

# ACRA



# Newsletter

October 2013



**Conference Edition**

**Sandy McKellar – Alan Goble Distinguished Service Award winner 2013**

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**Challenge...Change...Achieve**

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# Editor's Note



The ACRA annual conference is over for another year and we can all take a breather, recharge our batteries, take some great ideas back to our respective programs and prepare for 2014. We hope that as many delegates as possible completed the evaluation form – your feedback is essential and welcome as we continue to grow the conference and make it relevant and appropriate for members.

We have already received some great feedback – thank you. See some of your responses in the conference report.

Hearty congratulations to all award winners. Each has provided a report of their presentations. We will review reports from travel grant winners in the next newsletter.

Special congratulations to Sandy McKellar, winner of the inaugural Dr Alan Goble Distinguished Service Award. Sandy was nominated by 2 of her colleagues, unanimously supported by the EMC as she has been an incredible advocate for cardiac rehabilitation, her patients and staff, and ACRA over many years at all levels. She was instrumental in our name change to be more inclusive and we became the Australian Cardiovascular Health and Rehabilitation Association.

There has been a ‘changing of the guard’ on the ACRA EMC with Steve Woodruffe beginning his 2 year tenure



as president of our Association. Sindy Millington has done an amazing job as president over the last 2 years and we wish her well in her ‘retirement’ and all our very best wishes as she can now concentrate more on her PhD studies. All the best Sindy and thank you – you have broadened the influence of ACRA both nationally and internationally through your influence and hard work over the last 2 years.

This edition of the newsletter is dedicated to ACRA 2013. I trust you enjoy it.

Happy re-habbing  
*Sue Sanderson*

# President's Corner



## Challenge ... Change ... Achieve

We not only identify these three words as the motto of the Australian Cardiovascular Health and Rehabilitation Association (ACRA) but they very nicely summarise the position that I find myself in as the incoming President of ACRA.

Challenge – There is no doubt I will find the demands of the position a challenge at times. But with good planning and support from my capable

Executive Management Committee and the membership as a whole, there will be nothing that cannot be overcome.

Change – Perhaps sums up everything at the moment. Not only a new Prime Minister in the Lodge, but a new president at the desk of the ACRA EMC. The team will find that my leadership style will differ to our outgoing President Sindy Millington. At this point I would like to acknowledge the incredible effort of Sindy over the past three years, given she came into the role with no prior experience on the EMC. Enjoy your “retirement” and good luck with your PhD.

Achieve – It is certainly my goal to see ACRA continue to achieve great things in the forthcoming two years and beyond. Key items that I will be working to address include:

- Re-branding our association name to ensure we are attracting potential members and sponsors to our organisation
- Increasing our membership numbers across all disciplines

- Increasing the benefits to our membership, specifically more journal subscriptions and more availability of interactive web based professional development opportunities
- Production of a document, developed by ACRA members, for ACRA members that summarises the key Guidelines/Standards/ Core Components for delivering cardiovascular prevention and rehabilitation services in Australia in 2013/2014
- Strengthened links with state associations through improved communication channels and greater involvement of state EMC reps in national planning and development of the association

Of course I do not profess to have all the answers to make these things simply happen. Nor do I think that the limited number of people on our Executive Management Committee have all the answers either. I am well aware of the experience that exists within our membership base. I would like to make very clear that my electronic door is ➤

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always open. Please provide feedback to me directly regarding any issue you wish the EMC to address or any idea that you think the EMC would benefit from. My contact details are as follows:

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Following is a brief summary of developments in the world of ACRA over the past three months and upcoming events.

## ACRA 2013 Conference

This newsletter is dedicated to the recent ACRA conference held in Melbourne. It was a fantastic event of information sharing, idea generating and networking. It was great to catch up with old friends and make several new contacts. There were great patient stories, impressive academic and clinical research studies, thought provoking plenaries, interactive workshops and fun social activities. The conference dinner as always was a highlight with several delegates pushing their limits in feats of fitness, strength, agility and flexibility. My back is still sore from limbo!

Planning is well under way for the 2014 Conference, to be held in Sydney, with both scientific and organising committees already established and working well. Several key changes include; a significant reduction of early-bird registration cost to \$495 inclusive of two days of conference and social activities; alteration of days of the conference to Friday and Saturday and the location of venue nearby to Sydney airport for reduced transfer costs.

## Executive Officer role

The EMC is currently in the process of replacing the wonderful Nicole Banks. This position has been advertised and several high-quality, varied applicants short listed. The EMC decided to focus our recruitment on two professional administrative management businesses, for further consideration. At this point we are in the process of negotiating the engagement of one of these businesses to deliver executive administrative support for our association. I see this as an opportunity to significantly build on our professionalism within the industry. A big thank-you to Nicole on the great job she has done over the past few years and the development of the role she has provided.

## International Collaborations

ACRA continues to be actively engaged with two significant international

collaborations within the scope of cardiovascular disease prevention and rehabilitation. Most recently, the second meeting of the Global Alliance for Cardiovascular Disease Prevention in Clinical Practice occurred at the ESC conference in Amsterdam. ACRA Treasurer Craig Cheetham represented ACRA at this important event. We will allow Craig some time to recover from his jet lag and look forward to his feedback on this event.

I continue to represent ACRA on the International Council of Cardiovascular Prevention and Rehabilitation (ICCPR). Currently the Council is working to provide support to low-middle income countries in developing CVD prevention and rehabilitation programmes that may be implemented in those regions. In addition we are working on an agreement to share nationally produced resources, for the benefit of members in our fellow national associations.

The ICCPR recently received confirmation of acceptance to present a symposium on Secondary Prevention in Low/Middle Income countries at the upcoming World Congress of Cardiology in Melbourne. I will be representing ACRA during this symposium as a session chair.

## Secondary Prevention Alliance of Australia

Several ACRA members have been invited to participate in the upcoming face to face meeting of the Secondary Prevention Alliance (formerly the National Taskforce for Secondary Prevention of CVD in Australia). This is a follow up to the Secondary Prevention Summit held in December 2011 and an opportunity to drive forward the key action items published earlier this year. This meeting will include representatives from across numerous key government and non-government organisations with an interest in the development of secondary prevention reform within this country. As ACRA is integral to this process I am keen to hear from members about any concerns they have and how best we may represent your interests at this meeting.

As I mentioned earlier, I am only too happy to receive feedback, comments, ideas or concerns. I hope to represent the membership to the best of my ability over the next two years. I look forward to your assistance in the development of ACRA as a leading cardiovascular professional body.

