

Special thanks to Dr. Corrie McDaniel and Dr. Paul Aronson who designed and developed this key driver diagram with the support of the Implementation Scientist on the AAP's Febrile Infant Subcommittee. This will be used in the upcoming national febrile infant QI initiative "REVISE II". Details at www.aap.org/vipnetwork

Global Aim

Improve the evidence-based evaluation and management for infants 8 – 60 days of age presenting with fever to the hospital setting

Specific Aim (s)

Increase the percentage of febrile infants 8 – 60 days of age who receive appropriate care to 90%

- 1) Increase the percentage of febrile infants who have appropriate CSF obtained to 90%
- 2) Increase the percentage of infants who have appropriate disposition from the emergency department to 90%
- 3) Increase the percentage of infants discharged from the ED who have appropriate follow-up within 1 calendar day to 90%
- 4) Increase the percentage of infants with negative cultures who have appropriate discharge from the hospital within 36 hours to 90%
- 5) Increase the percentage of infants who have appropriate receipt of antimicrobials to 90%

Primary Drivers

Lack of knowledge of the evidence

Lack of readily available access to the evidence

Individual clinician variation in practice

Organizational readiness to change practice

Lack of multidisciplinary engagement

Change Ideas (or secondary drivers)

Webinars to review the AAP febrile infant CPG

App/interactive pathway

Pathway Order Set

Individual site and collaborative data review

AAP MOC credits for pediatricians

Structured template for follow-up guidance

Multi-stakeholder involvement

