INCA Conference_MAR11_INCA Mar_11 15/03/2011 11:13 Page 1

March 25th 2011

Irish Nurses Cardiovascular Association News

A Quarterly Publication of The Irish Nurses Cardiovascular Association www.incanursing.ie

Conference Edition MARCH 2011

www.incanursing.ie

Inside this Issue

- Annual Scientific Programme
- Special Interest Groups Parallel Sessions Programmes
- Moderated Posters
- Poster Abstracts
- Educational Bursary & Travelling Fellowship Awards

INCA Conference_MAR11_INCA Mar_11 15/03/2011 11:03 Page 2

14th ANNUAL SCIENTIFIC CONFERENCE

Tullamore Court Hotel, Tullamore.

Friday 25th March 2011

09.30-10.00	**Registration / Coffee**
10.00-10.05	**Welcome / President's Address** Kate O'Donovan President INCA
10.05-10.30	**Keynote Address** **Ireland as an Exemplar for CVD Prevention** Professor Ian Graham, Consultant Cardiologist, Dublin
10.30-10.50	**Cardiovascular Disease Prevention – The Challenges** Irene Gibson Project Manager Cardiovascular Services, CroiMyAction, Galway
10.50-11.10	**Cardiovascular Disease Prevention – What Can the Future Hold?** Sue Hennessy, Project Manager, Cardiovascular Services, UCHG,Galway
11.10-11.30	**Coffee**
11.30-11.50	**New Anti – Platelet Therapy in Acute Coronary Syndromes** Paul Stoneman, ANP Candidate Emergency Cardiology, Beaumont Hospital, Dublin
11.50-12.10	**Syncope in Cardiology** Dr Hillary Cronin, Trinity College Dublin
12.10-12. 30	**Mechanical Support in the Unstable Patient** Kate O'Donovan President INCA
12.30-12.45	**AGM**
12.45-13.30	**LUNCH**
13.30-14.00	**Moderated Posters**
14.00-14.20	**Surviving Cardiac Arrest, Pump, Blow and Be Cool** Dr Richard Lyons, SPR Emergency Medicine, Royal Infirmary Hospital, Edinburgh
14.20-14.40	**Inherited Familial Cardiomyopathy** Dr Rory O'Hanlon, Consultant Cardiologist, St Vincent's University Hospital, Dublin

Continued ➛

INCA Conference_MAR11_INCA Mar_11 15/03/2011 11:43 Page 3

14th ANNUAL SCIENTIFIC CONFERENCE

Tullamore Court Hotel, Tullamore.
Friday 25th March 2011

14.40-15.00 **Important New Developments in the Role of Coronary Artery Bypass versus Coronary Artery Stenting**
Dr Sarah Early, Cardiothoracic SPR, St James's Hospital, Dublin

15.00-15.20 **Cardiac Surgery Pre admission Clinic Activity and Efficacy 2005 –2009**
Mary Kingston Cardiothoracic Advanced Nurse Practitioner St James's Hospital Dublin

15.30 **Close of Meeting**

Kindly Supported by Pfizer Educational Grant

PARALLEL SESSIONS

Friday 25th March 2011

IRISH ASSOCIATION OF CHEST PAIN NURSES PARALLEL SESSIONS

11.30-11.55 **Primary PCI in Cork University Hospital**
Kay Lucey, Staff Nurse, Cardio – Renal Centre, Cork University Hospital Cork

11.55-12.20 **The Role of Stress Management in Managing Chest Pain**
Ms Adrienne O'Sullivan, Chartered Physiotherapist, Blackrock Clinic, Dublin

Kindly Supported by BristolMyersSquibb / Sanofi Aventis

IRISH HEART FAILURE NURSES ASSOCIATION PARALLEL SESSIONS

14.00-14.25 **Advance Heart failure Management**
Dr Niall Mahon, Consultant Cardiologist, MMUH, Dublin

14.25-14.45 **HSE Heart Failure Project**
Ms Bronagh Travers, Clinical Nurse Lead, HSE Heart Failure Project, Dublin

Kindly Sponsored by Servier

INCA Conference_MAR11_INCA Mar_11 15/03/2011 11:13 Page 4

14th Scientific Conference and Annual General Meeting

Thank You

The Irish Nurses Cardiovascular Association would like to acknowledge and thank the following companies for their ongoing support and contribution to this conference:

Pfizer

Sanofi Aventis

Servier

Abbott Ireland

Eli Lilly/Daiichi Sankyo

Takeda

MSD Ireland

Boston Scientific

Medtronic

Boheringer Ingleheim

Astra Zeneca

Amenarini

A Word From The President

Kate O'Donovan
INCA President

Dear Colleagues,

Welcome to our 14th Scientific Conference and Annual General Meeting. We have a very interesting and broad range of topics within the programmes for you.

