




Morbidity and Mortality Meetings




Guiding Principles

This document summarises the six core principles to support M&Ms. The principles are guided by Human Factors and systems thinking to support comprehensive discussion from a diversity of clinical perspectives and generate system improvement opportunities.

Principle	Structure	Process/Procedures	Relationships/ People
	1. Safe space for learning: Discussion are blame free with a focus on education		
	Shifting from a linear to a systems approach considers the interacting dynamics between human factors, the team(s), the environment and the patient.	Meetings chaired and structured to create an atmosphere that is safe enables open discussions focused on educational and system improvement.	A systems approach is a team approach and is reliant on shared responsibility without assignment of blame.
	2. Multidisciplinary: Enhancing active participation across the disciplines		
	Multidisciplinary participation in M&Ms parallels models of care and enables a diversity of perspectives.	Trust is established through clear and transparent appointment processes and reflects multidisciplinary participation.	Relationships across the diversity of disciplines/roles provide support in human factors' and systems thinking
	3. Meeting Framework: Systematic agenda setting with support from clinical analytics		
	Systems perspective review includes a wider analysis to reflect the diversity of care that is delivered.	Systematic agenda setting is achieved using clear criteria and utilising key performance makers informed by clinical analytics	Clinical analytics experts can enable access to meaningful and relevant data to enhance systematic processes.

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	4. Comprehensive discussions: To generate actionable learning and/ or system improvement		
	<p>Comprehensive discussions emphasise key learnings and actions that consider what went well despite the complexities and high risks.</p>	<p>Routine consideration of all factors that may contribute to outcomes including procedure, environment, equipment, people, policy, or other factors.</p>	<p>Comprehensive case discussions are reliant on good facilitation and leadership including relationships with a diversity of stakeholders.</p>
	5. Lessons Learned: Documentation of lessons learned and dissemination of recommendations to ensure action		
	<p>Effective documentation and feedback mechanisms demonstrate the utility of M&Ms in building the understanding of the system of areas of high risk to the patient.</p>	<p>Clear reporting and escalation pathways are established to support and enhance recommendations and follow-up of identified actions and improvement ideas</p>	<p>Establishing effective relationships across reporting pathways is critical to ensure ongoing feedback mechanisms including progress and outcomes of recommendations.</p>
	6. Governance: Reporting pathways to support learning and recommendations		
	<p>A governance structure with clear pathways of communication and escalation enhance the accuracy and integrity of information from the M&M.</p>	<p>Defining an agreed and documented governance structure with clarity of roles and responsibilities in the context of actions and recommendations.</p>	<p>Clinical Governance Units bring a wealth of knowledge and expertise in quality and safety and can support clinicians at the point of care.</p>

For further information, visit <http://www.cec.health.nsw.gov.au/improve-quality/Morbidity-and-Mortality-meetings>