Acute Cardiovascular Care Association (ACCA) GENERAL ASSEMBLY

Maddalena Lettino, ACCA President
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
ACCA Governance and Constitution changes 2018-2020

Maddalena Lettino, ACCA President
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

**GOLD**
- €240
- Print journal
- Online textbook
- 25% DISCOUNTS

**SILVER**
- €144
- €102
- ESCeL
- Online EIU-ACVC
- Board eligibility
- 15% DISCOUNTS

**IVORY**
- €36
- Toolkit
- Webinars
- Voting rights
- 5% DISCOUNTS

**REGULAR**
- FREE
- Join the community

**FREE**
- Join the community

**Regular benefits**
- Toolkit
- Webinars
- Voting rights
- 5% DISCOUNTS
ACCA membership evolution

- **2015** - Introduction of Paying Membership
- **2017** – Introduction of Gold & Regular Package
- **2018** – Introduction of Silver Package

<table>
<thead>
<tr>
<th>Year</th>
<th>Membership Count</th>
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<tbody>
<tr>
<td>2014</td>
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<td>1840</td>
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<td>2018 (1 March)</td>
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ACCA membership as of 01 March 2018

1940 MEMBERS

- 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 – NEW Board structure

Management group

- PRESIDENT
- PRESIDENT ELECT
- PAST PRESIDENT
- SECRETARY
- TREASURER

5 Sections + 2 Councillors

- ADVOCACY
- RESEARCH
- MEMBERSHIP
- EDUCATION
- CONGRESS & EVENTS
- COUNCILORS
- COUNCILORS

Ex-Officio members

- EDITOR in CHIEF
- CCNAP Representative
- ESC CEO
- OTHERS
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:

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

- 05 Jan. 2018: Update approved by executive board
- 05 Feb. 2018: Circulation of new constitution by email to ACCA Members
- 05 Mar. 2018: ACCA GA in Milan: Presentation of the major constitution changes
- 01-10 May 2018: E-Vote on constitution changes by ACCA Members
ACCA Activity Report

Knowledge, Practice, Research & science

Hector Bueno, ACCA Past-President
MAJOR DEBATES
• CHEST PAIN
• OUT OF HOSPITAL CARDIAC ARREST (OHCA)
• ACUTE HEART FAILURE
• CARDIOGENIC SHOCK
• MECHANICAL CIRCULATORY SUPPORT IN CARDIOGENIC SHOCK

>80 Professionals, experts and key opinion leaders exchange and debate on the current state of practice, advancement, and future challenges specific to the acute areas of cardiovascular care.

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

“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 bedside 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
- 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

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

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. Lavalle, S. Lanzare
- 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. Calorio
- Acute pericarditis and cardiac tamponade - C. Vrints, S. Price

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

FREE ONLINE

AstraZeneca
The toolkit is supported by an unrestricted educational grant from AstraZeneca
www.esccardio.org/ACCA-toolkit
## ACCA Scientific documents published

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

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<td>CHALLENGES IN SECONDARY PREVENTION AFTER ACUTE MYOCARDIAL INFARCTION: A CALL FOR ACTION</td>
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<td>ROLE OF THE POLYPILL FOR SECONDARY PREVENTION IN ISCHAEMIC HEART DISEASE</td>
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<td>INDICATIONS AND PRACTICAL APPROACH TO NONINVASIVE VENTILATION IN ACUTE HEART FAILURE</td>
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Frailty and the management of patients with acute cardiovascular disease: A position paper from the Acute Cardiovascular Care Association

DM Walker¹, CP Gale¹, G Lip¹⁴, FJ Martin-Sanchez⁵, HF McIntyre¹, C Mueller², S Price⁷, J Sanchis⁸⁹, MT Vidan¹⁰, C Wilkinson³, U Zeymer¹¹ and H Bueno¹²

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

David Adlam (Chairperson UK)¹⁴, Fernando Alfonso (Section Editor Spain)², Angela Maas (Section Editor Netherlands)¹, and Christiaan Vrints (Co-Chairperson; Section Editor Belgium)⁵⁷

