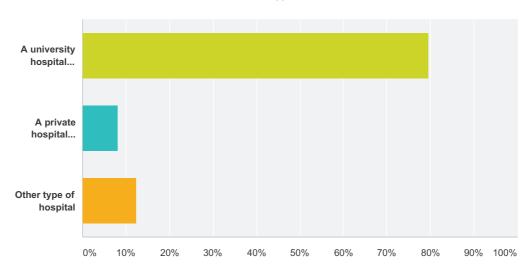
Q1 Is your institution:

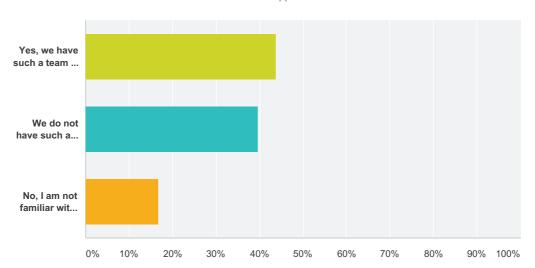
Answered: 49 Skipped: 0



Answer Choices	Responses	
A university hospital (academic)	79.59%	39
A private hospital (non-academic)	8.16%	4
Other type of hospital	12.24%	6
Total		49

Q5 Are you familiar with the term "arrhythmia team" or "heart rhythm team"?

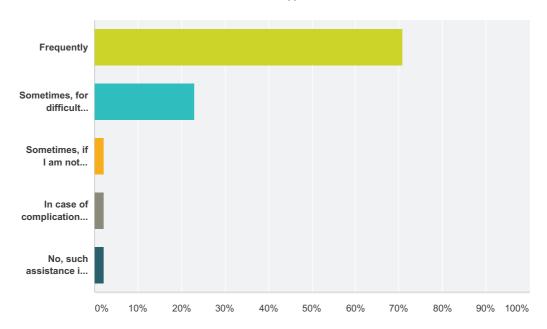
Answered: 48 Skipped: 1



Answer Choices		
Yes, we have such a team in our centre	43.75%	21
We do not have such a team, but I am aware of other centers having such teams	39.58%	19
No, I am not familiar with this term.	16.67%	8
Total		48

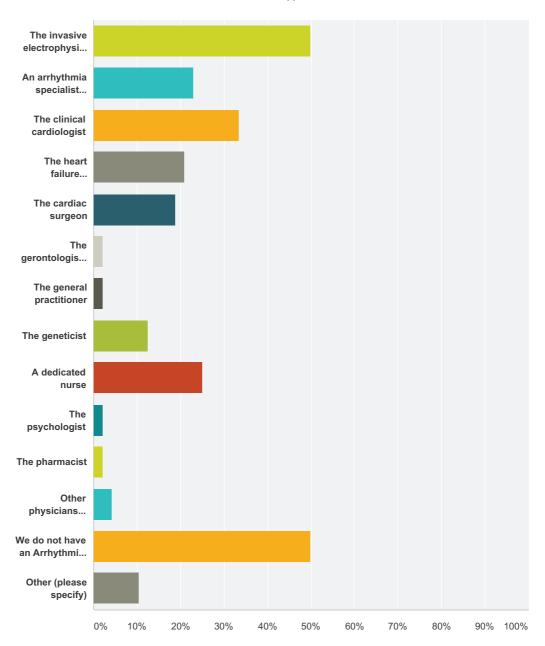
Q6 As an arrhythmia specialist, do you think it is important to co-operate with other professionals in order to improve the acute and long-term outcome of procedures?

Answered: 48 Skipped: 1



Answer Choices	Responses	
Frequently	70.83%	34
Sometimes, for difficult patients	22.92%	11
Sometimes, if I am not satisfied with the results obtained	2.08%	1
In case of complications during the procedure	2.08%	1
No, such assistance is almost never required	2.08%	1
Total		48

