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PRESIDENT'S WELCOME 2014

On behalf of the ACNC executive, I would like to welcome you to our eighth conference, for nurses by nurses, in the sunshine (hopefully) of the magnificent Gold Coast with the theme of "Young at Heart".

As you review the program I'm sure you will agree there is something for everyone working in the wider field of cardiology. We are proud that the ACNC can showcase such depth and breadth in cardiovascular nursing and provide a forum where first time presenters are positioned alongside experts. I am certain you will take away some new ideas, meet some new people and top up your vitamin D levels.

We have a varied and interesting program and we are privileged to have two enormously influential nurses accept our invitation to speak at this conference. Dr Yoshimi Fukuoka, an Associate Adjunct Professor from the University of California in San Francisco, will present research that focuses on prevention of heart disease in adults, particularly in women and ethnic/racial minorities. I am sure you will join me in thanking Dr Fukuoka for travelling across the Pacific to be with us. We are also honoured to have Professor Simon Stewart from the Baker IDI joining us for this conference. Professor Stewart is a founding member and the inaugural President of the ACNC and has influenced many nurses both in Australasia and worldwide, showing the heights that nurses can achieve with a strong vision and hard work.

It has been a very busy year for the ACNC executive with the development of our new website that will be launched at this conference. The ACNC are being increasingly asked to review and comment from a cardiac nursing perspective on health policies and endorse both patient and nursing educational resources. Our ongoing commitment to develop partnerships with like-minded organisations has progressed on all fronts including messages of support from Cardiac Society of Australia and New Zealand (CSANZ) and Australian Cardiovascular Health and Rehabilitation Association (ACRA).

I want to emphasise that we do not use a professional conference organiser in order to keep the costs to you as low as possible, however this takes an enormous effort to organise the logistics that are making this conference happen. My email in box has been running hot for the last few months (year) as the conference date approaches and all the planning and teleconference discussions comes to a head. I would like to thank Maria Sheehan (Vice President), Margaret Lucas (Treasurer) and Natasha Eaton (ACNC secretary) for their exemplary work and thank the whole Executive team for their thoughtful comments, hard work and support this year. Through their many hours of entirely voluntary work we have a robust and healthy Australasian Cardiovascular Nursing College and when you attend the AGM you will hear what else we have been doing and see the new website.

Finally, thank you for your support and encouragement, the ACNC is nothing without your participation.

Please enjoy ACNC 2014 and the beautiful Gold Coast and we look forward to seeing you in Coogee Beach, Sydney in March 2015 for the 9th Annual Scientific Meeting of the ACNC.

Andy McLachlan
President ACNC

ACKNOWLEDGEMENT OF COUNTRY

The Australasian Cardiovascular Nursing College acknowledge and pay respects to the traditional Aboriginal people of the Gold Coast and their descendants. We also acknowledge the many Aboriginal people from other regions as well as Torres Strait and South Sea Islander people who now live in the local area and have made an important contribution to the community. We thank the traditional custodians of the land upon which we meet, for providing access to this part of your country.

WELCOME TO COUNTRY

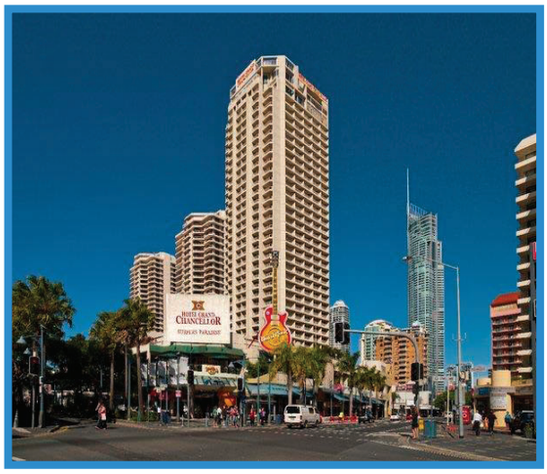
A respected elder, **Uncle Graham Dillon,** will undertake the official Welcome to Country in the Australasian Cardiovascular Nursing College 8th Annual Scientific Meeting Welcome and Opening.

http://cultural.goldcoast.qld.gov.au/default.html

THE VENUE

www.grandchancellorhotels.com/au/surfersparadise

The ACNC executives are pleased to host your eighth conference in the Hotel Grand Chancellor, Surfers Paradise on the Gold Coast.



Being one of Australia's popular holiday destinations you will find that you are just steps from the beach and a short distance from many recreational activities.

The Concierge at the hotel will happily provide you with recommendations or assistance for tours or sightseeing arrangements if you plan on having a holiday following the conference.

Car parking

Carparking is avaiable for delegates attending the conference and staying not requiring accommodation and delegates using the venue for accommodation. Please see reception for access and price.

Getting To & From

There are several options to and from the Gold Coast Airport (Coolangatta), or Brisbane Airport, including and not limited to:

TRANSLink operates a bus service - number 702 - regularly from Gold Coast Airport through to Southport via Surfers Paradise. See www.translink.com.au for an online journey planner or call 13 12 30.*

Gold Coast Shuttle Service provides door to door service for around $21 one way/$41 return http://gcshuttle.com.au/airport-transfers/. Operating hours 7am to 7pm. Bookings 1300 655 655. *

Airtrain operates a service between Brisbane airport/city and the Gold Coast. Call 1800 119 091 or visit https://www.airtrain.com.au/. The cost is approx. $55 one way between Brisbane airport and the Gold Coast. *

