

### Coding Scheme

<p><b>Uncertainty</b></p> <ul style="list-style-type: none"> <li>└ Diagnostic             <ul style="list-style-type: none"> <li>└ Type</li> </ul> </li> <li>└ Causality</li> <li>└ Resolution</li> </ul>	<p>Provider is/appears uncertain of diagnosis or action (e.g., is this an ADE? What type? Is it resolved?)</p> <p>Anything related to "Is this an ADE?"</p> <p>Provider is/appears uncertain regarding determination of the type of ADE. (e.g., multiple types, ambiguity)</p> <p>Provider is/appears uncertain about the causality of the ADE</p> <p>Provider is/appears uncertain because event is unresolved in the ED.</p>
<p><b>Shift to Certainty</b></p>	<p>Provider has resolved their uncertainty and has assumed a definite position on the ADE.</p>
<p><b>Provider Updates/Advises Another Provider</b></p>	<p>Provider advises another provider of their action or thoughts regarding a patient (e.g., talks to ED physician, faxes a GP, phone community pharmacist)</p>
<p><b>Professional Boundaries</b></p>	<p>Provider indicates/describes his/her or other's role in the ED/hospital/process of patient care (e.g. professional identity). Also include personal reflections.</p>
<p><b>Information Source</b></p> <ul style="list-style-type: none"> <li>└ <i>Internal</i> <ul style="list-style-type: none"> <li>└ Patient / patient family consult</li> <li>└ PharmaNet</li> <li>└ PCIS</li> <li>└ Paper chart</li> <li>└ Medrec form</li> <li>└ Lab data</li> <li>└ Patient transcripts</li> <li>└ Provider-provider                     <ul style="list-style-type: none"> <li>└ ED Physician</li> <li>└ ED Pharmacist</li> <li>└ Nurses</li> <li>└ Specialist</li> <li>└ Other</li> </ul> </li> <li>└ Other</li> </ul> </li> <li>└ <i>External</i></li> </ul>	<p><i>Sources internal to the hospital</i></p> <p>Provider conducts a consultation with the patient/family to gain information on the patient. Include artifacts that the patient or family has brought with them.</p> <p>Provider accesses/refers to PharmaNet (electronically or on paper)</p> <p>Provider accesses/refers to PCIS on computer</p> <p>Provider refers to the patient's paper chart</p> <p>Provider refers to the patient's medrec sheet</p> <p>Provider accesses/refers to the patient's lab data (electronically or on paper)</p> <p>The provider accesses or refers to the patient's current or past patient transcripts (e.g. discharge summaries, in-hospital summaries, etc.)(electronically or on paper)</p> <p>Provider gains information from another care provider within the hospital (<i>code to provider type</i>)</p> <p>Provider accesses any other information source within the hospital</p> <p><i>Sources external to the hospital</i></p>

<ul style="list-style-type: none"> <li>└ Source</li> <li>└ CareConnect</li> <li>└ MAR</li>   <li>└ Provider-Provider <ul style="list-style-type: none"> <li>└ GP</li> <li>└ Community pharmacist</li> <li>└ Other</li> </ul> </li> </ul> <p><i>Mode</i></p> <ul style="list-style-type: none"> <li>└ Computer-based</li> <li>└ Paper-based</li> <li>└ Phone (internet)</li> <li>└ Phone (call)</li> <li>└ Face-to-face</li> </ul>	<p>Provider refers to non-human information source (e.g., websites)</p> <p>Provider accesses patient’s CareConnect profile.</p> <p>Provider refers to a patient’s MAR</p> <p>Provider gains information from another care provider who is external to the hospital (<i>code to provider type</i>)</p> <p><i>Mode of access for information source</i></p> <p>Source is accessed on a computer</p> <p>Source is paper-based</p> <p>Source is accessed using the internet capabilities of a phone</p> <p>Source is accessed through a phone call</p> <p>Information gathered through a face-to-face interaction.</p>
<p><b>Workflow Process</b></p> <ul style="list-style-type: none"> <li>└ Challenges</li> <li>└ Artifacts</li> <li>└ People</li> <li>└ Information</li> <li>└ Workspace</li> <li>└ Time pressure</li> <li>└ Financial/administrative pressures</li>   <li>└ ADE documentation practices</li> <li>└ Note-taking</li> <li>└ Information trajectory</li> </ul>	<p>Challenges relating to workflow/care processes relevant to ADEs.</p> <p>Challenges related to non-human artifacts (e.g., computers, software, pill bottles)</p> <p>Challenges related to people (e.g., provider fatigue, patient language, patient cooperation, patient memory, collaborative break, provider disagreement, reluctance to interrupt)</p> <p>Challenges related to information (e.g., unable to access info, had to find a workaround, data quality, incomplete records)</p> <p>Challenges related to the physical space where provider is working (e.g., unfiled patient documentation, access to computers)</p> <p>Challenges related to time (e.g., provider too busy)</p> <p>Financial or administrative pressures affect the provider or the provider talks about these pressures (e.g., pharmacist paid to dispense but not consult)</p> <p>Provider talks about or performs current ADE documentation practices (e.g., records an allergy in PCIS, faxes a GP, makes a note in PharmaNet)</p> <p>Provider engages in informal note-taking processes (e.g., on Clinical Notes sheet)</p> <p>Disposition of information trajectory (e.g., occasions when documentation does not result in effective communication)</p>
<p><b>General Issues</b></p> <ul style="list-style-type: none"> <li>└ Privacy issues</li> <li>└ PharmaNet limitations</li> <li>└ Legal Implications</li> </ul>	<p>Issues relating to provider or patient privacy</p> <p>Issues relating to limitations of PharmaNet (e.g., certain meds do not appear, not updated)</p> <p>Issues relating to legal implications for providers</p>

<p><b>Factors Affecting Decision to Report</b></p> <ul style="list-style-type: none"> <li>└ Problematic reporting</li> <li>└ Beliefs and attitudes</li> </ul>	<p>Provider is/appears/talks about uncertainty about reporting an event because of its implications (e.g., an inappropriate dosage today may be appropriate in future, provider doesn't want to "blacklist" a medication for the patient, non-adherence may be offensive to patient, event too complex to describe adequately in short report, etc.)</p> <p>Provider expresses/demonstrates beliefs/attitudes about reporting ADEs (e.g., only report serious events)</p>
<p><b>ADE Type</b></p> <ul style="list-style-type: none"> <li>└ ADR</li> <li>└ Allergy</li> <li>└ Dosage Issues</li> <li>└ Drug-drug interaction</li> <li>└ Duplicate therapies</li> <li>└ Illicit drugs</li> <li>└ Incorrect/wrong drug</li> <li>└ Patient non-adherence</li> <li>└ Provider error</li> <li>└ Side effect</li> <li>└ Treatment Failure</li> <li>└ Multiple type</li> </ul>	<p><i>Record the type of ADE when an ADE is described or occurs, or relevant information on a specific type of an ADE is given. Include historical ADEs that are being described to the observer.</i></p> <p>An event that may be the result of an ADR.</p> <p>An event that may be the result of an allergy</p> <p>An event that may be the result of a subtherapeutic or suprathapeutic dose.</p> <p>An event that may be the result of multiple drugs interacting.</p> <p>An event that may be the result of a patient being prescribed multiple drugs for the same indication.</p> <p>An event that involves illicit drugs.</p> <p>An event that may be the result of a patient being prescribed a drug of questionable efficacy for their indication, perhaps as therapeutic trial or based on a working diagnosis. Also for cases where an unusual, older, or a drug of lower efficacy than others is prescribed.</p> <p>An event that may be the result of a patient's non-adherence to a medication (include voluntary and involuntary non-adherence)</p> <p>An event may be the result of a provider's error in prescribing, dosage, administration, monitoring, etc.</p> <p>An event that may be a side effect of a medication.</p> <p>An event that may be the result of a treatment failure.</p> <p>An event that can be characterized as more than one of the above types (<i>code as each type and as "Multiple type"</i>)</p>
<p><b>ADE Definition Issues</b></p>	<p>Coder, provider, or observer note a definitional issue at play (e.g., provider unsure of whether to characterize medication error / side effect as ADE)</p>
<p><b>Personal Comment</b></p> <ul style="list-style-type: none"> <li>└ Suggestion</li> <li>└ Anecdote</li> <li>└ Questions</li> <li>└ Gold Quote</li> </ul>	<p><i>Any time a provider, patient, observer offers an opinion.</i></p> <p>Provider or observer suggest an improvement/adjustment (e.g., workflow changes, data fields)</p> <p>Provider or patient offers an anecdote.</p> <p>Provider or observer poses a question</p> <p>Remarkable, insightful, astute quotes! Meaningful comment from patient/provider.</p>

┌ Subject	Personal comment is offered by observed provider ( <i>code as opinion type and 'subject'</i> )
┌ Observer	Personal comment is offered by observer ( <i>code as opinion type and 'observer'</i> )
<b>History (Past Event)</b>	Provider discusses an ADE that has previously occurred ( <i>code as ADE type and 'history'</i> )