Identify common errors in death certificates and factors that contribute to the high frequency of errors

Aims

Link to CDC’s US Standard of Death Certification

Common mistakes evaluated in our survey are completed by physicians within the Cause of Death section, despite listed requirements within this document for the national standard for death certificates

Error Occurrence in Death Certification: A Single Health System Based Survey
Ashley Marler1, Cara Logan1, Stella Self2, CMG Schammel1,3, Michael Ward1,3, James Fulcher1,3, Grace Dukes1,3

1University of South Carolina School of Medicine Greenville, Greenville SC

2Department of Epidemiology, Arnold School of Public Health, University of South Carolina, Greenville SC

3Pathology Associates, Greenville SC

Introduction

The purpose of death certification extends beyond functioning as a legal document. The cause of death (COD) statement affects epidemiology, funding research, public health policies and initiatives, and ultimately impacts the prevention of disease processes; however, the frequency of inconsistencies and errors remain high.

Background from Literature Review

- In hospital-studies, error occurrence in death certificates ranges from 17.7 - 96%.
- Common mistakes included:
  - Omitting other significant conditions
  - Missed COD diagnoses
  - Nonspecific COD - including listing cardiopulmonary arrest or multisystem organ failure
- The US Standard of Death was created by the CDC in 2003, lists formatting guidelines for death certificates.
- Mistakes in death certification has been attributed to lack of educational initiatives.

Classification of Errors

These errors are defined by the CDC. The following figure shows who they would present on death certificates:

Results

Our findings were consistent with previous studies.

- Inaccuracies within our data set show there is a high prevalence of major errors (n=114, 91.9%) which can impact interpretation of COD and the accuracy of death certification.
- In addition, most death certificates contained both and major errors (n=92, 74.2%) which indicating a need to correct both error types.

Conclusions

Recommendations

Based off the widespread distribution of errors, moving forward we aim to make an educational intervention initiative distributed by:

- An iPhone or Android application
- Online learning module
- Hospital badge cheatsheet

Email: amarler@email.sc.edu