
Australia
New Zealand
Site Solutions Summit™

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SCRS Site SPARK AWARD

Site Spark℠ Presentations

July 25, 2026

Sponsored By:

Pfizer

PARTNERING FOR SUCCESS

SCRS Society for Clinical Research Sites

2026 Judges

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Paul Christensen

Life Clinical Research

Lauren MacNaughton

Pfizer

Kathryn Speed

PPD, a part of Thermo Fisher Scientific

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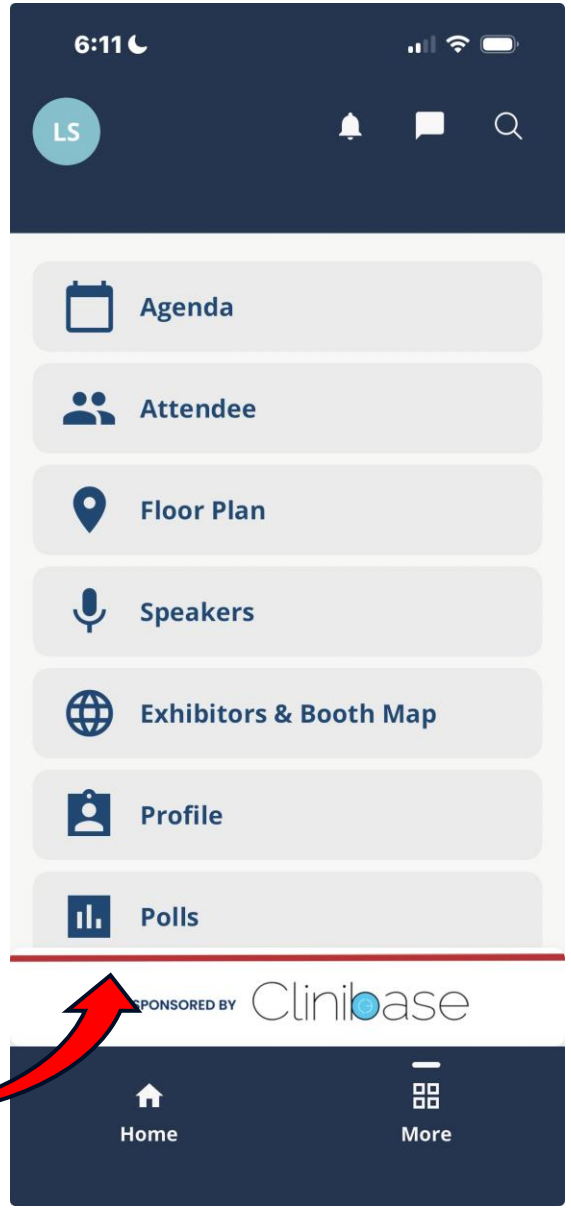

