Messages from Headquarters

Letter from the Editors

"Improvement begins with I." — Arnold H. Glasow

Tracy Herrewig, MS, RCEP, FAACVPR
Steven Lichtman, EdD, FAACVPR

"Without continual growth and progress, such words as improvement, achievement, and success have no meaning."  
— Benjamin Franklin

Careful readers of News & Views might have noticed a trend over the past several years, that this editorial would start and end with a clever, relevant, or sometimes inspiring quote. It was often a challenge to find the most appropriate quotes for a particular editorial theme—until now. The focus for this editorial is "Improvement," specifically professional improvement via the new AACVPR Professional Certification process. We found there were a tremendous number of quotes related to improvement—so many, in fact, that we decided to share these throughout the article.

"Excellent firms don't believe in excellence—only in constant improvement and constant change."  
— Tom Peters

AACVPR Professional Certification for cardiac rehabilitation (pulmonary rehabilitation certification to follow in the future) is based on a central Mission and several Premises.

The Mission:
To provide a valid and uniform process to ensure minimal, yet high level, knowledge and skills are acquired by cardiac rehabilitation professionals to insure provision of high quality care.
Your Destination for FREE Nutrition Educational Materials

Help your patients learn about foods with soluble fiber, ways to boost their soluble fiber intake, and how soluble fiber from beta glucan may help reduce cholesterol with the General Mills Bell Institute of Health and Nutrition’s new Get Heart Healthy with Soluble Fiber video, available to view on our website.

Use this video as a companion to our other free Heart Health Nutrition Education Materials like the popular Destination! Heart Healthy Eating booklet – which is tailored for one-on-one counseling to help your patients achieve healthy blood cholesterol, lower blood pressure and improve their overall diets.

Another great resource, The Road to a Healthy Heart & Healthy Family/El Camino Hacia un Corazón y una Familia Saludables, is meant for use with your Hispanic patients.

Help your patients get soluble fiber with Cheerios® cereal and order your free coupon tear pads today!

The Premises:

- No certification process exists for health care practitioners from the multiple disciplines that comprise cardiac rehabilitation services.
- There is no current process to ensure minimal professional standards for individuals in these fields.
- AACVPR is the only professional organization solely devoted to the fields of cardiac and pulmonary rehabilitation and thus is the most appropriate agency to award professional certification in these fields.

As a result, AACVPR has developed the following Vision for Professional Certification:

- To have all health care practitioners working in cardiac and pulmonary rehabilitation obtain and maintain AACVPR Professional Certification throughout their careers.
- To have employers recognize AACVPR Professional Certification as an essential credential for evaluating competency of potential and current employees working in cardiac and pulmonary rehabilitation.

“The improvement of understanding is for two ends: first, our own increase of knowledge; secondly, to enable us to deliver that knowledge to others.”

John Locke

The primary Purpose of AACVPR Professional Certification is to disseminate knowledge to all practitioners in cardiac rehabilitation, including, but not limited to, Medical Directors, Program Directors, staff, and consultants (including nutritionists, behavior specialists, etc). This will result in the safest and highest level of quality care to our patients.

To fulfill this Purpose, AACVPR is preparing a Professional Certification Preparation Study Guide. The Guide will consist of chapters addressing each major area upon which the Professional Certification exam will be based, complete with references for additional readings and sample questions. Although the primary function is for certification preparation, the Guide will also serve as a valuable resource for all professionals in cardiac rehabilitation, whether preparing to obtain Professional Certification, seeking to improve one’s level of competence, or simply to complement other current AACVPR publications that also exist to enhance knowledge and skills in our field. Both the questions on the exam and the material in the Guide are based on domains of knowledge in 10 areas encompassing the skills and abilities that professionals in cardiac rehabilitation need to master. This information is contained in a “blueprint” outlining these areas, and is accessible here.

The Guide is scheduled to be released in early May, providing ample preparation time for those planning to sit for the exam in September. Complementary to the Guide, the AACVPR Guidelines for Cardiac Rehabilitation and Secondary Prevention Programs 5th Edition is currently available and a valuable resource for exam preparation. Finally, the AACVPR Cardiac Rehabilitation Resource Manual can serve as an additional beneficial resource.

“I have a tremendous desire to learn, and to grow, and to develop whatever I have that will make for any kind of improvement in me.”

— Lawrence Welk

President’s Message

Reflect Back to Move Forward

Barbra Fagan, MS, RCEP, FAACVPR

“Life is a series of collisions with the future; it is not the sum of what we have been, but what we yearn to be.”

— Jose Ortega Gasset

As the holidays have come and gone and we have turned the page into a new year, I look back as well as look forward. Reflection allows us to look back, to connect the dots, and to be mindful of what we have learned. Our journey and experiences, both individual and collectively, are the building blocks for future growth. Benjamin Franklin said that without continual growth and progress, such words as improvement, achievement, and success have no meaning. This is true for us as individuals as well as organizationally.
This past year, we learned that through dedication, hard work, and persistence we can achieve greatness and that success is within our reach. As you are all aware, on Nov. 21, 2013, CMS announced the decision to include heart failure patients who have an ejection fraction of 35% or less as well as New York Heart Association (NYHA) class II-IV symptoms despite being on optimal heart failure therapy for at least six weeks. This proposed coverage policy will become effective in 2014, although an exact date has not yet been released.

Looking forward, AACVPR has planned a fantastic educational opportunity preceding Day on the Hill. Dr. Steven Keteyian, Dr. Randy Thomas, Nancy Houston-Miller, and Karen Lui will present and discuss pertinent heart failure-specific clinical, physiological, educational, and billing considerations for cardiac rehabilitation program(s). Click here to register for the program. For those attending the workshop, this is wonderful opportunity to participate in Day on the Hill and have your voice heard! It is an experience you will not forget.

AACVPR remains strategic in its quest for organizational excellence. Under the leadership of President Anne Gavic, a three-year strategic plan was developed, approved by the board, and recently shared with membership. With emerging and critical issues such as healthcare reform, payment delivery models, and our role in prevention, four primary goals make up the foundation of this strategic plan. These goals include Education, Innovation, Viability, and Membership, and they will serve as the focal point for the work and resource utilization of our organization. This "look back" has created the road map to move forward.

The Cardiac Rehab Certified Professional (CCRP) certification, which was once a vision more than two years ago, will become reality in a less than nine months. Under the guidance and leadership of Steven Lichtman, the board approved this exciting initiative. Led by Karen Lui and surrounded by a team of committed AACVPR members, this vision will soon be a standard for all to aspire. Indeed, this has taken a village, and I extend recognition and appreciation to the following individuals:

**Task force members:** Anne Gavic, Larry Hamm, Kathy Berra, John Porcari, Jody Hereford, Barbara Fagan, Bonnie Anderson, Gerene Bauldoff, Adam de Jong, Glenn Feltz, and Steven Lichtman.

**Job Task Analysis (JTA)** was conducted by Chris Schumann, Aaron Harding, Carl King, Larry Hamm, Kent Eichenauer, Zach Klint, and Pat Comoss.

**Item writers include:** Mark Lui, Deb Moore, Patricia Knisley, Daylynn Badenhop, Jan Foresman, Adam de Jong, and Kent Eichenauer.

Additional groups of volunteers will participate in the item writing review followed by the rollout of the exam by the Certification Commission, which includes Marion Harris-Barter, Anne Gavic, Adam de Jong, Kent Eichenauer, and Bonnie Anderson.

This certification will demonstrate excellence in our field. Continued learning and continued growth becomes rewarded with achievement of certification.

Together, we aspire and achieve, and it has been three years since the inception of our first Joint Affiliates. Looking back, Michigan and Ohio had the courage and vision to look forward. Today, New York and Nebraska have partnered with AACVPR, sharing benefits of resources, experience, and knowledge, together building stronger organizations. Each state Joint Affiliate has seen increased membership every year since inception. We are strong when standing alone; we are mighty when standing together. Will your state Affiliate be next?

