

# HSMR 2010

methodological report



*Abby Israëls, Jan van der Laan, Agnes de Bruin,  
Janneke Ploemacher and Gerard Verweij*

**Statistical Methods (201122)**



## Explanation of symbols

.	= data not available
*	= provisional figure
**	= revised provisional figure
x	= publication prohibited (confidential figure)
–	= nil or less than half of unit concerned
–	= (between two figures) inclusive
o (o,o)	= less than half of unit concerned
blank	= not applicable
2010–2011	= 2010 to 2011 inclusive
2010/2011	= average of 2010 up to and including 2011
2010/'11	= crop year, financial year, school year etc. beginning in 2010 and ending in 2011
2008/'09– 2010/'11	= crop year, financial year, etc. 2008/'09 to 2010/'11 inclusive

Due to rounding, some totals may not correspond with the sum of the separate figures.

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### Information

Telephone .. +31 88 570 70 70  
Telefax .. +31 70 337 59 94  
Via contact form:  
[www.cbs.nl/information](http://www.cbs.nl/information)

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## 1. Introduction

Statistics Netherlands (CBS) has calculated the Hospital Standardised Mortality Ratios (HSMRs) for Dutch hospitals for the period 2008-2010. The HSMRs are ratios of observed and expected number of deaths and aim to present comparable hospital mortality figures. This report describes the methods that were used.

In this introductory chapter, section 1.1 deals with the definition of the HSMR and the diagnosis specific SMR, section 1.2 with the purpose of the HSMR and section 1.3 with its history. Authorization was asked from the hospitals to deliver the HSMR figures (section 1.4). Section 1.5 gives an overview of the types of figures CBS has produced and section 1.6 presents some limitations of the HSMR as a quality indicator.

The methodological aspects of the model used to calculate the HSMRs are described in chapter 2. The model outcomes are evaluated in chapter 3. Chapter 4 deals with limitations of the HSMR, and possibilities for the future follow in chapter 5. Finally, there are four appendices. Appendix 1 presents the definitions of the covariates (explanatory variables, predictors) used in the regression models. For some hospitals no HSMRs are calculated, for various reasons. Appendix 2 gives the “exclusion criteria” for this. In Appendix 3 the differences in methodology with former years, when Kiwa Prismant was responsible for the calculations, are mentioned. Extensive results of the regression models are found in Appendix 4.

### 1.1 What is the (H)SMR?

Hospital mortality can be measured as the ratio of the number of hospital deaths and the number of hospital admissions (hospital stays) in the same period. This is generally referred to as the “gross mortality rate”.

Judging hospital performance on the basis of gross mortality rates is unfair, since one hospital may have had more life-threatening cases than another hospital. For this purpose, it is more appropriate to adjust (standardise) the mortality rates across hospitals as much as possible for differences in characteristics of the patients admitted to those hospitals (“casemix”). To this end, the *SMR* (Standardised Mortality Ratio) of a hospital  $h$  for diagnosis  $d$  is defined as

$$SMR_{dh} = 100 \times (\text{Observed mortality})_{dh} / (\text{Expected mortality})_{dh} .$$

The numerator is the *observed* number of deaths with main diagnosis  $d$  in hospital  $h$ . The denominator is the *expected* number of deaths for this type of admissions under the assumption that individual mortality probabilities (per admission) do *not* depend on the hospital, i.e. are equal to mortality probabilities of identical cases in other hospitals. The denominator is therefore based on a model based on data of all hospitals, in which the mortality of an admission is explained by characteristics of the patient, such as age, and characteristics of the admission, such as diagnosis and whether it is an acute, unplanned admission or a planned admission. Characteristics

of the hospital, such as the number of doctors per bed, are generally not incorporated into the model, since these can be related to the quality of care in the hospitals, which is meant to be the outcome of the indicator. The model thus produces an expected (estimated) mortality probability for each admission. Adding up these probabilities per hospital gives the total expected mortality over all admissions of that hospital. For each diagnosis  $d$ , the average  $SMR_d$  across the hospitals is equal to 100, when weighting each hospital with its (relative) expected mortality.

Not all diagnoses are inspected, but only 50 “diagnosis groups  $d$ ” that cover about 80% of the entire hospital mortality. Also day admissions are excluded.

The *HSMR* of hospital  $h$  is defined as

$$HSMR_h = 100 \times (\text{Observed mortality})_h / (\text{Expected mortality})_h ,$$

in which both the numerator and denominator are sums across all admissions for all considered diagnoses. The HSMR has thus a weighted average of 100 as well.

HSMRs may also be different from 100 only by chance. Therefore, confidence intervals of the SMRs and HSMRs are calculated, so that hospitals can see whether they have a (statistically) significantly high (low) adjusted mortality rate as compared with the average of 100.

## 1.2 Purpose of the HSMR

In the Netherlands, like all other western countries, there is a great interest in measuring the quality of health care. Hospitals can be assessed on various quality indicators, such as the number of medical personnel per bed or the presence of certain facilities. These indicators, however, do not measure the outcomes of the medical performance. A good indicator for the performance of a hospital is the extent to which its patients recover, given the diagnoses and other important characteristics, e.g. age, gender and comorbidity, of the patients. Unfortunately, recovery is hard to measure and mostly takes place after patients are discharged from the hospital. Hospital mortality is a much more limited quality indicator, but well measurable. That is why this indicator is now used in several countries, using the HSMR and SMRs as defined in section 1.1. If these instruments were totally valid, i.e. the calculations would perfectly adjust for everything that cannot be influenced by the hospital, a value above 100 would always point to inferior care quality, and one could consider the difference between numerator and denominator as an estimate of “avoidable mortality”<sup>1</sup>. However, a perfect instrument for measuring the quality of health care is impossible. A significantly high (H)SMR will at most be an indication of possible shortcomings in hospital care. But the high value may also be due to coding errors in the data or to the lack of essential covariates in the model, which are related to mortality. Still, a significantly high

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<sup>1</sup> This would only be possible if the measurement were perfect and mortality by unforeseen complications, after adjustment for differences in casemix, would be equally distributed across hospitals.

(H)SMR is often seen as a warning sign, a reason for further investigation into the causes.

### **1.3 History of the HSMR**

In 1999 Jarman initiated the calculation of the (H)SMR for hospitals in England (Jarman et al., 1999). In the following years the model for estimating the mortality probabilities was improved by incorporating additional covariates into the model. Analogous models were adopted by some other countries.

In 2005 Jarman started to calculate the (H)SMR for the Netherlands. Later on, the (H)SMRs for the hospitals in the Netherlands were calculated by Kiwa Prismant, in collaboration with Jarman and his colleagues of the Imperial College London, Dr Foster Intelligence in London and De Praktijk Index in the Netherlands. Their method is described in Jarman et al. (2010) and is slightly adapted by Kiwa Prismant (Prismant, 2008) up to reporting year 2009. Dutch Hospital Data (DHD, Utrecht), the holder of the national hospital discharge data, asked CBS to calculate the (H)SMRs in the coming years, starting with the period 2008-2010. CBS is an independent public body and is already familiar with the input data for the HSMR, i.e. the hospital discharge register (LMR; Landelijke Medische Registratie), as it uses this data source for a number of health statistics (see [www.statline.nl](http://www.statline.nl)).

The starting point for CBS was the HSMR methods previously used by Kiwa Prismant. Advancing insight caused CBS to introduce some changes in the model for the HSMR 2008-2010. This was done in close collaboration with, and largely based on the extensive research of the Dutch scientific Expert group set up by the hospital branch organizations. This Expert group has studied the HSMR methodology and works on its further development.

### **1.4 Privacy**

According to the Statistics Netherlands Act, CBS is obliged to keep all data from individuals, households, companies or institutions confidential. Therefore it normally does not deliver recognisable data from institutions to third parties, unless the institutions concerned have stated that they do not have any objections to this. For this reason, CBS asked all hospitals for a written authorization to deliver their hospital specific (H)SMR figures to DHD, who in turn will send each hospital its individual (H)SMR outcome report. This was done in a joint letter with DHD. Outcome data of hospitals that did not give an authorization, are not supplied by CBS. In the letter to the hospitals it was also made clear that CBS will not publish data about identifiable hospitals, but that the hospital branch organisations governing DHD (i.e. NVZ – *Nederlandse Vereniging van Ziekenhuizen*, and NFU – *Nederlandse Federatie van Universitair Medische Centra*) could jointly publish the individual hospital data.



## 1.5 Output by CBS

After deciding about the HSMR methodology to be used in close collaboration with the Dutch HSMR Expert group, CBS estimated the models for the expected mortality per diagnosis. It then calculated the HSMRs and SMRs for all hospitals that (1) had authorized CBS, (2) had registered all or a sufficient part of its admissions in the LMR in the relevant period 2008-2010, and (3) had passed the exclusion criteria for quality and comparability in 2010, which means that the hospital's LMR data were not too deviant in some respects (see Appendix 2).

CBS has produced the following output:

1. A hospital-specific report for each hospital, sent via DHD, containing the HSMR and the diagnosis specific SMR figures for 2008-2010 and separate years. SMRs are also presented for different patient groups (by age, sex and urgency of the admission). The hospitals can see how they score as compared with the national average, overall, and per diagnosis and patient group. CBS only made reports for the hospitals that passed the exclusion criteria and signed the authorization letter.
2. Report on the methods used for calculating the HSMR for 2008-2010 and separate years, including the model results and parameters (this document; see [www.cbs.nl](http://www.cbs.nl)).

## 1.6 Limitations of the HSMR

In section 1.2 we argued that the HSMR is not the only indicator to measure quality of hospital care. Furthermore, the quality and limitations of the HSMR (and the SMR) instrument are debated. After all it is based on a statistical model (i.e. the denominator), and a model is always a simplification of reality. Chapter 4 elaborates on the limitations of the present HSMR instrument, which in summary are:

- There are large differences between hospitals in coding the covariates.
- It is impossible to perfectly adjust for differences in casemix (the type of patients treated by a hospital) simply because patients are not randomized to hospitals. There are patient factors (related to mortality) that are not coded in the LMR and therefore cannot be included in the expected mortality model (denominator of the HSMR). So essential covariates are missing. Therefore, if the casemix between hospitals differs too much, standardisation cannot solve this problem completely.
- Hospitals differ not only in casemix, but also in the type of surgical procedures they are permitted to perform. Not all hospitals are e.g. authorized to perform risky interventions as open heart surgery. Therefore the HSMR of hospitals that have a licence to perform such interventions may be unjustly higher than that of hospitals that do not perform these interventions.
- Hospitals can differ in their policies regarding admission and discharge, which can affect the in-hospital mortality. One hospital may discharge a patient earlier

than another hospital because there are, for instance, external terminal care facilities in the neighbourhood.

## 2. (H)SMR model

For each diagnosis group, we have to determine the expected hospital mortality, i.e. the denominator of the SMR. To this end we use logistic regression models with mortality as the target (dependent) variable and with various variables that are available in the LMR as covariates.

The regression models use LMR data of the last four years, i.e. the period 2007-2010. From these, SMRs and HSMRs are calculated for the period 2008-2010 and for the three separate years.

Previously, Kiwa Prismant based the (H)SMR model on LMR data from 2003 onwards. So the HSMR 2006-2008 was based on the expected mortality model (denominator) using the LMR 2003-2008, and the HSMR 2007-2009 was based on the model using the LMR 2003-2009. After study, CBS decided to base the current HSMR model on the last available four years of the LMR, to make the model more up-to date while preserving sufficient stability and accuracy. The (H)SMR figures of 2008 and 2009 can therefore differ from those previously produced by Kiwa Prismant for several reasons. Firstly, adding a new year (2010) to the model will always result in (relatively small) differences in outcomes of previous years. Secondly, CBS used fewer LMR years in the model. Thirdly, differences are a result of changes in the model itself. Mostly based on the extensive research of the Dutch HSMR Expert group, CBS has decided to introduce some changes. In the following sections the current model is explained in detail. The differences with the Kiwa Prismant model are explained in Appendix 3.

### 2.1 Target population and data file

#### 2.1.1 Hospitals

“Hospital” is the primary observation unit. Hospitals report admission data (hospital stay data) in the LMR. However, not all hospitals participate in the LMR. In Table 1 the response numbers for 2010 are given.

*Table 1. Participation of hospitals in the LMR 2010*

Type of hospital	Total hospital population	LMR population	Total participating hospitals in LMR	Participating hospitals with partial response
General hospitals	84	84	74	6
University hospitals	8	8	8	1
Specialised hospitals	8 <sup>a)</sup>	4 <sup>b)</sup>	2	0
Total hospitals	100	96	84	7

a) Hospitals with a long-stay character are not included. Excluded are epilepsy clinics and long-stay centres for rehabilitation and asthma treatment. (Semi-)private clinics are also excluded; these mainly have outpatients and day cases.

b) Included are specialised hospitals for (1) lung diseases, (2) cancer, (3) rheumatic diseases, orthopedics and rehabilitation, and (4) eye diseases.

In the HSMR model all short-stay hospitals with inpatient admissions participating in the LMR in 2007-2010 are included in principle. The target population thus includes all general, university and short stay specialised hospitals with inpatient admissions. One of the 84 general hospitals participating in the LMR has day admissions only, and is therefore excluded from the model. In 2010 twelve hospitals did not participate in the LMR. The admissions of these hospitals cannot be analysed. Another seven hospitals were partial non-respondents in 2010, in the sense that they only provided information on part of their inpatient admissions. Although imputations are made for these missing admissions in the LMR data file, these imputations are not appropriate for model building. However, the registered LMR admissions of the partial non-respondents are included in the HSMR model (with two exceptions, see below). In total, the number of hospitals included in the HSMR model was 83 in 2010, 82 in 2009, 81 in 2008, and 85 in 2007.

In 2010, for two partial non-responding hospitals only the fully registered months were included in the model, as in the other months there were indications that fatal cases were registered completely and the non-fatal cases partially. The partially registered months of these hospitals were removed from the model as these would otherwise unjustly influence the estimates. As only three fully registered months were available for these hospitals, no (H)SMRs were calculated for them. The figures would have been relatively unreliable and not based on the same period length as the other hospitals. Also, no (H)SMR figures were computed for several other hospitals, but for different reasons (see Appendix 2). However, the data of these hospitals was kept in the model.

### *2.1.2 Admissions*

We considered both the population of hospitals and the population of admissions. Our target population of admissions consists of “all hospital stays (inpatient admissions) of Dutch residents in short stay Dutch hospitals during a certain period”. The date of discharge, and not the day of admission, determines the year a record is assigned to. So the 2010 population of hospital stays comprises all inpatient admissions that ended in 2010. For the sake of convenience, we will sometimes name these hospital stays as “admissions”, thus meaning the hospital stay instead of its very beginning.

Day admissions are excluded because these are in principle non-life-threatening cases with hardly any mortality.

Since there are many diagnoses with very low mortality, only the 50 diagnosis groups with the highest (absolute) mortality are analysed. These diagnosis groups (see section 2.3 for a further specification) cover 79.7% of the entire inpatient hospital mortality and 36.1% of the inpatient admissions in 2008-2010. Moreover, some registered admissions of two partially non-responding hospitals were excluded because of over-reporting fatal cases (see subsection 2.1.1).

Lastly, admissions of foreigners are excluded from the HSMR model. This is partly done in the context of possible future modifications of the model, when other data can be linked to the admissions of Dutch residents (see Appendix 3). The number of admissions of foreigners is relatively small (27 508 inpatient admissions in 2007-2010).

Altogether, 2 387 604 inpatient admissions, that are registered in the LMR within the 50 CCS diagnosis groups considered, were included in the model of 2007-2010.

## **2.2 Target variable (dependent variable)**

The target variable for the regression analysis is the “in-hospital mortality”. As this variable is binary, logistic regressions have been performed.

The crude mortality rate for the population of 2 387 604 inpatient admissions mentioned in section 2.1 is 4.7%. But, of course, rates are different for different diseases.

## **2.3 Stratification**

Instead of performing one logistic regression for all admissions, a separate logistic regression has been performed for each of the selected diagnosis groups  $d$ . These sub-populations of admissions are more homogeneous than the entire population. Hence, this stratification may improve the precision of the estimated mortality probabilities. As a result of the stratification, covariates are allowed to have different regression coefficients across diagnosis groups.

The diagnosis groups are clusters of ICD9-CM (International Classification of Diseases, 9th Revision, Clinical Modification) codes registered in the LMR. Here the main diagnosis of the admission is used, i.e. the main reason for the hospital stay, which is determined at discharge. The CCS (Clinical Classifications Software<sup>2</sup>) is used for the clustering. This clusters ICD diagnoses into a manageable number of clinically meaningful categories. For the HSMR, we selected the CCS groups with the highest mortality covering about 80% of the total hospital mortality. The 50 CCS groups are listed in Table 4 in section 3.2. The ICD9-CM codes of these 50 CCS groups are available in a separate file published together with this report.

Actually, these 50 CCS diagnosis groups have been kept constant over the last few years. Although the real “top-50” of CCS groups with highest mortality has changed slightly in the course of years, CBS decided to use the same groups as Kiwa Prismant had, for reasons of continuity. So the model includes 50 separate logistic regressions, one for each CCS diagnosis group  $d$  that was selected.

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<sup>2</sup> See <http://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccsfactsheet.jsp>

## 2.4 Covariates (explanatory variables or predictors of in-hospital mortality)

By including covariates of patient and admission characteristics in the model, the in-hospital mortality is adjusted for these characteristics. As a result, the (H)SMRs are adjusted for these covariates as well. For this one obviously chooses those variables (available in the LMR) that are associated with patient's in-hospital mortality. The more the covariates discriminate between hospitals, the bigger the effect on the (H)SMR. CBS used the same types of covariates that Kiwa Prismant had used before, but changed some operationalisations, especially with respect to the way severity of the main diagnosis and comorbidities were included in the model, as suggested by the Dutch HSMR Expert group.

Here follows a listing of the covariates used. More information about these covariates and their use in the analysis is found in Appendix 1. Differences with the covariates that Kiwa Prismant had used before are explained in Appendix 3.

The following LMR-variables are included in the model as covariates:

- Age at admission (21 categories);
- Sex of the patient (2 categories);
- SES (Socio-Economic Status) of the postal area of patient's address (6 categories). The SES classification per postal code is from The Netherlands Institute for Social Research (*Sociaal Cultureel Planbureau*, SCP);
- Severity of main diagnosis (9 categories). Instead of CCS diagnosis subgroups, we used a new classification of severity of the main diagnosis in terms of mortality rates, as suggested by Van den Bosch et al. (2011); see Appendix 1.
- Urgency of the admission (planned, not planned);
- Comorbidity<sub>1</sub> – Comorbidity<sub>17</sub>, i.e. a separate dummy variable (indicator variable) for each of the 17 comorbidity groups that are part of the “Charlson index”. The groups are listed in Table A1.1 in Appendix 1. Each dummy variable indicates whether the patient suffers from the specific comorbidity (e.g. diabetes), based on the secondary diagnoses registered in the LMR. The procedure with separate dummy variables has been suggested by Lingsma and Pouw, who did research for the Dutch HSMR Expert group; see Appendices 1 and 3; Finally, we collapsed the 17 comorbidity groups to 15 groups, as described in Appendix 1.
- Source of admission (4 categories: home, nursing home, general hospital, academic or top-clinical hospital), indicating the patient's location before the admission;
- Year of discharge (4 categories: 2007-2010);
- Month of admission (6 categories of two months).

Non-significant covariates ( $\alpha=.05$ ) are dropped during the backward elimination method (see subsection 2.5.2). Only “Year of discharge” is never dropped, as it guarantees that the SMRs and HSMRs have an average of 100. Information on collapsing categories is also found in section 2.5.2.

## 2.5 Computation of the model and the (H)SMR

### 2.5.1 SMR and HSMR

According to the first formula in section 1.1, the SMR of hospital  $h$  for diagnosis  $d$  is written as

$$SMR_{dh} = 100 \frac{O_{dh}}{E_{dh}}, \quad (2.1)$$

with  $O_{dh}$  the observed number of deaths with diagnosis  $d$  and hospital  $h$ , and  $E_{dh}$  the expected number of deaths in a certain period. We can denote these, respectively, as

$$O_{dh} = \sum_i D_{dhi} \quad (2.2)$$

and

$$E_{dh} = \sum_i \hat{p}_{dhi}, \quad (2.3)$$

where  $D_{dhi}$  denotes the observed mortality for the  $i^{th}$  admission of the combination  $(d,h)$ , with scores 1 (death) and 0 (survival), and  $\hat{p}_{dhi}$  the mortality probability for this admission, as estimated by the logistic regression of “mortality diagnosis  $d$ ” on the set of covariates mentioned in section 2.4. This gives

$$\hat{p}_{dhi} = \text{Prob}(D_{dhi} = 1 | X_{dhi}) = \frac{1}{1 + \exp(-\hat{\beta}_d' X_{dhi})}, \quad (2.4)$$

with  $X_{dhi}$  the scores of admission  $i$  of hospital  $h$  on the set of covariates, and  $\hat{\beta}$  the maximum likelihood estimates of the corresponding regression coefficients, i.e. the so-called log-odds.

For the HSMR of hospital  $h$ , we have accordingly

$$HSMR_h = 100 \frac{O_h}{E_h} = 100 \frac{\sum_d O_{dh}}{\sum_d E_{dh}} = 100 \frac{\sum_d \sum_i O_{dhi}}{\sum_d \sum_i \hat{p}_{dhi}}. \quad (2.5)$$

It follows from the above formulae that:

$$HSMR_h = 100 \frac{\sum_d E_{dh} \frac{O_{dh}}{E_{dh}}}{E_h} = \sum_d \frac{E_{dh}}{E_h} SMR_{dh}. \quad (2.6)$$

Hence, an HSMR is a weighted mean of the SMRs, with the expected mortalities across diagnoses as the weights.

### 2.5.2 *Modelling and model-diagnostics*

For each of the 50 CCS diagnosis groups, first the full model has been estimated, using all categorical covariates mentioned in section 2.4. Subsequently, reduced models are estimated, dropping non-significant covariates ( $\alpha=.05$ ) by using the “fastbw” method of Lawless and Singhal (1978). This backward stepwise elimination procedure uses the Wald statistic as a testing criterion. Finally, Year of discharge is added to the reduced model if it was dropped during the stepwise procedure.

Appendix 1 gives an overview of the covariates and their categories. Categories, including the reference category, are collapsed if the number of admissions is smaller than 50, thus preventing the standard errors of the regression coefficients to become too large. This collapsing is performed starting from the smallest category, which is combined with the smaller nearby category, etc. For technical reasons dealing with the chosen R-software, collapsing also took place when there were no deaths in the category. For the comorbidity variables a comparable method of collapsing was performed; see Appendix 1. All regression coefficients are presented in Appendix 4.

For evaluating the 50 models, the following statistics are presented:

- standard errors for all regression coefficients, as well as the odds, which are the exponents of the regression coefficients;
- Wald statistics for the overall effect and the significance testing of categorical variables;
- C-statistics for the overall fit. The C-statistic is a measure for the predictive validity of, in our situation, a logistic regression. Its maximum value of 1 points to perfect discriminating power and 0.5 points to a discriminating power not better than expected by chance, which will be the situation if no appropriate covariates are found. We present the C-statistics as an evaluation criterion for the 50 logistic regressions; see Table 4 in section 3.2.

### 2.5.3 *Confidence intervals and control limits*

For each SMR and HSMR a 95% confidence interval is calculated, i.e. an upper and lower confidence limit. These limits are mentioned in the specific reports for the hospitals. A lower limit above 100 points to a statistically significantly high (H)SMR, and an upper limit below 100 points to a statistically significantly low (H)SMR. For the calculation of these confidence intervals, a Poisson distribution is assumed for the numerator of the (H)SMR, whereas the denominator is assumed to have no variation. This is a good approximation, since the variance of the denominator is small. As a result of these assumptions, exact confidence limits could be computed.

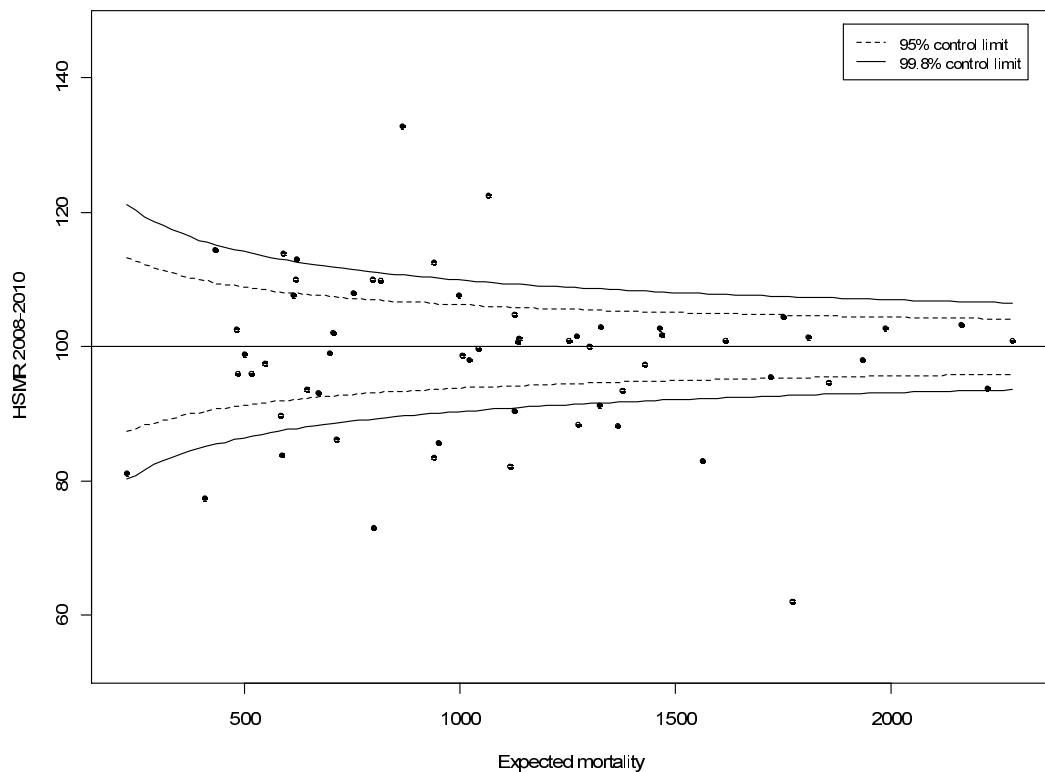
HSMRs can be presented in a funnel plot (see Figure 1). This is a plot of hospitals, where the vertical axis represents the HSMRs and the horizontal axis the expected mortalities. Points above the horizontal axis (HSMR=100) have a higher observed than expected mortality. As this might be a non-significant feature, due to chance,



control limits are shown in the plot for each possible expected mortality. HSMRs within these control limits do not deviate significantly from 100. In the case of 95% control limits, about 2.5% of the points would lie above the upper limit if there is no reason for differences between HSMRs, and about 2.5% of the points below the lower limit. The same holds, mutatis mutandis, for the 99.8% control limits. Here about 0.1% of the points would lie above the upper line, if there is no reason for differences in standardised mortality rates. Most attention will be paid to this line, as points above this line have a high HSMR that is statistically very significant, which can hardly be the result of chance alone. These hospitals would be advised to investigate the possible reasons for the significantly high values: coding errors, unmeasured casemix variables and/or suboptimal quality of care.

