

Malpractice Claims Naming Staff Nurses as the Primary Responsible Service

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Disclosure

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Learner Objectives

- Identify common contributing factors of malpractice claims naming nurses
- Discuss the level of harm associated with these factors
- Describe the financial expense that results

Background

- Increasing number of nurses with advanced degrees¹
- Leading to nurse role expansion¹
- Increasing autonomy and professional accountability
- More nurse exposure to civil malpractice claims

Purpose

- Several articles report on diagnosis-related malpractice claims²⁻⁶
- Limited data available on monitoring-related cases naming staff nurses as primary responsible service
- Purpose:
 - Identify most common contributing factors of malpractice claims naming staff nurses
 - The level of harm associated with these factors
 - Financial expense that results

Methods

- Controlled Risk Insurance Company (CRICO) Strategies' repository of malpractice claims
- Includes approximately 30% of all malpractice claims in the United States
- Monitoring-related cases between 2007 and 2016
- Retrospective analysis

Methods

- Registered Nurses trained as taxonomy specialists coded all cases
- Coding process included assigning contributing factors and the level of severity rating
- Systematic auditing by a governance committee consisting of physicians, attorneys, and risk management specialists
- Ordinal logistic regression
- 907 closed monitoring-related cases

Independent Variables - Contributing Factors

- Training/education
- Failure to follow policy
- Insufficient documentation
- Altered or inconsistent documentation
- Inadequate assessment
- Patient monitoring
- Failure to rescue and respond
- Self-management
- Communication among providers
- Failure to consult
- Inadequate staffing
- Clinical environment busyness
- Weekend/night/holiday supervision

Dependent Variables

- Level of patient harm
- Death or no death
- Indemnity greater than or equal to \$500,000

Severity rating derived from the National Association of Insurance Commissioners

Severity Level	Rating	Description
Low	0, Legal issue only	Lost medical records, property damage, depositions, etc
	1, Emotional only	Mental distress that is generally temporary
	2, Temporary insignificant	Lacerations, contusions, minor scars, no delay in recovery
Medium	3, Temporary minor	Infections, fractures, missed fractures, delayed recovery
	4, Temporary major	Burns, material left in patient, drug side effect, delayed recovery

Severity rating derived from the National Association of Insurance Commissioners

Severity Level	Rating	Description
Medium	5, Permanent minor	Loss of fingers, damage to organs, includes non-disabling injuries
High	6, Permanent significant	Deafness, loss of limb, loss of eye, loss of one kidney or lung
	7, Permanent major	Paraplegia, blindness, loss of two limbs, brain damage
	8, Permanent grave	Quadriplegia, severe brain damage, lifelong care or fatal prognosis
	9, Death	

Results

- Median age range for all claimants: 60-69 years
- 54.8% of all claimants were female
- Most adverse events occurred in the inpatient setting (90.1%)

Results

Table 1: Monitoring-related claims by contributing factors and odds of death

	Total N(%)	No fatal injury N(%)	Death N(%)	OR, 95% CI
Patient monitoring	751 (82.8)	501 (66.8)	249 (33.2)	0.75 (0.53, 1.07)
Insufficient documentation	349 (38.5)	241 (69.1)	108 (30.9)	0.78 (0.59, 1.04)
Failure to follow policy	254 (28%)	159 (62.6)	95 (37.4)	1.21 (0.89, 1.63)
Communication among providers	159 (17.53)	79 (49.7)	80 (50.3)	2.27 (1.60, 3.21)
Altered or inconsistent documentation	147 (16.21)	89 (60.5)	58 (39.5)	1.31 (0.91, 1.88)

Results

Table 2: Monitoring-related claims by level of harm

Contributing Factor	Low severity level	Medium Severity Level	High Severity Level	OR, 95% CI
Training/education	0 (0)	20 (37.0)	34 (63.0)	1.55 (0.88, 2.75)
Failure to follow policy	1 (0.55)	77 (42.1)	105 (57.4)	1.27 (0.90, 1.78)
Patient monitoring	10 (1.8)	248 (45.0)	293 (53.2)	0.90 (0.58, 1.40)
Failure to rescue and respond	0 (0)	34 (37.4)	57 (62.6)	1.57 (1.00, 2.47)
Communication among providers	2 (1.56)	39 (30.5)	87 (68.0)	2.08 (1.39, 3.13)
Weekend/night/holiday	2 (3.9)	8 (15.4)	42 (80.8)	3.79 (1.87, 7.71)

Results

- Indemnity incurred:
 - Training and education
 - (OR 1.74, 95% CI: 1.03, 2.95)
 - Failure to follow policy
 - (OR 2.97, 95% CI: 2.14, 4.13)
 - Insufficient documentation
 - (OR 3.01, 95% CI: 2.21, 4.11)
 - Altered or inconsistent documentation
 - (OR 2.14, 95% CI: 1.50, 3.04)

Conclusion

- The nursing profession continues to become increasingly integral in healthcare and care delivery
- Nurses acquire greater exposure and greater risk to being litigated in a malpractice lawsuit
- Increased awareness of monitoring-related cases naming nurses will allow for tailored nursing education and training to help improve quality and patient safety, while reducing the number of preventable adverse events

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Questions ?