

Assaults on Healthcare Workers in Montana

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Disclaimer

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Healthcare Workers in Montana

- 2014 – Healthcare and social assistance industry accounted for 12.6% of the Montana workforce.
- **Work Environments:** Hospitals, emergency rooms, group homes, mental health facilities, correctional institutions, nursing homes, retirement centers, home health, and more!
- **Patient population = diverse, dynamic, potentially dangerous**
 - Can result in a variety of unsafe work situations and exposures
- **Underreporting of workplace injuries is an national issue**
 - Assaults potentially seen as simply “part of the job”

Data Sources

1. BLS Survey of Occupational Injuries and Illnesses (SOII) Data:

- Representative annual sample of private employers' OSHA logs
 - Estimated numbers and incidence rates of injuries and illnesses per 100 full-time workers (FTE)
 - Quantify potential assaults on workers in the healthcare and social assistance industry (private sector) for MT and U.S.

2. Workers' Compensation Claims Data:

- Information on claims reported on First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI), retrieved from WCAN
 - Number and rates of claims per 1,000 workers covered
 - Quantify healthcare worker assault claims in Montana

Methods – BLS SOII Data

- Examined the Healthcare and Social Assistance Industry (NAICS):
 - Ambulatory healthcare services
 - Hospitals
 - Nursing and residential care facilities
 - Social assistance
- Events and sources of injury, potentially related to assaults:
 - Intentional injury by another person
 - Unintentional injuries, or injuries with unknown intent by other person
 - Intentional hitting, beating, kicking, or shoving by another person
 - Injuries with source: patient
- Intentional vs. unintentional assaults → patient population is an important factor

Terminology– BLS S0II Data

Incidence Rate = # new cases of an outcome / population at risk for the outcome, during a specific period of time

S0II Incidence Rate Disclaimer: Differences in industry concentration and sample size limit direct comparisons between state or national estimates from S0II data. It is not accurate to divide the incidence rate for Montana by the national incidence rate to get a percentage or ratio when using S0II data.

“Days Away From Work” in S0II: number of calendar days the employee was unable to work due to injury or illness

- Even if employee wasn't scheduled to work that day (weekends)
 - Exhibits 1-4

Exhibit 5. Estimated incidence rates (per 100 full-time workers) of total recordable cases of non-fatal injuries and illnesses for healthcare and social assistance workers in different sectors, private industry, Montana, 2015.

Healthcare and Social Assistance Sector	Incidence Rate (per 100 FTE)
Healthcare and Social Assistance Industry (overall)	5.1
Nursing and residential care facilities	8.5
Hospitals	5.2
Social assistance	4.2
Ambulatory healthcare services	2.8

Exhibits 1.1 & 1.2. Estimated number and incidence rate (per 10,000 full-time workers) of intentional injuries by another person that resulted in days away from work, among healthcare and social assistance workers in private industry, 2011-2015.

