Showing Our Value In $ and ¢

by Jim Berry, ATC, SCAT, EMT

When I arrived at Myrtle Beach (S.C.) High School in July of 1991 to become the head athletic trainer, I inherited a sports medicine program that had seen five athletic trainers in the past six years. I found a sparse training room, scattered and scarce supplies, and no medical records on any athlete. Realizing I would be starting a program from the ground up, I started a records system similar to the one I had helped establish in my previous position as an assistant trainer with Lorin Cartwright at Pioneer High School in Michigan.

The records system is based on having a separate file for each individual who participates in athletics at our high school and middle school. The file is established when the athlete turns in a sports physical form to my office or is seen for an injury, which requires an injury report to be filed. This file remains active until the athlete graduates from the high school or transfers. The file is then held as "inactive" for three years before it is destroyed.

The computer plays an important and active role in our records system at MBHS. All athletic injury reports are recorded using the Alfie Injury Management System and an Apple II Computer. (Next year we will be upgrading to a Macintosh system and the new AIM software.) This system allows us to determine each month how many initial evaluations we made without digging through the hard copies of the injury reports. Valuable statistics on types of injuries, times of injuries, surface conditions, and whether or not one certain sport is suffering more injuries than should be expected are a few examples of what can be obtained from computerized data.

In addition to the Alfie System, I have established a database using Microsoft Works and the Macintosh computer to keep track of my athletes' medical files and to determine which athletes have valid, up-to-date physicals. Athletes listed on the database have a corresponding folder on file in the training room. I have found this database to be very valuable, especially at the beginning of each season. By simply comparing a roster list from the coach with my database, I can determine within minutes those athletes who have turned in valid physicals for the current year.

The next important ingredient in my system is a Daily Injury Log that is standard in almost all training rooms. Our injury log takes on added importance, however, because we use it to track the number of visits and treatments

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we have done each month.

The log is written in column form. The first column is for the date and the second for the name of the athlete treated.

Next comes the the sport column. I have standardized the abbreviations for all of our sports and related school organizations. For example, varsity football is "VFB," while varsity baseball is "VBS." Following the sport column is the body area column, then the injury column.

Like the sport codes, I have numerically coded the 20 most commonly seen injuries in our training room. When an athlete is seen for a sprain, for example, the code is 01. The next nine columns on

the log are assigned to the most common types of treatments we do in the training room. They include cold packs, hot packs, cold whirlpools, warm whirlpools, electrical stimulation, ultrasound, reha-

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bilitation, taping, and first aid/wound care.

The final column on the log provides a place for the athletic trainer who cared for the athlete to sign his or her initials. If there are questions later or a coach

wants to verify an athlete received treatment, the trainer can be tracked down.

Finally, I keep a record of the number of hours I work each day in the training room or covering athletic events, allowing me to show the average number of hours I am putting in per day, week, month and year.

The cost analysis studies that I do at MBHS use information garnered from the Alfie Injury System, the injury log, and the time I have worked. I include a monthly analysis as part of a monthly report on training room activities that I give to my athletic director and principal.

By telling the computer to select only those records with injury dates for the

Showing Our Value (cont.)

given month I am looking at, I can determine the number of initial evaluations I did during that month. The computer also gives me a printed report of how many injuries were suffered by each sport, number of practices and games missed, and specific information about the body location of and types of injuries suffered by our athletes.

In addition, I have my student trainers total the number of athletes listed in the injury log for the month and each of the treatment columns. This information tells me how many athlete "visits" we had during the month and how many of the different treatments we gave. (Note: Any time an athlete comes into your training room and requires treatment from you or a student trainer, record it as a visit. We do not, for example, record requests for Band-Aids, etc., unless that request requires us to clean and dress the wound.)

I then use this information and convert our training room services into a dollar value. I use cost averages determined from surveying local physical therapy centers because if I were not working within the school, our athletes would have to be seen in a physical therapy or sports medicine center to receive the same type of care.

By taking the monthly totals and multiplying them by the average cost for the same types of treatment in a clinical setting, I can determine the cost savings to our athletes for any given month or year. (For example, in my area the average charge for an initial evaluation is $30. I take the total number of initial evaluations I do for a given month and multiply it by $30 for a total dollar amount.)

These savings are included in my monthly reports and give my athletic director and principal a monthly reminder of the huge savings that we are providing our athletes when my salary and the expense of our sports medicine program are compared to the costs for similar services on the open market.

In addition to the monthly cost savings, I keep a running tabulation for the

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school year for each part of the analysis included in the monthly report. For example, this year (1992-93) we have had nearly 1,600 visits to the training room, performed over 200 initial evaluations, and have seen a cost savings of more than $60,000 with two full months yet to go in the school year.

I would like to encourage all of my colleagues in every setting to do a similar evaluation. My experience has been that "money talks and people listen," especially school administrators. Athletic trainers in our school district were spared being laid off during a budget cutting process in the summer of 1992 simply because the numbers showed it was more cost effective to have athletic trainers in the schools than it was to not have them.

If you do not have a good medical records system in place, start one today. Make sure each athlete has an individual file. Get a computer and computerize all of your records — injuries, physicals, insurance, and anything else that is important to your overall sports medicine program.

Do a monthly cost analysis. Give a copy of that report to your athletic director, principal, or whomever you may report to, and explain why you are doing it. At the end of the year, do an analysis which shows the total savings for the school year. Many of you would be shocked to see how much of a savings you are providing for your athletes, compared to the cost of running your program and paying your salary.

It is my sincere belief that cost analysis studies will be the foot in the door for athletic trainers at the high school level across the country.

Athletic trainers can preach until they are blue in the face about how we can save lives, reduce injuries, and improve health care for high school athletes, but it will make no difference to many school boards and administrators. What does make a difference is showing unequivocally the "bottom line" in dollars and cents.

It's time for athletic trainers, especially those of us at the high school setting, to go on the offensive and show in plain dollars and cents how valuable we are. You would be surprised at who is willing to listen and act on what we have to say. ■