

# Transforming the Massachusetts Death Certificate Process

## Vitals Information Partnership (V.I.P.)

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

ON REVERSE SIDE)		The Commonwealth of Massachusetts					
ISSUED BY TOWNS AND CITIES		STANDARD CERTIFICATE OF DEATH REGISTRY OF VITAL RECORDS AND STATISTICS		REGISTERED MEDICIN		STATE USE ONLY	
DECEDENT - NAME		FIRST	MIDDLE	LAST		SEX	DATE OF BIRTH (Month, Day, Year)
1 PLACE OF DEATH (Specify):		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - (Specify)			
2a PLACE OF DEATH (Specify one): <input type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> INFIRMARY <input type="checkbox"/> DISPENSARY <input type="checkbox"/> CHURCH <input type="checkbox"/> OTHER		OTHER <input type="checkbox"/> Having Home <input type="checkbox"/> Residence <input type="checkbox"/> Care (Specify)				SOCIAL SECURITY NO.	
3 WAS DECEDENT OF MARRIAGE ORIGIN? (If yes, specify number from Decedent's Card, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO		RACE (Anglo White, Black, American Indian, etc.) (Specify)				DATE OF DEATH (Month, Day, Year)	
4a AGE - (Specify exactly) (in years)		UNDER 1 YEAR	1 YEAR TO 1 DAY	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (City and State or Country)	
10a MARITAL STATUS (Specify) MARRIED OR DIVORCED		LAST SURVIVOR (Specify name and address)		10c USUAL OCCUPATION (Prior if retired)			
12 RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY		13		14			
15a FATHER - FULL NAME		STATE OF BIRTH (If not U.S., name country)		MOTHER - NAME		FATHER'S	
16 INFORMANT'S NAME		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE		18			
20 20a PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		21		22 FORMAL BURIAL LICENSE OR OTHER DISCHARGE			
23a DATE OF DEPOSITION (Month, Day, Year)		23b NAME AND ADDRESS OF FACILITY OR OTHER DISPOSAL		24 LOCATION (Specify, State)			
25a DATE OF DEPOSITION (Month, Day, Year)		25b		26a			
27		28		29			

# 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.





# Why change?

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.

*Medical Research*

*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*

*Certified Copies*

*Law Enforcement  
and Homeland Security*

*Social Security Administration*

*National Death Index*

*Occupational Fatality Surveillance*



# 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

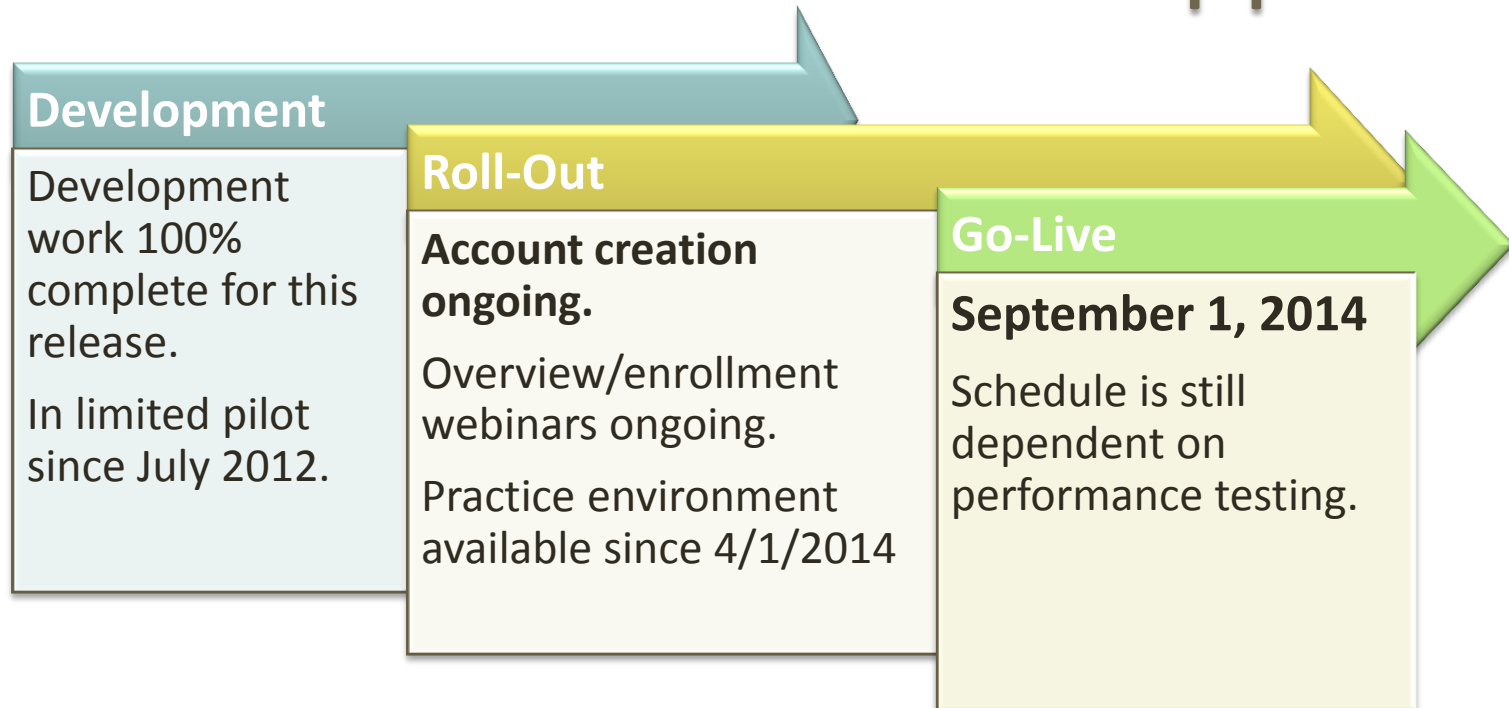
## New Forms

- 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

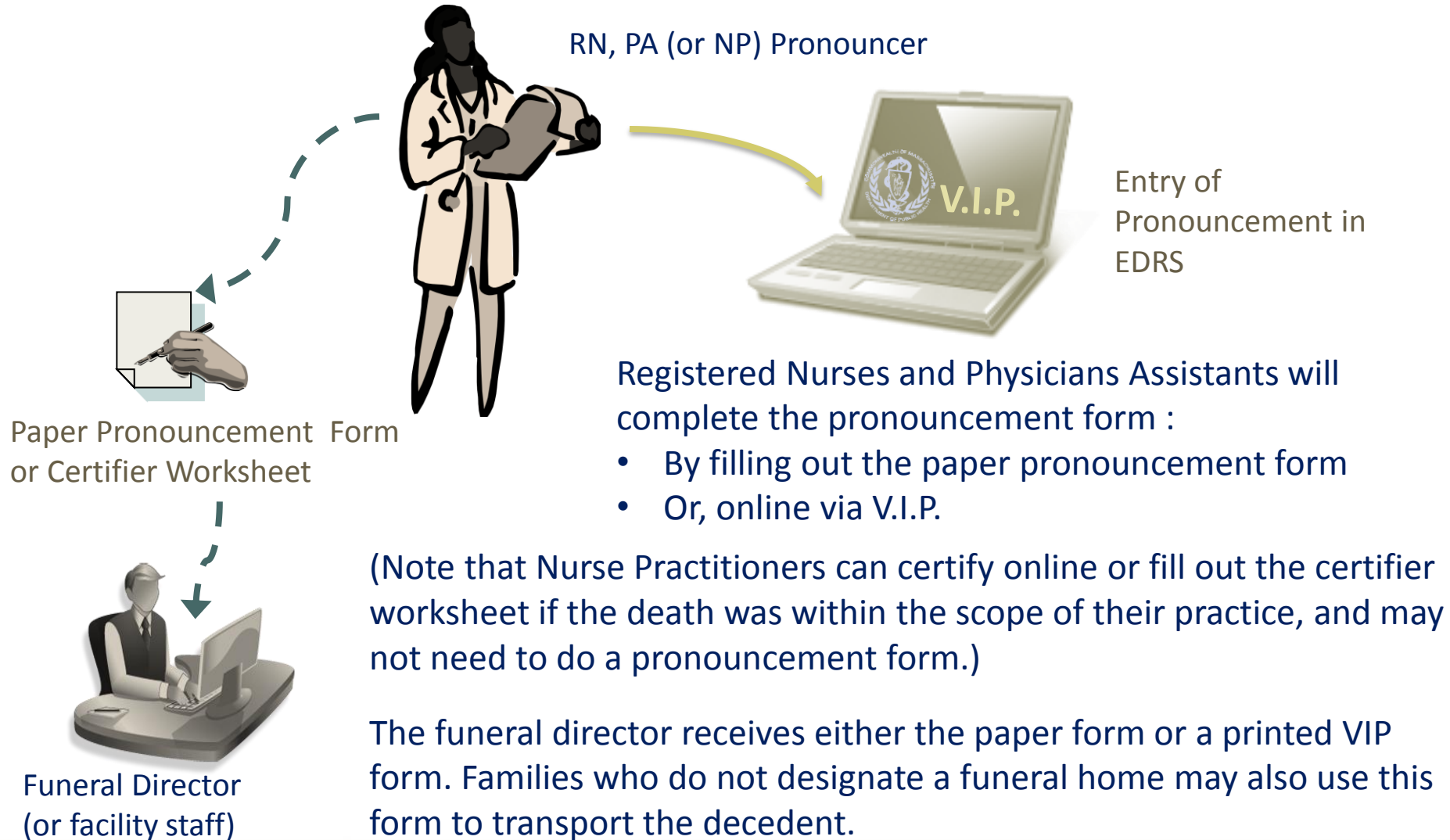
# When does V.I.P. EDRS happen?



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.

