THE REWARDS OF SAVING LIFE IN ISLAMIC PERSPECTIVE BY UTILISING NEED OF ASSESSMENT IN BAGAN SPECIALIST CENTRE - EARLY WARNING SCORES AND CARE OF DETERIORATING PATIENT CAN HELP RAPID RESPONSE TEAMS IN IMPROVING OUTCOMES

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ABSTRACT

Hospitals are treating increasing number of complex patients with multiple co-morbidities. At any given time, some of these patients may be rapidly deteriorating, for a variety of reasons. Every hospital must have a strategy to identify such patients, and be capable of providing the appropriate level of care at the right time. Early intervention on a patient who is deteriorating is likely to improve that patient's outcome. Calling for medical emergency team can be a major step, and results in a substantial use of hospital resources. In a private setting like Bagan Specialist, nursing staff often feel anxious on uncertain cases and fear of false alarm. Early Warning Scores (EWS) are recommended to be used in hospitals with the goal of improving the effectiveness of Rapid Response Teams (RRTs). Implementing EWS in conjunction to rapid response team and Care of Deteriorating Patient are proven to reduce patient harm and improve recovery. Early detection of changes in a patient's condition can make life-saving difference. Subtle vital sign changes especially in respiratory rate and level of consciousness usually precede in hospital cardiac arrest and rapid response team deployment. These changes commonly start six to eight hours before the patient shows recognizable deterioration. Identifying patients at risk for deterioration and cardiopulmonary arrest and providing early intervention can reduce unplanned admissions to the intensive care unit, in-patient cardiac arrest and death. Designed to use for all adult patient (exclude maternity) regardless the diagnosis Early Warning Score screening tools has a numeric scale based on physiologic assessment criteria for screening and scoring patients. Parameters include respiratory rate, systolic blood pressure, heart rate, oxygen monitoring, and level of consciousness, temperature, and supplemental oxygen.

Key words: Early warning score, Decision making, Deteriorating patient, Early intervention, Implementation and training

INTRODUCTION

1.1 BACKGROUND AND STATEMENT OF THE RESEARCH

This chapter provides an introduction to the organizational development change project undertaken by the writer. The purpose of this project was to implement the *Early Warning Score (EWS)* for clinical staff which is working at *Bagan Specialist Centre*. The *EWS* is a bedside track and trigger scoring system used by staff to calculate a total *early warning score (EWS)* from routinely collected observations. It aims to indicate early signs of deterioration in patients' conditions and prompts more timely medical review and treatment of patients. A rationale for carrying out the project is provided, followed by a description of the project including the aim and objectives.

These day, hospital are treating increasingly patients with multiple co-morbidities. At any given time, some of these patients may be rapidly deteriorating for a variety of reasons. Every hospital must have a strategy to identify such patients, and be capable of providing the appropriate level of care at the right time. Early intervention on a patient who is deteriorating is likely improve that patient's outcome. Besides that, early recognition and treatment of deteriorating patient in general wards is a key aspect of Rapid Response System. The aim of this Rapid Response System is to reduce number of intensive care unit admission, length of ICU stay, and also hospital length of stay and mortality. Nurses often recognize patients in the ward who are deteriorating through intuition rather than through routine measurement of vital sign. Intuition is an ability to understand or know something immediately based on feeling rather than facts.

The activation of a Rapid Response System is usually based on the recording of vital sign that deviate from predetermined values. Respiratory rate, oxygen saturation, heart or pulse rate, blood pressure, temperature and level of consciousness if a major key aspect for nurses to determined patient conditioned, in addition of this objective criteria subjective criteria such as nurses worry or concern also important. It provides an opportunity for nurses to call for help when they feel that something is not right with a patient. But calling for help from medical emergency team can be a major stet for a nurses especially junior nurses, and results in a substantial use of hospital resources. In a private setting hospital like *Bagan Specialist Centre*, nursing staff often feel anxious on uncertain cases and fear of false alarm.

Early Warning Scores (EWS) are recommended to be used in hospitals with the goal of improving the effectiveness of Rapid Response Teams (RRTs). Implementing EWS in conjunction to rapid response team and Care of Deteriorating Patient are proven to reduce patient harm and improve recovery.

