



Report of the State Comptroller of Israel | May

Ministry of Health

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# Hospitalization of Children





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### Background

At the end of 2020, there were about 3.05 million children in Israel's 0–18 age group (about a third of the country's population). Pediatrics treat infants, children, and adolescents, i.e., according to the accepted practice in Israel, from birth to age 18. Pediatrics is a unique medical branch that requires individual attention to the characteristics of the patients, including the size of their bodies and their various developing organs. The care of children in the community, as well as in the clinics and hospital inpatient wards (Hospitals), requires an approach suitable for children and often requires means different from those intended for treating adults. Apart from the medical staff, which includes the doctors, nurses, and paramedical professionals' staff, in the hospitalization wards, there are also teachers and kindergarten teachers who provide hospitalized children with an educational framework under the Education for Sick Children Law. The parents of the hospitalized child are also a significant factor during his hospitalization in terms of their involvement in the treatments and making decisions about the child and the need to accompany him during the hospitalization.

Some children hospitalized in the hospital's children's wards arrive for a planned hospitalization for the treatment of an illness or for a medical procedure, some are referred from the emergency medicine department, and some have been transferred from another hospital. Most hospitalizations are short, but some are extended.



## Key Figures

**129,000**

the number of children hospitalized in children's wards in 2021, some more than once

**91%**

the average occupancy in Israel's general hospitalization wards (including children) in 2019, compared to 76% in the OECD countries. In nine (about 43%) of the 21 children's wards in the hospitals, the occupancy was equal to or higher than the average occupancy in the general wards

**691,000**

the cumulative hospitalization days in the children's wards<sup>1</sup> in 2021. In 2050, it is expected to be 1,158,000

**over 50%**

of the inpatient rooms in the children's wards at the Emek, Carmel, Schneider and Hillel Yaffe hospitals are intended for three inpatients. According to the planning guidelines document for general hospitals from April 2007 regarding new wards or renovated, the inpatient rooms will have two beds

**21–  
(2%)**

the standard number of beds in the children's wards decreased from 2009 (1,089 beds) to 2020 (1,068 beds). During this period, the number of children in Israel increased by about 23%

**7 out of  
21**

hospitals where the pediatric emergency department does not have a doctor specializing in emergency medicine or pediatrics on evening shifts

**15.4  
weeks**


the average waiting time for tonsillectomy surgery for children in public hospitals in 2022

**553**

children waited in April 2022 for psychiatric hospitalization or daycare; 258 waited for psychiatric hospitalization between 3–7 months; 295 waited for day treatment between 3–12 months

<sup>1</sup> Including hospitalization in wards for special care of newborns, 34% of all beds in the children's wards.


## Audit Actions

 From February to October 2022, the State Comptroller's Office audited the hospitalization in the children's wards in the public general hospitals. The audit included planning the pediatric hospitalization system in hospitals; Dedicated units and wards for children's care (intensive care, emergency room, surgical departments); Children's hospitalization in a children's ward not suitable for their condition; Recognition by the Ministry of Health as a "children's hospital"; The experience of the patient and those accompanying him; The medical, nursing and paramedical personnel; Maintaining an academic routine during hospitalization; Home hospitalization for children. The examination was conducted at the Ministry of Health in 21 hospitals as detailed below: 11 government general hospitals<sup>2</sup>, seven Clalit HMO (Health Maintenance Organization) hospitals<sup>3</sup>, and two public hospitals: Hadassah Medical Center and Assuta Hospital in Ashdod; In the four HMOs: Clalit Health Services (Clalit), Maccabi Health Services, Meuhedet HMO and Leumit Health Services and in the Ministry of Education. A completion examination was carried out at the Civil Service Commission.

As part of the audit, questionnaires were sent to all the hospitals, and conversations were held with four focus groups, with the participation of 28 parents of children aged 0–17 years who were hospitalized in children's wards in 2020–2022 for at least two days<sup>4</sup>, to obtain their opinion regarding the experience of the patient and his accompanying parents.

## Key Findings



 **National Plan Regarding the Number of Hospital Beds in Children's Wards** – in 2009–2020, the number of children in Israel increased by about 23%. However, during this period, the standard number of beds in the children's wards decreased by 21, from 1,089 beds in 2009 to 1,068 in 2020. The number of children hospitalized in the children's wards in 2021 was 129,000, some more than once, and the cumulative number of days of hospitalization in the children's wards this year was about 425,000 (not including




2 The Ziv Medical Center, Rambam – the Medical Health Care Campus, Hillel Yaffe Medical Center, Haim Sheba Tel Hashomer Medical Center, Tel Aviv Sourasky Medical Center (Ichilov), Edith Wolfson Medical Center, Barzilai Medical Center, Galilee Medical Center, Bnei Zion Medical Center, Shamir Medical Center and North Medical Center (Poriya).