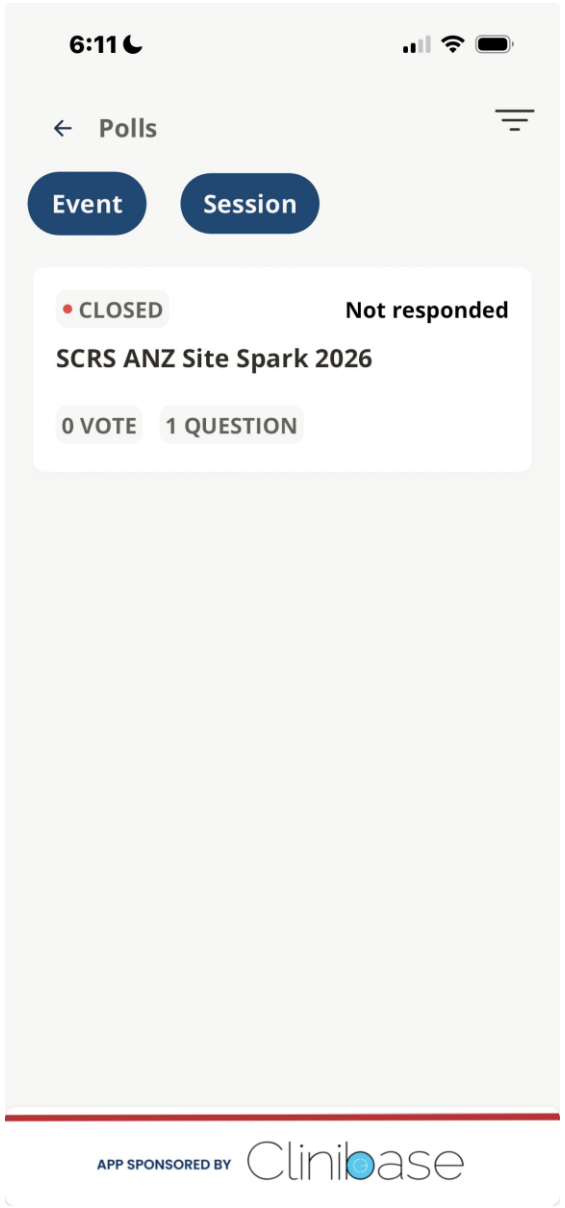

2026 Finalists

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Grampians Health

Ashleigh Clarke
Grampians Health, AUS

Te Whatu Ora
Health New Zealand
Te Toka Tumai Auckland

Silvia Iglesias
Cancer and Blood Research, Auckland City Hospital, Health New Zealand

NSW GOVERNMENT Cancer Institute NSW

Yang Song
Cancer Institute NSW, AUS

Faculty Disclosure

In compliance with ACCME Guidelines, I hereby declare:

I do not have financial or other relationships with the manufacturer(s) of any commercial services(s) discussed in this educational activity.

Ashley Clarke, Grampians Health

Silvia Iglesias, Cancer and Blood Research, Auckland City Hospital

Yang Song, Cancer Institute NSW

Lauren Stockwell, SCRS

Criteria for Awarding Contact Hours

Applicants must be present during the "live" event, contact hours are not issued for recordings.

Applicants must attend the activity the whole time, missing no more than ten minutes of the activity.

Applicants must complete the post-meeting survey with a score of at least 70%.

Applicants must complete the post meeting survey evaluation questions.

Society for Clinical Research Sites, Inc. is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

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Grampians Health

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Grampians Health

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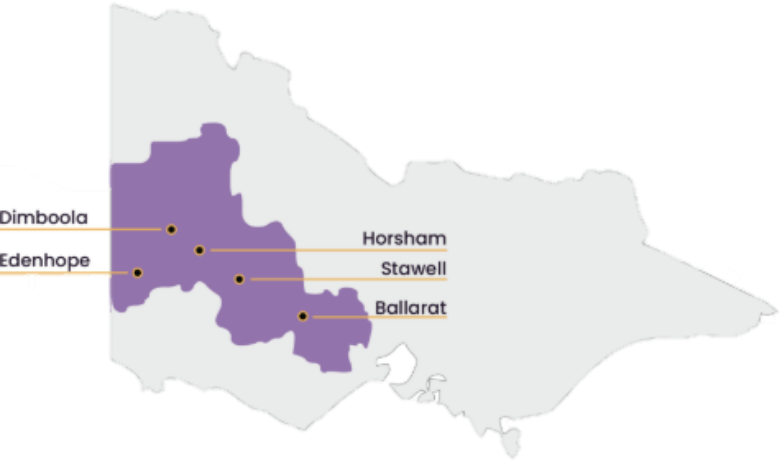
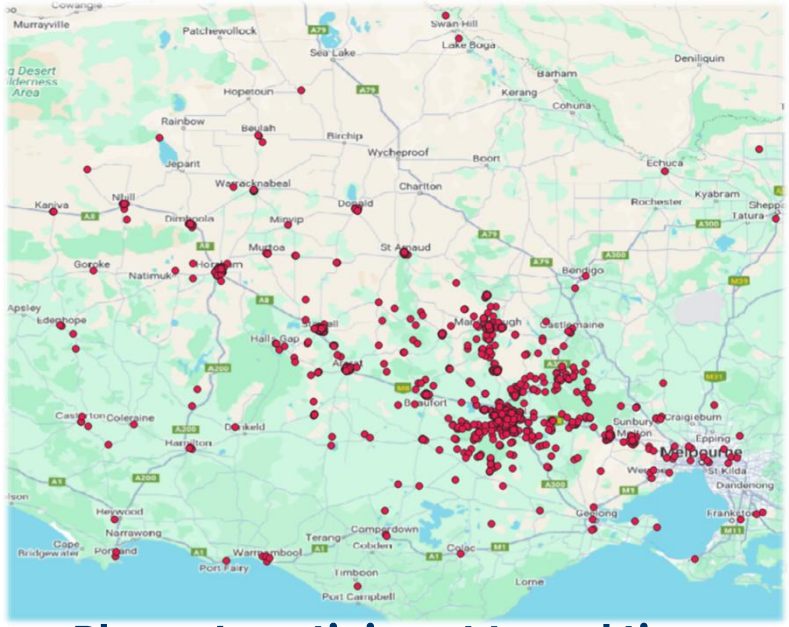
WHO WE ARE



