APPENDIX I

DIRECT COSTS RELATED TO SPECIFIC ILLNESS OR INJURY

Medical Care:
physician services (outpatient and inpatient)
clinic and hospital services (outpatient and inpatient)
ancillary diagnostic services (lab., radiology, ECG, others)
patient-specific medical supplies and equipment
medications
rehabilitation, physiotherapy/occupational therapy
counselling
others

Other injury- or illness-specific requirements
SOCSSO payments
sick pay
reporting to comply with OSHA/others
cost to replace sick or injured staff
case management costs
case-specific litigation costs
case-specific HR costs
others
INDIRECT COSTS RELATED TO SPECIFIC ILLNESS OR INJURY

**Reduced Productivity:**
- absence of ill or injured employee
- change in activities of co-worker to cover absent employee's work
- increased supervisor effort to cope with absent employee
- temporary absence of corporate memory of ill or injured employee
- start-up or training time for replacement employee
- start-up or training time for returned ill or injured employee
- development of modified work position for ill or injured employee
- reduced effectiveness of "nearby" co-workers
- overtime pay

**Impact on Competitiveness**
- potential for reduced customer satisfaction due to absent worker
- effect of greater-than-expected medical costs
- greater risk of illness/injury by replacement worker
- higher insurance premiums
- increased overtime costs
- increased training, retraining costs
- increased legal costs
- loss of management time to respond to event
- reduced performance of returning ill or injured worker
- effects on labour relations (demand for hazard pay, new tools, etc)
- potential for adverse media coverage
- effect on worker morale
- increased HR department costs
- medical, safety costs to investigate the event
- costs of risk management activities
APPENDIX III

INDIRECT COSTS RELATED TO OTHER HEALTH AND SAFETY REQUIREMENTS, NOT TO A SPECIFIC ILLNESS OR INJURY

Organisational Health and Safety Programme Costs for:
- staff to provide medical treatment onsite/offsite
- regulatory compliance including monitoring and surveillance
- development and maintenance of capabilities for case management
- employee assistance programme
- data processing and data management costs
- research expenditures
- wellness, health promotion, immunisations
- Health and Safety committees
- evaluation of options for provision of services
- programme evaluations
- interactions with other organisational departments and managers
- drug and alcohol testing programmes
- pre-placement, periodic examinations and evaluations
- other, organisation-specific

Other Organisational Costs Related to Health and Safety Activities
- Other than Those Involving Specific Illness or Injury:
  - human resources
  - benefits
  - legal
  - labour relations, unions
  - management (other than health and safety)
  - other, organisation-specific
QUESTIONNAIRE ON SERVICES OFFERED BY CLINICS TO COMPANY STAFF

Please circle the most appropriate choice(s)

(1) Type of practice:
   (a) solo practice
   (b) partnership (single location)
   (c) group with multiple locations
   (d) others (specify...)

(2) Type of clients
   (a) mostly self-paying (>75%)
   (b) mostly company paid (>75%)
   (c) mixed (50:50)

(3) Age of clients
   (a) mostly children
   (b) mostly young (<40)
   (c) mostly more matured (>40)
   (d) mixed

(4) What percentage of your patients are 'regular' patients?
   (a) less than 25%
   (b) 25-50%
   (c) 50-75%
   (e) more than 75%

(5) What are your hours of consultation?
   (a) strictly "office hours"

"\"
(b) 24 hours clinic
(c) 8-10 hours a day every day
(d) 8-10 hours a day with 1-2 days off per week
(f) others .................................................................

(6) Staff available:
(a) no of doctors =
(b) no of SRN/MA =
(c) no of SEN =
(d) no of nursing aids =
(e) other staff =
   (specify category ....................................................)

(7) Investigative facilities available:
(a) X-ray machine
(b) urine tests
(c) blood chemistry analysis
(d) ultrasound
(e) audiogram
(f) others (specify........................................................)

(8) Emergency facilities available:
(a) defibrillator
(b) endotracheal tube
(c) resuscitator
(d) suction machine
(g) others (specify........................................................)

(9) Other medical facilities available:
(a) physiotherapy equipment
(b) cautery equipment
(c) others (specify..........................................................)

