

EuroHeartCare

ANNUAL CONGRESS OF THE COUNCIL ON
CARDIOVASCULAR NURSING AND ALLIED PROFESSIONS

Athens, Greece

15 - 16 April 2016



Excellence in patient care - the heart of EuroHeartCare
EuroKardiaCare

KEY FIGURES: 2 Days, 16 Sessions, 40 countries represented,
50 international faculty members, 200 abstracts,
500 delegates, 1 congress!

KEY DEADLINES: Abstract Submission - 1 November
Early Registration - 27 January
Late Registration - 16 March

www.escardio.org/EuroHeartCare | [#euroheartcare](https://twitter.com/euroheartcare)



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1. CONGRESS HIGHLIGHTS

EuroHeartCare 2016 was held in Athens, Greece from 15 to 16 April at the Megaron Athens International Conference Centre.

- **Facts and Figures**
 - 42 countries represented (from all participants list)
- **464 participants**
 - 448 Delegates (includes free and press)
 - 16 Exhibitors (all entitled)
- **63 Faculty members for 95 roles in the programme**
(does not include the Industry Sessions nor the Special Events)
- **17 Scientific Programme sessions**
(include all sessions except Industry sessions & Special Events)
 - 9 Pre-Arranged Sessions
 - 8 Abstract-based Sessions
- **2 lecture rooms** (capacities: 380 & 200)
- **222 abstracts and 47 clinical cases submitted & 196 abstracts and 40 clinical cases accepted**
 - 188 Posters
 - 24 Moderated Posters
 - 24 Oral presentation
- **Industry sponsored sessions**
 - 2 Satellite Symposia
- **Exhibition**
 - 36 m² occupied
 - 5 exhibiting companies
 - 1 paying (half price)
 - 4 free / barter
- **Congress Main Theme**
"Guidelines: care to implement"

2. GENERAL INFORMATION

2.1. Introduction

The Annual Spring Meeting on Cardiovascular Nursing became **EuroHeartCare** in 2013. This change has come about as a result of detailed discussions with our members and careful consideration by the ESC Board and Executives. The outcome of these consultations was that our previous conference title "Annual Spring Meeting" was no longer effective and did not adequately represent the nature of the meeting.

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

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).

EuroHeartCare 2016 was held in collaboration with the Hellenic Society of Cardiovascular Nursing.

2.2. History

EuroHeartCare 2015

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

EuroHeartCare 2014

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

13th Annual Spring Meeting on Cardiovascular Nursing

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

12th Annual Spring Meeting on Cardiovascular Nursing

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

11th Annual Spring Meeting on Cardiovascular Nursing

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

2.3. Committees

Organising Committee

Catriona Jennings
Ekaterini Lambrinou
Donna Fitzsimons
Tina Hansen
Glenys Hamilton
Jeroen Hendriks
Eleni Kletsiou
Tiny Jaarsma

Gabrielle McKee
Mary Kerins
Loucas Stasinos
Evangelia Stamatopoulou
Chryssa Panagiotou
Spiros Linardos
Maria Kapella
Eleni Pantelidou

Georgia Triantafillou
Rammou (Rea) Panoraia
Dimitrios Pistolas
Stefanos Foussas
Nikos Nikolaou
Spyridon Deftereos

Programme Committee

Gabrielle McKee
Glenys Hamilton
Catherine Bellew
Josiane Boyne

Loreena Hill
Simone Inkrot
Jennifer Jones
Stefan Koeberich

Elaine Laws

Advisory Committee

Panos Vardas
Gerasimos Filippatos
Ioannis Lekakis
Chryssoula Lemonidou

Graders Acknowledgement

Bellew,C (Dublin-IE)
Carroll,L (Beverly-US)
Deaton,M C (Cambridge-GB)
Demir,F (Izmir-TR)
Ekman,I (Goteborg-SE)
Fernandez-Oliver,A-L (Malaga-ES)
Fitzsimons,D (Belfast-GB)
Hamilton,G (Svartskog-NO)
Hansen,T B (Copenhagen-DK)
Hill,LM (Belfast-GB)
Hindricks,G (Leipzig-DE)

Hinterbuchner,L (Salzburg-AT)
Jaarsma,T (Norrkoping-SE)
Jennings,C S (London-GB)
Kerins,M (Dublin 8-IE)
Kjellstrom,B (Stockholm-SE)
Kletsiou,E (Athens-GR)
Koeberich,S (Waldkirch-DE)
Lambrinou,E (Nicosia-CY)
Macintosh,M (Sheffield-GB)
Mahrer-Imhof,R (Winterthur-CH)
McKee,G (Dublin-IE)
Mlynarska,A (Myslowice-PL)

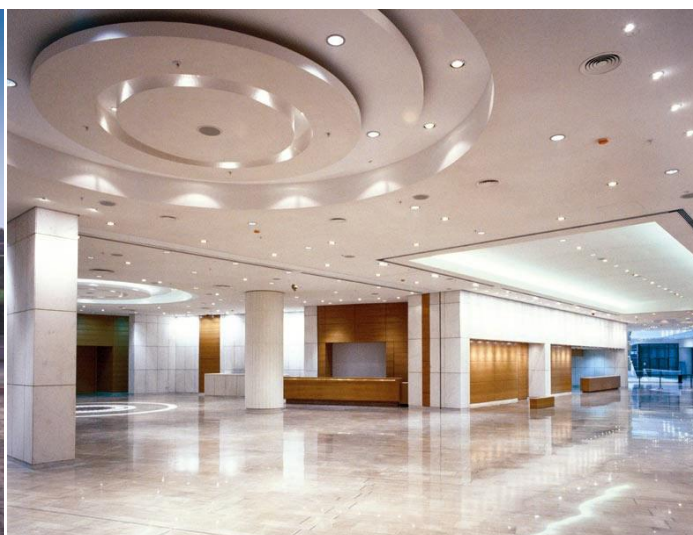
Moons,P (Leuven-BE)
Norekval,T M (Bergen-NO)
Noureddine,S N (Beirut-LB)
Olsen,S (Harstad-NO)
Rammou,P (Gerakas-GR)
Ruppar,T (Columbia-US)
Siebens,K (Waarloos-BE)
Smith,K M (Dundee-GB)
Svavarsdottir,M (Akureyri-IS)
Uchmanowicz,I (Wroclaw-PL)
Ulin,K (Goteborg-SE)
Van Deyk,K (Leuven-BE)

2.4. Congress dates and location

EuroHeartCare 2016 was held in Athens, Greece, on 15-16 April 2016.

2.5. Venue

The venue chosen for EuroHeartCare 2016 was the **MEGARON Athens International Conference Centre (MAICC)** that is part of the Athens Concert Hall Organisation



Megaron Athens International Conference Centre is a landmark in Athens and is situated in the centre of a vibrant city.

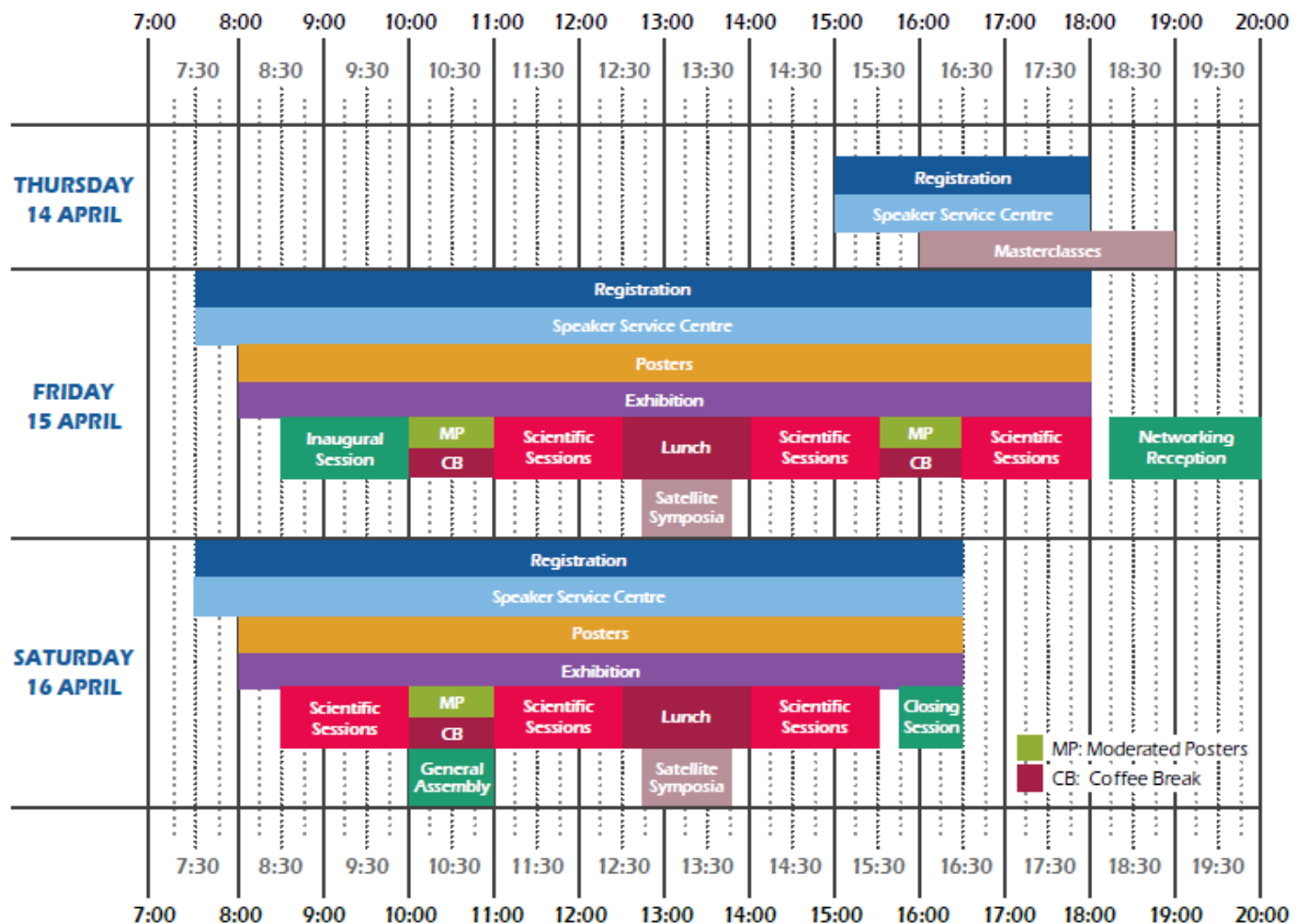
The Centre is on a direct metro line to the award winning Eleftherios Venizelos International Airport, journey time 37 minutes, making it extremely accessible for international delegates travelling from and to global destinations.