# Where will a death record start?



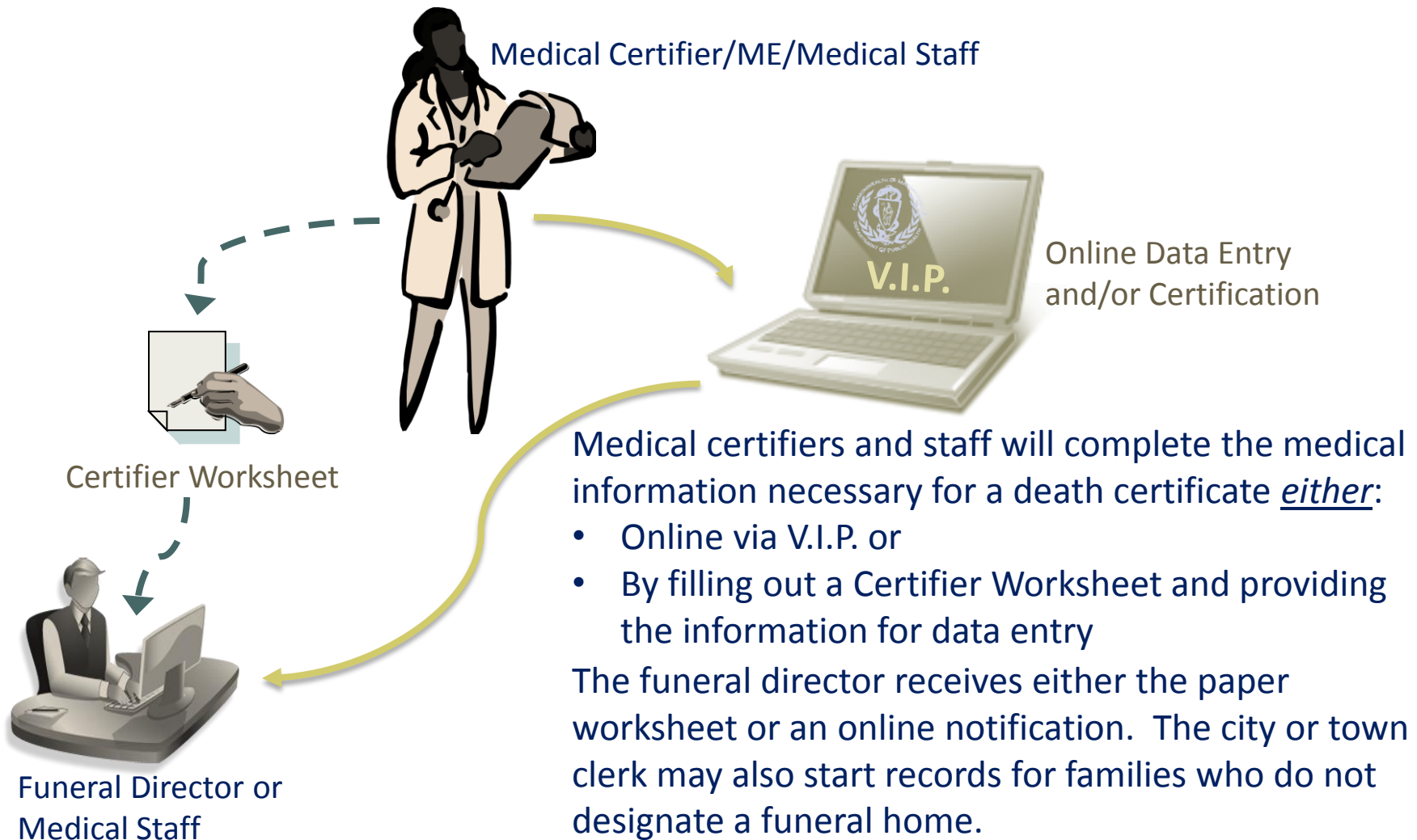


# Who Should Certify the Record?

- 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



# Certifying the death record?



# 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.



Medical Certifier



Online Certification

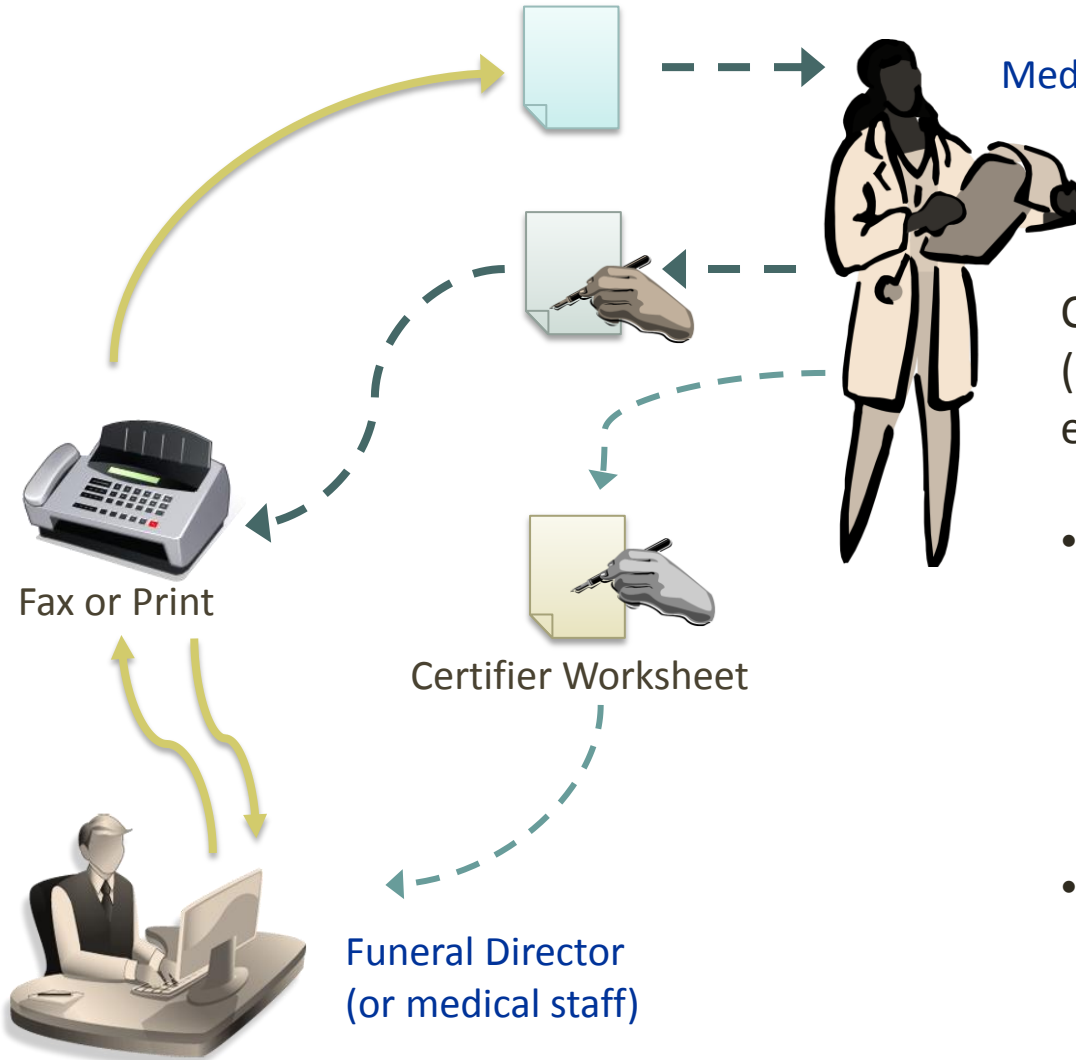


Funeral Director

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.

# Fax Attestation



Medical Certifier

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

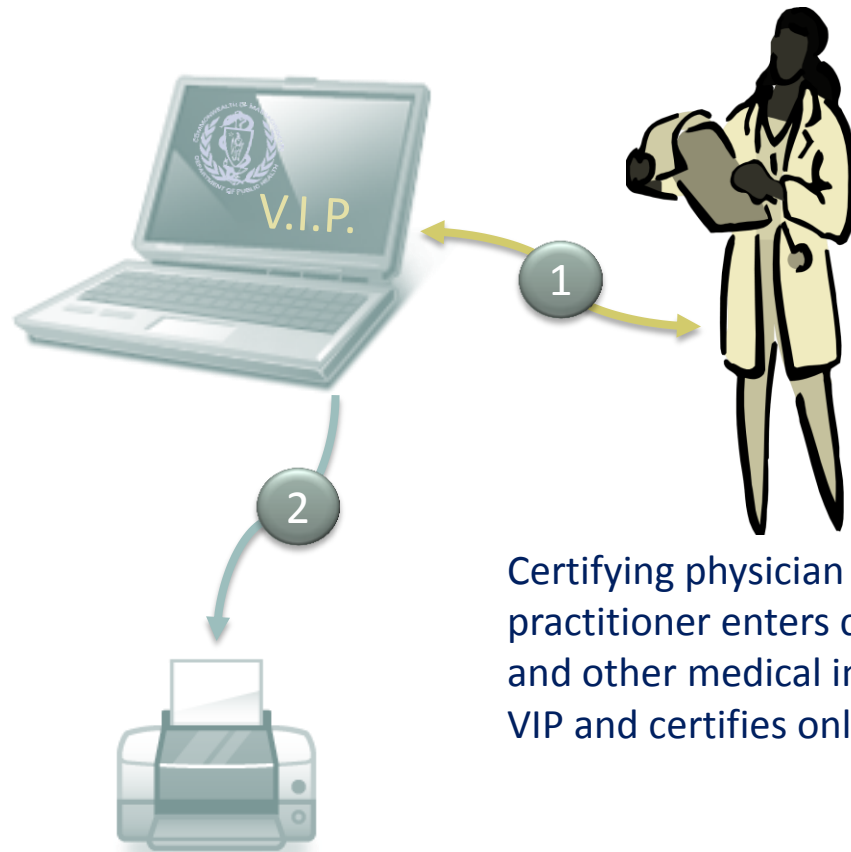


# What workflows are supported?

- 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.



