



## **STRIDE INTERVENTION: FALLS CARE MANAGEMENT**

The STRIDE intervention **focused on quality improvement** and included a multifactorial risk assessment and individually tailored set of recommendations/interventions. The intervention utilized a primary care co-management model with nurse Falls Care Managers (FCM) that follows four steps:

- Risk assessment by a FCM using a standardized structured visit note.
- Use of structured visit notes and algorithms to develop an individualized Falls Care Plan by the FCM presented to the patient's primary care physician (PCP) for modification and approval, to include:
  - Fall risk reduction interventions that the FCM directly implement;
  - Recommendations that the PCP implement (e.g., medication changes);
  - Referrals to health providers or community-based organizations for more detailed assessment or implementation of specific components identified in the Risk Assessment.
- Explanation of identified risks to the patient (and caregiver, when appropriate) and suggested interventions, using motivational interviewing to elicit patient preferences and readiness to participate in treatments.
- Ongoing monitoring of response to treatment as indicated in the Care Plan and reassessment of risk factors at scheduled intervals by the FCM with revision of the Care Plan as needed.

The intervention data are from the following three areas:

- 1. Initial Assessment by the FCM**
- 2. Data from physician examination and fall risk factor protocols**
- 3. Patient's priority of risk factor and action steps noted by FCM**

# ASSESSMENTS

| <b>Assessment Information</b>  |   |
|--|---|
| Assessment Date<br><b>[ai_assess_date]</b>   | M M D D Y Y Y Y<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>2 0 <input type="text"/> <input type="text"/>   |
| Assessment Type<br><b>[ai_assess_type]</b><br><br>*NOTE: Visit information:<br>v#_ (# = 0,6,12,24,36,ah) | <input type="checkbox"/> <sub>1</sub> Initial<br><input type="checkbox"/> <sub>2</sub> Ad Hoc<br><input type="checkbox"/> <sub>6</sub> 6-Month<br><input type="checkbox"/> <sub>12</sub> 12-Month<br><input type="checkbox"/> <sub>24</sub> 24-Month<br><input type="checkbox"/> <sub>36</sub> 36-Month |
| Assessment Location<br><b>[ai_assess_loca]</b>   | <input type="checkbox"/> <sub>1</sub> Telephone<br><input type="checkbox"/> <sub>2</sub> Home visit<br><input type="checkbox"/> <sub>3</sub> Clinical visit   |
| <b>Physical Examination</b>  |   |
| <b>SPPB</b>  |   |
| SPPB completed?<br><b>[pe_sppb]</b>  | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No<br><input type="checkbox"/> <sub>9</sub> Not Assessed   |
| SPPB Chair (0-4)<br><b>[pe_chair]</b>  |   |

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| SPPB Balance (0-4)<br><b>[pe_bal]</b>                         |   |
| SPPB Gait Speed (0-4)<br><b>[pe_gaitspeed]</b>                |   |
| SPPB total (0-12)<br><b>[pe_total]</b>                        |   |
| Unsafe Gait<br><b>[pe_unsafegait]</b>                         | <input type="checkbox"/> <sub>1</sub> No<br><input type="checkbox"/> <sub>2</sub> Yes – Asymmetry<br><input type="checkbox"/> <sub>3</sub> Yes - Weakness<br><input type="checkbox"/> <sub>9</sub> Not Assessed |
| <b>Cognitive</b>  |   |
| Was cognition assessed?<br><b>[pe_cognitive]</b>              | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No   |
| 3-item recall (0-3)<br><b>[pe_3itemrecall]</b>                |   |
| Clock drawing test (0-2)<br><b>[pe_clocktest]</b>             |   |
| Mini-cog total score (0-5)<br><b>[pe_mini_cog]</b>            |   |
| <b>Blood Pressure</b>   |   |
| Was BP assessed?<br><b>[pe_bp]</b>                            | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No   |
| BP Supine – Systolic mmHg<br><b>[pe_bp_supine_systolic]</b>   |   |
| BP Supine – Diastolic mmHg<br><b>[pe_bp_supine_diastolic]</b> |   |

