ACRA NEWSLETTER

DECEMBER 2017

Australian Cardiovascular Health and Rehabilitation Association

NEWS FROM ACROSS THE NATION

President report

ASM 2018

ACHH report

State reports

AUSTRALIAN CARDIOVASCULAR HEALTH AND REHABILITATION ASSOCIATION

ACRA Secretariat PO Box 576, Crows Nest NSW 1585 Phone +61 2 9431 8653 Fax +61 2 9431 8677
Email: admin@acra.net.au Web www.acra.net.au

ACRA Newsletter Editor Sue Sanderson Email: sue.sanderson@ths.tas.gov.au

CHALLENGE...CHANGE...ACHIEVE

EDITOR'S NOTE

The end of the year is almost upon us and this is the last edition of your newsletter for the year. It is one filled with interesting reports and updates from the EMC, the states, Heart Foundation and the Australian Centre for Heart Health. Also, a couple of stories from colleagues about "journeys" they have experienced recently. And another Corner of Research.

Do you want to keep up with, or have an interest in, like associations around the globe? Check out the links elsewhere in the newsletter – some you can join for free. Thanks to Robyn Gallagher who is an active member in some of these.

The EMC has 4 'core' groups overseeing various aspects of its work – Research & Education; Advocacy; Corporate Services; and Membership. Each of these were workshopped during the recent weekend meeting and a report of outcomes is elsewhere in this newsletter. If you have any issues, please contact the group chair.

We will be reviewing the website very closely over the next few weeks to ensure that links work and that information on the site is 'filed' there appropriately, in that what you may be looking for is easy to find with a 'search'.

Emma Boston, Victorian president, is assisting me with this edition as I will be stepping down as editor next year. I will support her with the next newsletter due in March, and she will take on the editor role from then. I have enjoyed compiling the reports etc that appear quarterly and I hope it has been a valuable membership benefit for all members. I'd like to thank all the contributors over the period that I have had the responsibility of editorship.

The coming holiday season is one to enjoy and celebrate with family and friends, or perhaps you will be working and not taking time off. Wherever, have a wonderful festive season, be careful and safe. Everything in moderation remember, as we tell our patients.

Best wishes
Sue Sanderson

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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Social Media ASM 2018

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/

Twitter: www.twitter.com/ACRA2018

LinkedIn: www.linkedin.com/company/acra2018

Please use our hashtag: #acra2018

Check out our new YouTube Channel

Special Offer: Win a $200 gift card of your choice (either Heart Foundation, Rebel Sport or Webjet), by emailing us at acra2018@outlook.com to receive our free ACRA 2018 newsletter.

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

PRESIDENT'S REPORT

It's a pleasure to provide my first report to ACRA as president. One of the important benefits that my work role offers ACRA is the connection I have to leading cardiac associations nationally and internationally, and therefore the opportunity to promote our work and relay important research findings, guideline changes and topics of discussion. (A list of relevant international associations and conferences is included in this newsletter)

One such opportunity occurred in August, when I was nominated to give the Cardiovascular Nursing Council Lecture at the Cardiac Society of Australia and New Zealand (CSANZ) annual scientific sessions in Perth. The lecture I gave focussed on 'What next for cardiac rehabilitation?", and, along with a brief session covering ACRA hot topics at the Prevention and Clinical Cardiology Council (previously secondary prevention council), ensures that we can publicise the important work that ACRA is doing to a multidisciplinary audience that includes leading cardiologists. Feedback from the 'Hot Topics' session was that many were surprised at the high quality of the research and clinical work being presented at ACRA – of course, no surprise to us. I have contacted the Council and requested that we continue this 'Hot Topics at ACRA' in 2018.

Further opportunities to feature ACRA and Australian researchers and clinicians occurs in my committee work, which includes conference programming committees for the European Society of Cardiology Council of Cardiovascular Nurses and Allied Health Professionals (ESC CCNAP) and the World Heart Federation World Congress of Cardiology Allied Health Stream. I am also a collaborator with the Global Cardiovascular Nursing Leadership Forum, an organisation I think we should consider having increased links with. I have also recently provided talks and workshops in Singapore and HangZhou China and will be sending my contacts information on our ASM. There are exciting opportunities for more exchange in our region, to some extent unfortunate due to the increasing prevalence of cardiovascular disease, but fortunate in the interest in development of health professionals.

We can all publicise ACRA through some simple strategies. I have my President role permanently in my email signature and **the ACRA ASM banner in my email signature**.

ACRA has some exciting ventures planned for 2018 including an update of our Core Components, a very exciting annual scientific meeting/conference, cardiologist testimonials you can use to promote your work and research support. All this work depends on the wonderful work being done by the States and the extra efforts for those who also work in the executive team. I appreciate particularly the work of the President Elect Kim Gray (Vic), Secretary Steve Woodruffe (QLD) and Treasurer Natalie Simpson (SA), and of course our newsletter editor Sue Sanderson (Tas). All of our work builds on past efforts and I would particularly like to thank Lis Neubeck our immediate Past President for her strategic contributions. I look forward to working with everyone over the next two years and you can contact me through email: robyn.gallagher@sydney.edu.au

Merry Christmas and Happy Holidays

Robyn Gallagher

EMC REPORT

ACRA Face to Face Meeting Report

The face to face meeting of the ACRA Executive Management Committee (EMC) was held over the weekend of 25-26 November 2017. This "planning" meeting included a comprehensive review and update of ACRA's Operational Plan for the forthcoming 12 months. This Operational Plan aligns with our current Strategic Plan 2014-2018. The establishment of a new Strategic Plan in 2018 will be a priority for the ACRA EMC over the next 12 months. The EMC voted unanimously to continue to use the Core Subcommittee structure to drive the achievement of our operational plans. Below is a summary of the key achievements and plans for each Core Subcommittee.

Membership Services – Chair: Helen McLean

Broad Goals

- Increased membership
- Benefits/value to members
- Resource production
- Marketing and branding

Achievements

- Increased membership numbers
- Establishment of a Member's welcome pack
- Coordination of Membership renewal timeline
- Coordinated updating of state based CR directories

Plans

- Continue to encourage and promote inter-professional membership
- Improved "personal" touch communication between State presidents and members
- Updating of information provided in Member's Welcome Pack
- Review and update of the Website
- Further review and update of Directories
- Membership drive targeting CR Service directory – reviewing which Services have ACRA members and promoting the benefits of ACRA membership to those who don't

Research and Education - Co-chairs: Alun Jackson/Susie Cartledge

Broad Goals

- Increased professional development
- Mentorship
- Resource production
- Endorsements

Achievements

- Coordinated state delivered webinars
- Initial discussions and planning towards Core Components update
- Actively involved in current research in CVD secondary prevention and CR via our subcommittee members

Plans

- Ongoing update of state education events into online calendar
- Greater state based collaboration for state based events
- More active involvement in development of shared ACRA/CSANZ secondary prevention education day – August 2018
- Development of update to Core Components via position statements
- Re-energise the ACRA mentoring program

Research and Education group

Advocacy – Chair: Cate Ferry

Broad Goals

- Increased collaboration
- Advocacy for cardiovascular health professionals
- International profile
- Strong National identity
- Communication Strategy

Achievements

- Production of "Why cardiac rehabilitation really matters" infographic
- Uploading of patient stories to website
- Identifying Cardiology CR Champions
- International representation and collaboration

Plans

- Increased collaboration locally with CSANZ Prevention in Clinical Cardiology Council and

internationally through ICCPR, BACPR, ESCCCNAP and WCC
- Advocating for CR health professionals to continually improve their deliver of CR services to Aboriginal and Torres Strait Islander people
- Continue to garner support from Cardiology champions
- Identify and support CR clinicians and patients to "tell their stories"
- Refinement of our communication strategies including use of social media

Corporate Services – Chair: Natalie Simpson

Broad Goals

- Secretariat services
- Website
- Financial
- Succession planning

Achievements

- Administrative/secretarial services reform
- Significant budgetary review ensuring ongoing financial viability
- Ongoing commitment to a high quality, user-friendly website
- Successful initiation and maintenance of extended EMC to promote succession planning

Plans

- Updated membership renewal timeline of reminders
- Review and update of the Policy and Procedure manual
- Significant website review and update
- Continued review of revenue streams

Corporate working group

Any ACRA member with a keen interest in assisting in the work being done by our Core Subcommittees is encouraged to contact the ACRA Secretary, steve.woodruffe@health.qld.gov.au .

Steve Woodruffe
ACRA Secretary

STATE PRESIDENTS, REPRESENTATIVES CONTACTS:

QUEENSLAND
Bridget Abell – President
bridget.abel@qut.edu.au
Steve Woodruffe- State rep
steve.woodruffe@health.qld.gov.au

CRANSWACT
Robert Zecchin - President
Robert.zecchin@health.nsw.gov.au
Jane Kerr– State Rep
jane.kerr@hnehealth.nsw.gov.au

VICTORIA
Emma Boston – President
emma.boston@sjog.org.au
Susie Cartledge – State Rep
susiecartledge@monash.edu

SA/NT
Jenny Finan – President
jenny.finan@calvarycare.org.au
Natalie Simpson – State Rep
Natalie.simpson@sa.gov.au

WESTERN AUSTRALIA
Craig Cheetham - President
craig.cheetham@healthcarewa.org.au
Lily Titmus – State Rep
Lilavati.titmus@health.wa.gov.au

TASMANIA
Sue Sanderson – President
Sue.sanderson@ths.tas.gov.au
John Aitken – State Rep
John.aitken@ths.tas.gov.au

ASM 2018 REPORT

Excitement is growing as we reach key milestones in the preparation of the ACRA 2018 ASM (Monday Jul 30 - Wednesday Aug 1, Brisbane).

Ambassadors Announced: It is our great pleasure to announce Professors Robyn Clark, Robyn Gallagher and Lis Neubeck, as our official Ambassadors for the ACRA 2018 ASM.

Call for Abstracts: At the time of writing, the Call for Abstracts is just about to be launched. New for 2018 will be the Clinical Excellence Showcase. This will be a separate abstract category aiming to highlight innovative projects, programs or quality improvement initiatives.

Website Launched: The new ACRA 2018 Website http://www.acra.net.au/acra-2018-asm/ has just been launched. This site will be dynamic, with updates occurring regularly.

Key Dates: Key dates are up on the new website. Get a head start by locking the key dates into your diary now.

Special Offer: Win a $200 gift card of your choice (from the Heart Foundation, Rebel Sport or Webjet). Send an email to acra2018@outlook.com to receive our free ACRA 2018 newsletter. We will keep you informed about the conference news.

Sneak Peek: Have a 'sneak peek' at the ACRA 2018 venue, the Hotel Grand Chancellor, Brisbane, with the latest video on our YouTube Channel .

Heart Healthy: ACRA 2018 will be very much about promoting heart health. Come join us on our virtual walk from Perth (site of ACRA2017) to our host city Brisbane for ACRA2018! It's simple, free and fun at World Walking. Share steps from your phone, Fitbit or Jawbone fitness tracker via the free app. Join the ACRA 2018 Walking Group at https://worldwalking.org/groups/y2blq .

Social Media: Follow us on our event social media: 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. See this edition of the ACRA Newsletter for more details. We have also launched our blog, CardiacRehabMatters.com where we will feature practical information for clinicians working in cardiovascular health, as well as contributions from our invited speakers.

On behalf of the ACRA 2018 Organising Committee, we wish all ACRA members a very Merry Christmas and a wonderful 2018!

Kindest regards,
Paul Camp, Co-convenor.

There will be so much to discover When visiting the ACRA 2018 ASM.

Brisbane Whale Watching

Kayaking Brisbane River

Tangalooma Dolphin Experience

Visiting Australia Zoo

acra2018

ICCPR CARDIOVASCULAR REHABILITATION FOUNDATIONS CERTIFICATION (ICCPR CRFC)

International Council of Cardiovascular Prevention and Rehabilitation (ICCPR)

Cardiovascular Rehabilitation Foundations Certification (CRFC)

The goal of the ICCPR CRFC program is to increase capacity for cardiac rehab (CR) delivery around the globe. This course educates **students and practitioners** on how to deliver all the core CR components, in accordance with ICCPR's consensus statement on CR delivery in low-resource settings. Upon completion of the certification program, graduates will be equipped with the knowledge to deliver basic preventive and rehabilitation services for cardiovascular disease.

Eligibility:

Applicants require a minimum of 12 years of formal education and 500 hours of healthcare experience.

Requirements:

To earn the CRFC designation, learners complete the following:

1. 8 online video modules, delivered by experts in the field (60 - 90 minutes each)
2. Self-directed supplemental resource studying (15-20 hours)
3. Final online examination (100 multiple choice questions)

How To Apply:

The application can be accessed through the ICCPR website at: http://globalcardiacrehab.com/training-opportunities/.

The cost of the certification is $100 USD.

For More Information:

Contact us: globalcardiacrehab@gmail.com

The goal of the ICCPR CRFC program is to augment capacity for CR delivery around the globe. This course educates individuals on how to deliver all the core CR components, in accordance with ICCPR's consensus statement on CR delivery in low-resource settings. The aim is to recognize healthcare professionals from multiple disciplines who have achieved competence in the foundations of CR delivery and are committed to the basic CR practice standards espoused in the component modules. Graduates will be equipped to deliver basic preventive and rehabilitation services for cardiovascular diseases in the settings in which they work. This program will provide learners with the cognitive knowledge to deliver CR, but technical and clinical skills should be developed in the home setting.

http://globalcardiacrehab.com/training-opportunities/certification/

http://iccpr.estv.in/

Steve Woodruffe

My journey to PhD Dr Susie Cartledge, RN, PhD

When I attended the "Spark of Life" resuscitation conference in Melbourne in 2013, I did not expect it to lead to a PhD. But when I heard Professor Judith Finn, Director of the Australian Resuscitation Outcomes Consortium (AusROC) speak about the groups research and the opportunity of a PhD scholarship, I was enticed to investigate further.

After working both clinically on the cardiothoracic unit of the Alfred Hospital and as a research nurse in cardiovascular trials under the fantastic direction of the late Professor Henry Krum, I felt it was time to conduct my own research. I had questions I wanted answers to! With my background in cardiac nursing and research, and in addition to running my own business teaching CPR and first aid, AusROC provided the perfect platform for me to combine these interests.

I was then able to undertake a program of research focussed on targeting CPR training to family members of cardiac patients through cardiac rehabilitation- combining my areas of interest. Importantly, I also wanted to research something practical, something that will hopefully lead to a change in practice, with more people at risk of witnessing cardiac arrest prepared with skills which ultimately, in the future, may result in lives saved.

Of course it's not all been smooth sailing along the way. Losing Professor Krum to illness was a very sad time, as he had really supported me with the transition from research nurse to PhD Candidate. Fortunately I was able to procure supervision from the fantastic Dr Dion Stub who is a cardiologist with an interest in resuscitation research and an advocate for cardiac rehabilitation. Another challenge was an unexpected change to my final cardiac rehabilitation study site. Changes like this are inevitable in research and it was a good lesson in patience and problem solving, which is necessary in research!

Overall, it's been a fantastic journey and when I look back over the last 3.5 years I have learnt so much and am now a more independent researcher with the skills not just to work with others on their projects but to find answers to the many more questions I have!

My journey to PhD Dr Abel

After a 4-year journey as a PhD candidate, I recently submitted my thesis and become a Doctor of Philosophy. The journey was not always an easy one, but the rewards certainly outweighed the challenges.

Perhaps it's easiest to think about completing a PhD like climbing a big mountain. You will have moments of self-doubt, fear and self-criticism. You will have days when you want to give-up under the avalanche of meetings, emails, data, experiments, red tape, analysis, literature and writing (especially writing). On those days, the mountain may seem almost insurmountable and you think it would be easier just to head back down again. But you don't. You do what any good PhD student would do and procrastinate for a while instead! Then you use your motivation, curiosity, perseverance and time-management skills to continue up the mountain. Sometimes you have fellow students, supervisors and colleagues climbing with you, and other times you climb alone. These times are particularly difficult and require the most self-motivation and management. If you continue upwards however, you will be met with moments of pride and accomplishment as you reach peaks with magnificent views (completing projects, publication acceptance, awards and conference presentations). These moments will make the climb worthwhile and spur you on further.

Completing the climb is not easy and it's not for everyone. You need to have a passion for research and curiosity for your chosen topic. While wanting an intellectual challenge is important, intelligence alone

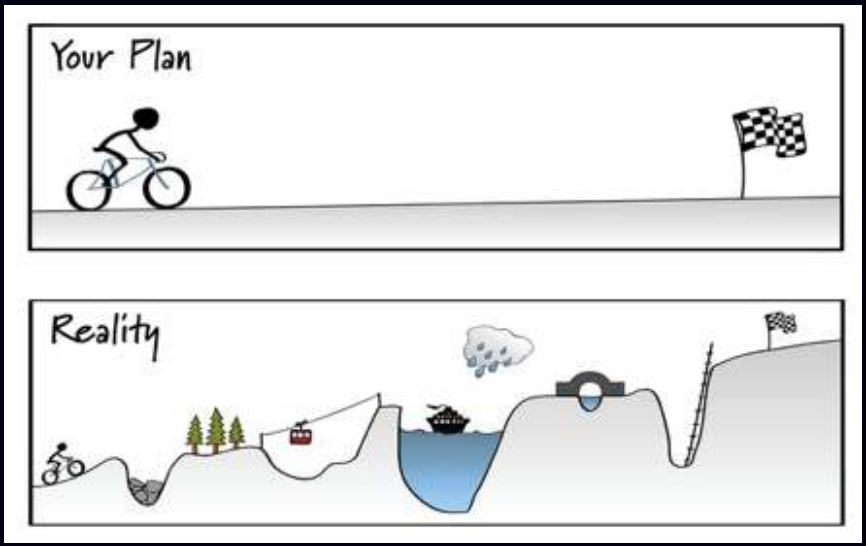
➤

will not get you to the top of the mountain. However, if you have the perseverance, motivation, resilience and skill to stay the course and surround yourself with a good support crew, reaching the summit is possible. And it's once you're at the top then you will reap the most magnificent rewards!

Are you a clinician who is considering getting into research or undertaking a PhD or Master's degree? I'm happy to discuss my journey in more detail with you any time at bridget.abell@qut.edu.au.

Graphic from: Brian Sjoberg @onek2go: https://twitter.com/onek2go/status/714059284049428480

Photo: Graduation day with my Supervisor Professor Tammy Hoffmann



ACRA-Victoria TRAVEL GRANT AWARD REPORT

I was fortunate to receive an ACRA-Victoria travel grant to assist with costs to attend the 2017 ACRA Annual Scientific Meeting in beautiful Scarborough, Western Australia. I had never attended an ACRA event before and was blown away by the friendliness and warmth of the conference. I was able to present during the Research Prize Session on some of our recent analysis on the protective effects of cardiac rehabilitation on all-cause morbidity, particularly among those cardiac patients with depression.

The event also provided a great opportunity to connect with other researchers and clinicians working in cardiac rehabilitation across Australia and to further develop ideas for a cardiac rehabilitation registry. Along with my PhD supervisor, Dr Adrienne O'Neil, we are assessing the feasibility of implementing a web-based data entry system and data scraping technique at two pilot CR sites in Victoria. ACRA provided an ideal setting to connect with researchers and CR coordinators who may be interested in being involved in the project as well as discussing the most feasible and pragmatic approach to move the project forward and further develop ideas of a state-wide CR registry.

Beyond the amazing presentations and networking opportunities, I have to say the conference dinner was a definite highlight. I had been pre-warned that attendees get "into" the dress-up theme but I had brushed it off, "surely no one really gets into conference dress-ups" I had thought. Well, I was wrong and was quickly shown the left-over box of dress-ups to get into the vibe of the night.

Thanks very much ACRA Victoria for helping me get to the event! I'll definitely be going to Brisbane next year (with a costume to boot!).

Emma Thomas
PhD Candidate & NHMRC Postgraduate Scholar

Melbourne School of Population & Global Health, University of Melbourne

A CORNER OF RESEARCH FOR AUSTRALIA

By Robert Zecchin RN MN

NB: The title mirrors / reflects ACRA's continuing efforts to provide its members with up to date research, both locally and internationally, to highlight potential best practice and evidence in cardiac rehabilitation.

The following are excerpts of recent research articles which may:

a. encourage further research in your department

b. make you reflect on your daily practice

c. enable potential change in your program

d. All of the above

1. Influence of Depression and Hostility on Exercise Tolerance and Improvement in Patients with Coronary Heart Disease. Shen BJ; Gau JT.

International Journal of Behavioral Medicine. 24(2):312-320, 2017 Apr.

PURPOSE: Although hostility and depression have been linked to higher cardiac risk and poor prognosis of patients with coronary heart disease (CHD), there is a lack of research that studies how they may influence the short-term outcomes among patients participating in cardiac rehabilitation (CR). This study aimed to investigate the influence of hostility and depression on patients' exercise tolerance and improvement trajectory in a CR program over 6 weeks.

METHOD: Participants were 142 patients with CHD, with a mean age of 62 years. Latent growth curve modelling was conducted to determine whether hostility and depression predicted patients' baseline exercise tolerance and rates of improvement on treadmill, while controlling for age and severity of illness. In addition, analysis was conducted to examine whether depression mediated the influence of hostility on exercise outcomes.

RESULTS: Patients with CHD with higher hostility scores had a lower baseline exercise tolerance and slower rates of improvement over 6 weeks. Depressive symptom severity mediated the influence of hostility on exercise baseline and improvement. Patients with higher hostility were more likely to have more severe depressive symptoms, which in turn were associated with lower baseline exercise tolerance and slower improvement.

CONCLUSION: While both hostility and depression predicted the exercise outcomes in CR, depression explained the influence of hostility. The findings underscore the importance of addressing psychosocial issues in treatment of CHD patients and provide support for psychosocial interventions in CR to facilitate patients' recovery.

