



NFR-CRS Version 6.0: **Launching June 14, 2022**

Telling Each Story to Save Lives Nationally



KEY FUNDING PARTNER

FEDERAL ACKNOWLEDGEMENT

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HOUSEKEEPING

Before we get started

- This webinar is being recorded and will be available on the National Center's webpage (URL: www.ncfrp.org).
- Participants are muted. Please use the question-and-answer box to ask questions.
- Due to the large number of participants, the speakers may be unable to answer all questions. Unanswered questions will be answered and posted with the recording.
- Contact the National Center (email: info@ncfrp.org) for any tech problems.





EVALUATION

<https://www.surveymonkey.com/r/32BRMMX>

Diane Pilkey, RN, MPH

Welcome and Introductions

Senior Nurse Consultant

Division of Child, Adolescent and Family Health

Maternal and Child Health Bureau

Health Resources and Service Administration





HRSA'S VISION FOR THE NATIONAL CENTER

IMPROVING SYSTEMS OF CARE AND OUTCOMES FOR MOTHERS, INFANTS, CHILDREN, AND FAMILIES

Assist state and community programs in:

- Understanding how CDR and FIMR reviews can be used to address issues related to adverse maternal, infant, child, and adolescent outcomes
- Improving the quality and effectiveness of CDR/FIMR processes
- Increasing the availability and use of data to inform prevention efforts and for national dissemination



At the end of this presentation, attendees will have a clear understanding of changes coming to NFR-CRS Version 6.0 and be aware of resources available during the transition

Speakers

Representatives from the National Center for Fatality Review and Prevention



Abby Collier



Heather Dykstra



Gabby Fraley



Esther Shaw

Guiding Principles for NFR-CRS Revisions

Key Factors to Weigh in Finalizing Form





Revised cause of death sections

All COD Sections have been updated to reflect current knowledge.



Revised COVID-19 section

Adding 2 new questions on child's and birthing parent's vaccination status.



Non-gendered language

Seeking inclusive descriptions of children, parents, caregivers, and supervisors.



Medical life stressors

Need was identified during the cause of death section revisions.



Two-factor authentication

Unique sign-in codes will be sent to approved users. Will be required once every 24 hours.



NFR-CRS Version 6.0

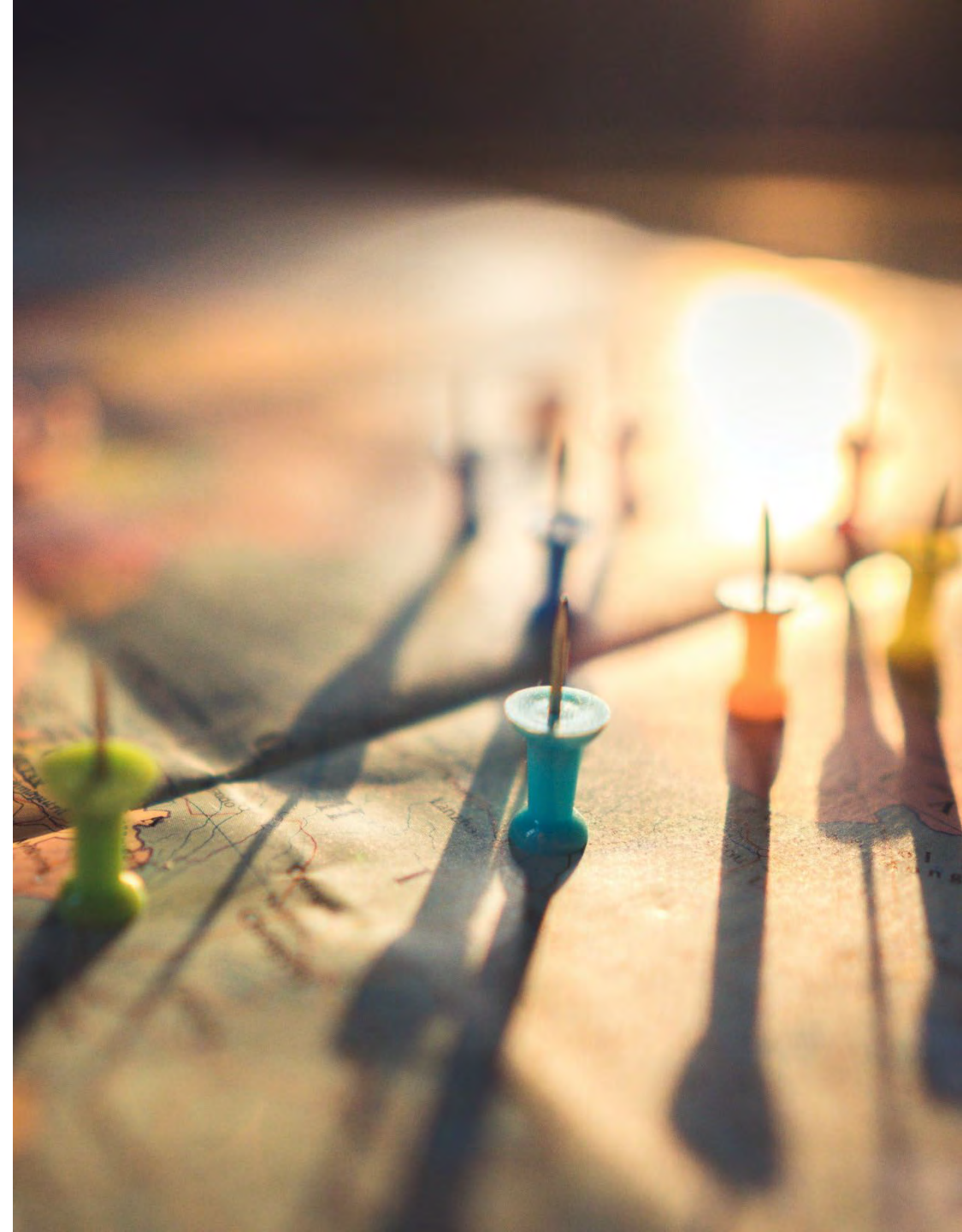


Changes to NFR-CRS Functionality

Improving User Experience

Keep the suggestions coming!

- Adding more skip patterns, especially if fetal/stillbirth death
- Adding more range checks on numeric values
- Removing approximately 600 variables
 - ☐ Detailed follow up questions on Caregivers/Supervisors/Person Responsible removed
 - ☐ Cause of death sections streamlined
- Adding single year Age dropdown filter on Manage cases and All Variable Data Download



Two Factor Authentication

Improving Security of All Data

Hello

Please select one of the following options to proceed with receiving a verification code to finish logging into the system.

Text Message You will receive a verification code via a text message on your mobile ***-***-5768

Email You will receive a verification code via an email sent to *****ra@yahoo.com

For additional
information and help
with your login
contact us:

NCFRP
2395 Jolly Road
Suite 120
Okemos, MI 48864
1-800-656-2434

Email:
info@ncfrp.org

Web site:
www.ncfrp.org

Your verification code has been sent.

Hello

Please enter the verification code that was sent to your email. **Submit**

If your verification code has expired or require a new code, please click one of the options below to request a new code.

There is no phone number on file for this user. Please request a verification code by email below.

Email You will receive a verification code via an email sent to *****ey@gmail.com

Two Factor Authentication

How to Add Cell Phone Authentication

Hello

Please select one of the following options to proceed with receiving a verification code to finish logging into the system.

There is no phone number on file for this user. Please request a verification code by email below.

Email

You will receive a verification code via an email sent to *****ps@gmail.com

Main

Your Account

Enter New Case

Manage Cases

Standardized Reports

Data Explorer

Prevention

Data Download

Help

Logout

Saving Lives Together

Your Account

Cell Phone (can receive text messages)

(xxx) xxx-xxxx

Phone

Phone Ext.

Fax

Single Year Filter

Available on Manage Cases and All Variable Download

Manage Cases

[+ Enter New Case](#)

[+ Create Cases From Import](#)

[Print Results](#)

Search Cases:

Last Name / Number

Age

☐ Select all Ages (includes missing and unknown ages)

☐ <1

☐ 1

☐ 2

Case Type

All Case Types

▼

Team

▼

Manner of Death

▼

Cause of Death

▼

[Toggle Advanced Search Options](#)



Changes to NFR-CRS

Never Left Hospital

Controls Skip Patterns

- Section A1 (all children) – some questions
- Section A3 (infants) – some questions
- Section A4 FIMR (infants) – some questions
- Section A5 FIMR (interview) – some questions
- Section D Supervisor – whole section
- Section E Incident – whole section except question 7 due to disasters



