

## Survey: Investigation of Criteria used in Participant Selection of Pulmonary Rehabilitation Programs in Australia

This survey is intended for people who co-ordinate a pulmonary rehabilitation program within Australia. Please only answer one completed survey per program.

1. Which State or Territory is your program located?

Please tick box:      QLD       NSW       VIC       SA   
                                  WA       TAS       ACT       NT

2. Where is your program location?

Please tick as many boxes as required:

                                 Metropolitan       Regional       Rural

3. Where is your program based?

Please tick box:      Hospital – outpatient based   
                                  Hospital – inpatient based   
                                  Community- based   
                                  Home- based

4. How many years has your program been running?

Years

5. How many courses were completed by your program in the last twelve months?

Courses

If your program is a continuous or rolling program, please tick this box

6. How many people were <b>enrolled or booked</b> into your pulmonary rehabilitation program in the last twelve months?	<input type="text"/> People
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7. If someone was referred to your pulmonary rehabilitation program today, how many weeks would they have to wait to attend a program?	<input type="text"/> Weeks
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8. If your program has no waiting list please tick this box  **and Go to Q10**

9. If your pulmonary rehabilitation program has a waiting list, how many people are currently waiting to attend?	<input type="text"/> People
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10. Does your program prioritise referrals to the program? Yes  No   
If ticked Yes, please could you indicate what criteria are used for this prioritisation. Please tick as many boxes as required:

Requirements prior to surgery or medical procedure

Due to severity of individual's condition

Due to a medical practitioner's request

Particular individuals are more likely to benefit from pulmonary rehabilitation

Other <input type="checkbox"/>	Please specify: <input type="text"/>
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11. Who does your pulmonary rehabilitation program accept referrals from? Please tick as many boxes as required:	
<input type="checkbox"/> General Practitioners	<input type="checkbox"/> Medical Specialists
<input type="checkbox"/> Respiratory Nurses	<input type="checkbox"/> Community Nurses
<input type="checkbox"/> Physiotherapists	<input type="checkbox"/> Other Allied Health Professionals
<input type="checkbox"/> Emergency Department	<input type="checkbox"/> Self-referral
Other <input type="checkbox"/> Please Specify:	

12. Does your pulmonary rehabilitation program accept all people referred with respiratory disease or are there some entry or exclusion criteria? Please tick one box:
<input type="checkbox"/> Program accepts all people referred with a respiratory disease => <b>Thank you for your help in completing the survey.</b>
<input type="checkbox"/> There is some selection process or entry criteria used => <b>Please answer Q13-17</b>

**Question 13 to 17 – Please go to next page.**

13. If there is some selection process or entry criteria used in your pulmonary rehabilitation program, could you indicate the purpose of this selection process.

Please tick as many boxes as required:

To manage the high demand on the program

To manage the waiting list of the program

To manage safety risks to individual participants

To select individuals who are more likely to benefit from pulmonary rehabilitation

To increase participation by selecting individuals least likely to drop out of pulmonary rehabilitation

Other

Please specify:

14. If there is some selection process or entry criteria used in your pulmonary rehabilitation program, who manages this selection process?

Please tick as many boxes as required:

Physiotherapist

Respiratory Nurse

Respiratory Physician

Other Medical Specialist

General Practitioner

Other Allied Health Professional

Other  Please specify:

15. If there is some selection process or entry criteria used in your pulmonary rehabilitation program, how does this occur?

Please tick box:

<input type="checkbox"/> From the written referral	<input type="checkbox"/> From a telephone contact
<input type="checkbox"/> Pre-program screening clinic	<input type="checkbox"/> At the start of the program
Other <input type="checkbox"/> Please specify:	

16. If there is some exclusion criteria used in your pulmonary rehabilitation program, could you indicate what is used?

a. Unstable heart disease: Yes  No

If ticked Yes, please specify (eg participants are not accepted if they have had a recent myocardial infarction):

b. Severe cognitive and/or psychological impairment: Yes  No

If ticked Yes, please specify (eg participants are not accepted if they have severe dementia):

c. Relevant infectious disease: Yes  No

If ticked Yes, please specify (eg participants are not accepted if they are colonised with MRSA):

d. Musculoskeletal disorder : Yes  No

If ticked Yes, please specify (eg severe osteoarthritis):

e. Smoking Status: Yes  No

If ticked Yes, please specify (eg current smokers are not accepted into the program):

17. If there is some entry criteria used in your pulmonary rehabilitation program, could you indicate what is used?

a. Lung Function: Yes  No

If ticked Yes, please specify (eg participants are only accepted with a FEV<sub>1</sub> less than 50%):

b. Dyspnea Level: Yes  No

If ticked Yes, please specify (eg participant are only accepted with a MRC dyspnea scale  $\geq$  3):

c. Walking Ability: Yes  No

If ticked Yes, please specify (eg if a participant six minute walk distance >500m the participant is not enrolled):

d. Muscle Strength: Yes  No

If ticked Yes, please specify what measure is used:

e. Other Criteria Yes  No

If ticked Yes, please specify (eg Program only accepts Indigenous Australians):

Thank you for your time in completing the survey

Please return to:

Mr James Walsh c/o Physiotherapy Department, The Prince Charles Hospital, Rode Road, Chermside, QLD 4032

Or via email: james\_walsh@health.qld.gov.au