*Stephen Woodruffe,*  
ACRA President



# DISTINGUISHED SERVICE AWARD

This year's recipient of the DSA award has been a member of ACRA for nearly 20 years.

She has represented the association locally, at a state level, nationally & internationally.

During this time she has been President, Vice President, treasurer, secretary, web manager, executive officer, world council rep & world council secretary & conference convenor several times.

She has chaired and been a member of several working parties around minimum data sets for cardiac rehabilitation.

She has lectured at several universities and presented papers on acute coronary syndrome, lipid lowering compliance & dietary habits (to name a few) over this time.

Aside from the obvious I know that she would believe her greatest achievement is her role of patient advocate & patient champion.

She is a gentle encourager (& sometimes not so gentle). I know many of you have been encouraged by her and risen to take on challenges that you did not know possible.

She has the ability to find strength in everyone.

Whether you are her patient or her colleague she will work with you help you to find what you are good at and encourage you to grow.

She regularly promotes the values of cardiac rehab and thrives on innovation & the next challenge. She still talks about what she would like to accomplish further for cardiac rehabilitation in the area of research and development, patient information, expanding rehabilitation services in Qld, nationally and internationally in developing countries.

Her patients know her and love her. Her staff hold her in high regard. She is known locally & nationally for what she has achieved for cardiac rehabilitation.

I have worked with this person for 17 years, and it has been a privilege and a pleasure to work with someone who challenges you daily to be the best you can be. She asks this of those she works with and those she works for. Her drive, passion & enthusiasm for cardiac rehabilitation, her colleagues and all those she comes into contact with create a very hard act to follow.

An extremely worthy recipient for the Alan Goble Distinguished Service Award - Sandy McKellar.

*Helen Callum*

*Sueann Hillman*

1st September, 2013

To the ACRA Executive Committee members and to all members of ACRA.

Please accept my heartfelt and sincere thanks for the honour you bestowed upon me at the recent ACRA National Conference dinner held at the MCG in Melbourne. Alan Goble OAM, himself, was the first person to receive the ACRA Distinguished Service Award and therefore I find it a humbling, moving and somewhat overwhelming experience to be the inaugural recipient of the Dr Alan Goble ACRA Distinguished Service Award.

I was, for once, utterly speechless at the time of receiving this award. Quite literally, on the night, my mind felt like an empty vessel from which I could extract no cognisant response. Even now I struggle for the right words to adequately express my joy, delight and humility at being selected as the receiver of this prestigious peer award.

How well I remember my first ACRA Executive Committee meeting, held at the Heart Foundation in Melbourne. I was in total awe of all of my colleagues at that meeting, who included Steve Bunker, Abi Oliver, Kylie Kidby, Russell Lee, Susie Hooper and another first timer like me, Craig Cheetham.

Working with and for the QCRA initially and subsequently the ACRA in my many and varied roles, has never seemed onerous to me. The roles I have been privileged to undertake have been a voyage of discovery that I have embraced enthusiastically because I believe emphatically that each and every one of us not only makes a positive contribution to the short term well being and long term improved outcomes of our patients but in return we, as clinicians, receive positive reinforcement on an almost daily basis of the value of our role from our participants. Rather a unique and even invidious role for health care professionals from my perspective.

I look forward to continuing achievements for the ACRA in the future, as well as for the multidisciplinary membership and those in need of the expert care we offer.

With my thanks and kind regards,

*Sandy*

# ACRA CONFERENCE REPORT



*Molly Williams*

The ACRA conference is over for another year and plans are well in hand for the next event. Those of us responsible for “Bridging the Divide” can breathe a sigh of relief that it all went well – at least from the feedback we have received. Comments received included: *“it was a great conference overall - organizational, content and not to mention social/networking aspects”*. *“The excellent speakers provided a lot of ‘food for thought’ and I jotted down a number of things that I thought we could implement at our program”*. *“Conference had a good mix of invited speakers, workshops and mini presentations. Conference Dinner was fabulous (entertainment and food)”*. *“Best workshops I’ve been to at this conference”*.

We hope that as many delegates as possible took the opportunity to complete the feedback form in the back of the conference booklet. Your feedback is important in the planning of future conferences.

We had an amazing team responsible for the success especially the Scientific Committee led by Dr. Barbara Murphy, who put together an eclectic program of papers and posters provided by presenters from overseas and within the Australian cardiac rehabilitation community. Keynote speakers included Prof Rod



*Jim Usher*

Jackson (NZ) who discussed a countrywide data collection methodology which ultimately will allow for the development of risk prediction tools with many applications in the area of both primary and secondary prevention. Prof Tom Marwick (previously Cleveland Clinic, now Hobart) talked about the growing epidemic and burden of heart failure and the value of the possibility of screening and scoring of risk to identify early disease and prevent further damage by timely intervention.

The plenary sessions and some of the free paper presentations were filmed and will soon be made available to members on the ACRA website.

Thanks to the patients that shared their stories:

#### **Molly Williams:**

A medical doctor who had her cardiac event at 32 and presented a firsthand insight of a health professional becoming a patient and the significance of her family history of cardiac disease and hypercholesterolaemia.

#### **Jim Usher:**

Former journalist and resident of the Black Saturday fire zone and his emotional reflection of the stress in a community after a natural disaster and his story of



*Uncle Kevin Coombs*

heart disease in the 12 months after the event.

#### **Uncle Kevin Coombs:**

An indigenous elder, athlete and community leader who provided an animated account of his life but a great insight into the Gap in health care and services that exists with the indigenous community and the change over the last 50 years.

#### **Congratulations to all award winners:**

##### **Best new research:**



Dr James Faulkner  
*“The effect of a cardiac rehabilitation type exercise program on vascular and physical fitness in patients*

*Diagnosed with transient ischaemic attack: Implementing cardiac rehabilitation principles to secondary prevention cerebrovascular care”*. (Sponsored by the Heart Research Centre).

##### **Best clinical presentation:**

Paul Camp *“Audit of cardiology patients with a history of mental health disorders in a smoking cessation clinic”*.



**Best poster:**

Sulakshana Balachandran *“Is ultrasound a reliable measure of sternal micromotion in patients following cardiac surgery”.*

**Best Exercise and Physical Activity paper:**

A/Prof Robyn Gallagher *“Promising outcomes at 12 months from a weight loss intervention supplement to cardiac rehabilitation and diabetes education for people who are overweight and obese”.*

(Sponsored by ESSA).