Megaron is also very close to major hotels, many of which are within walking distance.

2.6. Building Floor Plan



2.7. Timetable



2.8. ESC/CCNAP Stand

Distributed documents

Corporate document:

The only document well distributed was:
Calendar congress (80 taken, 25 left)

Congress documents:

The only document well distributed was:
ESC Congress in review (20 taken, all distributed)

Give away:

Popular items were:

Pins We are the ESC (we had 150 – not sufficient for new members and current members)

ESC Congress Rome Magnets

Pocket Guidelines:

Ventricular Arrhythmias & Sudden Cardiac Death 2015 (150 taken, 25 left)

Pulmonary hypertension 2015 (150 taken, 14 left)
Acute Coronary Syndromes NSTEMI 2015 (150 taken, 8 left)
Pericardial Diseases 2015 (150 taken, 5 left)
Infective Endocarditis 2015 (150 taken, 11 left)

Many people asked for Prevention Pocket Guidelines.

Journals:

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

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

Pencils (450 distributed)
Mobile cleaner (450 distributed)
Cooler bags (450 distributed)

Communications on the Stand

On the ESC/CCNAP Stand, we promoted:

- CCNAP activities and opportunities for members
- Next EuroHeartCare Congress in Jonkoping, Sweden
- ESC Congress and Specialty Congresses

We put posters up on the stand:

- ESC
- EuroHeartCare 2017
- Rome 2016
- CCNAP Guidelines Implementation poster

Membership

80 members created including 59 Greeks.

Most of the members were created on the first day, Friday (66 members). Few delegates visited the stand on Saturday due to the heavy programme (only 1 coffee break).

Promotional items for EuroHeartCare2017 were given to CCNAP members (and new members) on the stand. Around 450 pencils, cooler bags and mobile cleaner were distributed.

Although many nurses did not have fluent English they still came to the stand and picked up items that they could use.

The new total of CCNAP membership post-event is 2285.

SCIENTIFIC INFORMATION

3.1 General Information-overview of the Scientific programme

2 lecture rooms

- Skalkotas = 380 capacity
- MC3 = 200 capacity

Total of 17 sessions (include all sessions except Industry sessions & Special Events)

Pre arranged programme

9 sessions

- 8 Symposia
- 1 How to session

Faculty Members (Without Industry & Special Event)

- 95 Roles – 63 Persons
- 30 roles of Chairperson
- 36 roles of Speaker
- 20 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

- 222 Abstracts Submitted + 47 Clinical cases TOTAL = 269
- 196 Abstracts Accepted + 40 Clinical cases TOTAL = 236 – Acceptance rate total=87.7%
- Abstract & Clinical cases submission started 21 September 2015 - Ended 1 November 2015 - Deadline extended to 16 November 2015

Industry sessions

- 2 Satellite Symposia

3.2 Special Sessions & Special Events

Special events

Total of 4 special events

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

CPR workshop (3 sessions repeated twice)

3.3 Faculty members

63 faculty members

Please note that the roles in the Inaugural session, Closing Ceremony and Industry sessions are not included

Faculty (Exclude Industry & Special Event)

Activities				
Roles	2015		2016	
	persons	roles	persons	roles
Chairperson		34		30
Speaker		42		36
Discussant		20		20
Judge Abstract		9		9
	58	105	63	95

Role distribution				
Number of role	2015	%	2016	%
1	29	50%	38	60%
2	15	25%	18	29%
3	10	18%	7	11%
4	4	7%	0	0
Total	58		63	

By Regions		
	2015	2016
Asia Pacific	3	4
ESC Countries	51	57
North America	4	2
South & Central America	-	-
Total	58	63

Faculty by country	2015	2016	Variance 2015/2016	Faculty by country	2015	2016	Variance 2015/2016
Australia	3	2	-1	Lebanon	0	1	+1
Austria	1	1	0	Malta	0	1	+1
Belgium	2	2	0	Netherlands	2	4	+2
Canada	1	1	0	New Zealand	0	1	+1
Croatia	10	1	-9	Norway	5	3	-2
Cyprus	1	2	+1	Poland	1	2	+1
Denmark	1	3	+2	Spain	1	1	0
Greece	2	15	+13	Sweden	7	4	-3
Hungary	0	1	+1	Switzerland	0	1	+1
Iceland	1	1	0	United Kingdom	10	7	-3
Ireland	6	6	0	USA	3	1	-2
Italy	1	1	0	Grand Total	58	63	+5
Jordan	0	1	+1				

In 2015 Croatia was the host country & in 2016 Greece was the host country

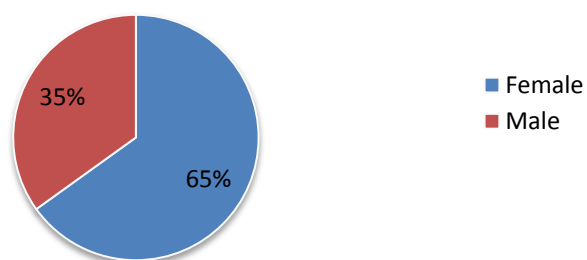
Topic of the Session

Topic	Abstract	Industry	Pre-arranged	Grand Total
00.00 - Miscellaneous	6	0	2	8
01.00 - Heart failure	1	1	1	3
03.00 - Arrhythmias	0	0	1	1
04.00 - Acute cardiac care	0	0	1	1
05.00 - Psycho-social	0	0	1	1
06.00 - Prevention and rehabilitation from knowledge to practice	1	1	2	4
07.00 - Service development and innovation	0	0	1	1
Grand Total	8	2	9	19

Type of the Session

Session Types	Total
Abstract Session	2
Clinical Cases	1
How-to Session	1
Moderated Posters	3
Poster Session	2
Satellite Symposium	2
Special Event	4
Symposium	8
Grand Total	23

EHC 2016-Gender distribution



Speaker Service Center

Upload in advance – Via “My ESC” Account: 19 out of 77
Onsite Upload: 55 out of 77

3.4 Abstracts & Clinical cases

	2014	2015	2016	+/- 2016/2015
Draft	16	32	60	
Not validated	2	3	4	
Submitted	200	303	269	-34
Withdrawn	3	20	10	-10
Accepted	169	235	236	+1
- Oral	27	24	24	idem
- Poster	119	173	188	+15
- Moderated Poster	21	22	24	+2
- Pre arranged programme	2	-	-	-
- Accepted Withdrawn	8	16	23	+7
Rejected	26	45	19	
% acceptance	85%	78%	87,7%	+9,7%
No Show	-	15	47	
Presented	-	204	166	

Abstract accepted by format

EuroHeartCare Congress	2014	2015	2016
Oral Sessions	29	26	24
Moderated Posters	21	18	24
Posters (includes Clinical cases)	119	191	188
TOTAL ABSTRACTS & CC ACCEPTED	169	235	236

Abstract Selection by Main Topic

EHC 2016 Topic	Accepted		Rejected	
	Clinical Case	Abstract	Clinical Case	Abstract
01.00 - Heart failure	8	47	1	3
02.00 - Education and behavioural aspects		32	2	4
03.00 - Arrhythmias	11	14		
04.00 - Acute cardiac care	16	21	1	3
05.00 - Psycho-social		24		
06.00 - Prevention and rehabilitation from knowledge to practice	4	47		2
07.00 - Service development and innovation	1	11		3
Grand Total	40	196	4	15

