



# 2011 Qualitative Nurse Work Profile Survey

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## **BACKGROUND**

The purpose of this survey was to examine the relationship between professional liability and a variety of factors including demographic profiles and workplace attributes of responding nurses insured through the NSO program who had experienced the closing of a professional liability claim that resulted in financial loss (during the time period of January 1, 2006 – December 31, 2010) compared to those who had never experienced a claim.

Two similar survey instruments were distributed to NSO-insured nurses with and without claims. The sample for those with claims consisted of 1,617 nurses who were identified as having a claim close between January 1, 2006 and December 31, 2010. Conversely, the non-claims sample of NSO nurses was produced from a randomized sample of current insureds that approximately matched the geographic distribution of the closed claims group. In this survey, the term respondent includes those NSO-insured registered nurses, licensed practical nurses, and licensed vocational nurses who voluntarily replied to the NSO survey.

## **OBJECTIVES**

CNA and NSO are committed to providing nurses with information to assist them in delivering safe patient care services. In 2011, CNA and NSO performed three different, focused actions in order (1) to examine nurse professional liability closed claims, (2) to review nurse license protection closed claims and (3) to survey nurse insureds to learn more about them, their workplaces and their concerns related to risks and the practice of nursing.

NSO engaged Wolters Kluwer Health, Lippincott Williams & Wilkins to survey nurses on these and associated issues. The survey participants included registered nurses, licensed practical nurses and licensed vocational nurses who participated in the NSO insurance program, including both those who have and have not experienced closed claims during the time period of between January 1, 2006 and December 31, 2010.

## **METHODOLOGY**

A hybrid methodology was used that consisted of a printed mail survey along with an emailed invitation to complete an online version of the survey. To ensure a nurse did not take the survey twice, each nurse was either sent the printed or the online invitation. Those receiving the printed version were invited to take the online survey via a generic link. Each survey was labeled with a unique identifier to further avoid duplication by any respondent.

## **RESPONSE RATE**

Survey findings are based on self-reported information and thus may be skewed due to the respondents' personal perceptions and recollections of the requested information. The qualitative NSO survey results are not comparable to the CNA nurse closed claims data in Part I or the nurse license protection closed claims data in Part II and are not representative of all NSO-insured nurse paid claims or nurse paid claims in general. The chart below summarizes the response rates for the survey.

	Claims			Non-claims		
	Print	Online	Total	Print	Online	Total
Initial sample size	1,003	614	1,617	975	6,500	7,475
Undeliverable/Opt out	64	107	171	89	513	602
Usable sample	939	507	1,446	886	5,987	6,873
# of respondents	222	72	294	101	719	820
Response rate	24%	14%	20%	11%	12%	12%

Within this document, results are reported on overall responses for respondents both with and without claims. The margin of error at the 95 percent confidence level for the claims portion of the survey was  $\pm 5.2$  percent. The margin of error for the non-claims portion was  $\pm 3.4$  percent. In either case, 95 percent of the time we can be confident that percentages in the actual population would not vary by more than this in either direction.

Some figures and narrative findings include a reference to the average paid indemnity of the respondents' closed claims. It is important to remember that the average paid indemnity related to the survey reflects only the average of those indemnity payments made on behalf of NSO-insured RNs and LPN/LVNs who had a closed claim and who responded to the survey.

## **RESPONDENT DEMOGRAPHICS**

### **Nursing licensure**

Although the percentage of registered nurse respondents was slightly higher in the claims group, the overall distribution of nursing licensures was reasonably consistent between the respondents with claims and those without claims.

<b>Nursing licensure</b>		
	<b>Claims</b>	<b>Non-Claims</b>
Registered nurse	94.9%	93.1%
Licensed practical nurse/vocational nurse	5.1%	6.9%

Q: Please indicate your current nursing licensure.

### **Pre-licensure nursing program completed**

Respondents who completed pre-licensure nursing programs in university/college (onsite program) showed a 7.8 percent decrease in claims over respondents with non-claims in the same type of program. Respondents who completed hospital-based programs showed a 7.5 percent increase in claims over respondents with non-claims in the same type of program. Few respondents achieved their licensure via online or accelerated programs. Notably, respondents who completed accelerated degree programs showed a 3.6 percent decrease in claims over those respondents with non-claims who also completed accelerated degree programs.

<b>Pre-licensure nursing program completed</b>		
	<b>Claims</b>	<b>Non-Claims</b>
Community college program	35.9%	31.1%
University/college – onsite program	33.1%	40.9%
Hospital-based	23.8%	16.3%
Diploma program	3.4%	3.4%
Accelerated degree program	2.4%	6.0%
Other	1.1%	1.3%
Online program	0.3%	1.0%

Q: Which best describes the type of pre-licensure nursing program you completed?

### Years as a licensed nurse

While the claims and non-claims groups of respondents correlated positively for the number of years as a licensed nurse, the majority (69.2 percent) of respondents with claims had been a licensed nurse for 21 years or more.

Years as a licensed nurse		
	Claims	Non-Claims
Less than 1 year	0.0%	11.0%
1 to 2 years	0.0%	7.3%
3 to 5 years	0.7%	13.8%
6 to 10 years	3.8%	11.0%
11 to 15 years	13.4%	9.3%
16 to 20 years	13.0%	7.4%
21 years or more	69.2%	40.2%

Q: How many years have you been a licensed nurse?

### Gender

No significant differences appeared from a gender perspective for those respondents with or without claims.

Gender		
	Claims	Non-Claims
Female	91.3%	92.9%
Male	8.7%	7.1%

Q: What is your gender?

## Age

The data for respondent age was weighted heavily toward nurses with claims who were 51 years or older (66.9 percent). This comprised two-thirds of nurses who responded with claims compared to 41.3 percent of nurses who responded without claims. Respondents under the age of 30 rarely experienced a claim.

Age		
	Claims	Non-Claims
30 years or younger	0.3%	17.7%
31 to 35 years	2.4%	8.4%
36 to 40 years	5.9%	11.2%
41 to 45 years	9.7%	8.4%
46 to 50 years	14.8%	13.2%
51 to 60 years	37.2%	28.6%
61 years or older	29.7%	12.7%

Q: What is your age?

### Highest level of education

With some variation between the two groups, the highest percent of respondents had Bachelor's degrees followed by those with Associate's degrees, those from diploma programs, those with Master's degrees and lastly those with Doctorate degrees.

Highest level of education		
	Claims	Non-Claims
Diploma Program	18.0%	12.9%
Associate's Degree	31.1%	26.4%
Bachelor's Degree	38.1%	45.8%
Master's Degree	11.4%	13.6%
Doctorate Degree	1.4%	1.3%

Q: What is your highest level of education completed?



## Areas of practice

The obstetrics/perinatal practice areas had a significantly higher proportion of respondents experiencing claims than the comparative sample size of respondents without claims (11.8 percent vs. 5.6 percent). The opposite held true for medical/surgical (11.8 percent vs. 24.7 percent) and pediatrics (4.2 percent vs. 12.0 percent) areas. Respondents with the highest average paid indemnities practiced in occupational health and psychiatric/behavioral health. Respondents with the lowest average paid indemnities practiced in urology/renal and hospice.

Areas of practice			
Area of practice	Claims	Non-claims	Average paid indemnity
Other	14.9%	30.6%	\$26,723
Critical Care	12.2%	11.8%	\$23,888
Obstetrics/Perinatal	11.8%	5.6%	\$23,308
Gerontology	11.8%	12.2%	\$19,020
Emergency Department	11.8%	9.6%	\$10,485
Medical/Surgical	11.8%	24.7%	\$21,398
Psychiatric/behavioral health	9.0%	6.4%	\$32,122
Home Care	8.7%	10.1%	\$10,908
Operating Room	8.7%	5.9%	\$32,671
Prison	4.5%	1.2%	\$21,780
Pediatrics	4.2%	12.0%	\$14,073
Community/Public Health	4.2%	7.3%	\$14,258
Oncology/Hematology	3.8%	6.0%	\$28,397
Neonatal	2.8%	3.6%	\$13,752
Women's Health (no OB)	2.4%	1.5%	\$16,728
Case Management	2.1%	2.5%	\$17,843
Hospice	1.7%	1.9%	\$2,253
School	1.7%	1.9%	\$16,096
Family practice	1.7%	2.9%	\$5,184

Infusion	1.7%	2.9%	\$3,002
Aesthetics/Cosmetics	1.4%	0.5%	\$7,982
Adolescent care	1.0%	3.7%	\$28,501
Occupational health	0.7%	2.1%	\$66,837
Urology/renal	0.7%	2.0%	\$2,760

Q: In what areas(s) do you practice as a nurse?

### Areas of additional certification

Of the respondents who experienced claims, 20.6 percent were certified in critical care, followed by 14.7 percent of respondents certified in medical/surgical nursing, and 14.1 percent of respondents certified in obstetrics/perinatal and emergency department nursing. Respondents with the highest average paid indemnities were certified in community/public health and occupational health. Respondents with the lowest average paid indemnities were certified in family practice, women's health/no OB, and infusion.

