



Maternity and
Neonatal

MEWS Phase 1 Feedback MEWS Phase 2 Launch

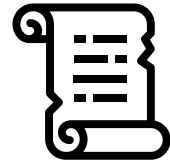
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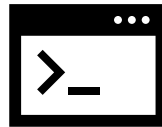
Welcome and Housekeeping



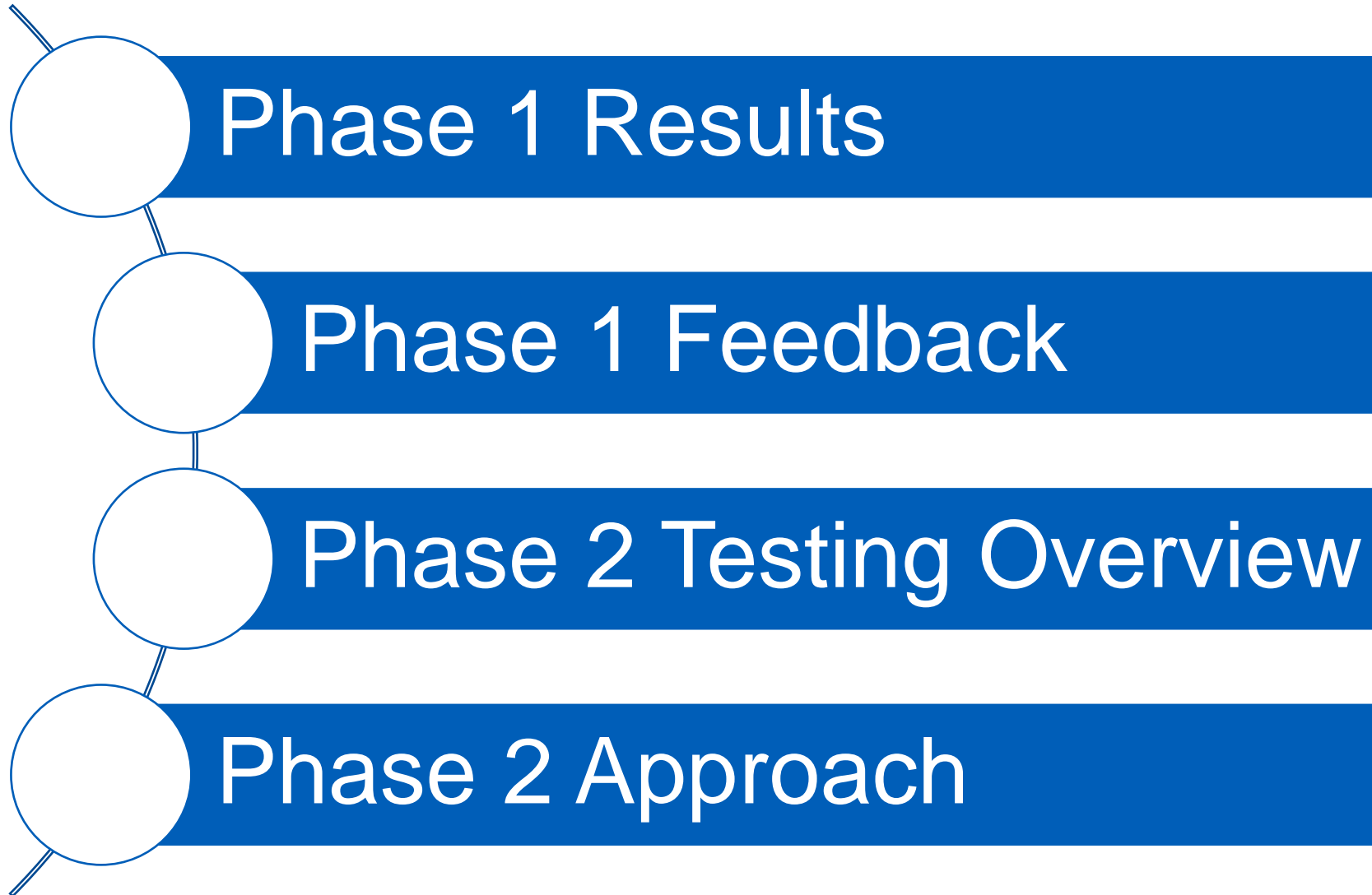
Please could you add your name and organisation you are representing

