## VSURG Report Dictionary - Risk Models

Risk adjusted number of outcomes are provided for each hospital. The risk adjusted number is expected number of outcomes for a hospital considering their patient's characteristics. The adjustment is done using a statistical modeling technique (logistic regression) with various preprocedural variables. As a summary measure for each hospital (a scale-free comparison), we use ratio of the observed number to its expected one (OE Ratio), i.e. Observed/Expected. Interpretation of the OE ratio is as the following:
i. $\quad \mathrm{OE}$ Ratio = 1: the hospital observed the same number of outcomes as expected
ii. OE Ratio > 1: the hospital had more outcomes than expected
iii. OE Ratio < 1: the hospital had less outcome than expected

## The Details of the Risk Adjustment Analysis

Total number used to build model and exclusion criteria
The number of cases used to build the model are different from the total procedures in the main report. We excluded cases that may add noise to the model. Exclusion criteria are as the following:

1. $\mathrm{BMI}>80$ or $\mathrm{BMI}<10$
2. Age < 18 or Age > 200
3. Any missing values in the variables used in the model
4. A case with multiple hospitalization (except the earliest procedure)
5. Emergent procedures

| Outcome | Total Number of Observations |
| :--- | :---: |
| Transfusion | 7289 |
| Readmission | 7289 |
| SSI | 7289 |
| MI | 7289 |
| TIA/Stroke | 7289 |
| Mortality | 7289 |

Included variables and their significance
We used pre-procedural variables such as patient history, medications, indication, arterial location, and procedure status in the model. All the variables listed in Table 1 are included, and we mark " $X$ " for the variables whose coefficient was significant at the $5 \%$ significance level.

Table 1
Included Variables in the Risk Models

| Variable | Transfusion | Readmission | SSI | MI | TIA/Stroke | Death |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Female | X | X | X |  |  | X |
| Age |  |  |  |  |  |  |
| Race $=$ Black | X |  |  |  |  |  |
| Race $=$ Other |  |  |  |  |  |  |
| Low BMI | $X$ |  | X |  |  |  |
| High BMI | X | X | X |  |  |  |
| Former Smoker |  |  |  |  |  |  |
| Current Smoker |  |  |  |  |  |  |
| Pre-Anemia | X | X |  |  |  | X |
| Family History of Premature CAD |  |  |  |  |  |  |
| History of Hyperlipidemia |  |  |  |  |  |  |
| History of Hypertension |  |  |  |  |  |  |
| History of Diabetes |  |  | X |  |  | X |
| History of Coronary Heart Failure |  | X |  | X |  |  |
| History of Significant Valve Disease | X |  |  |  |  |  |
| History of COPD |  |  |  |  |  | X |
| History of CVD/TIA |  |  |  |  | X |  |
| History of Coronary Artery Disease | X |  | X | X |  |  |
| PCI in Last 6 Months |  |  |  |  |  |  |
| MI in Last 6 Months | X |  |  |  |  |  |
| History of Atrial Fibrillations |  |  |  |  |  |  |
| Taking Aspirin at Admission |  |  |  |  |  |  |
| Taking Plavix at Admission |  |  |  |  |  | X |
| Taking Ace Inhibitors at Admission |  |  |  |  |  |  |
| Indication = Claudication | X |  |  |  |  |  |
| Indication = Limb Ischemia |  |  |  |  |  |  |
| Renal | X | X |  |  | X |  |
| Aorto-Iliac |  |  | X |  |  |  |
| Femoral-Popliteal | X |  |  |  | X |  |
| Below Knee | X |  | X |  |  |  |
| Open AAA | $X$ | $X$ | X | X | X |  |
| Open Bypass | X | X | X | X |  |  |
| Urgent Procedure | X | X | X |  | X |  |

## Estimated coefficients and model assessment measure

Table 2 shows estimated odds ratios and $p$-values for the significant variables in the transfusion model. An odds ratio of greater than 1 means that the variable is positively related to having a transfusion. For example, the odds ratio of 2.22 for "Female" means that female patients have 2.22 times higher odds than male patients to receive a transfusion.

We also provide model assessment measures. If the model has decent prediction or discrimination ability, we would see Hosmer-Lemeshow p-value over 0.05 and high Area under the ROC curve (AUC), at least over 0.5.

