

Figure 1: Geographic distribution of the number of cardiac rehabilitation (CR) programs reported in hospitals in China, by province. Provinces marked in white represent those that did not report the presence of CR programs.

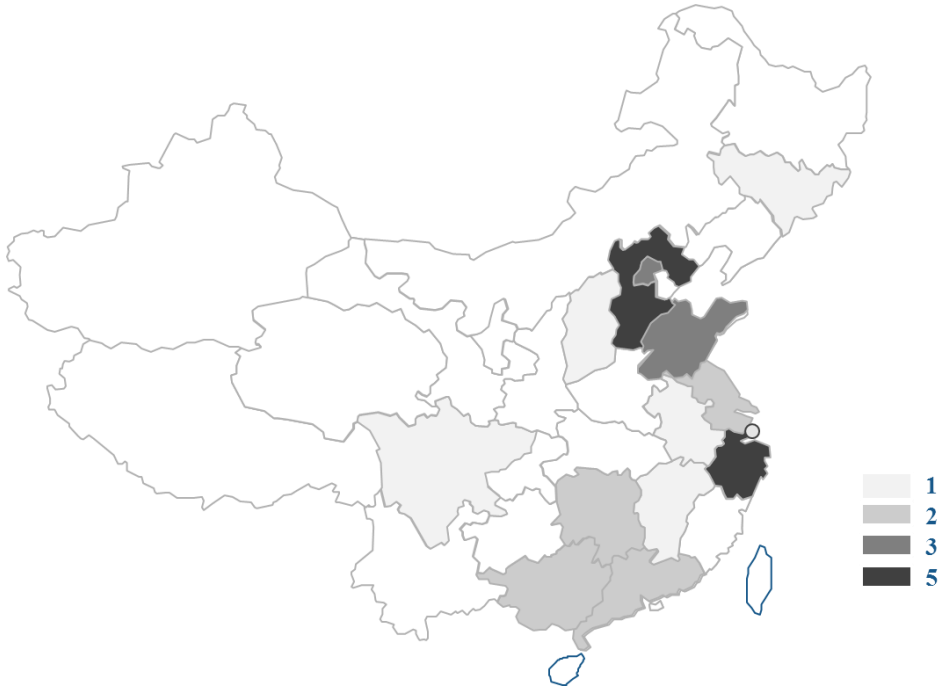


Figure 2: Distribution of responding hospitals with and without cardiac rehabilitation programs in China. Regions in China include: (1) Northeast China (Heilongjiang, Jilin and Liaoning), (2) North China (Beijing, Tianjin, Hebei, Shanxi, Inner Mongolia), (3) East China (Shanghai, Shandong, Jiangsu, Anhui, Jiangxi, Zhejiang, Fujian), (4) Central China (Hubei, Hunan, Henan), (5) South China (Guangdong, Guangxi, Hainan), (6) Southwest China (Chongqing, Sichuan, Guizhou, Yunnan, Tibet), and (7) Northwest China (Shaanxi, Gansu, Ningxia, Xinjiang, Qinghai).

