

# POST CONGRESS REPORT

# EuroHeartCare

ANNUAL CONGRESS OF THE COUNCIL ON  
CARDIOVASCULAR NURSING AND ALLIED PROFESSIONS

Jönköping, Sweden  
18-20 May 2017



“Team Work for Excellence In Cardiovascular Care”

#### KEY FIGURES:

40 countries represented, 16 sessions,  
50 international faculty members,  
200 abstracts, 500 delegates, 1 congress!

#### KEY DEADLINES:

Abstract Submission - 31 October 2016  
Early Registration fee - 9 March 2017  
Late Registration fee - 20 April 2017

[www.escardio.org/EuroHeartCare](http://www.escardio.org/EuroHeartCare)  
#euroheartcare



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## CONGRESS HIGHLIGHTS

**EuroHeartCare 2017 was held in Jonkoping, Sweden from 18 to 20 May at the Spira Cultural Centre.**

- **Facts and Figures**
  - 36 countries represented
- **367 participants**
  - 331 Delegates (includes free)
  - 1 Press
  - 35 Exhibitors (all entitled)
- **61 Faculty members for 108 roles in the programme**  
(does not include the Special Events)
- **19 Scientific Programme sessions**  
(includes all sessions except Special Events)
  - 11 Pre-Arranged Sessions
  - 8 Abstract-based Sessions
- **2 lecture rooms**
- **229 abstracts submitted & 193 abstracts accepted (includes Clinical cases)**
  - 145 Posters
  - 24 Moderated Posters
  - 24 Oral presentation
- **Industry sponsored sessions**
  - 0 Satellite Symposia
- **Exhibition**
  - 65 m<sup>2</sup> occupied
  - 8 exhibiting companies
  - 4 paying
  - 4 free / barter
- **Congress Main Theme**  
"Team Work for Excellence in Cardiovascular Care"
- **Accreditation**  
The congress was accredited through the International Council of Nurses and 35 delegates applied for this accreditation post congress.

# GENERAL INFORMATION

## Introduction

CCNAP is the ESC Council on Cardiovascular Nursing and Allied Professions. CCNAP was officially launched in Barcelona on the 5 September 2006. The Council was developed from the Working Group on Cardiovascular Nursing (established in 1991). The Annual Spring Meeting on Cardiovascular Nursing became **EuroHeartCare** in 2013.

**The aim is to represent a multidisciplinary audience and welcome not only to nurses but also to our Allied Health Professional and Medical colleagues.**

EuroHeartCare 2017 was held in collaboration with the Swedish Association on Cardiovascular Nursing and Allied Professions.

## History

### 11<sup>th</sup> Annual Spring Meeting on Cardiovascular Nursing

1 – 2 April, 2011 (in collaboration with the Belgian Working Group for Cardiovascular Nursing) Brussels, Belgium

### 12<sup>th</sup> Annual Spring Meeting on Cardiovascular Nursing

16 – 17 March, 2012 (in collaboration with the Working Group for Cardiovascular Nurses and Allied Professions) Copenhagen, Denmark

### EuroHeartCare 2013

22-23 March 2013 (in collaboration with the British Association for Nursing in Cardiovascular Care) Glasgow, Scotland

### EuroHeartCare 2014

04 – 05 April 2014 (in collaboration with The Norwegian Society of Cardiovascular Nurses) Stavanger, Norway

### EuroHeartCare 2015

14 – 15 June 2015 (in collaboration with Croatian Association of Cardiology Nurses) Dubrovnik, Croatia

### EuroHeartCare 2016

15 – 16 April 2016 (in collaboration with the Hellenic Society of Cardiovascular Nursing) Athens, Greece

## Committees

### Organising Committee

Maria Back  
Tina Hansen  
Tiny Jaarsma  
Catriona Jennings

Mary Kerins  
Barbro Kjellstrom  
Ekaterini Lambrinou  
Geraldine Lee

Michael Macintosh  
Jan Martensson  
Gabrielle McKee  
Izabella Uchmanowicz

### Programme Committee

Maria Back  
Josiane Boyne  
Erika Froelicher  
Robyn Gallagher

Loreena Hill  
Simone Inkrot  
Ana Ljubas  
Jan Martensson

Gabrielle McKee  
Lis Neubeck  
Trine Rasmussen  
Signe Risom

**Congress dates and location**

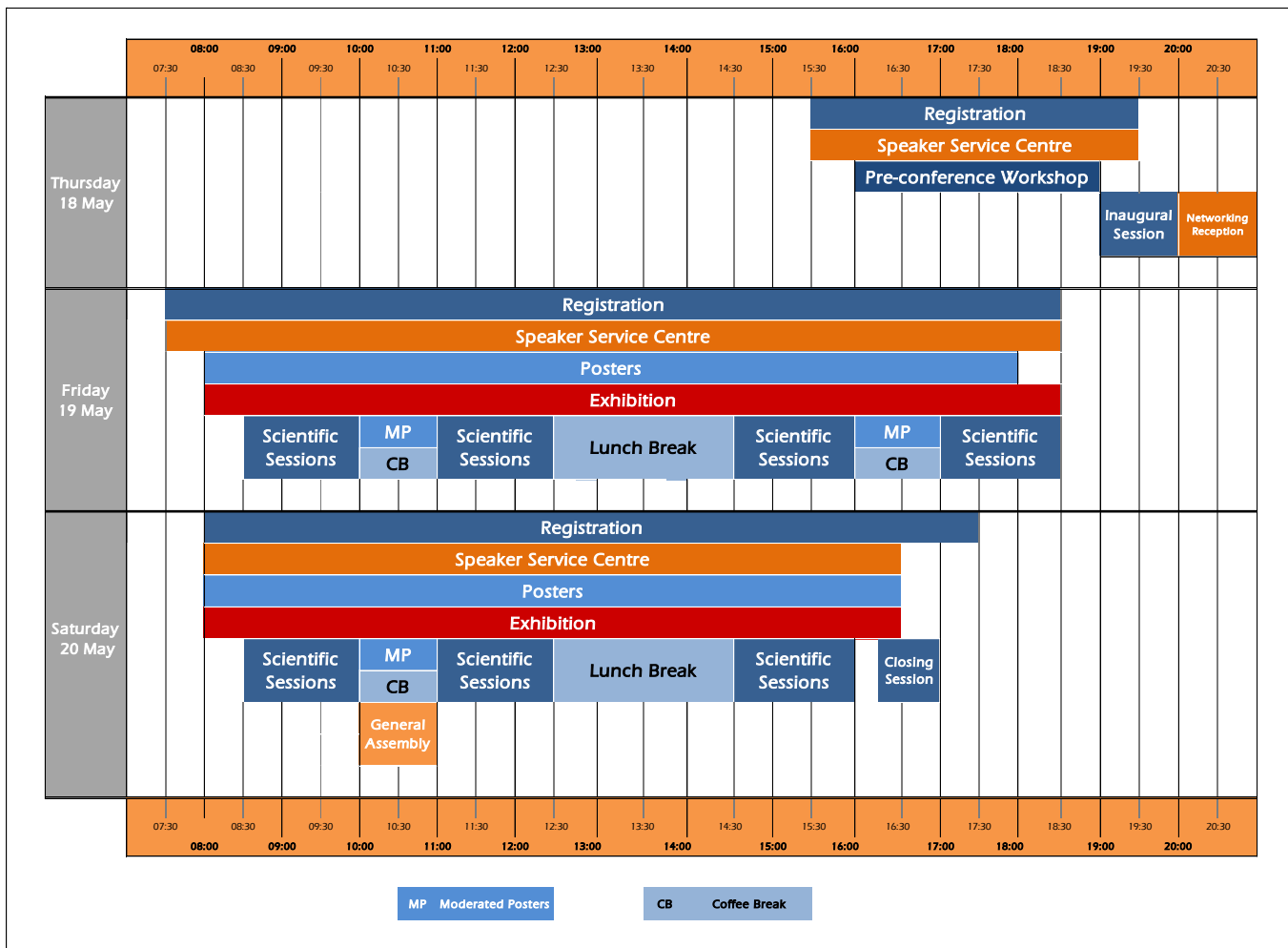
EuroHeartCare 2017 was held in Jonkoping, Sweden on 18 – 20 May.

**Venue**

The venue chosen was the Spira Cultural Centre.



# Timetable



## **ESC/CCNAP Stand**

### **Type of stand**

Stand of 12m<sup>2</sup>, located in an open area near to the coffee / lunch break area.

There was always one person on the stand. During rush hours, there were 2 persons on the stand.

### **Figures 2017**

#### **Give away:**

Popular items were:

Pins We are the ESC (we had 100 and 55 were taken)

ESC Congress Rome Magnets (we had 100 and 88 were taken)

#### **Pocket Guidelines:**

Cardio-Oncology 2016 (100 taken, 20 left)

Atrial Fibrillation 2016 (100 taken, 0 left)

Pack of three Be Guidelines Smart (CVD Prevention-Heart Failure – Dyslipaemias 2016) (350 taken – 224 were distributed).

#### **Journals:**

Almost all distributed (1 EHJ-CI and 1 EP-Europace left)

#### **CCNAP items reserved for CCNAP Members and for new CCNAP members:**

Pens (365 distributed)

Left-over from last year: Mobile cleaner (20 distributed)

### **Communications on the Stand**

On the ESC/CCNAP Stand, we promoted:

- CCNAP activities and opportunities for members
- Be Guidelines Smart initiative (NEW: Plasma screen with continued presentation);
- Next EuroHeartCare Congress in Dublin, Ireland
- ESC Congress and Specialty Congresses

### **Membership**

- Many delegates who came to the stand were already CCNAP members (situation different from previous years).
- There were circa 261 delegates at the event not counting faculty.
- Circa 130 delegates were CCNAP members.
- A further 34 members were created on-site.
- Most of the members were created on the Friday (19 members).

Promotional items for EuroHeartCare 2018 were given to CCNAP members (and new members) on the stand. Around 400 pens were distributed.

**The new total of CCNAP membership post-event is 2756.**



# SCIENTIFIC INFORMATION

## Overview of the Scientific programme

2 lecture rooms

- Konzertsalen = 425 capacity
- Teatersalongen= 180 capacity

Total of 19 sessions (include all sessions except Special Events)

### Pre arranged programme

11 sessions

- 9 Symposia
- 2 How to session

### Faculty Members (Without Special Event)

- 108 Roles – 61 Persons
- 34 roles of Chairperson
- 44 roles of Speaker
- 21 roles of Discussants
- 9 roles of Other (judge abstract)

### Abstract based programme

8 sessions

- 2 oral abstract sessions
- 1 Clinical case session
- 3 moderated poster sessions
- 2 poster sessions

- 194 Abstracts Submitted + 35 Clinical cases TOTAL = 229
- 168 Abstracts Accepted + 25 Clinical cases TOTAL = 193 – Acceptance rate total=84%
- Abstract & Clinical cases submission period: 19 September 2016 => 31<sup>st</sup> October 2016  
Deadline extended to 15 November 2016 and to 26 November 2016

### Industry sessions

- None

## Special Sessions

### Special sessions

- 2 Workshops

### Special events

Total of 4 special events:

- 1 Inaugural session
- 1 Networking Reception
- 1 CCNAP General Assembly
- 1 Closing Ceremony



## Faculty members

61 faculty members

Please note that the roles in the special sessions and special events are not included

### Faculty (Exclude Special Sessions & Special Event)

Roles	Activities			
	2016		2017	
	persons	roles	persons	roles
Chairperson		30		34
Speaker		36		44
Discussant		20		21
Judge Abstract		9		9
	<b>63</b>	<b>95</b>	<b>61</b>	<b>108</b>

Role distribution				
Number of role	2016	%	2017	%
1	38	60%	29	48%
2	18	29%	21	34%
3	7	11%	7	11%
4	0	0%	4	7%

Faculty by Country	2016	2017	Variance 2016/2017	Faculty by Country	2016	2017	Variance 2016/2017
Australia	2	2	0	Lebanon	1		-1
Austria	1		-1	Malta	1		-1
Belgium	2	2	0	Netherlands	4	4	0
Canada	1		-1	New Zealand	1	1	0
Croatia	1		-1	Norway	3	4	+1
Cyprus	2	1	-1	Poland	2	1	-1
Denmark	3	5	+2	Slovenia		1	+1
Germany		1	+1	Spain	1		-1
Greece	15*	1	-14	Sweden	4	17*	+13
Hungary	1		-1	Switzerland	1		-1
Iceland	1		-1	United Kingdom	7	10	+3
Ireland	6	5	-1	USA	1	4	+3
Italy	1	2	-1	Grand Total	63	61	-2
Jordan	1		-1	*host country			

## Sessions

### Topic of the Session

Process Type	Type	Session & sub session Topic name	Total
Abstract	2 Abstract Session	Miscellaneous	2
	1 Clinical Case	Miscellaneous	1
	3 Moderated Poster session	Education and Behaviours aspects - Psycho- Social	1
		Heart failure	1
		Prevention and rehabilitation from knowledge to practice	1
	2 Poster Sessions divided in sub topics	Acute cardiac care	2
		Arrhythmias	2
		Education and behavioural aspects	2
		Heart failure	2
		Prevention and rehabilitation from knowledge to practice	2
		Psycho-social	2
		Service development and innovation	2
		Prevention and rehabilitation from knowledge to practice	1
	2 How-to Session	Psycho-social	1
Acute cardiac care		3	
Pre-arranged	Miscellaneous	2	
	Prevention and rehabilitation from knowledge to practice	2	
	Psycho-social	1	
	Service development and innovation	1	
9 Symposium	Prevention and rehabilitation from knowledge to practice	2	
	Psycho-social	1	
	Service development and innovation	1	