Skip Patterns for Stillbirth/Fetal Deaths

In **BOLD** means new in Version 6.0

- Section A1 (all children) – some questions
- Section A3 (infants) – some questions
- Section A4 FIMR (infants) – some questions
- Section A5 FIMR – some questions
- **Section C Caregiver – whole section**
- Section D Supervisor – whole section
- **Section E Incident – whole section**
- **Section F Investigation – most questions**
- **Section H8 Medical condition – whole section**
- **Section I2 Sleep-related deaths – whole section**
- **Section I3 Consumer products – whole section**
- **Section I4 Commission of crime – whole section**
- **Section J Person(s) responsible – whole section**



Skip Patterns for Fetal Deaths

F. INVESTIGATION INFORMATION		A + symbol means that the question is skipped for fetal deaths.	
1. Was a death investigation conducted*? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K		If yes, check all that apply:	
<input type="checkbox"/> Medical examiner	<input type="checkbox"/> ME investigator	<input type="checkbox"/> Law enforcement	<input type="checkbox"/> EMS
<input type="checkbox"/> Coroner	<input type="checkbox"/> Coroner investigator	<input type="checkbox"/> Fire investigator	<input type="checkbox"/> Child Protective Services <input type="checkbox"/> U/K
If yes, which of the following death investigation components were completed?			
<u>Yes</u>	<u>No</u>	<u>U/K</u>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CDC's SUIDI Reporting Form or jurisdictional equivalent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Narrative description of circumstances
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Scene photos
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Scene recreation with doll
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Scene recreation without doll
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Witness interviews
If yes, was a death scene investigation conducted at the place of incident?		If yes, shared with review team?	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. What additional information would the team like to have known about the death scene investigation*?			
3. Death referred to*:		4. Person declaring official cause and manner of death*:	
<input type="radio"/> Medical examiner	<input type="radio"/> Not referred	<input type="radio"/> Medical examiner	<input type="radio"/> Hospital physician
<input type="radio"/> Coroner	<input type="radio"/> U/K	<input type="radio"/> Coroner	<input type="radio"/> Other physician
		<input type="radio"/> Mortician	<input type="radio"/> U/K
		<input type="radio"/> Other, specify:	
5. Autopsy performed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K			

Gender Neutral Language

Moving Toward More Equitable Data Collection

B. BIOLOGICAL PARENT INFORMATION		<input type="radio"/> No information available, go to Section C
1. Parents alive on date of child's death? Even if parent(s) are deceased at time of child's death, please fill out the remaining questions.		
<u>Childbearing Biological Parent (CBP) alive:</u>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> U/K
<u>Non-Childbearing Biological Parent (Non-CBP) alive:</u>	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> U/K

3. Is supervisor listed in a previous section?

- ☐ Yes, childbearing parent, go to D15
- ☐ Yes, non-childbearing biological parent, go to D15
- ☐ Yes, caregiver one, go to D15
- ☐ Yes, caregiver two, go to D15
- ☐ No

Health records

- ☐ Child's medical records or clinical history, including vaccination
- ☐ Hospital records
- ☐ Childbearing parent's obstetric and prenatal information
- ☐ Newborn screening results
- ☐ Mental health records
- ☐ Substance abuse treatment records

Cause of Death: Motor Vehicle Crashes

Key Focus is Driver Responsible for Incident

H. DETAILED INFORMATION BY CAUSE OF DEATH: CHOOSE THE ONE SECTION THAT IS SAME AS THE CAUSE SELECTED ABOVE

H1. MOTOR VEHICLE AND OTHER TRANSPORT

f. Incident type:

- ☐ Child *not* in/on a vehicle, but struck by vehicle
- ☐ Child in/on a vehicle, struck by the other vehicle
- ☐ Child in/on a vehicle that struck the other vehicle
- ☐ Child in/on a vehicle that struck person/object/ran off the road
- ☐ Other event, specify:
- ☐ U/K

g. Driver who was responsible for the incident. Vehicles include motorized vehicles (cars, SUVs, motorbikes, etc) but also bicycles, skates, scooters, and other wheeled conveyances, whether motorized or not.

- ☐ Child was responsible as driver of vehicle, including single vehicle incidents
- ☐ Driver of child's vehicle was responsible, including single vehicle incidents
- ☐ Driver of the other vehicle was responsible, including child as pedestrian hit by vehicle
- ☐ Multiple drivers were responsible, go to j
- ☐ Unable to determine driver responsible, go to j
- ☐ Other, specify:
- ☐ U/K

Cause of Death: Asphyxia

Intentional Suffocations should be Entered in Asphyxia

H4. ASPHYXIA		
a. Type of event: <input type="radio"/> Sleep-related, go to I1 <input type="radio"/> Not sleep-related, go to b <input type="radio"/> U/K, go to b	b. If not sleep-related, was the event: <input type="radio"/> Suffocation, go to c <input type="radio"/> Strangulation, go to d <input type="radio"/> Choking, go to e <input type="radio"/> Other, go to I1	c. If suffocation, was the child: <input type="radio"/> Covered in or fell into object <input type="radio"/> Confined in tight space <input type="radio"/> Wedged into tight space, specify: <input type="radio"/> Other, specify:
d. If strangulation, object causing event: <input type="radio"/> Clothing <input type="radio"/> Electrical cord <input type="radio"/> Blind cord <input type="radio"/> Person, go to H5I <input type="radio"/> Car seat <input type="radio"/> Automobile power window or sunroof <input type="radio"/> Belt <input type="radio"/> Other, specify: <input type="radio"/> Rope/string <input type="radio"/> Leash <input type="radio"/> U/K	e. If choking, object causing choking: <input type="radio"/> Food, specify: <input type="radio"/> Toy, specify: <input type="radio"/> Vomit/gastric contents <input type="radio"/> Other, specify: <input type="radio"/> U/K	f. If choking, was Heimlich Maneuver attempted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K

Cause of Death: Bodily Force or Weapon

New gatekeeper question in H5a

H5. BODILY FORCE OR WEAPON				
<p>a. Was the death a result of a weapon?</p> <p><input type="radio"/> Yes, go to b</p> <p><input type="radio"/> No, death due to bodily force, go to I</p> <p><input type="radio"/> U/K, go to b</p>	<p>b. Type of weapon:</p> <p><input type="radio"/> Firearm, go to c</p> <p><input type="radio"/> Knife or sharp instrument, go to I</p> <p><input type="radio"/> Rope, go to I</p> <p><input type="radio"/> Other, specify and go to I</p> <p><input type="radio"/> U/K, go to I</p>	<p>c. For firearms, type:</p> <p><input type="radio"/> Handgun</p> <p><input type="radio"/> Shotgun</p> <p><input type="radio"/> Rifle, specify:</p> <p><input type="radio"/> 3D gun</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>	<p>d. Was the firearm considered a smart firearm, e.g., uses a fingerprint lock, RFID watch?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> U/K</p>	<p>e. Was firearm kept loaded?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> U/K</p> <p>If no, was the ammunition stored locked?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> U/K</p>

If "Was the firearm kept loaded?" If "Was the weapon handled by firearm?" If "Type of weapon at time - check all that apply"

Cause of Death: Poisonings

New Substances and Data Crosswalk

H7. POISONING, OVERDOSE OR ACUTE INTOXICATION

a. Type of substance involved, check all that apply and note source, storage, and route of administration of substance: ☐ U/K

<u>Source</u> of Substance		<u>Stored</u> in locked cabinet?	How substance was <u>taken</u>	
1 = Bought from dealer or stranger (Prescription or illicit only)	5 = Own prescription (Prescription only)	Yes	1 = In utero	5 = Through skin
2 = Bought from friend or relative	6 = Bought from store/pharmacy (OTC or other substances only)	No	2 = Orally	9 = U/K
3 = From friend or relative for free	7 = Other	U/K	3 = Nasally	
4 = Took from friend or relative without asking	9 = U/K		4 = Intravenously	

Cause of Death: Poisonings

New Substances and Data Crosswalk

<u>Prescription drug</u>	Source	Stored	Taken	<u>Over-the-counter drug</u>	Source	Stored	Taken
<input type="checkbox"/> Antidepressant/anti-anxiety		Y N U		<input type="checkbox"/> Antihistamine		Y N U	
<input type="checkbox"/> Anticonvulsant		Y N U		<input type="checkbox"/> Cold medicine		Y N U	
<input type="checkbox"/> Antipsychotic		Y N U		<input type="checkbox"/> Pain medication		Y N U	
<input type="checkbox"/> Benzodiazepines		Y N U		<input type="checkbox"/> Other OTC, specify:		Y N U	
<input type="checkbox"/> Medications for substance use disorder (e.g. Methadone, buprenorphine, naltrexone)		Y N U					
<input type="checkbox"/> Non-opioid pain medication		Y N U					
<input type="checkbox"/> Opioid pain medication (including fentanyl)		Y N U					
<input type="checkbox"/> Stimulants		Y N U					
<input type="checkbox"/> Other Rx, specify:		Y N U					
Was it child's prescription?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K						

Cause of Death: Medical

Timelines of Illness are Clarified and Focus is on Family Barriers

H8. MEDICAL CONDITION		This section is skipped for fetal deaths ⁺	
<p>a. How long did the child have the medical condition?</p> <p> <input type="radio"/> In utero <input type="radio"/> 1-11 months <input type="radio"/> Since birth <input type="radio"/> >= 1 year <input type="radio"/> < 1 day <input type="radio"/> 1-6 days <input type="radio"/> U/K <input type="radio"/> 7-30 Days </p>		<p>b. Was the death expected as a result of the medical condition?</p> <p> <input type="checkbox"/> N/A, not previously diagnosed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="checkbox"/> But at a later date </p>	
		<p>c. Was child receiving health care for the medical condition?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, within 48 hours of the death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, was the care plan appropriate for the medical condition? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If no, specify: </p>	
<p>d. Did the family experience barriers that prohibited following the care plan?</p> <p> <input type="radio"/> N/A If yes, what treatment components were not completed? Check all that apply. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </p> <p> <input type="checkbox"/> Appointments <input type="checkbox"/> Other, specify: <input type="checkbox"/> Medications, specify: <input type="checkbox"/> U/K <input type="checkbox"/> Medical equipment use, specify: <input type="checkbox"/> Therapies, specify: </p>		<p>e. In the week prior to the death, did the child experience any changes to medical care?</p> <p> <input type="radio"/> Yes, describe: <input type="radio"/> No <input type="radio"/> U/K </p>	
<p>f. Was the medical condition associated with an outbreak?</p> <p> <input type="radio"/> Yes, specify: <input type="radio"/> No <input type="radio"/> U/K If yes, was the child vaccinated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </p>		<p>g. Was the death potentially caused by a medical error?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </p> <p>h. Was the medical condition that caused the death a result of a complication or side effect of a previous illness, injury, condition, or medical treatment?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </p>	

Life Stressors for All Cases

Medical Stressors (Section B) Added

I7. LIFE STRESSORS		Please indicate all stressors that were present for this child and family around the time of death.	
a. Life stressors - Social/economic			
<input type="checkbox"/> None listed below	<input type="checkbox"/> Neighborhood discord	<input type="checkbox"/> No phone	<input type="checkbox"/> Lack of transportation
<input type="checkbox"/> Racism	<input type="checkbox"/> Job problems	<input type="checkbox"/> Housing instability	<input type="checkbox"/> Cultural differences
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Money problems	<input type="checkbox"/> Witnessed violence	<input type="checkbox"/> Language barriers
<input type="checkbox"/> Poverty	<input type="checkbox"/> Food insecurity	<input type="checkbox"/> Tobacco exposure	<input type="checkbox"/> Lack of child care
<input type="checkbox"/> Pregnancy			<input type="checkbox"/> Pregnancy scare
b. Life stressors - Medical			
<input type="checkbox"/> None listed below	<input type="checkbox"/> Caregiver unskilled in providing care	<input type="checkbox"/> Multiple providers, not coordinated	<input type="checkbox"/> Felt dismissed by provider
<input type="checkbox"/> Lack of family or social support for care	<input type="checkbox"/> Lack of money for care	<input type="checkbox"/> Limitations of health insurance	<input type="checkbox"/> Lack of provider-family compatibility
<input type="checkbox"/> Caregiver distrust of health care system	<input type="checkbox"/> Services not available	<input type="checkbox"/> Provider bias	
c. Life Stressors- Relationships			
<input type="checkbox"/> None listed below	<input type="checkbox"/> Parents' incarceration	<input type="checkbox"/> Argument with friends	<input type="checkbox"/> Cyberbullying as victim
<input type="checkbox"/> Family discord	<input type="checkbox"/> Breakup	<input type="checkbox"/> Isolation	<input type="checkbox"/> Cyberbullying as a perpetrator
<input type="checkbox"/> Argument w/ parents/caregivers	<input type="checkbox"/> Argument with significant other	<input type="checkbox"/> Bullying as victim	<input type="checkbox"/> Peer violence as a victim
<input type="checkbox"/> Parents' divorce/separation	<input type="checkbox"/> Social discord	<input type="checkbox"/> Bullying as perpetrator	<input type="checkbox"/> Peer violence as a perpetrator
			<input type="checkbox"/> Stress due to gender identity
			<input type="checkbox"/> Stress due to sexual orientation
h. Life stressors - Describe any other life stressors:			

Deaths During COVID-19 the COVID-19 Pandemic

Resources are Coming

e. Was the child eligible to receive a COVID-19 vaccination?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> U/K	
If eligible, did they receive their first dose?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> U/K	If yes, approx. number of weeks before death: _____
If eligible and received their first dose, which option best represents their vaccination status?	<input type="radio"/> Partially vaccinated			<input type="radio"/> Fully vaccinated <input type="radio"/> U/K
f. For infants or fetal deaths only, did the childbearing parent receive their COVID-19 vaccination?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> U/K	
If yes, when did they receive their first dose?				
	<input type="radio"/> Before pregnancy	<input type="radio"/> 3rd trimester		
	<input type="radio"/> 1st trimester	<input type="radio"/> After delivery		
	<input type="radio"/> 2nd trimester	<input type="radio"/> U/K		
If yes, which option best represents their vaccination status?	<input type="radio"/> Partially vaccinated			<input type="radio"/> Fully vaccinated <input type="radio"/> U/K



Data Utilization

No Major Changes in Version 6.0

- All Variable Data Download and Pared Down Flatfile are updated
- Standardized Reports are updated
- No changes to Data Explorer
- Minor changes to FIMR Case Summary
- Minor changes to Import Vital Statistics upload

SUID/SDY Case Registry Changes

Changes to Section I1, I2, and N include:

- Section I1 - Adding a “No for all” in NFR-CRS for questions b, c, e, f, and I. Will work like “Unknown for all”
- Removing infrequently used response options in Sections I1 and I2
- Question I1f – Adding a describe to Heart condition/heart attack or stroke before age 50
- Removing product names from Section I2
- Question I2o – adding “Bottle” and “Wearable monitor” as response options
- Question N4 – Adding “Neurologist” as response option





Resources



Order NFR-CRS Paper Forms

CDR State Coordinators and FIMR Site Administrators can request forms to distribute to their teams



Highlighted NFR-CRS Version 6.0 Forms

Easily identify changes between NFR-CRS Version 5.1 and Version 6.0 in the highlighted forms



Data Dictionary

Extensively updated and available at the “blue question mark” by each question as well as the Help menu



Codebook

Easily identify changes between NFR-CRS Versions 5.1 and Version 6.0, as well as documentation of skip patterns



Archived Webinar and Module

This webinar will be archived and available. The training module available on www.ncfrp.org will be updated shortly



Resources

Rollout of NFR-CRS Version 6.0

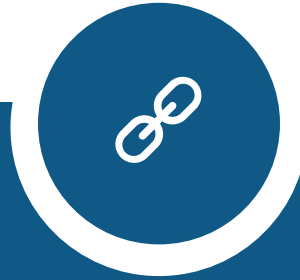
Release Date is June 14, 2022



SYSTEM DOWNTIME



- NFR-CRS will be unavailable for approximately 1-3 hours on morning of release date



NOT CHANGING



- NFR-CRS url is **not** changing
- Usernames and passwords are **not** changing
- Historical cases still available



TRAINING RESOURCES



- Updated printed paper forms
- Highlighted paper form that notes key changes

Call the National Center for Help



QUESTIONS

WHAT ADDITIONAL INFORMATION WOULD BE HELPFUL?



USE THE QUESTION-AND-ANSWER BOX

The box is located at the bottom of the screen



UNANSWERED QUESTIONS

All unanswered questions will be answered and posted on the National Center's website (URL: www.ncfrp.org).

A woman with curly hair, wearing a blue jacket, is shown in profile, looking out over a cityscape under a cloudy sky. The image is the background for the entire page.

Effective Reviews of Stillbirth

June 21, 2022, from 2:00 pm – 3:00 pm ET

Stillbirth, or fetal death, affects about 1 in 160 deaths births every year. Effective review of fetal deaths can lead to increased understanding of the causes, contributors, and factors placing parents and families at risk.

To Register: <https://bit.ly/3L496Hv>



EVALUATION

<https://www.surveymonkey.com/r/32BRMMX>



CONTACT INFORMATION



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A dark silhouette of a person with long, flowing hair, positioned in the center of the frame. The person appears to be looking away from the camera, with their hair blowing in the wind. This silhouette serves as a background for the text and the button.

THANK YOU FOR YOUR TIME!

www.ncfrp.org