Supplementary Online Content

Hirji S, McGurk S, Kiehm S, et al. Utility of 90-day mortality vs 30-day mortality as a quality metric for transcatheter and surgical aortic valve replacement outcomes. *JAMA Cardiol*. Published online December 18, 2019. doi:0.1001/jamacardio.2019.4657

eTable 1. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Codes Used to Identify Procedures and Patient Covariates for This Study

eTable 2. Characteristics and Outcomes of Surgical AVR Patients Stratified by 30-Day Mortality Hospital Performance Ranking

eTable 3. Characteristics and Outcomes of Transcatheter AVR Patients at Hospitals Which Changed Mortality Performance Rankings From 30 Days to 90 Days

eTable 4. Characteristics and Outcomes of Surgical AVR Patients at Hospitals Which Changed Mortality Performance Rankings From 30-Days to 90 Days

eTable 5. Changes in Percentile Ranking From 30-Day Mortality to 90-Day Mortality Through Median Shift in Continuous Rank

eTable 6. Mean Postoperative Hospital Mortality at 90 Days and 1 Year for Transcatheter and Surgical AVR Stratified by 30-Day Mortality Performance Groups

eFigure 1. Study Consort Diagram

eFigure 2. Changes in Hospital Performance Rankings at 90 Days and 1 Year Stratified by Risk-Adjusted 30-Day Mortality for Transcatheter AVR and Surgical AVR

eFigure 3. Distribution of Causes of Death for Transcatheter AVR and Surgical AVR Patients at 30 Days, 90 Days, and 1 Year

eFigure 4. The Hazard (Risk of Mortality) After Both Transcatheter AVR and Surgical AVR

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable 1: International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes used to identify procedures and patient covariates for this study.

INCLUSION CRITERIA	
Surgical aortic valve	ICD-9: 35.20, 35.21, 35.22;
replacement	ICD-10: 02RF07Z, 02RF08Z, 02RF0JZ and 02RF0KZ
Transcatheter aortic valve	ICD-9: 35.05, 35.06
replacement	ICD-10: 02RF37Z, 02RF38Z, 02RF3JZ, 02RF3KZ, 02RF37H, 02RF38H,
	02RF3JH, 02RF3KH
COVARIATES	
Dyslipidemia	ICD-9: 272.4
	ICD-10: E78.4, E78.5
Hypertension,	ICD-9: 401.x, 402.x
	ICD-10: I10, I11.0, I11.9
Diabetes mellitus	ICD-9: 250.0-250.3, 250.8, 250.9
	ICD-10: E10.0, E10.I, E10.6, E10.8, E10.9,E11.0, E11.1, E11.6,
	E11.8, E11.9,E12.0, E12.1, E12.6, E12.8, E12.9,E13.0, E13.1,
	E13.6, E13.8, E13.9,E14.0, E14.1, E14.6, E14.8,E14.9
Diabetes mellitus with chronic	ICD-9: 250.4-250.7
complications	ICD-10: E10.2-E10.5, E10.7, E11.2-E11.5,E11.7, E12.2-E12.5,
	E12.7,E13.2-E13.5, E13.7, E14.2-E14.5,E14.7
Peripheral vascular disease	ICD-9: 093.0, 437.3, 440.x, 441.x,443.1-443.9, 447.1, 557.1,557.9, V43.4
	ICD-10: I70.x, I71.x, I73.1, I73.8, I73.9, I77.1,I79.0, I79.2, K55.1, K55.8, K55.9,
	Z95.8, Z95.9, 093.0, 437.3, 440.x, 441.x,443.1-443.9, 447.1, 557.1,557.9, V43.4
Cerebrovascular disease	ICD-9: 430.x-438.x
	ICD-10: G45.x, G46.x, H34
Stroke or Transient ischemic	ICD-9: 438.x, V17.1.
attack	ICD-10: I60.x, I61.x, I62.x, I63.x, I69.x
COPD	ICD-9: 416.8, 416.9, 490.x-505.x, 506.4, 508.1, 508.8
	ICD-10: I27.8, I27.9, J40.x-J47.x, J60.x-J67.x, J68.4, J70.1, J70.3
Chronic kidney disease without	ICD-9: 403.01, 403.11, 403.91, 404.02,404.03,
dialysis	404.12, 404.13, 404.92,404.93, 582.x, 583.0-
	583.7, 585.x,586.x, 588.0, V42.0, V45.1, V56.x
	ICD-10: I12.0, I13.1, N03.2-N03.7, N05.2-N05.7,
	N18.x, N19.x, N25.0, Z49.0-Z49.2, Z94.0, Z99.2
Coronary artery disease	ICD-9: 440, 440.1
	ICD-10:I70.0, I70.1
Atrial fibrillation	ICD-9: 427.3x
	ICD-10: I48.91, I48.92

