In this issue....

1. Presidents Corner

3. Mechanical Circulatory Devices

4. Role of Dietician in Cardiac Rehab

6. Quinoa Salad Recipe

7. Nominations for Award of Excellence

8. Health Promotion Grant

2017 Board of Directors upcoming meetings:

January 24, 2017

Everyone is welcome to attend these meetings!

Presidents Corner

I hope this message finds you well. Happy Fall, Happy Halloween, and Happy Thanksgiving to you. This is a wonderful time of year - a time full of change.

It has been a busy fall - both personally and professionally. At the Board of Directors level, our September meeting was a very busy one. We met with directors of AACVPR to discuss ways to strengthen our Joint Affiliate relationship. The discussion with AACVPR was vital to the growth of our organization as there were many concerns that you, the members of the state of Wisconsin, voiced to me either by email, in-person, or by survey that we sent out. It was very apparent that this transition to Joint Affiliate had some unanswered questions. WISCPHR’s Board of Directors are busy working on many initiatives including a new website, a comprehensive set of policies and procedures for the organization, educational opportunities, EP licensure, and more. I hope you were able to see the Joint Affiliate marketing video that Lisa Michaels-Bilgrien and I developed with the help of AACVPR as it highlights the benefits of membership along with some added incentives. As a reminder, all are always welcome to attend these board meetings. For more information, visit the WISCPHR webpage or contact me using the information listed at the bottom of this letter.

I have also been busy in my personal life - family gatherings, weddings, getting the house ready for winter, and a 3-month old keep things very interesting! The change I see in that little guy is inspiring and incredible. As I watch him grow, I am amazed at the things that I am now investing in to take care of him that I never thought I would be buying - bottles, swings, bouncers, bumbos, podsters, bottle warmers, wipes, and brushes of all shapes. And then there’s the bundles of different blankets - swaddle blankets, muslin blankets, car seat blankets, activity blankets! Blankets, blankets, blankets! Though these are all material items, it reminds me that there is so much that goes into taking care of this youngster (starting to sound like a birth control speech now, eh?!).

“...
The WISCPR Newsletter is dedicated to the dissemination of information to assist WISCPR members in patient care and professional growth. It is published five times a year for the education and benefit of its members. We encourage members to submit articles to the Newsletter by contacting the editor.

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One blanket will not suffice; just like one bottle will not suffice. The same could not be truer in our world of cardiopulmonary rehabilitation. One provider, one discipline, one piece of exercise equipment, one intervention- we are experts with the knowledge that this will not suffice for our patients. Thus, we have to constantly be looking at what opportunities to provide our patients.

I recently read about an art professor named Dr. Sam Van Aken at Syracuse University who ventured outside of his comfort zone for a one-of-a-kind art project. He learned about the field of horticulture in an attempt to develop something no one had ever seen before—a tree comprised of 40 different varieties of fruit. This impressive piece of art has taken nearly a decade to grow and takes a tremendous amount of time and effort to understand, tend to, and learn from. This tree truly is a work of art (see the image to the right or Google “Tree of 40 Fruit”) as it has such fruit on it as peaches, plums, apricots, nectarines, and cherries. It has tremendous teaching potential as it opens the doors to genetic engineering, biodiversity, and humankind’s interaction with nature. To think, all of those varieties cohabitating to create such a beautiful piece of art and nature. Our programs are not much different- think of the varieties of clinicians in our field. The pieces of equipment that we use daily. The services that our programs and facilities offer. We are already an incredible “tree of 40 varieties” are we not?

Recently, within our own small program at Upland Hills Health, we implemented a new process to have a Registered Dietician spend hours in our program. This was a great opportunity to provide nutrition services to all of our participants. However, during the process of getting her permanently in our program, we quickly discovered that our reimbursement was nowhere near what we had anticipated. With this knowledge in hand, I implore you to look at your current programming and opportunities for growth of your program. For our program, this meant even more changes; but change is good- for the good of our patients, we have to continually add to and modify our services and programs. Innovation doesn’t begin with the wheel—it begins with the thought to create the wheel. How can we make our programs unique? Better? More valuable?

As we head into bundled payments— a scary concept that we have heard about for years— Are you keeping in mind your bundles of “blankets”: your program, your state society. How can both be better?

