

Supplemental material for

Mangin D, Lamarche L, Oliver D, et al. Health TAPESTRY Ontario: a multi-site randomized controlled trial testing implementation and reproducibility. *Ann Fam Med.* 2023;21(2):132-142.

Supplemental Table 1. Key information for the intervention group (n= 257) from the TAP-Report.

Alert Variable	Proportion of sample with alert, n(%)
Has fallen in the last year	83 (34.4) n = 241
Social isolation risk	24 (10.6) n = 245
Felt isolated from other people most of the time (or almost always)	16 (6.5) n = 245
Felt alone and friendless most of the time (or almost always)	9 (3.7) n = 245
Transportation challenges	35 (14.3) n = 245
Loss of a partner	54 (22.0) n = 245
Living alone	47 (19.2) n = 245
Finding it hard to make ends meet	33 (13.5) n = 245
Severe problems in walking about or unable to walk about	22 (9.0) n = 245
Severe problems washing or dressing self or unable to wash or dress self	6 (2.5) n = 244
Severe problems doing usual activities or unable to do usual activities	11 (4.5) n = 245
Severe pain or discomfort or extreme pain or discomfort	20 (8.2) n = 245
Severely anxious/depressed or extremely anxious/depressed	6 (2.4) n = 245
Edmonton Frail Scale score indicated high risk	80 (32.7) n = 245
Uses 5+ prescription medications	85 (34.8) n = 244
Often feels sad or depressed	44 (18.0) n = 244
Sometimes loses control of bladder	79 (32.2) n = 245
More than 20 seconds on timed up-and-go	21 (8.6) n = 245
Requires assistance for timed up-and-go	10 (4.1) n = 245
High nutritional risk	115 (46.9) n = 245
Doesn't know own weight or if weight changed OR Lost more than 10 pounds in the past 6 months OR Gained more than 10 pounds in the past 6 months	36 (14.7) n = 245
Skips meals almost every day	15 (6.4) n = 245
Poor appetite	5 (2.0) n = 245
Sometimes/often/always coughs, chokes, or has pain when swallowing food or fluids	40 (16.3) n = 245
Suboptimal physical activity	128 (50.0) n = 256
Preclinical or minor or major limitation in walking 0.5km	135 (57.4) n = 235
Preclinical or minor or major limitation in walking 2.0km	182 (77.1) n = 236

Preclinical or minor or major limitation in climbing stairs	165 (69.3)
	n = 238
Problems with memory impact daily activities	44 (18.0)
	n = 245
Great (or severe) problems with sleep	34 (13.9)
	n = 244
Interested in having a discussion with family physician about advance care planning	115 (47.1)
	n = 244

Information based on validated surveys as described in: Mangin D, Lamarche L, Oliver D, et al. Health TAPESTRY Ontario: protocol for a randomized controlled trial to test reproducibility and implementation. *Trials* 2020; **21**(1): 714.

Supplemental Appendix 1: A sample Tap-Report for a fictional client.
Health TAPESTRY Report: Janina Martell (1944 02-18)

READ THIS MESSAGE FIRST

Dear MRP or Resident: After review, please comment with relevant background information or a suggested course of action. The allied health team will review and discuss this report and will contact you for any next steps.

Patient: Janina Martell

Address: 300 First Ave., Hamilton

MRP: Dr Singh

Date of last visit: 2017-12-17

What Matters Most to Me

What Matters Most To Me: Family, spending time with grandkids, independence, being able to sing in her church choir.

GOAL 1: Keep attending choir rehearsal

GOAL 2: Try to get more exercise to improve fitness level

Key Information

- Has fallen in the last year
- Severe pain or discomfort or extreme pain or discomfort
- Uses 5+ prescription medications
- Moderate/vigorous physical activity vital sign = [60] minutes per week

Social Context

Janina is a 72 year old woman. She has 4 children and 3 grandchildren. She is retired. She lives with her partner Sam. The three most important things that I observed about her are:

1) mobility issues

2) positive mood, likes to laugh

Daily Life Activities

1	Tell me a little about what your typical day looks like: Wakes, up, has breakfast – usually toast and tea, reads a little bit, and then usually meets with her friend from down the street for coffee and card games. She makes lunch for her and her partner Sam, then sometimes works on crochet projects for her grandkids. She watches TV in the evening and sometimes her daughter will visit with the 3 grandkids. She doesn't get out of the house every day, but has a car and can drive, although Sam does most of the driving these days. Sings in her church choir on Tuesday nights. Had a fall a few months ago and has been afraid of taking on too much. Feels like she has less energy these days.
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2	Who are your 'go to' people when you need help? Sam, daughter Carolina who lives nearby, her friend Jodi. Doesn't access a lot of community programs outside of those at the
3	What makes these people so approachable or services useful to you? Reliable. They are close by.
4	What does a good day look like for you? When I wake up and am not in pain, when I have energy to do the things I need to do, when my family visits me. Likes it when the weather is nice and she can spend some time outside. When Sam is feeling well and I can get some help with the household chores.
5	What are the major pressures in your life at the moment? Getting out and doing my daily things. My mobility isn't great and I'm sometimes in pain.
6	What activities do you find difficult now, that you did not 5 years ago? What is the most pressing need that you experience right now that you want help with? Getting more physically fit, improving my mobility, so I can get around. Improving my energy levels, as I don't have as much steam as I used to. I used to be much faster at my crochet projects but now I can only do a little at a time because of my eyes. Some household chores like vacuuming and getting down to the basement to do laundry is getting harder.
7	What is working well for you in managing your health concerns? What would help you to cope or manage better? Managing okay, but could use help getting more physically fit.
8	Have you had a fall within the last year? Yes Most recent fall - was in her kitchen, lost balance while trying to pick up a tea towel that dropped on the floor. She twisted her knee as she fell and is still painful.

Volunteer Notes to Clinic

She is interested in learning more about ways to improve physical strength at home.

Supplemental Table 2. The interprofessional health care providers who participated in the TAP-Huddles and assisted with developing each client's plan of care.

Providers	McMaster FHT n= 8		Niagara North FHT n= 6	Dufferin Area FHT n= 5	Harrow Health Centre n= 3	Windsor FHT n= 6	Superior FHT n= 7
	Site 1	Site 2					
Administrative Assistant	*	*	*	*	*	*	✓
Chemical Dependency Counsellor						*	
Chiroprody			*	*			
Community Outreach Nurse			✓				
Registered Dietitian	✓	*	✓	✓	*	✓	✓
Health Promoter						✓	
Kinesiologist						*	
Mental Health Nurse			✓				
Nurse Practitioner	*	*	✓		✓	✓	*
Occupational Therapist	✓	✓	✓	✓			
Pharmacist	✓	✓	*	*	*	*	✓
Physician	✓	✓	✓	✓	✓	✓	✓
Physician Assistant	*	*	*	*	✓		
Physiotherapist	✓	*				*	✓
Registered Nurse			*	✓		✓	
Registered Practical Nurse	✓	✓	*		*		✓
Respiratory Therapist			*	*	*	*	
Social Worker	✓	*		✓	*	✓	✓
System Navigator	✓	✓					
Number of providers in the TAP-Huddle	8	5	6	5	3	6	7

✓ = Interprofessional health care providers who participated in the TAP-Huddles, * = Interprofessional health care providers who are employed at the clinic but not active TAP-Huddle members

Supplemental Appendix 2. A sample resource guide used by one site

Dufferin Community Program List

Exercise and Activities

Central West LHIN Exercise and Falls Prevention Program (Bolton, Caledon, Orangeville, Grand Valley, Shelburne): 905-796-0040 ext. 7744

- Exercise and fall prevention classes intended for older adults and people with mobility issues offered by Central West CCAC (Free)
- **Locations:** Caledon Community Complex (Caledon); Margaret Dunn Valleywood Branch (Caledon); Avalon Retirement Lodge (Orangeville); Bethsaida Retirement Home (Orangeville); Dufferin FHT (Orangeville); Grand Valley District Community Centre (Grand Valley); Hospice Dufferin (Orangeville); Lord Dufferin Centre (Orangeville); Mel Lloyd Centre (Shelburne); Montgomery Village (Orangeville); Shelburne Residence Retirement Home (Shelburne); Simon Terrace Apartments (Shelburne); Caledon Seniors Recreation Centre (Bolton); The Exchange (Bolton); Connect Church (Bolton)

Seniors Walk and Talk (Orangeville): 519-940-9092

- Walking, refreshments and informative segment by local professional

The Exchange – Social Hub (Caledon): 289-966-1715 ext. 202

- Workshops, Community Pantry

Seniors Helping Seniors (Caledon – Caledon Community Services): 905-584-2300 ext. 225

- Older adult social, recreational, educational programs (Cyber Seniors, Joy of Music, Carpet Bowling)

Wellness Interactive Social Exercise (W.I.S.E) Program (Caledon Meals on Wheels – Bolton/Caledon): 905-857-7651

- Programs promote health, wellness and independent living (luncheons, speakers, exercise classes, creative activities)
 - o Cheltenham Baptist Church (Wednesdays @ 10am - 12pm)
 - o Palgrave United Church (Fridays @ 9:30am – 12pm)

