Clinical Research Information System Team Presentation

- New Developments
- Existing Functionality
- Overview of Best Practices.

June 29, 2011



CRIS Developments

WHAT WE CALL IT...

CRIS aka Velos eResearch



CRIS New Developments





CRIS New Developments







Background

- The REDCap project was developed by Vanderbilt University and includes more than 200 active institutional partners
- This project supports two web-based applications REDCap and REDCap Survey that were designed exclusively to support data capture for research studies
- These applications allow users to build and manage online surveys and databases quickly and securely

The University of Kansas Medical Center - Department of Biostatistics went live with REDCap in February of 2011





- REDCap (Research Electronic Data Capture) is a secure, web-based application designed exclusively to support data capture for research studies
- This online tool provides users with:
 - a fast and flexible database development environment
 - secure data hosting and backups
 - an intuitive interface for collecting data
 - printable web forms
 - multi-site access.
- All data may be easily exported to Microsoft Excel or a variety of statistical analysis packages





- REDCap Survey is a secure, web-based application that is flexible enough to be used for a variety of types of research.
- This powerful online survey tool provides users with an intuitive interface and realtime validation rules, such as data type and range checks
- You can create and design surveys in your web browser and engage potential respondents using a variety of notification methods.
- Participant responses may be easily exported to Microsoft Excel or a variety of statistical analysis packages



Who can use **REDCap**[™]?

Any User at KUMC with a Current Login

https://redcap.kumc.edu



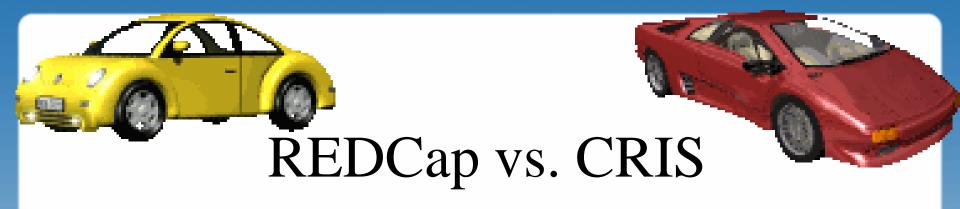
REDCap Creation Process

Step 1 Learn Step 2 Create Step 3 Preview (Option) Revise Step 4 Launch





	REDCap	CRIS
Who can enter data	KUMC Login	KUMC Login
Multi-user		
Web-based		
Export data sets and custom subsets, e.g., for data analysis	SAS, Excel, R, SPSS, STATA	SAS, Excel, Word
File uploading		
Scheduling/Study Calendar	(limited)	(Full study calendar with many options for tracking patient visits)
Generate PDF version of Data Forms to Print		
Study Management (Enrollment, subgroups, data dictionary, user-access privileges)		
Adverse Event Reporting		
Customize the CRF Design (Make the form pretty)		
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If you want the CRIS Team to design and build a database for you, **CRIS** is your best option

If you want your clinical research experts on your staff to configure the forms, **REDCap** is your best option



CRIS



CRIS Existing Functionality

- CRFs Customization
 - Supporting Customization
- Patient Portal
 - Subject Accrual
 - Multiple Portals
- eFinance
 - Budgets
 - Milestones



CRF STANDARD (Case Report Form)





Form Name: HbA1c Values

STANDARD CASE REPORT FORM

HbA1c Values		
Data Entry Date*		
Record patients' HbA1c values/date:		
Time 1:		
Date:		
Hba1c:	%	
Time 2:		
Date:		
	===	
Hba1c:	%	
5 0 1 t W 11 D	a:	
Form Status* Work In Progress	e-Signature *	



