

Hospital care varies greatly for children with urinary tract infections

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More than 45,000 infants and children in the United States are hospitalized each year for urinary tract infections, but a new study reveals significant variability across hospitals in treatment and outcomes.

The findings of the study provide an opportunity to eliminate potential waste in the healthcare system and to engage in quality improvement efforts for this common condition, according to study co-authors Patrick Conway, M.D., a pediatrician at Cincinnati Children's Hospital Medical Center, and Ron Keren, M.D., a pediatrician at The Children's Hospital of Philadelphia.

"The variability across hospitals represents an opportunity for benchmarking and standardization of care," says Dr. Conway. "Decreased length of stay and costs associated with clinical practice guidelines support their implementation."

The study is the first large-scale investigation of variability in urinary tract infection (UTI) management and was published online March 26 in the [Journal of Pediatrics](#).

"It's astonishing that in this day and age children with the same common condition—urinary tract infections—are being managed so differently from one hospital to the next," says Dr. Keren, the director of the Center for Pediatric Clinical Effectiveness at The Children's Hospital of Philadelphia.

Drs. Conway and Keren studied 20,892 children between the ages of 1 month and 12 years old hospitalized at one of 25 children's hospitals between 1999 and 2004. They found significant variability among hospitals in terms of length of stay, costs, readmission rates and tests performed.

They also found that certain patient and hospital factors explained some of these differences. For example, older children had shorter length of stay and lower costs, and were less likely to undergo imaging and to be admitted to the intensive care unit. On the other hand, African-American and Latino patients had longer length of stay and higher costs, and were more likely to undergo imaging and to be admitted to the [intensive care unit](#). Perhaps most importantly, length of stay and costs were lower at hospitals that used clinical practice guidelines for the management of UTI.

"Patients should not receive different care based on where they live and the hospital they go to," says Dr. Conway. "Clinical practice guidelines, such as those adopted by Cincinnati Children's, have been shown to decrease variability of care, length of stay and costs. The healthcare system in the United States needs to strive to deliver consistent, high quality care, based on evidence, to all [children](#)."

Source: Cincinnati Children's [Hospital](#) Medical Center ([news](#) : [web](#))

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