles of Disease, 4 credits

HCHT 215 Advanced Outpatient Coding, 2 credits

HCHT219 Advanced Inpatient Coding, 3 credits

HCHT 221 Medical-Legal/QM, 4 credits

HCHT 222 Health Information Tech II, 4 credits

HCHT 231 Computer Application/Statistics, 4 credits

HCHT 232T Reimbursement Methodologies, 3 credits

HCHT 233 Professional Practice Experience, 6 credits

TOTAL CREDITS 71 CREDITS

Rationale for over 60 credits:

Due to CAHIIM required courses, there are over 60 credits in the program. However, I plan to move from a 71 credit program to 60 credits through changing the program to an AAS program, reducing the number of general education courses. In addition, the physical education courses will be eliminated. I will also be following up with CAHIIM as they are currently considering changes in the required courses and/or the possibility of additional certificate programs.

Administrative schedule HIT year by term

Fall	Spring Term	Summer
HCHT 121 (4) Health Info Tech I HCHS 111 (3) Med Term HCHT 213 (4) Principals of Disease (Laura H) HCHT 211 (4) Basic ICD /CPT Coding HCHT 231 (4) Computer Applications & Statistics Total Departmental Credits (19)	HCHT 222 (4) Health Info Tech II HCHS 111 (3) Med Term HCHS 115 (3) Pharmacology (Laura) HCHT 215 (2) Advance OP Coding HCHT 233 (6) Professional Practice Exp. HCHT 232 (3) Reimbursement	Term 3 Summer HCHT 219 (3) Advanced IP Coding Total Credits (3)

	HCHT 221 (4) Medical Legal Total Credits (25)	

The Professional Practice Class is the last class taken prior to completion. When the classes have been completed, students can sit for the RHIT exam.

2B: Describe the contributions of the program to other units/programs within UNM Gallup, such as offering general education core courses, offering courses that fulfill pre-requisites of other programs offering cross-listed courses, or supporting/complementing the work of other technical programs.

At this time there is no "crossover" for the HIT credits to any other UNM Gallup associates program. The degree does accept all the credits offered in the HIT certificate program.

As noted in the above listed curriculum, the program contributes to the general education core courses. However, moving to an AAS degree in the future will reduce the general education courses. Also, the Medical Term course is required by both the HIT program and the Dental Assisting Degree. The Medical Term is also an approved CCTE course. Anatomy and Physiology course needs are shared by both the nursing program and the HIT program. These shared courses increase credit hours and at times enable courses to make that might otherwise be dropped.

2C: Describe the modes of delivery used for teaching courses

The AA HIT program has moved to almost an entirely on-line delivery method. HCHT 213, Principles of Disease has been taught face to face, but will move to on-line delivery in the fall. HCH 233 Professional Practice Experience had some face to face components, but is primarily in the field working in hospitals or in clinical settings.

Vlab (virtual lab) is consistently used for a mode of delivery. In this system students act as a system administrator to install various programs on a computer and then use the program to complete various HIT related assignments. In Vlab, students use encoders, electronic health records (EHR), release information (ROI), trackers, master patient indexes (MPIs) and other high level technologies used in various medical settings.

The HIT Program has also moved toward using electronic text books. These electronic text books track how much time the students spend reading and doing

other electronic assignments. This allows instructors to determine interventions or to communicate with specific students who are falling behind. MindTap is also used for specific courses. It is similar to an on-line workbook that provides instant feedback, vital to coding.

Our program utilizes the Blackboard Learn setting for quizzes, exams, and other course projects. Blackboard Learn has a conference call function and a new feature called "virtual meet up". We have also used "live chat" and Skype with the class. I have noted that students prefer the "virtual meet up" method of communication.

DOCUMENT 3:

TEACHING AND LEARNING - CONTINUOUS IMPROVEMENT

The program should demonstrate that it assesses student learning and uses assessment to make program improvements. In this section, the unit should reference and provide evidence of the program's assessment plans and program assessment records/reports

(See CARC document attached file)

There are six SLOs in the CARC document that have been evaluated by the CARC committee. As noted it is time to renew the CARC plan. We are in the process of reviewing our SLOs for possible revision.

3A: Describe the programs' assessment process and evaluation of student learning outcomes by addressing the questions below.
What skills, knowledge, and values are expected of all students at the completion of the program (refer to learning goals outlined in Document 1.

Skills:

Goal A: Understand healthcare law, develop privacy, security and confidentially policies, procedures & infrastructure; educate staff on health information protection methods; risk assessment; access & disclosure management

Program SLO A.1: Apply current laws, accreditation and certification standards related to health information initiatives from national, state, local and facility levels.

The application of the laws, standard and initiatives is the skill needed.

Goal B: Understand and initiate compliance activities and methods for all health information topics, i.e. how to comply with HIPPA, State Law, Fraud and Abuse etc.; coding auditing; severity of illness; data analytics; fraud surveillance; clinical documentation improvement

Program SLO B.1: Distinguish between and refrain from coding practices intended to increase payment or skew data by means that do not comply with federal and state statutes, regulations and guidelines

The initiation of compliance activities and methods is a skill orientated.

Complying with federal and state regulations and guidelines is skill orientated.

Knowledge:

Goal A: Understand healthcare law, develop privacy, security and confidentially policies, procedures and infrastructure; educate staff on health information protection methods; risk assessment; access and disclosure management

Understanding healthcare law, privacy, and security procedures fall under the area of knowledge.

Program SLO A.1: Apply current laws, accreditation and certification standards related to health information initiatives from national, state, local and facility levels.

Implied in the application of laws, accreditation and certification of standards is the knowledge of the laws and standards at all levels listed.

Program SLO A.2: Adhere to legal and regulatory requirements related to health information.

Implied is adherence to legal and regulatory requirements is the knowledge of the regulatory requirements.

Goal B: Understand and initiate compliance activities and methods for all health information topics, i.e. how to comply with HIPPA, State Law, Fraud & Abuse etc.; coding auditing; severity of illness; data analytics; fraud surveillance; clinical documentation improvement.

Knowledge is indicated by knowing the HIPPA, state laws, along with fraud and abuse laws.

Program SLO B.1: Distinguish between and refrain from coding practices intended to increase payment or skew data by means that do not comply with federal and state statutes, regulations and guidelines.

Knowledge is needed to be in compliance of federal and state statutes, regulation and guidelines.

Program SLO B.2: Advance coding knowledge and practice through continuing education.

Coding knowledge is indicated. As rules of coding change, the continuing knowledge is needed. New changes are brought to students as they occur in the healthcare industry.

Goal C: Project leadership and critical thinking to skills to enhance workflow analysis, design, tools & techniques; human resource management: training and development theory & process; strategic planning: financial management; ethics and projects management.

Knowledge is needed to enhance workflow analysis. Knowledge is needed to design tools and techniques and to process financial management.

Program SLO C.1: Learn to facilitate interdisciplinary collaboration in situations supporting proper coding practices.

Knowledge of proper coding practices is stated in the SLO.

Program SLO C.2: Work with peers in the other healthcare disciplines to ensure the integrity of the application of codes by other healthcare professionals, billing/collection staff, and physicians.

The proper application codes infers the knowledge of proper coding.

Values:

Goal A: Understand healthcare law, develop privacy, security and confidentially policies, procedures and infrastructure; educate staff on health information protection methods; risk assessment; access & disclosure management.

Value is added in the development of privacy, security and confidentiality.

Program SLO A.1: Apply current laws, accreditation and certification standards related to health information initiatives from national, state, local and facility levels.

Value is indicated by application of laws and standards.

Program SLO A.2: Adhere to legal and regulatory requirements related to health information.

Value is noted in adhering to legal and regulatory requirements.

Goal B: Understand and initiate compliance activities and methods for all health information topics, i.e. how to comply with HIPPA, State Law, Fraud & Abuse etc.; coding auditing; severity of illness; data analytics; fraud surveillance; clinical documentation improvement.

Compliance with HIPPA, and state laws and refraining from illegal process is value orientated.

Program SLO B.1: Distinguish between and refrain from coding practices intended to increase payment or skew data by means that do not comply with federal and state statutes, regulations and guidelines.

Refraining from engaging in illegal practices such as skewing data is a value needed component.

Program SLO B.2: Advance coding knowledge and practice through continuing education.

There is personal value in choosing to advance coding knowledge. It also brings a coding value to adhere to new regulatory changes that occur in the industry. One such change over the past three years was the change form Coding 9 to Coding 10. All industry coders, needed to be retrained. Our students automatically transferred. It did mean that our director had to learn the new process to share with students.

Goal C: Project leadership and critical thinking to skills to enhance workflow analysis, design, tools & techniques; human resource management: training and

development theory & process; strategic planning: financial management; ethics and projects management.

Value is indicated by needing proper ethical and proper financial management.

Program SLO C.1: Learn to facilitate interdisciplinary collaboration in situations supporting proper coding practices.

Value is noted by collaboration in facilitation of interdisciplinary collaboration.

Program SLO C.2: Work with peers in the other healthcare disciplines to ensure the integrity of the application of codes by other healthcare professionals, billing/collection staff, and physicians.

Value is noted in working with peers.

3A What are the student learning outcomes for the program?

Program SLO A.1: Apply current laws, accreditation and certification standards related to health information initiatives from national, state, local and facility levels.

Value is indicated by application of laws and standards.

Program SLO A.2: Adhere to legal and regulatory requirements related to health information.

Program SLO B.1: Distinguish between and refrain from codding practices intended to increase payment or skew data by means that do not comply with federal and state statutes, regulations and guidelines.

Program SLO B.2: Advance coding knowledge and practice through continuing education.

Program SLO C.1: Learn to facilitate interdisciplinary collaboration in situations supporting proper coding practices.

Program SLO C.2: Work with peers in the other healthcare disciplines to ensure the integrity of the application of codes by other healthcare professionals, billing/collection staff, and physicians.

3A: Have the student learning outcomes been changed or improved?

These goals changed from the previous CARC document. As this CARC document goes through 2019. We are in the processing of reviewing the SLOs and making possible changes.

3A: How are student outcomes clearly defined and measurable?

All SLOs were defined and measured through performance benchmarks on exams, workplace examination.

Examples of measure include the utilization of V-lab exams measured by the completion and accuracy for meeting bench marks. Students demonstrate they have reached the measure by receiving an 75% or higher grade on the related exams.

Assignments clearly require critical thinking, analysis or problem solving. For this type of measure, the exam may present scenarios.

