

Integrated Health System

Three platforms

Key issues

- No corporate Emergency Response standard/algorithm available
- Pre-hospital critical care effectiveness can be substantially increased
- Medical Emergency Teams are absent or underutilized
- Pre-employment and periodical medicals (Coronary Heart Disease diagnostics) formally comply with local legislation and can be substantially adjusted
- Wellness initiatives and Coronary Heart Disease diagnostics prophylactics are not introduced
- Occupational ailments, occupational hazards expertise and diagnostics need to be reassessed and adapted to modern requirements

Three platforms

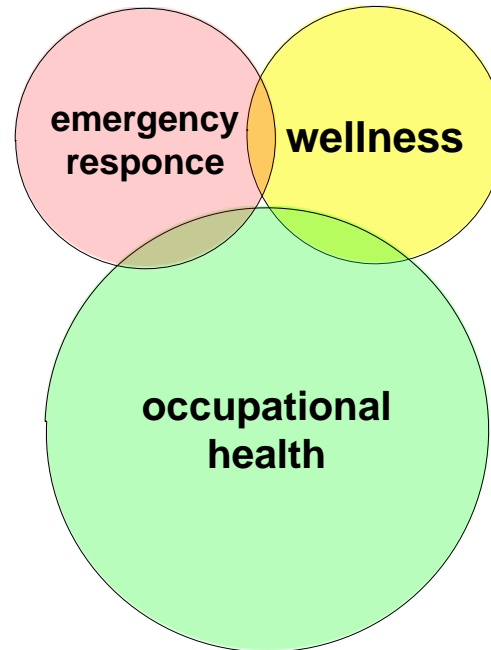
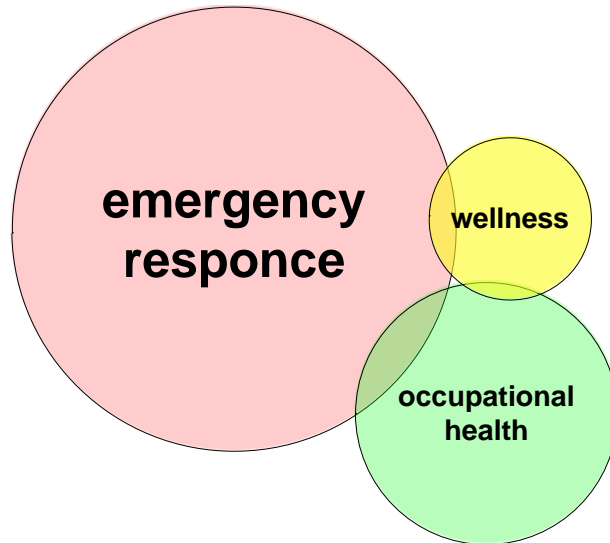
- EMERGENCY RESPONSE
- OCCUPATIONAL HEALTH
- WELLNESS PROMOTION

