CALIFORNIA ASSOCIATION FOR NURSE PRACTITIONERS

nso nurses service organization

Nurse Practitioner Liability Update

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Presentation Objectives

I. Professional Liability (Malpractice) Insurance Claims

- Discuss claim metrics for nurse practitioners – Nationwide & Texas
- Discuss the facts of selected nurse practitioner claims
  - Create awareness of indemnity and expense payments made for selected nurse practitioner claims
  - Provide recommendations to support nurse practitioners in managing professional liability risks

II. License Defense Claims

- Discuss Claim Metrics for nurse practitioners – Nationwide

Claim Metrics for Nurse Practitioners

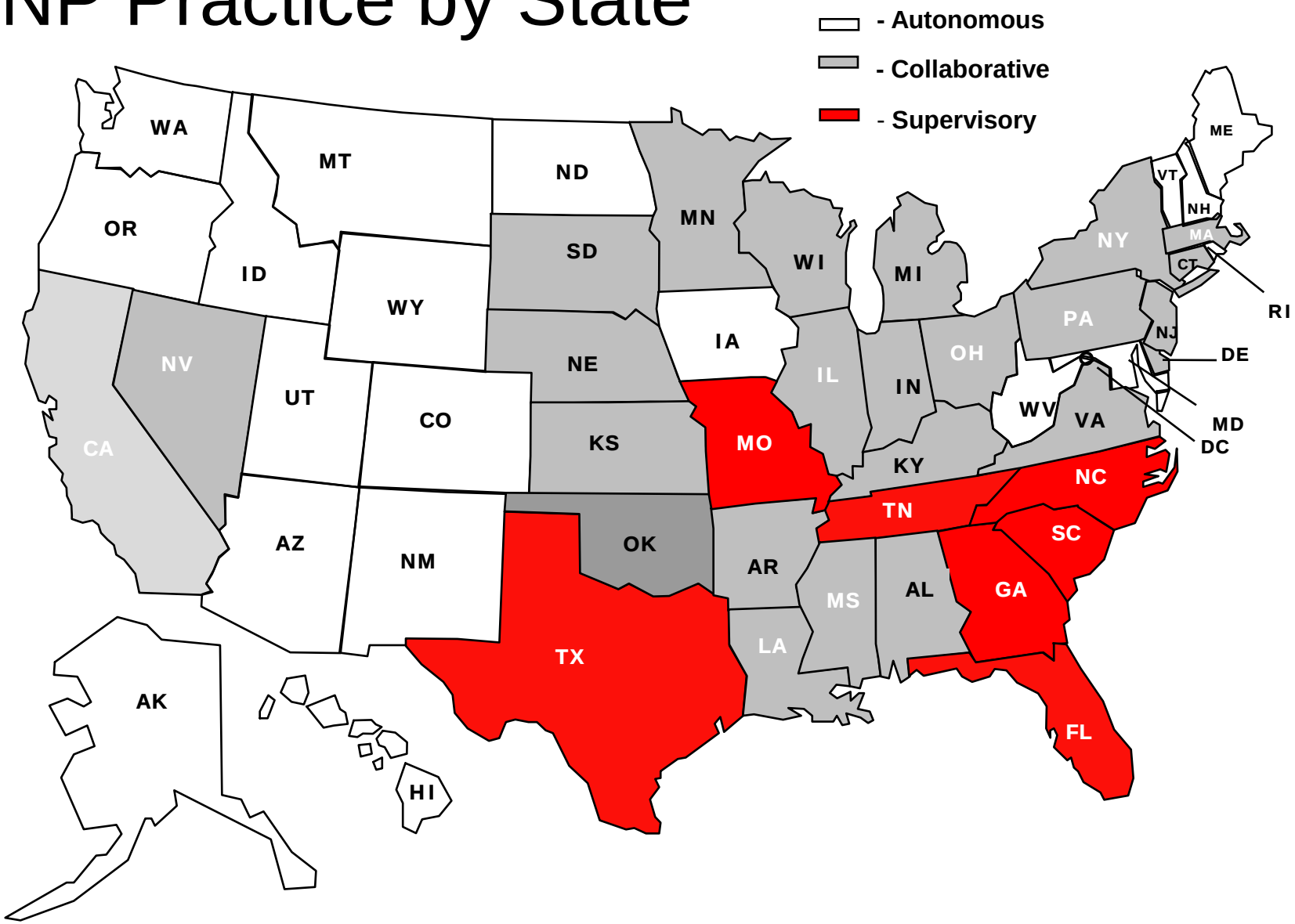
NSO/CNA Professional Liability Program - Policy Counts by Specialty

Nationwide

	%	COUNT
NP Students	24%	6,882
Family Practice	37%	10,690
Adult/Geriatric	26%	7,380
Psychiatric	9%	2,729
Obstetrics/Perinatal	2%	475
NP Group Practices	2%	725
Total	**100%**	**28,881**

Nurse Practitioners Inforce by Specialty as of July 2013

NP Practice by State



Claim Metrics for Nurse Practitioners

Nationwide View - *Open & Closed Claims 01.2008 thru 12.2012*

as of 07/2013

1992 — NSO begins insuring NPs

2008-20012 — 5 year period of review

	%	PAID	RESERVE	EXPENSE	TOTAL
Closed with No Payment	48%	$0	$0	$0	$0
Closed Expense Payment Only	31%	$0	$0	$10,346,909	$10,346,909
Closed with Payment	10%	$48,764,702	$0	$13,020,666	$61,785,368
Open	11%	$0	$30,058,797	$7,521,060	$37,579,857
Total	**100%**	**$48,764,702**	**$30,058,797**	**$30,888,636**	**$109,712,134**

Claim Metrics for Nurse Practitioners

California View

	%	PAID	RESERVE	EXPENSE	TOTAL
Closed with No Payment	50%	$0	$0	$0	$0
Closed Expense Payment Only	37%	$0	$0	$1,401,591	$1,401,591
Closed with Payment	9%	$1,741,247	$0	$646,993	$2,388,240
Open	5%	$0	$144,002	$334,093	$478,095
Total	**100%**	**$1,741,247**	**$144,002**	**$2,382,677**	**$4,267,926**

Open & Closed Claims 01.2008 thru 12.2012
as of 07/2013

Claim Scenario

Case Summary #1

- The nurse practitioner was “on call” for her physician partner for admissions to a nursing home.
- The NP received a call that a patient was being re-admitted back to the nursing home after a brief hospital stay for treatment of acute back pain resulting from a fall.
- The nursing home nurse read the admission orders to the NP.
- The NP identified there were two separate orders for morphine, each with a different dosage but both to be administered to the patient twice a day.

Case Summary #1

- The NP stated the patient could only be readmitted to the nursing home after the nursing home nurse contacted the pharmacist at the discharging hospital to verify the accuracy of the two separate morphine orders.
- The NP stated once the morphine orders were approved by the hospital pharmacist, the patient could be readmitted to the nursing home.
- The nursing home nurse called the hospital pharmacist who did approve the patient had been receiving morphine in two different dosages twice a day while in the hospital, she had tolerated the dosage, and the discharge order was correct and appropriate for the particular patient.
- The nursing home nurse re-admitted the patient to the nursing home and the NP had no other involvement of any kind with her care.

