

**Table S1. Definitions of preventability for death panel review [3].**

Preventability	Definitions
<b>A. Preventable</b>	<ul style="list-style-type: none"> <li>• Injuries and sequelae considered survivable</li> <li>• Death could have been prevented if appropriate steps had been taken</li> <li>• Frank deviations from standard of care that, directly or indirectly, caused patient's death</li> <li>• Statistically, probability of survival greater than 50%, or ISS below 20</li> </ul>
<b>B. Potentially preventable</b>	<ul style="list-style-type: none"> <li>• Injuries and sequelae severe but survivable</li> <li>• Death potentially could have been prevented if appropriate steps had been taken</li> <li>• Evaluation and management generally appropriate</li> <li>• Some deviations from standard of care that may, directly or indirectly, have been implicated in patient's death</li> <li>• Statistically, probability of survival 25%–50% or ISS between 20 and 50</li> </ul>
<b>C. Non-preventable</b>	<ul style="list-style-type: none"> <li>• Injuries and sequelae non-survivable even with optimal management</li> <li>• Evaluation and management appropriate according to accepted standards</li> <li>• If patient had co-morbid factors, these were major contributors to death</li> <li>• Statistically, probability of survival less than 25% or ISS above 50</li> </ul>
<b>D. Non-preventable, but with care that could have been improved</b>	<ul style="list-style-type: none"> <li>• As with non-preventable above, but care is questionable or clear errors in care are detected, even though these did not lead to the death</li> </ul>

ISS, Injury Severity Score