**People’s Choice:**

Dr Frances Wise *“Attitudes to obesity among rehabilitation health professionals”.*

Once again the dinner provided great entertainment – this time in the theme of “Athletes of the Nation” - and it was great to see so many of you who took the opportunity to dress in sporting attire for the night. And the social committee extraordinaire had arranged some wonderful entertainment also – thanks Emma Boston and your team. A special moment at the dinner is when the winner of the Distinguished Service Award is announced. This year, as you are aware, this has been renamed the Dr Alan Goble Distinguished Service Award and it is therefore fitting that the winner is Sandy McKellar (see separate report). We extend our hearty

congratulations to you Sandy, an award thoroughly deserved.

Special thanks to Leesa McDermott and Georgie MacGibbon from Conference Design who worked tirelessly behind the scenes both during the lead up to the conference and during the event itself. Your support was greatly appreciated by the organising committee.

We hope you enjoy the reflections, award winner reports and the photos from the event and look forward to seeing as many of you as possible in Sydney next year.

**Kim Gray (co-convenor)**

**Sue Sanderson (co-convenor)**



## Best research award: The effect of a cardiac rehabilitation exercise programme on vascular risk and physical fitness in patients diagnosed with a transient ischaemic attack: Implementing cardiac rehabilitation principles to secondary prevention cerebrovascular care.

By Dr James Faulkner

Exercise-based cardiac rehabilitation (CR) is an accepted component of the multifactorial secondary preventative strategy used to improve modifiable risk factors among coronary artery disease (CAD) patients [1-3]. Analogous with this, a multi-factorial approach could be of benefit as a secondary prevention strategy for patients diagnosed with a transient ischaemic attack (TIA) or a non-disabling stroke (NDS) as these patient groups have similar predisposing modifiable vascular risk factors such as hypertension, tobacco use, diabetes mellitus, hyperlipidaemia, obesity and physical inactivity [4]. The presentation at the 2013 ACRA conference focused on the short (post-intervention) and long-term (12 months post-intervention) effect of utilising a cardiac rehabilitation type exercise programme on vascular risk factors and physical fitness in newly diagnosed TIA patients.

This study was a parallel group randomized controlled trial. Sixty TIA patients, who met study inclusion criteria, were recruited during a 9-month period. All participants completed a baseline assessment whereby vascular risk factors (blood pressure, blood lipid profile etc), physical fitness and psycho-social measures of health and well-being were examined. Participants were then randomized to either an eight week, twice weekly exercise and education programme or to

a usual care control group. On completion of the intervention period, participants were invited to take part in a post-intervention and 12-month post-intervention assessment, which was identical to baseline.

A series of two-way repeated measures ANOVAs demonstrated a significant reduction in systolic blood pressure (7 %), bodyweight (2 %) and body mass index (3 %), and a significant improvement in aerobic fitness (estimated peak oxygen consumption, 18 %) between the baseline and post-intervention assessments for those individuals randomized to the exercise group. Importantly the observed improvements were maintained up until the 12-month assessment session. Participants who took part in the exercise and education programme also reported an increased awareness of the signs and symptoms associated with a stroke, and recognised an improvement in their physical competency. However, the study did not demonstrate any changes to participants' mental health (mood, anxiety etc) over the course of the study period. In conclusion, the present study demonstrated that the implementation of a cardiac rehabilitation type exercise programme, soon after TIA diagnosis, can lead to short- and long-term benefits for TIA patients. Accordingly, participation in exercise soon after a TIA may be an important secondary prevention strategy for this population group.



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# Best clinical paper: Audit of cardiology patients with a history of mental health disorders in a smoking cessation clinic

Paul Camp<sup>1,2</sup>, Wendy Senior<sup>1</sup>

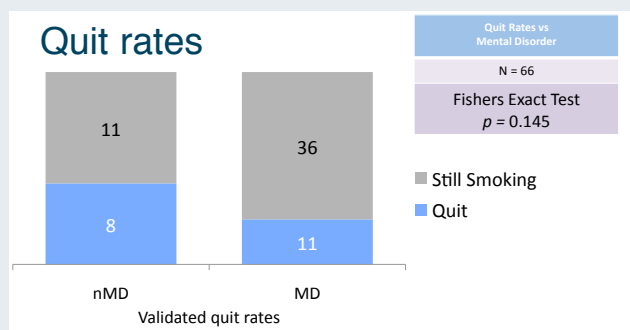
1. Cardiology Department, Mater Adult Hospital, Mater Health Services, Brisbane.
2. Full member of the Australian Association of Smoking Cessation Professionals.

## Background:

- Smoking occurs at much higher rates amongst those with mental disorders. Between 56-75% of those with schizophrenia are smokers (Jablensky 1999).
- At the same time, those with mental disorders are more likely to suffer heart disease e.g those with schizophrenia or bipolar disease have significant risk of CHD mortality (HR 3.22) (Osborn et al 2007).
- Smoking differs from other cardiovascular risk factors. It is classified as a substance use disorder and highly addictive for many.
- Those with mental disorders (e.g. depression, anxiety disorder, bipolar mood disorder, schizophrenia or substance abuse disorder) generally have higher levels of nicotine dependence (Royal College of Psychiatrists 2013). At the same time, they are just as interested in quitting as those without mental disorders (Ashton et al 2010).
- Components of a successful smoking cessation program for those with mental disorders includes: careful assessment, intensive support, ongoing counselling and use of smoking cessation medications (Morris et al 2009).

## Methods:

- The 'Cardiac Patients Smokers Clinic' is an outpatient clinic offered to all cardiology patients (CHD, heart failure, atrial fibrillation etc) who smoke. The clinic provides face-to-face individual smoking assessment, ongoing counselling, relapse prevention and validation of smoking status using expired carbon monoxide.
- An audit of the clinic was conducted (n=66) examining mental health history, levels of nicotine dependence, clinic attendance, smoking cessation medication use and validated quit rates.



## Results:

- Patients with mental disorders attending the clinic had on average, higher nicotine dependence scores. They also appeared to have poorer average attendance rates, although this did not reach statistical significance (p=0.057). They appeared to be just as likely to use smoking cessation medications (p=0.756). Additionally, they had lower validated quit rates, although again this did not reach statistical significance (p=0.145).
- There were a number of methodological challenges in completing the audit. In retrospect, the sample size may have been too small to accurately show some statistical relationships. Also, the criteria of 'mental disorders' was based on that documented in the medical record. A more rigorous approach would have been to include formal diagnostic criteria. To ensure the analysis was adequately powered we included a wide range of mental disorders e.g. depression, schizophrenia, under the one label. It is likely that each mental disorder may respond differently to a given intervention.