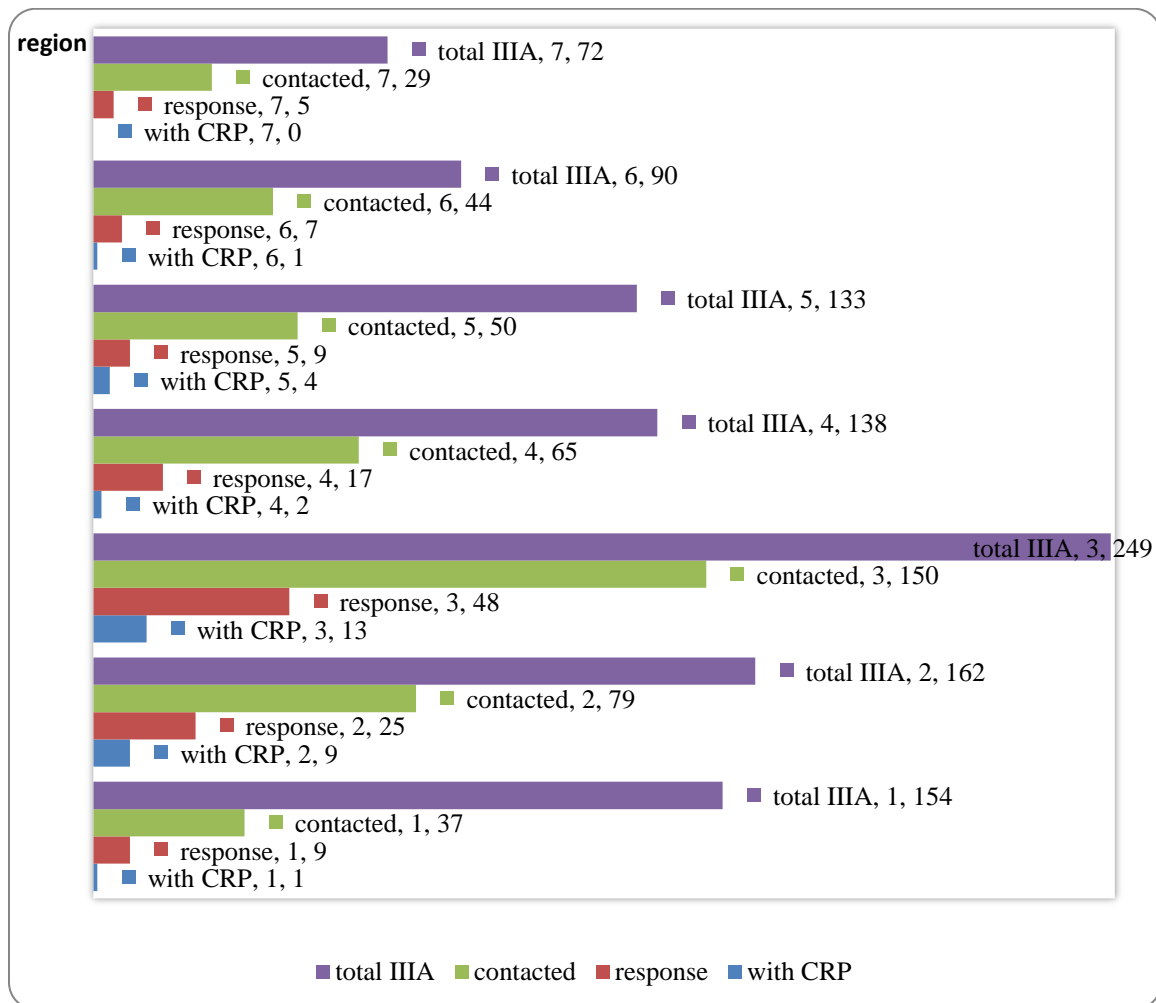
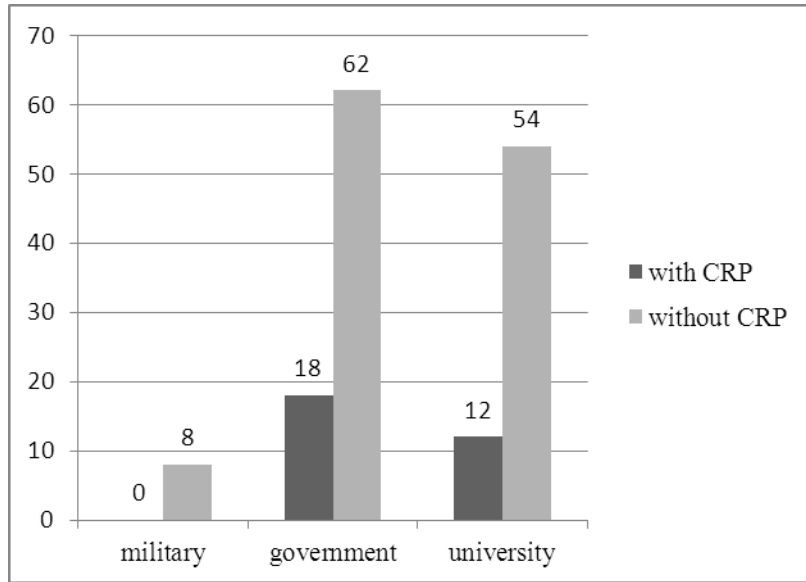


Figure 3: Comparison of the number of hospitals with or without cardiac rehabilitation programs by type of hospital in mainland China



Supplemental Materials: Tables

Table 3: Status of follow-up system in hospitals with and without cardiac rehabilitation (CR) programs

