ACRA NEWSLETTER

MARCH 2018

Australian Cardiovascular Health and Rehabilitation Association

NEWS FROM ACROSS THE NATION

President report

ASM 2018

ACHH report

State reports

After working hard conferencing all day at the Western Australian Scientific Meeting 2017 ACRA Members, have a bit of fun unwinding at the Gala Dinner. As you can see from the flyer Susie is holding, reparations were already well under way for the 2018 Scientific Meeting in Brisbane. (L to R) Michelle Aust, Paul Camp, Kathy O'Donnell, Debora Snow, Bridget Abell, Susie Cartledge.

AUSTRALIAN CARDIOVASCULAR HEALTH AND REHABILITATION ASSOCIATION

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CHALLENGE...CHANGE...ACHIEVE

EDITOR'S NOTE

Hello Reader,

As many of you are well aware Sue Sanderson has been and continues to be a long term tireless worker in the background of ACRA at the EMC level, including being solely responsible for the News Letter's production and success over several years. This is my first time nervously stepping into the humongous Editorial shoes of Sue. In doing so, I wish to sincerely thank Sue for her patience and time in mentoring me as I venture into this new role.

The 28th Annual ACRA Scientific Meeting 2018 will be held in Brisbane with the theme *…"Create/Collaborate/Grow"…* With the new technologies enlisted with the Program, the meeting is looking like it will be the best IT connected meeting yet for ACRA. Paul Camp, Bridget Abel and their Team have been integral in working hard behind the scenes to ensure they bring us an innovative, educational and exciting program.

Conference Convenor Paul Camp has more information in his report regarding the different IT Technologies that are already accessible now to assist in preconference networking and keeping up-to-date. This includes encouraging the CR professional to practice what they preach with the "World walking" app. It looks like the meeting will be not only be a very exciting collegial one, but also a healthy event for all involved!

The front cover of this edition of the News Letter shows the ACRA SM 2018 Social Committee preparing to create a fun and unique program that is not to be missed. The theme for this years' SM Gala Dinner is …White Christmas in July

I have noticed recently that the ACRA SM Gala Dinner event has been another hotly discussed topic for people planning on attending the Conference. Prospective first time Delegates having previously heard about ACRAs infamous Gala events together with the high calibre of the educational program are happily anticipating joining in. The front cover of this edition of the News Letter, shows the ACRA SM 2018 Social Committee preparing to create a fun and unique program that is not to be missed. More details are in Paul's report including tourist links.

Abstracts close soon for the scientific program with a new section for Clinical Excellence added for those Clinicians not working with academic research. Organised as always, Paul Camp has provided a link in his report to streamline these applications.

ACRA President Robyn Gallagher is calling for nominations for the distinguished Alan Goble Distinguished Service Award and the Merit awards. This award presentation is the annual highlight of the ACRA SM.

Don't forget to look at the State reports to see what has been and what is happening in CR around the nation.

Robert Zecchin has collated nine very interesting research articles in the *…A Research Corner for Australia"…* Robert has done the hard work and has added his own humour; which helps keep the reader engaged as they move through the section. Thank you Robert for making this PD such an educational and amusing activity.

Heart Week is an important date for the Heart Foundation as well as the CR Health Professional's calendar. Cate Ferry in her HF report has the some information regarding this year's event, that is only a few weeks away. The theme for HF Week 2018 is the importance of physical activity in reducing the prevalence and impact of risk factors for heart disease.

I hope you enjoy this reading this edition, and I wish you a very safe and Happy Easter.

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

CONTENTS

PRESIDENT'S REPORT

I hope everyone has had a great start to the year, although for many of us summer holiday is now a fond memory. Secondary prevention and cardiac rehabilitation are becoming hot topics around the globe, and it's important that we know what's being discussed and contribute to the discussion as the leading cardiac rehabilitation organisation in Australia.

I have been concentrating on making international connections. We now have an agreement with the British Association of Cardiopulmonary Rehabilitation BACPR so that we share links to our organisations on both websites and we co-promote our annual conferences. We have been asked to prepare a brief blog on how their soon-to-be-released Handbook relates to Australian circumstances. I have met with the incoming President Susan Dawkes and will aim for further collaboration. The International Council of Cardiovascular Prevention and Rehabilitation ICCPR has a link to our organisation on their website and has publicised our annual conference. I have discussed presenting our data from the global survey of cardiac rehabilitation with Sherry Grace, the lead investigator, and you can expect to see those results alone and in comparison to other countries in the near future. It has also been a privilege to meet people from our local region, including Singapore and Hong Kong, to publicise our conference and encourage regional collaboration.

Keeping up to date with what works and ideas for changing cardiac rehabilitation delivery is quite a task. One of the best ways is to attend our annual conference. The QLD team has put together a great program that addresses many of the issues raised here and I look forward to seeing everyone there.

Robyn Gallagher
ACRA President

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Summary of two presentations from the Victorian March event - Right Heart Failure and Advanced Care Planning Act.

Authored by Carmel Bourne

Both Toni Hall and Meagan Jane Adams are experts in their fields with many years' experience.

During her presentation titled… *"Right Heart Failure – the other side of breathlessness"*... Toni discussed investigations to diagnose the main causes of Right Heart Failure/Cor Pulmonale, Pulmonary Hypertension and COPD. This included the signs, symptoms and the presentation difference from left sided failure. Toni then concentrated on the treatment goals of Pulmonary Hypertension and Cor Pulmonale – which focuses on optimizing lung function and maintaining SpO2 >90%.

Toni is available for patient consultation via GP referral at Bendigo HARP.

The new ACP Act commenced on March 12, replacing most of the medical treatment provisions in the Guardianship and Administration Act 1986 and repeals the Medical Treatment Act 1988. With the new ACP Act there is a shift away from a "best interest" model of medical decision making in favour of promoting "the values and preferences" of patients. All Health Practitioners now must comply with the wishes of both an Advanced Care Document (ACD) and the medical treatment decision maker.

Meagan Jane discussed the Legislation changes in Advance Care Planning (ACP). This included the difference between an instructional directive and a values directive, and how to make an ACD. New terminology for the person responsible, the differences from the previous structure and the responsibilities that a patient's treatment decisions maker would have were discussed. Meagan also outlined the responsibilities and powers of a medical support person, how they differ from a medical decision maker and how to appoint both.

During the presentation of this complex topic; the consent, the two (2) parts of medical treatment – purpose and treatment, emergency medical treatment – what can and cannot be done in the face an ACD, and what constitutes reasonable effort to locate an ACD and what is a breach of an ACD was discussed in detail.

