

Artist: Ken Farmer

32nd ACRA Annual Scientific Meeting



2023 ACRA

Diversity · Equity · Access

AUSTRALIAN CARDIOVASCULAR HEALTH & REHABILITATION ASSOCIATION

31st July – 2nd August 2023 · University of Western Australia Club, Perth





Acknowledgement of country

We acknowledge the Whadyuk Noongar people on whose land we meet. We acknowledge, as the custodians of the land, their social, agricultural and philosophic achievements.

We acknowledge that WE must acknowledge the effects of colonisation and take steps towards healing.

We recognise the importance of selfdetermination and that we must stand beside Aboriginal and Torres Strait Islander people to restore pride in the past and present to inform the future.

We pay our respects to Aboriginal people's courage, resilience and gentle spirits and pay our respects to their elder's past, present and emerging.

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Welcome

Kaya and welcome to the 32nd Australian Cardiovascular Health and Rehabilitation Association (ACRA) Annual Scientific Meeting (ASM), where we will learn about a broad spectrum of topics under the Diversity, Equity and Access theme. Fantastic speakers will leave you with lasting memories as you grow in the personal academic and clinical journey. We have had a great response to our call for abstracts which demonstrates the passion of those working to enhance diversity, equity and access space within their cardiovascular programs. Please take the opportunity to chat to speakers, workshop presenters and network broadly, to be able to give the best evidence-based practice to those in your care.

Congratulations to the Organising, Scientific, Sponsorship and Social Committees – thank you for your collaboration skills, this team have come from all states in Australia and have gone above and beyond to ensure you will have an amazing learning experience and also a time filled with joy and laughter.

A heartfelt thank you to our national and local invited speakers whose expertise is truly immense – it is our great privilege to learn from true leaders.

A special acknowledgement to all our valued sponsors:

Please visit them all at their trade exhibitions and complete your sponsor passport to win our sponsorship prize (see page 18)!

Thank you for taking the opportunity to join us at this very special event. We strongly believe the ACRA ASM is so much more than just an occasion for the presentation of research and clinical evidence - it is an opportunity for delegates to build networks, make new

connections, share experiences, support each other and reconnect as a National community.

Helen Mclean

Celine Gallagher

Nikki Strahan

32nd ACRA ASM Co-convenors

Organising Committee

Nikki Strahan (Co-convenor)
Helen Mclean (Co-convenor)

Conference Host

Sponsorship Committee

Lily Titmus (Sponsorship Lead)

Australian Cardiovascular Health and Rehabilitation Association



www.acra.net.au

Acknowledgments:

Mulqueen Creative & Print
147-151 Allingham St, Golden Square Vic 3555

UWA Club Conference and Events Co-ordinator
Julie Harrison, Crawley, WA 4217

Brightsidelive Audio Visual Events *PO Box*
101 Maylands, WA 6931

Business Events Perth

Level 13, 225 St Georges Terrace, Perth 6000

Dr Celine Gallagher
(Co-convenor and Scientific lead))

Lily Titmus (Sponsorship lead)

Joanna Clark (Social lead)

Cate Ferry (Conference Secretariat)

Dr Nicole Gordon (Website coordinator)

Corinne McGowan

Scientific Committee

Dr Celine Gallagher (Chair)

Robert Zecchin

Dr Jonathon Rawstorn

Snezana Stolic

Dr Patricia Field

Dima Nasrawi

Dr Snezana Stolic

Nikki Strahan

Helen Mclean

Social Committee

Joanna Clark

Lily Titmus

Nikki Strahan

Dr Jonathan Rawstorn

Julie Prout

Helen Mclean

Advisory capacity

Prof Tom Briffa

Nola Naylor

Carmel Bourne

Sponsors

The organising committee is grateful to the following organisations for the incredible support they have given to this meeting. The Sponsors’ trade displays are located in the Conference Foyer and outside the 4 seminar rooms and will be open for the duration of the Meeting.

Exhibitor Passport

Please show your support by visiting the sponsor exhibitions and completing the Exhibitor Passport to go in the draw to win a Garmin Venu Sq 2 Smartwatch.

You must submit your completed passport to the registration desk by 1500 on Wednesday 2nd August. The prize will be drawn at 1530 on Wednesday 2nd August. You MUST be present at the Prize Announcement session to win.

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serve people living with these conditions.

Silver Sponsors

Two companies; one commitment to patient care. Since 2012, Boehringer Ingelheim and Eli Lilly as an Alliance have brought to market a number of new therapies, based on years of research and development. Supporting multiple international clinical trials, new evidence has been generated to improve the management and outcomes for patients with type 2 diabetes and now patients with chronic heart failure. By partnering with the medical and healthcare community, we will continue to contribute to these improvements as two companies, with one commitment to better

Find out more at www.boehringer-ingenelheim.com.au and www.lilly.com.au



AstraZeneca is a global, science-led biopharmaceutical company that focuses on the discovery, development and commercialisation of prescription medicines, primarily for the treatment of diseases in three therapy areas - Oncology, Cardiovascular, Renal & Metabolism, and Respiratory & Immunology. Based in Cambridge, UK, AstraZeneca operates in over 100 countries and its innovative medicines are used by millions of patients worldwide. For more information, visit www.astrazeneca.com.au

Bronze Sponsors





Novartis is reimagining medicine to improve and extend people's lives. As a leading global medicines company, we use innovative science and digital technologies to create transformative treatments in areas of great medical need. In our quest to find new medicines, we consistently rank among the world's top companies investing in research and development. Novartis products reach nearly 800 million people globally and we are finding innovative ways to expand access to our latest treatments. About 108,000 people of more than 140 nationalities work at Novartis around the world. Find out more at <https://www.novartis.com>

EBOS Healthcare connects people to the world's best health and wellness products. For over 95 years EBOS Healthcare have been supplying Public and Private Hospitals, Day Surgeries, General Practice, Aged Care Facilities and Specialist Clinics with the best products from around the world.

As a single source supply business with distribution coverage across Australia, New Zealand and the Pacific Islands, EBOS Healthcare is well positioned to service its customers for all their health and medical product requirements throughout Australasia. With extensive market coverage through our specialised business divisions, we follow and support healthcare practitioners and patients at all stages of their lives.

EBOS Healthcare represent some of the world's largest medical brands including, Vernacare, Optimum Medical, Sanofi, GlaxoSmithKline, Welch Allyn, Smith & Nephew and 3M.



HBF was founded more than 80 years ago in Perth and has provided private health insurance to generations of Western Australians. It has expanded to become Australia's second largest not-for-profit health fund, providing hospital and ancillary insurance to approximately 1.1 million members nationwide. HBF is also becoming a

more active participant in health services through the acquisition of physiotherapy business Life Ready, ongoing expansion of HBF Dental, its partnership with TerryWhite Chemmart outside of WA, and an ongoing alliance with Pharmacy 777 in WA. Eligible members are able to access a range of special programs and benefits to help them stay healthy and manage chronic conditions with expert-led support. Visit hbf.com.au

Pre-Conference Sponsor



Amgen is committed to unlocking the potential of biology for patients suffering from serious illnesses by discovering, developing, manufacturing and delivering innovative human

therapeutics. This approach begins by using tools like advanced human genetics to unravel the complexities of disease and understand the fundamentals of human biology.

Amgen focuses on areas of high unmet medical need and leverages its expertise to strive for solutions that improve health outcomes and dramatically improve people's lives. A biotechnology pioneer since 1980, Amgen has grown to be one of the world's leading independent biotechnology companies, has reached millions of patients around the world and is developing a pipeline of medicines with breakaway potential.

For more information, visit www.amgen.com.au

Breakfast Sponsor



The Heart Foundation is dedicated to making a real difference to the heart health of Australians. More than 620,000 Australians are living with heart disease and each year, approximately 54,000 Australians suffer a heart attack. Every day, our work includes:

- funding world-class cardiovascular research
- guiding health professionals on preventing and treating heart disease
- educating Australians about making healthy choices
- supporting people living with heart conditions
- advocating to government and industry to improve heart health in Australia.

The Heart Foundation has approximately 260 employees across Australia, supported by around 63,000 dedicated volunteers who assist us with our important work. You can learn more about our strategy, values, teams and history via <https://www.heartfoundation.org.au/>

General Exhibitors



events. Our TGA registered solution delivers a quality virtual cardiac rehabilitation program which is aligned with clinical guidelines and best practice.

At Cardihab our purpose is providing patients with the care they need in ways that work for them. Cardihab is a Digital Therapeutic solution designed to help people recover from and prevent cardiac

Our solution connects clinicians with their patients through our smartphone apps, telehealth calls and our secure clinician portal. Through this portal, care teams deliver care programs that follow clinical guidelines, and

view daily patient progress and health data, such as heart rate, blood pressure, exercise, and medication adherence.

Our dedicated Clinical Support Team works closely with clinicians to integrate the program into their workflow. We also provide continuous training and support to enable improved outcomes through the use of our technology.

Cardihab is proud to have been granted support for the following projects:

- The Australian Government's Entrepreneurs' Programme - Accelerating Commercialisation - has awarded funds for further development of data analytics capabilities within the Cardihab ecosystem under the product name C.R.O.P.S—Cardiac Rehabilitation Outcomes and Process Synopsis.
- The Australian Government's Targeted Translation Research Accelerator (TTRA) has provided support for Cardihab, along with our health and research partners, to codesign a new technology-enabled program to improve the clinical management of people living with Heart Failure.

If you would like to learn more about these initiatives or how Cardihab could help your model of cardiac rehabilitation please come and visit the team today, or go to www.cardihab.com



Carers WA is the peak body that represents the needs and interests of carers in Western Australia. We work to achieve an improved quality of life for family carers in our state. Carers WA is a non-profit, community based organisation and registered charity dedicated to improving the lives of the estimated 230,000 unpaid family carers living in Western Australia. Part of the National Network of Carers Associations, we are the peak body recognised by both State and Federal governments as the voice of family carers. Carers WA represents carers interests in the Western Australian community. Our role is to work in active partnership with carers, persons with care and support needs, health professionals, service providers, government and the wider community to achieve an improved quality of life for carers.