Table 2
Estimated Coefficients for Transfusion Risk Model

| Variable | Odds Ratio [95\% CI] | P Value |
| :---: | :---: | :---: |
| Female | 2.22 [1.9, 2.6] | < 0.001 |
| Age |  |  |
| Race $=$ Black | 1.73 [1.41, 2.12] | < 0.001 |
| Race $=$ Other |  |  |
| Low BMI | 1.61 [1.09, 2.35] | 0.015 |
| High BMI | 0.83 [0.7, 0.98] | 0.029 |
| Former Smoker |  |  |
| Current Smoker |  |  |
| Pre-Anemia | 3.8 [3.23, 4.49] | $<0.001$ |
| Family History of Premature CAD |  |  |
| History of Hyperlipidemia |  |  |
| History of Hypertension |  |  |
| History of Diabetes |  |  |
| History of Coronary Heart Failure |  |  |
| History of Significant Valve Disease | 1.3 [1, 1.68] | 0.049 |
| History of COPD |  |  |
| History of CVD/TIA |  |  |
| History of Coronary Artery Disease | 1.29 [1.09, 1.52] | 0.003 |
| PCI in Last 6 Months |  |  |
| MI in Last 6 Months | 2.27 [1.48, 3.46] | < 0.001 |
| History of Atrial Fibrillations |  |  |
| Taking Aspirin at Admission |  |  |
| Taking Plavix at Admission |  |  |
| Taking Ace Inhibitors at Admission |  |  |
| Indication = Claudication | 0.79 [0.66, 0.94] | 0.009 |
| Indication = Limb Ischemia |  |  |
| Renal | 3.27 [1.59, 6.3] | < 0.001 |
| Aorto-lliac |  |  |
| Femoral-Popliteal | 1.26 [1.04, 1.53] | 0.017 |
| Below Knee | 1.57 [1.03, 2.36] | 0.034 |
| Open AAA | 13.03 [9.2, 18.49] | < 0.001 |
| Open Bypass | 6.43 [4.88, 8.54] | < 0.001 |
| Urgent Procedure | 1.24 [1, 1.52] | 0.046 |
| Model Assessment |  |  |
| Hosmer-Lemeshow P-Value | 0.457 |  |
| Area Under the ROC Curve (AUC) | 0.818 |  |

Table 3 shows estimated odds ratios and $p$-values for the significant variables in the readmission model. An odds ratio of greater than 1 means that the variable is positively related to being readmitted. For example, the odds ratio of 1.46 for "Female" means that female patients have 1.46 times higher odds than male patients to be readmitted.

Table 3
Estimated Coefficients for Readmission Risk Model

| Variable | Odds Ratio [95\% CI] | P Value |
| :---: | :---: | :---: |
| Female | 1.46 [1.23, 1.74] | < 0.001 |
| Age |  |  |
| Race $=$ Black |  |  |
| Race $=$ Other |  |  |
| Low BMI |  |  |
| High BMI | 1.28 [1.07, 1.52] | 0.006 |
| Former Smoker |  |  |
| Current Smoker |  |  |
| Pre-Anemia | 1.42 [1.19, 1.7] | < 0.001 |
| Family History of Premature CAD |  |  |
| History of Hyperlipidemia |  |  |
| History of Hypertension |  |  |
| History of Diabetes |  |  |
| History of Coronary Heart Failure | 1.37 [1.1, 1.71] | 0.004 |
| History of Significant Valve Disease |  |  |
| History of COPD |  |  |
| History of CVD/TIA |  |  |
| History of Coronary Artery Disease |  |  |
| PCI in Last 6 Months |  |  |
| MI in Last 6 Months |  |  |
| History of Atrial Fibrillations |  |  |
| Taking Aspirin at Admission |  |  |
| Taking Plavix at Admission |  |  |
| Taking Ace Inhibitors at Admission |  |  |
| Indication = Claudication |  |  |
| Indication = Limb Ischemia |  |  |
| Renal | 2.06 [0.98, 3.91] | 0.039 |
| Aorto-Iliac |  |  |
| Femoral-Popliteal |  |  |
| Below Knee |  |  |
| Open AAA | 1.63 [1.01, 2.54] | 0.038 |
| Open Bypass | 2.82 [2.15, 3.7] | < 0.001 |
| Urgent Procedure | 1.31 [1.03, 1.65] | 0.024 |
| Model Assessment |  |  |
| Hosmer-Lemeshow P-Value | 0.465 |  |
| Area Under the ROC Curve (AUC) | 0.688 |  |

Table 4 shows estimated odds ratios and p-values for the significant variables in the SSI model. An odds ratio of greater than 1 means that the variable is positively related to having an SSI. For example, the odds ratio of 1.55 for "Female" means that female patients have 1.55 times higher odds than male patients to have an SSI.

