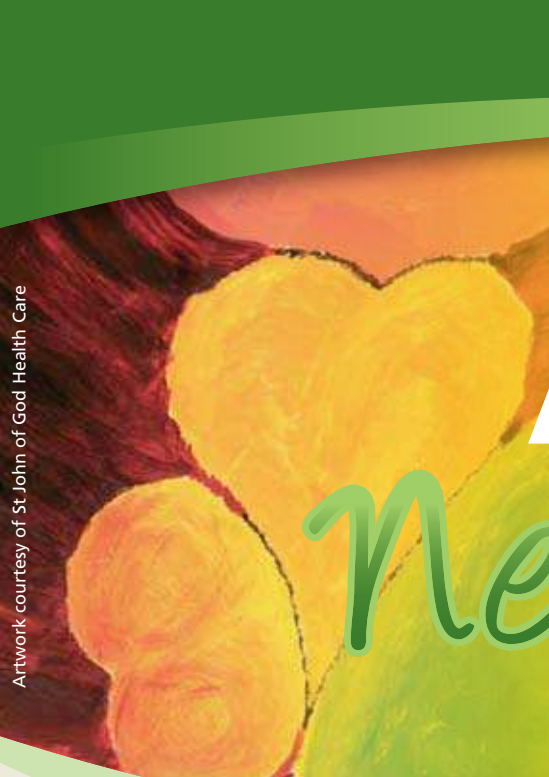

Artwork courtesy of St John of God Health Care

ACRA Newsletter

AUSTRALIAN CARDIOVASCULAR HEALTH AND REHABILITATION ASSOCIATION

July 2013

Heart Foundation launches HEARTOnline

HEART online

Heart Education Assessment Rehabilitation Toolkit

This Edition

AUSTRALIAN CARDIOVASCULAR HEALTH AND REHABILITATION ASSOCIATION

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ACRA Newsletter Editor
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Challenge...Change...Achieve

Editor's Note

Welcome to the winter edition of your newsletter. What strange weather we are experiencing around the country at the moment – heavy downpours in NSW, warmer temperatures than usual in southern states, but not much snow for the enthusiastic skiers. We hope that the winter conditions are not being used as excuses by patients not to attend your programs.

As the edition immediately preceding the annual conference, there is some important information presented, not the least of which is the annual budget. This has been passed by the EMC at their meeting on the last weekend in June (a wet one in Brisbane, by the way) and is published for your consideration and approval at the forthcoming AGM.

The EMC welcomed 3 new members at the meeting – Jenny Finan (SA/NT rep), John Aitken (Tas rep) and Elizabeth Holloway (HRC rep). We farewelled Sue Sierp (SA/NT) and Terri Wieczorski (Tas) both of whom have given valuable service to the EMC and the Association over several years. Our thanks and appreciation to you both and best wishes for the future in your respective career paths.

Final preparations are well in hand for the annual conference "Bridging the Divide" in Melbourne next month. We look forward to seeing as many of you there as possible. What are you wearing to the conference dinner? The theme is a sporting one so it would be fun to see as many of you as possible coming dressed supporting your favourite team or representing your favourite sporting pastime. Do you have photos of you participating in/watching sport – send them to Emma Boston - emma.boston@sjog.org.au - for a slide show on the night.

The organising committee and the EMC readily acknowledge that the cost to attend has been considered by many to be prohibitive. However, as you will see from the budget, we have proposed a only very small surplus this year in comparison with previous years. Sponsorship, to help defray conference costs, is getting harder to acquire. Craig Cheetham has worked very hard to gain sponsorship funds for our Association as a whole for various aspects of our work for members, but economic constraints have precluded companies from being able to assist us at this time.

We have received some very positive comments in regard to the free online journal, European Journal of Preventive Cardiology, to which we now all have access as ACRA members. SACRA members worked very hard to achieve this and we congratulate them on their efforts. I have accessed several articles myself already that are proving most valuable in my practice.

"Thanks a million to you, ACRA and SACRA for obtaining free access to the online journal of technical material for us members. I have already got down to using it to great effect".

"I think this is excellent especially for those that do not have ready access to other online resources. Thank you to those in SA who have helped get this up and running".

We welcome articles for publication in this newsletter

Please send any items to: sue.sanderson@dhhs.tas.gov.au

Author guidelines are available on request

The EMC is also considering other possible online journals to provide access for members. Watch this space!

There are some other interesting articles in this edition, some of which highlight the work being done 'behind the scenes' by EMC members on your behalf, for example participating in global and national discussions. Check out some of the latest research updates provided by Robert Zecchin and also what is happening at the Heart Research Centre and the Heart Foundation. There has also been a lot happening around the nation at state level. Read all about it!

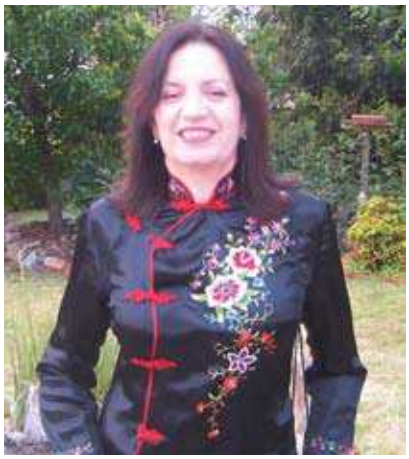
The Distinguished Service Award (DSA) has been renamed the Dr Alan Goble Award. We are calling for nominations for this award which also confers life membership of ACRA for the recipient. Do you know someone in your state worthy to receive the award? Nominate them now. What about at a local level – ACRA also bestows Merit Awards. Again feel free to nominate. Nomination forms are available on the ACRA website.

We look forward to seeing as many of you as possible in Melbourne next month. In the meantime:

Happy re-habbing

Sue Sanderson

President's Corner



Contents

As I write this final report as ACRA president and pass the baton on to the capable leadership in Steve Woodruffe, I would like to share some thoughts on change and transition. In view of our current changing economical and political climate it is worthwhile pausing to reflect on change and transition. Similarly when our cardiac patients experience a significant cardiac event that requires them to embrace changes in their lifestyle, our role may include evaluating their readiness for change. Why do we need to change? How does change affect us? Do we like change?

There are five steps accompanying change (Conner, 1993):

- Denial — cannot foresee any major changes
- Anger - at others for what they're putting me through
- Bargaining — work out solutions, keep everyone happy
- Depression — is it worth it? doubt, need support
- Acceptance — the reality

It is worth noting that the Japanese term for change "*kaizen*," signifies continual improvement. It is a never ending quest to do better...we do better by changing.

All good organisations experience periods of changes and so it is important to reflect on our willingness or readiness for change...by asking the following questions:

1. *What new opportunities will this provide?"*
2. *"What problems will this solve?"*
3. *"What would it look like?"*
4. *"What can I do to help?"*
5. *"Who can help us?"*

(Accessed 2013: http://www.nwlink.com/~donclark/leader/leadchg.html)

Some of the key areas of change that ACRA as an organisation needs for your ongoing consideration and support include:

1. ACRA expanding role in the Global scene
2. ACRA expanding role in the National scene
3. ACRA Proposed Marketing Strategy
4. Broadening membership to include Global ACRA membership

1. ACRA expanding role in the Global scene:

Steve Woodruffe currently represents ACRA as a council member on the international global advocacy group (ICCPR) and will serve for a minimum of three years.

Lis Neubeck very capably represented ACRA at the European Association for Cardiovascular Prevention and Rehabilitation (EACPR) Global Alliance Forum in held in Rome in April this year and presented a paper at the conference. The Global Forum for CVD prevention objective previously outlined as:

The United Nations and the World Health Organization (WHO) have agreed to take concerted action to reduce mortality from non-communicable diseases by 25% by 2025. The EACPR have facilitated a common platform: *A Global Forum for Cardiovascular Disease Prevention in Clinical Practice* that unites the voices of regional and national professional societies for cardiovascular prevention for the benefit of all our patients. The Global Forum aims to move towards a global alliance of the elected leadership of all regional and national organisations from each WHO region (*includes Australia*) with an interest in cardiovascular prevention - including cardiologists, physicians, general practitioners, nurses and allied health professionals - to work together as equal partners on the following proposed objectives:

1. Guidelines and standards to promote excellence in patient care

2. Education and training for health care professionals in CVD prevention and rehabilitation

3. Coordination of research in CVD prevention and rehabilitation

4. Advocacy for CVD prevention and rehabilitation services in clinical practice

5. Broadening membership to include international ACRA membership.

Further discussion regarding ACRA global collaboration will be also be discussed by Lis Neubeck and Steve Woodruffe in their respective reports. ➤

2. ACRA expanding role in the national scene:

Australian Commission on Safety and Quality in Health Care

ACRA received a formal request in October 2012 for a candidate for the Clinical Care Standards topic writing group and Mrs Kath O'Toole from South Australia was the successful candidate for the Acute Coronary Syndrome Topic working group. The Commission will develop and recommend to Health ministers the clinical standards suitable for implementation as national clinical standards. The Health ministers have approved the development of clinical standards in the areas of **acute coronary syndrome (ACS), stroke** and **antimicrobial stewardship** and the commission has commenced the clinical care standards program with the aim to developing 3 clinical care standards over the next twelve months.

3. ACRA Proposed Marketing Strategy

The ACRA EMC will continue the process of ongoing discussions regarding the strategic plans for ACRA that includes careful consideration of a national marketing strategy. The ACRA EMC would like to augment current marketing strategies in all states and so we encourage your active engagement in future discussions identifying some of the barriers and success in marketing initiatives relevant to your contexts.

4. Broadening membership to include international ACRA membership.

ACRA is currently reviewing a smoother process for international membership applications so that as an organisation we become more inclusive with our cardiovascular health colleagues.

National Heart Foundation Conference in Adelaide

The ACRA booth at the NHF Conference 16-18th May generated some interest in our organisation and attracted new membership. I attended the AHHA and NHF pre-conference workshop on improving the patient journey for Aboriginal and Torres Strait islander patients with ACS which I thought was very practical and thought provoking.

