



Kansas Maternal Mortality Review Committee

Guidance Document

February 2020

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Acknowledgements

Tools and Resources for this project were adapted from the Review to Action Website: www.reveiwtoaction.org.

Introduction to Maternal Mortality Review Committees

Data to Action:

There are two national sources for trends and information on maternal deaths using vital statistics data.

- 1) The National Center for Health Statistics (NCHS), uses death certificate information to assign ICD-10 codes that are then used to identify maternal deaths and produce a maternal mortality rate (maternal deaths while pregnant or within 42 days postpartum per 100,000 live births.)
- 2) The pregnancy Mortality Surveillance System (PMSS) uses death certificates with a relationship to pregnancy identified by either a check box on the death certificate, or by a linked birth certificate registered in the year preceding death. Medical epidemiologists review this information to identify pregnancy related deaths and produce a pregnancy related mortality ratio (pregnancy-related deaths while pregnant or within a year postpartum per 100,000 live births.)

	CDC-National Center for Health Statistics (NCHS)	CDC-Pregnancy Mortality Surveillance System (PMSS)
Data Source	Death Certificates	Death Certificates linked to fetal death and birth certificates
Time Frame	During pregnancy-42 days post-partum	During pregnancy-365 days post-partum
Source of classification	ICD-10-codes	Medical epidemiologists (PMSS codes)
Terms	Maternal Death	Pregnancy-associated, (Associated and) pregnancy related, (associated but)not pregnancy related
Measure	Maternal mortality rate- # of maternal deaths per 100,000 live births	Pregnancy related mortality ratio- # of pregnancy-related deaths per 100,000 live births

A reliance on vital statistics alone to measure maternal mortality makes it challenging to determine whether changes observed are the result of improved identification of maternal deaths or changes in the risk. While surveillance using vital statistics can tell us about the trends and disparities, state maternal mortality review committees are best positioned to compressively assess maternal deaths and identify opportunities for prevention.

There are six (6) key decisions that maternal mortality review committees make for each death reviewed:

- 1) Was the death pregnancy related?
- 2) If pregnancy related, what was the cause of death?
- 3) ***Was the death preventable?***
- 4) ***What were the critical contributing factors to the death?***
- 5) ***What are the recommendations and actions that address those contributing factors?***
- 6) ***What is the anticipated impact of those actions if implemented?***

While all six questions are essential, the last four questions highlight the unique and critical role of the review committees: preventability, contributing factors, recommendations for improvement and measurement of impact.

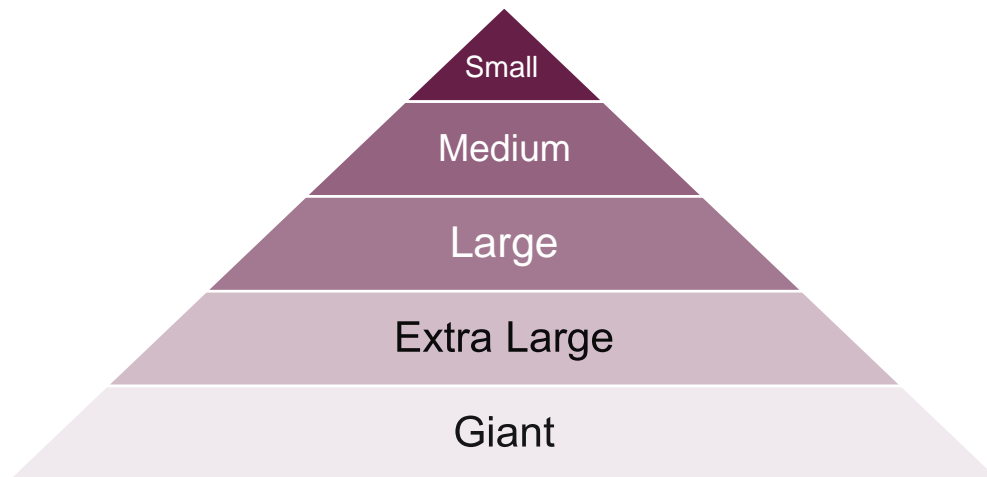
Levels of Prevention:

For each recommendation that the committee makes, the level of prevention should be determined. This decision helps support prioritization of recommendations by the committee for translation to action.

- **Primary:** Prevents the contributing factor before it ever occurs
- **Secondary:** Reduces the impact of the contributing factor once it has occurred (i.e. treatment).
- **Tertiary:** Reduces the impact of progression of an ongoing contributing factor once it has occurred (i.e. management).

Levels of Impact:

For each recommendation a committee makes, the expected level of impact of implementation should be determined. The following can be used as a guide; the image was adapted from CDC Director Tom Frieden's Impact Pyramid below.



- **Small:** Education and Counseling
 - Community/provider-based health promotion and education activities
- **Medium:** Clinical intervention and coordination of care
 - Protocols
 - Prescriptions
- **Large:** Long Lasting Protective Intervention
 - Improve readiness, recognition, and response to obstetric emergencies
 - Increase access to long-acting reversible contraceptives (LARC)
- **Extra Large:** Change in Context
 - Improve public transportation
 - Reduce vehicle carbon emissions
 - Ensure available and accessible services
 - Promote Environments that support healthy living
- **Giant:** Address Social Determinants of Health
 - Poverty
 - Inequality

Kansas Maternal Mortality Review Committee (KMMRC)

The Kansas Department of Health & Environment (KDHE) Bureau of Family Health is responsible for administering the Title V Maternal & Child Health (MCH) Block Grant Program which involves monitoring, researching, and evaluating health status and conducting activities to identify and address community health problems through the use of the 10 essential health services (www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html).

Within the population of women of reproductive age, maternal mortality is an indicator that is monitored by KDHE pursuant to K.S.A. 65-177. Maternal mortality is considered a sentinel (patient safety) event that warrants close scrutiny. An increasing national and state trend in maternal mortality indicates the need to conduct maternal mortality review in order to gain insight into the medical and social factors leading to these events and to prevent future occurrences of maternal mortality.

Scope:

The scope of cases for Kansas review is all pregnancy-associated deaths or any deaths of women with indication of pregnancy up to 365 days, regardless of cause (i.e. motor vehicle accidents during pregnancy, motor vehicle accidents postpartum, suicide, and homicide). Deaths are identified from review of death certificates with a pregnancy check-box selection and linkage of vital records by searching death certificates of women of reproductive age and matching them to birth or fetal death certificates in the year prior.

