

**Identifying Emerging Risks of Advanced Practice Registered Nurses**



Wendy Alderman, RN, MBA, CPHQ, CPHRM  
Senior Risk Management Consultant



1

---

---

---

---

---

---

---

---


**Disclaimer**

The information provided in this presentation offers risk management strategies and resources, and the slide content is intended to be used only with the accompanying oral presentation.

Guidance and recommendations contained in this presentation are not intended to determine the standard of care but are provided as risk management advice only. The ultimate judgment regarding the propriety of any method of care must be made by the healthcare professional.

The information does not constitute a legal opinion, nor is it a substitute for legal advice. Legal inquiries about this topic should be directed to an attorney.

©2024 ProAssurance Corporation • All rights reserved



2

---

---

---

---

---


---

---


---

**Faculty**


**Presenter & Planners:**




Wendy Alderman, RN, MBA, CPHQ, CPHRM  
Senior Risk Management Consultant



Shirley Armenta, CHCP  
CME Administrator




Brenda Tuck, RN, MSN, CPHRM  
Senior Risk Management Consultant



Kelly Riedl, PA-C  
Senior Risk Management Consultant

©2024 ProAssurance Corporation • All rights reserved



3

---

---

---

---

---

---

---

---

**Learning Objectives:**

This live educational activity will support your ability to:

- Identify specific risks derived from claims studies for application to clinical practice.
- Identify adverse events and complications that can lead to professional liability litigation.
- Implement risk management strategies to mitigate events associated with professional liability litigation.

4 ©2024 Professional Corporation • All rights reserved.



4

---

---

---

---

---

---

---

---

**Understanding the Environment**



5

---

---

---

---

---

---

---

---

**Background of Advanced Practice Registered Nurses (APRN)**

- Annual Growth 6.8%
- Doubled from 2010-2017



6 [Auerbach et al., 2020] (AANP, 2023) (BLS, 2023)  
©2024 Professional Corporation • All rights reserved.



6

---

---

---

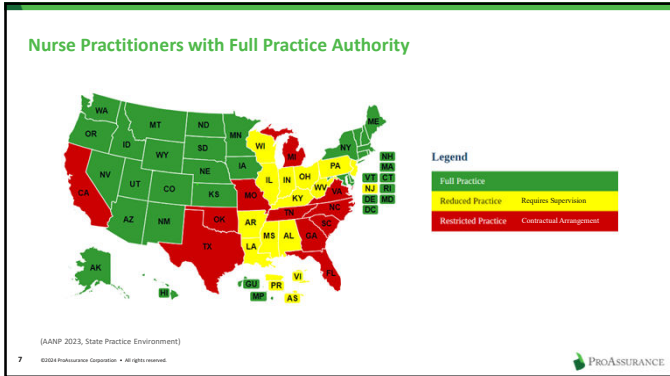
---

---

---

---

---



7

---

---

---

---

---

---

---

---

### Current Practice Specialties

- Primary care
- Mental health
- Gerontology
- Acute care
- Pediatrics
- Women's health
- Neonatal

(AANP 2022) (Auerbach, Buerhaus, and Staiger 2010, Abstract)

©2024 ProAssurance Corporation • All rights reserved.

8

---

---

---

---

---

---

---

---

### Claims Against Nurse Practitioners

- 232 closed claims
- 5-year period
- Cost of claims are rising

(Nurses Service Organization 2022, 5)

©2024 ProAssurance Corporation • All rights reserved.

9

---

---

---

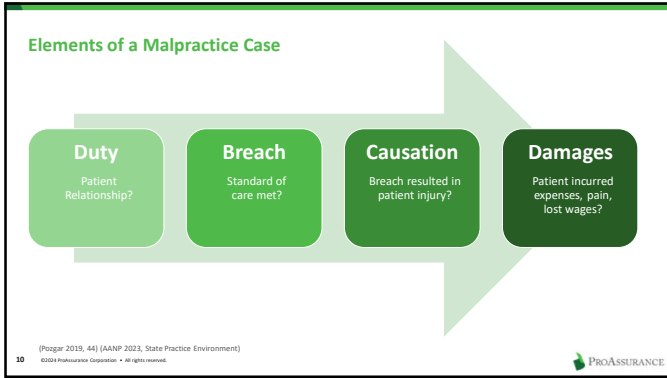
---

---

---

---

---



10

---

---

---

---

---

---

---

---



11

---

---

---

---

---

---

---

---

**APRN and Physician Claims Summary: 2010-2021**

Provider	Closed Claims	Paid Claims	Average Indemnity
APRNs	629	160	\$277,860
Physicians	67,584	18,419	\$361,231