Dufferin County Community Support Services - Adult Day Program (Orangeville, Shelburne, Dufferin County): 519-925-5452

- Social, recreational and therapeutic activities for frail older independent adults
- Exercise, pool, crafts, hair dressing, reading groups, etc.
- Foot clinic, bathing program
- \$15 per day; \$7 transportation (return trip)
- Meals on Wheels
- Friendly visiting, home maintenance, home help, bathing programs

Alder Recreation Centre and Tony Rose Memorial Sports Centre (Orangeville): 519-940-9092

- Aquatics pass, fitness pass, fitness drop-in classes, skating drop-in
- Walking track *indoor: Seniors – Monday and Wednesday-Sunday 8-10am

Orangeville Public Library (Orangeville) 519-941-0440

- Workshops, information sessions, resources and internet access

Home Safety and Care

Dufferin County Community Support Services – Home Maintenance: 519-941-6991 (Mel Lloyd Centre)

- Provides older adults with: assistance with outdoor seasonal tasks (snow shovelling, cutting grass, raking leaves)

Ontario Home Health 1-888-595-7992 or 1-800-661-1912

- Supplier of home health care products
- Deliver service and care throughout Ontario

In Home Services/Respite Services

Dufferin County Community Support Services – Home Help (Shelburne, Orangeville, Dufferin County): 519-941-6991 ext. 2901

- Assistance with daily chores, laundry, light housekeeping, errands, shopping, meal preparation, pet care (overnight and throughout the day)

Comfort Keepers (Orangeville): 519-942-9101

- Homemaking services offering: cooking, bathing/personal hygiene, companionship, light housekeeping, errands, foot care

Amethyst Domestic Help (Orangeville): 519-942-3073

- Personal hygiene, meal preparation, housekeeping, errands, escort to doctor's appointments, companionship

Hair by Linda - In-Home Hairdressing (Orangeville): 519-941-8742

Caring for Senior's – Personal Support Services (Dufferin and surrounding areas): 519-943-6162

- Personal care, mealtime assistance, homemaking, respite, companionship

Meals and Food

Dufferin County Community Support Services - Meals on Wheels: 519-925-5452

Senior Luncheons

- St. Marks Anglican Church (first Wednesday of each month): 519-941-0640
- Orangeville and District Seniors Centre (every Tuesday): 519-941-6012

Orangeville Foodbank (Orangeville) 25 Centennial Rd #5, Orangeville, ON L9W 1R1 519-941-0465

Transportation

Dufferin County Community Support Services - Transportation (Shelburne, Orangeville and Dufferin County): 519-925-5452

- Non-emergency transportation (door-to-door)
 - o Medical appointments; shopping/community events; local or out of town transportation (Toronto, Brampton, Barrie)

The Shelburne Transporter (Shelburne – Dufferin, South Simcoe, Grey Bruce, Huron County): 519-925-3634

- Medical transportation service (medical appointments, dialysis, dental, and day programs)

Orangeville Taxi (Orangeville): 519-941-8000

Orangeville Transit (Orangeville): 519-941-0440 ext. 2292 www.orangeville.ca/transit

Advance Care Planning

Speak Up! Website www.advancecareplanning.ca

- Advance care planning resources for Canadians

Hospice Palliative Care Ontario 1-800-349-3111 <http://www.hpco.ca/>

- provincial association of hospices and palliative care providers, professionals, and volunteers throughout Ontario

Falls Prevention

Central West LHIN Exercise and Falls Prevention Program (Bolton-Caledon): 905-796-0040 ext 7744

- Exercise and fall prevention classes intended for older adults and people with mobility issues offered by Central West CCAC (Free)
- **Locations:** Caledon Community Complex (Caledon); Margaret Dunn Valleywood Branch (Caledon); Avalon Retirement Lodge (Orangeville); Bethsaida Retirement Home (Orangeville); Dufferin FHT (Orangeville); Grand Valley District Community Centre (Grand Valley); Hospice Dufferin (Orangeville); Lord Dufferin Centre (Orangeville); Mel Lloyd Centre (Shelburne); Montgomery Village (Orangeville); Shelburne Residence Retirement Home (Shelburne); Simon Terrace Apartments (Shelburne); Caledon Seniors Recreation Centre (Bolton); The Exchange (Bolton); Connect Church (Bolton)

Multi-Cultural Services

Dufferin County Resource Circle (Orangeville) 519-216-8174
<http://dufferincountyculturalresourcecircle.org/>

- An Indigenous led community non profit organization to create a safe space for the restoration and revival of traditional Indigenous Culture in the Dufferin County area
- community building events, educational workshops and spiritual gatherings.

