Health Information Management Association of Australia Ltd

Providing professional services to health care since 1949

| PROFESSIONAL DEVELOPMENT | EDUCATION | REPRESENTATION |

HEALTH INFORMATION MANAGER (HIM)

COMPETENCY STANDARDS

Version 3

June 2017

Developed by the HIMAA Education Committee
Published by the Health Information Management Association of Australia Ltd
Locked Bag 2045, North Ryde, NSW 1670
Phone: +6 1 2 9887 5001 Fax: +61 2 9887 5895 Email: ceo@himaa.org.au
www.himaa2.org.au

HEALTH INFORMATION MANAGER (HIM)

COMPETENCY STANDARDS

Table of Contents

Background 3

Why HIMAA maintains professional competencies 3

What are HIMAA competency standards used for? 5

Domains and sub domains 6

A. Generic professional skills 6

B. Health information and records management 6

C. Language of healthcare 7

D. Healthcare terminologies and classification 7

E. Research methods 7

F. Health services organisation and delivery 8

G. Health information law and ethics 8

H. eHealth 8

I. Health information services organisation and management 9

Learning Levels 9

Table of Competencies 11

Acknowledgements 31

Background

The Health Information Management Association of Australia (HIMAA) is the peak professional association representing health information managers.

The Health Information Management Association of Australia promotes and supports health information management professionals as the universally recognised specialists in information management at all levels of the healthcare system. We do this through positioning and advocacy, accreditation, education and training, certification and credentialing, quality standards, publications and resources, and HIMAA member networking activities at local and national levels, including an annual national conference of international standing. HIMAA defines a Health Information Manager as:

> A Health Information Manager (HIM) is a health information management professional with a HIMAA-accredited undergraduate or postgraduate university degree who plans, develops, implements and manages health information services, such as patient information systems, and clinical and administrative data, to meet the medical, legal, ethical and administrative requirements of health care delivery, or who teaches or does research in these areas.[1]

Courses in Health Information Management accredited by HIMAA must encompass the profession's entry-level elements of the HIM Competency Standards in their curriculum as a minimum requirement for accreditation. Depending on their experience and professional development, a Health Information Manager may also have attained and applied some or all of the HIMAA Intermediate and Advanced Health Information Manager Competency Standards. These are not required for HIMAA graduate-entry accreditation.

Why HIMAA maintains professional competencies

HIMAA is responsible for the development of professional competency standards for Health Information Managers. The development and on-going enhancement of professional competencies defines the profession's knowledge domain to inform third parties (e.g. Universities and employers) of the skills and knowledge that are required of new graduates and across the professional lifespan. Competencies provide the profession with the mechanism to formally feedback to the University programs the level and nature of knowledge and skills that graduates require to function in the workplace. One of the challenges in developing a set of competencies is to articulate what 'should be' rather than describe 'what is'. The intermediate and advanced competency standards address the requirements to develop and deliver ongoing competency based professional development to practising HIM professionals.

Under its terms of reference, the HIMAA Education Committee has been delegated responsibility to oversee the development and continued refinement of competency standards for health information management.

[1] Health Information Management Association of Australia 2015, Definition of the Profession, http://www.himaa2.org.au/index.php?q=node/2438

In 2010 the HIMAA Education Committee commenced a review of the 2001 Version 1 entry-level standards, to ensure that competencies remained contemporary andthattertiary programs continued to graduate students with the professional skills and attributes required in the changing healthcare environment. The Version 2 result of this review was ratified by the HIMAA Board in 2013. In 2013,theHIMAA Education Committee continued this program of work with the development of new intermediate and advanced competency standards. Version 3 refinement of the HIM competency standards in 2017 has included a review of the Australian Qualifications Framework (AQF)[2],the American Health Information Management standards[3,4],and other international HIM competency standards[5,6,7,8]

In addition to Version 3 of this document, HIMAA has been involved in the development of competency standards affecting the HIM profession:

- Development of the 1991 version of HIM competencies [9];
- Clinical Coder National Competency Standards and Assessment Guide published by the National Coder Workforce Issues Project of the HIMAA in 1996 [10];
- Representation on the1997National Records & Archives Competency Standards Steering Committee that produced nationally endorsed cross-industry Records & Archives Competency Standards;
- 2001 development of Version 1 of the Health Information Management Competency Standards, incorporating entry-level, intermediate and advanced competency standards for Health Information Managers [11];
- Publication of Version 2 of the Health Information Management Entry-Level Competency Standards in January 2013[12]

[2]Australian Qualifications Framework 2013, *AQF specification for the Bachelor Degree*.
[3]American Health Information Management Association 2005, *Health Information Management Baccalaureate Degree Entry-Level Competencies – Domains, Subdomains and Tasks for 2005 and Beyond.*
[4]American Health Information Management Association 2011, *Curriculum Map – Health Information Management Baccalaureate Degree.*
[5]International Federation of Health Record Organisations 2009, *International HIM/HRM Model Curriculum.*
[6]Canadian Health Information Management Association 2010, *Learning Outcomes for Health Information Managers – Degree/Diploma Program.*
[7]IMIA learning outcomes – knowledge/skill domains cited in International Medical Informatics Association Working Group 1: Health and Medical Informatics (2010) (First Revision). *Recommendations of the International Medical Informatics Association (IMIA) on Education in Biomedical and Health Informatics,* Methods of Information in Medicine 391(2010) 267-272 retrieved from https://www.ncbi.nlm.nih.gov/pubmed/20054502
[8]IMIA Knowledge Base (2009).
[9]Health Information Management Association of Australia 1991, *Policies and Standards for Approval of Educational Programs for Health Information Managers.* Sydney, NSW.
[10]Health Information Management Association of Australia 1996, *Clinical Coder National Competency Standards and Assessment Guide.* First Edition. Brisbane, Qld: National Coder Workforce Project.
[11]Health Information Management Association of Australia 2001, *Health Information Management (HIM) Competency Standards*. Version 1. Sydney, NSW.
[12]Health Information Management Association of Australia 2013, *Health Information Manager (HIM) Entry-level Competency Standards*. Version 2.0. Sydney, NSW.

What are HIMAA competency standards used for?

The purpose of **entry-level** competency standards is to provide a strong framework for course curriculum design and content, and to enable assessment of student and new graduate performance-readiness for profession entry. Professional accreditation is an integral part of the accreditation process for education programs in Health Information Management, and complements the academic self-accreditation processes of a registered university[13]. Graduate entry courses in Health Information Management must encompass the profession's entry-level elements of the HIM Competency Standards in their curriculum as a minimum requirement for accreditation. These entry-level competencies also provide a framework for employers to establish the minimum skills and knowledge requirements of new graduates.

With ongoing technological advances and changes to the health system and work practices, the purpose of the **intermediate and advanced** level competencies is to provide a strong framework for employers to establish the minimum skills and knowledge requirements of experienced health information management professionals (i.e. beyond entry-level), and also for use in professional development initiatives. Intermediate and advanced competencies play a role in determining criteria for awarding HIMAA's Fellowship category of membership. HIMs working in specialist areas (e.g. environments such as mental health, community health, non-acute care, epidemiology, and research) may choose to develop a selection of intermediate and advanced competencies, relevant to their roles and interests.

In summary, the purpose of the HIM competency standards is to:

- Define the core skill set and knowledge domain of a HIM at entry, intermediate, and advanced levels;
- Provide a framework for universities in curriculum development;
- Set minimum standards of competency for entry level HIMAA accreditation of university courses;
- Act as a guide for employers to the 'skill-set' an employer can expect as a minimum of a new graduate and of an experienced HIM;
- Guide the development of position descriptions for employers;
- Guide continuing professional development and programs for individual HIMs;
- Provide a framework for professional development; and
- Support HIMAA Fellowship assessment.

The HIM competencies are not intended to be used to measure workplace performance. The entry level competencies are generic whereas workplace position descriptions may be quite specific to a position. Employee performance measuring tools are the jurisdiction of the workplace and may be governed by employer policies and/or legislative requirements. Further, it is not intended that the competencies would result in a single national curriculum for programs in HIM. The competencies communicate to the HIM Course Co-ordinators the minimum competencies for new graduates. It is within the province of the educational institution how they develop these competencies in students. They may be utilised in graduate entry HIM courses as an adjunct to entry level competencies.

