

Sickness absence reduction through chronic disease medication collection from public health clinics

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ABSTRACT

In an effort to address unnecessary absence from work at The Company, sickness absence certificates were analysed with specific reference to chronic conditions and the collection of medication for these conditions was conducted. This revealed that employees with chronic diseases spent a significant amount of time attending public health clinics for monthly monitoring and collection of chronic medication. This case study describes how employees of The company, the occupational health staff and the Department of Health clinic staff were jointly able to implement an innovative solution to decrease absence associated with the management of chronic conditions.

Keywords: chronic diseases, chronic medication, sickness absence, public health clinics, occupational health setting

INTRODUCTION

At The Company, a decision was made to focus on absence management and ways in which we could reduce unnecessary absence from work. (Note: The name of the company has been withheld to maintain confidentiality and it will be referred to as The Company.) As part of this project, we screened sickness absence certificates and noted that a large number of employees visited their local Department of Health (DoH) clinics on a monthly basis in order to collect their chronic medication. This case study describes how occupational health (OH) staff were able to assist our employees with the collection of their medications through our joint co-operation with the DoH.

CASE DESCRIPTION

In total, 81 (15%) members of the workforce had a chronic condition for which they received medication from a DoH clinic (see Table 1). Table 2 lists the number and type of conditions that employees had. Six had more than one type of condition. Due to the distance of the clinics from

work and the long queues they had to wait in, they tended to take a whole day off each month. Over the course of one year, this could amount to 972 workdays. If they did not attend the clinics it would result in poor adherence to their treatment regime, which would have adverse health consequences. The cost implications are enormous, both in terms of lost productivity as well as costs to the employees themselves, such as unnecessary use of their sick leave and travel costs. The wage costs for the absent days was R240 365,88 per year.

We have a full-time clinic on the premises, staffed by an occupational health nurse practitioner (OHNP) and also a medical practitioner, who visits the clinic on a daily basis for one to two hours. As the majority of employees do not belong to a medical aid scheme, we provide a full primary health care service to the employees, as well as treatment for injuries sustained at work and home.

We decided to approach our local DoH to assist us with the problem, and suggested that all employees with chronic conditions be monitored monthly at our on-site clinic by the OHNP and the medical practitioner if needed. We could collect the medication for these employees from the DoH and be responsible for maintaining records of their observations. I was referred to the Director of Health of Sedibeng District Health and discussed our problem with her.

The Director was immediately prepared to assist us and recommended that our OH clinic become part of the "Kgatelopele" project.¹ This project means "we take the service to the people" and was designed to reduce waiting times at all public health facilities. Part of the project involves the delivery of chronic medication to patients at their homes by community health workers, who also check the patients' wellbeing. The patients are required to visit facilities once in six months for a medical examination unless they have complications.¹ As part of the Kgatelopele project, the Director of Health Sedibeng District implemented a system where satellite clinics were opened in rural areas. Each satellite



Table 1. Number of chronic conditions amongst employees

Presence or absence of a chronic condition	Actual number (n)	Percentage of total employees (%)
Employees without a chronic condition	442	84.5
Employees with a chronic condition	75	14.3
Employees with more than one chronic condition	6	1.2
Total	523	100

Table 2. Type of disease in employees with chronic conditions

Type of chronic condition	Actual number of chronic conditions (n)	Percentage of chronic conditions (%)
Diabetes	21	25.9
Hypertension	54	66.7
Epilepsy	3	3.7
Asthma	3	3.7
Total	81	100

unit serves approximately 300 families. In appreciation of the initiative, The Company contributed to the project by donating four mobile homes that could be used as satellite clinics.

Obviously the Director's recommendation was not an instant solution. We first had to determine how to do this whilst remaining within the legal boundaries, and so met with the whole team at Sedibeng District Health, who included the medical practitioners, the acting Deputy Director Health Programmes, acting Deputy Director Primary Health Care, and pharmacy management. The legislation, norms and standards which had to be taken into account are shown in the textbox overleaf.