Seniors Centres *(Membership fee may apply)*

Caledon Senior's Council (Caledon East – St James Church Hall)

- Fridays 9:30-4pm

Centre Dufferin New Horizon's Seniors Club (Shelburne – Mel Lloyd Centre): 519-925-5452

- Bridge: Monday and Thursday @ 1pm
- Art: Friday @ 9:30am
- Bid Euchre: Tuesday @ 7pm
- Shuffleboard: Tuesday and Thursday

Orangeville and District Seniors Centre (Orangeville – 26 Bythia Street): 519-941-6012

- Drop-in activities, instructional activities, barbeques, lunch every Tuesday @ noon \$5

Royal Canadian Legion (Alton Branch – 1267 Queen Street West): 519-942-4021

Orangeville Seniors/Age Friendly Committee <https://www.orangeville.ca/council-1/committees-of-council-1/mayors-seniors-advisory-committee>

- Information sessions, community outreach, resources and support for seniors

Health

• **Alzheimer's**

- **Alzheimer Society Dufferin County** 519-941-1221
 - Support groups, information sessions, stress management strategies, making connections program, and variety of other related programs and services

• **COPD**

- **Central West LHIN COPD Exercise Program** (Orangeville - Tony Rose Memorial Sport Centre): 905-796-0040 ext. 7744
 - Free community exercise program for older adults with COPD (12 week program)

• **Diabetes**

- See below

• **Foot Care**

- **For Your Health Only – Mobile Foot Care** (Orangeville and Caledon): 519-943-3118

- Mobile nursing for: diabetic and general foot care; maintenance (nail trimming, calluses, corns, ingrown nails, etc.); basic fungal treatments
 - **Walking on Sunshine – Advanced and Diabetic Foot Care** (Dufferin County, Orangeville, Shelburne): 519-940-1602
 - **In-home service for: advanced and diabetic foot care
- **Stroke & Cardiac**
 - **Wellington Dufferin County Heart and Stroke** (Guelph) 519-837-4858
 - Support services, information sessions and resources related to heart conditions and stroke\

Other

Dufferin County Paramedic Service – Community Paramedic Program (Orangeville, Shelburne, Dufferin County): 519-925-5458

- Non-emergency, community based service for services for high risk patients living with complex medical issues such as diabetes, COPD, CHF
- Wellness checks, home assessments, in-home blood work

TeleCheck Dufferin – TorchLight (Dufferin County): 519-415-3764

- 7 day telephone reassurance service for: healthy routine reminders, safety, link to community resources, caregiver relief

Headwaters Homecare for Senior's (Caledon, Bolton, Dufferin County): 905-838-9998

- Non-medical care offered in home: personal care, friendly visiting, transportation to doctor's appointments, light housekeeping, medication reminders

Canadian Mental Health Association – Peel and Dufferin Region 519-941-0465 or 1-877-451-2123

314-7700 Hurontario Street, Brampton ON L6Y 4M3 www.cmhapeeldufferin.ca

Shelter & Counselling – Family Transition Place 519-942-4122

20 Bredin Pkwy, Orangeville, ON L9W 4Z9

- Domestic abuse treatment center
- Counselling, shelter assistance

Supplemental Table 3. Checklist used to assess a site's adherence to the Health TAPESTRY protocol (Yes or No).

Category	Item	Items to code
Communication	In-person communication	TAP-Huddle leader and/or Practice Model Champion has established a huddle group to review TAP Reports
		TAP-Huddle members attend in-person meetings, or (if applicable) virtual meetings established
	Frequency of TAP-huddles	TAP-Huddles meet for consistent, scheduled meetings according to when reports are ready
	Collaborative communication	All TAP-Huddle members contribute to discussion throughout reviewing client report
		All TAP-Huddle members contribute to discussion in creating client plan of care
	Interprofessional conflict resolution	TAP-Huddle demonstrates the ability to resolving differences about client plan of care
Roles within Huddle	Leadership in the TAP-Huddle	TAP-Huddle leader and/or Practice Model Champion has been identified
		TAP-Huddle leader and/or Practice Model Champion attend and participates in TAP-huddle
	Domain thinking/ Culture shift	TAP-Huddle consists of interdisciplinary professionals
		TAP-Huddle members consider and understand their roles (including MRP) and the roles/expertise of each member
	Roles/ Responsibilities	TAP-Huddle members understand their role through the patients progress in their plan of care (i.e. who performs what, in what order, and when tasks are to be handed off among other members)
		Actions for plan of care is equally shared among TAP-Huddle members
Organization of Patient Progress in Health TAPESTRY	Patient engagement	TAP-Huddle reviews and discusses client goals/social context/daily life activities survey in meeting
		Plan established on who and how the client will be contacted regarding next steps
Program Adherence	Adherence to key information process	Items in key information section are properly initiating actions among the TAP-Huddle members
		Referrals and/or recommendations for follow-up appointments made when needed
	Adherence to plan of care processes	Plan of action section filled out at TAP-Huddle meeting (part or in full; EMR or TAP-App
	Distinguishing program components	TAP-Huddle is using TAP-App to retrieve patient TAP reports
		Follow-up volunteer visits made when needed

