Project Imprint 2014

Quarterly Progress Update
January – March
Fetal Infant Mortality Review

Project Imprint, the Sedgwick County Fetal Infant Mortality Review (FIMR) project, is a community-driven initiative designed to study fetal and infant deaths with intent to identify contributing factors that may be amenable to community or policy changes. Project Imprint operates as a dynamic and diverse collaboration that merges epidemiology, chart abstraction and data management, coalition development and management, and intervention planning and implementation for systemic community changes. Methodology for Sedgwick County Project Imprint is based closely on the National Fetal and Infant Mortality Review model. The purpose is to study stillbirths and infant deaths (deaths occurring prior to an infant’s first birthday) to identify factors associated with and contributing to the deaths. A primary objective is to pinpoint possible gaps in services which may be amenable to community or legislative action. Project Imprint is a continuous cycle of improvement. Information is gathered from birth and death certificates, medical records, autopsy reports and family interviews. Project Imprint staff summarizes the information and removes names and identifying factors (anonymity and confidentiality are critical). The de-identified summaries are presented to the Case Review Team (CRT) for interpretation, conclusions and recommendations. The recommendations are then presented to the Community Action Team (CAT) members so action steps can be determined. Specific task forces review and prioritize CRT recommendations, these serve as the CAT team’s mechanism for advocacy and community change.

Infant Mortality in Sedgwick County

The Kansas infant mortality rate is 7 per 1,000 live births – an improvement from 8.7 in 1993, but still higher than the 5.9 for 2013 in the United States as a whole. Prematurity or low birth weight was the leading underlying cause in Kansas in 2012, followed by congenital anomalies and Sudden Infant Death Syndrome. Another alarming statistic is that the rate is 14.2 among African-Americans, while Hispanics rate 8.6 per 1,000.
Sedgwick County’s rate came in at 7.4 from 2008-2012 and eight high risk zip code areas have an accumulative rate of 11.86 per 1,000.

Case Review Team

The Case Review Team (CRT) averaged 18 community partners to review demised Sedgwick County de-identified cases. In the first quarter, 8 cases were reviewed. Recommendations from this team are recorded on a fishbone quality improvement tool and entered into the Basinet Data System. The maternal interview is a key component of the review but these interviews continue to be a challenge with many contact numbers no longer in service or parents declining to be interviewed.

<table>
<thead>
<tr>
<th>2014 CRT</th>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendees</td>
<td>18</td>
<td>22</td>
<td>15</td>
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<tr>
<td>Cases Reviewed</td>
<td>3</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Maternal Interview</td>
<td>2</td>
<td>1</td>
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Dr. Frazier has been contracted to finish analyzing the 2012 Sedgwick County Project Imprint data and provide a report to include three year running data.

Community Action Team – Organizational Structure

In Quarter 1 of 2014, Project Imprint Community Action Team (CAT) welcomed Cindy Harmon, Director for Women and Infant Services at Wesley Medical Center, as the new chairperson. The Community Action Team (CAT) meetings have brought 68 community members to a place where they are working together, to help reduce infant mortality, raise awareness for available resources and improve women and infant health. CAT meetings have been held every 4th Thursday of each month for the past 3 months. During this quarter, CAT members chose their preferred task force. Options included access to health care,
mental health, preconception/inter-conception education and maternal smoking cessation. Within the four mentioned options, members discussed prioritization of chosen areas of concentration as well as steps to be taken to accomplish goals over the next 6-9 months. The 1st quarter also generated conversations about the details of these actions, identifying possible barriers and how the task forces will overcome existing obstacles. March CAT meeting saw many breakthroughs for the task forces and a record high attendance helped to fuel the fire!

**Task Force Progress**

**The Access to Care Task Force** is working to inform the community about health care resources by providing a consistent message for preconception, pregnancy and post/inter conception care to low income families. The task force goals are to improve access for pregnant women, in Sedgwick County, through a social media website and existing resources like United Way 2-1-1, Kansas Children’s Service League’s Parent Helpline and the Text4Babies service. The task force intends to develop palm cards/brochures, magnets, tip sheets and a resource guide, to strengthen this messaging. The idea is to design the message utilizing the Project Imprint logo. “Pregnant? Ask NOW!” The task force is also evaluating how to disperse the messaging. Next step for the access task force is to gather and update a resource list.