Share your innovative thoughts with me, your region, and co-workers. Reach out to me with your thoughts, comments or concerns or just to say hi. MaerzL@uplandhillshealth.org; phone: w.608-930-7160, c.608-628-2526, f.608-930-7253.
Mechanical Circulatory Devices: A brief review for cardiac rehab programs

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Implantation of a Mechanical Circulatory Device (MCD), formerly known as Ventricular Assist Device (VAD, LVAD, RVAD), is a well-established therapy for some heart failure patients. A MCD is a mechanical pump that functions to assist the heart when it is not able to pump enough blood. MCDs are primarily used to partially replace the function of a failing heart. Depending on the MCD settings and the overall heart’s ability to contract, some patients may be totally supported by the MCD. The Food and Drug Administration recognizes three goals of MCD therapy: bridge to transplant, bridge to recovery, and destination therapy. In order for a patient to qualify for bridge to transplant, he/she must be on the transplant list.

The indications for MCD implantation include cardiogenic shock, myocardial infarction, inability to wean from heart-lung bypass following surgery, class III or IV heart failure with failed medical therapy, refractory atrial and/or ventricular arrhythmias, and cardiomyopathy (ischemic, dilated, familial, valvular, chemotherapy induced, viral, and postpartum). Lack of social support, renal failure, liver failure, lack of patient’s ability to follow medical regimen, untreated metastatic cancer are all contraindications to receive a MCD. The most common complications following MCD implantation are stroke, bleeding in general, gastrointestinal bleeding, infection, and kidney failure.

Outpatient cardiac rehab (CR) is recommended following MCD implantation. Usually, CR is covered for these patients using a heart failure diagnosis. Some patients also receive a valve repair at the time of MCD implantation; therefore, the valve repair diagnosis could be used for CR as well. (This would avoid the need to wait 6 weeks after MCD implantation when using a heart failure diagnosis for Medicare patients.)

In 2015, Kerrigan et al (1) published a study examining the effects of 6 weeks of a CR program on functional capacity and health status in patients with newly implanted MCDs. Researchers found that CR was well tolerated and associated with improved exercise tolerance. Patients randomized to the CR group showed an average 14.4 point increase in Kansas City Cardiomyopathy Questionnaire (KCCQ) score. The subcomponents of the KCCQ that were most significantly improved were physical limitations, symptom frequency, symptom burden, social limitations, and quality of life.

The goals for MCD patients during CR include improved endurance and muscle strength, and weight loss (when appropriate). Bridge to transplant patients are more likely to be activated on the transplant list if they have an uncomplicated surgical recovery, a BMI less than 35, good diabetic control, good nutritional status (with pre-albumin >20), improved functional capacity, and control of other comorbidities; CR programs can assist with these goals as well.

Initially, many patients tolerate seated exercise modalities better due to poor leg strength and higher fall risk. During the initial post-op period (6 weeks), the patient should adhere to sternal precautions, not lift more than 10 pounds, limit bending at the waist more than 90 degrees, and refrain from leg press, bench press, and exercises/activities above the shoulders. From 7-12 weeks post-op, the patient can begin exercises above the head if tolerated, but they should not lift more than 20 pounds. Patients are always advised to limit bending at the waist to avoid compromising the driveline. Monitoring of MCD patients’ mean arterial pressure (MAP) should be measured pre/post exercise at each cardiac rehab session. MAP is generally measured with a Doppler since auscultation is not feasible for most patients. (The first sound heard using a Doppler is the MAP.)

CR programs should monitor the following symptoms:

Angina
Fatigue
Increase in shortness of breath
Incisional pain
Less exercise tolerance between visit

Oxygen saturation <89%
Arrhythmias
ICD firings
Lightheadedness/dizziness
Increase in edema
Signs of infection
Pain with movement
MAP>85 or <60 mmHg

Patients with MCDs cannot have chest compressions. First responders can provide ventilation, medications, and defibrillation, however. If the MCD alarms, contact the MCD coordinator immediately.

Preventative care across the life span, especially in the aging population, can play a crucial role in reducing health care costs and improving productivity. More importantly, programs such as cardiac rehabilitation not only decrease the risk of hospital readmission, but also improve quality of life and prosperity. Evidence continues to grow demonstrating the effectiveness of cardiac rehab programs at reducing mortality rates and risk of myocardial infarction.

Once focused solely on exercise, cardiac rehab programs have evolved to include several different ancillaries such as diabetes nurse educators, psychologists, and the focal point of this article, dietitians.

