tive effectiveness work that parallels implementation science as it is occurring in real time. The concept of surgical care as a cost-effective modality for the reduction of the global burden of disease is gaining increased momentum. The tool reported by Anderson et al must be further validated in a variety of diverse settings but stands as a powerful potential mechanism for answering the most compelling question of in-hospital mortality.

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Correction

Error in Tables. In the article titled “Comparative Analysis of Diaphragmatic Hernia Repair Outcomes Using the Nationwide Inpatient Sample Database,” published in the July issue of the Archives (2012;147[7]:607-612), there were errors in Tables 3 and 4. In Table 3 in the “Laparoscopic Abdominal” column, the values for deep venous thrombosis and sepsis under “Morbidity” and for not stated or missing under “Discharge status” should have been ≤10. In Table 4 in the “Open Thoracic” column, the value for not stated or missing under “Discharge status” should have been ≤10. This article was corrected online.