

CRT

Guideline implementation

Part 2. July 10 & 11 2024

Rapporteur Performa

SIMULATION OF THE PRACTICALITY OF THE ESC QOC PROGRAMME IMPLEMENTATION WITH FOCUSING ON:

Group 3. Physician, health allied professional, patient

- Lead to introduce the group to the concept of the session as per the title above.
- The group discussion should aim to:
 1. Identify up to 12 stakeholders relevant to the ACTUALLY implementation of the ESC QoC Programme.
 2. Define the role for each of these stakeholders.
 3. Rank these stakeholders based on their importance.
 4. Place each stakeholder according to the influence/interest grid.
 5. Draft a SOP for the most important stakeholder.



Health boards (UK), deal with the finances. Local differences

Patients, GP's and nurses but need to make the GL's more accessible (AI?!)

ESC has power and influence and do that with the EU with EU CV health plan in place now

Hospital directors

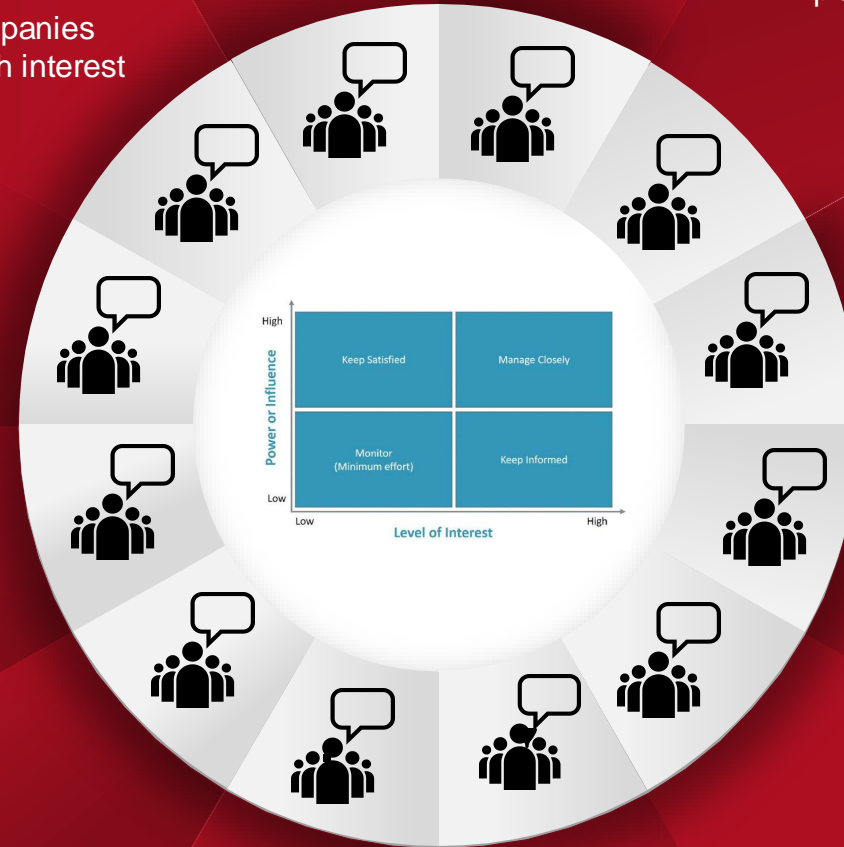
Academics

Insurance companies bring them to high interest

Certification programs nationally potentially

EHR Manufacturers Hospital, needs education, move them to high level of interest

Learn from others such as the HF which has great success



Non-academic centers, try to move them to high-high

The young doctors, change culture (missing data)

Data entry/different people (data scientist/manager, physicians, nurse, etc)