WP4 | PROJECT MANAGEMENT

D4.1 (D12) – Kick-off meeting report

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History of changes

Version	Date	Created/modified by:	Comments
1.0	30/05/24	We CARE	Draft 1 reviewed and approved by consortium members and partners

Executive summary

This deliverable reports on the kick-off meeting of the RESIL-Card project and **records the outcomes and action points** of the discussions pertaining to the structure and phases of the project as well as the **establishment of management and communication flows** for a smooth running of the project over the next 3 years.

The report is structured according to the kick-off meeting agenda. Included in the appendixes are the participant attendance sheet, the individual introduction of the participating organisations, as well as the Powerpoint presentations used during the meeting.

The meeting was held physically on **Tuesday November 28th, 2023 in Paris** (in the offices of the project partner Europa Group). Representatives of DG Santé and HaDEA joined online to deliver their respective presentation. At the end of the day, a virtual session was held with members of the project Advisory Board to summarise the discussions and validate the outcome and chosen directions.

This document - prepared by We CARE (acting as Project Coordinator) - should be **publicly available** to provide essential project information about the kick-off meeting.

Deliverable description

Agenda

On November 28th, 2023, 15 participants from the RESIL-Card project partners - from the 4 countries constituting the consortium as well as Ireland where a few project partners are based - met in Paris to officially launch the project.

The agenda of the meeting was as follows:

8.00 – 8.10	**Registration**	All participants
8.10 – 8.15 **(PLENARY)**	**Inaugural session – Welcome and meeting outline**	William Wijns
8.15 – 8.30 **(PLENARY)**	**The RESIL-Card project – Background, purpose, objectives and WPs**	William Wijns
8.30 – 10.30 **(PLENARY & BY GROUP)**	**WP1 – Conceptualisation of the resilience assessment tool**	AMC
10.30 - 10.45	**Coffee break**	
10.45 – 12.00 **(PLENARY & BY GROUP)**	**WP2 – First stage pilot testing of the resilience assessment tool**	CatSalut
12.00 – 12.30 **(PLENARY)**	**RESIL-Card logo and tag line - Options and feedback**	Sandrine Wallace
12.30 - 13.30	**Lunch break + interviews**	
13.30 – 15.00 **(PLENARY & PER TARGET)**	**WP3 - Outreach, dissemination & communication** • *Healthcare professionals* • *Patients / public* • *Public authorities / JACARDI* • *Ukraine (to address as a sub-group of each above target)*	WCA/GISE *Anna Franzone* *Teresa Glynn* *Sandra Ganly* *All*
15.00 – 15.30 **(PLENARY)**	**DG Santé presentation on policy matters**	Marianne Takki

	HaDEA presentation on project management	Hülya Okuyan
15.30 – 16.00 **(PLENARY)**	**WP4 – Project management, planning process/methodology, budget and reporting**	Sandrine Wallace
16.00 – 16.15	**Coffee break**	
16.15 – 17.00 **(PLENARY)**	**GANTT chart (per WP)** • Is it accurate and realistic? • What are the red flags? • What would be the mitigation strategy? • What should be the level of granularity?	Romain Despax
17.00 – 17.50 **(PLENARY)** **30mn presentation + 20mn Q/A**	**"Take home messages"** – Virtual session with Advisory Board members and other partners	William Wijns & WP leaders
17.50 - 18.00 **(PLENARY)**	**Wrap-up and closing**	William Wijns

Overview

The kick-off meeting, as the first face to face consortium meeting of the RESIL-Card project, aimed at gathering as many project partners as possible to **review and discuss in details the different phases and activities** to be implemented during the project, and **ensure everyone had the same understanding** of the project scope, objectives, expected results and role of each partner to achieve them.

Questions to be answered throughout the day were the following:

- Scope – what are the aims of the RESIL-Card project?
- Methodology – how are we going to make it happen?
- Roles – who is doing what and how?
- Teamwork – how are we going to work together?
- GA process – what are we doing, when, how and what will be produced?
- To do – what are the next steps?
- AOB

A preparatory meeting on the previous day offered the participants the opportunity to get to know each other thanks to the individual presentation of the respective organisations, their role and what they bring to the project, followed by some time for questions and exchange.

Minutes of the meeting

Participants:

Consortium
We CARE (coordinator) - William Wijns, Jan Piek, Romain Despax, Patrick Jolly, Sandrine Wallace
Amsterdam UMC - Niek Klazinga, Sofia Carvalho, Dionne Kringos
CatSalut - Ariadna Sanz, Fina Mauri
GISE - Anna Franzone, Giuliana Ballo

Partners
Global Heart Hub (GHH) - Teresa Glynn (subcontractor)
National Institute for Prevention and Cardiovascular (NIPC) - Sandra Ganly
National University of Ireland, Galway - David Connolly

European Commission & HaDEA (online)
European Commission (DG Santé) - Marianne Takki
HaDEA - Hülya Okuyan

Inaugural session – welcome and meeting outline (William Wijns – We CARE)

William Wijns welcomed the participants in Paris, thanking them for their presence, and reminded the objectives of the meeting before sharing the agenda for the day as well as some housekeeping rules.

RESIL-Card project – background, purpose, objectives, and WPs (William Wijns – We CARE)

(Please see PPT presentation for details)

Main messages:

- Ambitious project with a limited budget but perspectives for a much broader impact
- Extensive network through project partners and Advisory Board
- Straightforward project implementation as WPs will unfold in a chronological order

WP1 – Conceptualisation of the resilience assessment tool (Niek Klazinga & Sofia Carvalho - Amsterdam UMC)

(Please see PPT presentation for details)

Following an introduction about the concept of resilience and some preliminary questions/points for reflection identified by the WP lead (see slides), homogenous groups were formed with the objective to brainstorm on each of the questions before reporting to the full group.

Brainstorming questions and outcome:

1) Breadth

- To the question of *'which cardiac conditions should be considered'*, the group agreed to focus on:
  - Acute cardiac diseases requiring emergent/urgent treatment, with substantial impact on quality and length of life – acute Myocardial Infarction and unstable angina, valvular diseases (left-sided valvular emergencies);
    Stroke will not be included
  - Lifesaving interventions (coronary interventions, heart failure with mitral insufficiency)

- To the question of *'which episodes should the cardiac care pathways include'*, the group agreed on:
  - Diagnosis
  - Treatment (medical and intervention)
  - Follow-up (including secondary prevention)

  Primary prevention will not be considered.

Relevant questions/points to be considered:
- Minimal standard for each episode
- Prioritisation acute/urgent patients (diagnosis and treatment)
- Secondary prevention (how to maintain follow-up and prevent acute events/readmission)

2) Depth

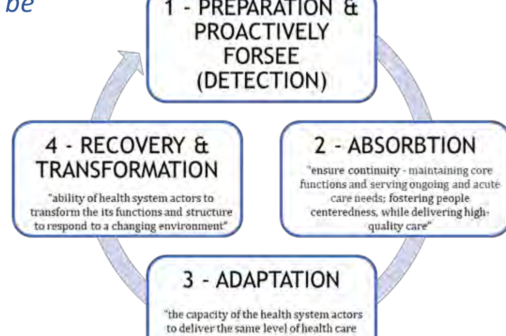
- To the question of *'what healthcare systems and service delivery domains should be covered'*, the group based the discussion on the table below, which displays a list of relevant health system's inputs, outputs, and outcomes to consider in the cardiac care pathways:

Health system INPUTS	Health system OUTPUTS	OUTCOMES
Physical infrastructure (ED capacity, inpatient beds, rooms for invasive procedures)	**Access** (number of admitted patients, delayed presentation/ clinical severity at admission)	**Outcomes and complications**
Workforce (GPs, cardiologists, emergency doctors, nurses, ...)	**Diagnosis** (number of procedures, waiting times)	**Mortality rates**
Medical devices and products	**Treatment** (number of procedures, length of stay, ACS treatment times, waiting times)	
Information system / Data infrastructure	**Outpatient care** (outpatient activity, telehealth)	
Governance, leadership, health system cooperation		
Efficiency		
Financing arrangements (individuals, patients, providers)		

After the discussion, the group has agreed that:
- All domains are essential
- The most relevant domains to be included in the resilience assessment tool would be:
  - Inputs: physical infrastructure, workforce, data infrastructure, governance and cooperation, institutions, and patients;
  - Outputs: access, timeliness, diagnosis and treatment, outpatient care incl. telemedicine and integrated care;
  - Outcomes: mortality rates and complications.

Relevant questions/points to be considered:
- What works during normal times and what worked during the crisis (normal access vs access during the Covid-19 pandemic)?
- Decision-making process – what changes were made?
- How was prioritisation made? “Risk assessment” (what was considered more critical and not delayed?)
- Treatment substitution (e.g., thrombolysis instead of Percutaneous Coronary Intervention)
- Communication tools between GP/hospitals during stages of pathway

- To the question of *‘what phases of resilience should be explored’*, the group has agreed that:
  - All phases should be considered
  - Phases identified as being most relevant are “3. Adaptation” and “4. Transformation”



Adapted from: Rogers, Heather L., et al. "Resilience testing of health systems: How can it be done?." *International journal of environmental research and public health* 18.9 (2021): 4742. (https://www.mdpi.com/1660-4601/18/9/4742)

Relevant questions to be considered:
- Experiences and lessons learned
- Interconnection of the information re. the phases of the resilience and lessons learned

3) Target population

- To the question of *‘who could contribute to build the tool’*, the group agreed that ALL stakeholders should be considered - interventional cardiologists, general cardiologists, internal medicine or emergency medicine specialists, cardiology nurses, acute care nurses, patients having experienced an acute event/procedure during the pandemic, service/hospital managers, policy-makers.

  Physicians and nurses could be the entry points to the others.

  The focus should be on those facing the previous crisis/absorption phase.

  For the survey (task 1.2), the target population will be the PCR Companions of all EU Member States and Ukraine (±5,000). For the focus groups (task 1.3), the number of countries involved will be more limited and so will be the number of participants.

WP2 – Pilot testing of the resilience assessment tool (Ariadna Sanz & Dr Fina Mauri – CatSalut)

(Please see PPT presentation for details)

Following a short introduction reminding the objective and workplan of the WP, the WP lead confirmed the goal of the session was to better determine the expected scope of the pilot testing of the resilience assessment tool.
Participants were divided in 2 groups, each led by a representative of the WP lead, and asked to address 4 questions, each pertaining to one of the WP tasks:

- **For the "Definition of performance indicators" (task 2.1)**, the groups were asked '*what is the expected performance and applicability of the resilience assessment tool*'?
  This question raised the need to count with a common, shared idea of what the resilience assessment tool should be:
    - ➢ Self-assessed, thus accessible, and self-explanatory
    - ➢ Addressed to acute care professionals
    - ➢ Able to ask about the availability and level of development/implementation of tools and proceedings that have been identified as key factors for a better resilient answer by WP1
    - ➢ Designed to identify, if possible, individual and structured practices in order to cover, at least, the centre and professional levels. Regional/Governmental as well as patient resilience would be addressed as indirect questions
    - ➢ Aimed to be used periodically to assess both the baseline status and the eventual improvements/transformations over time

- **For the "Pilot candidate selection criteria" (task 2.2)**, the groups were asked '*what are the essential professionals and centre profiles to be included as candidates in the first stage in-depth pilot test*'?
  Both groups concurred that the pilot test group of experts should mirror the profiles selected for the focus groups organized by WP1.
    - ➢ Acute cardiac care professionals (cardiologists, interventional cardiologists, and cardiology nurses), intensive care unit coordinators, emergency service coordinators, acute care centre managers, general practitioners involved in cardiovascular care
    - ➢ Representation required from different:
        - Regions - to be determined, but each region should count with at least one centre with a cardiac percutaneous unit
        - Centres - there should be representation of centres with and without percutaneous cardiac intervention activity and emergency department
        - Professional profile
        - Gender
        - Age

- **For the "First stage pilot testing" (task 2.3)**, when the groups were asked *'what are the key aspects of the resilience assessment tool to address with the in-depth pilot group'*, the answers provided were the following:
    - Relevance of the tool, short- and long- term
    - Clarity on the contents of the tool and its assessment methodology
    - Acquired knowledge about the resilience stages and the identified key resilient tools
    - Sustainability and the need for updates
    - Foreseen scalability of the results/certification
    - Possibility for benchmarking/accreditation
    - User experience
    - Accessibility
    - Profiles to be considered as target population for the resilience assessment tool

- **For the "Second stage pilot testing" (task 2.4)**, the groups were asked *'how to assess the performance and applicability of the resilience assessment tool once it is launched? Should a user's experience survey be conducted? Should the resilience assessment tool be able to register data for future analysis?'*. The feedback was as follows:
    - A user experience survey at the end of the resilience assessment tool could provide direct feedback about the tool. It should cover key aspects identified by the pilot test group of experts.
    - In case the resilience assessment tool is designed as a questionnaire capable to register on-line data, an analysis of its users (country, region, professional profile, age, gender) and performance (rate of completed tests, time required, selected language, etc) would provide a good overview of the usage of the tool during the first months. Depending on the volume of users, an analysis of their feedback could also be conducted within the project timeframe.

RESIL-Card logo and tag line (Sandrine Wallace – We CARE)

(Please see PPT presentation for details)

During this session, preliminary proposals for the project logo and tag line (developed by Europa's Marcoms department) were submitted to the group for feedback:

- **RESIL-Card logo**
    - The helix shape
        - The group thought it looked too much like a flower and did not convey the sense of progress/gradual improvement due to the closed shape of the helix
        - A suggestion was made to use a spiral arrow born from a heart and wrapping around it, using a colour gradient and/or an increasing thickness to give a sense of gradual strengthening

- The stress test
  - The proposal was not thought to be representative of a stress test design, looking more like an animal paw print or flower petals according to the participants
  - A suggestion was made to use arrows instead of the current petal-like shapes whilst keeping the colour gradient

- **RESIL-Card tag line**

  Following the original proposal "*Building a stress test – by and for cardiovascular practitioners*" – from which the patient aspect was missing, and which should address cardiovascular care rather than practitioners (according to the preliminary feedback) - the project partners were asked to give further thoughts and to come up with new suggestions during the kick-off meeting.

  Below are the proposals identified as being the most relevant:

  - *Addressing crisis preparedness for cardiovascular care*
  - *Strengthening resilience of cardiovascular care*
  - *Strengthening cardiovascular care resilience for healthier hearts*
  - *Building (or fostering) resilient cardiovascular care pathways (or delivery, or continuum) for healthier hearts*

Feedback about the logos enabled Europa's Marcoms team to come up with a new concept which was unanimously adopted by the project partners as the official logo of the project – to be used alone or in association with the tag line whose final version was selected during the first consortium meeting as "*Strengthening cardiovascular care resilience for healthier hearts*".

WP3- Outreach, dissemination, and communication (GISE and all)

The aim of this session was to reflect on how to successfully achieve awareness and adoption of the resilience assessment tool at all stakeholder levels, including a focus on patient awareness and health literacy improvement.

Homogenous groups were organised to brainstorm on the following questions for each target audience - healthcare professionals, patients /public, policy makers:

1) **Outreach**
   a. Should the scope be limited to the consortium countries or broader?
   b. Which networks could be used/leveraged?

2) **Dissemination & Communication**
   a. Which activities should be deployed?
   b. What content and messages should be delivered?
   c. What should be the media, channels and tools used?

- **<u>Healthcare professionals (“HCPs”)</u>**

1) Outreach

The group brainstorming on this target recommended to focus on the 3 countries of the project scope and make sure to liaise with the national societies which could, in turn, make the link with the national authorities.
The group also highlighted the important need to establish credibility through publications, editorials, …

Stakeholders identified among HCPs to play a key role in managing and responding to crises were as follows:

- Emergency/frontline physicians
- Interventional and general cardiologists
- Nurses and paramedics
- Telemedicine providers
- Mental health professionals
- Clinical researchers

Hospital administrators, logistics and supply chain managers and government health officials should also be considered in the scope.

Among the identified targets, the recommendation is to first understand the needs, concerns and interests related to healthcare system resilience using surveys and questionnaires, interviews with key stakeholders (hospital administrators, frontline physicians), review of past healthcare crises to identify common themes, recurring issues, online forums, and platforms.

The outreach in the targeted regions should rely on highlighting how the project aligns with the unique characteristics of each region’s healthcare systems, encourage local community participation, pilot programs to test the tool and real-time crisis response simulations.

2) Dissemination & Communication

The main message to be addressed by the communication and dissemination activities towards HCPs should respond to the question *“What’s in it for me?”* and should be *“Learn how to be prepared for your patients in the face of a new crisis”* (without mentioning the pandemic but more climate-related or natural disasters).

