

Gloucestershire Safety and Quality Improvement Academy 2025

MOEWS

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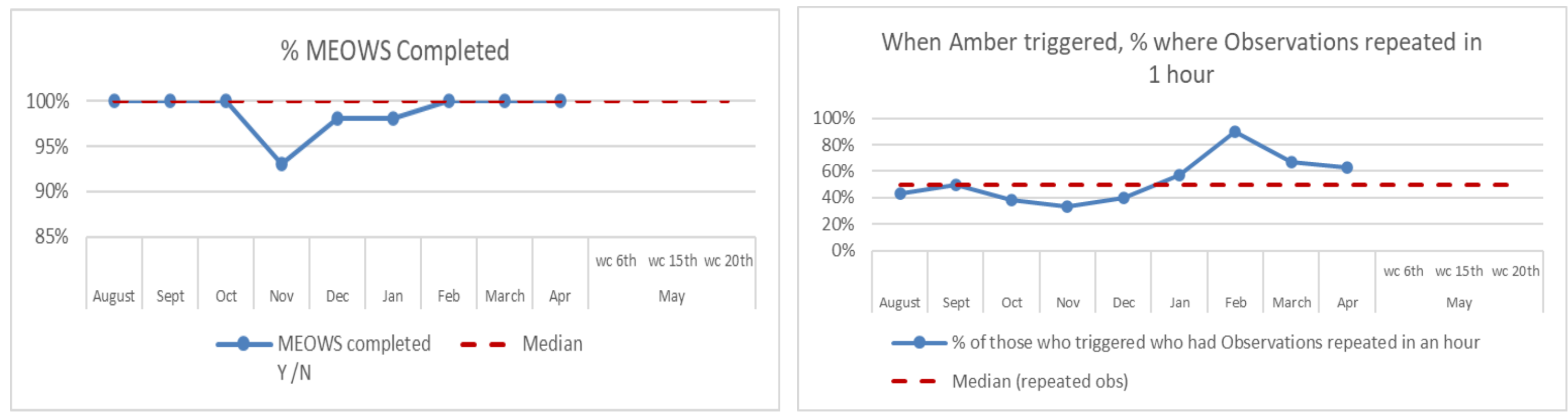
NHS Foundation Trust

Aim: To increase compliance with acting on Amber Observations to 80% within 3 months (July), and 95% within 6 months (October).

The Safety Concern: Audits have highlighted poor compliance with recognising the deteriorating patient through MOEWS in line with guidance. To also audit compliance in the intrapartum period.

CQC Section 31: *“must implement an effective system for ensuring staff at GRH complete and escalate maternity early obstetric warning scores (MOEWS) charts in line with national guidance during intrapartum and postnatal care.”*

Baseline Data: (MOEWS data collected on maternity ward)



PDSA:

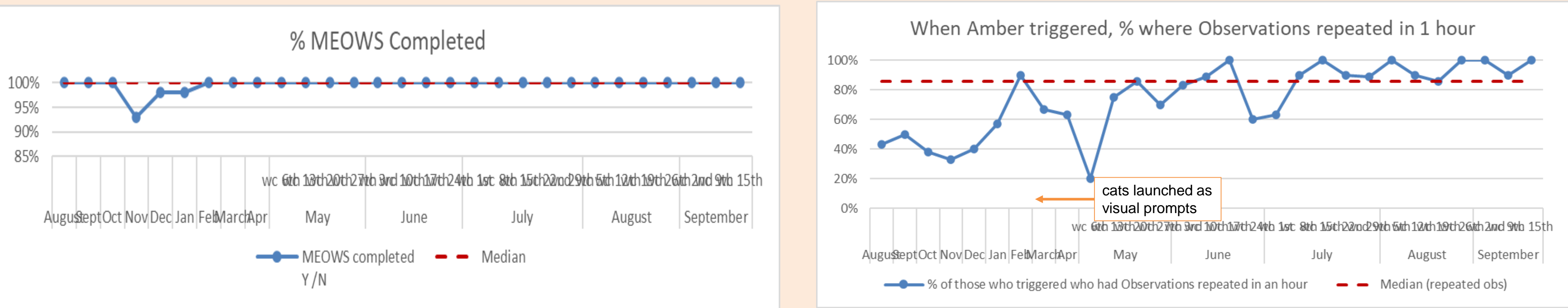
	1	2	3 - June	4 – w/c 1 st June	1 – w/c 10 th June	2 – July	3 – July	4 – w/c 12 th August
Plan -When / Where / Who?	MOEWS display board up and discussed daily	Visual prompts displayed on computers	Shared Audit with Intrapartum Matrons	SBAR changed & individual feedback shared (praise and learnings)	Laminated parameter prompts attached to all obs towers with relevant actions	Agreed MLC need 4 parameters for compliance not 5	Band 6's involved in audit & all areas had training on how to audit to ensure consistency	1 week of Tea trolley teaching by PD with prizes
Do - What is being tested?	Audit act on amber compliance	Audit act on amber compliance	Audit act on amber	Intrapartum MOEWS	Appropriate action on findings	Improvements in parameter completion	Consistent audits – observe and check	Improved compliance
Study - What happened?	20% after 1 week	Improved compliance	Targeted actions to improve compliance	Improved compliance	Improvements in all areas, but ?requirements for MLC care in regards to parameters	Improved compliance	Improved compliance	Improvements in all areas of audit
Act - What now? Adopt / Adapt / Abandon	Implement visual prompts	Share work and prompts with all areas	Address non-compliance individually in areas.	Target actions – laminate parameters to raise awareness	MDT discussion	Ensure consistent auditing due to variety of ways to audit	Observe for longer period of time	Continue to audit and observe/act on findings

