### An Economic Analysis of a Safe Resident Handling Program in Nursing Homes\*

Supriya Lahiri Professor, Department of Economics Laura Punnett Professor, Department of Work Environment Saira Latif Associate Professor Department of Management & CPH-NEW Team

University of Massachusetts Lowell, Massachusetts

2012 Total Worker Health Symposium Safe, Healthy and Cost-Effective Solutions, Marriott Hotel in Coralville, Iowa; November 29-30, 2012



Accepted for publication by the American Journal of Industrial Medicine (AJIM)

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**Contacts and Acknowledgements** 

#### University of Massachusetts Lowell Sandy Sun Email: <u>Sandy\_Sun@uml.edu</u> Tel: 978-934-3268 CPH-NEW general email: CPHNEW@UML.EDU

CPH-NEW main website: www.uml.edu/centers/CPH-NEW

#### University of Connecticut

Jeff Dussetschleger Email: jdussetschleger@uchc.edu Tel: 860-679-1393

#### University of Connecticut CPH-NEW website:

http://www.oehc.uchc.edu/healthywork/index. asp



The Center for the Promotion of Health in the New England Workplace is supported by Grant Number 1 U19 OH008857 from the National Institute for Occupational Safety and Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of NIOSH.

# Safe Resident Handling - for Residents and for Workers





#### **Total Body Lift**

### Sit-Stand Lift

Photo credits: WA State Dept Labor & Industries; http://www.invacare.com

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# Objective

To estimate the net economic costs of investments in a safe resident handling program (SRHP)intervention to reduce work-related morbidity in a chain of nursing homes

- Is there a business case for the SRHP?



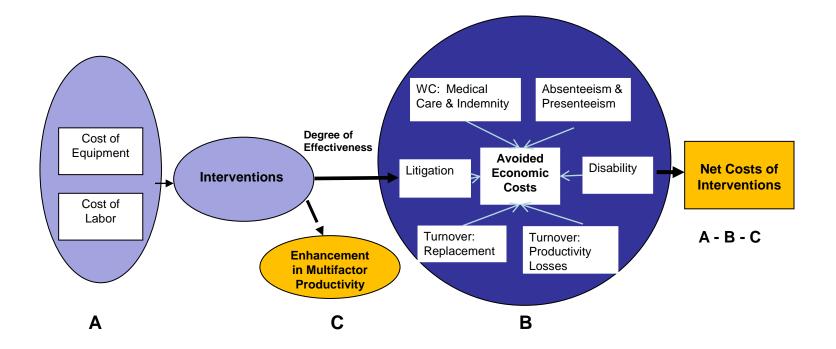
# Introduction

What are the relevant economic outcomes for the employer?

- The choice of the perspective on cost is an important methodological decision:
  - Which costs and effects to count and from whose perspective?
  - How to value them?



#### Model Framework for the Net-Cost Model





# **Computation of Net-Costs**

- We estimate net-costs from the employer's perspective
- This is a chain of nursing homes that is self-insured for workers compensation insurance, hence, it is in the interest of the company to reduce injury costs



# No-Lift Program Costs

Net-Costs of Intervention\* =

Total intervention costs

- avoided medical care costs
- avoided productivity losses
- avoided employee turnover costs





Economic Outcome: Change in Workers' Comp. Medical Care Cost\*

Avoided Medical Costs =

- Pre-intervention WC medical costs
  - Post-intervention WC medical costs



Economic Outcome: Change in Workers' Indemnity Costs\*

- - Post-intervention WC indemnity costs
- \* Proxies for estimating productivity losses



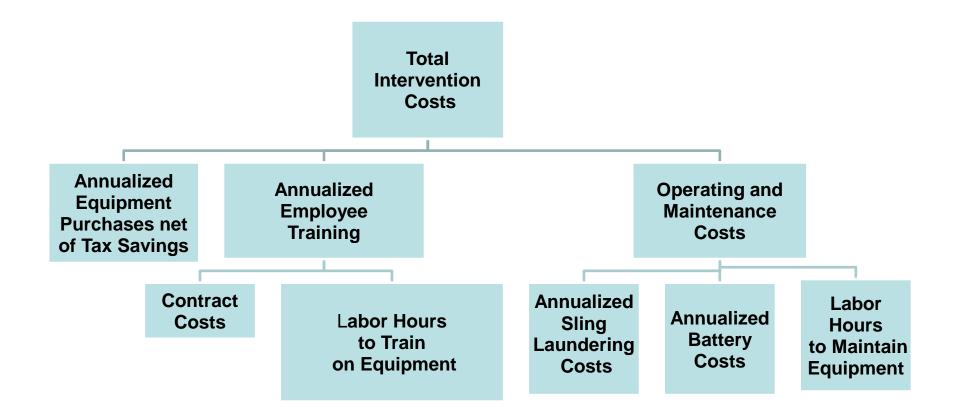
Economic Outcome: Changes in Turnover Costs\*

