

NEWS FROM THE PRESIDENT OF SA HEART®

Dear SA Heart® Members

In November last year, the SA Heart® Board met for a 2-day strategy session to discuss our structure, vision, mission, as well as a new way forward for our association. This meeting was ably facilitated by Mr Chandu Kashiram, who is a self-employed business consultant, with particular expertise in risk management, compliance, ethics, governance, as well as internal control and financial management. We are extremely fortunate and grateful that Chandu has volunteered these services to SA Heart®.

SA Heart®'s vision is to Advance Cardiovascular Care for all living in South Africa, and as the scientific leaders in this country, we have identified 4 main pillars that underpin our goals: science, education, membership and policy. If we align all our efforts to these key values, we will achieve our mission, which is to champion equitable, sustainable healthcare, leading and innovating in the cardiovascular sciences, educating professionals, our members and the community;

and, importantly, to influence healthcare policy. Our direction must involve the entire SA Heart® family, if we are to remain the key opinion leaders and the go-to organisation in cardiovascular health. We sincerely hope that you will enthusiastically follow us on this path.

We are now in the process of aligning our Memorandum of Incorporation into a new model. Our vision, mission and strategic pillars, combined with a code of conduct the Board has developed, will firstly influence direction of the Board, the work in our standing committees, our regional branches and special interest groups (SIGs).

Our 4 standing committees have often indicated that their mandate is not clear. We have therefore drawn up new terms of reference for them to function under. It is also imperative that all SIGs have representation within these committees.

It has been decided to amalgamate the Education and Full-time Salaried Committees, as they are greatly involved in

THE SOUTH AFRICAN HEART ASSOCIATION



OUR STRATEGIC PILLARS

Science
 Education
 Membership
 Policy

FIND US:
 Follow us on Facebook and Twitter:
@SAHeartassociation
@SAHeart_ZA
 Visit us online: www.saheart.org



1. WHO WE ARE

We are the scientific leaders in South Africa in cardiovascular healthcare delivery, research and education.



2. OUR VISION

Advancing cardiovascular healthcare to all living in South Africa.



3. OUR MISSION

- To champion equitable, sustainable healthcare
- To lead and innovate in cardiovascular sciences
- To educate professionals, members and community
- To influence cardiovascular healthcare policy

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NEWS FROM THE PRESIDENT continued

similar aspects of work. This new committee will be responsible for educational programmes for our members (together with SIG programmes and regional CPD (Continuing Professional Development) accredited meetings).

The Ethics and Guidelines Committee will peruse new editions of European Society of Cardiology (ESC) guidelines, consider whether they would need a local position statement/comment, and consider commentaries on the ethics of current important cardiovascular-related issues in the news. The committee's mandate states that personal ethics of practitioners are not the gambit of this committee. I, however, believe that we should play such a role. A recent complaint (from a patient with regard to a particular cardiology practice) was successfully resolved by Dr Osrin, before this could have been escalated to the Health Professions Council. We therefore believe that such intervention may well avoid further difficult and legal consequences.

The South African Society of Cardiovascular Intervention (SASCI) Private Practice Committee (PPC) will continue to represent SA Heart® without the need for an additional separate similar committee. The Board has thanked and expressed our gratitude to SASCI. Dr JP Theron has resigned as the chairman of the PPC. We hugely thank JP for his work in the past. Dr Jean Vorster has now been appointed chairman as such. The PPC will also now have wider representation from all of the SIGs. The main objective for this year is a CPT (Current Procedural Terminology) cross-walk to determine what the billing/coding will look like under CPT as opposed to the usual SAMA (South African Medical Association) coding. Once the cross-walk has been completed, we will engage with the funders for a cost-analysis thereof. Karen van der Westhuizen (independent clinical coding consultant and auditor) has been consulted. CPT takes the ambiguity out of the whole coding process and disincentivises practitioners for over-servicing; it rather rewards for appropriate management. The ultimate aim in the next 2 - 3 years will be to develop a full-time business unit with permanent staff/experts to take care of our private practice members' issues, and to engage with funders when problems arise. It is important that SASCI is presently funding the PPC

activities. In the future, a full-time business unit will have to be funded by a monthly fee to all those who require the PPC service.

RECENT PPC ISSUES

SAMA mistakenly placed a rule that code 1252 (coronary angiography) cannot be charged when an angioplasty is performed! This was picked up by 2 of the funders and potentially would result in huge consequences for those in private practice. Fortunately, SAMA has agreed to immediately correct this mistake. They have assured the PPC that they will constructively engage with us in future. Dr Vorster met with SAMA last week in this regard. We recently have resolved a number of other issues with various funders. I ask those who request PPC assistance to be patient with the committee – they are not full-time employees to perform these duties.

We are planning to form a new congress committee to streamline organisation and the scientific programme planning. We want to avoid "re-inventing the wheel" every year with a committee that has never before organised a national congress. The historic rotation through the branches will be incorporated by asking the respective branches to appoint 2 representatives to serve in a particular year. As has always been customary, the congress committee will have representation from all interested SIGs. While experienced convenors will form the initial core of the committee, younger members will be recruited. We need emerging, energetic and youthful leaders on board with us.

SA Heart® recently partnered with the ESC for angina awareness month. The project was funded by Servier Laboratories. We thank all of those who were involved in media interviews to educate and inform the public about the significance of angina. We have been informed that the campaign achieved a significant reach and perhaps has even saved some lives.

Please follow SA Heart® on social media (Facebook and Twitter) with our extremely vibrant programme. In this regard I thank Professor Zühlke and Carrine Visagie. Facebook remains our strongest social media platform and

posts have reached 89 250 individuals, up from 20 000 since the beginning of this year. The following is interestingly predominantly female (72%), with the greatest percentage between the ages of 25 - 34 years. The community is very responsive in terms of sharing posts, as well as commenting and responding to them. We currently have more followers on Facebook than the Heart & Stroke Foundation South Africa. Twitter growth remains a challenge (it's harder to advertise effectively on this platform). Please help us to grow our Twitter community by sharing our posts. Please would you also forward any local and relevant content for inclusion on these platforms.

This year is the 20th anniversary of SA Heart®. In celebration, we will be launching an intensive media campaign

to highlight our work, the achievements of our members and our plans for the future. We look forward to sharing these and other events with you in the next months.

Please don't hesitate to contact me with any suggestions. I also invite you to co-opt yourselves onto the various committees. We need more committed members to assist and to contribute.

With warm regards

David Jankelow
SA Heart® President
djankelow@icon.co.za

SAVE THE DATE

New Horizons in Echocardiography

11th Annual Conference

11th – 14th July 2019



Wits School of Public Health, Parktown, Johannesburg

Faculty

Jeroen Bax, Petros Nihoyannopoulos, Farouk Mookadam, Bijoy Khandheria, Ferande Peters, Christopher Kramer, Hilary Huisheere, Justiaan Swanenvelder, Blanche Cupido, Anupa Patel, Farouk Mamdo



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA



EACVI
European Association of
Cardiovascular Imaging
 European Society of Cardiology

POPULAR CONGRESSES FOR 2019/2020

CONGRESS	DATE	CITY	COUNTRY
AMERICAN SOCIETY OF ECHOCARDIOGRAPHY CONFERENCE https://www.emedevents.com/c/medical-conferences-2019/american-society-of-echocardiography-ase-30th-annual-scientific-sessions	21 - 25 June 2019	Portland	United States of America
CSI FRANKFURT 2019 https://www.csi-congress.org	26 - 29 June 2019	Frankfurt	Germany
NEW HORIZONS IN ECHOCARDIOGRAPHY www.newhorizonsinechocardiography.co.za	11 - 14 July 2019	Johannesburg	South Africa
SOCIETY OF CARDIOTHORACIC SURGEONS OF SOUTH AFRICA MEETING Contact Desiree Naicker at desiree@confco.co.za	18 - 21 July 2019	Durban	South Africa
ESC CONGRESS 2019/WORLD CONGRESS OF CARDIOLOGY https://www.escardio.org/Congresses-&Events/ESC-Congress	31 August - 04 September 2019	Paris	France
TCT 2019 http://tct-congress.org	25 - 29 September 2019	San Francisco	United States of America
PASCAR/20TH ANNUAL SA HEART® CONGRESS/ AFRICAPCR 2019 http://www.saheart.org/congress2019	31 October - 3 November 2019	Sandton	South Africa
AHA 2019 SCIENTIFIC SESSIONS https://professional.heart.org/professional/index.jsp	16 - 18 November 2019	Philadelphia	United States of America
PCR LONDON VALVES https://www.escardio.org/Congresses-&Events/EuroEcho	17 - 19 November 2019	London	United Kingdom
CSI AFRICA 2019 www.csi-congress.org/csi-africa.php	29 - 30 November 2019	Dar es Salaam	Tanzania
EUROECHO 2019 https://www.escardio.org/Congresses-&Events/PCR-London-Valves	04 - 07 December 2019	Vienna	Austria
SCAI 2019 FALL FELLOWS COURSES https://www.scai.org	07 - 10 December 2019	Las Vegas	United States of America
SOUTH AFRICAN SOCIETY OF ANAESTHESIA CONGRESS https://www.sasacongress.com	11 - 15 March 2020	Pretoria	South Africa

Please also consult the SA Heart® online calendar at www.saheart.org/events/eventcalendar for constant updates as well as a number of ISCAP workshops and SASCI/SA Visiting Professor evening lectures around the country.

FIRST FEMALE PRESIDENT OF THE WORLD HEART FEDERATION

As Professor Karen Sliwa took over as the first female President of the World Heart Federation, she summarises her hopes, goals and aspirations. In becoming the first female President of the World Heart Federation (WHF) in its 40-year history, Professor Karen Sliwa has outlined her focussed overall goal for her 2-year tenure: "Equity and heart health for everyone."

Within that, she continued: "My hopes and aspirations for the WHF are to ensure that as many human beings as possible, regardless of their country, region, origin, race, gender, age, education and revenues, are entitled to the best cardiovascular health and well-being."

