Nursing

Claims Data Snapshot

2025

MedPro Group

MLMIC

MLMIC Insurance Company

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Introduction

This publication contains an analysis of aggregated data from clinically coded cases opened between 2014-2023 in which Nursing is identified as the primary responsible service.

Keep in mind…

A clinically coded malpractice case can have more than one responsible service, but the “primary responsible service” is the specialty that is deemed to be most responsible for the resulting patient outcome.

Our data system, and analysis, rolls all claims/suits related to an individual patient event into one case for coding purposes. Therefore, a case may be made up of one or more individual claims/suits and multiple defendant types such as hospital, physician, and other healthcare professionals.

Cases that involve attorney representations at depositions, State Board actions, and general liability cases are not included.

This analysis is designed to provide insured doctors, healthcare professionals, hospitals, health systems, and associated risk management staff with detailed case data to assist them in purposefully focusing their risk management and patient safety efforts.

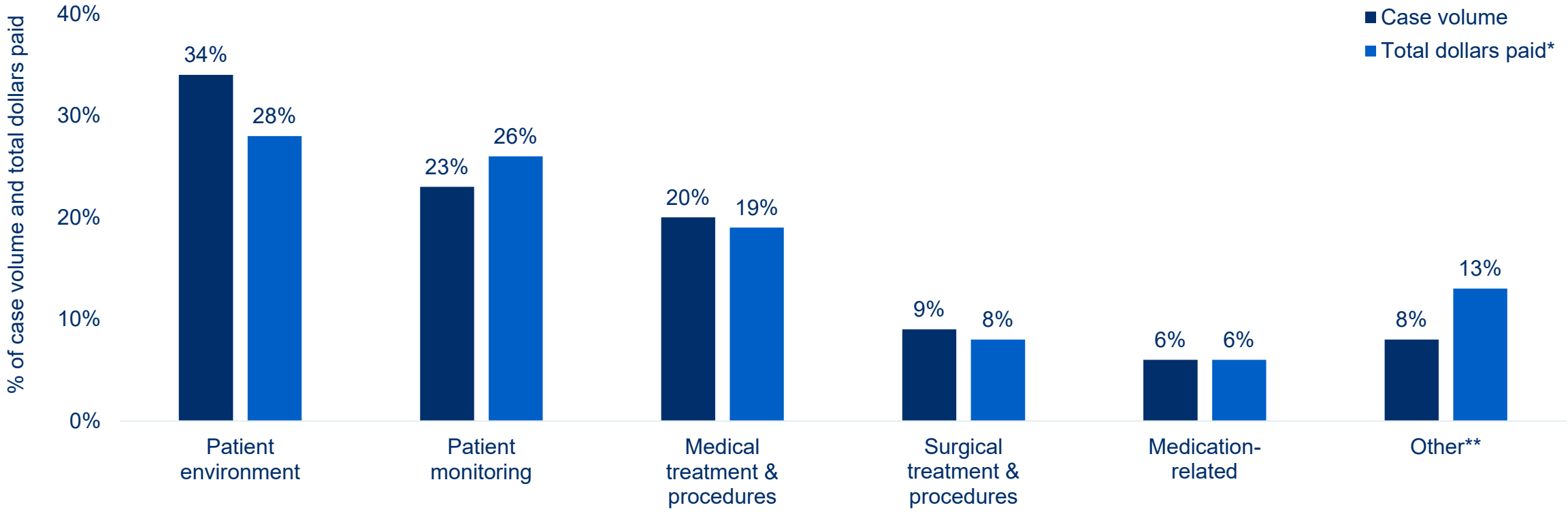
Key Points - Clinically Coded Data

- **Patient environment allegations** account for one-third of Nursing case volume and more than one-quarter of total dollars paid*, and most often reflect patient falls. The most commonly noted contributing factors applied to the patient fall cases include inadequate monitoring/assessment of patients, failure to adhere to existing fall mitigation policies/procedures, and night/weekend/holiday shifts.
- **Patient monitoring and medical treatment allegations round out the top three allegations**. Patient injuries associated with these cases include pressure ulcers, arrest, IV infiltrations, burns, infections (including those progressing to sepsis)
- **Contributing factors, which are multi-layered issues or failures in the process of care that appear to have contributed to the patient's outcome**, and/or to the initiation of the case, provide valuable insight into risk mitigation opportunities. Policy and procedure issues and communication deficiencies are the two most common key drivers of Nursing clinical case severity. An inadequate patient assessment process, insufficient documentation of findings (which enhances intra-team communication), and 'off-shift' hours should also be acknowledged as driving clinically severe outcomes.
