

Supplementary Material 1: Survey

Please reflect on your last 2 weeks of clinical service when answering the survey questions.

- Do you currently have Additional Prescribing Authorization (APA)? (Select one answer)
 - Yes
 - No (*if no, end survey*)
- Do you currently work in an acute care clinical inpatient setting aside from a critical care setting? (Select one answer)
 - Yes
 - No (*if no, end survey*)
- Do you play a role in the discharge process in your practice? (Select one answer)
 - Yes
 - No (*if no, end survey*)
- Have you met all of the above conditions for at least two weeks? (Select one answer)
 - Yes
 - No (*if no, end survey*)

Prescribing Activities

5. Please indicate, in your last 2 weeks of clinical service, what was the typical patient care load on an average day (indicate as number of patients): _____ (free-text response)

6. Do you sign prescriptions at discharge? (Select one answer)

- Yes
- No (*if no, skip question 7 and proceed to question 8*)

7. Please indicate in the last 2 weeks, for what proportion of these patients do you sign off (prescribe) on Discharge Medication Reconciliations (indicate as a percentage): _____% (free-text response)

8. Please indicate in the last 2 weeks, for what proportion of these patients are you involved in discharge through other, non-prescribing interventions (eg. preparing Discharge Medication Reconciliation, coordinating with community pharmacy) (indicate as a percentage): _____% (free-text response)

9. If you are involved at discharge through other interventions, please accurately describe what roles you play at discharge (select all that apply):

- Preparing Discharge Medication Reconciliation to be signed by another prescriber
- Assessing Discharge Medication Reconciliation after it has been signed by a different prescriber for medication errors
- Coordinating with community pharmacy, other outpatient providers to ensure continuity of care
- Comprehensive discharge counseling with patient, patient family, or patient agent
- Phone follow-up with patient, patient family, or patient agent
- Coordination of medication supply (pass medications)

- Coordination of outpatient coverage
- Coordination of compliance packing
- Coordination of seamless medication compliance (delivery for patients as needed)
- Other: _____ (free-text response)

10. What is/what would be your 5 most significant enablers for you to prescribe at discharge (select 5 answers, in no particular order):

- Supportive care team
- Previous positive prescribing experience
- Significant prescribing experience (eg. have been prescribing for years)
- Supportive management team or leadership (eg. clinical practice leader, site manager)
- Additional education (post-graduate PharmD program, CSHP residency, etc.)
- Rewarding feeling from patient care provided
- Motivation to practice to full scope
- Competence in area of practice
- Positive feedback from patient/agent/family members
- Desire to deliver more efficient care
- Desire to optimize medication therapy
- Understanding of professional liability
- Absence of other prescribers on team
- Presence of positive role models/mentors
- Organizational expectations of practice among peers
- Recent completion of schooling (practice labs incorporated prescribing)
- Other: _____ (free-text response)

11. Please select the 5 most significant barriers to your prescribing (select 5 answers, in no particular order):

- Lack of support by interdisciplinary care team
- Lack of support from pharmacy management or leadership (eg. clinical practice leader, site manager)
- Lack of prescribing experience
- Lack of self confidence in area of practice
- Lack of confidence in prescribing
- Fear of professional liability
- Fear of causing a drug error
- Discomfort with being responsible for the prescription
- Presence of other prescribers on team
- Overwhelming patient workload, unable to allocate time for prescribing
- Patient preferred not to have pharmacist prescribe

- Previous negative prescribing experience
- Medications prescribed in my practice require other specified prescribers for legal or insurance reasons (eg Ticagrelor must be prescribed by a cardiologist to be covered by Alberta Blue Cross, methadone, etc.)
- Concerns regarding being contacted for follow-up, or questions
- Concerns regarding being contacted for refill requests
- Other: _____ (free-text response)

Health Record Charting System

12. Please indicate which of these systems you would use to generate a patient's discharge prescription at your site (select one answer):

Note: this question is not to be considered with regards to dispensary use or clinical documentation use

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> ConnectCare | <input type="checkbox"/> Sunrise Clinical Manager |
| <input type="checkbox"/> MediTech | <input type="checkbox"/> Vax |
| <input type="checkbox"/> Aria | <input type="checkbox"/> Other: _____ (free-text response) |
| <input type="checkbox"/> Paper-based | |

13. Please indicate for how long you have been using this system clinically (select one answer):

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> less than 1 year | <input type="checkbox"/> 7-8 years |
| <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 9-10 years |
| <input type="checkbox"/> 3-4 years | <input type="checkbox"/> 11+ years |
| <input type="checkbox"/> 5-6 years | |

