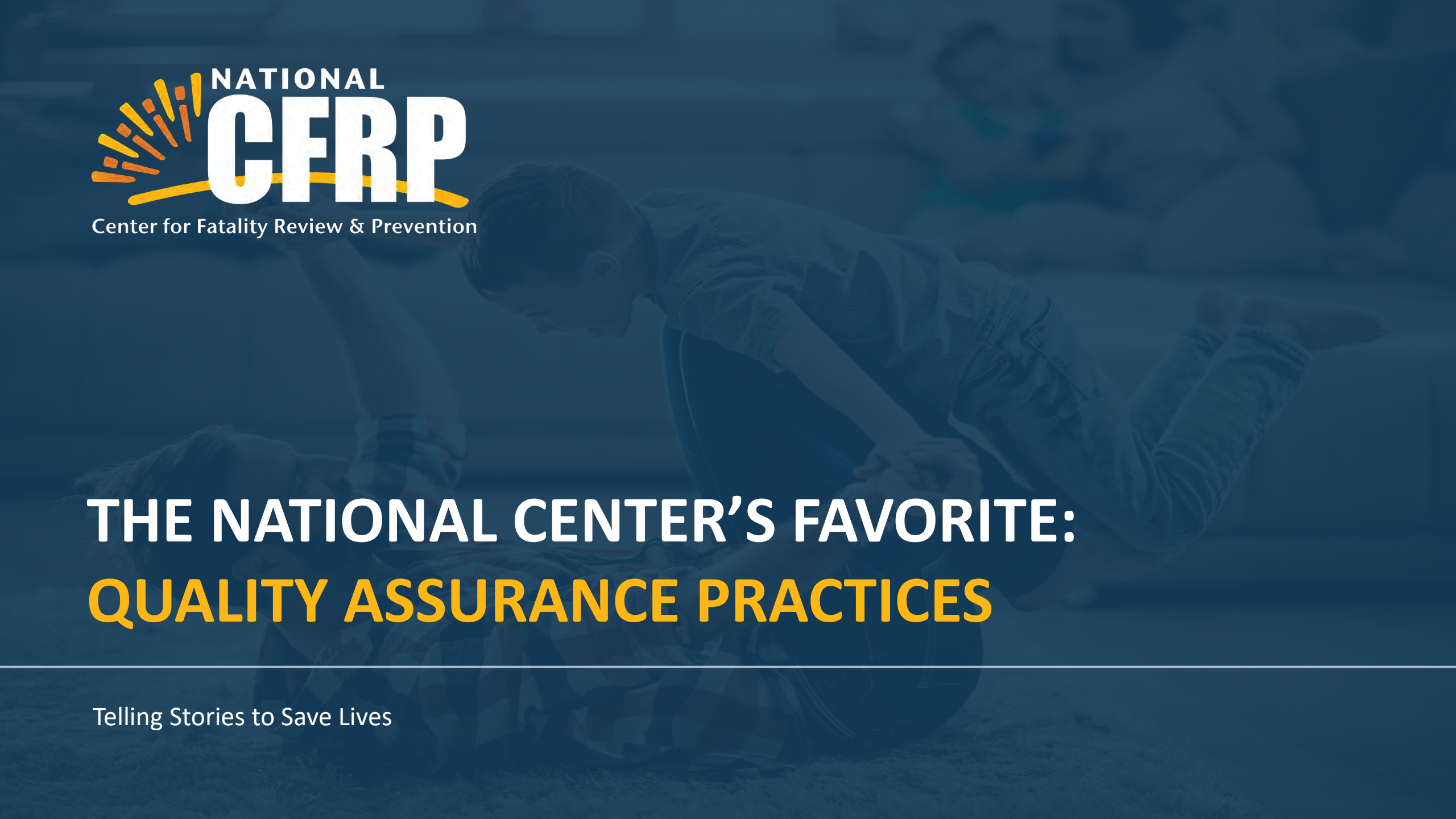


NATIONAL CFRP

Center for Fatality Review & Prevention

THE NATIONAL CENTER'S FAVORITE:
QUALITY ASSURANCE PRACTICES

Telling Stories to Save Lives

Key Funding Partner

Federal Acknowledgement

The National Center is funded in part by Cooperative Agreement Number UG7MC28482 from the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) as part of an award totaling $5,149,996 annually with 0 percent financed with non-governmental sources. These contents are solely the responsibility of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Icebreaker

Share with your colleagues in the chat

What emoji best represents you today?

*Please change your Zoom name to include your fatality review team/jurisdiction.

What to Expect Today

June Office Hours

DQ EHANCEMENTS IN VERSION 6.1

Consistency checks, data quality review, and Standardized Report #33.

CASE LEVEL QUALITY ASSURANCE PROCEDURES

Tips for developing a state-level QA process.

CHALLENGING SECTIONS

Tips for improving data accuracy and consistency.

