

# ORIENTATION FOR NEW FIMR CRT/CAT MEMBERS

This publication provides an overview of the Fetal and Infant Mortality Review (FIMR) process, the role of CRT and CAT members, and suggested team members. More detailed information is available in *A Guide for Communities: Fetal and Infant Mortality Review Manual* at [www.NFIMR.org](http://www.NFIMR.org).

## FIMR: AN APPROACH FOR SYSTEM IMPROVEMENT

The US infant mortality rate has been steadily decreasing, but racial and ethnic disparities in infant mortality still persist. FIMR is an evidence-based process to examine fetal and infant deaths. FIMR is a community-owned & action oriented process to improve service systems and resources for women, infants and families. FIMR offers the community:

- A warning system that can describe effects of health care systems change
- A method for implementing continuous quality improvement (CQI)
- A means to implement needs assessment, quality assurance and policy development which are essential public health functions, at the local level.

## THE FIMR PROCESS: A HOLISTIC APPROACH

- The FIMR process brings a multi-disciplinary community team together to review de-identified infant and fetal death
- Composed of health, social service and other experts; the FIMR **case review team (CRT)** examines the case summary, identifies issues, and makes recommendations for community change if appropriate.
- Community leaders representing government, consumers, key institutions, and health & human service organizations serve on the **community action team (CAT)** which acts to implement recommendations.

### STEPS IN FIMR

Death Occurs



Cases Selected



Data abstracted



CRT reviews & recommends

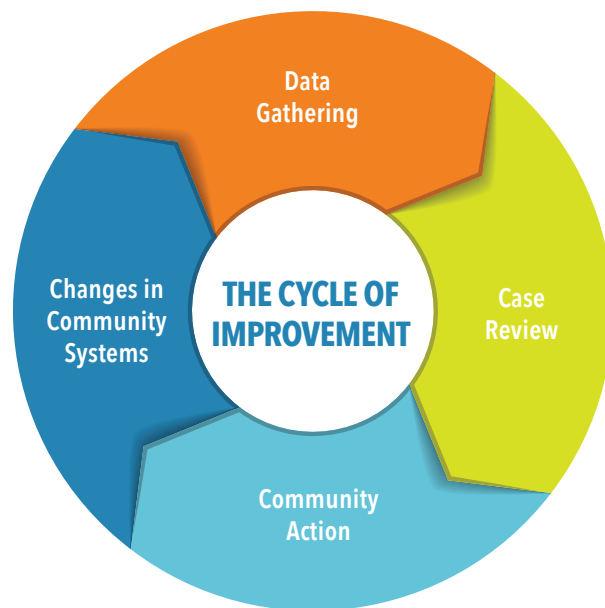


CAT proposes & takes community action



Improved health

## FIMR PROCESS: CONTINUOUS QUALITY IMPROVEMENT (CQI)



The FIMR process is not about assigning blame, it is an examination of circumstances surrounding the death to identify system gaps. The FIMR process is similar to a root cause analysis. Because cases are selected based on the community disparities for infant mortality, it is not a surveillance system either. The first step is for the Case Review Team to review all the case data and make recommendations. The next step is for the Community Action Team to take the recommendations, prioritize them, and make the changes needed in the community's service delivery system.

**CASE REVIEW TEAM ROLE**

- Information processor of the FIMR program
- Reviews and analyzes the information collected in interviews and medical data abstractions
- Summarizes findings and create recommendations to improve the community's service delivery systems and community resources.

**COMMUNITY ACTION TEAM ROLE**

- Develop new and creative solutions to improve services and resources for families from the recommendations made by the case review team
- Enhance the credibility and visibility of issues related to parents, infants and families within the broader community by informing stakeholders about the need for these actions through presentations, media events and written reports
- Work with the community to implement interventions that will improve services and resources
- Determine if the needs of the community are changing over time and decide which interventions should be added or altered to meet the needs
- Safeguard successful FIMR systems changes from being discontinued in the future.

Members invited to the CRT and CAT will vary depending on the needs in the community. These members are for identification and implementation of recommendations. The engagement of team members is key to the success of a FIMR program.

Community Participation: Suggested FIMR Membership

PLEASE INDICATE THE NAME OF THE PERSON WHO CAN PARTICIPATE IN THE FIMR PROCESS

*Reminder: Some community members will participate on the Case Review Team or on policy development through the Community Action Team. Everyone benefits from improved collaboration.*

**KEY COMMUNITY LEADERS**

- Mayor, County Executive
- Religious Leaders
- Business Leaders, Chamber of Commerce
- Civic and Fraternal Groups, such as Kiwanis, Jaycees, AKA, Junior League, etc.
- Educators

**HEALTH CARE PROVIDERS**

- Obstetrician/Gynecologist
- Pediatrician/Maternal-Fetal Specialist
- Obstetric/Pediatric Nurse
- Social Workers
- State and/or County Medical Society
- Hospital Administrator
- MCO/HMO Representative
- EMS

**PUBLIC HEALTH PROVIDERS**

- City and/or County Health Department(s)
- Medicaid
- Medical Examiner
- WIC Supervisor
- Outreach Workers
- Family Planning Representatives

**HUMAN SERVICE PROVIDERS**

- Child Welfare Agencies
- Substance Abuse Services
- Mental Health Services
- Department of Corrections
- Housing Authority
- Transportation Authority

**CONSUMER AND ADVOCACY GROUPS**

- March of Dimes
- Healthy Mothers/Healthy Babies
- MCH Coalitions
- Perinatal Infant Grief Professionals
- Bereaved Family and Other Consumer Representatives

**CONSUMER AND ADVOCACY GROUPS**

- Family Support Groups
- Minority Rights Groups
- Women's Rights Groups
- Union and Workers Rights Groups
- Housing and Tenants Rights Groups

Adapted from: Striffler N, Coughlin, PA, Magrab, PR. Communities can workbook series: developing collaborative services for children. Washington, DC: Georgetown University Child Development Center. 1994:4 and Phelps, A. Florida Department of Health