Following feedback from last year's successful conference we are holding the conference over one day with breakout sessions running simultaneously with the main conference. The morning breakout session will consist of presentations from the Irish Association of Chest Pain Nurses and the afternoon presentations from the Irish Heart Failure Nurses Association. These sessions are open to all delegates and not just nurses working in those specialities.

Enclosed in this newsletter are posters (moderated and poster presentation) submitted for this conference. This is an ideal opportunity for cardiovascular nurses to share their initiatives and research. I would also like to take this opportunity to thank our industry partners for their continued support and sponsorship. Please take time to visit the industry stands.

Finally you will find dates of future INCA activities as well as at European level. If you have any suggestions for future scientific events please e mail them to me president@incanursing.ie

Please continue to visit our website www.incanursing.ie for updates on future events
I do hope you enjoy this year's Scientific Conference and thank you for your continued support.

Regards

Kate O'Donovan
President,
Irish Nurses Cardiovascular Association.

Committee Members 2009-2010

Executive Committee
President: Kate O'Donovan
Vice President / PRO: Vacant
Treasurer: Mary Kerins
Scientific Secretary: Fiona Colbert
General Secretary: Elizabeth Reilly

Committee
Eric Reyes; Emer Lodge
Olive Carney; Harvey Mc Donnell
Rita Smith (newsletter editor)
Audrey Kearns
Jenny Foynes Reynolds

Ex-Officiate
Mary O'Connor; Laura O'Connor

Special Interest Groups Representatives
Clare Lewis (Heart failure representative)
Michelle Lynch
(Chest pain representative)

MODERATED POSTERS

Moderated Poster 1: 13.30-13.40

Slow-onset myocardial infarction: an important determinant of patient decision-delay

Authors:
DR. SHARON O' DONNELL, Post Doctoral Research Fellow
(Funded by Trinity College Dublin & Health Research Board).
PROFESSOR DEBRA MOSER, University of Kentucky. United States.

Purpose: The time from onset of symptoms to the initiation of reperfusion therapies is an important determinant of survival following myocardial infarction. There are numerous factors which contribute to delays along the pathway of care for patients with myocardial infarction however none is more modifiable than those associated with patient decision delay. Despite this, efforts to reduce pre-hospital delays in patients with myocardial infarction have met with minimal success. This is due in part to lack of understanding about complex socio-psychological and clinical dimensions associated with the phenomenon of help-seeking behaviour. The purpose of this study was to (1) perform an in-depth examination of patients' MI symptom experiences and (2) using Leventhal's Common Sense model as a framework, describe their help-seeking behaviour in response to these symptom experiences.

Methods: A qualitative descriptive design was used to examine the symptom experiences and help-seeking behaviour of patients with MI. Participants (N=42) were interviewed 2-4 days following their admission to one of two Dublin hospitals in Ireland.

Results: Two new distinct MI phenomena emerged from the findings – 'slow-onset MI' and 'fast-onset MI'. Slow-onset MI is characterised by the gradual onset of mild intermittent symptoms, whilst fast-onset MI describes the sudden onset of severe and continuous chest pain. The majority of participants (n=27) experienced slow-onset MI symptoms but expected the symptom presentation associated with fast-onset MI. The mismatch of expected and experienced symptoms for participants with slow-onset MI, led to the incorrect naming of symptoms to a benign cause and protracted help-seeking delays. Participants with fast-MI (n=15) quickly matched their symptoms to those associated with a heart attack, thus expediting appropriate help-seeking behaviours.

