

# Occupational data in medical billing records could prevent workplace injuries

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The Firefighter Injury Research and Safety Trends (FIRST) project at the Drexel University School of Public Health is a first step toward developing a comprehensive national system for capturing firefighter injuries. If the Fire Service and safety researchers have comprehensive, consistent, and accurate information about who is being injured, how they are being injured, and what types of injuries occur, then these injuries can be prevented. In two pilot sites, the FIRST project will standardize the information already being gathered by various systems (e.g., hospitals and workers' compensation), and unify them into one data set. This single data set will be evaluated to determine its degree of completeness and accuracy when reporting firefighter injuries at both the state

and local levels. FIRST is funded by FEMA and directed by Dr. Jennifer Taylor, an assistant professor at Drexel. The FIRST project provided the impetus for Taylor and her co-author, FIRST policy coordinator Leslie Frey, to highlight the value of collecting industry and occupation data for all patients seen in hospitals for injury or illness. US Navy photo by Mass Communication Seaman Barry Riley

A subtle change to hospital data collection policies could make a big difference in preventing occupational health and safety hazards, according to workplace safety researchers at the Drexel University School of Public Health.

In a new article published in the *Journal of Occupational and Environmental Medicine*, the researchers call on industry, occupational medicine and public health communities to support a change to data collection methods to include industry and occupation data.

Every year, nearly four million Americans suffer a workplace injury, yet hospitals in the United States do not currently track and report these incidents. The estimated number of [workplace injuries](#) is based on probability samples, which underestimate the true extent of workplace injuries. These estimates also have significant gaps when it comes to tracking details about types of injuries and how, when and why specific injuries occur – which are essential details to inform prevention efforts. If this information were collected on every patient, physicians, researchers and payors would be able to accurately describe occupational injuries and illnesses, and support prevention initiatives.

"This is one of the most important policy initiatives I've worked on," said Dr. Jennifer Taylor, an assistant professor at Drexel and an author of the new paper. "If we could get industry and occupation information

from everyone who seeks care in a hospital, we would have a really good handle on how many injuries and illnesses there are. This would enable us as a nation to develop evidenced-based [prevention strategies](#) to address the hazards of work."

Aggregate data collected from hospital and emergency department records are used routinely in [public health](#) activities. Adding a standard process for recording data about patients' industry and occupation would ultimately facilitate the collection of important information from every patient in the U.S. who is admitted to the hospital or seen in an emergency department, the authors point out.

The impetus for initiating industry and occupation data collection began with the Firefighter Injury Research and Safety Trends (FIRST) project, a FEMA-funded grant project led by Taylor, on which co-author Leslie Frey works as a policy coordinator. (<http://publichealth.drexel.edu/first/>)

Taylor and Frey argue that the benefits of collecting industry and occupation data extend to not only firefighters, but to every American who works.

In the *Journal of Occupational and Environmental Medicine* paper, Taylor and Frey discuss the benefits of industry and occupation data collection when treating injuries and illnesses and describe processes and coding standards by which such data could be added to hospital discharge data. They highlight case studies, such as a program at Michigan State University that tracked amputations related to workplace injuries, and led to detection of occupational hazards.

Taylor and Frey acknowledge that there will be some costs associated with additional data collection. However, by recommending the use of existing federal standard codes for occupation and industry data, they note that the data collection can proceed with a minimal cost and effort

to hospitals.

Provided by Drexel University

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