



Institute for Health Metrics and Evaluation

Data Release Information Sheet

Data Summary

Dataset name: Brazil HeartRescue Global Evaluation Baseline Health Facility and EMS Survey 2019

Project name: HeartRescue Global Evaluation

Date of release: March 27, 2020

Summary:

The HeartRescue Global Project, a multi-country, multi-year effort aims to improve access and quality for acute cardiovascular disease (CVD), including ST-elevation myocardial infarction (STEMI) and sudden cardiac arrest (SCA) in selected locations in China, India, and Brazil. This dataset is the product of a HeartRescue program impact evaluation. It includes results of a baseline health facility and emergency medical services (EMS) survey conducted in Vitória da Conquista, Brazil. Data were collected from three private hospitals, one public hospital, and one EMS unit. Data were collected about facility capacity, equipment availability, pharmaceutical and supply stocks, staffing, and services provided. The data were collected through computer-assisted personal interviews (CAPI).

Acknowledgements

Contributing organizations:

- Institute for Health Metrics and Evaluation (IHME)
- Tesla Management and Technology EIRELI (Brazil)
- Research Triangle Institute (RTI) International
- Brazilian Clinical Research Institute (BCRI)

Funders:

- Medtronic Foundation

Suggested Citation:

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File Inventory

File Name	Description	Version Date
IHME_HEARTR_BRA_HFS_2019_HFA_Y2020M03D27.CSV	Brazil health facility data	March 27, 2020
IHME_HEARTR_BRA_HFS_2019_HFA_CODEBOOK_Y2020M03D27.CSV	Codebook – health facility	March 27, 2020
IHME_HEARTR_BRA_HFS_2019_HFA_QUESTIONNAIRE_Y2020M03D27.PDF	Questionnaire – health facility	March 27, 2020
IHME_HEARTR_BRA_HFS_2019_EMS_Y2020M03D27.CSV	Brazil emergency medical services data	March 27, 2020
IHME_HEARTR_BRA_HFS_2019_EMS_CODEBOOK_Y2020M03D27.CSV	Codebook – EMS	March 27, 2020
IHME_HEARTR_BRA_HFS_2019_EMS_QUESTIONNAIRE_Y2020M03D27.PDF	Questionnaire – EMS	March 27, 2020
IHME_HEARTR_BRA_HFS_2019_INFO_SHEET_Y2020M03D27.PDF	Data Release Information Sheet	March 27, 2020

Data Structure

Each row represents one health facility. The facility is identified by the variable `fac_id`, however this variable has been stripped of data in order for facilities to maintain anonymous. To use the data a new unique ID will need to be created for each facility (one row = one facility).

Methodological statement

Data Collection

Training sessions and health facility pilot surveys were conducted in Vitória da Conquista, Brazil in April, 2019. There were 43 surveyors who attended a two-day training, of which 39 were continued on to collect data for the project. The training included an introduction to the project, proper conduct of survey, in-depth view of the instrument, and hands-on training on the CAPI software. Training was followed by a two-day pilot in communities to practice the household surveys and selection process. Data was collected using tablets equipped with CAPI software. A lead surveyor monitored the conduct of the facility survey and reported feedback. Data collection using CAPI allowed data to be transferred instantaneously once a survey was completed via a secure link to the Institute for Health Metrics and Evaluation (IHME). IHME monitored collected data on a continuous basis and provided feedback. Suggestions, surveyor feedback, and any modifications were incorporated into the instruments and readily transmitted to the field.

Sampling/Population

Facilities & EMS unit

Data were collected from four hospitals and one emergency medical services unit during the baseline assessment. These facilities were all selected to be a part of the baseline assessment given their participation in the HeartRescue Global program in Vitória da Conquista.

Weighting

Survey weights were calculated to account for differential selection probabilities and a poststratification procedure was performed to approximate the age, sex and rural/urban composition of data included in the 2010 Brazilian National Census, and to account for the non-response.

Imputed Variables and/or Constructed Variables – What was Imputed/Constructed and How

No data was imputed in this dataset.

The only constructed variable is called *p_weight* which is described in the survey weights information above.

Public Use Dataset Notes

This is a public use dataset. The data have been de-identified. Variables determined to contain identifiable private information, or potentially identifiable private information, for health facilities, health workers, and/or other individuals have been removed in accordance with IHME's microdata release protocol. The protocol's determination for variables that constitute identifiable private information is based primarily on [HIPAA'S De-identification Standard](#).

Additional Information

No personally identifiable information was collected for this study, however, this data was stripped of comments and information on who conducted the interview. Some variables in the dataset do not contain data, such as date of birth, because this information was not stored on the survey or sent to IHME. The date of birth was entered into the survey and an internal calculation was done to provide age. The surveys have also been stripped of the facility name and type (public or private) in order to keep the participating facilities anonymous.

Terms and Conditions

<http://www.healthdata.org/about/terms-and-conditions>

Contact information

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These files may be updated periodically, so we appreciate hearing feedback or additional information about how these data are being used.