Purpose:

The purpose of the review is to determine the factors contributing to maternal and pregnancy-associated mortality in Kansas and identify public health and clinical interventions to improve systems of care.

Vision:

The Maternal Mortality Review Committee's vision is to eliminate preventable maternal deaths in Kansas.

Mission:

The mission is to increase awareness of the issues surrounding pregnancy-related death and to promote change among individuals, communities, and healthcare systems in order to reduce the number of deaths.

Goals:

The goals of the Maternal Review Committee are to:

- **Perform through record abstraction** in order to obtain details of events and issues leading up to a mother's death.
- **Perform a multidisciplinary review of cases** to gain a holistic understanding of the issues.
- **Determine the annual number of maternal deaths related to pregnancy** (pregnancy related mortality).
- **Identify trends and risk factors** among pregnancy-related death in Kansas.
- **Recommend improvements to care** at the individual, provider, and system levels with the potential for reducing or preventing future events.
- **Prioritize findings and recommendations** to guide development of effective preventive measures
- **Recommend actionable strategies for prevention** and intervention.

- **Disseminate the findings and recommendations** to a broad array of individuals and organizations.
- **Promote the translation of findings and recommendations** into quality improvement actions at all levels.

Statutory Authority & Protections:

The maternal mortality review is conducted pursuant to K.S.A. 65-177 and 65-2422d. See Appendix A for full text of the public health laws that apply.

- **K.S.A. 65-177** provides authority for the KDHE to conduct studies to reduce morbidity or mortality; all data shall be treated as confidential. Interviewing patients or family members must be done pursuant to K.S.A. 65-2422d. Provides authority for non-identifying aggregate statistical and narrative reports/publications.
- **K.S.A. 65-2422d** authorizes the secretary to use birth, death and still birth certificates as identifiable data for purposes of maternal and child health surveillance and monitoring. The secretary or the secretary's designee may interview individuals for purposes of maternal and child health surveillance and monitoring only with an approval of the health and environmental institutional review board as provided in title 45, part 46 of the code of federal regulations.

Process:

Information is gathered from death certificates, birth certificates, medical records, autopsy reports, and other pertinent resources. Records are abstracted by a trained abstractor, who prepares de-identified case narratives for review by a committee of experts from diverse disciplines. Review the Logic Model (Appendix B) and Committee Decisions Form for more information.

Meeting Structure:

The Maternal Mortality Review Committee (MMRC) reviews and makes decisions about each case based on the case narrative and abstracted data. The committee examines the cause of death and contributing factors, and determines:

1. Was the death pregnancy-related?
2. If pregnancy-related, what was the underlying cause of death?
3. **Was the death preventable?**
4. **If there were chances to alter the outcome, what were they?**
5. **What were the contributing factors to death?**
6. **What specific and feasible recommendation for actions should be taken to prevent future deaths?**

The Role of the Abstractor:

The abstractor represents the MMRC while out in the field and holds a great deal of responsibility to ensure the protection and confidentiality of the information gathered. The abstractor typically reviews and abstracts information from death certificates, fetal death certificates, medical and hospitalization records, autopsies, and social service records. The abstractor will receive assigned cases from the program coordinator and will obtain the information within a defined period of time. The abstractor is responsible for writing the case narrative, and providing additional information on each case based on clinical documentation in the records. The abstractor will attend review committee meetings and report to the program coordinator.

Membership:

The Kansas Maternal Mortality Review Committee (KMMRC) is a multidisciplinary committee whose geographically diverse members represent various specialties, facilities, and systems that interact with and impact maternal health. Membership represents obstetrics and gynecology, forensic pathology, nurse-midwifery, maternal fetal medicine, anesthesiology, nursing, psychiatry, mental/behavioral health, public health, advocacy, Indian/Tribal health, and more. Committee members are appointed by the Department. Recruitment of new KMMRC members may occur annually as needed unless a specific type of expertise is required during the year for a case review (Example: domestic violence). Interested individuals must complete a membership application (Appendix F) that will be reviewed by Department KMMRC staff members. The application will be revised annually as needed to reflect current vacancies within the committee. The Department will engage the KMMRC to identify and recruit interested individuals; however, the Department will maintain the authority to appoint the membership. The KMMRC membership will not exceed 40 members, excluding Department KMMRC staff. KMMRC members do not have a term limit for their volunteer stewardship.

Membership Responsibilities:

All KMMRC members will serve in a volunteer capacity and will not receive compensation for participation in the review process. Reimbursement for travel, lodging and other actual expenses may be available pursuant to the Department's policy (Appendix C). Request for reimbursement must be submitted on the Department's reimbursement form (Appendix C1), including actual receipts.

KMMRC members who are not Department employees are not covered under the Department's statutory authority to conduct maternal mortality review work. Thus, external members may not:

- Request records themselves
- Follow up on records requested but not received
- Review personal health information that is not de-identified

Failure to comply with the defined responsibilities will result in termination from the KMMRC. Members who are terminated from the KMMRC are ineligible for future participation.

Kansas Maternal Mortality Review Committee Policies and Procedures

Maintaining Confidentiality:

Maternal Mortality Review Committee (MMRC) members will be reminded at the start of each meeting that all information discussed in the reviews must remain confidential and may not be used for reasons other than for the maternal mortality review. All information regarding facilities, providers and families is considered confidential and is not shared.

All individual case materials presented to review committee members contain de-identified information.

All review committee members must complete a Code of Ethics and Professional Conduct Form (Appendix D) that will remain on file. The Pledge of Confidentiality Statement (Appendix E) must be signed at the start of every meeting.

All MMRC members must abide by the Health Insurance Portability and Accountability Act's (HIPAA) Privacy Rule when engaging in case review discussions. This rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and rules regarding the release of

information without patient consent. All MMRC members will be reminded at the start of each meeting that they must adhere to confidentiality/privacy and HIPAA standards, and may not expose patient-identifying information about a case should they recognize it. A MMRC member may, at any time, request additional information from the Department regarding HIPAA.

