HIGHLIGHTING IMPORTANT PREVENTION RESOURCES FROM OUR PARTNERS

Wed, Feb 21, 2018

2:00 PM – 3:00 PM ET

NATIONAL CFRP

Saving Lives Together

The National Center for Fatality Review and Prevention

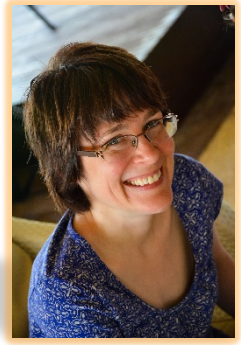
Housekeeping Notes

- **Webinar is being recorded and will be available within 2 weeks on our website: www.ncfrp.org**
  - **NCFRP will notify registrants when it is posted**
- All attendees will be muted and in listen only mode
- Questions can be typed into the "Questions" pane
  - Due to the large number of attendees, we may not be able to get to all questions in the time allotted
  - All questions asked will be answered and posted on the NCFRP website

Guest Speakers

Cribs for Kids

Judith Bannon Executive Director, Founder



The Children's Safety Network

Jennifer Allison, Ph.D. Director

City MatCH

Erin Schneider, MSW Director of Development and CQI

About the National Center for Fatality Review and Prevention

- The National Center for Fatality Review and Prevention (NCFRP) is a resource and data center that supports child death review (CDR) and fetal and infant mortality review (FIMR) programs around the country.
- It is funded in part by Cooperative Agreement Number UG7MC28482 from the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).

About NCFRP, cont.

- The NCFRP aligns with MCHB priorities and performance and outcome measures such as:
  - Healthy pregnancy
  - Child and infant mortality
  - Injury prevention
  - Safe sleep

HRSA's Overall Vision for NCFRP

- Through delivery of data, training, and technical support, NCFRP will assist state and community programs in:
  - Understanding how CDR and FIMR reviews can be used to address issues related to adverse maternal, infant, child, and adolescent outcomes
  - Improving the quality and effectiveness of CDR/FIMR processes
  - Increasing the availability and use of data to inform prevention efforts and for national dissemination
- Ultimate Goal:
  - Improving systems of care and outcomes for mothers, infants, children, and families

Webinar Goals

- Learn about the missions of the organizations
- Understand what prevention resources are available
- Identify areas to apply prevention resources to your work

Cribs for Kids®

Helping every baby sleep safer

National Center for Fatality Review and Prevention

February 21, 2018

Judy Bannon

Founder and Executive Director

Cribs for Kids®

Cribs for Kids Mission

- Cribs for Kids is established for the education of health professionals and the pubic regarding sudden unexpected infant deaths (SUID) due to infant unsafe sleep practices and sudden infant death syndrome (SIDS).
- This education includes the provision of safe sleeping environments at discounted prices to our network of partners who will distribute these products along with infant safe sleep education to families who cannot otherwise afford a safe place for their infants to sleep.

Cribs for Kids®
Helping every baby sleep safer

Cribs for Kids Partners

- Cribs for Kids has over 950 licensed partners in all 50 states and the United States territories of Saipan, Guam and the Virgin Islands.
  - OVER 950 PARTNERS NATIONWIDE!

Cribs for Kids®
Helping every baby sleep safer

C4K Prevention Programs

- Cribs for Kids:
  - Provides safe sleep products to partners at discounted prices;
  - Provides safe sleep educational materials based on the American Academy of Pediatrics Guidelines;
  - Has developed national programs for partners:
    - Safe Sleep Ambassador Program
    - Public Safety Initiative Program
    - Hospital Certification Program
    - Managed Care Incentive Program

Cribs for Kids®
Helping every baby sleep safer

Collaborations

- Cribs for Kids staff is equipped to mentor partners regarding the implementation of all programs.
- Cribs for Kids hosts a bi-annual national conference at which best practices are shared and the latest SUID research is discussed.
- Cribs for Kids accepts partners at no charge. There is no charge to enroll in one of our programs or take advantage of mentoring by our staff.

Cribs for Kids®
Helping every baby sleep safer

Cribette

- Cribs for Kids® Exclusive Unit with Safe Sleep Message Fabric
- **Meets all ASTM F-406, JPMA, and CPSIA safety requirements and has the safest Air Permeability test of 93.9**

- **Product Features:**
- Safe Sleep Message Fabric
- Light weight portable design
- Removable, full-sized bassinet
- Squeeze-button fold allows for assembling and folding the Cribette quickly and hassle-free
- Mesh on the four sides of the Cribette improves ventilation
- Wheels provide added convenience
- Folding feet allow for a more compact fold
- Easy carry travel bag
- Easy to store and transport
- Non-Refundable at Retail Stores.

Cribette

Contact Information

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- Founder and Executive Director
- Cribs for Kids®
- 5450 Second Avenue

  Pittsburgh, PA 15207
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- www.cribsforkids.org

Cribs for Kids®

Helping every baby sleep safer

CSN Children's Safety Network

EDC Education Development Center

Jennifer Allison, Ph.D.

Director, Children's Safety Network

Prevention Resources from the Children's Safety Network

Children's Safety Network

Our mission:

- Increase knowledge and uptake of evidence-based strategies and programs
- Apply continuous quality improvement to injury and violence prevention to create breakthrough change
- Generate new synergy to drive action on child safety through partnership and collaboration
- Reduce injury-related deaths, hospitalizations, and emergency department visits.

Children's Safety Network

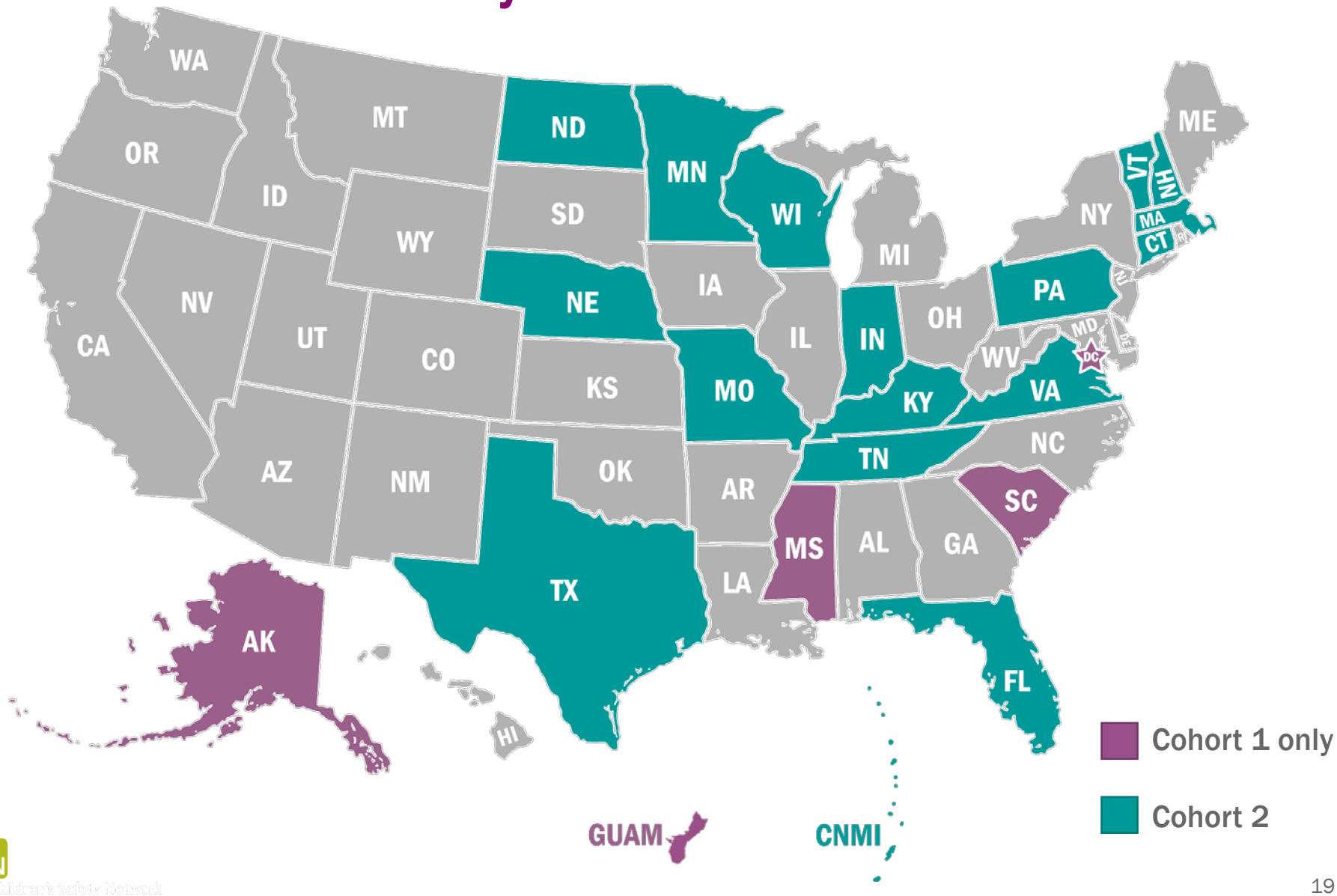
Four Conceptual Pillars:

