

# ICU

MANAGEMENT & PRACTICE



2026

VOLUME 26  
ISSUE 1

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# Preparing Cardiovascular Care for Future Crises: The RESIL-Card Tool Launches Across Europe

The Europe-wide launch of the European-funded RESIL-Card tool marks a key step in helping hospitals strengthen the resilience and continuity of life-saving cardiovascular care during future crises.

On March 14, 2026, hospitals and cardiovascular teams across Europe will gain access to a new online tool designed to help them prepare for future health systems shocks. The RESIL-Card tool, developed through a European collaborative effort and co-funded by the European Union, officially goes live with the aim of strengthening the resilience of cardiovascular care pathways before the next crisis occurs.

RESIL-Card is a practical, evidence-based instrument that supports hospital teams in assessing how well their cardiovascular services can withstand, adapt to, and recover from major disruptions - while continuing to deliver safe, timely, and high-quality care to patients. By translating lessons learned from recent crises into a structured assessment framework, the tool seeks to embed resilience thinking into everyday clinical and organisational practice across Europe.

## How the RESIL-Card Tool Works

Unlike generic preparedness frameworks, the RESIL-Card tool is grounded in real-world cardiovascular care pathways and built around six core resilience dimensions relevant to crisis, capturing key organisational, clinical, and system-level factors that influence how care is delivered under pressure. The co-development of the RESIL-Card tool was informed by international reports focusing on health systems resilience (OECD/European Observatory on Health Systems and Policies, 2024; OECD 2023; Thomas et al.

2020). While it incorporates key lessons from these international initiatives, the RESIL-Card tool offers practical guidance tailored to the cardiovascular care pathway.

The assessment process is collaborative and begins with the identification of a multidisciplinary hospital “resilience team” (Step 1), ideally including cardiologists, nurses, allied health professionals, service managers, and patient representatives. The team then maps the local cardiovascular care pathway by using “building blocks” (Step 2), describing access to care, follow-up organisation, and coordination between the hospital and external stakeholders such as pre-hospital emergency care, primary care, other hospitals, and regional health-care governance. Once done, the team completes the RESIL-Card preparedness checklist, organised across the six resilience dimensions (Step 3). The checklist helps teams assess the current situation; the objective is not to “score” hospitals, but to stimulate structured reflection on strengths and vulnerabilities. The output is a heatmap that visually highlights critical gaps and priorities for action. A supporting toolkit containing recommendations, literature, and good practices will also be provided to help the team design actions that will optimise existing resources (Step 4). The tool is dynamic and the assessment process can be repeated over time to monitor progress and adapt strategies as circumstances evolve (Figure 1).