Accuracy of proper billing and coding is also demonstrated when :adhering to legal and regulatory requirements. Although 75% is okay, a coder must be accurate when working out in the field to maintain a job. Therefore, students are provided ample time to practice related skills throughout the course.

The student will demonstrate teamwork and collaboration in the practicum setting. This is measured by the practitioner and the examination log book

3A: How are student learning outcomes communicated to faculty and student?

The outcomes and expectations are placed on-line within assignments and on the syllabus. The practicum outcomes are provided to students prior to going out on assignment and through the practicum handbook.

3A: What current direct or indirect methods are used to evaluate the extent to which students are meeting the student learning outcomes?

Direct: Tests, assignments, projects, Mindtap, computer based assignments

Indirect: Logs, observation, Vlab experimentation

3A: How have the program's assessment methods been changed or improved?

The assessment has changed through the use of Mindtap that provides immediate feedback. It has been changed to allow students to redo assignments to become proficient in skills. Also, on the indirect skill, we have encouraged more communication with the practitioners at the various sites and they also make notes on student progress.

3.B Synthesize the impact of the programs' annual assessment activities by addressing the questions below:

3B: How have the results of the program's assessment activities been used to support quality teaching and learning?

The assessment let us know when students were performing at lower rate than expected. That enabled us to reassess the teaching and testing. Some students needed more time learning how to use V-lab, others needed tutoring in math and reading, while others needed review of material for a retest or follow up quiz. Webinars were also used to provide follow up information.

3B: Overall, how is the program engaged in a coherent process of continuous curricular and program improvement?

This has occurred through CAHIMM annual assessment reports, communication with the CAHIIM Board, through the Curriculum Committee, the Program Review, and CARC. This also is impacted by the demands in the job market and by the HIT Advisory Committee, who share what their needs are in the field.

3B: How does program monitor the effects of changes?

Curricular improvement is monitored by student enrollment and program need. The monitor depends on what has changed. The same is true for program, improvement. It may be monitored on student success and engagement or it may be checked for relevance and rigor. The curriculum is also monitored by CAHIIM for compliance and accreditation. Any changes in the curriculum not only go through our UNM curriculum process, but also through CAHIIM and then soon will need to align with similar state programs, maintaining 80% of the same student learning outcomes.

The students who complete the program are eligible to sit for the RHIT exam. Two students reported this week that they have taken and passed the exam. One has secured a job at GIMC, the other has an interview at RHCHCS HIM Department next week.

DOCUMENT 4: STUDENTS

The program should have appropriate structures in place to recruit, retain, and graduate students

4A: Provide information regarding student recruitment and admissions.

The UNM HIT Gallup Website is the primary source for documents pertaining to recruitment and admissions. The website lists course classes/requirements for the program as well as the HIT Application Form. The Director calls these students when they submit an online application and provides one-on-one phone advisement in addition to e-mail advisement if the phone advisement does not work well for the student. Many students find this helpful as not only are the sequence of classes discussed but also the materials and costs associated with the program. Since this application system has been added to the HIT website, an average of two requests per week have been received. Program staff work closely with Michele Lee's academic advisory staff and are highly visible at regional health fairs.

4B: Provide an analysis of enrollment trends, persistence and graduation trends.

REGISTRAR/ENROLLMENT

AS-HIT: Program Headcount & Student Credit Hours

	Fall 2014		Fall 2015		Fall 2016		Fall 2017		Fall 2018	
Time Status	HC	SCHs	HC	SCHs	HC	SCHs	HC	SCHs	HC	SCHs
Full-Time	29	443	34	468	44	641	38	499	26	338
Part-time	31	220	30	230	30	190	24	152	27	198
Total	**60**	**663**	**64**	**698**	**74**	**831**	**62**	**651**	**53**	**536**

Fall Full Time student were highest in Fall 2018 and Lowest in 2018, spiking in 2015, 2016, and 2017.

Fall Part-time students had their highest numbers in Fall 2014, with the lowest in 2017. However, the trend is fairly consistent with the exception of the low in 2017.

The highest credit hours for Full Time student was Fall 2016 and the lowest in Fall 2018.

The credit hours for Part-time student was highest in Fall 2015 and lowest in Fall 2017.

Overall credit number and full time student numbers spiked on 2016, while maintaining the average of part-time students.

Overall Fall 2018 demonstrates the lower end of the scale with the lowest student numbers and credits.

AS-HIT: Program Headcount & Student Credit Hours

	Spring 2014		Spring 2015		Spring 2016		Spring 2017		Spring 2018	
Time Status	HC	SCHs	HC	SCHs	HC	SCHs	HC	SCHs	HC	SCHs
Full-Time	40	524	27	377	35	494	44	630	29	377
Part-time	28	173	39	265	36	251	26	186	22	164
Total	**68**	**697**	**66**	**642**	**71**	**745**	**70**	**816**	**51**	**541**

Spring Full Time student were highest in Spring 2017 and Lowest in 2015.

Spring Part-time students had their highest numbers in Spring 2017, with the lowest in 2018.

The highest credit hours for Spring Full Time student was 2017 and the lowest were Spring 2015 and 2018 with equal numbers.

The credit hours for Part-time students was highest in Spring 2015 and lowest in Spring 2018.

Overall credit number and full time student numbers spiked in 2016, while remaining fairly consistent other semesters.

Overall Spring 2018 demonstrates the lower end of the scale with the lowest student numbers and credits.2017 spiked for the highest credits.

AS-HIT: Program Headcount & Student Credit Hours

	Summer 2014		Summer 2015		Summer 2016		Summer 2017		Summer 2018	
Time Status	HC	SCHs	HC	SCHs	HC	SCHs	HC	SCHs	HC	SCHs
Full-Time	5	28	5	38	4	32	1	7	3	24
Part-time	31	103	23	76	28	79	25	68	17	62
Total	**36**	**131**	**28**	**114**	**32**	**111**	**26**	**75**	**20**	**86**

Full Time summer students were consistently low. Part-time students were highest summer 2014 and lowest in 2018. Summer classes are most often offered for

student graduation needs. In these cases, the faculty member has taught without additional compensation.

Total credits were highest in 2014 and lowest in 2018.

We moved from offering mores summer classes and consistently attempting to have fewer summer classes due to the need to pay more for summer classes. But, seeing declining trend in summer classes and the overall decline in students in fall and spring of 2018, we might want to attempt to offer mores options for students in the summer. The difficulty becomes if the summer classes supplant the fall, it may leave both summer and fall with low numbers.

Overall the decrease of students reflect the decline of students state wide and at the national level. However, two other factors come into play, one was to align the classes in more consistent order, changing the order of classes and implementing only one practicum per year and also the gradual trend to putting all classes on-line. However, the on-line movement in HIT, it is a positive move, as a major part of the job for HIT graduates is on-line data entry. The on-line method is consistent with the goals of the program. In addition, we are gradually picking up students from outside of Gallup. According to Brittany Babycos, in fall 2017, we had 7 out of state students enrolled. In spring 2018, we had 3 out of state students. In the summer of 2018, we had two out of state students enrolled in the HIT program.

AS HIT Graduation rates by academic year:

* Provided by Institutional Researcher, Brittany Babycos

Year	Graduates
2013	13
2014	8
2015	9
2016	13
2017	12
2018	12

The graduation rates have stayed closely the same over the years. There is a need to encourage students earning certificates to complete their AS degree.

<u>4C: Provide a description of program advisement for students.</u>

Students primarily receive advisement from the Student Services advisors However, Ms. McGinn and Mr. Conyers also advise students.

4D.Describe any student support services that are provided by the program.

The program provides webinars to support learning, provides assistance in on-line access issues and in understanding how to work with VLab. Students also have opportunity to do assignments over to obtain competency in a skill. This happens in coordination with an instructor.

4E: Describe any student success and retention initiative in which the program participates.

When the SunPath Grant was in effect, it provided another layer of assistance for students. It provided financial and advisement services to the program for three academic years. It also worked with students providing job placement information and training in soft skills, writing resumes and practice interviews. At this time, students no longer have grant assistance. An effort needs to be made to connect to New Mexico Workforce Solutions which can provide similar services.

Currently the HCHT 121 course has added parts to the course that will do some of the same things the Sunpath Grant did such as focusing on resumes and soft skills.

The SunPath Grant purchased many Vlab codes for our program and was focused on job alignment/career alignment to the program. The Vlab codes are costly, so having these paid for assisted students financially. The benefit we have, is at the end of the grant there were extra Vlab codes that we were able to keep. So, for another year students will have this assistance.

Our program had one I-Best instructor for one year for the HIT Program medical terminology and basic body students. As an additional service to our students, we offer face-to-face or phone appointments, as needed, by the students plus Skype appointments and texting availability for students. Students are required to attend anywhere from two to eight virtual meet ups for each online course to help ensure students understand course content and technologies and provide a format for students to ask questions in a live setting. The director makes one-on-one calls to students in coding courses specifically by week 4 of the course if they have not

attended a virtual meet up. Our department also provides final exam reviews. All of these services contribute to success and retention of students.

In checking in with Brittany Babycos, our Instructional Researcher, we found that retention information was limited and did not provide a clear picture of the program, moving forward more documentation should be available.

