# Morbidities & Mortalities Database

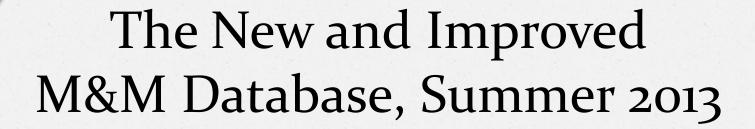
- Purpose is to:
  - Support a robust Quality Assurance process that reviews the care that Mount Sinai's Dept of Surgery provides
    - Each case is reviewed to assess the standard of care by the monthly QA meetings
    - Monthly Performance Improvement Committee meetings review database metrics (i.e. leaks, breast implant infections, etc.)
  - 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)				
Mortalities	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).				
Complications & Procedures	All complications and procedures need to be included.				
Wound Classification	Be mindful of wound classification corresponding with procedure.				
Case Descriptions	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.				
Updates	Updates should be sent to Becky/Richetta and should <b>not</b> be reflected in the weekly M&M stats.				
New features (June 2013)	Timeout box (when idle for 15 minutes); "Treatment of Complication" field; Case Description guidelines; and a "Custom Value" pop-up box, when free-texting.				



- Case description guidelines included on write-up page, in order to ensure all pertinent information is included for case reviewer
- Time-out warning notification to prevent case reviewer from getting logged out and then unable to finish review of case
- "Treatment of Complication" field added
  - 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 (loqout)

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

Morbidity Mortality

Case Type:

Gase Type.	Worbidity Wiortality	
Date of Report	5/2/2013	
Date of Procedure		
Team	Team III	X
Reported By		V
MRN		
Patient's Name	(Last, First)	
Patient's DOB		
Date Admitted		
Date of Discharge		
Chief Resident	rol	V
Attending	Rossi, Alan Type a few letters to start searching	V
Diagnosis		V
Procedure		V
Complication		V
Wound Type		V
Anastamosis Method		V
Anastamosis Technique		V
Anastamosis Location		V
Leak Site		V

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:		
Date of Report	5/2/2013	
Date of Procedure		
Team	Team III	X
Reported By		V
MRN		
Patient's Name	(Last, First)	
Patient's DOB		
Date Admitted		
Date of Discharge		
Chief Resident		V
Attending	Alhawsawi, Abdulelah	V
Diagnosis	Boudourakis, Leon	V
Procedure	Chan, Edward Colon, Modesto	V
Complication	Eisenstein, Samuel	V
Wound Type	Rossi, Alan	V
Anastamosis Method	Sur, Malini	V
Anastamosis Technique		V
Anastamosis Location		V
Leak Site		V



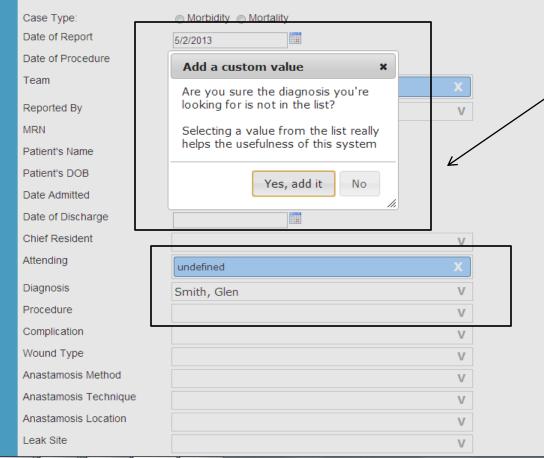
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#### M&M Report Database

You are currently signed in as: Team III (logout)

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



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

## Mortalities:

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

## Department of Surgery

## M&M Report Database

You are currently signed in as: Molotsky, Rebecca (logout)

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

Date of Report 6/6/2013 Date of Procedure 6/2/2013 Liver Transplant Team

Case Type:

Reported By

Date Admitted

Date of Discharge

Pre-Op Antibiotics

MRN 2288935 Patient's Name Lin, Dao (Last, First)

Mortality

Nir Lubezky

6/1/2013

6/3/2013

Cefazolin 1mg Q6H 3d

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

Patient's DOB 8/5/1947 (65 years)

