Consideration	Limited IT Support (includes IT policy of benign neglect)	Active IT Support

iPad Program
 	
Initial Phase I Implementation
	Fundamental tenants:
	  a) **Every CCLS gets their own iPad (in the lack of immediate funding, set this as a target).**
	  b) **Start with minimal "core" implementation and incrementally grow in controlled/planned manner**
	  c) **Understand the direction and expectations of IT services**
	  d) **Look for ways CCLS and tool can help other departments**
	
	Baseline implementation maintaining separation from hospital's internal network by leveraging hospital's public courtesy WiFi network.
	
	Impose minimal requirements on network (no reliance on web or video streaming, etc.). Network dependency should be limited to downloading applications and accessing external resources, such as CLC App Catalogue, with expectation of service limitations (less than optimal performance, non-uniform access across patient areas, etc.).
	
	Shy away from info security, HIPPA, compliance concerns:
	
	You should reach a common ground on the basis that the hospital's public courtesy WiFi network has proven secure amid usage from patient, family and visitor devices.
	
	Draft and Sign "planning and strategy document" (included within cookbook) to acknowledge resolution and intentions with understanding of not expecting support other than where hospital policy would mandate/suggest. Accept minimal to no SLA (service
		Fundamental tenants:
		  e) **Every CCLS gets their own iPad (in the lack of immediate funding, set this as a target).**
		  f) **Start with minimal "core" implementation and incrementally grow in controlled/planned manner**
		  g) **Understand the direction and expectations of IT services**
		  h) **Look for ways CCLS and tool can help other departments**
		
		Baseline implementation maintaining separation from hospital's internal network by leveraging hospital's public courtesy WiFi network.
		
		Discuss benefits of integration on to hospital's main network with IT. Potential benefits include enhanced security, integration with hospital systems, software distribution and IT controls.
		
		Impose minimal requirements on network (as stipulated within "limited IT support" column).
		
		Shy away from info security, HIPPA, compliance concerns:
		
		You should reach a common ground on the basis that the hospital's public courtesy WiFi network has proven secure amid usage from patient, family and visitor devices.
		
		Draft and Sign "planning and strategy document" (included within cookbook) to acknowledge resolution and intentions with understanding of not expecting support other than where hospital policy would mandate/suggest. Accept minimal to no SLA (service level

	level agreement) with IT.
	
	Draft and Sign "acceptable use policy" (included within cookbook) to acknowledge compliance with hospital policies and best professional practices requires a staff solution
	
	Avoid integration of hospital applications, such as: email, patient systems, personal/shared data drives, etc.
	
	Do not store info on devices, access hospital systems, photos, etc.
	
	Do not share info with external sources, such as Dropbox, iCloud, etc.
	
	Establish application selection criteria based on functional categories (distraction, patient education, administrative tools, etc.) and consult child life applications catalog at www.childlife.org/appcatalog
	
	Software and content licensing: it is imperative to comply with the institution's policies; start with freely licensed options initially until an understanding is reached). This understanding should include licensed content such as movies, subscriptions (NetFlix, cable, etc.), books, etc.
	
	Include an external consultant (from Child Life Technology):
	  a) As someone to share outside perspectives
	  b) As translator and negotiator assistant
	  c) In preparation for discussion with internal teams
	  d) As mediator, searching for common ground; avoiding delays
		agreement) with IT.
		
