

European Society of Intensive Care Medicine

ESICM Annual Report 2010



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REPORT FROM THE PRESIDENT

It gives me great pleasure to be able to provide this report summarizing the progress made by the ESICM over the last year. It is clear to me that 2010 has certainly been a very successful year for many reasons. The Executive Committee has worked very hard in many different projects to be able to provide the structures and building blocks for the continuing growth of the society and to ensure that it has everything it needs for a great future.

Perhaps the major achievement of the year has been the purchase of our new home in Rue Belliard, Brussels and our successful move. For those of you who do not know Brussels well, this is one of the premier streets right in the middle of the European Commission quarter. This will enable us to have a presence right in the heart of Brussels where all of the political activity occurs. If we wish to influence the future directions of our specialty and also the future development of legislation affecting our profession, then this is where we need to be. Our old home in Anderlecht, was unfortunately just too far away from the heart of the action for us to be able to be considered a major player. We moved into our new headquarters in March and there have been a number of challenges that owning our own home has brought. Most of these are being overcome, but some have led to a reduction in the quality of the service that we provide to you, our members, and if that has been the case we apologize but hope you understand. As part of the purchase agreement, we are now also in possession of a large set of stables, again right in the heart of Brussels. We are not yet sure what to do with this building, as it will need some major renovation works on it before it can be used for anything other than storage. It does provide us, however, with a series of options that we can consider for the future. We could convert it into extra office space as the society grows, or alternatively use it as an educational facility of our very own. These are decisions that future generations of our executive committee will need to take, but I am sure that owning a large area of real estate in the Commission quarter of Brussels will not prove to be a bad investment in the longer term.

For a long time now we have wished to expand our activities in order to be able to provide better education, training and help with research. I am pleased to say that we have made real progress on many of these fronts in the last year. We have now commissioned a set of educational courses that will help teach our specialty to many of our trainees (and also some of the more seasoned campaigners). We will soon be running both the BASIC course as an introduction to ICM and also a set of more advanced modules (Advanced Training Courses in Intensive Care (ATCIC) for those with slightly more experience. The first of the ATCIC modules was piloted this year in Madeira on bronchoscopy. This has since been repeated and is proving to be a very successful and popular mode of teaching. Next year we will be piloting courses on mechanical ventilation, hemodynamic monitoring and organization and leadership. We plan to develop a further set of these modules to cover the wider aspects of our field. In tandem with the improved educational opportunities we are also expanding the reach of our examination. The EDIC is becoming increasingly popular with more and more European countries taking it on as either their national accreditation assessment or at least as an equivalent process to that. We are aware that we have had a limited number of places where candidates can sit the first part of the exam, so in 2011 we plan to open many more sites where the exam can be taken. We plan in February for the EDIC part 1 to be taking place in Ede, Zurich, London, Porto, Bonn, Bergen and Dublin.

Over the last few years we have put increasing amounts of investment into research activities. We have realized that in the longer term we are unlikely to be able to provide full support for multiple interventional studies, however we can provide the infrastructure and support for the fledgling studies to get off the ground in order for them to obtain data that will enable them to get their own funds. You will see elsewhere in this report, in more detail, that we have this year started our own Trials Group (the first meeting of which was in Nice

in November), our own meta-analytical unit and also a registry of interested units. I would encourage you to participate in these activities, whatever your level of experience. Come and take part and help us move the research agenda forwards.

At the political level, we have also been very active. Through the European Board of Intensive Care we have been lobbying very hard on a number of issues. We are pushing hard to get ICM recognized to a greater extent within European legislation. In particular the Directive on the recognition of professional qualifications is being amended and we are inputting into this process. We have already agreed from the ESICM and also from the UEMS that we would wish for ICM to be viewed as a particular competence. We now need to convince the lawyers and politicians of the necessity of this move in order to action change. Other areas of interest that we are tackling include the European Working Time Directive and also the European Research Directive. Many more details of these actions can be found on the new web site of the European Board that can be accessed through the ESICM home page.