### Avoided Turnover Costs =

- Pre-intervention turnover costs
- Post-intervention turnover costs



### Intervention Cost Components





\*All Costs Adjusted to 2006 \$

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Data Collection & Management (1)

- Intervention implemented: Mar 2004 to Dec 2009, corporate-wide
- G Data on intervention costs (SRHP) received
   for 120 centers
- Workers' compensation claims (2003-2009) and retention data (2003-2009) were identified by date as Pre- or Post Intervention for each center



### Data Collection & Management (2)

- WC data were disaggregated over individual claims (23,811 claims)
- 110 centers (Business Units) had accrued at least 3 years postintervention. They were selected for the final analysis
- Costs of Turnover for Nurses and Other Direct Care Workers were received from the company



### Economic Outcome: Retention/Turnover

- G Did retention of employees improve after the intervention (vs. before)?
- The average annual retention increased across the 110 centers, although the results varied by site:
  - CNAs: +5.17%
  - LPNs: +4.14%
  - RNs: +3.19%
- G How do we put a monetary value on improved retention?



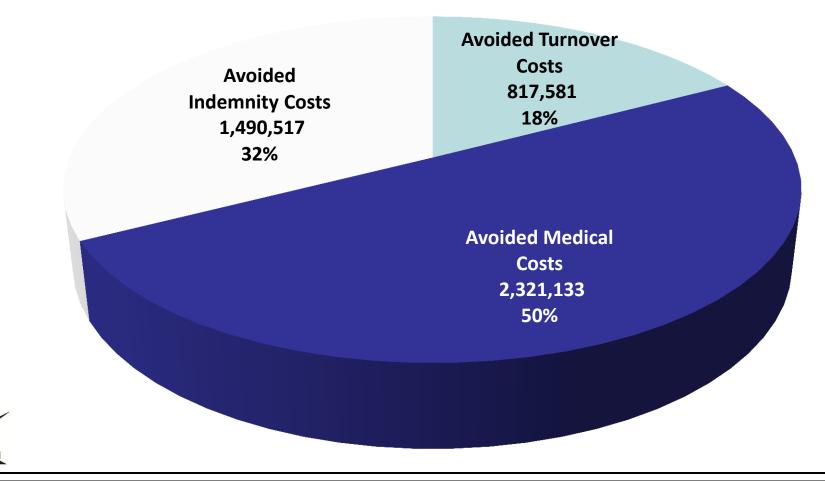
Costs of Turnover for Nurses and Other Direct Care Workers (obtained from the Company)

- Turnover cost estimates were provided by the Human Resources Office by state and job category
- In all categories, the company's estimated turnover cost did not exceed 34% of salary for that job category.



### Components of Avoided Costs: Turnover, Medical Care, Indemnity

### Using Turnover Cost Estimates from Company



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### Results Using Turnover Costs based on company estimates

- Analysis of net-costs by business unit (n=110):
- Total annualized intervention costs = \$2.740

Total annualized **net savings = \$1.89 million** 

**Total annualized avoided costs = \$4.629 millio**n (Benefits)

Average annualized **net savings per bed** = \$143 (95% C.I. = \$22 - \$264)

Average annualized **net savings per full time** equivalent (FTE) = \$ 165 (95% C.I. = \$22 –\$308) Benefit to cost ratio =1.689

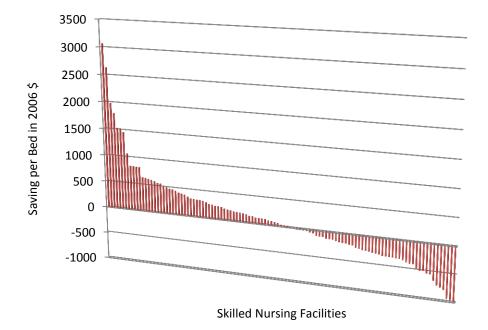


# **Payback Period**

- The total investment cost of the SRHP intervention (\$8.78 million) divided by the annualized avoided costs (\$4.629 million) minus the total operating costs (\$0.2 million) results in a payback period of 1.98 years.
- Since the rate of return on investment (ROI), is simply the inverse of the payback period, this would imply a 50.5% annual rate of return on total investment in SRHP.