(10) Do you think that HMO is practical in our environment?
(a) Yes
(b) No
(c) Uncertain

(11) Would you consider being paid by capitation rather than fee-for-service?
(a) Yes
(b) No
(c) Uncertain

(12) If you are in the 'panel' of a company, do you visit the company site?
(a) Yes (how often? ......................................................)
(b) No

(13) Are you often pressurised by any company on certain issues (e.g. fees, medical leave, release of confidential information)?
(a) Yes (specify ..........................................................)
(b) No

(14) Were you threatened by employees for issues like medical leave or medical recommendation?
(a) many times
(b) occasionally
(c) never

(15) Overall, do you have good communication with MAS?
(a) Yes
(b) No
(16) In your relationship with MAS, what is the one thing that you would like to see changed?

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(17) Do you undergo any CME course in occupational medicine?
(a) Yes
(b) No

(18) Do you include health promotion as part of your consultation?
(a) most of the time
(b) some of the time
(c) seldom (unless asked by patient)

(19) Do you already have or intend to have the following in your clinic?
(a) computer
(b) fax machine
(d) subscribed to the internet

(20) To facilitate communications with MAS, would you be willing to have your computer linked to a central computer (as in a local area network or intranet)
(a) yes
(b) no

(21) Do you have any other comments or suggestions?
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QUESTIONNAIRE ON MEDICAL BENEFITS (OFFICE STAFF)

Please circle your choice (one answer only unless specified)

(1) Do you enjoy good health?
   (a) healthy almost all the time
   (b) healthy most of the time
   (c) not healthy some of the time
   (d) not healthy most of the time
   (e) not healthy almost all the time

(2) Are you happy with your job?
   (a) no complain at all
   (b) most of the time
   (c) sometimes not happy
   (d) not happy most of the time
   (e) not happy at all

(3) If you are not well, do you consult the company appointed doctor?
   (a) yes
   (b) no (why ..........................................................)

(4) Have you consulted a doctor in the last 12 months?
   (a) not at all
   (b) 1-3 times
   (c) 4-10 times
   (d) more than 10 times
(5) Do you ever consult your doctor when you are **well** for the purpose of discussion about your health and how to prevent sickness?
   (a) yes
   (b) no

(6) After you had seen a doctor, and the illness did not get better, do you
   (a) go to the same clinic for follow up
   (b) change clinic

(7) Are you satisfied with the present medical benefits provided by the company?
   (a) very satisfied
   (b) somewhat satisfied
   (c) satisfied
   (d) somewhat dissatisfied
   (e) very dissatisfied
   (f) if dissatisfied, why .................................................................
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(8) What are your reasons in choosing a particular doctor?
    (you may choose more than one answer)
   (a) near to your house
   (b) convenient opening hours (eg 24-hours)
   (c) more than 1 doctor in the clinic at one time
   (d) reputation of the doctor
   (e) personal liking for the doctor
   (f) recommendation of friends
   (g) others (specify .................................................................)
(9) If you do not like a particular clinic, is it because you
(you may choose more than one answer)
(a) don’t like the doctor
(b) don’t like the nurses
(c) long waiting time
(d) poor quality of medicine/treatment
(e) others (specify............................................................)

(10) Can you suggest any improvement to the medical benefits?
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(11) Would you agree to nominate a doctor of your choice to whom you
should see for all your medical problems?
(a) Yes
(b) no (why .................................................................)

(12) Are you satisfied with the present surgical and hospitalisation
insurance scheme?
(a) very satisfied
(b) somewhat satisfied
(c) satisfied
(d) somewhat dissatisfied
(e) very dissatisfied
(f) if dissatisfied, why .................................................................
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(13) Are you satisfied with the present panel of MAS doctors?
    (a) very satisfied
    (b) somewhat satisfied
    (c) satisfied
    (d) somewhat dissatisfied
    (e) very dissatisfied
    (f) if dissatisfied, why .................................................................
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        ......................................................................................

(14) Do you have any suggestion to improve the panel doctor system?
    (a) Yes
    (b) no (why .................................................................)

(15) Are you satisfied with the MAS medical center in KULAP?
    (a) very satisfied
    (b) somewhat satisfied
    (c) satisfied
    (d) somewhat dissatisfied
    (e) very dissatisfied

(16) If you not satisfied with the MAS medical center, what is the reason?
    (you may choose more than one answer)
    (a) don't like the doctor
    (b) don't like the nurses
    (c) long waiting time
    (d) poor quality of medicine
    (e) others .................................................................
        ......................................................................................
(17) Any other comments/suggestions?