DATA QUALITY

A Focus on Improvement

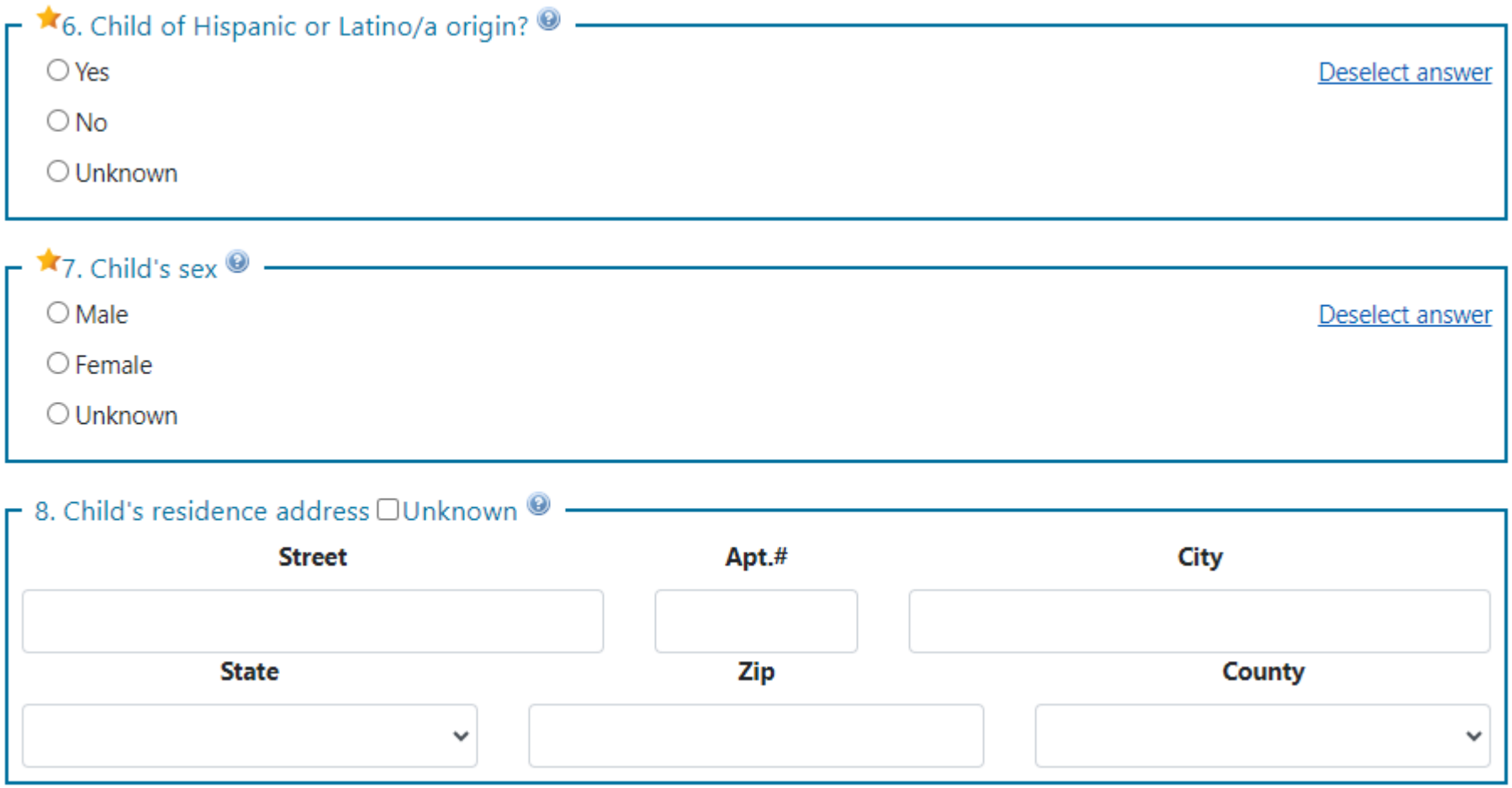
Data Quality Initiative (DQI)

Background

- Started in 2015 for child death review.
- Expanded to Fetal and Infant Mortality Review (FIMR) in 2020.
- Goal is to improve the quality and consistency of the data entered in the Pediatric National Fatality Review-Case Reporting System (Pediatric NFR-CRS).
    - Improve usefulness of the data at the state and national level for identifying prevention strategies.
    - Monitoring the effectiveness of prevention measures that have been implemented.
- Find more at https://ncfrp.org/data/data-quality-initiative/.

Priority Variables in the NFR-CRS

National Center priority variables are noted in the NFR-CRS with a gold star icon.