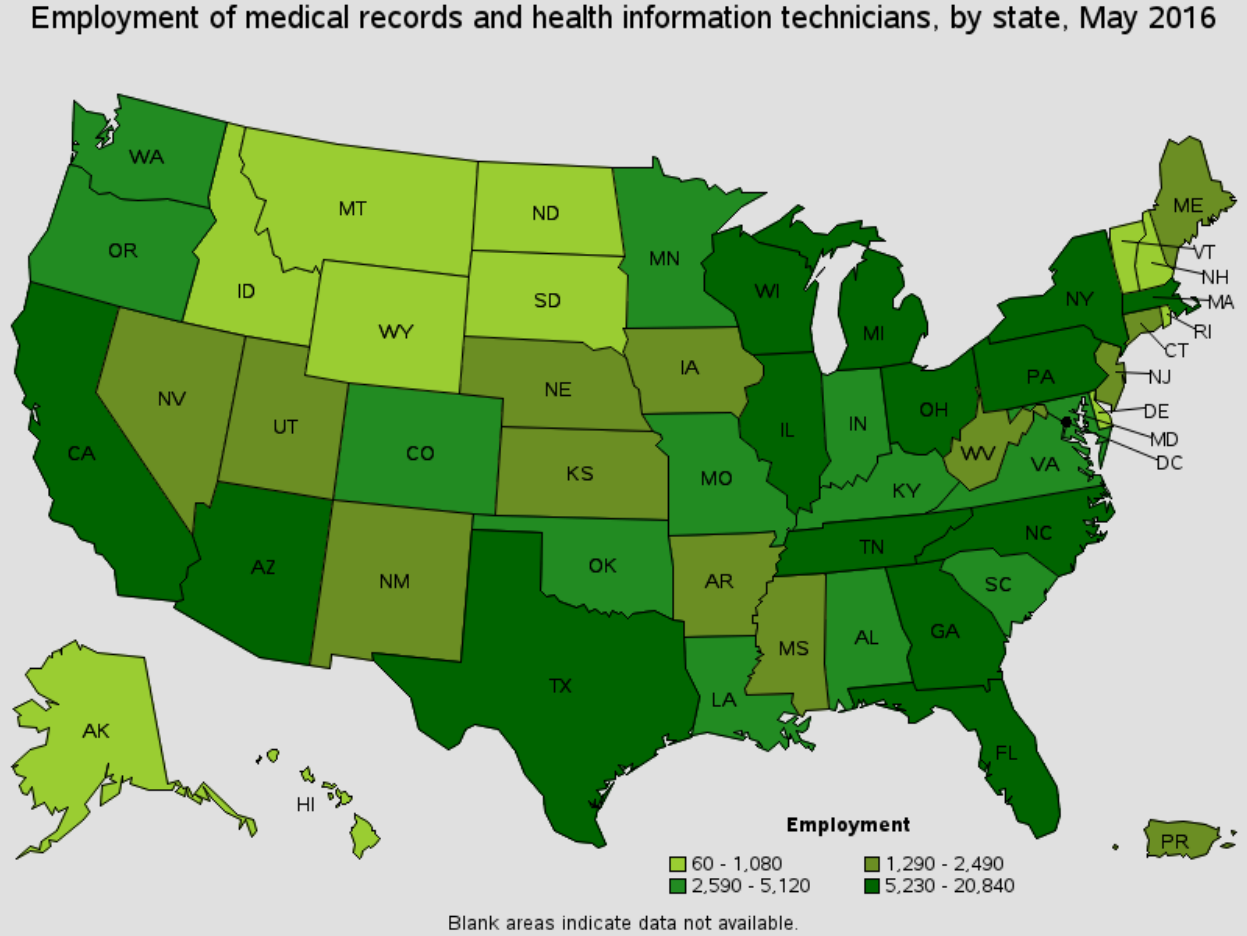
4.F: Describe where graduates of the program typically are placed (including transfers to other institutions). Describe efforts to measure the success of program graduates and the results of those measures.

We have anecdotal information that of the nine spring graduates in 2018, seven were offered jobs, four at RMCH and two at IHS, and one at another location. Ann Spencer, RHIT, Director of Health Information Management at Gallup Indian Medical Center, confirmed by e-mail, that two spring 2018 graduates have been hired. She also has a list of 6 additional graduates that she has hired (no year provided).

Additional surveys and questionnaires will be used at future advisory meetings to gain more detailed information.

The Advisory Board and the Practitioners at the clinics provide anecdotal measure of success and program needs. During the time SunPath was here, specific surveys were sent out to employers. The results were reported through the grant system and are no longer here in any form. However, as PI of the grant, Irene Den Bleyker recalls that the highest need was soft skills. The advisory board noted that students in practicum should not wear black nail polish noted as a cultural taboo.

On an aside, there is a need for students to also pursue jobs outside of Gallup. The field is growing faster than average at 13% (Statistics, Occupational Outlook Handbook 2017). In New Mexico the number of coding-related positions available out of 1,420 total positions translates into 1.77 positions available.



For CAHIIM-accredited schools like ours, the associate degree gives our graduates numerous opportunities to become a RHIT.

DOCUMENT 5: FACULTY

The faculty associated with the program should have appropriate qualifications and credentials. They should be of sufficient number to cover the curricular areas of the program and other research and service activities.

5A: Describe the composition of the faculty and their credentials. Provide an overall summary of the percent of time devoted to the program of each faculty member and roles and responsibilities within the program.

Faculty	Duties/Responsibilities	Percent of Teaching Within HIT Program
Roseanna McGinn RHIT Certified	Director of the Program Full Time Instructor	100 %

Bachelor Degree Teaching experience	Annual APAR reports Accreditation Program Review CARC Service Professional Development Curricular and Program Requirements	
Larry Conyers RHIA Certified B.S. Medical Records Extensive work experience	Faculty Instructor Assist with Program Review Assist with CARC Service Professional Development Assist with curricular and program, changes	Varies by semester dependent on needs Spring 2019 80% Fall 2019: 73% (remaining percentage CCTE)
Laura Hammons Medical Doctor	Adjunct Instructor Qualified to teach: Principals of Disease and Anatomy & Physiology	20-27% dependent on semester (3-4 credits)

List of instructors and qualifications:

Roseanna McGinn, BA, BS, RHIT, Program Director
UNM Main BS and BA
Hodges University AS
North Central University MBA-HCA
AHIMA RHIT credential
The director of the program is responsible for accreditation in addition to teaching full time.

Larry Conyers, BA, BS, RHIA, Full time instructor
BA/Liberal Arts, 1969, Wichita State University, Wichita, KS
BS/Medical Record Administration, 1978, College of Saint Mary, Omaha, NE
RHIA, 1978, American Health Information Management Association

Laura Hammons, M.D., Part time instructor.
BA/Liberal Arts, 1979, University of Kansas, Lawrence, KS
Doctor of Medicine, East Tennessee State University, Johnson City, TN

5.B: Provide information regarding professional development activities for faculty within the program.

Larry attends NMHIMA conferences, CAHIIM Educators Conferences and UNM Gallup-hosted health sciences career fairs.

Roseanna attends NMHIMA conferences, CAHIIM educator's conferences and sits on the Cengage Health Sciences publisher advisory board. Roseanna also participates in McNair Scholars' program conferences, UNM Health Sciences conferences, Valencia county and Albuquerque health fairs

5C: If applicable, provide a summary and examples of scholarly/creative work of faculty members within the program.

Not applicable

5D: Provide an abbreviated vitae (2 pages or less) of summary of experience for each faculty member

ROSEANNA JEAN McGINN, BA, BS, RHIT
5 Graceland Lane, Belen, NM 87002

Cell: 505-803-5373; Home: 505-864-6168

rmcginn@unm.edu., roseannaunmalumni@hotmail.com

PROFESSIONAL EXPERIENCE:

Full time Visiting Director, Health Information Technology:
January 2017 – Current
University of New Mexico, Gallup, New Mexico

Administer the program day to day operating details. Convert program to a 100% online format. Improve RHIT pass and attempt rate. Deal directly with CAHIIM and AHIMA. Redesign curricula to meet shorter credit hour requirements and maintain CAHIIM requirements. Supervise full time instructor and facilitate PAC meetings and community needs.

Adjunct Instructor, Health Information Technology:
January 2017 – Current
University of New Mexico, Los Lunas, New Mexico

Administer the program day to day operating details and get the program started with offerings and equipment.

Adjunct Instructor, Health Information Technology:
January 2016 – 2017
University of New Mexico, Gallup, New Mexico

Taught billing and coding courses in online format.

Full time Guest Lecturer, Health Information Technology:
January 2016 – 2017
University of New Mexico, Los Lunas, New Mexico

Administer the program day to day operating details and get the program started with offerings and equipment.

Program Chair, Health Information Technology:
March 2014 – September 2016
ITT Technical Institute, Albuquerque, New Mexico

Administer the program day to day operating details

College Representative - Recruiter, Master IV Representative:
May 2008 – March 2014

ITT Technical Institute, Albuquerque, New Mexico

Archaeological Technician:
May 2007 - April 2008
Lone Mountain Archaeological Services Inc., Albuquerque, New Mexico

Office Aid:
April 2005 - May 2006
University of New Mexico (UNM) Office of the Registrar, Albuquerque, New Mexico

Telecounselor:
November 2001 - March 2004
University of New Mexico, Recruitment Services, Albuquerque, New Mexico

EDUCATION:

Los Lunas High School:
1997-2001,
Graduated with honors, participated in many clubs and organizations contact for further listing

Luna y Sol Midwifery:
2011-2013,
Medical billing, coding, and management internship

Hodges University:
2010 – 2012,
Associate's Degree Health Information Technology

University of Hawaii at Manoa:
2006,
HARP and NSF funded archaeological field school

University of New Mexico:
2001 – 2007,
Bachelors of Art European Studies,
Bachelors of Science Biological Anthropology,
Minor Geology

PROFESSIONAL QUALIFICATIONS:

AHIMA:
RHIT awarded 2013

LARRY G. CONYERS, RHIA
807 East Morgan Avenue, Gallup, New Mexico 87301

Cell: 479-236-1040

buckconyers@aol.com or lconyers@unm.edu

HEALTH INFORMATION MANAGEMENT ADMINISTRATOR

HIM Administrator with extensive experience in large and small acute care hospitals. Effective leader of employee teams and manager of performance improvement strategies. Additional areas of competency include:

Financial Planning:	Prepares and administers departmental budget providing for efficient and cost effective utilization of resources.
Staff Management:	Team oriented management style that empowers employees to solve problems and improve departmental performance.
Performance Improvement:	Experienced facilitator and team leader with advanced knowledge and understanding of the tools of Continuous Quality Improvement.
Regulator Requirements:	Experienced manager responsible for all legal and other requirements for all areas of responsibility.
Planning:	Prepares departmental goals and provides leadership and guidance for attaining these goals.

