Better Forms, Better Data

Product Showcase with Bryan Farrow of OpenClinica
What a Difference a Form Makes

• If data is the lifeblood of a study, forms are its kidneys and arteries.

• We want data that’s clean and fast-flowing.

• As form designers, we have a direct impact on DAYS of a CRC’s work life

• How are we going to help the CRC make the most of those minutes?

• In other words, how are we going to get better data, faster?
The Five Factors of eCRF Usability

• **Form content** – Are the labels and instruments familiar to the user/CRC?

• **Form layout** – Is the form designed for the optimal balance of efficiency and accuracy? Consider pagination, item group headings, skip logic behavior...
The Five Factors of eCRF Usability

• **Input process** – Flexible where it needs to be? Structured where it needs to be? Intuitive UI for date specification, select one, select many?

• **Error handling** – Real-time? Detailed?
The Five Factors of eCRF Usability

• **Form submission** – Clear distinction between “close” and “complete”? Clear “reason for change” workflow?

The Five Factors of eCRF Usability

Data Collection of Medication – Impact of Autocompletion in eCRFs on Efficiency and Data Quality

Objective: OpenClinica Input Completion (OIC) was developed to increase the efficiency to enter drugs in eCRF in OpenClinica. The aim of the study was to evaluate the impact on efficiency and data quality as well as usability.

Methods: 20 participants were asked to input 15 drugs with the new tool and by hand. Results: The mean input time got decreased from 16.12m to 3.59m. 31 of 300 (10%) of manual entered medication data sets had one or more errors versus 10 of 300 (3.3%) data sets entered with OIC. Conclusion: OIC was able to increase efficiency and data quality. We conclude that new additions to the graphical user interface in electronic Case-Report-Form (eCRF) systems should be validated before usage in research projects.