Category	Item	Items to code
	Strong intra-organizational relationship	TAP-App is being used to ensure volunteer actions are communicated to community organization
Organizational support and resources	Shared patient information through one medium.	Team-based, integrated use of EMR across clinics/health care professionals for documentation of plan of care and patient updates/assessments
		TAP-Huddle members are using the EMR to communicate and share updates about patients
		Information from TAP-Reports being transferred to patient EMR

Note: The TAP-Huddle leader could be any staff member at the primary care practice.

Supplemental Table 4. Unit costs used for the economic evaluation.

Type of healthcare resource	Unit cost	Source	Note
Hospitalization	\$6,610	Canadian Institute for Health Information: 2019-2020 Cost of a Standard Hospital Stay. https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/015/cost-of-a-standard-hospital-stay-cshs;/mapC1;mapLevel2;provinceC9001;/	Average hospitalization cost adjusted to 2021 values using consumer price index*
ER visit	\$319	Canadian Institute for Health Information: Hospital Spending: Focus on the emergency department. Ottawa, On: CIHI; 2020. https://www.cihi.ca/sites/default/files/document/hospital-spending-highlights-2020-en.pdf	Average ED visit cost adjusted to 2021 values using consumer price index*
Primary clinic visit	\$38	Ontario Ministry of Health and Long-Term Care. Schedule of Benefits for Physician Services Under the Health Insurance Act: Queen's Printer for Ontario, 2022. https://www.health.gov.on.ca/en/pro/programs/ohip/sob/physserv/sob_master.pdf	Cost of a family physician re-assessment from the Ontario Schedule of Physician Benefits

Supplemental Table 5. Details on the adverse events that occurred during the intervention.

Variable	Intervention (n=257)	Control (n=255)
Program expectations; N(%)	n=188	
Exceeded expectations	27 (14.4)	
Met expectations	101 (53.7)	Not applicable
Did not meet expectations; no real difference	58 (30.9)	
Did not meet expectations; worse than before	2 (1.1)	
Labeling effect (yes); N(%)	n=216 23 (10.6)	Not applicable
Serious Adverse events; N	19.00	18.00

Notes: Assessment of expectations refers to the extent that Health TAPESTRY met or did not meet client expectations for the kind and amount of care received during the program; Labelling effect indicates clients became aware of health issues because of Health TAPESTRY.

Serious Adverse Event Type	Intervention (n= 17) Number and Details	Control (n= 15) Number and Details
Cardiovascular	1 Ischemic heart disease	1 Ischemic heart disease 2 Atrial Fibrillation 1 Acute myocardial infarction
Cerebrovascular	1 Cerebrovascular hemorrhage 1 Cerebrovascular accident	1 Cerebrovascular hemorrhage
Injury	2 Hip fractures	
Urinary Tract	3 Renal calculi and urosepsis*	1 Renal calculi and urosepsis 1 urosepsis
Respiratory	1 Pneumonia 1 Respiratory infection	3 Pneumonia
Other	1 Confusion 1 Acute mental health issue 1 Vertigo 1 Typhilitis 1 Right arm and leg weakness	1 Confusion 2 Postoperative complications 1 Hypotension and weakness 1 Syncope
Death	1 Stroke 1 Liver decompensation 1 Heart failure 1 post-operative intraventricular hematoma	1 Colon cancer 1 Massive aspiration 1 pneumonia
Total SAEs	19	18

* All three admissions were the same client

Supplemental Appendix 3. Descriptions of the six communities that Health TAPESTRY was implemented in.

Dufferin county is a predominantly rural community consisting of three towns. Approximately 15% of the population is over 65 years of age, which is comparable to the provincial average of 16.7%.¹ Recently, Dufferin became an age-friendly community meaning they have implemented different services, structures and policies to become more inclusive of older adults.² Seniors in the community can participate in recreation and other programming through local community and senior centres. Practical support programs are also available in the community, but are limited and often come at a cost. Dufferin residents have access to multiple walk-in clinics, an urgent care centre and a hospital for medical care. Residents can travel to larger surrounding regions to access services as well. Currently, there is no community wide transportation system, however the largest town does have a small bus system.

Hamilton is a large urban community, the third largest city in Ontario, Canada. The senior population is just over the provincial average at 17.9%.³ Hamilton is considered an age-friendly community. The city has a wide variety of programs and services available to seniors that are free or low cost. The services include recreation, financial support, assistance with meals, groceries or transportation, among others. Residents have access to multiple hospitals, urgent care centres and walk-in clinics to receive medical assistance. Hamilton has an extensive bus public transportation system, and additional services to assist individuals unable to use regular bus transportation.

Harrow is a very rural community with an above average senior population of 19.9%.⁴ Harrow is surrounded by a number small communities which residents travel to for community programs and services that Harrow may not have. These programs and services are offered at community centres, libraries and senior centres. The town of Essex is not classified as an age-friendly community. Within the community, there is no hospital, walk-in clinics or urgent care centres. Residents would need to travel outside of Harrow to access medical services other than at Harrow Health Centre (a family health team). Harrow does not have a public transportation system, and the distance to other towns with services the residents may need to access can be far.

Niagara-on-the-Lake (NOTL) is a rural community. NOTL has a large number of seniors, with 30% of the population over the age of 65 years.⁵ Recently, NOTL became an age-friendly community. Seniors can participate in recreation and other service programs through municipal and regional organizations. There are some supports available for transportation, housekeeping, meal delivery in the area but there are costs associated with these services. Within NOTL, there is a walk-in clinic however to access a hospital or urgent care centre, residents must travel outside the community. NOTL does lack affordable housing in the community and is a predominantly auto-centre community with limited public transportation.

Sault Ste. Marie is a predominantly rural community in Northern Ontario. Approximately 22% of the population is over 65 years of age.⁶ It is bordered by two First Nations communities. Seniors in the community have access to a variety of community-base programs for recreation, friendly visiting, meal and housekeeping services, transportation and more. Residents have access to a hospital and walk-in clinics within the site, however there is no urgent care centre. Sault Ste. Marie has taken steps to be more inclusive of older adults and is considered an age-friendly community. There is a bus-based transportation system that services the town.

Windsor is an urban city. The senior population is approximately 17.2% which aligns with the provincial average of 16.7%.⁷ There are a wide variety of community programs, recreation and service, offered through the city, and other community organizations. Many of the programs and services are available to seniors for free or for a low cost. Windsor has several hospitals, walk-in clinics and urgent care clinics within the city for residents to access. Windsor is considered an age-friendly community. The city has bus transportation system that services the city.

References

1. Statistics Canada. Dufferin, CTY [Census division], Ontario and Ontario [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. 2017. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E> (accessed 15-03-2021).
2. World Health Organization. Age-Friendly in Practice. <https://extranet.who.int/agefriendlyworld/age-friendly-practices/> (accessed 15-03-2021).

3. Statistics Canada. Hamilton [Census metropolitan area], Ontario and Ontario [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. 2017. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E> (accessed 15-03-2021).
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5. Statistics Canada. Niagara-on-the-Lake, T [Census subdivision], Ontario and Niagara, RM [Census division], Ontario (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. 2017. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E> (accessed 15-03-2021).
6. Statistics Canada. Sault Ste. Marie [Census agglomeration], Ontario and Ontario [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. 2017. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E> (accessed 15-03-2021).
7. Statistics Canada. Windsor [Census metropolitan area], Ontario and Ontario [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. 2017. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E> (accessed 15-03-2021).

Supplemental Table 6. NoMAD scores over one year for each subscale and overall scores.

	Month 1	Month 2	Month 3	Month 6	Month 9	Month 12
	(n=36)	(n=32)	(n=27)	(n=23)	(n = 23)	(n = 27)
NoMAD	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Subscales	Range	Range	Range	Range	Range	Range
Coherence	3.71 (0.48)	3.94 (0.48)	3.93 (0.33)	3.83 (0.68)	4.15 (0.22)	4.06 (0.22)
	2.95-4.32	2.95-4.38	3.38-4.35	2.38-4.40	3.88-4.50	3.83-4.50
Cognitive Participation	4.26 (0.23)	4.28 (0.38)	4.40 (0.17)	4.15 (0.42)	4.33 (0.38)	4.26 (0.50)
	4.00-4.54	3.80-4.91	4.25-4.69	3.75-4.83	3.75-4.92	3.38-5.00
Collective Action	3.94 (0.21)	3.89 (0.33)	3.98 (0.40)	4.06 (0.39)	4.00 (0.48)	4.03 (0.39)
	3.66-4.35	3.49-4.32	3.21-4.43	3.52-4.71	3.38-4.71	3.43-4.64
Reflexive Monitoring	3.69 (0.33)	3.78 (0.27)	3.84 (0.38)	4.00 (0.29)	3.87 (0.56)	4.10 (0.49)
	3.13-4.14	3.48-4.11	3.10-4.15	3.50-4.27	3.00-4.63	3.40-5.00
Overall Score	15.61 (0.86)	15.89 (1.34)	16.14 (1.19)	16.04 (1.43)	16.36 (1.45)	16.44 (1.51)
	14.64-6.79	13.72-17.64	13.94-17.57	14.37-18.06	14.89-18.76	14.21-19.14