<u>Activities</u> to be developed would include:

- Social media/multichannel campaigns (X, LinkedIn, and Facebook)
- Targeted webinars and workshops
- Email, newsletters
- Focused sessions at congresses/conferences
- Interactive demonstrations or simulations (hands-on sessions) showcasing the tool's capabilities
- Press releases and articles to increase media coverage
- Infographics and visual content
- Testimonials
- Podcasts
- Government and policy outreach (GISE ThinkHeart)

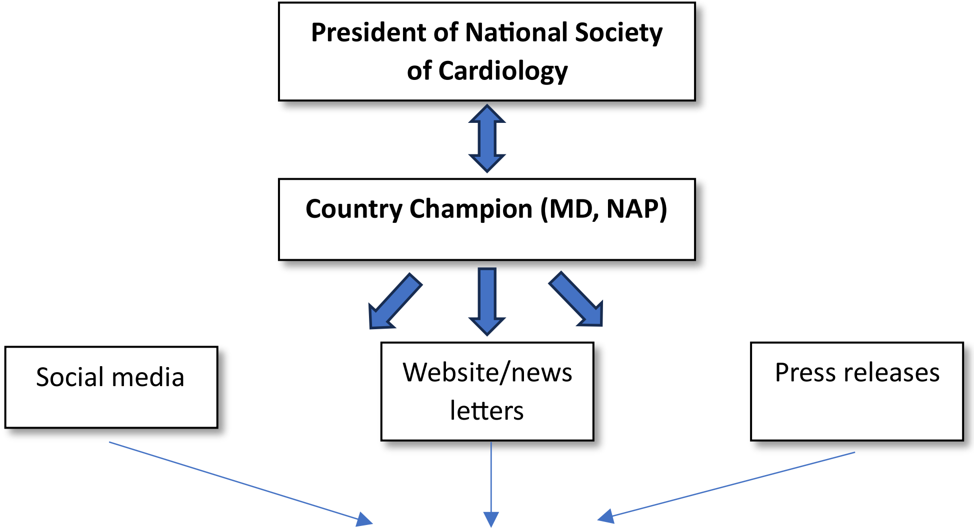
Content and messages to be delivered should address:

- Project overview:
  - Brief and clear description of the project, its goals, and its significance
  - Emphasize the importance of testing and enhancing the resilience of healthcare systems globally in the face of various crisis scenarios
- Tool:
  - Detailed explanation of the tool's features, capabilities, and how it assesses healthcare system resilience
  - Highlight the practical applications of the tool in crisis situations and its role in improving overall healthcare preparedness
- Global and local Impact:
  - Communicate the potential benefits of the project in contributing to a more resilient and responsive global healthcare system

Specific aspects to manage would include to prepare materials, including the tool interface, into multiple languages (English, Italian, Spanish, Dutch…) to ensure accessibility for a diverse global audience. Making the information accessible to a diverse audience, including those without a deep technical background is also crucial.

Suggestions were made to implement activities to test user engagement and feedback such as forums or virtual events, to share insights regarding the project's usability and effectiveness as well as the establishment of mechanisms to receive feedback from stakeholders.

GISE suggested to follow the GISE model:



- **Patients/public**

  1) *Outreach*

  The group working on the "Public/patients" target recommended to align the scope of the outreach for the dissemination and communication activities with the plan for the HCPs target, including at least the 3 countries of the project proposal.
  The idea is also to leverage the affiliates of Global Heart Hub (GHH), when and where relevant, to raise awareness in as many EU Member States as possible.

  Organisations to rely on and seek support from to reach patients would include the GHH network, the European Patient Forum (EPF) and the European Heart Network (EHN).
  To raise public awareness and improve general health literacy, general media would be the appropriate channel.
  NGOs could also be a pertinent relay and will need to be selected according to their mission and/or the field they are active in.

  2) *Dissemination and communication activities*

  Suggested activities towards public and patients were as follows:

  - Videos for use on social media involving testimonials or ambassadors
  - Toolkit to be developed in English and translated in the required local languages
  - Tools to the attention of the patient organisations such as newsletters
  - Conferences

  Messages and content should address the questions "WHY, HOW and WHAT?" and should clearly update the target audience on what is new.

  Finally, as far as Ukraine is concerned, it is still difficult to make any suggestions considering the country is still at war with no certainty on the outcome and timeline.
  The resilience assessment tool could be applied in Ukraine during the rebuilding phase of the healthcare system facilities to ensure cardiovascular care will meet the resilience criteria.
  Meanwhile, specific communication/education materials to the attention of the displaced population in the neighbouring Member States could be translated into Ukrainian language.

- **Policy-makers**

  The group recommended to use the following networks:

  - European scientific societies
  - National scientific societies
  - Regional scientific societies

  } specific interest on existing data registry

  - Existing initiatives and projects in targeted Member States
  - Relevant policies and data information infrastructure

Dissemination in year 3 should include interactive engagement with authorities, Member States and EU Commission, and bottom-up communication should be promoted.

EU policy matters (Marianne Takki – DG Santé) / EU grant management (Hülya Okuyan – HaDEA)

(Please see PPT presentation for details)

The DG Santé representative introduced the **goal and objectives of the EU Health Union and EU4Health programme** reminding the state of health in the EU in 2022 in the aftermath of the COVID pandemic. Detailed presentation of the 'Healthier Together – NCD initiative' was also given including the priority areas for cardiovascular diseases.
Participants were encouraged to use the EU Health Policy platform to foster dialogue with the EU Commission and other health groups, increase visibility of the projects and build networks.

The HaDEA representative reminded the **joint actions and open calls** funded under the Work Programme (WP) 2022 and introduced those for the WP 2023.
The 2nd part of the presentation aimed at **clarifying the expectations from the consortium** as far as reporting, financial management, amendment process and communication/dissemination guidelines.

WP4 – Project management, planning process/methodology, budget, and reporting (Sandrine Wallace – We CARE)

(Please see PPT presentation for details)

The objectives of this WP are 2-fold:
- **Lead the project** according to the expected implementation plan and within the established budget
- **Manage organisational, technical, administrative, and financial matters** of the project

The presentation covered the project management and governance, including the role and responsibilities of the coordinator and other consortium beneficiaries, the role of the Advisory Board, the work methodology between the project partners, the communication guidelines, and the key aspects of the grant management process, including the electronic system.

It was agreed that the consortium members and project partners will meet monthly and a calendar will be established as soon as possible to secure the dates/times.
The Project Coordinator will also prepare and provide a timesheet to record time spent on the project by participants expected to do so.

GANTT chart (Romain Despax – We CARE)

(Please see PPT presentation for details)

The objective of the group during this session was to **review the structure of the WPs and the relationship** between them, **validate the deadlines** for the various deliverables and milestones to ensure the project will unfold as smoothly as possible, and to **anticipate any potential bottlenecks**.
A detailed approach using swim lanes was used for greater visibility on each WP over the next 3 years. WP1, 2 and 3 will theoretically unfold in a chronological order – some communication activities (WP3) will take place in parallel of the first 2 WPs though – whilst WP4 will run throughout the project duration.

The group reviewed and validated the GANTT chart.

Take home messages (William Wijns – We CARE, Teresa Glynn – GHH)

Participating Advisory Board members and not attending project partners:
Women as One – Rebecca Ortega, Roxana Mehran, Marie-Claude Morice
NAP Committee – Bettina HØjberg Kirk
Ukraine physicians – Oksana Marchenko
Global Heart Hub – Silvia Scalabrini
Medtronic – Natalie Papo, Anja Strootker

This session was held virtually and aimed at connecting with the Advisory Board members (not attending the meeting in Paris), and partner's representatives who could not join physically, to report on the various discussions held during the day, share the outcome of the brainstorms, and solicit feedback and advice on specific topics.
No opposite opinion was raised on any of the discussed matters and a full support and commitment was pledged by all participating members of the Advisory Board.

This time was also the opportunity to hear from one Ukrainian cardiologist that an important gap identified in Ukraine is about physician education with a need for knowledge improvement to fill the skill gaps. The group acknowledged the input and will keep it in mind to see if/how the need could be addressed as part of the RESIL-Card scope.

Appendixes

Appendix 1 – Participant attendance sheet

RESIL-Card Kick-off meeting

Tuesday November 28th, 2023 – Europa Group, 19-21 rue Dumont D'Urville, 75016 Paris (France)

Attendance Sheet

SURNAME	NAME	INSTITUTION	SIGNATURE
Ballo	Giuliana	Societa Italiana di Cardiologia Interventistica (GISE)	
Carvalho	Sofia	Academisch Medisch Centrum BIJ de Universiteit van Amsterdam (AMC)	
Connolly	David	National University of Ireland, Galway (NUIG)	
Despax	Romain	We Care Alliance (We CARE)	
Franzone	Anna	Societa Italiana di Cardiologia Interventistica (GISE)	
Ganly	Sandra	National Institute for Prevention and Cardiovascular Health (NIPC)	
Glynn	Teresa	Global Heart Hub (GHH)	
Jolly	Patrick	We Care Alliance (We CARE)	
Klazinga	Niek	Academisch Medisch Centrum BIJ de Universiteit van Amsterdam (AMC)	
Kringos	Dionne	Academisch Medisch Centrum BIJ de Universiteit van Amsterdam (AMC)	
Mauri	Fina	Servei Catala de la Salut (CatSalut)	
Piek	Jan	We Care Alliance (We CARE)	
Sanz	Ariadna	Servei Catala de la Salut (CatSalut)	
Wallace	Sandrine	We Care Alliance (We CARE)	
Wijns	William	We Care Alliance (We CARE)	

Appendix 2 – Presentation of participating project partners

We CARE, We Care Alliance, PCR and Europa Group

We CARE, an initiative of We Care Alliance, was launched a couple of years ago by a group of global interventional cardiologists – under the aegis of PCR and Stent-Save a Life! - as a response to the COVID-19 pandemic and its outrightly devastating impact on cardiovascular patient health and care.

Its original mission aimed at helping all stakeholders in the CVD field restore and sustainably deliver effective and timely cardiac care – including rebuilding patients' confidence in healthcare systems – through knowledge, education, and training.
Mobilising a large network of interventional cardiologists and other healthcare professionals from around the world, We CARE actively investigated and raised awareness on the deleterious effects of delayed CVD treatment on patients' outcomes during and after the pandemic.
In its first manuscript published in June 2023, We CARE highlighted the clinical and economic burden associated with the reduction of access to acute coronary care during lockdown in Spain and the UK.
In the aftermath of the pandemic, We CARE has been drawing lessons from the crisis **to strongly advocate the necessity to always ensure the continuity of patient access to cardiovascular care**, therefore dwelling upon the need for **more resilient healthcare systems** ahead of future potential cross-border (health) crises.

We Care Alliance is a not-for-profit organisation under French law whose mission is to **promote and develop patient access to proven or innovative cardiovascular therapies** through scientific knowledge and best-practice sharing as well as improved medical workforce's education and training.
The association also aims at fostering new initiatives to support healthcare professionals in further developing the utilisation of telemedicine, or other digital solutions, enabling to prevent the deferral of essential medical procedures and associated severe consequences.

We Care Alliance is strongly supported by **PCR**, one of Europa Group's programme proposing a **unique and comprehensive offering for the training of the interventional cardiology community members**.

The PCR ecosystem

Featuring 10 live courses across Europe, Africa and Asia (interactive peer-training based on patient cases, 'simulation pathways' sessions leading to certification), 2 major scientific publications, a wide range of educational seminars and various interactive digital learning platforms, PCR also boasts a **sizeable database of 100,000+ HCPs, of which 14,000+ active members (PCR Companions 'loyalty' programme),** which

constitutes an extensive network to leverage for the development and roll-out of RESIL-Card's resilience assessment tool.
Comprehensive data available for the **4,500+ PCR Companions of the 27 EU Member States and Ukraine** (country, gender, age, profession, etc), along with the **close ties between PCR and the 28 national working groups/scientific societies (Ukraine included)**, will be invaluable sources of information for the targeting of participants in the WP1 survey and focus groups, the potentially incremental deployment of the test in WP2 and its adoption beyond, as well as the outreach, dissemination and communication action plan of WP3.

Europa Group is the European leader in medical training and information contributing to the development of the medical and scientific knowledge.
With 500+ collaborators across 5 offices in France and Belgium, Europa Group's main areas of activity encompass:

- **Congress organisation** - increasing participation rates, building industry partners' loyalty, guaranteeing participants' full satisfaction, managing congress organisation from A to Z
  70 congresses, 80,000 participants, 90% medical sector

- **Digital service expertise** - fostering contacts and connections by creating, activating and dynamising medical communities 365 days a year, ensuring each of them is getting the most out of the web and social media
  6.6 million views in 2022, 125,000 members

- **Continuous medical education** – creating innovative conference formats and train the trainer programme
  11,500 e-learning members, 7,000 seminar trainees, 35 original conference formats

- **Medical publication** - leader in journalism/e-journalism and medical publishing in France, publishing textbooks/hard copy and digital manuals for international communities
  61 titles (clinical research, medicine books, human and animal health)

- **Hospitality management** - strategic component of congress organisation, significant savings enabled through Europa Group's experience
  +500 partnering hotels, 60,000 nights per year, up 20,000 nights per event

- **Delegate funding management** - acting as a trusted third-party on behalf of the industry to fully manage congresses' invitation process thanks to an all-in-one platform
  72 congresses, 8,000+ MedTech fund management, 9/10 customer satisfaction

- **Public relations in the health field** - developing communication strategies to build notoriety, create buzz, influence public, etc.
  27 years' experience, 350 PRs, 70 events with media coverage

Europa Group being part of the RESIL-Card's extended network, We CARE and the project partners will have the opportunity to benefit from the expertise of the organisation in the different fields when and as appropriate.

RESIL-Card We CARE team:

- Romain Despax – Director of PCR and Vice-President & Treasurer of We Care Alliance
- Patrick Jolly – Marketing Director of PCR and President of We Care Alliance
- Dr Jan J Piek – Chairman of Stent-Save a Life! (initiative of We Care Alliance)
- Sandrine Wallace – Global Project Manager We Care Alliance
- Dr William Wijns – Chairman of PCR and President of We Care Alliance's Scientific Board

Amsterdam UMC

University Medical Centers

The Academic Medical Center Amsterdam (AMC) is one of the Netherlands' largest hospital and health research institutions. The Center has brought its close collaboration with the Free University Medical Center to the further level of an administrative merger (**Amsterdam UMC**), with a full legal merger to take place in Jan 2024.

Our Health Systems and Services Research Group is an international and multidisciplinary team, part of the Department of Public and Occupational Health of the Amsterdam UMC.

Our **research focuses** on the measurement, management and improvement of the performance of health care systems, aiming for environmentally, socially, financially sustainable and resilient health systems; on the implementation of performance intelligence and its impact, as well as on strengthening health information systems to support data-driven decision-making.

Performance intelligence pyramid to support evidence-based decision-making

Action

Knowledge

Information

Indicators

Health & health-related data

RESIL-Card | Lead Beneficiary of WP 1

Kick-off meeting, Paris, 28th Nov 2023

Our **research, teaching and training aim to promote evidence-based decision-making** for different stakeholders across the policy, organisational, and services delivery levels of health care systems, such as citizens/patients, clinicians, health care organisations, health insurers, governments, regulatory and funding agencies, as well as international health and economic organisations.

Recent relevant projects/work:

- AMC coordinated the **EU-funded *HealthPros*** project (2017-2022), which trained 13 PhD candidates into a first generation of Healthcare Performance Intelligence Professionals;
- Prof. Klazinga was the strategic lead of OECD's program on international comparative performance measures on healthcare quality and outcomes;
- A.S.Carvalho's ongoing PhD project aims to improve health systems' adaptability by investigating how to monitor and ensure the continuity of quality of care for patients with non-communicable diseases during crises.

To connect policy and practice challenges to policy-making and implementation strategies, we work closely with international organisations such as the OECD, WHO, World Bank, and European Commission, as well as with national governments, academics and other public and private organisations in the health care sector.

RESIL-Card Research Team: Dr. Dionne Kringos, Prof. Dr. Niek Klazinga, Ana Sofia Carvalho MD, Dr. Óscar Brito Fernandes

d.s.kringos@amsterdamumc.nl

Salut/ Servei Català de la Salut

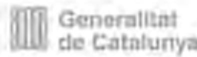
The **Catalan Health Service (Servei Català de la Salut - CatSalut)** is the public organization under the Ministry of Health of the Catalan government responsible for guaranteeing public, comprehensive and quality health care coverage for 7.9 million of residents in Catalonia.

The Catalan public health care system was founded in 1990 under the principle of universality; so all individuals and communities have access to the provided health services. It counts with a budget of €20,000M from general taxation, government funds and contributions. In order to comply with its main objective of guaranteeing quality, public, health care coverage to all citizens of Catalonia, CatSalut contracts over 160 health care providers to manage health services among 610 care facilities. The provided health services are based on the health needs of the population, the priority strategies defined by the Catalan Ministry of Health and the evaluation of the activity as well as the satisfaction of citizens with the services provided.

Likewise, it guarantees health benefits so that health, economic and human resources are at the service of citizens with criteria of equity, quality and efficiency. These are the purposes of the Catalan Health Service:

- The appropriate distribution of health resources throughout the territory, taking into account the socio-economic, health and population characteristics of Catalonia.
- The optimal distribution of the financial resources used to finance the services and benefits that make up the public health system and public coverage.
- The coordination of the entire public health system and public coverage and the best use of available resources.
- The integration of existing actions relating to the protection and improvement of the population's health.
- The provision of health promotion and protection services, disease prevention, health and socio-health care and rehabilitation, of an individual or collective nature, and its progressive extension to all citizens.
- The humanization of health services, maintaining maximum respect for the dignity of the person and individual freedom.
- Improvement and progressive change towards the quality and modernization of services.
- Scientific research in the field of health.
- The harmonious, efficient and coordinated update of Catalonia's public health system, both in terms of equipment and technical and personal means.

CatSalut is the bridge between governmental policies and operational models at the hospital and primary health care level. As a public institution, it is well connected with all the governmental agencies, health care providers and scientific and professional societies in both Catalonia and Spain.



