

WHAT ARE THE CHARACTERISTICS OF YOUR PULMONARY REHABILITATION PROGRAM?

Thank you for taking the time to complete this survey. This survey asks questions about Pulmonary Rehabilitation (PR) and inpatient care for patients with COPD. Unless otherwise noted, we would like you to think about how PR services were delivered before COVID-19. At the end of the survey, we will ask about the changes your program experienced due to COVID-19.

- 1 Often PR programs are affiliated with a hospital, sharing similar names, administrators, medical record systems, and/or budgets. Is your program affiliated with a hospital(s)?

- ☐ Yes
☐ No
☐ Unsure

- 1a If yes, what hospital(s)?
-

- 2 Where is outpatient PR offered by your hospital(s)?

Check all that apply.

- ☐ In the hospital
☐ On the hospital campus
☐ Separate from the hospital and not on campus

2a	If it is separate from the hospital and campus, is this gym located in the same building or adjacent to pulmonary care (e.g. in the same building as outpatient pulmonary clinic)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
3	Prior to the pandemic, did your gym/program share its program space with one or more other hospital programs? Check all that apply.	<input type="checkbox"/> Yes, with Cardiac Rehab <input type="checkbox"/> Yes, with Physical Therapy <input type="checkbox"/> Yes, with some other program <input type="checkbox"/> No, it has dedicated space; does not share with another program <input type="checkbox"/> Unsure
3a	Other Program Name:	_____
4	Prior to the pandemic, did your program share administrative or clinical staff with one or more other hospital programs? Check all that apply.	<input type="checkbox"/> Yes, with Cardiac Rehab <input type="checkbox"/> Yes, with Physical Therapy <input type="checkbox"/> Yes, with some other program <input type="checkbox"/> No <input type="checkbox"/> Unsure
4a	Other Program Name:	_____
5	Prior to the pandemic, when did you offer in-person, outpatient PR classes (Phase II)? Check all that apply.	<input type="checkbox"/> Weekday Mornings (class starts before 9am) <input type="checkbox"/> Weekdays (class starts between 9am and 5pm) <input type="checkbox"/> Weekday Evenings (class starts at or after 5pm) <input type="checkbox"/> Weekend (any start time) <input type="checkbox"/> Unsure
6	Does your affiliated hospital perform lung transplants?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
7	Prior to the pandemic, how did your program enroll new patients? Check all that apply.	<input type="checkbox"/> Patients were enrolled as a group and were expected to progress through the program together (i.e., as a cohort) <input type="checkbox"/> Patients were enrolled individually, on a rolling basis (i.e., individually as spots became available) <input type="checkbox"/> Other <input type="checkbox"/> Unsure
7a	If other was selected, describe how new patients were enrolled.	_____
8	Prior to the pandemic, about how long would a typical patient wait from the point of referral to their first session of PR?	<input type="radio"/> Less than 2 weeks <input type="radio"/> 2 to 4 weeks <input type="radio"/> 5 to 8 weeks <input type="radio"/> More than 8 weeks <input type="radio"/> Unsure
9	Prior to the pandemic, were active smokers allowed to enroll in PR?	<input type="radio"/> Yes, smoking status is never a reason for exclusion <input type="radio"/> Yes, with conditions (e.g. committed to quitting, depends on insurance) <input type="radio"/> No, all PR participants must have quit smoking <input type="radio"/> Unsure

- 10 Prior to the pandemic, who, if anyone on your clinical staff, worked in both the outpatient PR program and on the floors in the hospital?

Check all that apply.

- ☐ Medical Director
- ☐ Nurse
- ☐ Physical therapist
- ☐ Respiratory Therapist
- ☐ Exercise Physiologist
- ☐ Navigator
- ☐ Social Worker
- ☐ Other
- ☐ No one on our staff worked in both the outpatient PR program and on the floors in the hospital
- ☐ Unsure

- 10a Name other staff:

- 11 Prior to the pandemic, would you have said that there was someone who was a champion for PR in your hospital or program?

A champion is someone who actively supports pulmonary rehabilitation, promotes the program to hospital physicians, administrators, and hospital staff, and helps overcome barriers to program improvement.

- ☐ Yes, we had someone who was a PR champion
- ☐ No, we did not have a PR champion
- ☐ Unsure

- 11a If yes, what was that person's role or title?

- ☐ Medical Director
- ☐ Pulmonologist (not Medical Director)
- ☐ Nurse
- ☐ Physical Therapist
- ☐ Respiratory Therapist
- ☐ Navigator
- ☐ Social Worker
- ☐ Other

- 11b If other, what was that person's role or title?

You may use the previous and next buttons to navigate the pages of this survey. You are free to leave any question blank or return to answer a previous question.

HOW DOES PR FIT INTO INPATIENT COPD CARE?

When answering the following questions, please think about how services were delivered before COVID-19 forced changes. Also, if there are multiple hospitals affiliated with your PR program(s) please think of the practices at the largest hospital when answering these questions.