Conclusions: Definitions of MI and the educational information pertaining to MI symptoms need to be reviewed. Slow-onset MI and fast-onset-MI provide more authentic versions of real MI events and plausible definition alternatives than what is currently in use. They also present new 'delay' perspectives which may inform future educational interventions targeted at decision delay reduction.

INCA Conference_MAR11_INCA Mar_11 15/03/2011 11:13 Page 7

Moderated Poster 2: 13.40-13.50

The Cardiac Rehabilitation and Quality of Life Project

Authors:
ANGELA FLYNN, School of Nursing & Midwifery, University College Cork.
MARGARET BYRNE, Cardiac Rehabilitation Dept, Cork University Hospital.

Correspondence Address:
The Catherine McAuley School of Nursing & Midwifery, Brookfield Health Sciences Complex, UCC, Cork. angela.flynn@ucc.ie

A major goal of cardiac rehabilitation is to enhance the quality of life (QoL) experienced by cardiac patients. This study builds on and contributes to work examining the QoL of cardiac surgery patients within the context of participation in a cardiac rehabilitation programme. Although studies in cardiac rehabilitation (CR) have examined the benefits of programmes in terms of lifestyle modification and morbidity, there has not been an extended study of the impact of CR participation on self-reported QoL. The objective of this study of cardiac surgery patients in Munster, was to provide additional insight into the QoL experienced by post-operative cardiac patients, and specifically, to analyse how participation, or non-participation, in CR might impact on post-operative QoL.

In this study the QoL of 127 patients was measured using the SF-36, a self-report health related Quality of Life measurement tool, both pre and post operatively. Analysis was completed using SPSS to calculate mean physical component summary scores (PCS) and mental component summary scores (MCS).

Preliminary data from the first phase of this study was presented at the INCA Conference in 2010. The final phase of this study presents the findings from the second (post-op) phase of data collection. The new data includes

- Demonstration of improvement in the QoL scores post op when compared to pre op scores.
- Statistically significant relationships will be shown to exist between QoL changes and a range of demographic variables.
- Changes in QoL scores will be shown for those who participated in a CR programme and those who did not.
- Differences in data from public and private patients is presented.
- Reported reasons for non-attendance at CR programme will also be examined.

INCA Conference_MAR11_INCA Mar_11 15/03/2011 11:03 Page 8

Moderated Poster 3: 13.50-14.00

An evaluation of the home visit by the Cardiovascular Public Health Nurse from the patient's perspective.

Authors:
IMELDA O'CONNOR[1]; IRENE HARTIGAN[2]; CATHERINE CAHALANE[3] & CATHERINE McCARTHY[4]
[1,3,4] Cardiovascular Public Health Nurse, Health Service Executive South, Cork.
[2]Lecturer at the Catherine McAuley School of Nursing and Midwifery, University College Cork.

Background:
The role of the Cardiovascular Public Health Nurse entails primary and secondary prevention of coronary heart disease. Primary prevention involves delivering Heart Health Lifestyle clinics while secondary prevention involves visiting patients at home as well as delivering cardiac support groups. In the late 1990s, cardiac rehabilitation services gained momentum in Ireland due to the strategy Building Healthier Hearts. Currently, the National Cardiovascular Health Strategy 2010-2019 suggests that cardiac services are greatly overstretched due in part to people surviving acute cardiac conditions and living longer with chronic cardiac conditions.

Purpose:
The purpose of this evaluation was to describe one aspect of the role of the Cardiovascular Public Health Nurse and to identify ways of improving the service. The home visit was explored from the patients' perspective as this is an area of growing demand by the Cardiovascular Public Health Nurse.

Methods:
A 10 item questionnaire was designed consisting of open-ended and closed-ended questions. The study population included adults with a diagnosis of myocardial infarction, angina, coronary artery bypass grafting, valve replacement, percutaneous coronary intervention and/or coronary artery stenting. All potential participants received the questionnaire by mail with a cover letter outlining the purpose and requirement of this study. Consent was implied by the completion and return of the questionnaire. Anonymity was assured and all questionnaires coded.

Findings:
A total of 54 completed questionnaires were returned. The population reviewed were predominantly male with a mean age of 64 years. Half of the participants were living in rural areas, 39% were living in suburban areas with the minority of participants living in urban areas. Participants identified three categories that were instrumental from the home visits namely psychological support, education and personal care. The Cardiovascular Public Health Nurse was described by patients as significant in their recovery. From the open-ended questions participants' excerpts describe in their own words the help and reassurance they received from this nurse visiting them at home.

