

## Amending a Certified Interim MCD to a Standard MCD

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**Role(s):** Medical Informant, Clerk

### Objective

This job aid provides the necessary steps to amending an Interim MCD to be certified as a Standard MCD, including:

- Changing a submitted Interim MCD to a Standard MCD.
- Reviewing and completing mandatory fields of a Standard MCD based on new information.
- Recertification of the newly updated Standard MCD.

### Scenario

An Interim MCD was completed and certified to release decedent to a funeral home for burial. Additional information has been gathered and the Interim MCD can now be modified and certified as a Standard MCD.

### Precondition

The user must be logged in to EDRN and the Interim MCD must be open to perform the functionality discussed in this job aid.

|  |
|--|
| <p><b>NOTE:</b> A certified Interim MCD displays on the "Submitted Cases" tab of the assigned user's Dashboard for a period of three months.</p> <p>At the three-month timeframe, the EDRN system notifies the assigned coroner that a certified Interim MCD exists that has not yet been recertified as a Standard MCD.</p> <p>To find the Interim MCD after the three-month period, the Search function must be used, searching by case number or decedent name. See "Searching for a Case" job aid for these steps.</p> |
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## Procedural Steps: Amending a Certified Interim MCD to a Standard MCD

The user has already searched for and opened the certified Interim MCD. To edit the case, the user will “Amend Case” from the Case Admin tab. Once the MCD is editable, the type of MCD is changed to “Standard”, prompting the system to display all mandatory fields that must be updated prior to recertification.

**NOTE: MANDATORY FIELDS**

Mandatory fields are displayed with an \*asterisk next to their fieldname. Fields stating “Enter Unknown, if not known”, are also mandatory, though not designated with the \* asterisk.

All mandatory fields must be filled in prior to certification.

If a Tab name, such as “General Information” or “Death Information”, displays in red text, mandatory field information is missing on that tab. This field will also display red text. Once the information has been entered, the Tab text will turn green.

### Case Admin Tab

#### Case Admin

## Medical Certificate of Death - JOYCE WILSON

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

### Case Admin

| Case number | Record status | MCD certification status |                            |
|-------------|---------------|--------------------------|----------------------------|
| EDR130      | SUBMITTED     | CERTIFIED                | <a href="#">Amend Case</a> |

### Assigned To Facility

**Medical facility**

TRAINING HOSPITAL

**Funeral home**

TRAINING FUNERAL HOME

### Assigned To Users

**Hospital clerk**

**Medical informant**

MI TRAINING

**Coroner**

1. Click **Case Admin** tab.
2. Click the **Amend Case** button.

**NOTE:** After an MCD has been opened for amendment, it cannot be saved. It must be recertified.

3. Click the **General Information** tab.

## General Information Tab

### Type of Medical Certificate of Death



The screenshot shows a web form titled "Medical Certificate of Death - JOYCE WILSON". In the top right corner, there is a logo for "MI TRAINING Medical Informant Training Hospital". Below the title, there are four tabs: "General Information" (which is selected and highlighted in red), "Death Information", "Certification", and "Case Admin". The main content area under the "General Information" tab is titled "Type of Medical Certificate of Death". It contains a question: "Is this a Standard or Interim Medical Certificate of Death? \*". Below this question are two radio button options: "Standard" and "Interim (only to be used when not all mandatory information is known)". The "Standard" radio button is selected. At the bottom of this section, there is a red error message: "You must enter information in this field."

4. Click the **Standard radio button**.

**NOTE:** Changing the type of certificate from "Interim" to "Standard" activates the mandatory fields that must be filled in prior to certification. Mandatory fields missing information will display in red.

### General Information

**Is the identity of the decedent known? \***

☒ Yes

☐ No


**Surname \***

WILSON ✓


**Given Names \***

JOYCE ✓

**Date of Death \***

03/26/2024 ✓ 

**Date of Birth**

09/24/1955 ✓ 

**Sex \***

☐ Male

☒ Female

☐ Unknown

**Province of Residence**


SASKATCHEWAN ✓ ▾

**Health Card Number**

110134893 ✓

5. Check that all mandatory fields on this tab are completed.
6. Click the **Death Information** tab.

## Death Information Tab



### Medical Certificate of Death - JOYCE WILSON

General Information
Death Information
Certification
Case Admin

#### Cause of Death

**Immediate cause of death.**

| Part 1 a                                 | Interval                                 | Unit   |
|--|--|--|
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" 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: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">▼</div> |

| Part 1 c *                                 | Interval                                 | Unit   |
|--|--|--|
| <input style="width: 90%;" type="text"/> ⓘ | <input style="width: 90%;" type="text"/> | <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">▼</div> |

You must enter information in this field.

**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: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">▼</div> |

| Part 2 e                                 | Interval                                 | Unit   |
|--|--|--|
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">▼</div> |

| Part 2 f                                 | Interval                                 | Unit   |
|--|--|--|
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">▼</div> |

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

- a. **Part 1c:\*** Type *cause of death*.
- b. **Interval:** Type or select *interval value*.
- c. **Unit:** Click *drop-down arrow* to select *unit*.

