**Supplemental Digital Content Table.** Rapid Safety Rounds Participants and Roles

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| **Participant** | **Role** |
| Patient | Whenever possible, patient (and/or significant others) provide input on their goals for care, concerns, opinions, and agreement on how to move forward |
| Bedside Primary RN | Describe patient behavior causing increased concern for safety, current nursing and medical treatment goals, and/if barriers to care |
| Charge RN | Able to assist in selecting patient at high risk for injury to self or others. Could also choose a patient whom cares do not align well |
| Occupational Therapist | Screen for delirium, memory deficits, potential indicators of neurocognitive conditions, such as dementia. Input on patient current functional cognitive status, related to prior social history, occupational functioning, and/or previous level of functional and cognitive abilities.  |
| Psychiatric RN Professional Practice Leader | Behavioral observation, mental status assessment, role model cognitive assessment skills, therapeutic communication, and use of management of the environment to mitigate safety risk |
| Trauma RN Professional Practice Leader and/or Trauma RN Manager | Specializes in the care of trauma patients, understands how to remove barriers to meet the patients care needs, offers Bedside Primary RN support to attend the rounds |
| Pharmacist | Review of past/current medication list, impact of medications that could have potential impact on cognitive function, communicates with primary team about any changes needed after rounds are complete |
| Licensed Independent Practitioner (MD, NP) | Their assessment of capacity, cognition, clarification of medical treatment goals, remove any barriers related medical care |

RN=Registered Nurse; MD=Medical Doctor; NP=Nurse Practitioner