

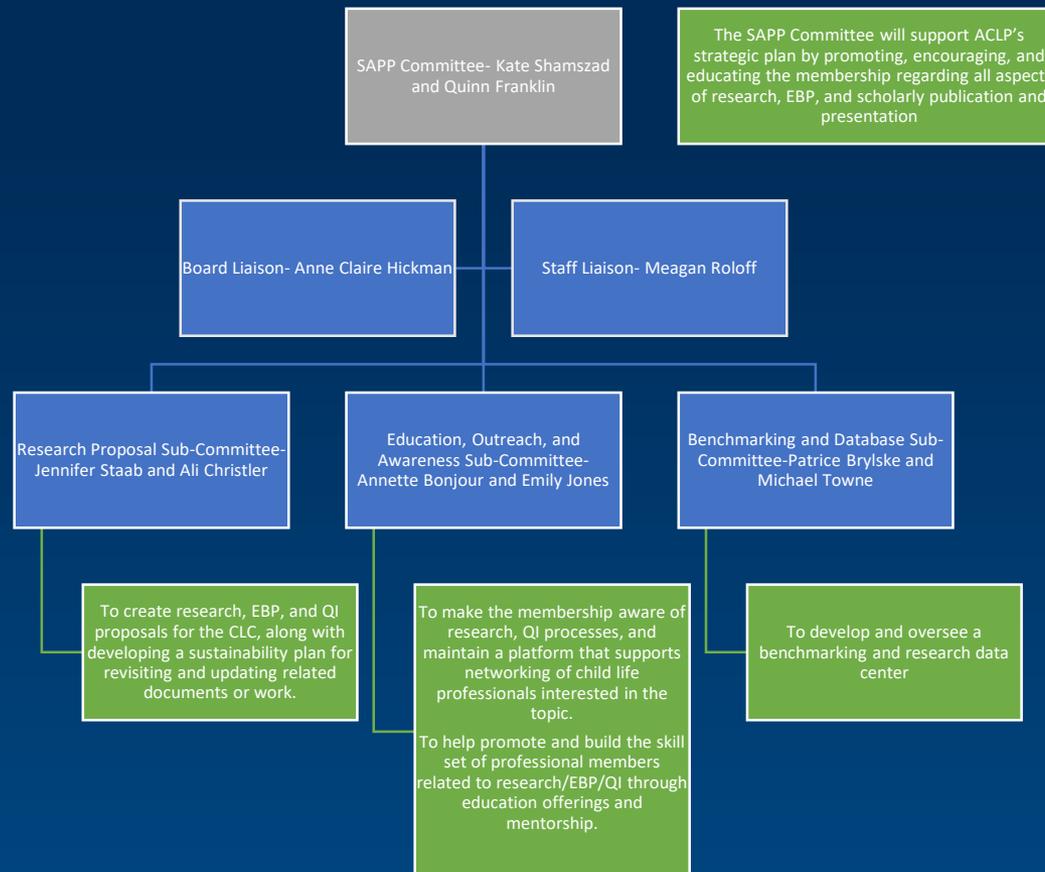
Benchmarking Platform: A New Tool for Child Life

