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SPECIFIED MEDICAL

Healthcare Staffing Services



Coverage Options*

- Professional Liability only
- Professional/General Liability
- Medical Director included
- Coverage is available for nurses, certified assistants, therapists and social services. Also available to home health aides providing services in clients' homes, long-term care facilities and hospitals.
- Prior Acts coverage is available

Claim Examples

- **Costly fall.** An elderly woman fell while at her home in the care of a home health aide employed by the insured. The woman was ambulating with her walker, with the aide at her side, when she fell. It is the policy of the insured to use gait belts to protect patients in the event of a fall. However, the patient's family had insisted against this practice.
- **If at first you don't succeed, run away.** A patient is suing after an IV treatment left him in need of hospitalization. The claimant spent nine days in the ICU after the antibiotic intravenous fluid injected into his right arm by the insured induced pulmonary edema. The home healthcare nurse allegedly injected the claimant at his home. While the antibiotic entered his bloodstream, the man complained of feeling like his palate was freezing. His vision became washed out. He then vomited and became dizzy, pale and cold. After finding his pulse incredibly faint, the nurse ran for help from a nurse at a neighboring home. She returned with packs of glucose, which she injected into the claimant. According to the suit, the nurse left the patient at this point, essentially fleeing the scene. The family rushed him to the emergency room. As a result of the pulmonary edema, the claimant suffered congestive heart failure and dilated cardiomyopathy. The claimant must undergo continuous treatment for this condition.
- **Can you hear me now?** A suit alleges wrongful death against a temporary staffing nurse, doctor and the hospital after complications from a laparoscopic cholecystectomy resulted in the death of a patient. The deceased's wife's suit has claimed that miscommunications between the nurse and a doctor, as well as "corporate negligence" by the hospital created a deadly scenario for her husband. After undergoing the operation, the patient appeared to need suctioning. The temporary staffing nurse called the attending physician to get an order to proceed. The message came back through a third party to transfer the patient to a new room because no wall suctioning was available in the room. The nurse conducted the transfer while starting the patient on a portable suction. The patient aspirated during suctioning, eventually had a heart attack, and then became septic and died. The doctor claims he told the nurse to insert a nasogastric tube. The nurse vehemently denies this. The suit also points out that it was the nurse's first day. No physicians were present to assist with the procedures.

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- **Square peg, round hole.** Knee replacement turned out to be a two-step process for the claimant in a suit against an insured nurse. During surgery, two prosthetic components, the tibial and the femoral, are inserted into the patient. In the claimant's case, the surgeon used improperly fitted parts. It was not discovered that the sizes of the components did not match until three weeks after the surgery, during the removal of the staples. The claimant had to withstand a second surgery to replace the tibial articulating component. The surgeon alleges the nurse handed him the wrong parts. However, the protocol during these surgeries involves a verification of part labels and sizes by the surgeon. The claimant asserts that prolonged recovery and post traumatic stress disorder have ensued as a result of the improper part.

Risk Examples

- Home healthcare with low risk. Retro inception.
Limits: \$1,000,000/\$3,000,000. Deductible: \$2,500. Premium: \$3,500.
- Home care agency with \$170,000 in revenue. No prior claims.
Limits: \$1,000,000/\$3,000,000. Deductible: \$2,500. Premium: \$4,100.
- Home healthcare with nurse staffing services. Revenue of \$450,000.
Limits: \$1,000,000/\$1,000,000. Deductible: \$2,500. Premium: \$3,170.
- Healthcare facility in-home for aging seniors with no prior claims. Retro inception.
Limits: \$1,000,000/\$3,000,000. Deductible: \$2,500. Premium: \$3,850.
- Temporary staffing of medical professionals. Revenue of \$700,000.
Limits: \$1,000,000/\$3,000,000. Deductible: \$5,000. Premium: \$16,373.
- Staffing agency for nurses and therapists.
Limits: \$250,000/\$750,000. Deductible: \$2,500. Premium: \$2,500.
- Nurse registry.
Limits: \$1,000,000/\$3,000,000. Deductible: \$10,000. Premium: \$12,290.

Tips on Reviewing Healthcare Staffing Risks

- Risks staffing only home health assistants or other non-medical personnel are not eligible for coverage. This is a general liability exposure only, as no professional services are being rendered.
- Service location matters. An organization may send medical professionals to several settings including hospitals, long-term care facilities, and a patient's home.
- The estimated number of professional staff and billable hours should make sense. A full-time employee works about 2,000 hours on an annual basis. Therefore, a risk showing 10 full-time employees with only 1,000 billable hours will induce questions and slow down the quoting process.



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