NELA risk adjustment model: recalibration of predictor coefficients, August 2020 Peter Martin, HSRC Statistician

The NELA risk adjustment model for 30-day mortality after emergency laparotomy was developed to facilitate casemix-adjusted comparison of mortality rates between hospitals. The rationale for the model and its development are documented in Eugene et al (2018). The original development used data from NELA Audit Years 1 and 2.

This document reports on the re-estimation of the NELA risk adjustment model coefficients, using records from NELA Audit Years 4-6. This re-calibration was performed in July 2020 and had two purposes:

- To calibrate the risk calculation to the lower mortality rate observed in NELA audit years 4-6, compared to the first two audit years, whose data were used for the original risk model development;
- (2) To re-estimate the coefficients of the risk predictors using recent data, which were deemed likely to be of higher quality than the data used for the original risk model development.

This document first gives a brief technical summary of the recalibration process. This is followed by detailed information on how to calculate predicted pre-operative risk for an emergency laparotomy from information contained in the NELA data set, using the recalibrated coefficients of the NELA risk adjustment model.

Technical Summary

This analysis included data from 73,924 emergency laparotomies conducted between 1 December 2016 and 30 November 2019. Data were cleaned before analysis. All locked records from the time period were considered for inclusion. Updated information about death registrations received from the Office for National Statistics were used. Therefore the data set used here is not identical to the combined data sets used for the NELA audit reports from the relevant years, but rather represents an updated version of these data sets.

The overall mortality rate in this data set was 9.7 %. Although the observed mortality rate differed slightly between the three audit years, there was little statistical evidence for a difference in the mortality rate between the three years, after adjustment for predicted preoperative risk.

Missing values were imputed using multiple imputation with chained equations (five imputed data sets). Results are obtained from each of the five imputed data sets and then pooled using Rubin's rules. No changes to the set of predictors, the winsorization, or the transformation of predictors were considered.

Table 1 shows the coefficients and their standard errors from the re-estimation of the model on NELA data from Audit Years 4, 5, and 6. The model has excellent discrimination, with a C-statistic of 0.863 (pooled statistic from five imputed data sets). Using the pooled risk from five imputed data sets, the model is adequately calibrated (see Figure 1). These results are very similar to those obtained by Eugene et al (2018) in the development of the original risk adjustment model.

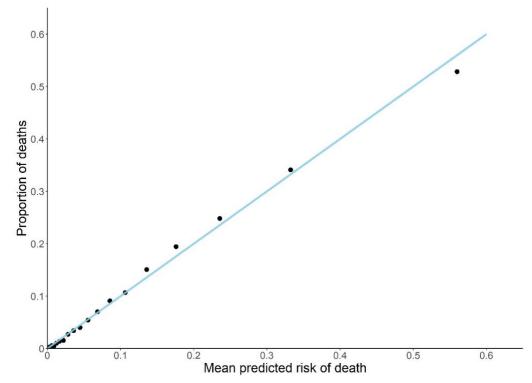


Figure 1: Model calibration plot

Notes: N = 73,924. Each dot shows 5 % of cases, ordered by predicted risk of death.

Table 1: Pooled risk adj	ustment model coefficients	(NELA Audit Years 4-6)

		Estimate	Std. Error
	(Intercept)	-4.3488269	0.0919561
	ASA3	1.0573609	0.0723812
	ASA4	1.8546010	0.0747371
	ASA5	2.6489194	0.1272511
	Age_centred	0.0572932	0.0032013
	Age_squared	0.0001274	0.0001589
	Resp_preopmild COAD	0.5395227	0.1054766
	Resp_preopDyspnoea: limiting or at rest	1.2601628	0.1806783
	Sexfemale	0.0280548	0.0298116
	Glasgow_cat3-8	0.7842625	0.0774343
	Glasgow_cat9-12	0.6355512	0.1150081
	Cardiac_preopCat[2]	0.1054722	0.0341498
	Cardiac_preopCat[3]	0.2655433	0.0522570
	Cardiac_preopCat[4]	0.3017798	0.0960544
	peritoneal_soilingSerous fluid	0.1727508	0.0380228
	peritoneal_soilingLocalized pus	-0.0837140	0.0620996
	peritoneal_soilingBowel content, pus, blood	0.4387634	0.0392618
	pred_bloodloss101-500	0.0563362	0.0309755
	pred_bloodloss501-999	0.3148512	0.0681174
	pred_bloodloss>=1000	-0.0278452	0.0886633
	malignancyPrimary	0.0332072	0.0499288
	malignancyNodal metastases	0.3666088	0.0701890
	malignancyDistant metastases	0.9988459	0.0486032
	op_severityMajor+	0.2043578	0.0305716
	Numop_preopTwo	-0.2888454	0.0481143
	Numop_preopThree +	-0.1316191	0.1489059
	ECG_preopAF rate 60-90	0.3375291	0.0550434
	ECG_preopAF rate >90 or other	0.1411111	0.0357890
	urgency6-18 hrs	-0.0617987	0.0510557
	urgency2-6hrs	0.0787992	0.0502621
	urgency<2hrs	0.4708663	0.0579594
	log_creat_wins	-0.3093507	0.0662349
	log_creat_sq_wins	0.2428102	0.0392945
	log_urea_wins	0.4227387	0.0369368
	log_urea_sq_wins	-0.0542346	0.0297218
	WBC_wins	-0.0072917	0.0024633
	WBC sq wins	0.0013263	0.0001454
	pulse_wins	0.0132113	0.0009678
	pulse_sq_wins	-0.0001264	0.0000285
	sysbp_wins	-0.0090343	0.0005978
	sysbp_sq_wins	0.0001137	0.0000167
	potassium_wins	-0.0994759	0.0259147
	potassium_sq_wins	0.1699467	0.0239506
	sodium_cubed_wins	-0.0007271	0.0000811
	log_sodium_timescu_wins	0.0002304	0.0000256
ant'd avarlant		0.0002304	0.0000200

(cont'd overleaf)

(Table 5 continued)

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	Estimate	Std. Error
nela_yearAudit Year 4	0.0282586	0.0347390
nela_yearAudit Year 5	0.0199663	0.0346941
ASA3:Age_centred	-0.0235901	0.0037685
ASA4:Age_centred	-0.0276586	0.0036107
ASA5:Age_centred	-0.0337041	0.0054304
ASA3:Age_squared	-0.0001441	0.0001874
ASA4:Age_squared	0.0000669	0.0001787
ASA5:Age_squared	0.0002500	0.0002602
ASA3:Resp_preopmild COAD	-0.1807609	0.1172194
ASA4:Resp_preopmild COAD	-0.3157025	0.1184620
ASA5:Resp_preopmild COAD	-0.3012922	0.1955989
ASA3:Resp_preopDyspnoea: limiting or at rest	-0.5437609	0.1900075
ASA4:Resp_preopDyspnoea: limiting or at rest	-0.8688040	0.1879180
ASA5:Resp_preopDyspnoea: limiting or at rest	-0.9052032	0.2314529

Note: N = 73,924. *For variable definitions and calculation of predicted risk see Table 5.*

References:

Eugene N, Oliver CM, Bassett MG, *et al.* Development and internal validation of a novel risk adjustment model for adult patients undergoing emergency laparotomy surgery: the National Emergency Laparotomy Audit risk model. *Br J Anaesth* 2018;**121**:739–48. doi:10.1016/j.bja.2018.06.026

How to calculate NELA pre-operative predicted risk using the recalibrated coefficients – mathematical specification

Data preparation involves winsorisation and centering of continuous predictors as shown in Tables 2 and 3. Categorical variables are defined as in Table 4. The calculation of predicted risk of 30-day mortality is shown overleaf.

Physiological Risk factor	Median	Interquartile Range	Winsorised Range
Potassium (mmol/l)	4.1	3.8 - 4.5	2.8 - 5.9
Urea (mmol/l)	6.3	4.4 - 9.7	0.0 - 3.7 (log scale)
White Blood Cell (x10 ⁹ /l)	11.1	7.8 - 15.5	1.0 - 42.7
Creatinine (umol/l)	77	60 - 103	3.3 - 6.0 (log scale)
Sodium (mmol/l)	137	134 - 139	124 - 148
Pulse (bpm)	90	79 - 103	55 - 145
Systolic BP (mmHg)	125	110 - 140	70 - 190