Conclusion:
This evaluation from the experience of people, who suffered a cardiac event, is informative to the role of the Cardiovascular Public Health Nurse and service planning. Cardiovascular Public Health Nurse contact with cardiac patients within the first few weeks following discharge from hospital enables their recovery. Many patients experience anxiety and depression following a cardiac event and it is important to identify people susceptible to anxiety and/or low mood early.

INCA Conference_MAR11_INCA Mar_11 15/03/2011 11:13 Page 9

POSTERS ABSTRACTS

Symptom presentation in women with acute coronary syndrome: a new perspective on help-seeking delays

Authors:
DR. SHARON O' DONNELL, Post Doctoral Research Fellow, School of Nursing & Midwifery TCD, FRANCES O'BRIEN (TCD), MARY MOONEY (TCD), GABRIELLE McKEE (TCD) & PROFESSOR DEBRA MOSER, University of Kentucky. United States.

Purpose:
It has been reported that women experience longer pre-hospital delays for symptoms of acute coronary syndrome (ACS), than their male counterparts. One explanation for this delay is the suggestion that women experience a different set of symptoms than men, some of which include 'atypical' symptoms. As such, women may have difficulties interpreting their symptoms or assigning them to a cardiac cause. The purpose of this study was to examine whether gender differences exist in the symptom experiences of women and men with ACS.

Methods:
Symptom experience and medical profiles were recorded for all patients who participated in a large multi-centered randomized controlled trial. Patients with ACS who were admitted to one of five major academic teaching hospitals in Dublin, were enrolled in the study. Each patient was interviewed 2-4 days following their admission and answered questions about the nature of their experienced symptoms. Details of patients' medical profiles were obtained from patients' verbal reports and medical chart review.

Results:
A total of 2037 patients, were initially enrolled into the study. Of these, 1947 patients, 28% of whom were women (N=545), met the criterion of having a recent ACS event. Using logistic regression and adjusting for age, body mass index, and history of myocardial infarction, angioplasty, coronary artery bypass grafting, diabetes, hypertension, current smoking or hypercholesterolemia, women had greater odds of experiencing shortness of breath (50% vs 43% multivariate adjusted odds ratio [OR]=1.32; 95% CI, 1.08-1.62; p=.006) palpitations (5.5% vs 2.8%, OR=2.17; CI=1.31-3.62; p=0.003) left arm pain (34% vs 30.5%; OR=1.27; CI=1.02-1.58; p=0.03) back pain (7.5% vs 4.8%; OR=1.56; CI=1.03-2.37; p=0.034) neck or jaw pain (21.5% vs 13.8%; OR=1.84; CI=1.41-2.40; p=0.001) stomach upset (28% vs 24%; OR=1.30; CI=1.03-1.65; p=0.024) and fatigue (29% vs 21.5%; OR=1.64; CI=1.29-2.07; p=0.001) than their male counterparts. There were no gender differences in the occurrence of the remaining symptoms such as chest pain or discomfort, shoulder pain, indigestion, arm numbness, weakness or light-headedness.

Conclusion:
Women with ACS appear to experience a difference symptom set to that experienced by their male counterparts. As many of these symptoms are considered 'atypical' ACS symptoms these findings may go some way towards explaining the help-seeking delays so often reported in this group. It is essential that educational initiatives directed towards reducing pre-hospital delays in women with ACS, include specific information pertaining to these gendered symptoms.

Community Heart Failure Management Programme (CHaMP).

Authors: LIZ KILLEEN, Community Cardiovascular Nurse Specialist, PCCC, Merlin Park, Galway. Elizabeth.killeen@hse.ie. 0867715531

CATHERINE NOLAN, Community Cardiovascular Nurse Specialist, Portiuncula Hospital Ballinasloe, Co. Galway. Catherineg.nolan@hse.ie. 0909648200 bleep 884

This programme was set up in January 2009 to provide a structured, coordinated and integrated approach to the diagnosis and management of patients with Heart Failure in Community of County Galway.

