ACRA NEWSLETTER

JULY 2018

Australian Cardiovascular Health and Rehabilitation Association

NEWS FROM ACROSS THE NATION

President report

ACRA Scientific Meeting Conference

ACRA budget

State reports

AUSTRALIAN CARDIOVASCULAR HEALTH AND REHABILITATION ASSOCIATION

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CHALLENGE...CHANGE...ACHIEVE

EDITOR'S NOTE

Welcome back ACRA Members and a big Hello to all our new Members,

In this Winter edition of the Newsletter we have focused on the ACRA Scientific Meeting, which is only a few weeks away. Convenor Paula Camp and Dawn McIvor with their Team have pulled together a fabulous program of professional, social and physical activity events. Utilizing the many new innovative platforms, the program looks educational, professionally stimulating and exciting.

As you read through the News Letter you will be able to click onto different links; expanding your access to the information and hopefully, valuably increasing your Conference experience. At the same time take a minute to see the .."ACRA 2018 Made Easy"… article that may assist you to get approval from your employer to attend the ACRA SM. Note that there are also two travel grants up for grabs in the …"Special Offers"… section

Robert Zecchin has again provided a brilliant summation of the up to date CR research, both locally and internationally with his …"A Research Corner for Australia article". Robert has taken out the hard work for us with the 11 research summations presented; whilst keeping them informative, entertaining and at the same time professionally recharging our CR thought banks. The compilation of topics Robert has gathered is broad. Keep a look out too for Robert's thought provoking …" Good News"… comments which are a highlight at the end of each item.

Reading through the State reports are a good way to catch up on what our colleagues are doing around the country. At the same time hearing about professionally inspiring work being done in Australian CR.

From around the Globe, ACRA EMC Member Steve Woodruffe's contacts with the ICCPR meant he recently received an invitation from Professor Sherry Grace Chair, International Council of Cardiovascular Prevention and Rehabilitation http://globalcardiacrehab.com/ for this link below. It is an educational video showing the Mayo CR model, which can be bought as a package for $395 or each class can be purchased a la carte. Sherry has offered Steve to share it amongst our Australian colleagues;

https://cveducation.mayo.edu/store/cardiac-rehabilitation-the-mayo-clinic-model–2#overview

On a note closer to home, seek out the Mystery Quiz on page 5.

The ACRA Annual General Meeting will be held as per our Constitution during the ACRA SM, at the Hotel Grand Chancellor Brisbane, on Tuesday 31st July 2018 at 12:30pm. A separate email blast will be sent to all current financial ACRA Members prior to the meeting. Note that Proxy forms will be attached to the email.

In preparation for the meeting our ACRA National Treasurer Natalie Simpson has provided her report for this Edition on behalf of the Treasury Working Group, including the proposed budget for the 2018/2019 Financial Year. Natalie and her Team are to be congratulated on their relentless hard work, that happily now sees ACRA financially bearing well in the current unpredictable and changing financial market. Well done Team!

Warmest Regards,

Emma Boston

WE WELCOME ARTICLES FOR PUBLICATION IN THIS NEWSLETTER

Please send any items to: emma.boston@sjog.org.au

Author guidelines are available on request

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PRESIDENT'S REPORT by the Vice President

Welcome to the Winter Edition of the Australian Cardiovascular health and Rehabilitation newsletter.

I thought I'd take the opportunity while Robyn Gallagher was away to highlight the countdown to ACRA's upcoming ASM. As I sit and write with the mercury hovering just up zero degrees and contemplate scraping the ice of my windshield in frosty Melbourne, my thoughts drift to Brisbane and the ACRA 2018 Scientific Meeting from the 30th of July to the 1st of August. Thanks to conference convener and social media guru Paul Camp, I have had the most recent research and cardiac rehabilitation tips and tricks delivered to my phone daily via the ACRA 2018 Conference Facebook page over the last six months. And, I have also not missed a single update on the amazing confirmed list of speakers.

As we plan to create, collaborate and grow for three days; things kick off with a content packed pre- conference workshop, 'What's New in Heart Failure Management?' This is followed by two days of national and international speakers. More importantly; local and international academics and clinicians will be presenting their own research.

Don't forget a major feature of the Conference is the Alan Goble Oration - this year's title is 'The challenge of reaching out to Cardiologists: How can we get them involved in Cardiac Rehabilitation?'

The physical activity of the members has been one of the focuses of the conference planning of the last six months. With a small group of members managing to walk the distance from last year's conference city Perth to Brisbane in amazing time, logging over seven million steps, with two months up our sleeve before the conference.

Thanks to ACRA 2018 for another innovative idea, we are now registered for another walk in Queensland. It would be great for members to jump on board with this physical activity initiative, I can't do it on my own. Delegates will also be able to increase their steps on the dance floor at the 'White Christmas in July' themed conference dinner, which will be held at the Queensland Gallery of Modern Art.

So, as we start the five-week countdown, keep up to date with what's on at ACRA ASM 2018 on Facebook at http://www.acra.net.au/acra-2018-asm/. Looking forward to three days' worth of networking and cardiovascular research.

Kim Gray
Vice President

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PROPOSED ACRA BUDGET FOR 2018/2019 FINANCIAL YEAR:

As Treasurer and on behalf of the Treasury Working Group and ACRA EMC, I propose the accompanying budget for the 2018/2019 financial year. This budget itemises the proposed income and expenditure (including the ACRA Conference Income/ Expenditure) for the 2018 financial year, which is based on conservative modelling.

Over the past twelve months ACRA expenditure has remained stable. The inclusion of monies has been set aside to allow for the audit of our financials. Expenditure remains consistent: statutory compliance, office bearer insurance, website maintenance/ updates, security of membership details, newsletter and merchant fees and payment of our Secretariat services - TAS. As our income is derived from member fees and conference income, the budgeted expenditure is based on a 'worse case' scenario. This budget does not consider potential new memberships, renewals or loss of memberships.

ACRA membership has seen a significant and consistent increase across all states over the past twelve months. Membership not only maintains our bottom line but more importantly sustains and promotes our professional standing. 'ACRA is a peak body that provides support and advocacy for multidisciplinary health professionals to deliver evidence-based best practice across the continuum of cardiovascular care'.

The Treasury Working Group (delegated members of the ACRA EMC), works proactively, and meets via teleconference and our twice-yearly Face to Face meetings to undertake a strategic review to ensure ACRA remains fiscally viable for our members. If fact, the 2018/2019 financial year sees a strong move from a negative to a surplus balance in nett income. Given the uncertainty in a changing financial market, ACRA continues to bear well under market strains. This is further buoyed by our member and non-member attendance to our Annual Scientific Meeting (ASM), with the upcoming conference in July/August being held in Brisbane this year. The income derived from our ASM is utilised to maintain our bottom line and provide financial assistance to states to conduct their ASM. In 2019/2020, we hope to be able to reinstate access to an evidence- based journal (e.g. European Journal of Preventative Cardiology) for our members.

ACRA continues to provide members with access to education via online or face to face sessions. The ACRA Treasury Working Group and myself as 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

	Expenditure	**Proposed**
	2017/2018	2018/2019
ACRA EMC		
F2F Venue/ Meeting	$ 8,000.00	$ 8,500.00
Teleconference	$ 960.00	$ 960.00
Scholarships and Travel Grants	$ nil	**$ 1,000.00**
Communication		
Phone/ Fax/ Office	$ 1,400.00	$ 1,400.00
Website: Breakaway Creative	$ 700.00	$ 700.00
Website Management: TAS	$ 170.00	$ 170.00
Website Domain Renewal	$ N/A	$ N/A
Newsletter	$ 3,168.00	$ 3,168.00
Postage	$ 75.00	$ 75.00
Annual Fees		
Accountant Fees	$ 3,200.00	$ 3,200.00
Audit	$ 0.00	$ 2500.00
BAS Submission (q)	$ 1540.00	$ 1540.00
Subscription/Membership	$ 0.00	$ 0.00
Membership: ICCPR	$ 259.01	$ 260.00
Indemnity Insurance	$ 2,800.00	$ 2,800.00
TAS Management Fees	$ 25,000.00	$ 25,000.00
(TAS Finance Management)	($ 650.00)	($ 650.00)
(TAS Sundry Management)	($ 4,000.00)	($ 4,000.00)
Storage	$ 275.00	$ 275.00
Vimeo	$ 69.95	$ 69.95
CAV – Consumer Affairs Victoria		$ 56.90
Conference	($ 110,000.00)	$ TBA
Conference Seeding		$ 15000.00
General Expenditure		
Data Storage Fees	$ 450.00	$ 450.00
Bank Charges	$ 20.00	$ 20.00
Merchant Fees	$ 450.00	$ 450.00
Photocopying	$ 140.00	$ 140.00
Currinda Fee	$ 2311.00	$ 2000.00
CR Directory Management	$ 180.00	$ 220.00
Marketing		
ACRA Banner (Qld)	$ 60.00	$ 0.00
Membership A3 posters		
Artwork	$ 0.00	$ 0.00
Printed Posters	$ 0.00	$ 0.00
TOTAL EXPENDITURE	$ 55,304.01	$ 54734.85
Income	**Proposed**	**Proposed**
Membership Fees (n=500)	$ 52,000.00	$ 65,000.00
Joining Fee ($40)if not joining at an event	$ 2,040.00	$ 00.00
Interest	$ 165.47	$ 60.00
Conference	$ 1084.73	$ 00.00
Endorsement Policy Income	$ TBD	$ TBD
Sponsorship	$ 0.00	$ 00.00
Newsletter	$ 0.00	$ 00.00
Website (Job Advert)	$ 250.00	$ 00.00
Training & Education Webinar	$ 0.00	$ 00.00
TOTAL INCOME	$ 55,540.20	$ 65000.00
	236.19	$ + 10265.15

