

**Clinic Information**

**The deadline to complete this survey is November 21, 2018.**

**\*\* Note: If a question does not apply to your practice, select 'Other' and enter N/A in the comment box.**

\* Enter the following information about your outpatient heart failure clinic:

Name of Organization	<input type="text"/>
Address	<input type="text"/>
City/Town	<input type="text"/>
Postal Code	<input type="text"/>
Phone Number	<input type="text"/>
Fax Number	<input type="text"/>
Email	<input type="text"/>
Name and contact information of clinic administrator	<input type="text"/>

\* Which of the following best describes the location of your heart failure clinic?

- Primary care setting
- Community health clinic
- Tertiary care outpatient clinic
- Quaternary care outpatient clinic
- Specialty practice office
- Chronic disease management/complex care clinic
- Other (please specify)

**Access**

**\*\* Note: If a question does not apply to your practice, select 'Other' and enter N/A in the comment box.**

\* 1. Select the main source of referral **received** by your clinic. Check all that apply:

- Patient self referral
- Hospital inpatient setting
- Emergency department
- Urgent care centre
- Primary care offices
- Specialist offices
- Outpatient specialty disease management clinic (e.g. arrhythmia, bariatrics, diabetes)
- Other (please specify)

\* 2. Select the source(s) of referral that are **accepted** by your HF clinic. Check all that apply:

- Patient self referral
- Hospital inpatient setting
- Emergency department
- Urgent care centre
- Primary care offices
- Specialist offices
- Outpatient specialty disease management clinic (e.g. arrhythmia, bariatrics, diabetes)
- Other (please specify)

\* 3. What percentage of your clinics patients have a (consistent) PCP, or primary care home?

- fewer than 25%
- 25 - 50%
- 50 - 75%
- greater than 75%

\* 4. What percentage of your patients primary care physicians are engaged in shared care with your clinic?

- < 10
- 10 - 25%
- 25 - 50%
- 50 - 75%
- greater than 75%

\* 5. What happens to the referrals that are **NOT** accepted by your clinic?

- Redirected to another clinic
- Denied and returned to the referring provider
- N/A - We accept all referrals regardless of referral source
- Other (please specify)

\* 6. a) Select the criteria for a patient to access your clinic:

- Our clinic is open to any patient in the region
- We have specific referral criteria
- Other (please specify)

6. b) If you have specific criteria for a patient to access your clinic, what percentage of referred patients do not meet criteria?

\* 6. c) Main reason patients are declined for assessment in your clinic (indicate all that apply below):

- Jurisdiction
- Clinical criteria
- Recurrent no show
- Inappropriate referral (not HF related)
- Other (please specify)

\* 7. Are there any **patient-related factors** that may prevent patients from accessing your clinic? Check all that apply:

- Travel to clinic (distance, logistics of transportation)
- No time (other responsibilities or not viewed as a priority)
- Too sick
- Other (please specify)

\* 8. Do you have the capacity to see patients in your heart failure clinic for a: (Check all that apply)

- Same day consultation (MD)
- Same day consultation (Any care provider)
- Same day follow up visit (MD)
- Same day follow up visit (Any care provider)
- Consultation/follow up appointment within 2 weeks
- Patients must wait longer than 2 weeks to be seen
- Other (please explain)

\* 9. a) Is your clinic meeting current CCS wait time benchmarks?

[The CCS Heart Failure Companion: Bridging Guidelines to your Practice](#)

- Yes
- No

\* 9. b) If your clinic is **not** meeting wait time benchmarks, which benchmarks are not being met? Check all that apply:

- Routine, elective referral (6-12 weeks)
- Semi urgent, intermediate risk (2-4 weeks)
- Urgent (< 2 weeks)
- Emergent (<24 hours)
- N/A

10. Are there any **organizational factors** that may prevent patients from accessing your clinic (e.g. wait times, appointment schedule, location)? Please list:

## CCS HF Models of Care Survey

### Clinic Activity

**\*\* Note: If a question does not apply to your practice, select 'Other' and enter N/A in the comment box.**

\* 11. Enter the following information about your heart failure clinic:

Day(s) of operation per week

Hours of operation

Total number of visits in the last year (all care providers)

Total number of MD visits (new and follow-up) in the last year

Total number of NP visits (new and follow-up) in the last year

Total number of nurse visits (new and follow-up) in the last year

Total number of new referrals in the last year

Total number of patients actively followed in the clinic each year

N/A

\* 12. a) Which of these services does your clinic provide?

