

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Landrigan CP, Parry GJ, Bones CB, Hackbarth AD, Goldmann DA, Sharek PJ. Temporal trends in rates of patient harm resulting from medical care. *N Engl J Med* 2010;363:2124-34.

Appendix: Examples of Preventable Harms, by NCC MERP Severity Category

Harm Level	Example
E (Temporary harm to the patient and required intervention)	Woman experienced failure to progress during normal delivery. Vacuum extractor caused several lacerations requiring suturing.
	Patient developed urinary tract infection due to prolonged catheter use, treated with antibiotics and subsequently discharged home.
F (Temporary Harm to the patient and required initial or prolonged hospitalization)	Patient experienced wound dehiscence and wound infection post-operatively, requiring return to operating room and prolonged hospital stay.
	Patient developed aspiration pneumonia secondary to sedation from excessive narcotic usage, leading to prolonged hospitalization.
G (Permanent patient harm)	During hospitalization, patient suffered a fall that resulted in hip dislocation and permanent sciatic nerve injury.
	Patient developed a post-operative stroke and permanent neurologic deficits, attributed to delay in recognition of hypovolemia and hypotension.
H (Intervention required to sustain life)	Patient developed massive pleural effusion following technical error in placement of venous shunt, requiring emergent chest tube and return to operating room.
	Severe intra-operative bleeding required transfusion of multiple units of packed red blood cells and initiation of pressors to sustain patient's life.
I (Patient death)	Following a surgical procedure, patient had persistent bleeding and developed acute renal failure. He developed multi-system organ failure and died.
	Patient developed aspiration pneumonia while in the hospital, progressing to sepsis and death.