

Disparities seen after introduction of quality improvement intervention for febrile infants

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Racial and ethnic disparities in quality metrics were seen after introduction of a quality improvement (QI) intervention designed to standardize care of febrile infants, according to a study [published](#) online

Aug. 19 in *Pediatrics*.

Corrie E. McDaniel, D.O., from the University of Washington School of Medicine in Seattle, and colleagues conducted a cross-sectional study of 16,961 infants aged 8 to 60 days enrolled in a QI collaborative of 99 hospitals. Data were obtained for two periods: baseline (November 2020 to October 2021) and [intervention](#) (November 2021 to October 2022). Guideline concordance was assessed through adherence to project measures by infant race and ethnicity using proportion differences versus the overall proportion.

The researchers observed no differences in primary measures at baseline. During the intervention period, the proportion of non-Hispanic White infants with appropriate inflammatory markers obtained and documentation of follow-up from the emergency department was higher (2 and 2.5% difference in proportions, respectively).

The proportion of non-Hispanic Black and Hispanic/Latino infants with documented shared decision-making for obtaining [cerebrospinal fluid](#) was lower (–12.5 and –6.9%, respectively). Appropriate inflammatory markers obtained and appropriate follow-up from the emergency department were seen for a lower proportion of Hispanic/Latino [infants](#) (–2.3 and –3.6%, respectively).

"Given our findings, we recommend that future guidelines implement best practices for equity-focused QI and pursue continued rigorous analysis of implementation results by race and ethnicity," the authors write.

More information: Corrie E. McDaniel et al, Disparities in Guideline Adherence for Febrile Infants in a National Quality Improvement Project, *Pediatrics* (2024). [DOI: 10.1542/peds.2024-065922](https://doi.org/10.1542/peds.2024-065922)

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