Supplemental Table 1. Overview of the used definitions (adapted from Vlayen et al) (32)

Adverse event	(1) An unintended injury or complication, which results in (2) disability at discharge, death or prolongation of hospital stay, and (3) is caused by healthcare management (including omissions) rather than the patient's disease (1).
Unintended injury	Refers to any disadvantage for the patient that leads to prolonged or strengthened treatment, temporary or permanent (physical or mental) impairment or death (33).
Disability	Refers to temporary or permanent impairment of physical or mental function attributable to the adverse event (including prolonged or strengthened treatment, prolonged hospital stay, readmission, subsequent hospitalization, extra outpatient department consultations or death) (1). The disability can be divided into categories - Temporary disability included AEs from which complete recovery occurred within 12 months; - Long term/permanent disability included AEs which caused permanent impairment or which resulted in permanent institutional or nursing care; - Death (1).
Causation	Refers to injury caused by health care management including acts of omission (inactions) i.e. failure to diagnose or treat, and acts of commission (affirmative actions) i.e. incorrect diagnosis or treatment, or poor performance (33). To determine whether the injury is caused by health care management or the disease process a 6-point scale will be

	used (1,2,34) 1. (Virtually) no evidence for management causation 2. Slight to modest evidence of management causation 3. Management causation not likely (less than 50/50, but 'close call') 4. Management causation more likely (more than 50/50, but 'close call') 5. Moderate to strong evidence of management causation 6. (Virtually) certain evidence of management causation
Health Care Management	Includes the actions of individual hospital staff as well as the broader systems and care processes and includes both acts of omission (failure to diagnose or treat) and acts of commission (incorrect diagnosis or treatment, or poor performance) (2).
Preventable Adverse Event	An injury that is caused by medical intervention or management (rather than the disease process) and either prolonged hospital stay or caused disability at discharge, where there was enough information currently available to have avoided the event using currently accepted practices (35). The degree of preventability of the adverse events is measured on a 6-point scale, grouped into three categories (1,2,34)
	- *No Preventability* 1. (Virtually) no evidence for management causation
	- *Low Preventability* 2. Slight to modest evidence of management causation

	3. Management causation not likely (less than 50/50, but 'close call')
	- *High preventability* 4. Management causation more likely (more than 50/50, but 'close call') 5. Moderate to strong evidence of management causation 6. (Virtually) certain evidence of management causation
An unplanned higher level of care	A higher level of care may include: 1. An unplanned transfer to an Intensive Care Unit, 2. An intervention of a Medical Emergency Team.
Intensive Care Units (ICUs)	Hospital units providing continuous surveillance and care to actually ill patients (Mesh definition). E.g. medical and surgical ICUs, for example Medium Care, Coronary Care Units, Pediatric ICUs and Respiratory Care Units.
Planned ICU admissions	Admissions of patients expected to arrive on the ICU. E.g. routinely scheduled post-surgery admissions or transfers directly to the ICU from outside hospitals.
Unplanned ICU admissions	All patients unexpectedly admitted to the intensive care unit from a lower level of care in the hospital during the study period. (adapted from Baker, 2009) (22).
Medical Emergency team (MET)	The MET team consists of a physician and two specially trained nurses from the emergency department and is available 24/7. In case of deterioration during hospitalization, the MET team provides a rapid response, assesses and stabilizes the patient, e.g. resuscitation, administers medication, etc. The aim is to prevent further deterioration and to decide if enhanced levels of care are

	appropriate.
Patient harm	Unintended physical injury resulting from or contributed to by medical care that requires additional monitoring, treatment or hospitalization, or that results in death (IHI) (46).