

21. Belman S, Murphy J, Steiner JF, *et al.* Consistency of triage decision by call center nurses. *Ambul Pediatr* 2002;2:396–400.
22. van der Wulp I, van Baar ME, Schrijvers AJP. Reliability and validity of the Manchester Triage System in a general emergency department patient population in The Netherlands: results of a simulation study. *Emerg Med J* 2008;25:431–4.
23. Dale J, Williams S, Foster T, *et al.* Safety of telephone consultation for 'non-serious' emergency ambulance service patients. *Qual Saf Health Care* 2004;13:363–73.
24. Marklund B, Strøm M, Månsson J, *et al.* Computer-supported telephone nurse triage: an evaluation of medical quality and costs. *J Nurs Manag* 2007;15:180–7.
25. O' Cathain A, Nicholl J, Sampson F, *et al.* Do different types of nurses give different triage decisions in NHS Direct? A mixed methods study. *J Health Serv Res Policy* 2004;9:226–33.
26. Gravel J, Gouin S, Manzano S, *et al.* Interrater agreement between nurses for the pediatric Canadian triage and acuity scale in a tertiary care center. *Acad Emerg Med* 2008;15:1262–7.
27. Olofsson P, Gellerstedt M, Carlström ED. Manchester Triage in Sweden—interrater reliability and accuracy. *Int Emerg Nurs* 2008;17:143–8.
28. Rutschmann OT, Kossovsky M, Geissbühler A, *et al.* Interactive triage simulator revealed important variability in both process and outcome of emergency triage. *J Clin Epidemiol* 2006;59:615–21.

## Corrections

**White RE**, Trbovich PL, Easty AC, *et al.* Checking it twice: an evaluation of checklists for detecting medication errors at the bedside using a chemotherapy model. *Qual Saf Health Care* 2010;19:562–7.

There are two errors in the results section of this article. The authors state that “the new checklist helped nurses to detect more errors of any type (55%; 71/130) than the old checklist (38%; 49/130)”. These fractions should **not** have been included because they are not a logical statistic to report. There were different numbers of planted errors in each category, making the sum of total errors unbalanced: error types which happened to have more planted errors get more weight in the fraction than those with fewer errors. The percentages reported are accurate because the authors took the average error detection percentage across each of the four types—giving them equal weight.

The authors also state that 51/60 errors in pump programming were detected with the old checklist, when it should read 54/60. The percentage value reported was correct (90%).

*BMJ Qual Saf* 2011;20:396. doi:10.1136/qshc.2009.032862corr1

**Snijders C**, van der Schaaf T W, Klip H, *et al.* Feasibility and reliability of PRISMA-Medical for specialty-based incident analysis. *Qual Saf Health Care* 2009;18:486–91.

The authors names were incorrectly cited in this paper. The author list should have been as follows; C Snijders, T W van der Schaaf, H Klip, R A van Lingen, W P F Fetter, A Molendijk.

*BMJ Qual Saf* 2011;20:396. doi:10.1136/qshc.2008.028068corr1