### Type of the Session

Session Types	Total
Abstract Session	2
Clinical Cases	1
Moderated Posters	3
Poster Session	2
How-to Session	2
Symposium	9
Special Event/ Special Sessions	6
<b>Grand Total</b>	<b>25</b>

### Speaker Service Center – Presentation Upload

Upload in advance – Via “My ESC” Account: 39 out of 73

Onsite Upload: 34 out of 73

## Abstracts

	2014	2015	2016	2017	+/- variance 2016/2017
Draft	16	32	60	28	32
Not validated	2	3	4	0	-4
Submitted	200	303	269	229	-40
Withdrawn	3	20	10	5	-5
Accepted	169	235	236	193	-43
- Oral	27	24	24	24	=
- Poster	119	173	188	145	-43
- Moderated Poster	21	22	24	24	=
- Pre arranged programme	2	-	-	-	-
- Accepted Withdrawn	8	16	23	30	+7
Rejected	26	45	19	31	+12
% acceptance	85%	78%	87,70%	84%	
No Show	-	15	47	37	-10
Presented	-	204	166	126	-40

### Abstract accepted by format

EuroHeartCare Congress	2014	2015	2016	2017
Oral Sessions	29	26	24	24
Moderated Posters	21	18	24	24
Posters (includes Clinical cases)	119	191	188	145
<b>TOTAL ABSTRACTS &amp; CC ACCEPTED</b>	<b>169</b>	<b>235</b>	<b>236</b>	<b>193</b>

### Abstract Selection by Main Topic

EHC 2017 Topic	Abstract		Clinical Case	
	Accepted	Rejected	Accepted	Rejected
01.00 - Heart failure	35	3	5	2
02.00 - Education and behavioural aspects	16	6	3	1
03.00 - Arrhythmias	6	4	2	1
04.00 - Acute cardiac care	16		5	
05.00 - Psycho-social	16	4	2	
06.00 - Prevention and rehabilitation from knowledge to practice	32	2	3	3
07.00 - Service development and innovation	14	3	1	2
<b>Grand Total</b>	<b>135</b>	<b>22</b>	<b>21</b>	<b>9</b>

## Top countries with accepted abstracts & Clinical cases - comparison table

Country	2016	2017	Country	2016	2017
Albania	2	1	Korea Republic of		1
Australia	1	5	Lebanon	1	
Belgium		1	Lithuania		2
Brazil	9	13	Malta		1
Bulgaria	2	1	Netherlands	3	5
Canada	5	1	Norway	8	18
Chile	1		Pakistan	1	1
Colombia	1		Poland	15	11
Croatia	1		Portugal		3
Cyprus	16	3	Russian Federation	4	3
Czech Republic	1	1	Saudi Arabia		3
Denmark	10	7	Serbia	2	1
Egypt	2	5	Slovenia		1
Finland	1	1	South Africa	1	1
France		1	Spain	14	6
Germany	2	1	Sri Lanka	1	
Greece	47		Sweden	18	39
Iceland	1	1	Switzerland	1	
India	8	2	Tunisia	3	
Iran		5	Turkey	8	2
Ireland	8	9	Ukraine	4	1
Israel	1		United Kingdom	19	16
Italy	3	8	USA	7	9
Japan	1	1	Uzbekistan		2
Jordan	3		<b>Grand Total</b>	<b>236</b>	<b>193</b>

## No show & Withdrawn

Abstracts & CC	2016	2017
Accepted	236	193
Accepted withdrawn	23	30
No Show	47	37
Presented	179	126
<b>TOTAL not presented in %</b>	<b>29%</b>	<b>34%</b>

## No Show by country

*An accepted abstract is considered "no show" if it is not displayed during the congress and the presenter hasn't notified the scientific department of their withdrawal.*

<b>No show by Country</b>	<b>2016</b>	<b>2017</b>
Albania		1
Brazil	2	1
Bulgaria	1	
Canada	1	
Chile	1	
Egypt	2	3
France		1
Germany	1	
Greece	3	
India	1	1
Ireland		1
Italy	2	2
Korea Republic of		1
Norway		1
Poland	2	3
Portugal		2
Russian Federation	3	3
Saudi Arabia	1	2
Serbia	1	1
South Africa		1
Spain	2	3
Sri Lanka	1	
Sweden	1	1
Turkey	3	2
Ukraine	1	1
United Kingdom		4
USA	1	
Uzbekistan		2
<b>Grand Total</b>	<b>30 person/ 47 Abstracts</b>	<b>35 person / 37 Abstracts</b>

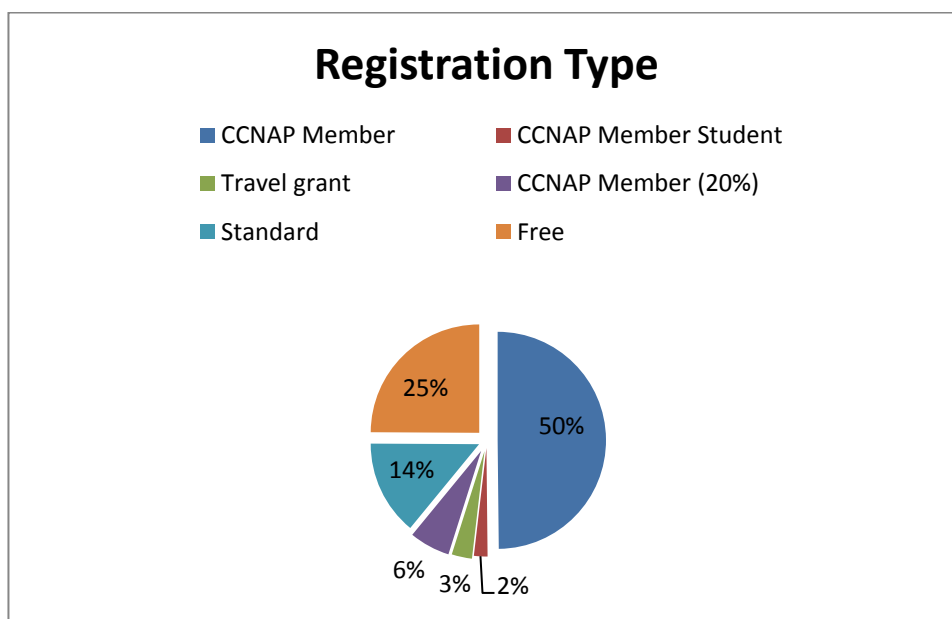
## REGISTRATION & ATTENDANCE

### Total attendance

	2015 Dubrovnik	2016 Athens	2017 Jonkoping	+/- 2016
Active Delegates (incl Press)	580	448	332	-116
Exhibitors	20	16	35	+ 19
<b>Total</b>	600	464	367	-97

