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.**

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<th>Cardiac Rehabilitation Centre ID number:</th>
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<th>Name, Address, Email and Telephone Number of the Unit</th>
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**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.

**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?
   NYHA Class 
      Yes ........................................
      No ........................................
   Ejection Fraction 
      Yes ........................................
      No ........................................
   HF patients with ICD’s 
      Yes ........................................
      No ........................................
   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 ..........................................
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
Shuttle Walk Test
Other, please specify

Education

Q25  Do you provide information about......
Yes
No
Heart Failure
Self-Management Strategies (monitoring for fluid, breathing changes, pain)
Medication
Diet
Benefits
Household Adaptations

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

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.

Q28  What support is offered to people with HF who have high levels of anxiety and depression?
Yes
No
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?

- First Assessment data using the NACR computer database
- Minnesota Living with Heart Failure
- Other, please specify

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

1-2 ........................................ Go to Q35
3-4 ........................................ Go to Q35
5-6 ........................................ Go to Q35
7-8 ........................................ Go to Q35
9 or more ................................ Go to Q35

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  
GP/Practice Nurse  
Heart Failure Specialist Nurse  
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 ........................................ Go to Q40
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% ........................................ Go to Q41
25-49% ....................................... Go to Q41
50-74% ....................................... Go to Q41
>74% ........................................ Go to Q41

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 
Lack of clinical guidelines/evidence about suitability 
Risk of exercise in these patients 
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:
Dr H Dalal, Chief Investigator REACH-HF Study Group, R&D Directorate, The Knowledge Spa, Royal Cornwall Hospitals Trust, Truro, TR1 3HD

For any queries please contact me <Hayes.Dalal@3spires.cornwall.nhs.uk> or Jenny Wingham Jenny.Wingham@rcht.cornwall.nhs.uk