

Rehabilitation Enablement in Chronic Heart Failure: Reach HF Study

Follow Up Survey

We are conducting some research funded by the National Institute of Health Research in order to develop specific cardiac rehabilitation programmes for people with chronic heart failure (HF). In 2009, you kindly completed an additional questionnaire to the NACR annual survey of cardiac rehabilitation provision and indicated you were willing to provide some more information about your service. We would be grateful if you could complete this survey and return it before the end of October 2010. **Please tick the most appropriate answer that describes your service.**

Cardiac Rehabilitation Centre ID number:

Name, Address, Email and Telephone Number of the Unit

Demographics of the Rehabilitation Unit

Q1 Where is your unit based? Tick more than one if you provide a service from the hospital and a community setting.

- In a community setting*
In a district general hospital
In a tertiary centre

Q2 In which of these venues do you provide cardiac rehabilitation for people with HF?

Tick all that apply.

- In an acute hospital*
In a community hospital
In a community hall/centre
In a GP Surgery
In the home
Other area, please describe e.g. a combination of home and centre-based.

Q3 Please define the geographical area served your department serves?

- Mainly urban*
Mainly rural
Mixed

Q4a How many people with a primary diagnosis of HF were referred to the unit in the last 12 months covered by the 2009 NACR survey?

- Less than 10*
Between 10 and 50
Between 51 and 100
More than 100

Q4b If known, please specify an exact number of patients who started cardiac rehab.

Q4c How many completed the cardiac rehab programme?

Q5a How many patients with HF were referred because of acute MI?

- Less than 10*
Between 10 and 25
Between 26 and 50
Between 51 and 100
More than 100

Q5b If known please specify exact number of patients who were referred because of acute MI.

Q6 Do you include patients with HF and preserved ejection fraction in your CR programme?

Yes
No

Q7 Do you have entry criteria for your programme?

Yes **Go to Q8**
No **Go to Q9**

Q8 What is the entry criteria for your programme?

	Yes	No
NYHA Class	<input type="checkbox"/>	<input type="checkbox"/>
Ejection Fraction	<input type="checkbox"/>	<input type="checkbox"/>
HF patients with ICD's	<input type="checkbox"/>	<input type="checkbox"/>

Any comments

Q9 What are your exclusion criteria? Please specify.

Q10 Do you offer only a centre-based CR programme for people with HF?

Yes
No

Exercise

Q17 Do you provide supervised exercise in your programme for patients with HF?

Yes **Go to Q18**
No **Go to Q20**

Q18 How long are the exercise sessions?

Up to one hour
Between one and two hours
Other

Q11 Do you offer only a home-based CR programme for people with Heart Failure?

Yes **Go to Q12**
No **Go to Q13**

Q12 Which one do you offer?

Heart Manual
BHF Heart Failure Plan
Other, please specify.

Q13 Do you offer both a home and centre-based programme?

Yes
No

Q14 What is the duration of your programme?

Less than 6 weeks **Go to Q16**
Between 6-12 weeks **Go to Q16**
More than 12 weeks . **Go to Q15**

Q15 If more than 12 weeks please specify how long the duration of your programme is.

Q16 How often are patients invited to attend?

Once a week
Twice a week
Three times a week
Other, please specify

Q19 Please describe the exercises used , the intensity of the exercises and comment on patient to staff ratio during the exercise sessions.

Q20 Do you use walking and/or other forms of normal physical activity as a method for increasing fitness - e.g. daily walking programme.

Yes Go to Q21
 No Go to Q22

Q21 Please describe your method below

Q22 How do you assess the exercise capacity?

	Yes	No
6 min Walk Test	<input type="checkbox"/>	<input type="checkbox"/>
Shuttle Walk Test	<input type="checkbox"/>	<input type="checkbox"/>

Other, please specify

Q23 Do you offer a home exercise programme?

Yes Go to Q24
 No Go to Q25

Q24 Please describe and indicate if you use a specific programme such as the Heart Manual, BHF Heart Failure Plan or your own programme.

Education

Q25 Do you provide information about.....

	Yes	No
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>
Self-Management Strategies (monitoring for fluid, breathing changes, pain)	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>
Diet	<input type="checkbox"/>	<input type="checkbox"/>
Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Household Adaptations	<input type="checkbox"/>	<input type="checkbox"/>

Psychological Intervention

Q26 Do you assess anxiety and depression?

Yes Go to Q27
 No Go to Q28

Q27 What tool do you use?

HADS
Other, please specify

Q28 What support is offered to people with HF who have high levels of anxiety and depression?

Referred to their GP
Referred to a counsellor
Referred to CPN
Other, please specify

Q29 Do you use a specific psychological model of intervention, e.g. motivational interviewing and 'goal' setting with regular review and resetting of new goals?

Yes Go to Q30

No Go to Q31

Q30 Please describe what method you use

Q31 Do you include any training or support for carers?

Yes Go to Q32

No Go to Q33

Q32 Please describe what support you provide.

Q33 Do you collect the following data on patients who receive cardiac rehabilitation for HF?

	Yes	No
First Assessment data using the NACR computer database	<input type="checkbox"/>	<input type="checkbox"/>
Minnesota Living with Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>

Other, please specify

Staffing

Q34 How many staff work in the cardiac rehabilitation department? (Full-time equivalents)

1-2

3-4

5-6

7-8

9 or more

Q35 What is the composition of the staff working in the cardiac rehabilitation department? Please specify how many full-time equivalents.

Cardiac Rehabilitation Co-ordinator	
Cardiac Rehabilitation Nurse	
Heart Failure Specialist Nurse	
Physiotherapist	
Exercise Physiologist/Therapist	
Occupational Therapist	
Psychologist	
Doctor	

Other (please specify)

Liaison with Other Services

Q36 Where do your HF patient referrals come from? Please provide an estimated proportion.

	0-24%	25-49%	50-74%	>75%
Hospital Clinician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP/Practice Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure Specialist Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, please specify

Q37 Are HF specialist nurses involved in your cardiac rehab programme?

Yes **Go to Q38**
 No **Go to Q39**

Q38 What is their role?

Q39 Do you refer patients with HF for long term exercise classes/Phase IV rehab?

Yes
 No

Q40 Do you refer HF patients to primary care teams for long term follow up?

Yes **Go to Q41**
 No **Go to Q42**

Q41 Please indicate the estimated proportion of referrals to primary care teams

0-24%.....
 25-49%.....
 50-74%.....
 >74%.....

Q42 What do you consider as the main constraints to providing cardiac rehabilitation to all people with HF in your area?

	Yes	No
Financial Pressures	<input type="checkbox"/>	<input type="checkbox"/>
Lack of clinical guidelines/evidence about suitability	<input type="checkbox"/>	<input type="checkbox"/>
Risk of exercise in these patients	<input type="checkbox"/>	<input type="checkbox"/>
Other e.g. referred to palliative or end of life pathway/Specialist Heart Failure Nursing Team.		

Please comment

Q43 Do you have spare capacity within your current service?

Yes **Go to Q44**
 No **Go to End**

Q44 Please indicate how many additional patients (per week) with HF that you could take on to your cardiac rehab programme.

Thank you for completing this survey

Please return questionnaires to:

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