Perhaps one marker of the success that we are achieving is the improving membership statistics that our secretary will present later on in this report. It gives us great pleasure to witness an increasing membership from a large number of countries. We believe that this increasing membership is in part related to the fact that we are doing what you, our members, want. However we would not want to be complacent and realize that in these austere times there is an ever-greater need for you to spend your moneys wisely. We are keen, therefore, to expand out portfolio in order to provide increased benefits for our membership. We would welcome your views as to what we need to provide and what we can do to make our society more attractive to join. Please let us know your thoughts.

It would be wrong of me after this successful year not to thank the previous Executive Committee members for all of their hard work. These individuals do these tasks as volunteers, often with little in the way of recognition for the significant amounts of their time that they expend on our society. In particular we need to be grateful for the efforts of Hans Flaatten, Charles Sprung, Daniel de Backer and Rui Moreno. All of these have been extremely active over the last few years and have played a vital role in the improvements seen within the society. I hope that they all still have the energies and enthusiasm to continue to work with us to make sure that the projects that we have recently started now are allowed to flourish and mature. At the end of this year I would also like to thank everyone who has had an input into our activities, whether as a member, employee, committee member or chair. Without you we would not be what we are today. I would like to wish you all a very happy end of 2010 and an even more successful 2011.

With my best wishes

ANDY RHODES

President

European Society of Intensive Care Medicine

SCIENTIFIC AFFAIRS

SECTIONS AND WORKING GROUPS

List of the sections

Section	Chair	Deputy
Acute kidney injury (AKI)	Michael Joannidis	Eric Hoste
Acute respiratory failure (ARF)	Anders Larsson	Giorgio Conti
Cardiovascular dynamics (CD)	Jan Poelaert	Maurizio Cecconi
Ethics (ETH)	Jozef Kesecioglu	Andrej Michalsen
• Working Group on Conflicts' prevention	Elie Azoulay	Marcio Soares
• Working Group on Moral distress in ICU nurses	Bara Ricou-Arita	Dominique Benoit
• Working Group on Pain	Kathleen Puntillo	Adeline Max
Health services Working and outcome (HSRO)	Maurizia Capuzzo	Andreas Valentin
• Working Group on Health economics	Paolo Merlani	
• Working Group on Outcome	Philipp Metnitz	
• Working Group on Quality Improvement	Andreas Valentin	
Infection (INF)	George Dimopoulos	Jordi Rello
• Working Group on Pneumonia	Jordi Rello	
Metabolism, endocrinology & nutrition (MEN)	Jan Wernerman	<i>To be elected</i>
• Working Group on Nutrition & Metabolism	Sergio Ruiz-Santana	Jan Wernerman
Neuro-intensive care & emergency medicine (NICEM)	<i>To be elected</i>	Mauro Oddo
Peri-operative intensive care (POIC)	Claudia Spies	Michael Hiesmayr
• Working Group Abdominal Problems (WG AP)	Manu Malbrain	
• Working Group Early Web-Based Anti-Infective Treatment (WG EWAIT)	Claudia Spies	
• Working Group Goal Directed Hemodynamic and Volume Therapy (WG GDT)	Michael Sander Rupert Pearse	
• Working Group Postoperative Delirium and Cognitive Dysfunction Collaborative Joint Section (WG PoDeCoD)	Claudia Spies Bernard Walder Guiseppe Citerio	
Systemic inflammation and sepsis (SIS)	Susanne Toussaint	Ricard Ferrer Roca
Technology assessment & health informatics (TAHI)	Max Jonas	Pierre Squara
• Working Group on Haemodynamic Monitoring	Jan Poelaert	

Check the ESICM Website (Scientific Affairs and Research activities pages) for further information on each section.

Acute Kidney Injury (AKI)

The field of acute kidney injury has gathered increasing interest over the last years, both clinically and as a research topic. Abstracts submitted to the Annual Congresses of ESICM covering these issues have increased steadily.

Based on 39 supporting members *Acute Kidney Injury* was just created as a new section. By this decision ESICM can claim to be the first society in the field of critical care having formally included the important and growing field of acute injury in a specific section. In the meantime the section has gathered roughly 50 voting members.

After the elections held in spring 2010 Eric Hoste (Gent, Belgium) was appointed deputy, Michael Joannidis (Innsbruck, Austria) as chairman.

The new section AKI can already demonstrate important achievements:

In March 2010 "Recommendations on prevention of AKI and preservation of renal function in the intensive care unit" were published in the *Intensive Care Medicine*. Furthermore a large international study on the epidemiology of AKI in ICUs (AKI-EPI study) is still recruiting centres until the end of 2010. People interested in participating in this study should visit the webpage www.akiepi.org.

In addition to renal replacement therapy the AKI section will concentrate on various aspects of AKI, pathophysiology, epidemiology, prevention and treatment of AKI as well as associated issues like electrolyte and acid-base disturbances. A further point of interest will be extracorporeal purification techniques like plasmapheresis or albumin dialysis.

All ESICM members interested in AKI are cordially invited to join this new section as voting members. Also please note that the next section meeting is scheduled during the annual congress of in Barcelona on Thursday, October 12, 2010. All members of the section are heartily welcome.

MICHAEL JOANNIDIS

Michael.joannidis@i-med.ac.at
Chairman of the section AKI

Acute respiratory failure (ARF)

The ARF section has held meetings in connection with the ESICM Vienna congress and the ISICEM congress in Brussels. At these meetings it was decided to send a survey to the members asking how to improve the section and how to increase the attendance rate at the ARF section meetings. From the survey it was found that many of our members did not attend the ESICM conferences and therefore could not participate in the ARF section meetings, and furthermore many members preferred to attend competing lectures.

Importantly, many members were interested in participating in scientific surveys and in working groups. We will follow up the survey, mainly by improving information to the members and by increasing the transparency and we hope that more members will attend the ARF section meetings in the future. We believe that this will facilitate creation of working groups and stimulate design of and participation in scientifically interesting surveys.

The section has been deeply engaged in the programme for the annual conferences and in education activities. At the Vienna conference a highly appreciated PG course was held regarding treatment of acute respiratory failure. We found out that the participants wanted more "hands-on" sessions and therefore the section will contribute to a "hands on" course using simulators regarding the respiratory management of the circulatory unstable patients together with other sections at the Barcelona congress.

ANDERS LARSSON

Chair of the ARF section

Section on Health Services Research and Outcome (HSRO)

MAURIZIA CAPUZZO, Chairperson

ANDREAS VALENTIN, Vice-Chair

Working groups:

PHILIPP METNITZ, Outcome

ANDREAS VALENTIN, Quality Improvement

PAOLO MERLANI, Health Economics

The Health Services Research and Outcome (HSRO) Section is devoted to research aimed at developing tools that might help in improving the quality of our work and the outcome of our patients.

In the last year, the HSRO Section members presented their proposals to the Congress Committee and contributed to the programme of the 23rd ESICM Congress (Barcelona 9-13 October 2010) with six Thematic sessions, three controversies sessions, one Competency session and one State of the art session. Moreover, the HSRO Section organized a one day and half Post Graduate course on "The practice of Health Care Delivery in the ICU" involving 18 of the most experienced intensivists in the world as speakers to present the state of the art and their view about ICU relationship with other professionals, information technology and communication in the ICU, and ICU response to unexpected events.

Three Working Groups responsible for specific research activities pertain to the HSRO section and their activities will be summarized as follows.

Outcome group

The WG head by Philipp Metnitz managed the SAPS 3 project, and published nine studies on behalf of the SAPS 3 Investigators since 2005, three of them in the last year. Now the WG is next to develop a study to assess the work of intensivists in Europe (Workdoc). It will be a one week prevalence study and the protocol will be discussed in the next meetings.

Quality Improvement group

The WG head by Andreas Valentin has published the paper about the results of their SEE2 study in British Medical Journal (BMJ. 2009 Mar 12;338:b814. doi: 10.1136/bmj.b814). The next task of the WG is to update the "Recommendations on minimal requirements for Intensive Care Departments" published in 1997 (Intensive Care Med 1997; 23:226-232). The new title will be: "Recommendations on basic structural and organisational requirements for Intensive Care Units". The most important points will be: Definition of an ICU, Staffing needs and size, Objectives, Definition of levels of care. An advanced draft during the next meeting of the WG.

