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# The Impact of Morbidity and Mortality Conferences for the Department of Psychiatry

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## Objective

The aim of this project was to implement a monthly Morbidity and Mortality conference for the UNM Department of Psychiatry.

## Background

Morbidity and Mortality (M&M) conferences have a long history as opportunities for promoting both quality assurance and resident education. M&M conferences have been a common feature of surgical and anesthesia residency programs for decades and have been adopted by greater than 90% of internal medicine residency programs.<sup>1</sup> Despite the long history of M&M conferences in other disciplines, they have rarely been implemented in psychiatry residency programs.<sup>1</sup> A project was proposed in last year's UNM Journal of Quality Improvement in Health Care to hold monthly psychiatry M&M conferences starting in April, 2013<sup>2</sup>

## Methods

Conferences were scheduled monthly. The inpatient chief resident and a senior faculty member were tasked with identifying potential cases. Efforts were made for multiple sub-specialties of psychiatry including child and adolescent, geriatric, substance

abuse, consult-liaison, outpatient and inpatient to present cases. Attendance was required for residents in the PGY 2,3 and 4 years. The conferences were open to all psychiatry residents and fellows, psychiatry faculty, medical students and members of the interdisciplinary treatment team as appropriate.

In April 2014, all of the presenters were contacted and asked if any changes were implemented as a result of their M&M presentation.

## Results

Ten psychiatry M&M conferences were held between April 2013 and April 2014. 19 faculty and residents participated as presenters. Resident attendance ranged from 60% to 78%. Other attendees (faculty, students, interprofessional team members) ranged from 4 to 15 per conference. Table 1 lists the topics presented.

The presenters identified some interventions that were implemented in response to the cases presented. Outpatient electroconvulsive therapy (ECT) appointments were expanded to increase timely access to ECT. A bladder scanner was purchased for the Mental Health Center through the Committee of Interns and Residents patient care fund to assist with differential diagnosis of delirium in the elderly. Contact precautions screening were formally added to the screening process when a patient is considered for transfer from the main hospital to the mental health center.

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1 Goldman S, Demaso DR, Kemler B. "Psychiatry morbidity and mortality round: implementation and impact." *Academic Psychiatry*. 2009 Sep-Oct 33(5):383-8.

2 Prieto G, Stromberg S. "Implementing morbidity and mortality conferences for the department of psychiatry." *University of New Mexico Journal of Quality Improvement in Healthcare*. 2013 May. 40.

**Table 1**

<b>M&amp;M conferences for the Department of Psychiatry April 2013-April 2014</b>
Neurosyphilis in a young female on adult psychiatric ward
Active Tuberculosis management for a psychiatric patient on the psychiatric ward
Suicide during outpatient electro-convulsive therapy treatment of major depressive disorder
Delirium in a geriatric patient on the psychiatric ward
Suicide of a patient with borderline personality disorder in the outpatient setting
Medical comorbidities and eventual mortality of a patient with chronic and severe mental illness
Obsessive compulsive disorder in pediatric psychiatry
Overdose deaths after administrative discharge from ASAP clinic
Self-amputation of leg by a psychotic patient (presented over two conferences)

### **Discussion**

Strengths of this project were consistency, variety and departmental interest. In the first year of implementation, ten psychiatry M&M conferences were held with cases from adult inpatient, geriatric inpatient, adult outpatient, substance abuse, consult-liaison and child and adolescent subspecialties of psychiatry. The conferences were consistently well attended. A weakness of this project was not having a system for follow up or for formally measuring the impact of the M&M conferences on patient care. Most presenters were unaware of changes that had been made as a

result of the conferences. The next step of this project could involve assigning responsibility for following up on solutions proposed during M&M conferences to a chief resident or a committee and surveying residents and faculty for educational objectives and individual practice changes resulting from M&M attendance.

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