Figure 1 gives the funnel plot of the HSMRs 2008-2010. Exact control limits have been computed. As mentioned before, hospitals are excluded if their data did not pass the exclusion criteria or if they did not authorize CBS. As some of these hospitals are still represented in the expected mortality model, the (weighted) average HSMR of the displayed hospitals will not be exactly equal to 100. Actually, the weighted average HSMR of the displayed hospitals in 2008-2010 (n=60) is 97.8. Also for the year 2010 the average HSMR of the non-excluded hospitals (n=68) is 97.8. Restriction of the models to the non-excluded hospitals would not have changed the general picture in the funnel plot, apart from the small effect on the HSMR averages.

Figure 1. Funnel plot HSMR 2008-2010



The precision of the HSMR is much greater for a three-year period than for a single year, reflected by a smaller range between the control limits. The confidence intervals of the HSMR are smaller as well. This is the reason why HSMRs and corresponding funnel plots of three-year periods are more often presented than one-year figures. Of course, drawbacks are that two progressive three-year figures (e.g. 2007-2009 and 2008-2010) are overlapping, and that the three-year figure is less up-to-date than the figure of the last year. Therefore we have also calculated the figures for the last available year (funnel plot of 2010 not presented). Observed mortality (numerator) and expected mortality (denominator) are then calculated for this year, whereas the expected mortality model of the HSMR still uses the 2007-2010 data. If a hospital has a significantly high HSMR in 2010, but not for 2008-2010, this is a signal for further investigation, as the quality of care may have deteriorated. On the other hand, if a hospital has a significantly high HSMR in 2008-2010, but not in 2010, this does not necessarily mean that the situation has improved in 2010, as the one-year figures are less often significant because of the larger margins. In such cases one should not only take into account the significance, but also look at the HSMR levels over the years.

### 3. Model results and evaluation

In this chapter the model results are described and evaluated. Some summary measures are presented of the 50 logistic regressions, one for each CCS group, with inpatient mortality as the dependent variable and the variables mentioned in section 2.4 as explanatory variables. The more detailed results, such as the regression coefficients, are presented in Appendix 4.

The computations have been performed using the procedure “lrm” from the R-package “rms”.

#### 3.1 Impact of the covariates on mortality

Table A4.1 of Appendix 4 shows for each CCS diagnosis group which covariates are preserved in the regression models, which implies that they have a statistically significant impact on in-hospital mortality: “1” points to (statistical) significance, and “0” to non-significance. As an exception, Year of discharge automatically gets a “1”, as this covariate has been preserved even when it is not statistically significant. This guarantees that the overall expected and observed mortalities are equal for each year considered.

The last line of Table A4.1 gives the numbers of significant results across the CCS groups for each covariate. These values are presented again in Table 2 below, as a summary, but ordered with respect to the number of times a covariate is significant. So it shows how many times each covariate is used in the final regressions, i.e. after implementation of the stepwise procedure. Age, Urgency of the admission and Severity of the main diagnosis are significant for the great majority of the 50 diagnosis groups. This is also true for the comorbidity groups 2, 13 and 16, i.e. for Congestive heart failure, Renal disease and Metastatic cancer. The impact of SES is very limited. Comorbidity 15, HIV, was never significant. It was seldom registered as a comorbidity; most CCS groups had less than 50 admissions with HIV comorbidity.

The relative impact of the covariates is better judged by considering the Wald (chi-square) statistics for each covariate; see Table A4.2A of Appendix 4. The Wald statistic has been used for testing whether the covariates had a significant impact on mortality. But it can also be used as a measure of association. A large value of a Wald statistic points to a strong impact of that covariate on mortality, adjusted for the impact of the other covariates. It is a kind of “explained chi-square”. As the number of categories may “benefit” covariates having many categories, the corresponding numbers of degrees of freedom (df) are presented in Table A4.2B, where df is the number of categories in the final model, minus 1.

Table 2. Statistical significance of the covariates for the 50 logistic regressions (summary)

Covariate	No. of significant results	Covariate	No. of significant results
Year of discharge <sup>a)</sup>	50	Comorbidity_9	23
Age	49	Sex	21
Comorbidity_16	47	Comorbidity_8	15
Comorbidity_2	45	Month of admission	14
Urgency	44	Comorbidity_5	11
Comorbidity_13	44	SES	9
Severity main diagnosis	43	Comorbidity_7	4
Comorbidity_4	39	Comorbidity_10	2
Comorbidity_6	37	Comorbidity_12	2
Comorbidity_14	37	Comorbidity_15	0
Comorbidity_1	35	Comorbidity_11 <sup>b)</sup>	-
Source of admission	33	Comorbidity_17 <sup>b)</sup>	-
Comorbidity_3	25		

a) Year of discharge has been preserved in all 50 regressions.

b) Comorbidity\_17 “Severe liver disease” and Comorbidity\_11 “Diabetes complications” are always added to Comorbidity\_9 “Liver diseases” and Comorbidity\_10 “Diabetes”, respectively.

Since no influence on mortality has been assessed for non-significant covariates, the Wald statistics for these covariates are left out and these values are counted as zero in the column sums. For the numbers of degrees of freedom, we have presented the number of categories minus 1 in the *final* models. Hence, Age may have its maximum of 20 df, as it has 21 categories, but when categories are collapsed, df will be smaller than 20. For Severity of main diagnosis, df also depends on the CCS main diagnosis group, as the (severity of) subdiagnoses differ, resulting in different numbers of categories.

The last line of Table A4.2A gives the sum of the Wald statistics across the 50 regressions for each covariate, as a kind of “explained chi-square”. In Table 3 below, these are presented again, as a summary, but now ordered by value. The sums of the degrees of freedom, the last line of Table A4.2B, are added to Table 3. It shows that Age has the highest explanatory power, with 28 081 as the sum of the Wald statistics. But Age has the most parameters by far. Severity of main diagnosis is also a covariate with a large impact on mortality and has fewer categories. Urgency of the admission is also an important variable. The explanatory power of Sex, Month of admission and SES is relatively small. This is also true for some comorbidity groups. Like in Table 2, comorbidity groups 2, 13 and 16 are the groups with the most impact on mortality. The sum of all Wald statistics for the 15 comorbidity groups considered is equal to 18 827, but due to interference of comorbidities this only can give an indication of their combined effect. Anyway, it can be concluded that several comorbidity groups also contribute importantly to the model.

As mentioned before, Table 3 only gives a summary of Table A4.2. The effect of a covariate on mortality can be very different for different CCS groups.

*Table 3. Wald chi-square statistics for the 50 logistic regressions*

Covariate	Sum of Wald statistics	Sum of df	Covariate	Sum of Wald statistics	Sum of df
Age	28081.3	768	Sex	661.2	21
Severity main diagnosis	24363.1	141	Comorbidity_3	478.0	25
Urgency	15009.9	44	Month of admission	359.8	70
Comorbidity_2	6042.2	45	Comorbidity_8	294.8	15
Comorbidity_16	3209.2	47	Comorbidity_5	166.2	11
Comorbidity_13	2698.9	44	SES	154.0	42
Source of admission	1613.4	95	Comorbidity_7	30.0	4
Comorbidity_4	1556.9	39	Comorbidity_10	14.5	2
Comorbidity_14	1548.1	37	Comorbidity_12	11.5	2
Year of discharge <sup>a)</sup>	1496.5	150	Comorbidity_15	-	-
Comorbidity_1	1039.8	35	Comorbidity_11 <sup>b)</sup>	-	-
Comorbidity_9	920,1	23	Comorbidity_17 <sup>b)</sup>	-	-
Comorbidity_6	816.5	37			

a) Year of discharge has been preserved in all 50 regressions.

b) Comorbidity\_17 “Severe liver disease” and Comorbidity\_11 “Diabetes complications” are always added to Comorbidity\_9 “Liver diseases” and Comorbidity\_10 “Diabetes”, respectively.

### 3.2 Model evaluation for the 50 regression analyses

Table 4 gives the CCS diagnosis groups and the values of the C-statistic; see section 2.5.2 for its meaning. Nearly all values of the C-statistic lie between 0.7 and 0.9. The highest values are found for the CCS groups “Intracranial injury” (C=.93), “Cancer of breast” (C=.93) and “Biliary tract disease” (C=.91). For these three CCS groups the covariates strongly reduce the uncertainty in predicting patient’s mortality. The lowest values are found for “Congestive heart failure; nonhypertensive” (C=.66), “Aspiration pneumonitis; food/vomit” (C=.68) and “Liver disease; alcohol-related” (C=.71).

Table 4. C-statistics for the logistic regressions of the 50 CCS main diagnosis groups

CCS-group no.	Description CCS diagnosis group	Number of admissions	C-statistic
2	Septicemia (except in labour)	15,450	0.77
12	Cancer of esophagus	10,596	0.74
13	Cancer of stomach	14,564	0.78
14	Cancer of colon	40,199	0.79
15	Cancer of rectum and anus	21,207	0.80
17	Cancer of pancreas	10,774	0.72
19	Cancer of bronchus; lung	72,238	0.82
24	Cancer of breast	57,519	0.93
29	Cancer of prostate	23,081	0.89
32	Cancer of bladder	41,505	0.89
38	Non-Hodgkins lymphoma	20,110	0.81
39	Leukemias	19,229	0.84
42	Secondary malignancies	67,710	0.77
44	Neoplasms of unspecified nature or uncertain behavior	20,895	0.81
50	Diabetes mellitus with complications	32,495	0.86
55	Fluid and electrolyte disorders	26,922	0.83
59	Deficiency and other anemia	45,376	0.78
85	Coma; stupor; and brain damage	3,983	0.80
96	Heart valve disorders	33,780	0.79
100	Acute myocardial infarction	87,847	0.77
101	Coronary atherosclerosis and other heart disease	228,060	0.79
103	Pulmonary heart disease	26,062	0.78
106	Cardiac dysrhythmias	180,951	0.85
107	Cardiac arrest and ventricular fibrillation	8,251	0.77
108	Congestive heart failure; nonhypertensive	99,716	0.66
109	Acute cerebrovascular disease	95,070	0.76
114	Peripheral and visceral atherosclerosis	40,469	0.90
115	Aortic; peripheral; and visceral artery aneurysms	26,282	0.88
116	Aortic and peripheral arterial embolism or thrombosis	28,569	0.89
117	Other circulatory disease	21,765	0.85
122	Pneumonia (except that caused by tuberculosis or sexually transmitted diseases)	118,913	0.78
127	Chronic obstructive pulmonary disease and bronchiectas	76,096	0.71
129	Aspiration pneumonitis; food/vomitus	4,518	0.68
130	Pleurisy; pneumothorax; pulmonary collapse	22,683	0.83
133	Other lower respiratory disease	97,754	0.86
145	Intestinal obstruction without hernia	32,213	0.83
146	Diverticulosis and diverticulitis	32,658	0.86
149	Biliary tract disease	122,765	0.91
150	Liver disease; alcohol-related	4,848	0.71
151	Other liver diseases	16,369	0.80
153	Gastrointestinal hemorrhage	33,657	0.79
155	Other gastrointestinal disorders	45,745	0.90
157	Acute and unspecified renal failure	9,766	0.75
158	Chronic renal failure	18,683	0.85

CCS- group no.	Description CCS diagnosis group	Number of admissions	C- statistic
159	Urinary tract infections	62,266	0.83
226	Fracture of neck of femur (hip)	66,420	0.79
233	Intracranial injury	56,990	0.93
237	Complication of device; implant or graft	74,632	0.84
238	Complications of surgical procedures or medical care	67,041	0.86
249	Shock	2,912	0.73

### 3.3 Regression coefficients

Table A4.3 of Appendix 4 contains the output from the R-package `rms`. For each of the 50 logistic regressions it contains

- the formula of the model, which shows the covariates that are preserved in the model after the stepwise backward procedure,
- some general information about the data and model fit,
- the (estimated) regression coefficients, also called “log-odds”, their standard errors (S.E.) and the odds, which are the exponents of the regression coefficients. The regression coefficients are the elements from the vector  $\hat{\beta}_d$  from formula (2.4), for each diagnosis  $d$ . Notice that a  $\beta$ -coefficient has to be interpreted as the difference in log-odds between the category in question and the reference category (first category, which is not shown in the output) of the same covariate. Non-significant coefficients are left out and in many cases categories are collapsed (see also section 2.5.2).

#### 4. Limitations of the HSMR

From the first publication of the HSMR in England on, there have been discussions about the quality of the HSMR as an instrument. Pro and contra agree that the HSMR is not a unique, ideal measure, but at most a possible indicator for the quality of health care, next to other possible indicators. But even in considering the HSMR with a more limited purpose, i.e. standardising hospital mortality rates for unwanted side-effects, the interpretation of HSMRs has some problems. We mention some of these.

- Appendix 1 contains the list of covariates included in the regression model. Hospitals do not always code these variables in the same way. Variables such as Age and Gender do not give any problems. But coding e.g. unplanned admissions, main diagnosis and comorbidity may depend on the physician and the coder. Lilford and Pronovost (2010) argue that when the quality of the source data is insufficient, the regression model should not adjust for such erroneously coded covariates. Van den Bosch et al. (2010) make extensive reference to the influence of coding errors. Exclusion criteria for outliers can partially address this problem, but not completely.
- Some hospitals can have more seriously ill patients than other hospitals, on average, even when having the same set of scores on the covariates. University hospitals may have more serious cases than other hospitals, while it is questionable whether the model adjusts satisfactorily for this phenomenon. Some essential covariates that are related to mortality are then missing. This can be due to the fact that some of the desired covariates are not (yet) measured in the LMR. Some factors will be hard to measure at all. But there are also important missed variables that may be measured in future years by the hospitals, such as palliative care.
- The same problem occurs when certain high risk surgical procedures are only performed in certain hospitals. For instance, open heart surgery only occurs in authorized cardiac centres. These hospitals may have higher SMRs for heart diseases due to the more dangerous interventions. This could be solved by including a covariate in the model that indicates whether such a procedure was performed. The disadvantage of this is that a method of treatment is used as a covariate, while this should ideally not be part of the model as it is a feature of hospital care. Furthermore, a practical problem is that the registration of surgical procedures in the LMR has been far from complete in recent years.
- Hospitals can differ in admission and discharge policy. For instance, one hospital may admit the same patient more frequently but for shorter stays than the other. Or it discharges a patient earlier than the other because there are external terminal care facilities in the neighbourhood. Besides, hospitals may also allocate health care in a different way, paying more or less attention to less



acute cases. Obviously, all these situations influence the outcome of the HSMR, as it influences the observed mortality numbers, but cannot be translated in terms of quality of care.

- Hospitals can compare their HSMR and SMRs with the national average of 100. The *mutual* comparison between (H)SMRs of two or more hospitals is more complicated. There is no complete adjustment for differences in casemix between pairs of hospitals. Theoretically, it is even possible that hospital A has higher SMRs than hospital B for all diagnosis groups, but a lower HSMR. Although this is rather theoretically, one should still be careful with mutual comparison of HSMRs (Heijink et al., 2008).

## 5. Possibilities for the future

We have implemented some improvements in the present HSMR model, of which the most important are a different classification of the severity of main diagnosis and a different way of processing the comorbidities. The HSMR model can be further developed in the coming years, depending on the practical possibilities for this (e.g. availability of data on extra yet missing covariates) and the added value compared to the present HSMR model. On the one hand, stability of the model is advisable, so that HSMRs are better comparable across years. This would argue in favour of not drastically changing the current model for the next few years. On the other hand, new insights may be reason to further improve the HSMR instrument. Some ideas for improvement are mentioned here. These ideas are largely based on international literature and discussions with the Dutch HSMR Expert group.

- Mortality is presently restricted to in-hospital mortality. In the United Kingdom there will be a change this year from the HSMR (Aylin et al., 2010) to the so called “Summary Hospital-Level Mortality Indicator” or SHMI (Campbell et al., 2011). One of the main differences is that the SHMI includes mortality within 30 days after discharge. The reason for this is that mortality after discharge may also be a result of hospital quality. Apart from this, the 30-day mortality may also tackle the problem of variety in the availability of terminal care outside the hospital. In the Netherlands 30-day mortality can be measured by linking the LMR with the Municipal Personal Records Database (GBA). This linkage is not yet complete, because a unique identifier is missing in the LMR data. In the coming years such an identifier will be introduced in the LMR.
- The 50 CCS diagnosis groups used were the “top-50” several years ago. Although they still cover nearly 80% of hospital mortality, this top-50 does not fully correspond with the present top-50. So, there are diagnosis groups in the present top-50 that are not included in the 50 diagnosis groups selected for the HSMR. The selection of diagnosis groups could therefore be updated to a new top-50, or extended to the top-70, or include all inpatient mortality.
- HSMRs are generally calculated for the entire target population of hospitals. All (H)SMRs are thus compared with the average mortality rate of 100. It could be considered to estimate models and calculate (H)SMRs for more homogeneous groups of hospitals, since the type of standardisation used does not completely adjust for differences in casemix. Examples of such “peer groups” are university hospitals and cardiac centres, which may have more life-threatening cases, for which the model does not sufficiently adjust when all hospitals are modelled together. Hospitals are then compared with the average mortality in their peer group. Relations *between* peer groups will then be lost, however. This will not be the case when, instead, hospitals that belong to the same peer group are marked in the general HSMR figures of all hospitals.

Another option is to add covariates that discriminate between peer groups and their complementary groups. One may e.g. use as covariate whether the hospital is a university hospital or not, or whether or not the hospital is permitted to perform certain cardiac procedures such as open heart surgery or percutaneous coronary interventions. This, however, has the drawback that one adjusts for hospital characteristics that may be linked to hospital quality.

- Linking the LMR with the GBA and other databases available at CBS, can give extra patient variables to adjust for, such as ethnicity or socio-economic variables. Also, the “number of previous hospital admissions” can then be calculated, which can also be done with the LMR dataset only, when a unique personal identifier is included. CBS already links the LMR to the GBA for its health statistics, where date of birth, sex and postal code are used as linkage key. However, because of the limited resolution power of this key, the linkage is not complete. For use for the HSMR it is desirable that (nearly) all hospital patients can be linked. To this end, each person should have a unique identifier in the LMR.

More research is necessary before introducing these and other possible changes into the HSMR-model.

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## Appendix 1. Covariates: definitions and use in regression analyses

In this appendix detailed information is given on the definitions and categories of the covariates, and their use in the regression analyses.

For the regressions, all categorical covariates are transformed into dummy variables (indicator variables), having scores 0 and 1. A patient scores 1 on a dummy variable if he/she belongs to the corresponding category, and 0 otherwise. As the dummy variables for a covariate are linearly dependent, one dummy variable is left out for each categorical covariate. The corresponding category is the so-called *reference category*. We took the *first* category of each covariate as the reference category.

The general procedure for collapsing categories is described in section 2.5.2. Special (deviant) cases of collapsing are mentioned below.

**Age at admission** (in years): 0, 1-4, 5-9, 10-14, ..., 90-94, 95+.

**Sex** of the patient: *male, female*.

If Sex is unknown, “female” has been imputed; this happened only twice.

**SES (Socio-Economic Status)** of the postal area of patient’s address: *lowest, below average, average, above average, highest, unknown*.

The SES variable has been added to the LMR dataset on the basis of the postal code of the patient’s residence. The SES variable was derived from The Netherlands Institute for Social Research (SCP)<sup>3</sup>, who collected SES data in 2006 and performed a principal component analysis on variables that deal with Income, Employment and Education level. Each four-letter postal area thus obtained a component score. Out of these scores, population-weighted quintiles are calculated, resulting in the six SES categories mentioned above. Patients for whom the postal area does not exist in the dataset of the SCP (category “unknown”), are added to the category “average” if collapsing was necessary.

**Severity of main diagnosis** groups: *[0-0.01), [0.01-0.02), [0.02-0.05), [0.05-0.1), [0.1-0.2), [0.2-0.3), [0.3-0.4), [0.4-1], Others*. This is a categorisation in mortality rates. Each ICD9-CM main diagnosis code is classified in one of these groups, as explained below.

A separate model has been estimated for each CCS diagnosis group. Most groups have many sub-diagnoses (individual ICD9-CM codes), which may differ in seriousness (mortality risk). To classify the severity of the sub-diagnosis, we used the method suggested by Van den Bosch (2011). He suggested to categorize the ICD9-CM codes into mortality rate categories. To this end, we computed inpatient mortality rates for all ICD9-CM sub-diagnoses for the period 2005-2009, and chose

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<sup>3</sup> see <http://www.scp.nl/content.jsp?objectid=default:20133>

the following boundaries for the mortality rate intervals: 0, .01, .02, .05, .1, .2, .3, .4 and 1. ('0' means 0% mortality; '1' means 100% mortality). These boundaries are used for all CCS diagnosis groups. The higher severity categories only occur for a few diagnosis groups. The individual ICD9-CM codes with the corresponding severity category are available in a separate file published together with this report.

A limitation of this procedure is that partially the same dataset is used for calculating the mortality rates for the severity variable (2005-2009) and for the mortality target variable of the HSMR (2008-2010). This overlap will automatically wash out when HSMRs are calculated for later years. To diminish its effect on the SMRs, ICD9-CM codes that have admissions in less than five different hospitals were put in the category "others", as suggested by Van den Bosch. It is actually a category of admissions with ICD9-CM codes for which the mortality rates are unreliable.

Just like for the other covariates, categories are collapsed with nearby categories if the number of admissions is smaller than 50 or when there are no deaths. The category "others", however, does not have a natural nearby category. We decided to collapse "others" with the category having the highest frequency (i.e. the mode), if necessary.

**Urgency** of the admission: *planned, not planned (acute)*.

The definition of an acute admission is: an admission that was not planned (for that moment) and cannot be postponed since immediate aid (observation, examination or treatment) is necessary.

**Comorbidity\_1 – Comorbidity\_17.** All these 17 covariates are dummy-variables, having categories: 0 (*no*) and 1 (*yes*).

The 17 comorbidity groups are listed in Table A1.1, with their corresponding ICD9-CM codes. These are the same comorbidity groups as used in the Charlson index. However, separate dummy variable are used for each of the 17 comorbidity groups, as advised by the Dutch HSMR Expert group.

All secondary diagnoses registered in the LMR and belonging to the 17 comorbidity groups are used, but if a secondary diagnosis is identical to the main diagnosis, it is not considered a comorbidity. Secondary diagnoses referring to a complication (occurring during the hospital stay), external cause, or the morphological typing of a cancer are also excluded.

In conformity with the collapsing procedure for other covariates, comorbidity groups that are registered in less than 50 admissions are left out, as the two categories of the dummy variable are then collapsed. Comorbidity groups without deaths do not discriminate between admissions either and are left out as well.

However, combining different comorbidity groups has always been done for Comorbidity\_17 (Severe liver disease) and for Comorbidity\_11 (Diabetes complications), even in case there were 50 or more admissions. Comorbidity\_17 has been added to Comorbidity\_9 (Liver diseases), and Comorbidity\_11 to Comorbidity\_10 (Diabetes). So, finally we used 15 comorbidity groups.

Table A1.1. Comorbidity groups of Charlson index and the corresponding ICD9-CM codes

No.	Comorbidity groups (Charlson variables)	ICD9-CM codes
1	Acute myocardial infarction	410, 412
2	Congestive heart failure	428
3	Peripheral vascular disease	441, 4439, 7854, V434
4	Cerebral vascular accident	430–438
5	Dementia	290
6	Pulmonary disease	490, 491, 492, 493, 494, 495, 496, 500, 501, 502, 503, 504, 505
7	Connective tissue disorder	7100, 7101, 7104, 7140, 7141, 7142, 71481, 5171, 725
8	Peptic ulcer	531, 532, 533, 534
9	Liver disease	5712, 5714, 5715, 5716
10	Diabetes	2500, 2501, 2502, 2503, 2507
11	Diabetes complications	2504, 2505, 2506
12	Paraplegia	342, 3441
13	Renal disease	582, 5830, 5831, 5832, 5836, 5837, 5834, 585, 586, 588
14	Cancer	14, 15, 16, 18, 170, 171, 172, 174, 175, 176, 179, 190, 191, 192, 193, 194, 1950, 1951, 1952, 1953, 1954, 1955, 1958, 200, 201, 202, 203, 204, 205, 206, 207, 208
15	HIV	042, 043, 044
16	Metastatic cancer	196, 197, 198, 1990, 1991
17	Severe liver disease	5722, 5723, 5724, 5728

**Source of admission:** *home, nursing home, general hospital, academic or top-clinical hospital.*

This variable indicates the patient's location before the admission.

**Year of discharge:** *2007, 2008, 2009, 2010.*

This variable is never left out at the stepwise procedure, since (H)SMRs have to be calculated for the separate years 2008 to 2010. Inclusion of the year guarantees the number of observed and expected (predicted) deaths to be equal for that year. This makes the yearly (H)SMRs have an average of 100, when weighting the hospitals proportional to their expected mortality.

**Month of admission:** *January/February, ..., November/December.*

The months of admission are combined into 2-month periods.

## Appendix 2. Exclusion criteria for the calculation of HSMRs

Although all hospitals mentioned in section 2.1.1 are included in the model, HSMR outcome data were not produced for all hospitals. HSMRs were only calculated for hospitals that met the criteria for LMR participation, data quality and casemix. For this we used the same exclusion criteria as Kiwa Prismant did last year. In addition to this, only HSMRs were calculated for hospitals that authorized CBS to deliver their HSMR figures to DHD.

Criteria used for excluding a hospital from calculating HSMRs were:

### *No inpatient admissions*

0. Hospitals treating only day cases or outpatients are excluded, as calculation of the HSMR is not relevant then. Actually, these hospitals do not belong to the HSMR population. Therefore, a code “0” has been assigned to this criterion.

### *Insufficient participation in the LMR*

1. Hospitals with a LMR response rate of less than 50% for inpatient admissions are excluded. Hospitals with less than 6 completely registered months in a year and a selective registration of the fatal cases in the other months are also excluded (see also section 2.1.1).

### *Data quality*

Hospitals are excluded if:

2.  $\geq 2\%$  of the inpatient admissions have a vague diagnosis code (ICD9-CM codes 799.8 and 799.9).
3.  $\leq 30\%$  of the inpatient admissions are coded as acute (not planned).
4.  $\leq 0.5$  secondary diagnoses are registered per inpatient admission, on average per hospital.<sup>4</sup>

### *Casemix*

Hospitals are excluded if:

5. The expected mortality is 50 or less, i.e.  $E_{dh} \leq 50$ .
6.  $\leq 70\%$  of the inpatient hospital deaths are within the 50 CCS diagnosis groups considered.

In addition to the above mentioned criteria, hospitals are also excluded if they did not authorize CBS to deliver their HSMR figures.

Table A2.1 gives a summary of the hospitals by the different criteria for exclusion for 2010, and Table A2.2 for 2008-2010. (H)SMRs for 2008-2010 are only

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<sup>4</sup> For this criterion all secondary diagnoses are considered, also when they do not belong to the 17 comorbidity groups that are used as covariates. If identical secondary diagnoses (identical ICD9-CM codes) are registered within one admission, only one is counted. If a secondary admission is identical to the main diagnosis of the admission, it is not counted as a secondary diagnosis.



calculated if hospitals fulfill the criteria in 2010 and in the three year period as a whole, and have responded in all three years.

Table A2.1. Number of hospitals according to exclusion criteria, 2010

No.	Criterion	Authorization	No authorization	Total hospitals
0	No inpatient admissions	1	0	1
1	No/partial participation (<50%) LMR	9	7	16
	<i>of which no participation in one or more years</i>	5	7	12
	<i>of which partial (&lt;50%) response in one or more years<sup>a)</sup></i>	3	0	3
	<i>of which &lt;6 months complete registration + selective registration of mortality</i>	1	0	1
2	≥2% vague diagnosis code	2	0	2
3	≤30% admissions coded as acute	0	0	0
4	≤ 0.5 secondary diagnoses per inpatient admission (average per hospital)	3	0	3
5	≤50 expected mortality	1	0	1
6	≤ 70% hospital deaths within the 50 diagnosis groups considered <sup>b)</sup>	0	0	0
	Does not fulfill >1 of above-mentioned exclusion criteria (1-6)	2	1	3
	Meet all criteria	68 <sup>b)</sup>	2	70
	Total hospitals	86	10	96

a) For one hospital with <50% response, the registered data are also selective with respect to mortality.

b) For one hospital (H)SMRs are calculated although the percentage of deaths in the 50 diagnosis groups was slightly lower than 70% in 2010. This hospital is grouped under “Meet all criteria”.