Previous myocardial infarction	ICD-9: 411, 411.1, 412
-	ICD-10:I24.1, I20.0, I25.2
Congestive heart failure	ICD-9: 398.91, 402.01, 402.11, 402.91,404.01, 404.03, 404.11, 404.13,404.91,
	404.93, 425.4-425.9, 428.x
	ICD-10: I09.9,I11.0, I13.0, I13.2, I25.5, I42.0,I42.5-I42.9, I43.x, I50.x, P29.0
Dementia	ICD-9: 290.x, 294.1, 331.2
	ICD-10: F00.x-F03.x,F05.1, G30.x, G31.1
Depression	ICD-9: 446.5, 710.0-710.4, 714.0-714.2, 714.8, 725.x
	ICD-10: M05.x, M06.x, M31.5, M32.x-M34.x,M35.1, M35.3, M36.0
Prior PCI	ICD-9: V4582
	ICD-10: Z98.61
Prior CABG	ICD-9: V4581
	ICD-10: Z951
POSTOPERATIVE OUTCOMES	
Stroke	ICD-9: 997.02, 431, 432.1, 434.91, 431.11, 434.01
	ICD-10: I619, I97811, I97812
Renal failure	ICD-9: 584.x
Cardiac arrest	ICD-9: 4275
	ICD-10: I469
Complete heart block	ICD-9: 4260, 42611
	ICD-10: I440, I442
Bleeding	ICD-9: 998.1x, 999.8x, 99.01, 99.04, 997.02, 78630, 42989, 5781, 5789, 5780,
	7847, 459, 2851, 28659
	ICD-10:I97.41x, I97.42, I97.61x, R58, D62, D68311, D68312, D68318, K920,
	R040, K921, K922, I513, R042, R049
Transfusion with red blood cells	ICD-9: 9900, 9901, 9902, 9903, 9904
	ICD-10: 30233N1, 30243N1, 30253N1, 30233H0, 30243H0, 30253H0

CABG – coronary artery bypass graft; CAD – coronary artery disease; CKD – chronic kidney disease; COPD – chronic obstructive pulmonary disease; PCI – percutaneous coronary intervention

-Most covariates captured by the chronic conditions file; date of onset before date of index admission.

-The following covariates were used for the Charlson score: malignancies, metastatic solid tumor, acquired immune deficiency syndrome, hemi or paraplegia, rheumatic disease, dementia, peptic ulcer disease, Alzheimer's' disease, congestive heart failure, history of myocardial infarction, moderate/severe liver disease, chronic kidney disease, chronic obstructive pulmonary disease, cerebrovascular disease, peripheral vascular disease, diabetes

eTable 2. Characteristics and outcomes of surgical AVR Patients stratified by 30-day mortality hospital performance ranking

