Supplementary S1: Survey Questionnaire

Electronic Consent

Please note that completion of the survey indicates your consent to being involved in the study.

i.	What is your age, please select the appropriate age category							
		Below 18 Above 65	□ 18-24	□ 25-34	□ 35-44	□ 45-54	□ 55-64	
ii.	W	hat is your g	ender?					
		Male	□ Female	□ Otl	ner			
iii.	Yo	ou have been	practicing medi	cine for				
		1-5 years	□ 6-10 years	□ 11-15 years	s 🗆 16-20 y	vears □>	20 years	
iv.	Se	elect the area	of specialization	n				
	Mec	dicine 🗆 S	Surgery 🗆 Pa	aediatrics 🗆 G	/naecology and	Obstetrics	□ Orthopaedics	
	Urol	logy 🗆 🗆	Dermatology [Ophthalmology	Cardiolo	ogy 🗆 Oth	ers	
v.	Se	elect the type	e of your practice	e(s)				
	Pub	lic practice	□ Pr	rivate practice		lixed practice		
vi.	vi. Please enter the postcode of your workplace(s)							
vii.	Do	o you follow	any specific anti	biotic prescription	on guidelines i	n your practio	ce?	
	a.	Yes						
	b.	No						
	C.	No informati	on about antibiotic	c prescription guid	lelines			
		lf yes, pleas	se specify wheth	er these guidelin	es are:			
	a.	Intranet/loca	I guidelines					
	b.	National gui	delines (e.g. Thera	apeutic Guideline	s: Antibiotics)			

viii. How often do you use the above specified guidelines for prescribing antibiotics?

- a. Multiple times in a day
- b. Once a day
- c. Once a week
- d. Once a month
- e. Never
- ix. In your opinion, which of the following factors can be perceived as barriers to appropriate antibiotic prescribing (please select all that apply):
 - a. Delay in diagnostic tests/cultures
 - b. Lack of information (formulary restrictions, local resistance pattern etc.)
 - c. Absence of prescription guidelines
 - d. Pressure from patients
 - e. Knowledge and perceptions of healthcare providers
 - f. Others (please specify): _____
- x. Does your hospital have any electronic system/module for the following purposes?

		No system	Basic system	Fully functional advanced system
a.	Patient information management (i.e. electronic medical records)			
b.	Medication management (i.e. electronic ordering)			
c.	Decision support (i.e.			
	alerts and reminders)			

- xi. If there is an clinical decision support system in your hospital(s), which of the following functionalities it provides specifically for antibiotic stewardship (please select all that apply):
 - a. Optimal selection of treatment
 - b. Formulary information on antibiotic treatments
 - c. Protocols and antibiotic prescription guidelines
 - d. Knowledge-base (central repository of information)
 - e. Allergy/mismatch alerts

- Prescription based-reminders f.
- Dosing calculators g.

- h. No functionality is specific to antibiotic stewardship
- i. Any other: (please specify)

xii. In your opinion, what can be the likely impact of electronic decision support systems on antibiotic management in your hospital?

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a.	Improvement in quality of care and patient safety					
b.	Increase in efficacy of antibiotic treatment					
C.	Access to protocols, guidelines and medicine information					
d.	Decrease in unnecessary broad-spectrum antibiotic prescriptions					
e.	Reduction in cost of antibiotic therapy					

Do you think that the following factors can be considered as barriers for clinical xiii. decision support system?

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a.	Lack of knowledge, training and technical support on					
b.	Clinical time constraints					
C.	Patients' preferences					
d.	Limits professional autonomy					
e.	Lack of confidence in the content of the system					
f.	Ethical Risks associated with clinical decision support systems					

g. Medico-legal liability

xiv. Which of the following factors can facilitate the use of clinical decision support system in your daily practice?

		Strongly	Disagree	Neutral	Agree	Strongly agree
		disagree				
a.	Departmental/Organizational support					
b.	Ease of use					
C.	Technical support and training					
d.	Users' participation in planning, designing and implementation phases					
e.	Timely access to resources					

xv. Do you want to share any specific recommendation(s)/concern(s) for implementation of clinical decision support systems for antibiotic management?

	Factors	Sources
Perceived Benefits	Improvement in quality and safety of care	[1-3]
	Increase in efficacy of treatment	[2,4,5]
	Access to protocol & guidelines	[1,3]
	Decrease in unnecessary prescriptions	[2,5]
	Reduction in cost	[4]
Barriers	Lack of knowledge, training or support	[3,6-9]
	Clinical time constraint	[3,5,6,9]
	Limit professional autonomy	[4-7]
	Lack of confidence in content	[3,6,10]
	Ethical risks	[3,7]
	Medico-legal liability	[3,9]
Facilitators	Organisational support	[3,6,10,11]
	Ease of use	[1,3,5-8,11]
	Technical support & training	[3,6,8,9]
	Users' participation	[5-7,10]
	Timely access to resources	[5,7,10,11]

Supplementary S2 Selection of questionnaire constructs from the literature

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