

Adherence to bronchiolitis guidelines cuts LOS, costs

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(HealthDay)—Adherence to bronchiolitis clinical pathway

recommendations is associated with reduced length of stay (LOS) and costs, according to a study published online Feb. 9 in *Pediatrics*.

Mersine A. Bryan, M.D., from the University of Washington in Seattle, and colleagues conducted a [retrospective cohort study](#) involving 267 patients ≤ 24 months old diagnosed with bronchiolitis. Using a standardized scoring system, the authors assessed clinical pathway [adherence](#) for 18 quality measures obtained by medical record review. They classified level of adherence into low, middle, and high tertiles, and examined the correlation between adherence tertile and LOS and costs.

The researchers found that the mean adherence scores were 78.8, 95.0, and 89.1 for emergency department, inpatient, and combined emergency department/inpatient, respectively. Cases in the highest versus the lowest adherence tertile had significantly shorter LOS (emergency department, 90 versus 140 minutes; inpatient, 3.1 versus 3.8 days). Cases in the highest adherence tertile had significantly lower costs (emergency department, $-\$84$; total, $-\$1,296$). The odds of admission were lower for [emergency department](#) cases in the highest tertile (odds ratio, 0.38). There was no difference in readmission based on tertile.

"This study illustrates the importance of clinician adherence to specific pathway care processes," the authors write. "By improving adherence to evidence-based recommendations within a [clinical pathway](#), we may be able to provide higher-value care by optimizing the quality of bronchiolitis care at lower costs and with shorter LOS."

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