

In Search of the Holy *PEWS*



We all remember the famous line from *Indiana Jones and the Last Crusade*, uttered by the Grail Knight deep inside a Middle Eastern cave after Indiana (Harrison Ford) drank from the carpenter's chalice: "you have chosen...wisely."

Pediatric hospitalists continue to search for ways to provide the safest and highest quality of care for our patients. We all want to recognize the deteriorating patient and bring additional resources to the patient or the patient to the resources. Pediatric Early Warning Systems (PEWS) have been developed, and some even validated, as tools to quickly identify the deteriorating hospitalized pediatric patient.¹⁻⁶ In addition, we have borrowed the concept of rapid response systems from our colleagues "Down Under."^{7,8} When rapid response systems have been evaluated, mixed effects on important patient outcome measures, including mortality and transfer to a higher level of care, have been identified.^{7,9-14} In the current issue of *Hospital Pediatrics*, Panesar et al¹⁵ report the outcomes and adverse effects of mandatory coupling of an elevated PEWS score with activation of the rapid response team (RRT). Interestingly, the rate of RRT activation increased by 26%; however, we are not provided the data indicating if the increase was solely a result of mandatory triggering or based on patient characteristics. In addition, fewer patients were transferred to the PICU, which could be a result of better recognition and transfer before RRT activation or could be the result of mandatory triggering in patients who do not require a higher level of care. Overactivation is suggested by a decrease in the number of interventions before and after mandatory triggering. Despite the limitations noted, as well as those not noted, the authors should be commended for evaluating a mandatory process that uses critically precious hospital resources.

Although the authors measured important processes, they failed to identify balance measures, however. Balance measures in this situation are outcomes resulting from the consequence of deploying ICU staff to the general ward. We should know what was potentially being neglected (ie, the unintended consequences) by having the ICU charge nurse and respiratory therapist out of the unit. In our search to provide the safest and highest quality of care to hospitalized children, we need to continue quality improvement projects. Evaluation of processes in a prospective manner, rather than by retrospective analysis, should provide the greatest insight into the value of improvement projects.

As hospital leaders for pediatric patients, we must choose wisely when mandating clinical processes and, most importantly, must measure the intended and unintended consequences of our actions.

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KEY WORDS

interdisciplinary teams, quality improvement

ABBREVIATIONS

PEWS: pediatric early warning systems

RRT: rapid response team

www.hospitalpediatrics.org

doi:10.1542/hpeds.2014-0024

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HOSPITAL PEDIATRICS (ISSN Numbers: Print, 2154 - 1663; Online, 2154 - 1671).

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FINANCIAL DISCLOSURE: The authors have indicated they have no financial relationships relevant to this article to disclose.

FUNDING: No external funding.

POTENTIAL CONFLICT OF INTEREST: The authors have indicated they have no potential conflicts of interest to disclose.

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DOI: 10.1542/hpeds.2014-0024

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