**Measuring Staff Activity in the Clinical Research Environment**

**Julie Jones & Jane Rush**

**Research & Development Department**

---

### Introduction

Care contact time (CCT) was introduced as a method to determine the percentage of time Nurses spent delivering direct patient care. The purpose was to take staffing beyond numbers and look in depth at the actual care being delivered to our patients based on the activity of our nursing staff (1). As a result the CCT project has been rolled out within University Hospitals Coventry and Warwickshire (UHCW) NHS Trust. An APP has then been developed which is the first electronic solution to data collection and provides live reports making the process more rigorous and timely (2).

Following on from this step it was suggested that a multi professional approach to CCT could be potentially pursued and the Research & Development (R&D) team was approached to take part. As the Clinical Research team had no formal method by which activity and capacity could be measured this offered an opportunity to benefit by piloting the next phase of the project. This involved collecting data for a longer time period than previously using an APP designed by the Trust ICT team.

The data provided would allow the R&D Department to work together to improve and streamline systems and processes resulting in:
- Efficiency improvements
- Improvement of recruitment
- Improvement of quality, both patient and data
- Having the right person doing the right job
- Share best practice
- Change practice

### Aim

To pilot the care contact time (CCT) project as one method of assessing activity and capacity against workload in the clinical research environment.

### Objectives

- To obtain data on daily staff activity over a working week
- Assess the data collected
- Evaluate the findings of the data
- Evaluate feedback from the teams regarding the process and findings

### Method

R&D instigated a pilot project in order to test the electronic APP and assess the effectiveness of the process. Research codes relating to direct and indirect patient care together with non-patient activities were developed (Figure 1). Three clinical teams participated recording their daily activity for 1 week. Information was inputted onto the CCT APP throughout the course of the day by individual team members.

### Results

Post data collection electronic reports were available for teams which included:
- Contact time
- Time spent on tasks by job title
- Time spent on tasks by category (direct / indirect / non patient)
- Top three tasks by job title

Feedback from members of staff involved in the pilot included the following:
- Teams positively engaged in process (95% compliance) Limited impact on normal working patterns
- Longer data collection period required to provide fuller information
- The percentage of time spent on non-patient activity was significantly higher than expected (up to 38%)
- Specific codes required revisiting to ensure they better reflected key activities.

### Conclusion

Before full roll out to all clinical research teams out a number of amendments were made based on the feedback:
- Updated codes to allow more accurate data to be collected
- Elongated the length of time of data collection to capture more accurate data (2 week period)

Following these minor amendments, a schedule for participation of all teams has been devised and a full roll-out has commenced as planned.

---

### Direct Care (Clinical)

- M – Medicines
- PC – Patient Communication
- NP – Nursing Procedures
- PDC – Patient Data Collection
- PR – Recruitment

### Indirect Care (Clinical)

- RD – Research Documentation
- DE – Data Entry
- DQ – Data Queries
- SC – Screening
- DC – Data Collection
- SH – Sample Handling
- OT – Ordering Tests

### Non Patient Activities

- RP – Review of Protocols
- FA – Feasibility
- STS – Study Set-up
- MO – Monitor visits
- MT – Meetings
- PRC – Professional Communication
- ST – Staff Training
- B – Breaks

---

**Literature cited:**
