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The Benefits of Using Morbidity and Mortality Conferences in Nursing: An Integrative Literature Review

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THE BENEFITS OF USING MORBIDITY AND MORTALITY CONFERENCES IN NURSING
AN INTEGRATIVE LITERATURE REVIEW

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Introduction

- A 2016 study from Johns Hopkins University reported that over 250,000 deaths per year in the United States are a result of medical errors (Makary, 2016). Although medical errors are an inevitable part of medical practice, most errors are considered to be preventable (Bonney, 2014). Additionally, these errors are not typically caused by negligent healthcare professionals, but by systemic problems and process breakdowns in the delivery of care (Bonney, 2014; Sorrell, 2017).

- Nurses are ethically obligated to help prevent and manage medical errors (Sorrell, 2017). In fact, Provision 3.4 of the Code of Ethics for Nurses by the American Nurses Association (2015) states the following: Nurses must participate in the development, implementation, and review of adherence to policies that promote patient health and safety, reduce errors and waste, and establish and maintain a culture of safety. Nurses must establish processes to investigate causes of errors or near misses and to address systemic factors that may have contributed to them. (p. 11)

- Morbidity and mortality conferences (MMCs) are used in healthcare organizations to review adverse events.

- The traditional format of MMCs typically includes a case presentation by the physician who cared for the patient, followed by an open discussion among other physicians (Beyea, 2009).

- When properly implemented, MMCs are effective teaching tools that address patient outcomes, staff performance and the quality of care (Guger et al., 2011).

- Although MMCs in the physician arena are well-documented, little has been published on the use of MMCs in nursing (Zavosky, Cuccarelli, Pontier-Lewis, Royal, & Russer, 2016). The benefits of using MMCs in nursing are still not well understood.

Statement of Purpose

Purpose
1. Identify the perceived benefits of using MMCs in nursing
2. Determine the implications of MMCs for nursing practice

With the findings of this integrative literature review, staff nurses, nurse leaders and health care administrators will have a better understanding of the potential impact of using MMCs to examine errors from a nursing perspective. Furthermore, with the knowledge gained from this integrative literature review, nurses may recognize the value of MMCs as a tool for preventing adverse events and near misses. Nurses may also recognize MMCs as a platform for improving the systems and processes that guide their care.

Methods

Design

An integrative literature review was conducted to identify the perceived benefits of using MMCs in nursing. Integrative literature reviews define a problem, summarize previous studies to reveal the state of research, identify relations or gaps in literature, and suggest the next step (American Psychological Association, 2010).

Literature Search Strategies

For this integrative literature review, the Cumulative Index to Nursing and Health Literature (CINAHL) Complete, PubMed and Proquest Nursing & Allied Health databases were searched. Various combinations of the following keywords were used to search these databases, including morbidity mortality conferences, M&M rounds, morbidity mortality rounds, case review conferences, case review meetings, nursing, nurses, safety, quality, errors, improvement, performance, and competence.

Inclusion Criteria: 1. Peer reviewed articles written in English
2. Publications between 2009 and 2019

Exclusion Criteria: 1. Absence of a conference reviewing medical errors, near misses or adverse events
2. Lack of participation from a nursing professional
3. Literature reviews

Inclusion and exclusion criteria are important when conducting a literature review. The study criteria are used to identify relevant literature and to screen out irrelevant studies. The criteria for inclusion and exclusion of articles are based on the specific research question and the purpose of the review. Inclusion criteria are used to determine which articles are relevant to the research question, while exclusion criteria are used to exclude articles that do not meet the criteria. The study criteria are used to identify relevant literature and to screen out irrelevant studies.

Figure 1: Diagram of search outcomes and criteria used. Adapted from “Working with Interpreters in Cross-Cultural Qualitative Research in the Context of a Developing Country: Systematic Literature Review,” by Y. Shimpuku and K. F. Nott, 2011, Journal of Advanced Nursing, 65, p. 1694. Copyright 2012 by Blackwell Publishing Ltd.

Within each group, the studies were compared across three categories of benefits: educational value for nurses, systems improvements, and effect on organizational culture. Lastly, the studies were analyzed using the patient safety improvement framework as described in organizational learning theory. Organizational learning theory has been identified as a framework for patient safety (Edwards, 2017). Edwards (2017) proposes four major themes of organization learning: collaboration, blame for human error, accountability for clinical performance and behavioral choices, and mindfulness of the unexpected.

Results

Table 1

<table>
<thead>
<tr>
<th>Benefits of Multidisciplinary MMCs</th>
<th>Educational value for nurses</th>
<th>System improvements</th>
<th>Effect on organizational culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational value for nurses</td>
<td>Evidence-based learning</td>
<td>Self-organized</td>
<td>Non-punitive</td>
</tr>
<tr>
<td></td>
<td>Self-organized</td>
<td>Opportunity to share clinical expertise</td>
<td>Transparency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High-risk patient management</td>
<td>Accountability</td>
</tr>
<tr>
<td>System improvements</td>
<td>Corrective actions identified during MMCs</td>
<td>quickly corrected due to involvement of professional staff</td>
<td>Transparency</td>
</tr>
<tr>
<td>Effect on organizational culture</td>
<td>No punishment</td>
<td>Transparency</td>
<td>Accountability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient safety</td>
<td>Teamwork</td>
</tr>
</tbody>
</table>

Note. Seven studies examined multidisciplinary MMCs (Al-Haddad, Cadamy, Black, & Slade, 2018; Goldman, Demaso, & Kenner, 2009; Hiner, White, & Fields, 2009; Jackson & De Crespo, 2015; Kurtinsham, Kurti, & Aitola, 2010; Pelchem et al., 2013; Sarekandi, Barnard, Ceyrame, & Niskan, 2016). The participants included physicians and residents, nurse leaders, staff nurses, educators, managers, pharmacists, therapists, and/or administrative staff in various specialties. Across these institutions, nurses were involved in varying capacities.

Discussion

- Multidisciplinary MMCs demonstrated effectiveness in promoting evidence-based learning, self-appraisal and critical thinking; however most of these studies did not focus specifically on the educational value for nurses. (Goldman et al., 2009; Jackson & De Crespo, 2015; Kirschenbaum et al., 2010).

- Nursing MMCs reviewed isolated nursing errors, allowing nurses to directly review their clinical performance and improve the quality of nursing care and patient safety.

- Both multidisciplinary and nursing MMCs led to the implementation of new policies. Regardless of the MMC format, systems improvements were effectively made.

- In eight of the ten studies reviewed, organizational culture was not the primary focus. (Al-Haddad et al., 2018; Goldman et al., 2009; Guger et al., 2011; Hiner et al., 2009, Jackson & De Crespo, 2015; Kirschenbaum et al., 2010; Ropp, 2011; Zavosky et al., 2016). These studies either touched on the types of cultures that health care organizations were hoping to achieve through the use of MMCs, or mentioned phrases that alluded to a desired organizational culture. Multidisciplinary and nursing MMCs were both said to promote a non-punitive culture of safety (Ropp, 2011; Sarekandi et al., 2010).

- The challenges of developing and implementing nursing MMCs include:
1. Resource intensive
2. Lack of a well-studied and effective conference structure
3. Nursing staff cooperation

Conclusion

- Although the full potential of MMCs in nursing requires deeper examination, at least three benefits have been demonstrated:

- Nursing MMCs:
1. Carry educational value
2. Result in systems improvements
3. Positively impact organizational culture

- Nursing leadership and hospital administrators are encouraged to consider using MMCs as a teaching and quality improvement tool for nurses.

References