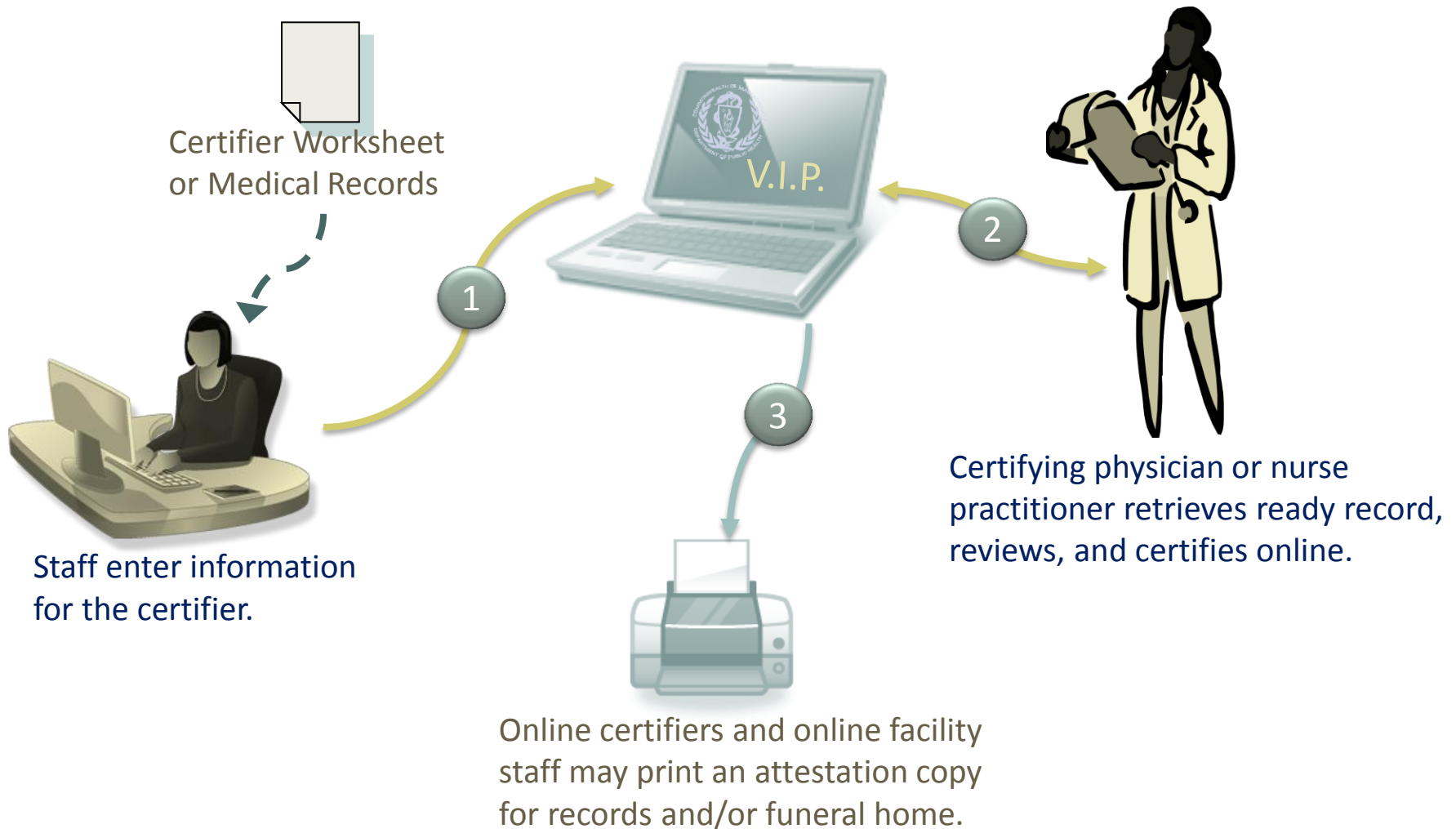
# Workflow A: Certifier Enters Medical Information and Certifies Online



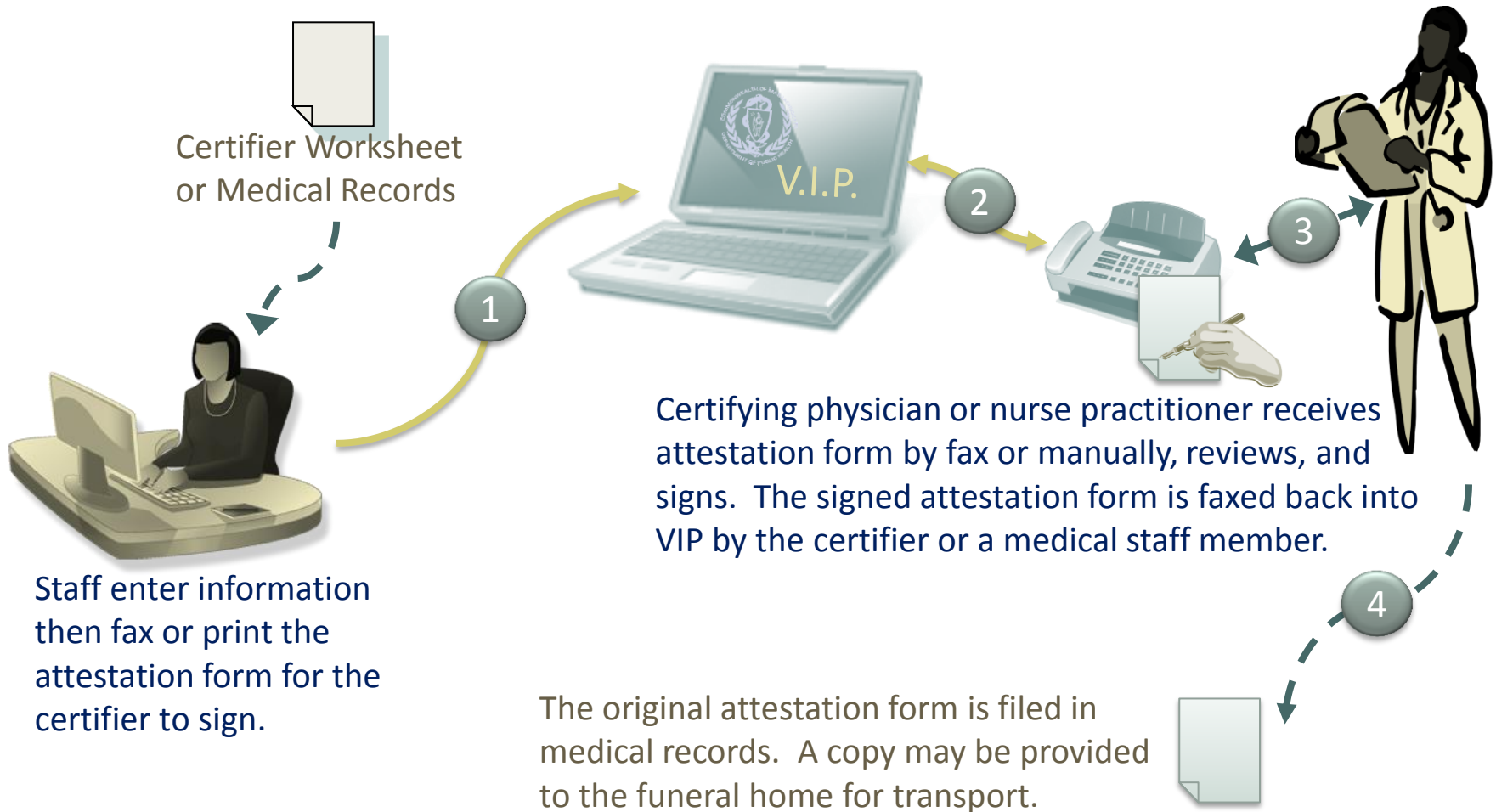
Certifying physician or nurse practitioner enters cause-of-death and other medical information in VIP and certifies online.