PROFESSIONAL EXPERIENCE

UNIVERSITY OF NEW MEXICO-GALLUP CAMPUS, Gallup, NM

Lecturer I, 01/21/2014 – present

Courses assigned:

- Nutrition for Health, Fall 2014, Spring 2015, Fall 2015, Spring 2016, Fall 2017, Spring 2018, Fall 2018, Spring 2019
- Personal Health Management, Fall 2014, Spring 2015, Fall 2015, Spring 2016, Fall 2017, Spring 2018, Fall 2018, Spring 2019
- Medico-Legal & Quality Management, Spring 2015, Spring 2017, Spring 2018, Spring 2019
- Professional Practice Experience, Fall 2014, Spring 2016, Fall 2016, Spring 2017, Spring 2018, Spring 2019
- Diversified Health Occupations, Spring 2015, Fall 2015, Spring 2017
- Computer Applications/Healthcare Statistics, Fall 2015, Fall 2016, Fall 2017, Fall 2018
- Medical Terminology, Fall 2015

- Basic Body Structure, Spring 2016
- Health Information Technology I, Spring 2017, Spring 2018, Fall 2018
- Health Information Technology II, Fall 2016, Fall 2017, Spring 2019
- Reimbursement Methodology, Fall 2016

REHOBOTH McKINLEY CHRISTIAN HEALTH CARE SERVICES, Gallup, NM

Director, Health Information Management, 06/2013 – 10/2013

PHYSICIANS' SPECIALTY HOSPITAL, Fayetteville, AR

21-bed physician-owned acute care hospital **Director, Health Information Management**, 08/2010 – 02/01/2013

PROMISE REGIONAL MEDICAL CENTER, Hutchinson, KS

Director, Health Information Management, 12/2008 – 04/2010

SAINT FRANCIS HOSPITAL, Tulsa, OK **Manager, Clerical Support Services, Medical Record Services,** 04/1997 – 11/2008

TULSA COMMUNITY COLLEGE, Tulsa, OK

Allied Health / RHIT Program Adjunct Instructor, 01/2005 – 05/2008
Taught Legal Aspects of Health Records

ST. FRANCIS REGIONAL MEDICAL CENTER, Wichita KS

Manager, Operations and Customer Support, Health Information Management, 04/1978 – 04/1996

EDUCATION AND CERTIFICATION

- B.S., Medical Record Administration, 1978, College of Saint Mary, Omaha, NE
- RHIA, 1978, American Health Information Management Association

PROFESSIONAL ACTIVITIES

- Kansas Health Information Management Association – several committee memberships and facilitator roles
- Oklahoma Health Information Management Association
- Advisory Board, RHIT Program, Hutchinson Community College, Hutchinson, KS
- Advisory Board, RHIT Program, Tulsa Community College, Tulsa, OK

Laura T. Hammons, MD

Home: 504 Zecca Drive
Gallup, NM 87301
(505)863-8123

Office: 2022 East Aztec Avenue
Gallup, NM 87301
(505)863-2500

Family Practice Physician in Gallup, NM 1988 – present

Medical Director, Villa Guadalupe Home for the Aged, run by the Little Sisters of the Poor, 1988 – present

Family Practice Internship, Washington Hospital, Washington, Pennsylvania

Medical School Graduate, Quillen College of Medicine, East Tennessee State University, Johnson City, Tennessee 1986

Scrub Assistant in Surgery, Baptist Hospital, Memphis, Tennessee 1981-2

Sales Associate, Thompson-Hayward Chemical Company, Memphis, Tennessee, 1979-81

University of Kansas, Bachelor of Arts with a major in English Literature, 1979

Tennessee Army National Guard, 1983-86; Pennsylvania Army National Guard, 1986-8; United States Army National Reserves, 1988-1990; Honorable Discharge with the rank of Captain

Volunteer work in Gallup has included medical care for the indigent, service on the Boards of Battered Family Services and Gallup Community Theatre, work with the Red Mesa Arts Council, assistance in building the Playground of Dreams, a summer theatre program sponsored by the City of Gallup, and participation in homeschool organizations.

DOCUMENT 6: RESOURSE AND PLANNING

The program should have sufficient resources and institutional support to carry out its mission and achieve its goals.

6A: Describe how the program engages in resources allocation and planning. If the program has an advisory board, describe the membership and charge and how the board's recommendation are incorporated into decision making.

Resources are allocated according to need. At times industry change requires us to adapt accordingly. Also access to webinars covering new content is needed. CAHIIM also keeps us abreast concerning industry trends and related job market needs.

6A: Copy of recent Program Advisory Board Recommendation The most recent recommendations were to increase the amount of credentialed graduates. This was from CAHIIM and the Program Advisory Board. The Advisory Board or Professional Advisory Community want to change the PPE and the RHIT exam prep into two distinct classes rather than combined to defray costs.

UNMG HIT Program Advisory Board:

Larry Gene Conyers <lconyers@unm.edu>

Diaz, Christine <cdiaz@rmchcs.org>

Spencer, Anne (IHS/NAV) <Anne.Spencer@ihs.gov>

Becenti, Beverly (IHS/NAV) <Beverly.Becenti@ihs.gov>

Simplicio, Teresa (IHS/ALB/ZSU) <Teresa.Simplicio@ihs.gov>

McThomas, Vivian T. (IHS/NAV) <Vivian.McThomas@ihs.gov>

dale_smith@cibolahospital.com

Rosina.Shirley@sagememorial.org

Begay, Harriet A <Harriet.Begay@fdihb.org>

Tsosie, Jacqueline (IHS/NAV) <Jacqueline.Tsosie@ihs.gov>

Begay, Denice (IHS/NAV) <Denice.Begay@ihs.gov>

McReeves, Rose (IHS/NAV) <Rose.McReeves@ihs.gov>

Weston, Josephine (IHS/NAV) <Josephine.Weston@ihs.gov>

Victor, Theresa (IHS/NAV) <Theresa.Victor@ihs.gov>

Francisco, Theresa (IHS/NAV) <Theresa.Francisco@ihs.gov>

Felipe, Barbara (IHS/ALB/ACL) <Barbara.Felipe@ihs.gov>

Russell-King, Gary M. (IHS/NAV) <Gary.Russell-King@ihs.gov>

BASIS FOR BOARD CHARGE:

AHIMA CODE OF ETHICS: This Code of Ethics sets forth ethical principles for the Health Information Management (HIM) profession. Members of this profession are responsible for maintaining and promoting ethical practices. This Code of Ethics (adopted by the American Health Information Management Association (AHIMA)) shall be binding on HIM professionals who are members of AHIMA and all individuals who hold a AHIMA credential.

I. HIM professionals respect the rights and dignity of all individuals.
II. II. HIM professionals comply with all laws, regulations, and standards governing the practice of health information management.
III. III. HIM professionals strive for professional excellence through self-assessment and continuing education.
IV. IV. HIM professionals truthfully and accurately represent their professional credentials, education and experience.
V. V. HIM professionals adhere to the vision, mission and values of the Association.
VI. VI. HIM professionals promote and protect the confidentiality and security of health records and health information.
VII. VII. HIM professionals strive to provide accurate and timely information.
VIII. VIII. HIM professionals promote high standards for health information management practice, education, and research.
IX. IX. HIM professionals act with integrity and avoid conflicts of interest in the performance of their professional and AHIMA responsibilities
X. Approve and input to curricular changes
XI. Success of graduates in field
XII. Note needs of industry or deficiencies
XIII. 100% of board members present approved of and commended online program change as students need to work and go to school to succeed in field
XIV. Culturally appropriate dress such as no black lipstick, black nail polish, closed toed shoes and no visible tattoos.

6B: Provide information regarding the program's budget including support received from institution as well as external funding sources.

Over the past years, the SunPath Grant has provided over forty of our students with Vlab codes at a cost of $120 apiece and made students aware of external funding sources such as TANIF and WIOA. UNM provided funding for faculty salaries, faculty and student supplies, materials and equipment as needed. Currently the HIT budget is sufficient for the items that need to be purchased. However, the budget is not sufficient for the once-every-two years CAHIIM-mandated FDI/AOE training that full-time HIT faculty must attend. CAHIIM states that the school is responsible for paying for this training.

6C: Describe the composition of the staff assigned to program (including titles and FTE and responsibilities.

Program staff: Roseanna McGinn (1 FTE) Program Director; teaches HIT courses, directs and coordinates the Program, student advisement; Larry Conyers (1 FTE) Instructor; teaches HIT and other Allied Health courses, assists with Program coordination, student advisement; Laura Hammonds (.20 FTE) Instructor; teaches Principles of Disease and Pharmacology, student advisement. Staff member, Rae Ann Vargas-Ruiz assists in all EHHS Division programs and provides approximately 10% of her time to HIT, by purchasing material, arranging travel, finalizing schedule work, providing paper for Xerox, answering student questions, placing work orders, etc.

6D. Describe the library resources that support the program's academic initiatives

The library resources are available for students. No specific assignments require the library resources. However, students can access the library resources if they should help in completing an assignment.

DOCUMENT 7: FACILITIES

7A: Describe the facilities associated with the program including, but not limited to classrooms, program space, (offices, conference rooms etc.) Laboratories, equipment, access technology, etc.

Health Careers Building Offices 120 & 122
Health Careers Building Conference Room 104
Health Careers Classroom 105
Gurley Computer Laboratory Room 206
IT support services
Vlab, Blackboard and Skype access

7B: Describe any computing faculties maintained or used by the program

Use of computer lab in Gurley Hall for Skype and interactive course room sessions.
Vlab
Conference calls through Blackboard Learn
Skype for one-on-one video meetings

DOCUMENT 8: PROGRAM COMPARISONS

HIT Program Comparison

San Juan College, Farmington, New Mexico	UNM Gallup, Gallup, New Mexico
15,000 students annually	2,200 per semester
AAS Degree	AS Degree (will be changing to AAS)
Farmington, Main Campus	UNM Branch Campus
HIT full on-line program with exception of the practicum	HIT fully on-line program with exception of the practicum
40 hours professional practice	96 hours professional practice
Has 6 program SLOs	Has 5 program SLOs
Limited students admitted	Open enrollment
9 pre-requisite courses	Has no pre-requisite course
Pre-requisites: Medical Terminology Human Body Structures & Functions	

Computer Business Applications	
25-26 Gen Ed	22 Gen Ed
Program Total Credit 70-71	Program Total Credits 71
Graduates eligible to take the American Health Information Management Association Registered Health Information Technician (RHIT) exam	Graduates eligible to take the American Health Information Management Association Registered Health Information Technician (RHIT) exam
Job Placement: 55 %	Job Placement: 77% for Spring 2018

The largest differences between the two programs is that San Juan is centered In Farmington with an approximate population of 55,17 San Juan also is a main campus with branch campuses. The college population is also large.

While UNM Gallup is a branch campus, in Gallup with an approximate population of 21,966

In a separate comparison with UNM Valencia, we find the program courses and credits duplicate UNM Gallup as they adopted the UNM Gallup HIT Program approximately two years ago. They offer fewer classes per semester and are in the process of hiring a director with a hire search going on.