Table A2.2. Number of hospitals according to exclusion criteria, 2008-2010

No.	Criterion	Authorization	No authorization	Total hospitals
0	No inpatient admissions	1	0	1
1	No/partial participation (<50%) LMR	12	5	17
	<i>of which no participation in one or more years</i>	9	5	14
	<i>of which partial (&lt;50%) response in one or more years<sup>a)</sup></i>	2	0	2
	<i>of which &lt;6 months complete registration + selective registration of mortality</i>	1	0	1
2	≥2% vague diagnosis code	3	0	3
3	≤30% admissions coded as acute	0	0	0
4	≤ 0,5 secondary diagnoses per inpatient admission (average per hospital)	5	0	5
5	≤50 expected mortality	1	0	1
6	≤ 70% hospital deaths within the 50 diagnosis groups considered <sup>b)</sup>	0	0	0
	Does not fulfill >1 of above-mentioned exclusion criteria (1-6)	4	3	7
	Meet all criteria	60 <sup>b)</sup>	2	62
	Total hospitals	86	10	96

a) For one hospital with <50% response, the registered data are also selective with respect to mortality.

b) For one hospital (H)SMRs are calculated although the percentage of deaths in the 50 diagnosis groups was slightly lower than 70% in 2008-2010. This hospital is grouped under "Meet all criteria".

From Table A2.1 it can be concluded that 68 hospitals met all criteria in 2010 and have given authorization. For the period 2008-2010 this is the case for 60 hospitals (see Table A2.2). So HSMR 2010 figures were produced for 68 hospitals, and HSMR 2008-2010 figures for 60 hospitals.

### **Appendix 3. Differences with the previously used method**

The HSMR method described in this report basically resembles the method previously used by Kiwa Prismant, but there are some differences. After investigating different possible improvements to the method, CBS has introduced some changes in the method. Some of these modifications were suggested by, and based on extensive research of, the Dutch HSMR Expert group.

For transparency, the differences with the previously used method are listed below:

1. For the regression modelling, previously all LMR data from 2003 onwards were used. To update the model, CBS has used LMR data of the last available four years only, i.e. 2007-2010 for the HSMR 2010. This is mainly a choice between stability and actuality. Four years of data gave enough stability and accuracy of the estimates while keeping the model up to date.
2. Previously, day admissions were included in the numerator (observed mortality) of the (H)SMR, but not in the regressions and in the denominator (expected mortality). CBS left out day admissions in both numerator and denominator. This was done because day admissions have a very low mortality. Fatal day cases may be the result of coding errors, or else can indicate a need for investigating the causes. When a hospital had relatively high mortality in day admissions (compared to other hospitals), it has been noted as a separate item in the HSMR 2010 report of that hospital.
3. Foreign patients have been excluded for two reasons. Firstly, the HSMR for foreign patients may be different from that for inhabitants in the Netherlands. Hospitals have different fractions of foreign patients and the distribution of diagnoses for foreign patients is very different from that for Dutch inhabitants. Secondly, foreign people cannot be matched to the Municipal Personal Records Database (GBA). In the future, this matching will be possible, which will enable incorporating extra variables in the HSMR model (e.g. ethnicity) and publishing HSMRs for more patient groups (see also chapter 5).
4. CBS has split the age category 90+ into the categories [90-95) and 95+. The possibility of using age as a continuous variable (restricted cubic spline) in the model had also been investigated. However, this did not improve the model, while introducing problems with presenting the model results.
5. For Severity of main diagnosis, a categorisation of mortality rates for the ICD9-CM sub-diagnoses has been used, as suggested by Van den Bosch (2011) and explained in Appendix 1. Previously the CCS sub-diagnoses groups were used. In the current method the boundaries used to define the mortality groups differ from the boundaries suggested by Van den Bosch. Preliminary research by CBS showed that the latter intervals were too wide at higher mortality rates and too narrow at low mortality rates. The modified intervals gave a better fit.

6. Previously the Charlson index was used for comorbidity, which is a weighted indicator for 17 comorbidity groups. The weights of the Charlson index were mostly determined long ago and could therefore be out-dated. Instead of these a priori weights, the current model uses the comorbidity groups as separate explanatory variables, following a suggestion by Lingsma and Pouw who did research for the Dutch HSMR Expert group. Results showed that the predictive power of the model increased when switching to the separate variables. The same 17 comorbidity groups have been used as before, but the comorbidity groups for 'diabetes' and 'diabetes complications' were combined, and this was also done for 'liver disease' and 'severe liver disease'.
7. Instead of 12 categories for Month of admission, this covariate has been restricted to 6 two-month periods in the current method. This gives a more parsimonious model and it hardly changed the expected probabilities and (H)SMRs.
8. In previous years categories of a covariate were collapsed if a category has fewer than 20 deaths. In the current method categories are collapsed if a category has fewer than 50 admissions or if there are no deaths in a category. Stability of regression coefficients depends on the number admissions rather than on the number of deaths.
9. In the stepwise backward elimination procedure for dropping non-significant covariates, 0.05 was used as significance criterion instead of 0.1 used before. The faster "fastbw" method of Lawless and Singhal (1978) was used, as an approximation of the backward Wald procedure previously used. However, Year of discharge has been excluded from the backward procedure. Preliminary research of CBS showed that allowing Year of discharge to be dropped introduced a bias in estimates of the HSMR.

## Appendix 4. Results of the logistic regressions

Table A4.1. Statistical significance of the covariates for the 50 logistic regressions (1=significant; 0=non-significant)

No. CCS-group	Age	Sex	SES	Severity of main diagnosis	Urgency	Comorbidity_1*	Comorbidity_2*	Comorbidity_3*	Comorbidity_4*	Comorbidity_5*	Comorbidity_6*	Comorbidity_7*	Comorbidity_8*	Comorbidity_9*	Comorbidity_10*	Comorbidity_11*	Comorbidity_12*	Comorbidity_13*	Comorbidity_14*	Comorbidity_15*	Comorbidity_16*	Comorbidity_17*	Source of admission	Year of discharge	Month of admission
2	1	1	0	1	0	1	1	1	1	0	0	0	0	1	0	-	0	1	1	0	1	-	0	1	1
12	1	0	0	0	1	1	0	0	0	0	1	0	0	0	0	-	0	0	0	0	1	-	1	1	0
13	1	0	0	0	1	0	1	0	1	0	1	0	0	0	0	-	0	1	0	0	1	-	0	1	0
14	1	1	0	1	1	1	1	1	1	1	1	0	1	1	0	-	0	1	0	0	1	-	1	1	0
15	1	1	0	1	1	1	1	0	1	0	1	0	0	0	0	-	0	1	0	0	1	-	1	1	0
17	1	0	0	1	1	1	0	0	1	0	1	0	0	0	0	-	0	1	0	0	1	-	0	1	0
19	1	1	1	1	1	1	1	1	1	0	1	0	1	1	0	-	0	1	1	0	1	-	1	1	1
24	1	0	0	1	1	0	0	0	1	0	0	0	0	0	0	-	0	1	0	0	1	-	0	1	0
29	1	0	0	0	1	1	1	0	0	0	0	0	0	0	0	-	0	1	0	0	1	-	0	1	0
32	1	0	1	1	1	1	1	0	1	0	1	0	0	0	0	-	0	1	0	0	1	-	0	1	0
38	1	0	0	1	1	0	1	0	1	0	1	0	0	0	0	-	0	1	1	0	1	-	1	1	0
39	1	0	0	1	1	0	1	0	1	0	1	0	0	0	0	-	0	1	0	0	1	-	1	1	0
42	1	0	1	1	1	1	1	1	1	0	1	0	0	1	0	-	0	1	0	0	1	-	1	1	0
44	1	0	0	1	1	0	1	1	1	0	1	0	0	0	0	-	0	1	1	0	1	-	1	1	0
50	1	1	0	1	1	1	1	1	0	0	1	0	0	1	0	-	0	1	1	0	1	-	0	1	0
55	1	1	1	1	0	1	1	0	1	0	0	0	0	1	0	-	0	0	1	0	1	-	0	1	1
59	1	1	0	1	1	0	1	0	1	0	0	0	0	0	0	-	0	1	1	0	1	-	1	1	0
85	1	0	0	1	1	0	1	0	0	1	1	0	0	0	0	-	0	0	1	0	0	-	0	1	0
96	1	0	0	1	1	0	1	1	1	0	0	0	1	0	0	-	0	1	1	0	0	-	1	1	0
100	1	0	1	1	1	1	1	1	1	1	1	0	1	0	0	-	0	1	1	0	1	-	1	1	1
101	1	0	0	1	1	1	1	1	1	1	1	0	1	1	0	-	0	1	1	0	1	-	1	1	0
103	1	0	0	1	1	1	1	0	1	0	0	0	0	0	0	-	0	1	1	0	1	-	1	1	0
106	1	1	1	1	1	0	1	1	1	1	1	0	1	0	1	-	0	1	1	0	1	-	1	1	1

No. CCS-group	Age	Sex	SES	Severity of main diagnosis	Urgency	Comorbidity_1*	Comorbidity_2*	Comorbidity_3*	Comorbidity_4*	Comorbidity_5*	Comorbidity_6*	Comorbidity_7*	Comorbidity_8*	Comorbidity_9*	Comorbidity_10*	Comorbidity_11*	Comorbidity_12*	Comorbidity_13*	Comorbidity_14*	Comorbidity_15*	Comorbidity_16*	Comorbidity_17*	Source of admission	Year of discharge	Month of admission
107	1	0	0	1	1	1	0	1	1	0	1	0	0	0	1	-	0	1	1	0	1	-	1	1	0
108	1	1	0	0	1	1	0	1	1	1	1	1	1	1	0	-	0	1	1	0	1	-	1	1	1
109	1	0	0	1	1	1	1	1	0	0	1	0	1	0	0	-	1	1	1	0	1	-	1	1	0
114	1	0	0	1	1	1	1	1	1	0	1	1	1	0	0	-	0	1	1	0	1	-	1	1	0
115	1	1	0	1	1	1	1	0	1	1	1	0	0	0	0	-	0	1	0	0	1	-	0	1	0
116	1	1	0	1	1	1	1	1	1	0	1	0	0	0	0	-	0	1	1	0	1	-	0	1	0
117	1	1	0	1	1	0	1	1	1	0	0	0	0	0	0	-	0	1	1	0	1	-	1	1	0
122	1	1	0	1	0	1	1	1	1	1	1	0	1	1	0	-	0	1	1	0	1	-	1	1	1
127	1	0	0	1	1	1	1	0	1	0	1	0	1	1	0	-	0	1	1	0	1	-	1	1	1
129	1	1	0	0	0	1	1	0	0	0	1	0	0	0	0	-	1	1	1	0	1	-	0	1	0
130	1	0	0	1	1	0	1	0	0	0	1	0	0	1	0	-	0	1	1	0	1	-	1	1	0
133	1	1	1	1	1	0	1	0	1	0	1	0	0	1	0	-	0	1	1	0	1	-	1	1	1
145	1	0	0	1	0	1	1	0	1	1	1	0	0	0	0	-	0	1	1	0	1	-	0	1	0
146	1	0	0	1	1	1	1	0	1	0	1	1	0	0	0	-	0	1	1	0	1	-	1	1	1
149	1	0	1	1	1	1	1	1	1	0	1	0	1	1	0	-	0	1	1	0	1	-	1	1	0
150	0	0	0	1	1	0	1	0	0	0	0	0	0	1	0	-	0	1	0	0	0	-	0	1	0
151	1	0	0	1	1	0	1	0	1	0	0	0	0	1	0	-	0	1	0	0	1	-	1	1	0
153	1	1	1	1	1	1	1	1	1	0	1	0	0	1	0	-	0	1	1	0	1	-	1	1	1
155	1	0	0	1	1	1	1	0	1	1	0	0	0	1	0	-	0	1	1	0	1	-	0	1	0
157	1	0	0	0	1	0	1	1	0	0	0	0	0	1	0	-	0	0	1	0	1	-	1	1	1
158	1	1	0	1	1	1	1	1	0	0	1	0	0	0	0	-	0	0	1	0	1	-	1	1	0
159	1	1	0	1	1	1	1	1	1	0	1	0	1	1	0	-	0	1	1	0	1	-	1	1	0
226	1	1	0	1	1	1	1	1	1	0	1	0	1	1	0	-	0	1	1	0	1	-	0	1	1
233	1	1	0	1	1	1	1	0	1	0	0	0	0	0	0	-	0	1	1	0	1	-	1	1	0
237	1	1	0	1	1	1	1	1	1	1	1	1	0	1	0	-	0	1	1	0	1	-	1	1	1
238	1	0	0	1	1	1	1	1	1	0	1	0	1	1	0	-	0	1	1	0	1	-	1	1	0
249	1	0	0	0	0	1	1	0	0	0	1	0	0	1	0	-	0	0	1	0	1	-	0	1	0
Total	49	21	9	43	44	35	45	25	39	11	37	4	15	23	2	-	2	44	37	0	47	-	33	50	14

Table A4.2. Wald chi-square statistics for the 50 logistic regressions and degrees of freedom

A. Wald statistics

No. CCS-group	Age	Sex	SES	Severity of main diagnosis	Urgency	Comorbidity_1*	Comorbidity_2*	Comorbidity_3*	Comorbidity_4*	Comorbidity_5*	Comorbidity_6*	Comorbidity_7*	Comorbidity_8*	Comorbidity_9*	Comorbidity_10*	Comorbidity_11*	Comorbidity_12*	Comorbidity_13*	Comorbidity_14*	Comorbidity_15*	Comorbidity_16*	Comorbidity_17*	Source of admission	Year of discharge	Month of admission	
2	900	15	-	924	-	16	47	37	22	-	-	-	-	99	-	-	-	33	76	-	55	-	-	20	13	
12	23	-	-	-	325	6	-	-	-	-	10	-	-	-	-	-	-	-	-	-	53	-	14	5	-	
13	116	-	-	-	343	-	11	-	13	-	7	-	-	-	-	-	-	21	-	-	65	-	-	5	-	
14	540	18	-	34	747	47	107	10	10	6	6	-	6	28	-	-	-	48	-	-	228	-	18	27	-	
15	200	13	-	7	300	26	24	-	8	-	6	-	-	-	-	-	-	42	-	-	59	-	31	18	-	
17	38	-	-	16	213	23	-	-	25	-	19	-	-	-	-	-	-	34	-	-	103	-	-	1	-	
19	262	7	13	124	3966	12	64	14	26	-	13	-	12	20	-	-	-	71	13	-	253	-	43	65	25	
24	58	-	-	52	1155	-	-	-	8	-	-	-	-	-	-	-	-	14	-	-	224	-	-	11	-	
29	48	-	-	-	351	40	38	-	-	-	-	-	-	-	-	-	-	13	-	-	171	-	-	20	-	
32	37	-	10	49	788	15	13	-	11	-	10	-	-	-	-	-	-	32	-	-	219	-	-	13	-	
38	177	-	-	56	533	-	52	-	14	-	23	-	-	-	-	-	-	48	22	-	10	-	57	13	-	
39	376	-	-	108	291	-	34	-	66	-	6	-	-	-	-	-	-	34	-	-	13	-	29	7	-	
42	277	-	14	135	1815	22	99	11	58	-	13	-	-	31	-	-	-	70	-	-	253	-	14	39	-	
44	70	-	-	64	143	-	52	7	15	-	8	-	-	-	-	-	-	7	5	-	5	-	17	13	-	
50	324	7	-	140	41	43	140	22	-	-	10	-	-	14	-	-	-	40	21	-	10	-	-	18	-	
55	430	22	16	615	-	5	106	-	8	-	-	-	-	24	-	-	-	-	23	-	27	-	-	22	18	
59	94	8	-	116	117	-	172	-	17	-	-	-	-	-	-	-	-	19	15	-	28	-	13	21	-	
85	106	-	-	516	11	-	15	-	-	7	11	-	-	-	-	-	-	-	16	-	-	-	-	-	2	-
96	310	-	-	237	130	-	133	29	60	-	-	-	20	-	-	-	-	103	7	-	-	-	93	23	-	
100	2115	-	24	628	19	22	533	13	158	9	9	-	6	-	-	-	-	131	22	-	42	-	33	90	15	
101	885	-	-	67	100	20	437	29	76	27	36	-	38	10	-	-	-	71	34	-	6	-	148	40	-	
103	465	-	-	109	7	40	96	-	53	-	-	-	-	-	-	-	-	12	17	-	87	-	53	24	-	
106	911	18	35	912	88	-	235	11	78	16	55	-	25	-	8	-	-	84	53	-	50	-	11	33	18	
107	242	-	-	818	143	26	-	4	10	-	15	-	-	-	7	-	-	11	6	-	4	-	67	41	-	
108	1432	39	-	-	112	17	-	17	192	18	55	3	28	39	-	-	-	498	58	-	35	-	50	87	51	
109	2697	-	-	7310	56	80	455	5	-	-	78	-	9	-	-	-	7	46	129	-	74	-	55	82	-	

No. CCS-group	Age	Sex	SES	Severity of main diagnosis	Urgency	Comorbidity_1*	Comorbidity_2*	Comorbidity_3*	Comorbidity_4*	Comorbidity_5*	Comorbidity_6*	Comorbidity_7*	Comorbidity_8*	Comorbidity_9*	Comorbidity_10*	Comorbidity_11*	Comorbidity_12*	Comorbidity_13*	Comorbidity_14*	Comorbidity_15*	Comorbidity_16*	Comorbidity_17*	Source of admission	Year of discharge	Month of admission
114	485	-	-	1180	446	43	91	53	15	-	13	6	31	-	-	-	-	82	19	-	18	-	59	33	-
115	811	18	-	1612	458	21	17	-	16	7	8	-	-	-	-	-	-	22	-	-	21	-	-	30	-
116	264	14	-	225	391	13	96	47	26	-	23	-	-	-	-	-	-	78	11	-	22	-	-	15	-
117	188	7	-	253	19	-	58	14	7	-	-	-	-	-	-	-	-	29	6	-	24	-	37	17	-
122	3696	39	-	227	-	108	434	37	174	44	83	-	11	118	-	-	-	122	301	-	255	-	59	63	42
127	610	-	-	82	140	28	302	-	27	-	16	-	19	13	-	-	-	65	26	-	31	-	44	94	67
129	202	4	-	-	-	12	12	-	-	-	5	-	-	-	-	-	5	5	12	-	19	-	-	9	-
130	321	-	-	63	78	-	16	-	-	-	32	-	-	8	-	-	-	47	31	-	50	-	20	20	-
133	1231	27	16	1140	771	-	122	-	23	-	41	-	-	40	-	-	-	38	237	-	132	-	163	86	29
145	1175	-	-	308	-	8	72	-	31	8	49	-	-	-	-	-	-	53	37	-	99	-	-	12	-
146	418	-	-	162	24	27	89	-	5	-	10	8	-	-	-	-	-	51	24	-	43	-	17	21	12
149	593	-	11	220	46	34	137	6	20	-	8	-	11	57	-	-	-	127	11	-	48	-	10	26	-
150	-	-	-	42	96	-	20	-	-	-	-	-	-	112	-	-	-	36	-	-	-	-	-	6	-
151	184	-	-	652	99	-	15	-	8	-	-	-	-	14	-	-	-	59	-	-	75	-	31	20	-
153	371	14	14	302	15	13	195	5	18	-	24	-	-	86	-	-	-	57	113	-	43	-	18	47	19
155	373	-	-	1280	38	7	37	-	25	5	-	-	-	16	-	-	-	9	22	-	52	-	-	18	-
157	342	-	-	-	40	-	109	10	-	-	-	-	-	15	-	-	-	-	6	-	35	-	28	11	23
158	296	5	-	6	336	16	34	16	-	-	6	-	-	-	-	-	-	-	9	-	14	-	45	17	-
159	568	11	-	86	29	63	154	12	73	-	14	-	15	14	-	-	-	30	13	-	47	-	27	14	-
226	983	327	-	20	6	130	860	19	72	-	53	-	45	67	-	-	-	190	32	-	25	-	-	104	16
233	574	33	-	2617	24	9	35	-	16	-	-	-	-	-	-	-	-	10	8	-	10	-	18	30	-
237	373	15	-	314	146	13	191	29	40	20	19	12	-	19	-	-	-	40	26	-	13	-	54	23	11
238	618	-	-	535	11	18	70	20	33	-	13	-	19	61	-	-	-	67	72	-	30	-	236	27	-
249	276	-	-	-	-	17	8	-	-	-	9	-	-	18	-	-	-	-	18	-	29	-	-	14	-
Total	28081	661	154	24363	15010	1040	6042	478	1557	166	817	30	295	920	15	-	11	2699	1548	-	3209	-	1613	1497	360



B. Degrees of freedom

No. CCS-group	Age	Sex	SES	Severity of main diagnosis	Urgency	Comorbidity_1*	Comorbidity_2*	Comorbidity_3*	Comorbidity_4*	Comorbidity_5*	Comorbidity_6*	Comorbidity_7*	Comorbidity_8*	Comorbidity_9*	Comorbidity_10*	Comorbidity_11*	Comorbidity_12*	Comorbidity_13*	Comorbidity_14*	Comorbidity_15*	Comorbidity_16*	Comorbidity_17*	Source of admission	Year of discharge	Month of admission
2	20	1	-	4	-	1	1	1	1	-	-	-	-	1	-	-	-	1	1	-	1	-	-	3	5
12	11	-	-	-	1	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	2	3	-
13	13	-	-	-	1	-	1	-	1	-	1	-	-	-	-	-	-	1	-	-	1	-	-	3	-
14	14	1	-	3	1	1	1	1	1	1	1	-	1	1	-	-	-	1	-	-	1	-	2	3	-
15	12	1	-	2	1	1	1	-	1	-	1	-	-	-	-	-	-	1	-	-	1	-	2	3	-
17	11	-	-	2	1	1	-	-	1	-	1	-	-	-	-	-	-	1	-	-	1	-	-	3	-
19	13	1	4	2	1	1	1	1	1	-	1	-	1	1	-	-	-	1	1	-	1	-	3	3	5
24	13	-	-	2	1	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	1	-	-	3	-
29	8	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	3	-
32	11	-	4	2	1	1	1	-	1	-	1	-	-	-	-	-	-	1	-	-	1	-	-	3	-
38	18	-	-	5	1	-	1	-	1	-	1	-	-	-	-	-	-	1	1	-	1	-	3	3	-
39	19	-	-	6	1	-	1	-	1	-	1	-	-	-	-	-	-	1	-	-	1	-	3	3	-
42	18	-	5	4	1	1	1	1	1	-	1	-	-	1	-	-	-	1	-	-	1	-	3	3	-
44	20	-	-	3	1	-	1	1	1	-	1	-	-	-	-	-	-	1	1	-	1	-	3	3	-
50	15	1	-	4	1	1	1	1	-	-	1	-	-	1	-	-	-	1	1	-	1	-	-	3	-
55	15	1	4	3	-	1	1	-	1	-	-	-	-	1	-	-	-	-	1	-	1	-	-	3	5
59	19	1	-	2	1	-	1	-	1	-	-	-	-	-	-	-	-	1	1	-	1	-	3	3	-
85	19	-	-	1	1	-	1	-	-	1	1	-	-	-	-	-	-	-	1	-	-	-	-	3	-
96	16	-	-	4	1	-	1	1	1	-	-	-	1	-	-	-	-	1	1	-	-	-	3	3	-
100	15	-	5	2	1	1	1	1	1	1	1	-	1	-	-	-	-	1	1	-	1	-	3	3	5
101	14	-	-	2	1	1	1	1	1	1	1	-	1	1	-	-	-	1	1	-	1	-	3	3	-
103	18	-	-	3	1	1	1	-	1	-	-	-	-	-	-	-	-	1	1	-	1	-	3	3	-
106	19	1	5	2	1	-	1	1	1	1	1	-	1	-	1	-	-	1	1	-	1	-	3	3	5
107	15	-	-	2	1	1	-	1	1	-	1	-	-	-	1	-	-	1	1	-	1	-	3	3	-
108	17	1	-	-	1	1	-	1	1	1	1	1	1	1	-	-	-	1	1	-	1	-	3	3	5

No. CCS-group	Age	Sex	SES	Severity of main diagnosis	Urgency	Comorbidity_1*	Comorbidity_2*	Comorbidity_3*	Comorbidity_4*	Comorbidity_5*	Comorbidity_6*	Comorbidity_7*	Comorbidity_8*	Comorbidity_9*	Comorbidity_10*	Comorbidity_11*	Comorbidity_12*	Comorbidity_13*	Comorbidity_14*	Comorbidity_15*	Comorbidity_16*	Comorbidity_17*	Source of admission	Year of discharge	Month of admission
109	20	-	-	3	1	1	1	1	-	-	1	-	1	-	-	-	1	1	1	-	1	-	3	3	-
114	15	-	-	4	1	1	1	1	1	-	1	1	1	-	-	-	-	1	1	-	1	-	3	3	-
115	13	1	-	5	1	1	1	-	1	1	1	-	-	-	-	-	-	1	-	-	1	-	-	3	-
116	11	1	-	3	1	1	1	1	1	-	1	-	-	-	-	-	-	1	1	-	1	-	-	3	-
117	17	1	-	4	1	-	1	1	1	-	-	-	-	-	-	-	-	1	1	-	1	-	3	3	-
122	20	1	-	4	-	1	1	1	1	1	1	-	1	1	-	-	-	1	1	-	1	-	3	3	5
127	14	-	-	3	1	1	1	-	1	-	1	-	1	1	-	-	-	1	1	-	1	-	3	3	5
129	17	1	-	-	-	1	1	-	-	-	1	-	-	-	-	-	1	1	1	-	1	-	-	3	-
130	16	-	-	3	1	-	1	-	-	-	1	-	-	1	-	-	-	1	1	-	1	-	3	3	-
133	20	1	5	5	1	-	1	-	1	-	1	-	-	1	-	-	-	1	1	-	1	-	3	3	5
145	15	-	-	3	-	1	1	-	1	1	1	-	-	-	-	-	-	1	1	-	1	-	-	3	-
146	12	-	-	2	1	1	1	-	1	-	1	1	-	-	-	-	-	1	1	-	1	-	2	3	5
149	14	-	5	4	1	1	1	1	1	-	1	-	1	1	-	-	-	1	1	-	1	-	3	3	-
150	-	-	-	2	1	-	1	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	3	-
151	19	-	-	6	1	-	1	-	1	-	-	-	-	1	-	-	-	1	-	-	1	-	3	3	-
153	14	1	5	5	1	1	1	1	1	-	1	-	-	1	-	-	-	1	1	-	1	-	3	3	5
155	16	-	-	5	1	1	1	-	1	1	-	-	-	1	-	-	-	1	1	-	1	-	-	3	-
157	17	-	-	-	1	-	1	1	-	-	-	-	-	1	-	-	-	-	1	-	1	-	3	3	5
158	17	1	-	1	1	1	1	1	-	-	1	-	-	-	-	-	-	-	1	-	1	-	3	3	-
159	16	1	-	2	1	1	1	1	1	-	1	-	1	1	-	-	-	1	1	-	1	-	3	3	-
226	11	1	-	1	1	1	1	1	1	-	1	-	1	1	-	-	-	1	1	-	1	-	-	3	5
233	20	1	-	8	1	1	1	-	1	-	-	-	-	-	-	-	-	1	1	-	1	-	3	3	-
237	18	1	-	3	1	1	1	1	1	1	1	1	-	1	-	-	-	1	1	-	1	-	3	3	5
238	20	-	-	5	1	1	1	1	1	-	1	-	1	1	-	-	-	1	1	-	1	-	3	3	-
249	13	-	-	-	-	1	1	-	-	-	1	-	-	1	-	-	-	-	1	-	1	-	-	3	-
Total	768	21	42	141	44	35	45	25	39	11	37	4	15	23	2	-	2	44	37	-	47	-	95	150	70

\* The numbers of the comorbidity groups in the header of tables A4.1 and A4.2 are the following comorbidities:

- Comorbidity\_1 - Acute myocardial infarction
- Comorbidity\_2 - Congestive heart failure
- Comorbidity\_3 - Peripheral vascular disease
- Comorbidity\_4 - Cerebral vascular accident
- Comorbidity\_5 - Dementia
- Comorbidity\_6 - Pulmonary disease
- Comorbidity\_7 - Connective tissue disorder
- Comorbidity\_8 - Peptic ulcer
- Comorbidity\_9 - Liver disease / Severe liver disease
- Comorbidity\_10 - Diabetes / Diabetes complications
- Comorbidity\_11 - Diabetes complications (has been combined with Comorbidity 10)
- Comorbidity\_12 - Paraplegia
- Comorbidity\_13 - Renal disease
- Comorbidity\_14 - Cancer
- Comorbidity\_15 - HIV
- Comorbidity\_16 - Metastatic cancer
- Comorbidity\_17 - Severe liver disease (has been combined with Comorbidity 9)

## Summaries of individual models

In Table A4.3 the coefficients for the logistic regressions of inpatient mortality are presented for each CCS diagnosis group, as well as some summary measures. The CCS group number is mentioned between brackets in the title of each logistic regression. The regression coefficients (log-odds) are presented in the column “Coef”.

