



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

Case 4 Background

Patient, Burn
Complication: Obstructed Airway
MRN: 123456789

- HPI:** 60 y.o. female s/p ~45% TBSA flame burns from house fire. Developed a post-op hematoma which has stabilized, but is still requiring transfusions intermittently. She has chronic osteomyelitis of Left femur/acetabulum previously and is now s/p Girdlestone arthroplasty and IR angioembolization of a bleeding vessel. Requires transfusions every other day.
- RL Solutions report:** "Entered patient room to silence medication pump. Patient awake in bed stated she was having trouble breathing. Oxygen saturation reading 100% with good wave form. I attempted to suction patient, catheter unable to enter trachea. Patient became further agitated, oxygen saturation was still at 100%, attempted to calm patient down as she was becoming more anxious and agitated. Contacted respiratory, relayed that patient was having difficulty breathing but still saturating between 97-100% and unable to advance suction catheter. He stated he was on his way. While waiting for respiratory, patient became more agitated and gasping for air, asking me not to leave her and to not let her die. I assured her I was not going anywhere. O2 Saturation started falling rapidly into 80's then 70's. Grabbed ambu bag, and started bagging patient, yelled out for more assistance from other staff members."



Case 4 Discussion & Education

Patient, Burn
Complication: Obstructed Airway
MRN: 123456789

- Emergency equipment-** it was all there
- Double cannula trachs-** do we know how to manage these?
- DNR-** "Do not resuscitate" is a Code Status and physician order stating that in the event of a cardiac or respiratory arrest, allow a natural death and do NOT attempt CPR (i.e. do not make attempts to restore or support cardiac or respiratory function with interventions such as chest compressions, defibrillation, or artificial ventilation). A DNR order does not preclude any other interventions in the absence of cardiac or respiratory arrest. The DNR order should not influence decisions about withholding any other medical interventions or imply certain other goals of care prior to an arrest. ← From the policy "DNR_2017"



Case 4 Educational Pearls

Patient, Burn
Complication: Obstructed Airway
MRN: 123456789

- Mosby's Skills Plus-** search "trach"
- Respiratory Distress in Trach Patients**
 - Most common cause is a MUCUS PLUG.
 - Quickly assess patient's status as above
 - If trach is out, CALL RT and MD. Attach a mask or nasal cannula. Patient may or may not need the trach re-inserted.
 - If trach is still secure, suction the patient
 - If a catheter won't pass down the tube, remove inner cannula if there is one. Clean and/or replace inner cannula back into the trach tube.



Case 4 Background Cont.

Patient, Burn
Complication: Obstructed Airway
MRN: 123456789

- Pt sats continued to drop into the 30's, eventually able to advance suction catheter into trach, suctioned multiple times, large blood clot dislodged. Respiratory arrived at bedside, removed more clots, changed inner cannula, filled with blood clots. Respiratory continued bagging patient, sats held at 60% for approx 4 minutes. During this episode, MD called to inform of patients respiratory status and the events that had taken place. Patient sats having difficulty returning to normal limits. Bagging continued and patient oxygen saturation eventually recovered to 94-100% with O2 flowing at 60%. Unit mgr and MD at bedside at his time."



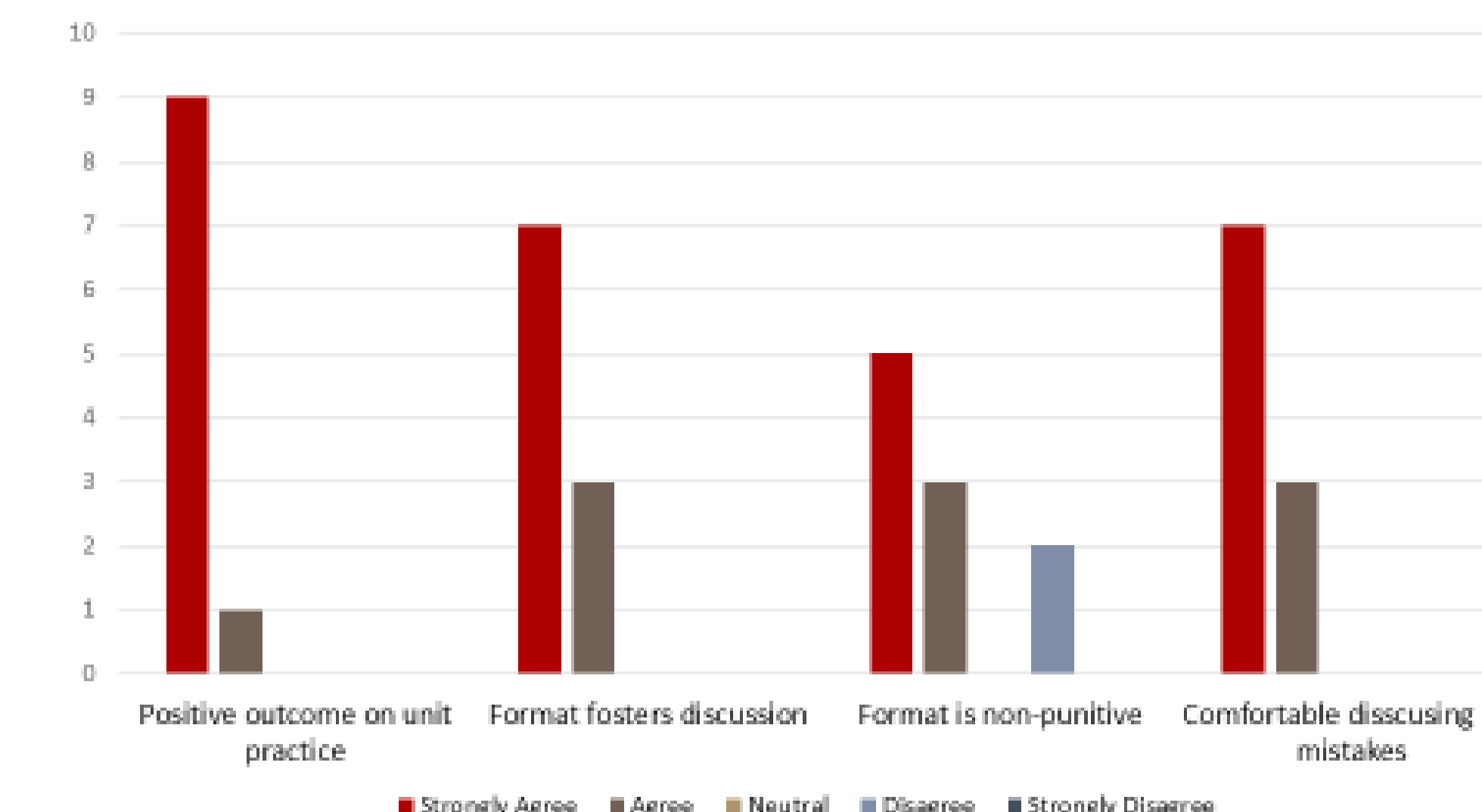
Case 4 Educational Pearls

Patient, Burn
Complication: Obstructed Airway
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- Check inner cannula** each suction and trach care session (minimum of 2 times per shift). If it is difficult to suction down the trach tube, suspect the inner cannula is clogged. The **inner cannula** should be changed once daily by RT. If mucus plugging is an issue, change/clean inner cannula more frequently (at a minimum 2 times per shift).



Nurse M&M Feedback Survey



- *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/>

