1. **What is the overall goal of the RES-Q+ project?**

   The overall goal of the RES-Q+ project is to improve the quality of care for stroke patients, save patients' lives and reduce healthcare costs.

2. **What European Commission's research and innovation support program is the RES-Q+ project funded by?**

   The RES-Q+ project is funded by the HORIZON EUROPE European Commission's research and innovation support program, cluster HEALTH.

3. **How many partners are taking part in the RES-Q+ project?**

   The RES-Q+ project is taking part in by 21 partners.

4. **Who is the head of the RES-Q+ project?**

   The head of the RES-Q+ project is a researcher and neurologist Robert Mikulik from the Czech Republic.

5. **How was the RES-Q+ project evaluated by the experts?**

   The RES-Q+ project was ranked 2nd out of 47 European projects in the expert evaluation submitted to the call HORIZON-HLTH-2021-TOOL-06-03.

6. **What is the RES-Q registry and what is it used for?**

   The RES-Q registry is one the largest stroke care quality registry in the world to date. It is used to provide evidence of the quality of stroke care in individual countries and analyse the data from different countries and provide feedback to all contributing members that shows in what parameters the care needs to be improved in the given hospitals or countries.

7. **What products will be developed as a result of the RES-Q+ project?**

   As a result of the RES-Q+ project, several new products will be developed; a fully automated tool for obtaining and processing data on the provided health care; virtual assistants for stroke patients and doctors, which will monitor the patients' condition after their discharge from the hospital, and assist doctors in providing quality care, and virtual assistants for stroke patients that will provide

them with information about their condition and point them to specialists; and predictive models that will predict a patient's prognosis.

8. **How will the artificial intelligence system used in the RES-Q+ project improve the quality of care for stroke patients?**

The artificial intelligence system used in the RES-Q+ project will improve the quality of care for stroke patients by providing feedback to care providers through artificial intelligence-based virtual assistants that precisely target problem areas, and by creating virtual assistants for stroke patients that will monitor their condition.

9. **What do the virtual assistants developed by the RES-Q+ project do for stroke patients?**

The virtual assistants developed by the RES-Q+ project will monitor the patients' condition after their discharge from the hospital, provide them with information about their condition and point them to specialists.

10. **How will the RES-Q+ project reduce healthcare costs?**

The RES-Q+ project will reduce healthcare costs by making the knowledge of the top specialists available to both stroke patients and general practitioners, by providing feedback to care providers through artificial intelligence-based virtual assistants, and by creating virtual assistants for stroke patients that will monitor their condition.

11. **What benefits does the consortium of 21 partners involved in the RES-Q+ project bring?**

It brings knowledge, experience and skills in the relevant fields, better communication and more opportunities for collaboration, access to a wide variety of resources and expertise, and more focus on the project and a faster implementation of the project.

12. **How much funding has been granted to implement the RES-Q+ project?**

7.7 million euros has been granted to implement the RES-Q+ project.

13. **What is the timeline for the implementation of the RES-Q+ project?**

The timeline for the implementation of the RES-Q+ project is four years from November 2022 until October 2026.

14. **How will the virtual assistant developed by the RES-Q+ project help physicians, nurses or hospital directors?**

The virtual assistant developed by the RES-Q+ project will help doctors, nurses or hospital directors by analysing the data and telling them in which parameters the care needs to be improved.

15. **What is the goal of the mobile application used in the RES-Q+ project?**

The goal of the mobile application used in the RES-Q+ project is to help monitor the patients' condition after their discharge from the hospital. Utilizing a mobile application takes advantage of the ubiquitous nature of smartphones, ensuring that a larger portion of the population has access to the monitoring system, thereby increasing the reach and effectiveness of the RES-Q+ project.

16. **How will the virtual assistant for patients after stroke be operated?**

The virtual assistant for patients after stroke will be operated by a mobile application controlled by voice or touch.

