**Supplementary File 2.** PRECIS-2 scores for trial domains

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| **Domain** | **Score** | **Rationale** | |
| **Recruitment of investigators and participants** | | |
| Eligibility Criteria | 4.6 | Few exclusion criteria for trial participation, identification of patients as part of the usual clinical workflow, CP screening of patients as part of usual CP workflow. Wide dissemination of trial information needed to recruit clinicians for referrals. | |
| Recruitment | 4.3 | Effort to recruit patients took place in the usual care setting but did include additional study team contacts with referring services (no contact with patients). | |
| Setting | 4.7 | The trial was in a single health system, but there were few restrictions on the setting, settings were heterogeneous (Rochester, Minnesota, and Northwest Wisconsin), and care referrals came from a range of primary and acute settings. | |
| **The intervention and its delivery within the trial** | | |
| Organization Intervention | 4.1 | While additional resources were not needed for the intervention, the organization may be more well-resourced than others and the trial had institutional support in the Rochester site. | |
| Flexibility of Experimental Intervention – Delivery | 4.4 | Protocols were flexibly delivered within the CP scope of practice, and co-delivery of other interventions was allowed. | |
| Flexibility of Experimental Intervention – Adherence | 4.3 | There were minimal requirements for adherence to the intervention, but additional effort went to increasing likelihood that the first CP visit was completed. | |
| **The nature of follow-up** |  |  |
| Follow-up | 3.3 | Primary outcome assessment used the EHR, but patient surveys were administered for secondary outcomes, as well as a DSMB. | |
| **The nature, determination, and analysis of outcomes** | | |
| Outcome | 4.9 | The primary outcome (reduced hospitalizations) was very relevant to patients, care partners, and health care organizations. | |
| Analysis | 4.6 | The main analysis was based on a modified intention-to-treat principle and included all patients who were randomized, eligible for the intervention, and completed the baseline assessment. | |

Abbreviations: CP=community paramedic; EHR=electronic health record; DSMB=data safety monitoring board