- Note that this analysis focuses on cases arising in hospital and ambulatory care settings, and excludes senior care cases. Click here to reference insights into the drivers of senior care cases.

MedPro Group + MLMIC cases opened 2014-2023, Nursing as responsible service (N=2472; excludes senior care); *Total dollars paid = expense + indemnity

Major Allegations & Financial Severity

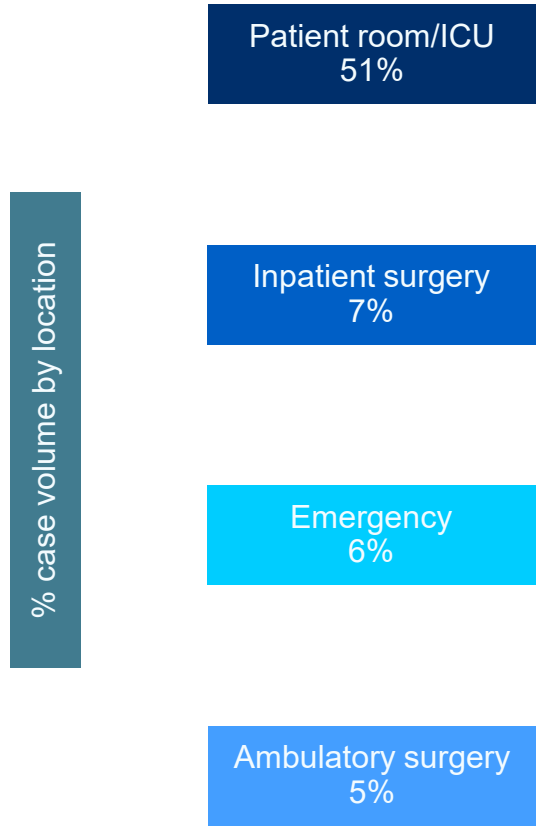
Each case reflects one major allegation category. Categories are designed to enable the grouping and analysis of similar cases and to drive focused risk mitigation efforts. The coding taxonomy includes detailed allegation sub-categories; insight into these is noted later in this report.



MedPro Group + MLMIC cases opened 2014-2023, Nursing as responsible service (N=2472; excludes senior care); *Total dollars paid = expense + indemnity; **Other includes allegations for which no significant case volume exists

Clinical Severity* & Most Common Locations

Clinical severity* categories	Sub-categories	% of case volume	Definitions
LOW	Emotional Injury Only	**7%**	Mental distress or suffering that is generally temporary; includes HIPAA violations, discrimination, involuntary stay
	Temporary Insignificant Injury		Lacerations, contusions, minor scars, rash; no delay in recovery
MEDIUM	Temporary Minor Injury	**42%**	Infection, fracture set improperly or a fall in the facility, where recovery is complete but delayed
	Temporary Major Injury		Burns, drug side effect; recovery delayed
	Permanent Minor Injury		Loss of fingers or loss or damage to organs; includes non-disabling injuries
HIGH	Significant Permanent Injury	**51%**	Deafness, loss of limb, loss of eye or loss of one kidney or lung
	Major Permanent Injury		Paraplegia, blindness, loss of two limbs or brain damage
	Grave Injury		Quadriplegia, severe brain damage, life-long care or fatal prognosis
	Death		Death
		31%	**% of cases resulting in patient death**



MedPro Group + MLMIC cases opened 2014-2023, Nursing as responsible service (N=2472; excludes senior care);
*Severity codes reflect National Association of Insurance Commissioners (NAIC) injury severity scale

Contributing Factors

Despite best intentions, processes designed for safe patient outcomes can, and do, fail.

