Reducing low-value care for bronchiolitis patients
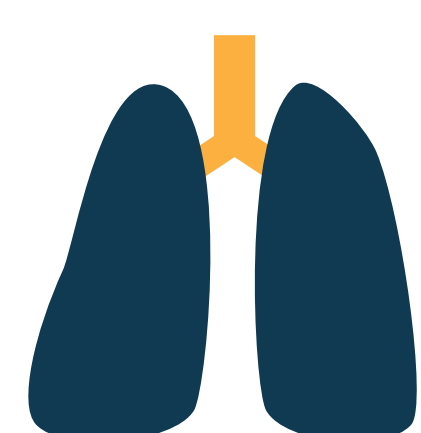
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Physician Learning Program
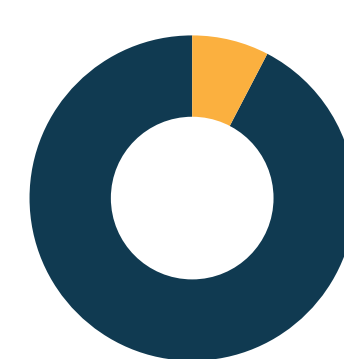
Bronchiolitis is...

a viral respiratory infection

the leading cause of infant hospitalization in Canada

Unproven tests & medications increase costs, length of stay and do not improve patient outcomes. We aimed to:
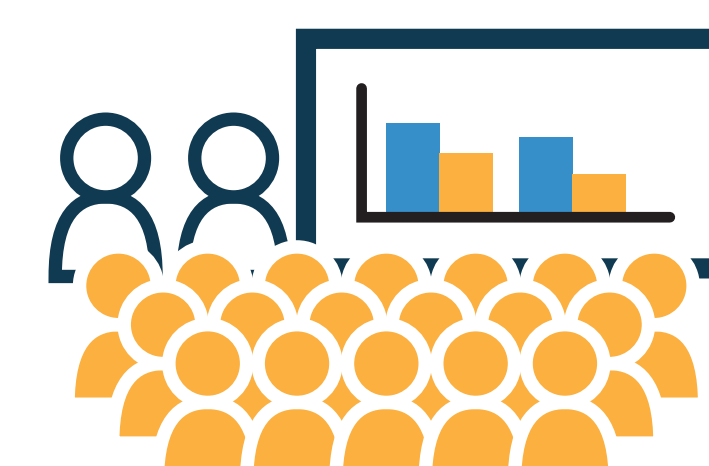
You

Your Site

Provide pediatric emergency physicians with reports comparing their management of bronchiolitis to their peers

Host a multi-disciplinary feedback session to identify opportunities & strategies for practice improvement
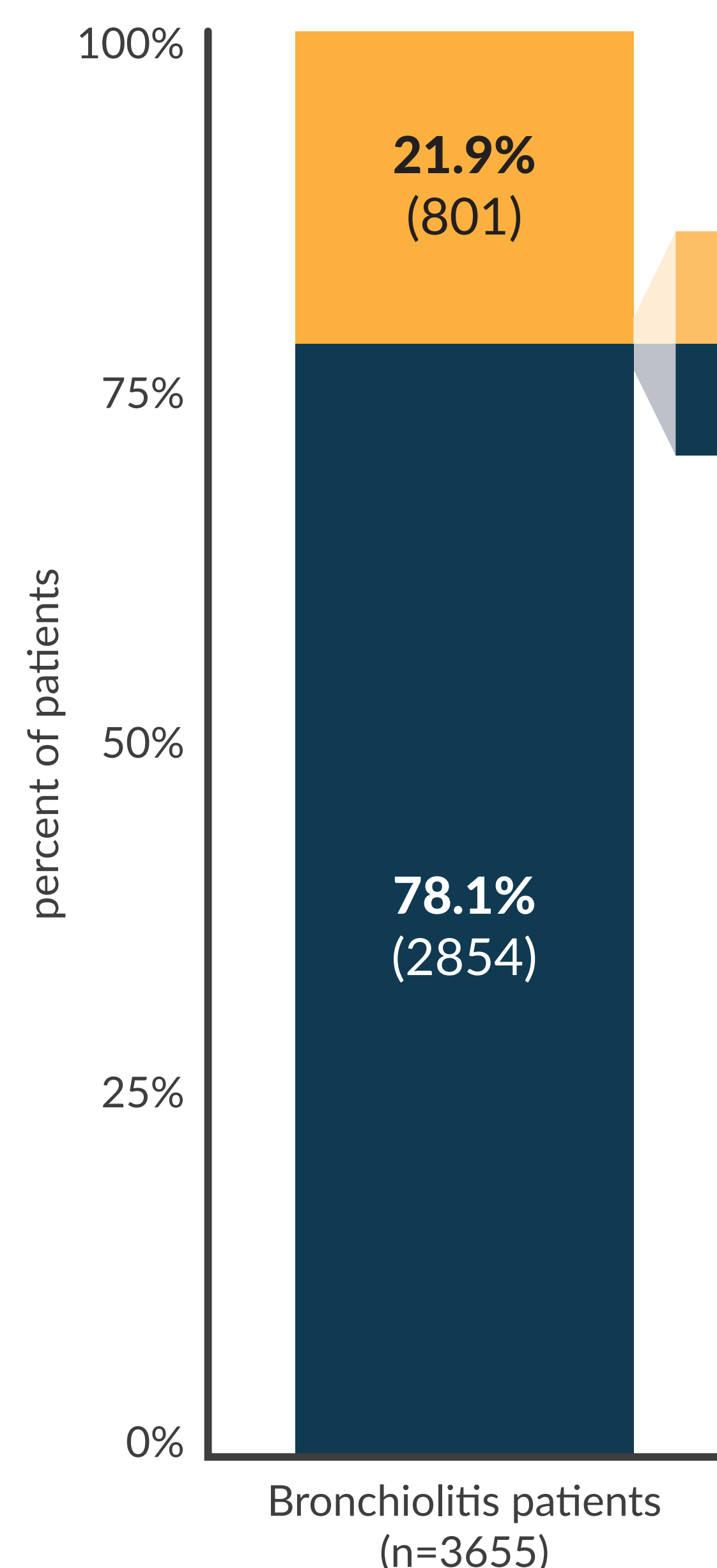
How we did it:

Used administrative data for patients <12 months old with bronchiolitis seen by pediatric emergency physicians in Calgary emergency departments from April 2013 to March 2017.

Presented physicians with practice data reports on medications & tests in the emergency department.

Hosted a feedback session with physicians, respiratory therapists, nurses & in-patient physicians.

Our data showed:

percent of patients

21.9% (801)

78.1% (2854)

Bronchiolitis patients (n=3655)

Low-value test and medication use for admitted & discharged bronchiolitis patients:

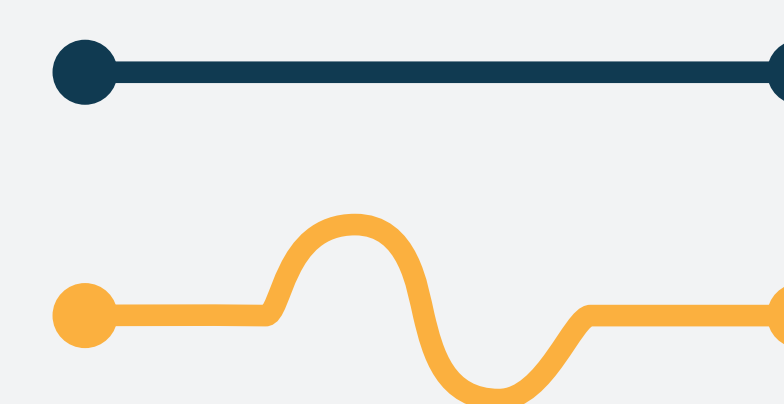|	Chest X-ray	Viral testing	Bronchodilators
Admitted patients	42.9%	63.9%	38.6%
Discharged patients	14.7%	23.5%	22.7%

Reducing the number of low-value tests & medications in the ED has the potential to reduce costs & improve patient care.

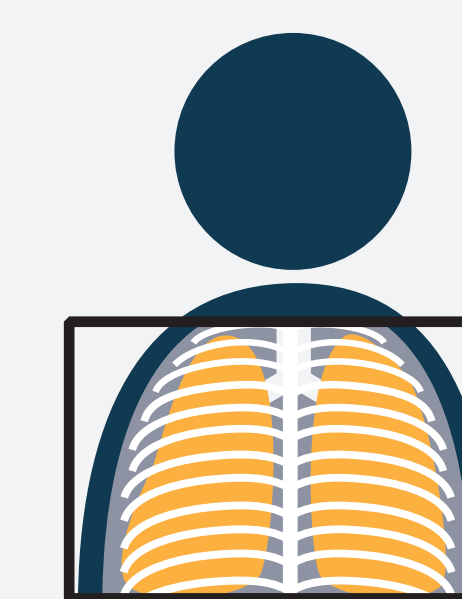### Stakeholder identified strategies to reduce the use of these low-value tests:

Development of care pathways
Alignment with in-patient care
Education
Repeated data reports

Our research found that...

there is significant variability between practice guidelines & current practice.

tests & medications are being administered more than participants thought.

repeat data reports & feedback sessions will help assess the new provincial clinical practice guidelines.

in-patient physicians developed a reporting dashboard to monitor management of admitted patients.