

# Introduction of the Sierra Leone Early Warning Score (SLEWS) in District Hospitals supported by the formation of an Education Team Structure

## Saving Lives in Sierra Leone Phase 3

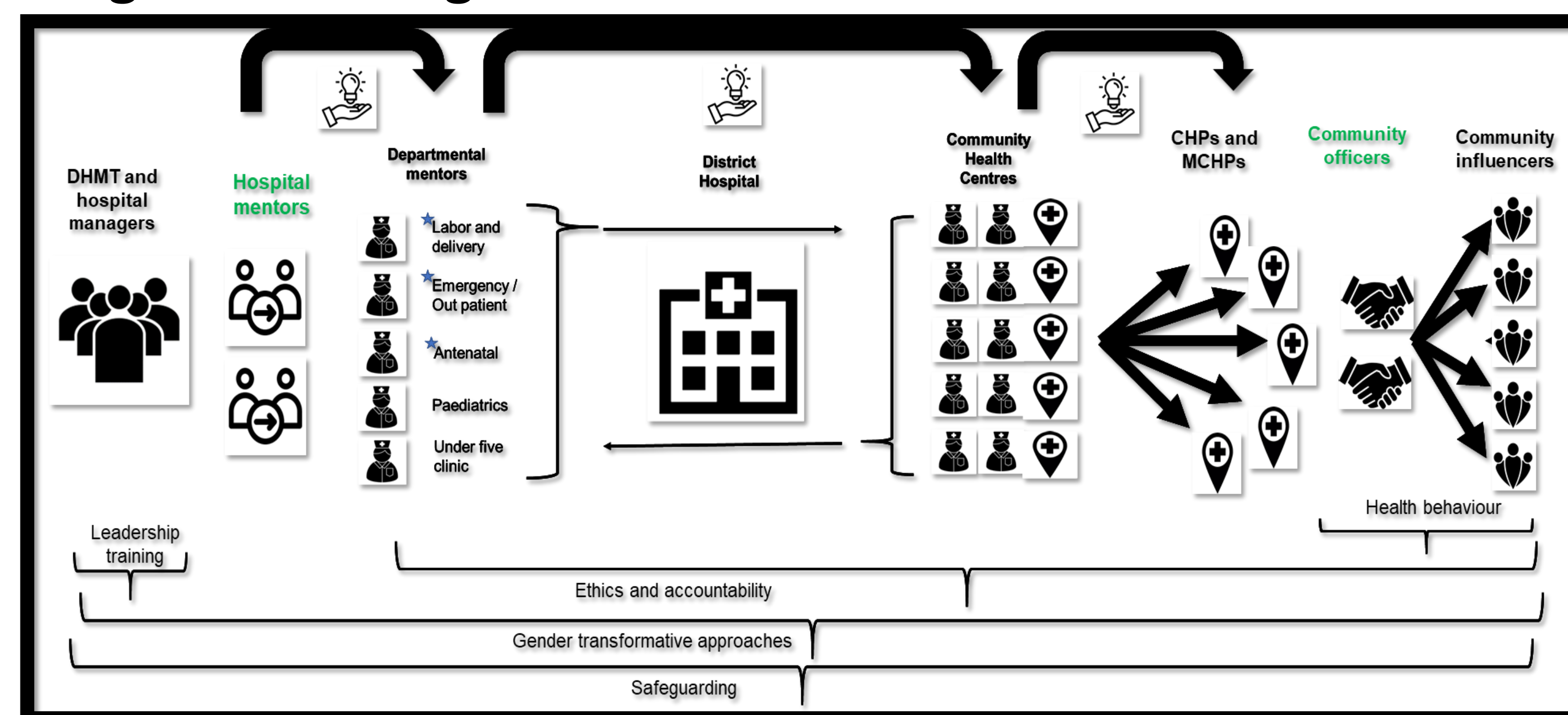
## Project Overview

*Saving Lives in Sierra Leone* is a UK Foreign, Commonwealth & Development Office (FCDO)-funded programme focused on reducing maternal, newborn, and child mortality through strengthened health systems. It supports the Ministry of Health to improve the quality of reproductive, maternal, newborn, child, and adolescent health services by building health worker capacity, enhancing governance and leadership, and improving service delivery to achieve better health outcomes. The programme works through a continuum of partners, including government bodies, NGOs, and technical experts, to ensure sustainable impact across all levels of the health system.

