National PEWS Audit toolkit

The national **PEWS Audit Tools** were designed to support implementation and facilitate learning and assurance about the PEWS. The National Clinical Guideline No.12 PEWS provides the policy framework for PEWS audit including collection of a **Minimum Dataset** at hospital level of patient outcomes.

Use of the PEWS charts and response to triggers should be continuously monitored for all relevant inpatient areas to ensure continuation of good practice and early identification of areas for improvement. Data may be entered directly or via paper-based systems into the excel **PEWS Audit Data** which will automatically create run charts and statistics for data sharing.

The areas examined are:
1. Documentation standards – chart selection, identifiers, dates & times, signature
2. Observation recording and score calculation– correct parameters used and scored correctly
3. Response – examine the nursing and medical response where relevant
4. Safe use of permitted variances to the parameters or escalation guide

A **PEWS desktop log** is provided to assist identification of charts with higher triggers, where clinical concern was significant and when a permitted variance order was prescribed. All charts identified through the desktop log should be reviewed by a local team.

For monitoring purposes, learning from PEWS audit should be presented to the local PEWS Governance committee and any other locally designated opportunities for learning. The audit tool may be used up to daily in a clinical area to promote frontline ownership and may facilitate learning discussions at handover, ward rounds or education sessions for example.

PEWS audit is incorporated in to the HSE KPI suite for quarterly reporting in arrears, based on the minimum audit requirement of 5 charts per month per inpatient clinical monitoring area (ward settings). Submission to the KPI suite will be by local arrangement based on the data reported in the PEWS Audit Tool excel sheet.