### Registration type (Standard, member, student etc...)

Registration Fee	Early fee	Late fee	Last Minute	Onsite	TOTAL
CCNAP Member	96	35	17	0	148
CCNAP Member - Student	6	0	0	0	6
Travel grant	9				9
Standard	16	19	6	1	42
CCNAP Member (20%)		11	1	6	18
CCNAP Member - Student (20%)					0
Standard (20%)				35	35
Faculty + Board	70				70
Press	1				1
Miscellaneous Free	3				3
<b>TOTAL</b>	<b>201</b>	<b>65</b>	<b>24</b>	<b>42</b>	<b>332</b>



## By Country

Country	2015 Dubrovnik	2016 Athens	2017 Jonkoping	+/-
Albania	4	4	1	-3
Australia	6	4	5	1
Austria	3	1	0	-1
Bangladesh	0	0	2	2
Belgium	2	3	4	1
Bosnia and Herzegovina	8	0	0	0
Brazil	3	0	1	1
Bulgaria	9	1	2	1
Cameroon	1	0	0	0
Canada	3	3	2	-1
Croatia	202	15	12	-3
Cyprus	1	18	4	-14
Czech Republic	2	2	1	-1
Denmark	28	20	15	-5
Estonia	1	0	0	0
Finland	15	10	7	-3
France	0	0	3	3
Germany	3	3	5	2
Greece	21	212	3	-209
Hungary	2	1	0	-1
Iceland	3	1	2	1
India	0	2	1	-1
Iran (Islamic Republic of)	0	1	0	-1
Ireland	13	12	11	-1
Israel	0	1	1	0
Italy	5	3	6	3
Japan	6	0	0	0
Jordan	1	3	0	-3
Korea Republic of	2	0	0	0
Latvia	11	0	0	0
Lebanon	0	2	0	-2
Lithuania	13	0	0	0
Malta	0	5	1	-4
Moldova Republic of	1	0	0	0
Netherlands	15	10	13	3
New Zealand	0	1	1	0
Norway	46	10	27	17
Pakistan	0	0	1	1
Poland	11	9	5	-4
Portugal	1	1	2	1
Romania	2	2	0	-2
Russian Federation	1	0	0	0
Saudi Arabia	1	1	0	-1
Serbia	3	3	1	-2
Slovenia	13	3	3	0
South Africa	1	0	1	1
Spain	8	10	10	0
Sweden	44	25	132	107
Switzerland	10	2	3	1



Thailand	2	0	0	0
Tunisia	0	1	0	-1
Turkey	6	6	2	-4
Ukraine	0	1	0	-1
United Arab Emirates	0	1	0	-1
United Kingdom	42	27	29	2
United States of America	4	5	13	8

### Top 10 countries of origin

Rank	Country	2015 Dubrovnik	2016 Athens	2017 Jonkoping	+/-
1	Sweden	25	44	132	88
2	United Kingdom	27	42	29	-13
3	Norway	10	0	27	27
4	Denmark	20	28	15	-13
5	Netherlands	10	15	13	-2
6	United States of America	0	0	13	13
7	Croatia	15	0	12	12
8	Ireland	12	13	11	-2
9	Spain	0	0	10	10
10	Finland	10	0	7	7

### Delegate Profile (place of work, area of interest)

PROFESSION	Number	Percentage
Administrator	1	0%
Cardiologist	3	1%
Cardiologist - Trainee	1	0%
Engineer	1	0%
Medical Technician	2	1%
N/A	37	11%
Nurse	11	3%
Nurse, Nurse Practitioner	180	54%
Other	13	4%
Other Healthcare Profession	13	4%
Paramedic	3	1%
Physician - Cardiology	17	5%
Physician - Endocrinology	3	1%
Physician - General Practice	3	1%
Physician - Intensive Care	1	0%
Scientist	43	13%

Fields of interest	Number	Percentage
Acute Coronary Syndromes (ACS)	101	47%
Arrhythmias	68	32%
Atrial Fibrillation	65	30%
Basic Science	33	15%
Cardiac Consult	16	7%
Cardiac Tumours	5	2%
Cardiovascular Rehabilitation and Secondary Prevention – Long-term Management	101	47%
Chronic Ischaemic Heart Disease (IHD)	65	30%
Clinical Pharmacology	19	9%
Congenital Heart Disease	32	15%
Consultant	2	1%
Diabetic Heart Disease	39	18%
Diseases of the Aorta and Trauma to the Aorta and Heart	15	7%
Emergency Unit /Care	3	1%
General Cardiology	14	7%
Genetics	19	9%
Heart Failure (HF)	128	60%
Hypertension	61	28%
Infective Endocarditis	29	13%
Interventional Cardiology	37	17%
Invasive imaging - Cardiac Catheterisation and Angiography	33	15%
Myocardial Disease	45	21%
Non-invasive imaging - Echocardiography - CMR - CT and Nuclear Techniques	27	13%
Other	33	15%
Pericardial Disease	14	7%
Peripheral Arterial Diseases	16	7%
Pregnancy and Heart Disease	25	12%
Primary Pulmonary Hypertension (PPH)	24	11%
Rehabilitation and Exercise Physiology	70	33%
Sudden Cardiac Death and Resuscitation	49	23%
Syncope	31	14%
Thromboembolic Venous Disease	17	8%
Valvular Heart Diseases	41	19%

## Status:

Status	Number	Percentage
In training	15	5%
Practicing	240	86%
Retired	1	0%
Student	22	8%

**Workplace:**

<b>Workplace</b>	<b>Number</b>	<b>Percentage</b>
Administration and Government	6	2%
Healthcare - Hospital	183	64%
Healthcare - Private Practice	6	2%
In Non-University Hospital	1	0%
In University Hospital	9	3%
Other	2	1%
Private Practice	1	0%
Research Institution - Non-University	14	5%
Research Institution - University	141	49%