Areas of additional certification			
Area of practice	Claims	Non-claims	Average claim indemnity
Critical Care	20.6%	13.3%	\$9,528
Other	15.3%	30.0%	\$19,611
Medical/Surgical	14.7%	11.0%	\$9,802
Obstetrics/Perinatal	14.1%	4.7%	\$24,868
Emergency Department	14.1%	12.2%	\$9,125
Gerontology	10.6%	6.5%	\$41,757
Oncology/Hematology	7.6%	8.1%	\$17,789
Home Care	7.6%	4.7%	\$7,949
Psychiatric/behavioral health	5.3%	5.2%	\$17,778
Operating Room	5.3%	4.1%	\$22,211
Infusion	5.3%	5.9%	\$3,734
Prison	4.1%	0.2%	\$13,558
Pediatrics	3.5%	7.4%	\$27,879

School	2.9%	3.1%	\$3,003
Aesthetics/Cosmetics	2.9%	0.9%	\$20,244
Community/Public Health	2.4%	4.3%	\$74,737
Rehabilitation	2.4%	2.6%	\$11,425
Urology/renal	1.8%	0.5%	\$34,954
Neonatal	1.8%	4.1%	\$16,703
Hospice	1.8%	2.0%	\$21,845
Prenatal/Lactation	1.8%	1.9%	\$8,988
Forensics	1.2%	1.5%	\$48,250
Women's Health (no OB)	1.2%	0.5%	\$2,104
Family practice	1.2%	0.7%	\$1,080
Occupational health	0.6%	1.1%	\$66,837

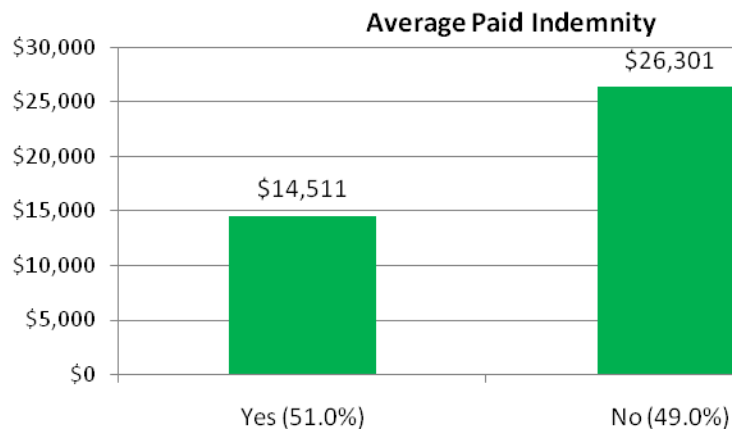
Q: In what areas(s) have you achieved additional certification to practice as a nurse?

### Mentor or preceptor

Regardless of claims status, slightly more than one-half of respondents had a mentor or preceptor during their first 2 years as a nurse. Respondents without a mentor experienced more claims and those claims had a higher average paid indemnity.

Mentor or preceptor		
	Claims	Non-Claims
Yes	51.0%	51.0%
No	49.0%	49.0%

Q: During your first 2 years of working as a nurse, did you have a mentor or preceptor?

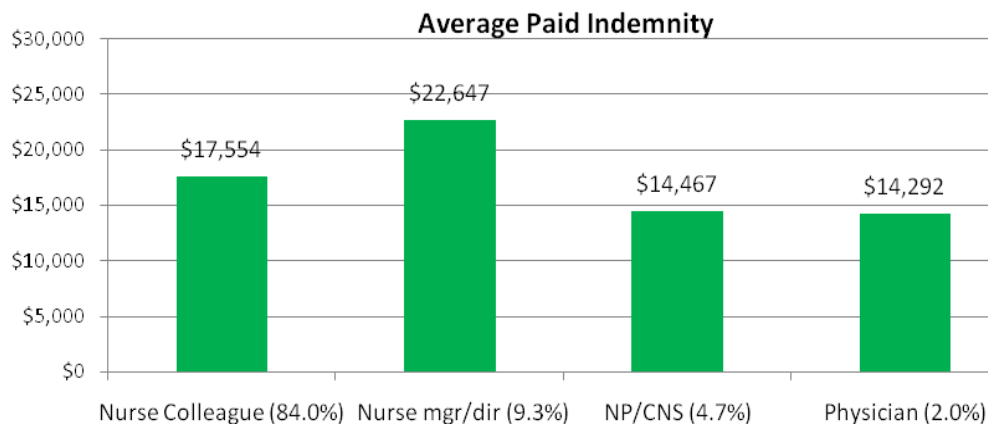


### Position of mentor or preceptor

Most respondents with a mentor/preceptor indicated that their mentor or preceptor was a nurse colleague/staff nurse (84.1 percent, claims and 85 percent, non-claims). Respondents who had a nurse manager/director as a mentor experienced the highest average paid indemnity. Respondents mentored by a nurse practitioner (NP), clinical nurse specialist (CNS) or a physician had the lowest average paid indemnities.

Position of mentor or preceptor		
	Claims	Non-Claims
Nurse colleague/staff nurse	84.1%	84.0%
Nurse manager or director	8.5%	9.3%
NP or Clinical Nurse Specialist	3.7%	4.7%
Physician	3.7%	2.0%

Q: Who was the mentor or preceptor?

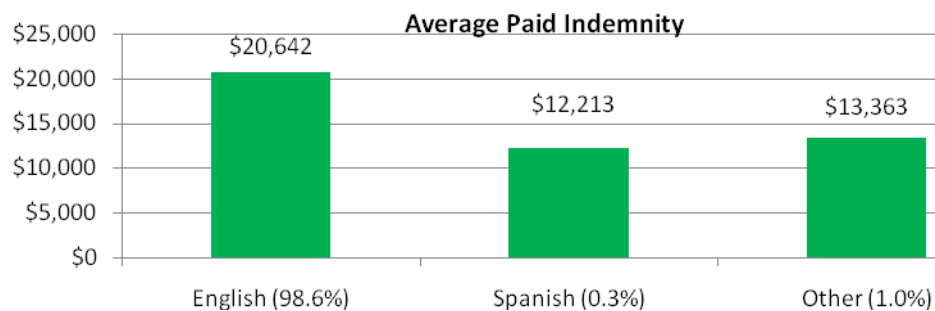


### Primary language

English was the predominant language of respondents with and without claims.

Primary language		
	Claims	Non-Claims
English	98.6%	93.5%
Spanish	0.3%	1.6%
Other	1.0%	4.9%

Q: Which is your primary language?



### Location of practice

Respondents who worked in suburban locations had significantly more claims (56.5 percent) than their non-claim counterparts (43.9 percent).

Location of practice		
	Claims	Non-Claims
Suburban	56.5%	43.9%
Urban	24.4%	36.2%
Rural	19.1%	19.9%

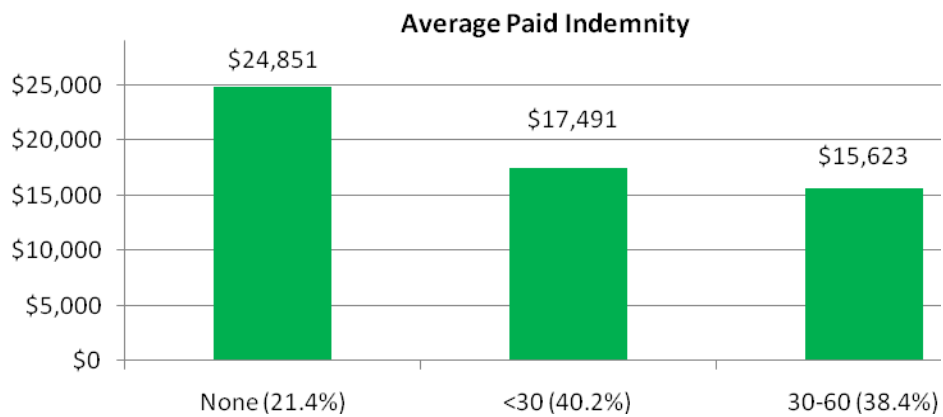
Q: Which of the following best describes the location of your practice?

### Number of annual continuing education (CE) credits required

While each state has its own requirement for number of annual CE credits, about 8% more nurse respondents with claims (38.2%) reported needing 30 to 60 credits annually to retain their nursing licensure compared to those with non-claims. Importantly, as the total number of required CE credits increase, the average paid indemnity decreases.

Number of annual CE credits required		
	Claims	Non-Claims
None	21.4%	28.0%
Less than 30	40.2%	41.9%
30 to 60	38.2%	30.1%

Q: According to your State Licensing Board, how many CE credits are you required to complete annually to retain your nursing licensure?

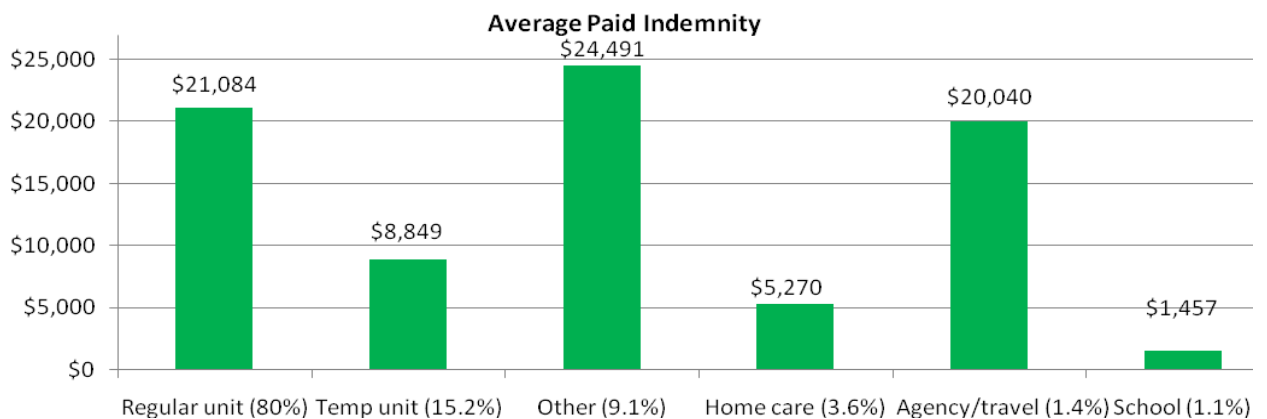


### Work location at the time of incident

Of the respondents with claims, 80 percent reported the involved incidents occurred when they were working in their regularly assigned unit. Respondents experienced the fewest claims (1.1 percent) in school settings and those claims also accounted for the smallest average paid indemnity.

Work location at the time of incident	
	Claims
Working regularly assigned unit	80.0%
Other	9.1%
Temporarily assigned to another unit or "floated"	4.7%
Home care	3.6%
Agency/travel nurse	1.4%
School	1.1%

Q: At the time of the incident, what was your work location?