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

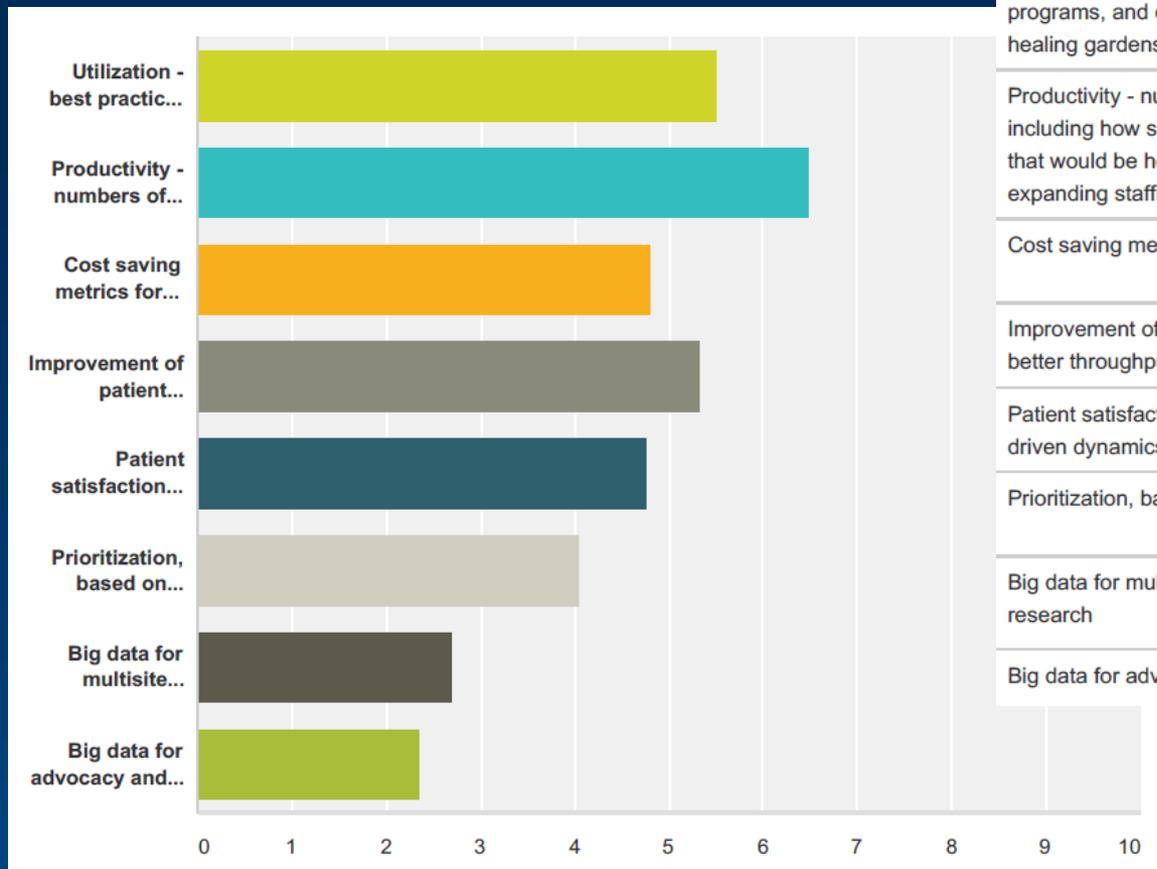


Benchmarking- Past

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
- Piloted data collection across pilot sites to compare “Apples” to “Apples”: Benchmarking Task Force (2010 – 2014)

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)



Cost saving metrics for medical systems

Improvement of patient outcomes, including better throughput and patient safety



Patient satisfaction metrics, including customer driven dynamics and expectations

Prioritization, based on assessment (e.g. PRAP)

Big data for multisite studies and information for research

Big data for advocacy and lobbying

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 7 distinct areas-

Acute Care
Critical Care Radiology
Pre-Surgery Outpatient
Care Emergency
Department
Children of Adult Patients

What are our new building blocks?

Acute Care ED
Critical Care
Pre-Surgery
Patients Seen
Radiology
Outpatient
Scheduled Shift

Definitions of Target Areas

Current Areas Definition:

Inpatient Acute Care: Medical, Surgical, Disease specific units, Rehabilitation/Sub Acute units

Critical Care: PICU, Neonatal ICU, Cardiac ICU

Radiology/Imaging: MRI, CT, Pet MRI, Radiation Oncology

Outpatient Services: Primary Care, Specialty Clinics, Community based programs, Dialysis, Infusion Centers

Pre-Surgery: Same Day Surgical Centers, Procedure Units, PACU (Post Anesthesia Care Unit)

Emergency Department/Center: Emergency Departments, Emergency Centers, Emergency Rooms, Urgent Care, Evaluation Centers

Adult Care: Areas primarily serving adult patients, pediatric family members of adult patients

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: \Rightarrow 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.



