



ELSEVIER

Contents lists available at ScienceDirect

Data in Brief

journal homepage: www.elsevier.com/locate/dib

Data Article

Data on nation-wide activity in intensive cardiac care units in France in 2014



François Roubille ^{a,b,*}, Grégoire Mercier ^c, Clément Delmas ^d,
Stéphane Manzo-Silberman ^e, Guillaume Leurent ^f,
Meyer Elbaz ^d, Adeline Riondel ^c, Eric Bonnefoy-Cudraz ^g,
Patrick Henry ^e, For the French group of ICCU,
Member of the Société Française de Cardiologie,
Member of the ACCA association, Member of the ESC

^a Cardiology Department, University Hospital of Montpellier, Montpellier, France

^b PhyMedExp, University of Montpellier, INSERM U1046, CNRS UMR 9214, 34295 Montpellier cedex 5, France

^c Economic Evaluation Unit at Montpellier Teaching Hospital, University of Montpellier, Montpellier, France

^d Intensive Cardiac Care Unit, Cardiology Department, University Hospital of Rangueil, Toulouse, France

^e Department of Cardiology, Inserm U942, Lariboisière Hospital, AP-HP, Paris Diderot University, Paris, France

^f CHU Rennes, Service de Cardiologie et Maladies Vasculaires, Rennes F-35000, France

^g Hospices Civils de Lyon, Université Claude Bernard Lyon 1, Lyon, France

ARTICLE INFO

Article history:

Received 4 April 2017

Received in revised form

4 May 2017

Accepted 9 May 2017

Available online 19 May 2017

Keywords:

Acute cardiac care

Database

Emergency

Intensive cardiac care unit

Intensive cardiovascular care unit

Intensive care

ABSTRACT

We present data in relation to the article entitled “Description of acute cardiac care in 2014:

A French nation-wide database on 277,845 admissions in 270 ICCUs”.(10.1016/j.ijcard.2017.04.002) (Roubille et al., 2017) [1]: the main characteristics of the pathologies managed in the intensive cardiac care units (ICCU), the details on the interventions performed and the main differences between centers following the size of the centers and a figure presenting the monthly variations of admissions in the ICCUs in France in a total of 277,845 patients in 270 centers admitted at least one time in the ICCUs in 2014 (exhaustive data).

© 2017 The Authors. Published by Elsevier Inc. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

DOI of original article: <http://dx.doi.org/10.1016/j.ijcard.2017.04.002>

* Corresponding author at: Cardiology Department, University Hospital of Montpellier, Montpellier, France.

Fax: +33 4 67 33 61 86.

E-mail address: francois.roubille@gmail.com (F. Roubille).

<http://dx.doi.org/10.1016/j.dib.2017.05.018>

2352-3409/© 2017 The Authors. Published by Elsevier Inc. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

Specifications Table

Subject area	<i>Medicine</i>
More specific subject area	<i>Acute Cardiac care</i>
Type of data	<i>Table, Figure</i>
How data was acquired	<i>Statistical analysis</i>
Data format	<i>Word</i>
Experimental factors	<i>Not applicable</i>
Experimental features	<i>Not applicable</i>
Data source location	<i>National French database</i>
Data accessibility	<i>Available in the present manuscript as well as in the main manuscript [1]</i>

Value of the data

-
- Main characteristics of the pathologies managed in the intensive cardiac care units (ICCU).
 - The details on the interventions performed, allowing comparisons with other databases.
 - Main differences between centers following the size of the centers, providing interesting features for health-system policies.
 - Monthly variations of admissions, urging for adaptations.
-

1. Data

1.1. Background

The intensive cardiac care unit (ICCU) has greatly evolved for decades: it is no longer only patients with coronary artery disease (CAD). The clinical characteristics and pathological profiles of patients have markedly changed. Detailed data on the topic are critically lacking.

Data provided:

- main characteristics of the pathologies managed in the intensive cardiac care units (ICCU),
- the details on the interventions performed
- main differences between centers following the size of the centers
- monthly variations of admissions

2. Experimental design, materials and methods

2.1. Data sources

Data are derived from an administrative database: French public and private hospitals are financed through a prospective payment scheme based on diagnosis-related groups (DRGs) [2]. The national hospital discharge database (Programme de Médicalisation des Systèmes d'Information) includes data from all public and private hospitals, and for all payers. Data includes diagnoses (encoded using the International Classification of Diseases, Tenth Revision – ICD-10), procedures (encoded using the French Classification Commune des Actes Médicaux – CCAM), age, sex, admission and discharge status, provider, French DRGs, and department level (an administrative division ($n=96$)). As all public and private hospitals receive additional service coverage, all ICCU admissions are recorded in the discharge database.

Demographic data on the French population is from the 2014 French census.

Download English Version:

<https://daneshyari.com/en/article/4765006>

Download Persian Version:

<https://daneshyari.com/article/4765006>

[Daneshyari.com](https://daneshyari.com)