The Impact of a Nurse Morbidity and Mortality Meeting

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INTRODUCTION

- Physicians have long held Morbidity and Mortality (M&M) conferences to discuss patient complications and deaths. The format for these conferences is framed to lay out the case, discuss the care performed, and generate discussion on areas of opportunity. The physician M&M is typically moderated by senior physicians who foster discussion in an educational platform. The presenter may not be the caregiver. There is not much literature on the use of this teaching methodology in nursing.
- Due to the strong culture of safety on the unit, it was determined that using a similar format for nursing on the Burn Unit could prove beneficial for discussion of complications, deaths, errors, and good catches as they related to nursing care.
- The originator of Nurse M&M on the Burn Unit has since transferred and found starting the process is highly dependent on the culture of safety on the respective unit.

METHODS

Nurse M&M has been held monthly, for one hour, since it's inception in May of 2018.

The process for the cases is as follows:

Identification

- Online event reporting system, audits (peer to peer, leadership, and pharmacy), personal report from staff, patient rounds

Review

- Face to face, email correspondence, electronic medical record review, patient interview

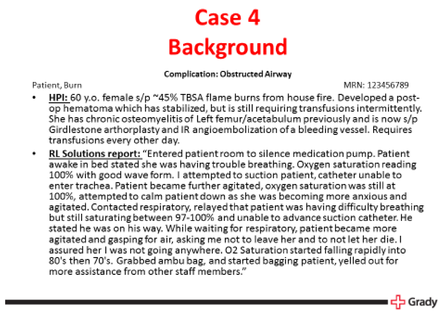
Presentation

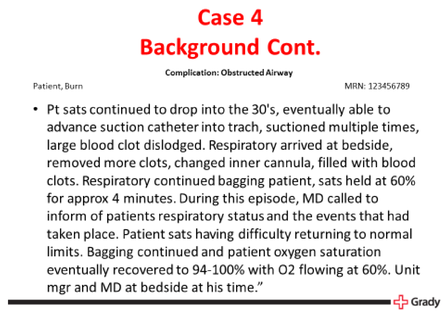
- Background, brief history of present illness, where report came from, investigation done, discussion ± education, review of policy or procedure if variation in practice
- Involved nurses are given the opportunity to present the individual case or give personal testimony

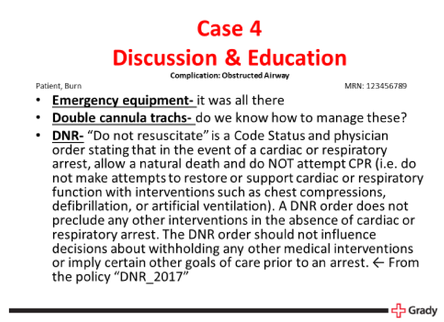
Follow up and loop closure

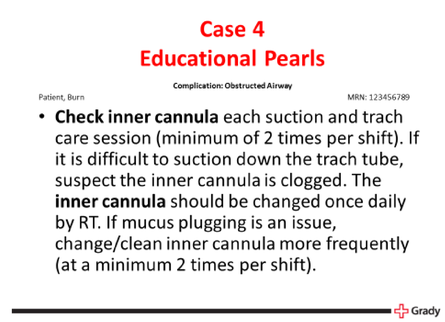
- Organizer is facilitator, and note taker
- Running document is kept in a red/ black color system to notate what actionable items have been completed
- Case dependent, the follow up is distributed to all staff, through shift huddle or email, and physicians through BQIP

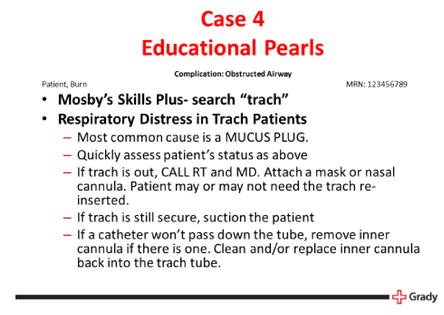
METHODS

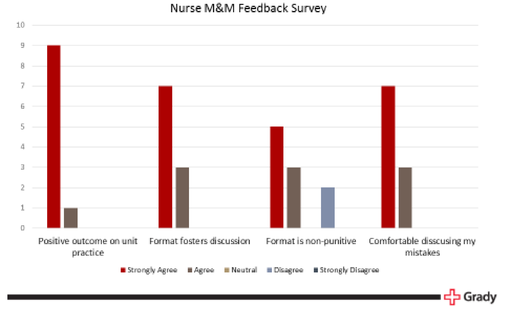












- *The above slides are an example slide set of a Nurse M&M case.
- As an example of the impact of this meeting and the discussion it fosters, the following action items are a representation of topics that are identified during the meetings:
  - Nursing requested education on tracheostomies- this was completed by respiratory supervisors and reiterated by the nurse educator
  - A peer review style check list was created for emergency airway equipment
  - The program coordinator held one on one debrief discussions with the nursing staff involved in the incident

DISCLOSURES: The authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities

RESULTS

- Nurse M&M is the most highly attended, non-mandatory, meeting held on the unit.
- Over time, the notes taken have evolved from a basic table of what was discussed to an actionable spreadsheet.
- The staff have come to the point where they will readily self-report events. The entire multidisciplinary team have all individually reported something they wanted discussed at Nurse M&M.
- A team of nurses in the Emergency Care Center have attended three meetings in planning to start their own Nurse M&M.
- The nursing staff was surveyed to determine their perceptions on how the addition of Nurse M&M had effected them. The results were overwhelmingly positive. All nurses surveyed rated the statement, "I feel that Nurse M&M has had a positive outcome on the unit's collective practice", as agree or strongly agree.

CONCLUSION

In conclusion, the Burn Unit nursing staff are highly engaged in Nurse M&M. The staff are open to discussing errors in a way that fosters educational growth and critical thinking development. Even if the case being discussed is because of a personal error, more often than not, the person responsible will discuss why they made the decision they did and facilitate the discussion with their peers as to what could have been done differently. The bedside nurses' commitment to being present, engaged, and open minded are strong signs of the healthy work environment present on the unit.

REFERENCES

1. Beyea, S.C. (2009). Nursing Morbidity and Mortality Conferences. *AORN Journal, 89* (2), 413-415. Retrieved from https://www.clinicalkey.com/nursing/