Cardiac Rehabilitation and Secondary Prevention Associations

European Society of Cardiology has two highly relevant councils

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

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

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

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

American Heart Association relevant councils

AHA has its main scientific sessions in November 10-12 every year and each council has a stream of sessions. Membership is paid annually.

Cardiovascular and stroke nursing council

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

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

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

Preventive Cardiovascular Nurses Association

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

Paid membership

British Association of Cardiopulmonary Rehabilitation

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

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

American Association of Cardiovascular and Pulmonary Rehabilitation

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

Mystery object – What is this, and where is this?

See page 14 for the answer!

A CORNER OF RESEARCH FOR AUSTRALIA

By Robert Zecchin RN MN

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

The following are excerpts of recent research articles which may:

a. encourage further research in your department

b. make you reflect on your daily practice

c. enable potential change in your program

d. All of the above

1. A Systematic Review of Exercise Training in Patients with Cardiac Implantable Devices.

Alswyan AH, Liberato ACS, Dougherty CM. J Cardiopulm Rehabil Prev. 2018 Mar; 38(2):70-84.

PURPOSE: This systematic review identified exercise-based intervention studies in patients with cardiac implantable devices (CIDs): implantable cardioverter defibrillator (ICD), cardiac resynchronization pacemaker or defibrillator (cardiac resynchronization therapy (CRT)), or ventricular assist device (VAD) and assessed evidence for the safety and efficacy of exercise-based interventions alone or in combination with psycho-educational components.

METHODS: PubMed, EMBASE, CINAHL Plus, Web of Science, Cochrane, and PEDro databases were searched from database inception to September 2016. Data were extracted and validity was assessed by 2 reviewers. Study quality was evaluated using the JADAD scale for randomized controlled trials. A total of 3991 articles for all CIDs (ICD: 1015; pacemaker: 1630; and VAD: 1346) were screened for relevance. Subsequently, 24 full-text articles (ICD: 14; CRT: 4; and VAD: 6) were deemed eligible for this review.

RESULTS: Studies of aerobic exercise training demonstrated an average increase in peak oxygen uptake of 2.61 mL/kg/min, (ICD = 2.43, VAD = 2.2, and CRT = 3.2 mL/kg/min). These incremental increases were statistically significant when compared with the usual care or other comparison groups. Adverse event rates were very low at 1.1% to 2.2% for all CIDs.

CONCLUSION: Exercise interventions tested to date in the CID population (ICD, CRT, and VAD) indicate that exercise training at moderate to high intensity is safe and effective in improving cardiopulmonary outcomes without adverse events. Future investigations should include a more diverse sample of participants, designs that include translation of exercise to routine practice, the destination therapy VAD population, and measurement of costs and patient-centred outcomes.

The Good News: Does your CR program cater for ICD patients?

2. A Qualitative Study of Experiences of Participants in Cardiac Rehabilitation.

Yates BC, Vazquez Hernandez ML, Rowland SA, Bainter DE, Schulz P, Hanson CK. J Cardiopulm Rehabil Prev. 2018 Feb 26.

PURPOSE: Maintenance of lifestyle changes after cardiac rehabilitation (CR) is suboptimal. In addition, partners of cardiac patients are invited to participate in CR educational sessions and implicitly expected to assist patients with their lifestyle changes. The purpose of this study was to qualitatively examine patient and partner perceptions of phase two CR three months after completion of the program.

A CORNER OF RESEARCH FOR AUSTRALIA CONT.

METHODS: A purposive sample of 11 couples (patients' post-heart surgery and their spouses) was interviewed following completion of CR. Semi-structured, in-person interviews were conducted with patients and spouses separately. Data were analyzed using line-by-line coding to identify themes. RESULTS: Themes were identified in relation to program elements of CR. Exercise themes were as follows: (1) benefitted from exercise and (2) felt held back. Education themes were as follows: (1) received basic education and (2) needed more personalized information. CR environment themes were as follows: (1) developed confidence; (2) made social comparisons; and (3) helped to have partner there.

CONCLUSION: Overall, participant perceptions of exercise, education, and the CR environment were very positive. Nevertheless, there is a need to improve educational efforts within CR to rely less on "canned" presentations and more on participants developing their own self-management methods to maintain a healthy lifestyle after CR.

The Good News: We should listen to the needs of our patients and their carers more!

3. Effects of two behavioural cardiac rehabilitation interventions on physical activity: A randomized controlled trial.

Ter Hoeve N, Sunamura M, Stam HJ, Boersma E, Geleijnse ML, van Domburg RT, van den Berg-Emons RJG. Int J Cardiol. 2018 Mar 15; 255:221-228.

BACKGROUND: Standard cardiac rehabilitation (CR) is insufficient to help patients achieve an active lifestyle. The effects of two advanced and extended behavioural CR interventions on physical activity (PA) and sedentary behaviour (SB) were assessed.

METHODS: In total, 731 patients with ACS were randomized to 1) three months of standard CR (CR-only); 2) three months of standard CR with three pedometer-based, face-to-face PA group counseling sessions followed by 9 nine months of aftercare with three general lifestyle, face-to-face group counseling sessions (CR+F); or 3) three months of standard CR, followed by nine months of aftercare with five to six general lifestyle, telephonic counseling sessions (CR+T). An accelerometer recorded PA and SB at randomization, three months, 12 months, and 18 months.

RESULTS: The CR+F group did not improve their moderate-to-vigorous intensity PA (MVPA) or SB time compared to CR-only (between-group difference=0.24% MVPA, P=0.349; and 0.39% SB, P=0.529). However, step count (between-group difference=513 steps/day, P=0.021) and time in prolonged MVPA (OR=2.14, P=0.054) improved at 3months as compared to CR-only. The improvement in prolonged MVPA was maintained at 18months (OR=1.91, P=0.033). The CR+T group did not improve PA or SB compared to CR-only.

CONCLUSIONS: Adding three pedometer-based, face-to-face group PA counseling sessions to standard CR increased daily step count and time in prolonged MVPA. The latter persisted at 18months. A telephonic after-care program did not improve PA or SB. Although after-care should be optimized to improve long-term adherence, face-to-face group counseling with objective PA feedback should be added to standard CR.

The Good News: More adjunct models of care with CR improve physical activity but will your resources handle it!

4. Improvement in cardiac dysfunction with a novel circuit training method combining simultaneous aerobic-resistance exercises. A randomized trial.

Dor-Haim H; Barak S; Horowitz M; Yaakobi E; Katzburg S; Swissa M; Lotan C. PLoS ONE. 13(1):e0188551, 2018.

INTRODUCTION: Exercise is considered a valuable non-pharmacological intervention modality in cardiac rehabilitation (CR) programs in patients with ischemic heart disease. The effect of aerobic interval exercise combined with alternating sets of resistance training (super-circuit training, SCT) on cardiac patients' with reduced left ventricular function, post-myocardial infarction (MI) has not been thoroughly investigated. AIM OF STUDY: To improve cardiac function with a novel method of combined aerobic-resistance circuit training in a randomized control trial by way of comparing the effectiveness of continuous aerobic training (CAT) to SCT on mechanical cardiac function. Secondary to compare their effect on aerobic fitness, manual strength, and quality of life in men post MI. Finally, to evaluate the safety and feasibility of SCT.