Case Summary #1

- The resident did well her first day back in the nursing home, was alert, oriented, and participated in her daily therapy.
- On the morning of the second day, the resident was found without a pulse by nursing staff, chest compressions were started and 911 was called.
- EMS performed additional resuscitation measures and transported the patient to the hospital where she was pronounced dead.
- An autopsy was performed and listed morphine intoxication as the cause of death.
- The autopsy results also showed a significantly elevated blood alcohol level equal to the alcohol in three to four alcoholic beverages.
- Since there was no record of any alcohol being provided to the resident at the nursing home, the medical examiner was unable to rule out suicide or homicide and classified the manner of death as undetermined.

Was the Nurse Practitioner Negligent?

- Do you think the nurse practitioner (defendant) was negligent?
- Do you think any other practitioners or parties were negligent?
- Do you think an indemnity payment was made on behalf of the nurse practitioner?
- If yes, how much?

What Did the Experts Determine?

- Defense experts found the nurse practitioner's actions to be within the standard of care.
- Experts stated the patient's final morphine blood levels, even considering her renal disease, could not have resulted from the amount of morphine ordered, administered, and recorded in the resident's health information record.
- The elevated morphine and alcohol blood levels suggested the resident may have ingested morphine and alcohol from a source other than the nursing facility but this was never resolved.

What Happened?

- A motion for Partial Summary Judgment for the nurse practitioner was denied by the court and the decision was made to proceed to trial.
- Testimony was heard for several days but before a verdict was reached, the co-defendants settled the case with no liability attributed to the nurse practitioner.
- This was a highly successful outcome for the defendant nurse practitioner.

How Much was Paid on Behalf of the Nurse Practitioner?

- Indemnity payment - $0
- Expense payment - in excess of $225,000

(It is known that other practitioners, the hospital and the nursing home were co-defendants in this case. What funds, if any, other practitioners, the hospital or the nursing home paid is part of a confidential settlement and is not available to the public.)

Nurse Practitioner Self-assessment Checklist

Nurse Practitioner Self-assessment Checklist and Claim Tips

www.nso.com

RISK CONTROL SELF-ASSESSMENT CHECKLIST FOR NURSE PRACTITIONERS

This checklist is designed to help nurse practitioners evaluate risk exposures associated with their current practice. For additional nurse practitioner-oriented risk control tools and information, visit www.cna.com and www.nso.com.

Self-assessment topic	Yes	No	Actions needed to reduce risks
Clinical specialty			
I work in an area that is consistent with my licensure, specialty certification, training and experience.			
I know that my competencies – including experience, training, education and skills – are consistent with the needs of my patients.			
I understand the specific risks of caring for patients within my clinical specialty.			
I decline an assignment if my competencies are not consistent with patient needs.			
I ensure that my competencies and experience are appropriate before accepting an assignment to cover for another practitioner.			
I am provided with orientation, or request and obtain it, whenever I work in a new or different clinical setting.			
I obtain continuing education and training, as needed, to maintain my competencies in my clinical specialty.			
Scope of practice and scope of services			
I read my state nurse practice act at least once per year to ensure that I understand and am in compliance with the legal scope of practice in my state.			
I know and comply with the requirements of my state regarding physician collaborative or supervisory agreements, and I review and renew my agreements at least annually.			
I comply with the requirements of my state regarding other regulatory bodies, such as the board of medicine (if applicable).			
I collaborate with or obtain supervision from a physician as defined by my state laws and/or regulations and as required by the needs of my patients.			
I seek alternative physician consultation if I am not provided with appropriate support from my collaborating/supervising/employing physician(s), and modify my agreements accordingly.			
I decline to perform requested actions/services if they are outside of my legal scope of practice.			
Assessment			
I elicit the patient's concerns and reasons for the visit and address those concerns.			
I obtain and document a current list of the patient's prescribed and over-the-counter medications, including nutritional supplements and holistic/alternative remedies.			
I document any patient allergies and adverse reactions to medications.			
I gather, document and utilize an appropriate patient clinical history, as well as relevant social and family history.			
I ascertain the patient's level of compliance with currently ordered treatment and care instructions, medication regimens and lifestyle suggestions.			
I perform a physical examination to determine the patient's health status and evaluate the patient's current symptoms/complaints.			
I determine if the patient's current health status requires immediate medical treatment, and refer the patient to an emergency department if needed.			
I adhere to facility documentation requirements regarding assessment findings.			

CNA AND NSO RISK CONTROL SELF-ASSESSMENT CHECKLIST FOR NURSE PRACTITIONERS 1

Claim Metrics for Nurse Practitioners

Specialty: Nationwide View

Excludes Closed Claims with no Payment

	%	PAID	RESERVE	EXPENSE	TOTAL	AVERAGE
NP Students	1%	$632,175	$552,465	$543,825	$1,728,465	$101,674
Family Practice	51%	$27,478,538	$14,680,905	$17,044,536	$59,203,979	$98,182
Adult/Geriatric	30%	$12,009,155	$11,279,508	$8,967,059	$32,255,722	$89,849
Psychiatric	11%	$4,200,667	$2,599,794	$2,227,921	$9,028,381	$66,385
Obstetrics/Perinatal	4%	$4,084,083	$936,125	$1,640,516	$6,660,724	$144,798
NP Group Practice	2%	$360,083	$10,000	$464,780	$834,863	$36,298
Total	**100%**	**$48,764,702**	**$30,058,797**	**$30,888,636**	**$109,712,134**	

Open & Closed Claims 01.2008 thru 12.2012
as of 07/2013

Claim Metrics for Nurse Practitioners

Specialty: California View

Excludes Closed Claims with no Payment

	%	PAID	RESERVE	EXPENSE	TOTAL	AVERAGE
NP Students	3%	$200,000	$0	$189,301	$389,301	$129,767
Family Practice	49%	$255,497	$51,801	$1,139,128	$1,446,426	$29,519
Adult/Geriatric	19%	$105,000	$58,701	$491,685	$655,386	$34,494
Psychiatric	10%	$0	$12,500	$58,584	$71,084	$7,108
Obstetrics/Perinatal	17%	$1,180,750	$21,000	$422,398	$1,624,148	$95,538
NP Firm or Group	2%	$0	$0	$81,581	$81,581	$40,791
Total	**100%**	**$1,741,247**	**$144,002**	**$2,382,677**	**$4,267,926**	

Open & Closed Claims 01.2008 thru 12.2012
as of 07/2013

Claims with Payment by Coverage :

Nationwide View

Closed Claims with Indemnity or Expense Payment only

	%	INCURRED	%	AVERAGE
Professional Liability (PL) w/ Indemnity Paid	24%	$61,718,804	86%	$267,181
PL w/ Expense Only	39%	$9,127,167	13%	$24,938
Defense of License	17%	$744,568	1%	$4,596
Deposition Assist	17%	$344,292	<1%	$2,193
Records Request	2%	$23,417	<1%	$1,377
HIPAA	1%	$133,598	<1%	$14,844
Personal Injury	<1%	$39,957	<1%	$19,979
Assault	<1%	$473	<1%	$473
Total	**100%**	**$72,132,277**	**100%**	

