



## Template for FIMR Policy and Procedure Operating Guide

**Section I.** Mission Statement: Fetal and Infant Mortality Review (FIMR) is an evidence-based process to examine fetal and infant deaths. FIMR is a community-owned & action oriented process to improve service systems and resources for women, infants and families. *(Name of agency)* FIMR Program is in place to offer the community:

- A warning system that can describe effects of health care systems change
- A method for implementing continuous quality improvement (CQI)
- A means to implement needs assessment, quality assurance and policy development which are essential public health functions, at the local level.

FIMR Goals and Objectives:

1. To bring a multi-disciplinary community team together to review de-identified infant and fetal death
2. To examine significant social, economic, cultural, safety, health and systems factors that are associated with fetal and infant mortality
3. To design and implement community-based action plans founded on information obtained from the reviews

## Section II. Job Descriptions of FIMR Internal Team

### a. Project Director

#### **JOB RESPONSIBILITIES**

This position is responsible for the management of the ongoing Fetal and Infant Mortality Review Program and supervision of staff as well as assuring adequate training for staff including abstractors and home interviewers. The director will work with key members of the community to determine how best to ensure that together these community leaders are able to develop recommendations and implement FIMR actions. The director serves as the program's liaison to community leaders, physicians, hospitals, related family service providers and agencies, as well as to civic groups, advocates and consumers. The director may be responsible for chairing team meetings, and developing written reports, grant proposals and other documentation pertaining to the program. Position reports directly to the Ministry of Health.

## **QUALIFICATIONS**

A master's in Public Health, Public Administration, Nursing, Social Work or related field is preferred. The candidate must also demonstrate proven experience/skills in the health care field (pediatrics, obstetrics or related field), background in health program development and administration, complete understanding of the structure and functions of county and community health and related systems and resources, knowledge of the theory and practice of the continuous quality improvement model as it relates to community development, experience with data analysis, organizational and interpersonal skills; and have experience working with diverse populations and chairing complex, multi-organization meetings.

### **b. Project Coordinator**

#### **JOB RESPONSIBILITIES**

This position is responsible for implementation of the day to day Fetal and Infant Mortality Review Program. This coordinator will 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. Position will report to program director.

#### **QUALIFICATIONS**

Bachelor's degree and minimum five years' experience in the health care field (pediatric, obstetric, public health or related fields). Understanding of community health care systems and resources, data analysis methods; organizational and interpersonal skills required for scheduling interviews. Background or training in bereavement counseling skills and cultural competency is mandatory.

### **c. Medical Records Abstractor**

#### **JOB RESPONSIBILITIES**

The abstractor reviews and abstracts information from the medical records for the Fetal and Infant Mortality Review program. The abstractor regularly receives cases and forms from the program coordinator and completes them within a specified time period.

The abstractor is responsible for contacting hospitals to retrieve medical records for specified cases, reviewing records at each hospital, filling out appropriate abstraction forms and providing additional information on each case based on clinical interpretation of records. Most records are found at area hospitals, while additional records may be sought occasionally at other facilities. The abstractor will prepare medical records information and attend case review team meetings, when possible. Position will report to the FIMR program coordinator.

#### **QUALIFICATIONS**

Clinical background in obstetrics and pediatrics, neonatology or perinatology. Medical or nursing degree required. Attention to detail. Flexibility, ability to accomplish tasks in short time frames. Computer skills, including familiarity with Microsoft Word. Must have own automobile with valid insurance.

#### **d. Maternal Interviewer**

##### **JOB RESPONSIBILITIES**

This position involves carrying out FIMR program tasks which include finding, contacting and interviewing the mother or another family member who has experienced the loss of a fetus or infant; gathering additional case information as needed; maintaining links with contract agencies and local providers; assisting in the development of case summaries; participating in case review group meetings; assisting in dissemination of program results to the community. Position will report to the FIMR program coordinator.

##### **QUALIFICATIONS**

Experience in home visiting, community outreach, case finding or conducting interviews. Excellent communication skills, sensitivity to needs and experiences of grieving families. Ability to work independently, with a flexible schedule, including some evenings and weekends. Knowledge of pregnancy and perinatal issues. Bachelor's degree preferred, with at least five years' experience in a community agency, health provider or similar setting. Must have car with valid insurance.

#### **Section III. Case review team (CRT)**

##### **Case Review Team Role**

- Information processor of the FIMR program
- Reviews and analyzes the information collected in interviews and medical data abstractions
- Summarizes findings and create recommendations to improve the community's service delivery systems and community resources

##### **Selecting Members for the CRT**

Successful FIMR teams have 10 – 20 members from diverse professional and consumer backgrounds. The broader the representation on the FIMR team, the more relevant the proposed interventions will be to the community. Professionals and agencies on the review team should characterize the ethnic and racial make-up of the community, and represent agencies that provide services and resources to women, infants, and families. Minimally, the team should include the local health department, primary and tertiary care institutions, obstetric and pediatric providers, hospital administrators, Medicaid supervisors, WIC program nutritionists, family planning providers, health educators, community health workers, and representatives of drug treatment centers. Others representatives might include minority rights advocates, faith based community members, Chamber of Commerce health committee members, and local SIDS coalitions.

