Market Research Report
Pulmonary Rehabilitation Survey
July 2007

Prepared for:
The Australian Lung Foundation
PO Box 847
Lutwyche QLD 4030
Executive Summary

- A total of 137 pulmonary rehabilitation coordinators (PRCs) completed the questionnaire on their pulmonary rehabilitation programs in May/June 2007 for The Australian Lung Foundation (the ALF). In most of these cases (96%) a pulmonary rehabilitation is in existence at the time of completing the questionnaire. This is across all states and territories and in both metropolitan and rural areas.

Aspects of programs

- ‘Continuous/rolling’ programs account for 27% of cases where programs are run, and ‘individual classes’ for 2%. The other main groupings are:
  - 21% of PRCs indicate they run five programs per year
  - around one in ten PRCs indicate they run two, three and five program per year.
  - Twenty-two in metropolitan areas compared to 12 programs in rural areas are run on a ‘continuous/rolling’ basis.

- In two-thirds of cases patients, attend programs ‘two times per week’. The national average shows patients are attending programs 1.8 times per week, and there are 8.4 patients in each program. On average, programs run for 9 weeks.
  - Over one in two (57%) PRCs indicate the length of a program is ‘8 weeks’.
  - The average length of program is significantly longer in New South Wales than Victoria (10 weeks compared to 8.3 weeks respectively) and in rural than metropolitan areas (9.6 weeks compared to 8.4 weeks respectively).

- Referrals to pulmonary rehabilitation programs are highest from specialists on average, followed by primary care referrals. Around one in ten PRCs indicate ‘self-referrals’ and ‘other’ referral methods for entering programs.

- Patients are subject to entry criteria in just over one in two cases (55%). Mostly ‘diagnosis’ is considered, and one in three PRCs indicate the ‘severity of COPD’ is taken into consideration. In some cases, both types of entry criteria are taken into account.

- Nationally, 13.5 patients on average are currently on a waiting list for a pulmonary rehabilitation program.
There can be a long waiting time beyond the start of the next available program in some cases, with just over one in two (51%) PRCs in total indicating patients are waiting more than four weeks beyond the start of the next program.
- On a national basis, patients are waiting 5.9 weeks on average beyond the start of the next available program.
- The waiting time on this basis is significantly lower in Victoria than New South Wales (3.7 weeks compared to 6 weeks respectively).

Challenges/barriers

Just over one in two (52%) PRCs feel there are a variety of challenges in keeping programs running. This group represents programs in all states and territories. The main three challenges are considered to be:
- patient transport, by 56% of this group
- patient drop-out, by 51%
- ongoing funding, by 47%.

While the majority of funding is from ‘within existing hospital’ or the ‘state’, a variety of other types of funding are relied on to support programs. In some cases, a mix of funding keeps programs running.

Overall, most (96%) PRCs feel that there are patients who could benefit from pulmonary rehabilitation who are not accessing it. This group represents all states and territories. The main barriers (from highest to lowest) are considered to be:
- lack of awareness by primary care, by 74% of this group
  - nominated by more in rural than metropolitan areas
- transport difficulties, by 65%
  - nominated by more in metropolitan than rural areas
- lack of acceptance by patients, by 52%
- lack of awareness by specialists, by 40%
- lack of funding, by 38%
- lack of parking, by 37%.
**Maintenance**

- Eighty-two percent of PRCs where a program is available indicate they refer patients to maintenance following pulmonary rehabilitation.
  - ‘Community based’ maintenance programs account for two-thirds, followed by maintenance programs as ‘part of hospital service’ (44%). Maintenance programs are also conducted at the gym and home.
- The main two reasons why patients are not referred to maintenance are because there is no program available or there is no additional funding for this type of program.

**Support groups**

- The majority of just over three in five (62%) of PRCs refer patients to a local support group. The main two reasons why patients are not being referred is because ‘there is no support group close to us’ or the PRC ‘doesn’t know about available support groups’.
- Twenty-seven percent of PRCs are interested in starting a support group.

