



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Death Registration

Field Service Representatives

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Agenda



Introduction

Statutes & Codes

Criminal Background Check (CBC) for TxEVER Access

Certifying Cause of Death

Best Practices

Resources

Introduction



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Introduction

A **death certificate** is a permanent legal record of an individual's death and is extremely important to the family of the deceased person.

The information recorded on the death certificate is used to apply for insurance benefits, to settle pension claims, and to transfer title of real and personal property. Information recorded on a death certificate provides evidence of the fact of death and can be produced as evidence in a court of law.

Introduction

The information recorded on the death certificate is also used for:

- Medical research efforts
- Death statistics
- Health officials can identify regional health issues and public health trends
- Effectively determine which medical resources are needed
- Determines what programs get priority for government funding



Statutes & Codes



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Statutes & Codes



Person Required to File

The person in charge of interment or in charge of removal of a body from a registration district for disposition shall:

- (1) Obtain and file the death certificate or fetal death certificate;
- (2) Enter on the certificate the information relating to disposition of the body;
- (3) Sign the certificate; and
- (4) File the certificate electronically as specified by the state registrar.

Statutes & Codes



5 days to medically certify

Certifier must complete medical certification no later than 5 days after receiving death certificate or provide notification to funeral director, or person acting as such. **(HSC 193.005b)**

10 days to register w/ State

A Certificate of Death (VS-112) must be filed within 10 days of death in Texas for every death in Texas. Must be filed w/ the local registrar in the district where death occurred/body was found. **(HSC 193.003a)**

Criminal Background Check (CBC)



Criminal Background Check (CBC)

- All individuals needing TxEVER access are required to complete a Criminal Background Check per **HSC 191.071**.
- **Exempt:** Licensed funeral home director, physician, nurse, or physician assistant
- **Non-Exempt:** All other TxEVER users will have to complete this requirement in accordance with statute

Criminal Background Check (CBC)

- Please email FieldServices@dshs.texas.gov to obtain the flyer with instructions on fingerprinting services.
- The flyer will contain the DSHS Service Code that is **required** to set up your fingerprint appointment.
- After fingerprints have been submitted, request a purchasing receipt from IdentoGO. Do **not** throw away your receipt.

Criminal Background Check (CBC)

CBC 3-step Process for requesting TxEVER access (new user account)

Step 1: The new user completes fingerprinting with IdentoGO

Step 2: Email the required information to FieldServices@dshs.texas.gov requesting TxEVER access. In the email, please include for the new user:

- Full Legal Name
- DOB
- Copy of IdentoGo receipt as attachment

Step 3: Wait and receive approval for TxEVER access before proceeding with account creation.



Certifying Causes of Death



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Certifying Causes of Death

1. Log in to TxEVER (<https://txever.dshs.texas.gov/TxEverUI/Welcome.htm>)



WARNING: THIS IS A TEXAS HEALTH AND HUMAN SERVICES INFORMATION RESOURCES SYSTEM THAT CONTAINS STATE AND/OR U.S. GOVERNMENT INFORMATION. BY USING THIS SYSTEM YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE NO RIGHT OF PRIVACY IN CONNECTION WITH YOUR USE OF THE SYSTEM OR YOUR ACCESS TO THE INFORMATION CONTAINED WITHIN IT. BY ACCESSING AND USING THIS SYSTEM YOU ARE CONSENTING TO THE MONITORING OF YOUR USE OF THE SYSTEM, AND TO SECURITY ASSESSMENT AND AUDITING ACTIVITIES THAT MAY BE USED FOR LAW ENFORCEMENT OR OTHER LEGALLY PERMISSIBLE PURPOSES. ANY UNAUTHORIZED USE OR ACCESS, OR ANY UNAUTHORIZED ATTEMPTS TO USE OR ACCESS, THIS SYSTEM MAY SUBJECT YOU TO DISCIPLINARY ACTION, SANCTIONS, CIVIL PENALTIES, OR CRIMINAL PROSECUTION TO THE EXTENT PERMITTED UNDER APPLICABLE LAW.

Are you in agreement with above stated terms & conditions?

LOGIN

User Name:

Password:

[Forgot Password?](#)

Certifying Causes of Death

2. Death > Function > Medical Data Entry

Skip to main content | GLOBAL | **DEATH** | FETAL DEATH | | | | | [LogOut](#)

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FUNCTION ▾ | **TOOLS** ▾ | **REPORTS** ▾ | **HELP** ▾

[Medical Data Entry](#) | [Statistical Import Review](#) | [Medical Amendment](#) | [Switch Location](#) | [Exit Application](#)

ZOE WRIGHT, welcome to the Texas Department of State Health Services!

Show Dashboard

Certifying Cause of Death

Medical 2: Cause of death, manner of death, and other contributing factors

Medical 3: Injury information

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a value-- MEDICAL DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27

Please enter Enter the chain of events - that caused the death A

Unresolved List / Stakeholders

- Demographic 1
- Demographic 2
- Demographic 3
- Demographic 4
- Demographic 5
- Medical 1
- Medical 2**
- Medical 3
- Comments

ACTIVITY:
Enter the chain of events - that caused the death.
Primary Immediate Cause of death
Field Status: Resolved
Action: Updating Record

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:
IMMEDIATE CAUSE (Final disease or condition resulting in death.)

a. PRIMARY IMMEDIATE CAUSE OF DEATH MINUTES

b. DUE TO (or as a consequence of,) SUPPORTING CAUSE OF DEATH DAYS

c. DUE TO (or as a consequence of,) ADDITIONAL CONTRIBUTING CAUSES OF DEATH MONTHS

d. DUE TO (or as a consequence of,) YEARS

CAUSE OF DEATH - PART II
Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I:
LIST ANY SIGNIFICANT ADDITIONAL REASONS LEADING TO THE DEATH

AUTOPSY INFORMATION
Was an Autopsy Performed: NO Were Autopsy Findings Available to Complete Cause of Death: --Select a value--

MANNER OF DEATH
Manner Of Death: NATURAL

DID TOBACCO USE CONTRIBUTE TO DEATH
Tobacco use contribute to death: NO

IF FEMALE (AGED 10-54) PREGNANT
Pregnant: NOT APPLICABLE

Previous Save Next

Certifying Causes of Death

IEWS messages appear to assist with providing good causes of death (spelling and proper causes of death).

