



How to Start an Occupational Health Service

Systems make it possible...
People make it happen



So I am thinking of starting up an Occupational Health Service...



What do you do now...?



If I am unsure, how do I decide what I need?

Your Decision Algorithm

The broad areas from which to choose are as listed below. You can select any number of combinations from the list.

Occupational Health

Occupational Medicine

- ▲ Medical screening and biological monitoring
- ▲ Clinical medical services for occupational injuries and diseases management

Occupational Hygiene

- ▲ Hazard measurement, evaluation and control (noise, fumes, dust, etc.).

Safety Management

- ▲ Legal compliance and safety management auditing

Primary Healthcare

Primary Healthcare Facility	Providing...
On-site clinic	
<ul style="list-style-type: none"> ▲ Fully outsourced ▲ Partly outsourced ▲ Third party management contract ▲ Wholly company owned 	<ul style="list-style-type: none"> ▲ Medicals ▲ Employee health education ▲ Family Planning ▲ Treatment and dispensing of selected medicines.
Off-site referral centre	Primary emergency care

Health Promotion

- ▲ Health risk screening and education
- ▲ Executive health programmes

Emergency Services Support

- ▲ First Aid training
- ▲ First Aid box maintenance
- ▲ Emergency Care referral system
- ▲ Full emergency plan development

The establishment of an on-site facility usually enables almost all options. The limitations are only time and available resources.

Healthcare is a complicated matter -
what if I still don't know what I really need?



Legal Guidelines

The legal ramifications of establishing a health service are indeed complex. It is wise to consult with someone who can provide you with some guidelines.

Consider the following:

- ▲ Where the needs are primarily for on-site **Primary Healthcare**, the pitfalls lie primarily in medical legislation - consult with an experienced occupational health nurse, an occupational medical practitioner or an agency. (An occupational health nurse and an occupational medical practitioner is a registered nurse and doctor respectively, who has accredited post graduate qualifications in occupational medicine.)
- ▲ Where the needs are **Medical Screening** or **Biological Monitoring**, consult with an experienced occupational medical practitioner, who should conduct a facility walk-through and provide you with a written report. *The legal and technical requirements for these services are complex and should never be left to a casual glance.*
- ▲ Where the needs are for **hazard measurement** (noise, dust, fumes, etc.), consult with an industrial hygienist who has been accredited by the Department of Labour.
- ▲ Where the needs are for **legal compliance auditing**, consult with a reputable occupational health consultant or agency (Intra-Train, NOSA, Technilaw, etc.).
- ▲ Where the needs are **specific** (i.e. first aid training), contact an occupational health consultant or look in the “Yellow Pages” and hope for the best...

Remember that whoever applies for the services which you contemplate will submit a **proposal**. This is often a good starting point for evaluating your options.

What is the best delivery strategy: - own the service, or outsource?

This is an important question. The advent of two national occupational care companies has made available the option to completely outsource the service to an outside agency. The agency effectively assumes total responsibility for the service, including the financial risk. This option amounts to “managed care” in the workplace. Many large companies who previously owned their on-site health service are currently seriously considering this option because of the attraction of relinquishing an administrative burden which is not “core” to their business. However, it must be remembered that others have tried this and have returned to the old system of ownership. The advantages and disadvantages of each system are listed below.

Two “in-between” systems are also available. One is to partly outsource to an agency that provides staffing and administrative services exclusively. The agency will provide the nurse, the doctor and the administrative functions that ensure an efficient, legally compliant and reliable health service. The company makes available a budget for the clinic, for consumables and pharmaceuticals, etc. The staff will ensure that regular reports to management are produced and that the service operates according to budget.

The other “in-between” service is where the company contracts an agency to manage their own medical service. This includes administration of the budgetary, staffing, purchasing, stock management, reporting and other routine functions of the service.

Outsourced service	Wholly owned service
Advantages	
<ul style="list-style-type: none"> ▲ “Capped” financial risk for contracted term ▲ Administrative burden passed on ▲ Delivery by appropriate professionals ▲ Good network and infrastructure ▲ Better “leverage” for service excellence 	<ul style="list-style-type: none"> ▲ Lower cost (“more for your buck”) ▲ Better control of costs long term ▲ Better working relationship with staff
Disadvantages	
<ul style="list-style-type: none"> ▲ More expensive, especially long term ▲ Nursing staff has ambiguous reporting relationships with the company and the hierarchy of the agency ▲ More difficult to establish bonds between the nurse and company 	<ul style="list-style-type: none"> ▲ Staffing and administrative burdens
Staffing outsourced	Management outsourced
Advantages	
<ul style="list-style-type: none"> ▲ Best of both worlds - staffing and administrative burden passed on yet control of other operating costs remain with company ▲ “Capped risk” for duration of contracted term ▲ Better “leverage” for service excellence 	<ul style="list-style-type: none"> ▲ Administrative burdens passed on ▲ Ownership of the service retained ▲ Costs contained by contractual relationship
Disadvantages	
<ul style="list-style-type: none"> ▲ Staff have closer ties to agency than to the company 	<ul style="list-style-type: none"> ▲ Staff resistance to new managerial structure

What is really important?

At the end of the day, it is the quality of service that counts. Check with the applicants’ current clients and verify their claims!

Consider each proposal with regard to “deliverables” and at what cost.

What now?

Make your decision, plan your budget and implement your programme!



What are the hidden pitfalls?



Aha!! To find this out you need to contract the services of a consultant company like EOH!



Some pearls...

- ▲ Remember the industrial relations implications of your decisions - get the employees “on board”
- ▲ Remember that the other “stakeholders” need to be brought “on board” - introduce the clinic staff members to the plant engineer, safety officer, operations personnel
- ▲ Establish clear purchasing mechanisms and budgetary boundaries
- ▲ Insist on legal compliance with regard to prevailing Health Legislation
- ▲ Insist on good administrative systems and patient records
- ▲ Attempt to integrate the service with other health and safety initiatives
- ▲ Establish emergency support services and referral mechanisms immediately



THANK YOU

EOH

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