

# The Morbidity and Mortality Conference: Past, Present and Future

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# Objectives

Define what M&M was and what it is now

Become familiar with best practices of M&M conferences

Opportunities for the future of M&M conferences

# M&M: What it was and what it is now

## PAST



## PRESENT

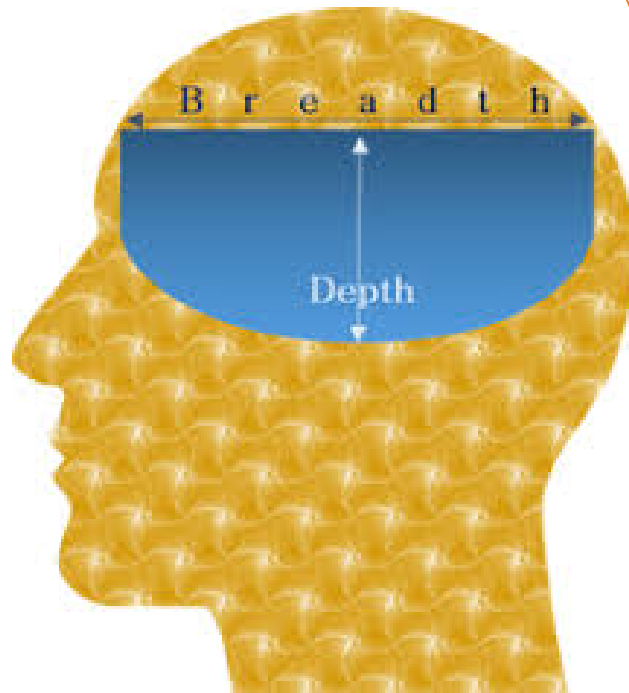




# BEST PRACTICES

# More Depth, Less Breadth

- 76% of responding institutions presented all deaths<sup>1</sup>
- 50% of these institutions presented all complications<sup>1</sup>
- Too many cases per conference was observed to be a barrier<sup>2</sup>



# Moderators are a Must

- Often a senior participant who is skilled in medical education, systems-based practice, interpersonal skills
- Review cases beforehand in preparation
- Unbiased and uninvolved in the case presented
- Remain fair-minded and objective
- Represent the middle ground



- Promote a safe environment
- Rephrase / moderate comments that are not supportive or constructive
- Steer discussions and prevent deviations
- Foster high-quality discussion
- Increase audience participation and interaction
- Able to reflect and recount similar errors they may have made and lessons learned

# Who should relay the message?

When practice changes were presented by residents, learners were more accurately able to cite specific practice changes on post-conference questionnaires



# Structure is Important



## SBAR Framework<sup>1</sup>

Situation = the complication  
Background = pertinent clinical information  
Assessment = analysis / identify root cause  
Recommendations = lit review / guide for future care



## House staff led conference<sup>2</sup>

Organization, case selection, case preparation and moderation are done by residents of various level.



## Root Cause Analysis (Ishikawa Model)<sup>1</sup>

Cause and effect model, originally used as a quality control tool. Fishbone diagram with the problem at the head and a backbone with factors that can bring success or failure to the process

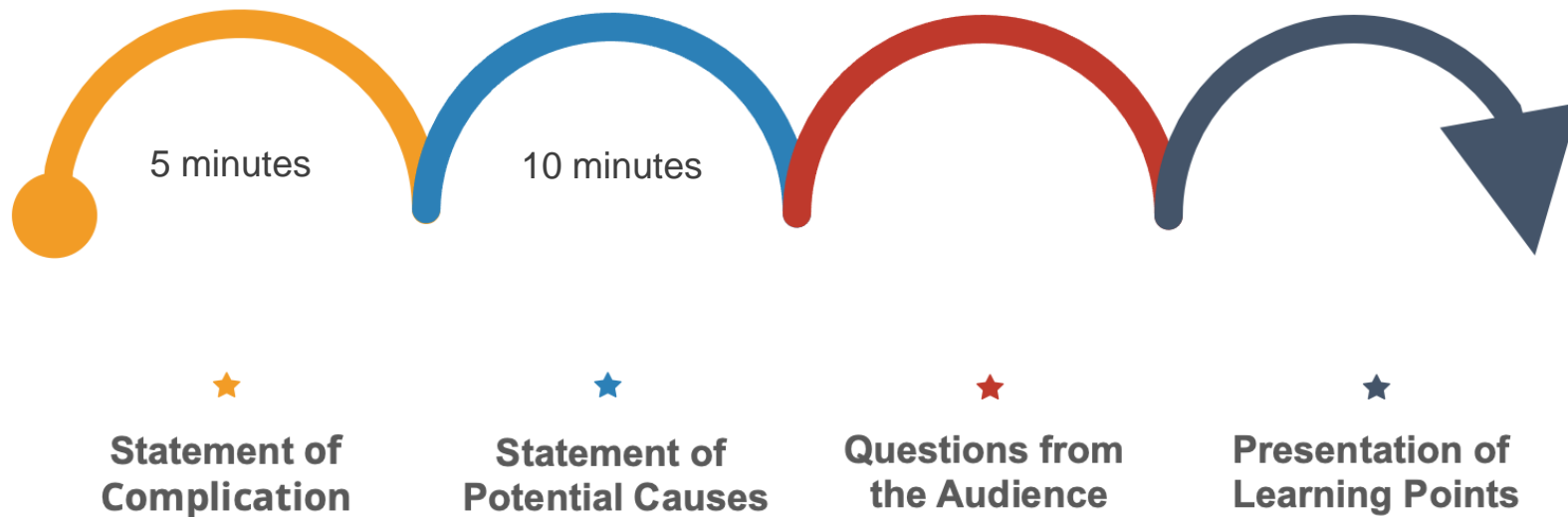


## Process Mapping<sup>3</sup>

An illustration that describes an event in which each step is summarized chronologically in a text box, connected by arrows



