

Implementing and Optimizing Morbidity and Mortality Conference

D. Matthew Sullivan, MD, Alan E. Jones, MD

Learning Objectives

- Purpose of M&M conferences
- How to structure a conference
- Choose, research and prepare M&M cases
- Keys for success

Origins of M&M Conference

- The “End Result Card” - early 20th century (Ernest Amory Codman)
- The Anesthesia Study Commission – 1935 (Philadelphia County Medical Society)

Emergency Medicine M&M

- 94% of EM residency programs
 - 62% monthly
 - 20% weekly
- Presenter
 - 39% resident
 - 48% faculty
- Anonymous case presentations - 58%
 - Enhance teaching - 39%
 - Avoid embarrassment - 28%
- Involved physicians identified
 - Enhance teaching - 39%
 - Enforce personal responsibility - 16%

What’s The Big Deal?

- 50,000 – 100,000 patients die annually as a result of medical error
- Cost \$17 – \$29 billion annually
- AHRQ RFP # 01-0011 (Spring 2001)
 - 3 Year contact for \$1.5 million dollars
 - Develop, Implement, Maintain, and Assess a National Electronic Web-Based Morbidity and Mortality Conference Site

What’s The Big Deal?

- Discuss medical errors in an environment:
 - Facilitates learning
 - Encourages accountability
 - Fosters medical maturity
- Promotes academic growth and leadership
- Forum for inter-discipline growth

All-For-One or One-For-All?

- Should we separate certain disciplines of EM for M&M?
- Don't get to spread out!
- Certain circumstances: trauma, pediatric emergency medicine, toxicology

Presentation Style

- What works well
- What NOT to do
- Other departments
- The ultimate goal
- Achieve education

Experience

- Same presenters (advanced training, guidelines, continuous feedback)

Run The Show

- Master of ceremonies
- Designate authority
- Command and control
- Keep the peace
- Final word

Keep It Consistent

- Same bat time...
- Same/shared responsibility
- Don't vary the intent
- Work with the style
- Audience engagement
- Real-time differential

Open Forum

- Allow/invite anyone (all departments, ED staff, patients, family members)

Spice It Up

- Formal guest presenter
 - Directed questions to avoid rambling (restrict time)
 - Department faculty
- Informal guest presenter
 - Pre-arranged "plant"

Spice It Up

- X-ray M&M
- Time flow style
- Utilize multi-media (911 tapes, radio/transfer calls, echocardiogram, angiogram)

No Abuse

- No hostile environment
- Anonymous presentations with option to present one's mistakes
- No "band-wagoning"
- Central figure to re-direct

Other Departments

- Involved (pertinent case information, real-time update)
- Uninvolved (consistent presence, useful viewpoint)

Avoid "The Lecture"

- Case presentation
- 'Mini-recap'
- Not time for in-depth
- Literature 'referral'
- Present more cases

M & M Only

- Avoid administrative issues (not a quality assurance "exercise")
- Not even "G.W."...

Ultimate Goal

- Self-fulfilling prophecy
- Engender interest
- Continuous case referral

The Case

- The most important aspect
- Careful selection consideration:
 - Clear case conclusion
 - Important educational objective
 - Alternative solutions

Type Of Case

- Errors in management
 - Prototypical M&M
- Complex cases
 - Complicated "bread and butter" case (diagnostic or management dilemmas or system problem)
- Unusual cases
 - The "zebra" (fascinating but uncommon i.e. never see again or classic but rare i.e. will see again)
- Variety vs. Theme?
 - Variety: Tend to work the best
 - Keep audience interested

Theme: Avoid several cases on the same diagnosis
Grouping by chief complaint or system

Case Source

- Usual avenues:
 - QA or medical audits
 - Referral from EM attendings/residents
 - Referral from other departments
 - Direct involvement or witnessing

Research

- Be the expert, speak to all parties involved
- Review the chart
- Your responsibility is to know the case better than anyone else in the room

Preparation

- Presenter
 - Dual role as master of ceremonies
 - Prepare the case and discussion
 - Discussion should be BRIEF
 - Focus on pertinent learning points

Timing

- Two cases in one hour (one big case may be enough or consider a short “filler” case)
- The more cases, the less discussion (be flexible and allow cases to play out)
- Don't run long

Keys To Success

- Routine
- Feedback
- Case selection
- Non-threatening
- Education

Questions: Matthew.Sullivan@carolinas.org
Alan.Jones@carolinas.org