

# Safe Patient Handling and Mobility Toolkit – Tool 2b

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To learn more about using this tool refer to the Sections 2 and 8 in the Safe Patient Handling and Mobility: A Toolkit for Program Development 2025 at: <https://www.nvha.net/safe-patient-handling-and-mobility-toolkit/>

## Injury Data Summary Report

ABC Hospital

The data included in this sample report can be found in *Tool 2a Master Tool for Tracking and Analyzing Incident and Injury Data*

There are many ways to present injury data and trends. This tool offers baseline information that can help you assess the extent, location, number, type, and costs of patient handling injuries when starting a safe patient handling and mobility (SPHM) program.

The report format provided here is valuable for informing leadership and staff about the importance of implementing an SPHM program, as well as for evaluating other safety concerns both facility-wide and within specific units or departments. Following program implementation, injury and cost data are usually organized by unit/department and across the facility and updated annually or even more often to show ongoing trends.

**Please note that the data shown in Tools 2a and 2b are fictitious and are intended solely to illustrate methods for collecting, analyzing, and presenting occupational injury and cost data.**

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### Definitions

#### **OSHA Definition of Recordable Injuries/Illness i.e., injuries/illness recorded on the OSHA 300 log**

- Covered employers must record all work-related fatalities.
- Covered employers must record all work-related injuries and illnesses that result in days away from work, restricted work or transfer to another job, loss of consciousness or medical treatment beyond first aid (see OSHA's *definition of first aid* below).
- In addition, employers must record significant work-related injuries or illnesses diagnoses by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.
- Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation.
- Illnesses include both acute and chronic illnesses, such as, but not limited to, a skin disease (i.e., contact dermatitis), respiratory disorder (i.e., occupational asthma, pneumoconiosis), or poisoning (i.e., lead poisoning, solvent intoxication).
- OSHA's definition of work-related injuries, illnesses and fatalities are those in which an event or exposure in the work environment either caused or contributed to the condition. In addition, if an event or exposure in the work environment significantly aggravated a pre-existing injury or illness, this is also considered work-related.

For the purposes of part 1904, medical treatment means the management and care of a patient to combat disease or disorder.

Medical treatment *does not* include (work-related event is not recordable):

- Visits to a physician or other licensed health care professional solely for observation or counseling.
- The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils); or
- "First aid" as defined in 29 CFR 1904.7(b)(5)(ii). See below

Source: OSHA <https://www.osha.gov/recordkeeping/>

#### **OSHA Definition of Non-Recordable Injuries/Illness i.e., injuries requiring first aid only (called incidents in this report)**

CFR 29 1904.7 - General recording criteria.

1904.7(b)(5)(i)(C) [https://www.osha.gov/laws-regulations/regulations/standardnumber/1904/1904.7#1904.7\(b\)\(5\)\(i\)](https://www.osha.gov/laws-regulations/regulations/standardnumber/1904/1904.7#1904.7(b)(5)(i))

- Using a non-prescription medication at non-prescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes)
- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment)
- Cleaning, flushing or soaking wounds on the surface of the skin
- Using wound coverings such as bandages, Band-AidsTM, gauze pads, etc.; or using butterfly bandages or Steri-StripsTM (other wound closing devices such as sutures, staples, etc., are considered medical treatment)
- Using hot or cold therapy
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes)
- Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.)

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- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister
- Using eye patches
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Using finger guards
- Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes)
- Drinking fluids for relief of heat stress

**Patient Handling Related Incidents and Injuries** are defined as events that occur as a result of repositioning a patient in bed, chair etc.; moving patient to and from bed to chair, commode, stretcher/gurney or another surface lifting and/or supporting a patient's limb or other body part; lifting a patient from the floor; ambulating a patient; attempting to stop a patient fall when performing a patient handling task; pushing/moving a bed, stretcher or wheelchair with a patient in.

### **Calculation for Incident rates etc.**

# Injuries (or other target data e.g., sum of workers comp costs) x 200,000/# hours worked by employees (i.e., productive hours)

Source: BLS <http://www.bls.gov/iif/oshenv.htm>\

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### Data Summary and Graphs for All Incidents and Injuries

The table below shows the injury and incident data for calendar years 2020-2024 cumulatively:

- For all reported incidents
- OSHA recordable injuries/illness
- Injuries with days away from work and restricted duty days
- Incident and DART rates and workers compensation costs

**Note:** Calculating the average rate per year allows you to predict future injury and costs

All Injuries and Incidents													
For the calendar years 2020-2024 cumulatively													
Total count Average per year							Injury Rates i.e. the # of OSHA Recordable cases per 100 Full Time Equivalent Employees Injuries (FTE)*(average rate per year)				Cost of medical care and days away from work(average cost per year) Source: Workers Compensation Data		
Total # non- recordable incidents i.e. first aid, near miss	Total # OSHA Recordable Injuries and Illnesses	Total # OSHA Recordable Cases with Lost Workdays (LWDs)	Total # Lost Workdays	Average days away from work per Lost Workday Case	Total # OSHA Recordable Cases with Restricted Workdays (RWDs) only	Total # Restricted Workdays (all cases)	Incident Rates Injuries per 100 FTE	Lost Time Case Rates Injuries per 100 FTE	DART rate (Days Away/Restricted or Job Transfer Rate i.e., the # of LWDs & RWDs cases - whichever is most severe) per 100 FTE	Costs: All Injuries/Illness Total Paid to Date. No Reserves are included	Average cost Injuries/Illness	Costs: Dollars Reserved for payment of open claims (to date)	
Total Count	43	165	81	3705	43.2	41	4862	4.41	2.16	3.26	\$1,532,114	\$9,285.54	\$198,116
Average/ Year	8.6	33.0	16.2	741.0		8.2	972.4				\$306,422.78		\$39,623.11

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### Benchmarking

#### ABC Hospital Incident Rate

All OSHA Recordable Injuries/Illness as compared to Federal and State Rates for Hospitals 2023

Refer to **Tool 2d** for further explanation about how to calculate and use incident rate data.

