

Spotlight: Behavioral Health

Nurses Service Organization in collaboration with CNA has published *Nurse Professional Liability Exposures: 2015 Claim Report Update* as well as the 4th Edition of our *Nurse Practitioner Claim Report*. Both reports include statistical data and legal case studies taken from CNA's claim files, along with risk management recommendations designed to help nursing professionals reduce their malpractice exposures and improve patient safety.

To view the full reports, visit:

Nurse Professional Liability Exposures: 2015 Claim Report Update nso.com/nurseclaimreport2015

Nurse Practitioner Claim Report: 4th Edition nso.com/npclaimreport

This **Spotlight** focuses on our analysis and risk recommendations regarding one of the most significant topics from our claim reports: behavioral health.

Nurses

As a specialty, **behavioral health** accounts for 2.4 percent of the closed claims in the current nurse claim report, compared with 1.7 percent of claims in the 2011 report. However, the average paid indemnity decreased from \$151,944 in the 2011 report to \$142,327 in the current report, despite some high-severity claims involving improper nursing management of a behavioral health patient, as in the following scenario:

Case Scenario:

A 29-year-old woman was admitted to a behavioral health unit for an apparent attempted suicide by insulin overdose. The admitting practitioner ordered blood sugar checks every four hours. However, the nurse was distracted by several additional admissions and failed to perform the checks during the evening hours. The patient was found unresponsive and suffered anoxic brain injury from remaining in a hypoglycemic state for an extended period of time.

All nurses, regardless of specialty, should be aware of the potential for behavioral health-related injuries, including suicide. **Suicide** as a cause of death is four times more common in the claims reviewed in this report than in the 2011 claim report. All closed claims involve improper nursing management of a behavioral health patient in a variety of settings, from behavioral health and correctional facilities to emergency departments and patients' homes. Most patients in this category were on facility-established suicide precautions but were allowed to retain unsafe items (such as plastic bags, combs or pens) or were left in high-risk areas (such as bathrooms and public lobbies) without supervision.

Nurse Practitioners

As a specialty, **behavioral health** accounts for 15.3 percent of the closed claims in the current nurse practitioner claim report, compared with 6.5 percent in the 2012 report. However, the average paid indemnity has remained relatively consistent (\$203,365 in the 2012 report, as compared to \$204,182 in the current report), despite some high-severity claims involving improper prescribing of medications and failure to address a behavioral health condition in a timely manner, as in the following scenario:

Case Scenario:

An insured NP certified in child and adolescent psychiatry began treating a 16-year-old patient for anxiety and depression. The patient had a medical history significant for fibromyalgia and a history of attempting suicide. After six months of therapy and medication treatment, the patient overdosed on oxycodone pills belonging to her stepfather. The patient suffered brain hypoxia and currently resides in a residential healthcare facility. Allegations included negligence in managing the patient's depression and anxiety and failure to recognize the patient's risk for suicide. The claim settled in the high six figures.

All nurse practitioners, regardless of specialty, should be aware of the potential for behavioral health-related injuries, including suicide and addiction:

- **Suicide** occurred in 3.2 percent of claims, with an average paid indemnity of \$108,889. This was the fourth leading cause of death, in closed claims where death was the reported injury.
- **Addiction** claims grew almost tenfold between 2012 and the current report, from 1.0 percent to 9.5 percent of all the closed claims in the dataset. Many of the addiction and fatal overdose claims are due in part to the allegation of improper prescribing/managing of controlled drugs, including schedule II and schedule III opioids such as methadone, oxycodone, fentanyl and hydrocodone. Many times the patient had a history of drug/alcohol abuse and was currently using or abusing schedule IV controlled substances.

Risk Control Recommendations: **Behavioral Health**

The following risk control recommendations, selected from CNA Nurse Practitioner Claim Report: 4th Edition, can serve as a starting point for nurse practitioners seeking to assess and enhance their patient safety and risk management practices.

Suicide Risks and Prevention

According to the [Centers for Disease Control and Prevention \(CDC\)](#), suicide is one of the top ten causes of death for all ages, and is the second leading cause of death for those between 10 and 24 years of age.

Unfortunately, suicidal individuals are often unwilling or unable to seek help because of the stigma attached to mental health and substance abuse disorders or barriers blocking access to needed care. For this reason, nurse practitioners must be on the alert for the following suicide risk factors, as noted by the [CDC](#):

- Family history of suicide.
- Family history of child abuse or mistreatment.
- Previous suicide attempt(s).
- History of mental disorders, particularly clinical depression.
- History of alcohol/substance abuse.
- Feelings of hopelessness.
- Impulsive or aggressive tendencies.
- Predisposing cultural beliefs (e.g., the idea that suicide is a noble resolution of personal dilemmas).
- Local epidemics of suicide.
- Feelings of being cut off from other people.
- Loss (e.g., familial, occupational, financial).
- Chronic or terminal illness.
- Easy access to potentially lethal drugs or weapons.

The following resources provide information on caring for patients with suicidal thoughts or behavior:

- American Psychiatric Nurses Association, [“Psychiatric-Mental Health Nursing Resources.”](#)
- CNA *Vantage Point*® 2016 – issue 3, [“Behavioral Health Patients: A Risk Management Overview.”](#)
- Scottish Government Social Research, [Risk and Protective Factors for Suicide and Suicidal Behaviour: A Literature Review.](#)
- U.S. Department of Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention, [National Strategy for Suicide Prevention: Goals and Objectives for Action.](#)
- U.S. Public Health Service, [“The Surgeon General’s Call to Action to Prevent Suicide.”](#)
- World Health Organization’s *World Report on Violence and Health*, chapter 7, [“Self-directed Violence.”](#)

The following risk control recommendations, selected from CNA Nurse Practitioner Claim Report: 4th Edition, can serve as a starting point for nurse practitioners seeking to assess and enhance their patient safety and risk management practices related to opioid prescribing:

Opioid Risk Evaluation

To minimize the risk of abuse, conduct an opioid risk assessment and depression scale test before prescribing opioids and perform periodic screening thereafter. Major risk factors of opioid abuse include, but are not limited to, family history of alcohol or drug use, history of physical or sexual abuse, and certain psychiatric conditions.

