

Worker Safety in Your Hospital



Know the Facts

What makes hospitals such hazardous workplaces?

Unique risks:

Hospital workers lift, reposition, and transfer patients who have limited mobility. Other unique risks include needlesticks and violence.

Unique culture:

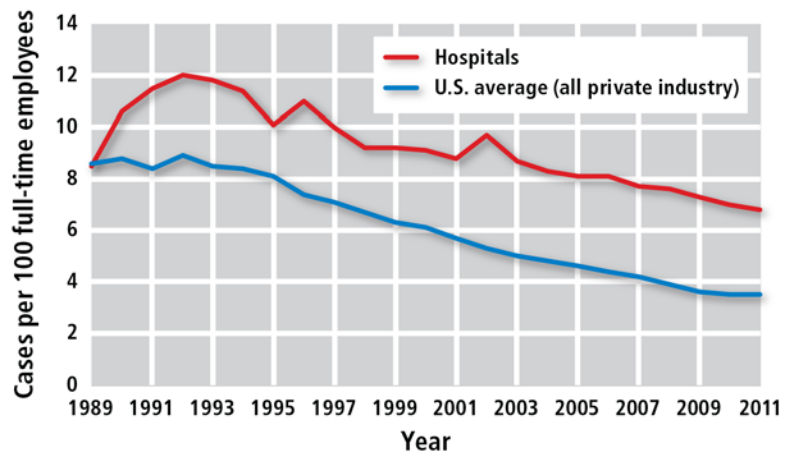
Caregivers feel an ethical duty to "do no harm" to patients. Some will put their own safety and health at risk to help a patient.

They are not assembly lines:

Employees must react to unpredictable events with split-second decisions.

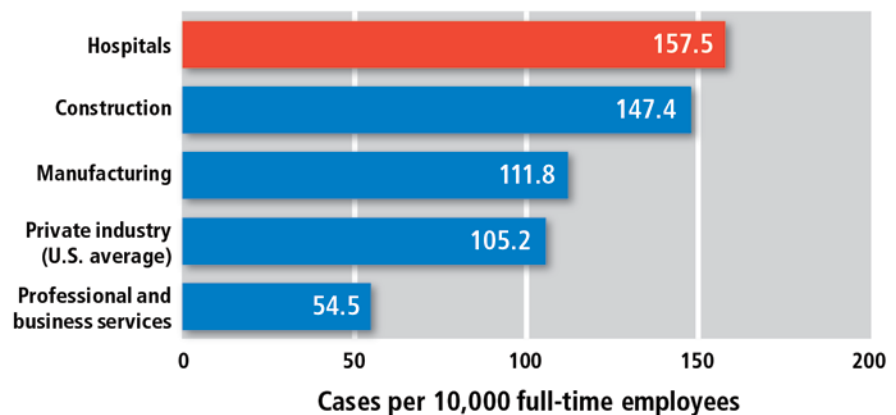
Did you know that a hospital is one of the most hazardous places to work? On average, U.S. hospitals recorded 6.8 work-related injuries and illnesses for every 100 full-time employees in 2011. That is almost twice the rate for private industry as a whole.

Injury and Illness Rates, 1989–2011



Data source: Bureau of Labor Statistics

In 2011, U.S. hospitals recorded 58,860 work-related injuries and illnesses that caused employees to miss work.¹ In terms of lost-time case rates, it is more hazardous to work in a hospital than in construction or manufacturing. "Days away from work" include only the more severe injuries, and they do not account for injuries where an employee continues to work, but on modified duty. Thus, the problem is even larger than the graph below suggests.



Data source: Bureau of Labor Statistics



OSHA
Occupational Safety
and Health Administration

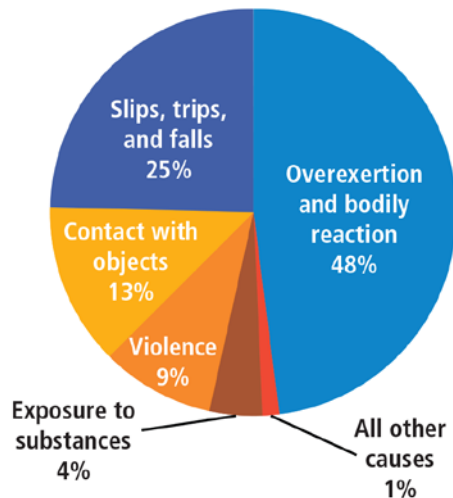
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Most injuries result from a few well-known hazards.

