

2013

Child Life Technology

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2012-2013 iPad Survey Results and Analysis

This guide prepares child life specialists, or individuals supporting child life, in understanding how their peers are utilizing mobile devices within the hospital setting.





iPad Survey Results (71 survey participants who attended 2012 CLC conference)



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Generalization: present assumptions would be aided by acquiring additional information from the respondents, but interesting trends have been indicated. As previously suggested, it would be good to follow-up with a few of the survey respondents in the short term. This would have two primary benefits:

- a) Clarify some of the more interesting responses and gain additional insights through a more targeted iterative question and answer session;
- b) Provide a consultation, as requested by clients, toward getting the client through a challenge.

General Statistical Concern: the data is probably skewed somewhat considering the respondents are likely to be more interested/concerned, informed and engaged with regard to the use of iPads than the average CL specialist, which would have been chosen at random. This assumption is based on the fact that they paid to attend a conference and opted to attend this specific iPad session.

In Summary: In general, the attitude seems very positive with statements such as “helping us know what we don’t know” and a pioneering determination in many cases to persevere despite lack of tools, readily available knowledge and support from IT.



As this survey sampling is just scratching the tip of the iceberg, we need to get moving on the recruitment of additional volunteers (could be interns on the technology volunteer team). With potentially as many as 90% of the respondents benefitting from a consultation and suggested services, the core group (Lou, Brian, Paul) should focus on solidifying the core content, guidelines, cookbooks, catalogues, etc. while the trained/supervised army of volunteers digs more deeply into the details toward tailoring solutions even more relevant for each respective client. The short term follow-up should also prove beneficial in giving us direction for selecting the appropriate technology partners for the long haul. We also need more people in the field in a controlled sort of way, performing more detailed studies on the use of iPads in this type of environment. They could help us do a lot of research and leg work, for example, with the CL specialist who responded “Right now I think we are good but at the beginning of the process it might have been helpful.” It would be interesting to understand what they are doing and how good they really are. Could we actually learn something from them? Or are they just a little smarter today than they were yesterday? Everything is relative which is why we would benefit from more standardization in the field with regard to common understanding and definitions.

Experience has taught us that the CL specialists are too busy, all consumed in fact, during the course of the day for us to pester them with additional questions. It is imperative that we find a way to have people on the ground observing as quickly and as often as possible so that we may move the profession as close to the fourth competence quadrant as quickly as possible (see graphic below). At this stage, the use of technology will be so ingrained within the psyche and day-to-day routine, that the program will be continuously used while also exhibiting excellence while imposing minimal inconvenience to staff who do not even realize they have routinely mastered use of the tool (minimal conscious effort). Unfortunately, many of these survey responses appear to exhibit tendencies of the first quadrant in which we may have specialists and administrators in the field who





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don't know what they don't know. This is concerning in that we are presently ignoring opportunities to reach out to them and lead them through what may be to them, an overwhelming maze to be negotiated with the aid of minimal, to no, resources.

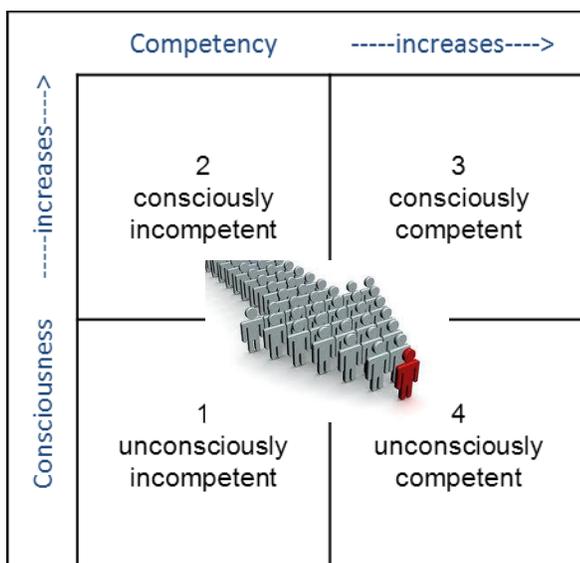
Fortunately, most respondents appear to be in the third quadrant which indicates they are getting it done; however, only as the result of persisting through trying whatever will work with whatever resources are at hand. However, this is a bit of a mixed blessing as we are allowing these caretakers of those most vulnerable and at their time of greatest need to "let go of the hand of a child so as to manage the tools of technology".

The learning curve through which many are developing their competency is also disconcerting:

- 1) the administration does not realize there is an opportunity out there, or cannot develop and command the requisite budget or overcome pushback from IT;
- 2) someone drops off a gift of iPads which confronts them with the reality they do not know how to manage the technology;
- 3) they struggle through an early adoption period, begging support from IT;
- 4) they find someone on the team most apt to be able to manage the technology owing to their outside personal experiences, or a spouse/boyfriend who is reasonably good with technology;
- 5) over time, they arrive at a "workable" solution which is functional at the expense of one individual on the CL team and plateau there (iPads are routinely charged and syncing without an active driver for continual improvement, refinement and updating of the program);
- 6) only the fortunate few, blessed with good support from IT or volunteers, progress to the level of a well-oiled program with policies in place, updates regularly applied, new software, podcasts, and other resources, are actively scouted, and CL staff achieve a level of proficiency which is second nature to them.



This is certainly not meant as a criticism as it is more an indictment of those in a position to help through their understanding, communications abilities and position (either within the community or external professional access) who do not help advance the programs enough. Cost pressures also indicate **enhanced collaboration** with leadership is the most viable option.



Quadrant 1 (1%)	Represent missed opportunities; hardest to reach; fortunately, word appears to have already gotten out.
Quadrant 2 (13%)	Missed opportunities and guilt; significant engagement required.
Quadrant 3 (64%)	Too much wasted effort; initial target area as there is considerable benefit/minimal effort in bringing them forward as they appreciate benefits and added efficiencies new tools offer.
Quadrant 4 (21%)	Extremely rare target state; provide us with lessons learned, assistance, and inspire others to achieve best practices.





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The Survey

The accompanying spreadsheet complements this analysis with statistical corroboration.



iPad Survey Results
Final.xlsx

The Questions:

1) *Where do you go for information and advice regarding the use of iPads and other technology within your programs?*

General observations:

- a) The sources of information are randomly distributed with a few common themes, such as Apple web sites or CLC forums.
- b) Not one respondent had a formal program to follow. A few made significant efforts to seek out guidance from multiple sources. A few were able to rely on internal IT resources.
- c) Many seem to settle for “someone who knows more than I do” for assistance.
- d) Coupled with the responses indicating nearly 2 to 1 for not having written policies in place, it appears offering the following guidance would be a much appreciated service:
 - a. Consultation toward establishing a plan
 - b. Provision of a cookbook or tailored plan for them to follow
 - c. Provision of other resources, such as contacts, learning sessions, videos, application catalogue, etc.

2) *How do you find out about applications appropriate for use with your patients?*

- a. CL Facebook, CLC forums and self-discovery appear to be the best case norm.
- b. Provision of other resources, such as contacts, learning sessions, videos, application catalogue, etc. would be very effective.
- c. People are trying to reach out to other members; improving social networking capabilities, higher adoption, training, etc. would be a good investment of resources. Facilitating easier collaboration could be beneficial to the program as well as energize participation.

3) *Do you have an iPad program where you work?*

86% do, so pretty much any value-add we may provide will be very relevant. However, we would benefit from probing more deeply as “program in place” is too vague.

4) *How many iPads do you have?*

More than I expected, which is certainly good news. However, we would need to dig further to see if the numbers are skewed, with an in the field division of the haves and have nots. Ideally, we would like to see a one to one ratio of iPads to CL specialists.





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5) *Do you have formal guidelines?*

As the responses indicate nearly 2 to 1 do not having written policies in place, it appears offering the following guidance and documentation would be a much appreciated service:

- d. Consultation toward establishing a plan
- e. Provision of a cookbook or tailored plan for them to follow
- f. Provision of other resources, such as contacts, learning sessions, videos, application catalogue, etc.

6) *How many Child Life specialists within your institution?*

Looking forward, it would be useful to refine this question in order to establish the following ratios:

- a. Number of iPads to CL specialists across the professional population. Ideally, the number should be one (one iPad per CL specialist) for us to realize the objective of every specialist being properly equipped with the right technology tools. While I was surprised to see a number so close to one (.89), I fear the number is skewed by programs with additional iPads used for other purposes, such as Art & Recreational Therapy, patient loaners, etc. Next survey should ask more specific questions in this regard.
- b. Ratio of hospitals/institutions with a 1-to-1 ratio of iPads to CL specialist
- c. Ratio of hospitals/institutions with iPad to patient loaner programs vs. those without across the entire CLC membership (leading into next question...)