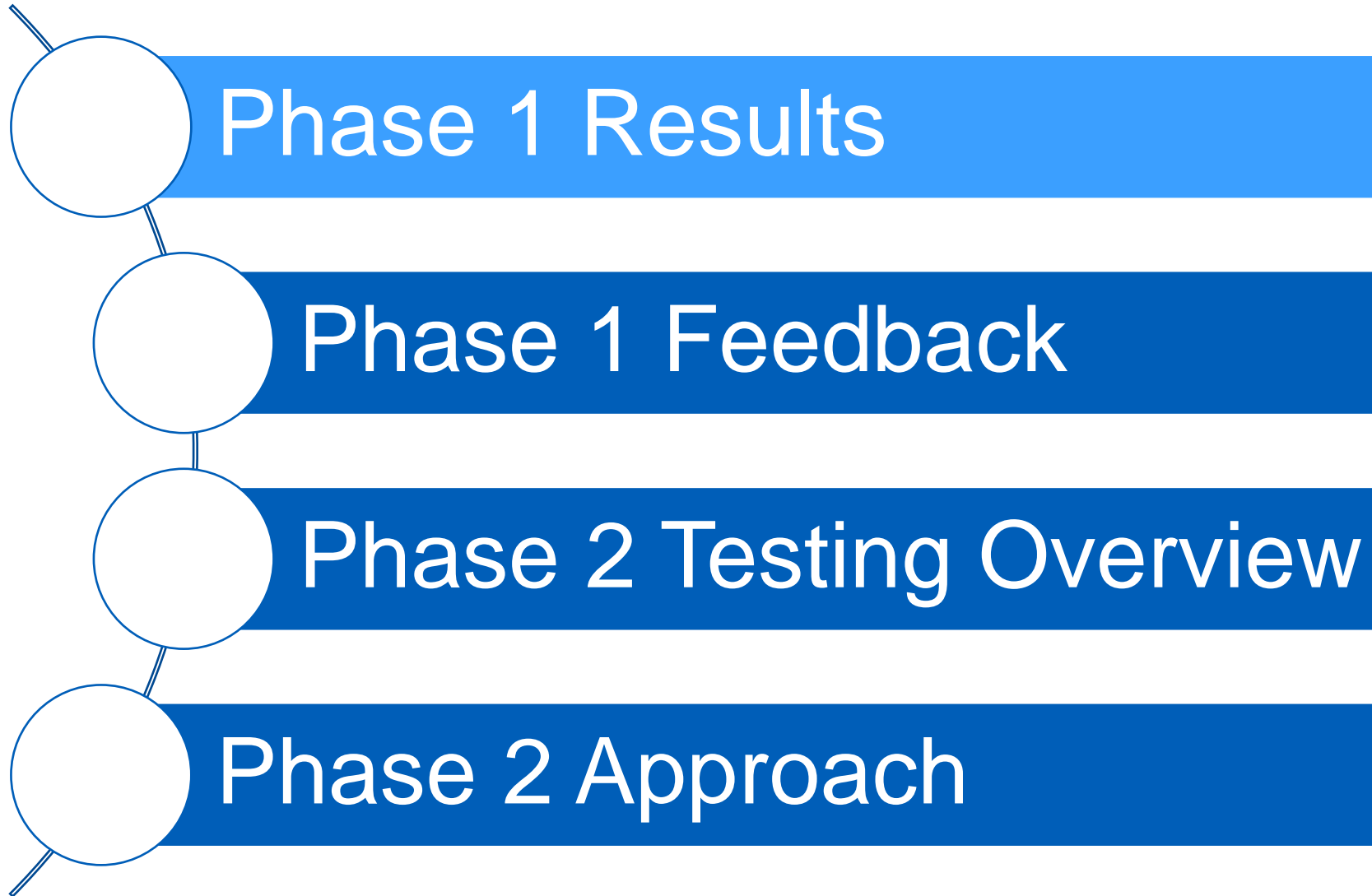


The webinar will be recorded



There will be time to answer any questions you may have





Phase 1 Results

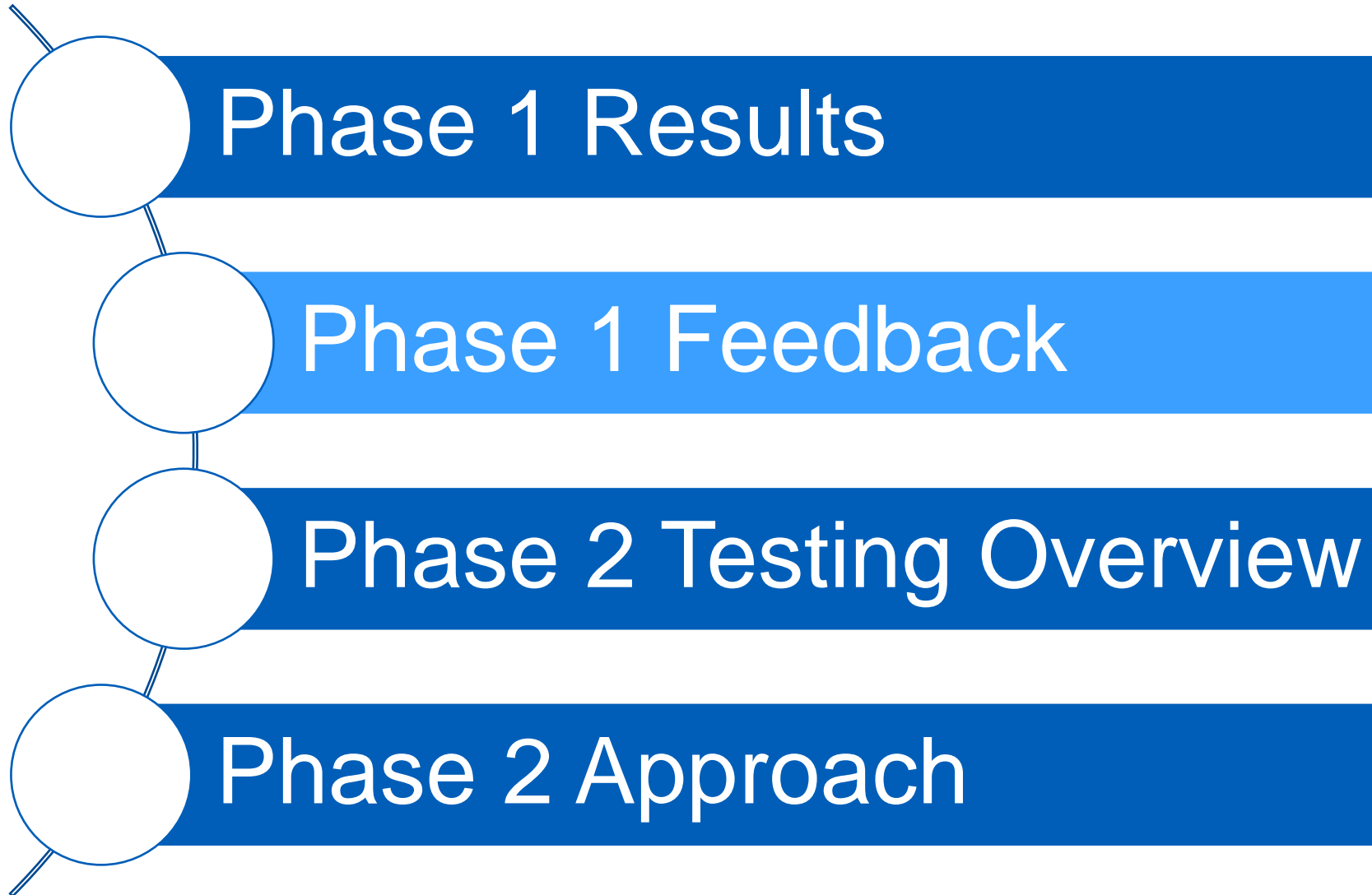
20 organisations	120 respondents	60% midwives	18% doctors
82% MEWS chart was easy to navigate	91% understood how to record findings	93% easy to calculate the total score	71% easy to understand when to use postnatal pulse section
96% Understood that presence of <i>Additional Concerns</i> allows escalation even when the physiology is normal	96% Understood that presence of <i>Additional Concerns</i> allows increase in level of concern independent of the total score	84% The <i>Thresholds and Triggers</i> table enabled me to understand the level of concern required for any given total score	82% The <i>Thresholds and Triggers</i> table supported me to understand the process when the primary contact did not respond within the expected time frame

