



**ACCA**  
Acute Cardiovascular  
Care Association

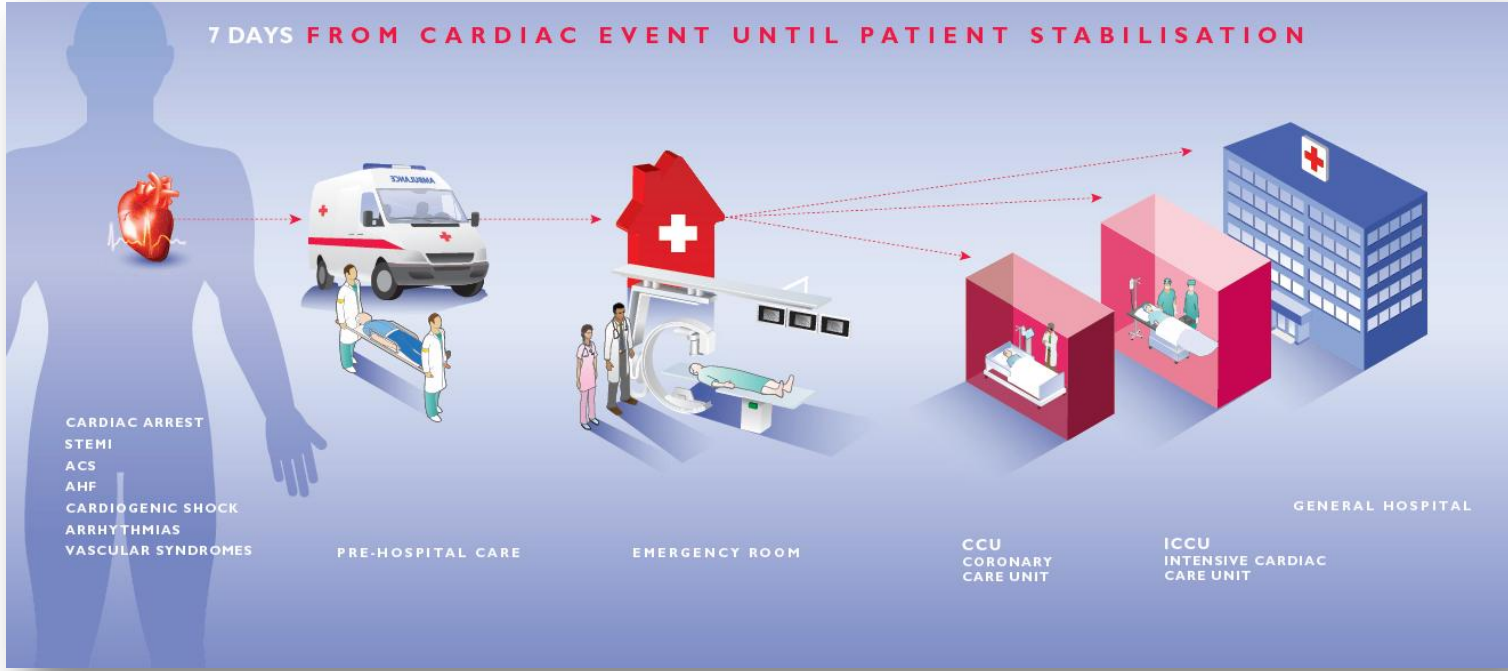
# Acute Cardiovascular Care Association (ACCA) GENERAL ASSEMBLY

Maddalena Lettino, ACCA President



**ESC**  
European Society  
of Cardiology

# ACCA – Together we are UNIQUE



To improve the quality of care & the outcome of patients with acute cardiovascular diseases

# Agenda

- **ACCA Governance & Constitution changes** – *Maddalena Lettino*
- **Association Activity Report** - *Hector Bueno*  
*Christiaan Vrints*  
*Susanna Price*  
*Christopher Gale*
- **Treasurer Report** - *Josep Masip*
- **The future of ACCA** - *Susanna Price*



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# ACCA Governance and Constitution changes 2018-2020

Maddalena Lettino, ACCA President



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# ACCA – A fast growing community



> 1900 members - >50% young doctors

New ACCA Silver membership level focused on education

Combined ESC/ACCA membership package

Special programme to recognise the expertise of established specialists in the field

