The benefits of a centralised data management team in COVID-19 clinical research

Pitman, Catherine

https://pearl.plymouth.ac.uk/handle/10026.1/21411

https://doi.org/10.24382/aa6e-zq33

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.
The benefits of a centralised data management team in COVID-19 clinical research

Catherine Pitman¹ and Dr Simon Clark²

¹Lead Research Delivery Nurse and Honorary Clinical Research Fellow with the South West Clinical School, University Hospitals Plymouth NHS Trust, PLYMOUTH, PL6 8DH, UK. ²Senior Research Administrator (Governance¹, University Hospitals Plymouth NHS Trust, PLYMOUTH, PL6 8DH, UK.

Email: c.pitman1@nhs.net

Submitted for publication: 18 September 2023
Accepted for publication: 18 September 2023
Published: 29 September 2023

Background

The COVID-19 pandemic highlighted the need for one research delivery team in South West England to urgently centralise its data management team. Prior to the pandemic each individual research team traditionally worked in isolation on their own studies, with the burden of data entry often falling to clinical members of the staff. The pandemic triggered the need for new, innovative approaches to data management.

Innovative change and outcomes

During the pandemic it quickly became clear that the staff were unable to balance the stringent data entry requirements of urgent public health research with their positions as a clinical trial delivery workforce. In April 2022 the data management team (initially two data managers and a team leader, now a team of eight) were brought together to provide resilient and ongoing data support to the clinical trial delivery workforce for the duration of each study’s lifecycle. Rapid change cycles strengthened data processes and now ensures there is continued and consistent data management across the portfolio on a daily basis, regardless of leave and unexpected absences. This change has led to improved data quality; something positively recognised by vaccine study sponsors, praising the team on data completeness responsiveness to data queries. In turn, these changes have allowed clinical staff the ability to prioritise their clinical responsibilities and has generated a greater cohesive and collaborative working across the wider teams and disciplines.

The change’s built-in resilience was seen again in a high recruiting vaccine study (n.=550). Here, average data resolution times fell to below the industry standard of five days. This was despite not only the large number of data queries being raised daily, but also against the continuing opening and recruitment to new COVID-19 vaccine trials.

Discussion
Centralisation of the team has shown substantial benefits not only to team resilience, but importantly to the sponsors of the clinical trials. This change is responding to the challenge the pharmaceutical industry gives to delivery teams: ‘There is still this trend to extract more and more data, and of course it’s a burden for the sites’ (Oracle Health Sciences, 2022:7).

Perhaps most importantly it has created clear and constructive career pathways for non-clinical staff within the Research & Development department and in research more broadly.

Conclusion

The COVID-19 pandemic accelerated innovations in data management processes to benefit all stakeholders connected with one research delivery team in South West England.

References