Webinar Q&A:

National Fatality Review-Case Reporting System (NFR-CRS) Version 5.1 Updates

May 6, 2020

1. **How do you obtain all this information from team members?** Typically, team members bring relevant records from their own agencies to the fatality review meeting for inclusion in case discussion, review, and ultimately, data collection.

2. **Is there any plan to ask about access to healthcare in addition to if the child had recently had a healthcare visit?** The NFR-CRS has variables that serve as proxies for this question, including whether a child had health insurance, and what type (A15) and whether the child's immunizations were up to date (A16). If the cause of death was selected as a medical condition in G6, H8h also asks *"Were there access or complainant issues related to the death?"* with the responses "*lack of transportation," "limitations of health insurance coverage," lack of money for care,"* and *"couldn't get provider to take as patient"* as options to be selected for this question*.

3. **What if both parents are of the same sex?** It is important to assess both biological and social risk and protective factors in the case review context. To accomplish this, we ask that information on biological parents be recorded in Section B: *Biological Parent Information.* Information on other parents or caregivers who are not biological parents should be recorded in Section C: *Primary Caregiver(s) Information.* This allows the NFR-CRS to collect appropriate information on all types of families, including cases where children are being raised by adoptive parents, foster parents, grandparents, same sex parents, or in any other family structure.

4. **What if the child saw a health care provider a few days prior?** We believe this question relates to question A25 in the NFR-CRS, *How many months prior to the death did the child last have contact with a health care provider?* When the data are being entered into the online system, there is the option to select "*less than 30 days."* That isn't obvious from the paper version of the form due to space constraints

5. **What sources are review coordinators using to collect this information on suicide risk factors?** The information collected in the Suicide section (Section I6) and Life Stressors section (Section I7) can be found in diverse records (law enforcement, medical records, death investigation, social service records). Some items, like *poverty, food insecurity, money problems, divorce, separation,* or *incarceration* may be available through records from social services. Others like *neighborhood discord, housing instability,* or *witnessed violence* would likely be available through the records or knowledge of law enforcement partners. Other, more personal experiences such as experiencing *bullying, cyber bullying, peer violence, arguments, breakups, pregnancy scare,* or *social discord,* or those related to Technology may only be available from

the record of a thorough death investigation from the medical examiner's office or law enforcement. The items looking at Transitions, including experiences with juvenile justice, and changing levels of mental health treatment law enforcement and mental health partners are the common sources.

6. **In this Life Stressor section, how far back are we supposed to go? Is this from the birth of the child?** For some items, such as *parents' divorce/separation,* though it happened long ago, it may continue to provide stress in the child/family's life. The official description for I7, Life Stressors, says that these items should have been present around the time of death. This means that the team has to decide if something is close enough in time to the child's death to have been a relevant stressor around the time of death. It's more of a subjective timeline and should be based on team deliberation and consensus. Please see Data Dictionary for more assistance with this section.

7. **Should FIMR use the pregnancy scare or pregnancy responses for an adolescent pregnancy?** No, *pregnancy* scare and *pregnancy* in I7a should not be considered in fetal and infant deaths. The remaining items in I7a should be considered.

8. **Should the Life Stressors section be considered exclusively for the child, or based on stressors facing the parents?** Children can be impacted by environmental stressors even when they are unaware of them. For the Life Stressors section, we are asking teams to indicate all stressors that were present for the child *and* family around the time of death.

9. **If we are trying to examine proxies for Adverse Childhood Experiences (ACES), will you ask if parents/family members were incarcerated?** Question I7b in the Life Stressors (Relationships) section asks if stress had been caused by parents' incarceration.

10. **How can I get analyst permissions?** Please contact your administrator to revise your permission levels for the NFR- CRS. If you're not sure who your administrator is, contact us at info@ncfrp.org.

11. **Is there a way to capture additional motor vehicle accident and/or drowning specifics (e.g. year, make, model, condition, years of driving, geographical settings, novice swimmer, experienced swimmer, type of body of water, safety equipment available, etc.)? If not, do you foresee any future changes that might capture this data to assist with health disparity variable recognition?** Custom questions can be added to the report form, but it does require the state coordinator's approval in consultation with the National Center. Additionally, the National Center keeps a rolling Wish List for items to include in the NFR-CRS. If you ever identify something you think needs to be included or changed, please send us a message at info@ncfrp.org. Additionally, the National Center will be updating the Cause of Death sections in the NFR-CRS for Version 6.

12. **Can you please clarify when it is most appropriate to mark "unknown," vs. "N/A," vs. leaving a question blank?** Users should select *N/A* if the question is not applicable to the child or the case. For example, Section A, question 16 regarding whether the child was up to date on immunizations should be *Not Applicable* for fetal deaths. *Unknown* should be selected if the user has looked through relevant records and considered the case review deliberation and the answer could still not be identified. A question should be left blank if no attempt was made to find an answer.

13. **Is the new version of the Case Report Tool and Data Dictionary available online to print out?** Yes, the versions for CDR are available under *CDR Reporting Tools Form* here:

https://www.ncfrp.org/tools_and_resources/tools-for-teams/ The versions for FIMR are under *FIMR Data Collection Form* here: https://www.ncfrp.org/tools_and_resources/tools-for-fimr-teams/. These resources can also be found on the Help page when logged into the NFR-CRS.

14. **Do you have an estimate as to when the revised CDR manual will be released?** We are planning to release it in shorter chapters instead of one larger manual. We hope the first chapter will be released in the summer of 2020.
15. **What is the process to add a FIMR registry with sites that are currently using CDR?** If you are interested in adding FIMR, we would be happy to set up a call to discuss this with you. Please send us a message at info@ncfrp.org.
16. **Is there any plan to help differentiate between cases that are reviewed and cases that may have been abstracted but not reviewed?** We suggest that you use Section M, question 3 "Is the review complete" and mark it as "Not Applicable" if the case was abstracted but not reviewed.   If you chose this method, we suggest that you also indicate "Yes" in M3 for all other cases in order to run a Standardized Report or analyze just those children/infants that went to the review team.
17. **A longtime issue for me is the use of the response "Unknown." There are minimal records in many, many cases, so I check "Unknown." If I don't check "Unknown," does it still count as "Unknown" in that record, or must it be checked?** It will not be counted as *Unknown,* unless you check it. If no answer provided, the system will count that variable as *Missing.* If you look for the information, but cannot find it, please select *Unknown.*
18. **Can the complete case stay together when transferred in Move It? Prenatal records and pediatrician records for review. I have to double back and re-collect this information for review, and it is more time consuming.** We are unfamiliar with the Move It feature. Please contact us at info@ncfrp.org if you would like to explore this further.
19. **For the "Type of Area" question, the urban/rural/suburban question, how are teams supposed to answer this? We often have discrepancies over this question.** Urban is defined as a large city or densely populated area. Suburban is defined as a residential district located on the outskirts of a city. A rural area is a community with low population densities and can include agricultural and recreational land. Frontier is a very sparsely populated region in which there are less than three persons per square mile.