Meagan concluded by discussing decision making capacity, steps for health practitioners, exceptions, VCAT applications and other considerations, with the over-riding message being that health practitioners must comply with an instructions directive. We must not override any person's known preferences and values.

Further information can be found at: acp@bendigohealth.org.au

www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/advance-care-planning

acra2018

28th Annual Scientific Meeting

ACRA 2018 ASM Co-Convenors' Progress Report

We are super excited about ACRA 2018 (Mon Jul 30 - Wed Aug 1, Brisbane), as preparation for this premier event goes to the next level.

Registrations Open: At the time of writing, our online registration is just about to open http://bit.ly/ACRA2018-Registration Invest in your professional development with ACRA 2018 and 'become better at what you do' http://bit.ly/ACRA2018-BecomeBetter Save by booking your Early Bird registration now!

Call for Abstracts: The Call for Abstracts and Clinical Excellence Showcase are due to close Mon March 19th http://bit.ly/ACRA2018-Abstracts

Special Offers: Win one of two ACRA Full Memberships by booking your Early Bird registration. Each prize is randomly drawn from the Early Bird registrations at the close of business Mon April 30th and Wed May 30th. Also, win a $200 gift card of your choice (either Heart Foundation, Rebel Sport or Webjet), by emailing us at acra2018@outlook.com and receive our free ACRA 2018 newsletter. Drawn COB Fri June 29th.

Unique Event: ACRA 2018 will be unique for many reasons e.g. more networking opportunities, greater engagement with presenters and fresh conference formatting. Find out more at: http://bit.ly/ACRA2018-Unique

Additional Ambassadors: We welcome Professor Karam Kostner (Director of Cardiology, Mater Hospital Brisbane) as another of our official ACRA 2018 ASM Ambassadors. Professor Karam joins Professors Robyn Clark, Robyn Gallagher and Lis Neubeck in this important role.

Heart Healthy: ACRA 2018 is very much about promoting heart health. Come join us on our virtual "Australian Cities" walk via the World Walking. **See this edition of the ACRA Newsletter for more details.**

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

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

Warm regards,

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

The Organising Committee hard at work planning ACRA 2018 ASM

Tourist Destination Brisbane

There is so much to discover when visiting Brisbane for ACRA 2018. Find an inspiring collection of places to explore in and around Brisbane. From the natural pleasures of parklands to the urban appeal of art galleries - it's right here in Brisbane. Wining and Dining. Urban village hotspots. Nights out on the town. Beds and boutique hotels, shopping and cinemas and everything in between.

http://bit.ly/ACRA2018-DiscoverBrisbane

South Bank Parklands
http://bit.ly/2FoFcPA

Gallery of Modern Art
http://bit.ly/2FSI71S

Story Bridge Adventure Climb
http://bit.ly/2FcM8vz

Lamington National Park World Heritage
http://bit.ly/2FblPWN

Engage with Experts

ACRA 2018 is sourcing experts and influencers in the fields of cardiac rehabilitation and cardiovascular disease prevention. Rub shoulders with leaders in cardiovascular health through the interactive workshops. You will never find a larger pool of cardiac rehabilitation experts in Australia at one single event than ACRA 2018.

#acra2018

First Invited Speakers Announced

Professor Selena Bartlett Group Leader in Neuroscience and Brain Fitness at the Translational Research Institute at the Institute of Health and Biomedical Innovation, QUT. Professor Bartlett recently launched a book to raise awareness and education of the role of the sugar addiction in stress and the development of obesity.

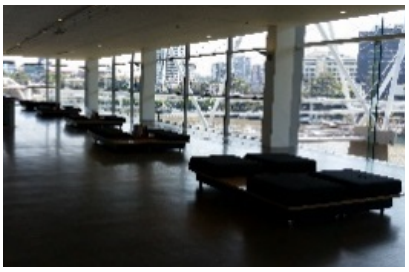
Professor Alison Venn, Director Menzies Institute for Medical Research is studying health-related issues commonly affecting people around the world. Professor Venn seeks to uncover the genetic determinants of disease, lifestyle, environmental and health-system factors that contribute to poor chronic disease.

Stunning Social Event

Don't miss the ACRA 2018 ASM Gala Dinner

(Tue July 31st) at GOMA - the Gallery of Modern Art http://bit.ly/ACRA2018-GOMAEvents Stunning views overlooking the Brisbane River, with fun activities and theming, will make this a truly special event.

The ACRA 2018 Social Committee are creating a fun and unique program that is not to be missed.

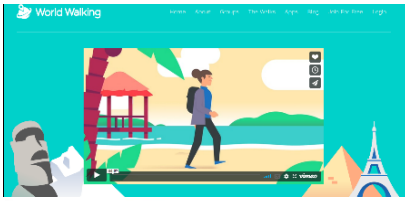


acra2018
28th Annual Scientific Meeting
create | collaborate | grow
30 July - 1 August 2018
Hotel Grand Chancellor Brisbane, QLD

Heart Healthy ACRA 2018

ACRA 2018 is very much about promoting heart health. Come join us on our virtual "Australian Cities" walk from Perth (site of ACRA2017) to our host city Brisbane for ACRA2018! It's fun, free and easy to do at World Walking https://worldwalking.org/ Share steps from the pedometer on your smartphone, Fitbit or Jawbone fitness tracker via the free app. Join the ACRA 2018 Walking Group at: https://bit.ly/ACRA2018-WorldWalking

#acra2018



Keep up-to-date & follow ACRA 2018

300 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: Win a $200 gift card of your choice (either Heart Foundation, Rebel Sport or Webjet), by emailing us at acra2018@outlook.com Drawn COB Fri June 29th.

Check out our blog: http://bit.ly/ACRA2018-Blog where we are featuring practical information for clinicians working in cardiovascular health, as well as contributions from our ACRA 2018 Invited Speakers.

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. Cardiac Patients' Experiences and Perceptions of Social Media: Mixed-Methods Study.

Partridge SR; Grunseit AC; Gallagher P; Freeman B; O'Hara BJ; Neubeck L; Due S; Paull G; Ding D; Bauman A; Phongsavan P; Roach K; Sadler L; Glinatsis H; Gallagher R. Journal of Medical Internet Research. 19(9):e323, 2017 Sep 15.

BACKGROUND: Traditional in-person cardiac rehabilitation has substantial benefits for cardiac patients, which are offset by poor attendance. The rapid increase in social media use in older adults provides an opportunity to reach patients who are eligible for cardiac rehabilitation but unable to attend traditional face-to-face groups. However, there is a paucity of research on cardiac patients' experiences and perspectives on using social media to support their health.

OBJECTIVE: The aim of this study was to describe cardiac rehabilitation patients' experiences in using social media in general and their perspective on using social media, particularly Facebook, to support their cardiac health and secondary prevention efforts.

METHODS: A mixed-methods study was undertaken among cardiac rehabilitation patients in both urban and rural areas. First, this study included a survey (n=284) on social media use and capability. Second, six focus group interviews were conducted with current Facebook users (n=18) to elucidate Facebook experience and perspectives.

RESULTS: Social media use was low (28.0%, 79/282) but more common in participants who were under 70 years of age, employed, and had completed high school. Social media users accessed Web-based information on general health issues (65%, 51/79), medications (56%, 44/79), and heart health (43%, 34/79). Participants were motivated to invest time in using Facebook for "keeping in touch" with family and friends and to be informed by expert cardiac health professionals and fellow cardiac participants if given the opportunity. It appeared that participants who had a higher level of Facebook capability (understanding of features and the consequences of their use and efficiency in use) spent more time on Facebook and reported higher levels of "liking," commenting, or sharing posts. Furthermore, higher Facebook capability appeared to increase a participants' willingness to participate in a cardiac Facebook support group. More capable users were more receptive to the use of Facebook for cardiac rehabilitation and more likely to express interest in providing peer support. Recommended features for a cardiac rehabilitation Facebook group included a closed group, expert cardiac professional involvement, provision of cardiac health information, and ensuring trustworthiness of the group.

CONCLUSIONS: Cardiac health professionals have an opportunity to capitalize on cardiac patients' motivations and social media, mostly Facebook, as well as the capability for supporting cardiac rehabilitation and secondary prevention. Participants' favored purposeful time spent on Facebook and their cardiac health provides such a purpose for a Facebook intervention. The study results will inform the development of a Facebook intervention for secondary prevention of cardiovascular disease.

The Good News:

A CORNER OF RESEARCH FOR AUSTRALIA CONT.

2. Kinesiophobia mediates the influences on attendance at exercise-based cardiac rehabilitation in patients with coronary artery disease.

Back M; Cider A; Herlitz J; Lundberg M; Jansson B. Physiotherapy Theory & Practice. 32(8):571-580, 2016 Nov.

PURPOSE: To identify predictors of attendance at exercise-based cardiac rehabilitation (CR) and to test the hypothesis that kinesiophobia mediates the influence on attendance at CR in patients with coronary artery disease (CAD).

PATIENTS: In total, 332 patients (75 women; mean age 65 +/- 9.1 years) with a diagnosis of CAD were recruited at Sahlgrenska University Hospital, Sweden.

METHODS: The patients were tested in terms of objective measurements, self-rated psychological measurements, and level of physical activity. A path model with direct and indirect effects via kinesiophobia was used to predict participation in CR. An exploratory selection of significant predictors was made.

RESULTS: A current incidence of coronary bypass grafting ($p < 0.001$) and a diagnosis of ST-elevation myocardial infarction ($p = 0.004$) increased the probability of attendance at CR, while kinesiophobia ($p = 0.001$) reduced attendance. As a mediator, kinesiophobia was influenced by four predictors and the following indirect effects were found. General health and muscle endurance increased the probability of attendance at CR, while self-rated anxiety and current incidence of heart failure had the opposite effect.

CONCLUSIONS: This study suggests that kinesiophobia has an influence on and a mediating role in attendance at CR. The results need to be further investigated in relation to clinical practice.

The Good News: Don't be scared, exercise is good for you!

3. Cardiac rehabilitation following an acute coronary syndrome: Trends in referral, predictors and mortality outcome in a multicenter national registry between years 2006-2013: Report from the Working Group on Cardiac Rehabilitation, the Israeli Heart Society.

Chernomordik F; Sabbag A; Tzur B; Kopel E; Goldkorn R; Matetzky S; Goldenberg I; Shlomo N; Klempfner R. European Journal of Preventive Cardiology. 24(2):123-132, 2017 Jan.

BACKGROUND: Utilization of cardiac rehabilitation is suboptimal. The aim of the study was to assess referral trends over the past decade, to identify predictors for referral to a cardiac rehabilitation program, and to evaluate the association with one-year mortality in a large national registry of acute coronary syndrome patients.

METHODS: Data were extracted from the Acute Coronary Syndrome Israeli Survey national surveys between 2006-2013. A total of 6551 patients discharged with a diagnosis of acute coronary syndrome were included.

RESULTS: Referral to cardiac rehabilitation following an acute coronary syndrome increased from 38% in 2006 to 57% in 2013 (p for trend<0.001). Multivariate modelling identified the following independent predictors for non-referral: 2006 survey, older age, female sex, past stroke, heart or renal failure, prior myocardial infarction, minority group, and lack of in-hospital cardiac rehabilitation centre (all p<0.01). Kaplan-Meier survival analyses showed one-year survival rates of 97% vs 92% in patients referred for cardiac rehabilitation as compared to those not referred (log-rank p<0.01). Multivariate analysis showed that referral for cardiac rehabilitation was associated with a 27% mortality risk reduction at one-year follow-up (p=0.03). Consistently, a 32% lower one-year mortality risk was evident in a propensity score matched group of 3340 patients (95% confidence interval 0.48-0.95, p=0.02).

CONCLUSIONS: Over the past decade there was a significant increase in cardiac rehabilitation referral following an acute coronary syndrome. However, cardiac rehabilitation is still under-utilized in important high-risk subsets of this population. Patients referred to cardiac rehabilitation have a lower adjusted mortality risk.

The Good News: Referrals are increasing, but we have a long way to go and we need the resources to cope with this increase.

A CORNER OF RESEARCH FOR AUSTRALIA CONT.

4. Regular exercise behaviour and intention and symptoms of anxiety and depression in coronary heart disease patients across Europe: Results from the EUROASPIRE III survey.

Prugger C; Wellmann J; Heidrich J; De Bacquer D; De Smedt D; De Backer G; Reiner Z; Empana JP; Fras Z; Gaita D; Jennings C; Kotseva K; Wood D; Keil U; EUROASPIRE Study Group. European Journal of Preventive Cardiology. 24(1):84-91, 2017 Jan.

BACKGROUND: Regular exercise lowers the risk of cardiovascular death in coronary heart disease (CHD) patients. We aimed to investigate regular exercise behaviour and intention in relation to symptoms of anxiety and depression in CHD patients across Europe.

DESIGN: This study was based on a multicentre cross-sectional survey.

METHODS: In the EUROpean Action on Secondary and Primary Prevention through Intervention to Reduce Events (EUROASPIRE) III survey, 8966 CHD patients <80 years of age from 22 European countries were interviewed on average 15 months after hospitalisation. Whether patients exercised or intended to exercise regularly was assessed using the Stages of Change questionnaire in 8330 patients. Symptoms of anxiety and depression were evaluated using the Hospital Anxiety and Depression Scale. Total physical activity was measured by the International Physical Activity Questionnaire in patients from a subset of 14 countries.

