DEPARTMENT OF HEALTH

# Public Health and Prevention

# Data Dictionary

## Cardiovascular Diseases Registry

**Data items were grouped into six sections:**

**Section 1:** FACILITY INFORMATION: This includes details of the health care facility, medical records and referrals if any.

**Section 2:** P A T I E N T   D E M O G R A P H I C S :  The core data, which helps in the identification of a patient and his categorization into categories for the purpose of statistical analysis.

**Section 3:** P R I M A R Y   D I A G N O S I S   A N D   C O M O R B I D I T I E S :  Name and ICD -10 code of presence one or more additional conditions in one person co-occurring at the same time with primary condition rather than cardiovascular diseases.

**Section 4**: RISK FACTORS: This includes the physical characteristics or exposure of an individual that increases the likelihood of developing a disease, e.g. tobacco consumption, High blood pressure, diabetes, overweigh/obesity, physical inactivity and family history of certain chronic diseases

**Section 5**: DISEASES SPECIFIC INFORMATION: This section provides information specific to disease of interest: laboratory investigation, procedure of care, treatment, associated conditions and complications.

**Section 6:** VITAL STATUS / FOLLOW UP:  The current status of the patient after the diagnosis or treatment.

| Section 1: FACILITY INFORMATION | |
|---|---|
| | |
| **Record Creation Date** | |
| **Type of Data** | Date |
| **Length** | 8 |
| **Recommendation** | Date in the European form DD/MM/YYYY |
| **Description** | This is automatically generated during the date of creation of record |
| **Source of standard** | DoH CDR System |
| **Rational** | To point back to patient first visit to the facility, for follow up and quality check |
| **Method of collection** | Registry Software |
| **Record Created By** | |
| **Type of Data** | Text (Alphabet) |
| **Length** | 40 |
| **Recommendation** | |
| **Description** | This is automatically generated during the date of creation of record |
| **Source of standard** | DoH CDR System |
| **Rational** | Identifies the name of the record creator for follow up and quality control |
| **Method of collection** | Registry Software |
| **Facility Name** | |
| **Type of Data** | Text (Alphabet) |
| **Length** | 40 |
| **Recommendation** | |
| **Description** | The name of the healthcare facility where the patient is currently treated |
| **Source of standard** | DoH CDR System |
| **Rational** | For follow up and quality control |
| **Method of collection** | Registry Software |
| **Facility License** | |
| **Type of Data** | Alphanumeric |
| **Length** | 10 |
| **Recommendation** | |
| **Description** | The license of the healthcare facility where the patient is currently treated and managed |
| **Source of standard** | DoH CDR System |
| **Rational** | For follow up and quality control |
| **Method of collection** | Registry Software |
| **Facility From** | |
| **Type of Data** | Description-dropdown menu |

| | |
|---|---|
| **Length** | |
| **Recommendation** | Select a name of one facility |
| **Description** | The name of the healthcare facility from where the patient was referred |
| **Source of standard** | DoH CDR System |
| **Rational** | For follow up and quality control |
| **Method of collection** | From the medical record/HIMS |
| **Facility To** | |
| **Type of Data** | Description-dropdown menu |
| **Length** | |
| **Recommendation** | Select a name of one facility |
| **Description** | The name of the healthcare facility to which the patient was referred |
| **Source of standard** | DoH CDR System |
| **Rational** | For follow up and quality control |
| **Method of collection** | From the medical record/HIMS |
| | |
| **Section 2 : P A T I E N T   D E M O G R A P H I C S** | |
| | |
| **First Name** | |
| **Type of Data** | Text (Alphabet) |
| **Length** | 40 |
| **Recommendation** | Provide the names as in Emirates ID |
| **Description** | For identification of the patient |
| **Source of standard** | DoH CDR System |
| **Rational** | For better identification of the patient, follow up and quality control |
| **Method of collection** | From the medical record/HIMS |
| **Middle Name** | |
| **Type of Data** | Text (Alphabet) |
| **Length** | 40 |
| **Recommendation** | Provide the names as in Emirates ID |
| **Description** | For identification of the patient |
| **Source of standard** | DoH CDR System |
| **Rational** | For better identification of the patient, follow up and quality control |
| **Method of collection** | From the medical record/HIMS |
| **Last Name** | |
| **Type of Data** | Text (Alphabet) |
| **Length** | 40 |
| **Recommendation** | Provide the names as in Emirates ID |
| **Description** | For identification of the patient |
| **Source of standard** | DoH CDR System |
| **Rational** | For better identification of the patient, follow up and quality control |
| **Method of collection** | From the medical record/HIMS |
| **Gender** | |
| **Type of Data** | Description-dropdown menu |

