



## **Q&A from NCFRP Webinar, FIMR Tutorial: National Fatality Review Case Reporting System June 5, 2018**

- **Q. We have premature cases where the baby length of the baby's life was only minutes - what do you suggest for entry?**
- A. In section A1, if you select the same date of birth and death (questions 2 and 3) the system will default to 0 days. Question 4 gives you the option to select hours or minutes to accurately record how long the infant lived. Click on the down arrow in the second box to see these options.
  
- **Q. If a baby was transferred from the birth hospital to another hospital, but never went home, do we check "Never Left Hospital"?**
- A. Yes. This infant did not leave the in-patient setting. Answering that the infant never left the hospital creates the skip patterns that will prevent you from seeing any of the questions that would be irrelevant to a case where the infant that did not go home.
  
- **Q. In what instance would an infant use drugs or alcohol (Section E, question 11)? Are these prescribed meds?**
- A. Please select "N/A" for "Not Applicable" in Section E, question 11. An infant would not use drugs or alcohol. There are several places in the case reporting system where documentation of infant being prenatally **exposed** to drugs or alcohol is captured. In section A3, question 45 asks if mother used any medications, drugs, or other substances during pregnancy with follow up questions 46 and 47 capturing drug exposure and NAS. Sections B, C, and D may also ask questions about any drug use by biologic parents and or caregivers. Prescribed medications and well as illicit drugs may be documented in all of these sections: for questions 45: Indicate if the mother took any over-the-counter medications, prescription drugs, illicit drugs, mood-altering substances, homeopathic remedies, or supplements that were not prenatal vitamins during her pregnancy with the deceased child. You may note in Section A3, question A62 any medications or remedies provided to infants in the 72 hours prior to death.
  
- **Can we enter all deaths even though we don't review all deaths?**
- A. The NFR-CRS is meant to provide fatality review teams with a way to systematically collect comprehensive information on every death reviewed. We encourage users to only enter the cases that are brought to a review team. Local teams who wish to enter cases not reviewed should contact the Center staff.

- **Q. We are hoping to enter ALL our FIMR deaths, even without an interview in order to collect data. Is it possible to add a question so that they can be identified as an interview case so that you can differentiate on the standard reports?**
- A. If a home interview was not conducted, please answer No to section A5, question 116. Unfortunately, it is not possible at this time to exclude deaths that did not have a home interview from the Standardized Reports.
  
- **Q. If no autopsy done, but other procedures such as post mortem x-ray, cultures, how to answer F5?**
- A. You can select “no” for question 4 in section F, was an autopsy performed, and then still enter information into follow up questions 5, 6, and 7.
  
- **Q. Can we input deaths as we receive the certificates and go back later to add information when we are going to review?**
- A. Yes. You can always go back and add information to an existing case, even after you mark “Data entry completed for this case” in section P.
  
- **Q. Where would we enter prenatal care information or lack of?**
- A. Question 41 in section A3 asks if prenatal care was provided during the pregnancy of the deceased infant. Follow up questions 79 and 80 in section A4 ask where her prenatal care was most frequently provided and which type of provider she most frequently saw. Question A42 also asks if there were any access or compliance issues related to prenatal care. Many additional details about maternal health and care during pregnancy are captured in section A4.
  
- **Q. What about labor and delivery concerns?**
- A. Section A4. Specifically, question 83 captures medical conditions and complication that the mother experienced at any time during the pregnancy, including labor and delivery.
  
- **Q. Is this considered a review tool? I see questions pertaining to “after the review”.**
- A. The NFR-CRS is a comprehensive system meant to help fatality review teams collect, analyze, and report comprehensive data on fetal, infant, and child deaths based on team deliberation of the death. In addition, the tool includes information on services needed, provided or referred, risk factors by cause of death, recommendations for, and actions taken, to prevent deaths, and factors affecting the quality of case review
  
- **Q. Will we have access to this training please?**
- A. **YES!** The full training was recorded and will be available within the next two weeks on our web site: [www.ncfrp.org](http://www.ncfrp.org)
  
- **Q. On the first page . . . One can enter the birth and death certificate numbers. I have noticed that these numbers print out on the final deliberations values list (P&Cs). I don't enter this data as this in my opinion is an identifier. Thoughts?**
- A. Good catch! The Center will remove the birth certificate and death certificate information when users print from Section O2 (Issues Summary) (Print This Section).
  
- **Q. How do we get a copy of the User Manual?**

- A. In the gold/yellow menu on the left side of your screen there is a HELP icon, second from the end. Clicking on this will bring up the supporting documentation, including the user manual.
- **Q. What if our CDR and FIMR teams work as a combined team and we only want the data entered one time into the system. How do we do this?**
- A. You may choose which path (that is, FIMR or CDR) to use for your review information. The FIMR path will have more detail and more information collected for maternal health history than most CDR teams acquire. Some combined team have found it helpful to enter cases of children over 1 into the CDR side, and cases of infants under 1 into the FIMR side. Most case information can be copied from CDR to FIMR or vice versa if teams want the data available for reporting on both the CDR and FIMR sides. Please contact the Center for more information because this has implications for analysis.
- **Q. Can we copy cases from CDR or FIMR to the other portion of the system?**
- A. Yes, if a user has permissions for both CDR and FIMR. When you are in the “Manage Cases” function, the action button on the far right has a drop down menu that includes an option to copy a case. Any FIMR user can copy cases within FIMR (for example, multiple gestations) from the Manage Cases screen.
- **Q. If an infant dies outside of the hospital it is often referred as a CFR (Child Fatality Review) case so many of the questions in these sections would be entered on the child via CDR...is there an example of a FIMR case that would be entered in this section that is not a CFR case??**
- A. Primarily cases of natural infant deaths, deaths due to prematurity, low birth weight, congenital anomalies, and other medical causes are captured in sections A1 through A5 for FIMR. The system is designed to try to make data entry easy for the users on both CFR and FIMR teams. If a CFR team is entering the case of a baby under 1, they will respond to sections A1 and A3. If a FIMR team is entering a case of a baby under 1, they will respond to sections A1, A3, A4, and A5.
- **Q. Can we upload a medical file? Not a word document?**
- A. The system can upload a .doc or a .docx document (Microsoft Word). This would exclude scanned documents, images, PDFs, and jpegs.