The Department will ensure strict compliance with our state statutes, which requires that the Department protect the confidentiality of maternal mortality information, as well as the HIPAA Privacy Rules. To ensure the protection of committee members, individuals, families and providers, the KMMRC will adhere to the following safeguards:

- All MMRC meetings will be held in private. The MMRC is not a policy-making body, and thus is not subject to the open meeting requirements of the Kansas Open Meetings Act (KOMA), KSA 75-4317 et seq.
- Members of the public or press will not be allowed at MMRC meetings. If members of the public or press show up uninvited at a meeting they will be notified that the MMRC meetings are not open to the public and will be asked to leave. Members of the public or press will be offered the opportunity to engage with Department staff about the work at a separate time outside of the MMRC meetings.
- Case-associated information will only be available for discussion at the MMRC meetings.
- Agenda and meeting notes may be distributed outside of the meeting time and will not contain case-associated information.
- MMRC members must meet in person to review information.
- MMRC members must submit all meeting materials and papers with case-associated notes back to Department staff at the end of the MMRC meetings.
- All case summaries reviewed will include de-identified data/information.
- A MMRC member may request to review a de-identified record for additional information pertinent to the case review. The record(s) will be de-identified by Department/Committee staff. Additional information beyond HIPAA requirements may be redacted if it could lead to the identification of a case.

Conflict of Interest:

MMRC members may inadvertently recognize a case regardless of the Department's compliance with HIPAA standards and the Kansas Vital Records Act. If this should happen, the member is not required to disclose that they recognize the case, but may not discuss the Committee's discussion of the case outside of the MMRC meeting or with non-MMRC members. The member may choose to provide additional information that is pertinent to the case review. The member must contact the Abstractor to provide information pursuant to law and protocol versus reveal in a Committee meeting, so the information can be reviewed and provided back to the Committee if necessary.

Agency Conflict Resolution:

The MMRC is not a peer review committee, and, thus, does not seek to examine the performance of individual practitioners, hospitals or other agencies. The MMRC is a professional process aimed at improving systems of care for pregnant and postpartum women. While committee members may have concerns or disagreements regarding a case, the review of maternal deaths is not an opportunity for the MMRC to criticize provider or agency decisions. As the appointing agency of the MMRC, the Department reserves the right to ensure discussions remain focused on the meeting's intended purpose. All information discussed by committee members in the reviews will remain confidential and may not be used for reasons other than that which are intended.

Appendix A

K.S.A. 65-177. Study of diseases and deaths from maternal, perinatal and anesthetic causes; "data" defined; medical records; confidentiality, use; liability, immunity; admissibility as evidence; reports, contents. (a) (1) "Data," as used in K.S.A. 65-177 through [65-179](#), and amendments thereto, includes all facts, information, records of interviews, written reports, statements, notes or memoranda secured in connection with an authorized medical research study.

(2) "Maternal death" means the death of any woman from any cause while pregnant or within one calendar year of the end of any pregnancy, regardless of the duration of the pregnancy or the site of the end of the pregnancy.

(b) (1) The secretary of health and environment shall have access to all law enforcement investigative information regarding a maternal death in Kansas, any autopsy records and coroner's investigative records relating to the death, any medical records of the mother and any records of the Kansas department for children and families or any other state social service agency that has provided services to the mother.

(2) (A) The secretary may apply to the district court for the issuance of, and the district court may issue, a subpoena to compel the production of any books, records or papers relevant to the cause of any maternal death being investigated by the secretary. Any books, records or papers received by the secretary pursuant to the subpoena shall be confidential and privileged information and not subject to disclosure.

(B) The provisions of this paragraph providing for confidentiality of records shall expire on July 1, 2023, unless the legislature acts to reenact such provisions. The legislature shall review the provisions of this paragraph pursuant to K.S.A. [45-229](#), and amendments thereto, prior to July 1, 2023.

(c) The secretary of health and environment shall:

(1) Identify maternal death cases;

(2) review medical records and other relevant data;

(3) contact family members and other affected or involved persons to collect additional relevant data;

(4) consult with relevant experts to evaluate the records and data collected;

(5) make determinations regarding the preventability of maternal deaths;

(6) develop recommendations and actionable strategies to prevent maternal deaths; and

(7) disseminate findings and recommendations to the legislature, healthcare providers, healthcare facilities and the general public.

(d) (1) Healthcare providers licensed pursuant to chapters 65 and 74 of the Kansas Statutes Annotated, and amendments thereto, medical care facilities licensed pursuant to article 4 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, maternity centers licensed pursuant to article 5 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, and pharmacies licensed pursuant to article 16 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, shall provide reasonable access to all relevant medical records associated with a maternal death case under review by the secretary.

(2) A healthcare provider, medical care facility, maternity center or pharmacy providing access to medical records pursuant to this section shall not be held liable for civil damages or be subject to criminal or disciplinary administrative action for good faith efforts to provide such records.

(e) (1) Information, records, reports, statements, notes, memoranda or other data collected pursuant to this section shall be privileged and confidential and shall not be admissible as evidence in any action of any kind in any court or before another tribunal, board, agency or person. Such information, records, reports, statements, notes, memoranda or other data shall not be exhibited nor their contents disclosed in any way, in whole or in part, by any officer or representative of the department of health and environment or any other person, except as may be necessary for the purpose of furthering the investigation of the case to which they relate. No person participating in such investigation shall disclose, in any manner, the information so obtained.

(2) The provisions of this subsection providing for confidentiality of records shall expire on July 1, 2023, unless the legislature acts to reenact such provisions. The legislature shall review the provisions of this subsection pursuant to K.S.A. [45-229](#), and amendments thereto, prior to July 1, 2023.

(f) (1) All proceedings and activities of the secretary or representatives of the secretary under this section, opinions of the secretary or representatives of the secretary formed as a result of such proceedings and activities and records obtained, created or maintained pursuant to this section, including records of interviews, written reports and statements procured by the secretary or any other person, agency or organization acting jointly or under contract with the department of health and environment in connection with the requirements of

this section, shall be confidential and not subject to the provisions of the open records act or the open meetings act or subject to subpoena, discovery or introduction into evidence in any civil or criminal proceeding. Nothing in this section shall be construed to limit or otherwise restrict the right to discover or use in any civil or criminal proceeding any document or record that is available and entirely independent of proceedings and activities of the secretary or representatives of the secretary under this section.