I found that Kansas State, Washington State University and UNM Albuquerque have no Health Information Programs at their 4 Year institutions.

HIT Program Comparison

Phoenix College, Maricopa, AZ	UNM Gallup, Gallup, New Mexico
13,300 students annually	2,200 per semester
AAS Degree	AS Degree (will be changing to AAS)
Community College Campus	UNM Branch Campus
Not fully on-line	HIT fully on-line program with exception of the practicum
CAHIIM Accredited	CAHIIM Accredited
Has 36 Competencies (Some aligned with CAHIIM)	Has CAHIIM Competencies

Program Admissions Criteria CPR Drug screening Positive Titers or Current Immunizations (Measles, Mumps. And Rubella (MMR) Proof of current TB Proof of one time does of tetanus/diphtheria/pertussis ((Tdap) Followed by (Td) booster every 10 yrs. Background Check	Open enrollment The sites where students are placed are responsible for having student back ground checks or requiring immunizations. UNM had not required these.
Program Prerequisites	Has no pre-requisite courses
Pre-requisites: Intro Biology English 101 Med Term Fundamentals Health Care	
15- 18 Gen Ed with 9-12 Core	22 Gen Ed
Program Total Credit 67.5 - 71	Program Total Credits 71
HIT courses are similar in contend	HIT courses are similar in content
Graduates eligible to take the American Health Information Management Association Registered Health Information Technician (RHIT) exam	Graduates eligible to take the American Health Information Management Association Registered Health Information Technician (RHIT) exam

The medical pre-requisites that Phoenix College requires are interesting and some may be considered for us in the future. Both San Juan and Arizona College have Med Term as a pre-requisite. We may want to move in that direction as we move forward.

DOCUMENT 9: FUTURE DIRECTION

9A: Provide a summary of strength and challenges for the program.

Strengths:

- Maintaining Program Accreditation with CAHIIM
- Completion of all APAR Assessment Reports accurately and in a timely manner
- Program alignment with UNM Mission and Vision
- Program courses in alignment with student needs and accreditation
- Advisory Board Input

Weaknesses:

- Organization of program materials and files
- No detailed documentation of future plans
- Data collection of students hires
- Consistency in reviewing CARC documents for implications of possible improvement

9B: Describe the program's strategic planning efforts.

The program plans to change the program from an AS program to an AAS program and also plans to reduce the credit hours. After that is completed there is a plan to review new requirements coming from CAHIIIM and to implement the new guidelines. Then the program should review community needs again and determine if additional certificates, modules, or refresher courses should be offered. Each semester obtain job placement and satisfaction surveys of our graduates.

9C: Describe the strategic directions and priorities of the program

- Maintain accreditation
- Complete AAS documentation to align with HED requirements
- Review possible revisions of SLOs for next CARC document
- Reduction of credit hours in AAS
    - Take P.E. out of the program
    - Create prerequisites of Med Term and Basic Body Structures

- Organize files in a central location (can be on-line) ensure all faculty have access as does the Chair
    - Document future plans with a timeline for review each semester.
    - Use CARC and SLOs as part of the process.
    - Maintain program review documents
    - Obtain student hiring documents
        - Surveys
        - From Advisory Meetings
        - From visits to practicum sites

2018

2015/2016 Gallup Health Information Technology AS Assessment

Gallup

Health Information Technology Associate Degree
Assessment Plan
The University of New Mexico

A. College, Department and Date

1. College: University of New Mexico – Gallup Campus
2. Department: Education, Health and Human Services
3. Date: September 29, 2017

B. Academic Program of Study

Associate Degree in Health Information Technology

C. Contact Person(s) for the Assessment Plan

Irene Den Bleyker, M.A.
Acting Health Information Technology Program Director
University of New Mexico

D. Broad Program Goals & Measurable Student Learning Outcomes (SLOs)

1. Broad Program Learning Goal(s) for this Degree/Certificate Program

A. Understand healthcare law; develop privacy, security & confidentiality policies, procedures & infrastructure; educate staff on health information protection methods; risk assessment; access & disclosure management.

B. Understand and initiate compliance activities & methods for all health information topics, i.e. how to comply with HIPPA, Stark Law, Fraud & Abuse, etc.; coding auditing; severity of illness; data analytics; fraud surveillance; clinical documentation improvement.

C. Project leadership & critical thinking to skills to enhance workflow analysis, design, tools & techniques; human resource management; training & development theory & process; strategic planning; financial management; ethics & project management.

2. List of Student Learning Outcomes (SLOs) for this Degree/Certificate Program

A.1. Student Learning Outcome: Apply current laws, accreditation & certification standards related to health information initiatives from national, state, local & facility levels.

A.2. Student Learning Outcome: Adhere to legal & regulatory requirements related to the health information

B.1. Student Learning Outcome: Distinguish between & refrain from coding practices intended to increase payment or skew data by means that do not comply with federal & state statutes, regulations & guidelines.

B.2. Student Learning Outcome: Advance coding knowledge & practice through continuing education.

C.1 Student Learning Outcome: Learn to facilitate interdisciplinary collaboration in situations supporting proper coding practices.

C.2. Student Learning Outcome: Work with pears in the other healthcare disciplines to ensure the integrity of the application of codes by other healthcare professionals, e.g., billing/collections staff, physicians.

E. Assessment of Student Learning Plan

All programs are expected to measure student learning outcomes annually and to measure all program student learning outcomes at least once over one, two, or three assessment cycles. Each unit determines which of its student learning outcomes to assess during an assessment cycle. Describe the program's one, two, or three year plan for assessing program-level student learning outcomes by addressing 1 thru 4 below.

1. Student Learning Outcomes Matrix

Relationship to UNM Student Learning Goals (insert the program's SLOs and check all that apply):

University of New Mexico Student Learning Goals				
Program SLOs	Knowledge	Skills	Responsibility	Program SLO's are conceptually different than the University.
A.1 Apply current laws, accreditation & certification standards related to health information initiatives from national, state, local & facility levels.	X	X	X	
A.2.Adhere to legal & regulatory requirements related to the health information	X		X	
B.1. Distinguish between & refrain from coding practices intended to increase payment or skew data by means that do not comply with federal & state statutes, regulations & guidelines.	X		X	
B.2. Advance coding knowledge & practice through continuing education.	X	X	X	
C.1.Learn to facilitate interdisciplinary collaboration in situations supporting proper coding practices.	X		X	
C.2.Work with pears in the other healthcare disciplines to ensure the integrity of the application of codes by other healthcare professionals, billing/collections staff, physicians.	X		X	

2. **How will learning outcomes be assessed? (*Address Ai thru Aiii individually or complete the table below*)**

   i. *For each SLO, briefly describe the means of assessment, i.e., what samples of evidence of learning will be gathered or measures used to assess students' accomplishment of the learning outcomes in the three- year plan?*

   ii. *Indicate whether each measure is **direct** or **indirect**. If you are unsure, then write "Unsure of measurement type." There is an expectation that **most of the assessment methods/measures will be direct** measures of student learning with at least 1-2 indirect assessment methods/measures.*

   iii. *Briefly describe the **criteria for success** related to each direct or indirect means of assessment. What is the program's performance target (e.g., is an "acceptable or better" performance by 60% of students on a given measure acceptable to the program faculty)? If scoring rubrics are used to define qualitative criteria and measure performance, attach them to the plan as they are available.*

Assessing Student Learning Goals			
Program SLOs	Assessment Measures	Direct or Indirect	Criteria for Success
A.1 Apply current laws, accreditation & certification standards related to health information initiatives from national, state, local & facility levels.	Exam	Direct	75%
A.2.Adhere to legal & regulatory requirements related to the health information	Exam	Direct	75%
B.1. Distinguish between & refrain from coding practices intended to increase payment or skew data by means that do not comply with federal & state statutes, regulations & guidelines.	Exam	Direct	75%
B.2. Advance coding knowledge & practice through continuing education.	Exam	Direct	75%

Adapted from Kansas State University Office of Assessment

C.1.Learn to facilitate interdisciplinary collaboration in situations supporting proper coding practices.	Exam	Direct	75%
C.2.Work with pears in the other healthcare disciplines to ensure the integrity of the application of codes by other healthcare professionals, billing/collections staff, physicians.	Exam	Direct	75%

B. Who: The program's assessment will include evidence from all students in the program.

3. **When will learning outcomes be assessed? When and in what forum will the results of the assessment be discussed?**
[Briefly describe the timeframe over which your unit will conduct the assessment of learning outcomes selected for the one, two, or three year plan and/or complete the following table. For example, provide a layout of the semesters or years (e.g., 2014-2015, 2014-2016, and 2014-2017), list which outcomes will be assessed, and which semester/year the results will be discussed and used to improve student learning (e.g., discussed with program faculty, interdepartmental faculty, advisory boards, students, etc.)]

Program SLOs	Year/Semester Year
A.1 Apply current laws, accreditation & certification standards related to health information initiatives from national, state, local & facility levels.	Year 2, Spring 2017, 2018, 2019
A.2.Adhere to legal & regulatory requirements related to the health information	Year 2, Spring 2017, 2018, 2019
B.1. Distinguish between & refrain from coding practices intended to increase payment or skew data by means that do not comply with federal & state statutes, regulations & guidelines.	Year 2 Fall 2016, 2017, 2018
B.2. Advance coding knowledge & practice through continuing education.	Year 2 Fall 2016, 2017, 2018
C.1.Learn to facilitate interdisciplinary collaboration in situations supporting proper coding practices.	Year 2 Fall 2016, 2017, 2018
C.2.Work with pears in the other healthcare disciplines to ensure the integrity of the application of codes by other healthcare professionals, billing/collections staff, physicians.	Year 2, Spring 2017, 2018, 2019

4. **What is the unit's process to analyze/interpret assessment data and use results to improve student learning?**
Briefly describe:
    1. *HIT faculty will collect data throughout the year and make recommendations for necessary changes*
    2. *Recommendations from faculty to be considered will be discussed with UNM Gallup administration and the HIT Advisory Board each semester in the interest of improving student learning.*
    3. *When it is deemed necessary to implement changes in courses, curriculum etc. to improve student learning, those changes will be brought to the attention of administration and the advisory board. All recommendations for change must stay within the guidelines of accreditation.*

Introduction: The following template provides the guidelines for annually recording the assessment of student learning outcomes for academic degree and certificate programs at UNM. Alternative formats (e.g., those used by specialized accreditors) may be acceptable as long as the assessment information requested in this template is provided. If you have any questions, please contact the Office of Assessment at assess@unm.edu or (505) 277-4130.