Table 4
Estimated Coefficients for SSI Risk Model

| Variable | Odds Ratio [95\% CI] | P Value |
| :---: | :---: | :---: |
| Female | 1.55 [1.2, 1.98] | < 0.001 |
| Age |  |  |
| Race $=$ Black |  |  |
| Race $=$ Other |  |  |
| Low BMI | 0.24 [0.04, 0.77] | 0.048 |
| High BMI | 1.78 [1.39, 2.29] | < 0.001 |
| Former Smoker |  |  |
| Current Smoker |  |  |
| Pre-Anemia |  |  |
| Family History of Premature CAD |  |  |
| History of Hyperlipidemia |  |  |
| History of Hypertension |  |  |
| History of Diabetes | 1.3 [1, 1.67] | 0.046 |
| History of Coronary Heart Failure |  |  |
| History of Significant Valve Disease |  |  |
| History of COPD |  |  |
| History of CVD/TIA |  |  |
| History of Coronary Artery Disease | 1.51 [1.15, 1.98] | 0.003 |
| PCI in Last 6 Months |  |  |
| MI in Last 6 Months |  |  |
| History of Atrial Fibrillations |  |  |
| Taking Aspirin at Admission |  |  |
| Taking Plavix at Admission |  |  |
| Taking Ace Inhibitors at Admission |  |  |
| Indication = Claudication |  |  |
| Indication = Limb Ischemia |  |  |
| Renal |  |  |
| Aorto-Iliac | 1.78 [1.24, 2.5] | 0.001 |
| Femoral-Popliteal |  |  |
| Below Knee | 2.18 [1.22, 3.68] | 0.005 |
| Open AAA | 3.88 [1.56, 8.88] | 0.002 |
| Open Bypass | 9.66 [5.71, 17.28] | < 0.001 |
| Urgent Procedure | 1.59 [1.16, 2.17] | 0.003 |

## Model Assessment

Hosmer-Lemeshow P-Value 0.172
Area Under the ROC Curve (AUC) 0.771

Table 5 shows estimated odds ratios and p-values for the significant variables in the MI model. An odds ratio of greater than 1 means that the variable is positively related to having MI. For example, the odds ratio of 1.87 for "History of Coronary Heart Failure" means that patients with a history of CHF have 1.87 times higher odds to have MI than patients without a history of CHF.

## Table 5

Estimated Coefficients for MI Risk Model

| Variable | Odds Ratio [95\% CI] | P Value |
| :---: | :---: | :---: |
| Female |  |  |
| Age |  |  |
| Race $=$ Black |  |  |
| Race $=$ Other |  |  |
| Low BMI |  |  |
| High BMI |  |  |
| Former Smoker |  |  |
| Current Smoker |  |  |
| Pre-Anemia |  |  |
| Family History of Premature CAD |  |  |
| History of Hyperlipidemia |  |  |
| History of Hypertension |  |  |
| History of Diabetes |  |  |
| History of Coronary Heart Failure | 1.87 [1.15, 3] | 0.01 |
| History of Significant Valve Disease |  |  |
| History of COPD |  |  |
| History of CVD/TIA |  |  |
| History of Coronary Artery Disease | 1.9 [1.19, 3.07] | 0.008 |
| PCI in Last 6 Months |  |  |
| MI in Last 6 Months |  |  |
| History of Atrial Fibrillations |  |  |
| Taking Aspirin at Admission |  |  |
| Taking Plavix at Admission |  |  |
| Taking Ace Inhibitors at Admission |  |  |
| Indication = Claudication |  |  |
| Indication = Limb Ischemia |  |  |
| Renal |  |  |
| Aorto-Iliac |  |  |
| Femoral-Popliteal |  |  |
| Below Knee |  |  |
| Open AAA | 3.57 [1.43, 8.13] | 0.004 |
| Open Bypass | 2.37 [1.24, 4.61] | 0.01 |
| Urgent Procedure |  |  |
| Model Assessment |  |  |
| Hosmer-Lemeshow P-Value | 0.183 |  |
| Area Under the ROC Curve (AUC) | 0.753 |  |

Table 6 shows estimated odds ratios and $p$-values for the significant variables in the TIA/Stroke model. An odds ratio of greater than 1 means that the variable is positively related to having a TIA/Stroke. For example, the odds ratio of 4.44 for "History of CVD/TIA" means that patients with a history of CVD/TIA have 4.44 times higher odds to have a TIA/Stroke than patients without a history of CVD/TIA.

