Australian Cardiovascular Health and Rehabilitation Association

ACRA NEWSLETTER

SEPTEMBER 2015

Australian Cardiovascular Health and Rehabilitation Association

BUMPER CONFERENCE EDITION

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Welcome to this bumper edition of your newsletter focussing on our recent most successful annual scientific meeting. What a great event it was – hearty congratulations to all those involved in the organisation – conference and scientific committees, secretariat and especially the excellent speakers. It is hard to identify a standout highlight for me as I thoroughly enjoyed it all. Following are reports of the winners – best research and clinical papers, poster and the increasingly popular Peoples' Choice awards.

Didn't we all 'glam up' for the celebratory dinner! Silver was the predominant colour not just in the celebratory milestone but in our attire as well.

We have our usual reports also in this edition and Lis Neubeck presents her first report as president.

Enjoy reading the reports and reminiscing about the conference. If any members would like copies of photos taken during the event please don't hesitate to email me and I will send them to you.

Happy re-habbing and reading
Sue Sanderson

President's Corner

Lis Neubeck

I am very conscious, stepping into the role as ACRA president, of having very big shoes to fill (and not just talking about the height difference here). Steve Woodruffe, our immediate past president, led ACRA with confidence and skill, and not only brought a vision to ACRA, but was able to enact that vision to see the association grow and deliver measurable benefits for members. Steve oversaw the development of a new website, a new efficiency in our secretariat services, outstanding professional development activities, and an expanded executive management committee who have been able to champion ACRA globally. Steve is most justifiably proud of the Core Components paper which was published earlier this year in Heart Lung and Circulation. This resource is a service to members and provides standards of care which provide benchmarks for clinical practice. Steve will continue to develop an expanded resource which will be available on our website, and we look forward to updating you on our progress as this work moves forward.

Steve was also invited to represent ACRA at the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) meeting in Washington DC, and was supported by a scholarship from ACRA and one from AACVPR to attend. It looked like a great meeting, and I am sure you will enjoy reading his report in the next newsletter.

For those of you who attended the ACRA 25th Annual Scientific Meeting held at the Langham in Melbourne, I am sure you will agree it was a fantastic event, and the co-convenors, Dawn McIvor and Dianna Lynch, and organising committee Kim Gray and Emma Boston deserve our heartfelt thanks. One of the challenges of putting on these meetings is working to a budget, but still presenting an outstanding program. A couple of people commented that we had chosen an expensive venue. It may surprise you to learn that the Langham was competitively priced compared to other venues that the team considered, and that was what drove the decision to use it.

The feedback that you provide is very important to us, and so all the reports from the ASM have been collated and considered in depth by next year's organising committee. This will inform our choices about venue, food, content of the scientific program, and social activities. If you feel you missed your chance to make comments at the time, then please do let us know now.

During our AGM, ACRA members were asked to vote on four important changes to our constitution. The first was that we move to annual membership renewal, on or before 30th June, to take effect from 2016. Secondly, that the late fee of $30 be removed from our constitution as this may prove prohibitive to members renewing. Thirdly, that the membership of the EMC be changed to include additional representatives as EMC members and fourthly, that these additional members are granted voting rights. I am pleased to say that all four constitutional changes passed unanimously.

With a view to future constitutional changes, we will now be considering the role of the Vice President. Currently, our ACRA Vice President is only President Elect for one year. During the other year, the Vice President is selected from the existing Executive Management Committee, and can only be someone who is not an Office Bearer for their State Board (i.e. not President, Vice President, Treasurer or Secretary). This means only a limited number of people can be Vice President in a non-election year. It also means that the President Elect, who can be nominated from outside the Executive Management Committee, may only have attended two Executive meetings prior to becoming our President. For succession planning, and ensuring continuity of goals, we will discuss the Vice President/President Elect being a two year term. We will let you know more about this as we approach our next AGM.

For now my focus is on what I hope to achieve during my time as President. We will have our strategic planning meeting in November this year, and will set some key objectives aligned with our strategic plan. Our current plan focuses on membership services, professional development, and advocacy. Since these are areas of paramount importance to our members it is likely that these will continue into the next strategic plan. We will strive to further improve membership services and resources, provide outstanding educational events as well as developing online professional development resources, and we will be looking at ways to promote the important work you do to others. We continue our strong partnership with the Heart Foundation and with the Cardiac Society

As always, I welcome any feedback at lis.neubeck@sydney.edu.au about what we need to do to improve ACRA for you, and if there are is anything you think we have got right, so that we can keep on doing it!

Best wishes,
Lis Neubeck
ACRA President 2015-2017

Conference Co-Convenor Report

ACRA 2015 CONFERENCE CO CONVENOR REPORT

From the time we stepped into the gorgeous Langham hotel in Melbourne and were greeted by the elegant stairs with the extravagant floral displays we knew we would be attending something special and a wonderful welcome to commemorate our 25th Annual ACRA Conference.

Our conference started on Monday afternoon with the members' forum where our new website was introduced and explored, then a brief explanation and summary of the Budget and launching of the Core Components, a newly published paper written by members of

the executive and led by Steve Woodruffe, who then also gave a summary of the achievements of ACRA in the last year and during his presidency.

One of the main points of the members forum was the cost to the states of having the extra fee to cover the extra member from each state on the executive while this is not begrudged and is graduated depending on size of state and membership, it has reduced the capitation fee to approx. $14/member, significantly reducing income to the larger states. This was noted and will be discussed at our next executive meeting in November.

The cocktail style Welcome Reception sponsored by SA Heart and the Moderated Poster Session were well attended.

The poster program was very interesting with many posters, however the feedback was that the talks should be shorter, more succinct and with a time limit and limited question time.

Tuesday morning started with an early morning group walk led by Emma Boston and was well received and we did receive feedback requesting more activity be included into the program which we will endeavour to do next year.

The Heart Foundation sponsored Breakfast was also well attended and had good feedback.

The Research and Clinical Prize Sessions were well received. However, from an organiser's point of view, we need to relay the criteria for these, how the sessions will be run with clear rules and where penalties will be given if these rules are broken especially with the time keeping. The Chairs for these sessions will be given clear instructions prior to the sessions.

We had lots of varied and helpful feedback on all sessions with quite mixed responses when it came to the comments from the workshops. It may be beneficial for the scientific committee to give specific formulas to translate getting maximum audience involvement, and an opportunity to practice skills. This will be looked at for next year.

