## S1\_File

## **Risk-adjustment methods**

In general terms, the indirect risk standardization involves two steps:

Step One: Establish the risk-adjustment model: Yij ~ f (patient characteristics), where Yij is the interested outcome for patient i from hospital j. Derive the predicted value of Y for each individual  $(\widehat{Yij})$ ).

Step Two: Calculate the risk-standardized outcome measures for each hospital by:  $(\sum_{i=1}^{n} Observed outcomes / \sum_{i=1}^{n} Expected outcome) *$  population average outcome rate.

Standard Logistic Regression:

$$\begin{split} Y_{ij} \sim & \text{Bern} (1, \pi_{ij}) \\ & \text{logit} (\pi_{ij}) = \alpha + \beta X_{ij} + \mathcal{E}_{ij} \\ & \text{(1)} \\ & \text{Hierarchical Logistic Model:} \\ & Y_{ij} \sim & \text{Bern} (1, \pi_{ij}) \\ & \text{logit} (\pi_{ij}) = \alpha_{0j} + \beta X_{ij} + \mathcal{E}_{ij} \\ & \alpha_{0j} = \alpha + \mu_{j} \end{split}$$

Where i = 1, ..., i is the patient level indicator, j = 1,...,j is the hospital level indicator, Y is the outcome of the patient (death/complication=1, survival=0),  $\pi_{ij}$  is the probability of death for patient i in hospital j, conditional on patient-level risk factors  $x_{ij}$ . The random effect model expresses that the logit is the sum of hospital-specific intercept  $\alpha j$  and effects of patient-specific effects  $\beta X_{ij}$ , while the hospital intercept is a random variable with mean  $\alpha$  and random variation  $\mu_j \sim N(0, \tau^2)$ .

In the standard logistic regression models, the SMR is calculated as:

$$\sum_{j=1}^{ni} Y_{ij} / \sum_{j=1}^{ni} E(Y_{ij} | \alpha, \beta, X_{ij});$$
(3)

in the hierarchical logistic regression models, the SMR is calculated as:

$$\sum_{j=1}^{ni} E(Yij|\alpha_j; Xij, \alpha, \beta, \tau^2) / \sum_{j=1}^{ni} E(Yij|\alpha, \beta, \tau^2)$$
(4)