

Electronic Death Registry System (EDRS)

by Jason A. Lewis



Nevada Vital Records

TEST DATABASE

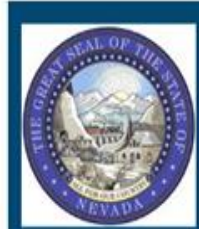
Nevada

MESSAGE OF THE DAY

System Message Board
Updated 02/12/2015

WORK QUEUES

- ▶ Select “Work Queues” at the top left of the screen.
- ▶ Select “Get Work Queues” after selecting “Work Queues”.
- ▶ The work queue box will appear.
- ▶ Select “Personal Medical in Progress” - This is each physician’s personal work queue for records assigned to only him or her.
- ▶ There is also “Location Medical in Progress” not shown in this menu. This is all the records for a location a physician is affiliated with.



Nevada Vital Records

TEST DATABASE
Nevada

MESSAGE OF THE DAY

System Message Board
Updated 02/12/2015

Work Queues

Work Queue Name	Count
Attendant FD in Progress	4
Messages	0
Personal Medical in Progress	5
Physician Medical in Progress	8
Physician Ready to Sign	2
Physician Reject/Re-assign	1

Refresh Count Go! Close

Results

- ▶ Select the individual record you wish to certify.

Search Criteria

Results

State File Number	Reg Type	Void Flag	Coroner Burial OK'd	BP Reg Signature	Place of Death County	Event Year	Date of Death	Certifier Type	Name (L F M I. SUF)	Soundex Code	First Name	Middle Name	Last Name	Suffix	Social Security Number	Date of Birth	Overall Record Status	Record Sta
		N			Washoe	2015	10/3/2015	Physician	SMITH Sally	S530	Sally		SMITH		530154444	09/25/1940	Pending	Pending
		N			Washoe	2015	10/7/2015	Physician	SMITH Mike	S530	Mike		SMITH				Rejected	Pending
		N			Washoe	2015	10/4/2015	Physician	SAM Joe	S500	Joe		SAM		545887777	02/17/1940	Rejected	Pending
		N			Washoe	2016	2/5/2016	Physician	BLOW Joe	B400	Joe		BLOW		530123456	06/15/1935	Pending	Signed
		N			Washoe	2016	2/29/2016	Coroner	MOUSE Mickey	M200	Mickey		MOUSE		530123456	01/01/1935	Pending	Pending
		N			Washoe	2016	3/18/2016	Sheriff	DOE John	D000	John		DOE		530123456	03/25/1935	Pending	Signed

Initial Display Screen

- ▶ After the record is completed and signed, the “Record Status for Medical Info” status should change to “Signed”.
- ▶ The certifying physician should double check to ensure the decedent’s full name and date of death are correct.

System

State File Number Case File Number Reg Type Paper or Electronic Filing?

Drop to Paper Printed Drop to Paper Print Date

Overall Record Status Record Status for Personal Info Record Status for Medical Info

Changes to death record pending? Alias Names? Case Started by

Deceased

1. First Name Middle Name Last Name Suffix

Name (LAST FIRST MIDDLE I. SUFFIX)

2. Date of Death Is this an approximate date?

3. Place of Death

State 3a. County of Death

3b. City, Town, or Location of Death Zip Code

County FIPS City FIPS

3e. Place of Death

Was there a Hospice Care Program? Hospice Care Program

3c. Hospital or Other Institution

Address Medical Record Number

Certifier Tab

- ▶ The name in 23a must match the person who is logged in before the record can be signed.
- ▶ The “Attending Physician” is left blank, if the name in 23a is the physician in attendance at the time of death.
- ▶ The “Attending Physician” must be completed, if the name in 23a is not the physician in attendance at the time of death. This person is either an associate physician or the chief medical officer of the hospital or institution.
- ▶ “Military Time of Death” and “Is this Time Approximate” are mandatory fields. The funeral director will usually complete this section, but Nevada law makes it the responsibility of the certifier.