[13]Universities Australia & Professions Australia2016, *Joint Statement of Principles for Professional Accreditation*, Canberra.

Domains and sub domains

The competencies that make up the HIMAA HIM competency standards are organised into domains and sub domains. The domains are categories covering a broad theme or branch of learning, with the sub domains relating to a particular topic within a domain.

The competency tasks within each sub domain are specific competency statements for each HIM practitioner level, as they apply to the management of health information systems and services.

The domains and sub domains are described below:

A. Generic professional skills

This domain relates to professional skills that HIM graduates should be equipped with to enable them to fulfil a role as an HIM practitioner at entry level, intermediate and advanced levels.

The sub domains cover the following attributes:

- Communication skills – the application of written, verbal, presentation, and interpersonal skills appropriate to HIM practice
- Organisation and engagement
- Information communication technology (ICT) literacy and knowledge management skills
- Teamwork – within the work unit and as part of a multidisciplinary team
- Problem-solving and decision-making
- Lifelong learning
- Ethical behaviour
- Social and cultural awareness

B. Health information and records management

This domain relates to the management of health data and records including structurein both manual and electronic formats, data collection, content, identification systems, retention, storage and retrieval, healthcare record functions, standards and regulations for documentation and legal aspects of managing health information.

The sub domains cover the following components of health data management:

- Health data and records - client and provider identity management; structure, content and standards; management of data and records(both manual and electronic systems); healthcare record functions; health information sources
- Healthcare information standards and governance - standards and regulations for documentation; health information content and information exchange; legal aspects of health information; accreditation/certification standards; governance of health information.

C. Language of healthcare

This domain relates to the knowledge of medical science and medical vocabularies/terms essential to the understanding of information contained in the health record and related health information systems.

The sub domains cover the following components of the language of health care:

- Medical science – basic structure and function (anatomy and physiology) of the human body, including disease and disease process; procedures and treatments; pharmacology, pathology, radiology and other clinical investigations
- Medical vocabularies – medical terms and vocabularies associated with body systems and medical specialties used in diagnosis, treatment and management of health conditions.

D. Healthcare terminologies and classification

This domain relates to clinical terminologies and health classification systems and the ability to undertake clinical coding. It also encompasses the application of these systems to casemix management and funding methodologies.

The sub domains cover the following components:

- Clinical terminologies and classification – healthcare terminologies, nomenclatures and classifications; use case for common code systems such as ICD-10-AM, ACHI, DSM, SNOMED CT
- Clinical coding – applying clinical coding principles and skills - abstraction, assignment of codes to coding of episodes of care for morbidity and mortality reporting and maintaining data quality
- Casemix management and activity based funding methodologies - casemix classification; payment systems; funding models; policy and funding guidelines; auditing.

E. Research methods

This domain encompasses research methods in qualitative and quantitative designs, including survey research, evaluation studies and ethical principles in research. Included in this domain are statistical principles of analysis and linkage of large healthcare data sets, epidemiology, data reporting and presentations (e.g. research reports, conference presentations and journal articles), and health information management research for evidence-based practice.

The sub domain covers the following components:

- Healthcare statistics and research – research design and methods; epidemiological concepts; research ethics; data collection and analysis, research report writing and publication of research in scholarly journals.

F. Health services organisation and delivery

This domain relates to the function and organisation of healthcare systems, including quality, safety, risk management and performance management for health information.

The sub domains cover the following components:

- Healthcare delivery systems - structure and function of healthcare system and impact on health information; health information systems for various models of care; role and function of other healthcare professionals; use of data and statistics for resource utilisation
- Quality and safety management and performance improvement management – quality and safety principles and management; quality assessment and management tools; risk management; outcomes management; benchmarking and accreditation/certification standards.

G. Health information law and ethics

This domain relates tothe concepts, principles and application of legislative requirements and ethical obligations for access, privacy and confidentiality of personal health information.

The sub domain covers the following components:

- Healthcare privacy, confidentiality, disclosure, legal and ethical practice - access to and release of health information in accordance with legal and regulatory requirements; ethical collection and use of health information (e.g. organisation–wide privacy, right to information, confidentiality and security principles); policies and procedures for health information management and systems.

H. eHealth

This domain encompasses health information system and technology terms and concepts, health informatics, healthcare system applications and information flows, communication technologies, data security, data, information and file structures, data modelling and process mapping, the information systems lifecycle, systems development and implementation, database management, systems integration and information exchange, electronic healthcare records, electronic personal healthcare records, and clinical and administrative decision support systems.

The sub domains cover the following components:

- Information and communication technologies – use of technology; standards for interchange and interoperability
- Data security – data integrity and validation techniques; security measures; monitoring and auditing; data recovery procedures
- Health information systems and health informatics – various applications used in healthcare, including public health and consumer informatics; telehealth; information systems evaluation; information storage mediums; conversion of information; data, information and file structures;

data modelling and process mapping; database architecture and design; systems development life cycle; clinical and administrative decision support systems.

I. Health information services organisation and management

This domain relates to the theories and concepts of management. This includes organisational behaviour, human resource management, financial and business management, strategic planning, project management, leadership, workflow analysis and management, and change management.

The sub domains cover the following components:

- Human resource management - human resource management strategies; employee orientation, education and training; team building; performance management and development; work health and safety
- Business/operations management - management principles; strategic, business and operational planning; workflow management, analysis and design; organisational benchmarking; meetings management; change management; risk management
- Project management - project management techniques; process redesign and workflow management
- Financial and resource management - financial management; accounting and budgeting principles; budget development; supply management; cost/benefit analysis.

Learning Levels

The learning level for each competency task is based on the revised Bloom's Taxonomy of Learning Domains[14]. The taxonomy has six major categories that reflect different forms of thinking, and these levels of learning flow from lower order thinking (Learning Level 1 - Remembering) to higher-order thinking (Learning Level6 - Creating). As thinking is an *active* process, the category names are in *verb* form.

Bloom's Taxonomy can be used to identify the cognitive levels for graduate entry and experienced Health Information Managers' skills and knowledge. Mapped against each competency, this taxonomy identifies the level of knowledge for a graduate or experienced HIM, and can assist with position planning. Additionally, mapping against Bloom's taxonomy assists with curriculum development to ensure a HIM professional has reached the appropriate cognitive level. During the development of the 3rd version of the HIMAA HIM competencies it was decided that all competencies must be at least at the Learning Level 4 to be AQF compliant; therefore only Learning Level 4 and above is summarised in the table below.

14 Anderson, L.W., Krathwohl D.R., & Bloom B.S. (Eds). (2001). *A taxonomy for learning, teaching, and assessing: a revision of Bloom's taxonomy of educational objectives*. New York: Longman.

Table 1: Blooms Taxonomy of Learning Domains, with Health information Management examples.

