

WP 1

Coordination of the project



CSB Consorci Sanitari de Barcelona



Kick-off meeting
September 28-29, 2009
Barcelona

Key points

- **Study partners & work-package responsibilities**
- Administrative affairs
- Organizational issues

Study partners

IMAS -IMIM	Jaume Marrugat	Institut Municipal d'Investigació Mèdica, Barcelona, Spain
ATTIKON-HCS	John Lekakis	Hellenic Cardiological Society & Attikon Hospital. Athens, Greece
DEASL	Marina Torre	Department of Epidemiology Health Authority Rome-E, Italy
FMUP	Ana Azevedo	Department of Hygiene and Epidemiology. Faculdade de Medicina da Universidade do Porto, Portugal
HMGU	Christa Meisinger	Helmholtz Zentrum München - Deutsches Forschungszentrum fuer Gesundheit und Umwelt, Institute of Epidemiology. Neuherberg – Germany
THL	Unto Häkkinen	Centre for Health and Social Economics, National Institute for Health and Welfare. Helsinki, Finland
AEPMCV	Jean Ferrières	Association pour l'étude et la prévention des maladies dégénératives du système cardio-vasculaire. Department of Epidemiology. Faculté de Médecine, Toulouse, France
ISS	Marina Torre	Istituto Superiore di Sanità. Rome, Italy
HOPE	Pascal Garel	European Hospital and Healthcare Federation. Belgium

Workpackages (WP)

<i>WP No</i>	<i>Work package title</i>	<i>WP Leader</i>	<i>WP involved partners</i>
WP 1	Coordination of the project	IMAS-IMIM	
WP 2	Dissemination of the results	ISS	IMAS-IMIM, THL, HMGU, HOPE
WP 3	Evaluation of the project	HMGU	IMAS-IMIM
WP 4	Benchmarking function Development	IMAS-IMIM	DEASL, FMUP, HMGU, THL, AEPMCV, ISS, HOPE, HCS-ATTIKON.
WP 5	Analysis of availability of severity measurements in administrative data	AEPMCV	IMAS-IMIM, DEASL, FMUP, HMGU, THL, HCS-ATTIKON, HOPE
WP 6	Sex inequalities assessment	DEASL	IMAS-IMIM, FMUP, HMGU, THL, AEPMCV, HCS-ATTIKON.
WP 7	Cost analysis of procedures	THL	IMAS-IMIM, DEASL, FMUP, HMGU, AEPMCV, HOPE, HCS-ATTIKON
WP 8	Benchmarking assessment with hospital real-life data	HOPE	IMAS-IMIM



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- **Administrative affairs:** Yolanda Ferrer
- Organizational issues

Key points

- Study partners & work-package responsibilities
- Administrative affairs
- **Organizational issues**

EURHOBOP

- Objectives

- Coordination of the project

- Participants

- IMIM-IMAS

Coordinator (& WP 4)

- ISS

WP-2 Leader - Marina Torre

- HMGU

WP-3 Leader - Christa Meisinger

- AEPMCV

WP-5 Leader - Jean Ferrières

- DEASL

WP-6 Leader - Marina Davoli

- THL

WP-7 Leader - Unto Häkkinen

- HOPE

WP-8 Leader - Pascal Garel

- FMUP

Annual meeting host – Ana Azevedo

- HCS-Attikon

Annual meeting host – John Lekakis



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Collaborating partners

<i>Organisation</i>	<i>Town / City</i>	<i>Country</i>	<i>Title</i>	<i>Family name & First name</i>
Israeli Society for Prevention of Heart Attacks	Tel Hashomer	Israel	Dr	Behar, Shlomo
Hospital Josep Trueta	Girona	Spain	Dr	Sala, Joan
Hospital Clínic	Barcelona	Spain	Dr	Heras, Magdalena
Hospital Clínic	Valencia	Spain	Dr	Sanchis, Juan
Plus up to 70 other European hospitals to be added after the kick-off meeting for full credit				

Calendar sketch

Month 1	<i>Kick-off</i> meeting
Month 4	teleconference
Month 5	Clinical record extractor training meeting in BCN
Month 6	Teleconference
Months 6 -12	On-site visits by co-ordinator
Month 9	2nd teleconference
Month 12	2nd in-person meeting

Similar meetings schedule for 2nd & 3rd year



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Please look at the calendar in your
printed materials



