STATEWIDE CARDIAC DATA MANAGEMENT FTE ALLOCATION RECOMMENDATIONS

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FTE Supplement Calculator

EXECUTIVE SUMMARY

This document provides recommendations for the allocation of Ful-Time Equivalents (FTEs) across various cardiac data registries within our state. The aim is to optimize resources to effectively manage the workload, enhance data quality, and ensure staff well-being. The recommendations are based on an analysis of average times spent on chart abstractions, including both clean and difficult charts, as well as the additional hours spent on other tasks and meetings related to each registry.

ANALYSIS OVERVIEW

Our analysis focused on key registries including the ACC CathPCI Registry, ACC Chest Pain MI Registry, STS, and several others categorized under "Other" with specific focuses like LAAO, TVT, and Carotid. Each registry's workload was evaluated based on the average time required for chart abstractions and the total hours per month spent on related activities.

A survey was conducted to assess the current FTE allocation of Cardiac Data Managers across the state of Virginia.

Objective:

The primary objective of the survey was to gather comprehensive data on the workload and resource allocation of cardiac data managers across different registries in the state. The aim was to develop a set of standardized recommendations for FTE allocations that would ensure efficient management of workload and consistency in data quality and compliance.

Methodology:

Participant Selection:
Participants were selected from various healthcare organizations statewide that manage cardiac data registries. The selection aimed to cover a wide range of registries including the ACC CathPCI Registry, ACC Chest Pain MI Registry, STS Registry, and other specialized registries like Heart Failure ACC, LAAO, TVT, and Carotid.

Data Collection:
A structured survey was distributed to cardiac data managers. The survey included questions about:

- The number of Full-Time Equivalents (FTEs) dedicated to their registry.
- Average time spent on clean and difficult chart abstractions.
- Time spent on other tasks associated with managing the registry, such as meetings, education, data cleaning, quality checks, and compliance activities.
- Whether data abstraction was outsourced to a third party.

Data Analysis:

- Data from the surveys was compiled and analyzed to determine the average time spent on various tasks per registry.
- The analysis also looked at the relationship between the number of FTEs and the workload, assessing whether current FTE allocations were sufficient to manage the workload effectively.

Benchmarking:

- Benchmarks were established based on the data collected for average time per chart, total workload hours, and current FTE allocations.
- These benchmarks were used to identify registries where current FTE allocations did not align with the workload, suggesting areas where adjustments were necessary.

Key Findings:

- Several registries were found to be under-resourced given the complexity and volume of data management tasks they were responsible for.
- The survey highlighted a significant variation in time required for chart abstraction across different registries, influenced by the complexity of cases and the specific demands of each registry.

Recommendations Development:

- Based on the analysis, recommendations were developed for each registry to optimize FTE allocations. These recommendations considered the total workload, the complexity of tasks, and the need for additional resources during peak periods.
- Suggestions for regular review and adjustment of FTEs were also made to ensure that staffing levels continue to meet changing demands.

Conclusion:
The survey provided a data-driven foundation for developing recommendations to enhance the efficiency and effectiveness of cardiac data management across the state. These recommendations aim to standardize processes, improve data quality, and ensure that cardiac data managers have the resources needed to manage their workloads effectively.

Registry	Average Chart Time (min)	Charts per Hour	Charts per Month per FTE
ACC CathPCI	32.5	1.85	296
ACC Chest Pain MI	122.5	0.49	78.4
STS	90	0.67	107.2
CP Accreditation (ACD)	22.5	2.67	427.2
Other (Heart Failure ACC)	22.5	2.67	427.2

REGISTRY-SPECIFIC RECOMMENDATIONS

ACC CATHPCI REGISTRY:

Recommendation: 2.0 FTE based on the extremely high monthly workload of 402 hours, which includes significant time spent on additional tasks.

Justification: This registry shows a high variability in chart complexity which demands more dedicated resources.

Additional Tasks Performed:

- Data Scrubbing/Cleaning: Ensuring the accuracy and completeness of the data captured.
- Meetings and Education: Participating in meetings related to process improvements and educational sessions on updates or new protocols.

- Report Generation: Preparing reports for internal and external stakeholders.

Benchmark Average Time Per Chart: 40 minutes (combining clean and difficult charts where applicable)

Benchmark Monthly Workload: 350 hours (covering all tasks, including data abstraction, meetings, and education)

Benchmark FTE Allocation: 2.0 FTEs -

ACC CHEST PAIN MI REGISTRY:

Recommendation: 1.8 FTE to better manage the monthly workload of 402 hours

Justification: Ensuring sufficient staffing to handle complex charts and related activities will improve data management efficiency and reduce errors.

