Category: Clinical Trial Operations – Work in Progress

Centralized Research Patient Scheduling & Authorizations

R. Chiechi, P. Herena, M. Kenney, B. Williams, M. Licata

City of Hope Comprehensive Cancer Center

1. Background

Patient scheduling is a known challenge in any medical setting. There is an inherent challenge in coordinating patient care, ensuring alignment with appropriate providers at optimal times. Care coordination is further tested with the addition of the requirements and complexities of a clinical trial. This becomes even harder with strained human resources and limited scheduling capacity. The Briskin Center for Clinical Research (BCCR) s an outpatient treatment center focused on providing care for clinical trial patients, including research infusions, evaluation and management visits, and other research related procedures that reports up to clinical research operations. Over the last 3 years, the BCCR experienced consistent patient visit growth of 18%; however, with limited human resources, clinical trial scheduling complexities, this increase in patient visits caused the BCCR to experience peaks and troughs throughout the day resulting in patient wait delays for infusions, unanticipated gaps between appointments and uneven nursing/patient ratios. To allow for more patient capacity, maximize research patient scheduling, ensure appropriate staffing ratios, limit delays and manage increased capacity for patient treatment, under the clinical research operations leadership, the BCCR with the COH Clinical Trials Office (CTO) initiated a multi-prong pilot program.

2. Goals

1. Effective use of the schedule to maximize infusion capacity and limit daily peaks and troughs resulting in:
    - Reduced patient wait-times
    - Improved nursing ratios and staffing
    - Generate scheduling capacity without increasing resources
2. Identify and train research specific scheduling team members providing them tools to successfully schedule clinical trials patients to:
    - Reduce multiple exchanges with care team
    - Reduce scheduling related deviations

3. Solutions and Methods

- Overhauled the Epic infusion schedule template maximizing patient slots throughout the day.
- Established a central research scheduling (n=6) and authorizations (n=2) team with direct reporting lines to Clinical Research Operations department.
- Educated the scheduling team on the importance of spread out booking and utilizing study windows.

4. Outcomes

- Reduced the peak to better level load each day by controlling the schedule availability
- Decreased average wait time by 58%

- Increased volume without increasing capacity
- Reduced the number of back and forth emails pertaining to scheduling.

5. Lessons Learned

- A recurring process to review schedule availability is essential for safely providing maximal patient schedule slots.
- Improved use of the schedule increased overall patient volume and reduced wait times for patients.
- Direct and centralized oversite of the scheduling and authorization team for research patients better aligns the goals between the CTO and the BCCR with improved overall coordination of care for patients on trial.

Moving forward, the CTO and BCCR intends to expand the role of scheduling and authorizations within and improve the tools to give more scheduling autonomy to the schedulers to best manage patients on trial.