**Morbidity and Mortality Rounds: (Name)** **Group**

**Terms of reference**

## Context

The Morbidity and Mortality Rounds (Name) Group provide medical staff with a forum for medical education, quality improvement and risk management. The implementation of an evidence-informed structured M&M rounds will provide a mechanism for linkage between Medical Staff and Quality and Safety, and contribute to the broader system-wide goal to impact on organisational quality and safety.

Where necessary, discussion and reports leading are protected under Section 51 of the Evidence Act.

Section 51 may be used by this group to carry out activities for the purpose of studying, investigating or evaluating the provision of health care with a view to evaluating, controlling and reporting on clinical practice in a hospital or during transportation to and from that hospital in order to continually maintain and improve the safety and quality of patient care.

## Role

The Morbidity and Mortality Rounds (Name) Group will support a standardized approach to learn from clinical experiences and raise quality and safety issues through the organization.

## Principles

The Morbidity and Mortality Rounds (Name) Group will align with the organizational values of Courage, Aspiration, Respect, and Empathy. Additionally, it will be guided by the following principles:

1. Shared accountability for quality across the organization and between professions.
2. Shared information relating to quality in order to promote learning and spread of good practice.
3. Timeliness and responsiveness, recognizing that matters presenting an urgent threat to safety are expedited, signaling quality and safety as a top priority in Island Health.

1. A culture of continuous improvement and psychologically safe learning environments.

## Reporting lines and responsibilities

The Morbidity and Mortality Rounds (Name) Group reports to the Health Authority Medical Advisory Committee via Morbidity and Mortality Rounds Working Group.

The Morbidity and Mortality Rounds (Name) Group reports the Bottom Line/Action items to (name) Clinical Governance structure.

**Duties and Responsibilities**

1. The principles of the Ottawa M&M model are applied:
   1. Standardized approach
   2. Learning opportunity
   3. Protected discussion
   4. Medical education
   5. Quality improvement
   6. Risk management
2. The group has an identified Clinical Governance structure for reporting
3. The group shares the “Bottom Line/Action item” slide with HAMAC M&M working group and the identified Clinical Governance structure
4. Reviews are case-based
5. Rounds occur regularly
6. Multidisciplinary involvement recommended
7. Lessons learned focus on cognitive bias and/or system factors

Matters Reviewed by the Committee:

The Committee shall review matters which may give rise to quality of care concerns.

Preference is for cases to be presented by those who were involved directly, not reviewed by a third party. This format is different from critical incident analysis framework, although may be used as an adjunct.

Cases reviewed in M&M rounds that have not yet been reported in PSLS, and are found to have elements of patient safety should be reported in PSLS to ensure comprehensive tracking. Review findings may be included at the time of retrospective reporting and the PSLS file closed off.

**Case Selection**

It is strongly recommended that cases reviewed meet the following criteria:

1. Adverse outcome such as death, disability, harm, injury, or a near miss (potential harm avoided – for example, a patient given incorrect medication due to mislabeling of syringe – potential for harm but the patient ultimately wasn’t affected)
2. Lessons to be learned about cognitive biases and/or system issues
3. Opportunities for improvement can be acted upon

## Leadership, membership and decision-making

An M&M rounds facilitator will be identified.

**Membership**

All medical staff and multidisciplinary colleagues are eligible for membership.

Normally, decisions will be taken by consensus. Where consensus cannot be reached, decision will be by majority vote.

Membership will be reviewed every 2 years or more frequently, if required.

Quorum will be those in attendance.

## Conduct of meetings

#### Ground rules

1. Meetings will begin and end on time.
2. Ideally, all decisions will be by consensus.
3. Psychological safety principles will apply.