Meeting Results:
By the end of the meeting participants will have:
- Received updates on the FIMR program and introduction to new provider agency
- Shared feedback on previous CRT operations to inform next steps
- Discussed the process for case review deliberation and information-sharing with CAG
- Developed an action plan for FIMR CRT member recruitment and expansion

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<tr>
<th>Meeting Participants</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Julie Hayden</td>
<td>Dept. of Health</td>
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<td>Ellen Steinberg</td>
<td>Dept. of Health</td>
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<td>Usleur Cook</td>
<td>WIC</td>
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<td>Zoraime Ramos Cortes</td>
<td>WIC</td>
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<td>Jeff Goodman</td>
<td>CSC</td>
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<td>Regina Battle</td>
<td>CSC</td>
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<tr>
<td>Angeline Francois</td>
<td>Healthy Mothers Healthy Babies (HMHB)</td>
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<td>Lisa Greenwood</td>
<td>HMHB</td>
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<td>Christine Walsh</td>
<td>CSC</td>
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<tr>
<td>Julie Swindler</td>
<td>Families First</td>
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<tr>
<td>Roderick King</td>
<td>Florida Institute for Health Innovation</td>
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<td>Fay Glasgow</td>
<td>Florida Institute for Health Innovation</td>
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Meeting Notes

Welcome/Introductions
- Regina Battle introduces Dr. Roderick King and FIHI team as the new FIMR provider agency
- CRT members introduce themselves and their organizations

FIMR Updates
New National FIMR Database:
- The newly integrated CDR/FIMR data system will be housed under the National Center for Fatality Review & Prevention (NCFRP)
- Version 5.0 will launch April 23rd as the National Fatality Review Case Reporting System (NFRCRS)
- Enhancements include streamlined data entry with new skip patterns if infant never left hospital following birth
- NCFRP will host webinars at launch time to present the changes and answer questions
- Archived webinars can be found at: [https://www.ncfrp.org/tools_and_resources/archived-webinars-presentations/](https://www.ncfrp.org/tools_and_resources/archived-webinars-presentations/)
Introduction to the Florida Institute for Health Innovation

Dr. King shared an overview of FIHI and the Institute’s focus areas:

- FIHI conducts action oriented research and promotes leadership, partnerships, and collaborations to build capacity for strong public health policy, programs, systems and practices.
- We serve as a neutral convener by working with various local, state and national leaders to develop public-private partnerships that provide recommendations and solutions to health related matters around the state of Florida.
- FIHI has 3 centers of excellence:
  1. Collective Impact for Healthy Communities: We are helping leaders and organizations align efforts and move from idea to action for results.
  2. Health in All Policies: We provide impartial analysis of the health effects of policy, projects, programs and plans.
  3. Research, Evaluation and Training: We use rapid-cycle research to support innovative ideas, evaluation to ensure accountability and training to develop collaborative leaders.

Visit [www.flhealthinnovation.org](http://www.flhealthinnovation.org) to learn more.

- Power of Collective Action—Example: Baltimore’s Healthy Babies Initiative- B’More for Healthy Babies
  - Focused on Several Neighborhoods in Baltimore
  - Infant mortality decreased by 28% - (from 13.5% in 2009 to 9.7 in 2012)
  - The disparity between white and black infant deaths decreased by almost 40%

Discuss Lessons Learned from Previous Case Review Team (CRT)

- Overall CRT operations: What went well?
  - Had providers in the room (EMT, MD, RN...)
  - Had in-services to learn about each other
- What did not go well?
  - Not having full story
  - Abstractor not available at meetings
  - Meetings cancelled=backlog
  - Generic assumptions (i.e. obesity)
  - No real onboarding
  - People came in/out
  - “Bingo”=no real discussion
- What could be done differently?
  - Better communication between the CRT and CAG=both groups should align=quarterly meetings
  - Add St. Mary’s Medical Center
  - Identify if we need to redact names and hospital...can abstractors track providers and institution?
  - Bring in speakers:
    - Dr. Belma Andric, CMO, Healthcare District of PBC
    - Cory Neering, District 2 City Commissioner, WPB
- How did CRT information get shared with the Community Action Group (CAG)?
  - 1 year of CRT data went to the CAG (not real time)
  - Suggestion to share CRT data each quarter
  - Suggestion: Ensure each quarter that cases pulled are a random sample
Overview of FIMR CRT Composition Analysis and Recruitment Strategy Proposal

- Dr. King shares a composition analysis showing the make-up of the previous CRT by sector and recommendations for targeting new members to expand the CRT and fill in gaps.
- The following healthcare and social service organizations were shared as potential opportunities for expanding the CRT:

  **Maternity Hospitals:**
  - Bethesda Hospital East
  - Boca Raton Regional Hospital
  - Good Samaritan Medical Center
  - JFK Medical Center
  - Jupiter Medical Center
  - Lakeside Medical Center
  - Palms West Hospital
  - Wellington Regional Medical Center
  - West Boca Medical Center

  **Community Health Centers:**
  - Florida Association of Community Health Centers
  - C.L. Brumbach Primary Care Clinics
  - Primary Care Access Network

  **Federally Qualified Health Centers:**
  - Caridad Center
  - FoundCare

  **PBC Human Service Agencies:**
  - BRIDGES
  - SIDS Foundation
  - The Women's Circle
  - Operation Hope
  - Place of Hope
  - Pregnancy Resource Center
  - Opportunity of PBC

**Next Steps:**

- Save the date for the next CRT meeting: Thursday, May 17; 6-8 p.m. at the Quantum Building
- Next CRT meeting will provide an orientation to the new FIMR database and introduce the newly hired FIMR abstractor team.
- CRT members will be invited to join a co-design/planning call to offer feedback on the agenda for the next meeting.
- CRT and CAG Meeting notes will be archived on the FIHI website: [http://flhealthinnovation.org/fimr/](http://flhealthinnovation.org/fimr/)