# INDUSTRY

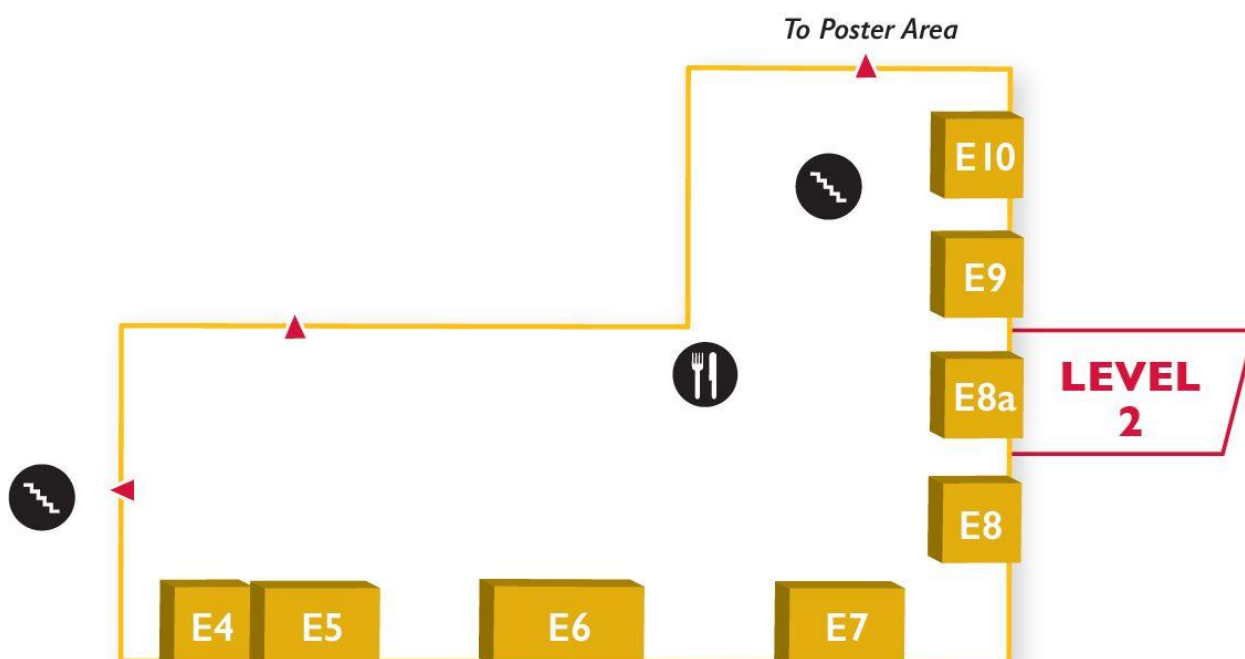
## Exhibitors

There were a total of 8 stands at EuroHeartCare 2017

- One organiser 12sqm
- One 9sqm stand package free
- One 9sqm stand package paying
- Five 5sqm table packages (2 free & 3 paying)

## Exhibition

AMGEN Sweden	E10
AstraZeneca	E5
Council on Cardiovascular Nursing and Allied Professions (CCNAP) / European Society of Cardiology (ESC)	E6
Irish Nurses Cardiovascular Association	E8a
Novartis Sverige AB	E4
OPTILOGG (CareLigo)	E9
SAGE Publishing	E7
The Swedish Association on Cardiovascular Nursing and Allied Professions (VIC)	E8



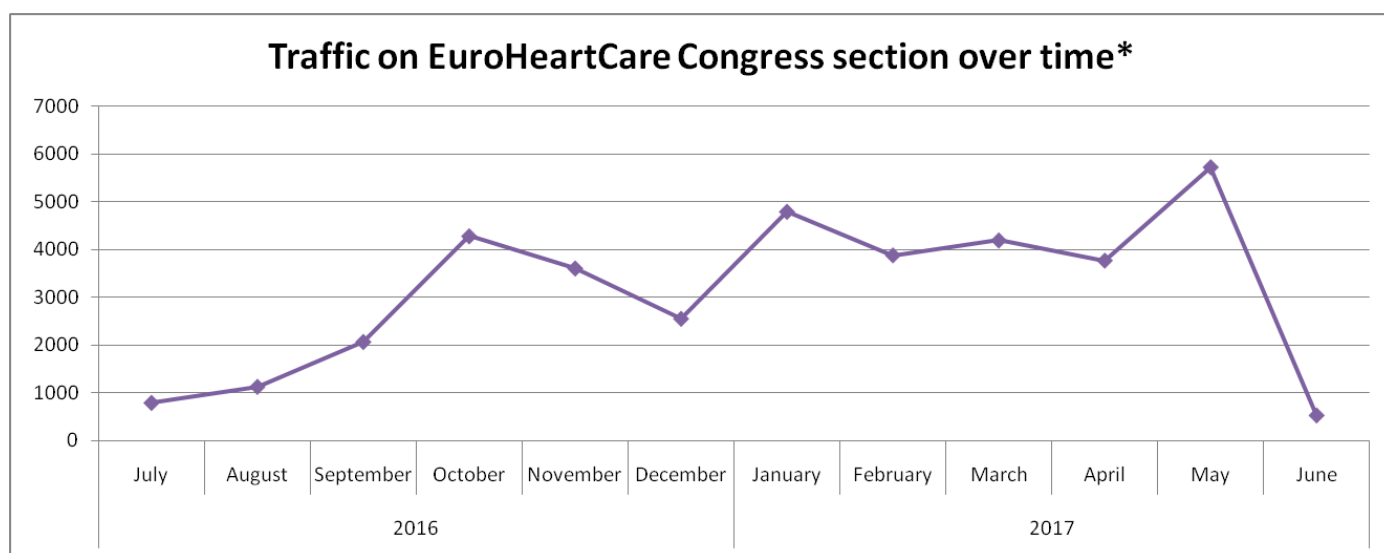
# COMMUNICATIONS

## Communications channels

### Escardio website activities

Traffic on EuroHeartCare Congress section over time (1 July 2016- 15 June 2017)

<https://www.escardio.org/Congresses-&-Events/EuroHeartCare>



### Emailings

15 dedicated ecampaigns have been sent for the congress promotion, between 21/09/16 and 22/05/17.

The target audience selected for this edition and criteria of selection in the ESC database:

- EuroHeartCare attendees 2014+2015+2016
- EuroHeartCare abstract submitters 2014+2015+2016
- CCNAP members
- Activity=Nurse+ technician
- People coming from: Sweden, Norway, Finland, Netherlands, Denmark, Germany, Estonia, Lithuania, Poland, Letonia , UK, Belgium, Ireland, France requesting congress information as General Practitioner, Nurse,Other,Press/Medical Writer,Public Health Organisation/NGO, Technician.

### Mobile App

#### Facts & Figures

- 260 downloads, 332 participants
- 63% of the downloads were done before the congress
- Inaugural Session was the most viewed session
- Most read news was "Abstracts & Clinical Cases are now available!"

Most of the searched speakers were Swedish



EuroHeartCare 2017 Mobile App is the first congress app for EuroHeartCare. It was released on the App Store® and Google Play for iOS and Android devices on **18 April**.

