

Form Approved

OMB No. 0920-XXXX

Exp. Date xx/xx/20xx

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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 for modifiable risk factors, and intervening with effective strategies. The goals of the projects 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 to obtain information 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 fall 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 the ways to implement STEADI. All your responses will be kept private and we will not report anything about you individually. We expect this interview to last 30 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 E3 - Operations Manager 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 as your role as operations manager, and the number of years you have worked at Clinic X?

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

General questions

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

1. During STEADI weeks, can you please walk us through how the implementation of STEADI works?
 - a. What staff are needed to implement STEADI?
2. How do you think STEADI is working in your clinic logistically?
In terms of
 - a. Sending out the Screener?
 - b. Scheduling patients? Is this any different during STEADI weeks than usual care?
 - c. Space to conduct risk assessments?
 - d. Timing of risk assessments prior to appointment?
3. To what extent has implementing the STEADI project required you to make changes to the clinic workflow?
4. Can you please describe any challenges to implementing STEADI in your clinic?
5. Can you please share feedback, if any, from patients on the Screener, risk assessments, or any part of the falls prevention intervention?
6. What feedback from providers have you heard about the impact of STEADI on their patients?
7. How valuable do you think this STEADI initiative is in improving patient health?
8. How sustainable is this model after the project ends? What recommendations can you provide to make it sustainable?

Questions about time

This next and final set of questions will ask you to consider the time it takes to implement STEADI.

9. On average, how much time does it take the STEADI assistant to complete the Screener with patients?
10. On average, how much time does it take the STEADI nurse to complete the risk assessments for:
 - a. Patients in the Full STEADI arm?
 - b. Patients in the Physical Therapy STEADI arm?
 - c. Patients in the Medication Management STEADI arm?
11. On average, how much time do you think it takes providers to go through the risk assessment summary sheet with patients?
12. What feedback have you heard from providers on how STEADI has impacted/changed their workload?

13. Can you please share any general thoughts about the time and capacity required to implement STEADI in your clinic?

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. Thank you.