

Correction: *Electronic healthcare databases in Europe: descriptive analysis of characteristics and potential for use in medicines regulation*

Pacurariu A, Plueschke K, McGettigan P, *et al.* Electronic healthcare databases in Europe: descriptive analysis of characteristics and potential for use in medicines regulation. *BMJ Open* 2018;8:e023090. doi: 10.1136/bmjopen-2018-023090.

The following modifications are made to the original article:

Table 1: The database 'Information System of Parc de Salut del Mar' from Spain is a secondary care database and not a primary care one.

Table 2: Due to the previous mentioned change, in the cross-tabulation, the percentage of primary care/electronic medical records database decreased from 10 (29.4%) to 9 (26.5%) while the percentage of secondary care/electronic medical records increased from 2 (5.9%) to 3(8.8%).

Section 3.2: The percentage of databases which capture data on hospital in-patient administered drugs increased from 5.8% to 8.8% due to reclassification of one database (PHARMO).

The percentage of databases containing referrals for laboratory investigations increased from 19 (55.9%) to 20 (59%) and those containing referrals for imaging or other diagnostic procedures increased from 16 (47.1%) to 17 databases (50%).

Section 3.4: One more database declared that they are in process of being converted to CDM (Information System of Parc de Salut del Mar), now five in total, compared to the four previously reported.

Supplementary material contains minor changes for the databases IMASIS, and PHARMO:

IMASIS was reclassified as a secondary care database and it was added that it is in process of being transformed via CDM.

PHARMO was mentioned to contain hospital data, parent child linkage, screening results and test results (recoded from 0 to 1).

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

© Author(s) (or their employer(s)) 2018. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

BMJ Open 2018;8:e023090corr1. doi:10.1136/bmjopen-2018-023090corr1