WHAT WE SOLVED



- Phase I participant travel time average 45min [4min – 2hr 46min]
- ONE WAY

INNOVATION OVERVIEW

- Equipment: -80C, +4C, centrifuge, vitals monitoring, phlebotomy,
- Generator + battery back-up
- Secure network + SKILLED staff

Key Takeaways

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1

WHAT YOU LEARNED

- Our journey so far: 1st patient consented and randomized on the van in January (remote patient monitoring trial for Atrial Fibrillation)
- Approved for Phase II oncology supportive care
- We underestimated how much our community would love it!

2

HOW OTHERS CAN IMPLEMENT

- Equipment is portable – could go in any fleet car
- Uses existing "hospital-in-the-home" or community nursing procedures
- 5 hospitals → one health service → one ABN → single governance
- Cost shifting: patient travel/accommodation reimbursement vs van expenses

3

FINAL NOTES

- Never forget the why

"Having the mobile unit pull up outside our home will make things so much easier…… I won't have to travel two and a half hours to Ballarat for every trial visit" (Barry, Phase I trial patient)

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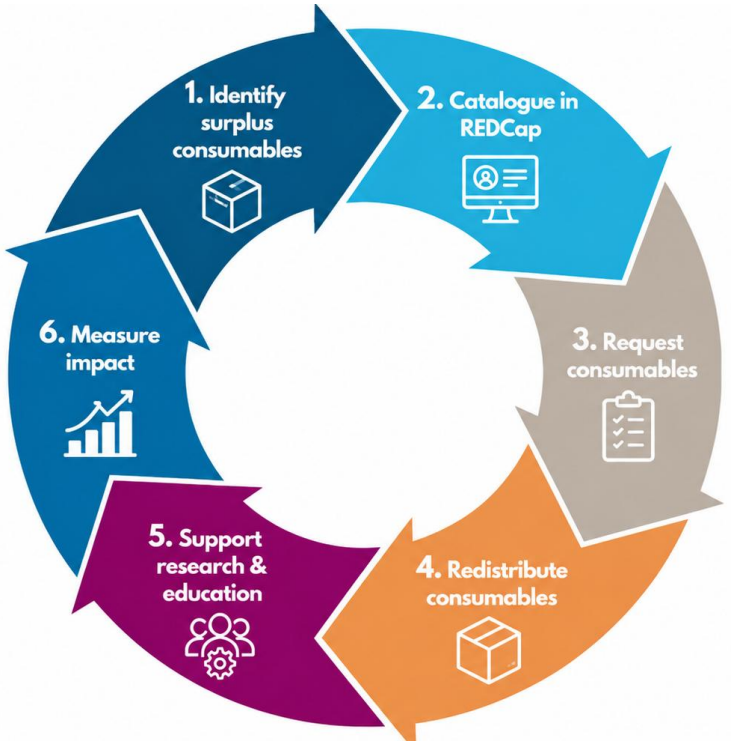
WHAT WE SOLVED

Surplus clinical trial consumables becoming clinical waste

INNOVATION OVERVIEW



Transforming surplus consumables into research resources

Key Takeaways

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1 WHAT YOU LEARNED

9,284
Consumables Redistributed

120 $kgCO_2e$
Total estimated CO_2e Emissions Avoided

$2,386
Total estimated costs savings including incineration cost

14
Number of research and education units supported

2 HOW OTHERS CAN IMPLEMENT

- Start with your clinical trials unit.
- Use an existing platform (e.g. REDCap) to catalogue surplus consumables.
- Engage stakeholders early and communicate the benefits.