The Access to Care Task Force is also considering collaborating with other community partners including Tree House, Youth for Christ, Planned Parenthood and Lady Bugg House to enhance the understand of how young people acquire access to care when pregnancy is suspected and/or confirmed.

Future action for this task force is to create “Health Literacy” training for pregnant women and families to empower them to be an advocate for their own care.

**The Mental Health Task Force** honed in on mental health screening tools and what is available for pregnant women with mental health needs. The task force identified several mental health assessments. The PHQ2 is the initial assessment and if red flags are determined then the use of the PHQ9 and the PHQ4 are utilized by mental health professionals. Discussions continued throughout the quarter about these assessments. Are they used? How are they used? Who uses them? The group is researching to determine if the assessments are covered by insurance, if all providers are qualified to give the assessments and what the providers do when a mental health concern is recognized in a pregnant and postpartum patient. The task force would like to survey the family practice doctors to determine the office procedures that are currently in place to address the mental illness needs of the patient before, during and after pregnancy.

In addition, the mental health task force is considering producing a mental health palm card for pregnant patients.

Additional mental health organizations are needed for this task force so current members have been asked to invite other community partners to CAT.

**The Maternal Smoking Cessation Task Force** discussed the content that will be adding to the 5A’s Tobacco Cessation training utilized in Sedgwick County. This task force employs resources already available to them including collaborating with Tobacco Free Wichita Coalition and Kansas Association for the Medically Underserved to improve the providers smoking cessation trainings. In addition, the task force is considering holding community wide events to educate on the risks of smoking during pregnancy. Task force members will be looking at holding training for providers in June 2014. Experts on motivational interviewing...
and patient-centered medical homes are additions to the training that they hope will attract patient providers.

The Preconception/Inter-conception Education Task Force has been researching and working toward a folic acid advertising campaign. The task force was able to narrow their action and report back findings. A member identified gaps in preconception education when she asked a local university health clinic what they provided to patients about preconception health. They responded, “Nothing, unless the patient asks”. It was discussed that the Affordable Care Act offers folic acid, free of charge if the patient obtains the appropriate written prescription. Task force members are looking into providing awareness materials to nail salons and beauty shops to target women ages 18-44. Members are looking for local experts in the folic acid field and social determinates of medicine to best determine appropriate steps for this campaign.

Other Community Action

Count the Kicks is public health campaign to reduce the incidence of stillbirth in Sedgwick County by ensuring all pregnant women are given education about fetal movement. The campaign promotes ACOG’s guidelines for monitoring fetal movements in the last trimester. Count the Kicks launched as a national campaign in October of 2013, with state Ambassadors in Arizona, California, Florida, Indiana, Kansas, Kentucky, New York, Ohio, and Tennessee. Future goals include taking this campaign statewide in Kansas.

Maternal Infant Health Coalition (MIHC) has a mission to improve maternal and infant health outcomes in Sedgwick County by assuring quality preconception and perinatal care and using data driven evidence-based practice and quality improvement processes. The MIHC works in partnership with public and private organizations that have a vested interest in maternal and infant health. They strive to improve maternal health for women of reproductive age, enhance service integration and promote social equity. MIHC members advocate for quality health care and supports health promotion efforts throughout the community.

The Medical Society of Sedgwick County (MSSC) Physicians Safe Sleep Task Force mission is to input a “Safe Sleep Tool Kit” into Physicians Office’s and Electronic Medical Records systems. The tool kit is being piloted in a clinic and is expected to be rolled out to all clinics by end of 2014.

The Kansas Breastfeeding Coalition, Inc. (KBC) is comprised of individuals from a wide variety of organizations, agencies, and private businesses all working collaboratively to promote and protect breastfeeding in order to improve the health of Kansas families. KBC strives to improve the health and well-being of Kansans by working collaboratively to promote, protect and support breastfeeding. The coalition's vision is to ensure communities recognize that breastfeeding is normal and supported throughout Kansas.