Conference satchel sponsor



policy. We address our mission by:

The Australian Indigenous HealthInfoNet's mission is to contribute to improving the health of Australia's Aboriginal and Torres Strait Islander people and assist in 'closing the gap' by facilitating the sharing and exchange of relevant, high-quality knowledge to inform practice and

- undertaking research
- disseminating relevant information
- facilitating information exchange
- providing internet and related training.

Academic Partners



SOLVE-CHD 2023 Scholarship Recipients

Dr. Lauren Chasland:

Senior Exercise Physiologist, Fiona Stanley Hospital WA

Anne-Marie Dunnet:

Physiotherapist, Western Australian Country Health Service WA

Judith Enright:

Clinical Nurse Consultant Royal Hobart Hospital TAS

Celine Gallagher:

Postdoctoral Research Fellow, University of Adelaide, SA

Matthew Hollings:

Postdoctoral Research Fellow University of Sydney NSW

Linda Macaulay:

*Nurse Practitioner Grampians Health
Ballarat VIC*

Katie Palmer: *Physiotherapist
Monash Health VIC*

Jonathan Rawstorn: *Research Fellow
Deakin University VIC*

Michelle Rogerson:
*Senior Research Fellow Australian Centre for
Heart Health VIC*

Joanna Stark:
*Exercise Physiologist Centre for Physical
Activity in Ageing, Royal Adelaide Hospital
SA*

Joseph Weddell:
*PhD Candidate University of Sydney NSW SOLVE
- CHD: ACRA 2023 ASM Silver Partner*

Our team has also welcomed a cohort of exceptional talent, including nine postdoctoral research fellows and four HDR students. Notably, many of them have achieved

remarkable milestones and made substantial progress in their careers within SOLVE-CHD.

Furthermore, SOLVE-CHD has successfully attracted over \$15 million in leveraged funding and published 95 impactful papers by 2022. The strength of our Network has also grown exponentially, with membership nearly doubling in the past year and reaching an impressive milestone of 250 members.

As we look ahead, SOLVE-CHD is poised to make even greater contributions to the field of cardiac rehabilitation. With renewed enthusiasm, we embark on our mission, fueled by the knowledge that our work has the potential to transform lives and bridge the gap between evidence and practice.

For more information visit www.solvechd.org.au

SOLVE-CHD [Annual Report 2021](#) & [2022](#)

Email: solve-chd.info@sydney.edu.au

Twitter @SOLVECHD

LinkedIn @SOLVECHD

Academic Partner - Prize sessions



The Australian Centre for Heart Health is a not-for-profit dedicated to supporting people who have had a cardiac event in their psychological, social and behavioural recovery. Their mission is to improve the lives of people living with heart

disease. We have three pillars to our work in cardiac rehabilitation and secondary prevention: Patient Services, Research and training. <https://www.australianhearthealth.org.au/>

General Information

ACRA 2023 ASM Venue:

The University Club of Western Australia *Julie Harrison, Hackett Drive, Crawley, WA, 6009*

Registration Desk:

The registration desk will be located in the University Club Conference Foyer (Ground Floor) on Monday, Tuesday and Wednesday. Please visit the registration desk to register to be onsite for the meeting, collect your name badge and meeting material.

Opening hours:

Monday 31st July 2023: 1200 – 1800

Tuesday 1st August 2023: 0700 – 1630

Wednesday 2nd August 2023: 0730 – 1230

Please don't hesitate to see the staff at the registration desk or the committee members should you require assistance at any time during the meeting

Name badges:

Each delegate, presenter and sponsor will be given a name badge at the registration desk. The badge will be the official pass to sessions, breaks, lunches and official social functions. You must wear your name badge at all times when onsite.

Your name badge also gives you access to the Club's Café and Bar, which is normally a members-only venue. Simply show your badge to staff to purchase barista coffees, snacks or drinks throughout the event.

Car Parking:

Pay and display car parking is available along Hackett Drive, and in all car parks marked with a green car symbol on the University parking map. Full-day parking is also available in car park 3

(immediately adjacent to the Club) at a cost of \$15.00 per day. You will be able to purchase a blue parking permit from the parking attendant onsite.

Disclaimer of Liability:

The Organising Committee, including the ACRA 2023 meeting administration, will not accept liability for damages of any nature sustained by participants or their accompanying persons or loss or damage to their personal property as a result of the Meeting or related events

COVID 19 Information:

ACRA recommends all delegates attending the 2023 ASM to be fully vaccinated against COVID-19. The health and safety of our delegates, exhibitors, sponsors, speakers and staff is paramount, so we are working closely with the venue to ensure we follow all government health regulations and hygiene protocols. We encourage all attendees to stay home if unwell, practice good hand, cough and sneeze hygiene and utilise hand sanitiser.

The conference organising committee is not liable for any delegate, exhibitor, or partner travel and/or accommodation costs associated with COVID-19. Personal insurance policies should be referred to in these circumstances.

Speaker Preparation Area

There will be a speaker preparation area in Seminar Room 2, Belonging Room, adjacent to the conference foyer. Speakers are asked to check their audio-visual material before presenting. We ask that you check in with the audio-visual technician at the main conference centre no less than 2 hours prior to your scheduled presentation. AV will be onsite from 1100 on the 31st July, 06:30 on the 1st August and 08:00 on the 2nd August and available

before each day's sessions and during all catering breaks.

WIFI:

Complimentary Wi-Fi is available in the meeting rooms and exhibitor area. Access details are available at the registration desk.

Hotel accounts:

All delegates are reminded to pay their hotel account prior to departure from the Wonil or Quest Hotels. Each delegate is responsible for the payment of incidentals and room costs incurred as part of their stay.

Smoking Policy:

There is a "no smoking" policy inside UWA Club and at all ACRA social events – including events being held outdoors.

Membership:

If you are not an ACRA member and would like to join, information regarding membership is available at the registration desk. Join by accessing the QR code at the registration desk. Membership is \$145.00. Joining at the conference waives the \$40.00 joining fee.

Exhibition Passport

Win a Garmin Venu Sq 2 Smartwatch Shadow Gray, Slate

Each delegate will receive an exhibition passport with their registration pack.

The exhibitor passport encourages the delegates to visit each exhibitor and complete the passport. To enter the draw, delegates must submit their completed passport to the registration desk by 1500 on Wednesday 10 August. Sponsors and Exhibitors are not eligible to participate.

The prize will be drawn at 1550 hours on Wednesday 2nd August.

You MUST be present to win.



Speaker Profiles

Invited Speakers

Pre-conference workshop



John Artrip

*Cardiothoracic
surgeon*

*Perth Children's
Hospital*

My cardiothoracic surgical training was completed at New York-Presbyterian Hospital of Columbia University. As part of my training, I was exposed to pediatric and congenital heart surgery and accompanied two medical missions to Guatemala with Heartcare International supervised by Dr. Aldo Castaneda. This strongly influenced my decision towards the care of children with heart disease. In 2009, I had an opportunity as consultant in paediatric and congenital heart surgery at Starship Children's Hospital in Auckland, New Zealand. The paediatric cardiac services received international notoriety as Green Lane Hospital cardiac services under Sir Brian Barratt-Boyes. This is a national service providing cardiac care for the entire country of New Zealand and the Pacific island nations of Tahiti, Fiji, Samoa and the Cook Islands. I have remained in New Zealand for an entire decade. Notable clinical contributions include working as a primary surgeon for ROMAC (Rotary Oceania Medical Aid for Children) and gaining expertise in the care of children with Rheumatic Heart disease. In August 2019, I relocated with my family back to the

United States, joining the department of surgery as Associate Professor at the University of California, San Diego. With the outset of COVID-19 in 2020, my family longed for a return to Australasia. In July of 2022, we relocated to Western Australia and I started work at Perth Children's Hospital. My other service activities include manuscript reviewer for World Journal for Pediatric and Congenital Heart Surgery and Heart, Lung and Circulation. Additionally, I have performed several outside pediatric cardiac case reviews for the Queensland Audit of Surgical Mortality (QASM), which reviews surgical deaths from Queensland, Australia.



Cheryl Liddiard

*Western Australia
(WA) Rheumatic
Heart Disease (RHD)
Register Program*

*WA Country Health
Service*

Cheryl has worked within the health space for over 30 years – Nurse, Midwife, Child Health Nurse, Educator, both here in WA and overseas. Cheryl is currently completing her Graduate Diploma in Public Health whilst working with the WA RHD Register Program with WA Country Health. Cheryl is the Clinical Nurse Specialist whose role is to support health workers improve health outcomes for people living with rheumatic fever and rheumatic heart disease.



Beth Chidlow

*Clinical Nurse
Specialist, Acting
Program Manager*

*WA Rheumatic Heart
Disease Register and
Control Program*

For many years Beth Chidlow has provided care to children with acute rheumatic fever and rheumatic heart disease in Western Australia in the role of Clinical Nurse Specialist in Paediatric Cardiology. She has also worked in programs overseas caring for children with rheumatic heart disease. Currently Beth is the Acting Program Manager for the WA Rheumatic Heart Disease Register and Control Program.



Judith

Katzenellenbogen
*Associate Professor
and epidemiologist*

*University
of
Western Australia*

Assoc/Prof Judith Katzenellenbogen is an epidemiologist working within the Cardiovascular Research Group at the School of Population and Global Health. Originally trained as an occupational therapist, her expertise in epidemiology has underpinned a public health career in South Africa, New Zealand and Australia. This has included experience working on health issues and health inequities in all three countries and from

diverse perspectives, including diseasespecific research and burden of disease analysis, health purchasing, needs assessment, program evaluation and strategic planning. She edited the first epidemiology textbook designed specifically for the South African context, now in its 4th edition. She supports the public health and Aboriginal teaching program at UWA as a visiting lecturer and supervises higher degree by research students. She has a strong focus on capacity building, research partnerships and research translation, with collaborations nationally and internationally.

