

Supplementary file 1: Classification of the 16 detected Adverse Events according to category and level of harm

Trigger Tools	AE Detected	Florida Hospital AE/Harm Category*	Level of Harm**
TT ^{UL}	6 ULVT necessitating treatment without prolonged hospitalization	Events Related to Patient Care: VTE	Category E- An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention
TT ^{LL}	1 LLVT necessitating treatment without prolonged hospitalization	Events Related to Patient Care: VTE	Category E- An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention
	3 LLVT necessitating treatment without prolonged hospitalization	Events Related to Patient Care: VTE	Category F- An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization
TT ^{CR}	1 pneumothorax due to tube malpositioning	Events Related to Surgery or Other Procedure: Respiratory complications related to surgery or procedure.	Category F- An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization
	1 respiratory acidosis post cholecystectomy		
	1 pre-mature extubation causing re-intubation and escalation in level of care	Events Related to Surgery or Other Procedure: Premature extubation causing respiratory failure	
	1 pneumonia post Whipple surgery	Hospital Acquired Infections: Postoperative respiratory infection	
	1 pneumonia post cardiac surgery		
1 hospital acquired pneumonia	Hospital Acquired Infections: Respiratory infection (non-ventilator associated)		

* Florida Hospital AE/Harm Classification(1) ;

**Levels of Harm according to the NCC MERP index (National Coordinating Council for Medication Error Reporting and Prevention)(9) ; AE: Adverse Event ; LL: Lower Limb; UL: Upper Limb; VTE: Venous Thrombo-embolism

TT^{CR}: Repeated requests of Chest radiographs at least 3 times within 24 hrs; TT^{LL}: request of a Doppler ultrasound of the lower extremities;

TT^{UL}: Request of a Doppler ultrasound of the upper extremities

Supplementary file 2: Summary of previous studies addressing the incidence of venous thromboembolism in hospitalized patients

Authors	Khanna et al. ¹⁰	Jenkins et al. ⁷	Assareh et al ⁸	Khan et al ⁹
Year of publication	2014	2016	2016	2017
Country	USA	USA	Australia	Ireland
Type of Study	Retrospective	Retrospective after intervention	Retrospective	Prospective
Inclusion Criteria	Age > 18 yrs Non-surgical Hospitalisation > 48h	Age >18 yrs Non-psychiatric, Non obstetric Hospitalisation > 48h	Age > 18 yrs Non psychiatric Hospitalisation > 48h	Age > 18 yrs
Number of Admissions	2,525,068	73,941	3,331,677	12,024
Thrombo-embolism events(deep venous thrombosis and pulmonary	n = 6,297	n=667	n = 38,161	n = 48

embolism)				
Age (yrs)	62.5 ± 20.00	55.7	80.72 % aged ≥ 55 years	60% aged ≥ 60 years
Sex Ratio	F : 49.3%	NA	F : 51.9%	F : 66%
Length of stay (days)	18.7 ± 19.5	7.4	12 (quartiles: 7–22)	81% ranged between 2 and 28 days
Medical vs. Surgical	NA	178/489	6.72 % vs 93.28 %	66% vs 31%(surgical or obstetrics)
Incidence of venous thromboembolism	0.25 %	0.90%	1.1%	0.4%