

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

DIAGNOSIS

RECORDING on the

MEDICAL

CERTIFICATE

Doctors knowledge, beliefs, age and training

Local practices and causes

Patients age and medical history

Access to the medical file

Type of cause (complexity)

Previous knowledge of the patient (DOA)

Availability of diagnostic tests

Case load and time allocated to each case

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

Knowledge of how to complete the certificate properly

Clarity of the forms

Access to the right forms

Knowledge of the ICD coding rules

Access to/ support from the certifying doctor to clarify info. **CODING** and DATA ENTRY

VERIFICATION

ANALYSIS

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)









