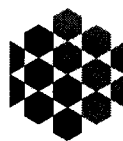


From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

HSS(MD) 3/2008

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
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To: Chief Executives HSC Trusts
Chief Executives HSS Boards
Medical Directors HSC Trusts - for distribution to all
Doctors in the Trust
Medical Director, NIAS
All GPs including Locums and Sessional Doctors
Chief Executive, of RQIA – for distribution to
independent sector
Chief Executive, NIMDTA
Dean, School of Medicine & Dentistry, QUB
Directors of Public Health for distribution to all Public
Health Doctors
Regional Epidemiologist, CDSC
State Pathologist

Your Ref:
Our Ref: HSS(MD) 3/2008
Date: 8 February 2008

URGENT COMMUNICATION

Dear Doctor

GUIDANCE FOR DOCTORS CERTIFYING CAUSE OF DEATH INVOLVING HEALTH CARE ASSOCIATED INFECTIONS

The Purposes of Death Certification

Death certification serves a number of functions. A medical certificate of cause of death (MCCD) enables the deceased's family to register the death. This provides a permanent legal record of the fact of death and enables the family to arrange disposal of the body, and to settle the deceased's estate.

Information from death certificates is used to measure the relative contributions of different diseases to mortality. Statistical information on deaths by underlying cause is important for monitoring the health of the population, designing and evaluating public health interventions, recognising priorities for medical research and health services, planning health services, and assessing the effectiveness of those services. Death certificate data are extensively used in research into the health effects of exposure to a wide range of risk factors through the environment, work, medical and surgical care, and other sources.

After registering the death, the family gets a certified copy of the register entry ("death certificate"), which includes an exact copy of the cause of death information that you give. This provides them with an explanation of how and why their relative died. It also gives them a permanent record of information about their family medical history, which may be important for their own health and that of future generations. For all of these reasons it is extremely important that you provide clear, accurate and complete information about the diseases or conditions that caused your patient's death.

Health Care Associated Infections

It is a matter for your clinical judgement whether a condition the patient had at death, or in the preceding period, contributed to their death, and so whether it should be included on the MCCD. However, families may be surprised if you do not include something that they believe contributed to their relative's death. Where infection does follow treatment, including surgery, radiotherapy, antineoplastic, immunosuppressive, antibiotic or other drug treatment for another disease, remember to specify the treatment and the disease for which it was given.

If a health care associated infection was part of the sequence leading to death, it should be in part 1 of the certificate, and you should include all the conditions in the sequence of events back to the original disease being treated.

Examples

- A)la. ***Clostridium difficile*** pseudomembranous colitis
- lb. Multiple antibiotic therapy
- lc. Community acquired pneumonia with severe sepsis

- II Immobility, Polymyalgia Rheumatica, Osteoporosis

- B)la. Bronchopneumonia (hospital acquired ***Meticillin Resistant Staph aureus***)
- lb. Multiple Myeloma

- II Chronic Obstructive Airways Disease

If your patient had an HCAI which was not part of the direct sequence, but which you think contributed at all to their death, it should be mentioned in part II.

Example

- la. Carcinomatosis and renal failure
- lb. Adenocarcinoma of the prostate

- II Chronic obstructive airways disease and ***catheter associated Escherichia coli urinary tract infection***

C.difficile Associated Deaths

Junior Doctors in HSC Trusts should where possible discuss with a Consultant before completing the death certificate for a patient who has had C.difficile associated diarrhoea and has died to ensure that the death certification is completed accurately to reflect all the contributing causes.

Yours sincerely



DR M MCBRIDE
Chief Medical Officer

cc Coroner
GRO

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