

eVital:
How to Register a Death
for Medical Facility Users

New York City
Department of Health
and Mental Hygiene

Table of Contents


1. How Do I Report Deaths?.....	3
1.1 Purpose	3
1.2 Scope	Error! Bookmark not defined.
1.3 Starting a New Death Case	3
1.4 Decedent	5
1.5 Pronouncement	7
1.6 Place of Death	10
1.7 Cause of Death.....	11
1.8 Other Factors.....	12
1.9 Certifier	12
1.10 Pronounce	13
1.11 Pronounce/Certify	14

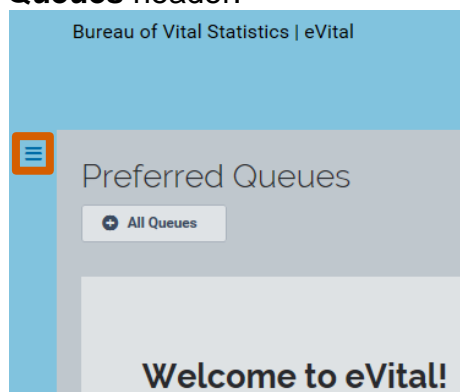
1. How Do I Register Deaths?

1.1 Purpose

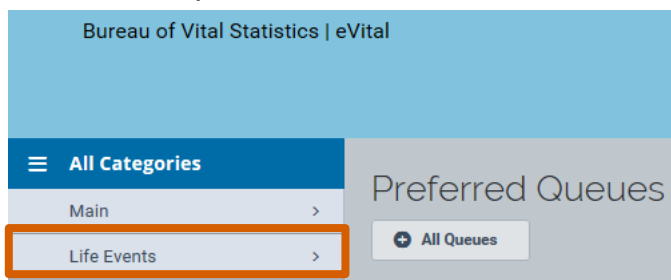
The eVital system allows users to electronically submit birth and death registrations with the **City of New York Bureau of Vital Statistics (BVS)**. This user manual covers the steps for medical facilities reporting a death.

1.2 Starting a New Death Case

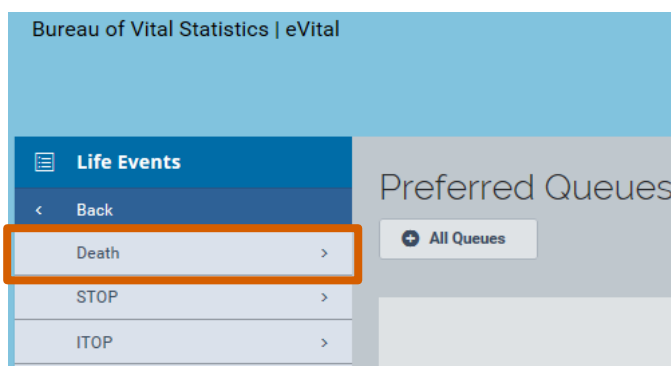
1. **Log in** to the eVital Home Page. Click the **menu icon**  located to the left and above the **Preferred Queues** header.



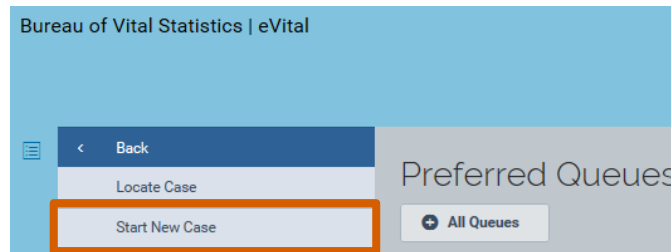
2. The **All Categories** menu opens. Click **Life Events**.



3. Select **Death** from the list.



4. The **Death Event** dropdown list appears. Select **Start New Case**.



5. The **Start New Death Case** web form opens. **Input** the **Last Name** of the decedent. Use the **Calendar** control to select the **Date of Death** or input the date directly into the field. Click the **Sex** field and select the gender. The red asterisks indicate fields which must be completed. Click **Search**.