IEWS Message

Field: Cause Of Death Line A. **Validation Type:** IllDefined

Term: INGESTION

Message:
Ill Defined term "INGESTION" found on Line1a. Please verify entries.

Select 'Ok' to continue or 'Cancel' to correct.

Ok Cancel

MEDICAL DATA ENTRY

Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a value-- Unresolved Work Queue: PERSON, ANY, 2018/04/27

Enter the chain of events - that caused the death A

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:

IMMEDIATE CAUSE (Final disease or condition resulting in death.) Approximate Interval: Onset to Death

a. PRIMARY IMMEDIATE CAUSE OF DEATH MINUTES

DUE TO (or as a consequence of.)

b. SUPPORTING CAUSE OF DEATH DAYS

DUE TO (or as a consequence of.)

c. ADDITIONAL CONTRIBUTING CAUSES OF DEATH MONTHS

DUE TO (or as a consequence of.)

d. YEARS

CAUSE OF DEATH - PART II

Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

LIST ANY SIGNIFICANT ADDITIONAL REASONS LEADING TO THE DEATH

AUTOPSY INFORMATION

Was an Autopsy Performed: NO Were Autopsy Findings Available to Complete Cause of Death: --Select a value--

MANNER OF DEATH

Manner Of Death: NATURAL

DID TOBACCO USE CONTRIBUTE TO DEATH **IF FEMALE (AGED 10-54) PREGNANT**

Tobacco use contribute to death: NO Pregnant: NOT APPLICABLE

Previous Save Next

Certifying Causes of Death

Cause of Death section has 2 parts and follows national standard set by CDC

CAUSE OF DEATH (See instructions and examples)		Approximate interval: Onset to death
<p>32. PART I. Enter the <u>chain of events</u>--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. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition -----> resulting in death)</p> <p>a. _____ Due to (or as a consequence of):</p> <p>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</p> <p>b. _____ Due to (or as a consequence of):</p> <p>c. _____ Due to (or as a consequence of):</p> <p>d. _____</p>		<hr/> <hr/> <hr/> <hr/>
<p>PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>33. WAS AN AUTOPSY PERFORMED?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>35. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>36. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Unknown if pregnant within the past year</p>	<p>37. MANNER OF DEATH</p> <p><input type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>

Certifying Causes of Death

Cause of Death

- Section where medical certifier reports the final diseases or conditions that resulted in death
- Use your best medical judgement!
- This section directly informs mortality and cause of death statistics used to improve public health outcomes

Certifying Causes of Death

Cause of Death: Part I

- 4 lines (a, b, c, d), but don't need to use all lines
- Record, in reverse chronological order, the causal chain of events or conditions leading to death
 - It should read like a story in reverse order
 - Each condition listed should have caused the condition listed on the line above

Certifying Causes of Death

Cause of Death: Part I Immediate Cause

- Appears 1st on Part I, line (a)
- Disease or condition that ***directly preceded death***
- Do not list *methods* of death (i.e. cardiac arrest, respiratory rest)

CAUSE OF DEATH (See instructions and examples)			Approximate interval: Onset to death
<p>32. PART I. Enter the <u>chain of events</u>—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. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) -----> a. _____ Due to (or as a consequence of):</p> <p>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</p> <p>b. _____ Due to (or as a consequence of):</p> <p>c. _____ Due to (or as a consequence of):</p> <p>d. _____</p>			
<p>PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>		<p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year</p>		<p>37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	

Certifying Causes of Death

Cause of Death

Interval Between Onset and Death

- Interval between **presumed onset** of the condition (not date of diagnosis) and **time of death**
- Use specific or general terms. (i.e.)
 - 15 minutes, 5 hours, 4 days, 12 years
 - Minutes, hours, days, years
 - Unknown, approximately ____

CAUSE OF DEATH (See instructions and examples)		
32. PART I. Enter the <u>chain of events</u> --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. Add additional lines if necessary.		Approximate interval: Onset to death _____ _____ _____ _____
IMMEDIATE CAUSE (Final disease or condition -----> resulting in death)	a. _____ Due to (or as a consequence of):	
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 <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.		33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No
		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Certifying Causes of Death

Other Significant Conditions

- Appears in Part II
- Other significant conditions **contributing to the death, but not resulting** in the underlying cause in Part I

CAUSE OF DEATH (See instructions and examples)		Approximate interval: Onset to death
32. PART I. Enter the <u>chain of events</u> --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. Add additional lines if necessary.		
IMMEDIATE CAUSE (Final disease or condition -----> resulting in death)	a. _____ Due to (or as a consequence of):	_____
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. _____	_____
PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.		
		33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No
		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined

Certifying Causes of Death

Injury Information

- Indicate whether the injury was related to transportation (including role of decedent)
- Report other injury information (date, time, location, work-relation)
- Describe how injury occurred
 - Used by JPs to effectively report Hurricane Harvey deaths
 - Provides valuable details about circumstances of death

Certifying Causes of Death

Practice: Hurricane Sandy

- A 28-year-old male died when a tree fell on him during Hurricane Sandy. He suffered multiple trauma, including a fractured skull causing cerebral contusion. Emergency medical service and police reports indicated he thought the hurricane had passed and was walking his dogs.

