

2.0 PERSONNEL

- 2.1 Policy:** Each FIMR Program must have appropriately trained staff to perform functions, such as FIMR Coordinators, Records Abstractors, Parental Interviewers, and Data Managers. These roles may be combined or shared as staffing availability permits. The MCH Branch must approve the FIMR Coordinator and any/all changes to the Coordinator position, including allotted time, duties, job specifications, and organizational charts.
- 2.2 Requirements of FIMR Coordinator:**
- 2.2.1 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 records review locally, must obtain authorization from parents or legal guardians of the deceased.
 - 2.2.2 Develop and maintain protocols and procedures for the review of cases according to state and national FIMR guidelines.
 - 2.2.3 Provide leadership and direction to CRTs and CATs.
 - 2.2.4 Collect and analyze local data pursuant to MCH guidelines.
 - 2.2.5 Abstract information from various data sources and summarize the information for CRTs that maintain client confidentiality.
 - 2.2.6 Conduct parental interviews and summarize the information for CRTs.
 - 2.2.7 Distribute findings of the case reviews to the CAT with recommendations for action.
 - 2.2.8 Attend and participate in statewide or regional meetings and trainings as scheduled and coordinated by the MCH Branch.
 - 2.2.9 Submit to CRT and CAT summarized information from the parental interviews and other data sources.
- 2.3 Requirements of CAT:**
- 2.3.1 The CAT will review the findings of the CRT and recommend and implement community and system changes that will assist in preventing future fetal/infant deaths.
 - 2.3.2 Communities with already established community coalitions/groups for which fetal/infant mortality issues are a priority may have those coalitions assume the role of the CAT,

when appropriate. The community coalitions must collaborate closely with CRT.

2.4 Procedures:

- 2.4.1 Submit annually to the MCH Branch a written copy of the local authority to conduct ongoing FIMR case reviews.
- 2.4.2 Submit procedures, protocols, data collection forms, which include the “Issues Associated with Fetal-Infant Mortality”, Case Summary, and FIMR tracking log along with the annual progress report to the MCH Branch.
- 2.4.3 Submit to MCH local data and progress report information, pursuant to the MCH Program Report Section 1.3.