

Description

Javier Perez'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 Javier's father and adds this information in the EDRS. He enters the decedent's race and ethnic group as well as Javier's industry which is "Academic". He also enters Javier's occupation, indicating that Javier was employed as a psychologist. In the course of his interview with Javier's father, the funeral director learns that an unsuccessful surgery was performed in an attempt to save Javier, so he enters the date that Javier's surgery was performed into 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 Death Certifier Type

Support for Death Cause Other Significant Conditions

Support for Death Pronouncer Details

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 Street Address where death occurred if not facility

Support for Race

Support for Ethnic Group

Support for Industry

Support For Occupation

Support for Surgery Date

Evaluation Criteria

No evaluation criteria

Notes

No Note