Reporting Deaths, Complications and M&M

1. The Trauma Service/Department of Surgery conducts a weekly Morbidity and Mortality Conference, Saturday at 0900.

2. An M&M form will be completed on each patient. The chief resident is responsible for information accrual and accuracy as well as timely delivery for computer input. Forms must be looked over and checked by the chief resident of your service and his or her initials must be on the top right corner of the front page. Forms should be turned in to the Trauma Office no later than Wednesday noon.

3. Each operative episode should be considered as a separate entity and marked with a date on the form. The same is true for each procedure. If more than one procedure is performed in the OR (i.e., CVP, A-line, Ex Lap, splenectomy and gastrectomy), each procedure should be circled and dated. If the patients have no complications, circle “none.”

4. All patients in-house with complications, as well as discharged patients, will have M&M forms filled out during the reporting period preceding each Saturday’s M&M meeting.

5. When a patient is discharged, and has had prior complications reported, a final M&M form should be submitted with any subsequent complications noted. Only subsequent complications need to be presented on the following Saturday. If there are no subsequent complications, a final M&M form noting discharge still needs to be submitted to close the patient’s computer file.

6. The operating resident will be responsible for the details of a concise presentation and reconstruction of the case and will be responsible for obtaining all imaging studies (x-rays, scans, etc.) If the operating resident can’t be physically present at M&M when the case is presented, he or she will designate someone to present the case and will inform the chief resident about the substitution. The chief resident will be ultimately responsible for the presentation, imaging studies, etc.

7. All cases will be presented on the Saturday of the week following their discharge. The time and date of the case presentation will not be determined by the resident or attending based upon their schedules. Operating residents will not be excused unless they cannot be physically present.