Reflecting back on the extraordinary leaders who have walked before us, we must look forward to our future. Leadership development and succession planning assures our future is strong. AACVPR is committed to the guiding principal of lifelong learning and will be hosting an Affiliate Leadership Forum later this year. I invite you to read Megan Cohen’s Executive Director’s article to learn more about this exciting and educational two-day event.

Reflect back to move forward. Take your own introspective inquiry: reflect back on what you have done, goals accomplished, and service to others. What have you learned, where is there opportunity, what is your strategic plan?

**Executive Director’s Corner**

Are You Answering the Call?
Megan Cohen, MPA, CAE

I recently received a copy of a book titled “Leadership’s Calling.” It’s a great collection of timeless observations and insights from history’s greatest thinkers, all on the topic of leadership. I think it’s the title of the book that intrigues me most, because it reminds me of the ongoing debate about leadership. Are true leaders born, or do everyday people become great leaders because of the experiences in their life? Nature or nurture? It’s actually an ongoing debate I have with the gentleman who gave me this book. Regardless of our differing opinions, we both believe wholeheartedly that leadership is invited and can only be given willingly by others. It’s something we all need to work hard at inspiring.

AACVPR understands the importance of leadership and is planning ahead to grow its future leaders. On June 7 and 8, 2014, AACVPR will hold an Affiliate Leadership Forum in Chicago, IL. The Forum is designed as a two-day networking, idea sharing, and learning event. It is intended to target the challenges affiliate leaders face and the skills they need to overcome them. Each affiliate is encouraged to send their current President or President-Elect to represent their organization. Additional affiliate members may also attend for a nominal fee.

The agenda for this meeting is shaping up to be fantastic. Our keynote speaker is one of my favorites. Her name is Risa Mish, and she is a member of the faculty at Cornell’s Samuel Curtis Johnson Graduate School of Management. Risa’s teaching focuses on team leadership, individual leadership development, and critical thinking for business leaders. Her speech for the Forum is titled “Persuasion and Influence.” I’ve heard Risa speak several times, and for those of you who are able to attend, you are in for quite a treat. Other sections of the meeting agenda will focus on strategic planning, succession planning, best practice presentations, and a legislative update from our Washington lobbyists.

There will also be ample opportunity for attendees to interact, share best practices and get to know one another. The AACVPR Executive Committee will also actively participate and bring feedback about the challenges and opportunities our Affiliates are facing back to the AACVPR Board of Directors.

Stay tuned for more information on this exciting event. If you have questions, please email Membership Coordinator [Jonah Gorski](mailto:). The Forum is being supported, in part, by Health Diagnostic Laboratory.

**Save the Date**

**PARTNERS IN PREVENTION LEADERS IN CARE**

**29th Annual Meeting**

September 4-6, 2014

Denver, Colorado

**Pre-meeting Events**

September 3, 2014

Denver, Colorado

**AACVPR 29th Annual Meeting**

Get Your Foot in the Door: Present Your Student Research at the AACVPR 29th Annual Meeting
The AACVPR Annual Meeting gathers nearly 1,000 leaders who are changing the face of cardiac and pulmonary rehabilitation. Present your research alongside them this September 3-6, 2014 at the AACVPR 29th Annual Meeting in Denver, Colorado.

Submit your abstract for a chance to present at the Annual Meeting, get published in the Journal of Cardiopulmonary Rehabilitation and Prevention (JCRP), and enter to win the Beginning Investigator Award with a $200 cash prize.

Don’t miss this opportunity to jump start your career. Submit your research by February 21, 2014.

---

**Member Resources**

**AACVPR & UW-La Crosse Collaboration**

**Comprehensive Cardiac Rehabilitation Workshop**

April 28-May 1, 2014

AACVPR and the La Crosse Exercise and Health Program at the University of Wisconsin–La Crosse (UWL) are joining together to offer a Comprehensive Cardiac Rehabilitation workshop. This workshop is considered essential for anyone who is new to cardiac rehabilitation or who needs an up-to-date refresher on current trends in the field.

