

Effectiveness of improved assessment and recording of work related primary care visits combined with enhanced follow-up in reducing work disability: a cluster randomized controlled trial

Submission date 12/04/2016	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 18/04/2016	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 16/03/2020	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Occupational health care (OHC) aims to keep employees healthy and safe at work and manage any risks in the workplace. Research has shown that healthy employees are good for business and it's important that OHCs and employers work together. Their cooperation results in the most efficient and valuable results, namely improved wellbeing and productivity at workplaces. This study looks at increasing occupational health (OH)/workplace co-operation by focusing on its quality, effectiveness and good practices.

Who can participate?

All employees of the workplaces that are clients of the OHC units recruited to the study.

What does the study involve?

OHC units are randomly allocated to one of two groups. Those in group 1 are placed in the intervention group Those in group 2 are placed in the control group. Doctors and nurses working in occupational health services in the intervention group are trained to improve their assessment and recording of work relatedness or potential impact on work ability of each primary care visit. As a patient visits a doctor with a complaint, the doctor assesses the patient's diagnosis with regard to work-relatedness or impact on work ability. This assessment is recorded on an electronic patient register. Once weekly an OH nurse accesses all client visits within the electronic register, which are tagged in the system as being work related or which have been tagged as potentially impacting on work ability and ensures that relevant procedures for addressing work ability are initiated. These procedures are case-specific, but may involve some of the following: a workplace assessment; rehabilitation; meetings with employers, occupational health professionals and the employee; referral to specialists (occupational health psychologists, occupational health physiotherapists, others). Occupational health doctors working in occupational health services in the control group may assess and record work

relatedness and impact on work ability. No effort is made for special follow up by occupational nurses, cases are dealt with within usual team meetings.

What are the possible benefits and risks of participating?

Participating in the intervention causes no harm to patients, service providers or client organisations. This improved follow up could present a new model of activities within occupational health, that connects health care with prevention of work disability.

Where is the study run from?

A number of OH centres that are part of the Dextra Pihlajalinna consortium.

When is the study starting and how long is it expected to run for?

November 2015 to June 2018

Who is funding the study?

European Social Fund

Who is the main contact?

Prof. Jukka Uitti

Contact information

Type(s)

Scientific

Contact name

Prof Jukka Uitti

Contact details

School of Health Sciences

University of Tampere

Medisiinarinkatu 3

Tampere

Finland

33014

Additional identifiers

Protocol serial number

N/A

Study information

Scientific Title

Does an intervention to increase assessment and recording of work related primary care visits' relation to work in occupational health services combined with enhanced follow-up reduce rates of work disability pensions as measured by disability pensions and sickness absences and disability pensions when compared with no intervention after two years? A cluster randomized controlled trial

Study objectives

Enhanced recording and assessment of primary care visits' work relatedness and diagnoses' impact on work ability of primary care visits and of occupational diseases at occupational health care units will initiate improved follow-up to address work-related problems, and through that, will reduce rates of work disability as defined by disability pensions and sickness absences and disability pensions among client organisations' employees at two years from start of intervention.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Pirkanmaa Hospital District review board, 10/03/2016, ref: R16041

Study design

Pragmatic cluster randomised controlled intervention trial. The trial will be conducted at 22 occupational health units (multisite).

Primary study design

Interventional

Study type(s)

Other

Health condition(s) or problem(s) studied

Work ability/work disability

Interventions

Intervention arm: Doctors and nurses working in occupational health services are trained to improve their assessment and recording of work relatedness or potential impact on work ability of each primary care visit. As a patient visits a doctor with a complaint, the doctor assesses the patient's diagnosis with regard to work-relatedness or impact on work ability. This assessment is recorded on an electronic patient register. Once weekly an OH nurse accesses all client visits within the electronic register, which are tagged in the system as being work related or which have been tagged as potentially impacting on work ability and ensures that relevant procedures for addressing work ability are initiated. These procedures are case-specific, but may involve some of the following: a workplace assessment; rehabilitation; meetings with employers, occupational health professionals and the employee; referral to specialists (occupational health psychologists, occupational health physiotherapists, others).