Table 6
Estimated Coefficients for TIA/Stroke Risk Model

| Variable | Odds Ratio [95\% CI] | P Value |
| :---: | :---: | :---: |
| Female |  |  |
| Age |  |  |
| Race $=$ Black |  |  |
| Race $=$ Other |  |  |
| Low BMI |  |  |
| High BMI |  |  |
| Former Smoker |  |  |
| Current Smoker |  |  |
| Pre-Anemia |  |  |
| Family History of Premature CAD |  |  |
| History of Hyperlipidemia |  |  |
| History of Hypertension |  |  |
| History of Diabetes |  |  |
| History of Coronary Heart Failure |  |  |
| History of Significant Valve Disease |  |  |
| History of COPD |  |  |
| History of CVD/TIA | 4.44 [2.44, 8.25] | < 0.001 |
| History of Coronary Artery Disease |  |  |
| PCI in Last 6 Months |  |  |
| MI in Last 6 Months |  |  |
| History of Atrial Fibrillations |  |  |
| Taking Aspirin at Admission |  |  |
| Taking Plavix at Admission |  |  |
| Taking Ace Inhibitors at Admission |  |  |
| Indication = Claudication |  |  |
| Indication = Limb Ischemia |  |  |
| Renal | 8.57 [1.59, 33.89] | 0.005 |
| Aorto-Iliac |  |  |
| Femoral-Popliteal | 2.25 [1.11, 4.4] | 0.02 |
| Below Knee |  |  |
| Open AAA | 7.47 [2.51, 22.81] | < 0.001 |
| Open Bypass |  |  |
| Urgent Procedure | 3.56 [1.71, 7.1] | < 0.001 |
| Model Assessment |  |  |
| Hosmer-Lemeshow P-Value | 0.319 |  |
| Area Under the ROC Curve (AUC) | 0.829 |  |

Table 7 shows estimated odds ratios and $p$-values for the significant variables in the mortality model. An odds ratio of greater than 1 means that the variable is positively related to death. For example, the odds ratio of 2.31 for "Female" means that female patients have 2.31 times higher odds to die than male patients.

Table 7
Estimated Coefficients for Mortality Risk Model

| Variable | Odds Ratio [95\% CI] | P Value |
| :---: | :---: | :---: |
| Female | 2.31 [1.1, 4.82] | 0.025 |
| Age |  |  |
| Race $=$ Black |  |  |
| Race $=$ Other |  |  |
| Low BMI |  |  |
| High BMI |  |  |
| Former Smoker |  |  |
| Current Smoker |  |  |
| Pre-Anemia | 4.29 [1.89, 10.71] | < 0.001 |
| Family History of Premature CAD |  |  |
| History of Hyperlipidemia |  |  |
| History of Hypertension |  |  |
| History of Diabetes | 2.19 [1.02, 4.76] | 0.044 |
| History of Coronary Heart Failure |  |  |
| History of Significant Valve Disease |  |  |
| History of COPD | 2.84 [1.31, 6.59] | 0.011 |
| History of CVD/TIA |  |  |
| History of Coronary Artery Disease |  |  |
| PCI in Last 6 Months |  |  |
| MI in Last 6 Months |  |  |
| History of Atrial Fibrillations |  |  |
| Taking Aspirin at Admission |  |  |
| Taking Plavix at Admission | 0.13 [0.03, 0.73] | 0.009 |
| Taking Ace Inhibitors at Admission |  |  |
| Indication = Claudication |  |  |
| Indication = Limb Ischemia |  |  |
| Renal |  |  |
| Aorto-lliac |  |  |
| Femoral-Popliteal |  |  |
| Below Knee |  |  |
| Open AAA |  |  |
| Open Bypass |  |  |
| Urgent Procedure |  |  |
| Model Assessment |  |  |
| Hosmer-Lemeshow P-Value | 0.39 |  |
| Area Under the ROC Curve (AUC) | 0.853 |  |