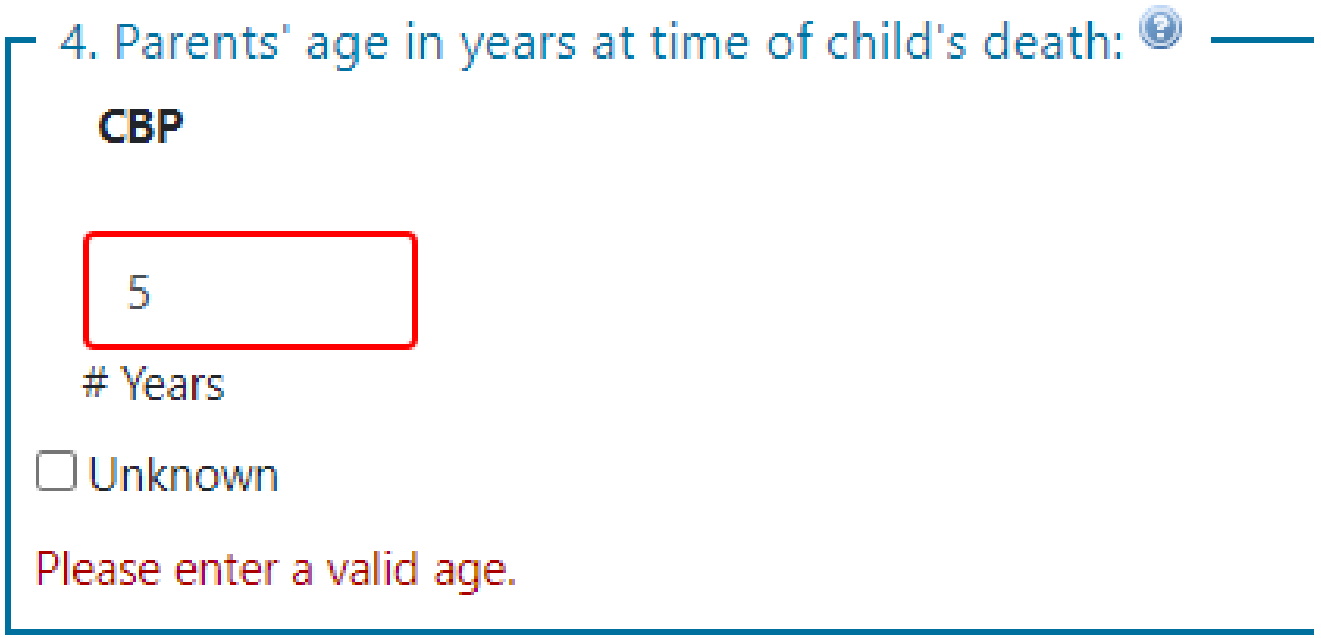
New Features in Pediatric NFR-CRS Version 6.1

Overview of Changes

- **Automated Consistency Checks.**
- New Case-Level Section: Data Quality Review.
- Automated Data Quality Summary Reports: Standardized Report #33.

Consistency Checks

Automated Across Sections and Questions



Consistency Checks

Automated Across Sections and Questions

n. Child's airway when found (includes nose, mouth, neck and/or chest)

- (●) Unobstructed by person or object — Deselect answer
- ( ) Fully obstructed by person or object
- ( ) Partially obstructed by person or object
- ( ) Unknown

o. Objects in child's sleep environment and relation to airway obstruction:

Set All to Unknown

Airway is marked as unobstructed in previous question. This contradicts response in current question. Please resolve inconsistency.

Were the following:	Present			If present, describe position of object:					If present, did object obstruct airway?		
	Yes	No	U/K	On top of child	Under child	Next to child	Tangled around child	U/K	Yes	No	U/K
Adult(s)	●	○	○	☐	☐	☑	☐	☐	●	○	○

Deselect answer

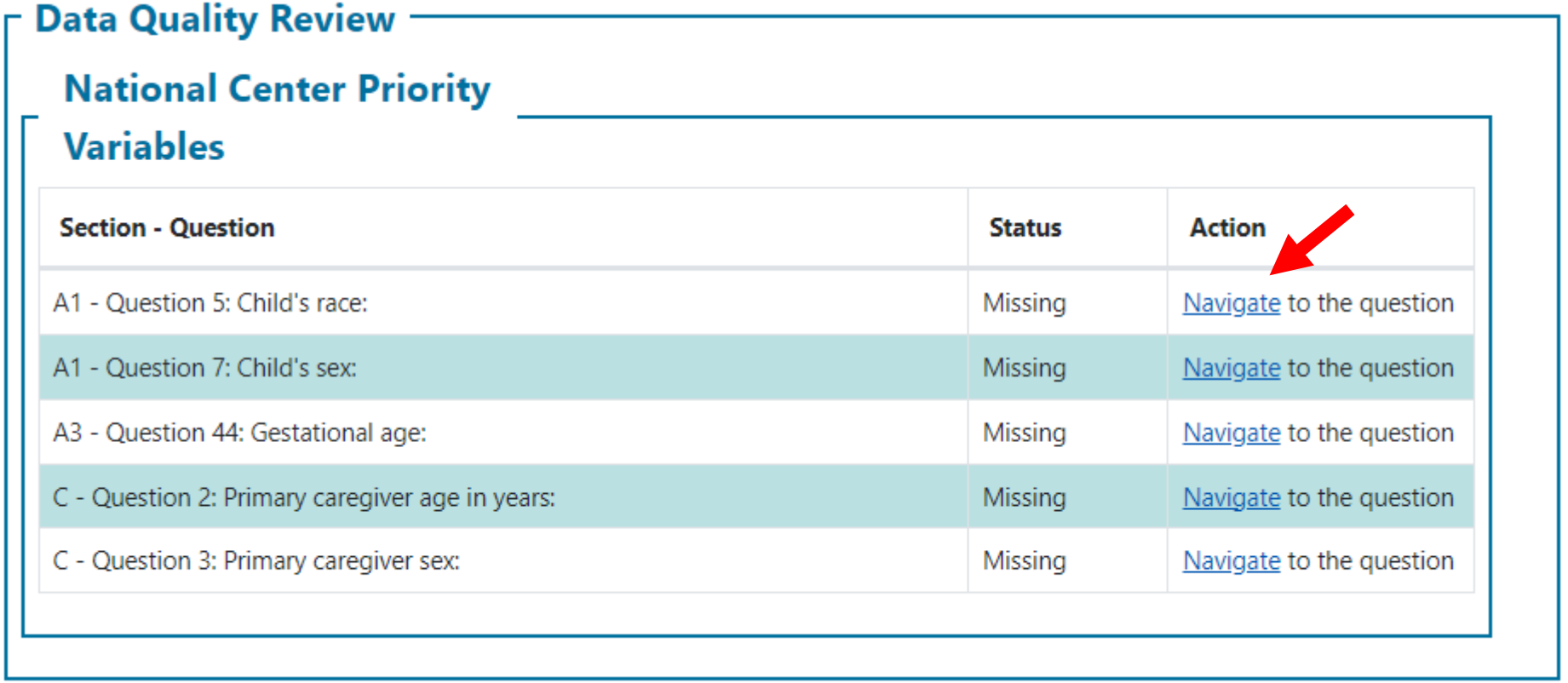
New Features in Pediatric NFR-CRS Version 6.1

