A Message From Your President

We hope you've had a great start to 2013 and enjoyed celebrating Cardiac & Pulmonary Rehab weeks with your patients, staff, community, and medical community. The TACVPR Board of Directors is excited about 2013 and the direction that the TACVPR is headed! Thank you for your dedication to the TACVPR through membership. Without you, we are not where we are today. In my unbiased opinion, professional memberships are critical to your professional and clinical success.

“Rome was not built in a day.” - Unknown. We as cardiac and pulmonary rehab professionals greatly value what we do. We always want to be the best we can for our patients. If you are like me, and I am sure you are, you are constantly looking at ways to improve the service you deliver. This year’s conference theme directly applies to these goals: “Building on the Best... Practices and Principals for your Program.” We are very excited about this year’s faculty and topics. We feel you will be loaded with take home messages that can be immediately applied to your daily work. From the Pre-Conference workshop delivered by the Cooper Institute to the closing remarks we know you will find value in our agenda! I encourage you to register now and make plans to join us in a few weeks if you have not done so already. (Remember: Now is the time to recruit others and earn a FREE membership or conference registration through the recruit-a-pal program (RAP), for more information, www.tacvpr.org/recruit-a-pal-program).

As I mentioned above, “Without you, we are not where we are today.” I mention this now in relation to service. We would love to have more volunteer involvement. If you did not know already, all Board Members and Committee Members are volunteers. You do not need any special experience to be a part of the Board or a Committee. Many Board Members joined without ever serving in previous capacities. All you need is to be involved in Cardiac and Pulmonary Rehab and the willingness to serve! If you are interested in learning more about how you could help the TACVPR we would love to hear from you. Please feel free to email me at president@tacvpr.org and I would be more than happy to reply or set up a time to visit with you about opportunities for you to get more involved.

I hope you enjoy the enclosed newsletter as much as we enjoyed putting it together, and as always, if you're interested in writing an article for the next newsletter, please email us at communications@tacvpr.org.

Best Regards,
Dean Diersing, MS, ACSM-RCEP, HFS
TACVPR President 2012-13

Is Your AACVPR Membership Up to Date?
AACVPR membership dues are good July 1st - June 30th.
Annual membership fees: $205 for Professionals; $83 for Students
Go to www.aacvpr.org to join or renew your membership.
By now each of you should have received the conference brochure for the 23rd Annual TACVPR conference to be held at the Courtyard by Marriott Hotel in Allen on April 12-13th. This is sure to be a conference you don’t want to miss.

If you have not received the brochure you can find out more about the conference at http://www.tacvpr.org/conference/. We are very excited about the faculty and topics presented at this year’s event.

We would like to give special thanks to the following companies that will serve as exhibitors at this year’s event (note: we could have late additions and thus more vendors & exhibitors at conference)

Diamond Sponsor:

Platinum Plus Sponsor:

Gold Sponsor:

Silver Sponsors:
Cardiac Science, Dynatronics, Life Fitness, MGCDiagnostics, NuStep, OxyView, Pritikin, Technogym, Vonco Medical Rehab & Fitness

Bronze Sponsor:
Texas Beef Council

CEU’s:
A total of 12.5 continuing education credits are being offered through the Texas Nursing Association courtesy of St. David’s Institute for Learning for (4 for the preconference workshop and 8.5 for the full conference). The credits are transferable to Respiratory Therapists, Exercise Physiologists, and Physical Therapists

Some of the topics include:
• Cardiovascular Disease and Women by Nina Radford, MD
• Key Nutrients & Foods that promote Cardiovascular & Pulmonary Health by Georgia Kostas, MPH, RD, LD
• Motivational Interviewing to Promote Change in Rehabilitation by Robert Scales, PhD, FAACVPR
• Freedom from Food Addiction by Jenny Adams, PhD

As well as….
• Ins and Outs of Cardiac & Pulmonary Rehab Regulations by Dean Diersing, Erika Abmas, Lorri Lee & Twyla Selvidge
• Cardiac Rehab ITPs by Laura Raymond, RN, BS, FAACVPR
• Pulmonary Rehab ITPs by Poppy Patterson, RN, BBA, FAACVPR
• AACVPR Program Certification by Barbara Flato, MSN, RN-BC, FAACVPR
• and many, many more

Spring 2013 Newsletter  www.tacvpr.org
The AACVPR 2013 Certification Review Cycle IV is now in the review process!!

The deadline for submitting your 2013 application was February 28th. If you submitted an application you will be receiving a notification by Email that your review has begun between now and mid May. If clarification is requested you will also be notified by Email. You have three business days to return information to the reviewer so if you are planning a vacation during the review process make sure you have someone available to answer any questions in your absence.

**BIG CONGRATULATIONS** to those programs certified for the first time or recertified in 2012. They are:

**Initial Certification - Cardiac**
- Baylor Medical Center at Garland
- Trinity Mother Frances - Lindale

**Recertification - Cardiac**
- St. David’s Medical Center
- THE HEART HOSPITAL Baylor Plano
- Trinity Mother Frances - Tyler
- Texas Harris Fort Worth
- CHRISTUS St. Elizabeth Hospital
- Hendrick Medical Center
- Shannon Medical Center
- Baylor Heart and Vascular Hospital
- The Medical Center of Plano

**Recertification - Pulmonary**
- Baylor Martha Foster Lung Care Center
- University Medical Center
- Medical Center Arlington
- Methodist Specialty & Transplant Hospital
- CHRISTUS Spohn Hospital - Shoreline
- ETMC Rehabilitation
- The Methodist Hospital
- The Heart Hospital of Northwest Texas

The state meeting is right around the corner and once again there will be a presentation on the AACVPR certification process as well as separate presentations on the Cardiac and Pulmonary ITP.

The Individualized Treatment Plan is critical to your patients’ journey through rehab and these ITP presentations will assist you in making this a living breathing document that improves patient and ultimately program outcomes.

For questions or concerns please Email me at barbara.flato@christushealth.org

65% (53) of Texas CR programs are certified
21% (9) of Texas PR programs are certified

We are now on Twitter! Follow us on Twitter and like us on Facebook!
PCI guided by FFR (Fractional Flow Reserve)
By Olivia Langdon, RN
CHRISTUS Santa Rosa New Braunfels

Fractional Flow Reserve (FFR) is a pressure derived, lesion specific, index that is able to determine the hemodynamic severity of an intracoronary lesion. During routine cardiac catheterization, it is measured by placing a pressure guidewire across the lesion. After the guidewire is placed, hyperemia is induced and the pressure is measured distally and proximally to the lesion to determine if the narrowing is the cause of the ischemia. With coronary angiography, the standard method for determining lesions only provides a two-dimensional view of the lesion. It along with CT and IVUS cannot determine if the lesion is the cause of the patient’s ischemia. These methods can over- and underestimate the severity of the lesion, which can leave a significant lesion untreated or cause excessive stenting. These methods unlike FFR, do not take into consideration collateral flow or abnormal/impaired myocardium. Studies have shown that stenting the lesions that are not responsible for ischemia is unnecessary and may worsen outcomes, increasing both costs and risk to the patient.

Fractional Flow Reserve (FFR) Measurement for Informed Coronary Disease Intervention

\[
FFR = \frac{\text{Distal Coronary Pressure (Pd)}}{\text{Proximal Coronary Pressure (Pa)}} 
\]

(During Maximum Hyperemia)

What do the values mean?
• FFR 1.0 indicates an artery with normal blood flow
• FFR > 0.75 means the blockage is not severe enough to limit blood flow to the heart
• FFR < 0.75 means that the blockage is severe enough to limit the blood flow to the heart and an intervention is needed.

The benefits to the patient in which FFR are performed are
• FFR allows physicians to more accurately identify hemodynamically relevant stenosis, which decreases death rates, Myocardial infarction, and repeat revascularization.
• Lowers procedure and one year follow up costs by 14%
• Does not increase procedure time
• Decreases the amount of contrast used

FFR lowers procedure and one year follow-up costs by 14%

Case Studies

Case study 1: FFR in multivessel disease
• 59-year-old male
• No specific cardiac history
• End stage liver failure
• Referred to determine eligibility for liver transplant

Angiography showed three diseased vessels. FFR helped to identify which lesions required treatment. A pressure pullback in the long disease segment of the LAD revealed that there was no significant reduction in flow in this vessel (FFR >0.75).
PCI guided by FFR (Fractional Flow Reserve) Continued...