Taking over as President from January 2019, Prof Sliwa has taken a year of sabbatical leave from her current position as Director of the Hatter Institute for Cardiovascular Research in Africa at the University of Cape Town to focus on her new role. However, her research projects, some clinical work and supervision of post-doctoral students will continue.

She believes the role of the WHF, with a large board of active and high-profile members, is very well positioned to tackle all aspects of cardiovascular disease (CVD): "In a connected and changing world, where collaboration is increasingly seen to be the norm, the role of the WHF is unique in dealing with the prevention and management of cardiovascular disease because we are the only global representative body for the entire cardiovascular community (including the national and continental cardiology scientific societies and foundations)."

WHF represents more than 200 organisations, each with cardiologists, specialist physicians, cardiothoracic surgeons, paediatric cardiologists, basic scientists, nurses and community workers as members.

"In this sense, we are the only voice dealing with all aspects of cardiovascular diseases at the global level," she added. "We do this through our official relations with the World Health Organisation and we also voice our vision and concerns with other bodies such as the United Nations, the World Bank and relevant stakeholders."



Professor Faustos Pinto, Professor Karen Sliwa and Professor Jeroen Bax at her inauguration in Dubai in 2018.

Prof Sliwa acknowledges that the cardiovascular challenges are diverse in the different regions of the globe. She points to the scenario, for example, in many sub-Saharan countries where less than 5% of the population is older than 65.

"Therefore, the goal can't be to only reduce premature cardiovascular disease mortality but to address the better management of hypertension and to improve care of patients suffering from rheumatic heart disease or heart failure due to an idiopathic cardiomyopathy," she said.

"I know that each country and region has its strengths and weaknesses, and that there are lessons we can learn from each other; irrespective of the level of health development.

"During our last congress in Dubai, I spent a lot of time listening and talking to as many WHF members and partners as I could to ensure that we can understand better what they need and how we can help. Even small changes in skill transfer or legislation, for example, can have a huge impact."

Her main areas of clinical and pathophysiological research are around heart failure, CVD related to poverty such as Rheumatic Heart Disease (RHD) and peripartum cardiac conditions, and she stresses that these topics will continue to have a "special place" in her heart alongside her overall key goals.

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FIRST FEMALE PRESIDENT continued

Prof Sliwa has identified several specific areas as being equally important to fulfil the mission of WHF. She is particularly keen to strengthen the organisation's leadership role in global advocacy and WHF has just adopted an Advocacy strategy which will continue to rally members and partners around existing agendas such as the SDGs (Sustainable Development Goals) as well as more cardiovascular-specific topics, including RHD and Chagas disease.

"I am also particularly keen to ensure that WHF continues to be financially sustainable, and put into place measurement and evaluation frameworks," she added.

Her tenure comes at a time of continuing challenges facing the prevention and treatment of CVD – more than a billion people have hypertension with 47% unaware of their condition and only one in seven having it under control.

"This is unacceptable, as solutions do exist," said Prof Sliwa. "Investing in interventions to tackle non-communicable

diseases (NCDs) is a matter of health justice, affecting the most vulnerable among us. For many patients and their families in low- to middle-income countries, having a heart attack or heart failure has a catastrophic impact on the household."

She points to data showing that often more than 25% of the household income is spent on medication and how the ~~haven't~~ report "Saving Lives, Spending Less" demonstrates real return on investment for governments. "For every US\$1 per person per year spent on the WHO Best Buys, there is a yield of US\$7, and a priceless return in improved health and well-being," she explained.

Prof Sliwa recognises the need to reflect the WHO approach in calling for a "whole of government, whole of society", approach to health policies. Rather than just interact with health ministries, the health and scientific community should seek relationships with other govern-



Rheumatic Heart Disease Task Force Group.

ment departments such as finance and trade ministries and the environmental departments that are “responsible for cleaning up the air we breathe.”

“In order to meet the past and future challenges, we will prioritise economic arguments alongside the commitment to reduce disease and death,” she vowed. “We will also continue to ensure that the most successful WHF advocacy continues to be as successful as it was in the past, specifically in areas where WHF added unique value such as RHD.”

RHD is a topic Prof Sliwa is particularly interested in, having been involved in important trials in Soweto, South Africa, and elsewhere in Africa and having worked extensively in maternal cardiac health.

With the passing of a WHO Resolution on RF (Rheumatic Fever) and RHD in May 2018, she believes this heralds a new era for RHD as the Resolution focuses attention on RHD and commits the WHO, member states and the global community to work concretely on eradicating the disease. In response, WHF established a taskforce – which Prof Sliwa leads – to work towards implementing the Resolution and aiming to take a comprehensive look at tackling all aspects of RHD. The aim of this task force is to encourage all the clinicians and researchers who have been working on tackling RHD on numerous levels to join forces and to work well together.

That includes ensuring reliable access to BPG (Benzathine Penicillin G) – a form of penicillin which is currently the only effective antibiotic available to prevent the development of RHD – and working towards increasing cardiac surgery capacity to treat established RHD cases. With a global shortage of the drug, as well as issues surrounding its administration, WHF is working with WHO and pharmaceutical manufacturers to try to ensure BPG availability and identify and solve issues related to its use on the ground. The WHF is also closely working with organisations such as RhEACH, led by Prof Liesl Zühlke and Prof Jonathan Carapetis.

She said: “Our other focus this year is on improving access to surgical treatments for those whose disease can no longer be treated with medication alone.” That sees WHF

partnering the newly-established Cardiac Surgery Inter-society Alliance (CSIA), an umbrella organisation under the leadership of Prof Peter Zilla whose goal is to address the gap in cardiac surgical services for RHD, to work on pilot projects for the development of local capacity-building in low-income countries.

‘RHD is a topic Prof Sliwa is particularly interested in, having been involved in important trials.’

A strong advocate of the WHF Salim Yusuf Emerging Leaders programme, Prof Sliwa sees it as “a great opportunity for empowering the next generation of leaders to shape the future of cardiovascular health.”

Each year WHF invites 25 outstanding individuals to meet, share experience and participate in ground-breaking research, with the programme for this year focussing on the implementation of the WHF Roadmap on Heart Failure.

She also acknowledges the importance of supporting smaller organisations that are seeking assistance, input and engagement from WHF and spending time to nurture these organisations and provide them with effective leadership.

“I represent Africa and low-income countries and therefore this will be a key focus during my presidency,” she added.

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FIRST FEMALE PRESIDENT continued

Major points in her tenure will be the United Nations High Level Meeting on Universal Health Coverage and the 2019 Climate Summit, and she also recognises the significance of her being the first female WHF President.

"I have often been the first female holding a certain position in the discipline of cardiology that historically trained much fewer women than men," she said. One position was the first female SA Heart® president. "I think it is rather regretful that it took four decades that the president of the WHF happened to be of female gender."

"However, I constantly encourage women to put their name forward to serve on boards and to make themselves available to lead organisations. I am glad to lead a gender-balanced WHF board. There is clear evidence from the business world that gender-balanced boards are strategically more successful ... and I think that the meetings are more lively!"

WHF AND ESC EUROPEAN CONGRESS

In 2019 the WHF will join forces with the European Society of Cardiology in holding a joint congress in Paris on 31 August - 4 September 2019. The theme of the congress



Professor Barbara Casadei and Professor Karen Sliwa.

is "Global Heart". Prof Sliwa invites SA Heart® members to participate in the interactive congress as there will be many sessions and forum discussions with particular global relevance.

[WHF statement](#)

WEBSITE LINKS

SA HEART®	www.saheart.org
CASSA	www.cassa.co.za
HEFSSA	www.hefssa.org
PASCAR	www.pascar.org
PCSSA	www.saheart.org/pcssa
SASCAR (RESEARCH)	www.sascar.org.za
SASCI	www.sasci.co.za
ACC	www.acc.org
ESC	www.escardio.org
WORLD HEART	www.world-heart-federation.org



THE INAUGURAL PROTEA WORKSHOP

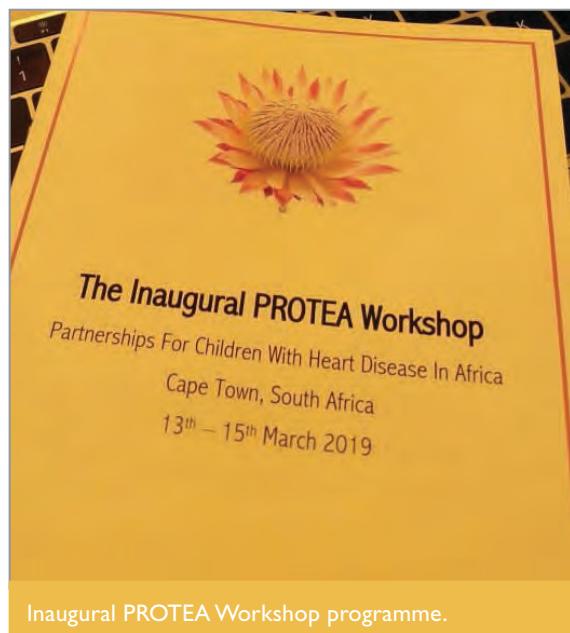
The 13 - 16 March 2019 marked the Inaugural PROTEA (Partnerships for Children with Heart Disease in Africa) Workshop, hosted by the Children's Heart Disease Research Unit (CHDRU) directed by Associate Professor Liesl Zühlke in conjunction with the Western Cape Paediatric Cardiology Service. It was opened by the Vice-Chancellor of the University of Cape Town, Prof Mamokgethi Phakeng. A first in Africa, this workshop combined four events: a research methods workshop, a basic echocardiography workshop, followed by 2 days of advanced echo, as well as a Rheumatic Heart Disease (RHD) research think-tank.

The CHDRU was established in 2015 by A/Prof Zühlke with the goals to:

- Conduct, promote and support children's heart research on the African continent
- Facilitate Implementation Science
- Provide postgraduate supervision and training in children's heart research.

CHDRU's Vision and Mission are:

- **Vision:** integrating research and clinical practice to improve the lives of all with congenital and paediatric heart disease



■ **Mission:** conducting innovative, patient-centred and accountable research with the focus on African areas of need.