**Information sources and the ALF**

- The majority of PRCs do currently provide information to patients about support available through the ALF in various ways. This group is across all states and territories. The main ways information is presented is: during a lecture, using a flyer, or informally.
- If supplied by the ALF, there is support in providing all information sources asked about from the majority of PRCs. PRCs consider these information sources would help promote their program:
  - GP posters by 76%, and hospital posters by 74%
  - letters/information to primary care by 69%, and letters/information to specialists by 62%
  - media campaigns by 3%, and ‘other’ by 11%.
  - 4% indicated there are ‘no other needs’.
  - ‘Other’ sources are outlined in this report.
REPORT
Pulmonary Rehabilitation Survey

Prepared for:

*The Australian Lung Foundation*

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1. Introduction

The ALF wished to undertake a survey about pulmonary rehabilitation programs around Australia.

The questionnaire for this survey was primarily developed by the ALF, with some input from Stollznow Research. Stollznow Research programmed an online version of the questionnaire.

PRCs were invited to complete the questionnaire by email sent out by the ALF, or emailed a document to self-complete in hard copy. Stollznow Research did not have access to the list of those who were invited to participate.

The ALF administered responses and conducted a follow up by phone with those who had not yet completed a questionnaire about a week following the launch date. Some of these questionnaires were completed at the time of the phone call with PRCs. Online data entry of responses was completed by internally appointed ALF staff.

In total, 137 questionnaires were fully completed out of a potential 200.
2. Approach

The full questionnaire was completed by 137 PRCs of a potential total of 200. In 131 cases, a pulmonary rehabilitation program is in existence.

Where we report on the difference between two percentages (typically the ‘total’ and a cross-tabulation variable) we use a paired-comparison significance test. In this report we include differences at the 90% and above significance level. This calculation is slightly different to the overall confidence level as it requires the percentages and base size of the study. It is looking for significant differences within the sample.

Differences from the ‘total’ are only shown where the differences are statistically significant and meaningful, e.g. a difference of 1% may be statistically significant but is not meaningful.

Where appropriate a t-test to determine any significant differences between two means. Differences at the 95% and above significance level are included in this report.
3. Analysis

Analysis was completed by:

* total
* state
  - although the base sizes for all states and territories, except New South Wales and Victoria, are small and do not allow reliable reporting
* metropolitan/rural location.

All charts show the actual question number of the full questionnaire ranging from Q1 to Q25, and the unweighted base size for each question.
4. Report

4.1 Aspects of pulmonary rehabilitation programs

Q1: Pulmonary rehabilitation program in existence - by total, state/territory and area - Chart 1
Base: 137

- Of those who participated in the survey, pulmonary rehabilitation programs are in existence in most cases.
- This is across all states and in both metropolitan and rural areas.
- The six cases where programs are not in existence include:
  - two in NSW
  - one in the NT
  - one in the ACT.
- The barriers to running programs are considered to be:
  - ‘lack of trained staff’ and ‘lack of demand’, in three cases for both
  - ‘lack of funding’ in two cases
  - ‘lack of support from hospital’ for one
  - other reason for one PRC.
### Q3: Number of pulmonary rehabilitation programs run per year - by total, state/territory and area - Table 1

**Base: 127**

<table>
<thead>
<tr>
<th>Total</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>SA</th>
<th>WA</th>
<th>Tas</th>
<th>NT</th>
<th>ACT</th>
<th>Metro</th>
<th>Rural</th>
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<td>1</td>
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<td>1</td>
<td>0</td>
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<td>Continuous/rolling</td>
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<td>2</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>22</td>
<td>12</td>
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<tr>
<td>Individual classes</td>
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<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
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<td><strong>29</strong></td>
<td><strong>18</strong></td>
<td><strong>8</strong></td>
<td><strong>11</strong></td>
<td><strong>3</strong></td>
<td><strong>1</strong></td>
<td><strong>55</strong></td>
<td><strong>63</strong></td>
</tr>
</tbody>
</table>

- There are ‘continuous/rolling’ programs on offer in 27% of cases. This applies to all states and territories, except Tasmania and the Northern Territory.
  - Programs run on this basis account for more programs in metropolitan than rural areas.
  - ‘Individual classes’ are on offer in Queensland only.

