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 health care 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 systems factors that may have contributed. (p. 11)

• Morbidity and mortality conferences (MMCs) are used in health care 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 (Zavotsky, Cucarella, Pontieri-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 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

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>
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</thead>
<tbody>
<tr>
<td></td>
<td>Educational value for nurses</td>
<td>System improvements</td>
<td>Effect on organizational culture</td>
</tr>
<tr>
<td>MMC</td>
<td>Evidence-based learning</td>
<td>Corrective actions identified during MMCs were quickly prioritized due to involvement of professional staff</td>
<td>Non-preventable</td>
</tr>
<tr>
<td>MMC</td>
<td>Self-organized</td>
<td>Reduction in medical errors, but not nursing errors</td>
<td>Transparency</td>
</tr>
<tr>
<td>MMC</td>
<td>Opportunity to learn from mistakes</td>
<td>High-risk patient management</td>
<td>Accountability</td>
</tr>
<tr>
<td>MMC</td>
<td>Help improve clinical performance</td>
<td>Improvement in health information technology system</td>
<td>Teamwork</td>
</tr>
<tr>
<td>MMC</td>
<td>Critical thinking and error disclosure</td>
<td>Improved availability of staff resources</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 Cesaet, 2015; Kirschchenbaum, Kurtz, & Aizita, 2010; Peluso et al., 2013; Szkudlinski, Barnard, Cerami, & Noskin, 2010). 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. (Goldsmith et al., 2009; Jackson & De Cesaet, 2015; Kirschchenbaum 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 Cesaet, 2015; Kirschchenbaum et al., 2010; Ropp, 2011; Zavotsky 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; Szkudlinski 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