The FFR in the LCX was below 0.75 and a pressure pullback recording showed both lesions to be significant. Two stents were placed satisfactorily as confirmed by FFR >0.90.

The FFR in the RCA was well below 0.75. The most proximal stenosis was stented first and a new FFR measurement was performed. A continued low FFR prompted stenting of the distal lesion as well.

Thanks to FFR this patient was steered away from CABG and the satisfactory post-stent FFR results mean a good prognosis for this patient.

Resources: St. Jude Medical for Cardiac Professionals

National Start! Walking Day!
Wednesday, April 3, 2013

Spring is quickly approaching. The weather is getting warmer, and it’s staying light out longer in the evenings. Let’s encourage our patients (and ourselves) to get outside and start WALKING!!
Harmonica Classes Brings *Sunshine* into the Lives of Chronic Pulmonary Disease Patients

By: Kitty Collins, RRT

All types of chronic lung disease are accompanied with a loss of lung function and can lead to weakening of the respiratory muscles. Many pulmonary rehabilitation programs utilize IMT (inspiratory muscle training) to help strengthen the respiratory muscles. Due to time constraints and the lack of scientific research supporting the benefits of this we have needed to rely on patients using this device at home after the initial instruction. The pulmonary rehabilitation program at SMCA (Seton Medical Center Austin) has been looking at harmonica classes to see if this would be as beneficial as or even more successful than IMT.

Last summer I was contacted by a gentleman (Thomas Zoe) who volunteered to teach Harmonica classes for people with COPD. His interest was sparked after meeting a gentleman with COPD in Michigan whose pulmonologist recommended that he take up harmonica therapy to help him with his lung disease. Thomas, a self-taught harmonica player began researching this and found several resources and articles written about the benefits of playing the harmonica for those with COPD. There are several programs in the country that have incorporated this either into their program or as an adjunct and support group for those that have completed the program. One program that I contacted was El Camino Hospital in California. Through a fund that was established by a gentleman whose wife had been taking harmonica classes they have been able to purchase harmonicas and provide them to program participants. The people that have been attending and practicing daily feel as though the classes have decreased their SOB and improved their QOL.

After several months determining interest and possible participation, classes were started weekly in January 2013 at SMCA on Saturday afternoons. Initially there were only two participants and over the course of six weeks the class has grown to 10 people with more joining each week. During the first class, people are introduced to the harmonica, playing the scales, caring for the instruments, and instructions on playing the song "You Are My Sunshine". Initially learning to draw and/or blow more than one note at a time was very challenging; however, with daily practice you can see and hear improvements in everyone and their ability to increase their breathing capacity. Many of the participants have noticed a decrease in their shortness of breath over time. During each class, Thomas works with the group on the song and techniques that focus on improving the breath. The class supports each other and particularly encourages new participants and recognizes not only improvements but also efforts for everyone in the group. There is a lot of smiling, laughter, and applause during the classes.

Through the hard work and contacts in the local music industry, Thomas Zoe coordinated the first Seton COPD Blues Benefit that was held on Sun. March 3rd at Giddy Ups in South Austin. Eight local harmonica players and bands performed throughout the day and donated their time and talents to help raise awareness and help raise funds for Seton Pulmonary Rehabilitation. The pulmonary rehabilitation programs provided staff to help at the benefit and provide free lung screenings.

With the success of the classes and enthusiasm of the class participants, Collins is hoping that at some point they can look at doing a pilot study to compare outcomes of those doing harmonica therapy and those that do not. A future direction would be to look at long term benefits for those with COPD and other chronic lung conditions.