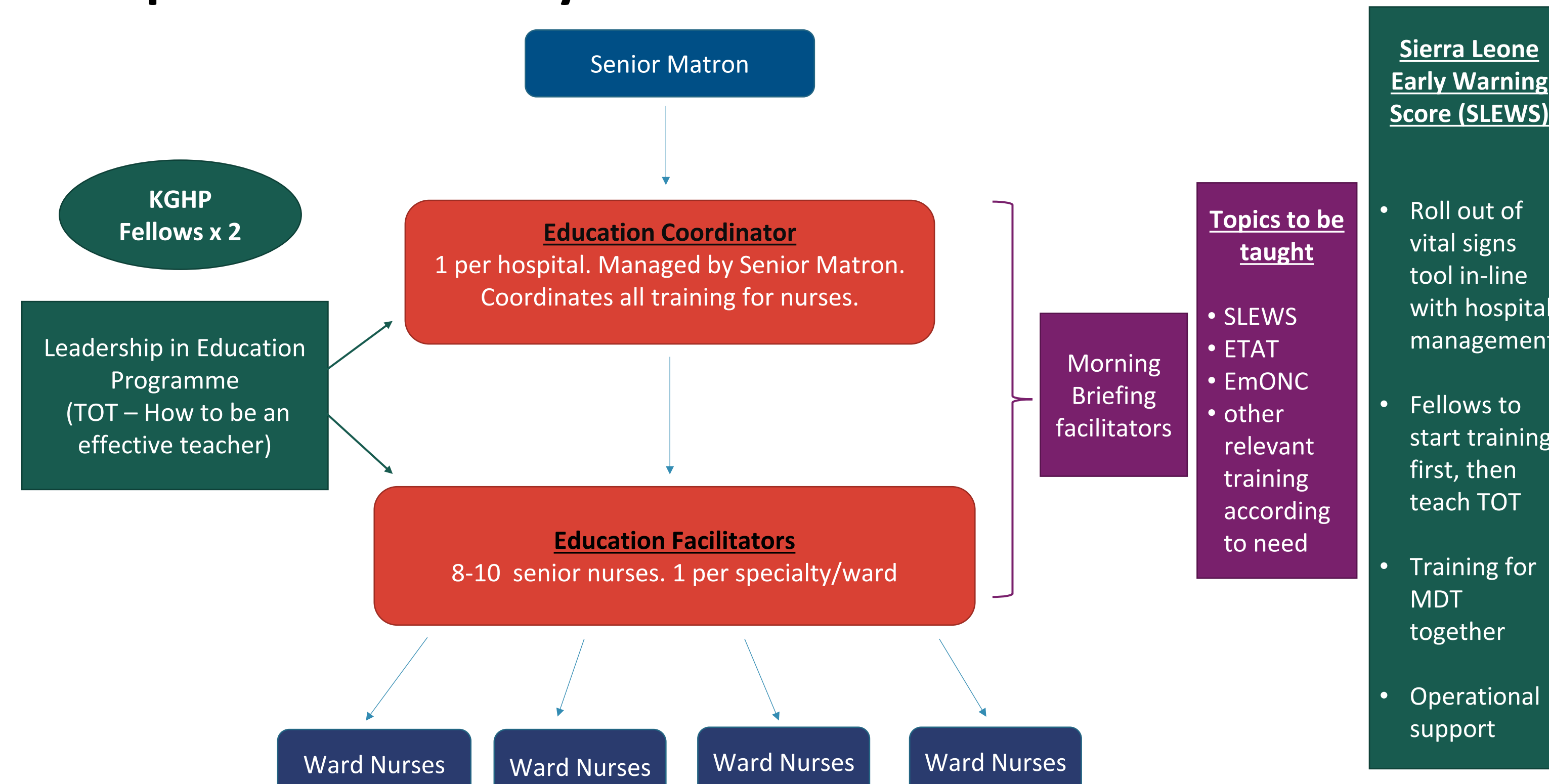
## Background

As a key implementing partner, King's Global Health Partnerships (KGHP) contributes to the Saving Lives programme by providing technical expertise in health workforce development, strengthening clinical governance, and delivering targeted mentorship and training for healthcare workers. KGHP focuses on building local clinical capacity, supporting leadership development, and improving the quality of healthcare services to drive sustainable health system improvements.

# Programme Design



## Hospital Education System



## Sierra Leone Early Warning Score

- Standardized documentation tool designed to support recording of vitals signs and detect deteriorating patients.
- SLEWS generates a numerical score to help indicate how sick a patient is. This correlates to an escalation pathway so that senior nurses and medical teams can prioritize the most unwell patients.
- Developed and rolled out by KGHP in 2016, SLEWS is embedded in Connaught Hospital documentation for all patients. Following a comprehensive training programme, this has now been scaled up in targeted SLISL 3 districts.