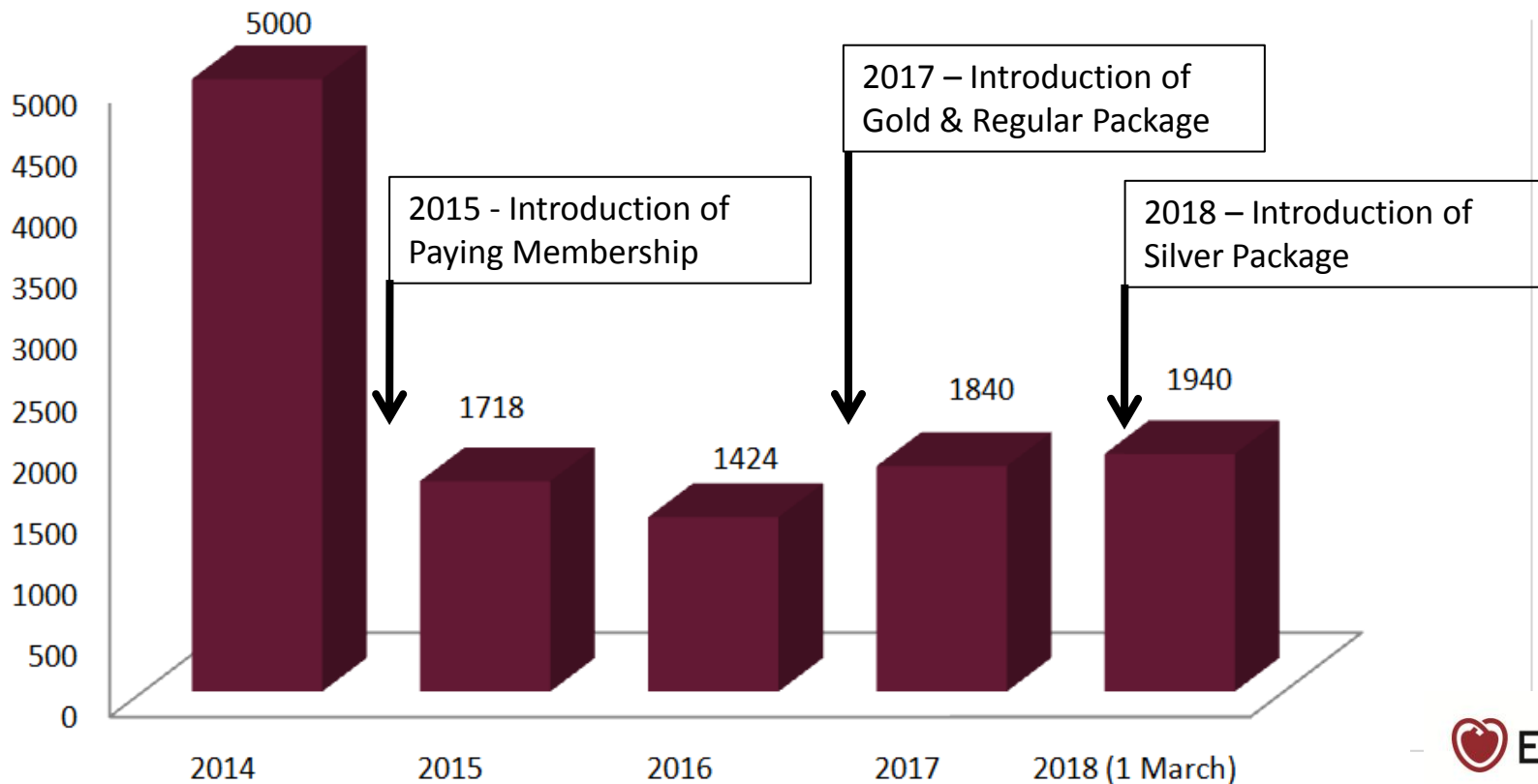
## ACCA Membership 2018



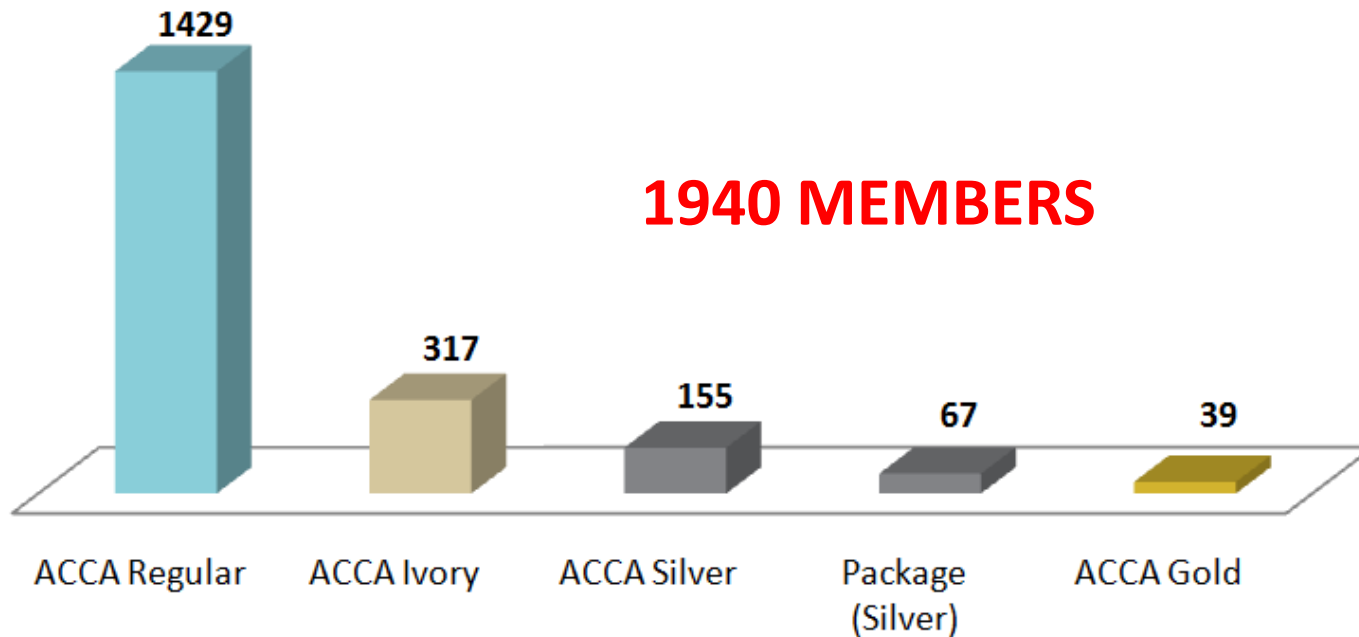
# ACCA membership Offer



# ACCA membership evolution



# ACCA membership as of 01 March 2018



- ACCA - ESC Pro: 53
- ACCA - EACVI Silver: 9
- ACCA - HFA Silver: 5

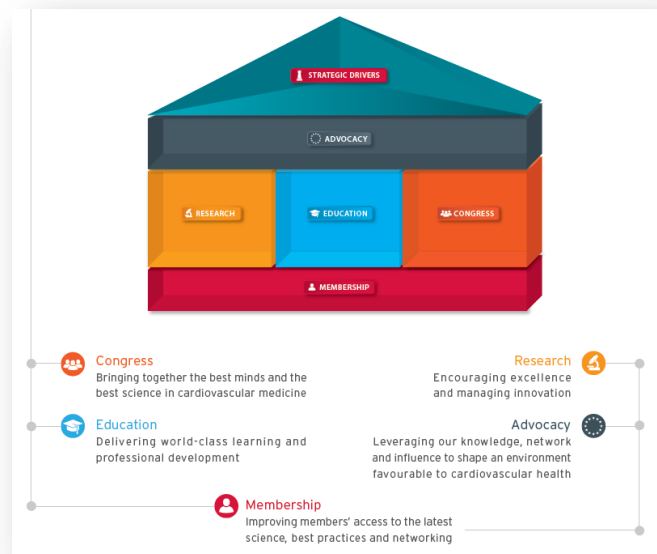


# ACCA Governance – Board structure

## *A New proposal*

### Objectives:

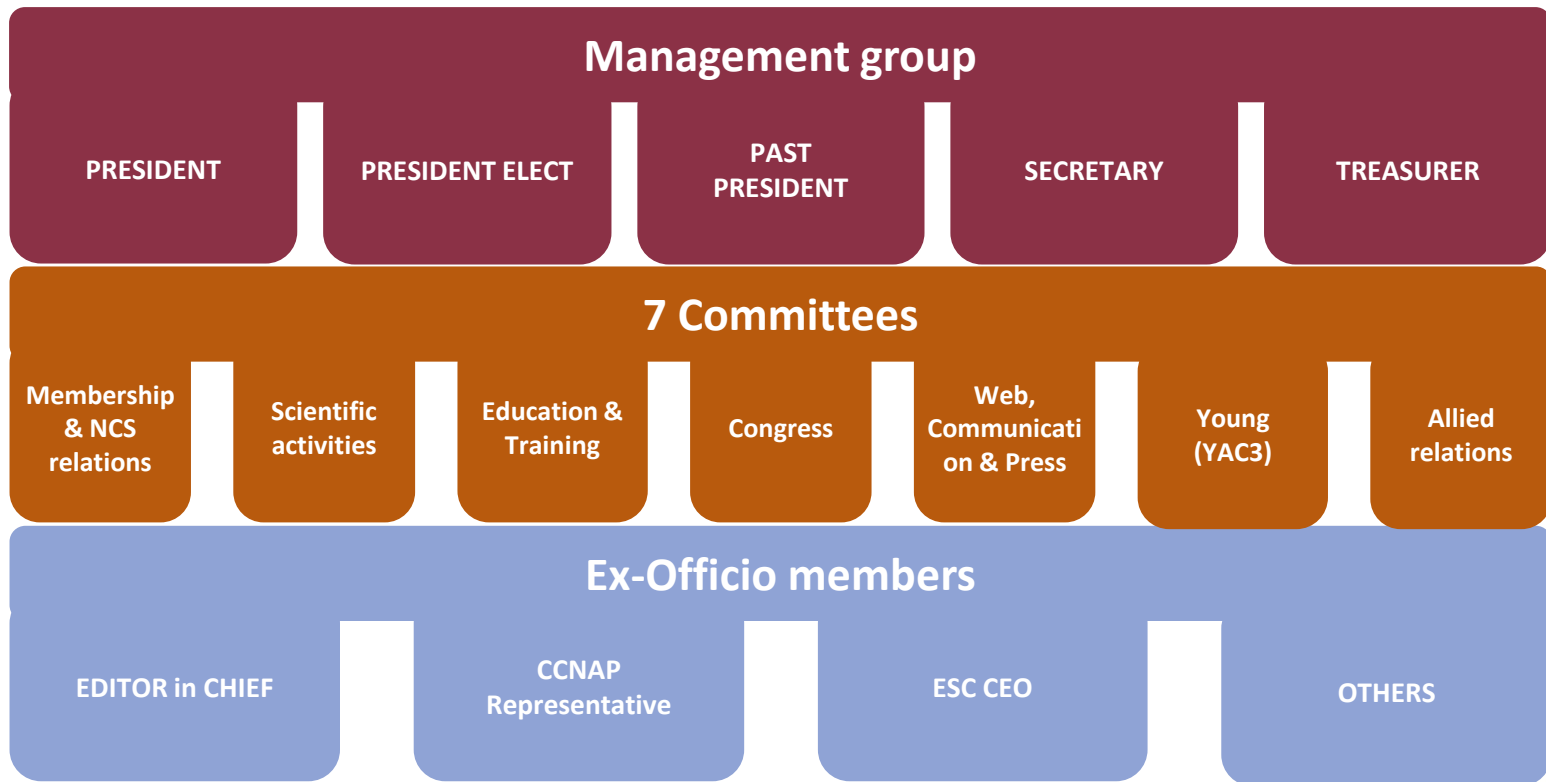
- 1. Align with ESC strategic approach – 5 pillars**
- 2. Improve engagement & efficiency**
  1. Reduce number of volunteers
  2. Specific task ownership



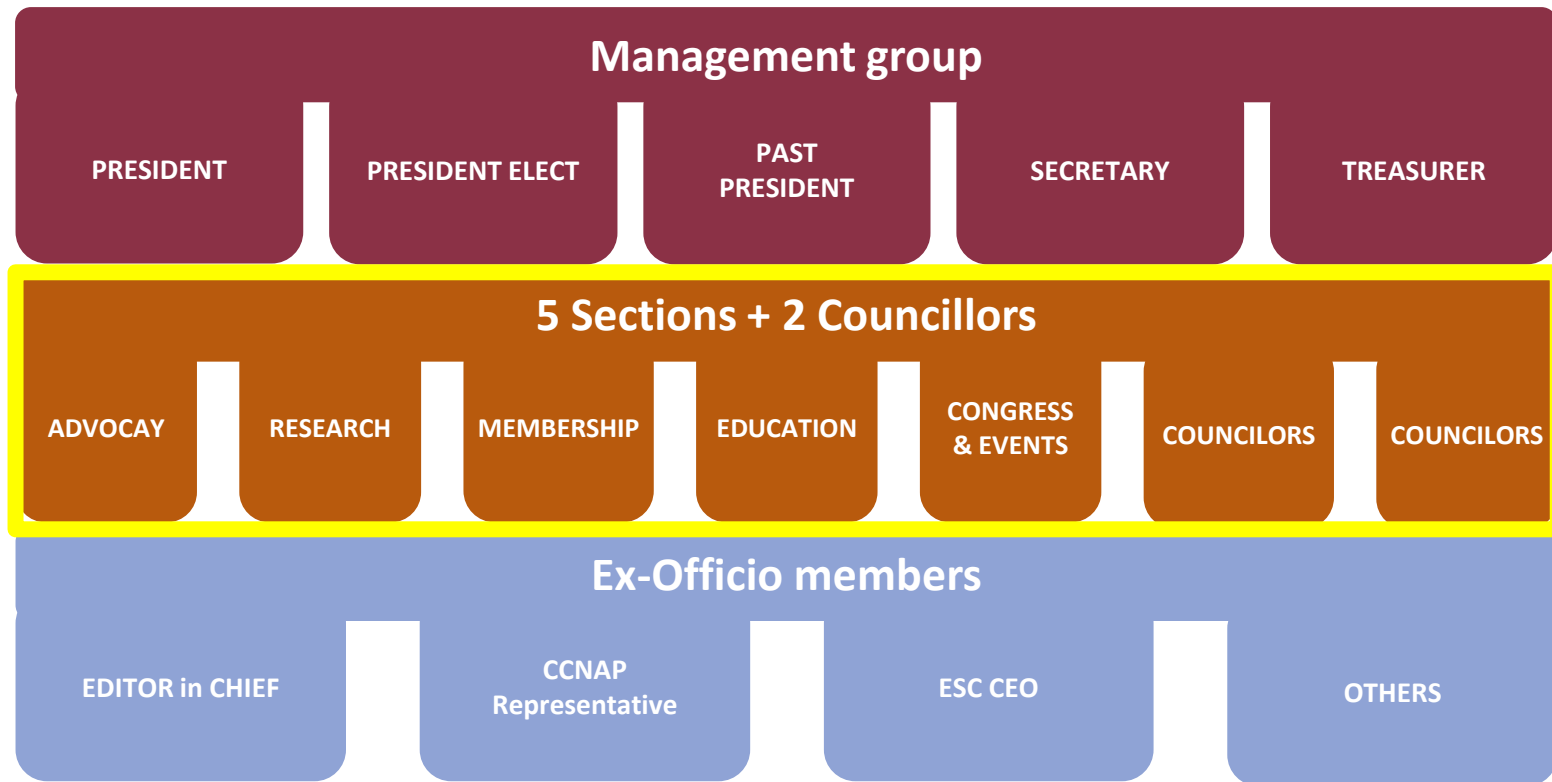
# ACCA Governance – CURRENT Board structure



