

*Evaluating the Implementation of PCOR to
Increase Referral, Enrollment, and Retention through
Automatic Referral to Cardiac Rehabilitation (CR) with Care Coordination*

Attachment G

Learning Community Survey

Version: January 8, 2020

1 Purpose of this tool

The survey will capture changes in Learning Community participant changes in knowledge gained from CRCP components studied or used by the Learning Community member hospitals, engagement regarding improving CR referral, and changes in their hospital's CR related activity. In particular, we are interested in, and ask questions related to, whether the hospitals adopted any initiatives, including automatic referral with care coordination, which have been found to increase CR referral rates.

2 Administration

The first
Commun
project m
complete
Registrat

Public reporting burden for this collection of information is estimated to average 15 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

virtual meetings. We will survey all the expected 250 participants. Our survey administration system will send an email to the Learning Community member hospitals with a link to the survey. The system can link survey responses from a single email address, enabling us to compare responses over time, should participants be chosen for both surveys.

Learning Community participants engage in TAKEheart voluntarily and may choose to engage in the Learning Community, rather than being a Partner Hospital, due to time constraints. We must assume they will be willing to share minimal time on this survey, which will last no more than 15 minutes.

3 Informed consent

The email invitation to perform the survey will include the informed consent, which is as follows.

This survey is part of an evaluation of the assistance given to selected hospitals to increase referrals to cardiac rehabilitation in a project known as TAKEheart. The assistance, and the evaluation, are funded by the Agency for Healthcare Research and Quality (AHRQ).

The TAKEheart Learning Community is a series of virtual meetings which combine education and peer-to-peer sharing. You were selected to participate in this survey because you have attended at least one of these virtual meetings in the last six months.

Your participation is voluntary. You may choose not to answer questions with no penalty. We will write a report for AHRQ that summarizes what we learned from the survey and other

sources. The report will be used to improve the resources which will be made available online for other hospitals to use.

The reports will not identify the hospitals or the people who answered the survey. However, there is a small chance that you could be recognized. We will be sure to keep the information that you share private.

If you have questions about the project, contact Cynthia Klein, TAKEheart Project Director, at 404-946-6310, or by email at Cynthia_Klein@abtassoc.com.

4 Data collection tool: Survey of Learning Community hospitals

Note: The following section will be formatted as a survey, in the survey administration system, for administration. Text in *italics* indicates instructions for creating the survey. Text in SMALL CAPS indicates instructions to the respondent.

4.1 Engagement in the Learning Community

How did you personally hear about TAKEheart? CHECK ALL THAT APPLY.

- AHA Website
- AHA Health Forum marketing email
- AHA Allied Associates
- Quality ListServe
- AHRQ Website
- AACVPR conference
- Twitter or other social media
- A colleague in *[your hospital]*
- A colleague in a different hospital
- Don't remember
- Other (PLEASE BE SURE NONE OF THE OTHER OPTIONS APPLY.): _____

4.2 Training

TAKEheart builds on the Cardiac Rehabilitation Change Package, which collected and curated best practices for improving cardiac rehabilitation rates. TAKEheart webinar trainings focus on those best practices. We would like to know which interested you, and how useful they were.

The webinars could have taken place any time since January 2020.

Did you attend any TAKEheart training sessions about...	<i>[If yes]</i> Overall, how informative were the training(s)?	<i>[If yes]</i> Did you share information about this approach with colleagues?	<i>[If yes]</i> Did <i>[your hospital]</i> implement this approach?
... the importance of cardiac rehabilitation, including a session called "Welcome to the	<i>Likert</i>	yes no no but discussing not yet but plan to	yes, completed yes, in process no no but discussing

TAKEheart Initiative and the Benefits of Increasing Cardiac Rehabilitation” DATE <i>yes/no/don't think so</i>			<i>not yet but plan to</i>
...creating an automatic referral system, including “Building and Implementing a Successful Automated CR Referral System” DATE or “This is harder than I Thought: Troubleshooting a CR Referral System” DATE <i>yes/no/don't think so</i>	<i>Likert</i>	<i>yes no no but discussing not yet but plan to</i>	<i>yes, completed yes, in process no no but discussing not yet but plan to</i>
...defining the Care Coordinator Role, Hiring Criteria, and Training and Integrating a Care Coordinator, DATE <i>yes/no/don't think so</i>	<i>Likert</i>	<i>yes no no but discussing not yet but plan to</i>	<i>yes, completed yes, in process no no, but discussing not yet but plan to</i>
... assessing your cardiac referral rate before implementing changes to improve it, including the session called “Collecting and using data to Improve CR Uptake and Effectiveness, on [DATE]?” <i>yes/no/don't think so</i>	<i>Likert</i>	<i>yes no no but discussing not yet but plan to</i>	<i>yes, completed yes, in process no no, but discussing not yet but plan to</i>
... assessing patient needs, including a session called “Accommodating Patient Needs, Improving CR Accessibility, Affordability, and Acceptability”, DATE or “Empowering Patients: Motivational Interviewing, Self-Management Support and Patient Follow Up”, DATE <i>yes/no/don't think so</i>	<i>Likert</i>	<i>yes no no but discussing not yet but plan to</i>	<i>yes, completed yes, in process no no, but discussing not yet but plan to</i>
... home-based care to make CR more available to patients, including the session called “Home based Cardiac Rehab Programs: What Works and Why?” DATE	<i>Likert</i>	<i>yes no no but discussing not yet but plan to</i>	<i>yes, completed yes, in process no no, but discussing not yet but plan to</i>