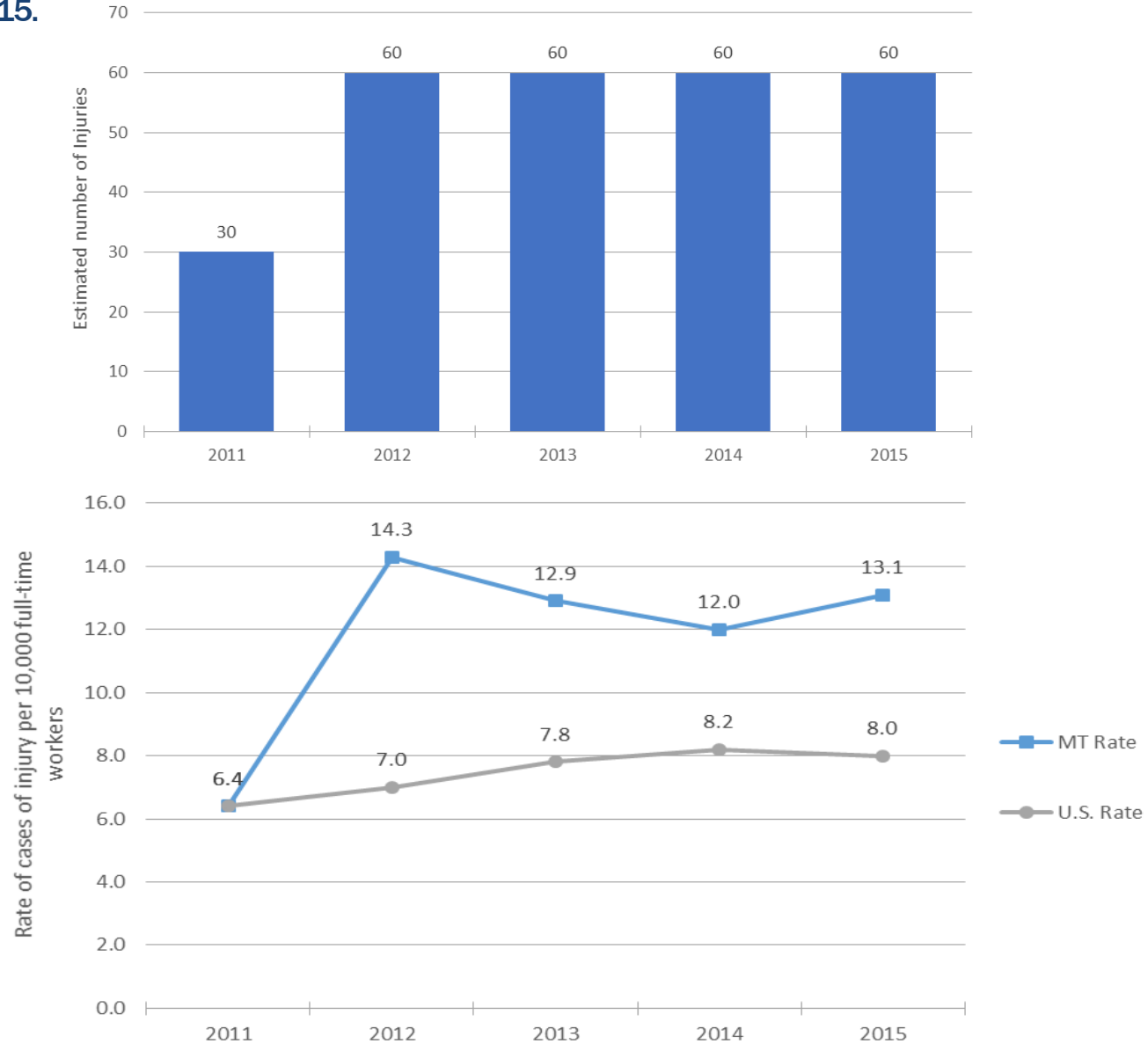


Exhibit 2.1 & 2.2. Estimated number and incidence rate (per 10,000 full-time workers) of injuries involving intentional hitting, kicking, beating, or shoving by another person that resulted in days away from work, among healthcare and social assistance workers in private industry, 2011-2015.

