Category: Training, Career Development, and Staff Retention – Work in Progress

Workload Assessments: Balancing Capacity, Performance, and Staff Satisfaction With Fiscal Responsibility

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1. Background

In FY2023, the HemOnc Clinical Research Operations team experienced a turnover rate of 46 percent for Clinical Research Coordinators (CRC) and 11 percent for Clinical Research Data Managers (DM). During this period, our management team identified a need for a data-driven approach to evaluate our staff's trial/patient associated workload to identify available support for vacant positions and determine the number of open clinical trials the staff could oversee. The HemOnc Management team evaluated two published clinical trial workload tools, Wichita Community Clinical Oncology Program (WCCOP) and Ontario Protocol Assessment Level (OPAL). WCCOP was selected for its comprehensive data and maintainability.

The HemOnc management team tailored the WCCOP categories and scoring tool to address the unique challenges of oncology clinical research and our internal processes. Building on the WCCOP tool, the HemOnc Management Team created a formula to calculate a trial's workload score for a CRC and DM. WCCOP did not define what numerical range represented an acceptable workload score. To establish this, two staff surveys and blinded manager assessments were conducted to establish our workload scoring range. The tool measures workload related to patient and data requirements for assigned trials and does not reflect all their assigned responsibilities. The goal is for staff to have an acceptable score that allows them to fulfill their other duties. Managers utilize the CRC or DM formula to calculate and track workload scores using Excel monthly. Individual scores were entered on a separate Excel tracker and data is graphed and analyzed as needed.

2. Goals

Our primary objective is to enhance our workload assessment tool to ensure consistency between managers, simplify tracking, and improve data visualization. To achieve this, acuity scores will be assigned to every new clinical trial during First Stage Review and confirmed at trial activation. Staff workload will continue to be scored monthly and evaluated quarterly by management to ensure workloads remain sustainable, staffing levels are appropriate, and that any adjustments can be made in real time, even if only temporarily.

Consistent reviews of staff scores will better enable each manager and Multi-Disciplinary Team to accurately assess the feasibility of taking on new trials, proactively identify when additional staff is warranted, or when staff members can be utilized in other areas. Increased visibility and data will also support the approval and posting of replacement and new staff positions.

3. Solutions and Methods

Implementation of the Workload Assessment Tool has been instrumental in ensuring staff have manageable workloads, identifying replacement needs, reallocating staff, and optimizing team coverage in both short- and long-term scenarios.

Additionally, the enhanced Workload Assessment Took and dashboard has allowed the following:

- More efficient collection and analysis of workload scores.
- Better visualization of data in a format that is easy to filter and share with leaders.
- A data driven approach is taken when making decisions on staffing levels and determining the need for new or replacement positions.
- Real time tracking of the number patients that each individual team is taking care of per year and by status: screening, on treatment, in follow up.
- Managers across MDTs are utilizing the same basic formula for calculation, which minimizes variability and increases overall data quality.
- More robust Clinical Trial Support Office MTD dashboard to provide leaders with updates on not only patient trial load but staffing levels.
- Better decisions on whether a team has adequate staff to accommodate new, often more complex, clinical trials.
- Reduction in overall staff turnover in the last two years, which we partially account to better management of staff workloads and being able to proactively shift work around to keep staff scores in the "busy but manageable" range.

4. Outcomes

Development and implementation of a standardized Workload Assessment Tool and dashboard provide a systematic way to publish, track and evaluate staff workloads and individual program needs. There is some variation in the optimal workload score for CRCs and DMs by program and by role. For instance, some staff's maximum capacity is in the 'busy but manageable' range, while others thrive in the 'heavy workload' range with scores averaging 85 or more. The HemOnc Workload Assessment Tool has helped identify parameters for ideal workload score range based on seniority of staff. Data can be further analyzed to better establish a reliable set of criteria to help evaluate staff for promotions and growth opportunities.

The enhanced Workload Assessment Tool and Dashboard also provide better data and improved tracking of staff effort. This data is useful when tracking staff effort by MDT as well as external sections/departments. This information will improve determination of related staff expenses.

5. Lessons Learned and Future Directions

As historical data accumulates, predictive statistical modeling can be leveraged to better anticipate and prepare for future staffing needs. By analyzing patterns in past workload volume, seasonality, and trial complexity, predictive models can uncover actionable forecasts that allow leadership to strategically advocate for required positions and get ahead of staffing demand rather than simply react to it.

The addition of summary statistics can empower leadership to quickly evaluate workload trends, identify patterns, and make informed, proactive decisions across teams. Refining the tool and establishing different dashboard views can help management gain a picture of how work is distributed, identify bottlenecks, and predict which teams may be approaching capacity, which can then enable smarter resource allocation and strategic workforce planning.

This includes establishing ideal staff-to-patient ratios grounded in real operational data, ensuring consistent quality of care and clinical research without overburdening staff. Development and consistent review of a Manager Workload Assessment Tool might also be beneficial for resource planning and overall growth for the section of HemOnc in support of larger goals of the University of Chicago Comprehensive Cancer Center.

Table 1: Acuity Scores with Basic Criteria

Acuity Score	Basic Criteria
1	Observational/registry trial
2	Oral agents with minimal toxicity, tests/procedures considered standard of care, data forms requiring basic information easily captured from medical records
3	Chemotherapy and/or radiation therapy regimen, increased toxicity potential when compared with a trial rated as 2; requires coordination with one to two other disciplines/ancillary departments, single time point, randomized phase II or III
4	Complex, multiple drug regimens, high degree of toxicity potential, involves multiple non–standard of care research tests/procedures, data forms more complex, daily to weekly data collection required and data items higher in number, requires coordination with ≥ two disciplines/ancillary departments, multiple random assignments and/or Phase 1 Trials typically
5	Same criteria as above (#4) but including both inpatient and outpatient settings. Inpatient PK, 1:1 nursing, Home Health IV Drug Administration, Nuclear Medicine Therapy and injectables.
6	Same criteria as Grade 5, but at increased complexity due to timelines to complete and increased staff time. Inpatient and outpatient treatment, multiple MDTs or Sections, Nuclear Medicine, complex randomization.

Table 2: Workload Ranges for Evaluation of Staff Capacity

Workload Ranges	
0 to 40	Accommodate Additional Work
40 to 60	Sustainable, monitor
61 to 84	Busy but Manageable, monitor
85+	Heavy Workload, evaluate and intervene if score is sustained for 2+ months

Figure 1: Total Monthly Acuity by Staff per HemOnc Program or Other Supported Department

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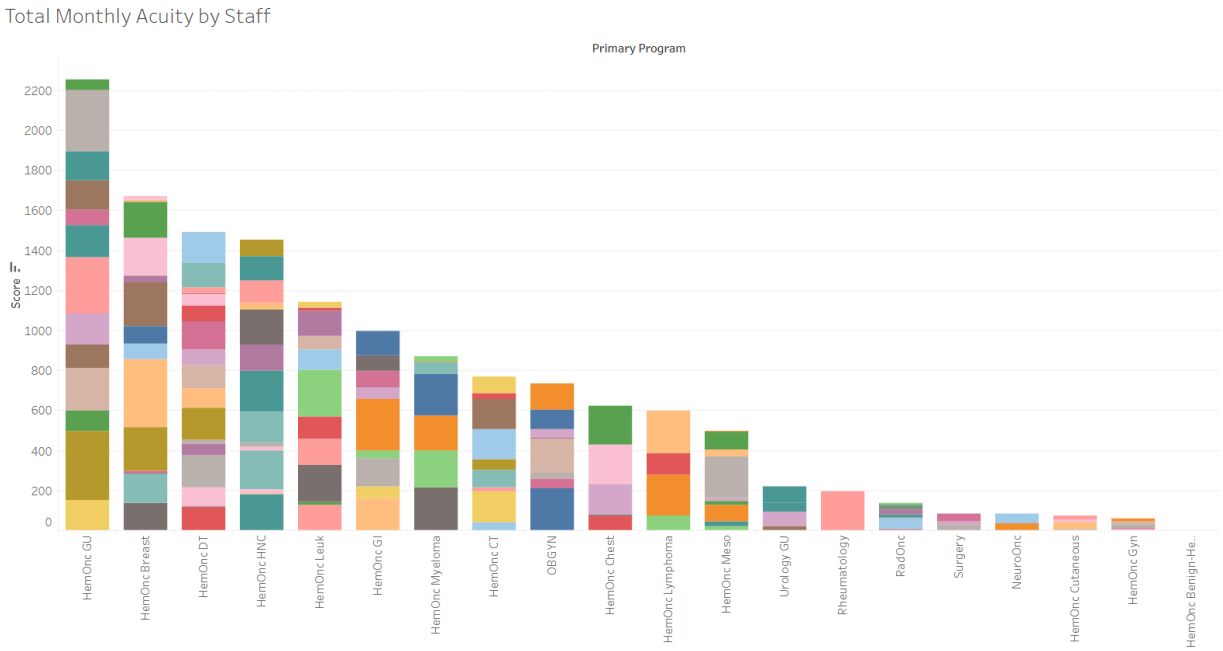

Table 3: Sample CRC workload for Phase 2 or 3 Trial with Acuity Score of 4

Example CRC Workload Score w/ Protocol Acuity Score of 4		
	Patients (#)	Calculation
Prescreening (0.25)	5	4 (.25 *5) = 5
Screening (1.5)	1	4 (1.5 * 1) = 6
Treatment (1)	4	4(1 * 3) = 12
Active Follow-up (0.5)	4	4(.5 * 4) = 8
Passive Follow-up (.25)	2	4(.25 * 2) = 2
Total		**33**

Figure 2: Program Patients by Month, Jan-Feb 2026

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