The Good News: Another reason to screen for depression in cardiac rehabilitation!

2. Exercise-based cardiac rehabilitation in twelve European countries results of the European cardiac rehabilitation registry.

Benzer W; Rauch B; Schmid JP; Zwisler AD; Dendale P; Davos CH; Koudi E; Simon A; Abreu A; Pogosova N; Gaita D; Miletic B; Bonner G; Ouarrak T; McGee H; EuroCaReD study group. International Journal of Cardiology. 228:58-67, 2017 Feb 01.

AIM: Results from EuroCaReD study should serve as a benchmark to improve guideline adherence and treatment quality of cardiac rehabilitation (CR) in Europe.

METHODS AND RESULTS: Data from 2.054 CR patients in 12 European countries were derived from 69 centres. 76% were male. Indication for CR differed between countries being predominantly ACS in Switzerland (79%), Portugal (62%) and Germany (61%), elective PCI in Greece (37%), Austria (36%) and Spain (32%), and CABG in Croatia and Russia (36%). A minority of patients presented with chronic heart failure (4%). At CR start, most patients already were under medication according to current guidelines for the treatment of CV risk factors. A wide range of CR programme designs was found (duration 3 to 24weeks; total number of sessions 30 to 196).

Patient programme adherence after admission was high (85%). With reservations that eCRF follow-up data exchange remained incomplete, patient CV risk profiles experienced only small improvements. CR success as defined by an increase of exercise capacity >25W was significantly higher in young patients and those who were employed. Results differed by countries. After CR only 9% of patients were admitted to a structured post-CR programme.

CONCLUSIONS: Clinical characteristics of CR patients, indications and programmes in Europe are different. Guideline adherence is poor. Thus, patient selection and CR programme designs should become more evidence-based. Routine eCRF documentation of CR results throughout European countries was not sufficient in its first application because of incomplete data exchange. Therefore better adherence of CR centres to minimal routine clinical standards is requested.

The Good News: Amazing what you can find out about cardiac rehabilitation services when you collect data!

3. Improved Exercise Capacity After Cardiac Rehabilitation Is Associated with Reduced Visceral Fat in Patients with Chronic Heart Failure.

Takagawa Y; Yagi S; Ise T; Ishii A; Nishikawa K; Fukuda D; Kusunose K; Matsuura T; Tobiume T; Yamaguchi K; Yamada H; Soeki T; Wakatsuki T; Shimabukuro M; Katoh S; Aihara KI; Akaike M; Sata M. International Heart Journal. 58(5):746-751, 2017 Oct 21.

Background: Participation in a comprehensive cardiac rehabilitation (CR) program has been shown to reduce mortality and improve exercise capacity and symptoms in patients with chronic heart failure (CHF). Reduced exercise capacity leads to a concomitant reduction of skeletal muscle mass and accumulation of body fat. However, it is currently unknown whether CR reduces visceral adipose tissue (VAT) and/or subcutaneous abdominal adipose tissue (SAT) in patients with CHF. In addition, the body composition associated with improved exercise capacity after CR in patients with CHF has not been previously studied. Methods: Nineteen CHF patients who were categorized as NYHA functional class II or III and had received optimal medical treatment including a CR program for 5 months were enrolled in this study.

Results: The CR program significantly increased peak VO2 and reduced B-type natriuretic peptide. In addition, fat and body composition analysis showed reductions in the visceral fat tissue (VAT) area, subcutaneous abdominal adipose tissue (SAT) area, body weight, and total fat weight after CR. There were no changes in total water weight and total muscle weight. Single regression analysis revealed that the amelioration of reduced exercise capacity seen after CR is associated with reduced VAT area but not with SAT area or body weight. Conclusion: CR reduces VAT and improves exercise capacity in patients with CHF. This suggests that reducing VAT is important for CR to be most effective in the treatment of CHF.

The Good News: Fat Chance it's a Fat Domino effect!

4. Digitally enhanced recovery: Investigating the use of digital self-tracking for monitoring leisure time physical activity of cardiovascular disease (CVD) patients undergoing cardiac rehabilitation.

Vogel J; Auinger A; Riedl R; Kindermann H; Helfert M; Ocenasek H. PLoS ONE (Electronic Resource). 12(10):e0186261, 2017.

Research has shown that physical activity is essential in the prevention and treatment of chronic diseases like cardiovascular disease (CVD). Smart wearables (e.g., smartwatches) are increasingly used to foster and monitor human behaviour, including physical activity. However, despite this increased usage, little evidence is available on the effects of smart wearables in behaviour change. The little research which is available typically focuses on the behaviour of healthy individuals rather than patients. In this study, we investigate the effects of using smart wearables by patients undergoing cardiac rehabilitation. A field experiment involving 29 patients was designed and participants were either assigned to the study group (N = 13 patients who finished the study and used a self-tracking device) or the control group (N = 16 patients who finished the study and did not use a device). For both groups data about physiological performance during cardiac stress test was collected at the beginning (baseline), in the middle (in week 6, at the end of the rehabilitation in the organized rehabilitation setting), and at the end of the study (after 12 weeks, at the end of the rehabilitation, including the organized rehabilitation plus another 6 weeks of self-organized rehabilitation). Comparing the physiological performance of both groups, the data showed significant differences. The participants in the study group not only maintained the same performance level as during the midterm

examination in week 6, they improved performance even further during the six weeks that followed. The results presented in this paper provide evidence for positive effects of digital self-tracking by patients undergoing cardiac rehabilitation on performance of the cardiovascular system. In this way, our study provides novel insight about the effects of the use of smart wearables by CVD patients. Our findings have implications for the design of self-management approaches in a patient rehabilitation setting. In essence, the use of smart wearables can prolong the success of the rehabilitation outside of the organized rehabilitation setting.

The Good News: Nice study – needs a large RCT for better qualification!

5. A Review of Cardiac Rehabilitation Delivery Around the World.

Pesah E; Supervia M; Turk-Adawi K; Grace SL.
Progress in Cardiovascular Diseases. 60(2):267-280, 2017 Sep - Oct.

Herein, 28 publications describing cardiac rehabilitation (CR) delivery in 50 of the 113 countries globally suspected to deliver it are reviewed, to characterize the nature of services. Government funding was the main source of CR reimbursement in most countries (73%), with private and patient funding in about 1/4 of cases. Myocardial infarction patients and those having revascularization were commonly served. The main professions delivering CR were physicians, nurses, and physiotherapists. Programs offered a median of 20 sessions, although this varied. Most programs offered the core components of exercise training, patient education and nutrition counselling. Alternative models were not commonly offered. Lack of human and/or financial resources as well as space constraints were reported as the major barriers to delivery. Overall, CR delivery has been characterized in less than half of the countries where it is offered. The nature of services delivered is fairly consistent with major CR guidelines and statements.

The Good News: Again data is King for service improvement!

7. Cardiac-diabetes self-management program for Australians and Taiwanese: A randomized blocked design study.

Wu CJ; Sung HC; Chang AM; Atherton J; Kostner K; McPhail SM.
Nursing & Health Sciences. 19(3):307-315, 2017 Sep.

Cardiac disease and type 2 diabetes are prevalent diseases globally. Cardiac rehabilitation and diabetes self-management programs empower patients' self-management to improve their health outcomes. However, inappropriate delivery modes and continuing low participation rates indicate some programs are less than optimal. A previous study demonstrated the feasibility of incorporating telephone and text messages into a cardiac-diabetes self-management program in Australia; however, the program did not specifically address patients' cultural backgrounds. This current study used a randomized blocked design to evaluate short-term efficacy of the cardiac-diabetes self-management program incorporating telephone and text-messaging across different cultural contexts in Australia and Taiwan in comparison to usual care. No significant differences between groups were observed for outcomes of self-care behaviour, self-efficacy, knowledge and health-related quality of life, with patients in both groups demonstrating improvements. Patient-reported outcomes indicated some evidence of an interaction effect between country of origin and group allocation. Findings indicated an improved tendency of outcome measures between the baseline and follow-up assessments within usual care and intervention groups. Further research is required to clarify components of the program work for each cultural group.

The Good News: Need to consider culture and language when devising research utilising all forms of cardiac rehabilitation!

8. Patient education in the management of coronary heart disease.

Anderson L; Brown JP; Clark AM; Dalal H; Rossau HK; Bridges C; Taylor RS. Cochrane Database of Systematic Reviews. 6:CD008895, 2017 06 28.

BACKGROUND: Coronary heart disease (CHD) is the single most common cause of death globally. However, with falling CHD mortality rates, an increasing number of people live with CHD and may need support to manage their symptoms and improve prognosis. Cardiac rehabilitation is a complex multifaceted intervention which aims to improve the health outcomes of people with CHD. Cardiac rehabilitation consists of three core modalities: education, exercise training and psychological support. This is an update of a Cochrane systematic review previously published in 2011, which aims to investigate the specific impact of the educational component of cardiac rehabilitation.

A CORNER OF RESEARCH FOR AUSTRALIA CONT.

OBJECTIVES: 1. To assess the effects of patient education delivered as part of cardiac rehabilitation, compared with usual care on mortality, morbidity, health-related quality of life (HRQoL) and healthcare costs in patients with CHD.

2. To explore the potential study level predictors of the effects of patient education in patients with CHD (e.g. individual versus group intervention, timing with respect to index cardiac event).

SEARCH METHODS: We updated searches from the previous Cochrane review, by searching the Cochrane Central Register of Controlled Trials (CENTRAL) (Cochrane Library, Issue 6, 2016), MEDLINE (Ovid), Embase (Ovid), PsycINFO (Ovid) and CINAHL (EBSCO) in June 2016. Three trials registries, previous systematic reviews and reference lists of included studies were also searched. No language restrictions were applied.

SELECTION CRITERIA: 1. Randomised controlled trials (RCTs) where the primary interventional intent was education delivered as part of cardiac rehabilitation.

2. Studies with a minimum of six-months follow-up and published in 1990 or later.

3. Adults with a diagnosis of CHD.

MAIN RESULTS: This updated review included a total of 22 trials which randomised 76,864 people with CHD to an education intervention or a 'no education' comparator. Nine new trials (8215 people) were included for this update. We judged most included studies as low risk of bias across most domains. Educational 'dose' ranged from one 40 minute face-to-face session plus a 15 minute follow-up call, to a four-week residential stay with 11 months of follow-up sessions. Control groups received usual medical care, typically consisting of referral to an outpatient cardiologist, primary care physician, or both. We found evidence of no difference in effect of education-based interventions on total mortality (13 studies, 10,075 participants; 189/5187 (3.6%) versus 222/4888 (4.6%); random effects risk ratio (RR) 0.80, 95% CI 0.60 to 1.05; moderate quality evidence). Individual causes of mortality were reported rarely, and we were unable to report separate results for cardiovascular mortality or non-cardiovascular mortality. There was evidence of no difference in effect of education-based interventions on fatal and/or non-fatal myocardial infarction (MI) (2 studies, 209 participants; 7/107 (6.5%) versus 12/102 (11.8%); random effects RR 0.63, 95% CI 0.26 to 1.48; very low quality of evidence). However, there was some evidence of a reduction with education in fatal and/or non-fatal cardiovascular events (2 studies, 310 studies; 21/152 (13.8%) versus 61/158 (38.6%); random effects RR 0.36, 95% CI 0.23 to 0.56; low quality evidence). There was evidence of no difference in effect of education on the rate of total revascularisations (3 studies, 456 participants; 5/228 (2.2%) versus 8/228 (3.5%); random effects RR 0.58, 95% CI 0.19 to 1.71; very low quality evidence) or hospitalisations (5 studies, 14,849 participants; 656/10048 (6.5%) versus 381/4801 (7.9%); random effects RR 0.93, 95% CI 0.71 to 1.21; very low quality evidence). There was evidence of no difference between groups for all cause withdrawal (17 studies, 10,972 participants; 525/5632 (9.3%) versus 493/5340 (9.2%); random effects RR 1.04, 95% CI 0.88 to 1.22; low quality evidence). Although some health-related quality of life (HRQoL) domain scores were higher with education, there was no consistent evidence of superiority across all domains.

CONCLUSIONS: We found no reduction in total mortality, in people who received education delivered as part of cardiac rehabilitation, compared to people in control groups (moderate quality evidence). There were no improvements in fatal or non-fatal MI, total revascularisations or hospitalisations, with education. There was some evidence of a reduction in fatal and/or non-fatal cardiovascular events with education, but this was based on only two studies. There was also some evidence to suggest that education-based interventions may improve HRQoL. Our findings are supportive of current national and international clinical guidelines that cardiac rehabilitation for people with CHD should be comprehensive and include educational interventions together with exercise and psychological therapy. Further definitive research into education interventions for people with CHD is needed.

The Good News: Education is an important tool in our cardiac rehabilitation arsenal!

Merry Christmas and a Safe New Year to all my cardiac friends! More next year!

ACRA Newsletter

Heart Foundation Report November 2017

Heart Foundation Helpline

Cate Ferry – Heart Foundation representative

There has the recent rebrand of the Health Information Service to the Heart Foundation Helpline. In November, the Heart Foundation also transitioned the telephone number to a centralised 13 11 12 number.

The Australian Heart Maps: New data released

The Australian Heart Maps now include new data on Coronary Heart Disease death rates, smoking rates and obesity rates at a local government and regional level. Since the Heart Foundation launched the online interactive Heart Maps in 2016, we have been working hard to bring more detailed data to the Maps at a local level.

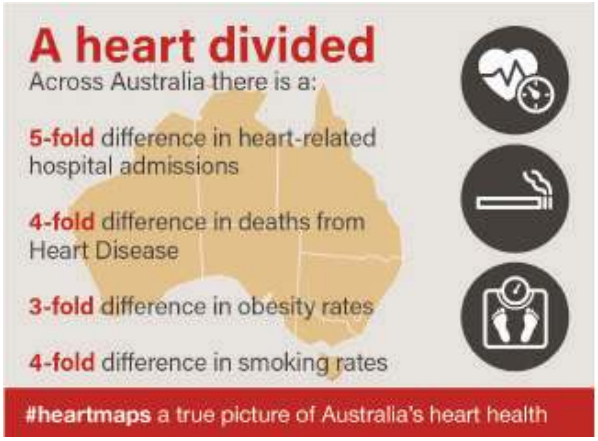
Local-level data is critical for identifying those areas most in need and to tailor policy, programs, services and research accordingly. Already we know the maps are being used to plan cardiac outreach services; to help prioritise populations in public health programs; as a platform for further research about those presenting to hospital in rural areas; in ambulance service training and induction; and in policy development and advocacy efforts of many partner organisations across Australia.

The new data, released in October 2017, further confirms the relationship between locational disadvantage and heart disease indicators.

The Heart Foundation is currently seeking feedback about how people are using the Maps.

To provide feedback, for more information and an instructional video on how to use the maps visit

https://www.heartfoundation.org.au/for-professionals/heart-maps/australian-heart-maps



Women and Heart Disease resource

"Making Messages: protecting the hearts of women we love", is a three-minute film featuring local Eurobodalla and Bega Valley Shire (NSW) Aboriginal women talking about their experiences with heart attacks and related issues. It was produced by film maker Lou Glover as part of a 2017 Heart Foundation Community Grant project.

To watch the video https://www.youtube.com/watch?v=07OSLXFWY1o&feature=youtu.be

Australian Centre for Heart Health Report

Professor Alun C Jackson

This year has continued to see the Centre faced with serious funding challenges, but despite these challenges we have enjoyed a productive year. Our achievements for 2017 are noted below, followed by some of our research plans for 2018.

2017 publications

Our 2016 publication:

- Rogerson M, Le Grande M, Dunstan D, Murphy BM, Salmon J, Gardiner P, Jackson AC (2016). Television viewing time and 13-year mortality in adults with cardiovascular disease: Data from the Australian Diabetes, Obesity and Lifestyle Study (AusDiab), *Heart, Lung & Circulation*, Online first DOI: http://dx.doi.org/10.1016/j.hlc.2017.03.1536 , http://dx.doi.org/10.1016/j.hlc.2016.03.006 , was in the top four downloads of articles from this journal in 2016, with over 700 downloads.

Articles **published** this year include:

- Jaarsma T, Cameron J, Riegel B, Stromberg A. Factors Related to Self-Care in Heart Failure Patients According to the Middle-Range Theory of Self-Care of Chronic Illness: a Literature Update. *Current heart failure reports*. 2017:14 (2):71-77. doi:10.1007/s11897-017-0324-1 (J Cameron Honorary)
- Cameron J, Gallagher R, Pressler SJ. Detecting and Managing Cognitive Impairment to Improve Engagement in Heart Failure Self-Care. *Current heart failure reports.* 2017;14(1):13-22. doi:10.1007/s11897-017-0317-0 (J Cameron Honorary)
- Murphy BM (2017). Stress management training should be an integral component of cardiac rehabilitation, *Evidence Based Medicine*, Online first 10.1136/ebmed-2016-110532
- Jackson AC, Higgins RO, Murphy BM, Rogerson M, Le Grande M, Cardiac rehabilitation in Australia: A brief survey of program characteristics, *Heart, Lung & Circulation*, Online October 2017, https://doi.org/10.1016/j.hlc.2017.08.024
- Jackson AC, Murphy BM. ICD surgery: Highlighting the psychological consequences. *British Jnl of Cardiac Nursing*, 2017, 12,10,482-486
- Higgins R.O, Rogerson M, Murphy, B.M, Navaratnam H, Butler M.V., Barker L, Turner A, Lefkovits J, Jackson A.C. (2017) Cardiac rehabilitation online pilot: extending reach of cardiac rehabilitation. *Jnl Cardiovascular Nursing*, 32, (1): 7-13
- Higgins RO, Murphy BM, Navaratnam H, Jackson AC. Extending cardiac rehabilitation; a telephone self-regulation pilot, *British Journal of Cardiac Nursing*, 2017, 12,8, 398-406
- Le Grande M, Ski C, Thompson DR, Scuffham P, Kularatna S, Jackson AC, Brown A. Social and emotional wellbeing assessment tools for use with Indigenous Australians: A critical review. *Social Science & Medicine*, 187, 164-173

We have been commissioned by the **British Journal of Cardiac Nursing** to write a four article series on psychocardiology, for publication in each quarter of 2018:

- Alun Jackson, Barb Murphy, David Thompson, Marlies Alvarenga, Rosemary Higgins, Michael Le Grande, Chantal Ski, David Barton, John Amerena. **Conceptualising cardiac distress**
- Alun Jackson, Marlies Alvarenga, Barb Murphy. **The impact of personality on cardiac risk and recovery**
- Barb Murphy, David Barton, Marlies Alvarenga, Alun Jackson. **Serious mental illness and heart disease**
- Barb Murphy, Rosemary Higgins, Marlies Alvarenga, Alun Jackson. **The importance of psychosocial support in cardiac rehabilitation**

Current research

Development of the Cardiac Distress Questionnaire

The purpose of this study is to develop a Cardiac Distress Questionnaire, to provide our field with a clinically useful measure of cardiac-related distress, similar to those that are used in oncology and diabetes.

Investigators: Professor Alun Jackson, Dr Barbara Murphy, Associate Professor Rosemary Higgins, Dr Marlies Alvarenga, Professor David Thompson, Professor David Barton, Michael Le Grande, Associate Professor Chantal Ski, Associate Professor John Amerena.

Childhood Heart Disease

We have just completed pilot testing of a manualised family coping intervention, which was found to both effective and

highly acceptable to parents. Our plan is to roll this out nationally, in association with HeartKids Australia. In addition to the Manual itself, and a Power Point Facilitator's Guide, this project produced the following:

- Jackson, A.C., Frydenberg, E., Liang, R. P-T., Higgins, R.O., Murphy, B.M. (2015). Familial coping with child heart disease: A systematic review. *Pediatric Cardiology*, 36,2, DOI 10.1007/s00246-015-1121-9.
- Jackson AC, Frydenberg E, Liang R P-T, Higgins RO, Murphy BM (2016). Parental coping programs for special needs children: A systematic review, *Journal of Clinical Nursing*, 25, 1528–1547, doi: 10.1111/jocn.13178
- Jackson AC, Higgins RO, Frydenberg E, Liang R P-T, Murphy BM. (under review) Parents' perspectives on how they cope with the impact on their family of a child with heart disease. *Journal of Pediatric Nursing*

The pilot is now being written up.

Cardiac rehabilitation

Following the successful presentation of this study, "Health literacy of patients attending cardiac rehabilitation", at the ACRA Conference in August, the project is now being written up.

Anger and Cardiovascular Measures: Convergence and Responsiveness to a New Integrative Treatment for Anger.

This project proposal is in development for an NH&MRC application.

Investigators: Professor Ephram Fernandez, Professor Alun Jackson, Dr Marlies Alvarenga

Future research development

Stroke

The Centre has already conducted research on the relationship between anxiety and depression and transient ischemic attacks, and we would like to build on this work to examine in more detail, the psychological and behavioural aspects of stroke.