The mobile app contained:

- The entire scientific programme of the congress (including abstracts & learning objectives)
- Congress related maps (congress floor plan overview and exhibition map)
- Congress general information (CME accreditation, congress info, workshops, check-list...)
- ESC Council on Cardiovascular Nursing and Allied Professions (CCNAP) corporate information
- Possibility to include notes on sessions
- Possibility to create a personal schedule selecting favourite sessions/presentations, and add personal appointments
- Optimised search function to easily find sessions/presentations/exhibitor/speaker/info
- Possibility to share content on social media (Facebook, Twitter, LinkedIn) and by mail
- Stand alone app, once downloaded, no need to connect to the internet to access all congress info (only for updates and specific functionalities)

The project objectives were to:

- **Disseminate EuroHeartCare congress scientific programme and general information easily to participants**
- Enhance the delegates' congress experience by facilitating and optimising decision-making for participants
- Offer functionalities to congress delegates:
  - Daily bulletins pushed on mobile devices
  - Interactive maps to locate exhibitors and sessions rooms
  - Sessions objectives & abstracts available for consultation within the app
  - Powerful search functionality throughout the congress scientific content
  - Creation of personalised programmes & to do lists
  - Take notes of specific sessions and share these with colleagues
  - Find practical information about the congress
- Provide participants and exhibitors with sustainable content options
- Broaden the access to social networking platforms
- Enter the "personal" delegates telephone
- Extend the congress experience and brand visibility

## Post congress survey

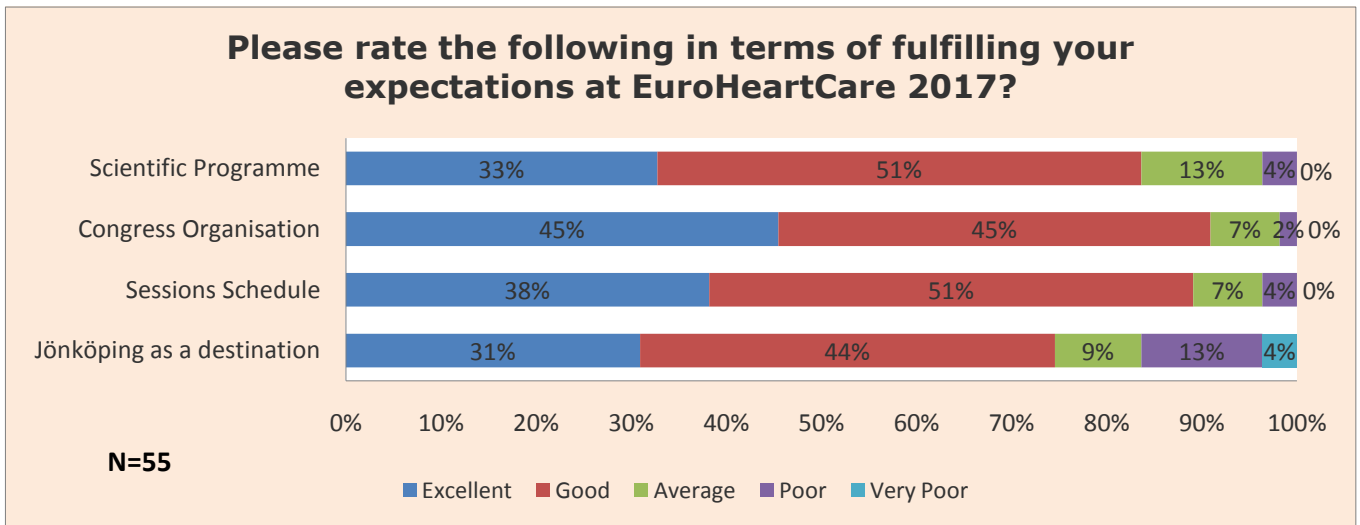
### ➤ Introduction

This survey was sent to **274** participants. **55** responses were collected during 15 days which represent **20, 07%** of response rate. The response rate is same as EuroHeartCare 2016 but it is much higher compared to other congress like Heart Failure 2017 (14%).

The main objectives of the survey were to understand the evolving audience expectations from the Congress and measure the impact of the CPR workshops and mobile app as well as knowing more about the delegates' profession. The results have been categorised into those 3 parts.

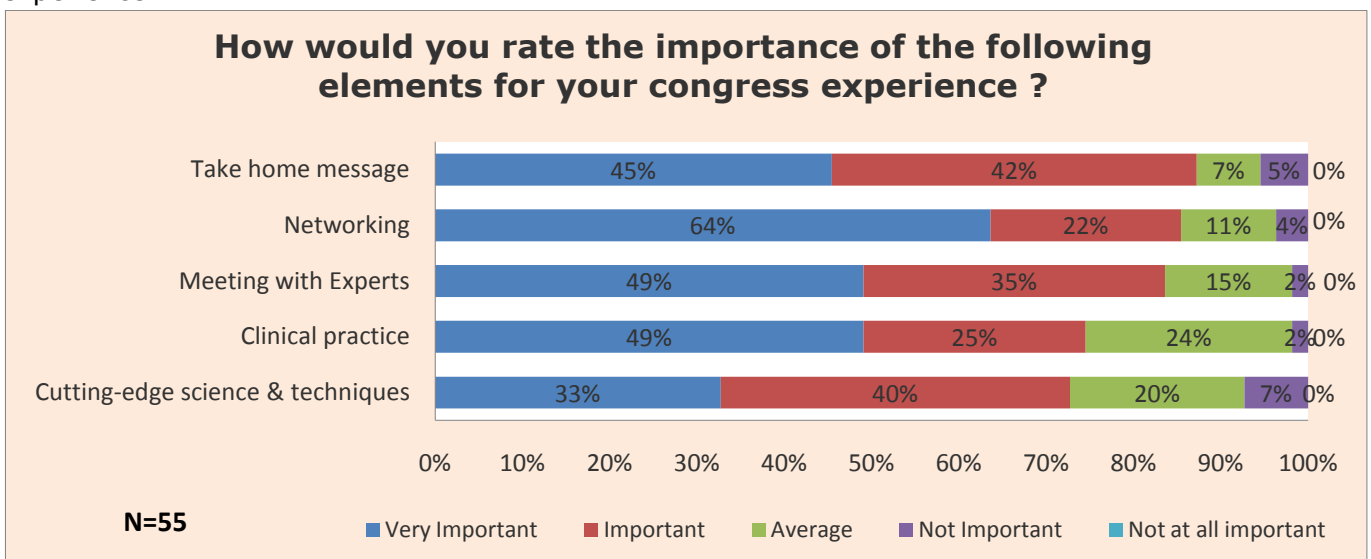
### ➤ 1) Congress satisfaction

This year, the overall level of satisfaction was good with average more than 84% of 'Excellent' and 'Good' answers in all the elements.



In the above chart, the Congress organisation has the highest score of 'Excellent' and 'Good' answers with 90%. Session schedule (89%) and Scientific programme (84%). Jönköping being a first time destination; respondents' showed very positive intent with 75% of them answering 'Excellent' and 'Good' regardless of the logistical challenges faced.

The following question helps us to identify the respondents' key elements of a great Congress experience.

