Beth Israel Lahey Health Beth Israel Deaconess Medical Center

Conducting clinical trials from home: The implementation of a remote work model in CARE

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Background

- ☐ The Center for Anesthesia Research Excellence (CARE) was established in October 2014 to facilitate all aspects of clinical research within the Department of Anesthesia, Critical Care and Pain Medicine, with an emphasis on in-hospital, 'boots on the ground' assistance for researchers.
- ☐ CARE participates in various research domains including:
 - ✓ Interventional trials
- √ Simulation research
- ✓ Physiologic studies
- ✓ Quality Improvement research
- ✓ Epidemiologic studies
- ✓ Outcomes research
- ✓ Education research
- ☐ CARE research is also represented in various divisions including Critical Care, Cardiothoracic Anesthesia, Pain Medicine, Obstetric Anesthesia, General Anesthesia, and Education / Quality Improvement.
- ☐ On March 11,2020 CARE implemented an effective remote work model due to the COVID-19 pandemic, and was able to carry out 11 COVID research studies.

Meet the Team



Front Row (left to right): Trishna Sadhwani, Melisa Joseph, Valerie Banner-Goodspeed (Program Manager), Maximilian Schaefer (Program Director), Krystal Capers, Aiman Suleiman Back Row (Left to Right): Andrew Toksoz-Exley, André De Souza Licht, Evynne Gartner, Danny Le, Ariana Saroufim, Lauren Kelly, Najla Beydoun, Peter Santer, Felix Linhardt, Tim Tartler, Omid Azimaraghi

Acknowledgements

- ☐ We are particularly indebted to former CARE Project Manager Julia Dwyer for shepherding the group through the transition to remote teamwork by setting up our electronic platforms, and providing boundless support.
- ☐ We would like to thank the many physicians, nurses, and respiratory therapists who conducted the necessary on-site work for our research trials in extremely challenging conditions. Of particular note, Elias Baedorf Kassis MD, Chris Barrett MD, Somnath Bose MD, Joe Previtera RRT, Lenny Rabkin RRT, and Sharon O'Donoghue, RN
- ☐ A heartfelt thank you to the CARE team, who pulled together, worked long hours, and tackled new projects during a time of tremendous stress and anxiety. Thank you to former CARE Medical Director Bala Subramaniam MD MPH for your support during CARE's transformation.

Methods

- ☐ Communication was vital while we worked remotely. Our team utilized various group chats (mobile devices), worked simultaneously on shared documents (google drive), and attended various team meetings (zoom).
- ☐ We utilized a number of new web applications to communicate within our teams and to keep our tasks on track, relying particularly on Smartsheet and Asana.

+ Add task v

▼ FAST (PP:Krystal)

Patient Folder Audit

REDCap Consent

▼ EASiVENT (PP:Ariana)

REDCap consent

Send Monthly Screening Log

Update Call log and Describe why not approximately a second control of the control of t

Asana

- Asana is a desktop and mobile app that was designed to help teams organize, track, and manage their work.
- Each research study had an associated list of tasks that were assigned to members of the team.
- Team members were able to mark action items as complete and team managers were notified in real time.
- Asana also has a chat function that can be utilized to communicate within the team for each individual task that has been assigned.

Smartsheet

project management program.

It can be used to assign tasks,

Smartsheet is a web-based

for onboarding new team

tasks.

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- Zoom was the primary video teleconferencing program used for our remote work model implementation.
- Our research team members were accustomed to working alongside each other, but the video feature allowed us to see each other from our respective locations.
- The screen share function was utilized to show our meeting agendas, and also to navigate study documents and applications together.

Conduct Beta Testing MILESTONE: Phase I Complete Phase II: Study Execution and Data Colle Phase II: Study Execution and Data Collec Study 1: VR for Knee Replacement Surgery track project progress, manage calendars, and share documents We utilized Smartsheet primarily Phase III: Analysis, Writing, Revision Phase III: Analysis, Writing, Revision Data Analysis Manuscript Writing Manuscript Writing members and for project start up Customization of XRHealth Platform Customization of XRHealth Platform MILESTONE: Phase III Complete MILESTONE: Phase III Complete

Challenges

assistants transitioned to Professional School. We had a flurry of new proposals for COVID research when

Most of our trials required consent from our participants.

non-COVID research was

suspended.

4 out of 4 of our research

Our clinical trials require an on-site presence to assist with various tasks such as data collection and consenting.

We utilized zoom for side-by-side team training and shadowing as we onboarded our new team members.

The team assisted our regulatory specialist with drafting IRB proposals. We utilized a google drive to assist each other.

We shifted from consenting in persor to consenting remotely. We utilized various resources such as REDCap, Google Voice, and Doximity.

Our study physicians, research pharmacists, and respiratory therapist played a large role in helping us enroll in our clinical trials.

Results

sent home:

in-person patient

- ☐ We were successfully able to enroll patients into 11 clinical trials and observational studies while operating in this remote work model, including:
- ☐ 7 Interventional Trials
 - ☐ 3 COVID drug trials
 - ☐ 1 non-COVID drug trial
- ☐ 3 device trials 4 Observational Trials
- ☐ 3 Epidemiological Studies

☐ 1 Survey Based Study

recruitment suspended March 11th non-COVID

| Flurry of ideas and shifting research portfolio | | First IRB approval for CARE COV observation study |
|--|------------|---|
| March 18th | March 26th | April 7th |
| | First IRB | |

approval for CARE COVID

☐ The rapid conversion to fully remote with solid communication strategies allowed us to have 3 of the first 5 IRB applications for COVID-specific human subject research protocols at BIDMC.

Conclusion

- ☐ Strong communication and technology solutions allowed us to remotely support departmental research throughout the pandemic.
- ☐ Demonstrable productivity and continued high work quality enabled us to remain fully staffed, with no team members placed on furlough or redeployed.
- ☐ While our team has returned on site, we have adapted this remote work model with flex remote days and continued electronic project management support.