Health Economics group

The WG head by Paolo Merlani has started working on the project "European Length of ICU Stay Evaluation" (acronym ELOISE), previously selected by participants. Paolo Merlani was not able to attend the 2010 meetings in Brussels, but Didier Ledoux replaced him and presented the most controversial points. Definitions of "ICU", "Intermediate care", "Recovery room" and "Ward" were re-discussed, and there was agreement on the opportunity to rely on the conclusions of the WG on Quality Improvement. In May 2010, the results of the ICUFUND survey performed in 2007 by Akos Csomos, former head of the WG, have been published in *Intensive Care Medicine*.

In relation to the number of members, the HSRO section demonstrated an extraordinary and constant scientific output over the last years. The members of the section participate actively in the working groups and share the mission of the section. Finally, the section developed useful and widely accepted proposals for the annual congress of the Society and contributed to the growing success of the annual ESICM congress.

Infection (INF)

The objectives of Infection Section could be focused on
the education (to improve the treatment of infections in critically ill patients)
the development of links with infection groups of other European (e.g. ESCMID, ERS) and American societies (SCCM, CHEST, ATS) or other Sections (Nursing, Sepsis, Peri-operative intensive care) of the Society
the amelioration of cooperative research activities between members of the Section

The number of abstracts related to the infection Section has been increased giving the first position among the different Sections. Usually the rejection rate varies between 16-20%.

We are interested in developing collaboration with other Societies, the pharmaceutical industry and other stakeholders for educational initiatives to improve the rate of adequacy of empirical antibiotic prescription. For this reason the last two years we had a ESICM/ESCMID joint round table in each of the annual meetings with two speakers from each Society.

Pneumonia, either community acquired or nosocomial (VAP) is a priority of major interest. The infection section has a working group on Pneumonia that was officially approved in November 2007 by the ESICM led by J Rello.

Some research activities through the Section and endorsed by ECCRN are ongoing or completed. A European survey on oral care for intubated patients is already published while the 'EU-VAP project', an epidemiologic study involving 3-5 sites per country which was launched in October 2005 is completed and the first papers are already published. A second research project, EU-VAP 2 will be designed.

Other ongoing projects are

AspICU : a surveillance project led by S Blot regarding the incidence of ICU acquired *Aspergillus* infections

Euro-Bact : a surveillance project of nosocomial-acquired bacteremia led by JF Timsit

DALI project : a PK/PD project led by J Lippman and G Dimopoulos aiming to measure the levels of different type of antibiotics

Anyone interested in helping with the work of the Section or getting involved in the research interests of the Section can either contact me directly or through the Brussels office.

GEORGE DIMOPOULOS

Chair of the Infection Section

Metabolism, Endocrinology, Nephrology and Nutrition (MENN)

The Section «Metabolism, Endocrinology, Nephrology and Nutrition» was split into the MEN «Metabolism, Endocrinology, and Nutrition» Section and the AKI, «Acute Kidney Injury» Section during the year. Therefore the current number of registered members is not possible to identify. At the beginning of the period the combined MENN Section comprised 1425 member out of which 87 members were registered with voting rights.

The participation in the development of the program of the annual congress in Barcelona 2010 by providing new or relevant topics and speakers, resulted in 7 sessions are organized by the MEN section. In addition topics from our Section are included into several of the pre-congress postgraduate courses and in one industry sponsored session.

For the congress in Barcelona 2010 in total 80 scientific abstracts were submitted to the MEN section, which again was a larger number than ever before indicating growing scientific interest in Metabolism, Endocrinology, and Nutrition. The acceptance rate was 94 % and this resulted in 1 oral session and 5 poster sessions. Also the quality of the submitted scientific abstracts were better than ever, well illustrated by that 2 out of 4 prize-winning abstract come from the submissions to the MEN Section.

Traditionally the Sections has hosted the specific working group «Nutrition and Metabolism», which has developed, formed and presented a number of interesting projects like the Glucontrol study (coordinator Jean-Charles Preiser), «Nutrition Day in Europe» (coordinator M Hiesmayr – POIC section) or Ticacos study (coordinator Pierre Singer). Also the close collaboration with ESPEN is illustrated by the annually ESCIM-ESPEN symposium biannually held at the ESICM congress.

The future inner structure of the section in relation to the «Nutrition and Metabolism» working group will be a major issue to discuss at the 2010 Barcelona meeting. If other working groups are interested to join the Section, the working group structure will be continued, otherwise the rational to separate working group and Section will disappear.