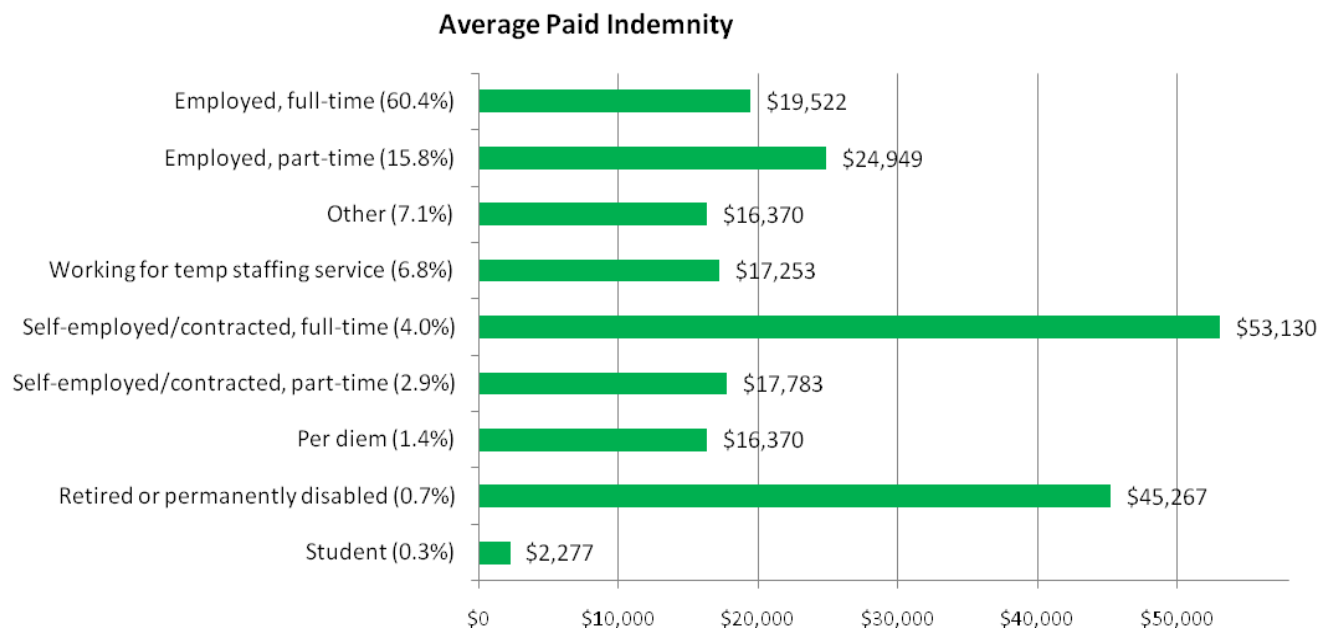


## Employment status

Employment status had a minimal impact on whether or not a claim was filed. The distributions between respondents with and without claims were not statistically significant. Average paid indemnity was higher for part-time employees working in a hospital than for their full-time counterparts.

Employment status		
	Claims	Non-Claims
Employed, full-time (e.g., in a hospital)	60.4%	60.7%
Employed, part-time (e.g., in a hospital)	15.8%	13.7%
Other	7.1%	11.6%
Working for temp staffing service	6.8%	1.3%
Self-employed/contracted, full-time	4.0%	2.9%
Self-employed/contracted, part-time	2.9%	4.2%
Per diem	1.4%	1.6%
Retired or permanently disabled	0.7%	1.4%
Student	0.3%	4.3%

Q: At the time of the incident, what was your employment status?





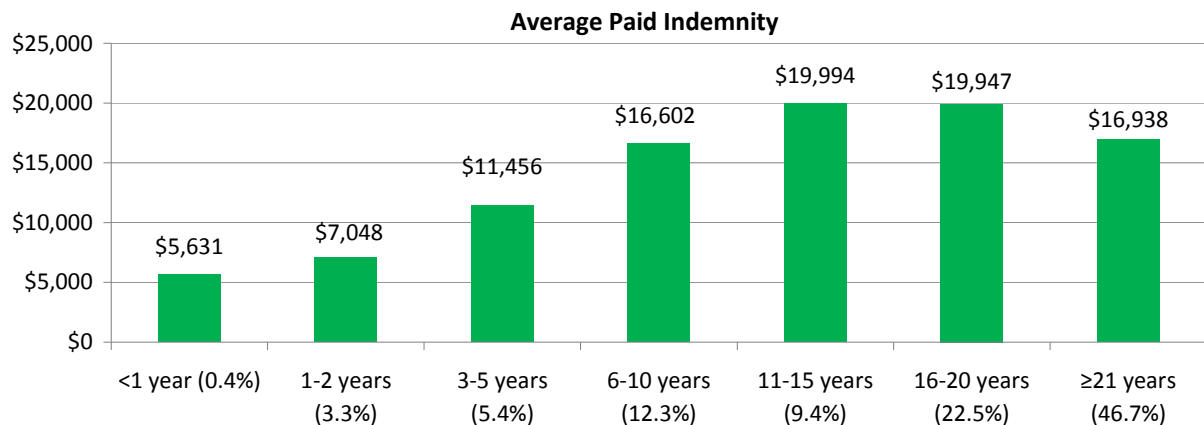
## **SURVEY HIGHLIGHTS**

### **Years of practice at time of incident**

The majority of respondents with claims had practiced in nursing for 16 or more years at the time of the incident that resulted in a claim. The average paid indemnity remained essentially identical for the 10 year period of between 11 and 20 years of practice at the time of the incident. An overall positive relationship between professional tenure at time of incident and average paid indemnity was noted.

<b>Years of practice at time of incident</b>	
	<b>Claims</b>
Less than 1 year	0.4%
1 to 2 years	3.3%
3 to 5 years	5.4%
6 to 10 years	12.3%
11 to 15 years	9.4%
16 to 20 years	22.5%
21 years or more	46.7%

Q: At the time of the incident, how many years had you practiced nursing?

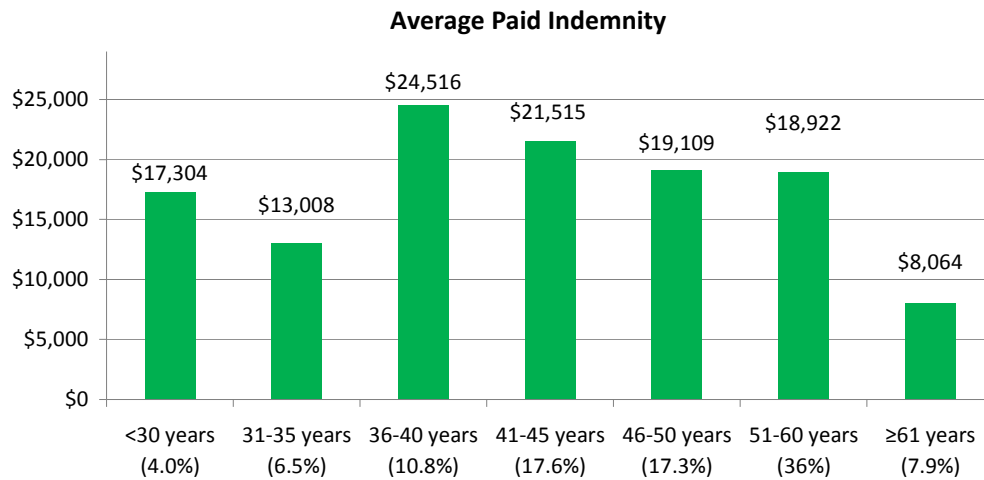


### Age at time of incident

Respondents who experienced claims were typically age 41 years or older (78.8 percent). Respondents 36 to 40 years old had the highest average paid indemnity and respondents 61 years or older had the lowest average paid indemnity.

Age at time of incident	
	Claims
30 years or younger	4.0%
31 to 35 years	6.5%
36 to 40 years	10.8%
41 to 45 years	17.6%
46 to 50 years	17.3%
51 to 60 years	36.0%
61 years or older	7.9%

Q: At the time of the incident, what was your age?

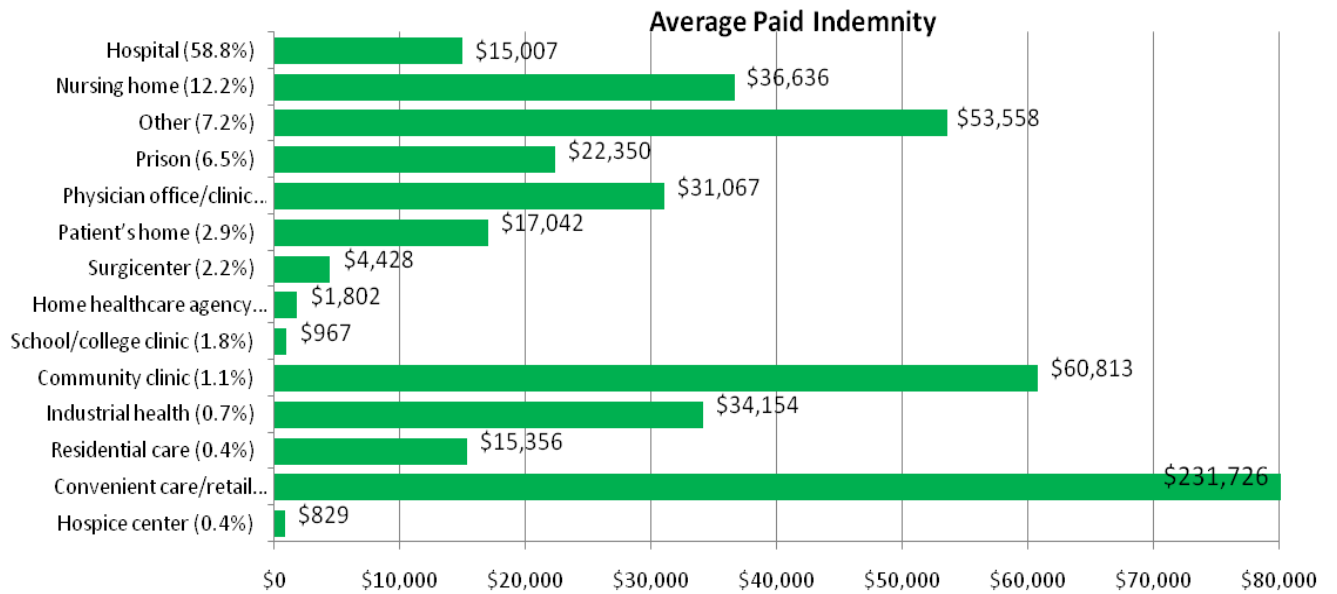


## Practice setting

Both groups of respondents practicing in hospitals had virtually identical percentages of claims. Working in a nursing home had almost a 4 percent increase in claims reported compared to the non-claims group (12.2 percent vs. 8.3 percent). The highest average paid indemnity occurred in an isolated pharmacy-related incident in a convenient care/retail setting. Community clinics had the second highest average paid indemnity.