Table A4.3. Regression coefficients and summary measures for the 50 logistic regressions

### [2] Septicemia (except in labour)

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Sex + Age + Comorbidity_1 +
    Comorbidity_2 + Comorbidity_3 + Comorbidity_4 + Comorbidity_9 +
    Comorbidity_13 + Comorbidity_14 + Comorbidity_16 + Month +
    Year, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test		Discrimination Indexes		Rank Discrim. Indexes	
Obs	15450	LR chi2	2861.59	R2	0.248	C	0.771
Not died	11454	d.f.	41	Brier	0.158	Dxy	0.541
Died	3996	Pr(> chi2)	<0.0001			gamma	0.543
max  deriv	3e-08					tau-a	0.208

	Coef	S.E.	Odds
Intercept	-5.8147	0.4162	0.0030
Severity=[0.05,0.1)	2.1699	0.4208	8.7570
Severity=[0.1,0.2)	0.8913	0.2924	2.4382
Severity=[0.2,0.3)	1.8169	0.2917	6.1529
Severity=[0.3,0.4)	2.4844	0.2897	11.9936
Sex=Female	0.1597	0.0412	1.1731
Age=[1, 5)	0.5218	0.4386	1.6851
Age=[5, 10)	0.5879	0.5158	1.8001
Age=[10, 15)	0.7415	0.5943	2.0991
Age=[15, 20)	0.9299	0.4896	2.5343
Age=[20, 25)	-0.9187	1.0478	0.3990
Age=[25, 30)	1.3257	0.4738	3.7649
Age=[30, 35)	1.3265	0.4252	3.7677
Age=[35, 40)	1.2854	0.3716	3.6162
Age=[40, 45)	1.5455	0.3521	4.6902
Age=[45, 50)	1.7688	0.3247	5.8637
Age=[50, 55)	2.0349	0.3133	7.6518
Age=[55, 60)	2.3179	0.3065	10.1538
Age=[60, 65)	2.2765	0.3023	9.7426
Age=[65, 70)	2.5355	0.3010	12.6227
Age=[70, 75)	2.7067	0.2994	14.9793
Age=[75, 80)	2.9422	0.2980	18.9570
Age=[80, 85)	3.1589	0.2980	23.5442
Age=[85, 90)	3.5656	0.2991	35.3592
Age=[90, 95)	3.7721	0.3079	43.4733
Age=95+	3.9618	0.3513	52.5536
Comorbidity_1=1	0.4162	0.1056	1.5162
Comorbidity_2=1	0.5455	0.0793	1.7255
Comorbidity_3=1	0.6979	0.1147	2.0095
Comorbidity_4=1	0.5605	0.1206	1.7516
Comorbidity_9=1	1.6865	0.1692	5.4006
Comorbidity_13=1	0.4168	0.0730	1.5172
Comorbidity_14=1	0.6208	0.0714	1.8605
Comorbidity_16=1	0.6646	0.0900	1.9436
Month=2	-0.0547	0.0701	0.9467
Month=3	-0.1139	0.0700	0.8923
Month=4	-0.2144	0.0712	0.8070
Month=5	-0.1831	0.0700	0.8327
Month=6	-0.0628	0.0685	0.9391
Year=2008	0.0407	0.0611	1.0415
Year=2009	-0.1681	0.0601	0.8453
Year=2010	-0.1544	0.0587	0.8569

## [12] Cancer of esophagus

Logistic Regression Model

```
lrm(formula = Death ~ Age + Urgency + Comorbidity_1 + Comorbidity_6 +
    Comorbidity_16 + source + Year, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	10596	LR chi2	494.81	R2	0.120	C	0.736
Not died	9913	d.f.	20	Brier	0.057	Dxy	0.472
Died	683	Pr(> chi2)	<0.0001			gamma	0.483
max  deriv	5e-10					tau-a	0.057

	Coef	S.E.	Odds
Intercept	-4.2253	0.6084	0.0146
Age=[40,45)	0.3888	0.7364	1.4752
Age=[45,50)	-0.0038	0.6613	0.9962
Age=[50,55)	0.3166	0.6243	1.3724
Age=[55,60)	0.4985	0.6118	1.6463
Age=[60,65)	0.4594	0.6094	1.5831
Age=[65,70)	0.6087	0.6097	1.8380
Age=[70,75)	0.8128	0.6094	2.2543
Age=[75,80)	0.8378	0.6103	2.3114
Age=[80,85)	0.8157	0.6165	2.2607
Age=[85,90)	0.6231	0.6364	1.8646
Age=[90,95),95+	0.4671	0.7075	1.5954
Urgency=Not planned	1.5386	0.0853	4.6581
Comorbidity_1=1	0.6431	0.2631	1.9023
Comorbidity_6=1	0.7028	0.2270	2.0194
Comorbidity_16=1	0.6085	0.0832	1.8376
Source=Nursing home	0.3262	0.3985	1.3857
Source=Hospital	1.2425	0.3344	3.4643
Year=2008	-0.1405	0.1170	0.8689
Year=2009	0.0381	0.1136	1.0389
Year=2010	-0.1898	0.1188	0.8271

## [13] Cancer of stomach

Logistic Regression Model

```
lrm(formula = Death ~ Age + Urgency + comorbidity_2 + comorbidity_4 +
    Comorbidity_6 + Comorbidity_13 + Comorbidity_16 + Year, data = data,
    y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	14564	LR chi2	767.20	R2	0.152	C	0.784
Not died	13795	d.f.	22	Brier	0.047	Dxy	0.568
Died	769	Pr(> chi2)	<0.0001			gamma	0.578
max  deriv	3e-12					tau-a	0.057

	Coef	S.E.	Odds
Intercept	-3.8055	0.4808	0.0222
Age=[30,35)	0.8909	0.5897	2.4372
Age=[35,40)	-0.2861	0.6126	0.7512
Age=[40,45)	-0.8157	0.5807	0.4423
Age=[45,50)	-0.5658	0.5321	0.5679
Age=[50,55)	-0.7144	0.5116	0.4895
Age=[55,60)	-0.3627	0.4933	0.6958
Age=[60,65)	-0.1228	0.4850	0.8844
Age=[65,70)	-0.2150	0.4842	0.8065
Age=[70,75)	0.1791	0.4805	1.1961
Age=[75,80)	0.4773	0.4794	1.6117
Age=[80,85)	0.5723	0.4836	1.7724
Age=[85,90)	0.7345	0.4893	2.0844
Age=[90,95),95+	0.6706	0.5220	1.9555
Urgency=Not planned	1.5020	0.0811	4.4908
Comorbidity_2=1	1.0417	0.3090	2.8342
Comorbidity_4=1	1.0062	0.2785	2.7352
Comorbidity_6=1	0.5820	0.2162	1.7896
Comorbidity_13=1	1.2860	0.2786	3.6183
Comorbidity_16=1	0.6366	0.0788	1.8901

```

Year=2008      -0.2144 0.1097 0.8071
Year=2009      -0.2185 0.1083 0.8037
Year=2010      -0.1681 0.1082 0.8452

```

---

### [14] Cancer of colon

Logistic Regression Model

```

lrm(formula = Death ~ Severity + Sex + Age + Urgency + Comorbidity_1 +
  Comorbidity_2 + Comorbidity_3 + Comorbidity_4 + Comorbidity_5 +
  Comorbidity_6 + Comorbidity_8 + Comorbidity_9 + Comorbidity_13 +
  Comorbidity_16 + Year + Source, data = data, y = TRUE, maxit = 100)

```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	40199	LR chi2	2341.63	R2	0.168	C	0.790
Not died	38096	d.f.	34	Brier	0.046	Dxy	0.581
Died	2103	Pr(> chi2)	<0.0001			gamma	0.590
max  deriv	2e-07					tau-a	0.058

	Coef	S.E.	Odds
Intercept	-7.5603	1.1619	0.0005
Severity=[0.01,0.02)	1.5881	0.9528	4.8945
Severity=[0.02,0.05)	2.2052	0.5816	9.0718
Severity=[0.05,0.1)	2.4066	0.5812	11.0959
Sex=Female	-0.2013	0.0480	0.8177
Age=[30,35)	0.0310	1.2359	1.0315
Age=[35,40)	0.6770	1.0792	1.9680
Age=[40,45)	0.5125	1.0582	1.6694
Age=[45,50)	0.6720	1.0325	1.9581
Age=[50,55)	0.7734	1.0198	2.1671
Age=[55,60)	0.9554	1.0145	2.5996
Age=[60,65)	1.1367	1.0115	3.1165
Age=[65,70)	1.2761	1.0107	3.5825
Age=[70,75)	1.4677	1.0102	4.3394
Age=[75,80)	1.8594	1.0096	6.4196
Age=[80,85)	2.1753	1.0095	8.8053
Age=[85,90)	2.5338	1.0100	12.6013
Age=[90,95)	2.5632	1.0148	12.9772
Age=95+	3.2153	1.0411	24.9100
Urgency=Not planned	1.3046	0.0477	3.6861
Comorbidity_1=1	0.8599	0.1251	2.3629
Comorbidity_2=1	1.4013	0.1353	4.0604
Comorbidity_3=1	0.6850	0.2171	1.9837
Comorbidity_4=1	0.5864	0.1884	1.7975
Comorbidity_5=1	0.5874	0.2408	1.7993
Comorbidity_6=1	0.3358	0.1349	1.3991
Comorbidity_8=1	0.9974	0.4064	2.7111
Comorbidity_9=1	1.8051	0.3426	6.0808
Comorbidity_13=1	1.1656	0.1685	3.2080
Comorbidity_16=1	0.7209	0.0477	2.0563
Year=2008	-0.1321	0.0658	0.8763
Year=2009	-0.1595	0.0655	0.8526
Year=2010	-0.3437	0.0661	0.7091
Source=Nursing home	0.0295	0.2072	1.0299
Source=Hospital	1.1387	0.2706	3.1228

### [15] Cancer of rectum and anus

Logistic Regression Model

```

lrm(formula = Death ~ Severity + Sex + Age + Urgency + Comorbidity_1 +
  Comorbidity_2 + Comorbidity_4 + Comorbidity_6 + Comorbidity_13 +
  Comorbidity_16 + Year + Source, data = data, y = TRUE, maxit = 100)

```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	21207	LR chi2	855.49	R2	0.153	C	0.797
Not died	20481	d.f.	27	Brier	0.031	Dxy	0.595
Died	726	Pr(> chi2)	<0.0001			gamma	0.605
max  deriv	4e-10					tau-a	0.039

	Coef	S.E.	Odds
Intercept	-7.2687	1.2341	0.0007
Severity=[0.02,0.05)	1.8250	0.7136	6.2026
Severity=[0.05,0.1)	1.9482	0.7422	7.0163
Sex=Female	-0.2980	0.0827	0.7423
Age=[35,40)	0.7458	1.1647	2.1081
Age=[40,45)	0.0741	1.1258	1.0769
Age=[45,50)	0.8149	1.0447	2.2590
Age=[50,55)	0.8341	1.0287	2.3028
Age=[55,60)	1.0284	1.0183	2.7967
Age=[60,65)	1.0486	1.0137	2.8537
Age=[65,70)	1.2924	1.0125	3.6415
Age=[70,75)	1.7124	1.0100	5.5421
Age=[75,80)	1.9324	1.0096	6.9063
Age=[80,85)	2.4925	1.0097	12.0914
Age=[85,90)	2.3676	1.0133	10.6716
Age=[90,95),95+	2.3093	1.0342	10.0671
Urgency=Not planned	1.3935	0.0804	4.0289
Comorbidity_1=1	1.0960	0.2150	2.9922
Comorbidity_2=1	1.1398	0.2338	3.1260
Comorbidity_4=1	0.8480	0.2915	2.3351
Comorbidity_6=1	0.5477	0.2200	1.7292
Comorbidity_13=1	1.6871	0.2595	5.4036
Comorbidity_16=1	0.6184	0.0808	1.8559
Year=2008	0.0414	0.1062	1.0423
Year=2009	-0.2138	0.1116	0.8075
Year=2010	-0.3794	0.1133	0.6843
Source=Nursing home	0.0418	0.3387	1.0427
Source=Hospital	1.9594	0.3496	7.0948

## [17] Cancer of pancreas

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + comorbidity_1 +
    Comorbidity_4 + Comorbidity_6 + Comorbidity_13 + Comorbidity_16 +
    Year, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	10774	LR chi2	572.72	R2	0.113	C	0.717
Not died	9787	d.f.	22	Brier	0.078	Dxy	0.435
Died	987	Pr(> chi2)	<0.0001			gamma	0.440
max  deriv	1e-12					tau-a	0.072

	Coef	S.E.	Odds
Intercept	-5.4598	0.7273	0.0043
Severity=[0.05,0.1)	1.1347	0.5890	3.1104
Severity=[0.1,0.2)	1.3741	0.5895	3.9515
Age=[40,45)	0.6552	0.5131	1.9256
Age=[45,50)	0.5707	0.4761	1.7695
Age=[50,55)	0.6849	0.4503	1.9837
Age=[55,60)	0.7982	0.4373	2.2216
Age=[60,65)	0.8160	0.4324	2.2614
Age=[65,70)	0.8927	0.4317	2.4417
Age=[70,75)	0.8837	0.4321	2.4197
Age=[75,80)	1.0206	0.4319	2.7747
Age=[80,85)	1.1839	0.4342	3.2670
Age=[85,90)	1.3633	0.4433	3.9092
Age=[90,95),95+	1.4856	0.4777	4.4175
Urgency=Not planned	1.0873	0.0745	2.9662
Comorbidity_1=1	1.0255	0.2118	2.7884
Comorbidity_4=1	1.3041	0.2616	3.6845
Comorbidity_6=1	0.9070	0.2073	2.4769
Comorbidity_13=1	1.6167	0.2779	5.0366
Comorbidity_16=1	0.7197	0.0708	2.0537
Year=2008	-0.0360	0.1002	0.9646
Year=2009	-0.0217	0.0993	0.9785
Year=2010	-0.0895	0.0983	0.9144

## [19] Cancer of bronchus; lung

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Sex + Age + Urgency + Comorbidity_1 +
  Comorbidity_2 + Comorbidity_3 + Comorbidity_4 + Comorbidity_6 +
  Comorbidity_8 + Comorbidity_9 + Comorbidity_13 + Comorbidity_14 +
  Comorbidity_16 + SES + Month + Year + Source, data = data,
  y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test		Discrimination Indexes		Rank Discrim. Indexes	
Obs	72238	LR chi2	7515.36	R2	0.231	C	0.817
Not died	66440	d.f.	42	Brier	0.065	Dxy	0.635
Died	5798	Pr(> chi2)	<0.0001			gamma	0.641
max  deriv	1e-10					tau-a	0.094

	Coef	S.E.	Odds
Intercept	-5.0053	0.7055	0.0067
Severity=[0.05,0.1)	0.4959	0.3693	1.6419
Severity=[0.1,0.2)	0.8340	0.3689	2.3026
Sex=Female	-0.0832	0.0312	0.9202
Age=[30,35)	0.4396	0.7482	1.5521
Age=[35,40)	0.4386	0.6345	1.5505
Age=[40,45)	0.5824	0.6123	1.7904
Age=[45,50)	0.4240	0.6067	1.5280
Age=[50,55)	0.4955	0.6041	1.6413
Age=[55,60)	0.5798	0.6031	1.7857
Age=[60,65)	0.6357	0.6027	1.8884
Age=[65,70)	0.6615	0.6026	1.9378
Age=[70,75)	0.8230	0.6025	2.2773
Age=[75,80)	0.9749	0.6027	2.6509
Age=[80,85)	1.2300	0.6036	3.4212
Age=[85,90)	1.3662	0.6072	3.9206
Age=[90,95),95+	1.5491	0.6305	4.7073
Urgency=Not planned	2.1994	0.0349	9.0200
Comorbidity_1=1	0.3464	0.0984	1.4139
Comorbidity_2=1	0.8479	0.1061	2.3348
Comorbidity_3=1	0.5148	0.1375	1.6732
Comorbidity_4=1	0.6519	0.1286	1.9193
Comorbidity_6=1	0.2060	0.0582	1.2287
Comorbidity_8=1	0.9816	0.2839	2.6687
Comorbidity_9=1	1.4812	0.3331	4.3984
Comorbidity_13=1	1.0907	0.1293	2.9762
Comorbidity_14=1	0.3331	0.0927	1.3953
Comorbidity_16=1	0.4849	0.0305	1.6241
SES=Below average	-0.0895	0.0428	0.9144
SES=Average	-0.1345	0.0443	0.8741
SES=Above average	-0.1203	0.0452	0.8867
SES=Highest	-0.0280	0.0474	0.9724
Month=2	-0.1291	0.0507	0.8789
Month=3	-0.0684	0.0497	0.9339
Month=4	-0.2126	0.0506	0.8084
Month=5	-0.1383	0.0505	0.8709
Month=6	-0.1996	0.0512	0.8191
Year=2008	-0.1228	0.0411	0.8845
Year=2009	-0.2153	0.0414	0.8063
Year=2010	-0.3226	0.0416	0.7242
Source=Nursing home	0.1686	0.1770	1.1836
Source=General hospital	1.0114	0.1814	2.7494
Source=Academic or topclinical hospital	0.9273	0.2705	2.5276

## [24] Cancer of breast

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + comorbidity_4 +
  Comorbidity_13 + Comorbidity_16 + Year, data = data, y = TRUE,
  maxit = 100)
```



		Model Likelihood Ratio Test		Discrimination Indexes		Rank Discrim. Indexes	
Obs	57519	LR chi2	2408.78	R2	0.371	C	0.928
Not died	56912	d.f.	22	Brier	0.009	Dxy	0.856
Died	607	Pr(> chi2)	<0.0001			gamma	0.890
max  deriv	2e-12					tau-a	0.018

	Coef	S.E.	Odds
Intercept	-8.4670	1.0403	0.0002
Severity=[0.01,0.02)	0.9809	0.1366	2.6667
Severity=[0.02,0.05)	1.1723	0.4249	3.2293
Age=[30,35)	1.0696	1.1270	2.9142
Age=[35,40)	0.6571	1.0760	1.9292
Age=[40,45)	1.1991	1.0425	3.3170
Age=[45,50)	0.9755	1.0381	2.6524
Age=[50,55)	1.3067	1.0335	3.6941
Age=[55,60)	1.3422	1.0338	3.8274
Age=[60,65)	1.3807	1.0311	3.9778
Age=[65,70)	1.5058	1.0332	4.5079
Age=[70,75)	1.5042	1.0355	4.5005
Age=[75,80)	1.9013	1.0350	6.6945
Age=[80,85)	1.7647	1.0363	5.8397
Age=[85,90)	2.1679	1.0409	8.7397
Age=[90,95),95+	2.3594	1.0722	10.5851
Urgency=Not planned	3.4671	0.1020	32.0441
Comorbidity_4=1	1.2265	0.4311	3.4093
Comorbidity_13=1	1.4345	0.3843	4.1977
Comorbidity_16=1	1.4704	0.0983	4.3508
Year=2008	-0.1017	0.1228	0.9033
Year=2009	-0.0826	0.1232	0.9207
Year=2010	-0.4115	0.1289	0.6627

## [29] Cancer of prostate

Logistic Regression Model

