eM&M Case Submission and Completion Guide

Surgery, December 2016

Introduction

- This document illustrates how to submit cases for review in the new electronic **Mortality and Morbidity Case Review tool (eM&M)** and how to review them (if authorized to do so).

- The mandate requiring the use of an electronic system for case review is explained in **Appendix I:** ***Departmental M&M and Peer Review Process***.

- Questions about the M&M Case Review process are addressed in **Appendix II:** ***Departmental M&M/Case Review: Frequently Asked Questions***.

Contents

I. Quick Start Guide

TO SUBMIT A CASE FOR REVIEW *(ANY Provider, Resident, Fellow, or AHP)*:

1. Go to https://mnm.ucsfmedicalcenter.org/login.aspx
2. Enter your **network user name** and click **Log in**
3. Enter your **provider ID** and click **Log in**
4. Click **Submit Cases** and select a service
5. Enter MRN and click **Validate MRN** to auto-fill patient name, gender and date of birth.
6. Complete all applicable fields. All fields with ** are required.
7. Click **Submit and Email to QI Champion** button

TO COMPLETE A CASE SUBMITTED FOR REVIEW *(ONLY QI Champion or Designee)*:

1. **IMPORTANT:** When using a shared UCSF Medical Center network computer (e.g. in a patient care area) you must FIRST log into the computer with **your username and password** to enable case review functionality
2. Go to https://mnm.ucsfmedicalcenter.org/login.aspx
3. Enter **network user name** and click **Log in**
4. Click **Review Cases**, choose a service, and click on the desired case number
5. Review case and record all relevant findings and assessments. All fields with ** are required.
6. Upon completion of case review, click **Service Review Completed** to notify QI Chair.

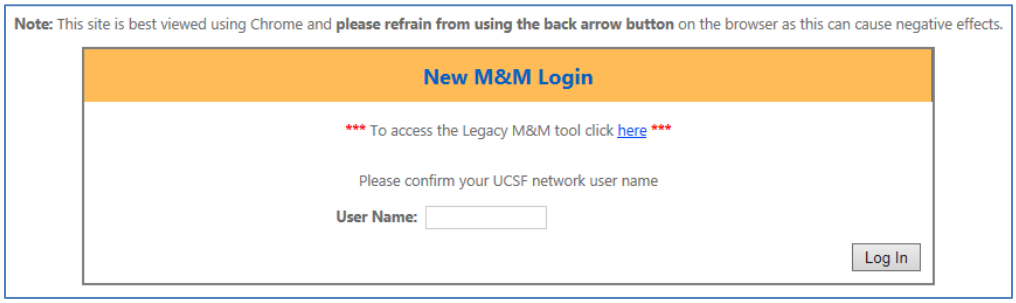
TO REVIEW CASES SUBMITTED TO QI CHAIR FOR REVIEW *(QI Chair ONLY)*:

1. Follow steps 1-4 above to access the case.
2. Review case and edit as needed.
3. Click **QI Committee Review Completed** to close the record.