(2) The secretary or representatives of the secretary shall not be questioned in any civil or criminal proceeding regarding the information presented in or opinions formed as a result of an investigation. Nothing in this section shall be construed to prevent the secretary or representatives of the secretary from testifying to information obtained independently of this section or that is public information.

(3) The provisions of this subsection providing for confidentiality of records shall expire on July 1, 2023, unless the legislature acts to reenact such provisions. The legislature shall review the provisions of this subsection pursuant to K.S.A. [45-229](#), and amendments thereto, prior to July 1, 2023.

(g) Reports of aggregate non-individually identifiable data shall be compiled on a routine basis for distribution in an effort to further study the causes and problems associated with maternal deaths. Reports shall be distributed to healthcare providers and medical care facilities and other persons necessary to reduce the maternal death rate.

(h) The secretary of health and environment shall receive data secured in connection with medical research studies conducted for the purpose of reducing morbidity or mortality from maternal, perinatal and anesthetic causes. Such studies may be conducted by the secretary of health and environment and staff or with other qualified persons, agencies or organizations. If such studies are conducted with any funding not provided by the state of Kansas, then the source of such funding shall be clearly identified in such study. Where authorization to conduct such a study is granted by the secretary of health and environment, all data voluntarily made available to the secretary of health and environment in connection with such study shall be treated as confidential and shall be used solely for purposes of medical research. Research files and opinions expressed upon the evidence found in such research shall not be admissible as evidence in any action in any court or before any other tribunal, except that statistics or tables resulting from such data shall be admissible and may be received as evidence. This section shall not affect the right of any patient or such patient's guardians, representatives or heirs to require hospitals, physicians, sanatoriums, rest homes, nursing homes or other persons or agencies to furnish such patient's hospital record to such patient's representatives upon written authorization, or the admissibility in evidence thereof.

(i) No employee of the secretary of health and environment shall interview any patient named in any such report, nor any relative of any such patient, unless otherwise provided in K.S.A. [65-2422d](#), and amendments thereto. Nothing in this section shall prohibit the publication by the secretary of health and environment or a duly authorized cooperating person, agency or organization, of final reports or statistical compilations derived from morbidity or mortality studies, which reports or compilations do not identify individuals, associations, corporations or institutions which were the subjects of such studies, or reveal sources of information.

History: L. 1961, ch. 289, § 1; L. 1974, ch. 352, § 46; L. 2010, ch. 143, § 1; L. 2018, ch. 66, § 2; July 1.

K.S.A. 65-2422d. Disclosure of records; disclosure of child birth information; monthly reports of deceased residents to county election officers; section not applicable to certain records created prior to July 1, 1911; social security number, availability; fact of death information; use of information for maternal and child health surveillance and monitoring. (a) The records and files of the division of health pertaining to vital statistics shall be open to inspection, subject to the provisions of the uniform vital statistics act and rules and regulations of the secretary. It shall be unlawful for any officer or employee of the state to disclose data contained in vital statistical records, except as authorized by the uniform vital statistics act and the secretary, and it shall be unlawful for anyone who possesses, stores or in any way handles vital statistics records under contract with the state to disclose any data contained in the records, except as authorized by law.

(b) No information concerning the birth of a child shall be disclosed in a manner that enables determination that the child was born out of wedlock, except upon order of a court in a case where the information is necessary for the determination of personal or property rights and then only for that purpose, or except that employees of the office of child support enforcement of the federal department of health and human services shall be provided information when the information is necessary to ensure compliance with federal reporting and audit requirements pursuant to title IV-D of the federal social security act or except that the secretary of social and rehabilitation services or the secretary's designee performing child support enforcement functions pursuant to

title IV-D of the federal social security act shall be provided information and copies of birth certificates when the information is necessary to establish parentage in legal actions or to ensure compliance with federal reporting and audit requirements pursuant to title IV-D of the federal social security act. Nothing in this subsection shall be construed as exempting such employees of the federal department of health and human services or the secretary of social and rehabilitation services or the secretary's designee from the fees prescribed by K.S.A. 65-2418, and amendments thereto.

(c) Except as provided in subsection (b), and amendments thereto, the state registrar shall not permit inspection of the records or issue a certified copy or abstract of a certificate or part thereof unless the state registrar is satisfied the applicant therefor has a direct interest in the matter recorded and the information contained in the record is necessary for the determination of personal or property rights. The state registrar's decision shall be subject, however, to review by the secretary or by a court in accordance with the Kansas judicial review act, subject to the limitations of this section.

(d) The secretary shall permit the use of data contained in vital statistical records for research purposes only, but no identifying use of them shall be made. The secretary shall permit the use of birth, death and still birth certificates as identifiable data for purposes of maternal and child health surveillance and monitoring. The secretary or the secretary's designee may interview individuals for purposes of maternal and child health surveillance and monitoring only with an approval of the health and environmental institutional review board as provided in title 45, part 46 of the code of federal regulations. The secretary shall inform such individuals that the participation in such surveillance and monitoring is voluntary and may only be conducted with the written consent of the person who is the subject of the information or with the informed consent of a parent or legal guardian if the person is under 18 years of age. Informed consent is not required if the person who is the subject of the information is deceased.

(e) Subject to the provisions of this section the secretary may direct the state registrar to release birth, death and stillbirth certificate data to federal, state or municipal agencies.

(f) On or before the 20th day of each month, the state registrar shall furnish to the county election officer of each county and the clerk of the district court in each county, without charge, a list of deceased residents of the county who were at least 18 years of age and for whom death certificates have been filed in the office of the state registrar during the preceding calendar month. The list shall include the name, age or date of birth, address and date of death of each of the deceased persons and shall be used solely by the election officer for the purpose of correcting records of their offices and by the clerk of the district court in each county for the purpose of correcting juror information for such county. Information provided under this subsection to the clerk of the district court shall be considered confidential and shall not be disclosed to the public. The provisions of subsection (b) of K.S.A. 45-229, and amendments thereto, shall not apply to the provisions of this subsection.

