



**ERAVE**

# Certifying Hospice RN Training

Hospice RN Guide to Electronic  
Death Certificate Filing

January 2019



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Created by:  
Arkansas Department of Health

Created for:  
Authorized Certifying Hospice Registered Nurses

This guide is intended for use by authorized Certifying Hospice Registered Nurses Only

# 1 Accessing a Death Record from the Open Cases Queue

**Step 1.** From the Main Menu click “View Queues” to display the To Do Queues.



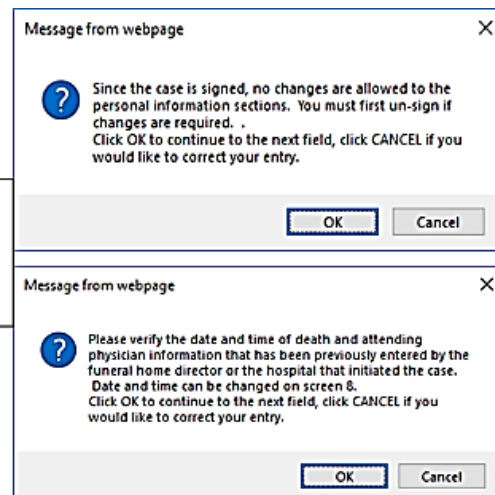
**Step 2.** Locate the decedents’ name in the Open Case queue and click the word “Process”.

First	Last Name	Date of Death	PI Status	Med. Status	Case Status	Details	Action
TODD	LANDRY	12/01/2017	New	Certified	Not submitted	Details	Process
BRETT	BELEAM	11/24/2017	New	Case pending	Not submitted	Details	Process
COUNTY	CORONER	11/14/2014	Case pending	Case pending	Not submitted	Details	Process

**Step 3.** Record opens at Tab 1 Decedent. Click “Tab 8 Actual Date/Pronounce/Contact.”



**Note:** when you click Tab 8, you may see these two pop-ups. Click “OK” on one or both of these messages, then click Tab 8 again.



## 2 Creating & Completing a Death Record

Certifying Hospice Nurses will have to ability to create, complete and certify a Death Case Electronically. When completing a death case electronically, the Certifying Hospice RN is only responsible for and should only complete the medical information on tabs 8-11.

**Step 1.** From the Main Menu click “Death.”

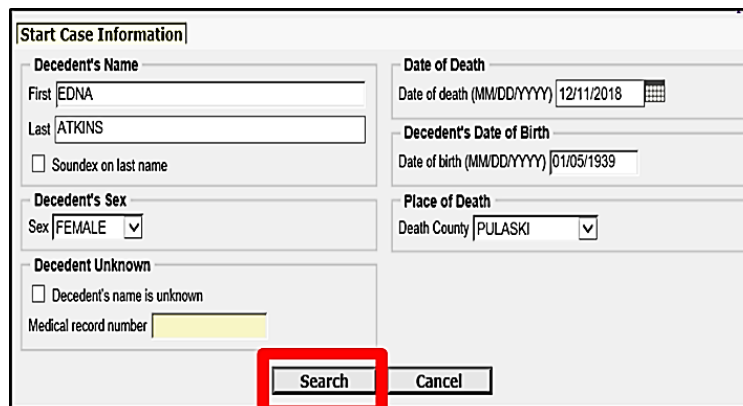


**Step 2.** Next click “Create Case.” (Start Case Information Screen appears)



**Step 3.** Start Case Information Screen

- a. On the Start Case Information screen enter:
  - i. Decedents First and last name
  - ii. Decedents gender
  - iii. Date of Death
  - iv. Date of Birth
  - v. County of Death

A screenshot of the "Start Case Information" form. The form is divided into several sections: "Decedent's Name" with fields for "First" (EDNA) and "Last" (ATKINS), and a checkbox for "Soundex on last name"; "Decedent's Sex" with a dropdown menu set to "FEMALE"; "Decedent Unknown" with a checkbox for "Decedent's name is unknown" and a "Medical record number" field; "Date of Death" with a date field set to "12/11/2018"; "Decedent's Date of Birth" with a date field set to "01/05/1939"; and "Place of Death" with a "Death County" dropdown menu set to "PULASKI". At the bottom of the form, there are two buttons: "Search" and "Cancel". The "Search" button is highlighted with a red rectangular box.

