DEDICATION

The efforts of the Palm Beach County Fetal & Infant Mortality Review (PBC-FIMR) are dedicated to mothers and families who have suffered the loss of a child. This annual report details the reestablishment of the PBC-FIMR and reflects the program’s commitment to helping families and eliminating disparities in fetal and infant mortality.
ACKNOWLEDGEMENTS

The Florida Institute for Health Innovation (FIHI) would like to thank the Children’s Services Council (CSC) for their assistance, guidance and for the opportunity to reestablish the Fetal and Infant Mortality Review (FIMR) Program for the residents of Palm Beach County. Special acknowledgement is extended to CSC’s Regina Battle, Jeff Goodman and Andree Brown for closely partnering with the FIHI team in restoring the program.

FIHI would also like to recognize the Florida Department of Health in Palm Beach County (PBC) for their valuable partnership, which has made the FIMR program possible. Special thanks to PBC Health Department Director, Dr. Alina Alonso, and to Sharon Greene, Director, Community Health Promotion & Education, for their continued support and collaboration. In addition, FIHI would like to thank the Broward FIMR team, including Sandra Despagne, Program Manager, and Jennifer Combs, Abstractor, for offering guidance and training to our team that helped contribute to a successful implementation of the PBC-FIMR.

Lastly, FIHI would like to also extend a special appreciation to the members of the PBC-FIMR CRT & CAG. FIHI recognizes the time and commitment required to effectively participate in the PBC-FIMR program. We greatly appreciate your commitment in helping us improve fetal and infant mortality rates and reducing disparities in birth outcomes.
Palm Beach County Fetal and Infant Mortality Review Program

2017/2018 PBC-FIMR PROGRAM

For 2017/2018 (November 15, 2017 to September 30, 2018), the Children’s Services Council (CSC) contracted the Florida Institute for Health Innovation (FIHI) to relaunch the Palm Beach County Fetal and Infant Mortality Review Program (PBC-FIMR) in partnership with the Florida Department of Health in PBC. The program had been inactive for the previous two years. The 2017/2018 contract year was used as a full-scale redesign and installation of the PBC-FIMR program. Under the leadership of Dr. Roderick King, MD, MPH, the FIHI implementation process included the establishment of program protocols; aligning of community and institutional resources; development of a case review team (CRT) and community action group (CAG).

Fetal and Infant Mortality Review (FIMR) programs are designed to examine and identify factors contributing to fetal and infant mortality and morbidity. The program’s primary aim is to develop and employ strategies that increase the overall quality of perinatal care. Additionally, the FIMR program also aims to reduce racial disparities in fetal and infant mortality outcomes. The program identifies weaknesses, strengths and gaps in healthcare services and community resources for women, children and families. Through collaborative meetings and community engagement, FIMR programs foster recommendations leading to the development of new services and policies. Launched in 1990 as a collective initiative between the American College of Obstetricians & Gynecologists and the Federal Maternal & Child Health Bureau, FIMR programs have expanded significantly. In 1992, the State of Florida implemented the FIMR program model. Currently, there are 12 FIMR programs throughout the state. The programs operate under Florida Statute 766.101. Nationwide there are nearly 200 FIMR programs.

The PBC-FIMR program aims to improve fetal and infant health outcomes by delivering the following services for Palm Beach County families:

- Reduce and close the gap in fetal and infant health disparities throughout Palm Beach County
- Continue to evaluate and monitor how current health care systems serve and impact the local families depending on their services
- Provide support and be an advocate for families who have recently lost a child
- Provide a review process and community action plan to implement programs and policies that safeguard Palm Beach County families

PBC-FIMR Program Aims

About the Florida Institute for Health Innovation

The Florida Institute for Health Innovation (FIHI) is a nonprofit public health institute. FIHI is part of a nationwide network of public health institutes designed to improve community health outcomes through innovative and collaborative change. FIHI utilizes data driven analysis and results based strategic planning to support community based health initiatives. The Institute also provides training and technical assistance to communities and participates in conferences and summits.

