

# Indicator #2: Work-Related Hospitalizations

## Background and Public Health Significance

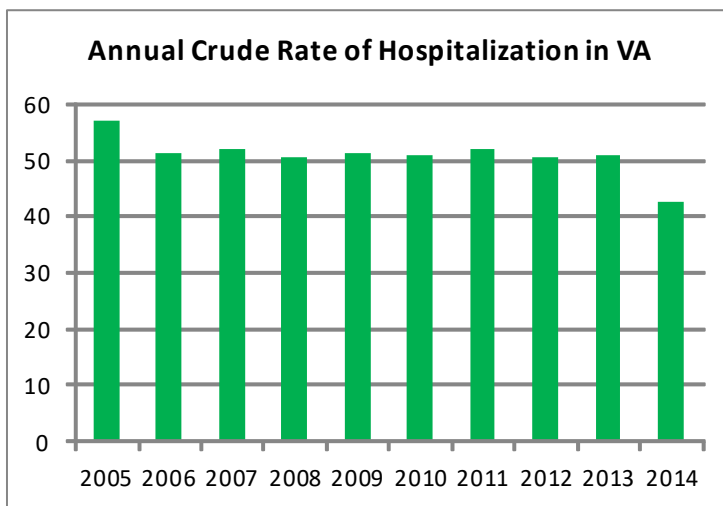
In 2012, there were 3.8 million work-related injuries and illnesses reported by employers in the United States. Of those, 94.5% were recordable injuries and 5.5% were recordable illnesses. More than half of the 3.8 million injury and illness cases reported in 2012 were of a more serious nature that involved days away from work, job transfer, or restriction (DART cases). These cases occurred at a rate of 1.8 cases per 100 full-time workers (BLS, 2014).

Data source: Virginia Inpatient Hospital Discharge Data & Bureau of Labor Statistics Current Population Survey Data

## Rationale:

Individuals hospitalized with work-related injuries and illnesses have some of the most serious and costly work-related adverse health outcomes. Tracking of these significant adverse health effects should be undertaken to document the burden of occupational injuries and illnesses, to design, target, and evaluate the impact of prevention efforts over time, and to identify previously recognized settings in which workers may continue to be at high risk.

	2.1 Annual Number of Work-Related Hospitalizations	2.2 Annual Crude Rate of Work-Related Hospitalizations
2005	2,146	56.8*
2006	1,966	51.1*
2007	2,022	51.7*
2008	2,004	50.3*
2009	1,967	51.0*
2010	1,924	50.6*
2011	2,047	51.8*
2012	1,988	50.4*
2013	2,019	50.6*
2014	1,725	42.5*



\* Rate per 100,000 full-time workers

## Limitations

Inpatient hospital discharge records are only available for non-federal, acute care hospitals. Individuals hospitalized for work-related injuries and illnesses represent less than 10 percent of all workers who receive workers' compensation. The majority of individuals with work-related illnesses and many others with injuries do not file for workers' compensation. Additionally, self-employed individuals such as farmers and independent contractors, federal employees, railroad or longshore and maritime workers are not covered by state workers' compensation systems. Attribution of payer in hospital discharge may not be accurate. Data between states may not be comparable due to the differences in states' workers' compensation programs.

Practice patterns and payment mechanisms may affect decisions by health care providers to hospitalize patients, to correctly diagnose work-related conditions, and/or to list the condition as a discharge diagnosis. Residents of one state may be hospitalized in another state and not be reflected in his/her state's hospitalization data. All admissions are counted, including multiple admissions for a single individual. Until hospital discharge data is available in all states, aggregation of state data to produce nationwide estimates will be incomplete.