A study was conducted to evaluate the need root cause of Code Blue and the contributing factors and way to improve the system. Bagan Specialist Centre is 150 bedded acute care hospital and the team consist of Code Blue Committee lead by Sister of ICU and representative from multidisplinary team.

In the Islamic approach, life is a divine gift and bestowment to every individual. It has priority and is heading all the human rights. It would be useless and meaningless to talk about any rights before this right has been provided for a society's individuals.

The fundamental of the value of the human life, is the value of human's existence as well as malice and viciousness of killing (assault on man's life).

Therefore killing a person is not considered assault on a man's life, but a murder and assault on the reality of humanity and fading away viciousness and indecency of murder.

إِنَّمَا جَزَاءُ الَّذِينَ يُحَارِبُونَ اللَّهَ وَرَسُولَهُ وَيَسْعَوْنَ فِي الْأَرْضِ فَسَادًا أَنْ يُقَتَّلُوا أَوْ يُصَلَّبُوا أَوْ تُقَطَّعَ أَيْدِيهِمْ وَأَرْجُلُهُمْ مِنْ خِلَافٍ أَوْ يُنْفَوْا مِنَ الْأَرْضِ ۚ ذَٰلِكَ لَهُمْ خِزْيٌ فِي الدُّنْيَا ۖ وَلَهُمْ فِي الْآخِرَةِ عَذَابٌ عَظِيمٌ

Because of that, we decreed upon the Children of Israel that whoever kills a soul unless for a soul or for corruption [done] in the land - it is as if he had slain mankind entirely. And whoever saves one - it is as if he had saved mankind entirely. (Quran, 5:33)

The sanctity for a man's blood is underlined so emphatically in Islam that the value of life and death of an individual equals to the value of life and death of all mankind. The Holy Prophet (S) in his farewell sermon in the last year of his life in Mena, before a crowd of Muslims, while emphasizing on the right of individuals and sanctity for their blood, said: "people, you have to respect each other's life until the Resurrection Day."

Moreover, in another occasion, talking about the significance of regarding the human life, he has said, "Before God murdering a believer is worse than destroying the whole world."

Again in another occasion he said: "If the residents of the Heavens and the Earth conspire (as accomplices to collaborate) to collectively shed the blood of a believer, God will throw all of them into the fire of hell...."

Of course it should not be misunderstood that sanctity of a man's life is exclusively for Muslims, that Islam has not drawn a line for a non-Muslim's life. A non-Muslim's life is honorable and respectable, too, as long as he refrains from involving in opposition or conspiracy against Muslims or an Islamic government.

As the Prophet (S) said, "He, who gives somebody a chance to live (in his blood) and then kills him, he will be subjected to the fire of hell."

Early Warning Scores (EWS) are recommended to be used in hospitals with the goal of improving the effectiveness of Rapid Response Teams. Implementing *early warning score* in conjunction to rapid response team and care of deteriorating patient are proven to reduce patient harm and improve recovery. The *Early Warning Scoring System (EWS)* was developed by Morgan et al in 1997 with the aim of providing a simple scoring system which could be readily applied by nurses and doctors to help identify patients developing critical illness. Early warning scores have been developed to facilitate early detection of deterioration by categorizing the patient's severity of illness and prompting nursing staff to request a medical review at specific trigger points utilizing structured communication tools whilst following a definitive escalation plan. The observations in this scoring system should include six simple physiological factors which is heart rate, respiratory rate, temperature, systolic blood pressure, oxygen saturations, and level of consciousness. The use of early warning tools has been recommended by the Critical Care Outreach report published in 2003 and later advocated in the National Institute in Clinical Excellence (NICE) Clinical guidance 50 'Acutely ill hospital patient' suggesting these tools enhance equity in care by ensuring timely recognition of all patients with potential or established critical illness and their treatment by individuals with appropriate skills, knowledge and experience to treat the patient effectively.

