



State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

November 9, 2006

**TO: BLACK INFANT HEALTH-FETAL INFANT MORTALITY REVIEW
(BIH-FIMR) COORDINATORS
MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIRECTORS
IN COUNTIES THAT HAVE BIH-FIMR PROGRAMS**

**SUBJECT: REVISED SCOPE OF WORK (SOW) FOR BIH-FIMR FOR 2006-2007
PROGRAM POLICY ALERT # 2006/07-04**

Attached is the revised SOW for the 2006-2007 Black Infant Health-Fetal Infant Mortality Review (BIH-FIMR) Program.

Since we are asking the BIH-FIMR programs to pilot use of the Baby Abstracting System and Information NET work (BASINET), we have drafted and attached a revised SOW for you. In addition to providing for use of BASINET, there is one other notable change. In order to assure adequate use of BASINET during the pilot year, each jurisdiction should complete review on at least 15 cases. Some jurisdictions have reviewed fewer than 15 cases in past years. If this requirement is not feasible, please contact Dr. Karen Ramstrom and, if communicating by e-mail, copy your Nurse Consultant and Kathleen Nettesheim-Engel.

Please review your BIH-FIMR SOW and confirm your acceptance of this revision by return email to your Nurse Consultant and Contract Manager with a cc to the BIH-FIMR Nurse Consultant Manager, Kathleen Nettesheim-Engel and Dr. Karen Ramstrom.

Listed below are the BIH FIMR Counties, and their assigned Nurse Consultant and Contract Manager:

County	Nurse Consultant	Contract Manager
Fresno	Angela Furnari	Stephen Fong
Los Angeles	Jewel McGadney	Stephen Fong
Sacramento	Jewel McGadney	Theresa McGinnis
San Bernardino	Paula Curran	O.B. Ray

BIH-FIMR Coordinators, MCAH Directors

Page 2

November 9, 2006

San Diego
San Francisco
San Joaquin County
Solano

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Guey-Shiang Tsay
Jewel McGadney
Angela Furnari

Cheryl Wong
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Sincerely,



Susann J. Steinberg, M.D., Chief
Maternal, Child and Adolescent Health/
Office of Family Planning Branch

Enclosure

cc: Nurse Consultants
Contract Managers
Kathleen Nettesheim-Engel, BIH-FIMR
Nurse Consultant Manager

Agency:

FY 2006-2007

Allocation Number:

**BLACK INFANT HEALTH - FETAL INFANT MORTALITY REVIEW
(BIH – FIMR)**

SCOPE OF WORK

The Agency must work toward achieving the following goals and objectives by performing the specified activities, evaluating the results, and focusing on process and/or outcome.

Goal 1: Reduce Fetal and Infant Mortality

Timelines: All of the implementation activities identified in this Scope of Work are to be conducted within the term of this allocation's Fiscal Year.

Objective 1

Conduct a community-based BIH FIMR Program based on MCAH/OFP Branch guidelines to:

- Examine contributing factors to African American fetal, neonatal, and post-neonatal deaths;
- **Complete the data collection on ____ African American cases. This is approximately ____% of all fetal, neonatal, and post-neonatal deaths to be reviewed.** (Case number must be appropriately proportional to the total number of fetal/infant deaths in the jurisdiction and is subject to MCAH approval. Review of fewer than 15-20 cases annually may not provide representative information on which to base recommendations.)
- Identify 3 recommendations and implement 1 intervention involving policy, systems, and community norm changes that will lead to the prevention of similar occurrences. (The number of interventions implemented is subject to MCAH/OFP Branch approval.)

Implementation Activities

- 1.1 Obtain a letter from the local Health Officer authorizing authority to Implement California Health and Safety Code Section 100325-100335 which authorizes interviews and review of medical records in fetal and infant deaths.

Evaluation Process or Outcomes-

- 1.1.1 Submit a copy of the local Health Officer's authority letter with the Annual Progress Report.
- 1.2 Participate in MCAH/OFP Branch-sponsored FIMR trainings/meetings.

Evaluation Process or Outcomes-

- 1.1.2 Attendance of the FIMR Coordinator, MCAH Director or

Coordinator, and BIH Coordinator at the trainings/meetings.

1.3 Develop Local FIMR Policies and Procedures.

Evaluation Process or Outcomes-

1.3.1 Submit a master copy of the local BIH FIMR Policies and Procedures of the case review team and community action team in 2005-2006, with the Annual Progress Report. In subsequent years send copies of any changes to the Local BIH-FIMR Policies and Procedures with the Annual Progress Report.

1.4 Establish, facilitate, and maintain a PPOR Community Stakeholders Group to Raise awareness of fetal and infant death in the community and better understand community factors; a Case Review Team to review selected cases and identify factors contributing to fetal and infant deaths; and a Community Action Team to recommend and implement changes designed to prevent further occurrences. Facilitate participation of BIH Program representative.

Evaluation Process or Outcomes-

1.4.1 Complete the Community Membership Forms for:

- The Community Stakeholders Group
- The Case Review Team
- The Community Action Team.

1.5 Implement use of BASINET (Baby Abstracting System and Information NETwork) to facilitate data collection, case deliberation and recommendations.

- Complete case abstraction and data entry on at least 15 cases including a mix of fetal and infant deaths. Complete data entry on at least 5 cases by November 30, 2006.
- Prepare de-identified case summaries for Case Review Team deliberation on at least 15 cases.
- Utilize the deliberations auto-filling function for at least 15 cases and share this information with the Team.
- Utilize the Aggregate Deliberation Summary function to facilitate generation of recommendations and intervention selection.
- With at least 15 cases entered into the system, generate at least 3 different reports to support Community Action Team efforts.

Evaluation Process or Outcomes-

1.5.1 Case data as specified above will be available in the BASINET system when BASINET is queried by MCAH/OFP staff.

1.5.2 Submit with the Annual Progress Report the following print outs: the 15 case deliberations utilizing the auto-fill function; an Aggregate

Deliberation Summary at year end; copies of the 3 reports utilized in support of the Community Action Team.

1.6 Provide feedback to MCAH/OFP in an effort to evaluate use of the BASINET system. Items of interest include process changes (e.g., record abstraction and data entry; CRT and CAT meeting format), change in time spent (e.g., record abstraction, data entry, preparation for CRT and CAT meetings, deliberation), quality of deliberations, ability to make recommendations to the CAT.

Evaluation Process or Outcomes-

1.6.1 Submit feedback periodically as desired or requested. Submit with the Annual Report feedback based on questions generated by MCAH/OFP.

Objective 2

Develop periodic local summary report of findings and recommendations that address the identified contributing factors leading to fetal/infant deaths.

Implementation Activities:

2.1 As a result of the findings of the Case Review Team, and recommendations of the Community Action Team, disseminate local periodic summary findings and recommendations to local policymakers, and the community at large, BIH, SIDS, and other local MCAH programs through published reports, press releases, and presentations to increase public awareness of recurring factors causing African American fetal and infant deaths.

Evaluation Process or Outcomes-

2.1.1 In the Annual Progress Report, describe key activities and accomplishments. Submit any developed summary report with the Annual Progress Report. Keep documentation of disseminated findings on file.

2.2 Based on case findings, with community input, develop and implement objectives, interventions, timelines and evaluation components for identified recommendations that address systems, community norms and public policy changes.

Evaluation Process or Outcomes-

2.2.1 In the Annual Progress Report describe how community input was obtained and incorporated into the BIH-FIMR recommendations. Describe key activities and accomplishments including the Identified objectives, implemented interventions, and the evaluation of identified recommendations.