

Supplementary Online Content

Bennett-Guerrero E, Zhao Y, O'Brien SM, Ferguson TB, Peterson ED, Gammie JS, Song HK. Variation in use of blood transfusion in coronary artery bypass graft surgery. *JAMA*. 2010;304(14):1568-1575.

eTable. Association Between Hospital-Specific RBC Transfusion Rate and All-Cause Mortality

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

eTable. Association Between Hospital-Specific RBC Transfusion Rate and All-Cause Mortality

RBC transfusion rate	No. of Hospitals	No. of Patients	Mortality %	Unadjusted OR (95% CI)	Unadjusted P-value	Adjusted OR (95% CI)	Adjusted P-value
	408	82,446			0.058		0.629
1st Quartile (lowest)	95	20,581	1.27 (1.12-1.43)	0.82 (0.68-0.98)	0.029	0.95 (0.79-1.16)	0.623
2nd Quartile	98	20,253	1.26 (1.11-1.42)	0.80 (0.67-0.96)	0.017	0.90 (0.74-1.09)	0.268
3rd Quartile	97	20,929	1.43 (1.27-1.59)	0.91 (0.76-1.09)	0.301	0.90 (0.74-1.09)	0.269
4th Quartile (highest)	118	20,683	1.57 (1.40-1.74)	(reference)		(reference)	

RBC transfusion rate, for hospitals (408 hospitals) performing at least 100 primary on-pump CABG cases during 2008, was categorized into 4 groups (quartiles) with an approximately equal number of patients in each. (1st quartile=lowest rate, 4th quartile=highest rate).

1st Quartile: RBC transfusion rates ranged from 7.8-43.2%

2nd Quartile: RBC transfusion rates ranged from 43.3-55.9%

3rd Quartile: RBC transfusion rates ranged from 56.0-65.6%

4th Quartile: RBC transfusion rates ranged from 65.7-92.8%

Adjusted models include patient level predictors as described in the methods section.

RBC= red blood cell

Mortality = death during the same hospitalization as surgery or after discharge but within 30 days of surgery