Certifying Causes of Death

Practice: Hurricane Sandy

(a) _____

(b) _____

(c) _____

Other significant conditions: _____

Injury Info: _____

Certifying Causes of Death

Practice: Hurricane Sandy

- (a) Cerebral contusion
- (b) Fractured Skull
- (c) Blunt impact to head

Other significant conditions: N/A

Injury Info: Decedent was struck by a falling tree during Hurricane Sandy

Best Practices



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Best Practices

- Don't report mechanisms of death (i.e. cardiac arrest, respiratory arrest, asystole)
- Don't use terms like "old age" "senescence" or "infirmity"
- Don't use abbreviations
- Don't report multiple conditions per line
- Don't continue the sequence in Part II
- Don't copy directly from discharge summary or autopsy report
- Don't provide a list of every single ailment

Best Practices

- Use the information available to you (medical record, autopsy report, people familiar with case, medical training)
- Use best medical judgement
- Report an underlying cause
- Be specific as possible
- Report a logical sequence
- If etiology or COD is unknown, state it is unknown

Best Practices

Fields that can be UNKNOWN/N/A for Record Type IDENTIFIED

Prefix/First Name/Middle Name/Suffix (Decedent)	TAB(keyboard button) through each field
For ANY Time of Death Type, Time of death can be...	?
Decedent's Birthplace: State/Country	Click checkbox> Select UNKNOWN
SSN	Select unknown when starting record/can change in Demo tab 1
Marital Status	Select UNKNOWN
Street Address	Type, NOT AVAILABLE
State/Country	Click checkbox, select UNKNOWN
City	Type, UNKNOWN
Inside City Limits	Select, UNKNOWN
Mother and Father fields (all except last name)	TAB(keyboard button) through each field
Mother/Father Last Name	Type, NOT AVAILABLE

Best Practices

- If there is a field that is not required and it is yellow, the system will think you are not done/it is unresolved.
- Please acknowledge the field using the TAB button on your keyboard. After doing so, the field will turn white.

The screenshot shows a web form with two main sections: 'DECEDENT'S LEGAL NAME' and 'DATE OF DEATH'. On the left, there is a vertical navigation menu with items 'phic 2', 'phic 3', 'phic 4', and 'phic 5'. The 'DECEDENT'S LEGAL NAME' section contains several fields: 'Prefix:' with a dropdown menu showing '--Select a value--', 'Middle Name:' with a text input field, 'Suffix:' with a dropdown menu showing '--Select a value--', 'First Name:' with a text input field, and 'Last Name:*' with a text input field containing the text 'FAKE'. The 'DATE OF DEATH' section contains two fields: 'Date of Death Type:*' and 'Date of Death:*'. In the original image, the 'Prefix:', 'Middle Name:', 'Suffix:', and 'First Name:' fields are highlighted in yellow.

Best Practices

- The yellow box at the top of the record indicates the field in which your cursor is in; NOT if the field has been resolved. As you move through the different fields, the field at the top will change.
- This will NOT prevent you from moving forward.



Best Practices

Unresolved/Stakeholder List

- Preview record details in death registration process
- Current status of the record

User ID	Action	Date
[REDACTED]	Medical designation.	1/3/2022 2:10:56 PM
[REDACTED]	Printed deathverification facts.	1/4/2022 10:43:48 AM
[REDACTED]	Medical designation accepted.	1/7/2022 10:43:01 AM
[REDACTED]	Record updated.	1/7/2022 10:53:05 AM
[REDACTED]	Record certified.	1/7/2022 10:53:53 AM
[REDACTED]	Record updated.	1/11/2022 4:09:35 PM
[REDACTED]	Record verified.	1/11/2022 4:11:05 PM
[REDACTED]	Record released from demograph	1/11/2022 4:11:17 PM
[REDACTED]	Record accepted from local accep	1/12/2022 8:37:55 AM
[REDACTED]	Local Batch Printed.	1/12/2022 8:43:58 AM

Best Practices

TxEVER 90 days of Inactivity

- TxEVER has a security feature that deactivates an account if the user has not logged in for 90 days.
- Security feature to continue to safeguard the system



Best Practices

TxEVER 90 days of Inactivity Continued...

Ways to prevent 90-day inactivity deactivation:

- Set a calendar reminder to log in every other month.

If deactivated:

- Immediately contact the local administrator at your location in TxEVER who is responsible for all user management and can reactivate your account
- If your local administrator is unavailable, contact TxEVER Help-Desk



Resources



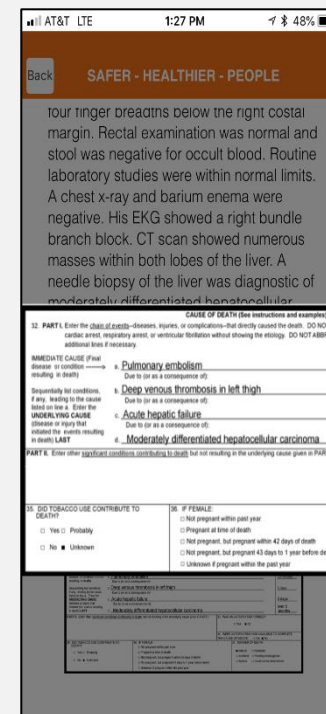
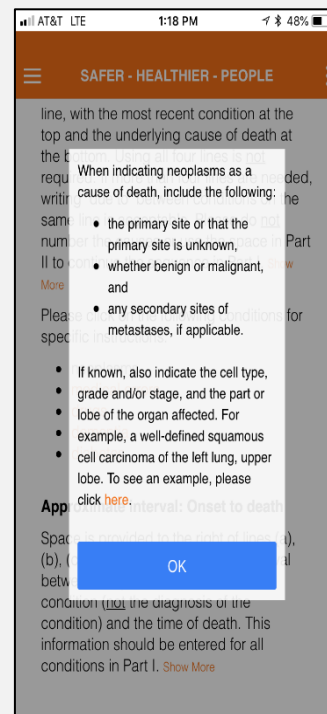
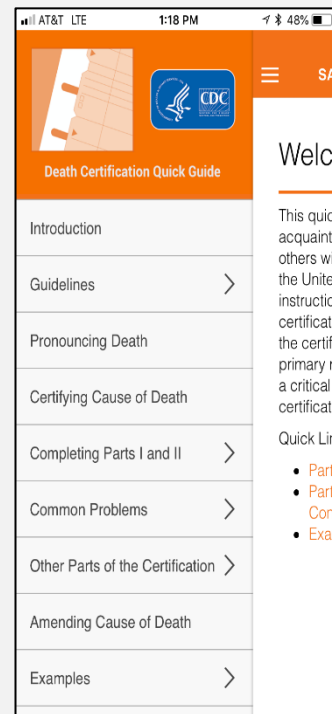
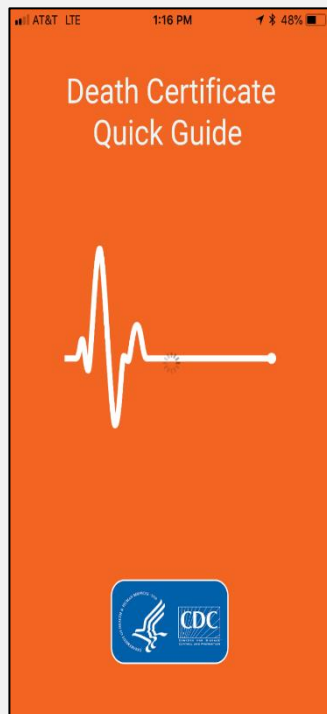
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Resources

CDC Resources: CDC App

Cause of Death Quick Reference Guide



Resources

CDC Resources: CDC App

Cause of Death Quick Reference Guide

- Contains example scenarios and CODs
- Based off of CDC Physicians' Handbook on Medical Certification of Death
- Available on Apple App Store and Android Google Play Store

Resources

CDC Resources: CDC Training

Cause of Death Reporting Online Training

The screenshot shows a web-based training interface. At the top, a dark blue header bar contains the text "Improving Cause of Death Reporting" on the left, "Slide 1 of 50" in the center, and three icons (home, help, close) on the right. The main content area has a dark teal background with the title "Improving Cause of Death Reporting" in white text. Below the title are six blue buttons arranged in two rows of three: "Importance of Cause of Death Reporting", "Completing the Cause of Death Section", "Electronic Certificates", "Medical Examiner/Coroner Cases", "Improving Cause of Death Quiz", and "Additional Resources". A note at the bottom of the teal area reads: "NOTE: To enable audio narration for this training, please click the 'Enable Audio' button." At the very bottom, a dark blue control bar includes a progress bar showing "00:00 | 00:29", two buttons labeled "Enable Audio" and "Narration Text", and navigation arrows.

Resources

CDC Resources: CDC Training

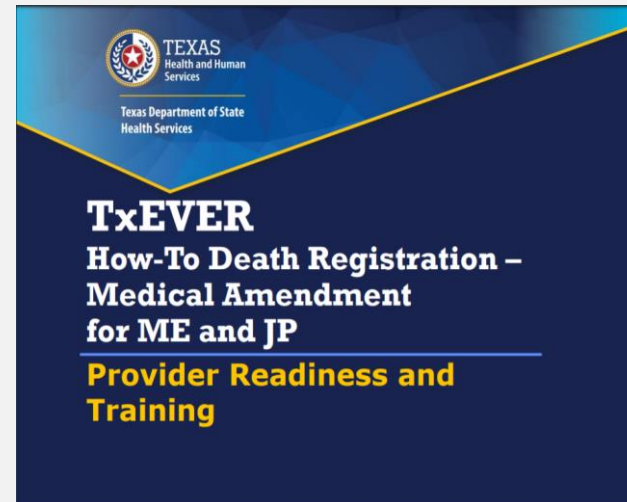
Cause of Death Reporting Online Training

- Accredited for Physicians (CMEs), Non-Physicians (Certificate of Participation), Nurses (CNEs)
- https://www.cdc.gov/nchs/nvss/improving_cause_of_death_reporting.htm

Resources

VSS Resources: User Guides

- Death Registration Guidelines and Item-by-Item for TxEVER medical certification and amendments
- Available on Vital Statistics website:
<https://dshs.texas.gov/vs/field/TxEVER/guides.aspx>



Resources

Texas A&M Health: USA Center for Rural Public Health Preparedness

- VSS created Cause of Death Training hosted by Texas A&M
- Available courses found on website:

<https://www.rural-preparedness.org/campus/index.aspx>



TEXAS A&M HEALTH
USA Center for Rural
Public Health Preparedness

Home Available Courses New User Sign Up

Welcome to the USA Center Online Campus!

Sign-Up or Log in!

Username

Password

Login

[Forgot Your Password?](#)
[Create a new account](#)

Resources

Texas A&M Health: USA Center for Rural Public Health Preparedness

USA Center	
Course Name	Register
Death Certificate and Cause of Death Reporting in Times of Disaster	Enroll
Death Certificate and Cause of Death Reporting Justices of the Peace	Enroll
Death Certificate and Cause of Death Reporting-Physician Training	Enroll
Emergency Management Coordinator Mass Fatality Incident Training	Enroll
Emergency Management Coordinator Mass Fatality Incident Training Accessible Course	Enroll
Just in Time- Death Certificates in Times of Disaster	Enroll
Justice of the Peace Mass Fatality Incident Training	Enroll
Justice of the Peace Mass Fatality Incident Training Accessible	Enroll
Local Health Department Mass Fatality Incident Training	Enroll
Local Health Department Mass Fatality Incident Training Accessible	Enroll
TxPHRAT Training	Enroll

Resources

- **TxEVER Help-Desk** for TxEVER support:
 - Help-TxEVER@dshs.Texas.gov
 - (512) 776-3490