(MPL Association 2024) (Young et al. 2021, 57) (AANP 2023b)  
©2024 ProAssurance Corporation • All rights reserved.

12

---

---

---

---

---

---

---

---

### Claims by APRN Specialty

APRN Specialty	Closed Claims	Paid Claims	Average Indemnity
Nurse Practitioner	399	99	\$234,116
Nurse Anesthetist	168	39	\$305,336
Nurse Midwife	52	20	\$450,106
APRN Misc.	10	2	n/a

(MPL Association 2024) (AANP 2022a) (BLS 2022)  
©2024 ProAssurance Corporation • All rights reserved.

13

---

---

---

---

---

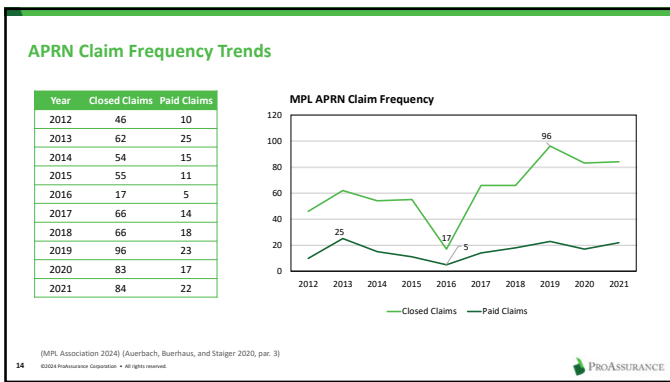
---

---

---

---

---



14

---

---

---

---

---

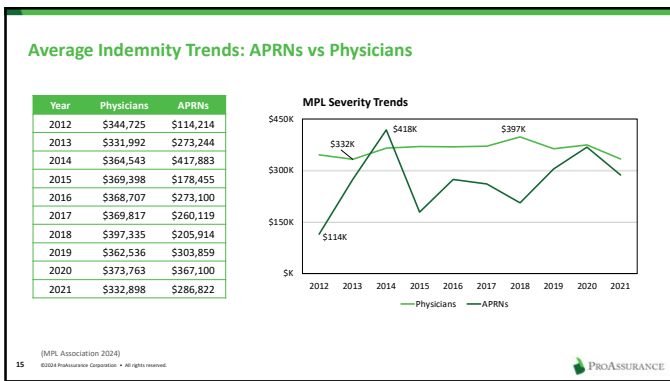
---

---

---

---

---



15

---

---

---

---

---

---

---

---

---

---



16

---

---

---

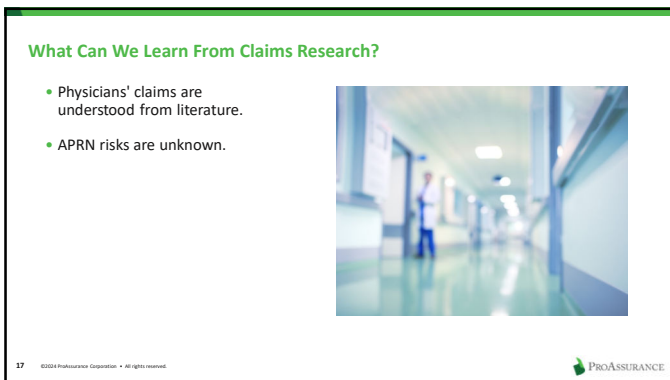
---

---

---

---

---



17

---

---

---

---

---

---

---

---



18

---

---

---

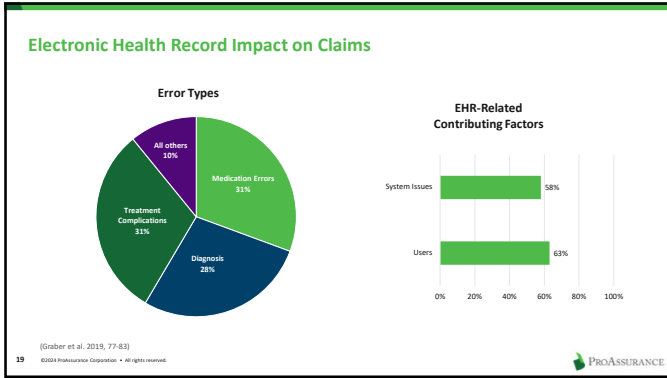
---

---

---

---

---



19

---

---

---

---

---

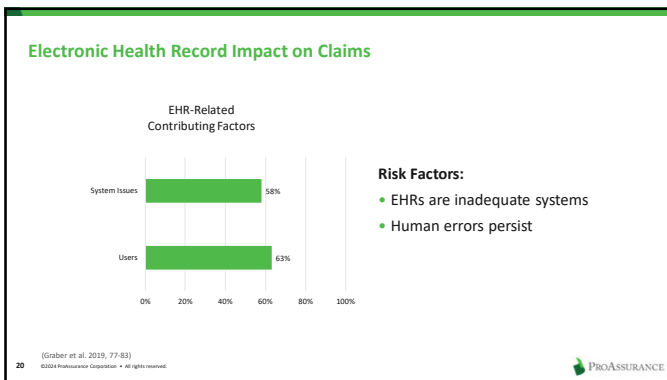
---

---

---

---

---



20

---

---

---

---

---

---

---

---

---

---

### EHR Errors

- **System:**
  - Pathology results delayed
- **User:**
  - Amiodarone toxicity

(Grabner et al. 2019, 79-80)  
©2024 ProAssurance Corporation • All rights reserved.

21

---

---

---

---

---

---

---


---

---

---

### Case Study: Failure to Follow Up

<b>Hospital Stay</b>	69-Year-old female History of diabetes Admitted for total right knee replacement Complications: stroke, low potassium
<b>Day of Discharge:</b>	CMP ordered APRN discharged patient Labs were not checked prior to discharge Patient discharged to rehab
