Category: Cross-Cutting Innovation and Collaboration – Work in Progress

Improving Clinical Trial Recruitment Through Systematic Screening and Multidisciplinary Huddles

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1. Background

Clinical trial recruitment remains a significant challenge in oncology care, with many eligible patients never being identified or approached for trial participation. Systematic screening processes and multidisciplinary communication may improve trial enrollment rates and decrease time to enrollment.

2. Goals

To implement a structured weekly screening huddle process to improve clinical trial recruitment by optimizing electronic health record (EHR) reports to enhance early patient identification, provider communication, and reduce time to trial enrollment and consent.

3. Solutions and Methods

Research nurses conduct systematic new patient visit reports from the EHR every Friday. The new patients are pre-screened by the research nurses. The research nurses then meet with providers on Monday to identify potentially eligible patients for the upcoming week. These findings are discussed during weekly huddles with clinical providers to review screening outcomes, address missing information, and coordinate trial enrollment activities. The huddle facilitates real-time communication between research staff and providers to ensure complete screening data collection and expedite the enrollment process.

4. Outcomes

The first weekly huddle occurred in September of 2020. Data of the number of subjects consented from 2019 to 2024 has been recorded annually. Overall, there have been yearly increases in subject trial enrollment with the exception 2020 where trials were required to pause enrollments due to covid and 2022 where three trials unexpectedly stopped accrual indefinitely.

5. Lessons Learned and Future Directions

The multidisciplinary huddle format may be valuable for improving team communication and provider awareness of eligible patients. The Huddle has now been extended to reviewing returning patients is the weekly report in order to identify potential second- and third-line trial patients. The systematic Friday screening report creates a proactive rather than reactive approach to trial recruitment, allowing research nurses to identify potential barriers and missing information before clinic visits. Going forward, time from subject identification to consent and same-day consents can be tracked. Data collection can be expanded to include the impact of huddle on targeted therapies and separated by lines of therapies which would provide valuable insights into trial portfolio management. Additional metrics to consider tracking include qualitative data involving provider engagement in the huddle process. These metrics would enable continuous quality improvement of the weekly huddle.

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Figure 1