

An Emerging Issue for Workers Compensation— Aging Baby Boomers and a Growing Long-Term Care Industry

The long-term care industry will be impacted substantially by the aging of the population. As described in the first section of this report, employment in certain subsectors of the long-term care industry is forecast to grow significantly faster than average over the next several years. This study will examine these industry trends, and in the second section it will explore injury characteristics for nursing home facilities, retirement living centers, and home healthcare services that together make up the long-term care industry.

Key Findings

This study's major findings are that total losses per worker for all three components of the long-term care industry are generally higher than average and that employment in two of the three components (retirement living centers and home healthcare services) is forecast to grow at a significantly above average pace. Since this is a growing industry with above average total losses per worker, it is important to understand more detailed characteristics of injuries in this industry:

- Frequency for all long-term care industries is above average. Average frequency from 1993–2005 at nursing home facilities and retirement living centers is more than double the average for private industry, while frequency for home healthcare services is 17% higher than average.
- Severity at nursing homes and retirement living centers is below average due to below average wages. Severity for home healthcare services is about average. Home healthcare severity is likely to be higher than severity at nursing homes and retirement living facilities due to a high share of more severe motor vehicle accidents.
- Back strains due to lifting are an even greater share of claims in long-term care than for all other industries.¹
- The long-term care industry also has a significant exposure to injuries due to assaults by patients. These types of assaults have been increasing.²

Composition of the Long-Term Care Industry

As mentioned above, this study includes nursing home facilities, retirement living centers, and home healthcare services in its definition of long-term care.³ Data for this study comes from both NCCI's database and from government sources. Government definitions of the nursing home and home healthcare sectors are fairly comparable with NCCI's definitions. For retirement living centers, the terms from the various data sources appear very similar but are not strictly comparable. The

¹ Because of the industry's significant exposure to this type of injury, the impact of implementing safe lifting policies is the subject of a future joint research project between NCCI and the University of Maryland.

² There is some recognition that patients may strike a healthcare provider if they experience pain when being moved. The joint research study will also investigate whether the introduction of safe lifting policies has an impact on reducing injuries due to assaults by patients.

³ Using NCCI data, the category of nursing homes includes six class codes (8829, 8830, 8841, 8848, 8849, and 9047). Code 8829 is the primary code used for nursing or convalescent homes. The other codes are convalescent or nursing home state special codes. Data for retirement living centers includes Class Codes 8824, 8825, and 8826. Home healthcare is Class Code 8835. NCCI's *Scopes® Manual* differentiates retirement living centers and nursing homes in that retirement living centers provide a "home-type" environment as opposed to the "institutional-type" environment of nursing homes. Moreover, as a group, retirement living center residents will generally require less care or personal services than those occupants of convalescent or nursing homes, where 24-hour care is typically provided.

government category most consistent with NCCI's definition is called continuing care retirement facilities. When data is available at this level of detail, it is used. However, for some statistics, data is only available for a higher level grouping called residential or personal care facilities. In those cases, data for other types of residential care facilities (such as mental health and substance abuse) is also included. See Appendix A for more detail on the definitions of each of the categories.

In NCCI states, in terms of exposure, over the 1996 to 2004 period, the combined long-term care industry is composed of 58% in nursing homes, 24% in home healthcare services, and 17% in retirement living centers.⁴ Overall, the entire long-term care industry comprised less than 2% of total payroll in 2004.⁵

Strong Growth Is Forecast for Long-Term Care

Exhibit 1 shows that the share of the population that is 65 and older is expected to grow by 17 million from 2006 to 2020.⁶ Total population from 2006 to 2020 is projected to increase almost 13%, but growth projections for the older age cohorts are 68% for the 65–74 age group, 20% for the 75–84 age group, and 36% for the 85 and older age group. This will increase the demand for services in the long-term care industry, including nursing home care, retirement living centers, and home healthcare. That will, in turn, increase employment and workers compensation exposure in these industries.

The Population 65 and Older Is Projected to Grow by 17 Million

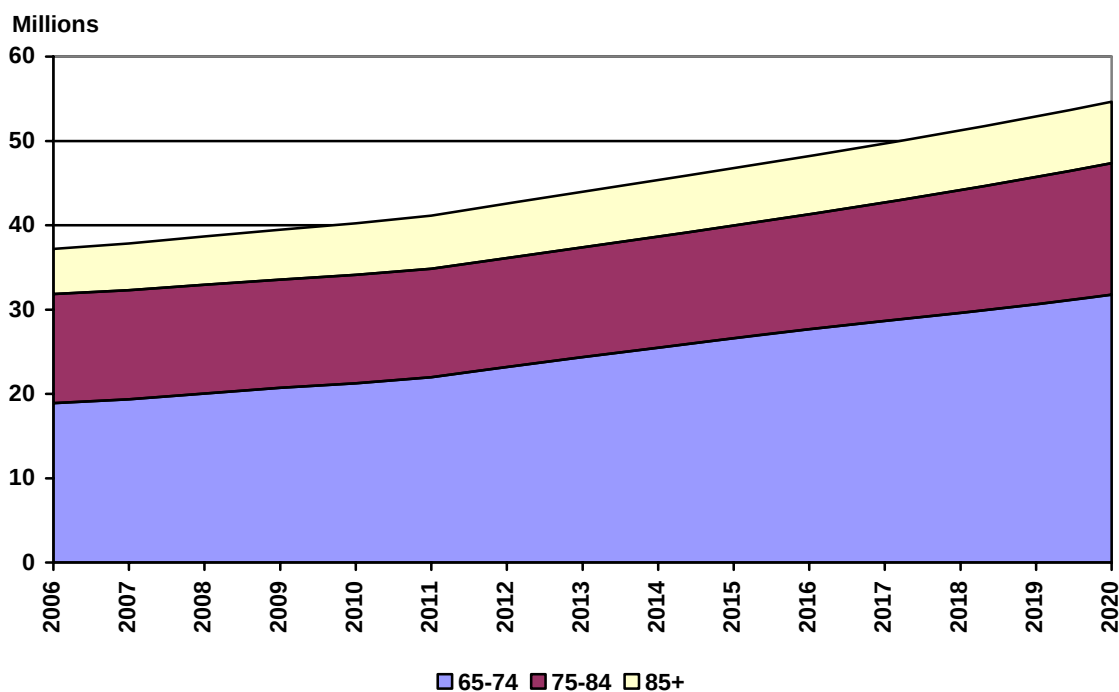


Exhibit 1.

Population in Millions by Age Cohort 65 and Older, Calendar Years 2006–2020, US Census Bureau

This anticipated growth in the older population is the basis of projected strong growth in employment in the long-term care sector. Indeed, two of the top five industries projected to be the fastest growing through 2014 by the Bureau of Labor Statistics are in the long-term care industry. The number one position in terms of employment growth from 2004 to 2014 is

⁴ The difference from 100% is due to rounding.

⁵ This is based on data for NCCI states from NCCI's Integrated Database. All statistics throughout the paper that are based on NCCI's Integrated Database include NCCI states and use data on claims costs at 2nd report. Data from the US Census Bureau, Bureau of Labor Statistics, and Bureau of Economic Analysis is countrywide.