Claims Closed 01.2008 thru 12.2012
as of 07/2013

Claims with Payment by Coverage Type: California View

Closed Claims with Indemnity or Expense Payment only

	%	INCURRED	%	AVERAGE
PL w/ Indemnity Paid	20%	$2,388,240	63%	$132,680
PL w/ Expense Only	43%	$1,286,243	34%	$32,981
License Protection	13%	$54,673	1%	$4,556
Deposition Assist	20%	$35,847	1%	$1,992
Records Request	2%	$1,645	0%	$823
HIPAA	2%	$23,183	1%	$11,592
Personal Injury	0%	$0	0%	$0
Assault	0%	$0	0%	$0
Total	**100%**	**$3,789,831**	**100%**	

Claims Closed 01.2008 thru 12.2012
as of 07/2013

Claims by Location:

Nationwide View

Professional Liability Closed Claims with Indemnity or Expense Payment

	%	INCURRED	%	AVERAGE
Medical Office	41%	$37,619,859	53%	$153,550
Aging Services	15%	$8,145,870	11%	$91,527
Clinic	16%	$7,858,462	11%	$83,601
Patient's Home	3%	$4,912,124	7%	$272,896
Hospital - Emergency Room	6%	$4,575,515	6%	$130,729
Hospital - Inpatient Services	7%	$4,171,618	6%	$94,810
Prison or Correctional Facility	8%	$728,757	1%	$15,843
Hospital - OR	<1%	$623,716	1%	$311,858
Medical Laboratory	<1%	$607,581	1%	$607,581
Hospital - CCU	<1%	$555,586	1%	$555,586
School	1%	$411,138	1%	$102,785
Rehabilitation Facility	1%	$261,199	<1%	$65,300
Hospital - Outpatient Examining Rooms	1%	$183,151	<1%	$36,630
Ambulatory Surgery	<1%	$70,191	<1%	$35,096
Hospital - Labor & Delivery	<1%	$59,878	<1%	$29,939
Dialysis Facility	1%	$57,951	<1%	$19,317
Hospital - Other	<1%	$3,376	<1%	$1,688
Total	100%	$70,845,972	100%	

Claims Closed 01.2008 thru 12.2012 as of 07/2013

Claims by Allegation:

Nationwide View

Professional Liability Closed Claims with Indemnity or Expense Payment

	%	INCURRED	%	AVERAGE
Treatment/Care	35%	$23,389,362	33%	$112,449
Diagnosis	28%	$21,335,769	30%	$128,529
Medication	17%	$12,648,911	18%	$121,624
Monitoring	9%	$6,525,529	9%	$127,952
Assessment	4%	$3,555,606	5%	$136,754
Patient Rights	3%	$1,556,968	2%	$103,798
Professional Conduct	2%	$762,455	1%	$69,314
Sexual Misconduct	2%	$724,181	1%	$60,348
Equipment	1%	$347,191	<1%	$86,798
Total	**100%**	**$70,845,972**	**100%**	

Claims Closed 01.2008 thru 12.2012
as of 07/2013

NP Claims by Injury:

Nationwide View

Claims above $1 Million Incurred

	%	INCURRED	%	AVERAGE
Death	32%	$25,946,341	37%	$137,282
Cancer	8%	$7,294,173	10%	$151,962
Infection/Abscess/Sepsis	6%	$4,803,904	7%	$141,291
Stroke	3%	$4,455,430	6%	$297,029
Brain Damage and/or Paralysis	3%	$3,726,569	5%	$248,438
Loss of Organ or Function	4%	$3,586,128	5%	$170,768
Eye Injury/Vision Loss	2%	$3,213,505	5%	$292,137
Birth Injury	2%	$2,233,314	3%	$159,522
Trauma or Fracture	6%	$1,937,078	3%	$58,699
Emotional/Psychological Harm/Distress	7%	$1,856,729	3%	$46,418
Neuro Impairment/Deficit	4%	$1,782,434	3%	$84,878
Ear Injury/Hearing Loss	1%	$1,461,566	2%	$292,313

Continued

Claims Closed 01.2008 thru 12.2012 as of 07/2013

Claim Scenario

Claim Scenario #2 – Case Summary

- Upon the advice of her gynecologist, a 36-year old woman made an appointment at a dermatology group for a “suspicious mole”, which was becoming larger and darker.
- The woman saw a nurse practitioner at the dermatology group.
- The nurse practitioner visually inspected the lesion and performed a cryosurgical removal.
- The nurse practitioner discharged the patient with instructions to return if she had any signs of infection or any other difficulty with the excision site.
- The patient returned to the nurse practitioner one month later with complaints that the mole had returned and was again growing larger.
- The nurse practitioner performed a second cryosurgical removal of the lesion.

Claim Scenario #2 – Case Summary

- Seven months later the lesion had apparently returned and the patient saw a physician who performed a biopsy and diagnosed the patient with melanoma.
- The physician further diagnosed multiple large metastatic brain lesions and the patient underwent craniotomy for removal of the metastatic lesions.
- The patient died five months after the craniotomy.

Claim Scenario #2 – Some Additional Information

- The nurse practitioner had no prior experience in dermatology and had a brief tenure at the dermatology practice when she treated the patient.
- The nurse practitioner's orientation consisted of observing one of the dermatology practice's physicians while she provided patient care.
- The practice lacked clinical protocols or policies relating to treating skin lesions or obtaining informed consent prior to removal of a lesion.
- The nurse practitioner's collaborating physician (a co-defendant in the case) never saw the patient.
- The lawsuit alleged the nurse practitioner failed to properly diagnose and treat the patient's malignant melanoma
- The patient's father had died from melanoma.

Was the Nurse Practitioner Negligent?

- Do you think the nurse practitioner (defendant) was negligent?
- Do you think any other practitioners or parties were negligent?
- Do you think an indemnity payment was made on behalf of the nurse practitioner?
- If yes, how much?

What Did the Experts Determine?

- Defense experts deemed the nurse practitioner *was negligent* and identified the following departures from the standard of care:
  - Failure to perform and document a manual physical examination of the lesion at either treatment session
  - Failure to consider the patient's family history and stated history of the increasing size and darkness of the lesion
  - Failure to carry out an informed consent discussion with the patient
  - Failure to obtain a biopsy
  - Improperly performing a second cryosurgical procedure when the initial cryosurgery was unsuccessful
  - Failure to consult with the collaborating physician, a dermatologist or surgeon regarding the patient's lesion and plan of care
- Despite the fact that the treatment provided by the nurse practitioner was not the cause of the patient's disease process, this rationale was not deemed likely to support a successful defense and the decision was made to attempt to settle the claim.

How Much was Paid on Behalf of the Nurse Practitioner?

- Indemnity payment - ~$500,000
- Expense payment - in excess of $200,000

(It is known that other practitioners, the hospital and the nursing home were co-defendants in this case. What funds, if any, other practitioners, the hospital or the nursing home paid is part of a confidential settlement and is not available to the public.)