		Draft and Sign "acceptable use policy" (included within cookbook) to acknowledge compliance with hospital policies and best professional practices requires a staff solution
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		Invite a consultant (from Child Life Technology):
		  a) As someone to share outside perspectives
		  b) As translator and negotiator assistant
		  c) In preparation for discussion with internal teams
		  d) As mediator, searching for common ground and avoiding unproductive delays

	Staff Orientation • Train CCLS and Art & Recreational Therapist staff • Document/review required apps, suggested apps, sources of discovering new apps • Document/review electronic prep books • Advise of acceptable use policies. • Establish a program of communicating updates across the team which works for you • Nominate an administrator for the team (central point) Have a specific technology agenda item to discuss in both regular staff and performance review meetings. Make the discussion more meaningful by rotating topics: applications, best distraction stories from experience, patient and staff learning resources and opportunities, etc. Conclude each discussion with follow-up points answering the question "what do we need to do from here?"	Staff Orientation • Train CCLS and Art & Recreational Therapist staff • Document/review required apps, suggested apps, sources of discovering new apps • Document/review electronic prep books • Advise of acceptable use policies. • Establish a program of communicating updates across the team which works for you • Nominate an administrator for the team (central point) Have a specific technology agenda item to discuss in both regular staff and performance review meetings. Make the discussion more meaningful by rotating topics: applications, best distraction stories from experience, patient and staff learning resources and opportunities, etc. Conclude each discussion with follow-up points answering the question "what do we need to do from here?"
Phase II Implementation	**Limited IT Support (includes IT policy of benign neglect)**	**Active IT Support**
	Include Phase II expectations, when foreseeable, within "planning and strategy document". Discuss experienced SLAs (service level agreement) with IT. Discuss plans and feasibility of upgrading WiFi network if performance problems exist or an enhanced level of service is desired.	Include Phase II expectations, when foreseeable, within "planning and strategy document". Discuss experienced SLAs (service level agreement) with IT. Discuss plans and feasibility of upgrading WiFi network if performance problems exist or an enhanced level of service is desired.

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	Discuss minimal integration on to hospital's main network with IT with services such as wireless printing, if desired. Revise original "planning and strategy document" based on experience, changes in requirements and capabilities. Plan for subsequent phase III. Potential benefits include enhanced security, integration with hospital systems, software distribution and IT controls. Discuss additional potential internal services to leveraging, such as printing, administrative or workflow applications, etc.	Discuss benefits of integration on to hospital's main network with IT. Potential benefits include enhanced security, integration with hospital systems, software distribution and IT controls. Discuss additional potential internal services to leveraging, such as printing, administrative or workflow applications, etc.
Phase III Implementation	**Limited IT Support (includes IT policy of benign neglect)**	**Active IT Support**
	Include Phase III expectations, when foreseeable, within "planning and strategy document". Discuss experienced SLAs (service level agreement) with IT. Discuss plans and feasibility of upgrading WiFi network if performance problems exist or an enhanced level of service is desired. Discuss benefits of integration on to hospital's main network with IT. Potential benefits include enhanced security, integration with hospital systems, software distribution and IT controls.	Include Phase III expectations, when foreseeable, within "planning and strategy document". Discuss experienced SLAs (service level agreement) with IT. Discuss plans and feasibility of upgrading WiFi network if performance problems exist or an enhanced level of service is desired. Discuss benefits of integration on to hospital's main network with IT. Potential benefits include enhanced security, integration with hospital systems, software distribution and IT controls. Discuss additional potential internal services to leveraging, such as printing, applications, etc.

