



SHABI program
Keeping our children safe

Better safe than sorry:

Evaluating the implementation process of a home-visitation intervention aimed at preventing unintentional childhood injuries in the hospital setting

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Introduction:

Interventions to prevent child home injuries have rarely been implemented in hospitals. The SHABI program recruits at-risk families arriving with child injury to the ER in a northern Israeli hospital. ER nurses invite families to participate, and medical/nursing students conduct two home visits 4 months apart, providing safety equipment and guidance

🏠 The SHABI program, May 2019 - June 2020:

135 families had one visit and 98 completed two. 50% of families were ultra-Orthodox Jews, 11% Arab, and 28% had ≥ 3 preschool children.

Significant improvement in home-safety items was observed 4 months after the first visit with an overall increase in home safety (Mean \pm SD 71.9% \pm 9.5% vs 87.1% \pm 8.6%; $p < 0.001$)

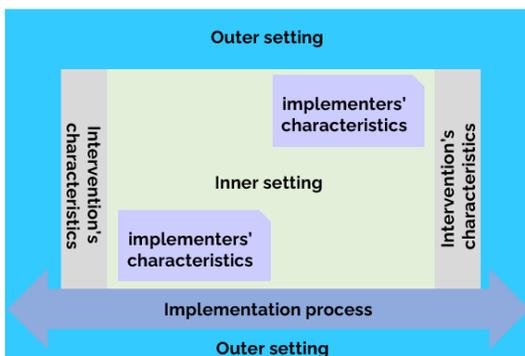
🎯 Aim

To evaluate SHABI's implementation process in the hospital setting



Evaluation was guided by the Consolidated Framework for Implementation Research (CFIR), May 2018-March 2021

- *SHABI's Implementation process*- Evaluation and feedback of the entire implementation process
- *Hospital's inner setting*- Organizational factors affecting SHABI's implementation
- SHABI's characteristics- Nurses' and home visitors' perception of SHABI
- *Nurses' and Home visitors' characteristics*- Skills and knowledge relevant to SHABI's operation
- *Outer setting*- Economic, political and social policies. This domain was not investigated



✍️ Methods

- *Implementation process*- ER medical records and tracking registries; meetings notes (n=9); research diary
- *Hospital's inner setting and SHABI's characteristics*- Interviews with hospital management, nurses, and home visitors 8 months after baseline (n=18)
- *Home visitors' characteristics*- Interviews; post-visit questionnaire (n=233); families' perceptions of SHABI; post visit home visitors' telephone interviews (n=212); home visitors' questionnaires (n=8) baseline and 8 months later

📺 Results

- Alignment between SHABI and the hospital's mission was found as a lever
- Structural hospital-community disconnect prevented the hospital in operating outside of its setting, requiring adaptation and collaboration with the medical school
- Recruitment immediately after a child's injury was perceived as a motivator for parents to make changes to their homes
- Medical/nursing students were recruited as home visitors, yet no Arabic speakers applied. This may have led to Arab families dropping out after the first home visit significantly more than Jewish families

💡 Conclusions and recommendations

- Injury prevention programs in hospitals have significant benefits
- Identifying implementation barriers and facilitators allowed implementers to make adaptations and cope with the innovative implementation setting
- Models of cooperation between hospital, community and other clinical settings should be further examined

