

Creating/Certifying a Standard Medical Certificate of Death (MCD)

Role(s): Coroner – Provincial, Full Time, Community

Objective

This job aid provides the necessary steps to create and certify a Standard MCD, including:

- Search for decedent demographic information.
- Creation of a new MCD.
- Saving the MCD to search for MCD duplication.
- General and death information completion, including questions surrounding autopsy, pregnancy, and surgery.
- Certification of MCD

Scenario

Surgical termination of pregnancy results in complications 7 days post surgery. Manner of death is known and no autopsy is required (i.e. accident or suicide).

NOTE:	CORONER RIGHTS BY ROLE:
	<i>The Provincial Coroner can see, assign, certify, and amend any coroner case.</i>
	<i>Full Time Coroners (FTC) can see all case in their region and work on cases assigned to them.</i>
	<i>Community Coroners can only see and work on cases assigned to them (including starting and certifying cases).</i>
	<i>*All coroners can assign an MCD to a Medical Informant (MI). MIs cannot assign an MCD to a coroner.</i>

Precondition(s)

The user must be logged in to EDRN and at the Home screen to perform the functionality discussed in this job aid.

NOTE:	MANDATORY FIELDS
	<i>Mandatory fields are displayed with an *asterisk next to their fieldname. All mandatory fields <u>must</u> be filled in prior to certification.</i>
	<i>Fields stating “Enter Unknown, if not known”, are also mandatory, though not designated with the *mandatory asterisk.</i>
	<i>If a Tab name, such as “General Information” or “Death Information”, displays in red text, mandatory field information is missing on that tab. Once the information has been entered, the tab text will turn green.</i>

Procedural Steps: Creating a Standard MCD

A Standard MCD is created from the EDRN toolbar, typically from the Home screen, where the Dashboard resides.

First, a decedent demographic search from eHealth records is used to find and auto complete demographic information into the MCD. Next, enter general and death information, completing all mandatory fields.

Once all mandatory information has been entered, the “General Information” and “Death Information” displays green text. The user will move to the “Certification” tab to certify and submit the MCD, creating a digital signature for the document.

The Submitted MCD will display on the Submitted tab of the Dashboard for a period of three months.

General Information Tab

Decedent Search



The screenshot shows the 'Medical Certificate of Death' form. In the top right corner, there is a user profile for 'FTC TRAINING', 'Full Time Coroner', 'South Coroner's Office'. Below the title, there are four tabs: 'General Information' (active), 'Death Information', 'Certification', and 'Case Admin'. The main content area has a light blue background with the text 'Search for the deceased's demographic information from eHealth's existing records.' and a green 'Search Now' button.

1. Click **+Death** Death icon from the left Navigation Toolbar.
2. Click **Search Now** to query for decedent's demographic information from eHealth's existing records (SCI).
3. **Search by:**

NOTE: Though searching by HSN may be the most common search form, this Job Aid provides alternate methods for training purposes.

Partial names or wildcards can be typed into "Surname" and "Given Names" fields to search for decedent.

- a. Click **Name/Date of Birth radio button**. For this scenario, choose a **female name** to search by:
 - i. **Surname*:** Type **surname**.
 - ii. **Given Names*:** Type **given names**.
 - iii. **Date of Birth:** Click **calendar icon** to select **date** or type in date directly (MM/DD/YYYY). This is not a mandatory search field.

NOTE: All dates are displayed in MM/DD/YYYY format.

- b. Click **Search** to produce a list of matching results.

HSN	Surname	Given names	Sex	Date of birth
230199720	SPROSS	ANDREA LOUISE	FEMALE	05/15/1971

- c. Click the **Select button** of the correct decedent to pre-populate demographic information into the MCD. For this scenario, choose a **female**.

NOTE: Decedent demographic information stored within the eHealth record (SCI) will pre-populate into the MCD demographic fields. Review pre-populated information for accuracy.

Please note that if the reviewed information requires editing, your changes will be stored for the purpose of the death registration but will not change the originating source of the data (SCI, the eHealth record).

Type of Medical Certificate of Death

Type of Medical Certificate of Death

Is this a Standard or Interim Medical Certificate of Death? *

- ☐ Standard
- ☐ Interim (only to be used when not all mandatory information is known)

4. **Is this a Standard or Interim Medical Certificate of Death?:** Click **Standard** radio button for this scenario.

NOTE: "Interim" is used when an autopsy must be performed or not all mandatory information is known but a funeral home requires a certified Interim MCD for disposition or burial.

General Information

General Information

Is the identity of the decedent known? *

- ☒ Yes
- ☐ No

Surname *

SPROSS ✓

Given Names *

ANDREA LOUISE ✓

Date of Death *

MM/DD/YYYY

Date of Birth

05/15/1971 ✓

Sex *

- ☐ Male
- ☒ Female
- ☐ Unknown

Province of Residence

SASKATCHEWAN ✓

Health Card Number

230199720 ✓

5. **Is the identity of the decedent known?***: Click **Yes** radio button. For this scenario, this field should pre-populate from your demographic search selection.