Two key projects are ReACH and PROTEA.

REACH: TO STOP RHEUMATIC HEART DISEASE

ReACH was founded in 2014 by Prof Jonathan Carapetis and Prof Zühlke and is a scientific and technical initiative to achieve RHD control. ReACH works across 3 strategic areas: People – supporting those living with and affected by RHD, Policy – ensuring ARF(Acute Rheumatic Fever)/RHD are national health priorities in endemic countries, and Programmes – providing technical assistance on ARF/RHD prevention and control.

PROTEA: THE PROTEA STUDY

Partnerships for Congenital Heart Disease in Africa (The PROTEA Study) aims to address gaps in evidence in congenital heart disease (CHD) epidemiology by establishing a comprehensive phenotype and genotype registry, developing a biobank for DNA extraction and genetic analysis, and utilising computational fluid dynamics to potentially develop new treatment modalities for CHD. A key component of this study is capacity-building, teaching and training, and expanding into other sites in Africa.

These 2 interests were merged in this workshop: bringing together colleagues from South Africa and around the world to focus on novel research ideas to impact and change the lives of those living with RHD and then providing some feedback and further training into echocardiography as we demonstrate how research can impact clinical practice.

RESEARCH METHODS

A data management and research methods workshop for programme managers involved in Cape Town studies which will be extending to Namibia, Zambia and Botswana was coordinated by A Prof Mark Engel. The workshop touched on many essential elements in research, ranging from study design and literature review to data management and quality control. Workshop attendees enjoyed interactive and engaging sessions designed to mimic real life scenarios. In particular, role-playing the consent process gave partici-

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THE INAUGURAL PROTEA WORKSHOP continued

pants the opportunity to witness and then discuss some of the more common challenges which often arise.

BASIC ECHO

The basic echo workshop included hands-on sessions and a thorough introduction to basic paediatric echocardiography. Broadly, the workshop covered the evaluation of both simple and common CHDs as well as advanced techniques in acquired heart disease. Hands-on sessions gave participants the opportunity to put their new-found knowledge into practice. This was the first echo workshop dedicated to paediatric echo to be held in South Africa and had great interest from all.

ADVANCED ECHO

Following on from the basic echo workshop, the advanced echo workshop included 2 days of didactic lectures, practical sessions and a hilarious and very useful echo quiz. Featured speakers were from the department, but also colleagues from the rest of South Africa, Uganda, Namibia, Malawi, as well as distinguished international guests and ex-South African, Prof Will Border, as well as Prof Nigel Wilson and Prof Craig Sable from New Zealand and United States of America, respectively.

THINK-TANK

Alongside the echo workshops, and in preparation for a major grant application, we ran an RHD research think-tank which featured luminaries in the RHD world such as Prof Carapetis and Dr Ana-Olga Mocumbi.

LISTEN TO MY HEART

To round off the week's activities, a patient and family event was held on Saturday 16 March. Over 50 heart patient families were hosted at the Red Cross War Memorial Children's Hospital where children were treated to a soft play area, face painting and a magic show while their parents and care-givers watched a number of educational presentations. Various topics including living with CHD, nutrition, sports and pregnancy were covered, after which everyone enjoyed a nutritious lunch.

CONCLUSION

The event was a resounding success with 130 delegates from 19 countries and all 6 continents, making it truly global and giving attendees the opportunity to meet and network with experts in the fields of rheumatic and congenital heart disease.



The organisers with Prof Mamokgethi Phakeng (second-last, right) and Prof Bernard Keavney (last, right).



Some of the delegates at the conference.

SOME COMMENTS

"My warmest thanks for your welcome and invitation to this outstanding meeting. Congratulations! Inspiring!"

A delegate from the World Health Organisation

"I am writing this email with great joy and satisfaction to thank you for all your support and attention that allowed me to participate in the Inaugural PROTEA Workshop, this opportunity has filled me with enthusiasm to give more strength to the work we are developing in RHD, CHD, Echo diagnostics and also Heart Failure."

Delegate from Mozambique

"Thank you for this amazing day: now having CHD does not make me feel so alone."

RXH patient



Children at the Listen to My Heart event.

Funding was provided by the University of Manchester, the University of Cape Town and CHDRU. In addition, several attendees also funded other delegates. Most African Fellows were supported in full and South African Fellows were supported in part and only paid minimal registration fees. A special thanks to Prof Bernard Keavney, from the University of Manchester, for his assistance and support. The meeting was fully organised by the CHDRU; special thanks to Ms Lorrein Muhwava and Ms Jessica Abrams.

Liesl Zühlke and Lisa Telford

UCT HEART SURGEON AWARDED AUSTRIA'S HIGHEST NATIONAL ACCOLADE

Prof Peter Zilla, Head of the University of Cape Town's Chris Barnard Division of Cardiothoracic Surgery, has been awarded Austria's highest national accolade, the Grand Decoration of Honour for Services to the Republic of Austria.

The Austrian-born Zilla was recognised for his groundbreaking work in the development of innovative concepts for trans-catheter heart valve technologies. He received the award, granted by the Federal President of the Republic of Austria, at a ceremony at Groote Schuur Hospital last week attended by about 60 people, including UCT Vice-Chancellor Professor Mamokgethi Phakeng.

Zilla became head of the Chris Barnard Division of Cardiothoracic Surgery in 2000. Under his leadership, the department expanded both its staff and operations following a steep decline in adult cardiac surgery cases in the second half of the 1990s. Over the past decade, the department has become a leading training institution for cardiothoracic surgeons from across Africa.

In 2008, Zilla also co-founded Strait Access Technologies (SAT), of which he remains CEO and Medical Director. As a UCT start-up company, its objective is to provide access to heart valve therapies for millions of patients in the developing world.

University of Cape Town material – reprinted with permission



Beth Engelbrecht, Mrs Suzy Zilla and Prof Peter Zilla.



The Austrian Ambassador Brieger and Prof Zilla.



The medal.

THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

This scholarship is available to full and associate members of the SA Heart® Association living in South Africa. It is primarily intended to assist colleagues involved in much-needed research to enhance their research programmes.

REQUIREMENTS

- Applicants need to be fully paid up members/associate members in good standing for at least one year.
- Applications must include:
 - The applicant's abbreviated CV
 - A breakdown of the anticipated expenses
 - Ethics approval
 - Full details of the research
 - The completed application form - please request a fillable MS Word document from erika@saheart.org
 - Contact details of Head of Department or supervisor/mentor

RECOMMENDATIONS

- Preference will be given to early and mid-career applicants (<5 years post-qualification as specialist and/or <5 years post-PhD qualification).

CONDITIONS

- Applicants may only submit 1 application every second year. Preference is given to those who have not had previous scholarships awarded.
- Awards are granted for one specific research project. Should that specific project be cancelled or the full amount allocated not be utilised for any reason, then the funds must revert to SA Heart®.

APPLICATIONS MUST BE EMAILED TO:

erika@saheart.org

THE SELECTION PANEL WILL REVIEW APPLICATIONS ANNUALLY AND THE CLOSING DATE IS 30 SEPTEMBER 2019.

One scholarship to a maximum amount of R65 000 will be awarded annually.

SA Heart® commits to inclusive excellence by advancing equity and diversity.

We particularly encourage applications from members of historically under represented racial/ethnic groups, women and individuals with disabilities.

INTERVENTIONAL SOCIETY FOR CATH LAB ALLIED PROFESSIONALS

We have had a roaring start to 2019 with a lecture series kicking off in the first term! ISCAP would like to thank you for supporting these lecture meetings and thus contributing to the excellence we believe every cath lab should maintain, as well as conveying knowledge to our fellow colleagues.

ISCAP NATIONAL LECTURE SERIES 2019 (SUPPORTED BY MERIT MEDICAL)

Interventional Society for Cath Lab Allied Professionals (ISCAP) is focussed on ongoing training for all Cath Lab Allies, including nurses, radiographers and technologists.

On 26 January 2019, 66 Allied Professionals attended our workshop in Cape Town supported by Merit Medical SA. The following topics where discussed:

- Distal radial access ■ Uterine fibroid embolisation ■ Prostatic artery embolisation

CPD Accredited for 3 Standard CEUs through the University of Pretoria.

During this workshop, we had the privilege of hosting the well acclaimed international speaker, Dr Darren Klass.

The second workshop of this series was held on 16 February 2019 in Durban at Coastlands on the Ridge Hotel, with Dr Werner van Straaten as faculty. We had a great turnout of 52 Allied Professionals attending the meeting.

On 2 March 2019, we hosted the third workshop of this series supported by Merit Medical at Midrand Protea Hotel for the Gauteng region. A massive number of 62 Allied Professionals attended this workshop! We had the privilege of listening to Dr Michelle da Silva.

A RECENT EVENT TOOK PLACE IN PORT ELIZABETH, AND AN UPCOMING EVENT IN BLOEMFONTEIN:

11 May 2019: Eastern Cape – Port Elizabeth Ibyani Guest House.

20 July 2019: Free State – Bloemfontein Leopard & Lace Guest House.

During this lecture series the attendees received a teal-coloured ISCAP & SASCI branded theatre buff.

ISCAP thank Merit Medical for their support and commitment to making this lecture series a tremendous success.



Allied professionals at ISCAP gatherings.



Allied professionals at ISCAP gatherings.

ISCAP NATIONAL LECTURE SERIES 2019 (SUPPORTED BY BOSTON SCIENTIFIC, RIVERDENE AND SIEMENS)

On 16 March 2019, ISCAP hosted the first of this work-shop series in Port Elizabeth with a record attendance of 39 Allied Professionals! This series covered the following topics:

- **Stuck between a rock and a hard place:** Rotational Atherectomy Overview
- **Contrast indications: More than basics:** Dr Ranchod
- **Ethics of Artificial Intelligence in healthcare:** Sinal Govender

CPD Accredited for 2 Standard and 1 Ethics CEU through the University of Pretoria.

