

Survey of Specialist Palliative Care and Heart Failure

The findings of this survey will contribute to improving future collaboration between Palliative care and Heart failure services. It will take 5-10 minutes to complete. The results will be collated and anonymised. Thank you for your time.

1. What is your role within your specialist palliative team?

<input type="radio"/> Consultant	<input type="radio"/> Specialist registrar
<input type="radio"/> Clinical Nurse Specialist	<input type="radio"/> Clinical Lead
<input type="radio"/> Other (please specify)	

2. Where are you based?

<input type="radio"/> Hospice	<input type="radio"/> Community
<input type="radio"/> Hospital	<input type="radio"/> Other (please specify)

3. Within which geographical region are you based?

<input type="radio"/> Northern	<input type="radio"/> Yorkshire and Humber	<input type="radio"/> North Western	<input type="radio"/> Mersey
<input type="radio"/> East Midlands	<input type="radio"/> West Midlands	<input type="radio"/> East of England	<input type="radio"/> Oxford
<input type="radio"/> Severn	<input type="radio"/> London	<input type="radio"/> Kent Surrey and Sussex	<input type="radio"/> Wessex
<input type="radio"/> South West Peninsula	<input type="radio"/> Wales	<input type="radio"/> North Scotland	<input type="radio"/> East Scotland
<input type="radio"/> West Scotland	<input type="radio"/> South east Scotland	<input type="radio"/> Northern Ireland	

4. What services do you offer? (tick all that apply)

<input type="checkbox"/> Specialist palliative care inpatient	<input type="checkbox"/> Specialist palliative care community / homecare	<input type="checkbox"/> Specialist palliative care day hospice
<input type="checkbox"/> Hospital Inpatient	<input type="checkbox"/> Hospital outpatient	

5. Do you offer a service to non-cancer patients?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
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6. Do you offer Specialist Palliative Care services to heart failure patients?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
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7. Do you believe Specialist Palliative Care services have a role in severe/end stage heart failure patients?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure
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7 a. If yes, in your view, when is the most appropriate time for referral?
(tick all that apply)

<input type="checkbox"/> initial diagnosis	<input type="checkbox"/> deterioration in symptoms	<input type="checkbox"/> consideration of advanced heart failure management (eg. implantable devices, transplants etc)
<input type="checkbox"/> recurrent hospital admissions	<input type="checkbox"/> end-stage/end-of-life	

7 b. If no, why not? (tick all that apply)

<input type="checkbox"/> lack of resources	<input type="checkbox"/> lack of beds (including respite bed facilities)	<input type="checkbox"/> implications for staff training
<input type="checkbox"/> organisational decision	<input type="checkbox"/> lack of expertise	<input type="checkbox"/> none/few referred (by cardiology or GP)
<input type="checkbox"/> cardiac professionals can do this	<input type="checkbox"/> Unable to give IV therapy (please state reason in free text box)	<input type="checkbox"/> any other reasons (free text)

8. How many referrals have you received in the last year where heart failure was the main diagnosis?

<input type="checkbox"/> 0-10	<input type="checkbox"/> 11-25	<input type="checkbox"/> 26-50	<input type="checkbox"/> >51
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9. How many patients in total are currently under your Specialist Palliative Care services?

<input type="checkbox"/> Hospice inpatient	<input type="checkbox"/> Community	<input type="checkbox"/> Day Care	<input type="checkbox"/> Hospital outpatient	<input type="checkbox"/> Hospital inpatient
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10. How many patients, with heart failure as the main diagnosis, are currently under the care of your Specialist Palliative Care services, if any?

<input type="checkbox"/> Hospice inpatient	<input type="checkbox"/> Community	<input type="checkbox"/> Day Care	<input type="checkbox"/> Hospital outpatient	<input type="checkbox"/> Hospital inpatient
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11. Does your service have specific referral criteria for heart failure patients?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
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11 a. If yes, what are they?

<input type="radio"/> recurrent hospital admissions with decompensated heart failure	<input type="radio"/> inappropriateness of further hospital admission
<input type="radio"/> severity of heart failure	<input type="radio"/> other (please specify)

12. Do you have specific treatment guidelines for managing heart failure?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
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12 a. If so, what are they? (tick all that apply)

<input type="radio"/> end-of-life pathways	<input type="radio"/> breathlessness management pathways
<input type="radio"/> symptom control guidelines	<input type="radio"/> other (please specify)

13. Do you have local collaborative care between yourselves and your local heart failure services (including community and hospital based care)?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
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13 a. If so, what?

<input type="radio"/> mutual education	<input type="radio"/> joint working
<input type="radio"/> steering/working groups	<input type="radio"/> MDT meetings
other (please specify)	

14. Have you ever experienced problems with deactivating an ICD in a terminal patient?

<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> If yes, Please elaborate	

15. In your experience, how often have ICD deactivation and discussions surrounding end-of-life care eg. "Do Not Resuscitate" decision making, been discussed/addressed, prior to referral to SPC services?

<input type="radio"/> mostly	<input type="radio"/> sometimes
<input type="radio"/> rarely	<input type="radio"/> never

16. Any other comments?

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Thank you for your time.