

Child Life Capacity for Patient/Family Impact (CPFI): Measuring the impact of child life services on any given day, any given shift

Metric Definitions

Capacity for Patient/Family Impact

The Capacity for Patient/Family Impact (CPFI) describes the expected opportunity for positive outcomes from child life impact based on child life staffing. This metric allows a consistent way to measure and compare child life services across your own institution and as a standardized productivity benchmark across all child life programs.

The CPFI describes the ability to provide services to a particular area of the hospital and the expected number of families to be impacted, based on staffing. When you put your data in the Child Life Professional Data Center on a quarterly basis, standard CPFI for your site will be calculated.

For example, the data collected quarterly will allow you to describe your existing impact:

If I staff the inpatient unit with “X” hours of child life specialist coverage, I can expect “Y” number of families to receive services.

Or make staffing recommendations based on coverage goals:

We currently see 80 patients per 16 hours of child life specialist time per day (2 FTE) in our pre-operative surgery area, giving us a CPFI of 5 patient/families impacted per 1 hour of staffed time. If we want to be able to assess every patient in our pre-operative surgery area (100 per day), we would need to provide 20 hours of child life specialist time per day (2.5 FTE).

The Child Life Professional Data Center will allow you to compare your institution’s CPFI to other sites. The median is used as the standard for comparison, allowing for normal variation in data from program to program and to account for outliers, where data is very high or very low compared to the majority of CPFI program data entered. The comparisons will be tailored based on the peer group you select.

Area of Service (place/location of child life services)

Capacity for Patient/Family Impact will be measured in six specific clinical areas of service within the hospital:

1. Inpatient Acute Care: IE- Medical, Surgical, Disease specific units, Rehabilitation/Sub Acute units
2. Critical Care: IE- PICU, Neonatal ICU, Cardiac ICU
3. Radiology/Imaging: IE- MRI, CT, Pet MRI, Radiation Oncology
4. Outpatient Services: IE- Primary Care, Specialty Clinics, Community based programs, Dialysis, Infusion Centers
5. Pre-Surgery: IE- Same Day Surgical Centers, Procedure Units, PACU (Post Anesthesia Care Unit)
6. Emergency Department/Center: IE- Emergency Departments, Emergency Centers, Emergency Rooms, Urgent Care, Evaluation Centers

If you are unsure which of these six categories a specific clinic or unit falls under, please refer to how your institution defines the area based upon accreditation bodies such as the Joint Commission or the CMS.

Patient Encounter

A **patient encounter** is a child life specialist-provided interaction with a patient, sibling, or caregiver. The total encounters are a count of total interactions with a patient/family. The goal of counting patient encounters is to determine how many unique patients/families a child life specialist interacts with on regular basis, using hours as the common time frame across all programs.

When calculating patient encounters, the total number of encounters is calculated per child life specialist per shift in each specific area of care.

If a child life specialist sees the patient/family multiple times across one shift, this would count as one encounter. For example, if a child life specialist assesses the patient's needs at the start of the shift and returns later in the day to prepare and support the patient for a procedure, this would count as one encounter because cumulatively, only one patient/family was impacted by the multiple interactions from the same child life specialist.

Because Capacity for Patient/Family Impact measures the unique patient/family encounters for **each individual** child life specialist, if a patient/family is seen by more than one child life specialist in a given day, each child life specialist could count the encounter.

If a child life specialist assesses a patient and determines that the patient/family is not in need of services but could benefit from interaction of another service (music therapy, volunteer, etc), the initial assessment would be counted as an encounter because the child life specialist initially provided direct services to the patient/family. However, subsequent

interventions provided by the music therapist, volunteer, etcetera would not be counted as encounters because the services are not provided by a child life specialist.

Though relevant to the work of the child life specialist, there are many tasks in a child life specialist's day that would not count as a patient encounter because there is no direct interaction with patients and families. For example, attending rounds, reviewing a patient's medical record, or putting patients on a volunteer list would not be considered patient encounters because there is no direct interaction with the patient/family.

There are many encounters that child life specialists have with patients and families over the course of a shift. The data collection process is not at a place yet to measure the different types of child life interventions. Therefore, an encounter can include introduction of services, medical play, end of life support, dropping off a toy or touring a costumed character. Ultimately, it is the responsibility of the child life specialist to assess the patient's psychosocial needs; each touch point is considered a patient encounter.

Scheduled Shift of Child Life Specialist

Capacity for Patient Family Impact is measured by total patient/family encounters divided by total hours of scheduled shift.

The total hours of scheduled shift refers to the entire length of the child life specialist's shift, including time that may or may not all be used to provide direct patient care. There are essential tasks in a clinician's day that are part of job functions and are assumed part of the scheduled shift. When calculating the total scheduled shift hours, do not deduct hours for non-clinical work that is regularly performed during the shift.

Additionally, do not add or deduct time for flexed shift length. For example, if a child life specialist typically works an 8-hour shift but leaves an hour early or stays an hour late, this would still be counted as an 8-hour block of time.