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CODA-EU

Results of CODA Training in International Perspective

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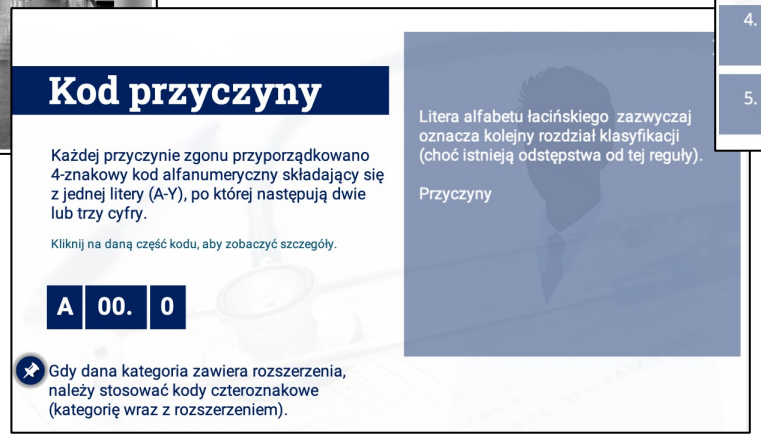
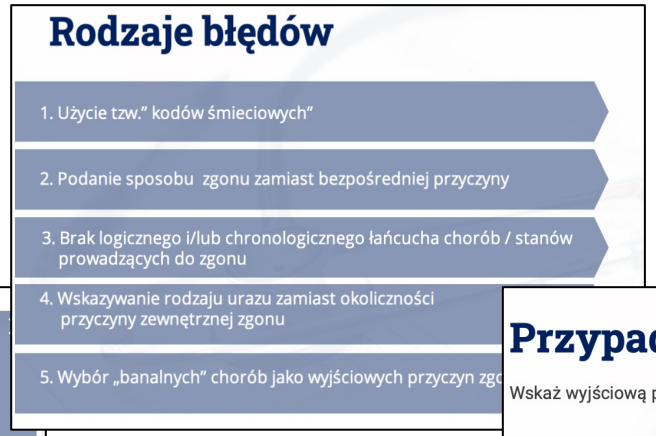
Presentation’s outline

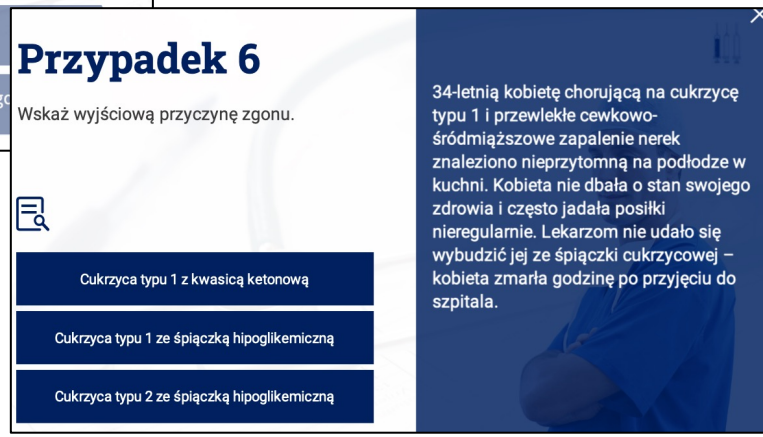
1. Knowledge gaps and skill needs addressed by CODA project
2. Practical problems : how to reach training participants?
3. Participation, attendance and achievement scores
4. The most challenging certification practices

1. Knowledge gaps and skill needs addressed by CODA project

1) Public health indicators and challenges
2) Certification of causes of death at the national level:
   - Legal regulations
   - Certification rules
   - International Statistical Classification of Diseases and Related Health Problems, the WHO's recommendations and the guidelines established by national authorities
3) The most common errors made by certifying doctors
4) Practical exercises





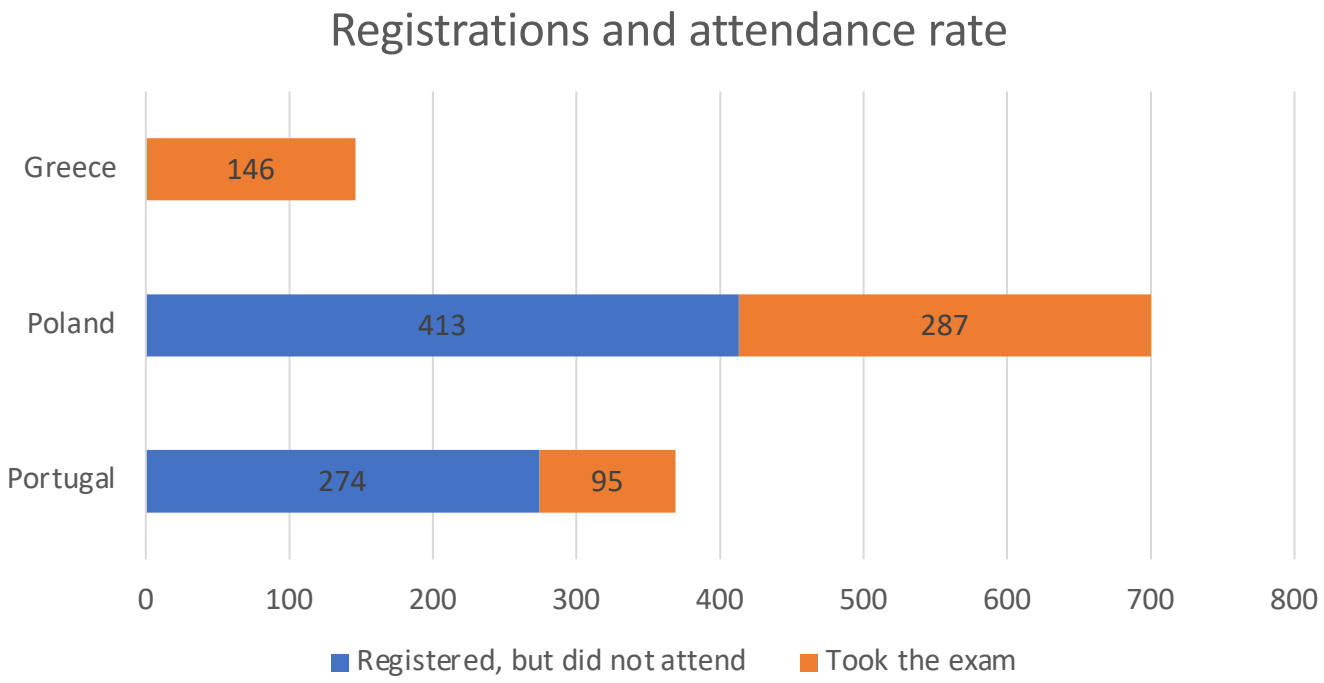


2. Practical problems : how to reach training participants?

Training for (certifying) medical doctors, but not only…

Efforts to reach and persuade potential medical doctors, students of medecine, public health experts and stakeholders to participate

3. Participation, attendance and achievement scores



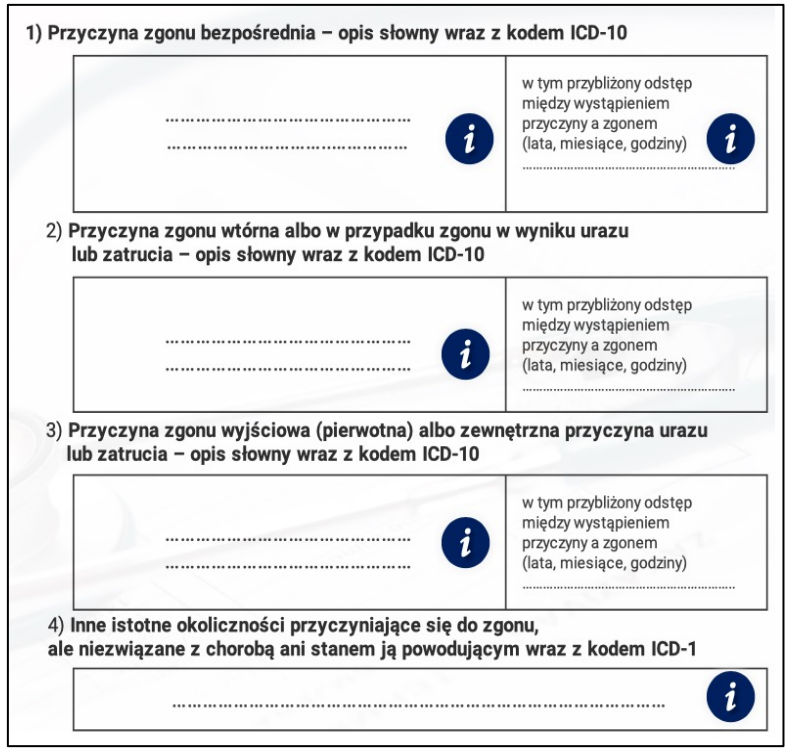
Final exam: 20 questions, two possible trials, 50% pass threshold.
So far, 528 persons took the exam, therein 98% passed the exam.

4. The most challenging certification practices (1/4)

Incorrect practice 1:

Lack of a logical chain of events leading to death. In the case of non-external underlying CoDs, the whole pathological process should be described.

In Poland around 50-60% of death certificates do not include any well-defined contributory cause or comorbidity.


1) Przyczyna zgonu bezpośrednia – opis słowny wraz z kodem ICD-10

w tym przybliżony odstęp między wystąpieniem przyczyny a zgonem (lata, miesiące, godziny)

2) Przyczyna zgonu wtórna albo w przypadku zgonu w wyniku urazu lub zatrucia – opis słowny wraz z kodem ICD-10

w tym przybliżony odstęp między wystąpieniem przyczyny a zgonem (lata, miesiące, godziny)

3) Przyczyna zgonu wyjściowa (pierwotna) albo zewnętrzna przyczyna urazu lub zatrucia – opis słowny wraz z kodem ICD-10

w tym przybliżony odstęp między wystąpieniem przyczyny a zgonem (lata, miesiące, godziny)

4) Inne istotne okoliczności przyczyniające się do zgonu, ale niezwiązane z chorobą ani stanem ją powodującym wraz z kodem ICD-1

Addressing the skill gap:

In the training, 40 exercises that include a randomly ordered list of conditions to be entered into a correct death certificate. In the final quiz, nine questions required that the essential information about an entire mortal process were mentioned in a death certificate. These questions were all correctly answered by at least 90% of participants.

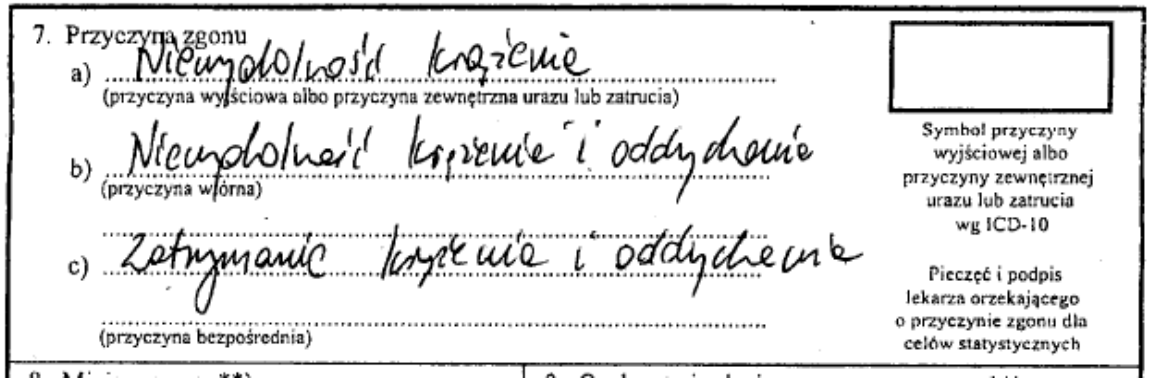
Conclusion: Medical doctors intuitively understand the course of even long-lasting morbid processes.

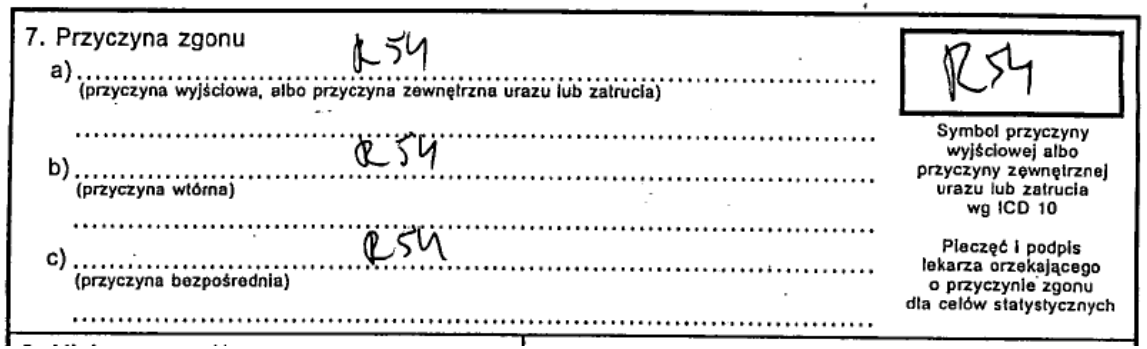
4. The most challenging certification practices (2/4)

Incorrect practice 2:

The use of ‘garbage’ codes to indicate the underlying cause of death.

In all four countries, more than 15% deaths are due to ‘garbage’ codes as the underlying cause (heart failure, cardiac arrest, senility, generalized and unspecified atherosclerosis).


