

Peds bronchiolitis guideline can cut resource use, costs

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(HealthDay)—Implementation of a bronchiolitis guideline can reduce unnecessary resource utilization and reduce costs in a pediatric emergency department setting, according to research published online Dec. 9 in *Pediatrics*.

Ayobami T. Akenroye, M.B.Ch.B., M.P.H., from Boston Children's Hospital and colleagues sought to reduce unnecessary resource utilization and improve the value of care provided to infants with [bronchiolitis](#) in a pediatric [emergency department](#). An interrupted time series that examined emergency department visits for 2,929 patients, aged 1 to 12 months and seen between November 2007 and April 2013, was conducted. The proportions of patients having a chest radiograph (CXR), [respiratory syncytial virus](#) (RSV) testing, and albuterol or antibiotic administration were assessed as outcomes, as was the total cost of care.

The researchers observed no significant preexisting trends in the outcomes. Absolute reductions of 23 percent in CXR, 11 percent in RSV testing, 7 percent in albuterol use, and 41 minutes in emergency department length of stay were observed after implementation of the guidelines. Per patient, the mean cost was reduced by \$197. Over the two bronchiolitis seasons after guideline implementation, the total

cost savings was \$196,409. No significant differences were noted in antibiotic use, admission rates, or returns resulting in readmission within 72 hours of discharge.

"To summarize, in the emergency department setting, a successfully implemented bronchiolitis guideline can help reduce costs through the reduction of unnecessary utilization of testing and treatment, without a reduction in the quality of care," the authors write.

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