Then click the **SEARCH** Button (Record List Screen Appears)

**Step 4.** Record List displays and should show 0 Records Found. Click the “Create New Case” button.

The screenshot shows a web interface titled "Records List ( 0 Records found )". Below the title is a header with various filters: First, Last Name, Date of Death, County of Death, Sex, Funeral Home, Certificate, Subm, Reg, Action for FH, Action for MC, and Details. A message states "There were no results that matched your search." At the bottom, there are two buttons: "Create New Case" (highlighted with a red box) and "Exit".

**Step 5.** Record opens at Tab 1 Decedent. Click “Tab 8 Actual Date/Pronounce/Contact” to start entering the Medical Information.

The screenshot shows the header for a case in Arkansas - EDRS. The name is ATKINS, EDNA and the date of death is 12/11/2018. Below the header are several tabs: 1 Decedent, 2 Decedent Info, 3 Place of Death, 4 Parents/Informant, 5 Disposition, 6 Decedent History, 7 Funeral Home/Embalmer, 8 Actual Date/Pronounce/Contact (highlighted with a red box), 9 Cause of Death, 10 Manner/Details/Injury, 11 Certifier, and 12 Case Actions.

**Step 6.** Tab 8 Actual Date/Pronounce/Contact

The screenshot shows two main sections of the form. The left section is titled "3. Actual or Presumed Date/Time of Death" and includes fields for Date of death (MM/DD/YYYY), Date found, Approximate, Time of death (HH:MM), Time indicator, Time found, and Approximate. Below this is "18a-b. Date/Time Pronounced Dead" with fields for Date pronounced (MM/DD/YYYY), Time pronounced (HH:MM), and Time indicator. The right section is titled "18c. Person Pronouncing Death" and includes a dropdown for Pronouncer type (set to "Pronouncer same as certifier"), and dropdowns for Physician list, Medical examiner list, Coroner list, and Hospice RN list. Below these are text fields for First, Middle, Last, Suffix, Title list, and Title. At the bottom right is "19. ME or Coroner Contacted" with a dropdown for "Was medical examiner or coroner contacted?" (set to "Yes"). At the bottom of the form are buttons for "Previous", "Next" (highlighted with a red box), "Finish", and "Cancel".

Complete “Sections; 3. Actual or Presumed Date/Time of Death & 18a-b. Date/Time Pronounced Dead.”

#### Section 18c. Person Pronouncing Death

- a. Select one of the following from the “Pronouncer Type” dropdown menu:
  - i. Select “Pronouncer Same as Certifier” if you are Pronouncing and Certifying
  - ii. Select “Physician” if a physician pronounced, then select that physicians’ name from the Physician List.
  - iii. Select “Hospice RN” if another Hospice Nurse pronounced, then select that nurses’ name from the Hospice RN list.
  - iv. Select “Medical Examiner” if a Medical Examiner pronounced, then select the ME from the Medical Examiner list.
  - v. Select “Coroner” if a Coroner pronounced, then select the Coroners’ name from the Coroner list.

Section 19. ME or Coroner Contacted – Select “Yes” or “No”

Click the **NEXT** button

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**Note:** If a pronouncer’s name is not in either of the dropdown Lists, enter the name into the name fields and select their title from the Title list.

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**Step 7. Tab 9 Cause of Death**

- a. Enter the Immediate Cause on line “a”
- b. Enter the Approximate Interval for line “a”
- c. If necessary, list all Underlying Causes on lines b, c and d.

20. Cause of Death 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.

Cause of death pending

IMMEDIATE CAUSE (Final disease or condition resulting in death)      APPROXIMATE INTERVAL: Onset to death

a. HEART ATTACK      Due to (or as a consequence of)      SUDDEN

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

b.      Due to (or as a consequence of)

c.      Due to (or as a consequence of)

d.      Due to (or as a consequence of)

PART II.  
Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  
Other Significant Conditions contributing to death

Previous    **Next**    Finish    Cancel

**Part II**

Enter any other significant conditions that contributed to death.

Click the **NEXT** button.

**Step 8. Tab 10 Manner/Details/Injury**

- 21. Autopsy – Select “Yes” or “No” from the dropdown menu. If “Yes”, answer “Were autopsy finding available...”
  - 22. Manner of Death – Select either: Natural, Accident, Suicide, Homicide, Pending Investigation, Could not be determined or Execution.
  - 23-24. Death Details – Did tobacco contribute select “Yes” or “No.”
- Note: answer pregnancy question only if female decedent**

Complete Sections 25a-d thru 25f if manner of death was an Accident, Suicide or Homicide. If necessary, complete section 25g.

