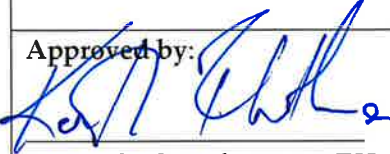
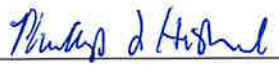


District of Columbia Department of Health <h2 style="color: blue;">Ill-Defined Cause of Death</h2>		PROCEDURE 1106.000 Implementing Office: Center for Policy Planning and Evaluation/Vital Records Division Training Required: <input checked="" type="checkbox"/> Yes JUN 13 2022 Originally Issued: Revised/Reviewed:
Approved by:  LaQuandra S. Nesbitt MD, MPH; Agency Director	Review by Legal Counsel:  Phillip Husband, Esq.; General Counsel	Effective Date: JUN 13 2022 Valid Through Date: JUN 13 2025

I. Authority	Reorganization Plan No. 4 of 1996; Mayor’s Order 1997-42; The Vital Records Modernization Act of 2018, D.C. Law 22-189
II. Reason for the Policy	The DC Vital Records Division (DCVRD or “the Division”) within the Center for Policy Planning and Evaluation (CPPE) is responsible for maintaining detailed records of deaths in the District of Columbia. The Data Management and Analysis Division (DMAD), also within CPPE, is responsible for regular and ad hoc statistical analysis, and reporting of vital records data. To ensure the highest quality public health data to best inform public health policy and resource allocation, it is essential that causes of death reported on death records are accurate, complete, and sufficiently detailed. A protocol is required to identify and monitor records that are incomplete, or contain insufficient detail on the cause, mechanism, or etiology of the death.
III. Applicability	This document shall apply to all DC Health employees, vendor staff, contract employees, interns, employees of other DC government agencies temporarily assigned to DC Health, who are assigned to DCVRD, DMAD, or whose assignment affords access to information in vital records. These individuals are referred to collectively herein as “employees.”
IV. Policy Statement	DCVRD is responsible for the quality of data in vital records. The State Vital Records Registrar (“the Registrar”) is the program manager responsible for the proper execution of all tasks assigned

to DCVRD. DMAD plays a supportive role to DCVRD in ensuring data quality. The Supervisory Statistician is the program manager responsible for the proper execution of all tasks assigned to DMAD.

The Certifier is the physician, Medical Examiner or Advanced Practice Registered Nurse (APRN) that documents the cause and manner of death. DCVRD has the authority to reject a report of death containing a potentially Ill-Defined Cause of Death (COD) back to the Certifier. A report of death with an Ill-Defined COD is electronically routed in the Vital Information Tracking Application Electronic Death Registration System (VITA-EDRS) to the "State Validation with Cause of Death QA Flag" queue.

In cases where VITA-EDRS flags a death report as having an Ill-Defined COD, the DCVRD employee will examine the death report to determine if it does contain an Ill-Defined COD. If it is considered Ill-Defined, no DCVRD employee may register without prompting the Certifier to review the COD listed on the death report. The DCVRD employee may not file the death report until it has been reviewed. If the report of death is still flagged after three referrals back to the Certifier, or the Certifier refuses to revise the report of death, the DCVRD employee shall register the report of death, including detailed documentation of all efforts to address the Ill-Defined COD.

Deaths known or suspected as having been caused by homicide, suicide, accident, injury, or poisoning, and death reports for decedents that experienced a pregnancy during the year preceding the death, must be reported to the DC Office of the Chief Medical Examiner (OCME). Any DCVRD employee who discovers a record in State Validation with QA Flag queue containing any indication in the cause of death related to homicide, suicide, accident, injury, poisoning, and pregnancy during the year preceding the death, must refer the record to the OCME.

Each quarter, DMAD will compile COD data from all death records from the quarter preceding the most recent and perform a statistical analysis. The analysis will examine the diagnostic codes the National Center for Health Statistics (NCHS) has assigned to those records from the International Classification of Diseases,

	<p>Tenth Edition, Clinical Modification (ICD-10-CM). For all records where the ICD-10-CM codes indicate an Ill-Defined COD, DMAD will examine the specific cause of death language in the records (“literals”). DMAD will share a summary of findings and recommendations with DCVRD at a quarterly meeting. That content may include, but is not limited to:</p> <ol style="list-style-type: none"> 1. Specific facilities or practitioners frequently certifying records with an Ill-Defined COD; 2. Recommendations for specific records to be moved to the post-registration queue for referral back to the certifier; and 3. Trends in the frequency or type of errors manifesting in death records. <p>Any employee in violation of any part of this SOP may be subject to commensurate disciplinary action.</p>
<p>V. Definitions & Acronyms</p>	<p>APRN- Advanced Practice Registered Nurse</p> <p>Certifier- The physician, Medical Examiner or Advanced Practice Registered Nurse (APRN) who officially determines the cause of death in a report of death and attests to the cause of death in VITA-EDRS.</p> <p>COD- Cause of Death. The disease or injury that started the sequence of events leading directly to death or the circumstances of the accident or violence that produced the fatal injury. This is the final disease, injury, or complication directly causing the death.</p> <p>CPPE- Center for Policy Planning and Evaluation</p> <p>DCVRD- District of Columbia Vital Records Division</p> <p>DMAD- Data Management and Analysis Division</p> <p>Etiology- The cause of a disease or abnormal condition.</p> <p>ICD-10-CM- International Classification of Diseases, Tenth Edition, Clinical Modification</p>