 A screenshot of the 'Start new Death Case' web form. The form has a title bar 'Start new Death Case'. Below it, there are three input fields for 'First Name', 'Middle Name', and 'Other Middle Name'. Below these, there are four input fields: 'Last Name*' (containing 'Doe'), 'Date of Death*' (containing 'October-03-2017' with a calendar icon), 'Suffix' (a dropdown menu showing 'Select one'), and 'Sex*' (a dropdown menu showing 'Male'). Below these, there are two input fields for 'Medical Record Number' and 'Confirm Medical Record Number'. At the bottom right, there are two buttons: 'Clear' and 'Search' (which is highlighted with an orange box).

6. If the decedent information you input is new, a notice appears stating that no cases match the entered criteria. Click **Create New** and continue to the **Decedent** tab (see Section 1.4). If a **Potential Duplicate Found** message appears, this means that one or more possible decedents were found. Continue with Step 7.

 A screenshot of the 'Start new Death Case' web form. At the top, it says 'Bureau of Vital Statistics | eVital' and 'NYC Health'. On the right, it says 'Welcome', 'Death Med Facility Data Entry', and 'Logout'. Below this, there's a button for 'ST. Vincent's Staten Island Hospital'. Below the title bar, there are three buttons: 'Clear', 'Search', and 'Create New' (which is highlighted with an orange box). Below these, there's a section titled 'Potential Duplicates' which contains a message: 'There are no cases that match the criteria you have entered.' (this message is also highlighted with an orange box).

7. If there is an existing decedent matching the criteria input into the asterisk field, click **Acknowledge** and **Preview** the listed decedent records. If none match the criteria of the case you are working on, click **Create New**. This will begin the death.

Case ID	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	Medical Facility Name	Funeral Home Name	Status
401	Doe, John	Aug-31-2016	Male			St. Vincent's Staten Island Hospital		Unregistered Preview

1.3 Decedent

- The **Decedent** form opens. eVital will populate the **Sex**, **First Name** and **Last Name** fields from the required input extracted from the earlier search screen. In the **Will Medical Institution be Responsible for Final Disposition** field, select **Yes** or **No**. Then type the **Decedent's Middle** and **Other Middle Name** and **Suffix**. Click **Birth Date Known**. Select the answer from the list. Click **Save**. If all fields contain valid information, you will receive a **No Validation Error Found on This Page** notice on the bottom of the data window and a **green dot** in the left pane. An **orange dot** signifies one or more “soft” validation errors which can be corrected or overridden. A **red dot** indicates one or more “hard” errors which must be corrected and cannot be overridden. **Orange dot** errors do not prevent a death certificate from being registered. **Red dot** errors need to be corrected before the death can be registered.

Case ID: 30450 Decedent Name: Doe Event Date: Oct-03-2017

Case Status: New Event | Uncertified | Unpronounced | Unsigned | Unregistered

Information Status:

Decedent

Will Medical Institution be Responsible for Final Disposition? No

Infant Identifier Select one

Sex Male

Decedent Name

First John Middle Andrew Other Middle

Last Doe Suffix Select one

Is Date of Birth Known?

- When all fields contain valid information, a **green dot** appears next to **Decedent**. Click **Pronouncement** and continue to Section 1.4, **Pronouncement**.

Death Registration

Medical Information

- Decedent
- Pronouncement
- Place of Death
- Cause of Death
- Other Factors
- Certifier

Other Links

- Messages
- Duplicate Resolution
- Print Forms
- Refer to OCME
- Case Status History
- Request to Abandon/Void
- Comments
- Registration Validations

Case ID: 30460 Decedent Name: John Andrew Doe Event Date: Oct-03-2017

Case Status: Medical Pending Personal Pending Fact Of Death Pending Uncertified Unpronounced Unsigned Unregistered Exact Duplicate

Information Status:

Pronouncement

Date and Time of Death or Found Dead

Date of Death Known
Known

Date of Death
Oct-03-2017

Time of Death Known
Known

Time of Death

Date Last Attended By Physician

Pronouncer

☐ Intern or Resident (If not licensed)

Pronouncer Name

License Number
4321

First
Bob

Last
Makarowski

Middle

Suffix

1.4 Pronouncement

1. Click **Pronouncement** and the **Pronouncement** form opens. The **Date of Death** field will be populated based on the data extracted from the initial search screen. Click the **Time of Death Known** field. Select **Known** or **Unknown**. If **Known** is selected, the time control appears. Use the **Time** control to select the time or type the time. Click the **calendar icon** in the **Date Last Attended by a Physician** field. Use the **Calendar** control to select the date or type the date into the field.