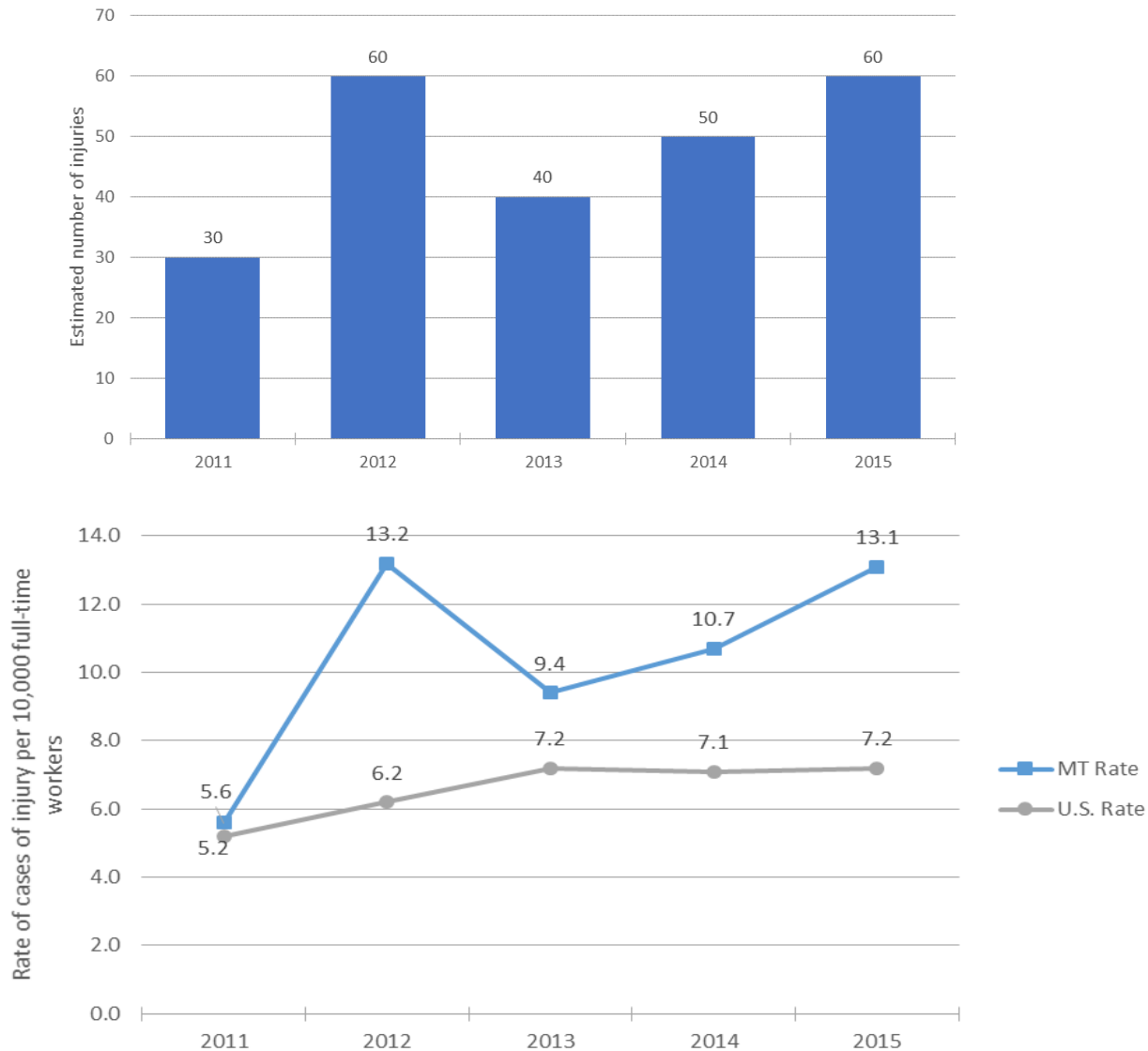


Exhibit 3.1 & 3.2. Estimated number and incidence rate (per 10,000 full-time workers) of unintentional injuries or injuries with unknown intent by another person that resulted in days away from work, among healthcare and social assistance workers in private industry, 2011-2015.