<i>yes/no/don't think so</i>			
... approaches to making CR more available to patients, such as extended hours or open gym models? <i>yes/no/don't think so</i>	<i>Likert</i>	yes no <i>no but discussing</i> <i>not yet but plan to</i>	yes, completed yes, in process no no, but discussing <i>not yet but plan to</i>
... approaches to making referrals more efficient, such as using group screening? <i>yes/no/don't think so</i>	<i>Likert</i>	yes no <i>no but discussing</i> <i>not yet but plan to</i>	yes, completed yes, in process no no, but discussing <i>not yet but plan to</i>
... helping prepare patients by calculating their expected out of pocket costs, identifying patients at high risk of noncompliance for financial reasons, or implementing ways to limit costs such as having a payment plan, or fewer sessions per week? <i>yes/no/don't think so</i>	<i>Likert</i>	yes no <i>no but discussing</i> <i>not yet but plan to</i>	yes, completed yes, in process no no, but discussing <i>not yet but plan to</i>
... engaging hospital leadership in improving cardiac rehabilitation rates, including sessions called "System Change: Foundations and Leadership" DATE	<i>Likert</i>	yes no <i>no but discussing</i> <i>not yet but plan to</i>	yes, completed yes, in process no no, but discussing <i>not yet but plan to</i>
... developing a business case for improving cardiac rehabilitation rates, including learning about billing codes?	<i>Likert</i>	yes no <i>no but discussing</i> <i>not yet but plan to</i>	yes, completed yes, in process no no, but discussing <i>not yet but plan to</i>
... engaging cardiologists in improving cardiac rehabilitation rates, including the session called "System Change: Implementation and Teamwork" DATE	<i>Likert</i>	yes no <i>no but discussing</i> <i>not yet but plan to</i>	yes, completed yes, in process no no, but discussing <i>not yet but plan to</i>
... working with cardiac rehabilitation facilities to implement a protocol for your patients' first visit?	<i>Likert</i>	yes no <i>no but discussing</i> <i>not yet but plan to</i>	yes, completed yes, in process no no, but discussing <i>not yet but plan to</i>
... monitoring cardiac rehabilitation rates on an ongoing basis, to assess performance?	<i>Likert</i>	yes no <i>no but discussing</i> <i>not yet but plan to</i>	yes, completed yes, in process no no, but discussing

			<i>not yet but plan to</i>
... integrating cardiac rehabilitation into quality measurement/performance management programs?	<i>Likert</i>	<i>yes</i> <i>no</i> <i>no but discussing</i> <i>not yet but plan to</i>	<i>yes, completed</i> <i>yes, in process</i> <i>no</i> <i>no, but discussing</i> <i>not yet but plan to</i>

4.3 Website use

TAKEheart has a website on which you can access current, evidence-based information about the value and lifesaving benefits of cardiac rehabilitation and access resources on referral, enrollment and retention to eligible populations.

[Screenshot of the home page]

Are you familiar with the website?

- I've used the website in the past, but not recently
- I've started using the website recently
- I've used the website occasionally over time
- I've used the website frequently over time
- I don't remember ever seeing the website *[Skip to the next section.]*

Have you used resources from the website, by downloading files? *y/n*

Have you shared information about the website with colleagues? *y/n*

4.4 Other staff participation

Which hospital staff other than you attended TAKEheart webinars or used the TAKEheart website, as far as you know? CHECK ALL THAT APPLY.

- Cardiologist
- Other medical doctor
- Other clinical staff (NP/PA/PT/OT/EP etc.)
- Chief Quality Officer or other Quality Improvement staff
- Information Technology/Informatics staff
- Hospital or health system management
- CR facility associated with hospital
- Media or public relations specialist
- Other (please be sure they don't fit one of the categories above): _____

4.5 CR programs

Has *[your hospital]* increased the number of CR programs it refers to? *y/n*

If yes Why did *[your hospital]* add CR programs? CHECK ALL THAT APPLY.

To accommodate higher referral rates

To accommodate larger cardiac patient volume

To offer patients open-gym model

To offer patients home-based CR

To offer patients CR during evenings or weekends

To offer patients CR more convenient to their home or work

Other (please be sure it doesn't fit one of the options above): _____