Day 2 I attended the Beyond Blue Breakfast sessions that included: "*Anxiety, Depression and Acute Cardiac Events*: *Red flags and Risk Factors*", an excellent presentation by Dr Barbara Murphy from the Heart Research Centre; "*Nutrition and Cardio-metabolic Risk Factors*", a thoughtful presentation by Professor Wendy Oddy and the final practical presentation by A/Professor David Colquhoun on "*Depression in patients with CHD: Screening, Referral and Treatment*".

In the Plenary Session 3: "*ACS Snapshot*: *First Release Findings*" was particularly impressive with Associate Professor Tom Briffa's presentation on the findings in relation to discharge and secondary prevention. I suggest reading the published primary paper SNAPSHOT ANZ Study in the *Medical Journal of Australia* (MJA) (I have included the link below)

The Heart Education Assessment and Rehabilitation Toolkit (HEART) Online national website was officially launched at the Conference on Saturday 18 May and is now available via a direct link http://www.heartonline.org.au or via the ACRA website. This excellent site has been developed by clinicians for clinicians, linking health professionals to education and rehabilitation tools, such as evidence-based guidelines, templates, protocols, calculators, patient resources and videos to support best practice for cardiac disease prevention, rehabilitation and heart failure management.

Update on Secondary Prevention 2011 National summit

The joint media release of the George institute and NHF regarding the final report on 2011 National summit on Secondary Prevention that a number of ACRA members attended was a focus in the previous newsletter. The report was published in the MJA, titled '*Blueprint for Reform*', and outlined five key reforms needed to reduce the alarming number of Australians who have repeat heart attacks. More recently the primary paper resulting from the SNAPSHOT ANZ Study was published in MJA (https://www.mja.com.au/journal/2013/199/3/acute-coronary-syndrome-care-across-australia-and-new-zealand-snapshot-acs-study). The study further highlights the ongoing need for improved strategies and systems for the management of ACS and therefore supports the goals of the current secondary prevention advisory group.

The ACRA National Conference in Melbourne

With the ACRA national conference fast approaching, if you are unable to attend the whole conference give some consideration to applying for day registrations. The conference provides an opportunity to network with other health professionals and attend some interesting workshops. Returning to my opening comments regarding change I have registered to attend the Health Change Australia *Pre-Conference Workshop* which is a 2 hour practical skills–based workshop that provides a framework for clinicians to systematically build behaviour change support in CR group-based programs. The workshop will particularly focus on program design principles and strategies to increase patient uptake of CR referrals, and patient retention for the duration of the program. This is an important workshop in light of recent papers published in relation to secondary prevention.

Dr Alan Goble DSA

ACRA acknowledges the long association of the late Dr Alan Goble and has established an ongoing legacy in recognition of his excellent contributions to CR. The distinguished service award (DSA) best reflects Dr. Goble's holistic work, and so has been renamed as the Dr. Alan Goble DSA. As we approach the anniversary of the death of the late Dr Goble, the guest book is still available until 29th August for ACRA members who may wish to include your comments at the link below

http://www.legacy.com/guestbooks/theage-au/guestbook.aspx?n=alan-goble&pid=158834256&eid=viewgb

Welcome New ACRA Members

As the national and international influence of ACRA continues to be strengthened with our growing membership numbers I would like to extend a warm welcome to all our recent new ACRA members, and express my appreciation to the current membership for your ongoing support. As I pass the baton of national leadership to incoming president Steve Woodruffe I would like to express my heartfelt appreciation for the commitment and continued support of the ACRA EMC for the duration of my presidency.

Warm regards,
Sindy Millington

NEW MEMBERS

QLD
Sian Wilson
Monique Hill
Debora Snow

VIC
Ann Distefano
Moira Laming
Barbara Leggatt
Wendy Trevisan
Michelle Dove
Annabel Askin
Ailish Commone
Deborah Herrick
Simone Weremijenko
Melanie Potter
Lyn Corby

SA/NT
Chloe Byrne
Gloria Lou
Janice Clifford

WA
Scott Gibbings
Melissa Twiss
Debbie Cooper
Paul Crabtree
Jane Doepel
Jessica Valvasori

NSW/ACT
Susan Minns
James Faulkner (international)
Michelle Thumm
Judy Hobart
Jessica Orchard
Lucinda Puglisi
Kathryn Tonini
Natasha Stewart
Pauline Ducas
Helen Hartney
Akiko Man
Maroka Seremetkosk
Precilla Sharp
Patricia Vail
Sarah Due

TAS
Trudie Williams

Vice President's Report

Please find following an update on three issues that I have been following-up since the start of the year:

1. International Charter on Cardiovascular Prevention and Rehabilitation (ICCPR)
2. Conference planning for 2014 – ACRA +/- World Congress of Cardiology
3. National taskforce for secondary prevention of coronary heart disease

1. ICCPR

Recently, a call for action was published in the Journal of Cardiopulmonary Rehabilitation and Prevention; International Charter on Cardiovascular Prevention and Rehabilitation. There is a link to the ICCPR website for more information: www.globalcardiacrehab.com

Representation within this International group has been a shared role between Sindy Millington, Lis Neubeck and myself over recent months.

A recent update from Sherry Grace (ICCPR Secretary) advised these as the key issues for ICCPR currently

1. ICCPR is in the Current Issues in Cardiac Rehabilitation and Prevention issue – includes ACRA
2. Global Forum next steps (ACRA has received an invitation to ESC in Amsterdam in August along with ICCPR). ICCPR invited to send input to Global Alliance.
3. ICCPR hopes their symposium submission will be accepted for WCC in Australia next year and can spend some time with those interested in CR in Australia
4. Membership in WHF approved with fiscal agency agreement with CACR (Canada)
5. ICCPR are undertaking a research planning process

The next teleconference of the ICCPR is scheduled for Monday 15th July. I intend to dial-in to this meeting and continue to liaise with this international group.

2. Conference Planning 2014

The decision was made earlier this year to continue to plan for a "stand-alone" conference during the month of August in 2014. This conference will be held in Sydney and organisation will be coordinated by Lis Neubeck and the CRA NSW ACT Executive and Education Committee.

This decision has been endorsed recently by the apparent lack of interest of WCC organisers to include Secondary Prevention and Cardiac Rehabilitation in the initial draft program. Despite repeated efforts to engage and provide input to the organisation of this conference, these offers have not been accepted.

I hope that given the absence of the Cardiac Society meeting from the usual August period that the ACRA Annual Scientific Meeting will attract greater support.

3. National taskforce for secondary prevention of coronary heart disease

In April I was invited and subsequently accepted as a member of the National Taskforce for secondary prevention of coronary heart disease. The broad purpose of the National Taskforce will be to provide advice and support around the consensus recommendations resulting from the Secondary Prevention of Heart Disease Summit held in December 2011. While being coordinated by the Cardiovascular Division at The George Institute, membership to the group is a broad cross section of government and non government organisations. An introductory taskforce meeting was held via teleconference on the 10 May 2013. A recent update from Project Manager Kate Gall, is included in this newsletter.

President role

I am looking forward to my impending Presidency with anticipation and mild anxiety. In my opinion our association stands at a crossroads and the actions we take in the next six months will significantly define our direction in the future. I look forward to the challenges that lie ahead and feel confident that I can guide ACRA through this interesting time.

ACRA Vice President – President Elect
Stephen Woodruffe

Finance report and proposed budget for 2013/14

	Expenditure BUDGET 2012/13	Proposed 2013/14
Capitation to states	$12,500.00	$13,750.00
ACRA EMC		
F2F	$11,000.00	$12,000.00
Teleconference	$500.00	$700.00
Communication with State Presidents	$500.00	$500.00
Scholarships and Travel Grants	$3,000.00	$3,000.00
Executive Officer Pay	$13,500.00	$15,000.00
Executive Officer expences		$2,500.00
Awards	$500.00	$400.00
Communication		
Phone/Fax/Office	$1,000.00	$1,300.00
Website	$500.00	$600.00
Newsletter	$4,500.00	$5,500.00
Postage	$50.00	$50.00
Annual Fees		
Accountant Fees	$3,500.00	$3,000.00
Online Journal Subscription		$4,000.00
Insurance	$2,900.00	$2,900.00
General Expenditure		
Dues	$100.00	$100.00
Bank Charges	$1,000.00	$700.00
GST Payments	$3,300.00	$1,500.00
Project Account Transfers		
Reimbursements out	$-	
Other	$-	$1,000.00
TOTAL EXPENSES	$60,350.00	$68,500.00
INCOME - EXPENSES	**$150.00**	**$200.00**

	INCOME	Proposed
	2012/13	2013/14
	Budgeted	
Membership Fees	$60,000.00	$66,000.00
Joining Fee		$1,600.00
Interest	$500.00	$100.00
BAS Refund	$-	$-
Conference	$-	$1,000.00
Sponsorship	$-	$-
Newsletter	$-	$-
Website	$-	$-
Other	$-	$-
TOTAL INCOME	**$60,500.00**	**$68,700.00**

The finance committee on behalf of the ACRA EMC wish to propose the accompanying budget for the financial year of 2013/14 in view of having it accepted at the Annual General Meeting in August.

The proposed budget itemises the proposed income and expenditure for the 2013/14 financial year. At the time of writing this article, immediately prior to the end of the financial year, it appears from our most up to date transaction history that the ACRA have been able to stay within the budget accepted at last year's AGM in Brisbane.

The budget has no considerable difference to the last financial year. The most significant change is in conservatively increasing the budget to accommodate the likely forced increase in expenditure for the executive officer's role given the current executive officer has submitted her resignation from the position. The reappointment will incur additional expense to ensure an appropriate level of handover is achieved to guarantee a smooth transition with no interruption to the general operations of the association.

An increase in income from membership is proposed in keeping with strategies to increase and maintain members. This is accompanied by an additional item of expenditure in the form of online journal subscriptions as 1 way of providing more for members.

The ACRA Executive Management Committee or myself (as acting Treasurer) are willing to address any questions regarding the proposed budget or the financial direction of the association.

With warm regards
Craig Cheetham
Acting Treasurer

National Taskforce for secondary prevention of coronary heart disease

Kate Gall - Project Manager, Cardiovascular Division The George Institute for Global Health

Welcome to the latest update for our advisory group and interested colleagues. We hope you find the update about recent activities helpful and would be more than happy to receive comments or feedback from any interested people.

The primary paper resulting from the SNAPSHOT ANZ Study was recently published in MJA (https://www.mja.com.au/journal/2013/199/3/acute-coronary-syndrome-care-across-australia-and-new-zealand-snapshot-acs-study). The study has highlighted the ongoing need for improved strategies and systems for the management of ACS and hence the goals of this current secondary prevention advisory group are clearly aligned with the SNAPSHOT findings.

The Taskforce

Last month the first *National taskforce for secondary prevention of coronary heart disease* meeting took place via teleconference, hosted by The George Institute. An introductory general discussion among participants was centred around defining key messages, goals and target audiences of the Taskforce. It was clear during the discussions that a paradigm shift was needed in thinking about coronary heart disease as a chronic lifelong disease and not just discrete hospital episodes.

Several of the goals identified include:

- To improve the connection between hospital and primary care.
- Establish a set of limited national KPI's.
- Population awareness campaign around the long term condition of CHD and its appropriate ongoing management in primary care.
- Unification of language and definition of secondary prevention.
- To begin dialogue with Federal Government around improving policy for primary care and patient-centred initiatives.

Earlier this month, Clara Chow and Julie Redfern (The George Institute) and Rob Grenfell (Heart Foundation) attended meetings with over 20 Federal MPs and Senators at Parliament House to make initial contact and ask for ongoing support around secondary prevention following September's election. The visit was very successful in that it provided the opportunity to discuss what the Federal Government will likely be seeking when formulating future policy, along with permission to go back after the election to present several strategies to the Health Minister.

Your feedback

The Taskforce is looking for continual contributions around improving secondary prevention and any suggestions, observations, feedback you may have would be greatly appreciated (please forward to kgall@georgeinstitute.org.au).

For your information, included is the current list of Taskforce organisations, however, upon further suggestions from members, a representative from the National Aboriginal Community Controlled Health Organisation and the Private Hospitals Association have also been invited to sit on this group.

We are aiming to convene the next Taskforce meeting late October/ early November. In the meantime, we look forward to your contributions and we will continue to keep you updated with any significant secondary prevention news in our joint mission to improve secondary prevention of coronary heart disease for all Australians. We are keen to grow this Advisory Group and so please feel free to contact us with additional people who may be interested in being part of this initiative.

MEMBER ORGANISATIONS – NAITONAL SECONDARY PREVENTION TASKFORCE
Australian Cardiovascular Health and Rehabilitation Association
Australian Commission for Safety and Quality in Health Care
Australian Healthcare and Hospitals Association
Australian Medicare Locals Alliance
Australian Practice Nurses Association
Cardiac Society of Australia and New Zealand
Cardiac Society of Australia and New Zealand Cardiovascular Nursing Council
Consumer representative – individual
Flinders University, South Australia
Heart Support Australia
National Aboriginal Community Controlled Health Organisation (awaiting nominee)
National Heart Foundation of Australia
National Prescribing Service
Private Healthcare Australia
Royal Australian College of General Practitioners
The George Institute for Global Health
University New South Wales, NSW
University of Sydney, NSW
University of Western Australia, WA

EO Report July 2013

Membership

Current Numbers:

STATE	NUMBER (AT 05/07/13)
NSW/ACT	162
QLD	62
VIC	150
TAS	15
SA/NT	52
WA	53
TOTAL	494

Scholarships and Travel Grants

Joanne Leonard	Rural Scholarship $500 to attend CRA Conference in October 2012
Steve Woodruffe	Travel Grant $500 + $500 additional to represent ACRA in Hong Kong.
Paul Camp	General Scholarship $500 to attend conference in Hong Kong. Requested use of ACRA logo (signed forms etc) so will be attending as an ACRA member.
Kathryn O'Toole	General Scholarship $500 to attend Nurse Practitioner Conference
Lis Neubeck	General Scholarship $500 December 2012
Leonie Sadler	General Scholarship $500 May 2013

A Corner of Research for Australia

By Robert Zecchin RN MN

The following are excerpts of recent research articles which may:

a. encourage further research in your department
b. make you reflect on your daily practice
c. enable potential change in your program
d. All of the above

1. Attendance at cardiac rehabilitation is associated with lower all-cause mortality after 14 years of follow-up. Beauchamp A. Worcester M. Ng A. Murphy B. Tatoulis J. Grigg L. Newman R. Goble A.
Heart. 99(9):620-5, 2013 May.

OBJECTIVE: To investigate whether attendance at cardiac rehabilitation (CR) independently predicts all-cause mortality over 14 years and whether there is a dose-response relationship between the proportion of CR sessions attended and long-term mortality.

METHODS: Retrospective cohort study in CR programmes in Victoria, Australia. The sample comprised 544 men and women eligible for CR following myocardial infarction, coronary artery bypass surgery or percutaneous interventions. Participants were tracked 4 months after hospital discharge to ascertain CR attendance status. All-cause mortality at 14 years ascertained through linkage to the Australian National Death Index.

RESULTS: In total, 281 (52%) men and women attended at least one CR session. There were few significant differences between non-attenders and attenders. After adjustment for age, sex, diagnosis, employment, diabetes and family history, the mortality risk for non-attenders was 58% greater than for attenders (HR=1.58, 95% CI 1.16 to 2.15). Participants who attended <25% of sessions had a mortality risk more than twice that of participants attending >= 75% of sessions (OR=2.57, 95% CI 1.04 to 6.38). This association was attenuated after adjusting for current smoking (OR=2.06, 95% CI 0.80 to 5.29).

CONCLUSIONS: This study provides further evidence for the long-term benefits of CR in a contemporary, heterogeneous population. While a dose-response relationship may exist between the number of sessions attended and long-term mortality, this relationship does not occur independently of smoking differences. CR practitioners should encourage smokers to attend CR and provide support for smoking cessation.

The Good News: More reasons to attend cardiac rehabilitation!

2. Cardiac rehabilitation outcomes: modifiable risk factors. A Chatziefstratiou A. Giakoumidakis K. Brokalaki H. British Journal of Nursing. 22(4):200-7, 2013 Feb 28-Mar 13.

Cardiac rehabilitation (CR) plays a significant role in management of heart diseases resulting in an improvement in patients' physical activity and quality of life and a decrease of healthcare costs. The purpose of this article was to review studies that examine outcomes of CR regarding the modifiable risk factors. Literature published between 1995 and 2012 was researched using PubMed and MEDLINE and reference lists of articles. Five hundred and eight studies were identified, however, only 16 met the inclusion criteria. The majority of studies included patients with any coronary heart disease. The study concluded that CR improves patients' self-care; a reduction in cholesterol and body mass index was observed. In addition to this, patients tended to quit smoking and increase their exercise activity. This suggests that the establishment and development of CR services is essential for the most effective management of heart condition.

The Good News: More support for cardiac rehabilitation services to be provided.

3. An early appointment to outpatient cardiac rehabilitation at hospital discharge improves attendance at orientation: a randomized, single-blind, controlled trial. Pack QR. Mansour M. Barboza JS. Hibner BA. Mahan MG. Ehrman JK. Vanzant MA. Schairer JR. Keteyian SJ. Circulation. 127(3):349-55, 2013 Jan 22.

BACKGROUND: Outpatient cardiac rehabilitation (CR) decreases mortality rates but is underutilized. Current median time from hospital discharge to enrollment is 35 days. We hypothesized that an appointment within 10 days would improve attendance at CR orientation.

METHODS: At hospital discharge, 148 patients with a nonsurgical qualifying diagnosis for CR were randomized to receive a CR orientation appointment either within 10 days (early) or at 35 days (standard). The primary end point was attendance at CR orientation. Secondary outcome measures were attendance at >=1 exercise session, the total number of exercise sessions attended, completion of CR, and change in exercise training workload while in CR.

RESULTS: Average age was 60+/-12 years; 56% of participants were male and 49% were black, with balanced baseline characteristics between groups. Median time (95% confidence interval) to orientation was 8.5 (7-13) versus 42 (35 to NA [not applicable]) days for the early and standard appointment groups, respectively (P<0.001). Attendance rates at the orientation session were 77% (57/74) versus 59% (44/74) in the early and standard appointment groups, respectively, which demonstrates a significant 18% absolute and 56% relative improvement (relative risk, 1.56; 95% confidence interval, 1.03-2.37; P=0.022). The number needed to treat was 5.7. There was no difference (P>0.05) in any of the secondary outcome measures, but statistical power for these end points was low. Safety analysis demonstrated no difference between groups in CR-related adverse events.

CONCLUSIONS: Early appointments for CR significantly ➤

improve attendance at orientation. This simple technique could potentially increase initial CR participation nationwide.

CLINICAL TRIAL REGISTRATION: URL: http://www.clinicaltrials.gov. Unique identifier: NCT01596036.

The Good News: What time interval does your program have for commencement of CR? The early bird catches the worm you know.

4. . Effect of exercise-based cardiac rehabilitation on multiple atherosclerotic risk factors in patients taking antidepressant medication. Gordon NF. Habib A. Salmon RD. Bishop KL. Drimmer A. Reid KS. Wright BS. Faircloth GC. Gordon TL. Franklin BA. Rubenfire M. Gracik T. Sperling LS. American Journal of Cardiology. 111(3):346-51, 2013 Feb 1.

BACKGROUND: Antidepressants might increase compliance with cardiovascular disease risk reduction interventions. However, antidepressants have been linked to deleterious metabolic effects. In the present multicenter study, we sought to determine whether patients who take antidepressants derive the expected benefits from cardiac rehabilitation in terms of improvements in multiple atherosclerotic risk factors.

METHOD: A cohort of 26,957 patients who had completed a baseline assessment before participating in an exercise-based cardiac rehabilitation program constituted the study population. The patients were stratified into 3 cohorts (i.e., nondepressed, depressed unmedicated, and depressed medicated) at baseline according to a self-reported history of depression and the current use of antidepressants. Risk factors were assessed at baseline and after ~12 weeks of program participation.

RESULTS: A self-reported history of depression was present at baseline in 5,172 patients (19.2%). Of these patients, 2,147 (41.5%) were taking antidepressants. Patients in the non-depressed cohort (49.4% completion) were more likely ($p < 0.001$) to complete the exit assessment than patients in the depressed unmedicated (44.5% completion) or depressed medicated (43.5% completion) cohorts. Patients in all 3 cohorts who completed the exit assessment showed significant improvement in multiple risk factors. Moreover, the magnitude of improvement in blood pressure, serum lipids and lipoproteins, fasting glucose, weight, and body mass index was similar ($p > 0.05$) in patients taking antidepressants and those who were not.

CONCLUSION: In conclusion, our study is the first to show that antidepressants do not offset the average magnitude of improvement in multiple atherosclerotic risk factors that occurs with completion of a cardiac rehabilitation program.

The Good News: Depressed or not, our patients will still benefit from CR.

5. Effect of comprehensive cardiac rehabilitation after heart valve surgery (CopenHeartVR): study protocol for a randomised clinical trial. Sibilitz KL, Berg SK, Hansen TB, Risom SS, Rasmussen TB, Hassager C, Køber L, Steinbrüchel D, Gluud C, Winkel P, Thygesen LC, Hansen JL, Schmid JP, Conraads V, Brocki BC, Zwisler AD. Trials. 2013 Apr 22;14(1):104. [Epub ahead of print]

BACKGROUND: Heart valve diseases are common with an estimated prevalence of 2.5% in the Western world. The number is rising due to an ageing population. Once symptomatic, heart valve diseases are potentially lethal, and heavily influence daily living and quality of life. Surgical treatment, either valve replacement or repair, remains the treatment of choice. However, post-surgery, the transition to daily living may become a physical, mental and social challenge. We hypothesise that a comprehensive cardiac rehabilitation programme can improve physical capacity and self-assessed mental health and reduce hospitalisation and healthcare costs after heart valve surgery.

METHODS: A randomised clinical trial, CopenHeartVR, aims to investigate whether cardiac rehabilitation in addition to usual care is superior to treatment as usual after heart valve surgery. The trial will randomly allocate 210 patients, 1:1 intervention to control group, using central randomisation, and blinded outcome assessment and statistical analyses. The intervention consists of 12 weeks of physical exercise, and a psycho-educational intervention comprising five consultations. Primary outcome is peak oxygen uptake (VO2 peak) measured by cardiopulmonary exercise testing with ventilatory gas analysis. Secondary outcome is self-assessed mental health measured by the standardised questionnaire Short Form 36. Also, long-term healthcare utilisation and mortality as well as biochemistry, echocardiography and cost-benefit will be assessed. A mixed-method design is used to evaluate qualitative and quantitative findings encompassing a survey-based study before the trial and a qualitative pre- and post-intervention study.

DISCUSSION: The study is approved by the local regional Research Ethics Committee (H-1-2011-157), and the Danish Data Protection Agency (j.nr. 2007-58-0015). Trial registration: ClinicalTrials.gov (NCT01558765).

The Good News: Keep an eye out for the outcomes of this study in a specialized population that come to CR.

6. Where you live matters: Challenges and opportunities to address the urban-rural divide through innovative secondary cardiac rehabilitation programs. Sangster J, Furber S, Phongsavan P, Allman-Farinelli M, Redfern J, Bauman A. Aust J Rural Health. 2013 Jun;21(3):170-7. doi: 10.1111/ajr.12031.

OBJECTIVE: Only one third of clinically eligible patients attend a cardiac rehabilitation (CR) program. Few studies have looked at participation in rural cardiac patients. This paper examines the risk profile and participation in CR of rural and urban residents with cardiac disease who enrolled in a telephone coaching program.

METHODS: Comparison of baseline characteristics of 173 urban and 140 rural Australians referred to CR, and who enrolled in a telephone-based coaching program. Socio-demographic characteristics, health behaviours and participation in CR programs were compared.

RESULTS: Rural residents were more likely to enrol in a telephone coaching secondary prevention program (44.7% versus 25.5%, $P < 0.001$) than urban residents. For those enrolling in the telephone-based program, rural ➤

participants were more likely to be obese (42.0% rural versus 28.8% urban, P=0.02), to rate their health as fair or poor (45% versus 24.3%, P<0.001) and less likely to be sufficiently physically active (35.3% versus 53.2%, P=0.002), or follow a special diet for their heart (40.0% versus 56.6%, P=0.003) compared with urban participants. Those who attended a CR program were more likely to be from an urban location and live closer to a CR program.

CONCLUSIONS: Rural participants in this study had poorer health profiles and attendance at outpatient CR compared with urban participants. This poses challenges for the provision of secondary prevention programs for rural cardiac patients and highlights opportunities to trial innovative delivery models, such as telephone-based programs, to reach people that would otherwise not have access. © 2013 The Authors. Australian Journal of Rural Health © National Rural Health Alliance Inc.

The Good News: The tyranny of distance! Welcome to Australia.

7. 'I am still a bit unsure how much of a heart attack it really was!' Patients presenting with non ST elevation myocardial infarction lack understanding about their illness and have less motivation for secondary prevention. Dullaghan L, Lusk L, McGeough M, Donnelly P, Herity N, Fitzsimons D. Eur J Cardiovasc Nurs. 2013 Jun 3. [Epub ahead of print]

BACKGROUND: There are considerable differences in the type of treatments offered to patients presenting with acute myocardial infarction (AMI), in terms of the speed and urgency with which they are admitted, treated and discharged from hospital. The impact of these different treatment experiences on patients' illness perception and motivation for behavioural changes is unknown. The aim of this study was to explore and compare patients' illness perception and motivation for behavioural change following myocardial infarction (MI) treated by different methods.

METHODS: Semi-structured, domiciliary interviews (n=15) based on the common sense model of self-regulation, were conducted with three groups of MI patients within four weeks of diagnosis: (a) primary percutaneous coronary intervention (PPCI) (n=5); (b) thrombolysis (n=5); (c) non ST elevation MI (NSTEMI) (n=5). Framework analysis was used to identify and compare themes between groups.

RESULTS: Patients presenting with a ST-elevation MI (STEMI) receiving either PPCI or thrombolysis had similar perceptions of their illness as a serious, life-threatening event and were determined to make lifestyle changes. In contrast, patients with a NSTEMI experienced uncertainty about symptoms and diagnosis, causing misconceptions about the severity of their condition and less determination for lifestyle changes.

CONCLUSION: Patients with NSTEMI in this study expressed very different perceptions of their illness compared to those experiencing STEMI. Patients' clinical presentation and treatment experience during an AMI can impact on their illness perception, motivation for behavioural change and uptake of cardiac rehabilitation. Nurses should consider the patients' illness experience and perception when planning secondary prevention interventions.

The Good News: Treat each disease group as you should each patient that comes to CR – individually. What is good for the goose is not always good for the gander!

More next time!

Depression and coronary heart disease

People often ask if there is a link between 'stress' and coronary heart disease. The term 'stress' has no exact meaning, so it is difficult to measure its effect on coronary heart disease. However it has recently been shown that people who experience depression, are socially isolated or do not have quality social support are at greater risk of developing coronary heart disease.

A recent consensus statement released in the Medical Journal Australia by the Heart Foundation states there are high rates of depression in patients with coronary heart disease and they should be screened when they first present to their GP. The statement is a guide for health professionals on screening, referral and treatment for depression in patients with coronary heart disease.

The statement advises that routine screening for depression in all patients with heart disease is recommended, particularly:

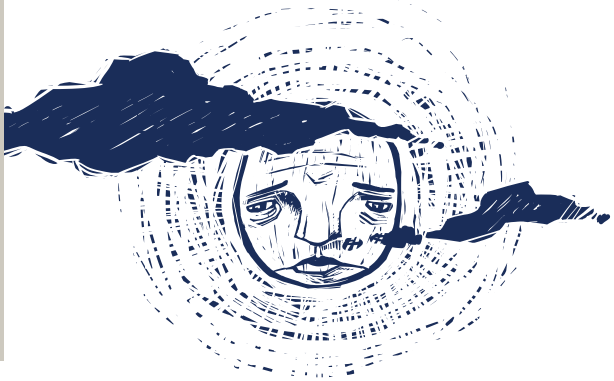
- when a patient first presents to their doctor
- at the next follow up appointment
- 2-3 months after the heart event
- ongoing screening should then be considered on a yearly basis.

The paper discusses treatments for depression, including psychological, complementary and alternative therapies, medications, and exercise and advises that referral to psychological or psychiatric services may also be considered appropriate.

The benefits of treating depression include improved quality of life, improved adherence to other therapies and potentially improved CHD outcomes.

The Cardiac Society of Australia and New Zealand, Beyondblue and The Royal Australian and New Zealand College of Psychiatrists have endorsed the paper.

To view the full consensus statement use this link http://www.heartfoundation.org.au/information-for-professionals/Clinical-Information/Pages/psychosocial-health.aspx to the "Medical Journal of Australia" website.



HRC REPORT

Elizabeth Holloway

This past year has seen changes at the Heart Research Centre which have centered around two key people.

In July 2012 Dr Alan Goble passed away after a distinguished career, including his work as a distinguished cardiologist and outstanding clinician. He initiated the formation of the Heart Research Centre in 1989.

Dr Marian Worcester, who is the director of the Heart Research Centre, has resigned and leaves at end of June.

Both Dr Worcester and Dr Goble have left a strong legacy in the Heart Research Centre which conducts research into the prevention and management of chronic diseases including cardiovascular disease, their social, psychological and behavioural aspects.

Dr Worcester's position will be filled by Professor Alun Jackson from the University of Melbourne.

ACTIVITIES

HEALTH PROFESSIONAL TRAINING:

• The 5-day "Cardiovascular disease rehabilitation and prevention" was conducted in May, with participants attending from across Australia.

Upcoming Training for 2013:

• 'Cardiac Medications Update' – a 1-day workshop addressing CAD and CHF medications, managing barriers to compliance and adherence, and health beliefs and health literacy, in June

• 'Cardiac Blues: Supporting emotional adjustment after a cardiac event' - a half day workshop addressing prevalence of depression, red flags, assessment and strategies to support patients to support their emotional wellbeing, 25 July

• 'Encouraging physical activity in patients with chronic illness' 4 September

• 'Understanding smoking behaviour and cardiovascular health' 17 October

• 'Integrated disease management for patients with chronic heart failure' 27-29 November

• The Supporting Chronic Disease Self Management (CDSM) online health professional training program has attracted continued interest from individuals, health organisations and government. The CDSM training teaches health professionals skills and strategies to help them support individuals with a chronic disease, to actively participate in their own health care.

RESEARCH PROJECTS INCLUDE:

'Preparing for the Cardiac Blues': Supporting patients and health professionals in understanding emotional adjustment after an acute cardiac event

Led by Dr Murphy and Dr Higgins

To develop and pilot-test:

• A patient resource to support emotional adjustment after an acute cardiac event.

• A health professional resource for the development of an online training program to assist health professionals to talk with patients in hospital about common emotional responses

The Heart Research Centre has received funding from Beyond Blue

Indigenous Heart Health

The Heart Research Centre was recently awarded grants from the ANZ Trustees and Grosvenor Foundation to work with Aboriginal Community Controlled Health Organisations (ACCHOs) in Victoria to improve community participation in cardiac rehabilitation and secondary prevention services.

The second phase of the project will provide support for two ACCHOs to plan and implement a locally adapted secondary prevention model of care that will best meet the needs of the Aboriginal community

Wurundjeri Community Health Project

Led by Dr Higgins and Dr Murphy. The Heart Research Centre is collaborating with the Wurundjeri Tribe Land and Compensation Cultural Heritage Council and the General Practice and Primary Health Care Academic Centre, University of Melbourne to improve the emotional health and wellbeing of Wurundjeri community members.

Interviews completed with Aboriginal health workers. Focus groups (yarning circles with consumers) are now complete. Two initiatives about to be implemented are the Welcome to Country pack and Wurundjeri website.

The TIARA Evaluation, Part 1: Patient Satisfaction and Emotional Recovery

Led by Dr Turner. Collaboration with staff at the Royal Melbourne Hospital. Satisfaction with care received, and depression and anxiety levels will be assessed in 115 people attending the nurse practitioner TIA clinic at Royal Melbourne Hospital. Patients will be followed up at three months to assess physical and emotional recovery

Depression in rural cardiac patients

Led by Dr Murphy. Patients who become depressed after their cardiac illness generally have poorer outcomes than others, with higher rates of premature death and further hospital readmissions. However, almost no studies have explored the experiences and needs of regional or rural cardiac patients who suffer from depression.

Promising practices in cardiac rehabilitation and secondary prevention for Aboriginal and Torres Strait Islanders

Led by Dr Higgins. Aboriginal people are almost three times more likely to die from CHD than non-Aboriginal people. Cardiac rehabilitation is a well-known treatment that enables people to live an active and fulfilling life and prevent further cardiac events. While the World Health Organisation recommends that all patients with CHD should participate in cardiac rehabilitation, only 2% of eligible Aboriginal people attend a cardiac rehabilitation program. Numerous barriers have been identified by Aboriginal people to accessing such services. A number of successful interstate models have improved participation rates by their local Aboriginal communities. This project will investigate and document ➤

features of successful models

Return to work after an acute cardiac event

In Australia each year, a significant number of people suffer heart attacks or undergo coronary bypass surgery or coronary angioplasty. Despite good medical and surgical outcomes, however, many patients do not resume work after the acute phase of their illness. Often the reasons for failure to return to work are psychological. This two-year project examined more rates of return to work among patients admitted to the Western Hospital and investigated factors associated with failure to resume work.

CBT intervention study

Tested the effectiveness of an eight-week CBT group program to encourage sustained behaviour changes and help manage and prevent depression in cardiac patients. 275 patients were recruited from consecutive admissions to the Royal Melbourne Hospital and the Melbourne Private Hospital after a heart attack or to undergo coronary artery bypass graft surgery or percutaneous coronary intervention. Half the patients were randomly allocated to the CBT program began about six weeks after patients' admission to hospital.

Predictors of mortality in HRC cohorts

Cohorts of the HRC are being followed up to determine mortality. Predictors of mortality used in these studies include depression, anxiety, quality of life, health behaviours and risk factors. We have a number of papers under review in this area.

Music therapy for language recovery following stroke

Led by researchers at the Royal Melbourne Hospital, with Dr Turner on the investigator team. A pilot trial of the impact of in-hospital music therapy on language recovery in 20 people who have aphasia following stroke.

Development and piloting of online patient resource to support CDSM: HeLP Yourself Online.

Led by Dr Higgins & Dr Murphy. Program will be a companion to health professional training to support patients in their self-management. Health professionals who have completed the training will be able to refer patients into the online resource and monitor progression. Package will share tools with the health professional training.

Impact of CDSM training in health professionals

Led by Dr Higgins. An evaluation of the impact of the CDSM training on professional practice. 50 health professionals who complete the training will be followed-up over 2 months

RECENT PUBLICATIONS:

Murphy B, Worcester M, Higgins R, Elliott P, Navaratnam H, Mitchell F, Grigg L, Tatoulis J, Goble A. Reduction in two-year recurrent risk score and improved behavioural outcomes after participation in the Beating Heart Problems self-management program: results of a randomised controlled trial. *J Cardiopulm Rehabil* 2013 (in press).

Murphy BM, Rogerson M, Worcester MUC, Higgins R, Goble A. Predicting mortality 12 years after an acute cardiac event: comparison between in-hospital and 2-month assessment of depressive symptoms in women. *J Cardiopulm Rehabil* 2013 ;33:160-167.

Beauchamp A, Worcester M, Ng A, Murphy B, Tatoulis J, Grigg L, Newman R, Goble A. Attendance at cardiac rehabilitation is associated with lower all-cause mortality after 14 years of follow-up. *Heart* 2013 ;99:620-625.

Rogerson M, Murphy B, Bird S, Morris T. " I don't have the heart": A qualitative study of barriers to and facilitators of physical activity for people with coronary heart disease and depressive symptoms. *Int J Behav Nutr Phys Act* 2012 ;9,140.

Higgins R, Navaratnam H, Murphy B, Walker S, Worcester M. Outcomes of a chronic heart failure training program for health professionals. *J Nursing Educ Prac* 2012 ;3: 68-74.

Higgins R, Le Grande M. Invited Commentary. Post-angiography patients who complete cardiac rehabilitation have reduced risk of mortality or hospitalisation compared to non-completers. *Evid Based Nurs* 2012 doi:10.1136/eb-2012-101051.

Turner A, Murphy B, Higgins R, Elliott P, Le Grande M, Goble A, Worcester M. An integrated secondary prevention group program reduces depression in cardiac patients. *Eur J Prev Cardiol* 2012 (in press).

Murphy BM, Le Grande M, Navaratnam H, Higgins R, Elliott PC, Turner A, Rogerson M, Worcester MUC, Goble AJ. Are poor health behaviours in anxious and depressed cardiac patients explained by sociodemographic factors? *Eur J Prev Cardiol*. 2012 (in press).

Le Grande M, Elliott P, Worcester M, Murphy BM, Goble A, Kugathasan V, Sinha K. Identifying illness perception schemata and their association with depression and quality of life in cardiac patients. *Psychol Health Med* 2012, 17:709-722.

Higgins R, Murphy BM, Worcester MU, Daffey A. Supporting chronic disease self-management: translating policies and principles into clinical practice. *Aust J Prim Health* 2012;18:80-7.

Papers recently submitted 2013

Worcester M, Elliott P, Turner A, Pereira J, Murphy B, Le Grande M, Middleton K, Navaratnam H, Nguyen J, Newman R, & Tatoulis J. Resumption of work after acute coronary syndrome or coronary artery bypass graft surgery. Submitted to *Heart Lung & Circulation* June 2013

Le Grande M, Murphy B, Rogerson M, Elliott P & Worcester M. Determinants of physical activity guideline attainment in cardiac patients: A 12-month longitudinal study. Submitted to *Journal of Cardiopulmonary Rehabiliation and Prevention* May 2013

Rogerson M, Murphy B, Le Grande M &Worcester, M. Physical inactivity at leisure and work: A 12-month study of cardiac patients. Submitted to *Journal of Cardiopulmonary Rehabilitation and Prevention* May 2013

Ms Elizabeth Holloway, B Ed Grad Dip Planning, Cert 1V Plann/ Assessment, Project Officer-Training and Research

Ms Holloway has extensive experience in training health professionals in smoking cessation for patients with chronic illnesses. She has developed a variety of training and online learning programs. Her work in health behaviour change has included working in Indigenous health promotion and training in regional and remote locations across Australia.

News From *Across The Nation*

Heart Foundation launches one-stop cardiac management website

The Heart Foundation has launched Heart Education Assessment and Rehabilitation Toolkit (HEART) Online – a one-stop website providing up-to-date best-practice information on cardiac prevention, rehabilitation and heart failure management.

HEART Online provides practical tools like patient education resources; calculators (e.g. BMI), administration templates; medication guidelines and options; resource bank and checklists for setting up, running and evaluating cardiac prevention and management programs, as well as heart failure management programs.

HEART Online was launched nationally as part of the Heart Foundation Conference in Adelaide on 16-18 May 2013.

For more information visit www.heartonline.org.au.

Depression and coronary heart disease

A recent Heart Foundation consensus statement released in the *Medical Journal of Australia* states that patients with coronary heart disease have high rates of depression and they should be screened when they first present to their GP.

The consensus statement is a guide for health professionals on screening, referral and treatment for depression in patients with coronary heart disease.

To find out more visit http://www.heartfoundation.org.au/information-for-professionals/Clinical-Information/Pages/psychosocial-health.aspx

Widespread support for universal ambulance cover

Almost nine in ten Australians support the introduction of universal ambulance cover to ensure no-one has to pay a fee to use an ambulance in an emergency, according to research released at the Heart Foundation Conference.

www.heartfoundation.org.au/news

Free patient support

The Heart Foundation's Health Information Service provides free support for you and your patients. Use the referral form to order resources or encourage your patients to call one of our qualified health professionals during business hours. The Health Information Service provides personalised information and support on heart health, nutrition and a healthy lifestyle. You don't need to make an appointment and, apart from the cost of a local call, the service is completely free. Call 1300 36 27 87, email health@heartfoundation.org.au or access the referral form at www.heartfoundation.org.au/referral-form.

Victorian Heart Maps

For the first time in Victoria, hospital separations for heart attack (STEMI and N-STEMI), unstable angina and heart failure have been mapped by local government area. The Victorian Heart Maps show hospital separation rates for these conditions between 2007 to 2008 and 2011 to 2012.

The maps use data from the Victorian Department of Health and show that people living in rural and regional Victoria tend to have higher rates of hospitalisation than people living in metropolitan Melbourne.

The maps show a clear association between hospitalisation and risk factors for heart disease, and also a strong association between hospitalisation and social disadvantage.

Please email cvhvic@heartfoundation.org.au if you have any questions about the data or the maps.

New strategic plan for the Heart Foundation: *For All Hearts 2013 - 2017*

Goal 1: Healthy hearts

The Heart Foundation wants to help create environments that give Australians healthy options and provide information and support their heart health.

A healthier food supply

- More Australians to eat less saturated fats and less salt (food reformulation)

More active living

- More Australians to be more active (increased physical activity and healthier built environments)

A smoke-free Australia

- Fewer Australians smoking or exposed to smoking (increased taxes, smoke-free public areas and best practice quit campaigns) ➤

Goal 2: Heart care

The Heart Foundation wants to help all Australians have access to quality healthcare and to ensure risk factors are well managed and cardiovascular disease is well treated.

Detection and management of risk in primary care

- More Australians receiving cardiovascular health checks

Recognition of warning signs and improved emergency care

- More Australians responding quickly to warning signs of heart attack
- Universal ambulance cover and emergency care reforms to ensure patients are managed appropriately in the health system

Acute and secondary care for heart attack and heart failure

- Lead the development of guidelines for health professionals and ensure all Australians can receive the same level of support

Goal 3: Health equity

The Heart Foundation wants to address disparities in heart health so all Australians can live longer, healthier lives.

Aboriginal and Torres Strait Islander people

- Heart Foundation Reconciliation Action Plan
- Better pre-hospital diagnosis and treatment

People who live in regional, rural and remote areas

- Better access to appropriate primary care to reduce hospital admissions
- Advocate for clot busting drugs to be available in rural/regional ambulances

People from vulnerable groups

- Build partnerships with linguistically diverse communities

People who are socio-economically disadvantaged

- Collaborate with organisations already working in this area and integrate our work

Goal 4: Heart Foundation research

The Heart Foundation wants to generate and translate research evidence, to help all Australians have better heart health.

- Develop a national cardiovascular disease research action plan to better understand the current capacity of cardiovascular research in Australia and how to improve research outcomes
- Advocate strongly with governments for the plan to become a reality
- Work with others to increase funding available for cardiovascular researchers
- Continue to develop and support collaborative research networks
- Develop and implement our own program of strategic research

Information sheets on cardiovascular disease and risk factors for Aboriginal and Torres Strait Islander peoples

New information sheets have been developed by the Heart Foundation for Aboriginal and Torres Strait Islander peoples. These information sheets cover a range of topics related to cardiovascular disease and risk factors, including:

- blood pressure
- cholesterol
- coronary heart disease
- heart attack
- nutrition
- obesity
- physical activity
- smoking

Designed for educating patients and communities, these information sheets can be ordered through our Health Information Service free of cost. Alternatively, an online version is available to download from the Heart Foundation website.

Visit www.heartfoundation.org.au/publications (under A for Aboriginal health resources). For more information and to order, please call the Health Information Service on 1300 36 27 87 or email health@heartfoundation.org.au.

Upcoming Events

July 31st	WACRA Annual research symposium – Grace Vaughan House
August 12-14th	ACRA national conference, Pulman Melbourne Albert Park
October 19th	SACRA seminar, Hampstead Day Rehab Centre
October 25th	CRA annual state meeting, Kirribilli Club

State News

NSW / ACT

NSW/ACT state representative
Lis Neubeck

Our major focus continues on our educational activities:

• We had a highly successful one-day conference held in collaboration with the Heart Foundation during Heart Week on the 10th May. This was held in Port Macquarie, thanks to the hard work of Rhonda Turnbull and Jannie Denyer and to all the presenters. Also, enormous gratitude to the Heart Foundation, who sponsored the event, in particular to Cate Ferry and Julie-Anne Mitchell. We were very honoured to have Melinda Pavey, rural health minister for NSW, opening the conference. Highlights of the meeting included an extremely entertaining presentation from Port's own Dr Kevin Alford.

• As I write we are preparing for our evening meeting to be held at the ANZAC research institute with Professor Andrew Sindone as our guest speaker. This event has sold out, so we anticipate a great evening.

• And plans continue apace for our annual state meeting, which will be held on Friday 25th October at the Kirribilli Club. This will be our third year at the Kirribilli Club, and we hope you will enjoy it as much as ever this year.

• Date for your diary! The ACRA Annual Scientific Meeting will be held from 21-23 August 2014 in Sydney. We have booked the venue and are planning an outstanding conference. We are very excited to be involved in the planning of the national meeting and will be able to let you know much more at the ACRA meeting in Melbourne this year.

I was fortunate to receive an ACRA travel scholarship of $500, which helped me to attend the EuroPRevent meeting in Rome in April 2013. During this time I attended the Global Forum on Secondary Prevention, convened by the European Association of Cardiovascular Prevention and Rehabilitation President Stephan Gielen and Professor David Wood. I attended as delegate from ACRA and presented to an international forum on the wonderful work we are doing across Australia.

The main purpose of the forum was to propose a Global Alliance in Secondary Prevention of equal partners. This 'big picture' meeting established that there was international support for this proposed alliance. Future meetings will be held at key cardiovascular meetings around the world over the next 12 months, to discuss the exact format of the alliance and to secure key stakeholders. We hope to be able to participate in these ongoing discussions either in person, where we know we have members attending the meetings, or remotely through videoconferencing. It is anticipated that the alliance will launch its program of work at the World Congress of Cardiology meeting in Melbourne next year.

I was also lucky enough to present an abstract during a "flash presentation" session. This was a four-minute oral presentation. The format worked really well and gave opportunity for more people to speak. The EuroPRevent meeting was a great opportunity to meet new people and some legends in Cardiac Rehab. I would highly recommend that you go to this meeting if you get the chance.

NSW CVH Heart Week activities

• On the 6 May a dedicated National Rugby League home game of the St George Dragons against the Many-Warringah Sea Eagles was held to increase the awareness of the early warning signs of heart attack. Activities included big screen airplay of TVC, handing out of materials by cheerleaders and Heart Foundation volunteers as well as live reads by ground announcers, JRFH demonstration and corporate hospitality package. Steve Edge, a former Dragons legend, shared his personal story about heart disease and his heart attack.

• In line with a focus under our Health Equity goal to strengthen relations with culturally and linguistically diverse populations, the NSW Heart Foundation is working with the Chinese Australian Services Society (CASS) to promote heart health messages to the Chinese community. A heart disease forum for the Chinese community in Strathfield on Tuesday 7 May was our second event working with this organisation. Through this association we have developed a relationship with a Chinese speaking physician, cardiologist and GP and all three have given their time freely. The Heart Foundation collaborated with Strathfield Council and the Multicultural Health Service, Sydney Local Health District to hold this event.

• The Heart Foundation has collaborated with the Illawarra Shoalhaven Local Health District's Multicultural Health Service to develop the Macedonian Cardiovascular Radio Program. The program is aimed at increasing awareness, promoting better understanding of risks factors, recognising symptoms of a heart attack and the importance of calling Triple Zero (000). The scripts focus on Intervention, Prevention and Risk Factors, Cardiovascular Disease and Women and developing a Heart Attack and Action Plan for those potentially at risk. The radio scripts were funded by and developed in consultation with the Heart Foundation and were launched on Wednesday 8 May in Wollongong. ➤

South Australia & NT

SACRA
state representative Jenny Finan

Introducing the new state rep for SA/NT:

Jenny Finan, RN, MNsg (clinical), Grad. Dip Nsg Sc., CDE, Cert IV TAE, Coordinator Cardiac Pulmonary & Diabetes Services, Calvary Rehabilitation Hospital; Calvary Community Rehabilitation.

Jenny has extensive experience in cardiovascular and chronic disease management. She currently coordinates the Cardiac and Pulmonary Ambulatory Programs at Calvary Community Rehabilitation. She also plays an integral role to the provision of Diabetes education and counselling in Calvary Rehabilitation Hospital. Jenny is currently in the final year of a Masters in Nurse Practitioner and Diploma of Management. Her clinical specialities are Cardiovascular and Diabetes Health with a keen interest in secondary prevention especially lipid management in diabetes. Her other responsibilities include marketing, staff development and the implementation of the NSQHS (standards).

SACRA Meeting 05/05/13

The following updates were provided by representatives:

Heart Foundation - Vanessa Poulsen

- A review of ACS patients' resource My Heart My Life (MHML) stock for each hospital is underway. All hospitals will be asked to provide a stocktake of copies onsite at the end of the financial year.
- The Heart Foundation is working with Adelaide University on a computer assisted telephone interview of ACS patients who have been hospitalised in RAH or St Andrews Hospital over the last 6 months. They will be asked a variety of questions on how MHML has helped their recovery, encouraged lifestyle changes, made them confident to understand their condition etc. These 2 hospitals have been chosen as sentinel sites to represent all patients across SA, and ethics submissions are underway.
- An online survey is being developed to evaluate nurses' responses to the value of the MHML book, Living well with chronic heart failure (LWWCHF) and Living every day with my heart failure (LEDWMHF) in their clinical care.
- My heart my family our culture (MHMFOC) is under review in WA.
- New Depression and CHD consensus paper available https://www.mja.com.au/journal/2013/198/9/screening-referral-and-treatment-depression-patients-coronary-heart-disease. In summary, the paper outlines high rates of depression in patients with CHD and the statement provides guidance for health professionals on screening, referral and treatment for depression. Routine screening for depression in all patients with CHD is recommended.
- Heart week theme promoted the warning signs of a heart attack. 250 businesses, hospitals, pharmacies and primary care clinics have signed up to receive heart week kits for display in their workplaces.
- Nurse Ambassador Program 2013. 18 nurses are making great progress in developing workplace activity plans; our acute sector nurses are reviewing the update of MHML in their workplace, and our primary care nurses are conducting absolute cardiovascular risk assessments on their patients.
- Over the last 12 months the Heart Foundation SA has been actively involved in the development of a Healthy Lifestyle project in the APY Lands, South Australia. The project has been funded by DoHA until June 2014 and also includes remote communities in the NT and WA. For more information contact Sabine Drilling on 8224 2805 or email Sabine.Drilling@heartfoundation.org.au

Rural Report - Caroline Wilksch

- Central referral point for referral to country phase 2 programs (for onward referral to telephone service). Project funded until 30 June 2014.
- Cardiac Rehabilitation programs in country centres have received funding for next 12 month period.
- Nicole Dawes to be redeployed back to Mount Barker Hospital and Cardiac Rehab role to be taken over by another person to be redeployed into role. Person to take over may not have any cardiac experience or knowledge in relation to facilitating Cardiac Rehabilitation.
- Saturday morning phase 2 program currently being run by Mount Barker with good attendance

Rural & general grants

SACRA offer 2 grants to members at $250.00 each for rural coordinators / primary health, general twice yearly (per seminar). Grants will open up to non members with the provision that they join ACRA.

SACRA seminar Hampstead Day Rehabilitation Centre

- Last seminar Sat 02/03/13. There were 44 attendees.

o Management of Atrial Fibrillation – Prof Sanders, Cardiologist, RAH

o ACRA Conference – 2012 – Dianna Lynch, Cardiac Coordinator, Ashford and Renee Henthorn, Clinical Practice Consultant, Cardiac Rehab, QEH

o Role of patient education tools in Cardiac Rehabilitation – Dr Alistair Begg, Cardiologist, Ashford Hospital

o Cardiac Rehabilitation: lessons from the UK study tour experience – Kathryn O'Toole, Nurse Practitioner, Cardiac Rehabilitation, Modbury Hospital and Susan Sierp, Clinical Practice Consultant, Lyell McEwin Hospital

- Further SACRA seminar dates established sponsorship opportunities and for future planning 2013

o July 03/07/13 – Mid-year dinner. Recent developments in the management of ST elevation myocardial infarction – Associate Professor Matthew Worthley, Cardiologist, RAH. Members Only. Sponsorship by AstraZeneca.

o October 19/10/13 – SACRA Seminar – Hampstead Day Rehab Centre - Topics TBC

State-wide Cardiology Clinical Network (SCCN)

Minimum data set and KPIs formulated. The information is currently being collected by metropolitan / rural and some private organisations. Issue of public and private health continues.

CATCH (Country Access to Cardiac Health) professional development day held on April 12th 2013, which presented an overview of the CATCH project and the referral process. All country SA referrals are to be emailed to health.chsacardiacrehab@health.sa.gov.au or Fax (08) 8201 7850. It was a great opportunity networking ➤

with the key message being COMMUNICATION promoting ease of referral process into cardiac rehabilitation. (Above: Lisa Henshall, Sue Jones, Bronte McLean, Amy Lee & Karen Clothier)

Next SCCN meeting TBC at Health Hindmarsh Square Adelaide

Next SACRA meeting – To held at the Heart Foundation - 26/08/13 (not confirmed)

General News

Susan Sierp (representative for SACRA) and Kathryn O'Toole (President) stepped down from the SACRA positions. On behalf of SACRA members I would like to take this opportunity to thank them for their leadership and hard work. Jenny Finan was elected State Representative for SACRA and Dianna Lynch as President and Renee Henthorn as vice President.

Heart Foundation Conference 2013, held in Adelaide on the 16-18 May at the Convention Centre with the theme 'Prevention of Cardiovascular Disease: translating evidence into practice'.

- ACRA stand was staffed by Di Lynch (SACRA president), Maureen Carey (SACRA member), Jenny Finan (State Representative SACRA) and Craig Cheetham (WACRA President). ACRA sponsored Craig Cheetham and Jenny Finan (shared with Maureen Carey) to attend. The stand was well attended especially from practice nurses, rural health and doctors. Four new members joined at the conference. iPAD offered an incentive to join winner to be confirmed. To discuss strategic plan for future at F2F meeting in June 2013. (Left: Jenny Finan & Di Lynch)

- The Heart Education Assessment and Rehabilitation Toolkit (HEART) Online Website was launched and is now available.

Congratulations

Three of our SACRA members Sindy Millington, Di Lynch and Dr. Alistair Begg who presented posters at the Heart Foundation Conference 2013.

- Sindy Millington (ACRA National President) 'A Mother heart beats for two': exploring current continuum of care for women with cardiac disease during pregnancy. (Right: Sindy Millington)

- Dianna Lynch (SACRA president) and Dr Alistair Begg 'What is wrong with my Heart? Informational DVD for people who have experienced a cardiac event, which has been endorsed by the Heart Foundation. (Below: Di Lynch & Dr Alistair Begg)

Our sincere thanks to Celine Gallagher for successfully negotiating the registration: 'European Journal of Preventive Cardiology' for ACRA members. http://online.sagepub.com/

Membership

Current membership: 53

Tasmania

State representative John Aitken

At the AGM held on May 25th, the following persons were elected or re-elected to committee positions:

President: Sue Sanderson
Vice President: Terri Wieczorski
Treasurer: Dinah Payton
Secretary: Gillian Mangan
State Representative: John Aitken
Committee Members: Judy Enright, Annette Roehrer, Erica Summers
Public Officer: Sue Sanderson

Membership

Current: 15

Meetings

AGM Saturday 25th May 2013.

At the AGM a motion was passed that TACR provides financial support for members to attend the World Cardiology meeting in Melbourne next year and continue support with other conference attendance.

Our next meeting is planned to be via video-conference on 24th July 2013. This will be an opportunity to report back on the ACRA EMC meeting and to plan our future meetings. It is hoped that we can develop a journal club meeting held quarterly with general meetings in between these. Both journal club and general meetings will be conducted via video-conference facilities at each public hospital site.

Terri Wieczorski has stepped down as state representative on the EMC after 4 years and we thank her for her contribution in representing the state at national level. We trust she has found this task rewarding - one undertaken while holding the state president role as well. Terri provided strong representation for Tasmania during her time on the EMC where she also took on the role of secretary – a role than can at times be arduous and time consuming. Terri will remain active at state level, taking on the V-P position.

Jo-Anne Flood, who has been within the Executive of TACR for over 10 years, has decided to step down from a TACR executive position. Jo arrived in Tassie from Queensland with a strong passion for Cardiac Rehabilitation and its advocacy to patients, family members, and all allied health team members with whom she has worked. Jo has worn all hats within TACR executive, and when she worked at the Heart Foundation, Jo was both Heart Foundation Representative and TACR State Representative on the ACRA EMC.

As new state rep for Tasmania, I would like to introduce myself. I am a Clinical Nurse Consultant, Cardiac Health and Rehabilitation working at the Launceston General Hospital (LGH), the major hospital in the Tasmanian Health Organisation North. I live in Launceston with my wife Amanda and four children Luis, Maggie, Anna and Kitty. I'm a qualified chef by trade and volunteered with St John Ambulance and State Emergency Services, before completing

a Bachelor of Nursing in 2004. I completed my graduate position Royal Hobart Hospital working in the Respiratory ward and Acute Rehabilitation. My first exposure to cardiac nursing was in 2006 in the Cardio-thoracic Unit. The family moved back to Launceston 2007 where I then worked on the Renal, Respiratory General Medical Unit at the Launceston General Hospital.

The Clinical Nurse Cardiac Rehabilitation has not always been actively supported within the Organisation with funding always under threat for the position. However, in late 2009, the position was reclassified to a Clinical Nurse Consultant and funding approval provided from both State and Commonwealth for extra FTE to support a Physiotherapist Coordinator and rotational physiotherapist for Cardio-Pulmonary rehabilitation along with a collaboration approach with pharmacy, dieticians, and social work.

In 2012 Northern Integrated Care Service was opened with purpose built facilities for the cardio pulmonary programs and with an additional 0.5FTE funding for an allied health assistant; a referral pathway to Clinical Behaviourist was also negotiated at this time.

State Update

Mersey Community Hospital have started up a program where social workers are contacting patients post-discharge who have chronic disease and are aged 18-65 to see whether they require support.

Heart Foundation has written to Minister Michelle O'Byrne re the need for a National CVD Action Plan which incorporates the need for adequate resourcing for Cardiac Rehab.

We held our annual education seminar in conjunction with the AGM. The theme of the day was **Heart Failure and Device Therapy**. Device therapy is being deployed at Royal Hobart Hospital, by Dr Paul MacIntyre, with the support of Miriam Norman, Cardiac Technician/ ECHO Sonographer. Each presented a most interesting talk on the theme from individual professional perspectives. Dr Paul MacIntyre presented: *Device Therapy: Indications and Implications for Heart Failure Patients*. Miriam Norman presented *Post Device Implant Follow-up and Advances in Device Technology*. Ianthe Boden, Cardio Respiratory Physiotherapist at the LGH discussed *Exercise and Heart Failure*.

What was most interesting on the day was to hear the patient perspective. Kris - had a tumultuous 3 year journey after being diagnosed with Cardiomyopathy which started with 2 out of hospital arrests, prior to heading to Melbourne for EP studies and trying to come to terms with his diagnosis, and also as a single parent living as an incomplete Quad. He had an Implantable Defibrillator inserted and has experienced the discomfort of the defibrillator firing due to parameters requiring resetting. Kris described the area of most importance for both himself and his family was adequate explanations in regards to each component of care. As specialists in our field of Cardiovascular Health and Rehabilitation, it was a poignant reminder that we have an integral role in supporting all our clients through their complex journey of Heart Failure.

Western Australia

State representative
Craig Cheetham

Upcoming Events

Annual research symposium:

WACRA's annual research symposium will be held on ***Wednesday 31st July at Grace Vaughan House***, Stubbs Terrace, Shenton Park.

The event showcases the outcomes of local research across a spectrum of cardiovascular health and prevention. Topics include:

Sex differences in symptom presentation in acute myocardial infarction: A systematic review and meta-analysis. Linda Coventry - Centre for Nursing Research at Sir Charles Gairdner Hospital.

The Wild Wild West- Getting Heart Attack Warning Signs Messages " Out Bush". Julie Smith, Secondary Prevention Project Officer – Heart Foundation - WA

Disparities in transfers, angiography and CARPS for rural Aboriginal IHD patients in WA: a linked data analysis. Derrick Lopez, Combined Universities Centre for Rural Health

Aboriginal Heart Health Study. Incidence of first heart failure hospitalisation and its risk factors in Aboriginal vs non Aboriginal patients in WA 2000- 2009. Tiew-Hwa Teng

Theoretical contributions to developing and supporting indigenous-non indigenous partnerships to improve indigenous heart health. Emma Haynes

Please RSVP to Tracy Swanson by Monday the 24th of July; SwansonT@ramsayhealth.com.au or 9389 9655

NEWS FLASH - Recent Events

Launch of the WACRA and Heart Foundation – WA division statement of commitment - Cardiac Rehabilitation and Secondary Prevention Advocacy Strategy

The WACRA and the Heart Foundation – WA recently signed a statement of commitment to support strategy and advocacy for cardiac rehabilitation and secondary prevention. The document highlighted 5 key areas:

1. Assist with and advocate for the development of appropriate policy and clinical pathways that embeds cardiac rehabilitation and secondary prevention as part of usual care for all cardiac patients.

2. Foster relationships to broaden links with health professionals delivering cardiac rehabilitation and secondary prevention care to cardiac patients across the care continuum.

3. Encourage and assist health professionals to collect meaningful data on their services.

4. Recognise and embrace opportunities to engage consumers to rally support for improved access to cardiac rehabilitation and secondary prevention programs/services.

5. Engage health professionals across all sectors of healthcare to increase referrals to cardiac rehabilitation and secondary prevention.

The event was open to WACRA membership and invited guests from all sectors of healthcare. The event was extremely well attended and fantastic feedback was received from those attended. ➤

Cardiovascular Health Networks

Cardiac Rehabilitation and Secondary Prevention working group

The group has made significant progress on a policy document with accompanying state-wide pathways encompassing the full spectrum of cardiovascular health, risk and settings.

With the document approaching final drafts, those who have expressed an interest to the WACRA to review and comment on the document will be invited to do so.

Further information regarding these events please refer to details specific to each event or contact: craig.cheetham@cprwa.com.au

Queensland QCRA

QLD Cardiovascular Health & Rehabilitation Association Inc.

State representative Kylie Houlihan

QCRA EMC

President: Kylie Houlihan (Queensland Health- Metro)

Vice President: Vacant (EOI disseminated)

Secretary: Karen Uhlmann (Heart Foundation) Professional development portfolio

Treasurer: Karen Healy (Queensland Health – Metro)

State rep: Kylie Houlihan (Queensland Health- Metro)

Committee:

Cathy Hardy (Private Hospital –Metro) (Private sector portfolio)

Ivette Warren (Queensland Health, Regional/rural) Membership/peer support portfolio

Paul Camp (Queensland Health – Metro) Marketing Portfolio

Gary Bennett (Health Contact Centre)

Sharon Leslie (Queensland Health – Metro) Membership/Peer support program portfolio

Maree Lorensen (Queensland Health) – Marketing portfolio

Overview

The summer and autumn of 2013 has not only exposed our members to a change in the weather. Significant change in the structure and business of healthcare delivery across sectors continues with more to come. Cardiac rehabilitation and heart failure services predominantly positioned in the public health sector have not been immune. There are clear signs that a transition from siloed disease specific service delivery models of care for patients with chronic disease and/or requiring rehabilitation will be managed by specialist generalist care teams closer to home. Further, the care plan will be determined by patient need and choice and not diagnosis alone. This transfer of care requires shifts in long held paradigms of what it takes to deliver safe, cost effective, quality cardiovascular health care from early to end stage disease. Member engagement and supported change management should be a primary focus of a contemporary QCRA that maintains relevance in an environment of change, fiscal restraint and increasing competition. QCRA EMC see this as an opportunity to step up and magnify the value of the existing CR/HF workforce and programs as a strong foundation on which to build the new chronic disease management services, ensuring sustainable relevance. In doing so The QCRA and more broadly the ACRA can and should provide the clear pathway to professionally networking the clinicians working in this field as we cut through traditional cross sector and discipline silos.

Portfolio: Membership/ Strategic Focus

Membership May 2013: 64 and declining

Maintain collaborative relationships with the work being undertaken by Queensland Health's (QH) Statewide Cardiac Clinical Network and Heart Foundation and more recently QH's Statewide Chronic Disease Management Innovation project. Opportunity for QCRA to provide an overarching network for multidisciplinary clinicians as part of a broader clinician engagement and communication strategy across this highly visible work.

Portfolio: Mentor/Peer Support Program

Finalised EOI and minimum standards for mentor membership in the proposed QCRA mentor program. Plan to market from mid 2013.

Portfolio: Professional Development

Established a professional development calendar.

Assisted development of the content for the Pilot trial for a webinar series with Health Change Australia. Pilot trial with 7 EMC members completed. Feedback and improvement has commenced. Proposal to ACRA to spread the improved webinar series to all ACRA members.

Portfolio: Communication/ Marketing

Completed market scan and sounding for professional marketing and communication services.

Presented Marketing Strategy to ACRA EMC.

Decision to withhold definitive action until after presentation and discussion at the ACRA F2F in June 2013 in Brisbane.

Topic: Statewide Activity

HEART online

Heart Education Assessment Rehabilitation Toolkit

Launch of HEART Online – Supporting cardiac disease prevention and rehabilitation multidisciplinary teams to deliver best care

HEART Online is a web-based Heart Education Assessment and Rehabilitation Toolkit (HEART) developed by Queensland Health and the Heart Foundation. Content authors and reviewers included members of the ACRA. A link to the website can now be found on the ACRA website.

The site aims to support heart health practice in the areas of:

- Risk and symptom management
- Exercise and activity prescription
- Medication management
- Psychosocial wellbeing
- Patient education and behaviour ➤

change support; and performance evaluation

The Statewide Cardiac Clinical Networks, Heart Health Project, has completed the full ethics approved pilot trial that evaluates an automated and centralised process for the identification, triage and referral of suitable patients to cardiac rehabilitation compared to usual clinical practice.

The Queensland Department of Health has launched the Healthcare Innovation Fund addressing 4 priority areas which includes Chronic disease which inturn focuses on CVD, CKD, Diabetes and Respiratory. Provides enormous opportunity for CR/HF services to adopt new ways of doing business and lead the development of the model of care, integrated care pathways and service redesign efforts.

Victoria

VACR
VICTORIAN ASSOCIATION OF CARDIAC REHABILITATION

State representative
Kim Gray

Membership

31st May 2013 - 149

Associations Incorporation Reform Act 2012

VACR remains Incorporated hence has to meet the requirements of the new Act as of the 26th of November 2012. The VACR is currently in the process of reviewing its constitution to meet the new requirements.

State Events

The VACR held its annual Clinical Practice Day March 4th attended by 98 delegates. The event was well received. Topics include 'Palliative care in heart failure', 'Cardiac transplant', 'Medication titration', 'Evaluating, auditing and implementing program change'. As a result of the enthusiastic response to the evaluation and research topics the VACR will be holding a 3 hour workshop expanding on these topics in conjunction with the Alan Goble lecture and dinner later in 2013.

As the VACR is co-convening the ACRA Conference in 2013 there will be no state conference.

Victorian Cardiac Clinical Network

Victorian Cardiac Clinical Network hosted a forum on the 27th May 2013 titled 'Cardiology Systems Improvements in Victoria'. It was well attended by health professionals involved in all aspects of management of cardiac disease.

The Victorian Government announced $21.9 million for cardiac disease and stroke in its most recent budget. The network is currently encouraging submissions for cardiac projects (see attached document).

There has also been a restructure of the Clinical Networks unfortunately meaning that Renal and Cardiac will have a single manager thereby reducing the EFT allocated to each by half.

ACRA 2013

The 23rd Annual Australian Cardiovascular Health and Rehabilitation Association Conference '*Bridging the Divide*' will be upon us shortly. It will be an exciting program and details of can be found at http://www.cdesign.com.au/ACRA2013. The VACR and TACR organising committees are pleased to offer an exciting program, including a pre-conference workshop by Health Change Australia titled 'How to increase patient attendance and build behaviour change support into Cardiac Rehab Groups'. The social highlight is the conference dinner to be held in the AFL Dining Room at the MCG themed '*Athletes of All Nations*'.

State presidents, representatives contact details

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