- Partnership
- Quality Improvement
- Accountability
- Evidence

Key Components of Activity:

- National Coordinated Child Safety Initiative
- Child Safety Collaborative Innovation and Improvement Network
- Technical Assistance and Training to Build Capacity in Injury and Violence Prevention

21 States and Jurisdictions have been active in the Child Safety CoIIN over two cohorts



Current Strategy Teams

Child Passenger Safety

- 7 Strategy Teams
- Florida
- Indiana
- Kentucky
- Missouri
- Northern Mariana Islands
- Texas
- Vermont

Falls Prevention (Home and Recreational Injuries)

- 4 Strategy Teams
- Florida
- Massachusetts
- Pennsylvania
- Tennessee

Interpersonal Violence Prevention

- 8 Strategy Teams
- Florida
- Indiana
- Minnesota
- Missouri
- Nebraska
- Northern Mariana Islands
- Pennsylvania
- Tennessee

Suicide and Self-Harm

- 8 Strategy Teams
- Connecticut
- Florida
- Kentucky
- Massachusetts
- Missouri
- Texas
- Vermont
- Virginia

Teen Driver Safety

- 8 Strategy Teams
- Florida
- Kentucky
- Nebraska
- New Hampshire
- North Dakota
- Tennessee
- Texas
- Wisconsin

Over the course of the CS CoIIN, we have had 46 Strategy Teams

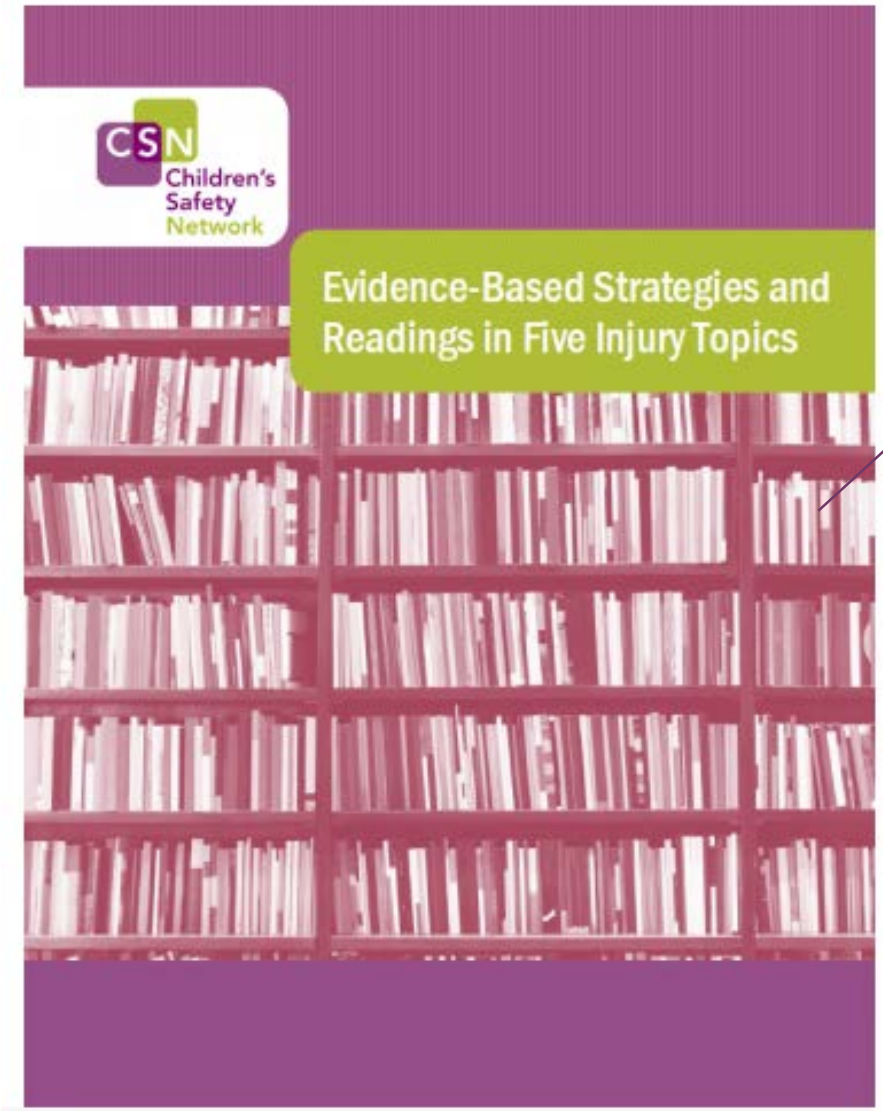
The Focus of Work in the Child Safety CoIIN