All academic programs should have an assessment plan and process that: 1) reflects the six steps of a continuous assessment cycle (refer to the "Annual Assessment Cycle Process" diagram for guidance) and 2) includes at least: one program goal, three student learning outcomes (SLOs), and four key program assessment measures (three direct/one indirect measures). The program's goal(s), SLOs, and key program assessment measures should span (or reflect) students' learning, development, and progression from the beginning to the end of the program.

Overview of Annual Program Report Template: The template is divided into two parts.

Part I

The first part of the template serves as the cover page. Please provide all of the information requested for the cover page.

Part II

The second part of the template requires information on the program's goal(s), student learning outcomes, assessment measures, data results and analysis, and recommendations for program improvement and/or changes. Each program goal is followed by a table with seven columns. For each program goal, list in the table the SLOs that target or are align with the goal. Then include the assessment information for each student learning outcome(s) listed in the table. After completing the table, explain how each SLO was met, partially met, or not met. If needed, for additional goals, copy and paste the goal-table format onto a separate page.

Brief description of the seven columns:

Student Learning Outcomes (SLOs)	**UNM Student Learning Goals (Knowledge, Skills, and/or Responsibility)**	**Assessment Measures incl. Measure Type (Direct or Indirect)***	**Performance Benchmark/ Objective**	**Data Results***	**Data Analysis***	**Recommendations for Improvement/ Changes***
For each row in the table, provide a SLO. If needed, add more rows. A SLO may be targeted by or aligned with more than one program goal. If using a 2- or 3-year assessment cycle, only list the SLOs that are being assessed during the relevant assessment period. If a program awards more than one degree (i.e., B.S., M.A. etc.), the SLOs for graduate and undergraduate must be different and graduate degrees must be different (Master ≠ Doctorate).	State which UNM goal the SLO targets or aligns with; if relevant, more than one UNM SLO goal may be listed	Provide a description of the assessment instrument used to measure the SLO; include the course(s) (i.e., Course: PRO 540) and the semester(s) the assessment is administered in AND if it is a direct or indirect measure; if needed, go to the next row AND/OR add more rows if more than one assessment measure is used to assess the SLO (i.e., Measure 1, Measure 2, etc.)	State the program's "criteria for success" or performance benchmark target for successfully meeting the SLO (i.e., At least 70% of the students will pass the assessment with a score of 70 or higher.)	State whether the performance benchmark was met, not met, or exceeded AND the total number of students assessed—must have at least TWO iterations of data for each assessment measure (i.e., Out of the 111 students assessed, 86% of the students passed the assessment with a score of 70 or higher for the 1st iteration and 25 out of 30 students passed with a score of 70 or higher for the 2nd iteration.)	Describe weaknesses and/or strengths in students' learning/performance based on the data results (i.e., Even though the benchmark was met, 40% of the students struggled with Question 5 which focused on…)	Describe any improvements and/or changes to be made to the course, assessment, syllabus, program etc. to address weaknesses and/or sustain/capitalized on strengths outlined in the "Data Analysis" column (i.e., It seems that the language in Question 5 was confusing to students, so it will be changed. A revised assessment will be provided as evidence.)

NOTE: An asterisk (*) denotes that relevant data/evidence must be included for that column (refer to the "Annual Assessment Cycle Process" diagram for guidance). Evidence associated with program improvements/changes that are actually made or implemented have to be provided the next academic year/assessment period.

Part I: Cover Page
UNM Academic Programs Assessment Report Template
Record for Assessment of Student Learning Outcomes
The University of New Mexico

Title of Degree or Certificate Program	**Degree Level** *(Certificate, Associate, Bachelors, Master's, etc.)*
Health Information Technology	Associate

Name of Academic Department (if relevant): Education, Health and Human Services
Name of College/School/Branch: University of New Mexico - Gallup

Academic Year/Assessment Period: 2015-2016

Submitted By (include email address): Irene Den Bleyker, M.A. Acting Health Information Technology Program Director iden@unm.edu

Larry Conyers, Faculty lconyers@unm.edu

Date Submitted to College/School/Branch for Review: 9/29/2016

Date Reviewed by College Assessment and Review Committee (CARC) or the equivalent:

State whether ALL of the program's student learning outcomes (SLOs) are targeted/assessed/measured within one year, two years, OR three years: All SLO's are measured annually.

If the program's SLO's are targeted/assessed/measured within two years or three years, please state whether this assessment record focuses on SLOs from the first year, second year, or third year:

Describe the actions and/or improvements that were implemented during the previous reporting period (provide relevant evidence):

Part II: Assessment Report

Program Goal #A: Understand healthcare law; develop privacy, security & confidentiality policies, procedures & infrastructure; educate staff on health information protection methods; risk assessment; access & disclosure management.

Student Learning Outcomes	UNM Student Learning Goals (Knowledge, Skills, and/or Responsibility)	Assessment Measures incl. Measure Type (Direct or Indirect)*	Performance Benchmark	Data Results*	Data Analysis*	Recommendations for Improvement/ Changes*
A.1 Apply current laws, accreditation & certification standards related to health information initiatives from national, state, local & facility levels.	K,S,R	Direct	75% of students score above 75%	80% of students met goal	Acceptable	None
A.2.Adhere to legal & regulatory requirements related to the health information	K, R	Direct	75% of students score above 75%	80% of students met goal	Acceptable	None

Based on the data results and analysis provided for the student learning outcome(s) listed in the table above, for EACH student learning outcome, please state if the outcome was met, partially met, or not met. Briefly explain why:

80% of the students met the benchmark goal of 75%. However, even though the benchmark was met and acceptable there were 20% of students who did not meet that benchmark. Although it is not expected that 100% of the students will meet the benchmark, the program wants to offer assistance to those who do not. Students not meeting benchmark scores are referred to Lobo Achieve, Trio and other tutoring sources on campus to improve their scores.

Program Goal #B: Understand and initiate compliance activities & methods for all health information topics, i.e. how to comply with HIPPA, Stark Law, Fraud & Abuse, etc.; coding auditing; severity of illness; data analytics; fraud surveillance; clinical documentation improvement.

Student Learning Outcomes	UNM Student Learning Goal (Knowledge, Skills, and/or Responsibility)	Assessment Measures*	Performance Benchmark	Results*	Analysis*	Recommendations for Improvement/ Changes*
B.1. Distinguish between & refrain from coding practices intended to increase payment or skew data by means that do not comply with federal & state statutes, regulations & guidelines.	K, R	Direct	75% of students score above 75%	80% of students met goal	Acceptable	None
B.2. Advance coding knowledge & practice through continuing education.	K, S, R	Direct	75% of students score above 75%	80% of students met goal	Acceptable	None

Based on the data results and analysis provided for the student learning outcome(s) listed in the table above, for EACH student learning outcome, please state if the outcome was met, partially met, or not met. Briefly explain why:

80% of the students met the benchmark goal of 75%. However, even though the benchmark was met and acceptable there were 20% of students who did not meet that benchmark. Although it is not expected that 100% of the students will meet the benchmark, the program wants to offer assistance to those who do not. Students not meeting benchmark scores are referred to Lobo Achieve, Trio and other tutoring sources on campus to improve their scores.

Program Goal #C: Project leadership & critical thinking to skills to enhance workflow analysis, design, tools & techniques; human resource management; training & development theory & process; strategic planning; financial management; ethics & project management.

Student Learning Outcomes	UNM Student Learning Goal (Knowledge, Skills, and/or Responsibility)	Assessment Measures*	Performance Benchmark	Results*	Analysis*	Recommendations for Improvement/ Changes*
C.1.Learn to facilitate interdisciplinary collaboration in situations supporting proper coding practices.	K, R	Direct	75% of students score above 75%	80% of students met goal	Acceptable	None
C.2.Work with pears in the other healthcare disciplines to ensure the integrity of the application of codes by other healthcare professionals, billing/collections staff, physicians.	K, R	Direct	75% of students score above 75%	80% of students met goal	Acceptable	None

Based on the data results and analysis provided for the student learning outcome(s) listed in the table above, for EACH student learning outcome, please state if the outcome was met, partially met, or not met. Briefly explain why:

80% of the students met the benchmark goal of 75%. However, even though the benchmark was met and acceptable there were 20% of students who did not meet that benchmark. Although it is not expected that 100% of the students will meet the benchmark, the program wants to offer assistance to those who do not. Students not meeting benchmark scores are referred to Lobo Achieve, Trio and other tutoring sources on campus to improve their scores.

Annual Program Assessment Report

Program: University of New Mexico - Gallup
Reporting Period: 8/1/2016 - 7/31/2017
Submitted On: 10/14/2018
Approved On: 1/12/2019

Profile

GENERAL

Program Name:	University of New Mexico - Gallup
EPC:	593
Program Level:	Associate
Institution Name:	University Of New Mexico - Gallup
Mailing Address:	705 Gurley Ave, Gallup, NM 87301
Phone:	(505) 863-7500
Website:	http://www.gallup.unm.edu/hit

INSTITUTION

Type:	Public
Department:	Allied Health
Academic Calendar:	Semester
Highest Degree:	Associate
Content Delivery:	Hybrid

PROGRAM DIRECTOR

Name:	Roseanna Mcginn, MBA, RHIT
Title:	Director Of Health Information Technology
Mailing Address:	5 Graceland Ln, Belen, NM 87002
Phone:	(505) 803-5373
Email:	rmcginn@unm.edu

PROGRAM DEAN

Name:	Irene Ellen Den Bleyker, Masters Degree
Title:	Dean Of Ehhs
Mailing Address:	705 Gurley Ave, Gallup, NM 87301
Phone:	(505) 863-7588
Email:	iden@unm.edu

INSTITUTION CEO/PRESIDENT

Name:	James Malm
Title:	Ceo
Mailing Address:	705 Gurley Ave, Gallup, NM 87301
Phone:	(505) 863-7500
Email:	malm@unm.edu