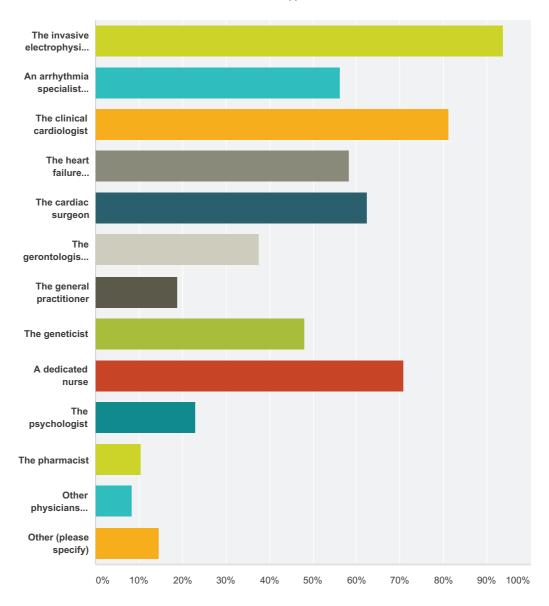
Q7 If your center has an "arrhythmia team", who presently works in it? (multiple answers possible)



Answer Choices	Response	es
The invasive electrophysiologist	50.00%	24
An arrhythmia specialist without experience with invasive procedures or device implantations	22.92%	11
The clinical cardiologist	33.33%	16
The heart failure specialist	20.83%	10
The cardiac surgeon	18.75%	9

The gerontologist (e.g., age-related problems associated to AF and heart failure management)	2.08%	
The general practitioner	2.08%	
The geneticist	12.50%	
A dedicated nurse	25.00%	1
The psychologist	2.08%	
The pharmacist	2.08%	
Other physicians specialised inor other health professionals (please specify in the comment box below):	4.17%	
We do not have an Arrhythmia Team	50.00%	2
Other (please specify)	10.42%	
tal Respondents: 48		

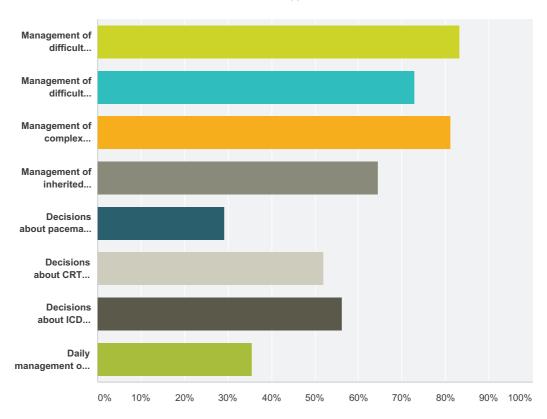
Q8 Even if no such a team is available in your center, who do you think should belong to such a team? (multiple answers possible)



Answer Choices	Response	s
The invasive electrophysiologist	93.75%	45
An arrhythmia specialist without experience with invasive procedures or device implantations	56.25%	27
The clinical cardiologist	81.25%	39
The heart failure specialist	58.33%	28
The cardiac surgeon	62.50%	30

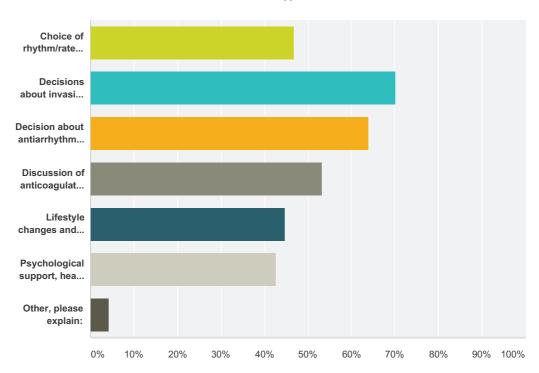
The gerontologist (e.g., age-related problems associated to AF and heart failure management)	37.50%	18
The general practitioner	18.75%	9
The geneticist	47.92%	23
A dedicated nurse	70.83%	34
The psychologist	22.92%	11
The pharmacist	10.42%	5
Other physicians specialised inor other health professionals (please specify in the comment box below):	8.33%	4
Other (please specify)	14.58%	7
Il Respondents: 48		

Q9 What do you think should be the role of the arrhythmia team? (multiple answers)