II. Tutorial: Submitting a Case

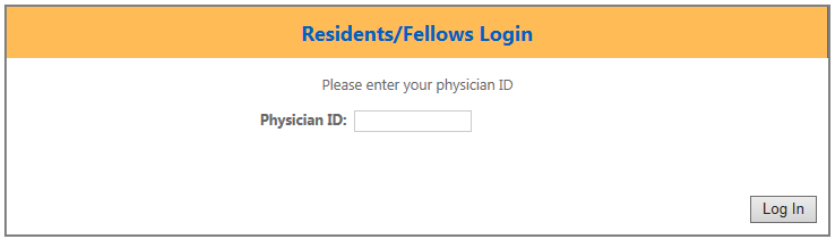
A. Login and Service Selection

1. Go to https://mnm.ucsfmedicalcenter.org/login.aspx

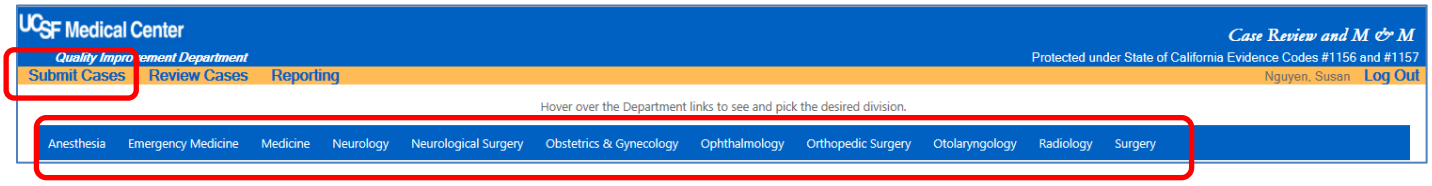


2. Enter your network user name and click **Log In**

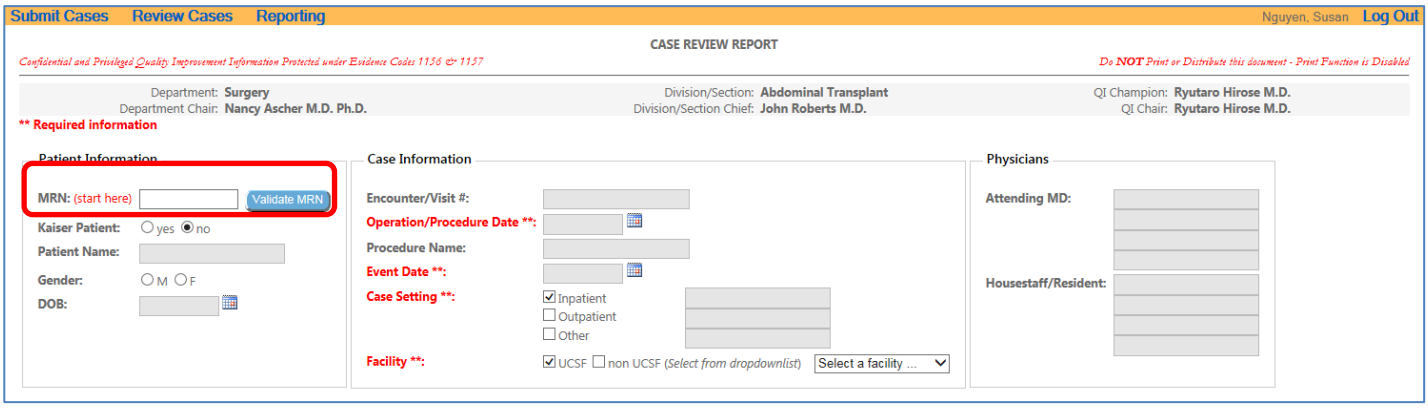
3. Enter your provider ID and click **Log In**



4. Click **Submit Cases**. Then, select the service you wish to submit a case to:

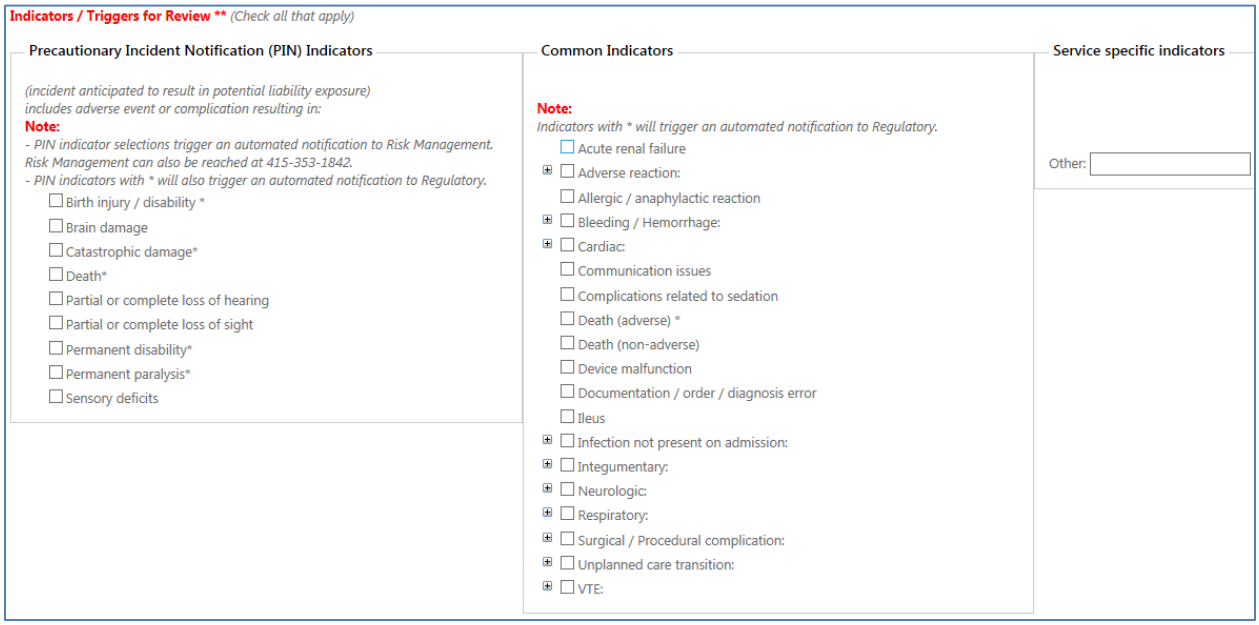


B. Patient Information Section



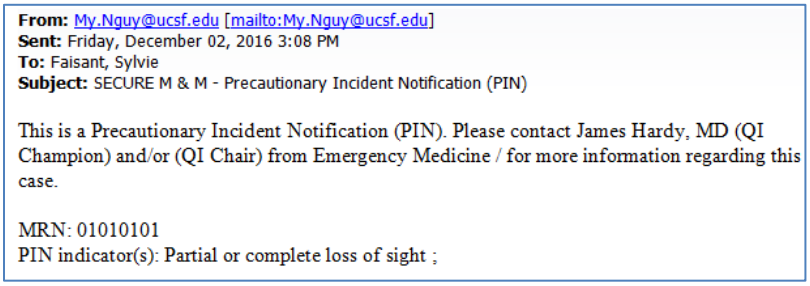
1. All fields with ** are required
2. Enter the MRN and click **Validate MRN**. The patient's name, gender and date of birth will autofill.
3. Enter Case Information
4. Physicians: begin typing a last name and select the correct name(s) from the list.

