# Assessment of current paediatric early warning system – stop, adapt, start

Your organisation may already have components of the paediatric early warning system (PEWS) established. However, there are always opportunities to improve how effective your current system is. Completing this template will help you identify these. The assessment can be done in three stages:

1. Describe what is known about the current system:
   * Initially as a team, describe team members’ understanding of the system, from policies, experience, pathways and so on.
   * Identify what paediatric vital signs charts are currently being used, where they are used and what is captured on them. Compare these charts with the national charts and identify what is the same, what is different and if there is anything you will need to capture elsewhere.
   * Identify any outcome, process and balance measures that are being used to monitor the system.
   * Identify what other data is collected about the current system – audits, case reviews, national minimum dataset reports, complaints and compliments, adverse event reporting and intensive care data, including for example how often care is escalated to 1:1 on the ward.
   * Consider recent audit results or measurement reports that may have highlighted where further improvements are needed, how staff are made aware of the results and which groups receive reports from this data. It is recommended that teams complete a baseline of 50 patients for your current state assessment. Use this as an opportunity to train your auditors, if you have five champions who will be auditing, get them to do 10 each so they are comfortable with what to do by the time it comes to start collecting your weekly data.
   * Eight weeks before implementing the new charts, start doing 10 patients per week. This will give you a good baseline period. By collecting data weekly, you can have a visual display on a run chart that gives you some useful information about what is going on. If you are only collecting data monthly, you won’t have the same type of real-time information.
   * Ask patients, whānau and staff about their experiences of using the system, what is working well and not so well, and if they have ideas for improvement.
2. Identify what your data sources tell you about the strengths and challenges of the current system.
3. Confirm what you will stop, adapt or start with a timeline. Note down any related change ideas to test through a plan−do−study−act (PDSA) approach.

|  | **Briefly describe your current system components** | **What do your data sources tell you about the strengths and challenges?** | **Confirm what you will stop, adapt or start** | **Timeline** | **Related change ideas to test through PDSA** |
| --- | --- | --- | --- | --- | --- |
| **Clinical governance** |  |  |  |  |  |
| Clinical governance group |  |  |  |  |  |
| Clinical leadership for system |  |  |  |  |  |
| Operational management of system |  |  |  |  |  |
| Paediatric patient deterioration policy (and other policies, pathways and guidelines, eg, observation guidelines) |  |  |  |  |  |
| **Recognition** |  |  |  |  |  |
| Vital signs charts with early warning score |  |  |  |  |  |
| Modifications |  |  |  |  |  |
| Communication processes and tools used, eg, ISBAR[[1]](#footnote-2) |  |  |  |  |  |
| **Escalation and response** |  |  |  |  |  |
| Escalation pathway |  |  |  |  |  |
| Staff and whānau concern process |  |  |  |  |  |
| Shared goals of care for the patient’s admission (linkage with attempting CPR, end-of-life pathways) |  |  |  |  |  |
| Requirements for rapid response team: capabilities, timeframes for response, calling process, role descriptions |  |  |  |  |  |
| **Education** |  |  |  |  |  |
| Education provided to staff on using the system, eg, induction, ongoing, online module |  |  |  |  |  |
| Prompts used to remind staff, eg, lanyards, posters |  |  |  |  |  |
| **Measurement** |  |  |  |  |  |
| Measures collected about the system |  |  |  |  |  |
| Data collection, eg, audits, case review, incident reports |  |  |  |  |  |
| Reviewers and users of reports and data |  |  |  |  |  |

|  |
| --- |
| Template developed for implementation by the Health Quality & Safety Commission in October 2022 |

1. ISBAR = Identify, Situation, Background, Assessment and Recommendation. [↑](#footnote-ref-2)