Development of a Clinical Research Coordinator Capacity Model

Background

Given the complexity of the clinical research coordinator (CRC) role it is essential to determine a sustainable workload and forecast the number of full-time equivalent employees (FTEs) needed to support clinical research. Currently, in Moffitt Cancer Center's Clinical Trials Office (CTO) team managers have utilized the Clinical Research Effort Study Tool (CREST) (Feb 22, 2016, Onsemble, 2016, Turner) which was derived from the OPAL (Journal of Oncology Practice, 2011, Smuck et al) to measure CRC activity by measuring protocol complexity. We reviewed literature on previous work such as the Clinical Research Coordinator Workload Estimation and Tracking tool by M. Repede, AACI 2022 abstract.

Goals

(1) To design a CRC workload capacity model that is efficient, effective and captures the time it takes a CRC to complete operational tasks at Moffitt.

To develop a tool that will support operational (2)managers' decision in projecting FTEs needed to coordinate active trials in the portfolio and trials in activation pipeline.

*Oncore-Clinical Trials Management System (CTMS)

CRCs (n=30) used an "Effort Diary" for 8 weeks and noted how long it took to complete activities on each study. The diary included the study and subject ID associated with each activity, which was then mapped to the schedule of study activities in Oncore*. CRCs provided additional feedback to a project manager, who aggregated and analyzed data to calculate an average duration for each task per study. For the administrative tasks unrelated to protocol procedures, a weekly average time was given by each CRC. For clinical related tasks, an average duration was calculated and multiplied by the frequency of the tasks, as described in the calendar in CTMS. To estimate clinical hours, only patient-facing tasks were mapped, using an Office Data Connection report from CTMS.

Current Calendar
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CRO Heme Lym





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Solutions and Methods

RC Nam 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 phoma/Myeloma 30.0 30.0 30.0 phoma/Myeloma phoma/Myeloma phoma/Myeloma phoma/Myeloma phoma/Myeloma phoma/Myeloma phoma/Myeloma phoma/Myeloma CRO Heme Lymphoma/Myeloma Capacity/Calendar Week 75.0% 75.0% 75.0% 75.0% 75.0% 75.0% 75.0% 78.1% 75.6% 75.0% 77.5% 75.6% 75.0% 75.0% 75.0%

CRC Estimated Work Load (Hrs.)/Calendar Wee

CRC Workload Per Week and FTEs Variance

										Es	timated	I CRC F1	E Requ	iremen	nt/Caler	ndar W	eek										
												14														Current No. of FTEs	FTE Variance
nt	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	11.0	2.0
	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	10.0	2.0
	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	11.0	13.0	2.0
	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	7.0	1.0
	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	11.0	2.0
	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	
	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	
a	8.0	9.0	8.0	8.0	9.0	8.0	8.0	9.0	9.0	9.0	8.0	9.0	9.0	8.0	8.0	8.0	9.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	10.0	1.7
	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	8.0	8.0	8.0	9.0	8.0	8.0	8.0	9.0	8.0	8.0	10.0	1.3
	15.0	15.0	15.0	15.0	16.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	19.0	4.0
	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	
	4.0	4.0	4.0	4.0	5.0	4.0	4.0	5.0	4.0	4.0	5.0	5.0	5.0	5.0	4.0	4.0	5.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	5.0	0.7
	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	
	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	9.0	10.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	11.0	1.6
	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	
	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	5.0	1.0
	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	
	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	19.0	4.0

Capaci	ity Legend	Capacity Assesment							
	< 70%	Capacity Available							
	70% - 79.9%	At Capacity							
		10% over capacity; needs							
		support with prioritizing							
	80% - 89.9%	responsibilities							
		20% over capacity; plan for							
	90% - 100%	redisributing workload							
		30+ % overcapacity; plan for							
	>100%	additional staff resources							



MOFFITT (M)

Outcomes

The workload capacity tool can estimate CRC workload per hours of the week and %, number of hours spent in clinic by disease site-based team per calendar week. The distinctive ability of the tool is that it can pull number of hours that are needed to support clinical trial based on schedule of events. The tool pulls 12 weeks of prospective and retrospective capacity assessments based on the real time data from CTMS without the need for additional effort tracking by staff.

Refinements and Next Steps

Future steps will focus on validation and refinement of the tool to account for the variance in coordinator's capacity based on coordinator level of experience, involvement in projects and mentorship. Additionally, development of the reference guide for CTO managers and Supervisors to use for Fiscal Year(FY) FTE planning. Lastly, build out of the capacity model Research Data Coordinators (RDC) is a focus in FY24.



References

Repede M, Beighley D, Putz K, Fritsche A, & Nowaksoki G. (2023). Clinical Research Coordinator Workload Estimation and Tracking. AACI, Poster Presentation.

Smuck B, Bettello P, Berghout K, et al. (2011). Ontario Protocol Assessment Level: Clinical Trial Complexity Rating Tool for Oncology Clinical Trials, J Oncol Pract, Mar;7(2):80-84. Doi: 10.1200/JOP.2010.000051.

Turner, R. (2015). Workload Scoring using OnCore. *February 22, 2016:* Onsemble Conference Presentation