On 6 April 2019, ISCAP hosted the second workshop of the Boston Scientific, Riverdene and Siemens series at Leopard & Lace, Bloemfontein. Twenty-eight Allied Professionals attended this workshop. We had the privilege of listening to Dr Visagie, Dr Ranchod and Ms Govender.

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ISCAP continued

Please diarise the following dates to ensure you do not miss out on this workshop series:

20 July 2019: Gauteng Midrand Protea Hotel

3 August 2019: Western Cape Cape Town, Century City Conference Centre

During this lecture series the attendees received an ISCAP branded string bag with corporate gifts from the sponsoring industry, as well as a blue ISCAP & SASCI branded theatre buff.

Dr Ranchod and Ms Govender will be traveling to all the different regions – you do not want to miss this workshop as we have had exceptional feedback up until now.

Thank you to Boston Scientific, Riverdene and Siemens for their unrestricted grant which made this lecture series possible.

ISCAP NATIONAL LECTURE SERIES 2019 (SUPPORTED BY TERUMO AND VERTICE MEDTECH GROUP)

Please Save the Date for the following workshops, made possible by the educational grant of Terumo and Vertice Healthcare:

24 August 2019: Port Elizabeth Ibyani Guest House

7 September 2019: Bloemfontein Leopard & Lace Guest House

We also thank Biotronik for their sponsorship towards a fourth ISCAP Lecture Series and are currently looking for other industry representatives to partner with them.



ISCAP branded string bag with corporate gifts from the sponsoring industry, including a theatre buff.

If you wish to receive more communication regarding the ISCAP Workshops offered in your region or other CPD events and sponsorships, feel free to contact Joh-Ann Nice (joh-ann.nice@medsoc.co.za) or your regional chairperson.

The SASCI and ISCAP Executive Committee request that industry partners who are planning an additional workshop, kindly inform the ISCAP Office (joh-ann.nice@medsoc.co.za) to ensure that there are no clashes.

On behalf of ISCAP, I would like to thank all those who assisted in driving the Allieds' Professional Development.

Waheeda Howell
ISCAP Chairperson



The poster features a large red heart on the left side. To its right, the text reads: "PASCAR, SA Heart® & AfricaPCR Join forces for the 2019 Congress 31 October - 3 November 2019 Sandton Convention Centre Johannesburg, South Africa". Below this, it says "Cardiovascular Care - Meeting the Needs of Africa" and provides the website "www.saheart.org/congress2019". At the bottom left, logos for ESC, SA Heart, and AfricaPCR are shown. On the right side, there is a colorful, abstract illustration of a city skyline at night.



S A S C I

South African Society of
Cardiovascular Intervention

SASCI – MASTER THE COMPLEX 2019

The SASCI 2019 academic calendar for experienced cardiologists had an exciting start with the South African rendition of the international Master the Complex series on 25 and 26 January, hosted in Bryanston at Boston Educare Training Facility.

The programme was developed by SASCI Exco, Dr Dave Kettles and Prof Farrel Hellig, and Dr Awad Mohamed (Sudan), Chairperson of the PASCAR Interventional Cardiology Task Force, and saw almost 60 interventional cardiologists attend from South Africa, Kenya, Sudan, Mauritius and Namibia.

The programme covered various aspects of complex interventional cardiology including live cases from The Royal Victoria Hospital, Belfast, Ireland, and Sunninghill Hospital, Johannesburg. This educational initiative was a great success with well-renowned international faculty, Dr Simon Walsh and Dr Julian Strange, adding a lot of value.

The case-based and practical approach of the meeting ensured learning opportunities for all the delegates. The delegates also gained exposure to the latest trends and technologies in interventional cardiology. SASCI is privileged to be actively involved in this meeting and is working with PASCAR and Boston Scientific towards advancing cardiology education and training in South Africa and sub-Saharan Africa.

15TH ANNUAL SASCI FELLOWS

WORKSHOP

We are happy to announce the dates of the 15th Annual SASCI Fellows Workshop 2019 from 17 - 18 August, to be hosted at Faircity Quatermain Hotel in Sandton, Gauteng. The meeting in 2019 will once again be offered as a stand-alone meeting as the combined SA Heart® Congress and AfricaPCR Course 2019 (in early November) are too long to add a preceding event of 2 full days.

The programme design will retain the unique SASCI approach and focus will be 100% on the Fellows and their clinical needs with networking opportunity. The workshop caters for first to final year Fellows as well as recently qualified cardiologists. Last year, this event was attended by 80% of Cardiology Fellows in South Africa as well as 5 Fellows from Sudan – 50 practitioners in total – and we look forward to welcoming them back in 2019.

We request all Fellows to add the dates to your calendar and already start saving interesting cases for possible presentation, as two Registration sponsorships to SA Heart®/ AfricaPCR 2019 will be awarded to the best presentations.

George Nel

Executive Officer, HeFSSA and SASCI



SASCI and Boston Scientific Master the Complex 2019 delegates.

SASCI AND SA HEART® LEGAL UPDATE

The following matters occurred in the first 4 months of 2019 and merit consideration by all practitioners.

PMB REVIEW

The Prescribed Minimum Benefits (PMB) Review timelines were released in broad terms. The Council for Medical Schemes (CMS) aims to complete the Primary Healthcare package within the next month or 2, after which it will be circulated for comment.

For the rest of PMBs, the CMS will review those in view of publishing new regulations in 2020. This is an opportunity to look at how and where the current PMB algorithms and descriptions are outdated (e.g. need to make space for new technology, newer approaches to treating various heart conditions, etc.).

CMS APPEAL COMMITTEE CASES

The CMS as a Council sets up individuals from amongst themselves to fulfil the obligations of Appeals Committees in terms of sections 48 and 49 of the Medical Schemes Act, 1998. Three important rulings were made in March 2019, and although none were in cardiology, the rulings are illustrative of the approaches taken by 3 different Committees, in which similar defences were raised by medical schemes against the non-payment of benefits.

The cases were on:

- treatment failure and the need to access next line therapy without having to co-pay;
- where not treating with an alternative could cause the patient harm;
- where the only appropriate alternative for a specific clinical situation is a non-protocol device.

In all 3 cases the scheme argued "state level of care", which arguments were rejected in all 3. It was confirmed that even a state protocol is still a protocol and must comply with the requirements of regulation 15H, namely be based on evidence-based medicine, and where treatment fails, or where the state protocol causes harm, or would cause harm, exceptions must still be made and funded in full.

Redacted versions of the rulings are available on request, as well as CPD talks on the implications of the rulings, the PMBs and managed care.

HEALTH MARKET INQUIRY (HMI)

EKA has summaries of the last submissions of stakeholders to the HMI, as well as the last workshops on market concentration and supplier-induced demand. Submissions closed on 26 April 2019.

FRAUD, WASTE AND ABUSE (FWA)

The FWA Summit (report available from EKA) concluded with certain stakeholders signing a Charter to that effect. Prominent stakeholders, such as the SA Medical Association and most other provider groups, did not sign the Charter. Absent from the event, and the speakers or panels, were the larger private hospital groups and patient/members of schemes. It is widely expected that an expansion of FWA initiatives, in particular those targeting all types of healthcare professionals and smaller, independent facilities, will be expanded. Various presenters held the view that administrators should be able to share information on FWA, which explains why a forensic investigation by one of the 3 largest administrators is followed by investigations by the others. This could have a devastating effect on a practice, in particular in instances where the investigation is about coding issues (and not fraud or theft).

PENALTY CO-PAYMENTS

The CMS has declined to implement the ruling of the Final Appeal Board of the CMS to declare punitive or penalty co-pays an undesirable business practice for medical schemes. It has been supported in this decision by the Minister of Health. The argument is that the amendments to the Medical Schemes Act will remove the necessity to levy co-payments. We do not believe that that would be the case, when reviewing the amendments as proposed. Even if that is the case, such amendments are unlikely to be in effect within the next 18 months.

NATIONAL HEALTH INSURANCE (NHI)

The NHI project now appears, according to media reports, to reside within the Presidency. The last version of the NHI Bill was not approved by cabinet, and a new version is awaited. This version may be introduced into Parliament after the elections.

SECTIONS 18A AND 18B EXEMPTIONS

The exemptions from section 18A and 18B of the Medicines Act, which should be published in the Government Gazette

to be lawful (in terms of section 36(1)), have not yet been published. This is in spite of the South African Health Products Regulatory Authority (SAHPRA) distributing the signed, but unpublished exemption as proof of its lawfulness. Strictly speaking, all deals that could fall within the ambit of these sections (bonuses, rebates, incentive schemes and samples/free supply) are currently unlawful.

LIVING WILLS AND DNRS

An amendment to the NHA has been proposed in Parliament on living wills and advanced directives. It also includes template documents, which would, if used, be lawful and enforceable. A copy of the proposed amendment can be provided on request. It is recommended that stakeholders comment on the draft.

DEPARTMENT OF LABOUR INSPECTIONS

Private practices have faced inspections by the Department of Labour over the past months. Inspectors now undertake a complete check of all labour law aspects in healthcare practices, and no longer limit their inspections to certain themes, e.g. Unemployment Insurance Fund, basic conditions of employment or occupational health and safety. Ensuring a practice complies with payroll taxes (PAYE, UIF), labour law contract and benefits compliance, is registered at the Compensation Fund (and has a certificate to that effect), and is compliant with occupational health and safety, is imperative.

‘Need to make space for new technology.’

The EKA team remains available to assist with any health law or policy-related matter:

Elsabe Klinck Director
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Patricia Matseke Director
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NEW HORIZONS IN ECHOCARDIOGRAPHY

JOHANNESBURG 10TH ANNUAL CONFERENCE



We kindly remind you that you can gain online access to the 10th Annual conference of New Horizons in Echocardiography
<https://www.livemedia.com/newhorizons18>

If you are unable to attend the 10th Annual Congress in person, you can register for full online coverage via webcast.