This aims to improve management through early diagnosis, achieve optimal therapy and improve quality of life, which will be overall cost effective by reducing hospital admission for the patient.

To achieve this, the programme addresses Heart Failure on two fronts:

Support of the Hospital:

- Support of Hospital Consultants with an interest in Heart Failure.
- Providing Management Protocols which have been developed incorporating European and American guidelines.
- Access to Pro BNP testing in University Hospital Galway
- Rapid access outpatient Clinics for patients referred in by the General Practitioners.
- Individualised Management Plans for each patient seen in the Rapid access clinics.
- Support in the Community:
- Support of a Cardiac Diagnostics Technician in the Community to do echocardiography on the patient in the local Health Centre.
- Confirm diagnosis for patients with Clinical suspicion of heart failure.
- New/ undiagnosed Murmur.
- Clinical suspicion of Cardiomyopathy.
- Significant abnormal ECG.
- Report will be prepared by echo technician and reported to GP within one week.

Support of two Community Cardiovascular nurse specialists, one in the Community and one in Portiuncula Hospital. There is already a Cardiovascular Clinical Nurse Specialist in Heart Failure in University Hospital Galway.

How does this work?

The Cardiovascular Nurse Specialist provides advice in the implementation of the Heart Failure management protocols for the diagnosis and management of Heart Failure in General Practice.

Facilitates rapid assessment of patients at the Consultant led clinics in University Hospital Galway, and Portiuncula Hospital Ballinasloe by direct telephone contact and/or referral by fax or email.

She supports the General Practice in the provision of patient and carer education. She acts as interface between Hospital and General Practice to ensure ease of communication.

Since CHaMP was established the following is just a few of the achievements to date.

- Development of local protocol distributed to 136 General Practitioners.
- Establishment of heart failure clinics in both hospitals.
- Community Echo service provided from seven Local health centres in Co Galway.
- Introduction of nurse-led clinics in the community and in Portiuncula Hospital Ballinasloe.
- Introduction of heart failure screening in General practice.
- Development of patient information and communication booklet.
- Screening Clinics at General practices

INCA Conference_MAR11_INCA Mar_11 15/03/2011 11:13 Page 11

To determine the effect of exercise training frequency on functional capacity in cardiac rehabilitation

Authors:
CAROLINE FINN, NOELEEN FALLON, PATRICIA MC GEARY, ROSE O MAHONY, NORA FLYNN and VICTORIA JONES.
Adelaide & Meath Hospital, Tallaght, Dublin 24, Ireland.

Purpose

The goal of exercise rehabilitation in the cardiac population is to improve cardiovascular fitness and functional capacity. In the Republic of Ireland, Phase 3 Cardiac Rehabilitation (CR) programs last for at least six weeks in duration with patients exercising for a minimum of two sessions per week, allowing the patient to become familiar with the principles of exercise and training. The optimum frequency and duration of CR programs has not been clearly defined, although the guidelines recommended two to three times per week, for a minimum of eight weeks to achieve cardio-respiratory fitness. The purpose of this study is to determine whether there is a difference in functional capacity between patients who completed two separate CR programs.

Method

The study included a convenience sample of 103 patients who met the inclusion criteria from one public teaching hospital in the Republic of Ireland. The sample selected included males (n=79) and females (n=24) who met the normal eligibility criteria for the Phase 3 cardiac rehabilitation program.

The participants were given the option of attending either:

Program 1 (P1): Two exercise sessions per week for ten weeks

Program 2 (P2): Three exercise sessions per week for eight weeks.

A shuttle walk test was conducted on each participant before and after the program to ascertain a measure of functional capacity and to determine changes in physical fitness. The distance covered (metres); the rate of the body's oxygen uptake (VO2) and metabolic equivalent (MET) was calculated from the stage achieved by each patient.

Results

Forty five patients completed P1 and 58 patients completed P2. The mean age of participants in P1 Group was 62.89 +/- 7.52 and in P2 Group 60.38 +/- 7.69 SD years. The compliance to the program was similar for both groups. There was no significant difference found in functional capacity between participants who attended the two or three exercise sessions per week.