Additional Tasks Performed:

- Data Scrubbing/Cleaning: Ensuring the accuracy and completeness of the data captured.
- Meetings and Education: Participating in meetings related to process improvements and educational sessions on updates or new protocols.
- Report Generation: Preparing reports for internal and external stakeholders.

Benchmark Average Time Per Chart: 60 minutes (due to the complexity of MI patient data)

Benchmark Monthly Workload: 350 hours

Benchmark FTE Allocation: 1.8 FTEs

STS REGISTRY:

See STS Recommendations

OTHER REGISTRIES (IMPACT, HEART FAILURE ACC, LAAO, TVT, CAROTID):

Recommendation: Assess each registry individually; however, consider a minimum of 0.8 FTE for registries with an average of over 50 minutes per chart.

Justification: Smaller specialized registries also require adequate staffing to manage detailed and complex data abstraction processes effectively.

Additional Tasks Performed:

Impact Registry:

- Stakeholder Engagement: Regular updates and meetings with stakeholders involved in the Impact study.
- Data Analysis for Impact Assessment: Analyzing data to assess the impact of interventions.

Heart Failure ACC:

- Patient Tracking: Tracking patient outcomes and interventions for heart failure cases.
- Educational Workshops: Conducting workshops to educate staff on heart failure management.

LAAO Registry:

- Device Tracking: Monitoring and documenting the use and outcomes of LAAO devices.
- Research Data Collection: Collecting data for ongoing research related to left atrial appendage occlusion.

TVT Registry:

- Procedure Documentation: Documenting details of transcatheter valve therapies.
- Outcome Analysis: Analyzing patient outcomes post-procedure to contribute to national datasets.

Carotid Registry:

- Risk Factor Analysis: Analyzing patient risk factors and outcomes for carotid interventions.
- Registry Maintenance: Regular updates and maintenance of the carotid registry.

Other Registries (Impact, Heart Failure ACC, LAAO, TVT, Carotid):

Impact Registry:
Benchmark Average Time Per Chart: 45 minutes
Benchmark Monthly Workload: 100 hours
Benchmark FTE Allocation: 1.0 FTE

Heart Failure ACC:
Benchmark Average Time Per Chart: 50 minutes
Benchmark Monthly Workload: 90 hours
Benchmark FTE Allocation: 1.0 FTE

LAAO Registry:
Benchmark Average Time Per Chart: 50 minutes
Benchmark Monthly Workload: 80 hours
Benchmark FTE Allocation: 0.6 FTE

TVT Registry:
Benchmark Average Time Per Chart: 75 minutes
Benchmark Monthly Workload: 70 hours
Benchmark FTE Allocation: 0.8 FTE

Carotid Registry:
Benchmark Average Time Per Chart: 52.5 minutes
Benchmark Monthly Workload: 60 hours
Benchmark FTE Allocation: 0.5 FTE

GENERAL RECOMMENDATIONS

Outsourcing Strategy: Evaluate the feasibility of outsourcing for registries experiencing periodic spikes in workload. This approach can offer flexibility without the long-term commitment of increasing FTEs.

Regular Review Process: Implement a bi-annual review of workload and FTE efficiency to adjust allocations as necessary based on evolving data management requirements and registry expansions.

Training and Development: Increase focus on ongoing training and development to ensure data managers are equipped to handle the complexities of various registries, improving overall data quality and timeliness.

GENERAL BENCHMARKS FOR ALL REGISTRIES

Data Quality: Ensure a data error rate of less than 0.5% per registry, which emphasizes the accuracy in data entry and abstraction.

Compliance with Reporting Deadlines: Aim for a compliance rate of 100% regarding the submission of registry data in accordance with national and state deadlines.

Staff Training and Competency: Maintain a mandatory biannual training schedule to update staff on best practices and technological advances in data management and to ensure a competency rate of 100% as assessed by annual reviews.

These benchmarks are designed to guide the effective use of resources and to standardize performance across all cardiac data registries. They should be reviewed and adjusted annually based on new data, changing technologies, and evolving best practices in cardiac care data management.

CONCLUSION

Adopting these recommendations will enable a more balanced workload distribution among cardiac data managers, reducing burnout and improving data management outcomes across the state. Our goal is to ensure that every registry operates efficiently and that staff resources are aligned with the demands of their respective tasks.