About the Children’s Services Council of Palm Beach County

Children’s Services Council (CSC) of Palm Beach County was established in 1986 as an independent special district. CSC of Palm Beach County aims to establish and deliver innovative research and programs focusing on the wellbeing of children and families. CSC’s goal is to provide Palm Beach County’s children with resources and services that will allow them to grow up healthy, safe and strong.
Palm Beach County Fetal and Infant Mortality Review Program

2017 Data Profile: Fetal and Infant Deaths

The following data reflects fetal and infant mortality disparities between African-American (Black) mothers and White mothers. The figures below demonstrate the fetal and infant death rates per 1,000 live births in Palm Beach County and Florida for 2017. The PBC-FIMR program aims to reduce and close the gap in fetal and infant health disparities throughout Palm Beach County.

Palm Beach County’s Most Vulnerable Neighborhoods

Top 3 Palm Beach County Zip Codes (2013-2017)

<table>
<thead>
<tr>
<th>Highest Infant Mortality Rates</th>
<th>Highest % of Preterm Births</th>
<th>Highest % of Low Birth Weight Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>33478 (11.8)</td>
<td>33404 (19%)</td>
<td>33476 (13.6%)</td>
</tr>
<tr>
<td>33430 (11)</td>
<td>33476 (18.2%)</td>
<td>33404 (13.1%)</td>
</tr>
<tr>
<td>33476 (9.8)</td>
<td>33493 (18.1%)</td>
<td>33493 (11.5%)</td>
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Infant Death Rates – Palm Beach County and the State of Florida

For 2017, the infant death rate in Palm Beach County was 6 infant deaths per 1,000 for Black mothers compared to 3.8 infant deaths for White mothers, representing a 1.6 times higher rate for Black mothers. For the state of Florida, Black mothers are 2.4 times more likely to experience an infant death.

Palm Beach County Fetal Death Rate by Mother’s Entry to Prenatal Care (2017)

According to the Florida Department of Health Bureau of Vital Statistics, Black mothers had a higher rate of death than White mothers for each stage of prenatal care entry. Additionally, while the rate for Black mothers who did not receive any prenatal care was significantly higher at 38.7 deaths per 1,000, there were no reported cases of White mothers who did not receive prenatal care at any of the three stages.

Mothers with less than a high school education were more likely to experience a fetal death. The rate of fetal death for Black mothers with less than a high school education was 29.4 per 1,000 live births. For White mothers the rate was 10.9. For mothers with an unknown education level the rates were still higher, 52.1 for Black mothers and 33.3 for White mothers.

The figures demonstrate fetal deaths by mother’s age. For 2017, Black mothers in the 18-19 year age group experienced the highest incidence of fetal death. In each of the first five age categories, Black mothers were more likely to experience a fetal death. The one exception for 2017 was the 40-44 year age category.

2018 PBC-FIMR IMPLEMENTATION PROCESS

Stage I. Installation
- CSC & FIHI, 2017-2018 PBC-FIMR Planning Meeting
- NCFRP FIHI PBC-FIMR Support Call
- Initial CSC & FIHI 2017-2018 Budget Planning Meeting
- Completion of 2017-2018 Budget & Contract Execution
- Develop PBC-DOH Abstractor Sub-Contracting Agreement
- Develop External Data Use Agreement
- Develop PBC-FIMR IRB Protocol Submission

Stage II. Implementation
- CSC & FIHI SAMIS Training Meeting
- Development of Job Descriptions and Program Design
- Finalize PBC-DOH & FIHI Sub-Contracting Agreement
- Finalize PBC-FIMR IRB Submission
- Finalize Data Use Agreement Submission
- Broward County FIMR Training Meeting
- Develop Abstractor Training & Onboarding Protocol
- Create CRT & CAG Design and Recruitment Process

Stage III. Program Launch
- Recruit, interview and hire QNA & QLA Abstractors
- Finalize Breavement & Maternal Interview Protocol
- Launch Program Website
- Stage initial CRT & CAG Design Calls
- Finalize Michigan PHI Agreement
- Onboard Abstractors
- Stage Initial CRT Meeting
- Develop PBC-FIMR Program Manual

