

Idaho State Association of County Coroner Meeting



Public Health serving with
Integrity
Dependability
Accountability
Humility and
Openness to Change and Innovation

Pam McCrary
Health Operations Field Coordinator
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
Division of Public Health
Idaho Department of Health and Welfare
February 2, 2023



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EDRS

- **Website link:**
<https://ided.dhw.idaho.gov>

For assistance contact Us:

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Health Operations Field Coordinator

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Health Operations Field Coordinator

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What's new with Vital Records

Cause of Death Documentation Review
Weapons, firearms & vehicles

Cremation Authorization Review
What to look out for &
when to take jurisdiction

EDRS 2 Demonstration
Roll out late spring/early summer 2023

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Coming Attractions

- **NEW EDRS 2 rollout scheduled for early summer 2023**
 - DIY account access management – add/delete staff & reset password
 - Online Supplementals with active “pending” record listing
 - NO MORE paper supplementals or affidavit of correction
- **Will need YOUR input on future development**
 - Beta version rolling out soon
- **Online training modules – possible You Tube channel**
 - Which would you prefer
- **Online document library for reference material**
 - CDC Coroners manual, FAQ's & Program/grant opportunities

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Most Common Issues & Errors

General items:

- Not necessary to add “due to” in COD listing as it’s already printed on form
- Pending – Use check box; Not necessary to enter “PENDING” on line A
- **Don’t mix natural & accident in COD listings**
 - Example: Pneumonia due to Fall/Fracture due to Dementia

Determination: Direct cause vs. Contributing factor

They would still have died from the consequences of the fall (pneumonia from immobility) regardless of the dementia

Add dementia to part 2

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Referral to Coroner

- Review/Investigate
- Accept & Certify
- Decline with comment

1. When a record is referred to the Coroner, it will not automatically appear in your queue. You will need to search for the record in order to accept the referral to take possession and make changes as needed. (accept referral is under Registration dropdown)
2. You may want to review the record prior to accepting it, possibly even follow up with the existing certifier to confirm information
3. Records may be declined and allow Physician to amend COD or stand “as is”; You will need to enter a comment or reason when declining
4. Once you accept the record, you become the certifier and can make whatever changes necessary – including changes to information that the previous certifier entered.
5. Please make sure you review the record in its entirety – do not rely on the accuracy of what others have entered prior to taking ownership.

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Medical 3 tab on EDRS

Any injury information to report?

1. Injury vs Event: Defined as any external action
2. Must be filled out on an Overdose – whether accident or intentional; Any non-natural death
3. Watch your estimated dates & times – must be equal to or before date & time entered on med 2
4. Date of injury – may have been 20+ years ago
If injuries sustained were the source of current cause of death, it must be documented.

Example: 2016 death: complications of paraplegia – from injuries sustained in MVA in 1990; detail of accident must be documented

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What
constitutes
an Injury?

Any action that leads to a
manner of;

- Suicide
- Accident
- Homicide

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Firearms & Weapons

Classifications:

1. Handgun/Pistol/Revolver
2. Rifle/Shotgun

General Notes:

- Make & caliber of weapon is not required
- Please include in the “Describe how injury occurred” section
- Space is limited in this section - please be as brief as possible

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Firearm

27. CAUSE OF DEATH				Approximate Time Interval: Onset to Death
<small>PART I. Enter the chain of events --diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:</small>				
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. GUNSHOT WOUND OF THE HEAD			
	DUE TO (or as a consequence of):			
	b. _____			
	DUE TO (or as a consequence of):			
	c. _____			
	DUE TO (or as a consequence of):			
	d. _____			
<small>PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I</small>				
29. DID TOBACCO USE CONTRIBUTE TO DEATH?	30. IF FEMALE (Aged 10-54):	28a. WAS AN AUTOPSY PERFORMED?	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31. MANNER OF DEATH				
<input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined				
32. DATE OF INJURY (Mo/Day/Yr) February 2, 2021	33. TIME OF INJURY (24hr) 18:17	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) DECEDENTS RESIDENCE		35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36. LOCATION OF INJURY:				
State IDAHO		City/ Town or County BOISE, ADA		Zip Code 83709
Street and Number or Location 3789 S UPLAND AVE Apartment Number _____				
37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable DECEDENT SHOT SELF WITH PISTOL				
TRANSPORTATION INJURY ONLY		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?		
38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown		
39a. CERTIFIER (Check only one, based on official capacity for this certificate)				39b. LICENSE NUMBER
<input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE				
<small>To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.</small>				

