

Can Cost-Reducing Quality Initiatives Really Reduce Costs?

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We all recognize the importance of quality improvement. But how much do these quality improvement efforts bend the cost curve for hospitalized children?

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We all recognize the importance of quality improvement. But how much do these quality improvement efforts bend the cost curve for hospitalized children? Synhorst et al ([10.1542/peds.2019-2177](#)) performed a retrospective cross-sectional analysis of children ages 0 to 21 hospitalized with 8 common pediatric diagnoses ranging from acute gastroenteritis to upper respiratory infection, and the distribution of hospitalization costs taking into account whether there were related quality-improvement

activities. The authors used 2017 data obtained from 48 children's hospitals that are part of the Pediatric Health Information System database. There were widespread variations in quality improvement work for the 8 diagnoses across the hospitals, there was not much difference in cost. This is because room costs, independent of the quality improvement work, accounted for 52.5 to 70.3% of the total hospitalization costs.

What does this mean for decreasing hospital costs? Drs. Jay Berry, Vincent Chiang, and Christopher Landrigan from Boston Children's Hospital provide a commentary about what room costs represent and that the best way to reduce these costs is to reduce length of stay ([10.1542/peds.2020-0619](#)). How might we do this? Drs. Berry, Chiang, and Landrigan stress that reduction in stay is possible if we continue our improvement efforts, not just during the hospitalization but in the outpatient and community and public health settings as well. Doing so will prevent children from needing hospitalization or when they do, limit how long they might need to stay. Both the study and commentary are high value for learning and won't cost you much time and effort to read.

- [Quality Health Care for Children and the Affordable Care Act: A Voltage Drop Checklist](#)
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