NOTE: "Is the identity of the decedent known?" field defaults to "Yes" when Decedent has been found during the Search process.
If "No" is selected during manual entry, "Surname" and "Given Names" will pre-populate with a value of "UNKNOWN".

6. **Surname*:** Type **surname**. Due to demographic search, this field should pre-populate.

7. **Given Names***: Type **given names**. Due to demographic search, this field should pre-populate.
8. **Date of Death***: Click **calendar icon** to select **date** or type directly (MM/DD/YYYY).
9. **Date of Birth***: Click the **calendar icon** to select **date** or type directly (MM/DD/YYYY). Due to demographic search, this field should pre-populate.
10. **Sex***: Click the **Female** radio button to complete this scenario. Due to demographic search, this field should pre-populate.


NOTE: Choosing "female" will trigger pregnancy-related questions within the "Cause of Death" section of the MCD.

11. Click **Save** icon from the toolbar found on the left-hand side of your screen.

NOTE: SAVING THE MCD-CHECKING FOR DUPLICATES

At this point, it is best practice to Save the MCD, forcing the system to check for potential MCD duplicates.

For example:

 **Duplicate Case Detected**

×

The information in this case matches one or more cases already held by eHealth.

If the information you have entered is correct, please check the potential matches listed below. The information that matched a case already held by eHealth is displayed in **red**.

- If you require a case below to be assigned to you, please contact the person or facility to whom the case is currently assigned.
- If you are certain the case you are saving not a duplicate of a case below, select Save to continue.

If the information you have entered is incorrect, please return to the case and correct it.

GERALD W THOMAS

Health card number: 190085401	Case number: EDR122
Date of birth: 02/12/1943	Case assigned to: HC TRAINING
Date of death: 03/02/2024	Email: BEV.FAIR@EHEALTHSASK.CA
Sex: MALE	Facility: TRAINING HOSPITAL
	MCD certification status: UNASSIGNED

Save Case

Close

If a duplicate is found during the Save process, the person assigned to the MCD will display. Use one of the following options:

- "Save Case" (after verifying it is not a duplicate),
- "Close" and cancel the death registration if the case is a duplicate.
- If the case is assigned to another coroner, request a reassignment from the provincial coroner, OR
- If the case is assigned to a Medical Informant (MI), "Save Case", and contact the MI to cancel their case. (MI cannot reassign a case to a coroner)

12. **Province of Residence:** Click drop-down arrow to select **province**.

NOTE: "Province of Residence" will default to "Saskatchewan" but can be overwritten. When "SK Resident" is YES, Health Card Number will display.

13. **Health Card Number:** Type **health card number**, if not pre-populated.

OR

Click **Unknown check box**.

Place of Death

Place of Death

Location of Death *

HOSPITAL ✓ ▾

Hospital *

REGINA PUBLIC HOSPITAL ✓ ▾

City, town, village or other place (if rural give section, township, range and meridian)

REGINA

14. **Location of Death*:** Click drop-down arrow to select **hospital** for this scenario.

15. **Hospital*:** Click drop-down arrow to select the **Regina Public Hospital** for this scenario.

NOTE: "Location of Death*" and "Hospital*" will pre-populate to the system user's hospital or care home. This can be modified.
These two fields will not pre-populate for Coroners.

16. **City, Town, Village or other place:** This will pre-populate based on the choice made in the **Hospital** field.

NOTE: If entering a rural address, provide section, township, range, and meridian OR as close to the location as possible.

Handling of the Remains

Handling of the Remains

Funeral home *

Regina Funeral Home and Cemete ▾ ☐ Unknown

Continue >

17. **Funeral Home*:** Click drop-down arrow to select a **funeral home**.

NOTE: If a funeral home has been identified during the MCD process, that funeral home will see a view only summary in their dashboard's "Pending Cases" tab, to know the case is coming. Once certified, a funeral home can immediately start the SOD.

If "Funeral home*" is set to "Unknown", all funeral homes are able to see the certified case from the "Unassigned Cases" tab on their Dashboard.

18. Click **Continue button** to advance to the Death Information tab.

OR


Click **Death Information tab**.

NOTE: The "General Information" tab's text color should be displayed in green to acknowledge that all mandatory fields have been completed in this section.

If a mandatory field has been missed, the tab's text color and the corresponding mandatory field name will display in red. All mandatory fields must be completed to certify the Standard MCD.

Death Information Tab

Cause of Death



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General Information
Death Information
Certification
Case Admin

Cause of Death

Immediate cause of death.

Part 1 a	Interval	Unit
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px; text-align: center;">▼</div>

Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last.

Part 1 b	Interval	Unit
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px; text-align: center;">▼</div>

Part 1 c *	Interval	Unit
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px; text-align: center;">▼</div>

Other significant conditions contributing to the death but not causally related to the immediate cause a) above.

Part 2 d	Interval	Unit
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px; text-align: center;">▼</div>

Part 2 e	Interval	Unit
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px; text-align: center;">▼</div>

Part 2 f	Interval	Unit
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px; text-align: center;">▼</div>

19. **Antecedent causes, if any, giving rise to the immediate cause (a) above:**

- a. **Part 1 c*:** Type *antecedent cause*.
- b. **Interval:** Type or select *interval value*, if known.