# Timing is Everything





# Evidence-Based Medicine

Integration of evidence-based medicine into the M&M discussion is widely agreed upon by all levels of conference participants



# Audience Participation ⇔ Safe Place

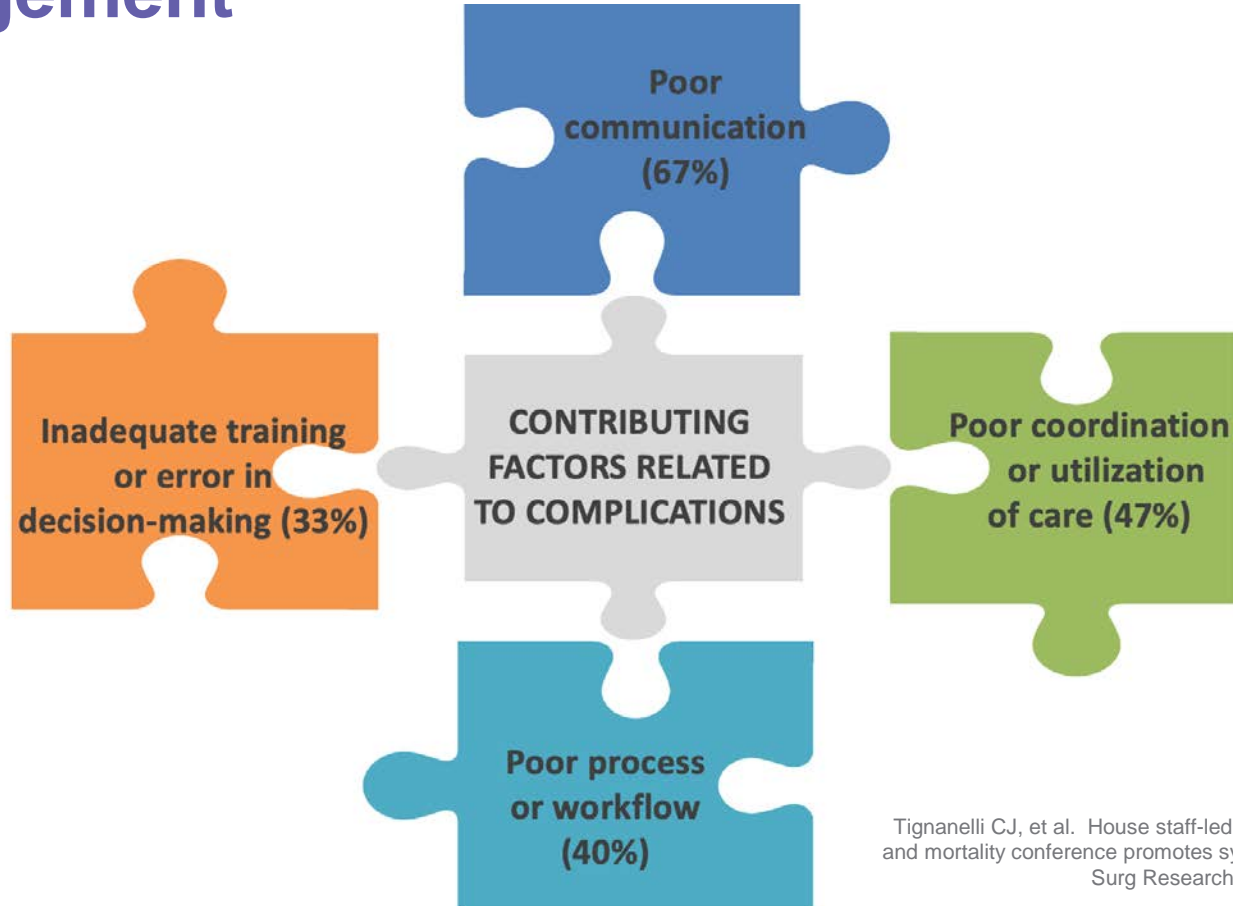


## Participation in conference


	Senior faculty	Junior faculty	Senior resident	Junior resident, intern
Deliver presentation	Rarely (56%)	Rarely (64%)	Sometimes (37%)	Rarely (38%)
Ask questions	Sometimes (51%)	Rarely (45%)	Rarely (37%)	Never (44%)
Critique care	Sometimes (44%)	Rarely (45%)	Rarely (30%)	Never (52%)
Analyze errors	Sometimes (38%)	Rarely (30%)	Sometimes (42%)	Never (30%)

Median response between never, rarely, sometimes, often (% frequency of median response).

# More Quality Improvement and Less Medical Management



Tignanelli CJ, et al. House staff-led interdisciplinary morbidity and mortality conference promotes systematic improvement. J Surg Research. 2017 June;214:124-130.



# THE FUTURE of M&M: Closing the Quality Loop

- Identify areas of improvement and action items
- Participate and develop sustainable quality improvement projects
- Enhances skills in systems-based practice



Thank you.



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