Top countries with accepted abstracts & Clinical cases - comparison table

Country	2015	2016	Country	2015	2016
Albania	2	2	Macedonia The Former Yugoslav Republic of	2	0
Australia	5	1	Moldova Republic of	2	0
Austria	1	0	Morocco	1	0
Bosnia and Herzegovina	3	0	Netherlands	8	3
Brazil	12	9	Northern Mariana Islands	1	0
Bulgaria	2	2	Norway	13	8
Canada	3	5	Pakistan	0	1
Chile	1	1	Poland	17	15
Colombia	0	1	Portugal	2	0
Croatia	14	1	Romania	1	0
Cyprus	2	16	Russian Federation	5	4
Czech Republic	1	1	Saudi Arabia	1	0
Denmark	15	10	Serbia	3	2
Egypt	2	2	Slovak Republic	1	
Finland	2	1	Slovenia	5	
Germany	3	2	South Africa	0	1
Greece	0	47	Spain	3	14
Iceland	3	1	Sri Lanka	0	1
India	1	8	Sweden	33	18
Iran	1	0	Switzerland	2	1
Ireland	7	8	Thailand	1	0
Israel		1	Tunisia	0	3
Italy	5	3	Turkey	9	8
Japan	4	1	Ukraine	7	4
Jordan	2	3	United Kingdom	20	19

Korea Republic of	3	0	USA	2	7
Lebanon	0	1	Uzbekistan	2	0
TOTAL				235	236

No show & Withdrawn

Abstracts &CC	2015	2016
Accepted	235	236
Accepted withdrawn	16	23
No Show	15	47
Presented	204	179
TOTAL not presented in %	13.10%	29.60%

No Show by country

The "No –Show": Are considered "no show" all presenters of accepted abstracts who haven't displayed their posters during the congress and haven't notified the scientific department of their withdrawal.

No show by Country	Total
Brazil	2
Bulgaria	1
Canada	1
Chile	1
Egypt	2
Germany	1
Greece	3
India	1
Italy	2
Poland	2
Russian Federation	3
Saudi Arabia	1
Serbia	1
Spain	2
Sri Lanka	1
Sweden	1
Turkey	3
Ukraine	1
United States of America	1
Grand Total	30 person/ 47 Abstracts

3. REGISTRATION & ATTENDANCE

3.1. List of fees available in 2016:

Individual Registration	Early fee	Late fee	Last Minute / Onsite fee
<i>CCNAP Member</i>	€ 250	€ 250	€ 290
<i>CCNAP Member - Student</i>	€ 225	€ 225	€ 275
<i>Standard</i>	€ 265	€ 290	€ 330
Group Registration (20% discount)	Early fee	Late fee	Last Minute / Onsite fee
<i>CCNAP Member</i>	€ 200	€ 200	€ 232
<i>CCNAP Member - Student</i>	€ 180	€ 180	€ 220
<i>Standard</i>	€ 212	€ 232	€ 264
<i>One Day Ticket</i>	N/A	N/A	€ 65
<i>Local Nurse</i>	N/A	N/A	€ 200
Special Registration	Early fee	Late fee	Last Minute / Onsite fee
<i>One Day Ticket</i>	N/A	N/A	€ 79
<i>Local Nurse</i>	N/A	N/A	€ 250
<i>Local Undergraduate Student</i>	N/A	N/A	Free

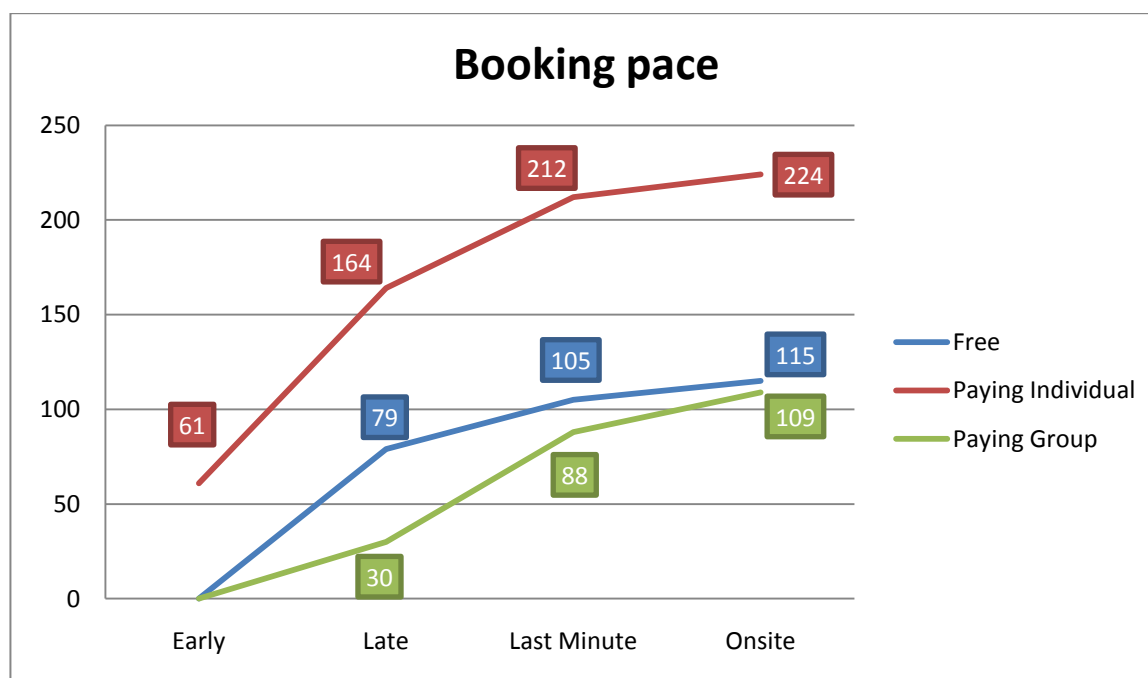
3.2. Total attendance

	2014 Stavanger	2015 Dubrovnik	2016 Athens	+/- 2015
<i>Active Delegates (incl Press)</i>	450	580	448	-132
<i>Exhibitors</i>	45	20	16	-4
Total	495	600	464	-136

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

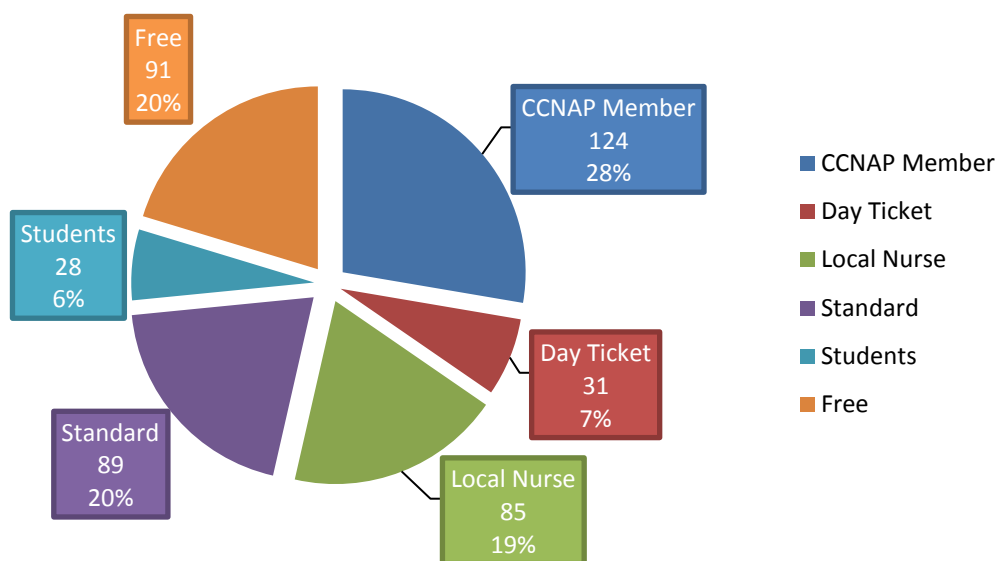
Registration Fee	Early fee	Late fee	Last Minute	Onsite	TOTAL
<i>CCNAP Member</i>	48	52	6	0	106
<i>CCNAP Member - Student</i>	1	3	0	0	4
<i>Standard</i>	12	48	17	0	77
<i>CCNAP Member (20%)</i>	0	18	0	0	18

CCNAP Member - Student (20%)	0	0	0	0	0
Standard (20%)	0	12	0	0	12
One Day Ticket	0	0	8	2	10
Local Nurse	0	0	17	10	27
Local Undergraduate Student	0	0	18	6	24
One Day Ticket (20%)	0	0	0	21	21
Local Nurse (20%)	0	0	58	0	58
Faculty + Board	0	68	0	1	69
Press	0	0	0	1	1
Miscellaneous Free	0	11	8	2	21
TOTAL	61	212	132	43	448



