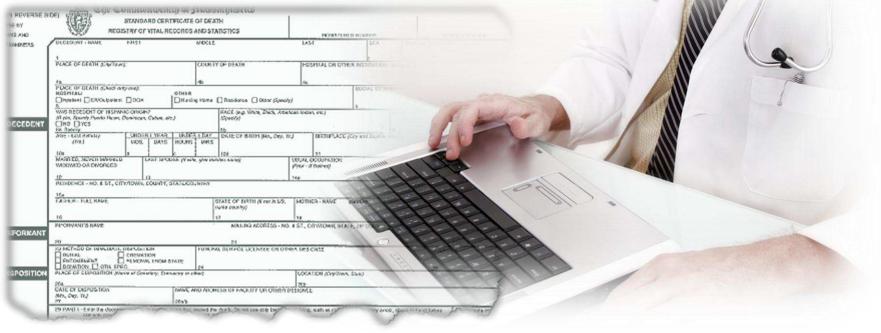


Transforming the Massachusetts Death Certificate Process

Vitals Information Partnership (V.I.P.)

EDRS System Introduction and Overview for Long Term Care Facilities July, 2014





What is the V.I.P. EDRS?

V.I.P. is the Commonwealth's "Vitals Information Partnership" system -- an electronic registration and issuance system for births, deaths, and other vital events.

V.I.P. is still a system in development. The birth module was launched successfully in 2011 and has over 900 users.



Commonly referred to as an "electronic death registration system" or "EDRS," the death module will be the next to "go-live." When fully implemented, the death module is expected to grow to thousands of users.

July 2014

Registry of Vital Records and Statistics, Massachusetts Department of Public Health



Medical Research

V.I.P. will make Massachusetts death certificates much more timely and accurate, which is critically important for families and public health surveillance.

V.I.P.:

- Prevents errors and fraud
- Makes pandemic and emergency response possible
- Centralized data available in days, not months
- Offers convenient preparation and issuance, saving funeral directors, certifiers, towns, and families time, mileage and money.

MA Cancer Registry

Pandemic and disease surveillance

Centers for Disease Control and Prevention

Injury Surveillance and Prevention



Estate Settlement

Childhood Fatality Surveillance

Genealogy & Family Medical Histories

Social Security Administration

Occupational Fatality Surveillance

National Death Index

Certified Copies Law Enforcement and Homeland Security VIP Overview



Who uses V.I.P. EDRS?

Funeral Directors

Certifying Physicians and Nurse Practitioners

Medical Staff

City and Town Clerks Boards of Health



What is New for LTC facilities?

New Options

- Certify deaths quickly online or by using a two-step paper based process
 - NPs may certify deaths instead of using Pronouncement form
 - Frequent certifiers, staff NPs or medical directors involved in decedent's care should consider an EDRS online account
- Pronouncement "Form" can be completed online (or on paper)
 - Deaths at a decedent's private residence should continue to use the current, paper Pronouncement Form

New Forms

- No "death certificate" form.
 - Depending on facility process, transportation of decedent can occur with a Certifier Worksheet, an Attestation form, or the paper Pronouncement form

Access to Information

- Online staff can view death records for your facility and print forms
 - View/print updates to records after medical examiner certification



When does V.I.P. EDRS happen?

Development

Development work 100% complete for this release.

In limited pilot since July 2012.

Roll-Out
Account creation
ongoing.
O

Overview/enrollment webinars ongoing.

Practice environment available since 4/1/2014

Go-Live

September 1, 2014

Schedule is still dependent on performance testing.

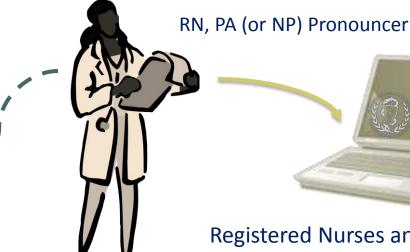
All Funeral Directors, Burial Agents (or Board of Health designees), and City and Town Clerks will need a V.I.P. account to use the new forms and processes.

Medical Certifiers (physicians, certifying nurse practitioners) may opt to participate online or by fax attestation. Some hospitals, nursing homes and other facilities may also choose to enroll medical data entry staff.

VIP Overview



Where will a death record start?



