Alabama Local Child Death Review Team Guidelines

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ACDRS Introduction and Background

The Alabama Child Death Review Law (Appendix A) was signed in 1997 and the Alabama Child Death Review System (ACDRS) has been coordinating the review of unexplained and unexpected child deaths in Alabama ever since. The mission of ACDRS is to understand how and why children die in Alabama in order to prevent future child deaths. ACDRS operates under the principle that the death of a child is a community problem. The circumstances involved in most child deaths are too multidimensional for responsibility to rest in any one place.

The word system is used in the title because ACDRS is composed of three separate operational units. The State CDR Office is located within the Alabama Department of Public Health (ADPH) and coordinates all ACDRS operations. The State Child Death Review Team (SCDRT) is a 28-member multidisciplinary team of professionals which meets quarterly and serves as the policy arm of ACDRS. Finally, the various Local Child Death Review Teams (LCDRTs), with at least one in every Judicial Circuit throughout the state, are multidisciplinary teams of professionals who meet at least annually to review individual cases.

The CDR process has been called a “social autopsy” because it is based on the belief that environmental, social, economic, educational, health, and behavioral factors all impact the risk, manner, cause, and investigation of deaths. In Alabama, the in-depth multidisciplinary review of all unexplained and/or unexpected child deaths is conducted at the local level by the LCDRTs. The data are then collected and analyzed by the State CDR Office for presentation to the SCDRT and widespread publication and dissemination. If not for the local review process and the information that it provides, none of the other components of ACDRS could operate or hope to accomplish their mission. The work of the LCDRTs is absolutely essential to the operation and success of ACDRS.
Forming a LCDRT

Pursuant to the Alabama Child Death Review Law (Appendix A), there shall be at least one multidisciplinary, multi-agency LCDRT in each Judicial Circuit. The respective District Attorneys (DAs) shall be responsible for:

- The organization and meeting of the Team(s) in his/her jurisdiction
- Appointing at least one LCDRT Coordinator to oversee these activities
- Appointing different Coordinators in multi-county Circuits for each individual county
  With the exception of Jefferson County, all the counties in one Circuit are still considered part of one LCDRT, but county-specific “sub-teams” may meet and review cases independent of one another.

The Coordinator is responsible for identifying and contacting the appropriate members for each Team. A newly-appointed Coordinator inheriting an existing, active LCDRT will usually find that the members have already been identified and have been meeting. A listing of these members should already be on file and will help the new Coordinator tremendously in organizing his/her first LCDRT meeting. If the LCDRT Coordinator, new or otherwise, encounters any barriers to identifying the appropriate members and forming the LCDRT, he/she should contact the State CDR Office for assistance.

The LCDRT may include, but is not limited to, the following members:

- DA and/or designee
- Local Coroner and/or Deputy Coroner(s)
- Medical Examiner and/or Department of Forensic Sciences representative
- Law Enforcement (local, county, and/or state)
- Fire Department and/or EMS representative
- Local Healthcare Provider(s)
- Department of Public Health representative
- Department of Human Resources representative
- Department of Mental Health representative
- Local Child Advocacy Center representative
- Probate or Family Court representative
- Educators

A summary of the roles of the respective Team members can be found on the Role and Confidentiality Agreements all members must sign (Appendix B, Role and Confidentiality Agreements). The Coordinator may enlist other members of the community who may be able to contribute to the review process, even if it will be for a single case under review. The knowledge and abilities of individual members should be utilized to enhance team effectiveness. Most of the organizations represented on the LCDRT have corresponding representation on the SCDRT.

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Receiving Cases

The issuance of an Alabama Death Certificate in which the deceased has not reached his/her eighteenth birthday triggers an ACDRS case review.

The State CDR Office receives copies of all Death Certificates, and corresponding Birth Abstract if available for infant deaths. State CDR Office staff members conduct a cursory review of all child deaths in Alabama and identify those cases which qualify for an in-depth local review.

NO REVIEW cases
Medical deaths (premature birth, birth defects, cancer, and other medical conditions)

REVIEW cases
All unexplained or unexpected non-medical deaths (vehicle, fire, drown, poison, etc)

In cases where the death was caused by a single identifiable event (e.g., a motor vehicle crash), the case is assigned to the Circuit where that event occurred. Other cases are assigned to the Circuit where the deceased lived and/or died.

