

Online supplementary file S2

Overview of the intervention care programme and multifaceted implementation strategy

Type of strategy	Description of care program
Directed at patients	
Information email	Before surgery, patients received information about the web portal and its functionalities by email. A manual was accessible on the web portal. On request, instructions were given by telephone.
Reminder email	If patients had not activated their account on the web portal, an automatic electronic reminder was sent 1 week before surgery, and if necessary, 1 week after the surgery.
Tailored convalescence plan	The most important functionality on the web portal was a tool to generate a personalized convalescence plan, which included tailored instructions on the resumption of activities (selected by the patient) after surgery, allowing planning of (work-)activities (figure 2).
Interactive self-assessment tool	If recovery fell behind, an alerting system advised patients to contact a specific health care professional, depending on the underlying reason
Standardized discharge procedure	At discharge, patients received printed general recommendations on the resumption of their normal activities by one of their care-providers and were verbally instructed to visit the web portal.
Directed at professionals	
Educational training sessions	Before the start of each implementation phase of a cluster, all physicians and nurses involved in patient care were invited for (two separate) 30-minute educational training sessions, in which the new care program was explained and background information was given about the multidisciplinary guideline on convalescence advice.
Reminder pocket card	The summarized guidelines were printed on pocket cards for quick reference during interaction with patients.
Reminder in patient records	Visual reminders in patient records stimulated physicians to follow the standardized discharge routine.
Reminder newsletters	During the intervention-phase of the trial, newsletters were spread every 3 months to reinforce the different aspects of the care program and give feedback on performance.
Directed at the organization of care	
Web portal (eHealth intervention)	For patients, the web portal provided a tool to monitor their recovery, facilitating self-management. For professionals, the web portal gave access to their patients' tailored convalescence plans in order to decrease variation in advice. In addition, inter-professional communication was facilitated.
Care managers (occupational intervention)	Continuity of care services was maintained by eight clinical occupational physicians, who were trained before the start of the trial during two 2½ hour interactive training sessions. Patients at risk for prolonged sick leave (i.e. had an inadequate expectation towards own work resumption or had a low intention to resume work-activities while recovering) were offered consultations by telephone, both before and after surgery to optimize their expectations.