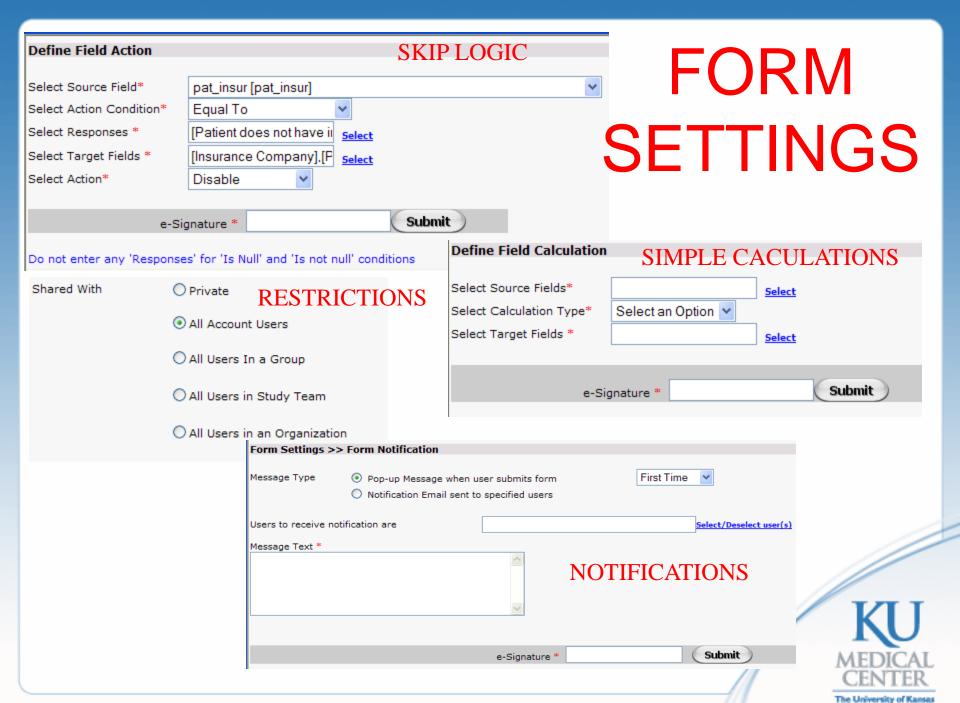
FIELD TYPE: EDIT BOX		
Section*	Child for Whom Evaluation Is Needed	
Sequence*	1	
Field Name *	Date of Entry:	44
Field ID *	er_def_date_01	
Edit Box Type	○ Text ○ Number ◎ Date	
Field Characteristics	⊙ Visible ○ Hide ○ Disable ○ Read Only	
Label Display Width	13 % Expand Label Hide Label Bold Italics	
Field Description		
Search Keyword(s)		
Field Help (On Mouse Over)		
Align (Field Display Name)	○ Left ○ Right ○ Center ○ Top ☑ Same line as previous field	
FIELD VALIDATIONS For Text Box/Number Field	Mandatory Override Mandatory Validation Field Length Number of Lines Maximum Characters/Numbers Default Response	FORM FIELI
For Date Field	Date cannot be a future date	
	Override Date validation	
	Default date to current date	
For Number Field	Override Number Format Validation Specify the format and maximum numbers that can be entered e.g. ### or ##, where '#' signifies a number and '.' signifies a decimal point Response Should Be Select an Option Select an Option	
	Override Number Range Validation	
	Submit	