21. Autopsy  
Was an autopsy performed? Yes  
Were autopsy findings available to complete the cause of death? Yes  
22. Manner of Death  
Manner of death Accident  
23-24. Death Details  
Did tobacco use contribute to death? Probably  
If female, select one from list Not pregnant within past year  
Verification required Select  
25a-d. When and Where Injury Occurred  
Date of injury (MM/DD/YYYY) 12/11/2018  
 Approximate  
Time of injury (HH.MM) 10:35  
Time indicator AM  
 Approximate  
Place of injury (e.g. decedent's home, construction site, restaurant, wooded area) HOME  
Injury at work? Yes

25e. Location of Injury Address  
Location unknown   
Number and street 8815 W MARKHAM ST  
Apartment number  
Country UNITED STATES  
State/province ARKANSAS  
City list LITTLE ROCK  
City or town LITTLE ROCK  
Zip code 72205-3866  
Validate address VALIDATE  
Validation result Address found  
 Accept address

25f. Describe How Injury Occurred  
Description DECEDENT FELL FROM LATTER WHILE TRYING TO CHANGE A LIGHT BULB

25g. If Transportation Injury  
Specify Select  
Other - specify

Click the NEXT button    Previous    **Next**    Finish    Cancel

**Step 9. Tab 11 Certifier.**

- a. Select “Hospice Registered Nurse” from the Certifier Designation dropdown menu.

The screenshot shows a web form for certifier information. It is divided into three main sections: 26a. Certifier's Name and Designation, 26b. Certifier's Address, and 26c. Certifier's License Number. In section 26a, the 'Certifier designation' dropdown is set to 'HOSPICE REGISTERED NURSE'. Other fields include 'Physicians', 'Medical examiners', 'Coroners', 'Hospice RN's' (set to 'CONNOR SARAH'), 'First name' (SARAH), 'Middle name', 'Last name' (CONNOR), 'Suffix', 'Title list', 'Title' (HOSPICE RN), 'Preferred method of contact' (EMAIL), 'Contact information' (ANTHONY.ENOCH@ARKANSAS.GOV), 'Case access' (ELECTRONIC), 'Phone number', and 'Date signed by certifier'. Section 26b includes 'Number and street' (4815 W MARKHAM), 'Apartment number', 'Country' (UNITED STATES), 'State/province' (ARKANSAS), 'City list', 'City or town' (LITTLE ROCK), and 'Zip code' (72205). Section 26c includes 'Medical license number' (RN4758) and 'Case Information' with 'Decedent's first name' (EDNA), 'Decedent's last name' (ATKINS), 'Decedent's date of birth' (01/05/1939), and 'Sex' (FEMALE). At the bottom, there are four buttons: 'Previous', 'Next', 'Finish', and 'Cancel'. The 'Next' button is highlighted with a red box.

Click the **NEXT** button

2.1 Tab 12 Case Actions – How to Assign a Funeral Home

**Note:** Do not assign a Medical Certifier to the death case.

- a. In the section entitled Assign/Transfer/Notify **Funeral Home** select “Assign Funeral Home to Case” from the Action dropdown menu. From the Responsible Funeral Home dropdown menu select the funeral home responsible for the death case.
- b. If the Funeral Home is not yet known, select “Not Listed – Drop to Paper.”

Click the **FINISH** button.

The screenshot shows a web form for case actions. It includes a 'Comments Among Users About Case' section with a text area. The 'Assign/Transfer/Notify Medical Certifier' section has an 'Action' dropdown set to 'Select', and dropdowns for 'Select physician', 'Select coroner', 'Select hospice RN', and 'Select medical examiner'. The 'Assign/Transfer/Notify Funeral Home' section has an 'Action' dropdown set to 'ASSIGN FUNERAL HOME TO CASE', a 'Responsible funeral home' dropdown set to 'ERAVE FUNERAL HOME - LITTLE ROCK', and a 'Case access' dropdown set to 'ELECTRONIC'. The 'Notify funeral home' checkbox is checked. The 'Decline to Certify' section has a 'Reason' dropdown set to 'Select' and an 'Other reason' text field. The 'Personal Information Actions' section has checkboxes for 'Ready to sign personal information' and 'Un-sign', with 'Personal information exceptions' set to 'N' and 'Personal information status' set to 'New'. The 'Medical Information Actions' section has checkboxes for 'Ready to certify medical information' and 'Un-certify', with 'Medical information exceptions' set to 'N' and a checkbox for 'Fax attestation signed, no markups'. The '50/52. Registration Information' section has a checkbox for 'Release for registration', a 'Date received by registrar' field, a 'Certificate number' field, and a 'Date registered' field. The 'Case Action History' section is empty. At the bottom, there are four buttons: 'Previous', 'Next', 'Finish', and 'Cancel'. The 'Finish' button is highlighted with a red box.

