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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.

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 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.
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: Inpatient, 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.
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.
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.**
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

CONGRATULATIONS!

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 Certification/Signing process.
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.

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.

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

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

Click “Continue”

Select “Print” then “Generate Document” to create a PDF which will display in a new window.
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 TAB 10 (Case Actions) 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 TAB 6 (Place/Time/Autopsy) 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 TAB 7 (Cause of Death)
7. Complete cause of death field(s)
8. Click on ‘Next’ to be taken to TAB 8 (Manner/Details/Injury)
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 TAB 9 (Certifier)
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
INCOMPLETE CAUSE OF DEATH GUIDELINES FOR MEDICAL CERTIFIERS – Revised 4-7-2016

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**

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

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:

<table>
<thead>
<tr>
<th>Condition</th>
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<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asphyxiation</td>
<td>Hematoma</td>
<td>Hyperthermia</td>
<td>Subdural Hematoma</td>
</tr>
<tr>
<td>Bolus</td>
<td>Exsanguination</td>
<td>Hypothermia</td>
<td>Thermal Burns and/or</td>
</tr>
<tr>
<td>Choking</td>
<td>Fall</td>
<td>Seizures</td>
<td>Chemical Burns.</td>
</tr>
<tr>
<td>Drug or Alcohol Overdose</td>
<td>Fracture (non-compression)</td>
<td>Subarachnoid Hemorrhage</td>
<td></td>
</tr>
<tr>
<td>Drug or Alcohol Accidental Poisoning</td>
<td>Hip Fracture</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.