stage

sustainability

reaction

compliance



time

EMERGENCY RESPONSE

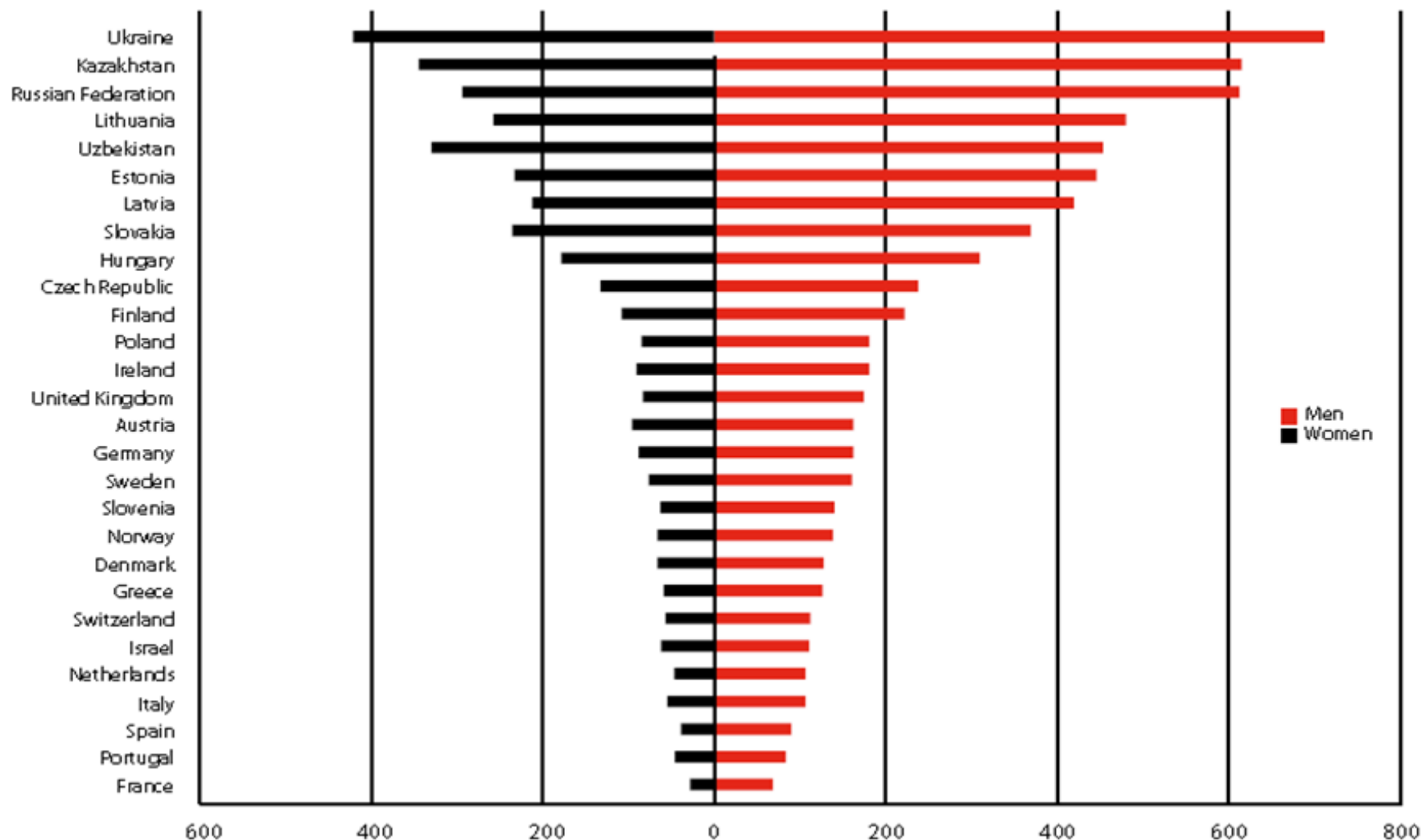
response time

- Introduce 5 minutes response standard from the start of event to the first aid administration
- Locate medical facilities close to the potential casualty
- Provide means for emergency communication
- Provide medical transportation
- Provide competent medical personnel available onsite

