Oklahoma State Department of Health

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OKC, OK 73117

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Vital Records
PO Box 53551
OKC, OK 73152

HELP.DESK
405.271.5380
AskROVER@health.ok.gov
8:00 am to 4:30 pm
(Monday - Friday)

ROVER

Registering   Oklahoma   Vital   Event   Records

CONTACT INFORMATION

askROVER@health.ok.gov

ROVER help desk: 405-271-5380

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(405) 271-9444 ext. 56133

**Cause of Death?
Nosology Questions?**

(405) 271-5380

**Death Registration Unit
(405) 271-5108**

https://rover.health.ok.gov:7001/rover

ROVER

REGISTERING OKLAHOMA VITAL EVENT RECORDS

Table of Contents

Welcome to ROVER!

A username, temporary password and instructions for the initial login process have been sent to an email address that only you can access. When you click on the link provided in the email, the log in screen (below) should appear. Select **LOGIN**.

Oklahoma State
Department of Health

HELP.DESK
405.271.5380
askrover@health.ok.gov
8:00 - 5:00 pm
(Mon - Fri)

FAX
405.271.2930 (birth)
405.271.2899 (death)

MAILING.ADDRESS
Vital Records
PO Box 53551
OKC, OK 73152

PHYSICAL.ADDRESS
1000 NE 10th St
OKC, OK 73117

ROVER

REGISTERING OKLAHOMA VITAL EVENT RECORDS

The purpose of the Registering Oklahoma Vital Event Records (ROVER) database is to support the needs of the Oklahoma State Department of Health and other users such as Funeral Directors, Attending Physicians, Medical Examiners and Delivering Hospitals. This database may be used only for the purpose for which it is provided. Any attempt to file fraudulent Certificates of Birth, Death or Stillbirth is punishable in accordance with Oklahoma Statutes.

By accessing this system, I agree to use this system only for the purpose of filing a Certificate of Birth, Death or Stillbirth where that vital event has occurred in the State of Oklahoma.

I understand that failure to adhere to the above agreement will result in loss of access to OSDH Internet databases, and I may be subject to legal penalties.

LOGIN   BIOMETRIC

After selecting LOGIN, a new window will appear, allowing you to enter your credentials in the **Username** and **Password** fields. Follow the emailed instructions for initial login *(on the next page for your convenience.)*

ROVER

⚠ **WARNING:**
The purpose of the Registering Oklahoma Vital Event Records (ROVER) database is to support the needs of the Oklahoma State Department of Health and other users such as Funeral Directors, Attending Physicians, Medical Examiners and Delivering Hospitals. This database may be used only for the purpose for which it is provided. Any attempt to file fraudulent Certificates of Birth, Death or Stillbirth is punishable in accordance with Oklahoma Statutes.

By accessing this system, I agree to use this system only for the purpose of filing a Certificate of Birth, Death or Stillbirth where that vital event has occurred in the State of Oklahoma.

I understand that failure to adhere to the above agreement will result in loss of access to OSDH Internet databases, and I may be subject to legal penalties.

Username: [   ]
Password: [   ]

Log In   Reset

ROVER Initial Login Process

Link to ROVER: https://rover.health.ok.gov:7001/rover/gui/login/welcomeOK.jsp
(Please remember it works best in Internet Explorer)
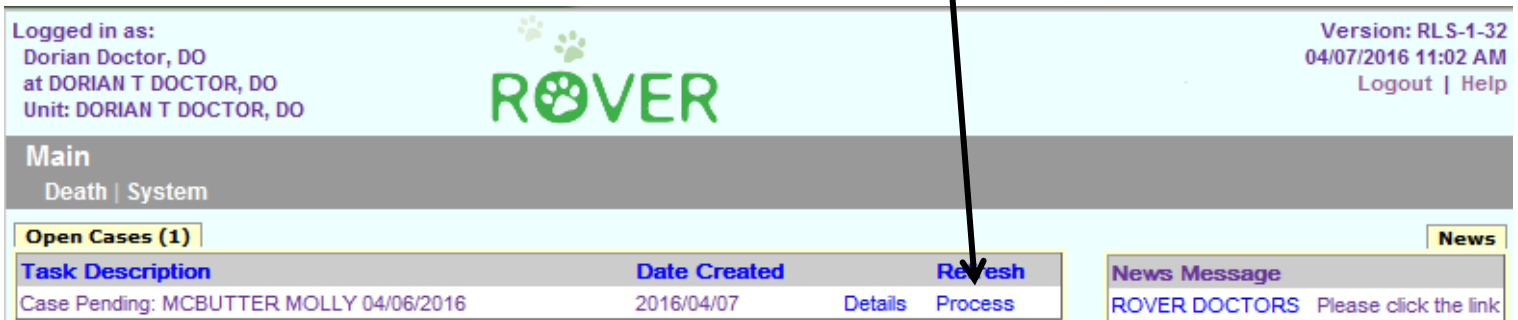
Steps for initial login:

