

ACRA NEWSLETTER

SEPTEMBER 2018



Australian Cardiovascular Health
and Rehabilitation Association



Conference 2018

ASM report

DSA recipient

Award winners

News from across
the nation

AUSTRALIAN CARDIOVASCULAR HEALTH AND REHABILITATION ASSOCIATION

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CHALLENGE...CHANGE...ACHIEVE

EDITOR'S NOTE

While Emma is basking in heat and humidity overseas, I have been seconded to prepare the post-conference edition of your newsletter. I missed the conference (the first time in about 10 years!) as I had just returned from overseas myself. By all accounts an amazing time was had by all delegates. Paul Camp and his team are to be congratulated on the high quality of the total event from the opening Heart Failure workshop to the very last day and presentation of the awards. His report also makes an exciting read and will no doubt bring back happy memories for all those present and make those who weren't envious.

Congratulations to Steve Woodruffe, this year's very deserving recipient of the Alan Goble Distinguished Service Award. The testimonial for the award is published in this newsletter. Once again the recipient has come from the state holding the ASM so Steve's family were able to be present when he accepted it.

Congratulations also to all the prize winners this year – abstracts published within.

Robin Gallagher, Bridget Abel and Robert Zecchin have responded on ACRA's behalf to a recent article published that questioned the value of exercise-based cardiac rehabilitation. The link to their response is in Robyn's report.

I trust you enjoy reading about the conference as well as the other reports from around the country.

Happy rehabbing

Sue Sanderson
Stand-in editor.

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**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



ASM resounding success of ACRA and Brisbane meeting is exciting with several new innovations. Thanks to the conference organisers.

Membership New benefit is the mentorship program announced last night at the ASM. Mentors are clinical and academic leaders who have volunteered to support others.

International and national

There has been a dramatic increase in research and interest in cardiac rehabilitation and secondary prevention occurring over the last couple of years. This means much more effort is being put in by the executive in keeping up to date with new knowledge and guidelines and responding to new evidence at the national and international level. To this end we are pleased to say that Bridget Abell, Rob Zecchin and I have written a response on behalf of ACRA to the recent Powell Systematic Review which found no benefit of CR for mortality and hospital admissions, and this publication has been accepted by *Heart, Lung and Circulation*. We have also contributed to a response by the BACPR – look out for both of these. BACPR have recently written guidelines for CR and we requested the opportunity to participate – and Cate Ferry, Vicky Wade and I wrote a statement in support of these guidelines and comment on how

the guidelines would apply in our Australian context. I have also participated in the development of National Guidelines for Heart Failure care on behalf of ACRA and we have endorsed those. The Preventive Cardiovascular Nurses Association organises a global forum every two years and I'm pleased to be able to represent our region at this event in October. I presented at CCNAP of ESC Euroheartcare in Dublin in June and will also be attending the World Congress of Cardiology in Dubai in December and again I will be promoting ACRA at these events.

ACRA members are also very important sources of information for researchers nationally and internationally and we are often requested to endorse projects and email our members for research participation. Our research and education committee keeps a registry of all endorsed projects, ensures there is not excessive demands on members and that research results are presented at our ASM and/or reports provided. We also have a list of publications our members have produced. One important project has been a collaboration with ICCPR on a global registry of cardiac rehabilitation in 93 countries and I reported those Australian results at the ASM. In fact quality is an important topic for CR, particularly while we don't have a national initiative, NSW, SA and QLD have all been working on quality indicators, audits and registries. ACRA has a key role to play and we anticipate national collaboration with the National Heart Foundation and other partners will begin.

We have confirmed our ongoing and valuable collaboration with the NHFA, and will continue to work on the CR directory together.

Advocacy A couple of important initiatives including an infographic designed to have key statements for our members to use to advocate for CR, with statements from leading cardiologists providing strong support for CR. Furthermore, ACRA was on the agenda for the CSANZ clinic and prevention council at CSANZ this year and we negotiated registration/attendance free for ACRA members and similar to last year, our 15 minutes on the agenda – last year I presented the hot topics, but this year the winner of the research prize had 10 minutes to present their work at this council. Last year there were around 200 in the audience, including leading cardiologists, so it is an important opportunity to improve awareness/marketing.

Recently Bridget Abel, Robert Zecchin and myself wrote an editorial published in *Heart, Lung and Circulation*: "Making Sense of the Unfavourable Systematic Review of Exercise-Based Cardiac Rehabilitation in the Modern Era: How Should We Proceed?" This was written on behalf of ACRA and is available at <https://doi.org/10.1016/j.hlc.2018.07.010>

Future

A key aspect we will be working on is updating the website and making it current and more useful for members.

Thanks to all executive members and the people working tirelessly at state level. A particular thanks to Steve Woodruffe who has taken key roles in ACRA but is leaving the committee. During his time on the EMC he has made exceptional contributions to ACRA and we thank him for this work. Steve was awarded the Alan Goble Distinguished Service Award at the ASM dinner. It was wonderful to see him get the recognition he

PRESIDENT'S REPORT CONTINUED

deserves for his steady leadership of ACRA, as President 2013-2015 and in so many other roles, including Secretary and Past-President. He had a vision for ACRA to have national leadership and this was achieved in his vision for creating the Core Components for Cardiac Rehabilitation in Australia,

published in 2014 and referred to by so many key cardiac clinicians and researchers. His vision extended to creation of subthemes within our executive and increasing the inclusion of state leaders in developing ideas and taking action. Aside from these achievements, Steve has

been a wonderful colleague, mentor and friend to many within ACRA and we thank him for his leadership. You can read the nomination statement elsewhere in the newsletter.

Robyn Gallagher
President

Alan Goble Distinguished Service award



Stephen Woodruffe, Accredited Exercise Physiologist, was the recipient of the Alan Goble Distinguished Service award at this year's ACRA ASM.

The following is the nomination statement from his colleagues.

Steve has been a member of ACRA for more than 12 years and currently holds the position of Senior Exercise Physiologist at Ipswich Heart Health Service, Queensland Health. Secretary Australian Cardiovascular Health and Rehabilitation Association.

Steve has always embodied a dedication to serving others and advancing cardiac rehabilitation. From early in his career as an Accredited Exercise Physiologist, he has been devoted to empowering the most disadvantaged patients to successfully manage their cardiovascular disease.

Steve's strong sense of public service led him to join the Queensland Cardiovascular Health and Rehabilitation Association (QCRA) early in his

working life. Always looking to help the cardiac rehabilitation association flourish, he took on a combined role of State President and State Representative when needed. In these roles, Steve was able to invigorate Queensland cardiac rehabilitation through helping to stage more regular professional development events and improved communication with local members.

Steve's talents for bringing people together and charting a common way forward were quickly recognised by the ACRA Executive. He was enthusiastically nominated for Vice President-President Elect soon after joining the Executive. As ACRA President, Steve launched many significant initiatives for the organisation. Looking to increase communication with members, he expanded the Executive to give more of a say to the states. In addition, he sought to increase professional development opportunities for members by assisting the states better share their activities nationally. Notably, Steve committed ACRA to the production of new best practice guidelines and coordinated the writing of the landmark Core Components in 2014.

Knowing 'leadership' is about serving others, Steve has worked tirelessly on many projects, often

out of the spotlight, that have advanced cardiac rehabilitation immeasurably. His work on the International Council of Cardiovascular Prevention and Rehabilitation (ICCPR), has been instrumental at giving Australia a voice at an international level. Steve also represented ACRA at the AACVPR conference in 2015, winning an international scholarship to attend and being asked to deliver a presentation about the state of cardiac rehab in Australia.

