

# ACRA NEWSLETTER

JULY 2016



Australian Cardiovascular Health  
and Rehabilitation Association

## THIS EDITION

President's report

Heart Foundation report

Budget

Proposed constitution  
changes

AUSTRALIAN CARDIOVASCULAR HEALTH AND REHABILITATION ASSOCIATION

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

# EDITOR'S NOTE



The ACRA annual scientific meeting and AGM are very close now and I hope you have your registration complete, transport and accommodation all in hand, to attend. The program promises to be an exciting one with something for everyone with research, clinical and workshop options as well as dinner at the Adelaide Oval. There is a pre-conference workshop, a Heart Foundation sponsored breakfast panel and a post-conference workshop (still in planning stages) as well. No doubt many of you will be staying on for the CSANZ meeting too.

The proposed budget is published in this edition for you to peruse ahead of its official presentation at the AGM. We will also be voting at that meeting on the proposed changes in the election process for the vice-president/president elect position – to become a 2 year position rather than one from next year (if passed). If it becomes a 2-year position, then the nominated person will need to commit 4 years to the EMC. On that note it is still possible to nominate a colleague for the president-elect this year – will become president at the AGM in 2017. Nomination forms are on the ACRA website.

ACRA acknowledges the contribution of its members in all states but annually we recognise one person for the Alan Goble Distinguished Service Award, a prestigious award which endows

life membership of the association as well as the recognition by all members for that person's contribution to the association, cardiac rehabilitation and secondary prevention. Do you know of a colleague deserving of this award? Nomination forms are available on the website. There are also Merit Awards available – again the nomination forms are on the website. All award winners are presented and recognised at the conference dinner.

I am sure many of you had the opportunity during Heart Week to promote your programs – especially as the theme was cardiac rehabilitation. It would have been great to get some stories and photos from members to publish in the newsletter. I'm always open to receiving articles for this newsletter and I encourage you to send information through to me as editor to [sue.sanderson@ths.tas.gov.au](mailto:sue.sanderson@ths.tas.gov.au). I look forward to hearing from you.

It's amazing where cardiac rehab personnel turn up. I was recently at the dragon boat championships in Adelaide and there were 3 cardiac rehabbers there – that I know of! Good to know that we 'practice what we preach' and get out there and exercise on a regular basis. Well done ladies – you know who I mean!

I will be "skulking" with my camera at the conference looking for moments to capture for the next edition of the newsletter. Please let me know if you don't want to have your photo published here or on the ACRA website. We respect your privacy.

I look forward to catching up with as many of you as possible in August. In the meantime

**Happy re-habbing**  
**Sue Sanderson**

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

Please send any items to:  
[sue.sanderson@dhhs.tas.gov.au](mailto:sue.sanderson@dhhs.tas.gov.au)  
Author guidelines are  
available on request

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Disclaimer: Matters herein are for member's information only and are not necessarily the views of ACRA Executive Management Committee (EMC). The content of any advertising or promotional material is not endorsed by ACRA EMC. While every care has been taken in the preparation of this newsletter, ACRA EMC cannot be held responsible for the accuracy of the information herein or any consequences arising from it. The editor reserves the right to revise material submitted for publication in this newsletter.



# PRESIDENT'S REPORT



I have just returned from the World Congress of Cardiology in Mexico City, and I was proud to represent ACRA at the International Council for Cardiac Prevention and Rehabilitation (ICCPR) meeting held during the congress. ICCPR continues to flourish and grow, with 25 organisations from around the world represented. ACRA recently contributed to a Position Statement on cardiac rehabilitation in low resource settings through our work with ICCPR <http://globalcardiacrehab.com/wp-content/uploads/Grace-Heart-2016-CR-low-resource-setting.pdf> and we will be further involved in important future developments. Most notably, past ACRA president, Steve Woodruffe, has now stepped up as Chair of ICCPR and will be representing us at this important international forum. During the meeting ICCPR and its member

organisations were asked to sign the "Mexico Declaration"; a global commitment to improving secondary prevention and cardiac rehabilitation <http://www.world-heart-federation.org/wcc-2016/the-mexico-declaration/>. This historic document will provide an important platform for unity on key messages around the world.

I took Quentin, our Cardiac Quokka, with me to Mexico.

Quentin is the mascot of the ACRA 2017 meeting, which will be held in Perth. As well as picking up some vitally important information that he will share with you there, Quentin visited the Teotihuacan pyramids and learnt about Aztec and Mayan culture.

He enjoyed the Mojitos and the Mezcal (in moderation) and likes the Mexican food, but was a bit worried about the fat and calorie content! He wasn't at all surprised to learn that Mexico rates as the most obese country in the world!

Back on home soil, and we are making great progress across our key working areas. In particular our research and professional development committee, on behalf of the ACRA, has released two papers in conjunction with the Australian Centre for Heart Health - one on the evidence for sedentary behaviour in cardiac

rehab, and one is a joint position statement on screening for sleep apnoea in cardiac rehab. You can find links to both of these resources in the members section of the website.

All eyes are now looking toward the ACRA 2016 conference in Adelaide. There has been an outstanding response, and this year's conference promises to be the best yet! Congratulations to conference convenor, Di Lynch, and scientific program chair, Robyn Clark, for bringing together such an exceptional event. I look forward to seeing you all there.

**Best wishes,**

**Lis Neubeck**  
[lis.neubeck@sydney.edu.au](mailto:lis.neubeck@sydney.edu.au)

**ACRA President 2015-2017**



# PROPOSED 2016/17 ACRA BUDGET

As incoming Treasurer and on behalf of the ACRA EMC, I propose the accompanying budget for the 2016/2017 financial year. This budget itemises the proposed income and expenditure (including the ACRA Conference Income/ Expenditure) for the 2016/2017 financial year, which is based on conservative modelling.

With the changeover from PAMS to TAS, there has been increased expenditure which was related but not limited to changeover, statutory compliance updates and office bearer insurance, ACRA Trademarking, security of membership details, website site maintenance, newsletter and merchant fees. The budgeted expenditure is based on a 'worse case' scenario, which we anticipate to reduce post the implemented changes. It also does not take into account new membership or renewals associated with the change to pro rata payment.

The change to pro-rata membership fees has also contributed to an overinflated drop in revenue as membership renewals will be reflected in the 2016/2017 financial year. Membership, not only maintains our bottom line but more importantly sustains and promotes our professional standing.

The Treasury Working Group (delegated members of the ACRA EMC) has met via teleconference undertaking a strategic review to reduce expenditure on a state and national level. In particular - proposed directions for improving revenue, reducing unnecessary costs with all potential savings to continue to be costed.

ACRA continues to provide members with access to education via journal subscriptions, online or face to

	Expenditure	Proposed
	2015/2016	2016/2017
<b>ACRA EMC</b>		
F2F	\$ 19410.50	\$ 12,000.00
Teleconference	\$ 2,100.00	\$ 2,200.00
Scholarships and Travel Grants	\$ 1,454.55	\$ 1,500.00
Executive Officer Expense	\$ 500.00	\$ 00.00
<b>Communication</b>		
Phone/ Fax/ Office	\$ 2,155.16	\$ 1,700.00
Website	\$ 693.41	\$ 700.00
Website Domain Renewal	\$ 44.00	\$ 00.00
Newsletter	\$ 1,870.00	\$ 2,880.00
Postage	\$ 76.21	\$ 85.00
<b>Annual Fees</b>		
Accountant Fees	\$ 2,362.00	\$ 2,400.00
Online Journal Subscription	\$ 267.64	\$ 270.00
Indemnity Insurance	\$ 2,222.91	\$ 2,800.00
Registration Fee	\$ 240.00	\$ 250.00
Training & Education Expenses	\$ 98.51	\$ 100.00
TAS Management Fees	\$ 38,000.00	\$ 42,000.00
Membership: ICCPR	\$ 250.00	\$ 250.00
Storage	\$ 250.00	\$ 250.00
<b>Conference</b>	\$109,033.45	\$ 110,000.00
<b>General Expenditure</b>		
Data Storage Fees	\$ 1,618.00	\$ 1,650.00
Bank Charges	\$ 84.29	\$ 90.00
Merchant Fees	\$ 450.00	\$ 500.00
Photocopying	\$ 237.20	\$ 300.00
TOTAL EXPENDITURE	\$183,791.60	\$ 181,925.00
	<b>Income</b>	<b>Proposed</b>
	2015/2016	2016/2017
Membership Fees	\$ 19000.00	\$ 20000.00
Joining Fee	\$ 245.00	\$ 300.00
Interest	\$ 1811.33	\$ 825.00
Conference	\$ 113386.97	\$ 114000.00
Sponsorship	\$ 5220.91	\$ 00.00
Face to Face State Contribution	\$ 4077.29	\$ 000.00
Newsletter	\$	\$ 00.00
Website	\$	\$ 00.00
Training & Education Webinar	\$ 68.18	\$ 00.00
Other	\$	\$ 00.00
TOTAL INCOME	\$ 143806.68	\$ 135,625.00
	<b>\$ -39,984.92</b>	<b>\$ -46,300.00</b>

face sessions, and we welcome the upcoming conference in Adelaide this year. The ACRA EMC and myself as incoming Treasurer, are happy to address any questions regarding the proposed

budget or the financial direction of ACRA.

Kind regards, Natalie Simpson,  
ACRA Treasurer on behalf of the  
Treasury Working Group

# PROPOSED CONSTITUTION CHANGES – PRESIDENT-ELECT

CURRENT	PROPOSED
<b>52 Election of President elect</b> (2) In accordance with Rule 46 (5) the President Elect shall hold the position of Vice President for 12 months before advancing to the position of President at the AGM and shall not hold an office bearing position on a state group	<b>53 Election of President Elect</b> (2) In accordance with Rule 46(5) the President Elect shall hold the position of Vice President for 2 years. The President elect shall advance to position of President at the AGM at the conclusion of the previous presidential term or earlier in accordance with 46(3) and shall not hold an office bearing position on a State Group
<b>46 (5)</b> Hold office or a term of one year and advance to the position of President for the term immediately following his/her term in office	<b>46 (5)</b> Hold office or a term of two years and advance to the position of President for the term immediately following his/her term in office
	<b>46 (6)</b> shall be elected at the AGM at which preceding President elect assumes position of President
<b>47 The Vice President shall</b> (1) In the absence of the President, assume the duties of the President (2) Oversee the organisation of the annual general meeting and other duties as assigned by the President or the Committee (3) Assume the duties and authority of the President in the event that the president is unable or unwilling to fulfil his/her term in office for the unexpired term in office	<b>Deleted</b> as falls under the Vice-President/President-Elect role

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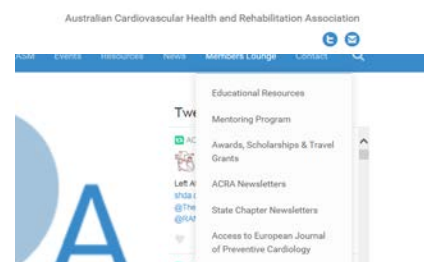
# ACRA Newsletter – Membership Committee Report June 2016

## Members to Benefit More

The benefits of an ACRA Membership are many:

- Free and full access to exclusive member resources such as landmark guidelines like the ACRA Core Components.
- Free and full access to one of the leading peer reviewed journals in the field the 'European Journal of Preventive Cardiology' valued at over \$500 per year.
- Travel grants and scholarships to attend state and national conferences.
- Discounts to ACRA professional development events with CPD points towards registration.
- Quarterly members Newsletters that are packed with the latest research, upcoming events, practical information and cardiovascular secondary prevention news.
- The support of a network of like-minded health professionals dedicated towards improving cardiovascular secondary prevention and Cardiac Rehabilitation.

The ACRA Membership Committee: Joanne Leonard, Helen McLean, Sue Sanderson and Paul Camp (chair) are focused on what can be done to increase the benefits to members. Most recently, this Committee has worked to set up an 'ACRA Members Lounge'. This is a kind of 'one-stop-shop' on the ACRA homepage where exclusive member's resources can more easily be found. The Committee



has also been working to upload new content onto the soon to be launched member's only online video channel. Jo, Helen, Sue and Paul are dedicated to building a strong ACRA membership and will soon aim to launch a new poster promoting the organisation. The Membership Committee welcomes your feedback. Please contact Paul at paul.camp@mater.org.au for more information.

## ACRA 2016 ASM Full Scientific Program Now Available!

By now we anticipate that you have all made plans to join us in vibrant Adelaide for the Australian Cardiovascular Health and Rehabilitation Association Annual Scientific Meeting (ACRA 2016 ASM) from 1 - 3 August 2016. With less than a month to go until the 2016 ASM, don't miss out on securing your place. Register now - [www.acra.net.au/registration](http://www.acra.net.au/registration).

ACRA 2016 ASM will truly have something for everyone with concurrent, plenary and workshop sessions including a pre-conference Atrial Fibrillation workshop, delivered by a superb line up of national and local faculty. The full scientific program is available to download from the ACRA website.

The emphasis of the 2016 Meeting will focus on "Transforming into the Future". A theme that will be echoed throughout the meeting as we

explore what is challenging, new and different in cardiovascular disease.

Convenors: Dianna Lynch (SA) & Helen McLean (WA)

Scientific Committee: P of Robyn Clark - Chair

Caroline Astley, Louise Deprince, Sabine Drilling, Doa El-Ansary, Jenny Finan, Jeroen Hendriks, Vanessa Poulson & Natalie Simpson.

For any enquiries regarding the ACRA 2016 ASM please contact the Conference Secretariat.

Looking forward to seeing you there!

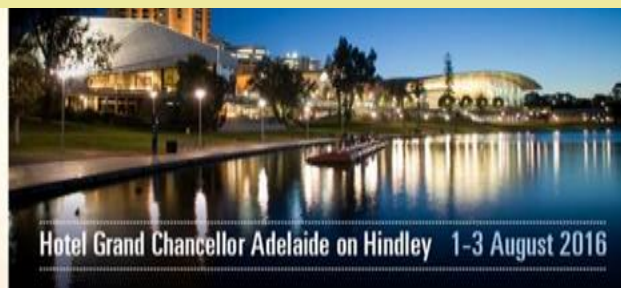
ACRA 2016 ASM Conference Secretariat

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# News From Across The Nation



## Heart Week

Heart Week (1-7 May) provided an opportunity to shine a spotlight on the benefits of attending cardiac rehabilitation after a heart attack.

Every year 55,000 Australians have a heart attack, and for one in three of these people, it's not their first. Simply by recommending cardiac rehabilitation health professionals can help prevent someone having another heart attack.

The benefits of cardiac rehabilitation are clear. Patients who participate in a program are 40% less likely to be readmitted to hospital within 12

months and 25% less likely to die from another heart attack.

The economic cost of patients not participating in cardiac rehabilitation is also significant. A heart attack costs the health system around \$30,000 – equating to \$1 billion each year. In contrast, cardiac rehabilitation costs on average \$885 for a person to attend.

Cardiac rehabilitation works, we need it to work for everyone who is eligible.

## Six steps to cardiac recovery

Heart Foundation (Victoria) have developed 6 brief videos that provide an overview of important steps to follow for people diagnosed with cardiac disease.

**Step 1: Know your diagnosis**

This video explains common heart procedures and provides questions to ask your doctor to ensure you understand what has happened to your heart.

**Step 2: Know and manage your risk factors** - explains what risk factors are and how to manage them.

**Step 3: The importance of cardiac rehabilitation** - explains what cardiac rehabilitation is and how to find the nearest program.

**Step 4: Taking your medicines** - explains common medicines and provides questions to ask health professionals.

**Step 5: Know the warning signs** - explains the warning signs of a heart attack and action to take.

**Step 6: Visit your doctor** - explains why it's important to have regular check-ups with a doctor following a heart attack.

The videos are accessible at: <https://www.youtube.com/watch?v=3DqJDZgbhJE>

## Patients sharing their experience of participating in cardiac rehabilitation

To help demystify cardiac rehabilitation and encourage more people to attend, Heart Foundation (NSW) have developed 7 brief videos where patients give personal accounts of their experience of attending cardiac rehabilitation. Each one tries to focus on a particular component of cardiac rehabilitation – sex, diet, physical activity, depression, opportunity to ask questions, feeling dispirited or overwhelmed. Each then

describes how attending cardiac rehabilitation helped to work through these issues. The videos are accessible on the Heart Foundation cardiac rehabilitation webpage:

[https://www.youtube.com/playlist?list=PLhrygLMD00EsOktIKJwOLhVW-2G0jc-fX&utm\\_medium=Email&utm\\_source=ExactTarget&utm\\_campaign](https://www.youtube.com/playlist?list=PLhrygLMD00EsOktIKJwOLhVW-2G0jc-fX&utm_medium=Email&utm_source=ExactTarget&utm_campaign)



# News From Across The Nation



CONT.

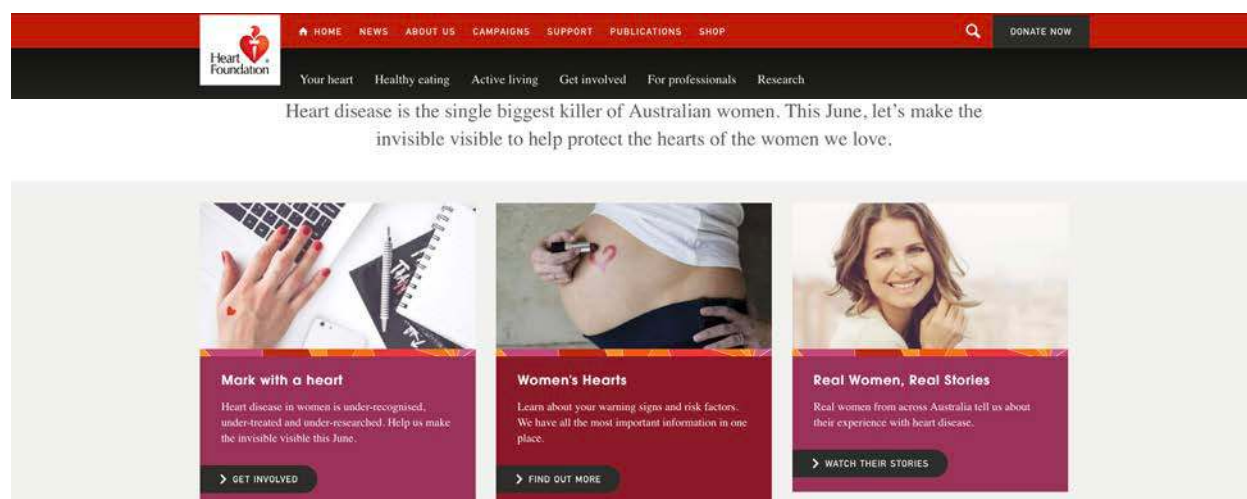
## Women and Heart Disease Campaign

Throughout June, the Heart Foundation were *Making the Invisible Visible*, a campaign to raise awareness of heart disease – the leading killer of Australian women

The Heart Foundation's focus this June was to make heart disease visible to women, to their partners, their families, health professionals, researchers and the general community to help improve heart health in women and we need your help.



For more information, visit: <http://heartfoundation.org.au/campaigns/making-the-invisible-visible>



## ACRA Conference Heart Foundation sessions

The Heart Foundation is pleased to be hosting a Breakfast Session and delivering a workshop at the upcoming ACRA Conference.

*Are patients failing cardiac rehabilitation or are we failing our patients?*

Bright and early on Tuesday 2 August 0730-0830, Dr Amanda Rischbieth, CEO Heart Foundation SA will be discussing this very topic with an expert panel including:

- Patient Mr Russ Jackson and his wife Mrs Janette Jackson,
- Secondary Prevention Researcher Associate Professor Julie Redfern,
- Cardiologist Dr Alistair Begg,
- Aboriginal Health Manager Heart Foundation WA Ms Lyn Dimer, and
- Cardiopulmonary Rehabilitation Coordinator/ Diabetes Educator Ms Jenny Finan.

Join us to explore this issue further and join in the discussion.

*Making sure everyone gets Phase 1 and Phase 2 Cardiac Rehabilitation; Tools and Resources for empowering the bedside nurse and patient for discharge education*

Despite studies showing that attending cardiac rehabilitation can save lives, only 30% of heart attack survivors attend leaving them at greater risk of a second event.

On **Tuesday 2 August 1600-1700**, the Heart Foundation will be hosting a workshop to empower nurses by providing practical solutions to support all nurses in their role in patient education and encourage them to have conversations with their patients about cardiac rehabilitation.

Come and learn more about how the Heart Foundation can support your workplace and patients.



# News From **Across The Nation**



CONT.

## **Heart Foundation and Cardiac Society of Australia and New Zealand: Australian clinical guidelines for the management of acute coronary syndromes (2016)**

The Heart Foundation (NHFA) in partnership with Cardiac Society (CSANZ) is currently updating the NHFA/CSANZ Guidelines for the Management of Acute Coronary Syndromes (ACS) 2006, addenda of 2007 and 2011 respectively. The updated

guideline will provide a synthesis of evidence-based guidance for health professionals caring for ACS patients in Australia. It will be launched at the CSANZ Meeting in August.

## **CSANZ Conference Heart Foundation sessions**

The Heart Foundation has developed two Multidisciplinary Sessions as a part of the CSANZ Conference on

- State of Play on Global Inequities - the Problem; and
- Overcoming Inequalities - integrated strategies.

A number of local and international experts have been invited to deliver presentations at these two sessions. Professor Paul Chan comes to us from University of Missouri, Kansas City School of Medicine, USA. Paul is internationally renowned for his work on cardiac arrest, quality and appropriateness of care and disparities in care and has a particular interest in studying the care of traditionally vulnerable populations.

<b>Friday 6 August</b>	<b>Multidisciplinary: State of Play on Global Inequities - the problem</b>	
1400-1430	Prof Paul Chan	Race, income and inequality – Impact of cardiac arrest outcomes
1430-1450	Prof Garry Jennings	Overview: Australian inequities in the treatment of cardiovascular disease
1450-1510	Dr Rosanna Tavella	Heart Foundation: Aboriginal in-hospital disparities project
1510-1530	Panel discussion all speakers	New Zealand, Australia and global
<b>Saturday 7 August</b>	<b>Overcoming inequalities - integrated strategies</b>	
1530-1600	Prof Paul Chan	Re-thinking disparities research - time to move from publications to true engagement
1600-1630	Prof Alex Brown	An integrated strategy: An Australian perspective
1630-1645	Dr Kangaharan Nadarajah	Northern Territory system - Wide cardiovascular intervention
1645-1700	Mr Kim Arcus	New Zealand national cardiovascular disease risk assessment initiative



CONT.

## Boosting aftercare for heart patients will save lives and reduce health costs

Greater uptake of cardiac rehabilitation will save lives and reduce costs to the health system by \$86.7 million, according to new research published by the Heart Foundation in Heart, Lung and Circulation journal's February 2016 edition.

The analysis conducted by the Heart Foundation and Ernest and Young investigated the social and economic impact of increasing participation in cardiac rehabilitation in Victoria using cost benefit analysis.

The analysis has provided additional insights into the wider, longer-term impacts of cardiac rehabilitation and shows that greater participation in cardiac rehabilitation can reduce the burden of disease by improving outcomes for patients after a heart attack or other cardiac event. This directly translates to a reduction of costs in the healthcare system and wider economy, which more than offsets the costs associated with the increase in participation.

The evidence demonstrates that cardiac rehabilitation is a program that helps patients return to normal life and reduces their risk of having a repeat heart attack or cardiac event, yet

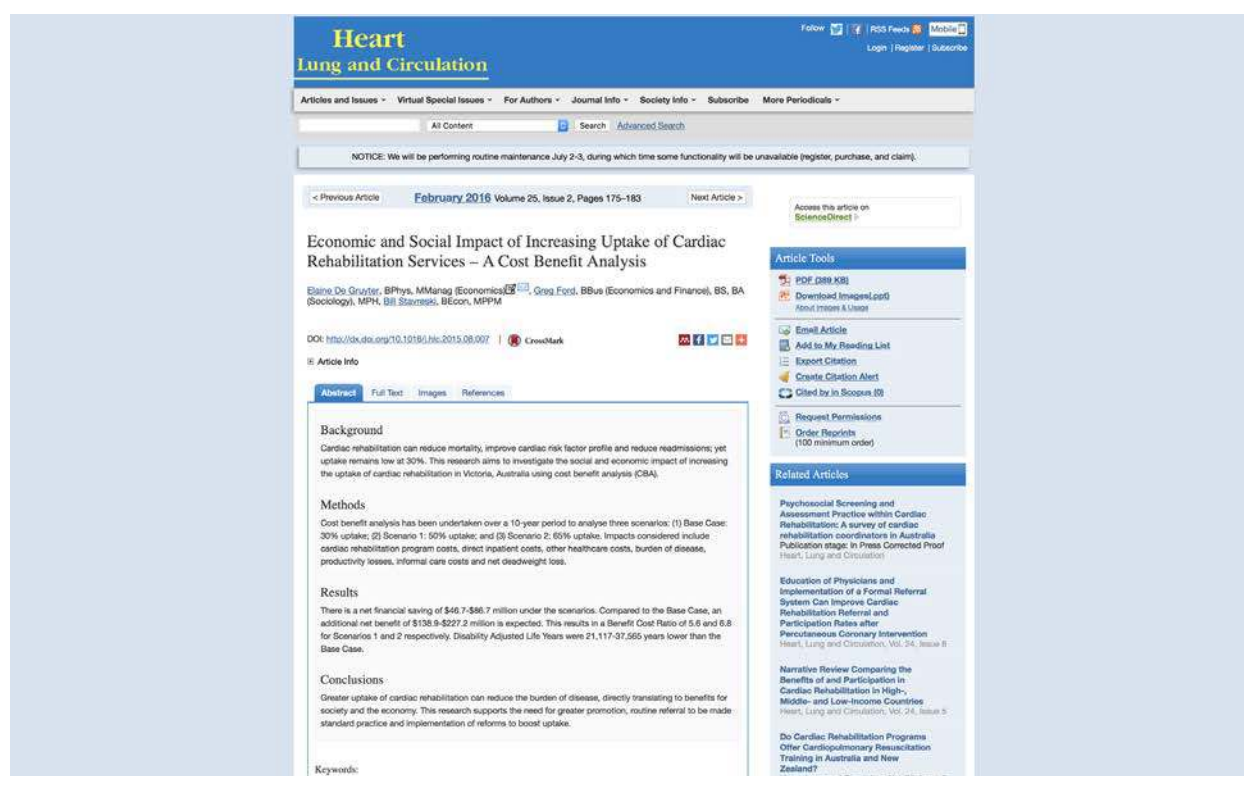
only 30% of patients currently attend programs in Australia.

This analysis shows that if uptake was increased to 65% over a ten year period:

- The healthcare system would save up to \$86.7 million
- The social and economic benefits could increase by \$227.2 million
- Hospitals would see 5,133 fewer readmissions
- The years of healthy life lost would be reduced by 37,565.

The results of this analysis highlight why there is a need for more effective patient education and routine referral in our hospitals, as well as reforms to boost uptake of cardiac rehabilitation.

The article 'Economic and Social Impact of Increasing Uptake of Cardiac Rehabilitation Services – A Cost Benefit Analysis' can be found online at <http://dx.doi.org/10.1016/j.hlc.2015.08.007>



The screenshot shows the online article page for the Heart Lung and Circulation journal. The article title is "Economic and Social Impact of Increasing Uptake of Cardiac Rehabilitation Services – A Cost Benefit Analysis". The authors listed are Elaine De Gruyter, BPhys, MManag (Economics), Greg Ford, BBus (Economics and Finance), BS, BA (Sociology), MPH, Bill Stanssens, BEcon, MPPM. The article is from February 2016, Volume 25, Issue 2, Pages 175-183. The abstract states: "Cardiac rehabilitation can reduce mortality, improve cardiac risk factor profile and reduce readmissions; yet uptake remains low at 30%. This research aims to investigate the social and economic impact of increasing the uptake of cardiac rehabilitation in Victoria, Australia using cost benefit analysis (CBA)." The background section mentions that the cost benefit analysis has been undertaken over a 10-year period to analyse three scenarios: (1) Base Case: 30% uptake; (2) Scenario 1: 50% uptake; and (3) Scenario 2: 65% uptake. The results section states: "There is a net financial saving of \$46.7-\$86.7 million under the scenarios. Compared to the Base Case, an additional net benefit of \$138.9-\$227.2 million is expected. This results in a Benefit Cost Ratio of 5.6 and 6.8 for Scenario 1 and 2 respectively. Disability Adjusted Life Years were 21,117-37,565 years lower than the Base Case." The conclusions section states: "Greater uptake of cardiac rehabilitation can reduce the burden of disease, directly translating to benefits for society and the economy. This research supports the need for greater promotion, routine referral to be made standard practice and implementation of reforms to boost uptake." The keywords listed are: Cardiac rehabilitation, cost benefit analysis, Victoria, Australia, uptake, cardiac rehabilitation, mortality, readmissions, disability adjusted life years, economic impact, social impact, health system, healthcare costs, wider economy, patient education, routine referral, hospitals, reforms.

## Exercise-Based Cardiac Rehabilitation for Coronary Heart Disease

### Cochrane Systematic Review and Meta-Analysis

Lindsey Anderson, PHD, Neil Oldridge, PHD, David R. Thompson, PHD, Ann-Dorthe Zwisler, MD, Karen Rees, PHD, Nicole Martin, MA, Rod S. Taylor, PHD  
*J Am Coll Cardiol* 2016;67:1–12

#### ABSTRACT

**BACKGROUND** Although recommended in guidelines for the management of coronary heart disease (CHD), concerns have been raised about the applicability of evidence from existing meta-analyses of exercise-based cardiac rehabilitation (CR).

**OBJECTIVES** The goal of this study is to update the Cochrane systematic review and meta-analysis of exercise-based CR for CHD.

**METHODS** The Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, CINAHL, and Science Citation Index Expanded were searched to July 2014. Retrieved papers, systematic reviews, and trial registries were hand-searched. We included randomized controlled trials with at least 6 months of follow-up, comparing CR to no-exercise controls following myocardial infarction or revascularization, or with a diagnosis of angina pectoris or CHD defined by angiography. Two authors screened titles for inclusion, extracted data, and assessed risk of bias. Studies were pooled using random effects meta-analysis, and stratified analyses were undertaken to examine potential treatment effect modifiers.

**RESULTS** A total of 63 studies with 14,486 participants with median follow-up of 12 months were included. Overall, CR led to a reduction in cardiovascular mortality (relative risk: 0.74; 95% confidence interval: 0.64 to 0.86) and the risk of hospital admissions (relative risk: 0.82; 95% confidence interval: 0.70 to 0.96). There was no significant effect on total mortality, myocardial infarction, or revascularization. The majority of studies (14 of 20) showed higher levels of health-related quality of life in 1 or more domains following exercise-based CR compared with control subjects.

**CONCLUSIONS** This study confirms that exercise-based CR reduces cardiovascular mortality and provides important data showing reductions in hospital admissions and improvements in quality of life. These benefits appear to be consistent across patients and intervention types and were independent of study quality, setting, and publication date.

## How dietary evidence for the prevention and treatment of CVD is translated into practice in those with or at high risk of CVD: A systematic review

Authors: TL Schumacher, TL Burrows, L Neubeck, J Redfern, R Callister, C Collins.

#### ABSTRACT

**Objective:** Cardiovascular disease (CVD) is a leading cause of mortality and morbidity, and nutrition is an important lifestyle factor. The aim of this systematic review was to synthesise the literature relating to knowledge translation (KT) of dietary evidence for the prevention and treatment of CVD into practice in populations with or at high risk of CVD.

**Design:** A systematic search of six electronic databases (CINAHL, Cochrane, EMBASE, Medline, PsycINFO and Scopus) was performed. Studies were included if a nutrition or dietary KT was demonstrated to occur with a relevant separate measureable outcome. Quality was assessed using a tool adapted from two quality checklists.

**Subjects:** Population with or at high risk of CVD or clinicians likely to treat this population.

**Results:** A total of 4420 titles and abstracts were screened for inclusion, with 354 full texts retrieved to assess inclusion. Forty-three articles were included in the review, relating to 35 separate studies. No studies specifically stated their aim to be KT. Thirty-one studies were in patient or high-risk populations and four targeted health professionals. Few studies stated a theory on which the intervention was based (n=10) and provision of instruction was the most common behaviour change strategy used (n=26).

**Conclusions:** KT in nutrition and dietary studies has been inferred, not stated, with few details provided regarding how dietary knowledge is translated to the end user. This presents challenges for implementation by clinicians and policy and decision makers. Consequently a need exists to improve the quality of publications in this area.

**Protocol Registration:** PROSPERO 2014:CRD42014007404

**Keywords:** Cardiovascular disease, nutrition, diet, behaviour change, knowledge translation, prevention

Tracy Schumacher

Project officer / Research associate

Faculty of Health and Medicine

University of Newcastle

Tracy L Schumacher, Tracy L Burrows, Lis Neubeck, Julie Redfern, Robin Callister and Clare E Collins. How dietary evidence for the prevention and treatment of CVD is translated into practice in those with or at high risk of CVD: a systematic review. *Public Health Nutrition*, available on CJO2016. doi:10.1017/S1368980016001543. [http://journals.cambridge.org/repo\\_A109UpxxPZRYY](http://journals.cambridge.org/repo_A109UpxxPZRYY)



## CRA NSW/ACT webinar led by Steve Woodruffe

### "How to implement the ACRA core components into clinical practice"

During Heart Week in early May CRA of NSW ACT held a webinar led by Steve Woodruffe on how to implement the ACRA core components. The core components provide guidance on how to offer an effective rehabilitation service based on a high quality evidence base. However, translating the core components into clinical practice still presents challenges. Webinar participants were given the opportunity to indicate areas of the core components that

were of particular interest to their own service as they registered. The areas clinicians indicated as challenging were tailoring cardiac rehab services and collection of data for key performance indicators.

Throughout his presentation, Steve was able to refer webinar participants to pre-existing tools and resources from a range of areas that clinicians could freely access to streamline their

services. Of particular value was the way in which Steve showed that incorporating the core components into cardiac rehabilitation services was not only an aspirational goal, but also a very achievable one.

The NSW/ACT CRA would like to thank Steve for developing and presenting a webinar of high value and usefulness to its members.

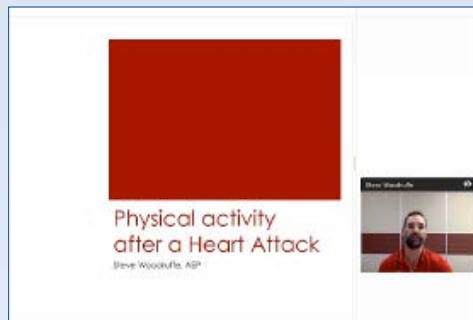
**Tracy Schumacher**



# STATE PRESIDENTS' REPORTING

## QUEENSLAND

Quality Professional  
Development for Members



QCRA combined with the Heart Foundation (Qld Division) to present a 'Clinical Update Webinar' in Heart Week on May 5th. Over 50 participants logged into the live webinar from across the country. Participant feedback included comments on the excellent quality of content and presenters. An edited recording of the webinar is due to be uploaded to the ACRA member's new Vimeo site soon.



State  
representative:  
**Jessica Auer**



President:  
**Paul Camp**

### MPs Learn the Value of Rehab

In the lead up to Heart Week, the Heart Foundation sponsored a breakfast meeting for Queensland state MPs, Ministers and invited guests at Parliament House on April 19th. Rachelle Foreman, Health Director, Heart Foundation (Queensland Division) highlighted their analysis which showed over a 5 year period how greater attendance at CR could have saved the state \$43.5 million in healthcare costs, \$71.6 million in social and economic costs and reduced 2,600



Chief Health Officer for QLD, Dr Jeannette Young and the Heart Foundation Queensland CEO, Stephen Vines, at Heart Foundation Parliamentary Breakfast on Cardiac Rehab.

hospital admission for heart attacks. The audience also heard from two patients who described how CR had changed their lives and created a brighter future. The MPs were clearly impressed with a number of them wanting to share this vital information with their community.

### Data Tool to Promote CR

The Statewide Cardiac Clinical Network - Cardiac Rehab Working Group (SCCN CRWG) is made up of CR clinicians from across the state. In the last 12 months, this group has worked to implement the 'Cardiac Rehabilitation Initiative'. Part this initiative is to work with the Cardiac Clinical Informatics Unit (CCIU) to roll out a data collection tool and report CR clinical indicators. After extensive consultation, the Work Group has created a draft data collection tool that it will trial in July. Ultimately, the tool will be able to be used by CR services across the state (both public and private) to collect uniform data. This data would then feed into the Qld Cardiac Outcomes Registry and be used to advocate for CR services across Queensland. CR registries have been used around the world (e.g. US, Canada) to promote CR services and improve the quality of care delivered to patients. The SCCN CR WG is very mindful of the need to develop a tool that is easy for clinicians to use, that fits their day-to-day need, seamlessly works with eMR, maintains data privacy and feeds back meaningful details to each service. Information sessions on the final data collection tool are being planned for CR services across the state in the near future.

### QCRA-Heart Foundation QLD State Conference

Registrations and abstract submissions are now open for the **QCRA-Heart Foundation QLD State Conference** (Friday, October 28th, Royal Brisbane and Women's Hospital Education Centre; teleconference available for Queensland sites outside Brisbane). This one day conference will aim to highlight the great things happening in Queensland in a relaxed collaborative atmosphere. The theme: "Ideas, Innovation & Inspiration from the Coalface". We welcome the submission of abstracts (clinical and research) that focus on local endeavours in cardiovascular secondary prevention/ cardiac rehab. Everyone should consider submitting an abstract and sharing the good work they do! The conference offers a great opportunity for readily available educational training and the equivalent of 5 CPD points. Early bird registration open now via <http://www.acra.net.au/event/qcra-heart-foundation-conference-2016/> We look forward to seeing you there!

**Paul Camp**  
**QCRA President**



# STATE PRESIDENTS' REPORTING CONT.

## SOUTH AUSTRALIA

The wait is almost over.....It's time to showcase the 26th Annual ACRA conference here in Adelaide from 1-3rd August at the Grand Chancellor Hotel and our Gala dinner being held at the stunning Adelaide oval.

The conference planning is coming to fruition with many diverse topics that will be sure to excite even the most experienced cardiac clinicians. The final program has now been released and we have been delighted by the amount and the quality of the abstract submissions for the scientific and the clinical awards. We are grateful to those who have accepted offers to present and to chair the sessions and workshops.

Don't forget it is not too far away now, so book your study leave, your conference registrations and also choose the workshop you wish to attend (so we cater to room delegation) and enjoy what we have to offer. To view the program and book your conference registration, please visit [www.acra.net.au](http://www.acra.net.au) and log on through Currinda. (If you are having difficulties, please check your firewall, as this may be an issue especially if doing it from work- try to use Chrome or Firefox instead of Internet Explorer).

### Executive News:

As you may recall from the last newsletter, we are changing the way ACRA membership is renewed. In the past we paid on the anniversary date, however, we are moving toward an annual renewal date for all members, much like the AHPRA registration. Renewal notices have been sent via email, so please check your emails, and maybe even an old email address that you may have used previously, and not updated. This would be an opportunity to update your contact details.

*If you have not received an invoice by 30th June - please contact Cindy Millington - our secretary [millington@adelaide.edu.au](mailto:millington@adelaide.edu.au) so she can assist you with any enquiries.*

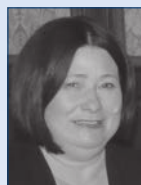
### Annual General Meeting:

We had our AGM on Saturday 9th April and we would like to welcome a new member to our executive - Jacinta McCartney, who accepted the nomination to become our rural representative.