The AGM was held at the end of the plenary session 2 and it was nice to see that a lot of delegates chose to stay. During the AGM Steve Woodfuffe handed his presidency over to Lis Neubeck, and we thanked him for his tenure and look forward to his continued support as outgoing president.

The 25th Anniversary Gala Dinner was black tie, and it was so nice to see everyone dressed up and with the band “Blush”, the attendees danced the night away. As the organising committee huddled together on the dance floor to take in the year that was, there was only a handful of people who were not up and dancing. The only disappointment was that the service of refreshments was slow and had to be prompted on many occasions especially after people left the dance floor. Our 25th year anniversary was marked by cutting of the three tiered cake which was used as the dessert.

The Alan Goble Distinguished Service Award was won by Radha Naidu.

Overall comments about the catering for the conference were positive. However, the main suggestions were, if having a buffet style lunch, which requires a knife and fork to eat, we need to have more areas to be seated to eat, and the food service needs to be more

prompt with the replenishment of empty items. There should be more than one choice for morning and afternoon teas, with more substantial snacks the following day after the dinner. All of these suggestions will be carried into next year's planning requirements.

We had a good response with the feedback (61%) from the conference delegates. We encourage and appreciate this so we can keep providing relevant and positive experiences with our conferences. The delegates enjoyed the mix of overseas and national speakers who covered many different areas of cardiovascular health. Whilst there was some criticism of the extravagance and the high cost of the venue and accommodation, this venue compared with others available during these dates were very similar, and this has been taken into account already with the planning with next years venue, with lower conference and accommodation costs being negotiated.

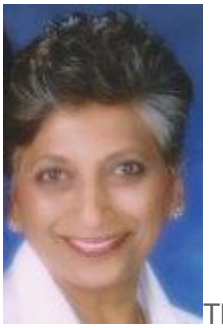
My sincere thanks to sponsors and delegates for making this year's conference such a success with more delegates than last year, the Scientific Committee who designed the program, and my fellow organising committee colleagues who worked behind the scenes with The Association Specialists who were absolutely magnificent in providing an organised conference to appeal to a varied audience, and within the budget and providing a healthy surplus!!!

I look forward to staying on as convenor to plan our next ACRA conference being held at the Grand Chancellor Hotel in Adelaide in 2016.

Dianna Lynch
ACRA Co Convenor

ACRA 2015 ASM Reports

Alan Goble DSA recipient 2015 – Radha Naidu.



The ACRA Executive management committee whole heartedly endorse the 2015 recipient of the Dr Alan Goble ACRA Distinguished Service Award – Radha Naidu.

Despite having retired in 2013, Radha continues to be actively involved in the secondary prevention of cardiovascular disease.

She has always had a real passion for the field and was instrumental in the evolution of cardiac rehabilitation, both at the Royal Brisbane and Women's Hospital and across the state of Queensland, long before it was recognised as integral to patient care by Queensland Health. To begin with she had no funding, little support from her peers and the medical staff, but because of her passion to deliver high quality care she persisted though thick and thin.

She constantly sought to increase her knowledge and understanding. She read widely and attended conferences at her own expense so she could glean as much information as possible to ensure she was up to date. She is known for her persistence and determination to improve and promote cardiac rehabilitation. She has been instrumental in networking and promoting cardiac rehabilitation through Queensland and Nationally.

An early advocate for data collection, benchmarking, research and promotion of best practice, Radha has been an active proponent of embedding cardiac rehabilitation as standard practice in cardiology. She remains highly respected and regarded by medical, nursing and allied health colleagues, often referred to as the "godmother' of cardiac rehab in Queensland. Her involvement in the secondary prevention of CVD continues via her voluntary role with the Heart of Australia Service today.

It is estimated that Radha has been a member of ACRA for over 20 years and possibly closer to 25 years. Her colleagues believe she has attended 23 out of the 25 ACRA conferences held. She promotes membership of ACRA to all clinicians working in the field as vitally important for their ongoing professional development and the networking opportunities it provides.

Sadly, and despite her best efforts, Radha was unable to attend the conference due to family commitments. It was with great pleasure that Michelle Aust accepted the award on behalf of Radha. Michelle has been greatly influenced by this wonderful clinician and friend.

Steve Woodruffe
Rosemary Robinson

Radha's response to her nomination for the Alan Goble DSA, 2015.

I am greatly humbled to be receiving this award, and I would like to offer my sincerest gratitude to ACRA for this honour.

My family & I emigrated from South Africa in March 1980, and later that year I began my career Royal Brisbane & Women's Hospital & for the last 34 years I have worked in the Cardiology department.

Early on, I identified the need for a dedicated cardiac education service for CCU. In 1992 the NUM of CCU Ellen Burns, under duress from me – they say the squeaky wheel gets the oil - created a position for me to provide patient education part time while continuing to work in CCU as an RN.

The value, requirements and demands of this position grew steadily, but in those early days there was no dedicated funding and very little support. It was a bit of a hard slog but, as you know, we rehab clinicians are a persistent, tenacious and resourceful lot; we never give up. And so, I persisted and in the 1994 I obtained an "unofficial position" as '*Cardiac Educator'*. At this stage of my promotion my office was a double-door cupboard in CCU. I also found myself taking on a number of tasks and adjacent functions that did not fall under my "unofficial position" position description.

Here are a few roles of "Radha's it's not in my job description!" I am sure many of you are familiar with these.

Cardiology:-

- Discharge Summary Motivational Officer
- Consultants' Diplomatic Relations / Communications Officer
- Registrar /Education & Appointment Scheduling Officer
- Junior Medical Officer Orientation and Paper Trail Supervisor
- Catering Officer (Indian cuisine)
- Education Room Booking Clerk
- Equipment Storage & Audio-visual Officer
- Surgical Case Manager
- Team building and event coordinator (Christmas Jeopardy)

All of these roles were vital in ensuring awareness of the role and value of Cardiac Rehabilitation amongst the medical, nursing and administration staff, and enlisting their support.

The successful growth of the service improved and in 2003 an office & cardiac education room was provided. Campaign for a full-time Cardiac Rehabilitation coordinator persisted and in 2004 I was successful & officially instated into the position of CNC Cardiac Rehabilitation

Although I received a modest budget, I must add much of the resources for education "fell off the back of a truck."

While it was a long journey with many hurdles I was not alone. I was fortunate to have a number of remarkable, insightful and dedicated people at my side. People who have provided tremendous inspiration, encouragement and support; many of you will be here today – I am so sorry that I am not here to thank you personally.