3 The Schneider Pediatric Center in Israel, Kaplan Medical Center, Soroka University Medical Center, Ha'emek Medical Center, Carmel Medical Center, Meir Medical Center and Yoseftal Medical Center.

4 Most of the children were hospitalized for a few days with the exception of one child who was hospitalized for a prolonged period exceeding seven days.





hospitalization in wards for special care of newborns). According to one of the scenarios presented in NOP 49 (a national outline plan for health institutions), from 2020 to 2050, the number of hospitalization days in the children's wards will increase by about 68% (from 691,000 in 2020 to 1.158 million hospitalization days in 2050, including hospitalization in wards for special care of newborns). It was found that the Ministry of Health did not prepare an operational plan for the hospitals and did not set long-term basic goals for the hospitalization system – the number of beds per 1,000 people, the desired occupancy in the hospitals, and the average length of hospitalization in the wards.

-  **The Bed Occupancy in the Children's Wards** – in 2019, in 10 (about 48%) of the 21 hospital children's wards, the occupancy was equal to or lower than the average occupancy in the OECD countries in the general hospitalization wards (including children). In 11 wards, the occupancy was higher than the average in general hospitalization in OECD countries (76%). Hadassah Ein Kerem, Hadassah Mount Scopus, Rambam, Schneider, Kaplan, Sheba-Safra, and Ichilov-Dana hospitals are particularly notable for their high occupancy rates of more than 94%. At the district average level, the highest rate is in the Tel Aviv district (133%). As for the situation in the periphery – in the North District, the average occupancy was 61%, and in the South District, it was 75%. Although the average occupancy in the South District was relatively low – 75%, the Soroka "super-center" of the Clalit HMO in Be'er Sheva had a high occupancy of 87%.
  
-  **Pediatricians in the Community and Specialist Doctors** – specialization in pediatrics is essential for providing the best medical care to sick children. A pediatric specialist who treats children in the community learns to diagnose diseases properly, give appropriate treatment, and manage complex disease cases well. Treatment by a specialist in pediatrics can also prevent the worsening of the illness and unnecessary referral to the emergency room. It can also reduce re-hospitalizations and improve the treatment sequence after discharge from the hospital. The percentage of children aged 0–12 who are treated by specialist's pediatrics ranges from 36% in the Leumit HMO to 90% in Maccabi HMO (65% in Clalit HMO and 70% in Meuhedet HMO). In all the HMOs, their rate is relatively low in the periphery districts of the South and North and some of them in the Jerusalem district. Thus, for example, in Maccabi HMO, where the percentage of children treated by a specialist is the highest, their percentage ranges from 80% in the South District to 97% in the Central District. In Leumit HMO, where the rate is the lowest, their percentage ranges from 16% in the South District to 43% in the Jerusalem District.
  
-  **"Super-Specialist" Doctors and Experts in Pediatric Intensive Care and Emergency Medicine** – the Ministry has not set desired goals for the number of doctors who are "super-specialists" in pediatrics according to the various areas of specialization, and it does not have a long-term plan that considers the need for these doctors providing it with an appropriate response. The lack of super-specialists is also reflected in the long waiting times for them in the community. Left with no choice, parents sometimes turn

to private medicine and, alternatively, to the emergency medicine department, expecting quick treatment from a specialist doctor there. Thus, unnecessary burdens are created on the emergency medicine departments and the hospitalization system, as well as a high private expenditure, which also means a violation of equality in receiving medical services – those who can afford it can finance their child's treatment by a doctor who is a "super-specialist".

It was also raised that the Ministry of Health does not have an estimate of the number of specialist doctors required in the children's intensive care. The Ministry also did not set a multi-year target for the number of doctors trained in this field. In 7 out of 21 hospitals, the children's emergency medicine department does not have a doctor specializing in emergency medicine or pediatrics on the evening shift. Particularly notable is the absence of a specialist doctor on the evening shift in three of the seven hospitals in the periphery (Ziv, Poriya, Nahariya). There is no such doctor on the night shift in the supercenters – Rambam, Soroka, Schneider, Ichilov, Sheba, and Hadassah Ein Kerem.




