Table S1 Overview of Prevention and reactivation Care Program elements of intervention and execution of elements

	Adherence extent	**PReCaP Core Staff**
Day 1		
1. Identification of patient at risk within 48 hours after admission	Always (performed in time-often) (performed later-sometimes)	Research Nurse
2.Assessment of risk factors for functional decline	Always (performed in time-often) (performed later-sometimes)	Research Nurse
3. Consultation with patient and relatives to discuss vulnerability and risk factors	Often	Casemanager / Geriatric Nurse
Day 2		
4. Patient discussed in biweekly Multidisciplinary Team Meeting (MTM)	Always	Geriatrician/Geriatric nurse/Nurse practitioner/ Social worker/Transfer nurse/Casemanager
5. Design GAS care plan including advice for additional treatment aimed at functional preservation	Always	Geriatrician/Geriatric nurse/Nurse practitioner/ Social worker/Transfer nurse/Casemanager
Day 3-5		
6. Consultation following MTM	Often	Casemanager/ Geriatric nurse/Transfer nurse/ Geriatrician
7. Consultation with patient and relatives to discuss vulnerability and risk factors	Seldom	Casemanager/ Geriatric nurse
8. Interdisciplinary consultation following MTM	Often	Psychiatrist/Psychologist/ Occupational therapist/ Dietician/Physical therapist
Day 6 – 7		
9. Support and provide treatment to	Never	Social worker/ Psychologist

informal caregiver (conditional)		
10. Medication use review	Never	Pharmacist
11. Treatment by PReCaP Recovery Team (conditional)	Sometimes Seldom	Casemanager Art therapist
Day 8		
12. MTM - Review prognosis and discharge destination (in some cases register patient at hospital replacement care facility)	Sometimes	Geriatrician/Geriatric nurse/Nurse practitioner /Social worker/Transfer nurse/Casemanager
13. Weekly telephone consultation informal caregiver	Always	Casemanager
14. Consultation with patient and relatives to discuss vulnerability and risk factors	Seldom	Casemanager/ Geriatric nurse
15. Hand out flyer ‘PReCaP Recovery Team’ to patient	Always	Casemanager
Day 9		
16. Execution PReCaP care plan	Sometimes	Physiotherapist/dietician/ occupational therapist
Before day 12		
17. Exit interview with patient and informal caregiver	Sometimes	Casemanager/ Transfer nurse
18. Send flyer ‘Prevention and Reactivation Centre’ to informal care giver’s home address (if transfer to PRC) (conditional)	Always	Casemanager
19. Handover GAS care plan to physician hospital replacement care facility	Sometimes	Casemanager/Geriatrician

Never = 0%; Seldom = 1-33%; Sometimes = 34-66%; Often = 67-99%; Always = 100%

Table based on article by de Vos et al. (2013)