**APPENDIX**

**Definition of EMERGNCY Variable in NSQIP Data User Guide:**

Emergency Case: An emergency case is usually performed within a short interval of time between patient diagnosis or the onset of related preoperative symptomatology. It is implied that the patient’s well-being and outcome is potentially threatened by unnecessary delay and the patient’s status could deteriorate unpredictably or rapidly. The NSQIP Principal Operative Procedure must be performed during the hospital admission for the diagnosis. Patients who are discharged after diagnosis and return for an elective, semi-elective, or urgent procedure related to the diagnosis would not be considered to have had an emergent case. The intent is to identify a patient population with heightened surgical risk due to an ongoing acute process that is currently having a negative impact on the patients’ health and for which continued, potentially rapid deterioration could occur. The increased risk might be partly due to the fact that the procedure is being performed with limited preoperative preparation time and the surgical team does not necessarily have the ability to optimize the patient’s status. The emergency case variable distinguishes between urgent/semi-elective/elective cases and true emergent surgeries. Urgent/semi- elective cases are not considered emergencies. Assign 'YES' if the surgeon and/or anesthesiologist report the case as emergent.

From: User Guide for the 2014 ACS NSQIP Participant User Data File (PUF). October 2015. Available at: <https://www.facs.org/quality-programs/acs-nsqip/program-specifics/participant-use>.