## SENSITIVITY ANALYSIS

**Background.** We performed this sensitivity analysis to evaluate whether results including patients with status epilepticus (SE) as a non-primary diagnosis code besides the primary code differs from results selecting exclusively patients with a primary diagnosis code for SE. SE is often a manifestation of severe medical illness with high associated mortality, in which case SE may be pushed to a non-primary diagnosis position.

**Study population.** We included 52,741 patients admitted due to SE in 2016 (estimated population based on our sample database). Demographic and clinical characteristics of our study population are detailed in Table 1. The most represented SE codes in our study population were the codes within G40.9 (61.3%), G40.4 (11.8%), G40.2 (8.9%), G40.1 (5.0%), G40.80 (5.5%), G40.3 (2.6%), G40.5 (2.2%), G40.0 (0.8%), and G40.813 (1.0%) detailed in Table 2. For the secondary outcome, we included 24,072 of these patients.

**Primary outcome.** From our study population, 91.4% of the patients had a single admission for SE in 2016 (11.9% died during the admission) and 8.6% were readmitted for SE within 2016: 6.8% had 2 admissions (3.9% died during the last admission), 1.3% had 3 admissions (5.4% died during the last admission), and 0.5% had  $\geq$  4 admissions (unable to report  $\leq$  10 deaths) (bar plot, Figure 1). The incidence rate was 20.5 readmissions for SE per 1000 patient-months, which equals an average waiting time until readmission of 48.6 months under steady-state conditions (1/0.02057= 48.6 months).

**Secondary outcome.** The cumulative probability of having had a readmission for SE at 1, 3 and 6 months from the index admission was approximately 3.6%, 7.7% and 11.5%, respectively (Kaplan-Meier curve, Figure 2). Patients with refractory epilepsy were more likely

to have a readmission for SE than patients without refractory epilepsy (HR 1.49, 95% CI 1.25-1.77, adjusted p < 0.0001) during the 6-month follow-up analyzed (Kaplan-Meier curves, Figure 3). Pediatric patients were more likely to have a readmission for SE than adult patients (HR 1.54, 95% CI 1.31-1.80, adjusted p < 0.0001) during the 6-month follow-up period (Kaplan-Meier curves, Figure 4). The histogram (Figure 5) shows the percentage of readmission by age at 6 months from the index admission.

## **TABLE**

**Table 1.** Patients' demographic, clinical and hospital characteristics of our study population (information per patient, and first admission if more than one).

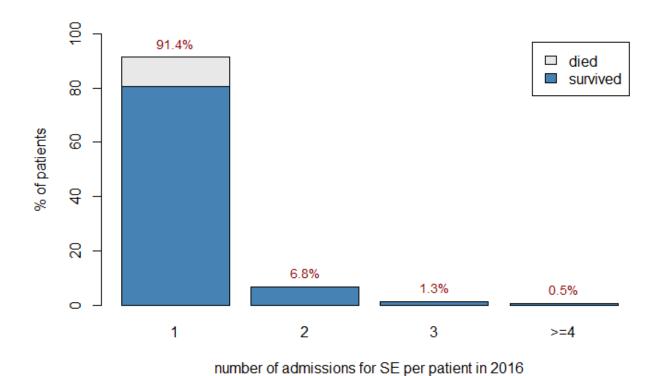
PATIENTS' DEN	IOGRAPHIC AND CLINICAL CHARACTERISTICS (	(n =52,741)
Age	median (p25-p75) [min-max] (years)	52 (25-67) [0-90]*
	Pediatrics	19.8%
	Adults	80.2%
Sex	Male	52.4%
	Female	47.6%
Primary payer	Medicare	41.0%
	Medicaid	31.8%
	Private insurance	19.7%
	Self-pay	3.9%
	No charge	0.5%
	Other	3.1%
Median household income	< \$43,000 (1 <sup>st</sup> quartile)	35.0%
(based on ZIP codes)	<b>\$43,000- 53,999</b> (2 <sup>nd</sup> quartile)	25.6%
	<b>\$54,000-70,999</b> (3 <sup>rd</sup> quartile)	23.3%
	≥ \$71,000 (4 <sup>th</sup> quartile)	16.1%
Refractory epilepsy	Yes	14.6%
(based on epilepsy code)	No	85.4%
Type of SE	Mild SE (no intubation)	54.8%
(based on mechanical	Moderate SE (intubation ≤ 96h)	30.0%
ventilation codes)	Severe SE (intubation > 96h)	15.2%
Length of stay	median (p25-p75) [min-max] (days)	5 (2-10) [0-344]
	No class specified	0.4%

Severity (APRDRG)         Minor (includes cases with no comorbidities)         8.1%           Moderate         18.4%           Major         36.1%           Extreme         37.0%           Risk of mortality (APRDRG)         No class specified         0.4%           Minor         21.3%         0.2%           Moderate         16.2%         19.4%           Major         19.4%         19.4%           Extreme         42.7%           HOSPITAL CHARACTERISTICS           Hospital control type         Government nonfederal         13.6%           Private nonprofit         76.0%           Private for-profit         10.4%           Hospital bed size         Small         10.6%           Medium         23.9%           Large         65.5%           Teaching status and location         Metropolitan non-teaching         18.7%           Metropolitan teaching         77.5%           Non-metropolitan         3.8%			
Major   36.1%	Severity (APRDRG)	Minor (includes cases with no comorbidities)	8.1%
Extreme   37.0%	(loss of function)	Moderate	18.4%
Risk of mortality (APRDRG)  (likelihood of dying)  Minor  Moderate  16.2%  Major  Extreme  42.7%  HOSPITAL CHARACTERISTICS  Hospital control type  Government nonfederal  Private nonprofit  76.0%  Private for-profit  10.4%  Hospital bed size  Small  Medium  23.9%  Large  65.5%  Teaching status and location  Metropolitan non-teaching  Metropolitan teaching  77.5%		Major	36.1%
(likelihood of dying)         Minor         21.3%           Moderate         16.2%           Major         19.4%           Extreme         42.7%           HOSPITAL CHARACTERISTICS           Hospital control type         Government nonfederal         13.6%           Private nonprofit         76.0%           Private for-profit         10.4%           Hospital bed size         Small         10.6%           Medium         23.9%           Large         65.5%           Teaching status and location         Metropolitan non-teaching         18.7%           Metropolitan teaching         77.5%		Extreme	37.0%
Moderate	Risk of mortality (APRDRG)	No class specified	0.4%
Major	(likelihood of dying)	Minor	21.3%
Extreme		Moderate	16.2%
Hospital control type Government nonfederal Private nonprofit 76.0% Private for-profit 10.4%  Hospital bed size Small Medium 23.9% Large Faching status and location Metropolitan non-teaching Metropolitan teaching 77.5%		Major	19.4%
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Nedium   10.6%   Medium   23.9%		Private nonprofit	76.0%
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Large 65.5%  Teaching status and location Metropolitan non-teaching 18.7%  Metropolitan teaching 77.5%	Hospital bed size	Small	10.6%
Teaching status and location Metropolitan non-teaching 18.7%  Metropolitan teaching 77.5%		Medium	23.9%
Metropolitan teaching 77.5%		Large	65.5%
	Teaching status and location	Metropolitan non-teaching	18.7%
Non-metropolitan 3.8%		Metropolitan teaching	77.5%
		Non-metropolitan	3.8%

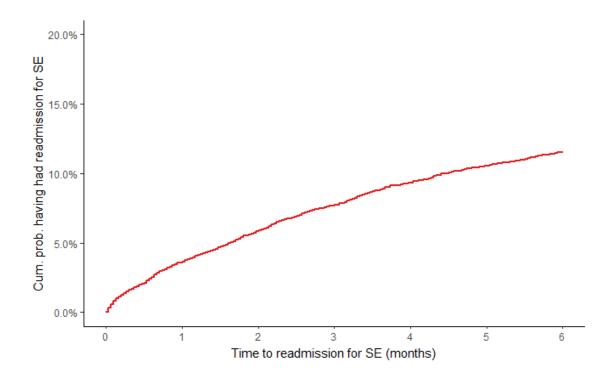
**Legend. SE:** status epilepticus. **RSE:** refractory status epilepticus. **SRSE:** super-refractory status epilepticus. **(p25-p75) [min-max]:** percentile 25<sup>th</sup>, percentile 75<sup>th</sup>, minimum, maximum. **APRDRG:** All Patients Refined Diagnosis Related Groups. \*: In the NRD database, any age greater than 90 was set to 90.

## **FIGURES**

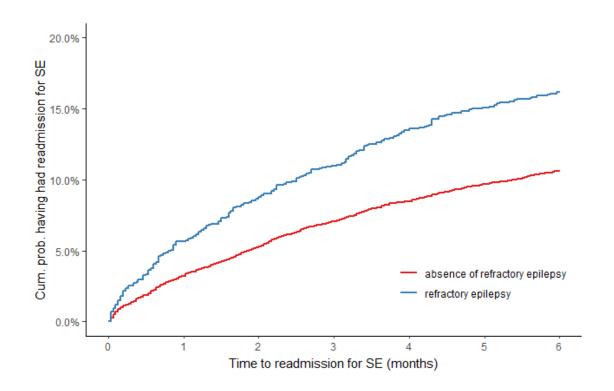
**Figure 1.** Bar plot representing the percentage of patients who had a single admission for SE and the percentage of patients who were readmitted (2, 3, 4 or more admissions) in 2016 (cross-sectional analysis of the year). Patients who survived the last hospitalization are represented in blue, and patients who died, in grey at the top of the bar.



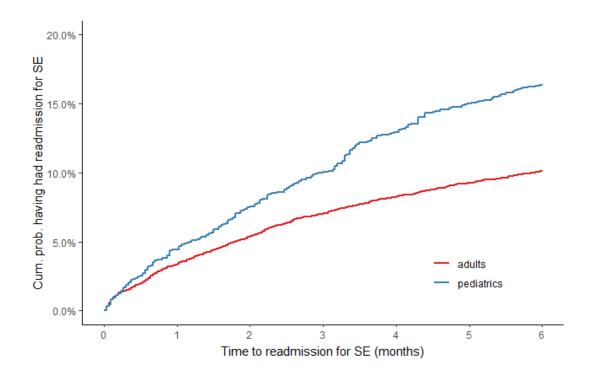
**Figure 2. Time to readmission of the entire cohort.** Kaplan-Meier curve of the entire cohort showing the cumulative probability of undergoing a readmission for status epilepticus. Time is censored at 6 months of follow-up.



**Figure 3.** Comparison of time to readmission between subgroups (refractory epilepsy or **not).** Two Kaplan-Meier curves showing the cumulative probability of undergoing a readmission for status epilepticus in patients with refractory epilepsy (green line) and in absence of refractory epilepsy (red line) (unadjusted comparison). Time is censored at 6 months of follow-up.



**Figure 4. Comparison of time to readmission between subgroups (age).** Two Kaplan-Meier curves showing the cumulative probability of undergoing a readmission for status epilepticus in pediatric patients (green line) and in adult patients (red line) (unadjusted comparison). Time is censored at 6 months of follow-up.



**Figure 5.** Histogram representing the percentage of readmission by age at 6 months of follow-up from the index admission.

