



Institute for Health Metrics and Evaluation

Data Release Information Sheet

Data Summary

Dataset name: India HeartRescue Global Evaluation Baseline Emergency Medical Service Survey 2015

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 emergency medical service (EMS) survey conducted in Bangalore, India. Data were collected from 8 EMS units. 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).

Related publications and visualizations:

Duber HC, McNellan CR, Wollum A, Phillips B, Allen K, Brown JC, et al. Public knowledge of cardiovascular disease and response to acute cardiac events in three cities in China and India. *Heart (British Cardiac Society)*. 2018; 104(1): 67–72.

Acknowledgements

Contributing organizations:

- Institute for Health Metrics and Evaluation (IHME)
- GfK Mode Ltd

Funders:

- Medtronic Foundation

Suggested Citation:

Institute for Health Metrics and Evaluation (IHME), GfK Mode (India). India HeartRescue Global Evaluation Baseline Household Survey 2015. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2020.

File Inventory

File Name	Description	Version date
IHME_HEARTR_IND_EMS_2015_M1_Y 2020M03D27.CSV	India emergency medical services module 1	March 27, 2020
IHME_HEARTR_IND_EMS_2015_M1_C ODEBOOK_Y2020M03D27.CSV	Codebook: module 1	March 27, 2020
IHME_HEARTR_IND_EMS_2015_M1_Q UESTIONNAIRE_Y2020M03D27.PDF	Questionnaire: module 1	March 27, 2020
IHME_HEARTR_IND_EMS_2015_M2_Y 2020M03D27.CSV	India emergency medical services module 2	March 27, 2020
IHME_HEARTR_IND_EMS_2015_M2_C ODEBOOK_Y2020M03D27.CSV	Codebook: module 2	March 27, 2020
IHME_HEARTR_IND_EMS_2015_M2_Q UESTIONNAIRE_Y2020M03D27.PDF	Questionnaire: module 2	March 27, 2020
IHME_HEARTR_IND_EMS_2015_M3_Y 2020M03D27.CSV	India emergency medical services module 3	March 27, 2020
IHME_HEARTR_IND_EMS_2015_M3_C ODEBOOK_Y2020M03D27.CSV	Codebook: module 3	March 27, 2020
IHME_HEARTR_IND_EMS_2015_M3_Q UESTIONNAIRE_Y2020M03D27.PDF	Questionnaire: module 3	March 27, 2020
IHME_HEARTR_IND_EMS_2015_INFO_ SHEET_Y2020M03D27.PDF	Data Release Information Sheet	March 27, 2020

Data Structure

Each row represents one facility. The facility is identified by the variable customid.

Methodological statement

Data Collection

Training sessions and health facility pilot surveys were conducted in Bangalore, India in September 2015. 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 household pilot in communities to practice the household surveys. 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.

Bangalore was selected a priori as potential intervention sites based on numerous factors, including discussions with key health leaders in India. Data were collected in Bangalore between September and November 2015.

Sampling/Population

In Bangalore, data were collected from emergency medical service (EMS) units in 8 health facilities.

Weighting

There are no survey weights included in these data.

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

No data were imputed in this dataset.

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, these data were 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 comments in order to keep the participating facilities anonymous.

Terms and Conditions

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

Contact information

To request further information about the HeartRescue Global Evaluation project, please contact IHME:

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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.