20. **Immediate cause of death:**

- a. **Part 1 a:** Type the *immediate cause of death*, if known.
- b. **Interval:** Type or select **1** as the interval value.
- c. **Unit:** Click *drop-down arrow* to select *days* as the unit of measure

- d. **Unit:** Click **drop-down arrow** to select **unit**, if known.
- e. **Part 1 c*:** Type **antecedent** cause.
- f. **Interval*:** Type or select **interval** value.
- g. **Unit*:** Click **drop-down arrow** to select **unit**.

NOTE: "Part 1 c", "Interval" and "Unit" are mandatory fields for a Standard MCD.

21. **Other significant conditions contributing to the death but not causally related to the immediate cause (a) above:**

- a. **Part 2 d:** Type **significant condition**, if known.
- b. **Interval:** Type or select **interval value**, if known.
- c. **Unit:** Click **drop-down arrow** to select **unit**, if known.
- d. **Part 2 e:** Type **significant condition**, if known.
- e. **Interval:** Type or select **interval value**, if known.
- f. **Unit:** Click **drop-down arrow** to select **unit**, if known.
- g. **Part 2 f:** Type **significant condition**, if known.
- h. **Interval:** Type or select **interval value**, if known.
- i. **Unit:** Click **drop-down arrow** to select **unit**, if known.

Autopsy being held? *

☒ Yes
☐ No

Does the cause of death take into account the autopsy findings? *

☒ Yes
☐ No

May further information relating to the cause of death be available later? *

☐ Yes
☒ No


Manner of Death *

NATURAL ✓ ▾

Place of Injury

e.g. home, farm, highway, etc.

Date of Injury

MM/DD/YYYY 

How did injury occur?

Describe circumstances

Did death occur either during pregnancy or within 90 days following termination of pregnancy?

☒ Yes
☐ No

22. **Autopsy being held?***: Click **No** radio button for this scenario.

NOTE: The next two questions will display if you choose "Yes" to an autopsy being held.

23. **Does the cause of death take into account the autopsy findings?*** Click **No** radio button for this scenario.

24. **May further information relating to the cause of death be available later?***: Click **No** radio button for this scenario.

25. **Manner of Death***: Click drop-down arrow to select **Accidental** for this scenario.

26. **Place of Injury**: Leave **blank** for this scenario.

27. **Date of Injury**: Leave **blank** for this scenario.

28. **How did Injury occur?***: Leave **blank** for this scenario.


NOTE: The following question will display if you choose "Female" as the Sex within the "General Information" tab.

29. **Did death occur either during pregnancy or within 90 days following termination of pregnancy?***: Click the **Yes** radio button for this scenario.

Was there a surgical operation within 28 days of death? *

☒ Yes
☐ No

Date of Surgical Operation *

11/29/2023 ✓ 

Operative Findings? *

INCONCLUSIVE

< Previous Continue >

30. **Was there surgical operation within 28 days of death?***: Click **Yes** radio button for this scenario.

31. **Date of Surgical Operation***: Click **calendar icon** to select **date of operation** or type in (MM/DD/YYYY).

32. **Operative Findings?***: Type in **details of operative findings**.

NOTE: The "Date of Surgical Operation*" and "Operative Findings" questions will display when you choose "Yes" to "Was there a surgical operation within the past 28 days of death?*".

33. Click **Continue** to advance to the Certification tab.

OR

Click **Certification tab**.

Certification Tab

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General Information Death Information Certification Case Admin

Medical Certification

Certifier Type *

Coroner ✓

I hereby affirm that the information being submitted is accurate and correct to the best of my knowledge.

Certify Case

34. **Certifier type ***: Click drop-down arrow to select **Coroner** for this scenario.

35. **I hereby affirm that the information being submitted is accurate and correct to the best of my knowledge.:** Click **Certify Case** button.

NOTE: If "Certify Case" is greyed out, mandatory information has been missed. The "General Information" or "Death Information" tab's text color and corresponding mandatory field name(s) within the tab will display in red text pointing to the missing mandatory information. Complete the mandatory fields of information to certify.

36. Click **I Confirm**.

NOTE: The certification process is a digital signature for this document.

37. **Case certified:** Click **OK**. The Medical Certification of Death screen will display.

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[General Information](#) [Death Information](#) [Certification](#) [Case Admin](#)

Medical Certification

Name of physician, prescribed practitioner, or coroner

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Street Address

2010 12TH AVE

City, town, village or other place (if rural give section, township, range and meridian)

REGINA

Province

SASKATCHEWAN

Postal code

S4P 0M3

Certifier Type *

Coroner

Date of signature

12/30/2023

NOTE: A paper copy of the MCD is not required to go with the decedent to the funeral home.

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[General Information](#) [Death Information](#) [Certification](#) [Case Admin](#)

Case Admin

Case number	Record status	MCD certification status	
EDR100	SUBMITTED	CERTIFIED	Amend Case

NOTE: The "Case Admin" tab has updated to reflect the "Submitted" Record Status and "Certified" MCD Certification Status. This MCD will display on the "Submitted Cases" tab of the user's Dashboard.

End of Procedure.