2018 PBC-FIMR IMPLEMENTATION MILESTONES

Stage I. Installation
- September 2017 - FIHI Selected to Relaunch the PBC-FIMR
- October 2017 - PBC-FIMR Implementation Manager/Senior Consultant Contracted
- November 2017 - Preliminary CSC & FIHI Budget Meeting
- December 2017 - PBC-FIMR Budget Approved & CSC and FIHI Contract Executed

Stage II. Implementation
- January 2018 - CSC & FIHI SAMIS Training Meeting
- February 2018 - Initial Monthly Budget Reimbursement Completed
- March 2018 - PBC DOH Sub-contracting, External Data Use & IRB Agreements Finalized
- April 2018 - Selection and Contracting of QNA & QLA Abstractors

Stage III. Program Launch
- May 2018 - Onboarding and Training of QNA & QLA Abstractors
- June 2018 - Initial CRT (Training) Meeting Completed
- July 2018 - Initial Cases Abstracted and Uploaded to the National FIMR Database
- August 2018 - First PBC-FIMR Cases Reviewed
- September 2018 - PBC-FIMR Team Participation in Infant Mortality Awareness Month
PBC-FIMR PROGRAM DESIGN AND PROCEDURES

Case Selection: The PBC-FIMR program will utilize a Perinatal Periods of Risk (PPOR) protocol as part of its initial selection process. The PPOR selection process is designed to provide communities with an analytical approach which determines specific causes of high fetal and infant mortality rates and disparities.

Data Abstraction Process: Following case selection, using available birth and death certificates, the PBC-FIMR Quantitative Abstractor (QNA) will identify maternal healthcare providers during the pregnancy. The QNA will contact all pertinent healthcare and social service providers to gather additional information related to the mother’s quality of care during the pregnancy.

Maternal Interviews: The inclusion of a maternal interview can provide additional details related to the needs of the family and potential gaps in services received. The PBC-FIMR Qualitative Abstractor (QLA) will schedule the interview and secure consent. Following the interview, the QLA will provide a bereavement services linkage for the family. The maternal interview is then linked to the case summary prepared by the QNA and QLA.

Case Review Team (CRT) Meetings: Each month the PBC-FIMR team will conduct meetings with community healthcare professionals to review the case summaries presented by the QNA and QLA. The purpose of the meetings is to identify and to make recommendations regarding the strengths and weaknesses in healthcare and social services received by the mothers in each case. The CRT recommendations are subsequently provided to the Community Action Group (CAG).

Community Action Group (CAG) Meetings: The purpose of the CAG meeting is to create actionable steps leading to improvements in community resources and healthcare services for Palm Beach County families. Each month the CAG reviews the findings and recommendations made by the CRT. The CAG will foster the implementation of policies and programs that decrease disparities in fetal and infant mortality; introducing systemic change protocol that reduces the number of fetal and infant deaths for Palm Beach County.

PBC-FIMR PROGRAM PROCESS

1. Fetal & Infant Case Selection
2. Case Data Abstraction & Maternal Interview
3. Case Summary Completion & Presentation
4. PBC-FIMR Monthly CRT Meeting
5. PBC-FIMR Monthly CAG Meeting
6. Community Action & Engagement
# 2018 PBC-FIMR PROGRAM STAFFING DESIGN

