

POLICY AND PROCEDURE

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|---------------------------------------|---|
| SUBJECT/TITLE: | Confidentiality in Franklin County Fetal Infant Mortality Review (FIMR) |
| SCOPE: | FIMR Staff and all persons interacting with FIMR case information |
| CONTACT PERSON & DIVISION: | Lauren Rose-Cohen, RN – Family Health Division |
| ORIGINAL DATE ADOPTED: | 08/18/2014 |
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| REFERENCE NUMBER: | N/A |

PURPOSE

The intent of this document is to:

1. Establish a process for FIMR review that protects Protected Health Information (PHI), as defined by the Health Insurance Portability and Accountability Act (HIPAA).
2. Reinforce that the FIMR process is focused on systems review rather than investigating individual clients, physicians, hospitals and providers.
3. Provide standards which allow all parties to participate in the FIMR process without fear of retribution or exposure.

POLICY

FIMR will follow the *Confidentiality Policy* #201.1-RM (pg. 13) and the *Security of Protected Health Information Stored Electronically Policy* #304-RM (pg. 58-59) outlined in the Columbus Public Health (CPH) HIPAA Policy (<http://columbus.gov/publichealth/About-Columbus-Public-Health/CPH-HIPAA-Policies/>). In addition, per the *National Fetal Infant Mortality Review* (NFIMR) program model, all abstracted cases will be de-identified such that client and provider identifiers are removed.¹

BACKGROUND

FIMR is a multidisciplinary, multi-agency, community-based process that identifies local infant mortality issues through the review of fetal and infant deaths in order to develop initiatives to reduce these deaths. The FIMR Coordinator builds each de-identified case summary from a combination of medical records, social service records and a family interview. De-identified case summaries are presented to the Case Review Team (CRT) which identifies barriers to care and trends in service delivery. CRT recommendations and aggregate data are shared annually with the Community Action Team (CAT) which implements interventions aimed at reducing fetal and infant mortality.

Complying with HIPAA standards, creating transparent procedures, and securely managing PHI are essential in building trust both with the families who've experienced a fetal or infant death and with the providers who serve these families.

Glossary of Terms

The following definitions are relevant to this document.

1. **Case Review Team (CRT):** The CRT analyzes the information collected via family interviews and medical data abstraction and creates recommendations to improve the community's service delivery systems.¹
2. **Community Action Team (CAT):** The CAT develops and implements an action plan based on the CRT's recommendations. The overall goal of the action plan is to enhance the health and well-being of women, infants and families in the community by improving the resources and services systems.¹
3. **Franklin County Fetal Infant Mortality Review (FIMR):** Housed at Columbus Public Health, this action-oriented community process assesses, monitors, and works to improve service systems for Franklin County women, infants, and families in order to reduce feto-infant deaths.
4. **National Fetal Infant Mortality Review Program (NFIMR):** A collaborative effort between the American College of Obstetricians and Gynecologists (ACOG) and HRSA's Maternal and Child Health Bureau (MCHB) which provides technical assistance to local FIMR programs.
5. **Basinet database:** A secure database application developed by Go Beyond to house FIMR case abstractions.
6. **Protected Health Information (PHI):** Individually identifiable information that is maintained or transmitted that:
 - a. Is created or received by a covered entity, public health authority, employer, life insurer, school, or university;
 - b. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual; and
 - c. Identifies the individual or with respect to which there is a reasonable basis to believe that the information can be used to identify the individual.
 - d. Patient/client identifying information which may not be disclosed without a consent includes, but is not limited to:
 - Names
 - Geographic subdivisions smaller than 20K
 - Date of Birth other than year
 - Telephone or fax numbers or E-mail addresses, URLs or IP addresses
 - Social security numbers
 - Medicare record numbers
 - Health plan numbers
 - Account numbers
 - Certificate numbers
 - Vehicle identifiers
 - Device identifiers
 - Biometric identifiers (finger or voice prints)
 - Photographic images and the like
 - Any other unique characteristic

PROCEDURES

I. Family Interview-Informed Consent

- A. Face to Face Interviews
 1. All clients are given a copy of *CPH Notice of Privacy Practices*.
 2. All clients review & sign the *FIMR Family Interview Consent Form* before participating in the interview.
- B. Phone Interviews

1. It is the goal of the FIMR Program to interview clients in person. However, if a client prefers to participate in the family interview by phone, the interviewer verbally reviews the information contained in the *CPH Notice of Privacy Practices* and the *FIMR Family Interview Consent Form* before requesting verbal consent from the client.
2. If granted, the client's consent is documented on a *FIMR Family Interview Consent Form* with the words "verbal consent granted via phone," along with the client's legal name, the date, and the interviewer's signature before proceeding with the interview.

II. Case De-identification

- A. Proper names of all providers, institutions and family members are removed from all case abstractions before being presented. All providers, institutions and family members are referenced in a generic way i.e., "hospital," "OB office," "mother of baby," etc.
- B. Any documents containing de-identified, case-specific information are sent via secure email if shared outside of Columbus Public Health. Documents reporting aggregate findings will not contain PHI and do not need to be sent via secure email.

III. Case Review Team Confidentiality

- A. CRT team members review and sign a *FIMR Confidentiality Agreement* at the onset of their work with the CRT. These agreements are maintained in the FIMR office.
- B. The *CRT Attendance Sheet* includes a confidentiality statement. By signing the *CRT Attendance Sheet* at each meeting, CRT members reaffirm their commitment to confidentiality expectations.
- C. Confidentiality expectations are reinforced verbally at the start of each CRT meeting.
- D. CRT reports its recommendations in aggregate to the Community Action Team (CAT) and all published documents.

IV. Managing Case Records

- A. Storing Case Records
 1. All paper documents containing PHI are stored in a locked file cabinet.
 2. All electronic documents containing PHI are stored in accordance with the *CPH Security of Protected Health Information Stored Electronically Policy*.
 3. Upon completing the case abstraction and review process, the abstracted information entered into the Basinet database is considered "the record" and stored for 20 years from the date of CRT Review.
- B. Disposing of Case Records (upon completion of case abstraction and review)
 1. The FIMR Coordinator disposes of materials generated by providers outside of CPH (i.e., medical records, home visit reports, etc.) in a locked CPH "shred box."
 2. The FIMR Coordinator requests and receives approval to shred materials generated by the FIMR Program (i.e., interview notes) in accordance with the *CPH Records Retention Policy*.
 3. The FIMR Coordinator retains original documents granting consent (i.e., *Family Interview Consent Form*, *CPH Authorization to Release Information*) or documenting FIMR case activity (FIMR Abstraction Log) for 20 years in accordance with the *CPH Records Retention Policy*.

CITATIONS

¹*Fetal and Infant Mortality Review Manual: A guide for communities*. 2nd Edition. 2008. American College of Obstetricians and Gynecologists and USDHHS Health Resources & Services Administration, Maternal and Child Health Bureau. Washington, D. C.

CONTRIBUTORS

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APPENDICES

Appendix A: CPH Health Insurance Portability and Accountability Act (HIPAA) Policy-

<http://columbus.gov/publichealth/About-Columbus-Public-Health/CPH-HIPAA-Policies/>

Appendix B: 201.1-RM Confidentiality Policy (CPH HIPAA Policy, pg.13)

Appendix C: 304-RM Security of Protected Health Information Stored Electronically (CPH HIPAA Policy, pg 58-59)

Appendix D: 202.4 RM--A Notice of Privacy Practices (CPH HIPAA Policy, pg 19)

Appendix E: CPH Records Retention Policy [http://intranet/Health2/policy-](http://intranet/Health2/policy-library/Document%20Library/Department%20wide/Administrative%20Manual/AM%20MIS%20E.5%20Records%20Retention%20Policy%20FINAL%202013.06.15.pdf)

[library/Document%20Library/Department wide/Administrative Manual/AM MIS E.5 Records Retention Policy FINAL 2013.06.15.pdf](http://intranet/Health2/policy-library/Document%20Library/Department%20wide/Administrative%20Manual/AM%20MIS%20E.5%20Records%20Retention%20Policy%20FINAL%202013.06.15.pdf)

REFERENCE FORMS

FIMR Case Review Team Confidentiality Agreement-<http://columbus.gov/publichealth/fimr-confidentiality-agreement/>

Family Interview Consent Form-<http://columbus.gov/publichealth/fimr-consent-form/>

Case Review Team Attendance Sheet- <http://columbus.gov/publichealth/fimr-attendance-sheet/>

CPH Notice of Privacy Practices-<http://columbus.gov/publichealth/hipaa-privacy-notice>

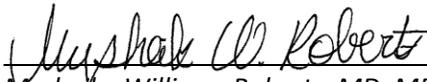
SIGNATURES

I have reviewed this document and endorse it as an official CPH Policy and Procedure:



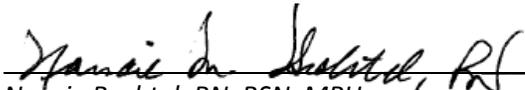
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