 **The Waiting Times for Ear Tubes Surgery and Tonsillectomy Surgery** – although the Ministry of Health operates the shorten queues program, at a cost of NIS 2.54 billion, including three common children's surgeries: tonsillectomy surgery, ear tube surgery, and hernia surgery, in 11 out of 17 hospitals in Israel, the waiting time for ear tubes surgery in 2022 was longer than the waiting time in 2020; As for tonsillectomy surgery for children, in nine hospitals the waiting time in 2022 was longer than in 2020. For example, the average waiting time for this surgery in public hospitals was 15.4 weeks in 2022. It was also raised that although the program was intended, among other things, to increase the rate of surgeries performed in the public system, there was almost no change in the mix of surgeries performed in the public system and the private system<sup>5</sup> (with a slight preference for the private system regarding tonsillectomy surgery) and the distribution of the three surgeries between the public institutions and the private institutions was almost equal: in 2021 there was a slight increase in the performance of tonsillectomy surgery and hernia surgeries in the private institutions (an increase of 5% in each type of surgery) compared to 2019, while in ear tubes surgery there was no change over the period.

 **Children's Hospitalization in a Children's Ward Not Suitable for Their Condition** – sometimes children are hospitalized in the children's wards instead of in settings suitable for them, such as psychological treatment or rehabilitation settings, due to a lack of space in psychiatric wards for children or in other settings suitable for them. Failure to receive appropriate treatment may turn the children into chronically ill patients, reducing the chances of recovery and even increasing the chances of their mortality. For example, when there is overcrowding in the children's mental health ward, Ziv Hospital is forced to admit the children to the children's ward. At a certain period in 2019, 14 children were hospitalized in the children's ward instead of the children's mental health ward. In 2021, during the Covid-19 crisis, 36 children who needed hospitalization in the

5 Some of the surgeries at the private hospitals are part of the health services basket.




mental health ward were admitted to the children's ward. Regarding rehabilitation – according to the data provided by the Levinstein Rehabilitation Hospital in mid-July 2022, the number of children waiting at that time was 19, and the waiting time reached three months. The Ministry does not have information on the number of children who, due to a shortage of beds in wards dedicated to their condition, are hospitalized in the children's wards of the hospitals.

-  **The Patients and Those Accompanying them Experience – Accommodation, Hotelery, Treatment and Receipt of Information** – the Ministry of Health conducted surveys to monitor the patient experience in hospitalization wards in general hospitals and emergency medicine department (including children's emergency medicine department), but not in the children's wards. The State Comptroller's Office, through the focus groups with the participation of parents, raised differences between the large hospitals and the small hospitals. When it comes to the parents' patient experience – usually, the patient experience in the large hospitals was perceived as requiring improvement. In contrast, in the small hospitals, it was perceived positively. For example, in large hospitals, parents noted an unpleasant feeling of insensitivity towards the parents' needs as well as a long waiting time for admission to the ward, which was not prepared to receive new patients. In the small hospitals, the parents noted as positive the quick admission to the ward and receipt of initial information, good lodging, and hotel conditions, a pleasant atmosphere in the ward, and a courteous and helpful attitude towards them. Regarding food, dissatisfaction arose in both the small and large hospitals.
-  **Staff Caring for Children – Doctors, Nurses, and Paramedical Staff – Medical Personnel** – the current number of doctors' standard was established in 1976. Since then, it has been updated several times, most recently in 2011. Hospitals sometimes add to the various departments' medical personnel to overcome an unsatisfactory standard from their sources. Nursing Personnel – the need to update and check the relevance of the standard key, established in 1996, was not examined, given the changes in morbidity and the complexity of treating illness and children. In 2020, Israel was in the bottom quarter in the number of nurses per 1,000 people among about 40 countries: 5.1 nurses in Israel compared to 8.9 on average in the OECD countries (less than 60% of the average in the OECD countries). Paramedical Personnel<sup>6</sup> – there is no standard for the number of workers for paramedical professions in the hospitals, despite the importance of their role, and the number employed by hospitals depends on their financial ability.
-  **Maintaining an Academic Routine During Hospitalization** – the Free Education for Sick Children Law, 2001, was enacted over twenty years ago. However, despite the government's resolution to regulate it by March 2018, the Ministry of Education has not yet enacted regulations for this law. Thus, there is no orderly operation framework for the study routine of hospitalized children. Until the 2017 school year, the Ministry of Education published general guidelines on the subject every year, and since then, no

<sup>6</sup> Among the professions are speech-language therapy, occupational therapy, physiotherapy, social work.



guidelines have been published. In practice, there is an educational response in 20 general government hospitals, the Clalit HMO, and public hospitals<sup>7</sup>; however, about 60% of the teachers in the general hospitals do not have dedicated training for operating in a medical environment. In Kaplan and Assuta Ashdod, there are no teachers for the Arab and Ultra-Orthodox sectors. In Ichilov-Dana and Schneider, there are no teachers for the Ultra-Orthodox sector.

 **Hospitalization at Home for Children** – although home hospitalization for children has already started around the world, and in Israel, home hospitalization for adults has already begun, there is no home hospitalization for children in Israel.




**A National Outline Plan for Health Institutions in Israel** – the Ministry of Health and the Planning Administration in the Ministry of Interior, in cooperation with experts, prepared NOP 49 for the layout of health institutions and for defining land reserves for the expansion of existing hospitals and the establishment of new ones.

**Recognition by the Ministry of Health of a "children's hospital"** – in the course of the audit, the Ministry of Health began formulating criteria for recognition as a "children's hospital," including the hospital is a "supercenter". The children's hospital operates in a separate building and has separate medical infrastructures; It hosts significant academic and research activity, and its wards are recognized for specialization.

**Patient Experience Surveys** – the Clalit HMO has been conducting satisfaction surveys for years and has even set a goal for the general satisfaction of its patients in all childcare units. Some government hospitals also conduct patient experience surveys in children's wards. However, the Ministry of Health conducts surveys to monitor patient experience in hospitalization wards in general hospitals and emergency medicine departments (including children's medicine departments) but it does not conduct dedicated surveys for the children's wards.

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## Key Recommendations

 After setting goals for the hospitalization system, it is recommended that the Ministry of Health prepare a multi-year plan detailing the number of beds required in the various wards of the hospitalization system, including the children's wards. In formulating the plan, it is recommended that the Ministry rely on complete data on the existing situation, on the long-term projection of demographic growth according to various population characteristics, including its geographic distribution, the expected morbidity in the

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7 There is no classroom at the Clalit HMO's Yoseftal Hospital, and children are assigned teaching hours only.



population, and other components, as required. It is recommended that as part of the multi-year plan for the number of beds needed in the children's wards, the Ministry of Health examine the updated future needs in the children's mental health wards and the children's rehabilitation wards, fully map the current situation, including the response that the health insurance funds provide, and prepare a plan that will respond to future needs.



It is recommended that the Ministry of Health add goals and metrics to the plan for shortening the queues for surgeries it implements regarding each queue it expects to shorten. It is also recommended that hospitals, in cooperation with the Ministry, analyze the process from notifying the patient of the need for surgery to its execution to identify steps in the process that can be optimized and improved.





It is recommended that the Ministry of Health expand the patient experience monitoring surveys to children's wards as well and publish their results. Given the results of the public participation process conducted by the audit team, it is recommended that all hospitals, and especially the major hospitals, Soroka, Schneider, Rambam, Sheba-Safra, Hadassah Ein Kerem and Ichilov-Dana, verify that the patient experience is positive, and if improvement is required in certain areas, it should make the necessary improvements. It is also recommended that the Ministry of Health follow up on rectifying the deficiencies.