Many nurse practitioners perform random urine drug screens and regular pill counts on patients at risk of opioid overuse or abuse. Some other commonly used screening tools include ...

- [Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain](#).
- [Diagnosis, Intractability, Risk, Efficacy \(DIRE\) tool](#).
- [DIRE Score for Appropriate Opioid Use](#).
- [Screener and Opioid Assessment for Patients with Pain \(SOAPP\)[®]](#)

Additional Medication-related Information and Resources:

The *ISMP Medication Safety Alert!*[®] article [“Reducing Patient Harm from Opiates”](#) makes the following safety-related points:

- **When appropriate, consider non-opioid medications and non-pharmacological therapies for pain.** Do not prescribe more or longer than necessary.
- **Review an equianalgesic chart** for different opioid products.
- **Establish protocols for pain management** depending on the severity of pain.
- **Incorporate prompts in electronic prescribing systems** to verify past opioid use.
- **Provide direct counseling**, including written instruction and information, to all patients receiving opioid products and/or their caregivers.
- **Advise caregivers about the need to monitor patients who are taking opioids.** Include information about contacting the prescriber regarding uncontrolled pain prior to taking more of the same or different pain-relieving medications, including over-the-counter products.

The ISMP also produces a set of [High Alert Medication Learning Guides](#) designed to promote discussion and counseling about higher-risk pharmaceuticals.

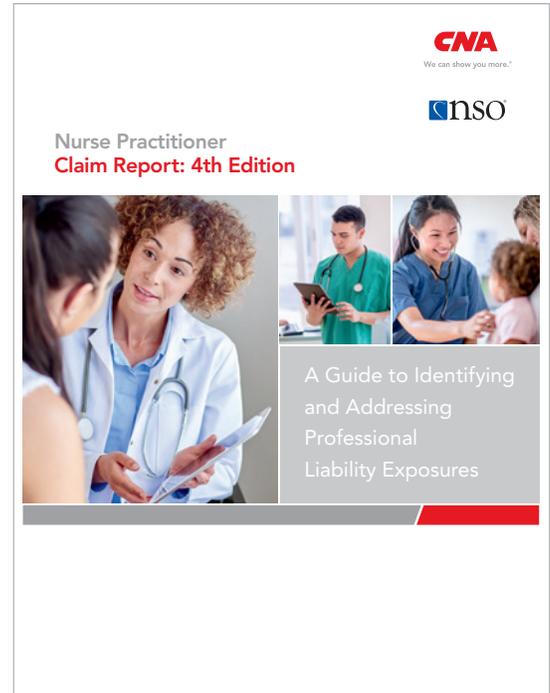
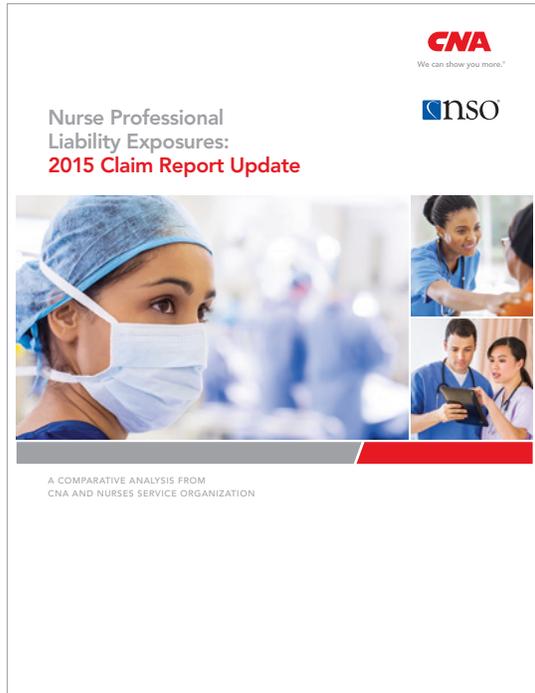
The Pennsylvania Hospital Engagement Network’s [“Organization Assessment of Safe Opioid Practices”](#) advises that when prescribing an opioid, prescribers should first review the patient’s active medication list and limit the number and variety of concurrent opioid orders. It also recommends screening patients for factors – such as allergies, presence of obstructive sleep apnea, advanced age, other sedating agents and opioid status (i.e., naïve versus tolerant) – that might affect the dose, monitoring parameters or appropriateness of opioid use.

The [“CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016”](#) is a standard reference tool for all prescribers.

For additional nurse-oriented risk control tools and information, including NSO and CNA's full nurse and nurse practitioner claim reports, visit cna.com and nso.com.

Nurse Professional Liability Exposures:
2015 Claim Report Update
www.nso.com/nurseclaimreport2015

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In addition to this publication, CNA and Nurses Service Organization (NSO) have produced numerous studies and articles that provide useful risk control information on topics relevant to nurse practitioners, as well as information relating to nurse practitioner professional liability insurance, at www.nso.com. These publications are also available by contacting CNA at 1.888.600.4776 or at www.cna.com.

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