14. Please indicate how strongly you agree or disagree with the following statements (select one answer per line):

The health record charting system I use...	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree
Impacts the number of patients I prescribe for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influences me to prescribe for more patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allows me to provide more non-prescribing interventions at discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Allows me to collaborate better with my interdisciplinary care team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a barrier to me prescribing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a barrier to providing non-prescribing interventions at discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a barrier to collaboration with my interdisciplinary care team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Please explain how the health record charting system you use may impact your prescribing: _____ (free-text response)

Demographic

16. Please indicate your level of education (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Bachelor of science in pharmacy | <input type="checkbox"/> Post-doctoral fellowship |
| <input type="checkbox"/> Entry-level PharmD | <input type="checkbox"/> Accredited Canadian Pharmacy Residency (ACPR) program |
| <input type="checkbox"/> Postgraduate PharmD | <input type="checkbox"/> Other (please specify): _____ (free-text response) |
| <input type="checkbox"/> Master of science in pharmacy | |
| <input type="checkbox"/> PhD in pharmacy | |

17. Please select the clinical practice area which best describes your current **primary** practice (unless your primary practice is in critical care, then please select the clinical practice area which best describes your current secondary practice) (select one answer):

- | | |
|--|---|
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Infectious Diseases |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> COVID-19 |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Pediatric (non-ICU unit) |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Other _____ (free-text response) |

18. Please indicate for how long you have been practicing in the clinical area you selected in the previous question: (select one answer):

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> less than 1 year | <input type="checkbox"/> 7-8 years |
| <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 9-10 years |
| <input type="checkbox"/> 3-4 years | <input type="checkbox"/> 11+ years |
| <input type="checkbox"/> 5-6 years | |

19. Please indicate for how long you have had APA (select one answer):

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> less than 1 year | <input type="checkbox"/> 7-8 years |
| <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 9-10 years |
| <input type="checkbox"/> 3-4 years | <input type="checkbox"/> 11+ years |
| <input type="checkbox"/> 5-6 years | |

20. Please select the practice facility type that best describes your practice (select one answer):

- Tertiary care hospital (eg. Foothills Medical Centre, University of Alberta Hospital, etc.)
- Community hospital (eg. Misericordia Community Hospital, Grey Nun's Community Hospital, etc.)
- Rural hospital (eg. Whitecourt Healthcare Centre, High River General Hospital, etc.)
- Other: the above options do not describe my practice site
- Unknown

21. Please select the number of beds that your facility has (select one answer):

Note: if unsure, Google is a great resource to find out

- <100 100-500 >500

22. Please indicate your gender (select one answer):

- | | |
|--|--|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Two-spirit |
| <input type="checkbox"/> Man | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Transgender Woman | _____ (free-text |
| <input type="checkbox"/> Transgender Man | response) |