Contributing factors are multi-layered issues or failures in the process of care that appear to have contributed to the patient's outcome, and/or to the initiation of the case, or had a significant impact on case resolution.

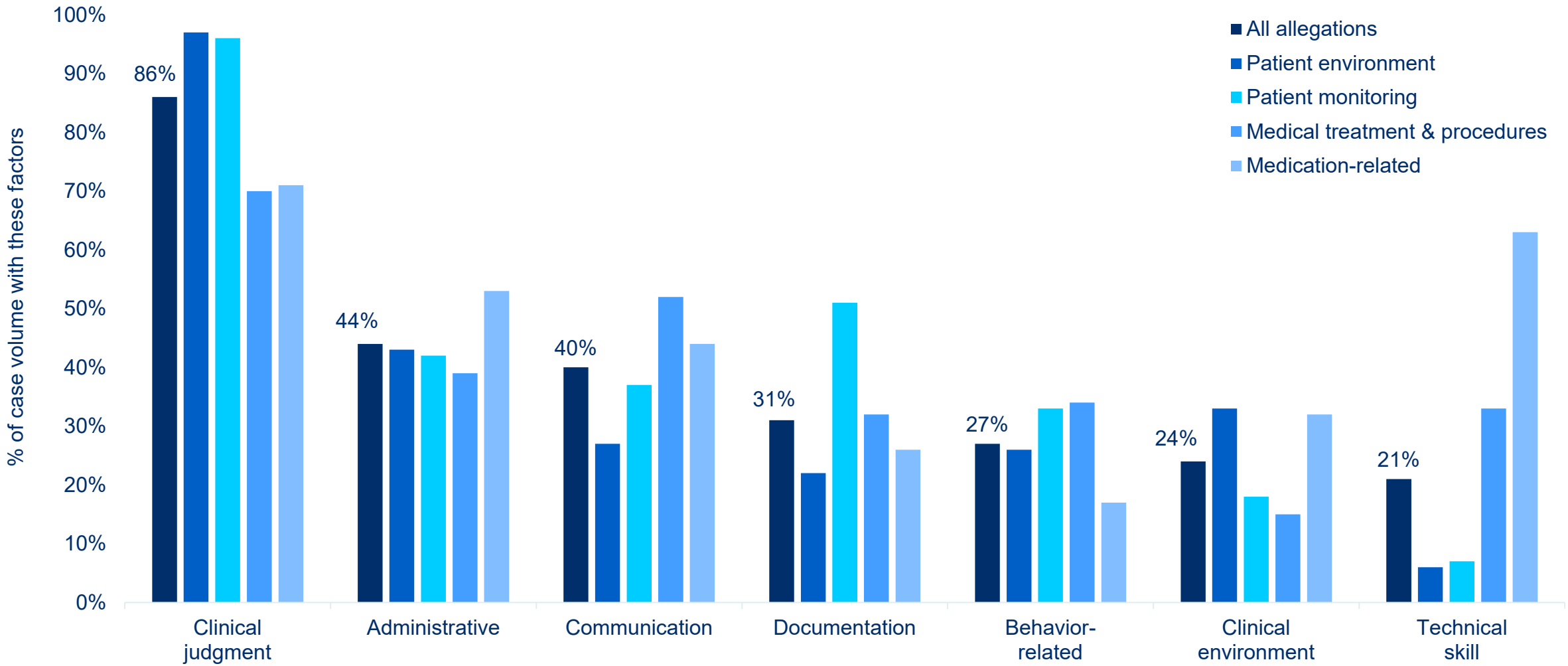
Multiple factors are identified in each case because generally, there is not just one issue that leads to these cases, but rather a combination of issues.