Practice setting		
	Claims	Non-Claims
Hospital	58.8%	58.6%
Nursing home	12.2%	8.3%
Other	4.7%	10.0%
Prison	6.5%	0.7%
Physician office/clinic	4.3%	4.9%
Patient's home	2.9%	5.7%
Surgicenter	2.2%	1.6%
Home healthcare agency	2.2%	4.8%
School/college clinic	1.8%	7.4%
Community clinic	1.1%	2.3%
Industrial health	0.7%	0.9%
Ambulatory care facility	0.7%	2.2%
Residential care facility	0.7%	1.1%
Convenient care/retail clinic	0.4%	0.9%
Hospice center	0.4%	0.6%

Q: Which of the following best describe your practice setting where the incident occurred?



### Specialty at time of incident

Respondents who reported claims worked in medical/surgical, obstetrics/perinatal, gerontology, emergency department, critical care, and operating room specialties. Specialties infrequently represented were family practice, infusion, pediatrics, and occupational health. Average paid indemnities were highest in community/public health and lowest in family practice.

Specialty at time of incident		
Area of practice	Claims	Average Paid Indemnity
Other	14.8%	\$16,750
Medical/Surgical	13.3%	\$9,060
Obstetrics/Perinatal	12.2%	\$29,149
Gerontology	11.1%	\$36,500
Emergency Department	10.3%	\$15,351
Critical Care	9.2%	\$9,938
Operating Room	5.2%	\$14,860
Prison	4.8%	\$25,394
Home Care	4.8%	\$11,042
Psychiatric/behavioral health	3.7%	\$8,447
Neonatal	2.2%	\$19,411
Oncology/Hematology	1.8%	\$33,984
Community/Public Health	1.5%	\$165,601
Aesthetics/Cosmetics	1.1%	\$10,407
Occupational health	0.7%	\$34,154
Pediatrics	0.7%	\$1,671
Infusion	0.7%	\$3,683
School	0.5%	\$20,199
Family practice	0.4%	\$1,324

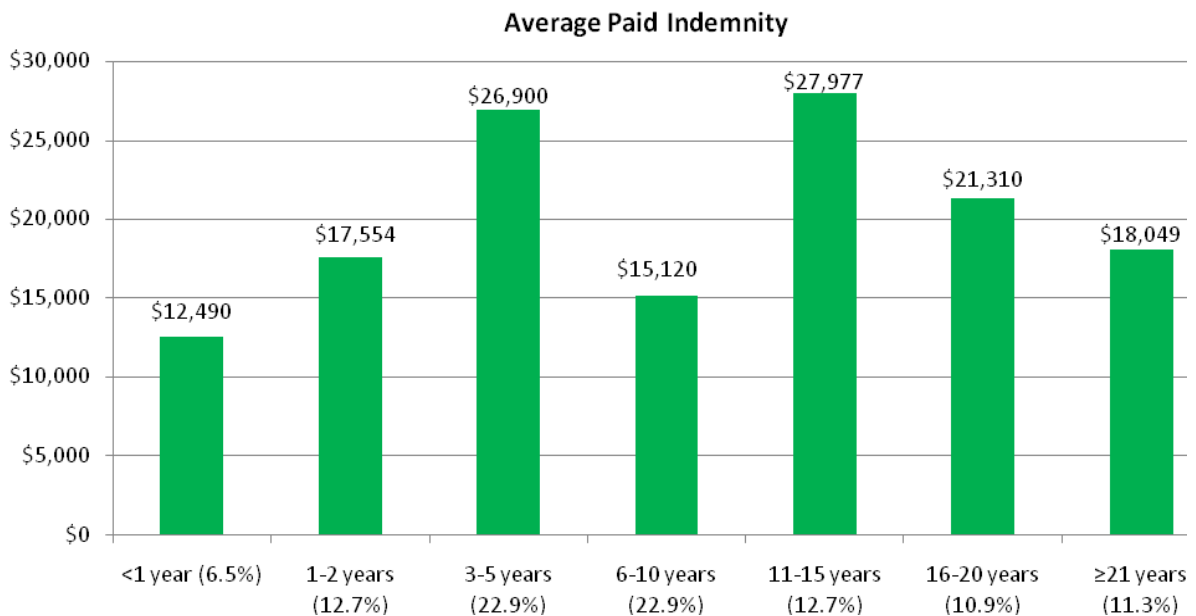
Q: At the time of the incident, what was your specialty?

### Years in position at time of incident

At the time of incident, 45.8 percent of respondents had held their positions for 3 to 10 years. Average paid indemnity rose for respondents in their positions 3 to 5 years and peaked for those in their positions 11 to 15 years. Respondents in their positions less than 1 year experienced the smallest average paid indemnity.

Years in position at time of incident	
	Claims
Less than 1 year	6.5%
1 to 2 years	12.7%
3 to 5 years	22.9%
6 to 10 years	22.9%
11 to 15 years	12.7%
16 to 20 years	10.9%
21 years or more	11.3%

Q: At the time of the incident, how many years had you worked in this particular position?





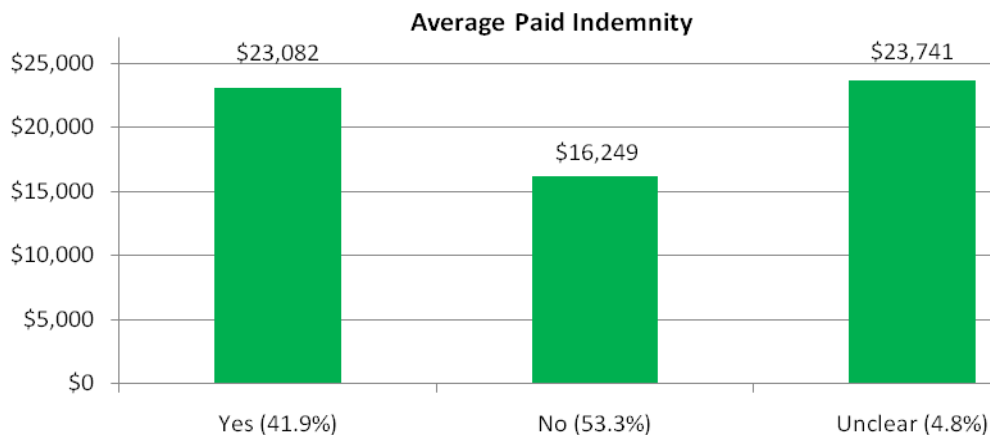
### Certification in practicing specialty

More than half of the respondents who experienced claims did not have specialty certification in their practicing specialty. Those nurses who were certified in their practicing specialty experienced higher average paid indemnities. Generally, nurses who were unclear about their specialty status were in practice for less than 1 year.

Certification in practicing specialty		
	Claims	Non-Claims
Yes	41.9%	37.3%
No	53.3%	59.8%
Specialty certification status unclear	4.8%	2.9%

Claims Q: At the time of the incident, were you certified in the specialty area in which you were practicing?

Non-Claims Q: Are you certified in the specialty area in which you are currently practicing?

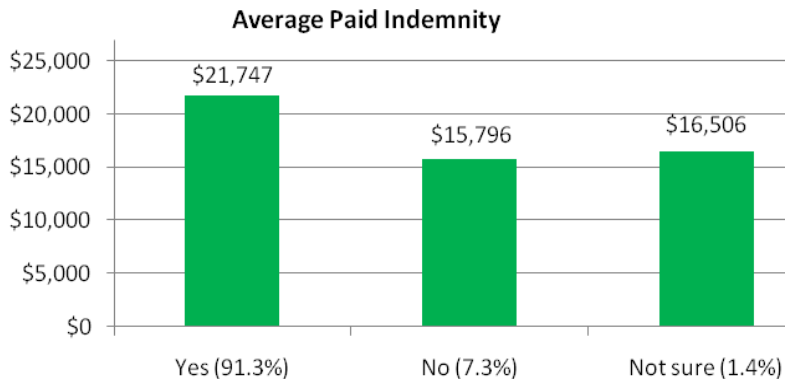


### Working within trained ability

Nearly all respondents who had experienced a claim believed they were fully trained in the patient care services they were providing when the incident occurred. Respondents who believed they were fully trained to work within their specialty had the highest average paid indemnity.

Working within trained ability	
	Claims
Yes	91.3%
No	7.3%
Not sure	1.4%

Q: Were you providing services in an area where you believe you were fully trained to provide clinical services?



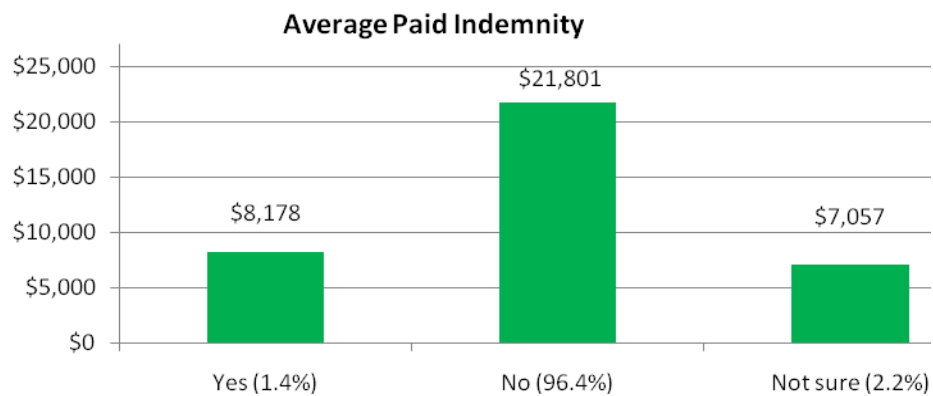
## Practicing out of scope

Only 3.6 percent of respondents with claims believed they were either working outside their scope of practice or were not sure at the time of the incident. Since most respondents (96.4 percent) believed they were working within their scope of practice, especially those who had filed a claim, it is reasonable that the average paid indemnities were highest for those working within their scope of practice.