Interested members are welcome to join the MEN section as well as the respective «Nutrition and Metabolism» working group. The next meetings will be held during the ESICM 2010 in Barcelona.

JAN WERNERMAN

Chair of the MEN Section

Neuro-Intensive Care & Emergency Medicine (NICEM)

The Section on Neuro-Intensive Care and Emergency Medicine encourages and supports research, training and the scientific content of the annual congress in the areas of Neurological Intensive care, trauma and emergency medicine.

In the last year, the NICEM Section chair increased the involvement of the section's members, which have been polled on the Internet for presenting proposals and their views on the program of the 22nd ESICM Congress (Vienna 11-14 October 2009). The program with Thematic sessions, Pro/Con debates, Clinical Challenge and Continuous professional development sessions has been the result of the suggestion of the section's members. For the next annual congress (Barcelona 2010), along with the scientific program discussed inside the section, a PostGraduated (PG) course on Trauma management has been planned and more thematic session on emergency medicine have been organized, beside the

neuroICU sessions. An aspiration and the need of an independent Emergency Medicine section has been suggested to the DSA and could probably become reality in the next future. In collaboration with SCCM and the Irish Society of Intensive Care, has been held the 9th Summer Conference (Dublin Castle, Ireland, 10-12 June 2010). The topic of this Summer Conference has been Acute Brain Injury, traumatic and vascular. The meeting has been a mixture of state of the art lectures and informal interactive workshops, which aims to provide an environment that is both enjoyable and conducive to learning. An outstanding panel of speakers from ESICM, SCCM and ISIC have been gathered. The attendance has been higher than optimistically expected (more than 300 participants) and the purpose to provide an educational experience on this neglected topic has been appreciated by the participants.

Along with Peter Andrews, the section supported the development of the "**European Society of Intensive Care Medicine study of therapeutic hypothermia (32-35°C) after traumatic brain injury. Study Acronym: Eurotherm3235trial**". The trial is aimed to evaluate if therapeutic hypothermia (32-35° C) reduces death and disability after intracranial hypertension due to traumatic brain injury. All the society members are invited to require information on the trial visiting the website <http://www.eurotherm3235trial.eu/> or contacting Peter Andrews (Principal Investigator, pandrews@ed.ac.uk).

New PACT modules on NICEM related topics have been revised and will be published online before the next annual meeting.

In addition to these important developments, members of the Section recently published a consensus document on neuromonitoring (*Neuro-Intensive Care and Emergency Medicine (NICEM) Section of the European Society of Intensive Care Medicine. NICEM consensus on neurological monitoring in acute neurological disease. Intensive Care Med. 2008 Aug;34(8):1362-70*).

Peri-operative intensive care (POIC)

The Section Perioperative Intensive Care (POIC) is focusing on the period before, during and after surgery. The areas of interest are risk assessment and risk reduction strategies, perioperative stress and organ dysfunction, perioperative analgesia, perioperative cognitive dysfunction, early-goal directed therapy, transfusion and coagulation management as well as temperature management. There are currently 114 voting members and 1240 registered members.

In the recent section meetings the decision was taken to focus next years' research on acute abdominal problems, goal directed hemodynamic and fluid management, early web-based anti-infective treatment (together with Infection Section), and postoperative delirium and cognitive dysfunctions (together with NICEM and nurse section). Four Working Groups were established accordingly:

Working Group on Abdominal problems (WG AP): Acute abdominal problems (AP) like severe acute pancreatitis, intra-abdominal hypertension and abdominal compartment syndrome, abdominal sepsis, acute gastro-intestinal failure or acute bowel injury (in analogy to acute lung injury (ALI), acute hepatic failure and many others are more and more recognized as a substantial causes of morbidity and mortality in critically ill patients. These patients are faced with complex clinical conditions like e.g. open abdomen, short bowel syndrome, abdominal sepsis or renal failure. Treatment of these patients remains troublesome without good standardization for definitions and without evidence based guidelines, but good results can be achieved by multimodal, multidisciplinary treatment by dedicated teams. The primary goal of this WG AP is to establish an international collaboration group with the final aim to improve and standardize care and outcome of patients with AP.