Resources

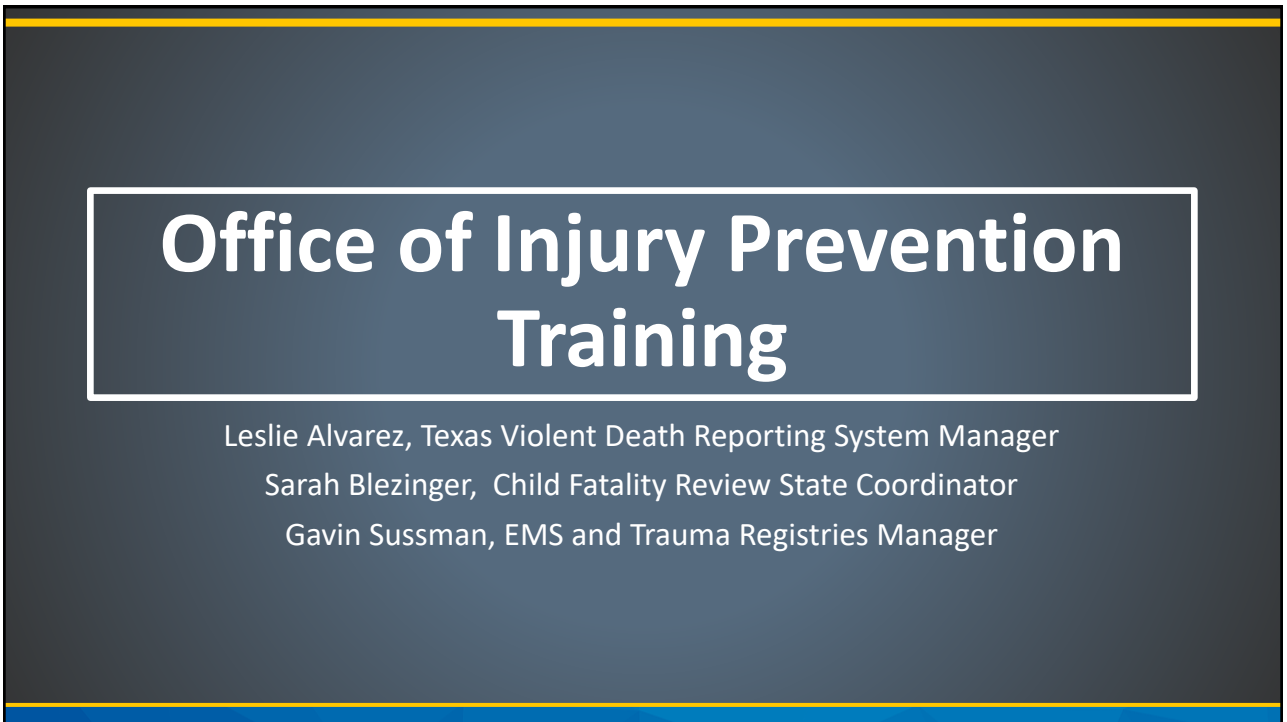
- **Partner's Page** - <https://www.dshs.texas.gov/vital-statistics/vital-statistics-partners>
- **Medical Certifiers** - <https://www.dshs.texas.gov/vital-statistics/vital-statistics-partners/medical-certifiers>
- **Partner Forms** - <https://www.dshs.texas.gov/vital-statistics/vital-statistics-partners/partner-forms>
- **FAQ** - <https://www.dshs.texas.gov/vital-statistics/vital-statistics-partners/txevery-frequently-asked-questions>

Thank you!

FieldServices@dshs.texas.gov



1



2

Training Agenda

- Objectives
- Overview of Programs:
 - Texas Violent Death Reporting System (TVDRS);
 - Child Fatality Review Teams (CFRTs); and
 - State EMS and Trauma Center Registries (EMS/TR).
- Conclusion
- Resources
- Q & A

3

Objectives

- Understand the TVDRS, CFRT, and State EMS/TR programs.
- Describe the role of justices of the peace (JPs) in injury prevention through quality death reporting.
- Summarize the importance of data in shaping public health initiatives.



4

What is the role of JPs?

- TVDRS: Provide investigation reports (via open records requests) that contain information about the injury and events prior to injury.
- CFRT: Join your regional/local CFR team to collaborate with other agencies to prevent future child fatalities.
- State EMS/TR: Register for the EMS/TR to input TBI/SCI/submersion data.
- Death Certificates: Provide thorough and quality data about deaths.



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TVDRS Overview

Texas
**Violent
Death
Reporting
System**

Texas Department of State Health Services



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TVDRS Background

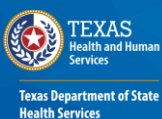
- Texas joined the Center for Disease Control and Prevention's (CDC) National Violent Death Reporting System (NVDRS) in January 2019.
- The national system links insights about violent death data including why they occurred. It collects more than 600 unique data elements from multiple sources into a usable database.
- Violent death is defined as a death that results from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community as defined by the CDC.
- Program Mission: Use violent death data to inform decisions that can help avoid future deaths.



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TVDRS Process

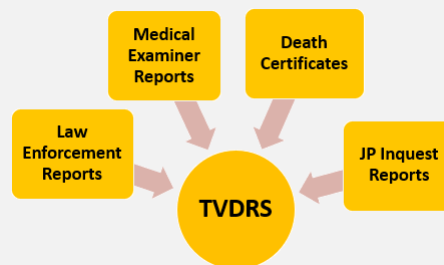
- Law enforcement (LEs), medical examiners (MEs), and **JPs** collect valuable information about violent deaths. However, it is challenging to link this data to provide a complete picture of a violent death.
- Collected data elements provide a comprehensive background about violent deaths, such as:
 - Relationship problems;
 - Mental health conditions and treatment;
 - Toxicology results; and
 - Life stressors (e.g., money- or work-related problems or physical health problems).



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TVDRS Process (continued)

- TVDRS will request inquest reports of violent death.
- JPs will receive open records requests from TVDRS.
- If a JP office has an established records request procedure, TVDRS will follow this procedure.



TVDRS' Purpose

- Inform decision-makers about the scale, trends, and characteristics of violent deaths.
- Educate communities about circumstances that may contribute to violence.
- Help decision-makers and program planners develop and enhance comprehensive violence prevention efforts to maximize benefits.

How is TVDRS Unique?

- TVDRS gathers and links detailed circumstances from violent death incidents from multiple sources:
 - Death certificates;
 - Medical examiner (ME) reports;
 - Law enforcement (LE) reports;
 - Toxicology reports; and
 - Justices of the peace (JP) reports.
- Information from all sources placed into one incident.
- An incident may include multiple individuals.
- Staff enter only non-identifiable demographic victim data into the NVDRS system.



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TVDRS Data Elements

DEATH CERTIFICATE:

- Age;
- Sex;
- Race/Ethnicity;
- Place of residence;
- Where injury occurred;
- Where death occurred;
- Veteran status;
- Date/time of death;
- Cause of death;
- Manner of death;
- Pregnancy status; and
- Employment details.

ME/JP REPORTS:

- Narrative of incident;
- Demographics;
- Wound location;
- Specific weapon information;
- Relationships among persons involved;
- Circumstances relevant to incident;
- Manner/cause of death; and
- Relevant medical history.

TOXICOLOGY –

- Presence/absence of alcohol and/or drugs in victims/suspects and specifics if detected.

Over 600 unique possible data elements; some information/details will overlap.



