CNA nso®

Nurse Professional Liability Claim Report

5TH EDITION

For nearly half a century, we have been honored to support nurses by providing comprehensive malpractice insurance coverage. As the leading provider of malpractice protection for nurses, we understand the profound responsibility that comes with this role – not only to stand beside nurses when they need us most, but also to proactively contribute to a safer, stronger profession.

This claim report is part of our ongoing commitment to do just that.

Our claim reports are designed to provide nurses with valuable data and insights into trends and factors that drive malpractice allegations. Our goal is to help nurses recognize risks before they become realities, and to empower them with practical tools and strategies that can be integrated into everyday practice. By doing so, we aim to foster safer environments for nurses and for the patients in their care.

We recognize and deeply admire the dedication, compassion and professionalism nurses demonstrate every day. You are the backbone of healthcare. This report is for you: to support your work, to inform your decisions and to underscore our unwavering commitment to your success. It is a privilege to serve those who selflessly serve others.

nso®

Michael J. Loughran
President (Retired)
Nurses Service Organization

Reflecting on another five years of claim data, the resilience of the nursing profession in an ever-changing field has been commendable and inspiring. From the despair of the COVID-19 pandemic, to facing the risk of potential criminal investigations due to health-care errors, as well as managing unique needs arising from an ongoing shift to home-based care, nurses have continued to demonstrate strength and dedication in navigating a constantly evolving landscape. CNA remains committed to analyzing claims to mitigate future losses, enabling nurses to focus on their passion for delivering exceptional patient care. By sharing this information, CNA aims to promote awareness of trends and claim drivers, reduce litigation, and enhance risk management knowledge and safety for nurses and patients alike. Together, we can strive for better patient outcomes and providing the highest quality of care.

CNA

Crystal Miller, RPLU, CPCU
CNA Underwriting Director, Allied Healthcare Providers

Key Findings of the Nurse Professional Liability Claim Report

The average total incurred **increased 12.5 percent** since the prior dataset, from $210,513 **to $236,749**. (Page 6)

12.5%

The percentage of closed claims with an indemnity payment under $100,000 has decreased to less than 50 percent of the distribution in the 2025 dataset, while the percentage of **closed claims above $750,000 has risen to 7.9 percent**. (Page 6)

36.2%

While **LPN/LVN claims** represented only 8.6 percent of the claims in the 2025 dataset, the average total incurred was **36.2 percent higher than RNs**. (Page 7)

Claims involving **home healthcare** nurses remained the largest proportion of claims by specialty at **21.7 percent of the total distribution**. In addition, the **average total incurred increased significantly** from $216,051 to $301,031, **a total of 39.3 percent**. (Page 11)

$543,305

While **obstetric-related claims** decreased as a proportion of the total claims, these claims continue to have the **highest average total incurred severity at $543,305**. (Page 11)

The percentage of **closed claims in aesthetics** has not only **doubled as compared to the 2020 dataset**, but the average total incurred has **increased by 25.9 percent** from $104,132 to $131,148. (Page 11)

Although their primary responsibility is not providing direct care, **nurse leaders** are exposed to professional liability claims with an **average total incurred of $160,595**. (Page 13)

$160,595

The average total incurred amount for **emergency/urgent care** has **increased by more than $100,000**, rising from $175,605 to $298,115. (Page 15)

Treatment/care was the most frequent allegation, representing **56.2 percent of the distribution**. The average total incurred amount increased by 15.1 percent, from $209,937 to $241,645. (Page 17)

56.2%

The average payment per **license defense** matter **increased by 18.3 percent**, from $5,330 in the 2020 dataset to $6,304 in the 2025 dataset. (Page 21)

38%

Professional conduct complaints had the **highest distribution** of all license protection closed matters in the 2025 dataset, at **38.0 percent**. (Page 22)

Contents

Many of the top findings from this report are discussed in greater detail within subsequent topic-driven publications, entitled Nurse Spotlights. The Nurse Spotlights will include a variety of resources designed to help nurses evaluate risk exposures associated with current practice. See page 23 for additional information on Nurse Spotlights.

Part 1: Nurse Professional Exposures and Data Analysis

Introduction

In partnership with Nurses Service Organization (NSO), CNA is the leading professional liability insurer for nurses. Since 2009, CNA and NSO have published reports reviewing professional liability claims experienced by insured nurses. This report aims to help nurses improve their practice and reduce liability risks by identifying loss patterns and trends through analysis of:

- Nurse specialties
- Healthcare delivery locations
- Allegations against the nurse
- Patient injuries associated with the claim
- License protection matters

Dataset and Methodology

Within this report, three datasets are used to illustrate changes in the distribution and severity of claims between reports. In total, the 2025 dataset (with five years of data) consists of 466 professional liability (PL) closed claims that met the following criteria:

- Involved a registered nurse (RN), licensed practical nurse (LPN)/licensed vocational nurse (LVN), nursing student or healthcare business;
- Closed between January 1, 2020, and December 31, 2024;
- Resulted in an indemnity payment of $10,000 or greater.

Limitations and Considerations

- Indemnity and expense payments include only monies paid by CNA on behalf of its insureds.
  - The data reflects the "per claim" policy limits, which are typically $1,000,000 for CNA/NSO primary professional liability insurance.
  - Other possible sources of payment, such as payments by co-defendants in response to the claim, are not considered.
- All incurred indemnity and expense amounts are attributed to the year the claim closed, regardless of when the claim was first reported or when the alleged injury occurred.
- Because of the uniqueness of each individual claim, the average total incurred amounts displayed within this report may not necessarily be indicative of the severity attributed to any single claim.
- As some elements of the inclusion criteria in each dataset may differ from that of the previous CNA/NSO claim analyses and claim reports from other organizations, readers should exercise caution about comparing these findings with other reports.

Terms

For the purposes of this report only, please refer to the following terms and explanations.

- **2015 dataset** – A reference to the prior CNA report, entitled "Nurse Professional Liability Exposures: 2015 Claim Report Update" which included data from 2010-2014.
- **2020 dataset** – A reference to the prior CNA report, entitled "Nurse Professional Liability Exposure Claim Report: 4th Edition, Minimizing Risk, Achieving Excellence" which included data from 2015-2019.
- **2025 dataset** – A reference to this CNA report, entitled "Nurse Liability Claim Report: 5th Edition" which includes data from 2020-2024.
- **Distribution** – Refers to a specific group of closed claims with categories expressed as a percentage of the total.
- **Expense payment** – Monies paid in the investigation, management, or defense of a claim, including, but not limited to, expert witness expenses, attorney fees, court costs, and record duplication expenditures.
- **Indemnity payment** – Monies paid on behalf of an insured in the settlement or judgment of a claim.
- **Total incurred** – The sum of total paid indemnity and expense payments.
- **Average total incurred** – The costs of total paid indemnity and expense payments, divided by the total number of claims with payment.

Claim Analysis Overview

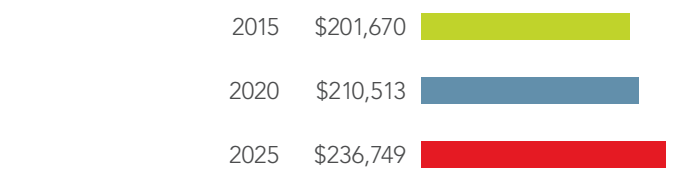
This section provides a comparative analysis of the datasets depicting overall severity, distribution of severity ranges and an overview of coverage types and categories. License protection matters will be discussed in more detail in Part Two of the report.

Comparison of Average Total Incurred and Claim Count Distributions

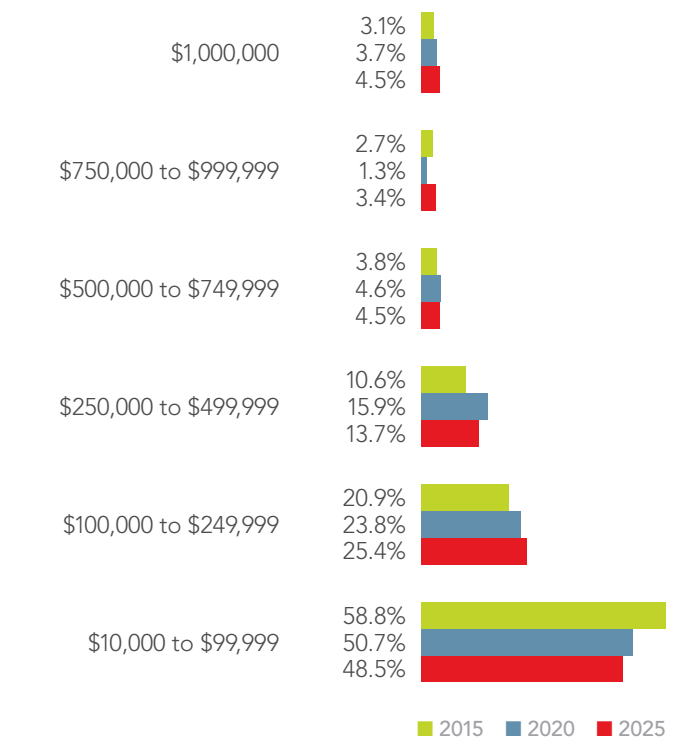
- The average total incurred increased by 4.4 percent, rising from $201,670 in the 2015 dataset to $210,513 in the 2020 dataset. The subsequent period from the 2020 to 2025 datasets revealed an increase of almost 12.5 percent, elevating the average total incurred to $236,749 as reflected in **Figure 1**.
- **Figure 2** indicates a shift in the distribution of closed claims towards higher indemnity amounts. When compared to previous datasets, the percentage of claims under $100,000 decreased to less than 50 percent of the distribution for the first time in the 2025 dataset.
- The percentage of closed claims above $750,000 was 5.8 percent in the 2015 dataset and 5.0 percent in the 2020 dataset. However, in the 2025 dataset this amount has risen to 7.9 percent.

While the increase in claim severity is multifactorial and largely depends upon the individual facts and circumstances of each case, it is important to consider industry trends, such as tort inflation. Tort inflation occurs when the overall rate of increasing claim severity is greater than the general inflationary rate. This can result from political, legal, and cultural factors that influence societal views toward jury awards and claim settlement values. Exceptionally high jury awards are on the rise across the United States and are often disproportionate to the facts of the case and injuries. These verdicts are driven by an emotional appeal to jurors' sympathy, societal distrust, and inflated punitive damages.

1 Comparison of Average Total Incurred
Closed Claims with Paid Indemnity of ≥ $10,000



2 Comparison of Closed Claim Count Distributions
Closed Claims with Paid Indemnity of ≥ $10,000



The average total incurred **increased 12.5 percent** since the prior dataset, from $210,513 to **$236,749**.

The percentage of closed claims with an indemnity payment under $100,000 has decreased to less than 50 percent of the distribution in the 2025 dataset, while the percentage of **closed claims above $750,000 has risen to 7.9 percent**.

Closed Claims by Indemnity and Expense Payments

While this section of the report focuses on professional liability (PL) claims with indemnity payments, claims that resolved without an indemnity payment may nevertheless incur costs. The average expense payment for closed claims without an indemnity payment was $17,915 in the 2025 dataset. Expenditures can include attorney fees, expert witness fees, and costs involved in investigating the claim. Claim expenses can vary widely due to the unique circumstances of each matter.

At times, a claim may resolve without an indemnity payment for various reasons, such as:

- Claim was successfully defended on behalf of the insured, resulting in a favorable jury verdict.
- Claim was withdrawn by the plaintiff during the investigation or discovery process.
- Claim was dismissed by the court prior to trial in favor of the insured defendant.

The time from when an incident occurs to when a claim or lawsuit is closed varies depending upon multiple factors including, but not limited to, the applicable statute of limitations, court calendars and the complexity of the matter. The fact that a PL claim with indemnity payment may take, on average, 4.2 years to close, as seen in **Figure 3**, underscores the importance of comprehensive documentation to preserve relevant patient information. Documentation of the nursing assessment, care plan, and response to nursing interventions is integral in demonstrating that the standard of care was met. Concise and thorough documentation is also critical in defending license protection matters and/or preparing the insured for a deposition.

Closed Claims by Insured Type

- While LPN/LVN claims represented 8.6 percent of the claims in the 2025 dataset, **Figure 4** indicates an average total incurred for LPN/LVN claims that was 36.2 percent higher than RNs.
- Healthcare businesses have a slightly lower severity than LPN/LVN's; however, they are a larger percentage of the distribution of claims at 21.9 percent as evidenced in **Figure 4**. Healthcare businesses include various types of organizations such as home healthcare agencies, staffing companies and medispas, among others.

Approximately half of the closed claims involving LPNs/LVNs were related to home healthcare, a higher severity specialty, which contributed to higher-than-average costs for LPN/LVN claims. The increase is attributable, in part, to the inherent risks in the home healthcare setting, such as environmental hazards and the responsibilities of being the sole healthcare provider on-site without direct supervision.

3 Closed Claims by Coverage Category

	Average Total Incurred	Average Years to Close
Professional liability, indemnity (≥ $10,000) and expense	$236,749	4.2 yrs
Professional liability, expense only (≥ $ 1)	$17,915	4.4 yrs
License protection (≥ $1)	$6,304	2.3 yrs

4 Closed Claims by Insured Type

Closed Claims with Paid Indemnity of ≥ $10,000

	Distribution	Average Total Incurred
RN	69.3%	$215,544
Healthcare business	21.9%	$283,339
LPN/LVN	8.6%	$293,507
Student	<1%	$63,780
Overall		**$236,749**

While **LPN/LVN claims** represented only 8.6 percent of the claims in the 2025 dataset, the average total incurred was **36.2 percent higher than RNs**.

Many high-severity LPN/LVN closed claims involved the care and treatment of high acuity patients with multiple comorbidities and complex medical conditions, such as ventilator dependency, neurological birth injuries, paralysis, and postoperative complications.

An example of an LPN/LVN claim involving a patient with postoperative complications is noted below.

An LPN was employed by a privately-owned recovery center that offered postoperative care to patients undergoing outpatient cosmetic surgery. The center advertised that it focused on wellness, boasting a "spa-like setting." The LPN had two years of experience as an LPN with no experience in post anesthesia nursing. The RN-owner of the center provided the LPN with a brief one-day orientation which consisted of a review of the center's protocols and human resources policies. In addition, the RN-owner offered to be available to the LPN to answer any questions. The patient was a 40-year-old female who underwent an abdominoplasty/liposuction procedure which lasted over six hours due to complications. Postoperatively, the patient arrived at the recovery center in stable condition and was immediately assessed by the LPN. The LPN administered pain medication and Lovenox, which was prescribed for the patient's pre-existing coagulopathy. After approximately one hour, the patient reported that her pain was severe and unrelieved by the narcotic pain medication. The LPN noted that the patient was hypotensive and tachycardic. She reported the patient's change in condition to the supervising RN who advised her to contact the surgeon. The supervising RN had her own patient assignment and was unable to leave her patient to assess the LPN's patient. The LPN reported the patient's vital signs to the surgeon who surmised that the patient's symptoms were related to the narcotic pain medications. The surgeon ordered Narcan which was administered by the LPN with no improvement in the patient's vital signs. The LPN again reported her concerns to the surgeon who did not order any additional interventions. Shortly thereafter, the patient went into cardiopulmonary arrest and expired. An autopsy revealed the cause of death to be a postoperative hemorrhage. A lawsuit was filed asserting that the LPN failed to appreciate the criticality of the patient's change in condition and failed to rescue the patient. Nursing experts opined that the nurse should have invoked the chain of command. The case was settled for over $900,000 on behalf of the insured LPN. Amounts incurred by other defendants in the case are not available.

Professional Liability Risks for LPNs/LVNs

Healthcare Businesses

Healthcare businesses who employ or contract with RNs, LPNs/LVNs, home health aides, personal care assistants and others, are subject to professional liability exposures. These exposures are derived from the inherent duties associated with ownership, such as hiring, screening, supervision, and policy management, as well as vicarious liability. Vicarious liability is the exposure that a healthcare business owner assumes for the negligent actions of employees and supervisees.

Approximately three-fourths of the closed claims in the 2025 dataset involving healthcare businesses were related to a home healthcare agency staff member providing care in the patient's home or in an aging services organization.

The following claim example provides perspective of the inherent PL exposures associated with healthcare business ownership:

The family of a 66-year-old, non-ambulatory patient who required assistance with activities of daily living contracted with a home healthcare agency to provide personal care services for eight hours per day. On the date of incident, the home health aide who was transporting the patient to an appointment was arrested and incarcerated while on duty. The police requested an ambulance to transport the patient to the emergency department (ED) where she was evaluated and discharged home by ambulance. The home healthcare agency was not notified of the arrest, nor did it monitor the time sheets for subsequent days which would have alerted the agency that no staff member was providing care to the patient. After a week, the agency realized that the staff member was not listed on the time sheets and arranged for a welfare check. Law enforcement found the patient in her bed, deceased. A lawsuit was filed alleging negligent hiring for failing to perform a background check upon hire and negligent supervision for failing to recognize that the patient was without care for a significant period when the home health aide failed to report for duty. The business was also held vicariously liable for the inappropriate actions of the home health aide. The claim ultimately settled for more than $950,000 on behalf of the home healthcare agency.

Vicarious liability is the **exposure that a healthcare business owner assumes** for the **negligent actions of employees and supervisees**. These exposures are derived from the **inherent duties associated with ownership**, such as hiring, screening, supervision, and policy management, as well as vicarious liability.

Analysis of Claim Outcomes by Specialty, Location, Allegation and Injury

This section of the report provides selected findings on PL claims from the 2025 dataset with comparisons to the 2020 dataset. PL claims included in this section resulted from a demand for money, in which an insured is named, and professional malpractice is alleged. The demand may have been asserted by a patient, a surviving family member or estate, or an attorney representing the plaintiff.

Our goal is to help nurses enhance their practice and minimize PL exposures by identifying loss patterns and trends in the following categories:

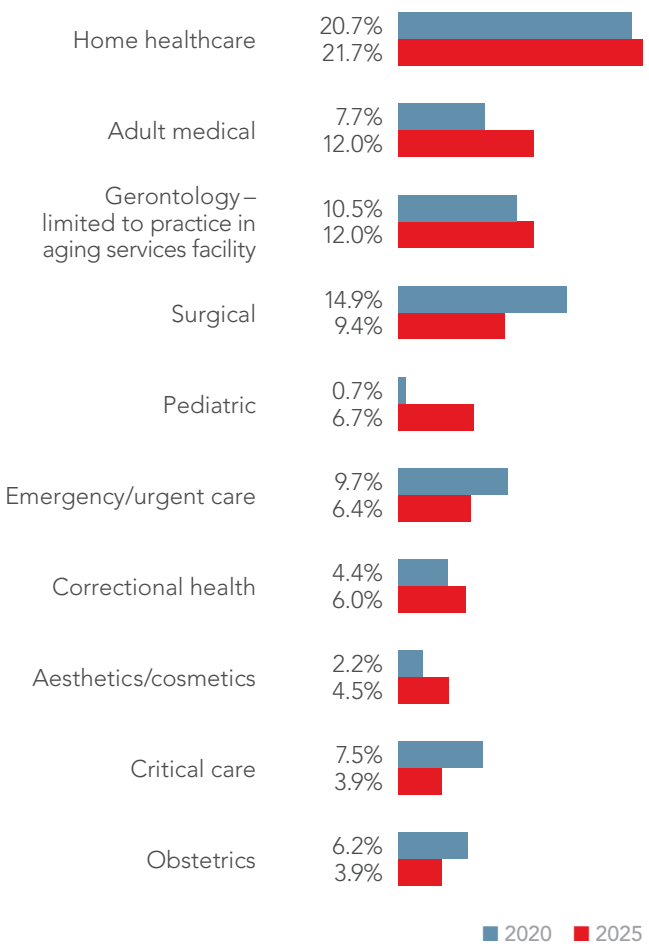
- Specialty
- Location
- Allegation
- Injury

This section features claim scenarios that highlight potential risks and associated liability exposures experienced by nurses, providing the reader with strategies to recognize and mitigate these exposures.