Float Position or Consult Staffing Model

Belle might see patients all over the hospital in her role of float. How does she capture this?



Belle sees 3 patients in **Radiology**

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

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



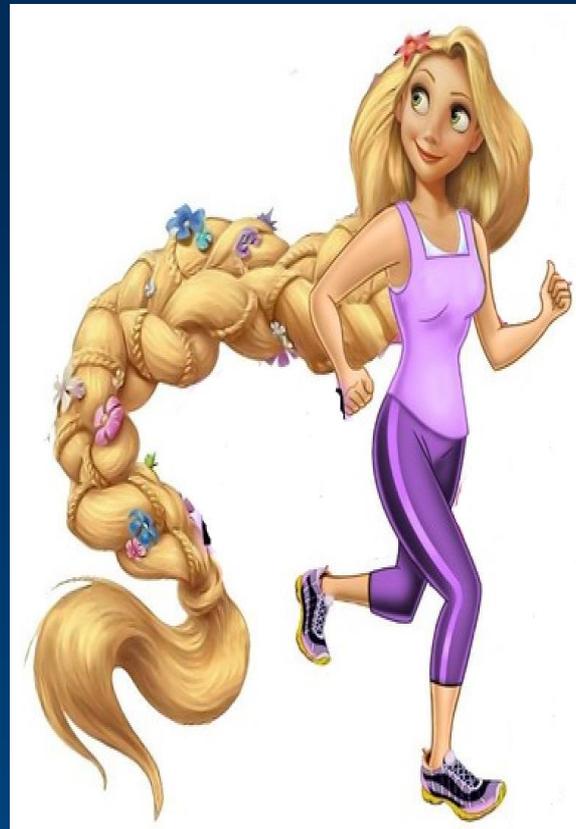
Belle would list encounters in these 3 designated buckets.



Belle sees 5 patients in **Critical Care**

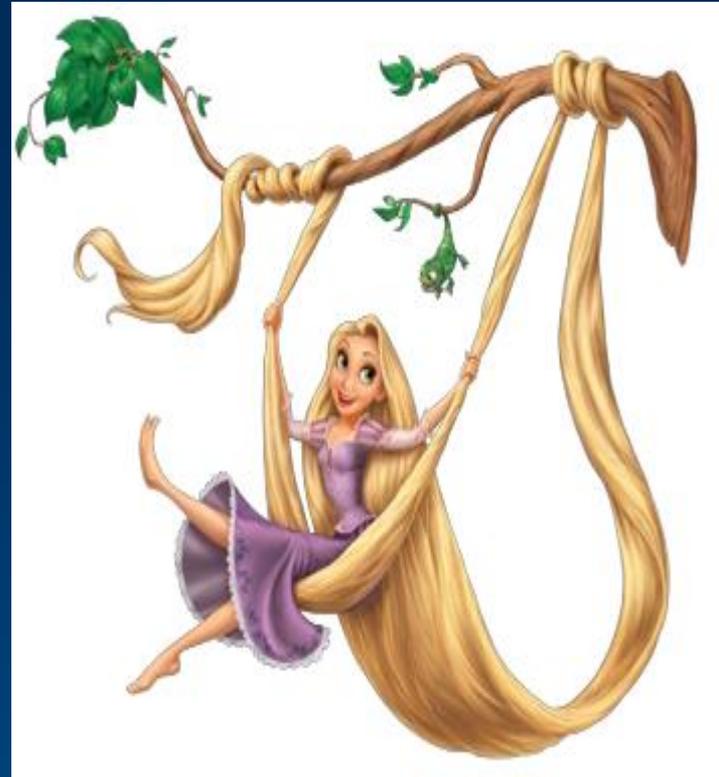
Understanding the use of the median to measure the number of patient encounters

Some days, Rapunzel is constantly running from one room to the next. On those days, her patient data was really high!