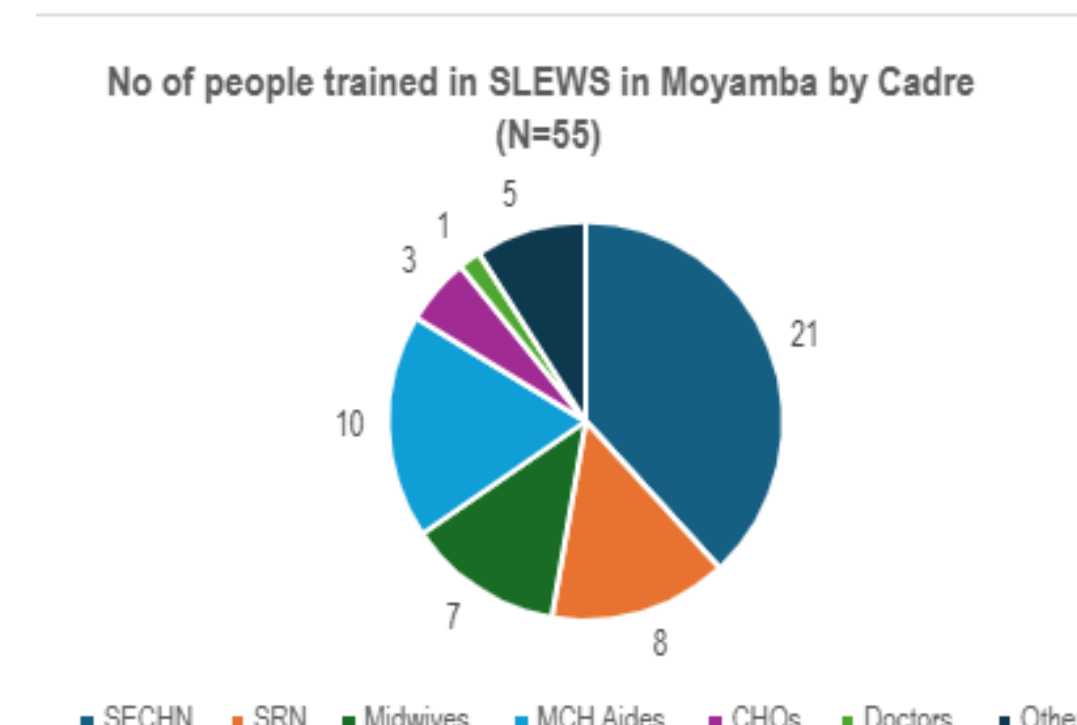
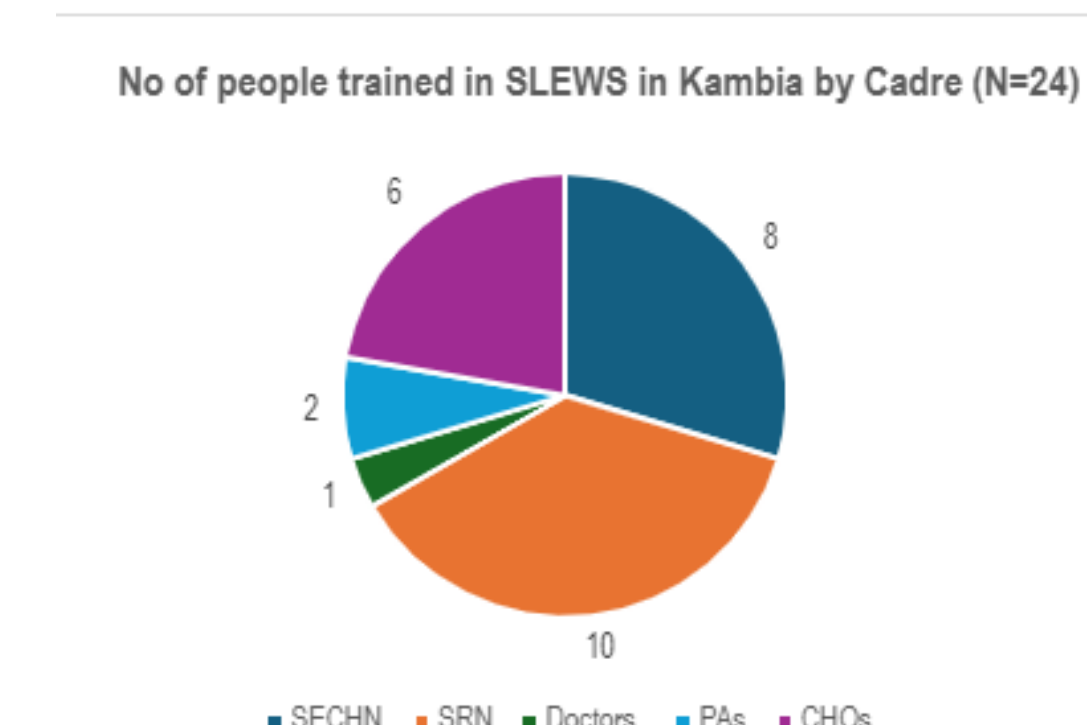
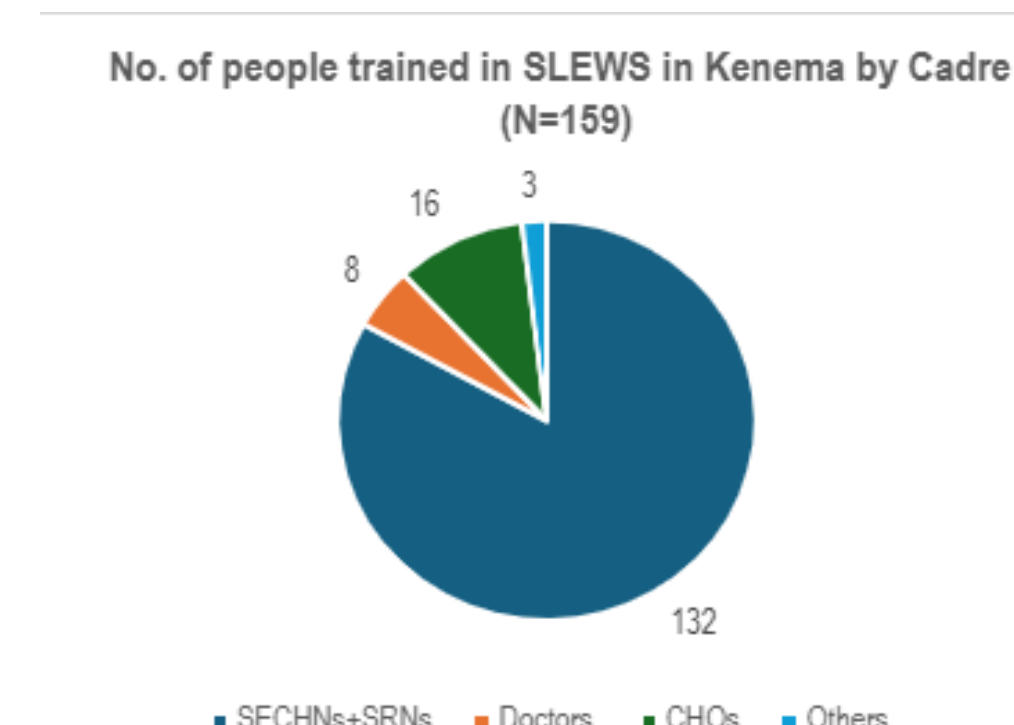
Sierra Leone Early Warning Score (SLEWS)									
Patient Full Name		Date:	Age:	Gender: M/F	40 members				
		Time:							
Pain Rate	0	0-10							
	1	11-24							
	2	25-30							
	3	31-40							
Oxygen Saturation (%)	0	Greater than 95							
	1	94-95							
	2	93-94							
	3	Less than 93							
Is patient on oxygen?	0	Yes							
	1	No							
	2	125							
	3	400							
Temp (°C)	0	Greater than 37.5							
	1	37-37.5							
	2	Less than 37							
	3	Less than 35							
Systolic Blood Pressure	0	Greater than 140							
	1	130-139							
	2	120-129							
	3	110-119							
	0	100-109							
		90-99							
		80-89							
		70-79							
		60-69							
		50-59							
	1	100-119							
		90-99							
80-89									
Less than 80									
Pulse	0	Greater than 130							
	1	120-129							
	2	90-119							
	3	60-89							
	0	70-79							
		60-69							
		50-59							
		Less than 50							
	1	100-119							
		90-99							
		80-89							
		Less than 80							
A	0	Alert							
	1	Responsive							
	2	Responsive							
	3	Responsive							
U	0	Upright							
	1	Supine							
	2	Supine							
	3	Supine							
SLEWS SCORE									

