

MIMIC-III

A Freely Available Critical Care Database

Tom J. Pollard

MIT Laboratory for Computational Physiology,
Institute for Medical Engineering and Science

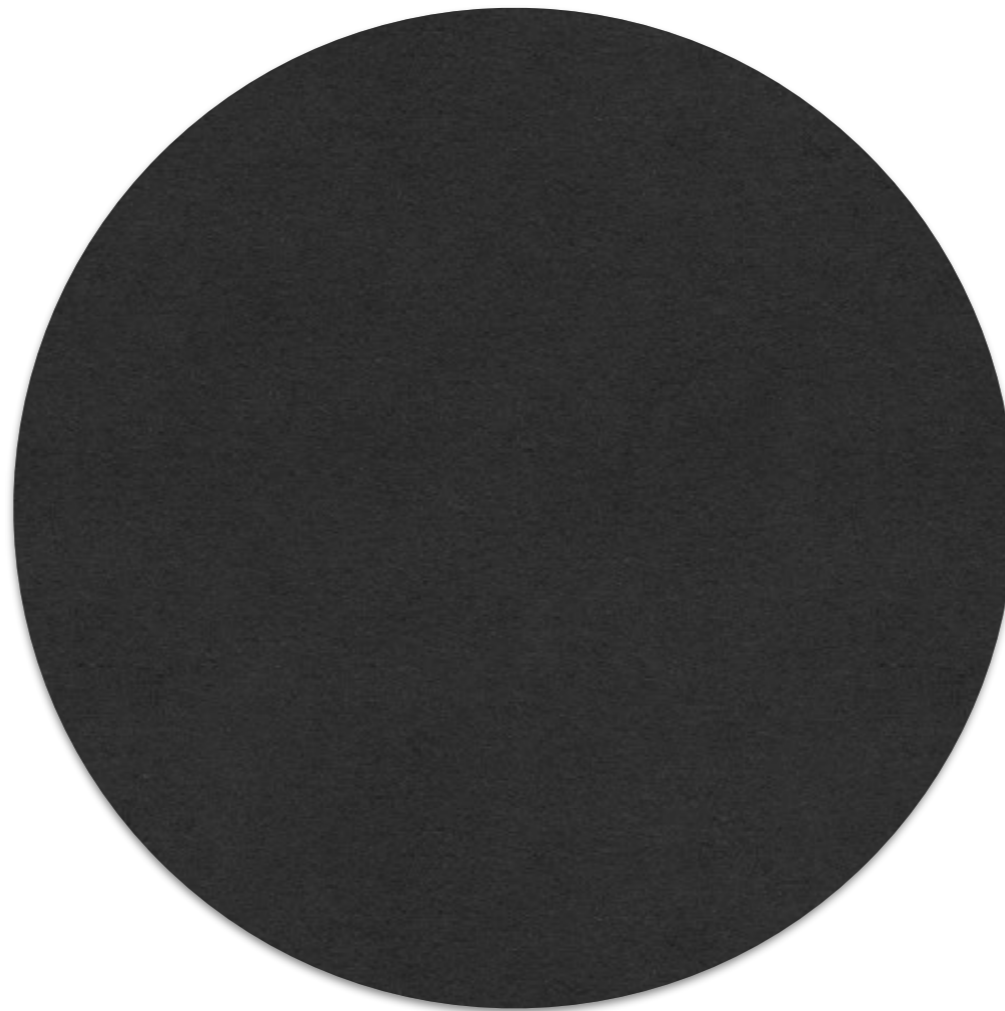




Research opportunity

- Huge volumes of data are captured daily
- *...data that could be used to discover new knowledge for the benefit of patients*

- *but, this data is inaccessible to researchers*





MIMIC

Documents 📄

Data 📥

Community 🗨️

Code (GitHub) 🌟



Collaborative research

MIMIC is an openly available dataset developed by the MIT Lab for Computational Physiology, comprising deidentified health data associated with ~40,000 critical care patients. It includes demographics, vital signs, laboratory tests, medications, and more.

<http://mimic.physionet.org>

MIMIC-I

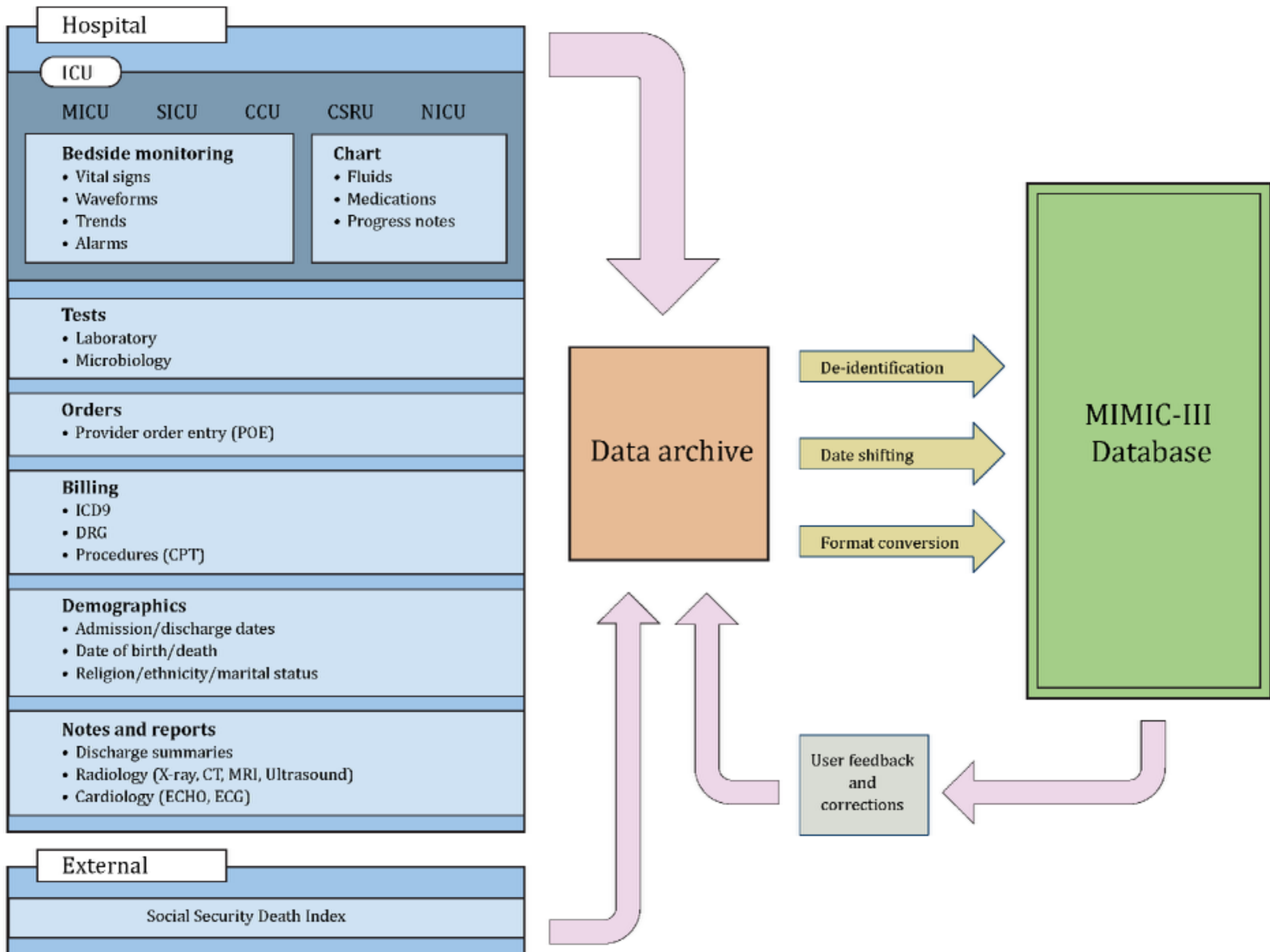


- 1992 - 1999
- Required consent from patient and health care provider
- 90 records, 40 hour duration
- Manual extraction of paper records for clinical data

MIMIC-III



- 2001 - 2012
- Waived consent for data collection
- ~40,000 patients
- Data extracted from digital systems

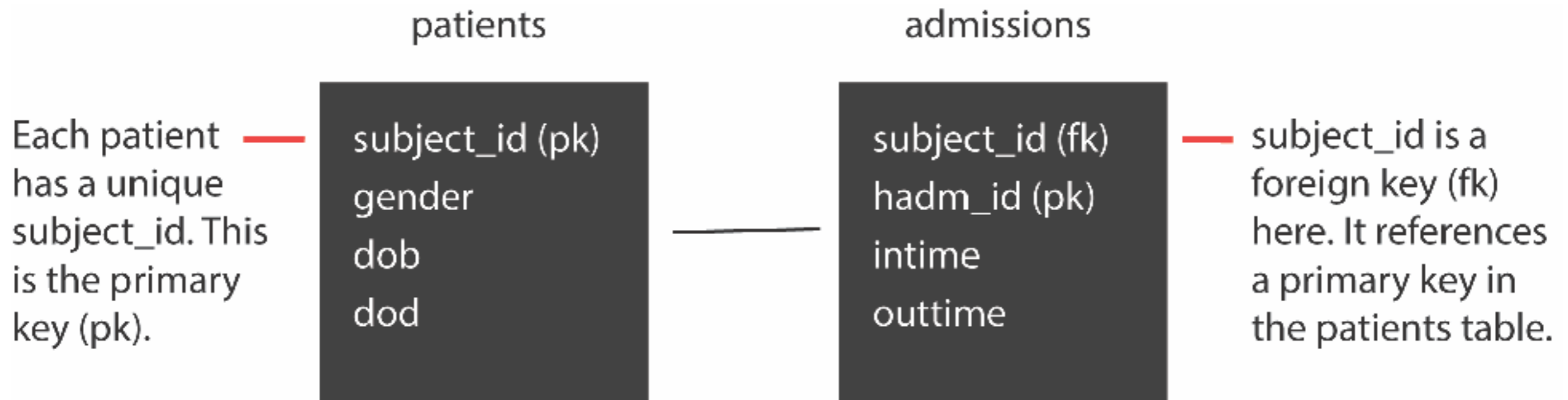


Accessing MIMIC

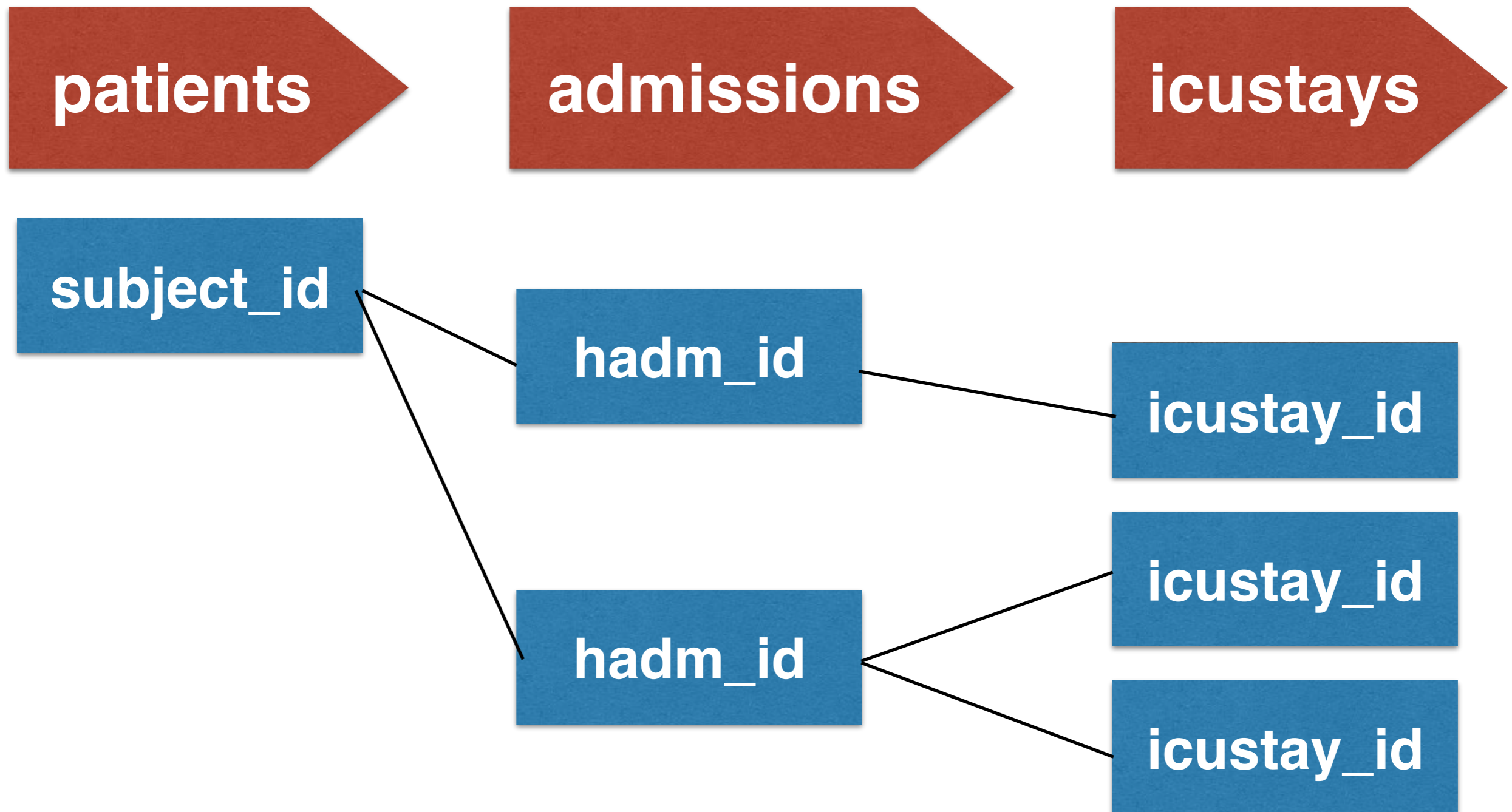
Two key steps to gaining access to MIMIC:

- **complete a recognized course in protecting human research participants** that covers Health Insurance Portability and Accountability Act (HIPAA) requirements
- **sign a data use agreement**, which outlines appropriate data usage and security standards, and forbids efforts to identify individual patients.

Relational database (a collection of linked spreadsheets)



Patient tracking tables



Events tables

chartevents

Charted observations for a patient

labevents

Lab measurements both within hospital and outpatient clinics

inputevents

Input fluids (e.g. intravenous medications)

**microbiology
events**

Microbiology measurements and sensitivities

noteevents

Deidentified patient notes

Other data tables

diagnoses_icd

Hospital assigned diagnosis codes

procedures_icd

Hospital assigned procedure codes

caregivers

Caregivers who have recorded data

prescriptions

Medications ordered for a patient

Admission Date: [**2952-11-3**]

Discharge Date: [**2952-11-9**]

Date of Birth: [**2887-7-23**]

Sex: F

Service: MEDICINE

Allergies:

No Known Allergies / Adverse Drug Reactions

Attending: [**First Name3 (LF) 3925**]

Chief Complaint:

Sepsis, respiratory distress

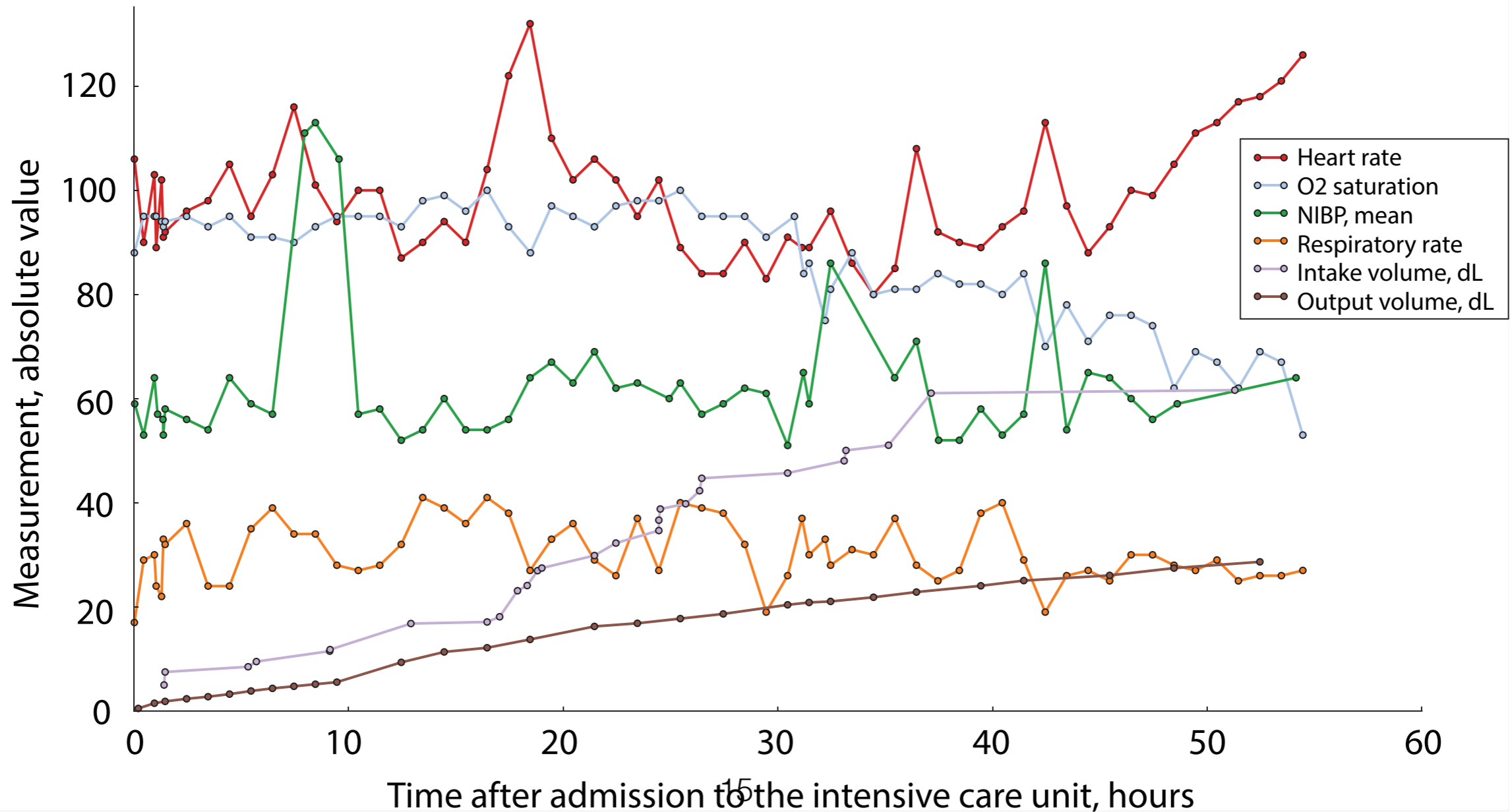
Major Surgical or Invasive Procedure:

None

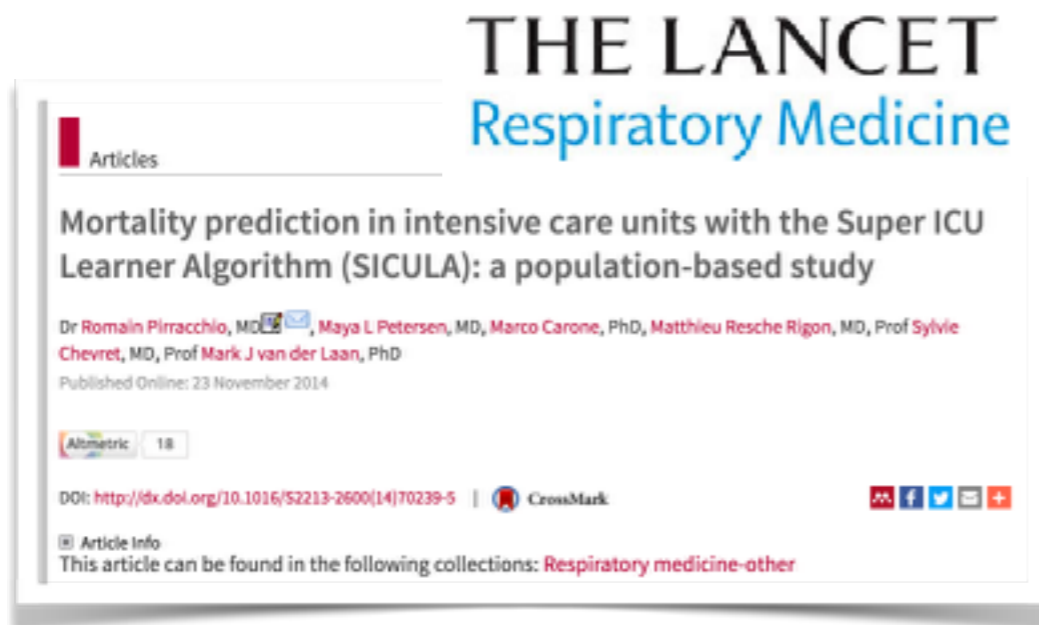
History of Present Illness:

F w/ h/o metastatic breast cancer to breast and lungs currently receiving CMT, brought to the ED by rehab for abnormal labs. She was found to be neutropenic, anemia and thrombocytopenic. At the rehab, vitals were reportedly T 100.4, HR 107, BP 92/42. There is also a concern for possible...