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# ACCA Governance – **NEW** Board structure



# Impact on ACCA constitution

## *Major changes:*

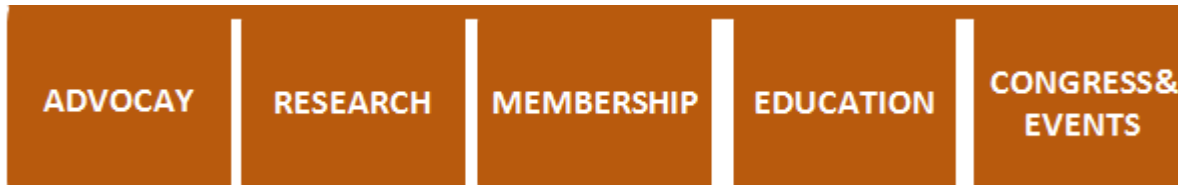
### **ACCA PRESIDENT-ELECT**

- Candidates for the position of President-Elect must be currently serving or have served in the immediately preceding Board as voting **or non voting (ex-Officio)** members of the Board. The elected candidate will automatically become President two years later.
- **Eligibility:** Candidate must be SILVER or GOLD member at the time he applies

# Impact on ACCA constitution

*Major changes:*

## 5 SECTIONS replacing 7 COMMITTEES



- 5 Chairs (elected board members)
- 5 Co-chairs (nominated board members) - Co-chairs do not automatically take over after 2 years
- No more section members - replaced by “tasks” or “project” owners nominated by chair & co-chair (2 to 3 persons max per project)

# Impact on ACCA constitution

*Major changes:*

## **ACCA & ESC MEMBERSHIP**

- BEFORE: ACCA membership led to automatic ESC membership
- NOW: ACCA membership allows access to basic ESC benefits

## **OBLIGATIONS:**

- Board members must be GOLD members
- Section co-chairs must be SILVER or GOLD members

# Impact on ACCA constitution

## *Major changes:*



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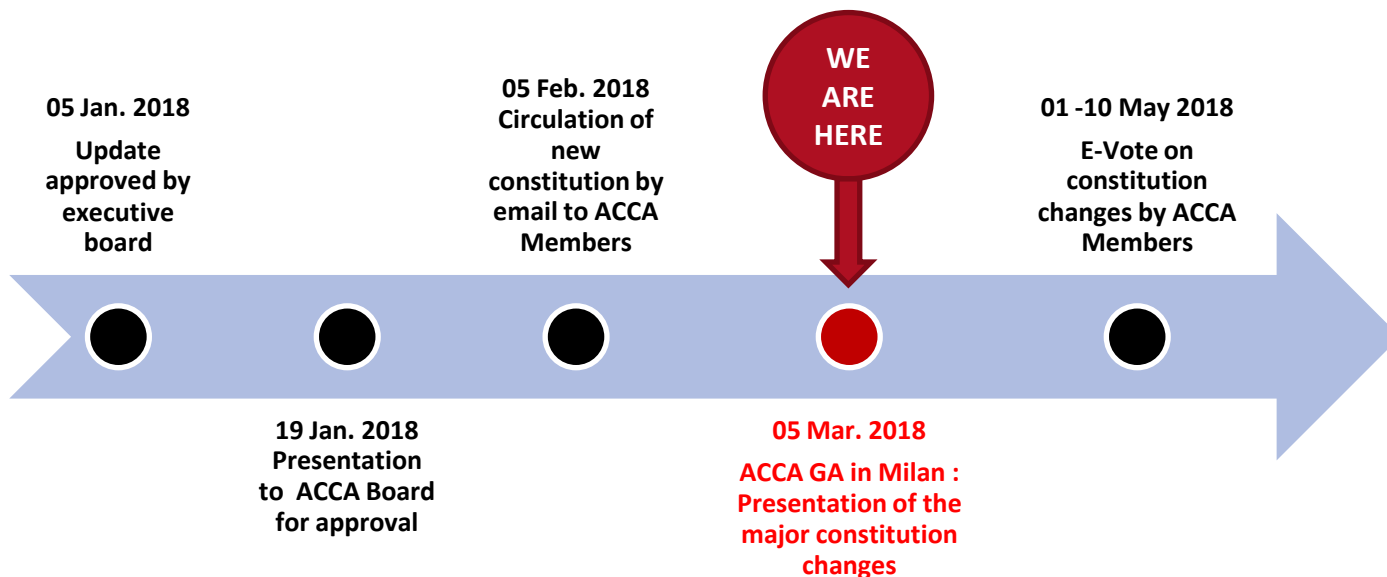
### RESIGNATION – EXPULSION – DEATH

**As a general rule, applied to all ACCA Board members, Section Chairs and Co-chairs, Section members or other person involved in task force;** one may be invited to step down if they remain inactive and/or do not participate in their association's activities. This decision should be:

- Based on defined criteria: less than fifty percent (50%) meeting attendance, lack of compliance with timelines.
- Taken collegially with the other members (with a two-third (2/3) majority required).
- Approved by the Executive Board

# Vote of Constitution by ACCA General Assembly

**General assembly must approve (vote) constitution before 2018-2020 elections**







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# ACCA Activity Report

Knowlegde, Practice  
Research & science



Hector Bueno, ACCA Past-President



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# ACCA Masterclass



## MAJOR DEBATES

- CHEST PAIN
- OUT OF HOSPITAL CARDIAC ARREST (OHCA)
- ACUTE HEART FAILURE
- CARDIOGENIC SHOCK
- MECHANICAL CIRCULATORY SUPPORT IN CARDIOGENIC SHOCK

ACCA WEB SITE  
“Take home messages” to provide guidance and bring a new vision regarding best treatment for patients with acute cardiovascular disease.

## ACCA School



2 days of Practical hands-on sessions to best treat acute patient

- Echo-guided vascular Access
- Renal replacement therapy
- ECMO
- Difficult airway management
- Critical cases simulation
- Advanced Mechanical Ventilation
- ICD/PM troubleshooting

ACC Certification exam



- 61 Delegates (average 32 years old)
- 21 countries represented: Argentina, Austria, Belgium, Czech Republic, Denmark, Egypt, Estonia, Georgia, Germany, Hungary, Indonesia, Ireland, Israel, Italy, Netherlands, Poland, Portugal, Romania, Saudi Arabia, Spain, Switzerland



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***“ACCA School isn't just a learning experience, it's a career guide”.***  
***Doctor Khaled Shelbaya, Egypt***



# ACCA CLINICAL DECISION MAKING TOOLKIT



A unique resource to improve your daily practice and make immediate bed-side decisions.

