

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

Role(s): Medical Informant (MI)

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

A patient in long term care passes away from a known illness. A Standard MCD is completed with the patient's information and the name of the funeral home handling the case.

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

*Mandatory fields are displayed with an *asterisk next to their fieldname. All mandatory fields must be filled in prior to certification.*

*Fields stating "Enter Unknown, if not known", are also mandatory, though not designated with the *mandatory asterisk.*

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.

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



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:

Decedent Search

×

Use this form to search for the deceased's demographic information from eHealth's existing records.

Search by

☐ Health Card Number

☒ Name / Date of Birth

Surname *

WILSON

Given Names *

JOYCE

Date of Birth

MM/DD/YYYY



Search

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.

Decedent Search
×

HSN	Surname	Given names	Sex	Date of birth	
460110535	WILSON	JOYCE	FEMALE	01/05/1950	Select
720073596	WILSON	JOYCE	FEMALE	05/14/1938	Select
890095663	WILSON	JOYCE J	FEMALE	04/27/1947	Select
330057367	WILSON	JOYCE E	FEMALE	08/20/1929	Select

- c. Click the **Select button** of the correct decedent to pre-populate demographic information into the MCD.

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Medical Certificate of Death - JOYCE WILSON

General Information
Death Information
Certification
Case Admin

Search for the deceased's demographic information from eHealth's existing records.

Search Now

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 not all mandatory information is known but a funeral home requires an MCD for disposition/ burial.

General Information

General Information	
Is the identity of the decedent known? *	
☒ Yes ☐ No	
Surname *	
WILSON ✓	
Given Names *	
JOYCE ✓	
Date of Death *	
03/29/2024 ✓ 	
Date of Birth	
05/14/1938 ✓ 	
Sex *	
☐ Male ☒ Female ☐ Unknown	
Province of Residence	
SASKATCHEWAN ✓ 	
Health Card Number	
720073596 ✓	

5. **Is the identity of the decedent known?***: Click **Yes** radio button. For this scenario, it should be pre-populated from your eHealth record 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.

JOYCE WILSON

Health card number:	110134893	Case number:	EDR130
Date of birth:	09/24/1955	Case assigned to:	MI TRAINING
Date of death:	03/26/2024	Email:	BEV.FAIR@EHEALTHSASK.CA
Sex:	FEMALE	Facility:	TRAINING HOSPITAL
		MCD certification status:	AMENDED

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.
- Request a transfer of the MCD to your facility by contacting the assigned party via email/phone, or
- Using the Admin tab, aAssign the case to yourself if the assigned party is a user at your facility.

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. Health Card Number: Due to demographic search, this field should pre-populate.

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 *

TRAINING 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, if not pre-populated.
15. **Hospital*:** Click drop-down arrow to select the **Regina Public Hospital** for this scenario, if not pre-populated.

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 *

TRAINING FUNERAL HOME

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 to know the SOD is coming once the MCD is certified. 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 MCD and will be able to assign it to themselves once certification complete.

18. Click **Continue button** to advance.
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

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

Part 1 b	Interval	Unit

Part 1 c *	Interval	Unit
HEART FAILURE	1 ✓	Hour(s) ✓

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

Part 2 d	Interval	Unit

Part 2 e	Interval	Unit

Part 2 f	Interval	Unit

19. Immediate cause of death:

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

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

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

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

☐ Yes

☒ No

Manner of Death *

NATURAL ✓ ▾

Place of Injury

HOME ✓

Date of Injury

03/29/2024 ✓ 📅

How did injury occur?

Describe circumstances

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

☐ Yes

☒ No

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

☐ Yes

☒ No

22. **Autopsy being held?***: Click **Yes or No** radio button. For this scenario, enter No.

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 **Yes or No** radio button.

24. **May further information relating to the cause of death be available later?***: Click **Yes or No** radio button.
25. **Manner of Death***: Click drop-down arrow to select **Natural** 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 section.

29. **Did death occur either during pregnancy or within 90 days following termination of pregnancy?***: Click **No** radio button for this scenario.
30. **Was there surgical operation within 28 days of death?***: Click **Yes or No** radio button.

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.

31. **Date of Surgical Operation***: Click **calendar icon** to select **date of operation** or type in (MM/DD/YYYY), if required.
32. **Operative Findings?***: Type in **details of operative findings**.
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 *

Physician attending after death ✓

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

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 *

Physician attending after death

Date of signature

03/29/2024

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	
EDR132	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.