The LCDRT Coordinator periodically receives copies of Death Certificates (and corresponding Birth Abstract if available for infant deaths) for the cases assigned to his/her Team. These Death Certificates and Birth Abstracts are confidential and must be treated accordingly (Section 8, Record Storage and Destruction).

The cases for review are sent from the State CDR Office with a cover letter identifying the year(s) of the cases enclosed. The State CDR Office will not send cases for review until they have been entered in the online data collection system (Section 7, Submitting Data). Some LCDRTs receive assigned cases several times per year while other LCDRTs may only receive cases once or twice in a given year (Appendix C, Average LCDRT Caseload).

Upon receiving these documents, the Coordinator should:

- Review and ensure that the cases have been assigned to the correct LCDRT based upon the details of each case.
- Determine whether or not any medical record information needs to be requested beyond what the LCDRT members will be able to bring to or provide for the meeting. If so, such information should be requested in writing well in advance of the meeting date (Appendix D, Sample Request for Medical Record Information).

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Organizing Meetings

The LCDRT meetings are closed to the public and not subject to the Alabama Open Meetings Act. Every LCDRT must meet at least once per calendar year, but Teams in more populous Circuits may need to meet more often.

The caseload in a particular Circuit will determine how often a LCDRT should meet (Appendix C, Average LCDRT Caseload). Once a Coordinator determines that his/her Team has enough outstanding cases to call for a meeting, a meeting date, time, and location will be chosen.

1. The Coordinator should notify all LCDRT members of meeting specifics and cases to be reviewed.
2. Copies of Death Certificates should not be sent to Team members, but it is important to provide them with enough identifying information to search their records for information to provide during the review process.
3. A sample notification form has been provided (Appendix E, Sample LCDRT Meeting and Case Notification). These forms should be individually numbered for distribution, then collected and shredded when the review is completed.
4. Keep in mind that all identifying information is confidential. Notification may be mailed or faxed, but unencrypted e-mail is not considered secure for transmission of such information.
5. Some Coordinators provide a blank copy of the Case Report form (Appendix F) to each Team member.
6. The State CDR Office should also be notified of the meeting date, time, and location as soon as possible, because staff members try to visit LCDRTs throughout the state.
7. At least one week prior to the meeting, the Coordinator should call Team members to verify attendance.
8. For members unable to attend, discuss the possibility of sending a substitute or copies of any records the Team might need.
9. The Coordinator should also prepare any materials needed for the meeting, such as Case Report forms, Role and Confidentiality Agreements, etc. All documents related to CDR are confidential and must be treated accordingly (Section 8, Record Storage and Destruction).
10. If the meeting will be facilitated by someone other than the Coordinator (the DA, a Chairperson, etc.), he/she should meet with that person to discuss the cases and materials. In most cases, the Coordinator also serves as the meeting facilitator.
Reviewing Cases

The meeting facilitator (usually, but not always, the Coordinator) should:

- Begin the meeting by ensuring that everyone in attendance has signed a Role and Confidentiality Agreement (*Appendix B*). The signed agreements must remain on file with the Coordinator.
- Make introductions before starting the case reviews in case the Team has not met in some time or has new members.
- Distribute any materials for the meeting (Death Certificate copies, Case Report forms, etc.)
- Remind Team members of the purpose of ACDRS case reviews and the confidential nature of all discussions and materials is recommended before proceeding.

Each case should be reviewed individually.

- The order is not usually important, although, it may be necessary to review a certain case earlier in the meeting if a team member crucial for that case review will have to leave early.
- If you have multiple cases from the same incident (e.g., multiple victims of a single vehicle crash), then it is beneficial to review them consecutively.
- It is advisable to have the Team member with the most information about a case (e.g., the primary investigating officer) present his/her information first when discussing the case.

There are multiple ways to incorporate the Case Report (*Appendix F*) into the Team review process and each Coordinator will have to determine which approach works best for his/her Team.

- Some Teams have an open discussion of the case in general as the Coordinator answers questions in the Case Report (either on paper or directly online) as they are discussed.
- Some Teams use the Case Report to guide the discussion entirely, going through all of the pertinent questions in a stepwise manner.
- Some of these Teams project the Case Report on a screen for Team members to see and follow along as questions are answered online.
- The best approach observed and usually recommended, is to start the review with a brief general discussion of the case and then use the Case Report to guide the further discussion with its specific questions.