Salut/ Servei Català de la Salut

The Role of Catsalut as Member of the RESIL-Card Consortium

Since 2021, CatSalut and the Strategic Framework for Cardiovascular Diseases aim to improve the resilience of the CV care system in Catalonia by reinforcing interconnection and coordination between policy-makers and centres in charge of CV care. As part of this project, CatSalut has reviewed healthcare systems from an integrative care perspective and identified good practices in the patient care management and coordination.

In WP2, CatSalut will lead the piloting of the innovative resilience assessment tool developed by WP1. This work will provide in-depth insights from actual final users and beneficiaries of the resilience tools.

The specific objectives for WP2 are:

1) To test the resilience assessment tool for CV care pathways with the collaboration of selected users and beneficiaries that may represent the variety of profiles and situations present within the EU.

2) To address the needs and difficulties detected during the first stage of the piloting experience in order to improve the resilience assessment tool for CV care pathways as well as any related outcome, such as the dissemination platform or the training material.

Besides its leadership role in WP2, CatSalut will actively participate in WP1 and WP3 in order to help on the identification of resilience practices among professionals, develop the resilience assessment tool and finally launch its better-adjusted version, tested by the group of professionals.

cc: image created by LAFS from Noun Project

Find more information about CatSalut at:
www.catsalut.gencat.cat

2/2

GISE Founded in 1975 GISE - Italian Society of Interventional Cardiology - is the Association that brings together the experts dedicated to the study and the cultural and operational development of the hemodynamic and the Interventional Cardiology. It is the only scientific society representing over 90% of cardiologists who perform cardiac, coronary or structural interventional procedures in Italy. Currently it brings together about 2,000 members and 270 centers of hemodynamic throughout the national territory.

GISE promotes the National Guidelines on interventional activity and the quality standards of the hemodynamic laboratories, collecting National data in a register with the aim of tracing the activity of the laboratories and assessing the degree of use of the various diagnostic and therapeutic technologies in clinical practice.

GISE organizes a National Congress annually and participates to the most important national and international Congresses of the Scientific Societies of the sector.

Via Conservatorio, 22 - 20122 Milano
Tel. 02 77297541segreteria@gise.it – www.gise.it

GISE NUMBERS 2023

Society's numbers

49 since the foundation of our Society
1936 members including physicians , Young physicians, N&T, and specialist members
1502 phisycians members - of which **400** under 40
387 N&T
47 postgraduates (enrolled in the fourth year of specialization)
440 female physicians of which 130 from N&T area
50 patronages issued
280 hemodynamic laboratories
Approximately 240,000 entries collected from activity data in 2022 - including entries in the vascular procedures individual data collection section.

Numbers of the National Congress

44° editions, this year the following numbers:

2000 participants
50 Sponsor Companies
45 Exhibitors
12 Live Cases and Live in the Box
12 Sessions at the Hands-on Village
12 Symposiums
3 national and international joint sessions

Via Conservatorio, 22 - 20122 Milano
Tel. 02 77297541segreteria@gise.it – www.gise.it

EXECUTIVE BOARD 2023-2025

GISE Executive Board

- President: Francesco Saia
- Past President: Giovanni Esposito
- Councilors: Tiziana Attisano, Simona Pierini, Carmine Musto, Alberto Menozzi, Massimo Fineschi, Marco Contarini, Federico De Marco.
- Treasurer: Massimo Mancone
- Nursing & Technicians Representative: Antonio Di Lascio
- Past N&T: Francesco Germinal

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GISE
Società Italiana di Cardiologia Interventistica
REGIONAL DELEGATES 2023-2025
In order to integrate the activity of the Association with the healthcare organization at the regional level, the Board of Directors appoints a Regional Representative in all the regions in which the Association operates, with the modalities established in the Regulations attached to the Statute and after formal consultation of Ordinary Members of the Region of interest. The Regional Representative is responsible for coordinating activities at the local level of the Association and for developing relations with the competent local Authorities.
Abruzzo TOMASSONI GIANLUCA
Basilicata CONTUZZI ROCCO
Calabria NESTA CRISTINA
Campania CIOPPA ANGELO
Emilia Romagna GUIDUCCI VINCENZO
Friuli Venezia Giulia FABRIS ENRICO
Lazio DI RUSSO CRISTIAN
Liguria ROLANDI ANDREA
Lombardia BARBIERI LUCIA
Marche PIVA TOMMASO
Molise MAGRI GIANLUDOVICO
Piemonte CERRATO ENRICO
Puglia IORIO ELIA
Sardegna MERELLA PIERLUIGI
Sicilia CARUSO MARCO
Toscana DE CARLO MARCO
Trentino Alto Adige DONAZZAN LUCA
Umbria SANTUCCI ANDREA
Veneto PESARINI GABRIELE
Valle d'Aosta BERNARDI ALESSANDRO
Via Conservatorio, 22 - 20122 Milano
Tel. 02 77297541segreteria@gise.it – www.gise.it

GISE
Società Italiana di Cardiologia Interventistica
COMMUNICATION COMMITTEE
Board of Direction
Scientific Direction
Scientific secretariat
Press Office
National Congress
Regional Congress
Think Heart event
AUDIT DATA ACTIVITIES
SOCIETY COMMUNICATION
Graphic departement and social management for events
Web editing
GISE WEB SITE
SOCIAL NETWORK
SAVE THE DATE
Activity Data
Multimedia Scientific Area
MSA
GISE Informa
Scientific news
Congresso Sihta su governance e tecnologie sanitarie
Francesco Saia, nuovo Presidente GISE
#TRISDICUORE, in collaborazione con GISE
New paper on pulmonary embolism

NATIONAL PARTNERSHIP

- **GISE- AIAC – SICVE – ANCE**: the creation of the document 'The Reorganization of Cardiology in the COVID-19 era - Reflections and Organizational Proposals to address phase 2'
- **GISE – AIAC** – National Left Auricle Registry (in progress)
- **GISE – SICVE** – National registry of preoperative cardiovascular stratifications for vascular interventions
- **GISE** – **Cittadinanzattiva – Alice – Think Heart edition**

THINK HEART WITH GISE 2023

GISE's commitment: guaranteeing standards of care

GISE firmly believes that only a strategic and operational partnership between the clinical world and institutional actors at a national, regional and local level can guarantee standards of care in a
TIMELY, ADEQUATE, FAIR, AND SUSTAINABLE
manner

GISE meets the Ministry of Health

GISE Società Italiana di Cardiologia Interventistica

GISE- approach to institutional relationship

GISE cooperates closely with National and regional health authorities in order to **guarantee a timely, appropriate and equal access to standard of care** across Italy.
GISE's approach and way to work is **unique** within the Italian Scientific Association and it is based on the following pillars:

- **Providing Activity Data** about the procedures performed in 270 Laboratoires in Italy. Data for decision makers in absence of updated data from the MoH
- **Evidence generation**. Research activities (e.g. Registry, Real worrkd data)
- Believing in a real **paradigm shift** focused on "Patients First"
- Providing a comprehensive overview of the **existing barriers** (clinical, economical and organizational) and a concrete list of actions for a timely and appropriate access to care to the main therapies in Interventional Cardiology
- Increasing the **awareness** on illnesses and therapies (e.g. Media Campaign, involvement of referrals, citizens and patients associations)
- **Engaging different stakeholders** (Politicians, Agencies, Health Economists) in order to having GISE as interlocutor to discuss about policies, patients needs and concrete solutions

GISE Società Italiana di Cardiologia Interventistica

Main achievements

As a result of Think Heart with GISE activities, together with the COVID-19 related activities, GISE is considered a key partner from the healthcare institutions by providing concrete solutions and high level expertise.
The GISE is fully engaged to "raise the hand", stimulating the debate about the need to revise healthcare policies starting from data, patient outcomes in order to have a long-term sustainable healthcare system

- **Ministry of Health** – Participation in the definition of the **National Cardio Vascular plan, Covid, emergency guidelines**, **waiting list** management; Discussion about **healthcare staff** needed in Interventional Cardiology
- **Istituto Superiore di Sanità** (ISS, the National Institute of Health) - Conjoint **research** activities on TAVI, Consultancy in **guidelines**
- **Agenzia Nazionale per i Servizi Sanitari Regionali** (AGENAS) - dialogue about **Outcome Measurement, Appropriateness and DRG system**
- **Parliamentary Committees** of the Chamber of Deputies and the Senate – **Covid impact and role of Interventional Cardiologist**
- **Consip** (it is a public stock company 100% owned by the Italian Ministry of Economy and Finance (MEF) and it carries out activities in consulting, assistance, and support in procuring goods and services for Public Administrations). **GISE as Consip members for the assessment of the tenders, pre- and post the award of the contracts.**

Partnership at Local Level

- **Regional Assessors and related Departments of Health**
- **Drug and Medical Devices Departments, Funding Departments** (Tariff revision in Structural Heart in Regione Lombardia, start the discussion in Regione Puglia)
- **Regional purchasing hubs** (GISE involvement as expert)

Global Heart Hub is the first global non-profit organisation established to provide a voice for those living with or affected by cardiovascular disease.

37 countries

111 patient organisations

2.5M patients & carers

28.7M+ Global Heart Hub patient organisation community reach

145M Opportunities to see our awareness campaigns in 2023

Our mission is to create and **unite a global cardiovascular patient community** to advocate for the best possible outcomes for people living with heart disease.

Patient Councils

Global Heart Hub Patient Councils are comprised of representatives from Patient Organisation Affiliates with similar interests and aims in particular heart disease areas. Currently, GHH has established Patient Councils in Heart Failure, Heart Valve Disease and Cardiomyopathy.

Working Groups

Working Groups are comprised of representatives from Patient Organisation Affiliates who connect to explore particular challenges or to work in partnership on specific projects. Current Working Groups include Women & Heart Disease, ASCVD and Cardiometabolic.

Academy Programmes

Global Heart Hub's Academy seeks to build the capacity and capability of the patient voice by providing a diverse range of training and skill-development opportunities for the CVD community.

Unite Annual Summit
Global Heart Hub's largest event of the year, uniting and empowering the cardiovascular patient community.
Learn more and watch recordings here – globalhearthub.org/unite

WWW.GLOBALHEARTHUB.ORG

Global Heart Hub Publications

NEW

Paving the way: a roadmap to the successful implementation of shared decision-making in heart valve disease

Visit our Resource Library: globalhearthub.org/resources

Heart valve disease: working together to create a better patient journey

Guiding Principles for Patient Involvement and Engagement in Cardiomyopathy Research

Heart Failure Patient & Caregiver Charter

Heart Failure Patient Friendly Guide

Cardio-Diabetes Think Tank: Call To Action

A Global Cholesterol Action Plan

FOLLOW US

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@globalhearthub_org

About the NIPC

The National Institute for Prevention and Cardiovascular Health (NIPC) is an independent, not-for-profit organisation, established in 2014 in strategic partnership with the University of Galway. It is based at the Croí Heart and Stroke Centre, Moyola Lane, Newcastle, Galway, Ireland.

NIPC provide leadership through discovery, training and applied programmes to prevent and control cardiovascular disease for all, raise the standards of preventive cardiology practice, enhance cardiovascular health and promote healthier lifestyles, and prepare leaders to advance preventive healthcare nationally and internationally.

The NIPC works closely with the Health Service Executive Health and Wellbeing Division aligning to Healthy Ireland's National Implementation Plan. The ultimate objective is to support the population of Ireland to enjoy the best possible health and wellbeing. To do this, the NIPC brings together institutions, healthcare providers and industry to drive the prevention agenda by informing public policy. In addition, the NIPC Alliance offers healthcare professionals a platform for information exchange and discovery.

Our Goals and Objectives

- **To produce a new generation of scholars and leaders in cardiovascular health and disease prevention** through innovative scientific research, while offering leading education and training programs, including MSc, Diploma, and Certificate courses, to multidisciplinary leaders, international faculty, and students.

- **Address priority health needs** by driving cardiovascular research to promote cardiovascular well-being, enable peer-reviewed funding, collaborate with academic and industry partners, and disseminate knowledge through ongoing epidemiological and medical analyses of long-term cardiovascular health trends.

- **Develop and test innovative models of preventive care and service delivery** by creating effective, equitable, and efficient applied programmes to improve preventive health and healthcare quality, discovering and evaluating new methods for risk assessment, disease prevention, diagnosis, therapy, and long-term population health, communicating findings to government, policymakers, and stakeholders, and supporting the implementation of evidence-based, tried and tested models into routine clinical practice.

- **Inform and advise political decision-makers, the scientific sector, and the general public,** promoting high-quality preventive cardiology practice, supporting implementation of national and international guidelines for cardiovascular disease prevention, providing a scientific basis for cardiovascular health-related political decision-making, and collaborating with other professional associations to advance the practice of preventive cardiology.

Research Programmes

The NIPC is engaged in a wide range of research programmes. Below is a brief description of the current research programmes.

European Action on Secondary and Primary Prevention by Intervention to Reduce Events

The main objective of the European Society of Cardiology **EUROASPIRE** survey is to determine whether clinical practice in patients with coronary heart disease and people at high risk of developing cardiovascular disease in Europe, is achieving the standards set in the CVD prevention guidelines and whether there are any changes over time in lifestyle, risk factors and therapeutic management.

The **EUROASPIRE VI** survey will investigate the cardiometabolic and renal continuum in both secondary and primary cardiovascular disease prevention in 2023-2025 under the auspices of the European Society of Cardiology, Global Registries and Surveys Programme (GRASP). This sixth survey will give a unique European picture of preventive action by cardiologists, other specialists and primary care physicians.

INTERASPIRE Survey of Cardiovascular Disease Prevention, Diabetes and Chronic Kidney Disease is conducted in partnership with the World Heart Federation, European Society of Cardiology, Inter American Society of Cardiology, Pan-African Society of Cardiology, Asian Pacific Society of Cardiology, European Atherosclerosis Society, International Atherosclerosis Society.
The overall objective of INTERASPIRE is to describe the management of cardiovascular risk factors, and current use of cardioprotective medications, in relation to international and national guideline standards on prevention of cardiovascular disease.

INTERASPIRE Lp(a) Sub Study

A Lp(a) sub-study of secondary prevention in atherosclerotic cardiovascular disease and patients' and physicians' knowledge and attitudes towards measuring and managing Lp(a). The Lp(a) sub-study will be conducted in seven selected INTERASPIRE countries from all six WHO regions in 2022–2024, recruiting 960 patients and 210 physicians. This sub-study is an exciting opportunity to explore a new risk marker for cardiovascular disease in the context of an international epidemiological study which will yield important new scientific data on measuring and managing Lp(a).

Ireland-Aspire

This is the first nationally representative Irish study of secondary prevention among patients with CHD. Over 600 patients were enrolled at 9 sites across Ireland and showed unacceptable heterogeneity in cardiac rehabilitation delivery, published in Open Heart.

Education and Training

Postgraduate Education

The NIPC, in partnership with the University of Galway, offer a unique portfolio of leading postgraduate opportunities in Preventive Medicine and Cardiovascular Health. These courses focus on the prevention and control of heart disease, stroke, diabetes, obesity and enabling active lifestyles, health and well-being. This portfolio of preventive programmes is unique in the world. These courses are delivered fully online using a blended-approach and are specifically designed to meet workforce development needs and support continuous professional development.

Courses, Study Days and Conferences for Healthcare Professionals

The NIPC education portfolio is continually expanding with courses and events constantly being added throughout the year. Please visit www.nipc.ie to get advanced notifications on all courses and events.

Appendix 3 – Powerpoint presentations

Welcome & project synopsis

Welcome & objectives

- Officially launch the project
- Align all project partners on project, role and contribution
- Deep dive into WPs to finalise last details before launch
- Coordinate work flows among and within WPs
- Review and agree on project timelines
- Establish line of communications

WE CARE

Agenda - Morning

8.00 – 8.10	Registration	All participants
8.10 – 8.15 (PLENARY)	Inaugural session – Welcome and meeting outline	William Wijns
8.15 – 8.30 (PLENARY)	The RESIL-Card project – Background, purpose, objectives and WPs	William Wijns
8.30 – 10.30 (PLENARY & BY GROUP)	WP1 – Conceptualisation of the resilience assessment tool	AMC
10.30 - 10.45	Coffee break	
10.45 – 12.00 (PLENARY & BY GROUP)	WP2 – First stage pilot testing of the resilience assessment tool	CatSalut
12.00 – 12.30 (PLENARY)	RESIL-Card logo and tag line - Options and feedback	Sandrine Wallace
12.30 - 13.30	Lunch break + interviews	

PCR

WE CARE

Agenda - Afternoon

13.30 – 15.00 (PLENARY & PER TARGET)	**WP3 - Outreach, dissemination & communication** • *Healthcare professionals* • *Patients / public* • *Public authorities / JACARDI* • *Ukraine (to address as a sub-group of each above target)*	WCA/GISE *Anna Franzone* *Teresa Glynn* *Sandra Ganly* *All*
15.00 – 15.30 (PLENARY)	**DG Santé presentation on policy matters** **HaDEA presentation on project management**	Marianne Takki Hülya Okuyan
15.30 – 16.00 (PLENARY)	**WP4 – Project management, planning process/methodology, budget and reporting**	Sandrine Wallace
16.00 – 16.15	**Coffee break**	
16.15 – 17.00 (PLENARY)	**GANTT chart (per WP)** • Is it accurate and realistic? • What are the red flags? • What would be the mitigation strategy? • What should be the level of granularity?	Romain Despax
17.00 – 17.50 (PLENARY) **30mn presentation + 20mn Q/A**	**"Take home messages"** – Virtual session with Advisory Board members and other partners	William Wijns & WP leaders
17.50 - 18.00 (PLENARY)	**Wrap-up and closing**	William Wijns

PCR

Background

- **CVD burden exacerbated** during Covid-19 pandemic
  - Increased morbidity and mortality of CVD patients infected by Covid
  - Reduction of healthcare services for patients with NCDs
- **Disruptions of CV care pathways** (diagnostic and therapeutic) and **mitigating solutions** to ensure care continuity*
- **Significant risks** of access reduction and impact on quality of essential CV care services in times of crises*
- **EU4Health Work Programme** – opportunity to contribute to stronger and better prepared healthcare systems in MS

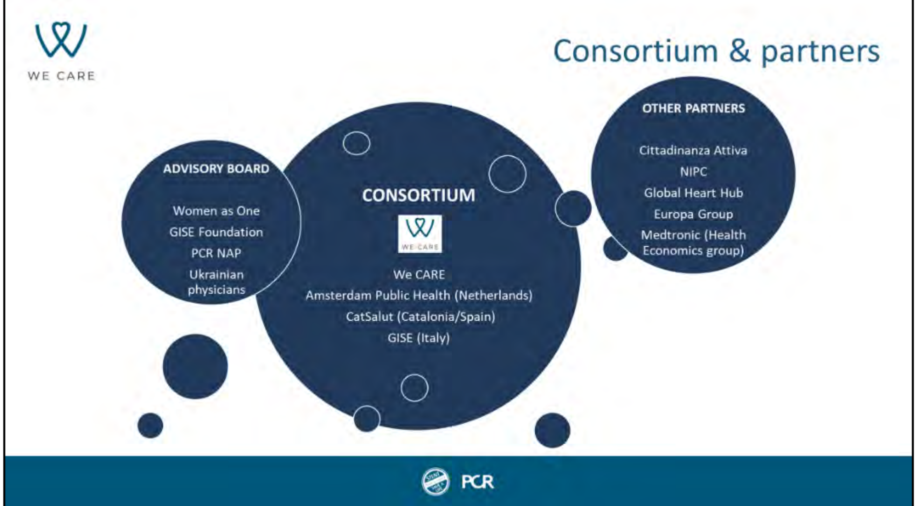
**As highlighted by We CARE campaign*

Purpose & objectives

- **Learn lessons from the pandemic to improve resilience of CV care service provision** in face of future crises
- **Develop and test tool and recommendations** to improve CV care pathways and enhance preparedness
  - Continuity of care and prevention of morbidity and mortality increase
  - Better integrated care systems with central role of patient
  - Sharing experiences and best-practices with telemedicine tools
- **Encourage adoption** of tool and **improve stakeholder awareness and patient health literacy**

Project overview

- **Call EU4H-2022-PJ-11 / Call for proposals on NCDs – CVDs and diabetes** (DP-g-22-06.04)
- **Project Name:** Resilience tool for enhanced crisis preparedness in CVDs across EU Member States
- **Project acronym:** RESIL-Card
- **Grant agreement no:** 101129203
- **Start date:** 01/12/2023
- **End date:** 30/11/2026
- **Consortium partners:** 4
- **Estimated project cost:** €725,823

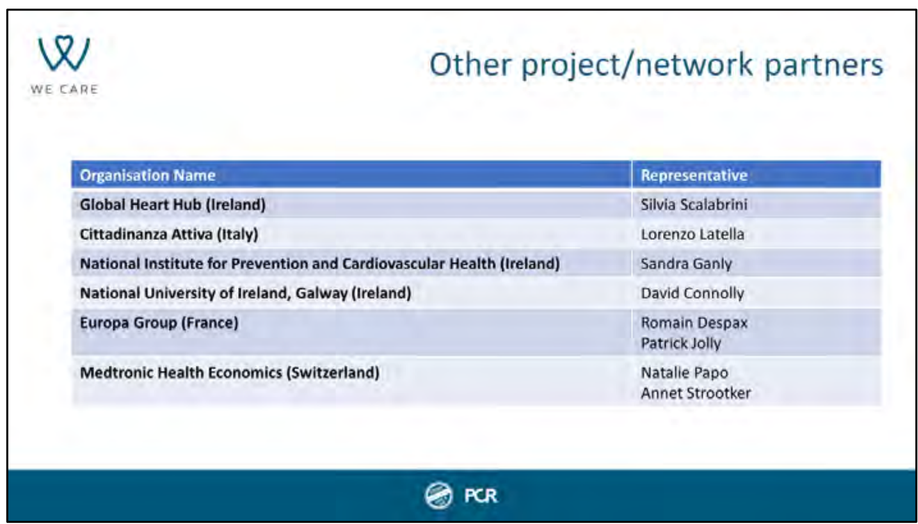


WE CARE

Consortium members

883461451	We Care Alliance – We CARE (France)
	Romain Despax Patrick Jolly Dr Jan Piek Sandrine Wallace Dr William Wijns
998732274	ACADEMISCH MEDISCH CENTRUM BIJ DE UNIVERSITEIT VAN AMSTERDAM – AMC (The Netherlands)
	Sofia Carvalho Dr Niek Klazinga Dr Dionne Kringos
937795710	SERVEI CATALA DE LA SALUT – CATSALUT (Catalonia / Spain)
	Dr Fina Mauri Ariadna Sanz
883231658	SOCIETA ITALIANA DI CARDIOLOGIA INTERVENTISTICA – GISE (Italy)
	Giuliana Ballo Dr Anna Franzone Dr Francesco Saia

PCR


WE CARE

Other project/network partners

Organisation Name	Representative
Global Heart Hub (Ireland)	Silvia Scalabrini
Cittadinanza Attiva (Italy)	Lorenzo Latella
National Institute for Prevention and Cardiovascular Health (Ireland)	Sandra Ganly
National University of Ireland, Galway (Ireland)	David Connolly
Europa Group (France)	Romain Despax Patrick Jolly
Medtronic Health Economics (Switzerland)	Natalie Papo Annet Strootker

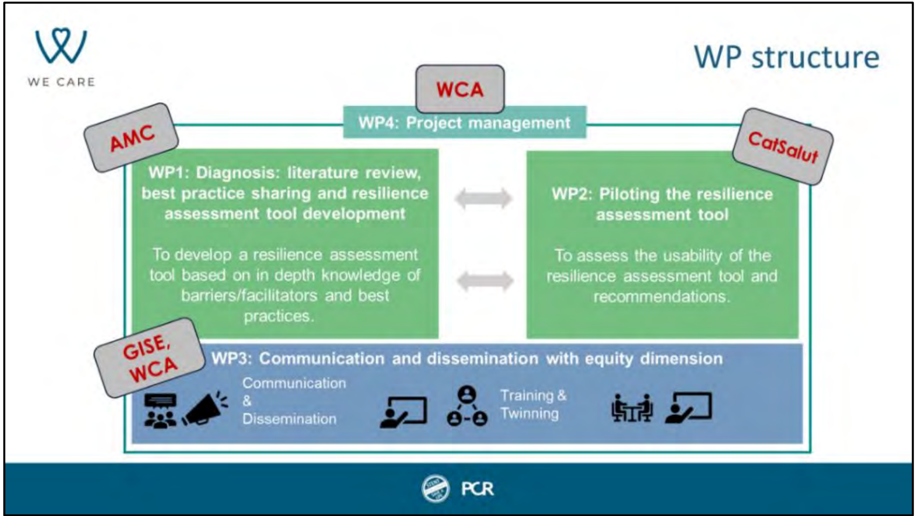
PCR

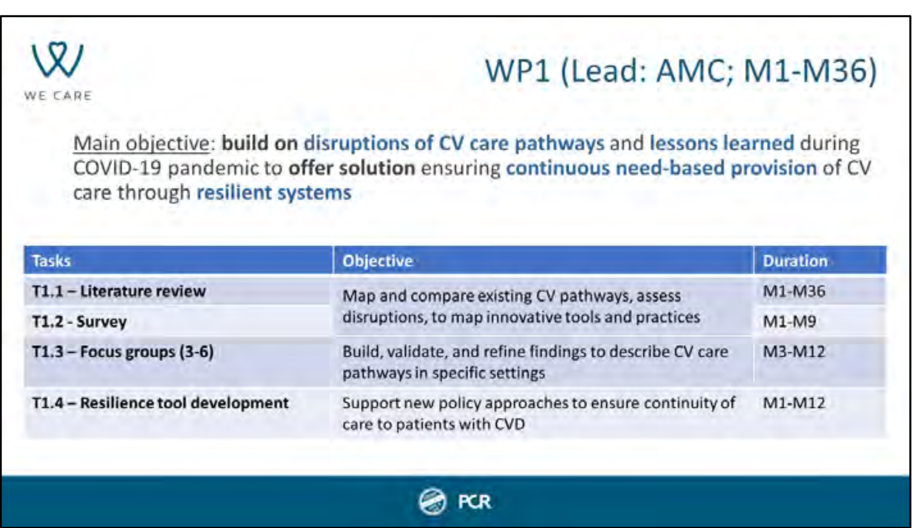
WE CARE

Advisory Board members

Organisation name	Representative
Women as One (Global)	Dr Roxanna Mehran Dr Marie-Claude Morice Rebecca Ortega
GISE Foundation (Italy)	Dr Alfredo Marchese
EAPCI NAP Committee (EU)	Bettina Hojberg Kirk
Ukrainian physicians (Ukraine)	Dr Yaroslav Lutay Dr Alexander Parkhomenko Dr Maksym Sokolov Dr Oksana Marchenko

PCR





Tasks	Objective	Duration
T1.1 – Literature review	Map and compare existing CV pathways, assess disruptions, to map innovative tools and practices	M1-M36
T1.2 - Survey		M1-M9
T1.3 – Focus groups (3-6)	Build, validate, and refine findings to describe CV care pathways in specific settings	M3-M12
T1.4 – Resilience tool development	Support new policy approaches to ensure continuity of care to patients with CVD	M1-M12

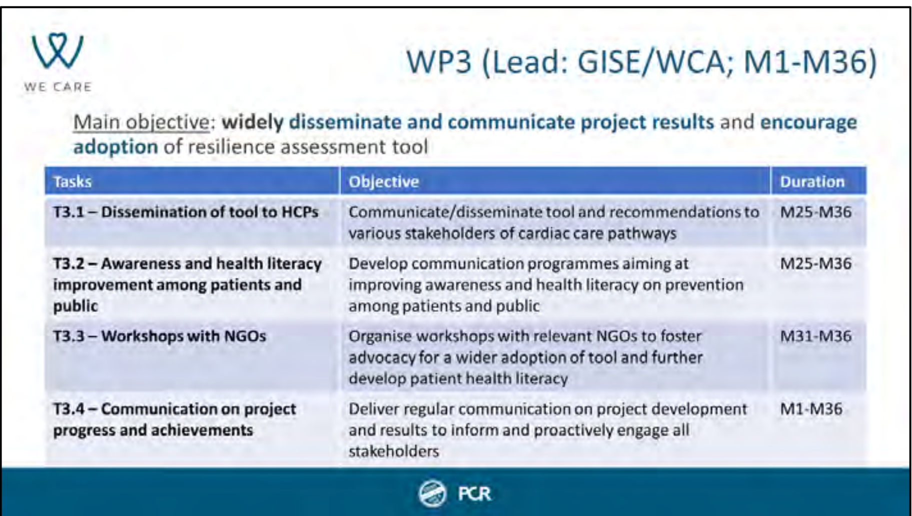
WE CARE

WP2 (Lead: CatSalut; M1-M36)

Main objective: **pilot test resilience assessment tool for CV care pathways** developed in WP1 and **gain in-depth insights** from actual final users and beneficiaries

Tasks	Objective	Duration
T2.1 – Performance indicators	Define performance indicators according to expected performance and applicability of tool	M1-M12
T2.2 – First stage pilot candidate selection	Select pool of candidates for pilot test according to criteria defined with WP1 and willingness to participate in	M4-M15
T2.3 – First stage pilot test	Conduct in-depth pilot test to get feedback on usefulness, comprehensiveness and applicability of resilience test	M10-M24
T2.4 – Review/dissemination of the tool	Adapt tool according to first stage pilot outcome and roll-out to potential users for feedback	M24-M36

PCR



WE CARE

WP3 (Lead: GISE/WCA; M1-M36)

Main objective: **widely disseminate and communicate project results** and **encourage adoption** of resilience assessment tool

Tasks	Objective	Duration
T3.1 – Dissemination of tool to HCPs	Communicate/disseminate tool and recommendations to various stakeholders of cardiac care pathways	M25-M36
T3.2 – Awareness and health literacy improvement among patients and public	Develop communication programmes aiming at improving awareness and health literacy on prevention among patients and public	M25-M36
T3.3 – Workshops with NGOs	Organise workshops with relevant NGOs to foster advocacy for a wider adoption of tool and further develop patient health literacy	M31-M36
T3.4 – Communication on project progress and achievements	Deliver regular communication on project development and results to inform and proactively engage all stakeholders	M1-M36

PCR

WE CARE

WP4 (Lead: WCA; M1-M36)

Main objective: **lead and ensure proper overall management of project** - organisational, technical, administrative and financial - according to **project goals, timeframe and budget**

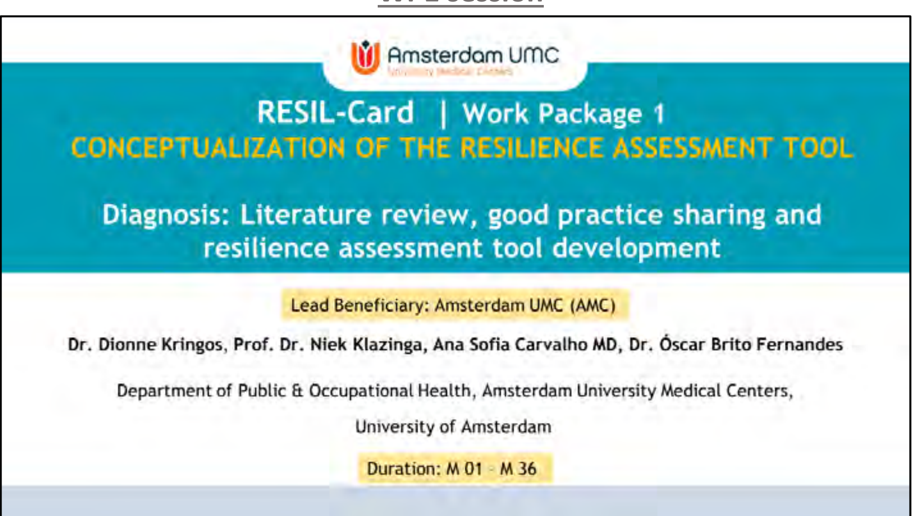
Tasks	Objective	Duration
T4.1 – Project coordination	Ensure liaison with project partners and EC, expected performance of activities by project partners and reporting to EC	M1-M36
T4.2 – Project management	Ensure productive and efficient project execution and realisation of its objectives, deliverables in time and within budget	M1-M36
T4.3 – Financial management	Establish financial protocols and milestones for consortium, financial monitoring and reporting to EC	M1-M36
T4.4 – Interaction with other EU projects	Facilitate effective and meaningful interactions with other projects working on CVD management and preparedness	M1-M36
T4.5 – Data management plan	Ensure data management is standardised across all consortium partners and comply with rules re. data quality, sharing and security	M1-M36
T4.6 – Ethics and risk management	Perform risk planning to ensure risk management is commensurate with risk and importance of project	M1-M36
T4.7 – Management of Advisory Board	Appoint and manage Advisory Board members, liaison to update on project proceedings and solicit feedback, guidance and advice	M1-M36

PCR

WE CARE

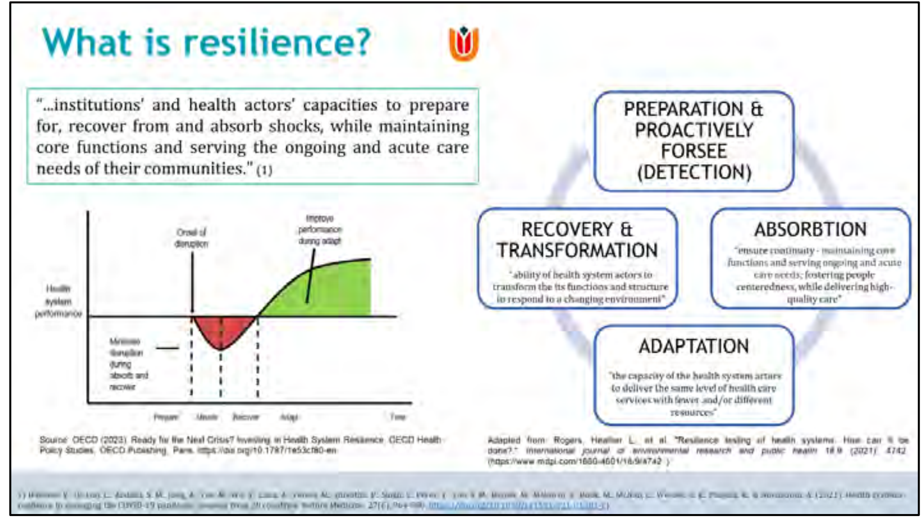
Thank you!