Based on the latest ESC clinical practice guidelines and clinical experience

## 2018 edition available

Includes all acute cardiovascular care syndromes:

- KEY SYMPTOMS
- ACUTE CORONARY SYNDROMES
- NEW** • SECONDARY PREVENTION AFTER ACS
- CARDIAC ARREST AND CPR
- ACUTE HEART FAILURE
- RHYTHM DISTURBANCES
- ACUTE VASCULAR SYNDROMES
- ACUTE MYOCARDIAL/PERICARDIAL SYNDROMES
- DRUGS IN ACUTE CARDIOVASCULAR CARE



The toolkit is supported by an unrestricted educational grant from AstraZeneca

[www.escardio.org/ACCA-toolkit](http://www.escardio.org/ACCA-toolkit)

## CHAPTER 1: KEY SYMPTOMS

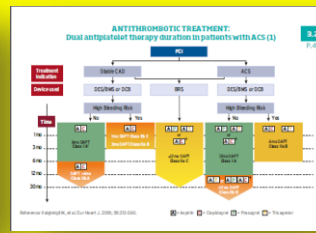
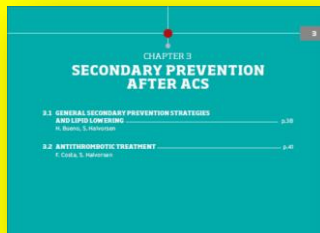
Chest Pain - M. Lettino, F. Schiele \_\_\_\_\_  
 Dyspnea - C. Müller \_\_\_\_\_  
 Syncope - R. Sutton \_\_\_\_\_

## CHAPTER 2: ACUTE CORONARY SYNDROMES

General concepts - H. Bueno \_\_\_\_\_  
 Non ST-segment elevation ACS - H. Bueno \_\_\_\_\_  
 STEMI - P. Vranckx, B. Ibañez \_\_\_\_\_

## CHAPTER 3: SECONDARY PREVENTION AFTER ACS

General secondary prevention strategies and lipid lowering - H. Bueno, S. Halvorsen \_\_\_\_\_  
 Antithrombotic treatment - F. Costa, S. Halvorsen \_\_\_\_\_



ANTITHROMBOTIC TREATMENT: Risk scores validated for DAPT duration decision-making	
PRECISE-DAPT score	DAPT score
At the time of coronary stenting	At the time of coronary stenting
Score 0-2 = Low risk	Score 0-2 = Low risk
Score 3-4 = Intermediate risk	Score 3-4 = Intermediate risk
Score 5-6 = High risk	Score 5-6 = High risk
Score 7-8 = Very high risk	Score 7-8 = Very high risk
Score 9-10 = Very high risk	Score 9-10 = Very high risk
Score 11-12 = Very high risk	Score 11-12 = Very high risk
Score 13-14 = Very high risk	Score 13-14 = Very high risk
Score 15-16 = Very high risk	Score 15-16 = Very high risk
Score 17-18 = Very high risk	Score 17-18 = Very high risk
Score 19-20 = Very high risk	Score 19-20 = Very high risk
Score 21-22 = Very high risk	Score 21-22 = Very high risk
Score 23-24 = Very high risk	Score 23-24 = Very high risk
Score 25-26 = Very high risk	Score 25-26 = Very high risk
Score 27-28 = Very high risk	Score 27-28 = Very high risk
Score 29-30 = Very high risk	Score 29-30 = Very high risk
Score 31-32 = Very high risk	Score 31-32 = Very high risk
Score 33-34 = Very high risk	Score 33-34 = Very high risk
Score 35-36 = Very high risk	Score 35-36 = Very high risk
Score 37-38 = Very high risk	Score 37-38 = Very high risk
Score 39-40 = Very high risk	Score 39-40 = Very high risk
Score 41-42 = Very high risk	Score 41-42 = Very high risk
Score 43-44 = Very high risk	Score 43-44 = Very high risk
Score 45-46 = Very high risk	Score 45-46 = Very high risk
Score 47-48 = Very high risk	Score 47-48 = Very high risk
Score 49-50 = Very high risk	Score 49-50 = Very high risk
Score 51-52 = Very high risk	Score 51-52 = Very high risk
Score 53-54 = Very high risk	Score 53-54 = Very high risk
Score 55-56 = Very high risk	Score 55-56 = Very high risk
Score 57-58 = Very high risk	Score 57-58 = Very high risk
Score 59-60 = Very high risk	Score 59-60 = Very high risk
Score 61-62 = Very high risk	Score 61-62 = Very high risk
Score 63-64 = Very high risk	Score 63-64 = Very high risk
Score 65-66 = Very high risk	Score 65-66 = Very high risk
Score 67-68 = Very high risk	Score 67-68 = Very high risk
Score 69-70 = Very high risk	Score 69-70 = Very high risk
Score 71-72 = Very high risk	Score 71-72 = Very high risk
Score 73-74 = Very high risk	Score 73-74 = Very high risk
Score 75-76 = Very high risk	Score 75-76 = Very high risk
Score 77-78 = Very high risk	Score 77-78 = Very high risk
Score 79-80 = Very high risk	Score 79-80 = Very high risk
Score 81-82 = Very high risk	Score 81-82 = Very high risk
Score 83-84 = Very high risk	Score 83-84 = Very high risk
Score 85-86 = Very high risk	Score 85-86 = Very high risk
Score 87-88 = Very high risk	Score 87-88 = Very high risk
Score 89-90 = Very high risk	Score 89-90 = Very high risk
Score 91-92 = Very high risk	Score 91-92 = Very high risk
Score 93-94 = Very high risk	Score 93-94 = Very high risk
Score 95-96 = Very high risk	Score 95-96 = Very high risk
Score 97-98 = Very high risk	Score 97-98 = Very high risk
Score 99-100 = Very high risk	Score 99-100 = Very high risk

FREE  
ONLINE

## CHAPTER 4: ACUTE HEART FAILURE

Wet-and-warm heart failure patient - V.P. Harjola, O. Miró \_\_\_\_\_  
 Cardiogenic shock (wet-and-cold) - P. Vranckx, U. Zeymer \_\_\_\_\_

## CHAPTER 5: CARDIAC ARREST AND CPR - N. Nikolaou, L. Bossaert

## CHAPTER 6: RHYTHM DISTURBANCES

Supraventricular tachycardias and atrial fibrillation - J. Brugada \_\_\_\_\_  
 Ventricular tachycardias - M. Santini, C. Lavalley, S. Lanzara \_\_\_\_\_  
 Bradyarrhythmias - B. Gorenek \_\_\_\_\_

## CHAPTER 7: ACUTE VASCULAR SYNDROMES

Acute aortic syndromes - A. Evangelista \_\_\_\_\_  
 Acute pulmonary embolism - A. Torbicki \_\_\_\_\_

## CHAPTER 8: ACUTE MYOCARDIAL/PERICARDIAL SYNDROMES

Acute myocarditis - A. Keren, A. Caforio \_\_\_\_\_  
 Acute pericarditis and cardiac tamponade - C. Vrints, S. Price \_\_\_\_\_

## CHAPTER 9: DRUGS IN ACUTE CARDIOVASCULAR CARE - A. de Lorenzo



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# ACCA Scientific documents published

SUBMITTERS	TITLE
ACCA	IMPACT OF INITIAL HOSPITAL DIAGNOSIS ON MORTALITY FOR ACUTE MYOCARDIAL INFARCTION: A NATIONAL COHORT STUDY
ACCA	PRACTICAL APPROACH ON FRAIL OLDER PATIENTS ATTENDED FOR ACUTE HEART FAILURE.
ACCA	THE ORGANISATION OF CHEST PAIN UNITS
ACCA	INTENSIVE CARDIOVASCULAR CARE UNITS: AN UPDATE ON THEIR DEFINITION, STRUCTURE, ORGANISATION AND FUNCTION.
ACCA Study Group on Quality Of Care	QUALITY INDICATORS FOR ACUTE MYOCARDIAL INFARCTION
ACCA Study Group on Acute Heart Failure	SAFE DISCHARGE OF ACUTE HEART FAILURE PATIENTS FROM THE EMERGENCY DEPARTMENT.
ACCA Study Group on Acute Heart Failure	THE USE OF ECHOCARDIOGRAPHY AND LUNG ULTRASOUND IN THE ASSESSMENT AND MANAGEMENT OF PATIENTS WITH ACUTE HEART FAILURE.
ACCA Study Group on Biomarkers	WILL SACUBITRIL-VALSARTAN DIMINISH THE CLINICAL UTILITY OF B-TYPE NATRIURETIC PEPTIDE TESTING IN ACUTE CARDIAC CARE?
ACCA Study Group on Pre-hospital care	PRE-HOSPITAL MANAGEMENT OF PATIENTS WITH CHEST PAIN AND/OR DYSPNOEA OF CARDIAC ORIGIN

# ACCA Scientific documents published

SUBMITTERS	TITLE
ACCA/EAPC /CCNAP	CHALLENGES IN SECONDARY PREVENTION AFTER ACUTE MYOCARDIAL INFARCTION: A CALL FOR ACTION
ACCA/EAPC /CCNAP	SUPPLEMENT "ESSENTIALS OF SECONDARY PREVENTION"
ACCA/EAPC /CCNAP	PLANNING SECONDARY PREVENTION: ROOM FOR IMPROVEMENT.
ACCA/EAPC /CCNAP	ROLE OF THE POLYPILL FOR SECONDARY PREVENTION IN ISCHAEMIC HEART DISEASE
ACCA Study Group on Acute Heart Failure	INDICATIONS AND PRACTICAL APPROACH TO NONINVASIVE VENTILATION IN ACUTE HEART FAILURE