% based on combined strongly agree and agree responses for each question

Phase 1 Results

Vignette 1 Claire	Vignette 2 Bailey
<p style="text-align: center;">83%</p> <p style="text-align: center;">Average of questions answered correctly</p> <p style="text-align: center;">Responses captured via Teams survey</p>	<p style="text-align: center;">89%</p> <p style="text-align: center;">Average of questions answered correctly</p> <p style="text-align: center;">Responses captured via Teams Survey</p>
<p>Of the remaining 17% the level of concern, review timings, frequency of observations were escalated higher than required.</p> <p>No under escalation evident in the responses</p>	<p>Of the remaining 11% there was a 50/50 breakdown of responses under calling and over calling level of concern, review timings and frequency of observations – this was largely in consideration of the impact that the presence of additional concerns have on level of concern.</p>

Vignette 3 Bailey continued
<p style="text-align: center;">74%</p> <p style="text-align: center;">Via email returns of MEWS charts answered correctly</p>
<p style="text-align: center;">This exercise was to understand the 'Pulse – from 48 hours of birth'</p> <p style="text-align: center;">The remaining 13% responses were due to the pulse being recorded incorrectly</p>



Thank you

Easier to focus on a
total score

Easy to read

Easy to complete

Excellent

Need it now

Great for early detection
and escalation

Easier to use than
current tool

Easier to focus on a
total score

Informative

Physiology:

Some fed back that the physiological parameters were surprising

Pulse from 48 hours:

Feedback in relation to this component of the tool was as predicted – we will be reviewing this as we move forward and hear the concern. This went through a phase of prototyping to ensure the final MEWS was ONE chart only. Changes can be made to ensure that this component is highlighted further.

Space:

We will ensure this feedback will be reviewed following Phase 2 of testing. There are changes that can be made to provide more space. The revised design will be shared with the design group ahead of implementation.

Add something about the white lines and so many of them

Colour palette:

Feedback on the RAG colours was as predicted. The colours used have been through a prototyping exercise and there is alignment with other EWS.

Additional concerns:

The feedback for the additional concerns will be reviewed further when Phase 2 is complete. Complexity regarding escalation has been highlighted so will be accounted for in the refreshed version for review by the design group. No score is attached to the additional concerns as they are subjective and supports the discussion when escalating concern.

Scoring:

I would prefer to write the actual numerical figure for the observation in the appropriate box. This would still show the trend and generate the score. It would eliminate the need to write the observations out in full somewhere else, such as the notes. (Streamlining a process and avoiding duplication). Completing with numerical figures

Front of chart: Feedback

General feedback:

We received some feedback regarding how the design was laid out and why numbers had been placed in the way they had and the overall size of the chart.

Human factors input informed how the tool visually looks and informed how the numbers were laid out.

Further iterations of the chart will again be reviewed by human factors colleagues.

Thresholds and Triggers table:

Feedback for this component was as predicted.

Future revision will take the feedback into account and will be revised to ensure that the table is visually more understandable.

The Thresholds and Triggers table was formed following an extensive Delphi survey with input from all clinical specialties.