The Comprehensive Cardiac Rehabilitation Workshop will not only focus on the basics, but will provide an up-to-date overview of the theory and practice of inpatient and outpatient cardiac rehabilitation. There will be a strong emphasis on exercise physiology, exercise prescription, administrative concerns and secondary prevention strategies.

This workshop provides approximately 25 CEUs. Click [here](#) for more information about course content, registration and housing options.

AACVPR and Affiliate Society members receive a $25 discount!

**Update on AACVPR Liaison Activity**

*Thomas Draper, MBA, FAACVPR, Chair, Professional Liaison Committee*

Part of the focus of the Professional Liaison Committee (PLC) is to utilize connections and resources to quickly respond to news and/or changes in our professional practice. Because of the great work done by Dr. Marjorie King and colleagues over the past 6+ years, the committee is now designed to connect with professional organizations, quickly partner with them, and to spread the word about AACVPR and cardiac and pulmonary rehabilitation.

One such partnership resulted in the recently distributed Heart Failure and Cardiac Rehabilitation FAQs. The American College of Cardiovascular Administrators (ACCA) has been a liaison to AACVPR for several years and when the CMS decision about Heart Failure
coverage was announced by AACVPR, ACCA sought out its partners to help spread the word about this great accomplishment and the upcoming impact on cardiac rehabilitation programs. ACCA partners with the Advisory Board Company for educational programming, consulting and communication strategies and when the news came out about heart failure coverage ACCA leadership connected AACVPR leadership with the Advisory Board Company. Through collaborative discussions the Advisory Board Company decided to interview AACVPR leaders and write an article that would be distributed to more than 4,100 hospitals. As a result of their interviews with Dr. Randal Thomas and Karen Lui, the Heart Failure and Cardiac Rehabilitation FAQs were developed. These will not only benefit AACVPR members but also will be sent to cardiovascular service line and hospital leadership in programs across the country. This further spreads the word about the great work done by AACVPR and cardiac rehab programs across the country, and ultimately helps those patients with heart failure eligible for cardiac rehabilitation. The PLC would like to offer their appreciation to Randy and Karen for their time spent providing this invaluable resource.

Another example of a great partnership is the PLC nutrition and behavioral subgroup. This PLC subgroup, led by Kent Eichenauer, has been hard at work identifying educational, patient/staff resource, and awareness opportunities with its liaisons. The dietitians in this subgroup have been active in developing and nurturing a new relationship with the Sports, Cardiovascular, and Wellness Nutrition (SCAN) special interest group of the Academy of Nutrition and Dietetics (AND). The exciting liaison activities they are working on include making available webinars that are of mutual interest to members of both organizations and creating a document that informs our members of available nutrition screening tools to allow us to make the right decision for our programs when selecting a tool. We hope these efforts will benefit all of our members as we care for our patients.

Inside the Industry

Nutritional Aspects of Rehabilitation

Alisa Krizan, MS, RD, LD, FAACVPR

Will your cardiac rehabilitation (CR) program be prepared to provide Medical Nutrition Therapy (MNT) for the new patients soon to be referred to your program with Heart Failure (HF)? On November 21, 2013, the Centers for Medicare and Medicaid Services (CMS) proposed that Medicare coverage be expanded to cover CR for patients with HF. CMS was accepting public comments on the proposed decision until December 21, 2013. CR programs are expected to grow significantly with the influx of new HF patients. The nutritional needs of the HF patient should be assessed by a registered dietitian before determining the optimal MNT recommendations. MNT for heart failure focuses on the control of signs and symptoms associated with the diagnosis while maintaining optimal nutritional status. Components of nutrition therapy include sodium and fluid restriction, correction of nutrient deficiencies, and education on diet.