# ACCA Scientific documents



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SUBMITTERS	TITLE
ACCA	THE IMPACT OF FRAILITY ON THE MANAGEMENT OF PATIENTS WITH ACUTE CARDIOVASCULAR CONDITIONS
ACCA Study Group on SCAD	EUROPEAN POSITION STATEMENT ON THE DIAGNOSIS AND MANAGEMENT OF SPONTANEOUS CORONARY ARTERY DISSECTION

Review

European Heart Journal  
Acute Cardiovascular Care  
ESC  
European Society of Cardiology

## Frailty and the management of patients with acute cardiovascular disease: A position paper from the Acute Cardiovascular Care Association

European Heart Journal: Acute Cardiovascular Care  
1–18  
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DOI: 10.1177/2048872618758931  
journals.sagepub.com/home/acc

DM Walker<sup>1</sup>, CP Gale<sup>2</sup>, G Lip<sup>3,4</sup>, FJ Martin-Sanchez<sup>5</sup>,  
HF McIntyre<sup>1</sup>, C Mueller<sup>6</sup>, S Price<sup>7</sup>, J Sanchis<sup>8,9</sup>, MT Vidan<sup>10</sup>,  
C Wilkinson<sup>2</sup>, U Zeymer<sup>11</sup> and H Bueno<sup>12</sup>

ESC  
European Society of Cardiology  
European Heart Journal (2018) 0, 1–21  
doi:10.1093/eurheartj/ehy080

CURRENT OPINION

## European Society of Cardiology, acute cardiovascular care association, SCAD study group: a position paper on spontaneous coronary artery dissection

ESC-ACCA Position Paper on spontaneous coronary artery dissection

David Adlam (Chairperson UK)<sup>1\*</sup>, Fernando Alfonso (Section Editor Spain)<sup>2</sup>, Angela Maas (Section Editor Netherlands)<sup>3</sup>, and Christiaan Vrints (Co-Chairperson; Section Editor Belgium)<sup>4</sup>

Writing Committee: Abtehalah al-Hussaini (UK)<sup>1</sup>, Hector Bueno (Spain)<sup>5,6</sup>, Piera Capranzano (EAPCI Women, Italy)<sup>7†</sup>, Sofie Gevaert (Belgium)<sup>8</sup>, Stephen P. Hoole (UK)<sup>9</sup>, Tom Johnson (UK)<sup>10</sup>, Corrado Lettieri (Italy)<sup>11</sup>, Micha T. Maeder (Switzerland)<sup>12</sup>, Pascal Motreff (France)<sup>13</sup>, Peter Ong (Germany)<sup>14</sup>, Alexandre Persu (European FMD initiative, Belgium)<sup>15,16</sup>, Hans Rickli (Switzerland)<sup>12</sup>, Francois Schiele (France)<sup>17</sup>, Mary N. Sheppard (UK)<sup>18,19</sup>, and Eva Swahn (Sweden)<sup>20</sup>



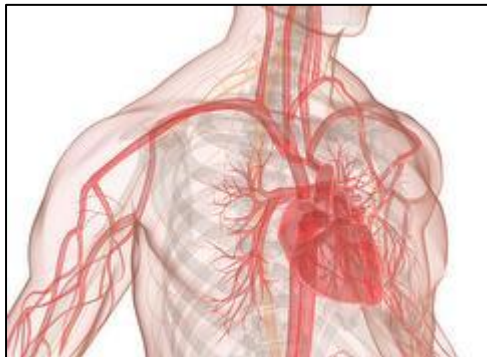
# ACCA Scientific documents in preparation

SUBMITTERS	TITLE
ACCA / EUSEM	CHEST PAIN IN THE EMERGENCY DEPARTMENT
ACCA / WG THROMBOSIS	BIOMARKERS OF COAGULATION AND FIBRINOLYSIS IN ACUTE CORONARY SYNDROMES
ACCA / EHRA / EAPCI / WG THROMBOSIS	AF AND PCI (UPDATE)
ACCA / EAPCI / EACTS	COMPOSITION, STRUCTURE, AND FUNCTION OF HEART TEAMS





# EURObservational Research Programme (EORP)



## ACUTE CORONARY SYNDROME STEMI (ACS) REGISTRY

By ACCA / EAPCI

A general, prospective, multicentre and observational registry is to describe the demographic, clinical, and biological characteristics of patients with STEMI admitted to a representative setting of cardiology centres (with and without PCI facilities) in ESC-member countries in Europe and beyond.

## SPONTANEOUS CORONARY ARTERY DISSECTION (SCDA)

By ACCA, SCAD Study Group





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European Heart Journal (2017) 00, 1–72  
doi:10.1093/eurheartj/ehx628

**SPECIAL ARTICLE**

## European Society of Cardiology: Cardiovascular Disease Statistics 2017

**On behalf of the Atlas Writing Group**

**Atlas is a compendium of cardiovascular statistics compiled by the European Heart Agency, a department of the European Society of Cardiology**

**Developed in collaboration with the national societies of the European Society of Cardiology member countries**

**Adam Timmis<sup>1\*</sup> (Chair Writing Group, UK), Nick Townsend<sup>2</sup> (UK), Chris Gale<sup>3</sup> (UK), Rick Grobbee<sup>4</sup> (Netherlands), Nikos Maniadakis<sup>5</sup> (Greece), Marcus Flather<sup>6</sup> (UK), Elizabeth Wilkins<sup>2</sup> (UK), Lucy Wright<sup>2</sup> (UK), Rimke Vos<sup>4</sup> (Netherlands), Jeroen Bax<sup>7</sup> (Netherlands), Maxim Blum<sup>5</sup> (Romania), Fausto Pinto<sup>8</sup> (Portugal), and Panos Vardas<sup>5</sup> (Greece)**

# ACCA White Book



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- **ACCA White Book – 1<sup>st</sup> edition 2016**

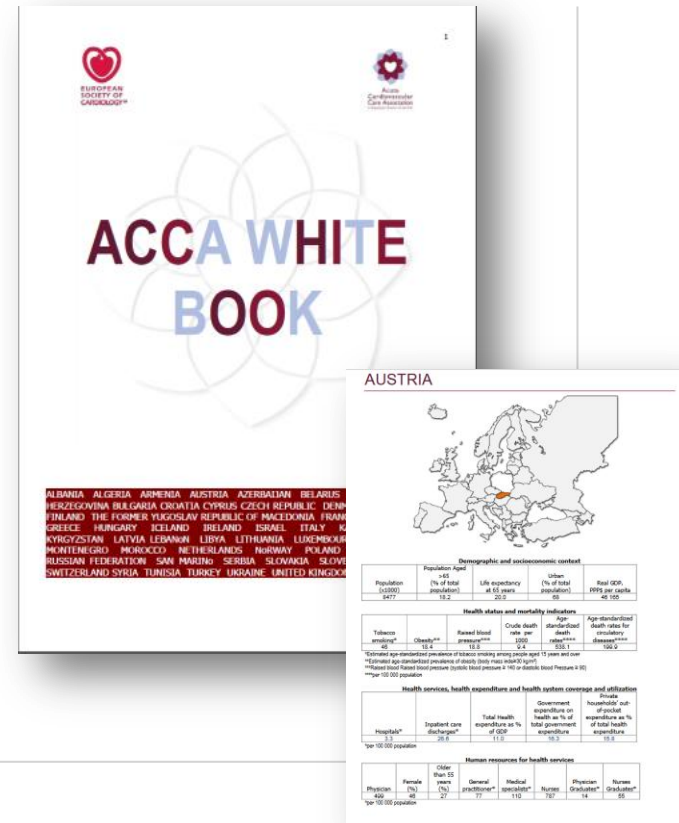
Built by ACCA together with the National representatives of the ACC field in each country.

A MUST HAVE to understand the national realities with regard to management of Acute Cardiac Care.

Since January 2017

- 130 downloads of full WhiteBook
- 360 downloads of sample country

**Available @ [www.escardio.org/ACCA](http://www.escardio.org/ACCA)  
(ACCA members only)**



## Acute Myocardial Infarction Quality Indicators

- Developed by the ACCA Study group on Quality of Care,
- Published in EHJ-ACVC
- Got external validation in UK (EHJ publication) and France (Circulation)
- Other CV disciplines will follow

### Original Article

#### Assessment of Quality Indicators for Acute Myocardial Infarction in the FAST-MI (French Registry of Acute ST-Elevation or Non-ST-Elevation Myocardial Infarction) Registries

François Schiele, MD, PhD; Chris P. Gale, MBBS, PhD; Tabassome Simon, MD, PhD;  
Keith A.A. Fox, MBChB; Hector Bueno, MD, PhD; Maddalena Lettino, MD;  
Marco Tubaro, MD; Etienne Puymirat, MD, PhD; Jean Ferrières, MD, PhD;  
Nicolas Meneveau, MD, PhD; Nicolas Danchin, MD, PhD



European Heart Journal (2017) 38, 974–982  
doi:10.1093/eurheartj/ehx008

CLINICAL RESEARCH  
Acute coronary syndromes

#### Performance of hospitals according to the ESC ACCA quality indicators and 30-day mortality for acute myocardial infarction: national cohort study using the United Kingdom Myocardial Ischaemia National Audit Project (MINAP) register

