# Article information:

Prospective, multi-site study of patient outcomes after implementation of the TREWS machine learning-based early warning system for sepsis - PubMed
<https://pubmed.ncbi.nlm.nih.gov/35864252/>

# Article summary:

1. This prospective, multi-site study examined the association between patient outcomes and provider interaction with a deployed sepsis alert system called the Targeted Real-time Early Warning System (TREWS).

2. The study found that patients whose alert was confirmed by a provider within 3 hours of the alert had a reduced in-hospital mortality rate, organ failure and length of stay compared to those whose alert was not confirmed.

3. Improvements in mortality rate and organ failure were larger among those patients who were additionally flagged as high risk.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article is generally reliable and trustworthy, as it is published in Nature Medicine, which is a reputable journal with high standards for research quality. The authors have conducted a prospective, multi-site cohort study to examine the association between patient outcomes and provider interaction with a deployed sepsis alert system called the Targeted Real-time Early Warning System (TREWS). The study has been conducted across five hospitals, monitoring 590,736 patients over the course of the study. The results of this study indicate that early warning systems have the potential to identify sepsis patients early and improve patient outcomes.

The article does not appear to be biased or one-sided in its reporting; it presents both sides of the argument fairly and objectively. It also provides evidence for its claims through data from the study, which adds credibility to its findings. Furthermore, there are no unsupported claims or missing points of consideration in this article; all claims are backed up by evidence from the study itself. Additionally, there are no unexplored counterarguments or promotional content present in this article; it is purely focused on presenting factual information about the results of this particular study.

The only potential issue with this article is that it does not mention any possible risks associated with using TREWS as an early warning system for sepsis; however, given that this is an observational study rather than an experimental one, it may be difficult to assess such risks accurately without further research into how TREWS works in practice.

# Topics for further research:

* Sepsis alert system risks
* Sepsis early warning system effectiveness
* Sepsis alert system implementation
* Sepsis alert system cost-effectiveness
* Sepsis alert system accuracy
* Sepsis alert system patient outcomes

# Report location:

<https://www.fullpicture.app/item/4a8caf8acbcfe534b567e348b8c97576>