⁶ The estimates for 2006 are also projections based on data collected in the 2000 census.

projected to be home healthcare services with an increase of more than 69%; residential care facilities is fourth overall with an increase of more than 48% (see Exhibit 2).⁷ Employment growth in nursing home facilities is expected to be slightly slower than overall due to the desire of older people to maintain a more independent lifestyle by using home care or assisted living and avoiding nursing home care.⁸

Employment Forecasts for Home Healthcare and Residential Care Facilities Are Significantly Above Average

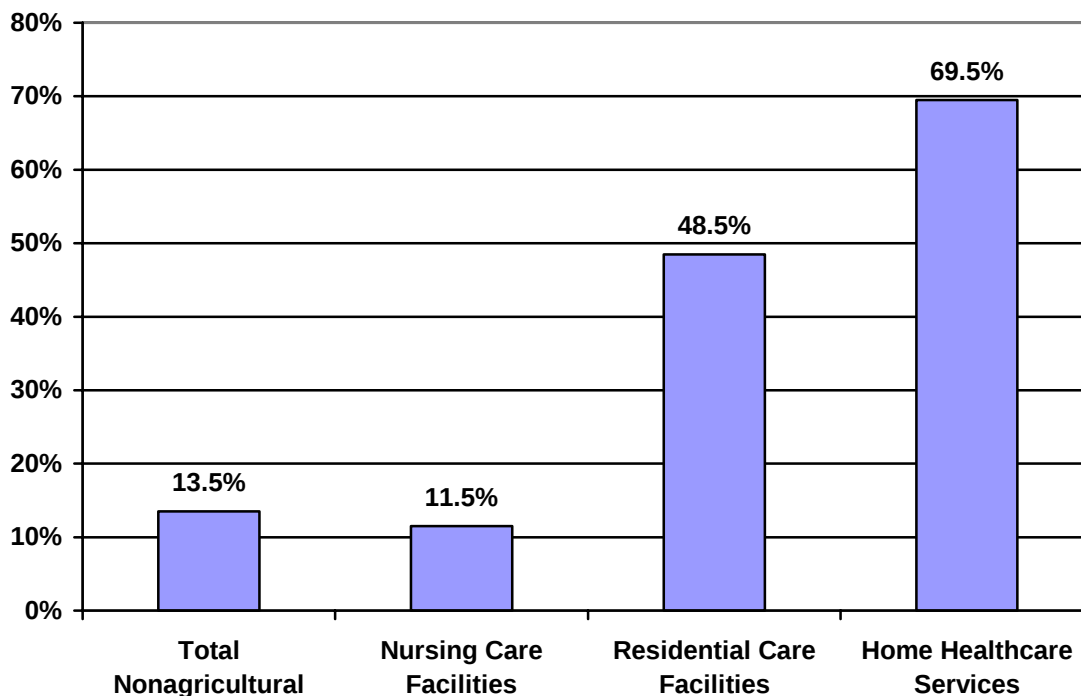


Exhibit 2.

*Employment Growth Forecasts for Long-Term Care Industry Sectors,
Calendar Years 2004–2014, US Bureau of Labor Statistics*

⁷ Rounding out the top five industries with the fastest projected employment growth from 2004 to 2014 are software publishers at number two with an increase of 68%, management, scientific, and technical consulting services at number three with an increase of 58%, and facilities support services at number five with an increase of 47%.

⁸ Berman, Jay M., "Employment Outlook: 2004–2014, Industry Output and Employment Projections to 2014," *Monthly Labor Review*, November 2005, p. 45–69.

These projections are similar to employment trends historically. From 1990 to 2005, employment growth in home healthcare services far surpassed other healthcare industries, increasing 183%. Continuing care retirement communities grew 70%, while nursing care facilities increased 35%. These are all above average compared with the 22% increase in total nonagricultural employment over the same period (see Exhibit 3).

Employment Growth in Home Healthcare Services Has Far Surpassed Other Healthcare Industries Since 1990

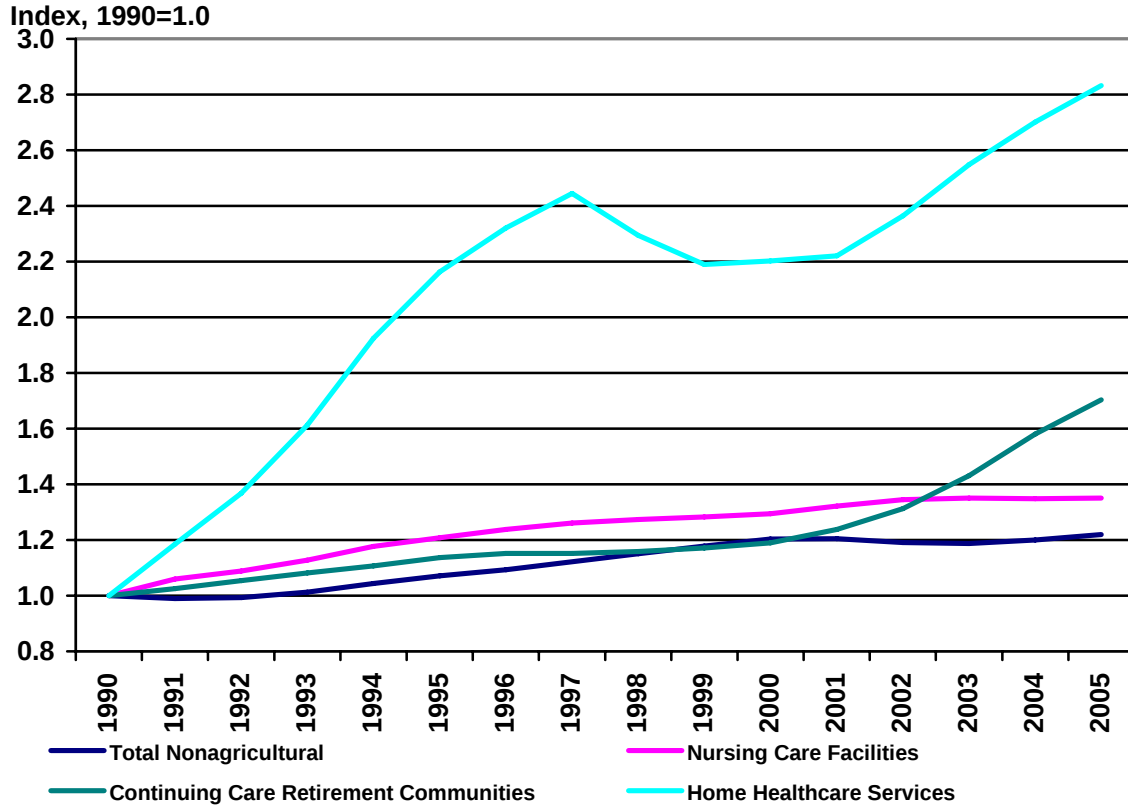


Exhibit 3.

Employment Index Where 1990 = 1.0, Calendar Years 1990–2005, US Bureau of Labor Statistics

There has been a marked difference in the growth of employment in the three major subsets of the long-term care sector over the recent historical period. In particular, the home healthcare services industry has increased substantially due both to patients' desire for care at home and to the development of medical technology that has allowed more in-home care. Employment in this industry peaked in 1997 and then fell until 1999, likely due to changes in Medicare reimbursement policies. Since that time, it has resumed strong growth.

Long-Term Care Claims Characteristics

The fact that these industries are projected to grow in pace with the aging baby boomers is not a surprise. The “emerging issue” is related to the fact that workplace injury rates in these industries are well above average. As seen in Exhibit 4, all three long-term care industries compose a larger share of claims and losses than that of exposure.

All Three Long-Term Care Industries Composed a Larger Share of Claims and Losses Than That of Exposure in 2004

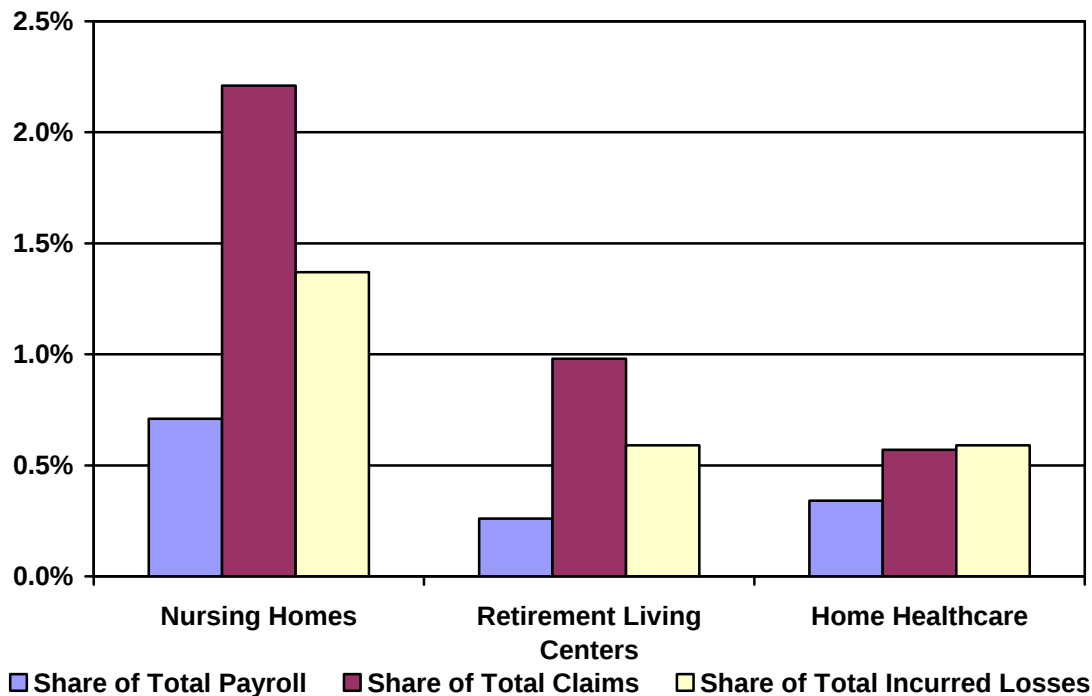


Exhibit 4.

Shares of Payroll, Claims, and Losses in 2004 at 2nd Report, Accident Year for Claims and Total Incurred Dollars, Policy Year for Payroll, NCCI's Integrated Database

Frequency Is Above Average in Long-Term Care

In terms of frequency, incidence rates for cases with days away from work are above average in all long-term care industries (see Exhibit 5). The nursing and personal care facilities category in this exhibit contains data for both nursing homes and residential care facilities. This category has frequency that is significantly above that for the private industry as a whole. On average from 1990 to 2005, incidence rates for nursing and personal care facilities are more than double that for the private industry. Home healthcare services is also above average, but much less so (17% higher than the private industry on average from 1993 to 2005).

Incidence Rates for Total Cases Are Above Average in Long-Term Care Industries

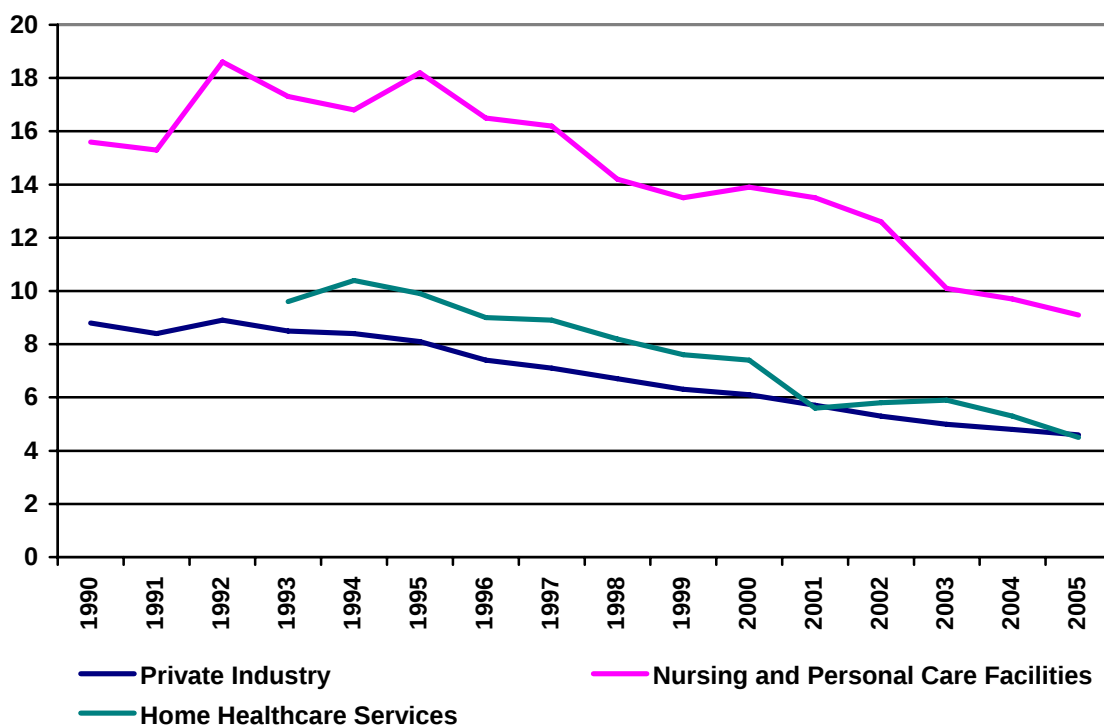


Exhibit 5.

Incidence Rates per 100 Full-Time Equivalent Workers for Total Cases, Calendar Years 1990–2005, US Bureau of Labor Statistics⁹

⁹ The data in Exhibit 5 for 2002–2005 is not strictly comparable to previous years due to a change in category definitions. Data for 2003–2005 is not strictly comparable to previous years due to the change from the US Standard Industrial Classification (SIC) system to the North American Industrial Classification System (NAICS).

Severity Is Below Average to Average in Long-Term Care Industries

While frequency is above average, severity for the combined long-term care industry is below that of all other industries. Exhibit 6 shows that the average cost per case from 1997 to 2004 in long-term care is below all other industries. Exhibit 6 includes data for all claims, including medical-only, which explains why medical severity and total severity are so much lower than indemnity severity. This is consistent with other statistics in this paper that are also based on total claims.

Average Severity in Long-Term Care Is Below All Other Industries

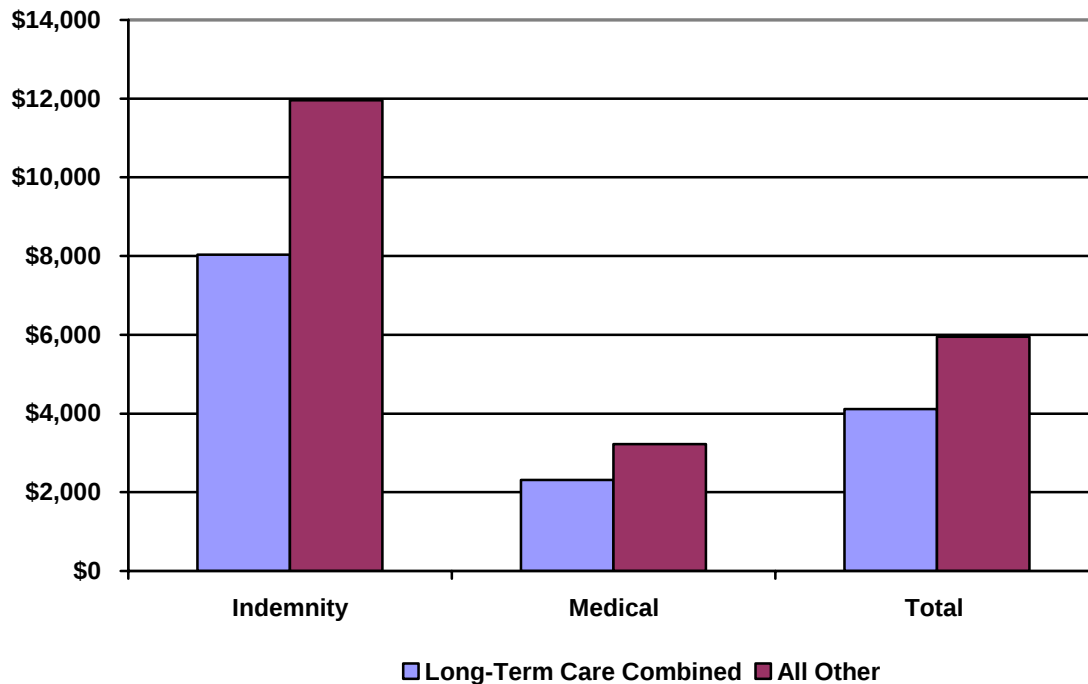


Exhibit 6.