<b>Admitted to Rehab</b>	Potassium was 2.1 Died during the night APRN hospitalist had not reviewed results of CMP
<b>Allegation</b>	Alleged failure to follow up  Case settled on behalf of APRN

22 ©2024 ProAssurance Corporation • All rights reserved. 

22

---

---

---

---

---

---

---


---


---

---

### Risk Reduction Strategies

- Validate patient data
- Track tests and results
- Ensure user-friendly portals



23 (Gaber et al. 2019, 71-77) (AHIMA, n.d.)  
©2024 ProAssurance Corporation • All rights reserved. 

23

---

---

---

---

---

---

---

---

---

---

### Case Study: Falsification of Medical Records



24 ©2024 ProAssurance Corporation • All rights reserved. 

24

---

---

---

---

---

---

---

---


---

---



**Litigation Examples**

- Consultations**
  - Document consults
- Discharge instructions**
  - Failure to document referral to ED
- Acting against medical advice**
  - Document discussions of the risks
- Inaccurate documentation**
  - Reliance on templates



(Ghalith et al. 2022)  
©2024 ProAssurance Corporation • All rights reserved.

25

PROASSURANCE

---

---

---

---

---

---


---

---

25

**Charting Practices**

<p><b>Findings</b></p> <p><b>Documentation errors include:</b></p> <ul style="list-style-type: none"><li>• Incomplete records</li><li>• Inaccurate text</li><li>• Transcription errors</li><li>• Judgmental language</li><li>• Alterations</li></ul>	<p><b>Risk Factors</b></p> <ul style="list-style-type: none"><li>• Failure to document discussions with patients</li></ul>
--	--



(Ghalith et al. 2022)  
©2024 ProAssurance Corporation • All rights reserved.

