



Bedside Counseling and Injury Data Collection with Families of Injured Children

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www.beterem.org



About Israel



Area of the country: 22,072 sq. km.

Population: Total 7.8 million

Child Population: 2.52 million

Children make up a third of the population

Average number of children per household: 2.4



Program Objectives

- Promote safety and prevent recurrent injury of children in families that were hospitalized due to injuries.
- Raise awareness and increase knowledge regarding injury prevention among parents of children hospitalized following injury.
- Raise knowledge and awareness among hospital personnel concerning child safety.
- Collect and analyze data on child injury and risk patterns as a basis for the development of prevention tools.

Key components of the program

- Interview with family to **identify causes of injury**
- **Individual counseling** according to child age and socio-economic background
- **Specific injury promotion messages**, also included in the letter of release
- **Materials given** to the family
- **Data** captured in database

Providing Caregivers with Safety Messages

- Bedside counseling conducted by volunteers, nurses, or social workers
- Initially learn about the conditions that led to the injury – behavior, environment, product
- Check if this is first injury in the family
- Based on the information provided by the parents, **3** safety messages are tailored to the family



Process Details

- Bedside counseling in place in 9 / 25 hospitals in Israel
- As of August 2008, 5,950 cases recorded
- 1,370 families received counseling in 2012
- On average over the last 4 years 1,200 families received counseling each year
- Data is shared with: Hospitals, Municipalities, Govt Ministries, Standards Administration, etc.

Instruction Materials

Examples of safety equipment



כל רהיט מעל 75 ס"מ צריך להיות מעוגן לקיר

כל قطعة أثاث يصل ارتفاعها الى أكثر من ٧٥ سم
يجب تثبيتها بالحائط



קיבוע
רהיטים
לקיר

תثبيت
الأثاث
بالحائط

Custom Picture Instruction Cards

התאמת
סוג
האוכל
ואופן
ההגשה
לילד

ملاءمة
نوع الطعام
وطريقة
التقديم للطفل



סכנת חנק - לילדים עד גיל 5
מחאכלים נפוצים

خطر الاختناق - وسط الأطفال حتى عمر ٥ سنوات من
أطعمة شائعة



Tall furniture
needs to be
anchored to
the wall

Common
foods that are
dangerous to
children under
age 5

Giveaways!



Data Collection

- Date
- Hour
- Injury Mechanism
- Place
- Activity
- Product involved
- Brand
- Injury Scenario
- ICD Code
- Supervision

MDS

שירות אישי שאלון מאי 2012

תרגום אנלייך

שאלות אודות מאפייני ההיפגעות

תאריך האירוע:

11. שנה: 12. חודש: 13. יום:

14. הערה:

15. שעה מוערכת בה קרה האירוע (להקליד את השעות אח"כ נקודותיים ובסוף את הדקות - דקות:שעה)

16. * מקום ההיפגעות:

☐ בית וחצר הבית
☐ מרחב ציבורי
☐ דרכים
☐ מקום אחר, נא לפרט
☐ מוסד חינוכי

17. * פעילות בעת ההיפגעות:

☐ פעולות שגרה (אכילה, רחצה, שינה וכד')
☐ פעילות פנאי (כולל טיולים וחוגים שאינם ספורט)
☐ פעילות ספורט
☐ לימודים
☐ נסיעה
☐ קטטה
☐ עבודה בשכר
☐ התנהגות סיכנית
☐ אחר

18. סוג מוצר או גורם מעורב:

19. שם מותג:

20. תרחיש ההיפגעות:

21. אבחנה רפואית:

22. איברים שנפגעו:

☐ ראש
☐ פנים-עין
☐ פנים-אף
☐ פנים-אוזן
☐ פנים-פה

Program Evaluation

Scale 1(low)-5(high)	
To which extent was the instruction necessary?	4.10
To which extent was the instruction given at an appropriate time?	4.70
How satisfied were you in general	4.85
To which extent the safety messages were new to you?	2.72
How relevant were the messages to you personally?	4.20

Recollection of messages	95% correct 4.4% incorrect 0.6% don't remember
Messages adopted to everyday life	51.5% - all 47.5% - most of them 1.5% - none

Baron-Apel, Orna and Balin, Lupa "Individual Child Injury Prevention Service", School of Public Health, University of Haifa, National Insurance Institute, Jerusalem 2008.