Learning Level	Definition	Key Words[15]
4 - Analysing	Break learned information into its parts to best understand that information and explore understandings and relationships. Distinguish between facts and inferences. *Can the HIM distinguish between the different parts, break down information, and infer to support conclusions?*	Analyse, arrange, attribute, calculate, categorise, conclude, criticise, diagram, debate, deconstruct, differentiate, discriminate, dissect, distinguish, estimate, examine, experiment, find, group, identify, illustrate, infer, inquire, inspect, integrate, interrogate, investigate, order, organise, question, relate, research, select, sequence, separate, sift, structure, survey, test
5 - Evaluating	Making decisions based on in-depth reflection, criticism and assessment. Making judgements about the value of ideas or materials. Justifying a decision or course of action. *Can the HIM justify, or judge the value of a stand or decision?*	Appraise, argue, assess, check, choose, compare, conclude, contrast, convince, criticise, critique, debate, decide, deduce, defend, detect, determine, discriminate, estimate, evaluate, experiment, explain, hypothesise, infer, judge, justify, measure, monitor, predict, prioritise, probe, rank, rate, rearrange, recommend, reframe, reject, score, summarise, support, test, value, validate
6 – Creating	Generating new ideas, products or ways of viewing things. Engage in creative thinking. Put parts together to form a whole, with emphasis on creating a new meaning or structure. *Can the HIM generate new ideas, or engage in creative thinking?*	Act, anticipate, assemble, blend, categorise, collaborate, collect, combine, compile, compose, concoct, construct, create, design, develop, devise, facilitate, forecast, formulate, generate, imagine, improve, invent, intervene, hypothesise, justify, make, manage, modify, organise, originate, plan, predict, prepare, produce, propose, rearrange, reconstruct, relate, reorganise, revise, re-write, set up, substitute, simulate, schematise, solve, test, validate, write

15 List of key words adapted from the following sources: http://www.nwlink.com/~donclark/hrd/bloom.html;http://www.teachers.ash.org.au/researchskills/dalton.htm;www.kurwongbss.eq.edu.au/thinking/Bloom/bloompres.ppt