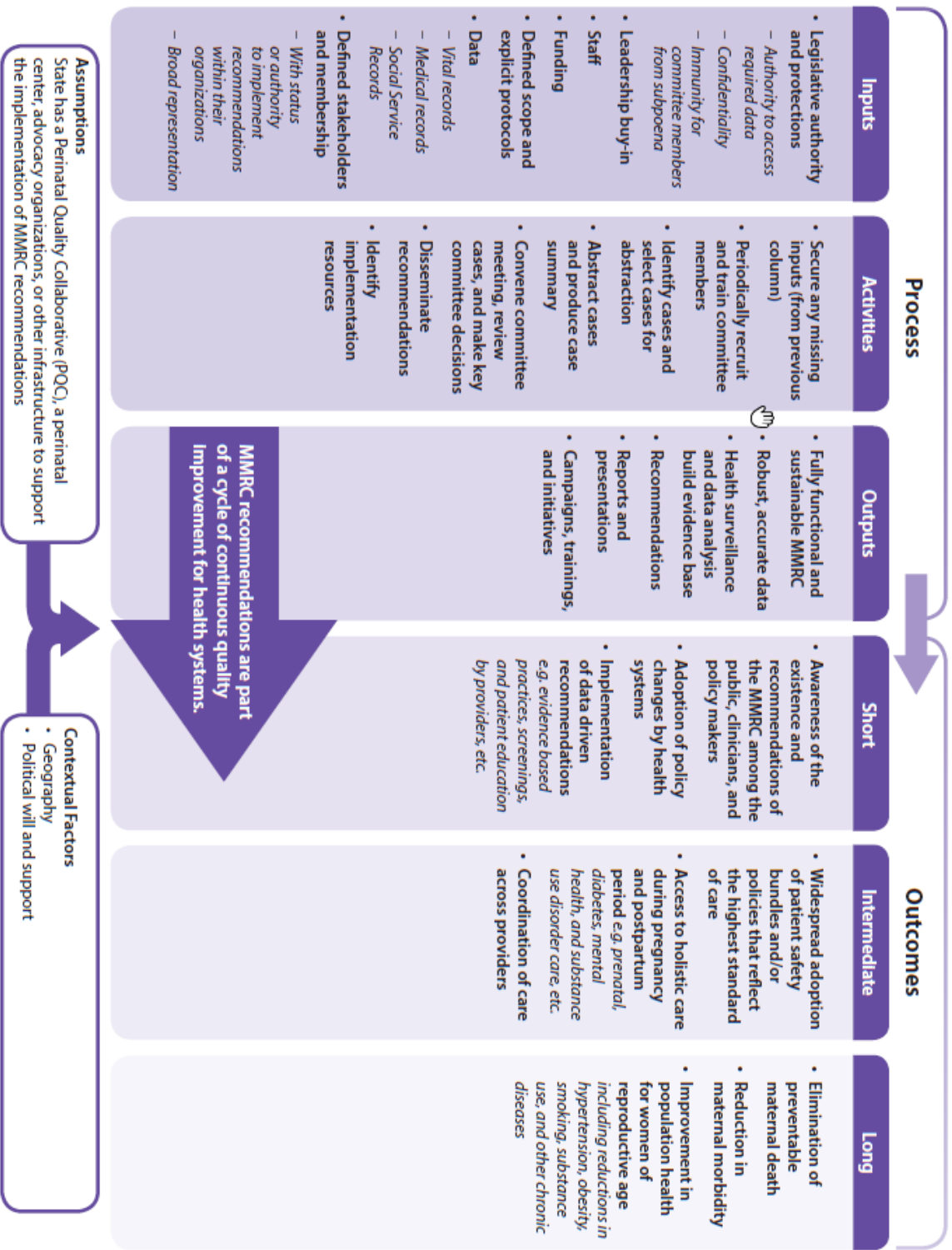
(g) No person shall prepare or issue any certificate which purports to be an original, certified copy or abstract or copy of a certificate of birth, death or fetal death, except as authorized in this act or rules and regulations adopted under this act.

(h) Records of births, deaths or marriages which are not in the custody of the secretary of health and environment and which were created before July 1, 1911, pursuant to chapter 129 of the 1885 Session Laws of Kansas, and any copies of such records, shall be open to inspection by any person and the provisions of this section shall not apply to such records.

(i) Social security numbers furnished pursuant to K.S.A. 65-2409a, and amendments thereto, shall only be used as permitted by title IV-D of the federal social security act, and amendments thereto, or as permitted by section 7(a) of the federal privacy act of 1974, and amendments thereto. The secretary shall make social security numbers furnished pursuant to K.S.A. 65-2409a, and amendments thereto, available to the department of social and rehabilitation services for purposes permitted under title IV-D of the federal social security act.

(j) Fact of death information may be disseminated to state and federal agencies administering benefit programs. Such information shall be used for file clearance purposes only.

Maternal Mortality Review Committee Logic Model



BUILDING U.S. CAPACITY TO REVIEW AND PREVENT MATERNAL DEATHS



REVIEW DATE

Month | Day | Year

RECORD ID #

[]

PREGNANCY-RELATEDNESS: SELECT ONE

- PREGNANCY-RELATED**
The death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy
- PREGNANCY-ASSOCIATED, BUT NOT -RELATED**
The death of a woman during pregnancy or within one year of the end of pregnancy from a cause that is not related to pregnancy
- PREGNANCY-ASSOCIATED BUT UNABLE TO DETERMINE PREGNANCY-RELATEDNESS**
- NOT PREGNANCY-RELATED OR -ASSOCIATED**
(i.e. false positive, woman was not pregnant within one year of her death)

ESTIMATE THE DEGREE OF RELEVANT INFORMATION (RECORDS) AVAILABLE FOR THIS CASE:

- COMPLETE**
All records necessary for adequate review of the case were available
- SOMEWHAT COMPLETE**
Major gaps (i.e. information that would have been crucial to the review of the case)
- NOT COMPLETE**
Minimal records available for review (i.e. death certificate and no additional records)
- N/A**

DOES THE COMMITTEE AGREE WITH THE UNDERLYING CAUSE OF DEATH+ LISTED ON DEATH CERTIFICATE?

- YES NO

COMMITTEE DETERMINATION OF CAUSE(S) OF DEATH

TYPE	CAUSE (DESCRIPTIVE)
IMMEDIATE	
CONTRIBUTING	
UNDERLYING+	
OTHER SIGNIFICANT	

IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING+ CAUSE OF DEATH
Refer to page 3 for PMS-MM cause of death list. If more than one is selected, list in order of importance beginning with the most compelling (1-2; no more than 2 may be selected in the system).

