**Survey (Hospital Care)**

**Electronic Consent**

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

1. **What is your age, please select the appropriate age category**

Below 18 18-24 25-34 35-44 45-54 55-64 65 and above

1. **What is your gender?**

Male Female Other

1. **You have been practicing medicine for**

1-5 years 6-10 years 11-15 years 16-20 years More than 20 years

1. **Select the area of specialization**

Medicine Surgery Pediatrics Gynaecology and Obstetrics Orthopaedics

Urology Dermatology Ophthalmology Cardiology Others

1. **Select the type of your practice(s)**

Public practice Private practice Mixed practice

1. **Please enter the postcode of your workplace(s)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Do you follow any specific antibiotic prescription guidelines in your practice?**
2. Yes
3. No
4. No information about antibiotic prescription guidelines

**If yes, please specify whether these guidelines are:**

1. Intranet/local guidelines
2. National guidelines (e.g. Therapeutic Guidelines: Antibiotics)
3. **How often do you use the above specified guidelines for prescribing antibiotics?**
4. Multiple times in a day
5. Once a day
6. Once a week
7. Once a month
8. Never
9. **In your opinion, which of the following factors can be perceived as barriers to appropriate antibiotic prescribing (please select all that apply):**
10. Delay in diagnostic tests/cultures
11. Lack of information on antibiotic formulary restrictions
12. Absence of prescription guidelines
13. Pressure from patients
14. Unavailability of data required for decision making
15. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. **Does your hospital have any electronic system/module for the following purposes?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No system  |  Basic system | Fully functional advanced system  |
| 1. Patient information management (i.e. electronic medical records)
 |  |  |  |
| 1. Medication management (i.e. electronic ordering)
 |  |  |  |
| 1. Decision support (i.e. alerts and reminders)
 |  |  |  |

1. **If there is an electronic prescribing system in your hospital(s), which of the following functionalities it provides specifically for antibiotic stewardship (please select all that apply):**
2. Optimal selection of treatment
3. Formulary information on antibiotic treatments
4. Protocols and antibiotic prescription guidelines
5. Knowledge-base (central repository of information)
6. Allergy/mismatch alerts
7. Prescription based-reminders
8. Dosing calculators
9. No functionality is specific to antibiotic stewardship
10. Any other: (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. **In your opinion, what can be the likely impact of e-prescribing on antibiotic management in your hospital?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neutral  | Agree | Strongly agree |
| 1. Improvement in quality of care and patient safety
 |  |  |  |  |  |
| 1. Increase in efficacy of antibiotic treatment
 |  |  |  |  |  |
| 1. Access to protocols, guidelines and medicine information
 |  |  |  |  |  |
| 1. Decrease in unnecessary broad-spectrum antibiotic prescriptions
 |  |  |  |  |  |
| 1. Reduction in cost of antibiotic therapy
 |  |  |  |  |  |

1. **Do you think that the following factors can be considered as barriers for e-prescribing?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neutral  | Agree | Strongly agree |
| 1. Lack of knowledge, training and technical support on e-prescribing
 |  |  |  |  |  |
| 1. Clinical time constraints
 |  |  |  |  |  |
| 1. Patients’ preferences toward e-prescribing
 |  |  |  |  |  |
| 1. E-prescribing limits professional autonomy
 |  |  |  |  |  |
| 1. Lack of confidence in the content of e-prescribing systems
 |  |  |  |  |  |
| 1. Ethical Risks associated with e-prescribing
 |  |  |  |  |  |
| 1. Medico-legal liability for e-prescribing
 |  |  |  |  |  |

1. **Which of the following factors can facilitate the use of** **e-prescribing in your daily practice?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neutral  | Agree | Strongly agree |
| 1. Departmental/Organizational support
 |  |  |  |  |  |
| 1. Ease of use
 |  |  |  |  |  |
| 1. Technical support and training
 |  |  |  |  |  |
| 1. Users’ participation in planning, designing and implementation phases
 |  |  |  |  |  |
| 1. Timely access to resources
 |  |  |  |  |  |

1. **Do you want to share any specific recommendation(s)/concern(s) for implementation of e-prescribing systems for antibiotic management?**