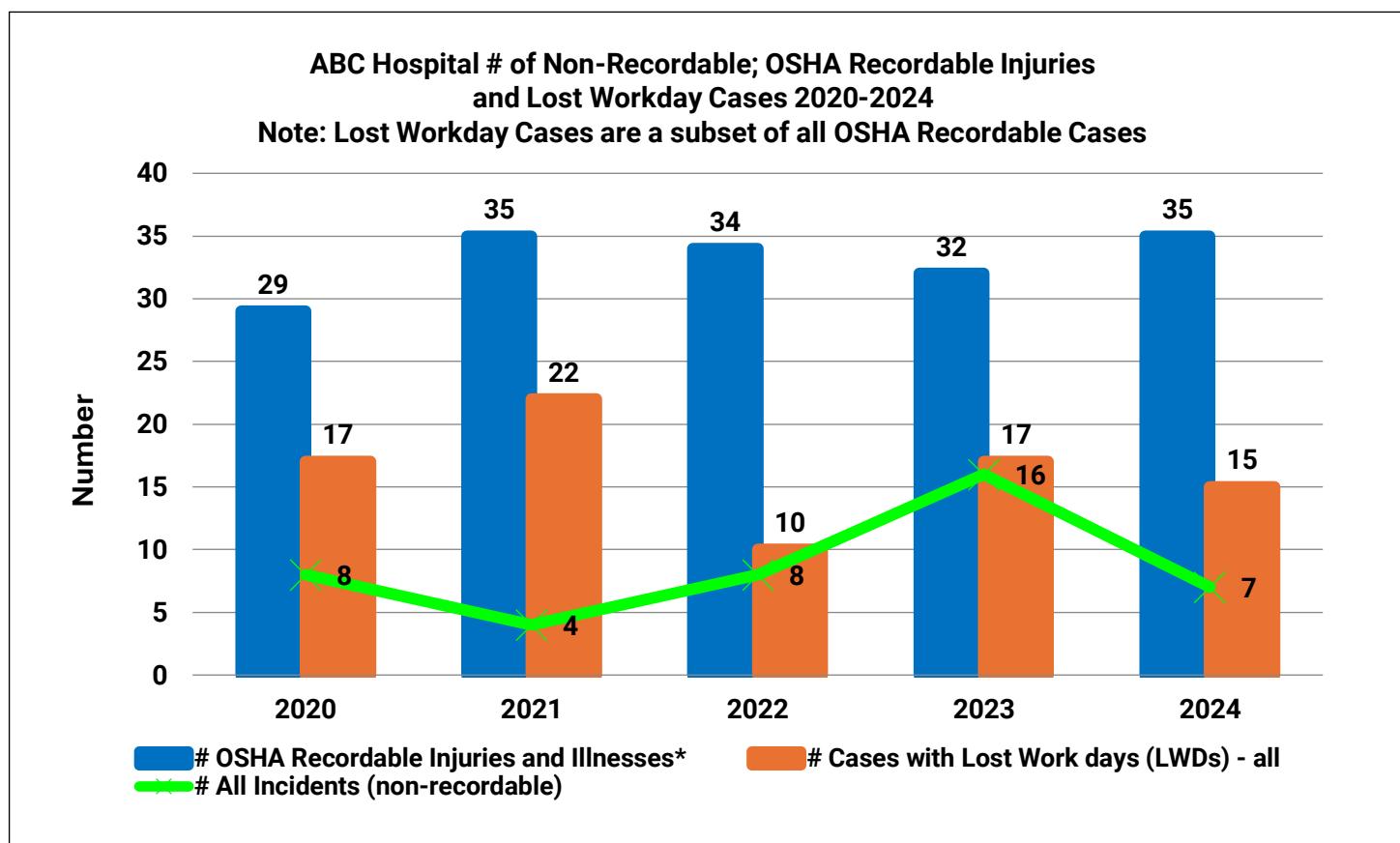
Private Industry/ NAICS code	Total recordable cases 2023 (non-fatal) Rate per 100 Full Time Equivalent Employees Injuries (FTE)			Cases with days away from work & restricted (DART) 2023 (non-fatal) Rate per 100 Full Time Equivalent Employees Injuries (FTE)		
	National Rate	Nevada	ABC Hospital (in NV)	National Rate	Nevada	ABC Hospital (in NV)
Hospitals 622	5.2	5.5	4.17	2.3	2.1	3.26

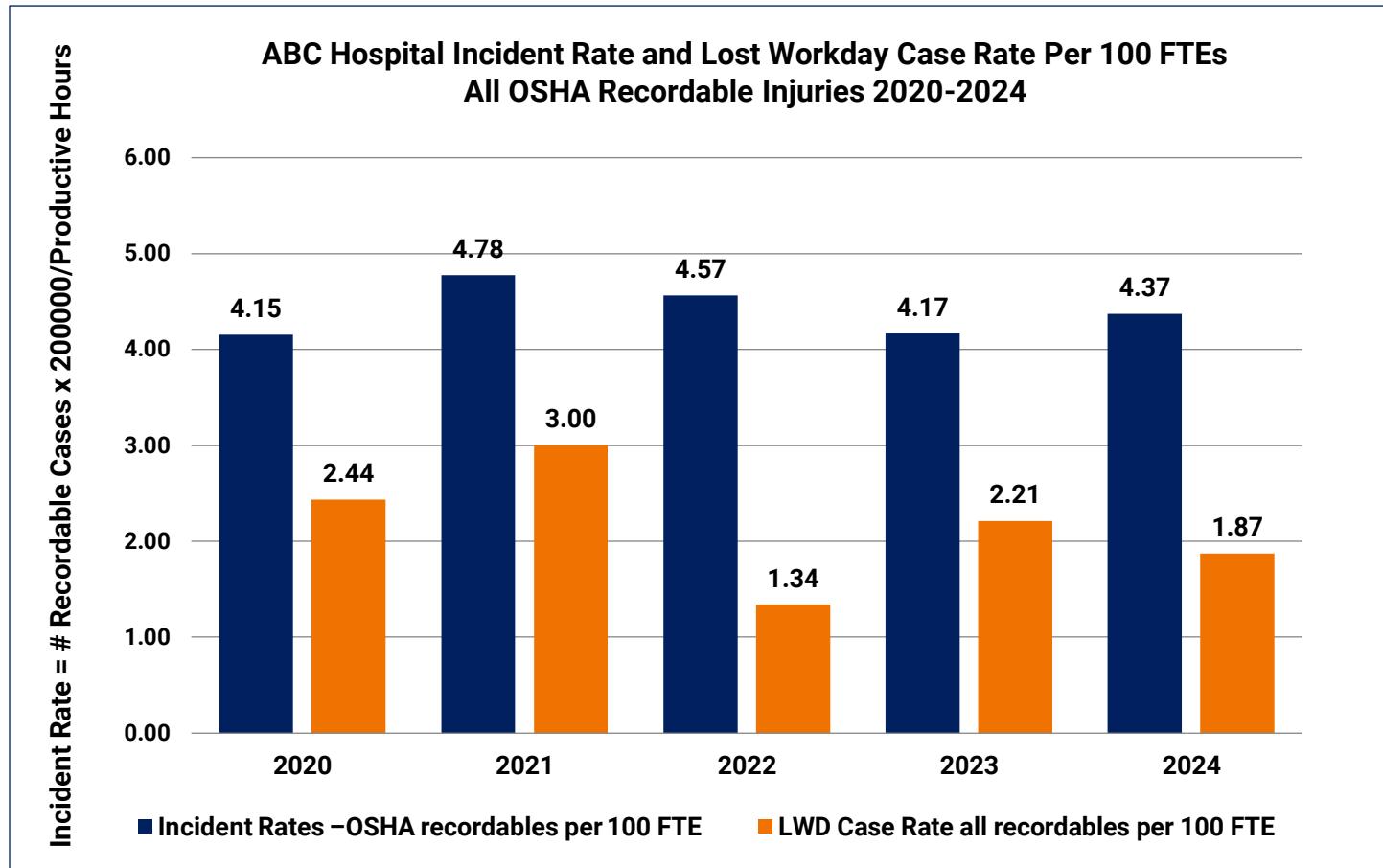
**Note:** Currently there is no Federal or State benchmarking data for Patient Handling related injuries

Source: Bureau of Labor Statistics (BLS). Note: BLS data is reported 2 years behind correct year so we can only benchmark to 2023 at this time.

### Graphs

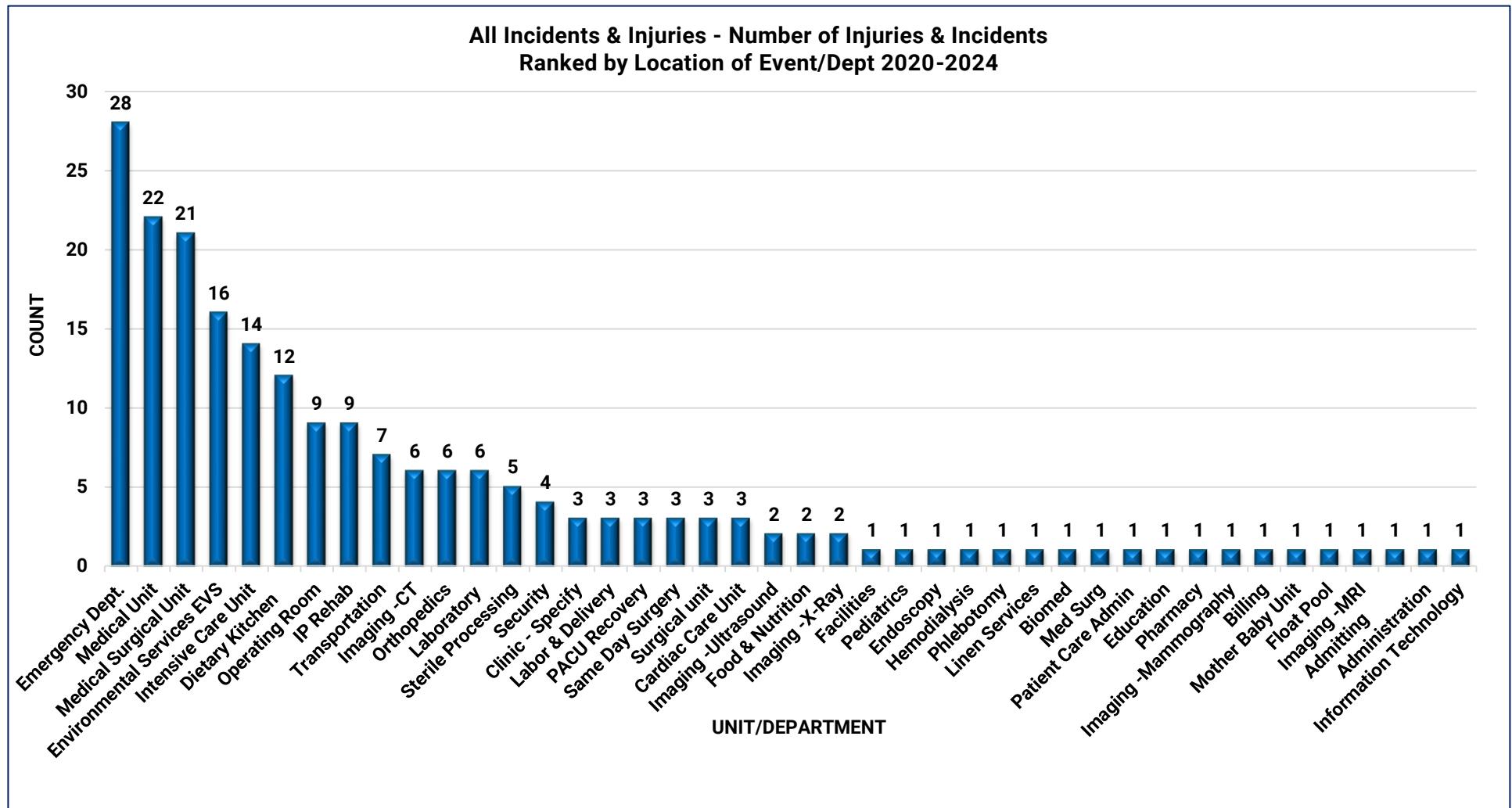
#### All Incidents/Injuries: Cases and Lost Workday Cases by Year Count and Incident Rates