DID OBESITY CONTRIBUTE TO THE DEATH? YES PROBABLY NO UNKNOWN

DID MENTAL HEALTH CONDITIONS OTHER THAN SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH? YES PROBABLY NO UNKNOWN

DID SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH? YES PROBABLY NO UNKNOWN

WAS THIS DEATH A SUICIDE? YES PROBABLY NO UNKNOWN

WAS THIS DEATH A HOMICIDE? YES PROBABLY NO UNKNOWN

IF ACCIDENTAL DEATH, HOMICIDE, OR SUICIDE, LIST THE MEANS OF FATAL INJURY

<input type="checkbox"/> FIREARM	<input type="checkbox"/> FALL	<input type="checkbox"/> INTENTIONAL
<input type="checkbox"/> SHARP INSTRUMENT	<input type="checkbox"/> PUNCHING/ KICKING/BEATING	<input type="checkbox"/> NEGLECT
<input type="checkbox"/> BLUNT INSTRUMENT	<input type="checkbox"/> EXPLOSIVE	<input type="checkbox"/> OTHER, SPECIFY:
<input type="checkbox"/> POISONING/ OVERDOSE	<input type="checkbox"/> DROWNING	
<input type="checkbox"/> HANGING/ STRANGULATION/ SUFFOCATION	<input type="checkbox"/> FIRE OR BURNS	<input type="checkbox"/> UNKNOWN
	<input type="checkbox"/> MOTOR VEHICLE	<input type="checkbox"/> NOT APPLICABLE

IF HOMICIDE, WHAT WAS THE RELATIONSHIP OF THE PERPETRATOR TO THE DECEDENT?

<input type="checkbox"/> NO RELATIONSHIP	<input type="checkbox"/> OTHER	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> PARTNER	<input type="checkbox"/> ACQUAINTANCE	<input type="checkbox"/> NOT APPLICABLE
<input type="checkbox"/> EX-PARTNER	<input type="checkbox"/> OTHER, SPECIFY:	
<input type="checkbox"/> OTHER RELATIVE		

*Underlying cause refers to the disease or injury that initiated the chain of events leading to death or the circumstances of the accident or violence which produced the fatal injury

IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING CAUSE OF DEATH* PMSS-MM
 If more than one is selected, please list them in order of importance beginning with the most compelling (1-2; no more than 2 may be selected in the system).

*PREGNANCY-RELATED DEATH: THE DEATH OF A WOMAN DURING PREGNANCY OR WITHIN ONE YEAR OF THE END OF PREGNANCY FROM A PREGNANCY COMPLICATION, A CHAIN OF EVENTS INITIATED BY PREGNANCY, OR THE AGGRAVATION OF AN UNRELATED CONDITION BY THE PHYSIOLOGIC EFFECTS OF PREGNANCY.

- | | | |
|--|---|--|
| <input type="checkbox"/> 10 Hemorrhage (excludes aneurysms or CVA) | <input type="checkbox"/> 83 Collagen vascular/autoimmune diseases | <input type="checkbox"/> 92.1 Epilepsy/seizure disorder |
| <input type="checkbox"/> 10.1 Hemorrhage – rupture/laceration/
intra-abdominal bleeding | <input type="checkbox"/> 83.1 Systemic lupus erythematosus (SLE) | <input type="checkbox"/> 92.9 Other neurologic diseases/NOS |
| <input type="checkbox"/> 10.2 Placental abruption | <input type="checkbox"/> 83.9 Other collagen vascular diseases/NOS | <input type="checkbox"/> 93 Renal disease |
| <input type="checkbox"/> 10.3 Placenta previa | <input type="checkbox"/> 85 Conditions unique to pregnancy (e.g. gestational diabetes, hyperemesis, liver disease of pregnancy) | <input type="checkbox"/> 93.1 Chronic renal failure/End-stage renal disease (ESRD) |
| <input type="checkbox"/> 10.4 Ruptured ectopic pregnancy | <input type="checkbox"/> 88 Injury | <input type="checkbox"/> 93.9 Other renal disease/NOS |
| <input type="checkbox"/> 10.5 Hemorrhage – uterine atony/postpartum hemorrhage | <input type="checkbox"/> 88.1 Intentional (homicide) | <input type="checkbox"/> 95 Cerebrovascular accident (hemorrhage/
thrombosis/aneurysm/ malformation)
not secondary to hypertensive disease |
| <input type="checkbox"/> 10.6 Placenta accreta/increta/percreta | <input type="checkbox"/> 88.2 Unintentional | <input type="checkbox"/> 96 Metabolic/endocrine |
| <input type="checkbox"/> 10.7 Hemorrhage due to retained placenta | <input type="checkbox"/> 88.9 Unknown/NOS | <input type="checkbox"/> 96.1 Obesity |
| <input type="checkbox"/> 10.8 Hemorrhage due to primary DIC | <input type="checkbox"/> 89 Cancer | <input type="checkbox"/> 96.2 Diabetes mellitus |
| <input type="checkbox"/> 10.9 Other hemorrhage/NOS | <input type="checkbox"/> 89.1 Gestational trophoblastic disease (GTD) | <input type="checkbox"/> 96.9 Gastrointestinal disorders |
| <input type="checkbox"/> 20 Infection | <input type="checkbox"/> 89.3 Malignant melanoma | <input type="checkbox"/> 97 Crohn's disease/ulcerative colitis |
| <input type="checkbox"/> 20.1 Postpartum genital tract (e.g. of the uterus/
pelvis/perineum/neotrozizing fasciitis) | <input type="checkbox"/> 89.9 Other malignancies/NOS | <input type="checkbox"/> 97.1 Liver disease/failure/transplant |
| <input type="checkbox"/> 20.2 Sepsis/septic shock | <input type="checkbox"/> 90 Cardiovascular conditions | <input type="checkbox"/> 97.2 Liver disease/failure/transplant |
| <input type="checkbox"/> 20.4 Chorioamnionitis/antepartum infection | <input type="checkbox"/> 90.1 Coronary artery disease/myocardial infarction (MI)/atherosclerotic cardiovascular disease | <input type="checkbox"/> 97.9 Other gastrointestinal diseases/NOS |
| <input type="checkbox"/> 20.5 Non-pelvic infections (e.g. pneumonia, TB, meningitis, HIV) | <input type="checkbox"/> 90.2 Pulmonary hypertension | <input type="checkbox"/> 100 Mental health conditions |
| <input type="checkbox"/> 20.6 Urinary tract infection | <input type="checkbox"/> 90.3 Valvular heart disease congenital and acquired | <input type="checkbox"/> 100.1 Depression |
| <input type="checkbox"/> 20.9 Other infections/NOS | <input type="checkbox"/> 90.4 Vascular aneurysm/dissection (non-cerebral) | <input type="checkbox"/> 100.9 Other psychiatric conditions/NOS |
| <input type="checkbox"/> 30 Embolism - thrombotic (non-cerebral) | <input type="checkbox"/> 90.5 Hypertensive cardiovascular disease | <input type="checkbox"/> 999 Unknown COD |
| <input type="checkbox"/> 30.9 Other embolism/NOS | <input type="checkbox"/> 90.6 Marfan Syndrome | |
| <input type="checkbox"/> 31 Embolism - amniotic fluid | <input type="checkbox"/> 90.7 Conduction defects/arrhythmias | |
| <input type="checkbox"/> 40 Preeclampsia | <input type="checkbox"/> 90.8 Vascular malformations outside head and coronary arteries | |
| <input type="checkbox"/> 50 Eclampsia | <input type="checkbox"/> 90.9 Other cardiovascular disease, including CHF, cardiomegaly, cardiac hypertrophy, cardiac fibrosis, non-acute myocarditis/NOS | |
| <input type="checkbox"/> 60 Preeclampsia | <input type="checkbox"/> 91 Pulmonary conditions (excludes ARDS-Adult respiratory distress syndrome) | |
| <input type="checkbox"/> 70 Anesthesia complications | <input type="checkbox"/> 91.1 Chronic lung disease | |
| <input type="checkbox"/> 80 Cardiomyopathy | <input type="checkbox"/> 91.2 Cystic fibrosis | |
| <input type="checkbox"/> 80.1 Postpartum/peripartum cardiomyopathy | <input type="checkbox"/> 91.3 Asthma | |
| <input type="checkbox"/> 80.2 Hypertrophic cardiomyopathy | <input type="checkbox"/> 91.9 Other pulmonary disease/NOS | |
| <input type="checkbox"/> 80.9 Other cardiomyopathy/NOS | <input type="checkbox"/> 92 Neurologic/neurovascular conditions (excluding CVAs) | |
| <input type="checkbox"/> 82 Hematologic | | |
| <input type="checkbox"/> 82.1 Sickle cell anemia | | |
| <input type="checkbox"/> 82.9 Other hematologic conditions including thrombophilias/TTP/HUS/NOS | | |