Average Incurred Severity at 2nd Report, Accident Years 1997–2004, NCCI's Integrated Database

Indemnity severity is likely below average for long-term care due to lower wages. Exhibit 7 compares average annual wages in nursing and residential care facilities to average annual wages across all nonagricultural industries. Wages in nursing and residential care are about 60% of average annual wages overall for total non-farm industries.

Indemnity Severity Is Likely Below Average Due to Below Average Annual Wages

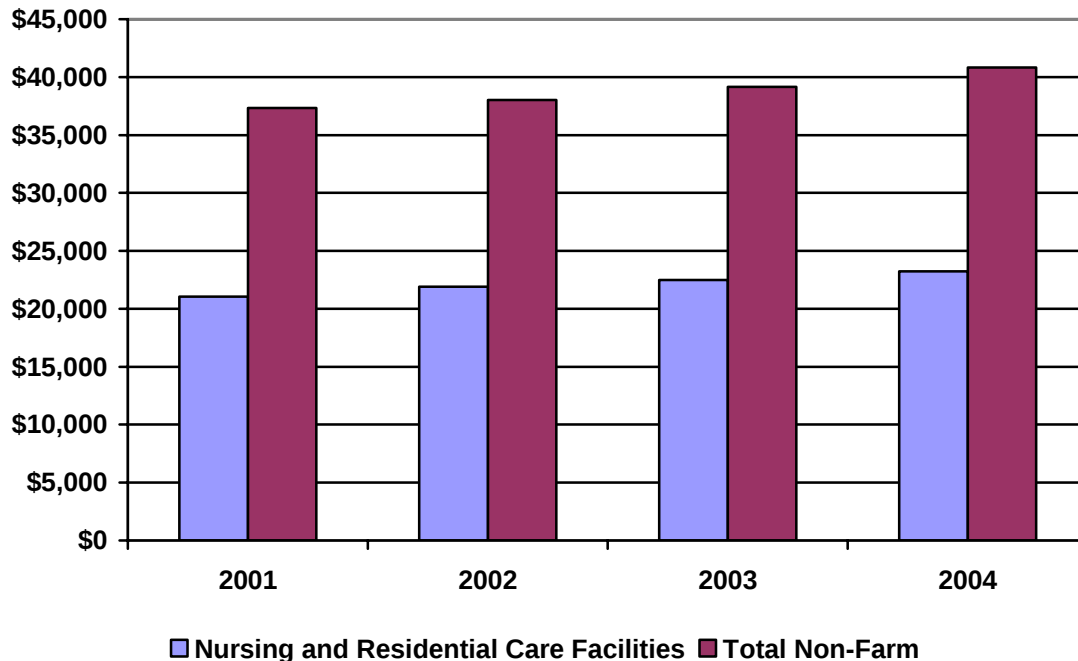


Exhibit 7.

Average Annual Wages, Calendar Years 2001–2004, Estimated by NCCI Using Employment Data from the US Bureau of Labor Statistics and Wage and Salary Data from the US Bureau of Economic Analysis

Exhibit 8 breaks out the data for each of the industries within the long-term care combined category in Exhibit 6. (The data for all other industries in Exhibit 8 matches that shown in Exhibit 6). Both indemnity and medical severity are higher in home healthcare than for nursing home facilities and retirement living centers.¹⁰

**Total Average Severity is Below Average for Nursing Homes and Retirement Living Centers,
But About Average for Home Healthcare**

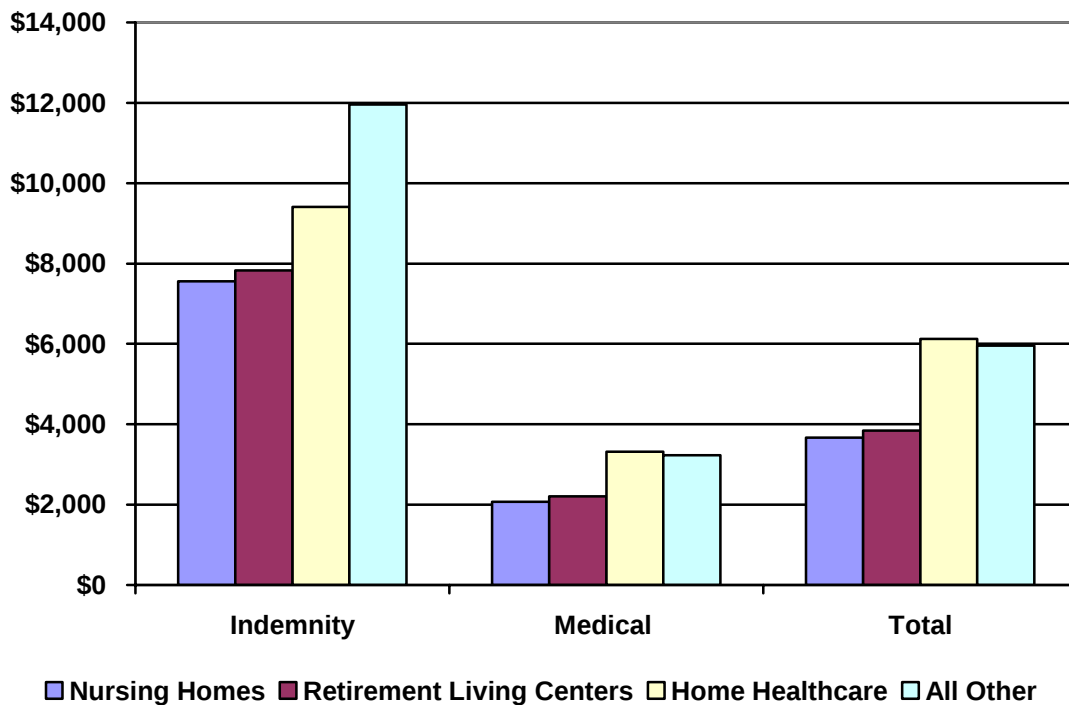


Exhibit 8.

Average Incurred Severity at 2nd Report, Accident Years 1997–2004, NCCI's Integrated Database

¹⁰ As in Exhibit 6, Exhibit 8 includes data for all claims, including medical-only, which explains why medical severity and total severity are so much lower than indemnity severity.

Exhibit 9 shows that within long-term care, average total incurred severity for home healthcare has been similar to all other industries over time, while that for nursing homes and retirement living centers has consistently been lower. This is consistent with the fact that home healthcare has a higher share of lost-time claims within the long-term care industry (see Exhibit 10).