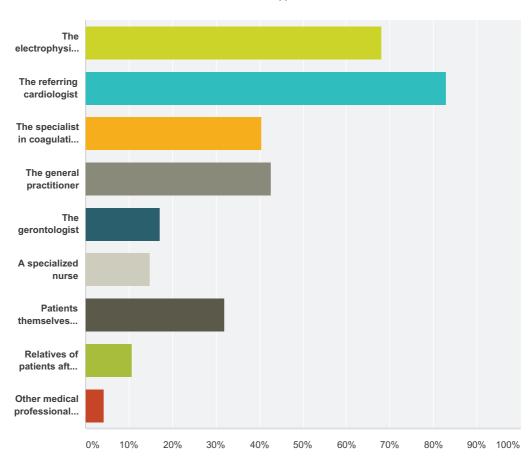
wer Choices	Respons
	83.33%
Management of difficult cases, such as therapy of refractory ventricular tachycardia	
	72.92%
Management of difficult cases, such as therapy of refractory AF	
	81.25%
Management of complex patients (i.e., multiple comorbid conditions, complex therapeutic schemes, frailty, etc.)	
	64.58%
Management of inherited arrhythmia syndromes	
	29.17%
Decisions about pacemaker indications	
	52.08%
Decisions about CRT indications	
	56.25%
Decisions about ICD indications	
	35.42%
Daily management of most arrhythmia patients (i.e., rate- rhythm control strategy and anticoagulation management of AF patients, choice of anti- arrhythmic drugs, etc.)	

Q10 Which therapy options or topics do you think would necessitate a multidisciplinary approach for a patient with AF? (multiple answers)



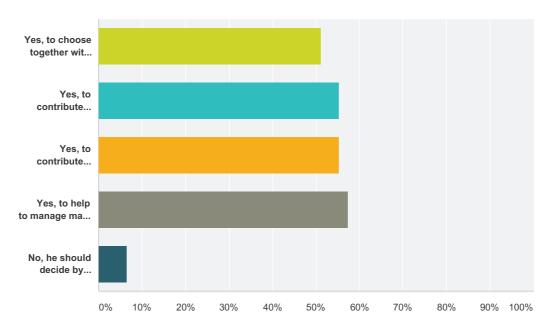
Answer Choices	Responses	
Choice of rhythm/rate control	46.81%	22
Decisions about invasive procedures (i.e., AF catheter ablation, AV nodal ablation)	70.21%	33
Decision about antiarrhythmic surgery	63.83%	30
Discussion of anticoagulation options and management of anticoagulation therapy	53.19%	25
Lifestyle changes and risk factors management	44.68%	21
Psychological support, health related quality of life issues, anxiety and depressive disorders	42.55%	20
Other, please explain:	4.26%	2
Total Respondents: 47		

Q11 Who manages anticoagulant therapy of AF patients in your center? (multiple answer)



er Choices	Responses	
The electrophysiologist	68.09%	32
The referring cardiologist	82.98%	39
The specialist in coagulation (hemostaseologist)	40.43%	19
The general practitioner	42.55%	20
The gerontologist	17.02%	8
A specialized nurse	14.89%	-
Patients themselves after training and with the support of health professionals	31.91%	15
Relatives of patients after training and with the support of health professionals	10.64%	5
Other medical professionals, please specify in the comment box below:	4.26%	2

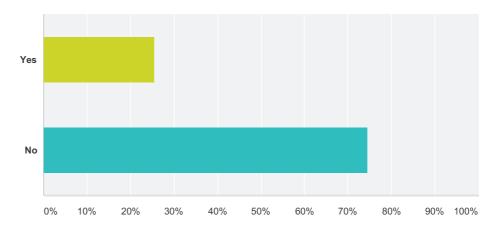
Q12 Do you think that a cardiac surgeon should have a role in the Arrhythmia Team in the management of AF patients? (multiple options)



nswer Choices	Respons	es
Yes, to choose together with the electrophysiologist the most appropriate invasive modality (catheter ablation vs surgical ablation)	51.06%	24
Yes, to contribute planning the decision of left atrial appendage excision/exclusion during heart surgery interventions	55.32%	26
Yes, to contribute planning the decision to perform a surgical Maze ablation procedure of AF	55.32%	26
Yes, to help to manage major complications of invasive anti-arrhythmic therapy	57.45%	27
No, he should decide by himself during surgical interventions based on his own experience	6.38%	3
tal Respondents: 47		

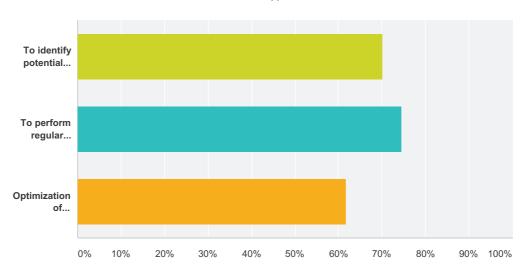
Q13 Does your cardiac arrhythmia team include a nurse that - regardless of the individual arrhythmia - follows patients from diagnosis to treatment, both in inhospital and out-of-hospital setting?