**NOTE:** Part 1c is a mandatory field for a Standard MCD.

**Autopsy being held? \***

☐ Yes

☐ No

You must enter information in this field.

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

☐ Yes

☐ No

You must enter information in this field.

**Manner of Death \***

ⓘ
▼

You must enter information in this field.

**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

You must enter information in this field.

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

☐ Yes

☐ No

You must enter information in this field.

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

**NOTE:** Additional questions will display if you choose "Yes" to "Autopsy being held?\*".

9. **May further information relating to the cause of death be available later?\*** Click **No** for this scenario.

10. **Manner of Death\***: Click the drop-down menu and select **manner of death**.

11. **Place of Injury**: Enter **place of injury** if relevant.

12. **Date of Injury**: Enter **date of injury** if relevant.

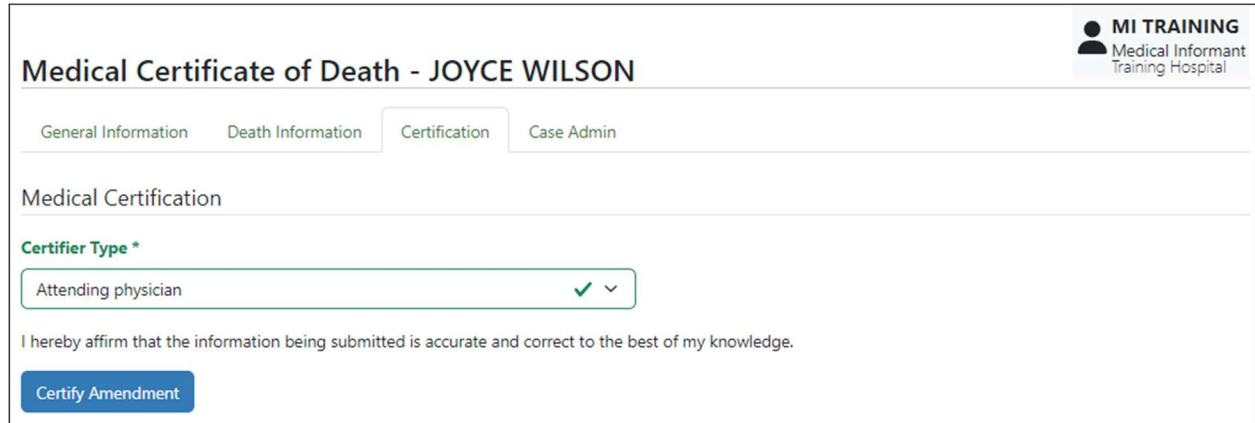
13. **How did Injury occur?** Enter **how injury occurred** if relevant.

14. **Was there surgical operation within 28 days of death?\***: Click **No** radio button for this scenario.

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

15. Click **Continue** to advance to the Certification tab.  
 OR  
 Click **Certification tab**.

## Certification Tab



**Medical Certificate of Death - JOYCE WILSON**

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Medical Informant  
Training Hospital

General Information   Death Information   **Certification**   Case Admin

Medical Certification

**Certifier Type \***

Attending physician ✓ ▾

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

**Certify Amendment**

16. **Certifier Type\***: Click drop-down arrow to select **Physician attending after death** for this scenario.
17. **I hereby affirm that the information being submitted is accurate and correct to the best of my knowledge**. Click **Certify Case** button.

**NOTE:** If the "Certify Case" button is greyed out, mandatory information has been missed. The system displays red text on the tab that is missing the information. Navigate to either the "General Information" or "Death Information" tab displayed in red and search for the corresponding fields also displaying red text. Enter the mandatory information before trying to recertify.

18. Click **I Confirm**. Click **OK** to the case amended message.

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

19. **Case Amended:** Click **Ok**. The Certification tab has been updated with the Medical Certification of Death information. (See below).

**NOTE:** The "Certifier Type\*" and "Date of signature" have been updated on the "Certification" tab.

The "Case Admin" tab has been updated to reflect the re-submitted and re-certified MCD. The Case number remains the same, a unique number specific to this MCD. The "MCD certification status" now displays "Amended".

This MCD will display on the "Submitted Cases" tab of the user's Dashboard.



## Medical Certificate of Death - JOYCE WILSON

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

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### Medical Certification

**Name of physician, prescribed practitioner, or coroner**

MI TRAINING

**Street Address**

123 TRAINING HOSPITAL

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

REGINA

**Province**

SASKATCHEWAN

**Postal code**

S4S 3T1

**Certifier Type \***

Attending physician

**Date of signature**

03/26/2024

**NOTE:** The "Case Admin" tab has been updated to reflect the re-submitted and re-certified MCD. The Case number remains the same, a unique number specific to this MCD. The "MCD certification status" now displays "Amended". This MCD will display on the "Submitted Cases" tab of the user's Dashboard.



## Medical Certificate of Death - JOYCE WILSON

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### Case Admin

| Case number | Record status | MCD certification status |                            |
|-------------|---------------|--------------------------|----------------------------|
| EDR130      | SUBMITTED     | AMENDED                  | <a href="#">Amend Case</a> |

End of Procedure.