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| HR Supine<br><b>[pe_hr_supine]</b>   |   |
| BP Standing 1minute – Systolic mmHg<br><b>[pe_bp_stand1_systolic]</b>        |   |
| BP Standing 1minute – Diastolic mmHg<br><b>[pe_bp_stand1_diastolic]</b>      |   |
| HR Standing 1minute<br><b>[pe_hr_stand1]</b>                                 |   |
| BP Standing 3minutes – Systolic mmHg<br><b>[pe_bp_stand3_systolic]</b>       |   |
| BP Standing 3minutes – Diastolic mmHg<br><b>[pe_bp_stand3_diastolic]</b>     |   |
| HR Standing 3minutes<br><b>[pe_hr_stand3]</b>                                |   |
| Systolic BP drop of >20 mmHg at 1 or 3 minutes<br><b>[pe_bp_std13change]</b> | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No<br><input type="checkbox"/> <sub>9</sub> Not Assessed |
| Symptoms with BP measures<br><b>[pe_bp_symptoms]</b>                         | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No<br><input type="checkbox"/> <sub>9</sub> Not Assessed |
| Unsteady<br><b>[pe_bp_symptype_unsteady]</b>                                 | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No<br><input type="checkbox"/> <sub>9</sub> Not Assessed |

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| Lightheaded<br><b>[pe_bp_symptype_ltheaded]</b>                 | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No<br><input type="checkbox"/> <sub>9</sub> Not Assessed |
| Vertigo<br><b>[pe_bp_symptype_vertigo]</b>                      | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No<br><input type="checkbox"/> <sub>9</sub> Not Assessed |
| <b>Foot Exam</b>  |   |
| Foot abnormalities?<br><b>[pe_footabnormal]</b>                 | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No<br><input type="checkbox"/> <sub>9</sub> Not Assessed |
| Foot exam: Stiffness<br><b>[pe_footexam_stiffness]</b>          | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No   |
| Foot exam: swelling<br><b>[pe_footexam_swelling]</b>            | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No   |
| Foot exam: numbness<br><b>[pe_footexam_numbness]</b>            | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No   |
| Foot exam: ulcer<br><b>[pe_footexam_ulcer]</b>                  | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No   |
| Foot exam: bunion or hammertoe<br><b>[pe_footexam_bunionht]</b> | <input type="checkbox"/> <sub>1</sub> Yes<br><input type="checkbox"/> <sub>2</sub> No   |

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| <p>Foot exam: corn or calluses</p> <p><b>[pe_footexam_corncalluses]</b></p>   | <p><input type="checkbox"/><sub>1</sub> Yes</p> <p><input type="checkbox"/><sub>2</sub> No</p>   |
| <p>Foot exam: nail abnormalities</p> <p><b>[pe_footexam_nailabnormal]</b></p> | <p><input type="checkbox"/><sub>1</sub> Yes</p> <p><input type="checkbox"/><sub>2</sub> No</p>   |
| <p>Footwear</p> <p><b>[pe_footwear]</b></p>                                   | <p><input type="checkbox"/><sub>1</sub> No concerns</p> <p><input type="checkbox"/><sub>2</sub> Footwear concerns</p> <p><input type="checkbox"/><sub>9</sub> Not Assessed</p> |
| <p>Mini-cog total score (0-5)</p> <p><b>[pe_mini_cog]</b></p>                 |  |
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| <b>RISK FACTORS</b>   |   |
|---|---|
| Strength, gait, and balance<br><br><b>[rfc_sgb]</b>                           | <input type="checkbox"/> <sub>1</sub> Minimal mobility problem (CBE)<br><input type="checkbox"/> <sub>2</sub> Minimal mobility problem (Outpatient PT)<br><input type="checkbox"/> <sub>3</sub> Minimal mobility problem (Outpatient PT or CBE)<br><input type="checkbox"/> <sub>4</sub> Minimal mobility problem, pain limits function (Outpatient PT)<br><input type="checkbox"/> <sub>5</sub> Moderate mobility problem (Home or Outpatient PT)<br><input type="checkbox"/> <sub>6</sub> Moderate mobility problem (Home or Outpatient PT or CBE)<br><input type="checkbox"/> <sub>7</sub> Severe mobility problem (Home or Outpatient PT)<br><input type="checkbox"/> <sub>8</sub> Unable to determine (missing data) |
| Strength, gait, and balance<br><br>Patient Priority<br><br><b>[rfc_p_sgb]</b> | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> Not Priority<br><input type="checkbox"/> <sub>3</sub> Priority  |
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| <p>Strength, gait, and balance</p> <p>Exercise Action A</p> <p><b>[rfc_exercise_rx_a]</b></p> | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> CBE</p> <p><input type="checkbox"/><sub>3</sub> Outpatient PT</p> <p><input type="checkbox"/><sub>4</sub> Home Health PT</p> <p><input type="checkbox"/><sub>5</sub> Home Exercises</p> <p><input type="checkbox"/><sub>6</sub> Other (i.e., Yoga, Personal Trainer)</p>                   |
| <p>Strength, gait, and balance</p> <p>Exercise Action B</p> <p><b>[rfc_exercise_rx_b]</b></p> | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> CBE</p> <p><input type="checkbox"/><sub>3</sub> Outpatient PT</p> <p><input type="checkbox"/><sub>4</sub> Home Health PT</p> <p><input type="checkbox"/><sub>5</sub> Home Exercises</p> <p><input type="checkbox"/><sub>6</sub> Other (i.e., Yoga, Personal Trainer)</p>                   |
| <p>Strength, gait, and balance</p> <p>Exercise Action C</p> <p><b>[rfc_exercise_rx_c]</b></p> | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> CBE</p> <p><input type="checkbox"/><sub>3</sub> Outpatient PT</p> <p><input type="checkbox"/><sub>4</sub> Home Health PT</p> <p><input type="checkbox"/><sub>5</sub> Home Exercises</p> <p><input type="checkbox"/><sub>6</sub> Other (i.e., Yoga, Personal Trainer)</p>                   |
| <p>Medication</p> <p><b>[rfc_medication]</b></p>  | <p><input type="checkbox"/><sub>1</sub> No Medication Risk</p> <p><input type="checkbox"/><sub>2</sub> Medication Risk Factor FRIDs</p> <p><input type="checkbox"/><sub>3</sub> Medication Risk Factor Symptoms</p> <p><input type="checkbox"/><sub>4</sub> Medication Risk Factor Symptoms, FRIDs</p> <p><input type="checkbox"/><sub>5</sub> Medication Risk Factor Adherence</p> |



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|   | <input type="checkbox"/> <sub>6</sub> Medication Risk Factor Adherence, FRIDs<br><input type="checkbox"/> <sub>7</sub> Medication Risk Factor Adherence, Symptoms<br><input type="checkbox"/> <sub>8</sub> Medication Risk Factor Adherence, Symptoms, FRIDs<br><input type="checkbox"/> <sub>9</sub> Medication Risk Factor Alcohol<br><input type="checkbox"/> <sub>10</sub> Medication Risk Factor Alcohol, FRIDs<br><input type="checkbox"/> <sub>11</sub> Medication Risk Factor Alcohol, Symptoms FRIDs<br><input type="checkbox"/> <sub>12</sub> Medication Risk Factor Alcohol, Symptoms, FRIDs<br><input type="checkbox"/> <sub>13</sub> Medication Risk Factor Alcohol, Adherence<br><input type="checkbox"/> <sub>14</sub> Medication Risk Factor Alcohol, Adherence, FRIDs<br><input type="checkbox"/> <sub>15</sub> Medication Risk Factor Alcohol, Adherence, Symptoms<br><input type="checkbox"/> <sub>16</sub> Medication Risk Factor Alcohol, Adherence, Symptoms, FRIDs<br><input type="checkbox"/> <sub>20</sub> Unable to determine (missing data) |
| Medication<br>Patient Priority<br><b>[rfc_p_medication]</b> | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> Not Priority<br><input type="checkbox"/> <sub>3</sub> Priority   |
| Medication<br>Medication Action A<br><b>[rfc_med_rx_a]</b>  | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> Refer to Pharmacist<br><input type="checkbox"/> <sub>3</sub> Refer to Site Clinical Director<br><input type="checkbox"/> <sub>4</sub> Refer to PCP<br><input type="checkbox"/> <sub>5</sub> Provide general medication handout<br><input type="checkbox"/> <sub>6</sub> Discuss adherence concerns<br><input type="checkbox"/> <sub>7</sub> Discuss medications patient may want to modify<br><input type="checkbox"/> <sub>8</sub> Pharm D review previously done<br><input type="checkbox"/> <sub>9</sub> No change in medication  |

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| <p>Medication</p> <p>Medication Action b</p> <p><b>[rfc_med_rx_b]</b></p> | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> Refer to Pharmacist</p> <p><input type="checkbox"/><sub>3</sub> Refer to Site Clinical Director</p> <p><input type="checkbox"/><sub>4</sub> Refer to PCP</p> <p><input type="checkbox"/><sub>5</sub> Provide general medication handout</p> <p><input type="checkbox"/><sub>6</sub> Discuss adherence concerns</p> <p><input type="checkbox"/><sub>7</sub> Discuss medications patient may want to modify</p> <p><input type="checkbox"/><sub>8</sub> Pharm D review previously done</p> <p><input type="checkbox"/><sub>9</sub> No change in medication</p> |
| <p>Medication</p> <p>Medication Action C</p> <p><b>[rfc_med_rx_c]</b></p> | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> Refer to Pharmacist</p> <p><input type="checkbox"/><sub>3</sub> Refer to Site Clinical Director</p> <p><input type="checkbox"/><sub>4</sub> Refer to PCP</p> <p><input type="checkbox"/><sub>5</sub> Provide general medication handout</p> <p><input type="checkbox"/><sub>6</sub> Discuss adherence concerns</p> <p><input type="checkbox"/><sub>7</sub> Discuss medications patient may want to modify</p> <p><input type="checkbox"/><sub>8</sub> Pharm D review previously done</p> <p><input type="checkbox"/><sub>9</sub> No change in medication</p> |
| <p>Post Hypotension</p> <p><b>[rfc_posthypotension]</b></p>               | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> Symptoms but no Change in BP</p> <p><input type="checkbox"/><sub>3</sub> Change in BP but no Symptoms</p> <p><input type="checkbox"/><sub>4</sub> Symptoms and Change in BP</p> <p><input type="checkbox"/><sub>20</sub> Unable to determine (missing data)</p>  |
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| Post Hypotension<br>Patient Priority<br><b>[rfc_p_posthypotension]</b> | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> Not Priority<br><input type="checkbox"/> <sub>3</sub> Priority  |
| Post Hypotension<br>Post Hypotension Action A<br><b>[rfc_pos_rx_a]</b> | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> Education about behavior changes<br><input type="checkbox"/> <sub>3</sub> Recheck BP in 2 weeks<br><input type="checkbox"/> <sub>4</sub> Electronic note to PCP<br><input type="checkbox"/> <sub>5</sub> PCP notified immediately<br><input type="checkbox"/> <sub>6</sub> Known diagnosis. Education material reviewed |
| Post Hypotension<br>Post Hypotension Action B<br><b>[rfc_pos_rx_b]</b> | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> Education about behavior changes<br><input type="checkbox"/> <sub>3</sub> Recheck BP in 2 weeks<br><input type="checkbox"/> <sub>4</sub> Electronic note to PCP<br><input type="checkbox"/> <sub>5</sub> PCP notified immediately<br><input type="checkbox"/> <sub>6</sub> Known diagnosis. Education material reviewed |
| Post Hypotension<br>Post Hypotension Action C<br><b>[rfc_pos_rx_c]</b> | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> Education about behavior changes<br><input type="checkbox"/> <sub>3</sub> Recheck BP in 2 weeks<br><input type="checkbox"/> <sub>4</sub> Electronic note to PCP<br><input type="checkbox"/> <sub>5</sub> PCP notified immediately<br><input type="checkbox"/> <sub>6</sub> Known diagnosis. Education material reviewed |
| Vision<br><b>[rfc_vision]</b>  | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> Vision Risk<br><input type="checkbox"/> <sub>20</sub> Unable to determine (missing data)  |

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| <p>Vision</p> <p>Patient Priority</p> <p><b>[rfc_p_vision]</b></p> | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> Not Priority</p> <p><input type="checkbox"/><sub>3</sub> Priority</p>   |
| <p>Vision</p> <p>Vision Action A</p> <p><b>[rfc_vsn_rx_a]</b></p>  | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> Home safety assessment</p> <p><input type="checkbox"/><sub>3</sub> Referred to eye doctor</p> <p><input type="checkbox"/><sub>4</sub> Education about cataract surgery</p> <p><input type="checkbox"/><sub>5</sub> Annual Eye Doctor</p> <p><input type="checkbox"/><sub>6</sub> Current with eye exams</p> |
| <p>Vision</p> <p>Vision Action B</p> <p><b>[rfc_vsn_rx_b]</b></p>  | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> Home safety assessment</p> <p><input type="checkbox"/><sub>3</sub> Referred to eye doctor</p> <p><input type="checkbox"/><sub>4</sub> Education about cataract surgery</p> <p><input type="checkbox"/><sub>5</sub> Annual Eye Doctor</p> <p><input type="checkbox"/><sub>6</sub> Current with eye exams</p> |
| <p>Vision</p> <p>Vision Action C</p> <p><b>[rfc_vsn_rx_c]</b></p>  | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> Home safety assessment</p> <p><input type="checkbox"/><sub>3</sub> Referred to eye doctor</p> <p><input type="checkbox"/><sub>4</sub> Education about cataract surgery</p> <p><input type="checkbox"/><sub>5</sub> Annual Eye Doctor</p> <p><input type="checkbox"/><sub>6</sub> Current with eye exams</p> |
| <p>Osteoporosis</p> <p><b>[rfc_osteoporosis]</b></p>               | <p><input type="checkbox"/><sub>1</sub> Normal: Not at risk</p> <p><input type="checkbox"/><sub>2</sub> Osteoporosis: On treatment less than 5 years</p>   |

