



Introducing an M&M Rounds framework to Island Health

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W&W

# the Ottawa ~~M&M~~ Model:

A Guide to Holding ~~Morbidity & Mortality~~ Rounds

“What Works”

*Included in this package:*

## **For Presenters**

- Case Selection and Analysis guide
- Presentation Preparation template
- Tips for enhancing your session

Inspired by the following publication:

*Fischer L.M. Amazing and Awesome Rounds. Ann Emerg Med 2017; 69(5):655*

Adapted for Island Health by the Health Authority Medical Quality Committee (HAMQC) mortality review working group from “The Ottawa M&M Model: A Guide to Enhancing Morbidity & Mortality Rounds”, Version 3.0 (May 2018).

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# For Presenters

## CHOOSING AN APPROPRIATE CASE

The first step is to find an appropriate case for your WW rounds. The selection of potential cases is less well defined than that of those for M&M rounds. Similarly, it is important to recognize that not all cases are suitable for effective discussion at WW rounds. The ultimate goal is to **celebrate** and **share** good practices that were highlighted by clinical cases and examples, and to articulate what factors contributed to “what worked well” for a particular case that can be disseminated to improve quality of care more broadly.

Here are some suggestions on how to find a potential WW rounds case:

1. **The “high-five” case.** These are the typical feel-good cases, where things went so well that the team is congratulating each other on a job well done; the residents/learners keep talking about it at the end of the day; etc..
2. **A case where everything went exceptionally smoothly.** For example, a septic patient that presents to the ER, gets appropriately triaged and seen, with timely antibiotics and prompt admission without delays.
3. **Unexpected positive outcome.** These are the cases of the exceptional “saves”, such as a critically ill aortic dissection presenting atypically, yet somehow the diagnosis was caught and timely life-saving intervention was done.
4. **Tricks of the Trade.** Everyone’s got them - some unorthodox or unique methods/techniques picked up over the years, or learnt from social media, etc.. Examples include shoulder reduction techniques and novel use of materials and supplies.
5. **Performance Metrics.** More and more physicians are able to tap into the power of individual performance metrics, whether they are around adverse event rates or patient flow. Asking high-performers in specific areas to share their tips may be a good source of positive deviance cases for WW rounds.

*Tip: Start a file to prospectively collect not only potential M&M cases, but also good cases where things worked well!*

*“We learn from each other. We learn from others’ ...experience, their wisdom” - Adrian Grenier*

Note that WW rounds are not limited to only cases with good clinical outcomes. It is possible that even though a patient may not have done well clinically (e.g. expected course of disease), there

may very well have been good things that happened with the delivery of the care that are worth celebrating and sharing.

It is also important that you present a case *in which you were primarily involved in*. Often, potential factors that may have contributed to the case can only be more fully recalled and analyzed by those individuals in the patient's circle of care. Retrospective chart reviews by someone not involved in the case may provide a limited perspective, as many nuances related to specific factors are usually not documented.

## PERFORMING A CASE ANALYSIS

Now that you have a case selected, the next step is to do a proper case analysis in preparation for the actual WW rounds presentation. Think about how one might articulate the specific factors that contributed to why things worked well in your case. To that end, we recommend that you review your case from the following perspectives:

1. Were there any **individual factors** that contributed to what worked well?
2. Were there any **teamwork factors** which contributed to what worked well?
3. Were there any **environmental/system factors** which contributed to what worked well?

*Tip: Be wary of turning WW rounds into "Bragging rounds". It is important to articulate specific objective factors that helped contribute to the case.*

### Individual Factors

Healthcare providers are human beings, and are constantly subject to variations in performance throughout the day. Try to think back to the case, and examine if there were any factors that enabled you to contribute to what went well for that case. Do you have a pre-work routine that helps keep you energized? Do you utilize cognitive aids for certain clinical scenarios? Have you developed workflow shortcuts that's been effective?

### Teamwork Factors

High quality care is highly dependent on good teamwork within the healthcare provider team. This includes nurses, social workers, support workers, etc.. One way to examine this aspect to ask: "who else contributed to this case that went well"? Try and examine not only what each individual did, but also the interactions between the team members (e.g. communication techniques, situational awareness, handover tools used, etc.).

*Tip: Discuss with other individuals or care providers who were involved with the case. They may provide further insights - and perhaps even co-present with you!*

### Environmental/System Factors

System-level issues often relate to the environment within which the individual clinicians operate and interact with. Common factors include electronic medical records, mobile devices, equipment set up, personnel availability, and institutional policies/procedures. Were there things within the environment around the case (whether formally or informally) that enabled optimal care?

## WW rounds Bottom Lines

Now that you have finished dissecting your case into subcategories of factors, the next step is to explicitly articulate them into tangible lessons or tips that others can consider incorporating into their own practice. Similar to M&M rounds, craft a Bottom Lines slide that summarizes actionable items you've learned from the WW case - these can include both individual and system level recommendations.

## PREPARING FOR PRESENTATION

### Time Structure

Similar to M&M rounds, we recommend splitting up your session into *thirds*: *one-third* for describing the case to the audience; *one-third* for your analysis; and *one-third* for open discussion.

*"If you have knowledge, let others light their candles in it." - Margaret Fuller*

So, for a 30-min WW presentation:

- 10 minutes for review of the case and walking the audience through what happened
- 10 minutes for case analysis in terms of what individual, teamwork, and system factors that contributed to what worked well
- 10 minutes for discussion, review of bottom lines and opportunity for others to share their own tips and suggestions

### Confidentiality

Please remember these rounds are confidential and we need to endeavour to protect the privacy of patients. No patient initials, dates, times, or names of staff involved should appear in your presentation.

### Other Tips & Advice

- Think about whether you can make your rounds inter-professional and multi-disciplinary. Especially for your analyze of the "Teamwork" factors, you likely will have discussed the case with those involved. This is a great opportunity to celebrate their great work - have them co-present with you!
- Involving patients and/or their families can be powerful in not only M&M rounds, but also for WW cases. If this seems appropriate, speak to the Head of your Department first to help you coordinate with Patient Care Relations and ensure it is done in a sensitive manner.