Adequate nutrition can be as influential as exercise and medication for heart disease prevention and management. While the dietitian plays a valuable role in guiding the patient to make heart-healthy food choices, cardiac rehab provides a unique environment that offers many opportunities for follow-up and many levels of engagement that do not normally occur in the inpatient setting.

In addition to providing more opportunities for education and follow-up, the outpatient environment, specifically cardiac rehab, is a more appropriate time for education when patients are more receptive and less overwhelmed than when in the hospital. More recently, hospitals are reducing length of stay and shifting teaching to the outpatient setting even though diet education is not reimbursed in the clinic setting (except for diabetes education). Because of this and the fact that hospital inpatient nutrition education has been reduced over the years, St. Mary’s Madison has begun the process of restructuring hospital resources to shift more towards the outpatient setting. Beginning in March 2016, St. Mary’s Madison instituted a registered dietitian (RD) to the cardiac rehab program. As part of the multidisciplinary team, the RD collaborates with the exercise physiologists and nurse to meet the patients’ needs. Although not all programs use the combination of group and individual care, SMH cardiac rehab program now allows a patient to use one of their approved sessions for an individual nutrition consult with the dietitian to address diet and lifestyle.

Since cardiac rehab is based on individual treatment plans, each program’s curriculum will be distinct which allows for flexible formats. No matter which type of format a program uses, optimal nutrition care seems to require a three-pronged approach of assessment, counseling, and follow-up. An initial dietary assessment is a crucial step to assessing baseline eating patterns.

At St. Mary’s Hospital-Madison, the dietitian completes a comprehensive nutritional analysis by utilizing a three-day food record, the Rate Your Plate survey, as well as checking BMI, labs, lipid profiles and medications. Each participant is then scheduled for a one-on-one session which allows the RD to provide nutrition education as well as instruct on how to implement specific information into practical use. Family members are encouraged to accompany the patient to their appointment, especially if someone other than the patient is responsible for grocery shopping and food preparation.

In addition to individual counseling, the dietitian coaches, works with, and continues to educate patients while they are on the exercise floor. In my experience, it is amazing what patients are able to talk about and willing to talk about during exercise. The majority of time spent on the exercise floor is used to discuss progress and build upon each dose of information, answer questions, address media controversies, and provide encouragement. It is often during these conversations that the dietitian is most able to build trust and rapport, and be a counselor who connects on more levels than just nutrition. With that trust, advice is seen as not just noise but as constructive input to better their wellbeing. The RD also holds an open door policy so patients know they are welcome to stop in and ask questions.

(continued)
Additional responsibilities of the RD include:

- Assist patients with nutrition-focused goal setting
- Create customized meal plans tailored to the individual’s wellness goals, lifestyle, and taste preferences
- Provide weekly recipes and nutrition handouts
- Provide monthly nutrition education classes utilizing visual aids such as food models to enhance learning and engagement (Nutrition Mythbusters, Dining Out the Healthy Way, Healthy Eating for the Holidays, etc.)
- Provide monthly food demonstrations and food samplings with supplemental nutrition education materials, often highlighting heart-healthy foods unfamiliar to our patients

It is universally understood if a food doesn’t taste good people won’t eat it, no matter how healthy it is. The food demonstrations and samplings have been successful at introducing patients to heart-healthy foods as well as getting patients out of their food comfort zones. Examples of what has been sampled include quinoa salad (which was a huge hit!), chocolate avocado mousse, Greek yogurt-based chicken salad, and breakfast muesli. These samplings demonstrate to patients that food can be healthy and delicious! Plus, patients are always more eager to participate and learn when food is involved. 😊

Through the different avenues of education, the main objective of the nutrition portion of the program has been to not only make the content interesting and engaging, but to also make it essential. Essential information is found by asking “What is the specific knowledge a patient must have to make successful behavioral change?” For example, can patients identify which foods contain saturated fat? Most patients can tell you they are not supposed to eat saturated fat, but many are unable to tell you how to make specific choices to decrease it or that saturated fat is more important than their cholesterol intake. We emphasize less on which foods they can’t have and more on which foods they can have, and how they can prepare those foods. Dietitians are educators who can uniquely provide this information.