Administrative | Behavior-related | Clinical environment | Clinical judgment | Clinical systems | Communication | Documentation | Supervision | Technical skill

Contributing Factor Category Definitions

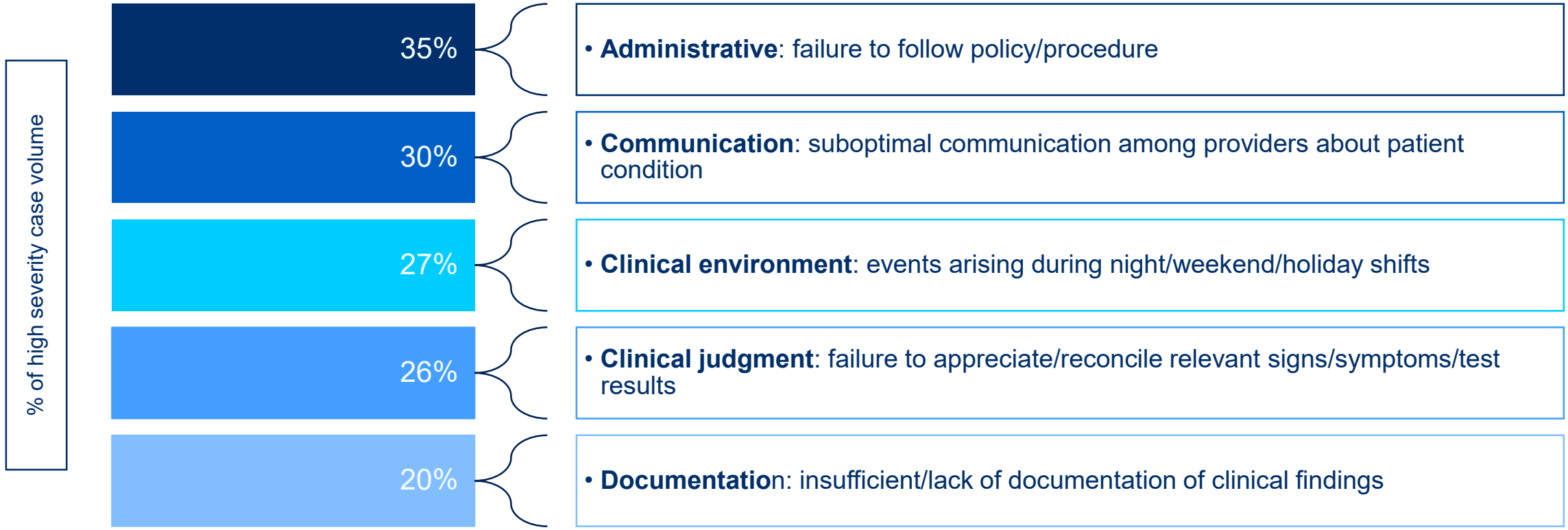
Administrative	Factors related to reporting of adverse events, adequacy of staffing, staff education/training, ethics, failure to follow and/or need for policy/protocols
Behavior-related	Factors related to patient nonadherence to treatment or behavior that offsets care; also, provider behavior including breach of confidentiality or sexual misconduct
Clinical environment	Factors related to workflow, physical conditions and “off-hours” conditions (weekends/holidays/nights)
Clinical judgment	Factors related to patient assessment, diagnostic decision-making, selection and management of therapy, patient monitoring, failure/delay in obtaining a consult, failure to ensure patient safety (falls, burns, etc.), choice of practice setting, failure to question/follow an order, practice beyond scope
Clinical systems	Factors related to coordination of care, failure/delay in ordering test, reporting findings, follow-up systems, patient identification, specimen handling, nosocomial infections
Communication	Factors related to communication among providers, between patient/family and providers, via electronic communication (texting, email, etc.), and telehealth/tele-radiology
Documentation	Factors related to mechanics, insufficiency, content
Supervision	Factors related to supervision of nursing, house staff, advanced practice clinicians
Technical skill	Factors related to improper use of equipment, medication errors, retained foreign bodies, technical performance of procedures

Most Common Contributing Factor Categories by Allegation



MedPro Group + MLMIC cases opened 2014-2023, Nursing as responsible service (N=2472; excludes senior care); More than one factor per case, therefore totals >100%

Focus on Most Common Drivers of Clinical Severity



Policy and procedure issues and communication deficiencies are the two most common key drivers of Nursing clinical case severity. An inadequate patient assessment process, insufficient documentation of findings (which enhances intra-team communication), and 'off-shift' hours should also be acknowledged as driving clinically severe outcomes. Of note, clinically severe cases are most costly to defend and any indemnity payments are, on average, more than twice as expensive than cases reflective of low and medium severity outcomes.

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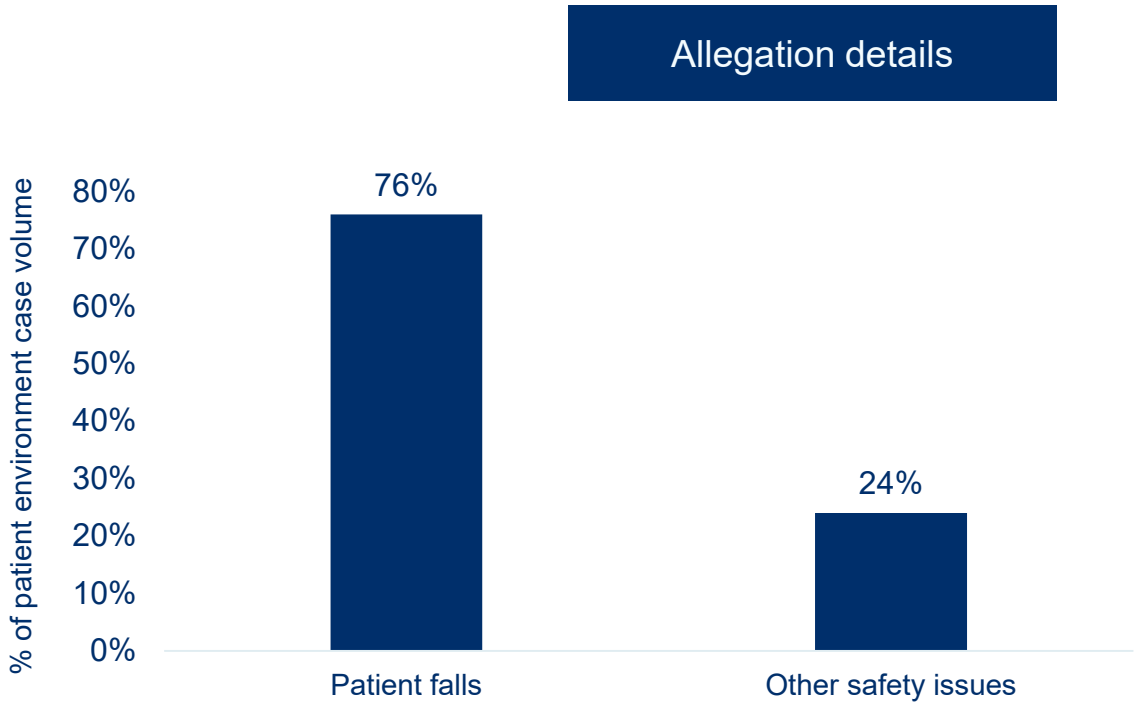
Focus on Patient Environment Allegations



