We prepare your most valuable witness... the medical record!
Department of Consumer Affairs

• Contains the CA State Board of Nursing
  - 9 Members
    - (4) Public Members
    - (2) RN’s minimum of 5 yrs bedside experience
    - (1) APN – currently active
    - (1) RN administrator of nursing education program
    - (1) RN administrator of nursing services with minimum of 5 yrs experience

Term of 4 years – maximum of 2 consecutive terms
2708.1 Priority of the Board; Protection of the Public

• “Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.”
Business and Professions Code

- CA Nurse Practice Act
  - Website:  www.rn.ca.gov/regulations
Nurse Practice Acts

• Originated to:
  - Protect the public at large
  - Define the practice of nursing
  - Give guidance within the scope of practice issues
  - Set standards for the nursing profession
Nurse Practice Acts

• Single most important piece of legislation for nurses because it affects all facets of nursing practice.

• NPA are worded in general terms because they are statutory law, therefore they are slow to be updated.

• If NPA were too specific they wouldn’t conform to modern practice and technological advances.
NPA versus hospital policies

• NPA broad, Hospital standards of practice more detailed

• Hospital scope may be narrower than the scope described in the NPA but it shouldn’t be broader.

• Employers can’t legally expand the scope of a nurse’s practice to include tasks prohibited by the state’s NPA.
Nurse Practice Act

• Except in life threatening emergencies, nurses cannot practice outside the NPA without risking disciplinary action of the BRN

• NPA’S change, to protect yourself legally, you must thoroughly understand the current NPA and the board of nursing’s rules and regulations.
Common Investigations of the BRN

- Negligent or substandard care provided to a patient
- Sexual relations with a patient
- Physical or verbal abusive behavior
- Addiction to or diversion of narcotics
Possible Violations

- Conviction of a felony or crime involving moral turpitude
- Use of fraud or deceit in obtaining a license
- Violating the Nurse Practice Act
- Aiding or abetting any unlicensed person with the unauthorized practice of nursing
Possible Violations (cont)

• Revocation, suspension, or denial of licensure to practice nursing in another jurisdiction

• Unprofessional conduct – deceive, defraud, or injure the public or patients

• Lack of fitness by reason of physical or mental health that could result in injury to the public or individual patients
Steps in Disciplinary Proceedings for Nursing Misconduct

- A sworn complaint is filed with the State Board of Nursing.

- With sufficient evidence, the board will hold a formal review, during which both sides may be represented by legal counsel and witnesses are called.

- The board may take disciplinary action, if needed.
Steps in Disciplinary Proceedings for Nursing Misconduct (cont)

• Nurse may appeal

• The court reviews the actions of the Board, not the original misconduct by the nurse

• Upholds the Board’s actions or grants a new trial.

• The losing side at the trial level may further appeal the decision to the next highest court in the state.
Due Process of Law and Equal Protection of the Law

• 14TH Amendment to the U.S. Constitution.

• Intended to prevent a person from being deprived of “life, liberty, or property” by actions of state or local government.

• Applies only to state actions and not actions of private citizens.

• Protects the public from arbitrary actions.
Due Process (cont)

- Prime Elements
  - The rule as applied must be reasonable and definite
  - Fair procedures must be followed in enforcing the rule.
Due Process rights for nurses

• Covers nurses when requested to appear before the State Board of Nursing.
  - Must be given proper notice of the upcoming hearing
  - Must notify what charges will be evaluated during the hearing
Due process rights of nurses (cont)

- A clear statement of allegations

- A notice of time and place of hearing, disciplinary conference or other proceedings

- A right to legal counsel

- A presentation of one’s own witnesses and evidence
Due process rights of nurses (cont)

- A cross-examination of the State’s witnesses and challenge of State’s evidence

- A full hearing before an authorized board that functions in a fair manner

- A written record of the hearing transcript

- A judicial review, if requested, of the Board’s decision
Board of Nursing
Disciplinary Actions

- Private reprimand or censure
- Public reprimand or censure
- Probation
- Suspension of licensure
- Refusal to renew licensure
- Revocation of licensure
- Imposition of a fine
- Other discipline (continuing education etc)
Board authority to impose conditions during licensure, suspension or probation

- Obtaining substance abuse rehabilitation and counseling
- Obtaining special counseling
- Requiring supervision for specific techniques or procedures to validate competency
- Requiring satisfactory completion of educational programs
Proactive Guide To The Best Defense

• Obtain a current copy of your state’s Nurse Practice Act.

