

## **OSHA in Healthcare: Have We Finally Got Their Attention?**

**Scott Harris, PhD, MSPH**  
**Occupational Health & Risk Management Consultant**  
**UL Workplace Health and Safety**  
**Franklin, TN**

### **At a Glance**

“A weak culture of worker safety” in healthcare appears to have finally got OSHA's attention. With few OSHA inspections and low penalties, 14 million healthcare workers continually record some of the highest injury rates in the nation, costing the industry \$10 billion per year. Provider and patient populations continue to grow, and millions of healthcare-associated infections and fatalities each year demonstrate the link between worker and patient safety. Beginning in 2012, targeted inspections and Regional and National Emphasis programs are aiming potentially thousands of additional inspections at nursing, residential and ambulatory care facilities with hospitals not far behind.

### **Healthcare Workers**

Healthcare workers represented approximately 11% of the 2011 U.S. workforce (126 million) and included 14 million professionals, technicians, support workers and others not directly providing patient care (*i.e.*, maintenance and laundry). A steadily growing sector, the healthcare worker population already far exceeds that of the manufacturing sector (11.6 million) (Bureau of Labor Statistics 2012).

The Bureau of Labor Statistics (BLS) divides healthcare (NAICS 62) into three sectors: Ambulatory Health (NAICS 621), with a 2011 worker population of 6.1 million divided across physician offices (2.3 million), home healthcare (1.1 million), outpatient and Ambulatory Surgery Centers (0.6 million) and similar; Hospitals (NAICS 622) with 4.7 million workers; and Nursing and Residential Care (NAICS 623) with 3.2 million (Bureau of Labor Statistics 2012).

### **OSHA Inspection Priorities**

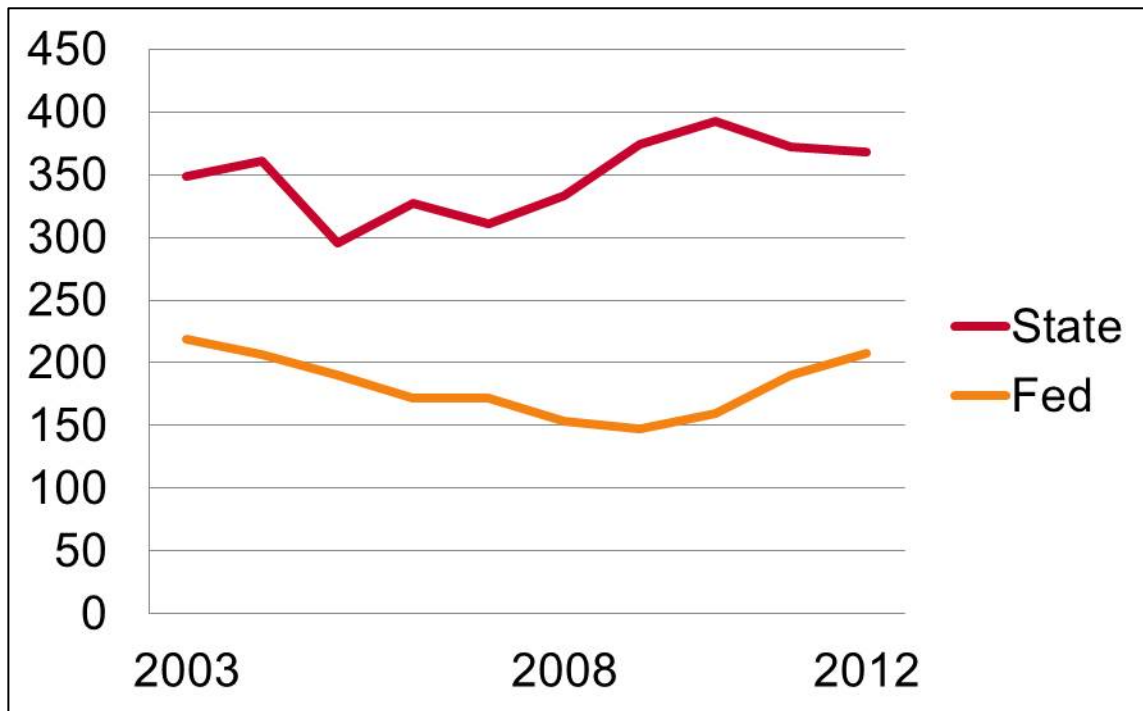
With only one inspector for every 59,000 covered employees across over eight million worksites (U.S. Department of Labor 2012) in the U.S., DC, Puerto Rico and the Virgin Islands, OSHA prioritizes inspections by (1) imminent danger situations, (2) fatalities and catastrophes, (3) complaints and referrals, (4) “programmed” or planned investigations of high-hazard industries or those with high injury and illness rates (U.S. Department of Labor 2002). They also develop

National, Regional and Local Emphasis Programs such as for overexertion injuries in Nursing and Residential Care facilities (national) (U.S. Department of Labor 2012) to address newly recognized hazards or issues specific to a region or local jurisdiction, such as hazardous dairy farm activities in Wisconsin (local) (U.S. Department of Labor 2011).

## OSHA Inspections of Healthcare

### Hospitals

In FY2012 federal OSHA conducted 46,869 inspections (U.S. Department of Labor 2013), of which 208 (0.44%) were hospitals (U.S. Department of Labor 2013), while state OSHA programs conducted 56,121 inspections (U.S. Department of Labor 2013) of which 368 (0.66%) were hospitals (U.S. Department of Labor 2013). Exhibit 1 illustrates the annual numbers of hospital inspections by state and federal OSHA since 2003 (U.S. Department of Labor 2013).



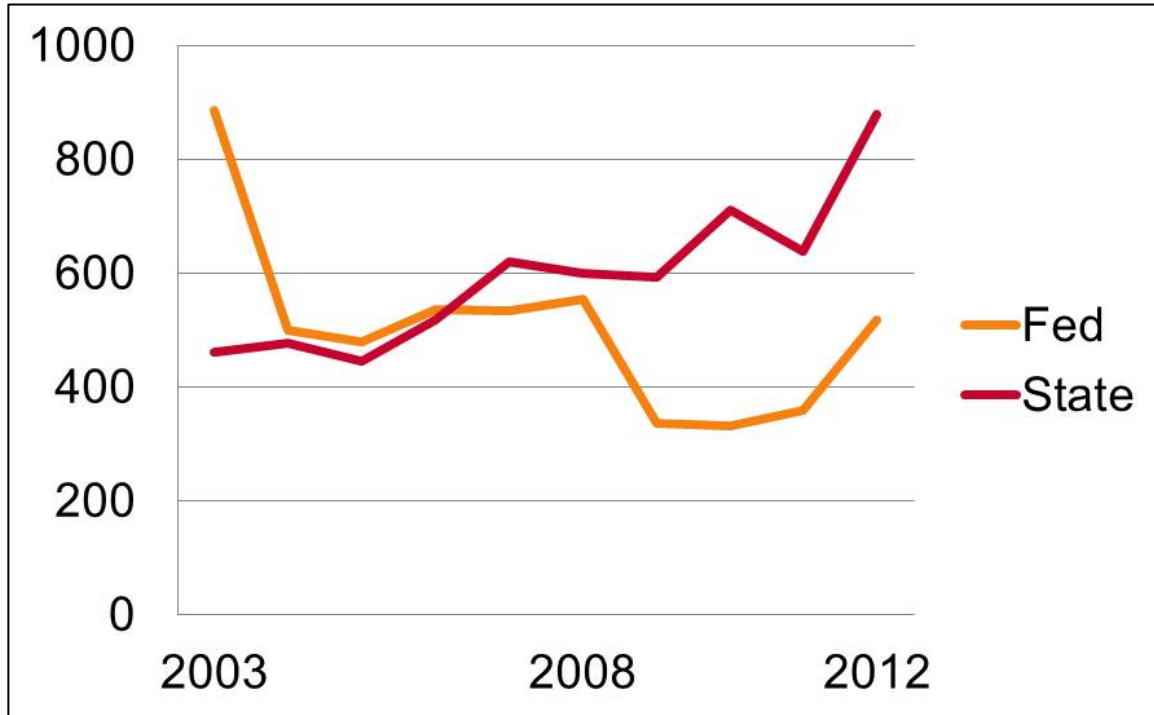
**Exhibit 1. This chart summarizes the numbers of annual federal and state OSHA inspections of hospitals for FY2003 – 2012 (Source: U.S. DOL).**

Based strictly on worker population with no prioritization for high incidence rates, complaints or fatalities, at 3.7% of the U.S. workforce (assuming no change in 2012) hospitals would have experienced 3,811 of the 102,990 inspections conducted. They received only 15.1% of that amount.

### Nursing and Residential Care

From the same pool of FY2012 inspections, federal OSHA conducted 519 (1.1%) on Nursing and Residential Care facilities (U.S. Department of Labor 2013), while state programs conducted 880

(1.6%) (U.S. Department of Labor 2013). Exhibit 2 illustrates the annual numbers of Nursing and Residential Care inspections by state and federal OSHA since 2003 (U.S. Department of Labor 2013).

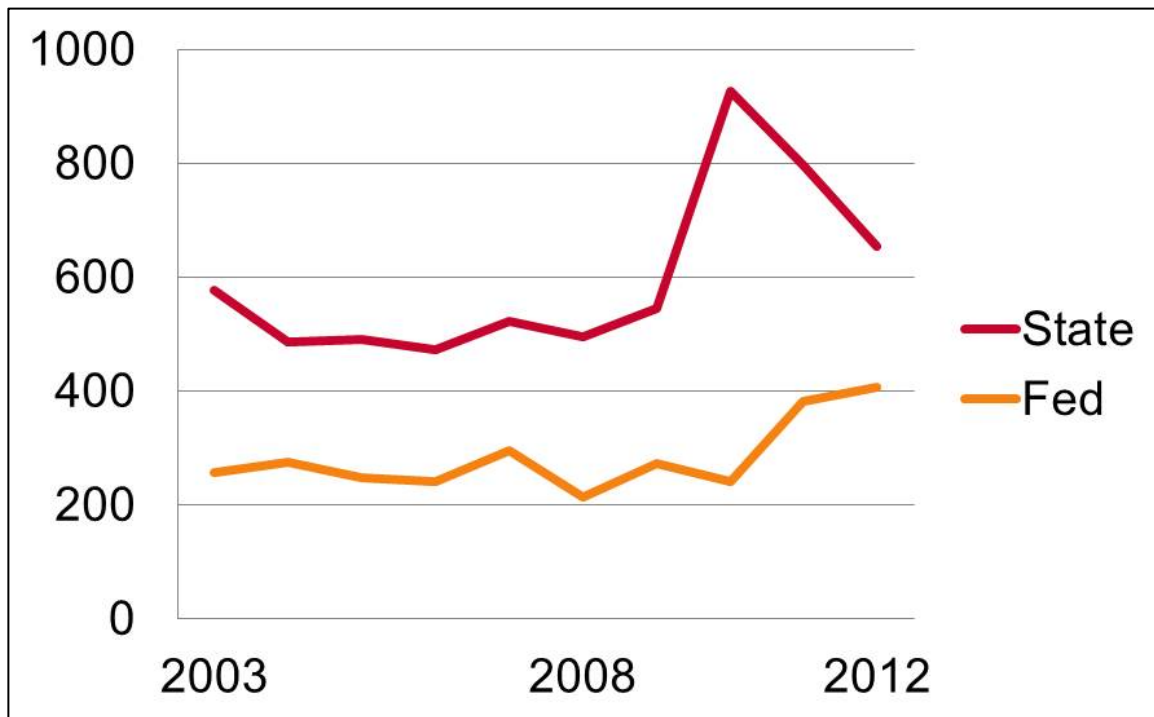


**Exhibit 2. This chart summarizes the numbers of annual federal and state OSHA inspections of Nursing and Residential Care facilities for FY2003 – 2012 (Source: U.S. DOL).**

Based strictly on worker population with no prioritization for high incidence rates, complaints or fatalities, at 2.5% of the U.S. workforce (assuming no change in 2012) Nursing and Residential Care facilities would have experienced 2,575 of the 102,990 inspections conducted. They received only 54.3% of that amount.

### Ambulatory Health

Of FY2012 inspections, federal OSHA conducted 407 (0.9%) on Ambulatory Health facilities (U.S. Department of Labor 2013), while state programs conducted 654 (1.2%) (U.S. Department of Labor 2013). Exhibit 3 illustrates the annual numbers of Ambulatory Health facilities inspections by state and federal OSHA since 2003 (U.S. Department of Labor 2013).



**Exhibit 3. This chart summarizes the numbers of annual federal and state OSHA inspections of Ambulatory Health facilities for FY2003 – 2012 (Source: U.S. DOL).**

Based strictly on worker population with no prioritization for high incidence rates, complaints or fatalities, at 4.8% of the U.S. workforce (assuming no change in 2012) Ambulatory Health would have experienced 4,944 of the 102,990 inspections conducted. They received only 21.5% of that amount.

## Healthcare Safety Performance

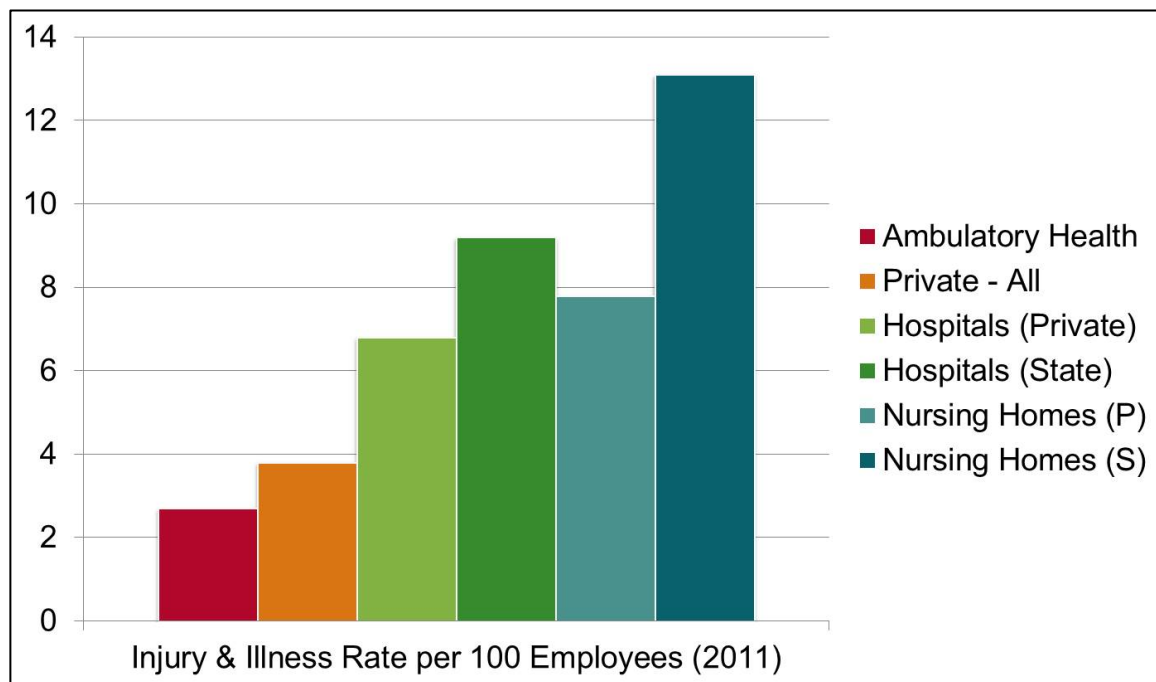
Healthcare and social assistance (BLS combines these two for sector reporting) reported the highest number of nonfatal injuries and illnesses of any sector in FY2011 (Bureau of Labor Statistics 2012), the latest year for which these data currently are available. This is not a new development for the industry:

- “General medical and surgical hospitals (NAICS 6221) reported more injuries and illnesses than any other industry in 2006 -- more than 264,300 cases” (Bureau of Labor Statistics 2007).
- “General medical and surgical hospitals (NAICS 6221) reported more injuries and illnesses than any other industry in 2007 -- more than 253,500 cases” (Bureau of Labor Statistics 2008).
- “While not significantly different from one another, manufacturing and health care and social assistance industry sectors reported more injury cases in 2008 than other industry sectors” (Bureau of Labor Statistics 2009).
- “Health care and social assistance reported more injury cases than any other private industry

sector -- 623,900 cases -- and accounted for 20.1 percent of all injury cases reported among private industry workplaces in 2009” (Bureau of Labor Statistics 2010).

- “Health care and social assistance reported more cases than any other private industry sector in 2010” (Bureau of Labor Statistics 2011).
- “Health care and social assistance reported more cases [631,100] than any other private industry sector in 2011” (Bureau of Labor Statistics 2012).

Gross numbers of injuries and illnesses do not allow accurate comparison between industries or sectors. For that, numbers of cases are converted to incidence rates per 100 employees, effectively defining the percentage of the given workforce injured or made ill. FY2011 healthcare rates (Exhibit 4) reveal that safety performance across the sector is far from consistent (Bureau of Labor Statistics 2012). With the exception of Ambulatory Health, which reported a total case rate less than the FY2011 U.S. average for all industries, all other healthcare components reported higher than average rates, with state facilities the highest for both Hospitals and Nursing and Residential Care.



**Exhibit 4. This chart summarizes 2012 injury & illness rates per 100 employees for the indicated sectors.**

## Most Frequently Injured Healthcare Employee

BLS compiles detailed information on the most costly injuries -- those involving days away from work (DAFW), also known as “lost-time” injuries. In FY2011:

- For Hospitals the most frequently injured employee was a female with more than five years on the job, while for Ambulatory Health and Nursing and Residential care it was a female

with 1-5 years (Bureau of Labor Statistics 2012)

- For all three groups, the most commonly injured age group was 45-54 (Bureau of Labor Statistics 2012)
- Across all three groups the average time on duty prior to injury was 2-4 hours (Bureau of Labor Statistics 2012)
- Tuesday was the most common day of injury for Ambulatory Health and Hospitals, while for Nursing and Residential Care it was Monday (Bureau of Labor Statistics 2012)
- For Ambulatory Health and Nursing and Residential Care the most common time of injury was between 8:01 a.m. and noon, while for Hospitals it was 12:01 p.m. to 4:00 p.m. (Bureau of Labor Statistics 2012)

## **Most Frequent Healthcare Injuries**

In FY2011 Healthcare reported the highest number of Days Away injuries of any sector (Bureau of Labor Statistics 2012). Within those 148,910 injuries, for all three healthcare groups the most common were sprains/strains/tears to the back. The most frequent event leading to the injury was overexertion except in Ambulatory Health, which reported slips, trips and falls as the leading event. Patients were the most common source of injury except in Ambulatory Health, which reported floors just slightly more frequently than patients as the leading source (Bureau of Labor Statistics 2012). As a whole, then, the most frequent injury across most of healthcare in FY2011 was a strain or sprain of the back due to overexertion from patient handling.