## 2018 PBC-FIMR PROGRAM STAFF & IMPLEMENTATION TEAM

<table>
<thead>
<tr>
<th>Title</th>
<th>Job Description</th>
</tr>
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<tbody>
<tr>
<td>Program Director</td>
<td>The Program Director leads the efforts of the Implementation and Program Managers. During the program’s installation, the Program Director develops coaching programs and learning protocols; develops the CRT and CAG recruitment criteria; establishes and implements the CRT review protocol; collaborates with Implementation and Program Managers on the installation of both structural and functional changes required for the FIMR program’s implementation. Following installation, The Program Director serves as lead facilitator of monthly CAG and CRT meetings using the Results Based Accountability™ (RBA) framework. The Program Director serves as the lead RBA trainer.</td>
</tr>
<tr>
<td>Program Manager</td>
<td>The Program Manager supports the Implementation Manager/Senior Consultant in the design and implementation - leading to the program’s launch. Following the launch of the PBC-FIMR, the Project Manager will provide oversight of project activities including the CAG and CRT. The Program Manager leads the program’s outreach efforts to strengthen membership engagement and form partnerships. The Program Manager also develops planning and coordination of monthly CAG and CRT meetings in PBC; coordinates meeting logistics, conducts outreach to meeting participants, and ensures CAG and CRT members attend meetings. The Program Manager disseminates each meeting’s communication and action commitments, and posts notes to FIMR website.</td>
</tr>
<tr>
<td>Implementation Manager/Senior Consultant</td>
<td>The Implementation Manager/Senior Consultant serves as the initial catalyst for the program’s development - designing and guiding FIHI’s implementation of the PBC-FIMR. During the installation period, the Implementation Manager will develop the program’s initial contracting agreements and IRB protocols; establish staffing guidelines; develop, finalize and submit the program’s initial budget. Following the launch, the Implementation Manager will provide additional oversight supporting the Program Director and Program Manager; creating the program manual, abstractor’s onboarding protocol and CRT guidelines. The Implementation Manager will also create the PBC-FIMR program’s 2018 annual report.</td>
</tr>
<tr>
<td>Quantitative Abstractor (QNA)</td>
<td>The Quantitative Abstractor (QNA) serves as the clinical lead of the Review and Engagement Team. As the clinical lead, the QNA will review and abstract information from the medical records for the FIMR program and is responsible for filling out appropriate abstraction forms. The QNA is expected to provide additional details related to each case’s clinical interpretation of records. The QNA will partner with the Qualitative Abstractor (QLA) to analyze patterns and trends and prepares data in a reportable format to share at CRT meetings.</td>
</tr>
<tr>
<td>Qualitative Abstractor (QLA)</td>
<td>Qualitative Abstractor (QLA) supports the Program Manager in planning and coordinating of the CAG and CRT review panels. QLA will support the program in building face-to-face relationships to assist in the management of the CAG and CRT - developing participation and continued engagement. The QLA conducts the program’s maternal interviews – collecting data and analyzing factors related to the fetal or infant death. The QLA brings expertise in grief counselling and cultural competency and partners with the QNA to align and present case findings during CRT meetings.</td>
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## 2018 PBC-FIMR PROGRAM ADMINISTRATIVE TEAM

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Fiscal Manager</td>
<td>The Budget/Fiscal Manager provides all oversite of the PBC-FIMR program’s budget. Following the Implementation Manager’s initial budget design and reimbursement submission, the Fiscal Manager will submit the program’s monthly reimbursements and is responsible for all budget amendments. The Fiscal Manager also serves as the primary contact for operations/finance related activities.</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>The PBC-FIMR Administrative Assistant manages staff schedules, helps schedule CRT and CAG meetings. The Administrative Assistant also assists in preparation of meeting materials; serves as site coordinator for FIMR meetings; and manages PBC-FIMR meeting logistics.</td>
</tr>
</tbody>
</table>
FIHI Chief Executive Officer & PBC-FIMR Program Director
Roderick King, MD, MPH – As Director, Dr. King worked closely with the Program Manager and Implementation Manager to guide the reestablishment of the program; and works closely in the design and management of the CRT & CAG teams.

FIHI Project Consultant & PBC-FIMR Program Manager
Danielle Lewald – Danielle serves as the program’s primary lead – managing all aspects of the program’s development. Danielle develops all communication for the PBC-FIMR program, including the monthly and quarterly PBC-FIMR reports. Danielle also assisted in the development of all program reports and manuals.

FIHI Senior Project Consultant & PBC-FIMR Implementation Manager
Daniel Johnson, MBA, MPH - Dan directed and designed the initial launch and implementation of the PBC-FIMR program. Dan also authored the PBC-FIMR’s abstractor onboarding, CRT, program manual and 2018 annual report.