Ada County Coroners Office, Death Investigation

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* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) Estimated 07/27/2021 - 07/28/2021		24. TIME OF DEATH (24hr) Estimated 23:39 - 01:00	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) July 28, 2021	26. TIME PRONOUNCED DEAD (24hr) 00:20
27. CAUSE OF DEATH PART I. Enter the <u>chain of events</u> —diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: IMMEDIATE CAUSE (Final disease or condition resulting in death) a. GUNSHOT WOUND OF THE CHEST DUE TO (or as a consequence of): b. _____ DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____ PART II. Enter <u>other significant conditions contributing to death</u> , but not resulting in the underlying cause given in Part I				Approximate Time Interval: Onset to Death
29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
32. DATE OF INJURY (Mo/Day/Yr) (Spell month) Estimated 07/27/2021 - 07/28/2021		33. TIME OF INJURY (24hr) Estimated 23:39 - 01:00	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. LOCATION OF INJURY: State <u>IDAHO</u> City/Town or County <u>MERIDIAN, ADA</u> Zip Code <u>83642</u> Street and Number or Location <u>1423 NORTH MAIN STREET</u> Apartment Number _____		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) RESIDENCE		31. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SHOT SELF WITH HANDGUN		35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown		
39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE <input checked="" type="checkbox"/> CORONER		39b. LICENSE NUMBER _____ 39c. DATE SIGNED _____		

Ada County Coroners Office, Death Investigation

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Completing a Supplemental on Pending COD

Only change or add information that is missing or requested

Entries on other lines that do not match what is currently entered on the record will alter the original as a correction

Important note: Because this is a legal document, we are not able to “white-out” – only able to “strike through” the original entry

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Everything you ever wanted to know about Supplementals

Interested in training for filling out
supplementals? We can do one-on-one
training or a group meeting online
Let me know!!

- Required to complete COD & injury information on processed records with Pending COD and/or manner of death
- To assume jurisdiction on an existing record over a medical certifier when new evidence surfaces that requires certification by a Coroner (signature on this form must be notarized)
- Does not need to be typed (unless you choose to) but does need to be written legibly enough to decipher what it says to amend the record
- The top half of the form shows how the record is currently completed for reference – Do not strike through information in this section
- If there is no change required to a completed field listed in the top section, leave that field blank in the bottom section.

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AFFIDAVIT OF CORRECTION FORM (to correct an existing record)

- If you need to make changes to a death certificate that has already been processed, you will need to use an affidavit of correction form.
- This form must be signed and notarized by the original Certifier.
- If the record being corrected is over 1 year old, documentation must be provided to support that change - such as prior medical records or autopsy report from the time of death.
- To amend cause of death (other than pending), please contact our office to advise the necessary changes and they will create the affidavit on your behalf. The completed affidavit will be sent to you for signature and should be sent back using the return envelope provided. Once received, our office will amend the record accordingly.

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Make sure its correct!

- Can only change a field once
- Any further correction to that specific field will require a Court order
- Document must be notarized

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Cremation Authorization Permits

- **Are you reviewing these?**
 - Authorization must be signed prior to cremation
 - For any cremation requested, the cause of death on the record must be reviewed to determine if manner is appropriate or if record should be reassigned to the Coroner
 - If questionable, Coroners should investigate in a timely manner so cremation/transport can proceed
 - This also includes out-of-state transport of remains (Burial Transit Permit - BTP)

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PLATE UP DEATH (1964)

* 19a. IF DEATH OCCURRED IN A HOSPITAL... * 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:

Inpatient ER/Outpatient DOA Hospice facility Nursing home/long term care facility Decedent's home Other (Specify) _____

* 20. FACILITY NAME (if add facility, give street and number) * 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE * 22. COUNTY OF DEATH

ST. LUKE'S MERIDIAN MEDICAL CENTER MERIDIAN, ID 83642 ADA

* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) * 24. TIME OF DEATH (24hr) * 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) * 26. TIME PRONOUNCED DEAD (24hr)

August 10, 2022 13:11 August 10, 2022 13:11

PART I. Enter the chain of events -diseases, injuries, or complications-that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. **ACUTE ON CHRONIC HYPOXIC AND HYPERCARBIC RESPIRATORY FAILURE** DAYS

