Minutes — Heart Failure Working Group

MEET	ING DETAILS					
Meeting title		Heart Failure Working Group				
Date and time		23/06/2016				
Venue		CSANZ NZ Meeting Rotorua Events and Convention Centre				
Chairperson		Mayanna Lund, Julie Chirnside				
Minutes		Julie Chirnside				
Present		A quorum was present including: Mayanna Lund, Raewyn Fisher, Maria Matthews, Jo Scott, Janet Dunbar, Julie Chirnside, Helen McGrinder, June Poole, Brigette Lyndsay, Stephen Jennison, Wendy Bryson, Rob Doughty, Debbie Chappell, Catherine Callagher, Simona Inkrot, Renee McEwing, June Roseingrave				
Apolo	ogies S DISCUSSED					
No.	Item		Discussion/Action	Responsibility		
1.	Minutes of las	t meetina	Agreed and accepted as correct by Helen McGrinder, seconded by Rob Doughty.	responsibility		
2.	Ratified Terms Reference of t	s of	Mayanna updated the group on the Ratified TOR which were accepted at the CSANZ Board meeting in December 2015. The TOR were circulated by email to the NZHFWG members prior to this meeting.			
3.	Membership		 Julie reported that NZHFWG membership had increased by about 15 members, following email invitations to non-CSANZ members who were on the existing email list, and to those listed by CSANZ as being on the Heart Failure Council. Current NZHFWG members are 69, although 91 NZ members have indicated on their CSANZ membership that they have a heart failure interest (i.e. are on the Heart Failure Council (Australia and NZ) email list). To close this gap we will endeavour to increase NZHFWG membership by asking the CSANZ administrators to advise us if any new CSANZ NZ members indicate HF as an interest. 	Julie to email Kate Ward		
4.	Eplerenone		Mayanna reported Eplerenone had been considered at PTAC in December 2015. From the February 2016 PTAC minutes, not all of the NZHFWG recommendations were upheld. They have agreed to fund it with low priority for patients who are intolerant to Spironolactone. Watch this space.			
5.	HF Registry – ANZACS-QI		 Mayanna reported that Consent portion was removed and that the HF Registry migrated to ANZACS-QI six months ago. Since then there has been an encouraging uptake of enrolments – the first five months of 2016 outnumbered the total for 2015. The vision is for every hospital with HF patients to enrol some (aiming for the first 10 admissions every month, and pro-rata for smaller hospitals). Mayanna asked that people who were involved in the old HF Registry, but who haven't taken part for a while, but have access to ANZACS-QI ring the 0800 number and request the HF sheet. Feedback from the group was that it takes about half an hour per patient to input the data. The hospital notes are needed and it can be time-consuming trying to track these down. 	Clinicians who have ANZACs-QI access		
6.	Absolute esse a multi-discip team		Mayanna would like the HFWG to write a statement recommending the basic requirements of a multi-disciplinary team in HF care. Anyone interested in being involved in writing the statement please contact Mayanna.lund@middlemore.co.nz	Interested people to contact Mayanna		

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 Mayanna reported that the NZHFWG had been asked to give advice on a work in prograthe Guidelines Mayanna reported that it was very important to get this right and encouraged people to say at this Rotorua meeting, as it was thought the Guidelines group may try and get sign next couple of days. Rob reminded the group that GPs had been calling for open access for decades. Early HF diagnosis does not need ECHO, neither does early HF treatmen like BNP levels need review before these Guidelines are signed off. Other Business Raewyn Fisher mentioned the National Cardiac Network's Minimum Standards which he endorsed by every DHB in NZ except ADHB. The messages in the Minimum Standards need to be consistent with the ECHO Approp Guidelines. Stephen Jennison recommended a recent paper by Keene et al., (NZMJ 27 May 2016, Nat 1435 ISSN 1175-8716) to encourage those looking for support for multi-disciplinary Hampogrammes. This paper refutes the "lack of funding" excuse. Combined NZ and Australia HF Snapshot Helen McGrinder is co-chairing this Snapshot and teleconferences have been ongoing, are how to fund a month long snapshot, and it was suggested that a research grant be at the 2017/2018 period. Richard Troughton had suggested a smaller NZ snapshot to professibility for a bigger project. In New South Wales it cost (nurses were paid?) \$250 per and they struggled to get rural patients. The question was posed to the group whether the propose a world long NZ snapshot the Scantenberg Abstract of these in the propose at the 10 feet of these in the propose at the 10 feet of these in the propose at the 10 feet of these in the propose at the 10 feet of these in the propose at the 10 feet of these in the propose at the 10 feet of these in the propose at the 10 feet of these in the propose at the 10 feet of the pr	eedback to make draft	Their working group has processed this feedback to make draft available for the clinical community to
 Other Business Raewyn Fisher mentioned the National Cardiac Network's Minimum Standards which have endorsed by every DHB in NZ except ADHB. The messages in the Minimum Standards need to be consistent with the ECHO Approp Guidelines. Stephen Jennison recommended a recent paper by Keene et al., (NZMJ 27 May 2016, N 1435 ISSN 1175-8716) to encourage those looking for support for multi-disciplinary H programmes. This paper refutes the "lack of funding" excuse. Combined NZ and Australia HF Snapshot Helen McGrinder is co-chairing this Snapshot and teleconferences have been ongoing, are how to fund a month long snapshot, and it was suggested that a research grant be a the 2017/2018 period. Richard Troughton had suggested a smaller NZ snapshot to profeasibility for a bigger project. In New South Wales it cost (nurses were paid?) \$250 per and they struggled to get rural patients. The question was posed to the group whether the content of the program of the program of the struggled to get rural patients. The question was posed to the group whether the content of the program of	o have their n-off in the ss ECHOs	to get this right and encouraged people to have their the Guidelines group may try and get sign-off in the hat GPs had been calling for open access ECHOs d ECHO, neither does early HF treatment. Things
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thought they could potentially manage this. This prompted discussion on how to engage sites. Mayanna will write to members and is particularly interested in engaging the smathospitals. We would aim for about a month lead in. The Australia/NZ Snapshot data sheet is very lengthy. How much does the ANZACS-Q sheet cover/miss? Would it be sufficient to use this as an alternative for the feasibility so Snapshot week to be decided. NEXT MEETING: CSANZ National meeting Hamilton 2017	applied for ove ar patient, we could the room the other NZ aller rural QI HF data Julie to send the Australia- NZ Dasheet to the ground the data sheets for the send the Australia- NZ Dasheet to the ground the data sheets for the send the Australia- NZ Dasheet to the ground the Australia- NZ Dasheet to the Au	Mayanna to written to members. Julie to send the Australia- NZ Description of those in the room and in. Pengthy. How much does the ANZACS-QI HF data as an alternative for the feasibility study? Mayanna to written to members. Julie to send the Australia- NZ Description of those in the room sheet to the group whether we could sheet to the group whether whether we could sheet to the group whether whether whether whether whether wheth