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How and why did you move into clinical research?

I have always had a keen interest in clinical trials and medical research, and how clinical trials are conducted. I was drawn to the variety in the role, as well as the chance to be part of a team which aids in the delivery of groundbreaking new treatments. This makes a positive difference to their quality of life no matter how small. When the opportunity arose for me to work within a clinical trials pharmacy, it was an easy decision.

That was over 5 years ago, and it was definitely the right place for me.

What does your role as Senior Clinical Trials ATO at University Hospitals Birmingham NHS FT entail on a daily basis?

My daily responsibilities mirror that of most pharmacy assistants currently working within a clinical trials pharmacy. On a daily basis, I am responsible for the receipt of IMP deliveries, dispensing of clinical trial prescriptions, performing drug accountability, documenting patient returned IMPs and completing disposals of IMP where applicable. I monitor and maintain our pharmacy clinical trials' generic email inbox. I support monitoring visits, help resolve queries with regards to general study maintenance, and help support co-ordination of our haematology / oncology clinic patients. I am responsible for all general IMP maintenance, including expiry date checking and reviewing of our quarantined IMP. I now also maintain our pharmacy dashboards, lead pharmacy EDGE engagement in

the department / trust, and I am part of our trust EDGE / Power BI working group, a member of the LCRN WM pharmacy EDGE working group, and much more. So, as you can imagine, there are never enough hours in the day!

How has your role within clinical trials pharmacy changed over the past 12 months?

As the majority of staff had been redeployed during the pandemic, my role became far more expansive. The past year has pushed us to review / revise and in some cases introduce new working practices to meet the challenges of the pandemic, whilst still maintaining a high standard of service for our trials patients.

How do you utilise EDGE in your daily role?

EDGE has now primarily become our main source for all reporting. The reports generated from our EDGE data are visualised across all our Power Bi dashboards. I now mainly use EDGE for data entry, managing our workflows and entities as well as all our financial information.

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As reported in your recent EDGE case study, we can see that you have commenced using EDGE in conjunction with Power BI. What inspired you to give Power BI a go?

We had been using EDGE for a while before we reached a stage where our spreadsheets had been replaced by EDGE and we were exploring ways to produce reports, so this data could be reviewed in an easier-to-read format. I think the first time we saw Power BI use with EDGE was in 2018, where it was showcased by various speakers at the EDGE conference. We were blown away by the presentations as they were exactly what we were looking to develop for our departmental use. Being able to see what was possible with EDGE and Power BI, we knew this would be the way forward for us.

Utilising EDGE and Power BI has clearly brought many benefits to you and your department. What would you say is the one game changer, and why?

The introduction of automated email alerts has been the biggest game changer from my point of view. We have various dashboards that act as a focal point to signpost staff to actions that are reaching a trigger point; this will therefore require regular review. Duties such as finance make up a smaller part of our working day and therefore are not always at the forefront, and amendments are a rotational duty amongst the team. So having a reminder system that automatically alerts us via email allows us to manage our dynamic workloads much more efficiently. We currently have automated email alerts for invoice reminders and new amendments.

Which Power BI resources have you have found most useful?

When we knew we were going to move forward with Power BI, I got in touch with trusts that were currently using combinations of EDGE / Power BI to see how the dashboards are generated, Will Roe from St Georges and Vis from Leicester were extremely helpful. This was a great starting point. I was able to gain a basic understanding of how to use Power BI and what it could do. As I started to develop my use of Power BI, I found Google and YouTube to be a great point of reference. I was already fairly proficient with using Excel formulas for our spreadsheets, but these sources taught me how to incorporate DAX formulas within Power BI to replace the spreadsheet Excel formulas that I was using and make our reporting more flexible in terms of who could update the dashboards. As my knowledge developed and reporting needs of our pharmacy dashboards become more complex, I started using the Microsoft Power BI community forums to expand on current knowledge. I found the monthly EDGE email updates very helpful as they highlighted advancements in EDGE use, and will almost always signpost to colleagues from other trusts that were creating innovative systems to manage clinical trials delivery. There are now Power BI resources on the EDGE KnowledgeBase.

What advice would you give to other pharmacy departments who are entering data required from their R&D teams, but are not fully utilising EDGE?

If you are recording departmental KPI data then you should definitely check EDGE for overlapping data entry, as this will save time straight away. I found that it made me look at our EDGE use in much more detail. Report on your data to see what is available and how you may be able to build on what you have by using additional entities and/or workflows. See if EDGE can replace your department spreadsheets and expand on your use of EDGE from there. Finally, try and produce presentable data for review. In our instance, we have used Power BI as most trusts seem to be, but it could be whatever your department use. This will make it easier to identify

the data capture points you may be missing and/or the data capture points you may want to introduce and help introduce processes to help capture this data.

Out of everything that your department has achieved with EDGE, what one thing are you most proud of, and why?

There have been many different systems introduced within our department, and all have been well received by the team who have adapted quickly to normalise their use. Progress and advancement has been wholly encouraged by senior management within pharmacy and our accomplishments over the last few years have recently been acknowledged at trust level. The work we have completed has enabled us to revisit and revise working practices to streamline processes and provide better oversight for us as a department. We have accomplished this through integration of various workflows and entities and made this part of our daily working practice. I have always promoted the benefits that the data captured within EDGE can offer us. I am most proud of how, as a department, we have shown how the data in EDGE can be used to streamline and evolve working practices, to better manage workloads, provide transparent working and ultimately help evolve how we work to allow us to continually improve on our delivery of high quality clinical trials for our patients.

What are your plans for using and developing EDGE within your department over the next 12 months?

There is still much to do, but for the moment, we will look to consolidate the systems we currently have, whilst we wait for EDGE 3. I am keen to get my hands on the system and see what it can do. Eventually, we want our data to incorporate noncommercial studies, and we also want our current systems to run from live data rather than scheduled refresh of reports run from EDGE –

there is a lot of work needed here. And then we would look at Power BI apps as the next step. There will be many advancements over the next 12 months and I am really looking forward to being a part of it.

What is your "bigger picture?" That is, what do you find most fulfilling about your job?

The privilege of being a part of the development of modern medicine and part of a huge team of healthcare professionals all over the world, who are working to introduce successful new therapies for our patients. It is always great to hear the success stories and see how the benefits of the clinical trials treatments we offer are positively changing people's lives.

One thing that inspires you:

Contributing to the healthcare teams that are making a difference to the lives of the people we treat.

One personal skill that you've learned over the past year/during the pandemic:

Taught myself card magic!

By Ken Brackstone, Clinical Informatics Research Unit (CIRU)