



safe work australia

COMPENDIUM OF WORKERS' COMPENSATION STATISTICS AUSTRALIA 2008–09

February

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Health & community services

Overview

The Health & community services industry employed 1 122 400 people in 2008–09, 10% of employed persons in Australia. The following workers' compensation statistics relate to the 94% of workers in this industry classified as employees in that year (i.e. excluding self-employed workers).

The preliminary data for 2008–09p show there were 16 185 serious claims in the Health & community services industry, 13% of the serious claims across all industries (see Table 35). This equates to 44 serious claims per day or 14.0 serious claims per 1000 employees. The incidence rate in the Health & community services industry was 8% higher than the national rate of 13.0. The frequency rate of 9.7 serious claims per million hours worked was 24% higher than the all industries rate of 7.8. The reason the incidence rate in Health & community services is 8% higher than the all industries rate while the frequency rate is 24% higher is that employees in this industry work shorter than average hours.

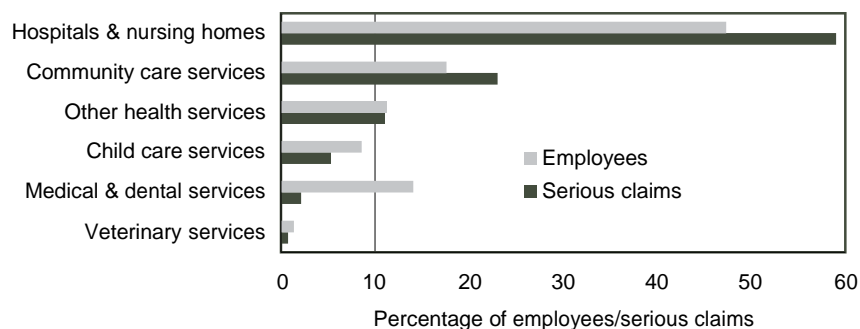
Characteristics of serious claims in the preliminary data

Industry profile

Within Health & community services, the 47% of the employees working in the Hospitals & nursing homes industry group lodged 55% of the serious claims in 2008–09p. As Figure 30 shows, the proportion of serious claims lodged in the Community care services group was also greater than its proportion of employees (18% of employees and 27% of claims). This group recorded the highest rates of serious claims, 21.2 serious claims per 1000 workers and 14.6 per million hours worked (see Table 29).

In contrast, the Medical & dental services group employed the third largest proportion of employees (14%), but experienced the lowest proportion of serious claims (2%). This resulted in the lowest incidence and frequency rates in the industry (2.2 serious claims per 1000 workers; 1.5 per million hours worked).

Figure 30 Health & community services: proportion of employees and serious claims by industry group, 2008–09p



Occupation

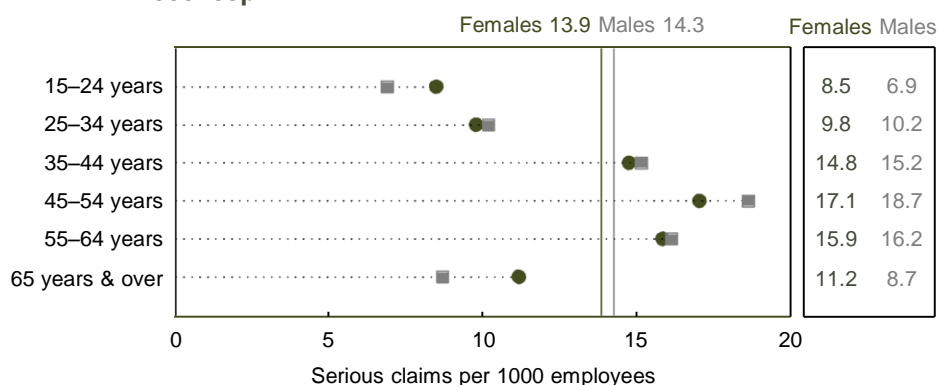
In 2008–09p employees working as Carers & aides lodged a third (32%) of the serious claims in the Health & community services industry followed by Nursing professionals with 17%.

Sex and age

Women comprised 80% of employees in the Health & community services industry in 2008–09p, the highest proportion of any industry. Since female employees also lodged 80% of serious claims, men and women in the industry experienced similar incidence rates: 13.9 serious claims per 1000 female employees and 14.3 per 1000 male employees. It is worth noting that although the incidence rate for male employees was a little higher than for female employees, female employees experienced a higher frequency rate of 10.1 serious claims per million hours worked (compared to 8.4 per million hours male employees). This is due to the lower number of hours worked by female employees compared to male employees in this industry.

