

Racial, ethnic disparities seen for safety events in hospitalized children

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There are racial and ethnic disparities in safety events for hospitalized children, according to a [study](#) published online Feb. 12 in *Pediatrics*.

Kavita Parikh, M.D., from the Children's National Hospital in Washington, D.C., and colleagues analyzed a national sample of hospitalizations from the 2019 Kids' Inpatient Database to identify disparities in safety events. Outcomes included Agency for Healthcare Research and Quality pediatric safety indicators (PDIs).

The researchers found that per 10,000 discharges, the PDI rates were

331.4 for neonatal bloodstream infection; 267.5, 114.9, and 29.5 for postoperative respiratory failure, postoperative sepsis, and postoperative hemorrhage/hematoma, respectively; 5.6 for central-line bloodstream infection; 3.5 for accidental puncture/laceration; and 0.7 for iatrogenic pneumothorax.

For five of seven PDIs, Black and Hispanic patients had significantly greater odds than [white patients](#), with the largest disparities seen for postoperative sepsis for Blacks and postoperative respiratory failure for Hispanics (adjusted odds ratios, 1.55 and 1.34, respectively).

Medicaid-covered patients had significantly greater odds than privately insured patients for four of seven PDIs, with the largest disparity seen for postoperative sepsis (adjusted odds ratio, 1.45). Even among privately insured children, stratified analyses demonstrated persistent disparities by race and ethnicity.

"This large, population-based analysis provides the best data to date regarding where future work can be directed to prioritize efforts to better understand these disparities," the authors write.

More information: Kavita Parikh et al, Disparities in Racial, Ethnic, and Payer Groups for Pediatric Safety Events in US Hospitals, *Pediatrics* (2024). [DOI: 10.1542/peds.2023-063714](https://doi.org/10.1542/peds.2023-063714)

Anne Lyren, Safety Disparities: Putting Pediatrics at a Professional Crossroads, *Pediatrics* (2024). [DOI: 10.1542/peds.2023-064741](https://doi.org/10.1542/peds.2023-064741)

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