The review of each child death should conclude with a Team discussion of how similar deaths might be prevented.
• If a need is identified within the community, the LCDRT can focus its discussion on short- and long-term interventions relating to policy, programs, and practice that will help prevent future deaths.

• Individual organizations or Team members can assume responsibility for pursuing local prevention strategies.

• If the Team believes that a prevention strategy is beyond the scope of local action, they should submit a recommendation to the State CDR Office for state-level action.

• These recommendations are presented to the State CDR Team to guide and inform policy discussions related to prevention strategies and efforts.

• LCDRT actions and recommendations for preventing child death are the goal of the program and the reason for the reviews.

When the meeting ends, the Coordinator must:

• Collect all confidential documents related to the meeting for destruction (Section 8, Record Storage and Destruction).

• Ensure that the online Case Report is complete (unless the case is carried forward to a future meeting for completion) and accurate for each case (Section 7, Submitting Data).

• Notify the State level staff (if they did not attend the meeting) of how many cases were reviewed, and plans for the next meeting.
Submitting Data

ACDRS uses an online data collection system provided and maintained by the National Maternal and Child Health Center for Child Death Review currently in use by more than half of the CDR programs in the U.S. It is password-protected and backed-up on secure off-site servers, and the staff members who maintain it at the national level do not have access to state-level confidential identifiers, only statistical review data.

- To access the online system, a User Name and Password is issued by the State CDR Office.
- The State CDR Office is the primary point of contact for any problems or issues that may arise while using the system.
- Once a Coordinator accesses the system, he/she will be able to see qualifying cases assigned to that LCDRT starting with 2008 cases. (Note: 2007 and prior cases were processed under an older, proprietary system which is no longer in use.)
- The Coordinator will not have access to cases assigned to other LCDRTs throughout the state. Only State CDR Staff can access all cases statewide.

The online Case Report has the same format as the paper version (Appendix F). When using the Case Report and the online version, there are “skip patterns” built in and responses will eliminate questions which do not pertain to the case in question (e.g., infant-specific questions will disappear once an older age is entered).

If a Coordinator is completely new to the system, a training broadcast conducted by the State CDR Office is available on the CDR website or by going to http://www.adph.org/ALPHTN/index.asp?id=2897.

**NOTE**: A case should never be DELETED from the system!

- The cases are initially entered by the State CDR Office and may be modified, completed, edited, etc. at the local level, but a Coordinator should never delete an existing case.
- If the case needs to be changed to “NO REVIEW” status or assigned to a different LCDRT, the State CDR Office must be contacted to make the changes.
- After the completion of a local review and a Case Report for any case, that case should be marked “COMPLETE” in Sections L and N of the Case Report.
- Once the Case Report is complete, all documents related to the case should be destroyed (Section 8, Record Storage and Destruction). This includes the paper copy of the completed Case Report, if there is one.

Once the data is in the online system it is secure, so there is no need to retain a paper record and, in fact, our confidentiality requirements prohibit such.

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Record Storage and Destruction

Confidentiality is a top priority for ACDRS because the review process involves confidential information and documents. All documents related to ACDRS cases must be securely stored under lock and key with limited access until the case is completed, and then the documents are destroyed by shredding. This would include all:

- Death Certificates and Birth Abstracts
- Completed Case Reports
- Request for Medical Information or Case Notification forms
- Medical or other records
- Any notes or records generated during the review process

Documents that do not contain any confidential or identifying case-specific information may be retained. This would include these guidelines;

- Blank or sample forms
- Correspondence with the State CDR Office (unless it contains case-specific identifying information)
- Lists or contact information for the LCDRT members.

After a meeting, all confidential documents must be collected before the Team members leave. Once the Case Report is completed, all records or notes should be destroyed by shredding.

The data, once entered in the online system, are secure and routinely backed-up, so there is no need to retain paper copies. Those data are available online for the Coordinator to access at any time in the future, should he/she need to make update or corrections.
Appendix A. Alabama CDR Law
Appendix B. Role and Confidentiality Agreements
Appendix C. Average LCDRT Caseload
Appendix D. Sample Request for Medical Record Information
Appendix E. Sample LCDRT Meeting and Case Notification
Appendix G. ACDRS Definitions

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Appendix H. Common ACDRS Acronyms