Supplemental Table 7. Pooled Effect Size and Quality of Evidence for Hospital Mortality and Length of Stay

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| Comparison | Outcome | Conclusion | Study Design and Study Sample Size | Factors  Affecting the Quality  of Evidence | Overall  Quality of  Evidence |
| HIT versus usual care for studies reported the outcome for the whole study population | Hospital mortality | OR 0.82 [95% CI 0.75, 0.91]  I2 = 60.76% | 4 RCTs, 10 pre-post studies (773,643 patients) | Methodological limitations, inconsistency | Low |
| Hospital length of stay | OR 0.76 [95% CI 0.62, 0.93]  I2 = 88.14% | 2 RCTs, 4 pre-post studies (125,198 patients) | Methodological limitations, inconsistency | Low |
| HIT versus usual care for studies reported the outcome only for those patients who met the criteria for deterioration | Hospital mortality | MD -0.18 [95% CI -0.36, 0.01]  I2 = 87.18% | 6 RCTs, 11 pre-post studies (846,385 patients) | Methodological limitations, inconsistency, imprecision | Low |
| Hospital length of stay | MD 0.42 [95% CI -0.75, -0.09]  I2 = 53.47% | 3 RCTs, 4 pre-post studies (160,381 patients) | Methodological limitations, inconsistency | Low |
| I² statistic describes the percentage of variation across studies that is due to heterogeneity rather than chance.  *Abbreviations:* HIT = health information technology; OR = odds ratio; CI = confidence interval; RCT = randomized controlled trial; MD = mean difference. | | | | | |