Note: If the pronouncing physician is an intern or resident (not licensed), the **Intern or Resident (if not licensed)** box must be checked and the license number of the attending physician should be input into the **License Number** field.

The screenshot shows the 'Pronouncement' form in the eVital system. The form is titled 'Pronouncement' and contains the following fields and sections:

- Case Information:** Case ID: 30460, Decedent Name: John Andrew Doe, Event Date: Oct-03-2017.
- Case Status:** Medical Pending, Personal Pending, Fact Of Death Pending, Uncertified, Unpronounced, Unsigned, Unregistered, Exact Duplicate.
- Information Status:** (Empty)
- Pronouncement Section:**
 - Date and Time of Death or Found Dead:**
 - Date of Death Known:** Known (dropdown)
 - Date of Death:** Oct-03-2017 (calendar icon)
 - Time of Death Known:** Known (dropdown)
 - Time of Death:** (empty field with clock icon)
 - Date Last Attended By Physician:** (empty field with calendar icon)
 - Pronouncer:**
 - ☐ Intern or Resident (if not licensed)
 - Pronouncer Name:**
 - License Number:** 4321 (with search icon)
 - First:** Bob
 - Last:** Makarowski
 - Middle:** (empty field)
 - Suffix:** (empty dropdown)


2. By default, if the current eVital user is a licensed physician, that physician's name, license number, title and address will populate the Pronouncer's fields and no data entry is needed. Click **Verify Address** to ensure proper USPS formatting.

Pronouncer


☐ Intern or Resident (If not licensed)


Pronouncer Name

License Number

34567890 

First* Karl **Middle** John


Last* David **Suffix** III 


Title Doctor of Medicine 

Pronouncer Address

Street Number and Name, Rural Route (No P.O. Box, etc) 301 Park Avenue **Apartment, Suite, Building, Floor, etc** Suite 20

City or Town New York **County** New York **State** New York

Zip Code 10022 **Country** United States 

Unverified  **Verify Address**

4. Click inside the field marked **Pronounce Date Known**. If **Known** is selected, indicate the correct date and time click **Save**. If all fields contain valid information, you will receive a **No Validation Error** notice and a **green dot** in the left pane. An **orange dot** signifies one or more “soft” validation errors which can be corrected or overridden. Orange “soft” errors do not prevent a death from being registered with the Department of health. A **red dot** indicates one or more “hard” errors which must be corrected before the death can be registered. **Orange** and **red dots** both indicate **Validation Errors**.

The screenshot displays the eVital Death Registration interface for Case ID 572, Name: John Robert Doe, Event Date: 09/01/2016. The left sidebar shows the 'Medical Information' section with 'Pronouncement' highlighted. The main form area is titled 'Pronouncement' and contains the following fields:

- Case Status:** Medical Pending | Personal Pending | Fact Of Death Valid | Uncertified | Pronouncement Required | Unsigned | Unregistered | Potential Duplicate | SSN Unverified
- Information Status:**
- Date of Death Known:** Known (dropdown)
- Date of Death:** 09/01/2016 (calendar icon)
- Time of Death Known:** Known (dropdown)
- Time of Death:** 11:59 PM (clock icon)
- Date Last Attended By Physician:** 09/01/2016 (calendar icon)
- Pronouncer:**
 - ☐ Intern or Resident (If not licensed)
 - Pronouncer Name:**
 - License Number:** 34567890 (search icon)
 - First:** Karl
 - Middle:** John
 - Last:** David
 - Suffix:** III (dropdown)

1.5 Place of Death

1. In the **Death Registration** menu pane, click **Place of Death** and the **Place of Death** form opens. Complete the fields and click **Verify Address** to ensure correct syntax. Verification will also complete the “zip plus four” standard. Click **Save**. The system will save the information you entered regardless of the status of the address as **Verified** or **Unverified**. If all fields contain valid information, you will receive a **green dot** next to **Place of Death** in the menu pane. Continue to Section 1.6, **Cause of Death**.

