Moving to a Concurrent Trauma Registry in a High Volume Level I Trauma Center

Reference No.: 108799
Category: Registry
Authors: Beth Broering, MSN, RN, CEN, CCRN, CCNS, FAEN; Kelley Rumsey, MS, RN, CEN, ACNP-BC, PNP-BC; Lee Van Sise, RN, CEN; Mary B. Davies, CAISS; Karrie Propst; Angela Gronlund, MSN, RN, RNC-NIC, CPNP; Robyn Axlund, CPC, CCA; Marie Golden; Tonja R. Shumaker
Medical Institution: Virginia Commonwealth University (VCU) Medical Center

What is the problem or challenge you identified?
VCU Medical Center is an ACS Verified Level 1 Adult and Pediatric Trauma Center. Entering more than 4500 cases annually, in 2014 our registry team was working retrospectively and we were behind in our case volumes. Additionally, based on ACS registry volume standards, we were "short" 2 registry FTE's. Using the registry for performance improvement, research or current statistical trends was nearly impossible.

Describe the intervention you developed/change you implemented to address the problem:
We received approval for 1 additional FTE in early 2014 and a second FTE in early 2015. In the last quarter of 2014 and 1st quarter of 2015, our team re-designed some of our registry "screens" to be able to concurrently capture initial patient information. We reviewed, revised, and clarified data points where variability existed and we eliminated the collection of custom data points that were not actively being used for PI, research, or other institutional specific projects. A new position, Trauma Registry Operations Coordinator was hired to lead registry operations and PI. Weekly meetings were held with the registry team to discuss data points, clarify definitions or questions, and report status of the registry. In February 2015, the registry team moved to a fully concurrent method of data collection. A new registry manual was created so that each registrar has a handbook specific to our institution's registry data points, where data is found in our EMR, etc. Productivity standards were developed and agreed upon.

How did you measure the effects of the change?
Each week, the trauma registrars are given a status report on the overall status of the registry: percentage of cases not started, percentage of cases open and percentage of cases closed. Individual reports are also shared with the team members. After only 3 months, we are now greater than 90% of cases closed within 2 months of discharge. We have a "young" registry team who are eager to be successful. We continue to meet weekly to discuss data collection and motivate one other to excel. The registry team now attends our PI meetings and shares issues and areas of concern. They are now able to report on our audit filters and complications in "real time"

How did you sustain the change?
We are still very early in our registry process improvement initiative but continue to improve each week with aspects of concurrent data collection. We will continue to monitor and make additional improvements in processes to ensure sustained success.