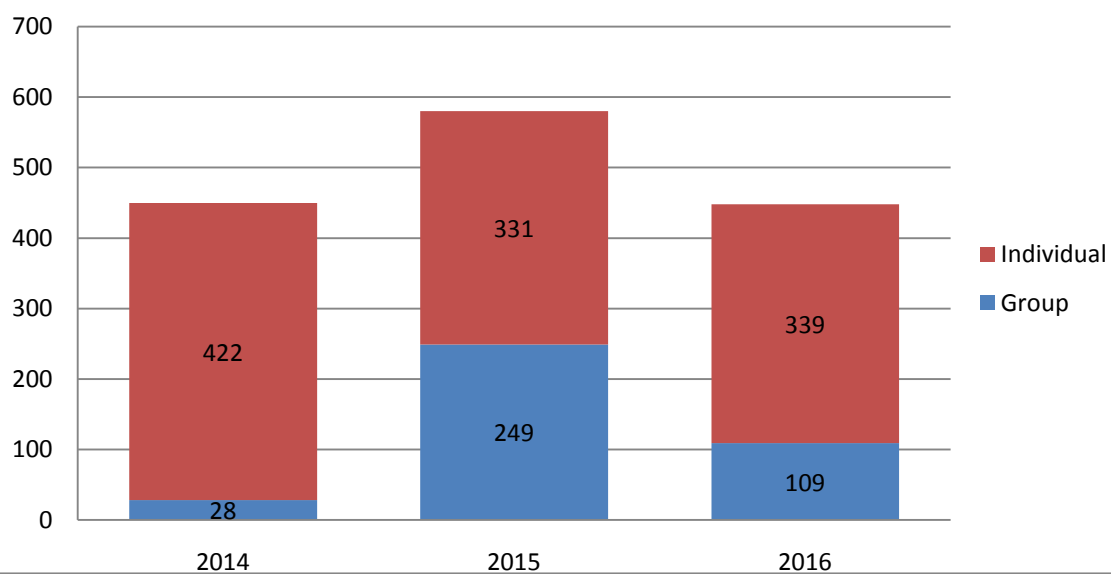
Note: the number of paying registrations increased dramatically once the special fees were put in place (from **212** to **333** in just two weeks time), which was further amplified by the implication of the Hellenic Society of Cardiovascular Nursing with local agencies and industries.

Registration Type



3.3. Individual Vs Group attendees

Individuals vs Groups



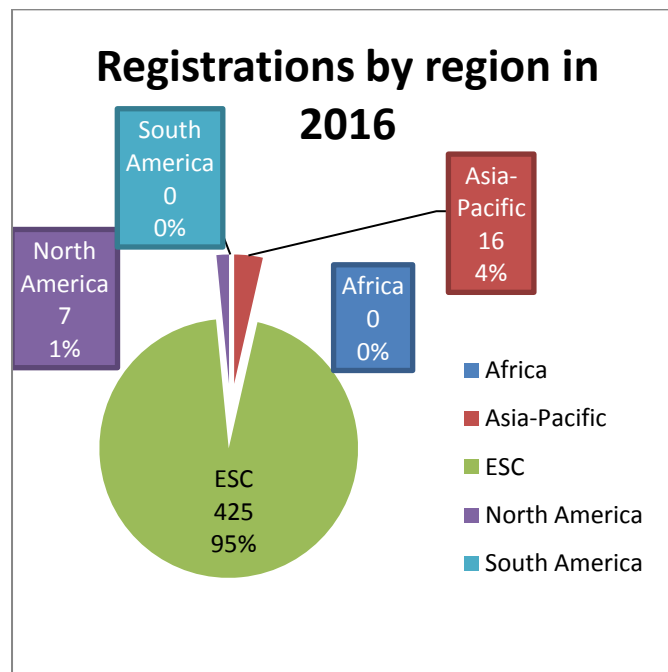
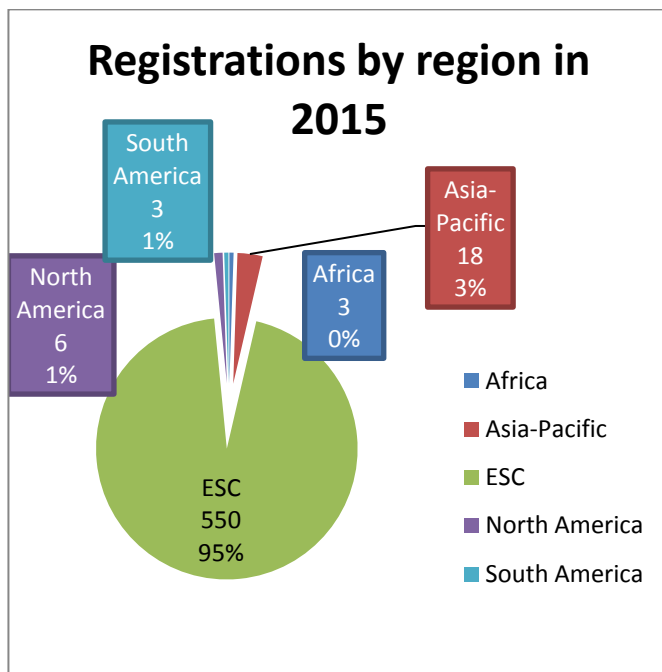
3.4. By Country

Zone	Country	2015	2016	+/-
Africa (non ESC)	Cameroon	1	0	-1
Africa (non ESC)	Nigeria	1	0	-1
Africa (non ESC)	South Africa	1	0	-1
	TOTAL AFRICA	3	0	-3
Asia Pacific	Australia	6	4	-2
Asia Pacific	China People's Republic of	0	3	3
Asia Pacific	India	0	2	2
Asia Pacific	Iran (Islamic Republic of)	0	1	1
Asia Pacific	Japan	6	0	-6
Asia Pacific	Jordan	1	3	2
Asia Pacific	Korea Republic of	2	0	-2
Asia Pacific	New Zealand	0	1	1
Asia Pacific	Saudi Arabia	1	1	0
Asia Pacific	Thailand	2	0	-2
Asia Pacific	United Arab Emirates	0	1	1
	TOTAL ASIA PACIFIC	18	16	-2
ESC	Albania	4	4	0
ESC	Austria	3	1	-2
ESC	Belgium	2	4	2
ESC	Bosnia and Herzegovina	8	0	-8
ESC	Bulgaria	9	1	-8
ESC	Croatia	202	15	-187
ESC	Cyprus	1	18	17
ESC	Czech Republic	2	2	0
ESC	Denmark	28	20	-8
ESC	Estonia	1	0	-1
ESC	Finland	15	10	-5
ESC	Germany	3	3	0
ESC	Greece	21	212	191
ESC	Hungary	2	1	-1
ESC	Iceland	3	1	-2
ESC	Ireland	13	12	-1
ESC	Israel	0	1	1
ESC	Italy	5	3	-2
ESC	Latvia	11	0	-11
ESC	Lebanon	0	2	2
ESC	Lithuania	13	0	-13
ESC	Malta	0	5	5
ESC	Moldova Republic of	1	0	-1
ESC	Netherlands	15	10	-5
ESC	Norway	47	10	-37
ESC	Poland	11	9	-2
ESC	Portugal	1	1	0
ESC	Romania	2	2	0
ESC	Russian Federation	1	0	-1
ESC	Serbia	3	3	0
ESC	Slovenia	13	3	-10

ESC	Spain	8	10	2
ESC	Sweden	44	25	-19
ESC	Switzerland	10	2	-8
ESC	Tunisia	0	1	1
ESC	Turkey	6	6	0
ESC	Ukraine	0	1	1
ESC	United Kingdom	42	27	-15
TOTAL ESC		550	425	-125
North America	Canada	2	3	1
North America	United States of America	4	4	0
TOTAL NORTH AMERICA		6	7	1
South & Central America	Brazil	3	0	-3
TOTAL SOUTH & CENTRAL AMERICA		3	0	-3
TOTAL		580	448	-132

Almost all countries, including the usually active Scandinavian region, have seen their attendance diminish – in some cases quite drastically. The only countries with any significant increase are Greece and Cyprus, both of which having Hellenic culture.

3.5. By Region



3.6. Delegate Profile (place of work, area of interest)

Profession:

PROFESSION	Number	Percentage
Administrator	1	0,2%
Cardiologist	3	0,7%
Cardiologist - Trainee	1	0,2%
N/A	98	21,9%
Nurse	34	7,6%
Nurse, Nurse Practitioner	236	52,7%
Other	12	2,7%
Other Healthcare Profession	14	3,1%
Paramedic	2	0,4%
Physician - Cardiac Surgery	1	0,2%
Physician - Cardiology	15	3,3%
Physician - Emergency Medicine	1	0,2%
Physician - General Practice	1	0,2%
Physician - Intensive Care	1	0,2%
Physician - Interventional Cardiology	2	0,4%
Physician - Other Specialty	2	0,4%
Physician - Vascular Medicine / Angiology	1	0,2%
Scientist	22	4,9%
Technician	1	0,2%

Fields of interest:

Fields of interest	Number	Percentage
Acute Coronary Syndromes (ACS)	149	53,0%
Arrhythmias	105	37,4%
Atrial Fibrillation	89	31,7%
Basic Science	36	12,8%
Cardiac Consult	23	8,2%
Cardiac Tumours	14	5,0%
Cardiovascular Rehabilitation and Secondary Prevention – Long-term Management	110	39,1%
Chronic Ischaemic Heart Disease (IHD)	77	27,4%
Clinical Pharmacology	21	7,5%
Congenital Heart Disease	29	10,3%
Consultant	4	1,4%
Diabetic Heart Disease	40	14,2%
Diseases of the Aorta and Trauma to the Aorta and Heart	21	7,5%
Emergency Unit /Care	35	12,5%
General Cardiology	42	14,9%
Genetics	16	5,7%
Heart Failure (HF)	142	50,5%
Hypertension	80	28,5%
Infective Endocarditis	34	12,1%
Interventional Cardiology	62	22,1%
Invasive imaging - Cardiac Catheterisation and Angiography	48	17,1%
Myocardial Disease	58	20,6%
Non-invasive imaging - Echocardiography - CMR - CT and Nuclear Techniques	24	8,5%