METHODS: 29 men post-MI participants were randomly assigned to either 12-weeks of CAT (n = 15) or SCT (n = 14). Both groups, CAT and SCT exercised at 60%-70% and 75-85% of their heart rate reserve, respectively. The SCT group also engaged in intermittently combined resistance training. Primary outcome measure was echocardiography. Secondary outcome measures were aerobic fitness, strength, and quality of life (QoL). The effectiveness of the two training programs was examined via paired t-tests and Cohen's d effect size (ES). RESULTS: Post-training, only the SCT group presented significant changes in echocardiography (a reduction in E/e' and an increase in ejection fraction, $P<0.05$). Similarly, only the SCT group presented significant changes in aerobic fitness (an increase in maximal metabolic equivalent, $P<0.05$). In addition, SCT improvement in the physical component of QoL was greater than this observed in the CAT group. In both training programs, no adverse events were observed.

CONCLUSION: Men post-MI stand to benefit from both CAT and SCT. However, in comparison to CAT, as assessed by echocardiography, SCT may yield greater benefits to the left ventricle mechanical function as well as to the patient's aerobic fitness and physical QoL. Moreover, the SCT program was found to be feasible as well as safe.

The Good News: Is this the same in women!

5. Geographic Variation in Cardiac Rehabilitation Participation in Medicare and Veterans Affairs Populations: An Opportunity for Improvement?

Alexis L. Beatty, Michael Truong, David W. Schopfer, Hui Shen, Justin M. Bachmann, Mary A Whooley Circulation. 2018; CIRCULATIONAHA.117.029471

BACKGROUND: Cardiac rehabilitation is strongly recommended after myocardial infarction (MI), percutaneous coronary intervention (PCI), or coronary artery bypass surgery (CABG), but is historically underused. We sought to evaluate variation in cardiac rehabilitation participation across the United States.

METHODS: From administrative data from the Veterans Affairs (VA) healthcare system and a 5% Medicare sample, we used ICD-9 codes to identify patients hospitalized for MI, PCI, or CABG from 2007-2011. After excluding patients who died within 30 days of hospitalization, we calculated the percent of patients who participated in one or more outpatient visits for cardiac rehabilitation during the 12 months after hospitalization. We estimated adjusted and standardized rates of participation in cardiac rehabilitation by state using hierarchical logistic regression models. RESULTS: Overall, participation in cardiac rehabilitation was 16.3% (23,403/143,756) in Medicare and 10.3% (9,123/88,826) in VA. However, participation rates varied widely across states, ranging ➤

from 3.2% to 41.8% in Medicare and 1.2% to 47.6% in VA. Similar regional variation was observed in both populations. Patients in the West North Central region (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota) had the highest participation, while those in the Pacific region (Alaska, California, Hawaii, Oregon, and Washington) had the lowest participation in both Medicare (33.7% vs. 10.6%) and VA (16.6% vs. 5.1%) populations. Significant hospital-level variation was also present, with participation ranging from 3-75% in Medicare and 1-43% in VA.

CONCLUSIONS: Cardiac rehabilitation participation remains low overall in both Medicare and VA populations. However, there is remarkably similar regional variation, with some regions and hospitals achieving high rates of participation in both populations. This provides an opportunity to identify best practices from higher-performing hospitals and regions that could be used to improve cardiac rehabilitation participation in lower-performing hospitals and regions.

The Good News: Quality improvement 101!

6. Exercise-based cardiac rehabilitation for adults with stable angina.

Long L, Anderson L, Dewhirst AM, He J, Bridges C, Gandhi M, Taylor RS. Cochrane Database of Systematic Reviews 2018, Issue 2. Art. No.: CD012786.DOI: 10.1002/14651858.CD012786.pub2

BACKGROUND: A previous Cochrane review has shown that exercise-based cardiac rehabilitation (CR) can benefit myocardial infarction and post-revascularisation patients. However, the impact on stable angina remains unclear and guidance is inconsistent. Whilst recommended in the guidelines of American College of Cardiology/American Heart Association and the European Society of Cardiology, in the UK the National Institute for Health and Care Excellence (NICE) states that there is "no evidence to suggest that CR is clinically or cost-effective for managing stable angina".

OBJECTIVES: To assess the effects of exercise-based CR compared to usual care for adults with stable angina.

METHODS: We updated searches from the previous Cochrane review 'Exercise-based cardiac rehabilitation for patients with coronary heart disease' by searching the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, Embase, DARE, CINAHL and Web of Science on 2 October 2017. We searched two trials registers, and performed reference checking and forward-citation searching of all primary studies and review articles, to identify additional studies. Selection criteria: We included randomised controlled trials (RCTs) with a follow-up period of at least six months, which compared structured exercise-based CR with usual care for people with stable angina.

DATA COLLECTION AND ANALYSIS: Two review authors independently assessed the risk of bias and extracted data according to the Cochrane Handbook for Systematic Reviews of Interventions. Two review authors also independently assessed the quality of the evidence using GRADE principles and we presented this information in a 'Summary of findings' table.

RESULTS: Seven studies (581 participants) met our inclusion criteria. Trials had an intervention length of six weeks to 12 months and follow-up length of six to 12 months. The comparison group in all trials was usual care (without any form of structured exercise training or advice) or a no-exercise comparator. The mean age of participants within the trials ranged from 50 to 66 years, the majority of participants being male (range: 74% to 100%). In terms of risk of bias, the majority of studies were unclear about their generation of the randomisation sequence and concealment processes. One study was at high risk of detection bias as it did not blind its participants or outcome assessors, and two studies had a high risk of attrition bias due to the numbers of participants lost to follow-up. Two trials were at high risk of outcome reporting bias. Given the high risk of bias, small number of trials and participants, and concerns about applicability, we downgraded our assessments of the quality of the evidence using the GRADE tool. Due to the very low-quality of the evidence base, we are uncertain about the effect of exercise-based CR on all-cause mortality (risk ratio (RR) 1.01, 95% confidence interval (CI) 0.18 to 5.67; 195 participants; three studies; very low-quality evidence), acute myocardial infarction (RR 0.33, 95% CI 0.07 to 1.63; 254 participants; three studies; very low-quality evidence) and cardiovascular-related hospital admissions (RR 0.14, 95% CI 0.02 to 1.1; 101 participants; one study; very low-quality evidence). We found low-quality evidence that exercise-based CR may result in a small improvement in exercise capacity compared to control (standardised mean difference (SMD) 0.45, 95% CI 0.20 to 0.70; 267 participants; five studies, low-quality evidence). We were unable to draw conclusions about the impact of exercise-based CR on quality of life (angina frequency and emotional health-related quality-of-life score) and CR-related adverse events (e.g. skeletomuscular injury, cardiac arrhythmia), due to the very low quality of evidence. No data were reported on return to work.

CONCLUSIONS: Due to the small number of trials and their small size, potential risk of bias and concerns about imprecision and lack of applicability, we are uncertain of the effects of exercise-based CR compared to control on mortality, morbidity, cardiovascular hospital admissions, adverse events, return to work and health-related quality of life in people with stable angina. Low-quality evidence indicates that exercise-based CR may result in a small increase in exercise capacity compared to usual care. High-quality, well-reported randomised trials are needed to assess the benefits and harms of exercise-based CR for adults with stable angina. Such trials need to collect patient-relevant outcomes, including clinical events and health-related quality of life. They should also assess cost-effectiveness, and recruit participants that are reflective of the real-world population of people with angina.

The Good News: Stable Angina is not as sexy as STEMIs to do RCTs involving CR – this should change for CR to broaden its horizons!

7. Cost-effectiveness of cardiac rehabilitation: a systematic review.

Shields GE, Wells A, Doherty P, et al. Heart Published Online First: 13 April 2018. doi: 10.1136/heartjnl-2017-312809.

Patients may be offered cardiac rehabilitation (CR), a supervised programme often including exercises, education and psychological care, following a cardiac event, with the aim of reducing morbidity and mortality. Cost-constrained healthcare systems require information about the best use of budget and resources to maximise patient benefit. We aimed to systematically review and critically appraise economic studies of CR and its components. In January 2016, validated electronic searches of the National Health Service Economic Evaluation Database (NHS EED), Health Technology Assessment, PsycINFO, MEDLINE and Embase databases were run to identify full economic evaluations published since 2001. Two levels of screening were used and explicit inclusion criteria were applied. Pre-specified data extraction and critical appraisal were performed using the NHS EED handbook and Drummond checklist. The majority of studies concluded that CR was cost-effective versus no CR (incremental cost-effectiveness ratios (ICERs) ranged from $1065 to $71,755 per quality-adjusted life-year (QALY)). Evidence for specific interventions within CR was varied; psychological intervention ranged from dominant (cost saving and more effective) to $226,128 per QALY, telehealth ranged from dominant to $588,734 per QALY and while exercise was cost-effective across all relevant studies, results were subject to uncertainty. Key drivers of cost-effectiveness were risk of subsequent events and hospitalisation, hospitalisation and intervention costs, and utilities. This systematic review of studies evaluates the cost-effectiveness of CR in the modern era, providing a fresh evidence base for policy-makers. Evidence suggests that CR is cost-effective, especially with exercise as a component. However, research is needed to determine the most cost-effective design of CR.

The Good News: More ammo to show to our administrators!

8. VA FitHeart, a Mobile App for Cardiac Rehabilitation: Usability Study.

Beatty AL, Magnusson SL, Fortney JC, Sayre GG, Whooley MA. JMIR Hum Factors 2018; 5(1):e3

BACKGROUND: Cardiac rehabilitation (CR) improves outcomes for patients with ischemic heart disease or heart failure but is underused. New strategies to improve access to and engagement in CR are needed. There is considerable interest in technology-facilitated home CR. However, little is known about patient acceptance and use of mobile technology for CR.

OBJECTIVE: The aim of this study was to develop a mobile app for technology-facilitated home CR and seek to determine its usability.

METHODS: We recruited patients eligible for CR who had access to a mobile phone, tablet, or computer with Internet access. The mobile app includes physical activity goal setting, logs for tracking physical activity and health metrics (eg, weight, blood pressure, and mood), health education, reminders, and feedback. Study staff demonstrated the mobile app to participants in person and then observed participants completing pre-specified tasks with the mobile app. Participants completed the System Usability Scale (SUS, 0-100), rated likelihood to use the mobile app (0-100), questionnaires on mobile app use, and participated in a semi-structured interview. The Unified Theory of Acceptance and Use of Technology and the Theory of Planned Behaviour informed the analysis. On the basis of participant feedback, we made iterative revisions to the mobile app between users.

RESULTS: We conducted usability testing in 13 participants. The first version of the mobile app was used by the first five participants, and revised versions were used by the final eight participants. From the first version to revised versions, task completion success rate improved from 44% (11/25 tasks) to 78% (31/40 tasks; P=.05), SUS improved from 54 to 76 (P=.04; scale 0-100, with 100 being the best usability), and self-reported likelihood of use remained high at 76 and 87 (P=.30; scale 0-100, with 100 being the highest likelihood). In interviews, patients expressed interest in tracking health

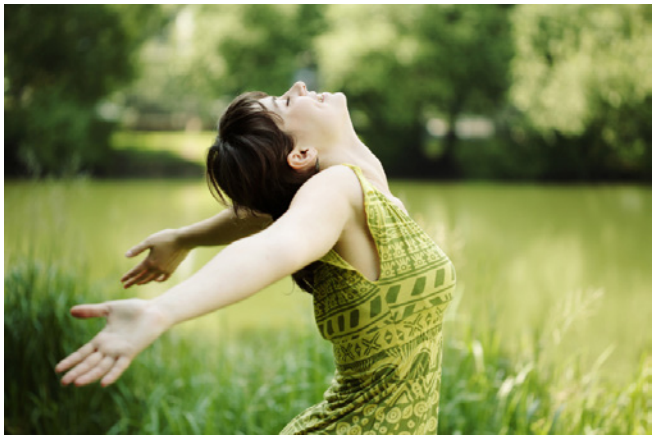
measures ("I think it'll be good to track my exercise and to see what I'm doing"), a desire for introductory training ("Initially, training with a technical person, instead of me relying on myself"), and an expectation for sharing data with providers ("It would also be helpful to share with my doctor, it just being a matter of clicking a button and sharing it with my doctor").

CONCLUSIONS: With participant feedback and iterative revisions, we significantly improved the usability of a mobile app for CR. Patient expectations for using a mobile app for CR include tracking health metrics, introductory training, and sharing data with providers. Iterative mixed-method evaluation may be useful for improving the usability of health technology.

The Good News: Another way to get your patients mobile (pun intended)!

9. Yoga-based postoperative cardiac rehabilitation program for improving quality of life and stress levels: Fifth-year follow-up through a randomized controlled trial.

Amaravathi E, Ramarao NH, Raghuram N, Pradhan B. Int J Yoga 2018;11:44-52



OBJECTIVES: This study was aimed to assess the efficacy of yoga-based lifestyle program (YLSP) in improving quality of life (QOL) and stress levels in patients after 5 years of coronary artery bypass graft (CABG).

METHODS: Three hundred patients posted for elective CABG in Narayana Hrudayalaya Super Speciality Hospital, Bengaluru, were randomized into two groups: YLSP and conventional lifestyle program (CLSP), and follow-up was done for 5 years. Intervention: In YLSP group, all practices of integrative approach of yoga therapy such as yama, niyama, asana, pranayama, and meditation were used as an add-on to conventional cardiac rehabilitation. The control group (CLSP) continued conventional cardiac rehabilitation only. World Health Organization (WHO)-QOL BREF Questionnaire, Perceived Stress Scale, Positive and Negative Affect Scale (PANAS), and Hospital Anxiety and Depression Scale (HADS) were assessed before surgery and at the end of the fifth year after CABG. As data were not normally distributed, Mann–Whitney U-test was used for between-group comparisons and Wilcoxon's signed-rank test was used for within-group comparisons.

RESULTS: At the end of five years, mental health (P = 0.05), perceived stress (P = 0.01), and negative affect (NA) (P = 0.05) have shown significant improvements. WHO-QOL BREF score has shown improvements in physical health (P = 0.046), environmental health (P = 0.04), perceived stress (P = 0.001), and NA (P = 0.02) in YLSP than CLSP. Positive affect has significantly improved in CLSP than YLSP. Other domains of WHO-QOL-BREF, PANAS, and HADS did not reveal any significant between-group differences.

CONCLUSION: Addition of long-term YLSP to conventional cardiac rehabilitation brings better improvements in QOL and reduction in stress levels at the end of 5 years after CABG.

The Good News: UMMMMMMMMM!

10. Evaluation of the Recommended Core Components of Cardiac Rehabilitation Practice: AN OPPORTUNITY FOR QUALITY IMPROVEMENT.

Zullo, Melissa D; Jackson, Leila W; Whalen, Christopher C; Dolansky, Mary A. Journal of Cardiopulmonary Rehabilitation and Prevention: January/February 2012 - Volume 32 - Issue 1 - p 32–40 doi: 10.1097/HCR.0b013e31823be0e2

PURPOSE: Guidelines have been established that describe recommended core components for cardiac rehabilitation (CR) programs; yet, there are no national efforts to monitor the integration of the guidelines. The purpose of this research was to describe incorporation of core components in CR programs.

METHODS: This was a cross-sectional study using the Ohio Phase II Cardiac Rehabilitation Survey. Descriptive analyses were stratified on American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) certification, case management, and staff mix.

RESULTS: Sixty-six percent (n = 94) of programs responded, 39% (n = 37) were AACVPR certified, 40% (n = 38) used case management, and 73% (n = 75) staffed an exercise physiologist. Notable findings included that only 44% of programs obtained/performed a 12-lead electrocardiogram and 36% screened for depression. AACVPR-certified programs compared with uncertified programs were more likely to manage overweight/

obesity (100% vs 84% instruct on weight control, respectively, P = .02) and perform health assessments upon admission (89% vs 70% respectively, P = .04). Programs using case management when compared with programs that did not use case management were more likely to administer a health survey (92% vs 65%, respectively, P = .003) and risk stratify (100% vs 84%, respectively, P = .02). Programs with an exercise physiologist were more likely to administer/obtain a stress test when compared with those without an exercise physiologist (78% vs 56%, respectively, P = .04).

CONCLUSIONS: There was a lack of consistency in the incorporation of core component guidelines; certification, case management, and staff mix offered little improvement. This study provides direction for state-wide quality improvement initiatives to improve care delivered in CR programs.

The Good News: Results that Australian CR programs can compare with!

11. Psychosocial Determinants of Weight Loss Among Young Adults With Overweight and Obesity: HOW DOES DRIVE FOR THINNESS AFFECT WEIGHT LOSS?

Falck, Ryan, S; Best, John, R; Drenowatz, Clemens; Hand, Gregory, A; Shook, Robin, P; Lavie, Carl, J; Blair, Steven. Journal of Cardiopulmonary Rehabilitation and Prevention: March 2018 - Volume 38 - Issue 2 - p 104–110 doi: 10.1097/HCR.0000000000000202

PURPOSE: The ardent wish to lose weight, drive for thinness (DT), might be one psychosocial contributor to weight loss (WL) in adults with overweight and obesity. In examining DT as a predictor of WL, it is important to determine whether its predictive value is equal in males and females and whether it exerts its effects primarily through changes in diet or physical activity (PA).

METHODS: Two-hundred and three men and women, with overweight and obesity (body mass index >25 kg/m2; aged 21-35 years; 47% female) participated in this 12-month observational study. DT score and demographic information were collected at baseline. Participants were measured at quarterly intervals for objectively measured PA, energy intake, and anthropometrics. Linear mixed regression analyses determined whether DT predicted WL over time and whether these effects were moderated by sex. Follow up mediation analyses determined whether the effects of DT on WL could be explained by either changes in diet or PA.

RESULTS: Females reported higher DT as compared with males at baseline (P < .001). We observed a significant sex × time × DT interaction on WL (P < .04), such that higher DT predicted WL in males (P < .04), but not in females (P = .54). This effect of DT on WL in overweight and obese males was mediated by changes in PA (indirect effect, –0.43; 95% CI, –1.52 to –0.05), but not changes in energy intake.

CONCLUSIONS: Among young adults with overweight and obesity who have higher DT, PA appears to be more important to WL than caloric restriction, particularly in males.

The Good News: Drive for thinness – is more research required? Should we weight for it or is it a waist of time?

More next time!

Robert Zecchin is the Nursing Unit Manager – Area Cardiac Rehabilitation – Western Sydney Local Health District NSW.

Robert has been involved in outpatient cardiac rehabilitation since 1991, a member of ACRA since 1992 and an Affiliate member of CSANZ since 1989. Robert is also the author of "A Research Corner of Australia" article in the ACRA newsletter and a reviewer for Heart, Lung and Circulation journal.

Robert is a clinician researcher and have has been involved in the publication of 3 book chapters, 21 peer reviewed research journal articles and more than 80 abstracts since 1989 in leading cardiology and nursing cardiology journals including: Lancet, American Journal of Cardiology, European Heart Journal, Circulation-Arrhythmia Electrophysiology, Heart Lung and Circulation, Heart and Lung, Journal of Woman's Health, Trials, and Journal of Clinical Nursing. Robert's main research interests are nurse-led exercise stress testing, women and heart disease, depression in cardiac patients, implantable defibrillators, cardiac electrophysiology, and database implementation. Robert has also presented his research at the international, national, state and local conferences.

An inside look into the ACRA EMC meetings

The ACRA EMC meet Face to Face during two weekends each year, one in May and the other in November. Currently the meeting locations are rotated between Sydney and Melbourne, as this has been found to be the most cost effective for the Association. Many other meetings are convened throughout the year via Teleconference and are sometimes only a sub-working group of Members of the EMC.

Below is a photo Emma Boston took during the most recent Face to Face, held at the Sydney National Heart Foundation.

We have been very fortunate that the NHF has generously made office space available for us to meet. A big thank you to Cate Ferry from the Sydney HF and our National ACRA HF Representative for once again organising the meeting.

Pictured at the bottom is ACRA President Robyn Gallagher working with Secretary Steve Woodruffe minuting the meeting.

WELCOME TO ACRA.

From across Australia a big Welcome to our new ACRA Members:

Braden Kydd, Bernadette Tonner Haggarty, Jennifer Berry, Hayley Rice, Melanie Holland. Sophie MacLachlan, Mari-Lan Tran, Snez Stolic, Kelly Findlay, Sharon Palmer, Angela McCoy, Meagan Tharratt, Heather Roydhouse, Judy Thomas, Karin Nyfort-Hansen, Allison Lacey, Julie Taylor, Kathleen Powter, Hugh Auckram, Catherine Giuliano, Dominie Afonso, Louise Scrambler, Sue Forrest, Elizabeth Crouch, Sally Batchelor, Margaret Williams, Robyn Peters, Olivia Watson, Elizabeth Turner, Wale Amao Tijani, Christine Tilley, Eva Charitou, Brittany Marsh, Jessica Mitchell, Kelly Arney, Carolyn Astley, Kelly Jenkin, Karen McKinnon, Emma Pleass, Margaret Nolan, Christopher McAlister, Caoimhe Scales, Vainess Mbuzi, Carla Smith, Christine Wong, Maria Gates.

Australian Cardiovascular Health and Rehabilitation Association

Mission Statement

The Australian Cardiovascular Health and Rehabilitation Association is the peak body which provides support and advocacy for multidisciplinary health professionals to deliver evidence-based best practice across the continuum of cardiovascular care.

Vision Statement

To achieve optimal and equitable outcomes for all affected by cardiovascular disease

acra2018
28th Annual Scientific Meeting

ACRA 2018 MADE EASY

Pitching ACRA 2018 to your Manager: Even though professional development is important, we know it can be challenging to get approval from your employer. Click this link: http://bit.ly/ACRA2018-EmailtoManager for example email to your manager pitching your attendance at ACRA 2018. Secure your place at ACRA 2018.

Sneak Peek Venue:

http://bit.ly/ACRA2018-VenueSneakPeek

Getting to ACRA 2018 will be easy: Transport options http://bit.ly/ACRA2018-Transport

Keeping Active at ACRA2018: There are lots of options for keeping active at ACRA2018 http://bit.ly/ACRA2018-Active

Mystery object – What is this and where is this?

Dr Susan Forrest, Director of Research, National Heart Foundation of Australia. is standing in front of Queanbeyan artist Harriet Schwarzrock's artwork installed in the foyer of the new location of the Victorian Heart Foundation at 850 Collins Street, Docklands.

acra2018
28th Annual Scientific Meeting

World Class Speakers

ACRA 2018 will offer an outstanding faculty of world class speakers. See Preliminary Program http://bit.ly/ACRA2018-PrelimProgram-June

See our Invited Speakers: http://bit.ly/ACRA2018-Speakers

Just to name a few:

Associate Professor John Atherton Keynote speaker at our Heart Failure workshop. Director of Cardiology Royal Brisbane and Women's Hospital, Associate Professor University of Queensland, chairs the CSANZ Heart Failure Council and the Asia-Pacific Acute Decompensated Heart Failure Registry Scientific Advisory Committee.

Professor John Cleland. Royal Brompton Hospital, UK, Director of the Robertson Centre for Biostatistics and Clinical Trials. His area of interest is in heart failure, extending from its epidemiology and prevention.

Professor James F Sallis Department of Family Medicine and Public Health at University of California. His primary research interests are promoting physical activity and environmental strategies to improve physical activity.

SO MUCH FUN

'White Christmas in July' is the theme of our amazing Gala Dinner (Tue 31 Jul). Social Committee members Michelle Aust, Karen Healy and Kathy O'Donnell are planning a wonderful night of entertainment at the spectacular Gallery of Modern Art, overlooking the Brisbane river. This promises to be really special event! #WhiteChristmasinJuly Fancy Dress: White / Silver/ Christmas. Take a sneak peek http://bit.ly/ACRA2018-GalaDinner

Keep in the know

400 people (and growing) follow our ACRA 2018 ASM social media. Following us on social media is easy and the best way to find out the latest Cardiac Rehab research, ACRA 2018 event updates and special offers.

Facebook: http://bit.ly/ACRA2018-Facebook

Twitter: http://bit.ly/ACRA2018-Twitter

LinkedIn: http://bit.ly/ACRA2018ASM-LinkedIn

YouTube: http://bit.ly/ACRA2018-YouTube

Please use our hashtag: **#acra2018** in your social media posts

Special Offer: ACRA Travel Grants - $500 will be awarded to 2 ACRA Members who have a paper or presentation accepted. More special offers coming to the ACRA 2018 Social Functions webpage: http://bit.ly/ACRA2018-Social

Check out our blog: http://bit.ly/ACRA2018-Blog where we are featuring practical information for clinicians working in cardiovascular health.

acra2018

28th Annual Scientific Meeting

create | collaborate | grow

30 July - 1 August 2018
Hotel Grand Chancellor Brisbane, QLD

Organising Committee put the final touches to the ACRA 2018 ASM

We can't wait to welcome everyone to ACRA 2018 (Mon Jul 30 - Wed Aug 1, Brisbane) for what will be an amazing conference. The hard work invested by the Organising Committee has paid off with an event that has something for everyone.