WHO and AHA data

Facts

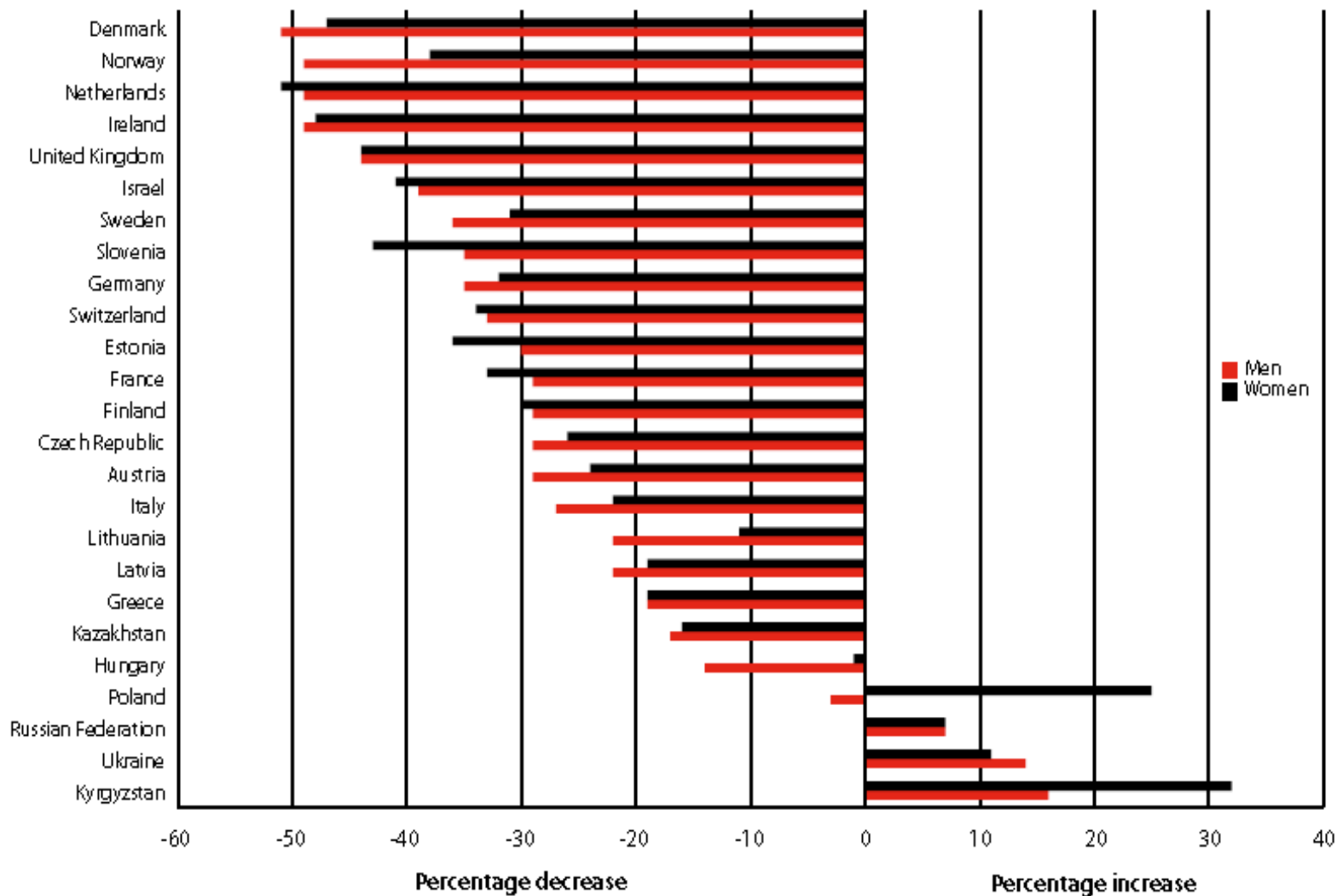
Death rates per 100,000 from CHD, all ages