1.2 STUDY SIGNIFICANCE

Currently the rate of Code Blue are high and staff in the non acute wards felt overwhelmed as well as medical officer and consultants are not called in timely manner. Early detection of NEWS could reduce number of code blue as staff are been alerted patient deterioration and early intervention can be taken. Many Muslims will not seek early medical attention, contrary to the Prophet's practice and teaching. Usamah bin Sharik reports, *"I was with the Prophet when some Arabs came to him asking, 'Messenger of God, should we take medicine for disease?' He said, 'Yes, you servants of God, take medicine as God has not created a disease without creating a cure for it except for one.' They asked which one, he replied, "Old age"*

This study has the potential to improve patient care and outcome. By using *early warning score* the potential exists to decrease the number of under detected critically ill patient. Additionally, the potential exists to improve rapid respond team awareness of patient with critically abnormal vital sign in order to quickly identify, assess and intervene with patients at risk of clinical deterioration prior to the occurrence of catastrophic events

The purposes of this study is to ensure how the *early warning scores* can help in early identification and response to deteriorating patients, and ultimately to improve patient safety. Timely and appropriate intervention should be carried out following protocol will minimize the risk, improve patient safety and experience, it also important to record the response to the changes of *early warning scores* in patient documents.

Early recognition of clinical deterioration, followed by prompt response is associated with a lower level of intervention to stabilize patients and reduced adverse events. Effective recognition and response to deterioration requires defined observation parameters, trained staff, appropriate equipment, policies, escalation protocol, communication and rapid response. Adverse patient outcomes impact on the patient and health system, such as increased length of stay, unplanned return to theatre, increased morbidity, mortality, decreased bed availability and inefficient re-allocation of limited health resources.

1.3 AIM, OBJECTIVE AND INTERVENTION OF THE STUDY

1.3.1 Aim
1. The aim of this project was to implement the *EWS* at Bagan *Specialist Centre* and focusing of clinical staff on the competency of measuring and recording patients vital signs including calculating and recording a total *EWS* using the Adult Patient Observation Chart, and communicating the findings to consultants in accordance with local policy.
2. The aim of this paper is to explore the literature relating to critical care outreach services and the use of early warning scoring systems to detect developing critical illness

1.3.2   Objective
1. To describe the elements that are essential for prompt and reliable recognition of and respond to clinical deterioration of patients in *Bagan Specialist Centre*
2. To guide clinical staff in informing consultant regarding patient condition at *Bagan Specialist Centre* and improve communication between clinical staff and consultant.
3. To generate knowledge and understanding of the observation and assessment of patients in *Bagan Specialist Centre*, where patient acuity and activity is unpredictable and length of stay for patients is brief

1.3.3 Intervention
The purpose of the NEWS is to describe the elements that are essential for prompt and reliable recognition of, and response to, clinical deterioration of patients in acute hospitals and also to reduce number of code blue case and mortality rate at Bagan Specialist Centre

Islam does not believe in prolonging life as everyone has been created for a certain life span. Scientists are to assist, but not replace God in the creation of death of human beings. Islamic morality starts in the womb and extends to the tomb. Islam places great emphasis on the sanctity of life and the reality of death. *"If anyone killed a person, unless it is for murder or spreading mischief on earth, it would be as if he killed all of mankind. And if anyone saved a life it would be as if he saved the lives of all mankind". "Every soul shall have a taste of death". "No soul can die except by God's permission".*

Thus, while Islam gives importance to saving lives either medical treatment or otherwise it makes it clear that dying is a part of the contract with god and the final decision is up to God. The quality of life is equally or more important than the duration of living.

CHAPTER 2: LITERATURE REVIEW

1) The development of Early Warning Scores observation tools. Numerous pivotal studies undertaken in the late 1990's and early 2000's revealed that in-hospital cardiopulmonary arrests, or deterioration in the patient's clinical condition, was generally preceded by a period of time when the physiological status of the patient was abnormal (McQuillan et al. 1998; Goldhill et al. 1999; Goldhill and McNarry 2004). This was evident in measurements recorded of patient's vital signs of respiratory rate, blood pressure, heart rate and temperature suggesting that potential adverse effects in patient outcomes could be prevented. Further studies revealed that warning signs were often not recognized nor communicated by ward staff which lead to delays in diagnosis, treatment, or referral, resulting in increased patient morbidity, mortality and admission to intensive care units or cardiac arrests which are preventable or avoidable (Buist et al. 1999; Nolan et al. 2005; Smith et al. 2014; Preston and Flynn 2010; Jones et al. 2011; Quirke et al. 2011; De Meester et al. 2013). EWS or track and trigger systems were developed as patient observation tools. Using a numerical scoring system for each physiological vital sign the scores are then totaled to identify patients at risk of deterioration (Morgan et al. 1997; Subbe et al. 2001). These patient observation tools were introduced to improve the safety of acutely ill patients in hospital (Smith et al. 2008; Mohammed et al. 2009.; Donohue and Endacott 2010) ensuring they receive prompt treatment by appropriately experienced staff (Gao et al. 2007). Guidelines from NICE and the NSPA highlighted the importance of introducing these systems to recognise patient's deterioration promptly and to initiate an appropriate response (NICE 2007; NPSA 2007a).