C. Indicators / Triggers for Review:



1. **Precautionary Incident Notifications (PINs)** are prompt notifications mandated by UC Office of the President. These include serious and catastrophic adverse events anticipated to result in potential liability exposure.

    - When a PIN Indicator is selected, a notification message will be automatically sent to Risk Management. These alerts contain minimal information and serve to facilitate follow-up communication:

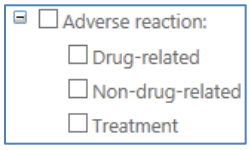


From: My.Nguy@ucsf.edu [mailto:My.Nguy@ucsf.edu]
Sent: Friday, December 02, 2016 3:08 PM
To: Faisant, Sylvie
Subject: SECURE M & M - Precautionary Incident Notification (PIN)

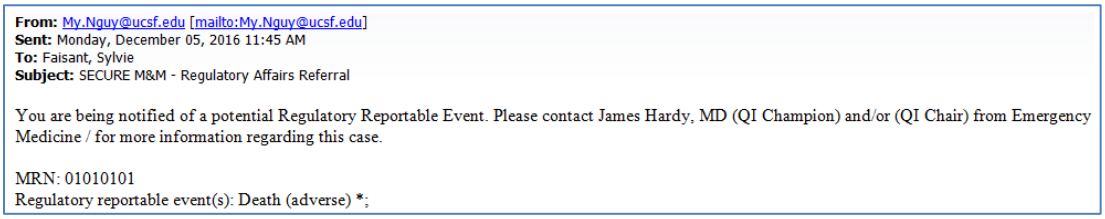
This is a Precautionary Incident Notification (PIN). Please contact James Hardy, MD (QI Champion) and/or (QI Chair) from Emergency Medicine / for more information regarding this case.

MRN: 01010101
PIN indicator(s): Partial or complete loss of sight ;

2. **Common and Service Specific Indicators** are additional triggers for case review:
    - Indicators with a ⊞ have additional options within that category. Click on the ⊞ to expand:



    - Indicators marked with an * trigger a notification to Regulatory. These alerts contain minimal information and serve to facilitate follow-up communication:

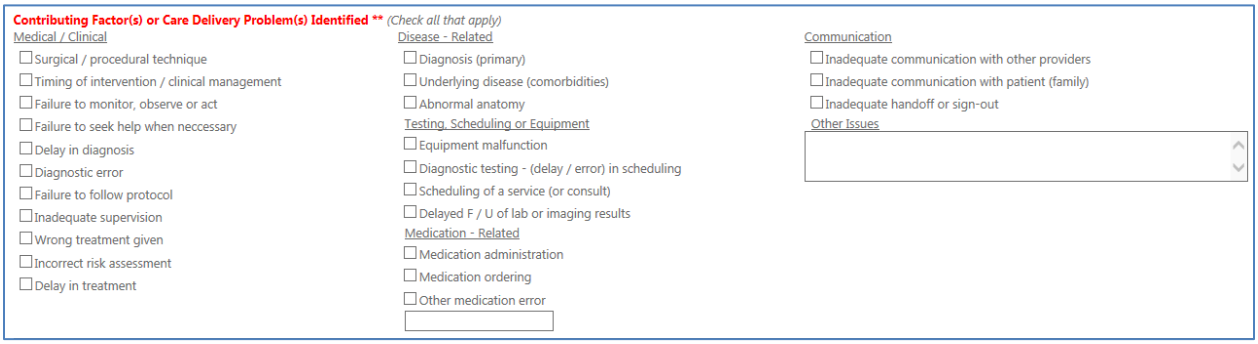


From: My.Nguy@ucsf.edu [mailto:My.Nguy@ucsf.edu]
Sent: Monday, December 05, 2016 11:45 AM
To: Faisant, Sylvie
Subject: SECURE M&M - Regulatory Affairs Referral

You are being notified of a potential Regulatory Reportable Event. Please contact James Hardy, MD (QI Champion) and/or (QI Chair) from Emergency Medicine / for more information regarding this case.

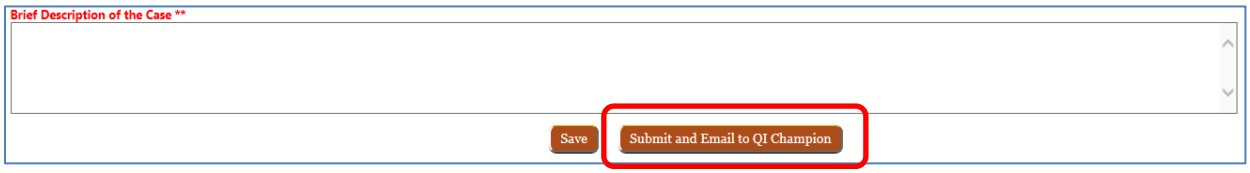
MRN: 01010101
Regulatory reportable event(s): Death (adverse) *;