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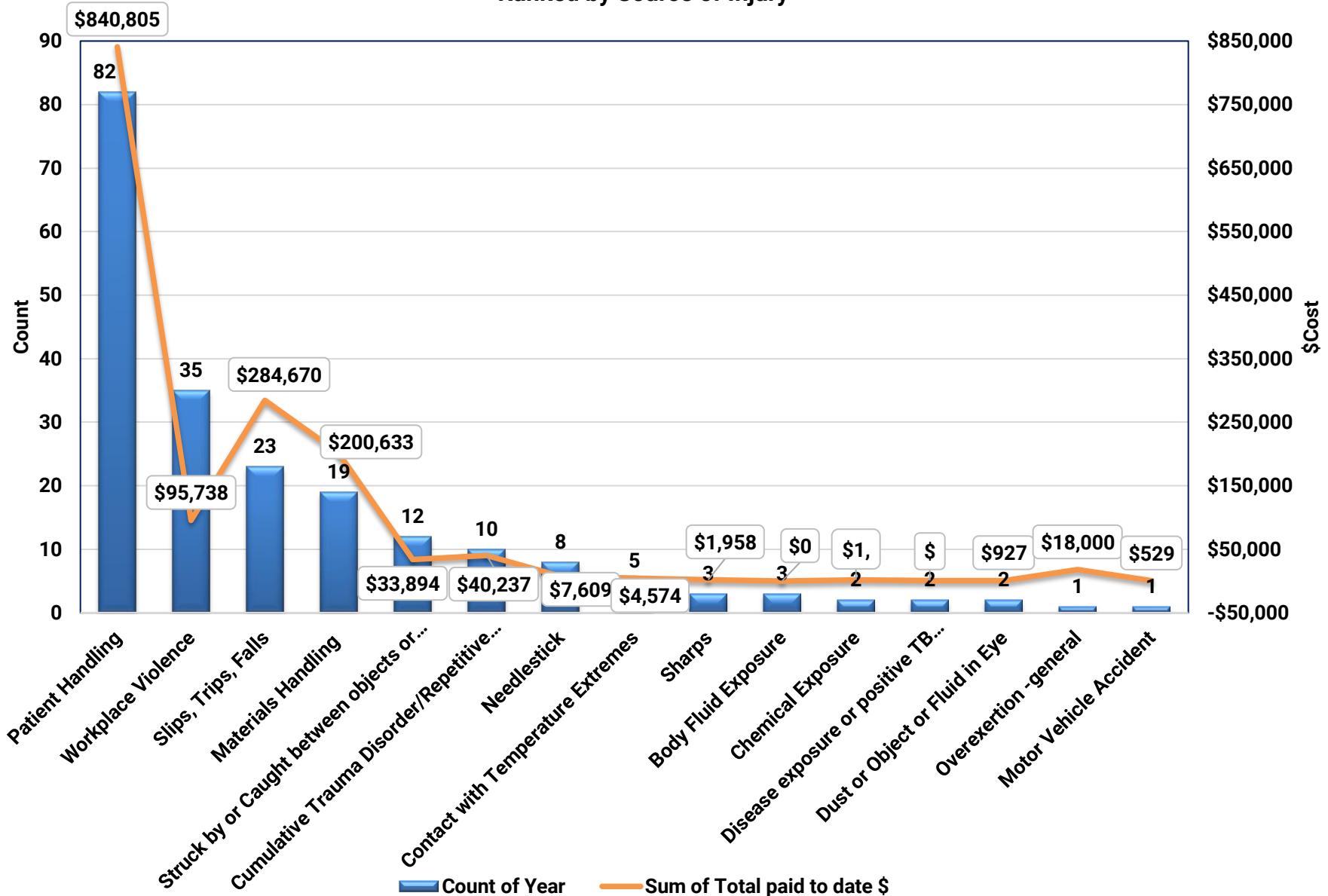
### All Incidents/Injuries by Location of Event and Source of Injury with Cost Data



Incident rate by department/unit should also be calculated for true comparison of incidents and severity between depts/units

Use productive hours by dept/unit to calculate incident and lost workday case rates

### Number of Injuries & Incidents and Total Cost Paid To Date 2020 - 2024 Ranked by Source of Injury



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### Data Summary and Graphs for Patient Handling Related Incidents and Injuries Only

The table below shows the injury and incident data for calendar years 2012-2015 cumulatively:

- For all Patient Handling related reported incidents
- Patient Handling related OSHA recordable injuries/illness
- Patient Handling related injuries with days away from work and restricted duty days
- Patient Handling related incident and DART rates and workers compensation costs

**Note:** Calculating the average rate per year allows you to predict future injury and costs

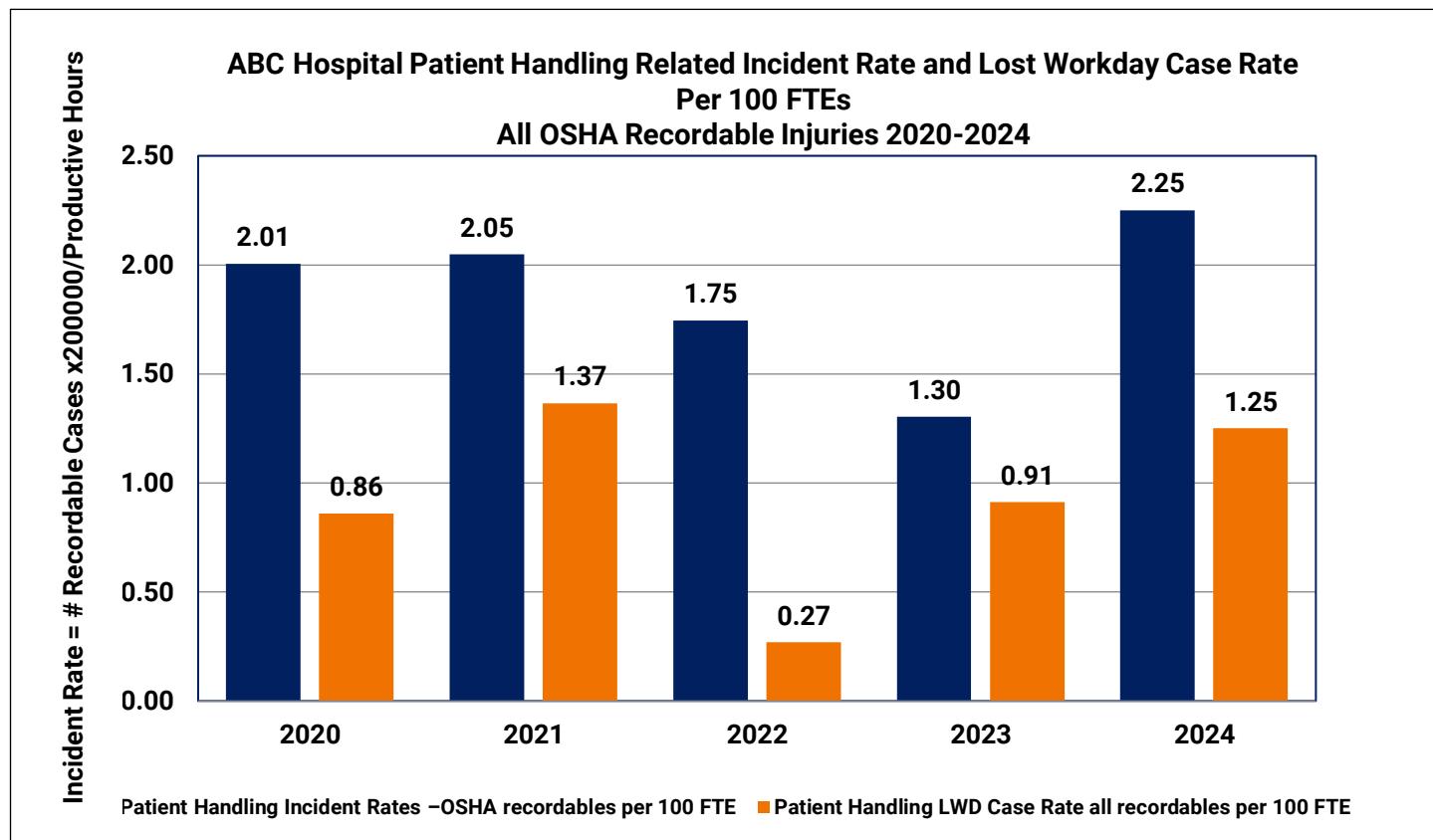
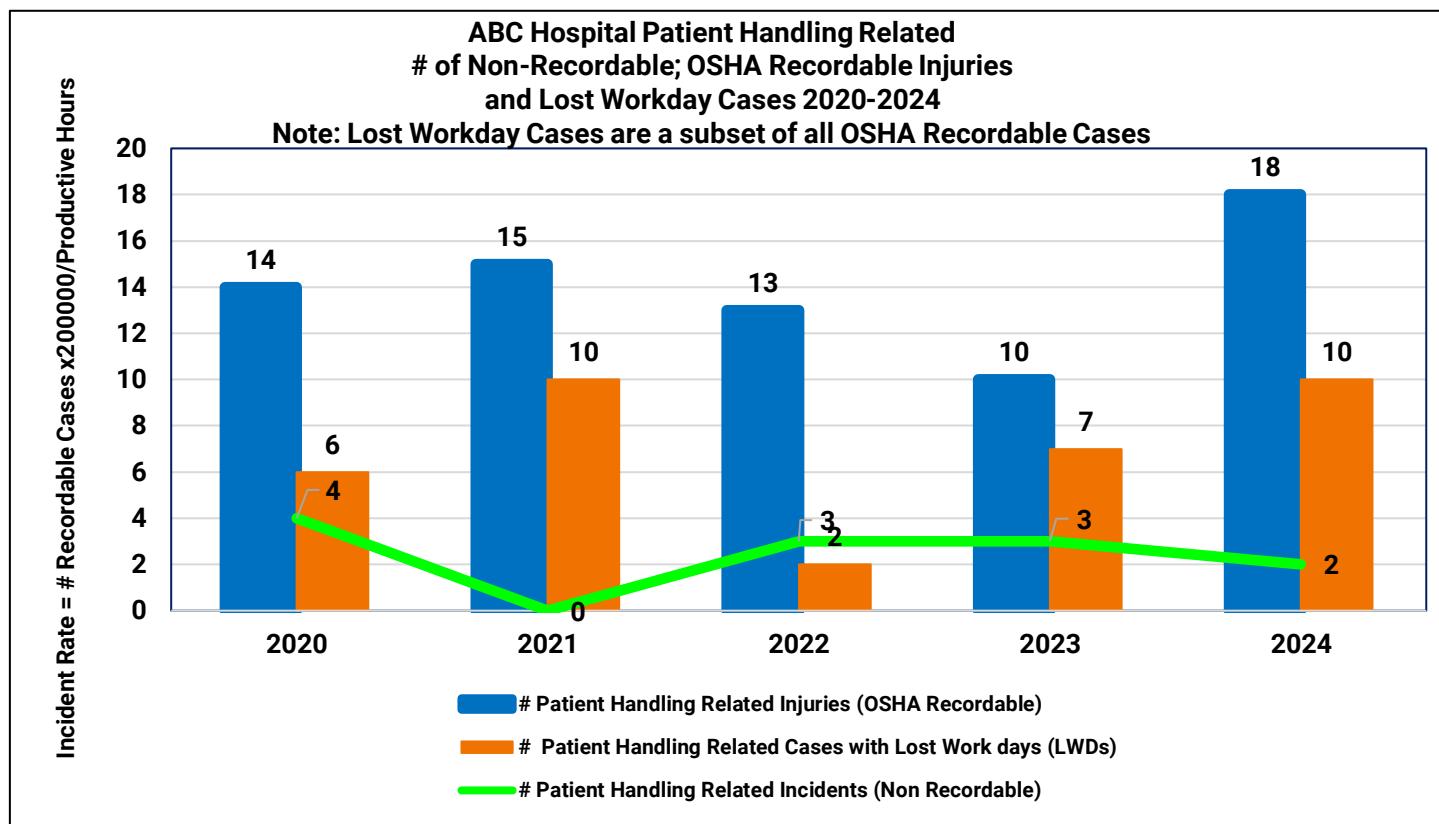
Patient Handling related injuries as a subset of all injuries (above)														
For the calendar years 2020-2024 cumulatively														
Total count Average per year							Injury Rates i.e. the # of OSHA Recordable cases per 100 Full Time Equivalent Employees Injuries (FTE)*(average rate per year)				Cost of medical care and days away from work(average cost per year)Source: Workers Compensation Data			
Total Count	Total # non-recordable incidents i.e. first aid, near miss	Total # OSHA Recordable Injuries and Illnesses	Total # OSHA Recordable Cases with Lost Workdays (LWDs)	Total # Lost Workdays	Average days away from work per Lost Workday Case	Total # OSHA Recordable Cases with Restricted Workdays	Total # Restricted Workdays (all cases)	Incident Rates Injuries per 100 FTE	Lost Time Case Rates Injuries per 100 FTE	DART rate (Days Away/Restricted or Job Transfer Rate i.e., the # of LWDs & RWDs cases - whichever is	Costs: All Injuries/Illness Total Paid (to date) No Reserves are included	Average cost Injuries/Illness	Costs: Dollars Reserved for payment of open claims (to date)	
	12	70	0	35	43	24	1678	1.87	0.94	1.58	\$840,805.18	\$12,011.50	\$110,710.85	
	3	14	7	315		4.80	336				\$168,161		\$110,710.85	