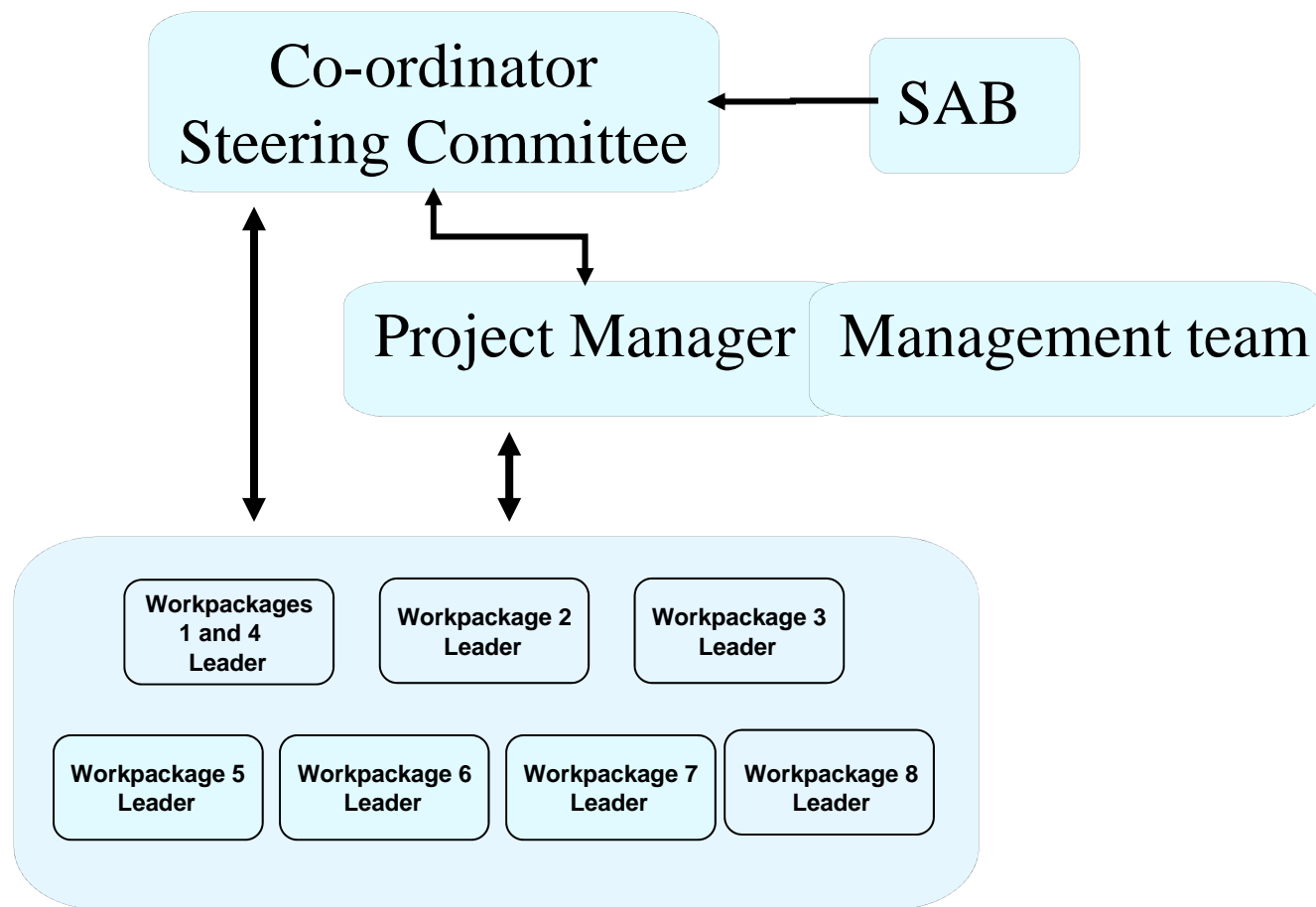
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IMIM
hospitaldelmar

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Project Management



Project Steering Committee (PSC)

- Highest decision-making authority
- One representative per associated partner
- Chaired by the main partner

Project Management Team (PMT)

- Day-today management of the project
- Skilled professionals with complementary roles
- Lead by a project manager with technical and administrative know-how

Scientific Advisory Committee (SAC)

- Ensure the scientific quality and public health relevance of deliverables of the project
- Two independent scientists (selected by the EURHOBOP PSC in agreement EAHC Officer) plus two PSC members
- Some representative of collaborating partners may also attend

Decision-making process plan

- **One vote** each member of the PSC
- 7 parties of the PSC constitute a **quorum**
- Chair (project coordinator) with **breakthrough vote**
- Decisions approval by at least 75% votes, of the quorum

Partner communication

- Website & on-line data collection form
- Teleconferences & on-site visit
- Email

Project Roadmap

- EC-contract
- Consortium agreement



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Milestones

- **M1 Consortium agreement signature**
- **M2 Study protocol and data collection forms completion**
- **M2 Results of the analysis of the data collected in hospitals**
- **M4 Annual meeting**
- **M5 Final Conference**

Deliverables

months after contract signature	<i>Deliverable</i>
12	Consortium agreement D1, study protocols and data collection form D2, Web site D3, first interim annual report D4, minutes D12
24	External Advisory Board report D5, Second Annual Interim report D6, minutes D12
35	Final conference D12
38	Final reports on Sex inequalities, availability of of severity measurements, benchmarking function validity, cost analysis and Final report D7, D8, D9, D10, D11, D13, meeting minutes D12, Multilingual brochure D14

Analysis of risks

- Incomplete data collection (hospital/country)
 - Important <10% deviance → balance with other Hospitals/countries
- WP failure
 - Responsibility transfer
- Insufficient funds
 - Search locally for alternative funding