Outline

- Purpose of M&M
- New format
- Reporting system
  - Expectations and Responsibilities
- Process for case selection
- Post-M&M follow-up
Purpose of M&M

• It is NOT:
  – To lay blame on individuals or point fingers
  – To make people feel like they are bad doctors
  – To humiliate

Purpose of M&M

• It is:
  – To identify system problems that allowed the problem to occur (or almost occur)
  – To identify actions that can reduce/prevent similar problems from happening again
  – To identify opportunities for improvement
Just Culture Principle

• Looking for underlying **System Problem**
• Were best practices followed?
  – Would others have done the same thing?
  – Were protocols/standard procedures followed?
  – Were there any contributing circumstances?

Honing in on the root cause—failure to accept the simple answer

• 5 Whys
  – Why did this happen?
  – Why did that happen?
  – Why did that happen?
  – Why did that happen?
  – Why did that happen?
Typical Root Causes

- Communication
- Documentation
- Culture
- Supervision
- Patient assessment or optimization
- Environmental Safety
- Availability of information
- Continuum of care
- Device
- Staffing
- Competency/Qualification
- Behavior
- Orientation/training
- Procedural Compliance

It is about:
Process …not People
New format

- Cases identified based on departmental reporting system
- Upper level residents, fellows and attendings expected to report cases through website
  - Trigger points
  - Issues to be addressed that do not meet threshold
  - Educational cases (replaces old system of case submission)

New format

- Mix of cases—OB & GYN—to be presented at each session
- Case assigned to an *uninvolved* resident for discussion with those involved in care provision
  - Resident, fellows, attending
  - Nursing, other staff as appropriate
- Streamlined presentation by assigned resident
On Department website
Faculty and Staff Portal
M&M REPORTING WEBSITE

- Same login and password as for rest of department website
• Click “Add patient record”
Expectations and Responsibilities

- Residents, Fellows or Faculty involved in cases meeting trigger tools should ensure each case is submitted
  - At a minimum PGY 3 & 4 residents should ensure that at least 2 patients are submitted per week either for trigger or for educational interest
  - Near misses should be reported as well—cases where an adverse event could have occurred if not caught by the system at last minute
- Reports will be run weekly to examine cases submitted by service and by resident
Case Selection and Review

• Reports of submitted cases will be reviewed weekly by M&M Subcommittee

• Cases will be selected for M&M based on system issues, process, and patient outcomes
  – A resident uninvolved in the case will be assigned to compile the data from the chart and investigate further as needed
  – Cases will be assigned 10-14 days prior to M&M
  – The faculty involved will be notified of the case selection for M&M by the Subcommittee and encouraged to contact the resident

Case Selection and Review

• Cases of educational interest will be selected for case conference rather than M&M
  – More discussion than focus on system issues
Case Presentation

• Residents will prepare the standardized Powerpoint
• Anonymized
• Formatted and objective
• Focused with minimal digression
Case Introduction

This case was referred by “Department” for the indication of _______.

Clinical History

Maximum 100 word summary of reason for admission, pertinent medical history, PE findings, and other relevant data.
## Event Timeline

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>0230</td>
<td>RN notified MD of VS – BP 95/60, HR 120</td>
</tr>
<tr>
<td>0245</td>
<td>MD evaluated pt, noted tachycardia, diaphoresis</td>
</tr>
<tr>
<td>0310</td>
<td>Hct ordered</td>
</tr>
<tr>
<td>0425</td>
<td>Hct resulted 15 from prior 26</td>
</tr>
<tr>
<td>0645</td>
<td>Pt taken to OR for Xlap</td>
</tr>
</tbody>
</table>

## Ishikawa Fishbone Diagram

- People
- Equipment
- Environment
- Procedure
- Materials
- Outcome

Prerogated Patient Safety Work Product Document

This information and any attachments are prepared and maintained for use in the quality improvement process of the UAB Health System Patient Safety Organization, and University Hospitals and its clinics, considered privileged and confidential pursuant to the Code of Alabama, Sections 6-5-333, 22-21-8, 34-24-58, and Patient Safety and Quality Improvement Act of 2005.
Case Assessment

Did any of the following occur?
- Failure to diagnose
- Failure to rescue
- Failure to escalate
- Failure to supervise
- Failure to optimize
- Failure to follow established protocol
- Technical error
- Other

Case Classification

Could this outcome have been prevented?
- Almost certainly could have been
- Likely could have been
- Likely could not have been
- Almost certainly could not have been
- Unknown
Process Improvement

Identified Issues/Root Cause

• -
• -
• -

Follow-up/Action Items

• -
• -
• -

Post M&M Follow-up

• Resident to complete short form to summarize case
  – Will detail whether case preventable, unpreventable, possible preventable etc.
  – Root cause(s)
  – Actions for follow-up
• Plan for review of actions at 6-8 weeks after presentation
Policies and Procedures

• M&M will be at 1230 2nd and 4th Friday of each month
  – Time firm and will not be moved
• Cases will be presented when selected
  – No delay due to absences
  – Details can be gathered and presented prior to presentation

Policies and Procedures

• All PowerPoint templates should be submitted to M&M sheriff by no later than THURSDAY prior to presentation for review by subcommittee

• Short form summary of case presentation should be submitted by no later than 1 WEEK following presentation
Policies and Procedures

• All discussions in M&M are confidential and discussion should not occur outside the conference
  – This is the only venue that keeps discussions protected from discovery
• Do not store presentations or forms on anything other than department server and email only via the HSIS email addresses
• Following presentation and submission of form, all files related to case should be deleted