This shall be achieved by collaborative research projects, guideline development, joint data registration and international exchange of health care workers and researchers.

The working group on Abdominal Problems will focus on acute intestinal failure (AIF) and this is the subject of a multicentric study on gastro-intestinal failure in the ICU (GIF-study), **endorsed by the ECCRN of the ESICM** in cooperation with the WCAS and the ESPEN societies.

Working group Goal directed Therapy (WG GDT): Haemodynamic monitoring and goal directed therapeutic approaches in perioperative patients can reduce length of intensive care unit treatment, length of hospital stay and improve outcome. Therefore, in critical patients correct estimation of the volume status should be the first step prior to volume optimization. Nevertheless, the indication for stroke volume optimization has still to be defined more clearly to understand which patients show substantial benefit by this approach. The primary goal of this working group is to establish a European consensus process with the aim to generate international guidelines for the haemodynamic and volume therapy in perioperative patients. The next steps of this working group were to set up the **European Surgical Outcome Study (EuSOS)**, a multi-center survey **endorsed by the ECCRN of the ESICM and the ESA** involving approximately 50 ICUs, looking into concepts of advanced haemodynamic monitoring and goal-directed volume and haemodynamic management during and after surgery as well as outcome of patients being operated on a single day in hospitals in Europe. At the 2010 ESICM Meeting in Barcelona the working group will offer a **PG course titled "From intubation to management of the haemodynamically instable ventilated patient"**, joint with the Sections Acute Respiratory Failure and Infection as well as the Education and Training Committee.

Working group on early and adequate web-based anti-infective treatment (WG-EWAIT) - collaborative with WG Infection Section: Infections are one major factor influencing mortality and morbidity in ICU-patients. An appropriate antibiotic therapy depends on the time to treatment, the duration of treatment, the available diagnostic tools, the knowledge of current resistance patterns and the fast access to European evidence based guidelines as well as the hands on experience of the physician. Prompted by the alarming figures and clinical every-day experience the **WG EWAIT** is concentrating on the rational use of anti-infective treatment in critically ill patients and has transferred existing local, national, and international guidelines into a user-friendly electronic format which is now online (**ABx program**). As a symptom related bedside tool the program enables the physicians to find the appropriate empirical anti-infective treatment in short order at any time and location.

Within the framework of a pan-European project (**EGUARD - Early E-Guided Use of Antibiotics Related to Resistance Data**) a European board of experts and scientists serve for the implementation of European evidence based guidelines in antibiotic treatment related to local resistance patterns and act as an urgent European response panel. Additional EGUARD emerges to an alert and early intervention system concerning current epidemic or pandemic infection requirements. In order to reconcile the project with the corresponding research aspects and strategies on infection diseases and antimicrobial resistance (AMR) of the European Union, the WG EGUARD is currently negotiating with the European Commission and stakeholders to apply for a European FP 7 funding in the 2011 call. Besides FP7 funding, EGUARD supports current national and international initiatives for further development and translation of the ABx program in different languages (currently English and German available, Italian and Spanish in progress). **The EGUARD obtains official support of the ECCRN of the ESICM.**

Postoperative delirium and cognitive dysfunction group (WG-PoDeCoD) (joint with the NICE and the Nurse section): Delirium is seen in every sixth of our patients in the recovery room and in 30 – 80% of the patient in the ICU. Cognitive dysfunction is seen in

30% of the surgical patients at discharge from the hospital and the relative risk to develop dementia is 10-fold elevated. As delirium and cognitive dysfunction are relevant with respect to long-term mortality, perioperative monitoring - we think - should be performed. The scores used to monitor delirium are currently not available in all European languages. The translation has to be performed according to a standardized protocol (ISPOR task force for translation and cultural adaptation. Value Health 2005; 8 94-104). **The guidelines available will be out on the website as well as available training material.** Please do not hesitate to send this material to the chair of the WG. In addition, **the WG is currently launching a one day survey of postoperative delirium throughout Europe.**

CLAUDIA SPIES

Chair of the POIC Section

Systemic Inflammation and Sepsis (SIS)

The SIS section is committed to promote the understanding of the epidemiology, predisposition, pathophysiology, management and outcome of sepsis and systemic inflammation. In order to achieve this goal, research as well as education activities are supported. By activities within the Surviving Sepsis Campaign, the SIS section as part of the ESICM has contributed to advance the implementation of current knowledge.