### Comparison of the proportion/magnitude of Patient Handling related Injuries as a subset of all incidents and injuries reported 2020-2024

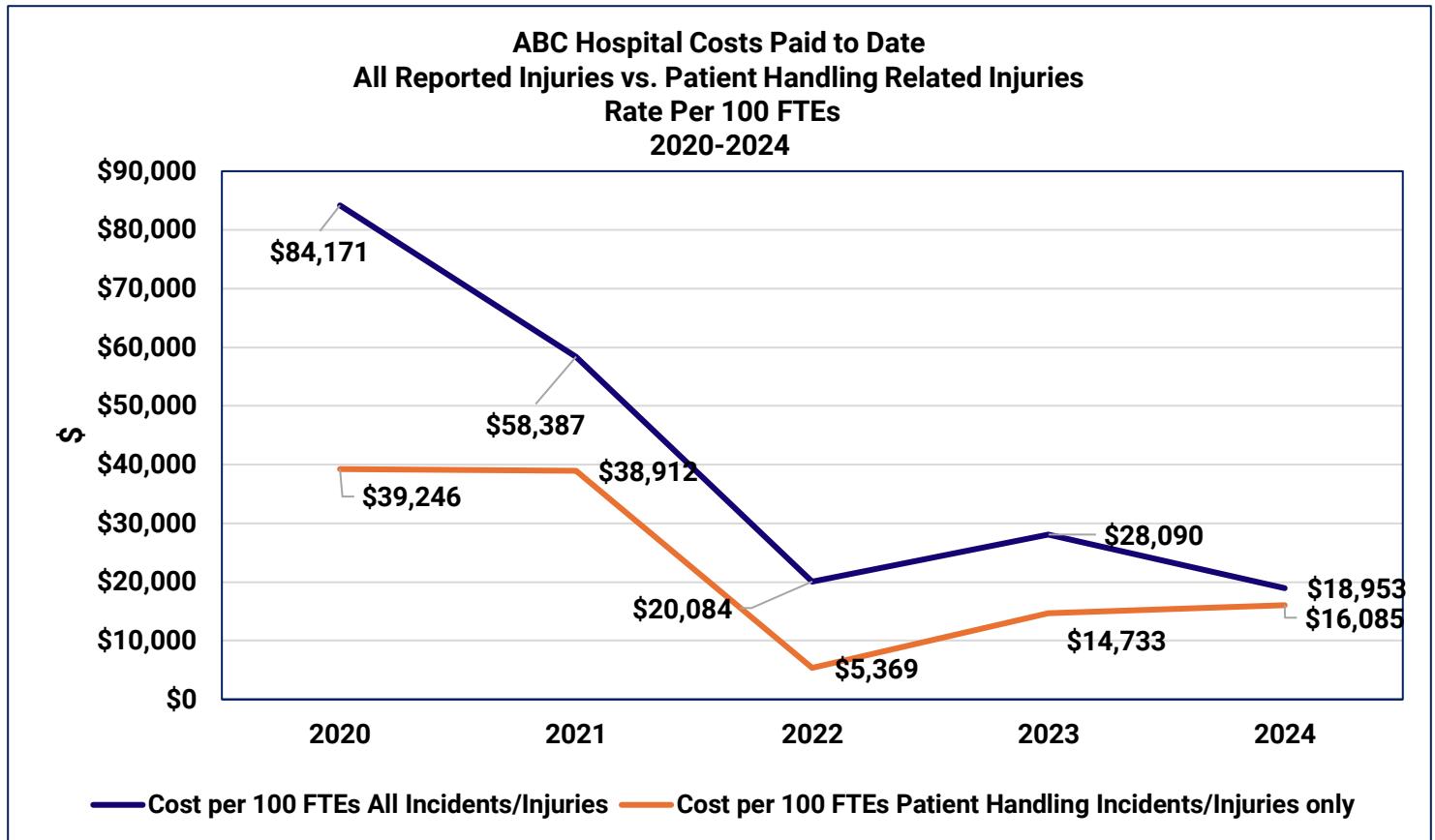
% of OSHA Recordable that are related to Patient Handling vs. all OSHA recordable injuries	42%
% of all Lost Workday (LWD) Cases that are Patient Handling Related Injuries/Incidents vs. all OSHA recordable LWD cases	43%
% # LWDs and Restricted Workdays (RWDs) that are related to Patient Handling vs. All Recordable Injuries	38%
% of costs ( total paid to date) that are related to Patient Handling injuries vs. costs for all Claims/Injuries	55%

Note – This data can be found in Tool 2a worksheet – All Injury vs. SPHM Injuries

### All Patient Handling Incidents/Injuries: Cases and Lost Workday Cases by Year: Incident Rates

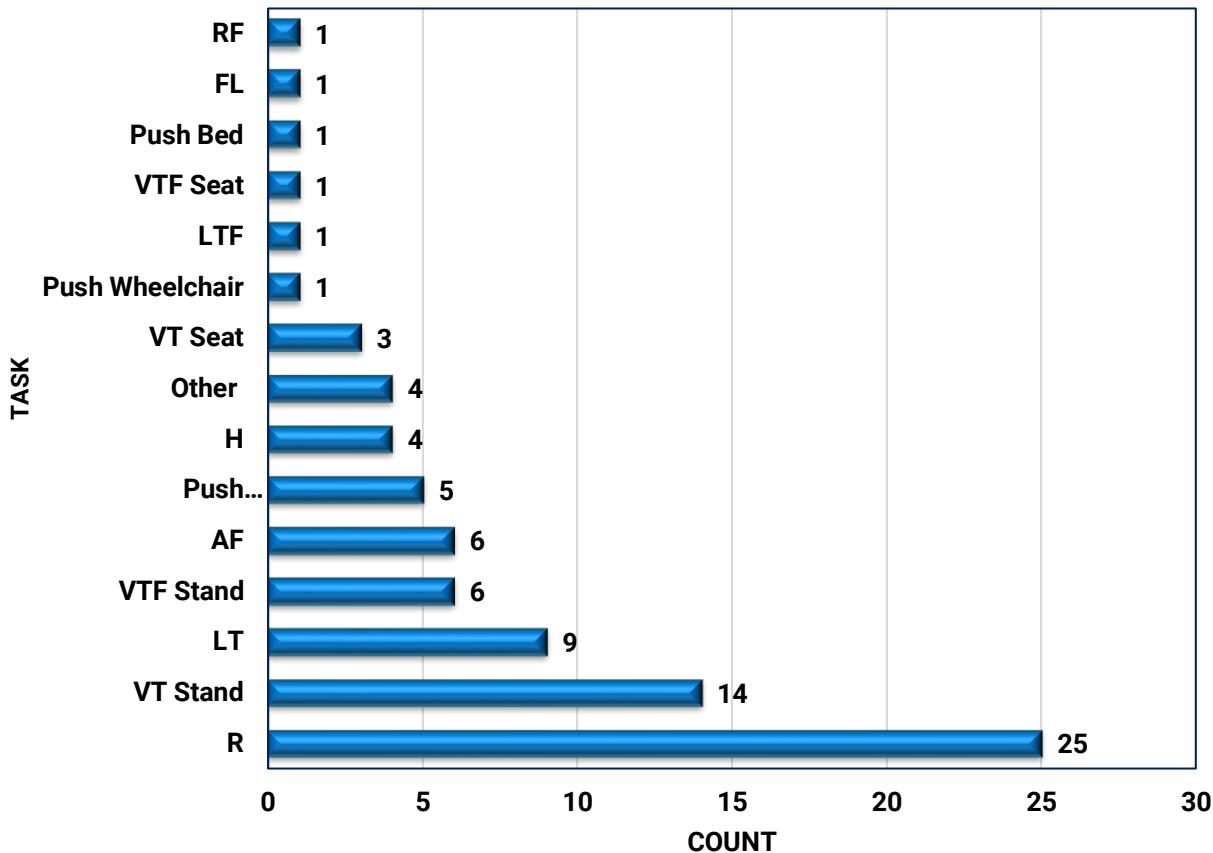


### Costs Paid to Date All Reported Injuries vs. Patient Handling Injuries Rate Per 100 FTEs



### Patient Handling Related Incidents/Injuries by Source and Location of Event with Cost Data

**ABC Hospital Patient Handling Related Injuries by  
Type of Patient Care Task  
Number of Injuries 2020-2024  
N = 82**



