

# PUMA literature review template

Study/Paper	
Authors, title, date, source	
Purpose	
Contribution to review	
Design/Methods	
Participants/Setting	
Data type	
Theoretical framework	
Quality Appraisal Tool	
Quality Assessment	
Intervention type	
Formal study finding	
Recommendations	

<b>Context</b>	
History of intervention	
Country	
Organisation type (i.e. DGH, tertiary hospital, primary care)	
PEWS (efferent) wider activity system elements and inter-relationships with TTT [decision algorithms, CCOT, MET, ICU liaison, PICU, HDU]	
Infra-structural context [other related artefacts]	
Related activity systems [QI, audit, governance, referral processes and inter-relationships with TTT]	
Socio-cultural context [including experience of QI, stability of team and division of labour, teaching-non-teaching etc]	
Wider policy/organisational context	
<b>Intervention (TIDieR)</b>	
Name	
Rationale, theory or goal of the elements – active ingredients - identified as essential to the intervention [DA: this could be explicit or implicit in the paper]	
<p>What (materials): Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers.</p> <p><b>TTT Affordances</b> (including but not limited to indicative list):</p> <ul style="list-style-type: none"> <li>• Paper/electronic</li> </ul>	

<ul style="list-style-type: none"> <li>• What observations/information are recorded?</li> <li>• How is data displayed?</li> <li>• Single parameter/ Aggregated weighting</li> <li>• Response algorithm(s) (including details)</li> <li>• Parental/patient involvement</li> <li>• Manual or automated monitoring</li> <li>• Proactive intermittent/continuous monitoring</li> <li>• Linked artefacts (e.g SBAR)</li> <li>• Audit/performance surveillance</li> </ul>	
<p>What (procedures): describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or supportive activities.</p>	
<p>Who provided: For each category of intervention provider (for example, nursing assistant, nurse, junior doctor) describe their expertise, background and any specific training given and also the roles and relationships within the overall division of labour.</p>	

How: Describe the mechanisms (implicit or explicit) about how the intervention, or intervention components have their effects				
How: Describe the modes of TTT delivery (such as face to face or some other mechanism such as phone or internet), or whether the intervention was provided individually or in a group.				
When and how much: Describe the number of times the intervention was delivered and over what period of time, including the number of sessions, schedule and intensity of dose (universal or selective application)				
Tailoring: If the intervention was planned to be personalised or adapted, then describe what, why, when and how.				
Modifications: If the intervention was modified during the course of the study, describe the changes (What, why, when, and how)				
Assessment of intervention adherence or fidelity, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them				
If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned				
<b>Implementation (NPT) (questions modified from Murray et al. 2010 and Kennedy et al 2013)</b>				
<p><b>Cohere</b>nce [i.e. the meaning attributed to PEWS and whether it makes sense for users e.g. cultural and scientific legitimacy, feasibility]</p> <ul style="list-style-type: none"> <li>Evidence that the intervention was easy to describe</li> </ul>	Policy	Organisational	Professional	Patient/family

<ul style="list-style-type: none"> <li>• Evidence that it was recognised as different from existing ways of working by stakeholders</li> <li>• Evidence that it has a clear purpose for all relevant actors</li> <li>• Evidence that stakeholders recognise the benefits the intervention will bring and to whom</li> <li>• Evidence that the intervention fitted with the overall goals and activity of the organisation</li> </ul>				
<p><b>Cognitive Participation</b> [i.e. commitment and engagement with the intervention]</p> <ul style="list-style-type: none"> <li>• Evidence that the target group see the intervention was a good idea</li> <li>• Evidence that they were prepared to invest time and energy and work in it?</li> <li>• Evidence that the stakeholders thought their engagement with the intervention was appropriate</li> <li>• Evidence that the stakeholders have taken steps to sustain the use of the intervention</li> </ul>				
<p><b>Collective Action</b> [what are the skills and resources required to enact the intervention?]</p> <ul style="list-style-type: none"> <li>• How did the intervention affect the user groups?</li> <li>• What work was undertaken to operationalise the intervention?</li> <li>• Did it promote or impede their work?</li> <li>• Did staff require extensive training before they can use it?</li> <li>• How compatible was the intervention with existing work practices?</li> <li>• What impact did it have on the division of labour, resources, power and responsibility between different professional groups?</li> <li>• Did it fit with the overall goals and activity of the organisation?</li> </ul>				

<p><b>Reflexive Monitoring</b> [i.e methods for formal and informal evaluation of the effects of the intervention]</p> <ul style="list-style-type: none"> <li>• Did stakeholders take practical steps to measure the influence of the intervention?</li> <li>• How did users perceive the intervention once it has been in use for a while?</li> <li>• Was the intervention seen as advantageous for patients and staff?</li> <li>• Was it clear what effects the intervention has had (including unintended consequences)?</li> <li>• Did users' contribute feedback on the intervention once it is in use?</li> <li>• Was the intervention be adapted/improved on the basis of this experience?</li> </ul>				
<b>Findings (positive, negative and unintended consequences) and useful content</b>				
<b>Emergent theories about key ingredients and mechanisms (including summary of supporting evidence)</b>				
<b>Emergent theories of the factors necessary for paediatric EWS to be normalised (including summary of supporting evidence)</b>				
<b>Additional Insights of note (including references to follow up)</b>				