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Final disease or injury that initiated the events resulting in death) b. **RECURRENT ASPIRATION** MONTHS

c. **SEVERE COPD** MONTHS

d. _____

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

27a. WAS AN AUTOPSY PERFORMED? Yes No

27b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

28. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No

29. IF FEMALE (Aged 15-54): Not pregnant within past year Not pregnant, but pregnant 43 days to 1 year before death Pregnant at time of death Not pregnant, but pregnant within 42 days of death Unknown if pregnant within the past year

30. MANNER OF DEATH Natural Homicide Accident Pending Investigation Suicide Could not be determined

31. DATE OF INJURY (Mo/Day/Yr) (Spell month) * 32. TIME OF INJURY (24hr) * 33. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) * 34. INJURY AT WORK? Yes No

June 10, 2022 Estimated 12:01 + 14:00 MORNING STAR ALF

35. LOCATION OF INJURY: State IDAHO City/Town or County BOISE, ADA Zip Code 83703

Street and Number or Location 5550 N FIVE MILE RD Apartment Number _____

37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable

PATIENT REACHED DOWN TO GRAB SOMETHING FROM A DRESSER, LOST HER BALANCE, AND GLF

TRANSPORTATION INJURY ONLY Pedestrian Driver/Operator Passenger Driver/Operator Passenger Driver/Operator Passenger

38a. WAS DECEDENT: Driver/Operator Passenger Driver/Operator Passenger

38b. WHAT SAFETY DEVICES DID DECEDENT USE/EMPLOY? Seat belt Child safety seat Helmet Air bag None Unknown

39a. CERTIFIER (Check only one, based on official capacity for this certificate) PHYSICIAN PHYSICIAN ASSISTANT ADVANCED PRACTICE REGISTERED NURSE

39b. LICENSE NUMBER NP-1025

39c. DATE SIGNED 7 / 11 / 2022

Signature and Title of Certifier: ELECTRONICALLY SIGNED: JEREMY A. BASSE, N.P.

* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) JEREMY A. BASSE, 3330 E. LOUISE DRIVE STE 400 MERIDIAN, ID 83642

OK? ↓

OK? ↗

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Idaho Violent Death Reporting System (IdVDRS)

Emily M LaFrance, PhD
Principal Research Analyst & Program Manager, IdVDRS
 Bureau of Vital Records & Health Statistics | Division of Public Health
 Idaho Department of Health & Welfare

Contact: Emily.lafrance1@dhw.idaho.gov | 208-332-7371



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State Unintentional Drug Overdose Reporting System (SUDORS)

Nikki Cooley, Research Analyst/Program Manager

Nikki.Cooley@dhw.Idaho.gov

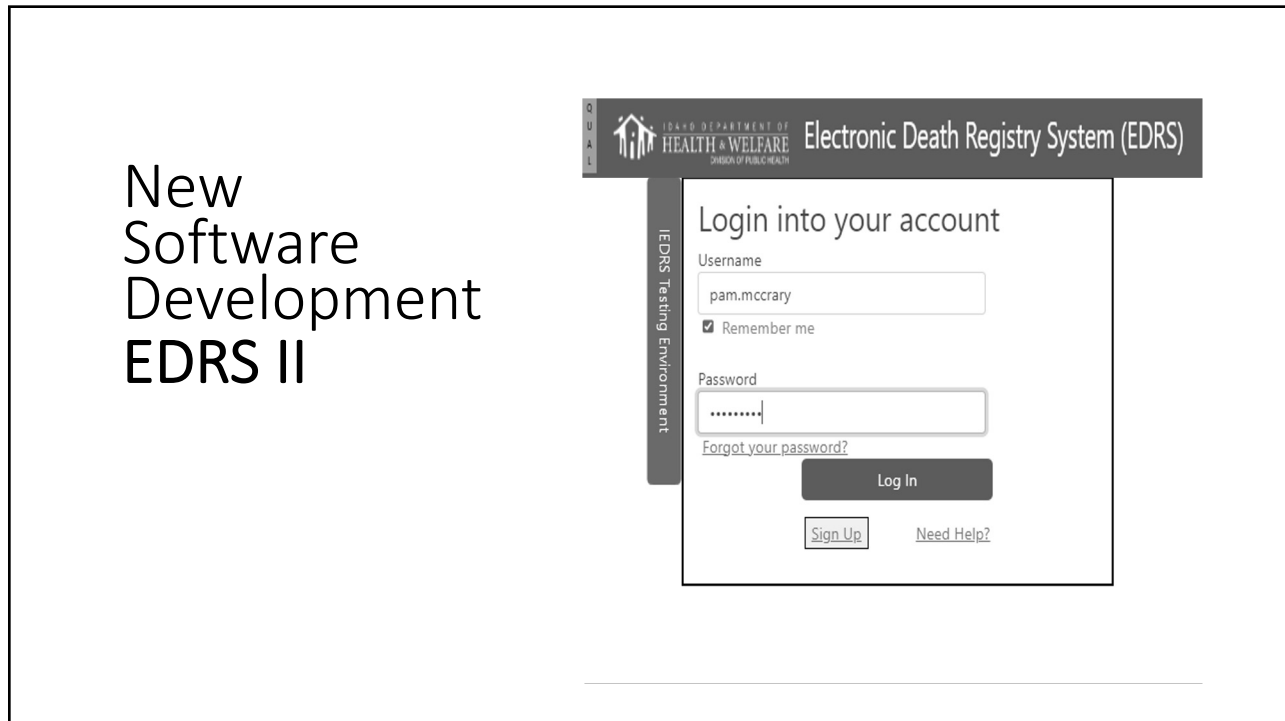
Phone#: 208-867-5898

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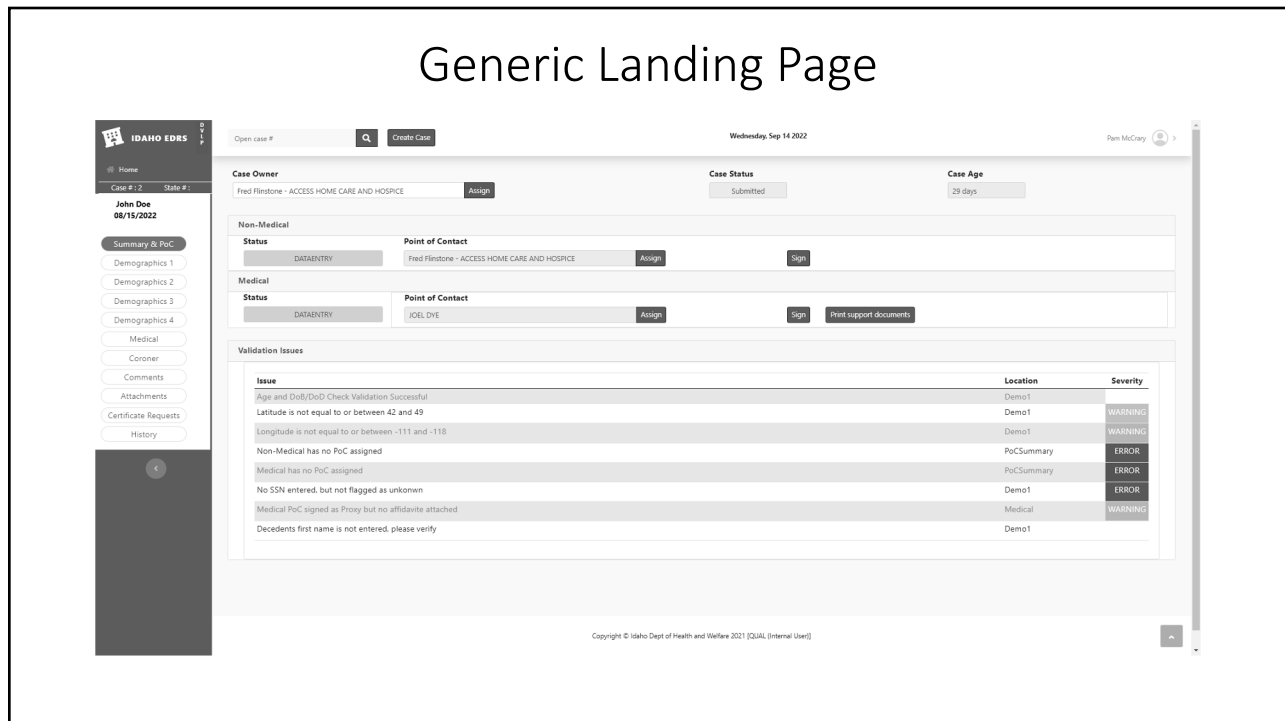
Providing for Your Needs....

- Both Programs have the available funds to help purchase supplies you may be in need of to do your job
 - Examples of this would be: Body Bags, Naloxone Kits, PPE, etc.
 - Please feel free to contact us if there is anything you are in need of
 - Or if you have questions about these programs
-

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Medical data entry

Open case # Friday, Jan 14th, 2021Peterson, Jeremy

IDAHO EDRS

Home

Case #: 12345 State #: 2022-12345

Fred James Smith
2/15/2022

- Summary & PoC
- Demographics 1
- Demographics 2
- Demographics 3
- Demographics 4
- Medical**
- Coroner
- Comments
- Attachments
- Certificate Requests
- History

Time of Death Information

Date and Time of Death Date of Death Type: <input type="text"/> Date of Death From: mm/dd/yyyy To: mm/dd/yyyy Time of Death Type: <input type="text"/> Time of Death From: --:-- To: --:--	Date and Time of Pronounced Death Date Pronounced Dead: mm/dd/yyyy Time Pronounced Death: --:--
---	--

Cause of Death is Pending

Part I

Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:

Approximate Time Interval Onset to Death:

A:

Due To (or as a consequence of):

B:

Part II - Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I

If Female (Aged 10-54) Pregnant: <input type="text"/>	Manner of Death: <input type="text"/>	Did tobacco use contribute to death?: <input type="text"/>	Autopsy Information
			Was an Autopsy performed: <input type="text"/>
			Were Autopsy findings available to complete Cause of Death: <input type="text"/>

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Coroner Tab – Injury data entry

Open case # Friday, Jan 14th, 2021Peterson, Jeremy

IDAHO EDRS

Home

Case #: 12345 State #: 2022-12345

Fred James Smith
2/15/2022

- Summary & PoC
- Demographics 1
- Demographics 2
- Demographics 3
- Demographics 4
- Medical
- Coroner**
- Comments
- Attachments
- Certificate Requests
- History

Injury Information

Date and Time of Injury Any injury information to report? <input type="text"/> Injury Date Type: <input type="text"/> Date of Injury From: mm/dd/yyyy To: mm/dd/yyyy Injury Time Type: <input type="text"/> Injury Time From: --:-- To: --:--	Place of Injury Place of Injury: <input type="text"/> Injury at work: <input type="text"/> Address: <input type="text"/> <input type="checkbox"/> Use GPS location Zip: <input type="text"/> State: <input type="text"/> County: <input type="text"/> City: <input type="text"/>
---	--

Describe how injury occurred. If transportation injury, state the type(s) of vehicles involved:

Date and Time of Injury Was injury related to a transportation accident: <input type="text"/> Decedent's role in transportation injury: <input type="text"/> Specify: <input type="text"/>	What safety device(s) did decedent use/employ? <input type="checkbox"/> Seat Belt <input type="checkbox"/> Child Safety Belt <input type="checkbox"/> Helmet <input type="checkbox"/> Air Bag <input type="checkbox"/> None <input type="checkbox"/> Unknown
--	---

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EDRS II

<https://vsedrsqual.dhw.idaho.gov/>

EDRS Testing Environment

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UserName
Pam.McCrary2

Take note of your user name: It will be required to log into EDRS

Password*

Confirm Password*

Invalid Password

Your new Password must have

- At least one lower case letter
- At least one upper case letter
- At least one special character
- At least one number
- At least 8 characters length

Pin Number*

Confirm Pin Number*

Security Questions

First Security Question*	Answer*
What is the name of the road you grew up on?	Idaho Street
Second Security Question*	Answer*
Where did you go to high school?	Capital
Third Security Question*	Answer*
Where is your favorite place to vacation?	Oregon Coast

JAVa51

Enter text shown
JAVa51

Previous Submit

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SEARCH PAGE

IDAHO EDRS

Open case #

Friday, Jan 14th, 2021

Peterson, Jeremy

Case Search

Show Active Cases Only Show Voided Records

Decedent Last Name <input type="text"/>	Decedent First Name <input type="text"/>	Decedent Middle Name <input type="text"/>	SSN <input type="text"/>	Date of Birth <input type="text"/>	Date of Death <input type="text"/>	Sex <input type="text"/>	Place of Death County <input type="text"/>
State File Number <input type="text"/>	Funeral Home Case Number <input type="text"/>	Parent Last Name <input type="text"/>	Point of Contact <input type="text"/>	Funeral Home <input type="text"/>	Status <input type="text"/>		

Method of Disposition

Results

Case #	Status	Decedent's Name	Date of Death	Funeral Home	Method of Disposition	Non-Medical PoC	Medical PoC	County
001	Pending Cause	Andrew Charlie Donndelinger	01/01/2001	All Valley Cremation and Burial	Removal from State - Entombment	John Wick	Jane E Doe	Washington

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Questions?



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