

Death Registration Made Easy

Death Registration TRAIN Module for Physicians and Their Office Staff

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Executive Summary:

The challenge of preparing the “Death Registration Made Easy” online module began in the spring of 2007. The Vibrant Vitals KPHLI group was formed and we accepted Dr. William Hacker’s, Commissioner for the Department for Public Health, request to prepare a training module to be used by physicians and their office staff across the great Commonwealth of Kentucky when completing death certificates as required by KRS 213.076, 213.078, 213.086 and 213.091.

Death certificates are received in the Kentucky Office of Vital Statistics on a daily basis with inaccurate and incomplete information. The death certificate then has to be returned to the physician’s office to be completed accurately, which in turn results in a delay for families in getting a complete certificate. This can cause even longer delays in the receipt of Life insurance monies, Social Security benefits and estate settlements.

The online module for the Commonwealth of Kentucky and US Standard is now complete and accessible nationally on TRAIN. All licensed physicians in Kentucky will be notified of this new course offering through the Kentucky Medical Association and Kentucky Office of Vital Statistics.

Introduction/Background:

Dr. William Hacker, Commissioner, Department for Public Health in May 2007 proposed a KPHLI project to help improve the completion of death certificates. Dr. Hacker suggested developing a brief educational program for physicians and their office staff, and funeral directors explaining the importance of each data field and instructions on how to accurately complete each section. Further, this educational program placed on TRAIN for web access.

The Office of Vital Statistics is having problems with the accuracy and completeness of the data fields on the death certificates submitted by physicians and funeral home directors. As a group, we agreed on doing the physician/staff portion of the death certificate, maybe having another KPHLI group focusing on the funeral home directors in the future.

Here are some of the top reasons death certificates are not accepted:

1. All blocks on the certificate are not being completed, especially those required by the certifier (from item 23a through 30f). This includes item 24 (name and address of person who completed the cause of death). **Items 30a-f must be completed if the death is marked as Accidental, Suicide, or Homicide.
2. Signatures are in colored ink—this is unacceptable per KPS 213.041(2), which states all signatures are to be in unfading black ink.
3. Certificate contains smears; black marks; writing in margins, etc. This may be from toner or ink that has not completely dried before the certificate is folded and it obstructs information and/or may not copy well.
4. Incorrect information is placed on certificate then marked through. The informant, the funeral director or the certifier has not initialed the corrected information.
5. Fields are being left blank.
6. Item 28, part 1—the certifier does not list the causes of death in order sequentially then the area is re-lettered to suit what they have placed on the certificate.¹

These are just a few of the number of reasons death certificates are not accepted, please review in the appendix for the other reasons.

On just how many death certificates are being sent back, well in the week of February 19-23, seventy-five certificates had to be sent back. The next week February 26-March 9, 2007, there were eighty-one death certificates that had to be sent back. In these cases, Vital Statistics returns the certificate for additional information which causes a delay for the family and a hassle for those who have to redo the work.

So as a KPHLI change master project, our group decided to come up with a training module for physician/staff to view and learn more about the importance of completing the death certificate. This module will be on TRAIN Kentucky web system from the Department of Public Health <https://ky.train.org>.

Problem Statement:

In the office of Vital Statistics, death certificates which are submitted by physicians and staff are often received with inaccurate and uncompleted or omitted data fields. Some fields are left blank, others are not completed accurately (e.g. incomplete social security number), and sometimes language used to certify the cause of death is not helpful in actually determining the cause of death. In these cases, the certificate is returned for additional information which causes a delay for the family and a hassle for those who have to redo the work.

