

## Summary, State FIMR Coordinators Call

Wednesday 09/21/16 2 – 3 p.m. EST

### Present:

Rosemary Fournier (*facilitator*)

Michelle Chiezah, MN

Joan Kelley, DE

Andrea Filio, OH

Rhonda Brown, FL

Jane Murphy, FL

Abby Collier, WI

Meg Steimle, WI

Katie Gillespie, WI

Joyce Marshall, OK

Kelli McNeal, OK

Angela, OK

Susanna Joy, MI

Robin Gruenfeld, LA

Gretchen Martin, IN

Kari Tutwiler, MT

April Kincaid TN

- I. **Introductions:** Welcome new coordinators, Susanna Joy (MI), Meg Steimle (WI) replacing Abby who is coming to work full time for the Center
- II. **Round robin, updates from states**
  - a. Delaware: Has been piloting the web based FIMR data tool developed by ACOG, MPHI, and MI since January 2016. Some resistance, using BASINET prior. Delaware has two CRTs, they each meet 9 times a year for a total of 18 review meetings annually. They hold about 3 hour meetings and include lunch and offer CMEs. This is a big draw for physicians. They attempt to get maternal interview with all moms. Working under the jurisdiction of the Courts allows them good access to records. Challenge: need interpreters to obtain interviews with non-English speaking families.
  - b. Florida: Had been using BASINET looking forward to the new FIMR Database. 11 teams are state funded, some have FIMR funded through other local means. They are launching a survey of all Florida FIMR sites to assess training needs.
  - c. Michigan: 11 active teams currently. Piloting the web based FIMR data tool developed by ACOG, MPHI, and MI. Coordinator is new, trying to assess effectiveness of teams' CATs. Developing very good partnerships, opportunity to have FIMR be a part of statewide Grand Rounds for resident medical education.

- d. Montana: Kari has been in her role for a little over a year. They do a hybrid of all review processes, teams review Fetal, Infant, Child, and Maternal Deaths. There are 34 review programs in the state. **Identified need for webinars on COD and prevention activities.**
- e. Louisiana: Robin coordinates all of FIMR, CDR, and PAMR. Louisiana is divided in to 9 regions with a shared CAT. They are testing the expansion of the CAT to include an advisory team that will also encompass other MCH programs such as Home Visiting. Louisiana is not getting maternal interviews right now, Robin expresses that she feels the review are incomplete without the family perspective.
- f. Indiana: Gretchen identifies that they have struggles. There are 7 teams currently, 6 are funded by the ISDH. They are combination of County and Regional teams. A success: Indiana brought on 3 more teams this year – they now have a FIMR presence in 24 of the state’s 92 counties. Challenges: No Statue of Authority in Indiana, difficulty getting notification of deaths of infants who are residents who die outside of the county
- g. Wisconsin: 8 local FIMR teams, doing a hybrid of CDR/FIMR review. Two needs the Center could help with: 1. Host a National FIMR Conference! 2. Facilitate sharing of best practices across teams, (like a portal on our website?)
- h. Oklahoma: 2 active FIMRs in the state, one in Tulsa, one in Oklahoma City. The Oklahoma City FIMR covers a 5 county region, they meet every other month and reviewed 146 cases last year. They use an Excel Spread sheet to gather variables, they do not use the National FIMR Database or the web based pilot. They launched a Disparities Strategic Plan in March 2016, very community driven.
- i. Minnesota: Currently no active FIMR. Legislation that enabled FIMR expired a while ago, they are trying to re-instate. The state has challenges around access to medical records and very strict privacy laws. Abby Collier met with their Title V Director in August. Will continue to seek support from Center. In the past, teams focused on African American and American Indian IM rates (highest rates and highest disparities.) Did not include fetal deaths.
- j. Tennessee: There are 5 FIMR teams, 4 are in the largest Metropolitan areas, and one is in a rural area. Pilot was launched earlier this year with the 4 Metro FIMR programs to screen women for eligibility for 17P and provide clients with information on preterm birth, 17P, and information to ask their providers. Each of the 5 FIMR programs has very different community issues to address. Teams have expressed a need for help with being able to get a response for maternal interviews. Often families are transient and receiving notification of infant deaths can be 2 or 3 months behind from vital records. Local hospitals are hesitant to assist programs with speedier notification.

### III. **Update on National Center for Fatality Review**

#### a. **Three Key Focus Areas:**

- i. Technical assistance, training and resources
- ii. Reporting systems, data analysis, data quality and dissemination
- iii. National Partnerships to move data to action

- b. **Webinars** – will be every other month, second Wednesday of the month, 1 – 2 p.m. EST. Ongoing topics will be on FIMR/CDR processes as well as specific cause of deaths with prevention strategies. Webinars are open to all – FIMR/CDR coordinators, team members, CAT members, interested community participants.

#### c. **Status of Workgroups**

- i. Disparities – next conference call is 10/11/16, 1 – 2 p.m. EST. Group is large, Rosemary welcomes all participants who have interest. May eventually break into sub groups. Initial thoughts are:
  1. Team Composition
  2. Team education and training around race, life course
  3. Translation of recommendation to action
- ii. FIMR Database – The Center is continuing to get guidance on the database from the federal partners (HRSA). Vision is having the 5.0 version of the database include an integrated FIMR/CDR database. Workgroup will re-convene soon.
- iii. FIMR/CDR Coordination – Abby reports that written guidance has been drafted and welcomes feedback. Once published, a webinar will also be held.

- IV. **Future of regular FIMR State Coordinator calls?** Group indicates that quarterly meets their needs. Will follow up with survey monkey or Issues Track to assess best timing, day of the week, topics for future calls, etc.

Meeting adjourned 3:05 p.m. EST