Survey design phase Research design Literature review: survey and questionnaire Study population selection -> Expert panel recruitment design best practice. Paediatric cardiologists (1 Austria, 2 Target population: physicians working Netherlands, 2 Hungary, 1 Serbia, 2 UK) in the field of paediatric cardiology 1. Literature review: Evidence on Clinical pharmacologist (1 Germany) across European hospitals, with the aim pharmacotherapy of paediatric HF Paediatric clinical pharmacologists to have representation of each hospital 2. Questionnaire drafting (1 Germany, 1 Serbia) in Europe (47 member states of the 3. Web-survey platform test and selection Paediatric intensive care (1 Netherlands) Council of Europe + Belarus), Hospitals (EvaSys V6.0 chosen for its compliance Survey analysis expert (1 Germany) were eligible if contact data of a with EU Data Protection Directive) physician could be identified: European and national paediatric 4. Invitation and reminder e-mails drafting cardiology associations (e.g. AEPC) 5. Attainment of Data Protection Officer and Websites of hospitals, congresses Ethics Committee Approval (nº 4771) and conferences relevant to the field 6. Preparation of statistical analysis manual Heads of European and some with instructions for later processing and national paediatric cardiology analysis of data (document continuously updated associations were approached and until questionnaire final version ready) requested to share the survey invitation with their organization Initial questionnaire memhers (list of auestions, insti Questionnaire review and final design 1. Questionnaire internal peer review at the investigators site: comments, revisions and re-2. First round of the expert panel review and pre-testing: comments and revisions 3. Second round of the expert panel review and pilot-testing (9 of the experts participated) 4. Validity and reliability testing 5. Finalising invitations, reminder emails (physicians from English, German, Spanish, French and Italian speaking countries were addressed in their own languages) and postal reminders Final questionnaire Survey instrument administration phase Physicians were invited via e-mail to participate, receiving an individualised participation web-survey link. E-mail reminders were sent to non-respondents approx. 2, 4 and 6 weeks after the first invitation. A final postal reminder was sent approx. on week 12 after study start. Informed consent was obtained from each participant.

Response rate calculation: number of different hospitals from which at least one physician submitted a completed or partially completed questionnaire divided by the number of different hospitals from which a physician was sent the invitation with questionnaire link. Hospitals were excluded from analysis if physician contacted expressed his wish not to participate, did not feel able to participate because of limited experience, was retired or returned the completed questionnaire after the pre-established deadline. If more than one physician in a hospital answered, only the first questionnaire received was taken into consideration for analysis.

Figure S1. Survey study and survey instrument design and administration

This figure is an adaptation of that published by Vogt and Läer [Vogt W, Läer S. Prevention for pediatric low cardiac output syndrome: results from the European survey EuLoCOS-Paed. Paediatr Anaesth 2011;21:1176–84. doi:10.1111/j.1460-9592.2011.03683.x]