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TVDRS – 2020 Manner of Death

2020 Violent deaths, N = 2,739

Manner of Death	Count	Percent
Suicide	1,292	47.17%
Homicide	1,287	46.99%
Undetermined Intent	100	3.65%
Legal Intervention	44	1.61%
Unintentional firearm – self-inflicted	11	0.40%
Unintentional firearm – inflicted by another person	*	*
Unintentional firearm – unknown who inflicted	*	*

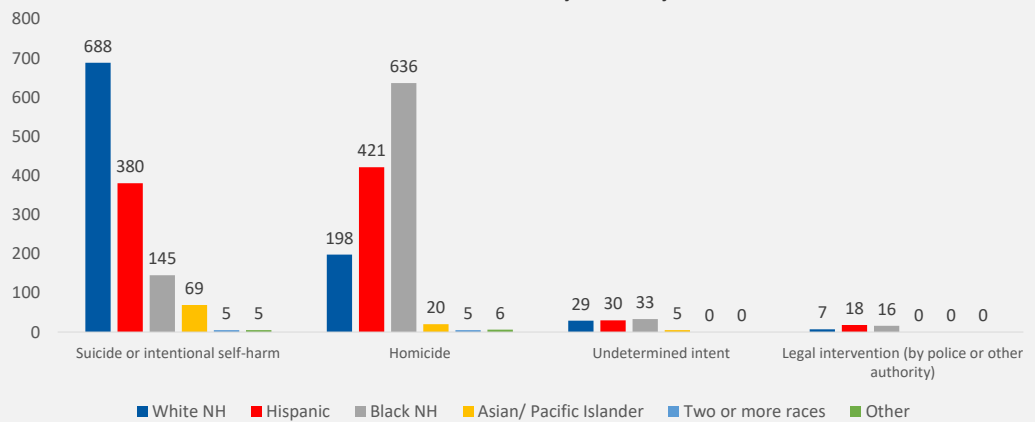
*Counts lower than 5 are suppressed for confidentiality.



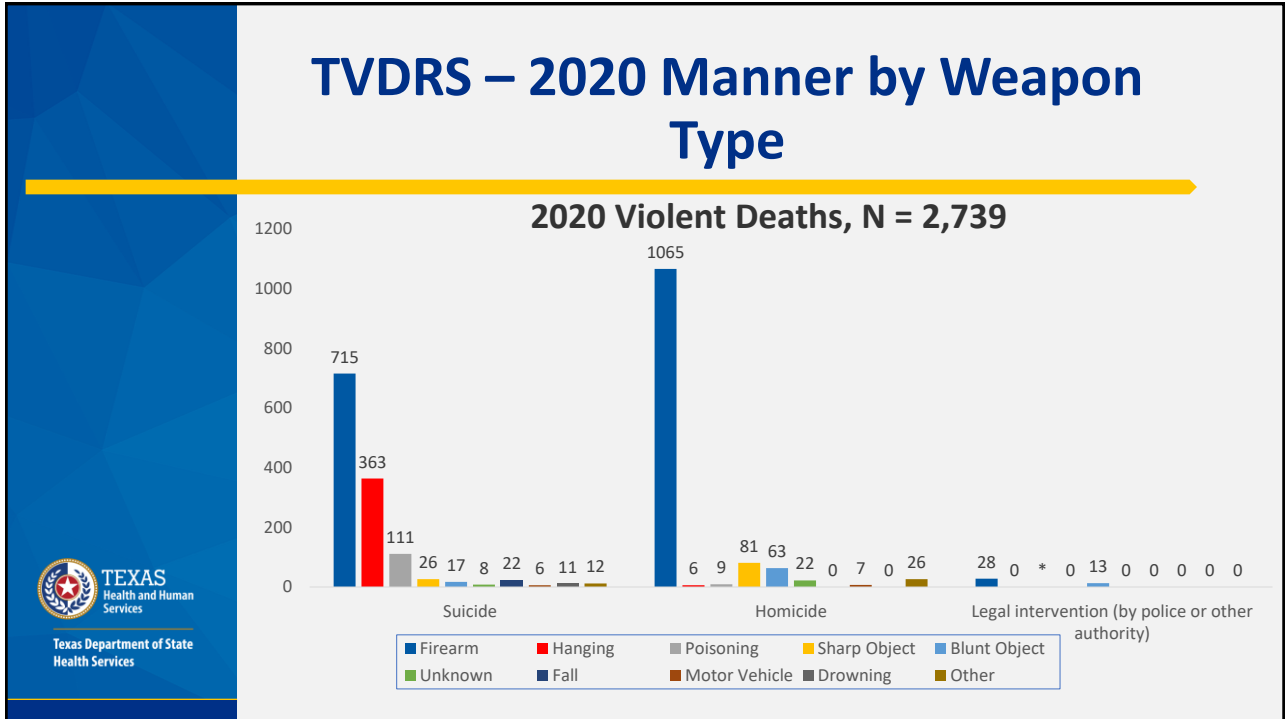
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TVDRS – 2020 Manner by Race and Ethnicity

2020 Violent Deaths, N = 2,739



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TVDRS – Suicide Circumstances

2020 Suicides, N = 1,291

Suicide Circumstance	Count	Percent
Victim had a history of suicidal thoughts or plans	316	24.36%
Victim left a suicide note	226	17.49%
Victim has history of attempting suicide	155	12.00%
Victim disclosed their thoughts to another person	139	10.76%

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TVDRS – Mental Health and Substance use

2020 Suicides, N = 1,291

Mental Health Circumstance	Count	Percent
Victim currently has mental health problem	384	29.72%
Victim perceived as depressed	280	21.67%
Victim had non-alcohol related substance abuse problem	173	13.39%
Victim ever treated for mental health	171	13.24%
Victim had alcohol dependence or alcohol problem	143	11.07%
Victim currently in treatment for mental health problem	130	10.06%

TVDRS Expansion

- In 2020, TVDRS collected data from Harris, Dallas, Tarrant, and Bexar Counties.
- TVDRS collected data for all violent deaths – suicide, homicide, undetermined, and unintentional firearm.
- The 2020 goal was to collect 40% of all Texas violent deaths.
- In 2021, TVDRS expanded to collect 60% of all Texas violent deaths. 2021 expansion counties include: Travis, El Paso, Collin, Fort Bend, Montgomery, Denton, Nueces, Bell, Williamson.
- By 2027, TVDRS will include all 254 counties in Texas.
- Note: If you haven't received communication from TVDRS, that means we have not expanded to your county just yet. 😊

CFRT Overview

Texas
Child Fatality
Review Team



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CFRT Background

- Texas Family Code, Chapter 264 establishes the State Child Fatality Review Team (SCFRT) Committee and local CFRTs.
- CFRTs use a public health approach to child fatality review in Texas.
- Today, local CFRTs cover 95% of Texas.



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CFRT Process

- Texas Department of State Health Services (DSHS) distributes death certificate data to local CFRTs quarterly.
- Teams review injury or unexpected deaths in the county where the illness/injury occurred.
- Teams review natural deaths based on the county of residence.
- Team members compile agency information for case review meetings.
- Teams enter case review data into the National Center for Fatality Review & Prevention Case Report System.



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CFRT Data Elements

- **Demographics:**
 - Last name, first name, middle name;
 - City, state, county, ZIP code of residence;
 - Date of birth, date of death, age at death, sex, race; and
 - Birth certificate number, death certificate number.
- **Parent Information:**
 - Mother's first, middle, last, and maiden name;
 - father's first, middle, and last name; and
 - Parental dates of birth.
- **Death/Incident Information:**
 - Date, time, location of incident;
 - Injury deaths: how injury occurred, was this a transportation injury; and
 - Manner, cause, place of death, conditions contributing to the death.
- **Autopsy Information** – if an autopsy was performed, ME name, type, license number, and contact information.



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CFRT's Purpose

- Accurately identify and record the cause of every child death;
- Collect uniform and accurate statistics on child deaths;
- Identify circumstances surrounding deaths that could prevent future deaths and inform preventive efforts;
- Promote collaboration and coordination among participating agencies;
- Improve criminal investigation and prosecution of child death cases;
- Implement cooperative protocols for the investigation of child deaths;
- Provide a confidential forum for agencies to meet and discuss common issues or resolve conflicts;
- Propose needed changes in legislation, policies, and procedures; and
- Identify and address public health issues.



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Child Death in Texas

- From 2017-2019, there were 11,195 child deaths (age 17 and under).
 - Natural deaths, including perinatal conditions, congenital anomalies, cancer (n = 7,370);
 - Accidents (n = 1,750);
 - Suicide and Homicide (n = 1,101); and
 - Undetermined, unknown, and pending (n = 974).

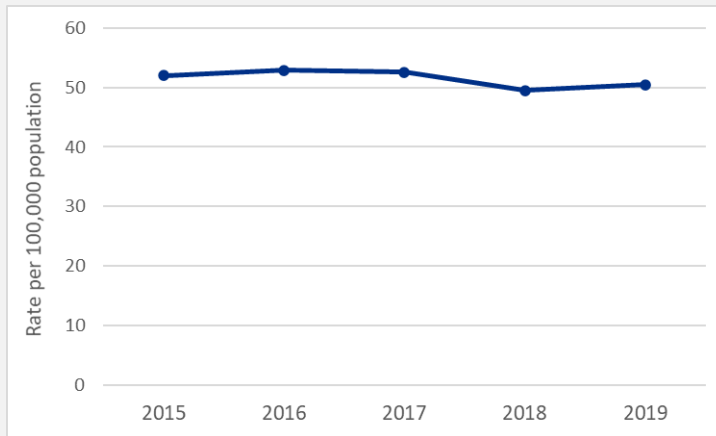


Texas Department of State Health Services

Office of the State Demographer, Texas State Data Center, Texas Population Estimates Center for Health Statistics, DSHS Death Data Files 2017-2019.

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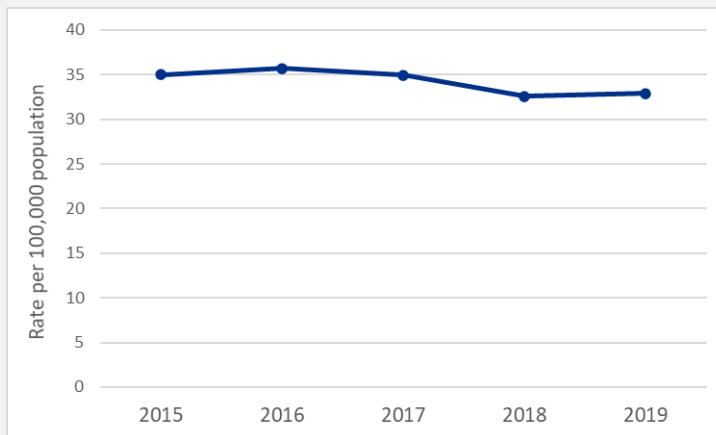
Texas Child Death Rate, All Causes of Death, Ages 0-17



Office of the State Demographer, Texas State Data Center, Texas Population Estimates Center for Health Statistics, DSHS Death Data Files 2015-2019 Prepared by: Office of Injury Prevention, Jan. 2022.

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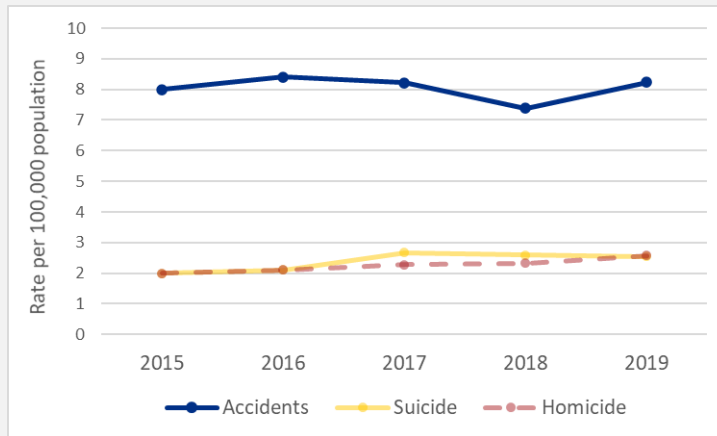
Texas Child Death Rate, Natural Cause of Death, Ages 0-17



Office of the State Demographer, Texas State Data Center, Texas Population Estimates Center for Health Statistics, DSHS Death Data Files 2015-2019 Prepared by: Office of Injury Prevention, Jan. 2022.

26

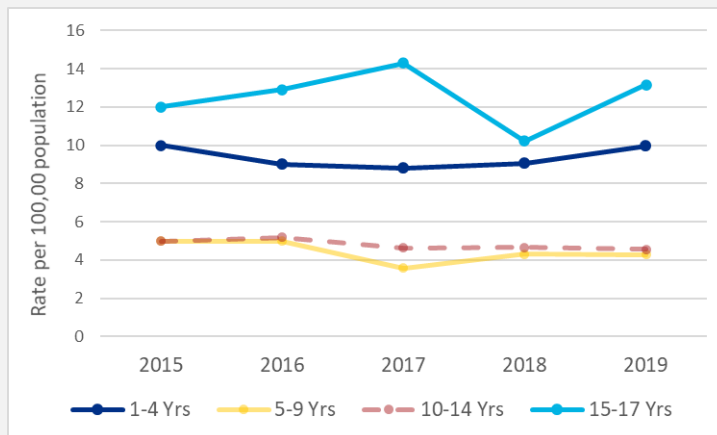
Trends in Injury Child Death Rates by Manner of Death, Texas, Ages 0-17



Office of the State Demographer, Texas State Data Center, Texas Population Estimates Center for Health Statistics, DSHS Death Data Files 2015-2019 Prepared by: Office of Injury Prevention, Jan. 2022.

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Trends in Accidental Child Death Rates by Age Groups, Texas, Ages 1-17



Office of the State Demographer, Texas State Data Center, Texas Population Estimates Center for Health Statistics, DSHS Death Data Files 2015-2019 Prepared by: Office of Injury Prevention, Jan. 2022.

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CFRT's Impact

Recommendations to the Governor and Legislature:

1. Amend statute to include appropriate child safety seat (CSS) requirements and recommendations be required in new parent resource pamphlet;
2. Amend statute to require Medical Transportation Programs provide an appropriate CSS to children during transport and that motor vehicle operators receive annual child passenger safety education;
3. Pass legislation requiring fencing around new swimming pools;
4. Fund a public educational campaign on means restriction;
5. Require that law enforcement report all child deaths by suicide to the Department of Family and Protective Services (DFPS);
6. Fund a CFRT coordinator in each public health region; and
7. Require new parent education be delivered with targeted injury prevention messaging.

Recommendation to DFPS

1. Provide an educational campaign on bathtub drowning prevention.



Texas Department of State Health Services

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EMS/TR Overview

EMS & Trauma
Registries

Texas Department of State Health Services



Texas Department of State Health Services

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EMS/TR Background

The Texas State EMS and Trauma Center Registries (EMS/TR) includes four registries:

- Emergency Medical Service Registry;
- Hospital Trauma Registry;
- Traumatic Brain Injury (TBI)/Spinal Cord Injury (SCI) Registry; and
- Submersion Registry.

The EMS/TR are statewide passive surveillance systems that collect reportable event data from EMS providers, hospitals, JPs, MEs, and rehabilitation facilities.

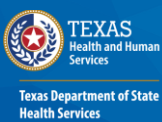
Important Note: Reporting is mandatory (Texas Administrative Code, Title 25, Part 1, Chapter 103, Rule 103.6)



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EMS/TR Process

- JPs report all TBI, SCI, and submersions to the EMS/TR online reporting system (Note: Paper records are no longer accepted);
- JPs are not required to report any data to the online reporting system if the ME in their region handles all inquests; and
- In the event a JP completes an inquest and suspects any of the above reportable injuries, the case must be reported into the system within 90 days.



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EMS/TR Data Elements

- **Demographics:**
 - Last name, first name, middle name or initial;
 - City, state, county, ZIP code of individual's residence; and
 - Date of birth, sex, race, ethnicity.
- **JP/ME Information:**
 - Name and DSHS ID for reporting entity;
 - Date of death;
 - How injury occurred (e.g., fall, motor vehicle crash, other);
 - Cause of death (e.g., blunt force, drowning, gun shot wound); and
 - Manner of death (e.g., accidental, homicide, self-inflicted).
- **Event:**
 - Incident date, time, street address;
 - Incident, state, city, county, country, ZIP code; and
 - Incident circumstances pertaining to either submersion or TBI/SCI event.



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EMS/TR's Purpose

- Capture and collect TBI, SCI, and submersion event data points from sources not captured in other data sets, specifically the EMS/TR registry.
- Receive, analyze, and report TBI, SCI, and submersion event information from JPs and MEs which may not have been reported by hospitals.



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Conclusion

- Providing accurate death certificate data, informs programming and reduces deaths;
- Submitting accurate data into registries or providing requested reports provides a complete picture. This picture allows new developments or changes to reduce injury and deaths;
- Be thorough;
- Be accurate; and
- Be detail-oriented.



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Resources

[Texas VDRS Website](https://dshs.texas.gov/tvdrs) (dshs.texas.gov/tvdrs).

[CDC NVDRS Infographic](https://cdc.gov/violenceprevention/pdf/nvdrs/NVDRS-infographic-508.pdf) (cdc.gov/violenceprevention/pdf/nvdrs/NVDRS-infographic-508.pdf).

[NVDRS & Law Enforcement](https://cdc.gov/violenceprevention/pdf/NVDRS-LawEnforcement-Factsheet-508.pdf) (cdc.gov/violenceprevention/pdf/NVDRS-LawEnforcement-Factsheet-508.pdf).

[NVDRS & Medical Examiners](https://cdc.gov/violenceprevention/pdf/NVDRS-coroner-medicalexaminer-factsheet-508.pdf) (cdc.gov/violenceprevention/pdf/NVDRS-coroner-medicalexaminer-factsheet-508.pdf).

[Texas CFRT Website](https://dshs.texas.gov/mch/cfirt) (dshs.texas.gov/mch/cfirt).

[National CFRT Website](https://ncfrp.org) (ncfrp.org).

[Texas EMS/TR Website](https://dshs.texas.gov/injury/registry) (dshs.texas.gov/injury/registry).

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Questions?



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Thank you!

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