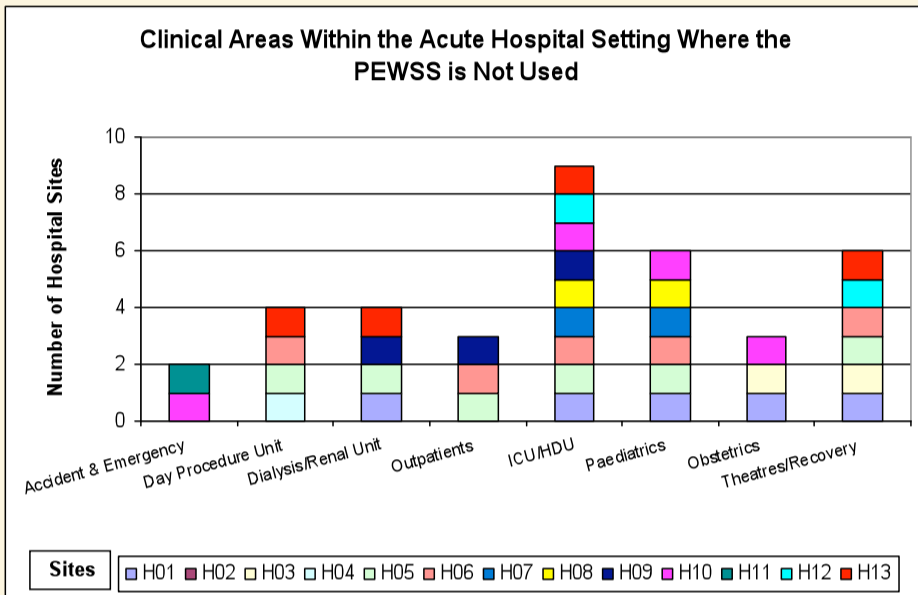


NORTHER IRELAND SCORING: WHAT GOALS ARE WE MISSING?

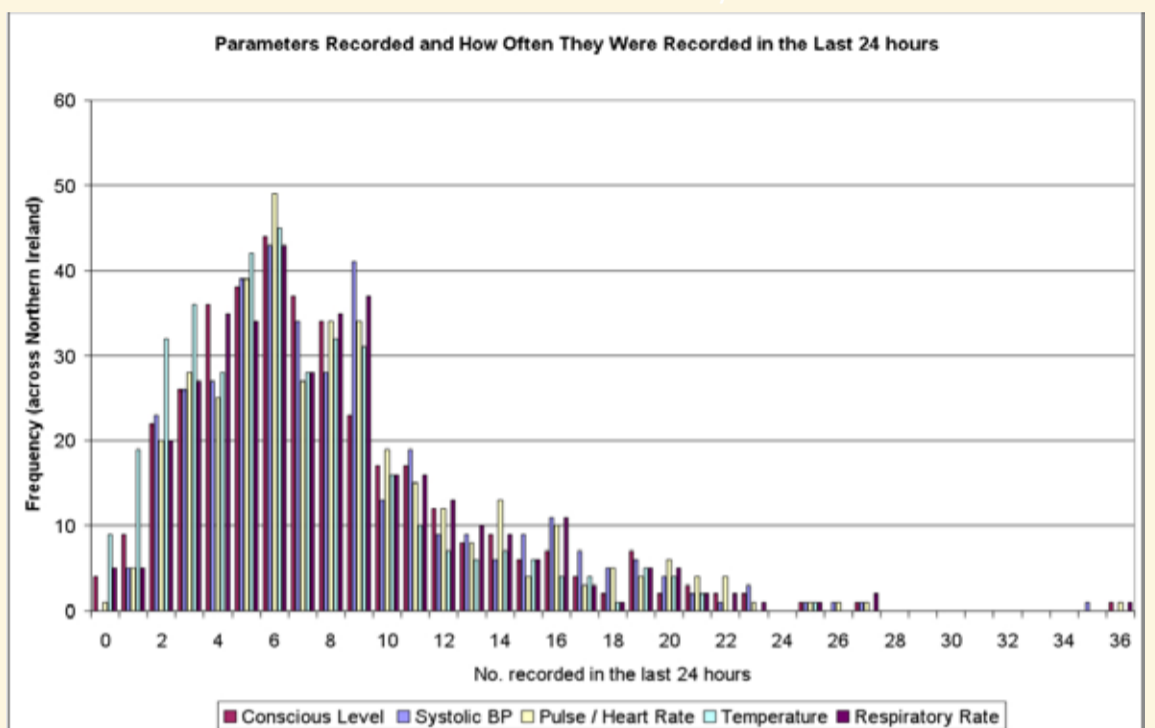
Organisational PEWSS Questionnaire & ICU Case Note Audit