Paper Pronouncement Form or Certifier Worksheet



Registered Nurses and Physicians Assistants will complete the pronouncement form :

- By filling out the paper pronouncement form
- Or, online via V.I.P.

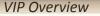


Funeral Director (or facility staff)

July 2014

(Note that Nurse Practitioners can certify online or fill out the certifier worksheet if the death was within the scope of their practice, and may not need to do a pronouncement form.)

The funeral director receives either the paper form or a printed VIP form. Families who do not designate a funeral home may also use this form to transport the decedent.





Who Should Certify the Record?

- A Physician or Nurse Practitioner in charge of the decedent's care
 - Facility staff
 - External private practices
- A Physician or Nurse Practitioner on the decedent's care team during the last illness
 - Facility staff
 - External private practices
- Medical Director of the facility, if on the care team as above
- A Medical Examiner under prescribed circumstances

VIP Overview



Certifying the death record?

Medical Certifier/ME/Medical Staff



Online Data Entry and/or Certification

Certifier Worksheet



Funeral Director or Medical Staff Medical certifiers and staff will complete the medical information necessary for a death certificate *either*:

- Online via V.I.P. or
- By filling out a Certifier Worksheet and providing the information for data entry

The funeral director receives either the paper worksheet or an online notification. The city or town clerk may also start records for families who do not designate a funeral home.

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Online Certification

Physicians and certifying Nurse Practitioners that complete the medical portion of the death certificate, and certify online, are done!

Authorized medical data entry staff may also enter medical information, but the online Certifier will still certify the information in V.I.P.



Funeral Director

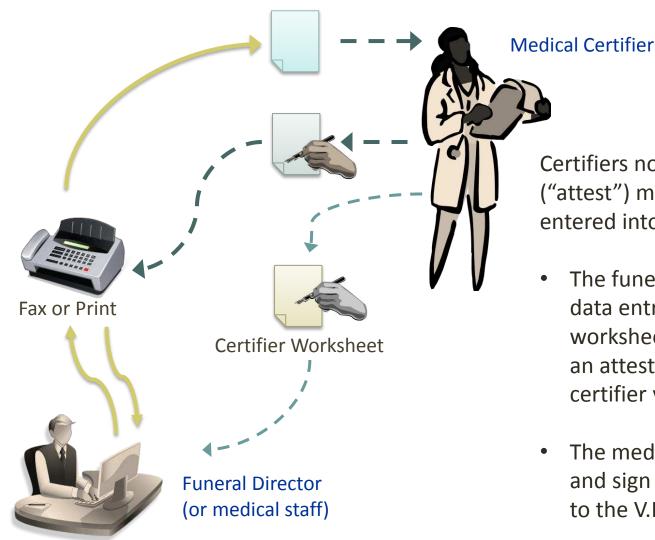


The EDRS will print a copy of the certified medical portion of the death certificate for your records and for transportation of the decedent, if necessary.

The funeral director will finish the remaining parts of the death record.

VIP Overview

Fax Attestation



Certifiers not yet online must verify ("attest") medical information entered into V.I.P. for them.

- The funeral director (or medical data entry staff) will enter the worksheet information and fax an attestation form to the certifier via V.I.P. (or print)
- The medical certifier will review and sign the form, and fax it back to the V.I.P. system.



Preparation for EDRS

- Preparing for EDRS
 - Each facility/practice will need to determine their specific process and policies
 - RVRS is willing to help discuss this
 - Online users need Virtual Gateway accounts and must submit application paperwork
 - Multiple forms, but usually a one-time process
 - Certifiers will have a single EHS portal account with access to multiple applications
 - Data entry staff may be associated with the facility, a private practice physician or both

• Training

- RVRS training will be available primarily through eLearning Modules, webinars and Quick Start Guides
 - All death certificate partners will receive training to understand the new forms and online/offline processes
 - Online users will also receive EDRS system training
 - Certifiers will also receive cause-of-death quality improvement training
- Each facility/practice will also need to internally train staff to their specific new processes and policies