How are caregivers getting hurt? The Bureau of Labor Statistics collects detailed data on injuries resulting in days away from work, which reveal the major causes and effects.

Top Five Causes of Injury Among Hospital Workers

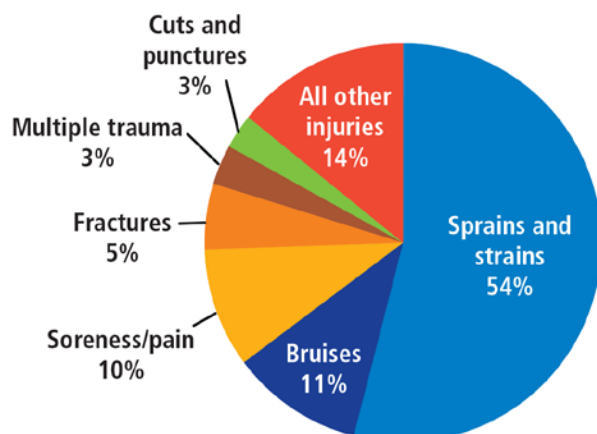


Data source: Bureau of Labor Statistics, 2011 data

Nearly half (48 percent) of injuries resulting in days away from work are caused by overexertion or bodily reaction, which includes motions such as lifting, bending, or reaching. These motions often relate to patient handling.¹

Sprains and strains account for 54 percent of injuries that result in days away from work.¹ Strains also account for the largest share of workers' compensation claim costs for hospitals.² In 2011, U.S. hospitals reported 16,680 cases in which workers missed work due to a musculoskeletal injury associated with patient interactions.¹ Nurses and nursing assistants each accounted for a substantial share of the total. Because most musculoskeletal injuries in the hospital setting are cumulative, any steps to minimize risks during patient handling tasks will offer substantial benefits for hospital caregivers.

Hospital Injuries Resulting in Days Away from Work, by Type



Data source: Bureau of Labor Statistics, 2011 data



Risks on the rise

Aging workforce:

With age, healthcare workers statistically become more vulnerable to infections and musculoskeletal injuries.

Obesity:

Larger patients pose new challenges for safe handling.

Safer workplaces mean safer care

- Caregiver fatigue, injury, and stress are tied to a higher risk of medication errors and patient infections.³
- Caregivers and patients face many related hazards. For example, manual lifting can cause caregiver injury and also put patients at risk of falls, fractures, bruises, and skin tears. Fear or reluctance to move patients can lead to pressure ulcers.
- Strategies to improve patient safety and employee safety can go hand-in-hand—from high reliability management systems to specific steps like reducing slippery floors.

Workplace injuries and illnesses come at a high cost.

When an employee gets hurt on the job, hospitals pay the price in many ways—some obvious, some not.

\$15,860: the average workers' compensation claim for a hospital injury between 2006 and 2011, according to a national survey of roughly 1,000 hospitals.⁴ Another data source suggests an average cost of \$22,300 for claims involving lost time, compared with \$900 for non-lost-time claims.² If your hospital self-insures (as a majority do), you will bear the full cost. If you do not, your claim experience can still affect your insurance premiums.