Owen Bebb<sup>1,2</sup>, Marlous Hall<sup>1</sup>, Keith A. A. Fox<sup>3</sup>, Tatendashe B. Dondo<sup>1</sup>, Adam Timmis<sup>4</sup>, Hector Bueno<sup>5,6,7</sup>, François Schiele<sup>8</sup>, and Chris P. Gale<sup>1,2\*</sup>



# CVD prevention programme

## Led by EAPC, together with ACCA and CCNAP



### Objectives

- Promote effective prevention both among those with risk factors as well as those who survived a clinical event

### Target Audience

- Cardiologists
- Cardiovascular Nurses and Allied Healthcare Professionals
- Multi-disciplinary cardiology teams in hospitals
- General practitioners and other Primary care providers

### Programme

- **Phase I:** Understanding the needs, evaluating the gaps in knowledge & adherence to treatment > **completed**
- **Phase II:** Development of educational programme & tools
- **Phase III:** Implementation, Evaluation & follow-up



# ACCA Research Prize & YIA 2016

**ACCA Research Prize** : A highly prestigious prize for unpublished research in the field.

**Winner** : Annop Shah (Edinburgh, United Kingdom)

**Abstract** : "High-sensitivity cardiac troponin testing and the diagnosis of myocardial infarction"



**Young Investigator Award (YIA)** (presenters under 35)

**Winner** : Silvia Aguiar Rosa (Lisbon, Portugal)

**Abstract**: "Complete atrioventricular block in acute coronary syndrome. Prevalence, characterization and implication in outcome"



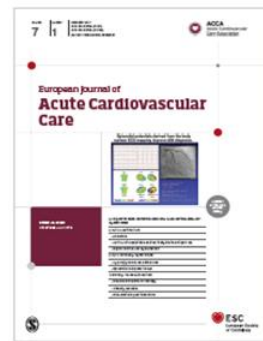




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# ACCA Activity Report

## EJ-ACVC Journal



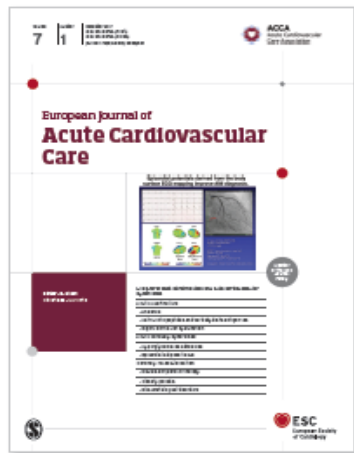
Christiaan Vrints, EJ-ACVC Editor in Chief



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# European Journal of Acute Cardiovascular Care

Access high quality peer-reviewed material on all aspects of acute cardiovascular care to improve quality of care and patient outcome.



**EJH-ACVC addresses:**

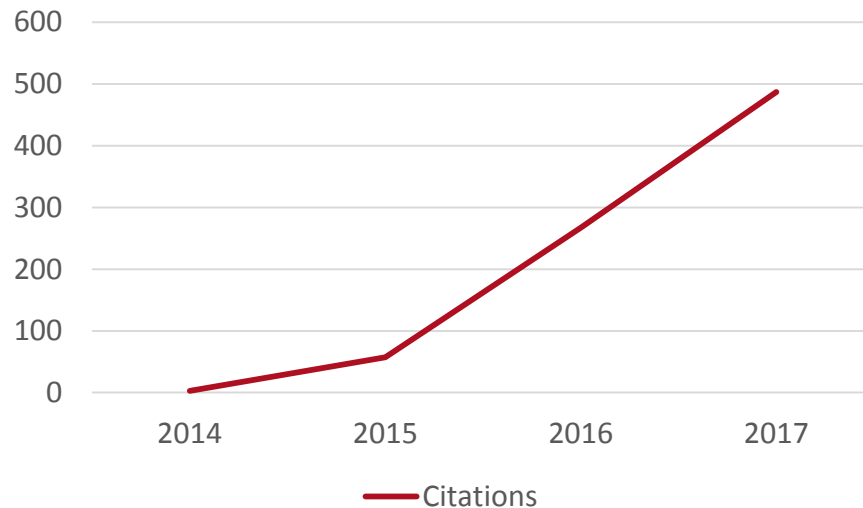
- Acute coronary syndromes
- Cardiogenic shock
- Cardiac arrest
- Cardiac arrhythmias
- Acute heart failure

## ➤ Citations (Web of Science)



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### Citations



# 2017 Predicted Impact Factor

## How is it calculated?

Citations in articles published in 2017 to articles published in 2015 and 2016  
Number of **'citable'** items published in **2015** and **2016**

### 'Citable' Items

- Original Articles
- Review Articles
- Proceedings Papers

### 'Uncitable' Items

- Letters
- Editorial Material
- Correction
- Reprint
- Biographical Item

Any citations to these  
"uncitable" items count  
in the numerator but not  
in the denominator.  
**They are free citations!**

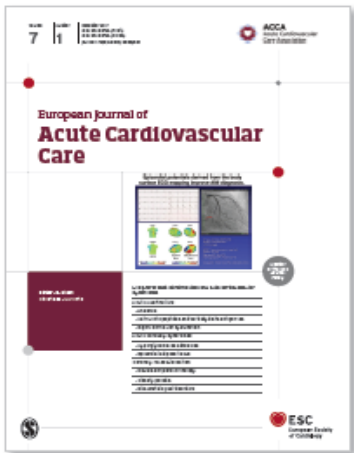
$$\frac{\text{Cites to articles} = 380}{\text{Number of articles} = 155} = 2.452$$

# Where would EHJ-ACVC be in the 'Cardiac and Cardiovascular Systems' category?

Rank	Journal	Impact Factor
55	European Journal of Cardiovascular Nursing	2.763
56	Clinical Cardiology	2.757
57	Journal of Cardiology	2.732
58	Cardiovascular Toxicology	2.712
59	Catheterization and Cardiovascular Interventions	2.602
60	Cardiology in Review	2.519
61	Cardiovascular Therapeutics	2.478
62	<b>EHJ - ACVC</b>	<b>2.452</b>
63	Cardiovascular Pathology	2.359
64	Archives of Cardiovascular Diseases	2.331

# European Journal of Acute Cardiovascular Care

Access high quality peer-reviewed material on all aspects of acute cardiovascular care to improve quality of care and patient outcome.



## EJH-ACVC addresses:

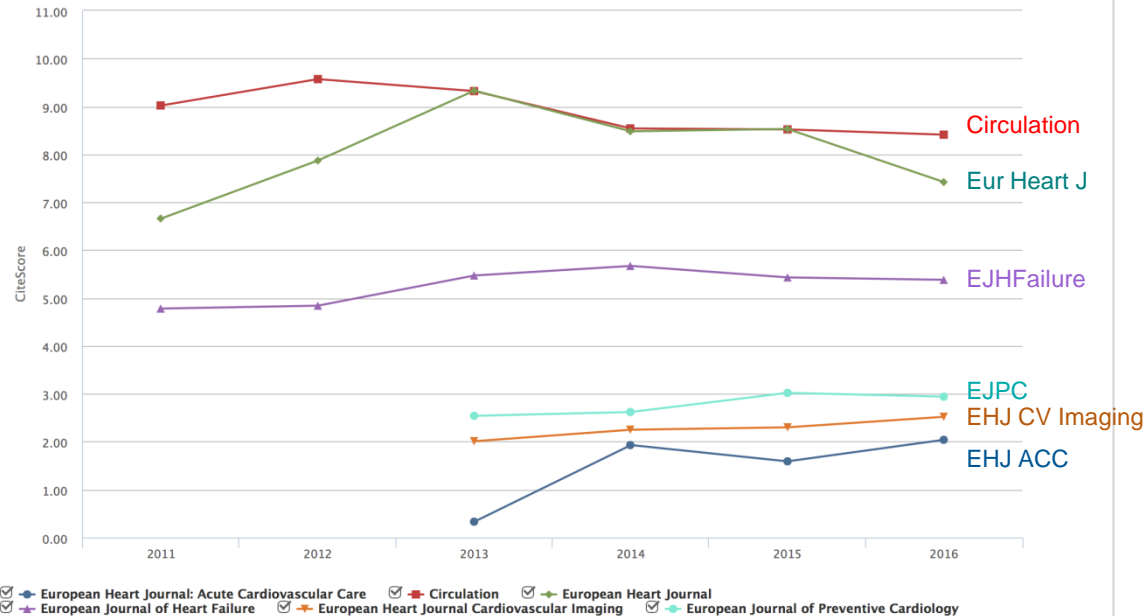
- Acute coronary syndromes
- Cardiogenic shock
- Cardiac arrest
- Cardiac arrhythmias
- Acute heart failure

## ➤ Scopus CiteScore



**ACCA**  
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Care Association

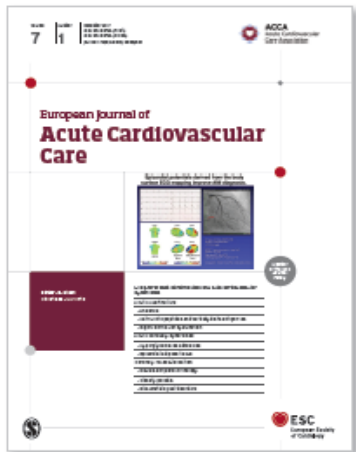
### CiteScore Publication by year



European Journal of

# Acute Cardiovascular Care

Access high quality peer-reviewed material on all aspects of acute cardiovascular care to improve quality of care and patient outcome.