## **Time Lost from Injuries**

BLS data indicate that time lost from Days Away injuries is significant. For example, the median time away from work in FY2011 due to a sprain, strain or tear was 10 days. For back injuries, that number dropped to seven, but for shoulders (another common healthcare injury) that number jumps to 23. Where patients were the source of the injury, again the average time out was seven days. If floors were involved, as with Ambulatory Health (the second most common in the other two groups), days away rise to 10. When overexertion was the causal event, the average injured worker was out 10-11 days. In short, for the typical lost-time healthcare injury the worker can count on being out of service for nearly two work weeks (Bureau of Labor Statistics 2012). Based on an average 10-day loss, the 148,910 Days Away injuries reported by healthcare in FY2011 *cost the industry 1,489,100 lost work days.*

## **Cost of Injuries**

Loading the healthcare Days Away injury data (Bureau of Labor Statistics 2012) into the OSHA “Safety Pays” calculator (U.S. Department of Labor n.d.) produces an estimate of the direct and indirect cost of those injuries to each group along with the amount of additional sales needed (based on a given profit margin) to recover those losses. For Hospitals (Exhibit 5), the cost of FY2011 injuries exceeded \$3.8 billion, requiring additional “sales” (patient billing) of nearly \$53 billion (7.2% profit margin). Nursing and Ambulatory Care (Exhibit 6) spent \$3.8 billion and needed just over \$38 billion in additional sales at 10% profit. Ambulatory Health spent the least of the three groups on injuries at \$2 billion, requiring “only” a little over \$8 billion in sales to recover (assumed 25% profit).

<b>Injury Type or Workers' Compensation Costs</b> <i>(annual sum of costs)</i>	Select an Injury Type <input type="text"/>						
<b>Enter Profit Margin (%)</b> <i>(leave blank to use default of 3%)</i>	OR <input type="text"/>						
<b>Enter Number of Injuries</b> <i>(leave blank to use default of one)</i>	7.2 <input type="text"/>						
<input type="button" value="Add/Calculate"/> <input type="button" value="Clear"/>							
<b>Estimated Total Cost</b>							
The extent to which the employer pays the direct costs depends on the nature of the employer's workers' compensation insurance policy. The employer always pays the indirect costs.							
Injury Type	Instances	Direct Cost	Indirect Cost	Total Cost	Additional Sale (Indirect)	Additional Sale (Total)	
Sprain	31750	\$ 862,965,000	\$ 949,261,500	\$ 1,812,226,500	\$ 13,184,187,500	\$ 25,169,812,500	<input type="button" value="Remove"/>
Fracture	3150	\$ 140,045,850	\$ 154,047,600	\$ 294,093,450	\$ 2,139,587,100	\$ 4,084,630,200	<input type="button" value="Remove"/>
Laceration	1370	\$ 23,794,160	\$ 26,172,480	\$ 49,966,640	\$ 363,521,280	\$ 693,980,350	<input type="button" value="Remove"/>
Puncture	260	\$ 5,046,340	\$ 5,550,740	\$ 10,597,080	\$ 77,096,760	\$ 147,181,580	<input type="button" value="Remove"/>
Contusion	6310	\$ 160,747,250	\$ 176,818,820	\$ 337,566,070	\$ 2,455,858,310	\$ 4,688,412,030	<input type="button" value="Remove"/>
Burn	790	\$ 28,919,530	\$ 31,810,930	\$ 60,730,460	\$ 441,825,670	\$ 843,478,260	<input type="button" value="Remove"/>
Amputation	20	\$ 1,261,080	\$ 1,387,180	\$ 2,648,260	\$ 19,266,500	\$ 36,781,380	<input type="button" value="Remove"/>
Carpal Tunnel Syndrome	240	\$ 6,658,560	\$ 7,324,320	\$ 13,982,880	\$ 101,727,840	\$ 194,206,560	<input type="button" value="Remove"/>
Inflammation	290	\$ 8,483,080	\$ 9,331,330	\$ 17,814,410	\$ 129,602,450	\$ 247,422,200	<input type="button" value="Remove"/>
Multiple Physical Injuries Only	1920	\$ 147,703,680	\$ 162,472,320	\$ 310,176,000	\$ 2,256,583,680	\$ 4,308,000,000	<input type="button" value="Remove"/>
No Physical Injury	5730	\$ 149,192,010	\$ 164,107,200	\$ 313,299,210	\$ 2,279,319,510	\$ 4,351,373,460	<input type="button" value="Remove"/>
All Other Specific Injuries, NOC	7040	\$ 275,144,320	\$ 302,656,640	\$ 577,800,960	\$ 4,203,591,040	\$ 8,025,008,640	<input type="button" value="Remove"/>
<b>Totals</b>							
<b>Estimated Direct Costs:</b>						\$ 1,809,960,860	
<b>Estimated Indirect Costs:</b>						\$ 1,990,941,060	
<b>Combined Total (Direct and Indirect Costs):</b>						\$ 3,800,901,920	
<b>Sales To Cover Indirect Costs:</b>						\$ 27,652,167,640	
<b>Sales To Cover Total Costs:</b>						\$ 52,790,287,160	

**Exhibit 5. This calculator summarizes FY2011 losses from Days Away injuries to Hospitals.**

<b>Injury Type or Workers' Compensation Costs</b> <i>(annual sum of costs)</i>	Select an Injury Type	<b>OR</b>	
<b>Enter Profit Margin (%)</b> <i>(leave blank to use default of 3%)</i>			10
<b>Enter Number of Injuries</b> <i>(leave blank to use default of one)</i>			
		<input type="button" value="Add/Calculate"/>	<input type="button" value="Clear"/>

