Nurse Spotlight: Charge Nurse Liability

Nurses Service Organization (NSO), in collaboration with CNA, has published our Nurse Professional Liability Claim Report: 5th Edition (Nurse Professional Liability Claim Report). It includes statistical data and case scenarios from CNA closed claim files, as well as risk management recommendations designed to help nurses reduce their malpractice exposures and improve patient safety.

Due to their impact on patient care, the Nurse Professional Liability Claim Report includes an analysis of professional liability (PL) closed claims of nurses in leadership roles, including directors of nursing (DON), nurse managers, charge nurses, and owners of healthcare organizations. While all nurse leadership roles are important, this Nurse Spotlight focuses on our analysis and risk recommendations regarding a significant topic in the report: **Charge Nurse Liability**.

You may access the complete report, and additional Risk Control Spotlights, at: www.nso.com/nurseclaimreport.

This Nurse Spotlight focuses on our analysis and risk recommendations regarding one of the most significant topics in the report: **Documentation: Complying with Healthcare Information Record Requirements**.

Analysis of Claims for Nurses in Leadership Roles

In the dataset (2025 dataset) used for the Nurse Professional Liability Claim Report, the majority of PL closed claims involved nurses performing direct patient care. However, there were also closed claims that involved nurses in leadership roles These claims were most often related to management or administrative responsibilities, such as hiring, conducting job performance reviews, supervision, and delegation of nursing activities, policy development, and reporting to regulatory agencies. These exposures arise from the inherent responsibilities associated with hiring, screening, supervision, and policy management.

While specific nurse leadership roles and titles will differ slightly and/or overlap from one organization to another, the leadership roles and titles most often seen in healthcare include directors of nursing, nurse managers, and charge nurses.

Poor patient outcomes and dissatisfied patients can lead to PL claims and/or license complaints against both a direct care nurse and nurse leader. As stated previously, nurse leaders may be included in a PL claim or have a complaint filed against them to their state licensing board due to their role and responsibilities of overseeing nursing care.

Definitions of Nurse Leadership Roles

The analysis of leadership roles for nurses involved in closed claims were categorized in the 2025 dataset as follows:

Director of nursing (DON) An RN whose role includes hiring, budgeting and implementing policies. DONs act as a liaison between leadership and department managers.

Nurse manager A nurse whose role includes scheduling, supervising, and implementing nursing educational programs. Nurse managers often serve as a liaison between staff nurses, providers, and upper management.

Charge nurse A nurse who oversees a nursing unit during a set period while also providing direct patient care. The primary roles of a charge nurse are to promote safe nursing care, to provide support for staff nurses, and to act as a liaison between nurses and providers.

The average total incurred, and allegations associated with a PL closed claim for direct care nurses and nurse leaders from the Nurse Professional Liability Claim Report are referenced in the figures below.

Figure 7 provides a summary of closed claim distribution and average total incurred for direct care nurses and nurse leaders.

- Claims involving direct care nurses represented the majority of closed claims, accounting for 86.1 percent of the total. These claims also had a higher average total incurred amount of $249,094 as indicated in **Figure 7**.
- Although their primary responsibility is not providing direct care, nurse leaders are still exposed to professional liability claims. **Figure 7** displays an average total incurred amount of $160,595 for nurse leaders.

7 Closed Claims for Nurses in Leadership Roles
Closed Claims with Paid Indemnity of ≥ $10,000

	Distribution	Average Total Incurred
Direct care nurses	86.1%	$249,094
Nurse leaders	13.9%	$160,595

8 Closed Claims for Nurse Leaders by Position
Closed Claims with Paid Indemnity of ≥ $10,000

	Distribution	Average Total Incurred
Director of nursing	44.6%	$103,870
Healthcare organization owner	26.2%	$177,552
Charge nurse	16.9%	$266,637
Nurse manager	12.3%	$184,380

Figure 8 provides a summary of the closed claim distribution and average total incurred amounts for nurse leaders by position. DONs and healthcare organization owners represent a combined 70.8 percent of the closed claim distribution for nurse leaders, as displayed in **Figure 8**.

