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., FAST-HUG)?
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, FAST-HUG = mnemonic for standardized approach to essential aspects of care for critically ill patients, ICU = intensive care unit, RT = respiratory therapist.

Reference