Value of Data

Admissions Data

Two year old girl
from Mas'ada
hospitalized due to
burn

Three year old
child hospitalized
due to illness

Twelve year old
fell and has blunt
injury

Bedside Counseling Data

Two year old girl from Mas'ada from a religious Druze family, received level II-III burns, while at home. Her mother prepared a hot kettle of tea, left it on the counter and went to assist her older daughters with their homework in the next room. The two year old daughter wanted to get something from the cupboard, climbed on the counter, bumped into the teakettle which spilled on her. There was no adult next to the child at the time of the incident.

Three year old child from Hatzor in the Galilee, from a non-religious Jewish family, hospitalized due to poisoning. When her Grandmother was visiting the home she left her bag on the floor. The girl opened the bag and swallowed a Coumadin pill, used to treat blood clots. The mother and grandmother were in the home but did not see the child take the pill and it was only discovered after an hour.

A twelve year old boy, from a traditional Muslim family with 9 children, from Bukata, fell off of his bicycle. The injury occurred on Saturday on the way to a soccer match. The child was riding on the road with a friend on the handlebars. While riding his friend's leg got stuck in the wheel and the two fell off the bicycle. When they fell the boy was hit in the head from the bicycle seat and injured in his face and legs. The boy was not using a helmet or knee guards.

Adult Supervision: Injuries at Home Vs. Injuries in the Public Domain

Age 0-5	HOME		PUBLIC DOMAIN	
Supervision Category	Percent	N	Percent	N
Adult Present, saw child	46%	1064	62%	103
Adult Present, did not see child	28%	648	15%	25
Adult was not near child	6%	144	5%	9
No Adult Present	16%	373	15%	25
Don't Know	4%	81	2%	4
Total	100%	2310	100%	166

Adult Supervision: Bicycling Injuries

Age 0-5	Percent	N
No Adult Present	31%	13
Adult was not near child	7%	3
Adult Present, did not see child	19%	8
Adult saw child	40%	17
Don't Know	2%	1
Total	100%	42

Age 10-17	Percent	N
No Adult Present	49%	56
Adult was not near child	17%	19
Adult Present, did not see child	3%	4
Adult saw child	29%	33
Don't Know	3%	3
Total	100%	115

Age 6-9	Percent	N
No Adult Present	51%	37
Adult was not near child	10%	7
Adult Present, did not see child	6%	4
Adult saw child	32%	23
Don't Know	1%	1
Total	100%	72

Changes in Standards

Public Sports Equipment

- In Israel as part of efforts to increase a healthy lifestyle, increase in public sports equipment
- Beterem began to see examples of child injuries:
 - Child age 4 played near the equipment fell and injured hand
 - Child age 6 tried to use sports equipment fell and lost a finger
- Data submitted to Standards Institute in 2011 began work on more rigorous standard – in particular to prevent amputation of fingers.



What have we learnt?

- The intervention takes place at the right time and place
- Targeted messages are effective
- Valuable and unique data for injury prevention
- The program's concept was adopted by other SKW member countries including Safe Kids Austria and New Zealand.
- The program was adapted with Alyn Hospital for children with disabilities

Challenges

- Need to increase representative nature of the data by recruiting more hospitals and reaching higher percent of patients
- Need to conduct further evaluation of the program as it grows
- Analysis is complex due to the combination of quantitative and qualitative data
- Resources scarce, despite value of service, hospitals have difficulty adding additional component during hospital stay

**Thanks for keeping all of our
children safe!**

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