

Supplement 1: Survey questions.

A) Participant Screening

1. Are you a pharmacist currently practicing in a hospital setting?

- Yes
 - Continue to question 1.1
- No
 - Thank you for your interest → End of survey

1.1 Do you provide clinical services to patients at your site?

- Yes
 - Continue to question 1.2
- No
 - Thank you for your interest → End of survey

1.2 In your clinical practice, are you involved in the discharge process for your patients?

- Yes
 - Continue to question 1.2
- No
 - Thank you for your interest → End of survey

2. The following questions refer to the time spent while on clinical:

2.1 What proportion of your time during the day do you spend on clinical responsibilities?

- <25%
- 25 to <50%
- 50 to <75%
- 75 to <100%
- 100%

2.2 What proportion of your time during the day do you spend on discharge related activities?

- <25%
- 25 to <50%
- 50 to <75%
- 75 to <100%
- 100%

2.3 Of the time you spend during the day on discharge related activities, how much of it includes direct (i.e. face-to-face) contact with patients? ____ minutes

B) Current involvement of pharmacists at discharge

1. On average, for what **PERCENT** of your patients do you provide **ANY** discharge interventions?

0% ----- 100%

2. In a given week, for what **PERCENT OF PATIENTS** do you perform each of the following discharge interventions?

- Addressing cost concerns (e.g., arranging special authority, registration for Fair PharmaCare)
0% ----- 100%
- Ensuring medication adherence (e.g., medication delivery, compliance packing, witness administration, daily/weekly dispense, medication calendar)
0% ----- 100%
- Communicating the medication plan with community care providers (e.g., community pharmacy, family physicians, specialist, nurse practitioners)
0% ----- 100%
- Coordinating care with interdisciplinary team (e.g., MRP, Nurse, Social Worker)
0% ----- 100%
- Medication reconciliation on **ADMISSION**
0% ----- 100%
- Medication reconciliation on **DISCHARGE**
0% ----- 100%
- Patient medication education (e.g., counselling, written information, picture of pills)
0% ----- 100%
- Pharmacist completes/writes discharge prescription
0% ----- 100%
- Pharmacist reviews discharge prescription
0% ----- 100%
- Post-discharge follow-up by phone
0% ----- 100%
- Providing patients with a physical supply of medication before leaving the hospital
0% ----- 100%
- Other discharge interventions that are performed and for what percent of patients:

3. When you are unable to perform any one of these interventions for 100% of your patients, what factors are the most important in prioritizing which patients should receive a discharge intervention? Rank the following options in order from most to least important (1 being most important and 6 or 7 being least important):

- Complexity of medical condition(s)
- High number of medication changes
- Hospital admission due to adverse drug reaction
- New medical diagnosis
- Ongoing therapy with high-risk medication (i.e., medications with a narrow therapeutic index and/or requiring frequent monitoring)
- Patients who require assistance with medication management or administration at home
- Other: _____

Barriers to performing discharge interventions

4. Rank the following list in order from the most to the least important barrier to pharmacist-led optimization of patient discharges (1 being most important and 7 or 8 being least important):

- Other competing clinical duties
- Discharge planning is not a priority in my practice setting

Supplement to: Rahnama K, Dahri K, Legal M, Inglis C. Characterizing current and optimal involvement of hospital pharmacists in the discharge process: a survey of pharmacists in British Columbia.

- Lack of resources/staffing (e.g., high patient to clinical pharmacist ratio, no pharmacist coverage during weekends)
- Limited pharmacist scope of practice (e.g., not being able to authorize the discharge prescription)
- Patient-specific barriers (e.g., language barriers, not having a fixed address or a reliable phone number)
- Time constrains
- Lack of timely notification of discharge (e.g., <24 hours in advance)
- Other: _____

C) Requirements for a successful discharge

Discharge interventions

1. From the following list, rank the top five interventions that you feel are required for a successful discharge in order of most to least important (1 being most important and 5 being least important):

- Addressing cost concerns (e.g., arranging special authority, registration for Fair PharmaCare)
- Ensuring medication adherence (e.g., medication delivery, compliance packing, witness administration, daily/weekly dispense, medication calendar)
- Communicating the medication plan with community care providers (e.g., community pharmacy, GP, specialist, NP)
- Coordinating care with interdisciplinary team
- Medication reconciliation on **ADMISSION**
- Medication reconciliation on **DISCHARGE**
- Patient medication education (e.g., counselling, written information, picture of pills)
- Pharmacist completes/writes discharge prescription
- Pharmacist reviews discharge prescription
- Post-discharge follow-up by phone
- Providing patients with a physical supply of medication before leaving the hospital