**Including: Aunty Vicki Wade
& Daymon Eades Aunty Vicki
Wade**



*Plenary Speaker &
Workshop Presenter*
*First Nations Heart
Health Lead, Heart
Foundation*

Plenary Speaker

Profiles

Invited Speakers



**Professor Helen
Milroy**

*National keynote
speaker*
*University of Western
Australia.*
Honorary Research

*Fellow, Telethon Kids
Institute*

Helen Milroy is a descendant of the Palyku people of the Pilbara region of Western Australia but was born and educated in Perth. She is Australia's first Indigenous doctor and child psychiatrist. Currently Helen is the Stan Perron Professor of Child and Adolescent Psychiatry at the Perth Children's Hospital and University of Western Australia and Honorary Research at the Telethon Kids

Institute. Helen is the Chair of the Gayaa Dhuwi Proud Spirit Australia organisation and a board member of Beyond Blue. Helen has been on state and national mental health and research advisory committees and boards with a particular focus on Indigenous mental health as well as the wellbeing of children. From 2013-2017 Helen was a Commissioner for the Royal Commission into Institutional Responses to Child Sexual Abuse and from 2017-2021 was a Commissioner with the National Mental Health Commission. In 2020, Helen was the joint winner of the Australian Mental Health Prize and named the WA

Australian of the Year for 2021. Helen is also an artist and published author and illustrator of children's books. She has been shortlisted for several children's literature awards and received the 2021 Whitley Award for best early childhood reader for Backyard Birds.



Dr Jamie Rankin

*Alan Goble Oration
Presenter*

*Head of Cardiology at
Fiona Stanley Hospital*

Dr Jamie Rankin is an expert in general cardiology, echocardiography, structural heart intervention and acute coronary syndromes. His sub-specialty is interventional cardiology and his key interests include clinical epidemiology, structural heart intervention and acute coronary syndromes, with an ongoing dedication to clinical research at both a national and international level. He also has a strong interest in aboriginal health, and regularly travels to the Ngaanyatjarra Lands to provide visiting cardiology services. Jamie graduated medicine from the University of Western Australia. He trained in cardiology at Royal Perth Hospital. He then completed his Fellowship in Interventional Cardiology at Vancouver General Hospital, Canada. Dr Rankin has held the position of Head of Cardiology at Fiona Stanley Hospital since it opened in 2014, having previously held the roles of Head of Cardiology and Director of Clinical Trials in Cardiology at Royal Perth Hospital. His commitment to excellence in our health system sees him consulting on a number of government advisory groups. He currently consults from our Murdoch, Nedlands and Rockingham rooms.



Aunty Vicki Wade
*Plenary Speaker &
Workshop Presenter*
*First Nations Heart
Health Lead, Heart
Foundation*

Vicki Wade is a senior Noongar woman with over 40 years of experience in health at state and national levels. Vicki is well known across Australia and is well respected for the work she has done in helping to close the gap. Vicki is currently the First Nations Heart Health Lead at the Heart Foundation. Prior to this role she was a Director at RHD Australia at Menzies School of Health Research. She is a recipient of multiple national awards including the 2019 AHHA Sidney Sax medal and CSANZ Indigenous Health lifetime award for her contributions to Australian health services policy, delivery and research, particularly in relation to Indigenous heart health. In 2021, she received a Heart Foundation Aboriginal and Torres Strait Islander Award for her project investigating the impacts of rheumatic heart disease in young Aboriginal and/or Torres Strait Islander Peoples.



**Professor
Dennis Lau**
*National Plenary
Speaker & workshop
presenter*
Research Fellow,

*Adelaide Medical
School, Faculty of
Health and Medical
Sciences*

Professor Dennis Lau's research areas include mechanisms and treatment of cardiac arrhythmias. More recently, he is also focusing on postural orthostatic tachycardia syndrome (POTS) and LongCOVID related dysautonomia research. He serves as Associate Editor for 2 journals and Editorial Board Member for 4 others. He has co-authored >260 peer-reviewed journal articles. He has been awarded >\$5 million dollars in research funding to date.



**Marie-Claire
Seeley**
*National Plenary
Speaker
and
Workshop Presenter*
*PhD Candidate,
University of Adelaide*
*Clinical Nurse
Consultant*

Marie-Claire is a PhD candidate and Clinical Nurse consultant who is investigating the association between autonomic disorders and post-acute sequelae of Covid-19 under the supervision of Professor Dennis Lau at The University of Adelaide. She has previously held several specialist clinical nurse roles including in emergency nursing, nurse education and academia at Monash Health and Monash University in Melbourne, Australia. She now helps to

lead a multi-disciplinary practice specializing in the diagnosis and treatment of Postural Orthostatic Tachycardia Syndrome and Long Covid in Adelaide, SA. Marie-Claire has a keen interest in reducing time to diagnosis and in improving outcomes for those living with POTS and hypermobile Ehlers Danlos Syndrome. She has been instrumental in the formation of The Australian POTS Foundation, which is committed to improving outcomes for those with POTS by raising funds for improved research, advocacy and support for those living with POTS.



**Dr Georgia
Chaseling**

*National Plenary
Speaker*

Research Fellow

*School of Health
Sciences*

*Faculty of Medicine
and Health*

Georgia Chaseling currently works at the University of Sydney supported by a 5-year NHMRC Synergy grant with SOLVE-CHD. Georgia is an emerging leader in thermal and cardiovascular physiologist with over 8 years of national and international experience conducting research investigating the impacts of environmental stressors on the human population. Her research activities primarily focus on understanding the physiological and physical factors that determine human heat strain and the associated risk of heat-related health problems for older adults

with and without cardiovascular disease. Her research also focuses on developing sustainable and effective measures to mitigate the financial and health issues that are aggravated by climate change.



Ray Kelly

*National Plenary
Speaker*

Accredited Exercise

Physiologist

*Too Deadly for
Diabetes lifestyle
program*

Ray Kelly is a proud Kamilaroi man and one of Australia's leading health professionals, with over 32 years' experience in the health and sports industries. He is an Accredited Exercise Physiologist and with a Master of Teaching and a Bachelor of Research where he focused on the reversal of type 2 diabetes in the Indigenous community. Ray is currently completing his Doctor of Philosophy in Analysis of the factors contributing to successful reversal of T2DM through lifestyle change by Indigenous people in Australia at the University of Melbourne's School of Medicine. Within the fitness industry, he has had a great deal of success in the area of weight loss. He was employed as a trainer in the first 2 seasons of The Biggest Loser Australia, where he was given 1 contestant each year. He achieved a perfect record with both contestants winning the competition in consecutive years. He has

also written 2 books on weight loss, titled “Winners Do What Losers Don’t” (New Holland, 2008), and “Full Plate, Less Weight” (New Holland, 2014). He has also had input into many publications. Mr Kelly is award winning Exercise Physiologist, more recently winning the ESSA Exercise Physiologist of the Year (2019). In October 2021 he co-hosted Australia’s Health Revolution with Dr Michael Mosley. Ray’s passion is Indigenous chronic disease, and this led him to develop the Too Deadly for Diabetes lifestyle program. It is provided primarily through Aboriginal medical services in rural and remote NSW. Mr Kelly engages with the local Indigenous community and health care providers to identify obstacles and design strategies. This has proven effective with each location witnessing a major improvement in clinical outcomes. An independent study was completed on the program in Western Sydney where participants achieved an average weight loss of 7.5kg and a reduction in HbA1c of 1.7%. In his program in Coonamble, patients have lost over 2,200kg in total in the first 2 years of the program. In particular, the Too Deadly for Diabetes program is provided in many areas where the health outcomes for those with type 2 diabetes is often poor. As participants often improve their food intake, increase physical activity and reduce HbA1c, the previous issues around the co-morbidities are significantly reduced.



Rebecca Carbone

*Lived experience
Plenary Speaker*

*Inspirational speaker
and life coach*

Blueprint coach

Rebecca Carbone is an inspirational speaker and life coach who lives with inoperable brain tumours. In 2014 her world was shattered by a massive stroke. Rebecca spent the next five years relearning how to walk, speak, read, and write. This arduous rehabilitation process tapped into a drive and determination that has propelled Rebecca to thrive with a brilliance that greatly exceeds her initial no-hope prognosis. Presenting her expertise on the international stage, Rebecca received a standing ovation with her TEDx talk “The Battle for My Brain: A Story of Hope and Healing” and has been nominated for several prestigious awards. Her extraordinary recovery story has been shared with medical professionals across the country. Her unique blend of lived experience, ICF-accredited life coaching studies, and public speaker training have reshaped her into an avid storyteller. Rebecca relishes sharing her expertise in mastering hope and guiding others to find their purpose while building their blueprint to paradise. Rebecca can be contacted for speaking engagements, coaching sessions, and workshops on the following:

Facebook: @theblueprintcoach

Instagram: @the.blueprint.coach
Email: rebeccajcarbone@gmail.com
LinkedIn: www.linkedin.com/in/rebecca-j-carbone/



Ian Gentle

*Lived experience and
National Plenary
Speaker*

Ian was born in Midland, grew up at Allawah Grove Aboriginal Reserve near Perth Airport, and finished primary school in Meekatharra. During the school holidays he could play and work on the sheep stations and developed a strong work ethic that I've carried throughout my life. It was here that he first started seeing the cultural ways of Aboriginal people lived out in daily life. Ian's mother's tongue is Whadjuk Noongar, and his father's tongue is Wadjarli, but during his childhood he was not able to learn my language or parts of his culture. It was only when he moved to the Northern Territory as a teenager, and then to South Australia where he worked for 21 years with Aboriginal communities, that he learnt about the important elements of Aboriginal culture, and the different cultural protocols and languages of each community.