<b>Estimated Total Cost</b>							
The extent to which the employer pays the direct costs depends on the nature of the employer's workers' compensation insurance policy. The employer always pays the indirect costs.							
Injury Type	Instances	Direct Cost	Indirect Cost	Total Cost	Additional Sale (Indirect)	Additional Sale (Total)	
Sprain	28020	\$ 761,583,600	\$ 837,741,960	1,599,325,560	\$ 8,377,419,600	\$ 15,993,255,600	<input type="button" value="Remove"/>
Fracture	2680	\$ 119,150,120	\$ 131,062,720	\$ 250,212,840	\$ 1,310,651,320	\$ 2,502,125,720	<input type="button" value="Remove"/>
Laceration	1540	\$ 26,746,720	\$ 29,420,160	\$ 56,166,880	\$ 294,213,920	\$ 561,668,800	<input type="button" value="Remove"/>
Puncture	310	\$ 6,016,790	\$ 6,618,190	\$ 12,634,980	\$ 66,184,690	\$ 126,349,800	<input type="button" value="Remove"/>
Contusion	5540	\$ 141,131,500	\$ 155,241,880	\$ 296,373,380	\$ 1,552,446,500	\$ 2,963,733,800	<input type="button" value="Remove"/>
Burn	800	\$ 29,285,600	\$ 32,213,600	\$ 61,499,200	\$ 322,141,600	\$ 614,992,000	<input type="button" value="Remove"/>
Amputation	40	\$ 2,522,160	\$ 2,774,360	\$ 5,296,520	\$ 27,743,760	\$ 52,965,200	<input type="button" value="Remove"/>
Carpal Tunnel Syndrome	70	\$ 1,942,080	\$ 2,136,260	\$ 4,078,340	\$ 21,362,880	\$ 40,783,400	<input type="button" value="Remove"/>
Inflammation	110	\$ 3,217,720	\$ 3,539,470	\$ 6,757,190	\$ 35,394,920	\$ 67,571,900	<input type="button" value="Remove"/>
Multiple Physical Injuries Only	1650	\$ 126,932,850	\$ 139,624,650	\$ 266,557,500	\$ 1,396,261,350	\$ 2,665,575,000	<input type="button" value="Remove"/>
No Physical Injury	10130	\$ 263,754,810	\$ 290,123,200	\$ 553,878,010	\$ 2,901,302,910	\$ 5,538,780,100	<input type="button" value="Remove"/>
All Other Specific Injuries, NOC	8500	\$ 332,205,500	\$ 365,423,500	\$ 697,629,000	\$ 3,654,260,500	\$ 6,976,290,000	<input type="button" value="Remove"/>

<b>Totals</b>	
<b>Estimated Direct Costs:</b>	\$ 1,814,489,450
<b>Estimated Indirect Costs:</b>	\$ 1,995,919,950
<b>Combined Total (Direct and Indirect Costs):</b>	\$ 3,810,409,400
<b>Sales To Cover Indirect Costs:</b>	\$ 19,959,383,950
<b>Sales To Cover Total Costs:</b>	\$ 38,104,091,320

**Exhibit 6. This calculator summarizes FY2011 losses from Days Away injuries to Nursing and Residential Care facilities.**



<b>Injury Type or Workers' Compensation Costs</b> <i>(annual sum of costs)</i>		Select an Injury Type <input type="text"/>					
<b>Enter Profit Margin (%)</b> <i>(leave blank to use default of 3%)</i>		OR <input type="text"/>					
<b>Enter Number of Injuries</b> <i>(leave blank to use default of one)</i>		<input type="text"/>					
<input type="button" value="Add/Calculate"/> <input type="button" value="Clear"/>							
<b>Estimated Total Cost</b>							
The extent to which the employer pays the direct costs depends on the nature of the employer's workers' compensation insurance policy. The employer always pays the indirect costs.							
<b>Injury Type</b>	<b>Instances</b>	<b>Direct Cost</b>	<b>Indirect Cost</b>	<b>Total Cost</b>	<b>Additional Sale (Indirect)</b>	<b>Additional Sale (Total)</b>	<input type="button" value="Remove"/>
Sprain	12500	\$ 339,750,000	\$ 373,725,000	\$ 713,475,000	\$ 1,494,900,000	\$ 2,853,900,000	<input type="button" value="Remove"/>
Fracture	2380	\$ 105,812,420	\$ 116,391,520	\$ 222,203,940	\$ 465,573,220	\$ 888,815,760	<input type="button" value="Remove"/>
Laceration	440	\$ 7,641,920	\$ 8,405,760	\$ 16,047,680	\$ 33,624,360	\$ 64,190,720	<input type="button" value="Remove"/>
Puncture	950	\$ 18,438,550	\$ 20,281,550	\$ 38,720,100	\$ 81,129,050	\$ 154,880,400	<input type="button" value="Remove"/>
Contusion	2550	\$ 64,961,250	\$ 71,456,100	\$ 136,417,350	\$ 285,829,500	\$ 545,669,400	<input type="button" value="Remove"/>
Burn	70	\$ 2,562,490	\$ 2,818,690	\$ 5,381,180	\$ 11,274,900	\$ 21,524,720	<input type="button" value="Remove"/>
Carpal Tunnel Syndrome	430	\$ 11,929,920	\$ 13,122,740	\$ 25,052,660	\$ 52,491,390	\$ 100,210,640	<input type="button" value="Remove"/>
Inflammation	50	\$ 1,462,600	\$ 1,608,850	\$ 3,071,450	\$ 6,435,400	\$ 12,285,800	<input type="button" value="Remove"/>
Multiple Physical Injuries Only	1000	\$ 76,929,000	\$ 84,621,000	\$ 161,550,000	\$ 338,487,000	\$ 646,200,000	<input type="button" value="Remove"/>
No Physical Injury	5690	\$ 148,150,530	\$ 162,961,600	\$ 311,112,130	\$ 651,857,780	\$ 1,244,448,520	<input type="button" value="Remove"/>
All Other Specific Injuries, NOC	4590	\$ 179,390,970	\$ 197,328,690	\$ 376,719,660	\$ 789,319,350	\$ 1,506,878,640	<input type="button" value="Remove"/>
<b>Totals</b>							
<b>Estimated Direct Costs:</b>						\$ 957,029,650	
<b>Estimated Indirect Costs:</b>						\$ 1,052,721,500	
<b>Combined Total (Direct and Indirect Costs):</b>						\$ 2,009,751,150	
<b>Sales To Cover Indirect Costs:</b>						\$ 4,210,921,950	
<b>Sales To Cover Total Costs:</b>						\$ 8,039,004,600	