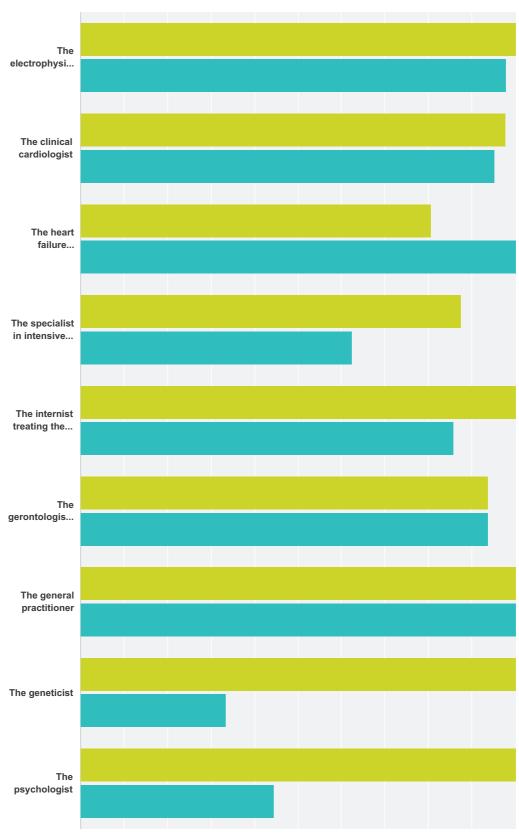
Answer Choices	Responses
Yes	25.53% 12
No	74.47% 35
Total	47

Q14 What do you think could be the role of a specialized nurse in the management of AF patients? (multiple options)

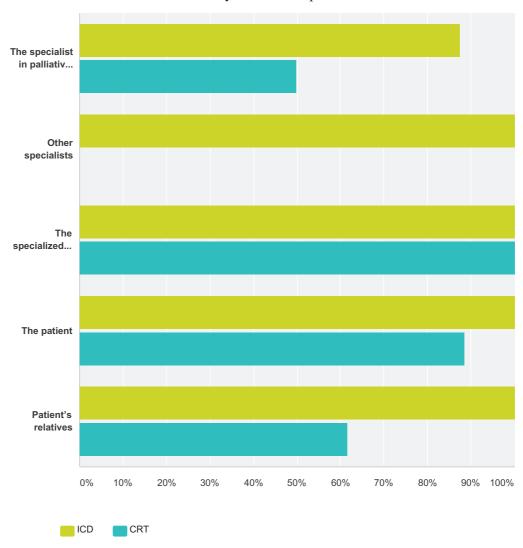


Answer Choices	Respon	ses
To identify potential barriers to out-of-hospital management and to provide initial contact of patients and family members with the medical personnel	70.21%	33
To perform regular follow-up by a combination of home visits, scheduled clinic reviews, and telephone follow-up	74.47%	35
Optimization of pharmacological treatment (i.e., INR control) and non-pharmacological management (i.e., dietary advices, risk factors control)	61.70%	29
Total Respondents: 47		

Q15 Who should discuss the indication for an ICD/CRT implantation? (multiple answers)



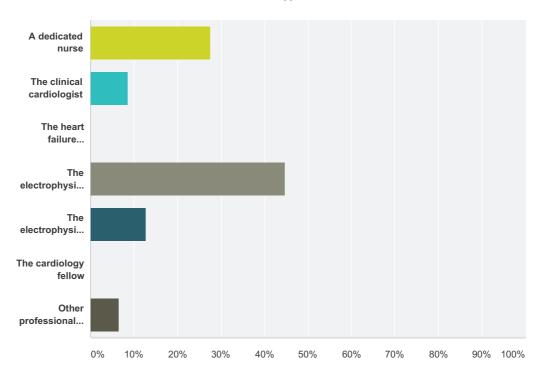
EP Wire - The Arrhythmia team questionnaire



	ICD	CRT	Total Respondents
The electrophysiologist	100.00%	97.83%	
	46	45	46
The clinical cardiologist	97.62%	95.24%	
	41	40	42
The heart failure specialist	80.49%	100.00%	
	33	41	41
The specialist in intensive care	87.50%	62.50%	
	14	10	16
The internist treating the patient	100.00%	85.71%	
	7	6	7
The gerontologist treating the patient	93.75%	93.75%	
	15	15	16
The general practitioner	100.00%	100.00%	
	4	4	4
The geneticist	100.00%	33.33%	
	9	3	9
The psychologist	100.00%	44.44%	
	9	4	9