Overview of Changes

- Automated Consistency Checks.
- **New Case-Level Section: Data Quality Review.**
- Automated Data Quality Summary Reports: Standardized Report #33.

Data Quality Review Section

New Case Level Section



New Features in Pediatric NFR-CRS Version 6.1

Overview of Changes

- Automated Consistency Checks.
- New Case-Level Section: Data Quality Review.
- **Automated Data Quality Summary Reports: Standardized Report #33.**

Automated Data Quality Summary Reports

Standardized Report #33

- Key element of the DQI.
- Based on priority variables.
- First data quality summary reports were prepared in 2016, reporting data for 2014 deaths; annual DQI summaries have been sent to every state in the fall.
- Now you can generate a data quality summary report at any time and monitor your progress!

Standardized Reports

#33- Data Quality Summary of Priority Variables

CDR Data Quality Summary of Priority Variables

National Scope (All Records)
State: ALL
Local Team: ALL
Cases Selected By: Date Of Death
Death Date From: 1/1/2022
Death Date To: 12/31/2022
For Case Type: Child Death
Review Type: CDR

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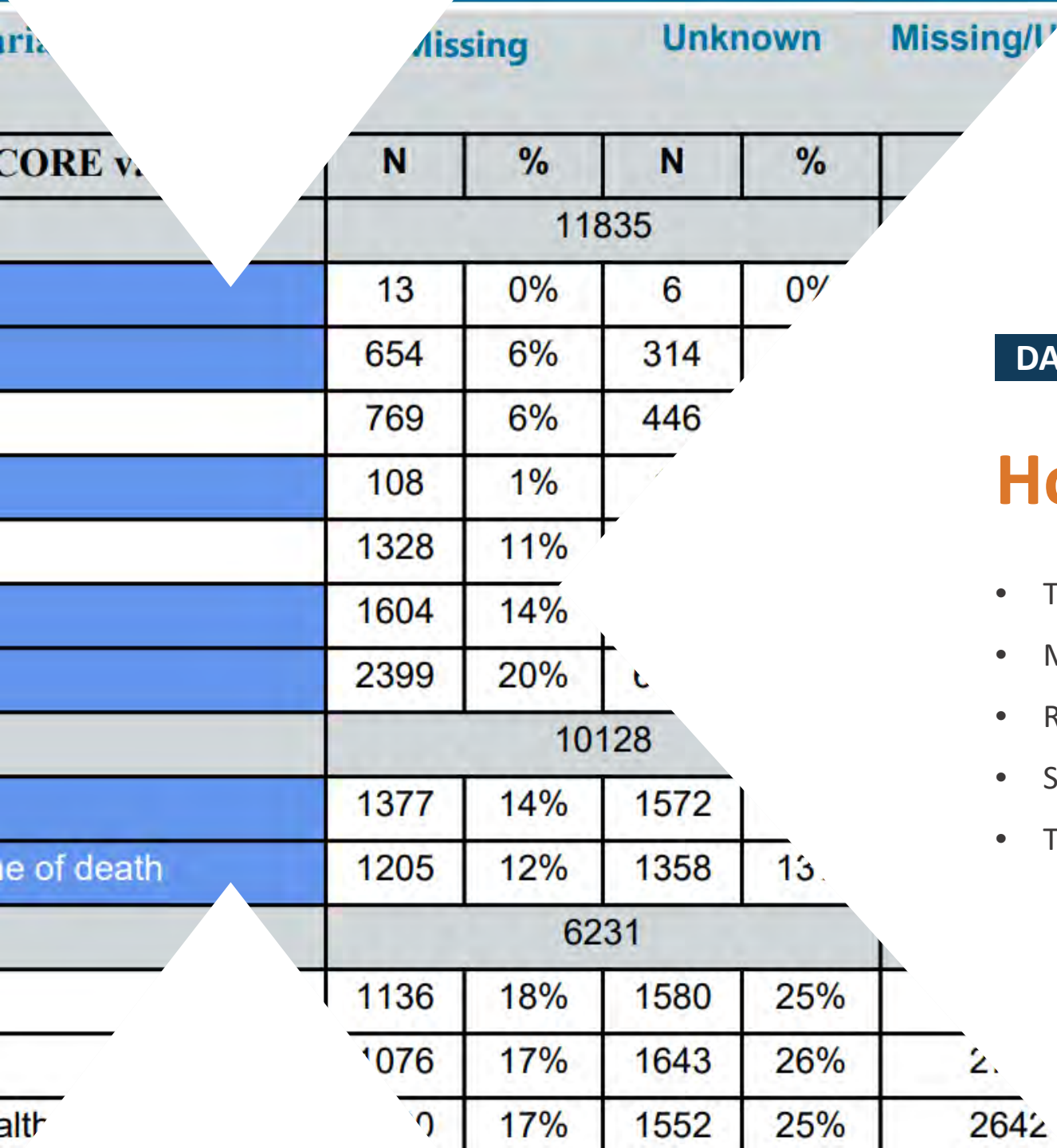
Center for Fatality Review & Prevention