Table of Competency Standards

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
A. Generic professional skills						
A1. Communication skills	A1.1E Exhibit a good command of grammar and examine the style or tone necessary for written business communication.	4 – Analysing	A1.1 I Appraise and apply relevant organisational styles and guidelines appropriate for written business in the organisation.	5 - Evaluating	A1.1A Modify and devise improved business communication processes and practices within the organisation.	6 - Creating
	A1.2E Write documents and examine written material for intra and inter-departmental use to ensure information is conveyed clearly, concisely and accurately.	4 – Analysing	A1.2I Prepare and evaluate written documentation in accordance with stated timeframes to include documented consultation with stakeholders, relevant editing of documentation and discretionary communication based on organisational structures.	6 - Creating	A1.2A Formulate complex documents that may include points of contention or other perspectives in a clear, concise manner. May include persuasive arguments and proposals that reflect stated objectives.	6 - Creating
	A1.3E Select graphical representation techniques to enhance written communications.	4 – Analysing	A1.3I Reviewgraphical representation, tables and/or visual displays to ensure clear communication.	5 - Evaluating	A1.3A Construct complex visual displays using approved applications and templates in the preparation of written communication.	6 - Creating
	A1.4E Select appropriate techniques to communicate information verbally in a clear, concise, logical and confident manner.	4 – Analysing	A1.4I Appraise and apply appropriate business protocols and templates to ensure information is clearly and confidently communicated to include statement of goals and purpose as well as evidence of preparation and consultation.	5 - Evaluating	A1.4A Create business protocols and templates to ensure that they allow for clear and concise communication, showing initiative and contributing new concepts in a confident manner.	6 - Creating
	A1.5E Research and deliver presentations conveying information in a format and style appropriate to intended audience requirements.	4 – Analysing	A1.5I Support the preparation and delivery of effective presentations using standard styles and templates.	5 - Evaluating	A1.5A Set the overall tone, content, and style of a presentation.Serve as a key speaker for the organisation in information-related issues.	6 - Creating
	A1.6E Identify and adapt communication styles in recognition of cultural and linguistic diversity.	4 – Analysing	A1.6I Assess and apply appropriate types of communication techniques in recognition of cultural and linguistic diversity.	5 - Evaluating	A1.6A Develop appropriate communication techniques and develop a workplace culture that supports respect for cultural and linguistic diversity.	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
	A1.7E Form effective working relationships with clinical, corporate, support, and executive staff by correctly appraising both verbal and non-verbal cues.	4 – Analysing	A1.7I Develop and document working relationships and networks with peers, subordinates and management demonstrating an ability to engage.	6 - Creating	A1.7A Facilitate strategic relationships to enhance visibility and credibility with stakeholders.	6 - Creating
	A1.8E Select communication strategies to achieve active listening and conflict resolution.	4 – Analysing	A1.8I Evaluate and apply relevant communication guidelines to include goal setting, sound preparation and an ability to influence positive outcomes.	5 - Evaluating	A1.8A Coordinate the delivery of workshops in the workplace that focus on effectiveness of communication and conflict resolution strategies.	6 - Creating
A2. Organisation and engagement	A2.1E Examine and illustrate organisation and prioritisation skills to perform work or assigned tasks in an efficient, professional and timely manner.	4 – Analysing	A2.1I Evaluate the effectiveness of personal organisation and prioritisation skills.	5 - Evaluating	A2.1A Improve work roles and predict skill matches to formulate delegations and succession planning strategies.	6 - Creating
	A2.2E Engage with stakeholders at all levels to examine and promote health information best practice.	4 – Analysing	A2.1I Evaluate, modify and promote health information best practice when engaging with stakeholders.	5 - Evaluating	A2.2A Research advances in health information management and construct a case for enhancing best practice in health information management when engaging with stakeholders.	6 - Creating
A3. Information and Communication technology (ICT)literacy and knowledge management skills	A3.1E Select business applications, including email, scheduling, internet, word processing, spread sheet, presentation, database, and web applications.	4 – Analysing	A3.1I Evaluate ICT literacy and skills and identify areas for personal development.	5 - Evaluating	A3.1A Keep abreast of ICT development to recommend, plan and coordinate the implementation of information systems and associated processes.	6 - Creating
	A3.2E Analyse knowledge management tools to identify relevant and current resources that can be utilised or applied in a professional setting.	4 – Analysing	A3.2I Develop skills to adopt appropriate knowledge management tools to enhance work practices.	6 - Creating	A3.2A Construct and/or modify knowledge management tools.	6 - Creating
A4. Teamwork	A4.1E Work independently and participate effectively as part of a team with relevant stakeholders.	4 – Analysing	A4.1I Establish and justify accountability through meeting commitments, setting expectations and adhering to business protocols and procedures.	5 - Evaluating	A4.1A Formulate personal and team functions and roles to ensure strategies are aligned with organisational goals.	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
	A4.2E Examine and utilise the skills that make an effective team member.	4 – Analysing	A4.2I Integrate the skills of team members to create highly effective teams.	6 - Creating	A4.2A Maximise skill sets to ensure the ongoing effectiveness of a team.	6 - Creating
	A4.3E Analyse team processes and contribute to outcomes.	4 – Analysing	A4.3I Lead the team processes and outcomes.	5 - Evaluating	A4.3A Create an environment that encourages initiative, team building and facilitation of team processes.	6 - Creating
	A4.4E Identify professional relationships and consult collaboratively.	4 – Analysing	A4.4I Manage effective working relationships with multi-disciplinary teams.	6 - Creating	A4.4A Plan and implement multi-disciplinary strategic teams.	6 - Creating
	A4.5EIntegrate an existing mentorship program into the workplace.	4 – Analysing	A4.5IEvaluate the effectiveness of an existing mentorship program in the workplace.	5 - Evaluating	A4.5AInitiate, develop and promote a mentorship program into the workplace.	6 - Creating
A5. Problem solving and decision-making	A5.1E Source, organise and summarise information and establish logical connections to analyse a problem, identify options and justify decision or course of action.	5 – Evaluating	A5.1I Generate plans, objectives and goals, valuing diplomacy and an ability to act in an objective manner to show due diligence/ preparedness.	6 - Creating	A5.1A Create innovative problem-solving methods and approaches drawing from knowledge of available resources, body of knowledge and content.	6 - Creating
A6. Lifelong learning	A6.1E Analyse the importance of knowledge and performance to plan for and participate in continuing professional development,	4 – Analysing	A6.1ICritically analyse self-performance and develop a professional development plan.	5 - Evaluating	A6.1A Facilitate personal participation in professional development opportunities and contribute to the advancement of the health information management profession.	6 - Creating
	A6.2E Analyse the trends and current events (e.g. political, technological, demographic) that may impact upon health information management.	4 – Analysing	A6.2I Evaluate and integrate information about trends and current events that may impact upon health information management.	5 - Evaluating	A6.2A Construct a case for future health information service needs based on broad political, technological, demographic and other trends.	6 - Creating
A7. Ethical behaviour	A7.1E Relate the HIMAA Professional Practice Guidelines and HIMAA Member's Oath to professional and academic functions.	4 – Analysing	A7.1IReview personal performance and uphold the HIMAA Professional Practice Guidelines and HIMAA Member's Oath.	5 - Evaluating	A7.1A Construct professional standards to promote a workplace culture of respect for ethical standards of behaviour, with reference to the HIMAA Professional Practice Guidelines and HIMAA Member's Oath.	6 - Creating
	A7.2E Illustrate the importance of and commitment to supporting, sustaining and developing the Health	4 – Analysing	A7.2I Support the initiatives of the health information management profession and promote the work of Health	5 - Evaluating	A7.2A Facilitate the advancement of the Health Information Management profession within your	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
	Information Management profession.		Information Managers throughout the industry through the evaluation of professional practice documentation.		organisation and industry networks through the creation of professional practice documentation.	
A8. Social and cultural awareness	A8.1E Analyse social and environmental awareness and the impact on healthcare.	4 – Analysing	A8.1I Evaluate decisions and community expectations, incorporating social and environmental awareness issues.	5 - Evaluating	A8.1A Create initiatives that incorporate consideration for social and environmental issues	6 - Creating
	A8.2E Examine decisions, incorporating sensitivity for cultural diversity.	4 – Analysing	A8.2I Appraise opportunities for incorporating cultural diversity and sensitivity.	5 - Evaluating	A8.2A Develop initiatives that incorporate cultural sensitivity and diversity	6 - Creating
B. Health information and records management						
B.1 Health data and records	B1.1E Analyse the requirements of a system to manage client and provider identification and identity management systems.	4 – Analysing	B1.1I Evaluate the organisation's management of client and provider identification, and identity management systems, for compliance with health authority policies and work processes associated with the clinical risk of the inaccuracy and unavailability of health information.	5 - Evaluating	B1.1A Design and develop effective client identity management systems.	6 - Creating
	B1.2E Monitor a client and provider identity management system processes,	5 - Evaluating	B1.2I Evaluate policies to manage multiple client identifiers and monitor compliance with these policies, engaging support and co-operation from clinical, administrative and executive staff. Plan for the future needs for health information systems that consolidate, integrate, interface, access, interpret and store data inefficiently. Assist in preparing system requirements documents for new hardware or software acquisitions.	5 - Evaluating	B1.2A Develop system requirements documents in consultation with relevant stakeholders for new hardware or software acquisitions, including cost benefit analysis. Demonstrate advanced knowledge of user capability and of technical and functional components of market products related to the client identity management system.	6 - Creating
	B1.3E Examine the structure and content of the health record for use in different healthcare settings.	4 – Analysing	B1.3I Appraise, promote, educate, advocate, defend and review organisational policy that will govern responsible handling and management of health care	5 - Evaluating	B1.3A Provide expert advice on the structure and content of health care records available in both paper and electronic formats and develop guidelines	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
			records to ensure compliance to legislation, standards and health authority directives.		as required. Analyse and solve problematic information issues arising from the existence of hybrid health care records and assess how this will impact on information availability for patient care.	
	B1.4E Identify and examine health data requirements, including data elements, datasets and databases.	4 – Analysing	B1.4I Evaluate health data sets to ensure they meet organisational requirements, and to ensure that accurate, relevant data is captured with minimal errors.	5 - Evaluating	B1.4A Create unique data sets and databases to produce the information required for strategic organisational decision making. Provide expert advice on Patient Administration Systems to refine and develop data fields to facilitate information retrieval for State/Territory and National reporting requirements, clinical research, financial and organisational performance.	6 - Creating
	B1.5E Analyse systems and collection tools for data capture.	4 – Analysing	B1.5I Consult and advise relevant stakeholders on the design of forms and the electronic format of information systems, particularly focussing on the displayed fields and data editing prompts.	5 - Evaluating	B1.5A Develop a flow process for the approval, editing and publishing of electronic and paper forms. Provide expert advice to (or Chair) the organisation's forms committee to facilitate evaluating and authorising form creation and publication. Support and advocate policy in practice at the operational level for the implementation of endorsed forms. Provide expert advice on the evaluation and functionality of electronic data information systems pertaining to user compatibility and clinical risk management and downtime situations.	6 - Creating
	B1.6E Arrange health information in multiple environments (paper, digital, electronic, web-based).	4 – Analysing	B1.6I Compare and contrast the value, efficacy and availability of health information in multiple environments (paper, digital, electronic, web-based).	5 - Evaluating	B1.6A Develop a strategy to influence the organisational culture transitioning from paper to electronic health records, whilst supporting concurrent	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
					processes for both the EHR and paper health care records.	
	B1.7E Examine healthcare record functions to ensure health information is available to meet clinical, operational and strategic needs.	4 – Analysing	B1.7IMonitor and evaluate management of health care records to ensure clinical and organisational needs are met and to ensure compliance with legislation and standards.	5 - Evaluating	B1.7A Liaise with health authorities, executive staff, administration and clinical staff to ensure that effective partnerships and work relationships achieve mutual cooperation and efficient information sharing to facilitate health care service delivery from information and data management perspectives.	6 - Creating
	B1.8E Organise the retention, storage and retrieval of health information consistent with health information record keeping guidelines relevant to the state/territory or national government.	4 – Analysing	B1.8I Formulate and implement policy and procedures for culling, sentencing, storage and archiving health care records in accordance with legislation and standards	6 - Creating	B1.8A Impart expert advice and experience in a consultative role to new organisations and specialties establishing their record management systems.	6 - Creating
	B1.9E Examine processes, policies and procedures to inform, encourage and support complete clinical and administrative documentation to support care, administration, and required reporting.	4 – Analysing	B1.9I Deliver education on documentation practice for all clinical staff including legislative, clinical and casemix content. Investigate clinical incidents as they relate to documentation practices and communicate findings and actions as required in accordance with legislation and standards. Conduct documentation audits to examine current practice across clinical disciplines and benchmark results and strategize potentials to improve practice standards.	5 - Evaluating	B1.9A Oversee compliance with accreditation standards as they pertain to documentation practice. Provide the evidence to illustrate how documentation standards from the National EQUIP guidelines are currently being met or will be improved. Demonstrate how quality initiatives both shape improvements and innovate work culture in documentation practice and how these initiatives are communicated multi-directionally among clinical, administrative and executive staff.	6 - Creating
	B1.10E Collect, analyse, interpret and communicate health data.	4 – Analysing	B1.10I Translate clinical data from business reports for operational needs. Critique data report design to improve access to useful data.	5 - Evaluating	B1.10A Create complex and comprehensive business reports to respond to organisational management requests.	6 - Creating
B2.	B2.1E Examine and apply	4 – Analysing	B2.1I Evaluate and communicate	5 - Evaluating	B2.1A Create, implement and	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
Healthcare information standards and governance	organisation-wide policies and procedures related to health information documentation and health information standards.		organisation-wide policies and procedures related to health information documentation and health information standards.		review state/territory, national and/or international policy pertaining to health information documentation and health information standards.	
	B2.2E Analyse compliance with legislation and standards pertaining to the management of health information.	4 – Analysing	B2.2I Evaluate and interpret State/Territory, Australian governmentand private health fund legislation, advice, policies and regulations pertaining to health information governance.	5 - Evaluating	B2.2A Develop organisational policy, directives, and responses to governmental and corporate changes to the planning, strategy, governance and management of health information. Design organisational education and monitoring programs to support health information governance.	6 - Creating
	B2.3E Analyse the impact of health information management initiatives.	4 – Analysing	B2.3I Implement directives, policies and procedures developed for health information initiatives at local, state/territory and national levels. Evaluate the context of health information management initiatives within the overarching information management strategic plan.	5 - Evaluating	B2.3A Forecast and plan in response to relevant government and commercial information management initiatives.	6 - Creating
	B2.4E Identify and apply standards relevant to health information content, management and information exchange.	4 – Analysing	B2.4I Evaluate and interpret standards implemented by the organisation.	5 - Evaluating	B2.4A Create strategies for health information governance that are responsive to operational, statutory requirements and the evolving information technology environment. Develop information standards in response to organisational operational requirements, communication and service delivery to support patient care.	6 - Creating
	B2.5E Examine and report on compliance with accreditation standards relevant to health information.	4 – Analysing	B2.5I Evaluate compliance and establish benchmarks to evaluate organisational performance as part of continuous quality programs.	5 - Evaluating	B2.5A Lead the organisation through an accreditation or certification process in relation to health information showcasing the evidence to support achievements.	6 - Creating
	B2.6E Identify and analyse	4 – Analysing	B2.6I Critique and make	5 - Evaluating	B2.6A Design a	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
	systems for the governance of health information.		recommendations for existing and developing health information systems that support good health information governance.		comprehensive information governance framework that creates, manages, regulates, and secures, data systems that support organisational operations.	
C. Language of healthcare						
C1. Medical Science	C1.1E Extract and analyse information about the human body and its functioning, applying knowledge of anatomy and physiology, disease processes and treatments, including pharmacology, pathology, radiology and other clinical investigations.	4 – Analysing	C1.1I Evaluate information extracted from the health care record to determine the level of accuracy.	5 - Evaluating	C1.1A Develop and evaluate a program of learning to validate and strengthen staff knowledge of medical science.	6 - Creating
C2. Medical Vocabularies	C2.1EAnalyse, apply, pronounce and correctly spell medical terms and vocabulary associated with body systems and medical specialties used in diagnosis, treatment and management of health conditions.	4 – Analysing	C2.1I Evaluate and validate the correct use of medical terms and vocabulary in complex contexts to enhance understanding and useability.	5 - Evaluating	C2.1A Develop and evaluate a program of learning to validate and strengthen staff knowledge of medical vocabularies.	6 - Creating
	C2.2E Extract, interpret and communicate information contained within heath records and health information systems, applying knowledge of medical vocabularies and clinical terms.	4 – Analysing	C2.2I Justify the use of medical vocabulary and clinical terms used in health records and health information systems to facilitate effective and accurate documentation and communication of clinical information.	5 -Evaluating	C2.2A Develop and implement processes to enhance effective utilisation of medical vocabularies in health records and health information systems.	6 - Creating
D. Healthcare terminologies and classification						
D1. Code systems, clinical terminologies and	D1.1E Examine the differences between healthcare terminologies, nomenclatures, and classifications.	4 – Analysing	D1.1I Identify the different functions of relevant terminology, nomenclature, and classification systems for specific applications.	5 - Evaluating	D1.1A Contribute to the development and integration of healthcare terminologies and classifications in health information systems.	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
classification	D1.2E Assess the use case for common code systems in healthcare in order to determine the appropriate system to represent a concept in a specific situation.	5 - Evaluating	D1.2I Clearly articulate the use case for a specific code set to be used in a specific situation	5 - Evaluating	D1.2A Participate in development work and implementation programs for the introduction of a new/revised classifications, nomenclatures or terminologies.	6 - Creating
	D1.3E Examine the application of SNOMED CT and other evolving terminologies to clinical information systems	4 – Analysing	D1.3I Evaluate and articulate the impact of SNOMED CT and other evolving terminologies on a clinical system including the extent of the system's potential and limitations.	5 - Evaluating	D1.3A Participate in the development of reference files (e.g. subsets of SNOMED CT) for use in clinical systems	6 - Creating
	D1.4E Examine the principles of mapping clinical terminologies to a classification.	4 – Analysing	D1.4I Choose and apply mapping techniques between terminologies and classifications to enable comparison of data over time.	5 - Evaluating	D1.4A Evaluate the consequences of using mapped data for funding model development, health service planning, epidemiological studies and other significant use cases.	5 - Evaluating
D2. Clinical coding	D2.1E Examine healthcare record content, applying knowledge of medical vocabulary, anatomy and physiology, diagnostics and interventions to abstract relevant data for clinical coding.	4 – Analysing	D2.1I Evaluate the information abstracted from the health record, applying advanced knowledge and principles of anatomy and physiology, diagnostics and interventions.	5 - Evaluating	D2.1A Develop and propose improvement processes to documentation within the health record, including a query based process with clinicians, in relation to the abstraction of information for clinical coding.	6 - Creating
	D2.2E Accurately select diagnosis and procedure codes using mandated health classification systems, current Australian coding standards, health data definitions, Health Authority admission/care type policies and business rules.	4 – Analysing	D2.2I Monitor internal processes to ensure Australian coding standards, health data definitions, jurisdiction admission/care type policies and business rules are assessed and accurately applied.	5 - Evaluating	D2.2A Introduce processes to assess and accurately apply all standards and business rules.	6 - Creating
	D2.3E Analyse assigned sets of diagnosis and procedure codes, and resultant casemix classification group, to ensure fair and optimal representation of the health care encounter.	4 – Analysing	D2.3I Monitor internal and external processes to review diagnosis and procedure codes, and resultant casemix classification group,to ensure fair and optimal representation of the health care encounter in accordance with state/territory and national government guidelines.	5 - Evaluating	D2.3A Create a process of regular review of diagnosis and procedures coding, and resultant casemix classification grouping, including feedback and training procedures.	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
	D2.4E Examine electronic applications that support clinical classification and coding, and decide on the appropriate action in response to issues detected.	4 – Analysing	D2.4I Evaluate electronic applications that support the application of clinical classification processes.	5 - Evaluating	D2.4A Integrate electronic applications that support the application of clinical classification processes.	6 - Creating
	D2.5E Integrate principles of quality management to ensure accuracy of coded data, including participation in clinical coding quality activities.	4 – Analysing	D2.5I Assess outcomes of quality activities, ensuring there is follow up education related to outcomes, and tha tissues are rectified with changes to policies as required.	5 - Evaluating	D2.5A Develop tools and policies to compliment clinical coding quality activities, with implementation of a regular internal review process and integration of outcomes with educational programs.	6 - Creating
	D2.6E Identify and address discrepancies in documentation affecting code allocation.	4 – Analysing	D2.6I Appraise internal coding processes, including prospective and retrospective reviews to assist in identifying and addressing discrepancies in documentation affecting code allocation.	5 - Evaluating	D2.6A Develop a clinician education program based on discrepancies identified in documentation reviews to address documentation issues affecting code allocation.	6 - Creating
	D2.7E Analyse, select and implement applications, processes, policies and procedures to ensure the accuracy and timeliness of clinical classification and coding.	4 – Analysing	D2.7I Monitor key performance indicators in alignment with the organisational casemix, with regard to quality and output.	5 - Evaluating	D2.7A Create a professional development plan for internal and external benchmarking to measure key performance indicators such as quality and output.	6 - Creating
	D2.8E Extract, analyse, and report on coded data using legacy classification systems and indices.	4- Analysing	D2.8I Monitor coded data outputs, including quantity and quality, from internal reporting processes to assess the clinical coding service performance.	5 - Evaluating	D2.8A Develop improvement processes for coded data to support the business needs of the organisation.	6 - Creating
D3. Casemix management and activity based funding methodologies	D3.1E Analyse and apply casemix classification data used in health.	4 – Analysing	D3.1I Determine the appropriate casemix classification system, and accuracy of outcomes relative to the documentation in the medical record of the patient's episode of care.	5 - Evaluating	D3.1A Propose improvements to the casemix classification system and/or the underlying codes/standards, by communicating with the appropriate national authorities.	6 - Creating
	D3.2E Analyse, apply and communicate the relationship between classification codes and groups, administrative and clinical data and episode/casemix	4 – Analysing	D3.2I Identify and evaluate the drivers of the casemix classification and the impact on clinical costing and pricing models.	5 - Evaluating	D3.2A Develop systems and processes, including staff education and training, to capture the information required for casemix classification.	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
	funding/payment/revenue systems, including activity based funding.					
	D3.3E Analyse and apply grouping software.	4 – Analysing	D3.3I Identify and evaluate the logic and definitions used in grouping and casemix software.	5 - Evaluating	D3.3A Evaluate grouped data and associated outputs and make recommendations to stakeholders.	6 - Creating
	D3.4E Analyse and report AR-DRG data.	4 – Analysing	D3.4I Analyse, evaluate, and communicate AR-DRG data and NWAU impact at clinical unit level.	5 - Evaluating	D3.4A Construct and improve business analyses of AR-DRG data, casemix profile, and NWAU implications at executive level.	6 -Creating
	D3.5E Identify and analyse the relationship between casemix classification, clinical costing and other funding models in an activity based funding environment.	4 – Analysing	D3.5I Apply the principles of activity based funding models across service streams and evaluate the impact to contribute to discussions about interpretation of cost data, and appropriateness of DRG allocation.	5- Evaluating	D3.5A Develop processes and systems to support casemix classification, clinical costing, and other funding models in an activity based funding environment.	6 - Creating
	D3.6E Implement processes for casemix compliance and reporting.	4 – Analysing	D3.6I Evaluate processes and audit data, both internal and external, for business reporting and to support business cases for staff development and expansion.	5 - Evaluating	D3.6A Develop internal audit programs and associated education and training for clinical, corporate, support, and executive staff.	6 - Creating
	D3.7E Compare and contrast processes to support funding models relevant to different health settings.	4 – Analysing	D3.7I Evaluate the role of business rules in funding models and assess the impact when business rules are changed.	5 - Evaluating	D3.7A Formulate new business rules communicating any potential impacts.	6 - Creating
	D3.8E Analyse audits and quality checks for payment/funding processes.	4 - Analysing	D3.8I Assess audit outcomes for overall impact on funding of organisation and for development of focused education.	5 - Evaluating	D3.8A Designs systems for planning, managing, and reporting audit activity and outcomes.	6 - Creating
E. Research methods						
E1. Healthcare statistics and research	E1.1E Select and apply research design and methods, epidemiological concepts, and research protocol data management, with the purpose of interpreting and applying	4 – Analysing	E1.1I Evaluate research projects, appraising the appropriateness of proposed research design/methods.	5 - Evaluating	E1.1A Design and conduct original research projects using scientifically sound research design/methods.	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
	research findings.					
	E1.2E Identify, analyse, and interpret data for statistical and research purposes.	4 - Analysing	E1.2I Determine the appropriate statistical methods for complex data analysis, and evaluate relevance to specific research questions.	5 - Evaluating	E1.2A Identify, perform, interpret, and disseminate appropriate statistical analyses on original, unpublished research data.	6 - Creating
	E1.3E Analyse research methods presented in articles, papers or presentations to inform evidence based practice.	4 – Analysing	E1.3I Evaluate and appraise research methods in articles, papers or presentations to facilitate continuous quality improvement and the translation of evidence based findings.	5 - Evaluating	E1.3AReview research methods presented in draft documents and propose changes to ensure scientific integrity and robustness.	6 - Creating
	E1.4E Identify and implement appropriate ethics and research protocols as they relate to health information.	4 – Analysing	E1.4I Evaluate ethics applications and draft research proposals to contribute to the body of evidence in the field of health information.	5 - Evaluating	E1.4A Prepare research proposals, ethics, and grant applications for submission both internal and external to the organisation.	6 - Creating
	E1.5E Analyse and report research findings in appropriate format suitable for presentation and dissemination.	4 – Analysing	E1.5I Evaluate reports of research analysis and findings.	5 - Evaluating	E1.5A Prepare articles of new research findings for peer reviewed publication.	6 - Creating
	E1.6E Arrange datasets by contrasting database queries.	4 – Analysing	E1.6I Perform data linkage between databases to allow appropriate analysis, identifying matching issues.	5 - Evaluating	E1.6A Generate high level data exploration and big data analysis.	6 - Creating
	E1.7E Analyse performance of data integrity checks using appropriate tools.	4 - Analysing	E1.7IEvaluate tools available to assess data quality and integrity.	5 - Evaluating	E1.7I Develop tools to assess data quality and integrity.	6 - Creating
F. Health services organisation and delivery						
F1. Healthcare delivery systems	F1.1E Analyse health care systems' structure, operations and functions for delivery of health care and the impact on information management.	4 – Analysing	F1.1I Evaluate trends in the evolution of the healthcare delivery system to forecast the impact upon health information systems and management processes.	5 - Evaluating	F1.1A Develop and implement recommendations to ensure health information systems respond to changes in the delivery of health care.	6 – Creating
	F1.2E Appraise health information systems and services to support models of care.	4 – Analysing	F1.2I Evaluate and enhance systems to support models of care using health information knowledge and skills.	5 - Evaluating	F1.2A Develop systems to support models of care applying health information knowledge and skills.	6 - Creating
	F1.3E Analyse and respond	4 - Analysing	F1.3I Evaluate the processes for	5 - Evaluating	F1.3A Formulate strategies	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
	to health information requests of internal and external stakeholders.		health information request and adapt to meet stakeholder needs.		that will improve the quality of health information request and response processes.	
	F1.4E Identify the roles and functions of other professional disciplines and domains.	4 – Analysing	F1.4I Evaluate the roles and functions of other disciplines and domains in relation to how they impact or intersect with health information.	5 - Evaluating	F1.4A Design health information systems that support multi-disciplinaryand specialist care.	6 - Creating
	F1.5E Analyse data and statistics regarding resourcing and utilisation of health care services.	4 – Analysing	F1.5I Appraise and communicate data on health care resourcing and service utilisation to clinical, corporate, support, and executive staff.	5 - Evaluating	F1.5A Develop reports that make recommendations to inform clinical, corporate, support, and executive staff regarding resourcing and utilisation of health care.	6 - Creating
F2. Quality, safety, risk management and performance improvement management	F2.1E Analyse and apply quality and safety principles and theory in health care.	4 – Analysing	F2.1I Evaluate quality and performance management in health care utilising quality and safety principles and theory, and communicate findings to stakeholders.	5 - Evaluating	F2.1A Formulate quality and performance management principles and practice in health care using evidence-based practice.	6 - Creating
	F2.2E Examine quality management and performance improvement programs for health information, and report results to stakeholders.	4 – Analysing	F2.2I Evaluate a quality management and performance improvement program and make recommendations for improvement.	5 - Evaluating	F2.2A Create and implement recommendations for a quality management and performance improvement program.	6 - Creating
	F2.3E Analyse and apply organisation-wide quality and safety management and performance improvement programs in line with legislation and standards.	4 – Analysing	F2.3I Evaluate organisation-wide quality and safety management and performance improvement programs in line with legislation and standards.	5 - Evaluating	F2.3A Develop and initiate organisation-wide quality and safety management and performance improvement programs in line with legislation and standards.	6 - Creating
	F2.4E Investigate, analyse, and implement appropriate sources for benchmarking.	4 – Analysing	F2.4I Undertake advanced benchmarking data analysis and evaluation for quality and safety purposes, and disseminate findings to clinical, corporate, support and executive staff.	5 - Evaluating	F2.4A Develop quality and safety programs based on benchmark analysis, and disseminate outcomes to stakeholders.	6 - Creating
	F2.5E Apply quality management tools and analyse data for dissemination to stakeholders in appropriate format.	4 – Analysing	F2.5I Evaluate, adapt and apply quality measurement tools for specific purposes.	5 - Evaluating	F2.5A Develop recommendations based on data from quality measurement tools, engage stakeholders in continual improvement, and	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
					facilitate uptake of the recommendations.	
	F2.6E Collate, analyse, and present data to identify trends that demonstrate quality, safety and effectiveness of health care.	4 - Analysing	F2.6I Evaluate and implement recommendations based on quality and safety data trends.	5 - Evaluating	F2.6A Develop recommendations based on quality and safety data trends.	6 - Creating
G. Health information law and ethics						
G1. Healthcare privacy, confidentiality: disclosure, legal and ethical practice	G1.1E Analyse appropriate legislation and standards to manage access, release and disclosure of identifiable and non-identifiable personal health information.	4 – Analysing	G1.1I Manage, evaluate, update, and implement legislation and standards related to access, amendment, release and disclosure of identifiable and non-identifiable personal health information in response to current laws, regulations and governing organisational standards/policies.	5 - Evaluating	G1.1A Review and resolve matters related to access, amendment, release, and disclosure of identifiable and non-identifiable personal health information within the organisation and other relevant external organisations and committees.	6 - Creating
	G1.2E Examine policies and procedures related to health information management and systems to meet legal and regulatory requirements.	4 – Analysing	G1.2I Evaluate the effectiveness of policies and procedures related to health information management for compliance with legal and regulatory requirements, make recommendations for change where the current policies and procedures require amendment and implement updated policies, procedures and standards.	5 - Evaluating	G1.2A Resolve matters related to the legal and regulatory requirements of health information management and systems within the organisation and other relevant external organisations and committees.	6 - Creating
	G1.3E Identify appropriate education and training programs related to privacy, access to information, confidentiality, and security principles, policies and procedures for health information management systems.	4 – Analysing	G1.3I Evaluate existing levels of knowledge within the organisation, and conduct general education and targeted training programs in the areas of privacy, access to information, confidentiality, security, ethics, and security of health information and management systems.	5 - Evaluating	G1.3A Design organisational-wide education and training strategies for health information and management systems, privacy, access to information, confidentiality, ethics, and security principles.	6 - Creating
	G1.4E Identify privacy, right to information, confidentiality, and security issues and breaches.	4 – Analysing	G1.4I Appraise and make recommendations in relation to privacy, access to information, confidentiality, and security issues	5 - Evaluating	G1.4A Develop processes and systems to investigate breaches and ensure compliance with relevant laws in relation to	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
			and breaches.		privacy, access to information, confidentiality, and security.	
	G1.5E Examine approaches to the collection and use of information that are informed by ethical theories and principles.	4 – Analysing	G1.5I Evaluate ethical issues relating to the collection and use of information, and predict any ethical obligations that may arise in a given situation.	5 - Evaluating	G1.4A Devise appropriate documentation and processes to minimise ethical issues arising from the collection and use of health information.	6- Creating
H. eHealth						
H1. Information and communication technologies	H1.1E Analyse and implement the use of technology, including hardware and software to ensure data collection, storage, display, analysis and reporting of information	4 – Analysing	H1.1I Evaluate and influence the use of technology to collect and store data and produce meaningful reports.	5 - Evaluating	H1.1A Generate complex data algorithms using multiple data collections. Develop system specifications including functional specifications for software for the storage and dissemination of data.	6- Creating
	H1.2EInvestigate and review networks and interchange standards to facilitate communication between information systems.	4 - Analysing	H1.2IRecommend system improvements to improve network and interchange standards and processes.	5 - Evaluating	H1.2APropose network systems to enable efficient information exchange.	6 - Creating
	H1.3HAnalyse standards required for safe and efficient information exchange and storage, including requirements for interoperability	4 – Analysing	H1.3I Evaluate standards required for safe and efficient information exchange and storage, including requirements for interoperability.	5 - Evaluating	H1.3A Propose standards required for safe and efficient information exchange and storage, including requirements for interoperability.	6 - Creating
H2. Data security	H2.1E Select appropriate data integrity and validity techniques, including: authentication, encryption, and firewall methods.	4 – Analysing	H2.1I Monitor software testing, and evaluate results, including: functional, regression, user acceptance and integration testing.	5 - Evaluating	H2.1A Plan a software testing framework to encompass all aspects of testing. Develop policies and specifications for data and identity authentication.	6 – Creating
	H2.2E Analyse departmental and organisational data and information system security policies and processes.	4 – Analysing	H2.2I Monitor incident reporting process for security breaches.	5 - Evaluating	H2.2A Create organisation-wide policies on data and information security including access to systems, email policy, internet use and incident reporting. Respond to security breaches.	6 – Creating
	H2.3E Review and implement elements to be included in the design of audit trail and data	4 – Analysing	H2.3I Appraise data quality, covering the lifecycle of data (creating/gathering, transmitting,	5 - Evaluating	H2.3A Formulate an organisation-wide framework and policies for data quality.	6 –Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
	quality monitoring programs.		storing, reading/analysing, destruction).			
	H2.4E Distinguish the different elements to be included in the design and implementation of risk assessment, contingency planning and data recovery procedures.	4 – Analysing	H2.4I Evaluate and document human, technical, and environmental threats to information and systems.	5 - Evaluating	H2.4A Develop and undertake a risk assessment of key systems, including risk mitigation strategies. Create business continuity plans to ensure continuation of operations during system failure.	6 - Creating
H3. Health information systems and health informatics	H3.1E Categorise the various information systems used in healthcare.	4 – Analysing	H3.1I Appraise the attributes of information systems.	5 - Evaluating	H3.1A Evaluate and recommend an information system.	5 - Evaluating
	H3.2E Examine the role of health informatics in supporting evidence-based practice.	4 – Analysing	H3.2I Critique activities based on evidence-based practice in both paper and electronic media.	5 - Evaluating	H3.2A Develop processes and system content to enable information systems to support evidence-based practice.	6 - Creating
	H3.3E Investigate existing and potential information systems, and recommend changes to streamline service operations and enhance user satisfaction (e.g. socio-technical and ergonomic factors in interface design).	5 - Evaluating	H3.3I Conduct a gap analysis on existing systems comparing the functional capabilities of the old and new system.	5 - Evaluating	H3.3AUndertake regular business analysis and monitor technology developments and make recommendations for upgrades and systems replacements.	5 - Evaluating
	H3.4E Analyse options for converting health information from one medium to another, in line with current legislation and standards.	4 - Analysing	H3.4IEvaluate current policies and procedures to support the case for change and make recommendations in line with the legislation/policy.	5 - Evaluating	H3.4A Create and facilitate change management strategies to enable conversion of health information media.	6 - Creating
	H3.5E Distinguish data modelling, data warehousing and database management systems in healthcare.	4 – Analysing	H3.5IDetermine accurate and consistent data models to ensure data quality and integrity in data warehouse domains, and to allow for extraction, reporting and decision-making.	5 - Evaluating	H3.5ACreate new tools to efficiently and effectively manage and deliver high quality outputs for reporting and publication.	6 - Creating
	H3.6E Analyse the elements of process mapping including workflow analysis and flowcharting techniques.	4 – Analysing	H3.6I Appraise workflow maps to improve future state scenarios for new business practices.	5 - Evaluating	H3.6A Create a process map and articulate to stakeholders to facilitate improved outcomes.	6 - Creating
	H3.7E Analyse organisation compliance with data definitions, dictionaries, and	4 – Analysing	H3.7I Evaluate and test current versions of data definitions and dictionaries, and articulate how	5 - Evaluating	H3.7A Contribute to the development of proposed draft and pilot tools and make	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
	governance principles.		they apply in the healthcare environment within the constraints of governance principles, policies and procedures.		recommendations for improved versions of data definitions and dictionaries. Adapt organisational systems to comply with definitional changes.	
	H3.8E Identify database architecture and design in information systems.	4 – Analysing	H3.8I Evaluate, validate, and recommend best practice models for information system architecture for the organisation.	5 - Evaluating	H3.8A Justify the technical requirements and standards for information systems.	6 - Creating
	H3.9E Select databases/registries that support clinical and operational management of health information.	4 – Analysing	H3.9I Validate current systems to manage data supporting the clinical and operational management of health information.	5 - Evaluating	H3.9A Formulate and implement recommendations to databases/registries to improve: efficiency, currency, timeliness and functionality to facilitate health information exchange, clinical research, performance improvement, and quality measurement initiatives.	6 - Creating
	H3.10E Differentiate the various stages of the information systems life cycle, including systems analysis, design, implementation, evaluation and maintenance of information systems.	4 – Analysing	H3.10I Evaluate the functionality of information systems end-to-end to ensure delivery of state-of-the-art health information systems and processes.	5 - Evaluating	H3.10ADevelop, assess, measure, and test effective training materials to teach the functionality of health information systems and processes to users.	6 - Creating
	H3.11E Analyse the principles of clinical and administrative decision support systems, how data contributes to their use, and governance requirements.	4 – Analysing	H3.11I Determine best practice principles to the implementation and management of decision support systems to ensure smooth delivery of services with a customer focus.	5 - Evaluating	H3.11A Contribute towards the development of decision support systems to ensure alignment with the vision and goals of the organisation.	6 - Creating
I. Health information services organisation and management						
I1. Human resource management	I1.1E Analyse human resource management strategies to facilitate staff recruitment, selection, retention, supervision, succession planning and exit in line with organisation policy	4 – Analysing	I1.1I Appraise and make recommendations for improvement of human resource management strategies to facilitate staff recruitment, selection, retention, supervision, succession planning and exit in line with organisation	5 - Evaluating	I1.1A Construct and implement human resource management strategies to facilitate staff recruitment, selection, retention, supervision, succession planning and exit in line with organisation policy and	6 – Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
	and procedures, and relevant state/territory and national legislation.		policy and procedures, and relevant state/territory and national legislation.		procedures, and relevant state/territory and national legislation.	
	I1.2E Select appropriate staff orientation, training and continuing education programs.	4 – Analysing	I1.2I Select, update and implement staff orientation, training and continuing education programs.	5 - Evaluating	I1.2A Design staff orientation, training and continuing education programs.	6 - Creating
	I1.3E Identify and apply team building principles to managing staff.	4 – Analysing	I1.3I Evaluate effectiveness of team building techniques to managing staff.	5 - Evaluating	I1.3A Devise and implement strategies for effective team building to manage staff.	6 - Creating
	I1.4E Analyse and select methods for effective staff and team supervision, including supervision, motivation and support.	4 – Analysing	I1.4ISupervise, motivate, develop, and support individuals and work teams.	6 - Creating	I1.4A Initiate and develop staff development programs at a departmental or organisational level.	6 - Creating
	I1.5E Analyse staff performance and productivity data and standards for health information functions.	4 – Analysing	I1.5I Evaluate and benchmark staff performance and productivity data and standards for health information functions.	5 - Evaluating	I1.5A Design, implement, and evaluate staff performance and productivity data measures and standards for health information functions.	6 - Creating
	I1.6E Analyse professional development opportunities within the organisation.	4 – Analysing	I1.6I Evaluate performance and development of team members.	5 - Evaluating	I1.6ACreate formal performance and development plans with team members, incorporating professional development opportunities.	6 - Creating
	I1.7E Analyse National and State/Territory workforce related legislation and standards.	4 – Analysing	I1.7I Evaluate and provide guidance on application of state/territory and national workforce related legislation, standards, and procedures.	5 - Evaluating	I1.7A Contribute to the development and implementation of state/territory and national workforce related legislation, standards, and procedures.	6 - Creating
I2. Business/ operations management	I2.1E Analyse the principles of management in the administration of health information.	4 – Analysing	I2.1I Evaluate the application of generic principles of management in the administration of health information services.	5 - Evaluating	I2.1A Integrate generic principles of management in the administration of health information services.	6 - Creating
	I2.2E Examine strategic and operational goals/plans and key performance indicators in line with accreditation and operational management requirements.	4 – Analysing	I2.2I Evaluate and recommend strategic and operational goals/plans and key performance indicators in line with accreditation and operational management requirements.	5 - Evaluating	I2.2ADevise strategic and operational goals/plans and key performance indicators in line with accreditation and operational management requirements.	6 - Creating
	I2.3E Analyse resource and	4 - Analysing	I2.3I Appraise resource and	5 - Evaluating	I2.3A Devise revised processes	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
	business operations, and make recommendations for improvement.		business operations and implement revised processes for functions within the health information service.		for implementation for a department or organisation.	
	I2.4E Examine documents such as briefing papers, business cases or feasibility analysis/studies to inform management decision making.	4 - Analysing	I2.4I Evaluate documents such as briefing papers, business cases or feasibility analysis/studies to inform management decision making within a service.	5 - Evaluating	I2.4A Create briefing papers including recommendations, business cases or feasibility analysis/studies to inform management decision making that has organisation wide impact.	6 - Creating
	I2.5E Identify effective meeting management principles and processes, including terms of reference of a group, agenda development, discussion paper formulation, meeting coordination, and documentation of meeting outcomes.	4 – Analysing	I2.5I Evaluate the effectiveness of the application of meeting management principles, including organising and co-ordinating a meeting, developing terms of reference of a group, preparing an agenda, developing a discussion paper and documenting meeting outcomes.	5 - Evaluating	I2.5A Create and implement meeting management principles, including organising and co-ordinating a meeting, developing terms of reference, preparing an agenda, developing a discussion paper and documenting meeting outcomes.	6 - Creating
	I2.6E Illustrate team leadership skills.	4 – Analysing	I2.6I Evaluate the effectiveness of leadership skills.	5 - Evaluating	I2.6A Create leadership policies for implementation at department and organisational level.	6 - Creating
	I2.7E Support change management principles in health information service environment.	4 – Analysing	I2.7I Evaluate change processes in health information service environment.	5 - Evaluating	I2.7A Design and implement organisation wide change processes.	6 - Creating
	I2.8E Support the adoption of risk management concepts in health information services.	4 – Analysing	I2.8I Conduct a risk management assessment to identify issues in a health information service or system.	5 - Evaluating	I2.8A Design and implement a risk management strategy for the organisation in relation to health information. Respond to identified issues.	6 - Creating
I3. Project management	I3.1E Identify and examine appropriate project management methods and frameworks.	4 – Analysing	I3.1I Evaluate appropriate project management methodologies and frameworks.	5 - Evaluating	I3.1A Design and implement appropriate project management methodologies and frameworks.	6 - Creating
	I3.2E Differentiate process redesign and project management techniques to ensure efficient workflow and appropriate outcomes.	4 - Analysing	I3.2I Evaluate process redesign and project management techniques to ensure efficient workflow and appropriate outcomes.	5 - Evaluating	I3.2A Produce process redesign and project management techniques to ensure efficient workflow and appropriate outcomes.	6 - Creating