3 FINAL NOTES

Small changes to existing processes can transform waste into resources.

Without intervention, these unused resources become clinical waste.

The Team

Credits and Acknowledgements

Yang Song

Cancer Institute NSW

Narae Kim

Cancer Institute NSW

Celine Daignault

Cancer Institute NSW

Raymond Tangunan

Blacktown Hospital - Medical Oncology Research Unit

Joshua Neish

St Vincent's Hospital Sydney - Haematology Clinical Research Unit

NSW GOVERNMENT

Cancer Institute NSW, Western Sydney Local Health District

ST VINCENT'S HOSPITAL SYDNEY

BLACKTOWN & MOUNT DRUITT HOSPITALS

We thank the CTAs from Blacktown Hospital - Tara Fay, Pashtana Noori and Frederick Afeaki

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Health New Zealand

Te Toka Tumai Auckland

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Cancer & Blood Research. Auckland City Hospital Health NZ

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WHO WE ARE

Clinical trials On-Site & DCT

Discipline	Open	In follow up	In setup	Total
Early Phase	11	8	5	24
Haematology	15	19	9	43
Haemophilia	1			1
Low Risk	6		1	7
Medical Oncology	23	34	10	67
Radiation Oncology	4	6		10
Radiation Oncology	1	11		12
Grand Total	61	78	25	164

Recruitment over last 3yrs:

	2023	2024	2025
Recruited	191	140	192

WHAT WE SOLVED

What was the challenge?

A highly manual and complex QA process for Participant Information Sheets led to **long turnaround times and limited scalability**

What was needed?

A scalable solution to improve **consistency and reduce workload** while maintaining **quality, equity, and trust.**

What didn't exist?

No standardised, AI supported approach existed to safely and consistently **support QA review within a governed clinical research environment**

INNOVATION OVERVIEW

What did you build?

An AI supported QA solution using Microsoft Copilot, **with task-specific agents to assist review of Participant Information Sheets**

How can it be replicated?

By using existing enterprise AI tools with **structured prompts, phased validation, and strong governance frameworks**

Who is it for?

Clinical research sites, particularly QA teams and Clinical Research Coordinators **managing document-intensive workflows.**

What does it solve?

It improves consistency, reduces manual workload and turnaround times, and enhances overall document quality

Key Takeaways

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1

WHAT YOU LEARNED

- AI reduced turnaround times from up to two days to near real-time feedback, significantly improving efficiency
- AI is most effective when used for well-defined tasks with structured prompts and strong human oversight, weaker in contextual/visual checks
- Recognise when to stop optimising AI and rely on manual checks
- Successful AI adoption depends not only on technology, but on governance, training, and human judgment to ensure quality and trust

2

HOW OTHERS CAN IMPLEMENT

- How to get started

Identify a high-volume, repetitive QA process, start with a small pilot, use approved AI tools, and define clear SOPs and boundaries for safe use

- How to replicate

Engage governance, privacy, cultural, and legal stakeholders early, follow a phased validation approach, and support adoption through staff training and clear accountability

3

FINAL NOTES

- Focus on well-defined tasks
- Start small
- Build safe
- Start now!


