

PEWS Minimum Dataset: Patient Outcomes

Regular audit of implementation and impact of this National Clinical Guideline is recommended to support continuous quality improvement. The audit process is coordinated in each paediatric unit under the local PEWS governance committee and should be undertaken from a multidisciplinary perspective where appropriate.

Outcomes audit

Measurement of clinical outcomes is of particular importance in demonstrating the effectiveness or otherwise of the intervention for patients. It is recommended that the following outcome measures are monitored:

- Number of recorded urgent PEWS call triggers (PEWS Score ≥ 7)/MET/emergency team activations including PEWS total score and trigger parameters
- Unplanned admissions to PICU/adult ICU, including readmissions
- Length of stay in PICU/adult ICU
- Incidence and outcomes from in-hospital paediatric cardiac arrest, using a standardised minimum data set such as the UK and Ireland National Cardiac Arrest Audit (NCAA) (2014):
 - Age in years
 - Sex
 - Length of stay in hospital prior to arrest
 - Reason for admission to/attendance at hospital
 - Location of arrest
 - Presenting or first documented rhythm.

Some or all of this data may be recorded via existing mechanisms within your hospital. You should ensure that the above criteria for PEWS are included.

To ensure this data is meaningful from an improvement perspective, it could be presented locally as 'days since last urgent PEWS call' or 'days since last arrest' or 'days since last PICU transfer'. The PEWS audit toolkit for outcome and process measure data collection and interpretation is available at <http://www.hse.ie/pews>. Collection of this data is a requirement within the HSE KPI suite for PEWS.