

## Frequently Asked Questions: Productivity Data Collection

1. *A child life specialist works on a primary unit but is occasionally called to provide services in another area of the hospital. How should their time be allotted?*
  - a. If the child life specialist has spent 80% or more of their time in a primary unit, count all encounters, including the consult to another area, as part of the encounters associated with the primary unit.
    - i. For example, in an 8-hour shift, the child life specialist generally provides services to the Emergency Department but is called to the inpatient unit to help with an IV start. The IV start took about 30 minutes. Since the specialist spent more than 80% of their shift in their primary unit, the ED, they would count the IV encounter as part of their ED encounters for the day.

2. *If a child life specialist is on call and provides service to a patient with an MRN# who is not in the primary area of coverage, does that get counted as an encounter? Example, if my primary area is Intensive Care but I am on call and get asked to assist with a radiology procedure – does that encounter get tracked on my form?*
  - a. Yes. You would count the encounter and the time spent under the Intensive Care area because the specialist spends more than 80% of her time in Intensive Care:
    - i. Count the patient encounter under the intensive care total encounters.

Unit	Encounters	Total Shift Length
Intensive Care	X number of patients	8 hours

3. *One of our child life specialists standardly floats to multiple areas each day. How does the specialist capture the hours worked?*
  - a. If this is the daily schedule, then divide time based upon how many hours are spent among the covered areas. For example, in an 8-hour shift, 4 hours radiology and 4 hours outpatient ambulatory or 2 hours Emergency department, 6 hours inpatient. Then count the number of encounters for each standard block of time- 7 patients seen in radiology, 4 patients seen in ambulatory across the shift.
  - b. It is okay if the allocated amount of time for each area varies from day to day, based on clinical needs of the different units.
  - c. The smallest unit of measurement is a patient, not a block of time. You can subdivide hours if needed.
4. *Part of the child life specialist role is to serve in a leadership capacity for the child life department. How does the specialist account for the daily shift?*
  - a. If part of the role of the specialist is to serve as a formal supervisor/leader for the division, deduct this time from the shift length automatically so that only the clinical time is captured. For example, if the specialist is .5 FTE clinical and .5 FTE supervisory, only count 4 hours of clinical time each day.

5. *Our special events coordinator is a Certified Child Life Specialist. She charts on her interventions but her primary area of service is within our child life play center, not on a unit. Should she participate in the data collection, and if so, what area would she check as her primary area?*
  - a. If she is providing child life specialist services within an activity center or with a group, she would count the encounter in the area where the majority of the patients are assigned, generally inpatient or outpatient. If she is organizing an event and is staffing it but not providing child life specialist services to the patients in attendance, the encounters would not be counted because child life specialist services are not being received.
  - b. If half of her time is dedicated to special event coordination (no clinical contact) and half to running the child life center, you would include only the clinical portion of her time in the total shift length.
  
6. *Our ED child life specialists sometimes come in for meetings that occur when they are not scheduled. Would this be tracked anywhere?*
  - a. No. It is not part of their regular scheduled shift, thus not counted.
  
7. *If a child life specialist normally works an 8 hour shift but needs to leave early to go to a doctor's appointment and only works seven hours. Do we still record 8 hours on the sheet?*
  - a. Yes. List their regular scheduled shift length, which is 8 hours.
  
8. *If a specialist normally works an 8 hour shift but stays an hour late to finish patient care. Do we still record 8 hours on the sheet?*
  - a. Yes. List their regular scheduled shift length, which is 8 hours.
  
9. *How do I record the following situations?*
  - a. Child life specialist calls out sick- Do not record this shift.
  - b. Uses planned time off- Do not record this shift.
  - c. Uses FMLA or other type of LOA- Do not record this shift.
  - d. Per diem staff – only record the # of hours worked during the shift.
  