D. Contributing Factors or Care Delivery Problems:

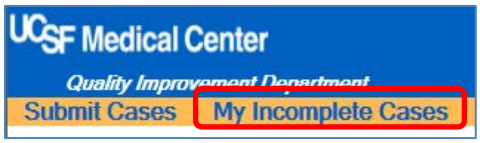


1. Select one or more as applicable. Ensure free text details are included when selecting “Other”.

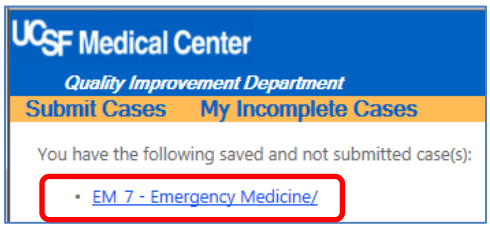
E. Brief Description of the Case



1. Free text a brief description of the case.
    - To save your progress and return later, click **Save.**
        - To return to a saved case, click **My Incomplete Cases**



        - You will then be brought to a list of any incomplete cases. Click on the link for the desired case:

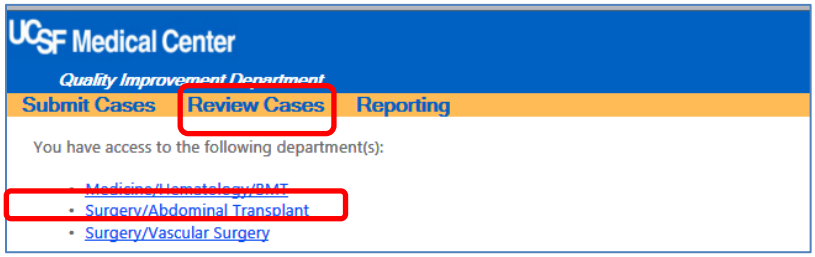


    - When complete, click **Submit and Email to QI Champion**.
        - The QI Champion will be notified by email:

III. Tutorial: Reviewing a Case (QI Champion/Designee and QI Chair)

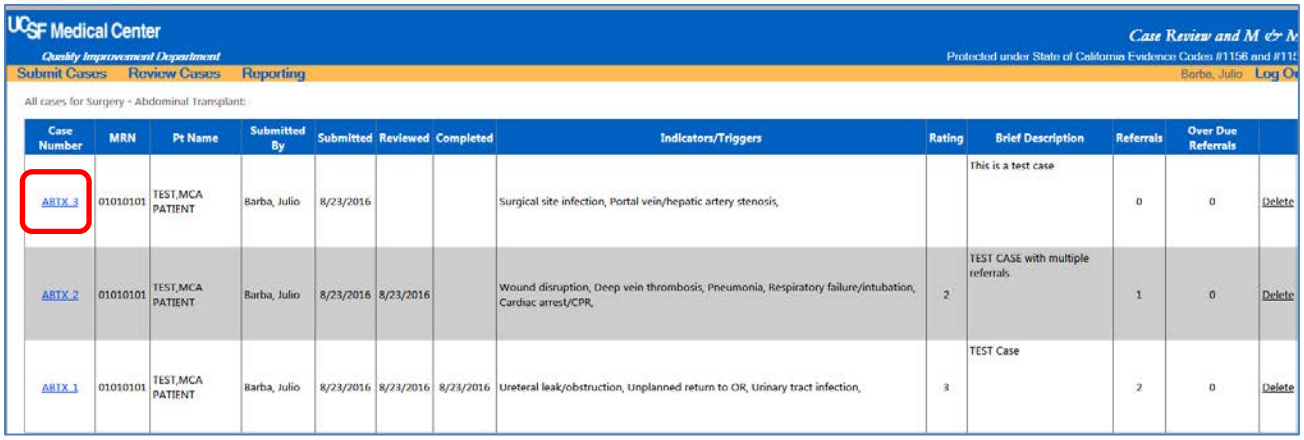
1. **Only authorized QI Champions, their designees and supporting Quality Improvement analysts** have access to the cases after they have been submitted for review. For access issues, contact your Quality Improvement analyst.
    - ****To review or modify a case you must first login on a computer that is on the UCSF Medical Center network with your username and password****

2. Repeat the login procedure described for submitting a case (you will not need to enter a Provider ID). Select **Review Cases**.
    - Links display the department(s) that you have case review access to. (If you only have access to one service, you will be sent directly to your list of cases.)