Within Long-Term Care, Average Total Incurred Severity Is Highest for Home Healthcare

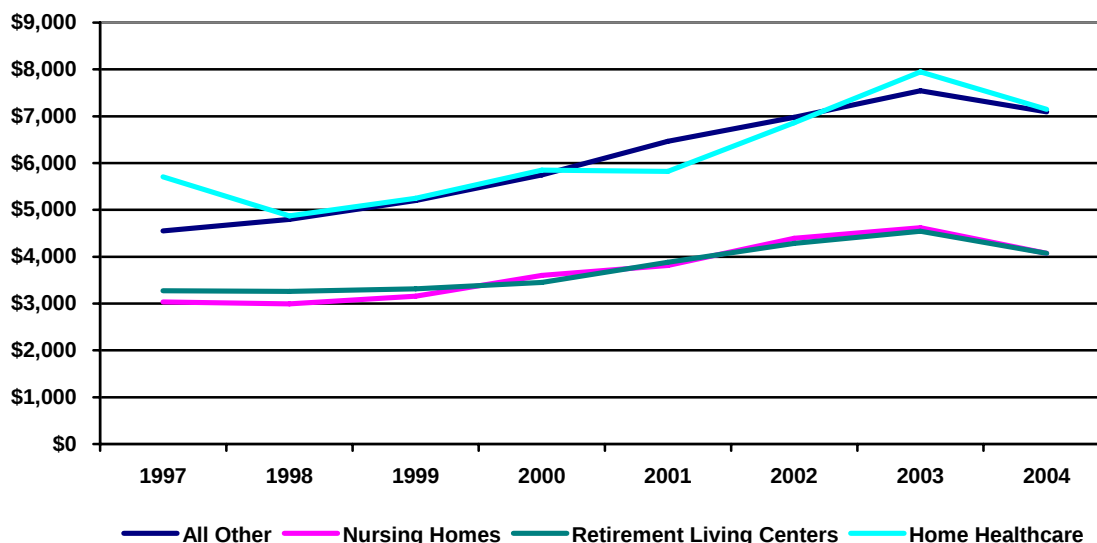


Exhibit 9.

Average Total Incurred Severity at 2nd Report, Accident Years 1997–2004, NCCI's Integrated Database

Home Healthcare Has a Higher Share of Lost-Time Claims

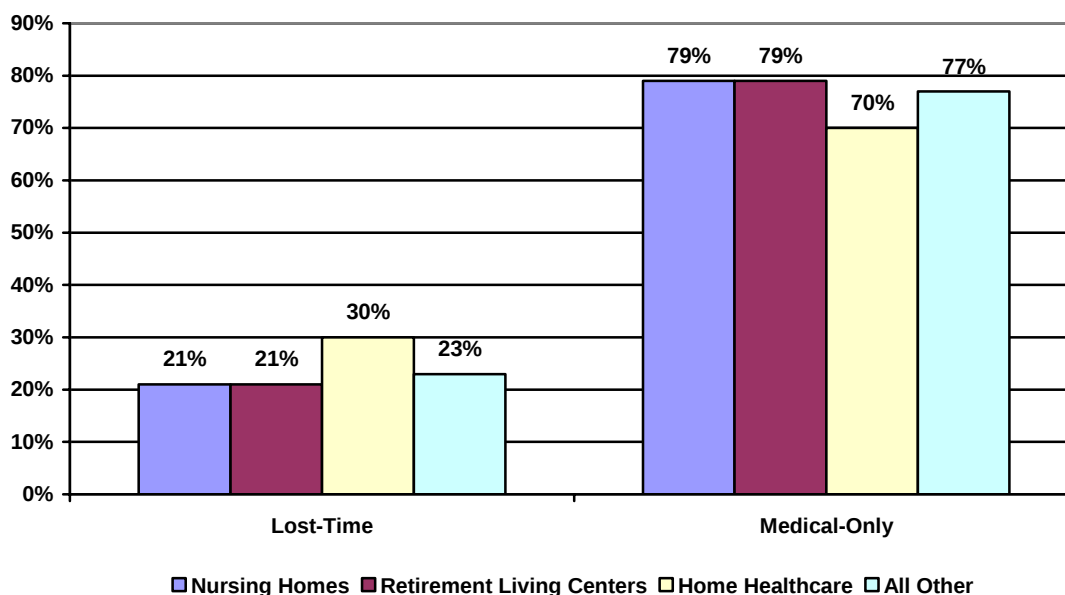


Exhibit 10.

Lost-Time vs. Medical-Only Claim Shares, Accident Years 1997–2004, NCCI's Integrated Database

Total Losses per Worker Are Generally Above Average in Long-Term Care Industries

Nursing homes and retirement living centers have significantly above average frequency and below average severity, while home healthcare workers have slightly above average frequency and about average severity. In Exhibit 11, we put these together to estimate total loss costs by multiplying incidence rates from the Bureau of Labor Statistics in Exhibit 5 by severity from NCCI's Integrated Database in Exhibit 9. Loss costs are stated as total losses per 100 full-time equivalent workers.

Nursing and personal care facilities show above average total loss costs over the entire period. However, the spread has narrowed in 2003 and 2004, the two most recent years with data available. Total loss costs for home healthcare workers have bounced around a bit more. They fell to below average in 2001 due to a large decline in frequency and flat severity that year. In most years, total loss costs for home healthcare workers are above average, and in the two most recent years, they are almost the same as total loss costs in nursing and personal care.

Both Long-Term Care Industries Are Generally Above Average in Terms of Total Loss Costs

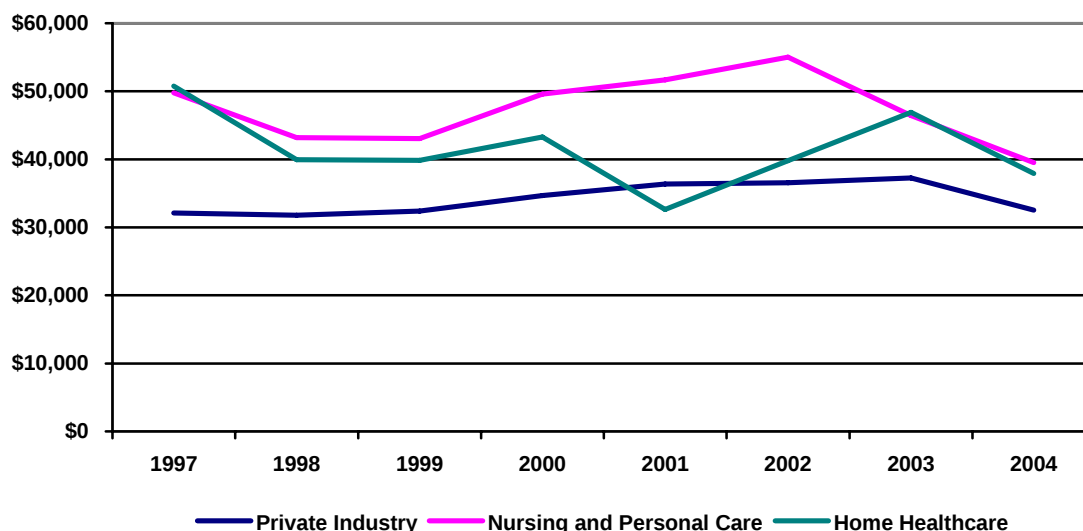


Exhibit 11.

Total Loss Costs Stated as Total Losses per 100 Full-Time Equivalent Workers, NCCI's Integrated Database and US Bureau of Labor Statistics¹¹

Back Strains Due to Lifting Are Much More Common in Long-Term Care

Exhibit 12 contains the leading part of body, nature of injury, and cause of injury categories. It also contains the share of claims for each one. It confirms that across all sectors, lower back is the leading injury category; these injuries most likely are the result of back strains due to lifting. It is clear, however, that this pattern is much more common in the long-term care sector:

- Low back injuries are the most common part of body injured in workers compensation claims; however, the share of low back injuries in long-term care is almost twice that for all other industries (23% vs. 12%).
- Strain is the number one nature of injury for both, but it is much more common in long-term care (41% for long-term care and 25% for all other).
- Strain due to lifting is the number one cause of workers compensation injuries, but the share in long-term care is materially greater (23% vs. 11%).¹²

¹¹ In Exhibit 11, nursing and personal care comprises both nursing homes and residential care facilities, of which retirement living centers are a part (as in Exhibit 5).

