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 Tool 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.

Every inpatient clinical area will audit 5 charts per month and have responsibility for quality improvement based on the results. 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 into the HSE KPI suite for quarterly reporting in arrears. Submission to the KPI suite will be by local arrangement via the hospital CEO/GM or BIU. The KPI format examines local governance, training and auditing requirements.