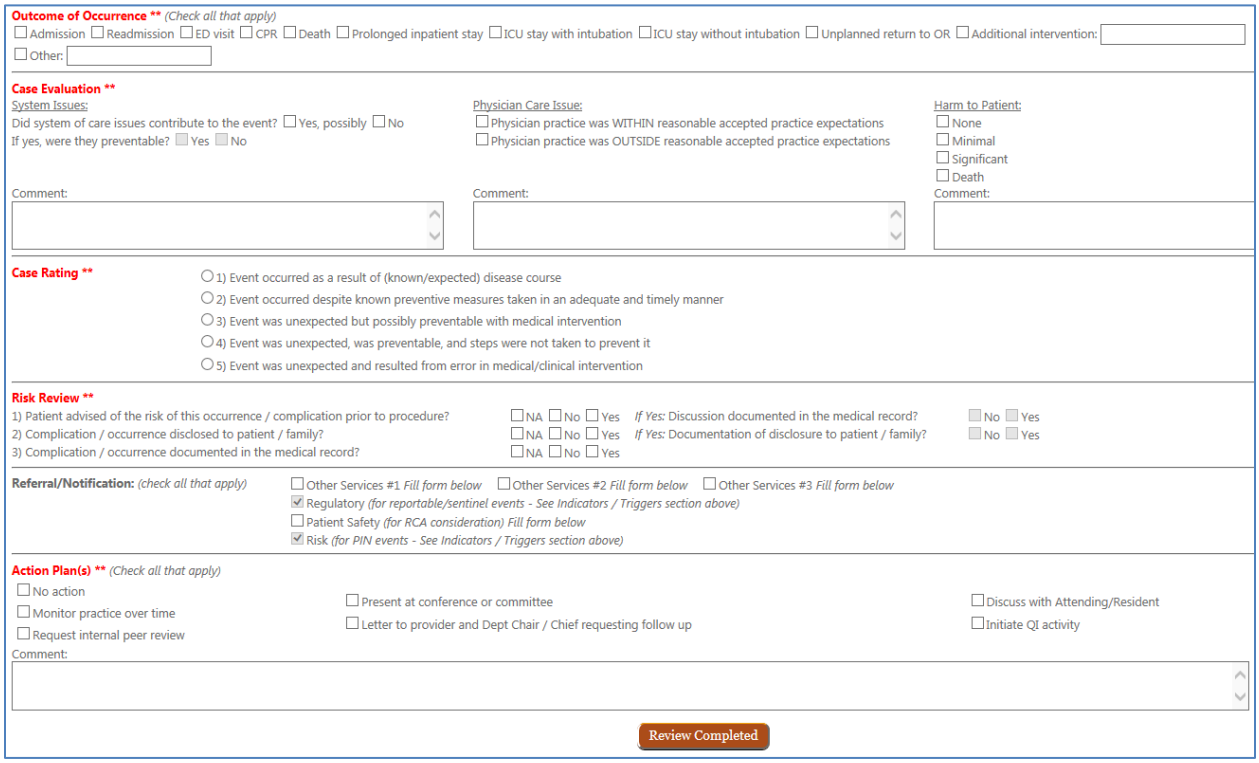
3. Cases in the database are displayed in order of submission with the most recently submitted case at the top.

4. To review case details, select the linked **Case Number** in the far left column to open the case.

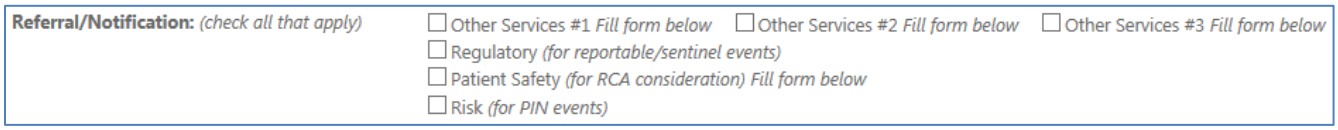


Case Number	MRN	Pt Name	Submitted By	Submitted	Reviewed	Completed	Indicators/Triggers	Rating	Brief Description	Referrals	Over Due Referrals	
ARTX 3	01010101	TEST,MCA PATIENT	Barba, Julio	8/23/2016			Surgical site infection, Portal vein/hepatic artery stenosis,		This is a test case	0	0	Delete
ARTX 2	01010101	TEST,MCA PATIENT	Barba, Julio	8/23/2016	8/23/2016		Wound disruption, Deep vein thrombosis, Pneumonia, Respiratory failure/intubation, Cardiac arrest/CPR,	2	TEST CASE with multiple referrals	1	0	Delete
ARTX 1	01010101	TEST,MCA PATIENT	Barba, Julio	8/23/2016	8/23/2016	8/23/2016	Ureteral leak/obstruction, Unplanned return to OR, Urinary tract infection,	3	TEST Case	2	0	Delete

5. All information from the initial submission is viewable. Additional sections for the QI Champion/Chair/Designee are now viewable in the second half of the form.

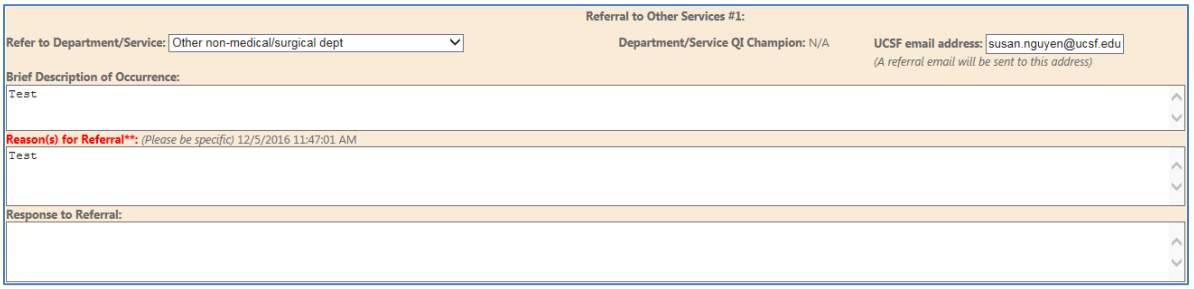


6. **Referral/Notification:** There are four (4) options within this section.