	<p>Ill-Defined Cause of Death- A notation by the death certifying physician/APRN that lacks sufficient detail on why the individual died. Any of the following being present in a death record are a basis for DCVRD identifying a record as having an Ill-Defined Cause of Death:</p> <ol style="list-style-type: none"> 1. The immediate cause of death noted without any additional cause of death; 2. The mechanism of death noted without the underlying cause of death, e.g. "cardiac arrest"; 3. The cause of death noted without clear etiology; 4. An imprecise term used to note the cause of death that provides no insight into the particular cause or mechanism, e.g. "old age" or "failure to thrive"; 5. The time interval of an entry is not stated; 6. More than one entry on the same line of the COD reporting. <p>The following are specific examples of Ill-Defined Cause of Death:</p> <ol style="list-style-type: none"> 1. Use of the term "heart disease" rather than a specific condition, e.g. coronary artery disease; 2. Cancer listed as cause without: <ol style="list-style-type: none"> a. Clear distinction between primary and secondary site; b. Cell type, stage and/or grade; and c. Part of lobe or organ affected. 3. Drug overdose or drug toxicity listed as COD without all drugs listed. <p>MOD- Mechanism of Death. The process that causes one or more vital organs or organ systems to fail when a fatal disease, injury, abnormality or chemical insult occurs; it is the function (physiologic or structural change) that makes independent life no longer possible after a lethal event has occurred.</p> <p>NCHS- National Center for Health Statistics</p> <p>OCME- District of Columbia Office of the Chief Medical Examiner</p> <p>VITA-EDRS- Vital Information Tracking Application Electronic Death Registration System</p>
<p>VI. Procedures</p>	<p>Procedure A: Identification and Follow-Up for a Record with an Ill-Defined COD</p>

1. The electronic death registration system will scan a death record to determine if there is sufficient detail in the COD data. Records that are not flagged will be filed automatically.
2. Records that are flagged for a potential issue in the COD statement will be routed to a pre-registration queue.
3. The DCVRD employee will examine the death record in detail and determine if it requires additional specification or definition within the COD section of the report of death.
4. If the COD requires additional detail or modification, the DCVRD employee will reject the report of death back to the Medical Facility Death Registrar and Certifier by clicking on the appropriate Quality Assurance rejection reason.
5. Upon receipt, the Certifier will review the COD and if necessary unsign and update the COD.
6. If the report of death indicates a homicide, suicide, accident, injury, or poisoning, and deaths to decedents that experienced a pregnancy during the year preceding the death and the Medical Examiner has not been contacted, the DCVRD employee will generate an OCME referral.
7. If the Certifier has been prompted three (3) times, and the electronic death registration continues to flag the record as having an Ill-Defined COD, and/or the Certifier refuses to revise the record, RPU Staff will register the report of death.
8. If the Certifier does not change the COD because that is their best medical opinion, the DCVRD employee will enter a detailed comment in the action history and register the report of death.

Procedure B: Monitoring Records in Post-Registration queue

	<ol style="list-style-type: none"> 1. The DCVRD employee will examine the death record in detail. 2. If the death record requires require a revision to the cause of death, the DCVRD employee will review and contact the medical records department at the death facility and/or the Certifier and review the decedent’s medical record. 3. The DCVRD employee may choose to consult the OCME for guidance on evaluating the completeness of the death record. 4. If the death record requires a revision to the cause of death, the DCVRD employee will contact the Certifier and request that they submit proper supporting documentation to perform the amendment. 5. If the death record does not require a revision to the cause of death, the DCVRD employee will remove the flag from the record in the electronic death registration system 6. Once the necessary corrections have been made by RPU, the DCVRD employee will remove the flag from the record in the electronic death registration system. 7. For death records with causes of death with potential errors that have been confirmed and documented by the DCVRD employee, if the Death Certifier refuses to amend the death certificate, the Certifier Medical Office (CMO) must be contacted if the death occurred at a death facility. 8. If the CMO refuses to change the cause of death, then the DCVRD employee will submit to the Registrar the findings and documentation for review and further review. <p>Procedure C: DMAD Quarterly Analysis</p> <ol style="list-style-type: none"> 1. The DMAD Statistician will produce a series of reports summarizing DCVRD cause of death quality during the quarter preceding the most recent quarter. The statistician’s reports will present a series of key, standard indicators of
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	<p>cause of death quality based on: (1) the literal causes of death entered on the certificate, and (2) the ICD-10-CM underlying cause of death codes received back from NCHS.</p> <ol style="list-style-type: none"> 2. The Statistician will review the cause of death quality reports he/she produced to generate key findings and recommendations from the analysis. 3. The Statistician will present the summary of findings and recommendations to the DCVRD/DMAD cause of death quality team, and facilitate a discussion of key findings regarding top cause of death quality issues, new and emerging issues, and/or specific problematic records. 4. The DCVRD team will generate action steps to address the findings.
<p>VII. Contacts</p>	<p>State Vital Records Registrar</p> <p>Supervisory Statistician</p>
<p>VIII. Related Documents, Forms and Tools</p>	<p>None</p>