Special thanks to special friends, there are so many of you forgive me if I do not mention everyone, but I do want to acknowledge my mentors and those that had a great influence

on me for their guidance and support - Ellen Burns, Pam Fung, Sueann Hillman, Dr Julie Humphries, Dr Rosemary Higgins, Dr Beres Wenck , QLD Heart foundation Team, and QCRA. Our profession would not command the respect it does had it not been for the great leadership & the pioneers of ACRA and dedicated members like you.

This profession has been very rewarding both professionally and personally. I would like to thank you all for the privilege of having worked with you. I am grateful for all your support, both professionally and emotionally.

Change is something we must all embrace. I am now doing some voluntary work with Heart of Australia.
I will miss each and every one of you and the camaraderie we have shared. I would also like to thank Steve Woodruffe and Paul Camp, for acknowledging my contribution to cardiac rehabilitation.
Congratulations ACRA 25 years.

Thank you,
Radha

Best Research Award - Doa El-Ansary

The median sternotomy incision remains the most common approach to revascularisation to the heart as it provides optimal exposure and is associated with excellent outcomes. Despite these advantages a small but significant number of patients have sternal complications such as sternal instability. Sternal instability is defined as excessive movement of the sternal edges that results in pain and discomfort that interferes with activities of daily living (ie. driving, transfers, sleeping). If this clinical problem progresses to infection or mediastinitis, it can also be associated with a high mortality rate.

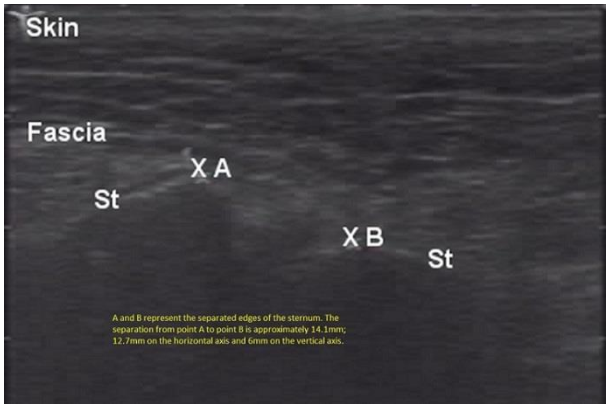
Surgical repair of an unstable sternum may not always be an option for all patients as reopening the sternum is associated with more risk particularly in those with multiple co-morbidities. In addition, only a few studies have followed up patients following surgical repair and have reported persistent instability and symptoms of pain and discomfort.

It was hypothesised that since the muscles of the abdominal wall attach to the lower ribs and sternum that when activated they may assist in splinting the sternal halves during functional tasks and as such reduce symptoms. A randomized cross-over study was conducted in an outpatient cardiac rehabilitation facility. Twelve participants with sternal instability following a median sternotomy for cardiac surgery were recruited in the study. The experimental intervention consisted of six weeks of trunk stabilisation exercises; the control intervention was continuation of activities of daily living and included no exercises.

Participants were trained by a physiotherapist to activate the abdominal muscles by ultrasound using visual feedback. Outcome measures included sternal separation measured by real-time ultrasound; participant ratings of pain during the performance of nine functional tasks, and Physiotherapist (n=10) ratings of video recorded sit-to-stand and lying to sitting for movement quality and motor control.

The results of the study were an overall reduction of sternal separation of a mean difference of 6.2 mm (95% CI 3.5 to 8.9) during the period of trunk stabilisation exercises more than during the control period. Pain when performing everyday tasks also decreased by 14 mm on the VAS (95% CI 5 to 23) more than during the control period. However, quality and control of task performance during the period of trunk stabilisation exercises did not improve (mean difference 10 mm, 95% CI –3 to 22) significantly more than during the control period.

We concluded that trunk stabilisation exercises should be included in the rehabilitation of individuals who experience sternal instability following cardiac surgery as they provide a conservative treatment approach to this clinical problem. A larger trial is warranted to determine if stabilisation exercises alone or complimented with an orthopaedic stabilisation brace are beneficial in reducing symptoms of pain, improving quality of life, facilitating functional tasks and a return to community role in patients with sternal instability and in those who have an uncomplicated median sternotomy.



The team would like to thank the Heart Research Centre for sponsoring this Award

Dr Doa El-Ansary, University of Melbourne
(Team: Dr Doa El-Ansary- University of Melbourne; Professor Gordon Waddington- University of Canberra; Dr Roger Adams- University of Sydney)

Best Poster Award - Bridget Abell

The poster I presented at the ACRA meeting this year forms part of my ongoing PhD examining evidence-based practice in cardiac rehabilitation. It's fantastic to have the opportunity to share this work at such a welcoming and supportive forum. I'd also like to take the opportunity to thank all the ACRA members who contributed to my other research study this year, by taking part in the national CR survey about exercise training. The response rate was excellent and your contribution was very much appreciated. The full results of both studies will be published later this year.

International guidelines for prescribing exercise in cardiac rehabilitation: complimentary or contradictory?

Bridget Abell [1] , Paul Glasziou [1] , Tammy Hoffmann [1]

Multiple clinical guidelines have been produced by international bodies to assist health professionals make evidence-based decisions regarding the delivery of exercise for cardiovascular disease. This study examined the exercise interventions recommended within this guidance, in order to determine if there were commonalities or conflicts at a local or international level.

Methods: Guidelines were sourced from cardiac rehabilitation bodies in Australia, New Zealand, the USA, Canada, the UK and Europe. Additionally, searches were made of the National Guideline Clearinghouse, PubMed and TRIP databases. We included guidelines in current use, focused on either exercise-based cardiac rehabilitation or secondary prevention. A standardized template (based on the TIDieR format) was used to extract data from each guideline for nine core intervention components. The recommendations for each of these components were compared at a local and international level.

Results: Forty-nine guidelines and position statements, published between 1994 and 2014, were included. Many were adopted from each other and consequently shared a similar base of evidence. Two distinct themes emerged in regards to exercise for cardiovascular disease: 26 publications provided recommendations for physical activity (which were general in nature with a consistent message across all regions), while 22 detailed specific recommendations for exercise training during cardiac rehabilitation.

The later type of guideline displayed significant comparability within regions, and also for most components across regions, with individualized aerobic and resistance training consistently recommended. Australia however tended to recommend less intensive, less frequent and generally shorter duration programs compared to the USA and Europe. This has most likely occurred due to local adaptations of the evidence to fit service delivery models and funding

There is much more consistency than conflict in recommendations for exercise-based cardiac rehabilitation in international guidelines. Given the shared based of evidence and cross-referencing in many of these CPGs it may be pertinent to examine whether this process may be aided and simplified by international collaboration in the future.

Best Clinical Research Award - Vicki Wade

The lighthouse hospital project: improving the patient journey for Aboriginal and Torres Strait Islander peoples with acute coronary syndromes

Carrie Sutherland', Vicki Wade\ Karen Page2, Andrew McAuliffe3

1. Heart Foundation, Sydney, NSW, Australia

2. Heart Foundation, Melbourne , VIC, Australia

3. *Australian Healthcareand HospitalAssociation,Canberra , ACT, Australia*

Background: Aboriginal and Torres Strait Islander patients with acute coronary syndromes (ACS) do not receive equitable treatment and care when admitted to hospital and die from cardiovascular disease (CVD) at twice the rate of non-Indigenous Australians1.

In 2012 The National Heart Foundation and the Australian Healthcare and Hospitals Association received funding from the Department of Health to identify and test best practice initiatives that addressed disparities in hospital care for Aboriginal and Torres Strait Islander peoples with ACS.

Methods: A conceptual framework was developed, outlining the essential elements of care for an effective and appropriate patient journey and included: cultural safety, clinical quality improvement, workforce, governance and accountability.

Information was sought from healthcare professionals and institutions that had implemented initiatives to address the disparities in hospital care. Those identified completed a survey and a semi-structured interview to discuss the initiative and conceptual framework in detail.

Outcomes: Results found the conceptual framework to hold true and almost without exception, successful initiatives involved consideration of most or all of the elements at various (and numerous) points throughout the patient journey. A number of recommendations were also identified as critical to improvement of the ACS patient journey.

Conclusions: The essential elements of care in the framework were updated to; Cultural Competence, Care Pathways, Workforce and Governance. The recommendations and framework are currently being pilot tested nationally in eight hospitals. It is hoped the framework will be implemented in all Australian hospitals and will drive systemic change in the acute care sector.

1. Australian Institute of Health and Welfare. Mathur S, Moon L. Leigh S. Aboriginal and Torres Strait Islander people with coronary heart disease: further perspectives on health status and treatment. Cardiovascular disease series no. 25. Canberra: AIHW; 2006

People's Choice Award - Lyndell Shand

The HRC Network – An online community for health professionals

Shand, L.K[1]., Higgins, R.O[1]., Murphy, B.M[1] & Jackson, A.J.
1. Heart Research Centre, Melbourne, Victoria, Australia.

Abstract

Introduction

Chronic disease has replaced acute disease as the major cause of disability in Australian adults. Chronic disease prevention and management is therefore a national health priority. Health professionals require skill development and support to adapt their practice to include approaches that embraces patients as active collaborators in their own care. Evidence indicates practice change can be significantly augmented by peer support, a process which can be enhanced via online communities of practice (OCoP). The aim of this pilot study was to evaluate the effectiveness, relevance and acceptability of the HRC Network, an OCoP for health professionals working in cardiac rehabilitation (CR), to support patient-centred practice changes.

Methods

Victorian health professionals working in CR were enrolled in the Heart Research Centre's 'Supporting Chronic Disease Self-Management' and 'Cardiac Blues' online training. Participants were invited to join the HRC Network, where they could access discussion forums and blog posts on topics related to behaviour change and patient self-management.

Results

Preliminary analysis indicated that the HRC Network is highly relevant and useful to the daily practice of health professionals working in CR. Two-thirds of participants accessed the network on a weekly to monthly basis. Barriers to accessing the network included: time limitations, fluency of using online and social networking programs, and organisational IT infrastructure.

Conclusion

Innovative approaches to training and interprofessional collaboration are required to increase health workforce capacity to support chronic disease self-management and deliver secondary prevention programs. Increased use of OCoP can support patient-centred approaches and facilitate health workforce practice change.

Notes

Following the success of the HRC Network pilot program for Victorian health professionals, the Heart Research Centre will be expanding the availability of the network nationally. A

new website is currently under development and the HRC Network will be relaunched in the coming months as Heart Health Connect.

In the meantime, the HRC Network can be accessed at www.hrcnetwork.org.au. For more information please contact Dr Lyndel Shand atlyndel.shand@heartresearchcentre.org. The Heart Research Centre would like to acknowledge the Victorian Cardiac Clinical Network for funding this initiative.

New Practitioner's Perspective

Past, Present and Future

From the 10-12 of August this year, I had the amazing opportunity to attend my first Australian Cardiovascular Health and Rehabilitation Association (ACRA) 25th Annual Scientific Conference in the host city of Melbourne. The core message and theme for this year's conference was "Past, present and future".

Having recently stepped into the role of Cardiac Rehabilitation CNC in March, the conference provided me with the insight and confidence to approach my role in a confident and professional manner. I believe that the knowledge gained improved my approach to Cardiovascular Rehabilitation, people communication, and other aspects of the ACRA core components.

The venue was just perfect; the large conference room provided excellent acoustics, allowing for clear and audible presentations. The Langham Hotel exceeded my expectations, providing a formal yet comfortable venue for so many professionals to gather while comfort was assured.

My overall expectations and objectives in attending the conference were to meet others in the same profession and to further understand the core components involved in

cardiovascular rehabilitation. This was one of the highlights of my trip. I was able to further understand and investigate these core components by attending Stephen Woodruffe's presentation "ACRA Core Components of CVD Secondary Prevention and Cardiac Rehabilitation".

During the conference we had the opportunity to attend a delegates' black tie social event. It was a wonderful evening held in the extravagant Langham Ball Room and was thoroughly enjoyed by all. High class wining and dining and the opportunity to further build professional networks made this a truly invaluable evening.

Travel Grant Recipient

I'm sure I reflect your thought's when I say the ACRA Conference's just get better and better.
I found this year's to be a fantastic event for which I received a travel grant, my only disappointment was in being able to attend for only one day due to work commitments but in this short time I found all the presentations highly educational and I brought back lots of new ideas and learning.

The member's forum showed how hard the committee have been working to bring the new website, the core components document, and keep all governance documents current. Networking with state and interstate friends and colleagues was fun.

The Heart Foundation breakfast meeting raised much needed debate around advanced care planning and the discussion style forum was really interactive and a great way to learn.

The Aboriginal welcome to country was really beautifully done, and I did take one of the gum leaves as suggested…….the very clever little dog at Perth Airport reminded me I had put this in my handbag!!!!!.....

Kim's delivery of the patient's story ensured we all remembered why we love what we do and brought the patient to the centre of the conference. Keynote Speakers were interesting and entertaining – the future of preventative cardiology is certainly gaining ground. Always good to have an element of humour in the presentations and Steve certainly brought this as we cast spells over Diabetes Mellitus together with and formed therapeutic alliances with our patients.

Research prize presentations covered great topics, something for everyone including diet, exercise, service models and cardiac surgery. I attended the Foundations of Cardiac Rehabilitation and Core components workshop where the discussion around minimum

datasets, qualitative and quantitative data led really nicely into Robyn Clark's session of why we should keep funding your program. I did attend the morning sessions on day 2 and found the Medication adherence by Todd Ruppar to be enlightening. Catriona Jennings was really interesting ….."assortive mating" was a new term to me and showed how concordance with spouses having such an impact on lifestyle and adhering to change! Great to hear Marlien Varnfield's positive results from the Smartphone mobile messages. I heard about the beginning of her research at the 2014 conference.

Brendon McDougall's "Facilitating health behaviour change: the future of group education" was a great presentation to hear and I was especially interested in his health action plans. It was lovely to help Paul Camp on the ACRA stand and catch up with other sponsors.

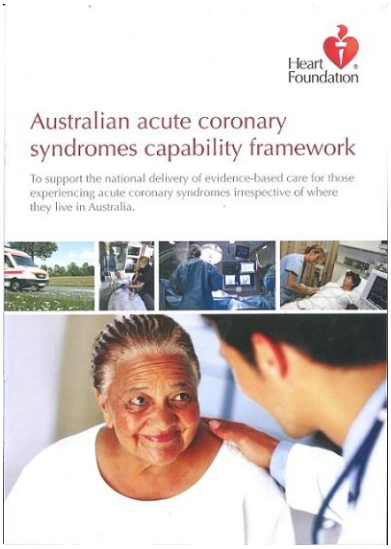
In conclusion: a really great conference many thanks to the Organising and Scientific committees. Well done to all and I look forward to assisting Dianna with preparations for the Adelaide conference in 2016.

Have fun at your local events and look forward to seeing you all at the 26th ACRA Annual Scientific meeting 1st to 3rd August 2016!

Helen McLean WA

Heart Foundation Report

Australian Acute Coronary Syndromes Capability Framework



The National Heart Foundation has recently released the *Australian acute coronary syndromes (ACS) capability framework* (the Framework). It articulates the public and private health service capacity required to deliver evidence-based ACS care at a national level. It is the first health services capability framework to encompass pre-hospital care, acknowledging the integral role ambulance and retrieval services have in providing timely care to patients with ACS.

In Australia, there are evidence-based guidelines to inform clinical practice in the management of patients with ACS, however national clinical audits continue to demonstrate that many people do not receive evidence-based care.

The capability of health services is an essential element in the provision of high quality patient care. This Framework identifies the types of services, workforce, processes and service linkages needed to deliver evidence-based care across the pre-hospital, sub-acute and acute areas of the Australian health system.

The Framework is designed to work in synergy with the Heart Foundation and the Cardiac Society of Australia and New Zealand (CSANZ) *Guidelines for the management of acute coronary syndromes* the inaugural Australian Commission on Safety and Quality in Health Care (ACSQHC) *Acute coronary syndromes clinical care standard*.

The Framework presents a national consensus based upon rigorous consultation with key health professionals, government policy makers, professional bodies and consumers.
Service categories are identified as:

- Pre-hospital emergency care
- Category A service – Hospital with an emergency service
- Category B service – Hospital with an emergency department
- Category C service – Tertiary cardiac centre.

Their core capabilities of care relate to:

- services
- system linkages and communication
- workforce
- support services
- clinical governance

The Framework is underpinned by the following principles:

- All Australians should have access to evidence–based ACS care.
- The Framework is informed by the best available evidence.
- The Framework recognises that to deliver patient-centred care, services need formalised and recognised system linkages to enable clinical handover and the appropriate transport and management of patients.
- The Framework in no way supersedes relevant legislation, regulations or standards. This aligns with Commonwealth and state/territory legislation, regulations, legislative and non-legislative standards, guidelines, benchmarks, policies and frameworks, and relevant college standards where applicable.
- The Framework is not intended to replace clinical judgement or service-specific patient safety policies and procedures. It is intended to support the planning and/or provision of pre-hospital, sub-acute and acute health services.

Hard copies of the Framework are available on the website atwww.HeartFoundation.org.au/ACS
The National Heart Foundation would appreciate feedback regarding the *Australian ACS capability framework*. This information is vital to assist with informing the future initiatives at the Heart Foundation. Please take a moment to complete the survey, which is available via www.HeartFoundation.org.au/ACS

The Framework will assist and facilitate policy makers, health networks and health services to map existing services, identify gaps in their health systems, plan improvements and develop new services where required.

The Heart Foundation is calling on health service planners, policy makers, politicians and clinicians to address the recommended capabilities outlined in this Framework to ensure every individual has timely access to evidence-based care no matter where they live in Australia.

Heart Research Centre Report

Cardiac Blues Awareness Day

On **8 October 2015** the Heart Research Centre is asking people to 'wear blue for cardiac blues' to raise awareness about the cardiac blues. Having a heart event is an emotional experience, not just a physical one. Having a heart attack or heart surgery can come as a huge shock and distress is common. Once they get home from hospital, people go on an "emotional rollercoaster" of worry, guilt, frustration, anger, fear and sadness. They get the 'cardiac blues'.

While the cardiac blues resolves for most people, one in five people go on to develop major depression. People who are depressed are more likely to have another heart attack and to die prematurely.
"If patients don't know what to expect emotionally and don't get reassurance early, they are at risk of developing serious depression. This depression can last for a long time, often well beyond physical recovery. Once patients become depressed, they are more likely to have another heart event and to die early. This is why we have developed the Cardiac Blues resources" - Dr Barbara Murphy, Deputy Director, Heart Research Centre.

The Heart Research Centre's 'cardiac blues' resources were launched in July 2014 and are the first of their kind in the world. The aim of the awareness day on 8 October 2015 is to help raise awareness about the emotional impacts of heart disease, as part of mental health week. We will be working with cardiac health professionals to hold events in metropolitan and regional hospitals and to distribute resources to cardiac patients to help them manage the Cardiac Blues.

