THE UNIVERSITY OF MELBOURNE

Bloomberg Philanthropies DATA FOR HEALTH INITIATIVE

ANNEX 2

Medical certificate of cause of death assessment tool

This tool is designed to assess the quality of death certification practices through checking for the presence of common errors in death certificates. This can be used to assess the quality of death certification as part of routine assessment, or to assess the training needs of doctors in designing cause of death certification training. This tool can also be used to evaluate the effectiveness of death certification training.

This tool should be used in conjunction with the following documents, available to download at **mspgh.unimelb.edu.au/dataforhealth/resources**:

- Assessing the quality of death certification: Guidance tool
- Assessing the quality of death certification: Instructions for the online assessment tool
- Assessing the quality of death certification: Excel spreadsheet

GENERAL INSTRUCTIONS

Country	Relates to the country where the death was certified.
Hospital name	Name of hospital (or health facility) where the certificate was completed.
Place of death	For example, hospital, other health facility, home, or other. Insert 'not recorded' if unknown.
Certifier	For example, doctor or other. Insert 'not recorded' if unknown.
Reference no.	If the death certificate has a medical record or patient number, insert it here. If not, leave blank.
Age at death	Age of the deceased at death. Remember to include units (hours, days, months, years). Insert 'not recorded' if unknown.
Age group	Based on the age at death, select from: 0 – 28 days; 29 days – <1 year; 1 – 4 years; 5 – 14 years; 15 – 44 years; 45 – 64 years; 65 – 84 years; 85+ years.
Gender	Male or female. Insert 'not recorded' if unknown.
Error types	Detailed instructions on how to assess the quality of the death certificate against each error type are provided in the document 'Assessing the quality of death certification: Guidance Tool'.

The assessment tool

DEATH CERTIFICATE DETAILS

Country:	
Hospital name:	
Place of death:	
Certifier:	
Reference no.:	

GENERAL DETAILS ABOUT THE DECEASED

Age at death:	
Age group:	
Gender:	

A correctly filled death certificate has none of the following errors.
Did the certificate have:

Error type	Yes	No	Unsure due to illegible handwriting
1. Multiple causes per line			
2. Time interval between onset and death was blank			
3. Blank lines within the sequence/chain of events (not using consecutive lines)			
4. Abbreviations used			
5. Illegible hand writing			
6. Incorrect/clinically improbable sequence of events leading to death			
7. An ill-defined condition entered as the underlying COD			
■ If yes, was the ill-defined condition:			
– Impossible underlying cause (ie signs and symptoms)			
– Intermediate cause			
– Mode of dying (ie respiratory arrest)			
– Unspecified causes within a larger death category (ie unspecified accident)			
– Other – specify:			
8. Were there additional errors on the certificate?			
■ If yes, select all those that apply:			
– For deaths due to external causes, additional details were missing			
– For deaths due to neoplasms, additional details were missing			
– Changes/alterations made by any means other than drawing a line through the original text (ie using correction fluid)			
– No units specified for the age			
– Other – specify:			
9. Overall, was the medical certificate of COD correctly filled-in?			

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