A registered dietitian will complete a nutritional analysis with the patient, spouse, and/or caregiver using motivational interviewing and gather information based on the following parameters:

1. Nutrition history: usual food intake, frequency and choices of restaurants/meals, use of convenience/processed foods, calcium, magnesium, potassium from food or supplements, alcohol, and caffeine intake;
2. Weight history: usual body weight (UBW), weight loss if necessary, desired body weight, and rationale;
3. Confirm supplement use (types/amounts): vitamins, minerals, nutritional supplement use (fish oil, omega 3 fatty acid, salt substitutes, ginseng, and ephedra);
4. Psychosocial/economic issues: family issues, independent living arrangements or not, daily living skills, restaurant use, fixed income or financial issues, eating away from home, depression, anxiety, and/or eating disorders, and tobacco use, if present;
5. Learning barriers (including readiness to learn): Indicate if specific barriers pertinent to current MNT session are present.

Following the patient interview, the registered dietician will establish the final nutrition parameters and interventional goals for the patient with heart failure that will include the
following:

1. Calories: to achieve and maintain desired weight;
2. Specific nutrients:
   a. Protein: if no increase or limitation needed 15 to 20% of estimated caloric intake;
   b. Fat: approximately 30% with emphasis on monounsaturated fats, avoiding trans fatty acids and saturated fats;
   c. Carbohydrate: approximately 50-60% of calories with emphasis on complex carbohydrates;
   d. Fiber: 20-35 grams daily from a variety of sources with emphasis on soluble fiber unless otherwise contraindicated;
   e. Sodium and fluids: Research indicates the MNT needs for sodium restriction for patients with heart failure is inconsistent and range from 2000 mg/day (~90 mEq) to as much as 3000 mg/day (~130 mEq). In practice, sodium and fluid restriction is intuitive and based upon lowering intake from customary to a level that adequately controls symptoms and fluid retention while on conservative diuretic therapy. There have been small prospective studies that have shown that strict ≤1800 mg sodium, with or without fluid restriction, may compromise cardio-renal function. The current Medical Nutrition Therapy recommendations for the heart failure diet is 90 mEq sodium (2000 mg) and 2000 ml fluid;
   f. Alcohol: prefer none;
   g. Caffeine: less than 400 mg caffeine per day (2-4 cups of drip method coffee or equivalent).
3. Foods to emphasize: fresh vegetables (frozen or canned without salt), fresh fruit (frozen or canned no sugar added), whole grains, non- or low-fat dairy products, legumes, beans, lean meat, poultry, and fish.
4. Foods/components to limit/avoid: limit processed foods with added sodium (i.e., avoid frozen meals with > 600 mg sodium/meal), limit calories and fat, if needed, for weight loss and other comorbidity.
5. The patient should complete self-monitoring through the use of food record and daily body weight recording.

If your cardiac rehab program does not have a registered dietitian, you can find one specializing in cardiovascular wellness through the Academy of Nutrition and Dietetics (AND) dietetic practice group, Sports, Cardiovascular and Nutrition (SCAN) by clicking here.

Pulmonary Point of View

Dyspnea Crisis: Assessment and Palliative Management Statement from the American Thoracic Society (ATS)

Gerene Bauldoff, PhD, RN, FAACVPR

An important statement that describes the assessment and palliative management of dyspnea crisis was published in October, 2013 in the *Annals of the American Thoracic Society.*¹ As with other major pulmonary management-related statements, several AACVPR members were part of the workgroup, including DorAnne Donesky, Trina Limberg, and Andy Ries.

This statement focuses on assessment techniques and management recommendations for dyspnea crisis. To utilize this information fully, a definition of “dyspnea crisis” has been provided: “Dyspnea crisis is the sustained and severe resting breathing discomfort that occurs in patients with advanced, often life limiting illness and overwhelms the patient and caregivers’ ability to achieve symptom relief.” (Mularski, et al., 2013, p. S99).

The workgroup clarifies that dyspnea crisis commonly has an acute onset with several contributing factors: acute worsening of dyspnea leading to heightened patient response (such as fear and distress) which overwhelms underprepared caregivers. This expanded clarification recognizes that dyspnea is often part of a symptom cluster that can include depression and anxiety.

