



NATIONAL CENTER FOR FATALITY REVIEW & PREVENTION



February 2018

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Parting Thoughts from Linda Potter

I will be leaving the National Center at the end of February to jump into retirement, so Abby asked me to share thoughts I have as I leave. It has been a true privilege to work for the National Center. The team is amazing - I'll miss each of them so much -



and the people I have met at Michigan Public Health Institute, in the states, and nationally are equally terrific.

I don't have wisdom to impart, just support and appreciation. The work you do to review the deaths of infants and children, which the country in general knows very little about, is so important. Nothing is sadder than the death of a child, and each time your team and partners implement a prevention initiative, you are saving lives - even though you'll never know who those children are. So, as I love to say, bless your hearts. Remember to support each other and to take care of yourselves - this work is hard. And keep in touch.

Linda Potter
Associate Program Director
Center for National Prevention Initiatives

Greetings from the Director

Dear friends,

For me, the beginning of a new year is always of time of reflection and hope, looking back to the previous year to celebrate successes and identify opportunities for change. It's a time of hope as I make plans for myself, both big and small. As I look back on 2017, I see a year full of amazing accomplishments, and an incredibly dedicated field of CDR and FIMR teams and partners who make our work possible.



At the National Center, we started 2018 off with the announcement of Linda Potter's retirement. I could not be more excited for her as she embraces a new season of life. Linda's contributions to the field of fatality review are vast and deep. Linda has been a reliable source of encouragement, information and support. As I reflect on my years of working with Linda, I realize how grateful I am for her optimistic view on life, can-do attitude and the genuine care she offers everyone who comes across her path. Please join me in wishing Linda all the best in her retirement.

As we embark on 2018, I am looking forward to many exciting things! Just a few weeks into 2018 we have site visits planned to more than 10 states and are moving closer to the release of Version 5.0 of the Case Reporting System. Our team at the National Center has amazing things planned for 2018 and I cannot wait to see how they unfold. As always, please let me know if there is anything the National Center can do to support you and your work.

All the best,

Abigail Collier

Abby Collier
Director

The National Center Welcomes New Program Associate

We are pleased to announce an addition to our team here at the National Center for Fatality Review and Prevention. Our new program associate, Susanna Joy, joined us in early October. She will be assisting with technical assistance efforts to Child Death Review and Fetal and Infant Mortality Review teams. She has already enjoyed the pleasure of meeting some of you, as she has begun traveling on behalf of the National Center. She is also serving as the National Center's representative to the Data-to-Action subcommittee of the CDR/FIMR Disparities Workgroup, and has enjoyed the engaging and thought-provoking work very much.



Susanna comes to the National Center from the Michigan Department of Health and Human Services where she served as the state's infant health consultant, coordinating the state network of 11 FIMR teams, perinatal bereavement services, Michigan's Safe Delivery of Newborns program, and working closely with Michigan's Infant Safe Sleep program. She began her work in state-level public health contributing to Michigan's Pregnancy Risk Assessment Monitoring System (PRAMS) in Maternal and Child Health Epidemiology. She is a graduate of Michigan State University and a proud Spartan, holding a master's degree in Health and Risk Communication with a research focus on maternal and child health, and a bachelor's degree in English from Southern Wesleyan University. She brings experience in qualitative and quantitative research, program evaluation, and stakeholder engagement.

When Susanna is not working on infant and child fatality reduction efforts, she will likely be found in a theatre chaperoning one of her daughters in a ballet or theatre production, or on the soccer field, coaching her 8 year old son's team. The Joys have made their home in mid-Michigan for 10 years, and enjoy a bustling life with their loveable mutt, Django.

STATE CDR COORDINATORS

Farewell to state CDR coordinator:

Sam (Jennie) Hyde-Rolland, Alaska

Aretha Bracy, Alabama

Dallas Williams, Arizona

Louan Cottrell, Kentucky

FIMR COORDINATORS

Welcome to state FIMR coordinators:

Nicole Stone, Utah

Farewell to state FIMR coordinators:

Sarah Milkie, Kenosha County, WI

Deb Erikson, Walworth County, WI

Jan M. Bielau-Nivus, Maine
Tracy Miller, North Dakota
Patrick Malone, Vermont

Welcome to new state CDR coordinator:

Elizabeth Bundock, Vermont
Jenn Graber, North Dakota

Farewell to Montana FICMMR coordinators:

Karla Kulpas, Liberty County
Brynne Leftbridge, Flathead County

Welcome to local FIMR coordinators:

Betsi Smith, Kenosha County, WI
Kate Harrod, Walworth County, WI
Cathy Nichols, Region III, Alabama
Melanie Furber, Maine MFIMR Panel

Welcome to new Montana coordinators:

Melissa Kantorowicz, Liberty County
Stefanie Schelling, Flathead County
Kris Cunsten & Bobbi Baker, Missoula County

We rely on you to let us know of departing and arriving coordinators, and we appreciate it when you let us know. Thank you.