NFR-CRS Data Quality Priority Variables	Missing		Unknown		Missing/Unknown combined		Targets for CORE variables Missing/Unknown combined
Variables highlighted in BLUE are designated CORE variables	**N**	**%**	**N**	**%**	**N**	**%**	**%**
All	11835						
A4 Child's age	13	0%	6	0%	19	0%	< 10%
A5 Child's race	654	6%	314	3%	968	8%	< 10%
A6 Hispanic or Latino origin	769	6%	446	4%	1215	10%	< 10%
A7 Child's sex	108	1%	17	0%	125	1%	< 10%
A13 Child had disability or chronic illness	1328	11%	1342	11%	2670	23%	< 10%
A15 Child's health insurance	1604	14%	4044	34%	5648	48%	< 25%
A17 Household income	2399	20%	6412	54%	8811	74%	< 25%
Child left hospital after birth	10128						
A23 Child had history of maltreatment as victim	1377	14%	1572	16%	2949	29%	< 25%
A24 Was there an open CPS case with child at time of death	1205	12%	1358	13%	2563	25%	< 25%
Non-infant, child left hospital after birth	6231						
A31 Child's mental health: Had received services	1136	18%	1580	25%	2716	44%	< 25%
A32 Child's mental health: Was receiving services	1076	17%	1643	26%	2719	44%	< 25%



	Missing		Unknown	Missing/U
CORE v.	N	%	N	%
	11835			
	13	0%	6	0%
	654	6%	314	
	769	6%	446	
	108	1%		
	1328	11%		
	1604	14%		
	2399	20%		
	10128			
	1377	14%	1572	
e of death	1205	12%	1358	13
	6231			
	1136	18%	1580	25%
	1076	17%	1643	26%
alth	0	17%	1552	25%

How to Use the Information

- Training tool.
- Monitor data quality; compare to national.
- Run reports more frequently (e.g., quarterly).
- Stratify by jurisdiction to see how individual teams are doing.
- Technical assistance available from the National Center.

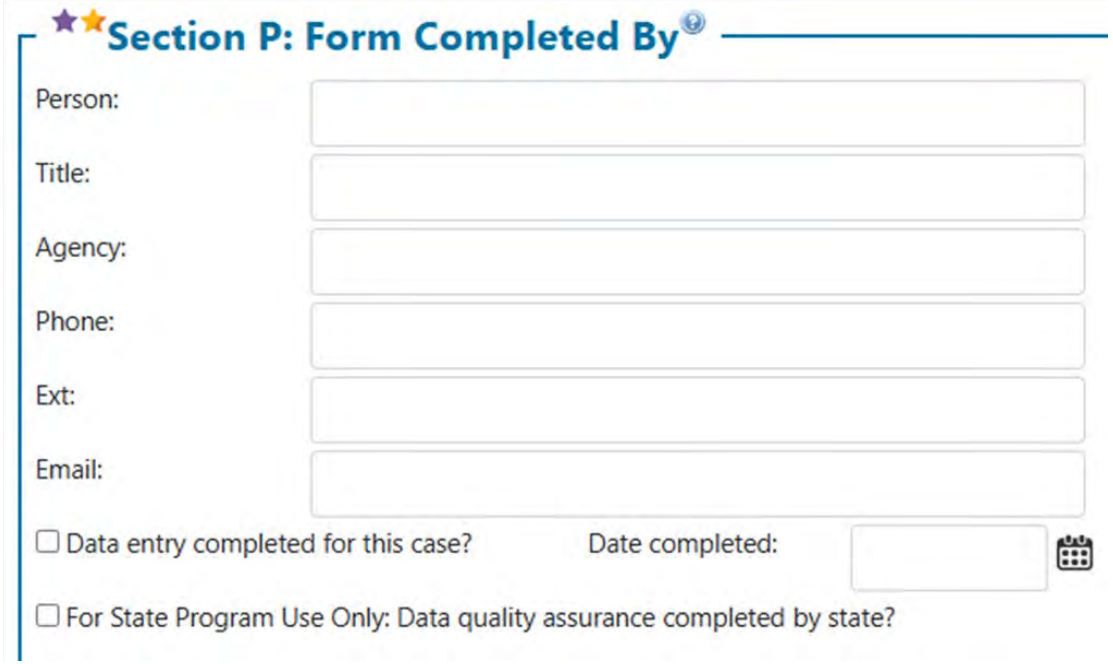
CASE LEVEL QA

Tips and Guidance

Case Level Quality Assurance (QA) Procedures

Develop and Implement a QA Process

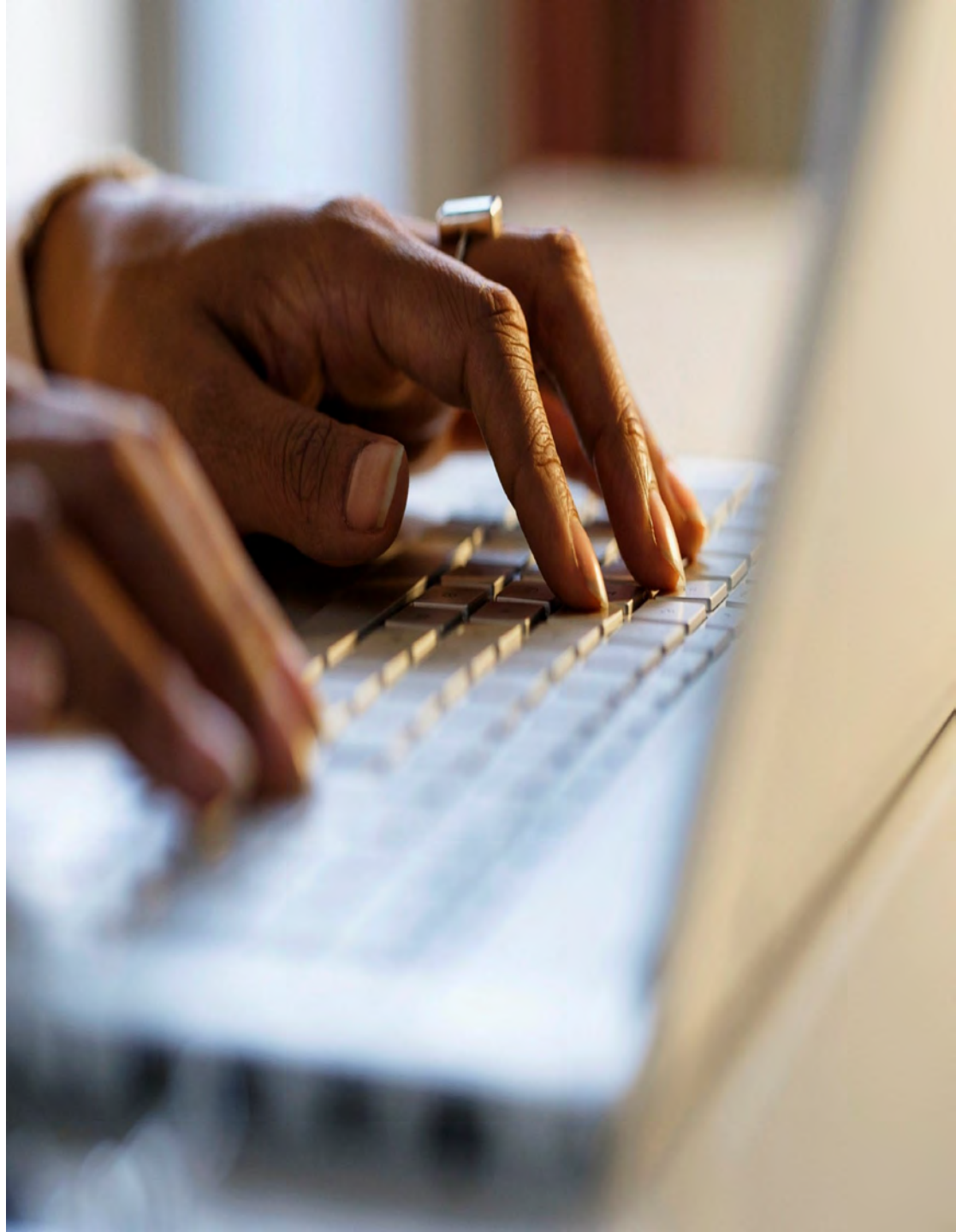
- Data entry user selects the “data entry complete” box in Section P.
- State-level user reviews entered data for consistency, completeness, accuracy.
- Once reviewed, if there are no outstanding issues, the “data quality assurance completed” box in Section P is selected.
- If there are unresolved issues, work with the local data entry user to resolve them.

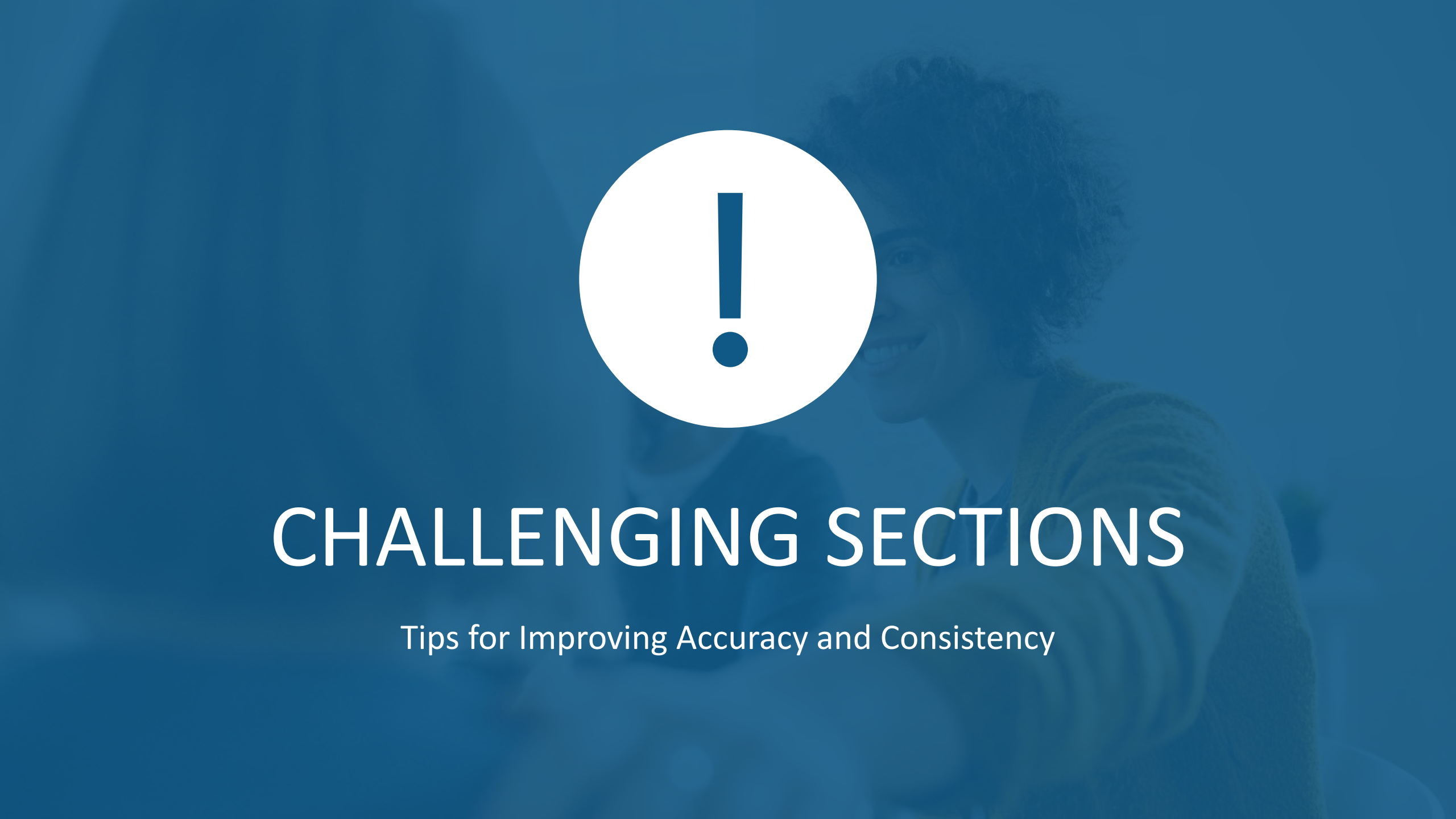


Develop and Implement a State-Level QA Process

Some Examples

- Verify information is unavailable for question with a missing response.
- Any inconsistencies identified during data entry are corrected.
- “Other, specify” text entries are appropriate, or if an existing option is available and should be selected instead.
- Details from the narrative are accurately documented in appropriate quantitative questions.





CHALLENGING SECTIONS

Tips for Improving Accuracy and Consistency

Section D

Supervisor Information

- **Supervision:** The action or process of watching and directing what someone does.
- **Supervisor:** The person who has responsibility for care and control of child at time of incident.
- With respect to supervision of a child, supervision can be measured by:
    - **Proximity**: How close was the supervisor to the child?
    - **Attention (visual and auditory)**: Could the supervisor see and/or hear the child?

D 1. Was the child supervised?

Additional guidance for completing this question

- Children less than 6 years old require constant or close supervision most of the time.
- Infants should **always** be supervised.
- For children of **any** age, if the supervisor cannot see or hear the child, the child is **not** supervised.
- If the supervisor is close enough to see or hear the child, but was attending to other tasks (e.g., talking on the phone, making dinner), consider the child supervised, but document the supervisor was distracted in D16.

Supervision During Sleep

Guidelines for documenting supervision for infants and toddlers

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- If, the child was asleep at the time of incident, and
    - the supervisor was also asleep, and
    - the incident occurred during the night (when you expect families to be sleeping),

    The child is supervised.

- If, the supervisor is sleeping during the day/evening when they should be supervising the child,
    - no alternative supervisor is assigned, and
    - The child is awake,

    The child is not supervised.

Check ‘No’ in D1 and document supervisor sleep status in D15.

New Supervision Guidance Available!

What it Includes

- Definitions.
- Recommendations for completing the supervision priority variables.
- Recommendations for determining supervision in challenging circumstances. For example,
    - Supervision of infants and older children.
    - Supervision in motor vehicles.
    - Supervision when manner of death is homicide, suicide, or natural.
    - Siblings as supervisors.