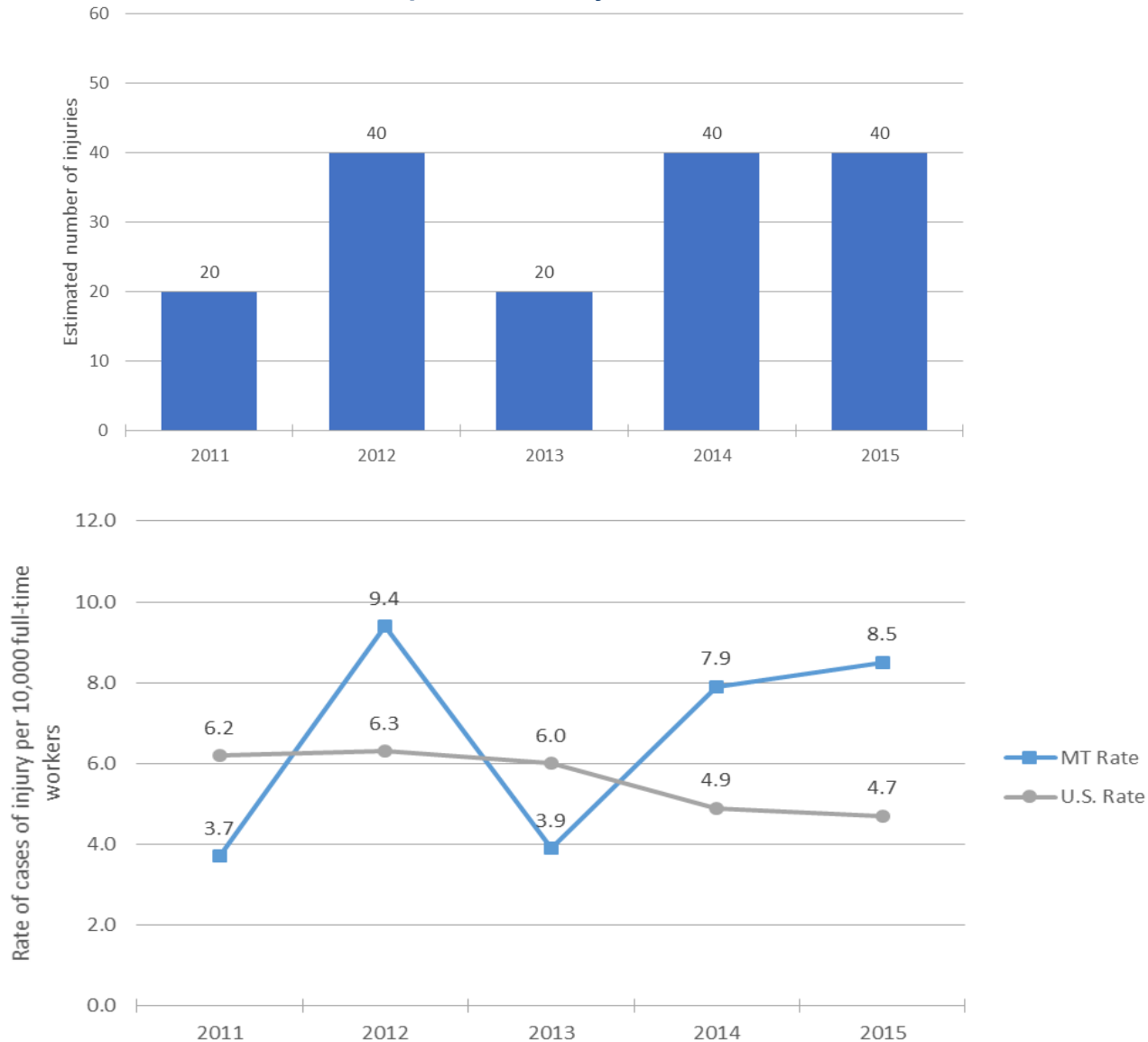