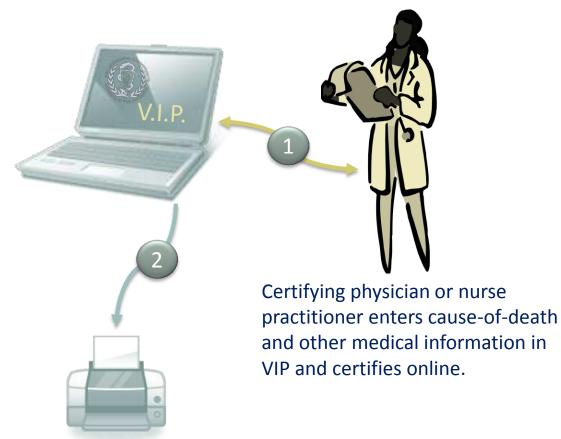
What workflows are supported?

- The following graphics depict a few of the typical workflows that the electronic death registration system will be able to accommodate for medical certification of death certificates.
- Facilities may use one or a combination of these options, or talk to the Registry about other options that might be available to them.



Workflow A:

Certifier Enters Medical Information and Certifies Online



Online certifiers and online facility staff may print an attestation copy for records and/or funeral home.

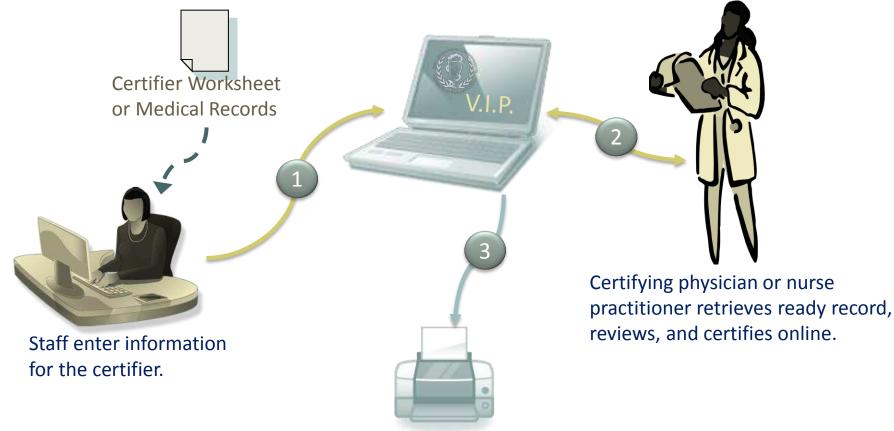
VIP Overview

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Workflow B:



Medical Staff Prepare Record for Online Certification



Online certifiers and online facility staff may print an attestation copy for records and/or funeral home.

VIP Overview

Registry of Vital Records and Statistics, Massachusetts Department of Public Health



Workflow C:

Medical Staff Prepare Record for Fax Attestation

Certifier Worksheet or Medical Records

Staff enter information then fax or print the attestation form for the certifier to sign. Certifying physician or nurse practitioner receives attestation form by fax or manually, reviews, and signs. The signed attestation form is faxed back into VIP by the certifier or a medical staff member.

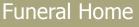
The original attestation form is filed in medical records. A copy may be provided to the funeral home for transport.



Paper Pronouncement, Offline Certifier

- RN, PA (or NP) Completes Pronouncement Form
- Notify the ME or the Certifier
- Provide form to the Funeral Home or other designee for transportation of the decedent

LTC Facility Staff



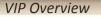
- Obtain Pronouncement Form
- Create a New Death Record, and Assign Certifier
- Enter all information on Pronouncement Tab 5A
- Print Fax Coversheet for record and fax form into VIP
- Call or Fax Certifier Worksheet to Certifier

- Complete Certifier Worksheet
- Fax, email or call funeral home to communicate info on worksheet or Funeral home picks up worksheet

