

**INDIANA STATE DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH DIVISION**

**Appendix D
Fetal and Infant Mortality Review
Service Standard**

Program Description

Fetal and Infant Mortality Review (FIMR) is a community-based and action-oriented process to improve service systems and resources for women, infants and families. This evidence-based process examines fetal and infant deaths, determines preventability, and engages communities to take action.

FIMR engages a multi-disciplinary case review team to review the case summaries from de-identified infant and fetal deaths. These case summaries include maternal interviews for their perspective on why the death occurred. Based on these reviews, the team makes recommendations for system changes. A team of community leaders (community action team) is then assembled to take recommendations to action.

Who participates in FIMR?

Typically, the case review team (CRT) includes health care providers, social workers, mental health professionals, health department staff, and others as determined by the local FIMR. The community action team (CAT) includes elected officials, community members, community leaders, health professionals, and representatives from the health department, justice system, transportation, housing, and other leaders who are key to system change.

How are FIMR data used?

FIMR data inform a continuous quality improvement process. The case review data are used to identify issues and gaps in service systems that may contribute to fetal and infant deaths, and may be used to augment community needs assessments and help to analyze root causes of infant health disparities. Actions taken based on recommendations from these case reviews are monitored and their effectiveness tracked.

The Indiana State Department of Health (ISDH) Fatality Review and Prevention (FRP) Division is requesting applications from local health departments, local maternal and child health coalitions and/or local hospitals or regional perinatal centers to implement, continue or re-establish a Fetal and Infant Mortality Review process in their community. The purpose of reviewing the causes and factors causing or contributing to the deaths is to serve as a tool that helps local communities implement safeguards against future losses. The information derived from these reviews is used to identify fetal and infant death trends, as well as preventable contributing factors.

The major goal of the FIMR process is to provide the community with a better understanding of the pattern and occurrence of fetal and infant deaths and to develop strategies to reduce these deaths. The selected agency will implement FIMR according to the National Center for Fatality

Review and Prevention guidelines. The guidelines are available at the following website https://www.ncfrp.org/tools_and_resources/tools-for-fimr-teams/.

Provider/Staff Qualifications

FIMR Coordinator

This position is responsible for implementation of the day to day Fetal and Infant Mortality Review Program. This coordinator may supervise other FIMR staff who abstract case information, and conduct home interviews. Other activities include developing case summaries, scheduling and attending all team meetings and developing written minutes resulting from meetings. Also may include conducting some interviews with bereaved families, also tracking some medical records and serving as program liaison to the other community interviewers and to hospital medical records' departments.

It is preferred that the FIMR Coordinator have experience in the health care field (pediatric, obstetric, public health or related fields). The Coordinator must have an understanding of community health care systems and resources, data analysis methods; organizational and interpersonal skills required for scheduling interviews. If conducting maternal or family interviews, background or training in bereavement counseling skills and cultural competency is mandatory.

Case Abstractor

The Case Abstractor will be working in conjunction with the FIMR Coordinator to abstract the maternal and fetal/infant health and social records. The Case Abstractor and FIMR Coordinator may be the same individual. A clinical background in obstetrics and pediatrics, neonatology or perinatology is preferred.

Home/Family Interviewer

Home/Family Interviewer must have experience in home visiting, community outreach, case finding or conducting interviews. Excellent communication skills, sensitivity to needs and experiences of grieving families. Knowledge of pregnancy and perinatal issues is mandatory. The Case Abstractor, FIMR Coordinator and Home/Family Interviewer may be the same individual.

Choosing the right mix of individuals to serve on both the FIMR case review team and community action team is crucial to the success of the process, and requires very careful planning. According to experts in building community alliances, and echoed by the experiences of many FIMR programs, membership should include individuals who will bring diversity, influence, commitment and consumer participation to the table.

Required Components

Successful applicants will be required to adhere to the following required program components:

- The goal of the CAT is to enhance the credibility and visibility of issues related to women, infants and families within the broader community by informing the community about the need for these actions through presentations, media events and written reports.

