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## Introduction Script

*Hello, my name is <insert name of interviewer>. I am a <insert position and company>. The CDC has contracted with NORC at the University of Chicago to implement different elements of the STEADI community-based fall prevention initiative in Emory primary care clinics. STEADI is a coordinated approach to prevent falls in older adults through screening patients for fall risk, assessing modifiable risk factors, and intervening with effective strategies. The goals of the project are to:*

- Provide evidence of STEADI's impact on falls and health care costs over a one year period in participating primary care settings,*
- Provide evidence regarding less resource intensive implementations of STEADI,*
- Translate these research findings into estimates of the cost-effectiveness associated with STEADI,*
- Provide a wealth of quantitative and qualitative information on the implementation of STEADI in clinical settings*

*We are interested in asking you some questions about the implementation of STEADI to provide lessons learned to other health organizations. The results from the study will be used to better understand the barriers and facilitators to implementing the various components of STEADI and to improve the implementation of STEADI in reducing falls and injuries.*

*Your participation in this study is voluntary. If there are any questions you prefer not to answer, we can skip them, and you can end the interview at any time. We value your input regarding ways to implement STEADI. All of your responses will be kept private and we will not report anything about you individually. We expect this interview to last 45 minutes.*

Do you consent to be interviewed for this study? [ ] Yes [ ] No

If No: *I understand, thank you for your time*

**\*\*End interview\*\***

If Yes: *Thank you for participating in the study.*

*Do you mind if I record the interview to ensure accurate note taking? You can still participate if you don't want the interview to be recorded. [ ] Yes [ ] No*

*We will destroy the audio recording when the study is completed.*

## Attachment E1 - Provider Interview Guide

*If you have any questions about the study, please contact the NORC Project Director, David Rein, at (404)-240-8402. If you have questions about your rights as a research participant, you may call the NORC Institutional Review Board Manager toll-free at 1-866-309-0542.*

Can you please tell me your name, position, a brief job description, and the number of years you have worked at [NAME OF CLINIC]?

Name:	_____
Position Title:	_____
Brief job description:	_____
Years at Clinic X:	_____

## Questions that explore fidelity

First we would like you to help us get a better sense of how the STEADI project is working in your clinic.

1. How do you know whether you should use the fall prevention intervention with a patient?  
Prompts: Does the operations manager tell you at the beginning of the day? Does a nurse inform you?
2. For patients that are assigned to the fall prevention intervention, can you please walk us through a typical patient visit?
  - a. How is this different from your patient visits for patients that don't receive a fall prevention intervention?
  - b. How is decision making about falls prevention different for those that receive the falls prevention intervention compared to those who do not?
  - c. Prior to this study, did you discuss fall prevention with your patients?

## Questions on ease or difficulty of use

*This second set of questions will ask about the ease or difficulty of using the STEADI falls prevention intervention.*

3. Can you please describe any challenges you have experienced while addressing fall risks identified by the nurse?  
Prompts:
  - a. Integrating the fall prevention intervention into the patient visit?
  - b. Discussing the recommended fall prevention strategies with the patient?
  - c. Entering data into the electronic health record?
  - d. How has this project changed your workflow?
4. What adjustments have you had to make to get implementing fall prevention to work for you in your patient encounters?
5. What aspect of the risk assessment information is most challenging to implement? Which is least challenging?

## Questions about time

*This next set of questions will ask you to consider the time it takes to implement the fall prevention intervention.*

6. On a typical visit, how much time does it take you to go through the risk assessment summary provided by the nurse?

- a. How much time do you spend on a typical visit for patients not assigned to the fall prevention intervention?
7. Do you have enough time in the allotted appointment time to review and address each risk?
8. Which aspect of the risk assessment summary takes the most time to review and address?
9. Are there any aspects of the risk assessment summary that you generally spend less time on?
  - a. What do you think is the reason for this? Prompts: time constraints, belief that assessment not as useful, belief that prevention strategy not as beneficial
10. Can you please share any general thoughts about the time and capacity required to implement the fall prevention intervention?

## Questions about communication between providers and nurses

*The next set of questions asks about the patient hand off from the STEADI nurse to provider.*

11. Can you please describe what happens during the patient hand off from the STEADI nurse?  
Prompts and/or follow-up questions:
  - a. What information is relayed during the hand off?
  - b. How does the nurse walk through the summary of risk assessment recommendations?
    - i. Is that summary shared electronically? Verbally? By paper chart? Some combination?
    - ii. How do you know what referral, actions, or discussions are needed for the following recommendations:
      - (1) Physical therapy
      - (2) Community-based exercise
      - (3) Ophthalmology or optometry
      - (4) Podiatry
      - (5) Medication management
      - (6) Orthostatic hypotension
      - (7) Management of comorbidities associated with fall risk
      - (8) Vitamin D
12. How long does the hand off of the patient and risk assessment information usually take?

## Questions about perceived efficacy

*The next set of questions asks about patient knowledge, awareness, and behavior.*

13. To what extent do you feel like you are effectively increasing patient knowledge and awareness about how to prevent falls through the fall prevention intervention? Could you please provide one or two examples of why you think this?
  - a. What type of fall prevention information are patients most receptive to? Least receptive to?  
Could you please provide one or two examples of why you think this?
14. To what extent do you feel like you are able to influence your patient's behavior with respect to fall prevention? Could you please provide one or two examples of why you think this?
15. Do you believe the fall prevention interventions prescribed to your patients are beneficial? And can you please provide one or two examples of why you think this?
16. Can you please describe other strategies you think are important to consider when trying to increase patient knowledge or change their behaviors related to fall prevention?

17. Relative to what is important to you as a provider, how important is falls prevention?

## Questions about patient engagement

*This last set of questions asks about patient engagement.*

18. What approaches to connecting with or engaging patients have worked well while implementing the fall prevention intervention?

a. What approaches haven't worked very well?

19. How do you think your patients view fall prevention?

Prompts:

a. Do they think it's important?

b. Do they believe they can prevent falls?

c. Do they seem to want to follow medical advice or are some of them resistant? If they are resistant or don't think falls prevention is important, why do you think that's the case?

## Termination Script

*Thank you for taking the time out of your schedule to speak with us today. The information you provided, and your experiences, will help inform our evaluation. We appreciate and value your contribution.*