

Presentation of Tina Birgitte Hansen, CCNAP Treasurer 2014-2016

My name is Tina Birgitte Hansen from Denmark, 36 years old. I am a registered nurse employed within cardiology since 2005. My main clinical experience is within acute cardiovascular care, heart failure, cardiac rehabilitation and with patients with arrhythmias. I have a master degree in health science and additionally beforehand a bachelor degree in economics and law from Copenhagen Business School and working experience from marketing positions in the private sector. Besides clinical cardiovascular care experience, I have been employed at the Danish Heart Registry at the National Institute of Public Health in Copenhagen for 1.5 years. Currently, I am a PhD student in the Danish CopenHeart project: www.copenheart.org (expected to finish in 2015) affiliated to cardiovascular department Roskilde hospital, the Heart centre Rigshospitalet and Centre for Applied Health Services Research, University of Southern Denmark.



In the CopenHeart research group, we use a mixed methods approach to study the effect of cardiac rehabilitation to heart patients for which there is limited evidence including patients undergoing heart valve surgery, which is my current research area with a focus on health economic, organizational and patient perspectives ([view the presentation below](#): Rehabilitation to patients after heart valve surgery). Formerly I have been involved in the international HeartQoL project: <http://www.ncbi.nlm.nih.gov/pubmed/24821733>.

In august 2015, I joined the CCNAP Board as a Treasurer. Before 2015, I was a member of the CCNAP Programme Committee for 4 years. The reason why I applied for the position in the CCNAP Board was due to my interest in organizational issues, nursing science, economics and guidelines; especially guidelines implementation which is currently a priority for CCNAP. I wanted to work more systematically with implementation of guidelines and nursing research. Due to my position, I hope that I will be able to help create awareness across Europe of the importance of using guidelines toward more homogeneity in practice of cardiovascular care. Moreover, it would be very interesting to establish a research project across European countries, on implementation strategies for instance. Increasing the membership is an important task for CCNAP. For my part, I consider that it is important to engage more nurses working in clinical practice. As a treasurer an

important focus will also be to find alternative ways of funding CCNAP activities and consider ways to partner with Industry for mutual benefits.

In Denmark, some guidelines (eg. multidisciplinary clinical guidelines on cardiac rehabilitation) are published by the National Board of Health. These guidelines are not specific to nurses. Guidelines for nurses typically based on local initiatives are developed and approved with support from the Centre for Clinical Guidelines - a National Danish Clearinghouse for Nursing in Denmark. After approval the guidelines become national and the hospitals are locally responsible for assuring implementation if they consider them relevant. There is variation across hospitals in regard to the systematization of this process. In Denmark currently 44 guidelines have been approved and 41 are in process (few specifically on cardiovascular care).