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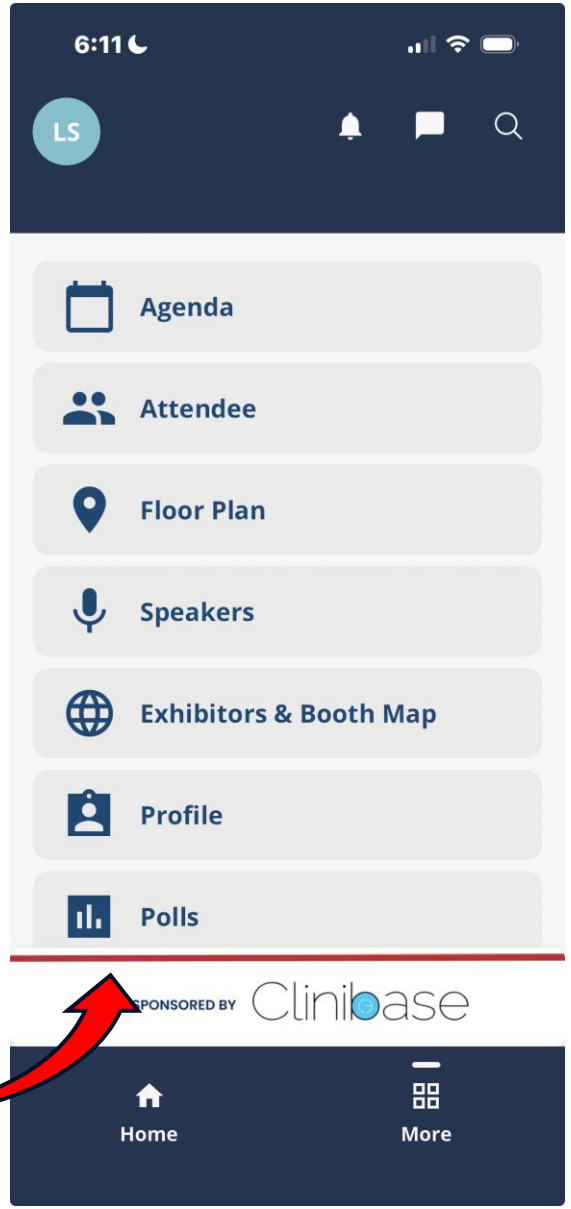

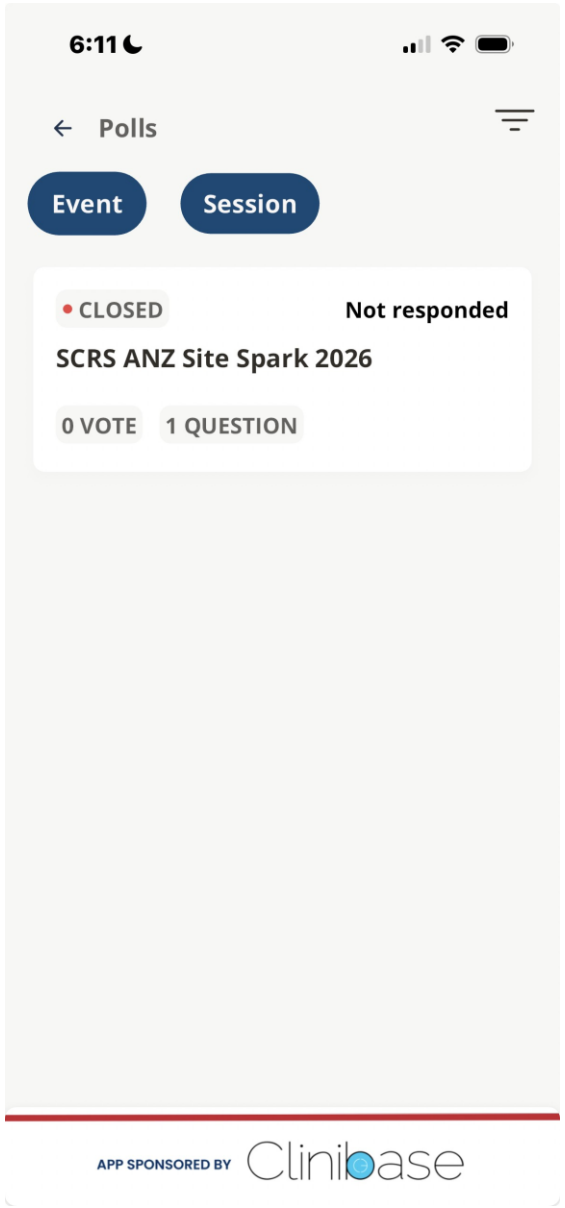


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LOOKING AHEAD

Breakout Sessions III & IV

Beyond Awareness: Building Cultural Competency

Plenary Session

SCRS IncluDE PROGRAM

Site Spark Recipient Announcement & Closing

Please Join Us Now For The

NETWORKING BREAK

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