## Resources Surgical Triggers

IHI global trigger tool for measuring adverse events. Institute for Healthcare Improvement. http://www.ihi.org/knowledge/Pages/Tools/IHIGlobalTriggerToolforMeasuringAEs.aspx. Accessed January 30, 2014.

Brilli RJ, McClead RE Jr, Crandall WV, et al. A comprehensive patient safety program can significantly reduce preventable harm, associated costs, and hospital mortality. *J Pediatr*. 2013;163(6):1638-1645.

Caminiti C, Diodati F, Bacchieri D, et al. Evaluation of a pilot surgical adverse event detection system for Italian hospitals. *Int J Qual Health Care*. 2012;24(2):114-120.

Chen Q, Rosen AK, Cevasco M, Shin M, Itani KM, Borzecki AM. Detecting patient safety indicators: How valid is "foreign body left during procedure" in the Veterans Health Administration? *J Am Coll Surg*. 2011;212(6):977-983.

Griffin FA, Classen DC. Detection of adverse events in surgical patients using the trigger tool approach. *Qual Saf Health Care*. 2008;17(4):253-258.

Hougland P, Nebeker J, Pickard S, et al. Using ICD-9-CM codes in hospital claims data to detect adverse events in patient safety surveillance. In: Henriksen K, Battles JB, Keyes MA, Grady ML, eds. *Advances in Patient Safety: New Directions and Alternative Approaches;* Vol 1: Assessment. Rockville, MD: Agency for Healthcare Research and Quality; 2008. http://www.ncbi.nlm.nih.gov/books/NBK43647. Accessed January 30, 2014.

Kaafarani HM, Rosen AK, Nebeker JR, et al. Development of trigger tools for surveillance of adverse events in ambulatory surgery. *Qual Saf Health Care*. 2010;19(5):425-429.

Kennerly DA, Saldana M, Kudyakov R, da Graca B, Nicewander D, Compton J. Description and evaluation of adaptations to the global trigger tool to enhance value to adverse event reduction efforts. *J Patient Saf*. 2013;9(2):87-95.

Lander L, Roberson DW, Plummer KM, Forbes PW, Healy GB, Shah RK. A trigger tool fails to identify serious errors and adverse events in pediatric otolaryngology. *Otolaryngol Head Neck Surg*. 2010;143(4):480-486.

Lau H, Litman KC. Saving lives by studying deaths: using standardized mortality reviews to improve inpatient safety. *Jt Comm J Qual Patient Saf*. 2011;37(9):400-408.

Matlow AG, Cronin CM, Flintoft V, et al. Description of the development and validation of the Canadian paediatric trigger tool. *BMJ Qual Saf.* 2011;20(5):416-423.

Mull HJ, Borzecki AM, Hickson K, Itani KM, Rosen AK. Development and testing of tools to detect ambulatory surgical adverse events. *J Patient Saf.* 2013;9(2):96-102.

Naessens JM, O'Byrne TJ, Johnson MG, Vansuch MB, McGlone CM, Huddleston JM. Measuring hospital adverse events: assessing inter-rater reliability and trigger performance of the global trigger tool. *Int J Qual Health Care*. 2010;22(4):266-274.

Rosen AK, Itani KM, Cevasco M, et al. Validating the patient safety indicators in the Veterans Health Administration: do they accurately identify true safety events? *Med Care*. 2012;50(1):74-85.

Scanlon MC, Harris JM 2nd, Levy F, Sedman A. Evaluation of the agency for healthcare research and quality pediatric quality indicators. *Pediatrics*. 2008;121(6):e1723-e1731.

Voepel-Lewis T, Pechlavanidis E, Burke C, Talsma AN. Nursing surveillance moderates the relationship between staffing levels and pediatric postoperative serious adverse events: a nested case-control study. *Int J Nurs Stud*. 2013;50(7):905-913.

Yoon RS, Alaia MJ, Hutzler LH, Bosco JA 3rd. Using "near misses" analysis to prevent wrong-site surgery. *J Healthc Qual*. August 2013:23.