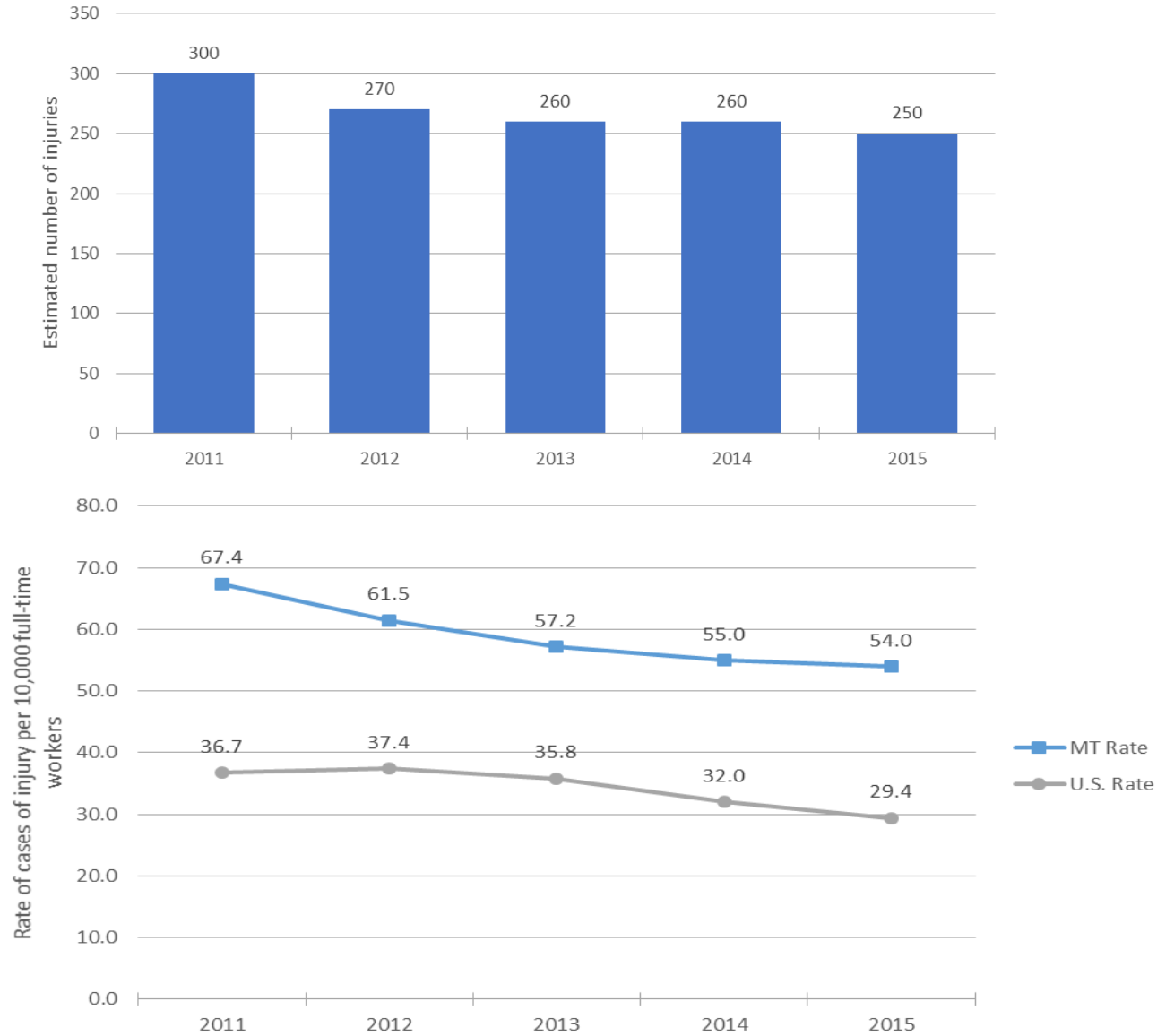