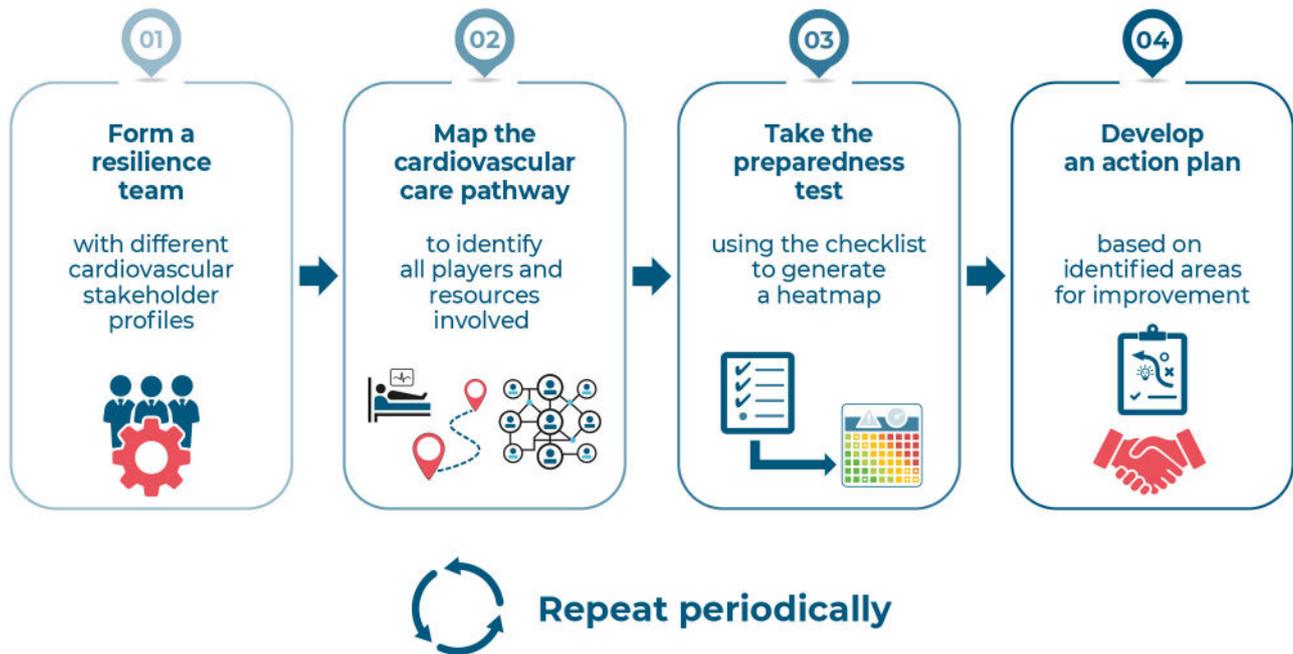


Figure 1. The four steps of the RESIL-Card tool

### What the RESIL-Card Tool Offers Hospitals and Health Systems

The RESIL-Card tool provides hospitals and cardiovascular care teams with a practical and structured way to anticipate challenges and strengthen their capacity to respond effectively to crises. By systematically analysing care pathways, the tool helps organisations identify vulnerabilities before they translate into disruptions to patient care. It supports prioritisation of action, enabling teams to focus resources and efforts on areas where improvement will have the greatest impact. Beyond technical assessment, RESIL-Card fosters a collaborative approach to resilience building. By bringing together professionals from different disciplines and organisational levels, the tool encourages shared understanding, dialogue, and collective responsibility for preparedness. This collaborative process contributes to more reliable and continuous cardiovascular care, ultimately improving the experience and outcomes of patients living with cardiovascular diseases.

At a broader level, RESIL-Card generates insights that extend beyond individual hospitals. By offering a structured, evidence-informed framework, the tool supports policymakers and health authorities in strategic planning, resource allocation, and preparedness initiatives.

### Rationale and Background of the RESIL-Card Project

The launch of the [RESIL-Card project](#) is rooted in hard lessons learned during the COVID-19 pandemic, which profoundly disrupted healthcare delivery across Europe and beyond, exposing structural vulnerabilities in health systems. Among the most severely affected areas was cardiovascular care, where disruptions in prevention, diagnosis, treatment, and follow-up services led to significant clinical, societal, and economic consequences. In multiple countries, hospitals reported sharp declines in life-saving interventions, delays in diagnostic procedures, and interruptions in continuity of care for patients with cardiovascular diseases (Piccolo et al. 2020). These disruptions were

not merely temporary inconveniences; they translated into increased mortality, disease progression, and long-term complications, with a substantial impact on patients, healthcare professionals, and public health budgets (Lunardi et al. 2024; Lunardi et al. 2026). Evidence emerging from the pandemic indicates that reduced access to acute cardiovascular interventions, postponed elective procedures, and delays in follow-up care contributed to worsening outcomes for many patients (Angellotti et al. 2022). Beyond the immediate health consequences, the pandemic also highlighted the broader societal costs of disrupted cardiovascular care, including productivity losses, increased healthcare expenditures, and heightened inequalities in access to services. Importantly, the crisis revealed that many healthcare systems were insufficiently prepared to protect the continuity of essential non-COVID services during prolonged emergencies.

This experience underscored the urgent need for mechanisms and strategies capable of maintaining high-quality cardiovascular care pathways over time,

even under conditions of extreme stress. Preparedness could no longer be understood solely as emergency response capacity, but rather as a systemic ability to anticipate risks, adapt to evolving circumstances, and sustain core healthcare functions. In this context, the concept of resilience, defined as the capacity of health services to prepare for, absorb, adapt to, and recover from disruptions while maintaining essential functions, emerged as a central pillar of health system strengthening.

Looking ahead, the likelihood of future global shocks is increasing. Pandemics, climate-related emergencies, natural disasters, geopolitical conflicts, and other systemic crises pose growing threats to healthcare systems worldwide. These challenges are not isolated events but interconnected risks that require a proactive, structured, and sustainable response.

Against this backdrop, the RESIL-Card project was conceived as a collaborative, multidisciplinary effort involving clinicians, health system researchers, and patient representatives from across Europe. It aimed to develop a practical,

evidence-based tool to help hospital cardiovascular teams assess and strengthen the resilience of their care pathways, ensuring continuity of life-saving care even in times of crisis. Co-funded by the European Union under the EU4Health Work Programme (Call EU4H-2022-PJ-11 / Call for proposals on NCDs – CVDs and diabetes), the three-year initiative (2023-2026) is promoted by a consortium bringing together the global advocacy group We CARE, the Italian Society of Interventional Cardiology (GISE), public health experts from Amsterdam UMC, and the Catalan Health Service (CatSalut). The project is further supported by an Advisory Board comprising the Women as One group, the European PCR Nurses and Allied Professionals Committee, the GISE Foundation, the European Emergency Medical Services association and leading interventional cardiologists from Ukraine. Additional partners include the Global Heart Hub, the Irish National Institute for Prevention of Cardiovascular Health, Europa Group, and Cittadinanzattiva, reflecting the project's strong commitment to patient-centred approaches.

### From Lessons Learned to a European Resilience Tool

The RESIL-Card project is structured around four interconnected work packages designed to develop, validate, and disseminate a comprehensive resilience assessment tool. The project follows a multi-phase methodology (Rogers et al. 2021). The initial phase focused on diagnosing gaps and barriers in cardiovascular care continuity, drawing on systematic literature reviews, surveys of healthcare professionals, and structured stakeholder consultations (Carvalho et al. 2026). The aim was to identify key challenges, innovative practices, and lessons learned from the COVID-19 pandemic, as well as to map critical factors influencing resilience across cardiovascular care pathways. A central component of this phase was the organisation of focus groups, which provided a qualitative complement to quantitative survey findings. The focus groups followed a structured methodology lasting approximately 120 minutes and were organised around six resilience dimensions identified from the literature review and survey results: workforce, care delivery, communication, governance, data collection, and medical devices.