	Top Per Gro (Lowest 10%	forming oup % Mortality)	Middle Po Gro (Middle 809)	erforming oup % Mortality)	Bottom F Gr (Highest 10	Performing oup 9% Mortality)	P-Value (Top vs Bottom Group)
Total number of institutions	N=	48	N=	109	N	=34	
Total number of cases	N=2	845	N=2	0478	N=2	2698	
Characteristics							
Age, (mean, SD)	75.3	(6.6)	76.2	(6.7)	75.9	(6.6)	0.001
≥85yo, (%)	289	(10.2)	2552	(12.5)	308	(11.4)	0.140
Women, (%)	1119	(39.3)	8801	(43.0)	1092	(40.5)	0.395
Dyslipidemia, (%)	2303	(80.9)	16682	(81.5)	2221	(82.3)	0.199
Hypertension, (%)	2430	(85.4)	17957	(87.7)	2407	(89.2)	0.001
Diabetes, (%)	956	(33.6)	7552	(36.9)	1050	(38.9)	0.001
PVD, (%)	22	(0.8)	140	(0.7)	20	(0.7)	1.000
Stroke or TIA, (%)	151	(5.3)	1182	(5.8)	189	(7.0)	0.010
Anemia, (%)	1487	(52.3)	11937	(58.3)	1468	(54.4)	0.112
COPD, (%)	492	(17.3)	3688	(18.0)	600	(22.2)	0.001
Chronic kidney disease, (%)	672	(0.8)	5175	(0.7)	713	(0.7)	0.017
Chronic liver disease, (%)	35	(1.2)	249	(1.2)	27	(1.0)	0.445
Atrial fibrillation, (%)	690	(24.3)	5249	(25.6)	678	(25.1)	0.455
Ischemic heart disease, (%)	2246	(78.9)	16791	(82.0)	2238	(83.0)	0.001
AMI, (%)	56	(2.0)	507	(2.5)	71	(2.6)	0.106
Congestive heart failure, (%)	1346	(47.3)	10853	(53.0)	1313	(48.7)	0.320
Previous PCI, (%)	257	(9.0)	1985	(9.7)	216	(8.0)	0.178
Previous CABG surgery, (%)	177	(6.2)	1464	(7.1)	192	(7.1)	0.196
Charlson score, (Median, IQR)	5	(5-6)	5	(5-6)	5	(5-6)	0.001
Social history							
Alzheimer's, (%)	32	(1.1)	241	(1.2)	38	(1.4)	0.400
Depression, (%)	444	(15.6)	3067	(15.0)	444	(16.5)	0.400
Post-procedure complications							
Bleeding complications, (%)	812	(28.5)	5475	(26.7)	635	(23.5)	0.001
Transfusion, (%)	686	(24.1)	5531	(27.0)	539	(20.0)	0.001

Permanent stroke, (%)	126	(4.4)	776	(3.8)	121	(4.5)	0.948
Acute kidney injury, (%)	318	(11.2)	2358	(11.5)	374	(13.9)	0.003
Permanent pacemaker, (%)	108	(3.8)	1043	(5.1)	140	(5.2)	0.013
Cardiac arrest, (%)	36	(1.3)	348	(1.7)	72	(2.7)	0.001
Hospital Disposition							
Length of stay, days (Median, IQR)	7	(6-8)	7	(6-8)	7	(6-8)	0.001
Discharge to skilled nursing, (%)	659	(23.2)	6866	(33.5)	879	(32.6)	0.001
30-day mortality, (%)	6	(0.2)	393	(1.9)	145	(5.4)	0.001
Readmission within 30-days, (%)	410	(14.4)	3045	(14.9)	470	(17.4)	0.002
90-day mortality, (%)	31	(1.1)	637	(3.1)	183	(6.8)	0.001
1-year mortality, (%)	121	(4.3)	1254	(6.1)	285	(10.6)	0.001

SD-standard deviation; AVR-aortic valve replacement; PVD-peripheral valvular disease; TIA-transient ischemic attack; COPD-chronic obstructive pulmonary disease; AMI-acute myocardial infarction; PCI-percutaneous coronary intervention; CABG-coronary artery bypass grafting; IQR-interquartile range.

eTable 3. Characteristics and outcomes of transcatheter AVR patients at hospitals which changed mortality performance rankings from 30-days to 90-days

	Ranking Improved Ranking Maintained				Ranking Declined		
Total number of institutions	N=	19	N=1	44	N=	21	
Total number of cases	N=2	257	N=26	6286	N=1	686	
Characteristics							
Age, (mean, SD)	82.9	(7.5)	82.8	(7.5)	83.4	(7.4)	
≥85yo, (%)	1334	(48.9)	11716	(47.7)	1540	(51.0)	
Women, (%)	1269	(46.6)	11700	(47.6)	1410	(46.7)	
Dyslipidemia, (%)	2375	(87.1)	21625	(88.0)	2662	(88.2)	
Hypertension, (%)	2615	(95.9)	23770	(96.7)	2933	(97.2)	
Diabetes, (%)	1185	(43.5)	11349	(46.2)	1356	(44.9)	
PVD, (%)	19	(0.7)	205	(0.8)	26	(0.9)	
Stroke or TIA, (%)	245	(9.0)	2209	(9.0)	306	(10.1)	
Anemia, (%)	1916	(70.3)	17642	(71.8)	2178	(72.2)	
COPD, (%)	943	(34.6)	8985	(36.5)	1209	(40.1)	
Chronic kidney disease, (%)	1417	(0.7)	12632	(0.8)	1587	(0.9)	
Chronic liver disease, (%)	54	(2.0)	455	(1.9)	58	(1.9)	
Atrial fibrillation, (%)	1008	(37.0)	9452	(38.4)	1226	(40.6)	
Ischemic heart disease, (%)	2579	(94.6)	23509	(95.6)	2893	(95.9)	
AMI, (%)	166	(6.1)	1446	(5.9)	219	(7.3)	
Congestive heart failure, (%)	2316	(85.0)	21420	(87.1)	2617	(86.7)	
Previous PCI, (%)	527	(19.3)	4904	(19.9)	568	(18.8)	
Previous CABG surgery, (%)	544	(20.0)	4934	(20.1)	607	(20.1)	
Charlson score, (Median, IQR)	6	(6-7)	6	(6-7)	6	(6-6.8)	
Social history							
Alzheimer's, (%)	73	(2.7)	821	(3.3)	113	(3.7)	
Depression, (%)	528	(19.4)	4898	(19.9)	677	(22.4)	
Post-procedure complications							
Bleeding complications, (%)	386	(14.9)	4656	(16.9)	265	(15.1)	
Transfusion, (%)	337	(14.8)	4600	(15.9)	268	(12.5)	
Permanent stroke, (%)	76	(3.6)	810	(3.2)	54	(3.3)	
Acute kidney injury, (%)	226	(8.0)	2914	(10.5)	155	(8.4)	
Permanent pacemaker, (%)	119	(3.8)	1896	(6.8)	140	(7.8)	

Heart block, (%)	12	(0.4)	140	(0.5)	9	(0.7)
Cardiac arrest, (%)	71	(3.0)	650	(2.7)	37	(2.1)
Hospital Disposition						
Length of stay, days (Median, IQR)	5	(4-5)	5	(4-6)	5	(4-5)
Discharge to skilled nursing, (%)	560	(24.0)	7361	(28.3)	466	(25.1)
30-day mortality, (%)	107	(4.8)	1095	(4.5)	61	(2.3)
Readmission within 30-days, (%)	393	(17.4)	4770	(17.9)	302	(19.9)
90-day mortality, (%)	149	(6.0)	2070	(8.0)	160	(11.5)
1-year mortality, (%)	393	(16.7)	4702	(18.4)	329	(20.9)

SD-standard deviation; AVR-aortic valve replacement; PVD-peripheral valvular disease; TIA-transient ischemic attack; COPD-chronic obstructive pulmonary disease; CAD-coronary artery disease; AMI-acute myocardial infarction; PCI-percutaneous coronary intervention; CABG-coronary artery bypass grafting; IQR-interquartile range.

eTable 4. Characteristics and outcomes of surgical AVR patients at hospitals which changed mortality performance rankings from 30-days to 90-days

Ranking Improved			Ranking N	laintained	Ranking Declined		
Total number of institutions	N=	-16	N=1	58	N=	:17	
Total number of cases	N=1	261	N=23	3495	N=1	265	
Characteristics							
Age, (mean, SD)	74.8	(6.2)	75.6	(6.4)	74.9	(6.4)	
≥85yo, (%)	130	(9.1)	2886	(10.6)	133	(8.1)	
Women, (%)	511	(39.0)	9973	(41.9)	528	(39.4)	
Dyslipidemia, (%)	1015	(77.9)	19194	(79.9)	997	(78.1)	
Hypertension, (%)	1110	(87.4)	20602	(86.9)	1082	(85.2)	
Diabetes, (%)	463	(34.2)	8629	(36.5)	466	(34.0)	
Stroke or TIA, (%)	67	(4.9)	1381	(5.3)	74	(5.5)	
Anemia, (%)	697	(51.7)	13506	(54.5)	689	(51.9)	
COPD, (%)	243	(19.9)	4317	(19.0)	220	(16.1)	
Chronic kidney disease, (%)	293	(0.5)	5942	(0.7)	325	(0.8)	
Chronic liver disease, (%)	18	(1.1)	270	(1.2)	23	(1.8)	
Atrial fibrillation, (%)	298	(24.1)	6001	(22.9)	318	(24.2)	
Ischemic heart disease, (%)	987	(76.5)	19263	(79.7)	1025	(76.2)	
AMI, (%)	20	(1.4)	583	(2.6)	31	(2.1)	
Congestive heart failure, (%)	569	(44.8)	12357	(50.2)	586	(43.7)	
Previous PCI, (%)	101	(8.4)	2263	(8.6)	94	(5.7)	
Previous CABG surgery, (%)	89	(6.9)	1669	(6.0)	75	(5.1)	
Charlson score, (Median, IQR)	5	(5-5)	5	(5.5)	5	(5-5.3)	
Social history							
Alzheimer's, (%)	13	(0.8)	286	(1.1)	12	(0.9)	
Depression, (%)	196	(16.3)	3562	(15.3)	197	(15.0)	
Post-procedure complications							
Bleeding complications, (%)	418	(28.5)	6234	(22.9)	270	(25.3)	
Transfusion, (%)	396	(33.0)	5964	(23.7)	396	(24.8)	
Permanent stroke, (%)	58	(5.1)	915	(4.5)	50	(5.6)	
Acute kidney injury, (%)	197	(15.0)	2734	(11.7)	119	(10.8)	
Permanent pacemaker, (%)	74	(5.2)	1173	(4.7)	44	(4.4)	
Heart block, (%)	5	(0.4)	72	(0.3)	1	(0.0)	

Cardiac arrest, (%)	35	(2.2)	395	(1.7)	26	(1.8)
Hospital Disposition						
Length of stay, days (Median, IQR)	6.8	(6-8)	7.0	(6-8)	7.0	(6-7.5)
Discharge to skilled nursing, (%)	347	(26.9)	7667	(31.7)	390	(28.3)
30-day mortality, (%)	43	(4.2)	477	(2.4)	24	(1.3)
Readmission within 30-days, (%)	200	(15.9)	3498	(14.4)	227	(15.8)
90-day mortality, (%)	46	(4.4)	743	(3.4)	62	(4.8)
1-year mortality, (%)	97	(7.6)	1458	(6.8)	105	(7.2)

SD-standard deviation; AVR-aortic valve replacement; PVD-peripheral valvular disease; TIA-transient ischemic attack; COPD-chronic obstructive pulmonary disease; CAD-coronary artery disease; AMI-acute myocardial infarction; PCI-percutaneous coronary intervention; CABG-coronary artery bypass grafting; IQR-interquartile range.

