Description

Madeline Smith'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 examiner in the EHR. The medical examiner 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 interviews Madeline's family and adds some demographic information in the EDRS, such as the decedent's race, marital status and ethnic group. He sets the sex edit flag in the EDRS to indicate that this edit had passed verification. He also sets the source flag to indicate that the decedent's information was originally collected in electronic mode. Madeline's husband brought her birth certificate and the funeral director uses this document to enter her Birth certificate data year, birth certificate ID and birth place into the EDRS. He also enters Madeline's level of education. 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 literal and demographic information is sent electronically to the national statistical agency.

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 Address

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 Manner of Death

Support for Part\Line Number

Support for Referral Note

Evaluation Criteria

No evaluation criteria

| V | otes | for | Te | sters |
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No Note