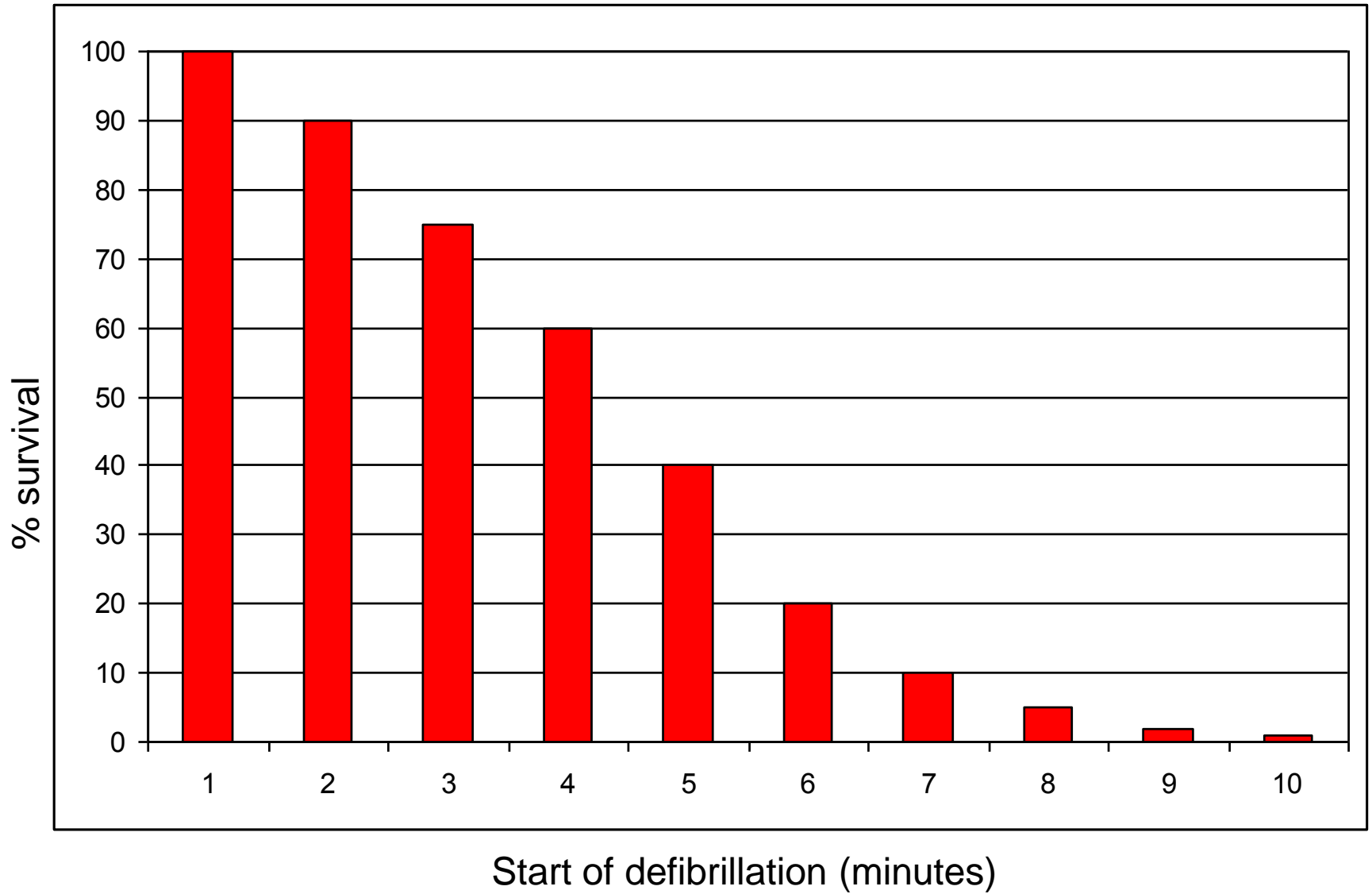
WHO and AHA data

Facts

Changes in death rates from CHD, 1996 to 2006



Time's critical



EMERGENCY RESPONSE

Equipment

- provide sick bays with essential Emergency response Kits in compliance with the corporate emergency response standard
- depending on local conditions and needs provide:
 - modern transportation
 - modern means of communication