10. *Do you subtract the time taken for lunch or breaks?*
  - a. Yes, if this time is scheduled in a staff member's shift. For example, if a specialist's shift length is 8 hours, but an extra 30 minutes or hour is added on (so the specialist works 8.5 or 9 hours to accommodate the break), subtract this time. Count only the time for the shift- 8 hours. In other words, time scheduled eating or on break, whether paid or not paid, is not included in the number of hours for scheduled shift.

11. *Our pediatric intensive care unit and our pediatric intermediate care unit (ICU step down) are all one unit in our facility. Would we count the step down unit as being in the “Intensive Care” area of service?*
  - a. Determine how your hospital classifies the beds and record based on their classification. Many hospitals classify step-down beds as intensive care beds.
12. *If a child life specialist assesses a patient on Monday through direct contact but then places them on the volunteer list Tuesday-Friday to be seen only by a volunteer, would they count the patient as an encounter on Tuesday-Friday?*
  - a. No. The child life specialist would only count the patient encounter on the day when they directly interact with the patient or family.
13. *If a child life specialist reviews the chart and determines that there are no child life needs, does this chart review count as an encounter?*
  - a. No. The child life specialist would only count the patient encounter on the day when they directly interact with the patient or family.
14. *If a child life specialist attends rounds with the medical team and each patient is discussed, would every patient count as an encounter?*
  - a. No. The child life specialist would only count the patient encounter on the day when they directly interact with the patient or family.
15. *Some of our child life specialists regularly precept interns or new staff. This will decrease their productivity significantly. How do I account for this in data collection?*
  - a. Do not account for this. There will be variation in how many encounters each child life specialist has on a given day, especially when factoring in student/new employee precepting, attending meetings, education and leadership opportunities, and other non-productive tasks. These are standard elements of all child life programs and have to be done as part of a clinician’s day.
  - b. Using the median as the main form of measure will allow us to minimize the variation in the number of encounters at an individual site and when calculating a comprehensive indicator for Capacity for Patient/Family Impact. We expect that some shifts will be more productive than others and by collecting data over long periods of time; the aggregated data will be more normalized.
16. *There are two child life specialists who share a primary care area. How should they document their encounters?*
  - a. Each child life specialist can use the standard process to track encounters. If the same family was seen by both child life specialists, both can count it.
17. *Specialists who have scheduled support groups that are a part of their position but happen outside of “scheduled hours”.*

- a. Count encounters as part of the specialist's primary unit on the day of the support group. Count just the standard scheduled hours for the day, not the late/extra time worked.
  - b. If two specialists led the support group and would be documenting on the patients, split the patient encounters between the specialists.
18. *A child life specialist interacts with a child to provide developmentally appropriate play in the playroom. How is this counted?*
- a. The child life specialist would count this as an encounter. If the child life specialist engages in play with more than one patient at a time, providing meaningful interaction, then each child would count as a unique encounter.
  - b. If multiple specialists are engaged in play with a group of children, they would divide the patient encounters between the specialists.
19. *A child life specialist staffs the playroom and provides general oversight and monitoring but does not engage in play with the children, who are playing independently or with peers, with volunteers, or with their family members. Does each child that enters the room count as an encounter?*
- a. Since no direct child life interventions are being provided by the specialist who is just checking kids into the playroom and monitoring but not providing services specific to the role of child life specialist, no encounter is recorded
20. *My child life team goes to camp as director/counselor. How is this captured?*
- a. Exclude time spent in a camp environment.
21. *My team provides consults for children of adult patients. How do you record the encounter and service area?*
- a. At this time, adult units are not part of the options for area of service in the database. Consider the following options when determine how to capture this intervention
    - i. If more than 80% of the specialist's time is spent in a particular area, include this encounter as part of the rest of the count for the day.
    - ii. If the specialist has a float position, count the encounter in the area most similar based on services provided.
22. *The radiology child life specialist helps patients with IV starts in the pre-surgery area and rarely accompanies the patient for radiology procedures. Which service area gets the encounter? Radiology or Pre-surgery?*
- a. Determine the service area by how the patient is entered into the coding/billing system. For this question, both encounter and staff time are logged for radiology.