Risk Control Recommendations

- **Practice within one's specialty and expertise**. If entering a new area of clinical practice, obtain appropriate training, orientation, clinical policies and protocols, as well as direct physician or expert collaboration/ supervision/mentoring, as needed.
- Request and review the facility's policies, procedures and clinical protocols and obtain clarification and assistance/training as needed.
- Obtain, review and consider pertinent patient and family medical history, and document all findings.
- Engage in an informed consent discussion including an explanation of the patient's condition, the risks and benefits of the proposed procedure, the risks and benefits of alternative treatments/procedures, the risk of doing nothing, and the right to decline treatment.
- Establish the diagnosis by obtaining and documenting the results of diagnostic tests, including biopsies when indicated.

License Protection Claims

License Defense Coverage?

Defense of License Coverage?

State Board Defense Coverage?

Other?

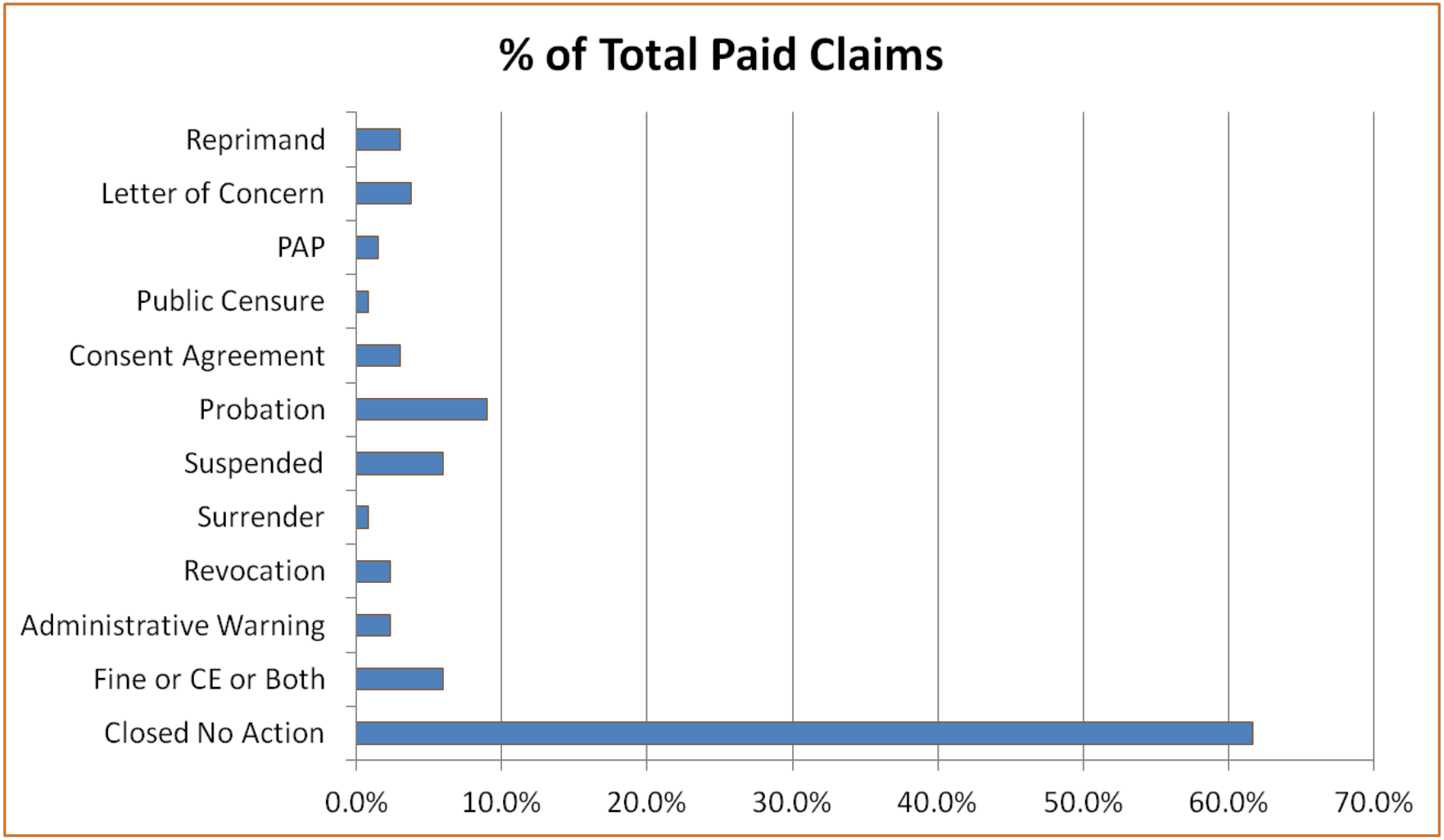
What it is & How it works

- A component of the professional liability coverage from NSO
- Pays for attorney fees (up to $200/hr) if faced with a state board investigation, complaint, inquiry, etc..
- Up to limits of $25,000 per hearing or per policy year
- Includes medical and non-medical incidents

Severity by Insured Type

Insured Type	Percentage Paid Claims	Total Paid	Average Paid
Nurse practitioner, individually insured	94.7%	$549,343	$4,360
Nurse practitioner receiving coverage through a CNA-insured healthcare business	5.3%	$41,375	$5,911
Overall	**100.0%**	$590,718	$4,441

Nursing Board Outcomes



Claim Scenario

Case Summary #3

- When the patient was admitted to the pediatric intensive care unit (PICU) after surgery, he remained intubated and with a nasogastric tube for several days.
- Following extubation he was placed on oxygen via mask. The same day, his nasogastric tube was inadvertently dislodged and was not replaced. He developed persistent vomiting despite administration of anti-emetic medication and continued to have some difficulty breathing.

Case Summary #3

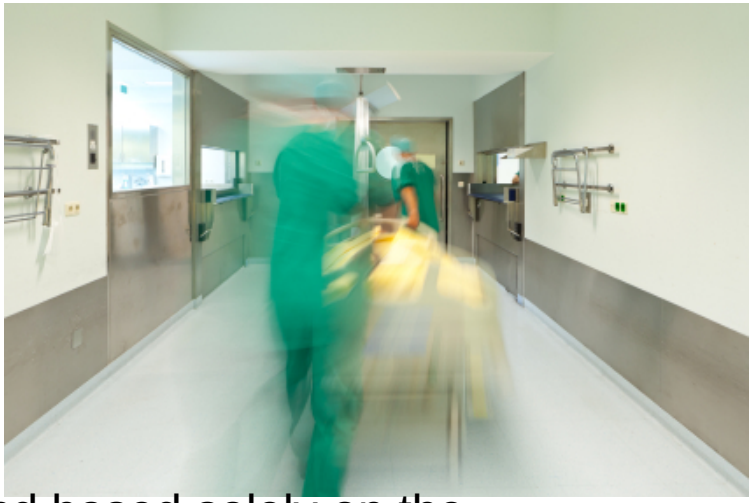
- The decision was made by the pediatric fellow (who was unaware of the patient's vomiting) to change the patient to a BIPAP mask and the parents were told that the nasogastric tube could not be replaced because the BIPAP mask required an airtight seal to be effective.
- Throughout the 12-hour shift that included the adverse event, the patient was under the care of the insured nurse practitioner.
- The nurse practitioner was aware of the patient's continued vomiting but neither reported this to the medical team nor documented the vomiting.
- The patient had one episode of cyanosis after vomiting and the parents asked that the nurse practitioner call the physician to determine if the mask could be removed and the nasogastric tube reinserted.

