Supplementary Figure 1: Timeline for Development of the PEARL Initiative.
PEARL was developed from April 14, 2020–May 3, 2020 and launched on May 4, 2020 (Saint Marys Campus) and on November 16 (MCHS-AU).
Abbreviations: HM-APP: Hospital Medicine Advanced Practice Provider; DOS: Desk Operations Specialist; MCHS-AU: Mayo Clinic Health System-Austin; PEARL: Post-Discharge Early Assessment with Remote video Link.

Supplement 1: Sample Script for Video visit on New Medications or Changes to Existing Medications

Introduce yourself
Good morning/afternoon Mr. /Mrs. ***. My name is ***, calling from Mayo Clinic Hospital Internal Medicine team. You were recently discharged by my colleagues from Medicine ***.

During this video call, I would like to talk about how things have been since you left the hospital. I would like to ask about your medications, monitoring your health at home, and home supports. This call will take 15–20 minutes. Would it be OK to start?

Background
How have you been doing since you left the hospital on ***

Question 1: New medications or changes to existing medications
(*Instruction to Interviewer*: Please identify new medications or changes to medications from the After Visit Summary/Discharge Summary. If no new medications/changes to medications, then skip to Question 2)

I would like to ask about new medications prescribed before you left the hospital.

Question 1A. Do you remember the new medications prescribed?
(*Instruction to Interviewer*: If patient does not remember the medication or indication for the new medications, then review the medications, their indications, and stress the importance of taking them)

Question 1B. Have you been taking the new medications?
(*Instruction to Interviewer*: If patient has not been taking the new medications, then have a discussion with the patient to explore reasons)

Question 1C. What is the reason you have not been able to take the new medications?
(*Instruction to Interviewer*: Opportunity to intervene and fix the barrier. If the patient's caregiver is also on the call, they can be included in the discussion to emphasize the importance of taking medications).

Question 1D. Let us review changes to medications you were previously taking
(*Instruction to Interviewer*: If patient does not remember changes to the medications or reasons for the change, then review the medications, their indications, and stress the importance of taking them)

Question 1E. Have you had concerns or side effects from your medications?

Question 1F. Have you had concerns about affording your medications?

Question 1G. Do you feel comfortable to manage your medications or do you need help?

Supplement 2: Patient Survey

1. Was it easy to get connected to the video call?
   - o Agree
   - o Neutral
   - o Disagree

2. Did you understand your provider during the video call?
   - o Agree
   - o Neutral
   - o Disagree

3. Did you feel that your provider easily understood you during the video call?
   - o Agree
   - o Neutral
   - o Disagree

4. Did you benefit from the video call?
   - o Agree
   - o Neutral
   - o Disagree

5. Are you interested in receiving video calls in future?
   - o Agree
   - o Neutral
   - o Disagree

6. Do you prefer video visits over clinic visits?
   - o Agree
   - o Neutral
   - o Disagree

7. Would you recommend video visits to other friends or family?
   - o Agree
   - o Neutral
   - o Disagree

8. Compared to a traditional in-person appointment, did a video visit make you feel less connected to your provider?
   - o Agree
   - o Neutral
   - o Disagree

Supplement 3: Hospital Medicine Advanced Practice Provider (HM-APP) Survey

Select your age group
- o 20 yrs to <30 years
- o 30 yrs to <40 years
- o 40 yrs to <50 years
- o 50 yrs to <60 years
- o 60 yrs to <70 years

Select your gender
- o Male
- o Female
- o Non-binary/other
- o Prefer not to respond

Select your current role
- o Nurse Practitioner (NP)
- o Physician Assistant (PA)

Select the number of years worked as a NP or PA
- o 0 yr to 5 yrs
- o 6 yrs to 10 yrs
- o 11 yrs to 15 yrs
- o 16 yrs to 20 yrs
- o >20 yrs

How many PEARL shifts have you completed?
- o 1 to 5
- o 6 to 10
- o 11 to 15
- o 16 to 20
- o >20

How many Zoom video visits have you completed?
- o 1 to 5
- o 6 to 10
- o 11 to 15
- o 16 to 20
- o >20

Interpersonal Communication

1. I was engaged with the patient during the video visit
- o Strongly disagree
- o Disagree
- o Neutral
- o Agree

o Strongly agree

2. Patients were engaged during the video visit
   o Strongly disagree
   o Disagree
   o Neutral
   o Agree
   o Strongly agree

3. I benefitted from visual contact with the patient(s)
   o Strongly disagree
   o Disagree
   o Neutral
   o Agree
   o Strongly agree

4. The video visits felt as personal as in-person visits
   o Strongly disagree
   o Disagree
   o Neutral
   o Agree
   o Strongly agree

Technical Quality of Care

1. Patient privacy was protected
   o Strongly disagree
   o Disagree
   o Neutral
   o Agree
   o Strongly agree

2. I was able to discuss the patient's discharge plan
   o Strongly disagree
   o Disagree
   o Neutral
   o Agree
   o Strongly agree

3. The video visit was a valuable addition to the patient's care
   o Strongly disagree
   o Disagree
   o Neutral
   o Agree
   o Strongly agree

5. I provided value and input into the patient's discharge plan

- o Strongly disagree
- o Disagree
- o Neutral
- o Agree
- o Strongly agree

6. Time for the video visit was sufficient
- o Strongly disagree
- o Disagree
- o Neutral
- o Agree
- o Strongly agree

Efficacy

1. Video visits can increase patients' access to care
- o Strongly disagree
- o Disagree
- o Neutral
- o Agree
- o Strongly agree

2. Video visits can decrease frequency of emergency department visits
- o Strongly disagree
- o Disagree
- o Neutral
- o Agree
- o Strongly agree

3. Video visits can decrease patients' length of stay
- o Strongly disagree
- o Disagree
- o Neutral
- o Agree
- o Strongly agree

4. Video visits can decrease hospital readmission rates
- o Strongly disagree
- o Disagree
- o Neutral
- o Agree
- o Strongly agree

5. Video visits can provide ease of mind to patients and caregivers
- o Strongly disagree
- o Disagree
- o Neutral

- o Agree
- o Strongly agree

Technology

1. Equipment (i.e. computer) for the video visits was easy for me to use
   - o Strongly disagree
   - o Disagree
   - o Neutral
   - o Agree
   - o Strongly agree

2. Zoom software for the video visit software was easy for me to use
   - o Strongly disagree
   - o Disagree
   - o Neutral
   - o Agree
   - o Strongly agree

3. I did not encounter problems with the equipment or Zoom software
   - o Strongly disagree
   - o Disagree
   - o Neutral
   - o Agree
   - o Strongly agree

4. Patients did not encounter problems with the Zoom software
   - o Strongly disagree
   - o Disagree
   - o Neutral
   - o Agree
   - o Strongly agree

5. Video visits could be a convenient platform to follow-up with patients after hospital discharge
   - o Strongly disagree
   - o Disagree
   - o Neutral
   - o Agree
   - o Strongly agree

Further Feedback
Would you like someone from the PEARL team to contact you for additional feedback?
   - o No
   - o Yes → provide email address: _____

Thank you for providing feedback on the PEARL initiative.

Supplementary Table 1: Characteristics of HM-APPs

Characteristics	N = 15 no. (%)
Age <40 years	11 (73.3)
Gender	
Women	13 (86.7)
Men	2 (13.3)
Current role	
Nurse Practitioner	10 (66.7)
Physician Assistant	5 (33.3)
Number of years worked as Nurse Practitioner or Physician Assistant	
0 – 5	6 (40.0)
6 – 15	7 (46.7)
>15 years	2 (13.3)
Number of PEARL shifts completed[*]	
1 – 5	10 (66.7)
6 – 15	5 (33.3)
>15	0 (0)
Number of video visits completed	
1 – 5	8 (53.3)
6 – 15	6 (40.0)
>15	1 (6.7)

[*]Shifts ranged from 4–10 hours.

Abbreviations: HM-APP: Hospital Medicine Advanced Practice Provider;
PEARL Post-discharge Early Assessment with Remote video Link

Supplementary Table 2: HM-APP Perspective on Video visits

	Agree	Neutral	Disagree
HM-APPs (n=15)	no. (%)		
Interpersonal Communication			
I was engaged with patient during video visit	15 (100)	0	0
Patients were engaged during video visit	15 (100)	0	0
I benefited from visual contact with patients	11 (73.3)	2 (13.3)	2 (13.3)
Video visit felt as personal as in-person visit	6 (40.0)	3 (20.0)	6 (40.0)
Technical Quality of Care			
Patient privacy was protected	13 (86.7)	2 (13.3)	0
I discussed the discharge plan	13 (86.7)	2 (13.3)	0
Video visit was a valuable addition to patient care	8 (53.3)	7 (46.7)	0
I provided value and input into the discharge plan	5 (33.3)	9 (60.0)	1 (6.7)
Time for video visit was sufficient	14 (93.3)	1 (6.7)	0
Efficacy			
Video visits increase access to care	13 (86.7)	2 (13.3)	0
Video visits decrease emergency department visits	6 (40.0)	7 (46.7)	2 (13.3)
Video visits decrease length of stay	6 (40.0)	8 (53.3)	1 (6.7)
Video visits decrease hospital readmission rates	6 (40.0)	8 (53.3)	1 (6.7)
Video visits provide ease of mind to patients and caregivers	15 (100)	0	0
Technology			
Video visit equipment was easy to use	12 (80.0)	1 (6.7)	2 (13.3)
Video visit software was easy to use	12 (80.0)	1 (6.7)	2 (13.3)
I did not encounter problems with equipment or software	9 (60.0)	1 (6.7)	5 (33.3)
Patients did not encounter problems with equipment or software	3 (20.0)	5 (33.3)	7 (46.7)
Video visits are a convenient platform for post-discharge follow-up care	12 (80.0)	3 (20.0)	0

Survey questions in Supplement 3. HM-APP characteristics in Supplementary Table 1.

Responses on 5-point Likert scale were collapsed into three categories: agree (strongly agree or agree), neutral, and disagree (disagree or strongly disagree).

Abbreviation: HM-APP: Hospital Medicine Advanced Practice Provider