Brief Meeting Notes, FIMR State Coordinators Conference Call

3/1/17, 2:30 p.m. – 3:30 p.m. ET

I. Updates from the National Center for Fatality Review
   a. Webinars
      i. March 8, 2017 2 – 3 p.m. Applying an ACES framework to reviews
      ii. April 12, 2017 2 – 3 p.m. ET, Effective reviews of drowning deaths
      iii. May 10, 2017 2 – 3 p.m., Establishing and managing effective state fatality review advisory boards
      iv. June: Social Determinants of Health (proposed)
   b. Surveys for annual FIMR profile. If you have not already turned yours in, it is not too late! Drawing for $25.00 gift card for all who respond.
   c. Social Media Launch!

Dates for 2017 FIMR State Coordinators Meetings: 1st Wednesday of the month, 2:30 – 3:30 ET

6/7/17
9/6/17
12/6/17

Topics for the calls?

New Jersey: maternal interviews & successes in getting maternal interviews.

**THANK YOU!**

Call notes:

Present:

Susanna Joy (MI)  Kari Tutwiler (MT)
Andrea Filio (OH)  April Kincaid (TN)
Gretchen Martin (IN)  Kristin Budds (TN)
Alyssa (sitting in for Maggie Gray) (NJ)  Mari Taylan (CA)
Cheryl Doyle (MS)  Robin Gruenfeld (LA)
Joani Dotson (OK)  Joan Kelly (DE)
Sarah Bricklemeyer (FL)  Dianne Powell (FL)

Updates from states:

**Indiana:** transitioning away from BASINET
Ohio: 10 active FIMR programs, they are now all connected through a new SharePoint site. Some challenges in a few sites getting medical records. There is no specific legislation for FIMR, but the Ohio Revised Code does have enabling language for CDR. This usually “grandfather’s” FIMR in for sites. Ohio is planning a statewide FIMR training in June 2017.

Delaware: Social worker who does the maternal interviews is still on FMLA, possibly returning in May. Delaware has authority to obtain records because they are situated in the courts. They have an MOU with the state Vital statistics dept. and they get monthly reports on fetal, infant, and child deaths. Delaware has a robust relationship with Maternal Mortality Review. They are one of four states who contributed to the National Data Reporting system for MMR, (MMRIA) and were awarded the Crystal Award by AMCHP.

Mississippi: 3 FIMRs in Mississippi

Districts 1 & 3. Cheryl does not have much contact with this FIMR. It is called Delta Health Partners Healthy Initiative and it is administered through Tougaloo College and is funded through Healthy Start.

District VIII & District IX - both of these are funded through the Mississippi State Department of Health. Cheryl Doyle started the FIMR in District IX in 2012 and I trained a nurse for District VIII in 2015.

District VIII is comprised of 9 counties and 4 delivering hospitals

District IX is composed of 6 counties and 9 delivering hospitals

Each FIMR has one RN who abstracts data, summarizes and presents cases at the monthly Case Review Team meetings and each organizes their own Quarterly Community Action Team meeting. Highlights of these meetings are done by the FIMR nurses and emailed after each meeting to an e-roster which is comprised of the CRT & CAT team members. This has proven to be a great communication tool.

The FIMR nurses receive notification monthly of all infant/fetal deaths directly from the hospitals and the local coroners. District VIII & District IX do not do Maternal Interviews due to lack of funding

Sites had been using BASINET for 3 years and transitioned without incident to the FIMR Data (web-based) system July 1, 2015. Sites are reviewing 5 to 6 cases per 1 hour meeting with the new data system.

FIMR findings in District IX are responsible for reduction in infant deaths caused by positional asphyxia which is a preventable fatality. There have been reductions in IM in District IX ever since the FIMR program started in 2012:

2012 - 9.5 deaths per 1,000 live births
2013 - 9.2 per 1000 live births
2014 7.5 per 1000 live births
2015 7.1 per 1000 live births
Dr Collier (Mississippi’s medical director) has suggested that we open our meetings with "A Moment of Silence". Cheryl sent it to the FIMR list serv and had many positive responses:

**A Moment of Silence**

A moment of silence is observed in respect to

the memory of those individuals who have

succumbed to or suffered a loss due to fetal

and infant mortality. Let us remember why

we are here today. Let us have the strength

to undertake the task ahead and be thankful

for what we have accomplished to date.

**Montana:** FICMMR – there is a law in place in Montana that encourages but does not mandate fatality review. Kari is producing their first 3 year report, covering 2013, 2014, and 2015 reviews. Montana is hosing two webinars in March on Prevention and Best Practices.

**Michigan:** putting in to place a process to better collaborate with CDR. FIMR Coordinator is initiating monthly “check in” calls with the State CDR and SUID Case Registry folks. Susanna has done much work around facilitating death record acquisition for local teams. They have signed a DUA with the state vital records office and can now access on line electronic records for infant birth and death certificates. (does not include fetal death certs)

**Maine:** Maine had not been doing reviews for the last two years, but are now resuming. They have one statewide panel with authorization to review maternal deaths (up to 42 days post death), fetal deaths (28 + weeks) and infant deaths. The new coordinator is Madelyn Orange.

**Oklahoma:** Tulsa has created an on-line newsletter. Their CAT is working with the Family Health Coalition, it is a good fit and helps FIMR to tap into other social services.

**Tennessee:** 4 of the 5 FIMR sites in Tennessee are participating 17 P training. They are presenting at AMCHP, Implementation and Evaluation of Innovative Safe Sleep Initiatives. Tennessee is planning to have a combined FIMR and CDR meeting in May. They are arranging to have focus groups looking at disparities near the end of May.

**California:** doing reassessment within the MCH Section where FIMR lives, involving their epi folks. The IM allocation in the 16 counties that are doing FIMR is being looked at. There are 61 total counties in CA – only 16 are funded for FIMR. CA is re-thinking where the resources should be going.
**Louisiana:** There are concerns with the budget, LA is anticipating big layoffs and staff relocations. The state is thinking of closer collaboration between FIMR and CDR – working on a process to streamline the time of the coordinators.

**Florida:** 18 FIMRs operate through the statewide Healthy Start Coalitions. 11 of the 18 are state funded. Florida had funding to do 3 web-based trainings, and they are revising their FIMR ToolKit.

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Adjourn

Dates for 2017 FIMR State Coordinators Meetings: 1st Wednesday of the month, 2:30 – 3:30 ET

6/7/17 (One time move to 3 p.m. – 4 p.m. due to webinar on SDoH)

9/6/17

12/6/17