- Dietary nutrition counselling
- Education sessions
- Online tools and education
- Self-management services and resources
- Smoking cessation program
- Exercise training and support/cardiac rehab
- Advanced care and end of life planning
- Medication support and counselling
- Medication reconciliation
- Optimization of HF medical therapies prior to ICD/CRT referral
- Patient support group
- Caregiver support group
- Counselling services
- Influenza vaccinations
- Involve patients in shared clinical decision making
- N/A

\* 12. b) Do you provide telephone nursing support?

- No, we do not provide this service currently
- Yes, this support is initiated by clinic staff
- Yes, this support is initiated by patient/family request
- Yes, initiated by both clinic staff and patient/family request

\* 12. c) Do you provide remote patient monitoring?

- Yes
- No

12. d) By which modality do you provide remote patient monitoring?

- Telephone
- Implantable device diagnostics
- Wearables
- Web-based
- N/A

\* 12. e) Who is the remote patient monitoring provided by?

- Provided completely by clinic staff
- Provided in collaboration with community partner
- Both items as above
- N/A

\* 12. f) Do you provide home visits?

- No, we do not provide this service currently
- Yes, this service is provided by clinic staff
- Yes, this service is provided in collaboration with community partner

\* 12. g) Do you provide intravenous diuretics?

- No, we do not provide this service currently
- Yes, provided in clinic location only
- Yes, provided in patient residence location only
- Yes, provided either in clinic or patient residence
- Other (please specify)

\* 12. h) Do you provide education? Check all that apply:

- Yes, we provide group education
- Yes, we provide one on one education
- Yes, we provide web based education
- Care givers or family members frequently attend
- Written educational and support material in English
- Written educational and support material in languages other than English
- Culturally appropriate educational and support material
- HF Awareness Day programs, community based education
- No, we do not provide this service currently

\* 12. i) Do you offer video conferencing for:

	Yes	No
Education	<input type="radio"/>	<input type="radio"/>
Clinical Assessment	<input type="radio"/>	<input type="radio"/>

\* 13. In stable HF patients, who should be primarily be performing uptitration of HF medications and volume assessment? (Select the most appropriate)

- Primary care physician
- Primary cardiologist or internist
- HF cardiologist
- HF nurse
- HF NP
- Pharmacist
- Other navigational team

\* 14. Do your community-based patients have timely access to cardiac investigations including:

	Yes	No
ECHO	<input type="radio"/>	<input type="radio"/>
MUGA	<input type="radio"/>	<input type="radio"/>
Myocardial Perfusion Imaging	<input type="radio"/>	<input type="radio"/>
MRI	<input type="radio"/>	<input type="radio"/>
Angiography	<input type="radio"/>	<input type="radio"/>
Cardiopulmonary stress testing	<input type="radio"/>	<input type="radio"/>
Natriuretic peptide testing	<input type="radio"/>	<input type="radio"/>

## CCS HF Models of Care Survey

### Communication

**\*\* Note: If a question does not apply to your practice, select 'Other' and enter N/A in the comment box.**

\* 15. What is the primary mechanism by which clinical patient data is captured? Check all that apply:

- Paper
- EMR
- Other (please specify)



\* 16. How does your clinic communicate with other care providers? Check all that apply:

- Paper mail
- Paper fax
- EMR - stand alone
- EMR - integrated with health authority, hospital or facility
- Email
- Other (please specify)

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**Clinic Staff**

\* 17. Indicate all of the staff in your heart failure clinic, as well as their FTE:

- Registered Nurse
- Registered Practical Nurse
- Advanced Practice Nurse
- Nurse Practitioner
- Physician Assistant
- Registered Dietitian
- Occupational Therapist
- Physical Therapist
- Palliative Care Specialist
- Pharmacist
- Psychologist or mental health services
- Social Worker
- Indigenous services
- Spiritual care
- Administrative support (e.g. secretarial, booking etc.)
- N/A
- Enter FTE for each staff member selected**

\* 18. How are HF clinic non physician FTE's funded in your practice setting?

