ACRA NEWSLETTER

JULY 2015

Australian Cardiovascular Health and Rehabilitation Association

NEW LOOK LOGO!

THIS EDITION

President's Corner

Proposed Changes to the ACRA Constitution

Heart Foundation News From Across The Nation

State Reports

AUSTRALIAN CARDIOVASCULAR HEALTH AND REHABILITATION ASSOCIATION

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CHALLENGE...CHANGE...ACHIEVE

EDITOR'S NOTE

The conference is rapidly approaching – our 25th celebrations! Can you believe we have been supporting cardiac health professionals for that period of time? We will be able to reflect on achievements past and present and look to the future at the conference as we celebrate the silver milestone.

Is there a cardiac rehabilitation professional you know who may be worthy of the Alan Goble Distinguished Service Award? Details on how to nominate are available on the website. At state level a colleague may have earned a Merit Award. Again details are on the website on how to nominate. Have you checked the new website and logo yet?

We encourage as many of you as possible to attend the members' forum to be held the evening the conference starts. There are some proposed changes to the constitution that we need to vote on and there are details of those in this newsletter. Come along and join the debate and have your say.

This year we have a 'crossover' with the Cardiac Society with a Cardiology Prevention Symposium on Thursday 13th which is free to members to attend. Speakers included Steve Woodruffe, Julie Redfern, David Hare and David Wood. See the website for more information and get your registrations in.

You will be aware that as editor of the newsletter I take photos at the conference and at the various social activities associated with the event. Some of these are published in the newsletter. If you have any objection to your photo being published please let me know at the time. I look forward to catching up with as many as possible in August.

Happy re-habbing
Sue Sanderson

CALENDAR OF EVENTS

July 29th
WACRA Symposium

August 10-12th
ACRA Annual Scientific Meeting, Melbourne

September 9th
SACRA meeting 1630 -1800

October 16th
QCRA Symposium

October 17th
SACRA Education session Hampstead Day Rehab

November 25th
SACRA meeting

WE WELCOME ARTICLES FOR PUBLICATION IN THIS NEWSLETTER

Please send any items to:
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Author guidelines are available on request

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PRESIDENT'S CORNER

As this is my final newsletter report as ACRA President, it is timely to reflect on my time in the President's chair. On reflecting on my first report for the newsletter I quoted our motto "Challenge, Change, Achieve" as integral to my forthcoming term. There is no doubt that the role has been challenging at times and there has been significant change during the past two years. If someone asked my opinion about taking on the Presidency of ACRA now I would advise it is not to be taken lightly. The role has evolved significantly in the past two years in line with our changing Secretariat services. The hard work and dedication of our former Executive Officer, Nicole Banks became more evident following her departure. Our trials and tribulations over our Secretariat services have yielded significant learning. If we want to continue to be a leading, national, member-based organisation, the professional relationship between our Executive Management Committee and our Secretariat is key. The past six months has highlighted how much can be achieved when this relationship works well. It is unfortunate that our original agreement did not work out as planned as this has unfortunately put us 12 months behind where we could be. The ACRA EMC is very happy with the work to date by the team at The Association Specialists and we look forward to a strong professional relationship into the future.

On reviewing my goals from my initial Presidents report, I found there have been challenges, but there have been achievements as well. Following is a look back at the goals set and an account of our progress.

Re-branding our association name to ensure we are attracting potential members and sponsors to our organisation

- In an effort to modernise our brand I put forward a proposal for significant change to our title. This was unsuccessful due to the strong desire by members to retain the very recognisable ACRA name. With the recent update to our website it was evident that our previous logo was out-dated. I am sure everyone will agree that our new digital image is modern, attractive and respectful to our history.
- Identity branding continues to be a current agenda item for the EMC. We encourage state associations to discuss the idea of re-branding their names to reflect a stronger link to the national body. One proposal, put forward by SACRA, is the adoption of the national name, followed by the State and Territory name, e.g. Australian Cardiovascular Health and Rehabilitation Association – South Australia/Northern Territory (ACRA-SA/NT). This will be discussed further at numerous forums.

Increasing our membership numbers across all disciplines

- While our membership spiked to 500 members about two years ago, our membership has steadily decreased recently to approximately 400. Several factors have influenced this decline. The EMC has worked hardest on improving member services over the past year with the fruits of this labour highlighted below. We are hopeful that the work done over the past year will see a turn around in member numbers in the future.

Increasing the benefits to our membership, specifically more journal subscriptions and more availability of interactive web based professional development opportunities

- I feel that we have never offered more to our current and potential members than we do now. We have a fantastic, interactive website to access considerable resources to assist health professionals working in cardiovascular health and rehabilitation. Any state EMC or member that wants anything uploaded to the website as a resource for members, please share it with us. Numerous web-based professional development opportunities have been provided free to members and will continue to be provided in the future. Generous travel grants to attend the state and national conferences continue to be available to our members. ACRA members continue to have online access to the European Journal of Preventive Cardiology (see the updated How-To guide in this newsletter on page 22, to access this fantastic resource). Our mentorship program is a work-in-progress and any member interested in accessing this service is encouraged to contact the EMC.
- The ACRA EMC – Membership subcommittee is finalising a significant resource for new and current members. Members

PRESIDENT'S CORNER CONT.

will be provided with an ACRA branded USB stick containing numerous resources developed by ACRA for its members. These will be provided to members at the national conference and follow-up state based events.

- An issue that has been raised that will potentially improve member services is to move to an annual membership renewal (i.e. single date for all members rather than individual "anniversary" renewal as is current). The EMC propose a constitution change that we move to annual membership renewal, on or before 30th June, to take effect from 2016. Also that the late fee of $30 be removed from our constitution as this may prove prohibitive to members renewing.
- As always the ACRA EMC is keen to improve services to members and are grateful of the feedback from members to guide our decision-making.

Production of a document, developed by ACRA members, for ACRA members that summarises the key Guidelines/Standards/ Core Components for delivering cardiovascular prevention and rehabilitation services in Australia in 2013/2014

- I am extremely proud of the work done by our writing team to produce the body of work, which culminated in the publication of the "ACRA Core Components of CVD Secondary Prevention and Cardiac Rehabilitation" earlier this year. I sincerely hope that members find this to be a useful resource. This was a labour of love for me during my presidency that will continue into the near future. There is still a lot of work to be done on this project, specifically the extension of this document to a substantial, web-based resource. My venture into academia has ignited a flame to further develop myself in the area of research, perhaps a Masters first then a PhD some time in my future.

Strengthened links with state associations through improved communication channels and greater involvement of state EMC reps in national planning and development of the association

- Central to the achievements of ACRA has been the greater involvement of more state-based representation on the national EMC. There is no doubt that we would not have achieved what we have, with the limited committee member numbers of previous years. The one thing that we are very mindful of is the fact that we all have limited time and we all operate in a volunteer capacity. The expansion of the EMC, to include additional state-based reps has been successful and should be continued long term. Therefore the EMC has put forward two constitution changes to be voted on at the forthcoming Annual General Meeting, around this issue. Firstly, that the membership of the EMC be changed to include additional representatives as EMC members and secondly that these additional members be permitted voting rights.
- My thanks to all EMC members who have supported me whole-heartedly over my presidency

I acknowledge that not everything that I set out to achieve has happened yet. Therefore I will continue to support the committee in my role as Immediate Past President to see these items achieved.

In closing this report I wish to thank the association for the opportunity to be its elected President. There have been challenges yes, but there has also been significant opportunities. I have been fortunate to represent ACRA at the international and national level in many committees, groups and alliances. I have had the opportunity to network with leaders in secondary prevention and cardiac rehabilitation, which has greatly enhanced my leadership skills. The collaboration of ACRA with national and international groups and organisations has significantly changed over my presidency. I greatly look forward to seeing the future opportunities that ACRA has to collaborate further nationally and internationally.

With thanks,
Stephen Woodruffe
ACRA President 2013-2015

REPORT ON THE ACRA EMC FACE-TO-FACE MEETING

23-24 May 2015

The ACRA EMC held its most recent Face-to-Face meeting a few weeks ago in Sydney. My friend and successor Lis Neubeck, representatives from all state associations; Paul Camp and Jess Auer (QLD), Dawn McIvor and Robyn Gallagher (NSW/ACT), Kim Gray (Vic), John Aitken (Tas), Dianna Lynch and Natalia Simpson (SA/NT) and Helen McLean (WA), along with our National Heart Foundation and Heart Research Centre representatives, Cate Ferry and Alun Jackson, attended the two-day meeting. We greatly missed our other EMC friends and colleagues who could not be there for the meeting, Craig Cheetham, Sue Sanderson and Emma Boston. You were missed.

The meeting itself was one of the more productive meetings that I have been involved in. The majority of our meeting was spent confirming our operational plan for the next twelve months and beyond. This document forms the basis for our work and I am hopeful that the plans we have put in place will see ACRA go from strength to strength in the next two years. A significant body of work completed during this meeting was a review and update of our policies and procedures. While this was arduous work, it was timely to reflect on where ACRA has been and where we want to move. Our new policies and procedure document will reflect a newer version of ACRA, working in the 21st century. Work on this document continues behind the scenes.

Professional development opportunities were also discussed at length. The 25th ACRA Annual Scientific Meeting is fast approaching and significant work has been done to provide an interesting and relevant scientific program and social activities. Members are strongly encouraged to attend. The EMC finalised plans for two upcoming webinars. WACRA and QCRA hosted two webinars in June. ACRA members may access future webinars free at the time of the event or via the ACRA website later.

Several items discussed at this and previous meetings have been highlighted as requiring constitution changes that need to be voted on at the upcoming Annual General Meeting. These issues have been raised as being important for the ongoing future development of ACRA and should prove beneficial to its members.

Proposed constitution changes to be voted on at the AGM:

- Membership renewal date to change from anniversary system to annual renewal on or before 30th June, to commence 2016
  - Pro rata payment system to take effect from AGM until June 2016
- Removal of the $30 late payment fee for members not renewing their membership by due date
- Executive Management Committee membership to be expanded to include one additional delegated representative from each state association
  - QLD, NSW/ACT, Vic, Tas, SA/NT, WA
  - Representative may be any individual currently on the state's EMC/Board including President
- All EMC Members to be given voting rights at EMC Meetings, including
  - President
  - Vice President/President Elect
  - State Elected Representatives (x6)
    - One appointed Secretary
    - One appointed Treasurer
  - Additional delegated state representatives, e.g. State President (x6)
  - National Heart Foundation Representative
  - Heart Research Centre Representative
- Vice President term to be altered from current to the following
  - That the Vice President/President Elect term be changed to two years

Members will have the opportunity to debate any of these changes at the Member's Forum at the conference. Otherwise feedback may be provided to me directly.

Thank-you again to my colleagues on the Executive Management Committee. I look forward to assisting the EMC in my role as Immediate Past President.

Stephen Woodruffe
ACRA President 2013-2015

Proposed Changes to the ACRA Constitution

- to be voted on at the 2015 ACRA AGM:

Proposed Change 1 – Payment of annual subscription fee

Proposed Change 2 – Payment of late fee

Current Constitutional Statement	Proposed Change to Constitutional Statement
Annual registration and fee on joining	
(1) The entrance fee shall be such an amount determined at the sole discretion of the ACRA Executive Management Committee. The entrance fee (a) Shall include an initial joining fee that shall be waived if joining at an ACRA or State Group event (b) Shall be reviewed and determined each year by the ACRA Executive Management Committee; and (c) The EMC cannot increase the annual fee by more than 5% annually without appropriate notification of the membership (Rule 33) and presentation at an Annual General Meeting.	
(2) At each annual general meeting, the Association must announce— (a) the amount of the annual subscription (if any) for the following financial year; and (b) the date any fee increase shall occur being no later than the 30th of June following the Annual General meeting	
(3) The annual subscription fee for Association members (a) Shall be paid by the anniversary date of he or she being notified of their admission to the Association (b) Shall incur a $30 late payment fee if not prior to or within the 30 days following his or her anniversary date	(3) (a) Shall be paid on or before the 30th June. Removal of statement (3) (b) from constitution

Reason for Change

Under advice from our two previous secretariats, the ACRA EMC undertook a review of the annual renewal rule. The current format is very time consuming and onerous, therefore more costly for ACRA. It is therefore proposed that ACRA move to an annual renewal date rather than the current anniversary date rule. The ACRA EMC underwent a thorough review of member's likely other professional subscription due dates and found that the date of 30th June to be the most appropriate. It is proposed that this change will take effect as of 30th June 2016. A pro rata payment system will be put in place from the date of the AGM until 30th June 2016.

Proposed Changes to the ACRA Constitution CONT.

Proposed Change 3 – Composition of the committee

Current Constitutional Statement	Proposed Change to Constitutional Statement
Division 2 – Composition of Committee and duties of members	In place of statement 43 (1) a. statement to read: a. Two people appointed to the Committee by each State Group from amongst its members Committee will include: o President o Vice President/President Elect o State Elected Representatives (x6) • One appointed Secretary • One appointed Treasurer o Additional delegated state representatives, e.g. State President (x6) o National Heart Foundation Representative o Heart Research Centre Representative
43 Composition of Committee	
(1) The Committee consists of— (a) a President; and (b) a Vice-President; and (c) a Secretary; and (d) a Treasurer; and (e) ordinary members	
(2) The Committee shall include- a. one person appointed to the Committee by each State Group from amongst its members b. one person advancing from President Elect to President who is not a representative of a State Group, elected biennially	

Reason for change

The limitations regarding the size of the committee and the importance of succession planning at a state level were highlighted as areas to address, approximately 18 months ago. Since then, the ACRA EMC has engaged additional representatives from state groups (primarily State Presidents) to strengthen the ties between the ACRA EMC and the State Committees. This has included additional representatives attending Face-to-Face meetings and involved with ACRA sub-committees to progress the work of the national association. The ACRA EMC feels that this trial has been greatly beneficial to the association and seeks to formalise this via a constitution change. In addition, the ACRA EMC seeks to formalise the appointment of designated representatives of the National Heart Foundation and the Heart Research Centre as members of the EMC.

Proposed Changes to the ACRA Constitution CONT.

Proposed Change 4 – Voting rights of the committee

Current Constitutional Statement	Proposed Change to Constitutional Statement
(3) The Committee may at its discretion by ordinary resolution co-opt persons to membership of the Committee. A co-opted ordinary member of the Committee shall	
a. hold office in accordance with the terms of such resolution	
b. shall enjoy the same privileges and be bound to the same duties as other ordinary members of the Committee with the exception of voting rights	Removal of the term," with the exception of voting rights"

Reason for change

The ACRA EMC feels there should be no distinction between who is permitted to vote on motions of resolution etc. Therefore, the EMC seek to make the above change to the constitution, permitting all office bearers and ordinary members of the EMC to have full voting rights.

Members will have the opportunity to debate any of these changes at the Member's Forum at the annual conference, Monday 10th August, 5:30 pm, The Langham, Melbourne. Alternatively, members may contact me directly via steve.woodruffe@health.qld.gov.au to discuss any questions or concerns regarding these changes. All proposed changes will be voted on at the AGM the following day, Tuesday 11th August 2015, 4:30 pm.

State presidents, representatives contact details

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A CORNER OF RESEARCH FOR AUSTRALIA

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. Alcohol consumption and risk of heart failure: the Atherosclerosis Risk in Communities Study.

Alexandra Gonçalves, Brian Claggett, Pardeep S. Jhund, Wayne Rosamond, Anita Deswal, David Aguilar, Amil M. Shah, Susan Cheng, Scott D. Solomon. European Heart Journal 2015, Volume 36, Issue 15 Pp. 939 - 945

Aim: Alcohol is a known cardiac toxin and heavy consumption can lead to heart failure (HF). However, the relationship between moderate alcohol consumption and risk for HF, in either men or women, remains unclear.

Methods: We examined 14 629 participants of the Atherosclerosis Risk in Communities (ARIC) study (54 ± 6 years, 55% women) without prevalent HF at baseline (1987–89) who were followed for 24 ± 1 years. Self-reported alcohol consumption was assessed as the number of drinks/week (1 drink = 14 g of alcohol) at baseline, and updated cumulative average alcohol intake was calculated over 8.9 ± 0.3 years. Using multivariable Cox proportional hazards models, we examined the relation of alcohol intake with incident HF and assessed whether associations were modified by sex.

Results: Overall, most participants were abstainers (42%) or former drinkers (19%), with 25% reporting up to 7 drinks per week, 8% reporting ≥7 to 14 drinks per week, and 3% reporting ≥14–21 and ≥21 drinks per week, respectively. Incident HF occurred in 1271 men and 1237 women. Men consuming up to 7 drinks/week had reduced risk of HF relative to abstainers (hazard ratio, HR 0.80, 95% CI 0.68–0.94, P = 0.006); this effect was less robust in women (HR 0.84, 95% CI 0.71–1.00, P = 0.05). In the higher drinking categories, the risk of HF was not significantly different from abstainers, either in men or in women. Conclusion: In the community, alcohol consumption of up to 7 drinks/week at early-middle age is associated with lower risk for future HF, with a similar but less definite association in women than in men. These findings suggest that despite the dangers of heavy drinking, modest alcohol consumption in early-middle age may be associated with a lower risk for HF.

The Good News: Who's Shout!

2. Impact of early interventions by a cardiac rehabilitation team on the social rehabilitation of patients resuscitated from cardiogenic out-of-hospital cardiopulmonary arrest.

Takahashi K; Sasanuma N; Itani Y; Tanaka T; Domen K; Masuyama T; Ohyanagi M; Suzuki K. Internal Medicine. 54(2):133-9, 2015.

Objective: We examined the effects of intervention performed by a multidisciplinary cardiac rehabilitation (CR) team on the social rehabilitation of patients with cardiogenic out-of-hospital cardiopulmonary arrest (OHCA) in the acute phase.

Methods: This study included 122 patients who were resuscitated after cardiogenic OHCA during a 10-year period. They were divided into two groups: including a non-CR group of patients (n=58) who were admitted before the CR team started performing systematic intervention and a CR group (n=64) who were admitted after the intervention was initiated. The following items were examined for each group: treatment condition at onset, contents of treatment, primary disease, presence or absence of underlying disease, presence or absence of complications, general physical and neurological outcome, duration of hospital stay, and status of social rehabilitation.

Results: Although the number of patients with cardiogenic OHCA did not markedly change, the number of bystanders participating in cardiopulmonary resuscitation (CPR) was significantly higher in the CR group versus the non-CR group

(p<0.01). The effect of bystanders participating in CPR also significantly reduced the mortality outcome (p<0.05 versus the group without CPR), and patients in the CR group were more likely to achieve social rehabilitation (p<0.05 versus the group without CPR). Moreover, the number of patients who returned to society one year later was increased in the CR group versus the non-CR group (p<0.05). The incidence of respiratory complications was also significantly lower in the CR group versus the non-CR group (p<0.05).

Conclusion: Along with the usefulness of rapid pre-hospital aid, our results suggest that systemic intervention performed by the CR team administered while the patient was in the acute phase may have promoted social rehabilitation of patients resuscitated after cardiogenic OHCA.

The Good News: Who is promoting CPR training in their CR programs to patients and their families?

3. Trajectories of patient-reported health status in patients with an implantable cardioverter defibrillator.

Mastenbroek MH; Denollet J; Versteeg H; van den Broek KC; Theuns DA; Meine M; Zijlstra WP; Pedersen SS. American Journal of Cardiology. 115(6):771-7, 2015 Mar 15.

Background: To date, no study has assessed the course of patient-reported health status in patients with an implantable cardioverter defibrillator (ICD). Studying health status trajectories and their baseline determinants would permit the identification of patients at risk for poor health outcomes after ICD implantation.

Methods: A combined cohort of 1,222 patients with an ICD (79% men; age = 61.4 (11.2) years) completed the 12-Item Short-Form Health Survey at baseline and 2 to 3 months and 12 to 14 months after implantation. Latent class analyses were used to identify trajectories and predictors of health status over time. Most health status trajectories showed a stable pattern after short-term follow-up, with differences between trajectories being mainly related to differences in absolute levels of health status.

Results: Seven trajectories were identified for physical health status. Being unemployed, symptomatic heart failure, ICD shock, psychotropic medication, negative affectivity, and type D personality were identified as independent determinants of poorer physical health status. For mental health status, 6 trajectories were identified. Younger age, low educational level, symptomatic heart failure, renal failure, no use of ACE inhibitors, psychotropic medication, negative affectivity, and type D personality were identified as independent determinants of poorer mental health status.

Conclusion: The population with an ICD seems to be heterogeneous in terms of patient-reported physical and mental health status. Patients with an ICD who present with poor health status and a distressed personality profile should be timely identified and monitored as they may benefit from cardiac rehabilitation in combination with behavioural intervention.

The Good News: The results of this study should not come as a shock to us.

4. Early exercise-based rehabilitation improves health-related quality of life and functional capacity after acute myocardial infarction: a randomized controlled trial.

Peixoto TC; Begot I; Bolzan DW; Machado L; Reis MS; Papa V; Carvalho AC; Arena R; Gomes WJ; Guizilini S. Canadian Journal of Cardiology. 31(3):308-13, 2015 Mar.

Background: The purpose of this study was to evaluate the influence of an early cardiac rehabilitation (CR) program on health-related quality of life (HRQL) and functional capacity in patients who recently experienced an acute myocardial infarction (AMI). This program was initiated in the inpatient setting and was followed by an unsupervised outpatient intervention.

Methods: After the same inpatient care plan, low-risk patients who experienced an AMI were randomized into 2 groups: (1) a control group (CG) (n = 43) entailing usual care and (2) an intervention group (IG) (n = 45) entailing outpatient (unsupervised) CR primarily centered on a progressive walking program. Initially, all patients underwent a supervised exercise program with early mobilization beginning 12 hours after an AMI. On hospital discharge, all patients were classified according to cardiovascular risk. Quality of life was evaluated by the MacNew Heart Disease HRQL questionnaire 30 days after discharge. Functional capacity was determined by a 6-minute walk test (6MWT) distance on the day of inpatient discharge as well as 30 days afterward.

Results: The HRQL global score was higher in the IG compared with the CG 30 days after discharge (P < 0.001); physical and emotional domain scores were both significantly higher in the IG (P < 0.001). Furthermore, the IG showed a greater 6MWT distance compared with the CG (P < 0.001).

Conclusions: A CR program based on early progressive exercises, initiated by supervised inpatient training and followed by an unsupervised outpatient program, improved HRQL and functional capacity in patients at low cardiovascular risk who recently experienced an AMI.

The Good News: How early is early? When do patients access your CR program after their initial event? Why so many questions?

5. Safety of early enrolment into outpatient cardiac rehabilitation after open heart surgery.

Pack QR; Dudycha KJ; Roschen KP; Thomas RJ; Squires RW. American Journal of Cardiology. 115(4):548-52, 2015 Feb 15.

Background: The safety of early enrolment (<2 weeks after hospital discharge) into cardiac rehabilitation (CR) after recent coronary artery bypass graft (CABG) surgery or heart valve surgery (HVS) has not previously been assessed and has important policy implications.

Methods: We performed a detailed review of all clinical adverse events within 6 months of hospital discharge. We compared early and late attendees for patients undergoing CABG surgery or HVS and included patients with myocardial infarction (MI) as an additional control group.

Results: We analysed 112 patients undergoing CABG surgery, 69 patients undergoing HVS, and 59 patients with MI. Median time (interquartile range) from hospital discharge to CR enrolment was 10.5 (8 to 15), 12 (8.5 to 21), and 9 days (7 to 14), respectively. There was no difference in major event rates between early and late enrolees (17% vs 17%, respectively, log-rank p = 0.98) or by diagnosis (15%, 16%, and 22% for CABG surgery, HVS, and MI, respectively; log-rank p = 0.50). Sternal instability and wound infection rates were similar. CR-related adverse events trended toward increased event rates in surgical and early enrolees, but of 44 events, only 3 were exercise related, none resulted in permanent harm, and 41 (93%) were managed in CR without need for emergency services.

Conclusion: It appears that a policy of encouraging early enrolment into CR in patients with a recent open heart surgery seems unlikely to harm patients when careful individualized assessment and exercise prescription take place within the bounds of an established CR program.

The Good News: How early do your patients access your CR program after CABGS, valve surgery and/or AMI? Why the delay? Again why so many questions?

6. Effect of early enrolment on outcomes in cardiac rehabilitation.

Johnson DA; Sacrinty MT; Gomadam PS; Mehta HJ; Brady MM; Douglas CJ; Paladenech CC; Robinson KC. American Journal of Cardiology. 114(12):1908-11, 2014 Dec 15.

Background: Outpatient cardiac rehabilitation (CR) is most beneficial when delivered 1 to 3 weeks after the index cardiac event. The effects of delayed enrolment on subsequent outcomes are unclear.

Methods: A total of 1,241 patients were enrolled in CR after recent (<1 year) treatment of cardiac events or post-cardiac surgery. Risk factors and metabolic equivalent levels (METs) during aerobic exercise were calculated before and after CR.

Results: The mean CR delay time was 34 days (maximum of 327). Delay time >30 days was associated with older age, female gender, non-white race, being unemployed, and increased length of hospital stay before CR after index cardiac event (p <0.05 vs 0 to 15 and 16 to 30 days for all comparisons). Patients with delay time >30 days had significant improvements in all CR metrics, but peak METs and weight improvements were lesser in magnitude compared with patients with CR delay times 0 to 15 and 16 to 30 days. After multivariate adjustment, delay time >30 days remained an independent predictor of decreased MET improvement compared with delay time 0 to 15 days (beta = -0.59, p <0.001).

Conclusion: Time to enrolment in CR varies substantially and is independently linked to demographics and length of index hospital stay. Delayed enrolment in CR is directly related to patient outcomes. Although all patients showed improvements in key metrics regardless of delay time, CR was of greatest benefit, particularly for weight and

exercise capacity, when initiated within 15 days of the index event.

The Good News: Ditto as per number 5 above, that is, the earlier CR starts the better it is for the patients.

7. Trends and predictors of smoking cessation after percutaneous coronary intervention (from Olmsted County, Minnesota, 1999 to 2010).

Sochor O; Lennon RJ; Rodriguez-Escudero JP; Bresnahan JF; Croghan I; Somers VK; Lopez-Jimenez F; Pack Q; Thomas RJ. American Journal of Cardiology. 115(4):405-10, 2015 Feb 15.

Background: Smoke-free ordinance implementation and advances in smoking cessation (SC) treatment have occurred in the past decade; however, little is known about their impact on SC in patients with coronary artery disease.

Methods: We conducted a retrospective cohort study of 2,306 consecutive patients from Olmsted County, Minnesota, who underwent their first percutaneous coronary intervention (PCI) from 1999 to 2009, and assessed the trends and predictors of SC after PCI. Smoking status was ascertained by structured telephone survey 6 and 12 months after PCI (ending in 2010).

Results: The prevalence of smoking in patients who underwent PCI increased non-significantly from 20% in 1999 to 2001 to 24% in 2007 to 2009 (p = 0.14), whereas SC at 6 months after PCI decreased non-significantly from 50% (1999 to 2001) to 49% (2007 to 2009), p = 0.82. The 12-month quit rate did not change significantly (48% in 1999 to 2001 vs 56% in 2007 to 2009, p = 0.38), even during the time periods after the enactment of smoke-free policies. The strongest predictor of SC at 6 months after PCI was participation in cardiac rehabilitation (odds ratio (OR) 3.17, 95% confidence interval (CI) 2.05 to 4.91, p <0.001), older age (OR 1.42 per decade, 95% CI 1.16 to 1.73, p <0.001), and concurrent myocardial infarction at the time of PCI (OR 1.77, 95% CI 1.18 to 2.65, p = 0.006). One-year mortality was lower in the group of smokers compared with never smokers (3% vs 7%, p <0.001).

Conclusion: Smoking cessation rates have not improved after PCI over the past decade in our cohort, despite the presence of smoke-free ordinances and improved treatment strategies. Improvements in delivery of systematic services aimed at promoting SC (such as cardiac rehabilitation) should be part of future efforts to improve SC rates after PCI.

The Good News: Along with the notion that they are "cured", PCI patients are also forgotten in referral to CR programs for risk factor modification. Let them come!

8. Identifying similar and different factors effecting long-term cardiac exercise rehabilitation behaviour modification between New Zealand and the United Kingdom.

Dunn S; Lark S; Fallows S. Journal of Physical Activity & Health. 11(5):1018-24, 2014 Jul.

Background: Cardiac Rehabilitation (CR) programs are the most cost-effective measure for reducing morbidity associated with Coronary Vascular Disease (CVD). To be more effective there is a need to understand what influences the maintenance of healthy behaviours. This study identifies similar and different influences in CR of the United Kingdom (UK) and New Zealand (NZ).

Methods: A retrospective study. Participants had previously been discharged from CR for 6 to 12+ months within the UK (n = 22) and NZ (n = 21). Participant's attended a focus group. Discussions were digitally recorded, transcribed then thematically analyzed. The CR programs were observed over 2 months to enable comment on findings relating to 'theory in practice.'

Results: Similar positive patient experiences influencing behaviour between groups and countries were; support, education, positive attitude, and motivation. Companionship and exercising alongside people with similar health problems was the major determinant for positive exercise behaviour. Barriers to maintaining exercise included; physical disabilities, time constraints, and weather conditions. NZ participants were more affected by external factors (e.g., opportunity, access, and time).

Conclusion: Both CR programs were successful in facilitating the maintenance of healthy lifestyles. Exercising with other cardiac patients for support in a structured environment was the strongest influence in maintaining healthy lifestyles beyond CR programs.

A CORNER OF RESEARCH FOR AUSTRALIA CONT.

The Good News: Good news from across the ditch as well as mother England!

9. The current and potential capacity for cardiac rehabilitation utilization in the United States.

Pack QR; Squires RW; Lopez-Jimenez F; Lichtman SW; Rodriguez-Escudero JP; Zysek VN; Thomas RJ. Journal of Cardiopulmonary Rehabilitation & Prevention. 34(5):318-26, 2014 Sep-Oct.

Purpose: Prior studies suggest that program capacity restraints may be an important reason for outpatient cardiac rehabilitation (CR) underutilization. We sought to measure current CR capacity and growth potential.

Methods: We surveyed all CR program directors listed in the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) database in November 2012. Respondents reported current enrolment levels, program capacity, expansion potential, and obstacles to growth.

Results: Of the 812 program directors in the AACVPR database, 290 (36%) completed the full survey. Respondents represented somewhat larger programs than non-respondents but were otherwise representative of all registered AACVPR programs. Current enrolment, estimated capacity, and estimated expansion capacity were reported at a median (interquartile range) of 140 (75, 232), 192 (100, 300), and 240 (141, 380) patients annually, respectively. Using these data, we estimated that, in the year 2012, national CR utilization was 28% (min, max: 20, 38) of eligible patients. Even with modest expansion of all existing programs operating at capacity, a maximum of 47% (min, max: 32, 67) of qualifying patients in the United States could be serviced by existing CR programs. Obstacles to increasing patient participation were primarily controllable system-related problems such as facility restraints and staffing needs.

Conclusions: Even with substantial expansion of all existing CR programs, there is currently insufficient capacity to meet national service needs. This limit probably contributes to CR underutilization and has important policy implications. Solutions to this problem will likely include the creation of new CR programs, improved CR reimbursement strategies, and new models of CR delivery.

The Good News: CR cannot be all things to all cardiac people – maybe we need to help those who need help most!

10. Does rating of perceived exertion result in target exercise intensity during interval training in cardiac rehabilitation? A study of the Borg scale versus a heart rate monitor.

Aamot IL; Forbord SH; Karlsen T; Stoylen A. Journal of Science & Medicine in Sport. 17(5):541-5, 2014 Sep.

Objectives: To assess whether rating of perceived exertion using the Borg 6-20 scale is a valid method for achieving target exercise intensity during high-intensity interval training in cardiac rehabilitation. DESIGN: A single-group cross-over design.

Methods: Ten participants (56 (6.5) years) who were enrolled in a high-intensity interval training cardiac rehabilitation program were recruited. A target exercise intensity of Borg 17 (very hard) was used for exercise intensity guidance in the initial four exercise sessions that took place before a cardiopulmonary exercise test, as in usual care rehabilitation. The heart rate was recorded and blinded to the participants. After performing the test, the participants were then instructed using heart rate monitors openly for exercise guidance in four subsequent exercise sessions, at an intensity corresponding to 85-95% of peak heart rate.

Results: The mean exercise intensity during high-intensity bouts was 82% (6%) of peak heart rate for the rating of perceived exertion and 85% (6%) using heart rate monitors (p=0.005). Bland-Altman limits of agreement analysis with a mean bias showed a bias of 2.97 (-2.08, 8.02) percentage points for the two methods. Exercise intensity was highly repeatable with intra-class correlations of 0.95 (95% CI 0.86-0.99, p<0.001) and 0.96 (95% CI 0.88-0.99, p<0.001) in the exercise sessions using rating of perceived exertion and percentage of peak heart rate for intensity control, respectively.

Conclusions: Rating of perceived exertion results in an exercise intensity below target during high-intensity interval training bouts in cardiac rehabilitation. Heart rate monitoring should be used for accurate intensity guidance.

The Good News: Who uses heart monitoring + RPE scales for their patients?

A CORNER OF RESEARCH FOR AUSTRALIA CONT.

11. Short-term comprehensive cardiac rehabilitation after AMI is associated with reduced 1-year mortality: results from the OMEGA study.

Rauch B; Riemer T; Schwaab B; Schneider S; Diller F; Gohlke H; Schiele R; Katus H; Gitt A; Senges J; OMEGA study group. European Journal of Preventive Cardiology. 21(9):1060-9, 2014 Sep.

Background: The prognostic effect of early, comprehensive short-term cardiac rehabilitation on top of current, guideline-adjusted treatment of acute myocardial infarction has not sufficiently been evaluated. Design: Prospective cohort study.

Methods: Within the OMEGA study population, the clinical course of 3560 patients still alive 3 months after acute myocardial infarction were evaluated by comparing patients who had attended to cardiac rehabilitation (70.6%) with those who did not. Total mortality and major adverse cerebrovascular and cardiovascular events, as well as non-fatal events, were evaluated within the time period of 4-12 months after hospital admission for acute myocardial infarction. The effect of cardiac rehabilitation on clinical events was estimated by using the propensity score method to adjust for confounding parameters in multivariate analysis.

Results: Patients participating in cardiac rehabilitation were younger, more often had acute revascularization, less often experienced non-ST-elevation myocardial infarction, and less often had a history of diabetes or cardiovascular events. Total mortality (OR 0.46, 95% CI 0.27-0.77) and major adverse cerebrovascular and cardiovascular events (OR 0.53, 95% CI 0.38-0.75) were significantly lower in the rehabilitation group. Subgroup analysis including major clinical characteristics also revealed significantly reduced rates of total death and major adverse cerebrovascular and cardiovascular events in the rehabilitation group.

Conclusions: Attendance to early, comprehensive short-term cardiac rehabilitation programmes on top of current guideline-adjusted treatment of acute myocardial infarction is associated with a significantly improved 1-year prognosis.

The Good News: Great for the patients participating CR, not so great for those with greater risk burden who did not!

12. Alcohol consumption and risk of heart failure: a dose–response meta-analysis of prospective studies.

Susanna C. Larsson, Nicola Orsini and Alicja Wolk. Eur J Heart Fail 2015;17(4):367–73

Aims: The aim of this study was to conduct a meta-analysis of prospective studies assessing the relationship between alcohol consumption and risk of heart failure (HF).

Methods: We searched the PubMed database from inception to September 2014 and reviewed the reference list of relevant articles to identify prospective studies assessing the association between alcohol consumption and risk of HF. Study-specific relative risk (RR) estimates were combined using a random-effects meta-analysis. The meta-analysis included eight prospective studies, with a total of 202 378 participants and 6211 cases of HF.

Results: The pooled adjusted RRs of HF were 0.85 (95% confidence interval (CI) 0.78–0.93) for light to moderate alcohol consumption (<14 drinks/week) and 0.90 (95% CI 0.72–1.13) for high alcohol consumption (≥14 drinks/week) compared with non-drinkers. In a dose–response meta-analysis, we observed a non-linear relationship between alcohol consumption and risk of HF (P for non-linearity = 0.001). Compared with non-drinkers, the RRs (95% CI) across levels of alcohol consumption were 0.90 (0.84–0.96) for 3 drinks/week, 0.83 (0.73–0.95) for 7 drinks/week, 0.84 (0.72–0.98) for 10 drinks/week, 0.90 (0.73–1.10) for 14 drinks/week, and 1.07 (0.77–1.48) for 21 drinks/week.

Conclusion: Alcohol consumption in moderation is associated with a reduced risk of HF.

The Good News: (Hic!) – Shout me at the ACRA meeting in Melbourne 2015!

More next time!

By Robert Zecchin RN MN

News From
Across The Nation

Aussie workers sitting down on the job

Heart Week 2015

New data released during Heart Week by the Heart Foundation shows Aussie workers are more sedentary than ever, and they know it. The report, from a national survey of workers aged 25-54 years, found close to 70 per cent of Australian workers are spending considerable amounts of time staring at technological gadgets rather than being physically active. The research confirms the need for more physical activity friendly workplaces, including environments where workers are encouraged to spend less time sitting down in front of screens.

Read more at **www.heartfoundation.org.au/news-media**

Heart Foundation Walking celebrates 20 years of success!

Heart Week 2015

Heart Foundation Walking (HFW) marked its 20th Anniversary with a celebratory community walk through the Melbourne CBD to the Parliament of Victoria. Joining HFW members and volunteers on the walk was National Heart Foundation CEO, Mary Barry, former Carlton football legend, Justin Madden and Medical Practitioner, Seven Network Health Editor and Heart Week Ambassador, Dr Andrew Rochford. The walk was organised as part of nation-wide Heart Week (3-9 May 2015) celebrations to mark HFW's 20th Anniversary, and to support the Heart Foundation's 'Move More, Sit Less!' physical activity campaign.

Read more at **www.heartfoundation.org.au/news-media**

National Heart Foundation CEO, Mary Barry, and ex AFL footballer and State Government Minister, Justin Madden, speak about HFW's 20th Anniversary.

Pymble Public School students pull off the spectacular in Sydney

Heart Week 2015

Heart Week 2015 finished with a bang with Pymble Public School students spelling out a giant and visually spectacular version of the Heart Foundation's physical activity campaign theme 'Move More, Sit Less!' in Sydney. The event was organised in conjunction with the Heart Foundation's Jump Rope for Heart program, of which Pymble Public School is a long-standing participant. Some 650 Pymble Public School students gathered on a sporting field to form the letters of 'Move More, Sit Less!' as well as 'Jump Rope for Heart.'

Read more at **www.heartfoundation.org.au/news-media**

Pymble Public School students spell out 'Move More, Sit Less!'

Aussies urged to get cracking on blood pressure checks

On World Hypertension Day (May 17, 2015), the National Heart Foundation encouraged Australians to look after their heart health by asking their doctor for a heart health check. The theme for World Hypertension Day this year was Know Your Numbers with the aim of increasing global awareness of high blood pressure. Hypertension can often be an invisible contributor to potentially fatal heart attacks and strokes, and yet too many Australians are blissfully unaware of their own blood pressure levels.

Read more at **www.heartfoundation.org.au/news-media**

Go Red for Women

On 11 June, the Heart Foundation encouraged people all over Australia to wear something red to help fight the single biggest killer of Australian women: heart disease.

Killing three times more women than breast cancer, heart disease takes a women's life every hour of every day. Currently, one in three women die from it.

Go Red for Women Day is a fun and easy way to help the Heart Foundation support life-saving research, education and awareness of this vital women's health issue.

For more information visit **www.goredforwomen.org.au**

New 'My heart, my life' e-learning resource for nurses now available

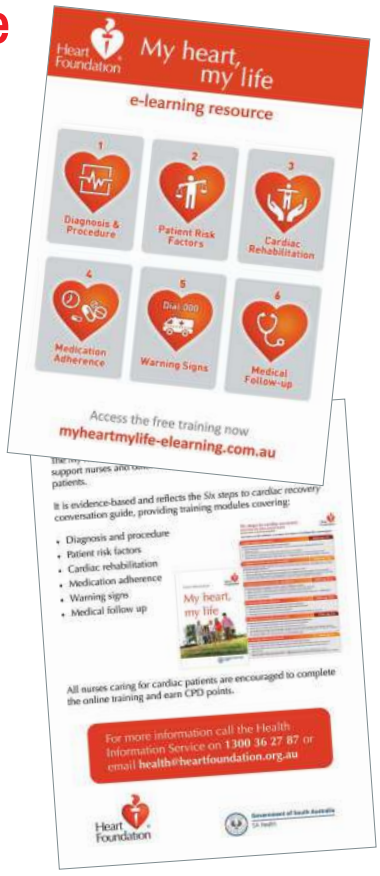
The Heart Foundation (SA Division) with SA Health has developed an online resource to support nurses to begin heart health education with their patients. The evidence based clinical information aims to promote knowledge, confidence and professional development of clinical staff in the delivery of Phase 1 cardiac rehabilitation in conjunction with the "My heart, my life" book and the "Six steps to cardiac recovery" conversation guide.

There are six modules to complete that cover:

- Diagnosis and Procedure
- Patient Risk Factors
- Cardiac Rehabilitation
- Medication Adherence
- Warning Signs
- Medical Follow up

Within each module there is the opportunity to test the user's knowledge using a quiz. Individual Continuing Professional Development (CPD) can be documented using the certificate of completion associated with each quiz.

The My heart, my life e-learning resource is available on our online learning page for health professionals here: **www.heartfoundation.org.au/information-for-professionals/online-learning/Pages/default.aspx**



STATE PRESIDENTS' REPORTING

TASMANIA

We held our AGM and annul education seminar in April.

The following were elected to our executive:

President:	Sue Sanderson
Vice-President:	Judith Enright
Treasurer:	Dinah Payton
Secretary:	Tom Shepherd
State representative:	John Aitken
Committee:	Anna Storen, Caroline Hanley

State representative: **John Aitken**

President: **Sue Sanderson**

We had a small representation of members at the seminar this year which was disappointing. We welcomed 2 new members, Anna Storen and Caroline Hanley and farewelled retiring member, Erica Summers.

The seminar presentations were most stimulating covering diverse topics of interest and significance. The first speaker, Dr, Shandell Elmer, spoke on health literacy and chronic disease management, discussing "Ophelia" – Optimising health literacy and access to health information and services. Ophelia seeks to identify health literacy strengths and limitations of the local community, the co-creation of health literacy intervention, then the implementation, evaluation and ongoing improvement. A salient point is to never make assumptions about what people know and / or understand about their health – we need to ask. There is a joint research study being undertaken by University of Tasmania and the cardiac rehabilitation program at the Launceston General Hospital.

The second speaker, Penny Prebble, discussed smoking cessation including a lively debate round the use of e-cigarettes.

Katie Jane, and exercise specialist, has developed a program – "Strength2strength" – which she is using in communities in northern Tasmania and with a view to have the program available in other rural communities in the state. We all acknowledge that any physical activity is better than none, but encouraging people to be more active, to sit less and decrease the amount of inactivity time. Muscle strengthening is also encouraged through this program.

Sunita Date, dietitian at the LGH, compared the benefits and non-benefits of trendy diets that are increasing in popularity. Which is the best? Least beneficial? No conclusion was arrived at. Advice to individualise rather than generalise nutrition advice, encouraging healthy eating and healthy food choices combined with being physically active.

I hope members are taking advantage of the webinars through ACRA and I encourage all to participate. I also look forward to catching up with interstate colleagues at the conference in August.

Sue Sanderson
TACR President

NEW SOUTH WALES / ACT

State representative: **Robyn Gallagher**

President: **Dawn McIvor**

Following on from last year's constitution change regarding the makeup of the board and process for board meetings, CRA held its first face to face meeting in Sydney kindly hosted by NHF. The aim of the meeting was to develop CRA's strategic plan in line with ACRA's new strategic and operational plan. Much discussion occurred amongst the board regarding CRA's strengths and weaknesses and the way forward. One of the key issues for us as a state body is how we engage and include our rural members in our educational events. On reflection the board feels that we should be utilising technology more through the use of webinars and perhaps linking with other rural conferences such as RUSH or holding our own rural event every two years instead of annually. Therefore watch this space for a NSW webinar in September regarding Activity based funding and potential CRA session at RUSH.

Planning is well underwear for CRA NSW annual scientific conference on the 9th October at the Kirribilli club North Sydney. Our theme is advancing technologies, so pop the date in your electronic calendar and watch out for the call for abstracts and registration in your inbox soon. CRA NSW AGM will also be taking place on 9th October. As some of the current board are stepping down from their positions perhaps it is the time to put your hand up to become involved.

Our new strategic plan reflects ACRA's with four key areas of focus - membership services, advocacy, professional development and corporate services. Over the coming months an operational plan will be developed to enable CRA to move forward as an organisation. A copy of this will be sent out to our members for comment to ensure we are on the

STATE PRESIDENTS' REPORTING CONT.

right track doing what our members would like us to do. As per of our maturity as an organisation our secretariat is now managed by TAS. This gives us more transparency and governance regarding our finances and day to day operations. Hopefully this will result in a more efficient service to members as we are utilising the same company as ACRA so access to the website, registering for conference's etc. is all done in the same way.

CRA NSW has been working with NHF and ACI to develop a cardiac rehabilitation data set which is to be part of EMR. The dataset has 11 items related to patient and program outcomes and will help programs evaluate their own service and benchmark against other services in NSW. We also have been working with the NHF on education for cardiac rehabilitation clinicians and are in the early stages of discussing an education component to HeartOnline.

Finally see you all at ACRA 2015 for our 25th anniversary.

Dawn McIvor
NSW/ACT President

QUEENSLAND

Welcome to New QCRA Members

QCRA would like to extend a warm welcome to our latest new members: Toni Aumend, Natalie Hausin, Penelope Hill, Rachel Kladnig, Robert Kladnig, Katherine Morrow and Shaneen O'Brien.

State representative:
Jessica Auer

Professional Development Survey

Thank you to the many QCRA members who completed our Professional Development Survey in late May. We received some great feedback from this Survey Monkey and will use this in planning our upcoming QCRA-Heart Foundation Symposium on Friday October 16th.

President:
Paul Camp

Upcoming Events

- **Webinar: Thursday June 25th**
  QCRA and ACRA hosted a free professional development webinar for members on Thursday June 25th 2.30-3.30pm AEST. The theme for the webinar was "Omega 3 in Cardiovascular Disease: New evidence on an old intervention". Fresh evidence is emerging about the role of Omega 3 in CVD, resulting in a new Heart Foundation position statement. Presenting the webinar was a special guest speaker Deanne Wooden - Nutrition Manager Heart Foundation. This proved to be a great opportunity to find out the latest on this mainstay of CVD care.
- **QCRA Symposium: Friday October 16th**
  This all day event will be co-hosted with our partners the Heart Foundation and will examine cardiovascular secondary prevention in Qld in greater detail, as well as be a great networking opportunity. The Symposium will take place at the Russell Strong Auditorium, Princess Alexandra Hospital, with videoconference access available to those outside Brisbane.

  Please let us know what PD activities or topics you would like included in the future at:
  qcra@acra.net.au

Statewide Cardiac Rehabilitation Working Group

The Statewide Cardiac Clinical Network has formed a working group to implement a 'Cardiac Rehabilitation Initiative – 2015'. The activities of the group over the next six months will possibly include:

- Oversee and support the proposed Quality Improvement Payment for Cardiac Rehabilitation.
- Refine and facilitate the implementation of a state-wide data set, performance indicator and quality improvement program for cardiac rehabilitation.
- Oversee and advice with regard to quality improvement initiatives.

STATE PRESIDENTS' REPORTING CONT.

SOUTH AUSTRALIA

President:
Dianna Lynch

Health Care as we have traditionally have known and used it in the past will look quite different in our state's coming future, and it is all about "Transforming Health"

Whilst most people are not sure what this actually means, it certainly means some significant changes to service location, and service provision, and patient centred healthcare. (transforminghealth.sa.gov.au)

The Statewide Cardiology Clinical Network Prevention & Rehabilitation workgroup met on Monday 1st June to discuss many issues, and Transforming health was a small part of this meeting

What we do know is that Cardiac Services and Cardiac Rehabilitation will be on the agenda for the streamlining of government services.

On July 3rd, there will be the first ACS consensus which will be held, and chaired by Dr Chris Zeitz and Dr Derek Chew.

Cardiac Rehabilitation in all forms is very relevant and we will be working very hard towards having a very strong voice for Cardiac rehabilitation in these planning processes. We already have very sound processes in place and are working very efficiently.

This is our time to shine……. We have some evidence based practice behind us now with the Core Component Document, the CATCH database and the rolling out of the centralised referral system, which is being put in place for country, metro, public and private hospitals. I feel that this puts us in a strong position to champion cardiac rehabilitation.

Executive News

I would like to acknowledge the support of our Executive Committee and as we have recently had our AGM in April, we have also had some changes in some of the Executive Committee.

We regretfully say goodbye to one of our longest standing members of SACRA – Kathy Read, our treasurer. Kathy will be also retiring from her Job as Nursing Director, Cardiology Service, CALHN Medical Director. We would like to extend our thanks and good wishes to her for her retirement.

I would also like to Thank Carolyn Wilksch who steps down from her role as our Country/Rural Representative, however she will continue as a member.

I would like to Welcome our new members to the Executive; Natalie Simpson, our new State representative, who works at FMC as a Clinical Practice Consultant, Heart failure nurse in the community heart failure service.

Renee Henthorn moves from Vice President to the joint treasurer role with new Executive Member Michelle Iadanza, who is the Cardiac Rehabilitation Coordinator at the Modbury Hospital.

Christopher Walton has stepped in to the Country Rural Representative role. Chris is a Clinical Practice Consultant with the iCCnet, Country Health SA local Network Inc.

We welcome our new members also, and look forward to a busy but fulfilling next tenure.

Our New Executive is as follows:

President: Dianna Lynch

Vice President: Jenny Finan

State Representative: Natalie Simpson

Secretary: Sindy Millington

Treasurer: Renee Henthorn, Michelle Iadanza

Country / Rural Representative: Christopher Walton

Our State Representative and our State President attended ACRA F2F meeting in Sydney on 23 - 24th May.

- State Reports and meeting agenda items discussed
- Policy and Procedures manual was reviewed and is being updated
- Review of our 2014-2018 strategic plan
- Core Components – Plan to expand the document
- Annual National Conference planning progress reviewed

SACRA Annual Dinner

We have our annual SACRA dinner and education evening which we are finalising the planning of. It will be sponsored again by Steve Pados from Astra Zeneca and will be held on Wednesday 22nd July at Ayers House. Our speaker will be Dr Jeremy Langrish who is a cardiology interventionalist. The topic is still being finalised.

This meeting will be preceded by an ordinary SACRA meeting, with the times to be advised.

STATE PRESIDENTS' REPORTING CONT.

Education Seminar

We had a very successful SACRA educational seminar which was held on April 18th, and was well attended by members and non-members. We had three robust sessions.

The first was a very interesting session led by Dr Jo Judd giving us a very detailed look into issues with Women and Heart Disease, mainly focussing on the pregnant patient and complications with heart disease and heart failure.

The second session was a more interactive session led by our State's first Nurse Practitioner, Libby Birchmore, who refreshed our clinical practice knowledge on the Importance of Clinical Assessment of our cardiac patients. This was a very worthwhile seminar, and excellent for reinforcement of so many skills that we use daily, and also those non- verbal assessments we as clinicians utilize as second nature.

The third session was an equally good session led by Dr Patrick Disney discussing Adult Congenital Heart Disease.

All of these sessions were very well received and received a lot of praise from those who attended.

We had Dr Jo Judd's and Dr Patrick Disney's sessions filmed and these and other fabulous webinars are available FREE to our ACRA Members from our new website (**www.acra.net.au**).

Rural News

- 6 CR nurses were funded by Better Care in the Community (BCIC) to attend the Heart Research Centre - Cardiac Disease, Rehabilitation and Secondary Prevention Training Course in Melbourne
- CATCH – stable HF patients are now able to participate in phase 2 CR programs
- Virtual Care Home Tele-monitoring trial has commenced. The trial is aimed at supporting adults with chronic conditions to manage changes in their health with the assistance of remote home tele monitoring. In the short time the trial has been running, it has demonstrated that GP understanding of a clients' normal observation range, and what the client is actually living with on a daily basis are quite different. Although not specifically targeting CR clients, there have been a small number of rehab clients with complex co- morbidities enrolled
- CATCH database has been rolled out across SA Health and now includes metro public hospitals and is now being rolled out through the private hospitals.
- CATCH are undertaking a trial to complete the 6 and 12 month follow up for those clients who have completed a face to face program with Inner North Community Health.
- CATCH phone rehab service has now been extended to cover all Country Health SA clients who are unable to attend a face to face program
- CHSALHN Cardiac Steering Committee has reconvened with bi-monthly meetings scheduled for 2015, with the next meeting held at iCCNET in June 2015.

Heart Foundation News

- 6 Steps to Cardiac Recovery: information all cardiac patients should know prior to leaving hospital , in conjunction with the MHML resource, was launched at Heart Week in May
- Also in Heart Week, the Heart Foundation held a professional seminar at the SAHMRI auditorium with the theme Physical Activity. In adition , a community forum was held at Adelaide university
- Heart Week also saw the launch of the new MHML e-learning resource, which is now live, and developed to support nurses and other health professionals provide education to patients. It is evidence based and reflects the 6 steps to cardiac recovery conversation guide. It is on a Moodle platform, and can be done chapter by chapter with a short examination at the end of each section, with CDP points able to be allocated.
- The Nurse Ambassador Program 2015, has commenced again with 29 nurses enrolled
- The State Government has agreed to fund MHML for 3 more years including into GP's rooms
- Hypertension Guidelines are under review

Diary Dates:

July 2015

- SACRA Annual Members Dinner & Education Seminar (preceded by ordinary meeting) to be held at Ayres House 5-10pm Wednesday 22nd

August 2015

- 10th-13th - ACRA Conference – Melbourne – Langham Hotel
- 13th - ACRA/CZANZ symposium - Melbourne – Langham Hotel - free to ACRA members
- 13th – 15 th CZANZ August - Melbourne

September 2015

- Wednesday 9th - Ordinary meeting – Heart Foundation

STATE PRESIDENTS' REPORTING CONT.

October 2015

- Saturday 17th SACRA education Seminar – Ashford Warehouse 0930-1230pm

November 2015

- ACRA F2F meeting – 21-22nd November – Melbourne/Sydney
- 25th – Ordinary Meeting followed by Xmas Dinner

VICTORIA

President:	Emma Boston
Vice President:	Kim Gray
Secretary:	Niamh Dormer
Treasurer:	Deb Gascard
Vice Treasurer:	Ailish Commane
ACRA State Rep:	Kim Gray
General Committee: Alison Beauchamp, Carmel Bourne, Meg Ryan	
HRC Rep:	Elizabeth Holloway
NHF Rep:	Harry Patsamanis

State representative: **Kim Gray**

President: **Emma Boston**

VACR Membership

Membership is currently 122 financial members.

A warm welcome is extended to our new member Jane Mounfort.

VACR Committee

The Committee will have its next to "Face to Face Meeting" on June 19th, which will be held in Melbourne at the National Heart Foundation Offices, Collins Street, Melbourne. This late afternoon meeting is a change brought about by the Committee which will include a dinner following the meeting. This is to help to facilitate the work that the Committee does. As several of the Committee Members travel some distance into Melbourne after a full day's work to then participate in the VACR activity the decision to change the "Face to Face" meetings to include a meal was made.

I wish to take this opportunity to thank Harry Patsamanis our VACR Committee Representative and the National Heart Foundation for their ongoing assistance with VACR and providing the venue for our next meeting.

Ongoing planning for our VACR traditional Dr Alan Goble Lecture continues and is an important item on the Committee's agenda. The theme and speaker are yet to be confirmed but VACR members will be kept informed.

Due to the location and demographics a request for TACR members to also be offered the opportunity to participate in VACR events has been accepted and will be included in future information eMails.

VACR & the ACRA 2015 Silver Anniversary National Conference

Most VACR members will be aware that this year the ACRA National Conference will be in Melbourne; which is a change from the original location planned interstate brought about by CSANZ's relocation to Melbourne. As a result our State Representative Kim Gray and I have been collaborating with other interstate ACRA members with the conference preparations.

Victorian Psycho-Cardiology Network Meeting

I attended the latest meeting which was held in Carlton 22nd April 2015.

This recently convened group has been a great opportunity for VACR to continue to expand its health professional network. I strongly recommend these meetings as they are an excellent opportunity for cardiac rehabilitation professional development too.

VACR eMail Site and VACR Membership & Directory

Following the change to our new Association management organization, TAS earlier this year, the VACR eMail site has been updated and is now thankfully running smoothly.

A couple of corrections have been made to the VACR directory which was noted to be in error following the upgrade to the new system. Can members please check their directory details and notify either VACR or ACRA of any corrections as soon as possible so that we can ensure that the details up to date.

Please feel free to eMail any of your VACR Committee members regarding any other matters via the VACR eMail site.

Warmest Regards,

Emma Boston
President Victorian Association of Cardiac Rehabilitation

STATE PRESIDENTS' REPORTING CONT.

WESTERN AUSTRALIAN

Recent Events:

State representative: **Helen McLean**

It is with great pleasure that we announce the safe arrival of Kristy and Craig's (WACRA Presidents) baby, Matilda who is already cherished by her sister Penny – congratulations to all.

Recent professional development events:

President: **Craig Cheetham**

Advanced exercise prescription from the frail to the fit

Presented by Craig Cheetham, Accredited Exercise Physiologist.

This was a highly successful evening with over 40 participants on site. Craig made this a highly interactive event; there were many Exercise physiologists and physiotherapists however Craig provided inter-professional learning sessions for all members of the Cardiac Multidisciplinary team. Thanks especially go out to Julie Smith and Paul Crabtree for organising this event.

Webinar – Sleep Disordered Breathing and its effect on the cardiovascular system

Presented by DR Philip Currie, cardiologist.

Dr Currie gave a dynamic presentation which highlighted his passion to ensure all our patients have a conversation about sleep and follow-up where required. Dr Currie has a 20 year background in cardiology both and is at the cutting edge of the cardiology subspecialty of echocardiography.

There were some lessons to be learnt in the organising of this event and I would like to say a particularly thank you to Tracy Swanson and Craig Cheetham for their perseverance to ensure this event was of an excellent standard. We will be collating the evaluation surveys and feeding back lessons learnt to the webinar company so whether you attended via telehealth or onsite we appreciate all feedback.

Upcoming Event

SYMPOSIUM

Our upcoming annual Symposium provides a forum for those presenting at ACRA or other conferences to have input to perfect their delivery of their presentations. This Professional development Event will be held on Wednesday the 29th of July at Grace Vaughan House, Shenton Park.

COST: Current financial WACRA members FREE; $25 Non WACRA members but FREE if you join WACRA on the night!

4.30 - 5.00pm Registration and networking for a 5.00pm start.

Cardiovascular Health Networks

Cardiac Rehabilitation and Secondary Prevention working group

QUICK REFERENCE GUIDE FOR HEALTH PROFESSIONALS

The pathway document quick reference guide now available to all and can be downloaded from: 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.

Please don't hesitate to contact me for further information regarding these events or projects.

Helen Mclean
WACRA State Representative

How to access the *European Journal of Preventive Cardiology:*

Login to the **acra.net.au** website using your email address as username and password

Place cursor over **Resources** and select (click)

Scroll down to "***Access to European Journal of Preventive Cardiology***" (click)

"**Click here**" will open Journal access giving access to all Full Text articles of the EJPC

Use the text bar to search for specific terms within journal articles

HEART & SOLE WALK 2015

A worldwide walk with a difference to promote heart health has just been completed thanks to World Walking, a unique free website created by a group of ordinary people living with heart conditions simply to motivate people to walk more.

In February, the 'Heart & Sole Walk 2015' was launched with the aim of virtually walking round the world to promote the benefits of cardiac rehabilitation. The challenge, which was supported by the Royal College of Physicians & Surgeons of Glasgow, was organised by:

- Chest Heart & Stroke Scotland;
- The British Association for Cardiac Prevention & Rehabilitation;
- The Cardiac Rehabilitation Interest Group for Scotland; and
- The Inverclyde Globetrotters, the heart health group from Greenock which created World Walking.

Over 100 individuals and heart health groups took part to complete the 34,000 mile challenge; one of the longest heart health walk ever undertaken and the first online to circumnavigate the globe involving people on different continents.

Cardiac rehabilitation and heart health groups and services from across the UK took part ranging from the Highland Heartbeat Centre in Inverness to the Mid Essex Hospital Services NHS Trust. The Mid Essex cardiac rehabilitation team have had so much fun taking part in the Heart & Sole Walk that they now plan to walk another lap of the world…in the opposite direction!

Amongst the other most active walkers were a group of 144 prisoners at Wakefield Prison who clocked up over 3,100 miles. The Prison's Physical Education Officer, Neil Evans said

"Over a quarter of this cohort suffer with cardiac related issues. This challenge was a fantastic initiative to raise awareness across the establishment and provide this sedentary population with an opportunity to commence participation in physical activity at the appropriate level. The success of this project has increased participation levels across the establishment and proposed ideas for future projects to improve the health & Well-being of cardiac patients at this prison."

This unique event also brought together groups from as far afield as Canada and Australia.

The Cardiac Health Foundation of Canada celebrates its 50th Anniversary this year. To mark that important milestone a special walk across Canada was created on World Walking which the 6,000 members of the Foundation's 30 Walk for Life groups across Canada could tackle together as part of their anniversary celebrations. The walk across Canada was based on the route taken by a young man named Alex Horton who had cycled 5,000 miles across Canada in 2011 *"to give back to an organisation that had done so much for him in his life and to show that issues with cardiac health don't have to mean the end of active lifestyle and following your ambitions"*.

The Foundation's Executive Director, Barbara Kennedy, said

"We have walked across Canada with our Toronto Walk of Life event alone and all our 30 Walk of Life groups across Canada will also be taking part. Congratulations to all for this international collaboration of advocacy of cardiac health, rehabilitation and wellness!"

On the other side of the world, a group of 'Heartmoves' clients in the small town of Quirindi in rural New South Wales, Australia led by Cardiac Rehabilitation Nurse Specialist, Robyn Lees, have been so inspired by the event that they have decided to walk half way round the world to meet the Inverclyde Globetrotters, the heart health group in Greenock who created World Walking, starting on June 11th to coincide with the National Heart Foundation of Australia's "Go Red For Women" campaign.

The Walk's Patron, Louise Martin CBE, Chair of SportScotland said:

"I am delighted to see so many people taking part in the Heart and Sole Walk 2015. Remaining physically active after a heart related issue can be vital and I am proud that this event has helped to spread this message far and wide.

Making physical activity a part of your daily life is so important to overall wellbeing and this virtual walk around the world will benefit those who have taken part as well as those who have been inspired by the event."

Louise Jopling, Honorary Secretary of the British Association for Cardiac Prevention and Rehabilitation added:

"BACPR promotes excellence in cardiovascular disease prevention and rehabilitation and we are delighted to congratulate the individuals, groups and organisations who came together from across the globe to 'walk the world'. As well as Cardiac Rehabilitation Groups, many of our members and Council took part and benefited ourselves from some motivation to keep active! BACPR is proud to support the Heart & Sole Challenge and worldwalking.org in providing an innovative, fun and engaging way to promote physical activity."

For further information:
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