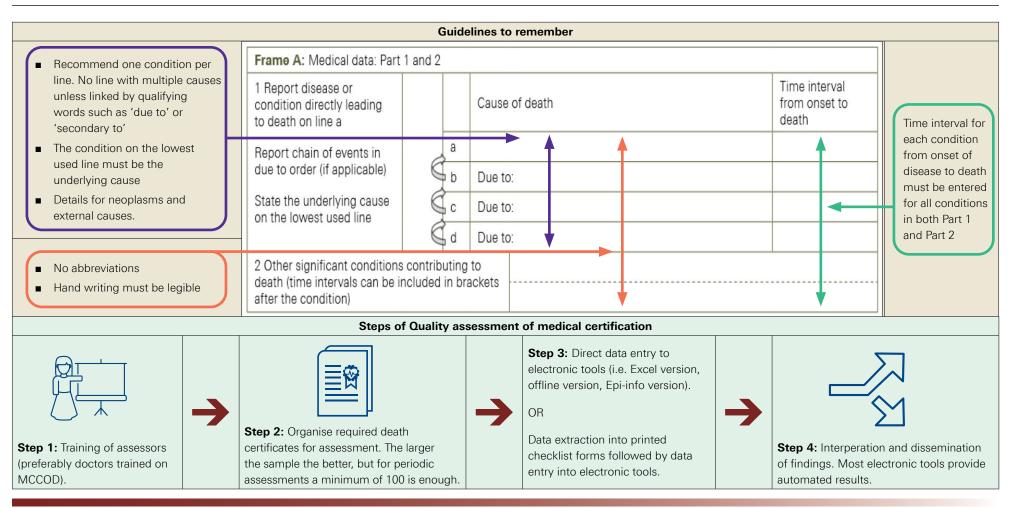




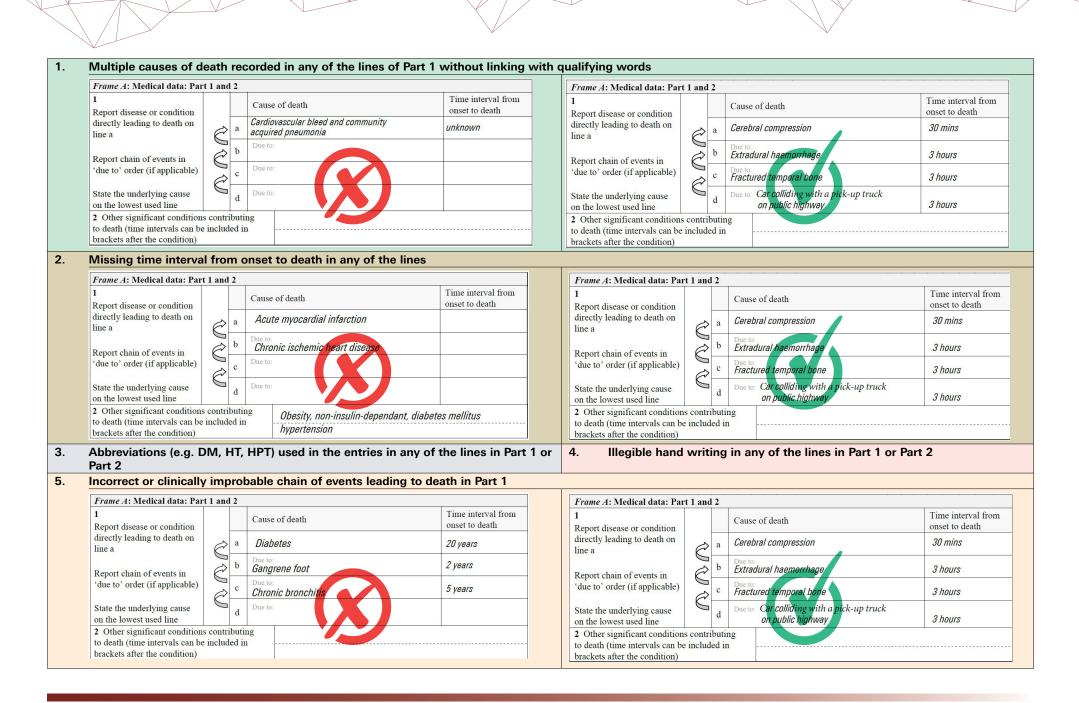
CRVS technical guide Assessment of quality of medical certification practices: A quick reference guide

This quick reference guide contains guidelines on how to assess the errors commonly recorded on Frame A (Part 1 and Part 2) of the WHO recommended International Form of Medical Certificates of Cause of Death (MCCOD). Guidelines help to standardise the recording of cause of death and facilitate selection of an appropriate Underlying Causes of Death. This tool can be used to monitor quality of certification practices as part of a routine assessment; assess the training needs of doctors, and; evaluate the effectiveness of death certification training.

