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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	**Recruitment status**	[_] Prospectively registered
12/04/2016	No longer recruiting	[X] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
18/04/2016	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
16/03/2020	Other	

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
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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
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

Secondary study design
Cluster randomised trial

Study setting(s)
Other

Study type(s)
Other

Participant information sheet
No participant information sheet available

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 measure
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

Secondary outcome measures
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

Overall study start date
01/11/2015

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

Age group
Adult

Sex
Both

Target number of participants
55000

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
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Mänttä
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37100

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Nokia
Välikatu 14
Nokia
Finland
37100

Study participating centre
Parkano
Parkanontie 48
Parkano
Finland
39700

Study participating centre
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Alholmintie 43
Pietarsaari
Finland
68600

Study participating centre
Levi, Sirkka
Levintie 1590
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Finland
99130

Study participating centre
Kehräsaari
Kehräsaari B, 3.krs
Tampere
Finland
33200

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Valkeakoski
Kirjaskatu 7
Valkeakoski
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37600

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Raumantie 1 a
Helsinki
Finland
00350

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Ikaalinen
Finland
39500

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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

Sponsor details
Kalevantie 4
Tampere
Finland
33014

Sponsor type
University/education

Website
http://www.uta.fi

ROR
https://ror.org/033003e23

Funder(s)

Funder type
Government

Funder Name
European Social Fund

Alternative Name(s)
Европейският социален фонд, Evropský sociální fond, Den Europæiske Socialfond, Europäischer Sozialfonds, Euroopa Sotsiaalfond, Ευρωπαϊκό Κοινωνικό Ταμείο, Fondo Social Europeo, Fonds social européen, Europski socijalni fond, Fondo sociale europeO, Eiropas Sociālais fonds, Europos socialinis fondas, Európai Szociális Alap, Fond Soċjali Ewropew, Europees Sociaal FondS, Europejski Fundusz Społeczny, Fundo Social Europeu, Fondul Social European, Európsky sociálny fond, Evropski socialni sklad, Euroopan sosiaalirahasto, Europeiska socialfonden, European Social Fund, Fondo Social Europeo Plus, Европейски социален фонд плюс, Evropský sociální fond plus, Europæiske Socialfond Plus, Europäische Sozialfonds+,

Euroopa Sotsiaalfond+, Ευρωπαϊκό Κοινωνικό Ταμείο+, Fonds social européen+, Europski socijalni fond plus, Fondo sociale europeo Plus, Eiropas Sociālais fonds Plus, Europos socialinis fondas +, Európai Szociális Alap Plusz, Europees Sociaal Fonds Plus, Europejski Fundusz Społeczny Plus, Fundo Social Europeu Mais, Fondul social european Plus, Európsky sociálny fond +, Evropski socialni sklad +, Euroopan sosiaalirahasto plus, Europeiska socialfonden+, ESF, ЕСФ, EKT, FSE, ESZA, EFS, ESS, ESR, ESF+, ESZA+, EFS+, FSE+, ESS+, ESR+

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location

Results and Publications

Publication and dissemination plan
Not provided at time of registration.

Intention to publish date
01/12/2018

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Other

Study outputs

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