Control: Usual care. Occupational health doctors may assess and record work relatedness and impact on work ability. No effort is made for special follow up by occupational nurses, cases are dealt with within usual team meetings.

Intervention Type

Behavioural

Primary outcome(s)

Reduction in medium term (3-9 days) sickness absences from the workplace after the intervention up to two years of follow up as measured by OHS records

Key secondary outcome(s)

1. Reduction in long-term (9+ days) sickness absences from the workplace after the intervention until two years of follow up as measured by OHS records
2. Reduction in short term (up to three days) sickness absences from the workplace during the following two years from the start of the intervention as measured by self report or OHS report of sickness absence
3. Reduction of sickness absences of 60 days and over after the intervention until two years of follow up as measured by OHS records
4. Reduction of any form of work disability pensions as measured by an employee registering as receiving work disability pension on the central pensions register up to two years from the intervention

Completion date

30/06/2018

Eligibility**Key inclusion criteria**

All employees of the client organisations of the selected intervention arm occupational health care units will be eligible

Participant type(s)

All

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

Does not meet inclusion criteria

Date of first enrolment

14/04/2016

Date of final enrolment

01/05/2017

Locations**Countries of recruitment**

Finland

Study participating centre

Dextra Pihlajalinna Akaa - Kirkkotori 10

Akaa
Finland
37800

Study participating centre

Kamppi

Kampinkuja 2
Helsinki
Finland
00100

Study participating centre

Hämeenkyrö

Härkikuja 2
Hämeenkyrö
Finland
39100

Study participating centre

Jyväskylä

Cygnaeuksenkatu 8
Jyväskylä
Finland
40100

Study participating centre

Mänttä-Vilppula

Koneenhoitajankatu 2
Mänttä
Finland
37100

Study participating centre

Nokia

Välikatu 14
Nokia
Finland
37100

Study participating centre

Parkano

Parkanontie 48

Parkano

Finland

39700

Study participating centre

Pietarsaari

Alholmintie 43

Pietarsaari

Finland

68600

Study participating centre

Levi, Sirkka

Levintie 1590

Sirkka

Finland

99130

Study participating centre

Kehräsaari

Kehräsaari B, 3.krs

Tampere

Finland

33200

Study participating centre

Valkeakoski

Kirjaskatu 7

Valkeakoski

Finland

37600

Study participating centre

Munkkivuori

Raumantie 1 a

Helsinki
Finland
00350

Study participating centre

Ikaalinen

Vanha Tampereentie 18-20
Ikaalinen
Finland
39500

Study participating centre

Kangasala

Kaarninkuja 3
Kangasala
Finland
36220

Study participating centre

Kankaanpää

Kuninkaanlähteenkatu 8
Kankaanpää
Finland
38700

Study participating centre

Lappeenranta

Kaukaankatu 30
Lappeenranta
Finland
53200

Study participating centre

Kuusankoski

Marskinkatu 1
Kuusankoski
Finland
45700

Study participating centre**Pieksämäki**

Myllykatu 12
Myllykatu
Finland
76100

Study participating centre**Rauma**

Tikkalantie 6
Rauma
Finland
26100

Study participating centre**Vantaa**

Teknobulevardi 3-5, D-talo
Vantaa
Finland
01530

Study participating centre**Ylöjärvi**

Mikkolantie 9
Ylöjärvi
Finland
33470

Study participating centre**Jämsä**

Sairaalantie 11
Jämsä
Finland
42100

Sponsor information**Organisation**

University of Tampere

ROR

<https://ror.org/033003e23>

Funder(s)

Funder type

Government

Funder Name

European Social Fund

Alternative Name(s)

European Social Fund, Европейският социален фонд, Европейският социален фонд плюс, Fondo Social Europeo, Fondo Social Europeo Plus, Ευρωπαϊκό Κοινωνικό Ταμείο, Ευρωπαϊκό Κοινωνικό Ταμείο+, Ciste Sóisialta na hEorpa Plus, Ciste Sóisialta na hEorpa, ESF, ESF+, ЕСФ, ЕСФ+, FSE, FSE+, EKT, EKT+, CSE, CSE+

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Other

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	12/03/2020	16/03/2020	Yes	No
Protocol article	protocol	26/07/2017		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes