

## Instructions for use of Local Daily Productivity Data Collection Tool

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.

## 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.
- Determining where to record patient encounters and hours of scheduled shift. Due to the nature of child life staffing models and the intent of data collection to account for time SPECIALIST spend outside of patient encounters during the work day, the following decision making tool was developed.
  - 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.
    - For example, SPECIALIST assigned location is inpatient acute. On Monday, SPECIALIST also carries the consult pager and provides services to a patient in Radiology.
    - The 8 hour shift is recorded for inpatient acute. The patient encounter from Radiology is recorded for inpatient acute.
  - 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.
    - For example, SPECIALIST is assigned to ED/Inpatient Acute and Radiology. (This could be for one shift, or, the persons regular assignment)
    - SPECIALIST divides scheduled shift time in this way: 2.5 hrs + 2.5 + 3
      = 8 hrs. (smallest time measure is 15 min. or .25)
    - Encounters are recorded in the area of service.
  - If a SPECIALIST is partially clinical but also has additional assignments outside of clinical care, truncate the shift accordingly.
    - For example, SPECIALIST is assigned to outpatient clinic for 60% of her hours and as the volunteer coordinator for 40% of her hours. She would only record 60% of her time as the scheduled shift (4.75 hours or 24 hours per week) as the total shift length.



## **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 seven 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