

Communication and Dissemination Plan

COST Action “Implementation Research Network in Stroke Care Quality
– IRENE” CA18118

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IRENE
Network for stroke care
improvement



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Introduction

Stroke is the second leading cause of death and the leading cause of life-long disability worldwide. Effective methods for stroke treatment exist, but the implementation of these treatment methods is very low and therefore constitutes the most challenging problem in the current stroke management. In many countries and many hospitals, patients do not receive effective treatment because the most modern and proven practices have not been adopted.

IRENE COST Action aims to remedy this situation. Our goal is to bridge the gaps, to provide a network for partnership in the field of stroke care and we focus especially on the area of Eastern Europe and Central Asia. We organise international meetings of leading stroke experts allowing them to share ideas, but we also help stroke care centres to collect data effectively, compare it with other countries, and use this to improve their quality.

The main aim and objective of the Action is to implement existing treatments in acute stroke more effectively, which will be achieved through development of an implementation framework, and through testing of the implementation effectiveness. The IRENE Action is designed to provide a platform to collect and share data for countries, which are at varying stages of implementing modern stroke treatments.

The basis for any improving is first knowing the current situation well, understanding it, recognizing what needs to be improved and finding the best means to do so. Within IRENE COST Action, we place a strong emphasis on data, and RES-Q is the perfect tool to benchmark the results of the Action members and set their goals for the future. This hard data-based evidence of improvements and the success of cooperation with prestigious foreign entities help the focus parties immensely, as they improve their quality care, improve cost effectiveness of their practice and show positive results to their stakeholders.

The IRENE project operates under the wings of the European Cooperation in Science and Technology, aka the COST Association. Founded in 1971, it is the longest-running European framework for research collaboration. Its focus is providing opportunities for spreading excellence, and that is exactly the point of the IRENE COST Action. Excellent stroke care should not be limited by geography, and the events and cooperation within IRENE help bring the best stroke care to all who need it.



Objectives of the Communication & Dissemination Plan

The present COMMUNICATION AND DISSEMINATION PLAN (the “C&D Plan” hereafter) is a key mechanism to ensure the adequate progress of the project, to produce the envisaged results, and to successfully achieve the fundamental goals of IRENE.

The C&D Plan seeks to:

- to identify procedures,
- to develop impact-effective activities and
- to use the most adequate means for communicating IRENE key features and disseminating IRENE outcomes.

Specifically, the plan looks for the involvement and participation of all direct partners, external stakeholders and related third parties as to ensure their commitment towards IRENE results.

While the aforementioned objectives of the C&D Plan are oriented towards internal operation of the Action, the Plan aspires to boost the results of scientific collaboration with our network.

The external part of the C&D Plan will be our prime concern.

A central goal of communication and dissemination is to maximise opportunities to promote, communicate and disseminate research results throughout the lifetime of IRENE, and beyond. This will ensure that key stakeholders can contribute to, and act on the findings in a timely fashion. Dissemination, communication and exploitation activities in IRENE pursue four main objectives, namely to:

- 1) raise interest and awareness around stroke and the quality of stroke-related health care,
- 2) encourage specialists and healthcare professionals in the involved countries to improve their national stroke care infrastructure and processes,
- 3) identify expectations among stakeholders and policymakers,
- 4) disseminate results in strategic and targeted ways.

A coherent, multi-layered strategy to effectively publicise and exploit IRENE’s findings will bundle input from the whole team across the entire lifespan of the project.

The main C&D aims of this COST Action are to:

- 1) Build a community around the project including all relevant stakeholders, ensuring long-term impact and use of outcomes,
- 2) Establish an easily recognisable project identity, and
- 3) Raise awareness of IRENE at national and international levels.

Based on experience, a variety of communication channels and tools will be used to:

- 1) disseminate the results and outcomes of the IRENE project,
- 2) effectively communicate throughout the project to involve and actively engage relevant stakeholders as necessary,
- 3) facilitate the full exploitation of results and outcomes by diverse groups and audiences.



Stakeholders

Due to the multifaceted nature of this project, the communication is being conducted between various groups of stakeholders. The following section will outline them, the benefits that IRENE COST Action brings to them, the methods by which the IRENE COST Action outcomes will be disseminated to them, and the impact that the communication with the given stakeholder has on the IRENE COST Action goals.

Beneficiary/ Stakeholder	Benefit created by the IRENE COST Action for the stakeholder	Methods through which IRENE COST Action outcomes will be disseminated to the stakeholder	Impact on the IRENE COST Action goals of stakeholder communication interaction
Professional societies	The Action will solidify the role of professional societies through awareness of the level of stroke care, which: a) Will support the improvement of health care. b) Will provide rationales when negotiating with other entities, such as insurance companies.	1) All societies will receive a summary of the results in brochures distributed through their national representatives. 2) Data sets generated by the quality registry will be made available for further analysis, within the legal framework afforded by their respective countries. 3) Publication will be available at scientific journals.	Professional societies can: 1) Create educational programs tailored to study significant issues identified by the quality registry. 2) Initiate discussion with insurance companies and/or the Ministry of Health based on the information provided in the quality registry. 3) Produce guidelines and other publications to examine difficulties in stroke care.
Hospitals and physicians	There is significant value for hospitals & physicians in knowing whether they comply with current treatment standards. The implementation of a quality registry is a requirement in numerous guidelines, therefore participation will ensure that hospitals are in compliance with guidelines that require a quality assurance.	Hospitals will receive feedback on their results through online channels. Hospitals will be able to compare their measured quality of stroke care with other sites within their own country, as well as around the world. Disclosure of information is possible only within data protection laws applicable to each country.	When hospitals and physicians are aware of the quality of health care that they provide, and how they compare to others, it usually creates a strong motivation to improve. Therefore, feedback is one of the essential mechanisms supporting the goal of the Action, i.e. improving stroke care.
Ministries of Health	The Action will allow for cost-effective strategic planning and educated decisions that will be conducive to savings due to	Our consortium and/or professional societies will inform Ministries of Health in participating countries about the Action	1) Regulations for stroke care organisation, physician education, stroke unit equipment, staff requirements, 2)

	improved stroke care in their country.	evolution and its outcomes. Brochures / yearly reports with country specific outcomes and targeted recommendations will also be disseminated.	Funding provision from the state budget and/or EU, 3) Negotiation with health insurance companies, 4) Creation / support of public awareness campaigns.
Health Insurance Companies	Insurance companies will have information pertaining to the suboptimal use of effective and budget-conscious treatments, thereby mitigating potential financial loss in health care and social systems.	Through 1) Regulation authorities (usually the Ministry of Health) and 2) professional societies will write guidelines for hospitals and draft regulations that will be approved and issued by the Ministry of Health.	Tailoring the reimbursement policy to promote cost-effective treatments will dramatically improve stroke care. E.g. motivating healthcare providers to admit stroke patients to stroke units will increase stroke unit admissions.
Supranational organisations (WHO, WSO, AHA/ASA, other international initiatives)	Will fill strategies defined by these organisations, enables these organisations implement their plans in target countries of IRENE COST Action	Through personal contacts and as the proposers belong to recognized experts, the organisations will be directly addressed, the personal meetings will be organized. Brochures with stroke care quality reports will be presented.	Providing credibility to the IRENE COST Action, approaching national governments, strengthening the impacts of the IRENE COST Action as the cooperation can have a synergy effect through joining effort.
European Commission	This Action aims at minimizing disparities in stroke care amongst EU member countries.	Information provided through yearly brochures.	1) Can provide future funding for stroke care improvement. 2) Can make recommendations to EU countries regarding stroke care policies.
Patients (also represented by patient organisations)	1) Enhancing the quality of stroke care. 2) The best and most accessible treatment for stroke should be covered by health insurance.	Information provided through yearly brochures.	Patient organisations will participate as key players in discussions between professional societies and Ministries of Health, as well as other authorities.
Public	1) Increase public awareness and knowledge of stroke. 2) Awareness that stroke care is/will be	A PR (public relations) plan will include: 1) Press conference or press releases, 2) Public campaigns will	The type of stroke care that can be provided to a patient is highly dependent on the time of the patient's arrival



	covered by health insurance, which is especially important in countries where patients must pay for stroke treatment.	be organized (World Stroke Days), 3) Action members will conduct campaigns focused on increasing stroke awareness in their countries (complimentary activities outside of this Action's scope).	to the hospital. If the patient arrives late, no treatment is efficient and if they survive, they will have a permanent brain deficit. If the public 1) recognizes stroke symptoms and 2) knows how to respond, treatment may be provided to the patient in time.
Industry companies marketing drugs or devices for stroke care	An understanding of the healthcare level in specific countries contributes to identifying / penetrating new markets.	1) The industry has a vested interest in this type of projects and will generally offer support for similar initiatives. 2) Via conferences and publications which are monitored by companies.	1) Investment into cost-effective drug- and device-discovery could improve stroke care. 2) Industry is an important source of funding for this type of initiatives, as they have dedicated research support funds. This contributes to a rapid improvement in health care.
All groups	Social media channels will be used to approach all the target groups.		

Communication and Dissemination Tools & Instruments

The IRENE COST Action uses an array of tools and instruments to further its communication agenda. This chapter is a brief summarisation of their set up and use.

Website

The main source of information and updates on Action is the website of the project – <https://www.irene-stroke.eu/>. This website contains a members-only section, where the information relevant to the members is to be published. This section also contains documents from all the events organised within the IRENE framework, including meeting minutes and other supporting files to ensure maximum transparency managing the network.

The website is also to inform broader professional public about the IRENE COST Action and its goals and objectives. Part of the identity of the project are the people involved in it, both the Action Leaders and the Action Management Committee Members, and therefore they will be listed at the website.

We will strive to interconnect IRENE with international bodies and initiatives to achieve synergy effects of individual efforts and develop cooperation plan with at least four international initiatives/organisations.

Scientific results stemming from the Action, where applicable, are to be promoted by the website. During the course of the Action, IRENE will publish several nation-specific information leaflets.

The Action is to publish Open calls to participate in Short Term Scientific Missions (STSMs), Training Schools and to make use of the ITC Conference Grants for early career investigators and PhD students.

IRENE COST Action seeks to establish further collaboration in order to advance implementation research in stroke care quality. As such, the website will continue to clarify path forward to improve the quality of stroke care v Europe and beyond.

Newsletter

IRENE COST Action's blog area, available at <https://www.irene-stroke.eu/news>, will serve as a repository to store information relevant to Action provided by MC Members.

Every month, this information will translate into newsletter that shall circulate within the Action. MC Members will be encouraged to increase the number of recipients of the newsletter.

The IRENE Newsletter shall provide for monthly updates primarily on achievements of ITCs and IRENE COST Action. New publications, novel research or upcoming events, everything, where IRENE contributes to the understanding of stroke care quality via its accumulated knowledge will be included.

Given the nature of our intertwining activities, the newsletter will rely heavily on information provided by the RES-Q (Registry of Stroke Care Quality) team as well as members of the IRENE COST Action.

The core audience of the newsletter will remain stroke professionals, professional organisations and local authorities. However, engaging with decision makers should bear in mind the necessity to respond to societal demand, answering citizens' needs. Such approach would eventually help decision-making bodies to introduce new measures based on expert opinion well publicly explained.

Integration

IRENE Newsletter will integrate itself within the existing milieu of other communication channels already established by ESO (European Stroke Organisation), ESO EAST (European Stroke Organisation: Enhancing and Accelerating Stroke Treatment), RES-Q, Angels Initiative and IRENE COST Action. The initial publication is to be promoted through existing channels, on both individual profiles of personnel involved and institutional channels of aforementioned organisations and programmes.

The newsletter will strive to promote topics that will make their way into the existing ESO Member Newsletter. Each months' ESO Newsletter should ideally include a message on latest development in IRENE COST Action, but also offer space to promote latest development in a certain ITC country.

Publications

While all of the tools listed above ancillary to the translational research, the scientific output of IRENE COST Action will first and foremost be imbedded in scientific publications, reports and leaflets.

The Action will foreshadow scientific output in each yearly Work and Budget plan. Scientific papers will have collaborative character with a minimum of 3 MC members involved. Action's Working Group 1 - Leadership will ensure that the papers are in line with its scope and lead efforts to translate networking into research and innovation.

These publications will revolve around implementation research in stroke care quality. As such, they will help us understand the contextual factors, potential barriers to develop implementation framework and test its effectiveness. The implementation effectiveness of stroke care at large scale in



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the focus countries has not been tested before. Scientific papers will take into consideration that innovative IT infrastructure is being developed to decrease implementation challenges respecting technological limitations of the Eastern Europe, where the occurrence of stroke is higher than in Western Europe. Equally important is the innovation in management.

Memorandum of Understanding forecasts twelve papers on stroke care quality evidence based on registry data and/or implementation strategy development, testing, or effectiveness in target countries. Publishing more than twelve scientific papers will not be ruled out.

PR articles

Each year, four PR articles are foreseen in the Technical Annex of the MoU. The Action will seek to minimise costs of these articles by proactively preparing press releases for journalists. These articles should be in line with the need to address both the practitioners, the decision makers and the general public.

Similar to public events, as seen later, PR articles will communicate the basic rationale of measuring stroke care quality in Europe and on a global scale. IRENE COST Action will seek to highlight stroke care quality measurement as an integral part of combatting stroke.

PR articles should further enhance the recognisability of stroke care experts involved on a national level. They may help them establish national communities in their respective countries, liaise with professional organisations and promote their efforts to a wider group of decision makers.

Public events

At the occasion of large European and Global events (most notable being the World Stroke Day and the European Stroke Awareness Day), the Action will seize the opportunity to highlight the importance of gradually improving stroke care systems.

IRENE will offer its know-how on stroke care quality to a wide array of uses at the event. Not underestimating the word-of-mouth notion, IRENE will encourage members to identify themselves with the Action and attribute the outcomes of enhanced networking within the Action.

Last but not least, events with global recognition may lead to additional partnerships broadening the scope and prolonging the impact of the IRENE Stroke Action. IRENE starting as European project can contribute to positive perception of the European Union abroad.

Meetings

The main internal communication tools throughout the project were meetings, both teleconference and mainly face-to-face. The organization of meetings took place via the e-COST system and via other email communication. The announcements of the meetings and meeting minutes were published on the website. Members of IRENE Action met once a year at an annual meeting where they evaluated the current development of the project, presented their achievements and engaged in professional discussions. These meetings took place in various places to support networking and international cooperation.

The IRENE community also met regularly at ESO East's annual meetings and participated in joint activities to improve stroke care, particularly in Eastern Europe.

Within these meetings, IRENE members attended workshops that covered different areas of stroke care, such as interaction with RES-Q, communication with different character types of patients, and

the standard of discharge report for stroke patients that should be established in the coming months. Thanks to their participation in these face-to-face meetings, IRENE Action members had the opportunity to get to know and establish cooperation with other organizations and experts in various fields with whom they could develop cooperation.

Summarisation of C&D Tools and Instruments

Tool proposed	Task leader(s)
Website	Grant Holder Organisation (GHO)
Newsletter	Working Group 4 (content – all)
Scientific Papers	Working Group 1 (papers –all)
PR Articles	all
Public events, meetings	all

Timeline, roadmap, KPI, monitoring, evaluation

Abovementioned activities to spread information on IRENE COST Action will closely follow the tasks, milestones and deliverables set out in the Technical Annex of the Memorandum of Understanding. More precise and potentially adjusted timeframe will be available in Work and Budget Plans.

The activities set out in this Communication and Dissemination plan come into action immediately after its publication. As such, tools and instruments laid out in the previous chapters form one coherent set of procedures that are designed to create synergies.

Key performance indicators (KPIs) will be based on milestones of IRENE COST Action.

Working Group 4 – Dissemination will be in charge of coordinating deployment of the C&D Plan. WG 4 will also perform yearly evaluations of the Plan and propose its amendments. Management Committee will be informed of the progress and may help WG 4 steer its decision-making. Given the fluidity of the Working Groups, members of the Action are welcome to join WG 4 and come up with upgrades.

Budgetary provisions

Budgetary provisions of the Communication and Dissemination Plan are primarily reflecting the scientific nature of the Action. Data collection and scientific collaboration within IRENE are resulting in scientific papers, which entails open access funding. Jointly with our Annual Summary reports on stroke care quality, these will constitute the bulk of the necessary expenditure.

The publication of the newsletter and the activities taking place on social media will not entail initial budgetary needs. Minor expenditures are to be expected promoting certain social media posts, especially in the initial phase of their implementation, however, these costs are unlikely to be borne by the Action. Some expenditure is anticipated to purchase PR coverage of IRENE COST Action. These costs can be gradually lowered offering appealing content that may attract genuine interest in matters of stroke care quality in Europe.

The budgetary allocation will be specified each year in a corresponding Work and Budget Plan.

Risk identification

The successful delivery of this plan relies heavily on the involvement of MC Members. Despite the pandemic, we do not foresee major slowdown of communication and dissemination activities.



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However, the majority of the information published on the website will result from continuous interaction within the network that is not precisely detailed.

Targeting & feedback

The excellence of the research involved could pose low risk threat of communicating complex ideas to broader public. The Action will seek to collect feedback from all stakeholders to raise their involvement trying to adjust to their needs. The collection of feedback will not only serve to raise the quality of outputs of our communication but also raise awareness of the Action and contribute to fulfil its expected impact. Such benchmarking tool could be included in one of the issues of the newsletter toward the end of each Grant Period.

It takes time for social media channels to build up the audience. Only after several months of use, it would be more obvious which social media posts help us grow audiences. IRENE then may adjust its communication accordingly.

Some of the outcomes of the Action and outlined KPIs are based on ideal scenarios when the core personnel involved is not leaving the project, or they are handing over the agenda in full detail. The width of the network can serve as a mitigation measure to a certain degree but for that the level of sharing of information within IRENE COST Action must remain high.

COST Action Policy Plan

IRENE COST Action recognizes the need to implement such measures that will foster the involvement of Inclusiveness Target Countries (ITCs) and Early Career Researchers (ECRs), while maintaining gender balance.

Implementation Research Network in Stroke Care Quality IRENE prides itself in being set up to boost the quality of healthcare in what are primarily ITC countries. IRENE has an entire Working Group 2 dedicated to setting up National Working Groups coordinating data collection on stroke care quality. The Action aims to boost recognition of top-level experts in their respective nation states. Their own working groups should involve key opinion leaders, professional societies and national governments.

Best practices of setting up National Working Groups on stroke care data collection will be promoted in order to serve as an example of setting up similar bodies in other countries. ITCs will remain main focus of this communication as each issue of newsletter will focus on recent development in a different country. However, the exchange of best practices between ITCs is intertwined with all the other aforementioned communication stemming from the research activity within the network, communication alongside public events, social media presence and the website itself.

Early Career Researchers (ECRs) will be addressed by newly set up subpage of the IRENE website. This subpage will include all the opportunities for participation that are available to ECRs within our action. As such, the Short-Term Scientific Missions (STMs), Training Schools and ITC Conference Grants will help ECRs gain additional knowledge and skills while introducing them to the community of well-established researchers.

Outcomes of the involvement of ECRs into action's activities will be used to further incentivise higher participation of researchers in early stages of their career. The testimonials on career advancement owed to the Action are invaluable source of information and best practices, thus they will be presented to relevant stakeholders in a similar fashion as it is in the case of ITCs.

Conclusion

The Communication and dissemination plan aspires to be a coherent set of ideas to forward the main objective of IRENE COST Action to improve public health through scientific networking, providing data-based cohesive picture of the implementation of stroke treatments and encouraging the main stakeholders to implement new mechanisms to improve of the stroke.

To make Communication and Dissemination Plan work, the Grant Holder Organisation will secure the high involvement of partners within the Action and stimulate the working environment in a corresponding Working Group. GH will introduce the C&D Plan, explain in detail the reasoning for proposed tools and instruments, and ask members of our network to help mitigate potential risk to a minimum.

(Optional) Annexes

- contacts



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