

PROVIDER ATTITUDES TOWARD CARDIAC REHABILITATION & REFERRAL SCALE (PACRR) – REVISED

Please indicate how much you agree or disagree with the following statements regarding cardiac rehabilitation (CR):

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. Clinical practice guidelines promote referral to CR*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There is not enough CR capacity locally to treat my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My department/practice generally refers all eligible patients to CR as a standard of care* (e.g., automatic referral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Reimbursement policies are a financial disincentive to CR referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow-up care, including referral, is handled by another healthcare professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I generally intend to refer my patients to CR*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am not familiar with what care patients receive in the local CR program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am not sure if our local program(s) offers home-based services, and/or I am not familiar with the CR programs outside my geographic area where some of my patients reside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. There is no standard referral process for CR, so it is too much effort to refer to programs closest to patients' homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. A nurse, allied health professional or other staff person supports my patients' referral on my behalf*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. It is inconvenient to refer my patients to CR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I prefer to manage my patients' secondary prevention myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. We provide patient education that is sufficient for promoting secondary prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I can prescribe an exercise regimen for my patients myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I don't want to spend my time referring, as my patients are not motivated to go or to exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am skeptical about the benefits of CR for my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The available CR program is of poor quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V2; For scoring see: <https://sgrace.info.yorku.ca/cr-barriers-scale/pacrr/>

Citation: Ghisi, G.L.M., & Grace, S.L. (2019). Validation of the Provider Attitudes toward Cardiac Rehabilitation & Referral (PACRR) scale. *Heart, Lung & Circulation*;28(8):1218-1224.

PROVIDER ATTITUDES TOWARD CARDIAC REHABILITATION & REFERRAL SCALE (PACRR) – REVISED

18. I have had a bad experience with a CR program (e.g., wait list too long, patient reported dislike, did not receive discharge summary, patient had adverse event, program changed medications)

19. Patients have too many barriers to attend CR (e.g., can't pay for, distance, time conflicts), so there is no point in referring them

20. I often have concerns about safety or risk in CR related to my patient's clinical status

*Reverse-scored items.
n/a = not applicable.

21. Are there any other factors that affect your referral of patients to cardiac rehabilitation?