World Class Speakers: ACRA 2018 will offer an outstanding faculty of world class speakers. Speakers who lead ground breaking research in areas as diverse as: genetic determinants of heart disease, advanced heart failure, exercise, addiction treatment, risk factor modification and managing the ageing patient, just to name a few. See Preliminary Program: http://bit.ly/ACRA2018-PrelimProgram-June

Create New Knowledge by attending the more than 60 presentations over 3 days. ACRA 2018 will be CPD Made Easy—15 CPD points for the main program. Added to this the CPD to be gained by reading our blog. Check out what's hot on the ACRA 2018 program: http://bit.ly/ACRA2018-Whats-Hot

Collaborate with Experts: Rub shoulders with over 35 experts and leaders in cardiovascular disease prevention through interactive workshops and symposiums. http://bit.ly/ACRA2018-ConferenceVideo

Grow Your Career: Create professional relationships that help you '**become better at what you do**' and open new opportunities. http://bit.ly/ACRA2018-BecomeBetter

One-of-kind: ACRA 2018 will represent the largest pool of cardiac rehabilitation and cardiovascular disease prevention experts in Australia at one single event. http://bit.ly/ACRA2018-Unique

There's Still Time: It's not too late to register for ACRA 2018 online at: http://bit.ly/ACRA2018-Registration . Don't miss this opportunity.

Special Offers: ACRA Travel Grants - $500 will be awarded to 2 ACRA Members who have a paper or presentation accepted. More special offers coming to the ACRA 2018 Social Functions webpage: http://bit.ly/ACRA2018-Social

Stay in the Know: Follow us on our event social media: Facebook, Twitter and LinkedIn pages for the latest cardiac rehabilitation research, event updates and special offers. Please use our hashtag: **#acra2018**. See this edition of the ACRA Newsletter for more details. Check out our blog, http://bit.ly/ACRA2018-Blog where we will feature practical information for clinicians working in cardiovascular health.

On behalf of the Organising Committee, we really look forward to welcoming you to beautiful Brisbane for ACRA 2018!

Warm regards,

Paul Camp, Dawn McIvor
ACRA 2018 ASM Co-convenors.

There is so much to discover when visiting Brisbane for ACRA 2018: http://bit.ly/ACRA2018-DiscoverBrisbane

Brisbane Whale Watching
http://bit.ly/BrisWhaleWatching

Good Food Festival, Jul-Aug
goodfoodmonth.com

Brisbane Marathon Festival, Aug 5
http://bit.ly/BrisMarathon

Beautiful: The Carole King Musical, Jul-Aug
http://bit.ly/Musical-Beautiful

Behind the Scenes

An inside look at the preparation for the ACRA 2018 Conference

IMPORTANT DATES:

June 30

Early Bird Registrations Close

June 29

Gift Card Prize Draw

June 30

New Member Special Offer Closes

June 30

ACRA Membership Renewal due

World Class Speakers

ACRA 2018 will offer an outstanding faculty of world class speakers.

Professor James F Sallis

Department of Family Medicine and Public Health at University of California. His primary research interests are promoting physical activity and environmental strategies to improve physical activity .

Doctor Jodie Ingles leads the

Clinical Cardiac Genetic Group, Molecular Cardiology Program, Centenary Institute, Sydney Australia. Dr Ingles has more than 14 years experience working with patients and families with a variety of genetic heart diseases.

Doctor Jeroen Hendriks Derek

Frewin Lectureship at the Centre for Heart Rhythm Disorders, University of Adelaide and Royal Adelaide Hospital. His research focusses on integrated care management in AF and related cardiovascular disease.

Heart Failure Future Workshop

The Preconference Workshop on the Future of Heart Failure continues to build with impressive list of speakers.

Professor Kesh Baboolal

Consultant Specialist in Nephrology and General Medicine at the Royal Brisbane and Women's Hospital. He will present on management of Renal Impairment in the Heart Failure Patient.

Associate Professor Andrew Maiorana School of

Physiotherapy and Exercise Science at Curtin University. His of fields of research include cardiac rehabilitation and heart failure management.

Preliminary Program Available Now

The latest Preliminary Program is on our website.

Hot Topics

The 2018 Alan Goble Oration will be on the very topical 'The challenge of reaching out to Cardiologists: How can we get them involved in Cardiac Rehabilitation?' It will be delivered

by **Associate Professor David Colquhoun**, a cardiologist in private practice and is actively involved in research and preventative cardiology. He is a Board Member of the National Heart Foundation of Australia.

Special Offers: Congratulations to Tracy Swanson who won the final ACRA Full Membership prize for her Early Bird registration. However you can still win a $200 gift card of your choice (either Heart Foundation, Rebel Sport or Webjet), by emailing us at acra2018@outlook.com to receive our free ACRA 2018 newsletter–

'Behind the Scenes'. Drawn COB **Fri June 29th.** Not a member of ACRA– don't miss out on the **Special New Members Offer**

Tons of Fun

ACRA 2018 will not only be about examining the latest research, but also about having fun. Don't miss our Dinner (Tue 31 Jul) at the spectacular Gallery of Modern Art. There is so much to see and do in Brisbane and Queensland.

ACRA 2018 will be a great place to keep active and have fun.

Join ACRA and Save

For a limited time, join ACRA as part of registering for ACRA 2018 and have the joining fee waived. Offer closes June 30. See ACRA 2018 website for details.

Pitching ACRA 2018 to your Manager

Even though professional development is important, we know it can be challenging to get approval from your employer. Click here for example email to your manager pitching your attendance at ACRA 2018 Secure your place at ACRA 2018

ACRA 2018 Unique

- ✔ **Create New Knowledge** by attending the more than 60 presentations over 3 days **CPD Made Easy**—15 CPD points for the main program. Added to this the CPD to be gained by reading our blog.
- ✔ **Collaborate with Experts:** Rub shoulders with over 35 experts and leaders in cardiovascular disease prevention through interactive workshops and symposiums.
- ✔ **Grow Your Career:** Create professional relationships that help you 'become better at what you do' and open new opportunities.
- ✔ **Clean, green and healthy.** We are exploring all options to make our event as environmentally sustainable and heart healthy as possible.
- ✔ **One-of-kind:** ACRA 2018 will represent the largest pool of cardiac rehabilitation experts in Australia at one single event.

Great Sponsors

Thank you to our Sponsors: Lite'n'Easy (Platinum), CardiHab, Novartis (Gold), Bayer, Heart Foundation (Bronze) and AstraZeneca, Australian Centre for Heart Health, Heart4Hearts, Vifor Pharma and Zoll.

Platinum Sponsor

Lite n' Easy

Bronze Sponsor

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Science For A Better Life

Heart Foundation

Gold Sponsors

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VIFOR PHARMA ZOLL LifeVest

STATE PRESIDENTS' REPORTING

VICTORIA REPORT

ACRAVIC

Committee Members

President: Emma Boston

Vice-President: Carmel Bourne

State Representative: Susie Cartledge

Secretary: Niamh Dormer

Treasurer: Debra Gascard

Vice Treasurer: Ailish Commane

Member: Anita Stieglbauer

Co-Opted Member: Sam Buchanan

Heart Foundation Representative: Eugen Lugg

Australian Centre for Heart Health Representative: Alun Jackson

State representative: **Susie Cartledge**

President: **Emma Boston**

ACRA Victoria Vice President Carmel Bourne recently took on the portfolio of updating the ACRA Victoria Cardiac Rehabilitation Services Directory. If any of your Program details have changed please contact Carmel at: carmel.bourne@gmail.com

The next Victorian all day October conference Program planning is nearing completion.

Due to our Member feedback to improve on the venue, catering and Webcasting, the event will be held at a new location; the "Library at the Dock". This mutli-use facility is in one of four community hubs within the City of Melbourne. The "Library" at the Dock includes meeting spaces including a catering area, that we have been able to secure for our Members.

This facility allows us to continue to utilize live interactive video streaming, so that Delegates unable to travel will be able to still participate from around Australia.

"Holistic Care of Cardiac Patient" is the theme for this Conference. We have been extremely fortunate to be able to secure Dr. Michael Wong as the Keynote speaker. Dr. Wong will present on his area of special interest the Heart Failure patient, on dialysis with cardiac device therapies. Other confirmed speakers are; Jenny Shurdington – Speech Therapist, Swallow and Speech issues in the cardiac patient, Jenny Miko – Cardiac Liaison Nurse, Continuity of Care – Falling through the cracks, Micheal LeGrande – Sleep Apnoea,Kate Palmer – Physiotherapist, is also presenting in the prize session at the ACRA SM, Eugene Lugg RN – Deactivation of ICD's.

Keep a lookout in your email inbox for save the dates and the TryBooking link to register; which will be opening soon.

The Committee is currently working on a collaboration event prior to the October conference. This is likely to be a two to three-hour event, located in the City of Melbourne. The potential for Webcasting is being considered here so that our rural Members can participate.

More information to follow, so keep an eye on your email inboxes.

On Thursday July 12th our very own Kim Gray will be the guest speaker of The Department of Physiotherapy, Monash University Peninsula Campus' upcoming seminar presenting …"Does Cardiac Rehabilitation really work? If so, how should we do it?'…

Please click on the following link for online early registration and discount payment of **$25** ($30 after 05/07/18). Monash University student rate $10.

https://shop.monash.edu/monash-university-cardiorespiratory-physiotherapy-seminar-series-2018.html

Alternatively, you can navigate via the Monash University Department of Physiotherapy Short Courses home page at

http://www.med.monash.edu.au/physio/short-courses/

The current group email method to our Members available to the Committee, remains a time consuming, difficult and unreliable process despite the recent changes to the ACRA Victoria email address. As a result, the Committee is changing to a different method via the "Mail Chimp" system.

STATE PRESIDENTS' REPORTING CONT.

This is following advice from the IT support at The Association Specialists, who are our organisation's professional management support.

Current financial Membership numbers are 155 as of May 2018.

Congratulations to the winner of the ACRA Victoria Travel grant to Member Caroline Dickins, assisting her to attend the ACRA Scientific Meeting in Brisbane. Caroline is a Physiotherapist working in a Chronic Heart Failure program on the Bellarine Peninsula.

Please feel free to contact your ACRA Victoria Committee via acravictoria@acra.net.au

Warmest Regards,

Emma Boston

SOUTH AUSTRALIA

ACRA SA/NT Inc

Current ACRA SA/NT Board Members 2018

President - Jenny Finan

Vice President – Jeroen Hendriks

State Representative – Natalie Simpson

Treasurer – Renee Henthorn

Secretary – Annette Ferguson/ Natalie Simpson

Rural Representative – Nicole Dawes

Heart Foundation SA – Sabine Drilling

CATCH Representative – Claudine Clarke

State representative: **Natalie Simpson**

President: **Jenny Finan**

SA/NT Membership:

Current members: 74 members

Professional Development in 2018:

41 people attended ACRA – SA/NT first full day education event seminar on the 28th of April 2018, held at the South Australian Health and Medical Research Institute (SAHMRI).

Speakers:

- **Prof Alex Brown –** Opportunities to improve outcomes in Aboriginal health: What is the role of cardiac rehabilitation? Prof Alex Brown shared evidence which compared the life expectancy of Aboriginal populations living in town and remote areas and impact of chronic disease including renal disease and cancer rates.
- **A/Prof C Maher -** Workshop: physical activity in patients with cardiovascular disease – how much is enough? – An overview of the effects of diminished physical activity and the sheer amount of evidence relating to regular physical (in)activity and the impact on every risk factors for the development of cardiovascular disease. Of surprise, physical inactivity was the third modifiable risk factor resulting in loss of life, coming in after diabetes.
- **Ms Celine Gallagher -**What is the role of cardiac rehabilitation in AF? - With the increased incidence of atrial fibrillation, Ms Gallagher's presentation was very topical, providing evidence for contemporary practice to reduce the prevalence of AF with strategies such as screening for OSA. weight loss and the cardiometabolic effect on atrial fibrillation management.
- **Dr Jeroen Hendriks -** Patient education and engagement: by whom, for whom? – Prof Hendriks presented a stimulating talk which focused on patient engagement and education is a core component of our service delivery to amalgamate an individual's willingness, skills and knowledge improvement to aid in engagement in life long adherence to their self-management. This can be especially extrapolated to our own service delivery and engagement.
- **Ms Karin Nyfort-Hansen -** How to improve medication adherence in my patients? Ms Karin Nyfort-Hansen gave a thought-provoking presentation on issue of medication adherence. It looked at the multifaceted pitfalls that impact on medication management from the health care system through to the individual concerned.
- **Dr Ching Li Chai-Coetzer -** Screening and treating OSA in cardiovascular disease: What's in it for allied health? Dr Ching Li Chai-Coetzer gave a fascinating presentation comparing outcomes of atrial fibrillation, day time sleepiness and the impact on cardiovascular events.

This event today was kindly sponsored by Astra Zeneca & Pfizer

STATE PRESIDENTS' REPORTING CONT.

SAVE THE DATE MEMBERS ONLY AYERS HOUSE DINNER MEETING/EDUCATION

Reducing the Risk of Cardiovascular Disease After Pregnancy Complications. Presenter: Assoc Prof Margaret Arstall, Director of Cardiology, NALHN

- This education session will provide information on how to identify women who are at a higher risk of developing premature heart disease. The information provided in this session will be useful for attendees to educate female patients on how to improve their health and reduce their risk of developing heart disease in the future.

Meetings for 2018:

Our first ordinary meeting for the year was held on the **28th February 2018**, with our AGM being held during the education seminar lunch break. Planning is currently underway for our members only dinner at **Ayers House 26th September 2018** with our next **ordinary meeting 20th June 2018** and last **ordinary meeting 28th November 2018** prior to Christmas.

ACRA-SA/NT Grants:

This year, the Kathy Reed Grant was awarded to Celine Gallagher to assist with her attendance to the 2017 ACRA ASM in Perth. Members are encouraged to apply for 2018 ACRA ASM in Brisbane.

ACRA – SA/NT congratulates Celine Gallagher on receiving the Research Prize and People's Choice Award at the 2017 ASM in Perth where Celine delivered 'Trends in AF related hospitalization in Australia over a 20-year period: relentless rise; which concluded that 'AF hospitalization continues to pose a significant health burden for the Australian Health Care system with new models of care delivery urgently needed to stem this rising tide'.

Reports:

ACRA – SA/NT Treasury:

ACRA – SA/NT Inc. remains financial. Sponsorship has been obtained for our April education event today and our forthcoming member's dinner meeting.

Heart Foundation Report:

Heart Health Resources contract with SA Health until 30 June 2020, allows the Heart Foundation to continue to provide free access to resources including: 'My heart my life' e-learning modules, and 'Living Well with Heart Failure'.

The 3rd edition of 'My heart, My life' is now in circulation. The book has chapter tabs and has been written for a Year 8/9 literacy level. It was previously at a Year 11 level.

Aboriginal health resources are currently under review, as are the National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Guidelines for the diagnosis and management of atrial fibrillation in Australia 2018 and National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand Guidelines for the Prevention, Detection and Management of Heart Failure in Australia 2018.

Submissions for these two resources are now closed.

Changes to Warning Signs Action Plan:

The Heart Foundation warning signs action plan advises patients to self-administer a dose of angina medicine (GTN), if they have a current prescription. Advice to chew 300mg aspirin has been added to the action plan.

Evidence strongly supports the early administration of aspirin to improve patient outcomes and optimise survival following acute coronary syndromes. (Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Australian clinical guidelines for the management of acute coronary syndromes. Heart, Lung and Circulation, 2016; 25: 895-956.).

National Heart Foundation and ACRA to work closely together to increase awareness of Aboriginal and Torres-Strait Islanders. The Lighthouse Project online modules are available to members. This health professional toolkit provides a framework to address health discrepancies facing Aboriginal and Torres-Strait Islander people.

On Friday 4 May 2018 our Heart Foundation celebrated Heart Week. After the morning Health Professionals Forum, an exclusive lunch was held for our Nurse Ambassadors featuring a Q & A session with Dr Rosemary Higgins, a cardiac health psychologist who specialises in helping heart patients live better.

CATCH Report:

- New CATCH database upgrade went live on 26/03/2018. Overall good feedback received from metro and country sites. Work on Phase 2 (Clinical Tabs onwards) to be advised.
- CR Service Quality Model – Metro and Country LHN representatives and Heart Foundation representative are meeting to look at accreditation of CR services in SA. Currently in the process of establishing KPIs. Some work identified with Carolyn Astley's group at the SA Translation Centre which ties in with what we are trying to achieve.

Rural Report Country Health SA:

- All CHSA cardiac rehab programs have resumed after the 2017 Christmas/New Year break.
- Many Country regions that currently have stop/start programs are looking at commencing continuous rolling programs.
- Good referral numbers.
- CHSA Virtual Clinical Care hub went live on the 5th March.
- CHSA Better Care in the Community are holding a full day workshop.

STATE PRESIDENTS' REPORTING CONT.

WA REPORT

Welcome to new members:

We extend a friendly welcome to Dominie Alfonse who joined at our AGM dinner.

State representative: **Lily Titmus**

President: **Craig Cheetham**

Executive news

Re-branding of the ACRA-WA new name logo, banner and all policy and procedure documents with our state association name to ensure we align with all states and the national body is under way.

Professional development events:

ANNUAL RESEARCH SYMPOSIUM

Once again, I'd like to extend a personal thank you to Tracy Swanson for organising our upcoming annual Symposium which provides a forum for those presenting at the ACRA ASM and/or other conferences to have input to enable them to perfect the delivery of their presentations. This event will be held on WEDNESDAY 18th July 2018 at Hollywood Private Hospital Lecture Theatre in Nedlands from 5pm to 7pm. What a fantastic learning and networking opportunity – be sure you don't miss it!

Oral presentations:

Cardiac Rehabilitation Secondary Prevention referral numbers: a retrospective audit and process review.

Hazel Mountford - Physiotherapist - SCGH

Current status of cardiac rehabilitation and secondary prevention provisions of coronary heart disease patients in a Chinese tertiary hospital: results of a single centre survey.

Tashi Dorje - Curtin University

Ventricular assist device implantation with higher levels of physical activity in patients with advance chronic heart failure.

Nacho Suarez - Curtin University

Total cardiovascular disease risk scoring assessments: a survey on screening in general practice.

Anita Smith - SCGH / Sunshine Coast University Hospital

Telemonitoring of body weight improves quality of life in patients with chronic heart failure

Nicole Chen - Curtin University

Posters:

1. Screening for depression in coronary Care Unit: a translational research approach.

2. A positive score for depressive symptoms using patient health questionnaire - to what extent is this information used to inform patient care in the community? Jo Crittenden UWA

TELEHEALTH EVENT

ACRA-WA have been approached by the WA Country Health Chronic Conditions Strategy team to work in partnership/collaboration with them, the Heart Foundation WA and the Training Centre in Subacute Care (TRACS WA) to provide telehealth education sessions for their clinical cohort. This will see the provision of monthly education events by telehealth commencing in August with the Heart Foundation presenting the basics of Cardiac Rehabilitation – adapting models to country settings. Watch this space for further details!

Cardiovascular Health Networks

Thank you to Jacquie Garton-Smith as she takes up her new Health Networks role as **Clinical Lead for Primary Care.**

Dr Jacquie Garton-Smith has been a Clinical Lead for the Cardiovascular Health Network since mid-2010 and was instrumental in bringing Change Day 2014 to the WA health system. Jacquie has played a key role in developing the WA Health Chronic Conditions Framework and chaired the Chronic Conditions Self-Management Reference Group from July 2012–14. Jacquie coordinated the development of the Heart Failure Model of Care in 2008. Together with the Heart Foundation and ACRA-WA Jacquie was instrumental in developing the Cardiovascular rehabilitation and secondary prevention pathway principles and quick reference guide which provides practical tools for health professionals to use with their patients. It describes the key components of the rehabilitation and secondary prevention journey. The documents and PowerPoint presentation can be found at the links below.

http://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/Health%20Networks/Cardiovascular/Cardiovascular-rehabilitation-and-secondary-prevention-pathway-principles-2014.pdf

http://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/Health%20Networks/Cardiovascular/12937-crsp-quick-ref-guide-a4%20web%20file.pdf

STATE PRESIDENTS' REPORTING CONT.

http://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/Health%20Networks/Cardiovascular/Cardiovascular-rehabilitation-and-secondary-Prevention-Slideshow-kit-for-speakers.pdf

The Cardiovascular Health Network aims to improve health outcomes for people with cardiovascular conditions by enabling consumers and carers, health professionals, hospitals, health services and the Department of Health WA to engage and collaborate effectively to facilitate health policy and increased coordination of care across the State. We thank you Jacquie for your insight, expertise and positive can-do attitude.

NOVEMBER WORKSHOP

Always a really enjoyable learning experience – the ACRA-WA executive are finalising topics for this interactive event.

I would like to take this opportunity to thank all the amazing WA volunteers who give of their time and expertise so generously to bring you all some really great professional development events – some of these people have been dedicating their time and efforts for 10 to 15 years! Thank you all for your ongoing passion and commitment. Keeping up to date in your clinical practice is reflected in the patient experience and that's who it's all about.

Wishing all those attending this year's conference a fantastic time – what an excellent event Paul and his team are working tirelessly to bring to you all.

With much gratitude,
Helen Mclean ACRA-WA President

Please don't hesitate to contact me for further information regarding these events or projects – helen.mclean@health.wa.gov.au

TACR REPORT

President - Sue Sanderson

Vice President - Anna Storen

State Representative - John Aitken

Secretary – Lee Gibbs

Treasurer - Judith Enright

2020 Conference convener – vacant

Members – Dinah Payton, Gillian Mangan, Tom Shepard, Joanna Crawley-Smith, Jessica Viney, Josh Burk, Jemma Preece, Susan Brumby, Margret Williams, Sally Batchelor, Beth Crouch, Stephen Stone, Louise Scambler, Amanda Bowes

State representative: **John Aitken**

President: **Sue Sanderson**

Professional Development 2018

2018 Seminar and AGM Completed

2019 to be announced

New Members

I would like to introduce you to Louise Scambler, Margret Williams, Sally Batchelor three new member from Salveo Health care services. Their home based chronic disease management model centres on the patient understanding their own health records and further engaging in their own healthcare management to deliver the best outcomes. To be launched late 2017.

Just a head up in 2020 Tasmania will be the host for the ACRA Annual Scientific Meeting and we are all very excited.

Membership

Current Membership 18, double the membership from 2016.

Departmental Membership – One.

Banking/Treasury

Treasurer's Report was tabled at our last meeting and ACRA –Tasmania remains financial.

John Aitken
State Representative ACRA Tasmania

NSW REPORT

ACRA NSW/ACT President's Report –Robert Zecchin

Our next event is the ACRA NSW/ACT ASM at the Kirribilli Club, Lavender Bay on the 12th October 2018. Program is currently being finalised. It includes the following topics and speakers:

Women and Heart Disease; pregnancy, pre – eclampsia, the long-term heart disease risk and the patient experience - Angela Hehir, Manager Women and Heart Disease, Heart Foundation;

What's new in the management of heart failure? - Professor Andrew Sindone, Concord Hospital;

What's new in the management of atrial fibrillation? - Professor John Worthington, Royal Prince Alfred Hospital;

Sleep and its relationship to CVD – Dr Carla Evans, Chief Senior Sleep Technologist, the Woolcock Institute;

Cardio-Oncology – Professor Liza Thomas, Cardiologist, Westmead Hospital;

St Vincent's Heart Health microsite to improve cardiac education and awareness for Aboriginal and Torres Strait Islander people – Tamra Langley, St Vincent's Hospital;

STATE PRESIDENTS' REPORTING CONT.

Cardiac Hybrid Surgery, Dr Levi Bassin, Cardio-Thoracic Surgeon, Royal North Shore Hospital.

WORKFORCE:

It has been mentioned previously that the NSW Cardiac Rehabilitation Framework Working Group (NSWCRFWG), a subgroup of the ACI Cardiac Network, is underway with the development of a framework to improve the delivery of, and access to, evidence based recommendations to optimise clinical outcomes for patients undertaking cardiac rehabilitation in NSW. – On hold at the moment pending governance ratification.

DATA:

The 2nd Minimum Dataset (MDS) survey is still yet to be analysed as several sites have ethics and governance applications pending. At the moment we have over 25 sites with > 1800 patients in the study period received. We are expecting quite a few more sites to be sending their data very soon. Once analysed the de-identified results will be published.

The NSW ACI Chief Executive requested a business case from the NSW CR Data Sub Working Group on options for how the to move forward on this. This has been submitted, suggesting that the ACI develop and maintain a cardiac rehabilitation database and reporting system for NSW cardiac rehabilitation services – Further discussions to be held in July 2018.

A paper on the development of the of the cardiac rehab minimum dataset and 2016 pilot test entitled, *Development of quality indicators for cardiac rehabilitation in Australia: A modified Delphi method and pilot test*, has been submitted to the publication Heart, Lung and Circulation on 6th April 2018.

ADVOCACY:

The five sites in NSW participating in the Lighthouse Hospital Project to improve outcomes for Aboriginal and Torres Strait Islander People with ACS are targeting access to rehabilitation as a key issue/action. This includes consideration of the influences on success at rehabilitation both from an acute as well as a community perspective. Teams are also collaborating with other community stakeholders to improve the journey for patients accessing health services before or after a cardiac event. Likewise teams are collecting data to see if there are any differences in evidence based clinical treatments available to patients. The continuum of care is well and truly covered.

Don't forget to go onto the ACRA website and check out the Advocacy Statements provided by clinicians from across the State. They are very useful when you are looking for ways to influence managers in relation to your service, along with the Heart Foundation/ACRA infographics available from the website.

MEMBERSHIP:

Currently 124 which is up from previous accounts.

PLANNING:

The winner is Sydney!
ACRA ASM 2019 – Theme: Cardiac Rehabilitation – Building Bridges.

Conference/Dinner venues has been selected and booked. The committee will, in months ahead, concentrate on promoting the event at ACRA ASM 2018 in Brisbane as well identifying potential revenue streams. Several exciting speakers have been approached already for this event.

See you in Brisbane!