In the Northern Territory he saw how Aboriginal people managed their communities based on respect, cultural lore and hierarchy of the Elders. There was a deep concern for the next generation that

drove the Elders to create a life and environment that would help their young people stay clean and strong. In South Australia, he learnt about the connectedness between people and places as he travelled throughout the state. His car was his office and he slept in his swag between towns. From his cultural learnings in the Northern Territory and South Australia, respect, mutual obligation and responsibility became the essence of who Ian is and what he values. These values guide how Ian relates and connects with people, he follows the lead of his Elders in passing on cultural heritage, and works with Aboriginal people towards a common goal. Helping the Aboriginal community has been a key part of his working life. I see how a communities can make positive change happen by building on their strengths to make a difference.



Le Smith

*National Plenary
Speaker*

*National Manager
Equity and General
Manager Northern
Territory*

*National Heart
Foundation*

Le Smith is an accomplished professional working in the health field for over 25 years with a deep commitment to addressing health disparities and promoting equitable access to quality healthcare thereby improving health outcomes for all Australians. Le currently serves as the

National Manager Equity and General Manager Northern Territory at the National Heart Foundation of Australia. She has lived and worked across rural and remote Northern Territory for 17 years with a specific focus on primary health care, integrated care and health commissioning. In addition to her role at the National Heart Foundation, Le holds the position of Honorary Fellow of Menzies School of Health Research and Adjunct Senior Lecturer at Flinders University College of Medicine & Public Health. Le is a contributor to the field of health equity research by exploring innovative approaches, supporting evidence-based

Workshop Presenters



Reegan Knowles
*Research Fellow
(Health Services
Research)
Flinders University*

Rebecca is a Research Fellow working in Health Services Research, in the Cancer Survivorship Program (Caring Futures Institute, Flinders University, South Australia).Involved in conducting research focusing on Self Management Support and Supportive Care in cancer.PhD candidate in the Flinders Health and Medical Research Institute and her project aims to optimise cardiovascular disease risk assessment and management in cancer.

interventions, and advocating for policy changes that promote fairness and equal access to health. Le is also an Associate Fellow at the Australian College of Health Service Management, affirming her commitment to excellence and innovation in healthcare leadership. Through her skillset and passion for health equity, Le strives to make a meaningful impact on the health and well-being of individuals and communities across Australia. Through her various roles and affiliations, she continues to champion the cause for equitable health access and advocate for healthier communities nationwide.



Sunet Jordaan

*Workshop presenter
– THEORY of CHANGE*

*Evaluation Lead
National Heart
Foundation of*

Australia Sunet is the Evaluation Lead at the National Heart Foundation of Australia. She has 18 years' experience in the field of evaluation of projects and programs, mainly in the health environment. She has undertaken and commissioned evaluations for physical activity interventions, services for victims of gender-based violence and education projects. She is passionate about using Theories of Change and logic models to design, implement and evaluate interventions. Sunet advised government departments and not-for-profit organisations in Australia and South Africa on designing monitoring and evaluation

frameworks, strategic planning and using evidence in decision-making.



Robyn Clark

*Workshop presenter
– CARDIOONCOLOGY
Professor of Nursing,
Flinders University*

Prof Robyn Clark is currently working as Professor of Nursing, Flinders University, Caring Futures Institute and Clinical Chair & Director of Nursing and Midwifery Research Southern Adelaide Health Network. She is a midwife, Critical Care nurse, with a Master's in Education, and a PhD in Health Sciences. As a clinical nurse Prof Clark is in the top 1% of nurses who have received continuous research career funding from the Heart Foundation and NHMRC and SA Health recently completing a Heart Foundation Future Leaders Fellowship. Prof Clark has earned international recognition for her research into the most effective CVD management of Australia's most disadvantaged populations (women, the elderly, rural and remote, low literacy, English as a second language and Aboriginal and Torres Strait Islander people). Prof Clark utilises her clinical skills to lead the translation of knowledge in all aspects of her research program ensuring that the research evidence is implemented into practice, is patient centred and adapted into policy to achieve sustained models to improve access to CVD services.



Robert Zecchin

*Workshop presenter
-CARDIO-
ONCOLOGY
Cardiology nurse and
Clinician researcher
Western Sydney
Local Health District
(WSLHD)*

Robert Zecchin is an experienced cardiology nurse of 38 years, as well as a clinician researcher at WSLHD, mostly in cardiac rehabilitation. His expertise in the field of cardiac rehabilitation is recognised in Australia by being awarded the ACRA Alan Goble Distinguished Service Award in 2021. He is currently the President of ACRA NSW/ACT. He has recently accepted the role of Liaison person between ACRA and the



*CardioOncology
Society of Australia
(COSA). **Dawn
Bessarab***

*Workshop Presenter
- CLINICAL YARNING
Director, Winthrop
Professor at the
University of
Western Australia*

Professor Dawn Bessarab is Director of the Centre for Aboriginal Medical and Dental Health (CAMDH) in the School of Medicine at the University of Western Australia. Dawn is a Senior social worker with an

extensive background in Indigenous Health Research and working with Indigenous peoples and communities across Australia. Dawn is descended from the Bard (West Kimberley) and Yindijbarndi (Pilbara) language groups. She is well known for her expertise in qualitative and Indigenous research methodologies and the development of research and clinical yarning an Indigenous form of conversation. Dawn works closely with Dr Ivan Lin in promoting the important role Clinical yarning plays in improving better access for Aboriginal people into health care. Dawn's research interests are in Indigenous health, Indigenous ageing across the life span, family and domestic violence, gender, and capacity building of Indigenous and nonIndigenous medical students and health professional in working with Indigenous patients and the community. Professor Bessarab's work is positioned and informed from within a critical and cultural framework that acknowledges the impact of colonisation on Aboriginal ways of knowing, being and doing and recognises the diversity of Aboriginal knowledge systems and world views across Australia.



Ivan Lin

*Workshop Presenter
- CLINICAL YARNING*

*Physiotherapist,
research academic*

*Western Australian
Centre for Rural
Health, University of*

*Western Australia
(UWA)*

As a longstanding rural clinician and researcher, Dr Ivan Lin works towards improving the quality of health care and outcomes in diverse communities every day. Dr Lin is a senior lecturer at UWA's Western Australian Centre for Rural Health and practices as a physiotherapist with the Geraldton Regional Aboriginal Medical Service. His research is on improving the clinical effectiveness and patient experience of health care, especially Aboriginal health care. His primary areas of work are in musculoskeletal pain and clinical communication, and his work draws together collaborations between experts in Aboriginal health, musculoskeletal pain, clinical communication and research translation/quality improvement. Dr Lin has wider interests in reducing health disparities in a range of health areas in rural communities across the lifespan.



**Professor Andrew
Maiorana**

*Workshop Presenter
- TELEHEALTH*

*Exercise physiologist,
research academic*

*Fiona Stanley
Hospital, Curtin
University*

Professor Andrew Maiorana is the Head of Department for Exercise Physiologist at Fiona Stanley Hospital where he works

clinically in the fields of cardiac rehabilitation and heart failure management. He also holds a position as a research academic with the Curtin School of Allied Health at Curtin University. Andrew's research focuses on developing new approaches to clinical practice to improve health outcomes for patients. His specific research interests include exercise testing and training in heart failure, clinical service redesign, cardiovascular health in Aboriginal Australians and digital health/AI.



Diane Ledger

*Workshop Presenter
- DIABETES*

*Dietitian
and
Diabetes Educator,
Diabetes
WA*

Diane has over twenty-five years' experience in Public Health and health service delivery at a state and national level. Much of her work has focused on Diabetes and Aboriginal health. During her time at Diabetes WA, Diane led the Aboriginal Health team and was responsible for conducting formative research into perceptions of diabetes in the



Aboriginal community to inform future projects. She has worked in partnership with Aboriginal Health Organisations, NGO's and Aboriginal

communities to develop culturally appropriate diabetes awareness resources. E.g., "Live Now and Have Hope for the Future: Diabetes" booklet and DVD and partnered with Derbal Yerrigan to deliver Diabetes/Chronic disease services to local communities. Diane has recently developed and delivered training and support programs for Aboriginal Health practitioners to deliver culturally appropriate diabetes self-management education in their local areas. Diane has undertaken ongoing cultural development, the most extensive in 2003, attending a 5-day Cultural Awareness Course on community, conducted by the Department of Health WA and most recently completed an Indigenous Healthcare Workforce Development Masterclass. Diane has a Graduate Diploma in Nutrition and Dietetics, Graduate Cert in Health Science (Diabetes Education), Cert IV in Assessment and Workplace Training and Cert IV Health Promotion. She is accredited Trainer, Assessor and Educator in the Diabetes Education and Self- Management for Ongoing and Newly Diagnosed (DESMOND) course. **Kathryn Lemon**

*Workshop Presenter
- DIABETES*

*Aboriginal Health
Practitioner and
Coordinator,
Diabetes WA*

Kathryn Lemon is an Aboriginal Health

Coordinator and Aboriginal Health Practitioner and is passionate about promoting and delivering diabetes selfmanagement programs to community. In 2019 Kathryn completed her Certificate IV in primary health care in Broome and relocated to Derby as an Aboriginal Health Practitioner working in the clinical setting at the Aboriginal Medical Health Service. Kathryn has seen firsthand how prevalent diabetes is in the Aboriginal population in remote area settings, so she moved to Perth and gained employment with Diabetes WA in 2021 as an Aboriginal Health Coordinator. Kathryn has completed her training as a DESY (diabetes education and selfmanagement yarning) Facilitator and mentors Aboriginal Health workers/ Practitioners newly DESY trained. Kathryn liaises with Aboriginal Medical Services, community groups and health professionals from the Perth Metro area to Albany in the South, Ng Lands in the West and as far North to just below the Pilbara region to coordinate/promote program delivery. Kathryn attends Conferences such as WA Rural Health West Conference, WA Aboriginal Community Controlled Health Sector Conference promoting Diabetes WA programs, resources, and networking with other Health Professionals. Kathryn is currently undertaking studies to be a Credentialed Diabetes Educator, her studies will be completed in 2024.



Tracy Swanson

*Workshop presenter
– SLEEP & CVD*

*Clinical Nurse
Specialist,
Hollywood Private
Hospital*

Tracy is the Cardiac Rehabilitation Clinical Nurse Specialist at Hollywood Private Hospital delivering cardiac rehabilitation at Ramsay Health Plus since February 2020. Previously affiliated with HealthCare WA and has 20 years' experience delivering cardiac rehabilitation in the private sector. An ACRA – WA executive committee member and Heart Foundation Ambassador with a clinical background in cardiology. Previous winner of the Acute Care registered nurse Nursing Excellence award.



Glenys Collard

*Workshop presenter –
Health Literacy*

*Research Fellow and
Author*

*University
of
Western Australia*

Glenys Collard is a Nyungar woman who has been working for and with the Nyungar people across WA for over 30 years. She has contributed extensively to understanding history, language, and culture in Nyungar country and beyond. Glenys was the first to record the Nyungar

language with elders Mr Humphries and Mr Bennell and has chaired multiple statelevel and national committees. Glenys is a published author and has taught workshops to thousands of teachers and university students in Western Australia. Her publications have appeared in top international outlets including Journal of Sociolinguistics and Language Variation and Change. She is currently working on several projects examining change and identity in Australian Aboriginal English.



Celeste Rodríguez

Louro

*Workshop presenter –
Health Literacy*

*Chair of Linguistics
Discipline*

*University of
Western Australia*

Celeste Rodríguez Louro is Chair of the Linguistics Discipline and Director of Language Lab at The University of Western Australia. Trained in Argentina, the USA, and Australia, her research tracks language change across time. Celeste is also interested in decolonisation, standardisation, multilingualism, and sustainability. Her publications have appeared in top international outlets such as Language, Journal of Sociolinguistics and Language Variation and Change. Celeste has also raised over one million dollars in funding and has taught Linguistics to more than 1,500 students – winning two Teaching Excellence Awards in the space of

three years. Celeste currently presents the weekly segment Language Lab which has featured on RTR FM 92.1 radio since early 2022.

Social Functions

Name badges: It is a conference requirement for delegates to wear their name badge at all times to access social functions.

Welcome Reception:

The Welcome Reception officially commences the 2023 ACRA ASM. Binar Aboriginal dance group. This event will be a fantastic opportunity to get to know fellow delegates over canapes and drinks in the leafy grounds of the UWA campus.

Venue: First Floor Balcony
University of WA Club

Date: Monday 31st July 2023

Time: 1800 – 2000

Cost: Included in all full registration tickets. Additional tickets \$100 per person

For students and day-only registration see registration desk

Dress: Smart Casual **Morning**

activities:

Heart Foundation Breakfast Session 07:45 – Tuesday 1st August

Morning walk along the Derbal Yerrigan:

Wednesday 2nd August 0730 to 0815 Meet at Wonil Hotel foyer at 0730.

Early Career & HDR Student coffee catchup:

Wednesday 2 August 0800

Venue: Meet in UWA Club foyer Seminar room 2: Belonging

Gala Dinner: My Heart will go on!

Join us at the ACRA 2023 Gala Dinner: It's a wonderful opportunity to catch up with friends old and new. Our theme - "My Heart will go on" will see us roll out the red

carpet and we encourage you to wear what makes your heart happy.

Venue: Matilda Bay Restaurant B
3 Hackett Drive
Crawley

Date: Tuesday 1st August 2023

Time: 1800 – 2300 hours
Pick up from 1745 – Meet in Wonil Hotel foyer and Quest Hotel Foyer.

Cost: Included in all full registration tickets. Additional tickets \$150 per person

Program

Scan the QR code below for an online, interactive version on the program which includes all plenary, abstract, workshop, poster, presenter, and scheduling information.



Monday 31 July 2023	
12:00	Registration Open Location: Lower Colonnade, Ground floor
13:30	Pre-conference workshop
	Rheumatic Heart Disease: The patient journey Location: Seminar room 4 Chairs: Helen McLean, Dr Celine Gallagher
13:30	Acute Rheumatic Heart Disease and Rheumatic Heart Disease - what is the burden? Dr Judith Katzenellenbogen. Cardiovascular Epidemiologist, University of Western Australia
14:00	Rheumatic Heart Disease case studies. Ms Beth Chidlow. Program Manager, WA Country Health Service

14:30	The role of the rheumatic heart disease register in WA. Ms Cheryl Liddiard, Clinical Nurse Specialist, WA Country Health Service
14:50	Afternoon tea and video: “Take Heart” First floor balcony Workshop attendees only
15:15	Surgical Management of Rheumatic Heart Disease Dr John Artrip. Consultant Paediatric Cardiothoracic Surgeon, Perth Children’s Hospital
15:35	Sharing culturally secure ways of engaging with Aboriginal patients and supporting families Vicki Wade, First Nations Heart Health Lead, Heart Foundation. Daymon Eades, Lived experience RHD
16:10	Panel discussion
17:00	ACRA Member’s Forum Location: Seminar room 4
18:00	Welcome Reception Location: First floor balcony President’s welcome. Networking. Drinks and canapes. Binar dance group

Tuesday 01 August 2023

07:00	Registration Opens Location: Lower Colonnade, Ground floor
07:45	Breakfast session Equity, Diversity and Inclusion – development of the Heart Foundation Strategy Location: Seminar room 4 Chair: Dr Celine Gallagher Invited Speaker: Le Smith, General Manager NT & Executive Lead Equity, Heart Foundation
08:30	ASM Official Opening - Welcome to Country Location: Theatre Auditorium Speakers: Vaughn McGuire, Helen McLean, Celine Gallagher,

08:40	<p>Patient story Location: Theatre Auditorium Invited speaker: Ian Gentle, Ken Farmer, Professor Andrew Maiorana</p>
09:00	<p>Plenary One Aboriginal holistic models of care delivery Location: Theatre Auditorium Chairs: Carolyn Astley and Associate Professor Tom Briffa Invited Speaker: Professor Helen Milroy, University of Western Australia. Honorary Research Fellow, Telethon Kids Institute.</p>
09:45	<p>Alan Goble Oration Secondary prevention post-Acute Coronary Syndrome – access and equity for all? Theatre Auditorium Chairs: Carolyn Astley and Professor Tom Briffa Invited Speaker: Dr James Rankin, Director of Cardiology, Fiona Stanley Hospital.</p>
10:20	<p>Alan Goble Award Presentation Location: Theatre Auditorium Chair: Associate Professor Carolyn Astley</p>
10:30	<p>Morning Tea and Trade Exhibition Location: Trade Area/Veranda</p>
10:30	<p>Moderated Posters Location: Trade Area/Lower Colonnade Chair: Dr Patricia Field</p>
	<p>1 Improving secondary prevention knowledge in immigrants after a heart attack: adapting and evaluating a virtual patient education resource to promote behaviour change. Wendan Shi</p>
	<p>2 Scale-up and scale-out of the Australian-Fans in Training (AussieFIT) health behaviour change program: Protocol for a randomized controlled hybrid effectiveness-implementation trial. Eleanor Quested</p>
	<p>3 Humanitarian crises of adults with congenital heart disease – Experiences of two refugees referred to cardiac rehabilitation. Robert Zecchin</p>

11:00	Research Prize Session		
	Location: Theatre Auditorium		
	Chairs: Dr Jonathan Rawstorn, Dr Celine Gallagher		
	11:05 Comparison of 30-day readmission rates and 1-year mortality of cardiovascular disease between Australian- and overseas-born residents: a large cohort study of older Australian adults. Ling Zhang		
	11:21 A National Survey of Cardiac Rehabilitation on Patient Data Capture, Management, Reporting and Informing Practice in Australia. Matthew Hollings		
11:37 Low evidence-based pharmacotherapy prescription for patients discharged after an acute coronary syndrome: presents an important opportunity for prescribers before cardiac rehabilitation and secondary prevention programs. Lemlem Gebremichael			
11:53 Current practices and attitudes of cardiac nurses regarding cognitive screening in patients with acute coronary syndrome. Emma Zhao			
12:15	Abstract Presentations		
	Diversity Room	Equity Room	Access Room
	Chairs: Assoc Prof Carolyn Astley, Prof Jeroen Hendriks	Chairs: Carmel Bourne, Vanessa Poulsen	Chairs: Professor Alun Jackson, Joanna Clark
12:15 A League of Nations” – Diversity of ~6000 patients enrolled in 4 cardiac rehabilitation programs in western Sydney. Robert Zecchin	12:15 Accuracy, depth and quality of online information for Spontaneous Coronary Artery Dissection (SCAD) survivors and their families: a novel systematic appraisal of websites. Joseph Weddell	12:15 A national survey of cardiac rehabilitation practitioners’ attitudes and practices regarding psychosocial well-being and healthy eating. Sarah Gauci	

	<p>12:26 An Australian football theme can engage men with cardiovascular disease in a health behaviour change intervention: Results from a feasibility randomized trial. Eleanor Quedsted</p>	<p>12:26 Chronic Heart Failure communitybased rehabilitation: the impact of an education intervention to improve referral and engagement rates. Katie Palmer</p>	<p>12:26 Retrospective assessment of eligibility for same-day discharge following elective percutaneous coronary intervention and potential cost-savings in six Queensland public hospitals. Lisa Chen</p>
	<p>12:37 Economies of scale in exercise telerehabilitation: a modelling study. Jonathan Rawstorn</p>	<p>12:37 Improving Primary care Adherence to Heart Failure guidelines In Diagnosis, Evaluation & Routine management (PATHFINDER). Liying Dai</p>	<p>12:37 Health literacy and attendance at cardiac rehabilitation following myocardial infarction: Preliminary analysis of the ENHEARTEN study. Denise Azar</p>
	<p>12:48 Identification of needs and preferences of women in rural Australia to co-design an existing web-based cardiac rehabilitation service: the Cardiac Rehabilitation Especially for Women (CREW) project. Joyce Ramos</p>	<p>12:48 Cardio-oncology patients are not just cardiac patients with cancer: A fiveyear registry study of Western Sydney cardiac rehabilitation enrolments. Matthew Hollings</p>	<p>12:48 Quality of cardiac rehabilitation in rural South Australia after a quality improvement intervention: results of the Country Heart Attack Prevention (CHAP) Project. Robyn Clark</p>
13:00	<p>Lunch and Trade Exhibition Location: Trade Area/Conference Foyer</p>		
14:00	<p>Workshops</p>		
	Diversity Room	Equity Room	Access Room
			Belonging Room