Practice out of scope		
	Claims	Non-Claims
Yes	1.4%	7.1%
No	96.4%	90.0%
Not sure	2.2%	2.9%

Claims Q: Were you working outside of your scope of practice?

Non-Claims Q: Do you ever work outside of your scope of practice?

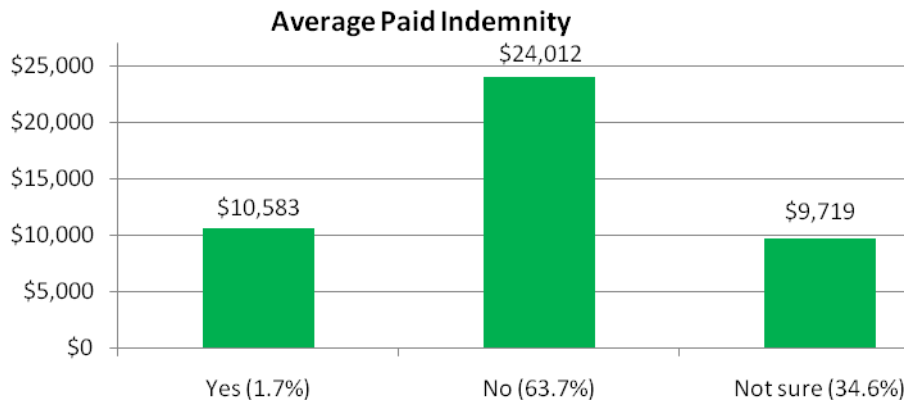


### Awareness of working out of scope of practice

Nearly two-thirds (63.7 percent) of respondents who experienced claims were not aware they were practicing outside their scope of practice. These respondents also experienced the highest average paid indemnity. Respondents who were not sure whether or not they were practicing out of scope experienced the lowest average paid indemnity.

Awareness of practicing out of scope	
	Claims
Yes	1.7%
No	63.7%
Not sure	34.6%

Q: Did you know you were working outside of your scope of practice?

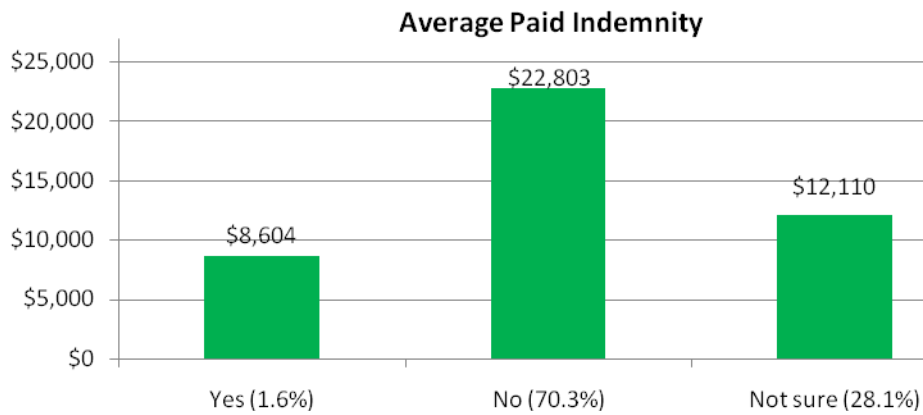


### Awareness of working outside of facility policy

More than 70 percent of respondents who experienced claims were not aware they were working outside of facility policy and those claims resulted in the highest average paid indemnity. Only 1.6 percent of respondents reported they knew they were working outside of facility policy; however, the related claims resulted in the lowest average paid indemnity.

Awareness of working outside of facility policy	
	Claims
Yes	1.6%
No	70.3%
Not sure	28.1%

Q: Did you know you were working outside of your facility's policies?

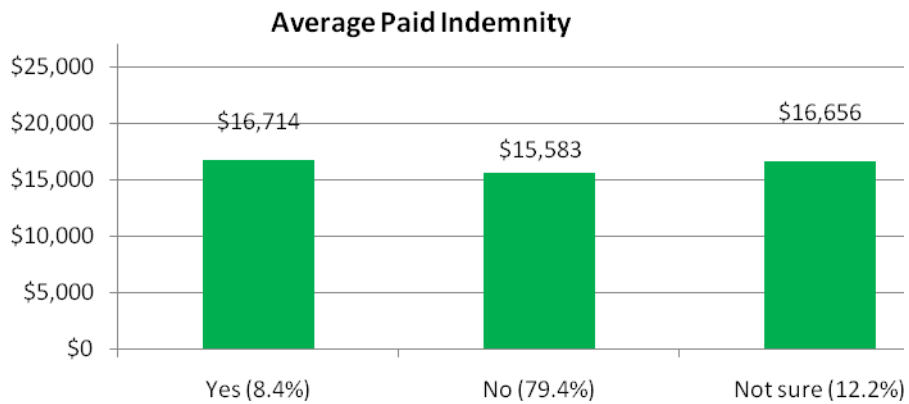


### Required to work out of scope

It may be an indication of additional risk that 8.4 percent of respondents who experienced claims reported their facility allowed or required them to work outside their scope of practice. This was reflected in a slightly higher average paid indemnity.

Required to work out of scope		
	Claims	Non-Claims
Yes	8.4%	9.8%
No	79.4%	81.8%
Not sure	12.2%	8.4%

Q: Did your facility allow or require you to work outside your scope of practice?



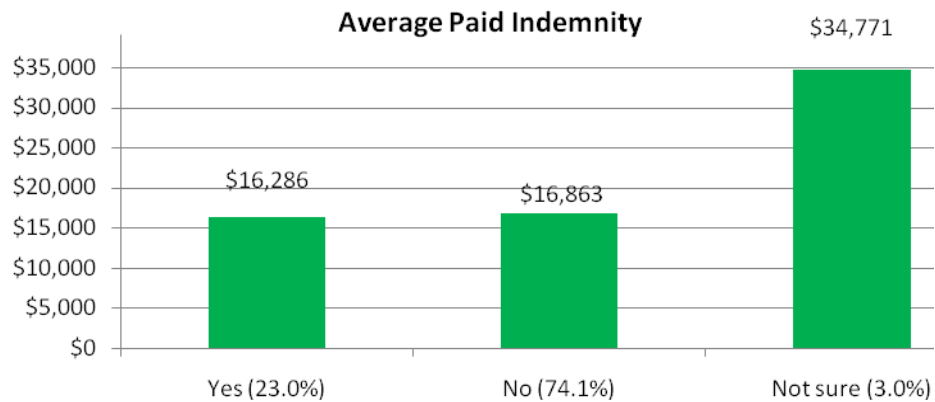
### Working overtime requirement

Although 23 percent of respondents experiencing a claim reported their employer required them to work overtime, this appeared to have minimal effect on resulting average paid indemnities. At the time of the incident, a smaller percent of respondents had actually been working overtime than the number who indicated it was required (10.9 percent vs. 23.0 percent).

Working overtime requirement		
	Claims	Non-Claims
Yes	23.0%	21.3%
No	74.1%	74.3%
Not sure	3.0%	4.4%

Claims Q: At the time of the incident, did your employer require you to work overtime?

Non-Claims Q: Does your employer require you to work overtime?

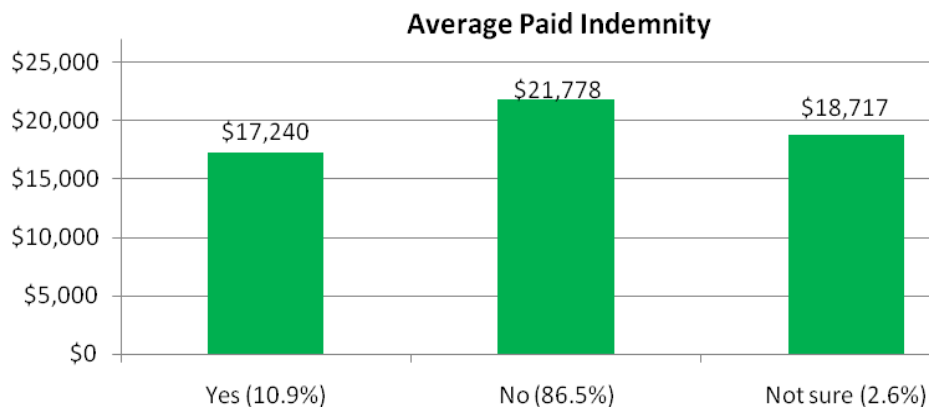


### Working overtime at time of incident

According to a 2011 report by the American Nurses Association, only 15 states have restrictions on mandatory overtime. Because it is so prevalent, many nurses may think of mandatory overtime as part of their regular duties and not consider it “overtime,” thus the 3% of nurses who responded to this survey who answered that they were not sure. A December 2007 survey on job satisfaction published in *Nursing* journal (Lippincott Williams & Wilkins) indicated that 29% of nurses were unaware if their facility had a policy on mandatory overtime. A 2004 study in *Health Affairs* indicates that risks of making an error are significantly increased when nurses worked overtime, so these nurses who were “not sure” may have been working overtime but were not actively aware of the extra hours they were working, which increased their average paid indemnity.

Working overtime at time of incident	
	Claims
Yes	10.9%
No	86.5%
Not sure	2.6%

Q: At the time of the incident, were you working overtime?