2. In an **ideal setting with unlimited resources**, assess the interventions below and for each assign a score between 1 and 10 with regards to their importance for creating a successful discharge: (10 being extremely important and 1 being not important)

Discharge Intervention	Score									
	Not important					Extremely Important				
	1	2	3	4	5	6	7	8	9	10
Addressing medication cost concerns										
Ensuring medication adherence										
Communicating the medication plan with community care providers										
Coordinating care with interdisciplinary team										

Medication reconciliation on ADMISSION										
Medication reconciliation on DISCHARGE										
Patient medication education										
<u>Pharmacist</u> completes/writes discharge prescription										
<u>Pharmacist</u> reviews discharge prescription										
Post-discharge follow-up by phone										
Providing patients with a physical supply of medication before leaving the hospital										
Other: _____										

Healthcare team member involvement

3. Select the team member(s) that should optimally complete each discharge intervention:

	Physician	Pharmacist	Registered Pharmacy Technician	Nurse	Social Worker	Not currently done at my site	Other
Addressing medication cost concerns							
Ensuring medication adherence							
Communicating the medication plan with community care providers							
Completing/writing the discharge prescription							

Coordinating care with interdisciplinary team							
Medication reconciliation on ADMISSION							
Medication reconciliation on DISCHARGE							
Patient medication education							
Post-discharge follow-up by phone							
Providing patients with a physical supply of medication before leaving the hospital							

If selected other please specify: _____

D) Solutions for optimizing the patient discharge process

1. To what extent do you agree with the implementation of each of the following strategies to ensure optimal patient discharge?

Improved pharmacy staffing ratios to allow pharmacists to be actively involved in a greater proportion of discharges		
Agree	Neither agree nor disagree	Disagree
Dedicated discharge planning pharmacists		
Agree	Neither agree nor disagree	Disagree
Dedicated pharmacy technician(s) to facilitate components of discharge medication plan		
Agree	Neither agree nor disagree	Disagree
Pharmacist prescribing		
Agree	Neither agree nor disagree	Disagree
Seven day per week clinical pharmacist coverage		

Agree	Neither agree nor disagree	Disagree
Timely notification of discharge (≥ 24 hours in advance)		
Agree	Neither agree nor disagree	Disagree

Other: _____

2. To what extent do you agree with the implementation of each of the following strategies to ensure optimal **communication** of pharmacist's knowledge of the patient's medication plan on discharge?

Providing a pharmacist dictated discharge summary to the patient's community care providers		
Agree	Neither agree nor disagree	Disagree
Providing the patient with a medication focused care plan on discharge		
Agree	Neither agree nor disagree	Disagree
Follow up call to the patient's community pharmacy		
Agree	Neither agree nor disagree	Disagree
Healthcare teams in hospital and community having access to a unified electronic medical record		
Agree	Neither agree nor disagree	Disagree

What other strategies do you suggest to improve the communication of the medication plan on discharge:

2.1 If a pharmacist dictated discharge summary was created, which member(s) of the patient's care team in the community should receive this communication? (Select all that apply)

- Community Pharmacist
- Family Physician
- Nurse Practitioner
- Primary Care Clinical Pharmacist
- Specialist(s)
- Other: _____

3. Would a discharge checklist or guidance document around best practices be useful for your practice?

- Yes
- No

E) Demographics

1. What is your highest level of education/training?

- Bachelor of Science in Pharmacy (e.g., BScPharm, BSP)
- Entry-to-practice Doctor of Pharmacy (e.g., E2P PharmD)
- Accredited Canadian Pharmacy Residency year 1
- Accredited Canadian Pharmacy Residency year 2
- Post-graduate Doctor of Pharmacy

Supplement to: Rahnama K, Dahri K, Legal M, Inglis C. Characterizing current and optimal involvement of hospital pharmacists in the discharge process: a survey of pharmacists in British Columbia.
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- Fellowship training
- Others: _____

2. How long have you been practicing for?

- Less than 5 years
- 5-10 years
- 11-15 years
- 16-20 years
- More than 20 years

3. Which Health Authority do you currently practice in?

- Fraser Health
- Interior Health
- Northern Health
- Providence Health Care
- PHSA (C&W or BC Cancer Agency)
- Vancouver Coastal Health
- Vancouver Island Health

4. Approximately, how many beds does your current place of practice have? _____

5. What type of a setting are you practicing in?

- Community hospital
- Tertiary hospital
- Long term care
- Other: _____

6. What is the usual pharmacist-to-patient ratio in your regular clinical practice? _____