Gold Coast Cabs – phone 13 10 08. *

**Information is accurate at the time of printing & the ACNC has no affiliation with any of these organisations.*

ACNC 2014 | Young At Heart

Day 1 | Friday 21st February

TIME	SCHEDULED SESSION	
08.00-08.45	Registration	
08.45-09.15	**Welcome To Country & Official Opening** **Sunset Room** — **Andrew McLachlan**	
09.15-10.00	**Plenary 1** **Sunset Room** — **Chairs:** Andrew McLachlan & Phillip Newton **Dr Yoshimi Fukuoka** **Title:** Applying digital technology to diabetes prevention	
10.00-10.30	**Morning tea**	
10.30-12.10	**Keynote Speakers** **Sunset Room** — **Chairs:** Jo Wu & Natasha Eaton	
10.30-10.55	**Title:** Health literacy for cardiac patient education — **Dr Mary Boyde**	
10.55-11.20	**Title:** Developing an adolescent and young adult transitional service: our experience of going first! — **Wendy Senior**	
11.20-11.45	**Title:** Physical activity for keeping our heart young — **Dr Steven McPhail**	
11.45-12.10	**Title:** How to be young in mind and young in heart — **Dr Esben Strodl**	
12.10-12.40	**ANNUAL GENERAL MEETING** **Sunset Room** — **Andrew McLachlan** **Presentation of clinical excellence award & travel scholarships** — **& Simon Stewart** Change Day – do something better together – March 16, 2014 — **Stephen Bloomer**	
12.40-13.30	**Lunch**	
13.30-14.00	**Plenary 2** **Sunset Room** — **Chair:** Ross Proctor & Karen Sanders **Professor Simon Stewart** **Topic:** Central Heart Project	
14.00-15.00	**Abstract Session 1** **Chair:** Karen Sanders **Sunset Room**	**Abstract Session 2** **Chair:** Carolyn Astley **Horizon Room**
14.00-14.20	Abstract 1 **Christine Wright** *A survey investigating the smoking prevalence and quitting behaviour in a cohort of cardiovascular prevention clinic patients at St Vincent's Hospital, Melbourne.*	Abstract 4 **Susan Hales** *Heart failure health related quality of life – 6 months apart.*
14.20-14.40	Abstract 2 **Maria Baric & Roxanne Hopkins** *Aortic arch dissection and endoluminal repair: A case report.*	Abstract 5 **J Crook, S Leslie & D Snow** *Evaluation of an exercise based cardiac rehabilitation program using the 6MWT: the effect of age and gender.*
14.40-15.00	Abstract 3 **Andrew McLachlan** *The Healthy Hearts Collaborative: Developing a structured and cohesive service for people admitted to hospital with a diagnosis of heart failure.*	Abstract 6 **Snezana Stolic** *Prevalence, risk factors and causes of cardiovascular disease in the young Australian: a review of literature.*
15.00-15.30	**Afternoon tea**	
15.30-17.00	**Keynote Speakers** **Sunset Room** — **Chairs:** Sally Inglis & Carolyn Astley	
15.30-16.15	**Title:** Are Nurses healthy? Findings of the Nurses and Midwives e-Cohort Study — **Professor Cathy Turner**	
16.15-17.00	**Title:** 5 things every cardiac nurse should know about managing Indigenous patients with cardiac disease. — **Andrew Goodman**	
17.00-17.45	 Keeping You Young At Heart. **Light physical activity with Natasha Eaton.** Bring your walking shoes! Meet in the Foyer.	
19.00-23.00	Conference Dinner at Hanlan's Restaurant **Level One, Hotel Grand Chancellor** Music by United DJs of the Gold Coast – www.uniteddjsofthegoldcoast.com	

Sunset Room – Main Conference Room | Horizon Room – Breakout Room

ACNC 2014 | Young At Heart

Day 2 | Saturday 22nd February

TIME	SCHEDULED SESSION	
08.30-09.00	Registration	
09.00-10.40	**Keynote Speakers Sunset Room** **Chairs:** Sophie Rayner & Sally Inglis	
09.00-09.25	**Title:** The Cath Lab in the 21st century **Helen Gunter**	
09.25-09.50	**Title:** Acute Heart Failure: Where are we and where are we going? **Ross Proctor**	
09.50-10.15	**Title:** Self-Management: A case study **Maria Sheehan**	
10.15-10.40	**Title:** AF apps **Lis Neubeck**	
10.40-11.10	Morning tea	
11.10-11.40	**Plenary 3 Sunset Room** **Chair:** Snez Stolic & Carolyn Astley **Dr Haris Haqqani** **Topic:** Ventricular Ectopy: The benign and the malignant	
11.40-12.40	**Abstract Session 3** **Chair:** Maria Sheehan **Sunset Room**	**Abstract Session 4** **Chair:** Karen Ulhmann **Horizon Room**
11.40-12.00	Abstract 7 **Karen Sanders** *Spontaneous coronary artery dissection. A differential diagnosis for younger patients presenting with chest pain: A case study.*	Abstract 10 **Nicole Prentice & Shauna Byrnes** *I can't believe it's not just angina: A case presentation of Prinzmetal Angina.*
12.00-12.20	Abstract 8 **Ross Proctor** *Contemporary in-hospital atrial fibrillation: who gets guideline-based therapy?*	Abstract 11 **Tom Donoghue** *Stopping young people dying suddenly. What cardiac nurses need to know about genetics.*
12.20-12.40	Abstract 9 **Caleb Ferguson** *The caregiver role in thromboprophylaxis management in atrial fibrillation.*	Abstract 12 **Aaron Conway** *Clinical practice guidelines for nurse-administered procedural sedation and analgesia in the cardiac catheterisation laboratory.*
12.40-13.30	**Lunch**	
13.30-14.10	**Plenary 4 Sunset Room** **Chair:** Jacqueline Colgan & Phillip Newton **Dr Yoshimi Fukuoka** **Topic:** Real time physical activity intervention: Affordability, accessibility & accountability	
14.10-15.30	**Keynote Speakers Sunset Room** **Chairs:** Margaret Lucas & Snez Stolic	
14.10-14.30	**Title:** Cardiovascular Nursing Council & CSANZ Update **A/Professor Robyn Gallagher**	
14.30-15.00	**Title:** Heart Foundation's online learning products for health professionals: Improving adherence of cardiovascular care. (HEART Online)	
15.00-15.30	**Karen Ulhmann & Robyn Peters**	
	Title: Psychological Impact of Heart Disease **Todd Bagshaw**	
15.30-16.00	Conference Awards and Close **Sunset Room** Andrew McLachlan & Maria Sheehan	

KEYNOTE SPEAKERS

Yoshimi Fukuoka

Dr Yoshimi Fukuoka is an Associate Professor at the University of California, San Francisco at the School of Nursing. Her research focuses on testing physical activity, diet, and weight loss interventions to prevent diabetes and cardiovascular disease, and to promote healthy aging, particularly in racial/ethnic minority groups and women. Yoshimi is a behavioural clinical trial investigator whose career has focused on clinical trial designs, research methods, and data collection in applying wireless/digital technologies. As Principal Investigator, she is currently conducting three randomized controlled clinical trials involving mobile phone delivered behavioural interventions, including a NIH/NHLBI-funded R01 randomized controlled clinical trial (RCT) entitled, "Applying Mobile-Persuasive Technologies to Increase Physical Activity in Women" to test the efficacy of a mobile phone delivered physical activity intervention, and to compare three different types of behavioural maintenance strategies. Additionally, she teaches in the Epidemiology 205: Clinical Trials Course for the Training in Clinical Research program at UCSF, and serves as a consultant for a digital/wireless health research and behavioural intervention design for the UCSF CTSI.

Mary Boyde

Mary Boyde, from the Princess Alexandra Hospital, Brisbane works as a Nurse Researcher in Cardiology and a Nurse Educator in the Nursing Practice Development Unit. Mary's past experience in cardiovascular nursing and education has led to an interest in patient education. Mary's PhD research focused on developing a multimedia educational intervention for patients with heart failure. An initial pilot study using these resources demonstrated improved knowledge and self-care abilities. Further investigation of the effectiveness of these multi-media resources in a randomised controlled trial will be completed in 2014. Over the last 5 years Mary's PhD research has been published and presented at national and international conferences.

Wendy Senior

Wendy currently holds the position of Clinical Nurse Consultant Adult Cardiology at Mater Health Services in Brisbane. This role serves to provide professional and expert clinical leadership to the development of cardiac services across the adult public patient population of Mater Health Services to secure the optimum delivery of patient care. The role provides expert clinical and educational support, adequate resources and consultancy within the Department of Cardiology. Wendy holds a Bachelor of Health Science, a Graduate Diploma in Critical Care and a Certificate in Coronary Care Nursing and has previously held the positions of Clinical Nurse Educator CCU and Nurse Unit Manager ICU/CCU at Mater. Wendy has a particular interest in available services for obstetric patients with cardiac disease and young adults with congenital heart disease.

