The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

York Trials Unit
Department of Health Sciences

NHS
South Tees Hospitals
NHS Foundation Trust

OPAL

Occupational advice for Patients undergoing Arthroplasty of the Lower limb

The OPAL Study: Occupational Checklist
PHASE 2: Screening for Feasibility

(IRAS ID:200852, Version 1.0 27/02/2018)

TO BE COMPLETED BY ALL PATIENTS:

Date: ..... / ..... / .....

Are you currently in 'work' or have you 'worked' in the last 3 months? This can include full-time, part-time, self-employed or volunteer (including unpaid carers) work roles	**YES** ☐ **NO** ☐ (If you answered 'Yes' – please complete sections 1 & 2 below and on page 2)

TO BE COMPLETED BY THE PATIENT IF THEY ARE IN WORK
('YES' response above)

Section 1: Patient information

1. Age: ☐ ☐ ☐ years	**2. Gender:** Male ☐ Female ☐

THE FOLLOWING QUESTIONS ASK YOU ABOUT YOUR **USUAL** JOB:

Section 2: Employment details

1. In your own words please describe your job title / the work you do or have done within the last six months?

2. Are any of the following activities essential to your work?

- ☐ Standing / walking for prolonged periods
- ☐ Sitting for prolonged periods
- ☐ Kneeling
- ☐ Climbing – including stairs
- ☐ Lifting / manual handling
- ☐ Bending or crouching

3. Which of these best describes your usual work? (please tick one box only)

- ☐ Employed Full-time
- ☐ Employed Part-time
- ☐ Self employed
- ☐ Unpaid work – Carer, volunteer, housework
- ☐ Other

4. Please record the number of hours you work each week (when doing your usual job(s))? (please record number of hours to the nearest hour)

Employed Full-time	☐☐ hours
Employed Part-time	☐☐ hours
Self employed	☐☐ hours
Unpaid work – Carer, volunteer, housework	☐☐ hours
Other	☐☐ hours

5. As part of your job are you required to work rotating shifts? Yes ☐ No ☐

6. Do you drive yourself to work? Yes ☐ No ☐

7. Do you have to drive while at work? Yes ☐ No ☐

8. Do you have access to an occupational health service through your employer? Yes ☐ No ☐ Don't know / Unsure ☐

TO BE COMPLETED BY THE CLINICAL TEAM:

1. Outcome of surgical consultation: Was the patient listed for a primary elective hip or knee replacement for an indication **other than** acute trauma, infection or cancer?	**YES** ☐ **NO** ☐
2. Is the patient currently 'working' or have they 'worked' in the last 3 months (see page 1)?	**YES** ☐ **NO** ☐
3. Does the patient intend to return to work after their hip or knee replacement?	**YES** ☐ **NO** ☐
4. Was the information on Page 2 reviewed as part of the decision making process during the consultation?	**YES** ☐ **NO** ☐
5. Is the patient aged 16 or older?	**YES** ☐ **NO** ☐
6. Are you confident that the patient will understand written materials provided in English?	**YES** ☐ **NO** ☐
If answer to all 6 questions above is 'YES' then the patient is eligible for inclusion in the OPAL PHASE 2 study. **PATIENT ELIGIBLE?**	**YES** ☐ **NO** ☐

Please ask the clinic team to contact the research nurse assigned to the study and provide the patient with the 'OPAL PHASE 2 study' patient information sheet.

TO BE COMPLETED BY THE RESEARCH TEAM:

RESEARCH SITE ID	☐☐☐
SCREENING LOG ID	☐☐☐
CONSENT LOG ID (for those patients eligible and consenting to participation in the OPAL PHASE 2 study)	☐☐☐

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Return to work coordinator checklist

The OPAL study group

If found please return to:

Introduction

The 'return to work' coordinator has a key role to play in the OPAL program. This workbook outlines the tasks of the coordinator and provides a means for them to record their activity and the interactions they have with each individual patient and the hospital orthopaedic team looking after them. It should be used alongside the other resources created to support the return to work coordinator role. These include:

- Return to work co-ordinator information resource
- Examples of completed patient 'return to work' workbook sections:
    - Job demands
    - Impact of hip or knee on ability to work
    - Return to work plan
- OPAL website (www.opalreturntowork.org.uk)
- Training resources and slides

The workbook acts as a checklist of activities to help the return to work coordinator manage the return to work process for each of their patients. **The return to work coordinator should complete a workbook for every patient within the OPAL program, creating an individual record for each patient.** Workbooks should be stored securely by the return to work co-ordinator alongside the other documents for that patient (completed occupational checklist, contact details form etc.)

The tasks of the return to work coordinator are summarised on the next page in the form of a checklist. Further details for each task, with space to record the interactions and contacts you have with each patient are given in the remainder of the workbook.

Checklist

Task	Description
1	Collate the occupational checklist and contact details forms sent to you by the outpatient clinic team.
2	Send the 'GP information letter' to the GPs of each patient recruited to the OPAL program. (**FOR THE FEASIBILTY STUDY THIS WILL BE DONE BY THE RESEARCH TEAM)**
3	Contact each patient recruited in to the OPAL program at least 4 weeks prior to surgery: 1. Review the following information with them: • Occupational checklist • Job demands information (PATIENT STEP 1) • Impact of hip or knee on ability to work / barriers and solutions to return to work (PATIENT STEP 1) • Patient's provisional return to work date (PATIENT STEP 2) • Return to work plan (PATIENT STEP 3) 2. Encourage discussion about/coach patient regarding communication with employer/workplace 3. Set targets with patient based on the information above 4. Refer patient on to other services / signpost to other resources where necessary 5. Discuss the possibility of revising return to work plan based on surgical outcome and post-operative recovery 6. Arrange further contact with patient based on need risk 7. Remind patient to bring their return to work workbook to all hospital appointments and to the ward when they are admitted for surgery
4	Highlight patient to the teams managing pre-operative education and assessment
5	Highlight patient to the ward team and inpatient therapy teams when they are admitted for surgery
6	Liaise with the ward team and inpatient therapy teams in the 48-72 hours after surgery to: 1) Determine whether there are any issues with early recovery that may impact on the patients return to work plan 2) Emphasize importance of discharge communication and correct fit note prescribing
7	Contact patient based on calls to the return to work co-ordinator helpline
8	Revise return to work plan with patient based on information from Tasks 6 and 7
9	Provide point of access until 16 weeks post-surgery

Details for each TASK: Pre-operative

TASK 1: Collate the occupational checklist and contact details forms sent to you by the outpatient clinic team.

The return to work co-ordinator will receive completed occupational checklists and contact details forms for all patients from the clinics of consultants participating in the OPAL program. The occupational checklists record the patients pre-operative work status alongside details of their work demands. These checklists need to be collated and stored by the return to work coordinator. You may wish to record some information from the occupational checklist and contact details from in the space below. In this way you will always have them to hand.

Date the occupational checklist and contact details form were received:
Notes:
Time spent on this task (minutes):

TASK 2: Send the 'GP information letter' to the GPs of each patient recruited in to the OPAL program.

For each patient recruited in to the OPAL program we would like the return to work co-ordinator to send a copy of the GP information letter to the patients GP. This informs their GP that they been recruited in to the OPAL study and also provides some basic information about what OPAL is and how the OPAL program works.

FOR THE FEASIBILTY STUDY THIS WILL BE DONE BY THE RESEARCH TEAM

TASK 3: Contact each patient recruited in to the OPAL program at least 4 weeks prior to surgery

This is the key task for the return to work co-ordinator. Contact needs to happen at least 4 weeks prior to surgery to give enough time for the patient to create an effective return to work plan. **For the feasibility stage we are interested to know how easy (or difficult) it was to contact the patient and the time getting in contact with the patient and undertaking the task.**

IT IS NOT EXPECTED THAT THE RETURN TO WORK CO-ORDINATOR WILL WRITE A RETURN TO WORK PLAN FOR THE PATIENT. THE RETURN TO WORK CO-ORIDNATOR ROLE IS ABOUT ENCOURAGING AND NURTURING PATIENTS, CHECKING PROGRESS, SETTING GOALS AND TARGETS, GIVING EXAMPLES AND SIGN-POSTING TO RELEVANT INFORMATION RESOURCES.

During the contact there are a number of areas to discuss. These are given in the checklist but are also listed below. Covering them in this order is useful as they naturally follow on from one another.