Appendix C



Kansas Maternal Mortality Review Committee Reimbursement Policy

The Kansas Maternal Mortality Review Committee (KMMRC) was formed as a state-level group to advise and monitor progress addressing specific maternal health needs. Membership includes professional partners including consumers and family members. Due to varied contributing partners, the following reimbursement distinctions are described below. NOTE: Only members whose attendance is not compensated within an MCH-related employment/consultative capacity are eligible for reimbursement.

All Members are eligible for the following reimbursement:

- Out-of-Pocket (actual) expenses including parking, tolls, other expenses incurred related to participation in meetings (original receipts are required).
- Members traveling more than 150 miles (one-way) from their home/workplace to the in-person meeting are eligible for:
 - Mileage reimbursement based on the current state allowable rate per mile for automobiles and the most direct route from originating location to meeting location, which shall be confirmed by an online map service (Kansas Department of Transportation, MapQuest, Google Maps, etc.). Reimbursement requires mileage documentation.
 - Lodging reimbursement* based on the current state allowable rate for one (1) overnight stay for one-day meetings. Lodging reimbursement requires a lodging receipt.

Consumer/Family Members are eligible for the following reimbursement:

Consultant Fee: \$75 per review meeting

- Consultant fee will be pro-rated based upon the time the consumer/family expert is physically present in the meeting (e.g. member is only physically present for 75% of the meeting; the individual will only receive 75% of the fee).
- Consultant fee represents the total amount per family unit, if more than one family member is present, the fee only is paid to one individual representing the attending family.

Out-of-Pocket Expenses: Reimbursement in accordance with the policy for “All Members” with the following exceptions.

- Mileage: Members traveling ANY distance (no minimum miles).
- Lodging: Members traveling more than 60 miles.
- Child Care: No more than \$50 per day for a scheduled meeting if the child(ren) is/are not in school and if child care is only needed to support meeting attendance; reimbursement must be requested in advance (email or telephone), will be based on actual expenses, and may be provided based on availability of funding

*NOTE: The U.S. General Services Administration (GSA) maintains the lodging rates for travel locations. Lodging reimbursement is based on the allowable rate for Topeka, Kansas by month and city. <http://www.gsa.gov/portal/content/104877>

Appendix C1

Kansas Maternal Mortality Review Committee Member Reimbursement Form



Consultant Reimbursement Request

KDHE001

ONE FORM PER EVENT OR SERVICES RENDERED

This form is to be used strictly for consultant services and **cannot** be used for any other type of reimbursement. Consultant reimbursements in which meals, lodging or other expenses will be authorized to exceed the allowable state rates **require a formal written agreement establishing expense limitations**. Expenses reimbursed on this form shall only be reimbursed at allowable state rates. **ORIGINAL** receipts are required to be submitted with this request. All fields are required to be completed. Incomplete forms will be returned unpaid.

Agency Bureau/Program Information: **A COMPLETED W-9 FORM IS REQUIRED**

Expense Overview

Bureau/Program Name

Address

Program Contact **Telephone**

Consultant Information

Consultant Name

Address

City/State/Zip

Telephone **Tax Identification Number**

Consultant Fee (if applicable)

Total Mileage

Mileage Reimbursement Rate

Airfare

Meals

Lodging

Other Expenses

Total Reimbursement

Expense Detail

Date(s) of Service

Begin **End**

Destination

Departure Date **Time**

Return Date **Time**

Lodging Rate (per night)

Description of Services Provided

KDHE Authorized Signature (Bureau Approval)

Date

Number of Meals Claimed

Breakfast #

Lunch #

Dinner #

Other Expense(s) (ORIGINAL RECEIPTS REQUIRED)

Parking

Tolls

Registration Fees

Airfare (coach class, lowest fare available)

Other (provide description below)

Description

Appendix D



Kansas Maternal Mortality Review Committee Code of Ethics and Professional Conduct

The Kansas Department of Health & Environment (KDHE) Bureau of Family Health is responsible for administering the Title V Maternal & Child Health (MCH) Block Grant Program which involves monitoring, researching, and evaluating health status and conducting activities to identify and address community health problems through the use of the 10 essential health services (www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html).

