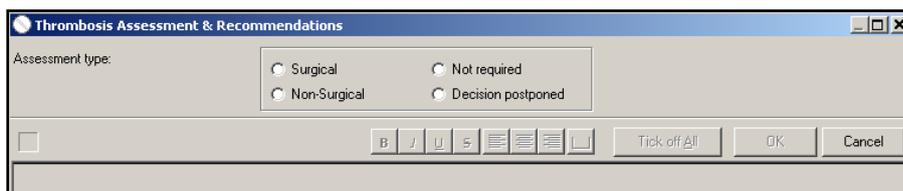


Appendix A: Details of the VTE Electronic Risk Assessment

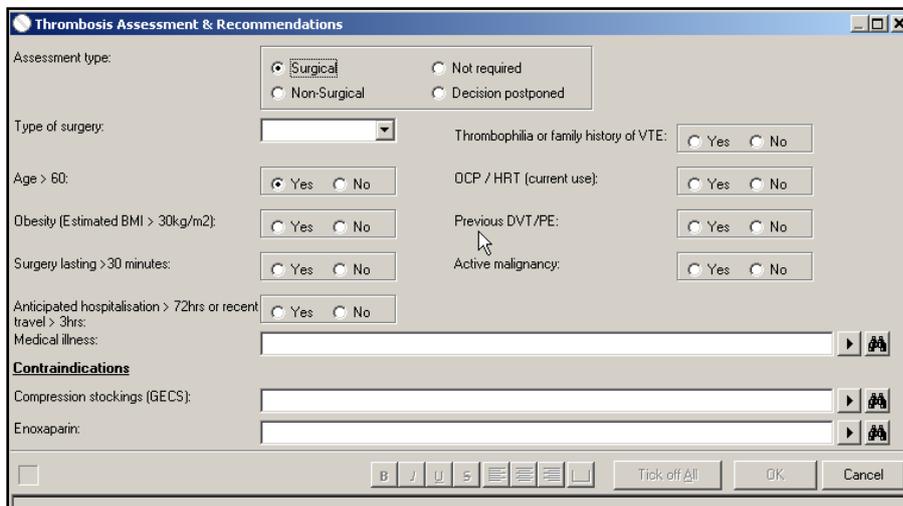
Upon all patients' first admission to the study site hospital, it is mandatory for doctors to perform a venous thromboembolism (VTE) risk assessment within 24 hours of admission. An initial question asks the doctor to specify the type of patient or identify that the assessment will be postponed or is not required (Figure A1). It is possible for doctors to initially postpone the assessment; however a reminder is displayed to ensure that the assessment within 24 hours. It is also possible for doctors to select an option stating that the VTE risk assessment is not required; however a reason must be provided for using this option via a free text field.



The screenshot shows a window titled "Thrombosis Assessment & Recommendations". Under "Assessment type:", there are four radio button options: "Surgical", "Non-Surgical", "Not required", and "Decision postponed". The "Surgical" option is selected. Below the options are several text input fields and a "Tick off All" button. At the bottom right are "OK" and "Cancel" buttons.

Figure A1: Initial answer fields for electronic VTE assessment

If the Surgical or Non-Surgical answer fields are selected the doctor will be presented with further assessment questions. There are different questions dependent on whether the patient is surgical (Figure A2) or non-surgical (Figure A3).



The screenshot shows the same window as Figure A1, but with "Surgical" selected. It displays several additional questions with radio button options: "Type of surgery:" (dropdown menu), "Thrombophilia or family history of VTE:" (Yes/No), "Age > 60:" (Yes/No), "DCP / HRT (current use):" (Yes/No), "Obesity (Estimated BMI > 30kg/m2):" (Yes/No), "Previous DVT/PE:" (Yes/No), "Surgery lasting >30 minutes:" (Yes/No), "Active malignancy:" (Yes/No), "Anticipated hospitalisation > 72hrs or recent travel > 3hrs:" (Yes/No), and "Medical illness:" (text field with a search icon). Below these is a section titled "Contraindications" with text fields for "Compression stockings (GECS):" and "Enoxaparin:", each with a search icon. The bottom of the window contains the same "Tick off All", "OK", and "Cancel" buttons.

Figure A2: Further risk assessment questions for surgical patients

Figure A3: Further risk assessment questions for non-surgical patients

Based on the answer fields that are selected, the system may prompt the doctor to prescribe enoxaparin where VTE prophylaxis is required (Figure A4).

Figure A4: Example of system prompt recommending VTE prophylaxis for non-surgical patient

Where VTE prophylaxis is recommended, doctors can then use the electronic prescribing system to complete a prescription for enoxaparin at the recommended dose. However, if the doctor chooses not to complete the prescription immediately, the next time that the patient's record is opened the user (regardless of whether it was they who completed the risk assessment) will receive an alert prompting them to explain the reason why enoxaparin has not yet been prescribed (see Figure 2 in the main text). It is from these free text fields the data for our study were collected.