## 2.2 Understanding the ERAVE Warning Screen

### ERAVE Warning

**All Medical Exceptions should be reviewed Fix following:** The “Cause of Death Edit Check” will not prevent you from signing off on a death Case.

All Medical Exceptions should be reviewed Fix following:

[Cause of Death edit check](#)

**Field Group Description:** An edit check on a cause of death entry is left unresolved.

**Required to Submit to State. Fix all the following:**

This message is simply a reminder that the Medical Information Section has not been Certified or Signed off on by the physician. This exception will disappear once the Medical Section has been certified.

Required to Submit to State. Fix all the following:

[Personal Information Section](#)

**Field Group Description:** Must be signed or dropped to paper.

[Medical Information Section](#)

**Field Group Description:** Must be certified or dropped to paper.

**The following information must be entered to complete the medical information section. Fix all the following:** Items in this section are either incomplete fields and/or unanswered medical questions. These items must be completed before the Hospice Nurse can sign off on the death case. Click on any of the blue messages to return to that area of the record to make your correction. When all of the issues are resolved in the section, the Hospice Nurse will be allowed to certify the death record.

The following information must be entered to complete the medical information section. Fix all the following:

[Was medical examiner or coroner contacted must be answered](#)

**Field Group Description:** Was medical examiner or coroner contacted must be answered.

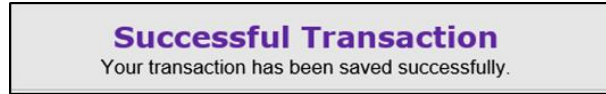
[Coroner must be contacted](#)

**Field Group Description:** Age is under 18, cause is not natural, death was not in a facility, or the cause of death includes a keyword that indicates a coroner should be contacted. On screen 8 the field labeled "Was medical examiner or coroner contacted?" should indicate that the coroner was informed about the case.

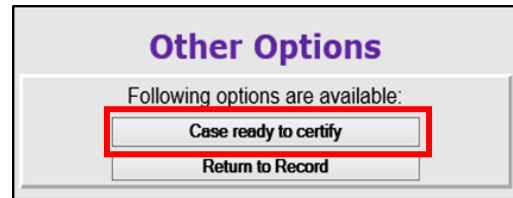
Scroll to the bottom of the ERAVE Warning Screen and click the Save (as pending) button.



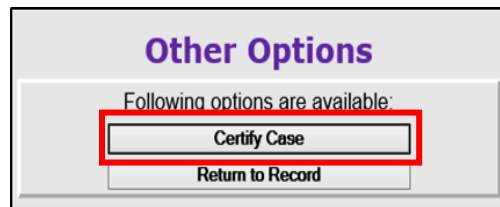
## 2.3 How to Certify the Medical Information Section



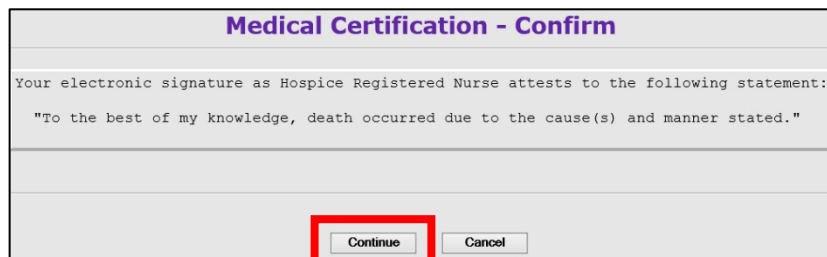
- Step 1.** On the Successful Transaction screen click the “Case Ready to Certify” button.



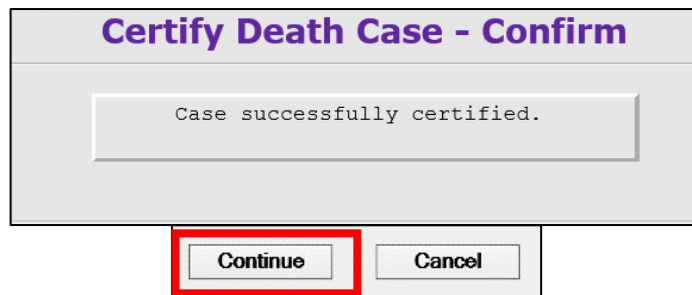
- Step 2.** Click the “Certify Case” button.



