Reinventing the Tradition of Morbidity and Mortality Conference: Turning Anecdotes into Databases

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02-05-2020
2020 Disclosure Slide

- Tandis Soltani, MD
- Nothing To Disclose.

This research was supported (in whole or in part) by HCA and/or an HCA affiliated entity. The views expressed in this publication represent those of the author(s) do not necessarily represent the official views of HCA or any of its affiliated entities.
Introduction

• **Problems:**
  • Anecdote focus
  • Deja vu Moments
  • How do we avoid those “seen this before” and “had this complication last year” thoughts?

• **Solution:**
  • Morbidity and Mortality Assessment Tool
  • (MMAT)

• **Aims:**
  • (1) create a longitudinal systems-based assessment of factors contributing to complications,
  • (2) guide prioritization of quality improvement efforts,
  • and (3) track progress of residents and systems over time.

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Methods

• **Steps:**
  • Reviewed presentations from institutional Morbidity and Mortality Conference and malpractice literature.
  • Recruited residents for the Morbidity and Mortality Database Committee.
  • Identified factors contributing to morbidity and mortality events.
  • Created a spreadsheet to record resident-reported events.
  • Designed a way to visualize the resident-reported data in a meaningful way.
  • Clavien-Dindo Classification was used to grade each complication I-V.
Results

Systems:
- Electronic medical records
- Inability to reach consultants
- Nursing Care
- Pharmacy Error

Phases of Decision Making:
- Preoperatively
- Intraoperatively
- Postoperatively
- Nonoperative Scenario

Clinical Workflow:
- Lack of Knowledge
- Negligence
- Lack of Follow Up
- Equipment failure
- Technical Error
- Lack of Experience
- Lack of Supervision

Interpersonal Communication:
- Failure to communicate with team members
- Failure to communicate with other allied health professionals
- Failure to communicate with other disciplines of medicine/surgery
- Inadequate or absent sign out

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Conclusion

- Novel approach to Morbidity and Mortality Conference
- Longitudinal follow up using the visual Morbidity and Mortality Assessment Tool
- Impact on education, patient safety, and quality of care
- Increasing engagement and encouraging a culture of safety in an organized fashion.