



**Recommended Morbidity and Mortality Conference
Structure**

GUIDELINES:

This document is intended to be a resource and used internally. There is no need to return to ABNS.

- 1) Case Selection: Obtained through usual M&M reporting process, referral (e.g. other services, Infection Control, Quality Improvement, and/or Risk Management Department).
- 2) For each case brought to the attention of the M&M Committee please consider the following items:
 - A. Please indicate the relationship between any identified variation in practice, delayed diagnosis or medical error and the event being reviewed (e.g. near miss or unexpected/adverse outcome)?

QCS 0 = (“No Quality of Care Concern Identified”)
There was no variation from a generally agreed upon standard of care, no delayed diagnosis, and/or no medical error involved?

QCS 1 = (Reached patient or near miss - “Low Risk to Patient”)
Variation in practice, delayed diagnosis or medical error; did not affect hospital course or well-being AND was not associated with clinically significant increased risk to patient.

QCS 2 = (Near miss - “High Risk to Patient”)
Variation in practice, delayed diagnosis or medical error; did not affect hospital course or well-being BUT was associated with a clinically significant increased risk to patient.

QCS 3 = (“Event Reached Patient – Additional Care Required”)
Variation in practice, delayed diagnosis or medical error reached the patient and resulted in escalation of care (e.g. Additional operation, another procedure, more intense care), new or prolonged ICU, recovery room or hospital stay

QCS 4 = (“Event Reached Patient – Potentially Life Threatening or Disability”)
Variation in practice, delayed diagnosis or medical error resulted in extended or permanent disability or was potentially life-threatening.

QCS 5 = (“Event Reached Patient – Life Threatening or Death”)
Variation in practice, delayed diagnosis or medical error resulted in death or was life threatening.
- 3) Comparison: Another patient with the same condition would receive a similar treatment course:
 - A. Virtually all the time
 - B. Much of the time, but with variability among clinicians
 - C. Infrequently
- 4) ANALYSIS: Include a classification as to whether variation in practice, delayed diagnosis or medical error was due to an issue of: JUDGMENT, TECHNICAL ERROR, MANAGEMENT, COMMUNICATION AND SYSTEM ISSUES
- 5) SUMMARY: (scoring-example): “QCS 3C – MANAGEMENT” WITH DISCUSSION DOCUMENTATION (1 paragraph)

For selected events in neurological surgery, (for example: infections, CSF leaks, permanent neurological deficits, return to OR and death), please consider methods of tracking rates and integrating this information in your practice analysis and Quality Improvement to elevate patient safety.



FORMAT:

Neurological Surgeons Present (list all):

Hospital team members Present (list all):

IDENTIFIED COMPLICATION: (SUGGESTED PARAMETERS TO TRACK):

- 1) INFECTION
- 2) CSF LEAK
- 3) PERMANENT NEUROLOGICAL DEFICIT
- 4) RETURN TO THE OPERATING ROOM WITHIN 30 DAYS
- 5) DEATH

DESCRIPTION OF CASE: (1-3 paragraphs)

SELECTED IMAGES:

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