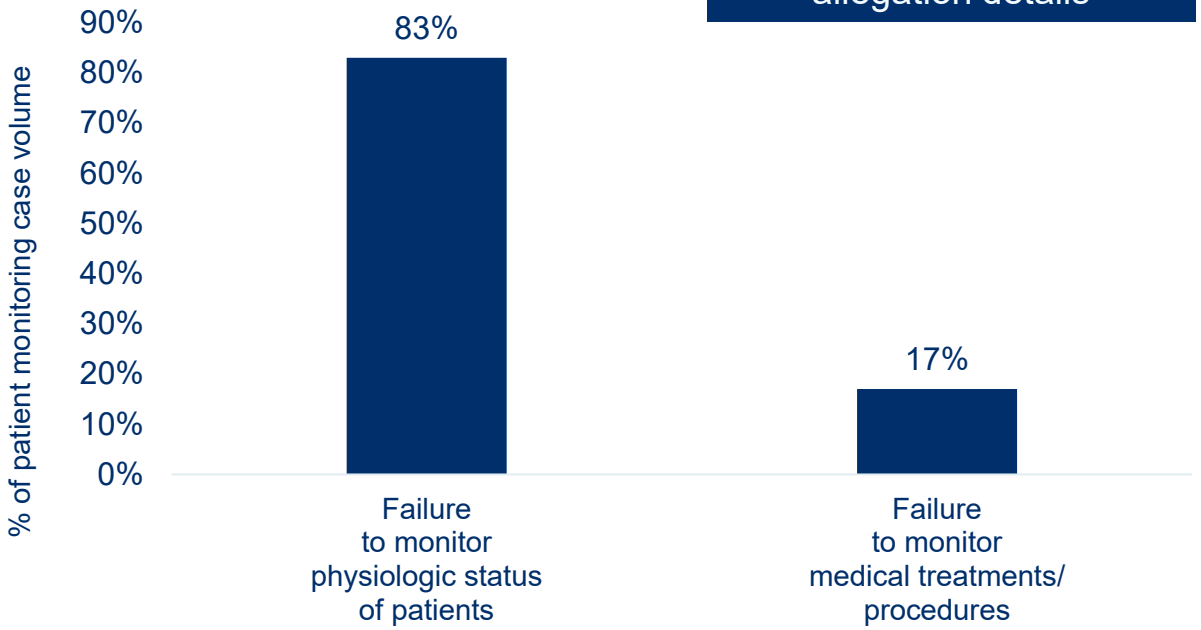
Examples of other safety issues:	Patient burns (surgical, chemical)
	Choking/aspiration
	Failure to protect patients from assaults
	Patient suicides

The most commonly noted contributing factors applied to the patient fall cases include inadequate monitoring/assessment of patients, failure to adhere to existing fall mitigation policies/procedures, and nights/weekends/holidays.

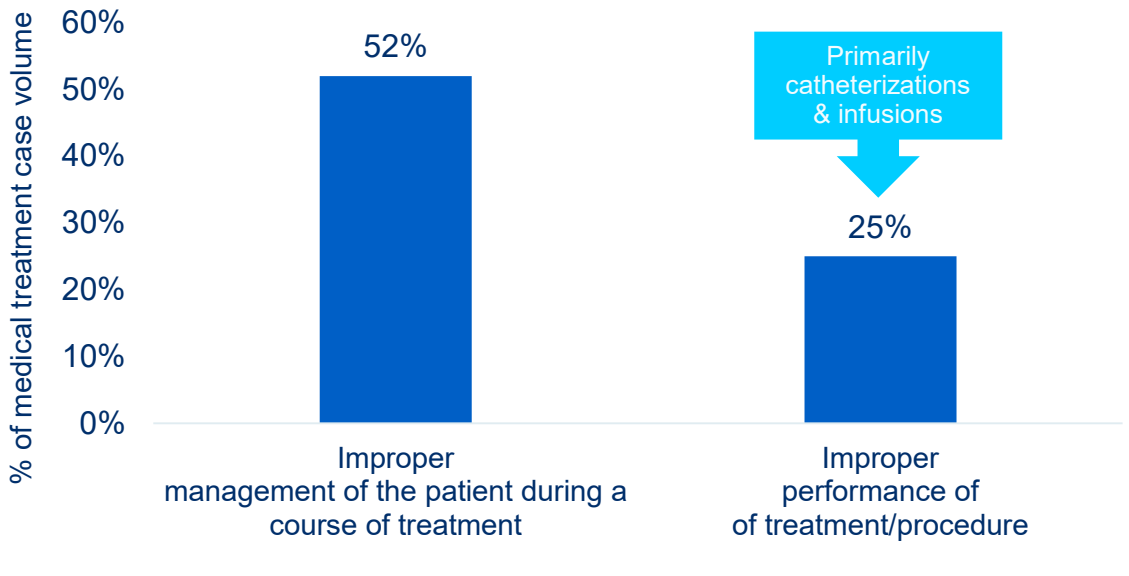
MedPro Group + MLMIC cases opened 2014-2023, Nursing as responsible service (N=2472; excludes senior care)

