

# Has Malpractice Changed Nursing Practice?

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## INTRODUCTION

“Professional malpractice is the failure to provide the degree of care required under the scope of your license that results in an injury. Legally, four elements must exist for malpractice to occur: duty, breach, cause and harm.” (Pierce, 2019, p.14). To understand the standard of care required from a nurse under their license, each state has its own Nurse Practice Act.

“The more experienced a nurse is, the more likely he or she is to have malpractice claims. This may be attributable to several factors. They may get too comfortable in their environment and let their guard down, older nurses often take on more complicated cases, or they may be mentoring younger nurses, which can leave them vulnerable.” (“Relias Media”, 2018, p.1).

## SIGNIFICANCE

In 2015, there were 549 malpractice claims filed against nurses.

- 88.5% involved RNs, and 11.5% involved LPNs/LVNs.
- The top 3 categories where malpractice was discovered were treatment/care (45.9%), assessment (15.7%) and monitoring (13.8%).
- The percentage of closed claims involving medication administration (8.0%) has declined by half since the 2011 claim report, while severity has approximately doubled.
- The majority of malpractice claims (17.7%) were filed in relation to inpatient medical services. (Nursing Malpractice, 2015).

## POSITION STATEMENT

Malpractice has changed nursing practice.

## SUPPORT FOR POSITION

The use of barcode medication administration (BCMA) and electronic medication administration record (eMAR) has been implemented to help reduce medication errors by confirming a patient's medication at bedside to ensure the 5 rights of medication administration.

“By 2011, the technology had been implemented in 50% of hospitals in the United States and 58% of hospitals of similar size. Based on initial studies, BCMA technology appears to be cost-effective and reduces administration errors by over 50% and serious errors by up to 25%.” (Truitt, Thompson, Blazey-Martin, NiSai, & Salem, 2016).

Through TigerText's patient care coordination software (which is used at Geisinger facilities), nurses are able to “improve patient outcomes by expediting communication of status changes, request discharge orders or dietary services, expedite obtainment of new order and results for STAT labs.” (“Nurse Physician”, 2020).

Nurses complete assessments on the 4 P's with hourly rounding. This allows nurses to assess their patient's hourly and observe any changes in their condition. In addition, fall rates and call light usage decreased. “The reported reduction in falls ranged from 24% to 80%, with a median reduction of 57%. Call light usage decreases ranged from 23% to 70%: the median reduction was 54%.” (Mitchell, Lavenberg, Trotta, and Umscheid, 2014, p.1).

## IMPLICATIONS FOR PRACTICE

Malpractice and the awareness of malpractice has affected nursing by allowing for safer nursing practices. Nurses should use TigerText, BCMA, and hourly rounding because this has proven to have better outcomes and a decrease in errors made in practice. Many of these errors have been reduced by implementing technology to assist nurses (with giving medications, contacting doctors, etc.). While this technology is helpful, they need to plan for a learning curve while the nurses figure out how to use this technology, especially older nurses who have practiced for many years without it.

Malpractice insurance has also been impacted. Nurses need to be aware that although employers now have malpractice insurance (that also covers nurses), the employer's insurance will not fully cover a nurse if they are involved in a lawsuit – therefore causing companies to create nursing malpractice insurance. It is also proven that with the more experience a nurse has, the more susceptible they are to malpractice. With the introduction of new practices and new technology, there is room for more malpractice errors (and different malpractice errors entirely). Nursing practice will need to continuously change in order to address malpractice.



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## CONCLUSION

Malpractice has caused changes in the way that nurses perform care. Nurses now use BCMA and eMARs to keep track of patient medications, perform hourly rounds on their patients, and can reach any provider or discipline in the hospital with one text message. These interventions have decreased the number of errors that happen in practice, therefore reducing malpractice. The above-mentioned changes were made in order to help protect patients and may not have happened if it wasn't for malpractice in the nursing practice.

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