CRF WITH FORM SETTINGS







CRF WITH CUSTOMIZATION







Velos eT☆☆Is®

Manage Account

Select Datasource

DB Maintenance

Report Designer

Data Migration

CDUS

Manage Forms

Form from File

Form Transfer

Customize Form

caDSR Integration

Manage Calendars

Manage Budgets

Logout

Manage Forms

Form from File

Form Transfer

Customize Form

caDSR Integration

CUSTOMIZATION USING JAVASCRIPT AND XSL



CRF WITH CUSTOMIZATION WITH NO CHANGES TO FORM





CRF WITH CUSTOMIZATION WITH CHANGES TO FORMS FIELD





CRF WITH CUSTOMIZATION WITH CHANGES TO FORM LABELS













PATIENT PORTAL











SINGLE FORM

Child for Whom Evaluation Is Needed Data Entry		
Oata Entry O6/29/2011 Cocial Security No. Date of Birth Cocial Security No. Date of Birth Cocial Security No. City: County: Street County: State: Zip: County: State: Zip: County: Figure Phone: Cell Phone: Compager Figure Figure Form:	Form Name: Patient Information Form Lvl 3	
Date of Birth Cocial Security No. Date of Birth Child's Street ddress: County: Come Phone: Work Phone: Cell Phone:	hild for Whom Evaluation Is Needed	
ocial Security No. Date of Birth Chool ame: School District: City: City: County: State: City: County: County		
chool ame: School District:	ull Name:	
ame: Child's Street ddress: County: Co	ocial Security No.	Date of Birth
ddress: county: State: Work Phone: E- mail ame of Person Completing Form:		ool District:
ome Phone: Cell Phone: E-mail Iame of Person Completing Form:		City:
ager E- mail ame of Person Completing Form:	ounty: State:	Zip:
ame of Person Completing Form:	ome Phone: Work Phone:	Cell Phone:
elationship to Child Parent O Adoptive O Relative O Guardian O Foster O Institution O Other	ame of Person Completing Form:	
	elationship to Child Parent Adoptive OR	Relative Guardian O Foster O Institution O Other
/hat questions or concerns are most important to you at this time?	/hat questions or concerns are most important to you at th	nis time?
•		





MULTIPLE FORMS

Please use the links below to fill out all study measures. Please make sure to click submit button before you close each study form. When you are finished completing the Medical/Health Information form, a message will appear next to the link indicating that it has been completed.

For all other forms, this message <u>WILL NOT</u> appear because we are asking participants to complete the other forms at two different time points. <u>Please</u> note which forms you have completed and which you have not; do not worry if you accidentally open a form a second time because the system will remember your data each time you complete a form.

In some browsers (such as Internet Explorer), the links will change to a red color to indicate that you have already clicked on the link (but not necessarily that you are finished filling it out). In other browsers, the links will not change colors in other browsers.

Please contact one of the study coordinators if you have problems while completing the forms (Jason Van Allen, jvanallen@ku.edu, Brad Nelson, bnelson@kumc.edu, or Susana Patton, spatton2@kumc.edu). Thank you for participating!

Your Forms:

Child Forms Part 1 (41 questions)

Child Forms Part 2 (29 questions) Child Forms Part 3 (37 questions)







Powered By





MULTIPLE PORTALS

Portal Name	Description	Status
CCHD-2	-	Active H
CCHD-3	-	Active H
CCHD-4	-	Active H



















eFINANCE



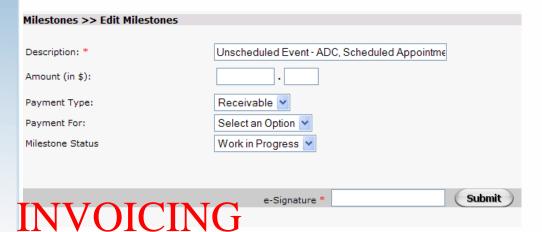


eFINANCE

Details Budget Appendix A	ccess Rights	
Budget Name *		
Version Number		
Comments (Limit 4000 characters)		
Created By *	Angelica Allen Select User	
Budget Currency *	US Dollars 🕶	
Budget Template *	Select an Option	
Budget Status	Work in Progress 💌	
	O Budget is Organization non-specific	
	Budget is specific to Organization:	The University of Kansas Medical Center
	Associate Budget to the following Study:	Select an Option 💌
	•	e-Signature * Submit









Type *	Select an Option	~
Description	Payment Made Payment Received	
Payment Date *	Select an Option	
Amount (in \$)*		
Comments		



CRIS OVZTVIZW BEST PRACTICES

- MULTIPLE CRFs
- AD HOC QUERIES
- MAXIMUM FIELDS



CRF

- Do not number the questions
- Do not use checkboxes
- Custom Coding is not something that is readily offered
- If Multiple timepoints must have separate forms for each timepoint

Ex. Timepoints = 5; create 5 separate forms



Ad-Hoc Queries

- Biostatisticans and CRIS Support team have the ability to create Ad Hoc Queries
- Use "Shared With" option on reports for viewing restrictions
- When copying an Ad Hoc Query. The Select Report Type section can not be manipulated.



Maximum Fields

100 fields is the suggested maximum field for CRF's

- More than 100 fields slows down the system
- To alleviate this issue break the CRF into multiple forms





THE UNIVERSITY OF KANSAS Medical Center

