Supplemental material

Cardiac Services BC Cardiac Rehabilitation Survey Questions

Demographic Data:

1. Name of the Cardiac Rehabilitation program: _____
2. Address of the Cardiac Rehabilitation program: _____
3. Health Authority: _____
4. Name of Program Manager: _____
5. Name of Medical Director (if applicable): _____
6. Name and Role of Team Member completing the interview/ questionnaire: _____

Questions for Structured Interview/Questionnaire:

7. Where are your Cardiac Rehabilitation services located? Please select all that apply.
   - ☐ Hospital
   - ☐ Outpatient Medical Center
   - ☐ Community Center
   - ☐ Private Building/Center
   - ☐ Other (please specify): _____
8. The Canadian Association of Cardiovascular Prevention and Rehabilitation (CACPR) defines a Cardiac Rehabilitation program as including the following elements. Please check all elements offered by your program.
   - ☐ Medical assessment including risk stratification
   - ☐ An interprofessional team of health care professionals
   - ☐ A core element of exercise with individualized exercise prescription
   - ☐ Education on heart disease and risk factors
   - ☐ Behavioural modification strategies
   - ☐ Nutritional counselling
9. If there is one or more physician(s) as a member of the multidisciplinary team, please select which specializations are specifically involved in direct patient care within the program (I.e., performing patient intake and/or exit assessments).
   - ☐ Physician – Cardiology
   - ☐ Physician – Cardiology with dedicated Cardiac Rehabilitation training
   - ☐ Physician – Internal Medicine
   - ☐ Physician – Family Medicine
   - ☐ Not applicable (no physician)
   - ☐ Physician – Other specialization (please specify): _____
10. Please select which allied health professionals are members of your multidisciplinary team:
    - ☐ Registered Nurse
    - ☐ Dietician
    - ☐ Certified Exercise Physiologist/Kinesiologist
    - ☐ Exercise class leader/personal trainer (non-certified exercise physiologist/kinesiologist)
    - ☐ Psychologist
    - ☐ Social Worker
    - ☐ Psychiatrist
    - ☐ Other (please specify): _____
11. Which of the following established cardiac rehabilitation populations do you accept into your program? Please select all that apply.
    - ☐ Post - percutaneous coronary intervention (PCI) (i.e., stent placement) – for stable coronary artery disease (CAD)
    - ☐ Post - coronary artery bypass grafting (CABG) surgery
    - ☐ Post - valvular heart surgery
    - ☐ Post - Heart transplant
    - ☐ Post – ST elevation myocardial infarction (STEMI)
    - ☐ Post – non-ST elevation myocardial infarction (NSTEMI) or unstable angina
    - ☐ Post - Heart failure hospitalization
12. Which other cardiac rehabilitation populations do you accept in your program? Please select all that apply.
    - ☐ Stable coronary artery disease without recent intervention (i.e., PCI/CABG)
    - ☐ Stable chronic heart failure with reduced ejection fraction (<40%)
    - ☐ Atrial Fibrillation
    - ☐ Spontaneous Coronary Artery Dissection (SCAD)
    - ☐ Post – ICD/CRT implant
    - ☐ Other (please specify): _____
13. The American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) considers as 'high-risk' a patient with functional capacity <5 METs and EF <40% (2007). Does your Cardiac Rehabilitation program accept 'high-risk' patients (as defined by the AACVPR algorithm)?
    - ☐ Yes
    - ☐ No

14. Are patients recommended to undergo a pre-enrollment graded exercise stress test for risk stratification and exercise prescription purposes?
    - ☐ Yes
    - ☐ Yes, but only for select patients
    - ☐ No
    - ☐ Other (please specify): _____

15. Which cardiometabolic parameters are evaluated at baseline?
    - ☐ None
    - ☐ Lipids
    - ☐ Lipoprotein (a)
    - ☐ Glucose control (HbA1c or fasting glucose)
    - ☐ Blood pressure
    - ☐ Body Mass Index
    - ☐ Waist Circumference
    - ☐ Smoking status
    - ☐ Other (please specify): _____

16. Are patients systematically screened for depressive symptoms?
    - ☐ Yes
    - ☐ No

17. What type of exercise sessions does your Cardiac Rehabilitation program offer? Please select all that apply.
    - ☐ In-person - on-site
    - ☐ In-person - remote/home-based
    - ☐ Entirely virtual (i.e., no on-site care) – synchronous, real-time audiovisual care
    - ☐ Entirely virtual (i.e., no on-site care) – asynchronous
    - ☐ Remote patient monitoring (for exercise supervision)
    - ☐ Other (please specify): _____

18. Which remote monitoring devices are provided to the patient for use during their participation? Please select all that apply.
    - ☐ Not applicable
    - ☐ Blood pressure cuff
    - ☐ Weight scale
    - ☐ Pedometer/Activity Tracker
    - ☐ Heart-rate Monitor
    - ☐ Oximeter
    - ☐ Other (please specify): _____

19. In-person Program:
    What is the duration of the Cardiac Rehabilitation program that you offer (in weeks), from intake assessment to discharge, for your in-person – on-site program (if applicable)?
    _____

20. In-person Program:
    How many exercise sessions per week (on average) are recommended for participants, for your in-person – on-site program?
    - ☐ Not applicable
    - ☐ One
    - ☐ Two
    - ☐ Three
    - ☐ More than three
    - ☐ Other (please specify): _____

21. Virtual Program:
    What is the duration of the Cardiac Rehabilitation program that you offer (in weeks), from intake assessment to discharge, for your virtual program (if applicable)?
    _____

22. Virtual Program:
    How many exercise sessions per week (on average) are recommended for participants, for your virtual program?
    - ☐ Not applicable
    - ☐ One
    - ☐ Two
    - ☐ Three
    - ☐ More than three
    - ☐ Other, please specify: _____

23. Patient Education:
    What type of education sessions does your Cardiac Rehabilitation program offer? Please select all that apply:
    - ☐ Group sessions – in-person
    - ☐ Group sessions – virtual
    - ☐ One-on-one sessions – in-person
    - ☐ One-on-one sessions – virtual
    - ☐ Pre-recorded videos
    - ☐ Other (please specify): _____

24. Patient Education:
    How many sessions of patient education per week (on average) are recommended for participants?
    - ☐ One
    - ☐ Two
    - ☐ More than two
    - ☐ Other, please specify: _____

25. Can you deliver your Cardiac Rehabilitation program in a language other than English?
    - ☐ No – English only
    - ☐ Yes – other languages through provincial translation services
    - ☐ Yes – program delivered in another language (please list the languages offered): _____

26. Do you use an electronic solution to collect data on clinic activity?
   ☐ Yes
   ☐ No

27. What is the total annual volume (actual or approximate) of patient intakes completed in a given year by your Cardiac Rehabilitation program?

   _____

28. What is the total annual volume (actual or approximate) of patients served in a given year (including patients registered in remote/home-based, virtual and in-person - on-site exercise programs) by your Cardiac Rehabilitation program?

   _____

29. Is there currently a cost for the patient associated with participation in your Cardiac Rehabilitation program?
   ☐ No
   ☐ Yes (please specify total cost): _____

30. Upon completion of your program, what supports or services are available to participants? Please select all that apply.
   ☐ We run a maintenance program
   ☐ We are affiliated with community programs/centers that offer maintenance services
   ☐ No post-graduation supports, or services are available
   ☐ Other (please specify): _____