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

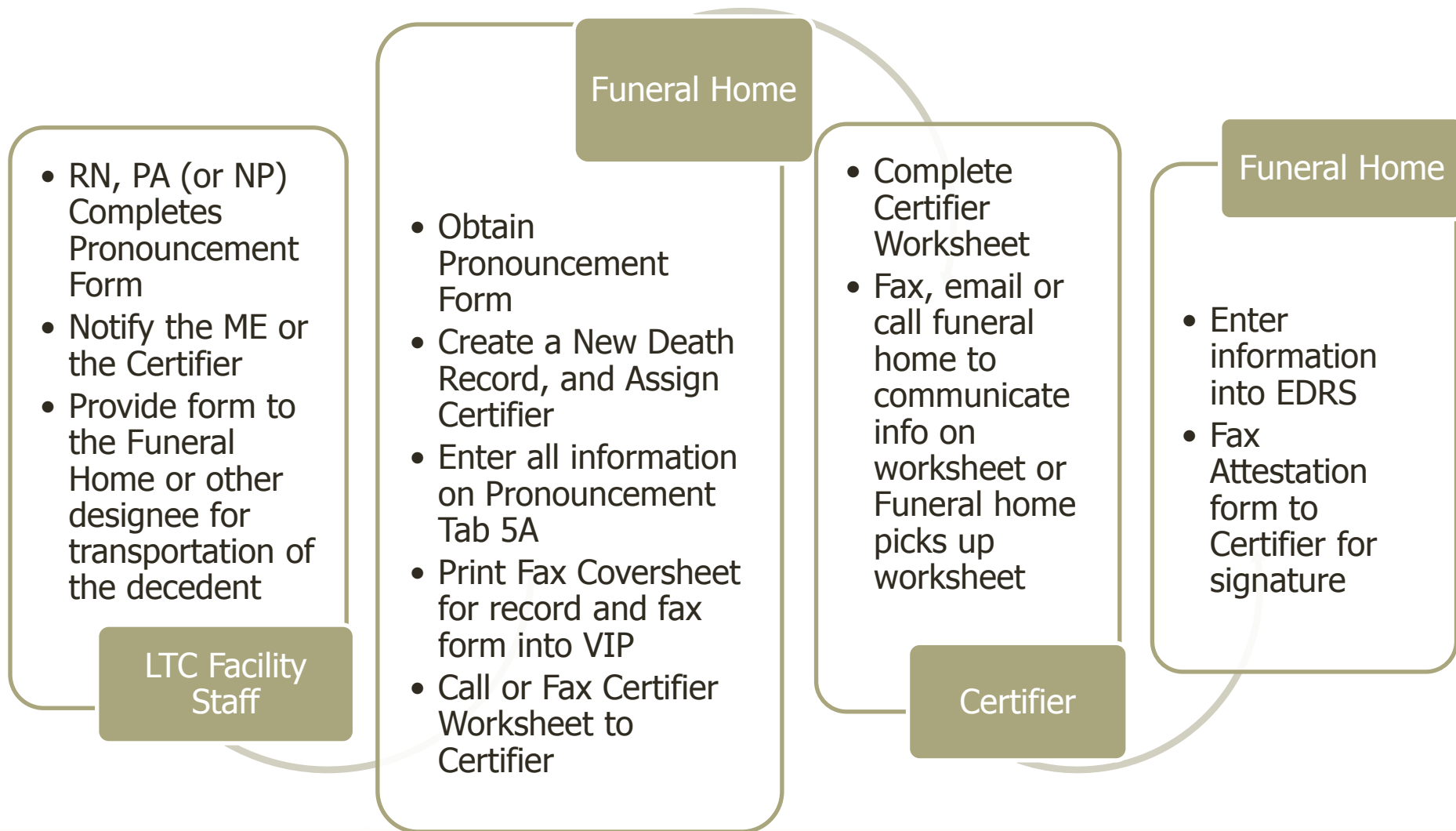
# Workflow B: Medical Staff Prepare Record for Online Certification



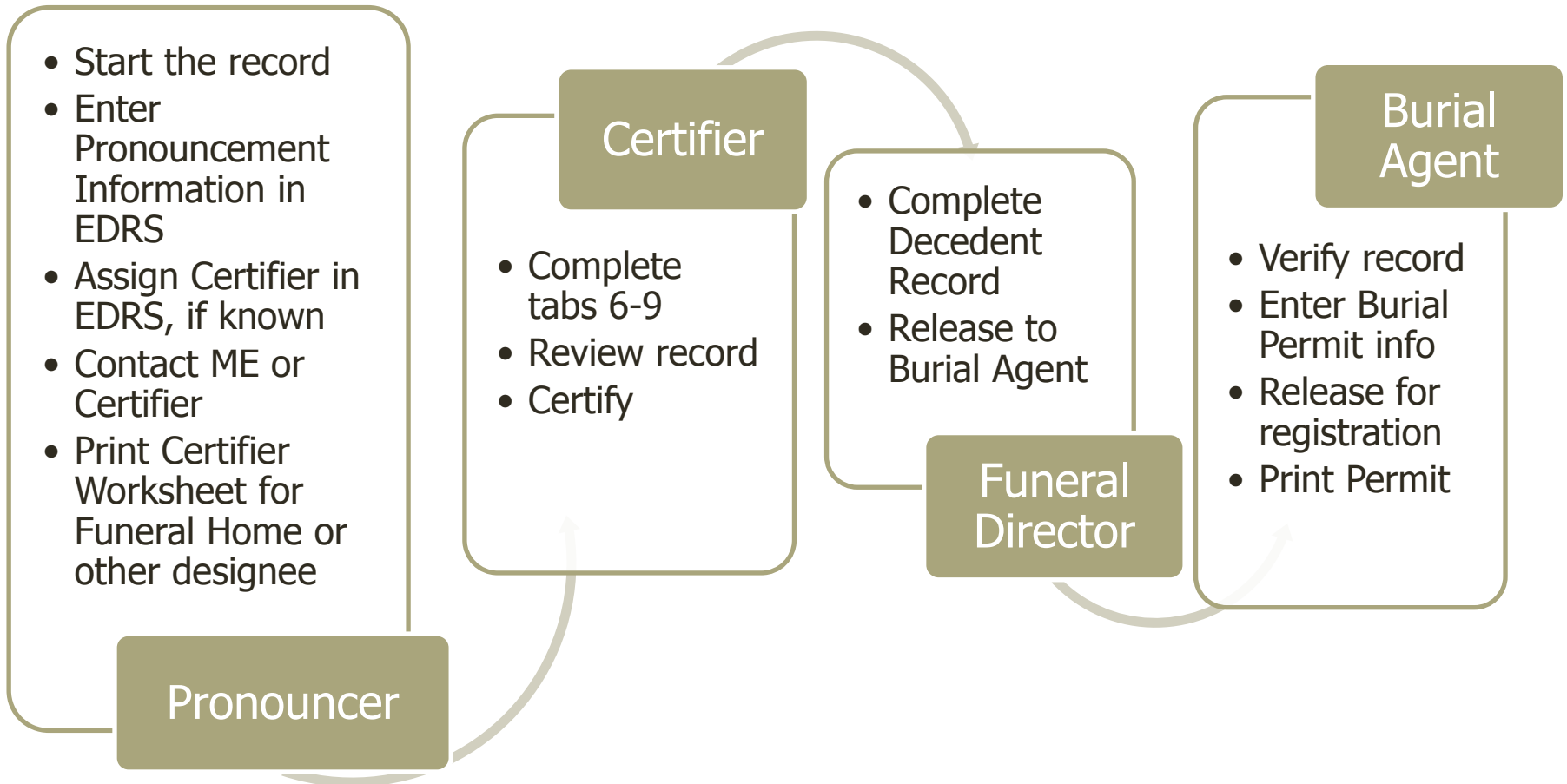
## Workflow C: Medical Staff Prepare Record for Fax Attestation