	Cardio-oncology 101: what clinicians need to know Chair: Dr Snezana Stolic Facilitators: Professor Robyn Clark and Mr Robert Zecchin	DESY – Diabetes Self Management Yarning Chair: Nikki Strahan Facilitators: Ms Kathryn Lemon and Dianne Ledger	Clinical Yarning Chair: Helen McLean Facilitators: Professor Dawn Bessarab and Dr Ivan Lin	Sleep and CVD Chair: Dr Dion Candelaria Facilitator: Ms Tracy Swanson
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14:50	Plenary Two Goal setting and the importance of hope Location: Theatre Auditorium Chair: Dr Celine Gallagher and Helen McLean Invited Speaker: Ms Rebecca Carbone, Hope and Resilience coach.
15:30	Afternoon Tea and Trade Exhibition Location: Trade Area/Conference Foyer
16:00	Plenary Three Reversing diabetes: is it possible? Implications for cardiovascular care Location: Theatre Auditorium Chair: Carmel Bourne and Dr Snezana Stolic Invited Speaker: Mr Ray Kelly, University of Melbourne
16:45	Clinical Excellence Showcase Location: Theatre Auditorium Chairs: Carmel Bourne and Dr Snezana Stolic
	16:50 Engaging country patients in cardiac rehabilitation: early learnings from a virtual Heart Health Support Service. Nicole Skavik
	16:58 An Innovative Business model using established Medicare items for delivery of cardiac rehabilitation – a value proposition for primary care. Norma Bulamu
	17:06 New Fluid Balance Documentation to improve patient outcomes in the acute setting. Linda Macaulay
17:15	Free time

19:00	Gala Dinner Location: Matilda Bay Restaurant, 3 Hackett Drive, Crawley, WA. Theme: My Heart Will Go On
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Wednesday 02 August 2023

07:30	Registration Opens Location: Lower Colonnade, Ground floor
07:30	Heart Foundation Walk Location: Wonil Hotel foyer
07:30	Early/mid-career Researcher Coffee Catch-up Location: Seminar room 1
08:30	Day 2 Welcome Location: Theatre Auditorium Speakers: Helen McLean and Dr Celine Gallagher
08:35	Plenary Four Postural Orthostatic Tachycardia Syndrome in Australia – where are we in 2023? Location: Theatre Auditorium Chair: Dr Celine Gallagher and Nikki Strahan Invited Speakers: Professor Dennis Lau and Ms Marie-Claire Seeley, Australian Dysautonomia and Arrhythmia Research Collaborative, University of Adelaide
09:15	Plenary Five Cardiovascular care – a social and emotional wellbeing approach Location: Theatre Auditorium Chair: Dr Celine Gallagher and Nikki Strahan Invited Speaker: Ms Vicki Wade. Leader, National Aboriginal Health Unit, Heart Foundation
9:45	Morning Tea and Trade Exhibition Location: Trade Area/Conference Foyer
9:45	Moderated Posters Location: Trade Area/Lower Colonnade Chair: Dr Patricia Field

<p>1 Implementing a sedentary behaviour change smartphone app in cardiac rehabilitation: a qualitative analysis guided by the Theoretical Domains Framework and Capability, Opportunity, Motivation - Behaviour Model. Michelle Lander</p>
<p>2 Re-designing a personalised cardiac support program to complement the complex patient journey. Chloe Truesdale</p>
<p>3 Effectiveness of telehealth cardiac rehabilitation programs on health outcomes of patients with coronary heart diseases: an umbrella review. Wendan Shi</p>

10:15	Abstract Presentations	
	Diversity Room	Equity Room
	Chairs: Robert Zecchin and Dr Dion Candelaria	Chairs: Professor Andrew Maiorana and Linda Macaulay
	<p>10:15 Lower cardiac rehabilitation enrolment occurs in ACS patients who have less physical activity: a prospective observational study using wearable activity tracker data. Matthew Hollings</p>	<p>10:15 A qualitative review of patient experiences of cardiac rehabilitation. Sarah Gauci</p>
	<p>10:26 Patient program fidelity and reported experiences with a web-based, interactive, clinically integrated cardiac rehabilitation and secondary prevention program (CATCH Web). Katie Nesbitt</p>	<p>10:26 Integrative review: Rheumatic Heart Disease echocardiogram screening by non experts. Snezana Stolic</p>
	<p>10:37 Uptake and implementation of telehealth-delivered cardiac rehabilitation: A systematic review of system and provider factors. Daniel Ferrel-Yiu</p>	<p>10:37 Participation in cardiac rehabilitation and association between participation and major adverse cardiovascular events among Australian patients with acute coronary syndrome alive at sixmonth follow-up. Deborah Manandi</p>

<p>10:48 Favourable body composition changes following cardiac rehabilitation for patients with ST-elevated myocardial infarction compared to coronary artery bypass graft. Matthew Hollings</p>	<p>10:48 Effects of water-based circuit exercise training on cerebrovascular outcomes in stable coronary heart disease. Anna Scheer</p>
<p>10:59 Development of chronic disease secondary prevention in rural and remote communities Patricia Field</p>	<p>10:59 Improving cardiac rehabilitation utilization is essential to reducing mortality and cardiovascular readmission: a data linkage analysis of cardiac rehabilitation utilization and clinical outcomes of 84,064 eligible separations in South Australia. Robyn Clark</p>

11:15	Workshops			
	Diversity Room	Equity Room	Belonging Room	Access Room
	<p>Using a Theory of Change to measure health interventions: Tips and tricks Chair: Dr Michelle Rogerson Facilitator: Ms Sunet Jordaan</p>	<p>How to assess for POTS in Long Covid? Chair: Dr Celine Gallagher Facilitators: Professor Dennis Lau and Ms Marie-Claire Seeley</p>	<p>Digital health in cardiovascular care: panacea for the modern age or ineffectual novelty? Chair: Dr Jonathan Rawstorn Facilitator: Professor Andrew Maiorana</p>	<p>Health literacy and culturally relevant resources Chair: Helen McLean Facilitators: Ms Celeste Rodrigues Louro and Ms Glenys Collard</p>
12:15	<p>Lunch and Trade Exhibition Location: Trade Area/Conference foyer</p>			
12:45	<p>ACRA Annual General Meeting Location: Seminar room 4 ACRA members only</p>			

13:15	<p>Plenary Six Climate health and Cardiovascular Disease – 2023 update Location: Theatre Auditorium Chairs: Dr Snezana Stolic and Melanie Robinson Invited Speaker: Dr Georgia Chaseling, University of Sydney</p>
14:00	<p>Clinical Prize Session Location: Theatre Auditorium Chairs: Dr Snezana Stolic and Melanie Robinson</p> <p>14:05 Standardising activity and exercise following cardiac surgery: a research translation framework in practise. Samara Phillips</p> <p>14:21 The Warm Introduction: An Aboriginal Health Unit and Cardiac Liaison Nurse shared care approach to improve care for Aboriginal patients with cardiovascular disease at Bairnsdale Regional Health Service. Carolyn Alkemade</p> <p>14:37 Flexibility, Opportunity, and Access: Designing a Cardiac Rehabilitation model of care to promote patient choice at the Victorian Heart Hospital. Katie Palmer</p> <p>14:53 Culturally respectful Heart Health education: Empowering Aboriginal coordination teams to deliver heart health education through clinical yarning. Ursula Swan + Helen McLean</p>

15:15	<p>ACRA Advocacy Location: Theatre Auditorium Speakers: Associate Professor Carolyn Astley, ACRA National President</p>
15:30	<p>Prize Announcements Location: Theatre Auditorium</p>
15:45	<p>ASM 2024 Promotion Location: Theatre Auditorium Speakers: Robert Zecchin</p>
15:50	<p>Conference Close and Afternoon Tea Location: Theatre Auditorium Speakers: Helen McLean, Nikky Strahan and Celine Gallagher</p>

ASM FEEDBACK

Please provide us with feedback about your experience at this year's ASM so we can continue to deliver events that meet your needs. Scan the code below to access the feedback form.



Research Prize Abstracts

Comparison of 30-day readmission rates and 1-year mortality of cardiovascular disease between Australian- and overseas-born residents: a large cohort study of older Australian adults

Dr Ling Zhang, Mr Joe Van Buskirk, Prof Robyn Gallagher, Associate Prof Ding

Background: Cardiovascular disease (CVD) is prevalent, with high recurrence and mortality. Ethnicity and cultural background are known to influence CVD outcomes. However, comparisons of CVD outcomes between Australian- and overseas-born residents in ischemic heart disease (IHD), heart failure (HF) and stroke are rarely reported.

Purposes: This study aimed to compare 30-day readmission after hospitalisation due to IHD, HF or stroke and 1-year CVD mortality across three country of birth groups (Australian, English-speaking countries and non-English speaking countries).

Methods: The sample was drawn from the 45 and Up cohort, Australia's largest ongoing study of health and ageing, selecting participants free of IHD, HF and stroke at baseline who were subsequently admitted to hospital for a CVD-related diagnosis, linked with hospital admissions and mortality data. Risk ratios for 30-day readmission and 1-year CVD mortality across three country-of-birth groups were calculated using binary logistic regression, adjusting for sociodemographic characteristics.

