



**Canadian Trigger Tool Working Group**  
**Supported by the Canadian Patient Safety Institute**  
**Terms of Reference**  
**October 7, 2009**

**General Background:**

The literature suggests that traditional methods to identify adverse events (ie: incident reporting systems) only capture 10-20% of errors that actually occur. Of these reported errors, 90-95% do not result in harm to patients. This begs the question of how to identify and describe the occurrence of harm to patients that is not currently captured. The answer may lie in the use of trigger tools. The goal of this Working Group is to support the development, based on sound evidence and evaluation criteria, of specific Canadian trigger tools (eg: Surgical, Adverse Event, ICU, Home Care, Primary Care, Long Term Care, Mental Health, Emergency Room and Obstetrics). In consultation with the Working Group Chair, members will be asked to Chair a Sub Working Group to develop tools consistent with their individual area of expertise. Triggers common to all sub-groups/specialty areas will comprise a platform (Canadian “General” Trigger Tool) upon which area specific trigger tools will be developed.

**Mandate:**

The mandate of the Working Group includes the development of principles/assumptions for the use of trigger tool methodology to support patient care in Canada, leadership and guidance on the design and development of the various trigger tools and collaboration with the CPSI to coordinate project deliverables.

**Membership**

**Composition**

Members of the Working Group will be co-selected by the CEO of CPSI and the Canadian Trigger Tool Working Group Chair and consist of content experts familiar with trigger tool methodology and those with expertise in methods and measurement in patient safety.

Membership of the Working Group will not exceed fourteen. Dr. Roger Resar will act as Special Advisor to the Working Group and present at the October 14, 2009 face-to-face meeting of the Working Group.

The Sub Working Group Chairs will be assigned by the Working Group Chair. Sub Group membership will be based in part on knowledge and responsibility for patient safety, knowledge of trigger tool methodology and demonstrated engagement with CPSI on patient safety issues. These groups will not exceed 8 members. Selection of membership to the Sub Working Groups will include consideration of responses to a Letter of Interest to be posted on the CPSI website.



### Responsibilities

Working Group members are expected to attend meetings, be active participants in contributing ideas and feedback at meetings, Chair a designated Sub Working Group and provide leadership to the trigger tool development process.

Sub Working Group members are expected to regularly attend meetings and actively participate in the development and testing of trigger tools.

### Term for Members

The expected term for Working Group members will be 18-36 months or as deemed necessary to fulfill the development of the identified trigger tools.

### Remuneration for Members

Working Group/Sub Working Group members shall serve without financial remuneration and no member shall directly or indirectly receive any profit from his/her position as such. Each member will be reimbursed expenses incurred by the member in the performance of the member's duties according to CPSI policies.

### Selection of Working Group Chair

The Working Group Chair will be selected at the discretion of the CEO. The CEO may choose to appoint a co-chair for purposes of continuity and the ability to act in the absence of the chair.

### Meetings

The Working Group will determine the meeting schedule. Meetings will be held at a minimum of once monthly and as needed during the 36 month mandate. These meetings may include face-to-face, electronic, and telephone meetings. Decisions will be made based on a 50% plus 1 basis and can only be made if 2/3 of the membership is present.

### Accountability

The Working Group will report to the CEO/Director of Operations, CPSI.

### Deliverables

Deliverables are based on concurrent phases of development for adaptation of existing trigger tools and newly developed trigger tool. The development of a White Paper will represent a key deliverable for this initiative.

Timelines for development will be determined in consideration of an environmental scan, existing trigger tools and group expertise. A common tool or platform upon which all specialties specific tools will derive is scheduled for completion in April 2010.



### **CPSI Intellectual Property Rights/Publication Guidelines**

CPSI will be the owner of all rights in and to the Trigger Tools and all rights to the intellectual property forming a part of the same including copyright. CPSI will acknowledge key contributions from Working Group participants and additional expert contributors where appropriate. CPSI will make tools/resources resulting from this initiative freely and publicly available to improve quality and patient safety.

Publication Guidelines will enable the Trigger Tool Working Group to widely communicate learning through collaborative and supportive authorship and the sharing and spread of knowledge (eg: print and oral presentations, articles, editorials) from this initiative. The International Committee of Medical Journal Editors (2009)<sup>1</sup> published criteria for manuscripts/authorship for submissions to biomedical journals will provide guidance for authorship of anticipated publications for the Trigger Tool initiative.

Authorship will be based on:

1. substantial intellectual contributions to conception and design, acquisition of data, or analysis and interpretation of data;
2. drafting the article or revising it critically for important intellectual content; and
3. final approval of the version to be published;

All persons designated as authors should qualify for authorship (meet conditions 1, 2 and 3), and all those who qualify should be listed.

Additional considerations for authorship:

- acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship.
- each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.
- the group will jointly make decisions about authors/contributors before submitting the manuscript for publication.
- the order of authorship will be a joint decision of the co-authors.

All contributors who do not meet the criteria for authorship will be listed in an acknowledgments section.

Committee of Medical Journal Editors. (2009). Retrieved September 18, 2009 from [://www.icmje.org/](http://www.icmje.org/)



**Concurrent Phase One:**

Adapt existing trigger tools to the Canadian context  
Test adapted tools in pilot sites  
Revisions based on feedback from pilot testing  
Develop implementation guide  
Roll out  
Communication strategy to accompany roll out

**Concurrent Phase Two:**

Development of new trigger tools (ie: Emergency, Long Term Care, Obstetrics)  
Test newly developed trigger tools in pilot sites  
Revisions based on feedback from pilot testing  
Develop implementation guide  
Roll out  
Communication strategy to accompany roll out

**Support:**

The Working Groups will be principally supported by a Director of CPSI and a Project Manager.