# Paper Pronouncement, Offline Certifier



# Online Pronouncement and Certifier







# 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



# 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 [Ramona.Irving@state.ma.us](mailto:Ramona.Irving@state.ma.us).

More information about account creation and other training material is available on the Registry's VIP web page: [www.mass.gov/dph/vip](http://www.mass.gov/dph/vip)

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

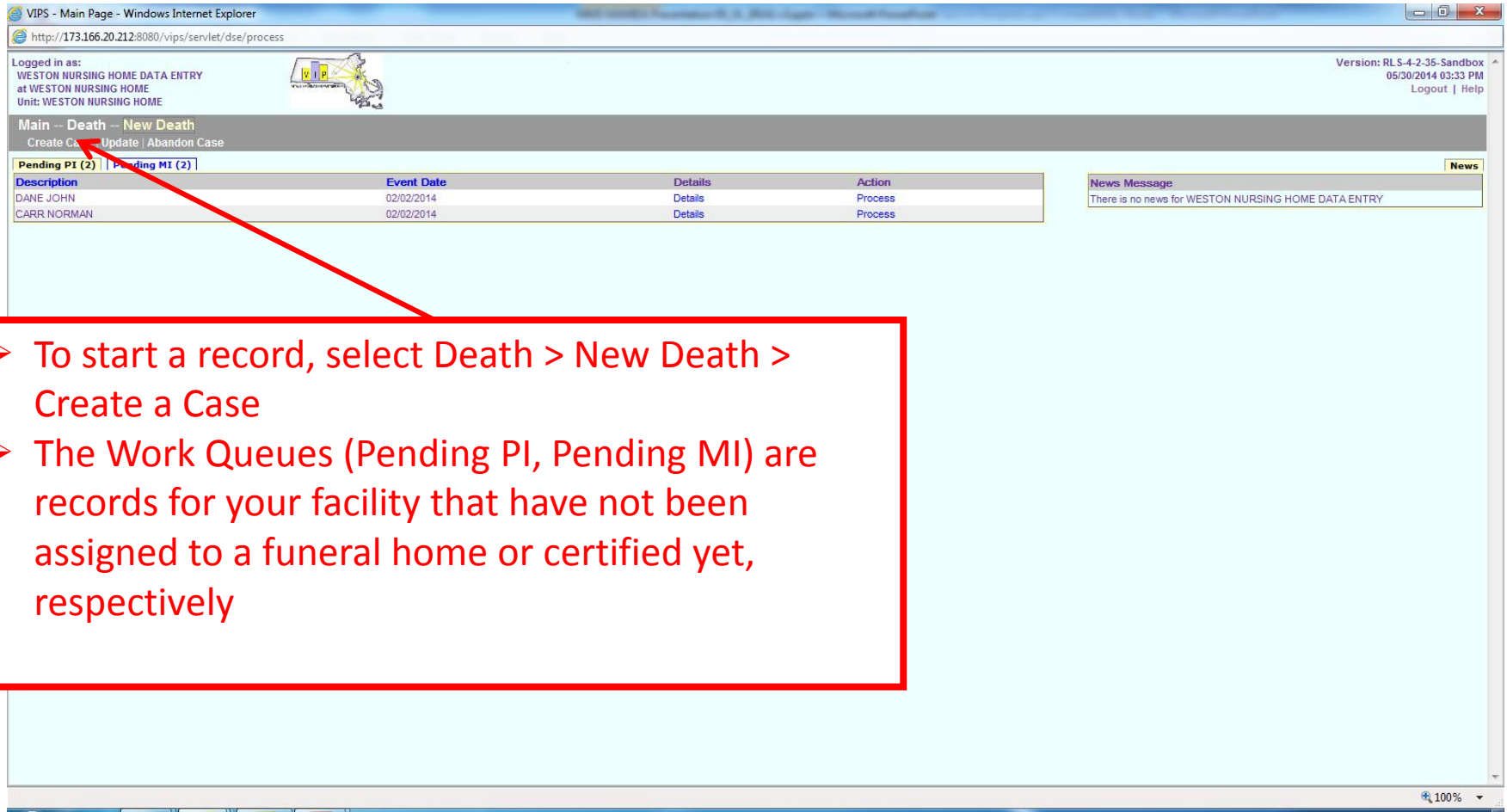
Please feel free to email the V.I.P. Project Team with any questions or comments: [vip@state.ma.us](mailto:vip@state.ma.us)



# Enter Pronouncement Info

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

# Create a Case



VIPS - Main Page - Windows Internet Explorer

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: RL S-4-2-35-Sandbox  
05/30/2014 03:33 PM  
Logout | Help

Main -- Death -- New Death

Create Case | Update | Abandon Case

Pending PI (2) | Pending MI (2)

Description	Event Date	Details	Action
DANE JOHN	02/02/2014	Details	Process
CARR NORMAN	02/02/2014	Details	Process

News Message  
There is no news for WESTON NURSING HOME DATA ENTRY

- To start a record, select Death > New Death > Create a Case
- The Work Queues (Pending PI, Pending MI) are records for your facility that have not been assigned to a funeral home or certified yet, respectively





# Create a Case

VIPS - Dynamic Screen Engine - Windows Internet Explorer  
http://173.166.20.212:8080/vips/go/0