The average hospital experiences \$0.78 in workers' compensation losses for every \$100 of payroll. Nationwide, that means a total annual expense of **\$2 billion!**⁴

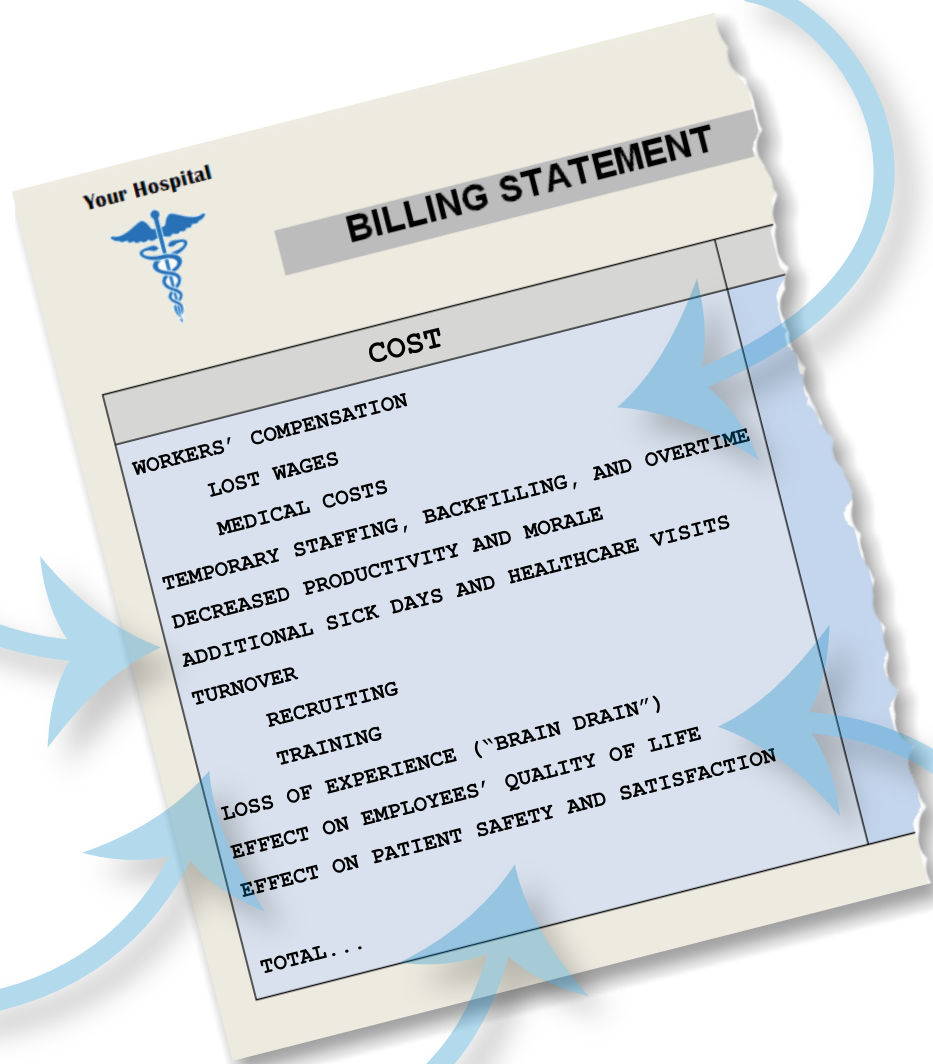
24 percent of nurses and nursing assistants changed shifts or took sick leave to recover from an unreported injury.⁵

\$27,000 to \$103,000
Estimated cost of replacing a nurse, including separation, recruiting, hiring, orientation, and training.⁶ Some estimates also account for lost productivity while a replacement is hired and trained. Injuries and stress are common reasons why nurses leave the profession.

Safer caregivers mean happier patients

Studies have found higher patient satisfaction levels in hospitals where fewer nurses are dissatisfied or burned out.⁷ Patients who are handled with lifting equipment report an improved feeling of dignity—particularly bariatric patients.

8 of 10 nurses say they frequently work with musculoskeletal pain.⁸



You can reduce injuries while saving money and improving patient care.

SOLUTION:

A Safety and Health Management System

A safety and health management system (also known as an injury and illness prevention program) is a proactive, collaborative process to find and fix workplace hazards before employees are injured or become ill. Almost all successful systems include six core elements:

- Management leadership
- Employee participation
- Hazard identification and assessment
- Hazard prevention and control
- Education and training
- Program evaluation and improvement

Many hospitals already have these elements in place to comply with Joint Commission requirements for patient safety, and some have adopted a related set of “high reliability organization” concepts. It is a natural fit to extend the same principles to employee safety.

