Summary
As a result of a query raised to the ICD-Forum “Dr. Roberto Becker” on coding Chronic Kidney Disease of non-traditional etiology (CKDnt), the Pan American Health Organization (PAHO/WHO) with the Collaborating Centers for the WHO Family of International Classifications of Mexico (CEMECE) and Argentina (CACE), and under the framework of the Latin American and Caribbean Network for Information Systems in Health (RELACSIS – for its acronym in English), organize and coordinate the Sub regional Workshop: “Coding harmonization of mortality attributed to CKDnt ” held in Managua, Nicaragua, from May 18 to May 20, 2015. A total of 30 coders participated from: Belize, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua and Panama.

Methods and Materials
The workshop was held from 18 to May 20, 2015, with duration of 30 hours. It was coordinated by colleagues of the WHO CC FCI of CEMECE-Mexico and CACE- Argentina. The topics covered were:

- **Description and Use of the ICD 10**: purpose, usefulness, impact of ICD, historical background, basic structure, reviews, volumes (structure and content), basic guidelines for coding.
- **Coding of mortality**: international model “Medical Certificate of Cause of Death” ; General Principle and the Selection and Modification Rules.
- **A workshop on Chronic Kidney Disease** was performed using Death Certificates that provided students participating countries (Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama and Dominican Republic).

**Materials:**
- Workshops coding with ICD-10, tailored with exercises related to CKD and CKDnt.
- Power point presentations to the workshop content.
- An Epidemiological approach of the status of the CKDnt in the Subregion.
- Video related to chronic kidney disease patients in its tragic daily reality at work, medical care, home and community, to improve understanding of the importance of coding to contribute to the evidence.

**Results**
Were made an initial and a final assessment, where satisfactory results of the workshop were evaluated. See Graphic below.

It was known that some coders have good level of expertise in encoding and have been identified as potential facilitators / instructors for future training. Some of them are instructors and has participated in “Online courses on ICD Coding “taught through the Work Groups of the RELACSIS Network.

**Declarations**
Death Certificates of four countries of the Subregion were reviewed and discussed and the following results were found:

- In the Subregion, different versions are handled.
- The model does not meet the WHO recommendations.
- It is necessary to include some variables to obtain information to analyze deaths in its full context.
- The registration of the causes is not in accordance with regulations established by the WHO, which is the direct detriment of the quality of the information. The causes registered in Part II (contributing causes) are not encoded.
- There is no record variable that allows external factors associated with deaths from these causes, many of them associated with CKDnt.
- Capture systems, only the "root cause" is entered.
- There is no information on "multiple cause" to identify all the causes associated with deaths from Chronic Kidney Disease (CKD)

**Recomendations**
- Establish a single model of Certificate of cause of death, based on the recommendations of WHO.
- Variables include information that allows to rescue and analyze deaths in its full context, including: description of the circumstances and reasons that led to the death by external factors. This can be identified more accurately CKDnt deaths, according to the associated factors: exposure to excessive heat, lack of water intake, use of pesticides, fertilizers, NSAIDs, etc.
- In Part II, add text (according to the International model of Certificate of cause of death): "Other significant conditions which contributed to the death but not related to the disease or disease state that produced it. This orients the doctor in the appropriate register of causes.
- Better define the approximate interval between onset of illness and properly assign ICD codes death (requires that all cases registered are encoded).
- Train medical personnel in the "Correct filling of Death Certificate”.
- Adapt the capture system that can be entered for all causes recorded in the death certificate, which will allow for analysis of multiple causes and support in the search for intentional deaths CKDnt.
- Train and continually update coders, reporting changes in ICD-10.
- Check flow for the collection and distribution of Death Certificates.
- To create and/or strengthen a Technical Group of CKDnt, in which should participate medical nephrologists, epidemiologists, health services responsible, personal statistics and encoders, among others.
- Apply all the steps for selecting the “Underlying cause of death” in the habitual way (General Principle, Selection Rules, Modification Rules and Notes, coupled with this assign a code from Chapter XXII for CKDnt cases.
- It was proposed a code from Chapter XXII of ICD-10: USO.X (Chronic Kidney Disease causes nontraditional CKDnt) for TEMPORARILY coding cases, and will be identified in the system, and help in the process of “Intentional Search”.

**Conclusions**
- This type of chronic kidney disease is an urgent and serious public health problem.
- Have a code in ICD-10 that identifies the CKDnt, it is very important to analyze the situation around deaths and help find their causas, but one must consider that the entire record of the causes and risk factors It is imperative.