Identifying gaps and areas of need that are ripe for improvement

Testing, implementing, and spreading evidence-based strategies and programs

Innovating to improve data collection and outcomes

Resource on the Five Topic Areas



This resource is available on the CSN website at www.ChildrensSafetyNetwork.org

Child Safety CoIIN Change Packages

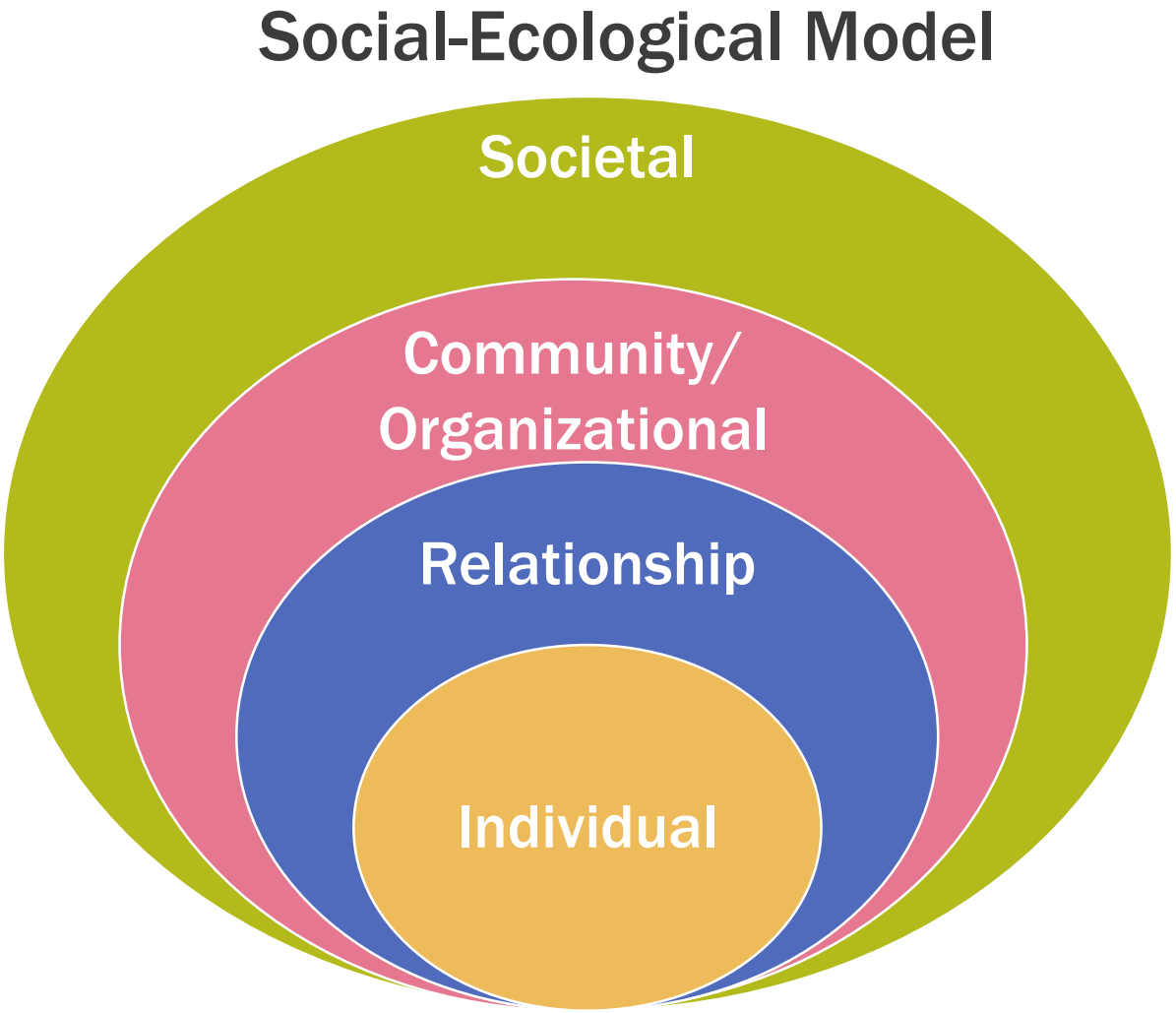
A Change Package is a menu of evidence-based strategies and programs that enables you to:

- Select specific change ideas (strategies or programs) for sustained work, i.e., development, testing, implementation, and spread
- Collect real-time data to determine if the change ideas on which you are working are producing improvements in child safety.
- Ensure that your child safety efforts are focused, measurable, and informed by evidence.

The Child Safety CoIIN change packages are available on CSN's website at www.ChildrensSafetyNetwork.org

What's in the Child Safety CollN Change Packages?

Prevention Strategies at Multiple Levels



Source: Centers for Disease Control and Prevention, 2015

Sample of the Teen Driver Safety Change Package

Primary Drivers	Secondary Drivers	Change Ideas
PD2: Organizational level **Organization policies and procedures support the culture and practice of teen driver safety**	SD1: Enforced GDL policies, programs, and best practices	1. Partner with law enforcement on standard procedures to ensure teens are in compliance with state GDL law 2. Provide incentives for participation in teen driver safety programs/interventions 3. Partner with health care organizations to implement standard procedures for health care professionals to provide anticipatory guidance on teen driver safety to teens and parents/caregivers at adolescent wellness visits 4. Create/improve your data collection, assessment, tracking, and reporting systems 5. Partner with teen driver safety programs to develop evaluation plans

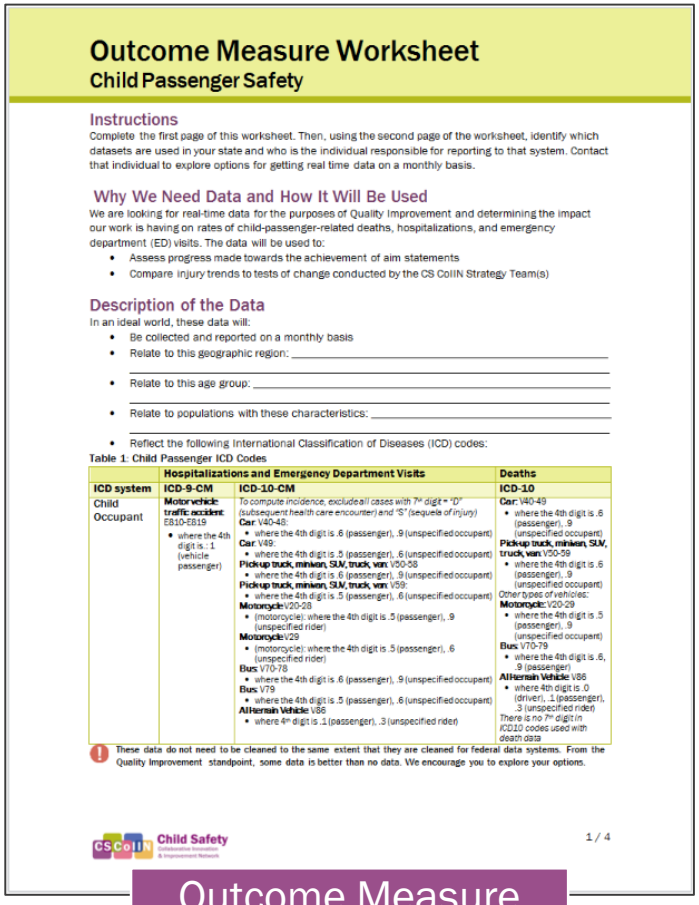
Child Safety CollN Strategies by Topic

Sample Strategies by Topic	
Topic	Strategy
Child Passenger Safety	Maintain an optimal number of child passenger safety technicians with up-to-date certifications
Falls Prevention	Train personnel such as home visitors, firefighters, and EMTs on home safety audits and installation of window guards and stair gates, as well as smoke and CO detectors
Interpersonal Violence Prevention	Teach adolescents non-violence skills (e.g., Coaching Boys into Men, Green Dot)
Suicide & Self-Harm Prevention	Develop and implement protocols to enable schools, programs, and care providers to communicate and collaborate in the identification, referral, management, and follow up of suicide risk
Teen Driver Safety	Educate teens on teen driver safety and Graduated Driver Licensing requirements using evaluated programs (e.g., Checkpoints, Teens in the Driver's Seat, Impact Teen Drivers)

Child Safety CoIIN Process Measures

Sample Process Measures by Topic	
Topic	**Process Measure**
Child Passenger Safety	Number of car seat technicians currently certified
Falls Prevention	Percent of homes receiving a home safety audit
Interpersonal Violence Prevention	Percent of children and youth receiving evidence-based social and emotional learning, positive youth development, and non-violence skills
Suicide & Self-Harm Prevention	Percent of sites implementing protocols enabling care providers to communicate/collaborate in the management of suicide risk
Teen Driver Safety	Percent of teens reporting understanding of Graduated Driver Licensing (GDL) requirements

Tools for the Collection of Real-Time Outcomes Data



Outcome Measure Worksheet
Child Passenger Safety

Instructions

Complete the first page of this worksheet. Then, using the second page of the worksheet, identify which datasets are used in your state and who is the individual responsible for reporting to that system. Contact that individual to explore options for getting real time data on a monthly basis.