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|   | <input type="checkbox"/> <sub>3</sub> Osteoporosis: On treatment 5+ years. Consider treatment holiday.<br><input type="checkbox"/> <sub>4</sub> Osteoporosis: Positive fragility fracture<br><input type="checkbox"/> <sub>5</sub> Osteoporosis: Positive BMD<br><input type="checkbox"/> <sub>6</sub> Osteoporosis: On treatment holiday fracture<br><input type="checkbox"/> <sub>7</sub> Osteopenia: Low risk FRAX score<br><input type="checkbox"/> <sub>8</sub> Osteopenia: High risk FRAX score<br><input type="checkbox"/> <sub>9</sub> Low risk FRAX score<br><input type="checkbox"/> <sub>10</sub> High risk FRAX score<br><input type="checkbox"/> <sub>20</sub> Unable to determine (missing data) |
| Osteoporosis<br>Patient Priority<br><b>[rfc_p_osteoporosis]</b> | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> Not Priority<br><input type="checkbox"/> <sub>3</sub> Priority   |
| Osteoporosis<br>Osteoporosis Action A<br><b>[rfc_ost_rx_a]</b>  | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> Start 1200mg Calcium Supplement (tablet or diet) or equivalent<br><input type="checkbox"/> <sub>3</sub> Continue 1200mg Calcium Supplement (tablet or diet) or equivalent<br><input type="checkbox"/> <sub>4</sub> Stop treatment temporarily (Drug holiday)<br><input type="checkbox"/> <sub>5</sub> Referred to PCP for eval & treatment (e.g., Bisphosphonate)<br><input type="checkbox"/> <sub>6</sub> Education   |
| Osteoporosis<br>Osteoporosis Action B<br><b>[rfc_ost_rx_b]</b>  | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> Start 1200mg Calcium Supplement (tablet or diet) or equivalent<br><input type="checkbox"/> <sub>3</sub> Continue 1200mg Calcium Supplement (tablet or diet) or equivalent  |

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|  | <input type="checkbox"/> <sub>4</sub> Stop treatment temporarily (Drug holiday)<br><input type="checkbox"/> <sub>5</sub> Referred to PCP for eval & treatment (e.g., Bisphosphonate)<br><input type="checkbox"/> <sub>6</sub> Education  |
| Osteoporosis<br>Osteoporosis Action C<br><b>[rfc_ost_rx_c]</b> | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> Start 1200mg Calcium Supplement (tablet or diet) or equivalent<br><input type="checkbox"/> <sub>3</sub> Continue 1200mg Calcium Supplement (tablet or diet) or equivalent<br><input type="checkbox"/> <sub>4</sub> Stop treatment temporarily (Drug holiday)<br><input type="checkbox"/> <sub>5</sub> Referred to PCP for eval & treatment (e.g., Bisphosphonate)<br><input type="checkbox"/> <sub>6</sub> Education |
| Vitamin D<br><b>[rfc_vitamin]</b>                              | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> None, supplement more than recommended<br><input type="checkbox"/> <sub>3</sub> Vitamin D Insufficient Dose<br><input type="checkbox"/> <sub>4</sub> Vitamin D no Supplement<br><input type="checkbox"/> <sub>20</sub> Unable to determine (missing data)  |
| Vitamin d<br>Patient Priority<br><b>[rfc_p_vitamin]</b>        | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> Not Priority<br><input type="checkbox"/> <sub>3</sub> Priority   |
| Vitamin d<br>Vitamin d Action A<br><b>[rfc_vid_rx_a]</b>       | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> Reinforced OP recommendations<br><input type="checkbox"/> <sub>3</sub> Start or continue Vitamin D 800-1,000 IU<br><input type="checkbox"/> <sub>4</sub> Other   |

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| <p>Vitamin d</p> <p>Vitamin d Action B</p> <p><b>[rfc_vid_rx_b]</b></p>      | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> Reinforced OP recommendations</p> <p><input type="checkbox"/><sub>3</sub> Start or continue Vitamin D 800-1,000 IU</p> <p><input type="checkbox"/><sub>4</sub> Other</p>   |
| <p>Vitamin d</p> <p>Vitamin d Action C</p> <p><b>[rfc_vid_rx_c]</b></p>      | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> Reinforced OP recommendations</p> <p><input type="checkbox"/><sub>3</sub> Start or continue Vitamin D 800-1,000 IU</p> <p><input type="checkbox"/><sub>4</sub> Other</p>   |
| <p>Home Safety</p> <p><b>[rfc_homesafety]</b></p>                            | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> In Home Assessment</p> <p><input type="checkbox"/><sub>3</sub> In Home Assessment Homebound</p> <p><input type="checkbox"/><sub>20</sub> Unable to determine (missing data)</p>  |
| <p>Home Safety</p> <p>Patient Priority</p> <p><b>[rfc_p_homesafety]</b></p>  | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> Not Priority</p> <p><input type="checkbox"/><sub>3</sub> Priority</p>  |
| <p>Home Safety</p> <p>Home Safety Action A</p> <p><b>[rfc_home_rx_a]</b></p> | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> Home Safety Assessment via Home Care Agency</p> <p><input type="checkbox"/><sub>3</sub> Home Safety Assessment via OT</p> <p><input type="checkbox"/><sub>4</sub> Patient Led Safety Changes</p> <p><input type="checkbox"/><sub>5</sub> Other</p> |
| <p>Home Safety</p> <p>Home Safety Action B</p>                               | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> Home Safety Assessment via Home Care Agency</p>  |

|  |   |
|--|---|
| <p><b>[rfc_home_rx_b]</b></p>  | <p><input type="checkbox"/><sub>3</sub> Home Safety Assessment via OT</p> <p><input type="checkbox"/><sub>4</sub> Patient Led Safety Changes</p> <p><input type="checkbox"/><sub>5</sub> Other</p>  |
| <p>Home Safety</p> <p>Home Safety Action C</p> <p><b>[rfc_home_rx_c]</b></p> | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> Home Safety Assessment via Home Care Agency</p> <p><input type="checkbox"/><sub>3</sub> Home Safety Assessment via OT</p> <p><input type="checkbox"/><sub>4</sub> Patient Led Safety Changes</p> <p><input type="checkbox"/><sub>5</sub> Other</p>   |
| <p>Feet</p> <p><b>[rfc_feet]</b></p>   | <p><input type="checkbox"/><sub>1</sub> No Risk</p> <p><input type="checkbox"/><sub>2</sub> Risk, Feet</p> <p><input type="checkbox"/><sub>3</sub> Risk, Footwear</p> <p><input type="checkbox"/><sub>4</sub> Risk, Feet and Footwear</p> <p><input type="checkbox"/><sub>20</sub> Unable to determine (missing data)</p>   |
| <p>Feet</p> <p>Patient Priority</p> <p><b>[rfc_p_feet]</b></p>               | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> Not Priority</p> <p><input type="checkbox"/><sub>3</sub> Priority</p>  |
| <p>Feet</p> <p>Feet Action A</p> <p><b>[rfc_feet_rx_a]</b></p>               | <p><input type="checkbox"/><sub>1</sub> None</p> <p><input type="checkbox"/><sub>2</sub> Referred to PCP</p> <p><input type="checkbox"/><sub>3</sub> Suggest eval for PN</p> <p><input type="checkbox"/><sub>4</sub> Patient Led Safety Changes</p> <p><input type="checkbox"/><sub>5</sub> Eval &amp; treatment by PT</p> <p><input type="checkbox"/><sub>6</sub> Podiatrist</p> <p><input type="checkbox"/><sub>7</sub> Identified safer footwear</p> |



|   |   |
|---|---|
|   | <input type="checkbox"/> <sub>8</sub> Orthotist<br><input type="checkbox"/> <sub>9</sub> Getting regular nail care by podiatrist or thru pedicures  |
| Feet<br>Feet Action B<br><b>[rfc_feet_rx_b]</b> | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> Referred to PCP<br><input type="checkbox"/> <sub>3</sub> Suggest eval for PN<br><input type="checkbox"/> <sub>4</sub> Patient Led Safety Changes<br><input type="checkbox"/> <sub>5</sub> Eval & treatment by PT<br><input type="checkbox"/> <sub>6</sub> Podiatrist<br><input type="checkbox"/> <sub>7</sub> Identified safer footwear<br><input type="checkbox"/> <sub>8</sub> Orthotist<br><input type="checkbox"/> <sub>9</sub> Getting regular nail care by podiatrist or thru pedicures |
| Feet<br>Feet Action C<br><b>[rfc_feet_rx_c]</b> | <input type="checkbox"/> <sub>1</sub> None<br><input type="checkbox"/> <sub>2</sub> Referred to PCP<br><input type="checkbox"/> <sub>3</sub> Suggest eval for PN<br><input type="checkbox"/> <sub>4</sub> Patient Led Safety Changes<br><input type="checkbox"/> <sub>5</sub> Eval & treatment by PT<br><input type="checkbox"/> <sub>6</sub> Podiatrist<br><input type="checkbox"/> <sub>7</sub> Identified safer footwear<br><input type="checkbox"/> <sub>8</sub> Orthotist<br><input type="checkbox"/> <sub>9</sub> Getting regular nail care by podiatrist or thru pedicures |

## CALCULATED VARIABLES

**NOTES: visit variable \_v# (# = 0,6,12,24,36,ah); all yes/no vars coded 1=Yes, 0=No**

|                  |  |
|------------------|--|
| meds_complete    | Medication assessment completed?   |
| meds_pos         | Positive for Medication risk?  |
| meds_priority    | Medication risk prioritized?   |
| meds_prec        | # Medication patient actions recommended at baseline assessment  |
| meds_pact1       | Patient agreed to Medication action 1 (Visit with pharmacist)?   |
| meds_pact2       | Patient agreed to Medication action 2 (Allow Site Clinical Director to review medication)?               |
| meds_pact3       | Patient agreed to Medication action 3 (Visit with PCP for medication review)?                            |
| meds_nrec        | # Medication nurse/FCM actions taken at baseline assessment  |
| meds_nact1       | Nurse/FCM took Medication action 1 (Provide handout about fall risk including medications)?              |
| meds_nact2       | Nurse/FCM took Medication action 2 (Discuss adherence challenges)?                                       |
| meds_nact3       | Nurse/FCM took Medication action 3 (Discuss medications patient may want to modify)?                     |
| sgb_complete     | Strength/Gait/Balance assessment completed?  |
| sgb_pos          | Positive for Strength/Gait/Balance risk?   |
| sgb_priority     | Strength/Gait/Balance risk prioritized?  |
| sgb_prec         | # Strength/Gait/Balance patient actions recommended at baseline assessment                               |
| sgb_pact1        | Patient agreed to Strength/Gait/Balance action 1 (Community-based exercise)?                             |
| sgb_pact2        | Patient agreed to Strength/Gait/Balance action 2 (Physical therapy)?                                     |
| sgb_pact3        | Patient agreed to Strength/Gait/Balance action 3 (Home exercise)?  |
| sgb_pact4        | Patient agreed to Strength/Gait/Balance action 4 (Other (e.g., yoga, personal trainer))?                 |
| posthyp_complete | Postural Hypotension assessment completed?   |
| posthyp_pos      | Positive for Postural Hypotension risk?  |
| posthyp_priority | Postural Hypotension risk prioritized?   |
| posthyp_prec     | # Postural Hypotension patient actions recommended at baseline assessment                                |
| posthyp_pact1    | Patient agreed to Postural Hypotension action 1 (Receive education about behavior changes to reduce PH)? |
| posthyp_pact2    | Patient agreed to Postural Hypotension action 2 (Recheck blood pressure in two weeks)?                   |
| posthyp_pact3    | Patient agreed to Postural Hypotension action 3 (Visit with PCP for postural hypotension management)?    |
| posthyp_nrec     | # Postural Hypotension nurse/FCM actions taken at baseline assessment                                    |
| posthyp_nact1    | Nurse/FCM took Postural Hypotension action 1 (Discuss diagnosis and management strategies)?              |
| feet_complete    | Feet assessment completed?   |
| feet_pos         | Positive for Feet risk?  |