Focus on Patient Monitoring & Medical Treatment Allegations

Patient monitoring allegation details



Top medical treatment allegations



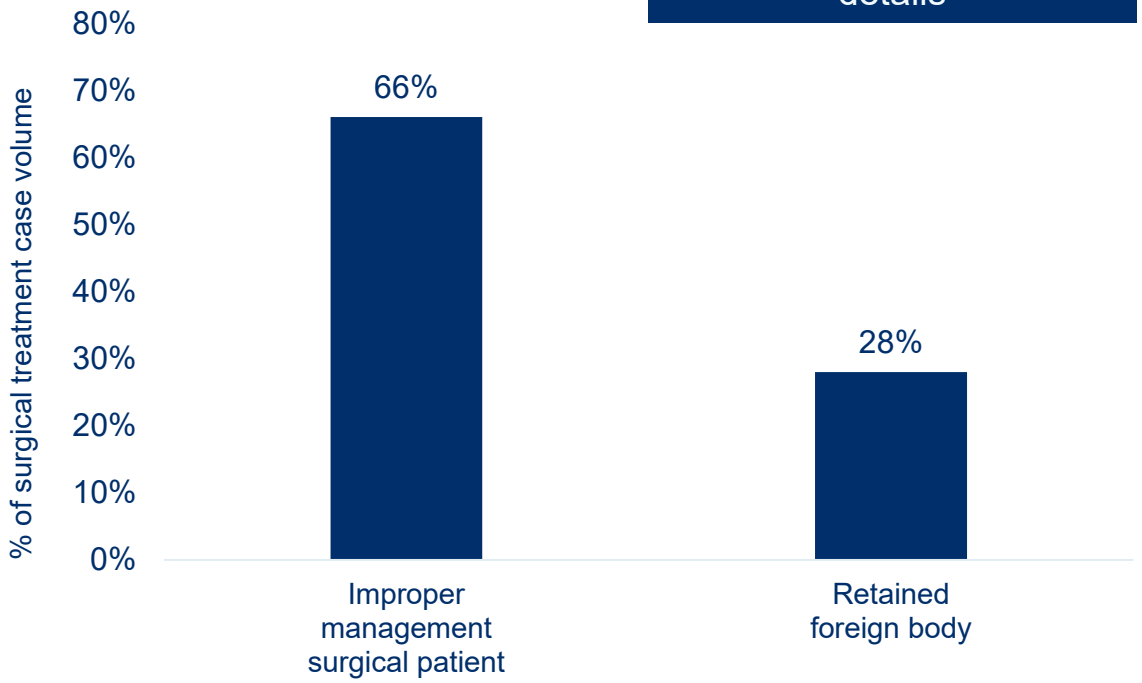
Most common injuries associated with these broad-scope allegation details:

Pressure ulcers, arrest, IV infiltrations, burns, infections (including those progressing to sepsis)

MedPro Group + MLMIC cases opened 2014-2023, Nursing as responsible service (N=2472; excludes senior care)

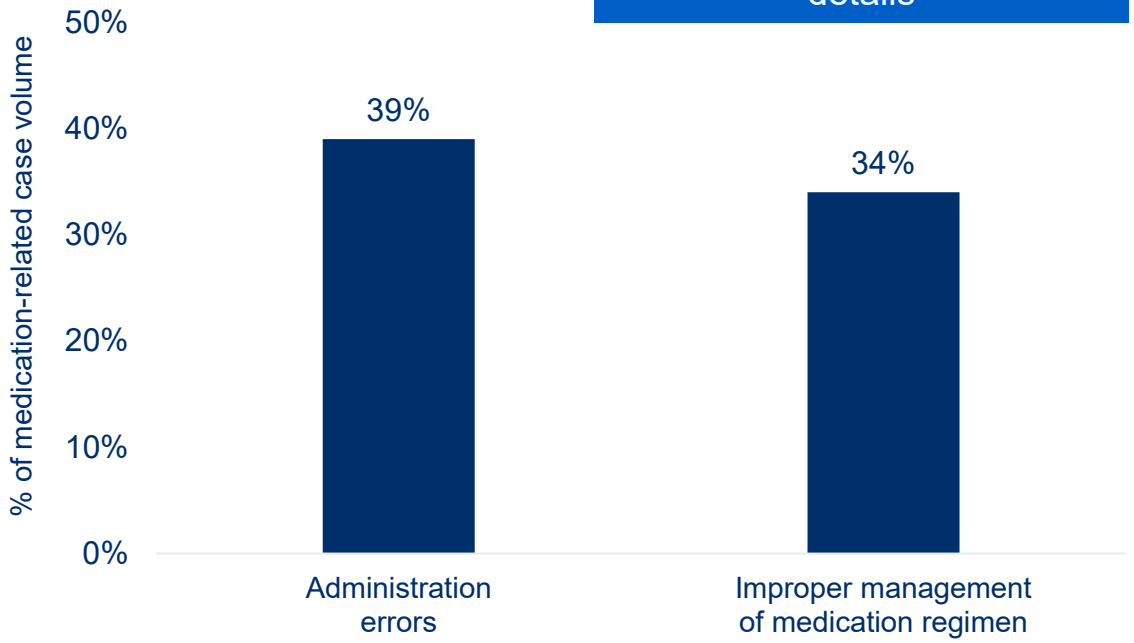
Focus on Surgical Treatment & Medication-Related Allegations

Top surgical allegation details



The most commonly noted contributing factors applied to the surgical cases and related to nursing care include inadequate monitoring/assessment of patients, failure to adhere to existing policies/procedures, and suboptimal communication among the surgical and post-operative care teams.

Top medication allegation details



Failures to adhere to existing medication policies and inadequate monitoring post-administration are often identified in these cases. Management of medication regimens encompasses scenarios involving inappropriate doses of post-operative narcotics, chemotherapy extravasations and anticoagulants.

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Risk Mitigation Strategies

- **Conduct appropriate and thorough assessments of the patient.**
  - Understand patient complaints and concerns.
  - Be alert to evolving signs/symptoms/test results.
- **Communicate with each other.**
  - Focus on care coordination with other members of the care team, including next steps.
  - Give thorough and clear patient instructions.
- **Engage patients as active participants in their care.**
  - Consider the patient's health literacy and other comprehension barriers.
- **Document.**
  - Timely document thorough, objective information about the results of patient assessment.
  - Thorough, consistent documentation in the chart enhances communication between providers and provides a supportive framework for defense of any subsequent malpractice case.
- **Adhere to ambulatory and inpatient setting policies/procedures.**

MedPro Group & MLMIC Data

MedPro and MLMIC are partnered with Candello, a national medical malpractice data collaborative and division of CRICO, the medical malpractice insurer for the Harvard-affiliated medical institutions.

Derived from the essence of the word candela, a unit of luminous intensity that emits a clear direction, Candello's best-in-class taxonomy, data, and tools provide unique insights into the clinical and financial risks that lead to harm and loss.

Using Candello's sophisticated coding taxonomy to code claims data, MedPro and MLMIC are better able to highlight the critical intersection between quality and patient safety and provide insights into minimizing losses and improving outcomes.

Leveraging our extensive claims data, we help our insureds stay aware of risk trends by specialty and across a variety of practice settings. Data analyses examine allegations and contributing factors, including human factors and healthcare system flaws that result in patient harm. Insight gained from claims data analyses also allows us to develop targeted programs and tools to help our insureds minimize risk.