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BACKGROUND

The UF Health Cancer Center Clinical Research Office (CRO) is rapidly expanding and currently staffed with 24 Clinical Research Coordinators (CRCs). The CRC role continues to evolve with the increasing complexity of studies and growing administrative responsibilities. Historically, a CRC's assigned trials were aligned with their designated Disease Site Group (DSG) without taking into account staff workload. This led to workload imbalances and perceptions in inequity that had a negative impact on trial operations and subject management.

GOALS

The Coordinator Workload Report was designed to provide objective and automated reporting of coordinator assignments with the ability to identify trends and predict future workload capacity. A major goal was to improve job satisfaction, protocol compliance, and subject safety by identifying and establishing acceptable workloads for CRCs. This report is used to inform staffing needs, including hiring of incremental staff and/or reassignment of existing staff. Reporting has also allowed leadership to quantitatively measure effort in a manner other than simply counting accruals.

SOLUTIONS & METHODS

A CRO working group reviewed multiple existing tools including the NCI Trial Complexity Elements & Scoring Model, the Wichita Protocol Acuity Tool (WPAT), and the US Oncology Research Study Clinical Coordination Grading tool. The Ontario Protocol Assessment Level (OPAL) tool was chosen as a basis for our workload report as the CRO leadership team felt OPAL achieved a balance between specificity and ease of use when scoring trials. A modified OPAL score is calculated for each study and the score is entered in OnCore as a protocol-specific annotation. A protocol level workload is then assigned to the primary study coordinator with the flexibility to assign workloads at the subject level to the staffer managing each accrual. CRO leadership established designated ranges for staff based on internal benchmarking. New CRCs have a threshold of 120, established CRCs at 150, and experienced CRCs at a score of 180. Workloads are tracked on a weekly and ad hoc basis. In addition, projected workloads can be manually calculated using data entered in the accrual duration, lower accrual goal, and protocol status date fields.

University of Florida Workload Tool - By Management Group									Date: [REDACTED]
Protocol #	Status	Base Score	# Subjects in screening	In Screening Score	# Subjects on Study	On Study Score	# Subjects On FU	On FU Score	Total Score
[REDACTED]	OPEN TO ACCRUAL	4	0	0	2	8	5	10	22
[REDACTED]	OPEN TO ACCRUAL	9	0	0	4	36	0	0	45
[REDACTED]	OPEN TO ACCRUAL	9	0	0	5	45	0	0	54
[REDACTED]	OPEN TO ACCRUAL	9.5	0	0	2	19	1	4.75	33.25
Totals		31.5	0	0	13	108	6	14.75	154.25

Projected Total Workload:	
OPAL Score:	9
Anticipated Accrual:	4
Anticipated Accrual x OPAL Score:	36 = Projected Case Workload
Projected Total Workload: (Projected Case Workload + OPAL Score)	45
Update Total Workload	

Manual Projection of Adding a New Study:	
Current CRC Workload =	154.24
Projected Additional Workload over the next 18 months =	45

OUTCOMES

Implementation of the workload report has allowed objective management of CRC assignments by CRO leadership and unit managers. This tool can be used from feasibility and study start-up through the lifetime management of the study. Unit managers have successfully used the tool to shift CRC assignments and justify the need for incremental hires during the last year based on data rather than perceived capacity.

FUTURE DIRECTIONS

The workload report is a tool that can help CRO leadership and unit managers make objective decisions about CRC assignments. However, the tool is limited in that the CRC workload is highly dependent upon accurate and timely study and subject enrollment updates in OnCore. Currently, the workload tool is a report that provides a onetime snapshot at the moment it is generated. All trends and projections of workload are manually curated for data collection purposes and assessment of feasibility. Future plans include automating workload projections based upon estimated accrual duration, lower accrual goal, and protocol status date fields.

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