2) Communication failures between teams contributed to delays in referrals and in delivering appropriate essential care. Andrews and Waterman (2005) explored how staff utilize information relating to EWS and vital signs to determine and react to deterioration and found that information needs to be communicated in a succinct credible way to Doctors when relating deterioration concerns. Miscommunication and non-communication were highlighted as two of the most common root causes of patients experiencing preventable and unnecessary harm within health care settings (Gordon et al. 2012). The use

of the ISBAR (Identify-Situation-Background-Assessment-Recommendation) communication tool to communicate deterioration in a patient's condition is used in hospitals in Ireland. The ISBAR technique is a simple way to plan and structure communication and to standardize reporting and safety checklists to improve communication. Poor communication has been identified as a contributing factor to adverse incidents where clinical deterioration is not identified or properly managed (HSE 2011).

3) Johnstone CC;Â Rattray J;Â Myers L (2007). Physiological risk factors, early warning scoring systems and organizational changes. Nursing in Critical Care. This article emphasize the importance of using early warning scoring systems in conjunction with the intuitive practice enables to detect a deteriorating patient in critical care. According to the article (Scottish Executive 2005), there has been an increase number of short stay surgery supported by pre-admission assessment which resulted in a reduction in the number of acute beds within the health services. The author emphasizes on the predictors of deterioration/risk factors, early warning score systems and organizational changes which leads to evidence of many cases of acute deterioration being missed by doctors and nurses. Moreover it is also discussed that the Early Warning Score are not always used to their full potential, raising question of their impact. To compose this article the authors used research taken from the databases including CINHAL (1997-2007), Medline, Blackwell Synergy and Science Direct. Moreover (Smith et al, 2002) proposes that short courses of 1-2 days e.g. ALERT to be arranged to develop appropriate skills. The article is summarized by making two points. Firstly, nurses are at the front line and need to make patient safety their highest priority and be responsible and provide leadership to highlight the importance in monitoring. Secondly, intuition and early warning scoring must be viewed as a decision-making tool and must not replace clinical judgement. This article alerts nurses to be trained adequately in order to use EWS efficiently.

4) Goldhill et al. (1999a) studied the records of 76 patients, who experienced 79 admissions to ICU from general wards, for the 24-hour period before admission. The aim was to describe the reasons for admission of hospital inpatients to the ICU, and to identify physiological values and interventions associated with patients at risk. Their task was clearly complicated because despite the severity of illness, routine observations were seldom found in notes, and data was often recorded improperly or imprecisely, again highlighting the issue of poor documentation. However, they observed that there was a significant worsening of respiratory rate during the 24-hour period before admission, which did not occur with heart rate. It is worth noting that 23 of the ICU admissions in this study were for chest infection or pulmonary aspiration, which may have influenced in this finding.

5) Cox et al (2006) reported that nurses' caring for critically ill patients in general ward settings often lack confidence in knowing when to call for medical help. Although the nurses in this study were highly experienced, they valued *EWS* as a tool to help those priorities patient care and recommended it as a decision-making tool for newly qualified nurses and students. While *EWS* was considered to enhance the nurse's role in clinical decision-making, participants used it to supplement rather than replace clinical judgment.

