

# 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

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<b>Registration date</b> 18/04/2016	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 16/03/2020	<b>Condition category</b> 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

## 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?
<a href="#">Results article</a>	results	12/03/2020	16/03/2020	Yes	No
<a href="#">Protocol article</a>	protocol	26/07/2017		Yes	No