RESULTS

All Trusts use PEWSS but locations of use differ



Deficiencies in frequency & completeness of obs



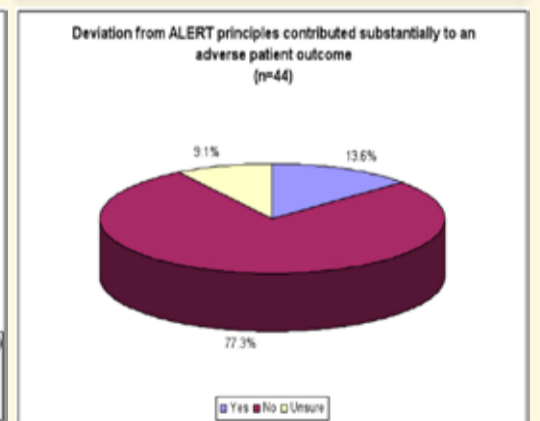
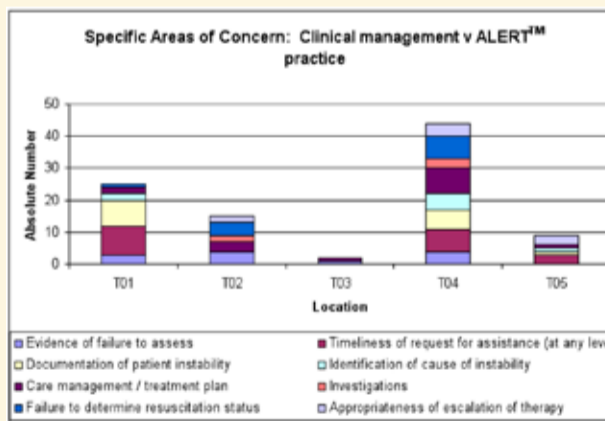
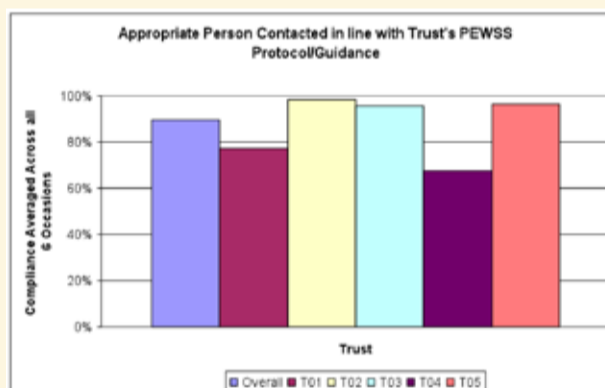
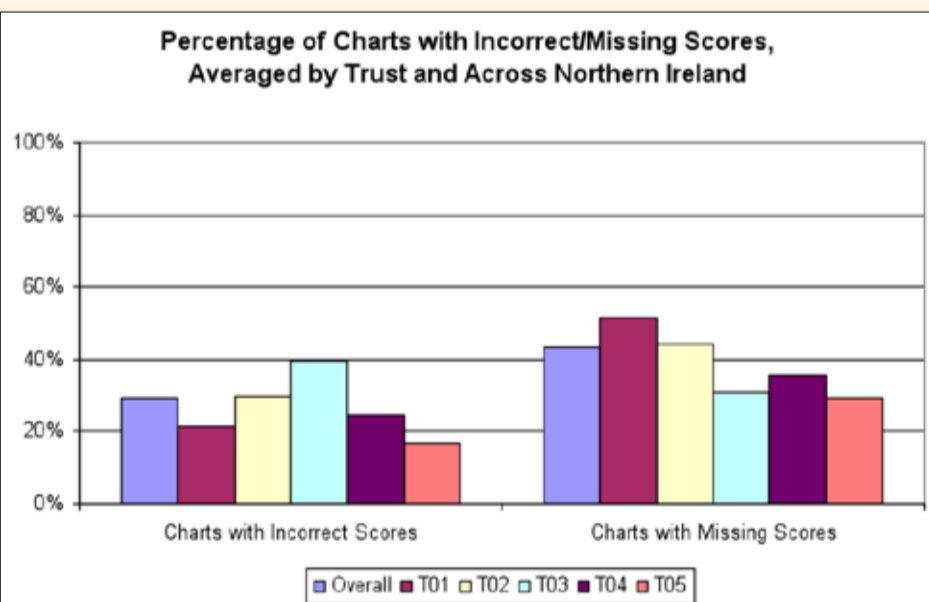
Most sites do not use CREST model response algorithm - insufficient staffing cited as a reason

Training seems suboptimal

Obs used differ between sites & max score achievable varies 14 - 36

Inaccurate and incomplete calculation of scores

Deviation from local & national response guidance, with associated harm



Abbreviated Recommendations

- New evidence-based GAIN guidelines for Early Warning Scoring Systems are required
- Choice of Scoring System should be based on an agreed hierarchy of evidence
- Decisions regarding response thresholds should encompass a review of the relative importance of all other (non-PEWSS) elements of staff workload
- Trusts should enhance training, and address non-compliance with local & national guidance
- Considerable reduction of the PEWSS error/omission rate is necessary if PEWSS is to deliver its intended goals
- Service evaluation & audit are to be encouraged within Trusts, including among patients not admitted to a critical care unit
- Standardised regional PEWSS audit, with full participation of all Trusts, and timely action to allow re-audit

T J Trinder, MD, Consultant Intensivist, South Eastern Trust