



CCS Pre-Survey

Welcome to the CCS Shaping the Future of Heart Failure Management in Canada workshop initiative.

The CCS has made the creation and effective distribution of guidelines a major initiative to help meet the needs of the membership.

We would like to gather input regarding the new CCS CHF guidelines, and your feedback and understanding of the guideline process. Please take 5 minutes to complete this questionnaire. We will use your feedback in the delivery of further Heart Failure workshop sessions, as well as in constructing further consensus conferences.

As an incentive to encourage participation, we have numbered the surveys. Please record your number. We will draw one completed survey for a "\$100 Amazon.com gift certificate" at the completion of this session.

Thank you for your input into the CCS guideline initiative.

Total Attendance ± : 170	Total Surveys: 85
---------------------------------	--------------------------

1. Years of graduation from medical school

11%	<5	11%	6-10	32%	11-20	29%	21-30	16%	>30
-----	----	-----	------	-----	-------	-----	-------	-----	-----

2. Years of practice in current speciality

29%	<5	14%	6-10	30%	11-20	21%	21-30	6%	>30
-----	----	-----	------	-----	-------	-----	-------	----	-----

3. Primary speciality: **59% cardiology** **20% internal medicine**
22% other: Family Practice, ER, Nursing, Surgical Critical Care,

4. Within cardiology, I primarily practice:

47% Community cardiology
12% Academic cardiology
30% Subspecialty cardiology:
 11% Intervention **11%** Electrophysiology
 1% Echocardiography/imaging **7%** CHF/transplant
Other: CICU Nursing, Pharmacist CCU, ER Cardiology, CCU (in hospital), Pacemakers, Practice Research, Nursing Masters, Education

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

98% Yes **2%** No

6. In the last month, how many NEW referrals for heart failure have you seen?

8% 0 **10%** 1-2 **24%** 3 - 4 **35%** 5 - 10 **15%** 10-20 **8%** > 20

7. In the last month, how often have you seen a patient with heart failure?

At least:

58% one / day
26% one / every other day
10% one / week
6% one / month

8. Which of the following guidelines have you read?

14% CCS CHF 2006
26% CCS CHF Update 2003
12% CCS CHF Update 2001
0% CCS CHF 1994
5% Heart Failure Society of America 2006
7% European Society of Cardiology 2005
30% AHA / ACC guidelines update 2005
9% AHA / ACC guidelines update 2001

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

12% Never **18%** Rarely **51%** Occasionally **19%** Frequently

10. I use guidelines as:

20% primary source of new information
41% review of a subject I know well
13% one time update of a subject
24% ongoing tool to evaluate my practice
2% other: Workshops, conferences, helping to teach residents,

11. Guidelines provide me with:

28% primary document for the management of a disease
35% secondary document, which allows me, ready access to the key primary documents
29% tool to compare my practice with those of my peers
5% other: Teaching tool, reference,
3% I do not use guidelines

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

81% Yes **19%** No

13. I believe that we require unique Canadian cardiovascular guidelines to guide practice in Canada

65% Yes **21%** No **14%** Unsure

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

- 34% Very useful
- 55% Useful
- 10% Occasionally useful
- 1% Useless

15. In general, I find guidelines to be:

- 37% Too detailed
- 56% Just right
- 7% Too superficial

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

- 96% Yes
- 4% No

17. I am aware of the CCS process to establish Canadian guidelines in common cardiac conditions

- 75% Yes
- 25% No

18. I would like to provide input and feedback in the guideline process

- 44% Yes
- 56% No

19. How best can the CCS receive your feedback regarding guidelines as they are developed?

- 14% Broader stakeholder input
- 53% On line written feedback
- 29% Release of "guidelines in process"
- 4% Other:
 - Make them relevant to family doctors who treat a lot of CHF patients
 - Make input anonymous
 - Consultation with other specialty organizations
 - Directed random mailings/invitation to respond

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

- 40% Treating multi-system disease
- 28% Treating with polypharmacy
- 18% Resource limitation
- 14% Access to expensive technologies (BiV / AICD)
- 0% Other:
 - Time constraints
 - Limited access to cardiologists
 - Some MDs don't follow Canadian guidelines
 - Limited amount of research
 - Not enough echo techs- can only get 1-2 MUGAs/week.
 - Severe heart failure/renal disease coexistent

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

- Compliance, issues specific to Canadians and the Canadian Health Care System
- Drugs in Heart Failure
- Patient adherence modules for chronic CHF
- Prevention models, predictive models/ CISR calculator but with Canadian units (metric)
- Diagnostic dysfunction, surgical treatment or CHF
- More detail on CRT/surgical therapy for advanced HF/viability assessment
- Patient handouts for patient unable to access heart failure clinic
- Dose adjustments- elderly, renal failure
- Evidence to support fluid restrictions in all CHF patients (as opposed to Na⁺ restrictions)
- Use of AICD/ Biventricular Pacing
- Diastolic Failure
- Cardiac MRI can help with the identification of the cause of heart failure- that should be introduced as a diagnostic tool.
- How to make Heart Failure clinics available in small communities
- Never miss the palliation piece
- Future therapies: ICD, Biventricular, stem cells
- CRT-P/CRT-D indications
- Pregnancy and heart failure
- Computerized patient chart
- RV pacing- CHF, Arrhythmia CHF
- As with all guidelines, not broad enough diffusion and promotion. Guidelines need to be simple with the opportunity to differ the source behind them- ideally harmonized internationally and nationally (e.g. CHF with DM, HT, COPD, etc, etc) A large task no doubt, but crucial if guidelines are to be known, used, etc.
- Good points: available online, pocket cards, downloadable
- CHF education
- The use of nesiritide for HF when it becomes available