Living with CVD and co-morbid conditions

Many people who are dealing with the consequences of cardiovascular disease also face the burden of other conditions as well. For example, 60% of Australians over 65 have at least two health conditions, while nearly 30% have three or more conditions, with arthritis and cardiovascular disease being the most common co-morbidities. We need to understand as much as possible about the psychological and behavioural challenges for people living with these co-morbidities so that we can advocate for appropriate care and develop appropriate services within our **Cardiac Wellbeing Program.**

Heart failure and vascular dementia

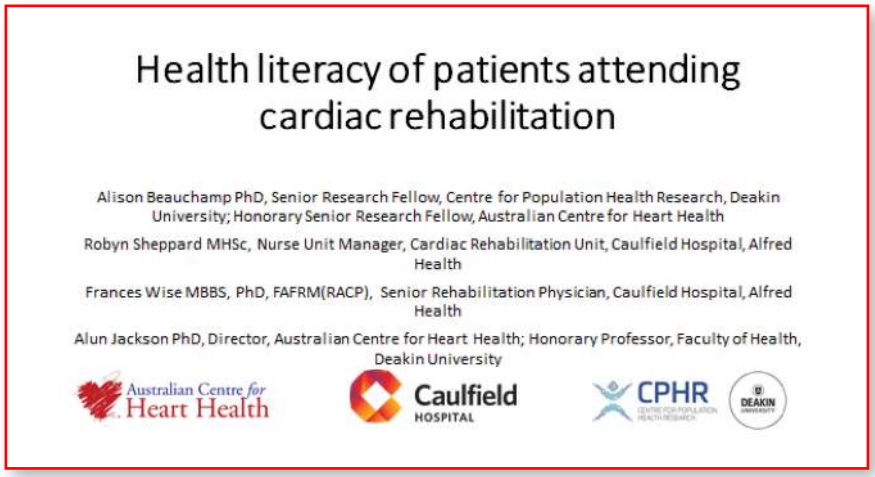
We already have a strong investment in the effective management of chronic heart failure through our training program, but in terms of research we want to do more.

A study published recently showed that having a heart attack can increase the risk of vascular dementia by up to 35 percent, and that this risk remains elevated for up to 35 years after the heart attack with the risk being more pronounced for those having a stroke after their heart attack[1]. As the author noted, "A thirty-five percent increased risk is in itself an argument for examining the possibilities for preventive measures such as relevant medications and healthier lifestyle. The importance of prevention is underscored by the fact that, for the majority of dementia diseases, there is no good treatment once the dementia has set in."

We would like to examine in detail the modifiable lifestyle factors that may help to prevent vascular dementia in heart failure patients.

Adults living with childhood heart disease

Building on our very successful work on childhood heart disease (CHD) and its consequences for families, we will develop a program of research and treatment related to adults living with congenital heart disease. There are now more adults living



with CHD than there are children with CHD, and we know that adults with CHD are at increased risk of psychological distress, neurocognitive deficits, and social challenges[2].

Studies have shown that about one third of adults with CHD have mood or anxiety disorders, and 20% have symptoms of post-traumatic stress disorder. As people living with a chronic health condition, the social impact on adults with CHD has to be recognised. It is not uncommon for adults with CHD to report difficulties with social interactions, conflicting social expectations, and "feeling different" from their peers, leading to social anxiety and feelings of loneliness.

1. Sundbøll J, Hováth-Puhó E, Adelborg K, et al. Higher Risk of Vascualr Demential in Myocardial Infarction Survivors. *Circulation*. 2017.

2. Lui GK, Saidi A, Bhatt AB, et al. Diagnosis and Management of Noncardiac Complications in Adults with Congential Heart Disease: A Scientific Statement From the American Heart Association. *Circulation*. 2017; 136: e348.

Training

The 5-day intensive **Cardiac Rehabilitation** course was successfully delivered, attracting health professionals from most states.

The **Integrated disease management for patients with chronic heart failure** 3-day intensive course was delivered in November and included participants from a number of states as well as New Zealand. Feedback was very positive. A full review of the content and structure of this course, and the 5-day Cardiac rehabilitation course will be undertaken early in 2018.

Cardiac Wellbeing Program (CWP)

We now have a strong provider panel which is able to provide face to face counselling across the Melbourne Metropolitan area and the Barwon Health Region, as well as skype counselling for people unable to attend for face to face counselling. This is for people experiencing psychological or emotional difficulty in relation to their cardiac event. The team of providers is:

- Associate Professor Rosemary Higgins, DPsych, specialising in complex behaviour change
- Dr Marles Alvarenga DClinPsych, specialising in depression, anxiety and panic disorder
- Dr Vicki McKenzie PhD, specialising in children, young people and family intervention
- Dr Lyndel Shand DHealthPsych, specialising in health behaviour change
- Ms Jodi Clarke MClinPsych, specialising in depression, anxiety and broader health behavior change
- Dr Briony Roberts DClinPsych, specialising in anxiety, depression, body image
- Dr Donita Baird DClinPsych, specialising in heart failure depression and cognitive issues

For more details on these clinicians see:

https://www.australianhearthealth.org.au/pages/about-us/about-us—our-clinical-consultants

https://www.australianhearthealth.org.au/pages/about-us/about-us—our-clinical-fellows

If any CR co-ordinator wishes to refer a patient for counselling, either face to face or remotely via Skype or Zoom please email: alun.jackson@australianhearthealth.org.au

INTERNATIONAL CARDIAC REHABILITATION AND SECONDARY PREVENTION ASSOCIATIONS

- **European Society of Cardiology has two highly relevant councils**

European Society of Cardiology Council of Cardiovascular Nurses and Allied Health Professionals (ESCCCNAP) https://www.escardio.org/Councils/Council-on-Cardiovascular-Nursing-and-Allied-Professions-(CCNAP)

Free membership through ESC, annual conference in May-June (Euroheartcare)

European Association of Preventive Cardiology https://www.escardio.org/Sub-specialty-communities/European-Association-of-Preventive-Cardiology-(EAPC)

Paid membership through ESC, annual conference in late April (Europrevent)

- **American Heart Association relevant councils**

AHA has its main scientific sessions in November every year and each council has a stream of sessions. Membership is paid annually.

Cardiovascular and Stroke Nursing Council

https://professional.heart.org/professional/MembershipCouncils/ScientificCouncils/UCM_320474_Council-on-Cardiovascular-and-Stroke-Nursing-CVSN.jsp

Council on Lifestyle and Cardiometabolic Health (has its own annual conference in May)

https://professional.heart.org/professional/MembershipCouncils/ScientificCouncils/UCM_322856_Council-on-Lifestyle-and-Cardiometabolic-Health.jsp

- **Preventive Cardiovascular Nurses Association**

US based group with global reach. http://pcna.net/ annual conference mid April

Paid membership

- **British Association of Cardiopulmonary Rehabilitation**

Provides accredited education modules and courses primarily for locals, directory of services and annual conference in early October

https://www.bacpr.com/pages/default.asp

- **American Association of Cardiovascular and Pulmonary Rehabilitation**

Provides accredited education modules and courses and certification for locals, directory of services https://www.aacvpr.org/ and annual conference in early September

TRAVEL FOR ACRA

An interesting experience – Lily Titmus and Helen McLean (W)

Helen and I set out on our journey to Melbourne from Perth and had our evening planned in Melbourne prior to attending the ACRA ECM meeting. We were going to enjoy some rooftop bars as weather was predicted to be great on arrival at about 4.30pm.

On embarking the plane we discovered it was a bright shiny new Qantas Dreamliner that was eventually destined for Perth to London 17 hour non-stop journey from March 2018 but there were some trial flights to Melbourne to ensure the smooth running of the plane. We felt lucky enough to have the experience on this very modern 787. As soon as the seatbelt sign went on we were told there was going to be a slight delay due to some apparatus being fixed in the luggage compartment. This short delay turned out to be 30min and just as we were about to take off an PA announcement came through to request assistance for a medical emergency. Helen and I looked at each other, Helen volunteered to go first and was going to ask me for help if needed. Within seconds after getting there she indicated to me to go and assist. It was an elderly gentleman grey, pasty and clammy. He was on his way to Tasmania via Melbourne. His wife was not able to give us a clear history besides the fact that he had been ill for the past three days and has not been able to eat much. He was normotensive, HR irregular and weak. We cooled him down, reassured him and commenced oxygen therapy as his saturation was borderline. He perked up a lot but was not well enough to carry on the journey. Eventually the paramedics came on board to disembark him by which time we had been on the runway for 90 minutes. For our troubles we were each presented with the best bottles of wine from First Class before we landed at Melbourne- but sadly no upgrade! We did make it to the rooftop bar but delayed to get into Melbourne by an hour!

Lily and Helen

TRAVEL WITH ACRA - Emma Boston and her travel companions Ailish Commane and Niamh Dormer

- Left WA ACRA EMS with an extra 30 minutes taxi travel time to the airport due to unseasonal rain
- Arrived, timely at Perth airport
- Flight boarding call on time. Passengers dutifully queued.
- Then, first announcement… there will be a short delay as the plane cleaning staff are still on the plane.
- Short wait, then we load.
- Normal procedures and engine checks commence followed by pilot announcing an engine light is indicating an issue requiring an engineer to board the plane.
- Some minutes later said engineer apparently boards according to pilot's second announcement.
- Some time passes before the next pilot announcement informing passengers that the engineer is now required to a "special engine run up". This "run up" takes longer than the usual and it is a requirement that the plane must move away from the air bridge.
- Plane moves away from the air bridge, not before the pilot firmly instructs the passengers that…"you must remain seated and….**you must remove your seat belt**"….
- This special run up procedure occurs and finally confirms that our plane is safe to fly.
- However; due to the delay said plane is now out of its schedule and must wait its turn.
- Happily, we are soon airborne with the pilot assuring us that the flying time back to Melbourne will be short; about two and a half hours compared with the four hours that it took on the way over.
- The trip would be smooth until we made our final approach, when it was a little bit bumpy, but not too bad.
- Arriving at the terminal just after midnight we were eager to escape back to our homes.
- However, we had not anticipated how strong the ground winds would be.
- Again the pilot made an announcement…"you'll never guess what just happened folks, the bolt that connects the tug to the nose of the plane has been blown clear out of the operator's hand and he cannot recover it. Sorry, we will have to wait a bit longer whilst ground crew go back to the hanger to source another.

Another wait, then we finally connect to the air bridge and start unloading; then all the cabin lights go out. Momentarily we are in complete blackness; which being seated in the last two rows was not comfortable. Fortunately, Ailish had her mobile phone in her hand and was able to lead us off.

The back row passengers waiting for the first run up to begin

STATE PRESIDENTS' REPORTING

NSW REPORT

State representative: **Jane Kerr**

President: **Robert Zecchin**

ACRA NSW/ACT President's Report – Robert Zecchin

EDUCATION:

CRA NSW ACT Conference and AGM was held 13th October 2017 at the Kirribilli Club, Lavender Bay, the theme being "Get with the Guidelines"

- A resolution at AGM for name change of association passed and our association is now known as ACRA NSW/ACT
- The new board has seen a change at the top – Jo Leonard has stepped down as President and Robert Zecchin was elected as the new President.

President - Robert Zecchin

President elect - Vacant

State Representative - Jane Kerr

Treasurer - Susan Hales

Secretary - Dawn McIvor

Metro Representative - Cheryl Hastie

Rural Representative - Jo Leonard

PDC chair - Cate Ferry

ACI – Representative - Kellie Roach

NHF Representative - Cate Ferry

Public officer - Kellie Roach

- We would like to take this opportunity to thank Jo Leonard for her work as immediate Past President of ACRA NSW/ACT. Jo remains on the board as rural representative.
- Overall we had a successful Conference coinciding with the AGM, with 105 delegates and great sponsorship!

ACRA NSW/ACT Clinical Skills afternoon session was held at the John Hunter Hospital on 28th July 2017 and was well attended.

Upcoming Events:

"Why me? Rising heart attacks in healthy people" – guest speaker Professor Gemma Figtree, Cardiologist Royal North Shore Hospital and Heart Research Centre, Sydney will talk about her recent research study. This will be on Thursday, 15 February 2018 from 6pm – 8.15pm. The presentation will be filmed, free of charge, and will be made available as a file to be loaded to Vimeo/ACRA website.

ACRA NSW/ACT 26th Annual Scientific Meeting will be held on Friday, 12 October 2018.

WORKFORCE:

The NSW Cardiac Rehabilitation Framework Working Group (NSWCRFWG), a subgroup of the ACI Cardiac Network, was established in March 2017.

Correspondence from the Acting Chief Executive ACI in October 2016 to the NSW Cardiac Rehabilitation Working Group Chair indicated that specialised cardiac rehabilitation was out of scope for the NSW Health 'Rehabilitation for Chronic Disease Policy Directive and Guideline' and requested the NSWCRWG to write a guideline/framework for NSW cardiac rehabilitation clinicians.

The NSWCRFWG meets monthly and includes CR clinicians from the NSW Cardiac Rehabilitation Working Group and a metropolitan and rural consumer representative.

The purpose of the NSWCRFWG is to support the development of a documented framework to improve the delivery of, and access to, evidence-based recommendations to optimise clinical outcomes for patients undertaking cardiac rehabilitation

Timeline for completion: 2 years

DATA:

Work with the Local Health Districts and Epidemiology Unit at the NSW Ministry of Health to progress the piloting and refinement of the cardiac rehabilitation minimum data-set/clinical indicators (11 items) and data dictionary for monitoring cardiac rehabilitation services in NSW. The pilot was conducted from March – May 2016. A revised MDS was repeated in the same period in 2017 with approximately 50 sites participating including private hospitals (2 sites), ACT (2 sites) and Tasmania (5 sites) for the first time. The pilot MDS results were presented at ACRA conference in Perth in August 2017, the Singapore Prevention and Cardiac Rehabilitation Symposium in Nov 2017 and the NSW ACT state conference in October 2017.

Robyn Gallagher and Robert Zecchin presented the 2016 CR MDS pilot findings to the Agency for Clinical Innovation (ACI) Cardiac Network meeting on 5 May 2017. The Cardiac Network indicated their support for the data collection and commended the initiative that will enable service providers to track performance and identify areas for quality improvement.

ADVOCACY:

1. Advocate for better secondary prevention services/ alternate models of care for Aboriginal

STATE PRESIDENTS' REPORTING CONT.

and Torres Strait Islander peoples in NSW. NSW Better Cardiac Care for Aboriginal People videos released by NSW MoH with input from ACRA NSW/ ACT.

2. Five sites in NSW are part of the Lighthouse Hospital Project to improve outcomes for Aboriginal and Torres Strait Islander People with ACS and access to rehabilitation is featuring as a key issue/action to address.
3. To help spread the word about the benefits of participating in cardiac rehabilitation/ secondary prevention, NSW has assisted to source advocacy statements by cardiologists in support of cardiac rehab to go on ACRA website.
4. BACPR Travel Recipient, Annie Hearn, visiting CR programs in Sydney and Robyn Gallagher.

MEMBERSHIP:

Currently 114 + 5 new members at AGM which is up from previous accounts.

TACR REPORT

A new cardiac rehabilitation program has started at the Charles Heart Clinic, in Launceston. Exercise physiologists running the program have visited other services and readily seek support and advice from other experienced practitioners in the state. This has also meant an increase in ACRA Tas membership numbers.

State representative: **John Aitken**

We welcome new members: Gemma Preece, Josh Burk (Charles Heart); Jessica Viney (NWRH), and Susan Brumby (Charles Heart and LGH).

President: **Sue Sanderson**

News from around the state

Mersey Community Hospital

Heartbeat Tasmania Ulverstone is an active group in the North-west of Tasmania. Ulverstone is part way between Devonport (where the ferry comes in) and Burnie. Not all members have had a cardiac event in the past although to be a support person for the surgical clients, it is essential that the member experienced cardiac surgery first hand.

The branch meets monthly for an afternoon tea meeting and its members engage in social outings. Major fundraising activities include the collection of aluminium cans from festivals, rodeos etc by a small but enthusiastic group; and a car boot sale held on the second Saturday of the month (weather permitting).

Members of Heartbeat Ulverstone, with Dinah Payton CR CNC, and the ergometer and hydraulic table purchased with funds kindly donated to the program in Devonport, June 2017.

These fundraising activities allows Heartbeat to donate "wish list" items to cardiac rehabilitation services not only on NW coast but services around the state. The only stipulation is that that the purchased items/ equipment must directly benefit the cardiac clients who attend the cardiac rehabilitation programs or services.

The cardiac rehabilitation program at the Mersey Community Hospital in Devonport has been fortunate through these donations to be able to purchase exercise equipment such as steps, hand weights, arm ergometer along with adjustable height chairs, CD/ iPod player, scales, and an iPad for client education.

Royal Hobart Hospital

The Heartbeat Hobart branch also recently donated funds to the cardiac rehabilitation program at the Royal Hobart, as well as to the cardiology/ cardiothoracic unit. The Cardiothoracic Unit has been fortunate over the years to be the recipient of thousands of dollars to purchase resources, equipment and the printing of patient information booklets for use both in the general in-patient area as well as the cardiac rehabilitation program.

Judith Enright CR CNC with Gloria Smith Heartbeat Hobart presenting a cheque for funds to be utilised in the cardiac rehabilitation program at the RHH.

Heartbeat Tasmania is a volunteer association for ex-cardiac patients who,

STATE PRESIDENTS' REPORTING CONT.

in appreciation of having been given a 'second chance', want to contribute to the support and assistance of other cardiac patients and carers. Teams (usually a couple) provide reassurance, support, non-medical information and assistance to people with heart disease and their families. Members also meet regularly for social outings and to raise funds to support cardiac services in the state.

All the cardiac rehabilitation staff and staff in the cardiothoracic unit greatly appreciate the ongoing support from Heartbeat. We receive excellent feedback from patients and carers who have been supported and reassured at the time of their surgery and in the following weeks.

Heart Foundation Tasmania

The Heart Foundation has provided recent education opportunities for local health professionals from around the state.

On the 18th August Associate Professor Rosemary Higgins presented

"Psycho- Cardiology" providing an opportunity to

- Explore the psychological and social impact of cardiovascular disease;
- Discover the potential impact of psycho-social factors on recovery;
- Learn the ONTRACK approach for supporting emotional recovery; and
- Develop skills in motivational interviewing to support patients with self-management and lifestyle change.

Thirty four health professionals attended including nurses, exercise physiologists, social workers, pharmacists, dietitians and occupational therapists from both the public, and private sectors as well as primary care. It was an excellent networking opportunity for those present who enjoyed and participated in the sessions with Prof Higgins.

Rosemary Higgins and group

Role play during session with Rosemary

A Clinical Ambassador program has also commenced based on the very successful Nurse Ambassador Program developed in the SA Division of the Heart Foundation. Eight health professionals, the majority being nurses, are enrolled. The program is presented over three workshops with a variety of speakers providing updates on evidence-based practices in cardiovascular disease management. The program is designed to:

- Promote and raise awareness of Heart Foundation resources and messages;
- Provide clinical updates on cardiovascular disease and risk factors; and
- Discuss contemporary issues facing cardiovascular health professionals and patients

Clinical ambassador program participants with Angus Thompson, pharmacist, following his presentation on QUM, and Gillian Mangan (R), Health Director Heart Foundation

Participants also undertake a workplace quality improvement practice activity which can be done collaboratively with others in the group or with colleagues. The outcomes of the activities will be presented to the peer group in the last workshop to be held on May 4th, coinciding with Heart week.

The **"LiveLighter"** campaign was launched in Tasmania recently – a program developed in WA aiming to encourage all Australians to lead healthier lifestyles – making changes to what they eat and drink. The Australian Bureau of Statistics estimates that roughly one in four Australian adults are obese bringing heart disease, type 2 diabetes and cancer closer - along with a range of other health problems. Campaign advertising features the "grabbable gut" and "toxic fat inside" pictures – stark reminders of the adverse consequences of unhealthy lifestyle habits. Visit the website www.livelighter.com.au for more information.

Sue Sanderson and John Aitken.

STATE PRESIDENTS' REPORTING CONT.

WA REPORT

- Craig Cheetham: President
- Hazel Mountford: Vice President
- Helen McLean: Vice president / Mentor to State Rep + VP
- Lily Titmus: State Rep
- Carol De Groot: Secretary
- Joanna Clarke: Treasurer
- Sandy Hamilton: Rural rep
- Shelley McRae, Julie Smith: Heart Foundation Reps
- Anita Dinsdale, Hazel Mountford, Julie Prout, Tracy Swanson, Niki Strathan

State representative: **Lily Titmus**

President: **Craig Cheetham**

Currently 45 financial members. 6 new members joined in 2017.

66 non-financial members within ACRA database

We will be encouraging new members to join at the February AGM with a dinner meeting.

Heart Foundation WA update

- Nurses ambassadors program finished for 2017. Enquiries for 2018 open https://www.heartfoundation.org.au/programs/wa-nurse-ambassador-program/
- Lighthouse project is well underway in WA. Five hospitals engaged (Fiona Stanley, SCGH, RPH, Kalgoorlie, Broome Hospital). All sites have appointed a project officer and action plans for activities are in progress or completed.

WA Professional Development Nov 2017

On Friday 3/11 we held a workshop – "Free apps for cardiac professionals (what works and how)". Value of apps was measured for all risk factors, smoking cessation, physical activity, depression and anxiety app. Great attendance and feedback.

Professional development forums

AGM and dinner meeting being planned for February 2018 where we agree inviting a speaker to address SCAD.

Name change

Have received feedback via survey monkey from members it will be raised at next AGM with feedback from the floor – with special resolution.

ADVOCACY AT WORK

I am part of the ACRA Executive Management Committee (EMC) advocacy sub-committee chaired by Cate Ferry. At the last EMC meeting our brief was to get advocacy statements from leading cardiologists in our area as it has been proven that there is higher uptake of cardiac rehab by patients if endorsed by the cardiologists. I approached a couple of cardiologists from Sir Charles Gairdner Hospital in Perth and had a very positive response but to catch them in their busy schedule was not always easy. They had to give a statement of support, sign a consent and provide a photo of themselves. I discovered that at the end of this process the two cardiologists that completed this paperwork were much more engaged, supportive and collaborative. This was proven by the fact that the referral rate from them increased in the form of a phone call from their private rooms, a letter of referral or just stopping us in the corridor to request a follow up of one of their patients. I had not foreseen this additional advantage to seeking an advocacy statement from the cardiologists and have been thrilled by this outcome.