Death Registration

Case ID: 572 Name: John Robert Doe Event Date: 09/01/2016

Case Status: Medical Pending | Personal Pending | Fact Of Death Valid | Uncertified | Pronouncement Required | Unsigned | Unregistered | Potential Duplicate | SSN Unverified

Information Status:

Place of Death

Type of Place of Death
Decedent's Residence

Any Hospice care in last 30 days?*
Yes

Address

Borough*
Bronx

Street Number and Name, Rural Route (No P.O. Box, etc)
436 East 149th Street

City or Town
Bronx

Zip Code
10455

Apartment, Suite, Building, Floor, etc
Apt. 12

State
New York

Country
United States

Unverified Verify Address

No validation error found on this page

Show All

1.6 Cause of Death

1. In the **Death Registration** menu pane, click **Cause of Death**. Input the immediate cause of the death into the **Line A** field and the time interval between the onset of the condition and the time of death into the field on the right. Use **Lines B-D** on the left, to provide the etiology of the condition that caused the death. In the fields on the right side, provide the time interval between the onset of the condition and the death. Finally, input any other significant conditions experienced by the deceased into **Other Significant Conditions**. Then click **Validate**. If all fields contain valid information, a **No Validation Error** message and a **green dot** appear next to **Cause of Death** in the menu pane. Continue to Section 1.7, **Other Factors**.

Cause of Death

NCHS Recommendations for Entry of Cause of Death

Enter the chain of events- diseases 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. Add additional lines if necessary.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease that initiated the events resulting in death) LAST.

Part I

Line A - Immediate Cause (Final Disease or Condition Resulting in Death)

Respiratory Arrest

Line B - Due to or As a Consequence of

Chronic Obstructive Pulmonary Disease

Line C - Due to or As a Consequence of

Carcinoma of the Lung

Line D - Due to or As a Consequence of

Line A - Approximate Interval Onset to Death

2 minutes

Line B - Approximate Interval Onset to Death

6 months

Line C - Approximate Interval Onset to Death

18 months

Line D - Approximate Interval Onset to Death

Part II

Other Significant Conditions

Diabetes

Validate ✓

1.7 Other Factors

1. Complete the **Other Factors** form and click **Save**. If all fields contain valid information, you will receive a **No Validation Error** notice and a **green dot** will appear next to **Other Factors** in the menu pane. Continue to Section 1.8, **Certifier**.

Other Factors

Autopsy Performed: Yes

Autopsy findings available to complete cause of death: Yes

Did tobacco use contribute to death? Yes

Was this case referred to OCME? Yes

☐ Non-Reportable Death

ME Case Number: 1234

Case Reviewed at OCME By:

First: Maria Middle: Linda

Last: Johnson Suffix: Select one

1.8 Certifier

1. In the **Death Registration** menu, click the **Certifier** tab. After completing the fields, click **Save**. If all fields contain valid information, a **No Validation Error** notice and **green dot** will appear next to **Certifier** in the menu pane. Continue to Section 1.9, **Pronounce**.

Death Registration

Case ID: 572 Name: John Robert Doe Event Date: 09/01/2016

Case Status: Medical Valid Fact Of Death Valid Personal Pending Uncertified Pronounced Unsigned Unregistered Potential Duplicate

Information Status: SSN Unverified

Certifier

☐ Intern / Resident (if not licensed)

Certifier Name

License Number: 34567890

First: Karl Middle: John Last: David

Suffix: III Title: Doctor of Medicine

Certifier Address

Street Number and Name, Rural Route (No P.O. Box, etc): 301 Park Avenue

Apartment, Suite, Building, Floor, etc:

City or Town: New York State: New York

1.9 Pronounce

Note: This tab is used by those who are merely pronouncing a death and not certifying.