Results: Participants (n=39,458) had a mean age of 66.5 years, 54% were male and 13% and 10% were born in Englishspeaking countries and non-Englishspeaking countries.

Compared to Australian-born participants, those born in English-speaking countries had a 7 % lower risk of 30-day readmission (RR: 0.93, 95% CI: 0.87-0.99), and those born in non-English speaking countries had a 16% lower risk

(RR: 0.84, 95 CI: 0.78-0.91). No evidence of an association between country of birth and 1-year CVD mortality was found.

Conclusion: Overseas-born Australians have a lower risk of 30-day readmission compared to those who are Australian-born when sociodemographic characteristics are adjusted for.

A National Survey of Cardiac Rehabilitation on Patient Data Capture, Management, Reporting and Informing Practice in Australia

Dr Matthew Hollings, Professor Robyn Gallagher Dr Susie Cartledge, Dr Clara Zwack, Dr Ling Zhang, Dr Sarah Gauci, Dr Nikki Gordon, Mr Robert Zecchin, Professor Adrienne O'Neil, Ms Rosy Tiramacco, Ms Samara Phillips, Associate Professor Carolyn Astley, Professor Tom Briffa, Dr Karice Hyun, Dr Georgia Chaselng, Dr Dion Candelaria, Professor Julie Redfern

Background: Lack of service data for cardiac rehabilitation in many countries limits understanding of program delivery, benchmarking and quality improvement. This study aimed to describe current practices, management, utilisation and engagement with quality indicators in Australian programs.

Methods: Cardiac rehabilitation programs (n=396) were identified from national directories/networks. Program coordinators were surveyed on service data capture, management systems and adoption of published national quality indicators. Text responses were coded and classified. Logistic regression determined independent associates of use of data for quality improvement.

Results: A total 319 (81%) coordinators completed the survey. Annual patient enrolments/program were >200 (31.0%), 51-200 (46%) and ≤50 (23%). Most (79%) programs used an electronic system, alongside paper (63%) and/or another electronic system (19%), with 21% completely paper. While 84% knew the national quality indicators, only 52% used them. Supplementary to patient care, data were used for reports to managers (57%) and funders (41%), to improve quality (56%), support funding (43%) and research (31%). Using data for quality improvement was more likely when enrolments where >200 (OR 3.83

95% CI 1.76, 8.34) and less likely in states of Victoria (OR 0.24 95% CI 0.08, 0.77), New South Wales (OR 0.25 95% CI 0.08, 0.76) and Western Australia (OR 0.16 95% CI 0.05, 0.57).

Conclusions: Collection of service data for cardiac rehabilitation patient data and its justification is diverse limiting our capacity to benchmark and drive clinical practice. The findings strengthen the case for a national low burden approach to data capture for quality care.

Low evidence-based pharmacotherapy prescription for patients discharged after an acute coronary syndrome: presents an important opportunity for prescribers before cardiac rehabilitation and secondary prevention programs

Dr Lemlem G. Gebremichael, Dr Alline Beleigoli, Mr Jonathan W. Foote, Dr Norma B. Bulamu, Dr Joyce Ramos, Professor Robyn A. Clark

Background: Guideline recommended evidence-based prescriptions (EBP) are shown to improve patient outcomes. However, the extent of implementing recommendations into clinical practice is limited. We aim to assess the level of EBP in acute coronary syndrome (ACS) patients after discharge who attended cardiac rehabilitation (CR) and their association with clinical outcomes.

Methods: A cross-sectional study was conducted in the years 2018 and 2019 in 13 rural and 10 metropolitan CR programs in South Australia delivered through all modes. ACS patients ≥ 18 years of age discharged from the hospital who attended CR programs with medication detailed in their hospital discharge summary were included. EBP was assessed according to the Heart Foundation and Cardiac Society of Australia and New Zealand guidelines. Prescription of all four recommended medications was considered optimal. Associations of EBP with clinical outcomes using logistic regression and with gender using Pearson X²-test were conducted.

Results: Of the 1229 patients, most were male 917 (74.6%). Only 488 (39.7%) patients received a prescription for the four recommended medication classes. Prescriptions of any three or two medication classes occurred for 962 (78.3%) and 1156 (94.1%) patients, respectively. Optimal EBP was associated with fewer hospital admissions (OR=0.647; $p=0.043$) and women were less likely to be prescribed

angiotensin-converting enzyme inhibitors ($p=0.003$), angiotensin receptor blockers ($p=0.007$), statins ($p=0.005$), any two ($p<0.001$) and three combinations ($p=0.023$) of medication classes.

Conclusions: EBP prescription was suboptimal in patients with ACS before attendance to CR. Prescribers have a major opportunity to implement best practice guideline recommendations, particularly for women.

Current practices and attitudes of cardiac nurses regarding cognitive screening in patients with acute coronary syndrome

Ms Emma Zhao, Dr Nicole Lowres, Associate Professor Jacqueline Bloomfield, Mr Joseph Weddell, Professor Geoffrey Tofler, Professor Robyn Gallagher

Background: Cognitive impairment (CI) is common in acute coronary syndrome (ACS) patients but is often undetected and may impact recovery and secondary prevention uptake. Health professionals lack clinical guidelines and recommendations to detect and manage CI in ACS patients.

Purpose: To explore health professionals' knowledge, attitudes, and behaviours toward CI screening in ACS patients.

Methods: Health professionals were recruited from three metropolitan teaching hospitals and two professional associations in Australia and undertook a 38-item purpose-built survey.

Results: 100 health professionals responded (95 were nurses). 50% of respondents identified the prevalence of CI, dementia, or delirium at one-in-four patients post-ACS, and 74% identified the most common indicator of CI was difficulties recalling recent information. Cognitive screening was performed at least some of the time by 73%. Cognitive screening was conducted over eight times more often by those working in acute settings versus non-acute (OR=8.78, 95%CI 2.13, 36.25), when accounting for age, CI training, work experience, and profession. Cognitive screening was performed most often on admission especially when ward protocol (n=32), or when patients showed signs (n=38). The main identified challenges to CI screening and taking further actions were communication

difficulties; patients being too unstable/unwell; and the priority being the patient's clinical care.

Conclusions: Most health professionals conducted cognitive screening, especially those in the acute setting. However, screening rates would not be sufficient to detect all CI cases and multiple screening challenge were present. A standardised guideline and a feasible tool are needed to overcome the challenges in cognitive screening.

Clinical practice prize session

Standardising activity and exercise following cardiac surgery: a research translation framework in practise.

Ms Samara Phillips, Dr Julie Adsett, Ms Alison Mahoney, Professor Doa El-Ansary

Background: Despite evidence supporting a paradigm shift from restrictive sternal precautions to an active participatory model incorporating exercise of the upper limb and trunk, the predominant clinical management following cardiac surgery is bounded by restrictions. Barriers to implementation of evidence to optimise recovery and rehabilitation exist at institutional and organisational levels. The Knowledge to Action Cycle (KtA) framework informed this project, to identify appropriate strategies that are context specific for implementation of current evidence within public acute hospitals and outpatient cardiac rehabilitation (OPCR) programs.

Methods: Clinicians from 39 sites at four public hospitals and 35 outpatient rehabilitation programs across Queensland participated in a survey (December 2021-February 2022) to confirm a knowledge-practice gap and identify barriers and enablers to change. Analysis of identified barriers and enablers using a proven behaviour change model allowed formulation of targeted strategies to apply.

Results: Survey results demonstrate that current practice was inconsistent and varied. Clinician identified enablers to practice change included: improving knowledge of evidence, standardisation, and clarification of guidelines. An implementation strategy was developed for changing clinician practice using a proven framework.

Outcomes and implications: A structured framework was used to confirm a knowledge-practice gap and identified implementation strategies. Strategies are multi-modal to remove common barriers and provide systems that will enable local practice change. Standardisation of best practice for patients receiving a median sternotomy for cardiac surgery, will inform consistent health professional practice; and importantly engage patients in their recovery and rehabilitation to forge improved functional outcomes without an increase in adverse events.

The Warm Introduction: An Aboriginal Health Unit and Cardiac Liaison Nurse shared care approach to improve care for Aboriginal patients with cardiovascular disease at Bairnsdale Regional Health Service.

Ms Carolyn Alkemade, Mr Adrian Morgan

Background: The Aboriginal Community of East Gippsland has high rates of cardiovascular disease and unplanned readmission and low completion rates of cardiac rehabilitation. A six-month quality improvement project focused on increasing Aboriginal patients’ engagement with cardiac health programs.

Methods: A Warm Introduction was implemented as a shared care approach, comprising an Aboriginal Health Unit (AHU) team member introducing the Cardiac Liaison Nurse (CLN) to Aboriginal patients during hospital admission. Patients’ care journey was tracked (readmissions / cardiac rehabilitation completion) and qualitative feedback via follow up phone calls was sought.

Outcomes:

Flexibility, Opportunity, and Access: Designing a Cardiac Rehabilitation model of care to promote patient choice at the Victorian Heart Hospital

	Warm Introduction	Usual Practice	Total (6 Month)
Referral Made	8	3	11
Unplanned Readmission	2	0	2
Cardiac Rehabilitation Completion (referred to cardiac rehabilitation)	2 (8)	1 (3)	3 (11)

Qualitative data demonstrates high acceptance from patients and no adverse outcomes reported. Positive feedback themes from Warm Introductions recipients included: Enhanced cultural safety, culturally centred education, staff capacity building, better access to services and decreased costs.

Implications: The Warm Introduction may enhance Aboriginal Community members’ acceptance of cardiac care, support culturally centred care, and improve patient self-management and health outcomes.

Conclusions: Warm Introductions may be a collaborative means of improving culturally safe healthcare access for Aboriginal people. Although a small clinical project, this pilot demonstrates strong community acceptance and supports further research to inform and validate this intervention. The pilot describes an approach to care coordination and system

changes that may lead to enhanced health outcomes for Aboriginal patients admitted with cardiac conditions to a regional health service.

Ms Katie Palmer

Background: With the Victorian Heart Hospital opening its doors in February 2023, opportunity existed to redesign the ambulatory Cardiac Rehabilitation model of care to focus on improving engagement rates and patient attendance, while also providing evidenced based, patient centred care.

Methods: Clinical guidelines were utilised to establish the core components of the program, as well as quality indicators for evaluation. Research into the barriers of engagement included a nationwide survey of cardiac rehabilitation coordinators and qualitative interviews with cardiac patients. Consumer engagement sessions were held to explore the cardiac care experience, including multiple rounds of input on the rehabilitation service model.

Results: The Victorian Cardiac Prevention and Rehabilitation program includes a hybrid model, with appointments available both face-to-face and virtually, including the opportunity to move between modalities. The exercise component has been designed to allow exposure to a wide variety of types including traditional gymstyle programs, yoga and Pilates. Education is delivered in multiple formats including group, interactive and one-on-one for specific clinical goals. All components include the ability to be self-directed. The challenges of introducing a new model include informatics, clinician engagement and resource support.

Conclusion: The innovative new model of care at the Victorian Heart Hospital offers patients flexibility, opportunity and access in a variety of ways, in order to promote engagement and attendance. Ongoing evaluation, both qualitative and quantitative, will allow the model to continue to be adjusted within these patient centred principles, with the first twelve weeks of data collection being completed in July 2023.

Culturally respectful Heart Health education: Empowering Aboriginal coordination teams to deliver heart health education through clinical yarning

Ms Ursula Swan, Ms Helen McLean, Ms Maureen Kelly, Ms Delma Balchin, Ms Doreen

Turvey, Ms Carmel Kickett, Mr Jamie Davidson, Ms Denise Cox, Mr Farron Kickett

Heart disease in the Aboriginal community causes one in 10 deaths and is a major contributor to the gap in life expectancy for Aboriginal people. In July 2021, WA Health requested to be part of the Heart Foundation's Health Professional Ambassador Program (HPAP). Their request was to be empowered through the learnings to be able to equip their Aboriginal staff working on the cardiology ward, facilitating Aboriginal community programs and members of the Aboriginal Care Coordination Team with the knowledge and confidence to be able to provide social, diagnostic and management yarns to Aboriginal people with cardiac disease. Using Bessarab and Ng'andu 2010 model demonstrates the credibility and rigor of the indigenous cultural form of conversation as a teaching and data gathering tool. A trauma informed healing approach was utilised and led by Aboriginally developed yarning tools. The program was Aboriginal led ensuring a strengths-based approach. "The space given to share stories and to make connections based on real life experiences is more than what was expected. I would highly recommend the training for future interests for sure". We need to look to Aboriginal people to take the lead in providing solution focused care. This train the trainer model will equip Aboriginal care coordinators and Aboriginal Health liaison officers to become leaders and provide heart health messaging to their people and communities in a culturally compassionate way. Working in a genuine partnership with our Aboriginal population acknowledges inequities and recognizes the devastating effects of heart disease on Aboriginal communities.

and recognizes the devastating effects of heart disease on Aboriginal communities.

Clinical Excellence Showcase

Engaging country patients in cardiac rehabilitation: early learnings from a virtual Heart Health Support Service

Ms Nicole Skavik, Ms Nicole Jeffree, Ms Ruth Warr

Patients living in rural and remote areas face additional barriers when accessing cardiac rehabilitation compared to those in metropolitan centres. These include extended waitlists for services, long travel times to access care, increased cost associated with travel and time away from work, and lack of specialist care available locally.

The WA Country Health Service Heart Health Support Service was implemented in October 2022 as a one-to-one model of cardiac rehabilitation delivered via telehealth by a cardiac rehabilitation clinical nurse specialist. The service aims to increase access to comprehensive cardiac rehabilitation for patients living in country Western Australia (WA). It provides early access to specialist support after acute cardiac event, linkages to local primary health services in rural areas, and ongoing support and management of chronic cardiac conditions. Early evaluation shows high levels of patient engagement and satisfaction with the service.

This presentation will describe key learnings in engaging country patients in cardiac rehabilitation. Experiences working with a broad range of patients in the Wheatbelt region of WA will be drawn on. Initial patient contact within the first week post discharge from hospital and empowering patients to select their appointment times, frequency and goals have been points of difference in the Heart Health Support Service compared to traditional models

of cardiac rehabilitation in country WA. Other considerations such as selection of telephone vs video for virtual consultations, use of digital cardiac rehabilitation aids, establishing relationships with local country support services, and improving communication with primary care providers will also be explored.

An Innovative Business model using established Medicare items for delivery of cardiac rehabilitation – a value proposition for primary care

Dr Norma B. Bulamu, Dr Alline Beilegoli, Dr Ken Wanguhu Mr Danny Haydon, Dr Lemlem G. Gebremichael, Ms Sarah Powell, Dr Philip Tideman, Associate Professor Billingsley Kaambwa, Professor Robyn A. Clark

Problem: In spite of the highest level of evidence for its effectiveness, approximately 70% of Australians do not attend cardiac rehabilitation (CR). A potential solution is to have primary care more formally involved in delivering CR. Our solution is a structured business model and value proposition to primary care providers to implement CR.

Methods:

- Investigated operational practicalities in the primary care setting
- Interrogated the Australian Medicare items to identify what additional support and underutilised items are available for use in primary care-based CR
- Interviewed rural general practitioners (GPs) and practice nurses
- Presented the model to rural GPs community of practice through face-to-face and online workshops

Outcome: The model utilises the Chronic Disease Care Planning Medicare items to incorporate CR in primary care. GPs complete 4 clinical assessments at 1-2 weeks, 8-12 weeks, and six- and 12 months post-discharge. Implementing this model accrues a net benefit of between \$797.15 - 11476.55 per patient plus improved health outcomes and a more holistic care experience. Uptake was demonstrated by

an increase in the number of rural GPs providing CR in partnership with CATCH through the GP hybrid model from 28 in 2021 to 32 by the end of 2022. The biggest limitation to uptake was access to allied health services. Although catered for in the Medicare schedule, the timely availability of allied health services in rural areas is challenging.

Conclusion: We present a Medicareapproved and financially viable model to deliver CR and secondary prevention in primary care using item numbers that are currently underutilised.

New Fluid Balance Documentation to improve patient outcomes in the acute setting

Ms Linda Macaulay, Mr Adam Livori, Ms Lynda Breen, Ms Nicole Snibson, Ms Annette

McFarlane, Ms Vicki Thomas, Mr Trent Douglass

A multidisciplinary clinical audit (CA) of current practice confirmed that Fluid Balance (FB) and daily weight recording is poorly completed by nursing staff. This makes it difficult to determine optimum prescription and titration of medications, for patients with heart failure who are receiving diuretic therapy. Totals from the paper Fluid Balance Chart (FBC) are transferred to a FB Summary (FBS) summary overnight, then the FBC is discarded.

A FB working Group was formed and led by a Cardiac Nurse Practitioner. Following extensive consultation, a new Adult Daily FBC, FBS and new Fluid Balance Clinical Practice Guideline were created and implemented. The new forms needed to be harmonised between different wards which had different requirements for fluid balance, such as surgical drains, chemotherapy, or for titration of diuretic therapy. COVID-19 restrictions limited face to face consultation, as well as shifting priorities for wards during staff furlough. Furthermore, all education surrounding the changes was delivered primarily through email and intranet-based videos.

Once restrictions eased, reengagement occurred and further improvements were made, particularly around increasing the readability of the form through column shading and heading layout. A second clinical audit revealed ongoing poor compliance with FB recording, despite receiving mostly positive feedback from nursing staff using the form.

Further interventions in conjunction with the Centre for Safety & Innovation and the Centre for Nursing Education, are continuing to focus on improving compliance through ongoing education and monitoring.

Voting for prize winners

Please take time to vote for your favourite oral and poster presentations. Any of the abstracts submitted and presented in a prize, concurrent, moderated or poster session are eligible for “People’s Choice” awards.



People’s Choice Presentation

Vote by scanning QR code below



People’s Choice Poster

Vote by scanning QR code below

Original Aboriginal artwork

Ken Farmer is a well-known talented Aboriginal artist and a Noongar Man from Gnowangerup Western Australia. Ken's kindly allowed for his artwork to be used in our banner for the 2023 ASM and the signed original is available to be purchased by silent auction.

It tells a story of Ken's personal heart health journey recovering from a heart transplant.

The artwork is 82cm x 156cm and will be packaged in a tube for travel if required.

Proceeds will go 70% artist / 30% to Moorditj Keila Aboriginal Centre.

Ken is the proud father of 14 First Australian children, a former sheep shearer, construction worker and miner, Ken works tirelessly for his community. You can be the owner of one of these very rare works of art! Genuine First Australian signed work of art! Your art will appreciate in value! A superb investment!

The silent auction is now live and ready for bidding – click the QR code or go via the link below:

<https://www.acra.net.au/acra-2023asm/2023-silent-auction/>





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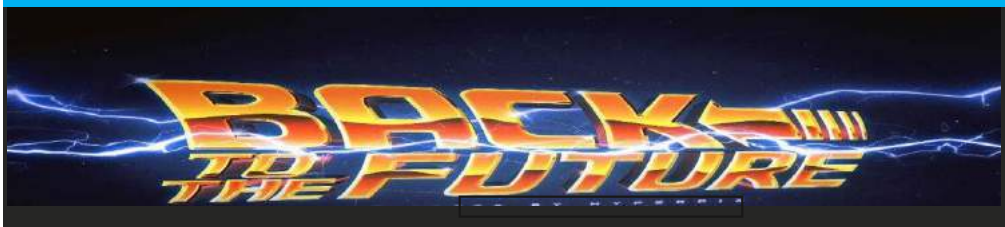


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