

**FETAL INFANT MORTALITY REVIEW  
(FIMR) PROGRAM**

**Overview**

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**Introduction** The Maternal, Child, and Adolescent Health/Office of Family Planning (MCAH/OFP) Branch provides an allocation to 17 identified local health jurisdictions (LHJ) to conduct a FIMR Program of which 8 are Black Infant Health(BIH) - FIMR Programs.

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# Background

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## History

The California FIMR Program is modeled after the National FIMR Program of the American College of Obstetricians and Gynecologists (ACOG). In 1991, California was the first state to establish a state-directed FIMR Program. The MCAH/OFP Branch funded 12 projects, two of which were also demonstration sites of the National FIMR Program. California has since expanded the FIMR Program to its current level of 17 local projects.

The BIH FIMR Program was initiated in November 2004 through a Title V funded FIMR expansion project to address the persistent disparity in African American fetal and infant deaths. In order to maximize use of the FIMR expansion funds, they were distributed to the eight BIH jurisdictions that accounted for the largest percentage of African American live births and infant deaths based on 2002 vital statistics data.

Under provisions of the California Health and Safety Code Section 100325 to 100335, the department may access records to investigate sources of mortality and shall treat such studies as confidential. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 includes provisions that allow public health monitoring, investigation and intervention and permit health care providers and other covered entities to disclose medical information for public health purposes without authorization [45 CFR 164.512(b) as does the California Civil Code 56.10(c)(7)].

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## Program Purpose

The FIMR Program is a method for understanding the health care system and social problems that contribute to preventable fetal and infant deaths, and for identifying and implementing local interventions to rectify the identified problems. The FIMR Program empowers local community members to take the necessary steps to improve fetal and infant mortality within their own communities. It is a community-based, action-oriented process with the intent to improve health and social services for families. Through FIMR, the community, in effect, becomes the expert and acquires knowledge about the entire local service delivery system and community resources for women, infants, and their families. FIMR is designed to:

- Identify and examine factors that contribute to fetal, neonatal, and postneonatal deaths by establishing ongoing case review and community action teams,
- Make recommendations that address the contributing factors, and

- Mobilize the community to implement interventions that lead to system and community changes in order to reduce fetal and infant deaths.

FIMR includes the following four public health program elements:

- Assessment of fetal and infant deaths in local communities via data collection and analysis.
- Program planning by organizing community members to develop recommendations and a plan of action to address the identified medical, social, environmental and other factors which lead to fetal and infant deaths.
- Implementation of primary, secondary and tertiary prevention interventions through system changes and the institutionalization of long-term policies.
- Evaluation and monitoring of program outcomes.

**Jurisdictions** The FIMR Program is currently implemented in 17 LHJs.

Alameda	Contra Costa
*Fresno	Humboldt
Kern	*Los Angeles
Placer	*Sacramento
*San Bernardino	*San Diego
*San Francisco	*San Joaquin
Santa Barbara	*Solano
Sonoma	Ventura
Yolo	

\* BIH FIMR LHJs

## Local FIMR Activities

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### Policy

LHJs that receive funding from the State MCAH/OFP Branch will conduct a FIMR Program to identify local system and community problems that contribute to fetal and infant deaths and implement solutions to prevent future deaths.

Local FIMR programs will:

- Examine contributing factors to fetal, neonatal, and postneonatal deaths,
- Identify and investigate disparities,
- Engage the community to develop mechanisms to respond to identified needs, thus helping to prevent similar occurrences, and
- Distribute the findings to other programs, such as Black Infant Health (BIH), California Perinatal Services (CPSP), and Sudden Infant Death Syndrome (SIDS), and to community groups concerned about reducing perinatal morbidity.

The local FIMR Program shall involve community members in all aspects of the program, including review of fetal/infant death cases, planning and implementation of interventions, and evaluations. Community member participation on the Case Review Team (CRT) and Community Action Team (CAT) will allow the FIMR Program to:

- Gather insight into the local determinants.
- Elicit community concerns and desires.
- Assure that the local community will be vested in the process.

### **Cultural Competence**

Diversity among members of the CRTs and CATs, which reflect the community served, is essential to the teams' success. Diverse team composition promotes the development of findings and recommendations that accurately reflect the community's strengths as well as the need for improved services.

Diversity of professional representation in the teams is also very important. The broader the representation on the team, the more relevant to the community the proposed interventions will be.

Each agency must comply with the FIMR Scope of Work (SOW). This SOW includes the minimum required activities for the implementation of a FIMR program.

**Confidentiality** All FIMR Program activities must be handled with adherence to strict practices of confidentiality. All written records must be kept in locked files and electronic records must be protected. Identifiers must be removed and cases adequately summarized to prevent identification of individuals. Members of the Case Review Team (CRT) and Community Action Team (CAT) must sign a pledge of confidentiality and be reminded of these standards frequently.

