

ACUTE CARDIOVASCULAR CARE ASSOCIATION



ACCA
Acute Cardiovascular
Care Association

GENERAL ASSEMBLY

27 August 2017

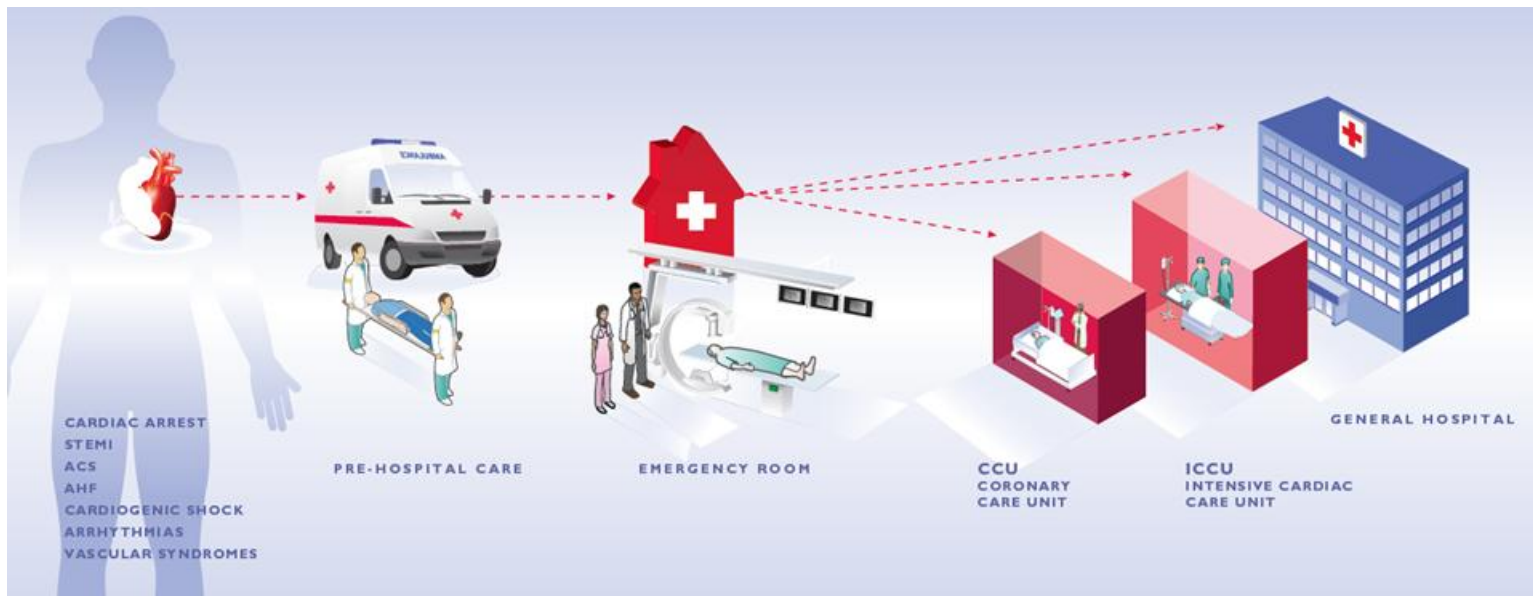


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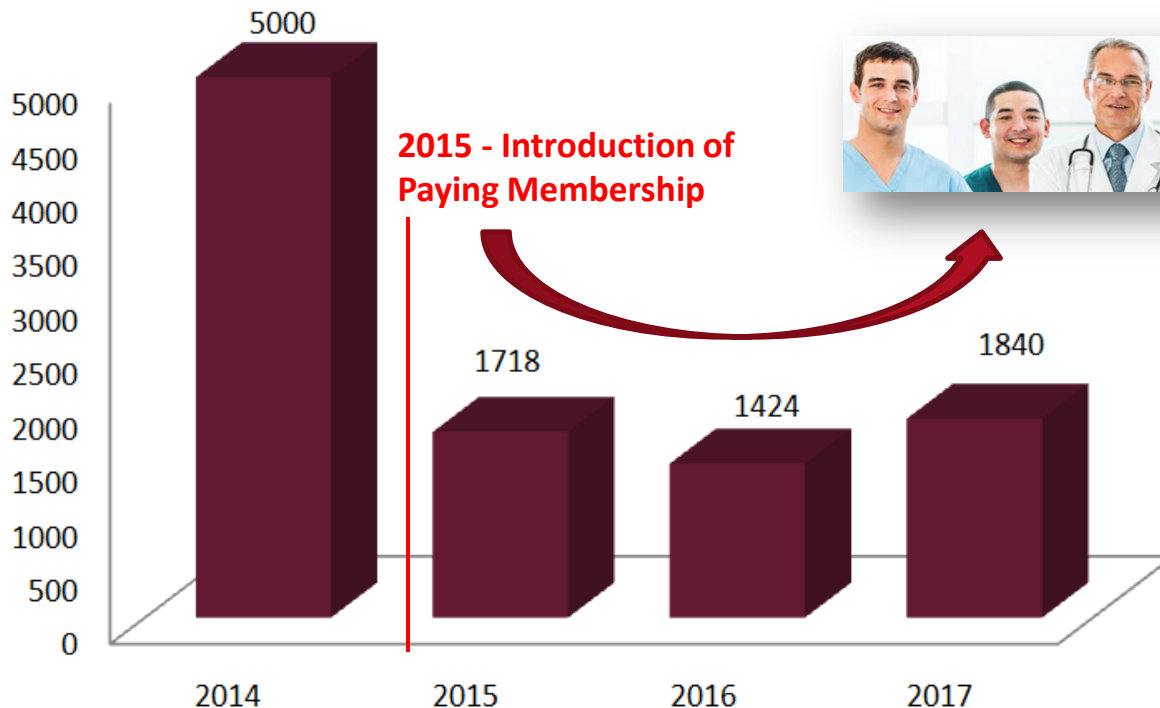
To improve the quality
of care & the outcome
of patients with
acute cardiovascular
diseases

The patient is our priority



We are patient focused
We make decisions in short time

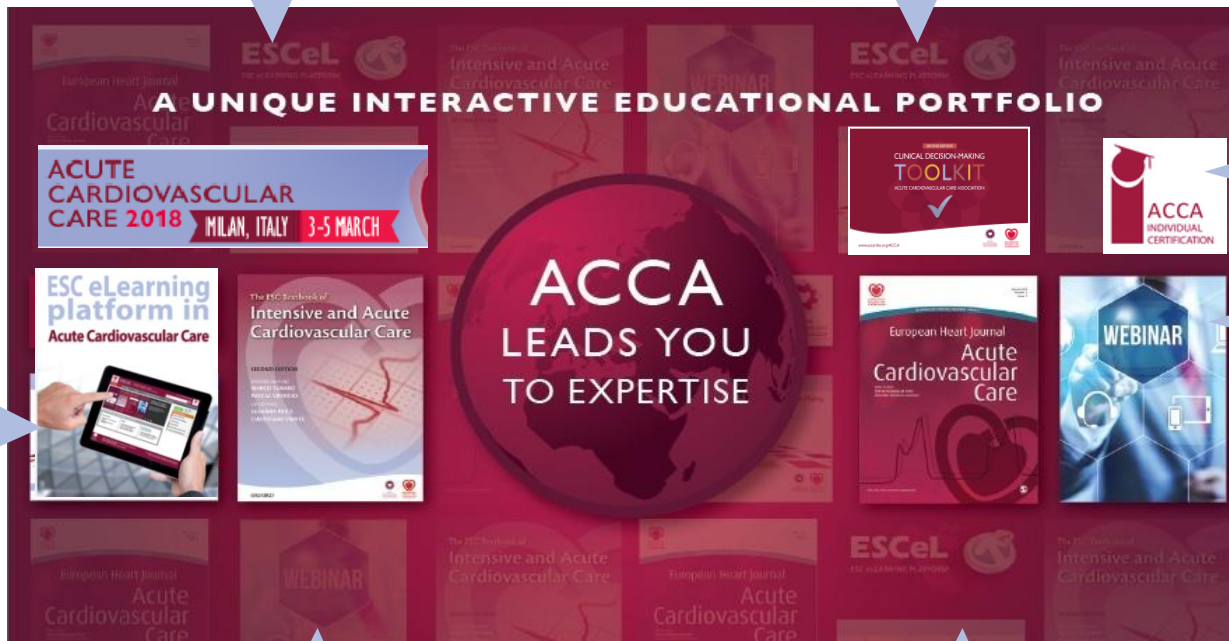
ACCA Community – We are a **MULTIDISCIPLINARY** Group of specialists



Our Key Assets

Annual congress

ACCA Clinical Decision-Making Toolkit



E-learning
Platform

ACC Certification

Webinars

Textbook

Journal

Agenda



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- **Activity Report**

Hector Bueno, ACCA Past-President
Susanna Price, ACCA President-Elect

- **Treasurer report**

Josep Masip, ACCA Treasurer

- **The future of ACCA**

Maddalena Lettino, ACCA President

- **Q & A**



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Activity Report - Research Science & Publications

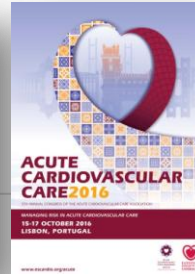
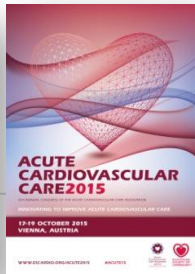
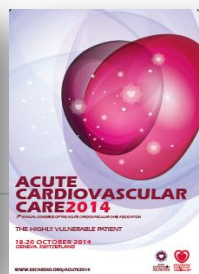
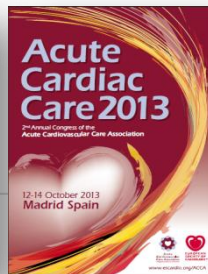
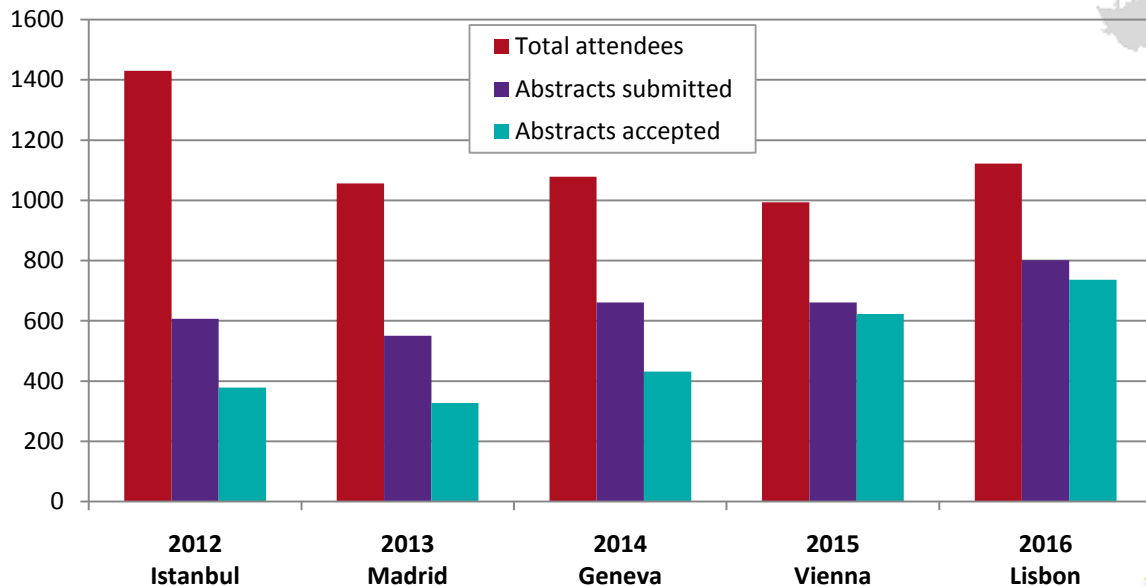


