



European CRT Survey II

- Site Questionnaire -



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European CRT Survey II

- Site Questionnaire Draft -

Hospital information (Description of site and facilities)

Hospital name

Head of cardiology
department

Address

City

Country

First contact person for this survey:

Name

E-Mail

Telephone

Second contact person for this survey:

Name

E-Mail

Telephone

Hospital facilities

Total number of hospital
beds

of beds

Number of cardiology
department beds

of beds

Type of hospital

- ☐ University hospital
☐ Teaching hospital (non-university)
☐ Community hospital
☐ Private hospital

Number of inhabitants
of catchment area

☐ Unknown

Cardiac surgery on site

☐ No ☐ Yes

Angiography/PCI on site

☐ No ☐ Yes

Total number of:

Catheterization
laboratories

Dedicated
electrophysiological
labs

Other sites where
devices are implanted

☐ None ☐ Hybrid
☐ Surgical
☐ Radiology

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Cardiology activity profile annually

Coronary angiograms / year

PCI procedures / year

CRT-P implantations / year

CRT-D implantations / year

ICD implantations / year

Pacemaker implantations / year

Arrhythmia ablations / year

Number of CRTs implanters

Electrophysiologists

Interventional cardiologists

Heart failure physicians

Cardiac surgeons

General cardiologists

Others

Follow-up, do you have a

Heart failure clinic for patient follow-up? ☐ No ☐ Yes

Dedicated CRT clinic for follow-up? ☐ No ☐ Yes

A remote device monitoring follow-up service? ☐ No ☐ Yes

Are most patients followed-up at implanting centre? ☐ No ☐ Yes

A dedicated lead extraction/management program? ☐ No ☐ Yes

Does your centre:

Participate in a national device registry? ☐ No ☐ Yes

Use electronic medical health records? ☐ No ☐ Yes

Reimbursement

What is the source of reimbursement for CRT devices? ☐ Public health provider ☐ Private insurance ☐ Private payer