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**Required Program Components** Each agency receiving FIMR funds is required to include the following components:

1. FIMR Coordinator and associated skilled staff,
2. Local case review authority from Local Health Officer.
3. FIMR Program protocols, policies and procedures.  
The policies and procedures must include, but is not limited to:
  - Identify the roles and responsibilities of the FIMR Coordinator and associated skilled staff.
  - Identify the composition of the CRT and CAT.
  - Identify the CRT and CAT meeting format.
  - Define how many members in the CRT and CAT make up a quorum or majority.
  - Define the member mix that makes up a quorum or majority for the CRT and CAT.
  - Identify the methods for maintaining confidentiality, addressing confidentiality requirements for the CRT and CAT members.
  - Identify the process for finding cases.
  - Identify the criteria used for selecting fetal and infant death cases for review.
  - Identify the process for finding and contacting mothers.
  - Identify the process for conducting home interviews.
  - Identify the process for medical records abstraction.
  - Identify the medical record abstraction forms and home interview tool.
4. Case Review Team ,
5. Community Action Team,
6. Community involvement,
7. Recommendations based on case findings and innovative interventions, and
8. A system for standardized data collection and reporting.

Each FIMR Program has a CRT and a CAT. The FIMR Coordinator determines a method and criteria used for selecting fetal and infant death cases for review.

- The CRT conducts the review of selected cases, performs family interviews, and makes recommendations to avoid similar future deaths.
- The CAT takes the recommendations and develops interventions to be implemented into the local health system and community.

**Case Review Team (CRT)**

The CRT will consist of medical and non-medical representatives and have culturally diverse representation. Members of the CRT should represent a broad range of professional organizations and public and private agencies. Such organizations and agencies may include health, social service, education, advocacy and ones that provide services and resources for women, infants and families. Membership is modified as the at-risk populations and priorities for review change.

The CRT reviews selected cases and identifies factors contributing to fetal and/or infant deaths.

**Community Action Team (CAT)**

The CAT should reflect the needs and diversity of the community and include membership that can define and organize key community-based, public policy and systems changes that arise from case reviews. Membership shall be modified as the at-risk populations and priorities for review change. The CATs shall have coordination or representation from related State and local programs serving women and children such as Sudden Infant Death Syndrome (SIDS), Women Infants & Children (WIC), Comprehensive Perinatal Service Program (CPSP) and Black Infant Health (BIH).

The Team may include, but not be limited to representatives from:

- Health professions,
- Social services agencies,
- Child health organizations,
- Community-based organizations,
- Political leadership groups,
- Faith community organizations,
- Neighborhood organizations,
- Educational organizations,
- Housing and tenants' rights organizations,
- Local businesses, and
- Parents who have lost an infant, etc.

The CAT will review the findings of the CRT, recommend and implement community, policy or system changes that will assist in preventing future occurrences.

## **CRT and CAT Implementation**

- CRTs that also serve as the CAT must be composed of a professionally and ethnically diverse membership that is representative of the community.
- CRTs may serve as the CAT if membership and activities are appropriate.
- If the CRT also serves as the CAT, the CRT recommends and implements changes that are designed to prevent future occurrence.
- Crossover representation between CRT members and CAT members is strongly encouraged. This allows for buy-in among the CAT members who not only translate the CRT findings into recommendations and actions but also participate in implementing interventions designed to address the identified problems.
- Communities with already functioning community coalitions or groups for which fetal/infant mortality issues are a priority may have these coalitions assume the role of the CAT, when appropriate. These community coalitions must collaborate closely with the CRTs.

## **Recommendations and Interventions**

The case-based recommendations and interventions should center on local factors or address broad questions of system performance and public policy. Identification of recommendations and interventions may be determined based on a combination of FIMR and Perinatal Periods of Risk (PPOR). Interventions should include, but not be limited to, changes in:

- Public health and social policies.
  - Health service delivery systems, networks, and practices.
  - Professional training and education, community-based education.
  - Patterns of community knowledge, skills, lifestyles, and norms.
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## Key Personnel

**Policy** Each FIMR Program must have trained staff to perform functions as FIMR Coordinator, Records Abstractor, Parental Interviewer, and Data Manager. These roles may be combined or shared as staffing availability permits.

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**FIMR  
Coordinator  
Role**

All FIMR Coordinators must ensure the following tasks are completed:

- Obtain local case review authority from the health officer or a local Committee for the Protection of Human Subjects to conduct ongoing FIMR reviews. If unable to obtain authority for review of records locally, they must obtain authorization from parents or legal guardians of the deceased.
- Develop and maintain protocols and procedures for the review of cases according to state and National FIMR guidelines. Provide original protocols and procedures to the MCAH/OFP Branch once and provide updates only on an annual basis or when changes take place.
- Provide leadership and direction to CRTs and CATs.
- Abstract information from various data sources and oversee data entry and management. (E.g. BASINET).
- Conduct parental interviews.
- Submit to CRT and CAT summarized information from the parental interviews and other data sources, maintaining client confidentiality.
- Distribute findings of the case reviews to the CAT with recommendations for action.
- Distribute findings and make recommendations to related local programs serving women and children such as BIH, SIDS and WIC.
- Collect, analyze and submit to MCAH/OFP Branch local data pursuant to MCAH guidelines.
- Attend and participate in statewide or regional meetings and trainings as scheduled and coordinated by the MCH/OFP Branch.

