Documentation of work ability information and utilization of technology in occupational health care

Patient data for occupational health care customers can be found in several different electronic health record (EHR) systems, both in occupational health care and in EHR systems used in primary and specialized medical care. Up-to-date information should be available to all occupational health care providers and also to other health care providers at the right time and in the right place.

The quality of the information is a prerequisite for good patient care. Unified documentation practices improve data quality. The data must be complete, accurate and comparable. Data quality is also a prerequisite for secondary use of data, such as for administrative or statistical purposes and research. Recording data in a structured form is necessary for data transfer between different operators in order to secure the patient's follow up care and to utilize the data from the Patient Data Repository (Kanta). Harmonization of structural data in occupational health care enables data sharing in EHRs. In addition, the data can be utilized in various occupational health care reports such as the health status of workplace personnel, work ability, and the impact of workplace conditions on personnel.

The data model for the documentation of work ability in the EHR developed by Sari Nissinen includes the work ability data that occupational health care personnel think is necessary for the information exchange between professionals. These included data on the patient's health, their working conditions and safety, the patient's and a professional's assessments about work ability and a health care plan. According to the study, occupational health care personnel want to use the Patient Data Repository (Kanta) to search for information needed in nursing, but finding the information there was considered to be difficult. Mainly free-form work ability information has been recorded in the EHR systems. Work ability information is not easily available from EHR systems, and not enough information can be found in the Patient Data Repository either. According to the results, work ability data can be used to improve patient care, but recording of it in accordance with national guidelines should be increased. (Sari Nissinen. 2019. Putting the work ability data into use. The nationally uniform data model for the work ability data in patient record. Publications of the University of Eastern Finland. Dissertations in Social Sciences and Business Studies, No 187. University of Eastern Finland, University of Eastern Finland; 2019. http://urn.fi/URN:ISBN:978-952-61-2997-6)

In this issue, two articles are published on the results of a survey conducted by Sari Nissinen et al. "Documentation of illnesses' work-relatedness and effect to work ability in electronic health records of occupational health services" and "Importance and usefulness of documented work ability data in occupational health care - a survey for occupational health professionals".

The results showed that the documentation of illnesses' work-relatedness and effects on work ability is a forced functionality in EHRs. Assessment documentation could be skipped using EHR system's default options of a ready-made classification, such as the "not assessed" option. Most respondents felt the need to harmonize assessment practices. Unified documentation also benefits preventive work and work ability support by occupational health care, when data on illnesses'

work-relatedness and work ability is documented in the EHR so that it is also visible to other patient care professionals. The recording of work ability data was a free-form text. Mental and physical performance, work disability time, patient's and professional's assessments of work ability, work stress factors and a plan for returning to work were considered important work ability data. The majority of respondents used work ability data in patient care and believed that the data would also be useful to other health care professionals caring for the patient. The most appropriate data for national follow-up among work ability data at the population level were the diagnosis or the reason for care, health risk, work disability time and patient's and professional's assessments of work abilty. Based on the results of the surveys, there is a need for training in unified recording for occupational physicians and occupational health nurses as well as EHR system development. The recording of data in EHR system should be as smooth part of the reception process as possible and it should be possible to reuse the data once recorded in customer and patient work in population-level monitoring.

The attitudes of professionals working in occupational health care towards the utilization of technology and remote services also influence the deployment of new ways of working. Individuals' attitudes have been found to be mostly positive. Positive experiences are especially related to the improvement of work flow, more effective communication and improved availability of services. Changes in the work tasks of individuals are perceived as contradictory. Negative experiences included a reduction in face-to-face meetings, problems related to the use of technology and both client's and professionals insufficient skills and expertise in the use of technology. (Koivisto TA, Koroma J, Ruusuvuori J. Utilization of technology and remote services in occupational health care - the perspective of professionals. FinJeHeW 2019;11(3):183-197.)

The Covid-19 pandemic has increased the expansion of mobile work, so occupational health care needs to develop and deploy remote services for preventive occupational health care. According to the study by Karppi et al. the interest of occupational health care in the opportunities offered by technology, participation in the development of new working methods and learning new things were found to be factors promoting the deployment of remote services. In addition, the confidence of occupational health care customer organizations in the quality of occupational health care services and their ability to identify customer needs, as well as the positive attitude towards remote services were factors that promoted deployment.

The factors that slowed down or even prevented the development and deployment of remote counseling and guidance included unclear management vision and difficulty in identifying changing customer needs and skills required to deployment of remote counseling and guidance.

The utilization of technology and the importance of the deployment of remote services in occupational health care will increase with the change of work and the development of new and better technological solutions.

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