##### **What are the responsibilities of a FIMR team member?**

- Attend monthly meetings, lasting 1 ½ - 2 hours
- Review the prepared cases and participate in discussions relevant to the local determinants of infant mortality
- Act cooperatively with all team members, listen respectfully to others opinions and ideas and value each member for the talents and skills they bring to the group.
- Maintain confidentiality, and pledge not to divulge any information that may be sensitive or identifiable on a specific case
- Work to form recommendation for changes in practice, programs, or policy based on case review findings

- Take aggregate information and relevant recommendations back to your own agency or the community at large when appropriate *(Include your team roster here)*

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#### **Section IV. Community Action Team Role**

- Develop new and creative solutions to improve services and resources for families from the recommendations made by the case review team
- Enhance the credibility and visibility of issues related to parents, infants and families within the broader community by informing the community about the need for these actions through presentations, media events and written reports
- Work with the community to implement interventions to improve services and resources
- Determine if the needs of the community are changing over time and decide which interventions should be added or altered to meet the needs
- Safeguard successful FIMR systems changes from being discontinued in the future

*(List your CAT members here)*

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#### **Section V. Meeting format**

- a. Determine date and time for initial review meeting? \_\_\_\_\_
- b. Where will the initial planning meeting be held? \_\_\_\_\_
- c. Who will lead/facilitate the planning meeting? \_\_\_\_\_
- d. Who will provide administrative support for the planning meeting? \_\_\_\_\_

#### **Section VI. Methods for maintaining confidentiality**

All cases resented to the CRT will be de-identified. The names of mothers, families, and providers will be removed from the written case summary. Only the case abstractor and the maternal interviewer will know the identities of the families and providers.

All FIMR cases will be given a confidential anonymous case number. Records and copies of abstracted information with any identifiers will be stored in a locked file cabinet. Electronic materials will only be stored on a password protected computer or laptop.

All review team members will sign a pledge of confidentiality at each team meeting. *(Sample provided)*

### **Sample Cooperative Agreement for /fetal Infant Mortality Community Review Team (CRT)**

The fetal and infant mortality review is a confidential process. Surviving family members or care givers, service providers, and service providing agencies are to be protected from disclosure of information outside of the review meetings. Informed consent for maternal interviews and conditions or release of medical records from service providing agencies specifically guarantees this protection.

The nature of the review meeting is designed to encourage free discussion and exploration of issues. Participants may express opinions which do not reflect their agency position, or which may later change. Some factors discussed will be sensitive: many will involve matters of values and beliefs, or may concern cultural variables. In order for there to be a free exchange of ideas, it is important that opinions expressed are not repeated outside of the meeting, or used to express judgments about any individual, agency or profession. Actual recommendations or findings of the CRT should not be represented outside of the review meetings until reviewed by the Community Action team and an action plan is developed.

As a Fetal Infant Mortality Review Team Member, I pledge to:

- Refrain from discussing or sharing information about the case, the case summary and the proceedings of the CRT outside of the CRT meeting
- Refrain from speculation about the identity of the case (mother, family, providers, and/or agencies) before, during or after the meeting, even when I may recognize an aspect of the case
- Respect the opinions and positions of fellow members; differing opinions are welcome, but should be expressed in a respectful manner and any disagreements should remain in the confines of the meeting
- Support the work of the FIMR CRT by discussing publicly the general work of FIMR, but not disclosing any specific findings or recommendations until the Community Action team has developed an action plan
- Promote the work of the FIMR action plan by disseminating the FIMR action plan developed by the CAT to my institution, agency, or community members and soliciting ideas and resources that may be useful in the plan, as needed

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

## **HIPAA Section 164.512(b) Public Health Disclosures**

Uses and disclosures for which an authorization or opportunity to agree or object is not required. A covered entity may use or disclose protected health information without the written authorization of the individual, as described in § 164.508, or the opportunity for the individual to agree or object as described in § 164.510, in the situations covered by this section, subject to applicable requirements of this section.

(a) standard: uses and disclosures required by law. (1) A covered entity may use or disclose protected health information to the extent that such use or disclosure complies with and is limited to the relevant requirements of such law. (2) A covered entity must meet the requirements described in paragraph (c), (e), or (f) of this section for uses or disclosures required by law. (b) Standard: uses and disclosures for public health activities. (1) Permitted disclosures. A covered entity may disclose protected health information for the public health activities and purposes described in this paragraph to: A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority.

*Include any local public health code or legislative language relative to surveillance and/or prevention of infant morbidity and mortality.*

## **Section VII. Methods for finding cases and case selection**

1. How will the team identify the deaths?

- Vital Records
- County Clerk
- Local Birth Hospital
- Other

2. How will the team decide which deaths to review:

- a. Infant deaths (babies born live who do not survive until their first birthday) \_\_\_\_\_
- b. Fetal Deaths (stillbirths, or infants, born without signs of life) \_\_\_\_\_
- c. All deaths in the previous calendar year? \_\_\_\_\_
- d. Sampling of deaths by cause?
- e. Perinatal Periods of Risk (PPOR) used to determine priority cases to review?

## **Section VIII. Methods for medical records abstraction**

- Personnel – who will do the medical records abstraction for the team?
- What data collection tool will the team use?

- How will the cases be de-identified and summarized?
- How will permission and authority to access patient medical records be established?
  - Legislation
  - Letter from Ministry of Health

## **Section XI. Methods for conducting home interviews**

Purpose of the Parental Interview:

- To learn about the mother's experiences before and during pregnancy
- To learn about events during the infant's life and around the time of death
- To identify community assets and deficits that affected the mother's life during the pregnancy, birth, and death of her infant
- To accurately summarize and convey the mother's story of her encounters with local service systems
- To assess the family's needs and provide culturally appropriate health and human referrals as needed
- To facilitate the bereavement process and provide appropriate referrals

Methods:

1. Personnel – who will conduct the interviews?
2. Who will be included in the interview? Determine if team will include other family members, care giver, father of the infant, etc.
3. How will families be contacted?
4. When will families be contacted?
5. Where will the interview take place? (Family home is typical, Health Department, Clinic, other locations are appropriate.)
6. What form will be used for the parental interview? (*information should be collected on the following topics*):
  - a. Prenatal Care
  - b. Nutrition, Weight Gain, and Health Habits
  - c. Delivery of Baby
  - d. Other Babies
  - e. Information on Mother
  - f. Information on Father
  - g. Living Situation
  - h. Life Changes and Social Support
  - i. Baby's Health At Home: Supplement
7. Consent form for the parental interview. (*sample proved below*)

## Sample Consent for Parental Interview

### **Purpose of the Interview**

**(NAME of sponsoring agency)** is conducting a Fetal and Infant Mortality Review (FIMR) Program. The purpose of this program is to identify ways we can strengthen the systems of care and resources available to families, to prevent future deaths. We talk to moms and families who have who have recently experienced a loss, with the hope of learning from you how we can prevent other families from experiencing such a loss. Your participation is entirely voluntary. If you agree to participate, a trained interviewer from the **(NAME of sponsoring agency)** will ask you a series of questions about the death of your baby and about your pregnancy, health, family and use of health care and social services. The interview will take place in your home, or in a convenient location of your choosing, at a time that is convenient for you. The interview will take about one hour. Although participation in this program may not benefit you or your family directly, it may help to prevent other families in the future from losing their baby.

### **Description of Potential Risk**

Talking about the death of your baby may be sad or difficult for you. The interviewer is not a professional counselor but, if you wish, will give you the names of professional people who can help you deal with the loss of your baby. If, during the course of the interview, you feel you do not want to continue, you may ask the interviewer to stop the interview at any time. You may also choose not to answer any specific question. There is no expected risk of injury for participants in this study.

### **Description of Potential Benefits**

Participation in the interview may be a positive experience for you. You may find that talking about the death of your baby can help ease the pain of your loss. In addition, the information you provide to this program may help prevent the loss of a baby for future families.

### **Confidentiality of Records**

All information that identifies you, your family or your health providers will be removed before the interview questionnaire is reviewed. All Fetal and Infant Mortality Review staff and consultants have signed an oath of confidentiality. Therefore, confidentiality will be protected to the full extent permitted by law.

### **Mandated Reporters**

The maternal interview is a mandated reporter, by law. Every effort is made keep all information you share with the program confidential and anonymous. If, however, during the course of the interview, abuse or neglect of your baby, or suspected abuse or neglect of surviving children in the home is revealed, the interviewer must follow state law about reporting it to the appropriate Child Welfare Agency.

### **Voluntary Participation**

Your participation in this program is completely voluntary and you may refuse to answer any questions that you do not wish to answer. You are also free to end the interview at any time without any consequences to you or your family.



**Questions**

If you have questions concerning the interview or the Fetal and Infant Mortality Review Program, you may call **(Name of contact person)**, collect, at the **(NAME of sponsoring Agency) at (contact phone number)**.

**Consent**

I have read this form and understand the purpose and conditions for participation in the Fetal and Infant Mortality Review Program. I agree to participate in an interview. I understand that all information obtained from the interview will be strictly confidential, and that neither my name, my baby's name nor the name of anyone else in my family will appear in any publications or reports or be given to anyone else.

**Consent to release name and contact information, (Optional)**

I give consent for my name and contact information to be released for the purpose of referrals for additional services:

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Print Name:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Interviewer's Name:**

\_\_\_\_\_

**Interviewer's Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

## **Section X. Approaches for reporting to community**

How will the FIMR team report on findings and actions to the community/funders? (*examples*)

- Annual in person meeting with Community Leaders and Stakeholders
- Annual written report
- Quarterly newsletters FIMR updates