M and M Conference As a CQI/PS Educational Tool
Avoiding the Fear Factor

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PECHA KUCHA: GET TO THE POWERPOINT IN 20 SLIDES THEN SIT THE HELL DOWN

- *'pechachka'*
- "chatter"
- 20 slides X 20 seconds per slide= 6 minutes and 40 seconds
  - Thanks for the extra 2 minutes and 20 seconds!

http://www.wired.com/2007/08/st-pechakucha/

Goals and Objectives

Goal

- How to set up and run an M and M conference that helps meet the ACGME requirements for educating and involving residents in CQI/PS

Goals and Objectives

Objectives

- Discuss key components of a successful M & M conference
- Discuss strategies for how to involve residents in CQI/PS process without creating fear and anxiety
- Discuss how an M and M conference can meet the CQI/PS needs of the residency and the Department

EM Program Requirements

Practice-based Learning and Improvement

•"Residents are expected to develop skills and habits to be able to…

•**systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement"**

EM Program Requirements

Systems-based Practice

•"Residents are expected to …

•advocate for quality patient care and optimal patient care systems

•participate in identifying system errors and implementing potential systems solutions

•participate in performance improvement to optimize self-learning, emergency department function, and patient safety"

ACGME Resident Survey

- Educational Content
  - Provided data about practice habits
- Patient Safety/Teamwork
  - Culture reinforces patient safety responsibility
  - Participated in quality improvement
- *Don't forget the EM Milestones…*

National M & M and Culture of Safety
The Resident Perspective

- 33 programs surveyed
- 3 and 4 year programs

Most important objectives:

- Discuss adverse events (37%)
- Identify systems errors (24%)
- Discuss interesting cases (13%)
- Identify cognitive errors (11%)
- Teach individual professional accountability (7%)

Wittels, unpublished data

National M & M and Culture of Safety
The Resident Perspective

- 87% feel M and M is valuable
- 78% believe M and M contributes to a culture of safety at their institution

Wittels, unpublished data

Anonymity is Associated With a "Less Punitive" M and M

- 24%- residents never named or asked to comment
- 55% frequently or always asked to comment
- 35% frequently or always identified by name

- Anonymity associated with less punitive view of M and M

Wittels, unpublished data

The BIDMC Approach
Goals of M and M

- Dissect out/ teach ED management of cases
- Teach intellectual honesty
- Teach individual professional accountability
- Teach how to perform a root cause analysis
- Discuss adverse outcomes
- Learn from experienced attendings/residents/consultants in the room
- Create and maintain a culture of safety

The BIDMC Approach
The Basics

- Denver General style
- Run by Administrative Chief Residents
- Residents present their cases
- Attendings comment on their cases/support the resident
- Interdisciplinary-medics and nurses
- Consultants invited, when indicated
  - To add educational perspective
  - Demonstrates how we handle cases/CQI
  - Can help diffuse interdepartmental issues

The BIDMC Approach
The Basics

- Peer review-protected
- Radiologist goes over films
- EM Faculty presence is essential
- 3 cases per week
- Where do cases come from?
  - CQI/error reporting system
  - Other service referrals
- Don't give away the cases
- (Very) brief literature review
- Wrap-up/de-brief period

What Makes a Good M and M Case?

- Interesting/rare case/bad outcome
- Controversial management issues
- Case with teaching points
- Not just morbidity or mortality
  - NOT a pneumothorax due to central line placement
  - NOT a "stupid doctor" trick
- NOT pure systems problems/political issues

Beth Israel Deaconess Medical Center
Department of Emergency Medicine
Morbidity and Mortality Conference
December 14, 2001
PEER REVIEW/CONFIDENTIAL

Case 1: Smith/Jones

CC: 69 y.o. intoxicated male found down.

HPI: The patient was found sleeping outside, near Joslin Clinic. He admits to alcohol consumption, but denies other ingestion. No evidence of trauma. The patient cannot recall how he got to the ED. There is no chest pain, shortness of breath or abdominal pain.

PMH: CABG X 5 three years ago, cancer of unknown type or etiology
MEDS: None

ALL: NKDA

PE:

GEN:	Slurred speech, alcohol on breath
VS:	BP 130/70, HR 70, RR 16
HEENT:	NC/AT, PERL, TMs clear without evidence of hemotympanum
NECK:	NT
CHEST:	CTA
COR:	RRR, S1S2, II/VI systolic murmur at the apex
ABD:	BS present, soft, NTND, no HSM
SKIN:	Warm, intact
NEURO:	Alert, belligerent at times, nonfocal, MAE

Course to be discussed.

ED Course

1812	Trauma STAT alert
1830	Patient arrives, triggered to room 21
	IV access obtained, 1L NS
1833	Etomidate 10 mg, succinylcholine 120 mg
	Intubated with 7.5 ETT, 23 cm at lip
1835	HR 26, atropine 0.5 mg IV given
1836	PEA arrest
1837	Epinephrine 1 mg IV, Dextrose 25 g IV, naloxone 2 mg IV
1838	ROSC
1840	R femoral CVL placed
1841	1L NS, norepinephrine gtt
1842	FAST performed
1845	R chest tube placed
1846	L chest tube placed, no blood return noted
	VS: P 121 BP 56/48 RR 16 sO_2 89% vent
1847	1u PRBC via level 1 infusion
	Massive transfusion protocol activation
1851	CXR obtained

The Mechanics

- Junior resident presents the case
- Chief preps the junior resident
  - "How to present at M and M"
    - ("How to survive a bear attack")
  - What to expect
  - Know the details of the case
  - Be honest
    - Admit you screwed up
- Don't jump to the punch line

BIDMC M & M and Culture of Safety
The Resident Perspective

- 81% of residents have submitted cases for M and M
- 23% used error reporting system
- 74% feel comfortable submitting their own cases for M and M
  - 23% neutral
- 58% feel M and M is not punitive
  - 26% neutral
  - 16% punitive

Wittels, unpublished data

BIDMC M & M and Culture of Safety The Resident Perspective

Focus of Discussions

- Identifying cognitive errors-70% agree
- Identifying systems errors-77% agree
- Mistakes lead to positive change-86% agree

- 97% agree it is educational
- 90% agree it contributes to a culture of safety

Wittels, unpublished data

Summary

- M and M as an educational conference
- Physicians are identified
  - Adds to the quality of the discussion
  - Teaches professional accountability
- Helps meet ACGME Program Requirements and ensure EM Milestones are met
- Meets Departmental CQI goals
  - All M & M cases are discussed at CQI CTE
- Relationships with other services