Conclusion

While a best-practice guideline has not been established for the duration and frequency of CR phase 3 programs, improvements in cardio respiratory fitness are seen after a minimum of two to three sessions per week for eight weeks. Patients who participate in CR programs experience improved functional capacity and achieving these benefits depends on good compliance to the exercise program.

An Audit of the Cardiac Surgery Pre Admission Clinic Activity and Efficacy 2005 – 2009

Authors:
MARY KINGSTON, NIAMH KIELY, MELLA BUCKLEY, EMER LODGE
Cardiothoracic Advanced Nurse Practitioners,
MAIGHREAD HOULIHAN, Data Manager
Department of Cardiothoracic Surgery, St James's Hospital, James's Street, Dublin 8

Patients awaiting elective cardiac surgery in St James's Hospital attend a pre admission clinic. At this clinic a pre operative detailed history and physical examination is performed, together with pre operative investigations. Patients are reviewed by other healthcare specialists involved in perioperative care.

The clinic provides an excellent opportunity to provide information and education about the planned surgery to the patients and their families.

An audit to determine the activity and efficacy of the cardiac pre admission clinic from 2005 – 2009 was conducted.

Data was collected from the Patient Auditing and Tracking System (PAT) and from records of the Cardiothoracic Surgery Coordinator St James's Hospital.

Analysis of the data revealed that 85% of all elective cardiac surgery cases attended the pre admission clinic form 2005 – 2009, however this represented 28% of all cardiac surgery cases performed in St James's Hospital during that period of time. Waiting times form attending the clinic to surgery date have increased over 5 years form a low of 37 days in 2007 to 116.5 days in 2008. The lack of availability of ICU beds was found to be the main reason for cancellation of surgery amongst these patients.

Surgical site infection surveillance scheme for patients who are undergoing cardiac surgery

Authors:
EMER LODGE, NIAMH KIELY, MELLA BUCKELY, MARY KINGSTON, Cardiothoracic Advanced Nurse Practitioners,
ROISIN RUANE, Surveillance Nurse Infection Control,
DR BRIAN O'CONNELL Consultant Microbiologist,
MR VINCENT YOUNG Consultant Cardiothoracic Surgeon

Objective:
Surgical site infection (SSI) results in significant morbidity and mortality amongst patients undergoing cardiac surgery. The cardiothoracic team in conjunction with the infection control team introduced a surgical site infection surveillance scheme in 2008 in order to establish rates of infection over time, determine causative pathogens, and guide interventions.

Methods:
Denominator data was collected electronically, numerator data by hand.

Results:
SSI rates decreased from 5.1% to 3% over ten quarters. Results indicated that meticillin-susceptible Staphylococcus Aureus was the most common causative organism of infection.

Conclusion:
The surveillance scheme prompted a review of pre-operative screening for carriage of staphylococci and a change in protocol. The scheme demonstrates that introduction of SSI surveillance is possible without significant resources and can lead to a reduction in rates of SSI. Analysis and feedback is performed using posters and bi-annual meetings.

INCA Conference_MAR11_INCA Mar_11 15/03/2011 11:13 Page 14

Symptoms, diagnosis and history are more important influences of pre hospital delay time in acute coronary syndrome patients compared to sociodemograpic factors

Authors:
MCKEE G.,[1] MOONEY M., O'DONNELL S.,[1] O'BRIEN F.,[1] MOSER DK,[2]
[1]Nursing and Midwifery , Trinity College Dublin, Ireland.
[2]University of Kentucky, USA.

The recent literature indicates that the time taken from symptom onset to presentation to hospital with acute coronary syndrome (ACS) symptoms varies greatly and ranges from 1.5-16 hours. Pre-hospital delay time has changed little over time and there are many factors that influence it. The purpose of the study was to ascertain the main factors that continue to influence pre-hospital delay time.

Methods:
This cross-sectional study was a component part of a multi-site RCT examining the impact of an intervention on pre-hospital delay time. Data were collected using questionnaires and patient interview, which were confirmed against patients' notes. Data were analysed using PASW version 18. Multiple regression was used to determine predictors of delay time (transformed) from among sociodemographic (i.e., age, gender, marital status, education level, employment status, medical insurance), clinical (i.e., history of AMI, bypass surgery, angioplasty, diabetes, hypercholesterolemia, hypertension, family history of heart disease), symptom (i.e., symptoms experienced during their ACS event), and cognitive (i.e., knowledge, attitudes and beliefs about heart disease, symptoms and how to respond to symptoms) predictors.

