



PaCCSC
Palliative Care Clinical Studies Collaborative

Standard Operating Procedures

5.23.1 KPI Compliance ©2007

History			
Version	Date	Author	Reason
1.1	10 th Jan 2006	Contributing authors	New procedure
1.2	25 th Feb 2007	S Whicker	Administrative update
1.3	18 th July 2007	B Fazekas	Update prior to MAB review
1.4	13 th August 2007	B Fazekas	Changes ratified by MAB
1.5	16 th October 2007	B Fazekas	Update after David Currow Review

Approval				
Version	Author	Signature	Approval Name	Approval Signature
1.5	B Fazekas	<i>B. Fazekas</i>	D Currow (CI)	<i>David Currow</i>

Scheduled review

Date August 2009

Responsible person PaCCSC Project Officer

5.23.1 KPI Compliance

Purpose

This SOP describes the internal mechanisms for monitoring performance processes of multi-site clinical trials; this includes what is monitored and the frequency of monitoring. This SOP also describes the reporting mechanisms to be used within PaCCSC.

This is to enable early identification of those sites who may be experiencing difficulty in reaching agreed KPI's and have been unable to change practice in a way that enables future KPI targets to be met.

In multi-site trials, tracking of KPI's is able to rapidly identify under-performing sites, identify reasons for under-performance and address the problems at the individual site.

Equally, KPI's can identify sites that are performing well enabling them to share key factors of such success with other sites.

This SOP does not cover trial monitoring and auditing conducted by sponsor or external organisations. This SOP also does not address the monitoring activities and procedures undertaken by the Institutional Ethics Committee/Human Research Ethics Committee nor the Data Safety Monitoring Board.

Other related SOPs

Data Management
Adverse Event Reporting
Site Management

Attachments

Trial Management Committee - Terms of Reference
Key Performance Indicators monitoring spreadsheet
Site Management plan
Site Management Implementation

References

Guideline for Good Clinical Practice ICH Harmonised Tripartite 1996 (accessed 250207) <http://www.ich.org/LOB/media/MEDIA482.pdf>

NHMRC National Statement on Ethical Conduct in Research Involving Humans 1999 (accessed 250207) <http://www.nhmrc.gov.au/publications/files/e35.pdf>)

Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95). Annotated with TGA comments 2000 (accessed 250207)
<http://www.tga.gov.au/docs/pdf/euguide/ich/ich13595.pdf>

Joint NHMRC/AVCC Statement and Guidelines on research practice 1997 (accessed 250207) <http://www.nhmrc.gov.au/funding/policy/researchprac.htm>

Liu MB, Davis K. Lessons from a horse named Jim. Duke Clinical Research Institute. 2001

TROG Policy and Procedures Manual

Definitions

Monitoring

Monitoring is the oversight of the progress of a clinical trial, to ensure that the trial is conducted, recorded and reported in accordance with the protocol, the standard operating procedures (SOPs), Good Clinical Practice (GCP), NHMRC requirements, and any other applicable regulatory requirements. For the purposes of this SOP, monitoring refers to those activities that are conducted within the clinical trial teams and/or committees. This will be termed Compliance Monitoring.

Key Performance Indicators (KPI's)

Key performance indicators are data elements that are monitored routinely and identify how effectively investigative sites, and the trial are meeting the mutually defined endpoints and timelines. Examples of KPI's include:

- recruitment numbers
 - Referral to screening
 - screening to eligibility
 - eligibility to consent
 - consent to completion
 - screening to completion
 - loss to follow-up
- timeliness of data collections points
- withdrawal rates and reasons for withdrawal
- actual versus projected recruitment estimates
- data input error rates
- adverse event occurrences.

The KPI's being monitored may vary from study to study. Each study may have specific issues related to recruitment, retention or follow-up which requires specific focus. However, most studies planned through PaCCSC will have similar needs.

Effective recruitment to palliative care studies is crucial to the success of all studies. Recruitment KPI's need to enable the investigating team to detect changes in rates and where difficulties might be apparent. Recruitment KPI's might include;

- Referral rates
- Referral to screening rates
- Loss to recruitment due to delays in contact as measured by time taken to contact after initial referral

Retention in palliative care trials is another known difficulty. Specific KPI's around retention is another focus point that requires specific KPI development. Each study investigator team will need to identify the main data or review points of the study, and determine if these points can provide information about where

participants might drop out of the study. Specific drop out points may indicate a necessity to review the protocol. Retention KPI's might include rates from;

- Consent to time point 1
- Time point 1 to the next time point/s
- Time point/s to completion/exit

Scientific Committee

The Scientific Committee is made up of individuals experienced in multi-site research, policy development or evidence based practice, with at least three members with expertise in the conduct of clinical trials, preferably within palliative care or multi-site in nature.

