



# Meeting the 2022 ACS trauma registry **staffing requirements**

Updated to reflect the December 2023 revision

## Introduction

In 2022, the American College of Surgeons (ACS) released a new set of requirements for trauma centers: *Resources for Optimal Care of the Injured Patient (2022 Standards)*, also known as the gray book. As these updated requirements took effect in September 2023, hospitals must take action to avoid losing ACS verification. Given the sweeping impacts that losing this verification could potentially have—which may affect areas such as community standing, physician recruitment, patient volume, or revenue—it is vital that hospital leaders start preparing now. However, complying with these revised guidelines may prove challenging, whether due to budgetary strain or time commitments for existing staff.

This guide examines standards 4.31 through 4.34, which center on requirements pertaining to staffing levels, certification, and continuing education for trauma registry staff. In addition to outlining new changes in these standards and their implications for trauma centers, this guide discusses how hospital leaders can ensure their trauma center meets these requirements without the burden of hiring and training additional staff.

**This guide focuses on ACS standards 4.31-4.34 only and is not representative of all requirements in *Resources for Optimal Care of the Injured Patient (2022 Standards)*. To see all ACS standards effective September 2023, please refer to the ACS Gray Book [here](#).**

ACS periodically releases updates to their standards. This guide reflects the December 2023 revision of the 2022 ACS standards.



## Key registry requirements from the 2022 ACS guidelines



### FTE staffing

Trauma centers must have at least 0.5 FTE dedicated to the trauma registry per 200-300 annual patient entries, which amounts to 1 FTE per 400-600 annual patient entries. This is a change from prior guidelines, which had defined registry staffing at 500-700 patient entries annually per one registrar. Because this guideline reduces the number of annual patient entries per registrar, hospitals may need to hire more registry staff to fill the gap—which may pose a challenge. In fact, when surveyed about which new ACS requirements may be most difficult to meet, nearly half of U.S. trauma professionals cited the new volume-based FTE requirement as the biggest challenge for their program.<sup>1</sup>



### Certified Abbreviated Injury Scale Specialist (CAISS) certification

CAISS certification is now a requirement for at least one registrar at each site. The December 2023 revision notes that combined adult and pediatric programs can share the CAISS certified registrar. Even so, certification can be costly: courses cost up to \$750 per person and each test costs \$350. If registrars do not pass on the first try, the cost of additional tests must be factored in as well. This certification also requires an ongoing expense given that certified individuals are required to retest every five years to maintain their certification.

These tests are offered on a limited schedule, which may be tricky for registrars to plan around and make

time for. CAISS certification testing is offered twice per year, in the spring and the fall. 2024 testing windows are March 9 – March 23 and September 7 – September 21.



### ICD-10 course participation

Registrars must participate in an ICD-10 course or an ICD-10 refresher course every five years. ICD-10 refresher courses cost \$275, making this another expense hospitals will need to incorporate into their budget.

The training process for ICD-10 coding, particularly for registrars with little experience, can be very involved. ACS offers a trauma-specific ICD-10 course for \$640, and it can take one to two years for a new registrar at a Level 1 or Level 2 trauma center to get up to speed and start coding quality information. This timeline is shorter for other levels: at Level 3 or Level 4 centers, a new registrar may take about six months to get up to speed, and a new registrar at a non-trauma center may take about three months.



### Continuing education (CE)

All trauma registrars must accrue at least 24 hours of trauma-related CE during the verification cycle. CE costs add still more to hospitals' overall spend on training and educating registrars. These registrars must also allot for the time CE requires, which may cut into the time needed for their usual duties.

<sup>1</sup> Trauma System News. "As ACS rolls out new trauma standards, program leaders eye resource demands" (February 18, 2022). <https://trauma-news.com/2022/02/as-ac-rolls-out-new-trauma-standards-program-leaders-eye-resource-demands/>.



## >> How Q-Centrix can help

Hiring and training new registrar staff to meet the new ACS guidelines is a large undertaking, and many hospitals may lack the resources to do so. Fortunately, there is an alternative way for hospitals to meet these guidelines. Rather than hire and train new staff themselves, hospitals can rely on a third-party partner such as Q-Centrix to fill the gap. Q-Centrix is well-equipped to provide hospitals with qualified supplemental staff, thus helping hospitals in several key areas:

- **Meeting staffing requirements.** In keeping with the new guidelines, Q-Centrix ensures that a minimum of 0.5 FTE trauma registry staff are dedicated to the partner hospital for every 300 annual patient entries to the trauma registry.
- **Meeting certification and education requirements.** All Q-Centrix trauma registrars have at least two years' experience in the registry and have completed the necessary training requirements. At least one Q-Centrix trauma registrar working with each partner hospital is CAISS-certified, and all Q-Centrix trauma registrars adhere to all new ACS requirements for ongoing education and class refreshers. Q-Centrix trauma registrars have received extensive training, including:
  - Abbreviated Injury Scale (AIS) course
  - American Trauma Society (ATS) trauma registry course
  - ICD-10 training
  - Maintaining annual Trauma Quality Improvement Program (TQIP) education
  - Participating in an ICD-10 course or an ICD-10 refresher course every five years
  - Obtaining 24 hours of trauma-related CE per verification cycle
- **Ensuring high data integrity.** Q-Centrix's commitment to quality ensures high data integrity in partner hospitals' trauma data programs. Q-Centrix maintains a 97 percent inter-rater reliability rate—higher than the trauma industry standard of 90-95 percent. This 97 percent standard applies to all data elements within the registry (e.g., AIS coding, ICD-10 diagnosis coding, ICD-10 procedure coding, ICD-10 locations codes, etc.).
- **Meeting internal facility standards.** Q-Centrix understands that different facilities may set different quality standards. Whatever internal standards and requirements hospital partners have in place, Q-Centrix is committed to learning these requirements so that trauma registrars can help hospitals meet them.



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## About Q-Centrix

Q-Centrix believes there is nothing more valuable than clinical data—it is critical in delivering safer, consistent, quality healthcare for all. Providing the industry's first Enterprise Clinical Data Management (eCDM™) platform, Q-Centrix utilizes its market-leading software, the largest and broadest team of clinical data experts, analytics and reporting data structure, and the best practices from more than its 1,200 hospital partners to curate meaningful, high-fidelity, complete, and secure clinical data. Its solutions address a variety of clinical data needs, including regulatory, cardiology, oncology, trauma, research and more. For more information about Q-Centrix, visit [www.q-centrix.com](http://www.q-centrix.com).



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One North Franklin, Suite 1800 | Chicago, IL 60606  
[q-centrix.com](http://q-centrix.com)