

# Heart Support Australia NATIONAL NEWSLETTER



ISSUE 2

JUNE 2010

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ph: 02 6249 8877 fax: 02 6247 9707

ONGOING SUPPORT—We are with you from start to finish.  
PERSONALISED APPROACH—We are there for you because we have been there ourselves  
RURAL FOCUS—We bring advanced cardiac support to rural communities

## National Office News

### NEW ADDRESS HS-A National Office

36 Constitution  
Ave  
Canberra City  
ACT 2601  
Ph:  
02 6249 8877  
Fax:  
02 6247 9707

HS-A AGM will  
be held in  
CANBERRA  
23/24 October  
2010

RSVP and  
Accommodation  
forms will be  
sent to each  
branch in early  
July.

We hope most  
branches can  
send a delegate  
to allow open  
dialogue and  
give feedback to  
the Board and  
National Office  
on future direc-  
tions or current  
issues.

Hello everyone and wel-  
come to the June edition  
of the National Newslet-  
ter.

In April we moved the  
National Office to the  
Civic Olympic Pool which  
is in the heart of the city  
and adjacent to Common-  
wealth Park and the lake.  
Our new location is a  
beautiful oasis with a 50  
metre heated indoor pool,  
a gym and even a beach  
volleyball area.

All mail has been for-  
warded for the next six  
months as are the tele-  
phone lines.

The new address is

Heart Support Australia  
36 Constitution Avenue  
Canberra City ACT  
2601.

Phone: 02 6249 8877

Fax: 02 6247 9707

I would like to invite all  
members of branches to  
come and visit the new  
premises if they find  
themselves in the Bush  
Capital.

Speaking of the visiting,  
now is the time to turn  
our minds to the National  
AGM. It is being held in  
Canberra on the 23rd and

24th of October 2010.

The conference/  
AGM will be held at  
Rydges Lakeside which is  
situated in the city next to  
the lake and in walking  
distance to many of Can-  
berra's attractions.

Rydges is offering accom-  
modation deals of \$139  
per night (retail rate  
\$275.00) and the confer-  
ence and Saturday Eve-  
ning meal will all be  
hosted in the venue.  
Please consider a fundrais-  
ing event for airfares and  
accommodation costs. I  
am seeking sponsorship to  
keep costs to a minimum  
and hopefully entice repre-  
sentation from each  
branch.

The Annual Report is  
another area where I  
would like to engage every  
branch. Please provide a  
paragraph and relevant  
photo for inclusion in the  
report. It is always great  
to see how other branches  
are operating and gives us  
all valuable information  
for present and future  
members of HSA. If you  
could include items that  
your branch has donated,  
monies raised or any other  
awareness raising activities  
that would be great.

It's coming round to the  
end of another financial  
year and branches must  
submit their end of year  
financials to National Of-  
fice by early August for  
the Auditor to sign off.

The financial forms will be  
available on the website to  
be printed and emailed  
back to National Office to  
martine@heartnet.org.au.  
If you are visiting the web-  
site and can think of any  
improvements or links to  
be added please send these  
through via the feedback  
button on the home page.

I hope everyone is keeping  
up with their exercise in  
the colder months. The  
local shopping mall is a  
great place to get your 30  
minutes, and is very eco-  
nomical if you go before  
the shops actually open,  
**and there's a cup of coffee**  
around every corner.

Our new location is the  
perfect spot for lunchtime  
walking groups for work-  
ers and I hope to promote  
HS-A by raising our pro-  
file and getting the atten-  
tion of politicians and  
government departments  
who can influence policy  
and our future.  
Martine

## President's Report

HS-A commenced life as the Australian Cardiac Society in September 1986 and subsequently changed its name to the current Heart Support Australia. I think my comments related to the history of the organisation are relatively accurate as they are based on my previous discussions with people like one of the founders Max Nancarrow and others who knew the organisation since it was founded. I believe that the history of HS-A has not been written.

The founders recognised that there was a need for support for people post their heart and vascular surgery. At those times post operative professional care and counselling in the hospitals was pretty much non-existent and patients were sent home with a list of do's and don'ts. It was then left to the local GP's to provide any support services and they really did not have the time etc to perform this role. The HS-A founders set up the organisation which very importantly recognised not only the needs of the patient but their carers and family. In those days most major heart surgery patients went into early retirement or on a government pension following their operation. There was some level of support in the major capital city hospitals but relatively none in provincial cities, towns and rural areas.