PBC Health Department Consultant & PBC-FIMR Qualitative Abstractor (QLA)
Martine Jolicoeur, MHSA – Works as the lead maternal interviewer and qualitative data manager. Martine also organizes and facilitates the CRT and CAG meetings with the Program Manager and Director.

FIHI Consultant & PBC-FIMR Quantitative Abstractor (QNA)
Patti Partridge, RN – Patti currently serves as the interim QNA. Patti brings her expertise as an RN and a longtime member of the Broward County CRT team.

PBC Health Department Consultant & PBC-FIMR Quantitative Abstractor (QNA)
TBD – The QNA position is currently in final interviews. The position was initially staffed in May 2018.

2018 PBC-FIMR PROGRAM ADMINISTRATIVE TEAM

FIHI Chief Operating Officer & PBC-FIMR Fiscal Manager
Kristin Garces, MPH – As the FIHI COO, Kristin serves as budget manager of the program. Kristin manages the program’s monthly reimbursements and guides all financial decisions for the PBC-FIMR team.

FIHI Administrative Assistant & PBC-FIMR Program Assistant
Fay Glasgow – Fay coordinates all administrative duties for the PBC-FIMR Program; including activities related to the CRT and CAG monthly meetings.
# Palm Beach County Fetal and Infant Mortality Review Program

## 2018 PBC-FIMR Case Review Team (CRT) Members

<table>
<thead>
<tr>
<th>PBC-FIMR CRT Members</th>
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</thead>
<tbody>
<tr>
<td>Dr. Allan Dinnerstein, Obstetrician-gynecologist</td>
<td>Lisa Greenwood, Chief Program Officer, Healthy Mothers Healthy Babies</td>
</tr>
<tr>
<td>Amy McGuire, Director of Maternal Services, Saint Mary’s Medical Center</td>
<td>Julie Swindler, Chief Executive Officer, Families First</td>
</tr>
<tr>
<td>Angeline Francois, Program Manager, Healthy Mothers Healthy Babies</td>
<td>Mary Morel, Private Practice</td>
</tr>
<tr>
<td>Bill Cooper, SSFPBC- Community Voices</td>
<td>Milhenka Auguste, Senior Physician, Florida Department of Health</td>
</tr>
<tr>
<td>Christine Walsh, Program Officer, CSC PBC</td>
<td>Pamela Heithoff, Director of Obstetrics, Jupiter Medical Center</td>
</tr>
<tr>
<td>Dr. Collette Brown-Graham, Obstetrician-gynecologist, Private Practice</td>
<td>Peter Edemekong, Preventive Medicine Resident, Florida Department of Health</td>
</tr>
<tr>
<td>Ebonie Taylor, Paralegal to V Krusel, Legal Aid Society of PBC</td>
<td>Rich Ellis, Fire Chief, Palm Beach County Fire Rescue</td>
</tr>
<tr>
<td>Ellen Steinberg, Florida Department of Health</td>
<td>Dr. Sylvia Siegfried, Private Practice</td>
</tr>
<tr>
<td>Jeff Goodman, Evaluation Officer, CSC PBC</td>
<td>Usleur Cook, WIC Site supervisor</td>
</tr>
<tr>
<td>John Caravello, Obstetrician-gynecologist</td>
<td>Zoraine Ramos-Cortes Public Health Nutritionist Supervisor, WIC Site supervisor</td>
</tr>
<tr>
<td>Julie Hayden, Florida Department of Health</td>
<td>Lauren Young, Med. Soc. Work Coordinator, Palm Beach County Fire Rescue</td>
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## 2018 PBC-FIMR Community Action Group (CAG) Members

