

Documenting Child Injury for NFP

Child Injury:

What are we measuring?



MIECHV Measure: Rate of injury-related visits to the Emergency Department (ED) during the reporting period among children enrolled in home visiting.

Instructions:

Home visitors should collect information about any injury-related or ingestion-related visits to the emergency department for the child. This information should be collected for children enrolled in MIECHV funded home visiting.

Data Requirements: Child medical visit date, medical visit type (Emergency Department), medical visit reason (injury or ingestion).

Which form should I use to document Child Injury for younger infants?

Step 1: Use the Healthcare Services Form.

- When to ask: This measure is assessed in multiple reporting years for all eligible children enrolled in home visiting. Recommendation is to ask at every home visit.
- Once the child is born, the Healthcare Services Form should be entered under the child instead of the client.
- Injury-related emergency department visits are defined as injuries resulting from the following causes or mechanisms of injury: motor vehicle, suffocation, drowning, poisoning, fire/burns, falls, sports and recreation, and intentional injuries, such as child maltreatment¹.

Healthcare Services



Infant ID	<input type="text"/>	Infant Name	<input type="text"/>	Infant DOB	<input type="text"/>
Client ID	<input type="text"/>	Client Name	<input type="text"/>	DOB	<input type="text"/>
Date	<input type="text"/>	Nurse Home Visitor ID	<input type="text"/>	Nurse Home Visitor Name	<input type="text"/>

This data is collected at the following timepoints: whenever a mom or baby accesses healthcare services AND at the routine data collection timepoints of child's age 6, 12, 18, and 24 months.

Step 2: On the Healthcare Services Form, record the client's response(s) to Question 7.

- This measure is reported as a rate. The numerator represents the number of emergency department visits, not the number of children who visited the emergency department.
- Only the injury-related and ingestion-related emergency room visits are counted towards the numerator.

ER Visits and Hospitalizations

7. ♦ Since our last visit, have you taken your child to the hospital emergency room/urgent care center for an injury or because you were concerned your child swallowed something harmful?

Yes (If yes, please mark the reason and note the date)

NOTE: ER and Urgent Care visits for illness should not be noted

<input type="checkbox"/> Injury	Date: ___/___/___ (month/day/year)	<input type="checkbox"/> Treatment Needed
	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Urgent Care
	Date: ___/___/___ (month/day/year)	<input type="checkbox"/> Treatment Needed
	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Urgent Care
	Date: ___/___/___ (month/day/year)	<input type="checkbox"/> Treatment Needed
	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Urgent Care
<input type="checkbox"/> Ingestion	Date: ___/___/___ (month/day/year)	<input type="checkbox"/> Treatment Needed
	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Urgent Care
	Date: ___/___/___ (month/day/year)	<input type="checkbox"/> Treatment Needed
	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Urgent Care
	Date: ___/___/___ (month/day/year)	<input type="checkbox"/> Treatment Needed
	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Urgent Care

No N/A (still pregnant)

Step 3: Enter the information on the Form into FLO.

¹Centers for Disease Control and Prevention. National Action Plan for Child Injury Prevention. 2012.
https://www.cdc.gov/safecild/pdf/national_action_plan_for_child_injury_prevention.pdf