DIRECTOR OF INSTITUTIONAL EFFECTIVENESS

Name: N/A
Title: N/A
Mailing Address: N/A
Phone: N/A
Email: N/A

SUBSTANTIVE CHANGES

None

Curriculum

COURSES

Course	Credit Hrs	PPE Hrs
CORE 100 or higher: Core Requirements As Necessary By Unm Standards	20	0
HCHS 111: Medical Terminology	3	0
HCHS 115: Pharmacology For Health Occupations	3	0
HCHT 121: Health Information Technology I	4	0
Biol 123/124L: Choose From Biol 123/124l, 136/139l, 237/227l, Or Hchs 113	4	0
CS 150L: Computing For Business Students	3	0
HCHT 211: Basic ICD & CPT Coding	4	0
HCHT 213: Principles Of Disease	4	0
HCHT 215: Advanced Op Coding	2	0
HCHT 219: Advanced IP Coding	3	0
HCHT 221: Medical-legal & Quality Management	4	0
HCHT 222: Health Information Technology II	4	0
HCHT 231: Computer Application & Statistics	4	0
HCHT 232: Reimbursement Methodologies	3	0
HCHT 233: Professional Practice Experience 6cr	6	96

Faculty

GENERAL

Do any faculty members teach in other programs?: No
Does the program director get release time?: N/A
Do the faculty members get release time?: N/A

FACULTY MEMBERS

Name	Status	Rank	Highest Degree	Courses
Larry Conyers, RHIA	Full Time	Lecturer	Masters	

Admission Enrollment

ADMISSION ENROLLMENT

Enrollments received:	94
Enrollments accepted:	72
Acceptance rate:	76.60%
Enrollments accepted and enrolled:	N/A
Enrollments accepted and enrolled rate:	0.00%
Do the program require entrance exam scores?:	No
Does the program have rolling admissions?:	No

ENROLLMENT DETAILS

	Seated	Online
Average class size	10	20
Max enrollment allowed per course	25	45

ENROLLMENT DISTRIBUTION

	Full Time	Part Time	Total	% of Total
Students	44	28	72	100.00%
Graduates	8	9	17	23.61%
Attrition	5	5	10	13.89%
Progression	31	14	45	62.50%

ATTRITION DISTRIBUTION

	Full Time	Part Time
Academic reasons	0	0
Non-academic reasons	0	0
Unknown reasons	5	5

Comments
UNM does not track why students do not continue in a program they have no way to do that yet. Also in the Graduate employment section these are self reported data from students that I got from UNM main campus and by calling the past graduates. Very few responded so far. I tried to get this data from the State of NM since they have it but so far they won't give it to me. I would like suggestions on how to improve this data. The year before the data was what I found in a file from the past director and students did not respond to requests for information on this topic. I really don't like that as far as a data perspective. And UNM does not seam to have an answer on how to do this. At ITT Tech where I was the past director they had a department that 100% did this through use of disclosures. UNM does not seam to do anything

like this. I want this data to be more accurate than it is currently any advice would be greatly appreciated.

PROGRESSION DISTRIBUTION

	Full Time	Part Time
Average number of months to complete the program	24	48
International students in the program	0	0

GRADUATE DISTRIBUTION

Employed within one year: 3
Employed in health care: 3
Employed in non-health care: 0
Pursuing further education: 3

GRADUATE SURVEY

Contacted: 17
Responded: 6
Satisfied: 6
Analysis: Students in the Gallup area seam to be less stable than other areas I have worked in. Many of the numbers and emails that were valid at graduation are not valid now. Students are still reporting to me but it seams like the response rate is low once they graduate. Before graduation survey that UNM does had about half of the students respond.

EMPLOYER SURVEY

Contacted: 20
Responded: 3
Satisfied: 3
Analysis: It seams like employers who go to the PAC meetings respond. The only thing is that IHS is a government operation so one of the responses covered almost 2/3rds of those we asked for a response from since the Director of all IHS responded. He stated that he prefers our graduates to any other graduates in NM for CAHIIM accredited schools because he feels they leave more prepared than other graduates he or his departments hired.

Certification

GENERAL

Certification: RHIT
Exam Period: 8/1/2016 - 7/31/2017
AHIMA National Score: 69

GENERAL

Graduates attempting:	3
Graduates passing first attempt:	1
Did any Graduates passing first attempt graduated more than one year prior to exam?:	No
Program Mean Score:	53

DOMAIN/SUBDOMAIN SCORES

Domain/Subdomain	AHIMA	Program	Explanation if below
1	62	43	I took this program over in August of 2017. Most of these graduates where from the time period there was no director for the program and the RHIT was not focused upon as much as it should have been. I have changed the curricula to include requiring the purchase of the RHIT exam and prep. As well as requiring that they pass a mock exam of the RHIT with a 85% or higher to pass the practicum class. I will hopefully be allowed to offer a MOOC for RHIT exam prep for any students past or present who would like to review further for the exam before taking it. The damage that the absence of a director and the past directors lack of focus on the RHIT are the biggest reasons these scores are low.
2	68	59	I took this program over in August of 2017. Most of these graduates where from the time period there was no director for the program and the RHIT was not focused upon as much as it should have been. I have changed the curricula to include requiring the purchase of the RHIT exam and prep. As well as requiring that they pass a mock exam of the RHIT with a 85% or higher to pass the practicum class. I will hopefully be allowed to offer a MOOC for RHIT exam prep for any students past or present who would like to review further for the exam before taking it. The damage that the absence of a director and the past directors lack of focus on the RHIT are the biggest reasons these scores are low.
3	62	30	I took this program over in August of 2017. Most of these graduates where from the time period there was no director for the program and the RHIT was not focused upon as much as it should have been. I have changed the curricula to include requiring the purchase of the RHIT exam and prep. As well as requiring that they pass a mock exam of the RHIT with a 85% or higher to pass the practicum class. I will hopefully be allowed to offer a MOOC for RHIT exam prep for any students past or present who would like to review further for the exam before taking it. The damage that the absence of a director and the past directors lack of focus on the RHIT are the biggest reasons these scores are low.
4	64	68	
5	56	60	

Domain/Subdomain	AHIMA	Program	Explanation if below
6	69	60	I took this program over in August of 2017. Most of these graduates where from the time period there was no director for the program and the RHIT was not focused upon as much as it should have been. I have changed the curricula to include requiring the purchase of the RHIT exam and prep. As well as requiring that they pass a mock exam of the RHIT with a 85% or higher to pass the practicum class. I will hopefully be allowed to offer a MOOC for RHIT exam prep for any students past or present who would like to review further for the exam before taking it. The damage that the absence of a director and the past directors lack of focus on the RHIT are the biggest reasons these scores are low.
7	69	67	I took this program over in August of 2017. Most of these graduates where from the time period there was no director for the program and the RHIT was not focused upon as much as it should have been. I have changed the curricula to include requiring the purchase of the RHIT exam and prep. As well as requiring that they pass a mock exam of the RHIT with a 85% or higher to pass the practicum class. I will hopefully be allowed to offer a MOOC for RHIT exam prep for any students past or present who would like to review further for the exam before taking it. The damage that the absence of a director and the past directors lack of focus on the RHIT are the biggest reasons these scores are low.

Goals

CURRICULUM

Description: The program's mission and goals are outcome-focused and relevant to the mission of the sponsoring educational institution. The program must assess the appropriateness and effectiveness of the curriculum, with the results of the program assessment used as the basis for ongoing planning and program improvement.

CURRICULUM

Measured target outcome: To move with state requirements from 72 to 60 credit hours in the Associates Degree. Adding new mini certificates with specialized courses in Informatics, CDI, Data Analytics, IT, Medical Technologies and Medical languages to attract more students to the field and to expand knowledge from the 60 credit hour base requirements. All certificates will also be overhauled and redesigned to accommodate less credit hours required. To do this every coding book will have its own coding course associated with that type of coding and a capstone where students will fill out real bill forms with mock claim information. I have a detailed plan already designed but am working on the specialized courses. For CAHIIM requirements all syllabi have been updated with the required 2014 standards. All things in the class room are now on this updated syllabi. I have not completed a cross walk check I just took over in August and they have not had a real director for a long time (intermittent) one was granted but was not an expert in the field and could only make some changes. I am working on updating the webpage. And I am rolling out online classes with students still able to attend on ground for some core classes or choose online for core and for others it is more a mix and using telecommuting methods. The HCHT courses are 100% online except for HCHT 233 which is hybrid course because they go on site and have some meetings with Larry Conyers.

Steps to achieve: Need to get curricula changes through UNM Gallup committee and then through the registrar. And now I need more information about the changes that CAHIIM plans to institute before making many changes.

Results/Analysis/Actions: Just begining that process no results yet.

Person responsible: Roseanna McGinn

Time frame: 2 years

FACULTY DEVELOPMENT

Description: The program will provide a plan for faculty that establishes or assesses the knowledge, skills, qualifications, and experience pertinent to the professional curriculum content that they are assigned to teach.
This includes efforts to keep current in health information management and/or other relevant professional content and practice, as well as other components of advanced formal education.

Measured target outcome: Every year earning at least 15 CEU'S from state meetings and other training's as a minimum. And every two years earning at least 30 CEU'S from CAHIIM educators conferences.I am currently studying for the CCS exam.I am also planning to apply to take the RHIA exam.Enroll in a PhD Measured Target Outcome Every year earning at least 15 CEU'S from state meetings and other
training's as a minimum. And every two years earning at least 30 CEU'S from CAHIIM educators conferences. I am currently studying for the CCS exam. I am also planning to apply to take the RHIA exam.

Steps to achieve: Take and pass the CCS exam.Pass the the RHIA exam.

Results/Analysis/Actions: For CCS and RHIA I have not made enough progress to test. However, for CEUs, I am making great progress.

Person responsible: Roseanna McGinn

Time frame: 7 years

STUDENTS AND GRADUATES

Description:	The program will provide assurance that the educational needs of students are met and that graduates demonstrate at least the AHIMA entry-level curriculum competencies.
Measured target outcome:	The biggest change will be to require students to buy the certification exam book and exam for CCS in the advanced coding and in the PPE for the RHIT certification exam book and exam. I have just taken over and I can see that there is not a focus on the test and making students take it and that has to change for the success of the program. This will help to further demonstrate the AHIMA entry level curriculum competencies are achieved through certification.
Steps to achieve:	The PPE course HCHT 233 has been changed to require purchases of the RHIT exam and prep book by students while they are in the course. I have changed that class to have mandatory requirements like the exam and prep book purchases. I have also made a mandatory requirement of passing a mock RHIT exam on the electronic prep book with a 85% or higher. If someone does fulfill any of the requirements they fail the course with a C-. The Advanced coding class has extra credit for students to do the CCS or CCS-p prep book on Cengage. I have also added an opportunity for coding practicum for students in this class. However, no one has utilized this opportunity, for advanced coding yet.
Results/Analysis/Actions:	I have yet to have measurable results but I do expect that in the next few reporting periods that the RHIT pass rate and attempt rate will increase dramatically with these changes.
Person responsible:	Roseanna McGinn
Time frame:	2 years

ADVISORY COMMITTEE

Description:	The Advisory Committee will assist program faculty and sponsoring educational institution personnel with the development and revision of program goals and curriculum, monitoring program needs and expectations, and ensuring program responsiveness to change.