Funeral Home

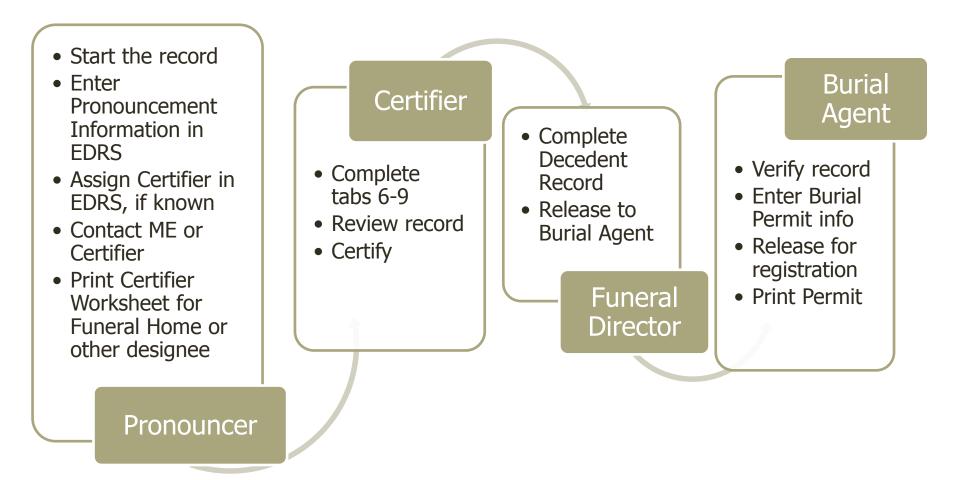
- Enter information into EDRS
- Fax Attestation form to Certifier for signature

Certifier





Online Pronouncement and Certifier



VIP Overview



Consider Some Hospital Strategies

- All certifiers online, supported by data entry staff
 - Attending and certifying physicians will complete a certifier worksheet or other tailored facts of death sheet and provide that information to staff who will perform data entry
 - Medical Data Entry Staff can create the record and assign to the certifier when ready for signature. Certifier reviews for accuracy, enters date signed and certifies with minimal steps
 - Physician can also create the record and certify without medical data entry assistance
- Frequent certifiers online, others offline, all supported by data entry staff
 - Attending and certifying physicians will complete a certifier worksheet or other tailored facts of death sheet and provide that information to staff who will perform data entry
 - Frequent certifiers will certify online as described above
 - Infrequent certifiers or those who do not use computers will follow the fax attestation process
 - Medical Data Entry Staff will enter the record information, print the attestation form for offline certifiers; obtain a certifier signature; and fax into the EDRS.

Consider Some Hospital Strategies, 2

- Core group of certifiers, supported by data entry staff
 - The hospital selects a core group of certifiers who will certify records online. In some cases these are Quality Assurance physicians or physician unit heads
 - Attending and certifying physicians will complete online or complete a certifier worksheet or other custom facts of death sheet and provide that information to staff who will perform data entry
 - When staff data entry is complete, the record is assigned to the one of the core group of certifiers who reviews the record and makes any necessary changes and certifies the record
- All fax attestation
 - Attending and certifying physicians will complete a certifier worksheet or other tailored facts of death sheet and provide that information to staff who will perform data entry
 - Medical Data Entry Staff can create the record print the attestation for offline certifiers; obtain the certifier signature; and fax into the EDRS
 - In the absence of data entry staff, the certifier can provide the certifier worksheet to the funeral home for data entry

VIP Overview



More information?

If your facility would like to set up a brief telephone conversation with RVRS staff about strategies for using the EDRS, contact Ramona Irving at 617-740-2616 or email to <u>Ramona.Irving@state.ma.us</u>.

More information about account creation and other training material is available on the Registry's VIP web page: <u>www.mass.gov/dph/vip</u>

Updated information and training resources will be added as they become available.

Please feel free to email the V.I.P. Project Team with any questions or comments:

vip@state.ma.us



Enter Pronouncement Info

Practice URL: <u>http://173.166.20.212:8080/vips/</u> email a request for the password with your telephone number to <u>vip@state.ma.us</u> or attend a webinar for the password

July 2014

Registry of Vital Records and Statistics, Massachusetts Department of Public Health



Create a Case

Ø VIPS - Main Page - Windows Internet Explorer		Mart South Property St. 7, No	age - Manual Paughast	
http://173.166.20.212:8080/vips/servlet/dse/process				
Logged in as: WESTON NURSING HOME DATA ENTRY at WESTON NURSING HOME Unit: WESTON NURSING HOME				Version: RLS-4-2-35-Sandbox 05/30/2014 03:33 PM Logout Help
Main Death New Death Create Car Update Abandon Case				
Pending PI (2) Pending MI (2) Description	Event Date	Details	Action	News
DANE JOHN	02/02/2014	Details	Process	News Message There is no news for WESTON NURSING HOME DATA ENTRY
CARR NORMAN	02/02/2014	Details	Process	
To start a record,	select Death	> New Death >		
Create a Case				
The Work Queues	s (Pending PI,	Pending MI) a	re	
records for your f	acility that ha	ave not been		
assigned to a fune	eral home or	certified yet,		
respectively				
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Create a Case

