“I’m dying over here!”... How to justify additional Trauma Registry FTE
Heather Finch, MSN, RN, CEN, TCRN; Rochelle Flayter, MSN, RN, CCRN-K, TCRN

Problem or challenge:
The American College of Surgeons (ACS) recommends a ratio of 1.0 FTE trauma registrar for every 500-750 trauma registry patients. The hospital transitioned from a Level II to a state designated and ACS verified Level I trauma center. Volume growth was appreciated prior to site visit, however, magnified after the official Level I announcement, demonstrating an increase of 20% patient volume over 9 months (Figure 1). Over the same time period, a sister hospital that is a Level III state designated trauma center and shares registrar staff, also experienced 18% growth (Figure 2). The registries were unable to meet the abstraction demands in a timely fashion in addition to other job duties falling to a 60 day + registry backlog. A time study was completed to assess factors that affected trauma registrar productivity, which resulted in a request for an additional 1.5 FTE trauma registrar positions.

Description:
An action plan was developed to justify additional FTE requests, which included trauma registry criteria, but also included additional patients who were entered into the registry for other data gathering and research purposes. This resulted in an “all patients touched” number. Secondly, a detailed time study was performed to include all daily duties for a 1-week period of time for each registrar, beyond data abstraction. This data was then translated into time and used to justify additional FTE requirements (Table A). This information was then submitted to senior leadership to support the requisition requests.

Effectiveness:
We used a 1:500 ratio and justified the lower threshold related to ICD 10 and acuity increase. This produced a baseline FTE requirement for current state abstraction of trauma registry patients.

Additional data points were incorporated to include:
- Patient identification process and entry into database of all patient contacts.
- Required department meetings and education.
- Inter-rater reliability validation.
- Miscellaneous tasks. These additional components justified another 2.0 FTE based on annualizing time.

After approval of additional 1.5 FTE, we were able to reduce the registry backlog from over 60 days down to a concurrent status within 7 months.

Sustain the change:
We continue to review registry processes using LEAN methodology to reduce waste, we have also shared this methodology with another hospital. This resulted in justification of an additional trauma registrar of 1.0 FTE, lending support that this is an effective tool.

Table A

<table>
<thead>
<tr>
<th>Required Duties</th>
<th>Time</th>
<th>Description</th>
<th>Total FTE requested</th>
<th>Actual FTE requested</th>
</tr>
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<tbody>
<tr>
<td>Level III</td>
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Figure 1 Level I Trauma Registry Volume

Figure 2 Level III Trauma Registry Volume