ADVISORY COMMITTEE

Measured target outcome:

The advisory committee currently comes to campus twice a year and gives input on curricula development and implementation needs of the local community. New surveying methodology has been applied to these meetings and more surveys were completed than before three vs zero with one of the three being the overall director who did one form vs having every IHS area manager fill the survey out. Currently UNM Gallup is working on offering CEUs for past graduates this would give those on the advisory committee a place to present regularly. Currently classes in HCHT 233 are toured through the facilities that offer PPE. I have increased the amount of PPE sites this year from just IHS Gallup and RMCH to include IHS Zuni, IHS Cibola, and IHS Albuquerque. I have added UNM Hospital as a PPE site option and I am aggressively adding PPE sites for our campus. I have found that Advisory members are having trouble with the current work climate to do extra things they normally do like attend two meetings a year. I have invited all advisory board members to be guest lecturers or to record lectures. Only the director of IHS has responded and we are working to produce such a recording. We have external members on our committee, however, many very active members have retired in the last year and their replacements have not been as interested or able to be active. I have reminded them about earning CEUs for mentoring and for being a PPE sites by sending out emails to all members highlighting this benefit. This in part is how I increased the amount of sites from 2 to 6 in one year. I am hoping with the mass exit of directors and important staff from the area that are baby boomer generation that more of the younger professionals pick up the torch. This has so far not been the case. I am actively trying to add sites in Arizona for my Arizona students. The committee wants to establish a Navajo and Zuni nation division of AHIMA. But AHIMA told us since the Navajo nation covers 4 separate states that they won't even consider it. This is really impeding participation from IHS employees. Many cannot attend Albuquerque meetings so their voice is not heard. I suspect this is part of the reason we don't have interest in guest speakers from this area of the country. The Navajo Nation and the Zuni Nation are literally recognized as a sovereign nation by the federal government and AHIMA does a disservice to them by not allowing them to form their own AHIMA affiliated organization. And this is having a negative result on producing guest lecturers for my campus and actually the major thing discussed at our PAC or advisory meetings and in individual emails and calls is this issue. I had a meeting with AHIMA on this topic with PAC members 5 of them and they stated AHIMA is not interested at all, we don't do things across state borders, and we don't acknowledge that the Navajo Nation or the Zuni Nation are sovereign. It was quite offencive and not at all appropriate. Two of the participants my self and one of my employer participants were Past presidents in different states and we were floored. After that meeting I lost all those employer participants as active members of the PAC verbally stating that they "don't want to give service to an organization or school that does not even acknowledge them as sovereign." All of the employers were members of AHIMA I say were because many of them decided not to renew because of this decision. And I don't have a good way to over come this issue at this time. I am lucky in that the national representative for AHIMA board one of them is now from UNM i.e. from New Mexico and we chatted about this issue and she said that they can start working on it. But the damage is done and IHS employees in this area of the country have a low rate of membership because of their isolation, and lack of community. The PAC demands that this situation be rectified. So I am working with UNM Gallup to offer CEUs at an on campus conference once a year for the community to serve them so they might serve for our school. Currently we have less than twenty PAC members I have a goal of having more than 20 PAC members over the next 5 years.

ADVISORY COMMITTEE

Steps to achieve:	Having PAC members do the surveys at the meetings is the way to increase this number. I also email it out to key employers but few have responded to that method. Next year I would like to see an increase from 3 to 6 responses from employers to the survey. I am not sure I would expect more surveys than that unless the overall director of IHS decides to have each manager do the survey vs just him as the overall director. As my students are now coming from all over NM and AZ and a few other states tracking new employers will change this expectation. I am working on having a virtual PAC meeting to increase membership to those who cannot come physically to UNM. This will be done this year as a phone conference call. Get AHIMA to realize that it is not ok at all to not recognize a sovereign nation recognized by the federal government since the late 1800s and to create a AHIMA organization for the Navajo Nation and Zuni Nation. This organization would have a conference and a board like any other AHIMA state organization. When the closest AHIMA meeting that a large amount of members can get to is over 3 hours away it really creates a feeling of isolation and honestly the Navajo Nation and Zuni Nation have been isolated by western culture for far too long. AHIMA should try to bridge this gap and CAHIIM should help to facilitate it for the sake of inclusion and for the benefit of the program at UNM Gallup.
Results/Analysis/Actions:	Increase in surveys completed from 0 to 3 in one year.
Person responsible:	Roseanna McGinn and AHIMA State Level Orginizations
Time frame:	1 year

. Curriculum History

ACADEMIC_PERIOD	SUBJECT	COURSE_NUMBER	OFFERING_NUMBER	TITLE_SHORT_DESC	PRIMARY_INSTRUCTOR_LAST_NAME	ACTUAL_ENROLLMENT
201260	HCHT	215	400	Advanced OP Coding	Kurley	19
201280	HCHT	213	400	Princples of Disease	Hammons	21
201280	HCHT	219	400	Advanced IP Coding	Kurley	29
201280	HCHT	222	473	Health Info Tech II	Brashear	26
201280	HCHT	231	400	Cmptr App & Stats Hlth	Brashear	24
201280	HCHT	232	400	Reimbursement Method	Datu	18
201280	HCHT	233	400	Prof Practice Exper	Brashear	4
201310	HCHT	121	400	Health Info Tech I	Satterley	30
201310	HCHT	211	473	ICD-CPT Codng	Kurley	32
201310	HCHT	221	473	Med-Legal&Qual Manag	Satterley	25
201310	HCHT	232	400	Reimbursement Method	Datu	12
201310	HCHT	233	400	Prof Practice Exper	Blalock	11
201360	HCHT	215	400	Advanced OP Coding	Kurley	21
201380	HCHT	213	400	Princples of Disease	Hammons	24
201380	HCHT	219	400	Advanced IP Coding	Blalock	20
201380	HCHT	222	473	Health Info Tech II	Satterley	19
201380	HCHT	231	400	Cmptr App & Stats Hlth	Blalock	18
201380	HCHT	232	400	Reimbursement Method	Blalock	7
201380	HCHT	233	400	Prof Practice Exper	Blalock	7

201410	HCHT	121	473	Health Info Tech I	Blalock	29
201410	HCHT	211	400	ICD-CPT Codng	Blalock	27
201410	HCHT	221	400	Med-Legal&Qual Manag	Conyers	24
201410	HCHT	233	400	Prof Practice Exper	Blalock	8
201460	HCHT	215	400	Advanced OP Coding	Blalock	27
201480	HCHT	213	400	Princples of Disease	Hammons	22
201480	HCHT	219	400	Advanced IP Coding	Blalock	27
201480	HCHT	222	473	Health Info Tech II	Blalock	25
201480	HCHT	231	400	Cmptr App & Stats Hlth	Blalock	19
201480	HCHT	232	400	Reimbursement Method	Blalock	18
201480	HCHT	233	400	Prof Practice Exper	Conyers	7
201510	HCHT	121	400	Health Info Tech I	Blalock	30
201510	HCHT	211	400	ICD-CPT Codng	Blalock	18
201510	HCHT	221	400	Med-Legal&Qual Manag	Conyers	21
201510	HCHT	233	400	Prof Practice Exper	Blalock	11
201560	HCHT	215	400	Advanced OP Coding	Blalock	22
201580	HCHT	213	400	Princples of Disease	Hammons	28
201580	HCHT	213	401	Princples of Disease	Hammons	0
201580	HCHT	219	400	Advanced IP Coding	Blalock	17
201580	HCHT	222	400	Health Info Tech II	Blalock	15
201580	HCHT	231	400	Cmptr App & Stats Hlth	Conyers	18
201580	HCHT	232	400	Reimbursement Method	Blalock	19

201580	HCHT	233	490	Prof Practice Exper	Blalock	5
201610	HCHT	121	473	Health Info Tech I	Blalock	34
201610	HCHT	211	400	ICD-CPT Codng	Blalock	27
201610	HCHT	221	473	Med-Legal&Qual Manag	Blalock	30
201610	HCHT	233	400	Prof Practice Exper	Conyers	13
201660	HCHT	215	401	Advanced OP Coding	Blalock	21
201680	HCHT	213	400	Princples of Disease	Hammons	20
201680	HCHT	213	401	Princples of Disease	Hammons	15
201680	HCHT	219	473	Advanced IP Coding	McGinn	14
201680	HCHT	222	400	Health Info Tech II	Conyers	16
201680	HCHT	231	400	Cmptr App & Stats Hlth	Conyers	17
201680	HCHT	232	401	Reimbursement Method	Conyers	26
201680	HCHT	233	400	Prof Practice Exper	Conyers	3
201710	HCHT	121	400	Health Info Tech I	Conyers	30
201710	HCHT	211	473	ICD-CPT Codng	McGinn	31
201710	HCHT	219	473	Advanced IP Coding	McGinn	8
201710	HCHT	221	400	Med-Legal&Qual Manag	Conyers	30
201710	HCHT	233	400	Prof Practice Exper	Conyers	15
201760	HCHT	215	473	Advanced OP Coding	McGinn	17
201780	HCHT	213	400	Princples of Disease	Hammons	17
201780	HCHT	219	473	Advanced IP Coding	McGinn	18
201780	HCHT	222	400	Health Info Tech II	Conyers	18

201780	HCHT	231	400	Cmptr App & Stats Hlth	Conyers	21
201780	HCHT	232	473	Reimbursement Method	McGinn	21
201810	HCHT	121	473	Health Info Tech I	Conyers	27
201810	HCHT	211	473	ICD-CPT Codng	McGinn	6
201810	HCHT	221	400	Med-Legal&Qual Manag	Conyers	18
201810	HCHT	231	473	Cmptr App & Stats Hlth	McGinn	5
201810	HCHT	232	473	Reimbursement Method	McGinn	7
201810	HCHT	233	400	Prof Practice Exper	Conyers	13