¹² Because back strains due to lifting make up such a large share of claims in the long-term care industry, NCCI is conducting a joint study with researchers from the University of Maryland School of Medicine to determine the impact of implementing safe lifting practices on both injury rates and productivity. These safe lifting practices include creating formal policies that require the use of mechanical lifts to transfer patients with limited mobility.

Back Strains Due to Lifting Are the Leading Injury for Workers Compensation Claims, But Are Much More Common in Long-Term Care

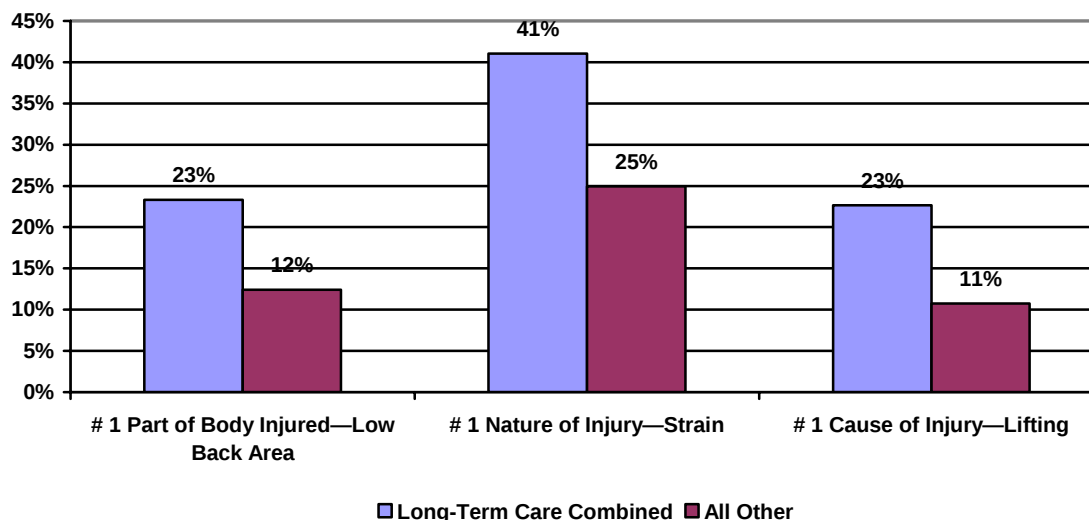


Exhibit 12.

Shares of Claims for the Most Common Part of Body, Nature of Injury, and Cause of Injury Categories, Accident Years 1997–2004, NCCI's Integrated Database

While the top injury categories are the same for long-term care and all other industries, one notable difference is that assaults are more common in long-term care. The prominence of claims due to being struck or injured by a fellow worker or patient is in line with previous NCCI research on workplace violence based on data from the US Bureau of Labor Statistics. In fact, from 1999 to 2004, the number of workplace assaults by persons in the healthcare sector increased 48%. (Nonhealthcare-related assaults declined 26% in that same period.) Within the healthcare industry, 57% of lost work-time assaults in 2004 were from nursing and residential care facilities.¹³

When comparing the top causes of injury for the three components of the long-term care industry (nursing homes, retirement living centers, and home healthcare), the most significant difference is that motor vehicle injuries are more common for home healthcare. This is not surprising due to the nature of the work, but the prevalence of motor vehicle-related accidents in home healthcare services is most likely contributing to its higher severity as compared to the other long-term care industries.¹⁴ And because home healthcare is forecast to be the fastest growing industry over the next several years, traffic-related injuries in long-term care will also be likely to increase.

See Appendix B for more detailed information on these similarities and differences.¹⁵

¹³ For more information see the study "Violence in the Workplace—An Updated Analysis" published on ncci.com in September 2006. The joint study mentioned above will also investigate whether safe lifting practices have a positive impact on reducing assault injuries.

¹⁴ Previous research by NCCI found that motor vehicle-related claims are more severe than average. While overall they make up only 1.9% of claims and 5.6% of losses, they constitute over a fifth of fatalities, over 15% of permanent total losses, and over 6% of permanent total claims. For more information see the study "Traffic Accidents—A Growing Contributor to Workers Compensation Losses" published on ncci.com in December 2006.

¹⁵ Appendix B contains detailed tables comparing the top 10 parts of body injured, natures of injury, and causes of injury for the long-term care industry combined and all other industries, as well as detailed cause of injury tables for the three subsectors of the long-term care industry.

Conclusions

The long-term care industry is expected to grow markedly as the baby boomers age. With its higher-than-average total loss costs and above-average employment growth forecasts, it is important to understand characteristics of injuries in this industry. Back strains due to lifting are an even greater share of claims in long-term care than for all other industries. Home healthcare services is forecast to be the fastest growing industry nationwide through 2014. Severity for this portion of the long-term care industry is higher than for nursing homes and retirement living facilities due to its exposure to more severe motor vehicle-related accidents.

Appendix A

Description of Long-Term Care Industry Categories

This appendix contains descriptions of the various categories in the long-term care industry using both the NCCI and government category definitions.

NCCI's Category Definitions

Below are the definitions used for all data from NCCI's database.

Nursing Home Facilities—Includes Class Codes 8829, 8830, 8841, 8848, 8849, and 9047. Code 8829 is the primary code; the others are state special codes. These class codes include convalescent or nursing homes, homes for the aged, nursing homes, and rest homes that “provide medical care and daily living assistance to the aged and/or infirm.”¹⁶ Nursing home facilities are distinguished from retirement living centers, below, in that they usually have more of an “institutional-type” environment and the residents require more medical care. Twenty-four-hour medical care is typically provided.

Retirement Living Centers—This is a combination of Class Codes 8824, 8825, and 8826. Retirement living centers are defined as “housing establishments that cater to the elderly population and offer a continuum of healthcare services.”¹⁷ These usually consist of more of a “home-type” environment, and the residents require less medical care than in nursing home facilities.

Home Healthcare Services—This is Class Code 8835 (Home, Public and Traveling Healthcare) and includes “enterprises engaged in furnishing healthcare services in the homes of individual patients. Employees are principally engaged in administering medications, intravenous therapy and injections, wound care, checking vital signs of patients, giving physical therapy treatments, educating, and counseling.”¹⁸

Government Category Definitions

Below are the definitions from government sources that were used in this report. For the most part, they are fairly comparable to the NCCI definitions above. However, in some cases, particularly for retirement living centers, data was only available at a higher level of detail.

Nursing Care Facilities—This is NAICS¹⁹ Code 6231, which includes establishments primarily engaged in providing inpatient nursing and rehabilitative services such as convalescent homes, homes for the aged with nursing care, nursing homes, and rest homes. This category was used for forecast and historical employment data.

Continuing Care Retirement Communities—This is the detailed NAICS code (623311) that is most consistent with NCCI's definition of retirement living centers. It “comprises establishments primarily engaged in providing a range of residential and personal care services with on-site nursing care facilities for the elderly.”²⁰ It was used for historical employment data.