The Congress activities of the section in 2010 mirror these intentions. The most recent developments in the top fields of research will be presented, but transferring the knowledge of the state of the art in sepsis management is of equal importance. In order to provide clinically applicable education, the postgraduate course on Sepsis will follow the concept of problem oriented learning this year. In joint sessions with the International Sepsis Forum, the Society of Critical Care Medicine, and the Surviving Sepsis Campaign, answers to big challenges are sought for by bringing the highest experts from these organizations together. Last not least, the global importance of the sepsis syndrome as well as the fact that ESICM members come from all over the world are accounted for in a session on "sepsis management with restricted resources".

During the last congress in Vienna in 2009, a sepsis working group has been initiated. The first project of this working group is to launch a survey on the implementation of the Surviving Sepsis Campaign guidelines within Europe.

The SIS section is open for contacts with other organizations that are devoted to improve the understanding of severe inflammation and sepsis, e.g. the International Sepsis Forum and the International Forum for Acute Care Trialists.

SUSANNE TOUSSAINT

Chair of the SIS Section

RESEARCH DEPARTMENT

Many ESICM Research activities have developed this year and are flourishing. In particular, this year we are proud to announce the official launch of the ECCRN Trial Group, which aims at the establishment of an active network of investigators and research teams for the development and implementation of clinical trials. The launch meeting is organized in Nice 25-26 November. This meeting is open to all. Each individual or unit interested in collaborative research is more than welcome. For more information please visit ESICM website or email researchdept@esicm.org or Daniel De Backer (ddebacke@ulb.ac.be). For those interested but unable to join the launch meeting, please contact the ESICM office (researchdept@esicm.org). Besides we are glad to inform you about the opening of the new ESICM Meta Analysis Group led by Djillali Annane, whose goal will be to produce systematic reviews and meta-analyses to summarize existing evidence about therapeutic and diagnostic interventions in the field of critical care.

The GenOSept project has provided useful insights on genetic markers related to sepsis and will show its results at this congress. Attend the hot-topic session to hear more about it. The Eurotherm project, a clinical trial aiming at evaluating if therapeutic hypothermia reduces death and disability after intracranial hypertension due to traumatic injury, launched last year is already including patients. It is still possible to join the project. For more information, please consult the website at www.eurotherm3235trial.eu or contact Louise Sinclair at l.sinclair@ed.ac.uk

ECCRN activities are still growing. We received more than 80 excellent applications for a total of 8 research awards, including industry co-sponsored awards, that have been granted this year. In addition, various projects and surveys in the field of Intensive Care Medicine have been promoted, with interesting results. Projects of particular relevance to the ICM field can be supported or endorsed by the ECCRN. For more information please visit our website (www.esicm.org).

CLAUDIA ARENA

ESICM Research Department

ERIC, European Registry of Intensive Care Medicine

The aim of the ERIC is fourfold: 1. Gain insight in actual organization of Intensive Care Medicine in "greater Europe". 2. Create a platform for networking on education and training. 3. Use ERIC for research collaboration and 4. in a much more longer term try to obtain actual results of patient care.

The structure for ERIC was formally created by the Council in Vienna 2009. Due to the office relocation and restructuring of the IT-platform it has been decided during spring 2010 that the registry should be created on its own, at least for the starting phases. The intended work is divided into 5 phases.

Phase 0 – Creation of ERIC IT-solution

This has been accomplished (May 2010) with an interface for Data entry and administration. Data will be kept in a professionally administered SQL Server database. A website www.esicmeric.org (under construction June 2010) will hold information on the Registry and will be the interface for Contact and requests for information.

Phase 1 – Invitation to ERIC

June – December 2010. Information on ERIC and the aims will be sent by email and regular mail to ICU:s in “greater Europe”. National representatives of ESICM and National societies will be used to get in touch with ICU ´s and their Directors. A dataform for basic input to ERIC will be requested in return. This will be used to get basic official information on the ICU and personal contacts with the units. All ICU ´s will be asked for their interest in participating in education/training/work collaboration and research networking. Additional dataforms for those expressing such interest will be collected and registered.