HIGHLIGHTING ADVANCED TECHNIQUES IN COMPLEX CONGENITAL HEART DISEASE

SYMPOSIUM IN DURBAN FEBRUARY 2019

The Congenital Heart Centre at Lenmed Ethekwini Hospital and Heart Centre in Durban recently hosted a meeting focussed on advanced techniques in congenital heart surgery. The meeting was built around the expertise of international guest speaker Dr Abdulaziz Al Khaldi, the Head of Paediatric Cardiac Surgery at the Prince Sultan Cardiac Centre in Riyadh, Saudi Arabia. Dr Al Khaldi's special interests include complex pulmonary artery reconstruction techniques as well as antiarrhythmic surgery.

Invited guest speakers included Prof Stephen Brown (paediatric cardiologist, University of the Free State), Prof Ntobeko Ntusi (Head of Medicine, University of Cape Town), Dr Susan Vosloo (paediatric cardiac surgeon, Christiaan Barnard Memorial Hospital, Cape Town), Dr Brian Vezi (electrophysiology cardiologist, Gateway Private Hospital, Durban), Dr James Fulton (cardiac surgeon, Mediclinic, Pietermaritzburg) and Dr Aine Mugabi (cardiologist, Mediclinic, Pietermaritzburg). Lenmed Ethekwini Hospital congenital heart surgeons Prof Robin Kinsley and Dr Darshan Reddy chaired the meeting, which was well attended with an audience of over 70 participants, including adult and paediatric cardiologists, cardiac surgeons, physicians and clinical technologists.



Left to right: Dr Abdulaziz Al Khaldi (Head of Paediatric Cardiac Surgery, Prince Sultan Cardiac Centre, Riyadh), Professor Charles Yankah (Cardiac surgeon, Berlin Heart Institute) and Dr Vinesh Moodley (Paediatrician, Lenmed Ethekwini Hospital and Heart Centre).



Lenmed Ethekwini Hospital and Heart Centre.

The meeting comprised 3 sessions, with the first session entitled "Building a pulmonary artery reconstruction programme", specifically highlighting the embryology, pathology and management of pulmonary atresia with ventricular septal defect and aorto-pulmonary collaterals. Dr Frank Hanley at the University of Stanford pioneered techniques of unifocalisation for this complex lesion, and Stanford alumnus Dr Al Khaldi shared his expertise with this technique and the Riyadh experience in establishing a successful unifocalisation programme. Dr Al Khaldi's elegant presentation was complemented by Prof Kinsley's experience in rehabilitating pulmonary arteries in Africa during his 50-year career. Complex cases were then presented to the audience, followed by robust discussion and debate.

The second session focussed on "Right ventricle to pulmonary artery conduits" and Dr Al Khaldi presented advanced techniques of establishing right ventricle to pulmonary artery continuity, with focus on the use of the bovine jugular valved conduit. Prof Kinsley presented an alternate view, favouring the use of non-valved conduits and creation of a monocusp valve. The increasing role of percutaneous implanted pulmonary valves was highlighted by Prof Brown, and 2 complex cases of infective endocarditis of percutaneous pulmonary valves were presented and discussed by Dr Vosloo and Dr Reddy.

The final session of the meeting centred on "Treating Atrial Fibrillation", with a broad overview of the subject provided by Dr Mugabi and Prof Ntusi. The role of the interven-

tional electrophysiology cardiologist was presented by Dr Vezi, who stressed the importance of patient risk stratification and appropriate pharmacological and catheter-based therapy to achieve rhythm control. Dr Al Khaldi demonstrated surgical options for atrial fibrillation, and specifically, the technical aspects of the Cox-Maze procedure. Dr Fulton summarised the key points of the session and facilitated the discussion.

This meeting highlighted the advances in surgical and catheter-based therapy for right ventricular and pulmonary artery pathology from the neonate to adult, while addressing the atrial tachyarrhythmias that accompany these lesions. Dr Al Khaldi's demeanour and dynamic presentation style kept the audience engaged and encouraged interaction during the course of the day. The Congenital Heart Centre at Lenmed Ethekwini Hospital looks forward to hosting future focus meetings and building relations with international experts in the field of congenital heart disease.

Darshan Reddy
Head: Congenital Heart Centre



SOCIETY OF **CARDIOTHORACIC SURGEONS OF SOUTH AFRICA**

BIENNIAL CONFERENCE
Incorporating the Annual Registrars Forum

18-21 July 2019
The Oyster Box, Umhlanga,
Durban, South Africa

UPDATE ON STEMI AFRICA

Dear Colleagues, STEMI SA Supporters, Industry, Emergency Physicians and all others who are enthusiastic about improving Systems of Care of STEMI and ACS Management.

STEMI SA is expanding its horizons in 2019 to include Acute Coronary Syndrome!

I have been involved with finding solutions to improve STEMI care in South Africa since 2012. We have had many meetings, discussions, plans, strategies, etc. Many of these did not achieve all the goals we set, but we learned from all of them. I am convinced that the awareness, information and management of STEMI have improved. I have collaborated with Stent for Life (SFL); Stent Save a Life (SSL) STEMI India, STEMI Africa, SASCI, SA Heart®, AfricaPCR, EuroPCR, Angels (Stroke Systems of Care) and Heart and Stroke Foundation (HSF). Together with Prof Rhena Delport, our Project Manager; we contributed to articles and participated in several sessions.

The project rests on these 3 pillars:

- Public awareness
- Clinical and healthcare provider (HCP) education
- Networking and data collection

I am excited about the spin-offs of a STEMI System of Care Programme, namely:

- Benefits to all patients with Acute Coronary Syndrome (ACS).
- Learning to network – work together in this fragmented healthcare environment.
- Improving data collection habits, mentality as well as techniques.

Central to this project's success is the First Medical Contact (FMC) as this is the crucial point where things can go either well or badly/disappointingly. The cardiologists are well qualified and certainly essential, but without patients being managed correctly and efficiently at FMC the cardiologist can only repair some damage and be supportive. Despite the importance of the FMC it remains for the cath lab/hub hospitals to become involved in improving the care at



FMC. That includes, apart from correct initial management, also correct and speedy transfer to the nearest cath lab hospital.

WHAT IS THE CURRENT STATUS OF THE PROJECT?

EDUCATION

STEMI SA with the assistance of Carica Combrink, Project Manager for the Angels initiative, and the support structure of Boehringer Ingelheim, developed training material that now also includes acute coronary syndrome and electrocardiogram (ECG) training. The latter was requested by our primary target audience. STEMI SA support this training initiative and will work with emergency physicians, emergency services and administrators towards achieving our goals. This new educational project will be known as the "Guardian Initiative".

The educational training material has been revised after the initial meeting following inputs received from all participants. It is divided into sub-categories to cater for training in the comprehensive and holistic ACS treatment sphere, including Emergency Medical Services, Emergency rooms, General Practitioners, Percutaneous Coronary Intervention (PCI) information, etc. The latest AHA/ESC guidelines have been included. The material is in its final stages of referencing and the team are finalising a uniform protocol before sending it to the key players for comments and improvement. In the second part of 2019, we plan to arrange 2 - 4 monthly half-day training sessions.

Material is developed as per the below main categories which can be used in comprehensive ACS training and workshops. All the material will furthermore be available to all stakeholders involved with the initiative at no cost. Our main objective is education.

Workshop Presentation: PART 1

Why focus on ACS?

Workshop Presentation: PART 2

Epidemiology, risk factors, signs, symptoms, etc.

Workshop Presentation: PART 3A

First Medical Contact

Workshop Presentation: PART 3B

ECG Diagnostic Tool

Workshop Presentation: PART 3C

ACS complications & management

Workshop Presentation: PART 4

Pharmaceutical treatment options

Workshop Presentation: PART 5

PCI at a glance

Workshop Presentation: PART 6

STREAM trial

Workshop Presentation: PART 8

STEMI networks

We are eager to hear of a Hub Hospital initiative where they are willing to embark on building their own effective referral networks. I am willing to assist where possible.

‘All the material will furthermore be available to all stakeholders involved with the initiative at no cost. Our main objective is education.’

As per our initial discussion in May 2018, we agreed that regional workshops aimed at FMC, Emergency departments without cath lab facilities, GPs and paramedics are essential in ensuring accurate treatment of all ACS patients within these channels and, furthermore, to ensure networks are established from all these areas in PCI-capable facilities for further treatment. We have developed a provisional agenda as well as proposed timeline for regional workshops to be implemented. Depending on funding available, we might be able to extend the regional workshops to additional regions. Naturally your input and guidance will be essential going forward.

Our starting meetings for 2019 are planned as follows and are dependent on funding we can secure for this purpose:

JULY 2019	NORTH WEST
AUGUST 2019	DURBAN COASTAL
SEPTEMBER 2019	EASTERN CAPE (EAST LONDON)
OCTOBER 2019	FREE STATE

Continued on page 172

UPDATE ON STEMI AFRICA continued

AGENDA FOR THE MEETINGS

08:00 - 08:30	Registration and Breakfast
08:30 - 09:35	ECG – Back to Basics
09:35 - 10:20	ECG Workshop: Theory into Practice
10:20 - 10:40	Tea Break
10:40 - 11:10	FMC – Emergency Medical Services
11:10 - 12:00	ACS Case Studies Workshop
13:00 - 13:30	Treating ACS with the end goal in mind – What happens at the Hub?
13:30 - 13:40	Closing and MCQ Answering
13:40 - 14:40	Lunch and Departure

For Wilgers hospital's referral area I plan another two meetings in rural areas in 2019.

Material and important steps to implement within the next quarter:

- ACS Algorithm development
- Involvement of industry as partners to the Guardian Initiative to ensure enough resources
- Workbooks to be utilised at all workshops to encourage interactive participation and a standardised implementation process.
- MCQ Questions

NETWORKING

Added to training I propose that the hub hospital's cardiologists take the responsibility for arranging meetings and training opportunities in their referral centers.

STEMI SA will participate in the SSL Forum Meeting at EuroPCR as well as STEMI India meeting at the end of May 2019.

Our Project Manager Rhena Delport is working with SSL to produce a Bluebook Guidance for members of SSL like South Africa, working to improve systems of care for STEMI Management and Acute Coronary Syndrome. She will

participate in SSL Project managers discussion, learning from one another on how to collect data and improve our systems of care.

I am still representing Africa as regional director of SSL now assisted by Dr Awad Mohamed of Sudan. (We plan a smaller meeting in Sudan later this year).

DATA COLLECTION

Rhena Delport is managing various ways to collect data. Our focus is working with a few centers, collecting data on the STEMI India Electronic platform. She also works with hospital groups such as Netcare, Mediclinic and Life Healthcare trying to persuade them to collect and share the same data. She works relentlessly and had numerous meetings with cardiologists and hospital groups.

Data collection seems to be a slow, difficult process in an environment where we are not used to collecting data in private practice. In public health there is an issue of data ownership and subsequent fear. I believe we have lots of data on computers, unfortunately not analysed nor shared. We already have 440 cases to be analysed. Prof Delport will spend more focused time on this mission in the next year.

HOW ARE WE GOING TO ACHIEVE OUR GOALS?

Carica Combrink spends a lot of time assisting with the Guardian Initiative, focusing on education.

Chenita Vernon assisted us during 2018 with data collection.

Dave Kettels advises on SASCI Matters and assist with data collection role out.

Jean Vorster assisted with the material for ECG training as well as the initial educational meetings in the UNITAS hospital's referral area.

Cobus Badenhorst was also involved as speaker during the UNITAS referral area's educational meetings.

Feroza Motara and the WITS Emergency Physicians assisted with the first trial education meeting November



2018, and has furthermore been a key role player, as well as steering committee member in developing the newly established Guardian Initiative.

Len Steingo, as adviser kept me level headed and participated in the initial lecture series.

During November 2018, I initiated and revisited 3 main referral centers for 2-hour training and networking opportunities with logistic support from BI.

Funding can give this programme significant impetus. When attending meetings and congresses we had to rely on personal funds or where possible apply for sponsor assistance. Prof Delport also made funds available from her university research funds for certain expenses incurred.

All around the world it is recommended that a not for profit company must be established with its own bank account managed by independent, knowledgeable person(s) who may include the donor with regular, specific reporting on the way the money is spent. We established STEMI SA NPC (Non-Profit Organisation) to make it easier for our supporters to assist either with finances or with other means of logistical and administrative support.

We envisage a 1 - 2 days ACS Meeting in 2020 to include discussions with national institutions such as Training Institutions and the Government to improve systems of care for ACS management.

As a supporter of this great initiative you can assist us in several ways. You will in return receive a 2-monthly report on activities as well as a detailed financial report with the

assurance that funds sponsored will be allocated towards the dedicated programme for which the funds were donated i.e., education, networking or data collection.

1. Register as a supporter of this initiative for a nominal yearly fee of R15 000. The funds will go towards the administration (an independent accountant has been appointed), travelling and the development and improvement of our educational course.
2. Support our Guardian Initiative educational drive by sponsoring a specific course, meeting or a mini 2 hours rural course for a specific pre determined amount, between R20 000 and R50 000. The courses will run as Guardian – Guard your heart – ACS Training course with no branding on any of the lecture material. The sponsoring company will be fully involved as sponsors at the meeting as per usual when hosting a CPD accredited meeting.
3. Support representative(s) of STEMI SA to attend SSL at EuroPCR; STEMI India; Project Managers Meeting at EuroPCR and later in the year in Germany; SAHeart®/PASCAR/AfricaPCR 2019 and other relevant meetings.
4. Support our Data Collection efforts with advice, assistance and funding for software, hardware, travel, project managers' expenses and assistants needed.

We need your assistance with this national education drive!

Dr Adriaan Snyders
Cardiologist Wilgers Hospital
STEMI SA , Stent Save a Life Africa

STEMI: S-T ELEVATION MYOCARDIAL INFARCTION

STEMI (S-T Elevation Myocardial Infarction) is an important diagnosis, potentially fatal, not difficult to diagnose and be treated effectively, thus saving lives and improving morbidity. Being the core of acute coronary syndrome (ACS) and coronary artery disease, it ranks number 1 under non-communicable diseases in South Africa. Despite the presence of HIV and other infections, this will soon be the case in the rest of Africa.

Until recently, we were not doing well in managing STEMI. In public health, 60% of patients do not receive appropriate therapy in time, and 30% of those who die of STEMI could have been saved if treated according to the international guidelines. Understanding the diagnosis and treatment of STEMI also assists in treating patients with ACS and those who present with chest pain.

We know how to diagnose and treat STEMI – why then are we failing, considering that many documents and guidelines are available and frequently discussed? Our STEMI management systems fail to provide the necessary care. Vital to improving STEMI management is the first medical contact (FMC), where the diagnosis needs to be made immediately including timely medication and transfer to a central capable hospital. In STEMI management, the clinic doctor, professional nurse and healthcare workers, porters, administrators and emergency services play a more important role than the specialist.

The South African Heart Association (SA Heart®) and South African Society of Cardiovascular intervention (SASCI) run a project called "STEMI SA – Time is Muscle", working with the international project "Stent Save a Life", to improve systems of care and particularly assist those at the FMC. Should there be a need for more information about educational opportunities or you wish to participate/contribute to this programme, you are invited to locate the STEMI SA activities' link and contact details on the www.SASCI.co.za website.

Typical chest pains are central to the diagnosis of STEMI. A central retrosternal, pressing, burning, discomfort spreading to the shoulder, neck, jaw and left arm associated with sweating, nausea and dizziness can hardly be anything else than myocardial infarction. A typical chest pains, however, do not exclude the presence of an infarct, particularly in high-risk patients and those who have already had an event. Certain females are unique, so be careful not to

miss an infarct when they present with symptoms I cannot explain! Any person experiencing similar symptoms should immediately seek medical assessment.

Management most often goes astray at the FMC. All patients with chest pains should immediately have an electrocardiogram (ECG) done. Clear ST elevation, particularly with a typical history, is all that is needed to make the diagnosis. No need to wait for blood results or chest X-rays. Apart from routine resuscitation therapy, a decision as to how to reperfuse the blocked coronary artery must be taken. Any reperfusion beyond 120 minutes of artery blockage will save very little heart muscle from undergoing necrosis. The guidelines are clear.

The guidelines on this are clear:

- If the symptoms started within less than 60 minutes and the patient can be at a cath lab for primary intervention, this strategy should be followed. Direct communication with the treating cardiologist and emergency healthcare workers would be needed. If the transfer time to the cath lab is more than 30 minutes, alternative therapy is indicated.
- If this is not possible or the pain persists for more than 6 - 12 hours or comes and goes, thrombolysis needs to be administered if no contraindications are present. Administering thrombolysis requires knowing the indications and contraindications. Thrombolysis should be available, and confidence in administering exist at FMC. Assistance is only a phone call away, and you should know whom to phone.

STEMI SA can provide a wall poster guiding you through the algorithm and is finalising a 1-day training course that will be presented at centres participating in our drive. This initiative for speedy, appropriate systems to open a blocked coronary artery saves lives, leaving the victim with a much better prognosis to continue working and being part of the economy for years to come.

To make a difference, healthcare workers at FMC need to be competent in taking and interpreting an ECG. The STEMI SA training course will assist in doing just that. To treat STEMI efficiently, having thrombolytics available should not be an option but obligation. Adjunctive therapy includes aspirin 300mg, low-molecular-weight heparin 30 - 40mg IV and 60 - 80mg subcutaneous, and clopidogrel

300mg. A beta-blocker like bisoprolol 5mg, if not contraindicated, is not as critical as thought previously but still recommended. Oxygen is only necessary when needed with low O₂ saturation. Morphine is given only in the presence of severe pain and discomfort but beware of nausea. Observe restless patients with/without neurologic derangement and those with a very weird-looking ECG. Do not turn your back as you may need to start resuscitation. Consider ventilation if the patient is very restless. Knowledge about the renal function is important. Nevertheless, blood tests should not delay treatment. When in a central hospital, statin will be given.

What if you do not have thrombolysis and cannot have your patient at a cath lab in less than 30 minutes? The patient will surely suffer damage to the heart muscle because effective management was not available. Be informed and confident to manage the STEMI and have the necessary medication at hand to avoid contributing to unnecessary morbidity. In such a case do what you can, i.e., administer the adjunctive medication and transfer to a centre capable of managing STEMI – preferably a cath lab as

soon as possible. Know where to find a cath lab and whom to contact.

WHAT IF THROMBOLYSIS WAS ADMINISTERED?

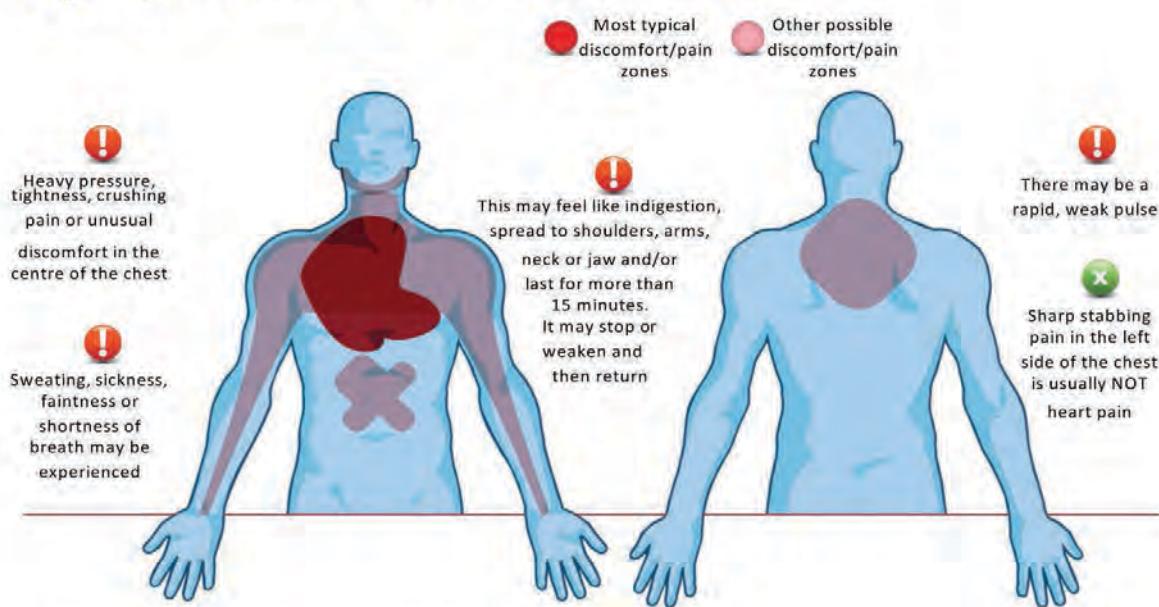
After haemodynamically stabilising the patient, transfer him/her to a cath lab hospital as soon as possible.