7. Przyczyna zgonu
a) Niewydolność krążenia
(przyczyna wyjściowa albo przyczyna zewnętrzna urazu lub zatrucia)
b) Niewydolność krążenia i oddychania
(przyczyna wtórna)
c) Zatrzymanie krążenia i oddychania
(przyczyna bezpośrednia)
Symbol przyczyny wyjściowej albo przyczyny zewnętrznej urazu lub zatrucia wg ICD-10
Pieczęć i podpis lekarza orzekającego o przyczynie zgonu dla celów statystycznych


7. Przyczyna zgonu
a) R54
(przyczyna wyjściowa, albo przyczyna zewnętrzna urazu lub zatrucia)
b) R54
(przyczyna wtórna)
c) R54
(przyczyna bezpośrednia)
R54
Symbol przyczyny wyjściowej albo przyczyny zewnętrznej urazu lub zatrucia wg ICD 10
Pieczęć i podpis lekarza orzekającego o przyczynie zgonu dla celów statystycznych

Addressing the skill gap:

The use of garbage codes for underlying causes was discussed thoroughly in the training. However, in the final quiz, most participants did not identify congestive heart failure as a garbage code or indicated a non-garbage code, atrial fibrillation and flutter.

Conclusion: As the WHO criteria defining garbage codes remain somewhat arbitrary, certifying the underlying cause of death in cardiovascular diseases remains the most problematic practice.

4. The most challenging certification practices (3/4)

Incorrect practice 3:

Description of the mechanism of death instead of the condition directly preceding the death, i.e. occurring shortly before it.

In Poland, out of all the death certificates that included at least one contributory cause, 79% did not include well-defined conditions directly preceding death. Instead, mechanisms such as cardiac arrest or respiratory arrest were reported.

Addressing the skill gap:

In the final exam, participants were stricter than the WHO when asked to indicate ill-defined conditions directly preceding death: 75-85% (depending on country) of them unnecessarily indicated atrioventricular block, hypovolaemic shock and pulmonary embolism.

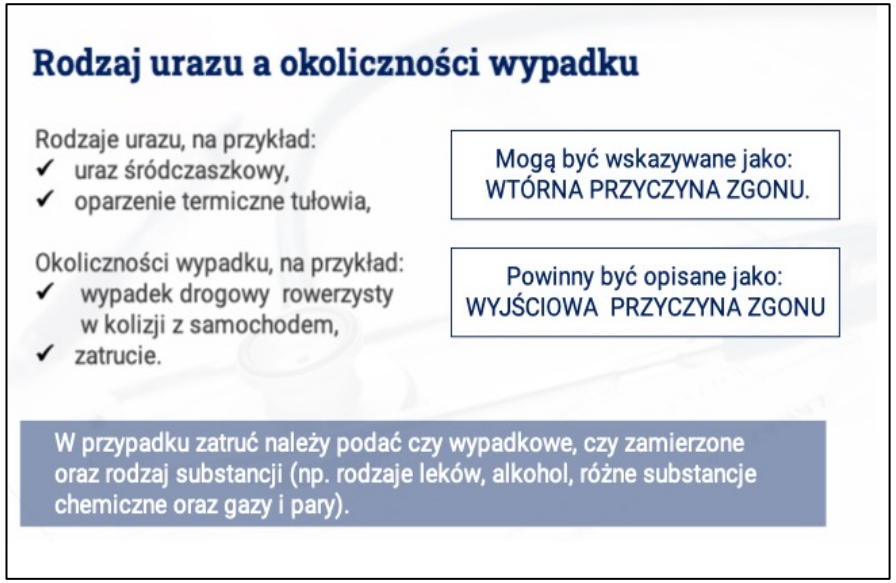
Conclusion: The distinction between informative and non-informative conditions directly preceding the death is not intuitive. Specific guidelines in this matter would be useful.

4. The most challenging certification practices (4/4)

Incorrect practice 4:

Identification of injury types without information about the circumstances of external events.

Every fifth death due to external events includes only the injury types without further details about their place, intention or role of the deceased person. These deaths are registered as due to events of undetermined intent, that is, under garbage codes.



Addressing the skill gap:

Learning how to report circumstances of external causes, along with types of injuries, did not pose major problems. The four respective quiz questions received from 91% to 98% correct answers.

Conclusion: This incorrect certification practice stem in the first place from lack of knowledge of WHO rules and can be easily eradicated through postgraduate.

Concluding remarks and prospects beyond the CODA project – Knowledge gaps that still need to be addressed

- Doubts and questions concerning the whole certification procedure
- How to handle controversial issues, for instance:
  - How to define significant comorbidities?
  - No medical documentation, no contact with an attending medical doctor
  - Can the most probable cause be a diagnosis?
  - Cooperation with police
- Interactions with teachers and other students
- Recognition of training and certificates

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