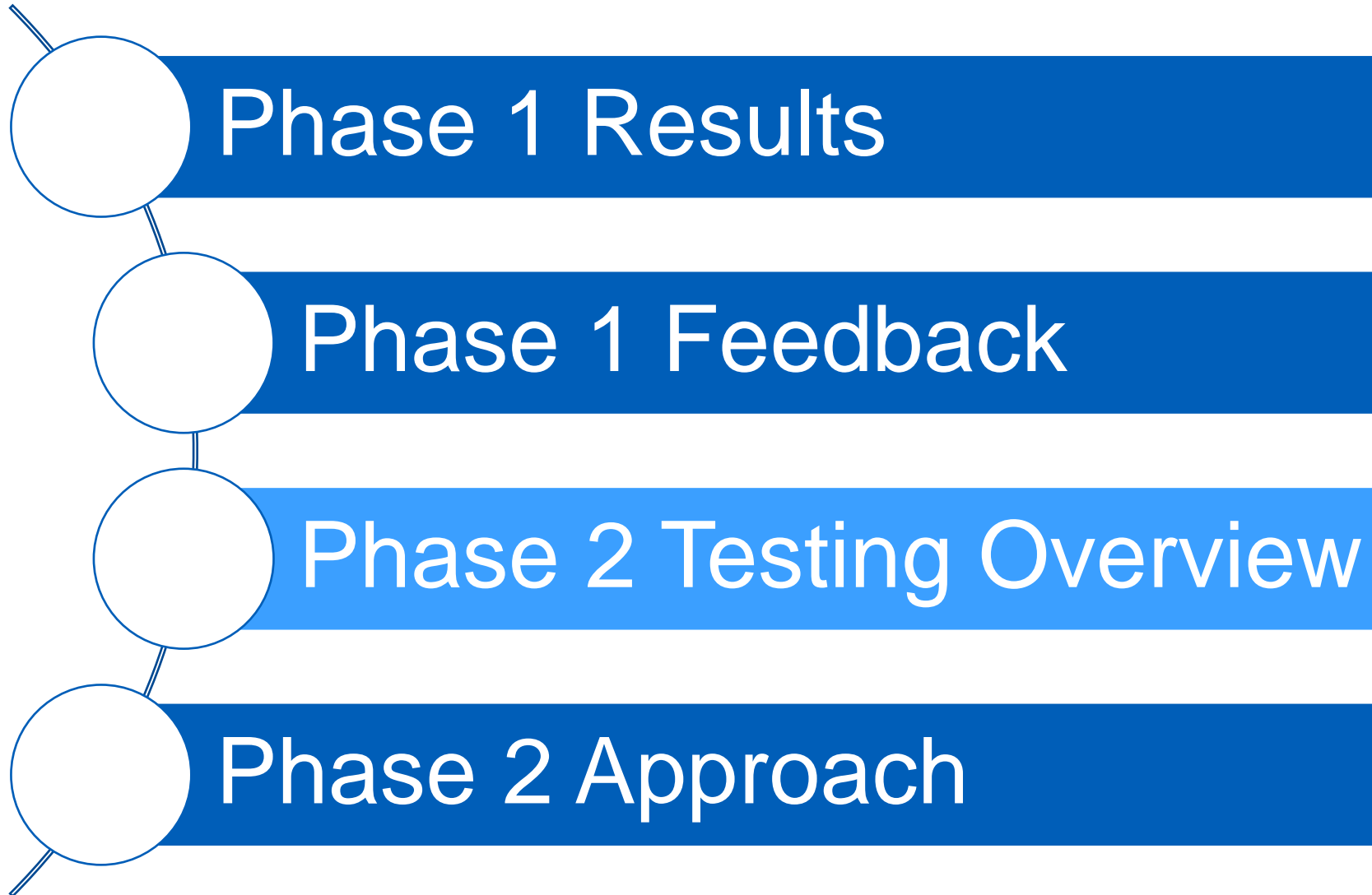
The final Thresholds and Triggers table went through a prototyping exercise.

General feedback:

The back of the chart will be revised following Phase 2 testing when we have a suite of feedback. This will be based on improving the size of the narrative within the Thresholds and Triggers table and supporting information.

Reflections

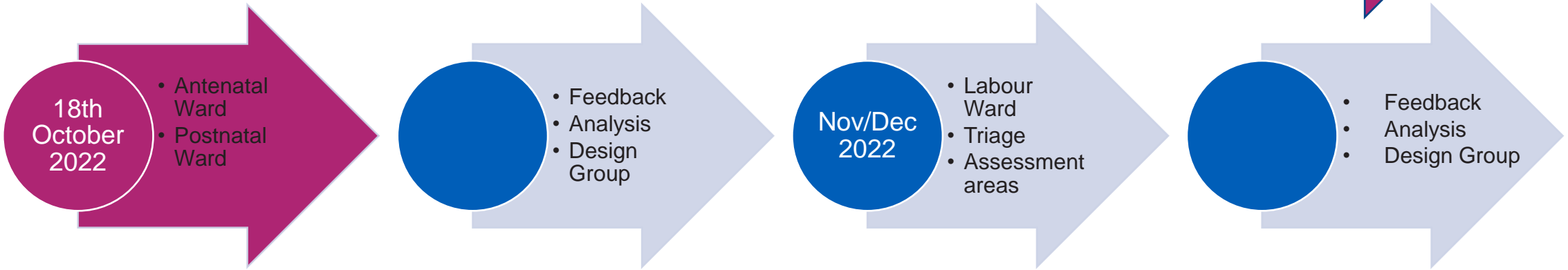
- Vignette 4 has not been included in this feedback due to an incorrect date/time being reflected in the Teams survey. The purpose of the exercise was to understand the postnatal pulse component. The data therefore does not reflect correctly the intention of the exercise.
- Further understanding of the 'Pulse - from 48 hours' will be required as we progress into early implementation
- Training will be crucial moving forward
- Additional concerns require more robust breaking down and relationship to the level of concern
- Positive feedback received and less positive will be reviewed on the completion of Phase 2 testing.



