Benchmarking Platform: A New Tool for Child Life

Child Life Professional Data Center: Program and Productivity Data
Webinar Objectives

- Development of survey questions and platform
- Research drives data collection
- Managing staff response
- Introduction of platform data collection
- Plan for future education
Scientific Advancement of Professional Practice Committee

SAPP Committee – Kate Shamszad and Quinn Franklin

- The SAPP Committee will support ACLP’s strategic plan by promoting, encouraging, and educating the membership regarding all aspects of research, EBP, and scholarly publication and presentation

Board Liaison – Anne Claire Hickman

Staff Liaison – Meagan Roloff

Research Proposal Sub-Committee – Jennifer Staab and Ali Christler

- To create research, EBP, and QI proposals for the CLC, along with developing a sustainability plan for revisiting and updating related documents or work.

Education, Outreach, and Awareness Sub-Committee – Annette Bonjour and Emily Jones

- To make the membership aware of research, QI processes, and maintain a platform that supports networking of child life professionals interested in the topic. To help promote and build the skill set of professional members related to research/EBP/QI through education offerings and mentorship.

Benchmarking and Database Sub-Committee – Patrice Brylske and Michael Towne

- To develop and oversee a benchmarking and research data center.
Benchmarking- Past
How did we tell our story?

• Share the impact of our work through anecdotes and stories
• Collect quotes, letters of support, staff testimonies
• Recommend a staffing ratio- 15:1 or adjusted based on location: AAP Statement
What data has been collected in the past?
What data is important to you?

- Utilization - best practices of using resources including staffing, supplies, general and special programs, and environment (e.g. play areas, healing gardens, etc)
- Productivity - numbers of patients served including how staff use their time (e.g. variables that would be helpful for improving ratios and expanding staffing)
- Improvement of patient outcomes, including better throughput and patient safety
- Big data for multisite studies and information for research
- Big data for advocacy and lobbying

Bar chart showing the importance of various data types:

1. Utilization
2. Productivity
3. Improvement of patient outcomes
4. Big data for multisite studies
5. Big data for advocacy and lobbying

Scores range from 0 to 10.
How do we know what data is important?

• We let evidence guide us.

• Outcomes from psychosocial support include better coping, less sedation use, increased patient and family satisfaction, better communication and more.

• Review of the literature: Published research shows child life impact in 6 distinct areas-

  Acute Care
  Critical Care
  Radiology
  Pre-Surgery
  Outpatient Care
  Emergency Department
What are our new building blocks?

- Acute Care
- ED
- Critical Care
- Pre-Surgery
- Patients Seen
- Radiology
- Outpatient
- Scheduled Shift
Definitions of Target Areas

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.
Apples to Apples Comparison: Finding all the *red delicious*

- **Time:**
  - Record the length of the assigned clinical care shift (for example, 4 hours, 8 hours, 12 hours, etc) based on area of assignment

- **Location:**
  - Record the number of patient seen and provided with services during the shift in each area

- **Who:**
  - Child Life Specialist providing the encounter
What is defined as a patient encounter?

- Total # of patients seen: any interaction with a patient, sibling, or primary caregiver (introduction of services, procedural preparation, phone call to prepare, when a child life specialist interacts with patient/sibling/caregiver in a playroom session, special event) associated with a unique MRN.

  - A CCLS can have more than one encounter with the same patient/sibling/caregiver tied to one MRN but it will be counted just once for that CCLS.

  - In the case of sibling transplant where the sibling has their own MRN, seeing the transplant recipient and sibling donor would count as 2 patients seen.

  - If more than one CCLS is assigned to a clinical area and both see the patient/sibling/caregiver tied to the same MRN in the same day, each would count it as 1 patient seen.
Example of Patient Encounter

Some days, Belle would see the same patient, Olaf, and his family multiple times. She would only count this as 1 patient encounter.

The same MRN would be used to document.
Determining where to log patient encounters

Scenario 1: Specialist spends 80% of time in primary unit but consults a patient in another area- count the encounter in the primary unit bucket not the area where service was provided.

OR

Scenario 2: Specialist spends shift in more than one area every day as part of their scheduled coverage- divide the time equally across the areas.

ie, 3 areas = 2.7 + 2.7 + 2.6 = 8 hrs

If the time spent is consistent, divide time accordingly.

ie, 2 areas = 30% (2.4) + 70% ( 5.6) = 8 hrs
Area: => 80% services in one area

EXAMPLE:
Cinderella works an 8 hour shift in Acute Care inpatient. Usually, all encounters & scheduled hours would be recorded in the Acute Care bucket.

If Cinderella goes to the ED to see 1 patient, that 1 patient will be tallied in the Acute Care bucket along with all the other patients she sees that day in Acute Care Inpatient because she spends 80% or more of her time there.
Belle might see patients all over the hospital in her role of float. How does she capture this?

Time divided would be 2.7 hours Radiology, 2.7 hours Acute Care, 2.6 hours Critical Care.

Belle would list encounters in these 3 designated buckets.

Belle sees 3 patients in **Radiology**

Belle sees 6 patients in **Acute Care**-Inpatient

Belle sees 5 patients in **Critical Care**
Understanding the use of the median to measure the number of patient encounters

Some days, Rapunzel is constantly running from one room to the next. On those days, her patient data was really high!
Understanding the use of the median to measure the number of patient encounters

Other days, Rapunzel had a chance to sit down and focus on some non-patient care activities, like trainings. On those days, her patient data was lower.
Over time, Rapunzel’s patients seen/hours worked looked like this:

To account for variation over time in how many patients are seen, the **median** will be used. Don’t worry – we will help you calculate this!
And all together, when everyone’s data is collected and compiled from many specialists or many sites, it might look like this:
Data Collection Method

The Local Daily Productivity Data Collection Tool (word document or excel spreadsheet) is intended to be used by a specialist to record all patient encounters per scheduled shift, or “day” the specialist works. The term “local” refers to productivity data collected in the healthcare setting where the specialist works.
Daily Productivity Data Collection Tool

Refer to Local Productivity Data Collection Tool for Instructions on use of this form

Staff Name: ______________________ Date: ________

Inpatient Acute Care
# of scheduled hours worked in area: ______
# of Patients Encounters: ________________

Inpatient Critical Care
# of scheduled hours worked in area: ______
# of Patients Encounters: ________________

Radiology
# of scheduled hours worked in area: ________________
# of Patients Encounters: ________________

Pre-surgery
# of scheduled hours worked in area: ________________
# of Patients Encounters: ________________

Outpatient Ambulatory (excluding radiology and pre-surgery)
# of scheduled hours worked in area: ________________
# of Patients Encounters: ________________

Outpatient Emergency Department/Center
# of scheduled hours worked in area: ________________
# of Patients Encounters: ________________
## Local Productivity Quarterly Data Collection Tool Sample

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<th>Oct/Nov/Dec</th>
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</table>

**Inpatient Acute Care**
- # of scheduled hours worked: ______
- # of Patients Encounters: _____

**Inpatient Critical Care**
- # of scheduled hours worked: __________
- # of Patients Encounters: __________

**Radiology**
- # of scheduled hours worked: ________________
- # of Patients Encounters: ________________

**Pre-surgery**
- # of scheduled hours worked: ________________
- # of Patients Encounters: ________________

**Outpatient Ambulatory**
- # of scheduled hours worked: ________________
- # of Patients Encounters: ________________

**Outpatient Emergency Department/Center**
- # of scheduled hours worked: ________________
- # of Patients Encounters: ________________
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Instructions for Specialist

The sum of the # of hours worked per area in one shift should not exceed the total hours per specialist per scheduled shift.

Record # of patient encounters based on the location where the patient was seen.

- If a specialist is assigned to an area and works there 80% or more of the scheduled shift that day, all patient encounters are recorded for the “primary” work area.
- If a specialist is assigned to cover more than one area for the shift and the time spent in each area varies due to patient or other needs, the specialist divides the shift equally between areas. This process accounts for the notion that the time spent in the areas changes from day to day, but for the most part averages out. The specialist accurately documents the # of encounters in each area per shift.
- If a specialist is partially clinical but also has additional assignments outside of clinical care, truncate the shift accordingly.
Instructions for Program Leader

*Excel Spreadsheet.* The Program leaders would refer to the quarterly summary tab of the workbook to locate data for entry into CLPDC Quarterly Productivity Dashboard.

*Word Document.* The program leader would collect the Local Daily Productivity Data Collection Tools per quarter from all staff. The program leader totals both scheduled hours and patient/family encounters as described below.

- Sum # of scheduled hours worked per Inpatient Acute Care. For example, if a program has 2 FTEs who collected data for Inpatient Acute Care for that quarter, all of their scheduled hours are added up and entered into the CLPDC Quarterly Productivity Dashboard.

- Sum of patient encounters per Inpatient Acute Care. For example, if a program has 2 FTEs who collected data for Inpatient Acute Care for that quarter, all of their patient encounters are added up and entered into the CLPDC Quarterly Productivity Dashboard.

- The process is repeated for each of the six Areas of Service each quarter.
- The process to total scheduled hours and patient encounters is the same, regardless of how many FTEs are on staff.
With change comes emotions: Supporting staff
Introducing “FEELINGS” around PRODUCTIVITY and DATA COLLECTION

Who Are You Today?
Who Will You Be Throughout This Process?
Who Will We All Be When We Have Data Collection Center?
Child Life Professional Data Center (CLPDC) Website

Annual Metrics 2017

Profile
- Your Hospital

Programs
- Child Life Professional Structure
- Child Life Programming
- Budget & Finance

23 of 24 questions answered

Staffing
- Child Life Professional Staffing
- Select Positions
- Position Details

24 of 67 questions answered

Annual Results Summary
- Key Performance Indicators

36 of 49 questions answered

Quarterly Metrics Apr-Jun 2017

Productivity
- Select Inpatient Departments
- Inpatient Services
- Select Outpatient Departments
- Outpatient Services

Quarterly Results Summary
- Capacity for Patient/Family impact

0 of 9 questions answered
Child Life Professional Data Center (CLPDC) Website

COMING SOON! REPORTS WILL BE AVAILABLE IN JULY.

Select and Set Filters...

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Annual Reports

Annual Report Sample

This report provides a sample of annual data displayed in personalized charts and graphs.
Child Life Professional Data Center (CLPDC) Website

PEDIATRIC INPATIENT KEY PERFORMANCE INDICATORS

- Capacity for Patient/Family Impact: Critical Care
  Calculation: Number of quarterly inpatient encounters for this department divided by the quarterly inpatient scheduled staff hours for this department.

- Capacity for Patient/Family Impact: Inpatient Acute Care
  Calculation: Number of quarterly inpatient encounters for this department divided by the quarterly inpatient scheduled staff hours for this department.

- Total Quarterly Inpatient Encounters for the Pediatric Organization
  Calculation: Total number of quarterly inpatient encounters entered for all the departments in your organization.

- Total Quarterly Inpatient Scheduled Hours Staffed by the Child Life Department
  Calculation: Total number of quarterly inpatient scheduled staff hours entered for all the departments in your organization.

- Quarterly Inpatient Encounters Per Staff Hour
  Calculation: Number of total quarterly inpatient encounters divided by total number of quarterly inpatient scheduled staff hours.

STAFFING KEY PERFORMANCE INDICATORS

- Program Staffing Hours During Weekdays
  Calculation: Number of week day hours (Monday through Friday) covered by a child life specialist divided by number of days per week your child life program is staffed.

- Program Staffing Hours During Weekends
  Calculation: Number of weekend hours (Saturday and Sunday) covered by a child life specialist divided by number of days per week your child life program is staffed.

- Weekly Program Staffing Hours
  Calculation: Number of weekly hours (Sunday through Saturday) covered by a child life specialist divided by number of days per week your child life program is staffed.

- Weekly Hours Per FTE Employee
  Calculation: Total number of cumulative hours worked by Child Life Specialists per week divided by total number of Child Life Specialist FTEs.

- Full-Time Equivalents (FTEs) Funded by Separate Cost Centers
  Calculation: Child Life Specialist FTEs funded by separate cost centers divided by total number of Child Life Specialist FTEs.

- Full-Time Equivalents (FTEs) Located on the Main Campus
  Calculation: Child Life Specialist FTEs located on the main campus divided by total number of Child Life Specialist FTEs.
# Timeline of Data Collection

Welcome to Child Life Professional Data Center!

To assist in completing the questions as efficiently as possible, we recommend you download the following documents before you begin:

- **Download the User’s Guide** - This document will assist users in navigating the online survey and will answer most of your "how to" questions regarding the site.
- **Data Collection Worksheet** - This document includes a list of survey questions and help text, organized by section.

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<td>June 1, 2019</td>
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<td><strong>October – December 2019 Quarterly Productivity Data</strong></td>
<td>1/1/20 – 2/29/20</td>
<td>March 1, 2020</td>
</tr>
</tbody>
</table>
Next steps:

Login to the CLPDC starting April 3, 2017 and start to become familiar with the sections and survey questions.

All supporting documents are located on the CLPDC landing page and inside the platform for easy access.

Contact ACLP at datacenter@childlife.org to join a peer group to provide support during the first year of data entry.

View future webinars to explain the Compare and Reports tab and how to use the analytics in the platform.
Thank you to the ACLP members who contributed to the building of the Benchmarking Platform

Patient Ratio Task Force
Scientific Advancement of Professional Practice Subcommittees:
Research Proposals
Education, Outreach, & Awareness
Benchmarking & Datacenter