1. Open the ROVER web page and enter the username and password listed in your email.

2. Click on **LOGIN.**

3. You will now be prompted to change your password.

4. In the 'original password' field, enter the temporary password that was provided by ROVER Staff.

5. Now, create a new password; must be at least **8 characters long** and contain each of the following:

A. Upper Case letter

B. Lower Case letter

C. A Number

D. Symbol/Special Character

6. Retype the password you created to confirm.

7. Enter a personal security question and answer. The question and answer can be anything you wish.

The answer must be *5 or more characters long and is case sensitive*. (Example : Question=favorite color? Answer=green)

The security question and answer will be used to electronically sign/certify cases.

8. Click Continue.

Accessing Open Cases

Once you have successfully entered ROVER, the main screen will display any open cases needing medical information certified. Select **Process** to enter the record.
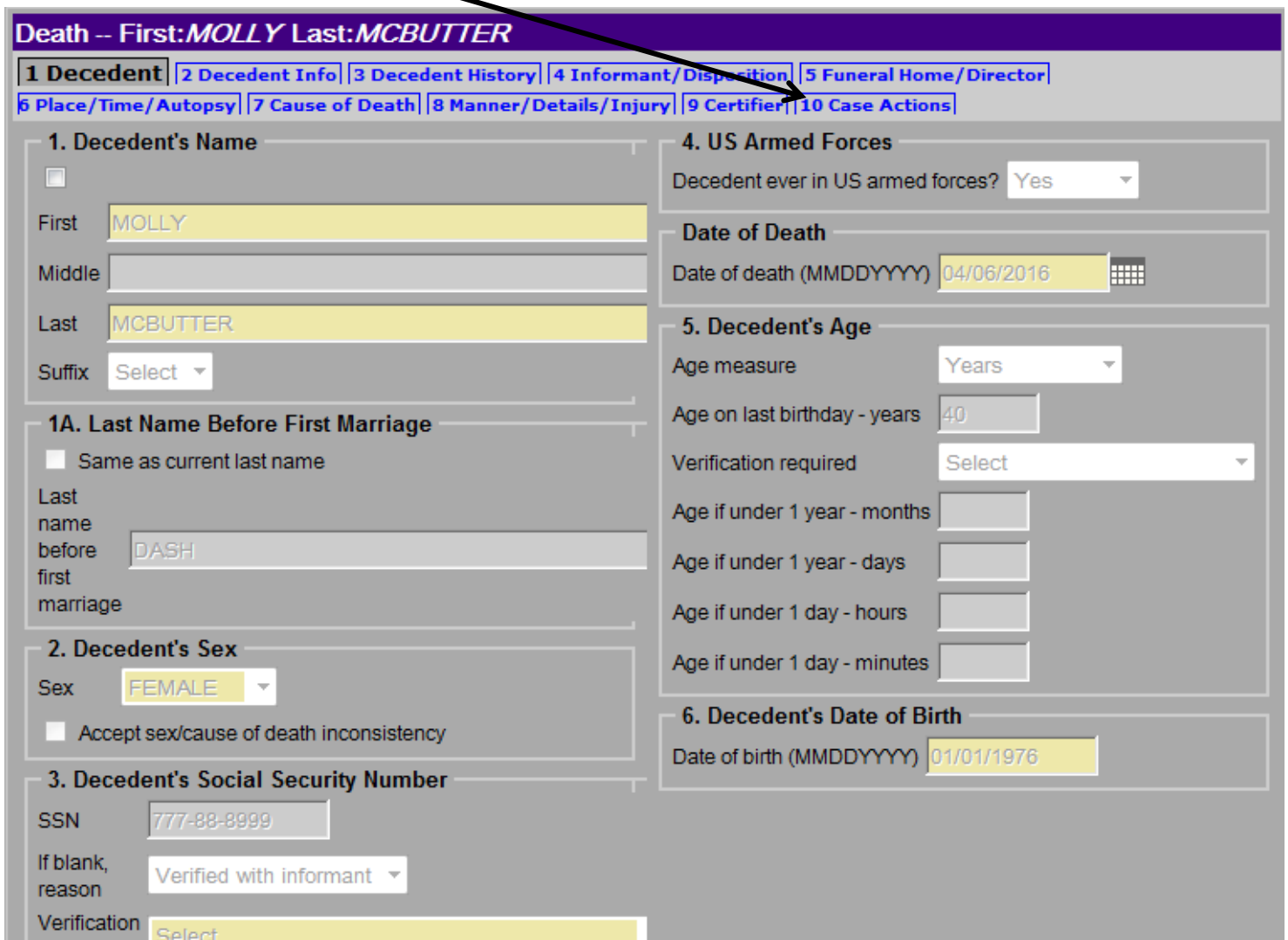
TAB 1 of the record will display upon entry. TABS 1-5 (Personal Information) are completed by the Funeral Director and **TABS 6-9 (Medical Information)** are completed by a Physician or Medical Examiner. Select **TAB 10** to review notes from the Funeral Director/Funeral Home.

