Developing an Effective Morbidity & Mortality Conference for Operating Room Nursing Staff

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INTRODUCTION

Open communication is key to improve patient safety. Morbidity and Mortality Conferences allow for open discussion of patient complications, high-risk situation, and deaths, where current practices and systems are reviewed and measured against the most current evidence available.

RESEARCH QUESTION

Can monthly Nursing Staff Morbidity & Mortality Conferences (MMCs) be developed that is reported by nursing staff (including surgical technologists) as of value and have a positive impact on their practice?

LITERATURE REVIEW

• Improved patient safety and quality and tracking patient outcomes were a result of MMCs.3
• Greater education benefits were gained by carefully selecting presentations based on merit and education.1
• Using a quality improvement format allowed staff to categorize complications beyond those of just surgical patients or diseases allowing for identifying process improvements.2
• Over 90% of attendees in one study identified that having a multidisciplinary and non-punitive focused MMC was associated with favorable ratings of the conferences.5

METHODS

• Mixed methods approach
• Survey questionnaire used to assess the change in perception and plan format changes

Nursing MMCs Format:
• Held every 1-3 months
• Topic is selected by management based on root cause analyses or recent errors
• Presentations are conducted by staff RNs and STs
• Guidelines for content include:
  • Brief patient history
  • Event details
  • Review of applicable policies
  • Review of evidence based practices
  • Process Improvements
  • Take away messages
  • Time for question and answer

Survey:
• Pre-survey conducted within first year of offering MMCs
• Post-survey conducted within nine months of pre-survey

Data Analysis:
• Pre-survey format recommendations reviewed
• Total score on staff perception was created with lower scores showing favorable perception of conferences.
• Wilcoxon-Sign-Rank test used to assess change in perception before & after format changes

RESULTS

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre Intervention (N=22)</th>
<th>Post Intervention (N=22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved Patient Care/Impacted Care</td>
<td>μ=1.91; s=0.68</td>
<td>μ=2.05; s=0.79</td>
</tr>
<tr>
<td>Improved Communication</td>
<td>μ=1.86; s=0.77</td>
<td>μ=2.14; s=0.83</td>
</tr>
<tr>
<td>Improved Confidence</td>
<td>μ=1.82; s=0.59</td>
<td>μ=2.27; s=0.70</td>
</tr>
<tr>
<td>MM Conference Met Needs</td>
<td>μ=1.91; s=0.61</td>
<td>μ=2.41; s=0.73</td>
</tr>
<tr>
<td>Likelihood to Improve Patient Needs</td>
<td>μ=1.91; s=0.68</td>
<td>μ=1.82; s=0.85</td>
</tr>
<tr>
<td>Total</td>
<td>μ= 9.41; s=2.38</td>
<td>μ=10.68; s=2.87</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme of comment</th>
<th>Pre Intervention</th>
<th>Post Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topics</td>
<td>Include good catch events</td>
<td>Trauma</td>
</tr>
<tr>
<td>Handouts</td>
<td>Provide tip sheet/PP</td>
<td>none</td>
</tr>
<tr>
<td>Leadership</td>
<td>Increase leader involvement</td>
<td>Include policies/procedures</td>
</tr>
<tr>
<td>Staff</td>
<td>Encourage staff participation</td>
<td>Ask for voluntary presenters</td>
</tr>
<tr>
<td>Surgeon/Anesthesia</td>
<td>Request other disciplines to attend</td>
<td>Request other disciplines to attend</td>
</tr>
</tbody>
</table>

CONCLUSIONS

• Staff voiced MMCs improved their patient care or practice
• P value = 0.033, there is a change in perception
• Staff preferred original format
• Recent policy change could have negatively impacted post-survey results

REFERENCES