Additional Resources:
http://www.elcaminohospital.org/About_El_Camino_Hospital/Newsroom/Videos/Successful_COPD_Therapy_Playing_the_Harmonica
For additional information contact Kitty Collins at kcollins@seton.org
Community Awareness Programs….Keep Evolving with Your Community!
By: Lorri Lee, BS, ACSM-RCEP

I’ve been working in Cardiac Rehab for over 13 years and in that time, like many of you, have Chaired, Co-Chaired, Coordinated, and served on committees to raise community awareness for heart disease and heart disease prevention.

I’ve done AHA Heart Walks, Go Red for Women Luncheons, Forums for Women’s Health, 5Ks, etc, but none of them seemed to serve ALL of the age ranges in the community where I live very well. For example, the Heart Walks & 5Ks were great for families and active adults, but what about the senior community. The Go Red for Women events were great for women, but what about the men and children. Nothing seemed to tackle the whole spectrum of ages very well.

Disgruntled and a little disillusioned, I gathered with a core team of those who I’d worked with on various committees in the past and we decided to begin our own non-profit organization, Love Your Heart, Inc. The mission of this organization was to bring heart disease education and prevention to those of all ages in Comal County. To accomplish this seemingly large task, we decided on a variety of events that could be marketed together and held in a short 2-3 day timeframe, but would be different enough to meet the needs of each unique population, (1) Women, (2) Seniors, and (3) Families.

With a step of faith, we reached out to our community health system, CHRISTUS Santa Rosa, and we were blessed with financial sponsorship as well as additional committee members from their organization. In our first year, we offered a women’s luncheon for 350 people and 5K for 300; totaling 650. Not bad for our first year, but we wanted to do more.

The next year, we offered another women’s luncheon which grew to 450, a 5K which also grew to 450 and added a Community Executive’s breakfast which was a complete flop! Ok, lesson learned…no more breakfasts. The 3rd year, we had to find a larger place for the luncheon so we increased our registrants to 560, our 5K grew to 600 participants and we added a Health Expo which hosted nearly 300 attendees. We continued to have strong community support from our health care leaders to our radio and newspapers for advertising, and community volunteers. This past February, we celebrated our 4th year as Love Your Heart and hosted a women’s lunch for 560 (we’ve now maxed out the facilities that our community has to offer), the 5K to 900 participants, and the Health Expo hosted nearly 600 attendees.

Our next hope is to continue the successful events from our past 4 years and reach out to the underserved and under resourced community and provide a Luncheon in Spanish with Spanish / English educational materials. We are now seeking partnerships with other health awareness organizations to grow our message and reach more participants than ever!

So I want to encourage you to keep working, keep searching, keep evolving as your patients and community need you to. Never settle for the mediocre or mundane, but dare to dream and team up with others who can dream with you!
TACVPR Recruit-A-Pal (RAP) Program

What is the RAP Program?
This program starts January each year and continues through December. For each new person you recruit to join the TACVPR or to attend the conference you earn points. You may also earn points for an approved poster presentation. (A new person is someone who was not a member over the past year nor attended the previous conference).

The Point System:
1 point each new member recruited between January to December
2 points each new person brought to conference
1 point an approved poster presentation

The AWARDS:
5 points earns a free membership for a year
7 points earns a free conference fee for the following year

Be sure to have your name put in the referring person place on the membership form and the conference registration form.

TACVPR Recruit-A-Vendor (RAV) Program

What is the RAV Program?
The Recruit-A-Vendor program will begin each year at the close of conference and continues to the start of conference the next year. For each NEW vendor and/or sponsor name you send to the TACVPR Board to contact as potential vendors or sponsors for the upcoming conference, your name will be placed in a drawing for one free conference registration (excluding membership).

The FIRST person who recommends any NEW vendor or sponsor who contributes $500 or more to the TACVPR, will receive one free conference (excluding membership). When contacting a vendor or sponsor, be sure they include your name on all forms as the referral person. All recommendations will be dated and timed upon receiving them. Monies must be received for prize to be awarded. The program is available to all members of the TACVPR.