Case Summary #3

- The nurse practitioner indicated that the cyanotic episode was not a reason to call the physician and she would continue the planned treatment.
- The surgical fellow remained unaware of the vomiting and ordered that the BIPAP mask be continued in the hope of avoiding a tracheostomy. The parents stayed until after midnight and left their adult daughter to assist with her brother's care until they could return.
- During the early morning hours the patient had an episode of severe vomiting and the patient's sister stated he turned "blue".
- The nurse practitioner did not call the doctor but requested the respiratory therapist to change the patient to a clean BIPAP mask.

Case Summary #3

- The parents returned in the early morning hours and found the patient pale, anxious, frequently vomiting and having periods of holding his breath.
- They again requested that the nurse practitioner call the physician to discontinue the BIPAP mask and reinsert the nasogastric tube but she did not. Shortly after this episode the patient again vomited into his mask and became unresponsive.
- The nurse practitioner immediately called a code but the anesthesiologist did not arrive for almost 30 minutes at which time the patient was re-intubated.



- The surgeon saw the patient later that day and based solely on the documentation on the code sheet (which did not identify the 30 minute anesthesiologist delay) assured the family that the patient would be fine.

Case Summary #3

- Subsequently they learned of the code delay and that their son's test results showed no brain activity and that he would not improve.
- They were also told that both the nurse practitioner and the anesthesiologist were no longer employed by the hospital.
- The patient suffered severe anoxic brain damage. He is in a permanent vegetative state, requires 24 hour nursing care, has a permanent tracheostomy and requires G-tube feedings. He is no longer able to talk or communicate in any way with his family.

Was the Nurse Practitioner Negligent?

- Do you think this nurse practitioner was negligent?
- Do you think any other practitioners were negligent?
- Do you think indemnity and/or expense payment was made on behalf of the nurse? If yes, how much?

What The Experts Determined

Experts deemed the nurse practitioner had been negligent including:

- Failure to question the use of a BIPAP mask for a patient with persistent vomiting and failure to report the patient's vomiting to the medical staff at any time
- Failure to report the patient's episodes of cyanosis
- Failure to document any of the patient's vomiting episodes, cyanotic episodes or interactions with the family including the parents' requests to speak with physicians regarding their child's treatment
- Failure to obtain immediate emergency assistance for the patient when the anesthesiologist did not timely respond to the code
- Defense counsel deemed settlement to be the best possible outcome for the nurse practitioner.

How Much was Paid on Behalf of the Nurse Practitioner?

- Indemnity payment – mid six-figure range
- Expense payment – high five-figure range

- Figures represent only the payments made on behalf of the nurse practitioner and do not include any payments that may have been made by the nurse practitioner's employer on his behalf or payments from any co-defendants. Amounts paid on behalf of the multiple co-defendants named in the case are not available.

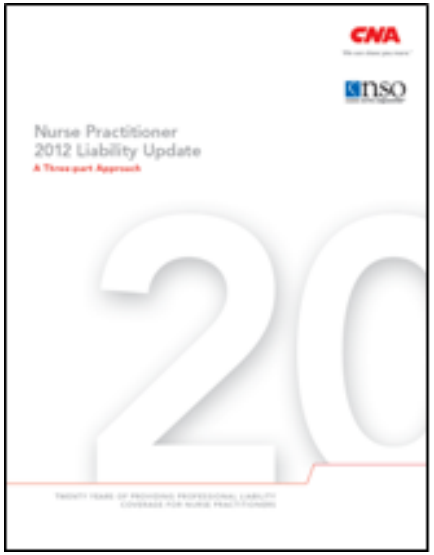
Risk Control Recommendations

- **Know and comply with your state scope of practice requirements, nurse practice act, and facility policies, procedures and protocols**.
- **Follow documentation standards established by nurse professional organizations and comply with your employer's standards.**
  - Document all patient-related discussions, consultations, clinical information and actions taken including any treatment orders provided
  - Document the nurse practitioner's clinical decision making process.
- **Develop, maintain and practice professional written and spoken communication skills.**
  - Engage in timely and pro-active discussion with physicians and other members of the patient's care treatment team to ensure full team on-going awareness of the patient's treatment plan.
  - Timely and thoroughly report any changes in the patient's condition and/or response to treatment and document such interactions along with any revisions in the treatment plan in the patient's clinical record.

Risk Control Recommendations

- **Emphasize ongoing patient assessment and monitoring.**
  - Consult with the collaborating or supervising physician in accordance with state regulations regarding concerns related to patient care issues.
  - Timely report to the treatment team and document spoken and/or written discussions with the patient and authorized family members to ensure full team awareness of patient and family concerns regarding care and treatment.
- **Maintain clinical competencies aligned with the relevant patient population and healthcare specialty.**

Questions?



I have a question

Are you seeing changes in your role as an NP due to HC Reform (processes? responsibilities)?

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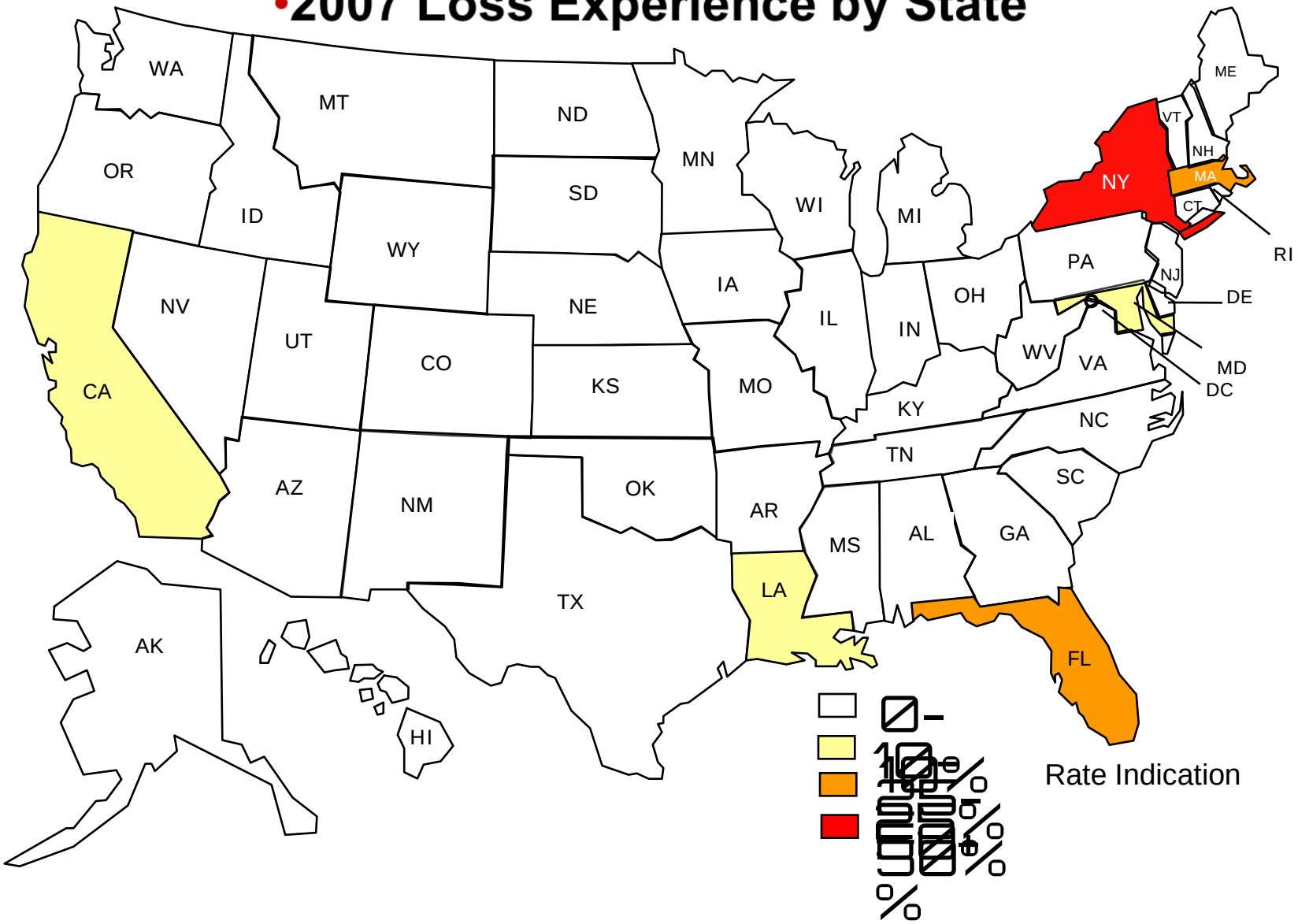
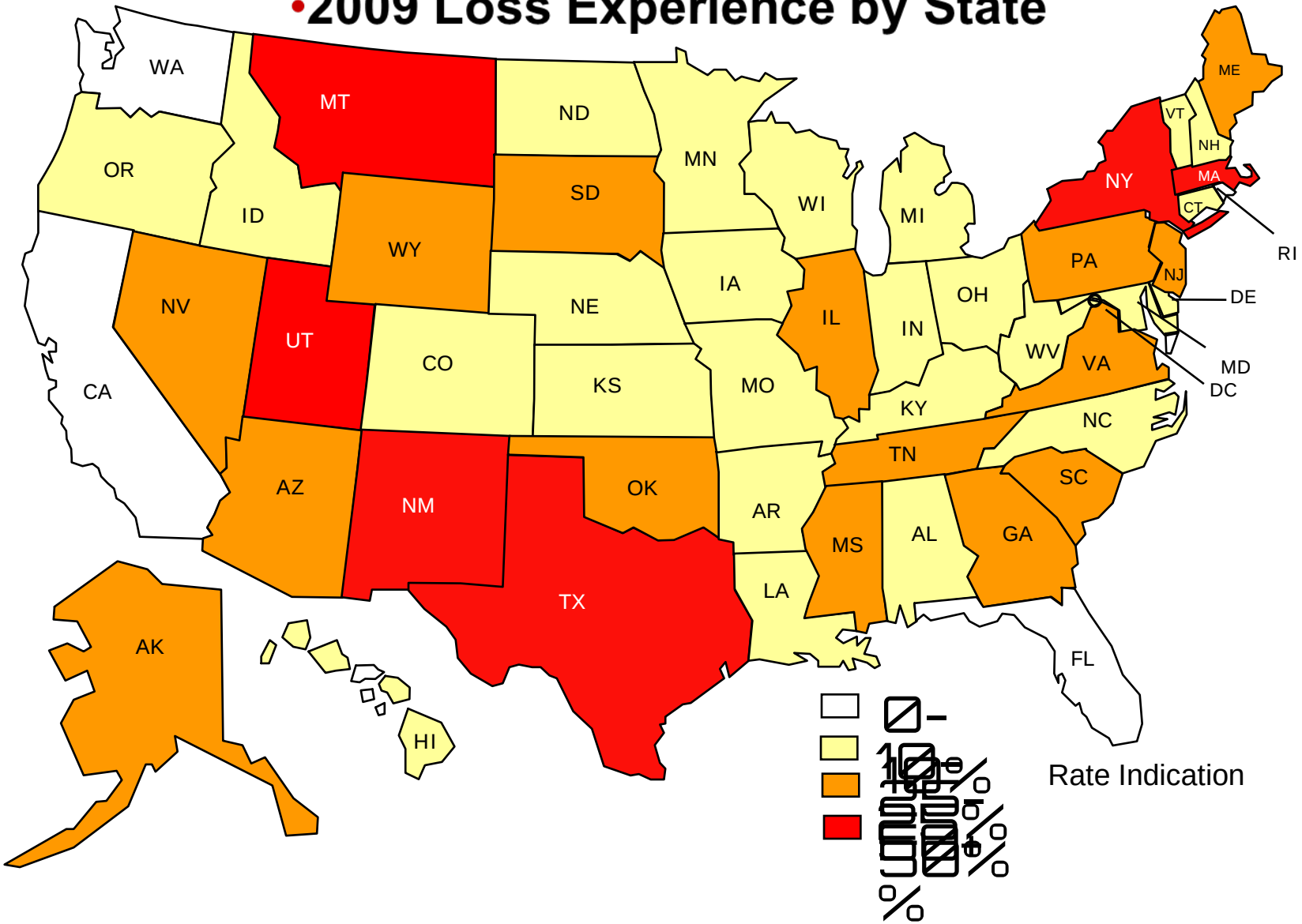
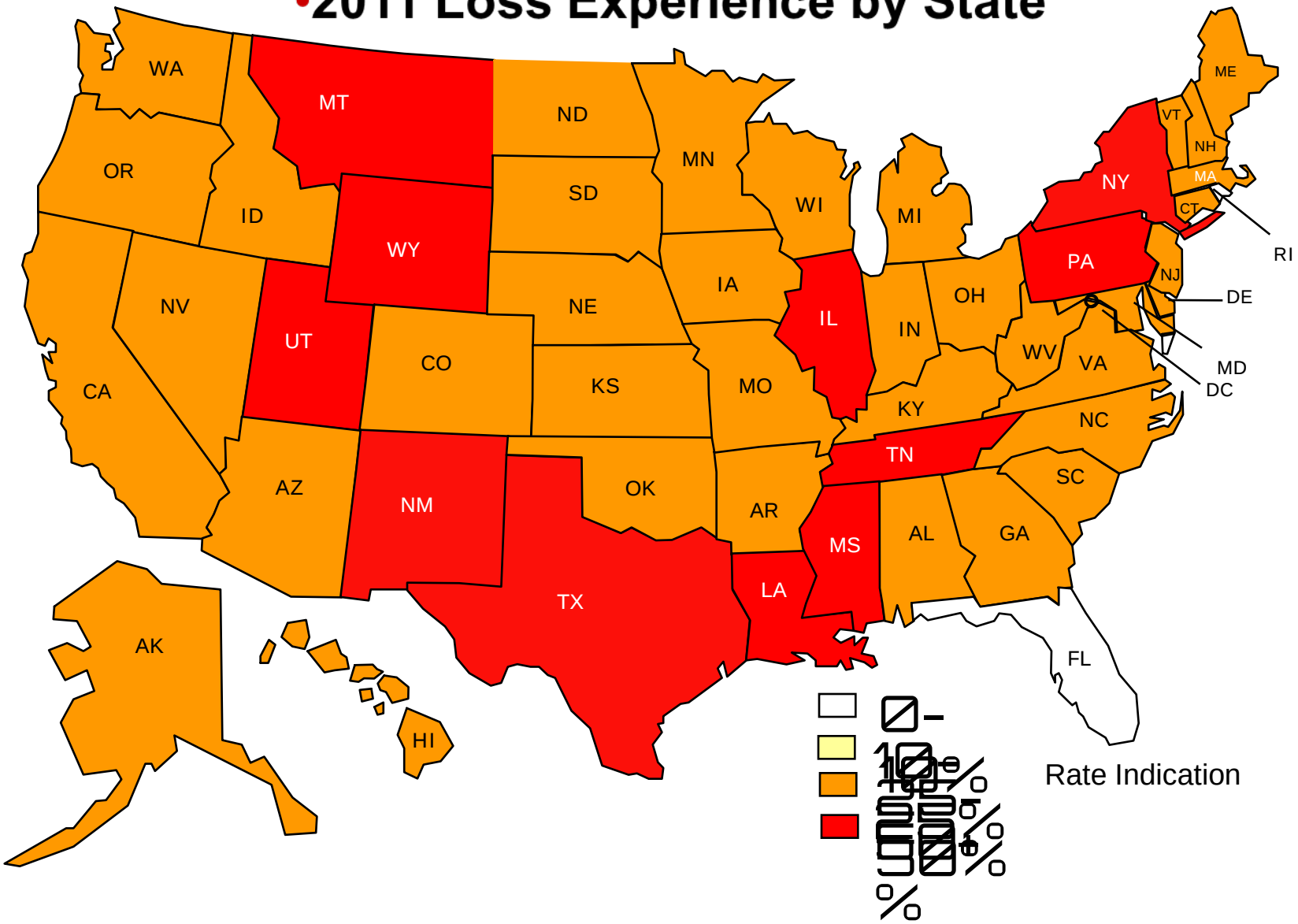
•2007 Loss Experience by State