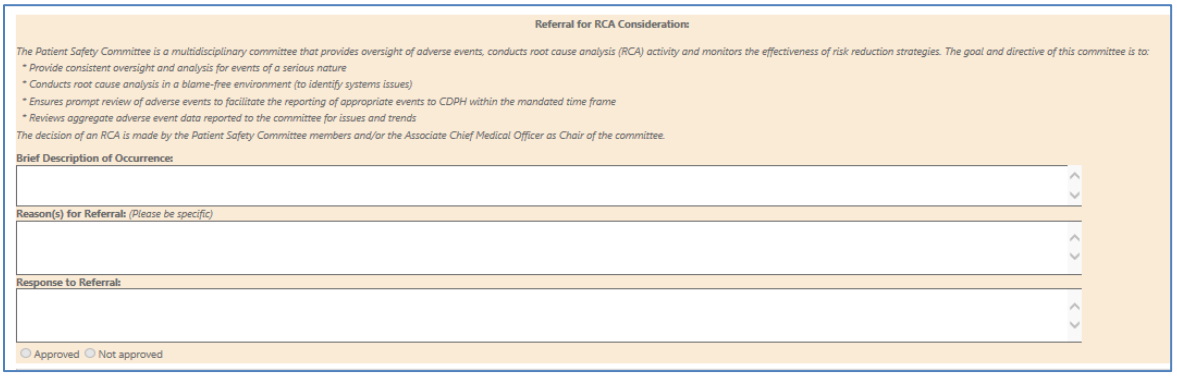
   1) To refer a case to another service, check **Other Services**.

      - Select the **Department/Service** from the dropdown menu. The email address of that department's QI Champion appears.
      - For other departments not listed, select **Other non-medical/surgical dept** from the dropdown menu; manually enter the email address of the person you are referring the case to.
      - The **Brief Description of Occurrence** auto-fills.
      - Complete the **Reason(s) for Referral** section.



   2) **Regulatory** email notification will automatically be selected based on the indicators selected (no forms need to be completed).

3) To refer a case to **Patient Safety** for RCA consideration, check the box and fill out the form.
    a. Patient Safety will indicate in their response whether an RCA is approved or not approved.



4) **Risk Management** email notification will automatically be selected based on the indicators selected (no forms need to be completed).

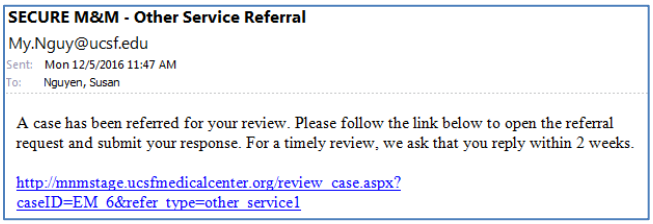
5) All referrals/notifications will be sent when you click **Service Review Completed** at the end of the form. **Note: these messages cannot be retracted once sent.

7. When the review is complete, click **Service Review Completed**

8. An email is sent to the QI Chair to notify him of the case.

IV. Tutorial: Responding to a Case Referral

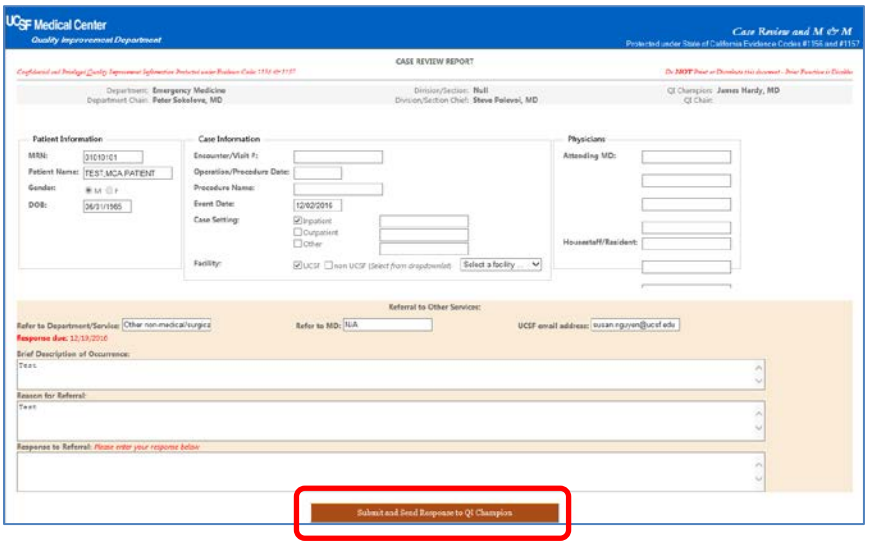
1. The recipient of a **case referral** will receive an email notification with a link to the referral form.