Hector Bueno, ACCA Past-President



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ACCA Congresses



NOW IN SPRING



ACCA Congresses – 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)

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

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



1st ACCA Masterclass -

March 2017, London, UK



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- 2-day expert meeting, gathering 130 high-level professionals to discuss, exchange and debate on the current state of practice, advancement and future challenges specific to the acute areas of cardiovascular care.



Full report available on www.escardio.org/ACCA



ESC

1st ACCA Masterclass – Key topics & Panel of experts

March 2017, London, UK



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- **Chest Pain: Prehospital and in the Emergency Department**

M Lettino, H Bueno, K Huber, P Goldstein, F Breuckmann, NL Mills, S Leonardi, U Zeymer

- **ACS Management**

S Leonardi, U Zeymer, C Mueller, K Huber, S Gevaert

- **Out of Hospital Cardiac Arrest (OHCA)**

C Hassager, P Goldstein, E De Maria, FL Henriksen, J Belohlavek , A Cariou

- **Acute Heart Failure**

C J M Vrints, J Masip, O Dar, T A McDonagh, C Mueller, M R Cowie, D Walker, I Malik, S Gevaert

- **Cardiogenic Shock**

J Stepinska, S Halvorsen, T Gershlick, H Thiele, J Masip, S Price, A Sionis

- **Mechanical circulatory support in Cardiogenic Shock**

S Price, R Trimlett, P Vranckx

Scientific Outcome available
on ACCA web site:
www.escardio.org/ACCA



ACCA Scientific documents published in 2017



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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 in 2017



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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

On going ACCA Scientific documents 2017- 2018



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SUBMITTERS	TITLE
ACCA	THE IMPACT OF FRAILTY ON THE MANAGEMENT OF PATIENTS WITH ACUTE CARDIOVASCULAR CONDITIONS
ACCA / HFA Acute Heart Failure Study Groups	INDICATIONS AND PRACTICAL APPROACH TO NONINVASIVE VENTILATION IN ACUTE HEART FAILURE
ACCA Study Group on SCAD	EUROPEAN POSITION STATEMENT ON THE DIAGNOSIS AND MANAGEMENT OF SPONTANEOUS CORONARY ARTERY DISSECTION
ACCA / ESICM	USE OF ECMO
ACCA / EUSEM	CHEST PAIN IN THE EMERGENCY DEPARTMENT
ACCA / EHRA / EAPCI / WG THROMBOSIS	AF AND PCI (UPDATE)
ACCA / WG THROMBOSIS	BIOMARKERS OF COAGULATION AND FIBRINOLYSIS IN ACUTE CORONARY SYNDROMES

ESC 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

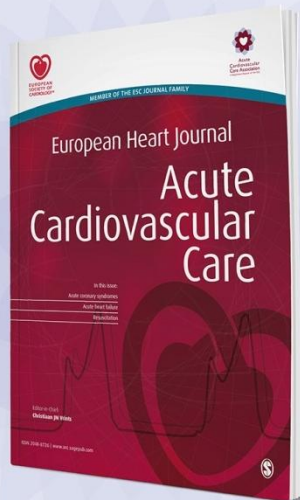
Programme

- **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

READ & CITE: European Heart Journal Acute Cardiovascular Care



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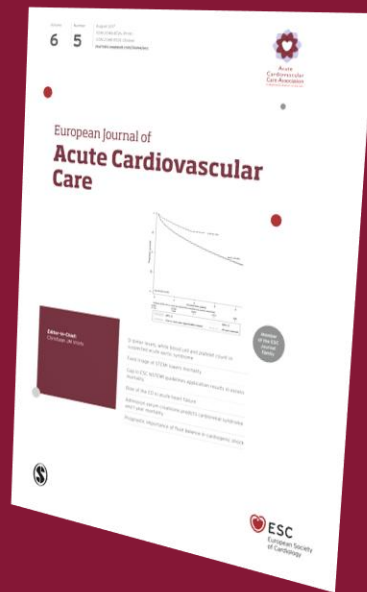


