

Appendix I

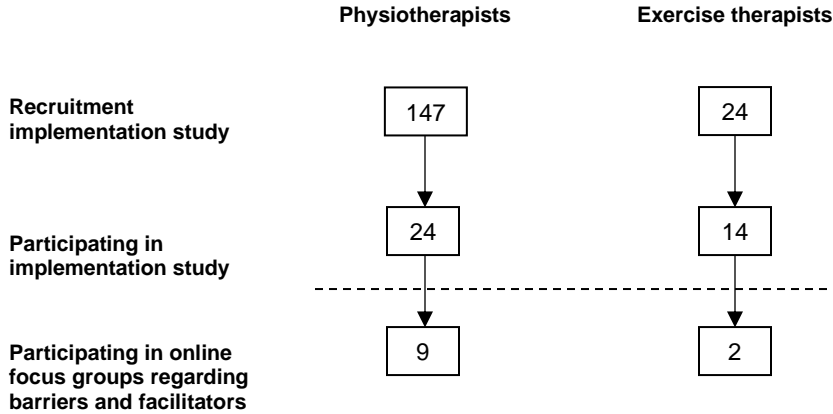
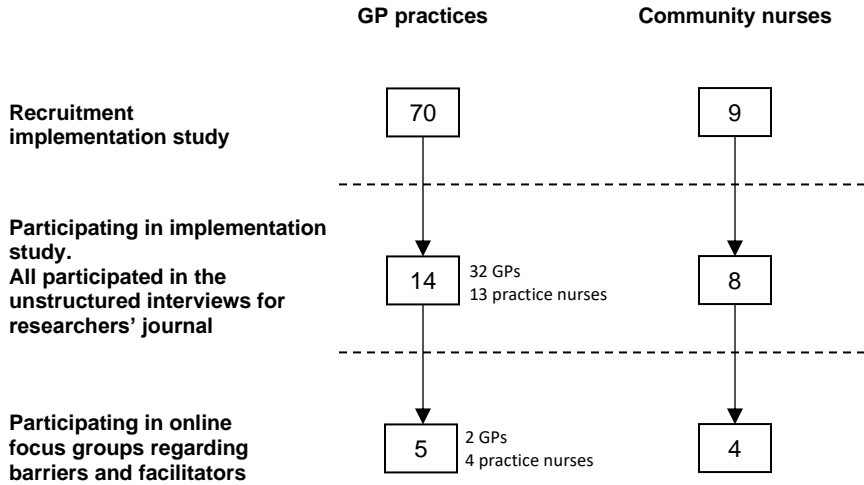
Evidence-based interventions

Intervention	Purpose (next to preventing falls)	Population	Duration	Level of evidence*
A Matter of Balance-NL (Dutch: "Zicht op Evenwicht") ^{47,48}	Reduce fear of falling and related misleading thoughts; Improve daily activity.	Older people who are worried about falling and/or who avoid activities as a result of their fear for falling	16 group-sessions with 1 follow up session 8 weeks 2 hours	IV Strong evidence for effectiveness
In Balance (Dutch: "In Balans") ⁴⁹	Increase awareness of high falls risk situations; Influence activity behaviour; Improve condition, mobility, confidence and relaxation.	Independently living people aged ≥65 and older people living in residential care centres who feel insecure and/or anxious about falling	24 group-sessions 14 weeks 1-2 hours	I Well substantiated
Nijmegen Falls Prevention Programme (Dutch: "Vallen Verleden Tijd") ⁵⁰	Increase awareness of high falls risk situations; Decrease fear of falling; Improve activity level, mobility and balance.	Community dwelling older people who should be able to walk 15 minutes without aid and with a high risk of falling based on mobility problems, falls history and fear of falling	10 group-sessions 5 weeks 1.5 hours	IV Strong evidence for effectiveness
OTAGO ⁵¹⁻⁵⁴	Improve static and dynamic balance, leg muscle strength, walking ability, general endurance, activities of daily living function, confidence; Decrease fear of falling.	Community dwelling people aged ≥65 with a high risk of falls and frail older people	6 home visits and 11 monitoring moments by phone	I Well substantiated

* Level of evidence defined by the Dutch Centre for Healthy Living which varies from O (well described) to IV (strong evidence for effectiveness)

Appendix II

Recruitment of participants within implementation study



Appendix III

Coding scheme

Theme	Sub code	Including	TDF domain
Care provider characteristics	Tasks	Tasks division	D1 Knowledge, Role clarity D3 Social/ professional role and identity
		Clarity of tasks	
	Provision care	Individual approach	D4 Beliefs about capabilities
		Complexity	
	Awareness importance	Falls prevention	D6 Beliefs about consequences, Outcome expectancies
		Identification	
		Exercise	
	Knowledge and Skills	Training	D1 Knowledge, Knowledge D2 Skills D6 Beliefs about consequences, attitude D13 Innovation strategy
		Experience	
	Behavior		D17 Behavioral regulation D18 Nature of behaviors
	Attitude	Falls prevention (general)	D6 Beliefs about consequences, attitude, outcome expectations D13 Innovation strategy
		Assessment (instrument)	
EB training (therapists)			
Training (nurses)			
Interventions			
Priorities		D8 Goals	
Intention (to provide falls prevention)		D7 Intentions	
Context characteristics	Financial (Reimbursement/costs)		D10 Socio-political context
	Time (care provider)		D10 Socio-political context D11 Organization, Organizational resources and support
	Collaboration		D14 Social influences, Social support
	Support		D11 Organization, Organizational resources and support
	Informal care providers		D10 Socio-political context

			D12 Patient (family/social environment)
	Referrals		D14 Social influences
Patient characteristics	Motivation	(Willingness to invest) time and money	D12 Patient
		Embarrassment	
		Realistic goals	
		Self-confidence	
		Awareness	
		Expectations	
		(Physical) improvement	
	Shame		
Health issues	Mobility		
Behavior			
Innovation (EB-interventions)	Format	Group/individual	D9 Innovation
		Customized	
		Set-up (space/material)	
	Importance		
	Not-prevention		
Intensity			
Innovation strategy (Falls risk assessment strategy)	Implementation	(also see code: Care provider-Knowledge and skills- Training)	D13 Innovation strategy
	Falls risk assessment		
Barriers			
Facilitators			
Solutions			