To read additional advocacy statements visit http://www.acra.net.au/cardiologists-advocacy-statement-in-support-of-cardiac-rehabilitation/

Lily Titmus C.N.
Sir Charles Gairdner Hospital

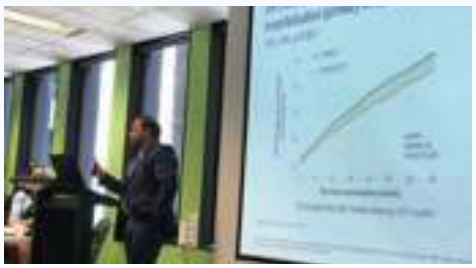
VICTORIAN STATE REPORT

ACRA Victoria's latest event was held at Clifton's, Collins Street Melbourne on Friday October 20th. The education theme was "Chronic Disease", with the 2017 AGM being held during part of the lunch.

Attendance numbers were lower than we had hoped for compared to our March event. This has been the pattern for several years. Around the same calendar date, again this year there were a couple of larger doctor focused cardiac events held in Melbourne. Feedback from our Delegates and past Attendees has indicated that the education theme for the day was not a priority for them in the current work practice; which possibly may have been a reason for fewer attendees.

State representative: **Susie Cartledge**

President: **Emma Boston**



George representing our Gold Sponsor for the October event, Novartis.

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Highlights from the event

One of the highlights of ACRA Victoria Education day was the presentation on the challenges of Advanced Planning (ACP) by Meagan-Jane Adams.

Meagan's insightful presentation looked at how modern medicine, while being able to support people through devastating illness, is often not in tune with the way people want to spend their final days.

Meagan raised the subject of "who has the right to control your care when you are not able to, plus who in your family knows what you really want'. Thought provoking questions with a few surprising answers. Her take home message was for everyone to have these important discussions with your family now before it's too late and that advanced care planning is not about dying but a document outlining your values and how you want to live your life. People need to let their family know what they treasure in life and complete an advanced care plan as it makes it easier for both the medical staff and their family to make those hard decisions in difficult circumstances.

Meagan asked that all Cardiac Rehabilitation programs look at including ACP in their presentations, to give people the opportunity to ask the relevant questions and make the appropriate decisions.

The day opened with a patient experience recalled by Danny who had recently completed cardiac rehab after experiencing a slightly rarer diagnosis to what we usually see in cardiac rehab. Danny had been walking around for about one week following experiencing a strange sensation whilst pumping iron in his gym. This had left Danny with a sensation of butterflies moving in his chest.

After a week of not feeling quite right with the "butterflies" Danny decided one evening that he would just get a quick check over at his local hospital. Because this was a "minor" problem, Danny parked in the 15 minute zone at the hospital. Danny planned for a short visit.

However, unbeknownst to Danny, the butterflies were due to a dissected aortic aneurysm requiring urgent medical evacuation to the Alfred Hospital for emergency surgery.

Danny happily posing with some of his St John of God Frankston cardiac rehab team; from left to right Anita Stieglbauer, Emma Boston and Rivka George.

Following his program at SJGHC Frankston, Danny has returned to work and his busy family life; which also includes maintaining an active exercise schedule in the gym.

Danny was an engaging, informative and entertaining speaker who spoke at the education day with only a couple of days' notice. Danny's presentation opened the meeting with a very positive note and we greatly appreciated his time and efforts.

Abi Oliver ACRA Victoria President speaking at the October event, supported by Susie Cartledge (fielding questions from the delegates dialling-in) and Niamh Dormer and Margaret Ryan Chairperson

The Video Conferencing option was taken up by quite a few rural members and even some interstate ACRA members. We had people join us from Swan Hill (in rural Victoria), Tasmania, Queensland and even the Northern Territory! We received positive feedback from these members on the ease of joining the video conference and in the quality of the audio-visuals. We will continue to provide this service to both our rural and national ACRA members through our venue of Clifton's (which has conference offices in most major capital cities- if you are think doing something similar in your state!).

Interestingly we did receive several encouraging responses from Allied Health professionals who had not participated in any ACRA event previously and, although there was interest, they were unable to attend. However, we hope our profile has been raised.

Behind the scenes video conferencing

Despite negative feedback from some delegates we no longer provide paper copies of the presenter power points. This decision was made for several reasons. One, it is incredibly difficult and often not feasible to obtain the presenters' power point electronically in time to get the printing done. With previous events, this has resulted in a time costly and stressful exercise for the Committee to ensure that the power points are ready on time. Inevitably, not all presenters provided an electronic copy.

Secondly, the Presenters often continue to alter the

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power point right up until the presentation meaning that the hard copy is not the same as that which ends up being presented.

Thirdly, some presenters will not consent to their "work" being printed, as it is part of their Academic work. Therefore, In keeping with the current ACRA and other health professional Conference trends for paperless material, the Committee has voted not to include printed presentations. Instead, blank notepaper is provided with the Program outline and feedback forms in a presentation folder.

The AGM saw several Committee changes. Margaret Ryan and Abi Oliver declined to renominate. Harry Patsamanis our state HF representative for many years, (for so many, no one can remember how long Harry has been in the position), had tabled his resignation recently. This change sees Harry taking up a new career promotion outside of the HF. Therefore, Harry stood down as per the Constitution.

At the ACRA AGM Kim Gray was unanimously elected into the ACRA Vice President position. When this was publically announced, there was a noticeable cheer spring up from the fiercely proud Victorian participants.

Sadly, as a result, Kim could not renominate under rules of the Constitution. This rule is in the Constitution to help to ensure that an appropriate work level occurs for the incumbent and facilitate smooth succession planning. This meant that ACRA Victoria President position became vacant.

In line with the Victorian Constitution, the Vice President Abi Oliver then stepped into the President position until the next Victorian AGM. This was an enormous task as the timing was very close to our October education event and AGM. Abi is to be congratulated and thanked for her hard work, personal sacrifices and passionate dedication which resulted in a smooth, well-coordinated day.

Margaret Ryan has been a long-term member and a visual face of the Victorian Committee for many at our events. Sadly, Margaret has also declined to re-nominate due to career opportunities. We wish her well in new and exciting career direction.

Abi, Harry, Margaret and Kim have all been recognised publically at the October event for their personal sacrifices and contribution to the Committee and the Association. A wooden Jarrah business card box embossed with their names and the Victorian logo has been given to them as token of our appreciation. We will miss them all on the Committee.

In the interim period before a new NF Representative was appointed, we were exceptionally fortunate to have Dr Sue Forrest, HF Victoria Director, to act as the HF Committee Representative. Dr Forrest was supportive to the Committee during this period of intense change, and we thank her for her time and wise counsel.

Happily, Dr Forrest has appointed Eugene Lugg as the 2018 HF Representative to the Committee. Interestingly, Eugene had his first ACRA Victoria AGM and Committee meeting coinciding with his first week of employment with HF.

Professor Alun Jackson is re-joining the Committee following the recent transition of the Heart Research Centre into the Australian Centre for Heart Health. Alun also sits on the ACRA EMC.

The 2018 Committee:

President: Emma Boston

Vice President: Carmel Bourne

Secretary: Niamh Dormer

Treasurer: Debbie Gascard

Vice-treasurer: Ailish Commane

State representative: Susie Cartledge

Co-opted members: Anita Stieglbauer, Sam Buchanan

Heart Foundation rep: Eugene Lugg

Australian Centre for Heart Health representative: Alun Jackson

The Committee has big boots to fill and we are looking forward to the challenge.

The Committee's next meeting in early December will be our third face to face in as many months. The Committee is busy reviewing our Constitution and looking at our strategic plan. Financial members and membership uptakes continue to be area of focus and the Committee plans to continue to work on this.

And finally, with the Constitutional name change we have now organised a new Victorian email address; acravictoria@acra.net.au . The previous email address is no-longer functioning. Please, wherever possible, can you provide a personal email address to ACRA as organisational firewalls frequently prevent the emails from ACRA Victoria being delivered.

Next Education Day

Our next Education Day is locked and loaded for **Monday 5th March, 2018**. Put it in your diaries and request the day off! In response to member feedback we have rotated to a Monday for this event (our previous event was a Friday) which will still provide our rural members the opportunity to spend the weekend in Melbourne should they so desire!

The theme of this education day will be "Technology in Cardiac Care" and we already have already approached some fantastic speakers on topics such as TAVI and new implantable devices. We have also asked Meagan-Jane Adams back to update us on the March legislation changes to Advanced Care Planning.

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As with previous events, we will also **be meeting for dinner on the Sunday night (4th March) in the CBD** for any of delegates attending our event (includes both members and non-members as we always love to welcome new faces!). This provides another excellent opportunity to network and catch up with friends and fellow health professionals. To RSVP for the dinner please email Carmel Bourne: carmel.bourne@gmail.com and she will provide details of the venue and time closer to the event.

Can't make it to our event due to distance? No worries. We will continue providing a Video Conference option designed for rural members or even those who are interstate and interested in joining. We've had great feedback from our delegates that it is easy to access (via a standard internet connection) and that the audio-visual quality was good.

Submit a poster

Our March event will also include the opportunity for poster presentations from our delegates. So get your thinking cap on and start workshopping some ideas of what you are doing in your service that may be of interest to others. We will put a call out for posters early next year - so watch this space!

New Members

Welcome to our two new members Marina Oliver and Leanne Robertson – we hope you enjoy all the extra benefits that membership offers and we look forward to hopefully seeing you both at our next event! These two new memberships bring us up to a total of 136 current financial members.

Wishing all our Members and their nearest and dearest a safe and Happy Christmas.

Emma Boston and Susie Cartledge

SOUTH AUSTRALIA

President – Jenny Finan

Vice President – Jeroen Hendriks

State Representative – Natalie Simpson

Secretary – Annette Ferguson, Natalie Simpson

Treasurer – Renee Henthorn

Rural Rep – Carolyn Wilksch & Nicole Dawes

Catch Rep – Claudine Clark

Ordinary Members – Sanchia Shute, Nicole Dawes, Dianna Lynch, Tracey Giles, Maureen Carey, Barb Stace, Lisa Walter, Rhonda Naffin, Sue Treadwell, Kath O'Toole, Louise de Prinse, Carolyn Wilksch, Amy Wilson, Celine Gallagher, Sabine Drilling, Hayley Lobban

State representative: **Natalie Simpson**

President: **Jenny Finan**

Professional Development in 2017:

Attendance to our education events remain strong, including a 'members only' dinner which is held annually.

- **ACRA- SA/NT Dinner, Ayres House 14th June** (Members Only) (No. of Attendees: 30)

Speaker: Dr Alicia Chan – 'Anaemia: Its effects/ implications on cardiac function/ dysfunction'

- Seminar: 14th October 2017 at Flinders Private Hospital (No. of attendees: 27)

Speakers: Ms Angela Newbound – 'Vaccination to improve outcomes for your cardiac patient'

Dr Christine Burdeniuk – 'Pulmonary Hypertension'

Mr Kim Torpey – 'Effects of renal dysfunction and its effects/ implications on cardiac function – diagnosis/ assessment, treatment and management'

SA/NT Membership:

Current members: 70 members, 6 of whom joined at our last education event on the 20th October.

Grants:

This year, the Kathy Reed Grant was awarded to Celine Gallagher to assist with her attendance to the 2017 ACRA ASM in Perth.

ACRA-SA/NT Congratulated Celine Gallagher on receiving the Research Prize and People's Choice Award at the 2017 ASM in Perth where as part of her PhD research, Celine delivered: 'Trends in AF related hospitalisations in Australia over a 20 year period: a relentless rise' which concluded: 'AF hospitalisations continue to pose a significant health burden. This has implications for the Australia health care system with new models of care delivery urgently needed to stem this rising tide.'

Name Branding:

SACRA name change has been finalised and is now ACRA – SA/NT Inc. The national banner has been adapted to reflect the SA/NT chapter, and ACRA – SA/NT Inc. promotional paraphernalia (pens & sticky notes) is in the process of being produced.

Heart Foundation – SA Branch: (Sabine Drilling)

New staff member: Ms Brittany Marsh, Dietitian – Clinical Project Officer, Heart Care Team.

SA Health Resources

We are currently in final negotiations with SA Health for a further 3 years of funding for:

- MHML – new edition will shortly be available.
- MHMFOC – we are currently undertaking a review survey of these resources

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- Heart Failure – LWWCHF, LEDWMHF, and new easy English LWHF.
- E-learning site.

Professional Guidelines

- Heart failure guideline is being re-written – due out next year.

Heart Foundation Activities

- Restart a Heart day (this is an initiative from Europe/UK, Inaugural Australian/NZ day) Monday 16th Oct was held in Rundle Mall with SAAS with live CPR demonstrations and patient stories to promote importance of knowing CPR and using AEDs. Also, there were some free CPR training opportunities across metro and country locations during the week.

http://www.saambulance.com.au/NewsPublications/RestartaHeartDay.aspx

- We are partnering with SAAS to promote the importance of early defibrillation, and we have been working with them on a project to have all public access AEDs mapped into the 000 call system. This means that a 000 operator can let a caller know of a local AED to utilise prior to SAAS reaching the patient. To have your local shopping centre/sporting ground/medical clinic AED included in the register please go to; http://www.saambulance.com.au/NewsPublications/AEDRegister.aspx
- We have representation across the SA Health Heart and Stroke Plan workgroups.

Cardiac Rehabilitation Google Maps

- Please add your service details to the online service directory for CR/Heart Failure programs – only a small number of SA sites currently have their programs listed. There have been some IT access issues so please email us if you need assistance.

Nurse Ambassador Program

- Applications open later this month for 2018 Heart Foundation Nurse Ambassador Program.

https://www.heartfoundation.org.au/programs/south-australia-nurse-ambassador-program/

Vanessa Poulsen will be on Maternity Leave next year and Sabine Drilling will be coordinating the program.

Minimum Data Set

- Carolyn Astley presented some recent SA CR audit data at Translation Centre CR and Secondary Prevention Workshop on 29 Sept.
- Data linkage project to link CR data to outcomes is in final stages of analysis and refinement.

Rural Report:

Nicole Dawes, Proxy Rural Rep (on behalf of Caroline Wilksch)

- On the 22nd September Country Health held a 'Better Care in the Community' full day workshop which was attended by all cardiac rehabilitation coordinators. The workshop had a large focus on cardiac rehabilitation referral growth, service demand concerns and ways to improve the quality of data collection on the CATCH database.
- All Country Health Sites have been provided with iPads to be used for patient education and to allow access to the CATCH database when working off site.
- All Country Health Sites are now able to generate their own CATCH reports from the CATCH database to show where data is missing to improve data collection.
- Mount Barker and Inner North sites are going to be working with a project administration officer from Country Health. The project officer will be completing all of the 6 & 12 month follow ups. At the moment work is being done around developing clear work instructions as to how this will work. A letter and follow up questionnaire are currently being developed. These will be posted to the patients in the first instance when their follow up is due. If they are not returned then the patients will receive a follow up telephone call. If the trial is successful it is hoped that this service will be rolled out across County Health sites.

CHSA Cardiac Rehabilitation Referral Number Growth shows a steady increase over the last 3 years.

CATCH Report – 29/09/2017 – Claudine Clark

The CATCH (Country Access to Cardiac Health) database – the streamlined patient referral pathway continues across SA Country Health and public/private metropolitan hospitals. This is a face to face program within areas with a CR nurse or counselling via phone for those too far away for face to face access.)

Recent work includes:

- GP Hybrid / Telephone Program services areas where there are no face-to-face programs available (e.g. Naracoorte). Current GP clinics involved are Kincraig Medical (Naracoorte), Waikerie Medical, Clare Medical, Victoria Rd Medical (Clare) and Orroroo Health Centre. Working in partnership with GPs and Practice Nurses including Telephone Program within the patient's GPMP/TCA.
- Country e-referrals from all metro LHNs – electronic referrals are generated from clinic codes and sent

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to the CATCH Central Referral Service for triaging to country sites (for face-to-face or telephone program).

- Access (read-only) to HealthTrack to ensure patients are being processed more efficiently in the absence of a separation summary.
- New system process (6 month trial effective 01/06/2017)
- Refer patients to face-to-face program if patient lives within 50km radius from face-to-face program site
- Referral expected both ways (i.e. if a patient is referred to a face-to-face program site but unable to attend, face-to-face program site to offer telephone program and vice versa).
- Accreditation of CR services – EOI to Claudine claudine.clark@sa.gov.au

Period	Referral numbers
2012 – 2013	528
2013 – 2014	1161
2014 – 2015	1366
2015 – 2016	1867
2016 – 2017	2077 (introduction of the electronic referral system, RAH, FMC, TQEH, LMHS)

CATCH Country Access To Cardiac Health

Transforming Health SA:

'Transforming Health' is now complete in SA. The new RAH has now opened, and the closure of the Repat Hospital is complete with services moved to Flinders Medical Centre (FMC) and a number of satellite centres. The Cardiac Clinic from Repat and Noarlunga Hospital have now been moved to GP+ Noarlunga. FMC CR continues to be provided in the post discharge clinic at GP+ Marion, Oaklands Park.

Jenny Finan - SA-NT President
Natalie Simpson - SA-NT Rep

QUEENSLAND

ACRAQLD

Membership

State representative: **Steve Woodruffe**

President: **Bridget Abell**

ACRA-Qld was one of the fastest growing states for membership during the 2016-2017 financial year. We reached a peak of 75 members in early June, although have lost some of these members with the June 30th renewal date. Attempts have been made to contact all recently lapsed members personally to remind them of the benefits of remaining an ACRA-Qld member, particularly in 2018 with the upcoming Annual Conference to be held in Brisbane. While a few have rejoined, we have still not heard from the majority of these lapsed members. Our annual symposium of the 20th October turned out to be a fantastic membership drive with six new members joining on the day and a further eight requesting information to join online. The ACRA-QLD membership number was 68 as of 16/11/17.

Professional Development

As previously reported in the June Newsletter this year, ACRA-Qld partnered with the Heart Foundation to host a free Heart Week Workshop for members in May surrounding the key theme of Hypertension. For members unable to attend and those in the wider ACRA community, a recording of Maria Packard's presentation, "Spotlight on Salt and Hypertension – Practical Tips", has been uploaded to the ACRA Members Lounge Vimeo channel.

We also jointly hosted the 2017 Secondary Prevention in Cardiology Symposium with the Heart Foundation on the 20th October. For the first time we decided to take the event out of Brisbane and showcase the brand new Sunshine Coast University Hospital. This proved a popular location with almost 90 members, non-members, speakers and sponsors attending in person. A dozen more joined us via videoconference from more distant locations in Queensland, Victoria and even Western Australia The event theme considered our need to "Surf the Waves of Change" and covered topics such as changing evidence for improving life-style factors, technological waves of change, and the needs of the local Sunshine Coast and Wide Bay community. The feedback has been very positive with delegates enjoying the opportunity to tour the hospital, as well as commenting on the quality of presentations about the latest in diet, habits and exercise. We hope to provide a selection of the day's presentations to members via the ACRA Members Lounge Vimeo channel over the coming months. Thanks to a strong turnout and generous sponsors, we have also been able to make a healthy surplus from the event.

ACRA-Qld Newsletter and Online Blog

The ACRA-Qld monthly state newsletter has continued to keep members informed about the projects, EMC news and issues affecting CR in Queensland. This year however, ACRA-Qld has trialled a different newsletter format, sending a brief list of headlines and highlights via email each month. The full story about any news headline can be accessed on the ACRA-Qld blog via these newsletter links. This has proved to be a successful format with the blog providing an archive of member news, journal articles and local events which grows each month. The blog attracts between 20 and 40 unique visitors each month with readers from as far away as the USA, Japan, India and Europe. We hope to continue this format of newsletter in 2018.

Name change and new logo

ACRAQLD
Australian Cardiovascular Health & Rehabilitation Association – Queensland

After reviewing the work and proposed quotes of several designers, we engaged AppleTree Design to provide us with a new logo. We are excited to say that the new logo has been selected via an overwhelming majority vote of the EMC, and reflects both the colors of Queensland and core of our association, while complementing the national ACRA logo. We hope to have some new banners printed for our association utilizing this new logo shortly.

Statewide Cardiac Rehabilitation Project – Queensland Health

The Statewide CR project is sponsored by the Statewide Cardiac Clinical Network (Queensland Health) and resulted from a 3 year election commitment. It aims to improve the referral, uptake and quality of cardiac rehabilitation across Queensland. In order for this to succeed, quality data needs to be collected to understand current CR practice to ensure that future practice meets consumer needs.

This project culminated in the release of the Queensland Cardiac Outcomes Registry – Cardiac Rehabilitation Module on the 1st July 2017. This web-based application may be used to refer patients, collect data, inform on best practice and provide outcome reports.

To date, there are 52 QLD Outpatient CR (OCR) sites registered on QCOR across 15 Hospital and Health Services. Referrals have been initiated, via the module, from 75 (inpatient and outpatient) sites. 2022 referrals were received within Qld in July & Aug from the QCOR-CR module. 42 QLD OCR programs (80%) have received referrals and use the module to assess patients via direct data entry or paper based assessment forms with retrospective data entry.

The module provides the capability to generate PDF Assessment Forms, Client Management Forms and Discharge Summaries (Post completion of CR). The module was presented at ACRA ASM 2017 with several non Qld sites expressing interest in the application.

More information on the progress of this project can be provided on request – steve.woodruffe@health.qld.gov.au .

Committee

The ACRA-Queensland Annual General Meeting was held during our successful Secondary Prevention in Cardiology Symposium on 20th October 2017. All Executive Committee Members were re-nominated and elected.

Bridgett Abell (President)

Paul Camp (Secretary)

Karen Healy (Treasurer)

Stephen Woodruffe (Vice President/State Rep to ACRA)

Other committee members include: Karen Uhlmann (Heart Foundation rep), Kathy O'Donnell, Jo Wu, Katina Corones-Watkins and GARY BENNETT.

Bridget Abel and Steve Woodruffe