

# ACRA NEWSLETTER

SEPTEMBER 2017



Australian Cardiovascular Health  
and Rehabilitation Association

## CONFERENCE EDITION



**AUSTRALIAN CARDIOVASCULAR HEALTH AND REHABILITATION ASSOCIATION**

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**CHALLENGE...CHANGE...ACHIEVE**

# EDITOR'S NOTE



Another annual scientific meeting has been held and what a successful one it was. Congratulations to the WACRA team - great speakers, terrific social events, good venue and food, and an interesting variety of sessions and presentations across the 2½ days. The weather gods weren't kind to us but we're not at these events to enjoy the outdoors are we!

Sincere congratulations to Shelly McCrae who was awarded the Alan Goble Distinguished Service Award at the conference dinner. And, like last year, the other surprise of the night for her was the arrival of her family to be there for the announcement and presentation. See the testimonial later in this edition supporting the nomination.

The pre-conference workshop reminded us all of the importance of supporting our patients to be compliant with medications, including strategies to overcome potential side effects. Patients, as we all know, often stop taking their medicines because they either feel better and don't see the value in continuing, or feel worse.

An interesting breakfast session introduced us to another tool in our cardiac rehabilitation armamentarium - 'Cardihab' - an exciting concept that can be used in conjunction with centre-based programs or as a stand-alone program. Trials have been

conducted in Queensland and will no doubt be picked up in other jurisdictions as we strive to offer and provide cardiac rehabilitation to the majority of our prospective clientele.

Also in this edition are reports from the prize sections - best research, clinical and poster awards. Celine Gallagher not only won the best research paper, but also the People's Choice award. Well done Celine. There are also other reports about the conference from the convening committee and some delegates. And the inevitable pictures from around the event!

Now the 'dust has settled' on ACRA 2017 its time to consider the same event in 2018. The team in Queensland is working very hard to provide a diverse and interesting program. However, there are 3 separate state events on offer this year also - see list. If you fancy some travel or logging in via video link, further professional development and learning is available to all members. These events are also an ideal way to promote the benefits of ACRA membership to your work colleagues.

## Happy re-habbing Sue Sanderson



**ACRA Presidents - past, present, future!**

**WE WELCOME  
ARTICLES FOR  
PUBLICATION  
IN THIS NEWSLETTER**

Please send any items to:  
sue.sanderson@ths.tas.gov.au  
Author guidelines are  
available on request

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# ACRA 2017 Conference Convenor Report

It has been my great privilege to work with an amazing team to host of the 27th Annual Scientific Meeting at Rendezvous Hotel Scarborough 7th-9th August 2017.

Within the team I would especially like to acknowledge the tireless work of the Conference Management committee, my co-convenor Paul Camp, the Scientific Committee lead Shelley McRae, the Sponsorship lead Lily Titmus, the Entertainment committee lead Tracy Swanson and Heart Foundation lead Julie Smith and Craig Cheetham who, along with Peta Freeman's assistance in conference management from The Association Specialists, together brought such an enjoyable educational experience to you all. Convening a successful event without such a dedicated team would be unachievable. I thank you all most sincerely.



The official conference was preceded by a Medication Compliance workshop, with presentations from Cardiologist Dr Brenndan McQuillan, Pharmacist Katrina Brogden and a short panel presentation including Nurse Practitioner Jenny Finan – the timing of this workshop was



set to accommodate the eastern states landing times. This event was extremely well received and it was clear this subject could easily have run for a full-day and we expect to run more events around medication compliance/reconciliation as we see the emerging high value health care initiatives develop in WA.

The official Conference commenced with the Members Forum and Lis Nuebeck's last duty as ACRA President. What a great leader Lis has been and we will all miss her attention to detail, and her fair, honest and sensible approach to all ACRA matters. Lis has passed to the Presidency baton and responsibilities to Robyn Gallagher who will continue to lead ACRA with the same virtues as Lis.