• Read the act carefully and ensure you understand what each element means.

• Know the State Board of Nursing’s rules and regulations regarding professional standards of care and dishonorable conduct.
Best Defense (cont)

• Know whom to contact and what to do if the Nurse Practice Act is violated. Remember, you have an obligation to uphold your state’s Nurse Practice Act and to see that others uphold the act as well.

• Failure to report violators becomes grounds for disciplinary action against you.
Filing Complaints

- **ANYONE** can file a complaint with the State Board of Nursing including patients, their families, professional peers, nurse managers, physicians, and the facility administration.

- When preparing a response for the board, it should be brief and objective (*always consult an attorney* before preparing the response, it can be used against you).
State Board of Nursing’s Power

- The Board’s power is limited to action against nursing licenses, not to criminal or civil actions.

- However, if circumstances warrant, civil action or criminal charges could be filed additionally, regardless of the Board’s action.

- Board proceedings are less formal and restrictive than a courtroom trial.

- Evidence that wouldn’t be admissible in court may be admissible before the Board.
Civil and Criminal Charges

- Civil action is brought forth by the patient or their representative for the purpose of obtaining monetary compensation for injury or harm resulting from a negligent act or failure to act.

- Criminal charges for crimes against a victim are brought forth by the government for the purpose of punishment for the person committing the wrong and to act as a deterrent for additional wrongdoing. (Must be a gross deviation from the standard of care and the nurse must fail to perceive a substantial and unjustifiable risk)
State Board of Nursing
Friend or Foe?

• Conclusion – The State Board of Nursing is **NOT** in place to protect nurses, it is there to protect the public.

**NEVER** talk to the board of nursing without first consulting an attorney.

There are many attorneys that dedicate their law practice to defending nurses against the State Board of Nursing.
Standards of Care

• Standards of Care set minimum criteria for a nurse’s proficiency on the job, enabling nurses and others to judge the quality of care that they and their nursing colleagues provide.

• Legal Concept, judicially defined by the courts as “to exercise the same degree of knowledge, skill and ability as an ordinarily careful professional would exercise under the same or similar circumstances”.

© 2015 OUR LEGAL NURSE CONSULTANTS
Sources of nursing standards

• Federal Statutes and Regulations

• State Statutes and Regulations which includes Licensing Statutes and the CA Nurse Practice Act

• Accrediting bodies such as The Joint Commission and The Centers for Medicare and Medicaid Services
Sources of nursing standards (cont)

• Professional Organizations Standards of Practice and Ethics such as ANA, CNA, and NANN

• Hospital Policies and Procedures

• Unit Specific Policies and Procedures

• Unit Standards of Care
Sources of nursing standards (cont)

- Hospital Documentation Policies
- Authoritative Texts, Journals and Studies
- Expert Testimony
Nursing and Ethics

• **ANA Code of Ethics**  Can be viewed on their website but not downloaded – must purchase. Their website is at [www.nursingworld.org](http://www.nursingworld.org)

• **NANN Code of Ethics**  Can be viewed and downloaded @ [www.nann.org](http://www.nann.org)
Negligence and Malpractice
J CAHO’s Definitions

**Negligence** is the “failure to use such care as a reasonably prudent and careful person would use under similar circumstances”.

**Malpractice** is the “improper or unethical conduct or unreasonable lack of skill by a holder of a professional or official position”.

© 2015 OUR LEGAL NURSE CONSULTANTS
Avoiding Negligence Torts

• Treat patients and their families with respect and honesty.

• Use your nursing knowledge to make appropriate nursing diagnoses and to implement necessary nursing interventions.

• Be a patient advocate (ethically responsible to promote, advocate for, and strive to protect the health, safety, and rights of the patient).
Avoiding Negligence Torts (cont)

- Remain current and up to date in your skills and education.
- Base your nursing care on all five steps of the nursing process model.
- Document completely every step of the nursing care plan and the patient’s responses to interventions.
Avoiding Negligence Torts (cont)

• Respect the patient’s right to education about his illness and ensure that he and his family are taught about the disease entity, therapy and possible complications prior to discharge and document in the medical record.

