

Egas Moniz Database

First published: 01/02/2024

Last updated: 30/04/2024

Data source

Other

Administrative details

Administrative details

PURI

<https://redirect.ema.europa.eu/resource/1111133>

Data source ID

1111133

Data source acronym

EMDB

Data holder

[Clinical Academic Center Egas Moniz \(CAC-EMHA\)](#)

Data source type

Other

Data source type, other

EHRs contain totality of hospital visits, surgical procedures, prescribed medications (inpatient and outpatient), totality of laboratory measurements, selected specimen and device data, death date and hospital diagnosis associated with death, allergies, nursing procedures, totality of clinical notes

Main financial support

European public funding

Funding by own institution

Care setting

Hospital inpatient care

Hospital outpatient care

Secondary care – specialist level (ambulatory)

Data source qualification

If the data source has successfully undergone a formal qualification process (e.g., from the EMA, ISO or other certifications), this should be described.

Yes

Data source website

<https://www.ua.pt/pt/cacemha>

Contact details

Firmino Machado



firmino@ua.pt

Data source regions and languages

Data source countries

Portugal

Data source languages

Portuguese

Data source establishment

Data source established

01/01/2008

Data source time span

First collection: 01/01/2008

The date when data started to be collected or extracted.

Publications

Data source publications

[Prediction of Survival after 48 Hours of Intensive Unit Care following Repair of Ruptured Abdominal Aortic Aneurysm—Multicentric Study for External Validation of a New Prediction](#)

Score for 30-Day Mortality

Prevalence of paroxysmal atrial fibrillation in a population assessed by continuous 24-hour monitoring

Very long-term survival and late sudden cardiac death in cardiac resynchronization therapy patients

Diagnosis of obstructive coronary artery disease using computed tomography angiography in patients with stable chest pain depending on clinical probability and in clinically important subgroups: Meta-analysis of individual patient data

Effectiveness and safety of bedaquiline containing regimens in the treatment of MDR- and XDR-TB: A multicentre study

Data elements collected

The data source contains the following information

Disease information

Does the data source collect information with a focus on a specific disease? This might be a patient registry or other similar initiatives.

Yes

Disease details (other)

Source data is recorded using ICD-9 and ICD-10 and mapped into OMOP-CDM standard SNOMED concepts

Rare diseases

Are rare diseases captured? In the European Union a rare disease is one that affects no more than 5 people in 10,000.

No

Pregnancy and/or neonates

Does the data source collect information on pregnant women and/or neonatal subpopulation (under 28 days of age)?

Yes

Hospital admission and/or discharge

Yes

ICU admission

Is information on intensive care unit admission available?

Yes

Cause of death

Captured

Cause of death vocabulary

SNOMED

SNOMED CT

Prescriptions of medicines

Captured

Prescriptions vocabulary

RxNorm

Dispensing of medicines

Not Captured

Advance therapy medicinal products (ATMP)

Is information on advanced therapy medicinal products included? A medicinal product for human use that is either a gene therapy medicinal product, a somatic cell therapy product or a tissue engineered products as defined in Regulation (EC) No 1394/2007 [Reg (EC) No 1394/2007 Art 1(1)].

Yes

Contraception

Is information on the use of any type of contraception (oral, injectable, devices etc.) available?

No

Indication for use

Does the data source capture information on the therapeutic indication for the use of medicinal products?

Not Captured

Medical devices

Is information on medicinal devices (e.g., pens, syringes, inhalers) available?

Yes

Administration of vaccines

No

Procedures

Does the data source capture information on procedures (e.g., diagnostic tests, therapeutic, surgical interventions)?

Captured

Procedures vocabulary

SNOMED CT

Healthcare provider

Is information on the person providing healthcare (e.g., physician, pharmacist, specialist) available? The healthcare provider refers to individual health professionals or a health facility organisation licensed to provide health care diagnosis and treatment services including medication, surgery and medical devices.

Yes

Clinical measurements

Is information on clinical measurements (e.g., BMI, blood pressure, height) available?

Yes

Genetic data

Are data related to genotyping, genome sequencing available?

Not Captured

Biomarker data

Does the data source capture biomarker information? The term “biomarker” refers to a broad subcategory of medical signs (objective indications of medical state observed from outside the patient), which can be measured accurately and reproducibly. For example, haematological assays, infectious disease markers or metabolomic biomarkers.

Captured

Biomarker data vocabulary

Other

Patient-reported outcomes

Is information on patient-reported outcomes (e.g., quality of life) available?

No

Patient-generated data

Is patient-generated information (e.g., from wearable devices) available?

No

Units of healthcare utilisation

Are units of healthcare utilisation (e.g., number of visits to GP per year, number of hospital days) available or can they be derived? Units of healthcare utilisation refer to the quantification of the use of services for the purpose of

preventing or curing health problems.