Code status	Full code						Comfort measures
GCS: Verbal	Oriented		Oriented		Oriented		Confused
GCS: Moto	Obeys commands		Obeys commands		Obeys commands		Confused
GCS: Eye	Spontaneously		Spontaneously		To speech		Confused
Platelet, K/uL	48	53	46		45		Incomprehensible sounds
Creatinine, mg/dL	0.7		0.7		0.8		Flex-withdraws
White blood cell, K/uL	9.1	12.4	16.8		23.2		None
Neutrophil, %	37						
Morphine Sulfate							
Vancomycin (1 dose)							
Piperacillin (1 dose)							
NaCl 0.9%	10.0mL/hour		10.0mL/hour		10.0mL/hour		
Amiodarone			1mg/min	0.5mg/min	0.5mg/min		
Dextrose 5%			50mL/hour	25mL/hour	25mL/hour		



Widely used internationally



Articles

THE LANCET Respiratory Medicine

Mortality prediction in intensive care units with the Super ICU Learner Algorithm (SICULA): a population-based study

Dr Romain Pirracchio, MD, Maya L Petersen, MD, Marco Carone, PhD, Matthieu Resche Rigon, MD, Prof Sylvie Chevret, MD, Prof Mark J van der Laan, PhD

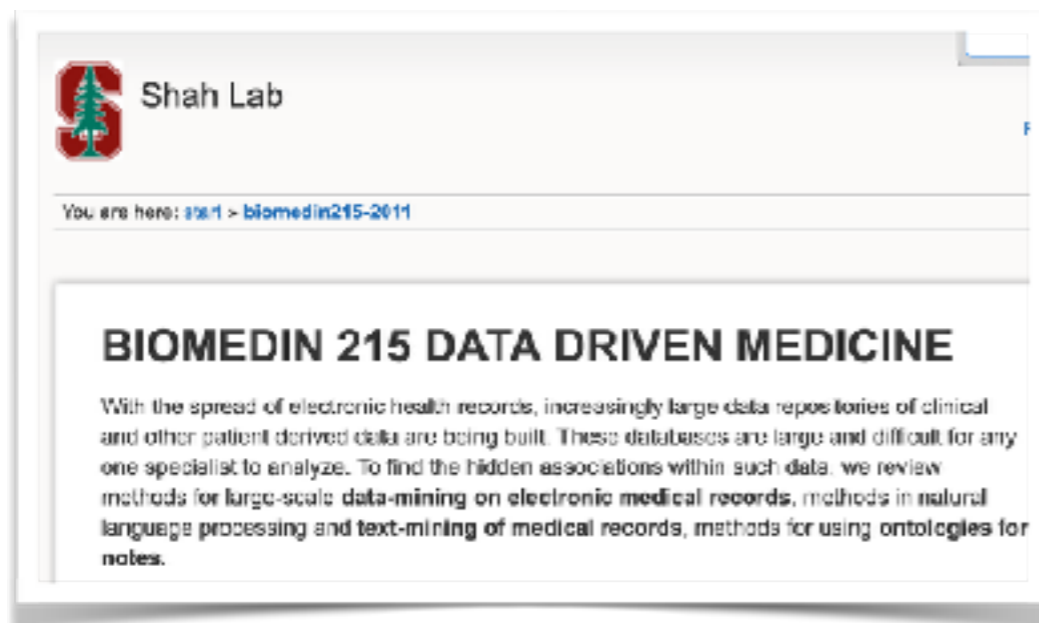
Published Online: 23 November 2014

Altmetric 18

DOI: [http://dx.doi.org/10.1016/S2213-2600\(14\)70239-5](http://dx.doi.org/10.1016/S2213-2600(14)70239-5) | CrossMark

Article Info
This article can be found in the following collections: [Respiratory medicine-other](#)

Research



Shah Lab

You are here: [shahlab](#) > [biomedin215-2011](#)

BIOMEDIN 215 DATA DRIVEN MEDICINE

With the spread of electronic health records, increasingly large data repositories of clinical and other patient derived data are being built. These databases are large and difficult for any one specialist to analyze. To find the hidden associations within such data, we review methods for large-scale data-mining on electronic medical records, methods in natural language processing and text-mining of medical records, methods for using ontologies for notes.

Education

SHARE

PERSPECTIVE | REPRODUCIBILITY

A “datathon” model to support cross-disciplinary collaboration

Jerôme Aboab^{1,*}, Leo Anthony Celi¹, Peter Charlton¹, Mengling Feng¹,
 Mohammad Ghassemi¹, Dominic C. Marshall^{1,†}, Louis Mayaud¹, Tristan
 Naumann¹, Ned McCague¹, Kenneth E. Paik¹, Tom J. Pollard¹, Matthieu Resche-
 Rigon¹, Justin D. Saliciccioli¹ and David J. Stone^{2,3}

+ Author Affiliations

†Corresponding author. E-mail: dominic.marshall@imperial.ac.uk

* All authors contributed equally to this work

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