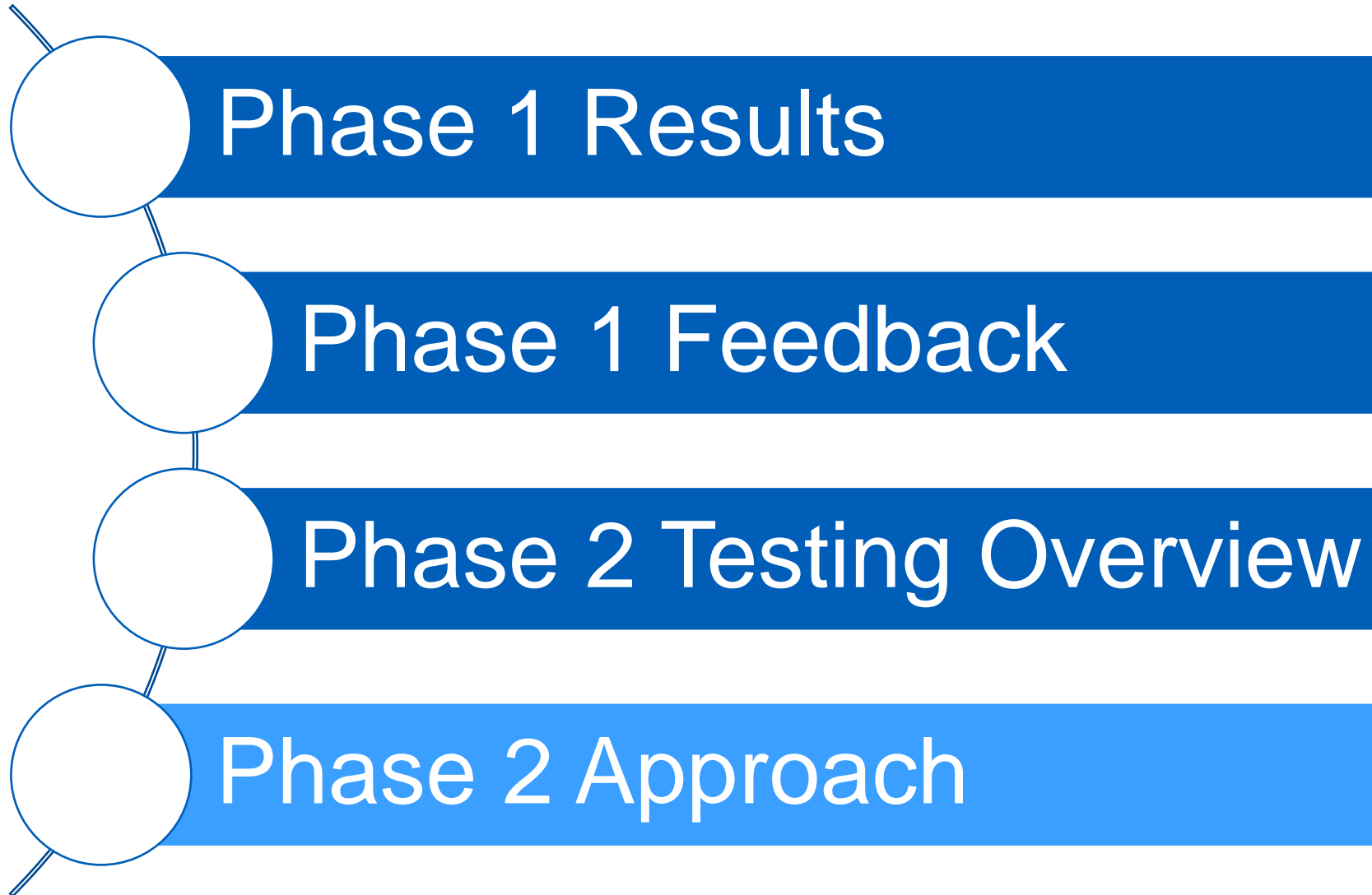
MEWS Phasing

Phase 1: Navigating the tool
This phase is complete

Phase 2: Using the tool in practice settings



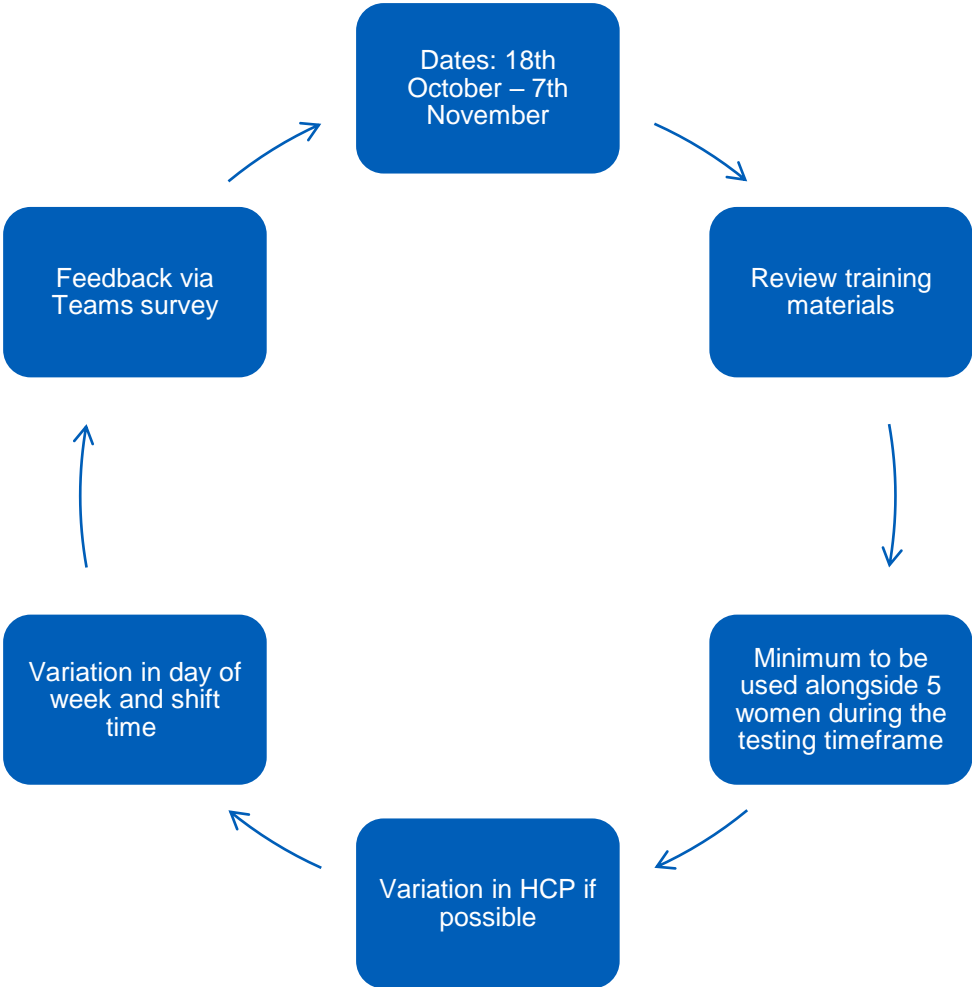
Phase 3: Early Implementation
Organisations progress to using the tool, supporting those transitioning organisations.



Approach

- Testing phase from Tuesday 18th October to Monday 7th November 2022
- Training materials to be reviewed ahead of participation
- Minimum **5** women during this timeframe, the more information the better
- Variety of HCPs and variety of shift times and days required
- During the testing period the chart to be used **alongside**, **not** instead of existing chart
- The antenatal and postnatal wards are the areas of focus during this time
- A feedback mechanism is in place via Teams survey
- Regular touchpoints
- 1:1 feedback sessions
- Contact hannah.rutter@nhs.net for further support

Summary



Thank you
@MatNeoSIP

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