<table>
<thead>
<tr>
<th>PBC-FIMR CAG Members</th>
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</thead>
<tbody>
<tr>
<td>Altagracia Andre, Clinical Supervisor, Center for Family Services</td>
<td>Keisha Clemmons Allen, Nurse, Florida Dept. of Health</td>
</tr>
<tr>
<td>Amy McGuire, Director of Maternal Services, Saint Mary’s Medical Center</td>
<td>LaNita Sanders, Community Planning and Partnership Officer, CSC PBC</td>
</tr>
<tr>
<td>Ana Ferwerda, Director, Women’s Health Services, Health Care District of PBC</td>
<td>Madeleine Canavesi, Early Steps, Easter Seals</td>
</tr>
<tr>
<td>Angela Holliday, Program Officer, Planned Parenthood</td>
<td>Marissa Barrera, Early Steps, Easter Seals</td>
</tr>
<tr>
<td>Belci Encinosa, Director of Community Engagement, Healthy Mothers Healthy Babies</td>
<td>Regina Battle, System Performance Lead, CSC PBC</td>
</tr>
<tr>
<td>Celena Boland, Nurse, Florida Dept. of Health</td>
<td>Robert Kurimski, Chief Technology Officer, CSC PBC</td>
</tr>
<tr>
<td>Charles Smith, Sickle Cell Foundation of PBC</td>
<td>Roman Barber, Community Voice Educator, Sickle Cell Foundation of PBC</td>
</tr>
<tr>
<td>Delores Haynes, Program Officer, CSC PBC</td>
<td></td>
</tr>
<tr>
<td>Elizabeth Merchant, Youth Director, Christ Fellowship-Boynton Beach</td>
<td>Ruth Acosta, ARC, First Steps Program</td>
</tr>
<tr>
<td>Emmeline Morera, FLU</td>
<td>Sharon Greene, Director, Community Health Promotion &amp; Education, Florida Dept. of Health PBC</td>
</tr>
<tr>
<td>Inger Harvey, Healthier Glades</td>
<td>Sheree Anderson, Director, Community Impact American Heart Association</td>
</tr>
<tr>
<td>Ike Powell, PBC Youth Services Department</td>
<td>Julie Hayden, Florida Department of Health</td>
</tr>
<tr>
<td>Jeff Goodman, Evaluation Officer, CSC PBC</td>
<td>Toccoa Lenair, Community Voice Educator, Sickle Cell Foundation of PBC</td>
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Palm Beach County Fetal and Infant Mortality Review Program
PBC-FIMR Program Launch

CASE REVIEW TEAM (CRT)

The PBC-FIMR Case Review Team (CRT) is a cross-disciplinary group of professionals that include: Obstetrician-Gynecologists, Healthy Start Nurses, Social Workers, Case Managers from local maternity hospitals and other representatives from community and social services agencies. Additional members/professionals supporting the community are anticipated to participate as well. Ideally, 10-12 members will participate in the monthly meetings.

The initial CRT meeting served as the planning and orientation meeting for the CRT members. CRT documents and guidelines were introduced alongside with meeting protocols and agendas. The orientation included a review of FIMR CRT and CAG meeting process. The Program Manager also reviewed guidelines and forms aligned with the National Fatality Review Case Reporting System (NFR-CRS), CRT deliberation process and confidentiality agreement. Following the initial training, new members were oriented to the CRT meeting process prior to attending their first CRT meeting.

2018 PBC-FIMR CRT Meeting Schedule
- April 19th 2018 – CRT Member Recruitment Meeting
- June 5th 2018 – Initial CRT Training Meeting
- August 8th 2018 – First Case Uploaded into the National Database and Reviewed by CRT
- September 18th 2018 – First to Include Completed Cases for CRT Review

2018 CASE REVIEW TEAM MEETING PROCESS

Pre-Meeting Activities
- De-identified case summaries are sent via an encrypted email to CRT members approximately 1 week prior to the meeting.
- As CRT members arrive to the meeting, a CRT Case Packet will be available for each member’s review, containing the month’s case summaries. Members are encouraged to review all of the cases privately, while enjoying dinner and refreshments. During this time, members will use the NFR-CRS Issues Summary Form and the Individual Deliberation Form to complete their initial evaluation of the case.
- A moment of silence is taken to honor the lives lost and the families impacted by fetal and infant death in the PBC community.

Abstractor Team Presentation of Cases
- The abstractors present the case prior to the small group and collective deliberation. The QNA and QLA will read each case summary and provide answers to questions regarding each individual case and data collection process. This process is repeated for each case. A total of 3-4 cases will be reviewed during each meeting.

