

# Morbidities & Mortalities Database

- o Purpose is to:
  - o Support a robust Quality Assurance process that reviews the care that Mount Sinai's Dept of Surgery provides
    - o Each case is reviewed to assess the standard of care by the monthly QA meetings
    - o Monthly Performance Improvement Committee meetings review database metrics (i.e. leaks, breast implant infections, etc.)
  - o Provides a statistical analysis (i.e. studies) of morbidities and mortalities (via queries)

# Frequent Issues/ FAQs

Issue	Explanation of Issue (*Each “Issue” includes a corresponding slide)
<b>Mortalities</b>	Needs to be a new write-up, even if it’s for a case that was previously submitted; also, “discharge date” needs to be completed (it is the date of expiration).
<b>Complications &amp; Procedures</b>	All complications and procedures need to be included.
<b>Wound Classification</b>	Be mindful of wound classification corresponding with procedure.
<b>Case Descriptions</b>	Details and pertinent PMX need to be included; no patient-identifying information, nor physician/institution names (instead, write service name or “OSH”); include mesh type used, if applicable.
<b>Updates</b>	Updates should be sent to Becky/Richetta and should <b>not</b> be reflected in the weekly M&M stats.
<b>New features (June 2013)</b>	Timeout box (when idle for 15 minutes); “Treatment of Complication” field; Case Description guidelines; and a “Custom Value” pop-up box, when free-texting.

# The New and Improved M&M Database, Summer 2013

- o Case description guidelines included on write-up page, in order to ensure all pertinent information is included for case reviewer
- o Time-out warning notification to prevent case reviewer from getting logged out and then unable to finish review of case
- o “Treatment of Complication” field added
  - o Utilized as a quick reference for how the patient was treated



Department of Surgery

M&M Report Database

You are currently signed in as: **Team III** ([logout](#))

**\*\*Complications are not Mortalities\*\***

Case Type:	<input type="radio"/> Morbidity <input type="radio"/> Mortality
Date of Report	<input type="text" value="5/2/2013"/>
Date of Procedure	<input type="text"/>
Team	<input type="text" value="Team III"/>
Reported By	<input type="text"/>
MRN	<input type="text"/>
Patient's Name	<input type="text"/> (Last, First)
Patient's DOB	<input type="text"/>
Date Admitted	<input type="text"/>
Date of Discharge	<input type="text"/>
Chief Resident	<input type="text" value="ro"/>
Attending	<input type="text" value="Rossi, Alan"/> <input type="text" value="Type a few letters to start searching"/>
Diagnosis	<input type="text"/>
Procedure	<input type="text"/>
Complication	<input type="text"/>
Wound Type	<input type="text"/>
Anastomosis Method	<input type="text"/>
Anastomosis Technique	<input type="text"/>
Anastomosis Location	<input type="text"/>
Leak Site	<input type="text"/>
Pre-Op Antibiotics	<input type="text"/>

Case Write-up:  
When typing, you can either: enter in the first few letters of any word(s) and/or name(s) and the drop-down list will generate (e.g. when searching on Google) or click on the right-hand arrow, for the drop-down list (on the screen or on your keyboard).



## Department of Surgery

### M&M Report Database

You are currently signed in as: **Team III** [\(logout\)](#)

**\*\*Complications are not Mortalities\*\***

Case Type:	<input type="radio"/> Morbidity <input type="radio"/> Mortality
Date of Report	<input type="text" value="5/2/2013"/>
Date of Procedure	<input type="text"/>
Team	<input type="text" value="Team III"/>
Reported By	<input type="text"/>
MRN	<input type="text"/>
Patient's Name	<input type="text"/> <i>(Last, First)</i>
Patient's DOB	<input type="text"/>
Date Admitted	<input type="text"/>
Date of Discharge	<input type="text"/>
Chief Resident	<input type="text"/>
Attending	<input type="text" value="Alhawsawi, Abdulelah"/>
Diagnosis	<input type="text" value="Boudourakis, Leon"/>
Procedure	<input type="text" value="Chan, Edward"/>
Complication	<input type="text" value="Colon, Modesto"/>
Wound Type	<input type="text" value="Eisenstein, Samuel"/>
Anastomosis Method	<input type="text" value="Rossi, Alan"/>
Anastomosis Technique	<input type="text" value="Sur, Malini"/>
Anastomosis Location	<input type="text"/>
Leak Site	<input type="text"/>
Pre-Op Antibiotics	<input type="text"/>



You are currently signed in as: **Team III** ([logout](#))

**\*\*Complications are not Mortalities\*\***

Morbidity  Mortality

Case Type:

Date of Report

Date of Procedure

Team

Reported By

MRN

Patient's Name

Patient's DOB

Date Admitted

Date of Discharge

Chief Resident

Attending

Diagnosis

Procedure

Complication

Wound Type

Anastomosis Method

Anastomosis Technique

Anastomosis Location

Leak Site

5/2/2013

**Add a custom value** x

Are you sure the diagnosis you're looking for is not in the list?

Selecting a value from the list really helps the usefulness of this system

Yes, add it

No

undefined

Smith, Glen

When entering in free-text, a pop-up will appear, confirming whether or not the user would like to add in a new entry not available on the original drop-down list. Please try to avoid free-text as much as possible.

## Department of Surgery

### M&M Report Database

You are currently signed in as: **Molotsky, Rebecca** ([logout](#))

**\*\*Complications are not Mortalities\*\***

Case Type:	Mortality
Date of Report	6/6/2013
Date of Procedure	6/2/2013
Team	Liver Transplant
Reported By	Nir Lubezky
MRN	2288935
Patient's Name	Lin, Dao ( <i>Last, First</i> )
Patient's DOB	8/5/1947 (65 years)
Date Admitted	6/1/2013
Date of Discharge	6/3/2013
Chief Resident	emad kishi
Attending	Florman
Diagnosis	liver
Procedure	Liver transplant
Complication	death
Treatment of Complication	none
Cause of Death	Multiorgan system failure
Wound Type	Clean - Contaminated
Anastamosis Method	Not Applicable
Anastamosis Technique	Not Applicable
Anastamosis Location	Not Applicable
Leak Site	Not Applicable
Pre-Op Antibiotics	Cefazolin 1mg Q6H 3d
Post-Op Antibiotics	Not Applicable
Case Description	65 yo F with a hx of Hep C and HCC, who was scheduled to undergo Liver transplant. Pt was brought to the OR, lines were placed. TEE was done which showed good cardiac funtion. Case began without any major bleeding or

“Discharge Date” must always be completed; it is the date that the patient expired.

## Mortalities:

Even if the patient was previously submitted as a morbidity, a **new write-up** must be submitted for all mortalities.

Enter Report

10.10.4.48/database/m\_case.asp?mode=view&id=5290

Mount Sinai Intranet M&M Report Database... Dept of Surgery American College of S... Pin It ALL-AC&O NYHS Last Searched The New York Times - ...

Chief Resident	[REDACTED]
Attending Surgeon	[REDACTED]
Diagnosis	Cervical cancer s/p radiation now with radiation enteritis
Procedure	Exploratory Laparotomy, Total Abdominal Hysterectomy, Bilateral Salpingo-oophorectomy, Low Anterior Resection, Ileocolic Resection, Diverting Loop Ileostomy
Complication	Fever
Cause of Death	
Wound Type	Clean - Contaminated
Anastomosis Method	Open - Extracorporeal
Anastomosis Technique	Stapled
Anastomosis Location	Colon
Leak Site	Not Applicable
Pre-Op Antibiotics	Kefzol/Flagyl mg QH d
Post-Op Antibiotics	Kefzol/Flagyl mg QH d
Case Description	[REDACTED]

List all complications which arose and/or attributed to/ occurred after the surgery was complete.

List all procedures performed intra-operatively. If more than one procedure is performed (after the initial procedure where the complication arose), then it can be addressed in the case description and/or as an "update," if it occurs after the write-up has already been submitted by the resident.



## Wound type:

The wound type must correspond with the procedure. Please be mindful of confirming that the wound type is correctly classified.

Attending	Greenstein, Alexander
Diagnosis	ULCERATIVE COLITIS, UNSPECIFIED
Procedure	Laparoscopic-assisted restorative proctocolectomy
Complication	Dehydration
Treatment of Complication	
Wound Type	Clean - Contaminated
Anastomosis Method	Open - Extracorporeal
Anastomosis Technique	Stapled and oversewn
Anastomosis Location	Not Applicable
Leak Site	Not Applicable
Pre-Op Antibiotics	Cefazolin 1gm Q8H 1d Metronidazole 500mg Q8H 1d
Post-Op Antibiotics	Not Applicable
Case Description	<p>This is a 51 year old male with ulcerative colitis who underwent a laparoscopic assisted ileal pouch anal anastomosis with planned loop ileostomy (Stage 2 of 3 stage procedure) on 5/17/13. He did well postoperatively and was discharged home on 5/21/13.</p> <p>On 5/27/13, he represented to the ED with complaints of weakness, emesis and frequency emptying stoma bag. His hematocrit was 57 and Creatinine 1.2. His obstructive series was normal. He was admitted for management of dehydration. He was started on fluids and immodium. By 5/28/13 he felt significantly better was discharged home on immodium and with outpatient follow-up.</p>
Attachments	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Attach"/>
Case Review	
Assigned for Review:	6/3/2013 9:50:18 AM
Date Reviewed:	6/5/2013 5:02:26 PM
Was the operation Indicated?	Yes
Complication due to Technical Error?	No
Complication diagnosed properly?	Yes

# Wound Classification

## Clean

- Uninfected operative wound in which no inflammation is encountered and the respiratory, alimentary, genital, or uninfected urinary tract is not entered.
- Examples: Mastectomy, Vascular bypass graft, exploratory laparotomy, hernia repair, thyroidectomy, total hip or knee replacement, total hip replacements for avascular necrosis, removal of 'Old' hardware without evidence of infection

## Clean/Contaminated

- An operative wound in which the respiratory, alimentary, genital or urinary tracts are entered under controlled conditions and without unusual contamination. Specifically, operations involving the biliary tract, appendix, vagina, and oropharynx are included in this category, provided no evidence of infection or major break in technique is encountered.
- Examples of "Clean/Contaminated" cases include cholecystectomy, colectomy, colostomy reversals, roux-en-Y, laryngectomy, small bowel resection, transurethral resection of the prostate, Whipple pancreaticoduodenectomy

## Contaminated

- Open, fresh, accidental wounds. In addition, operations with major breaks in sterile technique or gross spillage from the gastrointestinal tract, and incisions in which acute, **nonpurulent inflammation** is encountered including **necrotic tissue** without evidence of purulent drainage (for example dry gangrene) are included in this category.
- Keywords: **fibrinous exudate, fat necrosis**
- Examples of "Contaminated" cases include appendectomy for inflamed appendicitis, bile spillage during cholecystectomy, or open cardiac massage. Open surgical wounds returning to the OR.
- Examples of major break in sterile technique include but are not limited to non-sterile equipment or debris found in the operative field.

## Dirty/Infected

- Old traumatic wounds with retained devitalized tissue and those that involve existing clinical infection or perforated viscera. This definition suggests that the organisms causing postoperative infection were present in the operative field before the operation.
- Keywords: **Purulence/Pus**
- Examples of "Dirty/Infected" cases include excision and drainage of abscess, perforated bowel, peritonitis, ruptured appendix

Guidelines for entering information onto the "Case Description" box.

(Last, First)

Patient's DOB

Date Admitted

Date of Discharge

Chief Resident

Attending

Diagnosis

Procedure

Complication

Wound Type

Anastamosis Method

Anastamosis Technique

Anastamosis Location

Leak Site

Pre-Op Antibiotics

Post-Op Antibiotics

Case Description

This space should be utilized to address the following items: PMHx, pertinent lab values, medications, and a discussion of the patient's current/most recent hospital stay. The information must be concise, but detailed enough to give the reviewer a succinct account of the patient's hospital course. All performed procedures and complications must also be addressed in the case description.

Submit

[Go Back to Main Menu](#)

Case descriptions are utilized in QA Meetings to assess the standard of care. An essay format (no lists) should be utilized, and pertinent details on the pre-, intra-, and post-operative course are necessary in reviewing the patient's clinical course. Anonymity must be maintained, so no patient identifying information (name, initials, etc.) can be included. Mesh type must also be included, if applicable.



You are currently signed in as: **Team III** ([logout](#))

**\*\*Complications are not Mortalities\*\***

Morbidity  Mortality

5/2/2013

**Session Timeout** ✕

You will automatically be logged out in 116 seconds.

Click OK to stay connected

Team	
Reported By	
MRN	
Patient's Name	
Patient's DOB	
Date Admitted	
Date of Discharge	
Chief Resident	<input type="text"/> <input type="button" value="V"/>
Attending	<input type="text"/> <input type="button" value="V"/>
Diagnosis	<input type="text"/> <input type="button" value="V"/>
Procedure	<input type="text"/> <input type="button" value="V"/>
Complication	<input type="text"/> <input type="button" value="V"/>
Wound Type	<input type="text"/> <input type="button" value="V"/>
Anastamosis Method	<input type="text"/> <input type="button" value="V"/>
Anastamosis Technique	<input type="text"/> <input type="button" value="V"/>
Anastamosis Location	<input type="text"/> <input type="button" value="V"/>
Leak Site	<input type="text"/> <input type="button" value="V"/>
Pre Op Antibiotics	<input type="text"/>

The "Timeout" box appears after being idle for 15 minutes. This will prevent users from being logged off before the case entry write-up is complete.

# Updates

- o Updates are a continuation of a patient's clinical course, whether they have a new complication or are re-admitted, etc.
- o Updates should not be reflected in the weekly stats– stats should ONLY include new write-ups.
- o Updates and any additional questions/issues should be emailed to Becky Molotsky ([rebecca.molotsky@mountsinai.org](mailto:rebecca.molotsky@mountsinai.org) or extension 4-8832) or Richetta Givens ([richetta.givens@mountsinai.org](mailto:richetta.givens@mountsinai.org) or extension 4-4751)