#### Coding: Patient Handling Tasks

R = repositioning in a bed including turning boosting and proning

RC = repositioning in a chair

VT Seat = moving patient to and from 2 support surfaces e.g., bed to chair or commode in a seated position

VT Stand = moving patient to and from 2 support surfaces e.g., bed to chair or commode in a standing position e.g., pivot transfer

LT = moving patient to and from 2 support surfaces e.g., bed to gurney; exam table in a supine position

H = holding limb or part of body e.g., holding a limb for wound care; holding a patient in a side lying position; assisting patient during labor if support body part etc.

A = ambulation with supervision/caregiver assistance

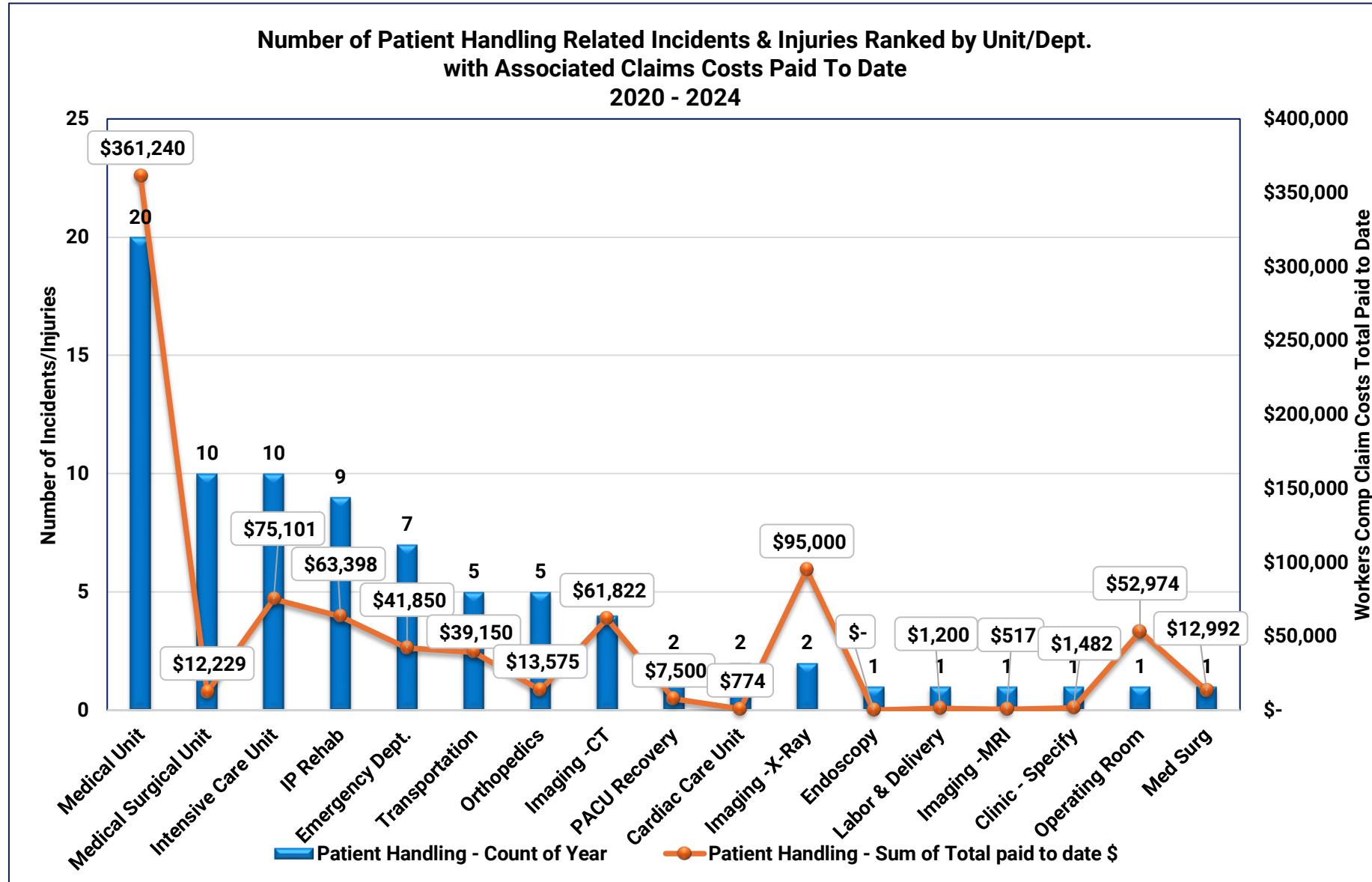
Push = pushing/moving/lifting a bed/stretcher/wheelchair with patient. Each device is coded e.g., Push Bed

FL= Lifting a patient from the floor

ADL Care - Dressing, bathing, diapering, assisting a patient in activities of daily living

Other = other non-ADL care tasks- e.g., bending over during CPR; or no specific incident reported or insufficient information to determine task being performed, etc.

'F' after task code = incident/injury occurs during a patient fall including a controlled descent or assisted fall when any type of patient handling task is being performed e.g., VTF Stand = patient falling during a standing transfer task.



Incident rate by department/unit should also be calculated for true comparison of incidents and severity between depts/units

Use productive hours by dept/unit to calculate incident and lost workday case rates