Steve McPhail

Dr McPhail is a National Health and Medical Research Council EC Fellow (Clinical Research) based in the Centre for Functioning and Health Research. Dr McPhail is the inaugural Senior Research Fellow at this centre; he holds a conjoint appointment across the Queensland Department of Health and the Queensland University of Technology's Institute of Health and Biomedical Innovation and School of Public Health. Dr McPhail conducts applied translational health services research evaluating innovative clinical interventions and service delivery models to improve efficiency, patient safety, intervention effectiveness and cost-effectiveness in healthcare settings.

Esben Strodl

Dr Esben Strodl is a senior lecturer from the School of Psychology and Counselling at Queensland University of Technology. Esben is the Director of the Clinical Psychology Services at the Queensland University of Technology Health Clinic and teaches in the postgraduate clinical psychology program. He is the national chair of the Australian Psychological Society College of Health Psychologists and an associate editor of the journal entitled 'Australian Psychologist' which has a readership of over 18 000 psychologists in Australia. Esben's research interests are in the area of understanding the psychological factors associated with chronic disease, as well trying to improve psychological interventions for health behaviours and mental health problems.

Simon Stewart

Professor Stewart is the Head of Preventative Cardiology at the world-renowned Baker IDI Heart and Diabetes Institute. A NHMRC of Australia Principal Research Fellow and Director of the NHMRC Centre of Research Excellence to Reduce Inequality in Heart Disease, he leads large population and community-based surveillance studies to better understand the evolving risk and manifestations of cardiovascular disease (with a major focus on chronic heart disease) in Australia and beyond. This encompasses a strong focus on disadvantaged communities and those living in low-middle-income countries; reflected a key leadership role in establishing a dedicated research centre in Central Australia (Baker IDI Alice Springs) and his ongoing research with the Hatter Research Institute in Cape Town, South Africa. His research program is instrumental in the design and application of new and innovative models of disease prevention and management as well as building capacity in clinical and health services research.

Catherine Turner

Professor Catherine Turner has nursing and education qualifications, clinical experience in critical care and a PhD in population health. Cathy is the Head of The University of Queensland [UQ] School of Nursing & Midwifery. Since 1992 Cathy has been involved in the tertiary education of nurses and research in epidemiology and population health. In 2006 Cathy led a research team to focus on workforce issues within the nursing and midwifery professions and population health outcomes by establishing the Nurses & Midwives e-cohort study funded by the Australian Research Council. This led to the establishment of the Graduate e-cohort. In 2007 Cathy received a Fulbright Scholarship to Harvard University to learn from the Nurses' Health Study research group. Cathy has also been awarded an NHMRC Research Fellowship [2007-2011] for her work on the e-cohort studies. Cathy is a Distinguished Alumni from Flinders University, a Company Director on Mater Health Services Board, which operates seven hospitals and is the Assistant Commissioner of the Health Quality and Complaints Commission Queensland (HQCC). Cathy has over 110 peer reviewed publications and presentations and attracted over $5 million in competitive ARC, NHMRC and industry grant funding within the last 7 years as the lead investigator.

Andrew Goodman

Picture unavailable at time of printing

Andrew Goodman is an Aboriginal man from a rural town in Central West Queensland. Andrew started his professional career in health as an Aboriginal & Torres Strait Islander health worker based in his home district working with rural & remote communities. Andrew currently works as the project officer with the Indigenous Cardiac Outreach Program (ICOP) based at the Prince Charles Hospital (TPCH) in Brisbane. From its inception in 2006, the Indigenous Cardiac Outreach Programs delivery methodology has been a bottom up approach and continues to be a community development partnership framework. The program partners with rural and remote Queensland communities to work with and for the provision of Cardiac Outreach services in a mutually respectful and culturally appropriate manner. Andrew coordinates the clinics alongside rural & remote health workers as well as fulfils clinical duties while on clinic.

Helen Gunter

Helen Gunter is the Nurse Unit Manger of the Cardiac Catheter Suite, Gold Coast University Hospital. With over 30 years nursing experience in cardiology, cardiac catheter suite environment, Intensive Care and theatre suite. She has a Masters degree in International Health Management and a Graduate Diploma in Health Management from the University of New England. Helen has previously lectured full time for the Australian Catholic University and currently works as a sessional lecturer teaching postgraduate coursework. Helen enjoys teaching in a way that brings the subject alive and endeavours to present the content in a lively interactive way so that participants have a memorable learning experience.

Ross Proctor *See Executive Biographies Page 22*

Maria Sheehan *See Executive Biographies Page 25*

Lis Neubeck

Dr Lis Neubeck is a Senior Research Fellow at the George Institute for Global Health and Senior Lecturer in Nursing at the University of Sydney. Her research focuses on innovative solutions to secondary prevention of cardiovascular disease, identification and management of atrial fibrillation, and use of new technologies to improve access to health care. Lis is Vice President of the Australian Cardiovascular Health and Rehabilitation Association and is on the board of the Cardiovascular Nursing Council of the Cardiac Society of Australia and New Zealand.

Haris Haqqani

Dr Haqqani graduated with honours from the University of Melbourne in 1998. He undertook advanced training in cardiology and electrophysiology at the Royal Melbourne Hospital and completed a PhD looking at the causes of ventricular tachycardia in heart failure. In 2009, he was awarded an NHMRC Postdoctoral Fellowship to work at The University of Pennsylvania in Philadelphia where his research focused on the mechanisms of ventricular tachycardia in non-ischaemic cardiomyopathy. In 2011, he returned to a consultant cardiology position in Brisbane at The Prince Charles Hospital and The University of Queensland. Dr Haqqani has authored more than 40 peer-reviewed papers, 50 conference abstracts and 6 book chapters, and is a regularly invited speaker at national and international cardiology meetings.

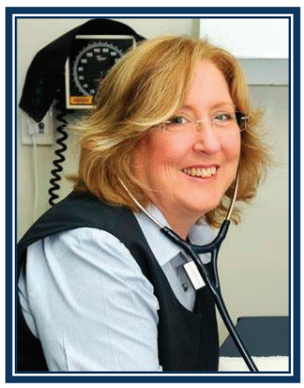
Robyn Gallagher

Dr Robyn Gallagher is an Associate Professor, Chronic and Complex Care at the University of Technology, Sydney, where she also manages and directs the research student portfolio. The focus of Dr Gallagher's nursing career has been the support of cardiac patients as a clinician, educator, academic and researcher. Her PhD was completed in 2001 and involved testing a telephone intervention to support women recovering from cardiac events in a randomised controlled trial. Since this time her research focus has been recovery from cardiac events and secondary risk factor prevention. She has published extensively and in 2012, Robyn was awarded the Cardiac Society of Australia and New Zealand Nursing Affiliate Research Prize and the American Heart Association Council of Cardiovascular Nursing Research Article of the Year Award. She has supervised 11 research students to completion and has been awarded a teaching and learning award for postgraduate research student supervision in 2011. She is currently Chair of the of Cardiac Society of Australia and New Zealand Cardiovascular Nursing council and co-chair of the Australian Cardiovascular Health and Rehabilitation Association 2014 Scientific committee.

Karen Uhlmann

See executive biographies Page 26

Robyn Peters



Robyn has been an endorsed nurse practitioner since 2008 working in the area of cardiology, specifically heart failure management. Robyn has had a clinical lead role within the multidisciplinary Heart Failure Service at Princess Alexandra Hospital Brisbane since its inception in 2006. Robyn has published in the area of patient education for heart failure and has contributed to a chapter on non-medical management of heart failure in Fast Facts: Heart Failure. She collaborated with other heart failure specialists in writing the content for the heart online website. Robyn is the current chair of the Queensland State-wide Heart Failure Steering Committee and has recently stood down as the Queensland Chair of the Australian College of Nurse Practitioners.

Todd Bagshaw

Todd Bagshaw has been a mental health nurse for 20 years working in many settings from acute locked wards to community, acute care and mobile intensive support teams. In 2006 he was the Principal Project Officer of the Mental Health Intervention Project for Queensland Ambulance and developed their training, state wide and local process for the safe resolution of mental health crisis. He managed the change in C/L services as The Prince Charles Hospital evolved from a specialist cardio-thoracic transplant hospital to a general hospital with medical/surgical teams. Todd has a Masters in Mental Health Nursing and in 2011 was awarded the Nursing Excellence Award for services provided to the hospital and district. He has an addiction to bicycles and is not seeking treatment.

ABSTRACTS: ORAL

[1] Wright, C., [1, 2] Rahman, M.A., [2, 3] Baycroft, P., [1, 3,4] Wilson, A., [1,3,4] Newcomb, A. & [1, 2] Worrall-Carter, L.
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1

A Survey Investigating the Smoking Prevalence and Quitting Behaviour in a Cohort of Cardiovascular Prevention Clinic Patients at St Vincent's Hospital, Melbourne.

Background: Smoking is an established risk factor for cancer, cardiovascular and lung disease is associated with an increased risk of complications post operatively and results in increased healthcare costs. A hospital wide smoking audit at St Vincent's Hospital Melbourne in 2012 revealed 19% of patients were current smokers and half of them did not choose any form of counselling for smoking cessation.
Purpose: The objective of this survey was to identify smoking prevalence and quitting behaviours of those cardiac patients attending the Cardiovascular Prevention Clinic following recent hospital admission or who attended for annual review.
Methods: All consenting cardiology or cardiac surgery outpatients were surveyed over a three month period from June – September 2013 using a brief nine item questionnaire including demographic details, smoking history, preferred method of quitting and number of quit attempts.
Results: A total of 124 outpatients were surveyed. Mean age was 66 years; 70% were male. Among the participants surveyed, nine (7%) were current smokers and one hundred and fifteen (89%) had smoked more than ten cigarettes per day for thirty or more years (55%); 78% of them were male. Forty percent of participants had never smoked and 53% were ex-smokers. Of the 7% current smokers, 89% did not want face to face counselling and 44% did not want to quit at all. Furthermore, 33% stated self-motivation would be their preferred quit method. Of the ex-smokers 29% quit less than one year ago, and 71% had quit for more than twelve months. Health issues such as myocardial infarction, coronary angioplasty, cardiac surgery or cancers prompted 45% of ex-smokers to quit. The preferred method of smoking cessation was mainly self-motivation (87%) and family encouragement (28%). Nicotine Replacement Therapy accounted for 20% of successful smoking cessation attempts compared to Non Nicotine Replacement Therapy 6%.
Conclusion: This survey revealed a low prevalence of smoking. Further qualitative interviews on self-motivation for smoking cessation would assist in formulating effective smoking cessation policies for cardiac patients.

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2

Aortic arch dissection and endluminal repair: A case report.

Introduction: Aortic aneurysms can be asymptomatic and undiagnosed for long periods and then rapidly deteriorate once a critical point of disease progression is reached. Mortality of unstable patients with untreated aneurysms has been estimated at 1% per hour for the first 48 hours (1).

Continued 2

Case presentation: Ruth is a 47 year old female who presented to a rural emergency department with 20 minutes of excruciating shoulder blade pain. On admission twelve lead ECG and vital signs were normal. CXR was not taken. Past health history was unremarkable: not on regular medications, stopped smoking at 40 years of age. Family history; mother died at 34yrs of age with sudden onset of chest pain. Even though the chest pain was not relieved with oral opiates she was advised to go home. However, she became clinically unstable with a sharp rise in blood pressure. Thoracic CT scan was performed and was inconclusive. Ruth was admitted to a medical ward for pain relief which was ineffective for five days. A contrast CT revealed a dissecting aortic aneurysm. Management and outcome Ruth was stabilised and intubated for aeromedical retrieval to a tertiary hospital. She was treated with an endoluminal aortic stent and discharged from hospital. Twelve months later, Ruth represented to her GP with similar symptoms, which were attributed to other causes. She again became clinically unstable and was transferred to another tertiary centre for re-stenting and further management. After a long recovery, Ruth has returned to work as an enrolled nurse. Discussion Prolonged diagnosis nearly cost Ruth's ability to respond to treatment for this life threatening illness. With no past history and no known risk factors for aortic disease a contrast CT scan was vital to establish a diagnosis of acute (DeBakey type 1) aortic dissection. This condition carries a one week mortality rate of 50-91% from complications such as aortic rupture, end organ damage and circulatory failure (2) Subsequent re-presentation was not immediately referred for management and resulted in further health deterioration and prolonged hospitalisation.

References 1. Patel, H.J and Deeb, G.M. 2008. Ascending and Arch Aorta: Pathology, Natural History, and Treatment. Circulation. 2008;118:188-195 2. Thrumurthy, S.G. Karthikesalingam, A. Patterson, B.O. Holt P.J.E. and Thompson, M.M. (2012). The diagnosis and management of aortic dissection. BMJ; 344:d8290 doi: 10.1136/bmj.d8290.

[1]Mclachlan, A on behalf of the 20,000 days team.
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3

The Healthy Hearts collaborative: Developing a structured and cohesive service for people admitted to hospital with a diagnosis of heart failure.

Background: Heart failure is a challenging condition to treat and requires a team effort and is most effective if the patient understands the condition and engages in self-care measures that reduce the impact of the condition. However, local audit identified inconsistent implementation of guideline based management, lack of self-management support and insufficient nurse specialist resource to see the patients who needed support most.

Methods: Over the 12 months (6/12-6/13) of a funded initiative- the "20,000 days campaign, we brought together a core team of clinicians and improvement facilitators, the healthy hearts collaborative. Using PDSA cycles involving audit, we reviewed current practice, identified areas where change improvement would be useful and set about implementing change with an overall aim of developing a co-ordinated heart failure patient pathway.

Continued 3

Results: We have successfully implemented: - Access to a hand held echocardiogram to speed up diagnosis uncertainties. - Nurse specialist presence on the ward round which has led to increased patient education time and self-management support - The development of a structured nurse led telephone support process. - The establishment of multiple heart failure nurse/cardiologist up titration clinics. - Pilot of a heart failure exercise group led by physiotherapists and nurses.
Conclusion: We have now implemented a range of evidenced based interventions and continue to develop and expand our "bundle of care". The importance of developing closer integration with primary care is apparent.

[1, 2] Hales, S., [1] Burke, R., [1] Sullivan, A., [2]Gallagher, R. & [1]Tofler, G.
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4

Heart Failure Health Related Quality of Life-6 months apart.

Background: Patients who have heart failure (HF) experience multiple symptoms, which can reduce function, increase disability and impair health related quality of life (HRQL). Few studies examine the impact of gender.
Aims**:** To describe changes in HRQOL over time in HF patients and compare outcomes for gender.
Methods: Participants included patients registered with the Management of Cardiac Function (MACARF) HF specialist nurse home visit program. Health related quality of life specific to HF was measured using the Minnesota Living with Heart Failure Questionnaire by the MACARF nurse at the first routine home visit and by mail at 6 months.
Results: Patients in the sample (n = 50) were aged mean 82.68 years (SD 7.75) and 38% were female, 56% were married and HF functional status was Class III (56%) or Class II (44%). Emotional and total HRQOL did not change over time, however physical HRQL improved by almost 6 points ,ie lower mean score (P = .002) There was an interaction effect between gender and time, so that that at baseline women had worse physical HRQOL and at 6 months worse physical and total HRQOL. Over time men improved more physically (7 vs 3.84, p .04) and in total HRQOL than women (5.78 vs -.27, p .02) (Table 1).

Table 1 HRQL over time compared for gender

HRQOL	Baseline Female		Baseline Male		P level	6 months Female		6 months Male		P level
	mean	SD	mean	SD		mean	SD	mean	SD	
Emotional	8.37	7.28	6.16	6.61	.28	10	7.33	6.71	6.44	.1
Physical	28.42	8.19	23.48	7.66	.036	24.58	12	16.48	11.42	.02
Total	45.89	20.51	37.68	16.58	.12	46.16	23.74	31.9	21.83	.03

Conclusion: Men and women may not benefit equally from HF support programs. This needs to be investigated further. Programs may need to be adapted to suit women's needs.

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5

Evaluation of an exercise based cardiac rehabilitation program using the 6MWT: the effect of age and gender.

Aim: To evaluate the effectiveness of an exercise-based rehabilitation program for cardiac clients using the 6 minute walk test (6MWT) . Purpose The age demographics of the Queensland Gold Coast region has resulted in a relatively large representation of older participants in the cardiac rehabilitation (CR) and heart failure (HF) rehabilitation service offered by Gold Coast Hospital and Health Service. Therefore, the purpose of this study was to identify if increasing age and gender has an effect on exercise training.
Methodology Subjects with complete records (attendance twice weekly in a 4-12 week exercise based CR/HF program with pre and post training 6 minute walk tests) were analysed. Exercise sessions incorporated approximately 40 minutes of aerobic exercise. A total of 959 participants (741 males, 218 females) were classified into 4 groups - percutaneous coronary intervention (453), surgery - predominantly coronary artery bypass grafting and valvular surgery (295), congestive heart failure (92) and other (119). The age distribution within subgroups for both sexes was relatively uniform, mean ages for males being 63.2 years and for females 65.1 years.
Results The mean improvement in 6MWT for all subjects was 20.1%, with a range of 15.3-22.2% for the four subgroups. When considered by six age groups (decades), <40 years to 80+ years (see table), all age groups for both sexes showed a significant improvement in 6MWT, particularly evident in the female 80+ age group. Though an age related decline was observed in the 6MWT distance, older subjects achieved a post training 6MWT distance (metres) similar to a pre training 6MWT result of an age group that was two decades younger.
Conclusion: Regular and sustained exercise training in all age groups and gender produces significant benefits in exercise capacity.

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6

Prevalence, risk factors and causes of cardiovascular disease in the young Australian: a review of the literature.

Background: In 2004/5, thirteen percent of 34 to 44 year olds reported at least one diagnosis of cardiovascular disease (CVD) and 36% of deaths were due to CVD. In 2008, 34% of all deaths were due to CVD; this was reduced to 32% of all deaths in 2010, in Australia. The prevalence of CVD for people under 44 years of age in 2012 was less than 10% compared to 23% for Indigenous Australians. Yet one third (n=760) to one half of young individuals (n=1500) upon autopsy had severe coronary atherosclerosis, showed signs of blood vessel thickening and had visceral fat deposits. Purpose: Despite the decline in the mortality from CVD it still remains the leading cause of death in Australian adults, however, it is not well characterised in young adults. Generally younger people with CVD have multiple risk factors and different risk profiles. Methods: An extensive review of the literature was conducted using the search terms ‘heart disease’, ‘cardiovascular disease’, ‘premature’ and ‘young’. Results: Younger patients are more likely to be smokers, male, obese, have positive family

Continued 6

history, diabetes, non-high density lipoprotein cholesterol concentrations, hypertension, increased plasma levels of C-reactive protein (CRP) or other coronary artery anomalies. Discussion: Risk factors and causes of CVD are varied compared to the older person.
There are limited studies investigating risk profiles and prognosis of young people with CVD.
Conclusion: Screening for CVD in the young may improve outcomes and prognosis.

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7

Spontaneous Coronary Artery Dissection: A differential diagnosis for younger patients presenting with chest pain. A case study.

Background: Spontaneous coronary artery dissection (SCAD) is a rare cause of chest pain and myocardial infarction (MI), The exact epidemiology and prevalence of SCAD is difficult to ascertain but it is observed predominantly in younger women (often in the post-partum period) who do not have established cardiovascular risk factors. Although there are several proposed theories regarding the pathophysiology of SCAD, the literature is not conclusive regarding the disease course and the short and long term management for this patient cohort.
Presentation Aim: To provide an overview of the literature pertaining to the incidence, pathophysiology and management of SCAD. This review was initiated following a clinical case featuring a 44 year old lady who presented to a tertiary hospital after 12+ hours of central chest pain. Initial 12 Lead ECG did not reveal changes to fulfil ST-elevation MI criteria, however widespread ST-segment depression, ongoing chest pain and a raised high-sensitivity Troponin T level resulted in activation of the "Cath Lab code" process and transfer for coronary angiography. The presentation will describe this patient's clinical presentation and progress, and the impact that the diagnosis and management of SCAD has had for this patient.
References: Liang, JJ, Skalski, JH & Mankrad, R (2013), Spontaneous coronary artery dissection: is there a metabolic association? Perfusion, vol 28(5), pp.457-458. Mayo Clinic, 2013, spontaneous coronary artery dissection research, accessed October 10th, 2013 at http://www.mayoclinic.org/spontaneous-coronary-artery-dissection/research.html Tweet, MS, Gulati, R, Aase, LA & Hayes, SN, 2011, Spontaneous coronary artery dissection: a disease specific, social networking community-initiated study, Mayo Clinic Proceedings, vol 86(9), pp.845- 850. Tweet, MS, Hayes, SN, Pitta, SR, Simari, RD, Leman, A, Lennon, RJ, Gersh, BJ, Khambatta, S, Best, PJ, Rihal, CS & Gulati, R, 2012, Clinical features, management, and prognosis of spontaneous coronary artery dissection, Circulation, vol 126,(5), pp.579-88.

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8

Contemporary in-hospital atrial fibrillation: who gets guideline-based therapy?

Introduction: Atrial fibrillation (AF) is common, with a lifetime risk of 1:4 for adults worldwide. AF increases the risk of stroke 5-7 fold, and these strokes are generally severe or fatal. Appropriate treatment with anticoagulant therapy can reduce risk by two-thirds, and is recommended by national and international guidelines.

Methods: We aimed to describe guideline-based therapy in patients admitted with AF by auditing the medical records in all cardiac wards of Northern Sydney Area Health Service from January to June 2013.

Results: 204 patients were admitted to hospital with AF; 50% were male and the mean age was 74.65 years (SD 13.48). More patients were identified as having paroxysmal AF (48%) than permanent AF (33%) or persistent (16%). The majority had a previous history of AF (62%), and some patients had a pacemaker (8%) or implantable cardioverter defibrillator (3%); however, for 19% the diagnosis of AF was new.

The majority had at least one other diagnosis (81%), the most common being respiratory disease (33%), coronary heart disease (29%), HF (25%) and valve disease (17%).

CHADS2 score was mean 2.03 (SD 1.32), with 65% classified as moderate/high risk at score ≥ 2. Of these patients, only 67% were prescribed warfarin. Medication prescription including antithrombotics are below.

Table 1 Medication prescriptions

Characteristic	Number	%
Anticoagulant Medications		
Warfarin	124	61
Clexane	58	28
Pradaxa	7	3
Vit K antagonist	1	5
Antiplatelet Medication		
Aspirin	76	37
Plavix, clopidogrel	30	15

Conclusion: Not all AF patients are receiving guideline-based therapy. Greater attention to this is indicated and may reduce preventable complications of AF.

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The caregiver role in thromboprophylaxis management in atrial fibrillation.

Background: Atrial fibrillation is the most common cardiac arrhythmia and is a risk factor for adverse events including stroke. The majority of people living with AF are older and have multiple conditions, emphasizing the need for support in self and family management. The role of a caregiver in supporting this approach is important but has received scant attention.
Purpose: This review aimed to summarize available information on the caregiver role in atrial fibrillation, specifically in promoting adherence to thromboprophylaxis and strategies to support and enable the caregiver.
Methods: A review of electronic databases and search engines were undertaken including Medline, Scopus and CINAHL. The search terms 'atrial fibrillation' 'anticoagulation' 'carer' 'caregiver' 'family support' were used. Dates searched from Jan 1990 – Nov 2012. Reference lists of retrieved articles were hand searched. Data were included that addressed the role and responsibilities of the caregiver in patients with AF.
Results : There is limited of available evidence that clearly articulates the role of the caregiver in patients with AF. The majority of the literature reviewed included review papers, and work which recommends the inclusion of the caregiver in the care of patients with AF. Seven themes emerged from the review. 1) Models of AF management, 2) The underrepresentation of the caregiver in clinical research, 3) The need for caregiver focused education, 4) The caregiver's role in medication reminders and administration, 5) The caregiver as advocate, 6) The nurse's role in supporting caregiver and, 7) Caregiver burden.
Conclusions: Caregivers have an essential role to play in advocacy; family centred care and shared decision-making around thromboprophylaxis treatment choices and potentially adherence. Assessment of caregiver needs and support should be central to patient assessment and care planning.

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I can't believe it's not just angina: A case presentation of Prinzmetal angina.

Prinzmetal angina is a type of vasospasm, differing from classic angina. A case study will be used to highlight the significance of rapid assessment and treatment in patients with this provisional diagnosis. Prinzmetal angina predominantly occurring at rest, is stereotypically cyclical, inducing ST elevation correlating with the anginal pain which can degenerate into life threatening arrhythmias such as Ventricular Tachycardia or infarction in prolonged spasm. In this case presentation various aspects of Prinzmetal angina will be discussed such as clinical manifestations of the syndrome, Electrocardiographs, pharmaceutical and non-pharmaceutical interventions, clinical findings in echocardiography and angiography, and overall outcomes for a patient with a set diagnosis Prinzmetal angina. A literature review will be used to underpin this.

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11

Stopping Young People Dying Suddenly. What Cardiac Nurses Need to Know About Genetics.

Background: Recent years have seen significant advances in our understanding of the molecular mechanisms behind channelopathies and cardiomyopathies. Nurses and other healthcare professionals have a responsibility to identify those at risk of having such a condition and instigating appropriate follow up.
Purpose: The proposed presentation is a summary of the current state of knowledge in the field of cardiogenetics and its implications for nurses.
Conclusions: Family Histories are an essential tool in risk assessment and differential diagnosis, but need to be performed properly and can be challenging. Pedigrees taken by a trained nurse can be proved to be more successful at identifying patients with a cardiac inherited disease than the routine practise of medical staff. Studies show that 30-50% of unexplained young deaths can be shown to be due to a cardiac inherited disease - when genetic & familial investigations are performed. However more people are being resuscitated than before, so similar investigative protocols are required for survivors. Discussions around sudden death syndromes are commonly associated with significant emotional, psychosocial and cultural factors which need to be navigated with skill. Genetic testing is now available for most conditions, but predicted yields vary hugely. All conditions have a varying amount of uncertain genetic results which require specialised investigations. Guidelines for successful genotyping will be presented. Diagnoses and treatments are becoming more individualised. Left Ventricular Non Compaction was once a feature of cardiomyopathies but is now a diagnosis in its own right. Dealing with such novel diseases is a challenge but opens up research possibilities. Recent studies have shown that there can be important differences within a subtype of Long QT syndrome and this knowledge can now be used to improve treatment of those patients. National clinical databases exist in Australia and New Zealand which aim to improve understanding of these complex genetic conditions.

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Clinical practice guidelines for nurse-administered procedural sedation and analgesia in the cardiac catheterisation laboratory.

Background: In the cardiac catheterisation laboratory setting, recent evidence indicates that nurses are required to administer and monitor sedation in increasingly complex circumstances, often without an anaesthetist present. As nurses' decisions regarding the management of sedated patients have an impact on clinical outcomes, it is important they have access to a professional resource to support their clinical practice and decision-making.
Purpose: The objective of this study was to formulate consensus-derived, evidence-based recommendations for nursing interventions performed for patients who are sedated during procedures in the cardiac catheterisation laboratory.

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Methods: A sequential mixed methods design was utilised. An initial draft of recommendations was developed through a synthesis of findings from the initial exploratory phase of the project, which consisted of an in-depth literature review, a qualitative study and a cross-sectional survey. This draft was revised using a modified Delphi study.
Results: The first Delphi round was completed by nine senior cardiac catheterisation laboratory nurses. All but one of the draft recommendations met the pre-determined cut-off point for inclusion. There were a total of 59 responses to the second round. Consensus was reached on 24 recommendations. The guidelines that were derived from the Delphi study offer twenty four recommendations within six domains of nursing practice: Pre-procedural assessment; Pre-procedural patient and family education; Pre-procedural patient comfort; Intra-procedural patient comfort; Intra-procedural patient assessment and monitoring; and Post-procedural patient assessment and monitoring.
Conclusions: The guidelines presented in this paper will aid nurses to apply evidence in their clinical decision-making regarding procedural sedation and analgesia within the cardiac catheterisation laboratory and also provide institutions with a guide as to the resources nurses require to deliver safe and effective care to adults undergoing procedures within this setting.

THE 2014 ACNC EXECUTIVE

President | **Andy McLachlan** Auckland, New Zealand

Andy is a Nurse Practitioner with prescribing rights and has led the local development of advanced nursing roles in Cardiology for the last 5 years. He has a keen interest in methods to support patient self-management, health literacy, clinical audit, research and nurse led clinics. His aim as President is to establish ACNC as an organisation that represents the views and communicates the needs of cardiovascular nurses across Australasia. To ensure our voices are heard we need to work closely with like-minded organisations, seek out opportunities to influence decision making and find many and novel ways to communicate with our members. If you are not already a member, come and join us.

President Elect | **Maria Sheehan** Sydney, Australia

Maria has been a registered nurse in Cardiac Nursing for 24 years and for 4 of those a nurse practitioner. Maria completed a Masters in Nursing Practice (NP) in 2008. She was part of the working party writing the Heart Failure Model of Care in WA and collaborated in NSW in developing the Guidelines for the Deactivation of ICDs at the End of Life. In WA Maria provided the clinical service in research investigating the use of tele-monitoring in heart failure patients. Maria is passionate about maintaining and improving the role for cardiac nurses in the holistic management of chronic & complex cardiac patients. When Maria is not at work she enjoys being in New Zealand, being active outdoors & riding her Ducati Monster!

Treasurer | **Margaret Lucas** Brisbane, Australia

Margaret is a Nurse Practitioner with the Advanced Heart Failure and Cardiac Transplant Unit at The Prince Charles Hospital in Brisbane. Margaret has been cardiac nursing since 1996 and helped establish the initial Heart Failure Service at The Prince Charles Hospital. In 2003 she was appointed Nurse Co-ordinator of the Advanced Heart Failure Unit and in 2004 selected for the demonstration site for a Heart Failure Nurse Practitioner role. Masters in Nursing, Nurse Practitioner was completed and Margaret was appointed Nurse Practitioner in 2009. Margaret has been a member of ACNC since its inception and has served as Treasurer since 2007. Margaret has undertaken a study monitoring uptake of Fish Oil in heart failure patients and reported on the usefulness of Acetazolamide in those heart failure patients with refractory oedema. Outside interests are golf, travel and her grandchildren.

Secretary | **Natasha Eaton** Brisbane, Australia

Natasha's cardiovascular nursing career began by accident 16 years ago in a busy cardiothoracic surgical ward, and led to an RN job in the CCU of a tertiary hospital. Curiosity got the better of her; ECG courses were attended, books were read and lots of questions were asked. She progressed to a Clinical Nurse role and then jumped in the deep end as Clinical Nurse Teacher of the CCU. This role whets her appetite for education, training and facilitation. Her love of clinical care and the opportunities of education led to her current role as Cardiac Clinical Nurse Consultant. This role has added the challenge of workforce management to the mix and provides the opportunity to wear many hats (often simultaneously!). When she is not nursing Natasha enjoys sweating it out in a cycle class, watching the simplistic life of her chickens, experiencing live music and indulging in wine and cheese.

Secretariat | **Anna Green** Sydney, Australia

Anna has a Bachelor of Social Sciences and a Master of Development Studies. She currently works at the UTS Centre for Cardiovascular and Chronic Care in a number of roles as a research administrative coordinator, research assistant and project manager. Her areas of interest include social research, health and development. Anna has been in the secretariat role for the ACNC for 3 years and ably assists with the administrative duties that support the ACNC executive providing their members with a low cost, high quality annual conference.

Committee Member | **Carolyn Astley** Adelaide, Australia

Carolyn is the Network Development Manager for the SA Cardiac Clinical Network, Senior lecturer, School of Medicine, Flinders University and a director on the board of the Southern Adelaide, Fleurieu, Kangaroo Island Medicare Local (SAFKIML). She has research investigator roles in acute cardiac health services. Carolyn's work in cardiology has spanned more than 20 years ranging from clinical cardiac nursing, a research coordinator in cardiac clinical trials, manager of a Cardiovascular Outcomes research unit and Cardiac Clinical effectiveness manager at the Flinders Medical Centre. She has had previous professional leadership roles as a director on the Cardiac Society (CSANZ) board and inaugural chair of the CSANZ Cardiovascular nurses council.

Committee Member | **Jackie Colgan** Gosford, Australia

Jackie Colgan hails from Birmingham, England, and qualified as a Registered General Nurse in 1991 at Dudley Road Hospital. Jackie has worked in cardiology for several years in various roles including Clinical Nurse Educator and is currently Clinical Nurse Consultant Cardiac Services at Central Coast Local Health District. Jackie has previously been a marker for the Cardiac Nursing Grad Cert at the NSWCN. Jackie is a casual academic at the University of Tasmania. She teaches into the Cardiovascular Nursing subjects.

Committee Member | **Sally Inglis** Sydney, Australia

Dr Sally Inglis, is a Cardiovascular Research Network Life Science Research Fellow, supported by the Heart Foundation and the NSW Office for Medical Research. She is a Senior Research Fellow in the Centre for Cardiovascular and Chronic Care in the Faculty of Health at the University of Technology, Sydney. Sally's research interests include nurse management of chronic heart failure and peripheral arterial disease; remote monitoring using telephone support and telemonitoring and technology-based education for self-management. Her research also examines the epidemiology, management and outcomes of peripheral arterial disease. In 2008-2013 Sally was an NHMRC and Heart Foundation Sidney Sax Overseas Public Health Post-Doctoral Research Fellow and spent two years at the University of Glasgow examining the epidemiology and burden of peripheral arterial disease in Scotland. Sally is a Nurse Fellow of the European Society of Cardiology and a Fellow of the American Heart Association.

Committee Member | **Phillip Newton** Sydney, Australia

Dr Phillip Newton is a Senior Research Fellow at the Centre for Cardiovascular and Chronic Care at the University of Technology, Sydney and has an established record of cardiovascular research. His primary area of research is the development and testing of interventions to improve breathlessness in people with advanced heart failure. Dr Newton currently serves on the Executive Committee of the Cardiovascular Nursing Council of the Cardiac Society of Australia and New Zealand and the Australasian Cardiovascular Nursing Council. He is a member of the Editorial Board of the International Journal of Palliative Care and Contemporary Nurse. He holds a Bachelor of Nursing with First Class Honours and a PhD from the University of Western Sydney. In 2013 he was elected as a Fellow of the American Heart Association.

Committee Member | **Ross Proctor** Sydney, Australia

Ross currently works as Cardiology Clinical Nurse Consultant at Royal North Shore Hospital. He has more than 25 years experience in cardiac nursing in a variety of tertiary hospitals. Ross was employed as Nurse Educator for six years co-ordinating the post grad cardiac nursing course at The Australian College of Nursing. Ross lectures for the ACN, University of Technology, Sydney and Ausmed Conferences and he works with the Australian Resuscitation Council facilitating advanced life support education within New South Wales. Ross is a founding member and past President of the ACNC.

Committee Member | **Sophie Rayner** Sydney, Australia

Picture unavailable at time of printing

Sophie has worked in cardiac nursing for more than 20 years, commencing in Western Australia before moving to Sydney where she has worked as a registered nurse and clinical nurse specialist in Coronary Care before becoming a Nurse Educator in Cardiology. She is currently employed as the Clinical Nurse Consultant for Cardiology at Prince of Wales Hospital, Sydney. Sophie holds a Graduate Certificate in Coronary Care Nursing and a Masters of Clinical Education. She was a founding member and former Vice President of the Cardiac Nurses' Network of Australia and New Zealand. Sophie's special areas of interest include enhancing patient safety, developing guidelines and nursing education.

Committee Member | **Karen Sanders** Melbourne, Australia

Karen is an acute Cardiac Nurse Practitioner at Austin Health. After completing a Coronary Care certificate Karen has consolidated her cardiac nursing experience in various clinical, managerial, educational and project roles at Royal Melbourne Hospital, The Alfred and The Austin. Membership of several nursing and cardiac organisations includes the ACNC since its inaugural meeting in 2007, and committee membership since 2009. Karen is the nursing rep on the ACS subcommittee of the Victorian Department of Health Cardiac Clinical Network and appreciates this opportunity to help improve the delivery of care and outcomes for cardiac patients across Victoria.

Committee Member | **Snezana Stolic** Brisbane, Australia

Snez Stolic is a PhD candidate at Griffith University and lecturer at Queensland University of Technology. These role incorporate clinical research and teaching in the undergraduate nursing degree. Ms Stolic's research focuses on symptom management education for people with Acute Coronary Syndrome, pain management for cardiac surgical patients and medication education strategies for student nurses. Ms Stolic peer reviews for international journals and is a recipient of the Centaur Memorial Scholarship for nurses.

Committee Member | **Jo Wu** Brisbane, Australia

Dr Wu is a nurse academic, member Institute of Health and Biomedical Innovation, QUT, Fellow of the Australian College of Nursing, Honorary Research Fellow with the Mater Medical Research Institute and Royal Brisbane and Women's Hospital. She has over 16 years' clinical working experience in intensive care unit/coronary care units and as a diabetes educator.

Dr Wu has made significant contributions to the field of self-management for cardiac patients with diabetes, incorporating tele-health and testing in different delivery modes. Dr Wu has disseminated findings on several refereed journals, including systematic reviews , and national/international conferences, has been awarded several research grants (approx. AUD 1.5 million). She is a reviewer of referred journals, textbook chapters and grant applications, on Editorial Board of *International Nursing Review* (official Journal of International Council of Nurses, ICN). Jo supervises higher degree research students.

National Heart Foundation Representative |
Karen Uhlmann

Karen has worked for 10 years as a Clinical Nurse in various acute sector areas before specialising in Cardiac Rehabilitation. She coordinated the startup of the Cardiac Rehabilitation program at the Mater Townsville Hospital from 2002- 2005. Karen has been employed at the Heart Foundation since 2006 across a range of roles and since 2011, she has worked in the role as the Clinical Manager for acute sector and broadening the Heart Foundation's engagement across the acute sector, secondary prevention and end stage of care. She is currently involved in the development of the Heart Foundation's Reconciliation Action Plan project and Australian Commission for Safety and Quality in Health Care – ACS National Goal.

Past Presidents

Simon Stewart 2006-09 | **Patricia Davidson** 2009-11 | **Ross Proctor** 2011-13

ACNC Awards & Scholarships

In 2011 The ACNC instituated an awards and scholarship program. We are very proud of the calibre of Cardiovascular Nurses throughout Australia and New Zealand applying for the Travel Scholarships (TS), as well as those being nominated/self-nominating for the Clincial Excellance Awards (CEA). A huge congratulations for those who have received these.

We know there are many more of you out there and The ACNC executive encourages you to take time to visit our new website, where you will find all you need to know about eligibility and the requirements for application submission. It is a simplier process now, and can be be submitted on-line.

Visit www.acnc.net.au and look for the Membership tab >> Awards & Scholarships.

The ACNC executive allocate up to five travel scholarships per year to assist you attending the annual scientific meeeting, and one clinical excellence award for a nurse who shows consistent excellence in the clinical area. There are some requirements and you will find the website clearly outlines these – they are not onerous and if you are unsure if you can apply once you have browsed the page, we welcome your contact. Go to the website Contact Us page and send a message to the ACNC Secretary.

Come visit, think about an application and let YOUR College, The ACNC, recognise and support you!

ACNC 2013 Awards & Scholarship Recipients

2013 Auckland Conference - Working Together

Clinical Excellence Awards

As 2013 was the inaugural New Zealand conference, we decided to celebrate the occasion by awarding two worthy recipients, one each from both sides of the pond!

- **Carol Whitfield** (Sydney, Australia).
- **Roma Gurung** (Auckland, New Zealand)

Travel Scholarships

- **Meg Ryan** (Melbourne, Australia)
- **Anne Sullivan** (Sydney, Australia)
- **Bridget Lindsay** (New Plymouth, New Zealand)

Congratulations!

WHO ARE THE ACNC?

The Australasian Cardiovascular Nursing College supports the vital role of cardiovascular nurses within Australasia. The ACNC is committed to equip and advance nursing practice, education and research.

We welcome and value collaboration with other health professionals as we strive to improve outcomes for cardiovascular patients across the spectrum of home to hospital.

The annual Australasian Cardiovascular Nursing College scientific meeting is produced entirely by the voluntary work of your executive committee. In order to bring you a professional, inspiring and informative meeting at a cost that is not prohibitive, we do not engage event management companies.

We hope you take the opportunity to meet new people while you are networking with those you already know. The executive sincerely wish you enjoy the conference and above all have a great time. Please approach any one of us if you have any queries, we are a friendly bunch!

Mission Statement | Leading nurses in cardiovascular care.

Vision Statement | To be the leading cardiovascular nursing college throughout Australasia.

The ACNC is committed to collaborating and promoting the advancement of cardiovascular nursing practice, research and education. Our passion is cardiovascular nursing. We aim to ensure cardiovascular nurses in Australasia are at the peak of their practice in all locations, from remote to metropolitan and within any across the spectrum of practice including home, clinics or hospitals.

We embrace the continuum of cardiovascular nursing and like-minded professionals. We aim to set the standards for cardiovascular nursing by championing research into practice and providing an open, supportive and collegial environment to foster, support and promote all cardiovascular nurses.

ACNC Affiliations & Associations

- Member of the **Coalition of National Nursing Organisations**
- Reciprocal benefits by affiliation with the **Australian College of Nursing**
- Affiliation with **College of Nurses Aotearoa** (NZ) Incorporated
- Affiliation with **Cardiac Nurses Council –** a nursing council within the CSANZ

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