Entering Case Information

To begin completing the record, select TAB 10 to **view the Date of Death, Time of Death, and Place of Death** the Funeral Director obtained from the Informant about the Decedent.

TAB 10 Case Actions is the directional TAB of ROVER. This TAB will direct and record user actions for each record. View the **Date, Time and Place of Death** information in the **Comments Among Users About Case** box and make note of the information.

Once you have written down the information provided by the Funeral Home, you are ready to enter the Medical Information of the case.

Select TAB 6 to enter the Medical Information.

Use the Tab Key on your keyboard as much as possible to navigate through the ROVER fields. Using the Tab Key will ensure you complete information in order and it allows information to populate into other fields of the record, saving both the amount of typing required and time.

6 Place/Time/Autopsy

Complete the information required in the open (white) fields.

If the decedent was pronounced dead in a hospital, indicate the decedent's status at the hospital: In-patient, ER/Outpatient. Then select the Hospital name from the drop-down box.

If the death was pronounced at a licensed long-term care facility, select Nursing Home/Long Term Care. If the facility does NOT appear in the drop-down listing, the ROVER Helpline can assist you. Some facilities may have multiple names.

The Physician owns the information appearing in the Date of Death and Time of Death fields. The Date of Death automatically populates from the Personal Information Section but can be changed to reflect what is in the medical records of the Decedent.

Answer the questions in the Autopsy section.

Click the "Next" button to move on to TAB 7 Cause of Death.

Death -- First:*MOLLY* Last:*MCBUTTER*

1 Decedent | 2 Decedent Info | 3 Decedent History | 4 Informant/Disposition | 5 Funeral Home/Director | 6 Place/Time/Autopsy | 7 Cause of Death
8 Manner/Details/Injury | 9 Certifier | 10 Case Actions

PART I.

PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter the mode of dying, such as cardiac arrest, respiratory arrest, shock, or heart failure without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

34. Cause of Death

☐ Cause of death pending

IMMEDIATE CAUSE (final disease or condition resulting in death) A	PNEUMONIA	Approximate interval: onset to death — 5 DAYS
Underlying cause B	DYSPHASIA	Approximate interval: onset to death — 2 DAYS
Underlying cause C	ALZHEIMER'S DEMENTIA LATE STAGE	Approximate interval: onset to death — 6 MONTHS
Underlying cause D		Approximate interval: onset to death —

PART II.

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

35. Other Significant Conditions

Other significant conditions contributing to death

[Previous] [Next] [Finish] [Cancel]

7 Cause of Death

A properly completed cause-of-death section provides an etiologic explanation of the order, type, and association of events resulting in death.

The Cause of Death section consists of two parts. Part I is for reporting the sequence of events leading to the death, proceeding backwards from the final disease or condition resulting in the death. Enter the immediate cause of death on line (a) and the underlying cause of death that led directly to the death on (b), (c), and (d).

The cause-of death information should be the physician's best medical OPINION. A condition can be listed as "probable" if it has not been definitively diagnosed.

Only one cause is to be entered on each line of Part I. DO NOT use parenthetical statements or abbreviations. Abbreviations can often mean two or more medical definitions/diagnosis.

The space to the right of each line is for recording the interval. The terms "unknown" or "approximately" may be used. DO NOT LEAVE THESE ITEMS BLANK.