## **Standardized Data Collection & Reporting**

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### **Policy**

FIMR Programs are required to review case findings and submit an Annual Report. (Refer to the FIMR and BIH-FIMR SOW and Annual Reporting requirement for details.)

The Perinatal Periods of Risk (PPOR) is a tool that can be used in a complementary fashion with FIMR efforts. Particularly useful for jurisdictions with more than 60 fetal and infant deaths annually, PPOR can assist in prioritizing cases for review based on identified contributing factors. Use of PPOR is optional but consideration of its use is encouraged. MCAH/OFP Branch is available to offer technical assistance in this area and may periodically do this analysis as resources permit.

### **FIMR SOW Information (See Appendix for FIMR SOW Document)**

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The objectives of the FIMR program as outlined in the SOW result in data collection and reporting in two categories:

- 1) case reviews, including resulting community interventions, and
- 2) periodic local summaries of the status of fetal and infant deaths and the contributing factors.

Implementation of a method for the MCAH/OFP Branch assimilation and use of data provided by FIMR Programs is being pursued. (See BASINET below).

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### **BIH FIMR**

The BIH FIMR jurisdictions began implementing a pilot of the BASINET system in 2006-2007. BASINET (Baby Abstracting System and Information NETwork) is a project management system designed for FIMR. BASINET is a proprietary product that was developed by the Florida Association of Healthy Start Coalitions (FAHSC) in partnership with GO Beyond LLC. BASINET is a tool designed for FIMR data abstracting, deliberations and detailed reporting. BASINET is web-based, HIPAA compliant, designed to be customized, delivered through a browser, has SSL (secure socket layer) encryption (no need for software to be installed), with secure servers in Tampa, Florida that provide the highest level of security. FAHSC, the contractor, will provide membership in its organization, BASINET. BASINET will maintain system security and performance and authorize user accounts, and will provide training and technical support to MCAH/OFP and FIMR Programs. LHJs will be provided a technical

assistance contact within MCAH/OFP. LHJs will be assigned user accounts for staff assigned as FIMR Coordinator/Manager and Data Entry. LHJs are expected to meet or exceed standard security measures and to adhere to vendor license agreements.

Requirements for reporting will be determined based on the status of BASINET implementation and information available in BASINET reports. LHJs will be surveyed periodically to assess use of BASINET.

## **Trainings and Meetings**

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The MCAH/OFP Branch may provide training and technical assistance to FIMR Programs. Local FIMR Programs may be required to attend these trainings. Local FIMR Program's input on desired trainings is highly encouraged.

Adequate funding for training and meeting expenses, including travel expenses shall be built into the annual budget. Efforts will be made to provide trainings via teleconference or in conjunction with other routine meetings.

## **Product/Publication Approval and Credit**

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All products including publications, reports, brochures, letters of interest or other materials that are developed and produced using MCAH Allocation funds, must be approved by the State MCAH Program prior to printing and distribution. Any products currently in use which have not been approved by the MCAH Program must be approved prior to reprinting and further distribution. (See details in State MCAH Policies and Procures, page 16, "Product/Publication Approval and Credit" for requirements and process.)

# Annual Report

<b>Introduction</b>	The FIMR and BIH-FIMR Annual Reports collect relevant information and data for evaluation, analysis and monitoring of program performance and for meeting Title V Block Grant and MCAH/OFP Branch objectives.
<b>Annual Report Requirements</b>	All agencies receiving MCAH/OFP Branch funding are required to complete the Annual Report.
<b>Time Frame</b>	The Annual Report is due August 15 <sup>th</sup> each year. MCAH/OFP Branch has the option to withhold payment on current invoices for failure to submit a complete and timely report.
<b>Submission</b>	The Annual Report(s) must be submitted by following the directions listed:

Mail the Annual Report(s) on a CD or a disk along with the MCAH annual Report. Include other documents in this packet.

**Do not send by email.**

1. The information for FIMR & BIH-FIMR has been de-identified and is not considered confidential.
2. Label the CD or disk with:
  - a. The agency's name,
  - b. The name of the programs, i.e., FIMR or BIH-FIMR.
  - c. The fiscal year of the Annual Report.
3. Mail the Annual Report using this address:  
**California Department of Public Health  
MCAH Program  
Annual Report (Date of fiscal year)  
P.O. Box 997420, MS 8305  
Sacramento, CA 95899-7420**

<b>Forms</b>	FIMR and BIH-FIMR Annual Report Forms are on the MCAH website. <a href="#">FIMR Annual Report (Form 3C) FY 2007-2008</a> <a href="#">BIH-FIMR Annual Report (Form 3D) FY 2007-2008</a>
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