

Exploring organizational context and structure as predictors of medication errors and patient falls.

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Strategies to prevent [medication errors](#) and patient [falls](#) are a continuing focus of ongoing safety initiatives. This study examined the relationships between these two safety-related adverse events and organizational context, organizational structure, patient characteristics, and [safety climate](#). Detailed description of the theoretical research model employed for this analysis is provided. Investigators discovered that structural measures had limited impact on medication errors and falls, but an interaction between safety climate and unit staffing proved quite important. The authors conclude that achieving optimal safety outcomes may depend on a strong safety climate but only if combined with carefully designed and flexible [staffing](#) models.