The membership base came from (as it largely still does today) HS-A people going into the main Heart operating hospitals and talking to people who had just had their major heart operation. That is right where our mission of "Support Information and Encouragement" comes from. These visits to the major city hospitals produced HS-A members in country and suburban Australia who then set up HS-A branches in their region. Subsequent to this, HS-A, as a condition of its federal funding, was required to collect and collate information as to the number of patients contacted etc

and we are still required to do this as justification for the government funding. Nothing in this report is suggesting that this function and funding should change, rather it needs to be enhanced.

Today things have changed dramatically. Operations are different, time in hospitals has reduced significantly, stenting is used and hospitals have fantastic information and support documentation. All major Hospitals have fabulous induction and pre and post operation counselling, exercise and physiotherapy. The whole process is now predicated on getting patients back to a quality life and back to work if under retirement age.

When I first got involved in HS-A 10 years ago, there were 66 Branches with a few of them starting to have problems. Currently the number of branches has fallen to about 50% of that number and I believe that we have some more likely to close which could mean that we are on a path to losing our "critical mass". We must acknowledge that the organisation is, in the nicest terms, "dying out". We simply do not fit with what is really happening out there and I know that we as Directors have a duty to fix it.

I have only just recently seen the August 2006 PRIA Student Challenge Entry from the University of Canberra on our organisation and I commend it to the board as it really did identify what we are now seeing. I still think that it is not too late but time is starting to run against us. We must take action now.

I believe that the alternatives that I am suggesting below are the only ones in a macro sense that are available to us. I really do need all of the input of all of the Directors and I am so sure of this that if we do nothing else at this meeting, we must resolve a way forward within the constitution and the regula-

tions. We are a carer organisation and our mission says it all but we are now out of date. As I have just said, the heart and vascular surgery technology has raced ahead as has the information technology and the internet etc. As there are many younger people having heart and vascular procedures these days, cardiologists are being run off their feet and the hospitals are having problems coping with pre and post operative "support, information and encouragement". Communications and information technology changes have and continue to be huge and it has left our organisation and its members well behind.

In my opinion, we have now got the best opportunity ever to fulfil our stated goals and mission. All we need is the desire and the funding to achieve this. We need to restructure to really use today's technology to help the GP's, Cardiologists and Vascular specialists and other related health professionals to know who we are, what we stand for and what we can and are prepared to do. We will then be able to use such fabulous things as our Self Lifestyle Management DVD and other material that we have and can create to enhance what we can provide and use. We will set up a very user friendly web site with appropriate links to the GP's and cardiologists and their professional organisations as well as our sponsors. We will set up a type of facebook/chatroom portal where existing and new members and the public will be able to share the process of rehabilitation, support, information and encouragement to the benefit of everyone. We will be able to monitor all of this data and give Government a manyfold increase and improvement of the data that we can provide and there will not be any privacy issues.

## President's Report

Once this catches on, and it should do so very quickly with the younger people who have had a heart event, we will have a site that will attract other sponsors and certainly the media. We will be able to offer this new category of members, as well as the existing member base, access to the experiences of people like us over the internet. If we do it well, we will possibly be able to on sell our technology to other organisations in Australia and internationally and that will mean a lot to our Government sources of funding. We all know that there is nothing more special than to be able to communicate with someone who has been there before.

I commend this concept and process to the Board and in so doing I am confident that with your contributions and support, we can put HS-A "back on the map" and have it at a professionally respected level that will give HS-A the position in caring for heart patients and their carers that it so rightfully deserves.

Since the endorsement of the above report by the Board, I have been working towards a further

report to the Board as to how we get from where we are to where we want to go. I should receive a report/quote from an appropriate IT specialist group next week and that, together with my other research will enable me to report

further to the Board. We will keep you informed of progress.



Peter McIntyre - National President

## BRANCH RETRAINING 2010

BRANCHES MUST UPDATE THEIR HHSS TRAINING EVERY **TWO YEARS. NOW IT'S TIME TO THINK OF RETRAINING** BRANCH MEMBERS OR TRAINING NEW MEMBERS TO BE HHSS REPRESENTATIVES. PLEASE EMAIL MARTINE at [martine@heartnet.org.au](mailto:martine@heartnet.org.au) TO ORDER MANUALS AND TRAINING MATERIALS.

## Emailing: GST, Financials, Branch updates

Every quarter we send out these forms in order to ensure that we are up to date on branch information. We would instead like to email them to branches to be amended and returned via email. If you require that **your branch's data be sent in hard copy** to the Branch for updating please let us know. All branches without a current email address will be sent hard copies.

This is to address the issue of unnecessary postage between head office and the branches saving us all precious funds.

GST claim forms should be forwarded every quarter with the quarterly financials and those of you who have undertaken the Branch Procedures Course during the training will understand the reasons for this. You can not send in GST claims after the end of the financial year. Although individually these GST amounts may not seem like much, over a year, they do add up and become additional income for the branch. These and quarterly financial forms will be available to be downloaded from the website and will also be emailed to the branches in future.

There will be a number of standard forms available on the website so make sure you have a look at [www.heartnet.org.au](http://www.heartnet.org.au). We will hopefully be delivering the newsletter to as many people as we can electronically as well as having access to it on the website.

Make sure you email your address to [martine@heartnet.org.au](mailto:martine@heartnet.org.au) to be included on the email list.



## Hs-a Bankstown 10th anniversary dinner

Central Sydney Branch of HS-A recently celebrated its 10th anniversary with a dinner at Concord RSI Club, which kindly donates a room for the branch's weekly exercise group, and for its meetings.

Guests included the branch Patron, Professor Andrew Sindone, head of cardiology at Concord Hospital, who gave a brief summation of the enormous strides taken in heart medicine over the past 10 years. However, heart disease still outnumbered all the cancer cases in Australia, he warned.

Associate Professor Janice Gullick was also a guest, with her husband Antony. The branch works closely with Janice to decide which equip-

ment is most needed by the cardiac and rehab departments .....and how much money we need to raise.

Two people who have helped enormously with fund-raising in the past year were also guests as a way of thanking them for their efforts: author and historian Greg Blaxell, who ran two Parramatta River cruises with proceeds to Heart Support, and auctioneer Kevin and his wife Rae, who raise thousands with their fun auctions for charities. Both are eager to do more for the branch in the future.

President Grahame Barter pointed out two of the original members are still members of the branch: vice president John Pomroy, the original

president, and Bobby Tan, who has served as treasurer and vice president over the years.

The President of HS-A, Peter McIntyre, sent a message of congratulations to the branch.



Associate Professor Janice Gullick, partner Anthony with Graham and Pam Barter

## What is Atrial Fibrillation?

The human heart has two upper chambers and two lower chambers. The upper chambers are called the *left atrium* and the *right atrium* - the plural of *atrium* is *atria*. The two lower chambers are the *left ventricle* and the *right ventricle*. When the two upper chambers - the atria - contract at an excessively high rate, and in an irregular way, the patient has atrial fibrillation.

The term atrial fibrillation comes from the Latin words *atrium*, meaning "hall", *fibrilla*, meaning "small fiber", and *atio*, meaning "process".

According to Medilexicon's [medical dictionary](#), atrial fibrillation is "*fibrillation in which the normal rhythmic contractions of the cardiac atria are replaced by rapid irregular twitchings of the muscular wall; the ventricles respond irregularly to the dysrhythmic bombardment from the atria.*"

### The most common type of arrhythmia

Atrial fibrillation is the most common arrhythmia - problems with the speed or rhythm of the heartbeat. Arrhythmias are caused by a disorder in the heart's electrical system.

### How does arrhythmia occur?

The walls of the atria and ventricles are made of virtually 100% pure muscle. A heartbeat is caused by the tightening of these muscles. When the muscles tighten the chambers squeeze closed and push out the blood which is inside them.

Heartbeat control begins with the sinoatrial node - a small clump of muscle cells located in the right atrium. This is the heart's natural pacemaker; it sends electrical im-

pulses to the atrioventricular node which exists between the atria and ventricles. The atrioventricular node determines how much the ventricles contract. Our pulse rate is caused by the contraction of the left ventricle.

When the atrioventricular node receives too many impulses - more than it is able to conduct - atrial fibrillation occurs. The result is irregular contractions of the ventricles. That is why a patient with atrial fibrillation has an irregular and high pulse rate.

Put simply - during atrial fibrillation the contractions of the two upper chambers of the heart are not synchronized with the contractions of the two lower chambers. Atrial fibrillation is a rapid and irregular heart rate. It frequently causes poor blood flow to the body.