

Appendix 1. Patient safety event definitions.

Type of event	Definition
Adverse Events	The negative unintended consequences of clinical care that lead to injury, impairment or other harm.
Adverse drug event (ADE)	The negative, unintended consequences of a medication that results in functional impairment or other significant harm. In order to distinguish ADEs from the side effects often associated with psychotropic or other medications, ADEs had to meet one of the following criteria: 1) be on a specified list of medication reactions that have been determined by prior research to always be categorized as an ADE; 2) resulted in the medication being stopped, held, discontinued or replaced by another medication due to the adverse reaction; or 3) the reaction or symptom(s) impaired the patient's functioning. Since it can be difficult to distinguish between adverse reactions to medication and side effects of medication, we relied upon methodology previously established for appropriately identifying ADEs.
Patient self-harm or injury	Harm or injury experienced by the patient due to his or her own actions, regardless of intent. The most extreme case of patient self-harm is suicide. Patient injury can also occur even if the patient did not intend to harm him or herself (e.g., patient punches wall out of anger and sustained a laceration). Exclusions: suicidal ideation or threats unaccompanied by actions to harm self; and superficial or minor injuries indicated by the absence of bruising, swelling, bleeding or treatment.
Patient assault	Forcible physical contact with staff, other patients or visitors on the unit. This category includes patients who are the victim or the perpetrator of an assault. Exclusions: altercations that were only verbal in nature or characterized as only light or minimal physical contact; and assault to staff without documented injury experienced by the staff member.
Patient sexual contact	Incidents of a sexual nature between a patient and another patient, a visitor or a staff member. Sexual contact is defined as physical contact and includes, but is not limited to: intentional touching either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or buttocks. Exclusions: non-physical contact (e.g., blowing a kiss or sexual talk); physical contact without implication of sexuality (e.g., pat on the back); kissing or hugging in greeting or farewell between a patient and a visitor; and events where a staff member was a passive and unwanted recipient of sexual contact from a patient.
Patient fall	Falls regardless of the extent of the fall (to floor, onto bed), or whether the patient experienced harm/required treatment. Exclusions: events documented as intentional or faked; and falls secondary to a primary medical event, such as during cardiac arrest or seizure.
Other non-drug adverse	Events that resulted in stopping treatment and/or functional impairment (i.e., impairing a basic function such as thinking,

events	standing, walking, seeing, hearing, breathing, etc.)
Medical Errors	The omission or commission of clinical care which has potentially negative consequences for a patient that would have been judged wrong by skilled and knowledgeable peers at the time they occurred, regardless of whether there were any negative consequences.
Medication error	When a medication is administered to the patient in a manner other than what was ordered, including dosing and administration issues, such as when a patient receives the wrong dose, wrong drug or through the wrong route of administration. Missed doses or delays of three or more hours were included because they may be related to medication ordering processes or interface between pharmacy and the unit. Exclusions: patient refusal of medication; medications intentionally delayed, held or not given at the discretion of staff based on their clinical judgment (e.g., sleeping medication skipped because patient was already asleep, patient was off unit); medications characterized in the reconciliation log as not on formulary; and topical and over-the-counter medications.
Elopement	Patients leaving the unit, hospital or grounds without permission including failures to return from a pass, home visit or other approved departure from the unit, but does not include attempted but unsuccessful elopements.
Contraband	Potentially dangerous items on the inpatient unit, including sharp objects (razors, knives, box cutters, scissors, or pins); matches and lighters; plastic bags and balloons; alcohol, illegal drugs and prescription medications; and rope-like items (belts, shoelaces, pantyhose, neckties, headphone wires, electrical cords, etc.).
Non-medication errors	Incorrect, omitted, or delayed tests or procedures. Other errors may be related to the practices and procedures of the unit that are in place to protect and keep patients safe, such as ensuring adequate assessments and level of observation or monitoring, appropriate treatment, minimizing communication errors, and eliminating environmental dangers (e.g., a locked door on a locked unit that is left unsecured or wet floors without proper signage).