

## APPENDIX 1: Information recorded on the data collection form for the study.

### Patient demographic and clinical characteristics:

- Age
- Sex
- Medical comorbidities
- Admission time and date
- Reason for admission
- Medical service
- Location before hospitalization (home, long-term care, other hospital)
- Neurology consult during hospitalization (Yes or No)
- Length of stay

### BPMH-related:

- Initial BPMH: date, time, health care professional completing (RPhT, RPh, nurse, or physician) and where conducted
- Total number of PD medications prescribed
- Name of PD agent(s), dose, frequency, route in initial BPMH
- Modified BPMH: date, time, health care professional completing, and types of changes
  - Examples: changes made to the drug include: dose, frequency, route, administration time, etc.

### eMAR-related:

- Total number of PD medication doses that were to be administered
- Total number of PD medication doses omitted during admission
- Total number of PD medication doses administered at the wrong time
- Specific PD medication affected and the time of discrepancy (e.g., levodopa ordered at 12pm, received 2 h late)
- Specific medication omitted (e.g., levodopa not administered for 3 days)
- Reason for omission or wrong time administered, if applicable/documented on eMAR (e.g., medication not available, nil per os status, inappropriate to administer at the scheduled time, not given due to a side effect/adverse event)

**Definitions:** BPMH = best possible medication history, eMAR = electronic medication administration record, PD = Parkinson disease, RPh = registered pharmacist, RPhT = registered pharmacy technician.

Supplementary material for Cowley E, Miller MR, Yin C, Kelly L. Correlation between medication administration-related errors in patients with Parkinson disease and timing of pharmacy-led best possible medication histories. *Can J Hosp Pharm.* 2021;74(1):15-20.