[Title Here, up to 12 Words, on One to Two Lines]

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[Institutional Affiliation(s)]

Author Note

[Include any grant/funding information and a complete correspondence address.]

## Planning for a meeting

The monthly department meeting for a HIM department in any facility providing healthcare facilities is the best way to exchange initiatives and ideas that should be applied in practice. Participants of the meeting can attain direct access to the ways of collaborating with the senior management and discussion of various topics is possible to ensure efficiency.

### Members of the meeting

The monthly meeting for Perry Johnson and Associates in Louisiana Long Term Care Center will comprise of the following members:

1. Manager for Administration and Coordination of the long-term care center
2. Administrative staff and clerks
3. General therapists of the care facility
4. Health IT staff, HIM technicians
5. Healthcare data analyst

### Agenda of the meeting

Establishment of proper guidelines for the confidentiality and proper maintenance of the patients’ records in the care facility. The significance of this agenda is self-evident because it will provide accurate information about specific patients, justify the diagnosis and treatments, and duly promote the care center’s credibility among its competitors.

### The appropriate time to hold the department meeting

The optimal time to hold the meeting between the administration of the care facility and the hospital information and management department is at the end of a working month when the therapy forms and medical records of the patients’ are fully documented and digitally recorded by the administrative staff. At the end of a working month, 3-4 hours from any day can be allocated for this meeting when the workload for all the members of the meeting is relatively low.

## Clinical trial

### Title:

Parkinson’s disease Biomarker Program (PDBP) ("Parkinson's Disease Biomarker Program - Full-Text View - ClinicalTrials.gov," n.d.)

### Official title:

Longitudinal, Single-center Prospective Study to Assess Progression of Clinical Features and Biologic Markers of Parkinson's Disease Subjects of Varying Levels of Disease Severity

### The condition under study:

Parkinson’s disease

### Location of the trial:

UT Southwestern Medical Center, Dallas, Texas, United States

### Recruitment Status:

Completed

### Eligibility criteria:

#### Ages Eligible for Study:

30 years and older (adult, older adult)

#### Sexes Eligible for the study:

All

#### Acceptance of healthy volunteers:

Yes

### The phase of the trial:

Phase I.

### The opinion of the clinical trials:

Clinical research is very important for the discovery and potential development of new medicines but whatever works in the laboratory on mice and test tubes do not always successfully translate to humans. Many trials have to be completed before a new product or medicine is launched in the market for human use.

### Pros and Cons of the trial:

The use of biomarkers is a definite advantage for the trial because it can help identify Parkinson’s disease even before the appearance of motor symptoms or when neuro-degeneration in an individual is about to begin (Berg, 2008). The biomarkers can also help to avoid misdiagnosis in the patients of Parkinson’s disease which is a common occurrence.

However, it is unlikely that any single biomarker will satisfy all needs for higher quality Parkinson’s disease neuroprotection trials. Furthermore, validity and generalizability criteria are not well delineated in the biomarker field which proves to be a limitation of this trial.

### Use of human subjects in the trial:

Three categories of patients were employed in the trial:

1. Previously treated Parkinson’s disease patients
2. Previously untreated Parkinson’s disease patients
3. The healthy age-matched control group

As this clinical trial is an attempt to study and research a neurodegenerative disease with varying rates of the age of onset and decline in the level of quality, therefore the use of human subjects in the trial is inevitable.

## Federal labor regulation regarding healthcare

The Occupational Safety and Health Act (1970) which ensures the workplace environments to be safe and healthy was not adhered to in a recent incident (*Occupational Safety and Health Act - (1970).pdf*, n.d.). Following the report of the incident, U.S. Department of Labor charged AB Specialty Silicones with penalties amounting to $1,591,176 when four of its employees died in a plant explosion (“U.S. Department of Labor Issues $1,591,176 in Penalties To AB Specialty Silicones After 4 Fatalities in Illinois Plant Explosion | Occupational Safety and Health Administration,” n.d.).

## Project management life cycle and tools

The project management life cycle consists of the following phases:

1. Initiation: This phase may include the development of a business case, setting up a project office or a charter, performing a phase review or appointing a competitive project team.
2. Planning: This phase of project management includes the creation of project plans, risk plans, acceptance plans, or issuing statement plans or requesting information.
3. Execution: The third stage may entail building deliverables or whatever the project demands.
4. Monitoring and control: Performance of time management, change and risk management, and control of quality and quantity can be some of the activities of monitoring and evaluation.
5. Closure: Project closure and periodic review of project completion are the finals steps of project management.

## Budgeting and supplies (Questions and Answers)

1. Revenue and expenses for releasing information within a hospital or clinic would include the costs for hardware, software, maintenance, personnel required for the project, materials, consulting fees, travel charges, etc. Some assumptions before starting might be the heavy bulk of workload if the services are provided from in-house. The in-house requests for ROI would require: invoicing, taking status inquiries over the phone, and other non-technical tasks as well. The things considered before evaluating an ROI contract would be the potential interaction of ROI employees' with the patients, engagement of the patients, and their guidance regarding the release of information within a hospital.
2. The pros of the release of information in-house are the maintenance of high service levels, validation of requests, location of relevant records, and determination of the correct information to release. On the other hand, the in-house release of information services also have disadvantages regarding the heavy workload and collection of fewer rates of fees. The pros of out-sourcing this task is that the hospitals lose much of the unwanted hassle of gathering records and files for patients, physicians, accounting departments, and other government agencies. Other benefits of out-sourcing ROI include savings across the board, security, and compliance. The disadvantage, in this case, is the potential loss of service control and associated revenue.
3. If the return on investment from in-house training is positive, then it is evident that the training is working. Observational analysis of the current employees, staff appraisals, costs of the training programs and associated costs would be needed for in-house training. The supplies included might entail manpower, training agencies, hardware, software, extra material, writing material, maintenance costs, etc. the accounts that would be needed to set up will be the revenues and expenditures accounts and a separate account will also be maintained in which miscellaneous costs will be included. The increase or decrease in the number of the above-mentioned supplies or manpower can cause a variance in the budget.
4. If I were a supervisor over the release of information within a hospital or a clinic, I would prefer out-sourcing it because I am chiefly interested in partnerships for the efficient running of the hospital management and the privacy of patients' information.
5. Wisconsin health system, Marshfield (Wis.) Clinic Health System and Pennsylvania Hospital are some of the companies which are currently outsourcing their release of information.
6. Accounting methodology:
* Annual project cost for in-house training
* Cumulative project-cost for in-house training
* Total annual benefits
* Total cumulative benefits
1. Things to be added to the budget will be project cost components, IT cost components, cost of analytical applications, etc.

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The manager should keep a delegation attitude and ask himself that who else can do this task if an employee is not performing the task adequately.

 A manager should provide training and guidance, define the authority level, monitor progress and give regular feedback to ensure the success of a new employee.

Health information management directors: Trained for the business aspect of the health data

Health information management supervisors: Guidance, oversight, and workflow of the junior staff

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I would like to get enrolled in the Career theatre and fair someday as a volunteer activity (“Volunteer Program At Convention,” n.d.).

References

Berg, D. (2008). Biomarkers for the Early Detection of Parkinson’s and Alzheimer’s disease. *Neurodegenerative Diseases*, *5*(3–4), 133–136. https://doi.org/10.1159/000113682

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