Planning for Remote Fatality Reviews

Considering current events, you may be asked to consider converting in-person fatality review team meetings to virtual meetings. The following guidance is intended to help your team if you need to switch from face to face meetings to virtual ones. The National Center does not ordinarily recommend this practice, but these are unusual times that warrant a responsive public health approach.

**Things to consider before moving to remote meetings:**
- Do team members have access to reliable internet?
- Do team members have access to a private space to participate in virtual team discussions?
- Are team members able to store records in compliance with any state and federal laws?
- Can team members use a teleconferencing/web conferencing platform?
- Do team members have enough capacity to focus on fatality review? Many agencies and individuals may currently have many competing priorities.
- Can team members sign and return confidentiality agreements? This could be accomplished via email, in the chat box within a webinar platform or even verbally.

**If your team decides to move to remote fatality review team meetings, please consider these points whenever possible:**
- Utilize video conferencing to allow team members to see each other and stay engaged. Common web-conference platforms that allow for video conferencing are Zoom, GoToWebinar, and Adobe Connect. Some of these platforms are free but limit the number of participants and/or functionality in their free version, other platforms require a fee.
- Practice launching your meeting through the virtual platform. If colleagues are able to join you to practice, ensure they can see and hear you, that they’re able to be heard, and that you are able to share screens.
- Sharing screens via a webinar platform can eliminate the need to read sensitive documents aloud and address concerns around record storage.
- Assign one team member the job of monitoring the chat box.
- Make sure your facilitator is prepared with discussion questions, a process for conducting the review, and a process for voting. See Review Section below for additional details.
- Come to team consensus about sending case information. Ensure that you use encrypted email and if necessary, send the password in a separate email. Consider using secure cloud storage such as OneDrive or Google Docs for sharing necessary case information.
- If your team shares case information ahead of time, make sure to give team members extra time to gather documents since regular work processes may be disrupted.
• Identify a method for voting virtually. You can consider a polling feature of your webinar platform or other polling programs such as Poll Everywhere or Survey Monkey. Additionally, you can vote in the chat box.
• If your Fetal and Infant Mortality Review (FIMR) team has questions regarding parent/family interviews, follow your agency guidelines and policies on in-person contact with clients.
• View the National Center’s guide on facilitation for some additional points of consideration. https://bit.ly/2UgXVSj

To help ensure meetings are effective, productive, and professional, consider the following virtual meeting etiquette:
• Identify yourself each time you talk.
• Mute yourself when you are not talking.
• Minimize multitasking.
• Call on specific people to lessen people talking over each other, ensuring everyone has a chance to speak.

During the case review meeting, consider the following points to help your case review meeting process and discussion flow:
• Call on each person for each question to ensure everyone has the opportunity to provide information. If someone doesn’t have anything to say, they can pass.
• Create discussion questions that can be used to start/keep conversation moving. Some questions include:
  o Is there enough information to proceed with the review?
  o What services should be provided to the family and community as a result of the death?
  o Are any other children at risk of harm?
  o What risk factors were present?
  o What protective factors were present?
  o What programs already exist that are attempting to address this issue?
  o Is this case review complete?
• Allow for pauses in the dialogue for people to mute/unmute themselves. Experts recommend counting to 10 before moving on.

During times of uncertainty, it is especially important to practice self-care for yourself, your organization, and your team. The resources below are a good starting place for self-care tools.
• National Center Guidance on Vicarious Trauma: https://bit.ly/2vs6Bgo
• National Center tool kit on Vicarious Trauma: https://bit.ly/2IPYU6O

This guidance was made possible in part by Cooperative Agreement Numbers UG7MC28482 and UG7MC31831 from the US Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) as part of an award totaling $1,099,997 annually with 0 percent financed with non-