Other significant conditions that contributed to the death, but did not lead to the underlying cause, or clarifications as to the cause of death (i.e. second-hand smoke exposure) are reported in Part II.

Click the "Next" button to move on to TAB 8 Manner/Details/Injury.

Death -- First:*MOLLY* Last:*MCBUTTER*

| 1 Decedent | 2 Decedent Info | 3 Decedent History | 4 Informant/Disposition | 5 Funeral Home/Director | 6 Place/Time/Autopsy | 7 Cause of Death |
| 8 Manner/Details/Injury | 9 Certifier | 10 Case Actions |

36. Manner of Death

Manner of death	Natural ▾
Victim of mass fatality	Select ▾

37-38. Death Details

If female select one from list	Not pregnant, but pregnant 43 days or 1 year before death ▾
Verification required	Select ▾
Did tobacco use contribute to death?	No ▾

39-43. When, How, Where Injury Occurred

Date of injury (mm/dd/yyyy)	
Time of injury	
Time indicator	Select ▾
☐ Estimated	
Specify place of injury (residence, farm, factory, etc.)	
Describe how injury occurred	
Injury at work?	Select ▾

44. Place of Injury Address

Location unknown	☐
Address	
Apartment number	
Country	Select ▾
State/province	Select ▾
City list	Select ▾
County list (if not in city or town)	Select ▾
City, town or county	
Zip code	

45. Transportation Injury

If transportation injury	Select ▾
Specify other	

[Previous] [Next] [Finish] [Cancel]

8 Manner/Details/Injury

Any death not due to an external cause should be identified as **Natural**.

Any death due to external causes must be referred to the **Medical Examiner** to certify. (Accident, Homicide or Suicide).

If the decedent is female and between the ages of 5 and 75, the pregnancy question in box 37-38 **MUST** be answered.

Answer the question about tobacco use according to the physician's best opinion. Other significant conditions that contributed to the death, but did not lead to the underlying cause, or clarifications as to the cause of death (i.e. second-hand smoke exposure) are reported in Part II – field 35 on Tab 7.

Do not complete any information in the injury area. These are fields completed by only the Medical Examiner, if applicable.

Click the "Next" button to move to TAB 9 Certifier.

Entering Case Information (continued…)

9 Certifier

You will now select the correct designation using the drop down menu selections in item 46. (Physician in Attendance at Time of Death Only, Physician in Charge of Patient's Care or OTHER)

Your name should already appear in the fields below and your address should already appear in the fields to the right.

Make sure you see your information (practice address, contact information, license number).

If any changes or corrections are needed, please email **AskROVER@health.ok.gov**

1 Decedent	2 Decedent Info	3 Decedent History	4 Informant/Disposition	5 Funeral Home/Director	6 Place/Time/Autopsy	7 Cause of Death

8 Manner/Details/Injury	9 Certifier	10 Case Actions

46. Person Completing Cause of Death

Field	Value
Certifier designation	PHYSICIAN IN CHARGE OF THE PATIENT'S CARE
Specify other	
Medical examiner	Select
Physicians	DOCTOR - DORIAN - THE - 3312OK
Title	DO
First name	DORIAN
Middle name	THE
Last name	DOCTOR
Suffix	Select
Preferred method of contact	E-MAIL
Contact information	DORIAN@PHYSICIANS.COM
Case access	ELECTRONIC
Signed by	

47. Certifier's Address

Field	Value
Address	752 SOUTH MEDICAL ROAD
Apartment number	
Country	UNITED STATES
State/province	OKLAHOMA
City list	Select
City or town	MUSKOGEE
Zip code	74402

48. Certifier's License Number

Field	Value
Medical license number	3312OK

49. Certification Date

Field	Value
Date signed by certifier - MMDDYYYY	

CONGRATULATONS!

You have finished entering data in the Medical Information Section of the death certificate.

Click on "Finish" at the bottom of the screen to proceed to the <u>Certification/Signing process</u>.

ROVER Warning Screen

ROVER is designed to prevent certification until **all** information has been entered.

If the Medical Information Section is **complete**, you will only see these items. These warning messages indicate the case lacks electronic signatures from both the Medical Certifier (you) and the Personal Information Certifier (the Funeral Director). *Note: You will NEVER drop to paper.*

Click on "Save (as Pending)" at the bottom of the screen to continue with signing the record.

ROVER Warning

The record you are trying to save is UNFINISHED. All of the following fields are required for a FINISHED record.

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

If the Medical Information Section is **incomplete**, you will see messages similar to the example below.

Clicking on the hyperlink heading of the warning messages in this section will take you directly to the TAB of the missing information.

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

Was medical examiner contacted? (N = No, R= Yes, ME released, Y=Yes, ME case, U=Unknown)
Field Description: Indicate whether the medical examiner was contacted.

Manner of death (A=accident, H=homicide, N=natural, S=suicide, P=pending investigation, C=could not be determined)
Field Description: Select the manner of death. Select Pending investigation if this cannot be determined to be an accident, suicide, or homicide within the time limit for filing. Change Pending later to one of the other terms.

Pregnancy status (Medical)
Field Group Description: Pregnancy status is required

When all Medical Information is entered and the only message you see is this

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

you are ready to click on **"Save (as Pending)"** to continue with signing the record electronically.

Save (as Pending)
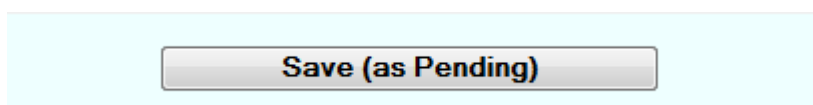
Signing/Certifying the Record

You have the option to print a copy of the death certificate. If you click on **"Print"** and "**Generate Document"**, a file in Adobe PDF will appear in a new window. You may check the document for errors at this time. A draft generated at this point, will not show Certifier Information.

There is an opportunity to print a copy, which includes Certifier Information, later.

If you are satisfied with the information on the document, close the file and return to ROVER.

Select **"Certify Now"**

The **Security Question** you created during your initial login process will be displayed here.

Type your **Security Answer** in the field below the Security Question.

Then check the box to **"Acknowledge Death Case Certification."**

Click **"Continue"**

Signing/Certifying the Record (continued…)

The case is now successfully certified!

From this point you can print a copy that includes the Certifier Information (electronic signature, certifier address and certification date). The file can either be placed in the patient file or scanned into electronic medical records.

Main
Death | System

Certify Death Case - Confirm

Case successfully certified.

Record Summary
Registration status: **Registered**
Personal information status: **Signed**
Medical information status: **Certified**
Personal information finished: **N**
Medical information finished: **Y**
Internal Case Number: **2016040000047**

Continue   Cancel

Click **"Continue"**

Select **"Print"** then **"Generate Document"** to create a PDF which will display in a new window.

ystem

Successful Transaction
Your transaction has been saved successfully.

Print Confirmation
Your actions have triggered the following documents to be printed.
Please select all documents you wish to print.

Print Draft: ◉

Print

Main Menu   Repeat Task

Report - Confirm

Print Draft

Generate Document

Quick Reference: Steps for Signing/Certifying the Record

1. Login to ROVER

2. Click on Process to the right of the record

3. Click on <u>TAB 10 (Case Actions)</u> and retrieve Place of Death (POD), Date of Death (DOD) and Time of Death (TOD) information noted in the 'Comments Among Users About Case' field

4. Click on <u>TAB 6 (Place/Time/Autopsy)</u> and tab to the 'Place of death' field. Populate the information retrieved from Tab 10 in the respective fields.

5. Answer the 'Was medical examiner contacted?' and 'Was an autopsy performed?' fields.

6. Click 'Next' from the bottom of the screen. You will be taken to <u>TAB 7 (Cause of Death)</u>

7. Complete cause of death field(s)

8. Click on 'Next' to be taken to <u>TAB 8 (Manner/Details/Injury)</u>

9. 'Manner of death' will always be 'Natural' for you the physician.

10. Make selection for drop down 'If female select one from list' field if deceased is female between the age of five and 75

11. Answer the 'Did tobacco use contribute to death' question.

12. Click 'Next' to be taken to <u>TAB 9 (Certifier)</u>

13. Select "Physician in charge of the patient's care" or "Physician in attendance at time of death only"

14. Click 'Finish'

15. Click 'Save (as Pending)'

16. Click 'Certify Now'

17. Type in the answer to your security question

18. Click 'Acknowledge Death Case Certification'

19. Click 'Continue'
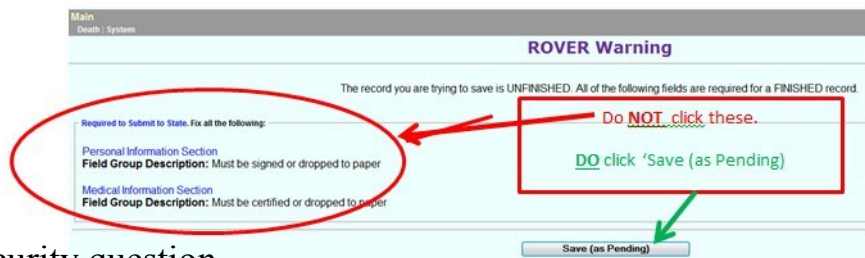
THE RECORD IS NOW CERTIFIED

If you need assistance, feel free to contact us by:

EMAIL: AskROVER@health.ok.gov OR PHONE: (405) 271-5380

The following medical "CONDITIONS" require entry of additional medical information to determine the underlying cause or event of death to facilitate filing the Death Certificate**

Abscess	Cellulitis	Gastrointestinal Hemorrhage	Peritonitis
Abdominal Hemorrhage	Cerebral Edema	Heart Failure	*Pneumonia
Adhesions	Cerebrovascular Accident	Hemorrhage	*(**Unless TYPE is specified**)
Adult Respiratory Distress	Cerebellar tonsillar Herniation	Hemothorax	Peritonitis
Syndrome (ARDS)	Cirrhosis	Hepatic Failure	Pulmonary Arrest
Acute Myocardial Infarction	Coagulopathy	Hepatorenal Syndrome	Pulmonary Edema
Altered Mental Status	*Compression fracture	Hyperglycemia	Pulmonary Embolism
Anemia	**These Do Not Get Referred to**	Hyperkalemia	Pulmonary Insufficiency
Anoxia	Congestive Heart Failure	Hypovolemic Shock	Renal Failure
Anoxic Encephalopathy	Convulsions	Hyponatremia	Respiratory Arrest
Arrhythmia	Decubitus or Decubiti	Hypotension	Seizures
Ascites	Dehydration	Immunosuppresion	Sepsis
Aspiration	*Dementia	Increased Intracranial Pressure	Septic Shock
Atrial Fibrillation	*(**Unless TYPE is specified**)	Intracranial Hemorrhage	Starvation
Bacteremia	Diarrhea	Malnutrition	*Subdural Hematoma
Bedridden	Disseminated intravascular	Metabolic Encephalopathy	**(This may need ME review)**
Biliary Obstruction	Coagulopathy	Multi-Organ Failure	Sudden Death
Bowel Obstruction	Dysrhythmia	Multi-system Organ Failure	Thrombocytopenia
Brain Injury	End Stage Liver Failure	Myocardial Infarction	Urinary Tract Infection
Brain Stem Herniation	End Stage Renal Failure	Natural Causes	Ventricular Fibrillation
Carcinogenesis	Epidural Hematoma	Necrotizing Soft Tissue	Ventricular Tachycardia
Carcinomatosis	Exsanguination	Infection	Volume Depletion
Cardiac Arrest	Failure to Thrive	Old Age	
Cardiac Dysrhythmia	Fracture	Pancytopenia	
Cardiomyopathy	Gangrene	Paralysis	
Cardiopulmonary Arrest		Perforated Gallbladder	

If the certifier is unable to determine the etiology of a process such as those shown above, the process may be qualified as "presumed"/"probable"/ or "suspected". Only NATURAL DEATHS can be certified by physicians not directly involved with the State Medical Examiner and his or her staff.

Certifiers sometimes use medical terms which mean the same thing as the conditions stated in the table above. If these "CONDITION" only certificates code to the same ICD-10 category, they are subject to review and will not be issued until the *"UNDERLYING CAUSE OF DEATH"* **is properly reported. Multiple "Conditions" only listed Death Certificate are also subject to review as needed.**

If the possibility or complication in the following list is identified, then the State Medical Examiner MUST be contacted:

Asphyxia	**Hematoma**	**Hyperthermia**	**Subdural Hematoma**
Bolus	**Exsanguination**	**Hypothermia**	**Thermal Burns and/or**
Choking	**Fall**	**Seizures**	**Chemical Burns.**
Drug or Alcohol Overdose	**Fracture (non-compression)**	**Subarachnoid Hemorrhage**	
Drug or Alcohol Accidental Poisoning	**Hip Fracture**		

If you have questions regarding issues identified on this information, please contact the Oklahoma State Department of Health, Vital Records staff at (405) 271-5108.