

APPENDIX 1

Section 1: Harm categories

Term	Description
Harmful incident	Based on peer expert opinion, the harm resulting from the care or services provided to the patient due to failures in the processes of care or in the performance of procedures, including provider error.
Inherent risk	Based on peer expert opinion, a harmful incident that is a known risk associated with a particular investigation, medication, or treatment. It is the risk from undergoing a procedure in ideal conditions, performed by qualified staff using current research, equipment, and techniques.
Asymptomatic	Patient safety event or patient safety incident** that reached the patient but the patient reports no symptoms and no treatment is required.
Mild harm	Patient harm is symptomatic, symptoms are mild, loss of function or harm is minimal (permanent or temporary), and minimal or no intervention is required (e.g., extra observation, investigation, review, or minor treatment).
Moderate harm	Patient harm is symptomatic, requiring intervention (e.g., additional moderate or minor operative procedure, additional therapeutic treatment), or an increased length of stay, or causing permanent or temporary harm, or loss of function.
Severe harm	Patient harm is symptomatic, requiring life-saving intervention or major medical/surgical intervention, or resulting in a shortening life expectancy, or causing major permanent or temporary harm or loss of function.
Death	Health care-related death

* Adapted from the American Society for Healthcare Risk Management's *Healthcare Associated Harm Level Classification Tool*. (20)

** Patient safety incident: An event or circumstance which could have resulted, or did result, in unnecessary harm to the patient.

Section 2

Specialty classification:

Surgical specialties:

Anesthesiology
Obstetrics & gynaecology
General surgery
Thoracic surgery
Cardiac surgery
Plastic surgery
Neurosurgery
Orthopaedic surgery
Otolaryngology
Urology
Vascular surgery
Ophthalmology

Medical specialties:

Emergency medicine
Internal medicine
Paediatrics
Gastroenterology
Nephrology
Rheumatology
Psychiatry
Cardiology
Neonatology
Radiation oncology
Neurology
Diagnostic radiology
Dermatology
Respirology
Hematology
Endocrinology
Critical care

Family medicine:

Family medicine
Public health

Section 3: Classification definitions

The following pre-determined themes were agreed upon by the research team and used to **supplement** the HCAT tool themes of clinical problems (quality, safety); management problems (environment, institutional processes); and, relationship problems (listening, communication, respect & patient rights):

- **Professionalism:**
 - **Physician conduct:** Inappropriate language, behavior and manner, including confidentiality breaches.
 - **Deceit/dishonesty:** Misrepresenting or concealing the truth, or telling someone something known to be false. Lesser moral wrongdoing than fraud.
 - **Documentation:** Issues with inadequate and/or non-contemporaneous, or illegible notations in the medical record involving patient assessments; diagnostic plans; pending investigations; consent discussions; management plans.
- **Criminal, Ethical or Boundary Issues:**
 - **Fraud:** Dishonesty intended to result in personal gain (e.g. submitting billings inappropriately, or falsifying documents).
 - **Boundary crossing or violation:** Not respecting the accepted social, physical or psychological space between people and thereby breaching the appropriate therapeutic distance between physician and patient (e.g. an issue with an exam that requires additional sensitivity such as a rectal or vaginal exam, or inappropriate communication or touching). Violations are more serious and usually are harmful and exploitative acts, which can include sexual misconduct.
 - **Other charge or investigation:** Any charge under the *Criminal Code*, RCS 1985, c. C-46 or other legislation (e.g. prescription diversion of opioids or benzodiazepines, driving under the influence).
- **Inappropriate prescribing:** Outside the bounds of what would be considered to be reasonable by most physicians or in violation of accepted guidelines or practice.
- **Groundless:** Patient/complainant feels complaint is warranted, but this issue was not validated in the College's decision (e.g. patient complaints about clinical care but College finds care to be adequate; patient suffered harm but College finds outcome is related to known complication of procedure or pre-existing illness). Also includes frivolous and vexatious claims.

- **Academic:**
 - **Failure to ask for help:** Resident should have asked for help from more senior physician.
 - **Inadequate supervision/guidance:** Resident should have been supervised or had more guidance from more senior physician.

Other terms defined from Tables 2 and 3:

- **Sexual impropriety:** Inappropriate comments with sexual overtones, touching, or intercourse.
- **Health, Conduct & Boundary issues:**
 - **Health** refers to physician health (e.g. a physical or mental health problem that was identified during the College investigation, hence coded based on peer expert opinion).
 - **Conduct** includes inappropriate communication or behavior that is non-sexual (e.g. not listening or dismissing the patient's concerns, making comments that can appear to be belittling or judgmental).
 - **Boundary** includes inappropriate physician-patient relationship (e.g. developing friendship).

Outcome definitions

- (1) Dismissed outright. The College took no further action in response to the complaint.
- (2) Educational or remedial disposition. The complaint is not dismissed outright, but it is not serious enough to warrant a sanction. Rather, the College sees an opportunity for the member to improve care by educating the physician (e.g. the member could be a little more careful with documentation). These outcomes include advice, counsel, remedial agreement, or Specified Continuing Education or Remediation Programs.
- (3) Sanction. The College is significantly concerned with the conduct that they require the member to be cautioned, restrict their practice (i.e. through an undertaking) or be referred to another committee such as discipline or fitness to practice where they may be subject to a range of sanctions from suspension to revocation to restrictions on their ability to practice (e.g. chaperone or supervision subject to reassessment).