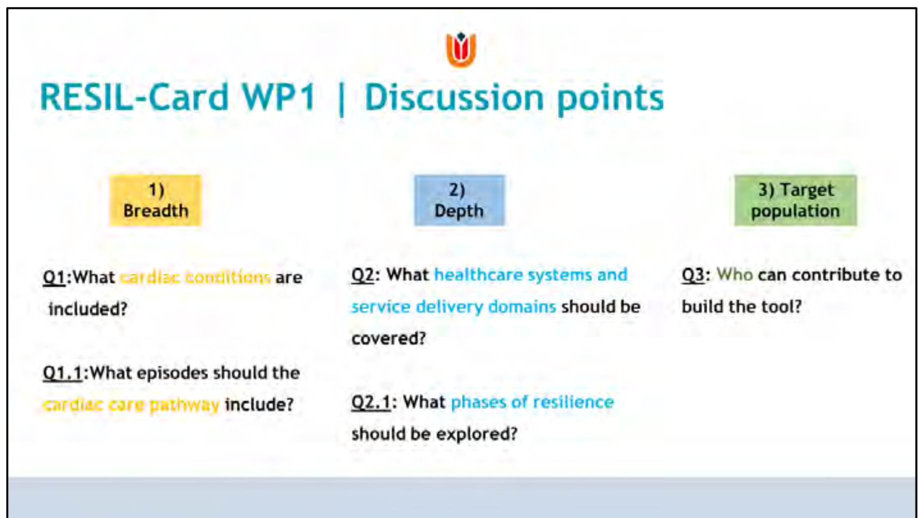
WP1 session

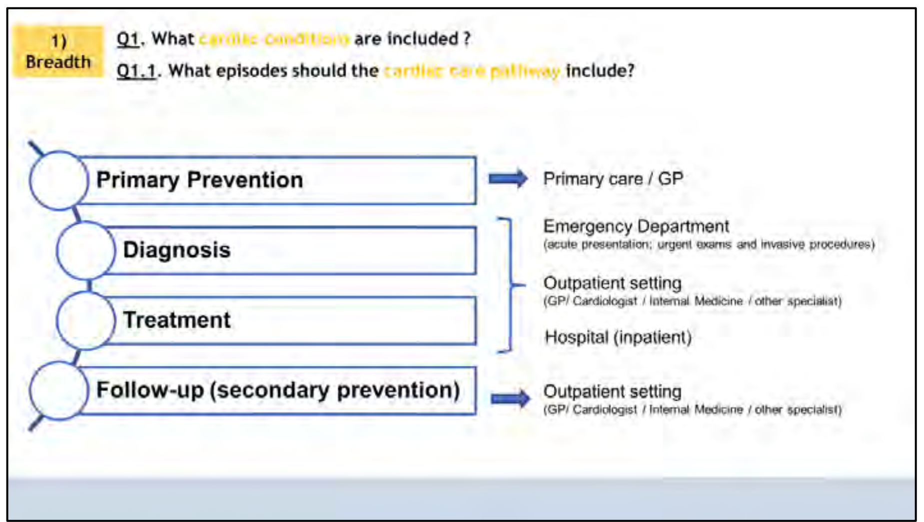


Tasks, aims & timeline

Task	Aim	Time (months)
T 1.1 Literature review	To map and compare existing CV care pathways, assess disruptions, to map innovative tools and practices.	06 & 36
T 1.2 Survey		08
T 1.3 Focus Groups	Building, validating, and refining the findings to describe the CV care pathways in specific settings	12
T 1.4 Development of a resilience assessment tool	To support new policy approaches to ensure continuity of care to patients with CVD.	14







2) Depth Q2. What healthcare systems and service delivery domains should be covered?

Health system INPUTS	Health system OUTPUTS	OUTCOMES
Physical infrastructure (ED capacity, inpatient beds, rooms for invasive procedures)	**Access** (number of admitted patients, delayed presentation/ clinical severity at admission)	**Outcomes and complications**
Workforce (GPs, cardiologists, emergency doctors, nurses, ...)	**Diagnosis** (number of procedures, waiting times)	**Mortality rates**
Medical devices and products	**Treatment** (number of procedures, length of stay, ACS treatment times, waiting times)	
Information system / Data infrastructure	**Outpatient care** (outpatient activity, telehealth)	
Governance, leadership, health system cooperation		
Efficiency		
Financing arrangements (individuals, patients, providers)		

Adapted from: Rogers, Heather L., et al. "Resilience testing of health systems: How can it be done?" *International journal of environmental research and public health* 18.9 (2021): 4742; **Indicators from:** de Lange, M; Carvalho, AS, et al. "The impact of the COVID-19 pandemic on hospital services for patients with cardiac diseases: a scoping review." International journal of environmental research and public health 19.6 (2022): 3172.

2) Depth — Q2.1. What phases of resilience should be explored in the resilience assessment tool?

1 - PREPARATION & PROACTIVELY FORSEE (DETECTION)

2 - ABSORBTION
"ensure continuity - maintaining core functions and serving ongoing and acute care needs; fostering people centeredness, while delivering high-quality care"

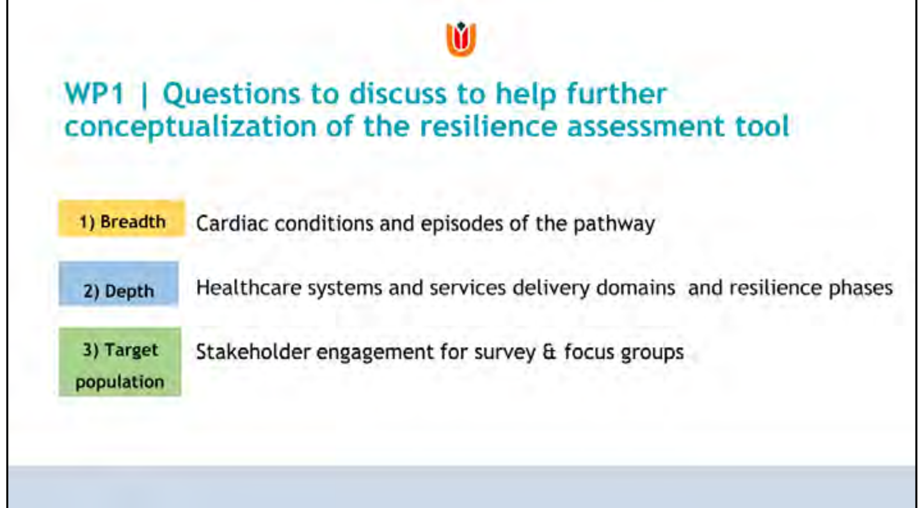
3 - ADAPTATION
"the capacity of the health system actors to deliver the same level of health care services with fewer and/or different resources"

4 - RECOVERY & TRANSFORMATION
"ability of health system actors to transform the its functions and structure to respond to a changing environment"

Adapted from: Rogers, Heather L., et al. "Resilience testing of health systems: How can it be done?" International journal of environmental research and public health 18.9 (2021): 4742. (https://www.mdpi.com/1660-4601/18/9/4742)

3) Target population — Who can contribute to build the tool?
Should the range of stakeholders be expanded?

- Survey
  - **PCR Companions** is a collective and collaborative programme open to all healthcare practitioners in the field of interventional cardiology.
  - It aims to build and strengthen worldwide links between physicians, nurses and allied professionals, whatever their specialty.
  - PCR Companion database encompasses **13.629 members**, of which 5.506 are European (40,4%). **85% are Intervention Cardiologists**, 4% NAP, 4% Surgeons, 2% Imagers, 5% Other.
- Focus groups
  - 3 to 6 online focus groups
  - Consortium Countries' representatives: **Italy** (2 regions), **Spain** (Catalonia), the **Netherlands** (Amsterdam)



WP2 session

S/ **WP2**

First stage pilot testing of the resilience assessment tool

28/11/2023

Generalitat de Catalunya /Salut

S/ WP2 - Main objective

- To pilot the resilience assessment tool for CV care pathways that will be developed in WP1.
  - This work **will provide detailed information** of the resilience tool from cardiovascular health care professionals, the final users and beneficiaries of the tool.

Generalitat de Catalunya /Salut

S/ WP2 - Workplan

FIRST STAGE: An in-depth pilot test is being planned to obtain detailed feedback about the usefulness, comprehensiveness and applicability of the resilience assessment tool from health professionals before the tool is launched.

SECOND STAGE: An analysis of the launched tool should provide new information about its performance and accessibility.

Generalitat de Catalunya /Salut

S/ WP2 - Session objective

- To better determine the expectations and scope of the pilot testing of the resilience assessment tool.

Generalitat de Catalunya /Salut

S/ WP2 – Performance indicators

- A set of performance indicators will be defined according to the expected performance and applicability of the resilience assessment tool.
- Main indicative measures will target different aspects of the tool, such as accessibility and duration of the assessment process, missing data and/or difficulty to compile it, and satisfaction experience/expectations from the users.

Which is the expected performance and applicability of the resilience assessment tool?

Generalitat de Catalunya /Salut

S/ WP2 – Pilot candidate selection criteria

- Differences among the European countries in healthcare as well as the final scope and limitations of the resilience assessment tool should be taken into consideration.
- Criteria will aim to guarantee the representation of the profiles defined by WP1 and WP2. A pool of candidates will be considered for the pilot test according to the selection criteria and their willingness to participate in the study.

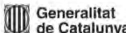
Which are the essential professional and center profiles to be included as candidates in the first stage, in-depth pilot test?

Generalitat de Catalunya /Salut

S/ WP2 – First stage pilot test

- The first stage will require a guided presentation of the tool. Participants will receive the material developed by WP1 together with a work plan that may include participating in on-line meetings with WP2 for a feedback interview.
- All answers will be compiled in a short report addressed to the project consortium to consider their inclusion in the final version of the resilience assessment tool.

Key aspects to address to the in-depth pilot group about the resilience assessment tool.



/Salut

S/ WP2 – Second stage pilot test

- Once the tool is ready and available on-line to all members of the PCR / We CARE as well as other Societies, a second stage pilot test will start based on the on-line feedback on the resilience assessment tool.
- The unmoderated use of the resilience assessment tool will provide new information about its accessibility.

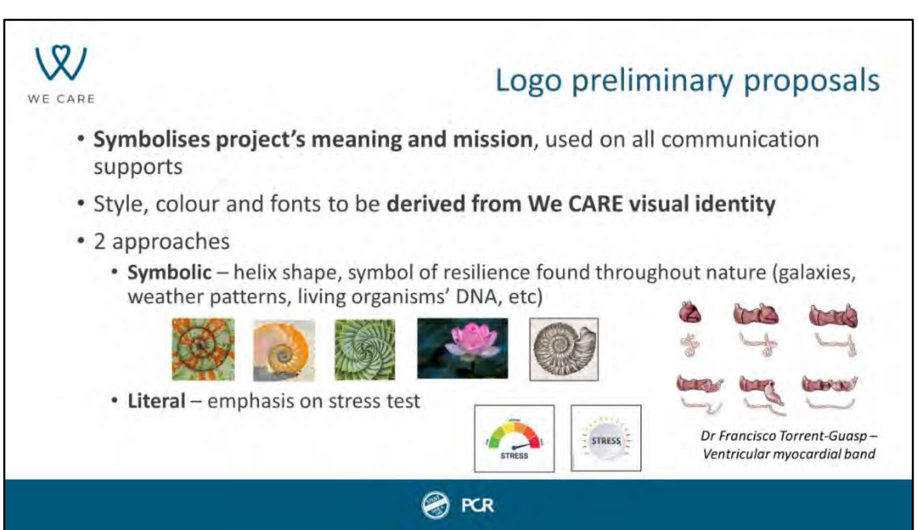
How do we assess the performance and applicability of the resilience assessment tool once it is launched? Should we ask for a user's experience survey? Should the resilience assessment tool be able to register data for future analysis?

Generalitat de Catalunya

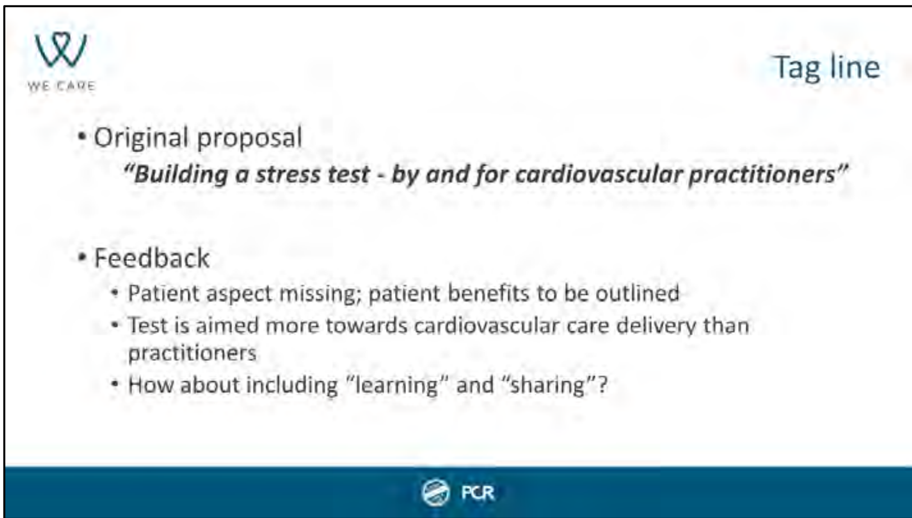
/Salut

/Salut

Project logo & tag line



WE CARE
Option 2 – Stress test
RESIL-Card
RESIL
-Card
RESIL-Card
RESIL
-Card
RESIL-Card
RESIL
-Card
PCR

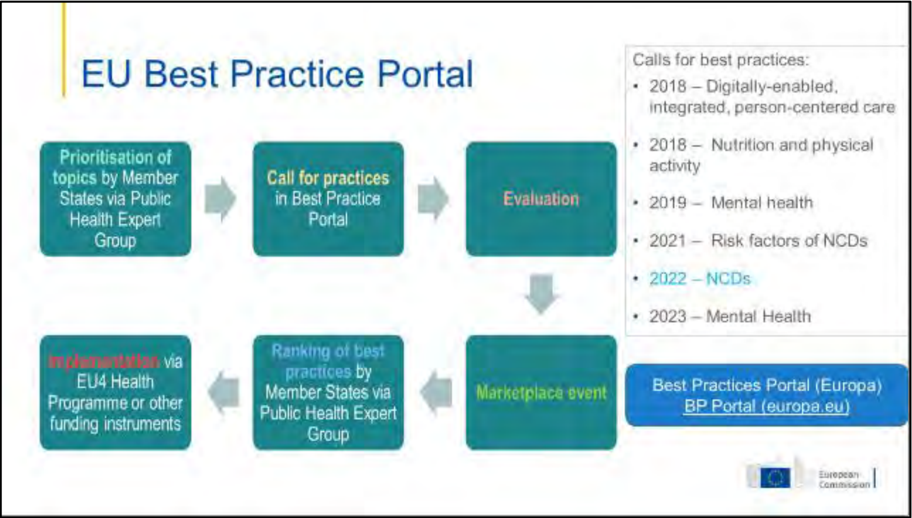

WE CARE
Tag line
• Original proposal
"Building a stress test - by and for cardiovascular practitioners"
• Feedback
• Patient aspect missing; patient benefits to be outlined
• Test is aimed more towards cardiovascular care delivery than practitioners
• How about including "learning" and "sharing"?
PCR

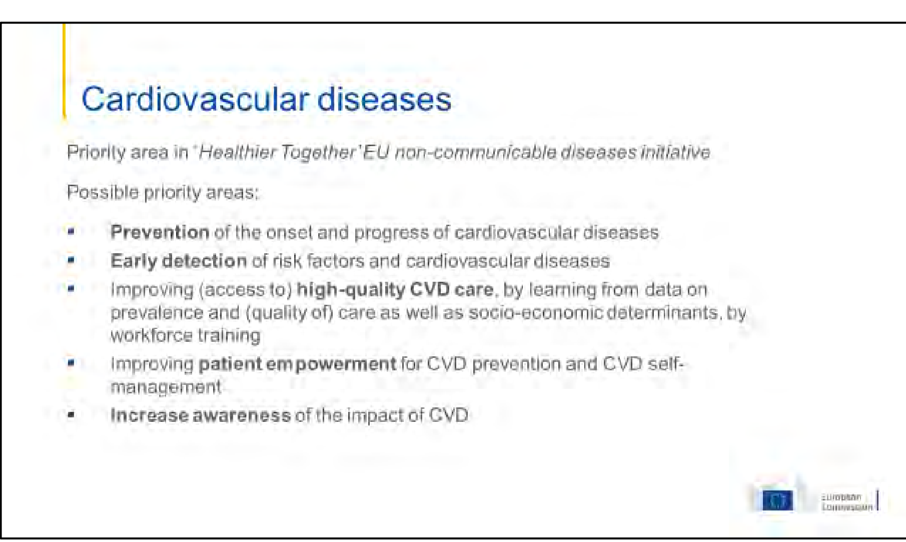
WE CARE
Thank you!