• Delegate patient care wisely and know the scope of practice for yourself and those whom you supervise.
Avoiding Negligence Torts (cont)

- Know and adhere to your hospital’s policies and procedures.
- Keep your malpractice liability insurance policy current and know the limits of coverage.
Avoiding Malpractice Claims

• Patients who are treated honestly, openly and respectfully and who are apprised of all facets of treatment and prognosis are not likely to sue.

• Know relevant law and legal doctrines.

• Stay well within your area of individual competence and become a lifelong learner.
Avoiding Malpractice Claims (cont)

• Join and support professional organizations (excellent educational opportunities and ability to lobby for stronger Nurse Practice Acts and advancing nursing roles)

• Recognize the concept of the suit-prone patient (tend to be immature, overly dependent, hostile and uncooperative, unable to be self-critical and shift blame to others, overreact to any perceived slight in an exaggerated manner).
Avoiding Malpractice Claims (cont)

• Recognize that nurses’ personality traits and behaviors may also trigger lawsuits
  - difficulty establishing close relationships
  - insecure and shift blame onto others
  - insensitive to patients’ complaints or fail to take the complaints seriously
  - aloof and more concerned with the mechanics of nursing than meaningful human interactions with patients
  - inappropriately delegate responsibilities to peers to avoid personal contact with patients
Avoiding Malpractice Claims (cont)

• Have professional liability insurance

• Educate consumers – all health care entails some risks, no matter how remote or far fetched.

• Thorough charting of discharge teaching.
Nursing Malpractice Lawsuits increasing yearly with no sign of stopping

• Contributing Factors
  - Delegation (more on floors than ICU’s)
  - More Knowledgeable Patients
  - Sicker Patients with Higher Expectations
  - Hospitals more reliant on RN’s (less costly than other disciplines)
  - Increased Autonomy and Responsibility
  - Expanded Legal Definitions of Liability hold all Professions to a higher standard of accountability
  - Technological Advances
  - Early Discharge
Motivation for Lawsuits

- Societal Factors
  - Cost and complexity of health care
  - Managed care
  - Depersonalized treatment
  - Publicity about medical errors
  - Independent research
Motivation for Lawsuits

• Personal Factors
  - Desire For Answers
  - Desire To Improve Patient Safety
  - Apology Wanted
  - Obtain Closure
  - Sense of Entitlement
  - Desire For Money
Motivation for Lawsuits

• Predisposing Factors (insignificant when viewed alone but when viewed collectively, may influence the patient’s perception about the quality of care provided).

  - Communication
    • Failure to provide an explanation
    • Failure to keep the patient or family up to date
    • Blaming a patient or family for a bad outcome
    • Insensitivity in informing the patient or family
    • Failure to effectively share the lessons learned
Motivation for Lawsuits

• Precipitating Factors (tend to be more serious)
  - Significant adverse patient outcome
  - Iatrogenic Injury
Best Protection From Being Named A Defendant In A Medical Malpractice Suit

• PROTECT YOUR PATIENT!!!!!!!

• Administer the best possible nursing care according to the highest professional standards.

• Follow standards of care from your specialty area, state and federal regulations, standards of JCAHO, ANA and CNA, hospital P&P’s, and the Nurse Practice Act.
Best Protection From Being Named A Defendant In A Medical Malpractice Suit

• Become familiar with malpractice law.

• Make a favorable first impression (build a caring, attentive, trusting relationship with pt)

• Establish a baseline prior to administering care
  - Review medical records, noting significant information
  - Read care plan, discuss with patient, and revise as needed
Best Protection From Being Named A Defendant In A Medical Malpractice Suit

• Don’t accept responsibilities for which you are not prepared.

• Evaluate your assignment – are you competent?

• Carry out orders cautiously - don’t blindly follow
Best Protection From Being Named A Defendant In A Medical Malpractice Suit

• Administer drugs carefully

• Maintain rapport with patient

• Document care accurately and thoroughly

• Don’t assist with procedures without informed consent
Best Protection From Being Named A Defendant In A Medical Malpractice Suit

• Don’t use equipment that is unfamiliar or seems to be functioning improperly

• Stay current
  – Ignorance is no excuse for substandard care, especially if you are certified in a specialty area.
Never perform a procedure you feel uncertain about or is outside the scope of your practice.