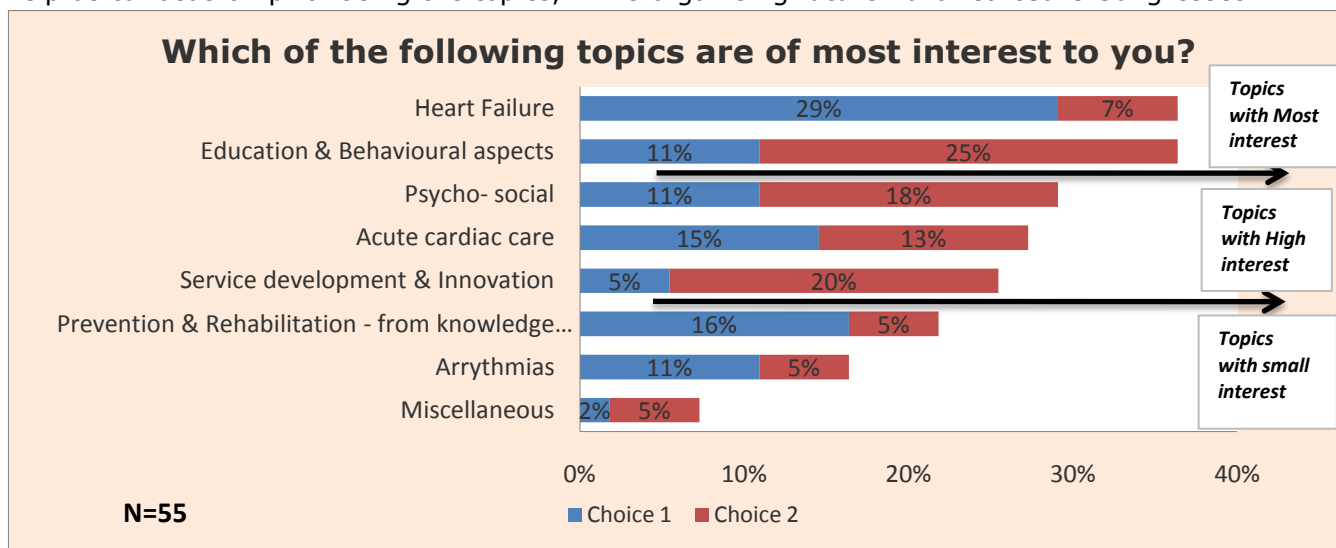




As it is observed, the two most important criteria is 'Take home message' with 87% of respondents answering 'very important' and 'important' followed by 'Networking' with 86%. This illustrates the strong need for scientific learning, also keeping in mind the need for creating an opportunity for the respondents' to network with their peers.

Meeting with experts, Clinical practice and Cutting-edge science & techniques were perceived as less important by the respondents' with 79%, 74% and 73% of them answering 'very important' and 'important'.

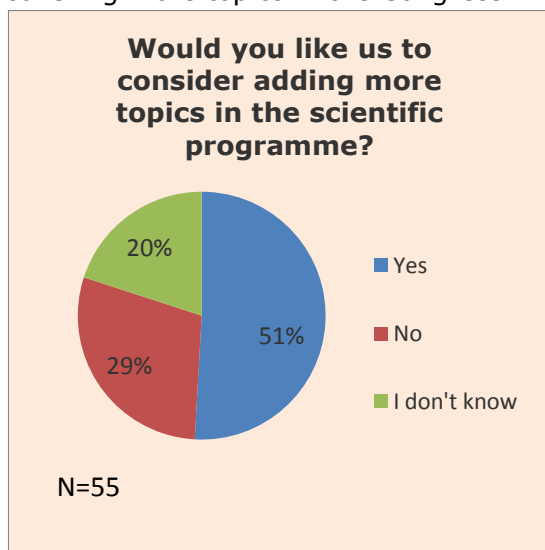
The following question was asked to identify the respondents' top topics of interest which would help us to focus on prioritising the topics, while organising future EuroHeartCare Congresses.



The top 2 interesting topics chosen by the respondents' are Heart Failure (36%) and Educational & Behavioural aspects (36%) which are the same compared to last year.

Psycho-social (29%), Acute cardiac care (28%) and Service development & Innovation (25%) were the other topics which had high interests. Respondents' also opted these topics as their 2<sup>nd</sup> choice. Prevention & Rehabilitation – from knowledge to practice (21%), Arrhythmias (16%) and Miscellaneous (7%) were the topics with the least interest.

Following their interest of topics, a question was asked if the delegates' would be interested in covering more topics in the Congress.



51% of the respondents were looking forward to see more topics included in the programme. While 29% answered 'No' and rest 20% said they don't know. Following are some of the comments mentioned by the respondents':

1. "It would be good to see developing areas of structural and valvular heart disease reflected and a good spread of service innovations across all specialities".
2. "Innovations in care, psychological and behavioural aspects, variety of conditions besides heart failure".
3. "Nurse/led Pre operative assessment clinic for cardiac interventions".
4. "Multidisciplinary session involving nursing and allied health with medical specialists, pharmacists etc".

➤ **2) Impact of CPR workshops and Mobile app**

For the current year, following are the questions asked to measure the impact of newly introduced CPR workshops and Mobile app.

Only 29% of the respondents' attended the CPR workshop and rest 73% didn't.

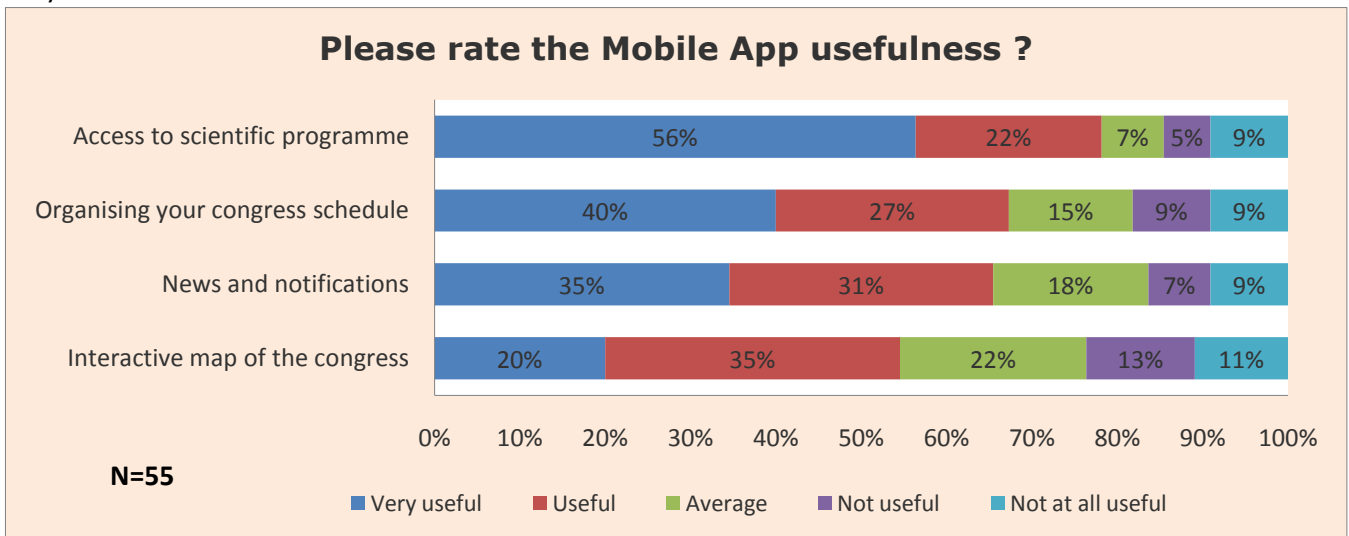
For those who did not attend, following were the couple of reasons:

- Regular CPR workshops at work
- Busy schedule



As we observe in the chart, 38% of the respondents' were satisfied and remaining 62% answered 'I don't know'. Those who attended the CPR workshop were all very satisfied.