EU policy matters

RESIL-Card
Strengthening cardiovascular care
resilience for healthier hearts

'Healthier Together' – EU NCDs initiative
Key objectives:
Increase EU support in a coordinated way
Focus on major public health burden areas
Target national needs in key disease areas
Reduce health inequalities
5 strands: Health determinants, CVDs, Diabetes, Chronic Respiratory Diseases, Mental health and neurological disorders
Implementation ongoing: EU4Health support to Member States and stakeholders
through joint actions, action grants, contribution agreements with international organisations


EU Best Practice Portal
Prioritisation of topics by Member States via Public Health Expert Group
Call for practices in Best Practice Portal
Evaluation
Marketplace event
Ranking of best practices by Member States via Public Health Expert Group
Implementation via EU4 Health Programme or other funding instruments
Calls for best practices:
2018 – Digitally-enabled, integrated, person-centered care
2018 – Nutrition and physical activity
2019 – Mental health
2021 – Risk factors of NCDs
2022 – NCDs
2023 – Mental Health
Best Practices Portal (Europa)
BP Portal (europa.eu)


Cardiovascular diseases
Priority area in 'Healthier Together' EU non-communicable diseases initiative
Possible priority areas:
Prevention of the onset and progress of cardiovascular diseases
Early detection of risk factors and cardiovascular diseases
Improving (access to) high-quality CVD care, by learning from data on prevalence and (quality of) care as well as socio-economic determinants, by workforce training
Improving patient empowerment for CVD prevention and CVD self-management
Increase awareness of the impact of CVD

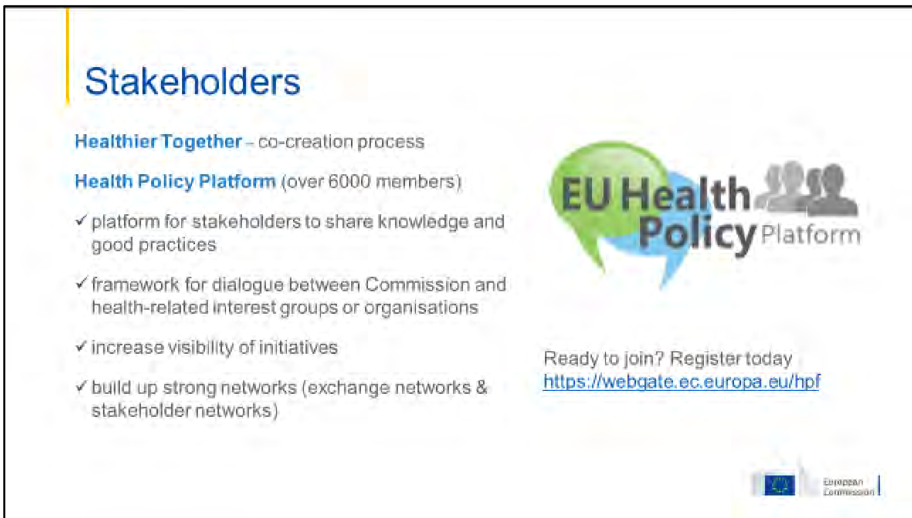
WE CARE

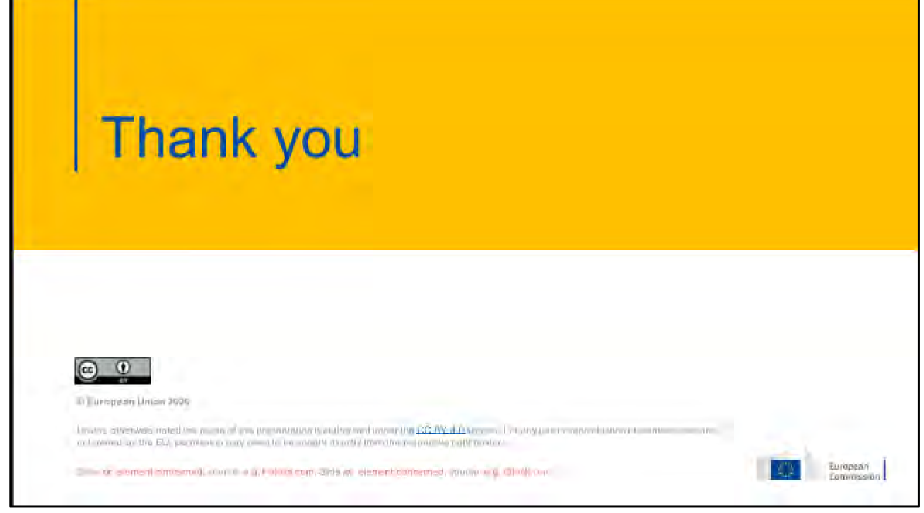
Amsterdam UMC
Universitair Medische Centra

Salut/ Servei Català de la Salut

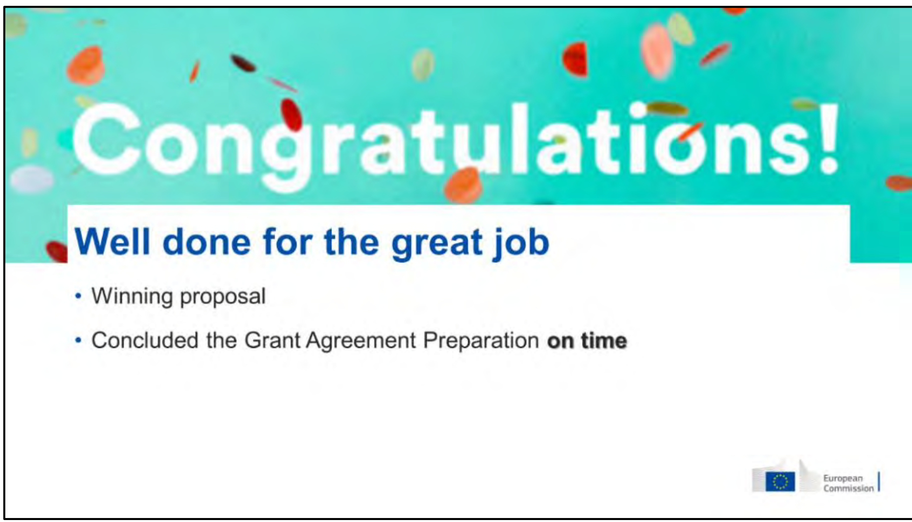
GISE

Public Health Expert Group (PHEG)
PHEG advises the Commission on public health and health systems, on non-communicable and communicable diseases
Representatives of Member States' ministries of health
PHEG subgroups set up to address specific public health topics:
Mental health
Non-communicable diseases
Vaccination
Cancer
Network of expertise on long COVID
Next PHEG meeting is 6 December.


Stakeholders
Healthier Together – co-creation process
Health Policy Platform (over 6000 members)
✓ platform for stakeholders to share knowledge and good practices
✓ framework for dialogue between Commission and health-related interest groups or organisations
✓ increase visibility of initiatives
✓ build up strong networks (exchange networks & stakeholder networks)
EU Health Policy Platform
Ready to join? Register today
https://webgate.ec.europa.eu/hpf

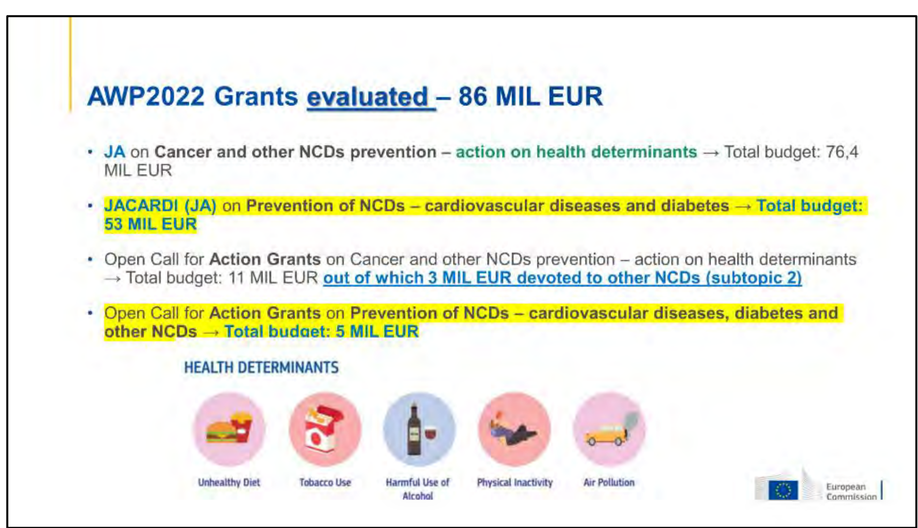

Thank you

EU grant management



The European Health and Digital Executive Agency (HaDEA) : New Executive Agency

The EU-funded Programmes we manage
Health
EU4Health
Horizon Europe – Health
Food
Single Market Programme (SMP): Food Safety
Digital
Horizon Europe – Digital
Connecting Europe Facility – Digital
Digital Europe Programme
Industry
Horizon Europe – Industry
Space
Horizon Europe – Space
European Commission


AWP2022 Grants evaluated – 86 MIL EUR
JA on Cancer and other NCDs prevention – action on health determinants → Total budget: 76,4 MIL EUR
JACARDI (JA) on Prevention of NCDs – cardiovascular diseases and diabetes → Total budget: 53 MIL EUR
Open Call for Action Grants on Cancer and other NCDs prevention – action on health determinants → Total budget: 11 MIL EUR out of which 3 MIL EUR devoted to other NCDs (subtopic 2)
Open Call for Action Grants on Prevention of NCDs – cardiovascular diseases, diabetes and other NCDs → Total budget: 5 MIL EUR
HEALTH DETERMINANTS
Unhealthy Diet
Tobacco Use
Harmful Use of Alcohol
Physical Inactivity
Air Pollution
European Commission

What are the main NCDs calls foreseen in the EU4H AWP 2023?

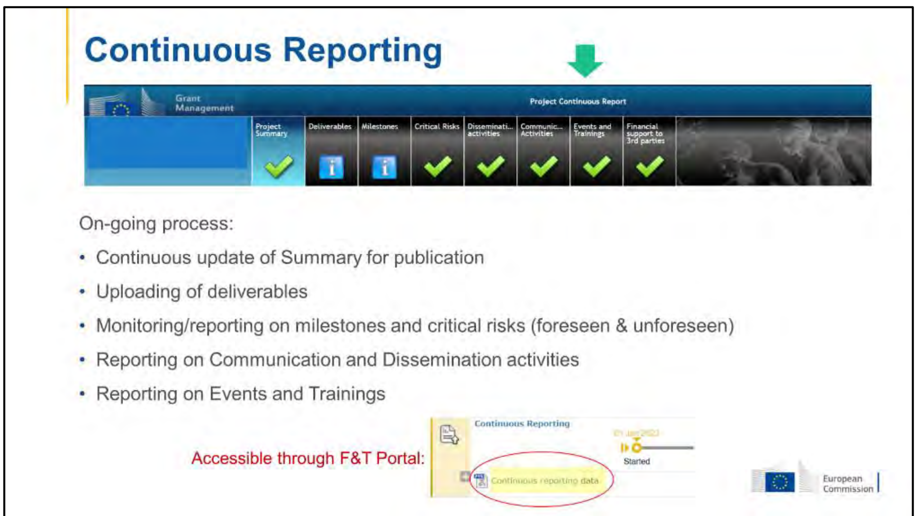
AWP2023 – 28,3 MIL EUR

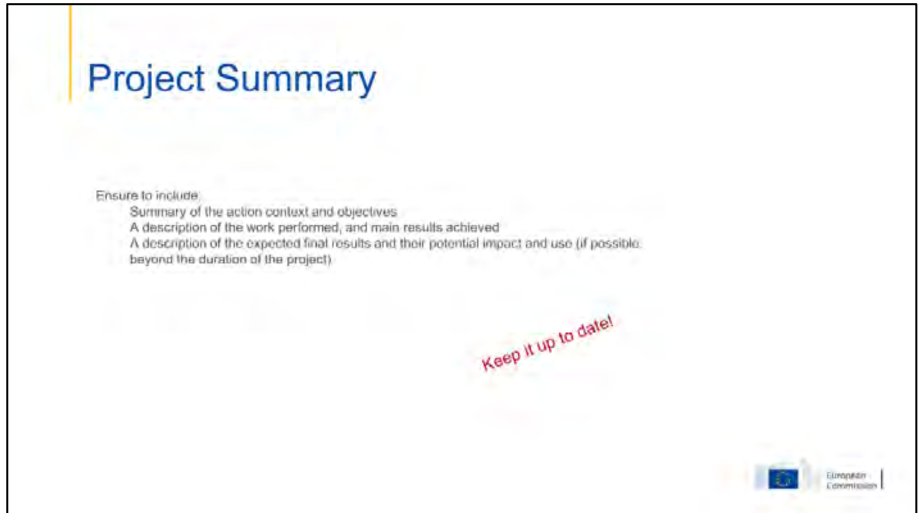
Plan Ahead for Less Stress

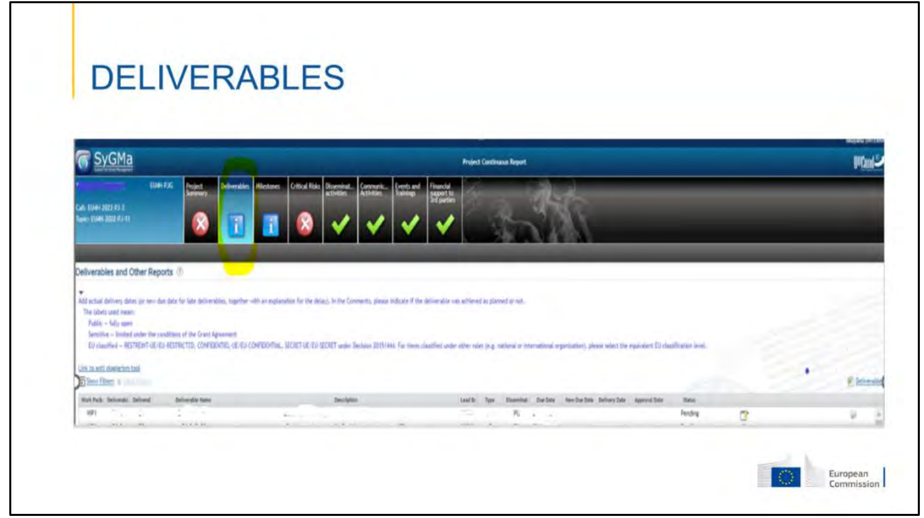
- JA on Chronic respiratory diseases (CRDs) → Total budget: 4 MIL EUR
- JA on Mental health → Total budget: 6 MIL EUR
- JA on Dementia and other neurological disorders → Total budget: 4 MIL EUR
- Open Call for Action Grants on CRDs→ Total budget: 1 MIL EUR
- Open Call for Action Grants on Mental Health (**including focus on Ukrainian displaced people**) → Total budget: 2,3 MIL EUR
- Open Call for Action Grants on Dementia and other neurological disorders → Total budget: 1 MIL EUR
- Open Call for Action Grants Action on **Mental health challenges for cancer patients and survivors** → Total budget: 10 MIL EUR

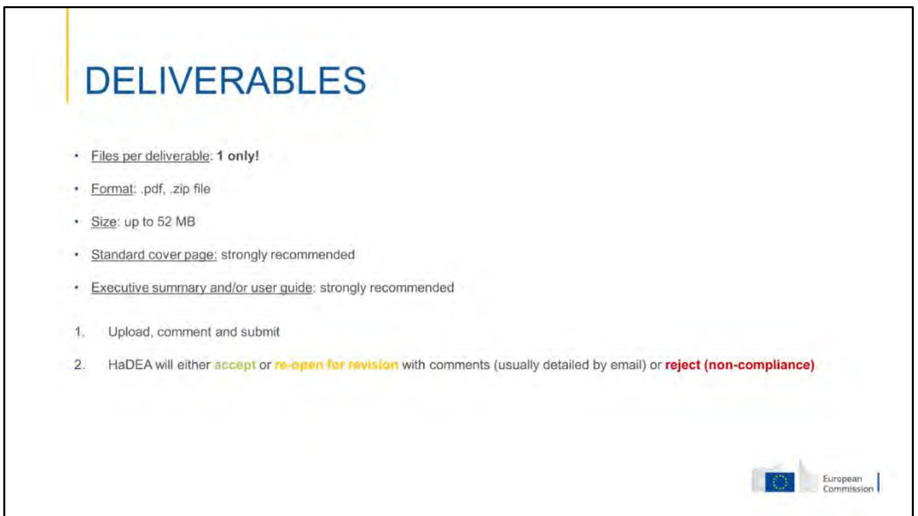
European Commission

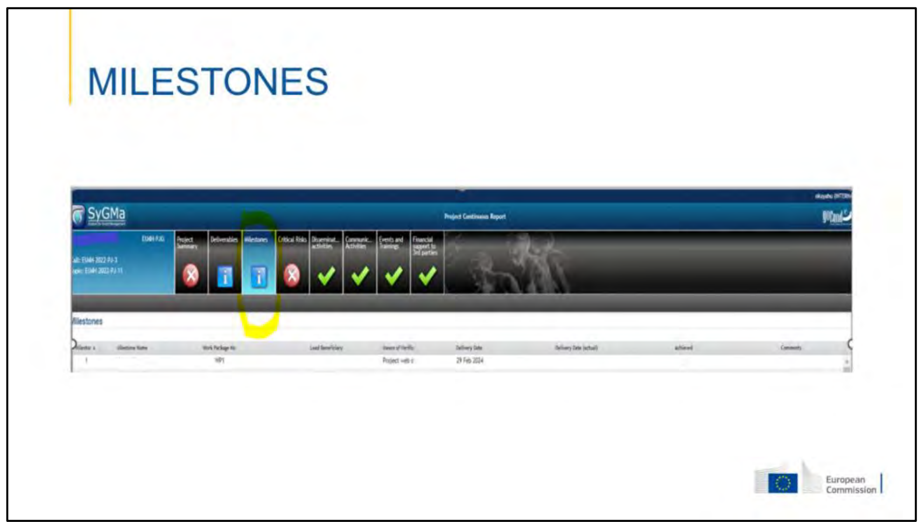
Electronic Grant Management System

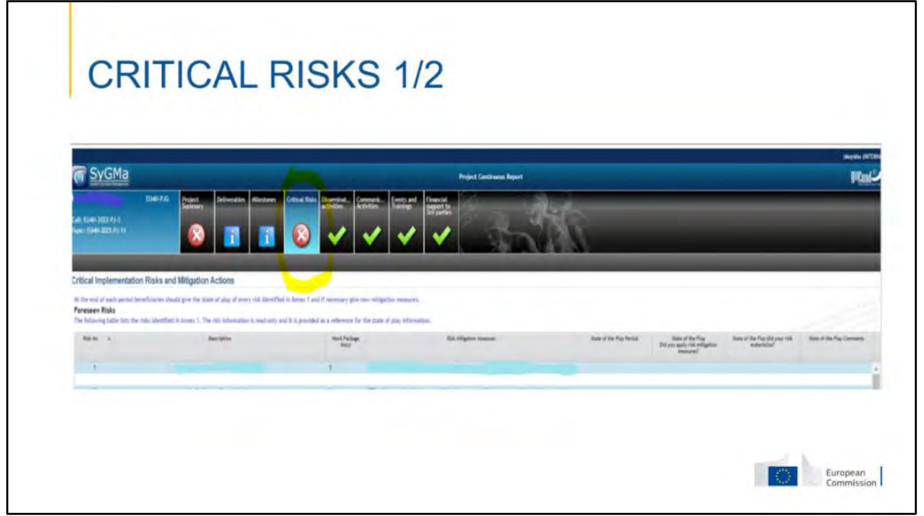

Continuous Reporting
Project Continuous Report
Project Summary
Deliverables
Milestones
Critical Risks
Communic... Activities
Events and Trainings
Financial support to 3rd parties
On-going process:
Continuous update of Summary for publication
Uploading of deliverables
Monitoring/reporting on milestones and critical risks (foreseen & unforeseen)
Reporting on Communication and Dissemination activities
Reporting on Events and Trainings
Accessible through F&T Portal:
Continuous Reporting
Started
European Commission