Step one in the process was to obtain permission from our employees for us to collect the medication on their behalf and monitor them at work. We drew up a consent form that was signed by all of the employees. Step two was to obtain their medical records from the current treating clinics as they were managed in different clinics. We wrote a letter to the treating doctors in the eight clinics used by our employees, requesting that they transfer them and their records to the nearby clinic, from where we would obtain their medication. Some of the patients had to be down referred (i.e. referred to a lower level health facility). The decision was made that only the patients who were well controlled and



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without complications would be transferred. All but one were transferred. Appointments were then made for all these employees to be examined at the local clinic. At the first visit, employees were examined by the medical practitioner, who prescribed their treatment. It was then agreed that I personally would collect their medication on a monthly basis from that clinic and at the same time update the patients' files. Furthermore, every six months all these employees would attend the clinic to be examined by the medical practitioner and obtain a repeat of prescriptions.

As part of the Kgatelopele project they also agreed to assist with wellness days at our company by supplying posters and pamphlets and sending a team of professional nurses who do blood pressure readings, cholesterol and glucose tests on all employees.

DISCUSSION

The costs associated with employees taking a day off work on a monthly basis and to be monitored for chronic ill-health and then collect the prescribed medications are significant for both the employees and The Company. In the case of this company, the wage costs alone associated with their absence amounted to R240 365,88 per year. Lost productivity costs for chronic diseases have been found to be higher than the medical and pharmacy costs, making it essential that companies become involved in managing the increasing impact of these diseases on their employees.^{2,3}

The solution described in this paper has the potential to reduce some of these costs. Furthermore, monitoring the employees on-site has potential advantages. It can provide an opportunity for:

- individualised health education to improve medication adherence and address lifestyle related health risks;
- ensuring continuity of care; and
- delivering more comprehensive health care services, including, primary and secondary prevention, such as wellness and screening services, as well as tertiary prevention, such as medication adherence and disease management, which are vital for managing chronic diseases.^{2,3}

CONCLUSIONS AND RECOMMENDATION

This case study demonstrates that reaching a mutually satisfactory arrangement can have many positive consequences for employees, the DoH and The Company. The employees

with chronic conditions are well monitored, because they can visit the OH clinic anytime with minimum disruption and the company has decreased unnecessary absence. The workload for the staff at the local clinics is also reduced, as they do not have to deal with all these patients on a monthly basis and that in turn can help with shortening the queues for those attending the clinics.

Imagine if more OH centres become involved in the Kgatelopele project – what a difference it could make! We can strongly recommend it based on our experience. This could be the beginning of a huge project that could make a difference to the health of our employees.

LEGISLATIONS AND NORMS AND STANDARDS TO BE CONSIDERED IN SETTING UP THE SYSTEM

1. Sections of the National Health Act, No. 61 of 2003:
 - Chapter 6 : Health Establishments
 - S 43. Health services at non-health establishments and at public health establishments other than hospitals;
 - S 44. Referral from one public health establishment to another;
 - S 45. Relationship between public and private health establishments; and
 - S 46. Obligations of private health establishments.
2. The Medicines and Related Substances Control Act, No. 101 of 1965 – the permission for the collection of the medicines to be given to the employees was specifically given to the OHNP (M. Mare)
3. Department of Health's National Norms and Standards, specifically:
 - Batho Pele; and
 - Ch 9. Norms and standards 3 February 2003 – Chronic Disease and Geriatrics – References prints and educational materials:
 - Copy of National Guideline on Primary Prevention of Chronic Diseases of Lifestyle.
 - Management protocols on Type II diabetes at primary health care level.
 - Health promotion and educational materials relating to chronic diseases of lifestyle, ageing and cancer in local languages.



REFERENCES

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2. American College of Occupational and Environmental Health. Study sheds new light on the impact of medication adherence, multiple chronic diseases and health risks in the workplace. PR Newswire. 16 June 2011. Accessed on 20 June 2011. Available at: <http://newswire.com/articles/view/577745?print-article>.
3. Loeppke R, Haufle V, Jinnett K, Parry T, Zhu J, Hymel P, Konicki D. Medication adherence, comorbidities, and health risk impacts on workforce absence and job performance. J Occup Environ Med. 2011;53(6):595-604.