6) The Hamilton Health Services leaders have partnered with the Toronto-based Thought Wire and with the Armonk, N.Y.-based IBM Corporation, to develop the fully automated solution. The results have been strong, including the virtual elimination of code-blue alerts in the inpatient hospital, and a drastic reduction in ICU admissions from the med/surg floors. For their innovative work in this area, the Hamilton Health Services leaders in January received two awards from the Intelligent Health Association, an association of information technology vendors. It received both the IHA's 2017 Award for Improving Patient Care and Health Delivery, and its 2017 Intelligent Health Grand Award. As Thought Wire noted in a press release issued on Jan. 23, "Through the use of an innovative early warning score (EWS), HHS is improving hospital safety by eradicating in-hospital cardiac and respiratory arrests. With the EWS, clinicians are apt to respond to abnormal vital signs before patients progress to experience in-hospital arrests. "We believe that most cardiac arrests in an acute care setting should be considered a failure to rescue," said Alison Fox-Robichaud, M.D., the clinical leader behind the Early Warning Score (EWS) project. Dr. Fox-Robichaud's clinical team was complimented by members of the Health Information Technology Services group led by Mark Farrow, vice president and chief information officer at Hamilton Health Sciences. To enhance this initiative and move toward achieving even better care outcomes, HHHS collaborated with ThoughtWire and IBM Canada to find an innovative way to address the key factors that were inhibiting the initial EWS results. Leveraging ThoughtWire's Ambiant Health Platform, the team created a Mobile Early Warning Score Application that works in real time with Meditech. Today, nurses capture vitals at the bedside on their mobile devices. The data is then integrated into the Meditech electronic medical record system, which computes the EWS. Based on HHS research, each score prompts the Ambiant Platform to drive a standard set of notifications and responses to the appropriate members of the care team, while machine intelligence ensures that standardized best practices are consistently executed. The early results have been powerful: HHS has seen a 17-percent decrease in the number of Critical Care Response Team consults requiring ICU admission and a 6-percent reduction in cardiopulmonary resuscitation (CPR) requiring Code Blue calls. "Before rapid response teams were in place, you would hear code blue calls on average once or twice a day in the hospital's wards," Dr. Fox-Robichaud, said. "Fast forward to 2016 and I can now go an entire week without hearing a code blue on the wards. While they have not been eliminated, we hear far fewer – and that means that patients are staying safe."

CHAPTER 3: METHADOLOGY

2.1 RESEARCH DESIGN

Purpose of this research is to assess level of understanding of clinical staff and consultant regarding use of *early warning score* and also to know level of knowledge among the clinical staff in identifying patient general condition. Writer has choose qualitative and quantitative method in conducting this research.

2.2 CONTEXT, POPULATIONS AND SAMPLING

This context study are regarding *early warning score* system that may be implemented in *Bagan Specialist Centre* as a tools that may help clinical staff and consultants in early detection of deteriorating patient and also in activating a rapid response team in *Bagan Specialist Centre*. The common function of this system is as a bedside tool to assess basic physiological parameters and to identify patient at risk or critically ill.

Generally, the study will be involved clinical staff and consultant at *Bagan Specialist Centre* to determine the readiness and the need to implement this *early warning score* and implementation of care of deteriorating patient to all level clinical staff. Clinical staff is referred to individuals who are nursed the patient during their hospitalization, while consultants referred to the individuals who treating patient during their hospitalization. The total population of clinical staff and consultant is 200 peoples, Therefore 25% of the clinical staff and consultant will be chosen as sampling for this study. The questionnaires will be distributed equally between clinical staff and consultants.

The sample comprised of a 50 respondent which is 25 clinical staff and 25 consultant who are conveniently selected from *Bagan Specialist Centre*. A maximum of 15 minutes will be given for each participant to answer the question. There are distributed into two section. The first sections comprised of 4 items that were used to collect respondents' demographic information, number of working experience, highest qualification attained and designation. While in section two there is a short questionnaire that require participants to answer 10 question by circle YES or NO.

A questionnaire was established to assess the need assessment of our Hospital in Bagan Specialist. A group of Consultants, Nurse Clinicians and Nursing Leadership was surveyed to determine the readiness and the need to implement this EWS and Implementation of Care of Deteriorating Patient to all level of nursing staff. Consultants and clinical staff are compulsory to attend the web base online training before sit for the online examination to access their level of understanding. They will awarded with certificate of competency if passed the examination. Passed participants will be randomly picked for an oral questioning session that they will be given patient scenario to evaluate the score of patient conditioned. Those passed participants will give NEWS scoring system card as a user guide. Staff will have to activate the Rapid respond team if the score is indicate so.