Mississippi FIMR Team Explores Pregnancy and Maternal Depression

The state of Mississippi is challenged by one of the highest infant mortality rates (IMR) in the United States, with a rate of 8.6 deaths per 1,000 live births in 2016.^[1] The Fetal and Infant Mortality Review (FIMR) process has been active in Mississippi since 2012 as a vital part of the state's infant mortality reduction efforts. Dr. Charlene Collier, Perinatal Health Policy and Research Consultant for Mississippi's State Department of Health, says there have been significant improvements in local communities as a result of Mississippi's FIMR program. Among them are infant safe sleep education and campaigns adopted by hospitals, enhanced attention to smoking cessation, and expanded prenatal education. There are currently three active FIMR programs in Mississippi: the 9-county Southern Region; the 6-county Coastal Region; and the Delta Region, affiliated with the federally-funded Healthy Start Program at Tougaloo College.

Cheryl Doyle, the FIMR Coordinator and nurse abstractor with the Coastal FIMR, points to many accomplishments of FIMR in southern Mississippi. Most notable, says Doyle, is the decrease from 9.2 infant deaths per 1,000 live births in 2013, to 7.1 deaths per 1,000 live births in 2015, which shows the Coastal Region faring better than the state as a whole with its dramatic improvement over 2 years.



Doyle emphasizes one consistent finding of FIMR ^[2] reviews, the prevalence of maternal depression before and during pregnancy. In response, the FIMR Community Action Team (CAT) sought expert education about maternal depression in pregnancy from Elizabeth Zimmerman, MSW, LCSW, a hospital social worker. Ms. Zimmerman highlighted research indicating that 33% of women experience major depressive disorder or an anxiety disorder at some point during pregnancy, yet fewer than 20% seek treatment, and the treatment is often inadequate. Untreated antenatal depression is associated with increased risk of Intrauterine Growth Restriction (IUGR), low birth weight, and preterm delivery. The CAT learned how to identify the signs of depression in patients/clients; best practices for screening and treatment of perinatal depression; and

FIMR members were given many resources for health providers.

To learn more about depression in Pregnancy, contact:

- [American Psychological Association](#): 800-374-2721
- [Mental Health America](#): 800-969-NMHA
- [National Institute of Mental Health, NIH, HHS](#): 301-496-9576
- [Postpartum Education for Parents](#): 805-564-3888
- [Postpartum Support International](#): 800-944-4PPD
- [Substance Abuse and Mental Health Administration Publications, SAMHSA, HHS](#): 800-789-2647

[1] National Center for Health Statistics. (January 2018).

Infant Mortality Rates by State, 2016. Atlanta: Centers for Disease Control and Prevention.

[2] Copyright: dolgachov / 123RF Stock Photo

Massachusetts Child Fatality Review Assesses Local Teams' Needs



[1]

The Massachusetts Child Fatality Review (CFR) program was established by state statute in 2001 to decrease the incidence of preventable child fatalities and near fatalities in the state. Massachusetts CFR functions as a two-tiered system: local teams led by the county District Attorney's (DA) office, and a state team co-chaired by the Office of the Medical Examiner and Department of Public Health. In 2016, the Office of the Child Advocate (OCA) undertook a comprehensive needs assessment of the statewide program to determine ways to improve the CFR process at both the state and local levels.

Engagement of the local teams began with a survey to provide a snapshot of the teams, their activities, and their leadership. Surveys were followed by interviews conducted with each of the CFR team leaders, and administrative coordinators when available.

The results of these efforts yielded a richer understanding of child fatality review across Massachusetts. The assessment highlighted that the majority of teams find their members to be engaged and cohesive; that teams are able to sustain themselves without an abundance of resources; and that team leaders have created environments that welcome input from all members. Staffing challenges, challenges posed by competing priorities within the DA's offices, and challenges related to the prep work required for meetings were common among teams across the state.

