

## Department of Obstetrics and Gynecology

### *2014 M&M Conference Changes*

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### **Outline**

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

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## 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

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- Same login and password as for rest of department website

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ObGyn M&M REPORTING SYSTEM WEB SITE

Acc Patient Information Record

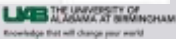
Patient - First Name:     Patient - Last Name:     Patient - MRN:     Date of Service (MM/DD/YYYY):     Primary Diagnosis:   
 Procedure:   
 Service:     attending:     Fellow:     Assistant:     Resident 1:     Resident 2:   
 Select:     Search/Filter:     Search Fellow:     Search Resident:     Search Resident:   
 107%    main Report List

OB Section:

OBX Section:

<input type="checkbox"/> acute delivery (any timing/setting)	<input type="checkbox"/> cesarean/obstetric emergency
<input type="checkbox"/> postpartum infection	<input type="checkbox"/> change in planned procedure (e.g. vaginal-obstetric vs. vaginal-cesarean)
<input type="checkbox"/> postpartum hemorrhage (PPH) requiring operative treatment or multiple transfusions	<input type="checkbox"/> intraoperative injury, repair or removal of other structures or organs
<input type="checkbox"/> IAC/ Lab Code error	<input type="checkbox"/> anesthesia
<input type="checkbox"/> post-operative cardiac event	<input type="checkbox"/> post-operative hypoxemia/respiratory failure
<input type="checkbox"/> post-operative organ complication	<input type="checkbox"/> post-operative renal injury
<input type="checkbox"/> post-operative pelvic infection	<input type="checkbox"/> post-operative pneumonia
<input type="checkbox"/> post-operative UTI	<input type="checkbox"/> post-operative wound complication or infection
<input type="checkbox"/> medication complication and/or other AD event	<input type="checkbox"/> return to OR within 30 days
<input type="checkbox"/> PPH failure	<input type="checkbox"/> death
<input type="checkbox"/> transfusion transmitted or -CIT	<input type="checkbox"/> unplanned ICU admission
<input type="checkbox"/> unexpected religious or other significant pathway involvement during procedure	<input type="checkbox"/> blood transfusion/units used
<input type="checkbox"/> other (specify below)	

One Line Reporting used to 20 records/200 characters.  
 You have **200** character remaining.


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## 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

## Morbidity & Mortality Conference Dept. of OB/GYN

Presenter(s)

Date

**Privileged 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 Introduction

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

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## Clinical History

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

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## Event Timeline

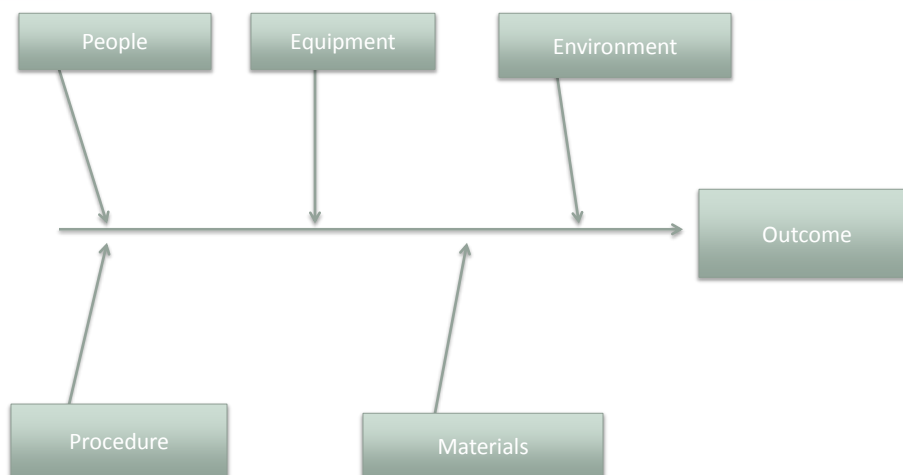
Time	Event
0230	RN notified MD of VS – BP 95/60, HR 120
0245	MD evaluated pt, noted tachycardia, diaphoresis
0310	Hct ordered
0425	Hct resulted 15 from prior 26
0645	Pt taken to OR for Xlap

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## Ishikawa Fishbone Diagram



## 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

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## 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

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## 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

Page 1

**Department of OB/GYN Maternal and Mortality Review Form**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Hospitalization date:** \_\_\_\_\_

**Reviewer:** \_\_\_\_\_ **Date of Review:** \_\_\_\_\_

**Attending:** \_\_\_\_\_ **Resident(s):** \_\_\_\_\_

**Patient place admitted from (Home, other hospital, nursing home, Emergency Dept., etc.):** \_\_\_\_\_

**Summarize the patient's overall hospitalization in 250 words or less:**

\_\_\_\_\_

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Page 2

**Review the patient's first 48 hours in the hospital, and the time around any events with deterioration of patient status. Were there opportunities for improvement in care? Please reference specific notes in the chart if applicable.**

\_\_\_\_\_

**Should this case be reviewed by another service or services, and what aspect of care should be reviewed?**

\_\_\_\_\_

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Page 3

**Did any of the following occur?**

- Failure to diagnose
- Failure to assess
- Failure to evaluate
- Failure to expeditious
- Failure to follow established protocol
- Technical Error
- Poor optimization of medical input
- Poor judgment
- Other: \_\_\_\_\_
- No

**Classification of event:**

- Preventable
- Possibly Preventable
- Not Preventable

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Page 4

**Root Cause(s) Identified:**

\_\_\_\_\_

**Suggestion(s) for Process Improvement/Action Plans for Follow-up:**

\_\_\_\_\_

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## Policies and Procedures

- M&M will be at 1230 2<sup>nd</sup> and 4<sup>th</sup> 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