Application of Pediatric Early Warning Signs in Home Care Setting

Wilma Schuck Abubakar

ia Medica International Healthcare service, KSA

Biography

Wilma Schuck Abubakar has over 20 years of healthcare experience in the UAE and KSA. Currently, she is the Chief Nursing Officer and Head of the Home Care Division of Via Medica International Health Care Services in Abu Dhabi, United Arab Emirates. She has occupied many leadership and management roles in the Long Term Care Facility and Home Care Services in the past. DOH licensed and US nurse, actively leading the team of Home Care Mechanical Ventilation Management Program. She has worked in different capacities of JCI and CARF accredited hospitals as Nurse Manager and Quality Coordinator. Achieved Master's Degree in Healthcare Management and a Diploma in Healthcare Administration. Her interest in Healthcare is staff training and quality improvement with special expertise in policy development and passion in home care mechanical ventilation program.

Abstract

The application of Pediatric Early Warning Systems (PEWS) in home care setting aims to promote early detection of patient health status, for timely intervention and prevent clinical deterioration. It is a clinical tool and a scoring system for frontline staff designed and utilizes objective data for better outcome. It improves patient safety and prevents hospital re-admission of home care patients. The score tool consists of three physiologic parameters related to the patient's behavior, cardiovascular status, and respiratory status and the scoring system has three elements, the PEWS score, escalation Guide and ISBAR communication framework. When implemented with quality improvement methodology, these systems have been shown to be effective. The purpose of this FOCUS-PDSA quality improvement project is to reduce the rate of hospital admissions of home care patients. An integrated review of PEWS and several publications including research, clinical practice articles and conference abstract conducted a welldesigned cohort and case control studies about 95% concluded the successful use of the early warning scores required adherence to recording observations of the physiological parameters for early identification of patient at risk of deterioration. While the remaining 5% needs further research to determine optimum criteria for widespread implementation of early warning scoring system. or treatment of bacterial infections.