

Title	Factors influencing prescribing by critical care physicians to heart failure patients in Egypt: a cross-sectional survey
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Participant Information

Study title: Barriers to guideline-led prescribing among heart failure patients in Egypt: A survey to prescribers.

Purpose of the Study: The aim of this study is to assess the prescribing practice quality of doctors in a critical care unit in Egypt.

Who is carrying out the study: Dr. Naglaa Bazan – Head of Clinical Pharmacy Department in the Critical Care Unit – Cairo University. The other researchers involved in the study are:

- Mr. Seif EL Hadidi, PhD scholar in the School of Pharmacy, UCC and FUE;
- Dr. Margaret Bermingham, Lecturer in Clinical Pharmacy, School of Pharmacy, UCC - Ireland;
- Prof. Ebtissam Darweesh, Chairman of Clinical Pharmacy Department, Faculty of Pharmacy, FUE - Egypt
- Prof. Stephen Byrne, Dean of School of Pharmacy, UCC - Ireland

What will the study involve? The study will involve a questionnaire, which will obtain information on your opinion of the barriers to guideline-led prescribing in heart failure. The questionnaire will take around 10 minutes to complete. All survey replies will be anonymous.

Why have you been asked to take part?

- 1) You have been asked because you are practicing as prescriber in the critical care unit.
- 2) This survey will beneficially help to improve prescribing outcomes for heart failure patients.

Do you have to take part? No, participation is of course voluntary but we do hope you will participate and will value your input. Informed consent will be given by agreeing to complete this questionnaire online or on a hard copy. You may withdraw from the questionnaire at any time and for any reason. You may omit questionnaire items to which you do not wish to respond.

Will your participation in the study be kept confidential? Yes. Your participation will be confidential. You will not be asked to give your name or identifying information.

What will happen to the information which you give? The data will be kept confidential for the duration of the study, available only to me and my research supervisor. On completion of the study, they will be retained for a further ten years and then destroyed.

What will happen to the results? The results will be presented in a thesis. They will be seen by my supervisors, a second marker and an external examiner. The study may be published in a research journal and may inform the development of educational initiatives or communication materials around the care of patients with Heart Failure disease.

What are the possible disadvantages of taking part? There are no negative consequences envisaged for you in taking part.

What if there is a problem? In the event of any problem, please contact Dr. Naglaa Bazan (contact details below).

Who has reviewed this study (questionnaire)? The study was reviewed and approved by the Clinical Research Ethics Committee in Future University in Egypt.

Any further queries? If you need any further information about the study, you can contact Dr. Naglaa Bazan by phone: 02-23641459 or email: naglaabazan@yahoo.com.

If you have read the above information and wish to proceed with the questionnaire, click "OK".

1. What is your role:

- | | |
|--|--|
| ☐ Junior Resident Doctor | ☐ Consultant (for 0 – 5 years experience) |
| ☐ Senior Resident Doctor | ☐ Consultant (for 6 – 10 years experience) |
| ☐ Specialist | ☐ Consultant (for >10 years experience) |

2. What information sources guide you for prescribing heart failure medicines? You may choose more than one option.

- | | |
|--|---|
| ☐ My own clinical knowledge | ☐ International medical books (e.g. Kaplan & Oxford, ... etc.) |
| ☐ Hospital formulary | ☐ Facebook medical groups |
| ☐ Egyptian National Formulary (ENF) | ☐ Informal Egyptian medical books such as (إمتيازولوجي – رشتولوجي) |
| ☐ International clinical guidelines | |
| ☐ Other (please specify) | |

3. The European Society of Cardiology published a new guideline on Acute and Chronic Heart Failure in 2016. Please rate your familiarity with this guideline using the scale below.

Completely unfamiliar	Unfamiliar	Neutral	Familiar	Very familiar
☐	☐	☐	☐	☐

4. How often do you comply to the the 2016 European Society of Cardiology Guidelines on Acute and Chronic Heart Failure when prescribing to patients with heart failure? Please use the scale below.

Never	Rarely	Sometimes	Often	Always
☐	☐	☐	☐	☐

5. When prescribing a loop diuretic to a heart failure patient to what extent do the following patient factors influence your prescribing choices?

	Never	Rarely	Sometimes	Often	Always
Age	☐	☐	☐	☐	☐
Gender	☐	☐	☐	☐	☐
Patient blood pressure	☐	☐	☐	☐	☐
Patient heart rate	☐	☐	☐	☐	☐
Patient renal function	☐	☐	☐	☐	☐
Patient hepatic function	☐	☐	☐	☐	☐
Patient pulmonary function	☐	☐	☐	☐	☐
Patient potassium levels	☐	☐	☐	☐	☐

Other (please specify)

6. When prescribing an ACE inhibitor or angiotensin receptor blocker or aldosterone antagonist to a heart failure patient to what extent do the following patient factors influence your prescribing choices?

	Never	Rarely	Sometimes	Often	Always
Age	☐	☐	☐	☐	☐
Gender	☐	☐	☐	☐	☐
Patient blood pressure	☐	☐	☐	☐	☐
Patient heart rate	☐	☐	☐	☐	☐
Patient renal function	☐	☐	☐	☐	☐
Patient hepatic function	☐	☐	☐	☐	☐
Patient pulmonary function	☐	☐	☐	☐	☐
Patient potassium levels	☐	☐	☐	☐	☐

Other (please specify)

7. When prescribing a beta-blocker to a heart failure patient to what extent do the following patient factors influence your prescribing choices?

	Never	Rarely	Sometimes	Often	Always
Age	☐	☐	☐	☐	☐
Gender	☐	☐	☐	☐	☐
Patient blood pressure	☐	☐	☐	☐	☐
Patient heart rate	☐	☐	☐	☐	☐
Patient renal function	☐	☐	☐	☐	☐
Patient hepatic function	☐	☐	☐	☐	☐
Patient pulmonary function	☐	☐	☐	☐	☐
Patient potassium levels	☐	☐	☐	☐	☐

Other (please specify)

8. Do you discuss medication choice with your heart failure patients? Please use the scale below.

Never	Rarely	Sometimes	Often	Always
☐	☐	☐	☐	☐

9. To what extent do you consider each of the following issues to be a barrier or obstacle to prescribing guideline directed therapies in a heart failure patient? Please use the scale below.

	Never	Rarely	Sometimes	Often	Always
Lack of information for prescribers about the guidelines	☐	☐	☐	☐	☐
Lack of Continuing Professional Development (CPD) resources on this topic	☐	☐	☐	☐	☐
Lack of hospital guidelines	☐	☐	☐	☐	☐
Lack of national guidelines	☐	☐	☐	☐	☐
Personal lack of confidence in prescribing to heart failure patients	☐	☐	☐	☐	☐
Medication shortages	☐	☐	☐	☐	☐
Cost of medicine to hospital	☐	☐	☐	☐	☐
Cost of medicine to patient	☐	☐	☐	☐	☐
Work overload – lack of time	☐	☐	☐	☐	☐
Physician information overload	☐	☐	☐	☐	☐
Patient health literacy	☐	☐	☐	☐	☐
Patient medication adherence	☐	☐	☐	☐	☐

10. To what extent do you agree that each of the following actions would help you to improve heart failure prescribing outcomes? You may choose more than one option.

- ☐ Greater involvement of clinical pharmacist in care of heart failure patients.
- ☐ Clinical pharmacist providing education to prescribers about heart failure pharmacotherapy.
- ☐ Regular email updates to clinicians about heart failure medicines.
- ☐ Electronic notifications about appropriate prescribing for heart failure patients on hospital IT system.

11. Do you have any other comments about using heart failure prescribing guidelines in your practice?