

Top 3 Results of Registry Understaffing

A 2011 survey of 662 hospitals participating in a specific registry program found that 1) they averaged more than 1,300 new cases a year, and 2) for every increase of 500 new cases, their staffing requirement increased by about one FTE. Yet despite the growing workload, nearly two-thirds of registries had two or fewer FTEs.

Missed Deadlines or Harvest Dates

Understaffing is a major factor in why these hospital programs were unable to complete 1 in 5 cases within the target completion date of 6 months.ⁱ



Refocused Resources and Lost Time

This convergence of registrar staffing shortages and increasingly difficult caseloads also causes adverse effects felt throughout the health system. For example, hospitals must take more nurses off the floor for registry reporting responsibilities. A recent survey of nurse managers found that more than 50% were very concerned about the impact of staffing shortages on quality of care, patient satisfaction, medical errors, staff turnover and budgetary issues.ⁱⁱ And physicians likewise must spend more time entering registry data or becoming involved in cases that were not properly completed.

Inaccuracy

Perhaps the most damaging effect of registrar understaffing is that the data submitted to registries is too often delayed, incomplete or inaccurate. A recent study by Johns Hopkins researchers concluded that the patient outcome data from most U.S. clinical registries is substandard. The study's senior investigator noted that "our results highlight the acute need to improve the way clinical outcomes data are collected and reported."ⁱⁱⁱ

The integrity and timeliness of registry data is vital to hospitals and medical specialties as the foundation for reducing unwanted variations in care, improving patients' outcomes and lowering costs. For example, a robust clinical registry populated with reliable information can tell doctors in real time what medications work well and which are harming patients.^{iv} Conversely, poor data quality can adversely affect a hospital's standing with patient registries, undermine its reputation in certain disease areas and weaken its ability to attract and retain elite physicians.



Introducing the first solution that completely eliminates staff shortage concerns.

The Q-Centrix Registry Solution is unlike any other. Trust the largest team of quality information specialists in the nation to manage your quality data so that you can refocus your team on quality of care and patient satisfaction. Our solution offers intuitive technology that requires little to no training time. The Universal Registry Solution includes reporting to keep your clinical team at the top of their licenses, while submitting data to the Society of Thoracic Surgeons (STS) and the National Cardiovascular Data Registry (NCDR). Our solution eliminates staff shortage concerns and gives time back to your team.

ⁱ http://www.ncra-usa.org/files/public/NCRAWorkloadStaffing_Summary.pdf

ⁱⁱ <http://www.beckershospitalreview.com/human-capital-and-risk/rx-for-healthcare-s-big-headache-nurse-scheduling-and-staffing.html>

ⁱⁱⁱ http://www.hopkinsmedicine.org/news/media/releases/study_questions_quality_of_us_health_data

^{iv} http://www.hopkinsmedicine.org/news/media/releases/study_questions_quality_of_us_health_data