

Home health poses unique liability risks for nurses

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Home health nurses face unique liability practice risks compared to nurses in other specialties. They not only deliver care independently, without on-site supervision, but they sometimes do so in situations where traditional clinical resources and the ability to consult with others are limited. Decisions have to be made (sometimes quickly) in the home, and this decision-making does not always fall conveniently within traditional office hours.

These unique circumstances likely help explain why liability closed claims involving home health nurses comprise the largest proportion of claims by specialty (21.7%), according to a 2026 report from NSO and CNA. The same report found that the average total incurred cost for home health claims increased by 39.3% from 2020 to 2025 (from $210,325 to $277,503).

Fortunately, home health nurses can mitigate their liability risk. It starts with understanding potential areas of liability and then implementing preventative measures for each.

LIABILITY RISKS

Several areas can pose liability risks for home health nurses.

Scope of practice and role clarity. Liability risk increases when home health nurses take on tasks and responsibilities beyond their licensure and expertise. In addition, nurses may not fully understand requirements related to home care found in state nurse practice acts, state law, and federal regulations that may impact them and the agency they work for. For instance, nurses need to be aware of who can order home care and the guidelines concerning the use of verbal orders. In South Carolina, for example, verbal orders have to be authorized no later than 72 hours after the order is given.

Patient assessment and monitoring. Home health nurses often face daunting challenges when performing assessments. They

may be working in cluttered, noisy environments, with distractions such as family members and pets. These conditions can make it easy to miss findings, a situation that can affect the plan of care and identification of the need for immediate follow-up. For example, the nurse may fail to recognize and promptly report a patient's deteriorating condition, which can lead to delayed treatment and adverse outcomes.

Medication management. Patients in the home frequently have complex medication regimens, which increases the risk of errors related to administration, reconciliation, and patient adherence. Liability risks are compounded when a nurse fails to provide sufficient education (or fails to document that education was provided) to patients and caregivers.

Documentation and communication. Documentation can be challenging for home health nurses because of space constraints in the home, the desire to limit time spent in a potentially dangerous situation or hazardous environment (for example, pest infestation), and the need to complete the shift's assignments. Another consideration is that the nurse is the only one who can document what occurred in the event of an issue or incident: there are no coworkers to serve as witnesses. Both written and verbal communication can be disrupted: Breakdowns in communication with physicians, agencies, or caregivers often contribute to home health claims.

Environment and safety. As they focus on delivering care to the patient, home health nurses may neglect to assess the environment, checking for unsafe living conditions, areas that could impact infection control (e.g., insulin stored in a dirty refrigerator), and fall hazards such as throw rugs. This can cause failure to address issues, raising the risk of liability. Home health nurses also may encounter evidence of criminal activity, such as theft; physical, sexual, and verbal abuse; and destruction of property. Failure to report per guidelines can lead to charges of negligence. An additional problem area is the potential for a motor vehicle accident when a nurse inappropriately takes a patient to a store, misguidedly seeking to be of assistance.

Delegation and caregivers. Delegate appropriately to any caregivers; use the nurse practice act, nursing standards, and agency policies as a guide. Provide education and determine that the caregiver is competent in completing the task. Have

Additional liability prevention tips

Here are a few more strategies home health nurses can use to reduce their liability risk. In an article, Rollings-Mazza and Williams list 11 forms of cognitive bias. For example, confirmation bias refers to valuing information that supports our existing ideas and ignoring information that does not. Anchoring bias refers to the tendency to rely too much on the first information we receive, and the bandwagon effect occurs when we adopt behaviors or beliefs because we believe they are pervasive ("everybody's doing it).

- Follow Hinck's framework for home care, which includes key concepts such as primacy of home ("A home has both a personal meaning and a physical environment that determines opportunities and limitations for self-care") and interprofessional team collaboration ("The nurse promotes communication and coordination of care among team members for the patient's benefit.") This framework can serve as a guide to providing quality care.
- Engage in patient-centered communication. Focus on what is important to the patient and collaborate to develop a meaningful plan. Be nonjudgmental and aware of factors that could impair communication, such as hearing and vision loss.
- Review hospital discharge orders carefully. These do not always reflect the patient's home situation, so they may need to be adapted as necessary (obtain a physician's order before making significant adjustments.)
- Use the teach-back method for educating patients and caregivers. This helps ensure people understand the information you provide. In addition, do not rely solely on family members' input. For example, if a family member says a loved one can complete a task, directly verify it.
- Participate in ongoing education. This helps with maintaining your skills and learning new ones.
- Document effectively and in real time, when possible, including reports of deterioration in the patient's condition and communication with others. Documentation is in the article, but is included here because of its key role in reducing liability.

