Pharmacists Practice in OPAT/COpAT

We are conducting research on the involvment of pharmacists in Outpatient Parenteral Antimicrobial Therapy (OPAT) and Complex Antimicrobial Outpatient Therapy (COpAT). This will help us understand the current level of pharmacists involvement in OPAT/COpAT in the United States. The full survey should only take about 10 minutes.

Survey participants will be offered an opportunity to enter a raffle for one of five \$50 Visa cash cards. You are not required to complete all questions and can skip questions. Those whom have no direct involvement in OPAT/COPAT may also participate and enter in the cash card raffle.

You may only take the survey once, but you can edit your responses until the survey is closed on March 31, 2021 midnight CDT.

If you have any questions about the survey, please email us: kryan2@salud.unm.edu or rivera.christina@mayo.edu

Do you currently practice in the United States?	○ Yes ○ No
Do you actively participate in an Outpatient Parenteral Antimicrobial Therapy clinic (OPAT)?	○ Yes ○ No
Domain 1: RPh Background & OPAT Role	
Please select your pharmacist degree(s): (choose all that apply)	 Bachelor of Pharmacy Master of Pharmacy Doctor of Pharmacy Other, enter free text
If other, enter your pharmacy degree:	
Please select any post-graduate training: (choose all that apply)	 PGY1 PGY2-Infectious Disease PGY2-Ambulatory Care PGY2 Other ID Fellowship Antimicrobial Stewardship Certificate None
How many years have you been a licensed pharmacist?	○ < 5 years ○ 5-10 years ○ 10-15 years ○ >15 years
How many years have you been practicing in Infectious Diseases (ID)?	○ < 5 years ○ 5-10 years ○ 10-15 years ○ >15 years
How many years have you been practicing in OPAT/COpAT?	○ < 5 years ○ 5-10 years ○ 10-15 years ○ >15 years

In what state do you practice pharmacy?

- 🔿 Alabama
- 🔿 Alaska
- American Samoa
 Arizona
- Arkansas
- ⊖ California
- ⊖ Colorado
- ◯ Connecticut
- ⊙ Delaware
- ⊖ Florida
- 🔾 Guam
- O Georgia
- Hawaii○ Idaho

- ⊖ Kansas
- Ŏ Kentucky
- 🔿 Louisiana
- O Maine
- O Maryland
- Massachusetts
 Michigan
- Minnesota
- Mississippi
- ⊖ Missouri
- Montana
- Nebraska
- \bigcirc Nevada
- \bigcirc New Hampshire
- O New Jersey
- O New Mexico
- O New York
- North Carolina
 North Dakota
- Northern Marian Islands
- O Ohio
- Ŏ Oklahoma
- ^Ŏ Oregon
- O Pennsylvania
- O Puerto Rico
- O Rhode Island
- O South Carolina
- \bigcirc South Dakota
- ⊖ Tennessee
- Utah○ U.S virgin Islands
- Vermont
- ⊖ Virginia
- Washington
- O Washington DC
- 🔆 West Virginia
- ⊖ Wisconsin
- **O** Wyoming

How many pharmacist(s) regularly practice in the OPAT/COpAT clinic?

How many pharmacist FTEs (full time equivalents) are dedicated to OPAT/COpAT?

Does the OPAT/COpAT pharmacist have a collaborative practice agreement or other license extensions?	○ Yes ○ No
Does the OPAT/COpAT pharmacist have job sharing with other ID functions?	○ Yes ○ No
Please select all other functions that apply:	 Antimicrobial stewardship HIV clinic Hepatitis B or C clinic Other outpatient ID clinic Inpatient ID consults Pharmacokinetic consults
What best describes your OPAT/COpAT practice setting:	 Academic medical center/hospital Community hospital Veteran's Affairs/Government hospital Infusion clinic - hospital owned Infusion clinic - private owned/for profit Other: free text
What best describes your current practice setting:	 Academic medical center/hospital Community hospital Veteran's Affairs/Government hospital Infusion clinic - hospital owned Infusion clinic - private owned/for profit Other: free text
If Other please describe your practice setting:	
Which department do you report to? (select all that apply)	 Pharmacy - Inpatient Pharmacy - Ambulatory Pharmacy - Specialty Pharmacy - Other College of Pharmacy Faculty Infectious Diseases Other: free text
If Other please list to whom you report:	
Domain 2: Team related	
Please select all members of your institutional OPAT/COpAT team:	 Pharmacist(s) Nurse(s) Physician(s) Advanced practice providers: nurse practitioner, physician's assistant Administrative assistant Other: free text No formal OPAT team OPAT team exists, but I am unsure of members
if other please list additional OPAT/COpAT team members:	

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Does the OPAT/COpAT program involve an antibiotic dispensing component? (e.g. does OPAT pharmacist prepare medications, or verify medications prior to patient administration?)	○ Yes ○ No		
For clinical issues that arise outside of scheduled clinic times who is responsible for addressing these issues?	 Ordering provider On call OPAT specific provider (pharmacist vs APF On call ID attending (e.g. inpatient team) No on call services 		
Domain 3: Clinic Functions			
On a typical day, about how many patients are actively enrolled in OPAT/COpAT?			
Is the OPAT clinic separate from other ID clinics (i.e HIV, Hepatitis C, Non-Tuberculosis Mycobacterium)?	⊖ Yes ⊖ No		
In thinking of only your OPAT and COpAT patients, please indicate the % of OPAT patients in your practice:	0	50	100
		(Place a mark on the scale above)	
In thinking of only your OPAT and COpAT patients, please indicate the % of COpAT patients in your practice:	0	50	100
	(Place a mark on the scale above)		
How frequently are patients on OPAT seen in follow-up?	 Multiple times a week Weekly Every 2 weeks Monthly Other 		
If other please list the frequency of patient follow-up:			
How frequently are patients on COpAT seen in follow-up?	 Multiple times a week Weekly Every 2 weeks Monthly Other 		
If other please list the frequency of patient follow-up:			
Does your OPAT/COpAT team follow-up via scheduled telemedicine (select all that apply)?	 No Yes via telephone only Yes via video conferencing only Yes via telephone or video conferencing 		

Please check all functions you perform as the OPAT pharmacist: (including recommendations to prescribing clinicians and independent practice)

- Patient review for OPAT appropriateness prior to discharge.
- Predischarge education and counseling
- Transition of Care/ Post discharge education and counseling
- Dispensing of antimicrobials
- Patient interviews
- Conducting physical exams
- Selecting the initial antibiotic regimen
- Dosing the initial antibiotic regimen
- Ordering of safety/monitoring labs
- Ordering of diagnostics (radiology, etc)
- Adjusting medication doses based on lab values
 Changing medications based on susceptibility
- results Changing medications based on patient tolerance or
- reaction
- □ Insurance approvals and/or appeals
- Co-pay assistance or funding
- IV to PO conversions
- □ Changing duration of therapy
- Coordinating place of infusion (e.g., coordinating outpatient dalbavancin or oritavancin infusion)
- Lead a pharmacist clinic (patient has appointment with pharmacist)
- □ Write consult notes in the medical record
- Follow-up on overdue or outstanding laboratory values
- Select OPAT drug formulary
- Collect/generate OPAT metrics

Please select what you feel is the MOST IMPORTANT function of an OPAT Pharmacist:

- Patient review for OPAT appropriateness prior to discharge.
- Predischarge education and counseling
- Transition of Care/ Post discharge education and counseling
- Dispensing of antimicrobials
- Patient interviews
- \bigcirc Conducting physical exams
- Selecting the initial antibiotic regimen
- \bigcirc Dosing the initial antibiotic regimen
- Ordering of safety/monitoring labs
- Ordering of diagnostics (radiology, etc)
- Adjusting medication doses based on lab values
 Changing medications based on susceptibility
- results O Changing medications based on patient tolerance or reaction
- Insurance approvals and/or appeals
- O Co-pay assistance or funding
- \bigcirc IV to PO conversions
- Changing duration of therapy
- Coordinating place of infusion (e.g., coordinating outpatient dalbavancin or oritavancin infusion)
- Lead a pharmacist clinic (patient has appointment with pharmacist)
- Write consult notes in the medical record
- Follow-up on overdue or outstanding laboratory values
- Select OPAT drug formulary
- O Collect/generate OPAT metrics

Please select what you feel is the SECOND MOST important function of an OPAT Pharmacist:

- Patient review for OPAT appropriateness prior to discharge.
- Predischarge education and counseling
- Transition of Care/ Post discharge education and counseling
- Dispensing of antimicrobials
- \bigcirc Patient interviews
- Conducting physical exams
- Selecting the initial antibiotic regimen
- O Dosing the initial antibiotic regimen
- Ordering of safety/monitoring labs
- Ordering of diagnostics (radiology, etc)
- Adjusting medication doses based on lab values
 Changing medications based on susceptibility
- results Changing medications based on patient tolerance or reaction
- \bigcirc Insurance approvals and/or appeals
- O Co-pay assistance or funding
- \bigcirc IV to PO conversions
- Changing duration of therapy
- Coordinating place of infusion (e.g., coordinating outpatient dalbavancin or oritavancin infusion)
- Lead a pharmacist clinic (patient has appointment with pharmacist)
- \bigcirc Write consult notes in the medical record
- Follow-up on overdue or outstanding laboratory values
- Select OPAT drug formulary
- O Collect/generate OPAT metrics

Please select what you feel is the THIRD MOST important function of an OPAT Pharmacist:	 Patient review for OPAT appropriateness prior to discharge. Predischarge education and counseling Transition of Care/ Post discharge education and counseling Dispensing of antimicrobials Patient interviews Conducting physical exams Selecting the initial antibiotic regimen Ordering of safety/monitoring labs Ordering of diagnostics (radiology, etc) Adjusting medications based on lab values Changing medications based on patient tolerance or reaction Insurance approvals and/or appeals Co-pay assistance or funding IV to PO conversions Changing duration of therapy Coordinating place of infusion (e.g., coordinating outpatient dalbavancin or oritavancin infusion) Lead a pharmacist clinic (patient has appointment with pharmacist) Write consult notes in the medical record Follow-up on overdue or outstanding laboratory values Select OPAT drug formulary Collect/generate OPAT metrics
Respondent demographics	
What is your gender?	 Female Male Transgender female Transgender male Non-binary Gender fluid Prefer not to answer
What is your race? (Mark all that apply)	 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Prefer not to answer
What is your ethnicity?	 Hispanic or Latino Not Hispanic or Latino Prefer not to answer
Would you like to be entered in the drawing for a \$50 Visa cash card?	○ Yes ○ No
Please enter your preferred email for the Visa cash card lottery: (your email will ONLY be used for the raffie and NOT shared outside the study team)	

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