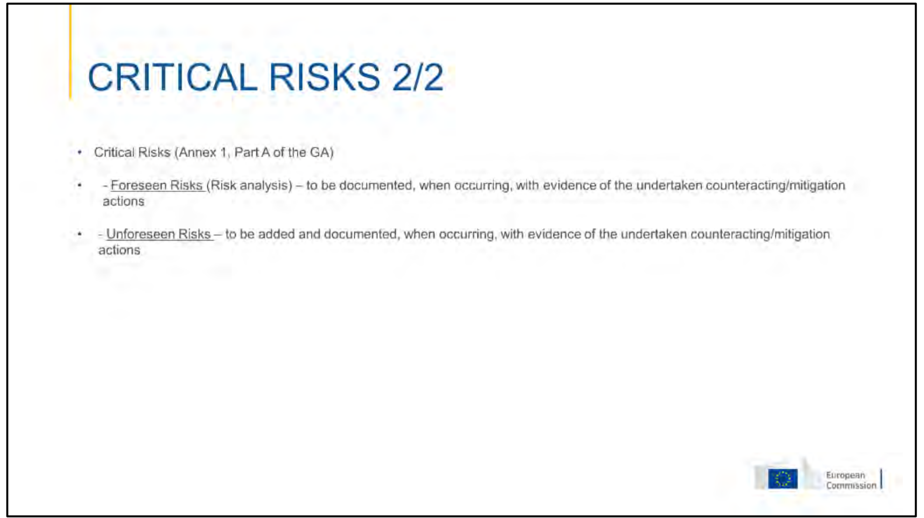

Project Summary
Ensure to include
Summary of the action context and objectives
A description of the work performed, and main results achieved
A description of the expected final results and their potential impact and use (if possible beyond the duration of the project)
Keep it up to date!

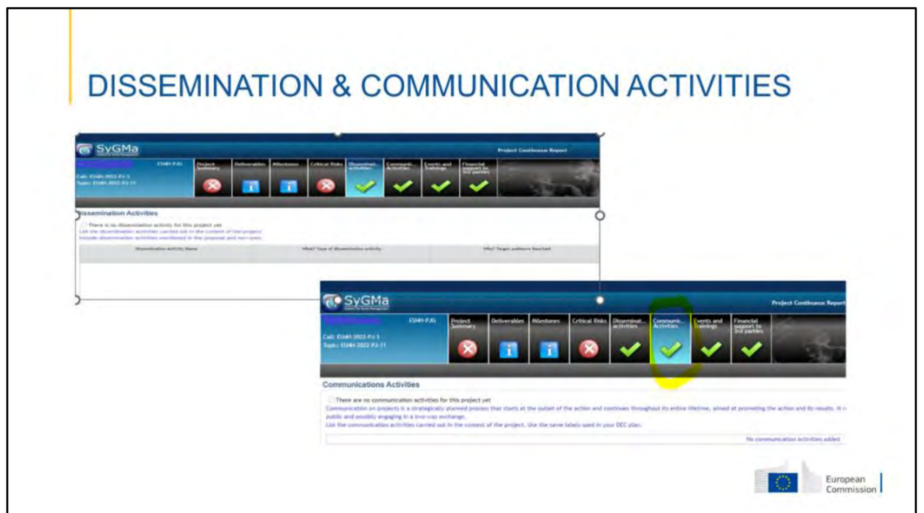

DELIVERABLES
SyGMa
Project Continuous Report
Deliverables and Other Reports
European Commission

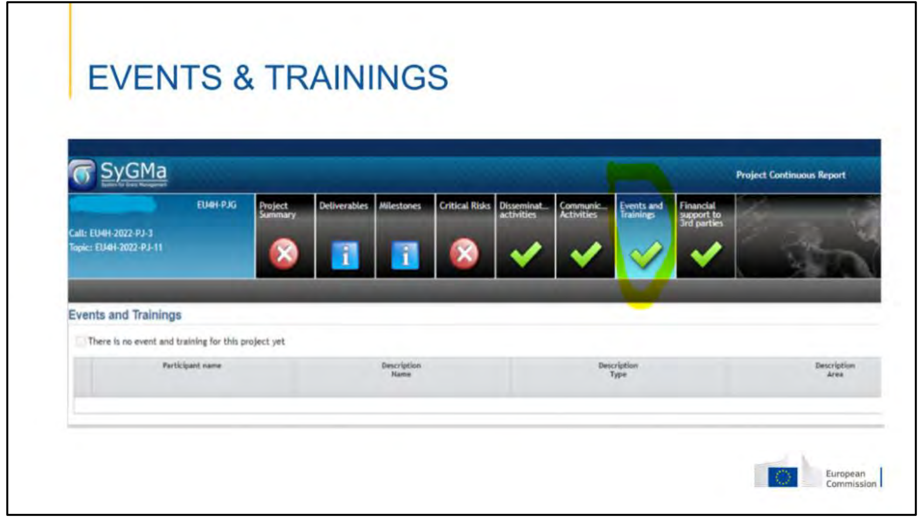

DELIVERABLES
Files per deliverable: 1 only!
Format: .pdf, .zip file
Size: up to 52 MB
Standard cover page: strongly recommended
Executive summary and/or user guide: strongly recommended
1. Upload, comment and submit
2. HaDEA will either accept or re-open for revision with comments (usually detailed by email) or reject (non-compliance)
European Commission


MILESTONES
SyGMa
Project Continuous Report
European Commission


CRITICAL RISKS 1/2
SyGMa
Project Continuous Report
Critical Implementation Risks and Mitigation Actions
Foreseen Risks
European Commission


CRITICAL RISKS 2/2
Critical Risks (Annex 1, Part A of the GA)
- Foreseen Risks (Risk analysis) – to be documented, when occurring, with evidence of the undertaken counteracting/mitigation actions
- Unforeseen Risks – to be added and documented, when occurring, with evidence of the undertaken counteracting/mitigation actions
European Commission


DISSEMINATION & COMMUNICATION ACTIVITIES
SyGMa
Communications Activities
European Commission


EVENTS & TRAININGS
SyGMa
Project Continuous Report
EU4H-PJG
Call: EU4H-2022-PJ-3
Topic: EU4H-2022-PJ-11
Project Summary
Deliverables
Milestones
Critical Risks
Disseminat... activities
Communic... Activities
Events and Trainings
Financial support to 3rd parties
Events and Trainings
There is no event and training for this project yet
Participant name
Description Name
Description Type
Description Area
European Commission

Reporting

Reporting periods

The action is divided into '**reporting periods**':

- RP1: from month 1 to month 18
- RP2: from month 19 to month 36

(Art 21)

The coordinator must submit to the Agency the technical and financial reports.

These reports include requests for payment and must be drawn up using the **forms and templates provided in the electronic exchange system within 60 days** following the end of the reporting period.

Request for Payment

The periodic report includes:

(a) Technical Report

- **Part A**, generated by the IT system, based on data from continuous reporting modules (e.g., deliverables, milestones)
- **Part B**, the narrative part on the explanation of the work carried out, including deviations, to be uploaded as PDF. It must be prepared using the template available in the Portal Periodic Reporting tool

(b) Financial Report:

- the financial statements (for all beneficiaries/affiliated entities)
- the certificates on the financial statements for financial statements requesting EU contribution to costs ≥ EUR 325 000.00

Amendments

39.1 Conditions

The Agreement **may be amended**, unless the amendment entails changes to the Agreement which would call into question the decision awarding the grant or breach the principle of equal treatment of applicants. Amendments may be requested by **any of the parties**.

39.2 Procedure

The party requesting an amendment must submit a **request signed directly in the F&T Portal**.

The request for amendment must include:

- the reasons why
- the appropriate annexes and supporting documents

The granting authority may request **additional information**.

ARTICLE 7 —BENEFICIARIES

Arrangements between beneficiaries must be set out in a Consortium agreement which may cover:

- internal organisation of the consortium
- management of access to the Portal
- distribution of EU funding and financial responsibilities
- additional rules on rights and obligations related to background and results (see Article 16)
- settlement of internal disputes
- liability, indemnification and confidentiality arrangements between the beneficiaries
- The consortium agreement must not contain any provision contrary to the Agreement

The *Project Coordinator* must:

- Monitor that the action is implemented properly
- Act as intermediary for all communications between the consortium and HADEA:
  - Request and review any documents or information required and verifying their quality and completeness before passing them on to HADEA
  - Submit deliverables and reports to HADEA
  - Inform HADEA about the payments made to the other beneficiaries, if required
- Distribute the payments received from the granting authority to the other beneficiaries without unjustified delay

Each Beneficiary must:

- Keep information stored in the Portal Participant Register up to date
- Inform the granting authority (and the other beneficiaries) immediately of any events or circumstances likely to affect significantly or delay the implementation of the action
- Submit to the coordinator in good time:
  - The financial statements and certificates on the financial statements (CFS), if required
  - The contributions to the deliverables and technical reports
  - Any other documents or information required by HADEA under the agreement
- Submit via the Portal data and information related to the participation of their affiliated entities

COMMUNICATION, DISSEMINATION & VISIBILITY

Article 17.1 Communication — Dissemination – Promoting the action

The beneficiaries must promote the action and its results to multiple audiences (including the media and the public), in accordance with Annex 1 and in a strategic, coherent and effective manner.

Before engaging in a communication or dissemination activity expected to have a major media impact, the beneficiaries must inform the granting authority.

Annex 5 Communication and dissemination plan

The beneficiarie must provides a detailed communication and dissemination plan, setting out the objectives, key messaging, target audiences, communication channels, social media plan, planned budget and relevant indicators for monitoring and evaluation.

COMMUNICATION, DISSEMINATION & VISIBILITY

Annex 5 Additional communication and dissemination activities

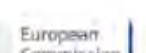
The beneficiaries must engage in the following activities:

- present the project (including project summary, coordinator contact details, list of participants, European flag and funding statement and project results) on the beneficiaries' websites or social media accounts
- for actions involving publications, mention the action and the European flag and funding statement on the cover or the first pages following the editor's mention
- for actions involving public events, display signs and posters mentioning the action and the European flag and funding statement
- upload the public project results to the EU4Health Project Results platform, available through the F&T Portal

COMMUNICATION, DISSEMINATION & VISIBILITY

- *Article 17.2 Visibility — European flag and funding statement*

- Communication and dissemination activities must:
  - acknowledge EU support
  - display the European flag (emblem) and funding statement
- The emblem must remain distinct and separate and cannot be modified
- Apart from the emblem, no other visual identity or logo may be used to highlight the EU support
- When displayed in association with other logos (e.g. of beneficiaries or sponsors), the emblem must be displayed at least as prominently and visibly as the other logos.

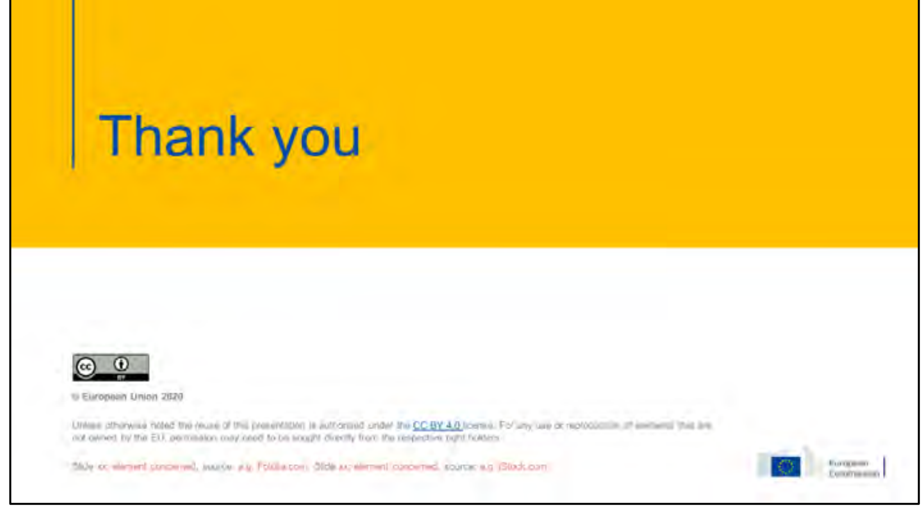


Useful Information

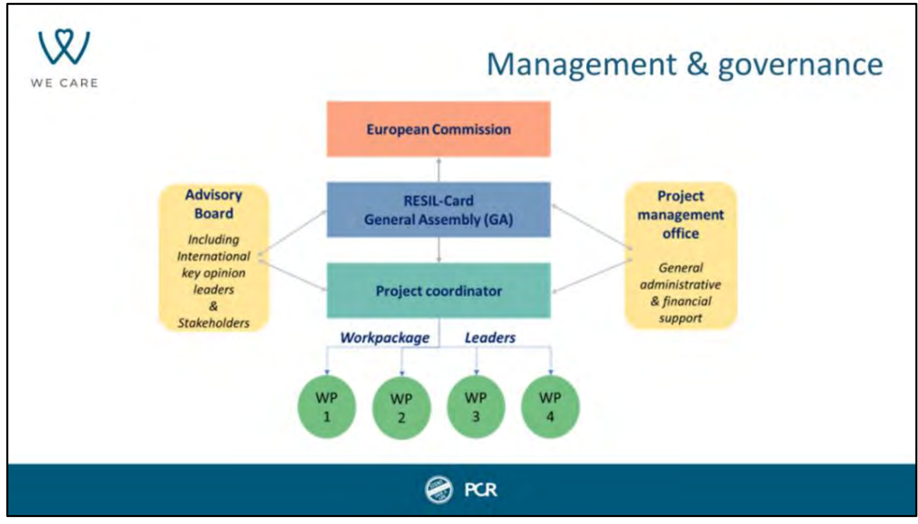
- Key-information are available in the Annotated Model Grant Agreement
- Further information is available online (online manual, HOW TO)
- Reference documents are available here
- IT Helpdesk (for any technical issues)

→ In case of uncertainty:
Please contact your Project Officer/Adviser in HaDEA through the project Coordinator!

European Commission



WP4 session



Project coordinator's responsibilities

- **Monitor proper implementation of action**
  - Monitor work plan and coordinate project reporting
  - Ensure coordination between WP leaders
  - Organise and chair project meetings, report and discuss with GA
  - Coordinate cooperation with relevant EC/EU4Health projects
- **Primary spokesperson for all communications between consortium and EC**
  - Request, review any documents/information required and verify quality and completeness before passing onto EC
  - Submit deliverables and reports to EC
  - Inform EC about payments made to other beneficiaries (if required)
- **Distribute payments received from granting authority to other beneficiaries**

Beneficiaries' responsibilities

- **Fully responsible for implementing action** and complying with GA (jointly and severally liable)
- **Keep information up to date** in Portal Participant Register
- **Inform granting authority (and beneficiaries) immediately of any events or circumstances** likely to affect significant or delay the implementation of action
- **Submit to coordinator in good time:**
  - Financial statements
  - Contributions to deliverables and technical reports
  - Any other documents or information required by EC under the agreement

General Assembly

- **Ultimate decision-making body**
- **1 representative of each project partner**, chaired by Coordinator
- Participation of **Advisory Board**
- **Ensure proper implementation of action** in accordance with established objectives, and **monitor activities and progress of WPs**
  - Monitor inter-WP alignment and progress of WP deliverables
  - Draft reports and associated documents as required by EC
  - Discuss major modifications in project related work and deliverables and propose appropriate measures
  - Make decisions on issues involving consortium, disputes, agenda setting, etc
- **Voting system for decision-making mechanism**
  - 2 votes per project partner
  - Majority of 2/3 of cast votes needed to pass decision

Advisory Board

- **Provide outside independent advice** on specific decisions and challenges (scientific or organisational)
- **Receive annual progress reports**
- **Meet yearly with GA**
- **Can be invited to advise on an "ad-hoc" basis** on scientific and/or organisation issues
- **Members**
  - Women as One
  - EAPCI NAP Committee
  - GISE Foundation
  - Ukrainian physicians

Meeting timetable

- **Kick-off meeting** – 28/11/2023
- **1 annual meeting** with General Assembly
  - End of WP1 meeting – M11 (Oct. 2024)
  - End of WP2 meeting – M23 (Oct. 2025)
- **Closing meeting** – M35/36 (Oct./Nov. 2026)
- **Regular project coordination/follow-up meeting** – frequency? (every 2 weeks, once a month?)
- **Mid-year progress review** meeting?