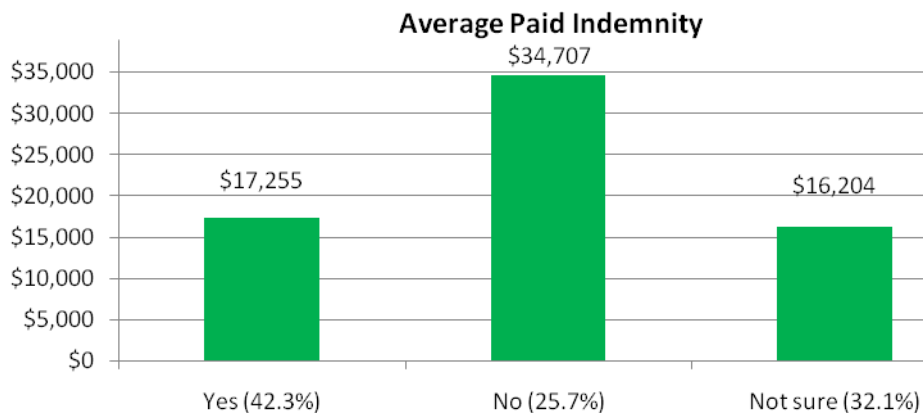
### Policy on disclosure of mistakes

One-quarter of nurses surveyed responded that their facility did not have a policy for disclosing mistakes. Those respondents had the highest average paid indemnity. More importantly, for those respondents where the policy was in place there was a 50 percent decrease in the average paid indemnity.

Policy on disclosure of mistakes		
	Claims	Non-Claims
Yes	42.3%	64.2%
No	25.7%	11.9%
Not sure	32.1%	25.4%

Claims Q: At the time of the incident, did your employer have a policy regarding disclosure of mistakes?

Non-Claims Q: Does your employer have a policy regarding the disclosure of mistakes?



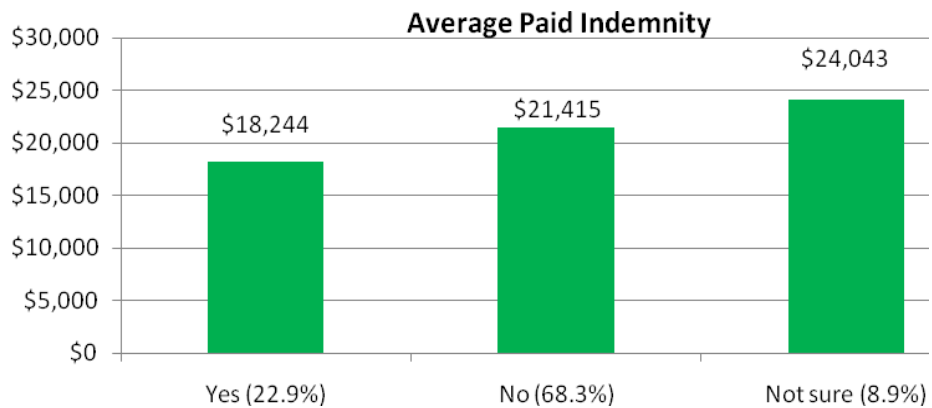
### Effect of inadequate staffing

At the time of the incident, 22.9 percent of respondents who experienced claims perceived that inadequate staffing levels were a contributing factor. Eighty-eight percent of respondents without claims perceived that inadequate staffing could contribute to the cause of incidents.

Effect of inadequate staffing		
	Claims	Non-Claims
Yes	22.9%	88.4%
No	68.3%	7.5%
Not sure	8.9%	4.1%

Claims Q: Did you perceive that inadequate staffing levels contributed to the cause of the incident?

Non-Claims Q: Do you perceive that inadequate staffing levels can contribute to the cause of incidents?



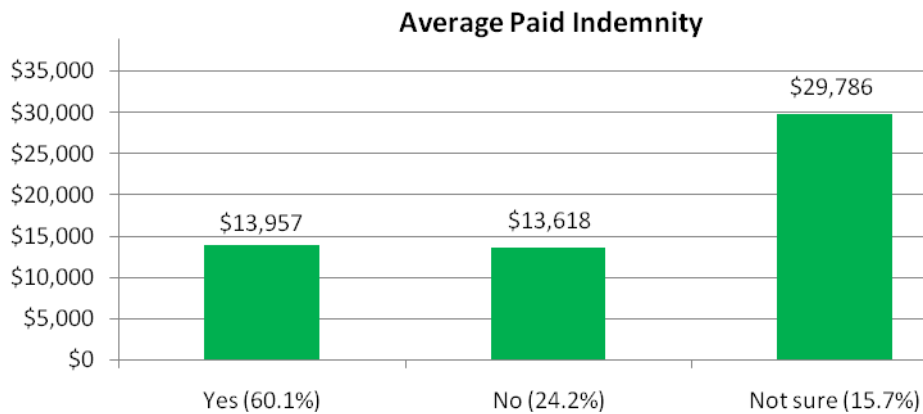
### Use of a handoff report

The use of a hand-off report between shifts did not appear to have a direct effect on either the incident percentage or average paid indemnity. The one exception was when respondents were “not sure” if a thorough handoff report was used, which resulted in a much higher average paid indemnity.

Use of a handoff report		
	Claims	Non-Claims
Yes	60.1%	62.7%
No	24.2%	23.9%
Not sure	15.7%	13.4%

Claims Q: At the time of the incident, did you receive a thorough handoff report from the prior shift?

Non-Claims Q: Do you receive a thorough handoff report from the prior shift?



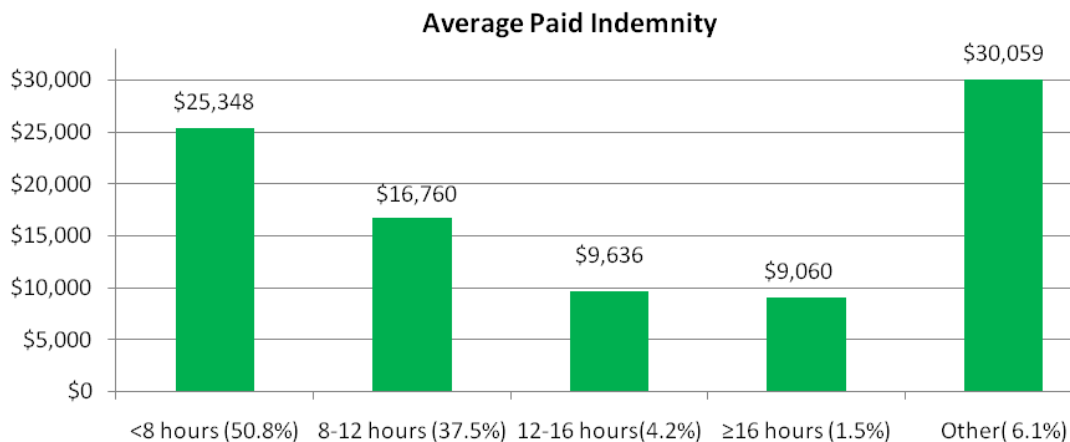
### Consecutive hours worked at the time of incident

One-half of respondents who experienced claims reported they had worked less than 8 hours at the time of the incident. It is unclear if this represented their entire shift or the time until the point of the incident. Most respondents without claims worked between 8 and 12 hours. For both groups, as consecutive hours worked at the time of incident increased, the average paid indemnity decreased.

Consecutive hours worked at the time of incident		
	Claims	Non-Claims
<8 hours	50.8%	11.2%
8 to 12 hours	37.5%	59.6%
12 to 16 hours	4.2%	21.1%
≥16 hours	1.5%	0.8%
Other	6.1%	7.3%

Claims Q: How many consecutive hours had you worked at the time of the incident?

Non-Claims Q: How many consecutive hours do you typically work in a shift?



The time that the incident occurred may be an important component of the fact that working longer consecutive hours resulted in decreased average paid indemnity. Nurses working long shifts of 12 to over 16 hours may be working most of their hours during slower times of activity in the hospital (i.e., overnight), while those working shorter consecutive hours were working during peak activity times and saw more patients as a result, increasing their chances of an incident occurring.

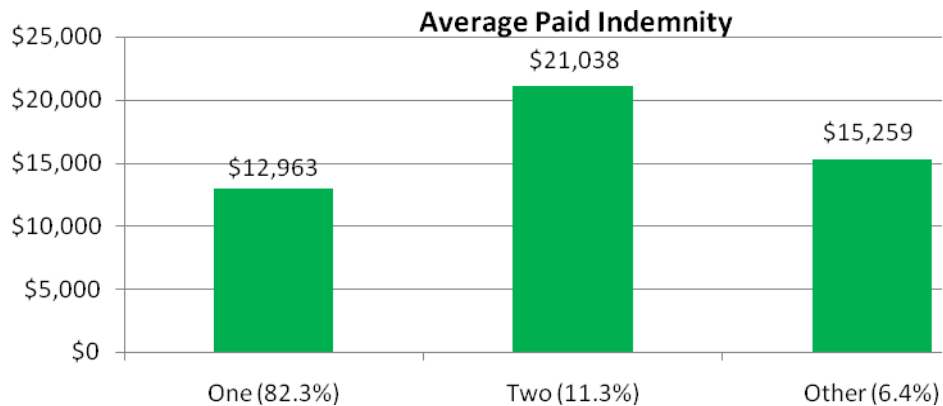
## Number of employers

Only 11.3 percent of respondents with claims worked for at least two different employers at the time of the incident. Working for more than one employer contributed to an increase in average paid indemnity.

Number of employers		
	Claims	Non-Claims
One	82.3%	73.0%
Two	11.3%	17.6%
Other	6.4%	9.4%

Claims Q: At the time of the incident, how many different employers were you working for?

Non-Claims Q: How many different employers do you currently work for?