DEFIBRILLATOR

- BATTERY
- COMPACT & PORTABLE
- SAFE – WILL NOT SHOCK UNSHOCKABLE RHYTHM
- VOICE COMMANDS



EMERGENCY RESPONSE

skills

Who is trained

- Medical personnel
- Medical Emergency Teams
- Employees

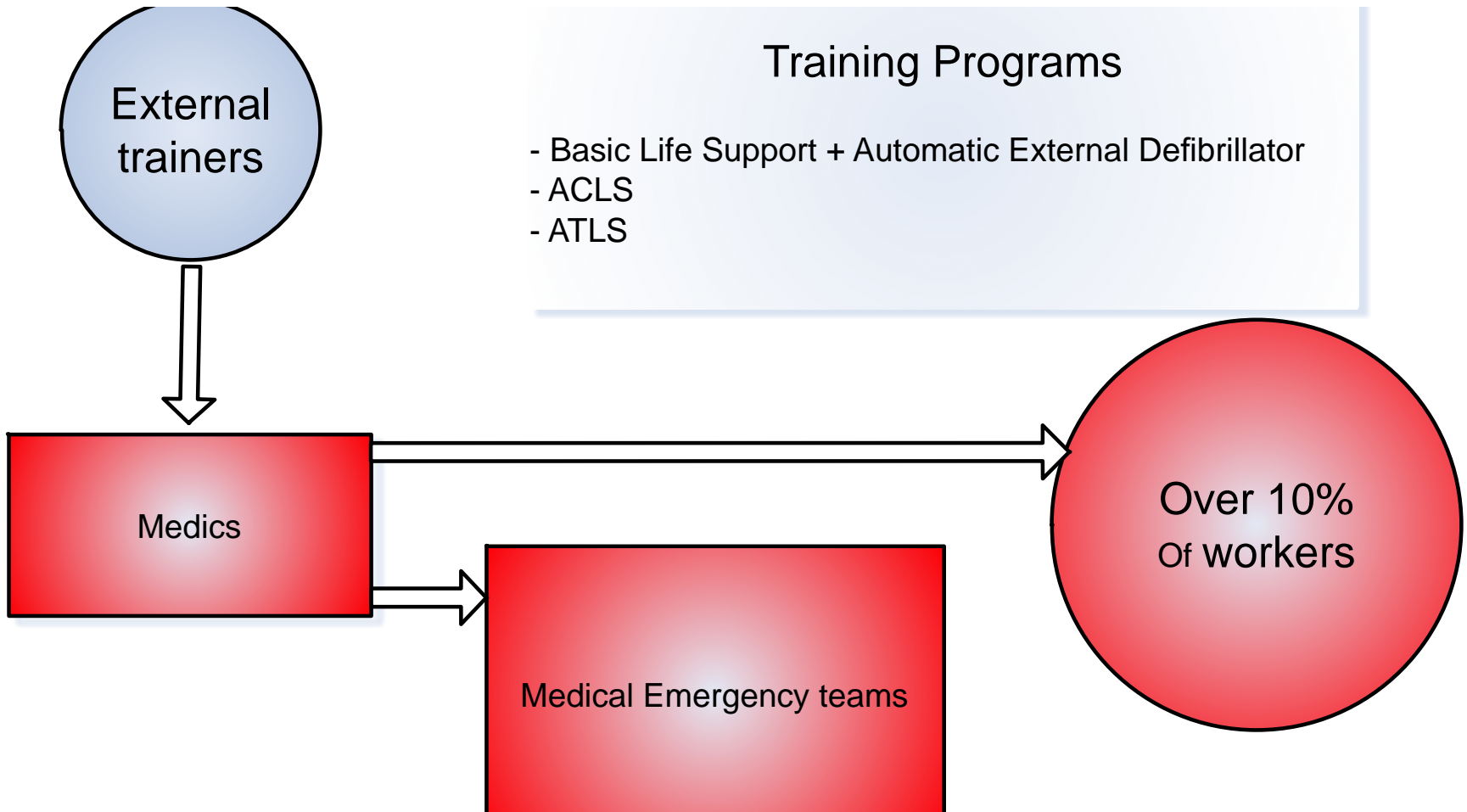
What is trained

- Basic Life Support with automatic external defibrillator
- Advanced Cardiac Life Support
- Advanced Trauma Life Support

Who trains

- External trainers
- Internal trainers
- Mobile training centers are introduced in each asset/claster

Every 2-3 years refresher courses



- BLS + AED manikin



- Multiple trauma manikin



- Intubation manikin



- IV injection manikin



- Baby manikin for infant CPR training



OCCUPATIONAL HEALTH and medicals

Priorities:

- **Implement** corporate pre-employment and periodical medicals procedure
 - Lipid Profile and blood glucose
 - Stress Test
 - Holter monitoring
- **Monitor**
 - sickness absence trends (sick leaves)
 - quality of medicals (mortality, legal issues)
 - risk groups identification (HSE critical specialties)
- **Implement** corporate standards to identify, alleviate and manage occupational hazards
- **Assess** the rehabilitation facilities and adjust them to the business expectations

WELLNESS PROMOTION

wellness promotion 1

80%

Modifiable health risks

- ✓ Lifestyle
- ✓ Medical care

20%

Risks hard to manage

- ✓ Genetics
- ✓ Ecology

wellness promotion 2

Provide employees with opportunity to:

- assess lifestyle risks
- assess occupational health risks

Show risk mitigation decisions

Instruments

- Health Risk Assessment questionnaires (ex. “Wellness Checkpoint”)
- Introduction of “VIP’s Health” program
- Introduce corporate Healthy lifestyle culture/promotion program
 - Personal commitment of top management
 - Media propaganda
 - Campaigns
 - Success stories
 - Formal motivation (bonuses, publications, etc)
 - ...

wellness promotion 3

Program components/ Lifestyle risks

- Metrics (weight, height, waist)
- Blood Pressure
- Exercise
- Food
- Smoking
- Alcohol
- Blood Lipids (cholesterol)
- Blood sugar
- Stress
- Environment

Thank you.