Internal communications and responsibilities

- **Use project file store** to download/upload project documents
- **Inform coordinator** in advance of extended absences
- **Establish an auto-responder** when OOO
- **Reply within 48 hours** to emails marked as "urgent"
- **Mark all email communications with RESIL-Card** in subject line
- Separate **emails with clear subject headings**
- **Deliver work in a timely manner**, notify coordinator or WP leader about any delay
- **Work constructively** with Ad Board

Communication, dissemination, visibility

- **Promotion of project and results** by beneficiaries to multiple audience
  - EC to be informed if major media impact expected
- **Detailed communication and dissemination plan** to be prepared – *objectives, key messaging, target audiences, communication channels, social media plan, planned budget and monitoring indicators*
- For presentation of project on **websites and social media**
  - Hashtags: #HealthUnion, #EU4Health
  - Twitter tags: @EU_Health, @EU_HaDEA
- For **publications and/or public events**, mention project, EU flag and funding statement

Disclaimer and EU flag

- **For any communication or dissemination activity**

  "Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or HaDEA. Neither the European Union nor the granting authority can be held responsible for them."
- **Acknowledge EU support and display EU flag**

Funded by the European Union

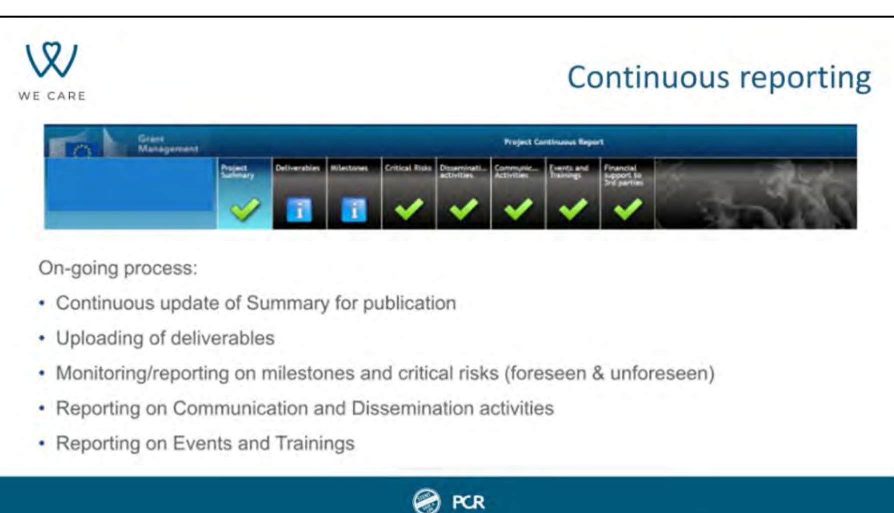
Co-funded by the European Union

Funded by the European Union

Co-funded by the European Union

- **Use Health Policy Platform**, especially for newsletters
  - Space for health stakeholders to exchange latest news, reach targeted audience to increase visibility of initiatives and build up strong networks

Funding and tenders portal



Periodic reporting

- Project divided into **reporting periods**, specific to GA
  - **RP1**: from month 1 to month 18
  - **RP2**: from month 19 to month 36
- Coordinator to submit **technical and financial reports** to EC
  - **Technical**
    - Part A – generated by IT system based on data from continuous reporting
    - Part B - narrative part on work carried out
  - **Financial** – financial statements and explanation on use of resources
- Forms and templates provided in the electronic exchange system
- To be submitted **within 60 days after the end of reporting period**

Reporting					Payments	
Reporting periods			Type	Deadline	Type	Deadline (time to pay)
RP No	Month from	Month to				
					Initial prefinancing	30 days from entry into force/10 days before starting date/ financial guarantee (if required) – whichever is the latest
1	1	18	Periodic report	60 days after end of reporting period	Interim payment	90 days from receiving periodic report
2	19	36	Periodic report	60 days after end of reporting period	Final payment	90 days from receiving periodic report

PCR

Budget and eligible costs

- All project activities to be completed **within the duration**
- **Costs until 60 days after end of project** are eligible if directly and only linked to completion of final reports
- **Budget flexibility** – adjustments without formal amendment if no substantial or important change to action
- **Eligible costs**:
  - Connected with action and necessary for implementation
  - Reasonable and justified
  - Incurred within the duration of action
  - Declared under one budget category and actually incurred by beneficiaries
  - Comply with national law, identifiable and verifiable (recorded in accounting records as per accounting standards)

Supporting documents

- **All debts** to be established **by final report submission**
- Invoice and payment dates **outside the duration**
  - Prior: equipment, kick-off meeting
  - After: service contracts, evaluation
- **Types of supporting documents**
  - Timesheets, salary slips, invoices, contracts, purchase orders, acknowledgements of receipts/delivery, participant lists, documents of procurement for subcontracting, ...
  - Amounts of cost items accurately established and reconciled with accounting records

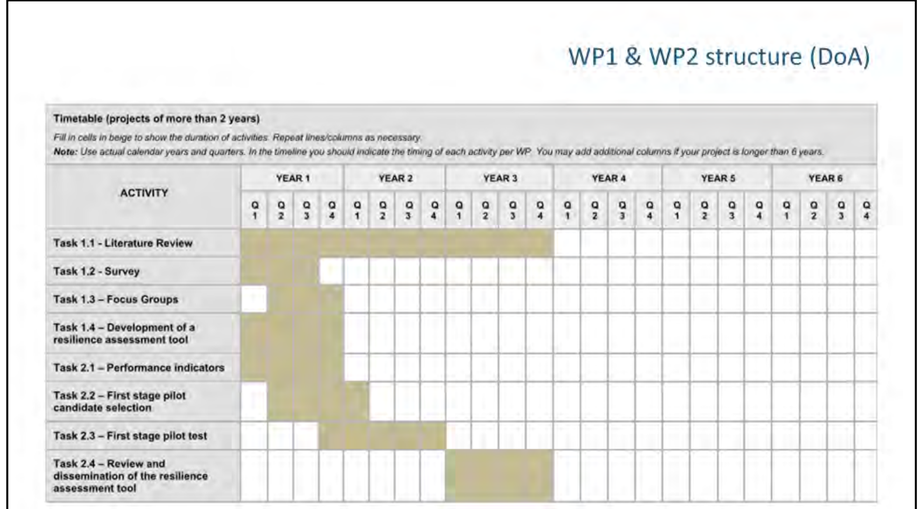
Supporting documents & records

- **Keep all records and supporting documents for a period of 5 years** after the final payment
- Beneficiaries to keep **original documents**
- **Digital and digitalised documents** accepted
- Records and supporting documents to be made available for checks, reviews, audits, etc

Payments

- **Pre-financing payment** (10 days before starting date earliest)
  - Float for the beneficiaries but remains property of EU until balance payment
- **Interim payments** (90 days after reception of periodic report)
  - Approval of periodic report + deliverables
  - Actual costs incurred during reporting period
- Pre-financing + interim payments = 90% of maximum grant amount
- **10% balance payment** after final report and deliverable submission (if positive balance)

GANTT chart



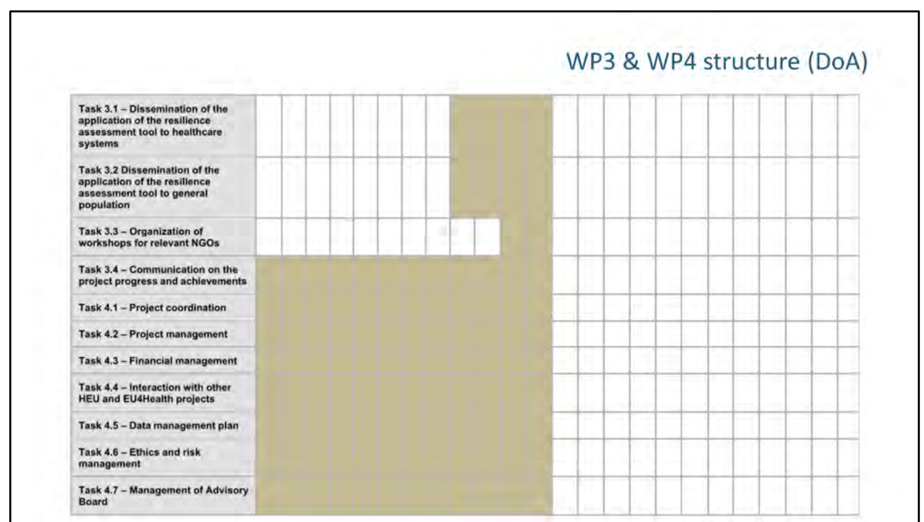
WP1 & WP2 structure (DoA)

Timetable (projects of more than 2 years)

Fill in cells in beige to show the duration of activities. Repeat lines/columns as necessary.

Note: *Use actual calendar years and quarters. In the timeline you should indicate the timing of each activity per WP. You may add additional columns if your project is longer than 6 years.*

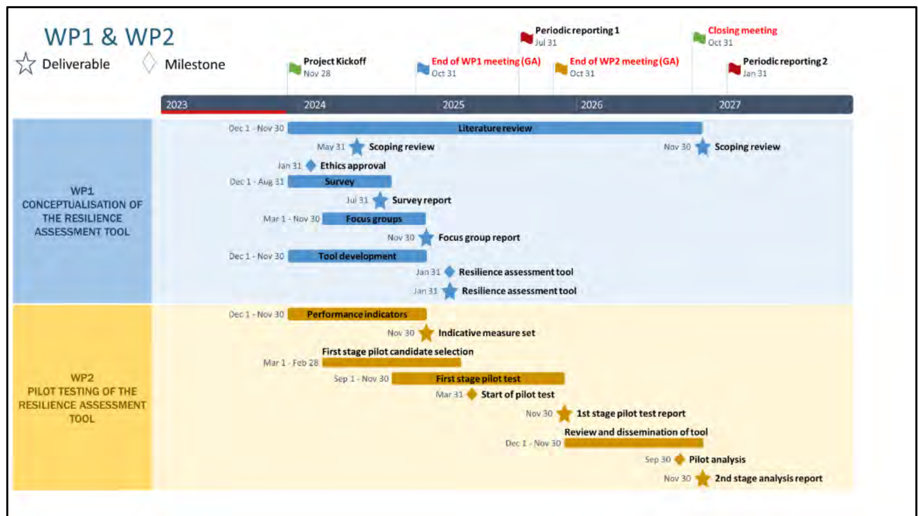
ACTIVITY	YEAR 1				YEAR 2				YEAR 3				YEAR 4				YEAR 5				YEAR 6			
	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Task 1.1 - Literature Review	■	■	■	■	■	■	■	■	■	■	■	■												
Task 1.2 - Survey	■	■	■																					
Task 1.3 – Focus Groups		■	■	■																				
Task 1.4 – Development of a resilience assessment tool	■	■	■	■																				
Task 2.1 – Performance indicators	■	■	■	■																				
Task 2.2 – First stage pilot candidate selection		■	■	■	■																			
Task 2.3 – First stage pilot test				■	■	■	■	■																
Task 2.4 – Review and dissemination of the resilience assessment tool									■	■	■	■												

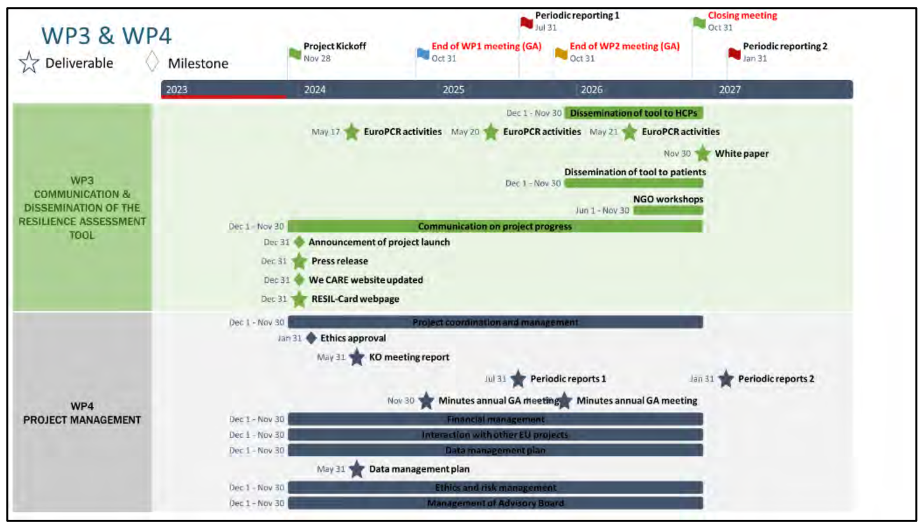


WP3 & WP4 structure (DoA)

Task 3.1 – Dissemination of the application of the resilience assessment tool to healthcare systems									■	■	■	■												
Task 3.2 Dissemination of the application of the resilience assessment tool to general population									■	■	■	■												
Task 3.3 – Organization of workshops for relevant NGOs											■	■												
Task 3.4 – Communication on the project progress and achievements	■	■	■	■	■	■	■	■	■	■	■	■												
Task 4.1 – Project coordination	■	■	■	■	■	■	■	■	■	■	■	■												
Task 4.2 – Project management	■	■	■	■	■	■	■	■	■	■	■	■												
Task 4.3 – Financial management	■	■	■	■	■	■	■	■	■	■	■	■												
Task 4.4 – Interaction with other HEU and EU4Health projects	■	■	■	■	■	■	■	■	■	■	■	■												
Task 4.5 – Data management plan	■	■	■	■	■	■	■	■	■	■	■	■												
Task 4.6 – Ethics and risk management	■	■	■	■	■	■	■	■	■	■	■	■												
Task 4.7 – Management of Advisory Board	■	■	■	■	■	■	■	■	■	■	■	■												

RESIL-Card
Strengthening cardiovascular care
resilience for healthier hearts


WP1 & WP2
Deliverable
Milestone
Project Kickoff Nov 28
End of WP1 meeting (GA) Oct 31
Periodic reporting 1 Jul 31
End of WP2 meeting (GA) Oct 31
Closing meeting Oct 31
Periodic reporting 2 Jan 31
2023
2024
2025
2026
2027
WP1 CONCEPTUALISATION OF THE RESILIENCE ASSESSMENT TOOL
Dec 1 - Nov 30 Literature review
May 31 Scoping review
Nov 30 Scoping review
Jan 31 Ethics approval
Dec 1 - Aug 31 Survey
Jul 31 Survey report
Mar 1 - Nov 30 Focus groups
Nov 30 Focus group report
Dec 1 - Nov 30 Tool development
Jan 31 Resilience assessment tool
Jan 31 Resilience assessment tool
WP2 PILOT TESTING OF THE RESILIENCE ASSESSMENT TOOL
Dec 1 - Nov 30 Performance indicators
Nov 30 Indicative measure set
First stage pilot candidate selection
Mar 1 - Feb 28
Sep 1 - Nov 30 First stage pilot test
Mar 31 Start of pilot test
Nov 30 1st stage pilot test report
Review and dissemination of tool
Dec 1 - Nov 30
Sep 30 Pilot analysis
Nov 30 2nd stage analysis report


WP3 & WP4
Deliverable
Milestone
Project Kickoff Nov 28
End of WP1 meeting (GA) Oct 31
Periodic reporting 1 Jul 31
End of WP2 meeting (GA) Oct 31
Closing meeting Oct 31
Periodic reporting 2 Jan 31
2023
2024
2025
2026
2027
WP3 COMMUNICATION & DISSEMINATION OF THE RESILIENCE ASSESSMENT TOOL
Dec 1 - Nov 30 Dissemination of tool to HCPs
May 17 EuroPCR activities
May 20 EuroPCR activities
May 21 EuroPCR activities
Nov 30 White paper
Dissemination of tool to patients
Dec 1 - Nov 30
NGO workshops
Jun 1 - Nov 30
Dec 1 - Nov 30 Communication on project progress
Dec 31 Announcement of project launch
Dec 31 Press release
Dec 31 We CARE website updated
Dec 31 RESIL-Card webpage
WP4 PROJECT MANAGEMENT
Dec 1 - Nov 30 Project coordination and management
Jan 31 Ethics approval
May 31 KO meeting report
Jul 31 Periodic reports 1
Jan 31 Periodic reports 2
Nov 30 Minutes annual GA meeting
Minutes annual GA meeting
Dec 1 - Nov 30 Financial management
Dec 1 - Nov 30 Interaction with other EU projects
Dec 1 - Nov 30 Data management plan
May 31 Data management plan
Dec 1 - Nov 30 Ethics and risk management
Dec 1 - Nov 30 Management of Advisory Board

WE CARE
Thank you!

WE CARE

Amsterdam UMC
Universitair Medische Centra

Salut/ Servei Català de la Salut

GISE