Improving cause of death data – certification and coding





- Cause of death data is critical information for identifying health issues, planning policy responses and evaluating health system responses.
- The cause of death data available to planners is dependant both on the completeness of the reporting, and the quality of the information collected.

Achievements

Fiji has undertaken a major exercise to improve cause of death data over the last few years.

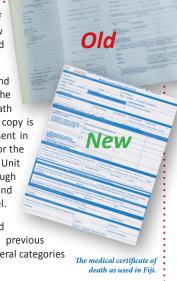
- Policy changes have been made to update the medical certificate of death to ensure consistency with the ICD.
- Following an initial train the trainer course with FNU and other BAG partners, Fiji has rolled out certification training for doctors across Fiji – There are now 30% (137/448) of government doctors in Fiji who have been trained. An analysis by FNU has shown tangible improvements in certification quality by doctors who have attended the training.
- Training on certification has now been incorporated as a standard part of the medical degree offered through FNU, and all new graduates are required to have completed these sessions.
- All reported deaths are now coded through the Ministry of Health using ICD-10, replacing an earlier system where deaths were coded through both the Ministry of Health and Fiji Islands Bureau of Statistics.
- The national HIS has been amended to allow the cause of death to be entered into the system as shown on the certificate, with a separate entry line for underlying cause of death.
- Medical coders have been recognised as a specialty profession within the Ministry of Health, allowing greater career security and progression.

CRVS in Fiji

Fiji has a decentralised civil registration system, with registration of births, deaths and marriages required by law. Additionally, the law dictates that all deaths have a medical certificate of death completed by a medical practitioner before burial.

Births and deaths are also recorded through the Ministry of Health and Medical Services (MOHMS), and entered into a national database. The MOHMS generates multiple (5) copies of the Medical Cause of Death Certificate by using colour coded carbonated booklets. The white copy is sent directly to the civil registry where it awaits relatives to present in person to complete the registration. The blue copy goes to Police for the burial order, green to the relatives, pink to the Health Information Unit and yellow stays in the record books as an archive. Reporting through the MOHMS is currently more complete than through the Registry, and data from MOHMS is generally used for analysis at the national level.

Prior to the changes described, the proportion of deaths coded to ill-defined and unknown causes was around 8%. However, previous analyses have shown a very high proportion of deaths coded to general categories indicating a need for more specific information.







Fiji
is currently
writing a national
vital statistics report as
a collaboration between
the Ministry of Health, the
Fiji Bureau of Statistics,
and the National Civil
Registry Office.

Further certification training for currently employed physicians is being planned as resources allow. Use of automated coding tool IRIS has been explored with assistance from ABS/QUT and proved very successful. Fiji is to commence automated coding from 2015.

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