Item	Hospitals	Hospitals	p
	With CR (n =13) (%)	Without CR (n=61) (%)	
Patients clinical assessment	13 (100)	53 (86.9)	0.170
Physical activity counseling	13 (100)	42 (68.9)	0.020
Exercise training counseling	13 (100)	27 (44.3)	<0.001
Services Dietary counseling	13 (100)	39 (63.9)	0.010
Weight management	12 (92.3)	30 (49.2)	0.005
Lipid monitoring and management	11 (84.6)	45 (73.8)	0.411
BP monitoring and management	12 (92.3)	46 (75.4)	0.182
Smoking cessation	13 (100)	43 (70.5)	0.025

	Psychological			
	counseling and	9 (69.2)	16 (26.2)	0.003
	management			
	Screening for sleep			
	apnea	6 (46.2)	10 (16.4)	0.019
	Screening for			
	depression	5(38.5)	12 (19.7)	0.146
	Education for			
	adherence to	13 (100)	40 (65.6)	0.013
	medications			
	Periodic Blood test to			
	assessing the risk	13 (100)	48 (78.7)	0.069
	factors of CVD			
	Physicians	13 (100)	53 (86.9)	0.170
	Nurses	11 (84.6)	36 (59.0)	0.084
	Exercise physiologists	2 (15.4)	3 (4.9)	0.175
	Clinical educators	4 (30.8)	5 (8.2)	0.025
Professionals	Dietitians	6 (46.2)	10 (16.4)	0.019
work in	Physical therapists	1 (7.7)	5 (8.2)	0.952
	Psychologists	2 (15.4)	11 (18.0)	0.821
	Social workers	1 (7.7)	4 (6.6)	0.883
	Others	4 (30.8)	7 (11.5)	0.078
Patient	After PCI	13 (100)	50 (82.0)	0.099

group to be followed	After MI	12 (92.3)	34 (55.7)	0.014
	After CABG	9 (69.2)	28 (45.9)	0.129
	Heart Failure	13 (100)	34 (55.7)	0.003
	Pacemaker	12 (92.3)	46 (75.4)	0.182
	After HVS	9 (69.2)	26 (42.6)	0.083
	After HT	1 (7.7)	13 (21.3)	0.258
	CHD	8 (61.5)	32 (52.5)	0.554
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Length of follow-up	<4~6 weeks	1 (7.7)	12 (19.7)	0.306
	3 months	0	3 (4.9)	0.417
	6 months	2 (15.4)	13 (21.3)	0.632
	1 year	1 (7.7)	13 (21.3)	0.258
	> 1 year	9 (69.2)	20 (32.8)	0.015
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Percentage of follow-up	0%-25%	0	12 (19.7)	0.083
	26%~50%	2 (15.4)	16 (26.2)	0.411
	51%~75%	5 (38.5)	17 (27.9)	0.451
	76%~90%	5 (38.5)	15 (24.6)	0.310
	91~100%	1 (7.7)	1 (1.6)	0.225

Abbreviations: BP: Blood pressure, PCI: Percutaneous Coronary Intervention, MI: Myocardial Infarction, CABG: Coronary Artery Bypass Surgery, HVS: Heart Valve Surgery, HT: Heart Transplantation, CHD: Congenital Heart Disease.

Table 4: Barriers to cardiac rehabilitation (CR), as reported by hospitals without CR programs (n=92)

Perceived Barriers to Establishing a Cardiac Rehabilitation Program	Number (%)
Most professionals in our hospital do not know about CR	46 (50)
Most patients we see in our hospital do not know about CR	33 (36)
We are not sure how to set up a CR program	27 (29)
We do not have enough space to set up a CR program	43 (47)
We do not have enough professionals who can work in CR	53 (58)
We do not have the financial resources to set up a CR program	43 (47)
We do not have physicians who have an interest and training in CR	53 (58)
We are likely to start a CR program within the next year	11 (12)

Table 5: Factors perceived to be helpful in establishing a cardiac rehabilitation (CR) program reported by hospitals with CR programs (n=13).

Factors Perceived to be Helpful in Establishing a CR Program	Number (%)
Policies and financial support from the government	9 (69)
Higher level of priority and resources from our hospital	10 (77)
Education and training of medical professionals regarding CR	13 (100)
Cooperative multidisciplinary healthcare team available to run CR	12 (92)
Set up system for the referral of patients to CR	12 (92)