



Directorate General of Health Services
Quality Improvement Secretariat

Monitoring Checklist
Medical Certificate of Cause of Death (MCCOD)

Name of hospital: _____

Date of monitoring: _____

1	Hospital mortality technical working group meets regularly	Yes / No
2	The committee reviews at least 10% of hospital deaths	Yes / No
3	Is MCCOD used at the hospital	Yes / No
4	Is it used in all cases of death	Yes / No
5	Forms available	Yes / No
6	Staff trained	Yes / No
7	Submits report regularly to DHIS-2	Yes / No
8	ICD code used for cause of deaths	Yes / No
9	All sections of the form filled-up (check 2-3 forms randomly)	Yes / No
10	Does the facility analyze cause of death	Yes / No
11	Does the facility conduct death audit/review regularly	Yes / No
12	Does QIC review the cause of death/death audit findings and take necessary actions	Yes / No

13	Total no. of deaths last month	
14	No. of deaths where MCCOD was used	
15	Distribution by age: No.	
	<1 year:	
	1-5 years:	
	6-15 years:	
	16-45 years:	
	45-60 years:	
	>60 years:	



16	Distribution by sex: No.	
	Male:	
	Female:	
17	Distribution by religion: No.	
	Islam:	
	Hindu:	
	Others:	
18	Cause of death:	
18.1	Direct cause (diagnosis) of death: No.	
	1.	
	2.	
	3.	
	4.	
	5.	
	6. Others	
18.2	Underlying cause of death: No.	
	1.	
	2.	
	3.	
	4.	
	5.	
	6. Others:	
19	No. of deaths who had surgery within last 4 weeks of death	
20	Manner of death: No.	
	Disease:	
	Assault:	
	Accident:	
	Suicide:	
	Others:	