Guidance Report

Documenting Supervision in the Pediatric National Fatality Review-Case Reporting System

Section I5

Child Abuse, Neglect, Poor Supervision and Exposure to Hazards

- This section should be completed for all deaths.
- **Natural deaths** – the potential for failure to seek or provide medical care or religious practices to contribute to a death should be considered.
- **Injury** deaths among young children are most likely to be related to child abuse, neglect, poor/absent supervision or exposure to hazards.
- **Undetermined or unknown** cause deaths – child abuse, neglect, poor supervision or exposure to hazards that cause or contribute to the death might be identified and when they are, should be documented. Particularly among SUID in the sleep environment.

I5a. Did child abuse, neglect, poor/absent supervision, exposure to hazards cause or contribute to the death?

Guidance for This Section

- Identify if any behavior on the part of a parent/caregiver/supervisor caused or contributed to the death of the child.
- Document circumstances and identify risk factors for use in developing prevention strategies
    - Not to determine legal culpability or substantiate child maltreatment.
- Although legal definitions for some categories (e.g., child abuse, neglect) may be available, they should not be used as criteria for completing this section.

I5a. Did child abuse, neglect, poor/absent supervision or exposure to hazards cause or contribute to the death?

- **Yes/probable** if any behavior on the part of a parent/caregiver/supervisor caused or contributed to the child's death; or if the team is not certain, but there is evidence indicating such a link (i.e., probable).
- **No** if no behavior on the part of a parent/caregiver/supervisor caused or contributed to the child's death.
- **Unknown** if there is not sufficient evidence for the team to determine whether any parent/caregiver/supervisor's behavior caused or contributed to the death.

Guidelines for Determining Child Maltreatment in Section I5

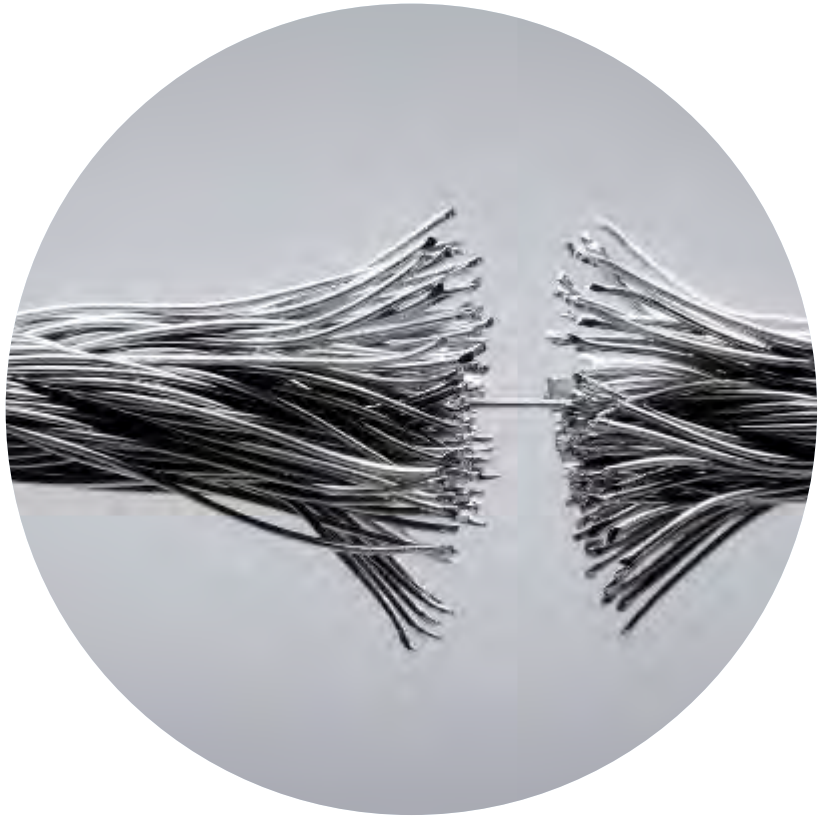
For Sleep-Related Sudden Unexpected Infant Deaths (SUID)

- For sleep-related SUID, determining through CDR if child maltreatment contributed to the death is complex and often inconsistent.
- Guidelines were developed to help CDR teams more consistently and fairly classify child maltreatment for sleep-related SUID.
- Guidelines: https://ncfrp.org/wp-content/uploads/I5_Sleep-Related_SUID_Guidelines.pdf.
- Webinar: https://vimeo.com/video/929910620 (passcode NCFRP).

Guidelines for Determining Child Maltreatment in Section I5

For Drowning Deaths

- Coming Soon!



Section I7

Life Stressors

- The Life Stressors, Section I7, was added to the Pediatric NFR-CRS in 2021.
    - Includes social, economic, medical, relationship, and school transitions.
- These factors could have occurred directly to the child, happened a caregiver, and/or were present in the environment.
- Some of these variables can be subjective or hard to capture.
- There does not need to be clear documentation to support a team's decision about a life stressor.

Summary

What data quality assurance practices do you use in your state?

Open Discussion

How can we help you today?

National Center Office Hours

Upcoming 2025 Sessions

Date	Topic
7/15/2025	Connecting Teams to Tribal Resources
8/19/2025	Meaningful Data Visualizations
9/16/2025	Reviewing Suicide Deaths
10/21/2025	Handling Conflicting Data
11/18/2025	Facilitating Difficult Conversations
12/16/2025	Interactive Meetings: Designing Live Icebreaker Dashboards

Visit ncfrp.org/center-resources/office-hours/
to register and view past sessions!

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