Other	35	12,5%
Pericardial Disease	23	8,2%
Peripheral Arterial Diseases	15	5,3%
Pregnancy and Heart Disease	19	6,8%
Primary Pulmonary Hypertension (PPH)	19	6,8%
Rehabilitation and Exercise Physiology	66	23,5%
Sudden Cardiac Death and Resuscitation	68	24,2%
Syncope	44	15,7%
Thromboembolic Venous Disease	23	8,2%
Valvular Heart Diseases	48	17,1%

Speciality:

Fields of interest	Number	Percentage
Acute Coronary Syndromes (ACS)	36	13,4%
Arrhythmias	13	4,8%
Atrial Fibrillation	6	2,2%
Basic Science	4	1,5%
Cardiovascular Rehabilitation and Secondary Prevention – Long-term Management	22	8,2%
Chronic Ischaemic Heart Disease (IHD)	2	0,7%
Clinical Pharmacology	1	0,4%
Congenital Heart Disease	5	1,9%
Diabetic Heart Disease	2	0,7%
Emergency Unit /Care	10	3,7%
General Cardiology	22	8,2%
Genetics	1	0,4%
Heart Failure (HF)	58	21,6%
Hypertension	6	2,2%
Infective Endocarditis	3	1,1%
Interventional Cardiology	16	5,9%
Invasive imaging - Cardiac Catheterisation and Angiography	8	3,0%
Myocardial Disease	2	0,7%
Non-invasive imaging - Echocardiography - CMR - CT and Nuclear Techniques	2	0,7%
Other	34	12,6%
Peripheral Arterial Diseases	2	0,7%
Primary Pulmonary Hypertension (PPH)	1	0,4%
Rehabilitation and Exercise Physiology	5	1,9%
Sudden Cardiac Death and Resuscitation	2	0,7%
Syncope	3	1,1%
Thromboembolic Venous Disease	1	0,4%
Valvular Heart Diseases	2	0,7%

Status:

Status	Number	Percentage
In training	24	7,7%
Practicing	257	82,9%
Retired	3	1,0%
Student	26	8,4%

Workplace:

Workplace	Number	Percentage
Administration and Government	4	1,2%
Healthcare - Hospital	214	63,1%
Healthcare - Private Practice	6	1,8%
In Non-University Hospital	8	2,4%
In University Hospital	24	7,1%
Industry	2	0,6%
Other	3	0,9%
Research	3	0,9%
Research Institution - Non-University	11	3,2%
Research Institution - University	95	28,0%

Note that all the figures are extracted from the delegates' profiles in our database. The numbers do not necessarily add up to the total number of registered participants (448) since, for instance, one person may have several fields of interest, and another none.

3.7. Comments

The registrations were slow to come through, notably with the Early fee deadline which had little to no effect on the numbers (70 registrations) when compared to EuroHeartCare 2015 (338 registrations).

In spite of the local fees having been made available since 18 March, it is not until the Last Minute period that figures started to increase, with about 70 registrations made the week before the congress. This trend continued during the congress, particularly thanks to the involvement of the Hellenic Society of Cardiovascular Nursing. It is worth noting that Greece is amongst the countries whose participants have a habit of registering at the last minute (like Mediterranean or Eastern countries), so perhaps the effect of the special local fees wouldn't have been felt even if they had been put in place right from the beginning.

4. HOTELS AND CATERING

4.1. Faculty hotel

Total of 55 faculty members entitled to hotel accommodation. Out of those 35 confirmed a room. The rest either did not reply or made their own reservations. 89 room nights booked, of which 32 nights were extra nights at the charge of the delegate (17 pax). 57 room nights at ESC's charge

4.2. Delegates Hotels

ESC appointed Panos Travel as the official Housing agency. The reservation figures were extremely low this year.

Only 33 rooms have been sold by the agency in addition to the faculty and 10 staff rooms.

Overview:

Golden Age Hotel: 35 faculty, 10 staff, 10 rooms sold to delegates

President Hotel: 13 rooms sold to delegates

Total: 58 rooms – this compares to an average of 94 rooms over the last few years

4.3. Catering ordered and consumed

Networking Cocktail: order for 250 persons

The Cocktail was relatively well attended with a great atmosphere. Catering quantities were good although it has to be noted that in general the quantities provided by Aria Catering are generous.

Friday

Delegate lunch boxes: 350

Coffee breaks: 300

Saturday

Delegate lunch boxes: 330

Coffee breaks: 300

Quantities were very good. Quality was also good.

Aria Catering company is highly recommended. Flexible, reliable and good quality.

5. INDUSTRY

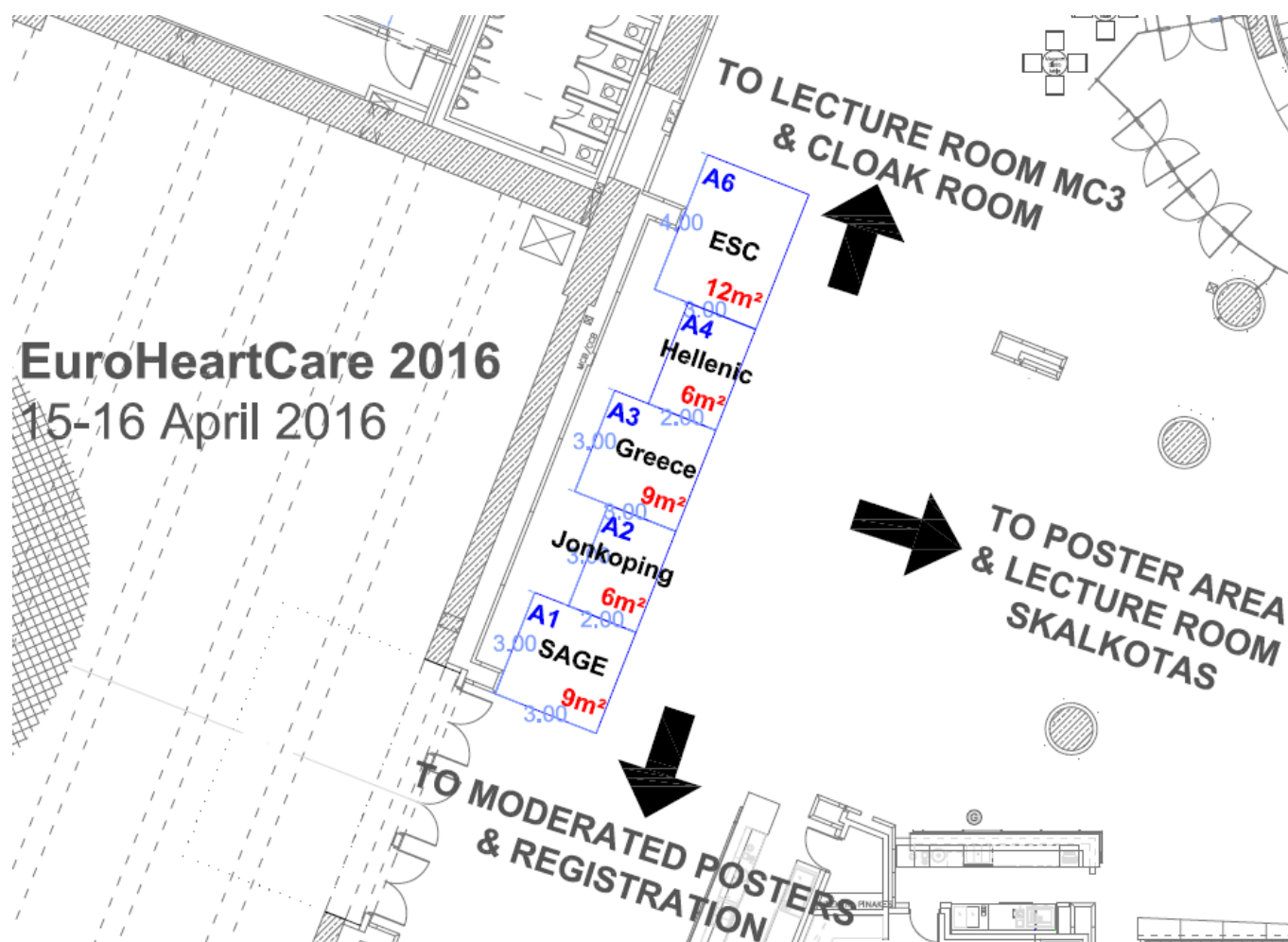
5.1. Exhibitors

There were a total of **5 stands** at EuroHeartCare 2016:

- One organiser 12sqm
- One 9sqm stand package free
- One 9sqm stand space free
- Two 6sqm stand packages (1 free, 1 half price)