SD=standard deviation; Subscale score range 1-5; Overall score range 0-20; Higher scores indicated greater normalization of the Health TAPESTRY processes into routine workflow; Coherence refers to sensemaking actions; Cognitive participation refers to relational work; Collective action are the actions done to do the work; Reflexive monitoring is what individuals do to understand the impact of new work.

NoMAD scores over one year for each subscale and overall scores.

	Month 1	Month 2	Month 3	Month 6	Month 9	Month 12
	(n=36)	(n=32)	(n=27)	(n=23)	(n = 23)	(n = 27)
NoMAD	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Subscales	Range	Range	Range	Range	Range	Range
Coherence	3.71 (0.48)	3.94 (0.48)	3.93 (0.33)	3.83 (0.68)	4.15 (0.22)	4.06 (0.22)
	2.95-4.32	2.95-4.38	3.38-4.35	2.38-4.40	3.88-4.50	3.83-4.50

Cognitive	4.26 (0.23)	4.28 (0.38)	4.40 (0.17)	4.15 (0.42)	4.33 (0.38)	4.26 (0.50)
Participation	4.00-4.54	3.80-4.91	4.25-4.69	3.75-4.83	3.75-4.92	3.38-5.00
Collective	3.94 (0.21)	3.89 (0.33)	3.98 (0.40)	4.06 (0.39)	4.00 (0.48)	4.03 (0.39)
Action	3.66-4.35	3.49-4.32	3.21-4.43	3.52-4.71	3.38-4.71	3.43-4.64
Reflexive	3.69 (0.33)	3.78 (0.27)	3.84 (0.38)	4.00 (0.29)	3.87 (0.56)	4.10 (0.49)
Monitoring	3.13-4.14	3.48-4.11	3.10-4.15	3.50-4.27	3.00-4.63	3.40-5.00
Overall Score	15.61 (0.86)	15.89 (1.34)	16.14 (1.19)	16.04 (1.43)	16.36 (1.45)	16.44 (1.51)
	14.64-6.79	13.72-17.64	13.94-17.57	14.37-18.06	14.89-18.76	14.21-19.14

SD=standard deviation; Subscale score range 1-5; Overall score range 0-20; Higher scores indicated greater normalization of the Health TAPESTRY processes into routine workflow.

Supplemental Table 7. The personnel who completed the follow-up actions after the TAP-Report was created (intervention clients only).

Health Care Provider	N (%)
TAP-Huddle	280 (31.89)
Registered Nurse	198 (22.55)
Occupational Therapist	81 (9.23)
Physician/Resident	76 (8.66)
Pharmacist	50 (5.69)
Dietitian	46 (5.24)
Physiotherapist	34 (3.87)
Volunteers	33 (3.76)
Social Worker	33 (3.76)
Nurse Practitioners	11 (1.25)
Co-Book	9 (1.03)
Other	27 (3.08)

Supplemental Table 8. Health TAPESTRY intervention costs.