7) *Do you loan out iPads, laptops, or other technology to patients for their individual use?*

Interesting to see a 50/50 split between hospitals offering loaners and those who don't. Interesting to see a couple of significantly large loaner programs out there. While working with a large NY-based inner city facility, we started looking for large laptop vendors to donate used laptops for the purposes of providing loaners which we wouldn't mind if they were damaged, became outdated, or stolen. There has been recent chatter on the CLC forum regarding securing loaners as well. It appears we would have to come up with a low cost to zero cost solution in order to make a significant dent in fulfilling this need. It would be interesting to see how the hospitals maintain these loaner PCs which I would imagine to be a hodgepodge of stuff acquired over time with marginal standardization unless supported by the in-house IT teams.

8) *Would you benefit from a consultation with an external technology team willing to offer free advice, counseling and support services?*

Yes = 31

No = 6

Not sure = 31

Blank = 3 (one person abstained from the entire survey, so they are statistically thrown out)

Demonstrates a clear need for a technology "cookbook", guidance, assistance, etc. The "not sure" tally is interesting in that they represent the significant segment of the population we would need to find in order to be successful. They sat through a session they paid for with their own money and 40-something percent still aren't sure if they need a consultation. Off the top of my head, it makes me think they don't understand our value, so





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we need to deliver a direct and non-complicated message for them. Break out the marketing people toward raising awareness.

9) *What would you ask this external technology team to help you with?*

I categorized the responses for required help as follows:

- Applications: recommendations, acquisition and management: 17 (24%)
- iPad Program: establishing, growing and sustaining an iPad program: 17 (24%)
- Custom development and high-end technology requirements: 9 (13%)
- Device management/cloud: 8 (11%)
- Security questions and recommendations: 6 (8%; however, this typically requires a sophisticated level of awareness, so the real number may be actually higher due to this perception gap)
- Training: 4 (6%)
- Uncertain: 4 (6%)

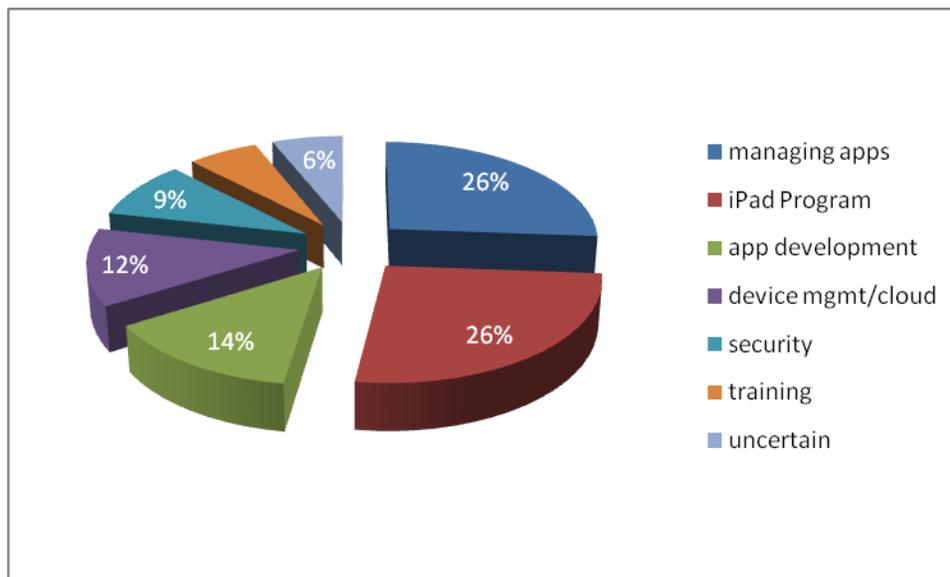


Figure 1 Where could CL use help from a technology team?

- Technology Management (64%)
 - Managing apps
 - iPad program
 - managing devices
- Innovation (14%)
 - Application development toward fulfilling an acknowledged gap.
- Security (9%)
 - surprising response. IT may be telling them something they cannot do. These policies are best left to the respective hospital; however, we can document best practices as a starting point for CL consultations with their in-house IT team.
- Assistance with Direction: (12%)
 - Training and uncertainty





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10) How do you manage the iPads?