**EJAC-ACVC addresses:**

- Acute coronary syndromes
- Cardiogenic shock
- Cardiac arrest
- Cardiac arrhythmias
- Acute heart failure

## ➤ Educational series (starting 2018)



**ACCA**  
Acute Cardiovascular  
Care Association

- **Optimized Care of Elderly Patients with Acute Coronary Syndrome**

Sergio Leonardi, Hector Bueno, Ingo Ahrens, Christian Hassager, Eric Bonnefoy, & Maddalena Lettino

- **Diuretic Resistance in Acute Decompensated Heart Failure**

Frederik Verbrugge ZOL Genk Belgium

- **Management of electrical storm**

Tamas Szili-Torok Erasmus Rotterdam NL

- **Emergency treatment of acutely decompensated aortic stenosis**

S Windecker & T Pilgrim Bern CH

- **Diagnosis and management of myocardial infarction with normal coronary arteries (MINOCA)**

GP Niccoli & F Crea Rome IT

- **Management of Cardiogenic Shock**

H Thiele Leipzig D



# Could you be the next EHJ-ACVC Editor-in-Chief?



The Acute Cardiovascular Care Association (ACCA) is looking for a new Editor-in-Chief for its influential journal.

**EHJ-ACVC journal** offers a unique integrative approach by combining the expertise of the different subspecialties of cardiology, emergency and intensive care medicine in the management of patients with acute cardiovascular syndromes.

**DEADLINE to APPLY**  
**19 March 2018**

**MyESCNews / ACCA Bulletin**  
**acca@escardio.org**





**ACCA**  
Acute Cardiovascular  
Care Association

# ACCA Activity Report

## Education & Certification



*Susanna Price, ACCA President-Elect*



**ESC**  
European Society  
of Cardiology



## State of the art e-Learning in Acute Cardiovascular Care

79 online courses designed by experts to meet the required standard knowledge



Based on ACCA Core Curriculum

A unique education portal for experts and cardiologists-in-training

- Knowledge (30 / 70 topics available)
- Skills assessment
- Professional development

- ACCA school sessions
- Educational track
- Exam preparatory session

The ESC Textbook of **Intensive and Acute Cardiovascular Care**

- With substantial online updates and amendments... among them **Cardiogenic shock in patients with acute coronary syndromes**

Access a free chapter <http://bit.ly/IACC-chapter-49>

**SPECIAL PRICE FOR ACCA MEMBERS**

ESC  
European Society of Cardiology

## Annual online updates



Webinar on barriers to risk factor control and adherence to medical therapy after an ACS  
27 October 2017

This webinar is sponsored by AstraZeneca in the form of an educational grant. The scientific programme has not been influenced in any way by the sponsor.

AstraZeneca



## Series of webinars



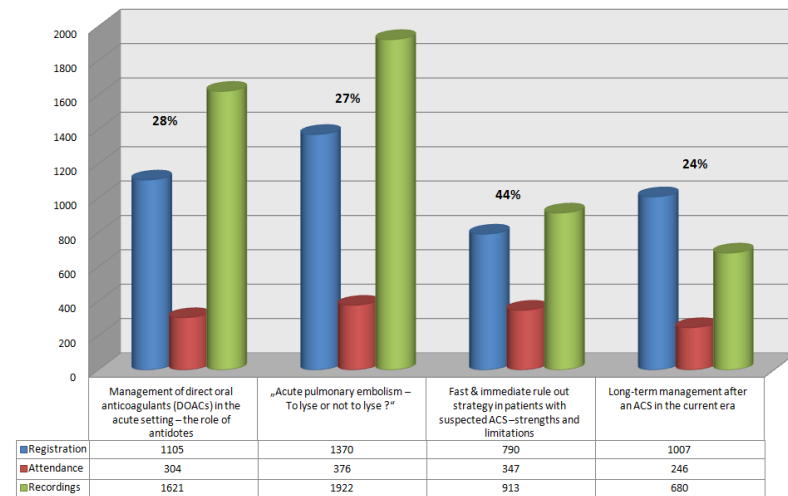
## Stand out with a life-long certification in Acute Cardiovascular Care

Boost your career:  
Gain expertise and expand your professional opportunities

- Part I** • Written exam
- Part II** • Logbook and educational training records

# ACCA Webinars 2017

Title	Date
Non-Vitamin K Oral Anticoagulants (NOACs) in the “real world” – Opportunities for a differentiated therapy	January
Management of direct oral anticoagulants (DOACs) in the acute setting – the role of antidotes	March
„Acute pulmonary embolism – To lyse or not to lyse ?“	March
Fast & immediate rule out strategy in patients with suspected ACS –strengths and limitations	May
Long-term management after an ACS in the current era	May
Barriers to risk factor control and adherence to medical therapy after an ACS	Oct



**Mechanical circulatory support in cardiogenic shock – indications, contraindications and matching the patient to required support**

**MARK YOUR CALENDAR**  
**Wednesday 28 March 2018 from**  
**18:00 to 19:00**

# ACCA Recognition for established specialist In the field of Acute Cardiovascular Care

A Life long recognition for experts with at least :

- **10 years** of experience  
(excluding training period)
- Or
- **5 years** working in a leading position  
in Acute Cardiovascular Care





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# ACCA Financial Report

## Forecast FY18 Budget FY19

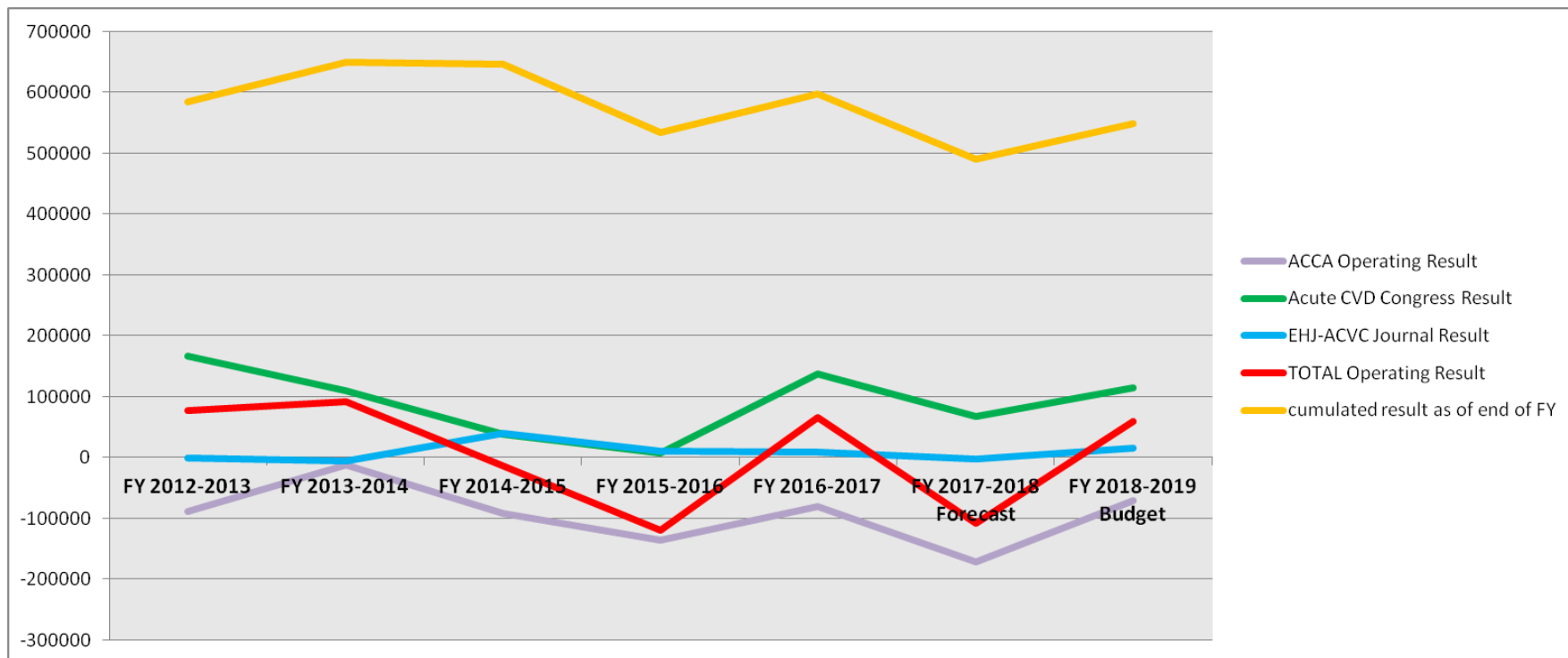


*Josep Masip, ACCA Treasurer*



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# Evolution of ACCA financial situation 2012-2019



# FY18 (April 17 to March 18) – Forecast vs Budget

## VARIANCE EXPLANATION:

### 1/ Increased expenses for:

- Masterclass & School investments
- Volunteers travel cost (+6 board members)

