The Pediatric Early Warning Score (PEWS) is a screening tool used to identify hospitalized children at risk for physiologic deterioration (Akre 2010; Duncan 2006; Monaghan 2006). Early risk detection may provide an opportunity for cardiopulmonary arrest prevention (Tucker 2009)). In 2007, nurses in the pediatric medical surgical unit at Vermont Children’s Hospital at Fletcher Allen Health Care (Baird 5) began using PEWS as a means of identifying children whose severity of illness might warrant transfer to the Pediatric Intensive Care Unit (PICU). The PEWS protocol and algorithm were then fully implemented and have been in place since June of 2010.

During the months of May and June, the Vermont Children’s Hospital (VCH) Quality Program convened a project team comprised of representatives from F.A.C.T., medical control (pediatric intensivists and hospitalists) and the VCH Quality Program. A survey tool was developed and transport team members, including F.A.C.T. EMTs and RNs, respiratory therapists, medical control physicians and Baird 5 and PICU nurses were surveyed about their baseline experience with communication around F.A.C.T. pediatric transports.

Feedback from the forms and anecdotal information from meetings led to a checklist revision for the medical control group which is currently being tested.

A feedback form was used to assess checklist use by the F.A.C.T. team. In addition, the team met following the pilot to review the feedback forms and discuss the effectiveness of the checklist.

Feedback gathered from the forms and anecdotal from meetings led to a checklist revision for the medical control group which is currently being tested.

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Results

Baseline Satisfaction Survey

There were 41 total respondents to the Satisfaction Survey (7 nurses from Baird 5 and PICU, 14 F.A.C.T. staff, 11 Respiratory Therapists and 9 Medical Control Physicians). Overall, a minority of respondents were dissatisfied with the various aspects of the transport process. Selected results are displayed below:

>1.100. Also, the PEWS protocol used on Baird 5 was not in use during F.A.C.T. transports. Discussion among stakeholders suggested that there was interest in creating a checklist to facilitate the reliable communication of key logistical and clinical information prior to and during patient transport. There was specific interest in including PEWS and other mandatory communication triggers within the proposed checklist with the aim of improving the safety and effectiveness of care across all phases of pediatric transport as a result of more reliable information sharing.

At the time this transport project began, no checklist existed between the F.A.C.T. team and Medical Control for the transport of pediatric patients. The anecodal failure rate for medical control to receive report and ETA notification from F.A.C.T. was >1.100. Also, the PEWS protocol used on Baird 5 was not in use during F.A.C.T. transports. Discussion among stakeholders suggested that there was interest in creating a checklist to facilitate the reliable communication of key logistical and clinical information prior to and during patient transport. There was specific interest in including PEWS and other mandatory communication triggers within the proposed checklist with the aim of improving the safety and effectiveness of care across all phases of pediatric transport as a result of more reliable information sharing.