

July FIMR TA: FIMR Grant Deliverable Changes



Department
of Health

Agenda

- FIMR Grant Changes
 - Funding
 - Deliverables
 - Reporting

OE21 Key Changes

- **FIMR funding stream moved from MP grant to OEI grant**
 - The entirety (100%) of the dollars received for this deliverable must be provide to the entity contracted to complete the work

FIMR DELIVERABLE CHANGES

Deliverable 17. FIMR

Objective	Due Date
Objective 1: Admin Up to 25% of maximum funding for FIMR	10 th of January, April, July and October
Objective 2: Submit Quarterly Reports	10 th of January, April, July and October
Objective 3: Completion of a minimum required number of fetal death reviews based on 4-year averages compiled using VS data provided by ODH. Averages will be based on 2015-2018 VS data. Quarterly submission of a fetal death review tracking sheet in a format provided by ODH.	10 th of January, April, July and October
Objective 4: Maternal Interviews	Monthly

Monthly/Quarterly Report

Monthly Narrative Report

Workplan Update

Data Sharing Agreements Update

Maternal Interviews

Please provide a summary of program performance during this reporting period.

a. What were your most significant achievements?

b. What were your most difficult challenges?

c. How did you address any challenges, and with what result?

Describe any programmatic TA that would be helpful in the upcoming month(s).

Please provide an update on any staff changes and training. (Separate from ODH provided TA and/or training.)

Quarterly Report

Fetal Infant Mortality Review Overview Data (2020 - 2021)

Time Period	Number of fetal deaths reviewed	Number of infant deaths reviewed	Number of maternal interviews obtained (both fetal and infant)	the case sampling process (i.e. how are cases selected for review?)	Case Review Team's recommendations	Community Action Team (CAT) Initiatives	Comments
Q1: October 1, 2020 - December 31, 2020							
Q2: January 1, 2021 - March 31, 2021							
Q3: April 1, 2021 - June 30, 2021							
Q4: July 1, 2021 - September 30, 2021							
Total (October 1, 2021 - September 30, 2021)	0	0	0				

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Minimum Number of Death Reviews Required, by County

Objective 3: Fetal Death Reviews

Butler	5
Cuyahoga	17
Franklin	18
Hamilton	12
Lucas	5
Mahoning	3
Montgomery/Dayton	8
Stark	5
Summit	8

Fetal Death Review Tracking Sheet

Case Identifier (Update with number from CRS)	Type of Death	Mother: Date and Method of Attempted Contact						
	<input type="checkbox"/> Fetal Death <input type="checkbox"/> Infant Death	Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other

Fetal Death Review Tracking Sheet

Requested Case Records:

Date requested:	Record Type:	Date Received:	Date Abstracted:
Date requested:	Record Type:	Date Received:	Date Abstracted:
Date requested:	Record Type:	Date Received:	Date Abstracted:
Date requested:	Record Type:	Date Received:	Date Abstracted:
Date requested:	Record Type:	Date Received:	Date Abstracted:
Date requested:	Record Type:	Date Received:	Date Abstracted:
Date requested:	Record Type:	Date Received:	Date Abstracted:
Date requested:	Record Type:	Date Received:	Date Abstracted:
Date requested:	Record Type:	Date Received:	Date Abstracted:
Date requested:	Record Type:	Date Received:	Date Abstracted:

Fetal Death Review Tracking Sheet

Trouble accessing records:	Developed Case Summary	Maternal Interview	Incentive Provided for Interview?	Transcribed Maternal Interview	Case Review Meeting Date	Date of Data Entry into CRS
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes		
If yes, describe below:			Incentive Type: Name Below			
	<input type="checkbox"/> No	<input type="checkbox"/> No		<input type="checkbox"/> No		
			Was the incentive helpful? Describe below			

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Maternal Interview Incentive Log

FIMR County:					Month/Year:			
Date Purchased	Type of Incentive Purchased (gas card, gift card, etc.)	Type of Incentive Purchased (Ex. Carrot vs. gift. Carrot incentive is sent to all potential interviewees regardless of whether they ever schedule an interview. Gifts are only provided to those completing an interview)	# of This Incentive Purchased (Ex. applicable if you purchase multiples of a given incentive type in a single transaction. Ex. 10 gas cards)	Individual Value of Each Incentive (Ex. Each card was valued at \$50)	Total Value of Purchase (Ex. add tax/fees if applicable ex. \$5 service fee on \$50 gift card)	Card Identifier # (list a unique number for each gift/gas card provided) Press ALT+Enter to start a new line of text	Card Expiration (Expiration dates and/or discounted value time frames. If buying in bulk, you may want to track this)	Name of Staff Purchasing Incentive(s)
4/20/2020	gas card	Gift	1	\$50.00	\$50.00	123456789	Use by 12/24	Theresa Quaderer
6/1/2020	gas card	Carrot	10	\$20.00	\$5/card fee \$250	0000123 0000124 0000125		Theresa Quaderer

Maternal Interview Incentive Log

FIMR County:			Month/Year:			
Date Provided to Client	Incentive Provided (gas card, gift card, etc.) Please list each incentive distributed on a separate line.	Value	Gift/Gas Card Identifier #	Name of Staff Member Distributing Incentive	Recipient Identifier number (to match case identifier in fetal death review spreadsheet)	Confirmation of Receipt of Incentive by Client (physical signature & date, email, etc. for your own documentation) When you've received confirmation from client, mark an X below.
5/1/2020	gas card	\$50.00	123456789	Theresa Quaderer	204589	X

Summary

Deliverable	Billed	Documentation Submitted
1) Administrative (25% of maximum level of funding)	Quarterly	Quarterly Report
2) Submission of completed quarterly FIMR reports to ODH for approval by 1/10/21, 4/10/2021, 7/10/2021 and 10/10/2021.	Quarterly	Quarterly Report
3) Completion of a minimum required number of fetal death reviews based on 4-year averages compiled using VS data provided by ODH per appendix I. a. Submission of a fetal death review tracking sheet in a format provided by ODH quarterly. b. Subgrantees may submit for Q1-Q3 payment as they work to complete this deliverable. Final payment contingent upon completion of required number of fetal death reviews.	Quarterly	Fetal Death Review Spreadsheet
4) Completion of maternal interview (infant and fetal death reviews). a. Monthly deliverable total to be calculated using the following formula: (Total maternal interviews completed) x (\$300) b. Maternal interview incentive log submitted quarterly	Monthly Quarterly	Maternal interview incentive log submitted quarterly

Contact Information

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