The Scientific Committee:

- assists the Management Advisory Board with the recommendations for the development of new study proposals
- advises the Executive Group, Management Advisory Board, Trial Management Committee, the coordinating investigator and study sites on scientific matters that may arise
- review the KPI's before studies start recruitment
- Initiates as required, an internal audit of any site or study and if necessary, acts on the findings of that audit.

Procedure

Responsibility

Scientific Committee will:

- advise on the protocol
- advise on the monitoring and reporting plan including the KPIs

Trial Management Committee

- determine which data elements are considered KPIs and ensure that the study protocols describe the collection of those data elements
- monitor the KPIs on a routine basis and report any problems to the Management Advisory Board and the coordinating investigator
- monitor
 - data quality including completeness, accuracy and timeliness
 - protocol compliance including the number, size and reasons for violations of the protocol
 - treatment quality (eg the appropriateness of techniques used)
 - follow-up quality (eg. the frequency and adequacy of patient follow-up)
 - morbidity of drugs under study
 - trial finances
 - recruitment

National Manager

- oversee the maintenance of the data collection and provide routine and *ad hoc* reports to the Management Advisory Board and Trial Management Committee when requested
- ensure that KPI data are collected in a timely manner
- report any advice from the Scientific Committee back to the individual study site coordinators
- act on the results of the KPI monitoring, including the identification of non-performing sites.

Project Officer

- monitor and check the data collection and prepare *ad hoc* reports for the National Manager
- ensure that KPIs are collected and collated in line with the SOPs
- assist sites to meet compliance by developing site management plans

Site Study Coordinators

- maintain data collection and provide routine and *ad hoc* reports to the National Manager when requested
- ensure that KPI data are collected in a timely manner
- determine and implement site management plans if compliance is under review

Reporting

Individual sites, via the site principal investigator and site study coordinators, are required to provide regular progress reports to the Management Advisory Board, Trial Management Committee and the Scientific Committee through the national coordinating site. Reports should include the following:

- Recruitment at the individual site comparing actual recruitment to the initial projected recruitment. Differences should be explained if possible
- Reasons for subjects not meeting eligibility criteria. This is particularly important in the early stages of the studies and may indicate review of the eligibility criteria is required
- Ongoing resource issues, for example; changes in resources at individual sites which may affect the progress of the study
- Other studies being conducted at the individual sites which may have a negative impact upon the current study
- Proposed amendments and reasons why they may be required
- Reasons for subject withdrawal from the study and if any changes in protocol are required

In addition to the regular planned progress reports, the individual sites must submit reports of adverse events that have occurred, action taken and notification of the ethics committee. These reports must be submitted as soon as possible and should include all documentation regarding the event, including ethics committee notifications. See *Adverse Event SOP*.

Under-performance

Under-performance criteria will be developed prior to study initiation in consultation with all site coordinators, and monitored according to an agreed schedule. The criteria and schedule should include:

- definitions for poor performance and under-performance
- time frame over which poor or under-performance is measured
- a site management plan (example attached)
- time frame for improvement
- implications for ongoing under-performance
- the circumstances under which the KPI's should be reviewed.

Sites that are demonstrated to be under-performing by the Scientific Committee when assessed against the agreed KPI's will undergo the following:

1. The site principal investigator will be notified of the low performance status and the site monitored closely for one month to determine if performance is improved. If improved, monthly reports will be generated for 6 months to ensure success of management plan.
2. If the site performance has not improved for the month which is monitored, the Trial Management Committee will appoint an individual experienced in

- multi-site collaborative studies, together with the National Manager, to work with the site to:
- a. identify where the problems are
 - b. identify solutions to address the problems
 - c. ensure the changes are initiated
 - d. changes are evaluated and compared to previous performance
 - e. generates a report to the Trial Management Committee
3. If under-performance continues, the Trial Management Committee will recommend to the Management Advisory Board that the site is removed from the Collaborative.



PaCCSC
Palliative Care Clinical Studies Collaborative

Site Name...

