

Supplemental Digital Content 2

EWS 2.0 Second Survey

We are seeking to understand your impressions of the EWS alert and patient condition at 48 hours after the alert fired. Please complete the brief survey below. Thank you!

ALERT AND RESPONDENT DETAILS

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1. Patient Last Name _____
-
2. Hospital HUP
 PPMC
-
3. Date of Initial Alert _____
-
4. Regarding your involvement in this patient's care since the alert triggered, select the statement you most agree with:
- I am still caring for this patient.
 - I am no longer caring for this patient, but am aware of their clinical course since the alert triggered.
 - I am no longer caring for this patient, and cannot comment on their clinical course since the alert triggered.
-
5. Your Profession Nurse
 Intern
 Resident (PGY2 and above)
 Advanced practice provider
 Fellow
 Attending
-
6. Your Email _____
-
7. Date and time currently completing this survey _____
-

CURRENT IMPRESSION OF PATIENT CONDITION

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8. Compared to my assessment of this patient immediately after the alert, I NOW think:
- The patient is UNCHANGED clinically and UNLIKELY to develop critical illness in the short term.
 - The patient is UNCHANGED clinically and REMAINS LIKELY to develop critical illness in the short term.
 - The patient has CHANGED clinically and I have an INCREASED EXPECTATION that this patient will become critically ill.
 - I think this patient is NEWLY critically ill.
 - I think this patient REMAINS critically ill as they were at the time the alert first triggered.
 - I think this patient REMAINS critically ill AND IS PROGRESSING in severity compared to the time when the alert first triggered.
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9. Do you think that this patient now has sepsis?
- NO
 - MAYBE, I remain unsure, but it is on my differential.
 - YES, sepsis WITHOUT end organ dysfunction
 - YES, sepsis WITH end organ dysfunction BUT NOT in shock
 - YES, sepsis WITH septic shock
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10. In retrospect, what was THE MOST likely diagnosis to explain the alert triggering?
- Sepsis
 - Advanced cancer without apparent sepsis
 - Dehydration/volume depletion
 - Bleed
 - Arrhythmia (tachy or brady)
 - Pulmonary embolism
 - Drug effect
 - Pain or anxiety
 - Cardiogenic shock
 - Progression of end stage lung disease
 - Post-operative state
 - Other: _____
 - I don't know why the alert triggered since this patient seems unchanged clinically
 - The alert identified a clinical change in this patient but I don't know what the new diagnosis is
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IMPRESSION OF THE ALERT

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11. Did you communicate about the triggering of the alert to the next covering provider or nurse?
- Yes
 - No
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- If "Yes" selected:*
- 11A. How did you communicate about the triggering of the alert? Select all that apply.
- Verbal signout/report
 - Written signout/report
 - Using Carealign*
 - During morning rounds
 - A note in the paper chart
 - Other: _____
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12. Given the patient's clinical course since the alert, do you NOW agree or disagree with this statement: "The EWS alert was helpful."
- Strongly agree: the alert was VERY HELPFUL
 - Agree: the alert was HELPFUL
 - Neutral: the alert was NEITHER helpful nor unhelpful
 - Disagree: the alert was UNHELPFUL
 - Strongly disagree: the alert was VERY UNHELPFUL
-

If "Strongly agree" or "Agree" selected:

- 12A. Select the reason(s) why the alert was HELPFUL. Select all that apply.
- Prompted improved COMMUNICATION among this patient's providers
 - Prompted MONITORING more closely
 - Prompted relevant additional TESTING
 - Prompted relevant additional INTERVENTIONS
 - Helped me IDENTIFY new CRITICAL ILLNESS
 - Helped me IDENTIFY new SEPSIS
 - Other: _____
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- 12B. Were there any features that you found UNHELPFUL?
- YES (*if yes, direct to 12B*)
 - NO

If "Neutral", "Disagree", or "Strongly disagree" selected:

- 12C. Select the reason(s) why the alert was UNHELPFUL. Select all that apply.
- Fired TOO EARLY (BEFORE the patient worsened clinically)
 - Fired TOO LATE (AFTER I already knew the patient was septic)
 - Fired on a patient who REMAINED STABLE.
 - Fired for irrelevant or clinically insignificant abnormalities.
 - Fired for known abnormalities that did not require a change in management.
 - Prompted me to do testing or interventions that proved unnecessary.
 - I get too many alerts and did not take this alert seriously.
 - It was not a good use of my time or hospital resources.
 - Other: _____
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- 12D. Were there any features that you found HELPFUL?
- YES (*if yes, direct to 12A*)
 - NO
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13. Having seen the patient's clinical course evolve since the alert triggered, how would you NOW characterize the impact of the alert on your patient's care?
- DEFINITELY IMPROVED care
 - PROBABLY IMPROVED care
 - MAYBE improved care
 - PROBABLY DID NOT improve care
 - DEFINITELY DID NOT improve care
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14. What changes, if any, would you recommend to the EWS alert? _____
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**CareSign is an online signout tool widely used by clinicians at the study site.*