¹ Commonwealth of Kentucky
2007–2008 Change Master Projects

Behavior Over Time Graph:

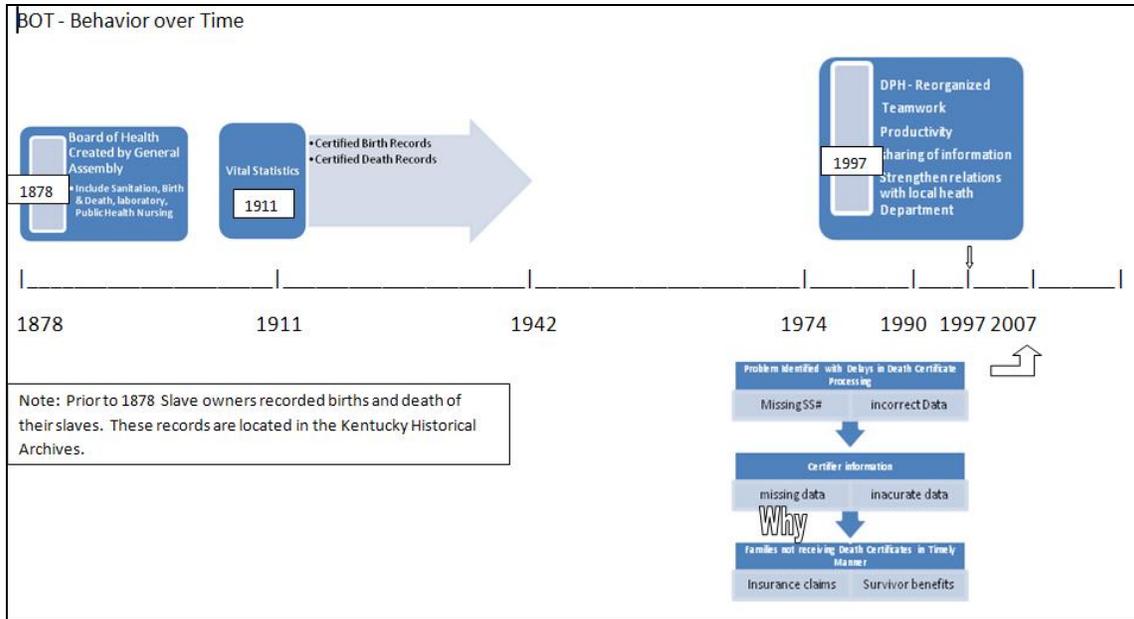
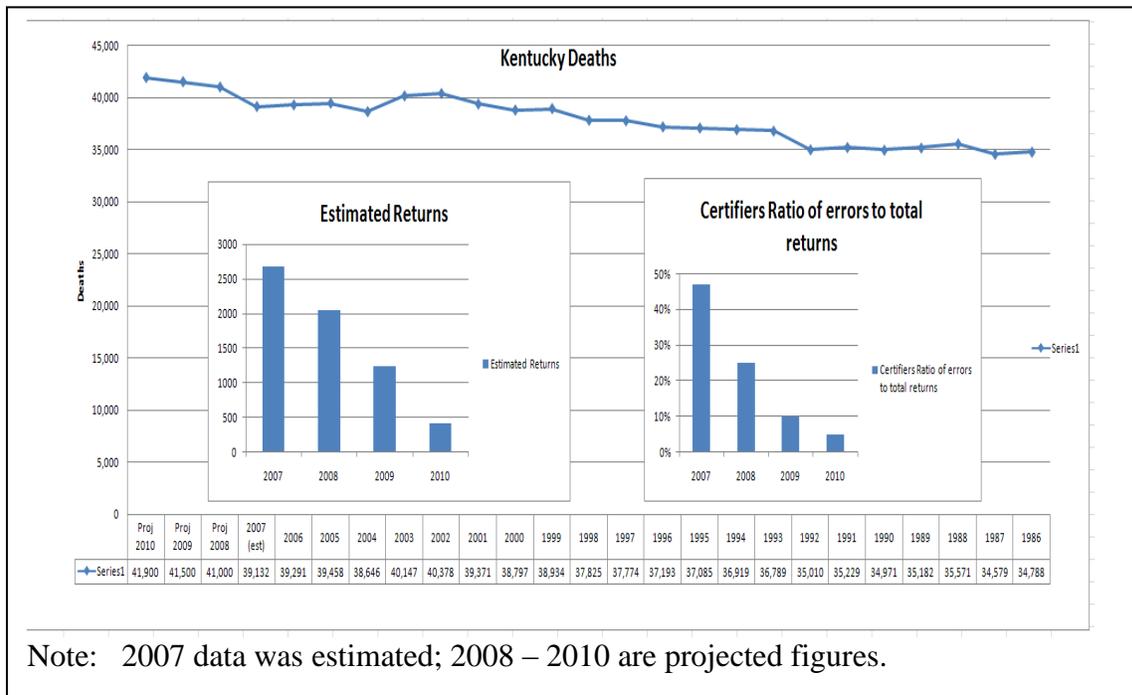


Figure 1 – Depicts events which have impacted vital statistics reporting over time²



Note: 2007 data was estimated; 2008 – 2010 are projected figures.

Figure 2 – Depicts the history of deaths reported in Kentucky and a projection of deaths over the next 3 years based on ratio of births and death rate growth from past history; the estimated total returns over next 3 years after implementation of training module; and estimate of certifiers ratio of return over the next 3 years after implementation of training module.

² <http://chfs.ky.gov/vitalstatistics>

Causal Loop Diagram:

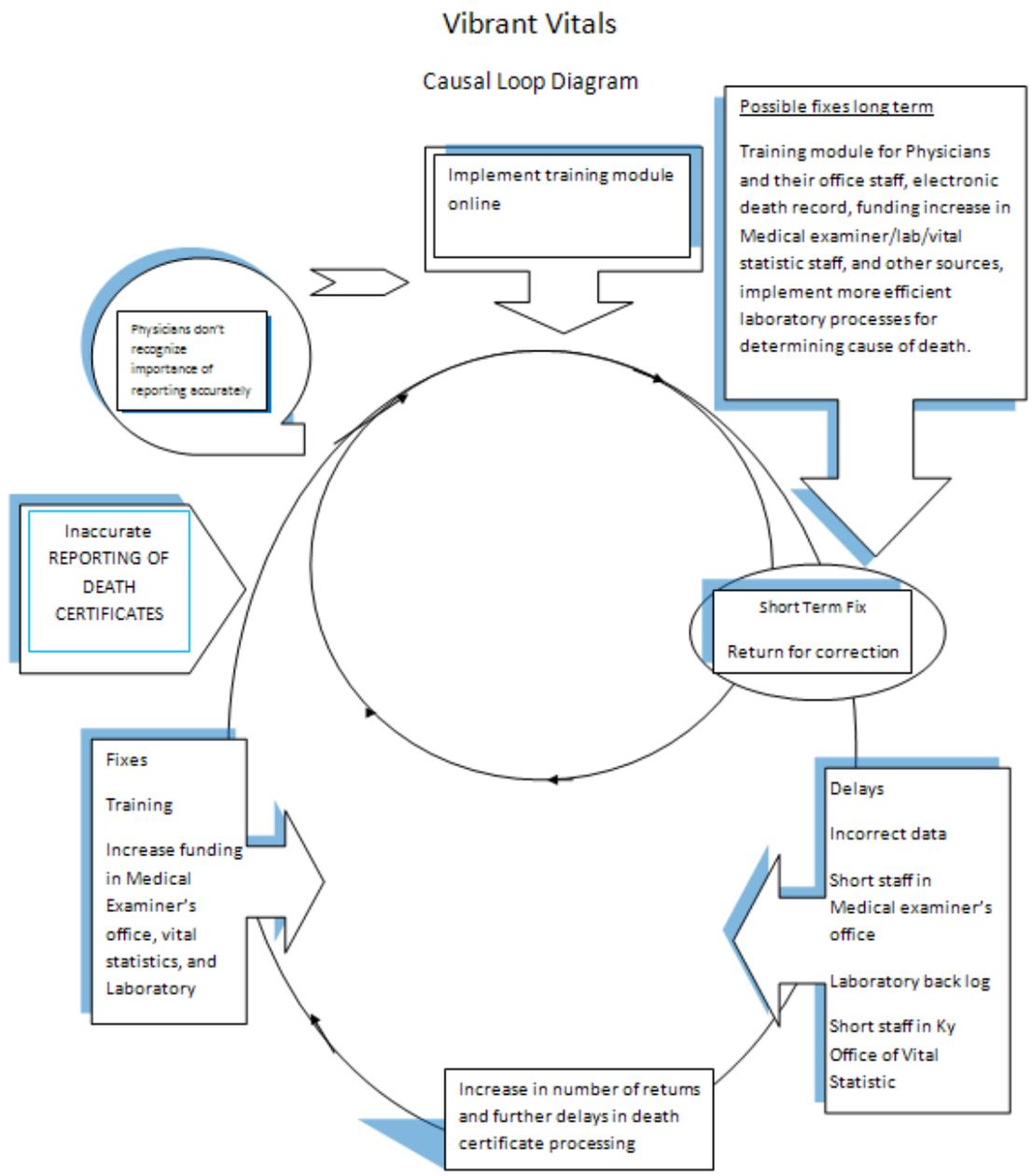


Figure 3 – Depicts the causes and effects which relate to the problems in physician reporting incorrect or insufficiently reporting death registrations.

10 Essential Public Health Services/National Goals Supported:

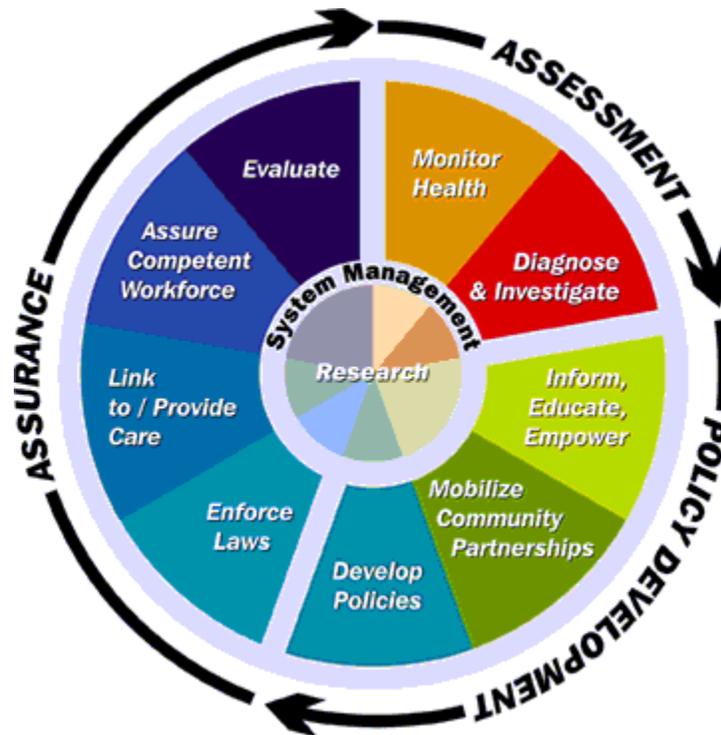


Figure 4: Depicts the 10 Essential Public Health Services

10 Essential Public Health Services

1. ES#1 – Monitor health status to identify community health problems.
 - A. Training physicians on the importance of proper information on a death certificate will ensure correct statistical information is available to identify community health issues.
2. ES#2 – Diagnose and investigate health problems and health hazard in the community.
 - A. Causes of death can help identify health hazards, which can become the focus on prevention.

Model Standards/National Performance Standards

1. LPHS Model Standard 1.1 - Population-Based Community Health Profile
 - A. The CHP includes broad-based surveillance data and measures related to health status and health risk at individual and community levels including: death, illness and injury information, which will be provided by vital statistics information.
2. LPHS Model Standard 1.3 - Maintenance of Population Health Registries
 - A. Population health registries track health-related events such as tracking of cancer incidence. The LPHS creates and supports systems to assure accurate and timely reporting by providers. The Vital Statistics information will help provide this information.
3. LPHS Model Standard 2.1 – Identification and Surveillance of Health Threats
 - A. Vital statistic information that is timely and accurate can help to identify changes or patterns, causes or factors of health events and threats.

Project Objective/Description/Deliverables:

Objectives:

Prepare an online module that will educate physicians on the correct way to complete their portions on the Kentucky death certificate and assist Kentucky Office of Vital Statistic to collect data in an accurate and timely manner.

Use the online module to educate Kentucky physicians and their office staff on how to correctly complete the death certificate, in addition educating physicians in other states on how to complete the US Standard death certificate.

Description:

Develop a short and easy to use online module that is available to all physicians and their staff to effectively educate them in the correct way to complete their section of the death certificate, which will assist vital statistic in collecting all necessary data. In return this will also help the public at large after an occurrence of death to be able to finalize all the necessary components involved with a death of a family member.

Deliverables:

- A. Decrease error rates
- B. Complete the module
- C. Increase number of correct and timely certificates
- D. Decrease time to obtain death certificate by families
- E. Increase staff efficiency in processing the death certificate in Office of Vital Statistics
- F. Decrease the error rates and the number of death certificates that have to be returned to the physicians for corrections.

METHODOLOGY:

This team decided to meet on a monthly basis and our first challenge was to narrow our focus to a manageable project. Our initial ideas of ways to improve death certificate reporting were expansive and futuristic. With the help of our mentor, we decided to contribute a smaller, but important strategy to improve accurate reporting. We created an online TRAIN training module for physicians and their staff that will interface with other state related activities designed to improve reporting.

First, the team met with the Office of Vital Statistics in the Department of Public Health to learn more about the reporting process and how to improve accuracy and timely reporting. Then the team researched the sections of the death certificate where most errors occur. We reviewed the current orientation and training guide for physicians. Several team members attended the Death Registration Stakeholders Group meetings, whose purpose is to gather collaborative partners, explore options for improvements in the death registration process and make recommendations based on those options.

After collecting our data and identifying the current gaps in the death registration process, we developed and tested the online training module, both for the Kentucky and National death certificates. The TRAIN module is easy to understand, incorporates sound, video, pictures and reading, and can be completed within 20 minutes.

RESULTS:

Our Change Master team was successful in developing an on-line orientation module for the completion of a death certificate targeting physicians and their office staff. The creation and publishing of this module will result in the following:

1. Physicians and their office staff will have access to an online training module to assist them in properly completing a death registration form.
2. The training module provides instruction on how to complete the Kentucky Death Certificate as well as the US Standard Death Certificate.
3. The Kentucky Office of Vital Statistics will be able to train physicians and their staff efficiently without involving travel or disruption from their clinic setting.
4. The module will be available on TRAIN (<https://ky.train.org>) for Kentucky physicians and other states in the United States.
5. The Kentucky Department of Public Health will market the “Death Registration Made Easy” module through the Kentucky Medical Association and the Kentucky Office of Vital Statistics.

CONCLUSIONS:

Dr. William Hacker made a request to KPHLI group that a project be considered to aid in the processing of Death Registration to have a more accurate and timelier reporting of Death Registration. Betsy and Michelle met with Kentucky Office of Vital Statistics staff to inform them of our project a group decision was made that our team would be responsible for putting together a training module targeting Physician's and their staff on proper completion of the Death Registration form.

Our team has worked to put this module together and with the aid of Joa Harville, Technical Specialist with TRAIN our module was prepared and placed on TRAIN (<https://ky.train.org>). Upon near completion of the module our teams met with Kentucky Office of Vital Statistics staff and have taken their recommendations into consideration in preparing our module. After a lot of research and hard work we have completed our module which is named "Death Registration Made Easy".

Our expectation is that Vital Statistics will promote the module and if properly utilized to train physicians and their office staff. We expect to see the rate of certificates being returned to decrease from approximately 48% to less than 10% over the next three years.

LEADERSHIP DEVELOPMENT OPPORTUNITIES:

Margie Hill

KPHLI has allowed me to look at myself through my coworkers, bosses, and others whom I work with utilizing the 360 degree assessment. I have also reviewed my social style and defined strengths and weaknesses. Finally looking at the BarOn Emotional Inventory I feel like I have a good overall assessment of my skills and leadership abilities. I have goals established and a plan of action to establish these goals. KPHLI has helped me to recognize, develop, and establish a plan to attain the skills I will need to lead into the future no matter where I may be.

Melody Stafford

Being in KPHLI has been an experience I will never forget. It has taught me so much about leadership and the qualities a good leader should possess. It has opened many doors to resources that I had no clue were available. These resources I will use for years to come. It has allowed me to partner with people from different areas of work. It has allowed and encouraged me to look at myself in a different light and discover where the shadows exist in that light. It has taught me how to find those shadows and work at bringing the light in. It has taught me that lack of confidence doesn't always mean lack of ability but may mean lack of specific knowledge, and that can be improved through education. I will keep this plan in a very special place where it will always be accessible. It has been and will be a source of encouragement and a source of improvement. It's nice to have both.

Elizabeth (Liz) R. Crigler

My year in the KPHLI program has truly been an enriching experience, both personally and professionally. The change master project was the most valuable aspect of the program for me and having the networking opportunities. This experience has helped me to discover some things about myself: some good and some that let me know I need to work on some things. This experience has helped me to look deeper into myself and to think about how I could be better at my job and even my personal relationships. To the ladies in my change master project, thank you for all your wonderful support. You guys have made KPHLI so much fun and I have looked forward to all the times we met. I would like to thank Ned Fitzgibbons, Director, Bullitt County Health Department, for allowing me to participate in this learning opportunity.

Betsy McDowell

Overall, KPHLI has helped me to see where my weaknesses and strengths are and provided me ways to improve the things I need to improve. It has also brought wonderful new friends into my life and showed me how even strangers can come together and turn a small idea into a reality if everyone is willing to work together. KPHLI has been a challenging event, but one that I feel has made me a better person and helped me believe more in myself.

Dori Livy

My participation in the Kentucky Public Health Leadership Institute has been a challenging but fulfilling experience. Using the self and group assessment tools, I created an individual development plan that I can continue to enhance. But the best benefit of KPHLI was the opportunity to work with six other individuals from around the state with different skill sets and personality profiles. With teamwork, we challenged ourselves and developed mutual goals and objectives. I want to extend a special thank you to my Director, Leanne Kommer, for allowing me to participate and to our mentor, Randy Gooch, who was a great guide and supporter of KPHLI.

Denise Bingham

KPHLI has helped me learn more about my strengths and weaknesses and how to improve myself. I found it very helpful finding out how my peers and others view my work and personality. It has been a struggle keeping up with assignments. Fortunately I have been part of an amazing team, the Vibrant Vitals; we set a schedule from the beginning and stuck to it, which helped us get things done in a timely manner. The best thing is the friendships I have made and they will last a lifetime.

Michelle Mitchell

My participation in the KPHLI has been an invaluable experience. The benefits of participating in the KPHLI change master project were networking, teamwork, communication, organizational and leadership skills. I enjoyed working with our team as well as with other individuals in the Department for Public Health to achieve a common goal. The knowledge that I gained can be applied to all aspects of my life, personally and professionally. Our team was successful in overcoming many challenges in carrying out our change master project through diligence, patience, dedication and continued support throughout the year. I would like to express my thanks to everyone on the team for their hard work on the project. Moreover, I thoroughly enjoyed the opportunity to develop new friendships.

REFERENCES

1. <http://chfs.ky.gov/vitalstatistics> , 7/2007
2. Commonwealth of Kentucky. Department for Public Health Office of Vital Statistics. Cabinet for Health and Family Services. Top Reasons Death Certificates are Not Accepted. 2006. Revised 12/4/06. (Publication available in Appendix.)
3. http://www.cdc.gov/nchs/fastats/popup_ky.htm., 1/30/2008
4. <http://www.cdc.gov/about>, 1/30/2008
5. <http://www.cdc.gov/about/leadership/director.htm>, 1/30/2008
6. <http://www.cdc.gov/about/organization/research.htm>, 1/30/2008

APPENDIX A



**CABINET FOR HEALTH AND FAMILY SERVICES
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Secretary

Top Reasons Death Certificates are Not Accepted

(Revised 12/4/06)

Please note that there have been some changes from the list that was issued earlier. This is due to some processes and procedures that have been changed in the Office of Vital Statistics. However, items marked with (**) are new problems that have been arising on a regular basis.

1. **Funeral Directors are not signing the death certificate (Item 21). This is becoming more frequent and causes a delay in the processing of the certificates.
2. All blocks on the certificate are not being completed, especially those required by the certifier (from item 23a through 30f). This includes item 24 (name and address of person who completed the cause of death). ** Items 30a-f must be completed if the death is marked as Accidental, Suicide or Homicide.
3. Signatures are in colored ink – this is unacceptable per KRS 213.041(2), which states all signatures are to be in unfading black ink.
4. Certificate contains smears; black marks; writing in margins, etc. This may be from toner or ink that has not completely dried before the certificate is folded and it obstructs information and/or may not copy well.
5. Incorrect information is placed on certificate then marked through. The informant, the funeral director or the certifier has not initialed the corrected information.
6. Fields are being left blank. If the information is unknown or does not apply, then either "unknown" or "n/a" should be typed in the field on the death certificate. All areas should contain some type of information.
7. **Certificates are being received in this office bent, spindled and mutilated from the United States Postal Service. This is an issue beyond our control and we are currently working with the USPS to remedy this situation.
8. Item 28, Part 1 (cause of death) is not completed – this **must** be completed.
9. **Item 28, Part 1 – the certifier does not list the causes of death in order sequentially then the area is re-lettered to suit what they have placed on the certificate.
10. Items 28d and 28e (diabetes questions) have not been completed – this is required per KRS 213.078.
11. Item 23a (certifier's signature) is not completed.
12. Correction fluid has been used on the certificate.
13. There are issues with incorrect or missing Social Security numbers. This item must be present if the deceased had a SSN. Additionally, there should be a verification of the SSN by the funeral director to ensure the correct information is placed on the certificate. Incorrect information causes problems if someone's SSNs are being reported as belonging to deceased persons. Of all the corrections made to death certificates, approximately 1 out of every 10 is for an incorrect SSN.
14. Certificate is defaced with stains such as from blood, food and/or drink.
15. Certificate is filed more than one year after the date of death – to be filed it must be accompanied by at least two forms of evidence (funeral director's bill, obituary, etc.)
16. Items 31 (registrar's signature) and/or 32 (date filed) are obstructed or have information in them. These items are to be left blank until received in our office.
17. Certificate is not on cotton bond paper with a watermark.

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18. Certifiers must be in accordance with KRS 213.076 (1) (physician, health officer or coroner). Other persons such as hospice nurses, etc. cannot sign the death certificate.
19. Signatures must be original – no signature stamps will be accepted.
20. Certificate is not printed correctly (straight) onto paper. This happens when the paper feeds through the printer crooked.
21. Certificate is received with holes already punched (in either side) and obstructs information.
22. Certificate is received with highlighter on it to indicate areas that need to be completed. This shows darker when certified copies are prepared and bleeds onto other certificates.