2.3 INSTRUMENT FOR DATA COLLECTION

In this proposal writer had choose questionnaires method to collect a data from participant. The questionnaires is the most common research instrument. It compromises a series of question can be used together with other instruments or techniques. Writer had choose this type of instrument because it is simple to use and can be easily constructed. The questionnaires were distributed equally between clinical staff and consultants. The sample comprised of a 50 respondent which is 25 clinical staff and 25 consultants who were conveniently selected from *Bagan Specialist Centre*. A maximum of 15 minutes was given for each. There are distributed into two section. The first sections comprised of 4 items that were used to collect respondents' demographic information, number of working experience, highest qualification attained and designation. While in section two there is a short questionnaire that require participants to answer 10 question by circle YES or NO.

2.4 MEASUREMENT OF IMPROVEMENT

To determine the improvement we have collected the pre and post rate of code blues and call for rapid respond team. As well as the outcome of rapid respond team. The result shows higher rate of rapid respond team been activated by 17% and reduced number of code blue by 73% per 1000 patients. We have able to send all patient attended by rapid respond team to ICU for monitoring and 21% reduced mortality rate in the hospital.

Total Code Blue Activation

26.00

95.00

■ January -June 2017 -Post

■ July-December 2016 -Pre
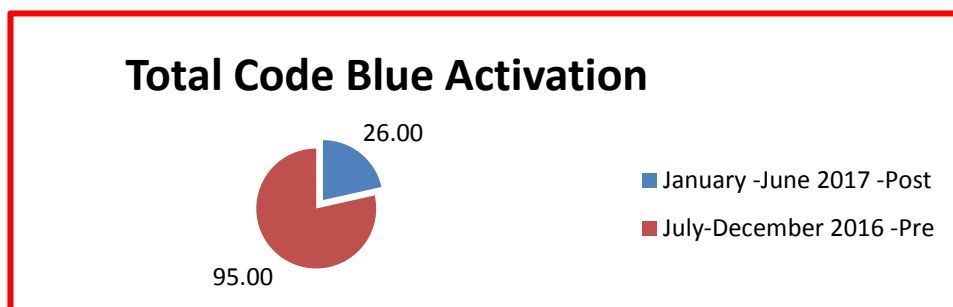
2.5. EFFECTS OF CHANGES

We could see a more structured way of responding to deteriorating patient and early trigger for rapid respond team. We expect higher rate of rapid respond team and lower rate of code blue and patient having better outcome.

3.0 CONCLUSION

EWS have been shown to improve outcomes in specific instances. Following best practices in implementing EWS is critical for hospitals to obtain meaningful clinical and economic benefits. Because of resource limitations, the number of patients that can be monitored and treated in intensive care units (ICU) and intermediate medical care unit (IMCU) is restricted. The selection of patients who might benefit from critical care is therefore crucial. Identifying medical in-patients at risk of

deterioration at an early stage by means of simple protocols based on physiological parameters may reduce the number of pre-ICU resuscitations.

The limitation of this study is the real core value from the Islamic is not measurable. The amount of the Islamic values to carry out this project was not measured on each participant. In addition to that, the extend the values imbibed was not measured, although we believe that all values was imbibed fully.

However there are few limitation that author facing while doing this project like the nursing staff failed to document the reason for missing data on multiple occasions. The duplicate work of documentation was not well received by the nursing staff during this project and that issue contributed to some discrepancies of documentation. Beside that nursing staff who came to the unit from a floating pool did not follow the protocol of documentation and timely reporting due to lack of education as normally those who are floating are new recruit nurse. This drawback hopefully will be resolve as we had providing additional provider and nursing attendant education to teach a new recruit nurse about this NEWS. NEWS tool education will be included in the new employee nursing orientation and residency program training in order to provide this information before they can begin their additional training on the units.

