

Morbidity and Mortality Conferences in Interventional Radiology: Current Patterns and Experiences

INTRODUCTION

Morbidity and Mortality (M&M) Conferences serve a vital role in the quality improvement of surgical and clinical specialties by providing a detailed review of adverse medical events and opportunities to modify practice to reduce the likelihood of these events.¹⁻³ Interventional Radiology is a clinical and procedural specialty but is associated with Diagnostic Radiology which employs separate quality improvement methods such as Radpeer. While existing studies show that there is value to using M&M in the improvement of IR clinical care, the current pattern of utilization, challenges of M&M, and the value to those employing it are not fully understood.⁴⁻⁶

Parameter	Radpeer	M&M
Case selection	Random	Specific
Event assessed	Single point	Entire episode of care
Pretest hypothesis	No concern	Known concern
Effort required*	Very low	Very high
Potential for interpersonal conflict*	Low	Higher

Table 1. Radpeer vs. M&M as methods of quality assurance.
*Subjective observations

METHODS

A self-administered 10-question online survey was distributed via SIRConnect (phase 1), an online chat area for members of the Society of Interventional Radiology (SIR), and via email (phase 2) to active physician members of SIR in the United States.

Responses were collected between January 8 – January 26, 2021. Statistical analysis was performed using Stata software, version 15.1.

- ❖ 604 total survey responses
 - ❖ 219 survey responses in phase 1
 - ❖ 385 survey responses in phase 2

RESULTS

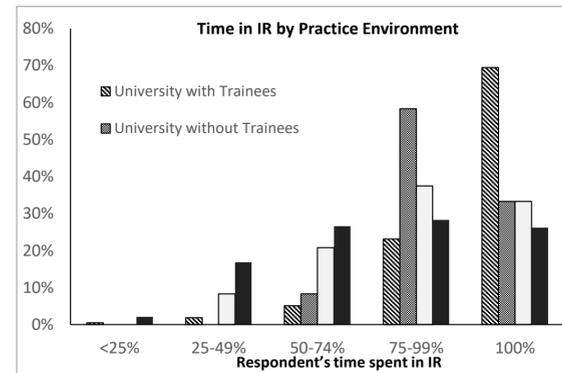


Figure 1: Graphical representation of time spent in IR by practitioners in each of four defined practice environments; 13 individuals not falling into one of these categories are not included.

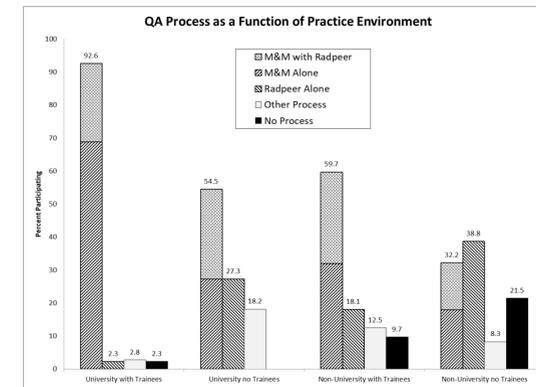


Figure 2: Graphical representation of the QA process reported by practitioners in each of four practice environments

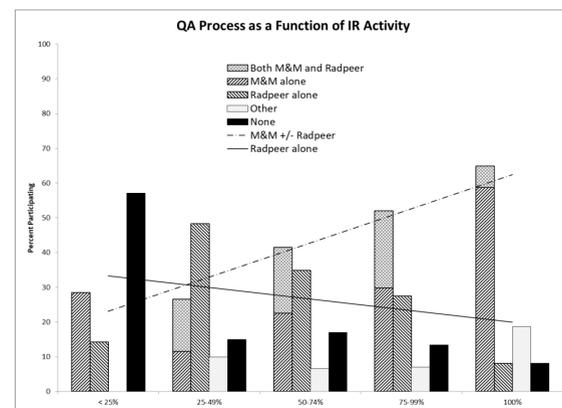


Figure 3: Use of QA processes versus IR as a percentage of practice.

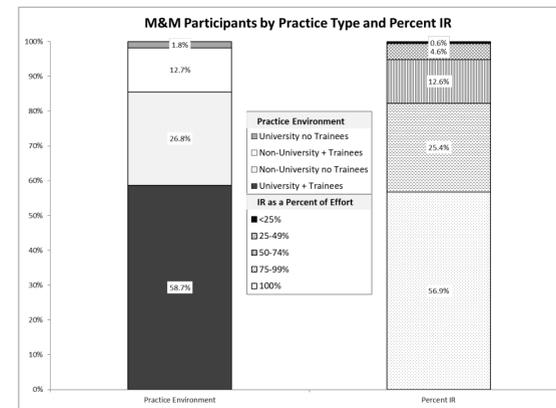


Figure 4: M&M participant breakdown by practice environment and percent IR. The left column excludes practitioners who reported an IR volume but did not identify with one of four specific practice environments; the right column does include these additional 13 respondents.

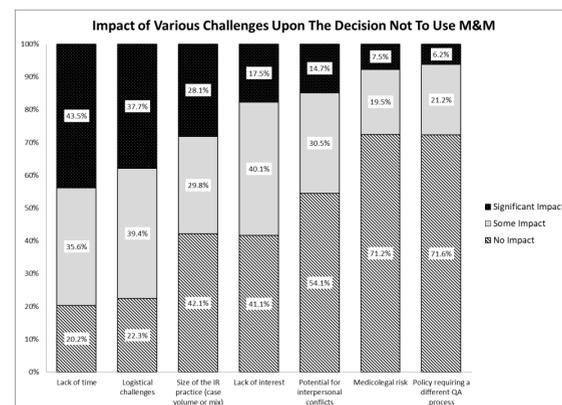


Figure 5: Challenges to the implementation of M&M and their relative impact on the decision-making process

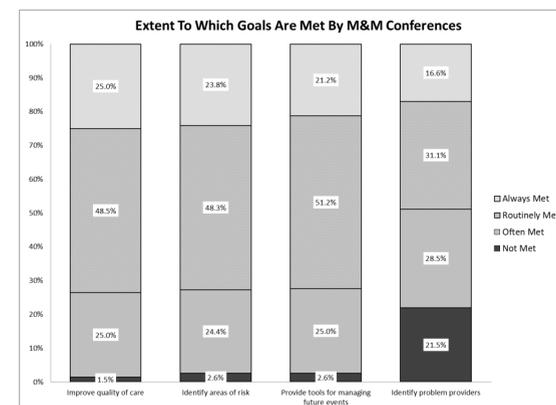


Figure 6: Respondent's beliefs regarding fulfillment of goals by M&M conferences.

CONCLUSIONS

- ❖ 2/3 of respondents use M&M conferencing, including 93% in traditional academic practices and 60% in private practices with trainees.
- ❖ A lower percentage of IR in practice is associated with increased likelihood of using Radpeer instead of M&M conferencing as primary or sole QA tool.
- ❖ Identified barriers to implementation of M&M conferencing in IR practice include:
 - ❖ Time & logistical effort of data collection and shared discussion
 - ❖ Potential for interpersonal conflicts
 - ❖ Medicolegal risks (vary by state)
- ❖ Identified benefits to implementation of M&M conferencing in IR practices include:
 - ❖ Improvement in quality of care
 - ❖ Identification of risks and mitigation of adverse events

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REFERENCES

