

## Appendix 1: Survey questions

- 1) Is there a standardized process for rounds (e.g., the nurse presents, then the RT, then the pharmacist)?
- 2) If there isn't a standardized process, is there protected or specific time set aside of the pharmacist to speak/present?
- 3) Are there specific items that the pharmacist presents/discusses? What are those items?
- 4) Does your centre/physician use a checklist for rounds? Does the clinical pharmacist use one when reviewing patients/presenting (e.g., FASTHUG)?
- 5) Do you have a standardized form that you could share?
- 6) Is there a team of pharmacists that share coverage of the ICU or are you a sole practitioner? How many pharmacists share coverage? What level of training do they have (entry to practice, ACPR, advanced degree, BCPS, etc.) and is there a minimum requirement/encouraged?
- 7) How much coverage does a pharmacist provide to the ICU (hours a day/days a week/rounds vs not)?
- 8) Are the pharmacists' monitoring forms shared between ICU pharmacists as part of handover or personal crib notes? Shared with colleagues on different wards as part of handover?
- 9) How are the decisions/rationale of orders from rounds recorded in the legal record?
- 10) Is the pharmacists' intervention on rounds recorded in the legal record? Non-rounds interventions? Is this standardized at your site?
- 11) What is the size and type of ICU to do cover? Are there multiple teams? What is the patient/pharmacist ratio?
- 12) What type of facility are you located in (community, tertiary care, teaching facility, etc.) and how many beds?
- 13) Is your unit managed by an intensivist or other consultants? What members of the team normally attend rounds?
- 14) Does the pharmacist write the orders on rounds?

Note: ACPR = Accredited Canadian Pharmacy Residency, BCPS = Board Certified Pharmacotherapy Specialist, FASTHUG = mnemonic for standardized approach to essential aspects of care for critically ill patients,<sup>1</sup> ICU = intensive care unit, RT = respiratory therapist.

### Reference

1. Mabasa VH, Malyuk DL, Weatherby EM, Chan A. A standardized, structured approach to identifying drug-related problems in the intensive care unit: FASTHUG-MAIDENS. *Can J Hosp Pharm.* 2011;64(5):366-9.