6 Printed

8 Online

- Emergency
- Intensive care
- Critical care
- Acute cardiovascular patient
- Acute Coronary Syndromes

2017: New cover design



2018: Educational series



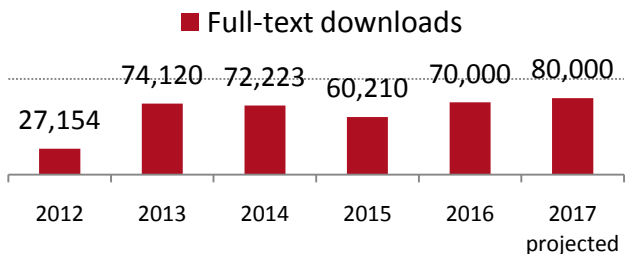
European Heart Journal Acute Cardiovascular Care

Country	Submissions received Aug 2016 to Aug 2017
UNITED STATES	29
ITALY	23
FRANCE	20
SPAIN	20
GERMANY	19
UNITED KINGDOM	19
JAPAN	15
NETHERLANDS	12

	Submission to 1 st decision (# of days)
2014	45
2015	48
2016	45
2017 Q1-2	31

	Acceptance rate
2014	42%
2015	52%
2016	33%
2017 Q1-Q2	34%

Title	Cite Score	Cite Score Percentile	Cite Score Rank	Cita- tions 2016	Docu- ments 2013- 15	% Cited
<u>EHJ</u>	7.42	98%	<u>4/328</u>	15,996	2,157	56%
<u>EJHF</u>	5.38	97%	<u>8/328</u>	3,058	568	81%
<u>EJPC</u>	2.94	83%	<u>53/328</u>	1,588	540	75%
<u>Europace</u>	2.78	82%	<u>57/328</u>	3,277	1,179	60%
<u>EHJ CV Imaging</u>	2.52	79%	<u>66/328</u>	2,222	883	52%
<u>EHJ ACC</u>	2.04	71%	<u>95/328</u>	343	168	61%
<u>EJ CV Nursing</u>	1.89	67%	<u>106/328</u>	425	225	77%



ACCA Clinical Decision-Making Toolkit



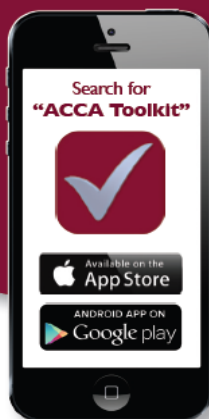
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- +72 000 page views
- + 26 500 PDF downloads
- + 8 500 Mobile app users



CLINICAL DECISION-MAKING TOOLKIT



2018 Edition in progress

UPDATES: STEMI,
NEW Chapter on: SECONDARY PREVENTION INCLUDING
PRACTICAL ASPECTS IN DAPT

Key Symptoms

Cardiac Arrest and CPR **Acute Heart Failure**

Acute Coronary Syndromes **Rhythm Disturbances** Acute Vascular Syndromes
Acute Myocardial / Pericardial Syndromes Drugs in acute cardiovascular care

ACCA White book / ESC Atlas



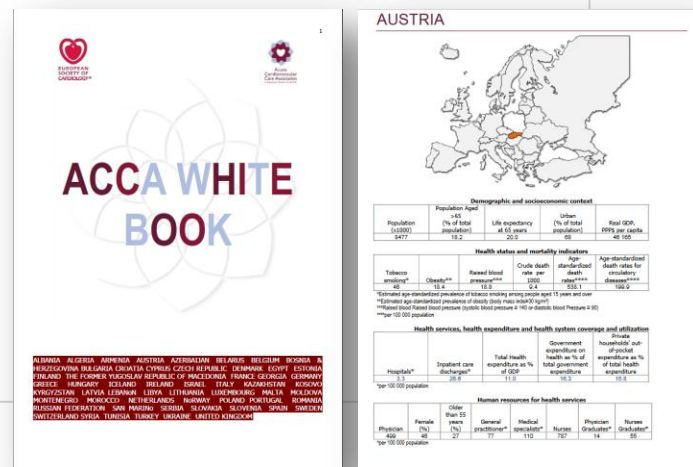
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- **ESC Atlas**
 - Data Collection Committee - ACCA representative
- **ACCA White Book – 1st edition 2016**

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.

Available @ www.escardio.org/ACCA
(ACCA members only)



ACCA Scientific e-posters



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Provide FISRT GLANCE UNDERSTANDING & DECISION MAKING

For medical professionals in charge of the care of patients with acute cardiovascular diseases


ACC/AHA
 Acute Cardiovascular
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Right Heart Failure - Imaging and Implications



Right ventricular cross-section with tricuspid regurgitation (TR) color Doppler

Right ventricular fractional area change (FAC) measurement

Right ventricular strain (RV strain) measurement

Right ventricular cross-section with TR and a color Doppler overlay

Right ventricular cross-section with TR and a color Doppler overlay

Right ventricular cross-section with TR and a color Doppler overlay

Right ventricular cross-section with TR and a color Doppler overlay

Right ventricular cross-section with TR and a color Doppler overlay

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Right ventricular cross-section with TR and a color Doppler overlay

