

## AAP QI initiative improves care for febrile infants

August 21, 2019

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Article type: [News](#)

Topics: [Fetus/Newborn Infant](#), [Infectious Diseases](#)

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Febrile infants were hospitalized more appropriately and had shorter stays after an AAP quality improvement initiative was implemented.

The Reducing Variability in the Infant Sepsis Evaluation (REVISE) initiative conducted through the [AAP Value in Inpatient Pediatrics Network](#) aimed to standardize care for infants who had a fever without an obvious cause and reduce unnecessary tests and hospitalization for suspected bacterial infections.

Inpatient and emergency department physicians participating in the initiative had access to clinical algorithms, order sets, live webinars, a smartphone app, coach support and an email discussion group.

The 124 participating hospitals provided 12 months of baseline data and 12 months of post-implementation data, amassing information on 20,570 febrile infants ages 7-60 months who did not appear ill or have comorbid conditions. The results are detailed in “Reducing Variability in the Infant Sepsis Evaluation (REVISE): A National Quality Initiative,” (Biondi EA, et al. *Pediatrics*. Aug. 21, 2019, <https://doi.org/10.1542/peds.2018-2201>).

The data show after implementation, hospitals saw a median site improvement of 5.3% for appropriate evaluation and hospitalization.

“Many participating sites began the project at or near our measure target for meeting appropriateness criteria for hospitalization, thus limited improvement was possible,” authors wrote.

There was a 15.5% improvement in median length of stay, and this measure was more likely to be appropriate in non-freestanding hospitals than freestanding hospitals.

Authors noted that length of stay is a more specific and objective goal than appropriate hospitalization, and hospitals had more room for improvement.

The team evaluating the initiative did not see significant changes in utilization of urinalysis, chest X-rays or appropriate antibiotics. The initiative also did not delay diagnosis of urinary tract infections, bacteremia and/or meningitis. Similar to hospitalizations, authors said most hospitals already were at or near the initiative’s goals in these areas before the project.

“However, during the project, some sites reported extensive work on these measures and certain sites did make improvements,” they wrote.

### Resources

- [AAP clinical report "Management of Neonates Born at  \$\geq 35\$  0/7 Weeks' Gestation With Suspected or Proven Early-Onset Bacterial Sepsis"](#)
- [AAP clinical report "Management of Neonates Born at  \$\leq 34\$  6/7 Weeks' Gestation With Suspected or Proven Early-Onset Bacterial Sepsis"](#)
- [Information for parents from HealthyChildren.org on sepsis](#)
- [Information for parents from HealthyChildren.org on fever](#)

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