Figure 31 shows that male and female employees recorded similar incidence rates in each age group. The highest incidence rates for both male and female employees were among those aged 45–54 years.

Figure 31 Health & community services: incidence rate by sex and age, 2008–09p



Common causes of serious claims

In 2008–09p, 25% of all serious claims in the Health & community services industry were caused by *Muscular stress while handling objects other than lifting, carrying or putting down*, 17% were caused by *Muscular stress while lifting, carrying, or putting down objects* and 14% by *Falls on the same level*. In almost half of the muscular stress claims, the object handled was an *Other person*.

These proportions were broadly similar for most industry groups within the Health & community services industry. In Child care services there was a greater proportion of claims due to *Muscular stress while lifting, carrying or putting down objects* and *Falls on the same level* (24% each) and a lower proportion due to *Muscular stress while handling objects other than lifting, carrying or putting down*.

Serious claims for *Mental stress* were more prevalent in the Medical & dental services and Community care services groups (12% each) than the industry average of 8%.

Common types of injury and disease

In 2008–09p, nearly three-quarters of serious claims in Health & community services were injury-related (72%), with *Sprains & strains of joints & adjacent muscles* alone resulting in 54% of the serious claims in this industry. More than half of these claims (57%) were lodged by Hospitals & nursing homes employees. The most common disease-related claims arose from *Dorsopathies – disorders of the spinal vertebrae & intervertebral discs* (8%) and *Disorders of muscle, tendons & other soft tissues* (7%). These proportions were similar for most industry groups within the Health & community services industry.

Changes in characteristics of serious claims over time

Time series comparisons extend only to 2007–08. This is because the 2008–09p data are preliminary and claim numbers will increase as further claims are finalised.

Table 35 Health & community services: serious claims, incidence and frequency rate by industry subdivision and group, 2003–04 to 2008–09p

Industry subdivision & group	2003–04	2004–05	2005–06	2006–07	2007–08	% change ^a	2008–09p
Number of serious claims							
Health services	12 730	13 115	11 715	11 485	11 575	-9%	10 960
Hospitals & nursing homes	10 280	10 645	9 660	9 410	9 440	-8%	8 885
Medical & dental services	410	370	325	330	370	-10%	355
Other health services	1 955	1 980	1 605	1 635	1 655	-15%	1 605
Veterinary services	90	120	125	110	110	22%	120
Community services	4 230	4 280	4 410	4 580	4 725	12%	5 230
Child care services	745	740	785	870	830	11%	885
Community care services	3 485	3 540	3 620	3 710	3 895	12%	4 340
Health & community services	16 960	17 400	16 125	16 065	16 300	-4%	16 185
Incidence rate (serious claims per 1000 employees)							
Health services	17.7	17.8	15.1	14.3	14.1	-20%	12.9
Hospitals & nursing homes	21.4	22.4	19.4	18.2	18.0	-16%	16.2
Medical & dental services	3.1	2.8	2.2	2.2	2.4	-23%	2.2
Other health services	20.4	17.6	13.6	13.2	13.7	-33%	12.6
Veterinary services	7.4	7.6	8.1	7.5	5.7	-23%	7.5
Community services	18.2	17.4	16.8	16.1	16.4	-10%	17.2
Child care services	10.6	9.4	9.1	9.2	8.6	-19%	9.0
Community care services	21.5	21.3	20.6	19.5	20.3	-6%	21.2
Health & community services	17.8	17.7	15.5	14.8	14.7	-17%	14.0
Frequency rate (serious claims per million hours worked)							
Health services	12.1	12.1	10.1	9.8	9.6	-21%	8.8
Hospitals & nursing homes	14.8	15.4	13.2	12.6	12.3	-17%	11.2
Medical & dental services	2.2	1.9	1.5	1.6	1.6	-27%	1.5
Other health services	13.2	11.6	8.7	8.5	9.1	-31%	8.7
Veterinary services	5.2	5.1	5.2	5.5	3.6	-31%	4.5
Community services	13.2	12.4	12.2	11.7	11.8	-11%	12.1
Child care services	8.0	6.9	6.8	6.8	6.5	-19%	6.6
Community care services	15.4	14.9	14.8	14.0	14.4	-6%	14.6
Health & community services	12.4	12.2	10.6	10.3	10.2	-18%	9.7

a Percentage change from 2003–04 to 2007–08.

Table 35 shows that the incidence rate in the Health & community services industry fell from 17.8 serious claims per 1000 employees in 2003–04 to 14.7 in 2007–08. While the incidence rate remained above the all industries incidence rate of 13.0 serious claims per 1000 employees, the Health & community services industry recorded a slightly greater fall of 17% over the five-year period compared to the 16% decline in incidence rates across all industries.

Decreases in incidence rates over the five-year period occurred in all six groups in the Health & community services industry. The greatest improvement was in Other health services (down 33%). Incidence rates for the Medical & dental services and Veterinary services groups experienced declines of 23% each over the same period. Incidence rates for groups with low numbers of employees (see Figure 30) should be interpreted with caution as annual fluctuations in claims or employees can lead to dramatic shifts in rates.

On the whole, changes in frequency rates over the five-year period were consistent with changes in incidence rates.

Time lost and payments made for serious claims

Between 2003–04 and 2007–08, median time lost from work for serious claims in the Health & community services industry increased by 17% from 4.1 to 4.8 weeks. In contrast, the median time lost across all industries increased by 11% from 3.6 to 4.0 weeks over the same period (see Figure 32).

Figure 32 Health & community services: median time lost from work, 2003–04 to 2007–08

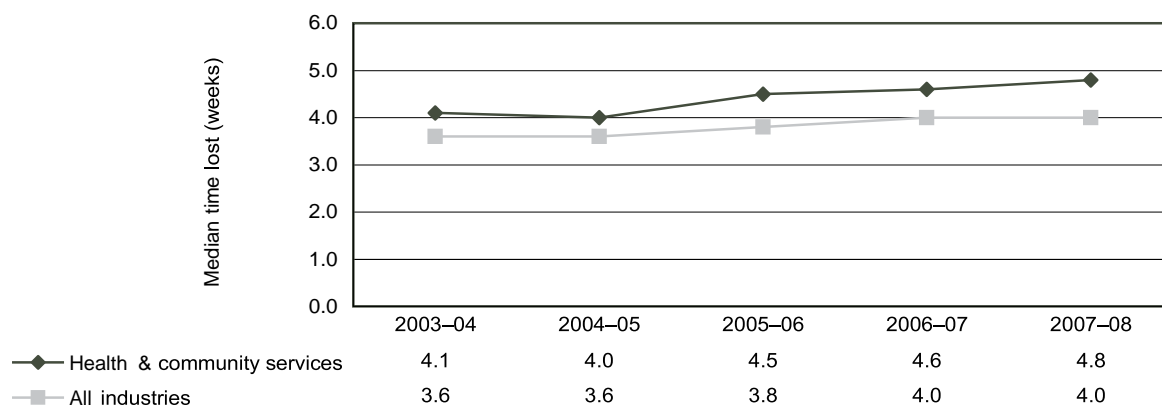
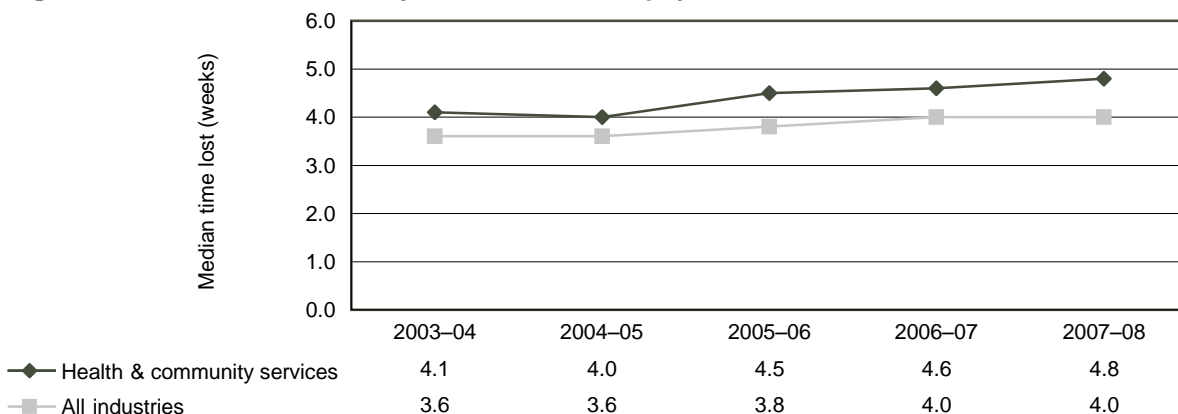


Figure 33 Health & community services: median payment, 2003–04 to 2007–08



The median payment increased 28% from \$4600 to \$5900 for serious claims in the Health & community services industry. This is greater than the 23% increase across all industries, but the median payment was still below the median for all serious claims (see Figure 33).

