

3 Steps to Enrolling as a Certifier in NCDAVE

Step 1

Check to determine whether your facility has an Administrator in NCDAVE - Vital Records: NCDAVE: Medical Certifiers Home [https://vitalrecords.nc.gov/ncdave_mc/getuser.cfm] (UserID: NCDAVE, Password: ncdeaths)

- a. If your facility has an Administrator in NCDAVE, please contact them to provision a medical certifier account for you.

Step 2

If your facility does not have an Administrator in NCDAVE, access the NCDAVE New User Enrollment page - New User Enrollment (vitalchek.com) [<https://davenc.vitalchek.com/>]. Enter your information into the page.

- a. Note: If the medical facility has more than one location or if the medical certifier works at more than one facility and needs to be able to access NCDAVE at each facility, be sure to enter all the additional locations in the "Additional Information" box. Enter the facility name(s) and address(es). For example, the medical certifier works at a Medical Facility, and they have two locations: The first location is entered at the top of the enrollment screen and the second goes in the "Additional Information" box with name(s) and address(es).

Step 3

After you submit the NCDAVE New User Enrollment request, the state office will be notified. The approval process for the state office includes verification of your request to access facility death records with an authorizer from your facility.

- a. If you know who your facility authorizer is, contact them to request they provide a letter on organizational letterhead stating that they authorize you to certify deaths for their facility to vradmin@dhhs.nc.gov.
- b. If you are unsure or do not have a facility authorizer, please review these instructions for steps to establish a facility authorizer: https://vitalrecords.nc.gov/ncdave_all/docs/HowToEstablishFacilities-LocalAdministrators-FacilityAuthorizers-v7.pdf

Simple Death Certification in NCDAVE

1. Login to NCDAVE using your credentials.
2. Access "Messages". Locate the message that says you have been requested to certify a record.
3. Click the Case ID number associated with your patient. Their name will appear in this queue.
4. Complete the pronouncement page. If you are not a medical examiner, do not enter the time of death/date of death modifier.
5. Click "save" and "next". Complete the Cause of Death page. Be sure to enter time interval onset for each condition. If you do not know the time interval, type "unknown" to avoid validation errors.
6. Click "save" and "next". Complete the Other Factors page.
7. Click "save" and "next". Complete the Certifier page.
8. Click "save" and "validate". All green check marks mean no errors. If you have a red "X", this means that you may need to complete a field.
9. If you require assistance with death certification, contact us at ncdavesupport@dhhs.nc.gov or 919-792-5996.

Upcoming NCDAVE Virtual Training Opportunities



NCDAVE EDRS Training Sessions (2 hours)

Thursday November 10, 2022, 10:00PM-12:00PM

Tuesday November 29, 2022, 6:00PM-8:00PM

<https://outlook.office365.com/owa/calendar/VitalRecordsFieldServices@ncconnect.onmicrosoft.com/bookings/s/GbZeLjys0aS1wOBEBKpBg2>



NCDAVE Lunch and Learn session: How to Start and Certify a Death Certificate (1hour)

Wednesday, November 16, 2022, 11:30AM-12:30PM

https://outlook.office365.com/owa/calendar/VitalRecordsFieldServices@ncconnect.onmicrosoft.com/bookings/s/U6M5w543HEWG5M6_8AAStQ2

For more training opportunities, Email: vitalrecordstraining@dhhs.nc.gov



Importance of Quality Cause of Death Data

- Vital Statistics are the backbone of public health, and cause of death data are one of the most valuable and heavily used aspect of our *vital statistics data*.
- Our cause of death data are *generated by you* -- the doctors, nurses, HIM specialists and other certifiers who provide care to your patients, and your patients' records.
- Our understanding of the causes of death in our community is only as complete and accurate as your reporting.

Source: DC

Death Certificates (DC) are a critical source for :

- National, state, and local statistics
- Health research
- Near real-time surveillance of health diseases and events
 - Rare Vaccine Preventable Disease Mortality Surveillance and Validation
 - Respiratory Syncytial Virus (RSV) Mortality Surveillance
 - Suicide Surveillance
 - Pneumonia and Influenza (P&I) Mortality Surveillance
 - Disaster Surveillance
 - Opioid-related death surveillance

Accuracy

Accuracy in the cause of death reporting means reporting the correct conditions as causes of death :

- The cause of death information should be based on your best clinical judgement.
- Use available information to determine the cause(s) of death, such as medical history, medical records, laboratory tests, autopsy report, and any other relevant sources of information.
- If two or more possible sequences resulted in death, use your best clinical judgement to report the sequence that most directly caused death in Part I. Report the other conditions in Part II.
- In Part I, the chain of events or sequence provided should be logical in terms of time and etiology. Each condition should cause the condition above it.

Complete

Complete means that you provide a clear chain of events, or sequence, from immediate cause of death to the underlying cause of death, and that the information is specific :

- The underlying cause of death (UCOD) is (1) the disease or injury which initiated the train of morbid events leading directly to death or (2) the circumstances of the accident or violence which produced the fatal injury. The UCOD should be reported on the lowest line used in Part I.
- The UCOD should be specific so there is no ambiguity about the etiology of the cause.
 - Whenever possible, report the etiology for organ failure or organ system failure, such as congestive heart failure, hepatic failure, or renal failure, on the lines beneath it.
 - Whenever possible, report the primary site and/or histological type for neoplasms; if unavailable, specify that the site and/or type are unknown.
- Provide the best estimate of the time interval between the presumed onset of each condition and death. The terms "approximately" or "unknown" may be used. Do not leave the interval blank.
- Other conditions that contributed to death but did not result in the UCOD reported in Part I should be reported in Part II.