Within the population of women of reproductive age, maternal mortality is an indicator that is monitored by KDHE pursuant to K.S.A. 65-177. Maternal mortality is considered a sentinel (patient safety) event that warrants close scrutiny. An increasing national and state trend in maternal mortality indicates the need to conduct maternal mortality review in order to gain insight into the medical and social factors leading to these events and to prevent future occurrences of maternal mortality.

The Kansas Maternal Mortality Review Committee (KMMRC) is a multidisciplinary committee whose geographically diverse members represent various specialties, facilities, and systems that interact with and impact maternal health.

As a member of the Kansas Maternal Mortality Review Committee (KMMRC), I will:

- a. Support the KMMRC's work and serve as an active member-reviewing the case narratives in advance of each meeting and actively participate in committee meeting discussions.
- b. Respect and support the majority decisions of the committee.
- c. Attend meetings. I will respond promptly regarding my availability. If I am unable to attend a scheduled review committee meeting, I will notify the project facilitator promptly.
- d. Keep well-informed of research and developments relevant to issues that may come before the committee.
- e. Declare any conflict to the best interests of the committee, be it real, potential, or apparent. If a conflict of interest exists, I will appropriately modify my participation based on the recommendation of the Chair, including voting abstention. A conflict of interest can occur when a committee member is involved in multiple interests, one of which could possibly influence the motivation or interests.

I hereby agree to abide by this code of ethics and professional conduct and understand that a violation of a provision could lead to removal from the committee.

Signature

Date

Appendix E



Pledge of Confidentiality Statement: Kansas Maternal Mortality Review Committee

The purpose of the Kansas Maternal Mortality Review Committee (KMMRC) is to conduct a full examination of all pregnancy-associated deaths (both pregnancy related, and non-pregnancy related) in Kansas. In order to assure a coordinated response that fully addresses all systemic concerns surrounding a particular incident, the Maternal Mortality Review Committee must review all pertinent information on each death. This includes reviewing de-identified autopsy reports, coroner's reports, law enforcement reports, hospital and prenatal care records, and other information that may have a bearing on the involved family. The records provided to Maternal Mortality Review Committee members will be de-identified.

With this purpose in mind, members agree to all of the following:

- To maintain the confidentiality of all information secured and discussed in the maternal mortality review and to not use the information provided for reasons other than normal maternal mortality review;
- To not take materials related to case reviews with case information from the meetings; and
- To not discuss confidential Review Committee information outside of a Review Committee meeting with individuals who are not part of the Maternal Mortality Review Committee.

In signing this Agreement, I agree to keep all information gathered for this review highly confidential and to be scrupulous in safeguarding its confidentiality. Confidential information, in any format, regarding this maternal mortality review will not be discussed or divulged beyond project staff at the Kansas Department of Health and Environment (KDHE), or experts on the committee consulted for this project. Reports, presentations and publications will not include personal identifying information of the decedents. Additionally, no identifying information about the physicians or health professionals who provided care, the health care facility, or other identifiable or actionable circumstance of the maternal death will be communicated.

I understand and agree to adhere to the Confidentiality Agreement of the Kansas Maternal Mortality Review Committee.

Signature

Date

Appendix F



Kansas Maternal Mortality Review Committee (KMMRC) Member Application Effective Date: February 2020

The Kansas Maternal Mortality Review Committee (KMMRC) is a multidisciplinary committee whose geographically diverse members represent various specialties, facilities, and systems that interact with and impact maternal health. Committee members are appointed by the Department. Recruitment of new MMRC members may occur annually as needed unless a specific type of expertise is required during the year for a case review. KMMRC members do not have a term limit for their volunteer stewardship. For additional information regarding the KMMRC, please refer to the Guidance Document (available from the KMMRC Coordinator) and information online: <http://www.kansasmch.org/mmr.asp>.

KMMRC Vision: To eliminate preventable maternal deaths in Kansas.

KMMRC Mission: To increase awareness of the issues surrounding pregnancy-related death and to promote change among individuals, communities, and healthcare systems in order to reduce the number of deaths.

Name			
Preferred Phone		Email	
Address		City, State, Zip	
Organization			
Position Title			
Why are you interested in participating on the Kansas Maternal Mortality Review Council?			
The KMMRC is not designed to be very time intensive (review meetings 2-3 times per year); however, a commitment to active, face-to-face participation is essential. Please provide any reason that you may have a difficult time participating in meetings.			
<input type="checkbox"/> I do not anticipate having difficulties in participating in review meetings.			
<input type="checkbox"/> I do not anticipate having difficulties in participating in reviews <i>with</i> accommodations. (Please describe below).			
I grant permission for my information to be posted on the website as a KMMRC member.			
<input type="checkbox"/> Name and Role/Organization <input type="checkbox"/> Photo			

Please submit questions and/or the application by email to Kasey Sorell at Kasey.E.Sorell@ks.gov.

<i>Office Use Only</i>
Appointment Recommendation: ____ Yes ____ No ____ Hold for future placement
Comments:

More Information

Key Contacts:

Kasey Sorell

MMRC Coordinator
Bureau of Family Health
Kansas Department of Health and Environment
785-296-1205
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Rachel Sisson

Title V Maternal & Child Health Director
Bureau Director
Bureau of Family Health
Kansas Department of Health and Environment
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Rachel.Sisson@ks.gov

Nadyne Hagmeier

Maternal Mortality Abstractor
Kansas Foundation for Medical Care
785-276-2552 x374
nhagmeier@kfmc.org

Kansas MMRC Website:

<https://kmmrc.org>

National Websites/Resources:

<https://www.reviewtoaction.org>
<https://www.cdc.gov/grand-rounds/pp/2017/20171114-maternal-mortality.html>
<https://safehealthcareforeverywoman.org/aim-program/>