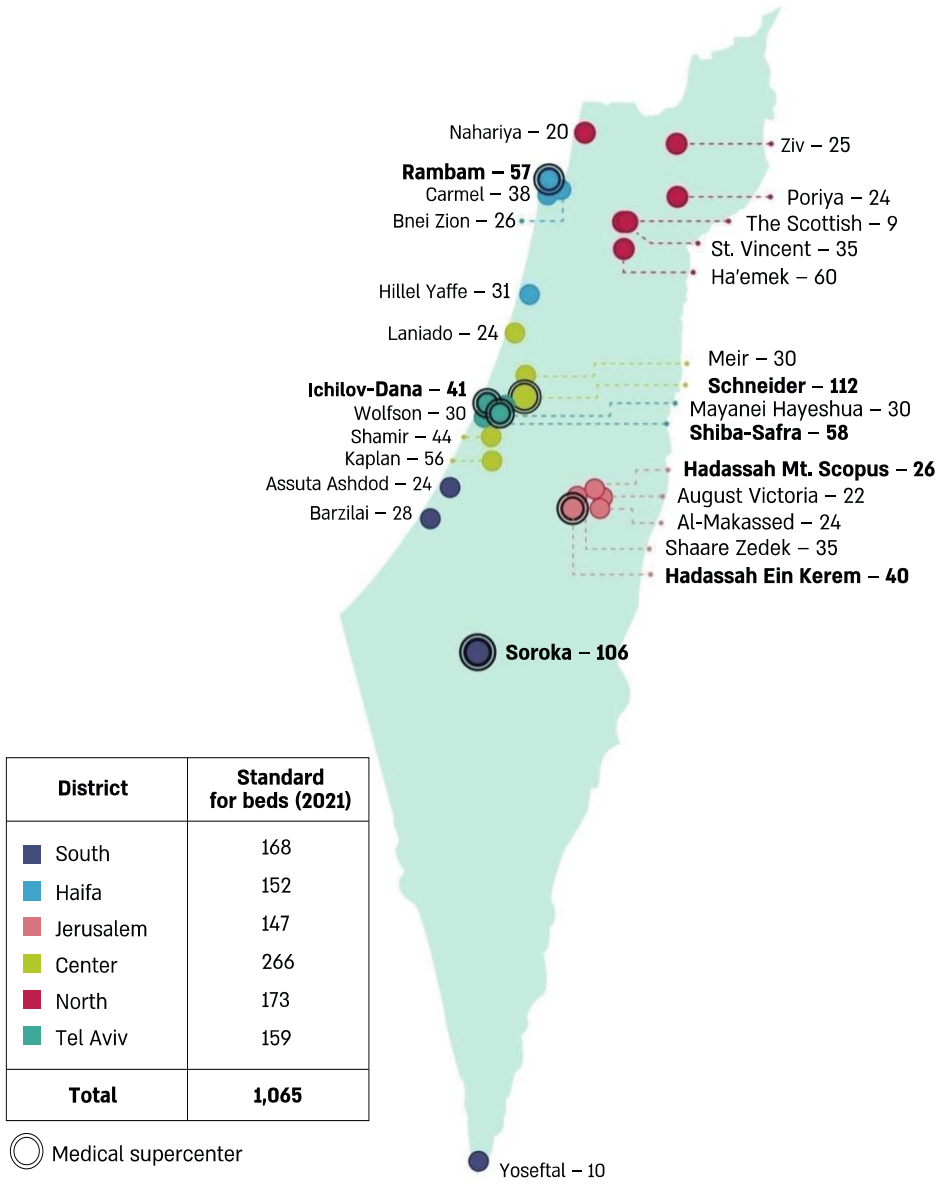
**Medical personnel** – it is recommended that the Ministry of Health, the Ministry of Finance, and the Civil Service Commission (CSC) consider a new standardization method for doctors in the inpatient wards in general and children's wards in particular. It is recommended that, as a result, the existing standard for doctors, established back in 1976 and last updated in 2011, be updated according to the updated needs of the health system – the technological changes, the growth and aging of the population, the increased scope of medical activity and the development of professions and sub-professions in medicine and nursing. It is also recommended that the update be based on the need for efficient and flexible exhaustion of resources. It is also recommended that the Ministry of Health and the Ministry of Finance prepare a plan responding to the need for doctors specializing in pediatrics in the community, considering the lack of doctors specializing in pediatrics in the periphery and the ways to reduce the gaps between the periphery and the center of the country and encourage and motivate the achievement of the goals. It is recommended to set goals regarding the number of doctors specializing in pediatrics in general and the number of "super-specialists" in the various professions in this area. **Nursing Personnel** – it is recommended that the Ministry of Health, the Ministry of Finance, and the Civil Service Commission examine with the relevant trade unions the adaptation of nursing personnel standards – in particular in the children's wards – to the updated needs, to the geographical area, to demographics and occupancy in the wards. **Paramedical Personnel** – it is recommended that the Ministry of Health map the need for paramedical professions in all hospitals and examine what is the standard of these professions that enable appropriate care to the patients' needs.



-  The Ministry of Education should regulate the Free Education for Sick Children Law, 2001, in coordination with the Ministry of Health. Afterward, it is recommended that the Ministry of Education regulate the educational framework for sick hospitalized children and, as necessary, publish annual circulars. It is further recommended that the Ministry of Education suitably train the relevant teaching staff for the medical environment in which they teach, ensure that there is no shortage of teachers for children from different sectors who are hospitalized, and fill it if there is a shortage.
-  It is recommended that the Ministry of Health consider, in cooperation with hospitals, the HMOs, and the Israeli Pediatric Association, regulating home hospitalization for children from an overall view of the good and well-being of the children and their families.