Revisit this question in 2013 survey.

The responses are so varied as to require us to ask more specific questions next time; however, it was very useful in that the responses reveal the respective perception of what managing the devices means to each respective specialist. Generally speaking, the management solutions are practical under the circumstances, but not too sophisticated (as would be expected); however, a few organizations/teams recognize the challenges and are in the process of forming committees which include CL and IT technology specialists to improve their policies and practices, indicative of a natural maturation process (get up and running through an ad hoc donation; become delighted by the affect; ad hoc growth of the program; realization of drifting without proper controls in place.

I categorized the responses on present management policies and practices as follows:

- h) CL Specialist responsible for managing their respective device, software applications, etc: 35 (67%)
- i) Joint IS and CLS committee: 11 (21%)
- j) Still working it out: 5 (10%)
- k) Cloud: 1 (2%)

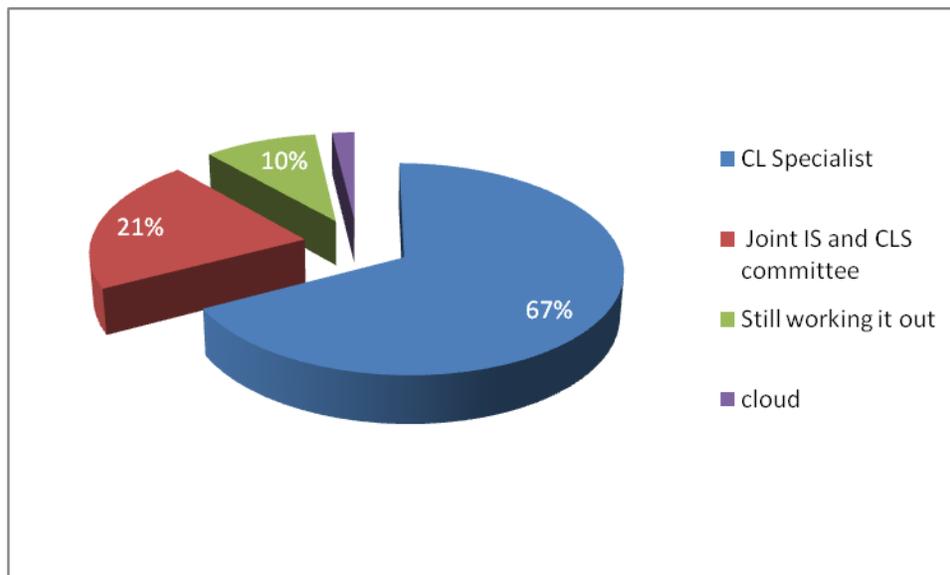


Figure 2 Percentage of responsible for supporting devices, applications, program (of those responding)

Our response to this need must be varied in accordance to what is most likely to be adopted within each respective hospital and CL team. This negotiation will require support from interns and senior technologists on the volunteer team. With only 8 of the 45 responses including IT staff, the present methodologies appear “reactionary” and indicate a need for increased training,



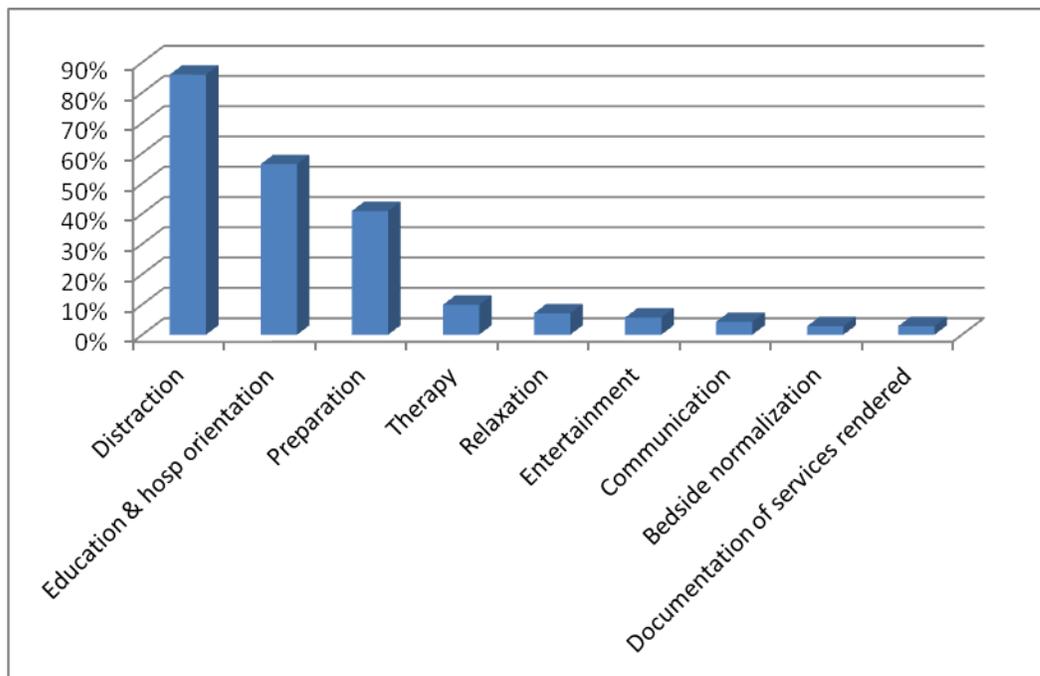


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recommendations/referral services, automation, published guidelines and a centralized support resource.

11) What are your primary purposes with the iPads?

- a) Distraction: 61 (86%)
- b) Education and hospital orientation: 40 (56%)
- c) Preparation: 29 (41%)
- d) Therapy: 7 (10%)
- e) Relaxation: 5 (7%)
- f) Entertainment: 4 (6%)
- g) Communication: 3 (4%)
- h) Bedside normalization: 2 (3%)
- i) Documentation of services rendered: 2 (3%)



No surprises among the core three uses. Interesting to note that only two of the specialists/organizations has taken the tool to the next level in that they have incorporated the iPad into their own workflows by using the device to document services rendered and, presumably, effectiveness regarding the patient interaction. While this indicates a maturity level, it should also be understood that one hospital we have been working with directly would forbid such activity out of concerns for patient privacy.

Therapy and relaxation are probably under counted in this survey as these objectives/benefits are implied in several other survey responses more directly indicating distraction and preparation.





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12) What software do you use for distraction?

Quantifying responses to this question were a little more “interesting” as some poetic license was applied in grouping and analyzing the results:

- a) Vague references to the applications, often summarized as “lots”: 30
- b) Responses with specific names (even when making reference to “lots”): 10
- c) Unsure/still looking into the apps: 4
- d) “cool” apps, or letting the child patients choose: 3
- e) CLC blog or CL Apps Facebook page referred to as source: 2
- f) Driven by individual CL Specialist: 1

It is very curious to see so many survey responses left blank. I am also perplexed by an equally large number of responses (30) in which the responder failed to list a specific name of an application. I sense responders were not fully comfortable in answering the question.

13) How do you financially sustain your program? (check all that apply)

- a. Initial donation provided or funded the iPads
- b. Have a budget for on-going expansion, purchase of Apple applications
- c. Rely on donated Apple gift cards for purchases

The responses represent a bit of a mix; a little bit of this and a little bit of that. Starting off the cookbook with a budgeting section should be very helpful in providing targets and guidelines for hitting those targets. I also feel the clients will be more comfortable knowing the ceiling isn’t that high and how to pace themselves. The primary objective of the guidelines should be to ask for precisely for what they need and how to target the donations which could yield better results in that it will demonstrate purpose, commitment and success to the perspective donor.

14) How would you describe the support you receive from in-house technology staff:

- a. Very supportive
- b. Limited support
- c. Very limited support
- d. Rely on help from one, or two, techies helping Child Life on their own time
- e. Other (please explain)

IT very supportive	limited support	Very limited support	volunteer techies/own time	no support	Other support (commentary)
total/percentage	total/percentage	total/percentage	total/percentage	total/percentage	total percentage
16	14	19	4	17	
22.54%	19.72%	26.76%	5.63%	23.94%	98.59%

Interesting in that 77% of the population is underserved by their technology departments which is consistent with our limited engagements in the field. Also interesting to note that there are no positive





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comments verbally expressed accompanying the selection which somewhat contradicts 23% of respondents expressing “IT very supportive”. This further contrasts with the significant numbers of negative comments in cases where support is indicated as lacking (particularly since CL professionals tend to be extremely generous in their praise and evaluations. These results indicate a strong need for guidance, support, consultation, automation, etc. so that the child life specialists could focus on caring for the patient.