Conclusions:

- Sustained improvement in recognising the deteriorating patient
- Improvements in patient care, experience and safety
- As of December 2024 the sustained improvement has meant that data can be monitored through internal governance structure, instead of reporting it every 2 weeks to Quality Improvement Group (CQC, ICB, LMNS)

Results: Improvements made in all areas - maternity ward, CDS & GBU
Audits were commenced in all areas of maternity, which identified compliance of MOEWS components differed.

Maternity ward:

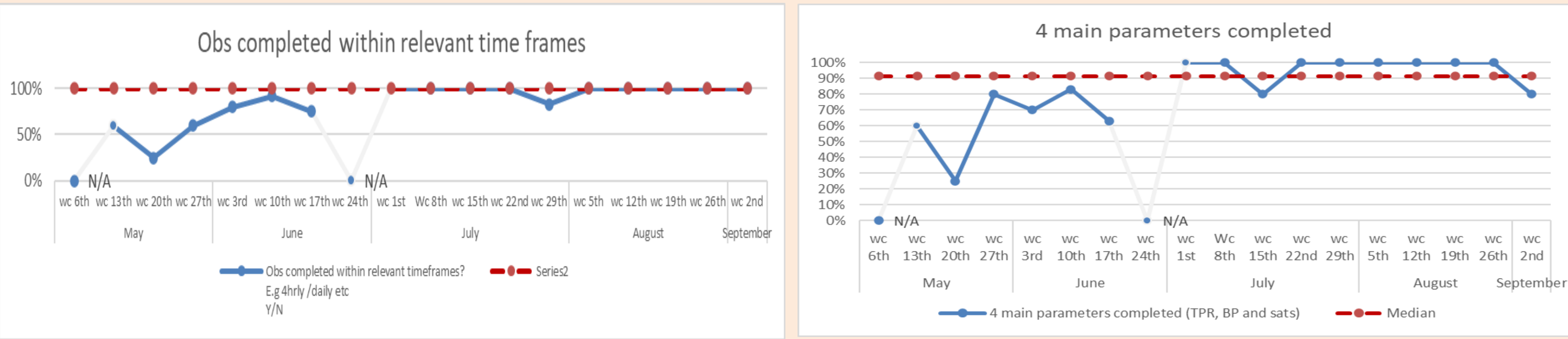


1 x amber – repeat in 1 hour.
Is this Sepsis? Complete this question in MOEWS on badger
If amber doesn't require repeat e.g. low BP is normal for patient, then document this

REMEMBER COULD THIS BE SEPSIS
1 x Reds
Or
2 x Amber – escalate for urgent review
Is this Sepsis? Complete this question in MOEWS on badger
Consider starting sepsis 6 OR document reason not sepsis & actions taken.

