

The Association of ICU Acuity With Adherence to ICU Evidence-Based Processes of Care

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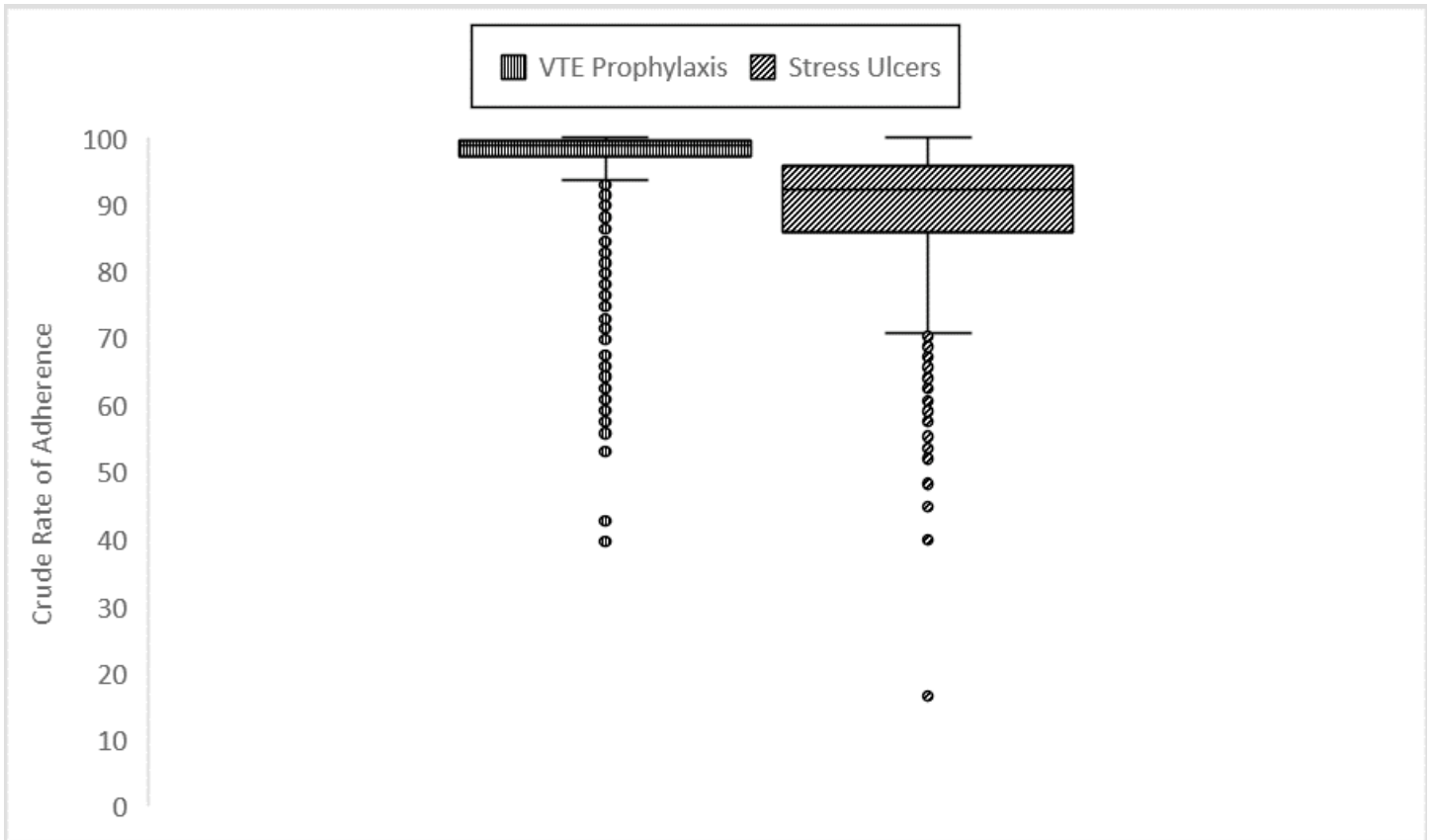
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e-Appendix 1.