## SLEWS ACTION PATHWAY

WALK SCORE	VITAL SIGN / SLEWS MONITORING	HEALTHCARE WORKER RESPONSE
0-1	As per ward routine	Monitor as per ward routine
2-4	Increase vital signs to 2 hourly and review SLEWS score	Inform Nurse-in-Charge and Document Nurse in charge to review the patient and decide whether patient needs to be reviewed by clinician
5-6	Repeat in 30 minutes, then review SLEWS score	Inform nurse in charge and document Nurse-in-charge to ensure patient is <b>seen by clinician in 1 hour and documents.</b>
3 in one parameter	Repeat in 30 minutes, then review SLEWS score	Inform nurse in charge and document <b>Urgently call the clinician to come urgently!</b>
7 Or More	Repeat in 15 minutes, then review SLEWS score	Inform nurse in charge and document <b>Urgently call the clinician to come IMMEDIATELY!</b> Consider HDU or move patient to a safe space

## Successes

- SLEWS trainings have been conducted in Kenema, Moyamba, Kambia & Bombali
- SLEWS charting and escalation pathways adopted in Kenema, Moyamba & Kambia
- Establishment of education structures and workforce development in place
- Newly appointed roles of education coordinators, facilitators and champions in place to lead on implementation and monitoring, fostering greater ownership
- Continued implementation of SLEWs in Connaught, beyond the pilot phase
- Commitment from MoH at the central and district level to implement and scale up SLEWS nationwide



## Lessons Learnt and Challenges

- Thorough hospital and equipment mapping, coupled with SLEWS sensitization, is critical prior to training to lay the groundwork for SLEWS acceptance and buy-in at facility level
- Sufficient vital sign equipment (BP machine, thermometer, pulse oximeter etc) is required for effective uptake of SLEWS
- Availability and accessibility of hospital charts for patient monitoring and recording is vital for SLEWS uptake and sustainability
- Commitment of hospital leadership and multi-disciplinary teams is critical



## Acknowledgements

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