Assessment of dyspnea crisis focuses on the patient experience but also includes the caregiver experience and reaction to acute dyspnea episodes. Also discussed are the ethical and professional considerations when managing dyspnea crisis, emphasizing that therapy should be guided by and be tailored to the patient preferences. Communication across the health care team is highlighted, with the development of a dyspnea management...
plan as an important tool to address key therapeutic options.

One dyspnea management plan is the “COMFORT” plan. COMFORT is a mnemonic that includes key considerations. This COMFORT plan can be customized to the prescribing provider and care team’s plan of treatment.

C: Call for help (Use a calming voice and approach with patients and caregivers)
O: Observe closely (Assess dyspnea to determine ways to respond to the patient)
M: Medications to be tried (Recommendations from prescribing providers for opioid or other pharmacological alternatives)
F: Fan to face (May decrease shortness of breath)
O: Oxygen therapy (As prescribed, has been previously found to be useful)
R: Reassure and use Relaxation techniques
T: Timing interventions to reduce dyspnea (Consider what can be used together, reassess effect and repeat as indicated)

Education regarding dyspnea crisis is multi-pronged in approach, including the patient, family and caregivers, as well as healthcare providers. Specifically suggested is inclusion of “panic” experiences when teaching symptom management, pulmonary rehabilitation simulation development to provide a safe practice environment for patients and families and dissemination of the written information about simple interventions to use during dyspnea crisis that can include both pharmacologic and non-pharmacologic approaches. The statement concludes with a discussion of directions of future research.

Why is this important to the PR professional?
The ATS Dyspnea Crisis statement is the first published recommendations for the patient-centered assessment and management of the acute dyspnea experience. This information is critical for inclusion in PR education on symptom management. This article is an essential document for all PR programs. The statement is copyrighted by the American Thoracic Society. If your program has access to an academic or medical library that has a subscription to the ATS journals, you can obtain the article through your subscription service.

If you do not have access to the American Thoracic Society journals, the ATS Dyspnea Crisis Statement is available for purchase online here.

Reference:

JCRP

Journal of Cardiopulmonary Rehabilitation and Prevention
Highlights

Larry F. Hamm, PhD, MAACVPR, FACSM, JCRP Editor-In-Chief

To Get to the Journal of Cardiopulmonary Rehabilitation and Prevention:

From the AACVPR Web page, click publications and follow the directions.

Also, find JCRP online.

Check out the Published Ahead of Print section for new articles, which have not yet been published in the print version of JCRP

What’s Coming in JCRP

March-April 2014 Issue

This issue includes a review entitled “Gender-Associated Differences in Pulmonary
Rehabilitation Outcomes in People with COPD” as well as articles on a variety of topics in the Cardiac Rehabilitation, Cardiovascular Surgery, and Pulmonary Rehabilitation sections by authors from Canada, Italy, United Kingdom, and the USA.

SCIENTIFIC REVIEW

Gender-Associated Differences in Pulmonary Rehabilitation Outcomes in People with COPD - Robles et al. (CANADA)

CARDIAC REHABILITATION

Greater Improvement in Cardiorespiratory Fitness Using Higher Intensity Interval Training in the Standard Cardiac Rehabilitation Setting – Keteyian et al. (UNITED STATES)

Examining the Steps Per Day Trajectories of Cardiac Rehabilitation Patients: A Latent Class Growth Analysis Perspective – Blanchard et al. (CANADA)

Cardiac Rehabilitation Enrollment among Referred Patients: Patient and Organizational Factors - Turk-Adawi et al. (UNITED STATES)

CARDIOVASCULAR SURGERY

Gender Differences in Illness Behavior after Cardiac Surgery – Castiglioni et al. (ITALY)

Health-Related Quality of Life Outcomes in Coronary Artery Bypass Surgery Patients and Partners - Macken et al. (UNITED STATES)

BRIEF REPORT

Prevalence and Predictors of Depression and Anxiety among Survivors of Myocardial Infarction Due to Spontaneous Coronary Artery Dissection - Liang et al. (UNITED STATES)

PULMONARY REHABILITATION

Relationship Between Strength, Function and QOL in Older Adults with Chronic Lung Disease: Is There an Influence of Gender? - Benton et al. (UNITED STATES)

