

Sinclair Community College, Division of Allied Health Technologies

ALH 210 – Introduction to Community Health Advocacy

CLASS #15 DOCUMENTATION AND HEALTH INFORMATION EXCHANGE (HIETM)

Course Objectives

Identify the roles and types of documentation and evaluation used by community health outreach programs.

Class Objectives: Student will be able to

1. Describe the benefits of documentation in healthcare service delivery.
2. Identify the purpose of accurate documentation.
3. Distinguish the differences between structured and unstructured (storytelling) documentation.
4. Understand the necessity of positive change of completing documentation forms in an electronic record keeping system.
5. Understand Health Insurance Portability & Accountability Act (HIPAA) compliance and accountability protocols.

Participants:

Instructors
Students
Guest speaker

Materials/Resources Needed:

Handouts – i.e., .documentation forms
Readings
Case Scenario

Equipment Needed:

Laptop and projection screen

Plan for the Class:

I. Questions, comments from previous class – Legal Advocacy

II. Documentation

1. Faculty provides mini lecture- In all the field work and experience of community health advocates, proof of good work performed is only as good as it is documented. “If you didn’t document it, the work wasn’t done”. Much of the community health advocate work performed is grant funded through federal, state, or local private foundations. The purpose of documentation for community health advocates is to demonstrate how work is performed or assessed. A benefit of

documentation to healthcare service delivery is when reporting and or applying for grant funded programs. To have statistical information, i.e., demographic, geographical, and to show cost effectiveness/savings. This benefits the hospitals, school clinics, physician offices, social health and human service agencies.

2. Facilitated discussion - Do you think documentation is a simply task to perform? Why or why not? In your scope of work, have you ever had to give an account for the work you performed or assessed? How was it documented? Did you use a clip board paper pen or pencil? How simply or difficult was it? Did you have a form or format to conduct your assessment? Or did you write down everything you heard or observed? What is appropriate to keep in your documentation notes, and what is not appropriate to keep. Were there any confidentiality issues? (Handouts of different documentation forms are passed out KCC and HLMV)
3. Confidentiality. Faculty gives out handouts: “Confidentiality Do’s and Don’ts” and Privacy Scenarios. Discuss confidentiality requirements. Ask class to discuss types of information that should be kept confidential and how they should respond to scenarios.

Break (10 minutes)

4. Group activity
 - a. Faculty introduces necessity for positive change in documentation as we move into an electronic age. A hard copy of a case scenario is passed out to the students. Student will need to take the unstructured (storytelling) documentation and format it into a structured electronic record keeping system.
 - b. Guest speaker will conduct and demonstrate electronic record keeping vs. paper and HIPPA compliance and accountability protocols.

III. Conclusion

1. Faculty facilitates discussion of group activity - How simple or difficult was it to navigate through the electronic system? What pros or cons in transiting from paper to an electronic system? How comfortable do you think your client would be knowing how their information is kept?
2. Preview of next class (Broad Determinants of Health) and homework assignment: Ask students to access this website <http://www.nynj-phtc.org/orientation/default.cfm> and participate in the “new employee orientation.” NOTE: this site requires an e-mail address to register.