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

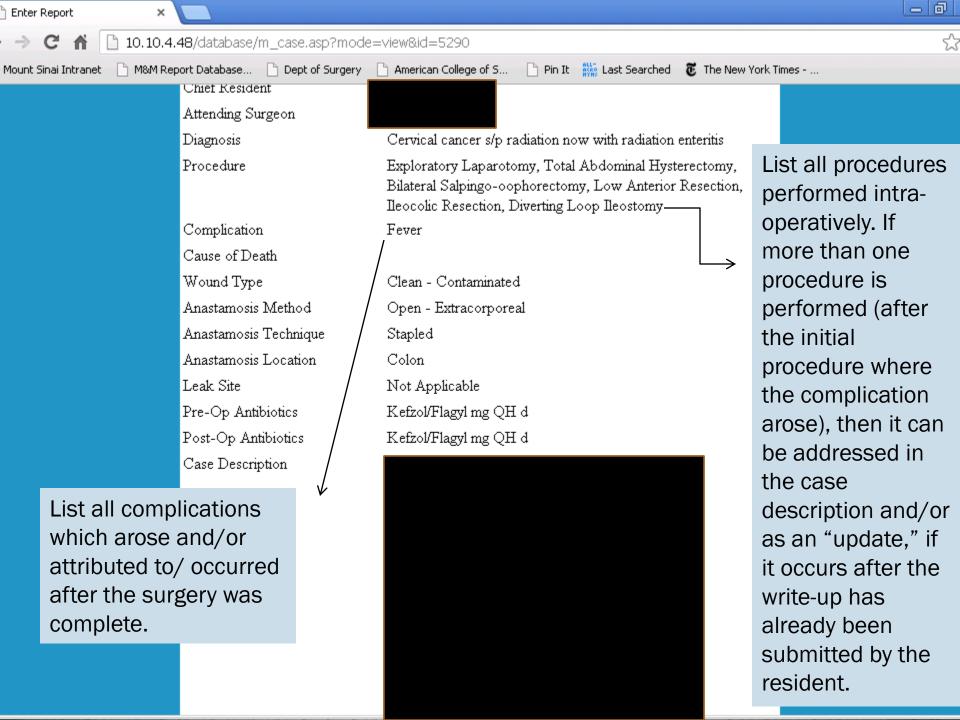
Leak Site Not Applicable

Post-Op Antibiotics Not Applicable

Case Description 65 yo F with a hx of Hep C and HCC, who was scheduled to undergo Liver

completed; it is the date that the patient expired.

"Discharge Date" must always be



Attending	Greenstein, Alexander	The wo				
Diagnosis	ULCERATIVE COLITIS, UNSPECIFIED	corresp				
o a	<u> </u>	corresp				
Procedure	Laparoscopic-assisted restorative proctocolectomy	procedu				
Complication	Dehydration	•				
Treatment of Complication		mindful				
Wound Type	Clean - Contaminated	that the				
Anastamosis Method	Open - Extracorporeal	triat trie				
Anastamosis Technique	Stapled and oversewn	correctl				
Anastamosis Location	Not Applicable	0011000				
Leak Site	Not Applicable					
Pre-Op Antibiotics	Cefazolin 1gm Q8H 1d Metronidazole 500mg Q8H 1d					
Post-Op Antibiotics	Not Applicable					
Case Description	E Description  This is a 51 year old male with ulcerative colitis who underwent a laparoscopic assisted ileal pouch anal anastamosis 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.					
	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.					
Attachments	Choose File No file chosen 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	No					

Complication diagnosed properly? Yes

# Wound type:

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



#### 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

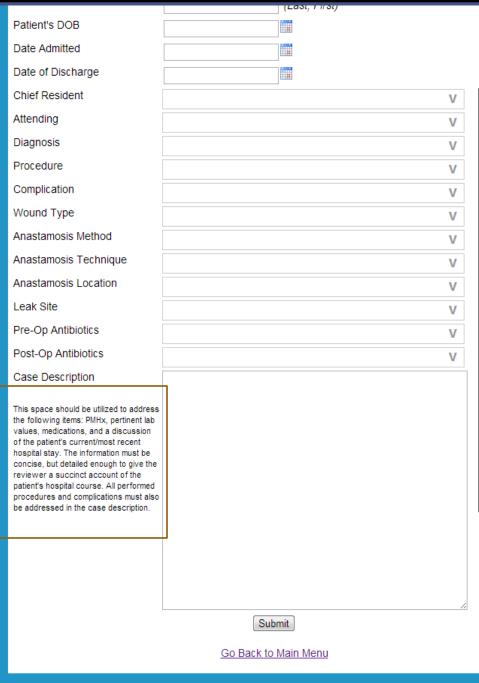
#### Contaminated

- 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.



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.

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The "Timeout" box appears after being idle for 15 minutes. This will prevent

users from being logged off before the case entry writeup is complete.

Team

MRN

Reported By

Patient's Name Patient's DOB

Date Admitted Date of Discharge Chief Resident Attending Diagnosis Procedure

Complication Wound Type

Leak Site

Anastamosis Method

Anastamosis Technique

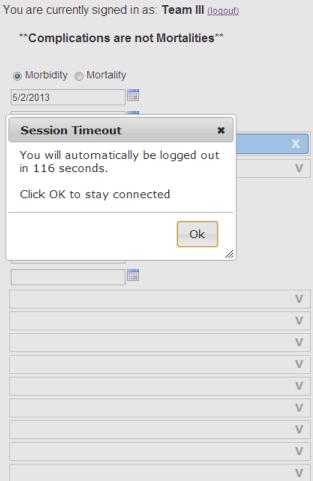
Anastamosis Location

5/2/2013 Session Timeout You will automatically be logged out in 116 seconds. Click OK to stay connected Ok

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## Department of Surgery

M&M Report Database





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