When Things Go Wrong - Implementing the Morbidity and Mortality Conference in Physical Therapy

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Objectives

- Describe the rationale and importance of performing morbidity and mortality presentations in acute care physical therapy.
- Analyze the clinical reasoning of cases with unexpected or unintended outcomes with colleagues to improve patient outcomes.
- Create suggestions for future management of cases with unexpected or unintended outcomes.
- Describe strategies to successfully implement morbidity and mortality presentation in your own practice.

Why???

- Improve outcomes and reduce errors
- Inform practice, research, and education
- Quality assurance
- Provide an avenue for coping and emotional support

"No one who cannot rejoice in the discovery of his own mistakes deserves to be called a scholar."

Goals

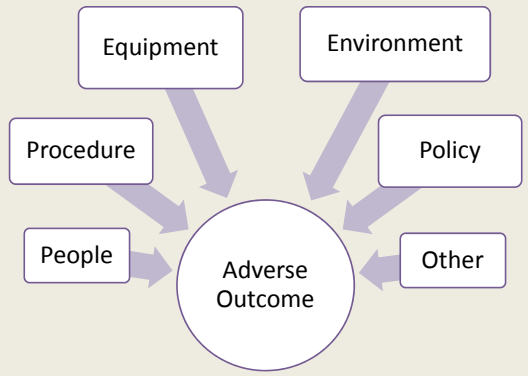
- A structured hospital-wide MM&I conference is an effective means of engaging physicians, nurses, and key administrative leaders in the discussion of adverse events.
- The identification of potential system failures and the creation of workgroups to address specific systems-based problems can promote initiatives to improve patient care and safety.

Deis, J., Smith, K., Warren, M., & et al. (n.d.). Transforming the Morbidity and Mortality Conference into an Instrument for System-wide Improvement.

MM&I conference outline

	Time allotted	Participants
Opening: Reminder of systems-based approach and confidentiality	5 min	Leader
Review of task force progress from prior conferences	10 min	MMI task force
Case presentation (timeline format)	10 min	Resident leaders
Brief literature review relevant to case in question	5 min	Resident leaders
Identification of key issues leading to undesired outcome	25 min	All participants
Identification of workgroups to address the key issues	10 min	MMI task force
• Reminder of confidentiality	5 min	Leader
• Evaluation of conference	5 min	Leader

Deis, J., Smith, K., Warren, M., & et al. (n.d.). Transforming the Morbidity and Mortality Conference into an Instrument for System-wide Improvement.



Deis, J., Smith, K., Warren, M., & et al. (n.d.). Transforming the Morbidity and Mortality Conference into an Instrument for System-wide Improvement.

Factors contributing to adverse outcome

Factor	% Cases
Communication: e.g., inadequate handoffs; incomplete clinical information	64
Coordination of care: e.g., involving multiple services and/or care sites	36
Volume of activity/workload: e.g., increased clinical volume and/or perception of workload	18
Escalation of care: e.g., delay or failure to involve more senior physician or nurse	14
Recognition of change in clinical status: e.g., delay or failure to recognize changing clinical signs and/or symptoms	14

"Life is short, art is long, opportunity fleeting, experience deceiving, and judgment difficult."

Deis, J., Smith, K., Warren, M., & et al. (n.d.). Transforming the Morbidity and Mortality Conference into an Instrument for System-wide Improvement.

Factors That Contributed To An Incident And Were The Target Of An Improvement Initiative Decided During Morbidity And Mortality Conferences

Factors	Number	Percent
Staff	111	39.4
Organizational/ environmental	91	32.3
Other	36	12.8
Agent/equipment	24	8.5
Patient	20	7.1

François, Patrice, et al. "Characteristics of morbidity and mortality conferences associated with the implementation of patient safety improvement initiatives, an observational study." *BMC health services research* 16.1 (2016): 35.

Perceived Benefits

Initial Education	37%
Continuing Education	42.4%
Improvement Of Quality Of Care	61.9%
Improvement Of Patient Safety	63.2%
Standardization Of Medical Practices	45.2%
Application Of Clinical Guidelines	37.2%
Improvement Of Functioning In The Unit	47.7%
Improvement Of Teamwork	33%
Improvement Of Relations Between Medical And Paramedical Teams	22.8%
Improvement Of Safety Culture	35.9%
Discussion Of Collective Errors	54.8%

Lecoanet, André, et al. "Assessment of the contribution of morbidity and mortality conferences to quality and safety improvement: a survey of participants' perceptions." *BMC health services research* 16.1 (2016): 176.

Survey of Internal Medicine MDs

- 76 percent did not discuss their "most significant medical mistake in the last year" with the patient who suffered from the mistake or the patient's family
- 50 percent discussed the case with the supervising attending physician
- These mistakes were significant enough to engender responses of remorse, anger, guilt, and inadequacy

Liu, V. (2005). Error in Medicine: The role of the Morbidity & Mortality Conference. Ethics Journal of the American Medical Association, 7(4).