Type	Stands 2014	m ² 2014	2014 Total €	Stands 2015	M ² 2015	2015 Total €	Stands 2016	M ² 2016	2016 Total	+/- 2014
Full Price	11	108	€ 18 500	n/a	n/a	n/a	n/a	n/a	n/a	
9m² Stand package	n/a			2	18	€3000	0	0	€ 0	
6m² Stand package	n/a			0	0	0	1	6	€ 650	€ 650
6m² Table package	n/a			4	24	€3520	0	0	0	
5m² table package	n/a			3	15	€2640	n/a	n/a	n/a	
Free stand packages	4	30	€ - 1996.80	2	12	€ - 1760	2	15	€ - 954	€ - 954
Free space only	1	9	€ 0	1	9	€0	1	9	€0	€0
Custom Stand	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cancellation	1	9	€1500	1	6	€1300	0	0	0	€0
Total	16	147	€ 18003.20	12	78	€8700				€ -304

5.2. Exhibition



5.3. Satellite Symposia

There were 2 Satellite Symposia which took place:

Friday 15 April:

- **Ferrer:** Detecting and managing non-adherence in secondary prevention of cardiovascular disease. What is the nurse's role in a coordinated prevention and rehabilitation programme?
In Lecture room MC.3 from 12:45 to 13:45
Ferrer was in contact with Avitron the AV supplier to record their session

Saturday 16 April:

scPharmaceuticals: Sleep Disordered Breathing and cardiology from 12.45 to 13.45 in Room In Lecture room MC. 3 from 12:45 to 13:45

Company Name	Satellite Symposia Revenue	Date, time & Lecture room
Ferrer	€6 500	15/04/2016 12:45 to 13:45 in Lecture room MC.3
ScPharmaceuticals	€5 000	16/04/2016 12:45 to 13:45 in Lecture room MC.3
TOTAL	€ 11 500	

6.4 Sponsorship

The 2 Satellite Symposia each had included in their package a DBI and a weblink.

The congress bag and the lanyards were sponsored by scPharmaceuticals.

Company Name	Product	Price
ScPharmaceuticals	Congress Bag	€ 4000
ScPharmaceuticals	Lanyards	€ 4000

There was an additional € 8000 in sponsorship compared to 2015

6. ANNEXE – Post congress survey

6.1. Post congress survey

Introduction

This survey was sent to all EuroHeartCare 2016 congress participants 369 emails were sent.

74 surveys were completed representing 20% of participation. The survey was sent on Sunday 17 April 2016, the day after the congress. A reminder email was sent on Tuesday 10 May.

This response rate is higher than other ESC sub-specialty congresses. As a comparison last year 9% of the EHRA EUROPACE Cardiotim audience completed the survey (based on 2360 emails sent and 220 surveys replied.) And Heart Failure obtained a response rate of 11%. (Based on 2275 emails sent and 251 surveys replied.)

However, the response rate is decreasing; in 2014 it was a 35% and 22% last year. In order to maintain an acceptable and reliable level of answer, we should review the time this survey is sent as well as the e-campaign message to involve them in the congress improvement.

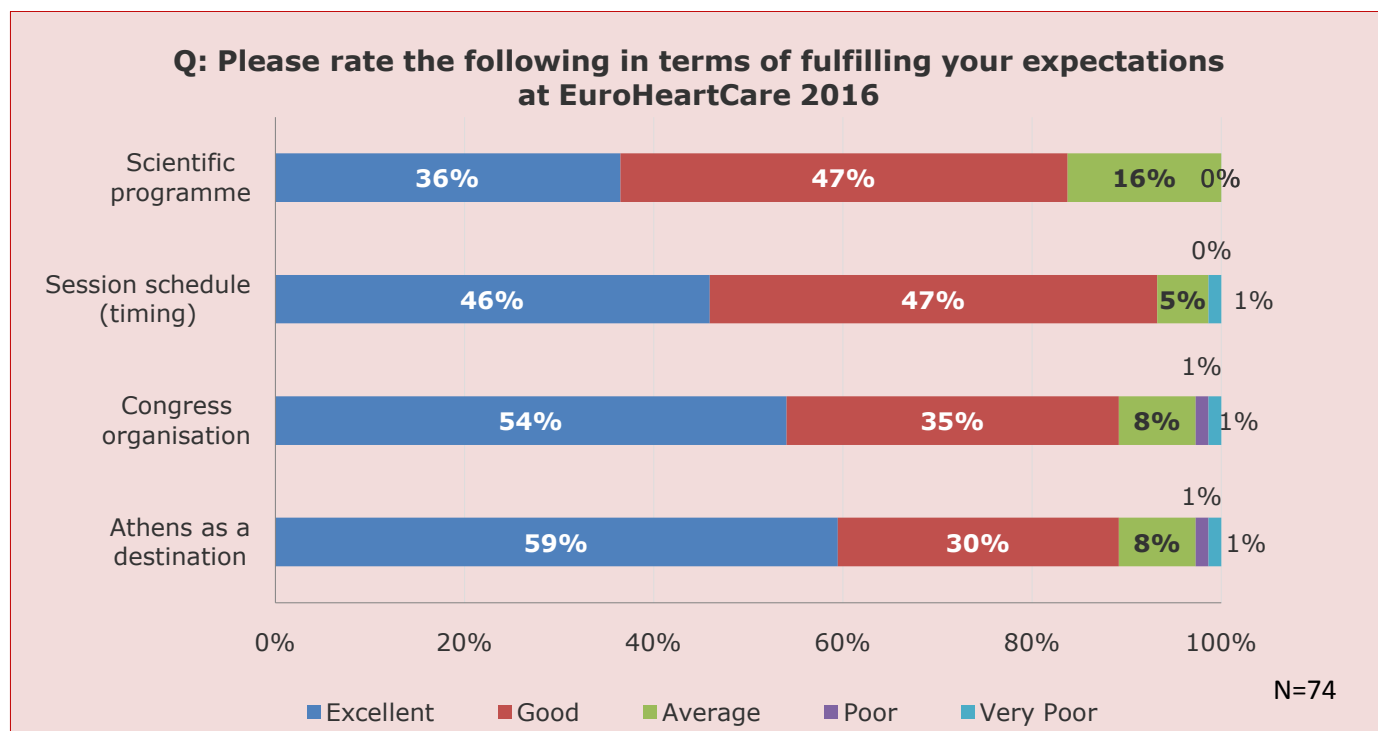
The results have been grouped into 3 different parts, respondents' level of satisfaction with EuroHeartCare, the possible improvements and needs for the future congress but also for the future career development. The last part will treat the respondents' profile.

EuroHeartCare survey respondents level of satisfaction.

The level of satisfaction of the respondent is, as the last few years very high, above 80% of the responses are defining the congress and scientific programme as 'excellent' or 'good'.

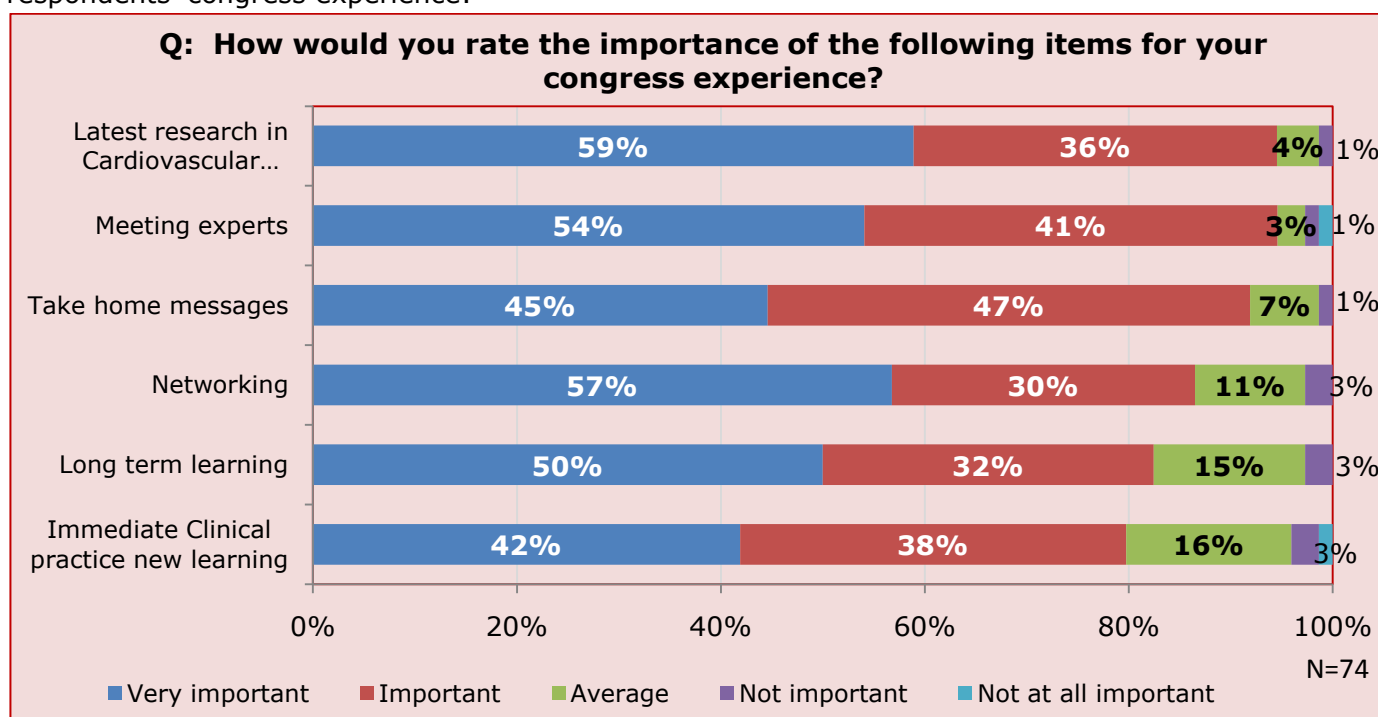
This year the congress organisation was better perceived as the other years as it obtains 89% of 'excellent' and 'good' answers while it was approximately 82% the past 3 years.