### 2 / Less income than expected for sponsorship & membership dues

ACCOUNT	COST CENTER	FY17	FY18	FY18	VARIANCE	
		ACTUAL	BUDGET	FORECAST		
	ACCA INTERNAL & EXTERNAL RELATIONS		-3 000		3 000	-100%
	ACCA CONGRESSES	-14 221	-25 475	-43 787	-18 312	72%
	ACCA EDUCATION COMMITTEE	91 985	86 306	89 969	3 663	4%
	ACCA GENERAL	-140 680	-207 966	-228 827	-20 861	10%
	ACCA MEMBERSHIP & NCS	-12 180	51 366	28 672	-22 694	-44%
	ACCA SCIENTIFIC COMMITTEE	3 963	2 550	1 403	-1 147	-45%
	ACCA COM & PRESS	-6 975	-11 450	-15 590	-4 140	36%
	ACCA YOUNG COMMITTEE	-3 190	-5 750	-4 200	1 550	-27%
	ACUTE CARDIAC CARE CONGRESSES	137 840	27 627	67 462	39 835	144%
	EU. HEART JOURNAL - ACUTE CARDIAC CARE	8 555	-974	-3 073	-2 099	215%
<b>Operating Result</b>		<b>65 098</b>	<b>-86 766</b>	<b>-107 970</b>	<b>-21 204</b>	<b>24%</b>
Financial Income	ACCA	6 020			0	
Financial Result	ACCA	6 020			0	
Result Before Tax	ACCA	71 118	-86 766	-107 970	-21 204	24%
Corporate tax	ACCA	-7 075			0	
<b>Net Result</b>	<b>ACCA</b>	<b>64 043</b>	<b>-86 766</b>	<b>-107 970</b>	<b>-21 204</b>	<b>24%</b>

# FY19 – Budget building context

- External environment is changing (MedTech code...) and related uncertainty calls for a conservative approach
- ESC Group budget aims at a break-even net financial result, thus the need to closely monitor and collectively stabilize expenses
- Implementation of a “top-down” approach with objectives given for each EHH business units (incl. Associations)
- ESC keen to give a real picture of how Associations are performing (direct & indirect costs) to support future strategic decisions

# FY19 - ACCA Budget objective & assumptions

## Income:

- Congress overall result
- Membership dues (increased value proposition & combined offer)
- Royalties from
  - EHJ-ACVC
  - IACC Textbook
- Industry Sponsorship

## Expenses:

- Continuous investment in education (ESCeL platform, ACCA School, Webinars)
- Dissemination & promotion of activities
- Volunteers travels costs
- Association's running costs / ESC Management fees (G&A allocation)

FY19 Objectives	ACCA
Operating activities result	-100 000
Congress result	90 000
Journals result	5 000
<i>G&amp;A allocation - Estimate</i>	<i>-280 000</i>
<b>TOTAL Operating result</b>	<b>-285 000</b>



# Associations indirect costs

- **Associations annual contribution (90K€ - estimated flat fee) for indirect costs stopped in FY16**
- **Indirect costs (G&A) replacing annual contribution according to predefined allocation keys and based on volume of respective activities for the past 3 Fiscal Years**
- **This shows a more realistic picture of the result of each activity**

# General & Administrative Costs (G&A)

## Indirect costs allocated to operational activities of ACCA

General & Administration costs (= Indirect costs)	Budget FY19	Allocation key
COMMUNICATION DIVISION	-1 523 645	headcount / "business" headcount
PRESS	-394 446	headcount / "business" headcount
MARKETING DIVISION	-608 701	headcount / "business" headcount
SPECIALTIES CENTER MANAGEMENT	-288 494	1/8 by association
SPECIALTIES CENTER RESEARCH	169 977	% of activities including volume of Webinar & ETP
INFORMATION SYSTEMS SUPPORT	-397 823	% of activities subject of the year
INFORMATION SYSTEMS EHH BUILDINGS	-949 775	% of activities subject of the year
INFORMATION SYSTEMS COMMUNICATION	-1 128 836	headcount / "business" headcount
INFORMATION SYSTEMS MANAGEMENT	-265 118	headcount / "business" headcount
WEB	-323 197	headcount / "business" headcount
ESC MANAGEMENT	-1 189 800	headcount / "business" headcount
FINANCE	-1 850 358	expenses xxx / Business ESC expenses
HUMAN RESOURCES	-1 152 174	headcount / "business" headcount
EHH building	-1 129 646	headcount / "business" headcount
BRUSSELS OFFICE	-355 923	20% x (1/6 by association) and 80% for EHA
INDUSTRY SALES	-1 566 463	income xxx / Business ESC income
Corporate Tax		income xxx / Business ESC income
Financial Result	364 000	income xxx / Business ESC income
<b>TOTAL</b>	<b>-12 930 376</b>	

Overall ESC operational activities:

2.21 % used by ACCA for operational activities

	Amount in K€	%
<b>TOTAL G&amp;A</b>	<b>-12 930</b>	<b>100%</b>
Congress	-3 677	28,44%
Membership	-1 206	9,33%
EORP	-1 354	10,47%
Journal & Publication	-563	4,36%
Guidelines	-595	4,61%
Research	-127	0,98%
Education	-1 032	7,98%
Advocacy	-532	4,12%
EHA (Agency + Institute + Academy)	-740	5,72%
Board	-49	0,38%
<b>Total ESC</b>	<b>-9 876</b>	<b>76,38%</b>
EACVI	-554	4,29%
EHRA	-629	4,86%
HFA	-445	3,44%
EAPC	-298	2,30%
<b>ACCA</b>	<b>-285</b>	<b>2,21%</b>
EAPCI	-335	2,59%
<b>Sub Total Associations</b>	<b>-2 547</b>	<b>19,69%</b>
WGs	-229	1,77%
Councils	-279	2,16%
<b>Total Sub Specialties</b>	<b>-3 054</b>	<b>23,62%</b>

# FY19 - Budget Consolidation

## Association result before:

- ACCA congress net result
- EHJ-ACVC journal net result
- G&A allocation

ACCOUNT	COST CENTER	FY17 ACTUAL	FY18 FORECAST	FY19 BUDGET
	ACCA INTERNAL & EXTERNAL RELATIONS			-900
	ACCA CONGRESSES	-14 221	-43 787	9 885
	ACCA EDUCATION COMMITTEE	91 985	89 969	122 081
	ACCA GENERAL	-140 680	-228 827	-222 763
	ACCA MEMBERSHIP & NCS	-12 180	28 672	38 435
	ACCA SCIENTIFIC COMMITTEE	3 963	1 403	2 550
	ACCA COM & PRESS	-6 975	-15 590	-16 700
	ACCA YOUNG COMMITTEE	-3 190	-4 200	-4 250
<b>Operating Result</b>		<b>-81 298</b>	<b>-172 359</b>	<b>-71 662</b>
Financial Income	ACCA	6 020		
Financial Result	ACCA	6 020		
Result Before Tax	ACCA	-75 277	-172 359	-71 662
Corporate tax	ACCA	-7 075		
<b>Net Result</b>	<b>ACCA</b>	<b>-82 353</b>	<b>-172 359</b>	<b>-71 662</b>

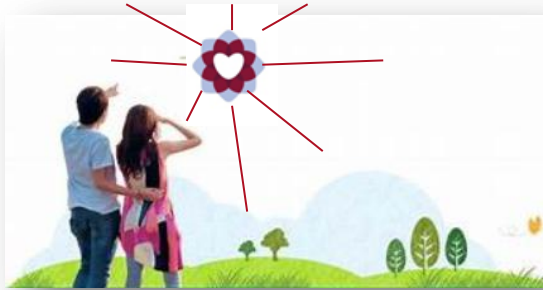


**Vs Objective**  
**-100**



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Acute Cardiovascular  
Care Association

# The future of ACCA



*Susanna Price, ACCA President-Elect*



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European Society  
of Cardiology

# Future “lines of development”

1. HOW TO **REDUCE INEQUITY** (= ACCESS TO THE CARE YOU NEED) IN ACUTE CARDIOVASCULAR CARE: CARDIOGENIC SHOCK, STEMI, ACS...
2. HOW TO PROMOTE **PATIENT-CENTRIC** APPROACH IN ACUTE CARDIOVASCULAR CARE (INCLUDES: THE HEART TEAM AROUND THE PATIENT, DEMOGRAPHICS, TIME, EMOTION, AGE SHIFT; ELDERLY PEOPLE)
3. HOW TO VALUE ACUTE CARDIOVASCULAR CARE AS A SPECIALTY AND ITS **EDUCATIONAL STANDARDS**
4. PROMOTION OF **RESEARCH** AND DEFINING GAPS OF EVIDENCE IN THE FIELD OF ACUTE CARDIOVASCULAR CARE

# Preparing ACCA Board renewal 2018-2020 GET READY!

**3 Executive Board positions: PRESIDENT ELECT, TREASURER, SECRETARY**  
**3 BOARD positions**



**Voting rights**  
ACCA paying members with a minimum of 1 month  
membership subscription

# Working together

for best patient outcome



# ACUTE CARDIOVASCULAR CARE2019



2-4 March  
Malaga, Spain