Factors influencing the payments made include the employee's salary level, the length of absence from work and medical expenses. Despite the longer periods off work for serious claims in Health & community services, the costs of serious claims were lower, due to lower average pay of employees in this industry.

Compensated fatalities

The preliminary data for 2008–09 show 5 compensated fatalities in the Health & community services industry, 2 women and 3 men, including 1 in Veterinary services, the first such death in the five years of the series (see Table 36).

Workers' compensation data are known to undercount the number of work-related fatalities. This is because workers' compensation is only available to employees and there must be a dependent to lodge a claim. A study using additional sources of information undertaken in 2007–08 showed that only half of all work-related traumatic injury fatalities in the Health & community services industry were compensated (see *Work-related traumatic injury fatalities, Australia, 2007–08*). Work-related disease fatalities are undercounted by an unknown number.

The number of fatalities in this industry has ranged from 4 in 2005–06 to 7 in 2004–05. The fatality incidence rate has closely tracked the number of fatalities over this period, remaining lower than the rate for all industries. The compensated fatality incidence rate in the Health & community services industry stood at 0.4 compensated fatalities per 100 000 employees in 2008–09p, less than one-sixth the rate for all industries of 2.3.

Characteristics of compensated fatalities

In order to produce a more robust analysis of compensated fatality characteristics, data from the five-year period, 2004–05 to 2008–09p are aggregated for the following analysis. Table 36 shows that during this period, there were 27 compensated fatalities in the Health & community services industry: 12 in Hospitals & nursing homes; 5 in Medical & dental services (all of which were in the General practice medical services industry class); 5 in Community care services (4 of which were in Non-residential care services); 4 in Other health services; and 1 in Veterinary services.

The most common cause of fatality in the Health & community services industry over the period was *Vehicle incident*, which caused 5 of the 27 compensated fatalities. Almost two-thirds of the fatalities were due to injuries (17), nearly half of which were attributed to *Other & unspecified injuries* and *Multiple injuries* (4 fatalities each).

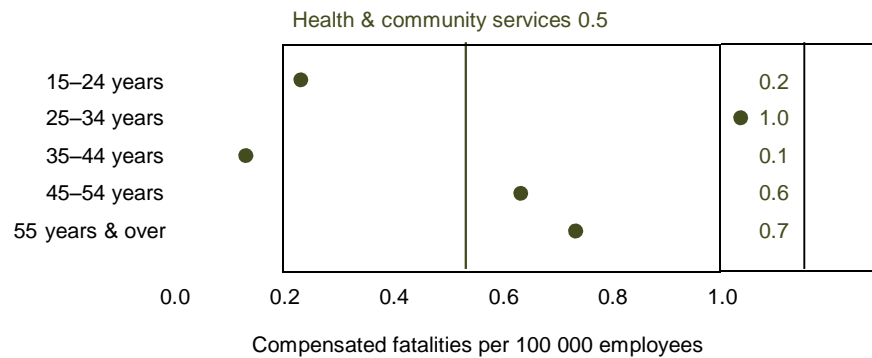
The 25–34 years age group experienced the highest number of fatalities (10) and the highest incidence rate of 1.0 compensated fatality per 100 000 employees (see Figure 34).

Table 36 Health & community services: compensated fatalities by industry subdivision and group and fatality rate, 2004–05 to 2008–09p

Industry subdivision & group	2004–05	2005–06	2006–07	2007–08	2008–09p	Total
Number of compensated fatalities						
Health services	6	4	5	4	3	22
<i>Hospitals & nursing homes</i>	4	1	2	3	2	12
<i>Medical & dental services</i>	0	2	2	1	0	5
<i>Other health services</i>	2	1	1	0	0	4
<i>Veterinary services</i>	0	0	0	0	1	1
Community services	1	0	0	2	2	5
<i>Child care services</i>	0	0	0	0	0	0
<i>Community care services</i>	1	0	0	2	2	5
Health & community services	7	4	5	6	5	27
Fatality rate (compensated fatalities per 100 000 employees)						
Health & community services	0.7	0.4	0.5	0.5	0.4	0.5
All industries	3.1	3.1	2.9	2.9	2.3	2.9

The 45–54 years age group experienced the second highest number of fatalities (9), but the third highest incidence rate behind employees aged 55 years and over.

Figure 34 Health & community services: fatality rate by age group, 2003–04 to 2008–09p combined



Although 80% of Health & community services employees were female, females accounted for only 13 of the 27 compensated fatalities. This resulted in a fatality incidence rate of 0.3 per 100 000 female employees, compared to 1.3 per 100 000 male employees.