	Dona ini	90 day mortality percentile group								
30 day mo	rtality percentile group*	1	2	3	4	5	6	7	8	9
SAVR	1	46	6	4	3	3	0	1		
	_	73.0%	9.5%	6.3%	4.8%	4.8%	0.0%	1.6%		
	2	5	5	7	2	2	0	0		
	-	23.8%	23.8%	33.3%	9.5%	9.5%	0.0%	0.0%		
	3	1	9	5	7	5	1	1		
	4	3.4%	31.0%	17.2%	24.1%	17.2%	3.4%	3.4%		
	4	0.0%	/ 8%	28.6%	28.6%	Q 5%	28.6%	0.0%		
	5	0.078	4.0 %	20.078	20.076	3.578	20.075	0.078		
	-	0.0%	0.0%	12.5%	25.0%	29.2%	20.8%	12.5%		
	6	0	0	0	0	7	11	6		
		0.0%	0.0%	0.0%	0.0%	29.2%	45.8%	25.0%		
	7	0	0	0	0	0	1	8		
		0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	88.9%		
TAVR	1	13	7	6	1	1	1	0	0	2
	F	41.9%	22.6%	19.4%	3.2%	3.2%	3.2%	0.0%	0.0%	6.5%
	2	6	5	4	2	10.5%	0	0	0	0
	M2	31.0%	20.3%	21.1%	10.5%	10.5%	0.0%	0.0%	0.0%	0.0%
	5	10.0%	10.0%	30.0%	20.0%	10.0%	10.0%	0.0%	10.0%	0.0%
	4	0	3	3	5	6	5	2	0	0.070
		0.0%	12.5%	12.5%	20.8%	25.0%	20.8%	8.3%	0.0%	0.0%
	5	1	3	5	7	5	1	5	0	0
		3.7%	11.1%	18.5%	25.9%	18.5%	3.7%	18.5%	0.0%	0.0%
	6	0	1	0	3	3	6	5	2	1
	_	0.0%	4.8%	0.0%	14.3%	14.3%	28.6%	23.8%	9.5%	4.8%
	7	0	1	0	3	1	4	4	7	0
	K .	0.0%	5.0%	0.0%	15.0%	5.0%	20.0%	20.0%	35.0%	0.0%
	8	0.0%	0.0%	0.0%	0.0%	1 5 20/	0.0%	21.10/	8 40 10/	21.6%
	6	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	21.1%	42.170	31.0%
	5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	66.7%
Total	1	59	13	10	4	4	1	1	0	2
		62.8%	13.8%	10.6%	4.3%	4.3%	1.1%	1.1%	0.0%	2.1%
	2	11	10	11	4	4	0	0	0	0
	_	27.5%	25.0%	27.5%	10.0%	10.0%	0.0%	0.0%	0.0%	0.0%
	3	3	11	11	11	7	3	1	2	0
	F .	6.1%	22.4%	22.4%	22.4%	14.3%	6.1%	2.0%	4.1%	0.0%
	4	0	4	9	11	8	11	2	0	0
	R.	0.0%	8.9%	20.0%	24.4%	17.8%	24.4%	4.4%	0.0%	0.0%
	5	2.0%	5.9%	15.7%	25.5%	23.5%	11.8%	15.7%	0.0%	0.0%
	6	2.070	0.070	10.7 /0	20.070	10	17	10.770	2	0.070
	ľ	0.0%	2.2%	0.0%	6.7%	22.2%	37.8%	24.4%	4.4%	2.2%
	7	0	1	0	3	1	5	12	7	0
		0.0%	3.4%	0.0%	10.3%	3.4%	17.2%	41.4%	24.1%	0.0%
	8	0	0	0	0	1	0	4	8	6
		0.0%	0.0%	0.0%	0.0%	5.3%	0.0%	21.1%	42.1%	31.6%
	9	0	0	0	0	0	0	0	1	2
		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	66.7%

eTable 5: Changes in percentile ranking from 30-day mortality to 90-day mortality through median shift in continuous rank

Notes: Each box is not one percentile but rather a range of percentiles that does not coincide exactly with deciles due to the large number of ties in observed mortality percentages across the institutions in this study. Thus, we did not wind up with 10 groups each containing 10% of institutions but 7 percentile categories for TAVR and 9 for SAVR and 9 for overall. This means that 38% of programs were within +/-6 percentiles of their 30d rankings at 90 days, 36% were within +/-18 percentiles (i.e. institutions at the 50th percentile at 30 days fell between the 32th – 68th percentile at 90 days), 16% decreased rank by >18 percentile, and 10% increased rank by >18 percentiles. Thus, not only were over a quarter of institutions in a clinically meaningful different rank at 90 days from their 30 day baseline, their mortality rankings were more likely to be substantially worse at 90 days, than improved by a ratio of 3:2.

eTable 6. Mean postoperative hospital mortality at 90-days and 1-year for transcatheter and surgical AVR stratified by 30day mortality performance groups

			Baselin	ne 30-day l	Mortality	90-day Mortality			1-year Mortality		
	N hospitals	N patients	Mean	95% Co Inte	95% Confidence Interval		Mean 95% Confidence Interval		Mean	Mean 95% Co	
				Lower	Upper		Lower	Upper		Lower	Upper
30-day Mortality ranking (TAVR Procedure)	184	30329									
Top Performing Group (Lowest 10% Mortality)	27	2726	0.83	0.80	1.0	5.7	4.3	7.2	14.8	12.5	17.0
Middle Performing Group (<i>Middle 80% Mortality</i>)	130	24585	3.9	3.7	4.1	7.4	7.0	7.8	17.3	16.6	17.9
Bottom Performing Group (Highest 10% Mortality)	27	3018	9.0	7.9	10.1	13.4	11.8	15.0	24.1	21.6	26.7
30-day Mortality ranking (SAVR Procedure)	191	26021									
Top Performing Group (Lowest 10% Mortality)	48	2845	0.04	0.009	0.08	0.7	0.3	1.3	4.5	3.3	5.8
Middle Performing Group (Middle 80% Mortality)	109	20478	2.1	1.9	2.3	3.3	3.1	3.6	6.3	5.9	6.7
Bottom Performing Group (Highest 10% Mortality)	34	2698	5.4	4.9	5.9	6.3	5.5	7.2	10.2	8.9	11.2

eFigure 1. Study consort diagram. For each procedure (transcatheter AVR and surgical AVR), hospitals are ranked based on the mean 30-day mortality rate during the 4-year period into 3 groups: (1) Top (lowest 10% mortality rate), (2) Middle (Middle 80% mortality rate), or (3) Bottom (highest 10% mortality) performing groups.



eFigure 2: Changes in hospital performance rankings at 90-days and 1-year stratified by risk-adjusted 30-day mortality for transcatheter AVR and surgical AVR. We examine changes in hospital performance ranking at 90-days and 1-year for each of the hospitals originally classified into 3 groups according to their risk-adjusted 30-day mortality rate during the 4-year period: (1) Top (lowest 10% mortality rate), (2) Middle (Middle 80% mortality rate), or (3) Bottom (highest 10% mortality) performing groups.



Figure: (Adjusted Analysis) Changes in Hospital Performance Rankings at 90-days and 1-year for Transcatheter and Surgical Aortic Valve Replacement

eFigure 3: Distribution of causes of death for transcatheter AVR and surgical AVR patients at 30-days, 90-days and 1-year. Cardiac procedure-related death are defined as heart failure, myocardial infarction, cardiac arrest, death as direct result of cardiac surgery or malfunction of the valve. Cardiac non-procedure related death are defined as a postoperative complication: renal or multi-system organ failure deaths in person w/o preexisting diagnoses of major organ disease, stroke/coma/thromboembolic events, sepsis/postop surgery-related infections, unexpected bleeding/coagulopathy. Non-cardiac causes of death include all other causes such as trauma, accidental death, gunshot wound, suicide, death attributable to pre-existing non-cardiac disease, death after non-cardiac procedure.



eFigure 4: The hazard (risk of mortality) after both transcatheter AVR and surgical AVR. Time zero is the day of the procedure. The hazard (risk of mortality) after both procedures continues to decline well after 30 days postoperatively. The constant phase of the hazard seems to start after ~90 days for transcatheter AVR and ~60 days for surgical AVR.



© 2019 American Medical Association. All rights reserved.