# 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 No longer recruiting	<ul><li>Prospectively registered</li></ul>		
12/04/2016		[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

Prof Jukka Uitti

#### Contact details

School of Health Sciences University of Tampere Medisiinarinkatu 3 Tampere Finland 33014

## 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

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

## 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, Europa Sotsiaalfond, Eupωπαϊκό Κοινωνικό Ταμείο, Fondo Social Europeo, Fonds social européen, Europski socijalni fond, Fondo sociale europeO, Eiropas Sociālais fonds, Europos socialinis fondas, Európai Szociális Alap, Fond Socjali 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, ECΦ, 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?
<u>Protocol article</u>	protocol	26/07/2017		Yes	No
Results article	results	12/03/2020	16/03/2020	Yes	No