Source: Agency for Healthcare Research and Quality. Teach-Back: Intervention. 2023; Hinck SM. A theoretical framework of home-based professional nursing practice. Home Healthc Now. 2022;40(3):146-53; Hinck S. Home health nursing: Patient-centered care focused on self-sufficiency. Am Nurs J. 2024;19(6). https://www.myamericannurse.com/home-health-nursing/

the caregiver provide a return demonstration of any task and document completion.

Ethical and professional boundaries. Maintain professional boundaries. By nature, nurses are caring people, but it is important to keep your relationship with patients, families, and caregivers professional.

Operational and system-level issues. This can be the most difficult area for home health nurses. It is worth repeating that you should not take on a patient you do not feel competent to care for, even if there is pressure to do so. However, you can certainly be an advocate for change to address problem areas such as insufficient staffing, lack of needed supplies, and communication barriers.

REDUCING RISK

Here is how home health nurses can reduce their liability risk in each of the areas discussed.

Scope of practice and role clarity. Follow your state's nurse practice act and accept only assignments where you have the competencies needed to care for the patient. This can be particularly challenging for early-career nurses but is essential for liability protection. Adhere to professional standards such as those in the Nursing: Scope and Standards of Practice, 4th Ed.

In addition, follow agency policies and procedures. If you feel agency guidance is unclear, ask for additional information and collaborate to revise materials as needed.

Patient assessment and monitoring. After reviewing materials provided by the agency and, if applicable, the hospital, perform a comprehensive initial patient assessment. The assessment should include social conditions that could affect care (e.g., lack of support for any interim needed dressing changes). Follow-up assessments during ongoing monitoring are also important. Depending on the environment, assessments can be challenging, but thoroughness is key to reducing liability.

Medication management. At the initial visit and each following visit, check for patient factors that could affect medication safety (e.g., poor vision). Also, check storage conditions to ensure the medication is being kept at the proper temperature and that safety measures are in place to avert accidental poisoning by children. Verify that medication bottles are clearly labeled with name, dosage, and instructions that are understood by the patient.

Ensure you are familiar with possible side effects (and communicate that information to the patient) and check for potential negative interactions between prescribed medications. If unsure, consult a pharmacist or a reliable drug database. Patients should use standardized tools for measuring liquid drugs, rather than relying on household items, which may not be accurate.

At each subsequent visit, ask the patient about medication side effects and act as needed (e.g., contact the physician to change dosage) Reconcile all medications (prescription medications, over-the-counter drugs, and supplements), checking names and dosages. **Reconciliation is particularly crucial with controlled medications.**

Provide medication-related education to patients and caregivers and explain how to dispose of discontinued medications properly. Caregivers and family members can be helpful in promoting medication adherence, but only if they sufficiently understand their responsibilities. A study by Gil-Hernández and colleagues found that educating caregivers involved in medication management in the home reduced the number of errors. In addition, a systematic review study by Gilva and colleagues found that structured educational interventions (combining counseling, health literacy-informed materials, and standard dosing tools) for parents of pediatric patients in the home significantly improve caregiver medication knowledge and reduce dosing errors.

Documentation and communication. Obtain and document that you received the patient's permission to deliver care. Document every visit thoroughly and in real time whenever possible to promote accuracy. Include assessment findings, education provided (and the person's understanding of it), and communications with patients, family members, caregivers, and physicians. Document progress towards goals, since there is usually a limit to the number of visits that can be provided.

It is especially critical to document negative changes in the patient's condition and actions taken, including addressing nonadherence and notifying physicians of a patient's deteriorating condition. If the physician provides a verbal order, obtain a written order later.

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patient refuses care, document the reasons given and that you provided clear information as to the consequences.

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Environment and safety. Perform a safety assessment of the environment at each visit, including checking for signs of patient abuse or neglect. Document and report issues in accordance with reporting obligations. Be familiar with your state's requirements, which will provide details such as report timing and who should receive the report. Do not transport patients to other locations.

Delegation and caregivers. Delegate appropriately to any caregivers; use the nurse practice act, nursing standards, and agency policies as a guide. Provide education and determine that the caregiver is competent in completing the task. Have the caregiver provide a return demonstration of any task and document completion.

Operational and system-level issues. This can be the most difficult area for home health nurses. It is worth repeating that you should not take on a patient you do not feel competent to care for, even if there is pressure to do so. However, you can certainly be an advocate for change to address problem areas such as insufficient staffing, lack of needed supplies, and communication barriers.



PROTECTION FOR NURSES AND PATIENTS

Home health nursing is a rewarding career, but its demands expose its practitioners to significant liability risk. Home health nurses can reduce that risk through several actions, including being aware of potential liabilities, adhering to legal and professional standards, engaging in effective practice behaviors (e.g., providing education, using patient-centered communication), documenting thoroughly, pursuing ongoing education, and maintaining professional liability coverage. By taking these steps, home health nurses can protect themselves from legal action and protect their patients from harm.

This article does not constitute legal advice.

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