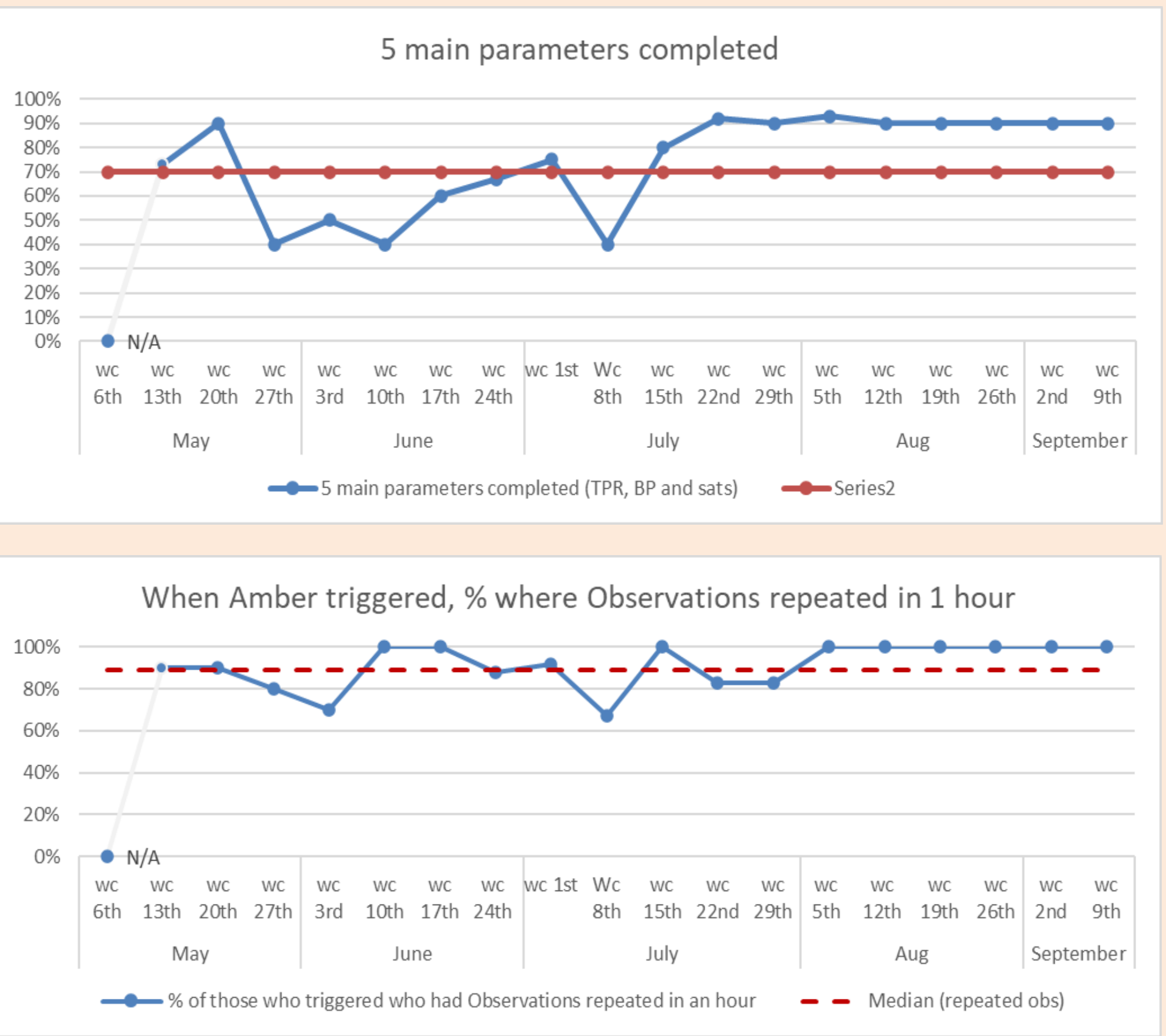
GBU:

Compliance on completion of all 4 parameters (as low risk) and completing observations within relevant time frames were identified as areas for improvements and have also demonstrated sustained improvements.



CDS:

Compliance on completion of all 5 parameters of MOEWS & act on Amber were identified as areas for improvement. Through the PDSA cycles, CDS has successfully demonstrated sustained improvements.



Modified Early Obstetric Warning Score (MOEWS)

Parameter	Red	Amber	Normal	Amber	Red
Temperature	≤34.9°C	35-36°C	36-37.4°C	37.5-37.9°C	≥38 °C
Pulse	≤39	40-49	50-99	100-119	≥ 120
Systolic BP	≤89	90-99	100-149	150-159	≥ 160
Diastolic BP	≤39		40-89	90-99	≥ 100
Respirations	≤10		11-20	21-29	≥ 30
Oxygen Saturation	≤94%		95-100%		
Consciousness Level			A	V	PU
Pain			None/mild	Moderate	Severe/ excruciating

If you are concerned with rapid deterioration, call 2222.

Next Steps:

- Continue weekly audits, look to move to monthly
- Approval of MOEWS SOP
- Plan roll out of National MEWS (by March 2026)
- Roll out Martha's Rule