Small Group Case Review
- Following the abstractor team presentation, members will review cases in small groups. The groups are preassigned and reflect a balance of professions and expertise. The small group deliberation allows members to collectively review the cases before interacting with the full CRT during the large group deliberation period.
- In each small group session, a member will be assigned to collect the group’s feedback and complete the Small Group Case Deliberation Form.

Case Deliberation and Recommendations to the CAG
- After meeting in small groups, CRT members will gather for the collective case deliberation in a large group forum. CRT members will share their individual and group deliberation feedback with the entire CRT collectively.
- During this period, the PBC-FIMR Program Director/Coach Facilitator will lead the group in reviewing each case’s contributing factors, strengths and suggestions. The QNA & QLA will collect member feedback and recommendations for the CAG using the PBC-FIMR large group deliberation summary form.
CAG Member Selection: The FIMR Program Director and Program Manager will recruit members from a diverse range of professions both clinical and non-clinical. Engaging key community stakeholders is essential to the successful implementation of CRT recommendations. Representatives from the faith-based community, local business owners, social workers, healthcare professionals and other members of the Healthy Beginnings System will be encouraged to participate. The goal is to recruit 12-15 CAG members. The FIMR Program Manager will begin recruiting CAG members within four months of the initial CRT meeting.

CAG Member Orientation: The FIMR Program Director and Program Manager will conduct the initial orientation at the first CAG meeting. The initial CAG orientation will consist of a detailed overview of the following items that include; the local PPOR data and aims for Palm Beach County; an overview of the Case Review Team (CRT) process and goals; a review of the purpose and process of the FIMR program; and finally Results-Based Accountability (RBA) training.

CAG Meeting Guidelines: The CAG will use a three step process of implementation.

STEP I: Organize methods for supporting improvements, actions and the desired change recommendations from the CRT. The following are examples for how the recommendations will be supported:

• Community Outreach & Engagement – Fetal, infant and maternal awareness campaigns; educational services through faith-based organizations; also engaging/meeting at risk mothers by including business owners who might service them (i.e., beauticians, manicurists, local shop owners)

• Legislative-based Policy Change – Engaging community organizers and maternal health advocates to lobby for the enhancement, advancement or protection of maternal and infant health services

• Service-Based Policy Change – Hospitals, Community Health and Social Service Organizations

• Educational Support – PBC school-based youth health and young mothers support – engaging school social workers and school nurses.

STEP II: Align the method of support with the ideal Systems of Support. This includes the utilization of healthcare, social services, public health, community organizations, faith-based organizations, public schools/colleges and local businesses.

STEP III: Ensure the CAG reflects a model representation from the systems of support previously identified. For example, three public health officials, three social services workers, three clinical healthcare professionals, two community organization leaders, two faith-based leaders and at least one local business owner and educational professional would be included on the CAG to maximize effectiveness and community influence.
The PBC-FIMR evaluation process will consist of monthly and quarterly feedback summaries, culminating in an annual report at the end of each FIMR calendar year. The assessment is composed of three main areas of evaluation; the Abstraction Process, Case Review Team and Community Action Group. The Program Manager will utilize personal observations, surveys and participant feedback to assess the Abstraction process performance, specifically looking at the number of cases reviewed, quality (completeness of cases) reviewed and PPOR alignment at year’s end. The Program Manager will evaluate the Case Review Team’s CRT feedback surveys, member attendance and number of recommendations made to the CAG. Community Action Group evaluation will consist of member attendance, diversity of professions (alignment with recommended systems of support), member feedback surveys and the number of interventions/projects/programs implemented by CAG based on recommendations from the CRT.

The monthly assessments will be shared internally with the FIHI FIMR team. A quarterly assessment and annual report will be forwarded to both the CSC representative and to the PBC-DOH FIMR Supervisor. The 2019 PBC-FIMR Annual Report will highlight the program’s goals and accomplishments utilizing the data, feedback and outcomes collected.
Palm Beach County Fetal and Infant Mortality Review Program

LEARN MORE
Visit: www.flhealthinnovation.org/FIMR
Contact: Info@flhealthinnovation.org