|                |  |
|----------------|--|
| feet_priority  | Feet risk prioritized?   |
| feet_prec      | # Feet patient actions recommended at baseline assessment  |
| feet_pact1     | Patient agreed to Feet action 1 (Visit with PCP for foot evaluation and treatment)?                            |
| feet_pact2     | Patient agreed to Feet action 2 (Physical therapy)?  |
| feet_pact3     | Patient agreed to Feet action 3 (Visit with podiatrist)?   |
| feet_pact4     | Patient agreed to Feet action 4 (Identify safer footwear)?   |
| feet_pact5     | Patient agreed to Feet action 5 (Visit with orthotist)?  |
| feet_nrec      | # Feet nurse/FCM actions taken at baseline assessment  |
| feet_nact1     | Nurse/FCM took Feet action 1 (Provide information about peripheral neuropathy referrals)?                      |
| feet_nact2     | Nurse/FCM took Feet action 2 (Reinforce benefits of continuing regular nail care via podiatrist or pedicures)? |
| osteo_complete | Osteoporosis assessment completed?   |
| osteo_pos      | Positive for Osteoporosis risk?  |
| osteo_priority | Osteoporosis risk prioritized?   |
| osteo_prec     | # Osteoporosis patient actions recommended at baseline assessment  |
| osteo_pact1    | Patient agreed to Osteoporosis action 1 (Start calcium supplement)?  |
| osteo_pact2    | Patient agreed to Osteoporosis action 2 (Stop treatment temporarily (drug holiday))?                           |
| osteo_pact3    | Patient agreed to Osteoporosis action 3 (Visit with PCP for evaluation and treatment of OP)?                   |
| osteo_nrec     | # Osteoporosis nurse/FCM actions taken at baseline assessment  |
| osteo_nact1    | Nurse/FCM took Osteoporosis action 1 (Reinforce benefits of continuing current OP management)?                 |
| osteo_nact2    | Nurse/FCM took Osteoporosis action 2 (Provide education about OP and management)?                              |
| vitd_complete  | Vitamin D assessment completed?  |
| vitd_pos       | Positive for Vitamin D risk?   |
| vitd_priority  | Vitamin D risk prioritized?  |
| vitd_prec      | # Vitamin D patient actions recommended at baseline assessment   |
| vitd_pact1     | Patient agreed to Vitamin D action 1 (Reinforce benefits of continuing dietary supplement)?                    |
| vitd_nrec      | # Vitamin D nurse/FCM actions taken at baseline assessment   |
| vitd_nact1     | Nurse/FCM took Vitamin D action 1 (Start Vitamin D supplement)?  |
| ovd_complete   | Osteoporosis or vitamin D assessment completed?  |
| ovd_pos        | Positive for Osteoporosis or vitamin D risk?   |
| ovd_priority   | Osteoporosis or vitamin D risk prioritized?  |
| ovd_prec       | # Osteoporosis or vitamin D patient actions recommended at baseline assessment                                 |
| ovd_pact1      | Patient agreed to Osteoporosis or vitamin D action 1 (Start dietary supplement)?                               |
| ovd_pact2      | Patient agreed to Osteoporosis or vitamin D action 2 (Stop treatment temporarily (drug holiday))?              |
| ovd_pact3      | Patient agreed to Osteoporosis or vitamin D action 3 (Visit with PCP for evaluation and treatment of OP)?      |

|                 |   |
|-----------------|---|
| ovd_nrec        | # Osteoporosis or vitamin D nurse/FCM actions taken at baseline assessment                                  |
| ovd_nact1       | Nurse/FCM took Osteoporosis or vitamin D action 1 (Reinforce benefits of continuing dietary supplement)?    |
| ovd_nact2       | Nurse/FCM took Osteoporosis or vitamin D action 2 (Provide education about OP and management)?              |
| ovd_nact3       | Nurse/FCM took Osteoporosis or vitamin D action 3 (Reinforce benefits of continuing current OP management)? |
| vision_complete | Vision assessment completed?  |
| vision_pos      | Positive for Vision risk?   |
| vision_priority | Vision risk prioritized?  |
| vision_prec     | # Vision patient actions recommended at baseline assessment   |
| vision_pact1    | Patient agreed to Vision action 1 (Receive a home safety assessment)?                                       |
| vision_pact2    | Patient agreed to Vision action 2 (Visit eye doctor about a specific problem (e.g., cataracts))?            |
| vision_pact3    | Patient agreed to Vision action 3 (Establish annual visits with eye doctor)?                                |
| vision_nrec     | # Vision nurse/FCM actions taken at baseline assessment   |
| vision_nact1    | Nurse/FCM took Vision action 1 (Provide education about cataract surgery)?                                  |
| vision_nact2    | Nurse/FCM took Vision action 2 (Reinforce benefits of continuing annual eye exams)?                         |
| home_complete   | Home Safety assessment completed?   |
| home_pos        | Positive for Home Safety risk?  |
| home_priority   | Home Safety risk prioritized?   |
| home_prec       | # Home Safety patient actions recommended at baseline assessment  |
| home_pact1      | Patient agreed to Home Safety action 1 (Receive a home safety assessment)?                                  |
| home_pact2      | Patient agreed to Home Safety action 2 (Self-lead home safety changes)?                                     |