A key takeaway from the needs assessment was the critical need for state and local teams to come together to identify a common purpose for child fatality review, as a local team's perception of the purpose of the review strongly influenced its case selection. The assessment also yielded the following valuable recommendations for action the state programs can implement to support and improve the CFR process at the local level.

Provide information and resources on common issues: Teams wanted a list of resources on common issues, a list of experts for local teams to contact if they need education on specific topics, and a sharing of best practices from both the state and across the country.

Improve communication with local teams: Keep local teams informed of the status of their state-level recommendations; provide local teams with state-level updates, and assign state team members to serve as liaisons to the local teams.

Provide technical assistance for local teams: Develop state-wide guidelines for case selection, review, and desired outcomes, as well as training opportunities and resources.

Finally, short-, medium-, and long-term action steps were created to address the recommendations from the field. The final report on the local-level assessment was published in June 2017 and can be found [here](#). The report on the state team assessment is forthcoming from the OCA.

[1]Copyright: venimo / 123RF Stock Photo

US-Affiliated Island Jurisdictions Achieve Collective Impact through FIMR Collaborative Innovation Network (CoIN)

Fetal and Infant Mortality Review (FIMR) Collaborative Innovation Network (COIN)

Common Agenda

Improve fetal and infant mortality review and prevention systems in the U.S. affiliated island jurisdictions....

...for more first birthdays.

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October marked the end of the year in which the U.S.-Affiliated Island jurisdictions - American Samoa, Commonwealth of the Northern Mariana Islands (CNMI), Republic of the Marshall Islands, Republic of Palau, Federated States of Micronesia, Puerto Rico, and US Virgin Islands- partnered with the National Center, HRSA's Maternal and Child Health Bureau (MCHB), and the Association for Maternal and Child Health Programs (AMCHP) for the Fetal and Infant Mortality Review

Collaborative Innovation Network (FIMR CoIN). The eight jurisdictions engaged regularly over the 12-month period to learn from and share with each other to work toward their common aim of establishing/improving fetal and infant mortality review and prevention systems, with the ultimate goal of preventing infant mortality in the island jurisdictions.

The FIMR COIN members held a celebration of their successful year together in October during the State/Federal Maternal Child Health (MCH) Partnership Technical

Assistance Meeting in Arlington, VA. National Center consultation with and technical assistance support for the jurisdictions will continue, as they welcome two new FIMR programs in CNMI and Palau.



FIMR COIN participants gather at the Federal MCH Partnership Pacific Basin Technical Assistance Meeting in San Francisco in May, 2017

Dr. Linda Quan Recognized at World Conference on Drowning Prevention

Dr. Linda Quan, longtime partner of the Washington State Child Death Review (CDR) and member of the Washington CDR Drowning Prevention Work Group, received an award recognizing her many years of research and advocacy to address childhood drowning prevention at the World Conference on Drowning Prevention held in Vancouver, British Columbia, last October.

Dr. Quan worked with the Drowning Prevention Work Group to effectively use 5 years of its CDR Case Reporting System data on drowning. The results were 5 drowning prevention recommendations:

1. **Increase lifejacket use and supervision of children and adolescents in or near the water**
2. **Create physically safe water environments**
3. **Encourage policies and regulations that emphasize water safety**
4. **Raise community and personal awareness of child and teen drowning risk factors and prevention/safety strategies**
5. **Support standardized drowning death investigation procedures and improve data collection efforts.**

The work group also used the data to identify two specific risk groups of children-racial ethnic minorities, specifically Asian/Pacific Islander Americans, and children from families with prior involvement with Child Protective Services-and to identify the needs to focus on open water settings and to collaborate with city, county, and state parks as key agencies. Dr. Quan, along with Diane Pilkey, Anthony Gomez, and Elizabeth Bennett, published a research paper summarizing this work in *Injury Prevention* in 2011;^[1] they concluded the following about the CDR process, data, and recommendations:

...CDR data and review process was an effective surveillance tool, providing identification and insight into regional risk factors for drowning and opportunities for prevention. Its unique database led to effective local and state injury prevention strategies.

The National Center congratulates Dr. Quan and thanks her for her commitment to



Dr. Quan recognized by Graham Ford, President, International Life Saving Federation.

[1] Quan L., Pilkey D., Gomez A., & Bennett, E. (2011). Analysis of paediatric drowning deaths in Washington State using the child death review (CDR) for surveillance: what CDR does and does not tell us about lethal drowning injury. *Injury Prevention* 2011, 17, i28-i33.

YOUR CHILD DEATH REVIEW CASE REPORTING SYSTEM



Update on Version 5.0

After many months of work by National Center staff and the terrific programmers at Michigan Public Health Institute, **Version 5.0 of the Case Reporting System will launch April 23rd as the National Fatality Review Case Reporting System (NFR-CRS)**. Why the new name? Because Version 5.0 adds the opportunity for FIMR teams to answer the system's existing Child Death Review questions AND to enter data on FIMR questions not currently available in the system. There are three new sections specifically for FIMR users to enter details specific to their cases, including maternal interview information.

The addition of FIMR data entry is the biggest change to Version 5.0, but we also re-structured the current Section I, Acts of Omission/Commission, to be more user friendly (which will improve the consistency of reporting), and added new skip patterns in other sections (for example, if the decedent was an infant who never left the hospital after birth, many inapplicable questions will automatically be skipped). There are many other improvements coming your way in Version 5.0, largely thanks to your feedback.

Prior to the launch, we will send emails to state coordinators and users of the system with many more details. **We will also hold a webinar at launch time to present the changes and answer questions.** Feel free to reach out to the National Center Data Team in the meantime if you have questions.

CDR-CRS Tip

At the National Center we understand that using Microsoft Access to analyze your data from the Case Reporting System isn't always a viable option. However, there is an alternative method using Microsoft Excel that may help with your data analysis needs. Briefly put, this method allows you to download our text files from the Case Reporting System and select the variables you want, then load them into one Excel worksheet matching by ID. This allows you to see your data in one table, filter by individual variables, and run simple frequencies. It is also a way to load specific variables into SAS without first having to run

If your FIMR team or program wants to begin using Version 5 of the Case Reporting System for data entry after your reviews, contact Esther Shaw (eshaw@mphi.org) or Heather Dykstra (hdykstra@mphi.org).

complicated syntax. For more information about using Microsoft Excel for this purpose, contact the National Center. We would be happy to set up a conference call (about 1 hour) to walk you through the process and send you a step-by-step guide for reference.



Data Quality Initiative Update

The second annual Data Quality (DQ) Summary Report was completed and sent to 38 state CDR Coordinators in October 2017. This was the second year a DQ Summary Report was sent to states with 30 or more deaths (our minimum for preparing a summary report) entered into the Child Death Review-Case Reporting System (CDR-CRS) in the reporting year (2015). Thirty-five of the 38 states also had 30 or more deaths entered for 2014, for which they received a DQ summary last year. The repeating states can compare their state data from 2015 to their state data from 2014, as well as to national data for 2015. The three states that had 30 or more deaths for the first time in year 2015 received a summary report with their (and national) 2015 data. States that participate in the CDR-CRS that did not have 30 deaths in 2015 entered into the system were sent the DQ Summary Report with national data only. The DQ Summary with the national data for 2014 and 2015 can be accessed [here](#).

We have compiled and published a "Guidance for Improving Child Death Review Data Quality" as a resource to Child Death Review programs for monitoring and improving the quality of the data they enter into in the CDR-CRS. A copy of the guidance was sent to all CDR Coordinators with the DQ Summary Report e-mail. It is also available [here](#).

Center staff are available to provide technical assistance to states on matters of data quality, such as developing a new data quality monitoring program or refining existing data quality efforts. Technical assistance is available by phone or in person and is a service of the National Center, offered to states free of charge. Please contact us if you would like assistance or have any questions regarding our data quality efforts. Contact by telephone: 1-800-656-2434, or e-mail: info@ncfrp.org.

For more information and access to all Data Quality Initiative activities, documents, and webinars, click [here](#).

OB/GYN Residents Learn the Physician's Role in Fatality Review

It has long been recognized that physicians play an essential role in the fatality review process.

Obstetricians, pediatricians, neonatologists,



perinatologists, emergency department physicians, family practice physicians, pathologists and others play a vital role in fatality review and deliberations by interpreting medical information, explaining medical issues to team members, and identifying needed changes in systems

of care. Participation of physicians in FIMR and CDR also helps ensure that the programs have support and legitimacy in the medical/health community and may open doors for change in that community.

In October, Michigan State University hosted over 90 obstetrician-gynecologist (OB/GYN) residents for its annual Population Health Day. Dr. Anissa Mattison, OB/GYN residency Program Director and attending physician at St. Joseph Mercy Oakland Hospital, invited the National Center to be part of the training. Dr. Mattison is an active member of the Oakland County FIMR Case Review Team. "The FIMR methodology is an excellent example of a public health surveillance program that fits well into several of the Council on Resident Education in OB/GYN (CREOG) Educational Objectives," says Dr. Mattison. **"I want the residents to understand how the socioeconomic, family, and environmental factors affect access to care and pregnancy outcomes."**

Dr. Geoffrey Swain, Medical Director for the City of Milwaukee Health Department and Professor at the University of Wisconsin School of Medicine & Public Health, spoke on Social Determinant of Health. Rosemary Fournier, FIMR Director for the National Center, gave an overview of the FIMR process and guided the residents through several "mock" case reviews. Residents gained a good grasp of how multidisciplinary case review can lead to a better understanding of health care disparities, including race, ethnicity, age, gender, level of ability, geographic location, and socioeconomic circumstance. One resident remarked, **"FIMR was new to me and an important topic that is not discussed in residency enough. The social determinants of health made me think of the barriers to healthcare in a new way."**

Engaging emerging physicians in the fatality review process through similar educational opportunities is a great way to pave the way for their future participation in and endorsement of fatality review.

[1]Copyright:scukrov / 123RF Stock Photo

NATIONAL STAFF OUT AND ABOUT

The National Center is funded to provide technical assistance, training, database support, webinars, and other digital and printed resources to CDR and FIMR programs across the country. We are always available by phone and email. We can do webinars for your state and/or local teams on a range of topics, and we can travel to your state for state training or consultation, within budget limits. The following are examples of where National Center staff have been since the last newsletter.

- Rosemary presented an Infant Mortality address to a local FIMR Community Action Team Meeting in Michigan in September.
- Rosemary, Abby, and Susanna did a poster and networking session, "How Fatality Review informs Title V," at the State/Federal Maternal Child Health Partnership Technical Assistance Meeting in Virginia in October. They also did a pre-conference skills building workshop titled "Exploring ways that Title V programs can use Fatality Review Findings to Improve Maternal and Child Outcomes in Communities" at the same meeting.
- Rosemary and Teri Covington, former director of the National Center, presented "Using Fetal, Infant, and Child Death Review to address disparities and improve health equity" at the Michigan Premier Public Health Conference in October.
- Heather Dykstra presented at the World Drowning Prevention Conference in Vancouver in October on "Unintentional Infant Drowning: A Descriptive Analysis of the Characteristics & Risk Factors from the National Child Death Review Case Reporting System."
- In October, Rosemary presented on FIMR at the Statewide Campus System Resident Education Day to OB/GYN residents from across all osteopathic medical education programs in Michigan.
- In November, Susanna and Abby presented to the Colorado State Child Death Review Team on health equity.
- Also in November, Esther and Abby attended the Microsoft and Seattle Children's Hospital SIDS Summit. The Summit brought together experts from across the world who are working to eliminate SIDS.
- At the end of November, the Midwest Prevention Alliance held its annual conference in Minnesota.
- Rosemary visited Mississippi in December. The site visit included meetings with the Healthy Start staff of Delta Health Alliance and Jackson/Hinds, as well as a day-long FIMR training for all existing Mississippi FIMR sites and a newly-developing site in Jackson.
- Rosemary attended the Kalamazoo, MI FIMR Community Action Team meeting in December.
- In January, the National Center staff, partners from HRSA and SAMHSA and the Suicide Prevention Resource Center met to identify opportunities to collaborate.
- At the end of January, Rosemary led a technical assistance FIMR training for a new FIMR team convening in Muskegon, MI.

February 21th, 2 pm EST	WEBINAR: Highlighting Important Prevention Resources from our Partners Register here!
February 21st, 3 pm EST	Disparities Workgroup Conference Call
April, dates to be announced	FIMR Regional Support Conference Calls
April 23rd	National Fatality Review Case Reporting System, Version 5.0 release date
May 8th-10th Hilton Garden Inn, Denver/Cherry Creek	2018 National Child Death Review Conference: <i>Helping Communities Celebrate More Birthdays</i>

NATIONAL CENTER MAILING LISTS

You can join the **Child Death Review Listserv** and/or the **Fetal and Infant Mortality Review Listserv**. If you join either, you'll also receive the newsletter. Or you can choose to receive the newsletter only. You can change any selection any time by contacting info@ncfrp.org.

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If you have comments, suggestions, or questions about this newsletter, contact Susanna Joy: sjoy@mphi.org.

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