As cardiac rehab programs continue to progress, it remains the multidisciplinary team’s responsibility to meet the needs of each individual patient. A dietitian’s expertise enhances cardiac rehab on many different levels from continued patient engagement to nutrition education and dietary behavior coaching. If your program is interested in the addition of a dietitian, it is important to develop a plan that not only includes reimbursement considerations, but is also realistic and progressive. For example nutrition education may start at a low level of only providing group education classes and progresses as the level of involvement increases over time. As St. Mary’s Madison Cardiac Rehab continues to advance, we recognize the importance to collaborate across all roles of our team as well as engaging other groups within the hospital for complete patient care. The role of the dietician in cardiac rehab enhances the program’s holistic care and contributes directly to the goal of decreasing hospital readmission and improving patients’ quality of life.

Quinoa Salad Recipe

Ingredients:
1 1/2 cups uncooked quinoa
1 small cucumber, diced or sliced
12 cherry tomatoes, sliced in half
1/4 cup crumbled feta cheese, optional
15 oz cooked garbanzo beans, drained
2 tablespoons balsamic vinegar
1/4 cup olive oil
1 clove garlic, minced
1/4 tsp salt, kosher or sea
1 tsp fresh chopped oregano
Black pepper
Fresh salad greens

Directions:
1. Cook quinoa according to package directions. Quinoa should be tender with a slight bite. After cooking, allow to cool for this recipe.
2. Mix olive oil, vinegar, garlic, salt, pepper and oregano vigorously until combined.
3. To serve, toss all ingredients with the vinaigrette and serve over the greens.
NOMINATIONS FOR THE 2016 AWARD OF EXCELLENCE

Do you know someone who has made a difference in WISCPhR, and who has advanced the field of cardiac and/or pulmonary health and rehabilitation in Wisconsin?

The Award of Excellence is given in recognition of outstanding contribution by an individual in the field of cardiac and/or pulmonary health and rehabilitation. This award is intended to identify an individual who is motivated to improve the lives of patients and their families as well as the practice of cardiac and/or pulmonary rehabilitation. This is an individual who leads by example and who is a role model for professionals as well as patients.

Award Criteria:

Required:
- Actively working in the field of cardiac and/or pulmonary rehabilitation
- Involved at the regional and state level
  - Is currently or has been a member of the WISCPhR Board of Directors (elected officer or Regional Rep)
  - Is currently or has served on or chaired at least one WISCPhR committee
  - Is currently or has served/lead various WISCPhR projects such as Day on the Hill, legislative/reimbursement projects, etc.

Preferred:
- Currently or was recently involved in AACVPR (committee, task force or other project) or other professional organizations that have a similar mission as WISCPhR (ACSM, PCNA, WI Cardiovascular Health Alliance, ALA, AHA, AARC)
- An example of professional leadership through involvement in administrative, political or community pursuits that further the mission and goals of WISCPhR and cardiac or pulmonary rehabilitation


*A committee of past award winners will review all nominations to select this year’s Award of Excellence winner.

The award is presented each year at the WISCPhR annual meeting. This year, the award will be presented on April 7th and 8th, 2017 at the Olympia Resort in Oconomowoc, WI.

If you know of a person who should be recognized, please send an email to Heidi Grafft before January 15th, 2017. Please identify this person and give a brief statement of why you think this person deserves this recognition. If you have questions, please contact Heidi at: 608-392-2589 or email grafft.heidi@mayo.edu

*Updated: 6/16/16, 11/8/16
Health Promotion and Education Grants

Did you know that the Health Promotion and Education Committee can assist WISCPHR members and their programs in promoting primary and secondary prevention efforts in heart, vascular, and pulmonary disease?

Wisconsin cardiovascular and pulmonary rehabilitation programs are invited to apply for grants to help provide funding for educational projects. Grants will be awarded for projects that promote, enhance, and influence professional and public information about cardiovascular and pulmonary diseases at the local level. The WISCPHR Regions are also encouraged to apply for Education Grants to offset professional educational costs.

In the past, Edgerton Hospital applied for a grant for their program Ladies Night Out. This program offered health education in a social setting. They provided the Warning Signs handout from the WISCPHR website and talked about signs and symptoms of heart disease. They provided information on mitral valve prolapse, with an echo demo DVD showing an actual leaking valve. They also offered educational materials on smoking cessation and sleep apnea. They taught compression only CPR with a handout to take with. They also provided diagnostic testing to screen participants at the event. They served approximately 400 women! They are using the grant money to help offset the printing cost of their education materials.

Another previous grant was awarded to Ascension-All Saints for their Healthy Hearts from the Start Program. This program provides each new baby born within the month of February with a care kit. The kit includes fast and easy heart healthy recipes, information about healthy nutrition for mom and baby, information on breast feeding and heart disease and information on raising a healthy and active child. The kit also includes a red hat that was knit or crocheted by cardiac rehab patients, staff or family members. The grant money was used to help offset the printing cost of the education materials.

Each grant is limited to $150 per project. Programs will not be awarded more than $150 per calendar year even if applying for multiple grants during the year. Regional Education Grants will not exceed $150 per region per year.

Programs looking for funding of patient education programs should complete the application by using either the newly available online submission form or a printable form available for download titled "Educational Grant Application" form from the WISCPHR website Health Promotion tab.

Applications and questions about the grants can be sent to Megan Justman at Megan.Justman@ascension.org or fax 262-687-8013.
Help! Our program is missing!
If your cardiac or pulmonary rehab program is not listed in the WISCPHR website Program Directory, or if the information needs updating, contact Kelly Shields at Kelly.Shields@ministryhealth.org. She’ll fix it!

Wisconsin- Excellence in AACVPR Program Certification
Certification applications are available on the AACVPR website that will provide all the guidance you need to get a head-start on gathering the necessary information. NOW is the time to prepare your information, complete your staff competency training, collect the outcomes data, and tweak your ITP! If you have questions, please contact Bonnie Anderson, AACVPR BOD Liaison for Program Certification at banderson@vmh.org or Kim Beyer, AACVPR Chair of Program Certification at kbeyer@columbus-stmarys.org

New in 2016-Join WISCPHR Joint Affiliate Membership
By becoming a WISCPHR Joint Affiliate Member, you get the best of both worlds: AACVPR EducationAdvantage Membership at the Professional Membership rate and WISCPHR membership all in one! With Joint Affiliate Membership, members receive all of the benefits EducationAdvantage and Professional Memberships offer (value of $650) and pay yearly dues of $215. Membership is based on the fiscal year (7/1-6/30). WISCPHR newsletters are distributed 5 times/year and are emailed only or can be found on the WISCPHR web site. Here’s how to join-Go to www.aacvpr.org or our web site at www.wiscphr.wisc.edu!

PLEASE NOTE: All individuals no longer will Join/Renew their membership on the WISCPHR website. Please click on the AACVPR logo, located on the WISCPHR homepage, to Renew your membership as a WISCPHR joint affiliate member. If you are joining AACVPR and/or WISCPHR for the first time or have any questions about this change, please contact Karel Ochs at kochs@affinityhealth.org or Lisa Michaels-Bilgrien at lisa.michaels-bilgrien@forthc.com with WISCPHR, or Andrew Miller at amiller@aacvpr.org at the AACVPR Executive Office.

New Member
- Click on “Become a Member”
- Fill out the New Member Registration information
- At the bottom of the page click on —“Register WISCPHR Account”
- At the top of the WISCPHR homepage click on—“AACVPR logo”
- Click on “Join” and follow the directions for account creation (*If you have a pre-existing AACVPR non-member account, please log in using that account. Don’t remember the username/password? Contact aacvpr@aacvpr.org to have it reset)
- Select the “Joint Affiliate Membership” type and follow the directions for dues remittance.
- For additional questions or concerns please contact Karel Ochs at kochs@affinityhealth.org or Lisa Michaels-Bilgrien at lisa.michaels-bilgrien@forthc.com with WISCPHR, or Andrew Miller at amiller@aacvpr.org at the AACVPR Executive Office.

Current Member or “Used-to-be” Member
- Log in (if you don’t remember your User Name and/or Password, follow the directions to obtain that information)
- Click on “Renew/Register Account” tab along the left side
- Verify your account information is accurate; edit as needed by going to the—“My Account” tab
- At the top of the WISCPHR homepage click on—“AACVPR logo”
- Click on “Login” and access your account (*If you have a pre-existing AACVPR non-member account, please log in using that account. Don’t remember the username/password? Contact aacvpr@aacvpr.org to have it reset)
- Click on “My Profile” and follow the directions for dues remittance.
- For additional questions or concerns please contact Karel Ochs at kochs@affinityhealth.org or Lisa Michaels-Bilgrien at lisa.michaels-bilgrien@forthc.com with WISCPHR, or Andrew Miller at amiller@aacvpr.org at the AACVPR Executive Office.