VIPS - Dynamic Screen Engine - Windows Internet	Explorer	
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First NORMAN	Date of death (mm/dd/yyyy) 02/02/2014	
Last CARR	Date of Birth	
Soundex on last name	Date of birth (mm/dd/yyyy) 01/01/1960	
Decedent's Sex		
Sex MALE -		
	Search Cancel	
	Enter all five fields	
	Date can be entered in mmddyyyy format	
	Select SEARCH	
	The system will check for existing records	
	If none found, CREATE CASE	
		€,100% •



Tab 1: Decedent Info

VIPS - Dynamic Screen Engine - Windows Internet Explorer	the second s		
http://173.166.20.212:8080/vips/servlet/dse/process	and the second	and the second sec	
Death First name: NORMAN Last name: CARR D	ate of death (mm/dd/yyyy):02/02/2014		•
	4 Informant 5 Funeral Home/Disposition Info 5A Pronouncement	Info] 6 **Place/Date/Autopsy** 7 **Certifier Cause of Death** 8 **Manner/Detail/I	njury** 9 **Certification Info**
12 Record Actions			
First name NORMAN	-	Date of Death	
Middle name EDWARD	-	Date of death (mm/dd/yyyy) 02/02/2014	
Last name CARR	₩.	Decedent's Age Age measure Select	
Generational ID			
No middle name		Age on last birthday (years)	
Surname at birth or adoption		Age if under 1 year - months	
How many aliases? 0 •	- \	Age if under 1 year - days	
State file number	\sim	Age if under 1 day - hours	
	\	Age if under 1 day - minutes	
Decedent's Sex Sex MALE		Date of Birth	
Decedent's Social Security Number		Date of birth (mm/dd/yyyy) 01/01/1960	
SSN		Pronouncement Performed	
If blank, reason Select		Pronouncement performed? Yes	
Verification status 35 - No SSN verification - missing or invalid of	data 👻		
	The information entered	ed for the search will be	
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	displayed on Tab 1 of t	ne electronic record	
	Enter the middle name	ifknown	
	Linter the mutule halfie		
	Select Pronouncement	Performed= Yes	
	Then go to the next tak	o and a Pronouncement Tab	
	will be created		€ 100% ▼



Tab 5A: Pronouncement Info

🎯 VIPS - Dynamic Screen Engine - Window	ws Internet Explorer	March Street Street	
http://173.166.20.212:8080/vips/servlet/	/dse/process		
Death First name: NORMAN	Last name: CARR Date of death (mm/dd/yyyy):02/02/2014		
	fo] 3 Decedent History 4 Informant 5 Funeral Home/Disposition Info <mark> 5A Pronouncement I</mark> I	info 6 **Place/Date/A	Autopsy**] 7 **Certifier Cause of Death**] 8 **Manner/Detail/Injury**] 9 **Certification Info**]
12 Record Actions Pronouncement Info		Physician/ME Notifi	ied of Death
Date pronounced (mm/dd/yyyy) 02/02/	/2014		SADOORIAN KAREN S
Time pronounced 13:14	Time indicator Military	Medical examiners	elect
Pronouncer Info		Check if physician/	/medical examiner is not in list
Title R.N.	·	Title	
First name JANE	T	First name	AREN
Middle name ANNE		Middle name S	
Last name MANN	NER	Last name	GADOORIAN
Generational ID		Generational ID	
No middle name		Telephone number 61	📨 🕨 Enter all information on the
License number 124		Address number	
Employing agency or institution WEST	TON NURSING HOME	Street prefix Se	pronouncement
Address number 12		Street name	
Street prefix Select	t 🔻	Street designator	OAD
Street name MAIN		Street suffix	
Street designator STRE	ET 🔹	Apt/unit number	
Street suffix Select	t 🗸	Country	NITED STATES
Apt/unit number		State	ASSACHUSETTS -
Country UNITE	ED STATES •	Zip code list	elect 💌
State/province MASS	SACHUSETTS -	Cities/towns	elect 💌
Zip code list 01201	1 🗸	City/town	EXINGTON
Cities/towns ALLE	NDALE -	Zip code 02	421
City/town	NDALE		
Zip code			
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			€,100% ▼



Tab 12: Select Certifier, if known

🤗 VIPS - Dynamic Screen Engine - Windows Internet Explorer	
Http://173.166.20.212:8080/vips/servlet/dse/process	
Death - First name: NORMAN Last name: CARR Date of death (mm/dd/yyyy): 02/02/2014	
	ouncement Info] [6 ** Place/Date/Autopsy**] [7 ** Certifier Cause of Death**] [8 ** Manner/Detail/Injury**] [9 ** Certification Info**]
12 Record Actions Comments Among Users About Case	Return Record
×	Check if you need to return this record
2 million and a second s	New Comments
Comments	
Medical Info	Check when new comments are complete
Select physician CARTER, JOHN C - 456789F	Return Record Info Reason for returning record
Select facility physician Select	
Select nurse practitioner Select	
Select medical examiner Select	
Check if physician/medical examiner is not in list	Select the certifier, if known
Case access FAX SERVER	
Check when ready to certify Check if you decline to certify	Record History > You will not be able to assign a
Certify Certify Un-Certify Un-Certify	case to the ME, they will take
Personal Info	456789
Select funeral home Select	cases over upon review
Check if funeral home is not in list	
No designated funeral home	
Case access	
Check when ready for review before releasing Check if you decline to complete this record	
Release Release Un-Release	
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Print Preliminary Certifier Worksheet

http://173.166.20.212:8080/vips/servlet/dse/process?mmr_id=2		
ogged in as: WESTON NURSING HOME DATA ENTRY at WESTON NURSING HOME Unit: WESTON NURSING HOME		Version: RLS-4-2-35-Sandbox 05/30/2014 03:20 PM Logout Help
Main Death New Death Create Case		
	Successful Transaction Your transaction has been saved successfully.	
	Record Details	
	Decedent's first name NORMAN Decedent's last name CARR State file number Date of death 02/02/2014	
	Medical information status Fax attestation Personal information status New	Select Print Preliminary Certifier
	Print Confirmation Your actions have triggered the following documents to be print Please select all documents you wish to print. Print Fax Cover Sheet: Skip this print option: Print Preliminary Certifier Worksheet: Skip this print option: Print	Worksheet (You can also print from the menu b selecting Death > Print > Preliminary Certifier Worksheet) ➢ Sign the Worksheet
	Other Options Following options are available: Return to Record Send Fax Worksheet	Provide to the funeral home for transportation of the decedent



Certify Death Records



Main Page with Work Queues

AliMolic SHARMA mo ar ofFICE OF DR ANMOLE SHARMA MD Main Death Death TH Not Assigned (?) [Pending MI (11)] [Certify MI (3)] Description Event Date Details Action DESIGNEE HONORABLE 09/26/2013 Details Process ROSARIO CASTELIA 09/26/2013 Details Process ROSARIO CASTELIA 09/26/2013 Details Process DESIGNEE EXTRAORDINARY 09/26/2013 Details Process WOrrk Queeues will list records awaiting an action by you:	NMOLE SHARMA at OFFICE OF DR ANMOLE SHARMA MD [change] Jnit: OFFICE OF DR ANMOLE SHARMA MD Main Death					Version: RLS-4-2-1 10/17/2013 01:44 PM Logout Help
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Medical Users: Enter Tabs 6-9 Only!

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Decedent Info 2 Decedent Legal Info 3 Decedent History 4 Informant 5 Funeral Home	e/Disposition Info 6 **	Place/Date/Autopsy*	** 7 **Certifier Cause of Death** 8 Manner/Detail/Injury*	*]
**Certification Info ** 212 Record Actions		- Place of Death Addres		
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Medical Record Info (if known)	but th	ev are the	e responsibility of the	
Medical record number MRN002233				
Medical examiner case year	funera	al director.		
Medical examiner case number				
Place of Death		Apt./unit number		
Place of death HOSPITAL - DOA		Country	UNITED STATES	-
Specify other		State	MASSACHUSETTS	
Autopsy Info		Zip code list	Select *	
Was medical examiner contacted? No ·		Cities/towns for zip code	Select -	
Was an autopsy performed? No ·		Cities/towns for state	Select	
Were autopsy findings available? Select		City/town	BOSTON	
Actual Date of Death		Counties	Select	
Date of death (mm/dd/yyyy) 09/25/2013		County	SUFFOLK	
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Medical Info: Place/Date/Autopsy Tab

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Certification Info 12 Record Actions			
Case Information	Place of Death Addres		
Decedent first name CASTELIA	Hospitals	Select •	
Decedent middle name MARIA	Hospices	Select	
Decedent last name ROSARIO	Nursing homes	Select	
Generational ID	Assisted living/ rest home	Select 🔹	
No middle name	Check if location is no	ot in list	
Decedent sex FEMALE	Address same as res	sidence (Decedent Legal Info page)	
Decedent date of birth (mm/dd/yyyy) 09/25/2000	Facility name	MASSACHUSETTS GENERAL HOSPITAL	
Check to release	Address number	55	
Medical Record Info (if known)	Street prefix	Select -	
Medical record number MRN002233	Street name	FRUIT	
Medical examiner case year	Street designator	STREET -	
Medical examiner case number	Street suffix	Select -	
Place of Death	Apt./unit number		
Place of death HOSPITAL - DOA	Country	UNITED STATES	
Specify other	State	MASSACHUSETTS	
Autopsy Info	Zip code list	Select -	
Was medical examiner contacted? No 🔹	Cities/towns for zip code	Select -	
Was an autopsy performed? No 💌	Cities/towns for state	Select	
Were autopsy findings available? Select	City/town	BOSTON	
Actual Date of Death	Counties	Select ·	
Date of death (mm/dd/yyyy) 09/25/2013	County	SUFFOLK	



Medical Info: Certifier Cause of Death

Abbreviations

Do not use abbreviations to report cause of death. We think that the full term for (e.g., AAA) is (e.g., abdominal aortic aneurysm)? Indicate which term is correct if multiple meanings are possible, or specify what you meant by the abbreviation if we have not suggested the correct full term.

Underlying cause B

DVT = DEEP VEIN THROMBOSIS

Rare Cause

Underlying cause C

The reported cause is one of the causes that State Health Departments always try to verify, either because the cause is rarely reported on a death certificate or because it may present threats to public health in the United States. Was this the cause of death that the certifier intended to enter?

Death -- First name: JUNIPER Last name: LONGSLEEVES Date of death (mm/dd/yyyy): 10/16/2013

1 Decedent Info] 2 Decedent Legal Info] 3 Decedent History 4 Informant 5 Funeral Home/Disposition Info 6 **Place/Date/Autopsy** 7 **Certifier Cause of Death** 8 **Manner/Detail/Injury** 9 **Certification Info** 12 Record Actions

Cause of Death PART I.

Enter the diseases, injuries, or complications that directly caused the death. Do not use only the mode of dying such as cardiac or respiratory arrest, shock or heart failure. Enter only one cause on each line (a through d). DO NOT ABBREVIATE.

	Cause of death pending
_ a	. IMMEDIATE CAUSE (Final disease or condition resulting in death

a. PULMONARY EMBOLISM Due to (or as a consequence of) Sequentially list conditions, if any, leading to the in UNDERLYING CAUSES b. DVT Due to (or as a consequence of)	Approximate interval between onset and death Units 6 MINUTES V mmediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. Approximate interval between onset and death Units VEEKS V	The system will prompt you when cause of death info entered may be problematic such as an abbreviation or a rare cause	
C.	Approximate interval between onser and death Units		
Due to (or as a consequence of)			
d.	Approximate interval between onset and death Units		
PART II. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
Other Significant Conditions			
July 2014	Registry of Vital Records and Statistics, Massachusetts Department of Public Health 33		



