HOW I... Evaluate an occupational health programme

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It has been argued that occupational physicians should 'keep our white coats and stethoscopes', and it is a sentiment which I wholeheartedly support as ours is a clinical specialty. However, no physician in any specialty can divorce themselves from the economics of health care provision which are of increasing concern for politicians, managers and society. Occupational physicians need to understand and influence decisions which are made regarding their health programmes.

Within the NHS or industry all units in an organization are subject to continuous business pressures for the justification and monitoring of performance and costs. The practice of occupational medicine is subject to these same pressures and also an element of competition for access to limited resources and capital. Hence it is essential that occupational health practitioners are knowledgeable and skilled in the necessary management techniques to evaluate and demonstrate the benefits of occupational health programmes. The training of occupational physicians therefore needs to include a relevant degree of strategic business appraisal, organizational planning and accountancy.

The evaluation of any occupational health programme should commence from the basic tenet that employees represent one of the most valuable assets of any organization. Occupational health programmes are intended to safeguard the health of employees from work-related hazards and to promote their general health. These contribute to productivity and profitability as well as individual health and well-being. The balance and priorities afforded to these objectives varies greatly around the world according to the different frameworks of industry, legal regulation and provision of health care services.

These two perspectives of health protection and promotion are separate but often synergistic:

- Health protection needs will be determined through workplace 'risk assessment' to identify, quantify and assess the need for health and safety control measures. In my experience it is essential that occupational health practitioners are involved in these risk assessments which may otherwise adopt the traditional focus on safety rather than health hazards.

- Health promotion needs will be determined through consultation and review of prevailing health issues within the organization. Many adverse health and lifestyle habits are amenable to workplace health promotion programmes. The Health of the Nation strategy document provides a common set of objectives for all those involved in health promotion.

The occupational physician may assess the outcomes of these programmes through monitoring and measuring the health status of the workforce. This requires a numerate approach using techniques including routine health surveillance, trend analysis and epidemiological research to determine the prevalence and/or incidence of target health parameters. Such information is essential to validate the effectiveness of health and safety control measures as required by the Management of Health and Safety at Work Regulations.

For instance, routine audiometric surveillance of a noise exposed workforce is the most accurate method of evaluating the effectiveness of hearing protection measures.

However, the costs and management benefits of such occupational health programmes need to respect not only health and safety but also business priorities. Some of the key aspects of planning and evaluating occupational health programmes must include the following:

- Customer need: health protection or promotion?
- Costs: budget and cost controls
- Quality: design and compliance
- Audit: strategic review and planning
Occupational health programmes should adopt a systematic approach to agree on clearly understood objectives, methods and targets. Each of these key aspects can be evaluated by either qualitative or quantitative methods. Wherever possible it is preferable to agree specific 'measurable' targets in advance as this facilitates future objective evaluation.

Management tools which have been used to achieve these may include:

**Customer need**
- workplace health and safety risk assessments
- regulatory review
- consultation and/or questionnaire surveys

**Costs**
- budget control and variance performance
- benchmarking against other organizations
- productivity and efficiency savings

**Quality**
- Service design
- Response and delivery times
- Compliance with standards

**Audit**
- Periodic reviews
- Achievement of agreed targets
- Policy and performance recommendations

This process is aided in those organizations which have adopted ‘Total Quality Management’ systems such as BS 5750 or ISO 9000 standards. These involve a disciplined and structured approach to the management of manufacturing or services to assure compliance with agreed standards. Periodic internal reviews of management practice are validated by formal audits undertaken by external accredited auditors. Non-compliance with agreed policies and programmes must be remedied for continued quality system accreditation.

Quality management systems require commitment to continuous improvement and compliance with agreed standards determined by the customer. This situation may lead to differences in opinion regarding the priority and resources to be afforded to occupational health programmes. In this instance occupational physicians differ from their medical colleagues in that their customers are also their employers.

This dilemma for providers in deciding services for their customers is also confounded by contrasting studies which have shown opposing views on preferences for health protection vs. health promotion programmes. Surveys of managers and employees have shown good agreement with occupational physicians on the need for advice on work environment and medical retirement but less agreement on the need for travel medicine, rehabilitation and workplace counselling. Health attitudes and beliefs are the most important determinants of programme participation and customer satisfaction is most dependent upon the waiting time for service delivery and reporting.

Hence, there needs to be sufficient scope and opportunity for management education regarding the evaluation and benefits of occupational health programmes. Occupational physicians need to appreciate the benefits of using the same management tools as our employers. This does not conflict with our professional or advisory role as occupational physicians, rather it is a complimentary approach to optimize the delivery of our occupational health programmes.

REFERENCES