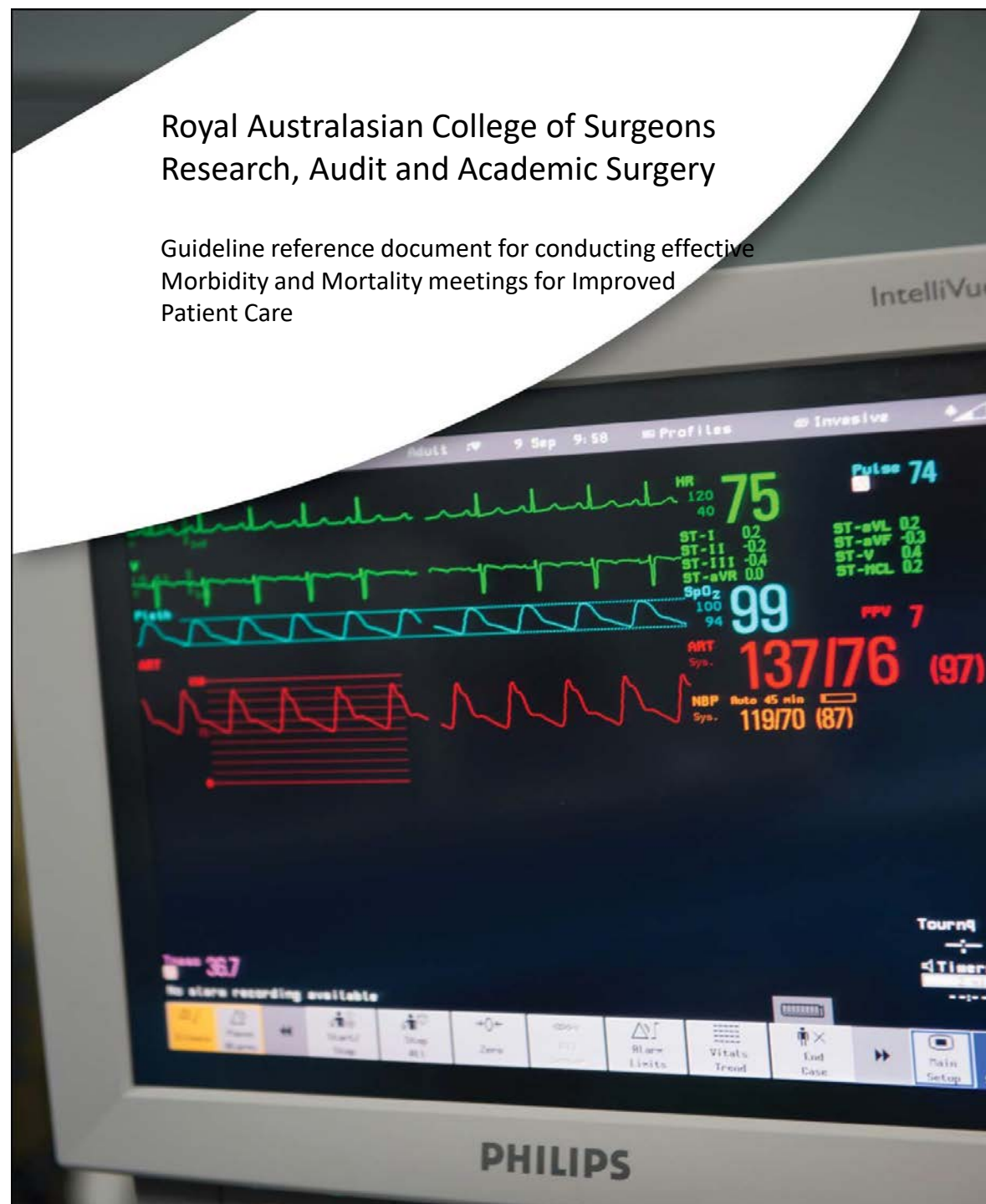


Raising the Bar for Unit M&M meetings

Royal Australasian College of Surgeons Research, Audit and Academic Surgery

Guideline reference document for conducting effective
Morbidity and Mortality meetings for Improved
Patient Care



Guideline Working Group

- A/Prof Stephen Tobin, Dean of Education, RACS
 - Dr John Quinn, Executive Director for Surgical Affairs, RACS
 - Mr Richard Lander, Executive Director for Surgical Affairs (NZ), RACS
 - Professor Guy Maddern, Chair, Australian and New Zealand Audit of Surgical Mortality (ANZASM)
 - Mr James Aitken, Clinical Director, Western Australia Audit of Surgical Mortality (WAASM)
 - Mr Barry Beiles, Clinical Director, Victorian Audit of Surgical Mortality (VASM)
 - Mr Rob Bohmer, Clinical Director, Tasmanian Audit of Surgical Mortality (TASM)
- Professor Peter Zelas, Chair, Collaborative Hospitals Audit of Surgical Mortality, NSW, (CHASM)
 - Mr Glenn McCulloch, Clinical Director, South Australian Audit of Perioperative Mortality (SAAPM)
 - Dr John North, Clinical Director, Queensland Audit of Surgical Mortality (QASM)
 - Dr John Tharion, Clinical Director, Australian Capital Territory Audit of Surgical Mortality (ACTASM)
 - Dr Lawrence Malisano, Chair, Professional Standards Committee, RACS

Guidelines for Conducting and Reporting Morbidity and Mortality/Clinical Review Meetings 2020



CLINICAL
EXCELLENCE
COMMISSION

	Bronze	Silver	Gold
Format			
Structured case identification	✓	✓	✓
Consistent, structured meeting format	✓	✓	✓
Regular meeting occurrence and duration	✓	✓	✓
Written terms of reference	✓	✓	✓
Prior dissemination of meeting agenda and cases to be presented		✓	✓
Inter-profession and multidisciplinary involvement		✓	✓
Appointment of specific M&M meeting personnel to manage administration and completeness of data		✓	✓
Self-nomination of cases			✓
Conduct			
Consistent, structured case presentation	✓	✓	✓
Safe, blame-free environment	✓	✓	✓
Systems-focus	✓	✓	✓
Review of close-calls as well as formal M&M cases			✓
Outcomes			
Assigning a timeline (where necessary) to recommendations for improvement	✓	✓	✓
Assigning an individual/group to carry out recommendations for improvement		✓	✓
Detailed record keeping		✓	✓
Audit of M&M meeting procedures			✓
Follow-up on implementation of recommendations for improvement			✓
Ensuring recommendations for individual/systems improvement are made for each case			✓

How robust
is your
meeting
format?

How should an M&M meeting be run?

A written charter or terms of reference, to clearly define the goals of the meeting

A structured meeting format

An agenda distributed prior the meeting,

A structured process for case identification

Multidisciplinary involvement

A regular schedule

Dedicated M&M personnel

Self-nomination of cases, including anonymously



Key challenges to running effective M&M meetings

Logistical issues

A lack of understanding around the process

Poor beliefs about the process

Heterogeneity in case presentation

Lack of attendance.

Appropriate outcomes of M&M meetings

- 1. Recommendations for individual/systems improvement made for each case
- 2. A timeline and follow-up on recommendations for improvement, in order to ensure recommendations identified at M&M meetings are adequately implemented.
- 3. A dedicated individual/group to implement recommendations for improvement, and provide regular updates on the progression of their tasks.
- 4. Detailed records of M&M outcomes, to allow for review and meaningful follow-up of recommended changes to local practice.