

Creating a Culture of Continuous Improvement in a Cancer Clinical Trials Office

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1. Background

Central cancer clinical research infrastructure is relatively nascent at Stanford with centralization initiated in 2013 through a leadership mandate. The broad organizational culture is one of autonomy through department-driven work. As this central infrastructure was separate from the departments, significant system and process development and implementation was required. Many improvement efforts were undertaken over the years, often missing elements for sustained success.

2. Goals

There is a singular, bold goal to build competency with continuous improvement and inculcate within our organizational fabric so that it is automatically instilled in all we do. Daily translation of this goal is multidimensional, including group communication and engagement through huddles, huddle boards, and structured team meetings; leader standard work through 1:1 meetings, leader rounding, and initiative oversight; and project definition, planning, execution and sustainability.

3. Solutions and Methods

Continuous improvement was deeply embraced by the Stanford Cancer Institute and Cancer Clinical Trials Office (CCTO) in 2017 and the position of Director, Strategic Initiatives for Cancer Clinical Research was created. This novel position leads the organizational culture building through training, mentoring, behavioral modeling, tool development, day-to-day management and oversight of key initiatives, and strategic goal setting. Work started with a series of foundational manager group trainings, and some managers and leaders have since incorporated the tools and practices into their daily work and projects. The adoption occurred along with expansion and elevation of our leadership structure.

4. Outcomes

Since the initiation of this work, 10 formal trainings have introduced progressively complex concepts of continuous improvement.

Daily management activities have expanded with 14% increase in groups with routine huddles and 32% increase in groups utilizing huddle boards. Manager/employee engagement has improved with 16% increase in regular 1:1 meetings, with added value of routine rounding by director-level leaders.

Continuous improvement methodology has been employed with many high-impact initiatives. Examples include improving turnaround for regulatory services by 50%, and pre-award industry study budget work by 29%. The approach is customized to support various initiatives from cross-institutional efforts such as centralized coverage analysis, to local efforts exemplified by workload management tool development and implementation. Extensive planning and communication enables smoother and more effective rollouts of these programs.

Category: Clinical Trial Operations – Work in Progress

In addition, a 14% increase in satisfaction was noted among groups deeply involved with continuous improvement work in the 2019 CCTO engagement survey. Annual retention has remained stable but with 2.1% local unemployment rate, stability is positive.

5. Lessons Learned

Culture change and capacity building are non-linear and require long-term investment. Two years into this commitment, measurable and meaningful results are evident.

Dedicated expertise is critical given the time and attention required for successful implementation and continued advancement, as is relationship building. Role modeling instills in our leaders the value of respect, critical thinking, organizational empathy, and meeting people and groups where they are.

We continue the cyclical improvement journey through training, adoption, planning, and execution – repeat... keeping in mind regular reevaluation of processes and goals is required as services for our patients, researchers, and staff evolve.