Writing Committee: Atabehal-Hussaini (UK)¹, Hector Bueno (Spain)⁴⁴, Piera Capranzano (EAPCI Women, Italy)⁷⁴, Sofie Gevaert (Belgium)⁵, Stephen P. Hoole (UK)⁹, Tom Johnson (UK)⁹, Corrado Lettieri (Italy)¹⁰, Micha T. Maeder (Switzerland)¹¹, Pascal Motreff (France)¹², Peter Ong (Germany)¹³, Alexandre Persu (European FMD Initiative, Belgium)¹⁴¹⁵, Hans Rickli (Switzerland)¹⁶, François Schiele (France)¹⁷, Mary N. Sheppard (UK)¹⁸¹⁹ and Eva Swahn (Sweden)²⁰
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<td>AF AND PCI (UPDATE)</td>
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<td>ACCA / EAPCI / EACTS</td>
<td>COMPOSITION, STRUCTURE, AND FUNCTION OF HEART TEAMS</td>
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EURObservational Research Programme

EORP Registry Table

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Note: The duration of registries includes patient follow-up
REGISTRY: Snapshot registry (enrolment: ≤ 6 months)
Release of the corresponding Guidelines
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
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 Timmis¹ (Chair Writing Group, UK), Nick Townsend² (UK), Chris Gale³ (UK), Rick Grobbée⁴ (Netherlands), Nikos Maniadakis⁵ (Greece), Marcus Flather⁶ (UK), Elizabeth Wilkins² (UK), Lucy Wright² (UK), Rimke Vos⁴ (Netherlands), Jeroen Bax⁷ (Netherlands), Maxim Blum⁵ (Romania), Fausto Pinto⁸ (Portugal), and Panos Vardas⁵ (Greece)
ACCA White Book

  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 (ACCA members only)
Quality Indicators programme

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 Puyimurat, MD, PhD; Jean Ferrières, MD, PhD; Nicolas Meneveau, MD, PhD; Nicolas Danchin, MD, PhD

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 Bebb1,2, Marlous Hall1, Keith A. A. Fox3, Tatendase B. Dondo1, Adam Timmis4, Hector Bueno5,6,7, François Schiele8, and Chris P. Gale1,2,9
ACCA e-Posters

Right Heart Failure - Imaging and Implications

Definitions and Treatment - Cardiogenic and Septic Shock

Coming soon..
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"
ACCA Activity Report
EHJ-ACVC Journal

Christiaan Vrints, EHJ-ACVC Editor in Chief
Citations (Web of Science)

Citations

EHJ-ACVC addresses:
- Acute coronary syndromes
- Cardiogenic shock
- Cardiac arrest
- Cardiac arrhythmias
- Acute heart failure
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

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<tr>
<th>‘Citable’ Items</th>
<th>‘Uncitable’ Items</th>
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<td>• Letters</td>
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<td>• Review Articles</td>
<td>• Editorial Material</td>
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<td>• Proceedings Papers</td>
<td>• Correction</td>
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<td>• Reprint</td>
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<td>• Biographical Item</td>
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</table>

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

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

Cites to articles = 380
Number of articles = 155

\[\text{2017 Predicted Impact Factor} = 2.452\]
Where would EHJ-ACVC be in the ‘Cardiac and Cardiovascular Systems’ category?

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<tr>
<td>55</td>
<td>European Journal of Cardiovascular Nursing</td>
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<td>56</td>
<td>Clinical Cardiology</td>
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<td>Journal of Cardiology</td>
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<td>Cardiovascular Pathology</td>
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<tr>
<td>64</td>
<td>Archives of Cardiovascular Diseases</td>
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</table>
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.

EHJ-ACVC addresses:
- Acute coronary syndromes
- Cardiogenic shock
- Cardiac arrest
- Cardiac arrhythmias
- Acute heart failure

Scopus CiteScore

CiteScore Publication by year

- Circulation
- Eur Heart J
- EJHFailure
- EJPC
- EHJ CV Imaging
- EHJ ACC

- European Heart Journal: Acute Cardiovascular Care
- Circulation
- European Heart Journal
- European Journal of Heart Failure
- European Heart Journal Cardiovascular Imaging
- European Journal of Preventive Cardiology
Educational series (starting 2018)

- 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 Activity Report
Education & Certification

Susanna Price, ACCA President-Elect
## ACCA Webinars 2017

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

### 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
ACCA Financial Report
Forecast FY18
Budget FY19

Josep Masip, ACCA Treasurer
Evolution of ACCA financial situation 2012-2019
## VARIANCE EXPLANATION:

1/ Increased expenses for:
- Masterclass & School investments
- Volunteers travel cost (+6 board members)

2/ Less income than expected for sponsorship & membership dues

<table>
<thead>
<tr>
<th>ACCOUNT</th>
<th>COST CENTER</th>
<th>FY17 ACTUAL</th>
<th>FY18 BUDGET</th>
<th>FY18 FORECAST</th>
<th>VARIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCA INTERNAL &amp; EXTERNAL RELATIONS</td>
<td></td>
<td></td>
<td>-3 000</td>
<td>3 000</td>
<td>-100%</td>
</tr>
<tr>
<td>ACCA CONGRESSES</td>
<td></td>
<td>-14 221</td>
<td>-25 475</td>
<td>-43 787</td>
<td>72%</td>
</tr>
<tr>
<td>ACCA EDUCATION COMMITTEE</td>
<td></td>
<td>91 985</td>
<td>86 306</td>
<td>89 969</td>
<td>4%</td>
</tr>
<tr>
<td>ACCA GENERAL</td>
<td></td>
<td>-140 680</td>
<td>-207 966</td>
<td>-228 827</td>
<td>10%</td>
</tr>
<tr>
<td>ACCA MEMBERSHIP &amp; NCS</td>
<td></td>
<td>-12 180</td>
<td>51 366</td>
<td>28 672</td>
<td>-44%</td>
</tr>
<tr>
<td>ACCA SCIENTIFIC COMMITTEE</td>
<td></td>
<td>3 963</td>
<td>2 550</td>
<td>1 403</td>
<td>-45%</td>
</tr>
<tr>
<td>ACCA COM &amp; PRESS</td>
<td></td>
<td>-6 975</td>
<td>-11 450</td>
<td>-15 590</td>
<td>36%</td>
</tr>
<tr>
<td>ACCA YOUNG COMMITTEE</td>
<td></td>
<td>-3 190</td>
<td>-5 750</td>
<td>-4 200</td>
<td>27%</td>
</tr>
<tr>
<td>ACUTE CARDIAC CARE CONGRESSES</td>
<td></td>
<td>137 840</td>
<td>27 627</td>
<td>67 462</td>
<td>144%</td>
</tr>
<tr>
<td>EU. HEART JOURNAL - ACUTE CARDIAC CARE</td>
<td></td>
<td>8 555</td>
<td>-974</td>
<td>-3 073</td>
<td>215%</td>
</tr>
</tbody>
</table>

| Operating Result                         | 65 098                                           | -86 766     | -107 970    | -21 204       | 24%      |
| Financial Income                         | ACCA                                             | 6 020       | 0           | 0             | 0        |
| Financial Result                         | ACCA                                             | 6 020       | 0           | 0             | 0        |
| Result Before Tax                        | ACCA                                             | 71 118      | -86 766     | -107 970      | 24%      |
| Corporate tax                            | ACCA                                             | -7 075      | 0           | 0             | 0        |
| Net Result                               | ACCA                                             | 64 043      | -86 766     | -107 970      | 24%      |
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)
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

<table>
<thead>
<tr>
<th>General &amp; Administration costs (= Indirect costs)</th>
<th>Budget FY19</th>
<th>Allocation key</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNICATION DIVISION</td>
<td>1,523,645</td>
<td>headcount / &quot;business&quot; headcount</td>
</tr>
<tr>
<td>PRESS</td>
<td>494,444</td>
<td>2.21 % used by ACCA for operational activities</td>
</tr>
<tr>
<td>MARKETING DIVISION</td>
<td>609,700</td>
<td>% EHH BUILDING</td>
</tr>
<tr>
<td>SPECIALITIES CENTER MANAGEMENT</td>
<td>288,493</td>
<td>% COMMUNICATION</td>
</tr>
<tr>
<td>SPECIALITIES CENTER PRODUCTION</td>
<td>169,977</td>
<td>% IT</td>
</tr>
<tr>
<td>INFORMATION SYSTEMS SUPPORT</td>
<td>-397,829</td>
<td>% HR</td>
</tr>
<tr>
<td>INFORMATION SYSTEMS SUPPORT</td>
<td>-949,775</td>
<td>% FINANCE</td>
</tr>
<tr>
<td>INFORMATION SYSTEMS SUPPORT</td>
<td>-1,128,831</td>
<td>20% x (1/6 by association) and 80% for EHA income</td>
</tr>
<tr>
<td>INFORMATION SYSTEMS MANAGEMENT</td>
<td>-269,115</td>
<td>% EHH BUILDING</td>
</tr>
<tr>
<td>IT</td>
<td>-323,157</td>
<td>% COMMUNICATION</td>
</tr>
<tr>
<td>HR</td>
<td>-1,189,800</td>
<td>% FINANCE</td>
</tr>
<tr>
<td>FIRE</td>
<td>-1,152,117</td>
<td>% EHA</td>
</tr>
<tr>
<td>FINANCE</td>
<td>-1,129,647</td>
<td>% EAPC</td>
</tr>
<tr>
<td>BRUSSELS OFFICE</td>
<td>-355,929</td>
<td>% ACVA</td>
</tr>
<tr>
<td>INDUSTRY SALES</td>
<td>-1,566,462</td>
<td>% EAPCI</td>
</tr>
<tr>
<td>Corporate Tax</td>
<td>-335,344</td>
<td>% EAPCI</td>
</tr>
<tr>
<td>Financial Services</td>
<td>-305,474</td>
<td>% EAPCI</td>
</tr>
<tr>
<td>TOTAL</td>
<td>-12,930,376</td>
<td>% EAPCI</td>
</tr>
</tbody>
</table>

### Overall ESC operational activities:

- **EHH BUILDING**: 76,38%
- **COMMUNICATION**: 19,69%
- **IT**: 4,29%
- **HR**: 4,86%
- **FINANCE**: 3,44%
- **EHA**: 2,30%
- **ACCA**: 2,21%
- **EAPCI**: 2,59%

<table>
<thead>
<tr>
<th>Amount in K€</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL G&amp;A</strong></td>
<td>-12,930</td>
</tr>
<tr>
<td>Congress</td>
<td>-3,677</td>
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<tr>
<td>Membership</td>
<td>-1,206</td>
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<tr>
<td>EORP</td>
<td>-1,354</td>
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<tr>
<td>Journal &amp; Publication</td>
<td>-563</td>
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<tr>
<td>Guidelines</td>
<td>-595</td>
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<tr>
<td>Research</td>
<td>-127</td>
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<tr>
<td>Education</td>
<td>-1,032</td>
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<tr>
<td>Advocacy</td>
<td>-532</td>
</tr>
<tr>
<td>EHA (Agency + Institute + Academy)</td>
<td>-740</td>
</tr>
<tr>
<td>Board</td>
<td>-49</td>
</tr>
</tbody>
</table>

**Total ESC**: 100%

**Sub Total Associations**: 19,69%

**WGs**: 1,77%

**Councils**: 2,16%

**Total Sub Specialties**: 23,62%
FY19 - Budget Consolidation

Association result before:
• ACCA congress net result
• EHJ-ACVC journal net result
• G&A allocation

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<tr>
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<td>-43 787</td>
<td>9 885</td>
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<td>ACCA EDUCATION COMMITTEE</td>
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<td>91 985</td>
<td>89 969</td>
<td>122 081</td>
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<td>ACCA GENERAL</td>
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<td>-140 680</td>
<td>-228 827</td>
<td>-222 763</td>
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<td>28 672</td>
<td>38 435</td>
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<td>2 550</td>
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<td>-6 975</td>
<td>-15 590</td>
<td>-16 700</td>
</tr>
<tr>
<td>ACCA YOUNG COMMITTEE</td>
<td></td>
<td>-3 190</td>
<td>-4 200</td>
<td>-4 250</td>
</tr>
</tbody>
</table>

Operating Result: -81 298 -172 359 -71 662

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

Net Result: ACCA -82 353 -172 359 -71 662

Vs Objective -100
The future of ACCA

Susanna Price, ACCA President-Elect
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

- **20 May - 20 June 2018**
  Call for candidates

- **10 July – 10 August 2018**
  Online Vote by ACCA membership

- **August 2018**
  Result Announcement at ACCA General Assembly (ESC Congress)

**Voting rights**
ACCA paying members with a minimum of 1 month membership subscription
Working together for best patient outcome

ACUTE CARDIOVASCULAR CARE 2019

2-4 March
Malaga, Spain