ABSTRACT

This study was hospital based, cross sectional, descriptive study for perception on international classification of disease (ICD-10) coding process for medical certification of cause of death in New Yangon General Hospital (NYGH) in 2017. A medical certificate of cause of death (MCCD) enables the deceased's family to register the death. Statistical information on deaths by underlying cause is important for monitoring the health of the population, designing and evaluating public health interventions, planning health services, and assessing the effectiveness of those services. ICD-10 codes provide accurate information for diagnosis.

Total of 317 MCCD documentations from January to December 2017 were reviewed for quality assessment of MCCD. According to summary of errors, all records had blank in time interval between onset and death; therefore, there was no complete correct record in overall medical certificate of cause of death documentations. Apart from those, usage of abbreviation was 82.3%, incorrect sequence of events leading to death was 48.9%, ill-defined condition entered as underlying cause of death (UCOD) (34.1%), additional errors (32.2%), blank line within the sequence of events (27.1%), UCOD was not entered in the last line of part I (26.2%), multiple cause per line (22.4%) and illegible hand writing (12.9%). Percentage of consistency of UCOD between medical record technician and researcher was 67.2% and the percentage of correctly coded ICD-10 was 63.4%.

According to in-depth-interview, although the hospital administrators and assistant surgeons of NYGH received training for death certificate during 2018, they did not receive any training in 2017. Moreover, postgraduate students (PG) were under supervision of University of Medicine (1), they could not be trained by NYGH for death certificate. However, all the certifiers also need for ICD-10 coding training.

The study pointed that errors in MCCD were common. High percentage of errors and variation in the correct cause of death sequences appears to reflect a lack of training in death certificate completion at all levels of medical doctors.