Problem	People Involved	Measures to resolve	Timeframe	Measure of success

Sample Only



Site Management Plan

The Project Officer is responsible for ensuring that all participating sites have the capacity, support and documentation to undertake the study at that site.

The Project Officer has the additional responsibility to monitor progress at each participating site, identify problems early in development, and establish a plan for resolution.

Each site has a responsibility to ensure that the requirements of the study are being met and self identify key areas where problems are expected or occurring.

Site management has a number of phases, each of which is distinct and requires a different approach.

Site establishment

Site staff - identify the site investigators, staff trial coordinators and potential project staff

Establish communication with the local HREC, submission and reporting requirements, compliance with NHMRC requirements

Investigate the capacity of the site to manage budget and finance requirements, contact finance office, budgeting details, and capacity to establish site account and invoicing procedures.

Ensure that all site staff have required documentation (protocols, SOP's etc).

Investigate the capacity of local pharmacy, finance and human resources to assist with the implementation of the study.

Potential problems may be identified at this stage and should be recognised, discussed and have some plan established prior to proceeding to recruitment.

Site visit

A face-to face meeting with a study site allows the coordinator to directly assess the capacity of the site to undertake the study requirements.

Resources – assess for office space, security of files, storage space, access to password protected computer and internet, fax and telephone access.

Support – assess current research infrastructure at site, additional training or resource requirements and time be required to ensure that GCP is applied.

Assess and establish communication opportunities within the site research team (investigators, trial coordinator, project officer).

Explain and agree on recruitment projections for that site, and have agreement on the KPI's for the study in relation to the previous site audit.

Plan and agree on a recruitment strategy based on

- previous experience of all involved
- availability of clinical and research staff
- training requirements for research in general and study specifically
- marketing plan
- identification of key people and clinical teams
- realistic timeframe for implementation

Identify capacity for site closure for storage and archiving of study materials for study closure.

Further problems are to be identified during this visit and a plan for resolution established.

Recruitment monitoring

After recruitment has commenced, the Project Officer will monitor each site against agreed Key Performance Indicators. These will include:

- Recruitment KPI's
- Recruitment and finance based performance
- Data entry monitoring and benchmarking of error rates.

Recruitment, and failure to meet recruitment projections is the single largest challenge of the study. Invoicing and payment schedules have been agreed to centre around recruitment to ensure that study funds are used to the highest capacity. Sites that fall behind in recruitment will have a clear and agreed plan established to maximise the capacity of that site to improve and continue active involvement in the study recruitment.

Ongoing communication

The establishment and maintenance of a clear communication strategy will maintain interest and momentum throughout the study duration. Effective communication will ensure that those involved in the study know the other team members (remotely in most cases) and are able to offer off-site advice and support. This should be an ongoing, flexible and multi-faceted approach. All sites are expected to read, participate and contribute to study communications.

Investigator teleconferences. These will be held 3 monthly between the team. The teleconferences are organised from the coordinating site and arranged for dates and times to maximise participation.

Study newsletters. All sites are asked for contributions to the regular newsletters. Some information can be collated by the Project Officer around recruitment, funding, and known ethics and reporting processes. The newsletter is an informal and regular avenue for all those involved in the study to keep informed and aware of study progress.

Project staff teleconferences. These are more regular, but provide an opportunity for project staff (trial coordinators and project officers) to compare notes, solve site related problems and seek support from others in similar

working environments. The timing of these are based on similar premise to the investigator teleconferences to maximise participation.

Email communication. This is a more spontaneous method of communication, in most cases between specific team members around specific issues.

However, email can provide an opportunity to enable an ongoing dialogue around a specific set of issues that require input and comment from multiple members. This method is fast and transportable, with restrictions on security and control of information.

Problem identification.

The identification of problems can occur at any stage during the site establishment or recruitment phases of a study. Early recognition of problems and agreement on a plan for addressing the problem increases the opportunity for resolution and therefore continuing success of both the study and the individual site. A plan for resolution should include:

- A description of the problem
- The staff or people involved
- The specific measures to be taken to attempt resolution
- The timeframe involved
- Agreement on the plan
- How resolution will be measured.

It is the responsibility of all sites to self identify problems with study progress, but in some circumstances the Project Coordinator will identify problems and initiate the resolution plan. Ideally, this should be negotiated and signed by all parties to ensure success.

Study exit

Each site should be assessed for final resolution of data entry queries, finalisation of data files, storage and archive arrangements, and final site payments.