

Appendix 3.

Script for follow-up telephone call: 30 days post education to ask about readmissions, contact with health care providers or any bleeding event

Hello, Can I please speak with _____ (name of study subject or whoever signed the consent form). This is Dr. _____ calling you as a follow up to the study that you approved to be involved in during your stay at LAUMCRH. As you know, we shared with you that we would call you at 30 days after you received the education to ask you if you had any readmissions, contact with health care providers or any bleeding event . I just wanted to ask you a few questions.

- Since your hospital stay, have you needed to return to the hospital within 30 days after leaving the hospital on _____(date)? Yes No
 - If yes, how many days after leaving the hospital did you have to return to the hospital?
 - If yes, how many times did you have to go back to the hospital?____(# of readmissions)

- Have you seen any healthcare provider (physician, nurse or pharmacist) pertaining to a concern or adverse effect to your blood thinner treatment within 30 days post discharge? Yes No
 - If yes, how many days after leaving the hospital did you have to see a health care professional?____
 - If yes, how many times did you have to see a healthcare professional?____(# of readmissions)

• Did you have any of these problems	Yes	No
Blood from your nose	<input type="checkbox"/>	<input type="checkbox"/>
Blood from your gum	<input type="checkbox"/>	<input type="checkbox"/>
Blood or redness in your eyes	<input type="checkbox"/>	<input type="checkbox"/>
Blood in the sputum	<input type="checkbox"/>	<input type="checkbox"/>
Purple /greenish bruises on your body	<input type="checkbox"/>	<input type="checkbox"/>
Blood in vomitus	<input type="checkbox"/>	<input type="checkbox"/>
Blood in stools	<input type="checkbox"/>	<input type="checkbox"/>
Dark black stools	<input type="checkbox"/>	<input type="checkbox"/>
Blood in urine	<input type="checkbox"/>	<input type="checkbox"/>
Any major bleeding such as in head, stomach, did you have to receive blood?	<input type="checkbox"/>	<input type="checkbox"/>

Karaoui et al. Impact of pharmacist-conducted anticoagulation patient education and telephone follow-up on transitions of care: a randomized controlled trial

Bleeding

If yes, ask the patient: When did you experience bleeding event?

Days post discharge _____

Were you receiving any blood thinners at the time of the bleed?