| | |
|---|---|
| **Length** | Description-dropdown menu |
| **Recommendation** | 1.Male |
| | 2. Female |
| | 9. Not Specified |
| **Description** | For identification of the gender of patient |
| **Source of standard** | DoH CDR System |
| **Rational** | Can be used to compare the data outcomes by gender. The same gender should appear in all the medical records of a patient with multiple tumors. |
| **Method of collection** | From the medical record/HIMS |
| **Nationality** | |
| **Type of Data** | Description-dropdown menu |
| **Length** | Description-dropdown menu |
| **Recommendation** | Select the patient's nationality from the list |
| **Description** | Identifies the nationality of the patient |
| **Source of standard** | DoH CDR System |
| **Rational** | Helps in stratification of patients data according to their nationalities. |
| **Method of collection** | From the medical record/HIMS |
| **Emirates ID Number** | |
| **Type of Data** | Numeric |
| **Length** | 15 |
| **Recommendation** | Please provide in the format (XXX-XXXX-XXXXXXX-X) as in Emirates ID |
| **Description** | For identification of the patient |
| **Source of standard** | DoH CDR System |
| **Rational** | For identification of the patient, follow up and quality control |
| **Method of collection** | From the medical record/HIMS |
| **Medical File Number** | |
| **Type of Data** | Alphanumeric |
| **Length** | 20 |
| **Recommendation** | The number should be same for different visits of the same patient |
| **Description** | Indicate the patient's medical record number as assigned by the medical practice and for identification of the patient's multiple visits in the same facility. |
| **Source of standard** | DoH CDR System |
| **Rational** | For better identification of the patient's multiple visits, follow up and quality control |
| **Method of collection** | From the medical record/HIMS |
| **Date of Birth** | |
| **Type of Data** | Date |
| **Length** | 8 |
| **Recommendation** | Date in the European form DD/MM/YYYY |
| **Description** | Helps in calculating age at diagnosis |
| **Source of standard** | DoH CDR System |
| **Rational** | For better identification of the patient, follow up and quality control |

| Method of collection | From the medical record/HIMS |
|---|---|
| **Emirate Title** | |
| **Type of Data** | Description-dropdown menu |
| **Length** | Description-dropdown menu |
| **Recommendation** | 1.Abu Dhabi<br>2.Dubai<br>3.Sharjah<br>4.Ajman<br>5. Umm al Quwain<br>6. Ras Al Khaimah<br>7. Al Fujairah<br>9. Not specified |
| **Description** | Helps in stratification of patients data according to the emirate |
| **Source of standard** | DoH CDR System |
| **Rational** | This will help to differentiate between Abu Dhabi and other emirates cases |
| **Method of collection** | From the medical record/HIMS |
| **City Title** | |
| **Type of Data** | Description-dropdown menu |
| **Length** | |
| **Recommendation** | Name of the city where the patient currently resides |
| **Description** | Helps in stratification of patients data according to the emirate |
| **Source of standard** | DoH CDR System |
| **Rational** | This will help to measure the burden of the disease city wise |
| **Method of collection** | From the medical record/HIMS |