Fourteen hospitals participate in OSHA’s Voluntary Protection Programs (VPP), which require an effective safety and health management system. They have consistently kept injury rates below the national average. In general, the average worksite in VPP has a Days Away, Restricted, or Transferred case rate that is 52 percent below the average for its industry.

SOLUTION:

Safe Patient Handling

Your hospital can address the biggest cause of workplace injuries with a comprehensive program to promote safe lifting, repositioning, and transfer of patients. Safe handling programs can include:

- Equipment, which can range from ceiling-mounted lifts to simple slide sheets that facilitate lateral transfer
- Minimal-lift policies and patient assessment tools
- Training for all caregivers or for dedicated lifting teams on proper use of the equipment

Several states require hospitals to implement safe patient handling programs, and more are considering it. Many tools, resources, and best practices are available to help you build or enhance your program.

By implementing a minimal-lift policy and other safety initiatives, Cincinnati Children’s Hospital reduced lost time days by 83 percent in just three years.⁹

After investing \$800,000 in a safe lifting program, Stanford University Medical Center saw a five-year net savings of \$2.2 million. Roughly half of the savings came from workers’ compensation, and half from reducing pressure ulcers in patients.¹⁰

Tampa General Hospital’s lift teams have used mechanical lifting equipment to reduce patient handling injuries by 65 percent and associated costs by 92 percent.¹¹

By implementing a safe handling program, a small hospital in South Carolina cut turnover of older nurses by 48 percent and saved \$170,000 on associated costs.¹²

Learn more and take the next step to keep your hospital workers safe

Visit OSHA’s website at www.osha.gov/dsg/hospitals for more information, resources, and tools to help you create a safer workplace. Use these tools and take action by:

- Assessing your injury rates and safety programs
- Exploring how a safety and health management system can make all of your safety programs more effective
- Exploring the benefits of a comprehensive safe patient handling program
- Learning from strategies that other hospitals have used successfully

¹ Bureau of Labor Statistics. 2013. For detailed citations, see OSHA’s “Facts About Hospital Worker Safety” at www.osha.gov/dsg/hospitals.

² National Council on Compensation Insurance. 2013. Hospital Workers’ Compensation Claims for Policy Years 2005–2009.

³ Rogers, A.E., W.T. Hwang, and L.D. Scott. 2004. The effects of work breaks on staff nurse performance. *Journal of Nursing Administration*. 34(11): 512-519.

⁴ Aon Risk Solutions. 2012. *2012 Health Care Workers Compensation Barometer*.

⁵ Siddharthan, K., M. Hodgson, D. Rosenberg, D. Haiduvan, and A. Nelson. 2006. Under-reporting of work-related musculoskeletal disorders in the Veterans Administration. *International Journal of Health Care Quality Assurance*. 19(6): 463-476.

⁶ Li, Y., and C.B. Jones. 2012. A literature review of nursing turnover costs. *Journal of Nursing Management*. 21(3): 405-418. (Dollar amounts presented here are adjusted to 2013 prices.)

⁷ McHugh M.D., A. Kutney-Lee, J.P. Cimiotti, D.M. Sloane, and L.H. Aiken. 2011. Nurses’ widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care. *Health Affairs*. 30(2): 202-210.

⁸ American Nurses Association. 2011. *2011 Health and Safety Survey Report*.

⁹ Cincinnati Children’s Hospital. 2013. Data provided to OSHA.

¹⁰ Celona, J., E. Hall, and J. Forte. 2010. Making a business case for safe handling. Presented at The 2010 West Coast Safe Patient Handling and Movement Conference. September 2010; San Diego, California.

¹¹ Tampa General Hospital. 2013 update to data that appeared in Kutash, M., M. Short, J. Shea, and M. Martinez. 2009. The lift team’s importance to a successful safe patient handling program. *Journal of Nursing Administration*. 39(4): 170-175.

¹² Knoblauch, M.D., and S.A. Bethel. 2010. Safe patient-handling program “UPLIFTS” nurse retention. *Nursing*. 40(2): 67-68.