Supplemental Tables

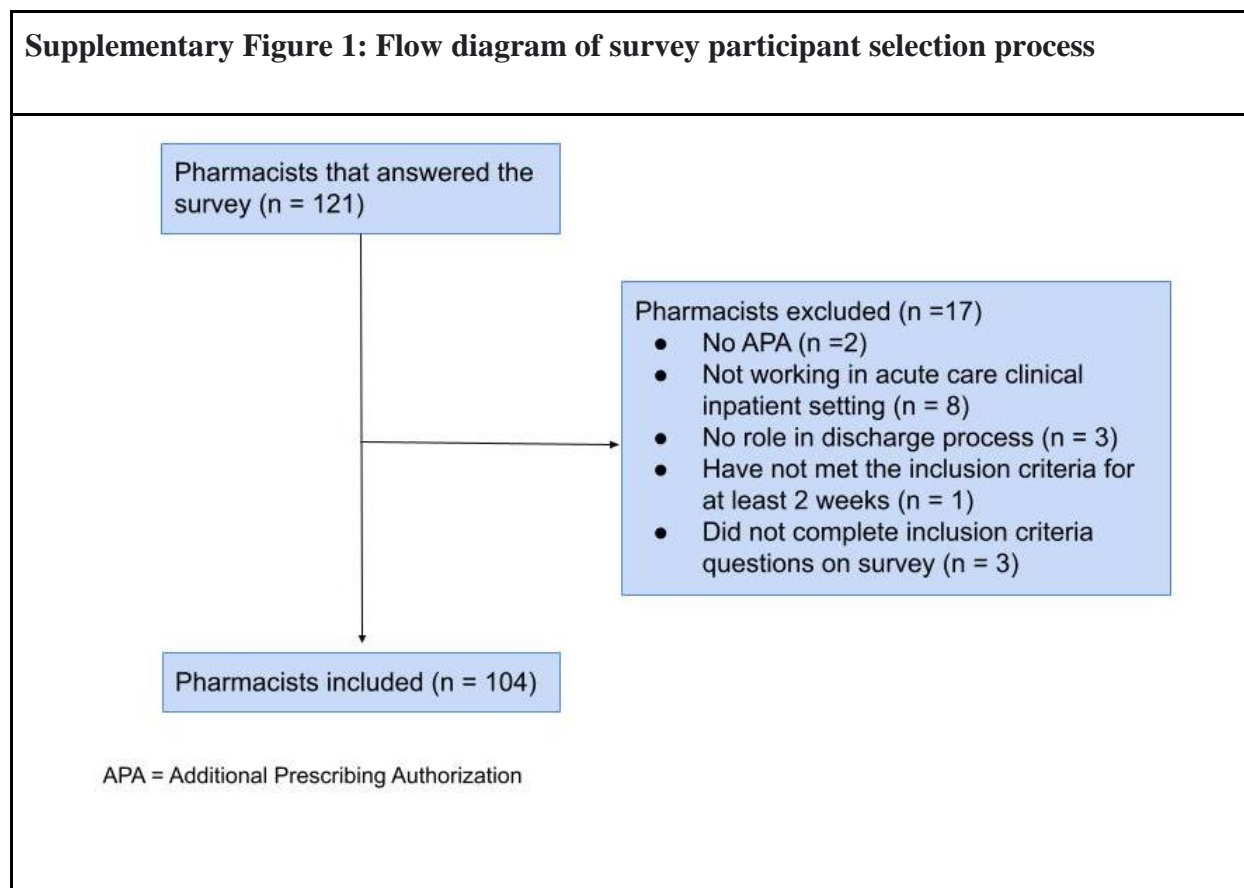
Supplementary Table 1: Non-prescribing discharge-related interventions (n=93)			
Intervention	n (%)[*]		
	Pharmacists who prescribe at discharge (n= 40)	Pharmacists who do not prescribe at discharge (n = 53)	Total
Coordinating with community pharmacy, other outpatient providers to ensure continuity of care	38 (95.0)	51 (96.2)	89 (95.7)
Coordination of outpatient coverage	34 (85.0)	45 (84.9)	79 (84.9)
Comprehensive discharge counseling with patient, patient family or patient agent	34 (85.0)	44 (83.0)	78 (83.9)
Preparing Discharge Medication Reconciliation to be signed by another prescriber	30 (75.0)	47 (88.7)	77 (82.8)
Coordination of medication supply (pass medications)	32 (80.0)	44 (83.0)	76 (81.7)
Coordination of compliance packing	31 (77.5)	40 (75.5)	71 (76.3)
Assessing discharge medication reconciliation after it has been signed by a different prescriber for medication errors	23 (57.5)	40 (75.5)	63 (67.7)
Coordination of seamless medication compliance (delivery for patients as needed)	23 (57.5)	23 (43.4)	46 (49.5)
Phone follow-up with patient, patient family or patient agent	11 (27.5)	4 (7.5)	15 (16.1)
Other	3 (7.5)	2 (3.8)	5 (5.4)
*Values may add up to more than 100% for this questionnaire item as respondents were able to select more than one response			

Supplementary Table 2: Prescribing by population and facility size			
Population size	No. beds at facility	No. (%) of pharmacists who prescribe at discharge	Median (IQR) percentage of patients pharmacists prescribe for at discharge
Small (< 30, 000 people)	< 100 beds (n= 19)	6 (31.6)	10.5 (0.3-20.0)
	100-500 beds (n = 1)	0	N/A
Medium (30, 000 - 100, 000 people)	< 100 beds (n = 1)	0	N/A
	100-500 beds (n = 8)	3 (37.5)	30.0 (17.5-45.0)
Large (> 100, 000 people)	100-500 beds (n = 22)	11 (50.0)	10.0 (10.0-41.5)
	>500 beds (n = 36)	18 (50.0)	22.0 (10.0-57.5)
Values may not add to 100% due to rounding.			

Supplementary Table 3: System used to generate discharge prescription (n = 88)	
System	n (%)
Meditech	24 (27.8)
Paper	22 (25.0)
Sunrise Clinical Manager ^a	20 (22.8)
ConnectCare ^a	14 (15.9)
BDM	4 (4.6)
Vax	4 (4.6)
Values may not add to 100% due to rounding.	

^aDischarge prescriptions can be generated directly from a patient's chart in the Sunrise Clinical Manager and Connectcare systems, while this function is not available in other systems.

Supplemental Figures



Supplementary Figure 2: Ranking of agreement to statements relating to clinical system and prescribing

The clinical system I use...