- Hospital budget
- Cardiac program budget
- Government/ministry
- Philanthropy
- Don't know
- N/A

## CCS HF Models of Care Survey

### Physician Involvement

**\*\* Note: If a question does not apply to your practice, select 'Other' and enter N/A in the comment box.**

\* 19. Indicate the types of physicians involved in your heart failure clinic and FTE's. Select all that apply:

- Cardiologist
- Internist
- Family Physician
- Nephrology
- Endocrinology
- Hematology
- Geriatrician
- N/A
- None (please explain)
- Other (please specify)

Comments

\* 20. Indicate the physician role(s) in your clinic:

- See all patients in HF clinic
- See some patients in HF clinic
- Available by phone as needed
- Do not see patients in HF clinic, mainly an administrative role
- Other (please specify)

\* 21. Select the scenario below that best describes the relationship between the physician and patient's heart failure management in your organization:

- Patients must have a cardiologist/internist outside of the HF clinic who oversees patient heart failure management
- Patients are assigned a specific HF clinic physician who oversees patient heart failure management in the clinic
- Patients are not assigned a specific HF clinic physician and may see multiple physicians in the clinic (e.g. Patients are managed by the clinic team rather than a specific physician)
- Other (please specify)

\* 22. Does your clinic provide any of these services, *by your HF clinic staff*? Select all that apply:

- Palliative care assessments
- Advance care planning
- Ongoing coordination with other care providers (Diabetes Education Program, specialists, primary care providers)
- Ongoing management of devices (e.g. ICD, CRT)
- N/A
- Other (please specify)

\* 23. Do your patients have timely access to the following specialty services?

- EP
- Cardiac Surgery
- Advanced Heart Failure and Transplant
- Palliative Care
- Nephrology
- Endocrinology
- Hematology
- Geriatrics
- Other secondary prevention programs (e.g. diabetes, smoking cessation)
- No, my patients do not have timely access to these services



**Discharge Criteria and Post-Clinic Care**

\* 24. a) Do you discharge patients from your clinic?

- No, we do not discharge patients prior to end of life
- Yes
- N/A

\* 24. b) If yes, do you have a discharge criteria?

- Yes
- No
- N/A

\* 24. c) Does your clinic adhere to these discharge criteria?

- Yes
- No
- N/A

\* 24. d) What kind of patient follow up do you typically arrange for ongoing heart failure management?

- We refer patient back to current cardiologist/internist
- We refer patient to cardiologist/internist if they do not already have a specialist
- We discharge patients to primary care to arrange specialist follow up
- We discharge patients to primary care
- N/A
- Other (please specify)

\* 24. e) Can the patient be re-referred to your HF clinic at another time?

- No, we do not accept patients who have been previously enrolled in the clinic
- Yes
- N/A

**Team Education**

\* 25. For physicians: How did you achieve competency in HF care? Check all that apply:

- AFC Certification
- ABIM Certification
- Formal fellowship
- Ad hoc fellowship
- No additional training beyond cardiology, but clinical interest in HF
- N/A (for non physicians)

\* 26. How do physicians in your clinic maintain competency?

- Annual heart failure conference
- Annual cardiology conference
- Other CME activities
- N/A

\* 27. How do multidisciplinary team members maintain competency?

