South Dakota Preventable Death Review Committee Meeting  
February 15, 2019

The South Dakota Preventable Death Review Committee was called to order by Colleen Winter at 9:00am (CST). The following members of the committee were in attendance: Colleen Winter, Josh Clayton, Mary Carpenter, Linda Ahrendt, Kiley Hump, Ashley Miller, Amanda Nelson, Mariah Pokorny, Nicole Kerekenbush, Pamela Bennett, Senator Wayne Steinhaer, Sara Shewbrooks, Representative Erin Healey, Erin Baumgart, Brain Zeeb, Dave Hill, Mike Colwill, Josh Philips, Dan Rafferty, Mark East, JoLynn Bostrom, and Trent Nelson

Committee members not in attendance were Joe Bosman, Virgena Wieseler, Dr. Kenneth Snell, Dr. Donald Habbe and Mark Gildemaster

Welcome
Colleen Winter, Chair, welcomed the committee and members introduced themselves to the group. Winter noted the meeting outcomes were to a) enhance work around infant mortality and review child and infant death processes, b) discuss interest in maternal mortality, and c) develop a process for preventive death review that is effective and easy to use for partners and providers. In addition, today’s agenda includes learning more about violent deaths in SD and components necessary to implement the National Violent Death Review System (NVDRS) in South Dakota.

Infant Mortality Review
Dr. Josh Clayton, State Epidemiologist, provided an overview on infant mortality rates in South Dakota. Refer to slides 4-7.

Dr. Mary Carpenter provided an overview of the history of reviewing infant and child deaths in South Dakota by two local teams in Sioux Falls and Rapid City. In 2011, the Department of Health started working with the two existing teams to expand and cover all infant deaths statewide. Based on data collected, the Department of Health published its first report, Infant Death Review South Dakota 2013-2015 by Dr. Lon Kightlinger.

Linda Ahrendt provided the group with a Safe Sleep handout which was produced as a result of the data from infant death reviews completed in 2013-2017.
Child Death Review
Pamela Bennett, Department of Social Services (DSS), presented information on child death review in South Dakota. Pamela explained the process that Child Protection Services follows for child deaths occurring to children who are part of their system. Refer to slides 12-13.

Maternal Mortality Review
Josh Clayton presented data on maternal mortality in South Dakota and nationally. Clayton presented data from the CDC about causes of pregnancy related deaths. Refer to slides 14-17. Several healthcare providers have been in conversation with Department of Health staff regarding the possibility and next steps to implement maternal mortality review in our state.

Why does the data appear to be old? CDC uses multiple states data. Lag between what a state can produce and what CDC can produce.

Suicide Rates in South Dakota
Josh Clayton provided an overview of suicide rates in South Dakota and how SD ranks nationally. Since 1950 the suicide rates in SD have continued to increase with 2017 being the highest ever recorded.

National Violent Death Reporting System
Kiley Hump gave an overview of what South Dakota's Violent Death Reporting System will look like. South Dakota is one of the last remaining states to start implementing the reporting system. This will be a four year project that will run from September 2018-August 2022. Funding for the project will be based on the number of violent deaths. In its first year the SD-VDRS (South Dakota Violent Death Reporting System) will focus on violent deaths in Minnehaha and Pennington counties. In year two it will start collecting data from all South Dakota counties. Data used for the reporting system will come from death certificates, law enforcement reports, and coroner/medical examiner reports.

Overview of Violent Death Reporting System
Ashley Miller gave an overview of collecting data that will be used for SD-VDRS. She provided examples from other states on how they utilized the data and implemented programs to prevent future deaths.

Amanda Nelson explained what data will be collected and the process for collecting it. There will be no personal identifiable information collected in the NVDRS web-based system. To see the data collected and the process for collection, refer to slides 34 and 35.

Death Record Data Sharing
Mariah Pokorny gave an overview of the death records data sharing. Only specific individuals have access to identifiable information and only de-identified information is shared with
national registries. All records are stored in confidential and secure electronic folders maintained by the Department of Health.

**Will a death in SD that is not a SD resident be noted in our SD-VDRS?** Deaths occurring in SD to non-residents is considered a SD violent death case.

**Regarding the violent death review process, do you intend to be in contact with health care professionals, mental health professionals to gather the necessary data?** Based on recommendations from CDC/NVDRS, the DOH will rely on medical examiners/coroners and law enforcement asking those questions, gathering and sharing that information with the DOH.

**Colorado Violent Death Reporting System**

Kirk Bol provided the committee members with an overview of Colorado’s VDRS and the processes they use. He shared key challenges and successes that Colorado has faced since implementing the National Violent death reporting System. The following questions were presented for discussion during the Colorado Violent Death Review Presentation:

**Was there information that you needed to collect separately, unique information/factors specific to Colorado?** No, we did not collect anything above and beyond what NVDRS asks for. There are comment boxes in system that do allow for information you feel you want to add, but narrative information is difficult to analyze.

**Law enforcement and coroner/medical examiners gather directly from health providers/mental health professional. Do you get your information from those sources as well?** No, Colorado does not actively get data from health care providers or systems. We use, death certificates and reports from law enforcement and coroner/medical examiners.

**Can you pull data from other states?** No, Colorado can only pull out Colorado data and South Dakota will only be able to pull South Dakota data.

**Is there ability for state level partners to gain access to the information in NVDRS?** Partners will need to work with the SD-VDRS/DOH to get information from the system. Data sharing agreements should be in place.

**Is abstracted data available to defense attorney, prosecutors?** No, they are not in Colorado. More complete information would be from coroner office.

**How do you determine if overdoes are suicides? Where does that information come from?** Determination is made by coroner based on what information they are able to gather.

**What is Colorado’s record completion rate for the NVDRS?** In terms of information from all 3 source, Colorado currently has about a 60-70% completion rate.
**Do you share confidential information within Colorado government agencies?** No, but we share with our maternal mortality and infant mortality review groups.

**Closing Discussion & Next Steps**
Mariah Pokorny shared she will be running reports weekly, and when a death record meeting the criteria is filed with the Office of Vital Records, she will send the supplemental form to the county coroners. During this first year of the grant, that will include only Minnehaha and Pennington County coroners. Year two will expand statewide.

The group had a short discussion about sharing data, HIPAA, and authority to share data.

**Next Steps**
Committee members discussed what their next steps moving forward should be.

- Gap analysis.
  - What is in place to allow the review processes?
  - What do we need for authority?
- Statutory protection and records sharing (HIPAA)
- Discussion regarding how health systems can support SD-VDRS and other preventative death reviews.

**Meeting Dates**
For the next meeting, the Department of Health will again offer up several meeting dates to determine membership availability. The next meeting will likely occur early summer.

Meeting adjourned.