Results:
1,947 patients who had a recent ACS event were enrolled in the study. Of these 28.1% had an STEMI; 36.3% NSTEMI; and 35.5% had unstable angina. The mean age was 63.9 ± 11.6 years, BMI was 27.5±4.7 kg/m2 and 72% were male. Median delay time was 4.2 hours (25th percentile, 1.67 and 75th percentile, 18.9 hours). No sociodemographic factor predicted delay time. History of bypass surgery ($p = 0.04$) and hypercholesterolemia ($p = 0.04$) predicted longer delay times. While patients' whose ACS event was a STEMI ($p < 0.001$) had shorter delays than those with non-STEMI or unstable angina. Patients with more accurate or better attitudes had shorter delays ($p < 0.001$). Presence of the following symptoms during the patient's ACS event predicted shorter delays: chest pain or pressure ($p < 0.01$), shortness of breath ($p = 0.022$), dizziness ($p < 0.001$), dread ($p < 0.001$), sweating ($p = 0.03$) and fatigue ($p < 0.001$). Patients who had a headache during their ACS event experienced longer delays ($p = 0.026$).

Conclusion:
The identification of the factors, particularly the modifiable factors that influence pre-hospital delay is important so that strategies can be developed to address these deficits and further reduce pre hospital delay time.

Contact details
Dr Gabrielle McKee,
Trinity College Dublin,
School of Nursing and Midwifery
24 D'Olier St., Dublin 2, Ireland
Telephone: 00353 1 896 2779
Email: gmckee@tcd.ie

INCA Conference_MAR11_INCA Mar_11 15/03/2011 11:13 Page 15

DATES FOR YOUR DIARY

NATIONAL MEETINGS

INCA Annual Scientific Meeting
Tullamore Court Hotel
March 25th 20110

EUROPEAN MEETINGS

11th Annual Spring Meeting on Cardiovascular Nursing
11th Annual Spring Meeting of the European Society of Cardiology Council on Cardiovascular Nursing and Allied Professions (CCNAP),

Brussels, Belgium, 1-2 April 2011

Euro Prevent 2011
Geneva – Switzerland
14 April to 17 April 2011

Heart Failure Congress
Gothenburg, Sweden,
21-24 May 2011

EHRA EUROPACE
Madrid, Spain,
26-29 June 2011

For further information on the above conferences
www.incanursing.ie

For more information on European meetings please log on to **www.escardio.org**

Any submissions or suggestions for the newsletter?
Please submit to
Rita Smith Newsletter Editor C/O Admin@incanursing.ie

INCA Conference_MAR11_INCA Mar_11 15/03/2011 11:33 Page 16

INCA WEBSITE: www.incanursing.ie

Website Benefits:

With our new website it is possible to register or renew membership and pay your membership fees online.

Go to **www.incanursing.ie** then click on the membership link and follow the instructions from there. You will be required to complete the necessary details and then be directed to PayPal to pay the membership fee.

Other great benefits of the website include:

- Online registration for conferences
- A discussion forum to exchange information among other cardiovascular nurses
- Email communication/correspondence from the committee (eco friendly)
- Access to a members only section where only members can view:
  - Educational material
  - Presentations from Scientific Conferences
  - Presentations from Meetings
  - Links to useful web sites
  - Links to useful cardiology articles
  - Regular newsletters
  - Information on Special Interest Groups
  - Register to receive communication from Special Interest Groups

It is our intention to phase out the hard copy documents that we mail to you and to correspond by email in the future. The phasing out will take a few months so that you get familiar with the email communication.

Educational Bursary & Travelling Fellowship

Congratulations to the winners of the Educational Bursary 2010.

- Rita Smith,
- Sophie Charles
- Irene Gibson
- Mary O'Connor
- Roisin Brennan

Only one application was received for the Travelling Fellowship and it goes to

- Fiona Colbert

(Kindly sponsored by Merck Sharpe & Dohme)

Further details on educational bursary and travelling fellowships can be found on www.incanursing.ie

Irish Nurses Cardiovascular Association
www.ncnm.ie/inca