**An opinion survey on Modified Early Warning Score (MEWS) for clinical handover at a regional hospital in Hong Kong**

*LEUNG P N C(1), WONG C W(2), ABOO G H(1), 2, LEUNG C M(2), LEUNG S K C(1), 2, PANG K Y(2)*

(1)Nursing Services Division, (2)HKEC Quality & Safety Office, Pamela Youde Nethersole Eastern Hospital, Hong Kong East Cluster

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**Introduction**
The MEWS is a physiological scoring system to facilitate early identification of patients at risk of clinical deterioration. A colour-graphic “Vital Signs Observation Chart” with built-in parameters of MEWS was designed for easy calculation and recording of MEWS. The HKEC guideline on “MEWS for Patient Monitoring and Clinical Handover” has been implemented since 2010.

**Objectives**
1. Solicit doctors’ and nurses' view on implementation of MEWS for clinical handover.  
2. Identify areas for continuous improvement.

**Methodology**
Two self-administrated questionnaires were designed for doctors and nurses to explore their attitudes and practices. The survey was conducted from 14 - 18 July 2014 at PYNEH by sending email for their voluntary participation.

**Result**
Result: Totally, 101 questionnaires were collected from doctors with 49% of residents while 381 questionnaires were obtained from nurses with 68% of registered nurses. 38% doctors and 50% nurses were working in the Department of Medicine. A similar proportion of doctors (52%) and nurses (54%) had been working in the HKEC or present department for 0-5 years. Only 30% of doctors and 64% of nurses had received MEWS training. Majority of doctors (77%) and nurses (93%) acknowledged that MEWS were practicing in their clinical departments. Most of doctors (74%) and nurses (88%) were aware of the guideline. 83% of nurses expressed the guideline
was clear to follow. 90% doctors and 84% nurses expressed the observation chart was user-friendly. 82% doctors and 64% nurses agreed MEWS facilitated early identification of patients at risk of clinical deterioration. 71% doctors and 57% nurses considered MEWS facilitated early assessment of patients and enhanced communication / clinical handover between doctors and nurses. Over half of doctors (71%) and nurses (60%) supported for the use MEWS in their departments. Conclusions: The survey revealed that MEWS is widely used and supported by both doctors and nurses in PYNEH. MEWS facilitated early identification and assessment of patients at risk of clinical deterioration, and enhanced communication / clinical handover between doctors and nurses. Implications: Provide training on MEWS to junior doctors and nurses to enhance communication and clinical handover between nurses and doctors.