**Exhibit 7. This calculator summarizes FY2011 losses from Days Away injuries to Ambulatory Health facilities.**

## Joint Commission Coverage of OSHA Requirements

An often repeated OSHA myth within healthcare is that accreditation by The Joint Commission (TJC) satisfies OSHA requirements. TJC standards do reference some OSHA requirements, *i.e.*, SDSs (formerly MSDSs), proper labels for hazardous materials (The Joint Commission 2009), fire protection, exits and life safety (The Joint Commission 2008). However, for example the most common FY2012 federal OSHA violations at General Medical and Surgical Hospitals (bloodborne pathogens, formaldehyde, hazard communication and annual employee injury summaries) (U.S. Department of Labor 2013) are not addressed by TJC with the exception of the mentioned labeling requirements. To be clear on this point, a perfect TJC score and full

accreditation with no additional effort *guarantees* a failed OSHA inspection. It is critical to understand that TJC focuses on patient safety, not employee safety. OSHA compliance is neither their job nor their intent. That responsibility rests squarely on healthcare facilities.

## Healthcare finally has OSHA's Attention

### Infection Control becomes an OSHA Issue

In the May 6, 2010 *Federal Register*, OSHA published a Request for Information (RFI) to collect information from the healthcare industry on “occupational exposure to infectious agents in settings where healthcare is provided.” This included hospitals, outpatient clinics, clinics in schools and correctional facilities and “healthcare-related” settings ranging from laboratories that handle potentially infectious materials to medical examiner offices to mortuaries. OSHA was specifically interested in current infection control strategies and practices and indicated it would use the information to “determine what action, if any, the Agency may take to further limit the spread of occupationally-acquired infectious diseases in these settings” (U.S. Department of Labor 2010).

In the RFI, OSHA described healthcare as having “a weak culture of worker safety” related to a lack of data on the prevalence of infections among healthcare workers (HCWs) and “a lack of effort by healthcare employers” in tracking or documenting them. OSHA thinks too many HCWs are getting sick at work and that voluntary standards are not working, largely due to poor safety programs and lack of regulatory oversight. The RFI noted that healthcare-associated infections (HAIs) were “among the leading causes of death in the United States, accounting for an estimated 1.7 million infections and 99,000 associated deaths in 2002.” A sign of the emerging link between worker and patient safety, OSHA prominently observed that infectious agents are transmitted between employees and patients and that the RFI was intended to evaluate whether and how OSHA might intervene to manage the issue (U.S. Department of Labor 2010).

For perspective on the relative magnitude of 99,000 annual HAI fatalities, consider causes of death that generate many more headlines and much more public reaction:

- 38,329 from drug overdoses in 2010 (Centers for Disease Control and Prevention 2013)
- 34,434 from transportation crashes in 2011 (National Transportation Safety Board 2012)
- 13,913 from murder in 2011 (Federal Bureau of Investigation 2012)
- 8,369 from AIDS in 2010 (Centers for Disease Control and Prevention 2013)
- 4,609 from workplace injuries in 2011 (Bureau of Labor Statistics 2012)
- 3,000 from foodborne illness (average) (Centers for Disease Control and Prevention 2013)

These sources nominally represent 102,654 fatalities per year. So based on OSHA's estimate, healthcare-associated infections—these things one catches while there for something else—*kill almost as many people in the U.S. every year as drug overdoses, highway, rail and aviation crashes, murder, AIDS, workplace fatalities and foodborne illness COMBINED.* The United States annually spends billions on awareness and prevention, security, treatment, safety engineering, research, regulations, government and private investigations, training, litigation and media coverage on these threats, yet HAIs remain almost unheard of outside the industry. That OSHA is this interested is a strong indicator of changing times. Responses to the RFI, still under review, totaled 502 (USA.gov 2011).

