REINVENTING THE TRADITION OF MORBIDITY AND MORTALITY CONFERENCE: TURNING ANECDOTES INTO DATABASES

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Introduction: Morbidity and Mortality Conference has a strong presence in the culture of surgical education. It allows for self-reflection on the resident’s part and an assessment of the factors contributing to the complications that our patients go through. It has traditionally been used as a method to pass along anecdotal data and warn others of potential complications with ways to decrease the risk of the same event occurring again. We aim to record and longitudinally assess contributing factors for resident-reported complications. This allows us to (1) create a longitudinal systems-based assessment of variables and factors contributing to complications, (2) guide prioritization of quality improvement efforts, and (3) track progress of residents and systems over time and with implementation of quality improvement projects.

Methods: After review of the Morbidity-Mortality Conference Presentations over the last three months and literature on malpractice, we designed a novel approach to the review of resident-reported complications. This new method of reporting and assessing complications allows for each resident to assess the reported complication against a set of potential contributing factors and track their own progress. Combining the data reported by each resident over time, allows for a study of outcome measures within our healthcare system, as defined by the compilation of resident-covered cases.

Results: We identified three categories of errors that could potentially lead to complications: (1) Systems-based, (2) Clinical workflow, and (3) Interpersonal communication. In total, we identified 16 potential errors that would be classified as (1) definitely a contributor, (2) likely a contributor, or (3) not a contributor. We also asked the residents to report the surgical service, the facility, the phases of decision making involved in the potential error that led to the complication, and to use the Clavien-Dindo Classification to assign a grade to the reported complication. We tracked this data longitudinally. We were able to create graphs that visualize patterns of contributing factors and clusters of errors in order to inspire high-impact quality efforts and allow for tracking of the effect of quality improvement projects.

Conclusion: Resident-reported complications for Morbidity and Mortality Conference can be used as a representative sample to identify areas of improvement in the healthcare system and allow for us to track changes longitudinally.