- Present data and make recommendations to ISDH regarding the population or condition(s) to address, utilizing the FIMR process.
- Select and review FIMR cases annually. This includes case abstraction of all available records, maternal and family interviews, case summary presentation and team review, along with quarterly progress reports to ISDH. Initially this task will also require the establishment of access to the medical records at hospitals, health departments and physicians' offices.
- Establish and support a local Case Review Team. The CRT shall reflect the racial, cultural and ethnic diversity of the community. The CRT will address all aspects of care: prenatal, labor and delivery, post-partum, maternal, newborn and pediatric care.
- Maintain minutes for Case Review Team meetings. Maintain a roster of Case Review Team members to include names, disciplines, and agencies represented. Establish the protocols to maintain confidentiality and anonymity. The protocol shall comply with professional standards of practice with respect to confidentiality and ensure that standards are maintained throughout the FIMR process.
- Establish and support a local Community Action Team (CAT). The CAT shall reflect the racial, cultural and ethnic diversity of the community. Maintain minutes for CAT meetings. Maintain a roster of CAT members to include names, disciplines, and agencies represented. The CRT members may also act as CAT team members.
- Partner with SUID Prevention grantees and Child Fatality Review grantees in efforts related to infant mortality reduction in your jurisdiction. Contact Gretchen Martin, at gmartin1@isdh.in.gov, for a list of all local CFR/FIMR teams and chairpersons.
- Formalize policies and procedures.
- Attend in-person events at ISDH, training sessions offered by the State FIMR Coordinator and networking calls and meetings, as required.

Data Collection Methods/Reporting

Providers are required to implement a standardized process for data collection that meets the requirements for data reporting.

Quarterly Reports and an Annual Performance Report shall be prepared and submitted by the Grantee detailing program activities and impact. Report narrative shall include the following information:

- Cases identified for review—number; distribution by any targeted or specified categories; number and percentage of initiated cases with complete data; number and percentage of initiated cases summarized for case review; reasons for difficulties obtaining data or incomplete case data
- Home interviews—number lost to follow-up, number attempted and percentage of the cases initiated; number and percentage of attempted home interviews completed; reasons for not completing home interview.
- Number of CRT meetings held; reasons for additional meetings or cancellations of scheduled meetings
- Number and types of recommendations proposed by the CRT
- Number and types of recommendations submitted to the CAT
- Trends in recommendations identified through case review

- Characteristics that enhanced or interfered with CRT process
- Number of CAT meetings held; reasons for any additional meetings or cancellations of scheduled meetings Number of recommendations received by the CAT
- Number of recommendations reviewed by the CAT
- Number and types of actions planned by/through the CAT; percentage of recommendations reviewed for which actions were planned; number of particular actions of interest to program (e.g., actions that increase cultural competence in services or health education messages; actions that address health disparities)
- Number and types of actions being implemented by/through CAT; percentage of actions being implemented of those planned.
- Number and types of actions fully implemented by/through the CAT; percentage of actions fully implemented of those planned
- Trends in planned actions—content themes, intent of system change; community agency or sector involved
- Trends in fully implemented actions—content themes, intent of system change; community agency or sector involved
- Characteristics that enhanced or interfered with CAT functions or implementation of actions
- Changes in Community Systems
- Expansion of needed services available in community— ex.) number and type of new services instituted during a selected time period (e.g., past three years); increase in utilization of these services over time; percentage of previously instituted services that are still sustained, e.g., decrease in late entry to prenatal care
- Improved linkages among services/facilities—ex.) increase in percentage of women who have lost an infant being offered in-hospital bereavement support
- Changes in providers' or agencies' performance— ex.) increases in proportion of pregnant women being screened for domestic violence; decrease in length of time to enroll in Medicaid program
- Positive shifts in community issues—ex.) declines in sudden unexplained infant deaths in which back sleeping was not employed; declines in fatal house fires in which kerosene heaters were used

Additional Requirements

Additional Required Sections to Application Narrative, Proposed Services and Activities section: In addition to required narrative sections as outlined in RFA, FIRM applicants must describe the following:

- Determine the type and approximate number of cases to be reviewed
- Identify and address potential legal and institutional issues related to the review
- Establish a system to identify cases
- Build in opportunities for initial and ongoing training
- Plan for partnering
- Plan for CFR and CAT

- Plan for collaboration among case review and other processes established to improve aspects of health and/or safety for women, children and their families as the community or state level
- Submit any additional information, not specifically requested above, that the applicant deems pertinent to this Proposal. List any additional services that your agency is willing to provide.
- Provide intended scope of outreach—number and demographic information of individuals and/or geographic areas benefiting from the proposed plan.

Think outside the box! Today, there is a place at the table for truly diverse community partners who might not usually be associated with the FIMR/CAT.

For example, parks/recreation departments, faith communities, educational institutions, libraries, big businesses, small businesses, community-based organizations, tenants' associations, artist schools, or co-ops all can potentially help create community change. The more diverse the team, the more action is possible