Email the following information to exhibitors@tacvpr.org:
NAME OF COMPANY
CONTACT PERSON
CONTACT INFORMATION
PHONE NUMBER
FAX NUMBER
EMAIL ADDRESS
Baked Oatmeal Casserole
Provided by: Lauren McDonough from SparkRecipes

Minutes to Prepare: 10
Minutes to Cook: 40
Number of Servings: 12

INGREDIENTS:
2 cups old fashioned oats
1/3 cup brown sugar
1 teaspoon baking powder
1 teaspoon cinnamon
1/2 teaspoon salt
1 cup walnut pieces
1 cup strawberries (sliced)
1/2 cup semi-sweet chocolate chips
2 cups skim milk
1 large egg
3 tablespoons butter or margarine, melted
1 tablespoon vanilla extract
1 ripe banana, peeled, 1/2 inch slices

DIRECTIONS:
Preheat oven to 375° F and generously spray the inside of a 10-1/2 by 7 inch baking dish with cooking spray.
In a large bowl, mix together the oats, sugar, baking powder, cinnamon, salt, half of the walnuts, half of the strawberries and half the chocolate. (Save the other half of strawberries, walnuts and chocolate for the top of the oatmeal). In another large bowl, whisk together the milk, egg, butter and vanilla extract.
Add the oat mixture to prepared baking dish. Arrange the remaining strawberries, walnuts and chocolate chips on top. Add the banana slices to the top then pour the milk mixture over everything. Gently shake the baking dish to help the milk mixture go throughout the oats. Bake 35 to 40 minutes or until the top is nicely golden brown and the milk mixture has set. For an extra tasty top, sprinkle a tablespoon or so of extra brown sugar.

NOTES:
Experiment with other types of berries (ex. blueberries, raspberries, etc.)
Substitute the chocolate chips for extra berries.

NUTRITIONAL INFORMATION:
Servings Per Recipe: 12
- Calories: 236.1
- Total Fat: 12.7 g
- Cholesterol: 16.2 mg
- Sodium: 87.9 mg
- Carbohydrates: 30.3 g
- Protein: 5.3 g
- Dietary Fiber: 2.7 g
My experience on the TACVPR board of directors brings a smile to my face. I was honored to be nominated as a board member in 2001. I learned so much the first few years, developing new friendships and networking with members and vendors who I still know today. I became the TACVPR president of 2004-2005. That was an awesome year with a tremendous amount of responsibility & fun! Fortunately the board of directors becomes an extension of your family. The group learns how to work together in any situation.

I have grown professionally along with my program in the advancement of cardiopulmonary rehab. My blessings continue as one of the members of the AACVPR Certification Committee. I continue to mentor people along the way. I truly think being an active TACVPR member keeps your program healthy. If you have never attended a meeting, this is the year to come!

Poppy Patterson, RN, BBA, FAACVPR

TACVPR gave me the opportunity to understand how large organizations not only run but affect the membership by the choices they make. Once I became the Pulmonary Rehabilitation Coordinator for Baylor University Medical Center at Dallas I joined the TACVPR so I could learn from others and also bring back that experience and make our program better. The information you receive from networking from your peers is invaluable and helps your program and patients. Once I made the decision to run for the board the learning truly began.

Your networking ability goes nationwide because of your close association with AACVPR. I was fortunate to be a part of the legislative process for the Pulmonary Rehabilitation codes. The behind the scenes understanding of how our government works and the process of decisions for the budget of our Medicare dollars were certainly and experience. The voice that Texas had was major and the TACVPR was instrumental in helping obtain from Congress what was needed to keep our programs alive.

Once I was elected President the responsibility for entire state was enormous but rewarding. You certainly leave your post with greater leadership skills. The knowledge can be applied to your position at your facility and in my case allowing me to move up the career ladder into a different position.

My love for Pulmonary Rehabilitation has never stopped. Even today I miss working with those patients and the daily interaction with them. There is a satisfaction in seeing our cardiac and pulmonary patients leave our doors and go out to live their life again. I encourage everyone to become active and be a part of the solution to help drive a very important part of healthcare, your programs, into the new wave of thinking we are surely to see in these next few years in reimbursement.