## Section 3 : PRIMARY DIAGNOSIS AND COMORBIDITIES

| **Disease Name** | |
|---|---|
| **Type of Data** | Text |
| **Length** | 20 |
| **Recommendation** | according to the severity of the condition |
| **Description** | Record the patient's existing chronic diseases |
| **Source of standard** | DoH CDR System |
| **Rational** | Comorbidities can affect the treatment decisions and influence patient outcomes. Information on co morbidities is used to adjust outcome statistics when evaluating patient survival and other outcomes. Complications may be related to the quality of care. |
| **Method of collection** | From the medical record/HIMS |
| **Disease& Comorbidities ICD 10 code** | |
| **Type of Data** | Alphanumeric |
| **Length** | 7 |
| **Recommendation** | The ICD 10 Codes should be sequenced as per the severity of the condition |

| Description | Record the ICD 10 codes for patient's existing chronic diseases |
|---|---|
| Source of standard | DoH CDR System |
| Rational | Records the patient's related chronic medical conditions, associated or existing on top of current disease of interest such as Coronary Artery Disease, Peripheral Artery Disease, Heart Failure, Diabetes Mellitus, Hypertension, Dyslipidemia, Obesity, Chronic Kidney Diseases, Chronic Lung Diseases (Asthma, Chronic Obstructive Pulmonary disease), Depression, Cerebrovascular Artery Disease, Depression |
| Method of collection | From the medical record/HIMS |

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|---|---|

| Section 4: RISK FACTORS | |
|---|---|

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|---|---|

| Height (cm) | |
|---|---|
| Type of Data | Numeric |
| Length | 3 (Value Range 30-300) |
| Recommendation | Indicate the patient's Height in centimeters (cm).height is measured and reported to the nearest 0.1 cm |
| Description | In order to ensure consistency in measurement, and to calculate the body mass index(BMI).The calculator indicates any health risks in relation to the BMI or waist circumference and risk of developing weight-related diseases |
| Source of standard | DoH CDR System |
| Rational | Recent studies reveal that taller people are at an increased certain cancers including kidney, ovarian and pancreatic cancers. So this data will help in evaluating this factor in Abu Dhabi context |
| Method of collection | From the medical record/HIMS |
| Weight (kg ) | |
| Type of Data | Numeric |
| Length | 3 (Range 5-500) |
| Recommendation | Provide the weight in kilograms. |
| Description | In order to ensure consistency in measurement, calculate the body mass index(BMI).The calculator indicates any health risks in relation to the BMI or waist circumference and risk of developing weight-related diseases |
| Source of standard | DoH CDR System |
| Rational | In order to ensure consistency in measurement, Obesity is a known risk factor for CVD. This data will help to estimate the impact of weight in Abu Dhabi CVD population |
| Method of collection | From the medical record/HIMS |
| Waist Circumference (inch) | |
| Type of Data | Numeric |
| Length | 3 (Range 1-200) |
| Recommendation | Provide the waist circumferences in inches. |

| Description | Monitor patient's waist in inches |
|---|---|
| Source of standard | DoH CDR System |
| Rational | This data will help to estimate the relation between of waist circumference and some diseases in Abu Dhabi population. |
| Method of collection | From the medical record/HIMS |

| Systolic Blood Pressure (mmHg) | |
|---|---|
| Type of Data | Numeric |
| Length | 3 (Value Range 10-400) |
| Recommendation | Indicate the patient's systolic blood pressure in mmHg. **Not mandatory for children <12 years old;** The recorded sitting blood pressure after 2 minutes rest, at 5th phase (mm Hg). |
| Description | High blood pressure is a major risk factor for coronary heart disease, heart failure, stroke, and renal failure with the risk increasing along with the level of blood pressure |
| Source of standard | DoH CDR System |
| Rational | To estimate relation between hypertension and other diseases in Abu Dhabi population |
| Method of collection | From the medical record/HIMS |

