Tracking Safe-Patient Handling - Effects on injury rates in nursing homes and hospitals

Minnesota Department of Labor & Industry

May 2012
Overview of Main Points

• Injury rates are moving down, but this is part of a long-term trend
• Significant differences exist between nursing homes and hospitals
• Measure what you manage and manage what you measure
• SPH is about program management, not equipment
Injury rate trends for hospitals

Total recordable case rates and DART rates, private sector hospitals, Minnesota and United States, 2003-2010

Cases per 100 FTE workers

MN Total | U.S. Total | MN DART | U.S. DART

2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010

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Injury rate trends for NH

Total recordable cases and DART rates, private sector nursing homes and resident care facilities, Minn. and U.S., 2003-2010

Cases per 100 FTE workers

2003 2004 2005 2006 2007 2008 2009 2010

MN Total U.S. Total MN DART U.S. DART
Data Collection

- Surveyed facilities that received WSC safety grants or SPH grants
- Survey asked about SPH program implementation and progress:
  - SPH equipment deployed
  - Satisfaction with SPH efforts by administrators, staff, SPH committee, adequacy of available resources
  - Resistance from staff and patients or residents
Data Collection

• Collected OSHA logs and log summaries for 2007-2011
• Learned a lot about the state of OSHA recordkeeping at health care facilities
• Received responses from
  - 24 out of 31 hospitals
  - 94 out of 111 nursing homes
Survey results – Hospitals
SPH Program implementation and progress

• Most facilities use all types of equipment, many have ceiling lifts
• 1/4 to 1/3 reported resistance to SPH implementation from staff
• Higher staff resistance correlated to lower administrative support
Survey results – Nursing Homes
SPH Program implementation and progress

• Most facilities use all types of equipment, a few have ceiling lifts
• Highly satisfied with staff’s SPH compliance and SPH committee participation
• Little to no staff resistance was reported
Survey results & injury rates

• Hospitals
  ➢ no relationship was found between injury rate changes and satisfaction with support from administrators, staff and SPH committee
  ➢ no relationship between injury rate changes and staff resistance

• Nursing homes
  ➢ injury rate changes are related to reports of satisfaction with support from administrators, staff and SPH committee
  ➢ injury rate changes related to reports of staff resistance
Total injury and illness case rates

- Nursing homes
- Hospitals

Mean Cases

2007 2008 2009 2010 2011
Total case rates by occupation

Hospitals

Nursing homes

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Total case rates by injury type

Hospitals

Nursing homes
Back case rates by case type

Hospitals

Nursing homes

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DAFW case rates

All injuries

Back injuries
DAFW days rates

All injuries

Back injuries

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NH cases by injury type

2007
- Back: 67%
- Shoulder: 13%
- Other: 20%

2011
- Back: 64%
- Shoulder: 14%
- Other: 22%
Hospital cases by injury type

2007
- Back: 73%
- Shoulder: 12%
- Other: 15%

2011
- Back: 60%
- Shoulder: 16%
- Other: 24%
Recordkeeping issues

• Misunderstand purpose of log
• Confusion about basic definitions apparent
• Logs don’t describe all characteristics
  – Who, what, where, when and how
• Inconsistencies from year to year
  – Record quality too dependent on recorder
• Records aren’t always available
Recordkeeping 101 topics
http://www.dli.mn.gov/OSHA/Recordkeeping.asp

• Part 1: Tracking injuries, illnesses puts you in control
• Part 2: Classifying recorded injuries
• Part 3: The days of our cases
• Part 4: Tell me what happened; describing the event
• Part 5: Injury or illness?
• Part 6: Summarizing the injury and illness log
• Part 7: Using your log results: 'How do we compare?'
• Part 8: A guide for keeping an accurate OSHA log