Building a Clinical Research Unit Utilization Tool

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Background

- Moffitt Cancer Center has two outpatient Clinical Research Units (CRU). These units support phase I-III interventional therapeutic clinical trials across all oncology disease sites.
- Increasing complexity in the requirements in oncology clinical trials, combined with the increasing number of accruals to clinical trials, CRUs were experiencing patient demand that exceeds capacity during peak hours on certain days of the week.
- The Clinical Trials Office (CTO) partnered with our Process Excellence Department to review ways to track and show these observations to senior leadership.

Solutions and Methods

- Focus groups were conducted to determine what measures were important.
- Key areas to measure were identified as appointment duration and utilization.
- Determination of source data from Cerner Platform to feed into Analytics Explorer.
- Development of visualization of the metrics, key assumptions, and constraints.
- Education and monthly metric reporting to Clinical Trials Operational leaders.

Outcomes

- 80% of patients are treated on the same day as they are seen by their provider
- Average scheduled chair time of 3 hours
- The peak hours of utilization are the middle of the day, with lowest usage day being Friday.

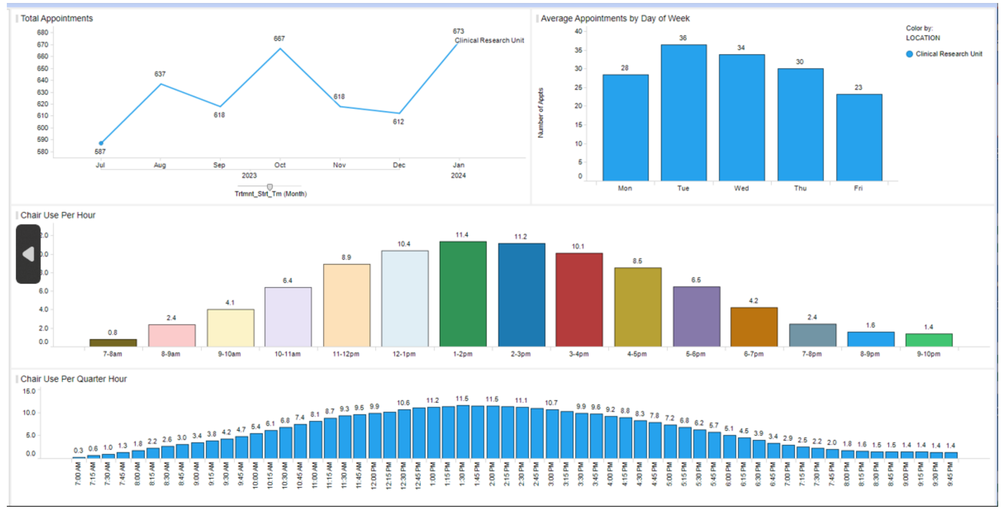
Improvements

- Expansion of CRU evening hours to 10 pm.
- Development of a transition area for observation or serial research lab draws.
- Shifting of studies to another CRU location with treatment availability.

Goals

- Design a tool that could be utilized by cross-functional operational leaders to explore the utilization of the Clinical Research Units.
- Measure the utilization of the units to describe the resources needed to maintain the infusion needs of the clinical trials conducted at the center.

Outcomes



Refinements and Next Steps

- Review opportunities to ensure clinical trial protocols that our investigators are involved with are written in a way that support decoupling of visits and optimizing the patient scheduling approach to meet the needs of protocol and patient.
- Incorporate more refined methods for determining what the optimal target utilization for a clinical research unit should be.
- Develop weekly reports to CTO disease-based teams so they can view utilization, plan for decoupling of visits, and see when availability in the unit exists.