- Step 3.** On the Medical Certification-Confirm screen click the “Continue” button.



- Step 4.** On the Certify Death Case-Confirm screen click the “Continue” button.



Your Death Case is now certified. On the Successful Transaction Screen click the Main Menu button to return to the ERAVE Main Screen.

### 3 How to Un-Certify a Death Record

A Certifying Hospice Registered Nurse will have the ability to Un-Certify a death case if changes need to be made to the Medical Information.

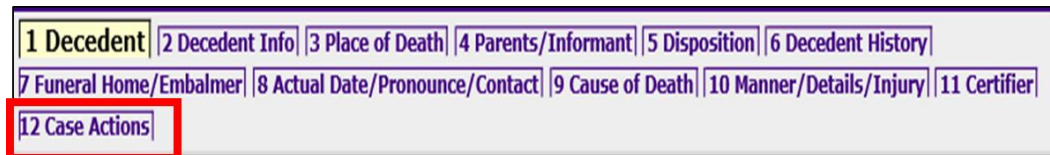
**Step 1.** From the ERAVE Main Menu click “View Queues.”



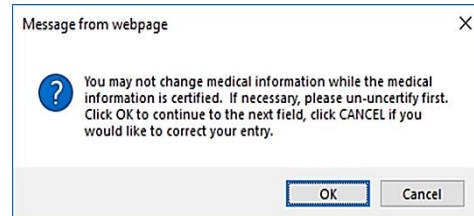
**Step 2.** Locate the decedent’s name in the Open Cases Queue and click “Process”

First	Last Name	Date of Death	PI Status	Med. Status	Case Status	Details	Action
KAREN	CAREFUL	12/11/2014	Case pending	Certified	Not submitted	Details	Process
MICKY	MOUSE	10/24/2014	New	Certified	Not submitted	Details	Process
HOWRD	ANDERSON	10/22/2014	New	Certified	Dropped to Paper	Details	Process
ELLA	JAMES	10/05/2014	New	Certified	Dropped to Paper	Details	Process

**Step 3.** Record opens and defaults to Tab 1 Decedent. Click tab 12 Case Actions



If one or more Pop ups appear click the “OK” button on the pop up and then click Tab 12 Case Actions again.



**Step 4.** On Tab 12 Case Actions locate the Medical Information Actions section and click the Un-certify Checkbox.

The screenshot shows the '12 Case Actions' tab. The 'Medical Information Actions' section is highlighted with a red box. It contains the following options:

- Ready to certify medical information
- Un-certify
- Fax attestation signed, no markups

A yellow callout box with an arrow points to the 'Un-certify' checkbox with the text 'Click this checkbox'.

**Step 5.** Click the **FINISH** button.

The screenshot shows a navigation bar with four buttons: 'Previous', 'Next', 'Finish', and 'Cancel'. The 'Finish' button is highlighted.

**Step 6.** On the ERAVE Warning Screen click the “Save (as Pending)” button.

**Step 7.** On the Successful Transaction screen click the “Return to Record” button.

The Hospice Nurse can only modify the information on Tabs 8-11. The Funeral Home is responsible for information on Tabs 1-7.

For gender, date of birth and First and/or Last name discrepancies, change the information on Tab 11 Certifier in the Case Information Section.

The screenshot shows the 'Case Information' section with the following fields:

- Decedent's first name: KAREN
- Decedent's last name: CAREFUL
- Decedent's date of birth: 01/01/1944
- Sex: FEMALE

Once the necessary changes have been made click the **FINISH** button, if there are no exceptions click Save as pending and re-certify the death case.

## 4 How to Amend a Death Record

The Amend Record function can only be used on Death Records that are registered.

**Step 1.** From the ERAVE Main Menu click “Death.”

Logged in as:  
ANTHONY ENOCH  
at ANTHONY ENOCH HOSPICE R.N. [change]  
Unit: ANTHONY ENOCH HOSPICE R.N.

Main  
Death | Requests | System | View Queues

**Step 2.** Click “Modify Record.”

Logged in as:  
ANTHONY ENOCH  
at ANTHONY ENOCH HOSPICE R.N. [change]  
Unit: ANTHONY ENOCH HOSPICE R.N.