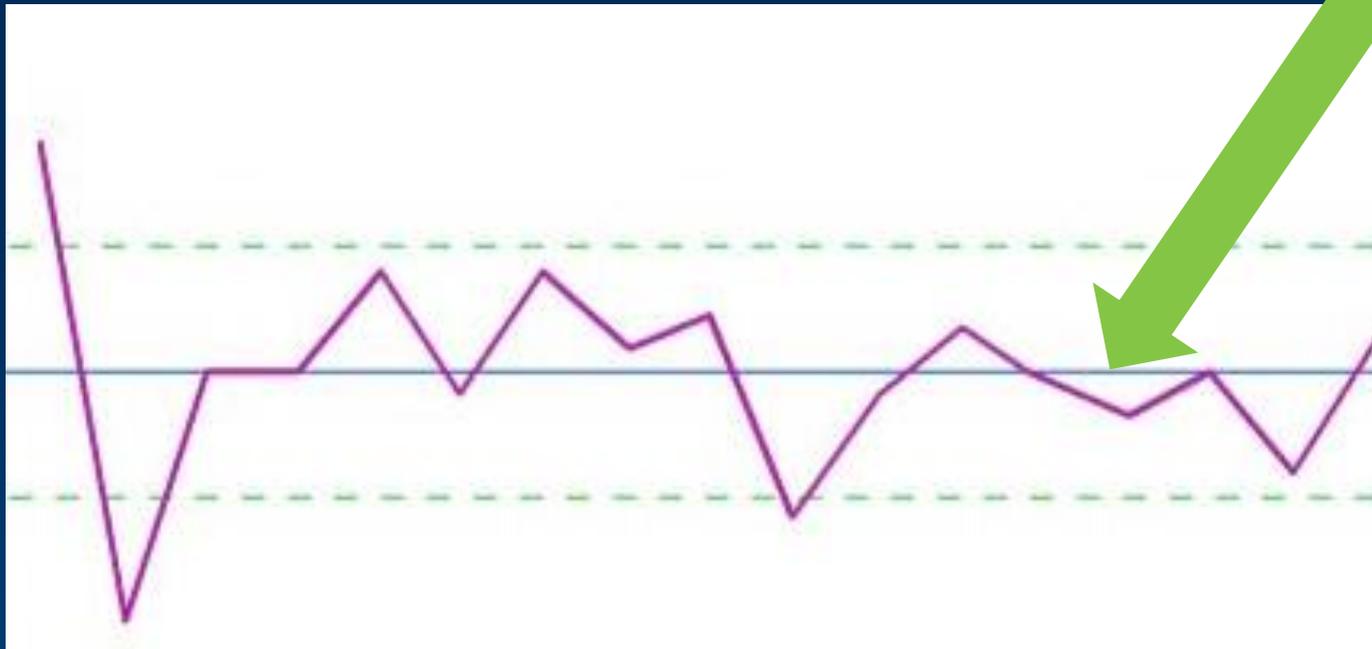


Understanding the use of the median to measure the number of patient encounters

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.