RESULTS: Overall, 50.3% of patients were not intending to exercise regularly, 15.9% were intending to exercise regularly, and 33.8% were exercising regularly. Patients with severe symptoms of depression less frequently exercised regularly than patients with symptoms in the normal range (20.2%, 95% confidence interval (CI) 14.8-26.8 vs 36.7%, 95% CI 29.8-44.2). Among patients not exercising regularly, patients with severe symptoms of depression were less likely to have an intention to exercise regularly (odds ratio 0.62, 95% CI 0.46-0.85). Symptoms of anxiety did not affect regular exercise intention. In sensitivity analysis, results were consistent when adjusting for total physical activity.

CONCLUSIONS: Lower frequency of regular exercise and decreased likelihood of exercise intention were observed in CHD patients with severe depressive symptoms. Severe symptoms of depression may preclude CHD patients from performing regular exercise. Copyright © The European Society of Cardiology 2016.

The Good News: This article is depressing but I am anxious to aspire to improve this!

5. Home-based cardiac rehabilitation improves quality of life, aerobic capacity, and readmission rates in patients with chronic heart failure.

Chen YW; Wang CY; Lai YH; Liao YC; Wen YK; Chang ST; Huang JL; Wu TJ. Medicine. 97(4):e9629, 2018 Jan.

BACKGROUND: Exercise tolerance and cardiac output have a major impact on the quality of life (QOL) of patients experiencing heart failure (HF). Home-based cardiac rehabilitation can significantly improve not only exercise tolerance but also peak oxygen uptake (Equation is included in full-text article) and the QOL in patients with HF. The aim of this prospective study was to evaluate the beneficial effects of home-based cardiac rehabilitation on the quality of medical care in patients with chronic HF.

METHODS: This study was a randomized prospective trial. HF patients with a left ventricular ejection fraction (LVEF) of less than 50% were included in this study. We randomly assigned patients to the control group (n = 18) and the interventional group (n = 19). Within the interventional group, we arranged individualized rehabilitation programs, including home-based cardiac rehabilitation, diet education, and management of daily activity over a 3-month period. Information such as general data, laboratory data, Cardiopulmonary Exercise Test (CPET) results, Six-minute Walk Test (6MWT) results, and the scores for the Minnesota Living with Heart Failure Questionnaire (MLHFQ) before and after the intervention, was collected from all patients in this study.

RESULTS: Patients enrolled in the home-based cardiac rehabilitation programs displayed statistically significant improvement in peak (18.2 +/- 4.1 vs 20.9 +/- 6.6 mL/kg/min, P = .02), maximal 6-Minute Walking Distance (6MWD) (421 +/- 90 vs 462 +/- 74 m, P = .03), anaerobic threshold (12.4 +/- 2.5 vs 13.4 +/- 2.6 mL/kg/min, P = .005), and QOL. In summary, patients receiving home-based cardiac rehabilitation experienced a 14.2% increase in peak, a 37% increase in QOL score, and an improvement of 41 m on the 6MWD test. The 90-day readmission rate for patients reduced to 5% from 14% after receiving cardiac rehabilitation.

CONCLUSION: Home-based cardiac rehabilitation offered the most improved results in functional capacity, QOL, and a reduced the rate of readmission within 90 days.

The Good News: No matter what modality of CR, it is all good!

A CORNER OF RESEARCH FOR AUSTRALIA CONT.

6. Long-term outcomes after acute myocardial infarction in countries with different socioeconomic environments: an international prospective cohort study.

Kampfer J; Yagensky A; Zdrojewski T; Windecker S; Meier B; Pavelko M; Sichkaruk I; Kasprzyk P; Gruchala M; Giacomini M; Raber L; Saner H. BMJ Open. 7(8):e012715, 2017 Aug 11.

BACKGROUND: Hospital-based data on the impact of socioeconomic environment on long-term survival after myocardial infarction (MI) are lacking. We compared outcome and quality of secondary prevention in patients after MI living in three different socioeconomic environments including patients from three tertiary-care teaching hospitals with similar service population size in Switzerland, Poland and Ukraine.

METHODS: This is a prospective cohort study of patients with a first MI in three different tertiary-care teaching hospitals in Bern (Switzerland), Gdansk (Poland) and Lutsk (Ukraine) during the acute phase in the year 2010 and follow-up of these patients with a questionnaire and, if necessary, telephone interviews 3.5 years after the acute event. The study cohort comprises all consecutive patients hospitalised in every one of the three study centres during the year 2010 for a first MI in the age <=75 years who survived >=30 days.

RESULTS: The proportion of patients with ST-segment elevation myocardial infarction (STEMI) was high in Gdansk (Poland) (80%) and in Lutsk (Ukraine) (74%), while the ratio of STEMIs to non-STEMIs was nearly 50:50 in Bern (Switzerland)

(50.6% STEMIs). Percutaneous coronary intervention (PCI) was the first choice therapy both in Bern (Switzerland) (100%) and in Gdansk (Poland) (92%), while it was not performed at all in Lutsk (Ukraine). We found substantial differences in treatment and also in secondary prevention interventions including cardiac rehabilitation. All-cause mortality at 3.5 year follow-up was 4.6% in Bern (Switzerland), 8.5% in Gdansk (Poland) and 14.6% in Lutsk (Ukraine).

CONCLUSION: Substantial differences in treatment and secondary prevention measures according to low-income, middle-income and high-income socioeconomic situation are associated with a threefold difference in mortality 3.5 years after the acute event. Countries with low socioeconomic environment should increase efforts and be supported to improve care including secondary prevention in particular for MI patients. A greater number of PCIs per million inhabitants itself does not guarantee lower mortality scores.

The Good News: CR makes a difference!

7. How does audit and feedback influence intentions of health professionals to improve practice? A laboratory experiment and field study in cardiac rehabilitation.

Gude WT; van Engen-Verheul MM; van der Veer SN; de Keizer NF; Peek N. BMJ Quality & Safety. 26(4):279-287, 2017 Apr.

OBJECTIVE: To identify factors that influence the intentions of health professionals to improve their practice when confronted with clinical performance feedback, which is an essential first step in the audit and feedback mechanism.

METHODS: We conducted a theory-driven laboratory experiment with 41 individual professionals, and a field study in 18 centres in the context of a cluster-randomised trial of electronic audit and feedback in cardiac rehabilitation. Feedback reports were provided through a web-based application, and included performance scores and benchmark comparisons (high, intermediate or low performance) for a set of process and outcome indicators. From each report participants selected indicators for improvement into their action plan. Our unit of observation was an indicator presented in a feedback report (selected yes/no); we considered selecting an indicator to reflect an intention to improve.

RESULTS: We analysed 767 observations in the laboratory experiment and 614 in the field study, respectively. Each 10% decrease in performance score increased the probability of an indicator being selected by 54% (OR, 1.54; 95% CI 1.29% to 1.83%) in the laboratory experiment, and 25% (OR, 1.25; 95% CI 1.13% to 1.39%) in the field study. Also, performance being benchmarked as low and intermediate increased this probability in laboratory settings. Still, participants ignored the benchmarks in 34% (laboratory experiment) and 48% (field study) of their selections.

A CORNER OF RESEARCH FOR AUSTRALIA CONT.

CONCLUSIONS: When confronted with clinical performance feedback, performance scores and benchmark comparisons influenced health professionals' intentions to improve practice. However, there was substantial variation in these intentions, because professionals disagreed with benchmarks, deemed improvement unfeasible or did not consider the indicator an essential aspect of care quality. These phenomena impede intentions to improve practice, and are thus likely to dilute the effects of audit and feedback interventions. TRIAL REGISTRATION NUMBER: NTR3251, pre-results.

The Good News: Audit feedback is vital for improving performance in CR!

8. 'Just not for me' - contributing factors to non-attendance/non-completion at phase III cardiac rehabilitation in acute coronary syndrome patients: a qualitative enquiry.

Herber OR; Smith K; White M; Jones MC. Journal of Clinical Nursing. 26(21-22):3529-3542, 2017 Nov.

OBJECTIVES: To explore what reasons do non-attenders and non-completers give for their patterns of participation or nonparticipation in cardiac rehabilitation programmes and how future uptake could be enhanced.

BACKGROUND: Cardiac rehabilitation is a cost-effective clinical intervention designed for adults with acute coronary syndrome. Despite evidence from meta-analyses demonstrating that cardiac rehabilitation programmes facilitate physical and psychological recovery from acute coronary syndrome, only 20-50% of eligible patients attend Phase III outpatient programmes.

DESIGN: A qualitative study using thematic analysis.

METHOD: Within the context of a larger mixed-method study, acute coronary syndrome patients were recruited between 2012-2014 from three hospitals in Scotland. Of 214 patients who consented to enrol in the main study, a purposive subsample of 25 participants was recruited. Semi-structured interviews were conducted and analysed using thematic analysis.

RESULTS: Three major influences of participation were identified: (1) personal factors, (2) programme factors and (3) practical factors. In addition, valuable suggestions for future programme modifications were provided. A significant barrier to attending cardiac rehabilitation programmes is that participants perceived themselves to be unsuitable for the programme alongside a lack of knowledge and/or misconceptions regarding cardiac rehabilitation.

CONCLUSION: The responses of non-attenders and non-completers revealed misconceptions related to programme suitability, the intensity of exercise required and the purpose of a cardiac rehabilitation programme. As long as these misconceptions continue to persist in coronary syndrome patients, this will impact upon attendance. The lack of perceived need for cardiac rehabilitation stems from a poor understanding of the programme, especially among non-attenders and non-completers and subsequently an inability to comprehend possible benefits.

RELEVANCE TO CLINICAL PRACTICE: The knowledge of common misconceptions puts clinical nurses in a better position to identify and pro-actively address these erroneous assumptions in their patients in order to improve participation in cardiac rehabilitation.

The Good News: See "Relevance to Clinical Practice"

9. Long-Term Results of High-Intensity Exercise-Based Cardiac Rehabilitation in Revascularized Patients for Symptomatic Coronary Artery Disease.

Nilsson BB; Lunde P; Grogaard HK; Holm I. American Journal of Cardiology. 121(1):21-26, 2018 Jan 01.

BACKGROUND: Exercise capacity is a strong predictor of survival rate in patients with and without coronary artery disease. Exercise-based cardiac rehabilitation (CR) with improvements in the peak oxygen uptake (VO2peak) of 3.5ml/kg/min or more has been shown to be beneficial in earlier observational studies. Long-term results on VO2peak after CR are rare.

A CORNER OF RESEARCH FOR AUSTRALIA CONT.

METHOD: The aim of this study was to assess if a 12-week outpatient CR program including high-intensity interval training would preserve or improve VO2peak 15 months after CR entry. A total of 133 coronary patients attended the CR program (the Norwegian Ullevaal model). At baseline, at the end of the program, and after 15 months, the patients were evaluated with a cardiopulmonary exercise test, body mass index, blood pressure, self-reported exercise habits, and quality of life (the COOP-WONCA questionnaire).

RESULTS: Long-term outcomes were available for 86 patients (65 %). The mean age was 57+/-9 years and 87% were men. VO2peak improved significantly from baseline (31.9+/-7.6ml/kg/min) to program end (35.9+/-8.6ml/kg/min) ($p<0.001$), and further progress was seen at the long-term follow-up (36.8+/-9.2ml/kg/min) ($p<0.05$). COOP-WONCA was significantly enhanced in all domains ($p<0.001$) with a meaningful clinical improvement in "physical fitness" from baseline to long-term follow-up.

CONCLUSION: At follow-up the patients still exercised (mean 2.5+/-1 times per week) and had improved or preserved their VO2peak and quality of life.

The Good News: Good study on the long term effects of CR on functional capacity!

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. My main research interests are nurse-led exercise stress testing, women and heart disease, depression in cardiac patients, implantable defibrillators, cardiac electrophysiology, and database implementation. I also have presented my research at the international, national, state and local conferences.

ACRA Newsletter
Heart Foundation Report February 2018

Heart Week

Heart Week provides a unique opportunity for the Heart Foundation to shine a spotlight on a selected heart health issue and to raise general awareness of the Heart Foundation and its role in leading the fight against heart disease in Australia.

Heart Week 2018, Sunday 29 April to Saturday 5 May, will focus on physical activity in the context of both primary and secondary prevention by:

- seeking to increase the number of GPs, practice nurses and health professionals using and recommending Heart Foundation resources and programs, and recommending physical activity to patients and promoting benefits of exercise in preventing heart disease and its risk factors, and reducing the impact of cardiovascular disease, slowing progress and preventing recurrence
- encouraging people in the target age/risk range to speak with their health professional
- promoting Heart Foundation programs and resources, including Heart Foundation Walking, Helpline and Jump Rope for Heart
- increasing the number of Australians undertaking physical activity, including Heart Foundation Walking.

National audit of cardiac rehabilitation services

A request for funding to conduct a biennial national audit of cardiac rehabilitation services is one of the cardiovascular policy proposals included in the submission on the 2018–19 Federal Budget from the National Heart Foundation of Australia.

In the United Kingdom, an annual audit of cardiac rehabilitation has led to a better understanding of referral and completion rates and helped drive improvements across the system.

An Australian audit would present a detailed and complete picture of cardiac rehabilitation services that could drive service improvements, monitor progress over time, and the sharing of good-practice.

The 2018 federal budget will be handed down on May 8.

STATE PRESIDENTS' REPORTING

SOUTH AUSTRALIA

Current Board Members 2018

President - Jenny Finan

Vice President – Jeroen Hendriks

State representative – Natalie Simpson

Treasurer – Renee Henthorn

Secretary – Annette Ferguson/ Natalie Simpson

Rural Representative – Caroline Wilksch

Heart Foundation SA – Sabine Drilling

CATCH Representative – Claudine Clarke

State representative: **Natalie Simpson**

President: **Jenny Finan**

SA/NT Membership:

Current members: 70 members

Professional Development in 2017:

Our education seminar held at Flinders Medical Centre on the 14th October, 2017 provided participants with the opportunity to interact with three excellent speakers. All 27 participants agreed that the presentations where both informative and relevant to their practice.

Speakers:

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

Dr Christine Burdeniuk – 'Pulmonary Hypertension'

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

Banking/Treasury: (Renee Henthorn)

The Treasurer's Updated Report was presented at our last meeting. ACRA – SA/NT Inc. remains financial. Sponsorship has been obtained for our April education event.

Grants:

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

ACRA – SA/NT would also like to congratulate 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'.

SAVE THE DATE: 28th April, 2018 PLUS AGM

ACRA –SA/NT are pleased to invite you to a very special EDUCATION SEMINAR

Registration and coffee

Topic 1: Opportunities to improve outcomes in aboriginal health: what is the role of cardiac rehabilitation?

Presenter: Professor Alex Brown

Topic 2: Workshop: Physical activity in patients with cardiovascular disease-how much is enough?

Presenter: A/Prof. C Maher

Morning Tea

Topic 3: What is the role of cardiac rehabilitation in AF?

Presenter: Ms Celine Gallagher

Topic 4: Patient education and engagement: by whom, for whom?

Presenter: Dr Jeroen Hendriks

Lunch and AGM meeting

Topic 5: Improving medication adherence.

Presenter: Ms Karin Nyfort-Hansen

Topic 6: Screening and treating OSA in cardiovascular disease: What's in it for allied health?

Presenter: Dr Ching Li Chai-Coetzer

Certificates of attendance and evaluation

Date: Saturday 28th April 2018

Time: 0900—1600hrs

Venue: South Australian Health and Medical Research Institute (SAHMRI)

Auditorium

RSVP: Annette Ferguson via email:

Annetteferguson27@gmail.com

By COB 14th April 2018

Cost: Free to ACRA members $80 Non-members

CPD Points for Attendance

(ACRA administration fee waived if you become a member on the day)

Event kindly sponsored by Pfizer and AstraZeneca

STATE PRESIDENTS' REPORTING CONT.

ACRA – SA/NT Ordinary Meeting

At our last ordinary meeting on the 29th November 2017, the following items were discussed:

Quotes for merchandise was obtained including pens and note pads.

Terms of Reference were discussed and is scheduled to be voted upon at our next Annual General Meeting (AGM).

ACRA-SA/NT Constitution is in the process of being updated and will voted upon at our next AGM.

Clinical Network Map will be available to all members at our next ordinary meeting.

All Cardiac Rehabilitation Services to register their Cardiac Rehabilitation Program on the Cardiac Directory Services.

An information session was presented by member Sanchia Shute on the Flinders Medical Centre Model.

Positive feedback was received by all members and the power point presentation will be available to members.

Meeting dates 2018

Ordinary meeting 28th February 2018

Annual General Meeting 28th April 2018

0rdinary meeting 20th June 2018

Dinner at Ayers House 26th September 2018

Ordinary meeting 28th November 2018

National Heart Foundation

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

Applications are open for the 2018 Nurse Ambassador Program.

Program information and the application form are at https://www.heartfoundation.org.au/programs/south-australia-nurse-ambassador-program/

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.

SA Psycho-Cardiology Network meeting soon.

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 is going live on the 5th March.
- CHSA Better Care in the Community are holding a full day workshop in May 2018.

State Report Tasmania

A very quiet time for us over the past couple of months as we return to our respective workloads after the holiday break and, for some, holidays. Groups in each centre continue to be thriving in spite of waiting lists in some.

State representative: **John Aitken**

President: **Sue Sanderson**

A recent 'road trip' on behalf of a statewide committee, "HeartSafe", has identified some opportunities and enthusiasm to promote and provide cardiac rehabilitation in rural centres and this will be investigated to determine the best means to offer this in outlying THS facilities.

We will be holding our annual education seminar followed by the AGM in April. We have engaged both local and interstate speakers and secured some sponsorship for the day:

Friday 20th April, 2018

Clarence Integrated Care Centre

Bayfield St, Rosny Park

0930 - 1315 hrs – Seminar (followed by AGM and general meeting of members)

STATE PRESIDENTS' REPORTING CONT.

SPEAKERS INCLUDE:

Dr Ashutosh Hardikar (TBC) – Aortic Valve surgery (Hobart)

Dr Ronen Gurvitch – The role of TAVI in the future (Melbourne)

Dr Jonathon Lipton – Arrhythmia management (drugs, devices, EPS). (Hobart and Melbourne)

The cardiac rehab team at the Royal Hobart Hospital is now settled with 2 more nurses accepting permanent contracts with the team (2.0FTE). One RN on a temporary contract recently became a new mum and is returning to NZ.

Sue Sanderson and John Aitken.

QUEENSLAND

By Bridget Abell – ACRA Qld President

ACRA-Queensland Events for 2018

State representative: **Steve Woodruffe**

President: **Bridget Abell**

The ACRA-Qld EMC is hard at work planning the ACRA 2018 Annual Scientific Meeting to be held in Brisbane from be held at the Grand Chancellor Hotel in Brisbane from 30th July to the 1st August. This is shaping up to be fantastic event for both educational and networking opportunities. The program is currently being finalized, and exciting speakers are due to be announced shortly. ACRA 2018 will focus on how we can "Create, Collaborate, and Grow" as health professionals, researchers and a clinical service.

It is envisioned that the national conference will be the main professional development event for ACRA-Qld members this year with plenty of Queensland-based speakers and knowledge being considered in the program design. However, we do hope to provide members with some smaller additional events such as a "Walk and Talk" event during Heart Week (in partnership with the Heart Foundation) and a Webinar at the end of the year.

Please feel free to get in touch with us at qcra@acra.net.au if you would like further details about either of these events, or to suggest activities or topics you would like included in these and future professional development events.

Welcome new members!

We start 2018 with 70 members across the state, representing a wide variety of health professionals and regions. In particular, the ACRA-Qld committee would like to welcome Mitchell Guthrie, Lelya Baleson, Louise Scott and Kathy Christensen who all joined us in the last few months.

Don't forget to let your colleagues know about the benefits of becoming an ACRA-Qld member in 2018, especially with the conference in our own backyard this year.

Steve Woodruffe to chair Statewide Queensland CR Steering Group

ACRA-Qld Vice President and State Representative, Steve Woodruffe, will chair the steering committee of the Statewide Cardiac Clinical Network Cardiac Rehabilitation Group over the next 2 years. We are privileged to have such a strong voice for secondary prevention, exercise physiology and allied health on this committee. This newly formed group will meet again soon. At present, their main aim of the steering committee is to oversee the data collection of the QCOR CR module.

STATE PRESIDENTS' REPORTING CONT.

NSW REPORT

ACRA NSW/ACT President's Report – Robert Zecchin

State representative: **Jane Kerr**

President: **Robert Zecchin**

The new year for NSW commenced on a high with Professor Gemma Figtree (Cardiologist, Royal North Shore Hospital) presenting to a large and multidisciplinary audience (n = 70) about her recent research study

"Why me? Rising heart attacks in healthy people" in February.

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.

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. The team is meeting regularly and progress is slow and steady. The finalisation date is set for 2019.

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 20 sites with > 1500 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. We also have made application for a funding grant for this survey and the next, which we envisage will be in 2019. Writing of the process in developing the 11 Quality Indicators and the aggregated results of the 1st MDS has commenced for publication purposes.

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 120 + 1 new member pending which is up from previous accounts.

PLANNING:

Sydney will host the 2019 ACRA ASM – planning is underway already!

WA REPORT

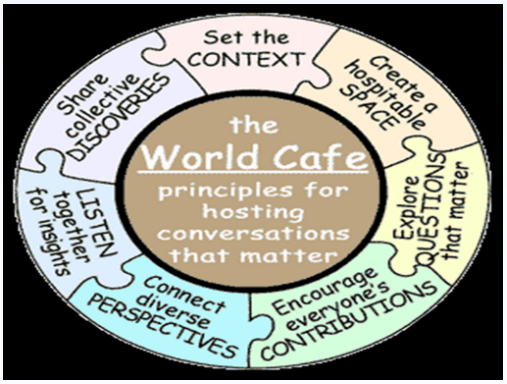
State representative: **Lily Titmus**

President: **Craig Cheetham**

Hi all, WACRA are now transitioning to the new ACRA-WA name. As there have been no objections either from the survey of members or from the floor at our recent AGM, so from now we will be known as ACRA-WA, in line with all other states and territories. New logo banners will be discussed at our upcoming planning meeting on the 13th of March.

The Heart Foundation in WA have had a very successful Heart Week 2017 with the theme Hypertension and Julie and Shelley thank all Cardiac Rehabilitation services for planning events at their individual sites.

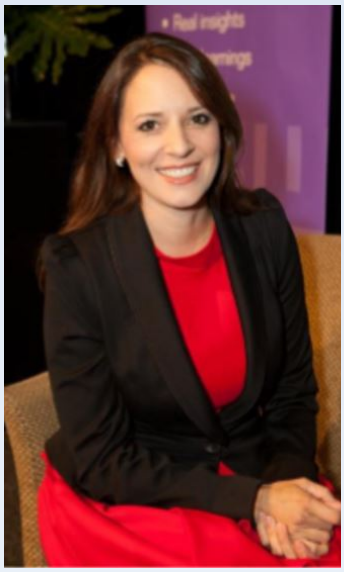
NOVEMBER WORKSHOP We had very good attendance at our November workshop where we used a world café style approach to learning about six Apps which are useful in the Cardiac Rehabilitation setting.



STATE PRESIDENTS' REPORTING CONT.

The six Apps we learnt about were: the Health Data App, Simple Habit – Meditation App, Quit Buddy App, Saying WHEN, Foodswitch and the Care assessment platform apps. The networking, learning the useful practical implications of these apps was valued and highly appreciated from the feedback.

AGM & DINNER – We were once again treated to a fantastic educational dinner in February, held at the ACUA VIVA on the Swan, Broadway, Nedlands. Our thanks to AstraZeneca and Pfizer for sponsoring this event.



Dr. Michelle Ammerer was the guest speaker, a truly inspiring presenter who kept us all completely engaged with science, common sense and humour. Michelle's is a graduate from UWA and trained in cardiology at Sir Charles Gairdner Hospital and subsequently at the Brigham and Women's Hospital, Harvard Medical School, Boston.

In addition to all areas of adult cardiology, Michelle is an interventional cardiologist with skills in coronary angiography, angioplasty and stenting.

Michelle consults with Western Cardiology, is Director of Coronary Care and an interventional cardiologist at Sir Charles Gairdner Hospital. At the same time, Michelle is a Director on the Board of the WA branch of the National Heart Foundation, and is a Fellow of both the Royal Australasian College of Physicians and the Cardiac Society of Australia and New Zealand. Michelle is a passionate advocate of women and the management and prevention of heart disease.

My thanks go to Julie Prout, Joanna Clark and Lily Titmus for bringing us this wonderful evening of education.

WA Heart Foundation Report

Activities for 2017 included:

- ACRA conference - August
- MHML
- Funding continued through 2017
- Version updated as part of the Heart Attack Survivor Support (HASS) project
- Health info Service (HIS) has been renamed to: "Helpline" with new number. Old number still working for 18 months
- Heart Week – hypertension themed activities. Thanks to those who ran activities.
- Nurse Ambassador Program continues with good support.
- Heart Maps – new data added 2017
- Avoidable hospitalisations due to socio-economic disadvantage
- New CHD mortality data at a State/Territory, Regional (SA4) level and LGA
- New risk factors (smoking and obesity rates) have been added
- 2018 = Physical inactivity, high cholesterol, hypertension, further 2 years of hospital admission data and Indigenous admission rates
- Online Directory – problems with firewall and site entering programs. This is still being worked on

ACRA WA Committee for 2018

President: Helen McLean

Vice President: Hazel Mountford

State Representative: Lily Titmus

Secretary: Nikki Strahan

Treasurer: Julie Prout

Country Representatives: Sandy Hamilton and Anne-Marie Dunnet

Heart Foundation Representatives: Shelley McRae and Julie Smith

Committee Members: Craig Cheetham, Tracy Swanston and Carol Lomman

We thank Craig Cheetham for his commitment to ACRA and WACRA over many years, and are very pleased to say that although Craig may be moving from his President role we are very pleased he will continue to provide leadership on our current committee. I would like to give mention to all the hard work he continues to do in providing Cardiac Rehabilitation and Secondary Prevention.

Craig was a founding member of ACRA / WACRA. Craig started his Cardiac Rehabilitation journey working at Royal Perth Hospital and was instrumental in setting up the RPH Advanced Heart Failure and Cardiac Transplant Unit. Craig is a past ACRA President and life member of ACRA having received the Alan Goble Distinguished Service Award – celebrating the achievements of individuals who have provided extraordinary service to Cardiovascular Rehabilitation at both a state and national level.

STATE PRESIDENTS' REPORTING CONT.

In 2012, Craig was awarded the National Exercise Physiologist of The Year Award by Exercise and Sports Science Australia (ESSA).

Craig is the Director of Cardiovascular HealthCare WA; an organization providing hospital, community and technology based Cardiovascular prevention and rehabilitation for more than 18 years. Craig is an Adjunct lecturer at UWA and sits on numerous committees and provides consultation to a range of clinical services including Derbarl Yerrigan's Heart Health program (East Perth Aboriginal Medical Service).

In volunteering for ACRA + WACRA, has Craig involved in all WA conferences in a mentorship role as a scientific advisor.

We thank you Craig for all you have done for Cardiac Rehab in WA and beyond, and look forward to continuing to have your wisdom on the WACRA executive.

The new ACRA-WA committee look forward to working with all our members in 2018, and please do not hesitate to contact us helenmclean@aapt.net.au

Helen Mclean ACRA-WA President

VICTORIAN STATE REPORT

ACRAVIC
Australian Cardiovascular Health & Rehabilitation Association- Victoria

By Emma Boston – ACRA Victoria President.

Committee Members

President: Emma Boston

Vice-President: Carmel Bourne

State Rep: Susie Cartledge

Treasurer: Debra Gascard

Vice President: Ailish Commane

Secretary: Niamh Dormer

Member: Anita Stieglbauer

Co-Opted Member: Sam Buchanan

F Rep: Eugene Lugg

ACHH Rep: Alun Jackson

State representative: **Susie Cartledge**

President: **Emma Boston**

Current Membership

At the time of the Newsletter going to press current membership was 144 financial Members, with four possible new Member applications being processed.

ACRA-Victoria Events for 2018

The first education event for Victoria was held on Monday March 5th, at Cliftons Melbourne, Collins Street, Melbourne. This is the same venue that has been used by ACRA Victoria to hold our last three events.

One of the main reasons for the Committee in choosing the Cliftons venue was that it has the facilities to enable us to incorporate videoconferencing into the event. This extends our professional networking and education sessions out into cyberspace to include our Cardiac Rehabilitation colleagues nationally. The Committee hopes that this new strategy of videoconferencing has been a seamless and positive addition for our Members.

The theme for the event was new cardiac technologies, providing a very full and stimulating program. From the analysis of the feedback, we have received from the day it has been a very positive educational meeting.

Unfortunately, one cyberspace group reported that whilst the audio worked well, they only got the video feed some of the time. Sadly, our IT Team were not consulted at the time to see if they could rectify the issue. Fortunately, the complete slide set and a copy of the video will be available shortly for them to access.

I would like to thank Susie Cartledge for her hard work and mammoth efforts in facilitating the cyberspace option for the event. As part of the Committee's risk management strategy Susie has been mentoring our Co-Opted Member Sam Buchanan to ensure more than one person is able to manage the IT side during the event.

We were very fortunate to have two Patients present their perspectives during the day. One Patient Anita had had a TAVI procedure, proving that as an Octogenarian life can be a very active one. The other Patient Suzi received a device after suffering an in home Cardiac Arrest were she was resuscitated by husband whilst her young son watched. We felt very privileged to have both of these people give share their personal stories with us. Thank you Anita and Suzi.

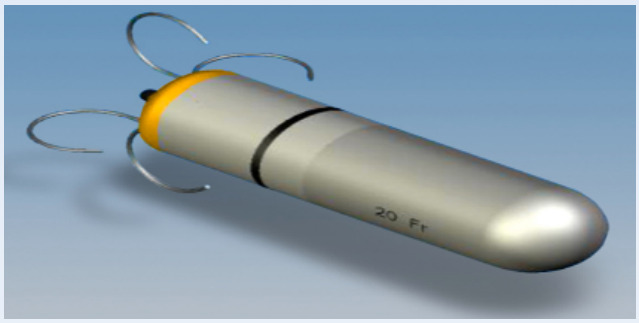
Dr Emily Kotschet Consultant Cardiologist and Electrophysiologist, Monash Heart, Monash Medical Centre presented the latest on cardiac technology care. Dr. Kotschet's presentation fascinated the audience with her experience with the latest devices including Subcutaneanous ICDs and the tiny Medtronic Mica pictured here. On behalf of the organising Committee I extend our sincere gratitude for all the presenters.

The winner of the Early Bird ticket booking was Peta Griffiths, seen with Victorian President congratulating Peta on her win. Peta's prize was a very nice Littman Stethoscope.

In supporting the running of the event ACRA Victoria wishes to thank our Gold, Silver and Bronze sponsors whom with their fabulous support helped to make the day an educational success. Novartis Pharmaceuticals was the Gold sponsor with representatives George Georgiadis and Dinesh Sharma on hand during the day.

STATE PRESIDENTS' REPORTING CONT.

The ACRA-Victoria Cyberspace IT Desk view of the ACRA Victoria education event.



Edwards Life Sciences was the silver sponsor and Abbott was the bronze sponsor for the day. With the ongoing support of these organisations ACRA Victoria can continue to convene cardiac rehabilitation educational events for health professionals. ACRA-Victoria recognises their contributions and thanks them for their support.

Gold Sponsor:

NOVARTIS

Silver Sponsor:

Edwards

Bronze Sponsor:

Abbott

New ACRA-Victoria logo.

ACRAVIC
Australian Cardiovascular Health & Rehabilitation Association- Victoria

In presenting the winning design to the Committee, Jess from Hack Designs described her design as combining the new ACRA-Victoria branding in the red colouring with the old VACR gold colouring; in continuing the heritage of caring for Victorians with cardiac disease. This is further symbolised with the "V" representing the health professional upholding the cardiac rehab patient figured as the heart, with the connecting twist and turns between the two as the journey the patient takes.

Next Victorian educational event

Planning for the next educational event is already underway and will be held in Melbourne in October. We have confirmed the keynote speaker Cardiologist Dr Michael Wong as well other dynamic professionals. More details will be available soon.