Patient teaching has become a JCAHO focus including discharge teaching. Document what was taught, method of teaching utilized, as well as the names of any witnesses to the teaching.
Best Protection From Being Named A Defendant In A Medical Malpractice Suit

• Think before you speak:
  - Avoid offering opinions about what might be wrong with a pt (making a medical diagnosis)
  - Avoid offering opinions on the choice of a physician
  - Avoid offering opinions on possible treatments
Best Protection From Being Named A Defendant In A Medical Malpractice Suit

- Think before you speak: (continued)
  - Avoid criticizing other caregivers or care that was provided
  - Avoid statements that can be perceived as admission of fault or error
Best Protection From Being Named A Defendant In A Medical Malpractice Suit

• Think before you speak: (continued)

  - Never discuss patient in public areas, even if their name is not mentioned.

  - Never discuss a patient’s confidential information with anyone not involved with the care of that patient
Analyzing The Malpractice Concept

• Reviewing both nursing and legal literature suggests there are two antecedents that occur either alone or in concert, before all occurrences of malpractice.

1. Lack of adequate education and training.

2. Lack of thoroughness and attention to detail on behalf of the nurse (critical thinking).
Critical Thinking

- Needed to form appropriate nursing judgments.

- Nursing judgment is the driving force and the expected outcome of the nursing process.

- Without sound judgments, nurses are merely performing task-oriented care.

- Large numbers of errors occur d/t the nurse’s failure to use critical thinking skills.
Elements That Decrease Critical Thinking Abilities

• Rapid patient turnover (shorter patient stays or rapidly changing assignments)

• Stress (overwhelmed by assignment, floating, patient condition deteriorating)

• Fatigue (IOM recommends no more than 12 hour shifts in a 24 hour period, or more than 60 hours in a seven day period)
Elements That Decrease Critical Thinking Abilities (cont)

- Sleep Deprivation (shift work, multiple jobs)
- Constant Interruptions (whether from other health care providers or families)
Nursing Malpractice

- Often hinges on:
  - Should the nurse have called the physician and was the call made?
  - What did the nurse say?
  - What time was the call or notification made?
  - What should the nurse have done next?
Legalese
Four Elements of a Lawsuit

• Before a malpractice suit can be filed, the plaintiff must prove that all four of the following elements are present.

- Duty
- Breach of Duty
- Damages
- Causation
DUTY

• Created by a relationship and not merely by employment status.

• The reliance relationship – of one person depending on another for quality, competent care – actually forms the basis of the duty-owed concept.
BREACH OF DUTY

• A deviation from the standard of care owed the patient.

• Something was done that should not have been

• Nothing was done when it should have been
The plaintiff must demonstrate that physical, financial or emotional injury resulted from the breach of duty owed the patient.

General damages are inherent to the injury itself (pain and suffering, permanent disability or disfigurement).

Special damages account for all losses and expenses incurred as a result of the injury (medical bills, lost wages, cost of future medical care, converting living spaces).
Emotional damages may be compensated if there is apparent physical harm as well.

Punitive damages may be awarded if there is malicious, willful or wanton misconduct.
CAUSATION

Typically is the most difficult to prove.

The injury must have been incurred directly as a result of the breach of duty owed the patient.
Statute of Limitations

- Determined by the state legislature.

- Usually 1-2 years for the filing of a personal injury lawsuit.

- Most states do not begin measuring time until the injured party has actually discovered the injury.
• California medical malpractice issues must be filed 3 years from the date of injury or 1 year from the date of discovery whichever occurs first, except for foreign objects, where the SOL run from when the object is or should have been discovered.
Statute of Limitations for Minors in California

- Suit must be brought within 3 years from the date of the negligent act, unless the child is under the age of six, in which case the action must be commenced within 3 years or prior to the child’s eighth birthday, whichever provides the longer time period.
Statute of Limitations Rationale

• Affords potential defendants the opportunity to defend themselves within a reasonable time period.

• Suppress fraudulent claims after the facts have become obscured from lapse of time, defective memory or death of witnesses.

• Previously states allowed minors the ability to sue until the age of majority, most states are now more restrictive.
California’s Good Samaritan Law 2727.5

• A person licensed under this chapter who in good faith renders emergency care at the scene of an emergency which occurs outside both the place and the course of that person’s employment shall not be liable for any civil damages as the result of acts or omissions by that person in rendering the emergency care.

• This section shall not grant immunity from civil damages when the person is grossly negligent.
Nursing Documentation in Legal Proceedings

• Nursing Documentation composes the majority of the medical record.

• Nursing notes become the most important evidence to reflect how care was rendered as well as the outcomes of that care.

• Omissions, inaccuracies, or missing documentation immediately places the record, as well as the health care providers, under suspicion.
Nursing Documentation in Legal Proceedings (cont)

• Jurors and attorneys view the medical record as the best evidence of what really happened to a patient.

• Liability experts are convinced that poor medical records are a leading reason medically defensible malpractice claims are ultimately filed and decided in the plaintiff’s favor.
Legalities of Nursing Documentation

- Know the governing laws in the state of practice, the policies and procedures and the standards of care of the institution as well as the unit of practice and the guidelines from applicable specialty organizations (ANA, CNA, AND NANN).

- Know that when state law and institutional policy are in conflict, state law trumps the institution.
Legalities of Nursing Documentation (cont)

• Specialty guidelines for practice aren’t legally binding, but they do create a standard of care for a patient in a particular setting.

• The gold standard that’s used for determining what a nurse’s action should’ve been is: “What would a reasonable and prudent nurse have done in the same or similar situation?”
Legalities of Nursing Documentation (cont)

• Keep Your Audience In Mind
  - The Healthcare Team (create an illustrated timeline for the care of the patient).
  - The Scribe (serves as a memory refresher for the RN, years later).
  - Lawyers and Experts (looking for what went wrong, what could have been better, and was the standard of care met).
  - Judge and Jury (make a complex and confusing issue understandable for lay persons)
Nursing Documentation Basics

• Follow The Nursing Process

  – Never document an acute abnormality found during an assessment without documenting the intervention initiated.

  – Never document the intervention initiated without documenting the patient response to said intervention.
Follow The Nursing Process (continued)

- Never document a body system abnormality without elaboration.
- Always document the patient’s baseline mental status, if known.
Nursing Documentation Basics (cont)

• Follow The Nursing Process (continued)

  - Make an entry for every observation (if no mention has been made of a change in a patient’s condition, the jury will assume that no observation was made).

  - Reconcile mismatched objective and subjective assessment findings. (pt states his pain is a “10” but you find him sitting up, playing cards with a friend).
Nursing Documentation Basics (cont)

• Follow The Nursing Process (continued)
  
  - Don’t become complacent with check-off assessments. (There is no single way to undermine credibility in court more powerfully than documenting that a pt with a R below-the-knee amputation has bilateral pedal pulses that are strong and equal).
Nursing Documentation Basics (cont)

• Follow The Nursing Process (continued)
  
  – Always assess the patient at the time of discharge or transfer.
  
  – Never use medical terminology unless the meaning of the word is known.
  
  – When in doubt, spell it out (only use hospital approved abbreviations).
Nursing Documentation Basics (cont)

- Follow The Nursing Process (continued)
  - Use quantifiable data with descriptions (reference common objects such as a quarter).
  - Ensure that late entries follow your facility’s policy.
  - When relying on information from another source be sure to note that in some way. You do not want information obtained from another source attributed to you, particularly if it is inaccurate.
Follow The Nursing Process (continued)

- Chart Objectively (Document facts only - what you see, hear, smell and touch; otherwise it can be misconstrued as making a medical diagnosis, which is practicing medicine without a license).
Follow The Nursing Process (continued)

- Never chart humor, sarcasm, bias, racial and ethnic slurs, or profanity. (It is very humbling to have your notes blown up and displayed on a screen in a courtroom for all to see).

- Never assign blame or pass judgment ("this RN has called the physician six time with no response", is not an appropriate note).
Nursing Documentation Basics (cont)

- Follow The Nursing Process (continued)
  - Make corrections per institutional policy.
  - Discourage telephone and verbal orders (RB and V if it is in an emergency situation)
  - Never chart in advance.
Nursing Documentation Basics (cont)

• Follow The Nursing Process (continued)

  - Medications – Document effectiveness of medication and action taken if med not effective. Always document why meds were held, otherwise it appears to be a med error to the legal community.

  - Document discharge teaching thoroughly.
Follow The Nursing Process (continued)

- Always assess, chart observations, recognize complications and immediately escalate changes in patient status to the physician.
- Indicate that instructions were reviewed, understood and could be repeated and that the patient was offered the opportunity to ask questions.
- Avoid words such as “accidentally”, “mistakenly”, and “inadvertently”.
• Follow The Nursing Process (continued)

  - Avoid charting “MD aware”, “reported to oncoming shift”, “MD paged”. Chart specifically who you made aware and the content of your conversation as well as the time it took place. If you receive NO response or a BAD response, chart the time and the name of the person on up the chain of command that you reported to, their response etc – all the way to the top if necessary.
Hospital Chain of Command
(found in Nursing Department Policy and Procedure Manual)

- NP/MD
- Charge Nurse
- Administration
- House Supervisor (more on night shift)
- Director
- Vice President and Chief Nursing Executive
- Senior Vice President and Chief Operating Officer
Follow The Nursing Process (continued)

- Always fill out an incident report (utilize the 5 W’s). This report is not part of the permanent medical record, but is sometimes discoverable.

- Never refer to the incident report in the medical record. Only chart the facts of what occurred, treatment provided and the outcome.

- COMPLETE AND ACCURATE IS THE KEY!
Professional Liability Insurance

• Have you ever read or even seen a copy of your employer's malpractice insurance policy?

• Most hospital's insurance policies are there to protect the hospital from liability NOT their employees.

• Most employer policies cover the employee for civil nursing negligence and medical malpractice; but only when they are working for said employer and only if there is no conflict between the RN and the hospital.
Professional Liability Insurance

• RN’s typically have **NO** protection under their employer’s policy for:

  - Licensure coverage with the State Board of Nursing
  - Criminal Charges (plaintiff must prove criminal intent)
  - Failure of RN to follow hospital P&P’s
Professional Liability Insurance

- RN’s typically have no protection under their employer’s policy for: (continued)
  - Emergency Situations Outside the Hospital (Plaintiff must prove gross negligence)
  - Conflict of Interest with the hospital
  - Moonlighting (fatigue)
  - Past employee of hospital, lawsuit now pending
Professional Liability Insurance

• RN’s typically have no protection under their employer’s policy for: (continued)
  
  – Employer sues the employee that they feel was responsible for the incident in the lawsuit
  
  – After hours situation (neighbors, friends, etc)
Professional Liability Insurance

- Multiple Nursing Liability Insurance Providers
  - ANA website www.nursingworld.org
  - NSO website www.nso.com
  - CNA website www.cna.com (Largest insurer of nurses in the United States)
Types of Policies

• **Occurrence-based policies** cover the nurse for any claim arising out of incidents that occurred during the time the policy was in effect.

• **Claims-made policies** provide coverage only if the claim is filed and reported to the insurance company during the active policy period.
Types of Policies (cont)

• Tail policies are typically purchased when the nurse is no longer clinically active.

• Covers any future claims brought against the nurse
Common Exclusions in Liability Insurance

• Criminal actions

• Incidents occurring while under the influence of drugs or alcohol

• Physical assault, sexual abuse, habitual neglect, or immoral behavior toward patients

• Actions that violate State Nursing Practice Acts
Reasons to Purchase Individual Liability Insurance

• Defending Lawsuits is Expensive

• Does **not** make you a “target” for malpractice claims

• Relatively Inexpensive

• Economic Protection for Damages Awarded

• Protection against Indemnity Lawsuits
Arguments Against Having Professional Liability Insurance

• THERE ARE NONE!!!!!

• Myths:
  - More prone to lawsuits with individual coverage (usually covered under the doctrine of respondeat superior) The nurse’s expanding role has led to heightened legal accountability and increased potential for being named in lawsuits.
Arguments Against Having Professional Liability Insurance (cont)

• Myths:
  - Monetary reward for the plaintiff will be greater (in reality, awards are based on the facts of the case, juries cannot be informed about insurance coverage when deciding the case).
Professional Liability Coverage

- Some states “cap” the amount of economic liability against individual defendants, therefore nurses may start being named in more lawsuits for additional revenue for injured patients (whether you have insurance or not).

- Defending against a lawsuit can financially destroy you. In most states, the judgment remains open until satisfied or dropped. Some states allow for garnishment of wages.
Professional Liability Coverage

- The American Association of Nurse Attorneys strongly advises nurses to maintain professional liability coverage regardless of employer policies.
CONCLUSION

• The medical record provides legal proof of the nature and quality of care the patient received.

• The weight it carries in legal proceedings CAN NOT be over emphasized!
The Best Defense

We prepare your most valuable witness... the medical record!

Marsha R. Harp, RNC, LNC