

Failure to Meet the Basic Safety Needs of a Patient

written by Nancy Brent | May 26, 2016

Avoiding Liability Bulletin - November 2015

As a certified/licensed nurse's aide, you are involved in many aspects of your patients' care. You are essential to your co-workers, especially the R.N. with whom you work.

Unfortunately, in some instances, your care is less than what you would want and what is best for the patient. According to one health care organization, most legal cases involving aides and certified/licensed aides involves a failure to meet the basic safety needs of a patient.¹ Whether that be a failure to place bedrails in the upright position, a failure to transfer a patient properly, or a failure to heed a patient's call light, potential liability for the nurse aide, the employer, and the nurse working with you can occur if a patient is injured or dies due to one or more of those failures.

One way to avoid a failure to care for the basic safety needs of your patient is to utilize principles of risk management in their care. Risk management is important but fairly simply to apply in your everyday practice. It requires you to reduce preventable injuries and accidents and reduce the financial loss for your health care employer. It is composed of three parts: risk analysis, risk treatment, and risk evaluation.²

For the most part, your role in risk management is in risk treatment. That is, avoiding a risk before it becomes a reality. As an example, when you see a patient who is trying to get out of bed by himself or herself, or you see a patient who is walking without a required walker or cane, or you notice spilled water on the floor in the hallway, you must intervene to correct those risks. Correcting them immediately eliminates the risk and the potential for a patient injury or death is avoided.

Appropriate risk management also eliminates the potential for a professional negligence lawsuit naming you and possibly others with whom you work as defendants. If you knew or should have known of the risk to the patient, and you did nothing to correct it, you may be liable for the patient's injury or death. This failure is called negligence by omission. Allegations of professional negligence can also be alleged when you took action to correct a risk but did so negligently (acts of commission).

A website exists that may be helpful for you and your practice as a nursing assistant is Nursing Assistant Resources at www.nursingassistants.net. Although not specifically discussing risk management, the 3 licensed nursing assistants in New Hampshire who run this website posted an article, "7 Habits of Highly Effective CNA's", that are excellent principles to incorporate into your practice.

I also think these 7 Habits might also help with your contribution to risk management with your patients and in your facility. They are:

1. Be proactive;
2. Have a personal mission statement;
3. Know how to balance time between residents/patients;
4. Don't always need to be in control;
5. Listen to your resident/patients;
6. Work with residents/patients to overcome conflicts and misunderstandings; and
7. Know when to step away.

Check out the site for more information about these 7 Habits and for additional general, practical discussions about your important role as a nursing assistant.

FOOTNOTES

1. "Patient Care: Limits of Accountability: Who is in Control?" (n.d.)

Retrieved from HealthcarePSEA.org, located at
<http://www.healthcarepsea.org/generalhc.aspx?id=7040&MID=686>.

Accessed 10/22/15.

2. Nancy J. Brent (2001), "Essentials of Monitoring and Evaluating Patient Care", *in* Nurses and the Law: A Guide to Principles and

Applications . 2nd Edition. Philadelphia: Saunders, 93-94.

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