26

PROASSURANCE

---

---

---

---

---

---


---

---

26

**Risk Reduction Strategies**

- Protect the integrity of MR
- Document all aspects of care; include patient discussions
- Ensure documentation is accurate, timely, and concise



©2024 ProAssurance Corporation • All rights reserved.

27

PROASSURANCE

---

---

---

---

---


---

---

---

27

**Procedural Risks**



28 (NSO 2022, 5)  
©2024 ProAssurance Corporation • All rights reserved. PROASSURANCE

28

---

---

---

---

---

---

---

---

**Malpractice-Related Procedural Rates of Internal Medicine**

**Findings During 5-year Period**

- 353,661 procedures performed
- 76 claims
- 13 (17.1%) were procedures
- Inpatient and outpatient

29 (Bass et al. 2021, 704-710)  
©2024 ProAssurance Corporation • All rights reserved. PROASSURANCE

29

---

---

---

---


---

---

---

---

**Disclosure of Harm**



30 (Agency for Healthcare Research and Quality 2009)  
©2024 ProAssurance Corporation • All rights reserved. PROASSURANCE

30

---

---

---

---

---

---

---

---

**Risk Reduction Strategies**

- Disclose risks in informed consent
- Adopt a disclosure program
- Maintain patient rapport



31 (Bass et al. 2021, 704-710) (Agency for Healthcare Research and Quality 2009)  
©2024 ProAssurance Corporation • All rights reserved.



31

---

---

---

---

---

---

---

---

**Risks of Hospitalists**



32



32

---

---

---

---

---

---


---

---

**Claims Examples**



33



33

---

---

---

---

---

---

---

---

### Characteristics of Claims Against Hospitalists


**Findings during 10-year period**

- Claims n=1,216
- Claims rate 1.95 per 100 physician years
- Median indemnity \$231,454

**Risk Factors**

- Clinician error
- Communication issues
- Clinical environment
- Documentation
- Injury severity

[Schaffer et al. 2021, 330-336]  
©2024 ProAssurance Corporation • All rights reserved.



34

---

---

---

---

---

---

---

---


---

---

### Percent of Claims Paid and Median Indemnity

Specialty	# of Claims During Study	Percent of Claims Paid	Median Indemnity
Hospital medicine	1,216	29.9	\$231,454
General IM	4,840	31.2	\$175,000
Subspecialties IM	5,944	27.9	\$198,646
Emergency medicine	4,516	33.8	\$156,937
Neurosurgery	2,017	31.5	\$233,723
Psychiatry	1,327	19.3	\$116,102

[Schaffer et al. 2021, 332]  
©2024 ProAssurance Corporation • All rights reserved.



35

---

---

---

---

---

---

---


---

---


---

### Hospital Services Named in Claims

- Nursing 22.1%
- Emergency medicine 7.5%
- General surgery 4.2%
- Cardiology 4%
- Orthopedic surgery 3.8%



[Schaffer et al. 2021, 330-336]  
©2024 ProAssurance Corporation • All rights reserved.



36

---

---

---

---

---

---

---

---

---

---



37

---

---

---

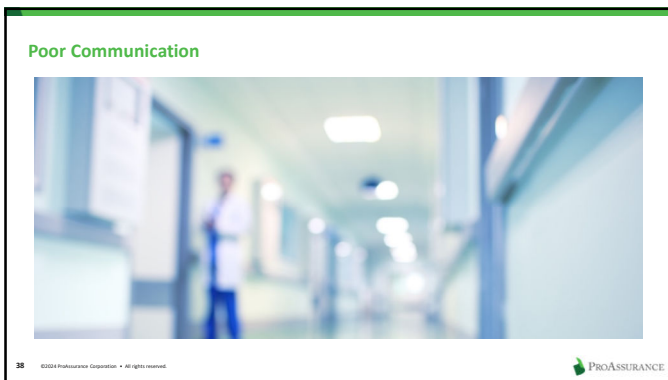
---

---

---

---

---



38

---

---

---

---

---

---

---

---



39

---

---

---

---

---

---


---

---

**Communication and Handoff Failures**

<p><b>Findings</b></p> <ul style="list-style-type: none"> <li>• Retrospective 10-year claim review</li> <li>• Random sample</li> <li>• 49% identified communication failures</li> <li>• 53% involved provider-patient</li> <li>• 47% involved provider-provider miscommunication</li> <li>• \$84,000 higher indemnity for communication failures</li> </ul>	<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Patient transferred to others/services</li> <li>• Giving feedback/reports to patients</li> <li>• Failure to use handoff tools</li> <li>• Discharged patients</li> </ul>
---	---

(Humphrey, et al. 2022, 130-136)  
©2024 ProAssurance Corporation • All rights reserved.



