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Using Multiple Data Sources to Characterize Patient Handling Related Musculoskeletal Disorders Among Massachusetts Hospital Workers

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BACKGROUND: Massachusetts hospital workers like those nationwide are at high risk of being injured on the job. Musculoskeletal disorders associated with patent handling (PH-MSDs) are among their most common injuries. Today's patient population is older and heavier, thus increasing risks to workers. In 2012, the Massachusetts Department of Public Health established a Task Force of stakeholders to develop recommendations to reduce the high rate of MSDs among Massachusetts hospital workers, with a focus on PH-MSDs. MDPH analyzed data from several sources to provide information on PH-MSDs among workers in Massachusetts hospitals to inform Task Force deliberations.

METHODS: Three data sources were used to characterize PH-MSDs: the Massachusetts Survey of Occupational Injuries and Illnesses (SOII); workers' compensation indemnity claim records (WC); and injury reports filed by public hospital workers with the Human Resources Division (HRD). We used the BLS definition of MSDs, which excludes MSDs due to selected onetime events. For SOII analysis, cases included MSDs with "patient" reported as a primary or secondary source of injury. WC and HRD narratives were reviewed to identify cases. Descriptive analyses were carried out characterizing cases by worker, injury and hospital characteristics. Data on number of licensed beds was used to calculate hospital specific rates in the WC data analysis.

RESULTS: According to SOII, the rate of PH-MSDs in MA hospitals was consistently higher than national rate (2004-2010). In 2010, there were an estimated 1,000 cases resulting in Days Away From Work (DAFW) accounting for 28% of hospital DAFW cases. Cases were predominately female (85%), employed as nurses (46%) and aides (29%) and resulted in an estimated 21,500 lost workdays. During 2008-2010, there were 2,049 WC claims filed for PH-MSDs, accounting for 25% of all lost time WC claims filed by hospital workers. Demographic and injury characteristics of these cases were similar to those in the SOII. Hospital specific rates ranged from 0 to over 10 cases per 100 licensed beds. Rates were higher in acute-care and large hospitals, with substantial variation in hospital specific rates within hospital size and type categories. PH-MSDs accounted for a smaller proportion (8%) of all injuries among public hospital workers. HRD records provided the only dollar cost data; PH-MSDs were more costly than other injuries.

CONCLUSIONS: PH-MSDs are a significant public health concern in MA that needs to be addressed. Each of the three data sources provided unique information that taken together provides a more complete picture of the problem.

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