Steve continues to advocate for ACRA and the future of cardiac rehabilitation at every level. He recently chaired the Queensland Cardiac Rehabilitation Improvement project, that has now opened new opportunities to collect data state-wide and highlight the important role cardiac rehab has in patient care. He is also committed to sharing his knowledge and lectures at University of Queensland in Exercise Physiology and acts as a mentor and role model to numerous undergraduate and postgraduate students in this area.

It is our sincere pleasure to nominate Steve Woodruffe for the ACRA 2018 Alan Goble Distinguished Service Award.



Positive Vibe

The overwhelming feedback we received about the ACRA2018 ASM was just what a 'positive experience' it was. Three days packed with quality research, fresh networking opportunities and fun social events, made for a great atmosphere amongst the nearly 250 participants.

Thank you to all who participated in ACRA2018. Thank you also to all our Organizing Committee Members and specifically to the Conference Management Committee of Bridget Abell (Scientific Chair), Michelle Aust (Social Program Chair) and Steve Woodruffe who worked so tirelessly to make ACRA2018 the success it was. Thanks also to our Conference Organizer, Cherie McMeekin and the rest of the TAS Team for helping us arrange the event.



The event theme "Create, Collaborate, Grow" was used as the foundation to create an innovative program, facilitate new collaborations and professional growth.

Innovative Program

ACRA2018 kicked off with a fascinating look at emerging treatments and new approaches to the care of those living with advanced heart failure at the **Pre-conference Workshop**. Renowned heart failure expert,

Associate Professor John Atherton set the scene for the workshop by exploring the future of treatments in this area. The workshop then covered a range of cutting-edge approaches, including: the latest in remote monitoring, new models of care and cardiac rehabilitation of those living with a VAD. This extremely popular workshop was very timely, coming just before the release of the latest national heart failure guidelines.



Day Two: The Heart Foundation Breakfast 'engaging with patients to optimise medication and lifestyle adherence' was the perfect opener to day two. Professor Robyn Clark led a stellar panel of expert multidisciplinary health professionals and patient representatives in fresh look at this vital area.

Local Yuggera Elder Shannon, got everyone up and smiling with his deadly Welcome to Country. We were then privileged to hear the patient story of John who experienced an out-of-hospital arrest before attending and becoming a champion of cardiac rehab.



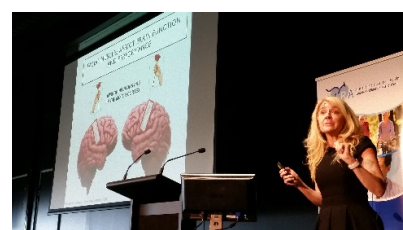
The third annual **Alan Goble Oration** was then delivered by Associate Professor David Colquhoun. He spoke of common interests and the strategies to better engage Cardiologists in cardiac rehab.



We were delighted to have our international Key Note speaker Professor John Cleland (Royal Brompton Hospital, UK), speak on the evolving epidemiology of heart failure and its prevention.

The quality of the **Research Prize Session** and **Clinical Excellence Showcase** was excellent. The Showcase aimed at offering practical strategies to implement right away.

Day Three: The CardiHab Breakfast on 'blended models of conventional and technology based cardiac rehab' was well attended and provided a thought provoking start to day three. More neurones were engaged when **key note speaker Professor Selena Bartlett** (IHBI, Queensland University of Technology) spoke about 'brain fitness, resilience, managing stress and improving health'.





28th Annual Scientific Meeting

create | collaborate | grow

30 July - 1 August 2018

Hotel Grand Chancellor Brisbane, QLD



The high standard in abstracts was well and truly maintained in the excellent **Clinical Prize Session** and **Posters**.

ACRA2018 offered a **wide range Breakout, Concurrent sessions and Invited Speaker Symposia**, to cater for all member interests. Highlighting this was the novel 'Walkshop' presented by Professor Jim Sallis (University of California), who took the group outdoors to explore 'Active Cities- Why it matters and what to look for'.

Getting Connected

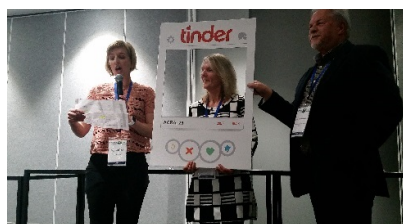
ACRA2018 was also about providing fresh networking opportunities and connecting with other delegates. Pre-conference we set up a variety social media: Facebook, Twitter, LinkedIn and YouTube accounts for delegates to learn about the event and gain more from their conference experience. We had over 400 followers across the platform's preconference and many Tweets at the conference using #ACRA2018. Our **Social Media Poster Passport competition** also highlighted the great posters submitted to ACRA2018.



Networking opportunities at the conference got under way at the friendly and relaxed **Welcome Reception** on the first evening. A spectacular Welcome to Country from Nunukul Yuggera Aboriginal Dance group transfixed everyone.



ACRA Executive members Susie Cartledge, Cate Ferry and Alun Jackson relaunched the ACRA Mentorship Program with fun 'Tinder for ACRA mentors'.



Michelle Aust organised ice breaker 'speed dating' activities and wonderful live music that made the night a great opportunity to network.

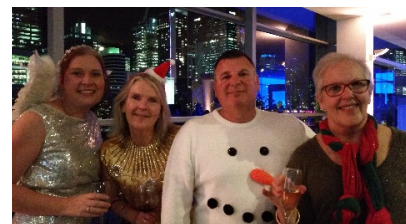


The next day, ACRA President Robyn Gallagher shared some of the great work that the ACRA Executive are doing behind the scenes on behalf of members at the ACRA AGM.



So Much Fun.

ACRA2018 was packed with opportunities to relax and have fun. Not least of these was the **Gala Dinner** at the amazing Gallery of Modern Art with stunning views of the river and city.



The theme for the Gala Dinner was 'White Christmas in July' which lent itself to some Christmas Magic.



Santa and his Reindeer stopped in to share some Christmas spirit.





A giant Snow Globe made for truly White Christmas.

However, the highlight of any ACRA Gala Dinner is the announcement of the **Alan Goble Distinguished Service Award**. It was with great pride that the **ACRA DSA for 2018** was awarded to **Steve Woodruffe**.



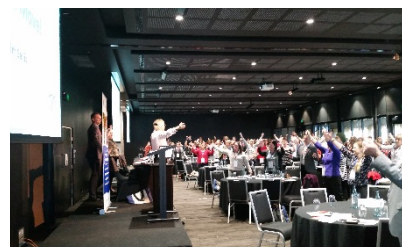
Steve, rarely lost for words was speechless, as he was genuinely surprised and humbled to receive this award. The DSA announcement made even more special by the fact that Steve's family and close friends could be there to share the event.

Clean, Green and Heart Healthy

We tried to make ACRA2018 to be as environmentally sustainable and as heart healthy as we could be.



For example, we made use of recycling, the conference app to reduce paper and a biodegradable delegate bag. Heart Foundation approved menus, standing ovations and **Get up and Move sessions** meant 'we walked the talk' on heart health.



It has been a great privilege to share the journey of preparing and hosting an ACRA Conference with the rest of the ACRA2018 Organising Committee. We very much look forward to catching up with everyone again at the ACRA2019 ASM, 5-7th August, in Sydney.

Sincerely,
Paul Camp
ACRA2018 ASM Convenor.



Best research prize: Jenna Taylor (Wesley Hospital and University of Queensland, Queensland)



FEASIBILITY, SAFETY, ADHERENCE AND EFFICACY OF HIGH INTENSITY INTERVAL TRAINING IN CARDIAC REHABILITATION FOR PATIENTS WITH CORONARY HEART DISEASE. FINDINGS FROM THE FITR HEART STUDY.

Jenna Taylor^{1 2}, David J Holland², Shelley E Keating², Michael D Leveritt², Jeff S Coombes²

1. Cardiac Rehabilitation, The Wesley Hospital, Auchenflower, QLD, Australia
2. School of Human Movement and Nutrition Sciences, The University of Queensland, St Lucia, QLD, Australia

Introduction: There are reservations regarding the clinical

application of high intensity interval training (HIIT) in real world cardiac rehabilitation settings. We investigated HIIT compared with moderate intensity continuous training (MICT) within a hospital-based cardiac rehabilitation program.

Methods: Two hundred and ninety adults with angiographically-proven coronary artery disease referred to cardiac rehabilitation were approached. Ninety-three patients were subsequently randomized to 1) HIIT (n=46): 4 x 4-min high intensity intervals at 15-18 rating of perceived exertion (RPE, range 6-20) interspersed with 3-min active recovery periods, or 2) MICT (n=47): usual care exercise

involving 40-minutes of aerobic exercise at 11-13 RPE. Participants completed 2 supervised sessions and 1 home-based session per week for 4 weeks. Feasibility was assessed using staff and participant questionnaires. The incidence and seriousness of adverse events were recorded to evaluate safety. Adherence to exercise training was assessed from exercise records and self-report logs.

Results: Average training RPE was significantly higher for HIIT (16 ± 1 vs 12 ± 1) and resulted in a significant improvement in peak oxygen uptake compared to MICT ($+2.9 \pm 3.5$ vs $+1.1 \pm 0.0$ ml/kg/min; $p=0.012$). There was no difference in the incidence of serious adverse events between HIIT (n=2) and MICT (n=2) and adherence to exercise training was high in both groups (HIIT 90% vs MICT 88%). Feasibility scores were equal between groups (98%) regarding desire to continue their randomised training. Staff acceptance of the HIIT program was high.

Conclusion: Compared to usual care (MICT), HIIT is safe, feasible, and more efficacious for improving fitness without loss of exercise adherence.

Best Clinical Prize: Emma McGlynn (PA Hospital, Queensland)



AFTER HOURS CARDIAC REHABILITATION, MEETING THE NEEDS OF OUR YOUNGER PATIENTS

Emma McGlynn¹, Mary Boyde¹, Robyn Peters¹, Sharyn Furze¹, Rita Hwang¹, Ben Shea¹

Background: Cardiovascular Disease (CVD) is the leading cause of death in Australia with one in four people experiencing a repeat cardiac event post discharge. Cardiac rehabilitation (CR) improves clinical outcomes however uptake continues to be poor, 10-30% in Australia.

Aim: To introduce an evidence-based CR program operating outside of business hours.

Methods: A pilot study at a tertiary referral hospital in Brisbane, consisting of exercise and education 2 hours/week for 8 weeks. Education included interactive activities, take home multimedia resources and individual referrals to allied health staff. Functional and clinical outcome data were collected at baseline and 12 weeks.

Results: From 12/04/2017 to 15/01/2018, 26 patients agreed to participate, of those 20 (77%) patients attended one class or more, 18 (90%) of those attending patients completed, 17 attended a 12-week assessment. Participants were 91% male, mean age 53 (SD 9.5) years.

Discussion: This program successfully met the needs of younger patients returning to work while providing an evidence-based program of education and exercise outside of business

hours. Patients demonstrated improved clinical outcomes while uptake and completion rates were high. As the demographic of our patients change, younger patients need CR programs that are flexible and promote a work/rehabilitation balance.

	Baseline mean	12 weeks mean	P value
6MWT (metres)	522	586	0.0005*
Total Cholesterol (mmol/L)	5.22	3.46	0.0019*
LDL (mmol/L)	3.45	1.82	0.0002*
Weight (BMI)	30.65	30.31	0.1402
*statistically significant			

Best poster award: Jo Crittenden (University of Western Australia)



AUSTRALIAN CARDIOVASCULAR HEALTH AND REHABILITATION ASSOCIATION (ACRA) MENTORING PROGRAM

ACRA is delighted to announce the establishment of the Mentoring Program that was officially launched at the 2018 Annual Scientific Meeting.

The Mentoring Program is one of the benefits available to ACRA members.

There are three main areas the ACRA Mentoring Program is designed to assist:

1. Professional and personal development and growth
2. Improved clinical, leadership, management, and or research capabilities
3. Career development.

Why a Mentoring Program?

Mentoring is an effective professional development strategy, which can contribute significantly to clinical, management and or research capability and career development. Mentoring is valuable for all health professionals. It is appropriate in fostering the career development of ACRA members, who in the past may have had limited access to formal academic or development programs and networking opportunities.

You may call on a mentor to:

- seek expert advice and assistance regarding research or clinical management.
- seek guidance to submit your work for consideration at a national or state education event or conference.
- undertake a quality improvement activity in your service.
- receive guidance and support whilst undertaking your course, degree, Masters or PhD in the area of Cardiac



Rehabilitation or Chronic Disease Management. This is not meant to replace a formal higher degree supervision arrangement, but to complement such an arrangement.

- seek expert advice and assistance to plan, implement and evaluate a new initiative in your service, including assistance in identifying an appropriate evidence base for such an initiative.

Mentoring Program Process

We are seeking expressions of interest from ACRA members (from both clinical and academic areas) who would like to offer their time as mentors. If you are interested in being a mentor or a mentee, please visit <http://www.acra.net.au/mentoring-program/>

Mentees can select a mentor, from the mentor bank listed on the website, that they feel is suitable for their needs. No formal matching of mentors and mentees will be provided by ACRA, however if mentees are uncertain of which mentor to select ACRA will endeavour to provide advice on which mentor would be suitable for the mentees needs. Chairs of the

ACRA Research and Education Committee, Susie Cartledge or Alun Jackson, will then facilitate an e-introduction between the prospective mentee and chosen mentor. Please contact them at susie.cartledge@deakin.edu.au or alun.jackson@australianhearthealth.org.au.

The bank of mentors and all associated documentation will soon be available in the Mentoring Program section of the ACRA website.

People's Choice Presentation: Eugene Lugg (National Heart Foundation Victoria)

TRACK AND TRIGGER HEART FAILURE WEIGHT MONITORING TOOL



Heart failure patients often adopt the essential skill of daily weighing, but miss trends over time.

This project created a simple visual tool for heart failure clients to document their daily weight over time, track changes, and prompt early medical review to prevent or minimise decompensation. The tool was developed by heart failure nurses in consultation with a multidisciplinary chronic disease team, researchers, a graphic

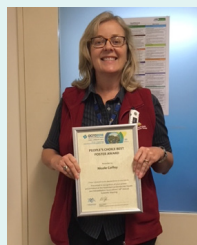
designer and the advice of the Centre for Culture, Health and Ethnicity. It utilises a traffic light coded graph, similar to those used in patient observation charts to delineate 'normal' (green) weight observations, from orange and red 'take action' zones.

Once developed, the tool was piloted with $n=33$ heart failure patients from demographically diverse backgrounds, including low health literacy. Twenty nine participants used the tool, for a mean of 80% of the days during the pilot. Of these, $n=21$ (72%) had weights into the action zones and 40% of this group took action as guided by the tool.

Qualitative evaluation after 3 months indicated that participants found the tool to be useful, simple and a reminder to weigh consistently. Participants and carers reported feelings of comfort, positive reinforcement and encouragement when their weight stayed in the green zone. Encouragingly, 59% of patients wanted to continue using the tool after the pilot.

This simple visual tracking tool has helped a significant number of patients master weight monitoring and taking action. It has been integrated into standard care for heart failure patients at St Vincent's Hospital Melbourne.

People's Choice Poster: Nicole Coffey (PA Hospital, Queensland)



Knowledge Translation in a Heart Recovery Service: Creation of a stepped screening protocol for

depression to improve the health and well being of patients with Coronary Heart Disease.

Coffey, N, Atresh, K, Caldwell, E, Kayssar, M, Bennett, S.

Princess Alexandra Hospital, Brisbane, Australia.

Background: Depression is more common amongst people post myocardial infarction (MI) than in the general population and is a predictor of poorer health outcomes. Screening for depression amongst people who have had a MI and appropriate

follow-up has been recommended in a number of guidelines and systematic reviews, but is not always implemented in practice. Occupational therapists (OTs) within the Princess Alexandra Hospital Heart Recovery Service (HRS) collaborated with members of the multi disciplinary team to translate this evidence into practice. The benefits of identifying and treating depression early include improved long term adherence to lifestyle changes, improved quality of life, and potentially improved CHD prognosis

Method: The action cycle of the Knowledge to Action Framework was utilised to implement a stepped process to screen for depression in patients admitted with MI; and to implement follow up processes.

Outcomes: PAH OT's now routinely screen MI patients for depression and communicate recommendations to the primary care service provider. Patients are educated about the link between depression and CHD, and are encouraged to attend cardiac rehabilitation.

Implications/Conclusion: KT processes have facilitated the implementation of routine screening of depression in patients admitted to the HRS with MI, and their subsequent referral to primary care providers. Further research is being undertaken to determine the effect of using the protocol on attendance at cardiac rehabilitation and health outcomes 6 months post discharge.

Happy conference delegates



ACRA-Victoria TRAVEL GRANT AWARD REPORT

ACRA 2018-Create/Collaborate/ Grow

Firstly I would like to thank ACRAVIC for the travel grant that I received to assist in my attendance at the ACRA conference in Brisbane. It is very much appreciated and what a great conference!

The program was full of interesting speakers and had an extremely practical focus. The pre-conference day was also very relevant to my work in heart failure rehabilitation with speakers giving an overview of current and emerging treatments of Heart Failure. Of particular interest was the use of pulmonary arterial pressure monitoring as an early warning of an exacerbation and remote monitoring programs to encourage clients to monitor their weight daily. There was also a very interesting presentation on surgical management of Aortic stenosis and Mitral valve regurgitation.

I will take back to my CHF program the criteria for "de-activation of CHF clients" as I thought they were very useful and were objective criteria we could use when discharging our clients. Clients were discharged when they were able to self-manage, recognise worsening signs/symptoms, use an action plan, be in the care of GP, Specialist or Palliative care if required, on their optimal doses of medication, a medication plan had been provided to the GP, and clients knew how to exercise safely.

On the Tuesday, the Welcome to Country was a good indicator of the standard of

the conference. There was so much anticipation of what was to come after we had all been up practicing our dance moves. Several presentations were on remote monitoring of clients, and I found that the information given about turning new behaviours into habits and understanding smoking addiction and behaviours very valuable and practical.

There were a number of presentations throughout the conference describing the inclusion of clients post TIA or slight stroke, or Peripheral Arterial Disease in Cardiac Rehab style programs given that they are also illnesses related to lifestyle factors. It highlighted the importance of approaching lifestyle education when seeing these clients as we often just focus on the physical outcomes of their illness.

In between presentations, we were all encouraged to get up and move. Different presenters led us on activities to make sure we didn't sit too long and provided plenty of ideas that we could take home and use with our clients. Giving a standing ovation as we welcomed or thanked the speakers was a great way of avoiding prolonged sitting.

I was particularly inspired by the presentations made by clients, who described their journey with their heart health issues and shared both good and bad aspects of the health system.

I loved that the conference was all about meeting others working in the field with plenty of time to discuss our work while looking at the posters clinicians

had submitted or over lunch breaks. The social program was also enjoyable with many opportunities to make new contacts as we did Speed networking at the welcome reception, had a fun evening at the dinner at the Queensland Museum of Modern Art and then joined others to walk through the local Roma St Gardens prior to the conference starting on the Wednesday morning.

I came back to work feeling inspired about my work again and grateful for the opportunity to attend the conference. Hope to see you next year.

Regards

Caroline Dickins

CONFERENCE FEEDBACK

Dr Jonathan Rawstorn
Research Fellow
Institute for Physical Activity and Nutrition
Deakin University

First time attendee to an ACRA ASM report:

As a first time ACRA member my introduction to the Association has been very positive. The ACRA 2018 scientific meeting was an excellent showcase for Australian CR research and clinical practice initiatives, and presented many great opportunities to meet renowned CR researchers who have played important roles shaping CVD secondary prevention in Australia and abroad. I thoroughly enjoyed the opportunity to present my own research to an engaged and supportive audience, and the diverse conference programme ensured I brought a number of new ideas home with me to apply to my future work.

The social programme was equally enjoyable and the gala dinner was a real highlight. I love a good dress-up party and had a blast bringing out my inner reindeer!

I would highly recommend ACRA membership and attendance at the annual scientific meeting to all researchers and health professionals wanting to stay up to date with the latest CR developments. I'm already looking forward to ACRA 2019, see you there!

Eugene Lugg

"This is my first ACRA ASM and I was blown away by the quality of the content over the two days and the huge breadth of topics presented in cardiovascular health. The networking with clinicians, academics and leaders in cardiac health across the country was invaluable and I found that content delivered was pragmatic and clinically relevant, ready for use in the real world. I was honoured to be awarded the People's Choice Award for a small quality improvement project that St Vincent's Melbourne, Dr Jan Cameron and the Centre For Culture, Ethnicity and Health developed to use a track and trigger tool to help patients diagnosed with heart failure to master the skill of daily weighing, identifying sudden changes, and responding appropriately to aberrations. I'll be back to the ACRA ASM."

#ACRA2018 Heart Failure daily weigh the 4 "Ws" 1) Wake 2) Wee 3) Weigh 4) Write it down and then ...What are you going to do? Well done Eugene Lugg @CSANZCNC



The National Heart Foundation, with academic input from Deakin University, is developing a cardiac rehabilitation program outline. This work is being funded by Safer Care Victoria.

The aim of this project is to provide clear evidence based guidance on what content should be delivered at cardiac

rehabilitation programs, regardless of delivery mode. This is in order to ensure that cardiac rehabilitation participants receive standard content in every program across Victoria.

ACRA Victoria members will have the chance to provide input into this work with a forum and workshop being held on

Friday 12th October. The project team look forward to receiving valuable insights and feedback from the forum participants. Stay tuned for more updates on this project as the year progresses.

Susie Cartledge, Research Fellow, Deakin University, Institute for Physical Activity and Nutrition - on behalf of the project team

AFFILIATE CLINICAL DEVELOPMENT AWARD REPORT 2018 – DR SUSIE CARTLEDGE

As a result of support from the Affiliate Clinical Development Award I was able to attend the CSANZ ASM held in Brisbane this year. Attending the ASM provided me with an opportunity to hear the latest science and to meet and network with a wide variety of clinicians and academics.

As a fresh post-doctoral researcher, I was able to present some of the initial findings of our work at the Institute for Physical Activity and Nutrition (IPAN), Deakin University- exploring the use of wearable cameras in people with heart failure. This work, presented in the poster session, provided much discussion which was fantastic to be a part of. This technique, which provides objective data that could in the future be used in a nurse-lead clinic setting or as a tool to augment patient self-management education, could be used in a variety of other settings and I enjoyed discussing this potential with other delegates.

Other ASM highlights for me included:

Launch of the new CSANZ/Heart Foundation Heart Failure and Atrial Fibrillation Guidelines. The ASM provided all delegates with the opportunity to hear from the lead author of each section of the guidelines, providing valuable insight on the documents. It was impressive to see the dedication and sheer amount of work these groups had completed in order to get the guidelines to the point of publication.

The inaugural joint Australian Cardiovascular Health and Rehabilitation Association (ACRA) and CSANZ “Clinical and Preventative Cardiology Council Meeting”. This joint session provided ACRA delegates the opportunity to attend a session at CSANZ which covered highlights from the ACRA ASM

(held immediately prior to CSANZ in Brisbane), a fantastic overview of the use of text messaging in preventive and lifestyle interventions and a great debate of the role of angioplasty in CVD prevention. The session was extremely well attended by both ACRA and CSANZ delegates providing opportunity for ACRA and CSANZ to work more closely together. ACRA delegates also brought with them their “active standing ovations” (standing when applauding speakers) which seemed to catch on quite well. Hopefully the ACRA delegates will be able to bring this into every CSANZ session in the future to keep us all active and less sedentary!

As a Registered Nurse, I was excited to attend two excellent **keynote nursing speakers** this year, being Dr Nancy Albert and Professor Judith Finn. International speaker, Associate Chief Nursing Officer Nancy Albert, from the Cleveland Clinic Health System spoke several

times throughout the ASM. I really enjoyed her workshop on hospital-based clinical research which provided many helpful hints on conducting successful nursing research in a hospital environment. Professor Judith Finn from Curtin University in Perth, gave a fantastic Cardiovascular Nursing Lecture on a topic close to my heart – resuscitation and strengthening the chain of survival. We were privileged to see the journey of the research that Judith has conducted over her career, recently culminating in a landmark Lancet publication investigating the use of adrenaline in out-of-hospital cardiac arrest.

Attending the ASM provides me with my annual dose of inspiration and motivation to continue to develop my own clinical practice and research and I would encourage all affiliate members to apply for this award to enable them to attend this world class meeting.



ACRA Newsletter

Heart Foundation

Report September 2018



Cate Ferry

Release of new Australian Clinical Guidelines for the Diagnosis and Management of Atrial Fibrillation

The National Heart Foundation in partnership with The Cardiac Society of Australia and New Zealand released this Guideline in August at the Cardiac Society of Australia and New Zealand's Annual Scientific Meeting.

This is the first time that clinical guidelines on atrial fibrillation have been developed in Australia.

Access the summaries of the guideline in the Medical Journal of Australia along with the full guideline in Heart Lung Circulation, using the following links

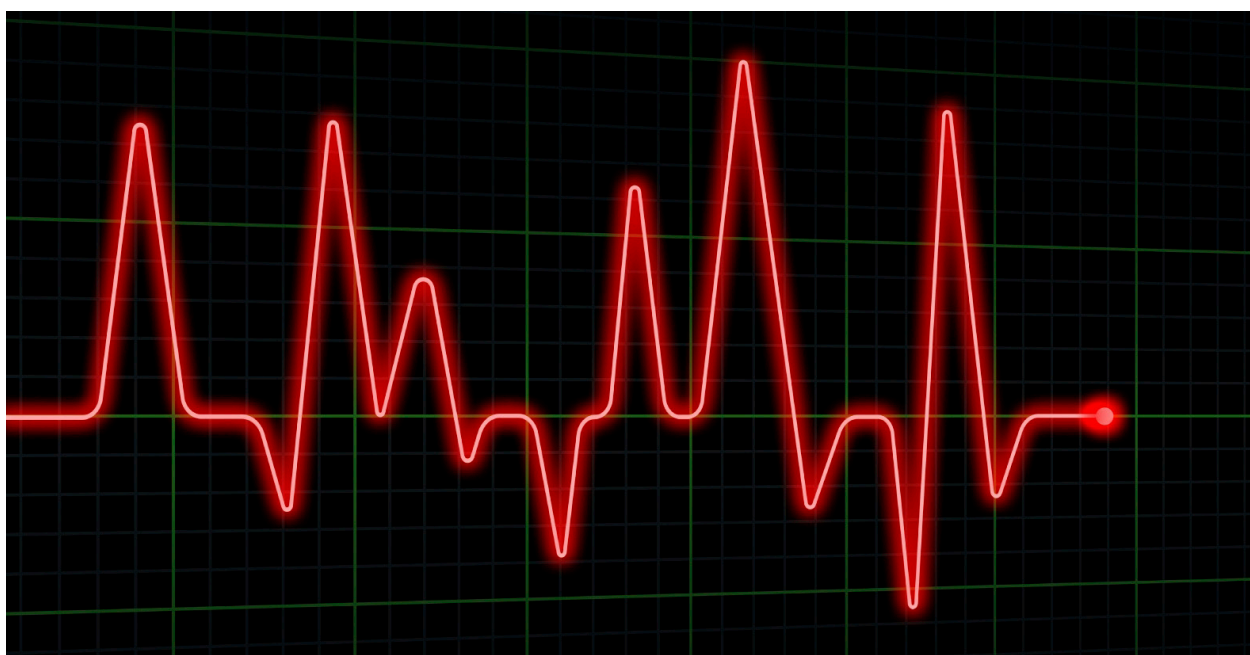
<https://www.heartfoundation.org.au/for-professionals/clinical-information>

Revised Guidelines for the prevention, detection and management of heart failure in Australia

Access the summaries of the guideline in the Medical Journal of Australia along with the full guideline in Heart Lung Circulation, using the following links

<https://www.heartfoundation.org.au/for-professionals/clinical-information>

These guidelines are informed by recent evidence interpreted by local experts to optimise application in an Australian context. They replace the 2011 update of the National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand Guidelines for the prevention, detection and management of chronic heart failure in Australia.





Professor Alun C Jackson

The Centre is working with HeartKids Australia to help parents of children with congenital heart disease

Eight babies are born with a heart condition every day in Australia. All of those children have families, many of whom could use support in their parenting. The Centre has been working with HeartKids Australia for the past two years to develop a program to support these parents of children with congenital heart disease (CHD). In the first year, with a HeartKids research grant, we undertook extensive systematic review on the impacts of CHD on families and another review on what sorts of support programs work best for these families. We also conducted in-depth interviews with a number of parents to get detailed information on the challenges they faced.

We then used this strong evidence base to develop and pilot the **Heart Kids Family Coping Program**, with a further grant from HeartKids. This is a world-first program. This five-week program covers areas such as the positive psychology of parenting; strengthening the family's coping strategies; tuning into siblings; and helping your child through transitions.

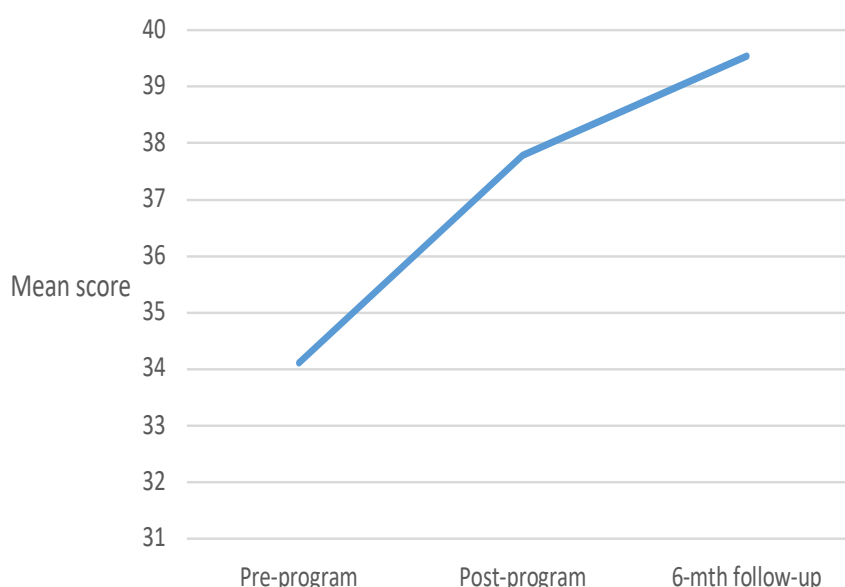
Is the program effective?

Yes. As one mother put it,

"Before the program we felt so lost in knowing how to cope with our child's heart condition in the long term. We could see that it was having effects on the family, his older sister included, but we didn't know if this was normal or not. The program gave us so many strategies to help us parent better."

The program aims to give parents greater confidence, or self-efficacy, and as the graph shows, gains made by the end of the program actually increased in the six months after the program as parents put into practice the coping skills learned in the program. ➤

Self-efficacy score



Contents lists available at ScienceDirect

Journal of Pediatric Nursing



Parent's Perspectives on How They Cope With the Impact on Their Family of a Child With Heart Disease

Alun C. Jackson, PhD^{a,b,c,d,*}, Rosemary O. Higgins, PhD^{a,d,e}, Erica Frydenberg, PhD^b, Rachel P.-T. Liang, MEdPsych^{a,b}, Barbara M. Murphy, PhD^{a,d,f}

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Coping

ABSTRACT

Purpose: Studies of familial coping with a child's chronic condition have highlighted psychological distress; family functioning; and quality of life; as issues that demand coping strategies. There are conflicting findings on impact and coping and a paucity of information about the specific coping challenges for parents of a child with heart disease, with few qualitative studies in this area. The purpose of the study was to explore the way parents coped with their child's heart condition as it impacted on different domains of family functioning.
Design and Method: In this qualitative study, interviews were held with 17 parents attending a pediatric hospital-based family support program in 2015. Fifteen of the 17 children's conditions were classified as "major". Domains covered in the interviews included: coping challenges posed at different stages of the illness trajectory; parenting, condition management, transitions, psychological impact, social support and coping strategies. Interview transcripts were coded thematically.

Where to from here?

We are pleased that HeartKids has now embarked on an ambitious fund-raising program to enable us to roll this program out nationally in 2019 as a jointly badged Australian Centre for

Heart Health and HeartKids Australia program.

Psychocardiology

The Centre has now produced a series of four articles on psychocardiology for the British Journal of Cardiac Nursing. In

particular we look forward to continuing the development of the Cardiac Distress Inventory that we discuss in the first paper of the series. This will address the current lack of a suitable clinical tool with which to assess the distress associated with a cardiac event.

British Journal of
CARDIAC
NURSING

CURRENT ISSUE ARCHIVE SUBSCRIBE CPD ABOUT AUTHORS CONTENT ALERTS
MAG Online Library > British Journal of Cardiac Nursing > List of Issues > Volume 13, Issue 6

What is cardiac distress and how should we measure it?

Alun C Jackson, Barbara M Murphy, David R Thompson, Chantal F Ski, Marlies E Alvarenga, Michael R Le Grande, John Amerena, Rosemary O Higgins, David A Barton

show less

+AFFILIATIONS

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British Journal of
CARDIAC
NURSING

CURRENT ISSUE ARCHIVE SUBSCRIBE CPD ABOUT AUTHORS CONTENT ALERTS
MAG Online Library > British Journal of Cardiac Nursing > List of Issues > Volume 13, Issue 7

What role does personality play in cardiovascular disease?

Alun C Jackson, Chantal F Ski, Barbara M Murphy, Ephrem Fernandez, Marlies E Alvarenga, Michael R Le Grande, David R Thompson

show less

+AFFILIATIONS

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ABSTRACT FULL TEXT REFERENCES PDF PDF PLUS

British Journal of
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CURRENT ISSUE ARCHIVE SUBSCRIBE CPD ABOUT AUTHORS CONTENT ALERTS
MAG Online Library > British Journal of Cardiac Nursing > List of Issues > Volume 13, Issue 8

Screening, assessment and treatment for depression in patients with chronic heart failure

Donita Baird, Alun C Jackson, Rosemary O Higgins, Barbara M Murphy, ... show all

+AFFILIATIONS

<https://doi.org/10.12968/bjcn.2018.13.8.386>
Received: May 02, 2018
Accepted: June 22, 2018
Published Online: August 02, 2018

Psychology in Cardiology

Major psychiatric disorders and the aetiology and progression of coronary heart disease

Alun C Jackson (Corresponding Author), Director, Australian Centre for Heart Health, Melbourne; Honorary Professor, Faculty of Health, Deakin University, Geelong, Victoria, Australia; Honorary Professor, Centre on Behavioural Health, University of Hong Kong, Pokfulam, Hong Kong; **David A Barton**, Consultant Psychiatrist, Australian Centre for Heart Health, Melbourne; South Eastern Private Hospital, Noble Park, Victoria, Australia; **Barbara M Murphy**, Principal Research Fellow, Australian Centre for Heart Health, Melbourne; Faculty of Health, Deakin University, Geelong, Victoria, Australia. Email: alun.jackson@australianhearthealth.org.au

Recognition of the bidirectional relationship between major psychiatric disorders (MPD) and physical health is now commonplace. It features in national guidelines, such as the Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders (Mahi et al. 2015) and other policy documents (Taylor et al. 2016). It is used as an example of the need for better integrated acute and chronic care services and better integration of physical health and

mental health services (Disability Rights Commission (UK), 2006), as well as better screening of patients with MPD in primary care for known cardiovascular disease (CVD) risk factors such as high cholesterol and better prescribing of CVD medications such as statins (Hippisley-Cox et al. 2007). A meta-analysis of studies of mortality and MPD in 29 countries showed that the risk of premature death in people with psychoses, for example, was 2.5 times that of the general population and that the median years of potential life lost was 10 years (Walker et al. 2015). It is estimated



Did you know that we provide face to face and online training for health professionals working with cardiac patients?

Face to face courses:

Integrated disease management for patients with chronic heart failure 28-30 November 2018

This three-day program provides evidence-based information about integrated management of chronic heart failure to help practitioners develop individually tailored programs for patients.

Online courses and aims:

Supporting chronic disease self-management (approx. 5 hours)

Covers the basic principles, skills and strategies to support self-management and behaviour change in people with chronic disease.

Supporting Self-Management in Chronic Heart Failure (approx. 2 hours)

Assisting health practitioners to support self-management behaviours in people with CHF by strengthening goal engagement, overcoming blocks and supporting long-term change.

Cardiac Blues (approx. 1 hour)

Learn how to talk with patients about common emotional responses after an acute cardiac event.

To enrol in these courses go to
<https://www.australianhearthealth.org.au/training>

You can also refer your patients to online
resources at <https://www.australianhearthealth.org.au/training/back-on-track-overview>

Address: Suite 8, 75-79 Chetwynd Street, North Melbourne, VIC 3051 Phone: 03 9326 8544

STATE PRESIDENTS' REPORTING

SOUTH AUSTRALIA



President: Jenny Finan

Vice President: Jeroen Hendriks

State Representative: Natalie Simpson

Secretary: Annette Ferguson

(All emails for SA/NT communication is via acrasant.secretary@gmail.com)

Treasurer: Renee Henthorn

Rural Representative: Nicole Dawes

CATCH Representative: Claudine Clark

Ordinary Members: Dianna Lynch, Louise de Prinse, Sanchia Shute, Celine Gallagher, Michelle Iadanza, Susan Sierp, Rhonda Naffin, Kathryn O'Toole, Sabine Drilling

Kathy Reed Grant:

The recipient for this year's grant was awarded to Jeroen Hendriks for funding towards the attendance to the 2018 ACRA ASM in Brisbane this year.

ACRA Annual ASM, Brisbane, 30 July – 1 August 2018

Ms Teena Wilson attended the annual ASM and presented her poster "Are our Cardiac Rehabilitation and Secondary Prevention Programs Patient-Centred?"

"Hi my name is Teena Wilson, and I have been working as a Nurse Consultant – Cardiology at Integrated Cardiovascular Clinical Network (iCCnet) Country Health SA (CHSA) since May 2016. I am also half way through my Masters of Nurse Practitioner (Cardiology) with a special focus on heart failure, acute coronary syndrome and atrial fibrillation. Prior to commencing employment with iCCnet, I worked as a cardiac nurse at Flinders Private Hospital for ten years, taking one year off in 2014 to work at the Riverland General Hospital. It was during this year, that I became aware of the difficulties patients living in the country face in regards to appropriate and timely care for their cardiac (and other) health concerns. Being a part of iCCnet has provided me the opportunity to work with a team dedicated to improving the cardiovascular health of rural and remote patients in South Australia.

iCCnet works closely with Flinders University and provides opportunities for students to participate in Summer Scholarship Programs. Through this program, iCCnet and Flinders University were able to collaborate, supporting an upcoming student to undertake a 'real world' research project. After much brainstorming and discussions, the team decided to assess patient satisfaction of the cardiac rehabilitation



State representative:
Natalie Simpson



President:
Jenny Finan

and secondary prevention programs that are currently provided. Cardiac rehabilitation (CR) and secondary prevention programmes are pivotal to the recovery and ongoing health of patients who experience a cardiac event. While these programmes have been shown to enhance quality of life and reduce hospital re-admissions, inadequate uptake persists in Australia, the UK, and around the world. Patient satisfaction is strongly associated with adherence to CR and secondary prevention strategies. The research paper explored patient satisfaction of face-to-face and telehealth models of CR and secondary prevention programmes offered across metropolitan and rural areas. The aim of the survey was to identify strengths and weaknesses of these programmes. Overall satisfaction was high, with completion rates noted to be greater in the telehealth group compared with face-to-face models. Given the positive satisfaction of CR and secondary prevention programmes, it would be advantageous to further investigate what is preventing the initial uptake of programmes.

Although this is my third ACRA conference, I was fortunate enough to participate in the poster presentation for the first time this year with this project. Whilst I may not have won the award, the experience definitely provided me with the opportunity to meet and chat with many new acquaintances who share my passions and goals around cardiac rehabilitation and rural health!"



The Atrial Fibrillation Symposium – Jeroen Hendriks

One of the breakout sessions during the second day of the conference was the Atrial Fibrillation (AF) symposium in which perspectives on managing competing priorities, cardiac rehabilitation and the patient journey were discussed.

In a packed room, the symposium started with a presentation by Luke Shanahan from the Gold Coast Health and Hospital service. He set the scene by providing an excellent overview of the pathophysiology as well as the diagnostic and therapeutic management in AF. Then Jeroen Hendriks

STATE PRESIDENTS' REPORTING CONT.

from the Centre for Heart Rhythm Disorders, University of Adelaide, discussed new models of care in AF. Such integrated care approaches follow a patient-centred, multidisciplinary approach aiming to provide comprehensive AF care. Structured follow-up and coordination of care are considered key elements in such approach. Finally, Nicole Lowres, University of Sydney, elaborated on the importance of comprehensive care delivery and focussed on the cardiovascular risk profile underlying AF. She highlighted the significant importance of risk factor management and lifestyle modification incorporated in AF management.

Gala dinner in Christmas atmosphere

Besides the interesting conference program, it was time for relaxation and exercise (in terms of dancing) during the Gala dinner on Tuesday night. The dinner was hosted at the GOMA and this year's theme was Christmas. The River room was transformed in a winter wonderland, there even was snow, and with the delegates nicely dressed up in the theme. In this relaxing atmosphere there was room for networking, catch up, dancing and enjoying a wonderful night!

Professional Development in 2018:

Members Only Dinner



When: Wednesday 26th September 2018

Venue: Lenzerheide Restaurant, 146 Belair Rd, Hawthorn SA 5062 (from 1830 hours)

Speaker: A/Prof Margaret Arstall, Director of Cardiology at the

Northern Adelaide Local Health Network & Associate Professor at the University of Adelaide

Topic: 'Reducing the Risk of Cardiovascular Disease after Pregnancy Complications'

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.

Proudly Sponsored by Astra Zeneca

Saturday Education Event:

Date: Saturday 20th October 2018

Time: 0845—1230hrs

Venue: Flinders Private Hospital

Topic 1: TAVI

Presenter: Dr Dylan Jones, Flinders Cardiology

Topic 2: CSANZ/ Heart Foundation - Heart Failure Guidelines - Snapshot

Presenter: Ms Natalie Simpson, Heart Failure CPC, FMC

Topic 3a: Quit Line update:

Presenter Ms Karissa Woolfe, Primary Health Care Engagement Officer, Cancer Council SA

Topic 3b: "The neuroscience of smoking and neuroplasticity - how to build new neural pathways for positive behaviour change"

Presenter: Dr Femke Buisman-Pijlman, Behavioural Neuroscientist, Senior lecturer Addiction Studies, School of Medicine, University of Adelaide

Topic 4: Heart Logic

Presenter: Adam Jensen, Boston Scientific

Proudly Sponsored by Boston Scientific

Cost: Free to ACRA members \$50 Non-members

3.0 CPD Points for Attendance

Proposed ACRA- Sa/NT meeting dates 2019 (venues to be confirmed)

27 FEB	Ordinary meeting
4 MAY	Educational day event and AGM
19 JUNE	Ordinary meeting
25 SEPT	Members Only Dinner
19 OCT	Educational event (short)
27 NOV	Ordinary meeting

WA REPORT

Welcome to new members: We extend a friendly welcome to our newest members - Janetta Della-Vadda who joined at our Annual symposium event.

Professional development events:

ANNUAL RESEARCH SYMPOSIUM

Tracy Swanson provided us with a fantastic event on WEDNESDAY 18th July 2018 at Hollywood Private Hospital Lecture Theatre in Nedlands from 5pm to 7pm. The presentations were of an excellent standard and gave us much food for thought.

- *Cardiac Rehabilitation Secondary Prevention (CRSP) referral numbers: a retrospective audit and process review.* No matter how well our CRSP program works there can always be room for



State representative:
Lily Titmus



President:
Helen McLean

STATE PRESIDENTS' REPORTING CONT.

improvement especially with respect to referrals for maintenance.

- Very interesting to hear about the App being used in conjunction with Cardiology follow-up by video-conference link in *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*.
- Great diversity of sessions with many practical tips from the *Ventricular assist device implantation with higher levels of physical activity in patients with advance chronic heart failure* session.
- A good reflection into the use of *Total cardiovascular disease risk scoring assessments: a survey on screening in general practice*. The ongoing work here will see Anita staying in touch to provide further outcomes, and
- finally again emerging technologies do help in *Telemonitoring of body weight improves quality of life in patients with chronic heart failure*.

Those present thoroughly enjoyed the evening of networking with this being a little mini conference with poster presentations included.

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?

Our special congratulations to Paul Camp and his team for providing a fantastic Annual Scientific Meeting. ACRA-WA had a number of representatives and feedback has been highly positive.

Monthly TELEHEALTH EVENTS

In response to the reaching rural members ACRA-WA, the WACHS Chronic Conditions Strategy Team (CCST), the Heart Foundation WA (HF) and Training Centre in Subacute Care (TRACS WA) are collaboratively providing monthly telehealth education sessions to our rural and remote CRSP clinicians. These sessions are filmed and made available through www.subacutecare.org.au we will soon make these available on the ACRA website. Watch this space for further details! The October event will incorporate information regarding the new Heart Failure and Atrial Fibrillation guidelines.

OCTOBER celebrations!

In the past the ACRA-WA ECDM have tried to have Christmas celebrations in December - this has meant small numbers as everyone fills up with commitments so this year we are going out early!

We invite all members to food and drinks on the **9th October at 4.30pm at The Resident, Hampton Road, Nedlands**. We would love to see as many as possible of our members attend - please email to let

me know numbers by the 7th October to helen.mclean@health.wa.gov.au

NOVEMBER WORKSHOP SAVE THE DATE - 9th November 2018 12.30 to 15.30.

Plans are underway for this event. Hazel has returned from the ACRA ASM in Brisbane with great enthusiasm to apply some of the Smashing Mindsets information. We will be looking at a highly interactive event where we will discuss ways to break bad habits, activate positive behaviour change and set goals to help you to work with your patients and their loved ones to successfully reduce risk factors of heart disease. We look forward to inviting all members to come along and have your opinions heard in a safe and respectful environment with like-minded clinicians working in CRSP. The flyer is being finalised and will be in your email inbox soon!

Again, I must recognise the efforts of all on the ACRA-WA executive and to those on the ACRA national executive who give up their family/personal time to ensure all members receive support and the latest evidence based professional development. Those of you who are new to CRSP - I encourage you to use the mentorship available through the ACRA website. Happy Rehabbing to you!

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

QUEENSLAND REPORT

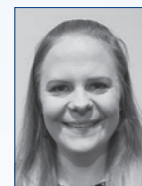
ACRA-Qld shines at the ACRA national conference

The ACRA-Qld EMC and conference organising committee worked tirelessly to plan the **ACRA 2018 Annual Scientific Meeting** held in Brisbane from **30th July to the 1st August**. This turned out to be a fantastic event with a diverse and innovative program, high quality abstracts and plenty of networking. We showcased many local invited speakers and had a strong turnout with submitted presentations and posters. One of the highlights was seeing so many new faces at the conference this year. We hope our warm welcome encourages them to join us at many more state and national events in the future.

In particular, ACRA-Qld would like to congratulate all of our abstract presenters including Kathleen Powter, Julie Taylor, Steve Woodruffe, Emma McGlynn, Pat Field, Snez Stolic, Karen Uhlmann and



State representative:
Michelle Aust



President:
Bridget Abell

STATE PRESIDENTS' REPORTING CONT.

Michelle Butland. We also welcome all of those new members who joined us as a result of the conference this year.

It is with great pleasure that we also congratulate past ACRA and ACRA-Qld President, **Steve Woodruffe**, for winning the Alan Goble Distinguished Service Award for 2018. Steve has been a constant champion for cardiac rehabilitation in Queensland and is certainly a deserving recipient of this award.

Welcome new members!

ACRA-Qld currently has 60 members, representing a wide variety of health professionals and regions. In particular, the ACRA-Qld committee would like to welcome Alicia Allen, Christine Kwong, Amanda Lewis, Vainess Mbuji, Margaret Nolan, Carla Smith, Adam Fields, Jacquelyn Fisher, Emma McGlynn, Georgina White, Jessica Auer, Mary Boyde, Penelope Hill, Lee Knott, Sonja Nolan, Robyn Peters, Emma Pleass, Teresa Fan, Allison Lacey, Kathleen Powter and Snez Stolic who all joined us in the last few months.

With the June 30th renewal date we have seen a drop in membership so don't forget to let your colleagues know about the benefits of becoming an ACRA-Qld member. Remember joining/re-joining fees are waived if you sign up as part of any ACRA or ACRA-Qld event.

New ACRA-Qld Executive Management Committee

We would like to thank the ACRA-Qld members who attended the AGM during the conference (1st August) or sent their proxy votes. This AGM saw long-time members Steve Woodruffe and Gary Bennett step down from their roles on our EMC. I would like to thank both of them for their tireless work in these roles. In particular, thank you to Steve Woodruffe who has served as our most recent State Rep to ACRA. Their departure makes way for two new members on our EMC- Grant Turner and Michelle Butland. We welcome you both and hope you enjoy the challenge!

New ACRA-Qld EMC for 2018-19

President: Bridget Abell

Secretary: Paul Camp

Treasurer: Karen Healy

State Rep: Michelle Aust

Committee Members: Michelle Butland, Katina Corones-Watkins, Kathy O'Donnell, Grant Turner, Jo Wu and Karen Uhlmann (Heart Foundation Rep)

ACRA-Qld Professional Development for 2018-19

With the conference planning behind us, ACRA-Qld is looking forward to offering continuing professional development and social opportunities for our members in 2018-2019. This will begin with a Webinar before the end of the year. We hope to offer this across the broader ACRA membership so stay tuned for further details!

Early next year we will also begin planning our annual symposium, usually held in October. If you would like to get involved in this event as an organiser or speaker, please get in touch. We are also interested in your ideas for topics, locations and themes so please feel free to email us at qcra@acra.net.au with suggestions.

NSW REPORT

ACRA NSW/ACT Annual Scientific Meeting 2018

When: Friday, 12 October 2018

Where: Kirribilli Club, Lavender Bay on.

The theme for the 2018 ASM is "What's new and emerging in cardiovascular health?", and it will be echoed throughout the conference as we look at what is challenging, new and different in cardiovascular disease.

To register: <https://www.trybooking.com/388577>

Pricing, Terms and Conditions, venue information and program can be found on the registration booking website.

DON'T MISS IT IF YOU ARE COMING TO SYDNEY IN OCTOBER!



State representative:
Jane Kerr



President:
Robert Zecchin

ACRA Annual Scientific Meeting 2019

Sydney NSW

5th-7th August 2019

Theme: **Cardiac Rehabilitation**
- Building Bridges



ACRA NSW/ACT would love to welcome you all the ACRA ASM 2019 to be held at the Kirribilli Club in Lavender Bay, Sydney from the 5th-7th of August. Planning is underway to ensure a conference to remember in relation to scientific content as well as social interactions.

The Conference Dinner will be held at the iconic Luna Park, situated within walking distance from the conference venue, under the Sydney Harbour Bridge with 2 hours complementary Ferris wheel rides or if raining Dodgem car rides.

Looking forward to seeing all the ACRA family in Sydney 2019!