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 03:32 PM  
Logout | Help

Main -- Death -- New Death -- Create Case

**Start Death Record**

**Decedent's Name**  
First: NORMAN  
Last: CARR  
☐ Soundex on last name

**Decedent's Sex**  
Sex: MALE

**Date of Death**  
Date of death (mm/dd/yyyy): 02/02/2014

**Date of Birth**  
Date of birth (mm/dd/yyyy): 01/01/1960

- 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



# Tab 1: Decedent Info

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**

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

**Decedent's Name**

First name   
Middle name   
Last name   
Generational ID   
☐ No middle name  
Surname at birth or adoption   
How many aliases?   
State file number

**Decedent's Sex**

Sex

**Decedent's Social Security Number**

SSN   
If blank, reason   
Verification status

**Date of Death**

Date of death (mm/dd/yyyy)

**Decedent's Age**

Age measure   
Age on last birthday (years)   
Age if under 1 year - months   
Age if under 1 year - days   
Age if under 1 day - hours   
Age if under 1 day - minutes

**Date of Birth**

Date of birth (mm/dd/yyyy)

**Pronouncement Performed**

Pronouncement performed?

➤ The information entered for the search will be displayed on Tab 1 of the electronic record  
➤ Enter the middle name if known  
➤ Select Pronouncement Performed= Yes  
➤ Then go to the next tab and a Pronouncement Tab will be created



# Tab 5A: Pronouncement Info

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**

[1 Decedent Info](#) | [2 Decedent Legal Info](#) | [3 Decedent History](#) | [4 Informant](#) | [5 Funeral Home/Disposition Info](#) | **[5A Pronouncement Info](#)** | [6 \\*\\*Place/Date/Autopsy\\*\\*](#) | [7 \\*\\*Certifier Cause of Death\\*\\*](#) | [8 \\*\\*Manner/Detail/Injury\\*\\*](#) | [9 \\*\\*Certification Info\\*\\*](#)

[12 Record Actions](#)

### Pronouncement Info

Date pronounced (mm/dd/yyyy): **02/02/2014**

Time pronounced: **13:14** Time indicator: **Military**

### Pronouncer Info

Title: **R.N.**

First name: **JANET**

Middle name: **ANNE**

Last name: **MANNER**

Generational ID:

☐ No middle name

License number: **124**

Employing agency or institution: **WESTON NURSING HOME**

Address number: **12**

Street prefix: **Select**

Street name: **MAIN**

Street designator: **STREET**

Street suffix: **Select**

Apt/unit number:

Country: **UNITED STATES**

State/province: **MASSACHUSETTS**

Zip code list: **01201**

Cities/towns: **ALLENDALE**

City/town: **ALLENDALE**

Zip code:

### Physician/ME Notified of Death

Physicians: **ASADOORIAN KAREN S**

Medical examiners: **Select**

☐ Check if physician/medical examiner is not in list

Title: **MD**

First name: **KAREN**

Middle name: **S**

Last name: **ASADOORIAN**

Generational ID:

Telephone number: **617-861-04**

Address number: **1**

Street prefix: **Select**

Street name: **TODD**

Street designator: **ROAD**

Street suffix: **Select**

Apt/unit number:

Country: **UNITED STATES**

State: **MASSACHUSETTS**

Zip code list: **Select**

Cities/towns: **Select**

City/town: **LEXINGTON**

Zip code: **02421**

**➤ Enter all information on the pronouncement**

**Previous** **Next** **Finish** **Cancel**



# 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**

**1 Decedent Info** | **2 Decedent Legal Info** | **3 Decedent History** | **4 Informant** | **5 Funeral Home/Disposition Info** | **5A Pronouncement 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

Comments

Medical Info

Select physician: **CARTER, JOHN C - 456789F**

Select facility physician: **Select**

Select nurse practitioner: **Select**

Select medical examiner: **Select**

☐ Check if physician/medical examiner is not in list

Case access: **FAX SERVER**

☐ Check when **ready to certify** ☐ Check if you **decline** to certify

Certify: **Certify** Un-Certify: **Un-Certify**

Personal Info

Select funeral home: **Select**

☐ 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: **Un-Release**

Return Record

☐ Check if you need to return this record

New Comments

☐ Check when new comments are complete

Return Record Info

Reason for returning record

Record history

05/30/2014 User ID: 445 51  
05/30/2014 User ID: 445 As  
456789

➤ Select the certifier, if known  
➤ You will not be able to assign a case to the ME, they will take cases over upon review



# Print Preliminary Certifier Worksheet

VIPS - Post Entry Page - Windows Internet Explorer  
http://173.166.20.212:8080/vips/servlet/dse/process?mmr\_id=2

Logged in as:  
WESTON NURSING HOME DATA ENTRY  
at WESTON NURSING HOME  
Unit: WESTON NURSING HOME

Version: RL S-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

### Print Confirmation

Your actions have triggered the following documents to be printed.  
Please select all documents you wish to print.

☐ Print Fax Cover Sheet:  
☒ Skip this print option:

☒ Print Preliminary Certifier Worksheet:  
☐ Skip this print option:

### Other Options

Following options are available:

➤ Select Print Preliminary Certifier Worksheet

(You can also print from the menu by selecting Death > Print > Preliminary Certifier Worksheet)

➤ Sign the Worksheet

➤ Provide to the funeral home for transportation of the decedent





# Certify Death Records



# Main Page with Work Queues

VIPS - Main Page - Windows Internet Explorer  
http://vips-dev.ehs.state.ma.us:8080/vips/do/login/ext

Logged in as:  
ANMOLE SHARMA  
at OFFICE OF DR ANMOLE SHARMA MD [change]  
Unit: OFFICE OF DR ANMOLE SHARMA MD

Version: RLS-4-2-15  
10/17/2013 01:44 PM  
Logout | Help

**Main**  
Death

**FH Not Assigned (7)** | **Pending MI (11)** | **Certify MI (3)**

Description	Event Date	Details	Action
DESIGNEE HONORABLE	09/26/2013	<a href="#">Details</a>	<a href="#">Process</a>
CHOCULA COUNT	10/02/2013	<a href="#">Details</a>	<a href="#">Process</a>
ROSARIO CASTELIA	09/25/2013	<a href="#">Details</a>	<a href="#">Process</a>
HAYES-SMITH CHARTREUSE	01/01/2013	<a href="#">Details</a>	<a href="#">Process</a>
DECLINE TESTING	09/19/2013	<a href="#">Details</a>	<a href="#">Process</a>
DESIGNEE EXTRAORDINARY	09/26/2013	<a href="#">Details</a>	<a href="#">Process</a>
HAYES HARRIET	01/01/2013	<a href="#">Details</a>	<a href="#">Process</a>

**News**  
**News Message**  
There is no news for ANMOLE SHARMA

Work Queues will list records awaiting an action by you:  
Such as records ready and awaiting certification