- Professional association certification in heart failure
- Webinars
- Attending local CME activities
- Annual heart failure conference
- Annual cardiology conference
- N/A

**Research and Quality Improvement**

\* 28. Does your clinic participate in research? Check all that apply:

- Grant funded clinical trials
- Industry sponsored clinical trials
- Registries
- N/A

\* 29. What **Quality Improvement Activities** does your clinic routinely engage in? (check all that apply)

- Quality indicator audits
- Conduct clinical audits
- Use patient outcome data to plan and monitor services
- Provide in service training for HF management
- Conduct patient satisfaction surveys
- Review formal patient safety policies
- Provide staff training in quality improvement
- Have formal measurable goals and performance targets for clinic activities
- Conduct case reviews
- Morbidity and mortality rounds
- Journal clubs and CME activities
- Engage patients in evolving clinic processes and program and pathway development
- None** - my clinic does not routinely engage in Quality Improvement Activities

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**Performance Targets**

\* 30. Does your clinic have performance targets for (we don't need to know what the number is, only if there is one):

	Yes	No
home weight monitoring and biometric data documentation	<input type="radio"/>	<input type="radio"/>
eligible patients prescribed RASi and Bblockers	<input type="radio"/>	<input type="radio"/>
patient self management plans	<input type="radio"/>	<input type="radio"/>
advanced care plans	<input type="radio"/>	<input type="radio"/>
influenza vaccination rates	<input type="radio"/>	<input type="radio"/>
patients referred to cardiac rehab	<input type="radio"/>	<input type="radio"/>
patients visiting the ER since last appointment	<input type="radio"/>	<input type="radio"/>
patients admitted to hospital since last appointment	<input type="radio"/>	<input type="radio"/>
smoking cessation rates	<input type="radio"/>	<input type="radio"/>
patient satisfaction	<input type="radio"/>	<input type="radio"/>
patient QOL assessment eg. MLWHF score	<input type="radio"/>	<input type="radio"/>

\* 31. Are you able to track the following data using electronic records or HF Clinic database (ie. real time not CIHI or DAD)?

	Yes	No
Patient death	<input type="radio"/>	<input type="radio"/>
Hospitalization	<input type="radio"/>	<input type="radio"/>
Readmission in 30 days	<input type="radio"/>	<input type="radio"/>
Readmission in 6 months	<input type="radio"/>	<input type="radio"/>
Patients optimized on medical therapy	<input type="radio"/>	<input type="radio"/>
Reasons for non-optimized medical therapy	<input type="radio"/>	<input type="radio"/>
Device referrals	<input type="radio"/>	<input type="radio"/>
No ability to track quality indicator data	<input type="radio"/>	<input type="radio"/>



**Cultural Competencies**

\* 32. Does your clinic have adequate knowledge about other health services in the community (eg. indigenous, LGBTQ, language and gender appropriate)?

Yes

No

\* 33. Does your clinic have staff that reflect the cultural diversity of patients?

Yes

No

\* 34. Is your clinic accessible to people who do not speak or understand English well?

Yes

No

\* 35. Do you have culturally sensitive educational materials and tools?

Yes

No

\* 36. Is your clinic willing to address special beliefs about complementary medicines?

Yes

No

\* 37. Is your clinic willing to address desires for complimentary treatments?

Yes

No

\* 38. Does your clinic incorporate complimentary treatments (eg. Homeopathy and acupuncture in patient care plans)?

Yes

No

\* 39. What strategies does your clinic have to help patients ask relevant questions and understand their care plan?

- Patient passport (indicating NYHA, meds, diagnosis, EF)
- Patient journey document (care plan)
- Interprofessional communication tool
- Checklists
- Patient oriented discharge summaries
- Promotes Peer/lived experience mentors
- Support groups in person
- Support groups online
- Educational materials in advance of clinic visit
- Educational materials/programs - online
- Outline of clinic structure and processes eg. expectation for eventual discharge, prior to clinic visit
- Assessment of patient/family competency of self care and symptoms
- Other
- None** - my clinic doesn't have any strategies to help patients ask relevant questions and understand their care plan

Comments

### CCS HF Models of Care Survey

#### Advocacy

\* 40. Does your clinic promote or advertise patient advocacy activities?