### Annualized Net-Savings per bed over the different facilities





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### Efficacy of Intervention by Length of Post-intervention Period

Time post- intervention	Average net savings (per bed)	Avoided Workers Comp Cost (per bed)	Avoided Turnover Costs (per bed)
< 5 yrs (n=38)	\$83	\$205	\$67
≥ 5 yrs (n=72)	\$258	\$405	\$37

Economic Costs of Turnover based on Literature Estimates

- Murse turnover rates, and the costs of nurse turnover are high for health care organizations (Waldman 2004, Jones 2004, Gray et. al 1996, Johnson 1999)
- © Turnover is defined as any departure beyond organizational boundaries (Macy and Mirvis 1976, Cascio 2000)
- Turnover may be voluntary or involuntary



Costs of Turnover based on Economic Theory of Human Capital

- This method is based upon the economic theory of human capital that recognizes nurses as organizational assets with knowledge, skills and abilities that impact organizational productivity and performance



# **Pre-Hire Costs**

- **Advertising and Recruiting** 
  - Recruitment Expenses (e.g. Ads, Job Fairs, recruitment personnel salaries etc.)
- **& Vacancy** 
  - Overtime
  - Closed Beds
  - Lower Productivity of Substitutes
  - Productivity Losses of Permanent Staff
  - Patient Deferrals
- **G** Hiring
  - Interviewing personnel time, salaries, and expenses
  - Employment processing
  - Sign-up Bonuses
  - Search-firm costs
  - Background checks



### **Post-Hire Costs**

- **©** Orientation and Training
- Decreased new RN productivity
- New RN productivity during learning period
  - Supervisor/co-worker productivity
- Decreased pre-turnover productivity
  - Departing worker
  - Supervisor/co-worker productivity
- Termination (exit interview, early retirement etc)
- **Pre-Hire Costs: 80%-86% of total**
- Post-Hire Costs: 14% to 20% of total
- Vacancy costs were the single largest category of costs (72%-78%)



Costs of Turnover for Nurses and Other Direct Care Workers (Based on Literature)

Conservative Rule of Thumb:

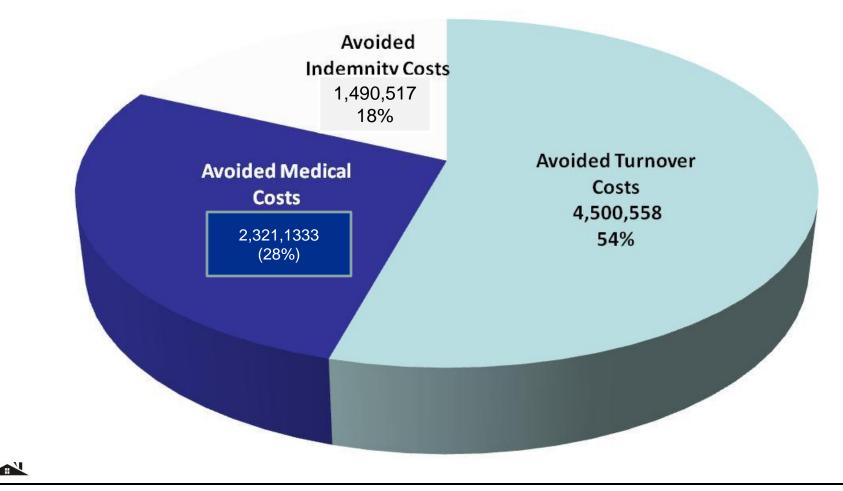
Ratio of turnover costs to annual wages =

- 1.00 for RNs (Jones 2004, VHA 2002)
- 0.25 for other direct care workers (Seavey 2004, Employment Policy Foundation 2002)



### Components of Avoided Costs: Turnover, Medical Care, Indemnity

### Using Turnover Cost Estimates from Literature



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# Discussion (1)

- The net-costs were estimated from the employer's perspective, using data at the facility level
- There was substantial variability in net-costs/bed among the facilities
- A longer time post-intervention seems to enhance the effectiveness of the intervention with respect to avoided costs of workers comp and turnover costs
- Workers Comp. costs both medical and indemnity – are likely underestimates of the true



# Discussion (2)

- Turnover cost was an important determinant of the magnitude of net costs of intervention for the employer
- There is, however, considerable uncertainty around the turnover costs, with a wide range of estimates in the literature
- Turnover studies across different organizations suggest that lower turnover can be expected to enhance organizational productivity, in line with Human Capital theory



## Conclusions

- Overall, the ergonomics intervention resulted in net savings through avoided costs of workers compensation and turnover
- GOSH interventions could prove to be effective retention strategies that warrant further research



# **Future Work Plans**

- Modeling of the inter-facility variability in net costs
- Analyze data at the respondent level (surveys in 18 centers) to explain variability in SRHP effectiveness
- Prospective studies to estimate turnover costs of nursing home employees
- Impact of an integrated health promotion (HP) and SRHP on efficacy
- Apply the Net-Cost Model from each



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