- In 5% of cases, there is only one program run per year.

- In around 10% of cases: two, three or five programs are run.

- For 21% of cases, four programs are run per year.

- The number of programs per year if ‘more than five’ were stated to be:
  - 6, 7, 8
  - 10, 11, 12
  - 14, 21, 35.

- On a national basis, 4.8 programs on average are run per year.
  - This figure is based on a reduced base size.

No answer responses not included.
Q4: Number of times a week patients attend - by total - Chart 2
Base: 131

- Where a pulmonary rehabilitation program is run, in two-thirds of cases patients attend ‘two times per week’.
- In just over one in four cases (27%), patients attend ‘one time per week’.
- On average, patients attend 1.8 times per week.
In one in three cases, ‘6 to 8’ or ‘9 to 11’ patients are in each course.

This is followed by:
- ‘1 to 5 patients’ in each course in close to one in five cases (19%)
- ‘more than 11 patients’ in one in six cases (16%).

On a national basis, there is an average of 8.4 patients in each available pulmonary rehabilitation course.

- The scale used on this measure is:
  - 1 to 5 patients (3)
  - 6 to 8 patients (7)
  - 9 to 11 patients (10)
  - more (15).
Q6: Length of program - by total - Chart 4
Base: 131

- In over one in two cases (57%), the length of the pulmonary rehabilitation program is ‘8 weeks’.
- In close to one in four cases (24%), the program is 10 weeks or longer.
- In a lower level of cases (18%), the program is run for ‘6 weeks’.
- There is only one case where the program is run for ‘less than 6 weeks’.
- On a national basis, programs run for an average of 9 weeks.
- Looking at responses from PRCs in NSW and Victoria, the average length of programs is significantly longer in NSW:
  - 10 weeks for NSW
  - 8.3 weeks for Victoria.
- The average length of programs is significantly longer in rural than metropolitan areas:
  - 8.4 weeks in metropolitan areas
  - 9.6 weeks in rural areas
Q7: How patients enter the program (average % split) - by total - Chart 5

Base: 131

- PRCs were asked to give a percentage split for each of these areas to indicate how patients entered the program:
  - specialist referred
  - primary care referred
  - ALF referred
  - self referred
  - other.

- In the main, on average patients are either:
  - specialist referred, or
  - primary care referred.
  - This accounts for 77.60%.

- This is followed by around one in ten for each of these areas:
  - self referred, or
  - other referral method.
Q8: Accept any patient into program - by total and state/territory - Chart 6
Base: 131

- In just over one in two cases, patients are subject to entry criteria.
  - Responses from PRCs in NSW where a program exists indicate a higher level of cases where patients are subject to entry criteria.

- Where entry criteria is in place:
  - 86% look at diagnosis (i.e., Emphysema, Bronchiectasis)
  - 33% base entry on the severity of COPD.
  - In some cases they look at both of these types of entry criteria.
Q10: Number of patients currently on waiting list - by total, state/territory and area - Chart 7
Base: 131

- Close to one in two (49%) indicate ‘1 to 10’ patients are currently on a waiting list.
  - A higher level of 65% of PRCs in Victoria indicate ‘1 to 10’ patients are on a waiting list.

- This is followed by:
  - 11 to 20, 13%
  - 21 to 30, 9%
  - 31 to 50, 3%
  - 51 to 80, 2%
  - more than 80, 3%.

- On a national basis, 13.5 patients on average are on a waiting list at the time of conducting this survey.

