Delivering effective mortality and morbidity meetings in a Victorian urban district emergency department under COVID-19 restrictions: A futuristic approach?

Dear Editor,

We would like to share how we optimised the delivery of our departmental mortality and morbidity (M&M) meetings during the pandemic from April to September 2020. Routinely we hold an M&M meeting on first Tuesday of the month from 1400 to 1445 attended by a multidisciplinary audience. It is a protected time in the roster. When the COVID-19 restrictions were first introduced in Australia on 24 March 2020, we reviewed how to continue holding them. For the first month, we send the M&M PowerPoint presentation and relevant paperwork to work emails. The staff were asked to come in at the same designated hour as the routine M&M, go through the PowerPoint presentation and fill in the feedback form including their learning points, reflections and questions. Unfortunately, this method dramatically reduced the multidisciplinary participation.

Torda et al.\(^1\) reported successful switch to online learning activities in transition to the online only education. Ahmed et al.\(^2\) stated in their letter to the editor about the usage of Microsoft Teams platform to conduct meetings out of working hours where they found participants experiencing more comfortable environment with increased attendance. However, participating in a work-related meeting out of hours can be regarded as unpaid overtime.\(^3\) Moreover, unpaid overtime work has been identified as one of the barriers to the psychological well-being of Australian junior doctors.\(^4\) This applies even more to our ED staff at all levels amidst the stage 4 restrictions in Victoria.

The second method we used was to run the M&M meeting solely online, using the WebEx platform, at the usual time. The attendance this time around was overwhelming, and the M&M meeting was successful, albeit with some technical challenges. Nevertheless, the multidisciplinary audience interaction was still limited in this online only platform.

Since June 2020, a lecture theatre, which has the capacity for 20 people observing social distancing, has let a group join the WebEx, in addition to those using the online platform. This method led to a favourable outcome where we found increased audience participation and higher attendance rate compared to our pre-COVID records.

Unfortunately, with the increasing rate of COVID-19 transmission in healthcare workers, where at least 69% have been or were likely to have been workplace acquired,\(^5\) the M&M meetings returned to an online only model in September 2020. Contrary to what we found earlier, we maintain a reasonable level of interaction – most likely because of staff familiarity with the WebEx platform.

From our experience, we now conclude that the best way to achieve the optimal level of interaction while maintaining high level of attendance is to hold the meeting in both online and face-to-face settings where the presenter is in the main face-to-face group.

Acknowledgements The authors would like to express our thanks to the quality and safety team and all the staff of the Dandenong ED for their resilience and admirable working ethics during the challenging time making the delivery of the M&M meetings possible and enjoyable.

Author contributions

KMS conceived the idea and discussed with the Monash Emergency Research Collaborative regarding the feasibility of the manuscript. KMS did the observation and analysis of the M&M meetings and wrote the manuscript with the support from FS. FS provided feedback on the manuscript and helped proofread it.

Competing interests

None declared.

References

1. Torda AJ, Velan G, Perkovic V. The impact of the COVID-19 pandemic on medical education. Med. J. Aust. 2020; 213: 188.
2. Ahmed K, Alfkey R, Zarour A. Conducting the mortality and morbidity meetings during COVID-19 pandemic, a tertiary care centre experience in Qatar. Br. J. Surg. 2020; https://doi.org/10.1002/bjs.11914
3. Australian Government Fair Work Ombudsman. Unpaid work. [Cited 31 Aug 2020.] Available from URL: https://www.fairwork.gov.au/pay/unpaid-work
4. Forbes MP, Iyengar S, Kay M. Barriers to the psychological well-being of Australian junior doctors: a qualitative analysis. BMJ Open 2019; 9: e027558.
5. Victoria State Government Health and Human Services. Protecting Our Healthcare Workers V9. 2020. [Cited 1 Sep 2020.] Available from URL: https://www.dhhs.vic.gov.au/sites/default/files/documents/202008/2001628_COVID-19%20Protecting%20our%20healthcare%20workers_v9.pdf

Khin Moe SAM \(^1,2\) and Frank SODEN\(^1\)

\(^1\)Dandenong Hospital, Monash Health, Melbourne, Victoria, Australia, and \(^2\)School of Clinical Science, Monash University, Melbourne, Victoria, Australia
doi: 10.1111/1742-6723.13662