In collaboration with Boing Productions, The Heart Research Centre has produced a short animation to help us promote awareness of the cardiac blues, which can be viewed on our Youtube Channel www.youtube.com/watch?v=1f-LTCTGrms

For more information and to get involved visithttps://www.heartresearchcentre.org/research/cardiac-blues-awareness-day

Victorian Psychocardiology Mental Health Professionals Network

The Heart Research Centre is pleased to provide leadership of the **Victorian Psychocardiology Mental Health Professionals Network (MHPN).** The MHPN is a unique national program which aims to improve patient outcomes by encouraging health

professionals from different disciplines who support people with mental health issues, to work together better. It does this through its two core programs: MHPN networks and online professional development. MHPN is a not-for-profit organisation funded by the Australian Government Department of Health and Ageing.

The Heart Research Centre has led the formation of the Victorian Psycho-Cardiology Mental Health Professionals Network in 2014, which, at August 2015, has an active membership base of over 240 health and mental health professionals. Meetings to date have focused on: *Issues in Psycho-cardiology*, with presentations by Professor David Barton, Dr Barbara Murphy, Dr Marlies Alvarenga and Ms Freya Miller; *Managing the Psychosocial Impacts of Heart Disease*, presented by Professor David Thompson and Associate Professor Chantal Ski; and the *Pathophysiology of Stress and Heart Disease*, presented by Professor Murray Esler. A video of Professor Esler's presentation is available at: www.youtube.com/watch?v=g_Dt8p750ls

The next meeting will be held in October and will focus on psychosocial issues in heart failure. To join the network contact MHPN at networks@mhpn.org.au.

The HRC is keen to work with ACRA members and state executives to expand the Psychocardiology MHPN into other states. For assistance in doing this contact Professor Alun Jackson on alun.jackson@heartresearchcentre.org

QCRA-Heart Foundation Symposium- "Making Change Happen"

"Making Change Happen: it starts with self-awareness" is the theme for the upcoming QCRA-Heart Foundation Symposium—Friday October 16th (Russell Strong Auditorium, Princess Alexandra Hospital, Woolloongabba, Brisbane. Videoconference available to Queensland sites outside Brisbane). The exciting program for this Symposium includes excellent speakers addressing the challenges of helping our patients achieve change. National secondary prevention experts such as Associate Professor David Colquhoun and Dr Geraldine Moses will address improving adherence to cardiovascular treatments. This all day event will be great value at $25 for members and $65 for non-members Register now online through the ACRA Events page. Please join us for this opportunity learn more about how to 'make change happen'.

QCRA AGM

The 2015 QCRA AGM – Friday October 16th will take place within the lunch hour of the Symposium (Russell Strong Auditorium, Princess Alexandra Hospital). All members are strongly encouraged to participate. Options for participating include: in person, proxy vote, videoconference as part of the Symposium and teleconference. AGM draft agenda and proxy voting forms to be sent out to members soon. Your attendance will help keep QCRA being a strong voice for its members.

Conference Feedback

The feedback from the 2015 ACRA Annual Scientific Meeting was overwhelmingly positive. Importantly, the Alan Goble Distinguished Service Award went to long term servant of Cardiac Rehab in Queensland– Radha Naidu. This was a very well deserved award for Radha who has done so much to advance Cardiac Rehab and been a mentor to many of us– congratulations Radha and thank you!

It was also widely acknowledged that the recent positive developments for ACRA have been due in no small part to the great work of retiring ACRA President - Steve Woodruffe.

Other Queensland members also shone at this conference. There were quality presentations from QCRA members Bridget Abell, Michelle Aust, Karen Uhlmann, Marlien Varnfield and Steve Woodruffe. Bridget Abell and colleagues won the Best Poster award for their comprehensive review of international guidelines for prescribing exercise in cardiac rehabilitation.

Further congratulations to Bridget and colleagues also for their poster presentation at the AACVPR Conference in Washington – Great work Bridget!

Statewide Cardiac Rehabilitation Working Group

The Statewide Cardiac Clinical Network Cardiac Rehabilitation Working Group continues to work on initiatives that will enhance Cardiac Rehabilitation practice in Queensland. To receive information about these initiatives in the future, please keep us informed of changes to your programs contact details at qcra@acra.net.au

QLD My Heart, My Life - Changes to Ordering

Heart Foundation QLD has advised there has been some recent changes in the way to order the My Heart, My Life booklet.

Public Hospitals over 100 ACS admissions: From July 2015 Queensland public hospitals who receive over 100 ACS admissions a year will be required to purchase copies of MHML. To order copies please complete this form:

http://www.heartfoundation.org.au/SiteCollectionDocuments/2014-MHML-order-form.pdf Please email order forms to: health@heartfoundation.org.au

Public Hospitals that have less than 100 ACS admissions per year and ALL Private Hospitals (regardless of their ACS admission totals per year):
are eligible to participate in the “MHML Support Program” trial - a new ordering system for MHML. This program provide patients with a free copy of MHML and ongoing support from the Heart Foundation e.g. a phone call from a health professional and ongoing heart health information via regular emails.

For more information: http://www.heartfoundation.org.au/SiteCollectionDocuments/1503_HF_Starter%20Kit%20for%20Hospitals_D3-digital.pdf

To sign up to the program:http://www.heartfoundation.org.au/SiteCollectionDocuments/MHML%20Support%20Program%20Regsitration%20Form%20FINAL.pdf

For further information please contact Karen Uhlmann - Acute Sector Manager QLD.
Phone : 07 3872 2563 or email :Karen.uhlmann@heartfoundation.org.au

Those members who were at ACRA 2015 will recall that much of the discussion was around data, what to collect, when to collect and how to use it for the advantage of your program. The NSW Minimum Dataset for Cardaic Rehabilitation sets out 11 key items for programs to collect to assist with evaluating patient and program outcomes. The Chair of NSW working group, Rob Zecchin, will present this dataset to the CRANSWACT delegates at the annual scientific meeting on the 9th October in Kirribilli. Given the importance of data emphasis by Susan Dunn from the Ministry of Health in the activity based funding webinar hosted by CRA NSW ACT and sponsored by the Heart Foundation NSW Division, I would urge all clinicians in NSW to attend this meeting to understand the implications state-wide. CRANSW ACT,

Heart Foundation NSW and members of the dataset working group have presented the dataset to The Agency for Clinical Information and The Ministry of Health, all with a very positive response. The challenge is implementing the dataset state-wide without increasing

the burden on already overworked clinician's and the variety of methods clinical information is collected across the state. Currently the working group is looking at piloting the dataset in a variety of sites to evaluate these challenges and review the quality of data.

"Advancing technologies", CRA NSWACT annual scientific conference, has an exciting program of speakers focusing on how our discipline needs to move forward to ensure we meet the demands of technology and research for the benefit of our patients. The full program is available on the ACRA website.

The AGM of CRANSWACT will be held on 9th October at 12.30 at the annual scientific meeting. Please review the AGM papers recently circulated and ensure proxy votes are received in time to be counted for the voting in of a new board.

Finally, this is my last contribution to the ACRA newsletter as I am stepping down as president of NSW at our AGM in October. I would like to take this opportunity to thank the board, Professional development committee and our members for their hard work and support during my time as president. Jo Leonard, Cardiac Care Coordinator from Wagga is our new President and I wish her every succuss and I am sure she will lead CRA NSW ACT into an exciting and promising future.

Dawn McIvor

There have been some continuing issues with new ACRA webpage directory listing for VACR. If anyone has been having difficulties they can contact the President via the VACR email address (VACR President vacr@acra.net.au), or any of the VACR Committee who will be happy to assist them. Alternatively the ACRA Secretariat (admin@acra.net.au) is also available to assist with any queries.

On a similar note it has recently been brought to the Committee's attention that there have been issues with the joining process for some new members. This issue has been rectified. However if you know of anyone who is having problems such as not receiving ACRA/VACR emails and the electronic ACRA newsletter can you please encourage them to contact the VACR Committee (VACR President vacr@acra.net.au) so we can assist them.

Please note the date change for the VACR Education event and the Dr. Alan Goble lecture 2015 which will now be held on Monday 9th November at Graduate House, 220 Leicester Street, Carlton 3053.

The AGM will be held during the final VACR event for 2015 on Monday 9th November. As part of the VACR Constitution all of the Committee will be standing down from their positions at the AGM. Whilst these members may choose to re-nominate, all of the positions are open for election. If you would like more information regarding this please email me at VACR President (a/a)

Committee nomination forms will be circulated to members prior to the AGM. Hard copies will also be available at the education day. Any queries regarding the nominations can be forwarded to the President via the VACR email site.

As the ACRA Annual Scientific meeting was recently held in Victoria it is normal practice for the next VACR education event in 2015 to be reduced to one day and so will be for this occasion only. The education component for this event will focus on assisting the health professional in providing cardiac rehabilitation to the heart failure patient.

Following feedback from the VACR membership the education event has been designed around our Member's requests and suggestions. As a result this event will start at 1pm followed by the AGM at 5.30pm in order to assist people travelling long distances. The Dr. Goble lecture will be given during dinner. Program details will be distributed shortly.

At the VACR Committee meeting 17th September Elizabeth Holloway formally tendered her resignation from the Committee as her contract with the Heart Research Centre has finished. I wish to acknowledge Elizabeth for her work and support of the Committee and her invaluable assistance; in particular her high standard of professionalism. Elizabeth has been an invaluable contributor to this committee and we will miss her mentorship, sage advice and friendship greatly. Thank you Elizabeth.

Emma Boston
President VACR.

SA/NT State President's Report

Natalie Simpson

It was lovely to see some of our members attend the 25th Annual ACRA Conference held on the gorgeous Langham Hotel in Melbourne.

This year marked the 25th anniversary of ACRA's inaugural Official National meeting and was an opportunity to celebrate the "Past, Present & the Future" of ACRA. Although ACRA was actually formed after its inaugural meeting in 1988 and South Australia was one of the first state Chapters to be formed, with South Australian Sabine Drilling on the original committee. Sabine still is very involved with cardiac rehabilitation today and works with the Heart Foundation.

The first day started with a member's forum which provided an opportunity for ACRA members to discuss the association's activities with the Executive Management Committee.

Following the meeting our own State was well represented by Dr Alistair Begg and SA Heart sponsoring the Welcome Reception and Dr Robyn Clark who convened the Moderated Poster Presentation. There we some very interesting posters such as:

- Smoking Cessation Program (Queensland Health) which showed a successful rollout with excellent results;
- "On your bike" an Innovative CR program that helped motivate and encourage attendance to CR programs that involved an overseas trip;
- End of Life issues – A patient journey of a 53 year old mother of three who developed post-partum cardiomyopathy, and her journey and the decision making processes as she progressed through to the end stages of her life;

The winning poster was presented by Julie Prout from Sir Charles Gairdner Hospital in Perth looking at:

- Increasing attendance at outpatient group education sessions (Western Australia). This looked at a CR service in Perth where they identified their weaknesses and strengths and looked at making their program more sustainable with the limited resources they have, and the outcome increased as much as 40%.

Day two started with an early morning walk along the Yarra river by some enthusiastic delegates and then the Heart Foundation Breakfast meeting which discussed “Advanced care planning with patients with heart disease and heart failure and when should it start?” This is such an important area that needs to be expanded on as it is never easy to have those difficult conversations with our patients and their families

The conference was then officially opened with Welcome to Country - an ACRA tradition recognising our traditional owners of the land we met on followed by a Patient story: “The prospective of the spouse during a cardiac event”. This story provided an important insight into the spouse perspective of the patient’s journey of recovering not only from cardiac surgery but the complications that were secondary to the initial cardiac event. It gave us a great perspective to keep in mind when looking after our patients.

We then heard from the first of our international speakers, Dr David Wood, who took us on a different type of journey looking at the past, present and future for prevention of CVD. He reflected on the armchair treatment of ACS in 1952, where patients were kept on bed rest and , then the movement in to the Grandfather of preventative cardiology, Dr Paul Dudley White (1986-1973), who recognised the family of diseases and their pathophysiology and common risk factors and therefore the recognition of a common program of treatment which looked at lifestyle factors and measuring and monitoring these i.e BP, lipids, glucose, exercise, and also understanding the adherence to drug therapies.

He then continued on with the evolution of cardiac rehabilitation and the future mentioning the WHO’s ambitious target of reducing premature mortality from non-communicable diseases most notably CVD, by 25% by the year 2025.
He believes we should:

- Create guidelines and standards, drawn from the best scientific evidence for preventative cardiology;
- Promote education and training in preventative cardiology from cardiologists, nurses and allied health professions;
- Strengthen health services provision to provide effective and cost effective service delivery to be tailored to the needs of the individual patient;
- Research the burden of lifestyle and related risk factors, and monitor how these are changing over time;
- Build leadership in preventative cardiology and promote professional societies to deliver our common agenda to reduce the burden of CVD.

This presentation was then followed aptly by Steve Woodruffe who presented “The ACRA core components of secondary prevention and cardiac rehabilitation”. He gave a very entertaining presentation which involved Harry Potter and other writers of this paper as

characters including Jenny Finan, and CVD as Voldemort.

He mentioned the 5 core components for quality delivery and recommended:

- Equity and access to services;
- Assessment and short term monitoring;
- Recovery and longer term maintenance;
- Lifestyle / behavioural modification and medication adherence;
- Evaluation and Quality improvement.

The Research Prize Sessions was won by Doa El – Ansary who presented "Trunk Stabilisation exercises reduce sternal separation and pain in sternal instability after cardiac surgery: a randomised cross over trial". The outcome showed that exercises should be included in the rehabilitation of individuals who experience sternal instability following cardiac surgery as it was shown to decrease pain but more studies are required to measure functional tasks and return to their normal community roles.

Our 25th Anniversary Gala Dinner was a fun evening where the Alan Goble Distinguished Service Award was won by Rahda Naidu.

Stephen Woodruffe was recognised for his achievements as outgoing President & formally introduced Lis Neubeck as ACRA's new President.

Once the formalities were attended to we then went on the dance the night away with the band, and there was hardly a person who was not on the dance floor!

Day Three we heard from two more of our International speakers, including Todd Ruppar who told us that approximately half of our patients with CVD do not adhere to their prescribed medication regimes. He discussed the impact of non–adherence and research into improving adherence.

Catriona Jennings presented on "Including the family in cardiovascular prevention and rehabilitation", as unhealthy lifestyles are a major determinant of non–communicable disease burden. She discussed the intervention arm of the EUROACTION study which showed that those families and partners who were involved and made similar health changes with the patient demonstrated more long term benefits so highlighting the benefits of focussing on couples rather than the patients alone.

The Clinical Prize session was won by Vicki Wade for her presentation "The Lighthouse hospital project: improving the patient journey or Aboriginal and Torres Strait Islander peoples with acute coronary syndromes".

This involved a team who developed a framework outlining the essential elements of care for an effective and appropriate patient journey which encompassed cultural safety, clinical quality improvement, workforce, governance and accountability. These recommendations and frameworks are currently being piloted nationally in eight hospitals and is hoped to be implemented in all Australian hospitals to drive systemic changes in the acute care sector.

There were many more standout presentations, including the final patient story of a cardiac patient who eight weeks ago had an out of hospital cardiac arrest and was given successful CPR by his 83 yr old mother in law (who'd just done a course at her retirement village). This was such a moving story as he highlighted the importance of cardiac rehabilitation and his ongoing recovery and management. There was hardly a dry eye in the room.

I do hope this report has inspired you to attend our 2016 Conference which will be held 1-3rd August in ADELAIDE.

Important Dates:

September 9th - Ordinary Meeting – 5pm Heart Foundation Office

October 24th – SACRA education day – Ashford Warehouse 0930 – 1230pm

Natalie Simpson

SA/NT State President

WA State President's Report

Craig Cheetham

What a pleasure to attend the ACRA conference – congratulations to all organisers for a fantastic event.
Recent professional development events in WA:

SYMPOSIUM

Our annual Symposium was held on August 29th. This event provides a forum for those presenting at ACRA or other conferences to have input from clinicians present to critique their presentations. This event was very well received with excellent feedback, presentations included:

1. Current trials being conducted by the Heart Research Institute of WA. Louise Ferguson, Cardiovascular Clinical Research Coordinator, Sir Charles Gairdner Hospital.

2. Decision Making and Reasons for medical seeking assistance for patients with Myocardial infarction: a Qualitative Analysis. Welma Van Schalkwyk, Registered Nurse, Sir Charles Gairdner Hospital.

3. Improved efficiencies in cardiac rehabilitation through service redesign. Andrew Maiorana, exercise physiologist, Fiona Stanley Hospital. School of Physiotherapy and Exercise Science, Curtin University.

4. Gaps between diabetic and non-diabetic patients which could guide intervention. Lee Nedkoff, PhD Candidate and Research Associate, University of Western Australia

5. Promoting cardiovascular rehabilitation and secondary prevention as usual care: toolkit development. Shelley McRae on behalf of Craig Cheetham, Cardiovascular Health Networks

Upcoming Event

OUR HALF_STUDY day this year will be in early November
This event will be a workshop style event with lots of interactive activities and will cover person-centred care, active listening, motivational interviewing and goal setting for Cardiac Rehabilitation patients. Development facilitators working in the Training Centre for Subacute Care (TRACS) WA are pleased to bring this Interprofessional learning event to you all. Flyer will be finalised very soon.

Cardiovascular Health Networks
Cardiac Rehabilitation and Secondary Prevention working group
QUICK REFERENCE GUIDE FOR HEALTH PROFESSIONALS
Please remember to check out the WA pathway document quick reference guide now available to all and can be downloaded from: http://www.healthnetworks.health.wa.gov.au/network/cardio.cfm. Also from this link a resource list has been compiled for consumers and their families. A presentation with speaker's notes has also been developed to illustrate how the guide applies in practice. These tools are part of the "Toolkit" which is designed for practitioners to aid their ability and ease to disseminate the "Pathway Principals" document and advocate for services and referral to Cardiac Rehabilitation and Secondary Prevention services. We would like to give special thanks to the Cardiovascular Health Network's staff and all those involved in developing these excellent resources to assist all cardiac rehab practitioners to provide current evidence based best practice to their clients.

Helen Mclean WACRA State Representative
WACRA representative on the Cardiovascular Health Network's Group.
Please don't hesitate to contact me for further information regarding these events or projects.

All quiet on the home front in Tasmania since the last report. 2 members from the state went to the conference this year – a little disappointing given the relatively small geographic distance to travel. However, not everybody can attend all the time. It was an excellent event and our congratulations to the convening and scientific committees for the range of presentations and speakers. My thanks to Anna Storen from Burnie in the north-west for providing a personal account of her first time experience at an ACRA conference.

At a recent meeting we concurred with other states in renaming – 'ACRA-Tas'. Hopefully we won't be mistaken for TAS (ACRA secretariat).
We also had an embryonic discussion regarding the core components and how we might collect data within the state for benchmarking and comparison. Those members present felt we couldn't do this justice within the short time frame of our meeting and we have scheduled a full day's brain storming in early November to further pursue this important topic. We hope to have some input from university experts to assist and guide us.

The statewide Clinical Advisory Group for Cardiology services has been meeting regularly as well. With the new Tasmanian Health Service operating from July 1st, the CAG's are providing vital input to the government for the delivery of health care and services both statewide and local in Tasmania.

Sue Sanderson