### OSHA “Reaches Out”

In March 2012, federal OSHA sent letters to approximately 14,900 workplaces experiencing high rates of Days Away from Work, Restricted or Transferred (DART) injuries and illnesses. Recipients of the letters had reported DART case rates of 2.0 or higher against the national average of 1.8. Employers were told to develop better safety and health plans and seek expert advice if needed to do that. The implication for healthcare is in the analysis of which employers got letters: none went to Hospitals or Ambulatory Health facilities, but a disproportionate 20% (3,101) went to Nursing and Residential Care facilities, a work sector with only 2.5% of the workforce (U.S. Department of Labor 2012).

### Nursing Home NEP

A 2012 Nursing Home NEP (National Emphasis Plan) will focus for three years on ergonomic hazards related to patient handling, exposures to bloodborne pathogens and TB and slips, trips and falls. Under the NEP approximately 1,000 nursing homes with DART incidence rates greater than 10 are targeted for inspection by specially trained teams. Enforcement for ergonomic hazards will be under the general duty clause (U.S. Department of Labor 2012).

### Regional Emphasis Program

Citing more than 380,000 sharps-related injuries annually in hospital settings and 600,000 to 800,000 annually across healthcare, Region 4 OSHA implemented a Regional Emphasis Program effective March 25, 2011 through September 30, 2012 focused on bloodborne pathogen exposures and sharps/needlestick injuries at Ambulatory Surgical Centers (ASCs), emergency care clinics and primary care medical clinics (U.S. Department of Labor 2011). More than half of surgeries in the U.S. are performed in ASC facilities, and in the last 10 years over 130,000 patients served at ASCs were notified of potential hepatitis and/or HIV exposure due to “unsafe injection practices and lapses in infection control” (Infection Control Today 2011).

### Targeted Inspections

On January 4, 2013 federal OSHA announced their Site-Specific Targeting 2012 (SST-12) inspection plan. The list is based on 2010 injury and illness data collected by the 2011 survey of approximately 80,000 establishments in historically high-rate industries, which included Hospitals and Nursing Care. Healthcare facilities (except Nursing and Residential Care) fall into the non-manufacturing group to be inspected if they reported a 2010 DART rate of 15 or greater. Nursing and Residential Care facilities will continue to be inspected under the 2012 NEP. A second group of 2,250 establishments was randomly selected from the SST-11 list as part of a study of recidivism by previously inspected facilities (U.S. Department of Labor 2013).

## **Conclusion**

This is a wakeup call for healthcare. With 14 million employees across tens of thousands of worksites, incidence rates far higher than general industry norms, low inspection rates, and millions of HAI infections and 99,000 fatalities per year, healthcare remains an attractive target. OSHA sees healthcare as poor safety performers, and targeted inspections and National/Regional Emphasis Programs for Nursing and Residential Care and ASCs/clinics are a major shift from the historically low amount of OSHA attention this sector received. The industry is far under-inspected considering its chronic, poor safety performance. Even based strictly on worker

population, with no enhancements for poor performance, healthcare could have seen *an additional 8,294 inspections in 2011*. Does the industry really want to force OSHA into that position?

Hospitals avoid much OSHA attention by posting rates below those of their Nursing Care brethren, though still far too high not to warrant increased attention. But avoiding inspections is not the real issue: those 148,910 Days Away (lost-time) injuries that in 2011 collectively cost the industry nearly \$10 billion (direct and indirect) *drained nearly \$100 billion in sales* to cover the loss. Of course, healthcare doesn't "sell" in the traditional sense, so this equates to patient billing, and the need to replace billions in lost revenue lands healthcare in a quandary. Eliminating staff is not the answer, since most of these injuries came as a result of overexertion, often from a lack of staff and/or expertise to do the heavy lifting (pun intended). Forcing even fewer staff (mostly female nurses) to do more only exacerbates the issue. Is the answer simply to raise fees?

A 2010 AHIP report (AHIP Center for Policy and Research 2010) found that the average patient charge for a 325mg Tylenol tablet among 10 of the largest hospitals in California was \$7.50, while CVS sold the same pill for about eight cents. With demands for healthcare reform making daily headlines and the average cost of a hospital stay in the U.S. already over \$3,900 per day (International Federation of Health Plans n.d.), the idea of a \$100 billion dollar cost increase to pay for injuries that shouldn't happen seems untenable.

There are no healthcare exemptions to the OSHA requirements, and it is neither a Joint Commission issue nor solution. This is about an industry paying dearly in human and economic capital for lack of a safety culture. Which brings us to investing in safety. Could forfeiting \$100 billion in annual "sales" make better sense than building a high-performance safety culture? Spending \$10 billion per year on hundreds of thousands of lost-time injuries and 1.5 million lost work days makes a strong argument for healthcare to rethink their position on safety. Ten billion dollars buys a lot of safety. The key is finding the will to do it.

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