Medical Info: Manner/Detail Injury

🦉 VIPS - Dynamic Screen Engine - Windows Internet Explorer			
Http://vips-dev.ehs. state.ma.us :8080/vips/servlet/dse/process			
Death First name: <i>CASTELIA</i> Last name: <i>ROSAR/O</i> Date of death (mm/dd/yyyy): <i>09/25/2013</i>			
1 Decedent Info 2 Decedent Legal Info 3 Decedent History 4 Informant 5 Funeral Home/Disposition Info 6 **Place/Date/Autopsy** 7 **Certifier Cause of Death** 8 **Manner/Detail/Injury**			
9 **Certification Info** 12 Record Actions			
Manner of Death Manner of death Natural	Location Injury Occurred		
	Location unknown		
Specify manner of death Natural	Address number		
Additional Death Details	Street prefix Select -		
Pregnancy status at time of death Not pregnant within the past year	Street name		
Did tobacco contribute to death? No 🔹	Street designator		
Injury Details	Street suffix Select		
Date of injury (mm/dd/yyyy)	Apt./unit number		
Time of injury			
Time indicator Select			
Injury at work?	State/province Select *		
	Zip code list Select -		
Describe how injury occurred	Cities/towns for zip code Selecti		
	Cities/towns for state Select *		
Specify place of injury (residence, farm, factory, etc.)	Chvitown		
If transportation injury	Zip coo		
Specify other			
	Tuo nous questions for		
Previous Next	Two new questions for		
	certifiers to answer		
	€ 125% ▼		



Medical Info: Certifier Info

VIPS - Dynamic Screen Engine - Windows Internet Explorer				
I Decedent Info] 2 Decedent Legal Info] 3 Decedent History 4 Informant 5 Funeral Home/Disposition Info] 6 **Place/Date/Autopsy** 7 **Certifier Cause of Death** 8 **Manner/Detail/Injury** 9 **Certification Info** 12 Record Actions 12 Record Actions 12 Record Actions				
Certifier Info	Certifier Address			
Certifier designation PHYSICIAN IN CHARGE OF PATIENT'S CARE	Address number 12235			
Physicians Select *	Street prefix Select -			
Medical Select	Street name MOULTON			
Nurse	Street designator AVENUE			
practitioners Select	Street suffix Select -			
Certifier not in list	Apt./unit number			
Title MD	Country UNITED STATES			
First name ANMOLE	State/province MASSACHUSETTS			
Middle name A	Zip code list Select -			
Last name SHARMA	Cities/towns Select -			
Generational ID	City/town BOSTON			
Phone number 1-617-999-9999	Zip code 02108			
Fax number 1-617-740-2711	Physician Certifying Info			
Medical license number	Hour of death 10:00 AM			
Case access ELECTRONIC	Date signed 10/09/2013 Date verified			
Check if signed on behalf of certifier	ME Certifying Info			
Signed by Select	Time can also be entered in			
Signed on behalf	Appx. time of death			
of by	Date pronounced military time and will be			
Physician in Charge of Patient's Care				
Physicians Select	Time pronounced converted for printing			

VIP Overview



Medical Info: Record Actions Page

🥝 VIPS - Dynamic Screen Engine - Windows Internet Explorer				
Attp://vips-dev.ehs. state.ma.us /8080/vips/servlet/dse/process				
Death First name: CASTELIA Last name: ROSARIO Date of death (mm/dd/yyyy):09/25/2013				
1 Decedent Info 2 Decedent Legal Info 3 Decedent History 4 Informant 5 Funeral Home/Disposition Info 6 **Place/Date/Autopsy** 7 **Certifier Cause of Death** 8 **Manner/Detail/Injury** 9 **Certification Info**				
12 Record Actions				
Comments Among Users About Case	Return Record			
	Check if you need to return this record			
Comments	New Comments			
	Check when new comments are complete			
Medical Info				
Select physician Select	Return Record Info Reason for returning record			
Select facility physician Select				
Select nurse practitioner Select				
Select medical examiner Select				
Check if physician/medical examiner is not in list				
Case access				
Check when ready to certify Check if you decline to certify	Record History			
	Record history 09/25/2013 User ID: 361 Started record			
Certify Certify Un-Certify Un-Certify	09/26/2013 User ID: 393 Checked ready to certify			
Personal Info				
home Select Save after Tabs 6-9 Complete,				
No designated funeral home Check ready to certify, then click				
on Certify				
Check when ready for review				
Balance Lie Dalance Lie Dalance Lie Balance Lie Balanc				