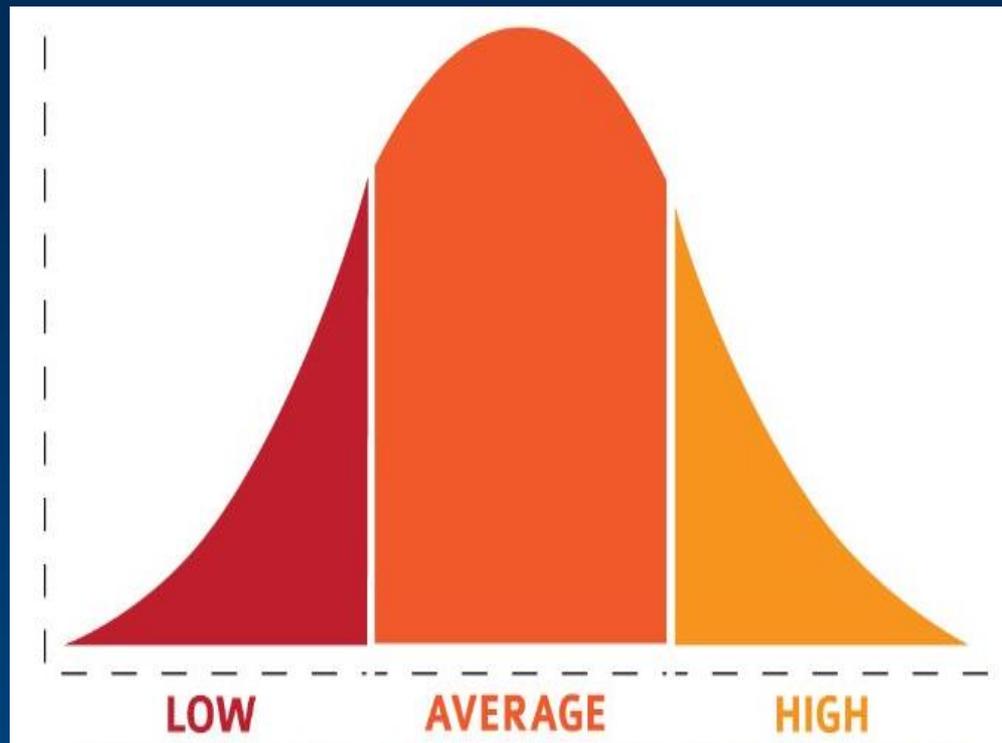


Over time, Rapunzel's patients seen/hours worked looked like this:



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.

Word Document – Daily

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: _____

Children of Adult Patients

of scheduled hours worked in area: _____

of Patients Encounters: _____

Word Document – Quarterly

Local Productivity Quarterly Data Collection Tool Sample

Quarter: Jan/Feb/March April/May/June July/Aug/Sept Oct/Nov/Dec

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: _____

Children of Adult Patients

of scheduled hours worked: _____

of Patients Encounters: _____

Excel Document – Daily/Monthly

Name:						
Location: <i>local setting use only</i>						
August	1	2	3	4	5	6
Total Length of Scheduled Shift						
Acute Care Encounters						
<i>Time Spent Inpatient</i>						
Critical Care Encounters						
<i>Time Spent Critical Care</i>						
Radiology Encounters						
<i>Time Spent Radiology</i>						
Pre-Surgery Encounters						
<i>Time Spent Ambulatory</i>						
Ambulatory Encounters						
<i>Time Spent Pre-Surgery</i>						
Emergency Department Encounters						
<i>Time Spent Emergency Department</i>						
Children of Adult Patient Encounters						
<i>Time Spent Children of Adult Patients</i>						

Excel Document – Quarterly

Quarterly Summary

Use this tab when the only daily data collected is from the monthly tabs in this workbook.

	Jan	Feb	March	Qtr Total	April	May	June	Qtr Total
Acute Care Encounters				0				0
<i>Scheduled hours</i>				0				0
Critical Care Encounters				0				0
<i>Scheduled hours</i>				0				0
Radiology Encounters				0				0
<i>Scheduled hours</i>				0				0
Pre-Surgery Encounters				0				0
<i>Scheduled hours</i>				0				0
Ambulatory Encounters				0				0
<i>Scheduled hours</i>				0				0
Emergency Department Encounters				0				0
<i>Scheduled hours</i>				0				0
Children of Adult Patient Encounters				0				0
<i>Scheduled hours</i>				0				0

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.

