Allegheny Child Death Review Team (AC CDRT):
Core team training

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Materials adapted and borrowed from National Center for Child Death Review
Program Manual & Let’s Make it Easy ... Child Death review Reporting, HRSA MCHB webcast
2009, Teri Covington et al
For ACCDRT Core team members
Core Team Duties

* Attend every AC CDRT meeting
* Activate Basecamp accounts and utilize Basecamp for meeting preparation and information dissemination
* Ensure that all AC CDRT members sign annual confidentiality statements
  * Upload to Basecamp
* Take ownership of a particular type of child death
  * Core team members are responsible for coordinating meetings related to their assigned cause/manner of death (see manual)
  * Core team members identify SME’s, & will approval of full Core team, invite to join ACCDRT
* Create national database account
* Enter review data in national database
* Keep track of which cases have been reviewed and when on master Basecamp case list
Core Team Duties

- Neonatal deaths-
- Sleep related deaths-
- Child abuse and neglect-
- Homicide-
- Suicide-
- Unintentional (includes motor vehicle, falls, fire/burn & other injury events)-
- Overdose-
AC CDRT Chair

- Elected annually
- Sends meeting announcements and reminders
  - Maintains Basecamp calendar
- Ensures all team members complete annual confidentiality agreements prior to viewing any case information
- Ensures new team members receive introductory training
- Maintain current team roster on basecamp
- Serves as the primary contact for team member inquiries
- Facilitates relationships between agencies and organizations
  - Identifies prevention partners to share with team members
* Provides access to vital statistics
* Provide meeting space, AV equipment and refreshments
* Maintain annual case lists using ACMEO data on Basecamp
* Provide information on case involvement with ACHD programs (e.g., home visiting)
* Develop with AC CDRT procedure document
* Assist with reports and data analysis
* Assist with training new team members
* Assist with data and recommendation dissemination
**ACMEO**

- Provides monthly spreadsheet of morgue and non-morgue cases to ACHD

- Upload Death Scene Investigation Reports to Basecamp
Use annual case list to select cases & track reviewed cases
  * Mark date reviewed
* Store completed confidentiality forms
* Store review meeting documents
* Access records request forms
* Communicate with team members
Preparing for a review meeting (for coordinating member)

- Look at the case list on Basecamp
- Select cases for review
- Obtain records required for review
  - See examples in the AC CDRT Team membership document
  - May want to start with ACMEO death scene investigation report to identify which hospital/law enforcement agency/healthcare provider/etc you want to request information from
    - Use records request forms on Basecamp (pass around copies)
- Example: ___ is coordinating a sleep related death review meeting. She chose cases from basecamp, keeping in mind the 2 hour meeting time limit. She then looked at the ACMEO scene report and identified pediatricians, law enforcement agencies, etc that were involved. Record request forms were filed out and sent to those agencies, records were received and a summary was created for the meeting.
- Time consuming!! Start, at a MINIMUM, a month before the review meeting
Why is the Report Tool Important to CDR Users?

The Child Death Review Case Reporting System: From Case Review to Data to Action

Step 1: Complete case review of child death.
Step 3: Send Report through Web to servers at MPH.
Step 4: Server sorts and stores data and permits access according to state requirements.
Step 5: State and local teams and national CDR download standardized reports and/or download data to create custom reports.
Step 6: Reports and data are used to advocate for actions to prevent child deaths and to keep children healthy, safe and protected.
The core team member coordinating the review meeting is responsible for entering the data in the national database.

- Example: ___ coordinated sleep related case reviews in June so she entered the information in the national database

- All core team members coordinating review must have an account

- Public Health prepopulates vital stats fields, reducing some of the data entry burden

- Yes, it is a lot of work… but it provides useful reports and documents all the hard work that has been put into the review
Have your review meeting documents handy before you log in
Find the prepopulated case
Read each question carefully
Use your data dictionary if you need to
Call ___ if you have questions or problems!
Should you mark “unknown” or leave a question blank?

- Unknown= You tried, unsuccessfully, to find the information
- Blank= no attempt was made to find the information
Maltreatment

Select “yes” for unsubstantiated referrals unless the referral was found to be completely falsified.

Investigation to find evidence of prior abuse

Leave blank if no investigation was conducted.

Manner & Cause

If the team disagrees with the death certificate, that can be captured in Section L. The manner and cause should reflect the death certificate (and should be pre populated for Allegheny County).
Accidental Overdose vs Acute Intoxication

- AO: unintentional administration of medication above safe dosage levels; child ingestion without knowledge of adverse consequences

- AI: recreational use OR addiction
Acts of Omission and Commission

* Act cause or contribute to death?

* An act of homicide or suicide would be a cause of death
* An act such as failing to supervise a child may contribute to the death
Caused or Contributed?

Examples:

Caused: Abuse-Mother’s boyfriend beat an infant to death.
Contributed: Neglect-Mother knew boyfriend was abusive to child.

Caused: Suicide-Teen shot himself with a firearm
Contributed: Other negligence or supervision-Father knew son was suicidal but kept loaded and unlocked weapons in house.

Caused: Neglect-Mother would not seek medical attention for infant.
Contributed: Religious practices-Mother's religious beliefs opposed traditional medicine.
Section J – Services to Family and Community

• 53% of our survey respondents “Always” try to complete this section.

• Respondents indicated they frequently don’t have this information; however, these questions should generate a conversation among the team.
  ➢ Only 23% said they had more than 60% of the information needed to complete this section.
Section M – Narrative

- The responses don’t always tell the complete story. Often, even a short narrative here goes a long way to communicate what happened in the case.

- Do not record identifying information in the narrative (names, addresses).

- Exclude information already provided elsewhere in the form.
CDR National Database

This Is Your Data!

**Standardized Reports**

- Select reports with multiple filters
- 33 reports are readily available
Questions?

Demonstration