Thrombolysis is not the end of therapy. Follow-up angiography is necessary even if reperfusion occurred, as reperfusion may not be optimal with adequate free coronary flow (TIMI III). An assessment of the other arteries is important for future management. If angiography is not done within 24 hours of the event, only ischaemia-driven interventions would be of any benefit.

Post-coronary intervention management includes optimised medication, good lifestyle counselling, physical activity and regular evaluation. Target LDL cholesterol needs treatment to a level <1.8mmol/L. Smoking is out, i.e., not negotiable! The early morning blood pressure reading, before medication, should be 130/80 in hypertensive cases.

SA HEART EARLY REPERFUSION PILOT PROJECT

Symptoms of a heart attack



<http://www.hearToundAon.co.za/howyourheartworks/symptomsheartattack> (accessed on 7 Feb 2013)

Continued on page 176

S-T ELEVATION MYOCARDIAL INFARCTION continued

SA HEART EARLY REPERFUSION PILOT PROJECT

STEMI: ECG Diagnosis

The diagram shows a 12-lead ECG strip with various segments labeled: P, PR Segment, QRS Complex, ST Segment, T, and QT Interval. A red circle highlights the ST segment, which is elevated in STEMI. To the left, a box compares 'Q* vs. Non-Q MI' with the note: '* lack of blood supply leads to permanent myocardial infarction'. To the right, a box compares 'STEMI vs. NSTE-ACSI'. Above the ECG, a cross-section of a coronary artery shows a clot within the lumen and a ruptured plaque with hemorrhage. To the right is a 3D model of a human heart.

Q* vs. Non-Q MI
* lack of blood supply leads to permanent myocardial infarction

STEMI vs. NSTE-ACSI

Adapted from J Davies (pathological specimen)

muscle for life
120 every minute counts

Regular, moderate exercise is the key to a symptom- and event-free future.

With effective management, the patient can be home and return to everyday life within a short time. However, delaying treatment causes frequent complications, which include renal impairment, pneumonia, decreased functional status, depression and emotional strain, and unfortunately also creating medically unfit persons who become a burden to others.

TO SUMMARISE THE KEY RULES

- Educate patients to recognise STEMI symptoms and understand the urgency of immediate treatment.
- Patients should preferably contact EMS (Emergency Medical Services) and/or go to the nearest Percutaneous Coronary Intervention (PCI)-capable hospital or emergency room.
- Immediately perform an ECG on all patients presenting with chest pain unless a very clear alternative cause is obvious.
- Healthcare professionals should be able to diagnose STEMI, based on clinical observations and supported by ECG findings.
- Healthcare professionals should be familiar with the treatment options for STEMI and immediately commence appropriate therapy, depending on the time of onset of pain and the PCI- capability of the hospital. Transfer of the patient to a PCI-capability hospital for rescue PCI should be considered.
- Tenecteplase, actilyse or streptokinase should be available at all secondary healthcare facilities for primary thrombolysis.
- Healthcare professionals should have access to a cardiologist or other trained professionals to assist with decision- making and appropriate transfer.
- All specialist facilities should contribute to the SA Heart®/SASCI STEMI Early Reperfusion Registry to monitor treatment and outcome of STEMI cases for the optimisation of STEMI care nationally.

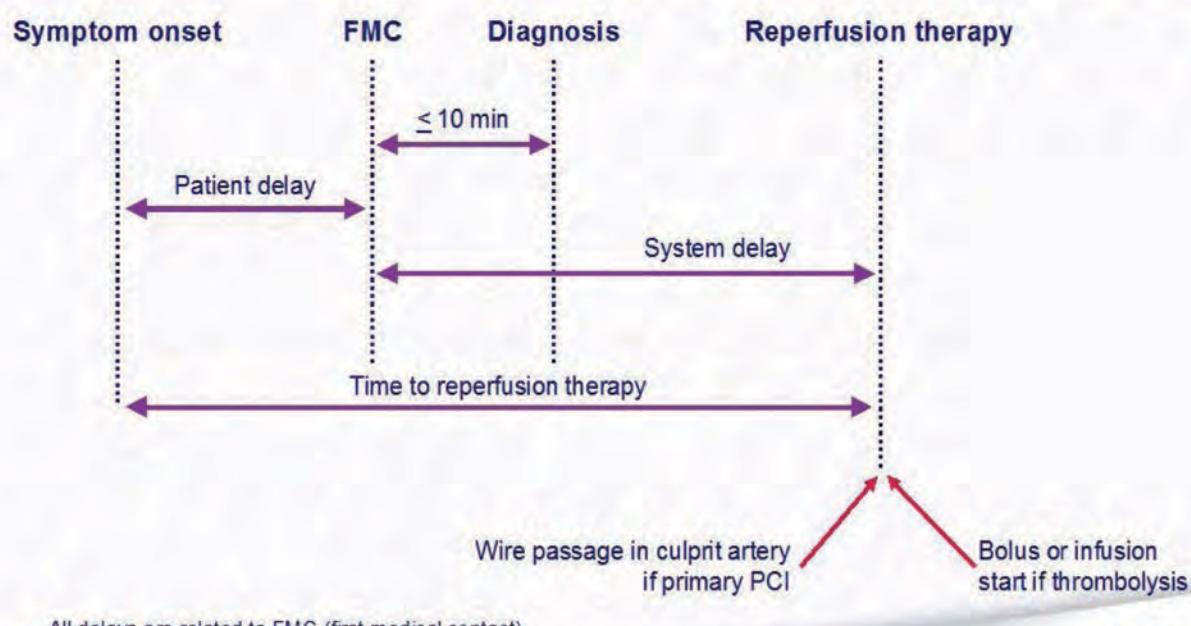
A FEW HEART HEALTH TIPS FROM MY BACK POCKET

- Everyone needs to spend time to ensure that he/she obtains a good cardiovascular health prognosis.
- Exercise at least 3 - 5 hours per week.
- If smoking, you are wasting your time.
- Spend time to monitor your blood pressure, glucose and cholesterol levels.
- Early morning blood pressure readings should not be more than 135/85mmHg before taking medication.
- LDL cholesterol above 4mmol/L carries a high risk. With cardiovascular risk factors like hypertension this should be less than 3mmol/L; having diabetes, this should be less than 3.5mmol/L. If you already have had

a cardiovascular event, the LDL should be less than 1.8mmol/L.

- Get enough hours of sleep but rise early.
- Take time to finish your meals, do not rush!
- Recognise danger signs in time.
- Any symptoms, even if benign but progressive or associated with others or affecting your quality of life, are serious and should be reported to your doctor.
- Any symptom that improves or does not worsen with activity is unlikely to be significant.
- An occluded coronary artery should be opened within 120 minutes or less to limit damage to the heart.
- Do not delay seeking help if you wake up with a burning pressing discomfort in the chest, feeling as if someone

Components of delay in STEMI and ideal time intervals for intervention



All delays are related to FMC (first medical contact)

European Heart Journal (2012) 33, 2569–2619
doi:10.1093/eurheartj/ehs215

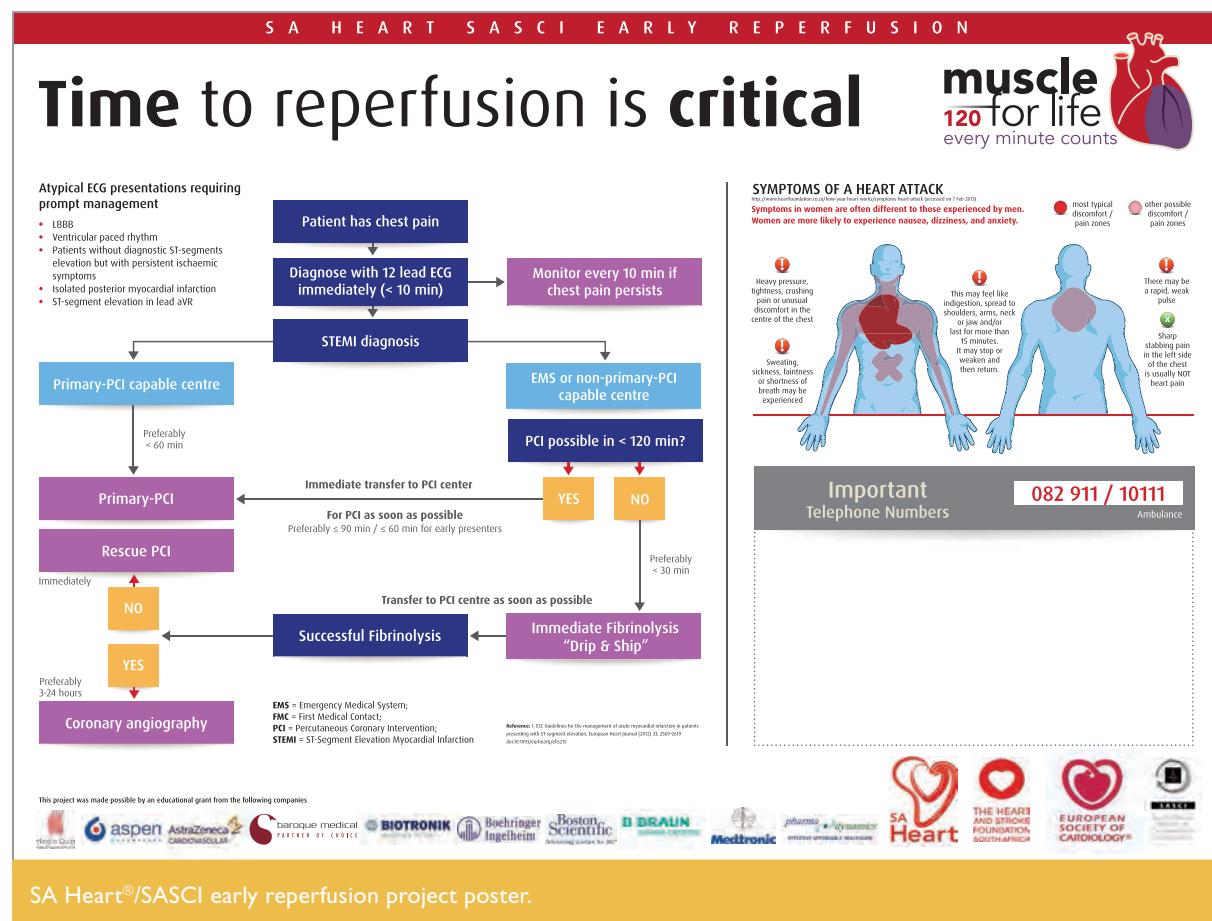
www.escardio.org/guidelines



Components of delay in STEMI and ideal time intervals for intervention poster.