A question regarding the time of the congress was included as the congress dates changed in the past 3 years; used to be held in April, then it was June in 2015, and this year the congress was organised in May. According to the respondents May seems to be a good period for them to attend the congress as it obtained 93% of 'excellent' and 'good' answers.



The objective for the survey was to measure the level of satisfaction of the respondents and identify scientific needs to develop the future scientific programme.

Hence, the following question regarding the level of importance for various items in the respondents' congress experience:



Respondents identified the 'Latest research in cardiovascular field' and the opportunity to 'meet the experts' as the most important aspect of their congress experience with 95% of 'very important' and 'important' replies.

The need for 'take home messages' is clearly expressed with 45% of the respondents feeling it is 'very important' and 47% saying it's 'important'. It illustrates the strong need for scientific learning.

Networking, Long term learning and immediate clinical Practice new learning were perceived by respondents as less important for their congress experience with respectively 87%, 82% and 80% of important and very important responses but these obtained a very high level of importance.

The next question was an open question to identify the session they found most interesting during the congress:

Most interesting sessions (N=74)		# Time mentioned
1	Palliative Care	7
2	Role development in cardiovascular nursing: where to from here?	5
3	Nurse Led Central Venous Catheter Procedures Workshop	5
4	Symposium: Psychosocial interventions in CVD; Psycho-social poster session	5
5	Heart Failure	4
6	Clinical case sessions	4
7	Core curriculum and expertise Curriculum	3
8	Cardiovascular risk reduction: lessons from EUROSPIRE and EuroAction	3
9	Case studies	3
10	Finger on the pulse: the latest in Arrhythmia management	3
11	PhD students session	3
12	General assembly/ Inaugural session	3
13	Posters	3
14	Session on Atrial Fibrillation	3

156 answers 3 topics to choose

These elements will help to define the future programme

The respondents were prompted to reply which topic was of the most interest:

As first choice:

The second choice is quite different:

Topic	2nd choice
Patient perspective and psychosocial aspects	17
Health Professional Education	14
Service Development and Innovation	11
Ischaemic heart disease and revascularisation techniques	9
Heart Rhythm disorders and treatment	9
Prevention	8
Heart Failure Care	6

The topic 'Service development and innovation' did not appear to be the most important for respondent as a first choice but as a second it is the third most mentioned. 'Heart Failure Care' was the most preferred topic as a first choice and is the least mentioned for choice number 2.

The addition of the 2 choices highlights the interest in the topic "Patient perspective and psychosocial aspects" but all the other topics are very close. This highlights the fact that the respondents do not have a strong opinion on a 'most interesting' topic they are looking for a global view covering all of these topics.

topic	total
Patient perspective and psychosocial aspects	29
Heart Rhythm disorders and treatment	22
Health Professional Education	22
Ischaemic heart disease and revascularisation techniques	21
Heart Failure Care	20
Prevention	18
Service Development and Innovation	16

As a comparison, last year the same question was asked and the first answer was the 'Patient perspective and psychosocial aspects' mentioned by 43% of the respondents, 'Heart Failure Care' (38%) and 'Prevention' (31%). This interest for all topics may also be linked to this year's main theme: 'Excellence in patient care: the heart of EuroHeartCare' as all of these topics contribute to the excellence in patient care.

An open question was asked to congress participants to better understand the reasons to attend EuroHeartCare this year. The answers illustrate the wish for respondents to provide the best patient care as the first answer concern the need for science, new learning, new techniques, and then it's the need to network with colleagues in their most important reason to attend EuroHeartCare. The answers were collected and gathered into 5 different types of answers:

Key idea (N=74)	# of answers
Need for scientific content, learn more about new techniques...	39
Need to network and discuss with colleagues	11
Had a role during the congress (Presenting an abstract, poster or research...)	10
Discussion with other professionals from other countries	8
Congress organised in my home country	3

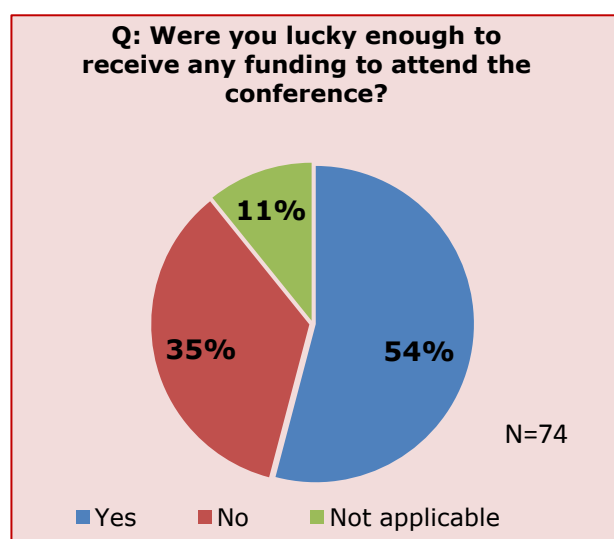
Improvements and needs for the future EuroHeartCare

Respondents' satisfaction is very high; they are interested in all topics and are looking for scientific knowledge and content to improve their patient care. A question was asked to identify the possible threats to not attend future EuroHeartCare congresses.

"Are there any aspects of any EuroHeartCare congress programme, location, and timing, access that would / did prohibit you or your colleagues from attending EuroHeartCare now or in the future?"

Key aspect (N=49)	# of time mentioned
Funding issues	20
No specific reasons	12
Location and possible difficulties to get to the congress venue	11

As expected, the biggest threat that could have an impact on future attendance is the low level of funding for this audience. The travel grant, awards and discount should be maintained for next year to avoid any drop in the registration numbers. Also, the location of future congresses should take into account the respondents' concerns; difficulties to reach the venue, difficulties to go to the city by plane, costs of the location... Otherwise, the congress content and scientific learning do not enter in the aspects that would prohibit them or their colleagues from attending in the future, the aspects mentioned above are only logistical ones.



The graphs show that more than a half of respondents benefited from a grant/ awards/ funding to attend EuroHeartCare.

Then 2 questions were asked to better understand which topic and type of session they would like to see in the coming years. According to the results they are more interested in Arrhythmia, Heart Failure and Prevention and they prefer Workshops Cases studies and Oral abstracts.

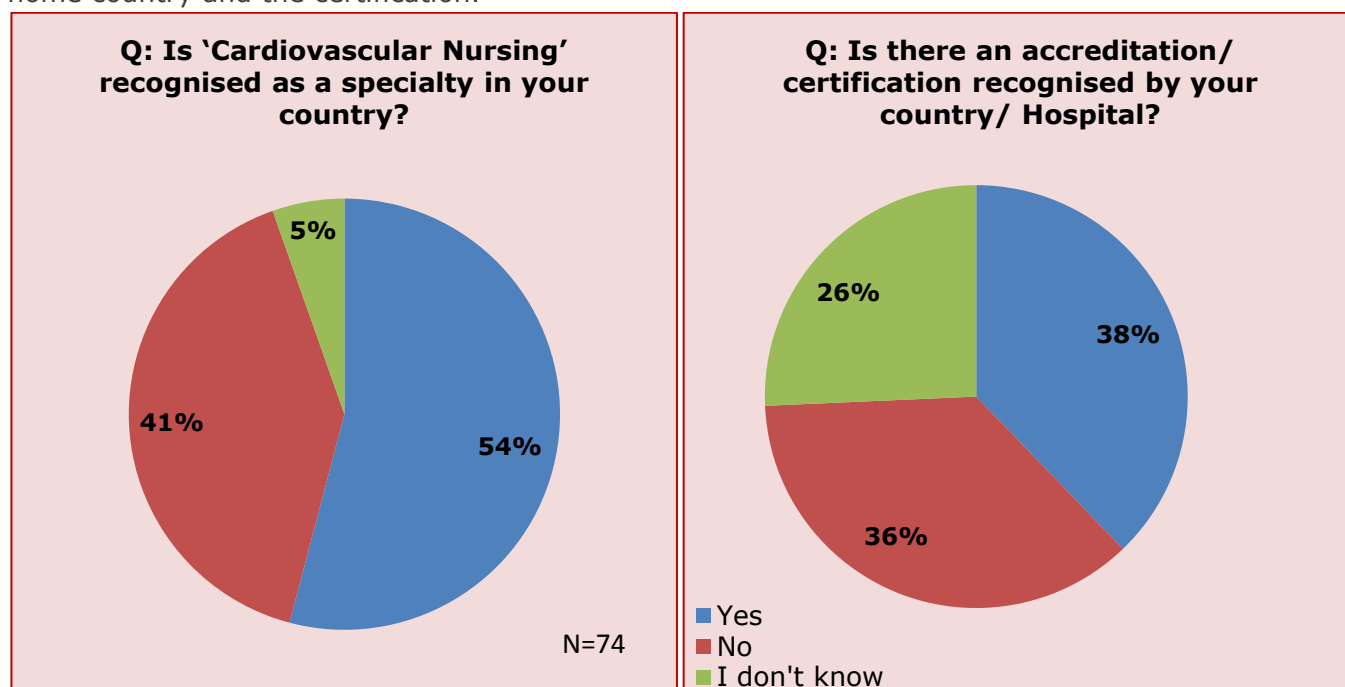
Topic (N=74)	# of times mentioned
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Arrhythmia	8
Heart Failure	7
Prevention	7
Acute coronary syndromes, Acute cardiac care	4
Case studies	4