To these, our study findings add that incomplete observation sets should be avoided, as these are consistently associated with missing important changes in a patient's condition. Most importantly, observation sets that 'incorrectly' alert or 'incorrectly' do not alert are predictive of the next observation set. By detecting information not currently used within early warning systems in their overall assignment of a patient's risk status, clinicians detect both deterioration and improvement in advance of the early warning system. For the future to avoid this missing data or missing important changes in a patient condition NEWS may live electronically by using an electronic monitor to key in patient data. (Vital sign and NEWS score)

How Islamic environment In Malaysia can be benchmark to other countries to educate people?
Islamic environment in Malaysia is unique with the diverse religion, culture and ethnic groups. Islam represents 60% of the total Malaysian population. We do have other religion and the right to practice any religion. Among other religion is Christianity, Buddhist, Hindu, Sikhism, Taoism and Bhai and many other small religious group or sects. Among the Muslim we are following Shafie, although we may have other form of Mazhab as well. Malaysia's ethnic diversity is both a blessing and a source of stress. The mélange makes Malaysia one of the most cosmopolitan places on earth, as it helps sustain international relationships with Islam as their official religion. The same diversity presents seemingly intractable problems of social cohesion, and the threat of ethnic violence adds considerable tension to Malaysian politics.

The government regulates religious policy for Malaysia's Muslims, while the local mosque organizes opportunities for religious instruction and expression. Outside these institutions, Islam has an important part in electoral politics as Malay parties promote their Muslim credentials.

With these diversity Malaysia is well known for its tolerance and living in harmony and it is our core values in this countries to respect each religion. It is very apparent that all ethnic group and religions do get together on special occasions and promotes the concept of oneness.

How policy makers will learn from these findings?
The policy makers and stake holders of hospitals and other services shall find these Islamic values as an added value to their organization. Core values and mission of service organization should come from within the deepest meaning and closet to most accepted religion or belief.The values taken from Islamic verses when added to any project will definitely bring the greatness of the service because the staff will have a sense of higher purpose of why they are doing it. When the why is very clear, the how and what we do in our service is very effortless.

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5.0 APPENDICES

RESEARCH TITLE:
THE REWARDS OF SAVING LIFE IN ISLAMIC PERSPECTIVE BY UTILISING NEED OF ASSESSMENT IN BAGAN SPECIALIST CENTRE - EARLY WARNING SCORES AND CARE OF DETERIORATING PATIENT CAN HELP RAPID RESPONSE TEAMS IN IMPROVING OUTCOMES
INSTRUCTION: This questionnaire consist 2 section. Section 1 ask about participants demographic data and section 2 ask about knowledge of early warning score. Please answer the appropriate answer.

Section 1: Demographics (Please tick in appropriate box)

1. Gender :
□ Male
□ Female

2. Highest qualification attained :
□ PHD
□ MASTER
□ DEGREE
□ POST BASIC
□ DIPLOMA

3. Number of working experience :

□ Less than 1 year
□ 1 to 4 years
□ 5 to 10 years
□ More than 10 years

4. Designation : _____

Section 2: Knowledge of Early warning Score (Please thick either YES   or   NO)

1. Are you familiar with Early Warning Score protocols or chart?
□ Yes
□ No
2. Have you use Early Warning Score protocol before?
□ Yes
□ No
3. Do you think implementation of Early Warning Score egg: Adult early sign, MEWS and PEWS will be beneficial in our setting?
□ Yes
□ No
4. Do you think Nursing Education on Care of Deteriorating Patient will help if used conjunction with early warning Score?
□ Yes
□ No
5. Do you think implementation of Early Warning Score will increase our work burden?
□ Yes

□ No

6. By using this Early Warning Score do you think it will allow you to better prioritize your patient care?
   □ Yes
   □ No

7. By using this Early Warning Score do you think it will help you make decision whether or not to call the doctor to review patient?
   □ Yes
   □ No

8. Do you think by using this Early Warning Score staff will be more confident when taking care of patient?
   □ Yes
   □ No

9. Do you think it will help communication skills between consultant and clinical staff in reporting patient condition?
   □ Yes
   □ No

10. By implement this Early Warning Score will you come and review patient STAT after received a call from clinical staff?
    □ Yes
    □ No

Thank you very much for your participation in this survey and completed the questionnaire as given.