Consideration	Allow Autonomy for CCLS Participants	Desire Conformity and Uniformity Across CCLS Participants
Program size: less than 5 iPads Program size: less than 5 iPads (continued)	Appoint a "go to" point person or coordinator to supervise your child life technology program with interest in, or aptitude for, technology as chief determining factor. Conduct a quarterly review of all devices to contain, understand and learn from "drift" across the environment with emphasis on learning from best ideas; however, maintain a watchful eye for potential compliance issues and other risks. Add brief written assessment and action items as part of the quarterly review. Consider individual Apple IDs vs. sharing a single Apple ID Set aside centrally secured area for storage and recharging units. Consider allowing staff to retain complete control of their devices, including taking them home, so as to enable greater levels of familiarity and creativity with the device. Maintain consistency within folders and core applications common to all iPads in the program. Establish and communicate guidelines on the limits regarding personal use of the iPads. The tremendous value of staff becoming very comfortable with the device through use integrated with daily activities must be weighed against issues which may arise through blurring the distinction of clinical use vs. personal customization. Consider Plug-in and <u>Wireless</u> Synching (which will necessitate	Appoint a "go to" point person or coordinator to supervise your child life technology program with interest in, or aptitude for, technology as chief determining factor. Conduct a quarterly review of all devices to contain, understand and learn from "drift" across the environment with emphasis on maintaining consistency; however, remain open to learning from best ideas. Add brief written assessment and action items as part of the quarterly review. Consider individual Apple IDs vs. sharing a single Apple ID Set aside centrally secured area for storage and recharging units. Plug-in and <u>Wireless</u> Synching (which will necessitate dedicated MAC/PC or use of Apple iCloud) Consider use of cloud services as appropriate and only after consultation with in-house IT teams (or directly with compliance functions if IT is not available to assist) such as, iCloud, Dropbox, etc. Maintain consistency within folders and core applications common to all iPads in the program. Establish and communicate guidelines on the limits regarding personal use of the iPads. The tremendous value of staff becoming very comfortable with the device through use integrated with daily activities must be weighed against issues which may arise through

	dedicated MAC/PC or use of Apple iCloud) Consider use of cloud services as appropriate and only after consultation with in-house IT teams (or directly with compliance functions if IT is not available to assist) such as, iCloud, Dropbox, etc. Attend an "integration of technology" component to staff continuing education plan, either formally, or through consulting resources such as www.childlifetechnology.org webinars and posted videos.	blurring the distinction of clinical use vs. personal customization. Attend an "integration of technology" component to staff continuing education plan, either formally, or through consulting resources such as www.childlifetechnology.org webinars and posted videos.
Program size: 5 – 20 iPads	<u>Wireless</u> synchronization is strongly advised • (1) iTunes account and sync to (1) PC or Mac w/ iTunes Client • Apple Configurator Recruit a part-time technology volunteers; consider adding the technology requirement to questions for perspective hospital volunteer applicants. Design a library of sophisticated electronic prep books through assistance from www.childlifetechnology.org and other resources. Attend an "integration of technology" component to staff continuing education plan, either formally, or through on-line resources such as www.childlifetechnology.org webinars and posted videos. Provide application feedback through www.childlife.org/appcatalog	<u>Wireless</u> synchronization is strongly advised • (1) iTunes account and sync to (1) PC or Mac w/ iTunes Client • Apple Configurator Recruit a part-time technology volunteers; consider adding the technology requirement to questions for perspective hospital volunteer applicants. Design a library of sophisticated electronic prep books through assistance from www.childlifetechnology.org and other resources. Attend an "integration of technology" component to staff continuing education plan, either formally, or through on-line resources such as www.childlifetechnology.org webinars and posted videos. Provide application feedback through www.childlife.org/appcatalog

Program size: greater than 20 iPads	<u>Wireless</u> synchronization is strongly advised: (1) iTunes account and sync to (1) PC or Mac with iTunes Client • Apple Configurator • MDM Solution (MobileIron, AirWatch, etc.) • Try to become involved within hospital MDM pilot program Design a library of sophisticated electronic prep books through assistance from www.childlifetechnology.org and other resources. Attend an "integration of technology" component to staff continuing education plan, either formally, or through on-line resources such as www.childlifetechnology.org webinars and posted videos. Provide application feedback through www.childlife.org/appcatalog	<u>Wireless</u> synchronization is strongly advised: (1) iTunes account and sync to (1) PC or Mac with iTunes Client • Apple Configurator • MDM Solution (MobileIron, AirWatch, etc.) • Try to become involved within hospital MDM pilot program Design a library of sophisticated electronic prep books through assistance from www.childlifetechnology.org and other resources. Attend an "integration of technology" component to staff continuing education plan, either formally, or through on-line resources such as www.childlifetechnology.org webinars and posted videos. Provide application feedback through www.childlife.org/appcatalog

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