Goals of M and M session

- Identify events resulting in adverse patient outcomes
- Foster discussion of adverse events
- Identify and disseminate information and insights about patient care that are drawn from experience
- Reinforce accountability for providing high-quality care
- Create a forum in which physicians acknowledge and address reasons for mistakes.
- Prevent the repetition of error

Orlander, J., Barber, T., & Finke, G. (2002). The Morbidity and Mortality Conference: The Delicate Nature of Learning from Error. Academic Medicine, 77(10), 1001-1006.

Learning Aims

- Improving presentation skills
- Developing skills for reflection
- Understanding root cause analysis techniques
- Recognizing adverse events and possible contributing factors
- Recognizing that most medical errors are due to 'system' problems, rather than individuals.
- Improving communication skills
- Developing a 'safety culture'—encouraging the reporting of 'adverse events' and 'near-misses' for organizational learning.
- Understanding the importance of being honest and transparent
- Stimulating ideas for quality improvement projects to improve quality of care

George, J. "Medical morbidity and mortality conferences: past, present and future." *Postgraduate medical journal* 93.1097 (2017): 148-152.

Ground Rules

"A person who never made a mistake never tried anything new."

Ground Rules

- Patient care can be difficult.
- Supportive learning environment
- Find your unexpected
- **Discussion & questions**
- Variation in treatment depending on goals participants/ evidence
- Errors are inevitable, but they give us a tool to improve our skill as providers.
- The goal is not to criticize, but to profit by sharing and examining our experience.

Orlander, J., Barber, T., & Finke, G. (2002). The Morbidity and Mortality Conference: The Delicate Nature of Learning from Error. Academic Medicine, 77(10), 1001-1006.

Cases

Implementation

Suggestions

- Create environment
- Start and set the example
- Quality assurance
- Template
- Combined efforts
- CEU's

Barriers

- Resistant admittance
- Access & interpretation of literature
- Risk
- Time
  - Presenter
  - Schedule

"Insanity: doing the same thing over and over again and expecting different results."

References

- Ackerman, A. D. (2016). Morbidity and Mortality Conference: Making It Better. *Pediatric Critical Care Medicine*, *17*(1), 94-95
- Bernstein, J. (2016). Not the Last Word: Morbidity and Mortality Conference: Theater of Education. *Clinical Orthopaedics and Related Research®*, *474*(4), 882-886.
- Bohnen, J. D., Chang, D. C., & Lillemoe, K. D. (2016). Reconceiving the Morbidity and Mortality Conference in an Era of Big Data: An "Unexpected" Outcomes Approach. *Annals of surgery*, *263*(5), 857-859.
- Brosky JA, Jr., Scott R. Professional competence in physical therapy. *Journal of Allied Health.* 2007;36(2):113-118.
- Forsetlund L, Bjørndal A, Rashidian A, et al. Continuing education meetings and workshops: effects on professional practice and health care outcomes. *Cochrane Database Syst Rev.* 2009;2(2).
- George, J. (2016). Medical morbidity and mortality conferences: past, present and future. *Postgraduate Medical Journal*, postgradmedj-2016.
- Ksouri H, Balanant P-Y, Tadié J-M, et al. Impact of Morbidity and Mortality Conferences on Analysis of Mortality and Critical Events in Intensive Care Practice. *American Journal of Critical Care.* March 1, 2010 2010;19(2):135-145.
- Lecoanet, A., Vidal-Trecan, G., Prate, F., Quaranta, J. F., Sellier, E., Guyomard, A., ... & François, P. (2016). Assessment of the contribution of morbidity and mortality conferences to quality and safety improvement: a survey of participants' perceptions. *BMC health services research*, *16*(1), 1.
- Leonard MS. Patient safety and quality improvement: medical errors and adverse events. *Pediatrics in Review.* 2010;31(4):151-158.
- Menon A, Korner-Bitensky N, Kastner M, McKibbon K, Straus S. Strategies for rehabilitation professionals to move evidence-based knowledge into practice: a systematic review. *Journal of Rehabilitation Medicine.* 2009;41(13):1024-1032.
- Stowers RB. *A case study approach to professional development in physical therapy*, Texas A&M University - Corpus Christi; 2008.
- Szekendi MK, Barnard C, Creamer J, Noskin GA. Using patient safety morbidity and mortality conferences to promote transparency and a culture of safety. *Joint Commission Journal on Quality and Patient Safety.* 2010;36(1):3.

"Education is what remains after one has forgotten what one has learned in school."

Mistakes & Pursuing Questions…

http://www.ted.com/talks/brian_goldman_doctors_make_mistakes_can_we_talk_about_that

http://www.ted.com/talks/stuart_firestein_the_pursuit_of_ignorance

TED Ideas worth spreading

Discussion…

"When you are courting a nice girl an hour seems like a second. When you sit on a red-hot cinder a second seems like an hour. That's relativity." ------ IT DEPENDS!