



## Capital Health

### **Mortality & Morbidity Rounds Process**

Approved by District Medical Advisory Committee October 15, 2004

#### **Background:**

The Mortality & Morbidity (M&M) Rounds Process working group was given the mandate to suggest a district approach to M&M rounds that would enhance quality of patient care and accountability for outcomes. The following presents an approach that can serve as a guide for clinical services within Capital Health. The approach is intended to provide for service and site uniqueness while ensuring we are held to a high standard of care. Application of the principles will be the responsibility of each service.

In recent years there have been many forces at play that have changed how health care is being delivered. These include increased patient involvement in their care, shared decision making of patients and their families with health care providers and overall transparency and accountability of health care delivery. Quality care is the responsibility of each staff member and physician. Indeed it is stated in the values of Capital Health and in the credos of professional bodies.

In the discussion paper "Bridging the Quality Gap: A Plan to Enhance Quality Throughout Capital Health" approved by the Board September 2002, Capital Health stated its approach to quality delivery in the following recommendation:

*A commitment to quality will become a visible, fundamental part of the culture of Capital Health. This commitment will be evident in how we talk, make decisions, deliver care, measure, monitor and continuously improve our results. Our approach to quality will reflect the Capital Health values: collaboration, accountability, respect and excellence.*

#### **Purpose:**

It has been stated that *"The morbidity and mortality conference is one of academic medicine's most visible forum for discussion of adverse event and errors"*<sup>1</sup> The primary purpose of Mortality & Morbidity Rounds is to provide a safe environment for health professionals to review health care practice with the goal of improving of care.

#### **Principles to guide implementation of M&M Reviews:**

- M&M rounds are acknowledged as professional activity aimed at improving quality of care and as such are protected by the Evidence Act that states: *"the information must be of or made by a hospital committee established for the purpose of studying or evaluating medical or hospital care or practice."*<sup>2</sup>
- The purpose of M&M rounds is learning and improvement. Each case review should identify any recommended changes or opportunities for improvement; this may

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<sup>1</sup> Pierluissi E, Fischer M, Campbell A, and Landefeld C, Discussion of Medical Errors in Morbidity and Mortality Conferences. JAMA December 3, 2003 Vol. 290 No 21.

<sup>2</sup> s. 60 NS Evidence Act

include identification of professional development at the individual level, at the service level and at a systems level. It may also include changes to policies and practices.

- Acknowledging that health care is complex and multi-system; issues that involve other departments or services should be brought to their attention and larger system-wide issues should be referred to the appropriate forums e.g. DMAC-Quality Committee, Clinical Affairs Committee, Professional Practice Councils etc.
- Reviews should focus on outcomes related to function, comfort and life expectancy and the factors that influence these outcomes.
- Participation in M&M rounds should reflect the multidisciplinary approach to care.
- All medical staff members are encouraged to take part in M&M rounds.
- Evidence is key to improving quality; to that end demonstrated evidence of improvement and positive outcomes ought to be in place.
- Depending on the volume and nature of deaths normally experienced in a specific service; the service may conduct a review of all deaths, a random sample, or deaths that meet specific criteria. In addition, services will establish criteria that determine morbidity that would normally be reviewed as part of their M&M process.
- A consistent approach to M&M rounds within a particular service is encouraged and may be aided by specific tools such as a chart audit checklist.
- Individuals not directly involved in the care for a specific case will normally conduct the review.
- To ensure learning is timely, M&M rounds ought to be conducted regularly, not less than 4 times per year.

14 October 2004

KMM/SC