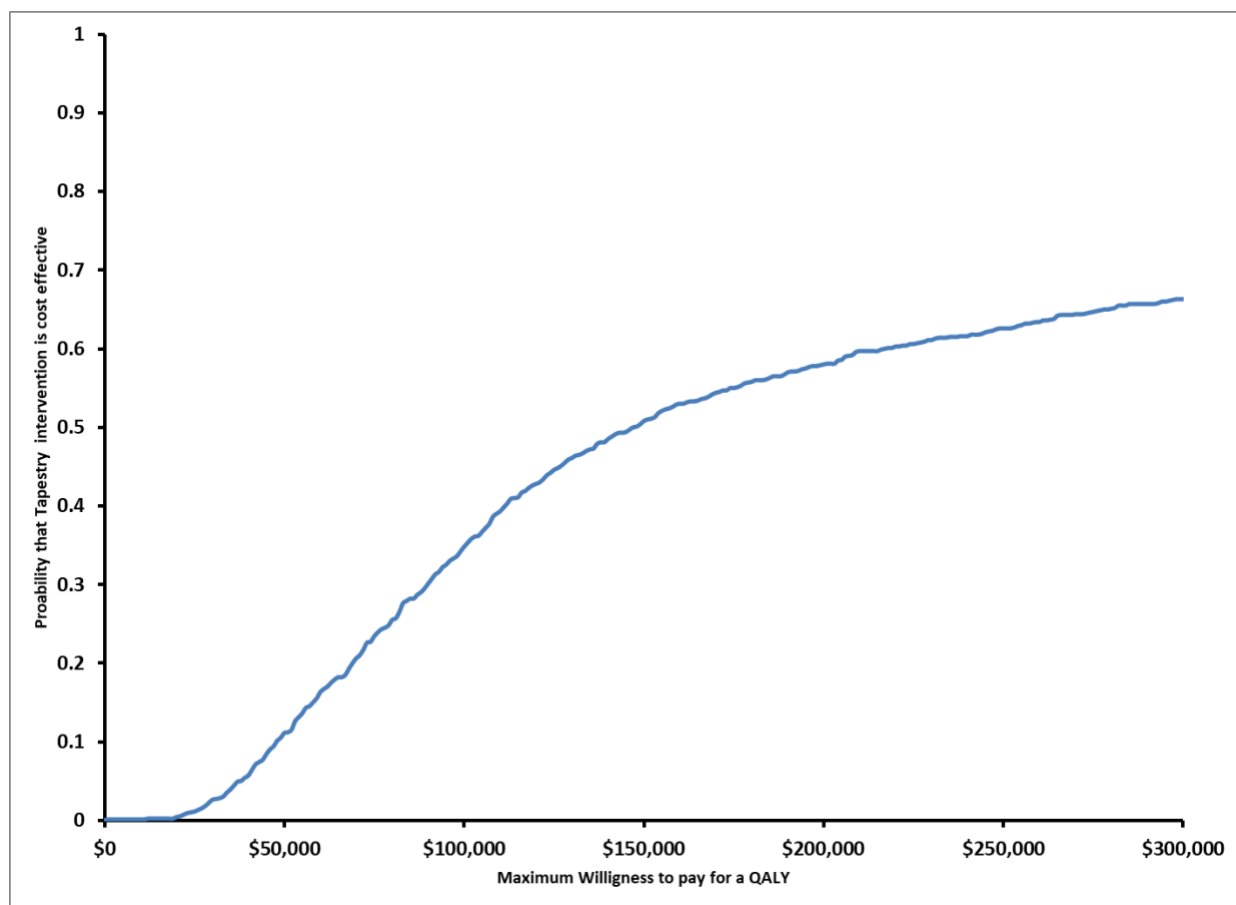
Intervention category	Costs
Personnel	\$206,939
Office Supplies and equipment	\$13,629
Tablets	\$38,440
Travel	\$20,607
Volunteer Onboarding	\$49,945
TAPP App	\$5,317
Vimeo Licensing	\$1,615
TOTAL	\$336,492
Number of subjects	599
Health TAPESTRy cost per subject	\$561.76

Note: Includes both intervention and control patients as control patients were given intervention after 6 months. Includes 82 individuals from couples were who enrolled in the study but were not randomized.

Supplemental Table 9. Cost-effectiveness results and acceptability curve.

	Intervention	Control	Difference
Costs			
• Health TAPESTRY intervention	\$562	\$0	\$562
• Hospitalizations	\$876	\$1,121	\$246
• Emergency Department visits	\$112	\$77	\$35
• Primary care visits	\$168	\$140	\$29
Total costs	\$1,718	\$1,338	\$380
Quality Adjusted Live Years (QALYs)	0.3944	0.3919	0.025
Incremental costs per QALY gained (intervention versus control)		\$152,558	

Supplemental Figure 1. Cost-effectiveness acceptability curve



Supplemental Appendix 4. Links to other our other open-access publications associated within this RCT.

1. Understanding how context and culture in six communities can shape implementation of a complex intervention: a comparative case study
<https://doi.org/10.1186/s12913-022-07615-0>
2. Community Volunteers and Primary Care Providers Supporting Older Adults in System Navigation: A Mixed Methods Study
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8896251/pdf/ijic-22-1-5978.pdf>
3. Understanding volunteer retention in a complex, community-centred intervention: A mixed methods study in Ontario, Canada
<https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/hsc.13775?download=true>
4. The implementation and validation of the NoMAD during a complex primary care intervention
<https://bmcmmedresmethodol.biomedcentral.com/articles/10.1186/s12874-022-01655-0>
5. Lessons Learned Through Two Phases of Developing and Implementing a Technology Supporting Integrated Care: Case Study
<https://formative.jmir.org/2022/4/e34899/>