Figures 5 and **6** provide a summary of the total claim distribution and average total incurred amounts for professional liability closed claims included in the 2025 dataset by top specialties.

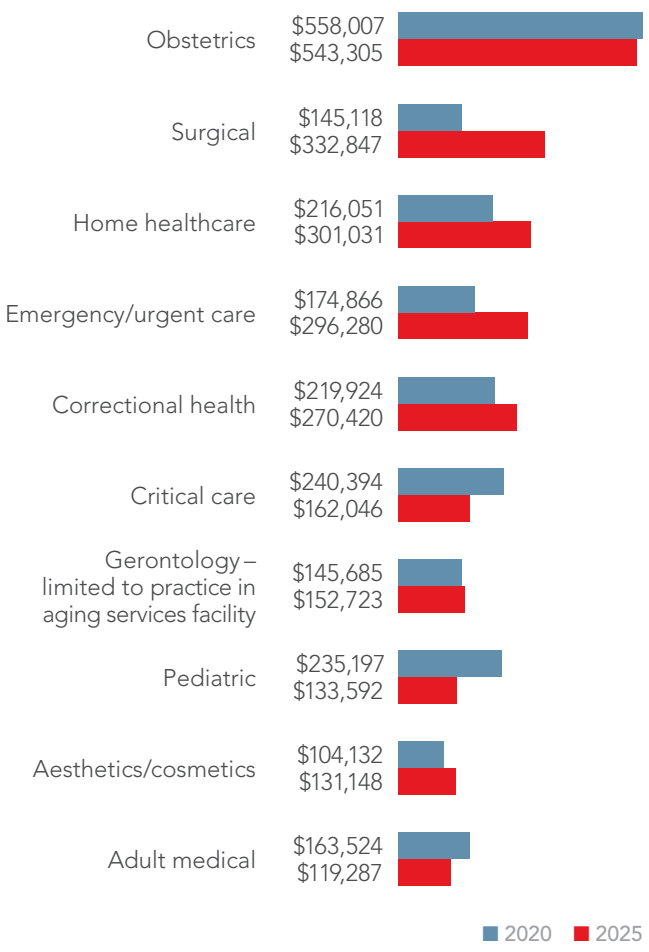
5 Distribution of Closed Claims by Specialty

Closed Claims with Paid Indemnity of ≥ $10,000



6 Average Total Incurred by Specialty

Closed Claims with Paid Indemnity of ≥ $10,000



Analysis by Specialty

- Claims involving home healthcare nurses remained as the largest proportion of claims, increasing slightly from 20.7 percent to 21.7 percent of the total distribution as revealed in **Figure 5**. More importantly however, **Figure 6** indicates that the average total incurred has increased significantly from $216,051 to $301,031, a total of 39.3 percent.
- While obstetric-related claims decreased as a proportion of the total claims, from 6.2 percent to 3.9 percent, **Figure 5** reveals that these claims continued to have the highest average total incurred severity at $543,305. Overall, the severity of these claims often reflects the significant cost of life care plans for infants with permanent birth-related injuries.
- **Figure 6** shows that the percentage of closed claims in aesthetics has not only doubled as compared to the 2020 dataset (2.2 percent to 4.5 percent), but the average total incurred has also increased by 25.9 percent from $104,132 to $131,148.
- The decline in surgical claims from 14.9 percent in the 2020 dataset to 9.4 percent in the 2025 dataset is overshadowed by a sharp increase in severity, with costs escalating from $145,118 to $332,847.

In addition to home healthcare, obstetrics, and surgery, **Figure 6** shows that nurses specializing in emergency/urgent care and correctional health have a higher average total incurred amount for closed claims compared to the overall average of $236,749.

The following claim scenarios highlight exposures that contributed to the higher average total incurred for closed claims involving these specialties:

Home Healthcare

A newly licensed RN, employed by a home healthcare agency, received an assignment to care for a pediatric ventilator-dependent infant who required constant observation. When the RN began the night shift assignment, the infant was awake with stable vital signs. While providing care, the RN noted that the infant was becoming cyanotic. She attempted to suction the infant via the tracheostomy tube but met resistance. The infant became unresponsive. Resuscitative efforts were initiated, and 911 was called. When EMS arrived, they noted that compressions were being performed improperly, and that the tracheostomy tube appeared to be obstructed. The infant was transported to the ED and expired. Nursing experts opined that the RN did not act within the standard of care. The experts testified that the RN failed to appropriately manage the patient's airway, which resulted in an anoxic brain injury and the infant's death. The RN testified that she had no prior experience or training in handling pediatric ventilator patients and that the orientation upon hire to the home healthcare agency was limited. In her deposition, the RN admitted that she should have proactively requested additional orientation and training. A lack of documentation revealed that the home healthcare agency did not verify the RN's clinical competence. This case settled for more than $475,000 on behalf of the insured RN.

Nursing-related factors in this case included lack of experience and/or the clinical judgement necessary to provide safe care and being new to the nursing profession. Early career nurses are at risk for being placed in a clinical setting where they do not have the requisite knowledge, experience, and clinical competency. Expanded orientation and mentorship programs, simulation experiences, nurse residency programs and supportive preceptors can help nurses gain competency across the continuum of learning from novice to expert.

Claims involving **home healthcare nurses** remained the largest proportion of claims by specialty at **21.7 percent of the total distribution**. In addition, the **average total incurred increased significantly** from $216,051 to $301,031, **a total of 39.3 percent**.

Obstetrics

A 25-year-old patient presented at 40-weeks gestation for a planned vaginal birth after cesarean section (VBAC). The RN observed that the patient was having recurrent decelerations with moderate variability and documented that the electronic fetal monitoring tracings were Category II. Over a short period of time, the decelerations became more frequent, indicating the need for an emergency cesarean section. After delivery, the infant was diagnosed with hypoxic ischemic encephalopathy and permanent neurological injuries. Labor and delivery nursing experts opined that the RN interpreted the fetal heart monitor tracings improperly, mismanaged the Pitocin administration and failed to notify the obstetrical attending physician of recurring decelerations in a timely manner. This claim settled for more than $990,000 on behalf of the insured RN.

Aesthetics/Cosmetics

A 56-year-old patient presented to a medispa for facial dermal filler injections. The RN injected the dermal filler into the side of the patient's nose and noted that the area became blanched and painful. The RN instructed the patient to apply ice and to call her if the symptoms did not improve. Four hours later, the patient called the RN to report that the pain was increasing and the area surrounding her nose had become dusky. The RN then notified her supervising physician who evaluated the patient and performed a vascular occlusion protocol using nitroglycerin paste and injecting hyaluronidase. However, the following day, the patient reported having severe pain and increasing skin discoloration. The supervising physician referred the patient to a plastic surgeon who diagnosed the patient with necrosis of the nasal ala due to a vascular occlusion. The patient underwent nasal reconstruction and grafting but was left with permanent scarring. The RN continued to follow-up with the patient while she was undergoing grafting treatments via text messaging. The patient filed a lawsuit asserting that the RN failed to utilize proper technique and caused a delay in treatment because she was offering medical advice via text messaging instead of immediately notifying the supervising physician. The text messages reflected that the RN was in fact providing medical advice, which was detrimental to the RN's defense during litigation. The case settled for more than $875,000 on behalf of the insured RN.

While **obstetric-related claims** decreased as a proportion of the total claims, these claims continue to have the **highest average total incurred severity at $543,305**.

The percentage of **closed claims in aesthetics** has not only **doubled as compared to the 2020 dataset**, but the average total incurred has **increased by 25.9 percent** from $104,132 to $131,148.

Analysis of Claims for Nurses in Leadership Roles

As highlighted in **Figure 7**, the majority of closed claims in the 2025 dataset involved nurses who provided 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 and supervision, policy development, and reporting to regulatory agencies. For this analysis, nurses in leadership roles included directors of nursing, nurse managers, charge nurses, and owners of healthcare organizations.

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

Although their primary responsibility is not providing direct care, **nurse leaders** are exposed to professional liability claims with an **average total incurred of $160,595**.

Spotlight: Liability for Charge Nurses

Although their primary responsibility is not providing direct patient care, nurse leaders are exposed to professional liability claims. This Spotlight will highlight risk exposures for nurses in leadership positions with a focus on charge nurses.
Visit www.nso.com/nurseclaimreport_chargenurse

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.

Figure 8 provides a summary of the closed claim distribution and average total incurred amounts for nurse leaders by positions.

- 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 incurred 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.

The following claim scenario provides an example of one of the most common allegations experienced by nurses in leadership roles – failure/delay in reporting to a regulatory agency.

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

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

The insured RN was the DON in a residential facility for a compromised resident population. The DON was notified that several residents had become ill with fever and respiratory symptoms and had tested positive for a highly contagious virus. The DON failed to notify the State Department of Health in a timely manner. This failure to notify resulted in a delay in initiating a quarantine that allegedly led to an outbreak with multiple patient deaths. Collectively, these claims settled for more than $975,000.

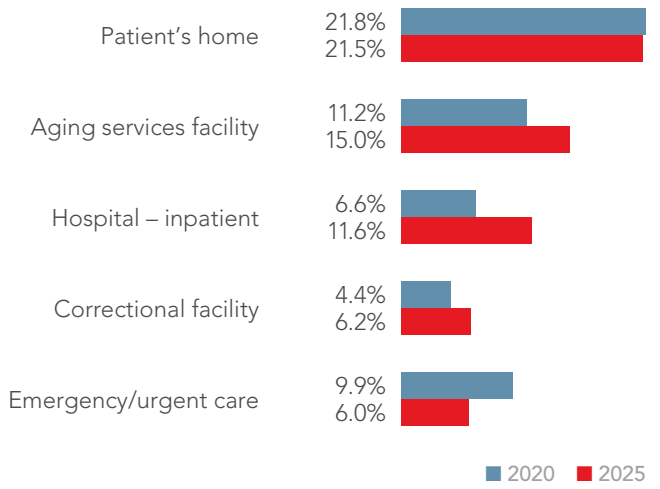
Liability Risk Exposures for Nurse Leaders

Analysis by Location

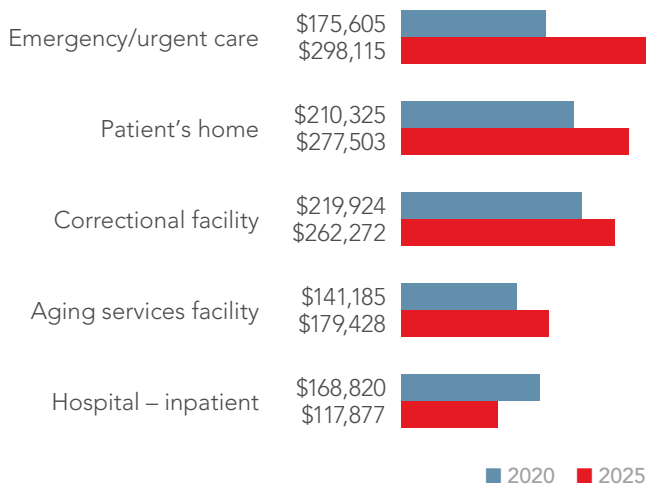
Figures 10 and **11** provide a summary of the distribution and average total incurred for professional liability closed claims by top locations.

- Claims involving the home setting persist as the leading category. They accounted for 21.5 percent of all claims and have experienced a notable 31.9 percent increase in total average incurred costs, from $210,325 to $277,503, as depicted in **Figures 10** and **11**.
- **Figure 10** reveals that aging services represented the second most frequent location in which closed claims occurred with a distribution of 15.0 percent. The average total incurred reflected a 27.1 percent increase, from $141,185 to $179,428, compared to the 2020 dataset.
- **Figure 10** highlights the upward trend in claims within correctional facilities, with an increase in distribution from 4.4 percent to 6.2 percent. In addition, the average total incurred increased by 19.3 percent, rising from $219,924 to $262,272, as evidenced in **Figure 11**.
- According to **Figure 10**, emergency/urgent care experienced a reduction in claims, decreasing from 9.9 percent to 6.0 percent when compared to the previous report. However, **Figure 11** indicates that the average total incurred amount for these locations increased by more than $100,000, rising from $175,605 to $298,115.

10 **Distribution of Closed Claims by Location**
Closed Claims with Paid Indemnity of ≥ $10,000



11 **Average Total Incurred by Location**
Closed Claims with Paid Indemnity of ≥ $10,000



The following scenarios illustrate location-specific closed claims with a higher distribution and/or above average total incurred:

Aging Services Facility

The insured home healthcare agency was contracted by an assisted living facility (ALF) to provide skilled nursing care to an 87-year-old female resident located within the memory care unit. Recently, she had been diagnosed with Alzheimer's disease and had a medical history of diabetes, multiple falls, and failure to thrive. The resident was incontinent and required assistance with all activities of daily living. An assessment was performed by the ALF staff that identified a stage 3 pressure injury on the resident's coccyx. The home healthcare agency RN performed subsequent assessments and documented that the skin breakdown was a cutaneous abscess rather than a pressure injury. Multiple subsequent assessments by the ALF staff and the home healthcare agency RN were in conflict regarding the resident's skin status, revealing communication breakdowns that were evident in the documentation. Ultimately, the resident's condition deteriorated with a significant progression of the pressure injury that resulted in sepsis and the resident's death. The resident's daughter filed a lawsuit alleging that the home healthcare agency RN failed to act within the standard of care by failing to properly notify the ALF staff and the resident's physician that the patient had a stage 3 pressure injury which required a higher level of care. This case settled for more than $980,000.

The average total incurred amount for **emergency/urgent care** has **increased by more than $100,000**, rising from $175,605 to $298,115.

Home Infusion

A 31-year-old female contacted an NP-owned home infusion company to request an infusion to treat symptoms of fatigue due to a hangover. The NP (owner) conducted a cursory history by telephone and assigned an employed RN to provide the infusion. Upon arrival at the patient's home, the RN documented normal vital signs and infused the IV solution containing B-Vitamins, amino acids and 0.9 percent normal saline. After the infusion was complete, the patient had a seizure and became unresponsive. The RN called 911 but failed to perform appropriate resuscitative measures while waiting for EMS to arrive due to a lack of experience. The patient suffered a hypoxic event that resulted in permanent neurological injuries. A lawsuit was filed asserting that the RN lacked appropriate clinical competence to be working unsupervised in the home setting. A subsequent investigation revealed that an air embolism occurred during the IV infusion that caused the seizure. The case settled for more than $950,000 on behalf of the insured RN.

Correctional Facility

A nursing agency contracted with a correctional facility to provide RN services. The patient was a 48-year-old male with a past medical history which included cellulitis, COPD and chronic venous insufficiency. He was under the care of a wound specialist and undergoing debridement treatments at the time of his incarceration. During intake, the RN conducted a brief assessment but failed to evaluate the wounds or consider the patient's need for continued treatment with debridement and antibiotic therapy. Over the following months, the patient's condition deteriorated to the point that he could no longer ambulate. The RN did not notify the covering physician of the patient's deteriorating condition, nor did she arrange for the patient to restart the pre-incarceration wound care treatments. The patient eventually was transferred to the ED where he was diagnosed with sepsis, renal failure, liver disease, acute respiratory failure, encephalopathy, and necrotizing fasciitis of his lower leg. He expired several days later. A lawsuit was filed by the patient's family asserting that the RN failed to conduct a complete assessment and failed to treat the patient's medical conditions. Plaintiff's experts asserted that the standard of care would have included a complete initial assessment with ongoing monitoring of the patient's condition which would have prompted an immediate referral for a higher level of care. Defense experts in correctional nursing were unable to support the care provided. The defense was based solely on causation arguments as to the etiology of the sepsis. Based upon the defense challenges and lack of expert support, this case settled for more than $975,000 on behalf of the insured RN.

"Deliberate indifference" is a legal term referring to a conscious disregard of a patient's known serious medical condition. It is often asserted in PL claims against nurses who provide care in correctional health facilities. The fact pattern in this claim scenario demonstrates how deliberate indifference may have played a role in the outcome.

Assessment

The items below are excerpts from the *ANA Scope and Standards of Practice* relative to nursing assessment. The full list of competencies related to assessment can be found in the *ANA Scope and Standards of Practice, 4th Edition, 2021, Standard 1. Assessment.*

Collects pertinent data related to health and quality of life in a systematic, ongoing manner, with compassion and respect for the wholeness, inherent dignity, worth and unique attributes of every person.	Prioritizes data collection based on the healthcare consumer's immediate condition, the anticipated needs of the healthcare consumer or situation, or both.
Identifies enhancements and barriers that are needed for effective communication.	Recognizes the impact of one's own personal attitudes, values, beliefs, and biases on the assessment process.

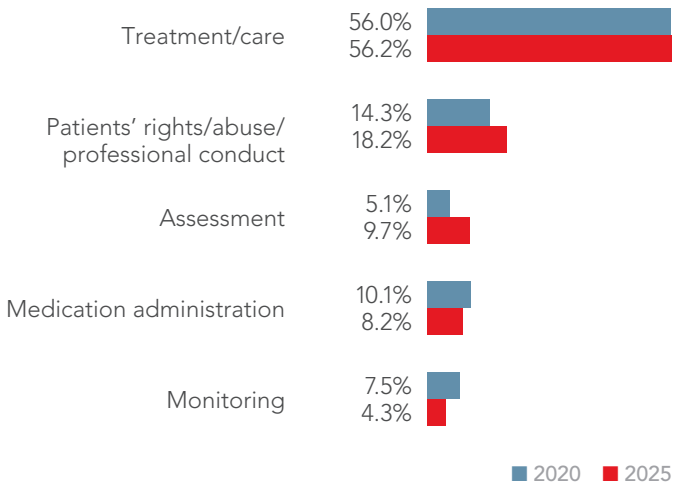
Analysis by Allegation

Figures 12 and 13 provide a summary of the distribution and average total incurred for the professional liability closed claims in the 2025 dataset by top allegations.

- According to **Figure 12**, treatment/care was the most frequent allegation, representing 56.2 percent of the distribution. The average total incurred amount increased by 15.1 percent, from $209,937 to $241,645, compared to the previous report, as indicated in **Figure 13**.
- **Figure 12** reveals patients' rights/abuse/professional conduct as the second most frequent allegation in the distribution of closed claims. 82.4 percent of the closed claims in the patients' rights/abuse/professional conduct category involved falls, which were alleged to have occurred due to a nurse's failure to follow a facility's fall-prevention policies and procedures. This alleged failure violated the patient's right to a safe environment.
  - Of the fall-related closed claims, 38.6 percent resulted in death.
- **Figure 12** indicates that the distribution of assessment-related allegations increased by 4.6 percent, rising from 5.1 percent to 9.7 percent and has entered the top three allegations as compared to the prior report.

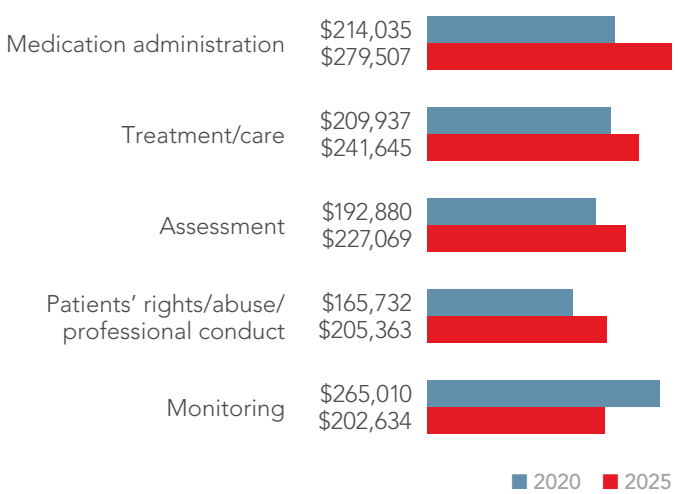
12 Distribution of Closed Claims by Allegation

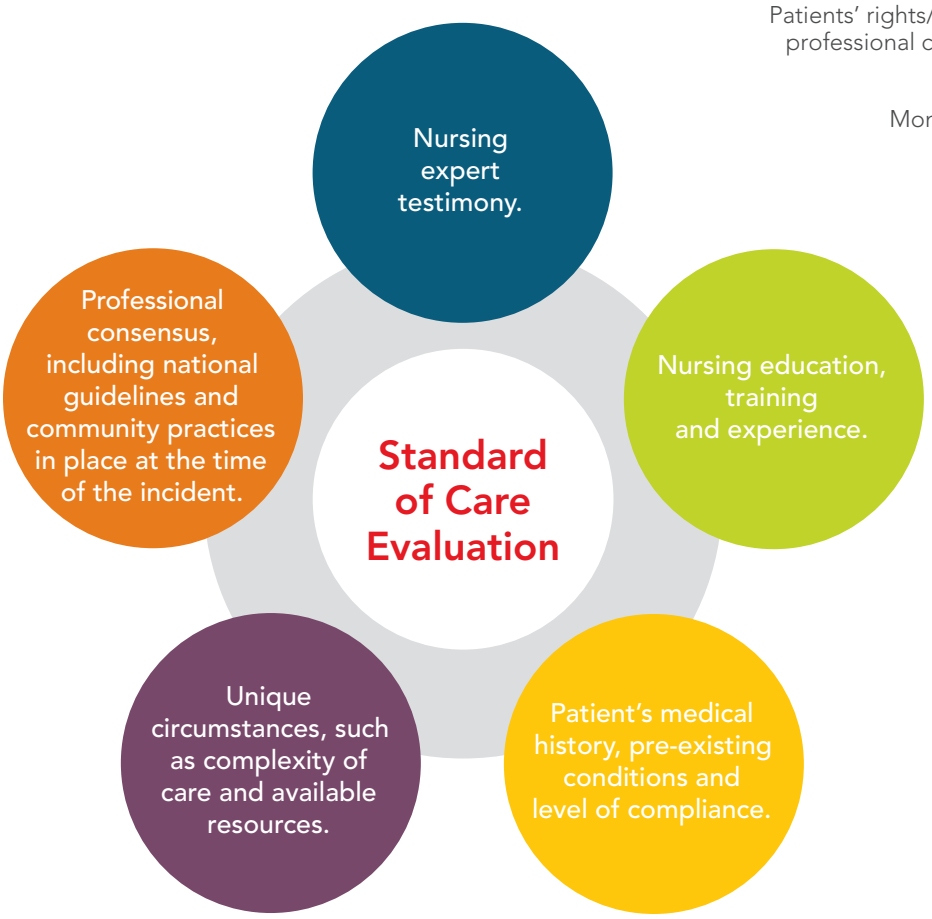
Closed Claims with Paid Indemnity of ≥ $10,000



13 Average Total Incurred by Allegation

Closed Claims with Paid Indemnity of ≥ $10,000





Analysis of Treatment/Care Allegations

Figures 14 and 15 provide a summary of the claim distribution and average total incurred amounts for professional liability closed claims by top treatment/care allegations.

- **Figure 14** highlights that the highest percentage of closed claims, at 32.4 percent, is attributed to improper management of medical patient or complication.
- Despite comprising only 11.8 percent of the closed claims as identified in **Figure 14**, improper management of surgical/post anesthesia care has the second highest average total incurred amount among the top five allegations, with an amount of $421,329.
- **Figure 15** reveals that improper management of obstetrical patient had the highest average total incurred among the top five treatment/care allegations, at $540,861, even though it accounts for only 6.1 percent of the closed claims.

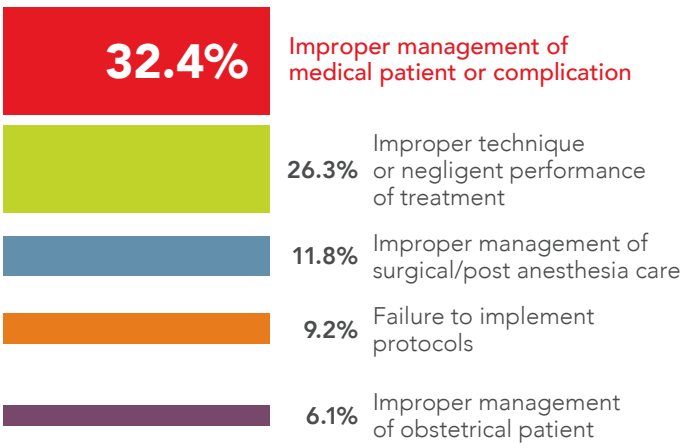
An example of a claim involving improper management of medical patient or complication is noted below:

An RN with 25 years of experience was employed by a public school system as a school nurse working with special education students. On the first day of the summer school session, the RN was meeting a new group of students. She was notified that a student with autism was having a medical problem on the school bus. The RN found the student unconscious and slumped between the seats of the bus but was unable to reposition her independently. The RN assessed the patient and noted an oxygen saturation of 40 percent. She left the patient to retrieve an automated external defibrillator and instructed the bus driver to call 911. EMS arrived and transported the patient to the hospital where she later expired. The ED record noted a "downtime of 40 minutes." The cause of death was listed as seizure disorder, status post cardiopulmonary arrest and asphyxiation. The RN admitted during deposition that she had never used an AED and had not been involved in a resuscitation in many years, which resulted in improper management of this medical complication. Experts in school nursing opined that the RN's actions breached the standard of care by failing to appropriately assess the patient's cardiopulmonary status and to maintain competency in emergency care for students. The experts were also critical of the RN for "abandoning" the patient.

This case settled for more than $700,000 on behalf of the insured RN. The amounts incurred by other defendants are not available.

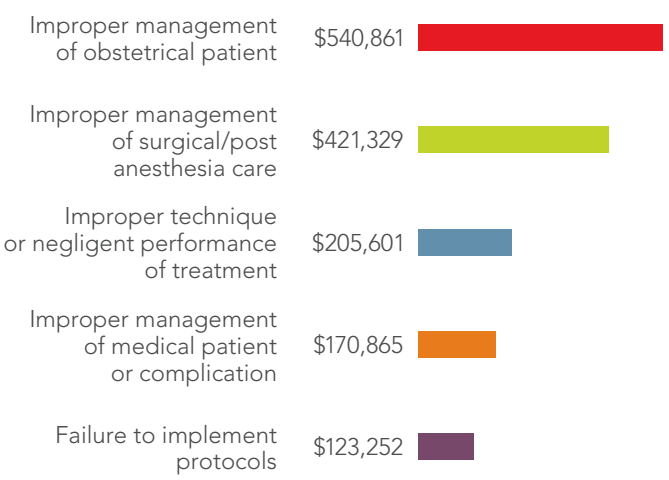
14 Distribution of Closed Claims for Treatment/Care Allegations

Closed Claims with Paid Indemnity of ≥ $10,000



15 Average Total Incurred for Treatment/Care Allegations

Closed Claims with Paid Indemnity of ≥ $10,000



Treatment/care was the most frequent allegation, representing **56.2 percent of the distribution**. The average total incurred amount increased by 15.1 percent, from $209,937 to $241,645.

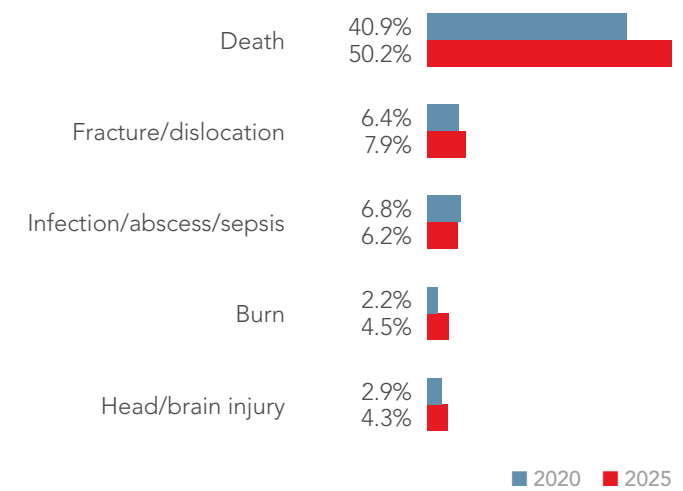
The allegation of improper management of surgical/post-anesthesia care is exemplified in the scenario below.

A 30-year-old patient with a medical history of obesity and diabetes underwent a liposuction/abdominoplasty procedure in an ambulatory surgery center (ASC). The patient received Narcan postoperatively as she was "slow to wake up." Shortly after the patient arrived in the post anesthesia care unit (PACU), the RN noted that the patient was unarousable. He immediately contacted the anesthesiologist who assured him that the patient was "fine" and recommended that he administer another dose of Narcan. The RN administered the Narcan with no improvement to the patient's level of consciousness. The RN remained concerned that the patient was not improving, and, as he was preparing to contact the anesthesiologist again, the patient went into cardiopulmonary arrest and expired later that day. The cause of death was noted to be anesthetic hypercapnia. Nursing experts opined that the RN should have contacted the ASC administrator and called 911 when the anesthesiologist did not address his concerns. This case highlights the importance of invoking the chain of command when leadership support is needed to advocate for patient safety. This case settled for more than $985,000 on behalf of the insured RN. Amounts incurred by other defendants are not available.

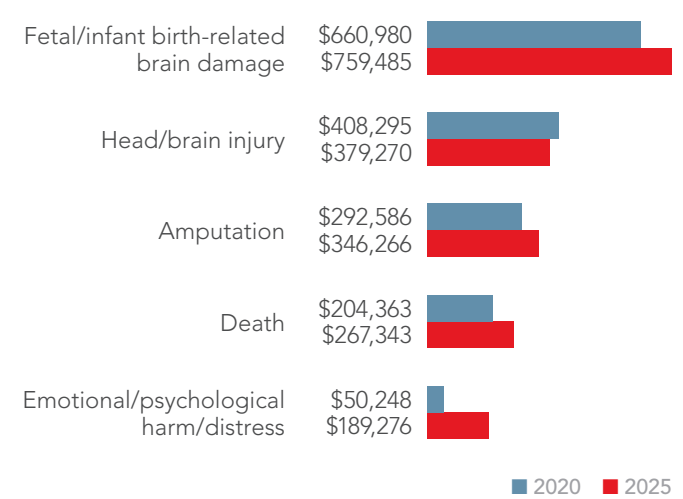
Analysis by Injury

- Death is noted as the top injury in **Figure 16**, comprising 50.2 percent of the closed claims compared to 40.9 percent of the 2020 dataset. This represents a 9.3 percent increase. The average total incurred amount increased by 30.8 percent, from $204,363 to $267,343.
- **Figure 16** highlights that fracture/dislocation ranks second in the distribution of closed claims and was commonly associated with patient falls.
- The number of closed claims involving a burn injury has more than doubled, as displayed in **Figure 16**. The frequency increased from 2.2 percent to 4.5 percent when compared to the 2020 dataset, while the average total incurred amounts remained relatively similar.
- Fetal/infant birth-related brain damage continues to be the injury with highest average total incurred amount of $759,485 as highlighted in **Figure 17**. This may be attributed to the lifelong medical costs associated with the life care plans for infants requiring 24-hour nursing care and other medical expenses.

16 Distribution of Closed Claims by Top Injury
Closed Claims with Paid Indemnity of ≥ $10,000



17 Average Total Incurred by Top Injury
Closed Claims with Paid Indemnity of ≥ $10,000



Responding to Adverse Events

Adverse events should be reported per policy requirements, and an incident report should be completed promptly. Adverse events include incidents involving one or more of the following:

- ☐ A patient is harmed or sustains an injury.
- ☐ Potential clinical significance.
- ☐ An outcome differs from anticipated results.
- ☐ An unexpected safety crisis.

Part 2: Analysis of License Protection Matters

Introduction

License protection matters involve the defense of the insured nurse before a regulatory agency or State Board of Nursing (SBON). License protection matters include the cost of providing legal representation to defend the nurse during the investigation, whereas professional liability claims may include an indemnity or settlement payment to a patient or family. Therefore, the average defense expense highlighted within this section of the report is not necessarily indicative of the severity of the matter before the SBON. In addition, a regulatory or licensing board action against a nurse's license to practice differs from a professional liability claim in that it may or may not involve allegations related to patient care and treatment. For example, license protection matters may include situations where a nurse allegedly engaged in unprofessional conduct, was charged with a DUI or other crime, or failed to disclose certain information in a license renewal application or failed to adequately train and/or supervise staff. For more information about license protection and SBON matters, read the Nurse Spotlight: Defending Your License.

Database and Methodology

The 2025 claim report dataset consists of license protection matters that closed between January 1, 2020, and December 31, 2024, resulting in a defense expense/payment of at least $1.00. This generated a 2025 dataset consisting of 1,125 closed matters. Similar criteria produced a 2020 dataset comprised of 1,377 closed matters, and a 2015 dataset of 1,301 closed matters.

License protection matters involve the **defense of the insured nurse** before a regulatory agency or **State Board of Nursing (SBON)**.

License Protection vs. Professional Liability. What's the difference?

License Protection	Professional Liability
Inquiry by the State Board of Nursing arising from a complaint.	**Civil lawsuit** arising from a patient's malpractice claim.
Allegation can be directly related to a nurse's clinical responsibilities and professional services, and/or they may be of a nonclinical nature (i.e., substance abuse, unprofessional conduct or billing fraud).	**Allegations are related to clinical practice** and professional responsibilities.
The State Board of Nursing can suspend or revoke a license. Its primary mission is to protect the public from unsafe practice of the professional.	**The civil justice system cannot suspend or revoke your license to practice.** Rather, professional liability lawsuits serve to fairly compensate patients who assert that they have suffered injury or damage as the result of professional negligence.

Data Analysis

Figure 18 illustrates that the number of license protection matters with a payment of at least $1.00 per five-year claim report period has decreased since the 2020 dataset. However, the average payment per license defense matter has continued to increase. In the 2015 dataset, the average payment per license defense matter was $3,988 and increased by 33.7 percent in the 2020 dataset to $5,330. In the 2025 dataset, there was an 18.3 percent increase, from $5,330 in the 2020 dataset to $6,304. While we promote efficient and focused defense for each matter, the trend indicates that license defense expenses are increasing. The rise of SBON defense payments can be attributed to the escalating costs of defense counsel, inflation, and the individual nature of each SBON disciplinary investigation, which can take years to resolve.

Figure 19 details license protection matters by licensure type, comparing the matters in the 2015, 2020 and 2025 claim datasets. Over the course of the three reports, the percentage of license protection matters with defense payments reflects the proportion of RNs and LPNs/LVNs within the overall CNA/NSO-insured nurse population.

18 License Protection Matters Data Comparison of 2015, 2020, and 2025 Reports

	2015	2020	2025
License protection paid matters	1301	1377	1125
Total paid	$5,188,984	$7,339,111	$7,091,612
Average payment	$3,988	$5,330	$6,304

19 License Protection Matters by Licensure Type Data Comparison of 2015, 2020, and 2025 Reports

	RN			LPN/LVN		
	2015	2020	2025	2015	2020	2025
License protection paid matters	1127	1220	963	174	157	162
Percentage of license protection paid matters	86.6%	88.6%	85.6%	13.4%	11.4%	14.4%
Average payment	$4,041	$5,348	$6,309	$3,646	$5,186	$6,271

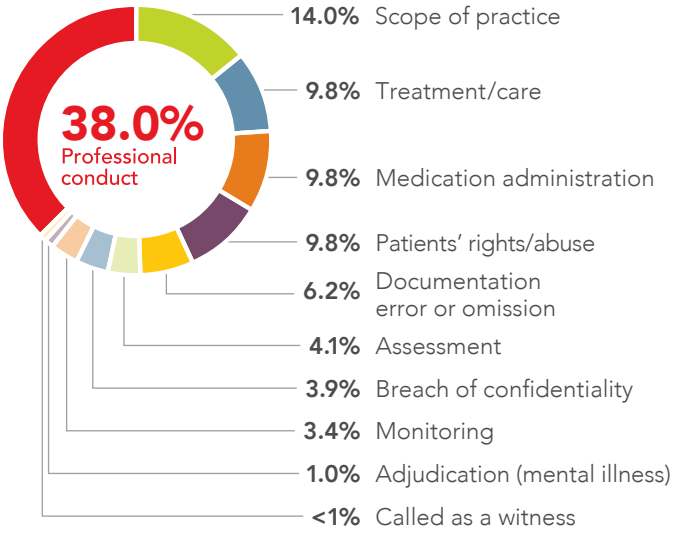
The average payment per **license defense** matter **increased by 18.3 percent**, from $5,330 in the 2020 dataset to $6,304 in the 2025 dataset.

Analysis of Matters by Allegation

This section of the report highlights the most common licensing board allegations against nurses. The primary allegation categories identified in this report extend beyond the classification system of many state and regulatory bodies that oversee nurses. Often, these classification systems do not provide sufficient insight into the specific circumstances that led to the allegations and complaint. Therefore, while complaints against a nurse's license or certification to practice often involve multiple allegations, this analysis classified matters based upon the primary reason for the complaint.

Figure 20 displays the distribution of the primary allegation categories. Professional conduct complaints had the highest distribution of all license protection closed matters in the 2025 dataset, at 38.0 percent. Collectively, professional conduct and scope of practice allegations account for over half (52 percent) of all license protection closed matters. Each of the top five allegation categories will be discussed in greater detail in this section of the report.

20 License Protection Matters by Primary Allegation



The Disciplinary Process

Professional conduct complaints had the **highest distribution** of all license protection closed matters in the 2025 dataset, at **38.0 percent**.

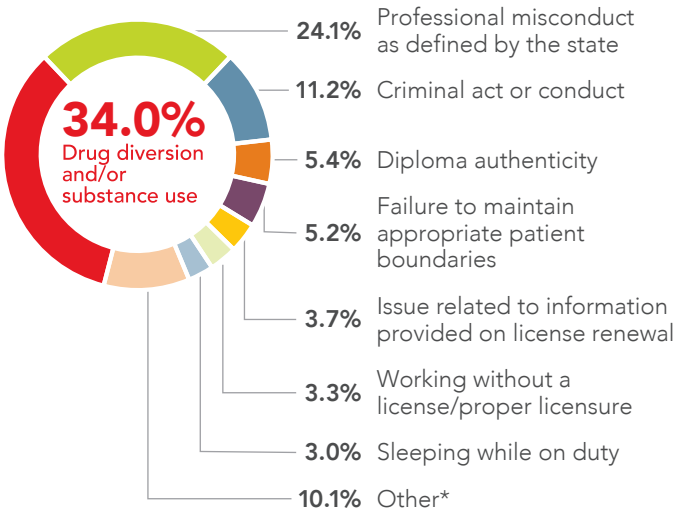
Analysis of Matters by Allegation Sub-Categories

Figures 21 through **24** offer insight into the most frequent and severe allegation sub-categories. Note that percentages are calculated based upon the total matters with defense expense payments for all RNs and LPNs/LVNs.

Allegations Related to Professional Conduct

Allegations related to nurses' professional conduct account for 38.0 percent of all license protection closed matters in the 2025 dataset. Similar to the 2015 (36.8 percent) and 2020 (42.3 percent) datasets, drug diversion and/or substance use allegations remained the most frequent, representing 34.0 percent of professional conduct matters (**Figure 21**). Examples include diverting medications for oneself or others, and apparent intoxication from alcohol or drugs while on duty. The majority of drug diversion and/or substance use matters resulted in disciplinary actions imposed by the SBON which included probation, consent agreements, and surrender or suspension of license.

21 Allegations Related to Professional Conduct



* Other includes the following categories: misrepresentation of licensure/qualifications, wastage errors, failure to follow COVID guidelines, action in another jurisdiction, spreading misinformation (COVID), defamation, inappropriate nurse supervision, violation of board matters, failure to report action in another jurisdiction.

Allegations of professional misconduct as defined by the state account for 24.1 percent of all professional conduct allegations. This broad allegation category includes unprofessional behavior towards coworkers and/or patients, as well as allegations of posting on a social media site during work hours and in patient care areas, as discussed in the following example:

The insured RN was terminated after appearing with other employees in a social media video engaging in a choreographed dance while working on a hospital unit. Although no patients or protected health information were visible in the video, the insured's employment was terminated due to violating facility policies and procedures. In accordance with regulatory requirements, the employer reported the terminations to the appropriate licensing boards. Additionally, the SBON was notified of the video by individuals who viewed it on social media. The SBON concluded that the insured RN exhibited unprofessional behavior, failed to utilize proper judgement, and failed to practice within the legal standards of nursing. As a result, the SBON issued a public reprimand, as well as a fine. The defense costs for the nurse exceeded $16,000.

Diploma authenticity accounted for 5.4 percent of all professional conduct allegations. The diploma authenticity matters reported to us involved insureds identified by the SBON that allegedly obtained fraudulent nursing licenses. This was part of a larger state and federal investigation known as Operation Nightingale. Operation Nightingale identified individuals who were allegedly sold fraudulent diplomas and transcripts from nursing schools, which qualified the individuals to sit for the National Council Licensure Examination (NCLEX) and, after passing the exam, to obtain licenses and jobs in various states as RNs and LPNs/LVNs. SBON final outcomes to date have varied from closed with no action taken against the insured RNs and LPNs/LVNs to more severe actions, such as probation, suspension or revocation.

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

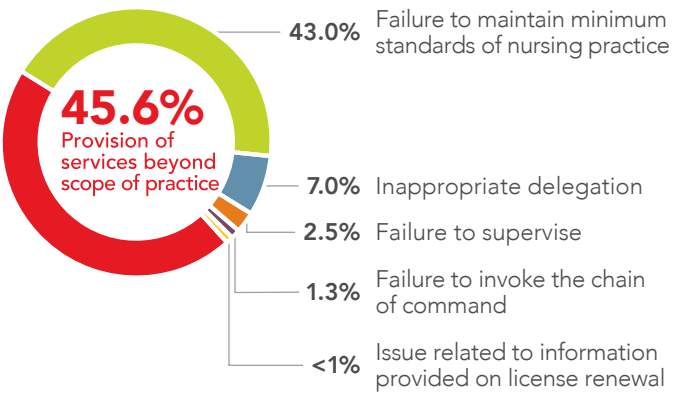
Allegations Related to Scope of Practice

Nurses must adhere to the professional standards and scope of practice outlined in their respective state practice acts and professional ethical guidelines. In the 2025 dataset (**Figure 20**), allegations related to scope of practice accounted for 14.0 percent of all license protection closed matters with payment.

License protection matters involving provision of services beyond the scope of practice, which encompassed 45.6 percent of all scope of practice allegations, occur in a variety of healthcare locations. However, locations outside the hospital setting, such as medical clinics/offices, and/or medispas, can often be areas of where nurses are placed in situations of practicing outside the scope of practice. Privately owned offices/clinics/medispas often do not have appropriate policies and procedures or provide adequate clinical oversight for patient care. The absence of policies, procedures and clinical oversight can increase the likelihood of what is known as scope creep. Many of these matters may have stemmed from a genuine desire on the part of the nurse to provide expeditious, efficient patient care. Nevertheless, the existence of these matters highlights the risks that nurses face when acting outside of their scope of practice, regardless of their intent. Defending these matters is often challenging, as the insured typically knows that the actions were beyond their scope of practice but proceeded without proper authorization.

Allegations related to failure to maintain minimum standards of nursing practice comprised 43.0 percent of all scope of practice license protection matters as revealed in **Figure 22**. These matters included various scenarios, such as allegations of breaches of minimum professional standards, incompetence, and negligence, as illustrated by the following example:

22 Allegations Related to Scope of Practice



The insured RN was working in an ED and was assigned to care for a patient from a community-based behavioral health group home (group home) for an acute illness. When the RN informed the group home coordinator/social worker of the patient's condition and likely hospital admission, the coordinator requested that the RN administer the patient's daily intramuscular (IM) dose of antipsychotic medication. The coordinator later delivered the non-formulary medication to the ED. The insured RN contacted the hospital pharmacy to place the medication on the patient's medication administration orders and sent the non-formulary medication to the pharmacy. Prior to sending the medication to pharmacy, the RN withdrew a dose for the patient to receive in the ED. When the RN attempted to administer the dose, the patient refused the medication. The RN ordered security to physically restrain the patient and administered the IM medication. The SBON's investigation alleged the insured violated several core nursing standards and that the conduct fell below the minimum standards of nursing practice. As a result, the insured RN was placed on probation, required to complete 12 hours of continuing education, and restricted from functioning as a head nurse or charge nurse during probation. The investigation took over four years to complete and expenses paid to defend the insured nurse exceeded $4,000.

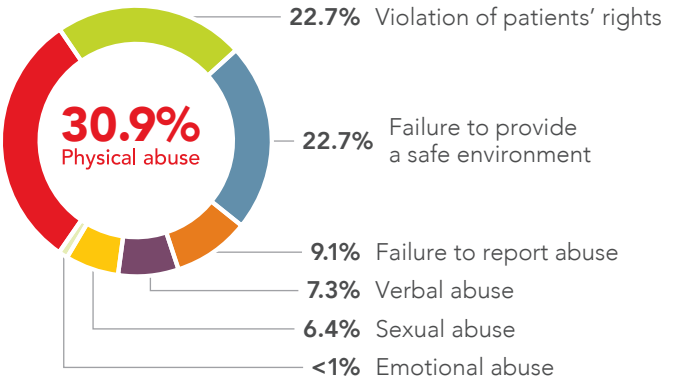
Inappropriate delegation and failure to supervise, collectively account for 9.5 percent of all scope of practice license protection matters, as shown in **Figure 22**. These matters involved nurses in a supervisory/leadership role, such as DON, nurse manager and/or charge nurse. As referenced on page 14, nurses in supervisory/leadership positions can be named in professional liability claims, and they can also have a license protection matter brought against them, despite not having provided direct patient care or services to a patient. These matters allege that the nurse was professionally responsible for the actions of the nursing care staff and/or for the care of each patient within the organization.

Allegations Related to Patients' Rights/Abuse

Patients' rights/abuse allegations constitute 9.8 percent of all license protection closed matters with payment, comparable to findings from previous datasets. This category includes allegations of physical, verbal, sexual and emotional abuse, as well as other violations of patients' rights. Similar to prior datasets, many of these allegations involved nurses managing patients who were exhibiting violent or aggressive behavior, and either the nurse retaliated against the patient, or responded to the patient's aggression in an inappropriate or unprofessional manner.

These matters were often difficult to defend and involved allegations of failure to provide a safe environment (22.7 percent) and violation of patients' rights (22.7 percent), as seen in **Figure 23**. These allegations involved patient falls, administering treatment or medication without consent, and applying chemical or physical restraints without an appropriate order. The ability to manage difficult patient situations is a core nursing competency. Developing communication and relationship skills for a diverse patient population is an essential skill for nurses, helping them to minimize exposures to allegations of patients' rights/abuse.

23 Allegations Related to Patients' Rights/Abuse



Allegations Related to Medication Administration

Medication administration allegations accounted for 9.8 percent of license protection closed matters with payment. An increase in severity was noted as 29.3 percent from the 2015 to 2020 datasets and a 24.9 percent increase from the 2020 to 2025 datasets. Medication administration matters involved bypassing the facility's established safety procedures or failure to follow established facility policies and procedures. The following is an example of a closed matter involving the nurse's failure to follow established facility policies and procedures:

An LPN working in a hospital setting was identified by a pharmacy analytics report for potential medication discrepancies involving cardiac, antihistamine, narcotic, and antianxiety medications. Once discrepancies were confirmed, the LPN was terminated and reported to the SBON due to failure to follow hospital's policies and procedures on handling and disposing of medications, including witnessed wasting and proper documentation, failure to follow provider's orders, failure to follow medication safety administration procedures, and documentation inaccuracies. During the SBON's investigation, the LPN admitted to inadvertently taking medications home, on a regular basis, due to being too busy at work to properly waste medications. The insured LPN admitted to changing the dosages of medications instead of administering the exact prescribed dose, which would often result in a discrepancy in the wasted dose. The SBON placed the LPN on probation for 12 months, required the insured to complete 15 hours of continuing education on medication safety, restricted the areas the LPN could be employed, and required the LPN to have six continuous months of medication administration audits without waste discrepancies. The expenses associated with defending the LPN exceeded $14,000.

Ways to Reduce Medication Administration Errors

- ☐ Follow the Rights of Medication Administration.
- ☐ Reduce distractions during administration process.
- ☐ Use up-to-date resources for drug information.
- ☐ Verify drug allergies and contraindications before administration.
- ☐ Recheck calculations.
- ☐ Ask for assistance.

Allegations Related to Treatment/Care

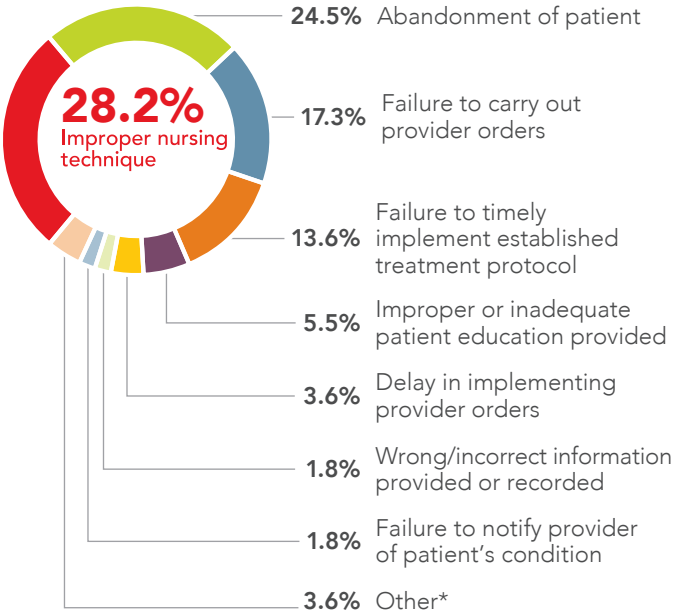
Treatment/care allegations consisted of 9.8 percent of all license protection closed matters as indicated in **Figure 20**. The top four allegations within the treatment/care category accounted for 83.6 percent of all treatment/care matters, as seen in **Figure 24**. The top allegations were improper technique or negligent performance of treatment, resulting in an injury (28.2 percent), abandonment of patient (24.5 percent), failure to carry out provider orders (17.3 percent), and failure to implement established treatment protocol (13.6 percent).

These allegations reflect a failure to fulfill core nursing responsibilities, duties, and expectations. An example of a closed matter involving improper nursing technique or negligent performance of treatment resulting in an injury is as follows:

The insured RN was working in a long-term care facility and was assisting with the transfer of a resident from a stretcher to a bed, using a ceiling lift. During the transfer, the resident slid out of the sling and onto the floor sustaining a large subdural hematoma injury. The resident died from the injury the following day. The cause of death was listed as an intracranial hemorrhage and blunt force head trauma. The SBON initiated an investigation eight years after the incident occurred. The SBON suspended the RN's license for 12 months, required the completion of continuing education courses, issued a fine, and placed the RN on probation for four years. The expenses associated with defending the nurse exceeded $18,000.

Treatment/care allegations reflect a **failure to fulfill core nursing responsibilities**, duties, and expectations.

24 Allegations Related to Treatment/Care



* Other includes the following: failure to clarify provider orders, improper treatment/care, failure to timely obtain provider orders, and fraudulent/falsified care or billing records.

Risk Management Recommendations for Everyday Practice

- ☐ Practice within the requirements of your state nurse practice act, in compliance with organizational policies and procedures, and within the national standard of care.
- ☐ Maintain basic clinical and specialty competencies by proactively obtaining the professional information, education, and training needed to remain current regarding nursing techniques, clinical practice, biologics, and equipment.
- ☐ Document your patient care assessments, observations, communications, and actions in an objective, timely, accurate, complete, and appropriate manner.
- ☐ If necessary, utilize the chain of command or the risk management or legal department regarding patient care or practice issues.
- ☐ Maintain files that can be helpful with respect to your character, such as letters of recommendation, performance evaluations, and continuing education certificates.

State Board of Nursing Actions

While the terminology used to describe the types of disciplinary actions imposed by SBONs may differ between states and jurisdictions, such actions can significantly affect a nurse's licensure and ability to practice. SBON actions may include fines, public reprimands, continuing education (CE), monitoring, remediation, practice restrictions, suspension, surrender, or revocation of the nurse's license.

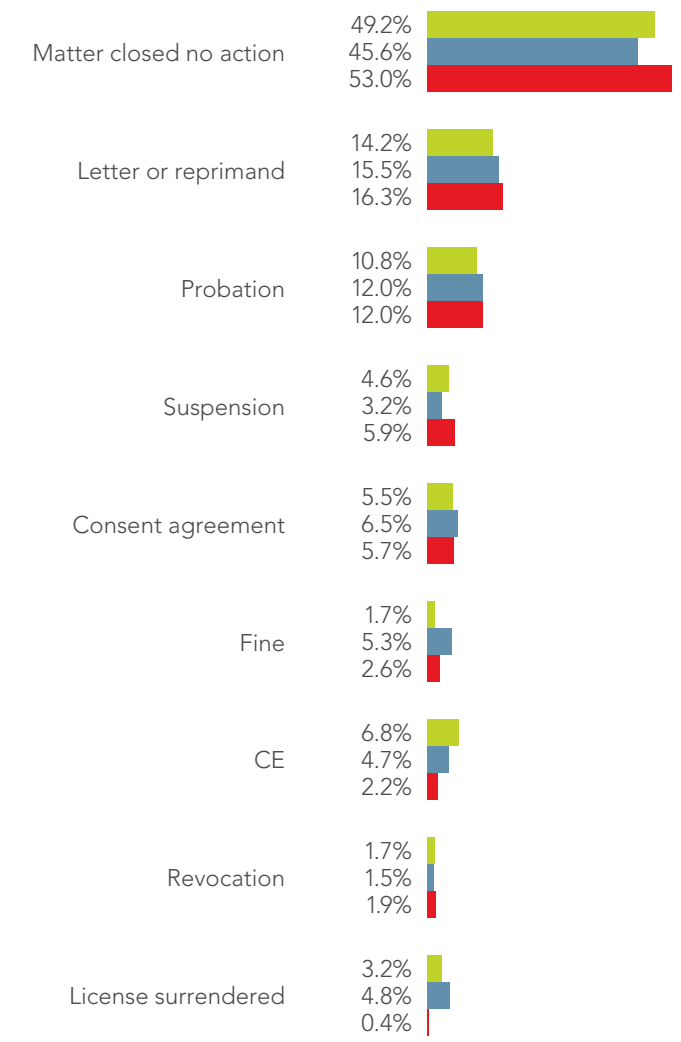
Figure 25 compares the distribution of SBON licensing actions between the 2015, 2020 and 2025 datasets. In the 2025 dataset, the largest percentage of license protection matters, 53.0 percent, closed with no action taken by the SBON, similar to the results evidenced in the prior datasets. A decision by the SBON to not impose disciplinary action represents a successful defense of the insured nurse.

The distribution of SBON matters that resulted in mandated continuing education (CE), fines, consent agreements, and license surrendered decreased in the 2025 dataset from the prior claim reports as depicted in **Figure 25**.

Conversely, a less serious outcome, such as letters or reprimands, increased in 2025 (16.3 percent) as compared to the 2015 (14.2 percent) and 2020 (15.5 percent) datasets. The overall distribution of outcomes involving probation have remained relatively consistent with previous claim reports.

SBONs often maintain lists of disciplinary actions on state databases, newsletters, or websites, as they are considered public information. SBONs also report disciplinary action to NURSYS® and the National Practitioner Data Bank (NPDB). SBON investigations are serious matters, requiring legal assistance as well as significant investment of time and effort by the nurse until they are resolved.

25 Comparison of the 2015, 2020, and 2025 Distribution of State Board of Nursing Actions



* Distribution of actions taken are based on categories observed in the current report and may not include actions noted in prior reports.

Key Risk Management Principles

- ☐ Be a patient advocate.
- ☐ Conduct a detailed patient assessment.
- ☐ Document thoroughly.
- ☐ Communicate changes.
- ☐ Adhere to state licensing regulations and laws.
- ☐ Comply with the ANA's Scope and Standards of Practice.

151 North Franklin Street
Chicago, IL 60606
1.866.262.0540
www.cna.com

1100 Virginia Drive, Suite 250
Fort Washington, PA 19034
1.800.247.1500
www.nso.com

Published 8/2025.