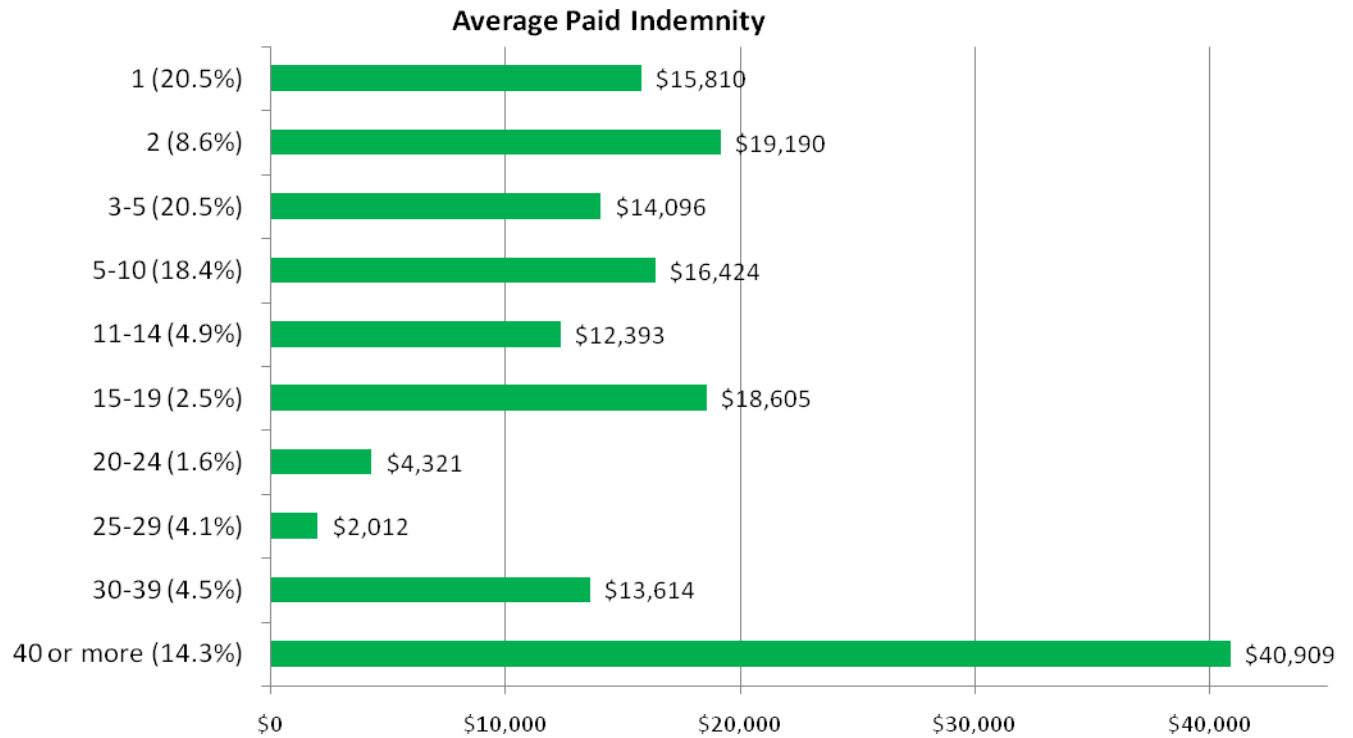
### Number of patients assigned

While respondents assigned 10 or fewer patients represented 68 percent of those who experienced claims, average paid indemnity more than doubled when respondents had more than 40 patients assigned.

Number of patients assigned		
	Claims	Non-Claims
1	20.5%	11.5%
2	8.6%	9.8%
3 to 5	20.5%	32.3%
5 to 10	18.4%	22.3%
11 to 14	4.9%	4.0%
15 to 19	2.5%	2.5%
20 to 24	1.6%	3.2%
25 to 29	4.1%	3.2%
30 to 39	4.5%	2.2%
40 or more	14.3%	8.9%

Claims Q: At the time of the incident, how many patients were assigned to you?

Non-claims Q: How many patients are typically assigned to you?



High nurse-to-patient ratios often occur in long-term-care facilities, where nurses are often assigned to more than 11 patients. According to a 2011 report by the American Nurses Association, only 15 states have staffing laws to limit the number of patients per nurse. In Indiana, the nurse-to-resident ratio in long-term care facilities is 1 RN per 40 residents. Many of the nurses responding that they care for more than 11 patients may work in long-term-care facilities.

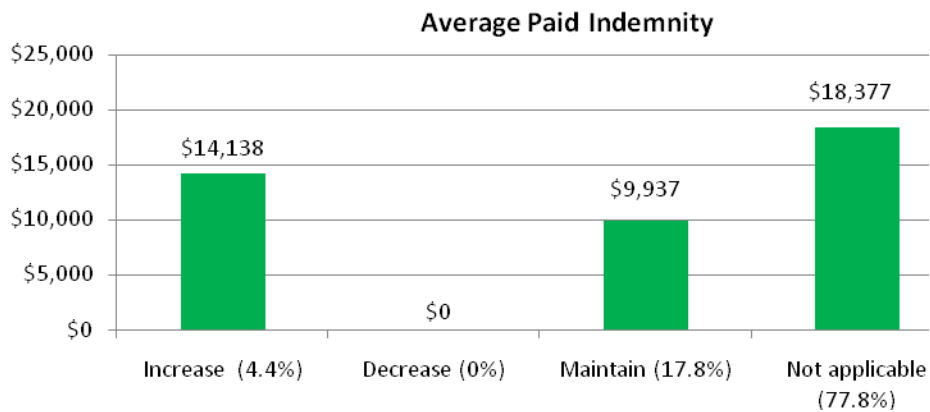
## Number of patients

The highest percentage of respondents indicated that the question regarding demands to increase or maintain patient numbers was not applicable to their practice.

Number of patients		
	Claims	Non-Claims
Increase number seen per day	4.4%	15.4%
Decrease number seen per day	0.0%	0.4%
Maintain number seen per day	17.8%	24.8%
Not applicable	77.8%	61.8%

Claims Q: At the time of the incident, were you specifically asked to:

Non-Closed Q: Are you specifically asked to:



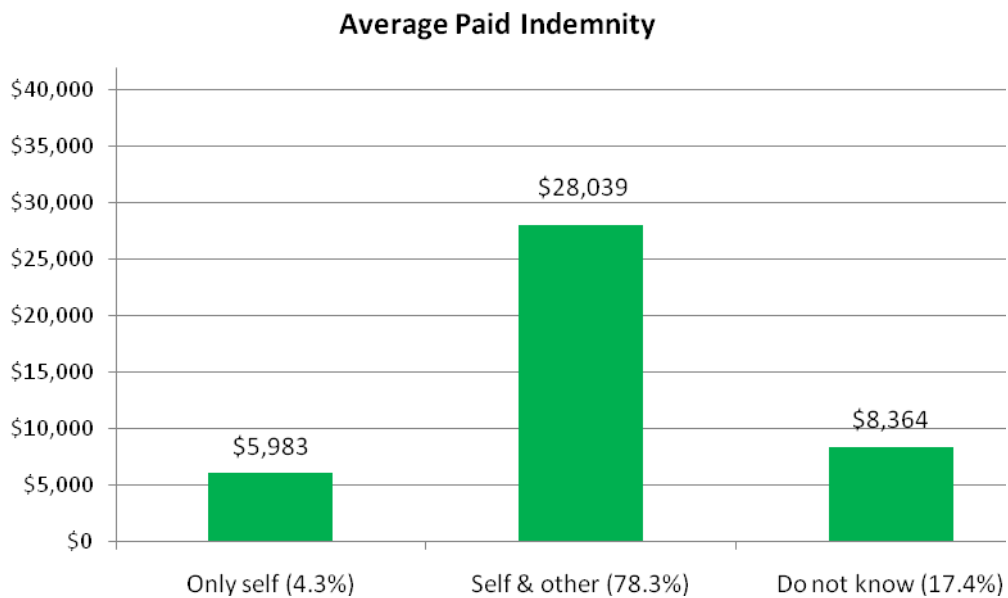


## Named in lawsuit

More than three-quarters of respondents who were individually named in a lawsuit indicated that the lawsuit also named a physician, a fellow nurse, other healthcare support, or the hospital in general. When a respondent was named solely in the lawsuit, the average paid indemnity was lower than when others were also named. The average paid indemnity amount increased more than fourfold when other healthcare employees were named in the lawsuit.

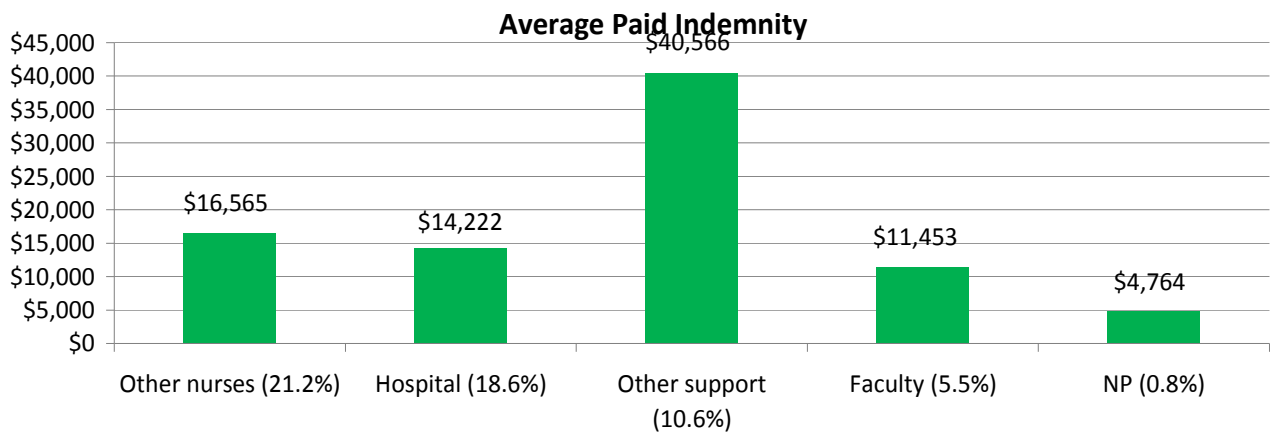
Named in lawsuit	
	Claims
Only self	4.3%
Self and other	78.3%
Do not know	17.4%

Q: Who was named in the lawsuit?



Other party named	
	Claims
Physician	43.2%
Other nurses	21.2%
Hospital	18.6%
Other healthcare support	10.6%
Faculty	5.5%
Nurse Practitioner	0.8%

Q: If others were named in the lawsuit, which of the following best describes them?