1. Review the following information with them:
   - Occupational checklist
   - Job demands information (PATIENT STEP 1 – Refer to examples provided)
   - Impact of hip or knee on ability to work / barriers and solutions to return to work (PATIENT STEP 1 – Refer to examples provided)
   - Patient's provisional return to work date (PATIENT STEP 2)
   - Return to work plan (PATIENT STEP 3 – Refer to examples provided)
2. Encourage discussion about/coach patient regarding communication with employer/workplace
3. Set targets with patient based on the information above
4. Refer patient on to other services / signpost to other resources where necessary
5. Discuss the possibility of revising return to work plan based on surgical outcome and post-operative recovery
6. Arrange further contact with patient based on need and perceived level of risk
7. Remind patient to bring their return to work workbook to all hospital appointments and to the ward when they are admitted for surgery**.**

Date of meeting:

Phone meeting ☐ Face to face meeting ☐ Other ☐

Number of attempts required to contact patient:

Time spent contacting the patient (minutes):
NB. This should not include the time spent on the meeting

Meeting notes:

Further meeting arranged: Yes ☐ No ☐ Date:

Time spent on the meeting (minutes):

Additional meeting / Additional notes 1:

Date of meeting: Meeting notes: Further meeting arranged: Yes ☐ No ☐ Date:
Time spent on the meeting (minutes):

Additional meeting / Additional notes 2:

Date of meeting: Meeting notes: Further meeting arranged: Yes ☐ No ☐ Date:
Time spent on the meeting (minutes):

Additional meeting / Additional notes 3:

Date of meeting: Meeting notes: Further meeting arranged: Yes ☐ No ☐ Date:
Time spent on the meeting (minutes):

Task 4: Highlight patient to the teams managing pre-operative education and assessment

The return to work co-ordinator should contact the teams involved in the pre-assessment and pre-education of hip and knee replacement patients. This will help them to identify OPAL patients when they attend for their appointments and allow them to discuss the patient's return to work with them

Date the pre-operative education and assessment teams were contacted:
Notes:
Time spent on this task (minutes):

Task 5: Highlight patient to the ward team and inpatient therapy teams when they are admitted for surgery

The return to work co-ordinator should contact the ward and inpatient therapy teams before the patient attend for their surgery. This will help these teams to identify OPAL patients and allow them to discuss the patients return to work with them during their inpatient stay.

Date the ward team and inpatient therapy teams were contacted prior to surgery:
Notes:
Time spent on this task (minutes):

Details for each TASK: Post-operative

Task 6: Liaise with the ward team and inpatient therapy teams in the 48-72 hours after surgery to:

- Determine whether there are any issues with early recovery that may impact on the patients return to work plan
- Emphasize importance of discharge communication and correct fit note prescribing

The return to work co-ordinator should contact the ward and inpatient therapy teams in the 48-72 hours after the patient has had surgery to check the patient's progress prior to discharge. This will help determine whether any changes to the patient's return to work plan might be needed e.g. If there surgery was more complex than expected or if specific restrictions were placed on the patient in the post-operative period. At this time they should also emphasise to the ward teams the importance of completing the discharge letter as described in the OPAL communication guidance and remind the junior doctors about the importance correct fit note prescription.

Date the ward team and inpatient therapy teams were contacted after surgery:
Notes:
Time spent on this task (minutes):

Task 7: Contact patient based on calls to the return to work co-ordinator helpline

Please document whether the patient called the helpline, the nature of their call, actions taken and the time spent dealing with each problem.

Date of call to helpline:
Nature of call:
Action e.g. called back, referred on to other service, reviewed in clinic etc:
Time spent on this call (minutes):

Date of call to helpline:
Nature of call:
Action e.g. called back, referred on to other service, reviewed in clinic etc:
Time spent on this call (minutes):

Date of call to helpline:
Nature of call:
Action e.g. called back, referred on to other service, reviewed in clinic etc:
Time spent on this call (minutes):

Task 8: Revise return to work plan with patient based on information from Tasks 6 and 7

If any changes were made to the patient's return to work plan due to issues arising from Tasks 6 or 7 please record these below:

Changes to return to work plan: Date changes made:
Time spent on this task (minutes):

Task 9: Provide point of access until 16 weeks post-surgery

Self-explanatory but important to remember!! The co-ordinator may be contacted even after the patient is discharged from the care of the orthopaedic team. The OPAL program runs until 16 weeks post-operatively as we know most people haven't returned to work at the point they are discharged from orthopaedic care.