Assigned To

21a. / 22a. Certifier Type

23a. Name Certifier Associated Facility

Certifier

Title Degree 23b. License Number

Address

State City Zip Code

Email Address

Attending Physician, if other than Certifier

Full Name Title

21. Certifier

Military Time of Death Is this TIME approximate? 21c. Time of Death

CAUSE OF DEATH TAB

- ▶ “Pending Investigation” is a required field. This field is completed with a “Y” for yes or a “N” for no.
- ▶ “Death Due to Communicable Disease” is a required field. This field is completed with a “Y” for yes or a “N” for no.
- ▶ “Autopsy” is a required field. This field is completed with a “Y” for yes or a “N” for no.
- ▶ “Did Tobacco Use Contribute to Death” is a required field. This field is completed with a “Y” for yes, a “N” for no or a “U” for unknown.
- ▶ “If female” located below “Autopsy” and “Did Tobacco Use Contribute to Death” is a required field. This field will open up if the decedent is a female.

CAUSE OF DEATH

- ▶ The “Immediate Cause” is a required field.
- ▶ The “Due to or as a Consequence of” may be required depending on the immediate cause.
- ▶ The “Approx. Interval - Onset of Death” is not required, but it is preferred.
- ▶ The CDC list indicates when additional information about etiology is required. If the cause of death is on the list, then more etiology is required.
- ▶ Unknown or Unspecified Etiology is accepted as another cause of death.
- ▶ Abbreviations are not accepted.
- ▶ All capitalization of words is not accepted.
- ▶ A cause of death that indicates trauma must be signed off by a coroner.
- ▶ Any fracture as a cause of death should be reviewed by the coroner’s office.
- ▶ Origination of cancer should be noted in the cause of death.

Pending Investigation Death due to communicable disease?

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death) Approx. Interval - Onset to Death

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of Approx. Interval - Onset to Death

c. Due to or as a Consequence of Approx. Interval - Onset to Death

d. Due to or as a Consequence of Approx. Interval - Onset to Death

Cause of Death (Part 2)

Other significant conditions contributing to death.

Autopsy? Were Autopsy Findings Used? Did Tobacco Use Contribute to Death?

If Female

Was Coroner Contacted? Coroner Contacted Reason

SIGNATURE TAB

- ▶ “Medical Info Complete” is a required field. This field is completed with a “Y” for yes. If there is a “R” in this field, the record has been rejected and you can replace it with a “Y”.
- ▶ “Complete Date” and “Completed By” is automatically populated when you tab after entering a “Y” in the “Medical Info Complete” field.
- ▶ “Physician Signed” is a required field. This field is completed with a “Y” for yes. If there is a “R” in this field, the record has been rejected and you can replace it with a “Y”.
- ▶ “Date Signed” is automatically populated when you tab after entering a “Y” in the “Physician Signed” field.

Burial Permit

County Coroner Name Coroner Signature Date Coroner Signed Completed By

County of Death Registrar Name

Registrar Signature Registrar Approval Date Completed by

Burial Permit Number Permit Print Date

Facility

Facility Complete? (Y,N,R) Complete Date Completed by

Funeral Home

Personal Info Complete (Y/N/R)? Complete Date Completed by

Director Signed? Date Signed Funeral Director Name

Certifying Physician

Medical Info Complete (Y/N/R)? Complete Date Completed by

Physician Signed? Date Signed

Coroner

Medical Info Complete (Y/N/R)? Complete Date Completed by

Coroner Signed? Date Signed

Certifier

Name of Certifier

Signature Confirmation

- ▶ The following box will appear confirming that you have signed the record. Click “OK”.
- ▶ Then click “SAVE” in the top right corner.

Coroner Name Coroner Signature Date Coroner Signed Completed By

Death Registrar Name

Signature Registrar Approval Date Completed by

Number Permit Print Date

Complete? (Y,N,R) Complete Date Completed by

Complete (Y/N/R)? Complete Date Completed by

Signed? Date Signed Funeral Director Name

Physician Complete (Y/N/R)? Complete Date Completed by

Signed? Date Signed

Complete (Y/N/R)? Complete Date Completed by

Signed? Date Signed

Certifier

Physician Signed dialog box: You have signed this record and it will be submitted for completion. OK

MISSING INFORMATION

- ▶ The following box will appear if you are missing required information. This notification will appear when a “Y” is entered in medical info complete and there is missing required information.
- ▶ Click “OK” and it should return you to the specific field for completion.
- ▶ After the information is entered, return to the signature tab and attempt to complete the signature portion again.

