

Translating Technology to Improve Patient Outcomes, Enhance Quality, and Reduce Costs

Tight Budgets Suppressing Staff Expansion

How can we grow our staff without the cost of adding Full Time Employees (FTE)?

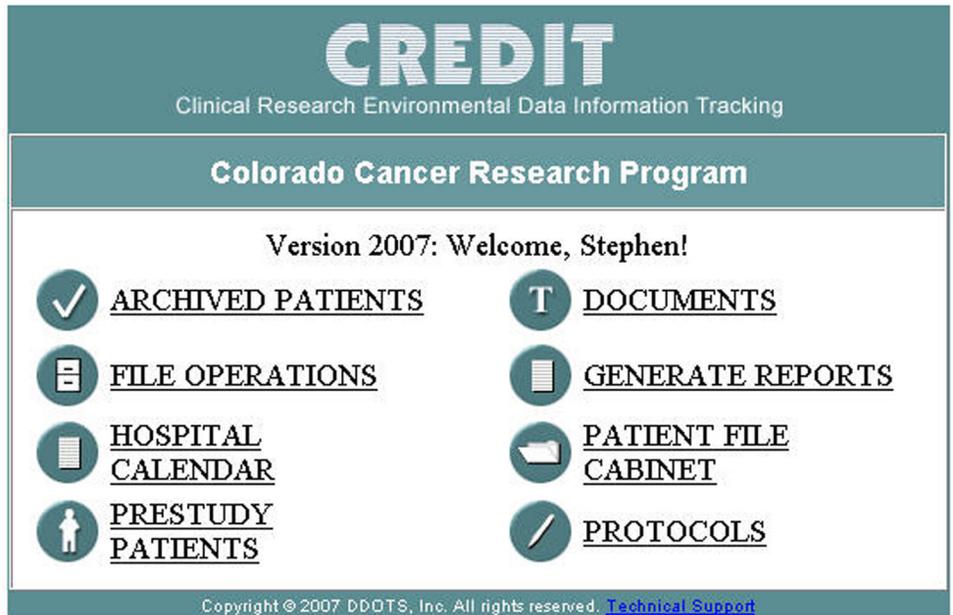
A busy staff is a good thing. Once a staff start becoming overwhelmed with the critical tasks of the day, the institution is in need of growing the team to meet the goals and demands of Patients, Investigators, IRBs, and Auditors. But all institutions are on tight budgets that do not allow for adding an FTE, or even a part time person!

The solution to this vexing problem is often not as easy as it seems. An FTE can cost upwards to \$30,000 to include benefits. Even a part-timer can cost \$15,000 per year. And we know, that the part-time staff will soon grow into more and more a full blown FTE.

One solution is to contact the "Information Services" (IS) Department to see if someone there can write programming for databases and spread sheets. This is where many organizations begin their journey to create tools to assist staff. This is a noble, and often successful, solution for the short term. These databases can exist for several years and provide needed relief to over-committed staff. While this solution has been manifested in most organizations, what follows is also predictable. Typically the IS person who created the entire project gets re-assigned to work on more pressing matters. That can mean the full planned project never really reaches maturity. Another issue is the staff may leave the organization all together, leaving staff with no place to turn. Simply assigning a new IS person to a project that is even a few years in development is like tossing the person

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Main Menu Options Centralize Tasks



Each staff is assigned access to the various modules. Based on the access, each staff main menu will vary with options.

Integrated Institution Staff Calendar



Individual computer calendars isolate staff, but this Staff Calendar keeps all staff up to date on a single web system.

(Continued from page 1).....
 overboard in the middle of the ocean to swim for shore.

In the end, organizations look outside their walls for software solutions that have a track record for managing projects like those in research. The problem here is that too often the cost of these solutions is greater than adding staff in the first place. But there is hope finding the solution.

A project founded in 1995 has grown in scope and breadth over the past 12 years which included 2 years of funding from the National Cancer Institute. This project was specifically designed to provide Study Administrative Tools to help the funding crunch most institutions encounter for the need to expand FTEs.

The robust capabilities of CREDIT© are unmatched for clinical trials data management and patient scheduling... it is an invaluable tool that simplifies the daily activities of research staff who require the utmost attention to detail.

And, because CREDIT© functionality exists, and continues to dynamically grow, as a result of users' collaborative input, real-world needs and experiences. Organizations that use CREDIT© typically report a savings of between 1 to 4 FTEs, depending on the size and number of staff involved.

What is CREDIT© doing for these institutions that it could be doing for yours?

- Manage Regulatory**
- Create Patient Calendars**
- Track Patients and Pre-Study**
- Manage Protocol Financial Payment**
- NCI Credit Reports**
- Staff Patient HIPAA Tracking**
- Exports to IRBANA© (IRB Software)**
- Audit Friendly**
- Easily Fits within Budget and more.....**

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IRB Revision Actions Recorded in Seconds

#	Study ID	Event ID	Action	Reviewed By	(Submit Date) Action Date	Memo	Record all none
1	0412 RTOG (0412)	Study Terminated/Closed 12/15/06	Approved	Expedited Review	01 12/16/2006 11/11/2007		<input type="checkbox"/>
2	24-02 IBCSG	IBCSG DSMC 10/25/06	Approved	Expedited Review	01 11/15/2006 11/11/2007		<input type="checkbox"/>
3	99-10	Study Closed & Terminated 12/19/06	Approved	Expedited Review	01 12/23/2006 11/11/2007	Study Closed & Terminated and moved to CLTFU for survival only. Annual reapprovals will occur under the CLTFU protocol	<input type="checkbox"/>
4	B-30	NSABP DSMC 10/20/06	Approved	Expedited Review	01 12/13/2006 11/11/2007		<input type="checkbox"/>
5	B-34	NSABP DSMC 10/20/06	Approved	Expedited Review	01 12/13/2006 11/11/2007		<input type="checkbox"/>
6	B-35	NSABP DSMC 10/20/06	Approved	Expedited Review	01 12/13/2006 11/11/2007		<input type="checkbox"/>
7	B-36	NSABP DSMC 10/20/06	Approved	Expedited Review	01 12/13/2006 11/11/2007		<input type="checkbox"/>

When Revisions are returned with Regulatory Actions, those activities are registered in CREDIT© in seconds. Click the [All](#) link, then the Record button. All entries are sorted to their respective studies.

Each Patient Calendar is Ready to Print

Patient: **Burke, Steve** User View
 Protocol/Arm: **E1504:1** Patient View

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2 Credit:RX:1.00 Cetuximab (400mg/m2) Diphenhydramine (50mg) Bp/hr/tn/temp Cbc and Differential Chemistry Meds Performance Status Physical Exam Toxicity Evaluation Weight	3	4	5	6
7	8	9 Cetuximab (250mg/m2) Cbc and Differential Bp/hr/tn/temp Toxicity Evaluation Meds Weight	10	11	12	13
14	15	16 Cetuximab (250mg/m2) Bp/hr/tn/temp Cbc and Differential Meds Chemistry Toxicity Evaluation Weight	17	18	19	20
21	22	23 Cetuximab (250mg/m2) Cbc and Differential Bp/hr/tn/temp Meds Weight Toxicity Evaluation	24	25	26	27
28	29	30 Cetuximab (250mg/m2) Bp/hr/tn/temp Chemistry Cbc and Differential Physical Exam Performance Status Meds Toxicity Evaluation Weight	31			

Any Protocol, any Arm, CREDIT© creates the perfect calendar automatically without the need for time-consuming calendar wheels. The calendar can be delayed to keep pace with the patient treatment.

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