## Discussion:

- Future research should involve a more rigorous research design such as a prospective study with additional relevant data, a larger cohort and better defining of mental disorder diagnosis.
- This audit was very useful in identifying ways to improve data collection of mental disorders in this clinic.
- Initial results suggest that this type of intensive program may have value in helping those cardiology patients with mental disorders to quit smoking.

## Key Words:

- mental disorders, smoking cessation

## Contact:

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## Letter to President

Dear Steve

*As I did not get a chance to have a chat to you over the course of the conference I thought I would just drop you a line to let you know how fabulous I thought the conference was.*

*This was my very first conference ever attended. I went on behalf of Adrienne Caulfield from Peninsula Private Hospital Cardiac Rehabilitation to present a static poster.*

*I was very unsure of what I was getting myself into.*

*I put myself down to do the Workshop on the Monday and very much enjoyed that. I also attended the Members Forum and was very interested to hear everybody's concerns. I must also admit now that the only reason that I became a member was to attend this conference to present our poster. But now that I have been to the conference and listened to the other members in the Forum and how dedicated the association is to supporting everyone in their Cardiac Rehab field I will definitely be re-joining next year.*

*I came away from the conference feeling very inspired and uplifted by all that I heard and saw. It made me feel, that yes we are all doing a wonderful job in Cardiac Rehab and we should also do everything in our power to see it continue and grow, and support everyone in the process. The passion and dedication of the people that I met over the course of the three days towards cardiac rehab was certainly inspiring.*

*I would like to again thank everyone at ACRA for their hospitality and friendship and hope to see you all again next year in Sydney.*

Kind Regards

Michelle Dove  
Peninsula Private – Cardiac Rehab.

## Best physical activity paper



### Promising outcomes at 12 months from a weight loss intervention supplement to cardiac rehabilitation and diabetes education for people who are overweight and obese

Robyn Gallagher, Ann Kirkness, Dan Hollams, Caryn Kneale

Weight management is an important secondary CVD risk prevention strategy and particularly important for people at high risk, such as patients attending cardiac rehabilitation or diabetes education services who are overweight and obese. Patients who can achieve sustained weight loss of 5-10% alongside increased physical activity can reduce multiple CVD risk factors, cardiac events and mortality. We developed the Healthy Eating and Exercise Lifestyle Program (HEELP) to help this group of people by using the resources of cardiac rehabilitation and diabetes education to create an evidence-based exercise, diet and behaviour change program. The program included an active phase (4 months) of group-based supervised structured exercise sessions (1 hr 2/week), tailored home exercise program (pedometer based) of 60 mins/day 5 days/week and 4 information sessions at 1, 2, 4, 8 weeks. The maintenance phase of 8 months included an initial group-based 'booster' information session and 3 telephone calls at 4, 10 and 22 weeks.

Our randomised controlled trial demonstrated HEELP reduced weight and waist, increased exercise frequency, duration and capacity and reduced depressive symptoms at 4 months. In the presentation it was reported that these changes were sustained to 12 months despite some regain in weight. Importantly, of the participants (n = 100) 25% achieved a 5-10% weight loss by 12 months and were exercising more than 1 hour extra per week than at baseline. We noted that women were much more likely to drop out and modification of the program to suit women's needs is required.

## Peoples' choice award: Attitudes to obesity among Rehabilitation Health Professionals



Prevalence of obesity has doubled in industrialised nations in the last 30 years, and 65% of Australian adults with heart, stroke and vascular diseases are overweight or obese. Stigmatizing or negative attitudes to obesity, such as beliefs that overweight individuals are lazy, unintelligent, or lacking self-discipline, are common in the general population. However, if such beliefs are held by health professionals they may prevent patients seeking appropriate health care, and may in fact lead to overweight patients eating more, exercising less and losing less weight.

However, the obesity-related views and attitudes of health professionals working in rehabilitation, including cardiac rehabilitation, are unknown. Accordingly, we undertook this research to examine the attitudes and beliefs of rehabilitation health professionals toward obesity. Additionally, potential predictors of anti-fat attitudes (or "fat phobia") were explored. A cross-sectional, anonymous, self-report survey of 221 rehabilitation staff from public and private health sectors was performed.

We found that:

1. Negative attitudes to obesity do exist in rehabilitation health professionals and are associated with:
  - **Younger age**
  - **Beliefs that obesity is under the individual's control**
2. And that:
  - **Attitudes did not differ between sexes, professional groups or work settings.**
  - **Empathy and health professionals' own BMI do**

**not seem to independently influence attitudes to obesity.**

Education campaigns may be required to increase rehab professionals' awareness of the causes of obesity and the importance of providing supportive unbiased care. Providing such education should involve older staff with greater life experience and an unbiased understanding of the controllability of obesity.

*Dr Frances Wise  
MBBS PhD(Melb) FAFRM(RACP)*



**Jenny Patrick receives award on Dr Wise's behalf.**

## Best poster award: Ultrasound is a reliable, clinical measure of sternal micromotion



Sulakshana Balachandran, Maeve O'Reilly, Linda Denehy, Annemarie Lee, Alistair Royse, Doa El-Ansary

We recently conducted a joint study between the University of Melbourne and the Royal Melbourne Hospital that investigated the reliability of

ultrasound as an assessment tool of sternal micromotion, in an acute cardiac surgery population.

Using the Sonosite M-Turbo ultrasound machine, the sternums of twenty cardiac surgery patients were imaged at rest and during 5 functional tasks (deep inspiration, cough, unilateral and bilateral upper limb forward flexion and sit to stand), 3-7 days post-operatively. Two raters used the proprietary software to measure sternal micromotion and the reliability of the mean ultrasound measures for each task was calculated using intra-class correlation coefficients (ICC). The results revealed that the intra and inter-rater reliability of the ultrasound measures for all tasks produced ICCs > 0.90. From a clinical perspective, we drew 3 key points from the results of this study:

- Ultrasound is a non-invasive, readily-accessible tool that can be utilised in acute care settings
- Ultrasound demonstrates excellent reliability of real-time assessment of sternal micromotion
- Further research regarding the effects of functional tasks on the healing sternum is warranted

This study is part of a larger project investigating the effects of upper limb movements on sternal micromotion, with the view of contributing to the body of evidence pertaining to sternal precautions following cardiac surgery.

We welcome any questions you may have (email Sulakshana Balachandran: [sulakshana.balachandran@gmail.com](mailto:sulakshana.balachandran@gmail.com)).



# News From Across The Nation



## Heart Foundation calls for urgent action on chronic heart failure



A systematic approach to chronic heart failure care: a consensus statement  
August 2013



The Heart Foundation is calling on both sides of government to commit to urgent action on chronic heart failure with the release of the consensus statement *A systematic approach to chronic heart failure care*. An estimated 30,000 Australians are diagnosed with the debilitating condition every year and recurrent hospitalisations cost the national economy more than \$1 billion each year.

The Heart Foundation is calling for the development and implementation of a National Policy Framework to improve the systems of care for patients with chronic heart failure.

To view the full consensus statement and recommendations, visit [www.heartfoundation.org.au/heart-failure](http://www.heartfoundation.org.au/heart-failure).

## Information sheets for Aboriginal and Torres Strait Islander peoples



Compared to other Australians, Aboriginal and Torres Strait Islander peoples are more likely to experience a heart attack or stroke. This is a principal cause of the gap in life expectancy between Aboriginal and

Torres Strait Islander peoples and the rest of the population.

The Heart Foundation is committed to improving the life expectancy and quality of life of Aboriginal and Torres Strait Islander peoples. Information sheets are available to educate patients and communities about cardiovascular disease and its risk factors.

Find out more at [www.heartfoundation.org.au/aboriginal-health](http://www.heartfoundation.org.au/aboriginal-health)

## Halt Hidden Salt

Did you know that Australian adults are eating 3.2 kg of salt a year? That's over three times more than we need. However, this salt is not added at the dinner table. Instead, it's often hidden in the food we eat every day, like breads, canned foods, cereals and sauces. By reducing our salt intake by just 30% per day, we could save up to 6,000 lives every year.

Join our campaign to get this hidden killer out of our food. Show you care about our food being made healthier by visiting [www.heartfoundation.org.au/halthiddensalt](http://www.heartfoundation.org.au/halthiddensalt)



## The Tick Shopping Guide updated

The Tick Shopping Guide lists over 2,000 Tick approved products across a wide variety of food categories available in the supermarket. It's a great reference guide all Australians can use while shopping to make healthier choices, to help prevent or better manage cardiovascular health.

By looking out for the Tick, you can easily choose healthier products at a glance. They're healthier because Tick approved foods are lower in saturated fat, sodium (salt), and kilojoules (energy) and they also contain plenty of the good stuff like fibre, calcium, whole grains and vegetables.

The Tick Shopping Guide is available to download at [www.heartfoundation.org.au/Tick](http://www.heartfoundation.org.au/Tick). Alternatively, you can order copies from the Heart Foundation online shop at [www.heartfoundation.org.au/shop](http://www.heartfoundation.org.au/shop) or call the Health Information Service on 1300 36 27 87.

## Psychosocial risk factors for coronary heart disease

The Heart Foundation has developed a consensus statement on *Psychosocial risk factors for coronary heart disease* (CHD). A recent review of evidence indicates that psychosocial stressors have an impact on CHD; however, the clinical significance of this requires further study. There is a potential for increased cardiovascular risk among people exposed to extreme stress. The Heart Foundation recommends wider public access to defibrillators where large groups of people gather and as part of the preparation when responding to natural and unnatural disasters.

View the consensus statement at [www.heartfoundation.org.au/information-for-professionals/Clinical-Information/Pages/psychosocial-health.aspx](http://www.heartfoundation.org.au/information-for-professionals/Clinical-Information/Pages/psychosocial-health.aspx)





## General Practice Management Plan

The Heart Foundation's General Practice Management Plan (GPMP) supports general practice by using the chronic disease management (CDM) Medicare Benefits Schedule (MBS) items in implementing best practice interventions.

The GPMP template follows recommendations in *Reducing risk in heart disease: An expert guide to clinical practice for secondary prevention of coronary heart disease*, published by the Heart Foundation in 2012. The template is currently available for Medical Director, Best Practice and Genie.

The GPMP is provided to health professionals as an implementation tool for coronary heart disease management in general practice.

For more information and to download the template visit [www.heartfoundation.org.au/gp-management-plan-chd](http://www.heartfoundation.org.au/gp-management-plan-chd)

## Increasing heart support across Victoria

The Heart Foundation is expanding its engagement with heart-related peer support groups thanks to a grant from the Victorian Government. The *Supporting Hearts* project builds the capacity and sustainability of community-run support groups through the production of specific resources, education forums and workshops.

A key component of the project includes improving linkages between cardiac rehabilitation programs and support groups. A number of support groups across Victoria already have fruitful relationships with local hospital cardiac rehabilitation programs, providing a much-needed avenue of support for people after completion of cardiac rehabilitation.

*Supporting Hearts* will showcase these models and look at ways to foster new relationships between support groups and service providers in areas of need. The project also aims to connect people who have experienced a heart event but did not complete or attend cardiac rehabilitation.

For people living with a chronic illness, peer support has long been recognised as contributing positively to a person's quality of life. For people living with heart disease, belonging to a peer support group can increase a person's motivation to eat healthily, adhere to a daily medication regimen and exercise regularly. It can also increase a person's sense of belonging and increase feelings of a more hopeful future.

The *Supporting Hearts* project will run for 12 months and aims to increase the profile of peer support across Victoria as well as linking more people living with heart disease to support when they most need it.

For more information contact :  
Tess Pryor, Community Engagement Officer, Heart Foundation Victoria  
[Tess.Pryor@heartfoundation.org.au](mailto:Tess.Pryor@heartfoundation.org.au)  
Telephone: (03) 9321 1561

# Upcoming Events



### October 14th

QCRA, Qld Heart Foundation statewide videoconference

### October 19th

SACRA seminar, Hampstead Day Rehab Centre

### October 25th

CRA state meeting and AGM, Kirribilli Club

### November

WACRA state seminar – date TBC

### November 14th

VACR afternoon workshop and AGM – Rendezvous Grand Hotel

Alan Goble Lecture – Dr Marian Worcester (followed by dinner)

### December 10th

Heart Health Care Network, TACR, Tas Heart Foundation videoconference

A 'Save the Date' poster for the ACRA 2014 24th Annual Scientific Meeting. The poster features a dark blue background with a large, stylized 'ACRA' logo in white and blue. Above the logo, it says 'SAVE THE DATE' in white. Below the logo, it says '24TH ANNUAL SCIENTIFIC MEETING' in white. At the bottom, it says 'NOVOTEL SYDNEY BRIGHTON BEACH NSW' and '21 - 23 AUGUST 2014' in white. The website 'www.acra2014.com.au' is listed at the bottom left. A teal banner at the very bottom contains the text 'CONFIRMED KEYNOTE SPEAKERS: DR ROSIE KING & PROFESSOR CHRIS SEMSARIAN' in white.

www.acra2014.com.au

CONFIRMED KEYNOTE SPEAKERS: DR ROSIE KING & PROFESSOR CHRIS SEMSARIAN

# Heart Research Centre Report

Elizabeth Holloway

The Heart Research Centre welcomed a new director of the centre on July 1 2013, Professor Alun Jackson, BA, Dip Soc Studs, MSc, PhD, who is a Professorial Fellow of the Melbourne Graduate School of Education, University of Melbourne; and an Honorary Professor, Centre on Behavioural Health at the University of Hong Kong.