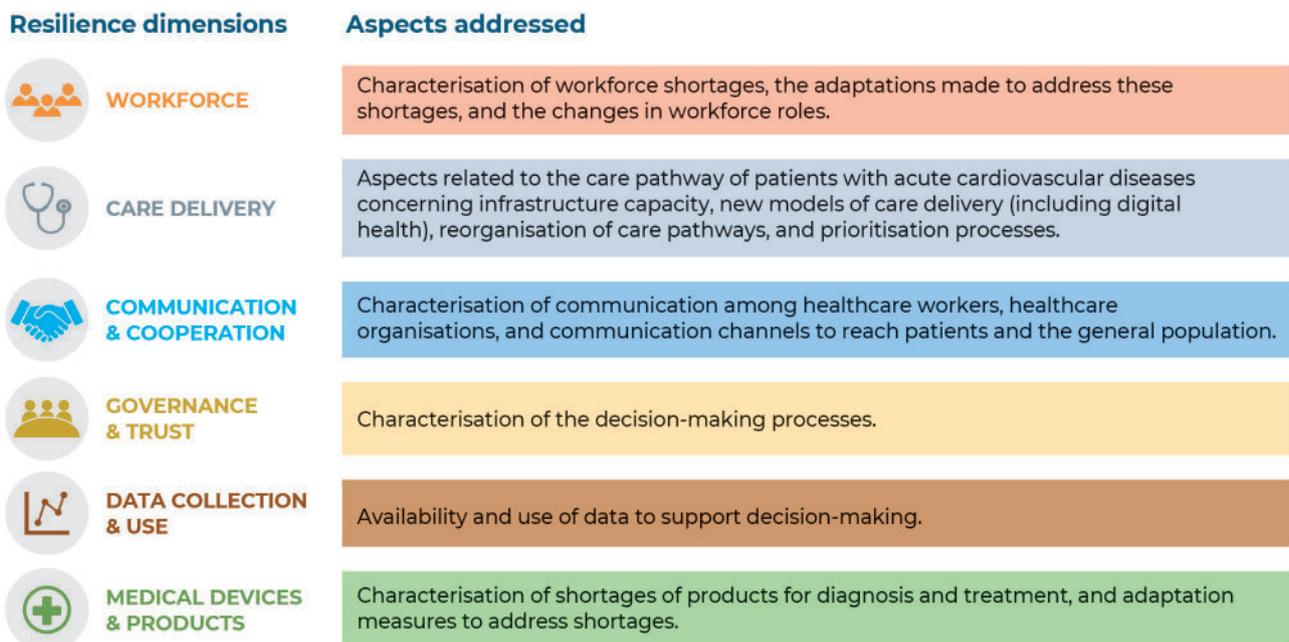


Figure 2. The six key resilience dimensions to strengthen resilience

and cooperation, governance and trust, data collection and use and medical devices and products (**Figure 2**).

Participants discussed practices and innovations implemented during the COVID-19 crisis to ensure continuity of cardiovascular care, as well as measures that could improve preparedness for future emergencies. They also contributed to the conceptualisation of the RESIL-Card tool, discussing its intended users, structure, and format, as well as the types of resources needed to support healthcare teams in strengthening care pathway resilience. The insights informed the design of the RESIL-Card tool, which was subsequently pilot tested in real hospital settings across different European contexts, including regions with varying levels of pandemic preparedness.

Fourteen participants from the focus groups piloted the tool within their hospitals in Austria, Italy, Poland, Serbia and Spain, while other professionals from multiple countries and healthcare contexts were invited to review it and complete a structured feedback questionnaire.

Pilot participants applied the RESIL-Card tool within their centres and shared their experiences through interviews and feedback instruments. The evaluation was structured around three complementary dimensions: utility, referring to whether the tool provides the features needed by users; usability, referring to how easily users can navigate and apply the tool; and usefulness, reflecting the overall value of the tool in supporting resilience assessment and improvement.

Users highlighted the value of the tool as a structured framework for analysing vulnerabilities and strengths in cardiovascular care pathways, while also providing constructive suggestions that were systematically incorporated into subsequent iterations of the tool, ensuring that the final version reflects real-world needs and expectations.

The online launch of the RESIL-Card tool in March 2026 is a significant milestone for the project, marking the start of its broad implementation across Europe. By making the tool widely accessible, the initiative aims to support hospitals across Europe in embedding resilience

thinking into routine clinical practice. Its use will support continuous improvement and foster shared standards for resilient cardiovascular care.

Building on the findings of the initial stakeholder engagement, which revealed a high level of interest in adapting the RESIL-Card tool for use in other clinical specialties, the consortium could develop a blueprint for system-wide resilience in the near future. This would help health systems prepare not only for the next crisis, but also for a future in which resilience is an integral component of quality care.

To learn more about the project, visit the official website: <https://www.wecare-abouthearts.org/resil-card/the-project/>

Activities can be followed on social media:

<https://x.com/WeCareAboutHeal>  
<https://www.linkedin.com/company/wecareabouthearts/>

### Conflict of Interest

None.

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