Rev. 8/21/2024

Infant Mortality Review Committee Policies and Procedures

I. Overview

The Infant Mortality Review Committee (IMRC) is a multidisciplinary committee established to review the causes of infant death for the purpose of reducing health care disparities, identifying factors associated with infant deaths, and making recommendations to reduce infant deaths. It will be comprised of individuals that routinely interact with women, infants, and families from a variety of disciplines and geographic areas across the state. The IMRC is part of the Community, Family Health and Prevention Branch at the Connecticut (CT) Department of Public Health (DPH).

Among the purposes of the IRMC is to determine the causes of infant mortality in Connecticut and identify interventions —medical and non-medical— to improve systems of care. Infant mortality is defined as the death of a child occurring from birth to one year of age. Information is gathered from electronic birth and death files, death certificates, medical records, medical examiner reports, police reports, obituaries, family interviews and other pertinent sources.

The IMRC shall:

a. Determine the annual number of infant deaths related to preventable causes or conditions.
b. Identify and detail trends, systemic drivers, and medical and social risk factors associated with infant deaths in CT.
c. Develop actionable, community-engaged strategies to eliminate preventable infant deaths and reduce health disparities in infant outcomes.

This comprehensive review process will be educational and prevention oriented. To ensure an effective, holistic review, for each case the following steps will be taken:

a. Share, question, and clarify all case information.
b. Review both quantitative (medical records) and qualitative (provider notes, agency reports, family narratives when available) data across settings and disciplines.
c. Determine underlying cause of death and whether the death could have been prevented.
d. Identify drivers of infant mortality at the individual, community, and systemic levels.
e. Develop recommendations to decrease, modify or eliminate drivers of and inequities around infant mortality.

II. Statutory Authority

CGS § 19a-59j established an infant mortality review program within DPH and grants the Commissioner of Public Health (Commissioner) or the Commissioner’s Designee the ability to request the medical records and other relevant data related to an infant death. It further allows

the infant mortality review program to provide information, as deemed necessary in the Commissioner's discretion, to the IMRC. CGS § 19a-59k established the IMRC.

III. Committee Structure

Pursuant to CGS § 19a-59k, the co-chairpersons shall be comprised of the Commissioner or the Commissioner's designee, and a representative designated by the Connecticut Chapter of the American Academy of Pediatrics. The composition of the IMRC may vary depending on the infant death case being reviewed. The co-chairpersons shall appoint the additional members of the IMRC.[1]

The co-chairpersons and staff within the Community, Family Health and Prevention Branch of DPH will coordinate to identify individuals interested in participating and that will add different perspectives. The co-chairpersons will invite individuals to join the IMRC. All IMRC members serve in a volunteer capacity and at the discretion of the co-chair-persons. Meetings of the IRMC shall be convened by the co-chairpersons upon request of the Commissioner of Public Health.

The IMRC may consult with relevant experts that can assist in evaluating information and findings obtained from the infant mortality review program, established pursuant to CGS § 19a-59j. CGS § 19a-59k(f).

IV. IMRC Responsibilities

Written Report

Pursuant to CGS § 19a-59k, within ninety (90) of the IMRC review of a case, the IMRC will produce a written report on the recommendations and findings to the Commissioner of Public Health. The IMRC will consult with the Office of Child Advocate for the written report. Any report must be in compliance with CGS § 19a-25.

For the purposes of making recommendations, the IMRC will review any infant death reports and recommendations produced by the child fatality review panel, established pursuant to CGS § 46a-13l. CGS § 19a-59k(e).

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[1] CGS § 19a-59k, in relevant part states, (C) The infant mortality review committee may include, but need not be limited to, any of the following members, as needed, depending on the infant death case being reviewed: (1) a physician licensed pursuant to chapter 370, who specializes in obstetrics and gynecology, designated by the Connecticut chapter of American College of Obstetrics and Gynecology; (2) a community health worker, designated by the Commissioner on Women, Children, Seniors, Equity and Opportunity; (3) a pediatric nurse licensed pursuant to chapter 378, designated by the Connecticut Nurses Association; (4) a clinical social worker licensed pursuant to chapter 383b, designated by the Connecticut Chapter of the National Association of Social Workers; (5) the Chief Medical Examiner, or the Chief Medical Examiner's designee; (6) a member of the Connecticut Hospital Association representing a pediatric facility; (7) a representative of The University of Connecticut-sponsored Health Disparities Institute; (8) a physician licensed pursuant to chapter 370, who practices neonatology designated by the Connecticut Medical Society; (9) a physician assistant licensed pursuant to chapter 370 or advanced practice registered nurse licensed pursuant to chapter 378, designated by an association representing physician assistants or advanced practice registered nurses in the state; (10) the Child Advocate, or the Child Advocate's designee; (11) the Commissioner of Social Services, or the commissioner's designee; (12) the Commissioner of Children and Families, or the commissioner's designee; (13) the commissioner of Early Childhood, the commissioner's designee; (14) the Commissioner of Mental Health and Addiction Services, or the commissioner's designee; and (15) any additional member the co-chairpersons determine would be beneficial to serve as a member of the committee.

Records for Review

Only the Commissioner or the Commissioner's Designee can request or receive records related to an infant death. CGS § 19a-59j(c).

The Commissioner or the Commissioner's designee, at the Commissioner's discretion, then provides the records to the IMRC. Accordingly, no external members may:

a. Request records themselves.
b. Follow up on records requested not received.
c. Review personal health information that is not de-identified.
d. Access identified content in the IMRC Data System.

Any person that does not have the authority to request records and engages in any of the above actions will be immediately removed from the IMRC. Any person removed cannot serve in the future.

Confidentiality of Records

Upon appointment then at the start of each year, all IMRC members must sign the IMRC Confidentiality Agreement (Attachment II: IMRC Confidentiality Statement). DPH shall retain the forms electronically. At any time, an IMRC member may request additional information regarding confidentiality from DPH. The confidentiality provision survives a member's association with the IMRC.

Committee members will be reminded at the start of each meeting that all information discussed during the meetings is confidential and not to be used for reasons other than for the infant mortality review.

Strict adherence to the confidentiality of the information provided to the IMRC is necessary to protect the confidential information reviewed by the IRMC. To ensure its protection, the following safeguards will be in a place:

a. Because a meeting of the IMRC is a proceeding covered by the Connecticut Freedom of Information Act, all meetings of the IMRC must be noticed with an agenda. CGS § 1-225.
b. Upon an affirmative vote of two-thirds of the members of the IMRC, the members of the IMRC can adjourn to executive session for any purpose permitted[2] under the FOI Act.

[2] CGS § 1-200(6) states: "Executive session" means a meeting of a public agency at which the public is excluded for one or more of the following purposes: (A) discussion concerning the appointment, employment, performance, evaluation, health or dismissal of a public officer or employee, provided that such individual may require that discussion be held at an open meeting; (B) strategy and negotiations with respect to pending claims or pending litigation to which the public agency or a member thereof, because of a member's conduct as a member of such agency, is a party until such litigation or claim has been finally adjudicated or otherwise settled; (C) matters concerning security strategy or the deployment of security personnel, or devices affecting public security; (D) discussion of the selection of a site or the lease, sale or purchase of real estate by the state or a political subdivision of the state when publicity regarding such site, lease, sale, purchase, construction would adversely impact the price of such site, lease, sale, purchase, or construction until such time as all of the property has been acquired or all proceedings or transactions concerning same have been terminated or abandoned; and € discussion of any matter which would results in the disclosure of public records or information contained therein described in subsection (b) of 1-210.

Experts can be invited by the co-chairpersons into executive session. By entering executive session, the IMRC can review and discuss the confidential records provided by the infant mortality review program. CGS § 1-200(6).

c. The public and press are allowed to attend any noticed meeting of the IMRC, but may be excluded from the executive session. Following review and discussion of the records, the IMRC shall return from executive session and adjourn the meeting. Any public comment must be held during the public portion of the meeting.
d. Minutes of each meeting shall be taken and must be approved at subsequent meetings. Minutes must be posted on the committee's website within seven days of the meeting to which the minutes pertain.
e. Case-associated information will only be discussed with other members of the IMRC during the executive session.
    a. Agenda and case-associated information may be distributed prior to meeting time but shall not be discussed until the IMRC meeting.
    b. Meetings of the IMRC shall be held virtually. Members are expected to remain on camera during the entirety of the meeting and be in a private location that is not accessible to others.
    c. IMRC members must securely discard case-associated notes at the end of the IMRC meetings.
    d. Per confidentiality standards, all case summaries reviewed shall be redacted.
    e. An IMRC member may request that the Co-Chairpersons solicit and receive additional records pertinent to the case review. Any additional records are subject the confidentiality policies and procedures.

Personal Conflicts

Even with all personally identifying information removed from records, an IMRC member may recognize a case. In such a situation, the members shall not disclose that their recognition or their connection to the case to the other members of the IMRC or anyone outside the IMRC.

VII. IMRC Conflict Resolution

The purpose of the IMRC is to improve infant mortality rates and does not seek to examine the performance of individual practitioners, hospitals, or other agencies.

While IMRC members may have concerns or disagreements regarding a case, the review of infant deaths is not an opportunity for the IMRC to criticize families, providers, or agency decisions. The co-chairpersons shall ensure that all discussion remains focused on the meeting's intended purposes. Any and all discussion during an IMRC executive session shall remain confidential and not be used for reasons other than those which are intended.