Professor Jackson brings to this position over 30 years' experience in behaviour change research, prevention education and health and human service design, gained in a range of positions in Australia and overseas.

He is committed to evidence-led practice, and translational research, and has been involved in the design and direction of many large scale research projects in the area of behavioural addiction.

Please refer to further information and background on Professor Jackson on the Heart Research Centre's website.

An example of some of the research and projects currently underway are:

## Wurundjeri Project

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.

Recently, *beyondblue* awarded the Centre a research grant for this two year project.

## Indigenous heart health

The Heart Research Centre has received funding to improve secondary prevention programs for Aboriginal people with cardiovascular disease. The grants from the ANZ Trustees and Grosvenor Foundation are for working with Aboriginal Community Controlled Health Organisations (ACCHOs) in Victoria to improve community participation in cardiac rehabilitation and secondary prevention services.

## 'Cardiac Blues' Project

Funded by *beyondblue*, the 'Cardiac Blues Project' builds on the findings of an earlier study of experiences of anxiety and depression in regional and rural based cardiac patients – the Bendigo Cardiac Study – also funded by the *beyondblue* Victorian Centre of Excellence in 2009-2011.

The aim of the Cardiac Blues Project is to develop two resources, one a written resource for patients to inform them about emotional recovery after a cardiac event, and the other a one-hour online training package for health professionals.

The resources will have two purposes:

- a) to present the common emotional responses with a view to normalising these and reassuring patients that these emotions are likely to resolve; and
- b) to highlight various risk factors or 'red flags' that might suggest that normal symptoms may not resolve and therefore that the person is at increased depression risk.

These resources will fill a gap in the current service delivery system in relation to emotional recovery after an acute cardiac event.

## Training

The Centre has recently conducted several well attended training sessions; the 5 day Cardiovascular disease rehabilitation and prevention, 1 day Cardiac medications update, 'Cardiac Blues': Supporting emotional adjustment after a cardiac event and Encouraging physical activity in patients with chronic illness.

Understanding smoking behaviour and cardiovascular health is a one day training to be held on 17 October, which is still open for enrolments.

# State News

## Victoria



State representative  
Kim Gray

The VACR would like to thank the contributions of Lisa Jenkins to the committee. Lisa has stepped down from her role of Secretary and her position on the committee after three years. Margaret Ryan nominated and was accepted as the new Secretary of the VACR.

The VACR will be holding its next educational event on the 14th November 2013 at the Rendezvous Grand Hotel, Flinders St Melbourne. As a result of the enthusiastic response to the evaluation and research topics at the Clinical Practice Day in the March, this day will consist of a 3 hour afternoon workshop expanding on these topics. The workshop will be followed by the VACR AGM and the Alan Goble lecture and dinner in the evening. This year the lecture will be delivered by Dr Marian Worcester.

The Victorian Cardiac Clinical Network is currently considering applications for support in completing projects in cardiac disease and heart failure from the funding announced by the Victorian Government early in 2013 for these disease groups.

The VACR Committee is currently in the process of reviewing its constitution in line with Consumer Affairs Victoria requirements and the newly adopted ACRA constitution. The new VACR constitution will be voted on at the AGM on 14th November 2013.

The VACR Committee would like to welcome all its new members. The Committee would also like to thank all the delegates that visited Melbourne and its temperamental weather to support ACRA 2013 and make the conference a success.

## NSW / ACT



NSW/ACT State  
representative  
Lis Neubeck

Those of us who were fortunate enough to attend ACRA 2013 had a wonderful time and send our congratulations to the organising and scientific committees for the outstanding program. It is a hard act to follow, but we are working hard on the program for the 2014 Annual Scientific Meeting (ASM). Our theme is "*Sex, Drugs and Rock 'n' Roll*", and we have secured fantastic keynote speakers on this topic. Our first keynote address will be given by Dr Rosie King, international sex guru, and author of "Where has my libido gone?" Professor Chris Semsarian will deliver the keynote address on day 2 on the effects of caffeine and other drugs on the heart. We have worked extremely hard to negotiate a very reasonable price for the 2014 ASM. To keep these reasonable rates, we must ensure maximum attendance at the conference, so plan your trip to Sydney now! Visit the website [www.acra2014.com](http://www.acra2014.com) for more details.

At a state level it is nearly time for our annual scientific meeting and our annual general meeting. The theme this year is "*Mind your Ps and Qs - Prevention, policy, practice and quality*". Topics include: "*Secondary prevention*", "*High sensitivity troponins*", "*Cancer and the heart*", and "*Text messaging for cardiovascular prevention*". Speakers include: Prof Craig Anderson, and Prof Gemma Figtree. Once again we will be at the gorgeous Kirribilli Club on Friday 25th October. Registrations are now open and the program detail is available on the ACRA website. To register follow the link: <https://www.registernow.com.au/secure/Register.aspx?ID+9893>. We are very grateful to the NSW Department of Health for providing two scholarships to enable rural nurses working in the public sector to attend.

I'm really enjoying access to the European Journal of Preventive Cardiology provided by ACRA and I am enormously grateful to the team in South Australia who organised this fantastic resource. If you haven't yet had time to check it out I encourage you to do so through the links on the ACRA website.

I will be stepping down as CRA state president from October this year, but I would like to continue my role as State Rep. I am also enormously excited to be taking on the role of Vice President of ACRA. All positions in CRA NSW & ACT become vacant and are open for re-election at our upcoming meeting. Please do not hesitate to contact me if you are interested in finding out how you can become involved.

[lneubeck@georgeinstitute.org.au](mailto:lneubeck@georgeinstitute.org.au)

## Western Australia



State representative  
Craig Cheetham

### Upcoming Events

Annual WACRA Symposium

The annual WACRA half day symposium will be held in November. The day will see a series of presentations covering a range of contemporary and innovative clinical topics.

The event details will be forwarded soon upon confirmation of the availability of some speakers we strongly hope can avail themselves for the event.

The event is always popular and a valuable educational event and therefore we encourage you to forward the details and flyer for the event to your colleagues who may not be aware of the event if they are not current members. ➤



## NEWS FLASH - Recent Events

### Annual research symposium:

WACRA's annual research symposium was once again an absolute success. It was held on Wednesday 31st July at Grace Vaughan House, Stubbs Terrace, Shenton Park. The event showcased the outcomes of local research across a spectrum of cardiovascular health and prevention.

Topics included: *"Sex differences in symptom presentation in acute myocardial infarction"*; *"Heart Attack Warning Signs Messages 'Out Bush'"*; *"Disparities in transfers, angiography and CARPS for rural Aboriginal IHD patients in WA: a linked data analysis"*; *"Aboriginal Heart Health Study: Incidence of first heart failure hospitalisation and its risk factors in Aboriginal vs non Aboriginal patients in WA 2000- 2009"*; and *"Theoretical contributions to developing and supporting indigenous- non indigenous partnerships to improve indigenous heart health"*.

### Cardiovascular Health Networks

#### Cardiac Rehabilitation and Secondary Prevention working group

With the ongoing steps of rolling out Activity Based Funding (ABF) in WA, it is with great pleasure to report the some of the hard and dedicated work from the Cardiovascular Health Networks has paid off, and these efforts contribute significantly towards ensuring Cardiac rehabilitation and prevention programs are consistent with best practice guidelines and are embedded within the clinical pathways for Acute Coronary Syndromes. Within the ABF structure these are referred to as "premium payments" which are additional payments for the achievement of a series of clinical steps and protocols which are known to contribute to improved clinical outcomes. It is pleasing to report that referral to cardiac rehab and secondary prevention services is part of a series of sets that make up the eligibility for premium payment for myocardial infarction. The WACRA will be a valuable resource for further information regarding this.

If you would like more information please feel free to contact me.

WA state items prepared by

**Associate Professor Craig Cheetham**  
WACRA President  
WA state representative on the ACRA

Executive Management Committee  
WACRA representative on the  
Cardiovascular Health Network's,  
Executive Advisory Group.

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

## South Australia & NT



SACRA  
State representative Jenny Finan

### SACRA Meeting 26/08/13

Articles of interest are to be uploaded on SACRA website by Renee Henthorn (Vice President of SACRA). Please forward articles to Celine Gallagher (SACRA secretary) [Celine.Gallagher@health.sa.gov.au](mailto:Celine.Gallagher@health.sa.gov.au)

To harness recent media attention around increasing Cardiac Rehabilitation Attendance, Kathy O'Toole has formulated a template letter that SACRA members can use to lobby their local MPs.

Heart Foundation has formulated a National Advocacy Working Group, to draft a plan of action for Cardiac Rehabilitation Services.

Marketing strategies discussed to improve ACRA membership including journal subscription, webinars, departmental membership & mentorship. Vanessa Poulsen (Heart Foundation) to formulate a survey which will be forwarded to members via email. Any member wishing to contribute a question please forward to Vanessa Poulsen by email [Vanessa.Poulsen@heartfoundation.org.au](mailto:Vanessa.Poulsen@heartfoundation.org.au)

### Heart Foundation update

*Vanessa Poulsen*

#### My Heart My Life (MHML)

- Reprint: New print run of MHML Version 3 for SA (version combined with MMHH as you can view on Heart Foundation website) are due in the warehouse first week of September. Your orders will be

fulfilled from this stock once we have depleted the 5,689 copies left of version 2.

- Case note stickers: are available for nursing staff to document when a copy of MHML has been provided.
  - o For more stickers please email [Vanessa.Poulsen@heartfoundation.org.au](mailto:Vanessa.Poulsen@heartfoundation.org.au) with how many you require and a postal address.
  - o We are negotiating with the warehouse for orders to go out with case note sticker enclosed in boxes - this will happen soon, stay tuned.
- Evaluation:
  - o 163 nurses have completed survey (online or via paper based copy)
  - o Adelaide Uni are working hard on the patient evaluation, telephone surveys are being conducted with prior patients of RAH and St Andrews
- MHML Workshop:
  - o A workshop was held 2/8/13 with invitees including clinical managers and cardiac rehab nurses to discuss outcomes of MHML to date over the last few years and discuss gaps/ next steps.
  - o Phase 1 was identified as a gap and an example from the Victorian Clinical Network on the 6 things to cover in a Phase 1 discussion was reviewed
  - o A small working group was formed to progress a strategy to implement a framework to assist with Phase 1 discussions by all nurses.

Living well with chronic heart failure, Living every day with my heart failure and My heart, my family, our culture – online evaluation surveys currently being completed.

### Rural Report

*Caroline Wilksch*

- Heart Health Rehabilitation endorsed for use with Phase 2 Country Health Network. The program reflects the recommendations and requirements documented in the South Australian Cardiac Rehabilitation Model of Care, 2011 and the Heart Foundation Framework for Cardiac Rehabilitation, 2004. ►

- Twelfth Rural Weekend Update on Cardiovascular Management held at Adelaide Pavilion 24th & 25th of August 2013.



### SACRA seminar Hampstead Day Rehabilitation Centre

- SACRA Inc Education Evening – Ayers House, North Adelaide. There were 22 attendees.

Recent developments in the management of ST Elevation Myocardial Infarction, Associate Professor Matthew Worthley, Royal Adelaide Hospital (Matthew Worthley & Di Lynch)

- Speakers confirmed for SACRA seminar – Hampstead Day Rehab Centre - October 19/10/13

Professor Stephen Nicholls, Achieving lipid control for patients with coronary heart disease

Daniel Scandrett-Smith, The role of cardio protective medications

Devan Mahadevan, The role of ECHO in Heart Failure

Next SACRA Meeting 20/11/2013 @ 1630, Heart Foundation

### General News

- A BIG THANKYOU to Nicole Banks who has resigned her position as ACRA EO. Your assistance is greatly appreciated. On behalf of SACRA I would like to thank you for your dedication and your amazing contribution and support.

### Congratulations

- Dianna Lynch (SARCA president) and Dr Alistair Begg who presented at ACRA conference, 'What is wrong with my Heart? Informational DVD' for people who have experienced a cardiac event, which is now available through the Heart Foundation.
- Janice Clifford for winning an iPad for joining ACRA at the heart foundation conference.