BRIEF REPORT

Exercise Capacity and Physical Activity in Patients with Chronic Obstructive Pulmonary Disease (COPD) and Healthy Subjects Classified as MRC Dyspnea Scale Grade 2: Is There a Difference? - Johnson-Warrington et al. (UNITED KINGDOM)
will not only help AACVPR know the total number of programs, it will also help identify the total number of professionals and what types of professionals are in all rehabilitation programs. In addition, it will help understand how extensive the cardiac and pulmonary rehabilitation network is and how far our offerings reach. Tracking the number of cardiac and pulmonary rehabilitation programs that are opening and closing can also be instrumental in helping our current and future legislative efforts.

The Membership & Affiliate Relations Committee is also very excited to announce the return of the “Affiliate Leadership Forum”. In June, affiliate leaders from all over the country will meet and network in Chicago. To learn more about the Affiliate Leadership Forum, please read Megan Cohen’s Executive Director’s Corner article above.

The “Innovation Award” has returned! The competition will begin at the affiliate level and there will be state winners from each affiliate that participates. Once affiliate winners are chosen, then the Innovation Award subcommittee will choose the national winner. The winner of the award will present at the Affiliate Presidents’ Luncheon at the 2014 Annual Meeting in Denver, as well as receive $1,000 for their program. We are looking for programs that have used the resources from their cardiac and pulmonary rehabilitation programs in an innovative way to provide new and unique services to their patients – you can view what past winners have done on the AACVPR Web site. The application is also available on the AACVPR Web site and through your local affiliates.

Lastly, the committee would like to introduce new leadership. Dean Diersing has been appointed to the new Vice Chairperson role. Dean has served on the Membership and Affiliate Relations Committee as well as the Website Committee. He has also been a Board member for the Texas affiliate, including serving as president. In this new role, Dean will serve as the point person for the “Finding the N” project and be mentored to take over the chairperson role in two years. I am very excited to work with Dean in this leadership role.

Thank you to everyone for their hard work on all of these projects. We are looking forward to the coming years and all of the things that this committee will continue to work on as a part of the strategic plan.

Affiliate Reports

Arizona Society for Cardiac and Pulmonary Rehabilitation Update

Kristen Nichols, EP, ASCVPR President

I am happy to report that there is much happening within the Arizona Society for Cardiac and Pulmonary Rehabilitation (ASCVPR)!

Last year’s 20th Annual ASCVPR Conference included keynote speakers Robert Scales, PhD, who spoke on Motivational Interviewing; Robert Vogel, MD and Bob Franceschelli, who spoke on Pritikin Intensive Cardiac Rehab; Paul Fenster, MD, who spoke on Management Considerations for Patients with Stable Ischemic Heart Disease; and Sid Anghadi, Ph.D, who shared his most recent research on Exercise for the Management of Diastolic Dysfunction. This year’s conference will be May 3, 2014, at the Mayo Clinic in Scottsdale. We will welcome back Sid Anghadi, PhD, along with many other Mayo physicians and cardiopulmonary professionals. Please see our website or Facebook page for more up to date information on how to register for the event.

I am proud to mention our state society members who are currently volunteering at the national level. At last year’s Annual AACVPR Conference in Nashville, TN, Holly Bright, MA, RCEP, CES, served as a speaker in the session, "The Total Artificial Heart Patient: Building the Bridge from Implant to Transplant.” Nancy Edling-Brown was nominated and selected to join AACVPR’s Program Certification/Recertification Committee. Congratulations to both of them, and thank you for the ongoing service of our members, Carolyn Wagner, RN, BSN, and Janelle McCloskey, MS, CES, RCEP, who serve on the Membership and Affiliate Relations Committee, and to Holly Bright who serves on the Reimbursement Committee.

In our continued support for Day on the Hill, ASCVPR will be sending two representatives, Holly Bright and Julie Jackson, to participate and advocate at both the CHF seminar and meetings with Arizona State Congressmen on March 13-14, 2014.