Yes

Unique identifier for persons

Are patients uniquely identified in the data source?

Yes

Diagnostic codes

Captured

Diagnosis / medical event vocabulary

ICD-10-CM

ICD-9-CM

SNOMED CT

Medicinal product information

Captured

Medicinal product information collected

Active ingredient(s)

Dose

Formulation

Route of administration

Medicinal product vocabulary

ATC

RxNorm

Quality of life measurements

Captured

Quality of life measurements vocabulary

Not coded (Free text)

Lifestyle factors

Not Captured

Sociodemographic information

Captured

Sociodemographic information collected

Age

Country of origin
Deprivation index
Gender
Health area

Quantitative descriptors

Population Qualitative Data

Population age groups

Paediatric Population (< 18 years)
Preterm newborn infants (0 – 27 days)
Term newborn infants (0 – 27 days)
Infants and toddlers (28 days – 23 months)
Children (2 to < 12 years)
Adolescents (12 to < 18 years)
Adults (18 to < 46 years)
Adults (46 to < 65 years)
Elderly (? 65 years)
Adults (65 to < 75 years)
Adults (75 to < 85 years)
Adults (85 years and over)

Estimated percentage of the population covered by the data source in the catchment area

100%

Description of the population covered by the data source in the catchment area whose data are not collected (e.g., people who are registered only for private care)

The information available is collected in public institutions, part of a National Health System. These institutions grant access to all the population in the catchment area. Nevertheless, private-sector health records are not included in our database.

Family linkage

Family linkage available between the following persons

Mother-child

Population

Population size

1394490

Active population

Active population size

1232296

Median observation time

Median time (years) between first and last available records for unique individuals captured in the data source

14.00

Median time (years) between first and last available records for unique active individuals (alive and currently registered) captured

13.00

Data flows and management

Access and validation

Biospecimen access

Are biospecimens available in the data source (e.g., tissue samples)?

Yes

Biospecimen access conditions

Upon request and approval by the local Ethics Committee / Clinical Academic Center Direction Board

Access to subject details

Can individual patients/practitioners/practices included in the data source be contacted?

Yes

Description of data collection

Each type of data is collected using a different information system/electronic record. Support staff, nurses, medical doctors, and allied health professionals are involved to input data. Each information system/electronic uses a different database that associates a patient's unique ID number to the collected data. Data from several databases is collected

in a unique database (master_database), using the patient's unique ID to interlink the information. Details on the specific information system/electronic are provided as follows: i) Slinico software » Sclinico_database (medical, nursing, ancillary studies data); ii) RNU » RNU_database (administrative data); iii) PEM software » PEM_database (prescription data).

Event triggering registration

Event triggering registration of a person in the data source

Start of treatment

Event triggering de-registration of a person in the data source

Death

Data source linkage

Linkage

Is the data source described created by the linkage of other data sources (prelinked data source) and/or can the data source be linked to other data source on an ad-hoc basis?

Yes

Linkage description, pre-linked

Each patient has a unique patient ID (ID variable) that corresponds to the number of the citizenship ID card or passport. This a unique number, therefore no duplicates can occur. The ID variable will be associated to all the events (e.g., procedure, appointment, administrative task, prescriptions) recorded on the databases previously mentioned (Sclinico_database; RNU_database; PEM_database).

This ID variable is used to assemble a unique database that includes all the data recorded, for each patient, in the previously mentioned databases.

Linked data sources

Pre linked

Is the data source described created by the linkage of other data sources?

Yes

Data source, other

PEM_database

Linkage strategy

Deterministic

Linkage variable

Unique patient ID

Linkage completeness

10000.00%

Pre linked

Is the data source described created by the linkage of other data sources?

No

Data source, other

RNU_database

Linkage strategy

Deterministic

Linkage variable

Unique patient ID

Pre linked

Is the data source described created by the linkage of other data sources?

No

Data source, other

Sclinico_database

Linkage strategy

Deterministic

Linkage variable

Unique patient ID

Data management specifications that apply for the data source

Data source refresh

Every 6 months

Informed consent for use of data for research

Required for intervention studies

Possibility of data validation

Can validity of the data in the data source be verified (e.g., access to original medical charts)?

Yes

Data source preservation

Are records preserved in the data source indefinitely?

No

Data source preservation length (years)

50 years

Approval for publication

Is an approval needed for publishing the results of a study using the data source?

Yes

Data source last refresh

01/03/2023

Common Data Model (CDM) mapping

CDM mapping

Has the data source been converted (ETL-ed) to a common data model?

Yes

CDM Mappings**CDM name**

OMOP

CDM website

<https://www.ohdsi.org/Data-standardization/>

Data source ETL CDM version

1

Data source ETL frequency

6,00 months

Data source ETL specifications (file)

[CAC_EMHA ETL design.pdf](#)(1.29 MB)

Data source ETL status

In progress