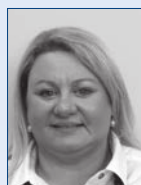
Sindy Millington has also reaccepted her nomination to continue as our Secretary and we look forward to continuing the great work we do!!

Our team is as follows:

President - Dianna Lynch - (outgoing)



State representative:  
**Natalie Simpson**



President:  
**Dianna Lynch**

Vice President - Jenny Finan (incoming president)

State Representative - Natalie Simpson

Secretary - Sindy Millington

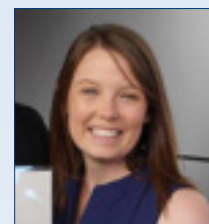
Treasurer - Renee Henthorn / Michelle Iadanza

Rural representative- Jacinta McCartney

The treasurer's report and minutes are available from [Sindy.millington@adelaide.edu.au](mailto:Sindy.millington@adelaide.edu.au) on request.

### Member Profile: Rural Representative Jacinta McCartney:

Jacinta grew up in Central Queensland and completed her Bachelor of Nursing / Bachelor of Human Movement Studies at Queensland University of Technology in Brisbane. She then completed her graduate nurse program at the Wesley Hospital before moving to Adelaide and the Royal Adelaide Hospital Cardiology Department where she worked for 5 years developing her passion for cardiac nursing and completing her Graduate Diploma in Cardiac Nursing with Adelaide University. From here she has moved to Country Health SA and iCCnet where she is currently the Acting Clinical Practice Consultant - Cardiovascular for CATCH.



### Presidents' & State Representative News:

- ACRA Amendment to the Constitution: changes to the tenure of the National EMC members will be made at the AGM in August, 2016.
- ACRA is working on a proposal for a National Atrial Fibrillation Working group - WIP
- ACRA is also reviewing the "Fitness to Drive Guidelines"
- The ACRA logo is now trademarked; this will be extended to all states/ Territories who will become ACRA followed by their chapter, i.e. ACRA - SA/NT or South Australia/Northern Territory, to commence from the next National AGM. States will initiate this on their timelines.
- As ACRA is a national professional body, more effort is required with membership and marketing to maintain our current membership and influence on national and international cardiovascular policymaking. This continues to be a 'work in progress' which requires state/ individual involvement to champion ACRA at a state/ territory and national level. We are seeking interested parties to assist with this project.
- Screening for obstructive sleep apnoea in CR paper has been accepted and will be in the latest edition of European Journal of Preventative Cardiology.





# STATE PRESIDENTS' REPORTING CONT.

## Rural Report - Jacinta McCartney

Cardiac rehabilitation in country SA is ever growing and adapting to the challenges that country people face, and CATCH is continuing to strive to ensure every patient who is eligible for cardiac rehabilitation has the opportunity to participate in a quality service, and in a timely manner. The CATCH telephone services are being accessed and utilised throughout country SA, for those patients who are unable to attend or access a face to face program, and for those who prefer a telephone based method of delivery.

## Heart Foundation Report

Heart Week was well promoted with a professional forum opened by Dr Amanda Rischbieth, Heart Foundation SA.

This was another well attended event which delivered a number of topical presentations, the highlights of which were:

- Professor Derek Chew presented on the Cost effectiveness data in cardiac rehabilitation.
- Mr Tim Temple, Consumer and Ms Caroline Wilksch, Cardiac Rehabilitation Nurse from Gawler Health Service provided us with a compelling account of his journey from the beginning of his recent health journey of being diagnosed with diabetes and then his heart attack, through his recovery, rehabilitation, maintenance and now his role as a public speaker and CR advocate
- E-cigarettes - "what are they and how do they fit within policy in our state", by Ms Tuesday Udell Senior Policy Advisor, Heart Foundation SA.
- Dr Gavin Wheaton, Medical Director - Division of Paediatric Medicine, Women's and Children's Hospital: "Rheumatic Heart Disease - the burden in Australia"
- "Helping patients navigate health care messages" - Panel session facilitated by Dr Amanda Rischbieth, Chief Executive, Heart Foundation SA. The panel discussion included our members Susan Treadwell and Mrs Kathryn O'Toole.

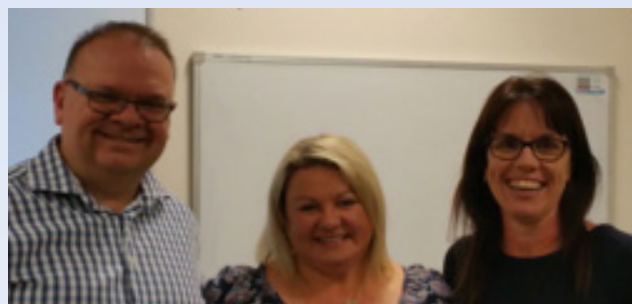
Following this forum the Nurse Ambassadors continued into their training day with Dr Rosemary Higgins who presented on Motivational Interviewing and Behaviour Change.

June is the month for "Make the Invisible Visible" which is a project highlighting women and heart disease, so use the #make the invisible visible tag and draw a heart on your body, photograph it and post using the # tag.

## Upcoming events:

- Heart Foundation's Paint the Town Red Ball - 27 August 2016 - <http://heartfoundation.org.au/events/paint-the-town-red-ball>
- Join Team Heart at City to Bay on 18 September 2016 - <http://heartfoundation.org.au/events/city-to-bay>

## Education Seminar:



We had another very interesting education session on April 9th, 2016 which was hosted by Michelle Iadanza at her workplace at GP Plus at Modbury, a very nice and new building and which was great for our workshop style concurrent sessions. This was followed up by our state AGM.

## Our presenters were:

**Peter Hallet**, B.Sc, Dip App Psych, MPsc (WorkOrg), BAppSc (Physio), MAPS MCCLP.

Peter gave a very insightful presentation on "Goal setting and Behaviour change" providing a comprehensive overview investigating the complexities of patient centred care, problem solving, breaking down complexity, self-efficacy and developing strategies for goal commitment.

**Deb Wright**, Advanced Clinical practitioner, cardiovascular health, delivered a very hands on session exploring Cardiovascular Assessment, and this provided an opportune time to refresh our physical assessment skills, including listening to heart sounds.

We would also like to thank Renee Henthorn and Jodi Starr for providing the morning tea.

## Other News:

In April, Di Lynch (President) has recently attended the inaugural SA Academic Health Science and Translation Centre - Cardiac Rehabilitation and Secondary Prevention Working Group - this was meeting held at the SAHMRI and was chaired by Professor Steve Nicholls.

This was an introductory meeting to discuss terms of reference, and outline the current status of cardiac rehabilitation from many key stakeholders, which



# STATE PRESIDENTS' REPORTING CONT.

included the Prevention and Rehabilitation Working group, SACRA, Country Health, CATCH, and the Heart Foundation. Discussions included the Cardiac Rehabilitation data set and audit, universities, national landscape, and cardiac rehabilitation research currently in Australia.

We discussed the opportunities for 2016 and beyond.

There was a follow up meeting held on May 25th at which Dianna Lynch was an apology. However, the minutes reflected that further terms of reference were discussed and a 5 year goal was deliberated and accepted, which includes two sub working groups, "Research" and "Measurement", with a formal link to be shared with the Cardiac Rehabilitation and Secondary Prevention Working Group - now coalition.

Wendy Keech is currently chair and will be replaced by Rosy Tirrimacco (ICCnet). Carolyn Astley will chair the "Measurement" subgroup and will work with Rosanna Tavella, Wendy Keech, Matt Horsfall, and Robyn Clark.

A presentation was given by Professor Derek Chew on "Current Evidence - What we know", followed by discussion and ideas on areas of research.

The next meeting will be held in approximately four weeks (i.e. late June /July).

Di Lynch also represented SACRA and gave a presentation to the National Safety Summit held here in Adelaide at the Stamford Plaza Hotel and highlighted "What is cardiovascular disease and why is it so important." This presentation was aimed at making cardiovascular disease an industry priority, initiating preventative measures in capturing CVD early, the importance of cardiovascular rehabilitation for recovering workers and implementing healthier practices in the workplace.

This received good feedback from the convenors and she has accepted further invitations on behalf of SACRA to speak on similar topics in the future.

Di Lynch has also just returned from a five day training program in Cardiovascular Rehabilitation and Secondary Prevention held in Melbourne and run by Australia Centre for Heart Health (formerly Heart Research Centre). This was an intensive overview of evidence based cardiac rehabilitation practices, which was delivered at a good pace with excellent speakers and experts in their field. I recommend this course to all practicing cardiac nurses and rehabilitation practitioners, and whilst it may be a little basic for those senior clinicians it was a really good refresher in particular about making sure we are evidence based and relevant in how we deliver our programs to our patients.

## Member Profiles:

Heart Foundation SA Division representatives for SACRA SA/NT

This newsletter edition features our two Heart Foundation SA Division members Sabine Drilling and Vanessa Poulsen.

### Sabine Drilling – Heart Foundation SA

Cardiovascular Health Project Officer - Heart Care & Equity

Throughout her nursing career Sabine has been at the forefront of new specialist education roles and organisations. Prior to joining the Heart Foundation she worked as an RN in A&E (Cardiology at the Royal Adelaide Hospital), and undertook the Critical Care Course at the Royal Adelaide Hospital before joining the Flinders Medical Centre team as one of the first Cardiac Rehabilitation Nurses.



Her commitment to developing cardiac rehabilitation saw her become a founding member of the Australian Cardiac Rehabilitation Association, develop the first Phase 2 Cardiac Rehabilitation Program in South Australia and found SACRA (now known as ACRA SA/NT).

Eighteen years ago, Sabine joined the new Heart Foundation Health Information Service, with her first call from the then Premier Mr John Olsen. More recently as part of the Heart Foundation SA Cardiovascular Health team she has led the training for the SA Health Standard Cardiac Patient Resources contract, as well as Equity work in Aboriginal Health which has included a project in the APY Lands.

Sabine's passion for patient education and supporting health professionals in their education, has allowed her to lead the development of the free Heart Foundation online training resource My heart, my life e-learning, which in its first year has been accessed by 1581 health professionals, many in South Australia. Sabine regularly conducts in service education sessions in hospitals and Aboriginal Medical Services about the Heart Foundation's secondary prevention and heart failure resources.

Sabine's mission is to ensure all health professionals understand cardiac disease and the importance of cardiac rehabilitation so they can feel confident in their discussions with patients, and support them in their recovery. Out of work Sabine loves cooking (her Mum is French and worked as a Chef), her iPad and glamping (luxury camping).

Sabine can be contacted via email [Sabine.Drilling@heartfoundation.org.au](mailto:Sabine.Drilling@heartfoundation.org.au) or call 08 8224 2805.



# STATE PRESIDENTS' REPORTING CONT.

**Vanessa Poulsen** – Heart Foundation SA

Cardiovascular Health Project Officer -  
Acute & Secondary Prevention

A Coronary Care/ Cardiac Surgical Unit registered nurse and Cardiac Rehabilitation Coordinator, Vanessa joined the Heart Foundation SA Cardiovascular Health team eight years ago to help improve the promotion and implementation of clinical guidelines and resources that relate to the acute care and secondary prevention/cardiac rehabilitation of patients with cardiovascular disease.

When Vanessa studied her Nursing degree she also completed a Health Sciences degree. This means her approach to her work has a clinical and public health lens. Her love of cardiology led her to complete a Graduate Diploma in Cardiovascular Nursing, for which she won the Adelaide University Pearson Prize. Her role at the Heart Foundation brings together her clinical knowledge and public health focus to improving care.

As part of this role, Vanessa is responsible for supporting the dissemination of a suite of Heart Foundation cardiac resources made possible by SA Health funding, ensuring they reach all South Australian cardiac patients. These resources, including the 'My heart, my life' book, set the standard for patient information across the state.

Vanessa and Sabine support the dissemination of these resources by providing training and working with hospitals and health services on systems to ensure all eligible patients are receiving their copy. This work links into a bigger strategy to advocate for improved patient care to align with evidence based guidelines, ensuring the best possible care is delivered.

In order to further improve patient care, Vanessa has led the highly successful Heart Foundation Nurse Ambassador Program, which for over 10 years, has aimed at connecting nurses with a passion for improving care for cardiac patients to the Heart Foundation and each other.

Vanessa's mission is to strengthen systems within hospitals and health units to ensure all patients get evidence based care and a referral to cardiac rehabilitation for ongoing recovery support. She loves the small changes that the nurses are able to achieve through their involvement in the Heart Foundation Nurse Ambassador Program, and hopes one day to see them replicated across the country (this has already started with a few new programs this year).



Out of work Vanessa loves playing with her 2 year old toddler, reading (when she gets the time) and painting something on her never ending renovation to her house!

Vanessa can be contacted via email: Vanessa.Poulsen@heartfoundation.org.au or call 08 8224 2856.

## Save the Dates:

- **1-3rd August** – ACRA National Conference  
Grand Chancellor Hotel – Hindley St Adelaide
- **21st September** – Ordinary Meeting 5-7pm sharp  
Heart Foundation Hutt St Adelaide
- **2nd November** – SACRA Annual Dinner/ Christmas Dinner/ Education Session  
Ayres House. Time & Topic TBA

## WESTERN AUSTRALIA

Hi to all ACRA members.

There has been lots of activity in WA. On the professional development front we were treated to an excellent local professional development forum on the 18th of May at the Harry Perkins Institute, QE2 Medical Centre. This venue provided a pleasant ambience with which to hear from our expert presenters. The session titled: **THINKING OUTSIDE THE BOX** included



**Dr Angus Thompson** speaking about his passion: **CT Angiogram**. We learnt about this technology and the

ability to look at cross-sectional, unstable plaque and predict future events with 94% accuracy. CTCA is a fast technique, looks at arteries, valves and the lungs too! We heard about the CTCA use in both prevention and treatment. Dr Thompson had some great visual learning and his case study approach made this a highly relevant learning experience. Our next presenter was the ever passionate **Professor Gerald Watts** on the topic of



**Familial Hypercholesterolemia** – Prof Watts' presentation style was great. He is well-known to many in the room and he respectfully recognised their contributions to cardiac care in WA. His engaging teaching style although highly academic was delivered in a down to earth style and again using a person-centred case study approach he ensured the participants remembered and cemented their knowledge to apply in the clinical setting.



State  
representative:  
**Helen McLean**



President:  
**Craig Cheetham**



# STATE PRESIDENTS' REPORTING CONT.

All round a great evening of learning and networking: highly educational and inspirational. Thanks especially go out to Julie Prout, Joanna Clark, Hazel Mountford and Trish Jones for organising and facilitating this event.

## Upcoming Event - our annual SYMPOSIUM

Our upcoming annual Symposium provides a forum for those presenting at ACRA or other conferences to have input from the audience to perfect the delivery of their presentations. This Professional development event will be held on **Wednesday the 20th of July** at Hollywood **Private Hospital**, current financial WACRA members FREE; \$25 Non WACRA members but FREE if you join WACRA on the night! All enquiries to Tracy Swanson: [tracy.swanson@healthcare.org.au](mailto:tracy.swanson@healthcare.org.au). WA presenters at this year's ACRA conference in Adelaide will be critiqued by the WA group and include a workshop: *"A Case Study of cardiac rehabilitation for a diabetic patient who has CABG and develops an unstable sternum: Exercise and sternal assessment"* presented by Craig Cheetham + Doa El-Ansary; and papers: *"Communication, Collaboration, Cooperation: The Training Centre in Subacute care (TRACS WA) strengthen interprofessional learning for sub-acute care clinicians in the cardiac setting"* by Helen M McLean; *"The effects of community-based exercise training in adults with a history of a Fontan procedure"* by Andrew Maiorana; and *"Future innovative solutions for Aboriginal and Torres Strait Islander CR"* by Lyn Dimer.

Our professional development in November will see a **World Café style event** looking at WA cardiac rehabilitation services and how they meet the Core Components.

## Heart Foundation WA news

Many hospitals and health services in WA used Heart week to showcase their cardiac rehabilitation services with 'Hearty' the mascot making appearances all around town!

The Heart Foundation Nurse Ambassador program commenced in WA this year with a focus on nurses in Primary care. 18 nurses attended the first workshop in March. The second workshop is planned for June 10 and will include a presentation from a cardiac rehabilitation nurse and an exercise physiologist with the aim of increasing awareness and referrals to cardiac rehab.

It was pleasing to hear mention of the benefits of Cardiovascular Health Networks pathway document at the recent NSW ACRA webinar. To view the document and download go to: <http://www.healthnetworks.health.wa.gov.au/network/cardio.cfm>.

Preparations have commenced and are moving along well for THE 2017 ACRA CONFERENCE BEING HELD IN PERTH. As conference convenor I feel blessed to have such an experienced, motivated, energetic group working with me to bring you all a great event. I look forward to meeting you all in Adelaide this year at what promises to be an excellent time of learning and fun!

## Helen McLean ACRA WA State Representative

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

## VICTORIA

In planning for the next education day the Committee has already commenced the preliminary stages utilising the participants' feedback from recent VACR educational events to ensure the program is beneficial to the attendees. To assist the Committee in the planning a survey monkey to assess particular areas of interest will be circulated shortly. Following collation of responses the Committee will be able to more accurately formulate the program to meet members' needs.

Note - as a result of member response the education day planned to coincide with the VACR Annual general meeting 2016 will be a one day event.

Due to the long distances that some of the Committee have to travel to facilitate the VACR education events several of the team travel to Melbourne the evening before and meet to share the evening meal. As the Committee are friendly folk we would welcome any other VACR participant to join us at our next event. More information will be circulated with the next VACR event details as they come to hand.

At the end of the VACR February event most of the Committee shared a meal while we finalised business and debriefed. Photography is not one of my strong points as you will observe from the snap I took below. From left Ailish Commene, Niamh Dormer, Susie Cartledge, Meg Ryan (hidden), Deb Gascard and Carmel Bourne.



State representative:  
**Kim Gray**



President:  
**Emma Boston**

# STATE PRESIDENTS' REPORTING CONT.

Calculation of current Victorian member numbers who are financial is a bit ticky at the moment due to the billing process change over to the same fixed calendar date for all ACRA members. A clear clarification of number members will hopefully be available soon as we all come to the realisation that the anniversary date for membership has changed for many. Whilst this process has been disruptive the benefits of ACRA/VACR far outweigh the inconvenience and more importantly all members will benefit from better stewardship of the associations.

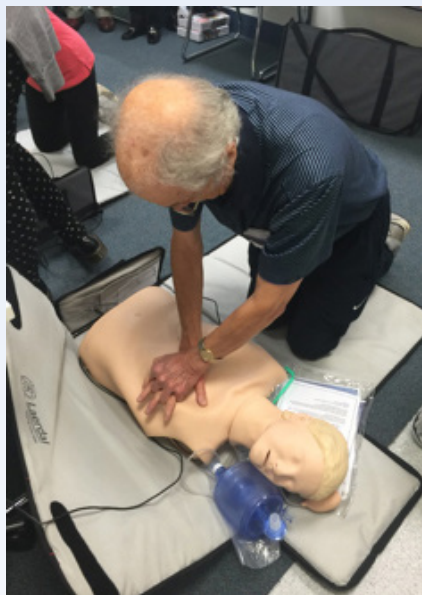
If you are having any issues with your membership payment please contact The Association Specialists (TAS) who are the association management company for ACRA on:

Tel: 02 9431 8653.

Warmest Regards,

**Emma Boston.**

## CPR training study begins at Cabrini Cardiac Rehabilitation



A study to assess the feasibility of incorporating CPR training into cardiac rehabilitation has begun at Cabrini Hospital, Malvern. This research makes up the final study of Susie Cartledge's PhD investigating better ways of targeting CPR training to

high-risk cardiac populations. The training has been embraced by patients and their spouses, with 49 people completing the training in just three classes, 33 of them patients and 16 spouses. The training utilises self-instructional video kits which include a reusable inflatable CPR training manikin and an instructional DVD. Participants have given very positive feedback so far, stating they like that it's a hands on class and that they get to take the training kit home. Susie will investigate how many others they then train at home using the kit, by calling them one month post training.

## TASMANIA

### TACR REPORT

AGM held in April – only a very small number of our members were able to attend. We are concerned that our membership numbers are dwindling and we discussed some possibilities to retain and increase our member numbers – the strategies being advocated by the ACRA Membership Committee will be invaluable in assisting us to promote the association with our colleagues.

Our committee membership is unchanged:

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

Our planned education seminar was cancelled as we were unable to secure speakers due to other commitments. However we were fortunate in having the heart transplant team from The Alfred in Melbourne come to Hobart to speak to members of the cardiology team. We took advantage of this and utilised this opportunity as our education seminar for this year – an evening presentation by an Alfred cardiologist, a surgeon and a specialist nurse focussing on the use of VAD's in heart failure. Topics included suitable patients and patient selection, types of pumps, the technology, when to refer, and patient management post-surgery and returning home. The following morning the specialist nurse spoke to us on the nursing management of VAD's and a senior physiotherapist discussed exercise for patients with these devices.

The Launceston Cardiac Rehab Program had to cancel its sessions recently due to multiple road closures as a result of major flooding in the north of the state after torrential rainfall. The Burnie and Mersey programs were not as affected with receding flood waters meaning that roads were open and passable.

John Aitken was able to meet with the CEO of the Tasmanian Health Service on the 9th of June and took the opportunity to advocate for cardiac rehab programs across the state. He raised the issue of service delivery and disparities across sites, waiting



State representative:  
**John Aitken**



President:  
**Sue Sanderson**

# STATE PRESIDENTS' REPORTING CONT.

lists, FTE, and heart failure. Further discussions will be held later in the year and within the state-wide cardiology meetings. We all need to take every opportunity to promote the evidence based benefits of the service we provide.

The Hobart program is "under the pump" at the moment with staff shortages threatening the viability of the service across our 2 sites. We are desperately trying to recruit to the vacant position hours following the secondment of one of our CRN's to the heart failure service and another not returning after a period of leave. While we have had 2 nurses rotating through the service over the last 12 months for 6 months each, neither are available to continue, so we are seeking interest from other cardiology nurses. Unfortunately we end up 'robbing Peter to pay Paul' as they say, as we poach staff from the cardiology ward to try and meet our needs. Having ward staff rotate through the service has been invaluable however, and beneficial or all as they now are 'ambassadors' for the service, encouraging their colleagues to refer patients as they raise awareness in the ward environment.

**Sue Sanderson**

The pilot was conducted from March – May 2016. An Excel spread sheet, with drop down menus has been developed and distributed to the LHDs to facilitate data collection. The majority of LHDs have confirmed they will participate in the pilot. The pilot program covers up to 28 sites across NSW. The pilot data collection commenced on 1 March 2016 and concluded on 30 May 2016. From there we'll await feedback about any improvements required and/or suggestions and correlate this data to the State CR working party. This data collection will be presented at the ACRA conference in Adelaide.

- 3) Face to face CRA NSW ACT Board meeting held on the 8th April 2016 in Sydney

## **CRA NSW board position statements**

### **Strategic Planning**

#### **Closing the gap, Better Cardiac care:-**

- Presentation by Marianne Gale (Ministry of Health)

### **Membership numbers**

118 up from previous months with four new members.

## **NEW SOUTH WALES / ACT**

- 1) CRA NSW ACT State webinar 4th May

Topic: Core components in Clinical Practise - Steve Woodruffe

- 2) NHF celebrating Heart Week 1-7th of May 2016 - topic was Cardiac Rehabilitation with focus on the health professional. Media presence good.

- 3) **CRA NSW ACT State Conference and AGM** will be held on the Monday 24th October 2016 at University of Sydney confirmed. Submission for abstract sent out.

Enrolments for conference have commenced

### **State network reports**

- 1) ACI NSW CHF forum 19/5/16
- 2) DATA: Work with the Local Health Districts and Epidemiology Unit at the NSW Ministry of Health to progress the piloting and refinement of the cardiac rehabilitation minimum data-set/clinical indicators (11 items) and data dictionary for monitoring cardiac rehabilitation services in NSW.



State representative:  
**Robyn Gallagher**



President:  
**Dawn McIvor**