40

---

---

---

---

---

---

---

---

**Misdiagnoses**




41

---

---

---

---


---

---

---


---

**Failure to Diagnose Sepsis**



- Sepsis is a medical emergency
- Third leading cause of hospital death

©2024 ProAssurance Corporation • All rights reserved.



42

---

---

---

---

---

---

---

---

**Missed and Delayed Diagnoses**

**Findings**


- Higher paid claims are related to severity
- No correlation between infections, and cardiovascular disease
- Cancer misdiagnosis related to higher indemnity

**Risk Factors**

- Insufficient documentation
- Technology issues
- Lack of follow-up
- Poor physician communication

(Grenon et al. 2023, 211-215)

©2024 ProAssurance Corporation • All rights reserved



43

---

---

---

---

---

---

---

---

**Risk Reduction Strategies**

- Complete documentation
  - Check for accuracy
  - Edit templates
- Avoid copying and pasting
- Track test results to ensure timely follow-up
- Employ communication strategies between physicians



©2024 ProAssurance Corporation • All rights reserved



44

---

---

---

---

---

---

---

---

**Impact of Disclosures**



©2024 ProAssurance Corporation • All rights reserved



45

---

---

---

---

---


---

---

---


**Mitigate Your Risks: Disclosure Helps Decrease Frustration**

**Deny and defend models frustrate physicians and patients**



(LeCraw et al. 2018, 3-4) (Goldsmith, 2018) (Hickson et al. 2002, 2951-2957)

46 ©2024 ProAssurance Corporation • All rights reserved.



46

---

---

---

---

---

---

---


---

**Impact of Disclosures on Claims**

<p><b>Findings</b></p> <ul style="list-style-type: none"> <li>• 434 malpractice claims</li> <li>• <b>4.6% received disclosure</b></li> <li>• 5.9% received disclosure &amp; apology</li> </ul>	<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• Medical errors</li> <li>• Adverse events</li> </ul>
--	---

(Giraldo, Sato, and Castelli, 2020, 225-229)

47 ©2024 ProAssurance Corporation • All rights reserved.



47

---

---

---

---

---

---

---


---

**Patients Self-Reported Medical Harm**

<p><b>Findings</b></p> <ul style="list-style-type: none"> <li>• 236 respondents</li> <li>• 11% received an apology</li> <li>• 42.8% filed a regulatory complaint</li> <li>• 66.5% asked for medical record</li> <li>• 20% filed a malpractice suit</li> </ul>	<p><b>Risk Factors</b></p> <ul style="list-style-type: none"> <li>• No disclosure following errors or safety events</li> </ul>
---	--

(Lyu et al. 2017, 199-201)

48 ©2024 ProAssurance Corporation • All rights reserved.



48

---

---

---

---

---


---

---


---



**Patients Desire Disclosure**



(Yu et al. 2017, 199-201) (Hickson et al. 2002, 2951-2957)  
©2024 ProAssurance Corporation • All rights reserved.



49

---

---

---

---

---


---

---


---

**Risk Reduction Strategies**

Develop a process for disclosing errors



(Agency for Healthcare Research and Quality 2015)  
©2024 ProAssurance Corporation • All rights reserved.



50

---

---

---

---

---

---

---


---

**Conclusion**

- Use EHR functionalities
- Maintain rapport
- Use handoff tools
- Consider disclosure program
- Actively communicate with patients and other providers



©2024 ProAssurance Corporation • All rights reserved.



51

---

---

---

---

---

---

---

---



52 ©2024 ProAssurance Corporation • All rights reserved. PROASSURANCE

52

---

---

---

---


---

---

---

---

**Contact Information**



**ProAssurance**  
Risk Management Department:  
**844-223-9648**  
Email:  
[RiskAdvisor@ProAssurance.com](mailto:RiskAdvisor@ProAssurance.com)

53 ©2024 ProAssurance Corporation • All rights reserved. PROASSURANCE

53

---

---

---

---

---

---

---

---

**References**

Agency for Healthcare Research and Quality. "In Conversation with ... Gerald B. Hickson, MD," 2009. <https://psnet.ahrq.gov/perspective/conversation-withgerald-b-hickson-md>.

American Association of Nurse Practitioners. *State practice environment*, 2023a. <https://www.aanp.org/advocacy/state/state-practice-environment>.

---. "Nurse Practitioner Profession Grows to 385,000 Strong." *AANP News*, November 13, 2023b. <https://www.aanp.org/news-features/nurse-practitioner-profession-grows-to-385-000-strong#:~:text=AUSTIN%20TX%20%E2%80%94%20The%20American%20Association,385%2C000%20licensed%20NPs%20in%202023>.

American Association of Nurse Practitioners. "NP Fact Sheet." 2022. <https://www.aanp.org/about/all-about-nps/np-fact-sheet#:~:text=There%20are%20more%20than%20355%2C000,NPs%20licensed%20in%20the%20U.S.&text=More%20than%2035%2C000%20new%20NPs,academic%20programs%20in%202020%202021.&text=88.6%25%20of%20NPs%20are%20certified,all%20NPs%20deliver%20primary%20care>.

Agency for Healthcare Research and Quality. "Disclosure of Errors," 2019. <https://psnet.ahrq.gov/primer/disclosure-errors>.

AHIMA (n.d.). Policy Statement, accessed January 4, 2024. <https://www.ahima.org/advocacy/policy-statements/data-quality-and-integrity/>.

54 ©2024 ProAssurance Corporation • All rights reserved. PROASSURANCE

54

---

---

---

---

---

---

---

---

References

American Medical Association. n.d. "AMA Principles of Medical Ethics," accessed February 8, 2024. <https://code-medical-ethics.ama-assn.org/principles>. Accessed February 8, 2024.

Auerbach, David I., Peter I. Buerhaus, and Douglas O. Staiger. "Implications of the Rapid Growth of the Nursing Practitioner Workforce in the US." *Health Affairs* 39, no. 2 (February 2020). <https://doi.org/10.1377/hlthaff.2019.00686>.

Balch, Bridget. 2023. "Sepsis is the third leading cause of death in U.S. hospitals. But quick action can save lives." AAMC News. October 10, 2023. [https://www.aamc.org/news/sepsis-third-leading-cause-death-us-hospitals-quick-action-can-save-lives#:~:text=That%20immune%20response%2C%20known%20as,Control%20and%20Prevention%20\(CDC\)](https://www.aamc.org/news/sepsis-third-leading-cause-death-us-hospitals-quick-action-can-save-lives#:~:text=That%20immune%20response%2C%20known%20as,Control%20and%20Prevention%20(CDC)).

Bass, Geoffrey D. et al., "A Retrospective Analysis of Malpractice-Related Procedure Rates for Internal Medicine Specialists at an Academic Medical Center." *The Joint Commission Journal on Quality and Patient Safety* 47, no. 11 (2021): 704-710. <https://doi.org/10.1016/j.jcjq.2021.08.001>.

Duffy, Blake et al., "Intersystem Medical Error Discovery: A Document Analysis of Ethical Guidelines." *Journal of Patient Safety* 17, no. 8 (December 1, 2021): 1765-1773.



55

---

---

---

---

---

---

---

---

---

---

References

Ghaith, Summer et al., "Charting Practices to Protect Against Malpractice: Case Reviews and Learning Points," *Western Journal of Medicine* 23, (May 2022): 412-417. DOI: 10.5811/westjem.2022.1.53894.

Giraldo, Priscilla, Luke Sat, and Xavier Castells, "The Impact of Incident Disclosure Behaviors on Medical Malpractice Claims." *Journal of Patient Safety* 16, no. 4 (December 2020): 225-229.

