

How Safe Is Your Hospital for Workers?



A Self-Assessment

Calculating your TCIR or DART

$$\text{Rate} = (N/EH) \times 200,000$$

Where:

- **N** = number of OSHA-recordable injuries and illnesses (for TCIR) or number of injuries and illnesses resulting in days away from work, restricted work activity, and/or job transfer (for DART)
- **EH** = total employee hours worked
- **200,000** = equivalent of 100 full-time employees working 40 hours per week, 50 weeks per year.

Or visit <http://data.bls.gov/iirc/> for a handy online calculator.

How safe is the average hospital?

On average, hospitals have much higher injury rates than private industry as a whole. Hospitals also have higher injury rates than other key sectors such as manufacturing and construction. Even hospitals with below-average rates still have room to improve!

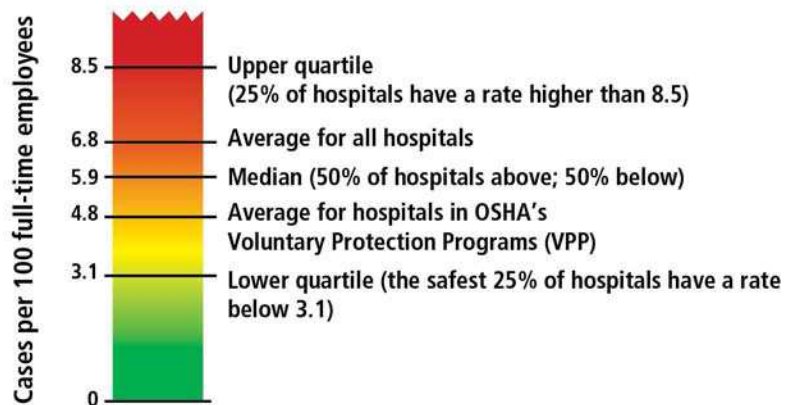
To the hospital administrator: If you are wondering how safe your workplace really is and how it measures up against other hospitals, here are some questions to ask your safety, risk, and human resources managers. The first step in building a safer workplace is management commitment, so thank you for getting involved!

Part A: Total Case Incidence Rate (TCIR)

Your hospital's TCIR reflects the total number of work-related injuries and illnesses.

1. What was our TCIR last year?
2. How has our TCIR changed over the last few years? Is it increasing or decreasing?
3. How does our TCIR compare with other hospitals' TCIRs?

Compare Your Score: TCIR in U.S. Hospitals¹



Part B: Days Away, Restricted, or Transferred (DART)

Your hospital's DART rate reflects the number of work-related injuries and illnesses that resulted in days away from work, restricted work activity, and/or job transfer.

4. What was our DART rate last year?
5. How has our DART rate changed over the last few years? Is it increasing or decreasing?



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How good are your data?

OSHA requires most workplaces (including hospitals) to record work-related injuries and illnesses on OSHA Form 300. By reviewing these records, you can identify patterns, areas of concern, and opportunities for improvement.

The more complete these records are, the more you can rely on them to drive improvement, so:

- Encourage all workers to report their injuries and illnesses.
- Be sure everyone knows that privacy safeguards are in place and that recording an injury or illness in accordance with OSHA regulations is *not* a violation of the Health Insurance Portability and Accountability Act (HIPAA).
- Make sure injuries and illnesses are not being under-reported because of self-treatment.

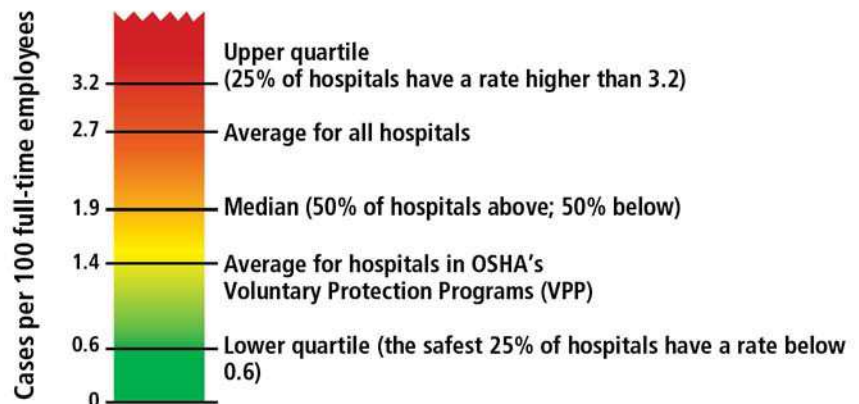
Reference point

The average hospital experiences **\$0.78** in workers' compensation losses for every \$100 of payroll.²

Visit OSHA's "Safety Pays" tool at www.osha.gov/dcsp/smallbusiness/safetypays to calculate how workers' compensation losses affect your hospital's bottom line.

6. How does our DART rate compare with other hospitals' DART rates?

Compare Your Score: DART Rates in U.S. Hospitals¹



Part C: Injuries and Costs

7. What were our top three causes of recordable injuries last year?
8. How much did we spend on workers' compensation last year?
Total:
As a percentage of payroll:
9. How have our workers' compensation costs changed over the last few years? Are they increasing or decreasing?
10. How many of our employees quit their jobs or retired early last year because of a work-related injury or illness (including cumulative injuries sustained over the course of their career)?

Part D: Safety Programs

11. On average, about how many hours of safety training per year does each of our employees receive?
12. Do we have a system or program for managing employee safety and health?

Is it a written, comprehensive program?

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Reference points

- On average, hospitals say they offer **9 hours** of safety training per year.³
- **90.6 percent** of hospitals say they have a system or program for managing employee safety and health.³
- **65.9 percent** of hospitals say they have a written, comprehensive program.³
- **61.5 percent** of hospitals say they have a joint employee/management safety and health committee.³

This document is advisory in nature and informational in content. It is not a standard or regulation, and it neither creates new legal obligations nor alters existing obligations created by OSHA standards or the Occupational Safety and Health Act.



13. How do we integrate continual improvement in worker safety and health into our business processes?

14. Did we do a worker safety and health review in the last year?

How many items are still outstanding?

15. What mechanisms do we provide for employee feedback about safety and health issues?

16. Do we report on and discuss worker safety with the board of directors in the same way we report on and discuss patient safety?

Moving Forward

Based on the answers above, how well is your hospital's safety program working? Are you seeing the same kind of continuous improvement in worker safety that you have come to expect for patient safety?

The highest-performing hospitals have shown that there are many ways to reduce employee injuries and illnesses—and to save money while doing so! There is no “one size fits all” solution, but high-performing hospitals share many elements that contribute to their success.

Visit OSHA's website at www.osha.gov/dsg/hospitals for more information, resources, and tools to help your hospital create a safer workplace, including:

- A factbook that reveals the extent of the challenge (did you know that hospitals are among the most hazardous workplaces?) and shows you how reducing employee injuries is also good for patient safety and for your hospital's finances.
- Success stories and best practices from high-performing hospitals nationwide.
- Tools for implementing a safety and health management system—a proven, systematic approach that engages all employees in solving problems.
- A toolkit devoted to patient handling, which is a major cause of injuries to hospital workers.

¹ Graphs show data for 2011. Average, median, and quartile data come from the Bureau of Labor Statistics and cover “general medical and surgical hospitals” (NAICS 6221). VPP data were compiled from 14 hospitals that participate in VPP, which requires them to have an effective safety and health management system.

² Aon Risk Solutions. 2012. *2012 Health Care Workers Compensation Barometer*. (This survey included 1,000 hospitals.)

³ OSHA. 2012. *2011 National Survey of Safety and Health Practices*. (This survey included 598 hospitals.)