- Twenty-one percent of PRCs where a program is run indicate they do not have any patients currently on a waiting list.
  - This is the case for 28% of PRCs located in a rural area, and 13% in a metropolitan area.
Q11: Length of waiting time beyond the start of the next available program - by total, state/territory and area - Chart 8
Base: 131

- There can be a fairly long waiting time beyond the start of the next available program in some cases.
- Just over one in two (51%) PRCs overall indicate patients are waiting more than four weeks beyond the start of the next available program:
  - 17% say patients are waiting 'more than 8 weeks'
  - 19% say patients are waiting 'between 6 to 8 weeks'
  - 15% say patients are waiting 'between 4 to 6 weeks'.
- On a national basis, patients are waiting 5.9 weeks on average beyond the start of the next available program.
  - Waiting time is significantly lower at 3.7 weeks on average for programs in Victoria compared to 6 weeks for NSW programs.
- Five percent of PRCs say the waiting time 'varies'.

No answer responses not shown.
4.2 Challenges and barriers

Q13: Challenges in keeping the program running - by total - Chart 9
Base: 68

- Just over one in two (52%) PRCs feel there are challenges in keeping the pulmonary rehabilitation program running.
  - This applies to all states and territories.
  - The level is similar in both metropolitan and rural areas.

- This chart shows the variety of challenges faced.
  - There was an opportunity to provide open-ended responses to this question.
Q14: Type of program funding - by total - Chart 10
Base: 131

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within existing hospital funding</td>
<td>51%</td>
</tr>
<tr>
<td>State funding</td>
<td>35%</td>
</tr>
<tr>
<td>DVA</td>
<td>8%</td>
</tr>
<tr>
<td>No identified funding</td>
<td>8%</td>
</tr>
<tr>
<td>Private medical insurance</td>
<td>8%</td>
</tr>
<tr>
<td>Commonwealth project funding</td>
<td>7%</td>
</tr>
<tr>
<td>Community health</td>
<td>2%</td>
</tr>
<tr>
<td>Medicare</td>
<td>2%</td>
</tr>
<tr>
<td>By clients</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

While the majority of funding of these programs is from ‘within existing hospital’ and by the ‘state’, a variety of other types of funding are relied on to provide pulmonary rehabilitation programs.
- In some cases, a mix of funding keep programs running.
Almost all (96%) PRCs feel that there are patients who could benefit from pulmonary rehabilitation who are not accessing it.
- This applies to all states and territories.
- The level is similar in both metropolitan and rural areas.

Many barriers were identified, with the main reasons considered to be:
- lack of awareness by primary care and specialists
- transport difficulties and lack of parking
- lack of acceptance by patients
- lack of funding.

‘Lack of awareness by primary care’ was nominated by more PRCs in rural than metropolitan areas, and ‘transport difficulties’ by more in metropolitan than rural areas.
- There are no differences by state/territory.
Q16: Biggest barriers to receiving pulmonary rehabilitation - by total and area (2) - Chart 12
Base: 126

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Total</th>
<th>Metro</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scared/anxious patients</td>
<td>4%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Lack of public awareness</td>
<td>3%</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>Staffing problems</td>
<td>2%</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Need GP/specialist referral</td>
<td>2%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Not enough places/long wait time</td>
<td>2%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Lack of GP support/awareness</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Lack of follow up</td>
<td>1%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Lack of consistent patient no.</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Lack of hospital support</td>
<td>7%</td>
<td>11%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Base: 126
4.3 Maintenance

Q18: Where maintenance program is conducted - by total, state/territory and area - Chart 13
Base: 108

- Mostly patients are referred to maintenance following pulmonary rehabilitation.
  - Eighty-two percent of PRCs indicated they do so.
  - All but one PRC in Victoria say they refer patients to maintenance.
- ‘Community based’ maintenance programs was nominated by two-thirds of PRCs.
  - This type of maintenance program was nominated by fewer PRCs in rural areas.
- In addition to programs conducted ‘as part of hospital service’, a couple of other places where maintenance programs are conducted were identified.
- Close to two-thirds of PRCs in NSW indicate maintenance programs are conducted ‘as part of hospital service’.
Q19: Reasons why do not refer patients to maintenance following pulmonary rehabilitation - by total - Table 2