Goldsmith, Lee S., (2018). "An MD/Attorney Reveals: 5 Top Reasons Patients Sue Doctors." *Medscape*, 2018, [https://www.medscape.com/viewarticle/902904\\_3](https://www.medscape.com/viewarticle/902904_3).

Graber, Mark L. et al., "Electronic Health Record-Related Events in Medical Malpractice Claims," *Journal of Patient Safety* 15, no. 2 (June 2019): 77-85.

Grenon, Veronique et al., "Factors Associated with Diagnostic Error: An Analysis of Closed Medical Malpractice Claims," *Journal of Patient Safety* 19, no. 3 (April 2023): 211-215.



56

---

---

---

---

---

---

---

---

---

---

References

Hickson, Gerald, et al., "Patient Complaints and Malpractice Risk," *Journal of the American Medical Association* 287, no. 22 (June 2002): 2951-2957.

Humphrey, K. et al., "Frequency and Nature of Communication and Handoff Failures in Medical Malpractice Claims," *Journal of Patient Safety* 18, no. 2 (March 2022): 130-137.

The Joint Commission. *Sentinel Event Data 2022 Annual Review*. April 4, 2023. [https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/03162023\\_sentinel-event\\_annual-review\\_final.pdf](https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/03162023_sentinel-event_annual-review_final.pdf).

Lyu, Heather et al., "Medical Harm: Patient Perceptions and Follow-up Actions," *Journal of Patient Safety* 13, no. 4 (December 2017): 199-201.

LeCraw, Florence R. et al., "Changes in Liability Claims, Costs, and Resolution Times Following the Introduction of a Communication-and-Resolution Program in Tennessee," *Journal of Patient Safety and Risk Management* 23, no. 1 (February 2018): 3-6. <https://doi.org/10.1177/1356262217751808>.



57

---

---

---

---

---

---

---

---

---

---

References

Medical Professional Liability Association, *MPL Claims Data 2012-2021*. 2024.

Newman-Toker, David., et al., "Serious misdiagnosis-related harms in malpractice claims: The "Big Three" – vascular events, infections, and cancers." *Diagnosis* 27, no. 3 (August 2019). doi: 10.1515/dx-2019-0019.

Nurses Service Organization. *Nurse Practitioner Professional Liability Exposure Claim Report: 5th edition, 2022*. <https://www.nso.com/Learning/Artifacts/Claim-Reports/Nurse-Practitioner-Claim-Report-5th-Edition>.

Oshel, Robert E. and Philip Levitt, "The Detection, Analysis, and Significance of Physician Clustering in Medical Malpractice Lawsuit Payouts," *Journal of Patient Safety* 16, no. 4 (December 2020): 274-278.

Pichert, James. Gerald Hickson, and Ilene Moore, "Using Patient Complaints to Promote Patient Safety," *Advances in Patient Safety* 2 (August 2008). <https://www.ncbi.nlm.nih.gov/books/NBK43703/>.

Pozgar, George D. *Legal Aspects of Health Care Administration 13th ed.* Burlington: Jones and Bartlett Learning, 2019.



58

---

---

---

---

---

---

---

---

---

---

References

Schaffer, Adam C., et al., "Rates and Characteristics of Medical Malpractice Claims Against Hospitalists," *Journal of Hospital Medicine* 16 (July 2021): 390-396. DOI: 10.12788/jhm.3557.

Starmer, Amy, et al., "Changes in Medical Errors after Implementation of a Handoff Program," *The New England Journal of Medicine* 371 (November 2014): DOI: 10.1056/NEJMs1405556.

U.S. Bureau of Labor Statistics. Occupational Outlook Handbook. *Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners*. <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm> (Accessed February 8, 2024).

Young, Aaron, et al., "FSMB Census of Licensed Physicians in the United States, 2020," *Journal of Medical Regulation* 107, no. 2 (2021): 57-64. <https://www.fsmb.org/siteassets/advocacy/publications/2020-physician-census.pdf>



59

---

---

---

---

---

---

---

---

---

---