Description

Vivienne Wright's death certificate has been created in the jurisdictional vital records electronic death registration system (EDRS) and is populated with the information previously entered by the medical staff and the physician in the EHR. The physician has now attested the death using an approved method and the record is in the EDRS system. The EDRS death record is accessed by the funeral home which then completes their portion of the death certificate. The funeral director collects information from Vivienne's mother and adds this information in the EDRS. . He verifies Vivienne's age and sets the age edit flag in the EDRS to indicate that this edit had passed verification. He also sets the Pregnancy edit flag to indicate that her pregnancy information had been entered correctly. Vivienne's mom supplies her birth certificate and the funeral director uses it to determine Vivienne's State/Province of birth. He enters this into her record along with her father's surname. Vivienne's Will stated that she wished to be buried so the funeral director enters this information as the method of disposition in the EDRS. The completed record is then submitted for registration. Once the jurisdictional vital records office registers the death, the death certificate is considered complete. At this time, a HL7 ADT^A04 message containing cause of death literals is automatically sent to NCHS.

Comments

No Comments

Pre Condition

No PreCondition

Post Condition

No PostCondition

Test Objectives

The message must provide: Patient demographic information in the PID segment to provide basic demographics to allow identification of the person and matching of the record with information from the funeral director as well as death reporting observations in the OBX Observation/Result segments and further information on the patient death and possible autopsy in the PDA segment. The test case provides an example of relevant elements of recording the death of a patient, and of collecting the information needed to support filing a death certificate.

Support for Date/Time of Birth
Support for Death Location
Support for Autopsy Indicator
Support for Coroner Indicator
Support for Observation Value
Support for Death Certificate Signed Date/Time
Support for Death Certified By
Support for Coroner - Medical Examiner Case Number
Support for Death Certifier Type
Support for Did death involve any injury of any kind
Support for Did Tobacco use contribute to death
Support for Disease onset to death interval
Support for Part\Line Number
Support for Referral Note

Evaluation Criteria

No evaluation criteria

Notes for Testers

No Note