<table>
<thead>
<tr>
<th>Reason</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>None available</td>
<td>15</td>
</tr>
<tr>
<td>No additional funding for maintenance</td>
<td>11</td>
</tr>
<tr>
<td>Can come back to gym anytime as program ongoing</td>
<td>2</td>
</tr>
<tr>
<td>Offer 4 weeks top ups/refreshers 6-12 months post discharge depending on current waiting list</td>
<td>1</td>
</tr>
<tr>
<td>Patient not interested</td>
<td>1</td>
</tr>
<tr>
<td>Patients don’t like to pay for a group e.g. Tai Chi</td>
<td>1</td>
</tr>
<tr>
<td>We are the maintenance program</td>
<td>1</td>
</tr>
<tr>
<td>Inadequate staff and venue resourcing</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
</tr>
<tr>
<td>Number of responses</td>
<td>33</td>
</tr>
</tbody>
</table>

The main reason the 18% of PRCs do not refer patients to maintenance is because a program of this nature is not available.

- This applies to 15 of 23 PRCs in this group, and across most states/territories, except Tasmania and the ACT.

Eleven in this group state the other more main reason as ‘no additional funding for maintenance’.

The other reasons in this table are nominated by one or two PRCs for each.
### 4.4 Support groups

Q20: Refer patients to a local support group - by total - Chart 14

Base: 137

- The majority of just over three in five (62%) of all PRCs indicate they refer patients to a local support group.
- Several other sources were identified in the survey, including:
  - Lungnet, named by 5%
  - informal patient network by 1%
  - run own support group by 1%.
- Reasons why patients are not being referred to a local support group include:
  - ‘There is no support group close to us’ for 20% of PRCs
    - this reason applies to just over one in three (35%) PRCs based in rural areas, and close to one in three (32%) in NSW.
  - ‘I don’t know about available support groups’ for 12%
    - this reason was nominated by at least one PRC in all mainland states.
  - ‘Too hard’ for 1%.
- Just over one in four (27%) of all PRCs show interest in starting a support group.
  - None of the PRCs in either the NT or ACT are interested in starting a support group.

No answer response not shown.
4.5 **Information sources and the ALF**

Q23: Ways present The Australian Lung Foundation information - by total - Chart 15  
Base: 109

- The majority of four in five PRCs do currently provide information to patients about support available through the ALF.
  - This is done by PRCs across all states and territories.
- The information is provided in several ways. Over one in two PRCs provide ALF information either:
  - during a lecture,
  - on a flyer, or
  - informally.
- A few additional ways of distributing ALF information were identified.

No answer response not shown.
Q24: Would provide these information sources to patients if ALF supplied them - by total - Chart 16
Base: 28

- In the main, there is support to provide all information sources asked about by the majority of PRCs, if they were to be supplied by the ALF.
Q25: Information sources provided by the ALF would help promote program - by total, state/territory and area - Chart 17

Base: 137

- ‘Posters’ and ‘letters’ are considered to be of assistance in promoting programs if provided by the ALF.
- Several other information sources were also identified in the survey.
  - Open-ended responses to this question are detailed on the next page.
- A few PRCs considered no other information to be necessary.