Domain/Sub domain	Entry Level Competency Task	Learning Level	Intermediate Competency Task	Learning Level	Advanced Competency Task	Learning Level
	I3.3E Deconstruct a project plan to identify the components for effective project management.	4 - Analysing	I3.3I Support and manage service wide projects or project components to achieve desired outcomes.	5 - Evaluating	I3.3A Create an environment to manage organisation wide projects or project components to achieve desired outcomes.	6 - Creating
I4. Financial and resource management	I4.1E Analyse the principles of budget and accounting processes used in healthcare and operational management within the organisation.	4 – Analysing	I4.1I Evaluate and integrate the principles of budget and accounting processes used in healthcare and operational management within the organisation.	5 - Evaluating	I4.1A Create an environment to manage budgets and accounting processes used in healthcare and operational management within the organisation.	6 - Creating
	I4.2E Investigate budget development and management processes in a health information service environment.	4 – Analysing	I4.2IEvaluate and contribute to budget and management processes in health information service environment.	5 - Evaluating	I4.2A Create and implement budget and management processes in health information service environment.	6 - Creating
	I4.3E Analyse materials required for work processes in a health information services environment.	4 – Analysing	I4.3I Monitor and requisition materials required for work processes in health information services environment.	5 - Evaluating	I4.3A Create and manage work processes in health information services environment for the requisition of materials.	6 - Creating
	I4.4E Examine the components of budgets and service agreements in a health environment.	4 – Analysing	I4.4I Monitor budgets and service agreements in a health environment, and specifically a health information services environment.	5 - Evaluating	I4.4A Forecast and negotiate budgets and service agreements related to health information services or systems.	6 - Creating
	I4.5E Identify cost-benefit analysis techniques to justify resource needs.	4 – Analysing	I4.5I Integrate knowledge of cost-benefit analysis techniques to justify resource needs.	5 - Evaluating	I4.5A Manage outcomes of cost-benefit analysis techniques to justify resource needs.	6 - Creating

Acknowledgements

The HIMAA National Board would like to thank the Education Committee and all the members who contributed to this project.

HIMAA acknowledges the American Health Information Management Association's permission to use the AHIMA 2005 and 2011 HIM Baccalaureate Degree Entry-Level Competencies documents and the corresponding AHIMA Curriculum Maps as primary source documents.