**The Number of Beds in the Children's Wards in the Public-General Hospitals, Broken Down by Hospital and District, 2021**



According to data from the Ministry of Health, processed by the State Comptroller's Office.



### The Waiting Times for Hernia, Tonsillectomy and Ear Tubes Surgeries for Children in the Public Hospitals (in weeks), June 2022

The District	The Hospital	Ear Tubes	Tonsillectomy	Hernia
South	Barzilai	24	24	8
	Soroka	26	12	24
	Yoseftal	5	2	
	Assuta Ashdod	7	7	4
Jerusalem	Haddasah Ein Kerem	12	22	21
	Hadassah Mt. Scopus	9	15	4
Tel Aviv	Shiba-Safra	12	8	2
	Wolfson	3	3	2
	Ichilov-Dana	16	20	3
Center	Shamir	7	8	4
	Meir	9	16	6
	Kaplan	15	20	6
	Schneider	11	13	11
Haifa	Rambam-Ruth	4	24	9
	Hillel Yaffe	32	32	4
	Bnei Zion	4	4	3
	Ha'Carmel	7	8	
North	Ziv	4	8	8
	Nahariya	20	20	4
	Poriya	8	32	1
	Central in the Emek	13	26	10
<b>Average</b>		11.8	15.4	7.1
<b>Score</b>		9	15	4

According to data from the hospitals processed by the State Comptroller's Office.

\* The more profound the green shade, the shorter the waiting time, and the darker the shade on the yellow-red color spectrum, the longer the waiting time.



## Positions Presented by the Parents in the Focus Groups

### Hospitalization beds (with respect to the hospitalized child)



He doesn't see me... he is in unfamiliar surroundings... and he doesn't see me because I am below (meaning sitting on the armchair or a low chair)

### Admission in the ward and receipt of initial information (with respect to nurses)



To give attention (the nurse). Someone knows something so I don't just stand there...

### The stay experience (with respect to the staff)



I needed to do a little chasing, answers, tests... Even a smile and a good word are good for everyone, because no one likes this situation

### Admission in the ward and receipt of initial information



The transition was pretty smooth, like an assembly line... as if they were waiting for us

### Social workers



There was a social worker who was very helpful, sent the forms that were required, the entire admission process... was accompanied very well. At some point she left and no replacement was found for her

### Food for the hospitalized child and the parent



To not wait and see what is served and then think about what to order him. Let me know what is served in the morning, noon and night, and I will prepare accordingly



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## Summary

According to the forecasts, in 2035, the children population aged 0–14 will be about 13.5% larger than in 2020, and in 2050, the number of hospitalization days in the children's wards in hospitals is expected to be about 68% higher than in 2020. These forecasts require the preparation of the health system in general and particularly the hospitalization system.

It was raised that the Ministry of Health did not establish an operational plan for the hospitals based on long-term fundamental goals for the hospitalization system – the number of beds per 1,000 people, the desired occupancy in the hospitals and the average length of hospitalization in the wards – and in particular, it did not establish such a plan concerning the children's wards. About a third of the hospital beds in the children's wards are in rooms designed for three children. The lack of space in hospitalization settings for mental health, including eating disorders, and in rehabilitation settings, especially in the periphery, results in children being hospitalized in the children's wards when these wards are not suitable for them while waiting a long time for hospitalization in another suitable setting. The standards for the number of doctors in the hospitals are not updated and do not fit the changing needs, and there is a national shortage of doctors specializing in pediatrics. No examination was conducted on whether the nursing standards suit current needs, and the paramedical workforce has no standard. According to the focus groups held by the audit team, with the participation of hospitalized children's parents – those whose children were hospitalized in large hospitals were generally less satisfied than parents of children who were hospitalized in small hospitals about the attitude and treatment of the medical staff, receipt of information and the surrounding conditions.

It is recommended that the Ministry of Health prepare a multi-year plan detailing the number of beds required in the various wards of the hospital system, including the children's wards, after setting goals for this system. It is also recommended to examine the standards of medical and nursing personnel and the need to update them, as well as to examine what the standard for paramedical professions that will enable appropriate care to the needs of patients. Accordingly, it is recommended that the Ministry prepare a multi-year plan to supplement the required services. Given the importance of examining the patient's experience and improving hospitalization conditions following satisfaction surveys, it is recommended that the Ministry of Health examine the patient's experience in the children's wards as well.