<table>
<thead>
<tr>
<th>Source</th>
<th>Total</th>
<th>NSW</th>
<th>Metro</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP posters</td>
<td>76%</td>
<td>86%</td>
<td>69%</td>
<td>85%</td>
</tr>
<tr>
<td>Hospital posters</td>
<td>74%</td>
<td>86%</td>
<td>68%</td>
<td>75%</td>
</tr>
<tr>
<td>Letters/info to primary care</td>
<td>69%</td>
<td>68%</td>
<td>66%</td>
<td>75%</td>
</tr>
<tr>
<td>Letters/info to specialists</td>
<td>62%</td>
<td>64%</td>
<td>60%</td>
<td>63%</td>
</tr>
<tr>
<td>Media campaigns</td>
<td>3%</td>
<td>6%</td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
<td>12%</td>
<td>9%</td>
<td>12%</td>
</tr>
<tr>
<td>No other needs</td>
<td>4%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
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<td>4%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>
All opened-ended responses given for ‘other’ ways the ALF can provide assistance to help promote programs include:
- Refer patients if possible.
- Community health centres, aboriginal health care workers.
- Community awareness guest speakers at Service Clubs.
- Perhaps information and newsletter at the start of the program for all the patients.
- Educate suitable patients to improve uptake and compliance.
- Big media campaigns along the lines of the Heart Foundation.
- Media releases.
- Let other programs know that we provide maintenance programs especially DVA clients.
- Having an ACT section in the newsletter updates - am happy to report this for you.
- Information to patients.
- Increase awareness with governments/funding bodies across the board.
- Resources especially visual to be used in program.
- Nothing extra needed.
- Promotion is not an issue.
- Information on program to tertiary hospitals in capital city (Perth).
- Advise senior management about need for funding for program.
- Nil needed as we have enough people on the waiting list.
- Media.
- Fliers for clients re services and info available.
- Don’t have a program.
- Promotion in the media.
- We probably don’t need any promotion, have enough referrals.
- We are currently trying to get an Aboriginal focused program up and running at Coraki we would be grateful of any ideas or resources which are Abori...
- Someone to talk at GP meeting/write article for GP newsletter.
- None.
Appendix: Questionnaire
Appendix: Questionnaire

ALF Pulmonary Rehabilitation Survey

Dear Pulmonary Rehabilitation Program Coordinator,
The Australian Lung Foundation is conducting a survey of the pulmonary rehabilitation programs around the country and is seeking your support.

10 minutes of your time now will assist The Australian Lung Foundation collect important national information on access to pulmonary rehabilitation and maintenance.

While we ask for the contact details of your program, it will only be to include them in our database – we maintain a list of all programs in the country for referral to GPs and patients. Any public release of survey results will not include any details on individual programs.

We appreciate you taking the time to help us with the survey. Results of the survey will be shared with all those who complete it.

If you have difficulty filling the survey out on line or have any questions please do not hesitate to contact: Karen Wright 07-3622-2300 or Heather Allan 07-3622-2366.

Yours truly,

Heather Allan
Executive Director - COPD National Program

1. Is your pulmonary rehabilitation program still in existence?*
   - Yes
   - No
Appendix: Questionnaire

Pulmonary rehabilitation

2. What are in your opinion the barriers to running pulmonary rehabilitation in your area?*  
   PLEASE SELECT ALL THAT YOU FEEL APPLY

☐ Lack of funding
☐ Lack of trained staff
☐ Lack of demand
☐ Lack of support from hospital
☐ Other, please specify

[ ] Other, please specify
Pulmonary rehabilitation

3. How many programs do you run per year?*
   Please indicate number of programs per year if more than 5 under 'other'.
   - One per year
   - Two per year
   - Three per year
   - Four per year
   - Five per year
   - More than five per year, please specify

4. How many times a week do patients attend?*
   - One time per week
   - Two times per week
   - Three times per week

5. How many patients are there in each course?*
   - 1 to 5 patients
   - 6 to 8 patients
   - 9 to 11 patients
   - More than 11 patients
Pulmonary rehabilitation

6. How long does the program run for?*
   - Longer than 10 weeks
   - 10 weeks
   - 8 weeks
   - 6 weeks
   - Less than 6 weeks, please specify

7. How do your patients enter the program? If you could please provide a % split for these areas.*
   Your answers should total 100. For each option that does not apply to you, please enter a '0'.

   %
   
   Specialist preferred
   Primary care referred
   ALF referred
   Self referred
   Other

8. Do you accept any patient?*
   - Yes
   - No - we have entry criteria
Pulmonary rehabilitation

9. Please specify type of entry criteria*

☐ By diagnosis (i.e. Emphysema, Bronchiectasis)
☐ Based on severity of COPD

Pulmonary rehabilitation

10. How many patients are currently on your waiting list?*

☐ None
☐ 1 to 10
☐ 11 to 20
☐ 21 to 30
☐ 31 to 50
☐ 51 to 80
☐ More than 80, please specify