Cheri Duncan, RRT
Past President 2005-2006 Board Member 2003-2006

In 1981 I had the opportunity to sit with seven California colleagues from across the state. During that meeting we formed not only one of the first state cardiac rehab societies but it allowed me the opportunity to forge a career path that has lasted almost 35 years. Three years of active involvement in the California Society for Cardiac Rehab gave me tools and insight that were invaluable as my new Texas colleagues met at the 1989 Annual AACVPR meeting in Crystal City, Va. and planned the first Texas cardiac and pulmonary board meeting in January of 1990. As I look back through the years I realize how much I would have missed had I decided to let others speak for me and my patients. Long ago I realized that it doesn’t take someone special to provide leadership at the state or even the national level. It only takes someone who is dedicated and passionate about their field and is willing to express their opinion and volunteer some of their own time to making our profession grow. I feel I have been truly blessed to experience working at the state level on several occasions throughout the years. The knowledge gained continues to help not only my staff but also the patients we serve. I would encourage anyone who has a desire to grow our profession to consider working on a TACVPR committee or filling a seat on the Board of Directors. Your voice, your expertise, your passion is exactly what TACVPR is looking for.

Barbara Flato, MSN, RN-BC, FAACVPR
Texas Association of Cardiovascular and Pulmonary Rehabilitation

2013 Board Nomination Form

If you are interested in running for the TACVPR board, please complete the form below and send it to communications@tacvpr.org. You will also need to email a picture of yourself for us to post on a board near conference registration. No scandalous photos please!

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<th>Our Question</th>
<th>Your Info</th>
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<tr>
<td>Name</td>
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<td>Current Position</td>
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<td>Location of Residence:</td>
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<td>City and Region of Texas</td>
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<td>Education Background including Certifications</td>
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<td>Current Employer</td>
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<td>Want to Serve on TACVPR Because</td>
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<td>Idea on How Best to Help the Members</td>
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I am interested in serving on and working for the Board of the Texas Association of Cardiovascular and Pulmonary Rehabilitation. I understand the construct and requirements of this Board position and submit my information as nomination for the April 13, 2013 election.

Printed Name: ___________________________________________
Signature:       ___________________________________________

(Email will suffice for signature if sent electronically)
Want to Serve as a TACVPR Board Member?

Board members are elected for a two-year term. When you agree to run for the position, you must be able to participate on the board by meeting the following expectations:

• Must be an active and participating TACVPR member at least one year prior to the time of the election.
• Must be in good standing with all dues paid in full at the time of election.
• Must serve on a committee and/or hold office on the board (it is preferable to hold an office in the second year on the board).
• Attendance at board meetings is mandatory (5/year). Failure to attend meetings regularly may result in dismissal from the board.
• All reports and communication should be forwarded to a board member, if you are unable to attend the board meeting.
• Members will represent the membership and communicate with members of the association to bring issues and concerns to the board meetings.
• Members will be expected to contribute articles and/or information for publication in the quarterly newsletter.
• Members of the board will receive a complimentary membership to the TACVPR.
• Commitment/Confidentiality/Conflict of Interest Form will be signed by all board members upon election.

If you would like to run for the 2013-2014 Board of Directors please visit www.tacvpr.org/board-of-directors for more information or email us at communications@tacvpr.org

Job Openings

If you have a job opening you would like posted in the next newsletter, please email Julie Dunagan at julieob@baylorhealth.edu

Board of Directors Update

By: Lauren McDonough

The TACVPR Board of Directors met on February 7th, 2013 at the Courtyard by Marriott in Allen, Texas. All board members were present. The current membership and budget were reviewed. At that TACVPR has 77 members for 2013. The 2013 budget was reviewed. Newsletter articles were assigned. Lorri called for more examples of sample documents for the website. Dean discussed the AACVPR Innovation Award. The board toured the Courtyard by Marriott to see the conference space. Plans for the 2013 TACVPR Annual Conference were discussed. Conference brochure finalized and schedule discussed. The board discussed plans for the Beverly Spraggins Award Presentation. The board also had a conference call on March 5, 2013 to discuss and finalize last minute details for the conference. The next meeting is scheduled for April 11th, 2013.