SECURE M&M - Other Service Referral
My.Nguy@ucsf.edu
Sent: Mon 12/5/2016 11:47 AM
To: Nguyen, Susan

A case has been referred for your review. Please follow the link below to open the referral request and submit your response. For a timely review, we ask that you reply within 2 weeks.

http://mnmstage.ucsfmedicalcenter.org/review_case.aspx?caseID=EM_6&refer_type=other_service1

2. The recipient fills out the **Response to Referral** section and clicks **Submit and Send Response to QI Champion**



3. Once the response is submitted by clicking on **Submit and Send Response to QI Champion**, the QI champion will be notified by email:


From: sylvie.faisant@ucsf.edu [mailto:sylvie.faisant@ucsf.edu]
Sent: Friday, November 04, 2016 10:29 AM
To: Faisant, Sylvie
Subject: SECURE M & M - Other Service Referral - Response

This is to let you know that a response was posted for your case referral - ABTX_1 .

To review this case please login to the M & M Tool:

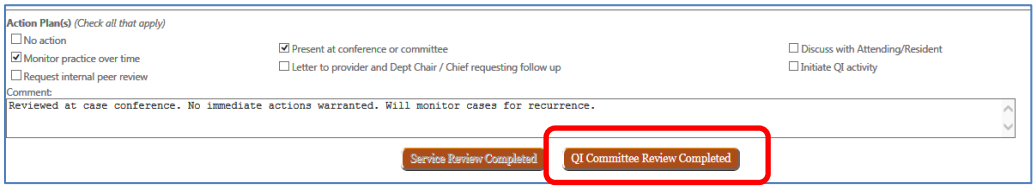
http://mnmstage.ucsfmedicalcenter.org/

Please note that you will need to be logged in as yourself to the UCSF network to view this case.

For technical questions regarding the M&M tool, please contact Sylvie Faisant (Sylvie.Faisant@ucsf.edu).
For all other questions, please contact your designated quality liaison.

V. Tutorial: QI Chair Case Review Completion

After the case has been fully reviewed by the M&M Committee, including responses to referrals, the QI Chair enters final comments (if any) and clicks **QI Committee Review Completed** to close the case.



APPENDIX 1

Date: March 15, 2016

To: School of Medicine Clinical Department Chairs and Division Chiefs

From: Robert Kerlan, MD, Chairman, Credentials Committee

Re: Departmental M&M and Peer Review Process

At the direction of Chancellor Hawgood and the Governance Advisory Council (GAC), the Credentials Committee convened a task force to evaluate the overall M&M and peer review process at UCSF. This mandate was motivated by a number of cases that were reported to GAC by various clinical departments where a demonstrated lack of standardization and consistency regarding how M&M and peer review is both monitored and enforced at the departmental level, and at the time of a physician's re-credentialing. The Task Force was composed of representatives from the departments of Medicine, Orthopedic Surgery, Neurology, Ob/Gyn & REI, Radiology, Legal Affairs, Risk Management, Patient Safety and Quality Services, and Medical Staff Affairs.

The task force recommended the following changes for all departmental and/or divisional M&M and peer review forums. The recommendations were reviewed and accepted at a meeting of the Clinical Chairs followed by review and approval of the Credentials Committee, Executive Medical Board, and GAC.

Recommendations:

1. All Departments (and their respective Divisions/Services) must have specific and objective indicators that trigger a case for review in a dedicated M&M forum. For departments without this process in place, they will have the ability to determine these indicators and will be required to inform the Departments of Quality and Medical Staff Affairs of their selected indicators. Departmental (or service-specific) M&M forums must occur on a regular basis to both proactively and reactively learn from cases to identify opportunities for improvement (both at the system- and provider-level).
2. In addition to the aforementioned service specific indicators, M&M / case review referrals must also incorporate the Precautionary Incident Notification (PIN) system mandated by the UC Office of the President, and accept referrals from other committees or quality forums of the medical staff and/or the medical center (i.e. Patient Safety, SCHRMC, Risk Management, etc.).
    - PIN indicators include an adverse event or complication resulting in death, brain damage, permanent paralysis, sensory deficits, partial or complete loss of hearing or sight, birth injury or disability, or other catastrophic damage or permanent disability; an incident anticipated to result in potential liability exposure.
3. All M&M forums that discuss specific cases will be required to use the *UCSF M&M and Case Review* online tool, which provides a secure, confidential, and customizable platform for the process. All data will be owned by the clinical departments. Many services already use this tool and for those needing to transition to it will be provided support from the Department of Quality, who have attached a Frequently Asked Questions guide as part of these new requirements.
4. Clinical services will continue to provide their M&M data with trends and related improvement work to the *Clinical Performance Improvement Committee* (CPIC) on an annual basis. When possible and relevant, the clinical services will present anonymized provider-specific data to demonstrate efforts that enhance the peer review process within their services.

5. Related to peer review, all Clinical departments (and their respective Divisions/Services) must identify two (2) metrics to be reported as part of the Ongoing Professional Practice Evaluation (OPPE) process. For many services, these will be identical to the M&M indicators above (e.g., procedural complication) but for non-procedural areas in particular,

they will be provided with the same opportunity to develop their own. Chairs and chiefs will be able to review and evaluate these metrics during the OPPE review cycle administered by the Department of Medical Staff Affairs.

To help organize this effort and ensure compliance by all departments and divisions, I am requesting that you (or your designee) report back in writing by July 1, 2016 on your plans to meet these requirements. This will be monitored as an ongoing agenda item of the monthly Credentials Committee with direct reporting to the Executive Medical Board and GAC.