Regarding the Mobile app, 82% of the respondents' used it and the rest 18% did not. Thereafter they were asked to rate its usefulness.



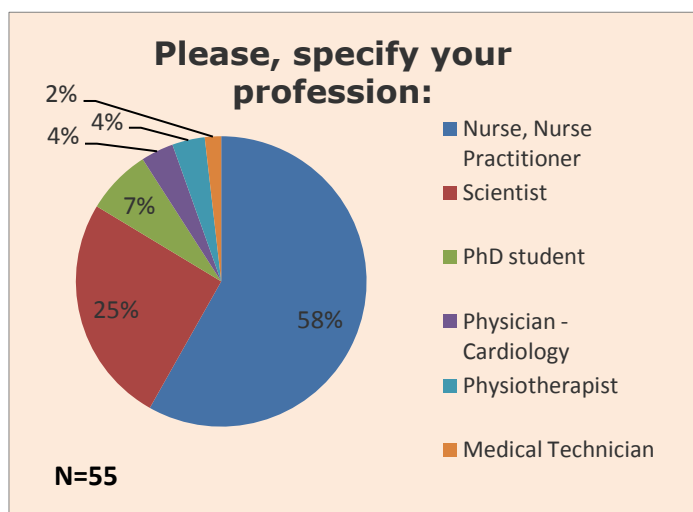
The respondents' primary reason to use the mobile app was to 'Access the scientific programme' with 78% of them answering 'very useful' and 'useful'.

The mobile app also turned out to be an important source for the respondents' to organise their schedule (77%) and to be updated on the Congress news (66%) by answering 'very useful' and 'useful'.

Interactive map of the Congress was the least used by the respondents' with just 55% of them answering 'very useful' and 'useful'. There's a room of improvement on the interactive map presentation, to make it easy to understand and to navigate in. Also making the map more interactive could help on usefulness for users.

### ➤ 3) Delegates' profession

One of the objectives was to understand the profession of the EuroHeartCare 2017 delegates'. Following questions represents the various professions of the Congress delegates.



As expected Nurse, Nurse practitioners were the highest in number with 58% of respondents' followed by scientists with 25%. The other professions of respondents' who attended the Congress were PhD student (7%), Physician cardiology (4%), Physiotherapist consisted of 4% which was the highest in the other mentioned profession and lastly it was Medical Technician with 2%.

An open ended question was asked to know if the delegates' felt the need of adding more topics/resources/information to the Congress.

The comments mentioned by the respondents' were mostly directed towards the topics and scientific programme:

- *"Suggested topics, co morbidities and sexual health, stroke and sexual health, special considerations of rehabilitation for women".*
- *"There were not much or any information's about cardiovascular medicines".*
- *"Advanced nursing practice Examples of nurse-led services and service improvement Lifelong management of CVD - primary care National prevention programmes"*
- *"Interventional cardiology. And more structural heart disease!"*
- *"More for nurses in practice - consult with them and find out what they want"*
- *"Not enough cardio-oncology and palliative care".*

In the end, the respondents' were asked another question stating if there is anything they would like to share with us. The comments mentioned can be categorised into the following:

#### 1. Congress organisation:

- *"Excellent scheduling to allow for networking".*
- *"I liked the new format of having the evening session with keynotes on the first day followed by the reception; it set a nice start of the conference".*
- *"The two-hour break for lunch was very long and that time could have been used in a more efficient and productive way, for example to extend some sessions that was very interesting. One hour is sufficient for lunch."*
- *"Poster area and poster moderation were a challenge. Especially for those close to the stage."*
- *"I think the welcoming ceremony was great but suggest that the timing was poor. Those who attended for workshops had no opportunity to eat between workshop and ceremony. I discussed with many people and think we could have workshops from 4-6.30pm followed by formal speeches and then band (who were excellent) could have been playing in lobby area whilst we had refreshments."*
- *"First time attendee. Science and venue was excellent. Liked the Thursday evening opening session and networking".*

- *"I thought the entirety of the conference was excellent. Given logistics and travel, it would have been good if the lunch break on the final day (Saturday) was an hour shorter so that more people could have stayed and attended the 'special event' session."*

## 2. Location:

- *"Whilst Jonkoping was lovely, I wonder if some potential delegates may have been put off due to complex travel arrangements required?"*
- *"I think you know accessibility was an issue with the location - a beautiful city, but hard to access from my location."*

### ➤ Conclusion

There was a high level of overall satisfaction of the Congress with an average of 84% of 'very satisfied' and 'satisfied' answers.

The Congress organisation had the highest (90%) of 'Excellent' and 'Good' answers followed by Session schedule (89%) and Scientific programme (84%).

Congress destination had a very positive feedback with 75% of the respondents' answering 'Excellent' and 'Good' considering the challenging nature of the Congress destination accessibility.

The top 3 interesting topics chosen by the respondents' were 'Heart Failure', 'Education & Behavioural aspects' and 'Psycho- social' and these were also the same topics chosen in 2015 Congress. Respondents' also showed a lot of enthusiasm on 'Acute cardiac care'.

51% of the respondents' also recommended including more topics such as:

- Cardiac interventions
- Cardiac arrest
- Rehabilitation
- Multidisciplinary session involving nursing and allied health

38% of respondents' who attended the newly introduced CPR were all very much satisfied. Some of the reasons for not attending were because of the regular workshops conducted at workplace and busy schedule in the Congress.

The introduction of mobile app turned out to be very useful resource as 78% of the respondents' used it to access the scientific programme and 77% used it to organise their Congress schedule. Hence it would be worthwhile to consider developing it for the future Congresses.

The profession of the respondents' mostly turned out to be 'Nurse/Nurse practitioner' (58%). 25% of the respondents' profession were 'Scientists'. The other category majorly included PhD student (7%), both Physician-cardiology and Physiotherapist were 4% each and lastly 2% of them were Medical Technician.