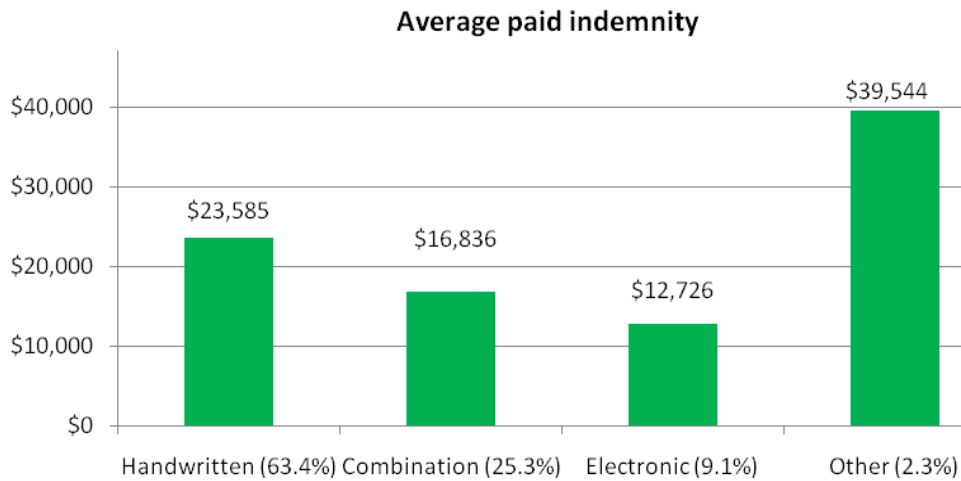


### Type of medical records

The implementation of electronic medical records is increasing. However, the majority of respondents who experienced claims used handwritten records at the time of the incident. Of interest is the fact that one respondent answered that they created no type of medical record.

Type of medical records		
	Claims	Non-Claims
Use handwritten records	64.6%	18.0%
Use a combination	25.3%	49.4%
Use electronic records	9.1%	28.3%
Other	1.1%	4.3%

Q: At the time of the incident, did your facility:

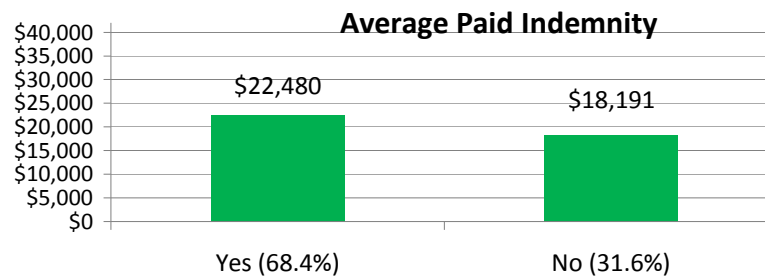


### Help requested for the incident

More than two-thirds of respondents sought help as a result of the incident involving the claim. Both physicians and nursing management were the most common sources for assistance.

Help requested for the incident	
	Claims
Yes	68.4%
No	31.6%

Q: At the time of the incident, did you receive the help that was requested?



Other party named	
	Claims
Nursing management	27.9%
Other	24.8%
Physician	22.4%
RN	12.7%
Aides	7.9%
NP or CNS	3.0%
LPN/LVN	1.2%

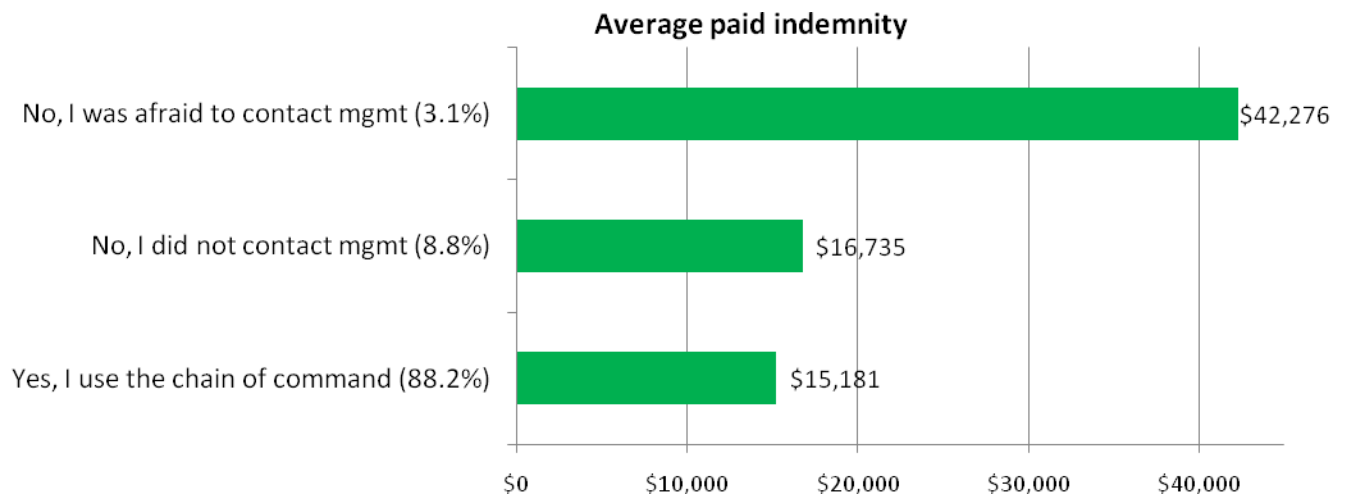
Q: If you answered yes, from whom did you receive help?

### Contacting management for help

Most respondents indicated they were comfortable asking for help by interacting with management through their chain of command. This action significantly lowered the average paid indemnity. Those who responded that they were afraid to contact management concerning the incident had the highest average paid indemnity.

Contacting management for help		
	Claims	Non-Claims
No, I was afraid to contact management	3.1%	5.7%
No, I do not contact management	8.8%	8.3%
Yes, I use the chain of command	88.2%	86.0%

Q: Describe your level of interaction with your manager/supervisor when you experience a problem at work. In other words, did you feel comfortable asking for help?



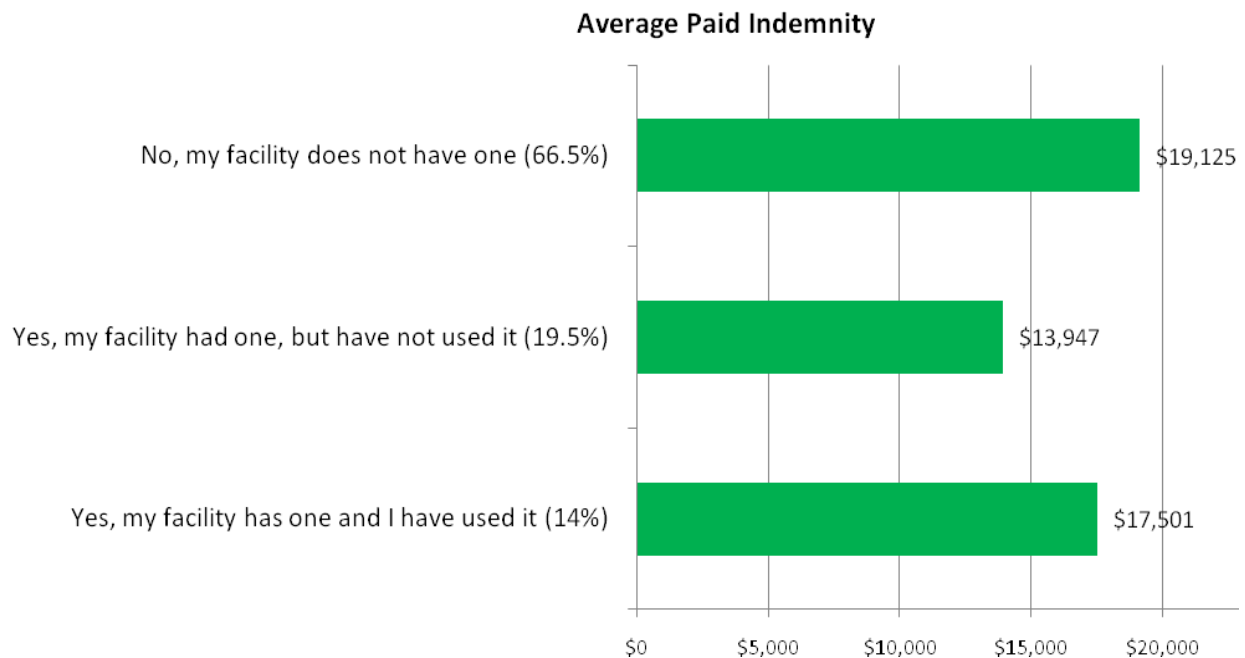
## Rapid Response Team

Not having a rapid response team in place increased the likelihood of an incident that resulted in a claim. Only 14 percent of incidents occurred after using a rapid response team. Accordingly, the average paid indemnity was higher for facilities without one.

Rapid response team		
	Claims	Non-Claims
No, my facility does not have one	66.5%	28.8%
Yes, my facility had one, but have not used it	19.5%	30.8%
Yes, my facility has one and I have used it	14.0%	40.4%

Claims Q: At the time of the incident) did you have/use a rapid response team?

Non-Claims Q: Does your employer have a rapid response team?



## **SUMMARY OF FINDINGS**

- The number of claims increased the longer respondents were working in the nursing profession. The highest percent of closed claims involved respondents who had worked more than 21 years as a nurse. A positive correlation was also found between the average paid indemnity and the respondent's number of years in nursing.
- Education played a role in the amount of average paid indemnity. Respondents who completed a nursing diploma program experienced claims that resulted in higher average paid indemnities compared to those with a bachelor's or associate's degree. Interestingly, respondents with a master's degree had the highest average paid indemnity.
- Respondents who did not have a mentor or preceptor during their first 2 years as a nurse experienced higher average paid indemnities than those who did.
- Continuing education was associated with decreased average paid indemnity; as the number of required credits increased, the average paid indemnity decreased.
- Having an organization/facility policy for disclosing mistakes resulted in a 50 percent decrease in the average paid indemnity. One-quarter of respondents stated their facility did not have a policy in place for disclosing mistakes and one-third stated they did not know if such a policy existed.
- Average paid indemnity decreased when electronic medical records were used exclusively.
- Interaction with management was associated with decreased average paid indemnity. Respondents who noted they felt comfortable turning to management for help had a lower average paid indemnity than those who did not.