We responded to the feedback of members from 2016 requesting, through the evaluations, more time for networking over canapés and drinks. We were treated to a fabulous networking experience organised by Tracy. Listening to the local high school string quartet was magical and the the crowd were spellbound as they watched the Aboriginal dancers welcome us to their land, blessing our conference with a fabulous start to the cocktail style Welcome Reception.



Tuesday morning started with early morning Yoga and it was very special to see everyone up bright and early enjoying the beautiful surroundings and music. Many thanks to Julie Smith for leading the Yoga sessions early on both mornings. Unfortunately we did not turn on the weather for delegates and the Heart Foundation walk was cancelled due to driving rain (and yoga substituted)! The Cardihab Breakfast Session was well attended and feedback was really great – we thank them and all other sponsors for their kind support.



The traditional Welcome to Country performed by Saelin Gartlett, renowned Noongar language speaker, was very special and a great privilege. Previous sports minister, Ken Alexander spoke of his personal experience of Cardiac Rehabilitation and officially opened the event and welcomed the delegates. Andrea Lloyd set the theme providing a short presentation about Change and Opportunity in healthcare.

Unfortunately we did have some glitches from the AV team which resulted in Dr Tom Briffa shortening his Dr Alan Goble Oration – we took this on board straight away and evaluation reflected that the AV team did improve post this point. Tom, who is a pioneer of Cardiac Rehabilitation, graciously gave up some of his presentation time to keep us on track.

Positive feedback was received regarding the overall conference program. Respondents liked the varying nature of the program with the mix of keynote speakers, ➤

# ACRA 2017 Conference Convenor Report (continued)



plenary and concurrent sessions and workshops. 96% of respondents felt the overall scientific content met their expectations. Feedback relating to the keynote and invited speakers was overwhelmingly positive. All speakers were incredibly well received, however Rolf Gomes received exceedingly positive feedback. Qualitative feedback included: 'Great scientific program!' 'Really top quality!' 'Very well organised' and 'I think the scientific quality is improving every year'.

The Research Prize and clinical prize sessions were well received and we congratulate the winners of these sections (see reports elsewhere in this issue). The concurrent Workshops were another highlight of the conference, and all the speakers and chairs received positive feedback. We received 59 abstract presentations with concurrent presentations each day; four research and four clinical prize winning presentations and ten poster presentations.

The Gala dinner was a blast of colour and the food was amazing. It was very cool to have Veronica sing for us, what a voice! It was so much fun seeing how many people embraced the totally tropical theme with some truly amazing outfits including flamingos, parrots and lots of bright flowers! The band for the evening, Little Belle, saw the crowd dance from their first song! The photo booth was well attended and allowed printed memories to be taken home!

We had planned to ensure the dinner was an inclusive event but we did receive feedback that often exclusive groups form and it may be an idea to allocate people who do not know each other to tables rather than allow everyone to choose where to sit. I'm sure the 2018 committee will take this into consideration. I must admit I enjoyed going to all tables to chat with everyone.

We upgraded the show gizmo "app" which the Adelaide group organised for 2016 which most delegates really embraced and I know the Queensland group intend to be especially tech savvy for the 28th ACRA ASM in 2018. The ability to get instant feedback from sessions, and for speakers to interact with the audience by way of live polling and collating of votes for our Peoples' Choice Award were especially great. ➤



## ACRA 2017 Conference Convenor Report (continued)

At the gala dinner it was my great pleasure to present the Alan Goble Distinguished Service Award to Shelley McRae. This really well-kept secret saw Shelley in her best most gracious light as she "could not believe this was happening" especially when her family and Mum and Dad arrived!



We are pleased to announce that we had a total of \$50,000 in sponsorship. We had 184 registrations - the largest attendance ever in WA. Delegates came from all Australian states, New Zealand, the UK, Scotland, Denmark, Singapore, Macao, the USA and Sweden.

Ideas to take on board for the 2018 committee include more ice-breaker networking opportunities and the possibility of a direct link to the program from the home page of the ACRA website. 63% of respondents said they are planning on attending ACRA 2018 ASM in Brisbane.

Final comments included being impressed by the quality and breadth of the program, and taking part in the collaborative artwork which was made under the guidance of Lyn Dimer

and Dallas Yarran. It reflected the many areas delegates had travelled from and the connections of coming together to walk in harmony to help those with heart disease.

My gratitude to you all whether you were involved as participants or committee members.

**Helen McLean**  
**27th ACRA ASM Convenor**



# Nomination for Alan Goble Distinguished Service Award

*Alan Goble was the first Australian cardiologist to recognise the importance of cardiac rehabilitation programs and the need for funding to support them. He was the founder and initial chairman of the Heart Research Centre after it moved out of the National Heart Foundation in 1993 to be a stand-alone organisation; in 1989, he and Marian Worcester had set up the Centre for Social and Preventive Cardiology as part of the NHF (now the Heart Foundation).*

*The Alan Goble Award celebrates the achievements of individuals who have provided extraordinary service to Cardiovascular Rehabilitation at both state and national level in Australia.*



**NOMINEE:** Shelley McRae

**PROFESSIONAL QUALIFICATIONS:**  
Registered Nurse

**LENGTH OF TIME A MEMBER OF ACRA:** 20 years

**CURRENT POSITION/EMPLOYMENT STATUS:** Clinical Engagement Coordinator at Heart Foundation, Subiaco, Western Australia, Australia

**Exceptional contribution to Cardiac Rehabilitation by Shelley McRae**

Shelley was one of the founding members of WACRA and is currently the clinical engagement coordinator and

Heart Foundation ambassador. Shelley has been a committed and passionate advocate for over 30 years to improving the cardiac patient care and advocating for greater cardiac rehabilitation services and support for individuals affected by Cardiovascular disease (CVD).

She has made a measurable impact through her work as the Cardiac Rehabilitation coordinator at SCGH – her pioneering work built this Cardiac Rehabilitation and Heart failure service into the world class facility it is today.

**Contribution to ACRA and CR practice**

Shelley, through her quiet determination and drive, has achieved excellence in cardiac rehabilitation and has made significant, observable changes. Her volunteer activities for WACRA are very impressive when you consider Shelley has taken on the role of President, Treasurer, Secretary on the WACRA Executive management committee. Shelley has taken on the workload of the scientific lead for 3 ACRA ASM meetings held in Perth. It is achievements and effects of this kind and scale that deserve to be honoured by this prestigious award.

**Actively share knowledge with others and peers**

Shelley has represented the association locally, at a state level, nationally & internationally by presenting at numerous cardiac conferences. Shelley lectures at several universities and has often presented papers on the benefits of cardiac rehabilitation and risk factor modification. Shelley is a reflective learner and teacher who recognises the importance

of teamwork and selflessness. She has been an amazing support to the conference convenor for this year's ACRA ASM trusting her to make the best decisions to ensure the educational content of the conference is of the highest standard. She has been a gentle encourager and subtly and effectively managed all the scientific responsibilities.

**Candidate's strengths**

Shelley is of outstanding character and her most admirable virtue is her humility. Shelley is happy for others to take the praise for the work she has done without hesitation or discourse. She has the ability to find strength in everyone.

**Leadership and vision**

Shelley regularly promotes the values of cardiac rehabilitation and thrives on innovation and the next challenge. She continues to push forward to accomplish further for cardiac rehabilitation in the area of research and development and patient information making her a great mentor and role model.

**Personal**

Shelley would see her greatest achievement as her role of patient advocate and patient champion.

I have worked alongside Shelley for many years, and it has been a privilege and pleasure to work with someone who challenges you daily to reflect and be the best you can be. Shelley's drive, passion & commitment to advocating for cardiac rehabilitation services is commendable.

**Helen McLean.**

# ACRA BEST RESEARCH PAPER AWARD

## Celine Gallagher



I was very privileged to be the recipient of both the Best Research Paper Presentation Award and People's Choice Best Presentation Award at the recent ACRA ASM in Perth. The research I presented is part of my current PhD studies, which is focussed on improving outcomes in those with atrial fibrillation (AF). This project examined trends in hospitalisations in Australia due to AF over a 20 year period, and compared this to two other common cardiovascular conditions of myocardial infarction (MI) and heart failure (HF). Our data was sourced from the National Hospital Morbidity Index, which is a publicly available database maintained by the Australian Institute of Health and Welfare. Hospitalisations were based

on principal diagnosis, by the corresponding ICD 9 and 10 codes for each of the years studied (1993-2013). Our results show that hospitalisations due to AF have increased by 295% over these two decades, compared to 73% for MI and 39% for HF. Using a regression model this equates to a 5.2% annual increase for AF which is more than double that of MI at 2.2%. There was no significant change in the rate of annual increase for HF hospitalisations over the same time period. Our results showed that the increase in AF related hospitalisations was consistent across all age and gender groups, with the steepest rise observed in the over 80 year olds. Rates of AF ablation were also examined since the beginning of this

century, and although they have significantly risen, they do not account for the observed rise in AF related hospitalisations, with ablation accounting for 2.8% of all AF related hospitalisations in 2013. Finally, we examined the costs associated with each of these three conditions, and found that costs due to AF hospitalisations have increased by 479% from 1997-2013, compared to a 210% increase for both MI and HF.

This data demonstrates the enormity of the burden that AF hospitalisations place on our healthcare system. It is clear that alternative models of care delivery urgently need to be implemented, to improve patient outcomes and reduce health care resource utilisation in this population.

# BEST CLINICAL PAPER

**“Is home-based exercise training as effective as a supervised exercise training program for people with coronary heart disease?”**

**Hazel Mountford**

A part of the Sir Charles Gairdner Hospital (SCGH) exercise-based cardiac rehabilitation (CR) program is to offer patients with coronary heart disease (CHD), the choice of either a hospital-based or home-based exercise training program.

Until recently, we had not investigated the effectiveness of our home-based exercise training program – and this was the topic of my clinical research study that I presented at the recent ACRA Conference, Perth.

Our main results were: The 6-minute walk distance (6MWD) for participants in the hospital-based program increased by an average of 11% (9-13%; 62m ± 50 (48 to 74m)). This exceeded the minimum important difference (MID) of 25m for CHD. The 6MWD of participants in the home-based program did not significantly improve (4% (0.3-7%);  $p = 0.035$ ), with the majority failing to achieve the MID (23m ± 58 (2 to 43m)). Comparing the mean difference in 6MWD between groups, the control group was significantly greater than the intervention group (38m ± 12 (16 to 62m; 95% CI of difference)). The other outcome measures: waist circumference, weight and body mass index for the whole group did reach statistical significance; however, the extent of change was not clinically meaningful. There was no between group differences in these outcome measures.

We showed that participants who completed a hospital-based program had greater increases in functional exercise capacity than a home-based program. The challenge for our service



in the future is to improve the outcomes of patients in our home-based program. Thankfully, the conference was an excellent source of practical and evidence-based ideas that with the right clinical application may improve outcomes for those patients unable to attend a hospital-based program.

As a separate observation, giving people with CHD the choice of hospital or home CR did result in good adherence in the supervised group (84% completed 80% or more of the sessions in 8 weeks). And the majority, 78% of the Home group did return after 8-wks without any reminders or prompts for their re-assessment.

There are many limitations to this study and it was a pleasure to discuss those issues and learn

from other people's experience while at the ACRA Conference. I would highly recommend to colleagues to present at the ACRA Conference, as I found it was an excellent experience.

**Hazel Mountford** | Senior Physiotherapist Cardiology | Sir Charles Gairdner Hospital

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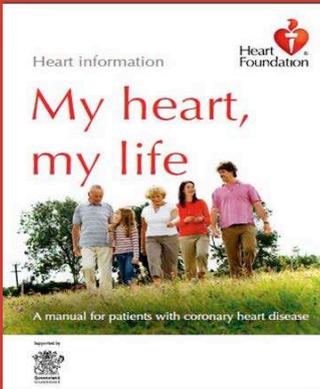
**Sir Charles Gairdner and Osborne Park Health Care Group:**

**Committed staff, clever researchers – caring for patients**

# POSTER AWARD WINNER

Rachelle Foreman, Heart Foundation

Waves of change: Embracing consumer-led input about the 'what and how' of delivering information and support to heart attack survivors and carers



With advances in medical technology, more people are surviving their heart attack (~45,000 annually) and looking to live healthy, productive lives. However, navigating this road to recovery can be difficult with signposts to support not always obvious.

Much of the difficulty faced is from lack of awareness, knowledge and understanding of their condition and recovery. Our annual Heart Attack Survivors' Survey (N = ~500) identified:

- 1 in 2 patients either don't return to work or return in reduced capacity
- <1 in 3 understand their condition
- 1 in 3 stop taking their medications
- <1 in 4 eligible patients attend cardiac rehabilitation
- Many face difficulties with everyday activities

All of this results in survivors struggling to return to their pre-heart attack lifestyle and mental and physical wellbeing which increases their risk of subsequent heart events/conditions.

The Heart Foundation undertook the Heart Attack Survivor Support project to address this information and support gap, and improve the quality of life of survivors. We wanted to develop an integrated suite of products and services that enhances the current heart attack survivor experience, so they feel **Empowered, Connected, Supported** and **Understand their condition**.

Extensive user experience mapping (N = 48) helped understand and map patients' existing versus ideal experiences and identify products and services to bridge the gap.

This identified that we need to provide information through different, integrated channels and in different ways to reflect the various states of readiness of consumers to engage with it. The 3 states identified, that people switch between throughout their recovery, were:

1. **Aware, grateful and motivated** - want access to lots of information and will actively use it.
2. **Afraid, isolated and/or depressed** - withdraw from usual activities and unlikely to pursue new activities. Too much information will appear overwhelming; provide small chunks, small manageable tasks and quick wins.
3. **(Deceivingly) Positive outlook, overconfident and at risk of denial** - need guidance about what should be done, clear tasks and lists to complete and real stories.

Three consumer validation workshops were conducted for patients to view the proposed Heart Foundation products and services that would make the most difference. The resultant product suite includes:

1. New website - '*After my heart attack*' - includes interactive action plans and patient stories - <https://www.heartfoundation.org.au/after-my-heart-attack>
2. Updated printed patient resource (*My heart, my life*)
3. Helpline phone service, offering outbound calls from health professionals
4. Recovery email journey



# NEW MEMBER/FIRST TIME CONFERENCE REPORT



WOW!!! What an introduction to the world of Cardiac Rehab. I never knew there were so many health professionals out there as passionate about helping people getting on with life after a cardiac event as the people I work with every day, not only from Australia but from around the world.

To say initially I was overwhelmed by the content of the program, the enthusiasm of the people attending and the exceptional work we are all doing was an understatement. When I first returned to work my colleagues asked what I got out of the conference but I couldn't answer them. I needed time to sit back and process what I'd seen and heard.

From the breakfast symposium on the first day through to Queensland's presentation on the next ACRA conference the days (and nights) were filled with exciting opportunities to network with our colleagues, be blown away with the research that is coming out both supporting and changing the way we do things, to seeing the way we are grabbing onto technology to both enhance and assist us in the way we deliver our programs.

I was inspired by Rolf Gomes and his Heart of Australia project. Stirred by Susanne Pedersen's insight into the effects of the mind on the body and encouraged to look into this more. But what I got out of the conference the most is the importance of physical

activity and heart health. Taking what I learned back to my place of work hopefully to encourage my clients to do a little more physical activity every day.

The social events were amazing giving us all an opportunity to mix, mingle and network. My children were blown away that Mum got to have a photo with Ariel. I got to catch up with people I had worked with over the years and even met up with someone I trained with...

To everyone involved thanks for a great introduction to Cardiac Rehab and I hope to get the opportunity to catch up with you next year.

**Lee Gibbs CRN**  
**Royal Hobart Hosp**

# GO WEST - VIC MEMBERS HEAD TO PERTH FOR ACRA ASM

VACR members were treated to some mild temperatures, sunshine and spectacular ocean views when they headed to Scarborough, Perth, for the ASM. Over 180 delegates were in attendance for a showcase of keynote speakers and high-quality research around the theme of "Waves of Change, Oceans of Opportunity".

Speaker highlights included international presentations from Professor Susanne Pedersen (Denmark) who discussed the interplay between heart and mind, and Professor Anna

Stromberg (Sweden) examining physical activity in heart failure patients. Locally, there was a high standard of research presented in all sessions, most especially the prize sessions.

Victoria had a large presence at the conference and definitely made a splash at the tropical themed dinner! Emma Boston had a fantastic poster presentation - complete with tea set - and Susie Cartledge was pleased to present the final study of her PhD and thank ACRA members for their support for her research.



VACR wish to congratulate the Perth committee on a fabulous event, where much learning, sharing and networking was had.



**VACR**  
VICTORIAN  
ASSOCIATION OF  
CARDIAC  
REHABILITATION

## Victorian Education Day 2017

Cliftons Friday 20<sup>th</sup> October 2017  
Melbourne  
Level 1 440 Collins St, Melbourne



## Annual Scientific Meeting - Friday, 13<sup>th</sup> October 2017 The Kirribilli Club, Lavender Bay "Get with the Guidelines"

Hosted by the Cardiovascular Health and Rehabilitation Association of NSW and ACT Inc. (CRA NSW/ACT) and Heart Foundation (NSW Division)



## Secondary Prevention in Cardiology Symposium

*Surfing the Waves of Change*

Friday 20<sup>th</sup> October 2017

8:30am-4:15pm

Sunshine Coast Health Institute, Sunshine Coast University Hospital, Doherty Street, Birtinya

# ACRA Newsletter

## Heart Foundation

### Report September 2017



## One Heart 2018-2020 Strategy



**Submitted by:**  
**Cate Ferry -**  
**Heart Foundation**  
**representative**

The Heart Foundation's next three-year strategy will come into effect from January 2018. The new

strategy, titled 'One Heart 2018-2020 Strategy' was developed following extensive consultation with staff, volunteers and external stakeholders and was recently approved by the National Board.

The main focus of our programs and commitment will be people suffering from heart disease, and their carers, as well as people who are at risk of heart disease.

## New module - Heart Failure e-learning

The Heart Failure module has been developed to improve the knowledge and confidence of nurses and other health professionals to effectively support patients and their families with heart failure.

The module has information on the types of heart failure and diagnosis, treatments including medications, lifestyle considerations, associated medical conditions, self-management strategies, and palliation. Practice points are included to help guide health professionals to critical information. There are also tips on how to explain this complex condition.

To access the module, visit [www.myheartmylife-elearning.com.au](http://www.myheartmylife-elearning.com.au)

**NEW FREE TRAINING**

**Heart Failure Module**

**Flexible diuretic action plan**  
Individualised plan

1. Respond to weight gain of 2kg or more
2. Reduce fluid intake
3. May increase diuretic if capable

Contact your doctor and/or HF nurse ASAP

Access the free training now  
[myheartmylife-elearning.com.au](http://myheartmylife-elearning.com.au)



## New – Women and Heart Disease resources

- September 4 was the launch of NSW Multicultural Health Week. This year's theme being 'Women's Journey to Good Health'.
- To coincide with this the NSW Heart Foundation Women & Heart Disease Program has launched a kit with several resources developed as part of our Women and Heart Disease Community Grants initiative.
- These include:
  - Translated questions to ask your doctor about a heart health check
  - The warning signs flyer in different languages Hindi, Turkish, Khmer, Arabic & Vietnamese (and Aboriginal women's one is just being finalised)
  - 5 videos produced largely in English but featuring bi-lingual educators and Ambulance staff from Western Sydney. "Looking after our heart health" videos are for women from Vietnamese, Turkish, Arabic, Khmer and Hindi speaking communities. To access the videos, visit: <https://www.youtube.com/playlist?list=PLhrygLMD00Es0gFj-nHZFKmnCH0UdpcP7>



**إذا كانت أي واحدة من هذه الأعراض شديدة، أو تزداد حدة أو تستمر لمدة 18 دقائق، اتصلي بـ Triple Zero (000) الآن.**

**التوبة القلبية ليست مجرد ألم في الصدر فقط. معرفة جميع إشارات الخطر قد ينقذ حياتك.**

**الرقبة**  
قد تشعرين بألم عام في رقبتك أو قد تشعرين بالذئبق أو التهاق من خلفك. قد يمتد هذا الألم من صدرك أو كتفك إلى رقبتك.

**الكتف (الكتفين)**  
قد تشعرين بوجع عام أو ثقل أو ضغط في أحد كتفيك أو كلاهما. قد يمتد هذا الألم من صدرك إلى كتفك (كتفك).

**الذراعين**  
قد تشعرين بألم أو وجع أو ثقل أو عدم القدرة على تحريك أحد ذراعك أو كلاهما. وقد تشعرين أيضًا بما يشبه التشنج أو الوخز. قد يمتد هذا الألم من صدرك إلى ذراعك (ذراعيك).

**قد تشعرين أيضًا بـ:**

- ضيق النفس.
- عرق بارد.
- دوار.
- غثبان.
- قد تحدثين صعوبة في التنفس أو في أخذ نفس عميق نظرًا للإحساس بثقل أو حصر في الصدر.
- قد تتقيئين عرضًا.
- قد تشعرين بالدوار أو الدوخة.
- قد تشعرين بالغثبان أو ما يشبه الغثبان في الصدر.

للمزيد من المعلومات اتصلي بـ Heart Foundation Helpline (خط المساعدة التابع لجمعية القلب) على الرقم 1300 36 27 87 أو موقعي [www.heartattacks.org.au](http://www.heartattacks.org.au) باللغة العربية - العربية



Heart Foundation health directors enjoying social events at the conference.



Booth at conference - now that's a BIG heart!



# ACRA 2018 ASM BRISBANE SOCIAL MEDIA

Follow us on our event social media for the latest Cardiac Rehab research, event updates and special offers we will release along the way.

Facebook: [www.facebook.com/ACRA2018/](http://www.facebook.com/ACRA2018/)

Twitter: [www.twitter.com/ACRA2018](http://www.twitter.com/ACRA2018)

LinkedIn: [www.linkedin.com/company/acra2018](http://www.linkedin.com/company/acra2018)

Please use our hashtag: [#acra2018](https://twitter.com/hashtag/acra2018)

Check out our blog: [CardiacRehabMatters.com](http://CardiacRehabMatters.com) where we will feature practical information for clinicians working in cardiovascular health, as well as contributions from our invited speakers.

Special Offer: Win a \$30 Rebel Sport e-gift card by commenting on our Facebook giveaway post. Entries close Saturday Oct 7th, 2017.

## ACRA 2018

After attending the fantastic ACRA 2017 Annual Scientific Meeting in Perth, our 2018 Brisbane Conference committee members were inspired. We witnessed there how hard work and careful planning by the Western Australian team paid off with a thoroughly rewarding event. Motivated by this, we have already completed some important milestones in our preparation for next year.

Our Committees have met several times and started formulating some exciting plans. These plans include looking how we can make ACRA 2018 a unique event on many levels. For example, using our theme of 'Create, Collaborate, Grow' we plan to offer new opportunities to network with colleagues and **create** quality professional relationships. We are also looking to offer more interactive learning experiences that foster greater **collaboration** and significant professional **growth**. ACRA 2018 will be very much about facilitating the professional growth of our delegates.

ACRA 2018 will be clean, green and healthy. We are exploring all the options we can, to make this event as environmentally sustainable and as heart healthy as possible.