APPENDIX 2

Departmental M&M/Case Review: Frequently Asked Questions

What is M&M/Case Review?

M&M/Case review is a process that involves analyzing the care provided to a patient by a peer or committee of peers.

What is the purpose of M&M/Case Review?

To create a non-punitive process that allows us to improve the quality and safety of the care we deliver by learning from adverse events, errors, and near misses, and to increase our awareness of vulnerable areas in our practice.

Why do we need an M&M/Case Review process?

1. Identify opportunities for systems improvement and/or highlight trends that require further investigation to ultimately improve the quality and safety of care we strive to provide.

2. Provide a lens into the care delivered that may not be captured by performance data or the incident reporting system.

3. Foster a culture for performance improvement within your division/department.

What type of cases should be reviewed?

Sources that prompt the need for an M&M/case review vary depending on your clinical service. Potential sources include:

- Concerns about a case raised by a division's faculty
- Concerns about a case raised by a division's trainees
- Requests for review from other divisions/departments/committees (including nursing, pharmacy, SCHMRC etc.)
- Incident Reports that require a deeper evaluation
- Patient-driven concerns (e.g. via patient relations or directly from a patient/family member)
- PIN (see below)

What other service-specific indicators should trigger an M&M/Case Review?

Each clinical service is required to define at least two indicators that are relevant to their setting. Examples include patient deaths, procedural complications, unplanned readmissions, or unplanned return to the OR or ICU. In the ambulatory setting, triggers may be more variable and include delays in responding to test results, delays in diagnosis or treatment, or medication-related adverse events.

When should my division/department make a Precautionary Incident Notification (PIN) to Risk Management?

A Precautionary Incident Notification (PIN) is (1) an adverse event or complication resulting in death, brain damage, permanent paralysis, sensory deficits, partial or complete loss of hearing or sight, birth injury or disability, or other catastrophic damage or permanent disability; or (2) an incident anticipated to result in potential liability exposure or a claim. Your service should immediately notify Risk Management when any of these situations occur and conduct a thorough M&M/case review.

What are other reasons for referring a case to Risk Management?

You should consider sharing a case with risk management when any of the following criteria are met (though not limited to):

- Poor patient outcome that was unexpected and preventable
- Physician practice fell outside of the standard of care
- A patient's family has expressed extreme distress or agitation

How is M&M/Case Review different than the Medical Center's Root Cause Analysis (RCA) Process?

The Medical Center's RCA process is a multi-disciplinary real-time problem-solving method for analyzing adverse events. The RCA process involves inviting the providers involved in the case to attend a one-hour session to discuss the relevant care delivery issues. The aim of the RCA process is to understand system-based problems and to develop action plans for redesigning processes that have impact beyond a single division or department.

When should my division/department refer a case to the Patient Safety Committee for an RCA?
The patient safety committee welcomes hearing about potential cases for an RCA, including near misses that provide an opportunity for learning and improvement. In addition, the National Quality Forum's previously classified "Never Events" (now referred to as Serious Reportable Events) and Joint Commission "Sentinel Events" should all be referred to patient safety. Please contact Adrienne Green (Chief Medical Officer, VP for Patient Safety & Regulatory Affairs and Chair of Patient Safety Committee) and/or James Stotts, Patient Safety Manager.

How do we organize and document the cases discussed during our M&M/Case Review process?

All services are required to use the *UCSF M&M/Case Review* online tool, which provides a secure, confidential, and customizable platform for the process. The Department of Quality will support getting services onto the tool (if not already using it), provide a case review template that can be customized in certain areas (e.g., indicators), and assist in generating reports that summarize trends from the data. These reports are a required element for annual presentations to the Clinical Performance Improvement Committee. A detailed How-to-Guide can also be provided.

Should our trainees (e.g., residents and fellows) participate in M&M/case review?

Yes. Creating opportunities for trainees to participate in, contribute to, and learn from the M&M/case review process is important. Their ACGME requirements call for such engagement and this process is an excellent method to foster a culture for improvement, role model behaviors in analyzing both system- and provider-specific issues, and cultivate their own continuous learning and improvement.

How is M&M/Case Review different than Peer Review?

Peer review focuses on the evaluation of individual provider performance rather than "systems" issues. While M&M/case review may raise and address concerns about individual performance, each division/department should create a fair mechanism to address individual provider concerns. The latter may be combined with other provider-specific performance metrics that assist Department Chairs (or designees) in their provider assessments for the credentialing process.

Are Case Review and Peer Review legally protected activities?

Yes. M&M/case review/peer review evaluations and discussions are protected from legal discovery under California evidence codes 1156 & 1157. By participating in the Medical Staff Committee quality and safety committee activities, participants agree

to maintain the confidentiality of this process and not engage in unprotected communications outside of committee activity. When corresponding on sensitive case review material that includes patient identifiers, please make sure to begin the subject title of your emails with “SECURE:” or “EPHI”.

Who can I contact with questions about the M&M/case review process?

Niraj Sehgal, Chief Quality Officer

Matt Wolden, Executive Director of Department of Quality

Paul Monsees, BCH Quality Improvement

My Nguy, Adult Quality Improvement