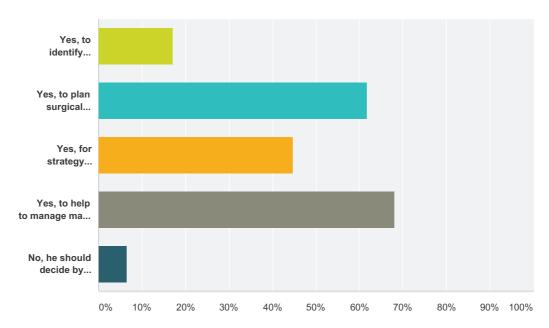
The specialist in palliative care	87.50%	50.00%	
	7	4	
Other specialists	100.00%	0.00%	
	1	0	
The specialized nurse	100.00%	100.00%	
	3	3	
The patient	100.00%	88.46%	
	26	23	
Patient's relatives	100.00%	61.54%	
	13	8	

Q16 Who performs remote monitoring of patients with cardiovascular electronic devices in your center? (One answer)



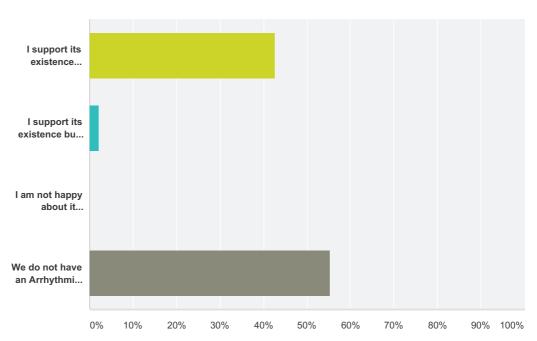
Answer Choices	Responses	
A dedicated nurse	27.66%	13
The clinical cardiologist	8.51%	4
The heart failure specialist	0.00%	0
The electrophysiologist	44.68%	21
The electrophysiology fellow	12.77%	6
The cardiology fellow	0.00%	0
Other professionals (please specify):	6.38%	3
Total		47

Q17 Do you think that a cardiac surgeon should have a role in the Arrhythmia Team for patients with heart failure and/or severe ventricular arrhythmias? (multiple answers)



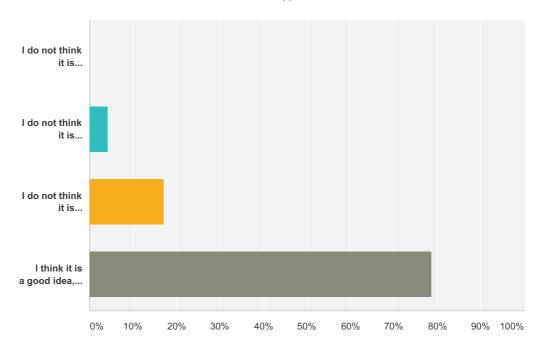
nswer Choices	Respons	es
Yes, to identify patients suitable for the subcutaneous implantable cardioverter defibrillator	17.02%	8
Yes, to plan surgical ablation of severe drug-refractory ventricular arrhythmias after failure of catheter ablation in specialized centers	61.70%	29
Yes, for strategy planning in patients with cardiovascular electronic devices if a device/lead explantation is needed	44.68%	21
Yes, to help to manage major complications of invasive anti-arrhythmic therapy	68.09%	32
No, he should decide by himself during surgical interventions based on his own experience	6.38%	3
tal Respondents: 47		

Q18 If you have an arrhythmia team in your center, what is your opinion about its function?



Answer Choices		Responses	
I support its existence because it is helpful in patient management	42.55%	20	
I support its existence but it has not led to a considerable improvement of patient management	2.13%	1	
I am not happy about it because I often find it difficult to cooperate with many colleagues who frequently have divergent opinions	0.00%	0	
We do not have an Arrhythmia Team	55.32%	26	
otal		47	

Q19 If you do not have an arrhythmia team in your center, what is your opinion about setting up one? (one answer)



Answer Choices	Response	s
I do not think it is necessary. Patients are managed well without such a team.	0.00%	0
I do not think it is necessary. The people who would belong to it would not substantially help in difficult cases.	4.26%	2
I do not think it is necessary, it already exists virtually.	17.02%	8
I think it is a good idea, which I would like to implement in my center.	78.72%	37
Total		47