Table 2: Winsorised ranges of continuous predictor variables

Table 3: Centering of continuous predictor variables

Age_cent	= Age - 64	Creatinine_cent	= Creatinine - 4
Pulse_cent	= Pulse - 91	Urea_cent	= Urea - 1.9
SystolicBP_cent	= Systolic BP – 127	Potassium_cent	= Potassium - 4
Sodium_cent	= Sodium - 123	WBC_cent	= WBC - 13

Table 4: Category definitions for categorical variables

Respiratory[2]	= Dyspnoea on exertion or CXR
Respiratory[3]	= Dyspnoea limiting exertion & at rest
Cardiac[2]	= Diuretic, digoxin, antihypertensive therapy
Cardiac[3]	= Peripheral oedema, warfarin therapy or CXR
Cardiac[4]	 Raised jugular venous pressure or CXR

Table 5: NELA risk adjustment model recalibrated coefficients (July 2020)

Calculate for all patients

PartA = 0.0280548 x Female

+ 0.1054722 x Cardiac[2] + 0.2655433 x Cardiac[3] + 0.3017798 x Cardiac[4]

- 0.0617987 x Urgency[6-18hrs] + 0.0787992 x Urgency[2-6hrs] + 0.4708663 x Urgency[<2hrs]
- + 0.3375291 x AF rate[60-90] + 0.1411111 x AF rate[>90 / abnormal rhythm]
- 0.2888454 x Operations[n=2] 0.1316191 x Operations[n>2]

+ 0.2043578 x Operative severity[Major+] + 0.0563362 x Blood loss[101-500ml]

- + 0.3148512 x Blood loss[501-999ml] 0.0278452 x Blood loss[≥1000ml]
- + 0.1727508 x Soiling[Serous fluid] 0.0837140 x Soiling[Localised pus]
- + 0.4387634 x Soiling[Free bowel content, pus or blood]

+ 0.0332072 x Malignancy[Primary only] + 0.3666088 x Malignancy[Nodal metastases]

- + 0.9988459 x Malignancy[Distant metastases]
- + 0.6355512 x Glasgow coma score[9-12] + 0.7842625 x Glasgow coma score[3-8]
- + 0.0132113 x Pulse_cent 0.0001264 x Pulse_cent²
- 0.0090343 x SystolicBP_cent + 0.0001137 x SystolicBP_cent²
- 0.3093507 x Creatinine_cent + 0.2428102 x Creatinine_cent²
- 0.0994759 x Potassium_cent + 0.1699467 x Potassium_cent²
- + 0.4227387 x Urea_cent 0.0542346 x Urea_cent²
- 0.0072917 x WBC_cent + 0.0013263 x WBC_cent²
- 0.0007271 x Sodium_cent³ + 0.0002304 x Sodium_cent³ x log(Sodium_cent)

For patients	Calculate Log odds of 30 day mortality as:
with ASA	
1-2	Log (odds) = PartA – 4.3488269
	+ 0.0572932 x Age_cent
	+ 0.0001274 x Age_cent ²
	+ 0.5395227 x Respiratory[2]
	+ 1.2601628 x Respiratory[3]
3	Log (odds) = PartA – 4.3488269 + 1.0573609
	+ (0.0572932 – 0.0235901) x Age_cent
	+ (0.0001274 – 0.0001441) x Age_cent ²
	+ (0.5395227 – 0.1807609) x Respiratory[2]
	+ (1.2601628 – 0.5437609) x Respiratory[3]
4	Log (odds) = PartA – 4.3488269 + 1.8546010
	+ (0.0572932 – 0.0276586) x Age_cent
	+ (0.0001274 + 0.0000669) x Age_cent ²
	+ (0.5395227 – 0.3157025) x Respiratory[2]
	+ (1.2601628 – 0.8688040) x Respiratory[3]
5	Log (odds) = PartA – 4.3488269 + 2.6489194
	+ (0.0572932 – 0.0337041) x Age_cent
	+ (0.0001274 + 0.0002500) x Age_cent ²
	+ (0.5395227 – 0.3012922) x Respiratory[2]
	+ (1.2601628 – 0.9052032) x Respiratory[3]

Note: All coefficients are given to seven decimal digits.