Continued on page 178

S-T ELEVATION MYOCARDIAL INFARCTION continued



is sitting on your chest and associated with nausea, sweating, dizziness, weakness or discomfort in the arms, particularly without improving within minutes. Report and have an ECG done within 10 minutes.

- Most overweight persons have insulin resistance (no testing is necessary), rather start losing weight and exercise regularly.
- Everybody has heart arrhythmias at times, which is unlikely to be significant if this improves with activity, (only robots never have heart palpitations/ arrhythmias).
- Tiredness is rarely of cardiac origin, but the inappropriate shortness of breath during activity should always be investigated.
- Do not ignore early morning headaches not associated with the previous night's activities as these may indicate uncontrolled hypertension.

- The most important risk factor for vascular events is a family history of vascular disease before age 50 or 60 years.
- Smoking and hormone replacement medication carry a high risk for cerebral infarction, particularly in women.
- Smoking 20 cigarettes/day costs as much as a week's holiday in Seychelles.
- Having a home blood-pressure monitor costs less than spending one night in hospital.
- You are not paying your doctor for the minutes or hours spent with you, but for the years of training and experience.
- The effect of years of bad lifestyle habits cannot be reversed within hours or days.

Dr Adriaan Snyders
 Cardiologist Wilgers Hospital
 STEMI SA , Stent Save a Life Africa

TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

Applications for the SA Heart® Travel Scholarship for the third term in 2019 are invited to reach the SA Heart® Office by 30 September 2019.

The scholarship is for the value of up to R25 000.00 for international meetings and R10 000.00 for local meetings.

This scholarship is available to all members and associate members residing in South Africa. It is primarily intended to assist junior colleagues to ensure continued participation in local or international scientific meetings or workshops.

REQUIREMENTS

- Applicants must be fully paid-up members/associate members for at least 1 year.

RECOMMENDATIONS

- Early and mid-career applicants (<5 years post-qualification as specialist and/or <5 years post-PhD qualification).
- Acceptance of an abstract/poster presentation at the scientific meeting to be attended.

CONDITIONS

- Awards will not be made for conferences or workshops retrospective to the application submission deadline. If the conference is taking place within six (6) weeks following the submission deadline, please indicate this in the appropriate place on the application form.
- It is not a requirement for the abstract to be accepted by the conference travel application closing date. Should the acceptance of the paper, including proof of registration not be available at the time of submission of the application, then a provisional award may be made pending receipt of the acceptance of the paper.
- Please ensure that applications are made as well in advance as possible (**preferably at least 6 months prior to the conference date**).
- Applicants may only submit 1 application every second year. The scholarship is for the value of up to R25 000.00 for international meetings and R10 000.00 for local meetings.
- Awards are only made in the event that a paper or a poster is being presented or in the event of a workshop attendance, if the reviewers deem the workshop attendance to be of high impact and consequently of benefit to the SA Heart® community.
- The applicant must ensure that the application is fully completed including the requirements as detailed in the checklist section. Applicants are asked to be concise and to only include applicable and relevant information.
- Awards are granted for 1 specific conference. Should that specific conference be cancelled or the full amount allocated not utilised for any reason, then the funds must revert to SA Heart®; and
- A written report on the relevant congress attended will need to be submitted by the successful applicant within 6 weeks of attending the congress. The congress report will be published in the South African Heart Association Newsletter.

SUBMISSION REQUIREMENTS

- Completed applications may be emailed to george@medsoc.co.za on or before the deadline date.
- Please request a fillable MS Word version of the application form from george@medsoc.co.za

LOUIS VOGELPOEL TRAVELLING SCHOLARSHIP

Applications are invited for the annual Louis Vogelpoel Travelling Scholarship for 2020. An amount of up to R20 000 towards the travel and accommodation costs of a local or international congress will be offered annually by the Western Cape branch of the South African Heart Association in memory of one of South Africa's outstanding cardiologists, Dr Louis Vogelpoel.

Louis Vogelpoel was a pioneer of cardiology in South Africa who died in April 2005. He was one of the founding members of the Cardiac Clinic at Groote Schuur Hospital and the University of Cape Town. He had an exceptional career of more than 5 decades as a distinguished general physician, cardiologist and horticultural scientist. Dr Vogelpoel's commitment to patient-care, teaching and personal education is remembered by his many students, colleagues and patients. Medical students, house officers, registrars and consultants benefited from exposure to his unique blend of clinical expertise, extensive knowledge, enthusiasm and gracious style.

A gifted and enthusiastic teacher, he was instrumental in the training of generations of undergraduates by regular bedside tutorials. He served as an outstanding role model for postgraduates and many who have achieved prominence nationally and internationally acknowledged his contribution to the development of their careers.

All applications for the scholarship will be reviewed by the executive committee of the Western Cape branch of the South African Heart Association. Preference will be given to practitioners or researchers in the field of cardiovascular medicine who are members of the South African Heart Association and are resident in the Western Cape.

Applications should include: (1) A brief synopsis of the work the applicant wishes to present at the congress; and (2) A brief letter of what the applicant hopes to gain by attending the relevant congress. The applicant should submit an abstract for presentation at the relevant national or international meeting. Should such an abstract not be

accepted by the relevant congress organising committee, the applicant will forfeit his or her sponsorship towards the congress. (Application can however be made well in advance of the relevant congress but will only be awarded on acceptance of the abstract.) A written report on the relevant congress attended will need to be submitted by the successful applicant within 6 weeks of attending the congress. The congress report will be published in the South African Heart Association Newsletter.

A gifted and enthusiastic teacher, he was instrumental in the training of generations of undergraduates.

Applications should be sent to Dr Alfonso Pecoraro, President of the Western Cape branch of the South African Heart Association, Division of Cardiology, Tygerberg Hospital, Francie van Zijl Drive, Tygerberg 7505; or alternatively email: pecoraro@sun.ac.za.

Previous recipients of this prestigious award include Sandrine Lecour, Roisin Kelle, Liesl Zühlke and Prof Hans Strijdom.

Applications close on 31 January 2020.

HEFSSA TRAVEL SCHOLARSHIP

“ENHANCING HEART FAILURE MANAGEMENT IN SOUTH AFRICA”

INTRODUCTION

The Executive Committee of the Heart Failure Society of South Africa (HeFSSA) has established the HeFSSA Travel Scholarship. As part of its contribution towards optimising patient care and to enhance and promote local heart failure expertise, HeFSSA supports such an award in South Africa. We hope that the information gained during this event and the possibility of sharing your experience and opening a dialogue with other specialists, will broaden your knowledge regarding new products and therapies in your field of expertise. We also hope that this experience will help you to develop educational programmes at your medical institution and to share the acquired knowledge with your colleagues actively.

VALUE

Two travel grants are available annually. Each grant is valued at a maximum of R35 000 which may be used towards economy airfare, registration and accommodation.

ELIGIBILITY

Candidates may be a medical practitioner in the public or private sector (i.e. a cardiologist, physician, internal medicine practitioner, Cardiology Fellow or similar) or researcher (basic scientist in heart failure). Applicants must be paid-up members of the SA Heart® Association and HeFSSA. The programme/course/conference needs to be internationally or locally accredited and focussed on promoting your knowledge of heart failure.

APPLICATION

Applications can be submitted to HeFSSA at info@hefssa.org. Please include your contact details and hospital affiliation, qualification, private and or public practice, and if you are an RSA citizen (or permanent resident). Provide a motivation as to why the specific programme or course has been selected and include the programme of the conference (or URL). The HeFSSA office will confirm receipt by return email. Application for this award does not guarantee that the applicant will receive the award. No correspondence will be entertained after a decision is made. The applicant will be notified of the outcome of the applications within 4 weeks of receipt.

PROCESS AND TERMS

The grant recipient needs to book, pay and then claim back (with proof documentation) from HeFSSA. Refund will be actioned within 24 hours. Twenty percent of the grant amount will be retained by HeFSSA (R7 000) and will be paid to the recipient as soon as CPD certificate and a meeting report is received.

Within one month of returning from the conference, the recipient must submit a substantial evaluation/review of the course content. This should reflect on key lectures and late-breaking trials as well as other sessions attended, which will impact on the practice going forward. Include some photographs. The purpose of this report is to share knowledge gained that could impact on colleagues' practices. The report should be included in the SA Heart® newsletter and/or the HeFSSA newsletter.

HeFSSA strongly recommends that the recipient create the opportunity to give feedback through a lecture delivered at appropriate educational forums (please confirm with HeFSSA when these take place).

Should the recipient not attend the conference, HeFSSA reserves the right to request repayment of any monies paid.





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