



GOOD PRACTICE GREECE COSMOTE

Contact person (NCO)

Name and organisation

Katerina Giannopoulo - Institute of Social and Preventive Medicine (ISPM), Operational unit for the Ministry of Labour and Social Security Center of Occupational Health and Safety (K.Y.A.E.)

E-mail address and website

kgiannopoulou@ispm.gr; kyae@yeka.gr www.neahygeia.gr; www.yeka.gr

General information about the MOGP

Name of organization and short description

COSMOTE Mobile Telecommunications is leader in the Greek mobile telephony market, has 2129 employees: engineers, call center operators etc.

Contact person

Makrygianni Ofilia, Occupational Health & Safety Team, omakrigian@cosmote.gr Krikela Alkinoe, Occupational Physician, akrikela@cosmote.gr

Website

www.cosmote.gr



Information on the good practice 'COSMOTE'

Aims

- Ensuring productivity through efficient management of physical and mental illness.
- Ensuring employment according to the academic background and skills of the employees.
- Promoting physical and mental health.
- Raising awareness among personnel on the importance of supporting employees with chronic diseases.
- Raising awareness among administration and upper management, to continue developing proactive strategies aiming at supporting and rehabilitating employees with disabilities.

Target group

The target group are employees of COSMOTE in all sectors of the productive activity, who are affected by severe, chronic physical illness (e.g. diabetes, obesity, hypertension, autoimmune disorders) or psychological disorders (e.g. GAD, depression, psychosis, OCD).

Description

- Once a chronic disease is diagnosed, the employee and his / her medical record are assessed by the occupational physician (assessment of pre-existing, skills as well as skills that have been compromised by the illness). Gathering information from the employee's family, other physicians, other stakeholders.
- In case of absence, the team is mobilized and the employee receives support during all the stages of the disease (onset, recovery, and reintegration).
- Eventually, evaluating with the contribution of a psychiatrist, the pros and cons of returning to work at particular stages.
- Creating a job description, whether pre-existing or new one, based on the patient's current skills and the needs of the department. The design of the modifications is accomplished through cooperation between the physician and the psychologist, the Head of the employee's department, and the respective HR manager, taking into account the constraints arising from the employee's state of health. Subsequently, a written verification is issued by the physician, which includes all the necessary changes and modifications. All relevant parties receive copies of this report.
- Collaboration with the company's H & S team as to the timing of the employee's return, the initial working hours and the timeframe of the scheduled reassessments of his / her adjustment and performance.
- Collaboration of the psychologist with a team of colleagues to help them to prepare themselves for the employee's return. This is a time to express relevant concerns and getting one's questions answered.
- Employee return with support by all stakeholders (physicians, psychologist, external psychiatrist, head of department, etc.)
- It is possible to issue a short-term certificate and have the employee's state of health reassessed periodically (usually every 3,6,9 months, or sooner depending on the case).
- Ergonomic modifications are implemented, regular meetings or telephone contact with the
 occupational physician and the psychologist are scheduled for better monitoring and
 support, changes in the work schedule take place, e.g. six-hour employment or no shift
 employment.
- Regular monitoring of the employee's progress and reassessment. Depending on progress, new adjustments in position, tasks, schedules, etc. are made.



At the same time, systematic efforts take place to prevent chronicity through preventive interventions of health promotion, e.g. supply of relevant information, counselling, training in stress reduction techniques and in work-life balance principles. Organization of in-service activities (lectures, information days, workshops) to inform and promote physical and mental health for both healthy employees and employees with chronic diseases or disabilities, inspired from individual cases of employees with chronic illnesses and findings derived from the annual screening.

Why is it a good practice?

- The design for the intervention in each case follows stable and solid principles, such as the holistic approach of the intervention, the active participation of the employee, the respect and support of the group into which reinstatement will take place, the cooperation among the stakeholders.
- The target group includes all those affected by the change, that is the multidisciplinary team members, company executives, co-workers, as well as the patient and his family.
- The main focus is to effectively address chronicity, as well as to make the most out of an employee's skills and abilities.
- For the rehabilitation and the therapeutic support provided to those with psychological disabilities there is close cooperation of occupational physician, psychologist, and external psychiatrists or support groups.

Results

Evaluation

Data collection, statistical analysis and presentation in meetings with the management, so as new approaches and best practices for the benefit of employees, and mainly those who are chronically ill.

The health status of the employees who participated in relevant interventions has shown improvement: reduction in physical symptoms (measured with questionnaires), reduction in symptoms of depression and anxiety (measured with questionnaires), reduction in absence rates (monthly data), increased feelings of engagement to work (reported by the employee and the supervisor). The calculation of the cost-benefit analysis is the next goal of the team.

Incentives for success

- Providing counselling facilities for employees and their families (in meetings with occupational physician and psychologist individually or in combination).
- Providing financial support by the enterprise.
- Care at Work (near-site parking, special seating, arranging transportation to and from the workplace, cover travel costs).
- Technical assistance inside the workplace, in cooperation with the Health and Safety team and technical services, but also external partners (special handles, auxiliary stair structure).
- Reduction of working hours without loss of pay, productivity bonuses.



- The occupational physician prescribes medication and orders tests with no cost for the person with chronic illness.
- After certification by the Medical Committee of each public insurance provider, the employee, depending on the level of functioning attested, receives financial concessions, exemptions and special tax benefits, as well as specialized supports (e.g. supportive equipment in the case of motor difficulties).

Barriers for success

Unfortunately the bureaucracy (extensive documentation of illness required, inflexible social security provisions), the response time delays and the complexity of the insurance agencies' procedures often exhaust the endurance and patience of the chronically ill patients, in their effort to ensure the needed benefits.

The economic crisis has led to the decrease of available services due to low staffing of public services, reduction of state subsidies and complete cancellation of many social agencies. Currently, it is often possible to get benefits for the most economically disadvantaged rather than for all the chronically ill.