| Diastolic Blood Pressure (mmHg) | |
|---|---|
| Type of Data | Numeric |
| Length | 3 (Value Range 10-300) |
| Recommendation | Indicate the patient's diastolic blood pressure in mmHg. **Not mandatory for children <12 years old**; The recorded sitting blood pressure after 2 minutes rest, at 5th phase (mm Hg). |
| Description | High blood pressure is a major risk factor for coronary heart disease, heart failure, stroke, and renal failure with the risk increasing along with the level of blood pressure |
| Source of standard | DoH CDR System |
| Rational | To estimate relation between hypertension and other diseases in Abu Dhabi population |
| Method of collection | From the medical record/HIMS |

| Smoking Status | |
|---|---|
| Type of Data | Description-dropdown menu |
| Length | |
| Recommendation | **Not mandatory for children <12 years old.**<br>1. Current smoker<br>2. Ex-smoker<br>3. Non-smoker - history unknown<br>4. Never smoked<br>5. Unknown |
| Description | Tobacco use is a major cause of CVD and increases the risk for conditions such as type 2 diabetes, cancer and increase blood sugar levels and lead to insulin resistance. |
| Source of standard | DoH CDR System |

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|---|---|
| **Rational** | To estimate the impact of smoking in Abu Dhabi population. |
| **Method of collection** | From the medical record/HIMS |
| **Physical Activity** | |
| **Type of Data** | Description-dropdown menu |
| **Length** | |
| **Recommendation** | Select on of the below:<br>    1.   In active (Not active beyond baseline)<br>    2.   Low (Activity beyond baseline, but < 150 min/week)<br>    3.   Moderate (150~300 min/week)<br>    4.   High (>300 min/week) |
| **Description** | Determine baseline percentage of patient with health conditions where individuals have a higher risk associated with physical activity, such as obesity, high blood pressure, high cholesterol, heart disease and stroke, and type 2 diabetes. |
| **Source of standard** | DoH CDR System |
| **Rational** | To estimate the impact of physical activity in chronic diseases management |
| **Method of collection** | From the medical record/HIMS |
| | |
| **Family History of Chronic Diseases** | |
| **Type of Data** | Description-dropdown menu |
| **Length** | |
| **Recommendation** | 1. Yes<br>2. No<br>9. Unknown |
| **Description** | Indicate if patient had history of chronic diseases in first-degree relatives (parents, siblings, children) or second-degree relatives (grandparents, parent's siblings, nephews, nieces). |
| **Source of standard** | DoH CDR System |
| **Rational** | To estimate the factor of family history on disease incidence in Abu Dhabi population. |
| **Method of collection** | From the medical record/HIMS |
| **If yes, Type of Chronic Disease** | |
| **Type of Data** | Text |
| **Length** | 20 |
| **Recommendation** | Sequenced according to the severity of the condition |
| **Description** | Indicate chronic disease in patient's first-degree relatives (parents, siblings, children) or second-degree relatives (grandparents, parent's siblings, nephews, nieces). |
| **Source of standard** | DoH CDR System |
| **Rational** | To estimate the factor of family history on disease incidence in Abu Dhabi population. |
| **Method of collection** | From the medical record/HIMS |
| **Type of Chronic Disease ICD 10 Code** | |

| Type of Data | Alphanumeric |
|---|---|
| Length | 7 |
| Recommendation | The ICD 10 Codes should be sequenced as per the severity |
| Description | Indicate chronic disease ICD 10 code in patient's first-degree relatives (parents, siblings, children) or second-degree relatives (grandparents, parent's siblings, nephews, nieces). |
| Source of standard | DoH CDR System |
| Rational | To estimate the factor of family history on disease incidence in Abu Dhabi population. |
| Method of collection | From the medical record/HIMS |

| Section 5: DISEASE SPECIFIC INFORMATION | |
|---|---|
| **Date of First Contact** | |
| Type of Data | Date |
| Length | 8 |
| Recommendation | Date in the European form DD/MM/YYYY |
| Description | Date of first visit to the facility for any cardiac complaints |
| Source of standard | DoH CDR System |
| Rational | To point back to patient first visit related to CVD , for follow up and quality check |
| Method of collection | From the medical record/HIMS |
| **Date of Diagnosis** | |
| Type of Data | Date |
| Length | 8 |
| Recommendation | Date in the European form DD/MM/YYYY |
| Description | Date of confirmation of any cardiac condition |
| Source of standard | DoH CDR System |
| Rational | To point back to patient date of confirmation CVD, for follow up and quality check |
| Method of collection | From the medical record/HIMS |
| **Diagnosis** | |
| Type of Data | Text |
| Length | 20 |
| Recommendation | Specify the type of CVD |
| Description | Specify the type of CVD like Coronary artery disease, Heart attack, Abnormal heart rhythms, Heart failure etc. |
| Source of standard | DoH CDR System |
| Rational | To stratify the CVD patients in Abu Dhabi according to the type of CVD |
| Method of collection | From the medical record/HIMS |
| **Diagnosis ICD 10 code** | |
| Type of Data | Alphanumeric |
| Length | 7 |
| Recommendation | Specify the ICD 10 code for the type of CVD |

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|---|---|
| Description | ICD 10 codes helps to get more specification of the diagnosis |
| Source of standard | DoH CDR System |
| Rational | Helps in the process statistical analysis of prevalence of different types of CVDs in Abu Dhabi |
| Method of collection | From the medical record/HIMS |

## Severity

| | |
|---|---|
| Type of Data | Description-dropdown menu |
| Length | 6 |
| Recommendation | Provide the severity in terms of<br><br>- TIMI 0 (Refers to the absence of any antegrade flow beyond a coronary occlusion; No flow / no perfusion )<br>- TIMI 1 (Faint antegrade coronary flow beyond the occlusion, with incomplete filling of the distal coronary bed; slow penetration without perfusion )<br>- TIMI 2 (Delayed of sluggish antegrade flow with complete filling of the distal territory; partial flow/ partial perfusion )<br>- TIMI 3 (Complete and brisk flow/ complete perfusion; fills the distal coronary bed completely ) |
| Description | The Thrombolysis in Myocardial Infarction (TIMI) Score is used to determine the likelihood of ischemic events or mortality in patients with unstable angina or non–ST-segment elevation myocardial infarction (NSTEMI). |
| Source of standard | DoH CDR System |
| Rational | For the statistical analysis of the CVD cases based on the severity |
| Method of collection | From the medical record/HIMS |

## Procedures

| | |
|---|---|
| Type of Data | Description-dropdown menu |
| Length | |
| Recommendation | Please mention the applicable procedures from below<br><br>- Angioplasty<br>- Aortoiliac surgery<br>- Atherectomy<br>- Balloon angioplasty<br>- Cardiopulmonary bypass<br>- Coronary artery bypass graft (CABG)<br>- Direct stenting<br>- Hemodynamic support<br>- In-stent re-stenosis<br>- Intra-aortic balloon pump<br>- Intracoronary stent<br>- Laser angioplasty |

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|---|---|
|  | - Other catheter devices<br>- Percutaneous coronary intervention (PCI)<br>- Peripheral vascular surgery<br>- Stent type |
| **Description** | • Angioplasty - A procedure that opens blocked arteries and restores normal blood flow to the heart muscle<br>• Aortoiliac Surgery - A surgical bypass rerouting blood flow around the diseased artery to increase blood flow to the legs. Used to resolve symptoms of aortoiliac occlusive disease when medical management or minimally invasive therapies have not worked or are not suitable for the patient<br>• Atherectomy - A minimally invasive endovascular surgery technique for removing atherosclerosis from blood vessels within the body<br>• Balloon Angioplasty - A catheter is inserted through a small puncture in a leg or arm artery to the heart. The blocked artery is opened by inflating a tiny balloon in it<br>• Cardiopulmonary bypass - A technique that temporarily takes over the function of the heart and lungs during surgery, maintaining the circulation of blood and the oxygen content of the patient's body<br>• Coronary Artery Bypass Graft (CABG) - A form of bypass surgery that can create new routes around narrowed and blocked coronary arteries, permitting increased blood flow to deliver oxygen and nutrients to the heart muscle<br>• Direct stenting - Refers to stent positioning and deployment without prior balloon dilatation of the stenosis<br>• Hemodynamic support - An important part of cardiovascular physiology dealing with the forces the heart has to develop to circulate blood through the cardiovascular system<br>• In-stent re-stenosis - Cardiology scar-induced re-stenosis of a previously stenosed coronary artery; narrowing of the artery.<br>• Intra-aortic balloon pump - A mechanical device that increases myocardial oxygen perfusion while simultaneously increasing cardiac output<br>• Intracoronary stent - A treatment for vessel closure after percutaneous transluminal coronary angioplasty which reduces the risk of restenosis.<br>• Laser Angioplasty - A procedure in which an occluded artery is opened using laser energy delivered to the site via a fiberoptic probe<br>• Other catheter devices - Angiogram / angiography, ablation catheters, transcatheter aortic valve replacement / implantation (TAVR / TAVI), Transcatheter atrial septal defect (ASD) |

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| | • Percutaneous Coronary Intervention (PCI) - A nonsurgical procedure that improves blood flow to the heart, used to open coronary arteries that are narrowed or blocked by atherosclerotic plaque. Requires cardiac catheterization; the insertion of a catheter tube and injection of contrast dye into the coronary arteries<br>• Peripheral Vascular Surgery - A technique used to remove plaque buildup inside a blocked artery. Less invasive than a bypass surgery<br>• Stent type - Dual Therapy Stent (DTS), Bioresorbable Vascular Scaffold (BVS), Bio-engineered Stent, Drug Eluting Stent (DES), Bare Metal Stent (BMS) |
| **Source of standard** | DoH CDR System |
| **Rational** | To evaluate and estimate the procedures used in management of cardiac conditions in Abu Dhabi |
| **Method of collection** | From the medical record/HIMS |
| **Medications** | |
| **Type of Data** | Description-dropdown menu |
| **Length** | |
| **Recommendation** | Choose from the below category<br><br>- Aspirin<br>- Other antiplatelet<br>- Anticoagulants<br>- Beta-blockers<br>- ACE inhibitors<br>- Angiotensin II receptor blockers<br>- Other, specified |
| **Description** | • Aspirin - Aspirin blocks an enzyme called cyclooxygenase, which makes the body less likely to produce chemicals that can help cause inflammation. It also helps prevent blood clots.<br><br>• Other antiplatelet – other antiplatelet agents which prevents blood platelets from sticking together.<br><br>• Anticoagulants - Anticoagulant use is recommended for thrombotic event prevention in many cardiovascular diseases.<br>• Beta-blockers - The β-adrenergic receptor blockers play an important role in the management of cardiovascular disease, including hypertension and chronic heart failure.<br>• ACE inhibitors - ACE inhibitors and ARBs act by blocking RAAS with beneficial effects on patients with cardiovascular risk factors only (hypertension, diabetes) and with several heart diseases (heart failure, coronary artery disease) |

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|---|---|
|  | • Angiotensin II receptor blockers - Angiotensin II receptor blockers (ARBs) are medications that block the action of angiotensin II by preventing angiotensin II from binding to angiotensin II receptors on the muscles surrounding blood vessels. As a result, blood vessels enlarge (dilate) and blood pressure is reduced. Reduced blood pressure makes it easier for the heart to pump blood and can improve heart failure. |
| Source of standard | DoH CDR System |
| Rational | For the stratification of categories of medicines used in management of CVD in Abu Dhabi |
| Method of collection | From the medical record/HIMS |
| **Patient Vaccinated** | |
| Type of Data | Description-dropdown menu |
| Length |  |
| Recommendation | 3. Yes<br>4. No<br>9. Unknown |
| Description | People with CVD are at higher risk for serious problems from certain vaccine-preventable diseases like influenza, pneumococcal Infection and TDAP vaccine, Zoster vaccine |
| Source of standard | DoH CDR System |
| Rational | Helps in the understanding of the utilization of the vaccination facilities by CVD people |
| Method of collection | From the medical record/HIMS |
| **Vaccination Dates** | |
| Type of Data | Date |
| Length | 8 |
| Recommendation | Date in the European form DD/MM/YYYY |
| Description | Provide the date of the vaccination |
| Source of standard | DoH CDR System |
| Rational | To understand last date of vaccine, for follow up and quality control |
| Method of collection | From the medical record/HIMS |
| **Vaccination Type** | |
| Type of Data | Text |
| Length | 12 |
| Recommendation | Please mention the names of vaccination given |
| Description | People with CVD are at higher risk for serious problems from certain vaccine-preventable diseases like influenza, pneumococcal Infection and TDAP vaccine, Zoster vaccine. Vaccines are one of the safest ways to stay healthy. |
| Source of standard | DoH CDR System |
| Rational | Helps in the estimation of the prevalence and utilization of the |

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| | vaccination   facilities by CVD patients |
| **Method of collection** | From the medical record/HIMS |

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### Section 6: VITAL STATUS / FOLLOW UP

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| **Discharge Date/Date of Last Visit** | |
|---|---|
| **Type of Data** | Date |
| **Length** | 8 |
| **Recommendation** | Date in the European form DD/MM/YYYY |
| **Description** | Provide the date of discharge in case of admission or last outpatient visit date |
| **Source of standard** | DoH CDR System |
| **Rational** | To have patient outcomes studies, for follow up and quality control |
| **Method of collection** | From the medical record/HIMS |
| **Patient Status** | |
| **Type of Data** | Description-dropdown menu |
| **Length** | |
| **Recommendation** | Provide the patient status during discharge or last date of contact:<br>1. Alive<br>2. Unknown/Lost follow up<br>3. Referred to other healthcare facility<br>4. Died |
| **Description** | Records the vital status of the patient as of the date entered in discharge date or date of last visit |
| **Source of standard** | DoH CDR System |
| **Rational** | This information is used for patient follow-up and outcomes studies |
| **Method of collection** | From the medical record/HIMS |
| **If Deceased, Date of Death** | |
| **Type of Data** | Date |
| **Length** | 8 |
| **Recommendation** | Date in the European form DD/MM/YYYY |
| **Description** | Provide the date of death if applicable |
| **Source of standard** | DoH CDR System |
| **Rational** | To have patient outcomes studies, for follow up and quality control |
| **Method of collection** | From the medical record/HIMS |
| **Place of Death** | |
| **Type of Data** | Text |
| **Length** | 12 |
| **Recommendation** | Mention the place of death like Hospital, Home, etc. |
| **Description** | Records the place of death |
| **Source of standard** | DoH CDR System |
| **Rational** | This information is used for patient follow-up and outcomes studies |
| **Method of collection** | From the medical record/HIMS |

| Underlying Cause of Death | |
|---|---|
| Type of Data | Text |
| Length | 12 |
| Recommendation | Mention the cause of death like complications of diabetes, cardiac conditions, or any other |
| Description | Records the death is related to CVD or not |
| Source of standard | DoH CDR System |
| Rational | This information is used for patient follow-up and outcomes studies |
| Method of collection | From the medical record/HIMS |
| Underlying Cause of Death ICD 10 code | |
| Type of Data | Alphanumeric |
| Length | 7 |
| Recommendation | Mention the ICD 10 code of the disease causing the death |
| Description | Records ICD 10 code of the disease causing the death |
| Source of standard | DoH CDR System |
| Rational | For easier and more specific statistical study |
| Method of collection | From the medical record/HIMS |