Why We Need Data and How It Will Be Used

We are looking for real-time data for the purposes of Quality Improvement and determining the impact our work is having on rates of child-passenger-related deaths, hospitalizations, and emergency department (ED) visits. The data will be used to:

- Assess progress made towards the achievement of aim statements
- Compare injury trends to tests of change conducted by the CS CoIIN Strategy Team(s)

Description of the Data

In an ideal world, these data will:

- Be collected and reported on a monthly basis
- Relate to this geographic region: _____
- Relate to this age group: _____
- Relate to populations with these characteristics: _____
- Reflect the following International Classification of Diseases (ICD) codes:

Table 1: Child Passenger ICD Codes

	Hospitalizations and Emergency Department Visits		Deaths
ICD system	ICD-9-CM	ICD-10-CM	ICD-10
Child Occupant	**Motor vehicle traffic accident:** E810-E819 • where the 4th digit is.: 1 (vehicle passenger)	*To compute incidence, exclude all cases with 7th digit = "D" (subsequent health care encounter) and "S" (sequela of injury)* **Car:** V40-48: • where the 4th digit is .6 (passenger), .9 (unspecified occupant) **Car:** V49: • where the 4th digit is .5 (passenger), .6 (unspecified occupant) **Pick-up truck, minivan, SUV, truck, van** V50-58 • where the 4th digit is .6 (passenger), .9 (unspecified occupant) **Pick-up truck, minivan, SUV, truck, van** V59: • where the 4th digit is .5 (passenger), .6 (unspecified occupant) **Motorcycle:** V20-28 • (motorcycle): where the 4th digit is .5 (passenger), .9 (unspecified rider) **Motorcycle:** V29 • (motorcycle): where the 4th digit is .5 (passenger), .6 (unspecified rider) **Bus:** V70-78 • where the 4th digit is .6 (passenger), .9 (unspecified occupant) **Bus:** V79 • where the 4th digit is .5 (passenger), .6 (unspecified occupant) **All-terrain Vehicle:** V86 • where 4th digit is .1 (passenger), .3 (unspecified rider)	**Car:** V40-49 • where the 4th digit is .6 (passenger), .9 (unspecified occupant) **Pick-up truck, minivan, SUV, truck, van:** V50-59 • where the 4th digit is .6 (passenger), .9 (unspecified occupant) Other types of vehicles: **Motorcycle:** V20-29 • where the 4th digit is .5 (passenger), .9 (unspecified occupant) **Bus:** V70-79 • where the 4th digit is .6, .9 (passenger) **All-terrain Vehicle:** V86 • where 4th digit is .0 (driver), .1 (passenger), .3 (unspecified rider) *There is no 7th digit in ICD10 codes used with death data*

These data do not need to be cleaned to the same extent that they are cleaned for federal data systems. From the Quality Improvement standpoint, some data is better than no data. We encourage you to explore your options.

CS CoIIN Child Safety Collaborative Innovation & Improvement Network

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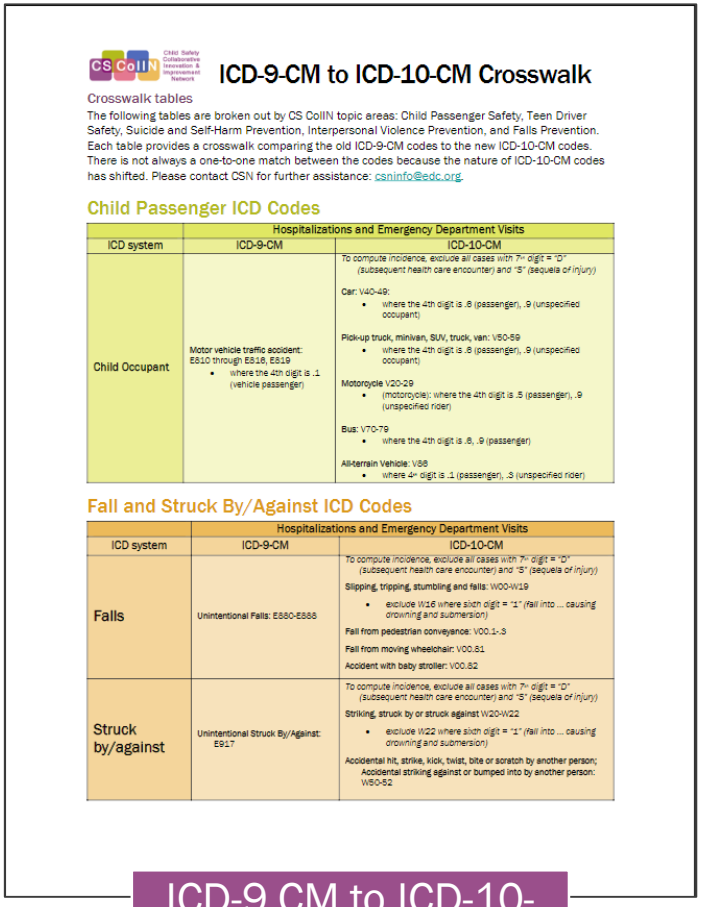
Outcome Measure Worksheet



ICD-9-CM to ICD-10-CM Crosswalk

CS CoIIN Child Safety Collaborative Innovation & Improvement Network

Crosswalk tables

The following tables are broken out by CS CoIIN topic areas: Child Passenger Safety, Teen Driver Safety, Suicide and Self-Harm Prevention, Interpersonal Violence Prevention, and Falls Prevention. Each table provides a crosswalk comparing the old ICD-9-CM codes to the new ICD-10-CM codes. There is not always a one-to-one match between the codes because the nature of ICD-10-CM codes has shifted. Please contact CSN for further assistance: csninfo@edc.org.

Child Passenger ICD Codes

	Hospitalizations and Emergency Department Visits	
ICD system	ICD-9-CM	ICD-10-CM
Child Occupant	Motor vehicle traffic accident: E810 through E816, E819 • where the 4th digit is .1 (vehicle passenger)	*To compute incidence, exclude all cases with 7th digit = "D" (subsequent health care encounter) and "S" (sequela of injury)* **Car:** V40-49: • where the 4th digit is .6 (passenger), .9 (unspecified occupant) **Pick-up truck, minivan, SUV, truck, van:** V50-59 • where the 4th digit is .6 (passenger), .9 (unspecified occupant) **Motorcycle** V20-29 • (motorcycle): where the 4th digit is .5 (passenger), .9 (unspecified rider) **Bus:** V70-79 • where the 4th digit is .6, .9 (passenger) **All-terrain Vehicle:** V86 • where 4th digit is .1 (passenger), .3 (unspecified rider)

Fall and Struck By/Against ICD Codes

	Hospitalizations and Emergency Department Visits	
ICD system	ICD-9-CM	ICD-10-CM
Falls	Unintentional Falls: E880-E888	*To compute incidence, exclude all cases with 7th digit = "D" (subsequent health care encounter) and "S" (sequela of injury)* **Slipping, tripping, stumbling and falls:** W00-W19 • exclude W16 where sixth digit = "1" (fall into ... causing drowning and submersion) **Fall from pedestrian conveyance:** V00.1-.3 **Fall from moving wheelchair:** V00.81 **Accident with baby stroller:** V00.82
Struck by/against	Unintentional Struck By/Against: E917	*To compute incidence, exclude all cases with 7th digit = "D" (subsequent health care encounter) and "S" (sequela of injury)* **Striking, struck by or struck against** W20-W22 • exclude W22 where sixth digit = "1" (fall into ... causing drowning and submersion) **Accidental hit, strike, kick, twist, bite or scratch by another person; Accidental striking against or bumped into by another person:** W50-52

ICD-9 CM to ICD-10-CM Crosswalk

CSN Children's Safety Network

Real-Time Outcomes Data Collection Strategies

Children's Safety Network

Stories of Innovation

Collecting Real-Time Outcomes Data for Injury Prevention

Participants in the Child Safety Collaborative Innovation and Improvement Network (CS CoIIN) are identifying and developing innovative ways to collect real-time outcomes data. Typically, data on injury-related deaths, hospitalizations, and emergency department (ED) visits are centrally collected at the state level. On an annual basis, these data are cleaned by the state, released, and submitted to a national dataset. The cleaning and release process leads to a two-year or more delay in the availability of the data. However, because states centrally collect and house the data, there are opportunities for innovation in using real-time data. Some states in the CS CoIIN are now able to collect and report real-time data on injury-related deaths, hospitalizations, and ED visits, enabling them to incorporate this information into their injury prevention efforts.

Below are descriptions of the approaches that three of these states are taking.

Massachusetts: Suicide and Self-Harm Emergency Department Visit and Death Data

The Massachusetts Office of Emergency Medical Services (OEMS) collects emergency medical services (EMS) data, using the Massachusetts Ambulance Trip Record Information System (MATRIS). MATRIS data are used to improve and support the EMS systems, conduct research, and assure delivery of quality patient care. The Massachusetts Suicide Prevention program partners with OEMS and uses the data from MATRIS as a proxy to identify suicide-related emergency department visits. Though this collaboration is still in its early stages, the team plans to test the feasibility of using MATRIS data to identify young adults experiencing a psychotic episode and provide follow up services to ensure they receive behavioral healthcare.

The Massachusetts Registry of Vital Records provides the Massachusetts Suicide Prevention program with updated bi-monthly files containing information on deaths that occur in the state. Because these files contain real-time information, the program finds that the status of the possible suicide cases are still "pending closure". Despite this limitation, they are able to estimate the number of suicide deaths on a monthly basis using the files.

Tennessee: Death and Hospitalization Data on Falls

Previously, the Tennessee Department of Health used the state's Hospital Discharge and Vital Statistics data to collect and report death, hospitalization, and ED visit data related to falls for the CS CoIIN. Because these data sources lagged by almost a full year, the Tennessee team turned to the Tennessee Traumatic Brain Injury (TBI) Registry. The TBI Registry collects data on all hospitalizations and deaths (whether in or before hospital) related to traumatic brain injuries from all non-federal hospitals in Tennessee. Hospital facilities are required to report to the Registry either monthly or quarterly, which allows for more real-time data.

While the TBI Registry is closer to real-time, it does have limitations. Since facilities are only mandated to report TBI-related hospitalizations and deaths to the Registry, limited data on TBI-related ED visits are available. New research suggests that most youth concussions are seen in EDs or, more often, primary care settings. (Arbogast KB, 2016) This may prove to be a barrier when measuring the full impact of the fall prevention activities the team is conducting. The team is examining other data sources that may include real-time ED visit data.

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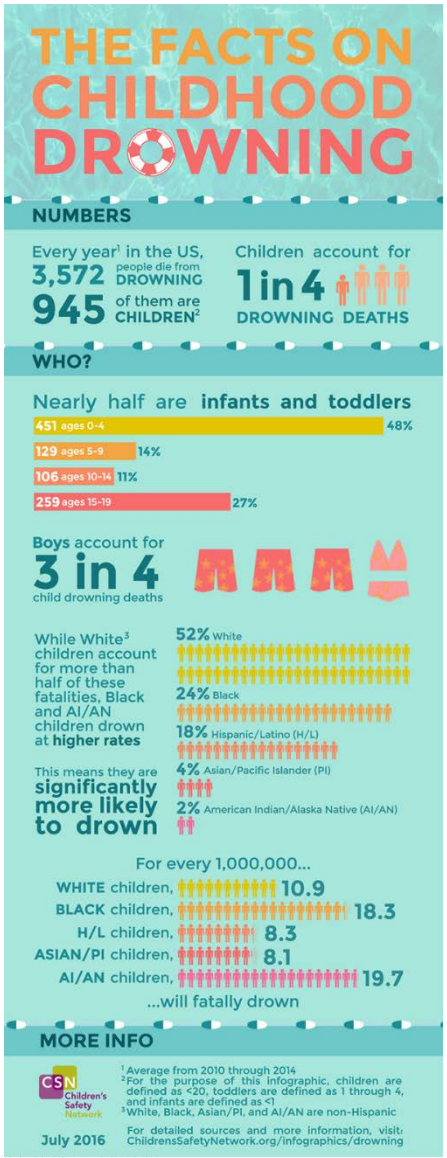
This resource is available on the CSN website at www.ChildrensSafetyNetwork.org

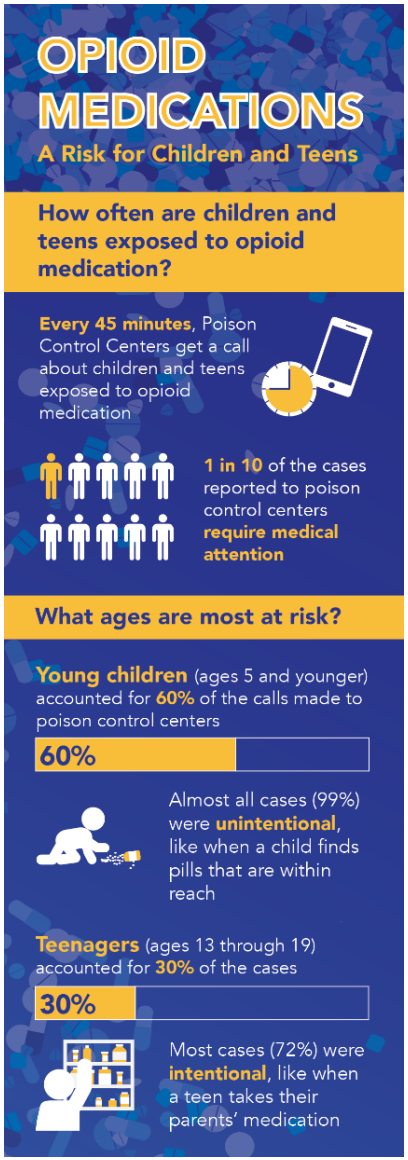
CSN Technical Assistance

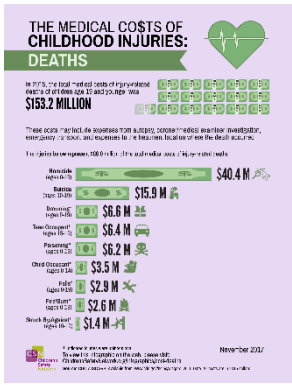
- Comparisons of your state's injury data to national data
- Injury cost data
- Information about evidence-based strategies and programs
- Examples of injury prevention best practices and model programs and policies
- Strategies for building and maintaining injury and violence prevention partnerships
- Literature searches on injury and violence prevention topics

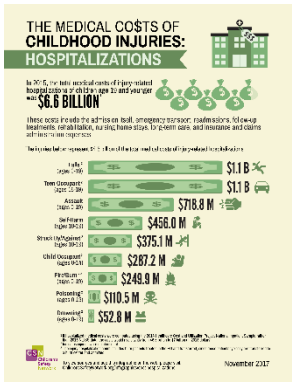
CSN Webinars

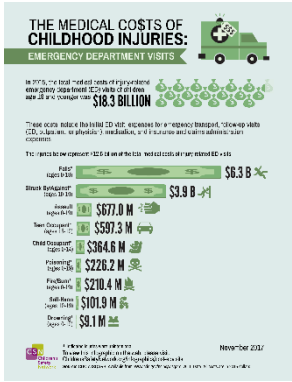
CSN Infographics



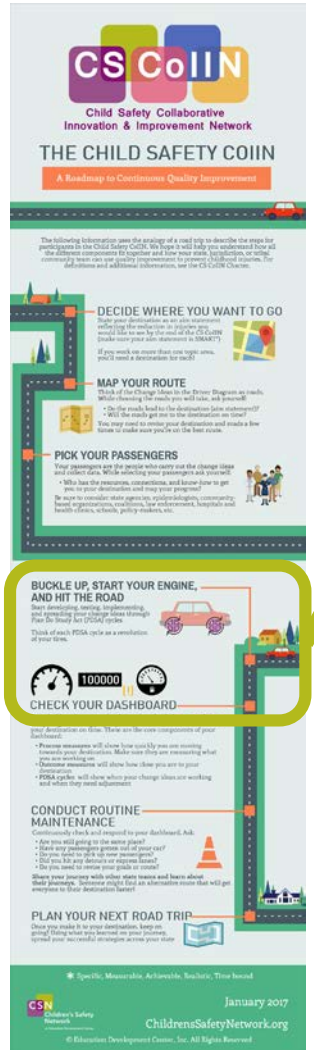


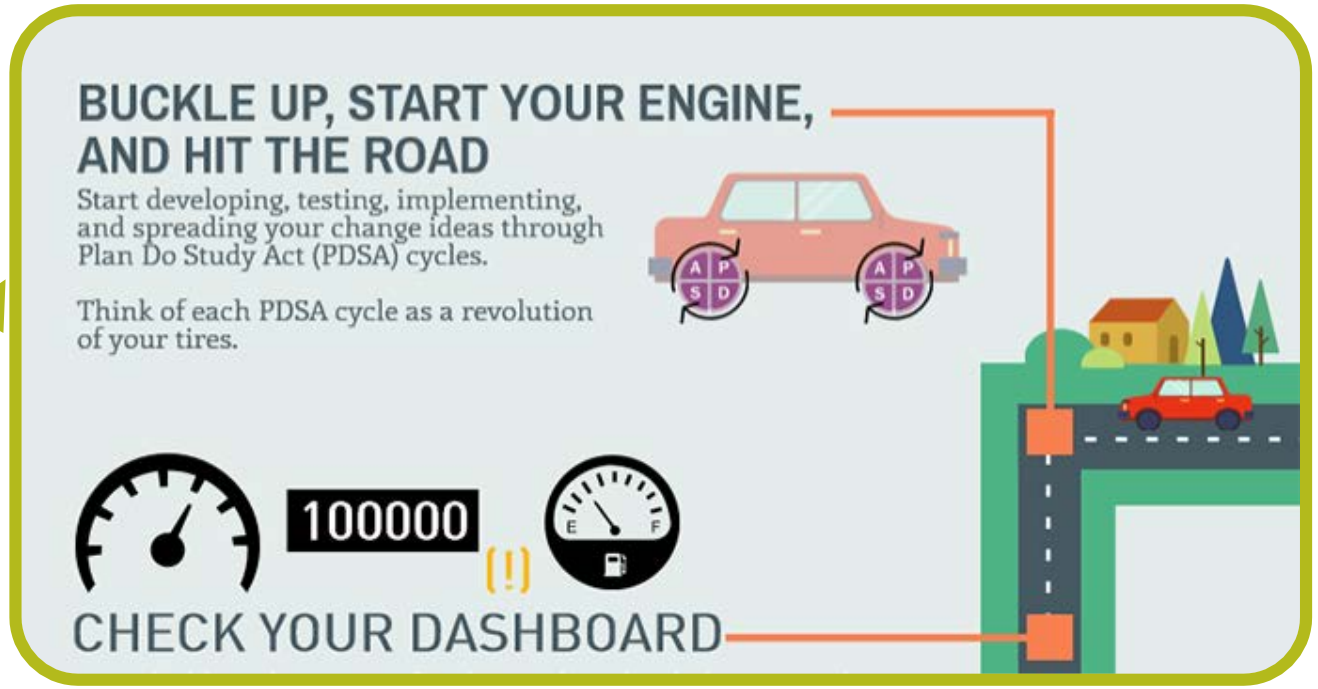




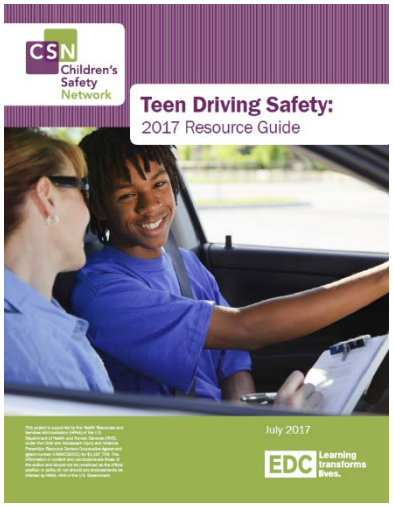


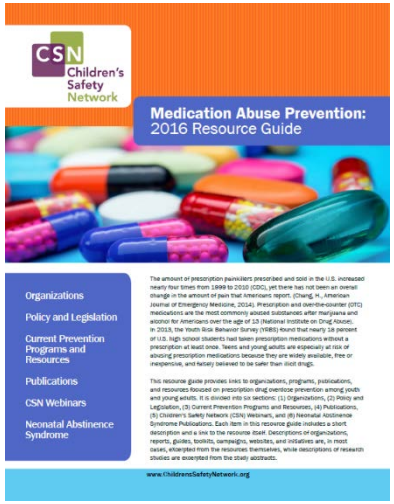
A Roadmap to Continuous Quality Improvement

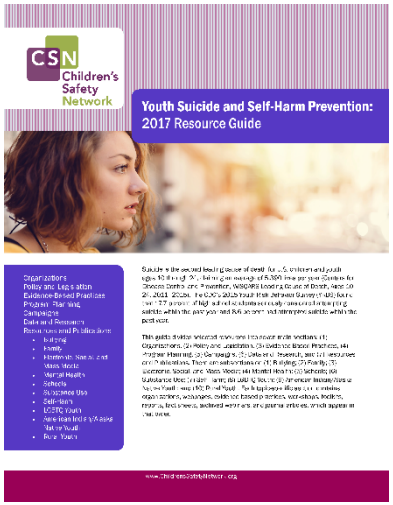


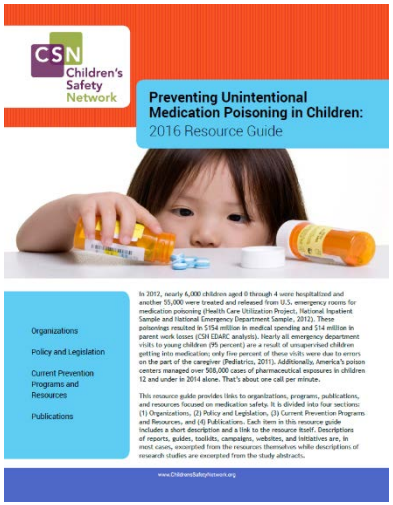


CSN Resource Guides

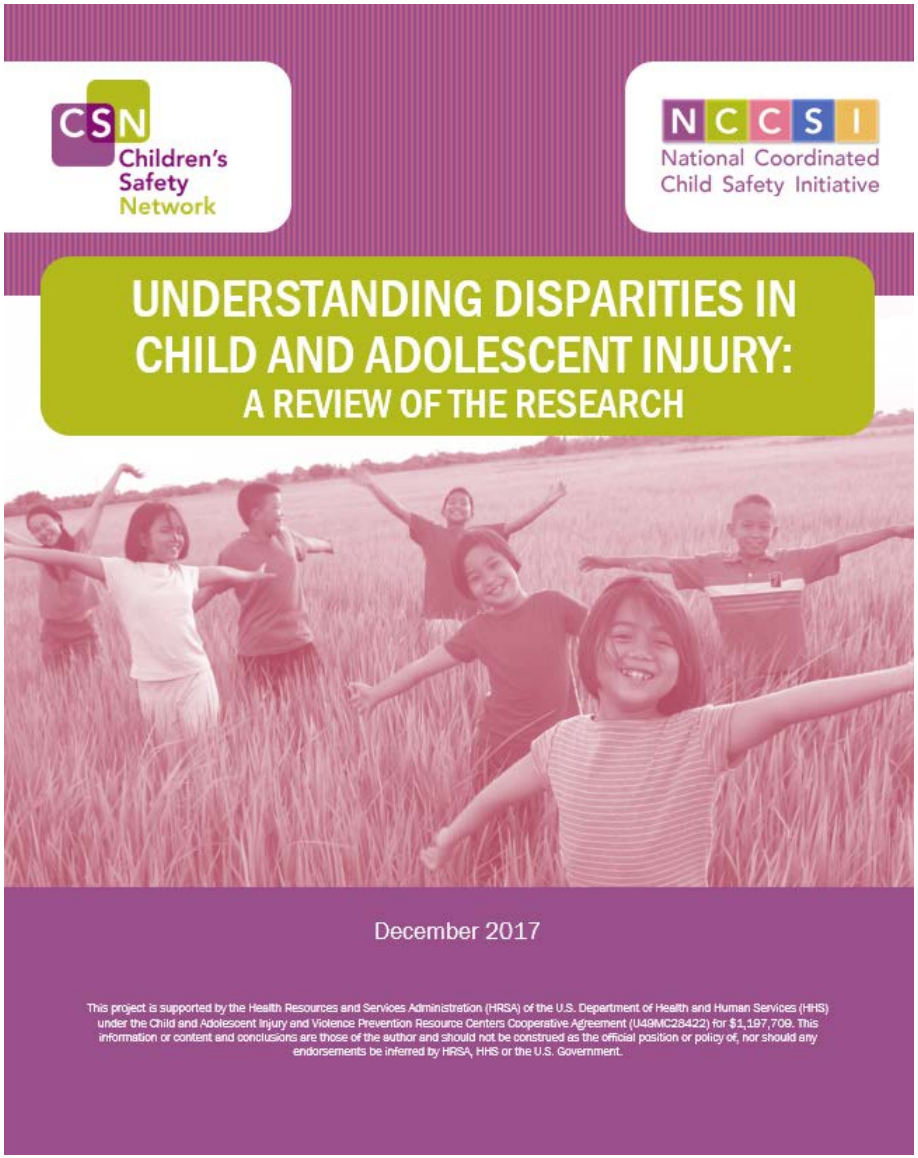








Injury Disparities Paper



Contact Information

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citymatch

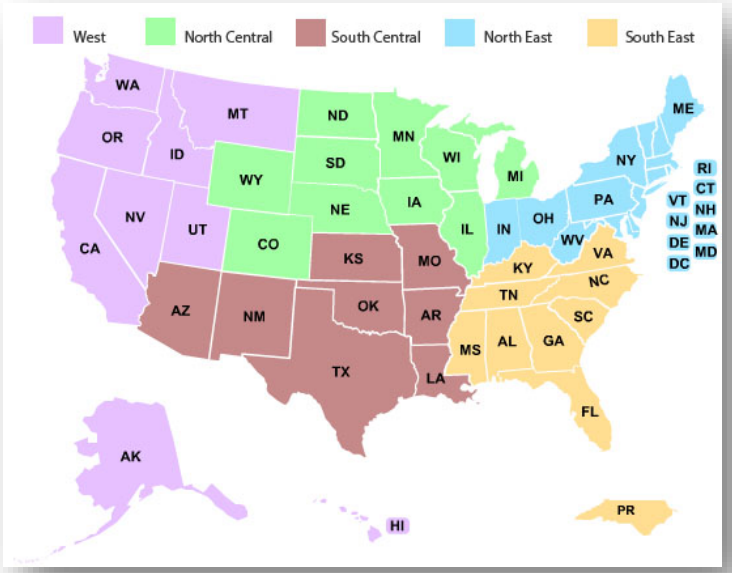
The National Organization of
Urban MCH Leaders

Top 10 Things You Should Know about CityMatCH

February 21, 2018

Top 10 Things You Should Know About City**Mat**CH

1. City**Mat**CH is Diverse
   - City**Mat**CH is a national membership organization
   - Member network comprises over 160 city and county health departments' *urban* maternal and child health (MCH) programs and leaders



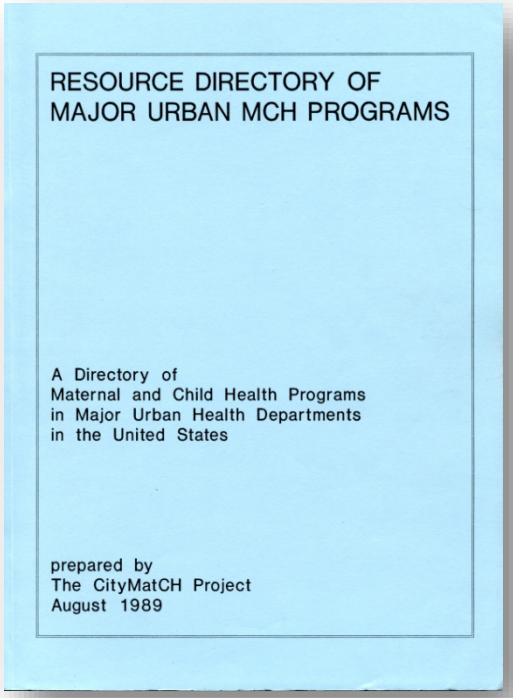
2. The City**M**at**CH** Mission

City**M**at**CH** seeks to strengthen public health leaders and organizations to promote equity and improve the health of urban women, families, and communities.

Top 10 Things You Should Know About CityMatCH

3. City**Mat**CH is Urban MCH

- City**Mat**CH helps the needs of our members in building their *urban* maternal and child health (MCH) capacity



Top 10 Things You Should Know About CityMatCH

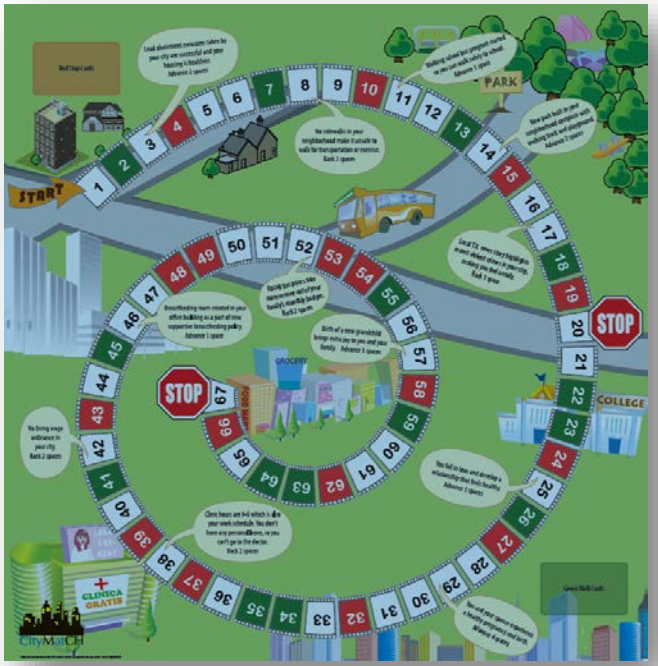
4. City**M**at**CH** is fun!

– City**M**at**CH** utilizes an innovative atmosphere for learning!

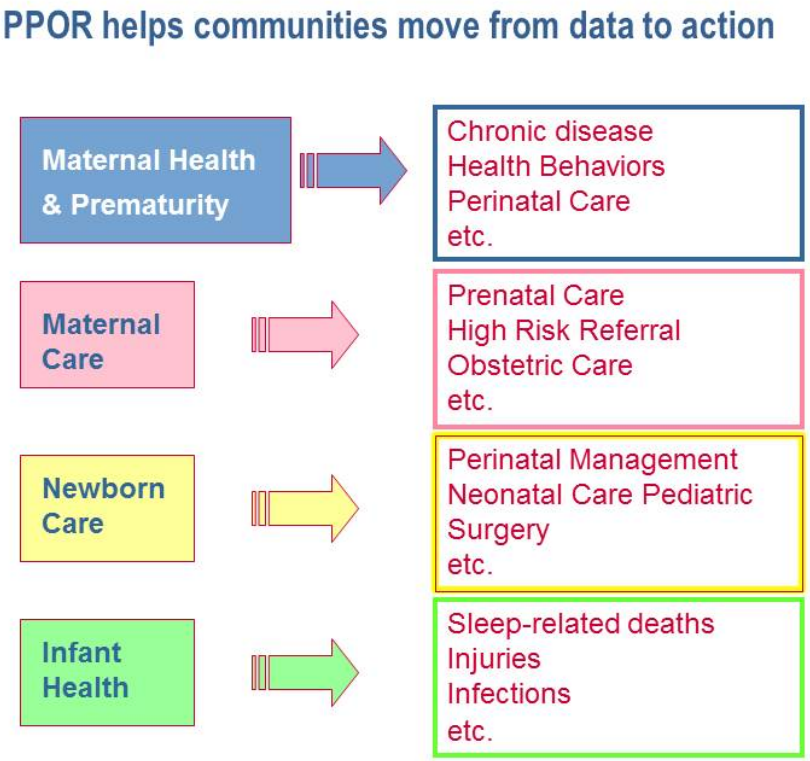
"Some things you do because they are fun, and some things you do because they are good for you. The joy of City**M**at**CH** is that it is resoundingly both – a huge amount of fun and the most important professional experience of my career."

Kathy Carson, Parent Child Health Administrator

Public Health – Seattle and King County, Seattle, WA



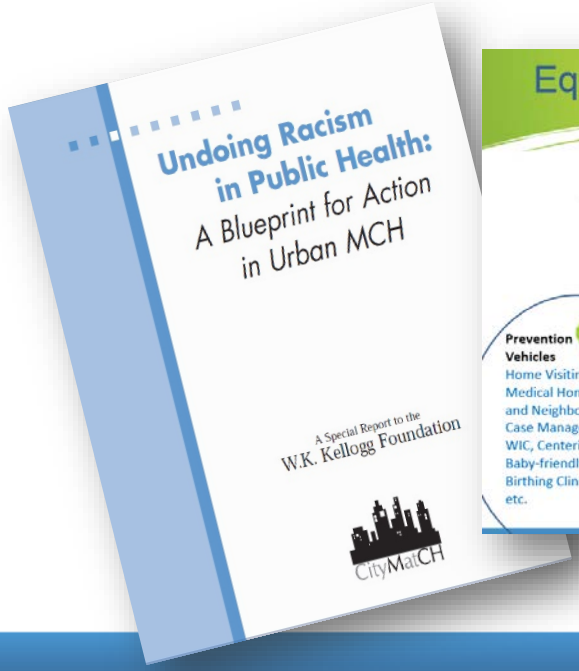
5. City**Mat**CH Translates Science and Data into Practice

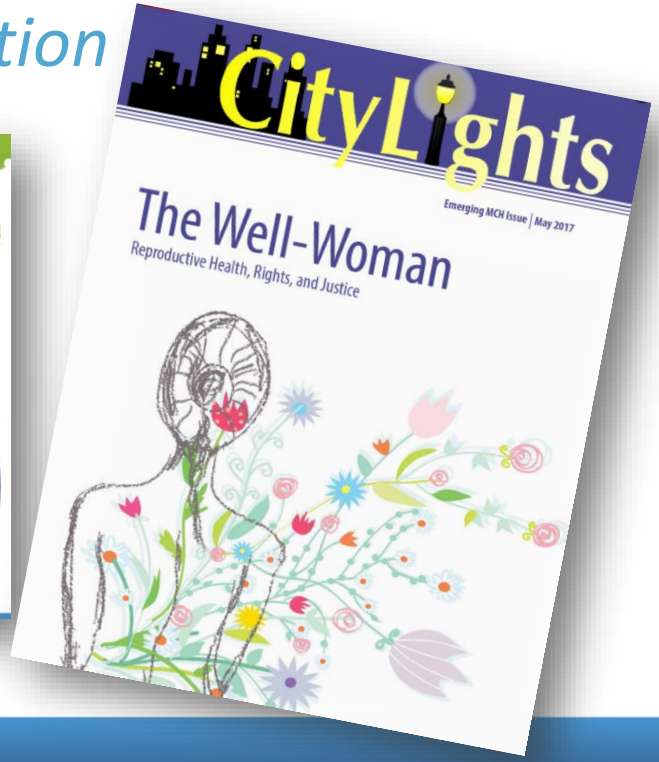


Top 10 Things You Should Know About CityMatCH

6. Health Equity and Social Justice

- City**Mat**CH shares a passion and vision of increasing the understanding of Health Equity and Social Justice and *moving to action*





7. Networking for Solution-Based Approaches (Ask-A-Colleague)

- CityMatCH helps members to learn and network with local, state, and national partners
- CityMatCH members are able to share what works with one another and jointly develop solutions-based approaches
- CityMatCH provides a safe environment to discuss questions and challenges

8. Best Practices

– CityMatCH makes MCH best practices readily available through on-going communication and, specifically, at our annual conference

9. City**Mat**CH Publications

– City**Mat**CH produces numerous publications throughout the year that are readily available for our members

Top 10 Things You Should Know About CityMatCH

10. City**Mat**CH Voice

- City**Mat**CH is a collection of voices and unique perspectives
- City**Mat**CH ensures that ***urban*** MCH always has a voice in the broader picture and perspective of public health

CityMatCH Resources

- **Erin O. Schneider:** e.Schneider@unmc.edu
- **Associate Membership:** http://www.citymatch.org/form/become-associate-member
- **Life Course Game:** http://www.citymatch.org:8080/lifecoursetoolbox/gameboard.php
- **PPOR Training & Info:** http://www.citymatch.org/projects/perinatal-periods-risk-ppor
  - If you would like TA or training on PPOR, please contact **Carol Gilbert**: cgilbert@unmc.edu
- **Ask A Colleague:** http://www.citymatch.org/form/ask-colleague
- **CityMatCH Conference:** http://www.citymatch.org/conference/citymatch-conference/2018/Home
- **CityMatCH Publications:** http://www.citymatch.org/publications
- **CityMatCH Learning Network Webinars:** http://www.citymatch.org/projects/citymatch-learning-network

Questions

- As a reminder:
  - Questions can be typed into the “Questions” pane
  - Due to the large number of attendees, we may not be able to get to all questions in the time allotted
  - All questions asked will be answered and posted on the NCFRP website
  - **Recording of webinar and copy of slides will be posted within 2 weeks on the NCFRP website: www.ncfrp.org**

NCFRP is on Social Media

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What's Next?

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THANK YOU!

Additional questions can be directed to:
info@ncfrp.org

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Saving Lives Together
The National Center for Fatality Review and Prevention