

From least detailed to most detailed discussion. Generally, cases are not referred to multiple reviews (e.g. if a case is going to be discussed at Trauma Review it will not be discussed at C&C or M&M). *PI is the only case referral process that can result in disciplinary action. Concerns regarding individual providers may also be raised to the department heads or to the Chief of Staff.*

CCR Critical case review

What it is: CCR is a process by which providers receive an involved discussion of a critical or complicated case by their peers. Cases are reviewed by permanent staff not involved in the case and discussed quarterly. Although cases are autogenerated based on outcomes (intubations, transfers, etc.) any case which a provider would like reviewed in an investigative but non-punitive format can be subject to CCR.

How are cases referred: Automatically by meeting criteria, then filtered by department heads. Cases can also be referred for CCR by providers by emailing the department head. As CCR is the least involved discussion any case which goes to C&C, PI or M&M does not need to be referred for CCR.

How often: Quarterly.

C&C Care and collaboration

What it is: C&C is a friendlier version of M&M with a focus entirely on education. Cases are 20-30 minutes in length. Cases for C&C typically do not have bad outcomes. Complex cases, interesting pathology, or cases which highlight a particular aspect of patient care are appropriate for C&C.

How are cases referred: By providers, by emailing the Care and Collaboration Committee. Providers involved in the case typically present and co-presentations are encouraged.

How often: Twice a month.

Trauma Review

What it is: Multidisciplinary review of major trauma cases. Pre-arrival care, hospital care and subsequent management at tertiary referral center is reviewed with a focus highlighting key points in the management of trauma and the potential for system improvement.

How are cases referred: Automatically by meeting criteria. Select major trauma cases resulting in significant morbidity or mortality. Cases are presented by Trauma Director with collaboration from ED Nurse Manager and ED Director.

How often: Quarterly.

PI Performance improvement

What it is: PI is an as-needed case review by members of the Medical Staff Executive Committee, with a focus on correcting suboptimal provider medical care and documentation. After a case is referred, the heads of PI Committee will delegate the case to be reviewed by a member of MSEC not directly involved in the case. Participating in these reviews is a condition of being on MSEC and is non-optional. MSEC members discuss these reviews and determine potential for provider improvement. Providers involved in the case are not present for these reviews and receive a letter from PI committee following MSEC review.

How are cases referred: By providers, by emailing the PI Med Staff Committee. Members of MSEC not involved in the case present.

How often: As needed, up to monthly.

M&M Morbidity and mortality

What it is: M&M is an hour-long presentation on a single case, typically with a suboptimal outcome which demonstrates key management points in regards to a disease process and highlights potential for system improvement. M&M can look critically at both provider management and systems processes but is non-punitive as information is for education benefit.

How are cases referred: By providers, by emailing the Inpatient Service Chief. The person requesting the case typically presents. Multiple presenters may discuss a single case.

How often: Quarterly