

Methods The data on personnel, business activities, investments in work disability prevention and the costs of work disability were obtained from the companies and their occupational health care. The practices, structures, resources, and processes of work ability management, as well as internal and external co-operation were investigated through questionnaires and group interviews of the top management, HRM, supervisors, and employee representatives. We used the case descriptions, the complete mixed method data sets as a basis of the qualitative comparative analysis.

Results The companies increased investments into work disability prevention during follow-up by about 0.25%–1.5% of the payroll. Work disability costs per person-year decreased in about half of the participating companies and their units. In relation to payroll, the change in work disability costs in the studied organisations was –2% to 1.5%. From 2009 to 2013, and from 2010 to 2013, five and nine companies, respectively obtained a net benefit from their investments into work disability prevention. The reasons for the reduction in work disability costs were:

- the dismantling of barriers to co-operation,
- the visibility in practice of the strategic goals of work ability management,
- the way in which the work disability management measures focused on the main work disability risks, and
- the facilitation of multi-actor co-operation through co-ordination and the flow of information.

Discussion Companies that succeeded in managing changes and in maintaining the structures, activities and co-operation of these operations received more net benefits than those whose management of operations was disturbed by, for example, operational restructuring, or a significant person leaving HRM, the occupational safety organisation or occupational health services.

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EMPLOYER ACCOMMODATIONS AND PRODUCTIVITY LOSS FOR LONG-TERM SICK-LISTED WORKERS BEFORE, DURING AND AFTER SICK-LEAVE

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10.1136/oemed-2018-ICOHabstracts.1552

Introduction The study aimed to explore which interventions were performed by employers for sick-listed workers, employer costs for these measures, and if sickness presenteeism before and after the sick-leave period created costs for the employer.

Methods A web-questionnaire was sent to 393 supervisors of sick-listed workers (>30 days) due to common mental disorders or musculoskeletal disorders randomly drawn from the national AFA Insurance registers. The questionnaire comprised questions about work tasks, accommodations and interventions to facilitate RTW, and estimated costs for these measures. Presenteeism was measured by questions on duration and degree of reduced work performance before and after sick-leave. Lost productivity during sick-leave was based on a question

regarding performance of replacements. Accommodations were grouped using factor analysis. Statistical analyses were performed with multiple logistic regression analysis.

Results Response rate was 50% (n=198). The most common interventions by supervisors were contacts with other stakeholders, most often HR, occupational health care, and/or Social Insurance Office. Changed work tasks were the most common interventions at the workplace and psychotherapy was the most common individual intervention. Supervisors had difficulties in estimating costs for these interventions. In multiple logistic regression analysis contacts with other stakeholders increased time to RTW (OR=0.68, p<0.02), changed or increased staffing reduced time to RTW (OR=1.43, p<0.05), as did ergonomic interventions (OR=1.74, p<0.004), and work task adjustments (OR=1.41, p<0.07). Demographic factors were not associated with time until RTW. Employer costs for productivity loss before, during and after sick-leave were on average 10 000 EUR.

Discussion Workplace interventions reduce time to RTW, while supervisory contacts with other stakeholders are associated with prolonged sick-leave. Costs due to presenteeism before and after RTW highlights the need for increased attention to preventive measures at the workplace before sick-leave, as well as for support during re-integration after RTW, to reduce productivity loss.

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DEVELOPMENT AND PILOT TESTING OF A TRIAGE TOOL FOR SICKNESS ABSENCE COUNSELLING OF SICK-LISTED WORKERS WITHOUT AN EMPLOYMENT CONTRACT

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10.1136/oemed-2018-ICOHabstracts.1553

Introduction Sick-listed workers without a (relative) permanent employment relationship, e.g. temporary agency workers and unemployed workers, are at higher risk for prolonged work disability compared to sick-listed employees. It is therefore important to start sickness absence counselling as early as possible. Triage – the process of prioritising patients on the base of the urgency of need for care – may facilitate this. The aim of this study was to develop and pilot test a triage tool to identify quickly the necessary intensity of counselling by the Social Security Agency (SSA) for sick-listed workers without an employment contract.

Methods Literature review, interviews and expert opinions were used to develop an initial triage tool. The developed tool consisted of a digital self-reported questionnaire for the worker and a (programmed) set of decision rules. Workers without an employment contract who were sick-listed between November 2016 and May 2017 at two locations of the Dutch SSA were requested to complete the questionnaire. Usability of the triage tool was evaluated by means of four group interviews with the occupational health care professionals of the SSA (e.g. sickness absence counsellors, insurance physicians).

Results The triage tool incorporated the workers perspective regarding the period of sickness absence, health status, their disability and several other risk factors. Approximately 5.300 sick-listed workers completed the questionnaire. The sickness