- 15) Are you familiar with the Riley Child Life Tour application (available for download from the Apple Store)?
- Do you use the Riley Child Life Tour application in your program?
 - Would you benefit from a version customized to meet the requirements and physical description of your institution?
 - Would you benefit from a more detailed version which included pictures, video and audio of additional hospital specialty rooms, equipment and procedures.

Familiar w/Riley CL Tour	Use Riley CL Tour	Want BASIC Riley Child Life Tour	Want MORE DETAILED Riley Child Life Tour
yes/no/unsure	yes/no/unsure	yes/no/unsure	yes/no/unsure
20	7	30	36
50	60	3	3
0	0	36	29

Very significant that only 3 respondents did not feel a virtual tour of the hospital would be helpful in their individual practice. Even though 50 of the responders, 70%, are not familiar with the Riley CL Tour, only 3, 4%, are sure they do not need it. It is also encouraging to see that nearly as many respondents would be satisfied with a generic version of the CL Tour as there are those preferring a customized version. This is helpful in confirming our suspicions that a well done generic version would be helpful to many. In consideration of the amount of time and effort involved, a generic version appears a viable stopgap measure until a customized version could be delivered. The virtual 50/50 split between “yes” and “unsure” seems to indicate the need for a consultation with both the survey taker and the decision maker for their respective hospital/CL team.

- 16) Do you have electronic versions of your prep books prepared for use on your iPads?
- Would you benefit from a library of professionally taken pictures, video and audio of hospital specialty rooms, equipment and procedures for inclusion within your electronic prep books?

It is encouraging to see 61% indicate they are presently using electronic version of their prep books; however, I would like to see this number validated as it is higher than I expected based on limited experience in the field. It would be interesting to run some queries across multiple variables, such as number of CL Specialists, number of iPads, etc. within groups which have indicated they presently have electronic versions of their prep books to see if a relationship may be formed (correlation/causation) based upon organization size, program maturity, funding consistency, etc.





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	Electronic Prep Books	Want pictures, video &/or audio
Yes	41 (60%)	45 (65%) (90% of those who decide)
No	27 (40%)	5 (7%) (10% of those who decide)
Unsure	0	19 (28%)

Curiously, there are a lot of undecided respondents on the subject of pictures, video and audio. This is quite curious as there may have been some lack of understanding within a significant percentage of the population. Possibly, there was concern that such photographic activity would not be permissible within their respective facilities. However, of those who do decide (50 respondents of the 69 not leaving the question blank), 90% see the need for pictures, video and audio.

17) Are there any other services you feel would greatly benefit your program if they were made available?

Only 14 people responded to this question with some requesting multiple types of support. Very curious that only one respondent asked for a donation of iPads which is far fewer than I would have expected. A couple of other people asked for donations; however, these donations were directly tied to requests for services for which they assumed they would have to pay (application support and video on site).

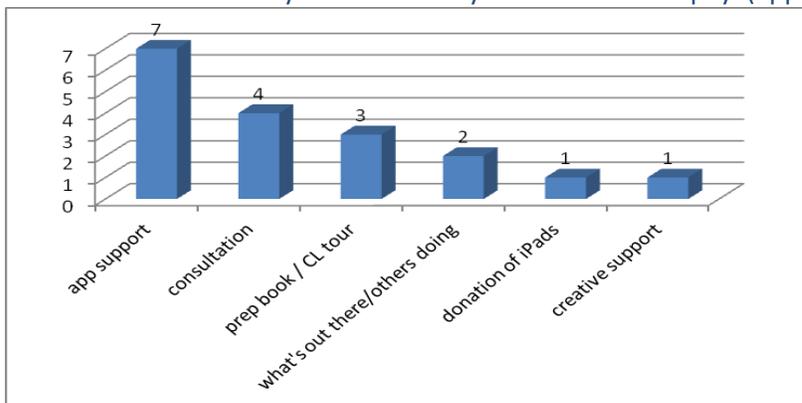


Figure 3 Freeform request for services.

