



Service Priorities and Programmes
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Standardisation and Efficiency resulted in Review of MEWS in severe intellectual disability patients in Siu Lam Hospital

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Introduction

Wards in SLH have adopted modified early warning signs (MEWS) as an escalated monitoring regime for about three years. A recent evaluation revealed inconsistencies including initiation, charting, stepping-down and response plan in MEWS application across different wards, which were at least partially attributed to an absence of hospital-wide reconciliation of MEWS, a monitoring tool designed for acute setting, during earlier adoption in SLH which is essentially an infirmary. A hospital-wide review was performed to reconcile the use of MEWS specific to the needs of patients in SLH.

Objectives

Standardise the practices in the use of MEWS across all patients in SLH; review monitoring regime of patients based on standardised practices and terminate unnecessary MEWS monitoring.

Methodology

Review work by a designated workgroup included literature search, review of sampled MEWS charts, and interview with doctors and nurses. New standard practices in use of MEWS were widely consulted before adoption in all SLH wards in Jul17. The workgroup continued to evaluate the use of MEWS onwards and report to hospital management regularly.

Result

Practices in initiation, charting, scoring, minimum frequency, stepping-down and response plan of MEWS in SLH have been standardised in accordance with actual needs of patients and daily operation. The standardised practices were appended in written guidelines which became applicable to all patients in SLH. Before practices were standardised, a spot check in Jun17 indicated 71 patients (out about 500 patients) were on MEWS monitoring. The number reduced to 21 (74% reduction) in Jul17 following the standardised practices; the 53 patients were stepped-down to receiving routine daily monitoring of temperature, pulse and respiratory rate. Besides application of more clinically appropriate monitoring regime to patients, the current review also resulted in significant workload reduction from reduced monitoring

frequency from usually four times to only once for over 50 patients every day. Subsequent review in use of MEWS including indication for initiation, response plan, etc. indicated that the standardised practices were appropriate for patients in SLH.