STEP 1: SEVERITY ASSESSMENT
 Clinical and echocardiographic parameters, duration, mental status
 Biochemical evaluation (creatinine, liver markers, renal function, troponin, BNP, pro-BNP)
 Echocardiographic evaluation (cardiac output, pulmonary artery catheterization)

STEP 2: IDENTIFY CAUSE
 Identify any rhythm, pulmonary embolism, CAD (diagnostic to rule out)
 Acute heart failure (AHF) evaluation
 Revascularization, right heart catheterization, pulmonary artery catheterization

STEP 3: VOLUME MANAGEMENT
 Volume status (clinical and echocardiographic)
 Revascularization, pulmonary artery catheterization, right heart catheterization, pulmonary artery catheterization

STEP 4: MAINTAIN ARTERIAL PRESSURE
 Hemodynamic monitoring

STEP 5: OUTPATIENT
 Long-term management, right heart catheterization, pulmonary artery catheterization, right heart catheterization, pulmonary artery catheterization

STEP 6: REPERFUSION
 Clinical and echocardiographic parameters, duration, mental status, biochemical evaluation (creatinine, liver markers, renal function, troponin, BNP, pro-BNP)



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Upload Pdf version
on ACCA website
www.escardio.org/ACCA
For members ONLY



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Activity Report - Education



Susanna Price, ACCA President Elect



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ESCeL : The most innovative educational platform



ACCACardiovascular
Care Association

Access online courses (up to 80 topics/250 courses)

- Test your knowledge
- Acquire competencies to make yourself different!

DEMO AT ESC STAND



ESCeL
ESC LEARNING PLATFORM

0. Introduction
6. Cardiopulmonary resuscitation and the post-cardiac arrest syndrome

Table of Contents
Introduction

Introduction

Recovery from cardiac arrest depends on an intact chain of

- Early recognition and call for help
- Early bystander cardiopulmonary resuscitation (CPR)
- Early defibrillation
- Early advanced life support and post resuscitation care

All four links of the chain must be strong if a good neurological outcome is to be achieved. This chapter will address the key components to high-quality CPR and the treatment that is delivered once return of spontaneous circulation is achieved.

Click the image above for an interactive film to test your basic life support knowledge and skills

MON1P3 Prev Next

ESCeL
ESC LEARNING PLATFORM

3. The post-cardiac arrest syndrome
6. Cardiopulmonary resuscitation and the post-cardiac arrest syndrome

Disability
Disability: Improving/optimising neurological recovery

Approximately 40% of OHCA survivors have a neurological outcome (e.g. institutionalised hemiparesis) (GRADE2C).

Early identification of a neurological cause of cardiac arrest can be achieved by performing a brain CT scan at hospital admission, before or after coronary angiography.

Strategies for improving neurological outcome in the comatose post cardiac arrest patient include:

- Controlled resuscitation and ventilation
- Maintenance of an adequate cerebral perfusion pressure
- Adequate ventilation
- Control of seizures
- Glycaemic control
- Targeted temperature management (TTM)

ESC Mission: To improve the quality of care and outcomes of patients with all cardiovascular diseases. More about the Acute Cardiovascular Care Association (ACCAC)

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ESCeL : Available topics



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1. **Cardiopulmonary resuscitation and the post-cardiac arrest syndrome : 4 courses (FREE ACCESS)**
2. Acute pain in the ICCU: 9 courses
3. Echocardiography and thoracic ultrasound: 13 courses
4. Acute Dyspnoea in the ED: 3 courses
5. Mechanical circulatory support: 3 courses
6. Mechanical complications of myocardial infarction: 3 courses
7. Biomarkers in acute heart failure: 4 courses
8. Acute Kidney Injury: 3 courses
9. Renal support therapy: 4 courses
10. Pulmonary Embolism: 4 courses
11. Sudden Cardiac Death: Epidemiology and prevention: 2 courses
12. Non-invasive ventilation: 3 courses
13. Principles of mechanical ventilation: 6 courses
14. Cardiac complications in trauma: 3 courses
15. The Emergency Medical System: 2 courses
16. Temporary Pacing: 2 courses
17. Conduction disturbances and pacemakers: 5 courses
18. Clinical assessment and monitoring of chest radiographs in acute cardiology: 5 courses
19. Acute heart failure: epidemiology, classification and pathophysiology: 2 courses
20. Bleeding and haemostasis disorders: 3 courses
21. Anaemia and transfusion: 3 courses
22. Myocarditis and pericarditis : 5 courses

1 NEW TOPIC EVERY 2 WEEKS

STAY TUNED :

**TO RECEIVE ACCA BULLETIN,
UPDATE YOUR MyESC PROFILE WITH ACS
FIELD OF INTEREST**

**ALL TOPICS ARE ACCESSIBLE FOR FREE
DURING 48 HOURS AFTER
ANNOUNCEMENT**

COMING SOON

**Congenital heart disease in adults - GUCH
(FREE ACCESS)**



ACCA Certification programme

Acquire high skills in delivering state of the art treatment for patients with severe cardiac illness

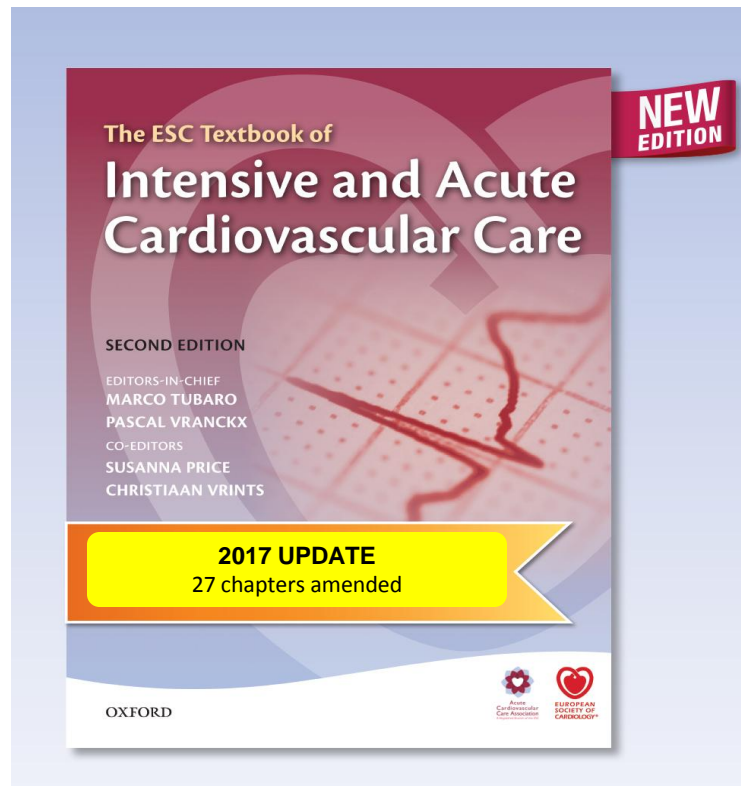


The ACCA Certification programme for individuals is a two steps process.

Part I Written exam : test theoretical knowledge of the candidate

Part II Logbook submission process designed to demonstrate the training, skills and experience of the applicant..

IACC Textbook – New edition



**Pick up FREE Sample chapter on
Cardiogenic Shock
at ESC Stand**

ACCA Members get Special Offer



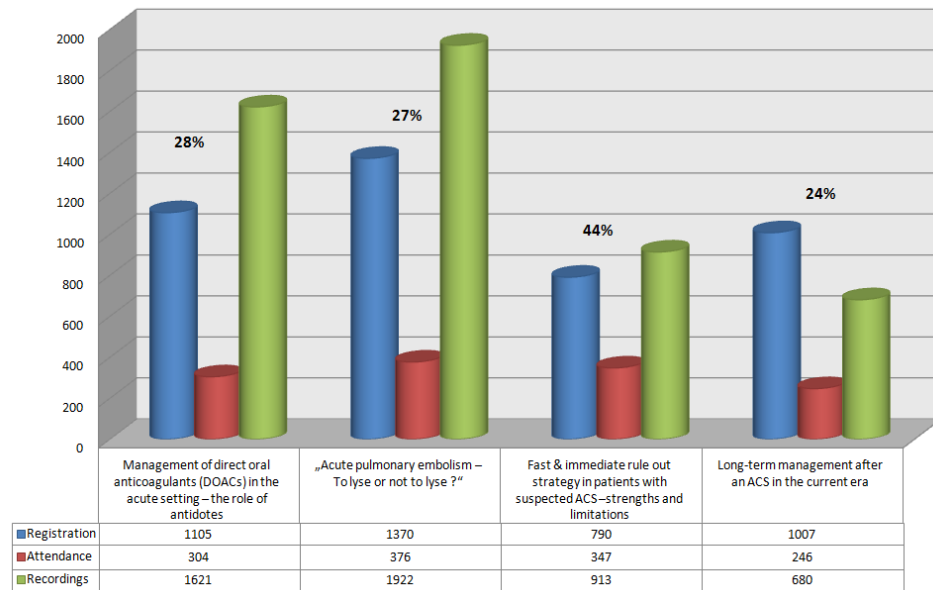
STOP by ESC Stand

ACCA Webinars 2017



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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	Sept
Optimal treatment in TAVR patients	TBC
Breaking bad news	Dec TBC
Cardiogenic shock (Joint with ESICM)	TBC





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ACCA Financial Report Actuals FY17 Budget FY18



Josep Masip, ACCA Treasurer



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FY17 – ESC ACTUALS (1 April 2016 – 31 March 2017)



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K€	FY15 Actuals	FY16 Actuals	FY17 Budget	FY17 Forecast	FY17 Actuals
ESC central non profit	-2 841	-3 470	-3 608	-3 461	-1 898
ESC central profit	11 589	12 952	9 595	11 385	12 179
G&A	-8 576	-10 194	-10 678	-10 412	-10 615
Association non profit	-1 030	-2 556	-1 535	-2 431	-2 236
Association profit	2 444	5 230	3 250	3 582	3 623
<u>Operating Result</u>	<u>1 586</u>	<u>1 961</u>	<u>-2 975</u>	<u>-1 338</u>	<u>1 053</u>
Financial Result	894	935	500	589	486
Conso Adjustment	-71	55	0	0	-41
<u>Result before tax</u>	<u>2 408</u>	<u>2 951</u>	<u>-2 475</u>	<u>-748</u>	<u>1 498</u>
Profit Sharing	0	-43	0	0	0
Corporate Tax	-674	-997	0	0	-412
<u>Result after tax</u>	<u>1 734</u>	<u>1 911</u>	<u>-2 475</u>	<u>-748</u>	<u>1 085</u>

FY17 actuals figures are subject to approval by ESC General Assembly on 29 Aug 2017

FY17 ACCA Budget – ACTUALS (1 April 2016 – 31 March 2017)

ncl. ACCA Congress & Journal net results



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ACCOUNT	FY17	FY17	FY17
	ANNUAL BUDGET	ANNUAL FORECAST	ANNUAL ACTUAL
Operating Income	783 221	924 066	960 479
Operating Expense	-772 543	-842 376	-895 381
Operating Result	10 678	81 690	65 098
Financial Income			6 020
Financial Result			6 020
Result Before Tax	10 678	81 690	71 118
Corporate tax			-7 075
Net Result	10 678	81 690	64 043

- Better ACCA Congress (Lisbon) & EHJ-ACVC journal results
- Increased number of sponsored webinars

FY18 – 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)
- In FY18 the Associations’ annual contribution (estimated flat fee: 90K€) from ESC stopped and was replaced by **indirect general and administrative costs (G&A)** according to predefined allocation keys and based on volume of respective activities from the past 3 fiscal years
- Budget was built with projects classified into three categories: **must do, want to do and like to do**

FY18 – ACCA Budget



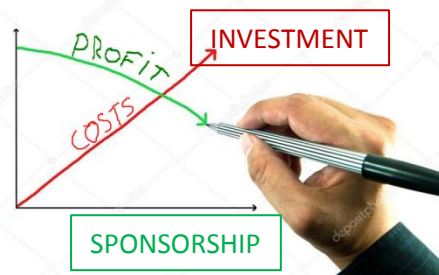
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**Objective given by ESC
-120 K€**

**Association operating result
Before:**

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

TREND



ACCOUNT	FY14 ACTUAL	FY15 ACTUAL	FY16 ACTUAL	FY17 FORECAST	FY18 BUDGET
Operating Income	438 330	330 429	124 897	290 863	370 080
Associations membership fees		450	9 576	15 150	38 550
ESC journals subscriptions				7 000	
Miscellaneous sales		2 143	2 282	595	
Profit (loss) sharing and royalties		2 695	2 812	13 000	6 000
Registration Fees	2 959	9 850	15 103	21 050	102 000
Sales of products		13 866	13 886	22 075	24 530
Sponsorship and advertising	325 096	301 425	81 237	211 993	199 000
Congresses profit(loss) transfers	110 275				
Operating Expense	-346 666	-345 164	-244 537	-349 194	-483 499
Payroll				-136 488	-136 056
IS and audiovisual subcontracting	-20 965	-55 613	-35 773	-54 536	-42 480
Other subcontracting		-18 030	-3 400	-38 270	-88 100
Printing and design	-72 403	-82 186	-39 332	-10 940	-54 600
Seminars costs package	-30 730	-24 178	-17 643	-25 793	-48 215
Staff travel	-7 451	-12 301	-11 109	-8 716	-14 360
Volunteers and consultants travel	-84 010	-81 987	-42 799	-43 974	-81 190
Assoc. Business Mgt Group support	-88 231	-80 000	-90 000	-95 000	
Cong. Div. support for event	-3 450	-3 450			-10 000
Delegates subscriptions			-1 410	-2 547	-1 824
Fi. Sup. from/to other organisation	-6 250	-12 750	30 083	155 768	40 965
Staff costs allocation		-4 824	-4 500	-30 000	-30 000
Operating Result	91 664	-14 735	-119 640	-58 331	-113 419
Financial Income		11 191	6 645		
Financial Result		11 191	6 645		
Result Before Tax	91 664	-3 544	-112 995	-58 331	-113 419
Income tax	-33 247				
Net Result	58 417	-3 544	-112 995	-58 331	-113 419



General & Administrative Costs (G&A)



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Indirect costs allocated to operational activities of ACCA

General & Administration costs (= Indirect costs)	Budget FY18	Allocation key	ACCA
COMMUNICATION DIVISION	-1 475 863	headcount / "business" headcount	-26 121
PRESS (in COMM for FY18)	-346 295	headcount / "business" headcount	-6 129
MARKETING DIVISION (in COMM and IT for FY18)	-624 312	headcount / "business" headcount	-11 050
SPECIALTIES CENTER MANAGEMENT	-206 513	1/8 by association	-25 814
SPECIALTIES CENTER MANAGEMENT	-127 506	% of activities according to volume of Webinar & ETP	-16 123
INFORMATION SYSTEMS DEVELOPMENT & SUPPORT	-431 365	% of activities according to volume of projects	-17 200
INFORMATION SYSTEMS DEVELOPMENT & SUPPORT	-880 505	% of activities according to volume of projects	-35 220
INFORMATION SYSTEMS DEVELOPMENT & SUPPORT	-1 037 261	headcount / "business" headcount	-18 359
INFORMATION SYSTEMS DEVELOPMENT & SUPPORT	-178 428	headcount / "business" headcount	-3 158
WEB	-322 953	headcount / "business" headcount	-5 716
ESC MANAGEMENT	-782 666	headcount / "business" headcount	-13 852
FINANCE	-1 833 493	expenses xxx/ Business ESC expenses	-19 227
HUMAN RESOURCES	-1 056 522	headcount / "business" headcount	-18 700
EHH building	-1 075 351	headcount / "business" headcount	-19 033
BRUSSELS OFFICE	-312 072	20% x (1/6 by association) and 80% for EHA	-10 402
INDUSTRY SALES	-1 313 449	Income xxx/Business ESC income	-8 576
Corporate Tax	0	Income xxx/Business ESC income	0
Financial Result	374 000	Income xxx/Business ESC income	2 442
TOTAL	-11 630 554		-252 238 2,17%