17. **How is data obtained during the course of treatment at the time of hospitalization related to the predictive models developed in the RES-Q+ project?**

Data obtained during the course of treatment at the time of hospitalization will be related to the predictive models developed in the RES-Q+ project by pairing the information about the patient's current condition with data obtained from the treatment, with the aim of evaluating and identifying possible new connections between the quality of care and its consequences.

18. **What will the legal environment created by the RES-Q+ project allow?**

The legal environment created by the RES-Q+ project will allow for the technical platform to share data on the health status of stroke patients, usable not only

for scientific purposes, but also for doctors in clinical practice and for the patients themselves.

19. **How will the development of a communication interface for the connection of other healthcare systems impact the project?**

   The development of a communication interface for the connection of other healthcare systems will enable the RES-Q+ project to share data on the health status of stroke patients with other healthcare systems.

20. **Which organizations are involved in the RES-Q+ project?**

   The organizations involved in the RES-Q+ project include hospitals from Eastern, Western, and Southern Europe, universities, IT companies, law firms, the World Stroke Organization, Stroke Alliance for Europe (which involves many patients' organizations across Europe), ANGELS Initiative (supporting stroke providers to improve stroke care worldwide), IHIS (The Institute of Health Information and Statistics of the Czech Republic), and HMI (Health Management Institute, z. ú.).

21. **How will the RES-Q+ project increase the economic and social benefit of patients?**

   The RES-Q+ project will increase the economic and social benefit of patients by making the knowledge of the top specialists available to both stroke patients and general practitioners, providing feedback to care providers through artificial intelligence-based virtual assistants, and creating virtual assistants for stroke patients that will monitor their condition.

22. **What will be the outcome of the RES-Q+ project?**

   The outcome of the RES-Q+ project will be improved acute stroke care, virtual assistants for patients after stroke which will help them monitor their condition after their discharge from the hospital, data obtained during the course of treatment at the time of hospitalization will be used to evaluate and identify possible new connections between the quality of care and its consequences, and predictive models that will predict a patient's prognosis.

23. **How will the automation of processes using IT be achieved in the RES-Q+ project?**

The automation of processes using IT in the RES-Q+ project will be achieved by creating a fully automated tool for obtaining and processing data on the provided health care.

24. **What is the purpose of the feedback provided to care providers through artificial intelligence-based virtual assistants?**

The feedback provided to care providers through artificial intelligence-based virtual assistants will inform them about in what parameters the care needs to be improved in the given hospitals or countries.

25. **What is the intended effect of creating a completely automated tool for obtaining and processing data on health care?**

The intended effect of creating a completely automated tool for obtaining and processing data on health care is to reduce the time and effort currently spent on manually entering data about the care provided.

26. **How will the RES-Q+ project create a unified hospitalization information and create one standardized discharge report format in the EU?**

The RES-Q+ project will create unified hospitalization information and create one standardized discharge report format in the EU in the field of stroke care.

27. **What is the advantage of the RES-Q+ project over the original RES-Q registry?**

The advantage of the RES-Q+ project over the original RES-Q registry is that the RES-Q+ project will offer a solution where data will be loaded automatically from hospital systems into the registry without any manual work, and provide virtual assistants for patients after stroke which, based on a mobile application controlled by voice or touch, will help monitor the patients' condition after their discharge from the hospital.

28. **How can the data collected by the RES-Q+ project benefit hospitals, Ministries of Health and other institutions?**

The data collected by the RES-Q+ project can benefit hospitals, Ministries of Health and other institutions by allowing them to make decisions about new investments in health care or changes in its organization.

29. **How will the RES-Q+ project make doctors' work easier?**

The virtual assistant developed by the RES-Q+ project will help patients in their treatment by providing them with information about their condition and pointing them to specialists.

30. **What other purposes will the RES-Q+ project serve, apart from improving the quality of stroke patients' care?**

The RES-Q+ project will also serve the purpose of creating a legal environment allowing this technical platform to share data on the health status of stroke patients, usable not only for scientific purposes, but also for doctors in clinical practice and for the patients themselves.