- Yes
- No

### CCS HF Models of Care Survey

#### Transition

\*\* Note: If a question does not apply to your practice, select 'Other' and enter N/A in

**the comment box.**

\* 41. Does your institution have a structured referral process to HF Clinic at time of hospital discharge?

- Yes
- No
- N/A

\* 42. Are all patients discharged from the hospital eligible for HF Clinic referral?

- Yes
- No
- N/A

\* 43. What clinical criteria determine HF Clinic eligibility at discharge? Check all that apply:

- EF
- NYHA
- Number of hospitalizations and risk recidivism
- BNP
- Hemodynamics
- Age
- Need for advanced HF therapies
- Co-morbidity burden
- Consideration of newer HF therapies
- Consideration of ICD/CRT
- Palliative care requiremnt
- Need for enhanced self management education
- Clinical trial eligibility
- Other (please specify)

\* 44. What discharge tools facilitate transition between care providers/clinical settings? Check all that apply:

- Patient passport (indicating NYHA, meds, diagnosis, EF)
- Patient journey document (care plan)
- Inter-professional communication tool
- Medication reconciliation
- Patient oriented discharge summaries
- Follow-up appointment time provided at discharge
- Appointment reminders
- Educational materials
- Nurse navigators
- Community pharmacist
- Remote patient monitoring
- Other (please specify)

\* 45. How important are PPO's (Preprinted order sets) in enabling transitions of care?

- Very important
- Fairly important
- Important
- Slightly important
- Not at all important

\* 46. How important is BNP in triage of follow-up care?

- Very important
- Fairly important
- Important
- Slightly important
- Not at all important

\* 47. How important are risk stratification tools in triage of follow-up care (eg. MAGGIC risk score)?

- Very important
- Fairly important
- Important
- Slightly important
- Not at all important

\* 48. Do you use risk stratification tools in triage of follow-up care?

- Yes
- No
- N/A

\* 49. If you routinely use risk stratification tools for hospitalized patients, indicate which ones:

- MAGGIC
- EFFECT
- EHMRG
- ELAN
- ADHERE
- LACE
- N/A

\* 50. What is the best method for communicating with the primary care physician and other physicians at time of discharge? Check all that apply:

- Telephone
- Mailed discharge summary
- Faxed discharge summary
- Patient copy of discharge - my discharge plan
- EMR - integrated with health authority, hospital or facility
- Email
- Other

Comments

\* 51. Which patient or system factors influence who should be responsible for uptitration of HF medications? (Pick the 5 most influential factors)

- Geography
- Wait lists/access to health care provider
- Patient preference
- EF
- NYHA
- Number of hospitalizations and risk of recidivism
- BNP
- Hemodynamics
- Age
- Need for advanced HF therapies
- Co-morbidity burden
- Consideration of newer HF therapies
- Consideration of ICD/CRT
- Palliative care requirement
- Need for enhanced self management education
- Clinical trial eligibility
- None** - Patient or system factors do not influence who should be responsible for uptitration of HF medications.
- Other (please specify)

\* 52. Which provider should be responsible for uptitration of HF medications and volume assessment in the first 2 weeks following discharge? Check one:

- Primary care physician
- Referring cardiologist
- HF cardiologist
- HF nurse
- Discharging physician
- Other navigational team
- Comments

\* 53. What mechanisms exist for your clinic to foster shared care through the transition process? Check all that apply:

- Established provincial referral pathway
- Care team meetings
- Collaborative discharge planning
- Multispecialty and interdisciplinary CME's and retreats
- Rapid telephone access to consultative expertise (hotline)
- Email referral/consult
- Nursing collaborations
- Primary medical home
- Home care/transitional care services
- Other (please specify)

CCS HF Models of Care Survey

**Advanced HF/Transplant/MCS**

\* 54. Is your advanced heart failure clinic separate from your HF clinic?

- Yes
- No
- N/A

\* 55. Is your advanced heart failure clinic separate from your VAD clinic?

- Yes
- No
- N/A

\* 56. Is your advanced heart failure clinic separate from your transplant clinic?

- Yes
- No
- N/A

57. Average Volume of durable VADs per year:

58. Average Volume of durable VADs per year performed on your patients at another site:

59. Average Volume of Transplants per year performed at your center:

60. Average Volume of Transplants per year performed on your patients at another site:

\* 61. Do you have an established relationship with other centers to provide MCS/transplant care?

- Yes
- No
- N/A

62. Number of post transplant visits per year:

63. Number of pre transplant and/or MCS visits per year:

\* 64. Do you do Destination Therapy?

- No
- If yes, what % of your VAD volumes are DT (comment below)

Comments



\* 65. What is your primary referral source for advanced HF/MCS/transplant consideration?  
check one:

- Own clinic
- Other clinic in province
- Cardiologist
- Cardiac surgery
- Primary care
- N/A
- Other (please specify)

66. If you work at a transplant center, do you have dedicated transplant nurse clinicians, separate from HF Clinic?

*If you do not work at a transplant center, please skip*

Pre (if yes, indicate FTE)

Post (if yes, indicate FTE)

67. If you work in a LVAD center, do you have dedicated LVAD nurse clinicians, separate from HF Clinic or transplant clinic?

*(If you do not work in a LVAD center, please skip)*

Pre (if yes, indicate FTE)

Post (if yes, indicate FTE)

68. How many physicians work in your advanced heart failure clinic?

69. What is the total FTE of your physicians in advanced heart failure clinic?

70. Are you able to track the following data using electronic records or HF Clinic database?

	Yes	No
Patient death	<input type="radio"/>	<input type="radio"/>
Hospitalization	<input type="radio"/>	<input type="radio"/>
Readmission in 30 days	<input type="radio"/>	<input type="radio"/>
Readmission in 6 months	<input type="radio"/>	<input type="radio"/>
Patients optimized on medical therapy	<input type="radio"/>	<input type="radio"/>
Reasons for non-optimized medical therapy	<input type="radio"/>	<input type="radio"/>
Device referrals	<input type="radio"/>	<input type="radio"/>
No ability to track quality indicator data transplant/clinic	<input type="radio"/>	<input type="radio"/>

\* 71. Indicate all of the staff in your transplant/VAD clinic, by indicating their FTE (0-?):

Registered Nurse	<input type="text"/>
Registered Practical Nurse	<input type="text"/>
Advanced Practice Nurse	<input type="text"/>
Nurse Practitioner	<input type="text"/>
Physician Assistant	<input type="text"/>
Registered Dietitian	<input type="text"/>
Occupational Therapist	<input type="text"/>
Physical Therapist	<input type="text"/>
Palliative care specialist	<input type="text"/>
Pharmacist	<input type="text"/>
Psychologist or mental health services	<input type="text"/>
Social Worker	<input type="text"/>
Indigenous services	<input type="text"/>
Spiritual care	<input type="text"/>
Administrative support (e.g. secretarial, booking, etc.)	<input type="text"/>
Other (please specify)	<input type="text"/>

## CCS HF Models of Care Survey

### Advanced HF/Transplant/MCS Team Education

\* 72. For physicians: How did you achieve competency in transplant/MCS care? Check all that apply:

- AFC certification
- ABIM certification
- Formal fellowship
- Ad hoc fellowship
- No additional training beyond cardiology but clinical interest in transplant
- N/A

\* 73. How do physicians in your clinic maintain competency? Check all that apply:

- Annual heart failure/transplant conference
- Annual cardiology conference
- Other CME activities
- N/A

\* 74. How do multidisciplinary team members maintain competency? Check all that apply:

- Professional association certification in and transplant MCS
- Webinars
- Annual heart failure or transplant conference
- Annual cardiology conference
- N/A

75. Do you have any additional comments overall?