Overall ESC operational activities:

% used by ACCA for operational activities

% EHH BUILDING
% COMMUNICATION
% IT
% HR
% FINANCE



FY18 - ACCA Budget approved by ESC board



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K€	ACCA
Income	370
Expense	-483
G&A allocation	-252
<u>Operating Result</u>	<u>-365</u>
Congress Result	28
Journal Result	-1
<u>Net Result</u>	<u>-339</u>



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The future of ACCA



Maddalena Lettino, ACCA President



ESC
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1st Acute Cardiovascular Care School

2-4 Nov. 2017, Madrid, Spain



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Be ready to challenge yourself!

**A Unique opportunity for
young physicians**

Hands-on training courses on:

- Echo-guided vascular access
- Renal Replacement Therapy
- ECMO
- Difficult airway management
- Critical cases simulation
- Advanced Mechanical Ventilation
- ICD/PM troubleshooting



**YOUNG
ACCA**

Seats a limited to 60 / Register now at ESC stand



ESC

ACCA Certification Exam

4 Nov. 2017, Madrid, Spain



Make yourself different

Improve your daily practice with
focused knowledge and practical
skills

Register Now for the Next Exam
Saturday 4 November 2017
Madrid, Spain

ACCA Membership – Expanding our membership offer



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WHERE DO YOU FIT IN?



ACCA
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	 REGULAR	 IVORY	 SILVER	 GOLD
Cardiologists	Free	36€	144€	240€
Under 40 & allied professionals	Free		102€	
% on ACCA Products & Events	full price	5%	15%	25%
Access to basic ESC Member benefits	✓	✓	✓	✓
Regular scientific alerts, Journal TOC & newsletters	✓	✓	✓	✓
Voting Rights**		✓	✓	✓
Access to Webinars Live & Recording		✓	✓	✓
Access to ACCA Toolkit pdf		✓	✓	✓
Congress Slides Resources	60€*	✓	✓	✓
Access to e-Library (ePoster, Masterclass and ACCA School resources)		✓	✓	✓
ESC eLearning platform (ESCeL)	180€*	170€*	✓	✓
EHJ-ACVC Journal Online subscription	80€*	75€*	✓	✓
EHJ-ACVC Journal Print & Online subscription	150€*	140€*	NA	✓
EHJ-ACVC Print top up subscription	75€*	70€*	65€*	✓
IACC Textbook Online access*	70€*	65€*		✓
ACCA Congress 2018 registration				
ACCA School 2017	Full price	5% discount	15% discount	25% discount
ACCA Individual Certification				

NEW



**Join Us
now!**



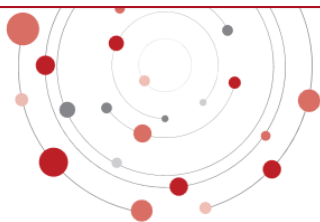
ESC

ACCA within ESC Combined Membership Offer



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Where expertise becomes a community



The ESC and its subspecialty communities bring together cardiovascular professionals with diverse interests. Now, you can create the membership package just right for you.

- **ESC PROFESSIONAL MEMBERSHIP**
for the full spectrum of cardiology



ASSOCIATION SILVER MEMBERSHIPS for specific expertise in:

- Acute Cardiac Care
- Preventive Cardiology
- Heart Rhythm
- Cardiovascular Imaging
- Percutaneous Interventions
- Heart Failure

Choose two or more memberships
for significant savings

**JOIN
today**

at the ESC Stand

NEW



**Join Us
now!**

**Choose two or more memberships
for significant savings**

**JOIN
today**

RECOGNITION FOR ESTABLISHED SPECIALISTS

ACCA **Recognition of expertise** for experts in the field of Acute Cardiovascular Care with at least :

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

Life long recognition

Starts in 2018



Acute Cardiovascular Care Congress: **NOW IN SPRING**



ACCA
Acute Cardiovascular
Care Association



“WORKING TOGETHER FOR ACUTE CARDIOVASCULAR PATIENTS”

- >100 international expert faculty
- >60 sessions, workshops and virtual case presentations
- >1100 participants from >80 countries

ABSTRACT SUBMISSION DEADLINE
28 September 2017



Continuously serving professionals in the field

- Improve standards across Europe
- Disseminate evidence and best practices
- Engage key opinion leaders and experts to advocate and influence
- Engage the youngest and offer them the opportunity to increase their knowledge and skills and to build their career



- **Improve quality of care and promote equity of care for patients**
- **Improve patient outcomes**

Our Strategic Plan



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Advocacy:

- To **increase awareness of a unique Patient-Centric** organisation working for best acute CV care, accross boundaries

Congress:

- To promote the only place to be for professionals in the field

Education:

- To lead the delivery of knowledge and quality in the field of acute CV care

Membership:

- To become the professional home of all health care professionals dealing with acute CV care

Research:

- To leverage research in the field of acute CV care

THANK YOU FOR YOUR ATTENTION



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JOIN ACCA



UNITED IN QUALITY CARE



ESC