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Patients in the intensive care unit generally have complex healthcare issues with underlying comorbidities and organ dysfunction. They are thus more vulnerable to medical errors. Often, the treatment of these patients requires the use of interventions that could potentially result in adverse events, errors and harm. While critical care guidelines provide the necessary recommendations to ensure these errors and events remain at a minimum, the complexity of care and severity of illnesses in the ICU make this a high-risk environment.

In our latest cover story, **Medical Error and Harm**, our contributors talk about medical errors, adverse events and patient safety in the intensive care unit. They provide an overview of the prevalence of medical errors in the ICU, the types and frequency, and causes and risk factors associated with these errors and strategies to prevent them from occurring. They also discuss common but preventable harms in the ICU and how the safety of critically ill patients can be improved.

Laura Hawryluck and Rima Styra discuss practical steps and strategies to help healthcare workers cope with the psychological effects of being involved in an error event. Khara Sauro and Henry Stelfox explore trends in adverse events in ICUs and how evidence about the nature, preventability and predictability of these events can be used to improve patient safety in ICUs.

Irene Gabiña, Sonia Martínez, and Federico Vidal highlight the importance of transmission of information in the ICU and how it can play a decisive role in the safe care of the critical patient. Jorge López-Fermín, Diego Escarramán-Martínez, Raymundo Flores Ramírez and co-authors discuss some of the most common errors in the ICU and provide an overview of situations in which, sometimes, doing less is better for the patients.

Robert Shulman provides an overview of the prevalence and impact of medication errors and the processes that could help reduce their incidence. Fredrik Olsen and Ashish Khanna talk about postoperative hypotension that is often unrecognised with intermittent spot check-based monitoring and provide a future outlook that may see a continuum of connected care via ongoing monitoring across the perioperative period.

Marian Altman and Debbie Brinker provide a nursing perspective on the quality of care in the ICU, the impact of the pandemic on patient safety and how nurse-driven initiatives and innovative solutions can help reduce harm to the patient. Aitor López-González, Irene Casas, and Elisabeth Esteban discuss the role of a mortality review committee as a tool to improve the quality of patient care based on reviews of deaths. Mariana Joya-Ramírez, Hassler Stefan Macías-Sánchez, Jorge Alberto Guevara-Díaz and co-authors highlight the importance of learning from errors and the need to restructure medical training programmes and systems to facilitate this goal.

As always, if you would like to get in touch, please email JLVincent@icu-management.org.

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