

# Pediatric Pneumonia Episode

## Executive Summary

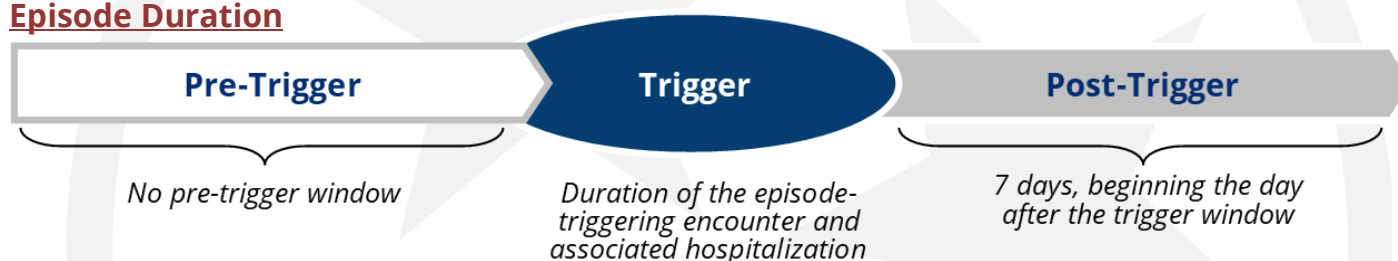
### Episode Design

- **Trigger:** treatment of pneumonia in a pediatric patient
- **Quarterback type:** facility (pneumonia diagnosis site)
- **Care included:** all pneumonia-related care including imaging and testing, medical procedures, and medications

### Sources of Value

- Appropriate use of imaging and testing
- Appropriate site of care
- Appropriate choice of therapy (antibiotics or steroids only when indicated, supportive care)
- Appropriate selection of antibiotics when indicated
- Appropriate length of stay for admitted patients
- Appropriate follow-up care
- Appropriate post discharge setting
- Adherence to an appropriate vaccination schedule
- Reduction of complications and readmissions

### Episode Duration



### Quality Metrics

#### Tied to Gain-Sharing

- Related admission during the post-trigger window (lower rate is better)
- Utilization of macrolides in patients under 6 years old (lower rate is better)
- Utilization of narrow spectrum antibiotics (higher rate is better)

#### Informational Only

- Admission during the trigger window
- Utilization of chest physical therapy (PT)
- Utilization of blood or sputum cultures
- Utilization of respiratory viral testing
- Utilization of more than one chest x-ray

### Making Fair Comparisons

#### Exclusions

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., COVID-19, acute respiratory distress syndrome, bronchiectasis, bronchiolitis obliterans, congenital heart disease, chronic obstructive pulmonary disease, cystic fibrosis, empyema, end stage renal disease, excluded infections, extracorporeal membrane oxygenation, history of < 34 weeks gestational age, idiopathic hemosiderosis, immotile cilia syndrome, immunodeficiency, interstitial pulmonary diseases, neuromuscular disease, pulmonary hemorrhage, pulmonary vascular disease, severe sepsis or septic shock, active cancer management, DCS custody)
- Patient exclusions: age (less than 7 months or greater than 17 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

**Risk adjustment** is used to ensure appropriate comparisons between patients.

To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at <https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html>.