¹⁶ NCCI's *Scopes® Manual*

¹⁷ NCCI's *Scopes® Manual*

¹⁸ NCCI's *Scopes® Manual*

¹⁹ NAICS is the North American Industrial Classification System

²⁰ 2002 NAICS Definitions

Residential Care Facilities—A combination of NAICS Codes 6232, 6233, and 6239. In addition to the continuing care retirement communities (623311) above, this category also contains homes for the elderly (which are similar to 623311 but do not have on-site nursing care); residential intellectual disability,²¹ mental health, and substance abuse facilities; and other residential care facilities. This was used for the employment forecast from 2004 to 2014 because forecasts were not available at a more detailed level.

Nursing and Personal Care Facilities—This was the old SIC²² Code 805. With the conversion to NAICS, the title became **Nursing and Residential Care Facilities** (NAICS Code 623). It includes everything in residential care facilities above as well as convalescent and nursing homes. The incidence rate data and wage and salary data is reported at this level of detail.

Home Healthcare Services—This is NAICS Code 6216. It “comprises establishments primarily engaged in providing skilled nursing services in the home, along with a range of the following: personal care services; homemaker and companion services; physical therapy; medical social services; medications; medical equipment and supplies; counseling; 24-hour home care; occupation and vocational therapy; dietary and nutritional services; speech therapy; audiology; and high-tech care, such as intravenous therapy.”²³

Appendix B

Top 10 Part of Body, Nature of Injury, and Cause of Injury Codes

This appendix contains detailed tables showing the top 10 parts of body injured, natures of injury, and causes of injury in terms of the share of claims for the long-term care industry combined and all other industries. It also contains tables comparing the top causes of injury for the three components of the long-term care industry in terms of both the share of claims and the share of losses.

As mentioned in the body of this report, Exhibits B-1, B-2, and B-3 show that low back injuries due to strains by lifting are the most common injury types in workers compensation claims; however, the share in long-term care is much greater than for all other industries. In Exhibits B-1 through B-3, the codes in bold are ones that differ. The bullets below highlight those differences:

- In terms of body part codes, three of the top 10 are different between long-term care combined and all other; long-term care claimants are more likely to have upper arm, shoulder, and upper back injuries (see Exhibit B-1).
- The top 10 nature of injury codes are very similar between the two, with only the 10th differing (see Exhibit B-2).
- In terms of causes of injury, assaults, holding and carrying, and falls due to spills are more common causes of injury in long-term care than for other industries. As mentioned in the main text, the prominence of claims due to being struck or injured by a fellow worker or patient is in line with previous NCCI research on workplace violence based on data from the US Bureau of Labor Statistics (see Exhibit B-3).

²¹ A term in this document has been updated in accordance with Rosa’s Law (2010), which replaced “mental retardation” with “intellectual disability” in federal usage.

²² SIC is the US Standard Industrial Classification (SIC) system, which was replaced by NAICS (North American Industrial Classification System)

²³ 2002 NAICS Definitions

Back Injuries Are #1 for Long-Term Care and All Other, But Almost Twice the Share in Long-Term Care

Rank	Long-Term Care Combined Top 10	Share of Claims	All Other Top 10	Share of Claims
1	TRUNK: LOW BACK AREA (INCLUDING: LUMBAR AND LUMBOSACRAL)	23.30	TRUNK: LOW BACK AREA (INCLUDING: LUMBAR AND LUMBOSACRAL)	12.43
2	MULTIPLE BODY PARTS: MULTIPLE BODY PARTS	10.96	UPPER EXTREMITIES: FINGER(S)	10.69
3	UPPER EXTREMITIES: FINGER(S)	6.62	MULTIPLE BODY PARTS: MULTIPLE BODY PARTS	7.92
4	LOWER EXTREMITIES: KNEE	5.70	UPPER EXTREMITIES: HAND	6.82
5	UPPER EXTREMITIES: WRIST	4.64	HEAD: EYE(S)	5.75
6	UPPER EXTREMITIES: HAND	4.24	LOWER EXTREMITIES: KNEE	5.59
7	UPPER EXTREMITIES: UPPER ARM (INCLUDING: CLAVICLE AND SCAPULA)	3.57	UPPER EXTREMITIES: WRIST	4.42
8	UPPER EXTREMITIES: SHOULDER(S)	3.36	LOWER EXTREMITIES: ANKLE	3.49
9	UPPER EXTREMITIES: LOWER ARM	2.90	LOWER EXTREMITIES: FOOT	3.07
10	TRUNK: UPPER BACK AREA (THORACIC AREA)	2.70	UPPER EXTREMITIES: LOWER ARM	2.99
Top 10 Total		67.99		63.17

Exhibit B-1.

Top 10 Shares of Claims by Part of Body Injured, Accident Years 1997–2004, NCCI's Integrated Database

**The Top 10 Nature-of-Injury Codes Are Very Similar Between Long-Term Care Combined and All Other,
But Strain is Much More Common**

Rank	Long-Term Care Combined Top 10	Share of Claims	All Other Top 10	Share of Claims
1	SPECIFIC INJURY: STRAIN	41.06	SPECIFIC INJURY: STRAIN	24.94
2	SPECIFIC INJURY: CONTUSION	12.40	SPECIFIC INJURY: LACERATION	15.16
3	SPECIFIC INJURY: SPRAIN	10.07	SPECIFIC INJURY: CONTUSION	13.07
4	SPECIFIC INJURY: LACERATION	5.86	SPECIFIC INJURY: SPRAIN	7.96
5	SPECIFIC INJURY: PUNCTURE	4.38	SPECIFIC INJURY: FOREIGN BODY	3.93
6	SPECIFIC INJURY: BURN	1.88	SPECIFIC INJURY: FRACTURE	3.92
7	SPECIFIC INJURY: INFLAMMATION	1.86	SPECIFIC INJURY: PUNCTURE	3.23
8	SPECIFIC INJURY: FRACTURE	1.73	SPECIFIC INJURY: INFLAMMATION	2.48
9	SPECIFIC INJURY: FOREIGN BODY	1.09	SPECIFIC INJURY: BURN	2.29
10	MULTIPLE INJURIES: MULTIPLE PHYSICAL INJURIES ONLY	0.86	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: ALL OTHER CUMULATIVE INJURIES, NOC	1.07
Top 10 Total		81.19		78.05

Exhibit B-2.

Top 10 Shares of Claims by Nature of Injury, Accident Years 1997–2004, NCCI's Integrated Database

Lifting is #1 for Both Long-Term Care and All Other, But Twice the Share in Long-Term Care

Rank	Long-Term Care Combined Top 10	Share of Claims	All Other Top 10	Share of Claims
1	STRAIN OR INJURY BY: LIFTING	22.65	STRAIN OR INJURY BY: LIFTING	10.74
2	STRAIN OR INJURY BY: STRAIN OR INJURY BY, NOC	6.67	STRAIN OR INJURY BY: STRAIN OR INJURY BY, NOC	5.12
3	STRAIN OR INJURY BY: HOLDING OR CARRYING	4.64	FALL OR SLIP INJURY: FALL, SLIP OR TRIP, NOC	4.00
4	FALL OR SLIP INJURY: FALL, SLIP OR TRIP, NOC	4.64	STRUCK OR INJURED BY: FALLING OR FLYING OBJECT	3.95
5	STRAIN OR INJURY BY: PUSHING OR PULLING	4.50	CUT, PUNCTURE, SCRAPE INJURED BY: CAUGHT, PUNCTURE, SCRAPE, NOC	3.86
6	STRUCK OR INJURED BY: FELLOW WORKER, PATIENT	4.38	MISCELLANEOUS CAUSES: FOREIGN MATTER (BODY) IN EYE(S)	3.61
7	FALL OR SLIP INJURY: ON SAME LEVEL	4.01	FALL OR SLIP INJURY: ON SAME LEVEL	3.57
8	FALL OR SLIP INJURY: FROM LIQUID OR GREASE SPILLS	3.72	STRAIN OR INJURY BY: PUSHING OR PULLING	3.49
9	CUT, PUNCTURE, SCRAPE INJURED BY: CAUGHT, PUNCTURE, SCRAPE, NOC	2.86	CUT, PUNCTURE, SCRAPE INJURED BY: HAND TOOL, UTENSIL, NOT POWERED	2.93
10	STRUCK OR INJURED BY: STRUCK OR INJURED, NOC	2.41	STRIKING AGAINST OR STEPPING ON: STRIKING AGAINST OR STEPPING ON, NOC	2.48
Top 10 Total		60.48		43.75

Exhibit B-3.