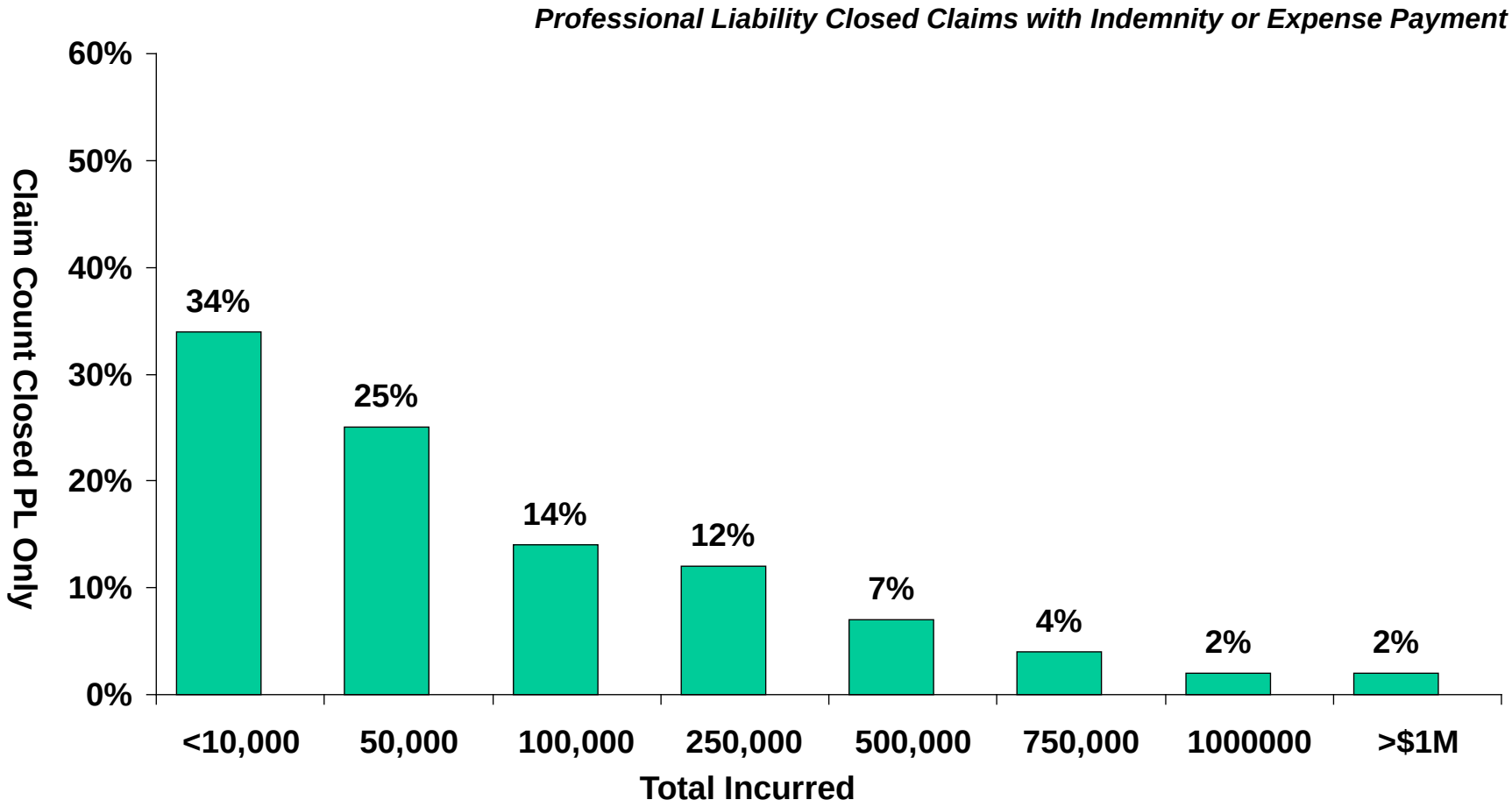
•2009 Loss Experience by State



2011 Loss Experience by State



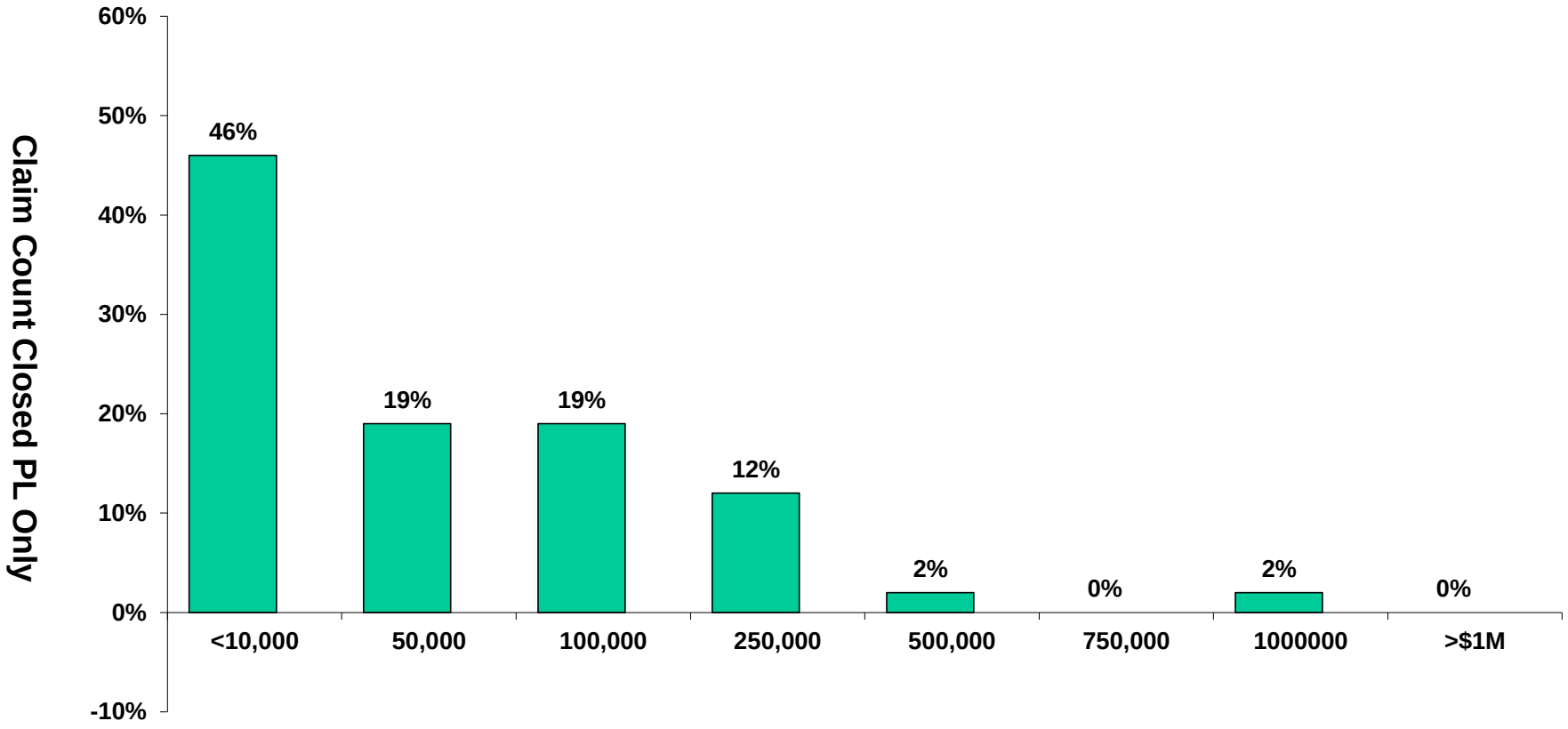
Claims by Distribution of Total Incurred: *Nationwide View*



Claims Closed 01.2008 thru 12.2012
as of 07/2013

Claims by Distribution of Total Incurred: California View

Professional Liability Closed Claims with Indemnity or Expense Payment



Claims Closed 01.2008 thru 12.2012
as of 07/2013

Risk Control Recommendations

Nurse practitioners acting as members of an acute intensive care inpatient treatment team have significant patient treatment responsibilities that may involve risks. In order to minimize these risks:

- ***Know and practice within the state-specific scope of practice, the standard of care and in accordance with facility and intensive care unit policies and procedures.***
- ***Engage in timely and pro-active discussion with physicians and other members of the patient's acute care treatment team to ensure full team on-going awareness of the patient's treatment plan.***
- ***Timely and thoroughly report any changes in the patient's condition and/or response to treatment and document such interactions along with any revisions in the treatment plan in the patient's clinical record.***

Risk Control Recommendations

- ***Document the nurse practitioner's clinical decision making process.***
- ***Document all patient-related discussions, consultations, clinical information and results including actions taken and/or treatment orders provided.***

- ***Timely report to the treatment team and document spoken and/or written discussions with the patient and authorized family members to ensure full team awareness of patient and family concerns regarding care and treatment.***

Risk Control Recommendations

- ***Report and act upon any adverse patient event or response to treatment and purse the matter through the organization's clinical and/or administrative chain of command to the point of appropriate resolution.***
- ***Act as the patient's advocate in ensuring their safety and the quality of care they receive.***
- ***Assist the patient and/or authorized family members in communicating with the treatment team.***

Severity by Location

Location	Percentage of Paid Claims	Total Paid	Average Paid
Patient's home	4.5%	$29,951	$4,992
Office	69.2%	$422,454	$4,592
Hospital	19.5%	$114,565	$4,406
School	2.3%	$8,887	$2,962
Aging services	4.5%	$14,861	$2,477
Total	**100.0%**	**$590,718**	**$4,441**

Improper Treatment and Care

Allegation	Percentage of Closed Claims	Total Paid	Average Paid
Failure to notify patient/family/healthcare team of patient's condition	8.8%	$22,021	$7,340
Improper or untimely management of medical patient or medical complication	29.4%	$50,141	$5,014
Failure to timely implement/order established treatment protocols	23.5%	$39,090	$4,886
Patient abandonment	14.7%	$24,028	$4,806
Failure to timely/properly address medical complication or change in condition	8.8%	$6,937	$2,312
Improper technique or negligent performance of treatment or test	5.9%	$3,852	$1,926
Failure to timely respond to patient's concerns related to the treatment plan	2.9%	$1,871	$1,871
Failure to contact patient's physician	2.9%	$1,674	$1,674
Failure to obtain/refer to immediate emergency treatment	2.9%	$500	$500
Total	**100.0%**	**$150,114**	**$4,415**

Medication Errors

Allegation	Percentage of Closed Claims	Total Paid	Average Paid
Improper management of medications	7.4%	$12,556	$6,278
Improper prescribing/management of controlled drugs	7.4%	$10,624	$5,312
Wrong dose	11.1%	$11,094	$3,698
Failure to recognize contraindication and/or known adverse interaction	33.3%	$29,824	$3,314
Wrong medication	33.3%	$28,358	$3,151
Prescribing practice not included in state scope of practice	7.4%	$5,289	$2,645
Total within Allegation Class	**100.0%**	**$97,745**	**$3,620**

Unprofessional Conduct

Allegation	Percentage of Closed Claims	Total Paid	Average Paid
Substance Abuse	53.5%	$150,643	$6,550
Billing Practices	4.7%	$11,790	$5,895
Criminal Act	2.3%	$4,592	$4,592
Patient Abuse	27.9%	$39,971	$3,331
Failure to provide proper credentials	11.6%	$15,648	$3,130
Total within Allegation Class	**100.0%**	**$222,644**	**$5,410**

Severity by Allegation Class

Allegations related to	Percentage of Closed Claims	Total Paid	Average Paid
Failure to monitor	1.5%	$17,649	$8,825
Breach of confidentiality	2.3%	$20,961	$6,987
Unprofessional conduct	23.3%	$182,673	$5,893
Beyond scope of practice	9.0%	$59,538	$4,962
Improper treatment and care	25.6%	$150,114	$4,415
Medication error	20.3%	$97,745	$3,620
Abuse/patients rights	9.0%	$39,971	$3,331
Failure to diagnose	6.0%	$18,472	$2,309
Failure to asses	1.5%	$1,868	$934
Documentation error	1.5%	$1,727	$864
Overall	100.0%	$590,718	$4,441