# Medical Users: Enter Tabs 6-9 Only!

VIPS - Dynamic Screen Engine - Windows Internet Explorer  
http://vips-dev.ehs.state.ma.us:8080/vips/servlet/dse/process

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

**Case Information**

Decedent first name: CASTELIA  
Decedent middle name: MARIA  
Decedent last name: ROSARIO  
Generational ID:   
☐ No middle name  
Decedent sex: FEMALE  
Decedent date of birth (mm/dd/yyyy): 09/25/2000  
☐ Check to release

**Medical Record Info (if known)**

Medical record number: MRN002233  
Medical examiner case year:   
Medical examiner case number:

**Place of Death**

Place of death: HOSPITAL - DOA  
Specify other:

**Autopsy Info**

Was medical examiner contacted?: No  
Was an autopsy performed?: No  
Were autopsy findings available?: Select

**Actual Date of Death**

Date of death (mm/dd/yyyy): 09/25/2013

**Place of Death Address**

Hospitals:   
Apt./unit number:   
Country: UNITED STATES  
State: MASSACHUSETTS  
Zip code list: Select  
Cities/towns for zip code: Select  
Cities/towns for state: Select  
City/town: BOSTON  
Counties: Select  
County: SUFFOLK

→ Medical professionals only need to fill out tabs 6-9

The rest of the tabs are enabled, but they are the responsibility of the funeral director.



# Medical Info: Place/Date/Autopsy Tab

VIPS - Dynamic Screen Engine - Windows Internet Explorer  
http://vips-dev.ehs.state.ma.us:8080/vips/servlet/dse/process

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

**Case Information**

Decedent first name: CASTELIA  
Decedent middle name: MARIA  
Decedent last name: ROSARIO  
Generational ID:   
☐ No middle name  
Decedent sex: FEMALE  
Decedent date of birth (mm/dd/yyyy): 09/25/2000  
☐ Check to release

**Medical Record Info (if known)**

Medical record number: MRN002233  
Medical examiner case year:   
Medical examiner case number:

**Place of Death**

Place of death: HOSPITAL - DOA  
Specify other:

**Autopsy Info**

Was medical examiner contacted?: No  
Was an autopsy performed?: No  
Were autopsy findings available?: Select

**Actual Date of Death**

Date of death (mm/dd/yyyy): 09/25/2013

**Place of Death Address**

Hospitals: Select  
Hospices: Select  
Nursing homes: Select  
Assisted living/ rest homes: Select  
☐ Check if location is not in list  
☐ Address same as residence (Decedent Legal Info page)  
Facility name: MASSACHUSETTS GENERAL HOSPITAL  
Address number: 55  
Street prefix: Select  
Street name: FRUIT  
Street designator: STREET  
Street suffix: Select  
Apt./unit number:   
Country: UNITED STATES  
State: MASSACHUSETTS  
Zip code list: Select  
Cities/towns for zip code: Select  
Cities/towns for state: Select  
City/town: BOSTON  
Counties: Select  
County: SUFFOLK

javascript:processDSE('PRONOUNCE\_INFO','DECEDENT')



# 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.

Approximate interval between

onset and death

Units

PULMONARY EMBOLISM

6

MINUTES

Due to (or as a consequence of)

Sequentially list conditions, if any, leading to the immediate cause. Enter **UNDERLYING CAUSE** (disease or injury that initiated events resulting in death) **LAST**.

### UNDERLYING CAUSES

b.

Approximate interval between

onset and death

Units

DVT

WEEKS

Due to (or as a consequence of)

c.

Approximate interval between

onset and death

Units

ARTERIAL PLAGUE

YEARS

Due to (or as a consequence of)

d.

Approximate interval between

onset and death

Units

Select

## PART II.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Other Significant Conditions

The system will prompt you when cause of death info entered may be problematic such as an abbreviation or a rare cause



# 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: 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](#)

**Manner of Death**

Manner of death:

Specify manner of death:

**Additional Death Details**

Pregnancy status at time of death:

Did tobacco contribute to death?:

**Injury Details**

Date of injury (mm/dd/yyyy):

Time of injury:

Time indicator:

Injury at work?:

Describe how injury occurred:

Specify place of injury (residence, farm, factory, etc.):

If transportation injury:

Specify other:

**Location Injury Occurred**

☐ Location unknown

Address number:

Street prefix:

Street name:

Street designator:

Street suffix:

Apt./unit number:

Country:

State/province:

Zip code list:

Cities/towns for zip code:

Cities/towns for state:

City/town:

Zip code:

Two new questions for certifiers to answer



# Medical Info: Certifier Info

VIPS - Dynamic Screen Engine - Windows Internet Explorer  
http://vips-dev.ehs.state.ma.us:8080/vips/servlet/dse/process

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

**Certifier Info**

Certifier designation: PHYSICIAN IN CHARGE OF PATIENT'S CARE

Physicians: Select

Medical examiners: Select

Nurse practitioners: Select

☐ Certifier not in list

Title: MD

First name: ANMOLE

Middle name: A

Last name: SHARMA

Generational ID:

Phone number: 1-617-999-9999

Fax number: 1-617-740-2711

Medical license number: MC72378

Case access: ELECTRONIC

☐ Check if signed on behalf of certifier

Signed by: Select

Signed on behalf of by:

**Physician in Charge of Patient's Care**

Physicians: Select

**Certifier Address**

Address number: 12235

Street prefix: Select

Street name: MOULTON

Street designator: AVENUE

Street suffix: Select

Apt./unit number:

Country: UNITED STATES

State/province: MASSACHUSETTS

Zip code list: Select

Cities/towns: Select

City/town: BOSTON

Zip code: 02108

**Physician Certifying Info**

Hour of death: 10:00 AM

Date signed: 10/09/2013 Date verified:

**ME Certifying Info**

☐ On or about

Appx. time of death:

Date pronounced:

Time pronounced:

Date signed:

Time can also be entered in military time and will be converted for printing





# Medical Info: Record Actions Page

VIPS - Dynamic Screen Engine - Windows Internet Explorer  
http://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**

Comments

**Medical Info**

Select physician

Select facility physician

Select nurse practitioner

Select medical examiner

☐ Check if physician/medical examiner is not in list

Case access

☒ Check when **ready to certify** ☐ Check if you **decline** to certify

Certify **Certify** Un-Certify

**Personal Info**

Select funeral home

☐ Check if funeral home is not in list

☐ No designated funeral home

Case access

☐ Check when **ready for review**

**Return Record**

☐ Check if you need to return this record

**New Comments**

☐ Check when new comments are complete

**Return Record Info**

Reason for returning record

**Record History**

Record history

09/25/2013 User ID: 361 Started record

09/26/2013 User ID: 393 Checked ready to certify

Save after Tabs 6-9 Complete,  
Check ready to certify, then click  
on Certify