Type of session (N=74)	# of times mentioned
Workshops	25
Case studies	21
Oral Abstracts	19
Plenary sessions	14
Debate	13
How-to sessions	12

Future career development

The objective of the congress and the Council and Cardiovascular Nursing and Allied Professionals is to better understand the audience and propose the most appropriate products and services to accompany them throughout their career. Two questions were asked regarding the Nurses in their home country and the certification.



54% of the respondents are from a country where Cardiovascular Nursing is recognised a specialty. And only 38% of the respondents have a recognised certification in their country. 26% of the respondents do not know if this kind of certification exists in their country. Proposing a recognised certification could help them develop their career and obtain recognition for it.

Q: What can the ESC Council on Cardiovascular Nursing and Allied Professions (CCNAP) do to help you **develop your expertise? (N=74)**

Answers	# of answers
More scientific content (more sessions, more specific information for nurses...)	30
More training programmes with certification exam and guidelines	12
More online resources (Webinars, ESCeL, Courses, online modules)	9
More international exchanging experiences	7
Need funding	5

30 of the respondents believe that CCNAP can help them develop their expertise by providing more scientific content and 12 believe they can benefit from more training, certification and how to use the Guidelines.

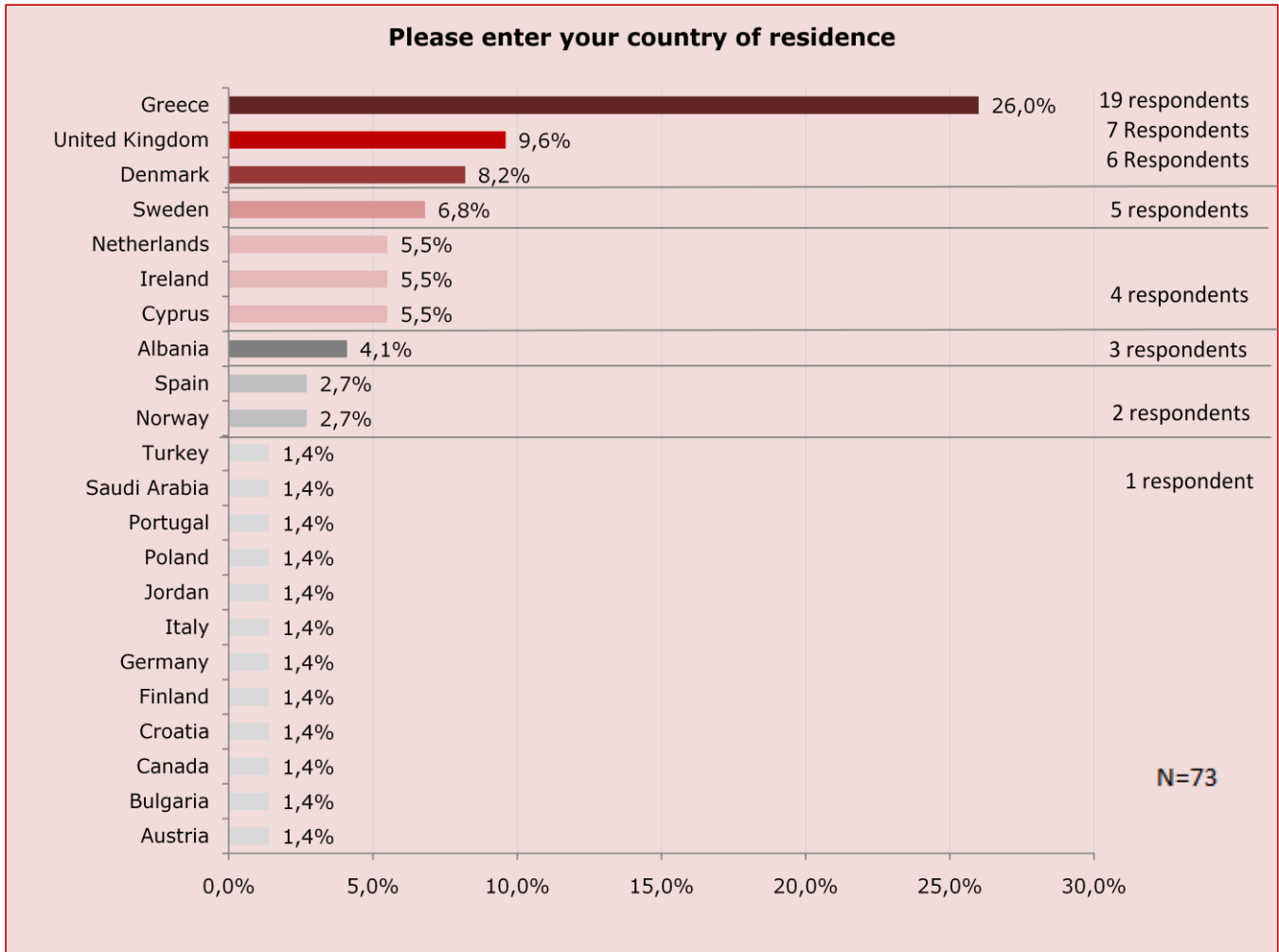
Q: What can the ESC Council on Cardiovascular Nursing and Allied Professions (CCNAP) do to help you **develop your career? (N=74)**

Answers	# of answers
Continuing medical learning	10
Need recognition and certification	7
Need funding, grants	6
Need mentoring awards/ more guidance on career development	6
Need to be more involved in scientific groups and within the ESC	5

Respondents are looking for more CME (10) and certification (7) to further their career other mentioned the need for funding, the mentoring awards and career development or even their involvement within the council. Here again the results show the need for recognition.

Respondent Profile

The largest group of respondents were from Greece, the registration figures are almost 50% Greek participants. EuroHeartCare normally reaches local audiences of the congress, followed by the Nordic countries.



The majority of respondents (53%) are under 46 years old. EuroHeartCare is the youngest audience compared to other ESC Sub Speciality Congresses. 93% of the audience is under 56 years old.

To better understand how nurses define their profession, the question was open ended

Profession (N=71)	# time mentioned
Nurse/ RN	19
Head of Cardiovascular Nursing department / Manager	10
Student	7
Clinical nurse specialist	7
Specialised nurse (Heart Failure, Arrhythmia, Intensive care, Cardiac Rehab, Interventional Cardio)	6
Cathlab nurse	4
Research nurse	4
Senior lecturer	4
Academic	2
Other (Physiotherapy, Medical editor, MD, Psychologist, Ultrasound Specialist, Education)	8

Conclusion

This year, the congress organisation obtains 89% of 'excellent' and 'good' answers. EuroHeartCare should maintain the effort on the congress organisation.

According to the respondents (93%) May seems to be a good period for them to attend the congress.

'Latest research in cardiovascular field' and 'meeting the experts' answers are the most important items in their congress experience (95%).

The communication made toward this audience should focus on these 2 elements.

The need for 'take home messages' is clearly expressed (92%). There is need to investigate some ideas to propose a list or wrap up messages for them to easily bring back knowledge to their hospital. There is an interest for all topics that contribute to the excellence in patient care.

The first threat regarding future attendance is the low level of funding for this audience. The travel grant, awards and discount should be maintained for next year to avoid any drop in the registration figures. Also the location of future congresses should take into account the respondents concern; difficulties to reach the venue, difficulties to go to the city by plane, costs of the location...

Regarding their career development, 54% of the respondents are from a country where Cardiovascular Nursing is recognised as a specialty. And only 38% have a recognised certification in their country. Proposing a recognised certification could help them develop their career.

Respondents are looking for more scientific content and more training, certification and how to use the guidelines to develop their expertise. They are also looking for more CME (10) and certification (7) to further their career other mentioned the need for funding, the mentoring awards and career development or even their involvement within the council. There is a strong need for recognition the CCNAP should investigate the possibility to develop a special certification for nurses.

EuroHeartCare reaches local audience, and then Nordic countries are most represented. The majority of Respondents (53%) are under 46 years old. EuroHeartCare is the youngest audience compared to other ESC Sub Speciality Congresses. 93% of the audience is under 56 years old. The EuroHeartCare audience is very young and future decisions should take this into account this specific audience.