Burial Permit

County Coroner Name Coroner Signature Date Coroner Signed Completed By

County of Death Registrar Name

Registrar Signature Registrar Approval Date Completed by

Burial Permit Number Permit Print Date

Facility

Facility Complete? (Y,N,R) Complete Date Completed by

Funeral Home

Personal Info Complete (Y/N/R)? Complete Date Completed by

Director Signed? Date Signed Funeral Director Name

Certifying Physician

Medical Info Complete (Y/N/R)? Complete Date Completed by

Physician Signed? Date Signed

Coroner

Medical Info Complete (Y/N/R)? Complete Date Completed by

Coroner Signed? Date Signed

Certifier

Name of Certifier

Jason Lewis

MISSING Time of Death. Record cannot be completed until this information is entered.

OK

“DATA ENTRY EXCEPTION” OR QUERY MESSAGE

- ▶ The following box will appear as another reminder of a required field prior to attempting to sign the record.
- ▶ Please note that if this box appears, the “Re-key” button should be clicked. If you don’t know the information, the “Skip” button may be clicked, but don’t attempt to sign the record. This information must be entered prior to signing the record.
- ▶ If you need to leave the record without completing it, click “File” in the top left corner and select “Save Without Edits” to save information inputted into the record.

Pending Investigation Death due to communicable disease?

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death) Approx. Interval - Onset to Death

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of Approx. Interval - Onset to Death

c. Due to or as a Consequence of

d. Due to or as a Consequence of

Cause of Death (Part 2)

Other significant conditions contributing to death.

Autopsy? Were Autopsy Findings Used? Did Tobacco Use Contribute to Death?

If Female

Was Coroner Contacted? Y Coroner Contacted Reason Work the Case

Data Entry Exception

Invalid value

Field Name: D2_PEND_INVESTIGAT
 Field Label: Pending Investigation
 Tab Section: Cause of Death
 Paragraph:
 Edit Number: 20
 Query Location: MEDICAL

Bypass Variable Values

Queried and Verified - 1
 Queried - Not Verified - 2
 Review Needed - 3
 Query Needed - 4

Missing Variable Values

Query Location

Re-Key Override Query Field Skip

HIGHLIGHTED GREEN FIELD

- ▶ If a field is highlighted in green, this indicates the field was skipped, but it is a required field. The field must be completed prior to signing the record.

Pending Investigation Death due to communicable disease?
Y N

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death) Approx. Interval - Onset to Death
Cardiac Arrest

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of Approx. Interval - Onset to Death
Seizures

c. Due to or as a Consequence of Approx. Interval - Onset to Death

d. Due to or as a Consequence of Approx. Interval - Onset to Death

Cause of Death (Part 2)

Other significant conditions contributing to death.

Autopsy? Were Autopsy Findings Used? Did Tobacco Use Contribute to Death?

If Female

Was Coroner Contacted? Coroner Contacted Reason
Y Work the Case

REJECTIONS

- ▶ The State Registrar or Local Registrar (Clark and Washoe County) may reject a record back to the certifier.
- ▶ The certifier should receive an email notifying them of the rejection.
- ▶ The reject tab in the record should indicate the reason for the rejection.
- ▶ In your work queue, there is a work queue for rejections.

Reject

Rejected?	Rejected By	Rejected Date	Rejected From To
<input type="text" value="Y"/>	<input type="text" value="Lewis, Jason"/>	<input type="text" value="03/22/2016"/>	<input type="text" value="Registrar to Physician"/>

Short Comments - Additional Available in Notes

The Cause Of Death Requires Additional Etiology

Rejected Reason

<input type="text" value="Ill-defined Cause of Death"/>	<input type="text"/>
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