Top 10 Shares of Claims by Cause of Injury, Accident Years 1997–2004, NCCI's Integrated Database

Exhibits B-4 and B-5 show the share of claims and share of incurred losses by cause of injury for the three components of the long-term care industry. Again, the codes in bold are the ones that differ. The most notable cause of injury that is unique among the three long-term care industries, in terms of the share of claims, is collision or sideswipe with another vehicle. Not surprisingly, due to the nature of the work, it ranks number five for home healthcare workers with almost a 4% share of claims.

Vehicle Injuries Are More Common in Home Healthcare

Rank	Nursing Home Workers	Share of Claims	Retirement Living Center Workers	Share of Claims	Home Healthcare Workers	Share of Claims
1	STRAIN OR INJURY BY: LIFTING	24.63	STRAIN OR INJURY BY: LIFTING	18.30	STRAIN OR INJURY BY: LIFTING	19.82
2	STRAIN OR INJURY BY: STRAIN OR INJURY BY, NOC	6.44	STRAIN OR INJURY BY: STRAIN OR INJURY BY, NOC	6.61	STRAIN OR INJURY BY: STRAIN OR INJURY BY, NOC	7.72
3	STRUCK OR INJURED BY: FELLOW WORKER, PATIENT	5.12	STRAIN OR INJURY BY: HOLDING OR CARRYING	4.84	FALL OR SLIP INJURY: FALL, SLIP OR TRIP, NOC	5.80
4	STRAIN OR INJURY BY: HOLDING OR CARRYING	5.05	FALL OR SLIP INJURY: ON SAME LEVEL	4.72	FALL OR SLIP INJURY: ON SAME LEVEL	4.57
5	STRAIN OR INJURY BY: PUSHING OR PULLING	4.88	FALL OR SLIP INJURY: FALL, SLIP OR TRIP, NOC	4.50	MOTOR VEHICLE: COLLISION OR SIDESWIPE WITH ANOTHER VEHICLE	3.87
6	FALL OR SLIP INJURY: FALL, SLIP OR TRIP, NOC	4.40	FALL OR SLIP INJURY: FROM LIQUID OR GREASE SPILLS	4.06	STRAIN OR INJURY BY: PUSHING OR PULLING	3.87
7	FALL OR SLIP INJURY: FROM LIQUID OR GREASE SPILLS	4.06	STRAIN OR INJURY BY: PUSHING OR PULLING	3.70	STRAIN OR INJURY BY: HOLDING OR CARRYING	2.72
8	FALL OR SLIP INJURY: ON SAME LEVEL	3.66	STRUCK OR INJURED BY: FELLOW WORKER, PATIENT	3.57	CUT, PUNCTURE, SCRAPE INJURED BY: CAUGHT, PUNCTURE, SCRAPE, NOC	2.62
9	CUT, PUNCTURE, SCRAPE INJURED BY: CAUGHT, PUNCTURE, SCRAPE, NOC	2.85	CUT, PUNCTURE, SCRAPE INJURED BY: CAUGHT, PUNCTURE, SCRAPE, NOC	3.09	STRIKING AGAINST OR STEPPING ON: STRIKING AGAINST OR STEPPING ON, NOC	2.58
10	STRUCK OR INJURED BY: STRUCK OR INJURED, NOC	2.64	CUT, PUNCTURE, SCRAPE INJURED BY: HAND TOOL, UTENSIL, NOT POWERED	2.87	STRUCK OR INJURED BY: FELLOW WORKER, PATIENT	2.34
Top 10 Total		63.73		56.26		55.91

Exhibit B-4.

Top 10 Shares of Claims by Cause of Injury, Accident Years 1997–2004, NCCI's Integrated Database

Looking at the share of losses shows that three motor vehicle-related codes are in the top 10 for home healthcare services, and they make up over 13% of incurred losses (see Exhibit B-5). This is much higher than the share across all class codes of 5.6%.²⁴

Vehicle Injuries Are More Common in Home Healthcare

Rank	Nursing Home Workers	Share of Incurred Dollars	Retirement Living Center Workers	Share of Incurred Dollars	Home Healthcare Workers	Share of Incurred Dollars
1	STRAIN OR INJURY BY: LIFTING	29.16	STRAIN OR INJURY BY: LIFTING	23.23	STRAIN OR INJURY BY: LIFTING	22.53
2	STRAIN OR INJURY BY: STRAIN OR INJURY BY, NOC	7.12	STRAIN OR INJURY BY: STRAIN OR INJURY BY, NOC	8.63	FALL OR SLIP INJURY: FALL, SLIP OR TRIP, NOC	8.14
3	FALL OR SLIP INJURY: FALL, SLIP OR TRIP, NOC	6.23	FALL OR SLIP INJURY: ON SAME LEVEL	7.29	STRAIN OR INJURY BY: STRAIN OR INJURY BY, NOC	7.82
4	FALL OR SLIP INJURY: FROM LIQUID OR GREASE SPILLS	5.87	FALL OR SLIP INJURY: FALL, SLIP OR TRIP, NOC	7.27	MOTOR VEHICLE: COLLISION OR SIDESWIPE WITH ANOTHER VEHICLE	7.29
5	FALL OR SLIP INJURY: ON SAME LEVEL	5.84	FALL OR SLIP INJURY: FROM LIQUID OR GREASE SPILLS	5.36	FALL OR SLIP INJURY: ON SAME LEVEL	5.34
6	STRAIN OR INJURY BY: PUSHING OR PULLING	5.70	STRAIN OR INJURY BY: HOLDING OR CARRYING	5.09	STRAIN OR INJURY BY: PUSHING OR PULLING	4.42
7	STRAIN OR INJURY BY: HOLDING OR CARRYING	5.52	STRAIN OR INJURY BY: PUSHING OR PULLING	4.46	MOTOR VEHICLE: MOTOR VEHICLE, NOC	3.83
8	STRUCK OR INJURED BY: FELLOW WORKER, PATIENT	3.83	STRUCK OR INJURED BY: FELLOW WORKER, PATIENT	3.54	STRAIN OR INJURY BY: HOLDING OR CARRYING	3.11
9	STRUCK OR INJURED BY: STRUCK OR INJURED, NOC	1.55	FALL OR SLIP INJURY: SLIPPED, DID NOT FALL	1.42	FALL OR SLIP INJURY: FROM LIQUID OR GREASE SPILLS	2.29
10	STRAIN OR INJURY BY: JUMPING	1.36	STRAIN OR INJURY BY: REACHING	1.35	MOTOR VEHICLE: VEHICLE UPSET	2.24
Top 10 Total		72.18		67.64		67.01

Exhibit B-5.

Top 10 Shares of Incurred Dollars by Cause of Injury, Accident Years 1997–2004, NCCI's Integrated Database

²⁴ In addition to these three motor vehicle-related categories (“collision or sideswipe with another vehicle,” “motor vehicle not otherwise classified,” and “vehicle upset”) that make up the over 13% share of incurred losses for home healthcare, the 5.6% share of incurred losses across all industries also includes the motor vehicle code “collision with a fixed object.”

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