UCSF Health
Department of Quality

Clinical Department Morbidity & Mortality Review

Frequently Asked Questions (FAQ)

What is Morbidity and Mortality (M&M) review?
M&M review is a process that involves analyzing the care provided to a patient by a peer or committee of peers. The term "case review" is synonymous with M&M.

What is the purpose of M&M review?
To create a non-punitive process that allows us to improve the quality and safety of the care we deliver by learning from adverse events, errors, near misses, and vulnerable areas in our practice.

Why do we need an M&M review process?

- To identify opportunities for systems improvement and/or highlight trends that require further investigation to improve the quality and safety of care we strive to provide.
- To provide a lens into the care delivered that may not be captured by performance data or the incident reporting system.
- To foster a culture of safety and continuous improvement within your division/department.

Where could the need for an M&M be identified?
Potential sources include:

- Concerns about a case raised by a division's faculty/trainees
- Requests for review from other divisions/departments/committees (e.g., nursing, pharmacy, Patient Safety Committee (PSC), etc.)
- Incident Reports that require a deeper evaluation
- Patient-driven concerns via patient relations or directly from a patient/family member
- Precautionary Incident Notification (PIN) (see below)

What types of clinical events would prompt the need for an M&M review?
Events vary depending on your clinical service, but may include:

- **Precautionary Incident Notification (PIN):**
  A PIN is (1) an adverse event or complication resulting in death, brain damage, permanent paralysis, sensory deficits, partial or complete loss of hearing or sight, birth injury or disability, or other catastrophic damage or permanent disability; or (2) an incident anticipated to result in potential liability exposure or a claim. Your service should immediately notify Risk Management when any of these situations occur and conduct a thorough M&M review. When a PIN Indicator is selected, a notification message will be sent to Risk Management automatically. The notification will contain information about the case such as patient demographics, department name and a brief description of the case. This will serve to facilitate follow-up communication between Risk Management and the clinical service.
- **Triggers for review:**
  Triggers are clinical and/or non-clinical events that prompt a need for review such as: unanticipated outcomes, delays in care, or infections (e.g., SSI, HAIs). The system will prompt you to identify your primary trigger as the main reason for reviewing the event.

What are the reasons for referring a case to Risk Management?
In addition to PIN Indicators, consider notifying risk management when any of the following are met (though not limited to):

- Poor patient outcome that was unexpected and preventable
- Physician practice fell outside of the standard of care
- A patient's family has expressed extreme distress or agitation

How is M&M review different than the Medical Center's Incident Reporting (IR) Process?
The Medical Center's IR system is used to learn about any event that led to (or had potential to lead to) harm for any patient, visitor, provider, staff, or volunteer. An IR can be submitted by any provider or staff member and is reviewed initially by owners of different categories (e.g., medication errors, equipment, etc.). Certain IRs may require deeper review and are often referred for administrative review, M&M review, RCA, Risk Management, and/or Patient Relations. The Patient Safety Committee reviews serious IRs every week and also follows trends over time to identify organizational improvement opportunities.

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How is M&M review different than the Medical Center's Root Cause Analysis (RCA) Process?
The Medical Center's RCA process occurs weekly and is a multi-disciplinary real-time problem-solving method for investigating selected adverse events. The RCA process involves inviting the providers involved in the case to attend a one-hour session to discuss the relevant care delivery issues. The aim of the RCA process is to understand system-based problems and to develop action plans for redesigning processes that have impact beyond a single division or department.

When should my division/department refer a case to the Patient Safety Committee (PSC) for an RCA?
The PSC welcomes hearing about potential cases for an RCA, including near misses that provide an opportunity for learning and improvement. In addition, the National Quality Forum's previously classified "Never Events" (now referred to as Serious Reportable Events) and Joint Commission "Sentinel Events" should all be referred to PSC. Cases can be referred to the PSC through the eM&M system or you can contact Adrienne Green (Chief Medical Officer and Chair of PSC) and/or James Stotts, Patient Safety Manager.

How do we document the cases discussed during our M&M review process?
All services are required to use the electronic M&M (eM&M) online system, which provides a secure, confidential, and customizable platform for the process. The Department of Quality will support getting services onto the tool, provide a case review template that can be customized in certain areas (e.g., triggers for review), and assist in generating reports that summarize trends from the data. These reports are a required element for annual presentations to the Clinical Performance Improvement Committee (CPIC). An online learning module titled: *UCSF Medical Center eM&M eCourse* is available through the UCSF Learning Management System to orient faculty and trainees how to use the tool.

How do we access the eM&M system?
A link to the eM&M system is listed on the Carelinks page under the UCSF Pages column. Select *e Morbidity and Mortality*. You will be prompted to login with your Provider ID. You may also add the link to your APeX profile (tutorial available under Help in eM&M).

Should our trainees (e.g., residents and fellows) participate in M&M review?
Yes. Creating opportunities for trainees to participate in, contribute to and learn from the M&M review process is important. The Accreditation Council for Graduate Medical Education (ACGME) requirements call for such engagement and this process is an excellent method to foster a culture of safety, role model behaviors in analyzing both system and provider-specific issues, and cultivate their own continuous learning and improvement.

How is M&M review different than Peer Review?
Peer review focuses on the evaluation of individual provider performance rather than "systems" issues. While M&M review may raise and address concerns about individual performance, each division/department should create a fair mechanism to address individual provider concerns. The latter may be combined with other provider-specific performance metrics that assist Department Chairs (or designees) in their provider assessments for the credentialing process.

Are M&M and Peer Reviews legally protected activities?
Yes. M&M/peer review evaluations and discussions are protected from legal discovery under California evidence codes 1156 & 1157. By participating in the medical staff's quality and safety committee activities (e.g., presenting a summary of M&M findings at CPIC), participants agree to maintain the confidentiality of this process and not engage in unprotected communications outside of M&M/committee activity. When corresponding on sensitive case review material that includes patient identifiers, please make sure to begin the subject title of your emails with "SECURE:" or "EPHI" to assure privacy compliance. While the eM&M system should minimize the need for any email communications, adding "Privileged: Peer Review and Patient Safety and Quality Activity of a Medical Staff Committee; Evidence Code section 1156/1157" to necessary email communications provides the legal protection for discovery.

Who owns the data and has access to it?
The M&M process and case reviews are owned by the Divisions/Departments. Medical Center leadership, risk management, and/or the medical staff office may continue to request an M&M review but they will not directly access the database. The goal is to simply make the M&M process paperless, protected and easier to manage for the Divisions/Departments. The Department of Quality analysts will have access to the database and continue to provide QI leaders and their designees with requested summaries.

Who can I contact with questions about the M&M review process?
Mariah Bianchi, Director of Adult Quality Improvement
Matt Wolden, Executive Director for Quality
Niraj Sehgal, Chief Quality Officer