### Membership

Current membership: 54

Jenny Finan  
State Representative SACRA  
Cardiopulmonary Rehabilitation  
Coordinator  
Credentialed Diabetes Educator  
Calvary Rehabilitation Hospital  
Calvary Community Rehabilitation

## Tasmania



State representative  
John Aitken

TACRA State Report

*State President:* Sue Sanderson

*Vice President:* Terri Wieczorski

*State Representative:* John Aitken

*Treasure:* Dinah Payton

*Secretary:* Gillian Mangan

*Committee Members:* Erica Summers, Judith Enright, Annette Roehrer

### Upcoming Events:

Journal Club via Teleconference 18th September

Heart Health Care Network: Absolute Risk explained 10th December via Teleconference

### TACR Meeting 24th July

We received sad and disappointing news that Calvary Private Hospital would not be continuing its cardiac rehabilitation program after a recent review. TACR, Dr Paul MacIntyre and the National Heart Foundation strongly advocated for Joanne Flood's Cardiac Rehab Program to continue within the private sector in Hobart to no avail.

I would like to thank her for her passion, time and tireless work ethic to cardiac health and rehabilitation in Tasmania. 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.

### The CSIRO study

A study is being carried out by the CSIRO, funded by the Commonwealth Department of Health, to see whether at home monitoring can help patients with chronic conditions to avoid unnecessary admissions to hospital. 25 Test patients have been recruited to take part as well as 50 Control patients to make sure that the study is scientifically sound.

The Test patients will be connected to the NBN for free and will be supplied with a very easy to use Telehealth monitor that will allow them to video conference with their nurse or GP, take recordings of their blood pressure, ECG, lung function and how much oxygen there is in their blood, and answer some questionnaires every now and then. The monitor is very easy to use and is completely safe. Each measurement cycle would probably take you less than 10-15 minutes a day.

The GP and Community nurse will be able to look at this data and use it to stop symptoms getting worse, and patients may gain a better understanding about how to avoid unnecessary hospital admissions.

Control patients don't receive a Telehealth monitor, and other than filling out two questionnaires, have their health status monitored from a distance using Medicare and other data.

The Heart Care Network was established in July 2013 by the National Heart Foundation in order to provide all health professionals with a common platform by which to establish and develop the basis for closer working relationships across the professional community in Tasmania.

The network provides a way for facilitating communication and sharing knowledge with colleagues within a professional context. The network features include:

- A close connection and positive relationship with the Heart Foundation Tasmania and other professionals with an interest in improving the heart care of all Tasmanians.
- A way to find out key and current Heart Foundation messages, clinical guidelines and consumer resources.
- Access to free professional development and social knowledge sharing sessions ►

- Regular email newsletter with Heart Foundation and Heart Care Network news from around the state
- Social media discussion board (to be developed)

## Queensland



State representative  
Kylie Houlihan

The QCRA held its AGM on 9th September. The current President Kylie Houlihan, Secretary, Karen Uhlmann and General Committee member Maree Lorensen have chosen to step down from their executive roles. Nominations were received and unofficially accepted for President, Treasurer and general committee member (Vice President). The secretariat remains vacant. Unfortunately and in keeping with the rules of the constitution we did not achieve a quorum and were unable to officially appoint the new EMC. The decision has been taken that past EMC will stay on until the QCRA membership is contacted again in writing and given a final opportunity to object to the new appointments and to canvas for a secretary. The communiqué will strongly urge the membership to support the QCRA by supporting the EMC to ensure the survival of the QCRA. Times have been very challenging for clinicians in Queensland and none more so than for those working in more traditional cardiac rehabilitation and heart failure services.

The QCRA have been heavily focused this past year on driving the national strategic plan and associated actions in order to get value for money for the membership both in QLD and more broadly. The general committee members were prepped to take on portfolios that aligned to the key action items from the strategic plan so they could be co opted into national sub committees to achieve our agreed KPI's. These valuable members remain committed to this idea. We successfully co- developed and piloted a webinar series with Health Change Australia who subsequently conducted a workshop at this years ACRA conference. This webinar series has

been improved post pilot and pending approval by the ACRA can be made available at a significantly discounted rate to ACRA members who can attract CPD points. The QCRA and Cate Ferry from the Heart Foundation approached private industry for advice and quotes for a marketing and communications strategy in recognition of the need to refresh our brand, improve our value offering to members and broaden our revenue stream. The proposals were presented to the ACRA EMC but after extensive discussion it was decided to put the proposal on hold at this time. The ACRA however did commit to a progressive investment in rebrand including some market research and ongoing improvement in benefits delivered to its members.

The QCRA and Queensland Branch of the Heart Foundation are holding a statewide video conference on the 14th October, 12.30-2.30pm. The QCRA welcome members to join in on this free update. If you are interested please contact Karen Uhlmann, QLD branch of the Heart Foundation. The QCRA was also represented at the Statewide Heart Failure Forum. Speakers include Assoc. Prof David Colquhoun, Steven Vines and Deanne Wooden. The topic: "Mindful eating, psychosocial risk factors & coronary heart disease". For more information, contact sue.hines@heartfoundation.org.au.

The Statewide Cardiac Clinical Network has now completed the trial of a new referral and early discharge support service for cardiac rehabilitation eligible patients. The new process had eligible patients electronically referred, on discharge, to a central intake and early discharge telephone support service. The telephone support was delivered within 48 hours of discharge and offered integrated health behaviour change methodology targeting adherence to treatment recommendations, including attendance at rehabilitation, clinical support and risk stratification for readmission. The QCRA was a key stakeholder in the working groups associated with this successful pilot. The final report is currently being prepared and plans are being made to conduct a follow-up of patients to evaluate their experience and outcomes including completion of cardiac rehabilitation. Any queries regarding this study should be directed to Kylie Kidby, Co-ordinator, Statewide Cardiac Clinical Network email: caru@health.qld.gov.au

Services in rural and regional Queensland are struggling in the current fiscally restrained environment if they plan to conduct business as usual. Those services that are progressive and innovative are showing you can survive and thrive in seemingly difficult circumstances. The emergence of specialist chronic disease services that include prevention and management services for cardiac patients (both with underlying CVD and post operative) are promising. Rural and regional services are also making use of access to telehealth services through video links to metro hubs for multidisciplinary education and COACH.

The QCRA membership is declining with the loss of jobs in cardiac rehabilitation and heart failure, clinicians who have traditionally associated strongly with our brand. The QCRA are committed to reinvigorating to ensure we can cater for current, past and future members in a changing health environment and will actively support the ACRA in this endeavour.

### State presidents, representatives contact details

#### QUEENSLAND

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#### CRANSWACT

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#### VICTORIA

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Jenny Finan  
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#### WA

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John Aitken  
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