```
lrm(formula = Death ~ Age + Urgency + Comorbidity_1 + Comorbidity_2 +
    Comorbidity_13 + Comorbidity_16 + Year, data = data, y = TRUE,
    maxit = 100)
```

		Model Likelihood Ratio Test		Discrimination Indexes		Rank Discrim. Indexes	
Obs	23081	LR chi2	1470.63	R2	0.280	C	0.889
Not died	22457	d.f.	16	Brier	0.024	Dxy	0.779
Died	624	Pr(> chi2)	<0.0001			gamma	0.793
max  deriv	9e-13					tau-a	0.041

	Coef	S.E.	Odds
Intercept	-6.3260	0.5154	0.0018
Age=[55,60)	0.6508	0.5609	1.9171
Age=[60,65)	1.0984	0.5240	2.9994
Age=[65,70)	1.0651	0.5192	2.9012
Age=[70,75)	1.4110	0.5152	4.0999
Age=[75,80)	1.3032	0.5172	3.6811
Age=[80,85)	1.7356	0.5161	5.6726
Age=[85,90)	1.5075	0.5289	4.5154
Age=[90,95),95+	1.9537	0.5550	7.0545
Urgency=Not planned	2.0650	0.1102	7.8850
Comorbidity_1=1	1.3522	0.2143	3.8659
Comorbidity_2=1	1.5235	0.2455	4.5882
Comorbidity_13=1	0.8151	0.2289	2.2594
Comorbidity_16=1	1.3355	0.1021	3.8020
Year=2008	-0.0596	0.1207	0.9422
Year=2009	-0.1258	0.1211	0.8818
Year=2010	-0.5073	0.1248	0.6021

## [32] Cancer of bladder

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + Comorbidity_1 +
    Comorbidity_2 + Comorbidity_4 + Comorbidity_6 + Comorbidity_13 +
    Comorbidity_16 + SES + Year, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	41505	LR chi2	1822.67	R2	0.295	C	0.892
Not died	40875	d.f.	27	Brier	0.013	Dxy	0.783
Died	630	Pr(> chi2)	<0.0001			gamma	0.814
max  deriv	2e-08					tau-a	0.023

	Coef	S.E.	Odds
Intercept	-8.1335	0.6544	0.0003
Severity=[0.01,0.02)	1.2858	0.3195	3.6175
Severity=[0.02,0.05), [0.05,0.1)	1.7699	0.2666	5.8700
Age=[45, 50)	0.7200	0.7101	2.0544
Age=[50, 55)	1.0929	0.6375	2.9831
Age=[55, 60)	1.0413	0.6232	2.8329
Age=[60, 65)	1.2017	0.6101	3.3256
Age=[65, 70)	1.4639	0.6036	4.3227
Age=[70, 75)	1.3558	0.6032	3.8800
Age=[75, 80)	1.5600	0.6015	4.7590
Age=[80, 85)	1.6532	0.6028	5.2238
Age=[85, 90)	1.8764	0.6072	6.5299
Age=[90, 95)	1.8662	0.6477	6.4639
Age=95+	2.0845	0.8678	8.0405
Urgency=Not planned	2.6082	0.0929	13.5742
Comorbidity_1=1	0.9347	0.2442	2.5465
Comorbidity_2=1	1.1302	0.3093	3.0963
Comorbidity_4=1	1.1391	0.3387	3.1239
Comorbidity_6=1	0.8181	0.2531	2.2663
Comorbidity_13=1	1.2133	0.2159	3.3647
Comorbidity_16=1	1.3895	0.0939	4.0127
SES=Below average	-0.0615	0.1285	0.9403
SES=Average	-0.2850	0.1367	0.7520
SES=Above average	-0.0707	0.1363	0.9317
SES=Highest	0.1615	0.1366	1.1752
Year=2008	-0.1361	0.1207	0.8728
Year=2009	-0.1586	0.1209	0.8533
Year=2010	-0.4412	0.1230	0.6432

### [38] Non-Hodgkins lymphoma

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + comorbidity_2 +
  Comorbidity_4 + Comorbidity_6 + Comorbidity_13 + Comorbidity_14 +
  Comorbidity_16 + Year + Source, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	20110	LR chi2	1373.45	R2	0.199	C	0.813
Not died	19086	d.f.	36	Brier	0.044	Dxy	0.627
Died	1024	Pr(> chi2)	<0.0001			gamma	0.636
max  deriv	6e-08					tau-a	0.061

	Coef	S.E.	Odds
Intercept	-6.8929	1.0556	0.0010
Severity=[0.01,0.02)	0.6006	0.8040	1.8233
Severity=[0.02,0.05)	0.5413	0.3013	1.7183
Severity=[0.05,0.1)	1.0922	0.2876	2.9809
Severity=[0.1,0.2)	2.2529	0.4593	9.5148
Severity=[0.4, 1], [0.3,0.4), [0.2,0.3), others	1.9253	0.5247	6.8569
Age=[5, 10)	-0.2260	1.4288	0.7977
Age=[10, 15)	0.1781	1.2396	1.1949
Age=[15, 20)	0.1278	1.2402	1.1363
Age=[20, 25)	1.5768	1.0979	4.8396
Age=[25, 30)	0.7466	1.1728	2.1097
Age=[30, 35)	0.2079	1.2405	1.2310
Age=[35, 40)	1.4183	1.0623	4.1300
Age=[40, 45)	1.7859	1.0396	5.9650
Age=[45, 50)	1.4805	1.0367	4.3951
Age=[50, 55)	1.7207	1.0279	5.5883
Age=[55, 60)	1.7622	1.0244	5.8252
Age=[60, 65)	1.9265	1.0208	6.8653
Age=[65, 70)	2.0165	1.0211	7.5119
Age=[70, 75)	2.3300	1.0201	10.2783
Age=[75, 80)	2.5404	1.0197	12.6842
Age=[80, 85)	2.6278	1.0211	13.8436
Age=[85, 90)	2.8902	1.0239	17.9962
Age=[90, 95), 95+	3.1135	1.0467	22.4994
Urgency=Not planned	1.7099	0.0741	5.5285
Comorbidity_2=1	1.3403	0.1857	3.8202

Comorbidity_4=1	1.0911	0.2878	2.9774
Comorbidity_6=1	0.9032	0.1898	2.4675
Comorbidity_13=1	1.4218	0.2054	4.1446
Comorbidity_14=1	0.7187	0.1546	2.0518
Comorbidity_16=1	0.5726	0.1820	1.7728
Year=2008	-0.0905	0.0939	0.9134
Year=2009	-0.1361	0.0939	0.8728
Year=2010	-0.3378	0.0969	0.7134
Source=Nursing home	0.2809	0.2551	1.3243
Source=General hospital	0.8603	0.2651	2.3638
Source=Academic or topclinical hospital	2.0370	0.2971	7.6674

### [39] Leukemias

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + comorbidity_2 +
  Comorbidity_4 + Comorbidity_6 + Comorbidity_13 + Comorbidity_16 +
  Source + Year, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	19229	LR chi2	1863.03	R2	0.254	C	0.844
Not died	18080	d.f.	37	Brier	0.049	Dxy	0.688
Died	1149	Pr(> chi2)	<0.0001			gamma	0.693
max  deriv	2e-06					tau-a	0.077

	Coef	S.E.	Odds
Intercept	-6.1932	1.1326	0.0020
Severity=[0.01,0.02)	2.1290	1.0325	8.4064
Severity=[0.02,0.05)	1.2193	1.0564	3.3848
Severity=[0.05,0.1)	1.7567	1.0291	5.7932
Severity=[0.1,0.2)	2.4483	1.0280	11.5685
Severity=[0.2,0.3)	2.5974	1.0616	13.4292
Severity=[0.4,1],[0.3,0.4),Others	3.0645	1.1184	21.4243
Age=[1,5)	-2.2002	0.6021	0.1108
Age=[5,10)	-3.9541	1.1049	0.0192
Age=[10,15)	-1.5913	0.6228	0.2037
Age=[15,20)	-1.2265	0.5894	0.2933
Age=[20,25)	-0.9431	0.6242	0.3894
Age=[25,30)	0.0113	0.5443	1.0113
Age=[30,35)	-0.3627	0.5929	0.6958
Age=[35,40)	0.0430	0.5293	1.0439
Age=[40,45)	0.3523	0.5051	1.4224
Age=[45,50)	0.2660	0.5045	1.3047
Age=[50,55)	0.4480	0.4983	1.5652
Age=[55,60)	0.7353	0.4855	2.0862
Age=[60,65)	0.7339	0.4840	2.0832
Age=[65,70)	1.0813	0.4826	2.9485
Age=[70,75)	1.3492	0.4810	3.8543
Age=[75,80)	1.5818	0.4817	4.8638
Age=[80,85)	1.6705	0.4836	5.3148
Age=[85,90)	1.7171	0.4928	5.5685
Age=[90,95),95+	2.1442	0.5442	8.5349
Urgency=Not planned	1.1989	0.0703	3.3164
Comorbidity_2=1	1.0364	0.1776	2.8191
Comorbidity_4=1	1.9257	0.2376	6.8602
Comorbidity_6=1	0.5415	0.2213	1.7185
Comorbidity_13=1	1.2177	0.2092	3.3793
Comorbidity_16=1	1.1034	0.3088	3.0144
Source=Nursing home	-0.2881	0.3142	0.7497
Source=General hospital	0.9203	0.1993	2.5101
Source=Academic or topclinical hospital	0.8993	0.3197	2.4579
Year=2008	-0.0243	0.0923	0.9760
Year=2009	0.0082	0.0914	1.0082
Year=2010	-0.2048	0.0945	0.8148

### [42] Secondary malignancies

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + comorbidity_1 +
  Comorbidity_2 + Comorbidity_3 + Comorbidity_4 + Comorbidity_6 +
  Comorbidity_9 + Comorbidity_13 + Comorbidity_16 + SES + Year +
  Source, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	67710	LR chi2	4549.91	R2	0.159	C	0.772
Not died	62751	d.f.	42	Brier	0.063	Dxy	0.545
Died	4959	Pr(> chi2)	<0.0001			gamma	0.550
max  deriv	2e-09					tau-a	0.074

	Coef	S.E.	Odds
Intercept	-6.3862	1.0316	0.0017
Severity=[0.01,0.02)	0.4542	0.2345	1.5749
Severity=[0.02,0.05)	1.0525	0.2136	2.8648
Severity=[0.05,0.1)	1.4154	0.2004	4.1182
Severity=[0.1,0.2)	1.5412	0.2040	4.6702
Age=[10,15)	0.2944	1.4345	1.3423
Age=[15,20)	0.0991	1.2381	1.1042
Age=[20,25)	-0.9611	1.4267	0.3825
Age=[25,30)	0.5160	1.0738	1.6753
Age=[30,35)	1.3503	1.0283	3.8588
Age=[35,40)	1.1929	1.0193	3.2965
Age=[40,45)	1.0347	1.0163	2.8142
Age=[45,50)	1.1740	1.0141	3.2350
Age=[50,55)	1.2172	1.0132	3.3776
Age=[55,60)	1.2951	1.0126	3.6513
Age=[60,65)	1.3787	1.0122	3.9697
Age=[65,70)	1.4501	1.0123	4.2634
Age=[70,75)	1.5101	1.0123	4.5270
Age=[75,80)	1.6283	1.0124	5.0952
Age=[80,85)	1.9207	1.0126	6.8257
Age=[85,90)	2.0198	1.0137	7.5370
Age=[90,95)	2.0341	1.0202	7.6457
Age=95+	1.7249	1.0964	5.6120
Urgency=Not planned	1.5744	0.0370	4.8278
Comorbidity_1=1	0.5722	0.1209	1.7721
Comorbidity_2=1	1.1937	0.1201	3.2994
Comorbidity_3=1	0.6002	0.1803	1.8226
Comorbidity_4=1	0.9933	0.1306	2.7001
Comorbidity_6=1	0.3680	0.1020	1.4448
Comorbidity_9=1	1.3809	0.2469	3.9783
Comorbidity_13=1	1.0367	0.1236	2.8199
Comorbidity_16=1	0.4934	0.0310	1.6379
SES=Below average	-0.0939	0.0464	0.9103
SES=Average	-0.1528	0.0478	0.8583
SES=Above average	-0.1207	0.0473	0.8863
SES=Highest	-0.1505	0.0494	0.8602
SES=Unknown	0.1200	0.5388	1.1275
Year=2008	0.0123	0.0432	1.0123
Year=2009	-0.1380	0.0439	0.8711
Year=2010	-0.2172	0.0439	0.8047
Source=Nursing home	0.2782	0.1496	1.3208
Source=General hospital	0.3335	0.1697	1.3958
Source=Academic or topclinical hospital	0.5958	0.2232	1.8144

#### [44] Neoplasms of unspecified nature or uncertain behavior

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + comorbidity_2 +
  Comorbidity_3 + Comorbidity_4 + Comorbidity_6 + Comorbidity_13 +
  Comorbidity_14 + Comorbidity_16 + Year + Source, data = data,
  y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	20895	LR chi2	697.13	R2	0.156	C	0.806
Not died	20368	d.f.	37	Brier	0.023	Dxy	0.612
Died	527	Pr(> chi2)	<0.0001			gamma	0.625
max  deriv	9e-07					tau-a	0.030

	Coef	S.E.	Odds
Intercept	-5.2707	0.6550	0.0051
Severity=[0.01,0.02)	0.7763	0.2581	2.1735
Severity=[0.02,0.05)	1.4757	0.2283	4.3740
Severity=[0.05,0.1), [0.1,0.2)	1.5613	0.2329	4.7648
Age=[1,5)	-2.0339	1.1755	0.1308
Age=[5,10)	-1.2263	0.9389	0.2934
Age=[10,15)	-1.9844	1.1756	0.1375
Age=[15,20)	-1.5833	1.1761	0.2053
Age=[20,25)	-0.6467	0.7947	0.5238
Age=[25,30)	-1.3400	0.9395	0.2619

Age=[30, 35)	-1.1408	0.8448	0.3196
Age=[35, 40)	-0.3716	0.7006	0.6896
Age=[40, 45)	-1.1479	0.7394	0.3173
Age=[45, 50)	-1.0982	0.7102	0.3335
Age=[50, 55)	-0.4776	0.6541	0.6203
Age=[55, 60)	-0.2987	0.6394	0.7418
Age=[60, 65)	-0.3359	0.6358	0.7147
Age=[65, 70)	-0.1069	0.6303	0.8986
Age=[70, 75)	0.0692	0.6256	1.0717
Age=[75, 80)	0.0802	0.6257	1.0835
Age=[80, 85)	0.3319	0.6246	1.3936
Age=[85, 90)	0.3588	0.6296	1.4316
Age=[90, 95)	0.5831	0.6488	1.7917
Age=95+	0.2394	0.8110	1.2705
Urgency=Not planned	1.1633	0.0971	3.2004
Comorbidity_2=1	1.5279	0.2126	4.6087
Comorbidity_3=1	1.0007	0.3840	2.7203
Comorbidity_4=1	1.1889	0.3114	3.2836
Comorbidity_6=1	0.6623	0.2289	1.9392
Comorbidity_13=1	0.7981	0.3003	2.2214
Comorbidity_14=1	0.6353	0.2884	1.8876
Comorbidity_16=1	0.7377	0.3195	2.0912
Year=2008	-0.0822	0.1240	0.9211
Year=2009	-0.0759	0.1242	0.9269
Year=2010	-0.4615	0.1345	0.6304
Source=Nursing home	0.7189	0.2770	2.0521
Source=General hospital	0.7383	0.3282	2.0925
Source=Academic or topclinical hospital	1.2118	0.4838	3.3595

## [50] Diabetes mellitus with complications

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Sex + Age + Urgency + Comorbidity_1 +
  Comorbidity_2 + Comorbidity_3 + Comorbidity_6 + Comorbidity_9 +
  Comorbidity_13 + Comorbidity_14 + Comorbidity_16 + Year,
  data = data, y = TRUE, maxit = 100)
```

		Model Likelihood	Discrimination	Rank Discrim.			
		Ratio Test	Indexes	Indexes			
Obs	32495	LR chi2	1326.58	R2	0.217	C	0.856
Not died	31812	d.f.	32	Brier	0.019	Dxy	0.713
Died	683	Pr(> chi2)	<0.0001			gamma	0.723
max  deriv	3e-08					tau-a	0.029

	Coef	S.E.	odds
Intercept	-8.1329	0.7225	0.0003
Severity=[0.01,0.02)	0.3185	0.2273	1.3751
Severity=[0.02,0.05)	1.0807	0.2252	2.9467
Severity=[0.05,0.1)	1.8534	0.3076	6.3817
Severity=[0.1,0.2)	2.6989	0.3488	14.8633
Sex=Female	-0.2319	0.0850	0.7931
Age=[25, 30), [20, 25)	-0.2040	1.2264	0.8155
Age=[30, 35)	1.5810	0.9174	4.8597
Age=[35, 40)	1.1814	0.9183	3.2589
Age=[40, 45)	1.7442	0.8100	5.7215
Age=[45, 50)	1.9345	0.7736	6.9209
Age=[50, 55)	1.7378	0.7702	5.6851
Age=[55, 60)	2.2016	0.7450	9.0399
Age=[60, 65)	2.4126	0.7370	11.1635
Age=[65, 70)	2.9602	0.7309	19.3015
Age=[70, 75)	3.1092	0.7286	22.4032
Age=[75, 80)	3.3744	0.7262	29.2056
Age=[80, 85)	3.6750	0.7259	39.4496
Age=[85, 90)	4.0116	0.7268	55.2370
Age=[90, 95)	4.6351	0.7358	103.0372
Age=95+	4.6419	0.8130	103.7362
Urgency=Not planned	0.6697	0.1044	1.9536
Comorbidity_1=1	0.9953	0.1521	2.7055
Comorbidity_2=1	1.4962	0.1264	4.4645
Comorbidity_3=1	0.4731	0.1010	1.6049
Comorbidity_6=1	0.5808	0.1813	1.7874
Comorbidity_9=1	1.4831	0.3968	4.4068
Comorbidity_13=1	0.8700	0.1375	2.3868
Comorbidity_14=1	1.0800	0.2381	2.9446
Comorbidity_16=1	0.8913	0.2851	2.4382
Year=2008	0.0257	0.1094	1.0260
Year=2009	-0.2083	0.1151	0.8120
Year=2010	-0.4132	0.1185	0.6615

## [55] Fluid and electrolyte disorders

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Sex + Age + Comorbidity_1 +
    Comorbidity_2 + Comorbidity_4 + Comorbidity_9 + Comorbidity_14 +
    Comorbidity_16 + SES + Month + Year, data = data, y = TRUE,
    maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	26922	LR chi2	1902.48	R2	0.221	C	0.828
Not died	25697	d.f.	37	Brier	0.039	Dxy	0.657
Died	1225	Pr(> chi2)	<0.0001			gamma	0.662
max  deriv	4e-05					tau-a	0.057

	Coef	S. E.	Odds
Intercept	-7.3850	0.7333	0.0006
Severity=[0.02,0.05)	-0.2045	0.1784	0.8150
Severity=[0.05,0.1)	0.8078	0.1676	2.2430
Severity=[0.2,0.3)	2.7322	0.1880	15.3673
Sex=Female	-0.3052	0.0643	0.7370
Age=[1,5)	0.0394	0.9136	1.0402
Age=[25,30), [20,25), [15,20), [10,15), [5,10), [30,35)	-0.4733	1.2262	0.6229
Age=[35,40)	2.3036	0.9215	10.0097
Age=[40,45)	2.7693	0.8236	15.9478
Age=[45,50)	2.5596	0.7959	12.9312
Age=[50,55)	3.4999	0.7406	33.1124
Age=[55,60)	3.2669	0.7354	26.2303
Age=[60,65)	3.5901	0.7228	36.2392
Age=[65,70)	3.7786	0.7203	43.7552
Age=[70,75)	4.1647	0.7154	64.3732
Age=[75,80)	4.3053	0.7131	74.0889
Age=[80,85)	4.6532	0.7114	104.9251
Age=[85,90)	4.8334	0.7116	125.6347
Age=[90,95)	5.3038	0.7141	201.1045
Age=95+	5.5324	0.7302	252.7615
Comorbidity_1=1	0.3821	0.1650	1.4654
Comorbidity_2=1	1.1126	0.1079	3.0422
Comorbidity_4=1	0.4950	0.1711	1.6405
Comorbidity_9=1	1.3357	0.2736	3.8026
Comorbidity_14=1	0.5939	0.1231	1.8110
Comorbidity_16=1	0.7198	0.1381	2.0540
SES=Below average	-0.1980	0.0934	0.8203
SES=Average	0.1153	0.0898	1.1222
SES=Above average	-0.1233	0.0940	0.8840
SES=Highest	-0.2176	0.1014	0.8045
Month=2	-0.2955	0.1020	0.7441
Month=3	-0.2280	0.1026	0.7961
Month=4	-0.4194	0.1043	0.6574
Month=5	-0.2259	0.1063	0.7978
Month=6	-0.1709	0.1027	0.8429
Year=2008	0.0985	0.0839	1.1035
Year=2009	-0.1932	0.0880	0.8243
Year=2010	-0.2594	0.0899	0.7715

## [59] Deficiency and other anemia

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Sex + Age + Urgency + Comorbidity_2 +
    Comorbidity_4 + Comorbidity_13 + Comorbidity_14 + Comorbidity_16 +
    Year + Source, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	45376	LR chi2	705.54	R2	0.114	C	0.783
Not died	44749	d.f.	34	Brier	0.013	Dxy	0.565
Died	627	Pr(> chi2)	<0.0001			gamma	0.588
max  deriv	2e-07					tau-a	0.015

	Coef	S.E.	Odds
Intercept	-7.0147	0.6047	0.0009
Severity=[0.01,0.02)	0.5682	0.1042	1.7651
Severity=[0.02,0.05), [0.1,0.2)	1.4782	0.1378	4.3851
Sex=Female	-0.2362	0.0841	0.7896
Age=[5,10)	0.3431	0.9214	1.4093
Age=[10,15)	-0.2470	1.1614	0.7811
Age=[15,20)	-0.1536	1.1615	0.8576
Age=[20,25)	0.5789	0.9201	1.7840
Age=[25,30)	-0.0837	1.1618	0.9197
Age=[30,35)	0.5618	0.9209	1.7538
Age=[35,40)	0.9835	0.7393	2.6737
Age=[40,45)	-0.1627	0.9207	0.8498
Age=[45,50)	0.2219	0.7393	1.2485
Age=[50,55)	1.1030	0.6459	3.0131
Age=[55,60)	1.2535	0.6246	3.5027
Age=[60,65)	1.0648	0.6167	2.9002
Age=[65,70)	1.2306	0.6073	3.4234
Age=[70,75)	1.2642	0.6031	3.5404
Age=[75,80)	1.4402	0.5978	4.2216
Age=[80,85)	1.6657	0.5961	5.2895
Age=[85,90)	2.0624	0.5959	7.8646
Age=[90,95)	1.9050	0.6087	6.7196
Age=95+	2.0357	0.6549	7.6575
Urgency=Not planned	1.0946	0.1011	2.9881
Comorbidity_2=1	1.5903	0.1212	4.9053
Comorbidity_4=1	0.9738	0.2328	2.6480
Comorbidity_13=1	0.6471	0.1473	1.9101
Comorbidity_14=1	0.4964	0.1265	1.6428
Comorbidity_16=1	0.8160	0.1549	2.2615
Year=2008	-0.0272	0.1109	0.9732
Year=2009	-0.3703	0.1176	0.6905
Year=2010	-0.4101	0.1154	0.6636
Source=Nursing home	0.1282	0.2084	1.1368
Source=General hospital	1.3774	0.4466	3.9646
Source=Academic or topclinical hospital	1.3077	0.7355	3.6978

## [85] Coma; stupor; and brain damage

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + comorbidity_2 +
    Comorbidity_5 + Comorbidity_6 + Comorbidity_14 + Year, data = data,
    y = TRUE, maxit = 100)
```

	Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes
Obs	3983	R2	0.309
Not died	3364	Brier	0.099
Died	619		
max  deriv	3e-10		
	LR chi2		C
	784.98		0.802
	d.f.		Dxy
	28		0.604
	Pr(> chi2) <0.0001		gamma
			0.612
			tau-a
			0.159

	Coef	S.E.	Odds
Intercept	-3.7609	0.4241	0.0233
Severity=[0.4,1]	3.0751	0.1354	21.6529
Age=[1,5)	-1.3959	0.7202	0.2476
Age=[5,10), [10,15)	-0.0475	0.6133	0.9536
Age=[15,20)	-1.0446	0.8341	0.3518
Age=[20,25)	-0.3565	0.7250	0.7001
Age=[25,30)	-0.8429	0.8545	0.4305
Age=[30,35)	-0.1586	0.6358	0.8534
Age=[35,40)	0.1810	0.5391	1.1984
Age=[40,45)	-0.0215	0.5411	0.9788
Age=[45,50)	0.0847	0.5028	1.0884
Age=[50,55)	0.4247	0.4615	1.5291
Age=[55,60)	0.5726	0.4553	1.7729
Age=[60,65)	0.8514	0.4268	2.3429
Age=[65,70)	0.9145	0.4355	2.4954
Age=[70,75)	1.2469	0.4196	3.4796
Age=[75,80)	1.2596	0.4144	3.5241
Age=[80,85)	1.3955	0.4126	4.0369
Age=[85,90)	1.5087	0.4169	4.5207
Age=[90,95)	1.7168	0.4389	5.5666
Age=95+	1.3935	0.5672	4.0291
Urgency=Not planned	0.5393	0.1633	1.7148
Comorbidity_2=1	0.9355	0.2376	2.5485
Comorbidity_5=1	-0.9878	0.3716	0.3724
Comorbidity_6=1	0.7119	0.2176	2.0378
Comorbidity_14=1	0.9682	0.2420	2.6332
Year=2008	-0.0622	0.1429	0.9397
Year=2009	-0.0398	0.1408	0.9610
Year=2010	-0.1786	0.1459	0.8365

## [96] Heart valve disorders

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + Comorbidity_2 +
    Comorbidity_3 + Comorbidity_4 + Comorbidity_8 + Comorbidity_13 +
    Comorbidity_14 + Year + Source, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	33780	LR chi2	1549.30	R2	0.158	C	0.789
Not died	32442	d.f.	33	Brier	0.036	Dxy	0.579
Died	1338	Pr(> chi2)	<0.0001			gamma	0.589
max  deriv	3e-07					tau-a	0.044

	Coef	S.E.	Odds
Intercept	-7.6962	1.0430	0.0005
Severity=[0.01,0.02)	1.4408	1.0766	4.2240
Severity=[0.02,0.05)	1.9714	0.3272	7.1807
Severity=[0.05,0.1)	2.6289	0.3475	13.8583
Severity=[0.1,0.2)	3.1603	0.3357	23.5777
Age=[15,20)	1.0611	1.4366	2.8896
Age=[20,25)	0.4471	1.4272	1.5638
Age=[25,30)	0.3942	1.4234	1.4832
Age=[30,35)	-0.1119	1.4283	0.8941
Age=[35,40)	0.9761	1.0800	2.6541
Age=[40,45)	0.7438	1.0787	2.1040
Age=[45,50)	-0.2827	1.1276	0.7538
Age=[50,55)	1.0644	1.0316	2.8991
Age=[55,60)	0.9362	1.0261	2.5502
Age=[60,65)	1.3346	1.0167	3.7985
Age=[65,70)	1.6482	1.0142	5.1977
Age=[70,75)	1.9856	1.0124	7.2833
Age=[75,80)	2.1982	1.0117	9.0092
Age=[80,85)	2.4947	1.0118	12.1177
Age=[85,90)	2.7331	1.0132	15.3805
Age=[90,95),95+	2.9352	1.0194	18.8251
Urgency=Not planned	0.7319	0.0642	2.0791
Comorbidity_2=1	0.9077	0.0788	2.4787
Comorbidity_3=1	0.7341	0.1355	2.0835
Comorbidity_4=1	1.0852	0.1397	2.9601
Comorbidity_8=1	1.5804	0.3496	4.8569
Comorbidity_13=1	1.1827	0.1167	3.2631
Comorbidity_14=1	0.6084	0.2244	1.8374
Year=2008	0.0246	0.0827	1.0249
Year=2009	-0.0759	0.0817	0.9269
Year=2010	-0.3409	0.0860	0.7112
Source=Nursing home	0.1912	0.2358	1.2107
Source=General hospital	0.7569	0.0982	2.1318
Source=Academic or topclinical hospital	0.9266	0.1429	2.5259

## [100] Acute myocardial infarction

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + comorbidity_1 +
    Comorbidity_2 + Comorbidity_3 + Comorbidity_4 + Comorbidity_5 +
    Comorbidity_6 + Comorbidity_8 + Comorbidity_13 + Comorbidity_14 +
    Comorbidity_16 + SES + Month + Year + Source, data = data,
    y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	87847	LR chi2	5278.87	R2	0.152	C	0.766
Not died	82076	d.f.	44	Brier	0.057	Dxy	0.533
Died	5771	Pr(> chi2)	<0.0001			gamma	0.538
max  deriv	5e-12					tau-a	0.065



	Coef	S.E.	Odds
Intercept	-3.7064	0.5258	0.0246
Severity=[0.05,0.1)	1.1161	0.0586	3.0529
Severity=[0.1,0.2)	1.4252	0.0578	4.1587
Age=[25,30)	-0.6150	0.6926	0.5406
Age=[30,35)	-1.0547	0.6200	0.3483
Age=[35,40)	-1.1733	0.5538	0.3093
Age=[40,45)	-1.2867	0.5362	0.2762
Age=[45,50)	-1.0650	0.5272	0.3447
Age=[50,55)	-1.1099	0.5253	0.3296
Age=[55,60)	-0.8331	0.5234	0.4347
Age=[60,65)	-0.5958	0.5222	0.5511
Age=[65,70)	-0.3629	0.5219	0.6957
Age=[70,75)	-0.0421	0.5213	0.9588
Age=[75,80)	0.2249	0.5210	1.2522
Age=[80,85)	0.6158	0.5208	1.8511
Age=[85,90)	0.8863	0.5212	2.4261
Age=[90,95)	1.2496	0.5231	3.4891
Age=95+	1.3370	0.5368	3.8075
Urgency=Not planned	0.1870	0.0429	1.2056
Comorbidity_1=1	0.2307	0.0491	1.2594
Comorbidity_2=1	0.9382	0.0406	2.5555
Comorbidity_3=1	0.3982	0.1085	1.4891
Comorbidity_4=1	1.0620	0.0846	2.8923
Comorbidity_5=1	0.4835	0.1574	1.6217
Comorbidity_6=1	0.2382	0.0780	1.2689
Comorbidity_8=1	0.6835	0.2815	1.9808
Comorbidity_13=1	0.8986	0.0785	2.4561
Comorbidity_14=1	0.5786	0.1240	1.7835
Comorbidity_16=1	1.1015	0.1708	3.0086
SES=Below average	-0.1360	0.0422	0.8729
SES=Average	-0.1233	0.0433	0.8840
SES=Above average	-0.1434	0.0433	0.8664
SES=Highest	-0.1917	0.0466	0.8255
SES=Unknown	0.4109	0.3307	1.5081
Month=2	0.0163	0.0474	1.0164
Month=3	-0.1136	0.0495	0.8926
Month=4	-0.1327	0.0507	0.8758
Month=5	-0.0345	0.0485	0.9661
Month=6	-0.0207	0.0474	0.9795
Year=2008	-0.1715	0.0397	0.8424
Year=2009	-0.2991	0.0401	0.7415
Year=2010	-0.3452	0.0401	0.7080
Source=Nursing home	0.0936	0.1037	1.0982
Source=General hospital	-0.2330	0.0628	0.7921
Source=Academic or topclinical hospital	-0.3731	0.0821	0.6886

## [101] Coronary atherosclerosis and other heart disease

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + Comorbidity_1 +
  Comorbidity_2 + Comorbidity_3 + Comorbidity_4 + Comorbidity_5 +
  Comorbidity_6 + Comorbidity_8 + Comorbidity_9 + Comorbidity_13 +
  Comorbidity_14 + Comorbidity_16 + Year + Source, data = data,
  y = TRUE, maxit = 100)
```

	Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes
Obs	228060	R2	0.123
Not died	226096	Brier	0.008
Died	1964		
max  deriv	5e-11	Pr(> chi2)	<0.0001
		C	0.792
		Dxy	0.584
		gamma	0.622
		tau-a	0.010

	Coef	S.E.	Odds
Intercept	-6.2405	1.0093	0.0019
Severity=[0.01,0.02)	0.0595	0.0526	1.0613
Severity=[0.02,0.05)	1.1293	0.1375	3.0936
Age=[30,35)	-0.5406	1.4207	0.5824
Age=[35,40)	-0.7108	1.1619	0.4913
Age=[40,45)	-0.7958	1.0767	0.4512
Age=[45,50)	-0.5870	1.0369	0.5560
Age=[50,55)	-0.1230	1.0193	0.8842
Age=[55,60)	-0.1175	1.0158	0.8891
Age=[60,65)	0.3658	1.0117	1.4416
Age=[65,70)	0.5746	1.0109	1.7764
Age=[70,75)	1.0134	1.0097	2.7549
Age=[75,80)	1.4457	1.0092	4.2447
Age=[80,85)	1.7900	1.0093	5.9894
Age=[85,90)	2.0481	1.0103	7.7532
Age=[90,95)	2.5103	1.0141	12.3092