Exhibit 4.1 & 4.2. Estimated number and incidence rate (per 10,000 full-time workers) of injuries caused by a patient that resulted in days away from work, among healthcare and social assistance workers in private industry, 2011-2015.



Results Summary - BLS

Healthcare workers in the private industry in Montana:

(compared to national rates)

- Higher rates of intentional injuries by another person
- Higher rates of intentional injuries by another person involving hitting, beating, kicking, or shoving
 - High increase in the number of reported events seen in 2012.
- Higher rates of injuries from patients



Methods – Workers’ Compensation Data

- Database of workers’ compensation claims (WCAN)
- Identification Criteria:
 - Date of Injury: January 1, 2011 to December 31, 2015
 - Causes of Injury:
 - “Struck or Injured by”
 - “Person in Act of a Crime”
 - “Fellow worker, patient, or other person”
 - Payroll Classification Codes
- 18,446 claims = total healthcare worker claims overall
 - 2,728 claims = manually reviewed accident descriptions to verify assault claims
 - 2,155 claims = healthcare worker assaults claims

Exhibit 7.4. Number of total workers' compensation claims filed by healthcare workers, and claims filed by healthcare workers that were assault claims, Montana, 2011-2015.

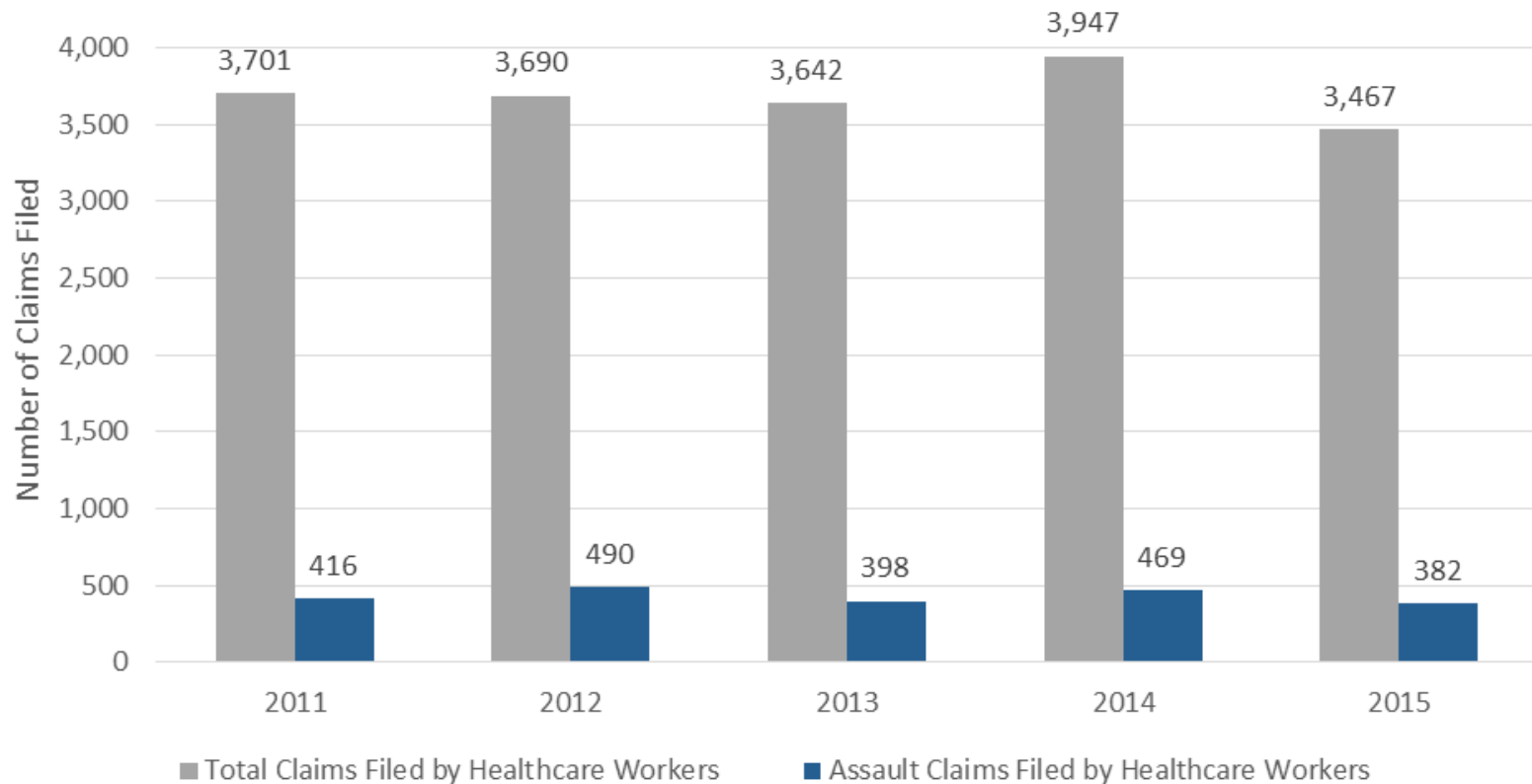
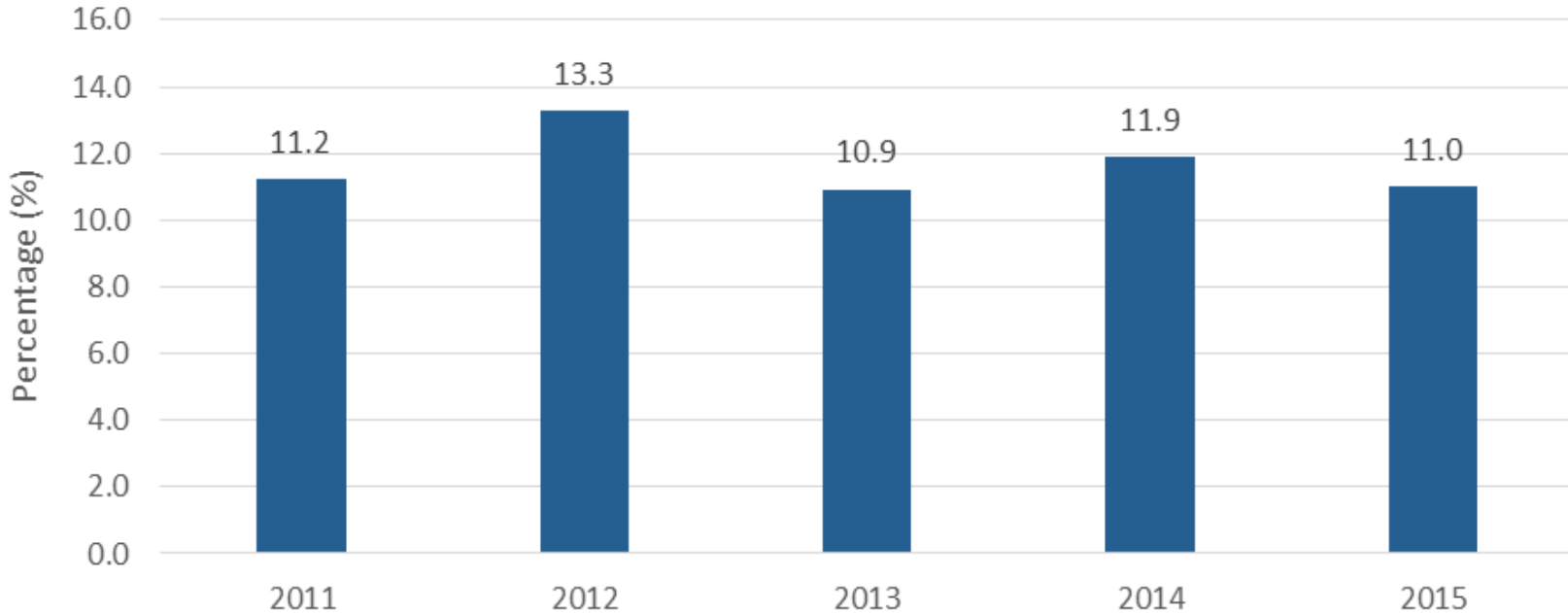


Exhibit 7.5. Percentage of workers' compensation claims filed by healthcare workers that were assault claims in Montana, 2011-2015.



Results – Workers’ Compensation Data, 2011-2015

- **Top 3 Occupation Descriptions reported in HCW assault claims:**
 - 867 claims included occupation description:
 - CNA – 284 claims
 - RN – 157 claims
 - Mental Health Worker – 67 claims
- **Top 3 Natures of Injury reported in HCW assault claims:**
 - Contusion – 799 claims (37.1% of HCW assault claims)
 - Laceration – 487 claims (22.6%)
 - Sprain or tear – 421 claims (19.5%)
- **“Severity”** – Wage-loss benefits may not be the most suitable proxy to measure severity for these types of claims.
 - Types of physical injuries do not result in extensive time away from work
 - 134 out of 2,155 HCW assault claims eligible for wage-loss benefits

Moving Forward



Assaults are just one piece of the puzzle.

- MOHSS will continue to delve into data on workplace injuries and illnesses in the healthcare industry.

Injuries in healthcare industry are not “just part of the job!”

- Change the “culture” of how these injuries are perceived by healthcare workers and administration
- Encourage the reporting of all work-related injuries
 - We can only measure and address the injuries that are reported.