During this interactive session, you will learn from HIM professionals conducting evidenced-based research related to academics and/or practice-based settings. Participants will have the opportunity to interact with HIM researchers and members of the AHIMA Foundation Research Network and discuss research activities adding to the HIM Body of Knowledge, and learn more about research activities currently being conducted by the AHIMA Foundation.

Each presentation will run for an estimated 20 minutes.

**Introduction**  
*William Rudman, PhD, RHIA; AHIMA Foundation, and Susan Hart-Hester, PhD, RHIA; AHIMA Foundation*

**ICD-10 and DSM-5: From Training to Quality Reporting**  
*David Marc, MBS, CHDA; The College of St. Scholastica, Ryan Sanderfer, MA, CPHIT; The College of St. Scholastica, and Brooke Palkie, EdD, RHIA; The College of St. Scholastica*  
The College St. Scholastica in Duluth, Minnesota collaborated with a behavioral and mental health facility on a grant-funded project designed to enhance the implementation and use of ICD-10 and DSM-5 with the facility’s behavioral health EHR. This presentation will explain the development of the collaboration and the projected outcomes and goals for both the academic and industry partner. At the conclusion of this presentation, you will learn how an academic and industry partnership can build a mutually beneficial and supporting relationship for long-term professional and business growth.

**Impact of Electronic Sepsis Prompt Within eICU Telemedicine System on Patient Outcomes and Billed Charges Associated with Sepsis Patients**  
*Angela L. Morey, MSM, RHIA; University of Mississippi Medical Center*  
eICU is a particular type of telemedicine system which utilizes computers, microphones and video equipment at the patient bedside to transmit information to an off-site location where highly-trained nurses and physicians can monitor patient status. The purpose of this research is to understand if the addition of a computerized sepsis alert or prompt to the current eICU telemedicine system will improve patient outcomes and associated costs for those patients diagnosed with sepsis. The overall benefits of alerts or prompts has been documented across various fields of study including the healthcare arena. However, there are multiple factors that must be taken into consideration in order to diagnose a patient with sepsis and with the relatively recent implementation of eICU software, there are few studies that show the impact of computerized sepsis alerts on patients electronically monitored in the ICU. Demographic factors along with patient outcomes including APACHE scores, mortality rates, predicted/actual hospital LOS, predicted/actual ICU LOS and billed charges have been collected from eICU software system reports and revenue cycle reports. The results of this study will help to validate whether computerized alerts detecting patient status versus physician diagnosis of the disease will improve patient care and reduce the need for more expensive medical interventions.

**Perceived Value of Certification and the Registered Health Information Technician Credentialing Examination**  
*Renita Ellis, CCS-P, CPC, CPC-P; DeVry University Online*  
Healthcare delivery systems are more sophisticated, scientific, and complex than in the past and require credentialed health information management professionals to manage them. The demand for credentialed health information management professionals is outpacing their availability in part because large numbers of qualified graduates from appropriate schools are not taking the Registered Health Information Technician examination after graduation. Therefore, the purpose of this study was to examine the value professionals with an associate’s degree in HIT place on the RHIT credentials, and explore whether or not the value of the credential affects the intention to sit for the examination. The rationale to conduct this quantitative design study was to address the value placed on the RHIT credential. The basis of this research was a recommendation by Kellogg (2007) in an exploratory study looking at characteristics associated with test-taking rates on the RHIT examination. Kellogg recognized internal and organizational influences that might explain why graduates did not take credentialing examination, from the perspective of the health information program deans. The study did not include the view of the actual HIT graduate. Therefore, this study looked at factors related to the value of the HIT credential from the graduate’s perspective.
Interprofessional Health Informatics Team Research
Linda Carl, EdD; Research & Education Consultant
The AHIMA Engage Research Community is accessible to the Public to discuss issues related to research, including, but not limited to funding opportunities, grant types, research methodologies, peer-reviewed publications, and criteria. In 2014, the AHIMA Research Community facilitator invited volunteers to form a research Think Tank for the purpose of fostering discussion on innovative research topics. The Tank agreed to administer a Community Assessment to AHIMA Engage Community members to assess how the term interprofessional health informatics team is used in clinical practice. The Council for Excellence in Education (CEE) Research Think Tank Ad Hoc Workgroup was interested in obtaining Community input. The purpose of the anonymous Community member assessment was to gather information from a diverse, large population that included the public consumer, health care providers, administrators, and health informatics and governance stakeholders about how the term interprofessional health informatics team is perceived and used in today's healthcare environment. The assessment was made available to 6000 members and available from May to June 30, 2015. During the Assessment period the membership of the AHIMA Foundation Engage Research Community increased from 500 to 957 members. The Assessment results are being collated for Think Tank review and discussion to determine common themes and to recommend research topics to the AHIMA CEE Research & Periodicals (R & P) Workgroup. The R & P workgroup will evaluate the recommendations and create a research question. The workgroup will then, recruit volunteer core researchers to write a research proposal to submit for institutional review board (IRB) approval. Once IRB approval is obtained, the researchers will collect data and conduct the research with the intent of publishing the findings. The findings will define the term interprofessional health informatics team for use in 21st century clinical practice.

International Collaboration on mICF Grant Funding
Joanne Valerius, PhD, MPH, RHIA; Oregon Health & Science University
During the last year, internationally the need for a mICF has stimulated a large collaboration of researchers, clinicians, and technical staff to develop grant funding proposals. This process, across time zones, language and cultural differences has broadened the speakers knowledge and skill. This presentation will discuss the mICF project, and the skill sets needed for working on this project.

Adaptive Leadership and IG Research Methods
Patty Thierry Sheridan, MBA, RHIA, FAHIMA; Care Communications, and Valerie Watzlaf, PhD, RHIA, FAHIMA; University of Pittsburg
The presenters will describe background information on both leadership research and information governance research and focus the presentation on the methods used by the presenters in conducting research on leadership in HIM. They will also describe the methods used to conduct focus groups on Adaptive Leadership and IG, as well as future research methodologies that can be used when researching leadership in HIM.

AHIMA Foundation and AHIMA Foundation Research Network Update
William Rudman, PhD, RHIA; AHIMA Foundation, and Susan Hart-Hester, PhD, RHIA; AHIMA Foundation