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| --- | --- | --- | --- | --- |
| **Supplement Table 2e. Discharge Disposition OR Unplanned Readmission (n=11)a** | | | | |
|  | **Measure of Effect Size** | **Effect Size** | **CI Spread** | **p-Value** |
| Operative volume and outcomes of cerebrovascular neurosurgery in children[40](#_ENREF_40) |  |  |  |  |
| Procedural volume >20 was associated with discharge to a facility compared with procedural volume 1–5 *(procedural volume was defined as annual procedural volume of the treating neurosurgeon)* | OR | 2.86b | 0.33 | <0.001 |
| Outcomes and factors associated with infant abusive head trauma in the US[59](#_ENREF_59) |  |  |  |  |
| Patients age 12–23 months had increased risk of non-routine discharge than patients age 0–11 months | OR | 2.24 | 1.58 | <0.001 |
| Racial and socioeconomic disparities in outcomes following pediatric cerebrospinal fluid shunt procedures[28](#_ENREF_28) |  |  |  |  |
| Complex cases had a had a higher likelihood of nonroutine discharge than not complex cases | OR | 2.04 | 0.43 | <0.01 |
| Patients at a children’s unit had a higher likelihood of nonroutine discharge than those at a children’s hospital | OR | 2.11 | 1.38 | <0.01 |
| Patients not at a children’s hospital had a higher likelihood of nonroutine discharge than those at a children’s hospital | OR | 2.16 | 1.47 | <0.01 |
| Newborn admissions had a higher likelihood of nonroutine discharge than elective admissions | OR | 3.65 | 2.08 | <0.01 |
| Patients admitted from another hospital had a higher likelihood of nonroutine discharge than those from routine admissions | OR | 4.42 | 1.63 | <0.01 |
| Risk factors for unplanned readmission within 30 days after pediatric neurosurgery: a nationwide analysis of 9,799 procedures from the American College of Surgeons National Surgical Quality Improvement Program[22](#_ENREF_22) |  |  |  |  |
| Shunt/ventricular catheter placement procedure was associated with unplanned readmission compared with no shunt/ventricular catheter placement procedure | OR | 2.128 | 1.395 | <0.001 |
| Shunt/ventricular catheter revision, removal, or irrigation procedure was associated with unplanned readmission compared with no shunt/ventricular catheter revision, removal, or irrigation procedure | OR | 2.283 | 1.424 | <0.001 |
| Postop seizure was associated with unplanned readmission compared with no post-op seizure | OR | 2.532 | 3.189 | 0.002 |
| Postop sepsis was associated with unplanned readmission compared with no post-op sepsis | OR | 2.616 | 3.86 | 0.006 |

aCategories are defined as the following: Effect Size (ES) = Medium or Large (>2-10) + Confidence Interval (CI) = Medium or High (0-4) + p-value = Strong/Very Strong (<0.01).

bDenotes effect sizes that were originally reported at a value <1; the inverse was taken for analysis and the conclusion was appropriately worded to reflect the ES value presented here.

**Abbreviations:** CI=confidence interval; OR=odds ratio.