CAPACITY DEVELOPMENT FOR GENERATING, DISSEMINATING AND USING CAUSE OF DEATH DATA IN PACIFIC ISLAND COUNTRIES

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UNDERSTANDING INFLUENCES ON CERTIFICATION

• Anecdotal evidence from doctors in the region that many other factors play into their decisions around what to certify

• Analysis study of attitudes to certification – of doctors in Federated States of Micronesia – Dr Nancy Vu (Cleveland Clinic)

• Doctors feel unsupported to influence change in their own systems, and may actively avoid certifying specific causes of death (such as external causes, those that may create stigma)

• Only Fiji has been successful in implementing broad scale training for doctors
**STEPS TO RELIABLE COD**

1. **DIAGNOSIS**
   - Local practices and causes
   - Availability of diagnostic tests
   - Time since the patient died
   - Previous knowledge of the patient (DOA)

2. **RECORDING on the MEDICAL CERTIFICATE**
   - Knowledge of how to complete the certificate properly
   - Clarity of the forms
   - Access to the right forms

3. **CODING and DATA ENTRY**
   - Legibility of the certificate
   - Quality of the data provided

4. **VERIFICATION**
   - Standard Operating Procedures that assign responsibility for data checking

5. **ANALYSIS**
   - Knowledge of the ICD coding rules
   - Access to/ support from the certifying doctor to clarify info.

- Doctors knowledge, beliefs, age and training
- Patients age and medical history
- Access to the medical file
- Type of cause (complexity)
- Level of comfort recording sensitive information
- Understanding of the importance of the medical certificate
- Ability to review the case with colleagues
- Time since the patient died
- Previous knowledge of the patient (DOA)
- Case load and time allocated to each case
- Knowledge of how to complete the certificate properly
- Clarity of the forms
- Access to the right forms
- Legibility of the certificate
- Quality of the data provided
- Standard Operating Procedures that assign responsibility for data checking
DEATH CERTIFICATION

- Death certification training for the region has been revised to include a greater focus on:

- How cause of death data is used in policy and budget decisions
- Other sources of data for DOA cases
- How doctors can identify the social and organisational influences that may affect their practice
- Sharing of experiences re dealing with social and organisational influences
- Creating supportive environments for certification
- Legal reporting structures in the country
- How to write legal reports and give evidence
- Practice in presenting evidence

- New approach to be reviewed at regional meeting in November.
SUPPORTIVE ENVIRONMENTS FOR CERTIFICATION

- Hospital policy on certification
- Routine medical audits/reviews
- Strong links with the legal sector – through national committees and MOU
- Routine external review of certification practices
- Training incorporated into university courses on a routine basis.
CODING SUPPORT

• Building systems that strengthen links between HIS and medical doctors.
  • Including coders/HIS staff in the certification training and review meetings
  • Formalising these links in hospital policy
• Sustainable solutions to coding
  • Recognising that small countries do not see the volume of cases for high quality coding > establishing coding agreements with Australia and New Zealand
  • Use of IRIS where practicable for large countries (working through HIS system re-development)
  • Supporting countries to recognise coders as a specialised position
• Routine review of data quality
  • Coding checked (at the General mortality list level) as part of the Data analysis report writing courses
COD ANALYSIS AND REPORTING

- COD analysis has been a critical component of analysis training in the region
- COD should be published with caveats based on completeness and quality assessment – but should be published.
  - This may be as simple as proportional mortality
  - Should include disaggregation by age-group and sex
- Working with doctors and health staff to increase demand for high quality empirical data (rather than estimates)