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(18) Your Age:  
(a) <20  
(b) 20-29  
(c) 30-39  
(d) 40-49  
(e) 50-60  
(f) >60

(19) Your Race:  
(a) Malay  
(b) other bumiputras  
(c) Chinese  
(d) Indian  
(e) others (specify ........................................)

(20) Your Sex  
(a) male  
(b) female

(21) Grade of staff:  
(a) manager and above  
(b) executive  
(c) graded  
(d) cabin crew
(22) Do you work in shifts?
    (a) Yes
    (b) No

(23) How long have you worked in MAS?
    (a) < 5 years
    (b) 5 - 14 years
    (c) 15 - 24 years
    (d) > 25 years

(24) Location
    (a) KULAP
    (b) KULTO
    (c) KULKJ
SURVEY ON MEDICAL BENEFITS (CABIN CREW)

Please circle your choice (one answer only unless specified)

(1) Do you enjoy good health?
   (a) healthy almost all the time
   (b) healthy most of the time
   (c) not healthy some of the time
   (d) not healthy most of the time
   (e) not healthy almost all the time

(2) Are you happy with your job?
   (a) no complain at all
   (b) most of the time
   (c) sometimes not happy
   (d) not happy most of the time
   (e) not happy at all

(3) If you are not well, do you consult the company appointed doctor?
   (a) yes
   (b) no (why .................................................................)

(4) Have you consulted a doctor in the last 12 months?
   (a) not at all
   (b) 1-3 times
   (c) 4-10 times
   (d) more than 10 times
(5) Do you ever consult your doctor when you are **well** for the purpose of discussion about your health and how to prevent sickness?
   (a) yes
   (b) no

(6) After you had seen a doctor, and the illness did not get better, do you
   (a) go to the same clinic for follow up
   (b) change clinic

(7) Are you satisfied with the present medical benefits provided by the company?
   (a) very satisfied
   (b) somewhat satisfied
   (c) satisfied
   (d) somewhat dissatisfied
   (e) very dissatisfied
   (f) if dissatisfied, why ...........................................................................................................
      ........................................................................................................................................
      ........................................................................................................................................

(8) What are your reasons in choosing a particular doctor?
   (you may choose more than one answer)
   (a) near to your house
   (b) convenient opening hours (eg 24-hours)
   (c) more than 1 doctor in the clinic at one time
   (d) reputation of the doctor
   (e) personal liking for the doctor
   (f) recommendation of friends
   (g) others (specify ...........................................................)

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(9) If you do not like a particular clinic, is it because you
(you may choose more than one answer)
(a) don't like the doctor
(b) don't like the nurses
(c) long waiting time
(d) poor quality of medicine/treatment
(e) others (specify..........................................................)

(10) Can you suggest any improvement to the medical benefits?
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(11) Would you agree to nominate a doctor of your choice to whom you
should see for all your medical problems?
(a) Yes
(b) no (why .................................................................)

(12) Are you satisfied with the present surgical and hospitalisation
insurance scheme?
(a) very satisfied
(b) somewhat satisfied
(c) satisfied
(d) somewhat dissatisfied
(e) very dissatisfied
(f) if dissatisfied, why ..........................................................
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(13) Are you satisfied with the present panel of MAS doctors?
(a) very satisfied
(b) somewhat satisfied
(c) satisfied
(d) somewhat dissatisfied
(e) very dissatisfied
(f) if dissatisfied, why .................................................................
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(14) Do you have any suggestion to improve the panel doctor system?
(a) Yes
(b) no (why .................................................................)

(15) Are you satisfied with the MAS medical center in KULAP?
(a) very satisfied
(b) somewhat satisfied
(c) satisfied
(d) somewhat dissatisfied
(e) very dissatisfied

(16) If you not satisfied with the MAS medical center, what is the reason?
(you may choose more than one answer)
(a) don’t like the doctor
(b) don’t like the nurses
(c) long waiting time
(d) poor quality of medicine
(e) others .................................................................
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(17) Any other comments/suggestions?

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(18) Your Age:  
(a) <20
(b) 20-29
(c) 30-39
(d) 40-49
(e) 50-60
(f) >60

(19) Your Race:  
(a) Malay
(b) other bumiputras
(c) Chinese
(d) Indian
(e) others (specify ........................................)

(20) Your Sex  
(a) male
(b) female

(21) Grade of staff:  
(a) manager and above
(b) executive
(c) graded
(d) cabin crew

(22) How long have you worked in MAS?  
(a) new recruit
(b) < 2 years
(c) 2-9 years
(d) > 10 years