* 21 of the 107 consented participants provided nonworking email addresses for contact. Of these, 12 were eventually contacted using other methods including telephone and U.S. mail.

Supplementary Material A

Flow diagram of patients considered for inclusion in the study
Example Hospital Discharge Summary

Discharge Summary

DATE OF ADMISSION: 09/01/2016
DATE OF DISCHARGE: 09/10/2016
PCP: Joe Smith

Discharge Diagnosis

Cellulitis
CHF exacerbation

Consults Completed

Surgery
Infectious Disease
Cardiology

Operations/Procedures

Biopsy, 9/7

Principal Diagnostic Studies/Results

Chest X-ray 9/2
Bilateral pulmonary edema. No clear effusion.

Reason for Admission

Leg Cellulitis

Hospital Course

Mr. Bond is a 50-year-old man with CAD, CHF who presented with leg pain, found to have cellulitis.

#Cellulitis

Treated with 5 days of vancomycin, with good improvement. Had leg biopsy which showed Gram-negative organisms, presumed contaminant. Narrowed to po cephalexin to complete 7-day course, covering predominantly Gram-positive organisms, including staph and strep.

--Continue cephalexin to complete 7-day course on 9/12.

#CHF

Some volume overload on admission, with X-ray showing pulmonary edema. Diuresed with 40 IV Lasix × 2 days with improvement in dyspnea and was net negative 4 L. Then resumed home medications and pt with stable respiratory status and weight for 2 days prior to discharge.

--Continue Lasix
--Follow-up cards

Condition

Fair; T – 36.8, P- 86, BP 132/78
Gen: well appearing, in NAD
HEENT: MMM, EOMI, sclera anicteric
Lungs: CTAB, normal WOB
CV: RRR, no m/r/g. JVP flat
Abd: soft, nontender, nondistended
Skin: mild erythema on left leg, resolving. No purulence

Disposition

[x] Home [...] Skilled Nursing Facility [...] Other: _

Clinical Follow-up, Including Appointments

Primary care visit, 9/20/16
Cardiology 9/27/16

Diagnostic Studies Recommended

None.

Pending Results: (as of this Summary)

None.

Therapeutic Recommendations

Continue your antibiotics.
Avoid soaps or rubs.
Continue wound management.
Continue Lasix, and contact your doctor if you are gaining weight or having difficulty with breathing.

Allergies

Penicillin

Discharge Medications

Tylenol 325 mg q6 hour
Cefalexin 750 mg daily, for 2 days
Aspirin 81 mg daily
HCTZ 12.5 mg daily
Metoprolol 25 mg daily
Lasix 20 mg po daily

Code Status

– Full Code

UW Medicine physicians mentioned in this note can be reached by calling MedCon at 800–326–5300.

If any part of this transcript is missing or to request other transcripts for this patient call 206–744–9000. For online access to patient records enroll in U-Link at uwmedicine.org/u-link.
Supplementary Material C

Study Surveys

Baseline Survey

1. I know what medications I need to take
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Agree
   - [ ] Strongly Agree
   - [ ] N/A

2. I know what each of my prescribed medications do
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Agree
   - [ ] Strongly Agree
   - [ ] N/A

3. I know when I should visit the doctor
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Agree
   - [ ] Strongly Agree
   - [ ] N/A

4. I understand why I was admitted to the hospital
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Agree
   - [ ] Strongly Agree
   - [ ] N/A

5. It would be a good idea if patients could read their hospital records.
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Agree
   - [ ] Strongly Agree
   - [ ] N/A

6. I understand what I need to do after leaving the hospital
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Agree
   - [ ] Strongly Agree
   - [ ] N/A

7. How confident are you in filling out forms by yourself?
   - [ ] Extremely
   - [ ] Quite a bit
   - [ ] Somewhat
   - [ ] A little bit
   - [ ] Not at all

8. I would like to be able to share my hospital record with [check all that apply]:
   - [ ] Family member
   - [ ] My primary care doctor
   - [ ] My caregiver
   - [ ] Other
   - [ ] No one (I would not share)
     Other, please describe: ___________________________________________________________
Follow-up Survey

1. I know what medications I need to take
   - [ ] Strongly Disagree  [ ] Disagree  [ ] Agree  [ ] Strongly Agree  [ ] N/A

2. I know what each of my prescribed medications do
   - [ ] Strongly Disagree  [ ] Disagree  [ ] Agree  [ ] Strongly Agree  [ ] N/A

3. I know when I should visit the doctor
   - [ ] Strongly Disagree  [ ] Disagree  [ ] Agree  [ ] Strongly Agree  [ ] N/A

4. I understand why I was admitted to the hospital.
   - [ ] Strongly Disagree  [ ] Disagree  [ ] Agree  [ ] Strongly Agree  [ ] N/A

5. It would be a good idea if patients could read their hospital records.
   - [ ] Strongly Disagree  [ ] Disagree  [ ] Agree  [ ] Strongly Agree  [ ] N/A

6. I understand what I need to do after leaving the hospital
   - [ ] Strongly Disagree  [ ] Disagree  [ ] Agree  [ ] Strongly Agree  [ ] N/A

7. I wish I had more information about my hospitalization
   - [ ] Strongly Disagree  [ ] Disagree  [ ] Agree  [ ] Strongly Agree  [ ] N/A

8. The training on accessing my medical records was useful. *
   - [ ] Strongly Disagree  [ ] Disagree  [ ] Agree  [ ] Strongly Agree  [ ] N/A

9. I would like to be able to share my hospital records with [check all that apply]:
   - [ ] My primary care doctor
   - [ ] Family member
   - [ ] My caregiver
   - [ ] No one (I would not share)
   - [ ] Other (please explain) ___________

10. Since you were discharged from the hospital did you attempt to login to the patient portal?
    - [ ] Yes  [ ] No  [ ] Don't Know

11. Were you able to login to the patient portal?
    - [ ] Yes  [ ] No
    (If no, skip next question)
12. Did you read your discharge summary on the computer using Harborview’s Patient Portal (eCare)?
   ☐ Yes ☐ No
   (If no, skip next question)

13. It was helpful to have access to my discharge summary
   ☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree ☐ N/A

[If answer to 11 or 12 is no]
14. Please tell us why you [either didn’t login to the portal or didn’t read your discharge summary] [check all that apply]
   ☐ Technical difficulties
   ☐ Didn’t feel well enough
   ☐ Wasn’t able to because of personal/time constraints
   ☐ Didn’t think about it/forgot
   ☐ Forgot password
   ☐ Other (please explain) ____________

15. I prefer to go to a hospital that will let me see my hospital records
   ☐ Yes
   ☐ No
   ☐ Don’t know

**Having access to my medical records:**

16. Would increase my trust in doctors
   ☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree ☐ N/A

17. Would increase my satisfaction with care
   ☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree ☐ N/A

18. Patients are often given many pieces of paper when they leave the hospital. Check all that apply.
   ☐ I don’t remember getting them
   ☐ I received them
   ☐ I read them
   ☐ I do not know where they are
   ☐ I found them helpful
   ☐ I found them confusing

19. What suggestions do you have for improvement in Harborview’s patient portal (eCare) and discharge summaries? [Text field]

Thank you for participating in this study! So that we can send you the $25 gift card please provide us with the best street address to reach you. [Record address]

*These questions will only be asked of the intervention arm patients*