This event held **Monday 30th July - Wednesday 1st August 2018**, will be hosted at a new state-of-the-art, purpose-built conference centre at the Hotel Grand Chancellor, Spring Hill. The venue is well placed for easy access to the airport via the Brisbane Airtrain (special discount for ACRA 2018 ASM delegates) and is only 10 minutes' walk from the city centre. The Hotel Grand Chancellor also overlooks the beautiful neighbouring Roma Street Parklands and features stunning night views of the city.

Follow us on our event Facebook, Twitter and LinkedIn pages for the latest cardiac rehabilitation research, event updates and special offers we will release along the way. Please use our hashtag: [#acra2018](https://twitter.com/hashtag/acra2018). We have also launched our blog, [CardiacRehabMatters.com](http://CardiacRehabMatters.com) where we will feature practical information for clinicians working in cardiovascular health, as well as contributions from our invited speakers.

We very much look forward to welcoming you to beautiful Brisbane at a wonderful time of year. Endless days of blue skies and mild temperatures make it the perfect location to meet in a relaxed atmosphere. Opportunities abound for delegates to visit our stunning beaches, go whale watching, enjoy the many theme parks, rock climb, bushwalk, kayak, cycle or just unwind in the nearby parklands.

On behalf of all our Conference Committee Members, it is our genuine pleasure to invite you to the ACRA 2018 ASM in Brisbane!

<http://www.acra.net.au/acra-2018-asm/> will be available shortly. See Social media information above for other links to follow from now and in the lead up to the conference.

Kindest regards,

**Paul Camp, Co-convenor.**

# ACRA VICTORIA PRESIDENT AND STATE REPRESENTATIVE REPORT SEPTEMBER 2017

## State Representative Emma Boston.

Our biggest news this newsletter issue is our Victorian President Kim Gray was unanimously elected to the position of ACRA Vice President Elect at the ACRA August Scientific Meeting. There were a good contingent of proud Victorian members present at the ACRA AGM when Kim's new position was announced.

As a result of Kim's appointment constitutionally there is a position change to the Victorian President and Vice President. The Constitution states that if the ACRA Vice President was currently in a State President role, that this position is made immediately vacant.

Next, the State Vice President steps up into the newly vacated State President position until the forth-coming State Annual General meeting. This means Abi Oliver has been placed into the Victorian State President position with Susie Cartledge appointed by the Victorian Committee into the State Vice President role.

At the same time the ACRA Victoria Heart Foundation Representative Harry Patsamanis has resigned from the Committee as he takes up a new professional challenge away from the Heart Foundation. The Committee would like to personally acknowledge Harry's incredible support and wisdom that he has provided to the Committee over the years. It has been a pleasure working with you Harry and we wish all the best in your new endeavours.

We welcome Dr Sue Forrest, Director Cardiovascular Health Problems Heart Foundation (Victoria) stepping into Harry's shoes as the Heart Foundation Representative to ACRA Victoria. The Committee has already been using Sue's wealth of knowledge to assist in the planning of our next education event.

Due to the details mentioned above some fabulous vacancies will exist for the Victorian Committee at our October 20th AGM. Nomination forms will be circulated to members shortly. Note the date that nomination forms must be completed and returned to the Committee is prior to the AGM. Note the Victorian Committee is automatically discharged at each AGM. This allows for every member to have the opportunity to sit on the State Committee.

The October 20th AGM will be held during the lunch break of our next education event day to be held at Cliffons Melbourne.



**Emma Boston and first time to the ACRA Scientific meeting Victorian member Emma Thomas enjoying networking at the ACRA Gala Dinner.**

Planning the October education event has been well under way for some time and the Committee is very excited with the Program.

For our regional and rural members who make the large investment in travel and time to these events, we are offering them an informal invitation to get together the evening before for a meal. Anyone who is interested please contact Emma Boston at [emma.boston@sjog.org.au](mailto:emma.boston@sjog.org.au); alternatively via the VACR President inbox [vacr@acra.net.au](mailto:vacr@acra.net.au). Note that many organisations' firewalls have had issues with external emails; as a preference we encourage members to use their personal email addresses.

Last but not least; we wish to welcome our two newest members; Adrienne Carrick and Karen Billman to ACRA Victoria.

# Conference Snapshots