Appendix: Questionnaire
## Pulmonary rehabilitation

11. How long would a patient need to wait beyond the start of the next available program?*

<table>
<thead>
<tr>
<th>Option</th>
<th>Number of Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 weeks</td>
<td></td>
</tr>
<tr>
<td>2 to 4 weeks</td>
<td></td>
</tr>
<tr>
<td>Between 4 to 6 weeks</td>
<td></td>
</tr>
<tr>
<td>Between 6 to 8 weeks</td>
<td></td>
</tr>
<tr>
<td>More than 8 weeks, please specify</td>
<td></td>
</tr>
</tbody>
</table>

12. Do you face any challenges in keeping the program running?*

- Yes
- No, it seems to go smoothly

## Pulmonary rehabilitation

13. What are those challenges?*

Please select all that you feel apply

- Attracting and keeping staff
- Ongoing funding
- Patient transport
- Support from the hospital
- Patient drop-out
- Other, please specify
Pulmonary rehabilitation

14. How is this program funded? PLEASE SELECT ALL THAT APPLY

☐ State funding
☐ Commonwealth project funding
☐ Medicare
☐ DVA
☐ Private medical insurance
☐ Within existing hospital funding
☐ No identified funding
☐ Other, please specify

Pulmonary rehabilitation

15. Do you feel that there are patients who could benefit from pulmonary rehabilitation who are NOT accessing it?*

☐ Yes
☐ No
Appendix: Questionnaire

Pulmonary rehabilitation

16. What do you believe are the biggest barriers?*
   PLEASE SELECT ALL THAT YOU FEEL APPLY
   - Lack of funding
   - Transport difficulties
   - Lack of parking
   - Lack of acceptance by patients
   - Lack of awareness by specialists
   - Lack of awareness by primary care
   - Other, please specify

Pulmonary rehabilitation

17. Do you refer your patients to maintenance following pulmonary rehabilitation?*
   - Yes
   - No
Appendix: Questionnaire

Pulmonary rehabilitation

18. Where is the maintenance program conducted?*
   PLEASE SELECT ALL THAT APPLY
   ☐ Part of hospital service
   ☐ Community based
   ☐ Other, please specify

Pulmonary rehabilitation

19. Why not?*
   PLEASE SELECT ALL THAT APPLY
   ☐ None available
   ☐ Patient not interested
   ☐ No additional funding for maintenance
   ☐ Other, please specify
Pulmonary rehabilitation

20. Do you refer patients to a local support group?*
   - Yes
   - No, there is no support group close to us
   - No, I don't know about available support groups
   - No, my patients are not interested
   - Other, please specify

21. Are you interested in starting a support group?*
   - Yes
   - No

Pulmonary rehabilitation

22. Do you currently provide information to your patients about support available through The Australian Lung Foundation?*
   - Yes
   - No
Pulmonary rehabilitation

23. In what manner do you present the information?*
   PLEASE SELECT ALL THAT APPLY
   - [ ] Flyer
   - [ ] Informally
   - [ ] During lecture
   - [ ] Representative from ALF or support group visits during program
   - [ ] Other, please specify

Pulmonary rehabilitation

24. Would you be prepared to provide any of the following if the ALF supplied these to you?*
   PLEASE SELECT ALL THAT APPLY
   - [ ] Flyer promoting the ALF
   - [ ] PowerPoint presentation overview of The Australian Lung Foundation’s support mechanisms
   - [ ] Poster promoting ALF enquiries free phone number
   - [ ] Representative from ALF or support group visits during program
Pulmonary rehabilitation

25. Which of these can the ALF provide to help you promote your program?*
   PLEASE SELECT ALL THAT APPLY
   - GP posters
   - Hospital posters
   - Letters / information to specialists
   - Letters / information to primary care
   - Other, please specify

Your details

26. Help us update our database by completing these details. Your answers will not be looked at individually. Your privacy is guaranteed.*
   If you do not wish to include your details, please type in 'refused'.
   Program Coordinator:
   Address:
   Email:
   Tel:
   Fax: