



Factors to Help Maintain an Effective CDR Team		
Category of Concern	Example	Possible Solutions
Ownership/ Focus	State agency tries to direct focus of CDR team to review child abuse and neglect deaths only.	<ul style="list-style-type: none"> <li>• Appoint representatives with past success in public health prevention programming.</li> <li>• Share success stories with state agency regarding public health prevention programs initiated by other state or local teams.</li> </ul>
Funding	CDR team loses momentum due to lack of staff support for core team functions.	<ul style="list-style-type: none"> <li>• Divide administrative duties, costs among several member agencies.</li> <li>• Seek monies in the form of mini-grants from state or local foundations.</li> </ul>
Confidentiality	CDR team member leaks confidential information learned at a review meeting to media reporter.	<ul style="list-style-type: none"> <li>• Designate one member as media contact; should be media savvy and follow pre-set plan agreed upon by team.</li> <li>• Require team members to sign confidentiality statements regularly; remind team on an on-going basis about the importance of confidentiality and establish sanctions.</li> </ul>
Leadership	Agency taking the lead designates a chairperson who lacks leadership skills.	<ul style="list-style-type: none"> <li>• Form sub-committees to address certain issues, formulate recommendations based on team findings.</li> <li>• Team appoints vice-chair who volunteers to help chairperson with tasks of team.</li> </ul>
Trust	Agencies without a history of working together (or of prior conflict) do not trust each other.	<ul style="list-style-type: none"> <li>• Have representatives share their agencies' policy and procedure information, to increase awareness of others' responsibilities.</li> <li>• Choose a simple initiative to collaborate on that impacts both agencies, building trust.</li> </ul>
Reporting	State CDR team lacks the ability to consistently obtain reports (data) from local CDR teams.	<ul style="list-style-type: none"> <li>• One local CDR coordinator acts as reporting liaison between state and local CDR teams.</li> <li>• Share statewide and local level aggregate data with local teams, emphasizing the importance of the local reporting.</li> </ul>
	CDR team conducts thorough reviews, but fails to complete/submit case reports.	<ul style="list-style-type: none"> <li>• Appoint agency data analyst to team whose sole task is case report completion and submission.</li> </ul>
Reviews to Action	CDR team has difficulty taking CDR findings and turning them into concrete prevention action.	<ul style="list-style-type: none"> <li>• Invite state and local experts on an ad-hoc basis to suggest possible paths of direction.</li> <li>• Help team develop recommendations.</li> </ul>
	CDR team lacks knowledge regarding effective prevention strategies.	<ul style="list-style-type: none"> <li>• Provide/obtain information on successful prevention initiatives.</li> <li>• Seek trainings/seminars for members.</li> </ul>
	CDR team lacks awareness of groups that could help turn their findings and recommendations into action.	<ul style="list-style-type: none"> <li>• Team works together to research what is available on state and local levels.</li> <li>• Invite members from these organizations to speak to team.</li> </ul>



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Overload	Where no local CDR teams exist, state CDR team can't effectively review all deaths in state.	<ul style="list-style-type: none"> <li>National Center assists state team in building participation at local level.</li> <li>State team reviews those cases that are representative of that cause of death.</li> </ul>
Buy-in	CDR team member was appointed by supervisor, does not truly buy into CDR process.	<ul style="list-style-type: none"> <li>Send team member to state or national CDR training.</li> <li>Provide technical assistance and support, including information on causes of death, prevention initiatives/activities.</li> </ul>
Population	Urban CDR team overwhelmed by caseload.	<ul style="list-style-type: none"> <li>Team focuses on one cause of death per meeting.</li> <li>Team coordinators screen cases under the jurisdiction of coroner/medical examiner, choosing to review those with complex or difficult issues.</li> </ul>
	Rural CDR team meets infrequently if at all, due to lack of caseload.	<ul style="list-style-type: none"> <li>Team begins reviewing serious injury cases.</li> <li>Team meets when no deaths have occurred, to talk about prevention opportunities.</li> </ul>
Productivity/ Accountability	CDR team has consistent problem with key members missing meetings.	<ul style="list-style-type: none"> <li>Have members designate alternates to attend when they cannot.</li> <li>Establish formal interagency agreements that outline role and commitment of agency/members.</li> </ul>
	CDR team members do not come to meetings with case information.	<ul style="list-style-type: none"> <li>Team chair emphasizes which records will be of importance for each case in the meeting notices.</li> <li>Team chair obtains key records before meeting.</li> </ul>
	Members fail to follow through on promised actions.	<ul style="list-style-type: none"> <li>Designated team member sends reminder emails week before meeting to those who volunteered to take action.</li> <li>Team keeps running account of actions taken on findings, so that follow-through becomes part of team process.</li> </ul>
	Meetings begin to lack overall focus, productivity.	<ul style="list-style-type: none"> <li>Reiterate goals of process before each meeting.</li> <li>Send team members to CDR training.</li> </ul>
Coordination	Team feels disconnected from state-level team due to lack of inter-communication.	<ul style="list-style-type: none"> <li>Local chair compiles team findings, sends them to state team and asks for feedback.</li> <li>Invite state team representative to meet with local team.</li> </ul>
Quality Assurance	Team unsure of how the quality of their reviews compares to other teams in state.	<ul style="list-style-type: none"> <li>Attend regional or statewide team coordinator meetings for networking.</li> <li>Team members make contact with other teams, attend their reviews.</li> </ul>
Access to Information	Team encounters problems with sharing case information across county/state lines.	<ul style="list-style-type: none"> <li>Establish a standard records-sharing protocol signed by all appropriate counties.</li> </ul>
	Team does not get timely notification of deaths that occur out-of-county.	<ul style="list-style-type: none"> <li>Contact CDR teams in regions where tertiary care centers exist, ask that they inform them when a child is transported to and dies in their county.</li> </ul>