Main -- Death  
Create Case | Update Case | Modify Record

**Step 3.** Click “Amend Record.”

Logged in as:  
ANTHONY ENOCH  
at ANTHONY ENOCH HOSPICE R.N. [change]  
Unit: ANTHONY ENOCH HOSPICE R.N.

Main -- Death -- Modify Record  
Correct Record | Amend Record

**Step 4. Death Record Search Criteria screen** – User can search using one of the following:  
The decedent’s First and Last Names or Date of Death or Certificate Number.

**Death Record Search Criteria**

Record Identifiers  
Assigned case number  
Certificate number 2014000033

Decedent's Name  
First KAREN  
Middle  
Last CAREFUL  
Suffix Select  
 Swap names  
 Soundex on last name

Date of Death  
Date of death (mm/dd/yyyy) 12/11/2014  
Month Select  
To Year

Date of Birth  
Date of Birth (mm/dd/yyyy)  
To

Location of Death  
County Select  
Arkansas cities Select  
City

Search Cancel

Click the **SEARCH** button.

**Step 5.** On the *Record List* Screen click the word “Details.”

Records List ( 1 Records found )												
First	Last Name	Date of Death	County of Death	Date of Birth	Sex	Funeral Home	PI Status	MI Status	Case Status	Certificate	Re	Details
KAREN	CAREFUL	12/11/2014	SALINE	01/01/1944	F	ERAVE FUNERAL HOME	Signed	Certified	Registered	2014000033	0	Details

**Step 6.** On the *Record Details* Screen scroll to the bottom and click the “Continue” button.

**Step 7. Basis/Reason for Modification Screen** – Select “Affidavit” from the Basis dropdown menu. Enter the reason for making the amendment into the Reason text field.

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**Note:** if the reason for the amendment is Court Ordered then select “Court Order” from the Basis dropdown menu.

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**Basis/Reason for Modification**

**Basis**  
Basis: AFFIDAVIT

**Reason**  
Reason: CHANGE TO SPELLING OF CAUSE OF DEATH

Click the **FINISH** button.

**Step 8.** Record opens at *Tab 1 Decedent*. Navigate to the Medical Information Sections (Tabs 8-11) and edit the medical information.

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**Note:** If popup appears click the “OK” button, then proceed to make changes to medical information.

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**Step 9.** After all changes have been made click the **FINISH** button

**Step 10. Record Modify-Confirm Screen** – Check to make sure current changes are correct and also make sure no additional changes are needed. If additional changes are needed click the “Make Another Change” button.

**Record Modify - Confirm**

Please confirm that the following changes are correct

Reason: AFFIDAVIT : CAUSE OF DEATH EDIT  
 Today's Date: 01/03/2019

Field (DB Name)	Original Value	Changed Value	Remove Change
Update pending flag (FL_UPDATE_PENDING) (CONDII)	N	Y	<a href="#">Remove</a>
Request fee paid (FL_REQUEST_FEE_PAID)	N	P	<a href="#">Remove</a>
		DECEDENT WAS OVERWEIGHT	<a href="#">Remove</a>


Some system columns will be changed. [Show system columns](#)

If no other changes are needed, click the **CONTINUE** button.

**Step 11. Successful Transaction Screen** – print the Affidavit by clicking the Print button.

**Step 12. Report-Confirm Screen** – Click the **Generate Document** button and wait for the image to appear.

**Step 13.** Print the image and closeout the image window.



ARKANSAS DEPARTMENT OF HEALTH  
 VITAL RECORDS  
 AFFIDAVIT FOR CORRECTION OF A RECORD

The original record of death for KAREN CAREFUL  
 Who died on DECEMBER 11, 2014, in the County of SALINE, State of Arkansas is  
 incorrect or incomplete as follows:

NOTE: (ANY FRAUDULENT ENTRY MADE WILL BE TURNED OVER TO THE PROSECUTING ATTORNEY)

ITEM	The record now shows:	The true facts are:
20. Part II		DECEDENT WAS OVERWEIGHT

The above information is true to the best of my knowledge, information and belief.

Affiant ANTHONY ENOCH Date January 03, 2019  
5600 W 12TH ST, LITTLE ROCK, AR, 72204-1717  
 Present Address

/s/  
 Signature

To return to the ERAVE Main Menu click CONTINUE then click the “Main Menu” button.