Figure 8 reveals that charge nurses had the highest average total incurred of $266,637. Charge nurses have similar exposures to direct patient care nurses as they are frequently providing bedside care in addition to their supervisory responsibilities.

Figure 9 represents the most common allegations and the average total incurred amounts in closed claims involving nurse leaders. The top three allegation types for nurse leaders represent 81.6 percent of all allegations.

Failure to establish/follow appropriate policies and procedures demonstrated the highest average total incurred at $210,567. This can be due to defense challenges associated with not developing appropriate policies or failing to comply with established protocols.

9 Closed Claims for Nurses in Leadership Roles by Allegation
Closed Claims with Paid Indemnity of ≥ $10,000

	Distribution	Average Total Incurred
Failure/delay in reporting to a regulatory agency	30.8%	$83,037
Failure to establish/ follow appropriate policies and procedures	26.2%	$210,567
Inappropriate supervision	24.6%	$200,132

Role and Responsibility of a Charge Nurse

Charge nurses are often seen as the first line of oversight to ensure that frontline nurses are completing essential nursing care and implementing patient safety measures, such as fall prevention and proper medication management.

Charge nurses can directly affect patient care and safety measures, staff retention, resource utilization, and cost containment. According to the Journal of Nursing Administration, the completion of essential nursing care influences the overall nursing rating and perception of the quality of care provided to patients.

Accepting the responsibility of being a charge nurse cannot be taken lightly. Charge nurses should understand how their job performance can affect patient outcomes and the retention of quality nursing staff. See the example of a closed claim that illustrates a successful defense of an insured high-performing charge nurse.

Professional Liability Closed Claim Against a Charge Nurse Working in an ICU with a Successful Defense

A 50-year-old male received a diagnosis of thyroid cancer. He had a very active lifestyle and social life. He was divorced and shared custody of his teenage son. On October 19th, he underwent a total thyroidectomy and neck dissection. The surgery was uncomplicated, and he was discharged home on October 21st.

On October 22nd at 12:45 a.m., the patient presented to a local emergency department (ED). He reported that he had heard a "pop" in his neck about 40 minutes earlier. Subsequently, he experienced swelling in his neck and difficulty breathing.

The patient was admitted to the Intensive Care Unit (ICU) due to the risk of suffering from a post-thryoidectomy hematoma. An agency nurse (co-defendant) was assigned to the patient.

The hospitalist (co-defendant) was with the patient from 1:01 a.m. until 1:21 a.m. During that time, the nurse documented that the patient's oxygen saturation decreased, despite being on 2 liters of oxygen via nasal cannula. However, after assessing the patient, the hospitalist left the ICU and went to the on-call room to take a nap.

Shortly after the hospitalist left, the patient's nurse spoke to the ICU charge nurse (insured) relaying her concerns about the patient's decreasing oxygen saturation and increasing dyspnea and neck swelling. She felt the hospitalist should be doing more for the patient instead of taking a "wait and see" approach. The charge nurse advised the patient's nurse to continue to monitor the patient's condition.

Over the next 20-25 minutes, the patient became increasingly anxious and short of breath. The patient's nurse contacted the hospitalist and advised him that the patient appeared to be decompensating, was having difficulty breathing, becoming extremely anxious, and the swelling in his neck appeared to be worsening.

The hospitalist gave an order for intravenous lorazepam and to monitor the patient's response. The nurse did not feel comfortable with the order, so she again relayed her concerns to the charge nurse.

The charge nurse instructed the nurse to proceed with the lorazepam and increase his oxygen to 4 liters.

The charge nurse called the hospitalist and told him that he should return to the ICU because she and the patient's nurse could see that the patient was decompensating. The hospitalist voiced frustration with the call and stated that the patient was having an anxiety attack and the lorazepam would help. The charge nurse advised the hospitalist that she would call the ED physician if he did not come to see the patient.

According to the charge nurse's deposition, the hospitalist responded by stating that the ICU staff were incompetent and that she should "knock herself out" and call the ED physician.

Prior to the lorazepam being administered, the patient's oxygen saturation on 4 liters of oxygen was 89-85 percent. However, five minutes after the medication was administered, the patient's oxygen saturation was in the 70's and continued to decline. It became readily apparent that the patient was experiencing respiratory distress.

The patient's nurse called the charge nurse for assistance in getting the patient on a non-rebreather and administering Flumazenil to counteract the lorazepam. The charge nurse instructed the ICU secretary to call the ED and get an ED physician to come see the patient STAT. Due to the high volume of patients, the ED physician was not immediately available.

The unit secretary then made another call to the hospitalist but did not get an answer. Because of the patient's critical status, the charge nurse decided to call a code blue. When the code team reported to the ICU, an ED physician also came. The hospitalist also responded to the patient's room after the code was called. He voiced frustration that the ICU staff did not tell him about the patient's condition.

The patient was a very difficult intubation. Within minutes of the code blue, the patient decompensated and suffered respiratory arrest. The patient was eventually intubated after some delay, then emergently transferred to a higher acuity hospital for further treatment.

As a result of his respiratory arrest, the patient ultimately suffered anoxic encephalopathy. He lost the ability to feed himself or perform any of his ADLs. He suffers from cortical blindness, has complete upper extremity loss of proprioception and loss of balance and coordination. The loss of ability to control his upper extremities also prevented him from propelling a wheelchair or using the controls on an electric chair. The patient required placement in an assisted living facility.

The patient along with his family (plaintiffs) filed a lawsuit against the hospital, the hospitalist and all ICU nurses that were involved in the patient's care, including the charge nurse. The plaintiffs' experts were primarily focused on the treatment and care provided in the ICU. The allegations against our insured nurse included:

- Failure to ensure the hospitalist was fully informed of the patient's condition and failure to escalate the patient's treatment to other available providers.
- Failure to monitor a critical patient.
- Failure to be a patient advocate and initiate a chain of command.

During the hospitalist's deposition, he testified that he was never informed that the patient was decompensating. He testified that he only knew of the patient's critical condition because he heard the code blue being called. He stated that if he had known about the patient's condition earlier, he would have acted more urgently. The hospitalist's testimony was refuted by the testimonies of the ED physician and ICU staff. The patient's healthcare information record also documented that multiple telephone calls had been made to the hospitalist by the ICU nurse, charge nurse and unit secretary, further contradicting the hospitalist's testimony.

The defense experts provided a positive review of the actions of the charge nurse. It was noted that she followed the facility's chain of command policy as well as calling a code blue to get the patient immediate care.

The defense experts deemed that the hospitalist's failure to act was the direct cause of the negative patient outcome. The plaintiffs' experts conceded that the hospitalist's inaction put the ICU charge nurse in a difficult position.

Resolution: The defense filed a motion to dismiss the charge nurse based on the favorable experts' testimony. Just prior to trial, the courts granted the motion to dismiss with prejudice. Defense of the claim lasted six years. Legal fees to defend the insured charge nurse totaled more than $131,000.

Figures represent only the expenses paid on behalf of the insured nurse and do not include any payments that may have been made by others. Amounts paid on behalf of the multiple co-defendants named in the case are not available.

Implications for Organizations

As frontline leaders in healthcare, charge nurses are expected to be clinical experts, educators, policy enforcers, and patient advocates. Charge nurses play an integral role in the daily flow of a healthcare organization and have direct impact on patient outcomes, nursing retention rates and healthcare financials.

According to *American Nurse*, pre-pandemic, novice charge nurses often learned responsibilities of the job through on-the-job training. This type of training may have been adequate at the time due to the ratio of experienced-to-novice charge nurses. However, current research as noted in American Nurse has shown that post-pandemic conditions created a work-force ratio where the number of novice charge nurses now exceeds the number of experienced nurses, thus creating a need for a formal charge nurse training program.

Healthcare organizations should consider developing and implementing a formalized evidence-based charge nurse competency program for novice charge nurses and provide annual refresher training for seasoned charge nurses. According to research published by Abel and colleagues and Spiva and colleagues, formalized training and clear role definition improve staff retention and enhances patient satisfaction.

Implementing a competency program can empower charge nurses and help them develop a sense of pride in a leadership role. According to the *Journal of Continuing Education in Nursing*, a formalized educational program for charge nurses can foster a positive work environment, improve nursing job satisfaction, and lead to feelings of clinical confidence and preparedness. Arinze found in 2023 that when healthcare leaders and organizations promoted formalized training and orientation programs for charge nurses, their confidence level increased 14.3 percent and overall job satisfactions scores improved by 16.7 percent. This improvement not only benefits the organization's stakeholders but directly correlates with patient care.

Core Competencies for Charge Nurses

Charge nurses have a professional obligation to ensure that bedside/direct care nurses are completing essential patient care safely. To be successful, charge nurses should possess or develop core competencies/skills which can be utilized to facilitate the flow of patients, while ensuring patient and staff safety, according to research by Wolf and colleagues.

As previously noted, accepting the responsibility of being a charge nurse should not be taken lightly. When a patient incident occurs and a lawsuit is filed, the charge nurse working at the time of the incident may be included in the professional liability lawsuit, irrespective of having direct contact with the patient. Being involved in a lawsuit can have a professional, emotional, and personal impact on a charge nurse and have a devastating effect on their livelihood.

Core Competencies of Charge Nurses

- Proficient/expert clinician
- Leader
- Communicator
- Customer service and experience champion
- Conflict manager and problem solver
- Situational awareness
- Unit operation expert
- Patient flow management
- Nurse-patient assignment

(Morris, 2024 & Wolf, et. al., 2024)

If an organization does not have a formalized evidence-based charge nurse competency program(s), it is the nurse's responsibility to ensure they are working at a level commiserate with their competency and training and within their scope of practice. Nurses must notify organizational leaders that the tasks assigned are outside of their scope of practice, competency and training parameters. Failure to do so can result in disciplinary issues both from the employer and the state board of nursing with or without a patient incident.

It is important for charge nurses and other nurse leaders to understand the value of individual professional liability insurance coverage. Having professional liability insurance provides a security that someone is looking out for a charge nurse's reputation. Visit https://www.nso.com/risk-management/individuals to enhance your risk management education.

Self-assessment Checklist for Charge Nurses

This resource is designed to help charge nurses evaluate the professional liability exposures associated with responsibilities, such as making patient care assignments and delegating nursing care. For additional risk control tools and information see www.nso.com.

Risk Control Measures For Charge Nurses	Yes/No	Comments/Action Plan
Know and comply with your facility's policies, procedures and protocols.		
Know and comply with organizational policies regarding the roles and responsibilities of a charge nurse.		
Ensure that nursing practice is safe, effective, efficient, equitable, timely, and patient-centered (Institute of Medicine, 2001).		
If new to a nurse leadership role, seek continuing education training(s) (i.e., workshops, seminars, or specialized courses). Consider completing leadership education/training annually as part of competency skill requirements.		
While working as the charge nurse, • ***Assist staff nurses*** with patient-related questions and concerns. • ***Assist with patient care*** as needed to support staff nurses. • ***Take an active role as a liaison*** to resolve conflicts between assigned nurses and other members of the healthcare team. • ***Delegate staff member assignments*** based upon their competencies.		
Supervise nursing staff and monitor their needs. Anticipate patient care problems before they arise.		
Communicate effectively in all areas of practice. Effective communication can manage change and address conflict. Charge nurses must be competent in making quick decisions, evaluating the quality of patient care and resolving conflicts.		
Clearly articulate the nursing staff's roles and responsibilities within the team.		
Monitor patient acuity and staffing to proactively manage patient safety issues.		
Act as the patient's advocate in ensuring patient safety and the quality of care delivered.		
Invoke the chain of command policy to ensure timely attention to the needs of every patient and persist to the point of satisfactory resolution.		
If the organization's current culture does not support the chain of command, explain the risks posed to patients, staff, practitioners and the organization, and initiate discussions regarding the need for a shift in organizational culture.		
Contact the risk management department or legal department regarding patient or practice safety issues, if necessary.		

Nurse Spotlights

For risk control strategies related to:

- Protecting Your License
- Documentation
- Artificial Intelligence
- Technology in Nursing
- Liability for Charge Nurses
- Well-being and Mental Health

Visit www.nso.com/nurseclaimreport

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