Morbidity and mortality meetings
A different approach
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Fig 1

Introduction and aim

Structured Morbidity & Mortality (M&M) meetings have been shown to improve hospital governance arrangements, accountability, and support quality improvement. However, there is a wide variation across organisations and within divisional departments on the process of these meetings. We introduced a standardised proforma (Figure 1) for reviewing all deaths in our acute medical unit (AMU) and to identify systems/processes contributing to deaths.

Method

A standardised proforma was developed which included a list of factors thought to contribute to deaths. The NCEPOD Classification of Care was used to grade the standard of care for each patient (Table 1). The proforma was used to review all deaths in our AMU over 9 months (1st August 2012 – 31st March 2013).

<table>
<thead>
<tr>
<th>GRADE</th>
<th>QUALITY OF CARE</th>
<th>Factors contributing to death</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Good quality care</td>
<td>Fails in care</td>
</tr>
<tr>
<td>B</td>
<td>Room for improvement</td>
<td>Factors contributing to death</td>
</tr>
<tr>
<td>C</td>
<td>Room for improvement</td>
<td>Factors contributing to death</td>
</tr>
<tr>
<td>D</td>
<td>Room for improvement</td>
<td>Factors contributing to death</td>
</tr>
<tr>
<td>E</td>
<td>Less than satisfactory</td>
<td>Factors contributing to death</td>
</tr>
</tbody>
</table>

Table 1 NCEPOD classification of care

Results

- 82 deaths were reviewed; the average age was 82.
- Two thirds of patients received good quality of care (58% of 82).
- Room for improvement was identified in a third (n=24) with aspects of clinical (n=21) and organisational care (n=4) being highlighted.
- The main factors contributing to death were delay in diagnosis/unsuspected diagnosis (n=13), resource issues with surgical patients on medical wards (n=5) and delay in prescribing/giving antibiotics (n=4) (Figure 2).

Conclusions

- A structured approach to mortality reviews has identified areas for improvement in the care patients received in our AMU.
- Most patients received good quality care but in a third there was room for improvement, mainly in aspects of clinical care as opposed to organisational.
- An electronic database of all deaths in our AMU and Consultant review of selected cases is planned to be implemented.

References


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