**NR 544 Week 7 Collaboration Café: Patient Safety and Cost**

Lisa Anderson is a 74-year-old female with a history of osteoporosis. She is a widow and lives alone in a two-story home. Mrs. Anderson is retired and depends on her Social Security income. She takes pride in making all her own food from scratch. While she is walking at the hospital today, Mrs. Anderson falls and fractures her left hip. She is transported to the OR for immediate surgery.

Patient falls are a serious problem in hospitals, resulting in substantial morbidity, mortality, increased length of stay, and higher costs. It is estimated that high hospitalization rates in healthcare organizations result from patient falls. Fall rates in acute-care hospitals have been measured between 2.2 and 7 falls per 1,000 admissions. Injuries occur in approximately 30% of falls, and severe injuries occur in 4% to 6% of falls. Patient falls increase the cost of patient care. It was found that patients who fell and were injured as a result of a fall had $4,233 higher charges and a length of stay (LOS) of 12.3 days.

Provide an example of something in your current facility that is increasing the cost of care in your organization. How is it being controlled, or how could it be controlled? Make sure to provide some ideas of what could be done better to improve care and outcomes.

**Hello Dr. White and Class!**

Within the last few years at my facility, Children's Hospital Colorado (CHCO), medication errors have increased drastically. Kopp et al. (2016) describe medication errors as preventable events due to the misuse of medications, and they lead to 7,000 deaths each year, costing nearly $21 billion. This shows wasted spending in healthcare, which can be reduced significantly to help with rising health expenditures (Kopp et al., 2016). On top of increasing healthcare costs, the United States has one of the highest medical error rates for patients with two or more chronic conditions in the world (Kopp et al.,2016). A few years ago, the leadership team in the Emergency Department at CHCO developed a QI project similar to a project done at The University of Arizona to determine the cost of a preventable medication error. Analysis of the data showed that a preventable medication error results in a median increase in ED costs of $268, resulting in a potential cost avoidance of about $250,000 (Kopp et