Our state society is also participating in AACVPR’s national initiative, “Finding the N,” where we are in the process of collecting data for each of the cardiac and/or pulmonary rehabilitation facilities in Arizona. The data will help us to have a better grasp on the total number of programs in our state and the potential for society membership at both the state
and national levels. The information will also benefit our legislative endeavors, increasing or potential to reach our congressmen.

**Connecticut Society of Cardiac Rehabilitation Update**

*Debra Kovach RN, BSN, CCRN, CSCR President*

Eunice Lisk, past president of the Connecticut Society for Cardiac Rehabilitation (CSCR), has initiated a statewide effort to get the news out about CHF coverage. There is a work group assembled to prepare for this and to also discuss preparation for heart failure participants, increased volume, and networking across the continuum of care. Eunice has contacted Dr. Simon Flynn of the CT Chapter of the American College of Cardiology about our statewide effort to get the news out about CHF coverage.

The CSCR Symposium, scheduled for September 25, 2014, will be focused on heart failure.

**Calendar of Events/Education**

**AACVPR Webcasts**

**February 2014**

Friday, February 14, 2014, 12:00 p.m. CT. **AACVPR Registries: Putting Your Registry Data to Work.** Presented by: Mark Vitcenda, MS, RCEP, FAACVPR and Michael McNamara, MS, FAACVPR. Attendees earn 1.0 AACVPR or Nursing Continuing Education Credit.

Learn about updates to the AACVPR registry projects and how to put the data entered into the registry to work in driving patient care and quality improvement projects. A discussion of the recent improvements to the registries will be followed by a brief review of QI planning and an example of mining data from the registry.

[Learn more and register.]

**March 2014**

Monday, March 24, 2014, 12:00 p.m. CT. **Hospital Re-admission as a Quality Indicator: Opportunity for Cardiac Rehabilitation.** Presented by: Randal Thomas, MD, FAACVPR. Attendees earn 1.0 AACVPR or Nursing Continuing Education Credit.

More information coming soon. [Register today.]

**April 2014**

Thursday, April 24, 2014, 12:00 p.m. CT. **Individual Treatment Plan: Answers to the Top 10 Questions.** Presented by: Bonnie Anderson, MS & Gayla Oakley, RN, FAACVPR. Attendees earn 1.0 AACVPR or Nursing Continuing Education Credit.

More information coming soon. [Register today.]

These AACVPR Webcasts are free to AACVPR EducationAdvantage members (registration required to obtain CE). To learn more about the EducationAdvantage membership, please [click here.]

Do you have something interesting for publication? Please let us know! News & Views welcomes letters in good taste on any topic. All letters must be submitted with the writer’s
name (anonymous letters will not be published). Submissions are limited to one per writer per issue and may be edited to meet space requirements.

AACVPR National Office Contact Information

Please continue to send your questions and comments to AACVPR News & Views via aacvpr@aacvpr.org. Don’t hesitate to suggest how AACVPR News & Views can continue to provide you access to information about our profession and AACVPR.

AACVPR Administrative Staff
Megan Cohen, Executive Director
Abigail Lynn, Operations Manager
Jessica Eustice, Development Manager
Jonah Gorski, Membership Coordinator
Lauren Forest, Senior Operations Associate

Education & Learning Services:
Robb Rabito
Megan Laatsch
Tara Smith

Event Services
Sara Haukap
Shannon Baily

Exhibit Sales
Hallie Jaeger

Marketing & Communications
Victoria Crews-Anderson
Nicole Lewis
Ashley Anderson

News & Views
Kelly Rehan

Accounting Services
Alexia Malamis

Information Technology
Rodney Stiegman

Certification Services
Kate Murph
Kullan Buckrop

Registry Services
Mollie Corbett

Corporate
David Schmahl, Senior V.P., Healthcare and Scientific Industry Practice

330 N Wabash Ave, Suite 2000
Chicago, IL 60611
Telephone: 312-321-5146
Fax: 312-673-6924
E-mail: aacvpr@aacvpr.org
Web site: www.aacvpr.org
© Copyright 2014 AACVPR