

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES**

ELECTRONIC DEATH CERTIFICATES

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Effective Date: 06/93

Policy No: PC06

Cross Referenced:

Origin: Patient Care

Reviewed Date: 11/97, 04/05, 03/10

**Authority: Chief Nursing Officer/
Chief Medical Officer**

Revised Date: 8/13

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SCOPE

Medical Staff and Nursing Departments.

PURPOSE

To outline the proper steps to complete and submit an Electronic Death Certificate and the reporting procedures.

POLICY

An Electronic Death Certificate is completed when applicable.

PROCEDURE

- I. Responsibility of RN – Complete the Electronic Death Registration Form and fax to HRMC's telephone operator (see page 3 of 3).
- II. Responsibility of Physician – Complete the Electronic Death Certificate in the Electronic Death Registration System (EDRS).¹
- III. Responsibility of Funeral Director
 - A. The funeral director in charge of the funeral or disposition of the body of any person dying in the State of New Jersey shall be responsible for the proper execution of a death certificate. The funeral director will complete the remainder of the Electronic Death Certificate.
 - B. If the death certificate is not completed and signed, the funeral director is responsible for notifying the primary physician.
- IV. Who May Sign Death Certificate – Any physician licensed to practice in the State of New Jersey may submit a death certificate.
- V. Severed Limb – If a severed limb is to be buried by request of the family, the physician is to complete an Electronic Death Certificate to be issued before burial. Normally the hospital will dispose of the limb.

¹ **Supportive Data:** 26:8-24.1 New Jersey Electronic Death Registration System (NJ-EDRS); establishment "...All participants in the death registration process, including, but not limited to, the State Registrar, local registrars, deputy registrars, alternate deputy registrars, subregistrars, the State Medical Examiner, county Medical Examiners, funeral directors, attending physicians and resident physicians, licensed health care facilities, and other public or private institutions providing medical care, treatment or confinement to persons shall be required to utilize NJ-EDRS to provide the information that is required of them by statute or regulation."

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VI. Death on Highway

- A. If there is a death on the highway and no one pronounced the person dead at the scene, then such a death is treated as a DOA and shall be pronounced dead at the hospital.
- B. An Electronic Death Certificate is completed as in Nos. 1 and 2.
- C. Notify the Medical Examiner.

VII. Correction of Death Certificate – The physician must file a Correction of Death Certificate form with the local registrar if a change is to be made on any death certificate.

VIII. Death – Classification of Patient – Hospital deaths are classified in three categories:

- A. In-patient Death – Deaths occurring after admission as an in-patient.
- B. Out-patient Death (DAA) – Deaths occurring to patients who were alive when they entered any part of the hospital building but who had not yet been admitted.
- C. Dead on Arrival (DOA) – Deaths occurring before the time of arrival on the hospital premises.

IX. Expired Patients Without Family, Friends or Funds

- A. Municipalities are responsible for the indigent dead.
- B. Welfare board can be called.
- C. Police departments can be helpful in locating relatives if there are any.
- D. Funeral directors are very helpful and resourceful.

RESOURCE

- New Jersey Department of Health & Human Resources
- EDRS – Prepared by the New Jersey Bureau of Vital Statistics and the Center for Health Statistics 2007

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Electronic Death Registration Form

(All fields, excluding Middle Name and Suffix, are required.)

First Name

Middle Name

Last Name

Suffix

Sex *(Choose One)*

Date of Death *(Select Month)*

Year	Month	Day
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Time of Death *(Please use military time)*

Time

Place of Death* *(Choose Location)*

!!! After completing form please fax to Switchboard Department 908-441-1133!!!

The following information must be entered if 'Other' is selected as Place of Death

Location Type

Address

Zip Code

County *(Select County)*

Municipality

Dept. Name & Extension

Person Providing Information

Approved at August 5, 2013 President's Council Meeting
month / year Committee Name