

March, 2015

Montana Office of Vital Records Newsletter

Montana Achieves STEVE Certification

Vital Registration provides the foundational data for many legal, economic, and public health activities, and is increasingly critical to national security. In addition, death certificates are routinely linked to birth certificates to flag the latter as deceased to prevent identity fraud. The responsibility and legal authority to collect and maintain Vital Records lies with the 50 states, plus Washington D.C., New York City, and the five territories of the United States. However, all vital events are local, and in Montana as in many other states, local reporters perform essential roles by accepting registrations and transmitting them to the state Registrar's Office.

At the federal level, the National Center for Health Statistics (NCHS) provides guidance and training, standard forms, and model procedures to promote consistent and comparable data collection across all jurisdictions. The jurisdictions in turn share their data with the NCHS so it can produce national summaries and reports. Each jurisdiction has entered into a cooperative agreement with the NCHS to meet national standards of consistency, quality, and timeliness of reporting. Most states also participate in the State and Territorial Exchange of Vital Events (STEVE), which is used to send state data to the NCHS and to send information about vital events that occur out of state to the state of residence. STEVE provides for prompt and secure transmission of these data. Montana recently achieved certification from NCHS to receive and transmit our data via STEVE.

We are grateful for your continued efforts to file certificates promptly and accurately. Without your participation, we would not have achieved this milestone.

Recently you received information pertaining to a password change for VSIMS which is used to enter and issue Birth, Death and Marriage certificates. Thank you for your patience during the transition. If you are still experiencing any issues, please contact Dean Vig at (406) 444-5249 or dvig@mt.gov.

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You can find copies of earlier newsletters at our website:

<http://dphhs.mt.gov/publichealth/Epidemiology/OESS-VS#223953339-registrars-newsletters>

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Meet Montana's Suicide Prevention Coordinator



Karl Rosston, Montana's Suicide Prevention Coordinator, is a Licensed Clinical Social Worker (LCSW). He has served in this role for seven years. Two years ago, the Montana Legislature recognized the magnitude of our suicide problem by expanding Karl's responsibilities to serve as the Coordinator of a newly-formed Suicide Mortality Review Team. The Team was created by House Bill 583 in the 2013 session. The multidisciplinary Team is appointed by the Governor and consists of six professionals from around the state.

The purpose of the review is to improve our understanding of how and why people complete suicide, and the factors associated with each death. Factors such as relationship issues, mental health issues, financial issues, health issues, and other stressors, are closely evaluated. These suicide mortality reviews will help develop recommendations to improve our response to suicide deaths and to develop prevention initiatives for reducing future suicides statewide.

Contact Karl to learn more about the Suicide Mortality Review Team at 406-444-3349 or krosston@mt.gov. Please see an article about suicide on page 4.

Birth Certification Quality Improvement Tip

The Most Common "Unknown" Fields on Birth Certificates

Although every field on a birth or death certificate is required, 35% of birth certificates filed in 2014 contained one or more fields coded as "Unknown." The statewide average number of unknown fields per birth certificate was 5, ranging from 0 to 48 across facilities. For some births, information is genuinely unavailable, such as characteristics of the father when no father is declared on the birth certificate. However, truly unavailable data are uncommon. In most cases, information is available from medical charts or the parents. The following fields were most frequently coded "Unknown" on 2014 birth certificates. We have provided some guidance to help you locate the information needed to complete these fields.

1. Date last normal menses (9% of certificates). Please check the medical record and ask the mother.

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2. Date of last other pregnancy outcome (including spontaneous or induced pregnancy losses but excluding prior live birth) (7%). Please check the medical record. This field does not apply to primigravidae but should *not* be coded “Unknown” for them. Number of previous live births and other pregnancy outcomes should be coded as 0 for primigravidae and the corresponding date fields will be automatically skipped.

3. Did mother receive WIC during pregnancy (4% of records). There is confusion about this field. It refers to a mother receiving WIC benefits *for herself as a pregnant woman before the birth of her baby*, not whether she will receive WIC for the baby in the future as some recorders believe. If WIC enrolment during pregnancy is not available from the medical record, please ask the mother.

4. Father’s education, ethnicity, and date of birth (11% - 12% of all records but less than 2% of records with a father named). If a father is named on the birth certificate, please ask the parents about these fields.

Birth Registration Gold Star for Excellence Recipients

The state average for on-time birth registration in the fourth quarter of 2014 was 87%. The following facilities received birth registration Gold Stars for Excellence for the fourth quarter, five more than last quarter. More than 87% of their births were registered within 10 days.



An * indicates 100% on-time filing.

Anaconda Community Hospital
 Barrett Hospital
 Big Horn County Memorial Hospital *
 Billings Clinic
 Cabinet Peaks Medical Center
 Central Montana Hospital *
 Frances Mahon Deaconess *
 Glendive Medical Center
 Great Falls Family Birth Center *
 Holy Rosary Healthcare
 Kalispell Regional Medical Center

Missoula Birth Center
 Missoula Community Medical Center
 North Valley Hospital
 Northern Montana Hospital
 Northern Rockies Medical Center *
 Sidney Health Center
 St. James Health Care
 St. Joseph Hospital
 St. Luke community Hospital
 St. Vincent Healthcare

Coroners: The Montana Suicide Mortality Review Team Needs Your Help

Karl Rosston, LCSW
Suicide Prevention Coordinator

Montana had the highest rate of suicide in the nation in 2013.¹ This is no surprise as we have been in the top five for almost 40 years. Each year we lose nearly 240 people to suicide, yet we know that suicide is still considered the most preventable cause of death.

Coroners play a vital role in our ability to review suicides. There are three important areas where you can help. First, do your part to help funeral directors file death certificates within the statutory 10-day deadline after a death.

Second, when the Office of the Registrar notifies us that a suicide occurred in your county, we will contact you to request additional information to help us with a review. Any copies of your narrative reports, background information, and autopsy reports are greatly appreciated.

Third, we are requesting that you order toxicology screens for all deaths that are ruled suicides.

The confidentiality of all materials you share with us is protected by the statute that created the Suicide Mortality Review Team and materials are destroyed at the end of the review process. Information can be mailed, e-mailed, or faxed securely to the address below. Reports do not have to be complete. For example, we would appreciate receiving preliminary reports while toxicology results are pending. We are working with the State Crime Lab to have all completed toxicology reports sent directly to us.

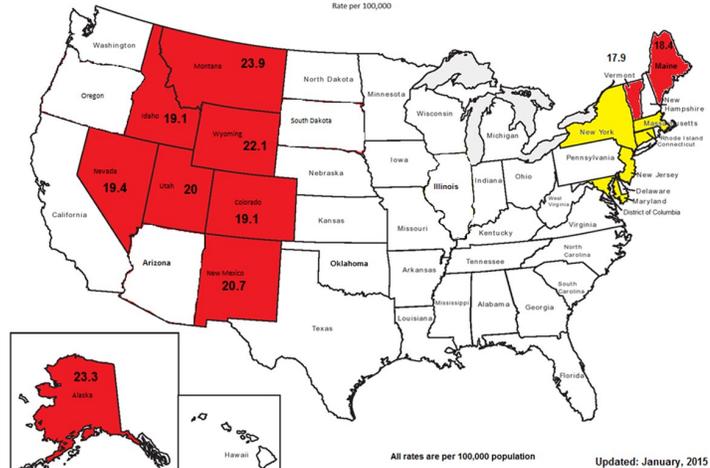
Whenever possible, we would like to receive all available information within a month of the suicide death to allow time to summarize the data and request additional medical records before presenting a case to the Review Team.

The goal of the Suicide Mortality Review Team is to understand to the best of our ability the sequence of events that lead to a person's suicide. We try to understand why a person decided to end their life and what might have been done to prevent their suicide. We greatly appreciate your efforts and cooperation in trying to make Montana a safer place.

1. Drapeau, C. W., & McIntosh, J. L. (for the American Association of Suicidology). (2015). *U.S.A. suicide 2013: Official final data*. Washington, DC: American Association of Suicidology, dated January 7, 2015, available at <http://www.suicidology.org>

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2013 Suicide Rates by State
American Association of Suicidology
Rate per 100,000



Red states had the 10 highest suicide rates; yellow states had the 10 lowest rates.