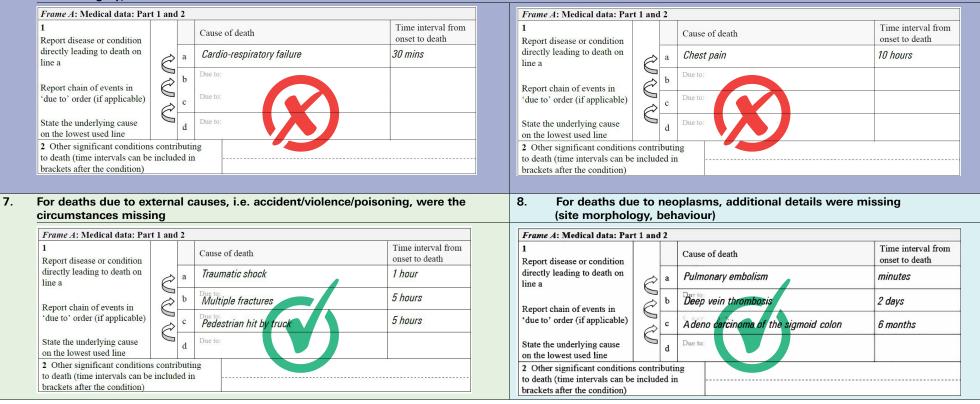


Error checklist used in assessing the death certificates			Modes of presenting findings		
	Yes	No	Not assessed due to illegible handwriting	Percentage of certificates without errors, 1-2 errors or more than 2 errors Month O Hospital All S Month Distribution of errors Month Distribution Distribution	
1. Multiple causes of death recorded in any of the lines of Part 1?			nanuwitting	Hospital (µi) Year 0 Trained (All) Category (All)	
2. Missing time interval from onset to death in any of the lines?				Place of death (All) - 34%	
3. Abbreviations used in the entries in any of the lines?				Row Labels CFrequency of errors % of errors 0 209 15.4% 1 462 34.0% 2 or more 687 50.6% Grand Total 1358 100.0%	
4. Illegible hand writing in any of the lines?					
5. Incorrect or clinically improbable chain of events leading to death in Part 1?				Distribution of quality categories (excellent, good, poor) based on weighted sco	
 Impossible underlying cause entered in the lowest used line of Part 1* 				Month 0 - Distribution of score categories Trained (All) - 800 Hospital (All) - 600 Place of death (All) - 600 Vear 0 - 400 Row Labels - 400 - Row Labels - 400 - Row Labels - 400 - Ford 442 33% 200 - Good 707 52% 200 - Grand Total 1358 100% Poor Good Excellent	
7. (a) Was the death due to an accident, violence, poisoning or other external cause?					
b) For deaths due to external causes, i.e. accident/violence/poisoning, were the circumstances missing? (details of the accident of violence ncluding intent, activity [e.g. pedestrian knocked down by a car, assaulted with a knife] and place of occurrence)				Feedback on individual question Multiple causes of death per line Hospital (All) Place of death (All) Trained (All)	
3. (a) Was the death due to a neoplasm?				Response Frequency Yes 234 No 1124 Not assessed 0 Grand Total 1358	
(b) For deaths due to neoplasms, additional details were missing (site, morphology, behaviour)?					
Underlying cause of death cannot be:				Examples of conditions that are not useful for policy decision making and hence should not be reported as underlying causes of death: Left Heart failure, Sepsis, Senility, Cardiac Arrest & Shock, Pneumonitis, Renal	
a. A symptom or sign (e.g. fever, backache, headache, enlarged liver etc.)					
o. An intermediate cause (e.g. septicaemia, secondary hypertension, oneumonitis, pathological fracture)				Failure, Convulsions, Dehydration, Cerebral Palsy, Acute Respiratory Failure, Unspecified anaemia, Peritonitis, Hydrocephalus, Hepatic Failure, Pulmonary Embolism, Fever Unknown, Unspecified Poisoning, Osteomyelitis, Pneumothol CNS Abscess, Coma & Stupor, Monoplegia/ hemiplegia/quadriplegia, Pyothora	
c. A mode of dying (e.g. cardiac arrest, respiratory arrest, organ failure)					
d. An unspecified cause within a larger death category (e.g. cardiovascular disease, congenital anomaly) etc.				Cachexia, Fistula, Nausea And Vomiting, Toxic Encephalopathy, Toxic liver disea Impossible causes for death.	

If two or more causes are reported in the lowest used line, and each condition is separated by a space, comma or a similar punctuation, consider the first condition as underlying. If two or more causes are reported on the lowest used line and the conditions are reported as 'due to', 'secondary to', 'as a consequence of' or a term having similar meaning, consider the last condition as underlying.



6. Impossible underlying cause entered in the lowest used line of Part 1 (e.g. symptom or sign, intermediate cause, mode of dying, unspecified cause within a larger death category)







The program partners on this initiative include: The University of Melbourne, Australia; CDC Foundation, USA; Vital Strategies, USA; Johns Hopkins Bloomberg School of Public Health, USA; World Health Organization, Switzerland.

Civil Registration and Vital Statistics partners:



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