- 12 Prior to the pandemic, did your hospital engage in quality improvement projects to improve the outcomes for patients with COPD? ☐ Yes
☐ No
☐ Unsure
-
- 12a If yes, did any of these improvement projects focus on increasing enrollment in Pulmonary Rehabilitation after hospital discharge? ☐ Yes
☐ No
☐ Unsure
-
- 12b If yes, please describe: _____
-
- 13 Prior to the pandemic, did your hospital use a systematic process to identify patients admitted with COPD as part of a quality improvement effort and/or effort to reduce readmissions? ☐ Yes
☐ No
☐ Unsure
-
- 13a If yes, please briefly describe that process: _____
-
- 14 Prior to the pandemic, did your hospital have a unit to which most COPD patients were admitted and cared for, such as respiratory unit? ☐ Yes
☐ No
☐ Unsure
-
- 15 Prior to the pandemic, which, if any, reminders did your hospital use to promote the use of evidence-based therapies in the treatment of COPD patients.
Check all that apply.
- ☐ Computerized pop-ups/decision support/best practice alerts
☐ Order sets/care sets
☐ Chart review by quality assurance specialists during inpatient stay
☐ Pharmacist reminders
☐ Physician emails
☐ Other
☐ Unsure
-
- 15a Please describe other reminders: _____
-
- 16 Prior to the pandemic, did your hospital have COPD-focused staff (e.g. navigators, pulmonary nurses, or other non-physician providers) who met with COPD patients face-to-face while hospitalized to discuss self-management, COPD education, or discharge planning? ☐ Yes
☐ No
☐ Unsure
-
- 16a If yes, what was this staff persons title: ☐ Navigator
☐ Pulmonary Nurse
☐ PR Liaison
☐ Other
-
- 16a1 If other was selected, what was this person's title? _____
-

-
- 16b How often did this provider discuss pulmonary rehabilitation?
- ☐ Always
☐ Sometimes
☐ Rarely
☐ Never
☐ Unsure
-
- 17 Prior to the pandemic, how often were follow-up appointments with a pulmonologist or advanced practitioner or nurse from a pulmonary practice scheduled for a COPD patient prior to discharge?
- ☐ Always
☐ Sometimes
☐ Rarely
☐ Never
☐ Unsure
-
- 18 Prior to the pandemic, what was your hospital's preferred timing for an initial follow-up appointment with a provider who can manage a patient's COPD after discharge?
- ☐ Within 3 days
☐ Within 7 days
☐ Within 14 days
☐ Within 30 days
☐ Unsure
-
- 19 Prior to the pandemic, was there an automated referral to a pulmonologist or advanced practitioner or nurse from a pulmonary practice for patients hospitalized for a COPD exacerbation?
- ☐ Yes
☐ No
☐ Unsure
-
- 20 Prior to the pandemic, how often were COPD patients evaluated for PR eligibility while in the hospital?
- ☐ Always
☐ Sometimes
☐ Rarely
☐ Never
☐ Unsure
-
- 21 Prior to the pandemic, who in the hospital could initiate a referral to PR?
- Check all that apply.
- ☐ Physician
☐ Advanced practitioner (NP, PA)
☐ Nurse
☐ Exercise physiologist
☐ Physical therapist
☐ Respiratory therapist
☐ Other
-
- 21a If other was selected, please specify:
- _____
-
- 22 Thinking about the CMS / Medicare Hospital Readmission Reduction Program (HRPP) and incentives to reduce readmissions for patients hospitalized with COPD, has your hospital put in place strategies aimed at reducing COPD readmissions?
- ☐ Yes
☐ No
☐ Unsure
-
- 22a If yes, what strategies?
- Check all that apply.
- ☐ Follow-up/post discharge phone calls/text messages
☐ Post discharge clinic
☐ Transitional support from a case manager/navigator
☐ Support from community health worker
☐ Referral to PR
☐ Other
-
- 22a If other, please specify:
- _____

WHAT STRATEGIES ARE IN PLACE TO INCREASE ENROLLMENT IN PR?

When answering the following questions, please think about how PR services were delivered before COVID-19.

- 23 We know that patients' lack of knowledge of PR is sometimes a barrier to PR enrollment. The following are sometimes used to address lack of knowledge of PR.

Mark whether each strategy was in place at your hospital or program prior to the pandemic.

	In Place	Not In Place	Unsure
Tours of the PR facility were offered to patients hospitalized with COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedside education about PR with a staff member familiar with PR was given to patients hospitalized with COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flyers about PR were distributed to patients hospitalized with COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PR staff engaged in community outreach activities (e.g. visiting senior centers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotional materials (e.g. mailings to patients, or videos in hospital rooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 23a If other strategy was in place, please specify.

- 24 We know that lack of motivation is sometimes a barrier to patients enrolling in PR. The following are sometimes used to increase motivation.

Mark whether each strategy was in place at your hospital or program prior to the pandemic.

	In Place	Not In Place	Unsure
We offered peer-support or peer navigator program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A health coach or other provider used motivational interviewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We distributed promotional SWAG (e.g. Travel mugs, t-shirts/sweatshirts etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 24a If other strategy was in place, please specify.

- 25 We know that transportation can be a barrier for some patients enrolling in PR. The following are sometimes used to address transportation barriers to enrolling.

Mark whether each strategy was in place at your hospital or program prior to the pandemic.

	In Place	Not In Place	Unsure
We offered patients rides or vouchers through a ride sharing program (e.g. Uber or Lyft)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We provided free parking or parking vouchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We facilitated rides from patients' homes to PR with local non-profit or public transit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We offered transportation in a vehicle provided by the hospital or PR program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We offered telerehab options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 25a If other strategy was in place, please specify:

- 26 We know that cost is sometimes a barrier to patients enrolling in PR. The following are sometimes used to address cost related barriers.

Mark whether each strategy was in place at your hospital or program prior to the pandemic.

	In Place	Not In Place	Unsure
We provided payments plans to make the program more affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We provided financial counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We provide financial incentive for participation or completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 26a If other strategy was in place, please specify.

- 27 At the organizational level we know that clinician knowledge of PR is sometimes a barrier to referring patients to PR. The following are sometimes used to address barriers to enrolling.

Mark whether each strategy was in place at your hospital or program prior to the pandemic.

	In Place	Not In Place	Unsure
We conducted outreach visits and meetings to educate referral sources (e.g. Hospitalists and Primary Care Providers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providers received personalized reports on their PR referral rates and how they compared to others (i.e. audit-and-feedback)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We developed and distributed educational materials on PR to inpatient providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We identified and prepared people to serve as PR champions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27a If other strategy was in place, please specify.

28 At the organizational level we know that administrative burden is sometimes a barrier for providers referring patients to PR. The following are sometimes used to address barriers to enrolling.

Mark whether each strategy was in place at your hospital or program prior to the pandemic.

	In Place	Not In Place	Unsure
Electronic reminders (e.g. Computerized pop-ups/decision support/best practice alerts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Automated referral to PR for patients hospitalized with COPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Order set for patients with COPD that includes referral to PR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28a If other strategy was in place, please specify.

29 What actions could hospitals and PR programs, such as yours, take to increase the number of patients enrolled in PR after a hospitalization for an exacerbation of COPD?

30 What resources or changes would need to be in place to make these actions possible?

HOW HAS COVID CHANGED YOUR PR PROGRAM? Please reflect on the current status of your program.

- 31 Are you currently offering PR in-person for patients with COPD? ☐ Yes
☐ No
☐ Unsure
-
- 31a If yes, what changes, if any have you made?
Check all that apply. ☐ Fewer patients per session
☐ Fewer sessions
☐ A mix of in-person and remote sessions
☐ Unsure
☐ Other
-
- 31a If other changes were made, please specify:

-
- 32 Are you currently offering telerehab or remote PR? ☐ Yes
☐ No
☐ Unsure
-
- 33 Today, when do you offer in-person PR classes (Phase II)?
Check all that apply. ☐ Weekday Mornings (class starts before 9am)
☐ Weekdays (class starts between 9am and 5pm)
☐ Weekday Evenings (class starts at or after 5pm)
☐ Weekend (any start time)
☐ Unsure
-
- 34 What changes, if any, have you made during the pandemic, that you intend to continue?

TELL US ABOUT YOURSELF

- 35 Which of the following best describes your role(s)?
This may not be your exact title.
- ☐ Manager/director of pulmonary rehabilitation
☐ Nursing manager/director for inpatient pulmonology
☐ Medical director, pulmonary rehabilitation
☐ Medical director, inpatient pulmonology
☐ Pulmonary rehabilitation staff member
☐ Other
-
- 35a If other was selected, please describe your role:
- _____
-
- 36 What best describes your professional background or training?
- ☐ Physician
☐ Advanced practitioner (NP, PA)
☐ Nurse
☐ Exercise physiologist
☐ Physical therapist
☐ Respiratory therapist
☐ Other
-
- 36a Other (please specify):
- _____
-
- 37 How long have you been in your current position at this facility? (Please give answer in years)
- _____

As part of our study progress reports to the NIH, we must report the gender, ethnicity, and race of survey respondents. These responses will be reported in aggregate.

38 What terms best express how you describe your gender identity?

Check all that apply.

- ☐ Man
- ☐ Woman
- ☐ Non-binary
- ☐ Transgender
- ☐ Other
- ☐ Prefer not to answer

If other, please describe:

39 Which category describes you?

- ☐ Hispanic/Latino
- ☐ NOT Hispanic/Latino
- ☐ Prefer not to answer

Which categories describe you? Select all that apply.

Note, you may select more than one group.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other
- ☐ Prefer not to answer

If other, please describe: