

Original article

Scand J Work Environ Health. 2015; 41(6):529–541

Implementation of the Danish return-to-work program: process evaluation of a trial in 21 Danish municipalities¹

by Birgit Aust, PhD,² Maj Britt D Nielsen, PhD, Gry Grundtvig, MSc, Helle L Buchardt, MPH, Linnea Ferm, MSc, Irene Andersen, MSc, Trine L Lund, MSc, Martin Ohmann Claudio Jelle, MSSc, Malene F Andersen, PhD, Jørgen V Hansen, PhD, Torill Tverborgvik, PhD, Trine Helverskov, MSc, Jakob Bue Bjørner, PhD, Reiner Rugulies, PhD, Palle Ørbæk, DrMedSc, Glen Winzor, MSc, Ute Bültmann, PhD, Otto M Poulsen, DrVetSc

¹ Appendix: Data sources used for the process evaluation of the RTW program

² Correspondence to: Birgit Aust, PhD, National Research Centre for the Working Environment, Lersø Parkalle 105, DK-2100 Copenhagen, Denmark. [E-mail: bma@nrcwe.dk]

Questionnaires and assessment	
<i>Questionnaire to managers of the sickness benefit offices</i>	All twenty-one managers from the municipal sickness benefit offices returned a questionnaire with questions about how they had experienced the implementation process, including questions about staff turnover and how internal and/or external contextual changes might have influenced the implementation (IC 27-29).
<i>Questionnaire to participants in the group courses offered by RTW-team members</i>	The purpose of this questionnaire survey was to elucidate the beneficiaries' experience and benefit from the courses offered by RTW team members (IC 25-26). The survey was conducted among participants in group courses in all 20 municipalities in the second year of the program. The questionnaire was distributed during the courses during one week in December 2011. The questionnaire was handed out only once on each course, also if the same course took place twice in that week. The same person could receive the questionnaire twice, if the person in that week participated in two different group courses. The questionnaire was distributed by the RTW team member responsible for the course. The questionnaires were distributed to 75 different courses in all municipalities, but the number of

	<p>participants was only recorded in 57 courses. Based on these 57 courses the response rate was 81.4%. All responses are included in the descriptive analysis. Due to the small number of respondents from some municipalities it is not possible to how the results for each municipality separately with regard to this survey.</p>
<i>Assessment of RTW team's group courses</i>	<p>In September 2011, all RTW municipalities were asked to submit information about the group courses that had been created by the RTW team. The aim was to investigate what kind of courses RTW team members had developed (IC 17). All municipalities submitted an overview or brochures of their group courses.</p>
Interviews	
<i>RTW-team members</i>	<p>Semi-structured interview with the RTW team members were conducted in all municipalities. Team members were asked to describe how they experienced the program, what kind of problems they faced during the implementation and how they dealt with these challenges. With few exceptions the interviews were organized as mono professional group-interviews, i.e. in each municipality a group interview was conducted separately with all RTW-coordinators, all psychologists, all physical therapists and all physicians. The interviews were recorded, transcribed and coded in NVivo 9 (QSR International Pty Ltd., Version 9. 2010). The interviews are one of the two data sources for elucidating fidelity (IC 5-13) and dose-delivered (IC 14-20) as well as to investigate if RTW team members were recruited before the start of the intervention (IC 4). Information for IC 4 was not available from all municipalities.</p>
Data registered at the sickness benefit office	
<i>Data collected for the study through a web survey program</i>	<p>At the first RTW assessment and subsequent RTW consultations SIOs used a web survey program to record information that were used for the assessment of the recruitment of the expected number of participants in each municipality (IC 1), information about the categorization of beneficiaries (IC 2) and the dates of onset of sickness absence and the first case management interview with the RTW coordinator (IC 3). This data was also used to assess how many of the recruited beneficiaries participated in at least one case management interview with the RTW coordinator (IC 21).</p>
<i>Administrative data</i>	<p>To assess IC 22 (percentage of beneficiaries assessed by psychologists/physical therapists), IC 23 (percentage of beneficiaries assessed by a physician/a psychiatrist) and IC 24 (close contact to employers) we used data from a</p>

	<p>detailed analysis of RTW program activities applied to individual beneficiaries. This analysis is based on municipalities' case records. We analyzed the municipal registration system for cases referred to the RTW program during the period 1 June 2010 to 31 May 2011 (4.290 cases). To guarantee that municipalities had developed a certain routine in their procedures, only cases from the 13 municipalities that started with the RTW program in April 2010 were included. (One of these municipalities is treated as two separate municipalities in this article (see method section), explaining why 14 results are presented in table 2).</p> <p>The data collection was dependent on what SIOs registered in their administration system. Registration varied between municipalities and between SIOs leading to large variations in the registration of activities that not necessarily reflected the real variation in these activities. Especially activities that from the SIOs perspective did not require registration (activities only registered for documentation purposes for the RTW-program) were treated very differently. We only collected data for cases that had at least been active for three months and many cases were still ongoing. For the ongoing cases registration might not have happened yet, as some SIOs only registered activities when the case was closed. Thus, the data can only be used to show rough trends regarding the activities conducted during the RTW program.</p>
Field notes from process consultants	
	<p>To facilitate the implementation of the program, two process consultants held regular meetings with RTW teams and the municipal managers in all municipalities. At least three consultation meetings were held in each municipality. More meetings were held if needed. The meetings were used to discuss challenges in the implementation of the RTW-intervention project and to develop appropriate solutions. Through these meetings the process consultants gained insights into how the program was implemented and how specific circumstances and / or contextual factors had affected the implementation of the project. After each meeting the process consultants prepared field notes on their observations. Although these activities (meetings and field notes) were conducted to guide the municipalities in their implementation process, we used this accumulated knowledge as one of the two data sources for elucidating fidelity (IC 5-13), dose-delivered (IC 14-20) and to investigate if RTW team members were recruited before the start of the intervention (IC 4). Information on IC 4 is not available from all municipalities.</p>