



2006 CCS Heart Failure Workshops Shaping the Future of Heart Failure Management in Canada Toronto International Heart Failure Summit- June 16th, 2006 Pre-Survey

Total Attendance ± : 70	Total Surveys: 41
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1. I have attended a previous CCS workshop on HF this year:

10% YES 90% NO

2. Primary specialty:

22%	Cardiology
22%	Internal Medicine
34%	Nursing
10%	Pharmacy
12%	Other: Industry, Research, Arrhythmia, Family practice

3. Years of graduation from that specialty:

17% <5 10% 6-10 31% 11-20 27% 21-30 15% 30

4. Years of practice in current specialty:

37% <5 15% 6-10 24% 11-20 12% 21-30 12% 30

5. Within cardiology, my practice environment is primarily:

55%	Community cardiology	7%	Academic cardiology
37%	Subspecialty cardiology	7%	Intervention
3%	Echocardiography/imaging	3%	Electrophysiology
7%	CHF/transplant	17%	Other: Research, Hospital/Clinic, aHF

6. As a non-MD my principal role with HF patients is to:

55%	Educate	0%	Phone
9%	Reduce hosp. LOS	23%	Reduce hosp. readm.
14%	Other (specify): Research and educate, direct patient care, provide support as a manager of clinics, nursing care		

7. In my practice, I care for patients with heart failure:

92% YES **8%** NO

8. How many Heart Failure patients do you see per week?

9% 0 **12%** 1-2 **35%** 3-4 **18%** 5-10 **12%** 10-20 **15%** >20

9. Which of the following guidelines have you read?

26%	CCS CHF 2006
19%	CCS CHF Update 2003
7%	CCS CHF Update 2001
5%	CCS CHF 1994
8%	Heart Failure Society of America 2006
5%	European Society of Cardiology 2005
22%	AHA/ACC guidelines update 2005
7%	AHA/ACC guidelines update 2001

10. Once I have read guidelines, I refer to them:

0% Never **12%** Rarely **61%** Occasionally **27%** Frequently

11. I use guidelines as:

21%	Primary source of new information
23%	Review of a subject I know well
13%	One time update of a subject
43%	Ongoing tool to evaluate my practice
0%	Other:

12. Do you use guidelines as a decision aid in patient management?

3% Never **8%** Rarely **47%** Occasionally **42%** Frequently

13. Guidelines provide me with:

47%	Primary document for the management of a disease
26%	Secondary document that allows me ready access to the key primary documents
21%	Tools to compare my practice with those of my peers
4%	Other: Education
2%	I do not use the guidelines.

14. If you do not use guidelines as your primary source of information to treat your patients, what do you use?

37.5%	Internet
0%	Colleagues' secondary document, which allows me ready access to the key primary documents
25%	Continuous Medical Education (CME)
12.5%	Textbooks
25%	Other: Cardiologists Association with HFC, MD

15. I have changed my practice based on information I have read in guidelines:

100% YES **0%** NO

16. I believe that we require unique Canadian cardiovascular guidelines to treat our patients:

74% YES **5%** NO **20%** Unsure

17. In general, I find guidelines in the management of CV disease to be:

57%	Very Useful
38%	Useful
5%	Occasionally useful
0%	Useless

18. In general, I find guidelines to be:

15%	Too detailed
79%	Just right
6%	Too superficial

19. I like the current format of CCS HF guidelines with clear recommendations followed by a brief overview of the evidence to support the recommendations:

100%	YES	0%	NO
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20. I am aware of the CCS process to establish Canadian guidelines in common cardiac conditions:

89%	YES	11%	NO
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21. I would like to provide input and feedback in the guideline process:

18%	YES	82%	NO
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22. How best can the CCS receive your feedback regarding guidelines as they are developed?

11%	Broader stakeholder input
48%	Online written feedback
41%	Release of "guidelines in process"
0%	Other: Local presentation too (i.e. Halifax, NS)

23. In my practice the area(s) of greatest difficulty regarding the treatment of heart failure is/are?

47%	Treating multi-system disease
16%	Treating with polypharmacy
22%	Resource limitation
12%	Access to expensive technologies (BiV/AICD)
2%	Other: all of the above and poor process for primary care

24. In future iterations of the CCS guidelines, the issues in heart failure I would like to see addressed are:

- **More on end of life recommendations and approaches, workshop on it**
- **How have centres adopted these and what are the outcomes**
- **“Diastolic”/CRT**
- **Elderly focus (Eldest>80-85) symptom relief**
- **Valvular heart disease**
- **BNP in labs**
- **More availability of slides**
- **More cardio-renal DM2 dilemmas**