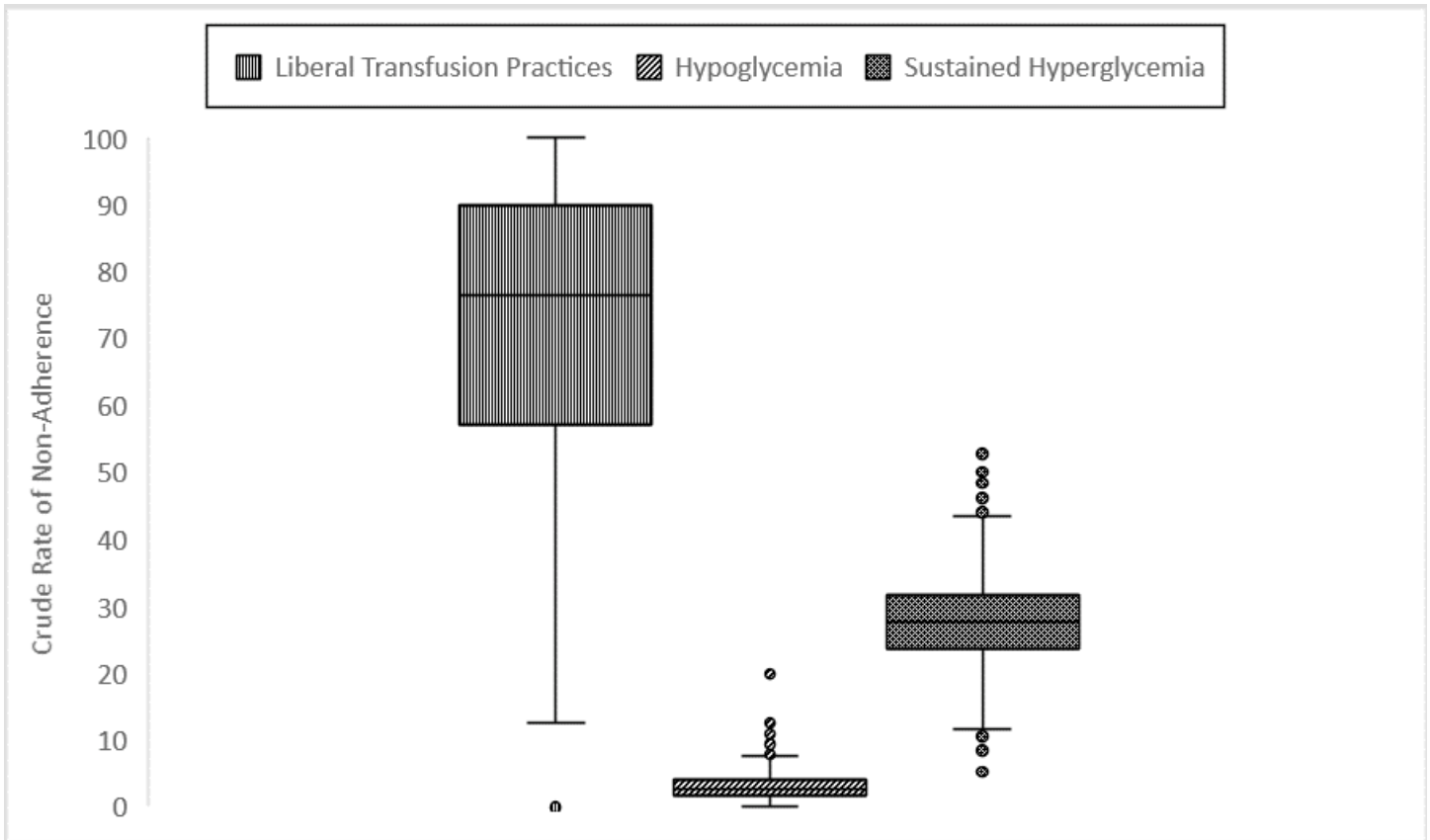
Supplemental Results: Adjusted Analyses of Venous Thromboembolism and Stress Ulcer Prophylaxis Outcomes

With highest ICU acuity as the reference, we found no difference in adherence to venous thromboembolism (VTE) prophylaxis between low- and medium-acuity ICUs (low acuity adjusted odds ratio [aOR]: 1.08, 95% confidence interval [CI] 0.98-1.18; medium-acuity aOR: 0.97, 95% CI: 0.90-1.05). However, high-acuity ICUs were less likely to be adherent to VTE prophylaxis compared to highest-acuity ICUs (OR 0.92, 95% CI 0.87-0.98). For stress ulcer prophylaxis, a similar pattern emerged in which there were no differences between low- and medium-acuity ICUs with the highest-acuity ICUs (low-acuity aOR: 1.06, 95% CI 0.98-1.14; medium-acuity aOR: 1.02, 95% CI 0.96-1.09), but high-acuity ICUs had higher odds of adherence (aOR 1.07, 95% CI 1.02-1.13).

e-Figure 1. Crude rates of adherence for venous thromboembolism and stress ulcer prophylaxis outcomes.



e-Figure 2. Crude rates of non-adherence for the outcomes of hypoglycemia, sustained hyperglycemia, and liberal transfusion practices.



e-Table 1. Intensive care unit (ICU) acuity and odds of adherence to venous thromboembolism (VTE) and stress ulcer prophylaxis.

ICU Acuity	VTE Prophylaxis OR (95% CI) N = 731,741^a	Stress Ulcer Prophylaxis OR (95% CI) N = 353,431^a
Highest-Acuity	<i>Reference</i>	<i>Reference</i>
High-Acuity	0.92 (0.87, 0.98)	1.07 (1.02, 1.13)
Medium-Acuity	0.97 (0.90, 1.05)	1.02 (0.96, 1.09)
Low-Acuity	1.08 (0.98, 1.18)	1.06 (0.98, 1.14)

Abbreviations: OR = Odds Ratio; CI = Confidence Interval

^aTotal number of eligible patients for each outcome