1. In the **Death Registration** menu, under **Certifier**, click **Pronounce** and complete the indicated fields.
2. Selecting **Affirm** generates a quick response (QR) code that can be used with your mobile device. This is the phase where you digitally sign the document using facial recognition. If you wish to reopen and edit the case, click **Unaffirm**. This will allow updates to be made. Upon the completion of edits, selecting **Affirm** will lock changes made to the case, regenerate a QR code which, again, must be digitally signed using facial recognition.

The screenshot displays the NYC Health eVital interface for a medical facility. The top navigation bar includes the NYC Health logo, a welcome message for a Death Med Facility Certifier, and a logout button. The left sidebar shows the 'Death Registration' menu with 'Pronounce' selected. The main content area shows case details for Case ID 572, Name: John Robert Doe, and Event Date: 09/01/2016. The 'Case Status' section includes tabs for Medical Valid, Fact Of Death Valid, Personal Pending, Uncertified, Pronouncement Required, Unsigned, and Unregistered. The 'Pronounce Case' section contains a text area with a pre-filled affirmation statement and a checkbox labeled 'Affirm' which is checked. A red box highlights the 'Affirm' button in the bottom right corner.

Bureau of Vital Statistics | eVital

Welcome
Death Med Facility Certifier Logout
St. Vincent's Staten Island Hospital

Case ID: 572 Name: John Robert Doe Event Date: 09/01/2016

Case Status: Medical Valid | Fact Of Death Valid | Personal Pending | Uncertified | Pronouncement Required | Unsigned | Unregistered
Potential Duplicate | SSN Unverified

Pronounce Case

A medical practitioner affirms. Death occurred at the time, date and place indicated and that death was due entirely to natural causes. A Medical Examiner affirms: On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated.

☒ Affirm

Affirm

1.10 Pronounce/Certify

Note: This tab is used by people who are pronouncing and certifying a death.

3. Click **Pronounce/Certify** in the **Death Registration** panel and complete the **Pronounce/Certify** form. Click **Affirm** when done. This will generate a QR code that can be used with your mobile device. You will then digitally sign the death certificate using facial recognition. If you wish to reopen and edit the case, click **Unaffirm**. This will allow updates to be made. However, upon the completion of edits you must again, select **Affirm** to lock changes made to the case, and regenerate a QR code that, again, must be digitally signed using facial recognition.

1.

The screenshot displays the eVital Death Registration interface. The top navigation bar includes the Bureau of Vital Statistics | eVital logo, the NYC Health logo, and a Welcome message for the Death Med Facility Certifier at St. Vincent's Staten Island Hospital. The left sidebar shows the Death Registration panel with a list of Medical Information items (Decedent, Pronouncement, Place of Death, Cause of Death, Other Factors, Certifier, Pronounce, and Pronounce / Certify) and Other Links (Messages, Duplicate Resolution, Refer to OCME, Case Status History). The Pronounce / Certify item is highlighted with an orange box. The main content area shows the Case ID: 572, Name: John Robert Doe, and Event Date: 09/01/2016. Below this, the Case Status is displayed as Medical Valid, Fact Of Death Valid, Personal Pending, Uncertified, Pronounced, Unsigned, Unregistered, and Potential Duplicate. The Pronounce / Certify Case form is highlighted with an orange box and contains the following text: "I am submitting herewith a confidential report of the cause of death." followed by a checked "Affirm" checkbox. Below this, it states "By submitting this information, I affirm under the penalty of perjury that I am the authorized certifier whose name will appear on this certificate." followed by another checked "Affirm" checkbox. The form concludes with "A medical practitioner affirms. Death occurred at the time, date and place indicated and that death was due entirely to natural causes. A Medical Examiner affirms: On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated." followed by a third checked "Affirm" checkbox. An "Affirm" button is located at the bottom right of the form.