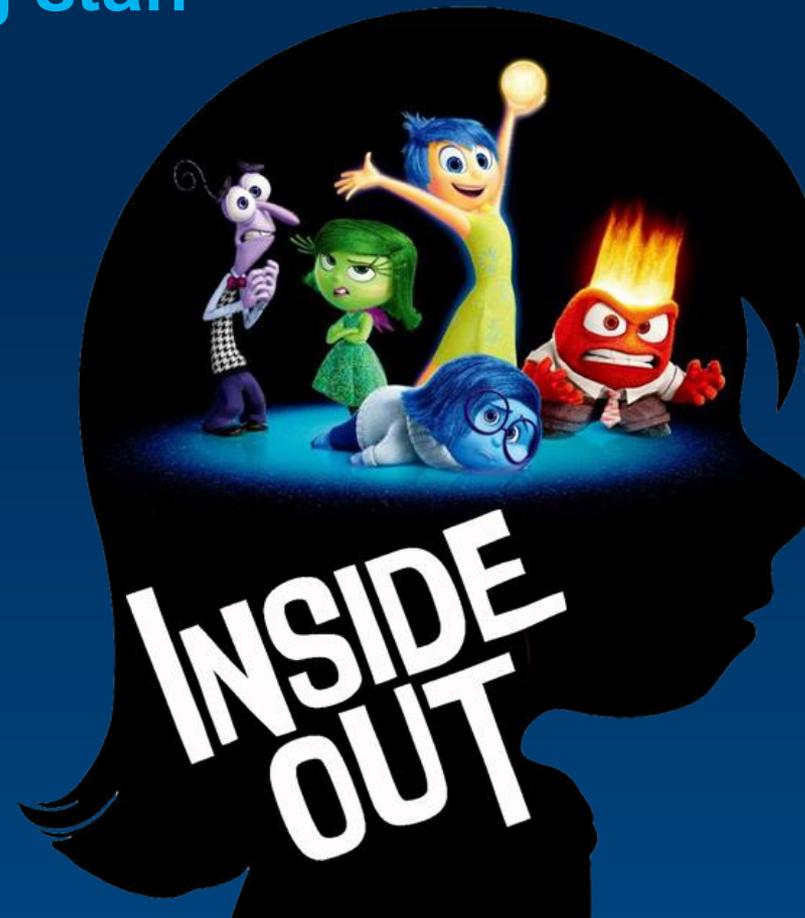
Instructions for Program Leader

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

23 of 24 questions answered



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

36 of 49 questions answered



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

24 of 67 questions answered



Annual Results Summary
» Key Performance Indicators

Quarterly Metrics
Apr-Jun 2017



Productivity
» Select Inpatient Departments
» Inpatient Services
» Select Outpatient Departments
» Outpatient Services

0 of 9 questions answered



Quarterly Results Summary
» Capacity for Patient/Family Impact



Child Life Professional Data Center (CLPDC) Website

Home Enter Data Compare Data Run Reports Year: 2017 Apr-Jun

Enter Data Compare Data Run Reports

COMING SOON! REPORTS WILL BE AVAILABLE IN JULY.

Select and Set Filters...

Filter	Value	Change... ?
Hospital Facility Type	Any	
Type of Business Entity	Any	
Type of Pediatric Units/Services	Any	
Level of Pediatric Trauma Service	Any	
Number of Labor and Delivery Beds	Any	
Number of Pediatric Inpatient Beds	Any	
Total Number of Pediatric Beds	Any	
Peer Cluster	Any	

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: 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: 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.

Reporting Period	Data Entry Period	Reports Available
<i>Fiscal Year 2019</i> Annual Data	4/1/19 – 5/31/19	June 1, 2019
<i>January – March 2019</i> Quarterly Productivity Data	4/1/19 – 5/31/19	June 1, 2019
<i>April – June 2019</i> Quarterly Productivity Data	7/1/19 – 8/31/19	September 1, 2019
<i>July – September 2019</i> Quarterly Productivity Data	10/1/19 – 11/30/19	December 1, 2019
<i>October – December 2019</i> Quarterly Productivity Data	1/1/20 – 2/29/20	March 1, 2020

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**