Age=95+	3.0134	1.0370	20.3575
Urgency=Not planned	0.5487	0.0549	1.7309
Comorbidity_1=1	0.3033	0.0675	1.3544
Comorbidity_2=1	1.5001	0.0718	4.4821
Comorbidity_3=1	0.6968	0.1292	2.0074
Comorbidity_4=1	1.0669	0.1220	2.9065
Comorbidity_5=1	1.3735	0.2637	3.9490
Comorbidity_6=1	0.6077	0.1012	1.8362
Comorbidity_8=1	1.7956	0.2901	6.0231
Comorbidity_9=1	1.7754	0.5724	5.9026
Comorbidity_13=1	0.9040	0.1074	2.4696
Comorbidity_14=1	1.0367	0.1777	2.8198
Comorbidity_16=1	0.7075	0.2851	2.0289
Year=2008	-0.0890	0.0622	0.9148
Year=2009	-0.2443	0.0642	0.7832
Year=2010	-0.3875	0.0660	0.6787
Source=Nursing home	0.4411	0.1744	1.5544
Source=General hospital	0.8450	0.0752	2.3280
Source=Academic or topclinical hospital	0.6165	0.1130	1.8524

### [103] Pulmonary heart disease

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + comorbidity_1 +
  Comorbidity_2 + Comorbidity_4 + Comorbidity_13 + Comorbidity_14 +
  Comorbidity_16 + Year + Source, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	26062	LR chi2	1221.96	R2	0.145	C	0.780
Not died	24839	d.f.	34	Brier	0.042	Dxy	0.561
Died	1223	Pr(> chi2)	<0.0001			gamma	0.570
max  deriv	6e-06					tau-a	0.050

	Coef	S.E.	Odds
Intercept	-2.8444	0.3523	0.0582
Severity=[0.05,0.1)	0.5833	0.1051	1.7919
Severity=[0.1,0.2)	1.6009	0.2933	4.9574
Severity=[0.2,0.3)	1.2845	0.1624	3.6130
Age=[10,15), [1,5), [5,10)	-0.4443	0.5377	0.6413
Age=[15,20)	-1.2449	0.5592	0.2880
Age=[20,25)	-2.6322	0.7848	0.0719
Age=[25,30)	-2.5721	0.6682	0.0764
Age=[30,35)	-2.2717	0.5619	0.1031
Age=[35,40)	-1.6541	0.4304	0.1913
Age=[40,45)	-1.8408	0.4140	0.1587
Age=[45,50)	-1.4799	0.3758	0.2277
Age=[50,55)	-1.1650	0.3651	0.3119
Age=[55,60)	-1.1044	0.3596	0.3314
Age=[60,65)	-0.8227	0.3509	0.4393
Age=[65,70)	-0.6262	0.3479	0.5346
Age=[70,75)	-0.5721	0.3454	0.5643
Age=[75,80)	-0.2769	0.3439	0.7582
Age=[80,85)	0.1186	0.3450	1.1259
Age=[85,90)	0.5772	0.3481	1.7811
Age=[90,95)	0.9065	0.3688	2.4757
Age=95+	0.5902	0.5083	1.8043
Urgency=Not planned	0.2445	0.0895	1.2770
Comorbidity_1=1	1.0007	0.1585	2.7201
Comorbidity_2=1	1.0201	0.1039	2.7735
Comorbidity_4=1	1.3929	0.1913	4.0265
Comorbidity_13=1	0.6205	0.1829	1.8598
Comorbidity_14=1	0.4808	0.1167	1.6174
Comorbidity_16=1	1.1185	0.1202	3.0604
Year=2008	-0.2019	0.0883	0.8172
Year=2009	-0.1511	0.0848	0.8598
Year=2010	-0.4155	0.0864	0.6600
Source=Nursing home	0.3387	0.1951	1.4032
Source=General hospital	1.2835	0.1937	3.6091
Source=Academic or topclinical hospital	1.0120	0.3196	2.7512

## [106] Cardiac dysrhythmias

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Sex + Age + Urgency + Comorbidity_2 +
  Comorbidity_3 + Comorbidity_4 + Comorbidity_5 + Comorbidity_6 +
  Comorbidity_8 + Comorbidity_10 + Comorbidity_13 + Comorbidity_14 +
  Comorbidity_16 + SES + Month + Year + Source, data = data,
  y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	180951	LR chi2	3020.23	R2	0.166	C	0.846
Not died	179272	d.f.	49	Brier	0.009	Dxy	0.692
Died	1679	Pr(> chi2)	<0.0001			gamma	0.722
max  deriv	2e-07					tau-a	0.013

	Coef	S. E.	Odds
Intercept	-7.3962	1.0087	0.0006
Severity=[0.01,0.02)	1.0840	0.2778	2.9564
Severity=[0.02,0.05)	1.5671	0.0519	4.7929
Sex=Female	-0.2252	0.0524	0.7983
Age=[1, 5), [5, 10)	0.4312	1.4174	1.5392
Age=[10, 15)	0.3126	1.4170	1.3669
Age=[15, 20)	0.6118	1.1571	1.8437
Age=[20, 25)	0.6290	1.1205	1.8757
Age=[25, 30)	0.7509	1.0979	2.1189
Age=[30, 35)	0.4886	1.0977	1.6301
Age=[35, 40)	0.1910	1.0823	1.2104
Age=[40, 45)	1.1054	1.0247	3.0204
Age=[45, 50)	0.7631	1.0238	2.1448
Age=[50, 55)	1.1061	1.0138	3.0225
Age=[55, 60)	1.2172	1.0095	3.3776
Age=[60, 65)	1.1753	1.0077	3.2391
Age=[65, 70)	1.4640	1.0062	4.3233
Age=[70, 75)	1.8297	1.0048	6.2318
Age=[75, 80)	2.0874	1.0043	8.0639
Age=[80, 85)	2.6442	1.0039	14.0725
Age=[85, 90)	3.1582	1.0041	23.5287
Age=[90, 95)	3.4299	1.0072	30.8737
Age=95+	3.7506	1.0218	42.5458
Urgency=Not planned	0.6803	0.0727	1.9744
Comorbidity_2=1	1.1462	0.0747	3.1461
Comorbidity_3=1	0.6658	0.2017	1.9460
Comorbidity_4=1	1.2453	0.1408	3.4739
Comorbidity_5=1	0.9552	0.2403	2.5991
Comorbidity_6=1	0.8012	0.1083	2.2281
Comorbidity_8=1	2.0733	0.4156	7.9509
Comorbidity_10=1	0.3104	0.1114	1.3639
Comorbidity_13=1	1.1719	0.1282	3.2282
Comorbidity_14=1	1.2870	0.1771	3.6220
Comorbidity_16=1	1.5438	0.2184	4.6823
SES=Below average	-0.1041	0.0723	0.9012
SES=Average	-0.1910	0.0750	0.8261
SES=Above average	-0.2864	0.0776	0.7510
SES=Highest	-0.4489	0.0845	0.6384
SES=Unknown	0.4684	0.7221	1.5974
Month=2	-0.0635	0.0835	0.9384
Month=3	-0.2281	0.0874	0.7960
Month=4	-0.2922	0.0888	0.7466
Month=5	-0.2453	0.0865	0.7824
Month=6	-0.0872	0.0829	0.9165
Year=2008	0.0028	0.0710	1.0028
Year=2009	-0.1905	0.0719	0.8266
Year=2010	-0.3448	0.0725	0.7084
Source=Nursing home	0.3616	0.1648	1.4356
Source=General hospital	0.3689	0.1950	1.4462
Source=Academic or topclinical hospital	0.5058	0.2804	1.6583

### [107] Cardiac arrest and ventricular fibrillation

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + Comorbidity_1 +
  Comorbidity_3 + Comorbidity_4 + Comorbidity_6 + Comorbidity_10 +
  Comorbidity_13 + Comorbidity_14 + Comorbidity_16 + Year +
  Source, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	8251	LR chi2	1909.21	R2	0.276	C	0.768
Not died	4485	d.f.	32	Brier	0.195	Dxy	0.535
Died	3766	Pr(> chi2)	<0.0001			gamma	0.538
max  deriv	3e-09					tau-a	0.266

	Coef	S.E.	Odds
Intercept	-3.5859	0.5572	0.0277
Severity=[0.2,0.3)	2.5149	0.4600	12.3656
Severity=[0.4,1]	3.9150	0.4599	50.1493
Age=[20,25),[15,20)	-1.3107	0.4022	0.2696
Age=[25,30)	-1.1180	0.4328	0.3269
Age=[30,35)	-0.5938	0.3889	0.5522
Age=[35,40)	-0.7437	0.3642	0.4753
Age=[40,45)	-0.7299	0.3407	0.4819
Age=[45,50)	-0.7726	0.3284	0.4618
Age=[50,55)	-0.6429	0.3220	0.5258
Age=[55,60)	-0.6909	0.3197	0.5011
Age=[60,65)	-0.4165	0.3169	0.6593
Age=[65,70)	-0.3936	0.3166	0.6746
Age=[70,75)	-0.2717	0.3157	0.7621
Age=[75,80)	-0.0520	0.3154	0.9494
Age=[80,85)	0.3234	0.3181	1.3818
Age=[85,90)	0.4304	0.3259	1.5379
Age=[90,95),95+	0.6234	0.3715	1.8653
Urgency=Not planned	0.9077	0.0759	2.4787
Comorbidity_1=1	-0.3323	0.0657	0.7172
Comorbidity_3=1	0.4190	0.2137	1.5204
Comorbidity_4=1	0.5731	0.1778	1.7738
Comorbidity_6=1	0.5274	0.1382	1.6945
Comorbidity_10=1	0.3102	0.1194	1.3638
Comorbidity_13=1	0.5437	0.1677	1.7223
Comorbidity_14=1	0.5995	0.2356	1.8212
Comorbidity_16=1	0.6408	0.3240	1.8980
Year=2008	-0.1472	0.0736	0.8631
Year=2009	-0.4031	0.0715	0.6682
Year=2010	-0.3637	0.0724	0.6951
Source=Nursing home	0.2395	0.2710	1.2706
Source=General hospital	-0.9842	0.1282	0.3737
Source=Academic or topclinical hospital	-0.5248	0.1798	0.5916

### [108] Congestive heart failure; nonhypertensive

Logistic Regression Model

```
lrm(formula = Death ~ sex + Age + Urgency + comorbidity_1 + Comorbidity_3 +
  Comorbidity_4 + Comorbidity_5 + Comorbidity_6 + Comorbidity_7 +
  Comorbidity_8 + Comorbidity_9 + Comorbidity_13 + Comorbidity_14 +
  Comorbidity_16 + Month + Year + Source, data = data, y = TRUE,
  maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	99716	LR chi2	3039.92	R2	0.060	C	0.657
Not died	88856	d.f.	41	Brier	0.094	Dxy	0.314
Died	10860	Pr(> chi2)	<0.0001			gamma	0.318
max  deriv	2e-07					tau-a	0.061

	Coef	S.E.	Odds
Intercept	-2.5329	0.4282	0.0794
Sex=Female	-0.1347	0.0216	0.8740
Age=[1,5),[5,10),[10,15),[15,20)	0.2718	0.5835	1.3123
Age=[20,25)	-0.0621	0.6752	0.9398

```

Age=[25,30) -1.3340 0.8326 0.2634
Age=[30,35) -0.5454 0.5466 0.5796
Age=[35,40) -0.7335 0.5065 0.4802
Age=[40,45) -0.5977 0.4646 0.5501
Age=[45,50) -0.9095 0.4534 0.4027
Age=[50,55) -0.8710 0.4419 0.4185
Age=[55,60) -0.5984 0.4336 0.5497
Age=[60,65) -0.4301 0.4300 0.6504
Age=[65,70) -0.2256 0.4286 0.7981
Age=[70,75) -0.1307 0.4279 0.8775
Age=[75,80) 0.1976 0.4272 1.2185
Age=[80,85) 0.4211 0.4271 1.5236
Age=[85,90) 0.6504 0.4271 1.9163
Age=[90,95) 0.8453 0.4278 2.3286
Age=95+ 1.0363 0.4317 2.8189
Urgency=Not planned 0.3396 0.0320 1.4043
Comorbidity_1=1 0.1359 0.0331 1.1456
Comorbidity_3=1 0.3196 0.0766 1.3766
Comorbidity_4=1 0.8593 0.0619 2.3615
Comorbidity_5=1 0.3658 0.0873 1.4416
Comorbidity_6=1 0.2573 0.0347 1.2934
Comorbidity_7=1 0.2456 0.1341 1.2784
Comorbidity_8=1 1.0850 0.2062 2.9596
Comorbidity_9=1 1.1125 0.1789 3.0419
Comorbidity_13=1 0.7675 0.0344 2.1544
Comorbidity_14=1 0.5379 0.0708 1.7124
Comorbidity_16=1 0.5968 0.1013 1.8163
Month=2 -0.1299 0.0337 0.8782
Month=3 -0.1983 0.0353 0.8201
Month=4 -0.2034 0.0369 0.8160
Month=5 -0.1888 0.0348 0.8279
Month=6 -0.1056 0.0335 0.8997
Year=2008 -0.0268 0.0293 0.9735
Year=2009 -0.0897 0.0291 0.9142
Year=2010 -0.2532 0.0296 0.7763
Source=Nursing home 0.1074 0.0558 1.1134
Source=General hospital 0.5662 0.0843 1.7615
Source=Academic or topclinical hospital 0.1758 0.1307 1.1922

```

## [109] Acute cerebrovascular disease

Logistic Regression Model

```

lrm(formula = Death ~ Severity + Age + Urgency + comorbidity_1 +
  Comorbidity_2 + Comorbidity_3 + Comorbidity_6 + Comorbidity_8 +
  Comorbidity_12 + Comorbidity_13 + Comorbidity_14 + Comorbidity_16 +
  Year + source, data = data, y = TRUE, maxit = 100)

```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes
Obs	95070	LR chi2 10687.19	R2 0.191	C 0.761
Not died	81658	d.f. 39	Brier 0.105	Dxy 0.522
Died	13412	Pr(> chi2) <0.0001		gamma 0.525
max  deriv	5e-11			tau-a 0.126

	Coef	S.E.	Odds
Intercept	-4.1325	0.4272	0.0160
Severity=[0.1,0.2)	0.0854	0.0277	1.0892
Severity=[0.2,0.3)	1.6596	0.0408	5.2570
Severity=[0.3,0.4)	1.8758	0.0241	6.5259
Age=[1,5)	0.0117	0.7365	1.0118
Age=[5,10)	-0.1982	0.6730	0.8202
Age=[10,15)	0.0205	0.6350	1.0207
Age=[15,20)	0.2465	0.5323	1.2795
Age=[20,25)	0.2215	0.5167	1.2479
Age=[25,30)	0.2084	0.4929	1.2318
Age=[30,35)	0.1731	0.4684	1.1890
Age=[35,40)	0.3300	0.4447	1.3910
Age=[40,45)	0.5950	0.4342	1.8129
Age=[45,50)	0.7202	0.4306	2.0549
Age=[50,55)	0.8225	0.4295	2.2763
Age=[55,60)	0.8507	0.4285	2.3414
Age=[60,65)	0.9861	0.4278	2.6809
Age=[65,70)	1.1766	0.4274	3.2434
Age=[70,75)	1.3696	0.4270	3.9339
Age=[75,80)	1.5748	0.4267	4.8299
Age=[80,85)	1.9256	0.4266	6.8590
Age=[85,90)	2.1573	0.4268	8.6479
Age=[90,95)	2.5610	0.4279	12.9488
Age=95+	2.8281	0.4343	16.9132
Urgency=Not planned	0.2582	0.0345	1.2946

Comorbidity_1=1	0.5488	0.0615	1.7312
Comorbidity_2=1	1.4159	0.0664	4.1200
Comorbidity_3=1	0.2295	0.1044	1.2580
Comorbidity_6=1	0.5797	0.0655	1.7854
Comorbidity_8=1	0.7225	0.2439	2.0596
Comorbidity_12=1	-0.1189	0.0464	0.8879
Comorbidity_13=1	0.6576	0.0973	1.9301
Comorbidity_14=1	0.8609	0.0759	2.3652
Comorbidity_16=1	0.8012	0.0932	2.2281
Year=2008	-0.0651	0.0282	0.9370
Year=2009	-0.1418	0.0281	0.8678
Year=2010	-0.2448	0.0284	0.7829
Source=Nursing home	0.0166	0.0613	1.0167
Source=General hospital	-0.3568	0.0616	0.6999
Source=Academic or topclinical hospital	-0.4305	0.0874	0.6502

## [114] Peripheral and visceral atherosclerosis

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + Comorbidity_1 +
  Comorbidity_2 + Comorbidity_3 + Comorbidity_4 + Comorbidity_6 +
  Comorbidity_7 + Comorbidity_8 + Comorbidity_13 + Comorbidity_14 +
  Comorbidity_16 + Year + Source, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	40469	LR chi2	5102.20	R2	0.383	C	0.904
Not died	38625	d.f.	36	Brier	0.033	Dxy	0.808
Died	1844	Pr(> chi2)	<0.0001			gamma	0.816
max  deriv	6e-10					tau-a	0.070

	Coef	S.E.	Odds
Intercept	-7.9235	1.0433	0.0004
Severity=[0.02,0.05)	0.7247	0.1892	2.0641
Severity=[0.05,0.1)	1.1257	0.2103	3.0824
Severity=[0.1,0.2)	2.1013	0.2008	8.1767
Severity=[0.4,1]	3.3844	0.1985	29.4991
Age=[20,25), [25,30)	0.5017	1.2575	1.6515
Age=[30,35)	0.9503	1.1873	2.5865
Age=[35,40)	0.4533	1.2555	1.5734
Age=[40,45)	1.4475	1.0738	4.2526
Age=[45,50)	1.9446	1.0470	6.9908
Age=[50,55)	1.6367	1.0436	5.1380
Age=[55,60)	2.0504	1.0346	7.7706
Age=[60,65)	2.4920	1.0300	12.0859
Age=[65,70)	2.3520	1.0298	10.5064
Age=[70,75)	2.6910	1.0284	14.7463
Age=[75,80)	3.0396	1.0277	20.8966
Age=[80,85)	3.4209	1.0277	30.5978
Age=[85,90)	3.6314	1.0286	37.7667
Age=[90,95)	4.0644	1.0324	58.2323
Age=95+	4.5401	1.0570	93.6977
Urgency=Not planned	1.4712	0.0696	4.3543
Comorbidity_1=1	0.8207	0.1257	2.2720
Comorbidity_2=1	1.2332	0.1291	3.4323
Comorbidity_3=1	0.5794	0.0797	1.7850
Comorbidity_4=1	0.6850	0.1772	1.9838
Comorbidity_6=1	0.4792	0.1331	1.6148
Comorbidity_7=1	0.7939	0.3155	2.2119
Comorbidity_8=1	1.7910	0.3202	5.9956
Comorbidity_13=1	1.1627	0.1283	3.1986
Comorbidity_14=1	0.8940	0.2039	2.4449
Comorbidity_16=1	1.1402	0.2718	3.1273
Year=2008	-0.1368	0.0784	0.8722
Year=2009	-0.1996	0.0782	0.8191
Year=2010	-0.4468	0.0796	0.6396
Source=Nursing home	0.1240	0.1760	1.1321
Source=General hospital	1.4268	0.2237	4.1653
Source=Academic or topclinical hospital	1.4226	0.3234	4.1477

### [115] Aortic; peripheral; and visceral artery aneurysms

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Sex + Age + Urgency + Comorbidity_1 +
    Comorbidity_2 + Comorbidity_4 + Comorbidity_5 + Comorbidity_6 +
    Comorbidity_13 + Comorbidity_16 + Year, data = data, y = TRUE,
    maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	26282	LR chi2	6082.05	R2	0.411	C	0.881
Not died	23359	d.f.	30	Brier	0.068	Dxy	0.761
Died	2923	Pr(> chi2)	<0.0001			gamma	0.766
max  deriv	1e-08					tau-a	0.151

	Coef	S.E.	Odds
Intercept	-6.1035	1.0770	0.0022
Severity=[0.01,0.02)	1.3597	1.0237	3.8949
Severity=[0.02,0.05)	2.3966	1.0174	10.9856
Severity=[0.05,0.1)	2.5561	1.0112	12.8861
Severity=[0.1,0.2)	3.5988	1.0124	36.5540
Severity=[0.4,1]	4.7242	1.0112	112.6402
Sex=Female	0.2297	0.0547	1.2582
Age=[30,35)	-0.3860	0.6195	0.6798
Age=[35,40)	-1.1664	0.6119	0.3115
Age=[40,45)	-0.8564	0.5070	0.4247
Age=[45,50)	-1.2193	0.4873	0.2954
Age=[50,55)	-0.6816	0.4312	0.5058
Age=[55,60)	-0.4400	0.4111	0.6440
Age=[60,65)	-0.7482	0.4043	0.4732
Age=[65,70)	-0.4520	0.4003	0.6364
Age=[70,75)	-0.1720	0.3979	0.8420
Age=[75,80)	0.3031	0.3968	1.3540
Age=[80,85)	0.7586	0.3976	2.1354
Age=[85,90)	1.2786	0.4010	3.5916
Age=[90,95),95+	2.3983	0.4237	11.0050
Urgency=Not planned	1.2637	0.0590	3.5384
Comorbidity_1=1	0.4815	0.1052	1.6185
Comorbidity_2=1	0.6768	0.1619	1.9675
Comorbidity_4=1	0.5790	0.1454	1.7842
Comorbidity_5=1	0.9637	0.3678	2.6213
Comorbidity_6=1	0.3133	0.1083	1.3680
Comorbidity_13=1	0.6173	0.1321	1.8539
Comorbidity_16=1	1.3081	0.2834	3.6992
Year=2008	-0.1562	0.0661	0.8554
Year=2009	-0.2209	0.0670	0.8018
Year=2010	-0.3686	0.0682	0.6917

### [116] Aortic and peripheral arterial embolism or thrombosis

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Sex + Age + Urgency + Comorbidity_1 +
    Comorbidity_2 + Comorbidity_3 + Comorbidity_4 + Comorbidity_6 +
    Comorbidity_13 + Comorbidity_14 + Comorbidity_16 + Year,
    data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	28569	LR chi2	1753.51	R2	0.278	C	0.886
Not died	27825	d.f.	27	Brier	0.023	Dxy	0.773
Died	744	Pr(> chi2)	<0.0001			gamma	0.783
max  deriv	1e-11					tau-a	0.039

	Coef	S.E.	Odds
Intercept	-7.3045	0.5258	0.0007
Severity=[0.02,0.05)	0.1279	0.1267	1.1364
Severity=[0.05,0.1)	1.8493	0.1659	6.3553
Severity=[0.1,0.2)	1.7841	0.2411	5.9540
Sex=Female	0.3152	0.0838	1.3706
Age=[45,50)	0.9486	0.6194	2.5820
Age=[50,55)	1.0324	0.5668	2.8079

Age=[55, 60)	1.1752	0.5492	3.2387
Age=[60, 65)	1.6850	0.5261	5.3923
Age=[65, 70)	1.9318	0.5218	6.9021
Age=[70, 75)	2.2496	0.5166	9.4837
Age=[75, 80)	2.4866	0.5159	12.0198
Age=[80, 85)	2.9222	0.5144	18.5827
Age=[85, 90)	3.3097	0.5158	27.3767
Age=[90, 95)	3.4024	0.5283	30.0374
Age=95+	3.7604	0.5853	42.9660
Urgency=Not planned	1.7668	0.0894	5.8522
Comorbidity_1=1	0.5942	0.1656	1.8115
Comorbidity_2=1	1.5596	0.1594	4.7571
Comorbidity_3=1	0.6651	0.0975	1.9447
Comorbidity_4=1	0.9803	0.1924	2.6654
Comorbidity_6=1	0.7846	0.1640	2.1916
Comorbidity_13=1	1.6576	0.1882	5.2467
Comorbidity_14=1	0.8593	0.2578	2.3615
Comorbidity_16=1	1.3629	0.2894	3.9076
Year=2008	-0.0942	0.1132	0.9101
Year=2009	-0.2894	0.1156	0.7487
Year=2010	-0.4022	0.1136	0.6689

## [117] Other circulatory disease

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Sex + Age + Urgency + Comorbidity_2 +
    Comorbidity_3 + Comorbidity_4 + Comorbidity_13 + Comorbidity_14 +
    Comorbidity_16 + Year + Source, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	21765	LR chi2	1006.45	R2	0.213	C	0.851
Not died	21207	d.f.	35	Brier	0.023	Dxy	0.702
Died	558	Pr(> chi2)	<0.0001			gamma	0.712
max  deriv	2e-07					tau-a	0.035

	Coef	S.E.	Odds
Intercept	-5.0228	0.5437	0.0066
Severity=[0.01,0.02)	0.6896	0.2112	1.9928
Severity=[0.02,0.05)	1.9109	0.1918	6.7593
Severity=[0.05,0.1)	1.8779	0.1750	6.5399
Severity=[0.1,0.2), [0.3,0.4)	3.3941	0.2516	29.7878
Sex=Female	-0.2487	0.0930	0.7798
Age=[1, 5), [5, 10)	-1.8926	1.1290	0.1507
Age=[10, 15)	-0.9089	1.1369	0.4029
Age=[15, 20), [20, 25)	-2.4830	1.1283	0.0835
Age=[25, 30), [30, 35)	-2.8381	1.1277	0.0585
Age=[35, 40)	-1.0842	0.6868	0.3382
Age=[40, 45)	-0.7727	0.6172	0.4618
Age=[45, 50)	-2.1453	0.7221	0.1170
Age=[50, 55)	-0.9533	0.5766	0.3855
Age=[55, 60)	-1.5067	0.5931	0.2216
Age=[60, 65)	-0.7051	0.5468	0.4941
Age=[65, 70)	-0.4630	0.5397	0.6294
Age=[70, 75)	-0.3087	0.5337	0.7344
Age=[75, 80)	0.0570	0.5284	1.0587
Age=[80, 85)	0.2815	0.5282	1.3251
Age=[85, 90)	0.8506	0.5288	2.3411
Age=[90, 95)	0.6428	0.5558	1.9018
Age=95+	1.0918	0.6510	2.9795
Urgency=Not planned	0.5010	0.1150	1.6504
Comorbidity_2=1	1.3694	0.1796	3.9328
Comorbidity_3=1	0.7127	0.1881	2.0395
Comorbidity_4=1	0.7002	0.2700	2.0142
Comorbidity_13=1	0.8741	0.1612	2.3966
Comorbidity_14=1	0.6572	0.2599	1.9293
Comorbidity_16=1	1.5536	0.3167	4.7284
Year=2008	-0.1397	0.1250	0.8696
Year=2009	-0.1939	0.1241	0.8238
Year=2010	-0.5286	0.1315	0.5894
Source=Nursing home	0.4582	0.2302	1.5812
Source=General hospital	1.3122	0.2431	3.7143
Source=Academic or topclinical hospital	1.0237	0.4517	2.7835



## [122] Pneumonia (except that caused by tuberculosis or sexually transmitted diseases)

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Sex + Age + Comorbidity_1 +
  Comorbidity_2 + Comorbidity_3 + Comorbidity_4 + Comorbidity_5 +
  Comorbidity_6 + Comorbidity_8 + Comorbidity_9 + Comorbidity_13 +
  Comorbidity_14 + Comorbidity_16 + Month + Year + Source,
  data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	118913	LR chi2	9845.29	R2	0.175	C	0.775
Not died	108233	d.f.	47	Brier	0.075	Dxy	0.551
Died	10680	Pr(> chi2)	<0.0001			gamma	0.554
max  deriv	1e-11					tau-a	0.090

	Coef	S. E.	Odds
Intercept	-6.5118	0.3882	0.0015
Severity=[0.02,0.05), [0.01,0.02)	0.6884	0.3617	1.9906
Severity=[0.05,0.1)	1.5002	0.3467	4.4825
Severity=[0.1,0.2)	1.9973	0.3493	7.3693
Severity=[0.2,0.3), [0.3,0.4)	2.8484	0.4361	17.2606
Sex=Female	-0.1386	0.0221	0.8706
Age=[1, 5)	-0.8136	0.3769	0.4433
Age=[5, 10)	-0.1068	0.4092	0.8987
Age=[10, 15)	0.6629	0.4342	1.9405
Age=[15, 20)	1.6434	0.3427	5.1727
Age=[20, 25)	1.0752	0.3740	2.9305
Age=[25, 30)	0.8308	0.3737	2.2951
Age=[30, 35)	0.6268	0.3638	1.8716
Age=[35, 40)	0.9170	0.3198	2.5017
Age=[40, 45)	1.2324	0.3041	3.4293
Age=[45, 50)	1.6194	0.2926	5.0498
Age=[50, 55)	2.0217	0.2852	7.5515
Age=[55, 60)	2.0762	0.2822	7.9741
Age=[60, 65)	2.2106	0.2802	9.1216
Age=[65, 70)	2.4400	0.2791	11.4736
Age=[70, 75)	2.6880	0.2783	14.7022
Age=[75, 80)	3.0286	0.2776	20.6677
Age=[80, 85)	3.3291	0.2774	27.9122
Age=[85, 90)	3.6178	0.2776	37.2572
Age=[90, 95)	3.9046	0.2789	49.6325
Age=95+	4.0270	0.2859	56.0940
Comorbidity_1=1	0.5409	0.0520	1.7175
Comorbidity_2=1	0.6761	0.0324	1.9661
Comorbidity_3=1	0.5350	0.0876	1.7074
Comorbidity_4=1	0.8220	0.0624	2.2750
Comorbidity_5=1	0.4574	0.0690	1.5800
Comorbidity_6=1	-0.2520	0.0276	0.7773
Comorbidity_8=1	0.6223	0.1898	1.8632
Comorbidity_9=1	1.6827	0.1551	5.3798
Comorbidity_13=1	0.5500	0.0498	1.7333
Comorbidity_14=1	0.7026	0.0405	2.0190
Comorbidity_16=1	0.8512	0.0533	2.3425
Month=2	-0.1653	0.0338	0.8477
Month=3	-0.1960	0.0362	0.8220
Month=4	-0.0816	0.0380	0.9216
Month=5	-0.1472	0.0360	0.8631
Month=6	-0.0757	0.0333	0.9271
Year=2008	-0.0375	0.0304	0.9632
Year=2009	-0.1091	0.0303	0.8967
Year=2010	-0.2260	0.0307	0.7977
Source=Nursing home	0.2392	0.0533	1.2702
Source=General hospital	0.5206	0.0864	1.6830
Source=Academic or topclinical hospital	0.3079	0.1586	1.3606

## [127] Chronic obstructive pulmonary disease and bronchiectasis

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + comorbidity_1 +
  Comorbidity_2 + Comorbidity_4 + Comorbidity_6 + Comorbidity_8 +
  Comorbidity_9 + Comorbidity_13 + Comorbidity_14 + Comorbidity_16 +
  Month + Year + source, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	76096	LR_chi2	2155.70	R2	0.085	C	0.711
Not died	72300	d.f.	38	Brier	0.046	Dxy	0.421
Died	3796	Pr(> chi2)	<0.0001			gamma	0.429
max  deriv	4e-09					tau-a	0.040

	Coef	S.E.	Odds
Intercept	-8.3064	1.0183	0.0002
Severity=[0.01,0.02)	0.2454	0.5013	1.2781
Severity=[0.02,0.05)	0.7915	0.2838	2.2067
Severity=[0.05,0.1)	1.6093	0.2174	4.9991
Age=[30,35)	1.3240	1.4174	3.7584
Age=[35,40)	2.4497	1.0719	11.5844
Age=[40,45)	2.3859	1.0329	10.8684
Age=[45,50)	1.8390	1.0234	6.2900
Age=[50,55)	2.3641	1.0090	10.6349
Age=[55,60)	2.7623	1.0051	15.8357
Age=[60,65)	3.0636	1.0035	21.4050
Age=[65,70)	3.2679	1.0029	26.2565
Age=[70,75)	3.4760	1.0025	32.3290
Age=[75,80)	3.6756	1.0023	39.4711
Age=[80,85)	3.8762	1.0024	48.2418
Age=[85,90)	4.0665	1.0030	58.3509
Age=[90,95)	4.2028	1.0067	66.8735
Age=95+	4.4623	1.0331	86.6853
urgency=Not planned	0.6928	0.0585	1.9992
Comorbidity_1=1	0.4671	0.0891	1.5954
Comorbidity_2=1	0.8664	0.0498	2.3782
Comorbidity_4=1	0.7130	0.1367	2.0401
Comorbidity_6=1	0.3251	0.0822	1.3842
Comorbidity_8=1	1.5305	0.3478	4.6205
Comorbidity_9=1	1.3141	0.3680	3.7213
Comorbidity_13=1	0.8439	0.1047	2.3254
Comorbidity_14=1	0.5371	0.1047	1.7110
Comorbidity_16=1	0.7932	0.1413	2.2105
Month=2	-0.2436	0.0534	0.7838
Month=3	-0.2854	0.0569	0.7517
Month=4	-0.3115	0.0609	0.7323
Month=5	-0.4146	0.0580	0.6606
Month=6	-0.1363	0.0516	0.8726
Year=2008	-0.2000	0.0467	0.8187
Year=2009	-0.2718	0.0470	0.7620
Year=2010	-0.4590	0.0482	0.6319
Source=Nursing home	0.2962	0.0994	1.3447
Source=General hospital	0.8615	0.1502	2.3667
Source=Academic or topclinical hospital	0.5012	0.2936	1.6508

## [129] Aspiration pneumonitis; food/vomitus

Logistic Regression Model

lrm(formula = Death ~ Sex + Age + Comorbidity\_1 + Comorbidity\_2 +  
Comorbidity\_6 + Comorbidity\_12 + Comorbidity\_13 + Comorbidity\_14 +  
Comorbidity\_16 + Year, data = data, y = TRUE, maxit = 100)

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	4518	LR_chi2	389.86	R2	0.120	C	0.681
Not died	3306	d.f.	28	Brier	0.180	Dxy	0.362
Died	1212	Pr(> chi2)	<0.0001			gamma	0.365
max  deriv	4e-06					tau-a	0.142

	Coef	S.E.	Odds
Intercept	-3.0670	0.3938	0.0466
Sex=Female	0.1503	0.0745	1.1622
Age=[5,10)	0.3967	0.6465	1.4870
Age=[10,15)	-0.2623	0.8179	0.7693
Age=[15,20), [20,25)	1.1142	0.5042	3.0472
Age=[25,30), [30,35)	1.3356	0.4844	3.8024
Age=[35,40)	0.7518	0.5802	2.1209
Age=[40,45)	0.7608	0.5371	2.1399
Age=[45,50)	0.9144	0.4709	2.4953
Age=[50,55)	1.6652	0.4377	5.2869
Age=[55,60)	1.7896	0.4157	5.9873
Age=[60,65)	1.3748	0.4146	3.9543
Age=[65,70)	1.8899	0.4076	6.6187
Age=[70,75)	2.0635	0.4004	7.8737
Age=[75,80)	2.0417	0.3989	7.7038

```

Age=[80, 85)      2.3017 0.3962  9.9908
Age=[85, 90)     2.5724 0.3981 13.0966
Age=[90, 95)     2.7593 0.4105 15.7894
Age=95+          2.5572 0.4758 12.8998
Comorbidity_1=1  0.7343 0.2152  2.0839
Comorbidity_2=1  0.5302 0.1516  1.6993
Comorbidity_6=1 -0.3256 0.1391  0.7221
Comorbidity_12=1 -0.6502 0.2932  0.5219
Comorbidity_13=1 0.4739 0.2021  1.6063
Comorbidity_14=1 0.5915 0.1686  1.8067
Comorbidity_16=1 1.0020 0.2300  2.7238
Year=2008        0.0621 0.1020  1.0641
Year=2009       -0.0430 0.1009  0.9579
Year=2010       -0.2206 0.1012  0.8020

```

### [130] Pleurisy; pneumothorax; pulmonary collapse

Logistic Regression Model

```

lrm(formula = Death ~ Severity + Age + Urgency + comorbidity_2 +
    Comorbidity_6 + Comorbidity_9 + Comorbidity_13 + Comorbidity_14 +
    Comorbidity_16 + Year + Source, data = data, y = TRUE, maxit = 100)

```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes
Obs	22683	LR chi2 1278.15	R2 0.196	C 0.827
Not died	21801	d.f. 32	Brier 0.035	Dxy 0.653
Died	882	Pr(> chi2) <0.0001		gamma 0.661
max  deriv	4e-07			tau-a 0.049

	Coef	S.E.	Odds
Intercept	-5.5103	0.7340	0.0040
Severity=[0.02,0.05)	0.1999	0.1771	1.2213
Severity=[0.05,0.1)	0.4968	0.1040	1.6435
Severity=[0.1,0.2)	1.7244	0.2307	5.6092
Age=[15,20), [10,15), [5,10)	-2.6025	1.2327	0.0741
Age=[20,25)	-1.5479	0.9245	0.2127
Age=[25,30), [30,35)	-3.0967	1.2328	0.0452
Age=[35,40)	-0.8855	0.8767	0.4125
Age=[40,45)	-0.1783	0.7935	0.8367
Age=[45,50)	0.2894	0.7589	1.3356
Age=[50,55)	0.5025	0.7436	1.6528
Age=[55,60)	0.8785	0.7337	2.4073
Age=[60,65)	0.8313	0.7298	2.2963
Age=[65,70)	1.3121	0.7257	3.7138
Age=[70,75)	1.1953	0.7260	3.3046
Age=[75,80)	1.6055	0.7235	4.9803
Age=[80,85)	2.0051	0.7231	7.4272
Age=[85,90)	2.2177	0.7251	9.1865
Age=[90,95)	2.4110	0.7348	11.1453
Age=95+	1.7735	0.8379	5.8913
Urgency=Not planned	0.8393	0.0950	2.3148
Comorbidity_2=1	0.5481	0.1381	1.7300
Comorbidity_6=1	0.6408	0.1133	1.8980
Comorbidity_9=1	0.8677	0.3143	2.3814
Comorbidity_13=1	1.1991	0.1754	3.3172
Comorbidity_14=1	0.6233	0.1124	1.8651
Comorbidity_16=1	0.8778	0.1248	2.4056
Year=2008	-0.0145	0.1018	0.9856
Year=2009	0.0175	0.0992	1.0176
Year=2010	-0.3843	0.1059	0.6809
Source=Nursing home	0.4442	0.2203	1.5592
Source=General hospital	0.7208	0.2320	2.0561
Source=Academic or topclinical hospital	0.9272	0.3462	2.5275

### [133] Other lower respiratory disease

Logistic Regression Model

```

lrm(formula = Death ~ Severity + Sex + Age + Urgency + comorbidity_2 +
    Comorbidity_4 + Comorbidity_6 + Comorbidity_9 + Comorbidity_13 +
    Comorbidity_14 + Comorbidity_16 + SES + Month + Year + Source,
    data = data, y = TRUE, maxit = 100)

```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	97754	LR chi2	7525.23	R2	0.249	C	0.860
Not died	93578	d.f.	50	Brier	0.037	Dxy	0.720
Died	4176	Pr(> chi2)	<0.0001			gamma	0.725
max  deriv	9e-11					tau-a	0.059

	Coef	S.E.	Odds
Intercept	-9.3531	0.3706	0.0001
Severity=[0.01,0.02)	2.2781	0.4474	9.7583
Severity=[0.02,0.05)	2.0077	0.2240	7.4460
Severity=[0.05,0.1)	3.0814	0.2202	21.7883
Severity=[0.1,0.2)	4.1377	0.2257	62.6590
Severity=[0.4,1], [0.3,0.4), [0.2,0.3), others	3.1941	0.6348	24.3877
Sex=Female	-0.1788	0.0346	0.8362
Age=[1,5)	-0.2195	0.4423	0.8029
Age=[5,10)	1.1566	0.4790	3.1792
Age=[10,15)	1.2458	0.5370	3.4759
Age=[15,20)	1.4739	0.4610	4.3663
Age=[20,25)	0.6581	0.5353	1.9311
Age=[25,30)	1.3478	0.4036	3.8489
Age=[30,35)	0.6108	0.4435	1.8419
Age=[35,40)	0.9257	0.3677	2.5237
Age=[40,45)	1.2044	0.3386	3.3347
Age=[45,50)	1.4393	0.3182	4.2178
Age=[50,55)	1.7770	0.3069	5.9122
Age=[55,60)	2.2394	0.2992	9.3878
Age=[60,65)	2.3384	0.2969	10.3649
Age=[65,70)	2.5590	0.2956	12.9225
Age=[70,75)	2.8252	0.2940	16.8651
Age=[75,80)	2.9921	0.2934	19.9266
Age=[80,85)	3.2354	0.2934	25.4162
Age=[85,90)	3.4058	0.2946	30.1399
Age=[90,95)	3.7600	0.2999	42.9473
Age=95+	3.9319	0.3248	51.0039
urgency=Not planned	1.4923	0.0537	4.4473
Comorbidity_2=1	0.6147	0.0557	1.8492
Comorbidity_4=1	0.5975	0.1241	1.8176
Comorbidity_6=1	0.2777	0.0431	1.3201
Comorbidity_9=1	1.6591	0.2609	5.2546
Comorbidity_13=1	0.5571	0.0900	1.7456
Comorbidity_14=1	0.9922	0.0644	2.6971
Comorbidity_16=1	0.8918	0.0777	2.4396
SES=Below average	-0.1226	0.0499	0.8846
SES=Average	-0.1549	0.0506	0.8565
SES=Above average	-0.0985	0.0511	0.9062
SES=Highest	-0.1306	0.0544	0.8776
SES=Unknown	0.7336	0.4117	2.0827
Month=2	-0.1112	0.0542	0.8948
Month=3	-0.2240	0.0571	0.7993
Month=4	-0.2647	0.0598	0.7675
Month=5	-0.2220	0.0575	0.8009
Month=6	-0.1126	0.0540	0.8935
Year=2008	-0.0724	0.0472	0.9302
Year=2009	-0.2467	0.0477	0.7814
Year=2010	-0.4074	0.0485	0.6654
Source=Nursing home	0.3416	0.1087	1.4071
Source=General hospital	1.2888	0.1224	3.6283
Source=Academic or topclinical hospital	1.3690	0.2006	3.9313

## [145] Intestinal obstruction without hernia

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + comorbidity_1 + Comorbidity_2 +
  Comorbidity_4 + Comorbidity_5 + Comorbidity_6 + Comorbidity_13 +
  Comorbidity_14 + Comorbidity_16 + Year, data = data, y = TRUE,
  maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	32213	LR chi2	2904.14	R2	0.234	C	0.833
Not died	30243	d.f.	29	Brier	0.051	Dxy	0.667
Died	1970	Pr(> chi2)	<0.0001			gamma	0.674
max  deriv	3e-09					tau-a	0.077

	Coef	S.E.	Odds
Intercept	-8.0206	1.0456	0.0003
Severity=[0.01,0.02)	-1.2093	0.4156	0.2984
Severity=[0.02,0.05)	-0.3764	0.6131	0.6863
Severity=[0.05,0.1)	0.6829	0.4027	1.9795
Age=[25,30)	2.8645	1.1237	17.5409
Age=[30,35)	1.9337	1.2300	6.9153
Age=[35,40)	2.4873	1.1004	12.0288
Age=[40,45)	2.6132	1.0596	13.6423
Age=[45,50)	3.2021	1.0279	24.5835
Age=[50,55)	3.4836	1.0182	32.5778
Age=[55,60)	3.5036	1.0154	33.2357
Age=[60,65)	3.8282	1.0112	45.9817
Age=[65,70)	4.2400	1.0093	69.4046
Age=[70,75)	4.3799	1.0085	79.8310
Age=[75,80)	4.8917	1.0073	133.1734
Age=[80,85)	5.3701	1.0069	214.8823
Age=[85,90)	5.8764	1.0069	356.5187
Age=[90,95)	6.1582	1.0088	472.5856
Age=95+	6.4484	1.0187	631.6829
Comorbidity_1=1	0.4436	0.1615	1.5583
Comorbidity_2=1	1.2235	0.1439	3.3990
Comorbidity_4=1	0.9571	0.1714	2.6042
Comorbidity_5=1	0.5333	0.1945	1.7046
Comorbidity_6=1	0.8162	0.1171	2.2620
Comorbidity_13=1	1.0551	0.1452	2.8724
Comorbidity_14=1	0.5234	0.0861	1.6878
Comorbidity_16=1	0.8568	0.0861	2.3557
Year=2008	0.0630	0.0700	1.0651
Year=2009	-0.0608	0.0715	0.9410
Year=2010	-0.1695	0.0704	0.8440

## [146] Diverticulosis and diverticulitis

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + Comorbidity_1 +
  Comorbidity_2 + Comorbidity_4 + Comorbidity_6 + Comorbidity_7 +
  Comorbidity_13 + Comorbidity_14 + Comorbidity_16 + Month +
  Year + source, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	32658	LR chi2	1270.10	R2	0.218	C	0.856
Not died	32019	d.f.	33	Brier	0.018	Dxy	0.711
Died	639	Pr(> chi2)	<0.0001			gamma	0.725
max  deriv	2e-05					tau-a	0.027

	Coef	S.E.	Odds
Intercept	-8.9623	1.0157	0.0001
Severity=[0.02,0.05)	1.4395	0.1167	4.2186
Severity=[0.05,0.1)	2.4834	0.4230	11.9815
Age=[40,45)	0.6301	1.2254	1.8778
Age=[45,50)	1.0166	1.1187	2.7637
Age=[50,55)	1.8020	1.0463	6.0619
Age=[55,60)	1.6187	1.0497	5.0464
Age=[60,65)	2.6945	1.0169	14.7974
Age=[65,70)	2.8841	1.0170	17.8870
Age=[70,75)	3.4964	1.0085	32.9967
Age=[75,80)	4.2098	1.0047	67.3431
Age=[80,85)	4.3933	1.0048	80.9038
Age=[85,90)	4.8972	1.0055	133.9130
Age=[90,95)	4.9796	1.0160	145.4217
Age=95+	5.2904	1.0637	198.4156
Urgency=not planned	0.5510	0.1122	1.7351
Comorbidity_1=1	1.0746	0.2068	2.9287
Comorbidity_2=1	1.7056	0.1811	5.5048
Comorbidity_4=1	0.6300	0.2912	1.8776
Comorbidity_6=1	0.6345	0.2003	1.8861
Comorbidity_7=1	1.0486	0.3654	2.8537
Comorbidity_13=1	1.3944	0.1943	4.0324
Comorbidity_14=1	1.1439	0.2353	3.1391
Comorbidity_16=1	1.8243	0.2794	6.1986
Month=2	0.0662	0.1378	1.0685
Month=3	-0.2834	0.1459	0.7533
Month=4	-0.3217	0.1478	0.7249
Month=5	-0.1822	0.1442	0.8334
Month=6	-0.2454	0.1485	0.7824
Year=2008	0.0210	0.1148	1.0213
Year=2009	-0.2005	0.1178	0.8183
Year=2010	-0.4757	0.1226	0.6215

Source=Nursing home 0.5456 0.2319 1.7257  
 Source=Hospital 1.3137 0.3822 3.7199

### [149] Biliary tract disease

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + Comorbidity_1 +
  Comorbidity_2 + Comorbidity_3 + Comorbidity_4 + Comorbidity_6 +
  Comorbidity_8 + Comorbidity_9 + Comorbidity_13 + Comorbidity_14 +
  Comorbidity_16 + SES + Year + Source, data = data, y = TRUE,
  maxit = 100)
```

	Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes
Obs	122765	LR chi2 2586.23	R2 0.279
Not died	121978	d.f. 40	Brier 0.006
Died	787	Pr(> chi2) <0.0001	C 0.911
max  deriv	1e-09		Dxy 0.823 gamma 0.856 tau-a 0.010

	Coef	S.E.	Odds
Intercept	-5.3514	0.7778	0.0047
Severity=[0.01,0.02)	0.8404	0.0994	2.3172
Severity=[0.02,0.05)	1.1960	0.1021	3.3069
Severity=[0.05,0.1)	2.8246	0.4099	16.8538
Severity=[0.1,0.2)	2.7308	0.2751	15.3450
Age=[1,5), [20,25), [15,20), [10,15), [5,10)	-3.4277	1.2613	0.0325
Age=[25,30), [35,40), [30,35)	-4.2101	1.0448	0.0148
Age=[40,45)	-2.8686	0.9172	0.0568
Age=[45,50)	-2.0891	0.8314	0.1238
Age=[50,55)	-1.6030	0.8060	0.2013
Age=[55,60)	-1.4658	0.7962	0.2309
Age=[60,65)	-1.3168	0.7894	0.2680
Age=[65,70)	-0.9471	0.7840	0.3879
Age=[70,75)	-0.3598	0.7767	0.6978
Age=[75,80)	0.0212	0.7740	1.0214
Age=[80,85)	0.6565	0.7724	1.9281
Age=[85,90)	1.0090	0.7728	2.7429
Age=[90,95)	1.2607	0.7785	3.5279
Age=95+	1.6437	0.8057	5.1745
Urgency=Not planned	0.6420	0.0946	1.9004
Comorbidity_1=1	1.0112	0.1732	2.7489
Comorbidity_2=1	1.7653	0.1510	5.8436
Comorbidity_3=1	0.7254	0.2915	2.0656
Comorbidity_4=1	1.0579	0.2341	2.8803
Comorbidity_6=1	0.4991	0.1800	1.6472
Comorbidity_8=1	1.3699	0.4146	3.9351
Comorbidity_9=1	2.2299	0.2952	9.2990
Comorbidity_13=1	1.9235	0.1707	6.8452
Comorbidity_14=1	0.5772	0.1767	1.7811
Comorbidity_16=1	1.4259	0.2050	4.1614
SES=Below average	-0.0918	0.1115	0.9123
SES=Average	0.0256	0.1093	1.0259
SES=Above average	-0.1967	0.1160	0.8214
SES=Highest	-0.3456	0.1296	0.7078
SES=Unknown	0.4258	1.0267	1.5309
Year=2008	0.0063	0.1040	1.0063
Year=2009	-0.1836	0.1061	0.8323
Year=2010	-0.4786	0.1099	0.6196
Source=Nursing home	0.5433	0.1890	1.7217
Source=General hospital	0.5616	0.3659	1.7535
Source=Academic or topclinical hospital	-0.0322	1.0176	0.9683

### [150] Liver disease; alcohol-related

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Urgency + Comorbidity_2 + comorbidity_9 +
  Comorbidity_13 + Year, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	4848	LR chi2	326.84	R2	0.121	C	0.708
Not died	4221	d.f.	9	Brier	0.105	Dxy	0.415
Died	627	Pr(> chi2)	<0.0001			gamma	0.446
max  deriv	2e-05					tau-a	0.094

	Coef	S.E.	Odds
Intercept	-5.1347	1.0227	0.0059
Severity=[0.05,0.1)	1.1198	1.0287	3.0641
Severity=[0.1,0.2)	2.2384	1.0146	9.3785
Urgency=Not planned	1.1730	0.1199	3.2315
Comorbidity_2=1	1.3757	0.3105	3.9580
Comorbidity_9=1	1.0301	0.0976	2.8015
Comorbidity_13=1	1.3079	0.2178	3.6985
Year=2008	-0.0461	0.1269	0.9550
Year=2009	-0.0930	0.1282	0.9112
Year=2010	-0.2956	0.1301	0.7441

## [151] Other liver diseases

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + comorbidity_2 +
  Comorbidity_4 + Comorbidity_9 + Comorbidity_13 + Comorbidity_16 +
  Year + source, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	16369	LR chi2	1387.36	R2	0.201	C	0.795
Not died	15193	d.f.	37	Brier	0.059	Dxy	0.590
Died	1176	Pr(> chi2)	<0.0001			gamma	0.596
max  deriv	7e-08					tau-a	0.079

	Coef	S.E.	Odds
Intercept	-4.2659	0.5955	0.0140
Severity=[0.01,0.02)	0.2109	0.7455	1.2348
Severity=[0.02,0.05)	0.6237	0.4566	1.8658
Severity=[0.05,0.1)	1.7474	0.5604	5.7399
Severity=[0.1,0.2)	1.9616	0.4554	7.1107
Severity=[0.2,0.3)	3.2119	0.4800	24.8260
Severity=[0.4,1]	4.4325	0.4902	84.1401
Age=[1, 5)	-0.0998	0.5418	0.9050
Age=[5, 10)	-1.1532	0.7098	0.3156
Age=[10, 15)	-1.6459	0.8479	0.1928
Age=[15, 20)	-2.1138	0.8289	0.1208
Age=[20, 25)	-1.8023	0.8271	0.1649
Age=[25, 30)	-2.1444	0.8169	0.1171
Age=[30, 35)	-1.6687	0.6071	0.1885
Age=[35, 40)	-1.3230	0.5104	0.2663
Age=[40, 45)	-0.7510	0.4358	0.4719
Age=[45, 50)	-0.7360	0.4149	0.4790
Age=[50, 55)	-0.2939	0.4012	0.7453
Age=[55, 60)	-0.2953	0.3978	0.7443
Age=[60, 65)	-0.3547	0.3971	0.7014
Age=[65, 70)	-0.3069	0.3973	0.7358
Age=[70, 75)	0.0170	0.3971	1.0172
Age=[75, 80)	0.2036	0.3978	1.2258
Age=[80, 85)	0.4372	0.4007	1.5484
Age=[85, 90)	0.5298	0.4086	1.6986
Age=[90, 95), 95+	1.0931	0.4347	2.9834
urgency=Not planned	0.7522	0.0757	2.1217
Comorbidity_2=1	0.6488	0.1661	1.9133
Comorbidity_4=1	0.7580	0.2711	2.1341
Comorbidity_9=1	0.3020	0.0809	1.3526
Comorbidity_13=1	1.1108	0.1441	3.0367
Comorbidity_16=1	1.1118	0.1280	3.0400
Year=2008	-0.1286	0.0902	0.8793
Year=2009	-0.3046	0.0924	0.7374
Year=2010	-0.3740	0.0919	0.6880
Source=Nursing home	0.0256	0.2106	1.0260
Source=General hospital	1.1031	0.2029	3.0135
Source=Academic or topclinical hospital	0.4482	0.3305	1.5655

## [153] Gastrointestinal hemorrhage

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Sex + Age + Urgency + Comorbidity_1 +
  Comorbidity_2 + Comorbidity_3 + Comorbidity_4 + Comorbidity_6 +
  Comorbidity_9 + Comorbidity_13 + Comorbidity_14 + Comorbidity_16 +
  SES + Month + Year + Source, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	33657	LR chi2	1631.72	R2	0.160	C	0.791
Not died	32232	d.f.	46	Brier	0.038	Dxy	0.582
Died	1425	Pr(> chi2)	<0.0001			gamma	0.589
max  deriv	7e-06					tau-a	0.047

	Coef	S.E.	Odds
Intercept	-7.8188	1.0310	0.0004
Severity=[0.02,0.05)	0.1306	0.2330	1.1395
Severity=[0.05,0.1)	0.7368	0.2292	2.0892
Severity=[0.1,0.2)	1.3841	0.2746	3.9913
Severity=[0.2,0.3)	2.5750	0.3653	13.1308
Severity=[0.3,0.4), [0.4,1]	3.2540	0.3205	25.8945
Sex=Female	-0.2226	0.0593	0.8005
Age=[30,35)	2.6339	1.1205	13.9281
Age=[35,40)	1.4591	1.2281	4.3021
Age=[40,45)	2.6182	1.0630	13.7115
Age=[45,50)	2.9230	1.0329	18.5967
Age=[50,55)	3.5574	1.0145	35.0726
Age=[55,60)	3.4578	1.0115	31.7471
Age=[60,65)	3.6209	1.0073	37.3709
Age=[65,70)	3.8699	1.0059	47.9357
Age=[70,75)	3.8926	1.0049	49.0406
Age=[75,80)	4.1255	1.0036	61.9013
Age=[80,85)	4.5036	1.0029	90.3389
Age=[85,90)	4.8874	1.0029	132.6089
Age=[90,95)	5.0853	1.0054	161.6286
Age=95+	5.2872	1.0173	197.7834
Urgency=Not planned	0.3792	0.0985	1.4612
Comorbidity_1=1	0.4713	0.1332	1.6020
Comorbidity_2=1	1.5892	0.1137	4.9001
Comorbidity_3=1	0.4584	0.2030	1.5815
Comorbidity_4=1	0.7309	0.1742	2.0769
Comorbidity_6=1	0.6617	0.1342	1.9381
Comorbidity_9=1	1.3174	0.1418	3.7339
Comorbidity_13=1	0.9533	0.1263	2.5942
Comorbidity_14=1	1.1364	0.1067	3.1154
Comorbidity_16=1	0.8890	0.1351	2.4328
SES=Below average	-0.1895	0.0838	0.8274
SES=Average	-0.2508	0.0855	0.7782
SES=Above average	-0.2361	0.0853	0.7897
SES=Highest	-0.1427	0.0899	0.8670
SES=Unknown	0.7903	0.6199	2.2041
Month=2	-0.1559	0.0919	0.8556
Month=3	-0.3755	0.0979	0.6870
Month=4	-0.3069	0.0974	0.7358
Month=5	-0.2353	0.0945	0.7903
Month=6	-0.2490	0.0940	0.7796
Year=2008	-0.1860	0.0776	0.8303
Year=2009	-0.2497	0.0778	0.7790
Year=2010	-0.5583	0.0819	0.5722
Source=Nursing home	0.2169	0.1418	1.2422
Source=General hospital	0.9667	0.2515	2.6293
Source=Academic or topclinical hospital	0.5158	0.5311	1.6749

## [155] Other gastrointestinal disorders

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + comorbidity_1 +
  Comorbidity_2 + Comorbidity_4 + Comorbidity_5 + Comorbidity_9 +
  Comorbidity_13 + Comorbidity_14 + Comorbidity_16 + Year,
  data = data, y = TRUE, maxit = 100)
```



		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	45745	LR chi2	2599.41	R2	0.344	C	0.904
Not died	44950	d.f.	33	Brier	0.014	Dxy	0.807
Died	795	Pr(> chi2)	<0.0001			gamma	0.823
max  deriv	3e-08					tau-a	0.028

	Coef	S.E.	Odds
Intercept	-6.3745	0.5139	0.0017
Severity=[0.01,0.02)	0.9682	0.1779	2.6333
Severity=[0.02,0.05)	1.1226	0.1068	3.0729
Severity=[0.05,0.1)	1.7665	0.5332	5.8502
Severity=[0.1,0.2)	2.6882	0.3315	14.7051
Severity=[0.2,0.3)	3.5400	0.1016	34.4658
Age=[1, 5)	-0.4791	0.7669	0.6193
Age=[5, 10), [15, 20), [10, 15)	-2.6720	1.1197	0.0691
Age=[20, 25), [30, 35), [25, 30)	-2.7556	1.1224	0.0636
Age=[35, 40)	-1.3265	0.8712	0.2654
Age=[40, 45)	0.0212	0.5801	1.0214
Age=[45, 50)	0.3087	0.5605	1.3616
Age=[50, 55)	-0.0466	0.5584	0.9545
Age=[55, 60)	0.3029	0.5365	1.3538
Age=[60, 65)	0.5077	0.5281	1.6614
Age=[65, 70)	0.9353	0.5210	2.5479
Age=[70, 75)	1.2611	0.5159	3.5292
Age=[75, 80)	1.4771	0.5134	4.3804
Age=[80, 85)	1.9228	0.5116	6.8401
Age=[85, 90)	2.3093	0.5137	10.0673
Age=[90, 95)	2.3622	0.5316	10.6142
Age=95+	2.9088	0.5925	18.3346
Urgency=Not planned	0.5975	0.0975	1.8176
Comorbidity_1=1	0.5990	0.2277	1.8204
Comorbidity_2=1	1.3344	0.2189	3.7979
Comorbidity_4=1	1.1140	0.2220	3.0467
Comorbidity_5=1	0.7186	0.3097	2.0516
Comorbidity_9=1	1.9233	0.4881	6.8438
Comorbidity_13=1	0.7511	0.2483	2.1194
Comorbidity_14=1	0.5945	0.1271	1.8121
Comorbidity_16=1	1.0006	0.1392	2.7199
Year=2008	-0.1699	0.1098	0.8437
Year=2009	-0.3495	0.1136	0.7050
Year=2010	-0.4373	0.1128	0.6458

## [157] Acute and unspecified renal failure

Logistic Regression Model

```
lrm(formula = Death ~ Age + Urgency + comorbidity_2 + comorbidity_3 +
    Comorbidity_9 + Comorbidity_14 + Comorbidity_16 + Month +
    Year + source, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	9766	LR chi2	734.06	R2	0.150	C	0.747
Not died	8772	d.f.	34	Brier	0.083	Dxy	0.494
Died	994	Pr(> chi2)	<0.0001			gamma	0.498
max  deriv	4e-06					tau-a	0.090

	Coef	S.E.	Odds
Intercept	-2.9867	0.5447	0.0505
Age=[1, 5), [5, 10), [10, 15), [15, 20)	-2.3762	1.1365	0.0929
Age=[20, 25)	-1.7814	1.1398	0.1684
Age=[25, 30)	-1.7275	1.1391	0.1777
Age=[30, 35)	-1.3388	0.8912	0.2622
Age=[35, 40)	-0.7452	0.6763	0.4747
Age=[40, 45)	-0.1452	0.6127	0.8648
Age=[45, 50)	-0.8727	0.6341	0.4178
Age=[50, 55)	-0.7742	0.5967	0.4611
Age=[55, 60)	-0.5656	0.5720	0.5680
Age=[60, 65)	0.0045	0.5521	1.0045
Age=[65, 70)	-0.2420	0.5526	0.7850
Age=[70, 75)	0.1571	0.5445	1.1701
Age=[75, 80)	0.4103	0.5413	1.5073
Age=[80, 85)	0.8435	0.5410	2.3245
Age=[85, 90)	1.3399	0.5423	3.8188
Age=[90, 95)	1.4336	0.5522	4.1937
Age=95+	2.0518	0.5989	7.7820
Urgency=Not planned	0.5795	0.0912	1.7852
Comorbidity_2=1	1.0964	0.1051	2.9934

Comorbidity_3=1	0.6503	0.2034	1.9162
Comorbidity_9=1	1.3212	0.3457	3.7481
Comorbidity_14=1	0.3194	0.1333	1.3763
Comorbidity_16=1	0.9899	0.1667	2.6910
Month=2	-0.1669	0.1197	0.8463
Month=3	-0.1618	0.1173	0.8506
Month=4	-0.4297	0.1241	0.6507
Month=5	-0.3160	0.1230	0.7291
Month=6	0.0719	0.1133	1.0745
Year=2008	-0.0434	0.1042	0.9576
Year=2009	-0.0589	0.1016	0.9428
Year=2010	-0.2939	0.1014	0.7454
Source=Nursing home	-0.0507	0.1941	0.9506
Source=General hospital	0.9171	0.1740	2.5020
Source=Academic or topclinical hospital	-0.1554	0.6070	0.8561

## [158] Chronic renal failure

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Sex + Age + Urgency + Comorbidity_1 +
  Comorbidity_2 + Comorbidity_3 + Comorbidity_6 + Comorbidity_14 +
  Comorbidity_16 + Year + Source, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test		Discrimination Indexes		Rank Discrim. Indexes	
Obs	18683	LR chi2	1342.31	R2	0.247	C	0.853
Not died	17956	d.f.	32	Brier	0.033	Dxy	0.707
Died	727	Pr(> chi2)	<0.0001			gamma	0.715
max  deriv	5e-06					tau-a	0.053

	Coef	S.E.	Odds
Intercept	-6.9818	1.0256	0.0009
Severity=[0.02,0.05)	0.4500	0.1792	1.5683
Sex=Female	0.1833	0.0821	1.2012
Age=[10,15)	0.7640	1.4243	2.1469
Age=[15,20)	0.7500	1.2360	2.1170
Age=[20,25)	0.2329	1.4214	1.2623
Age=[25,30)	0.0078	1.4212	1.0079
Age=[30,35)	0.9935	1.1629	2.7006
Age=[35,40)	-0.5752	1.4206	0.5626
Age=[40,45)	0.6925	1.1033	1.9987
Age=[45,50)	1.4633	1.0458	4.3202
Age=[50,55)	1.4597	1.0368	4.3047
Age=[55,60)	1.5143	1.0284	4.5463
Age=[60,65)	1.9968	1.0172	7.3657
Age=[65,70)	2.0775	1.0167	7.9846
Age=[70,75)	2.4038	1.0135	11.0649
Age=[75,80)	2.6454	1.0114	14.0887
Age=[80,85)	3.1471	1.0107	23.2692
Age=[85,90)	3.5957	1.0126	36.4418
Age=[90,95),95+	3.5021	1.0272	33.1844
Urgency=Not planned	1.6891	0.0922	5.4145
Comorbidity_1=1	0.6961	0.1730	2.0060
Comorbidity_2=1	0.7568	0.1289	2.1314
Comorbidity_3=1	0.7918	0.2003	2.2073
Comorbidity_6=1	0.4472	0.1879	1.5639
Comorbidity_14=1	0.6468	0.2217	1.9094
Comorbidity_16=1	1.1070	0.2996	3.0252
Year=2008	0.0754	0.1089	1.0783
Year=2009	-0.2917	0.1193	0.7470
Year=2010	-0.2909	0.1157	0.7476
Source=Nursing home	0.4416	0.2531	1.5552
Source=General hospital	1.0193	0.2446	2.7712
Source=Academic or topclinical hospital	2.0716	0.4074	7.9378

## [159] Urinary tract infections

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Sex + Age + Urgency + Comorbidity_1 +
  Comorbidity_2 + Comorbidity_3 + Comorbidity_4 + Comorbidity_6 +
  Comorbidity_8 + Comorbidity_9 + Comorbidity_13 + Comorbidity_14 +
  Comorbidity_16 + Source + Year, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test		Discrimination Indexes		Rank Discrim. Indexes	
Obs	62266	LR chi2	2389.36	R2	0.185	C	0.835
Not died	60764	d.f.	36	Brier	0.022	Dxy	0.669
Died	1502	Pr(> chi2)	<0.0001			gamma	0.679
max  deriv	9e-06					tau-a	0.032

	Coef	S.E.	Odds
Intercept	-10.1253	1.0084	0.0000
Severity=[0.01,0.02)	0.8349	0.4075	2.3047
Severity=[0.02,0.05), [0.05,0.1)	1.1997	0.1297	3.3192
Sex=Female	-0.1790	0.0551	0.8361
Age=[20,25)	1.8810	1.4147	6.5602
Age=[25,30)	2.0553	1.4148	7.8096
Age=[30,35)	3.0739	1.1553	21.6272
Age=[35,40)	3.3583	1.0961	28.7407
Age=[40,45)	3.3343	1.0808	28.0596
Age=[45,50)	3.5514	1.0495	34.8612
Age=[50,55)	3.9512	1.0268	51.9971
Age=[55,60)	4.0326	1.0179	56.4097
Age=[60,65)	3.9299	1.0143	50.9043
Age=[65,70)	4.2636	1.0088	71.0628
Age=[70,75)	4.7235	1.0046	112.5579
Age=[75,80)	5.0107	1.0030	150.0084
Age=[80,85)	5.2971	1.0025	199.7640
Age=[85,90)	5.7757	1.0023	322.3611
Age=[90,95)	6.0344	1.0039	417.5690
Age=95+	6.2069	1.0144	496.1813
Urgency=Not planned	0.5440	0.1006	1.7228
Comorbidity_1=1	0.9155	0.1149	2.4980
Comorbidity_2=1	1.1347	0.0914	3.1102
Comorbidity_3=1	0.6653	0.1926	1.9451
Comorbidity_4=1	1.0304	0.1210	2.8021
Comorbidity_6=1	0.4519	0.1187	1.5713
Comorbidity_8=1	1.3927	0.3623	4.0256
Comorbidity_9=1	1.3318	0.3554	3.7879
Comorbidity_13=1	0.5588	0.1021	1.7486
Comorbidity_14=1	0.4226	0.1190	1.5259
Comorbidity_16=1	0.9842	0.1428	2.6758
Source=Nursing home	0.2531	0.1055	1.2880
Source=General hospital	1.1480	0.2726	3.1520
Source=Academic or topclinical hospital	0.9896	0.4503	2.6901
Year=2008	-0.0101	0.0796	0.9900
Year=2009	-0.0500	0.0782	0.9513
Year=2010	-0.2482	0.0779	0.7802

## [226] Fracture of neck of femur (hip)

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Sex + Age + Urgency + comorbidity_1 +
  Comorbidity_2 + Comorbidity_3 + Comorbidity_4 + Comorbidity_6 +
  Comorbidity_8 + Comorbidity_9 + Comorbidity_13 + Comorbidity_14 +
  Comorbidity_16 + Month + Year, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test		Discrimination Indexes		Rank Discrim. Indexes	
Obs	66420	LR chi2	3492.10	R2	0.166	C	0.786
Not died	63409	d.f.	32	Brier	0.040	Dxy	0.572
Died	3011	Pr(> chi2)	<0.0001			gamma	0.580
max  deriv	1e-05					tau-a	0.050

	Coef	S.E.	Odds
Intercept	-7.3917	1.0054	0.0006
Severity=[0.05,0.1)	0.2189	0.0492	1.2447
Sex=Female	-0.7478	0.0414	0.4734
Age=[45,50)	2.2882	1.1020	9.8567
Age=[50,55)	2.2729	1.0702	9.7074
Age=[55,60)	2.7126	1.0318	15.0684
Age=[60,65)	3.2479	1.0141	25.7362
Age=[65,70)	3.1716	1.0131	23.8461
Age=[70,75)	3.6440	1.0055	38.2436
Age=[75,80)	4.1891	1.0024	65.9639
Age=[80,85)	4.6337	1.0015	102.8965
Age=[85,90)	4.9711	1.0013	144.1864
Age=[90,95)	5.4392	1.0016	230.2587
Age=95+	5.7455	1.0033	312.7888
Urgency=Not planned	0.2387	0.0953	1.2696
Comorbidity_1=1	1.0150	0.0889	2.7593

Comorbidity_2=1	2.1340	0.0728	8.4490
Comorbidity_3=1	0.7659	0.1740	2.1510
Comorbidity_4=1	0.8641	0.1020	2.3728
Comorbidity_6=1	0.6461	0.0888	1.9081
Comorbidity_8=1	1.6486	0.2456	5.1999
Comorbidity_9=1	2.5630	0.3126	12.9751
Comorbidity_13=1	1.5928	0.1155	4.9176
Comorbidity_14=1	0.8318	0.1481	2.2976
Comorbidity_16=1	0.9802	0.1973	2.6650
Month=2	-0.1974	0.0676	0.8209
Month=3	-0.2011	0.0680	0.8178
Month=4	-0.1328	0.0676	0.8756
Month=5	-0.1756	0.0668	0.8390
Month=6	-0.0471	0.0636	0.9540
Year=2008	-0.0544	0.0536	0.9471
Year=2009	-0.2169	0.0548	0.8050
Year=2010	-0.5380	0.0573	0.5839

### [233] Intracranial injury

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Sex + Age + Urgency + Comorbidity_1 +
  Comorbidity_2 + Comorbidity_4 + Comorbidity_13 + Comorbidity_14 +
  Comorbidity_16 + Year + Source, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	56990	LR chi2	5600.54	R2	0.417	C	0.935
Not died	55405	d.f.	42	Brier	0.021	Dxy	0.870
Died	1585	Pr(> chi2)	<0.0001			gamma	0.876
max  deriv	1e-08					tau-a	0.047

	Coef	S.E.	Odds
Intercept	-8.0341	0.7364	0.0003
Severity=[0.01,0.02)	1.6277	0.1306	5.0922
Severity=[0.02,0.05)	2.2573	0.1330	9.5569
Severity=[0.05,0.1)	3.1945	0.1336	24.3981
Severity=[0.1,0.2)	3.5130	0.1137	33.5472
Severity=[0.2,0.3)	4.1471	0.1385	63.2522
Severity=[0.3,0.4)	4.5231	0.2207	92.1204
Severity=[0.4,1]	7.0081	0.1652	1105.5649
Severity=0	4.7861	0.1624	119.8323
Sex=Female	-0.3621	0.0633	0.6962
Age=[1, 5)	0.7456	0.8340	2.1078
Age=[5, 10)	1.2136	0.8247	3.3655
Age=[10, 15)	2.0045	0.7710	7.4222
Age=[15, 20)	2.4060	0.7416	11.0895
Age=[20, 25)	2.4868	0.7428	12.0233
Age=[25, 30)	1.7738	0.7661	5.8931
Age=[30, 35)	2.5031	0.7535	12.2200
Age=[35, 40)	2.6606	0.7465	14.3048
Age=[40, 45)	2.4482	0.7484	11.5679
Age=[45, 50)	2.5146	0.7422	12.3616
Age=[50, 55)	2.8194	0.7393	16.7664
Age=[55, 60)	2.7746	0.7367	16.0321
Age=[60, 65)	3.0860	0.7341	21.8884
Age=[65, 70)	3.0542	0.7341	21.2049
Age=[70, 75)	3.3848	0.7316	29.5127
Age=[75, 80)	3.6530	0.7301	38.5904
Age=[80, 85)	3.9173	0.7292	50.2620
Age=[85, 90)	4.2673	0.7299	71.3283
Age=[90, 95)	4.5828	0.7354	97.7830
Age=95+	5.0412	0.7621	154.6524
Urgency=Not planned	-0.4506	0.0911	0.6372
Comorbidity_1=1	0.6271	0.2040	1.8722
Comorbidity_2=1	1.3434	0.2262	3.8319
Comorbidity_4=1	0.6301	0.1596	1.8778
Comorbidity_13=1	0.9450	0.2962	2.5728
Comorbidity_14=1	0.8254	0.2908	2.2828
Comorbidity_16=1	1.1337	0.3500	3.1071
Year=2008	-0.2232	0.0865	0.7999
Year=2009	-0.2023	0.0816	0.8168
Year=2010	-0.4546	0.0836	0.6347
Source=Nursing home	0.0866	0.1718	1.0904
Source=General hospital	-0.5173	0.1499	0.5961
Source=Academic or topclinical hospital	-0.5430	0.2039	0.5810

## [237] Complication of device; implant or graft

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Sex + Age + Urgency + Comorbidity_1 +
  Comorbidity_2 + Comorbidity_3 + Comorbidity_4 + Comorbidity_5 +
  Comorbidity_6 + Comorbidity_7 + Comorbidity_9 + Comorbidity_13 +
  Comorbidity_14 + Comorbidity_16 + Month + Year + Source,
  data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	74632	LR chi2	1715.88	R2	0.178	C	0.844
Not died	73682	d.f.	45	Brier	0.012	Dxy	0.689
Died	950	Pr(> chi2)	<0.0001			gamma	0.709
max  deriv	2e-07					tau-a	0.017

	Coef	S. E.	Odds
Intercept	-7.9141	1.0097	0.0004
Severity=[0.01,0.02)	0.4210	0.1012	1.5235
Severity=[0.02,0.05)	1.4096	0.0889	4.0943
Severity=[0.05,0.1)	1.8975	0.2995	6.6691
Sex=Female	-0.2683	0.0704	0.7647
Age=[10,15)	1.0115	1.4175	2.7497
Age=[15,20)	0.4179	1.4170	1.5188
Age=[20,25)	1.3385	1.1580	3.8133
Age=[25,30)	-0.0023	1.4179	0.9977
Age=[30,35)	0.9442	1.1575	2.5709
Age=[35,40)	1.7193	1.0473	5.5804
Age=[40,45)	0.9682	1.0720	2.6331
Age=[45,50)	1.0295	1.0513	2.7997
Age=[50,55)	1.4607	1.0261	4.3089
Age=[55,60)	2.0144	1.0124	7.4965
Age=[60,65)	2.1546	1.0096	8.6245
Age=[65,70)	2.2907	1.0080	9.8823
Age=[70,75)	2.6526	1.0059	14.1905
Age=[75,80)	2.8316	1.0051	16.9720
Age=[80,85)	3.1472	1.0054	23.2716
Age=[85,90)	3.7085	1.0062	40.7906
Age=[90,95)	3.8100	1.0157	45.1508
Age=95+	4.1950	1.0554	66.3533
Urgency=Not planned	0.9107	0.0753	2.4860
Comorbidity_1=1	0.5531	0.1543	1.7386
Comorbidity_2=1	1.9494	0.1409	7.0243
Comorbidity_3=1	0.7989	0.1477	2.2230
Comorbidity_4=1	1.2137	0.1925	3.3658
Comorbidity_5=1	1.1787	0.2666	3.2502
Comorbidity_6=1	0.7130	0.1653	2.0400
Comorbidity_7=1	1.0771	0.3094	2.9363
Comorbidity_9=1	1.9534	0.4526	7.0529
Comorbidity_13=1	0.7280	0.1150	2.0710
Comorbidity_14=1	0.8223	0.1625	2.2757
Comorbidity_16=1	0.7797	0.2165	2.1808
Month=2	-0.1816	0.1139	0.8340
Month=3	-0.2485	0.1153	0.7799
Month=4	-0.3529	0.1195	0.7027
Month=5	-0.1542	0.1128	0.8571
Month=6	-0.0800	0.1111	0.9232
Year=2008	-0.0917	0.0945	0.9124
Year=2009	-0.1830	0.0938	0.8328
Year=2010	-0.4447	0.0969	0.6410
Source=Nursing home	0.2445	0.1629	1.2769
Source=General hospital	1.1775	0.1728	3.2464
Source=Academic or topclinical hospital	0.8903	0.3392	2.4358

## [238] Complications of surgical procedures or medical care

Logistic Regression Model

```
lrm(formula = Death ~ Severity + Age + Urgency + Comorbidity_1 +
  Comorbidity_2 + Comorbidity_3 + Comorbidity_4 + Comorbidity_6 +
  Comorbidity_8 + Comorbidity_9 + Comorbidity_13 + Comorbidity_14 +
  Comorbidity_16 + Year + Source, data = data, y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	67041	LR chi2	2326.66	R2	0.221	C	0.865
Not died	65936	d.f.	42	Brier	0.015	Dxy	0.730
Died	1105	Pr(> chi2)	<0.0001			gamma	0.744
max  deriv	3e-06					tau-a	0.024

	Coef	S.E.	Odds
Intercept	-5.0392	0.4160	0.0065
Severity=[0.01,0.02)	0.6626	0.1028	1.9398
Severity=[0.02,0.05)	1.2869	0.1062	3.6215
Severity=[0.05,0.1)	1.4967	0.1358	4.4669
Severity=[0.1,0.2)	3.7568	0.2093	42.8115
Severity=[0.2,0.3)	3.3312	0.2454	27.9720
Age=[1,5)	-2.8471	1.0788	0.0580
Age=[5,10)	-2.7967	1.1008	0.0610
Age=[10,15)	-1.9691	0.8238	0.1396
Age=[15,20)	-2.4283	0.8172	0.0882
Age=[20,25)	-2.2914	0.7093	0.1011
Age=[25,30)	-2.3287	0.7042	0.0974
Age=[30,35)	-2.0557	0.6012	0.1280
Age=[35,40)	-2.4264	0.6012	0.0884
Age=[40,45)	-1.4783	0.4759	0.2280
Age=[45,50)	-1.6723	0.4687	0.1878
Age=[50,55)	-1.1544	0.4341	0.3152
Age=[55,60)	-0.7885	0.4205	0.4545
Age=[60,65)	-0.6709	0.4132	0.5113
Age=[65,70)	-0.3296	0.4099	0.7192
Age=[70,75)	0.0561	0.4064	1.0578
Age=[75,80)	0.5754	0.4039	1.7779
Age=[80,85)	0.7654	0.4059	2.1498
Age=[85,90)	0.9300	0.4133	2.5346
Age=[90,95)	1.6944	0.4308	5.4433
Age=95+	1.7075	0.5404	5.5153
Urgency=Not planned	0.2356	0.0719	1.2657
Comorbidity_1=1	0.6465	0.1512	1.9089
Comorbidity_2=1	1.4064	0.1682	4.0811
Comorbidity_3=1	0.6613	0.1494	1.9374
Comorbidity_4=1	1.1087	0.1919	3.0303
Comorbidity_6=1	0.5531	0.1527	1.7386
Comorbidity_8=1	1.5861	0.3674	4.8848
Comorbidity_9=1	2.5063	0.3220	12.2589
Comorbidity_13=1	1.2336	0.1508	3.4335
Comorbidity_14=1	0.9991	0.1182	2.7159
Comorbidity_16=1	0.7932	0.1450	2.2105
Year=2008	-0.0157	0.0903	0.9844
Year=2009	-0.1809	0.0902	0.8345
Year=2010	-0.4187	0.0926	0.6579
Source=Nursing home	0.5574	0.1481	1.7462
Source=General hospital	1.5373	0.1115	4.6519
Source=Academic or topclinical hospital	1.3791	0.1759	3.9713

## [249] Shock

Logistic Regression Model

```
lrm(formula = Death ~ Age + comorbidity_1 + comorbidity_2 + comorbidity_6 +
  Comorbidity_9 + Comorbidity_14 + Comorbidity_16 + Year, data = data,
  y = TRUE, maxit = 100)
```

		Model Likelihood Ratio Test	Discrimination Indexes	Rank Discrim. Indexes			
Obs	2912	LR chi2	518.69	R2	0.218	C	0.731
Not died	1445	d.f.	22	Brier	0.209	Dxy	0.461
Died	1467	Pr(> chi2)	<0.0001			gamma	0.467
max  deriv	8e-07					tau-a	0.231

	Coef	S.E.	Odds
Intercept	-2.4358	0.4306	0.0875
Age=[15,20), [20,25)	-0.2431	0.6705	0.7842
Age=[35,40), [30,35), [25,30)	0.8034	0.5113	2.2331
Age=[40,45)	0.9943	0.5314	2.7029
Age=[45,50)	1.6562	0.4806	5.2394
Age=[50,55)	1.6977	0.4637	5.4614
Age=[55,60)	1.9443	0.4536	6.9884
Age=[60,65)	2.0661	0.4425	7.8937
Age=[65,70)	2.3129	0.4440	10.1033
Age=[70,75)	2.3959	0.4407	10.9781
Age=[75,80)	2.8460	0.4359	17.2183

Age=[80, 85)	3.0678	0.4386	21.4939
Age=[85, 90)	3.1624	0.4414	23.6267
Age=[90, 95), 95+	3.6896	0.4798	40.0303
Comorbidity_1=1	0.5771	0.1384	1.7809
Comorbidity_2=1	0.4081	0.1423	1.5040
Comorbidity_6=1	0.5718	0.1942	1.7715
Comorbidity_9=1	1.2922	0.3063	3.6407
Comorbidity_14=1	0.7579	0.1807	2.1339
Comorbidity_16=1	1.4925	0.2783	4.4483
Year=2008	-0.1128	0.1169	0.8933
Year=2009	-0.2473	0.1165	0.7809
Year=2010	-0.4073	0.1175	0.6655

---