All information is to be regularly checked and updated and therefore great care will be taken to ascertain that only official data is collected and that interests are the expression of the leadership of the ICU ´s. ESICM is in the possession of some contact information from earlier projects and will double-check the accuracy of the information and the expressed interests before using the data. The creation of ERIC could include 10-15 000 of ICU ´s. The task of organizing data and structuring it as well as coupling it into meaningful use will take some time. Information will be updated on the process on the website.

Phase 2 – Establishing good use of ERIC

End of 2010 – 2012. This means allowing ESICM to use the information for creation of Research networks and education/training/work collaboration. The actual Registry Information will be used for purposes in these areas decided by the Executive committee and/or Council and will not be openly searchable except in aggregated forms (How many ICU ´s and beds are there in Norway, Serbia etc?) except if explicitly decided as above.

Phase 3 – Updating data

2011 – Infinitely. Individual units will have the choice of automatically updating its own data annually or semi-annually or doing it by email-form. This is not yet currently available but a plan exists.

Phase 4 – Collecting outcome data

No decided start and no decided protocols yet. Remains to be discussed in what detail and how this will be accomplished.

In conclusion: A lot has been one, a lot more remains! Small steps towards a functioning ICU network in Europe...

GÖRAN KARLSTRÖM

ceo@icuregswe.org

Chair of ERIC 2009-2012

PROFESSIONAL DEVELOPMENT

INTENSIVE CARE MEDICINE

The 2009 was another positive year for ICM.

Despite a harder editorial competition, the impact factor for ICM raised again from 5.055 in the 2008 to 5.168 in the 2009 and the Journal is still third in the International ranking of Critical Care area.

The scientific profile of the clinical and experimental works was outstanding!

The number of submitted manuscripts during 2009 increased up 1500, and the rejection rate reached the 83%.

Most of the manuscripts have been submitted by Europe and North America, but we saw a constant growth of submissions coming from the Australasia, South America, China and India, reinforcing the International connotation of Intensive Care Medicine.

After an accurate analysis of the impact of the various categories of submitted papers, the Editorial Board decided to completely abolish the case discussions (now in large part presented as letters to the editor) and brief reports, giving a relevant importance to the reviews, clinical and experimental works. The reader poll launched at the website confirmed that this decision were consistent with the interests of our readership.

The time needing to send out the first decision to the authors was within the 4 weeks and the average reviewers turnaround time 17 days.

There were some delays in delivering the printed version of the journal during the 2009 and the ESICM and the Springer are working hard to definitively solve the problem.

The new website (<http://icmjournal.esicm.org/index.html>) is in a good shape, with more than 3 million of visits in one year and an average of 8.23 page views per visit.

The editorial team is actively working for improving more and more the accessibility and the friendly usability of the website

Recently we had a changeover at the board of editors. One giant of the Intensive Care Medicine, Prof Francois Lemaire resigned from his position of Associate editor responsible for the Ethical and Legal section. He was a former fantastic editor in chief during the 80s and one of the founder of the modern course of the Journal. A warm thanks for the incredible work done for the Journal goes to him from the entire board of editors from our advisory board, from our readers and from all the scientific community of our discipline.

Another distinguished scientist in the field collects his heritage: Dr Randall Curtis from the University of Washington at Seattle. Welcome!

All the Editorial team will continue to work hard for assuring to the readers an high scientific quality and an attractive Journal !

MASSIMO ANTONELLI

Editor in Chief

PACT

PACT (Patient-centred Acute Care Training) has been a Society flagship distance learning project. It is central to its educational mission and is now available freely as a membership benefit to members. It is for Intensive Care Medicine postgraduate trainees and for all working in Critical Care as a continuing professional development resource. User surveys have shown that the substance and innovative features are well received.

The current phase of PACT development is focussed on producing a new, fully updated product and the plan, to have all modules incorporated within three years, is unfolding in accordance with the stated 'module per month' production strategy. There is also a continuing parallel process of software platform modernisation in association with CYIM, the Society's IT resource company. User-friendliness, printable pdfs, links to reputable up-to-date textbooks e.g. *Intensive Care – Concise Textbook* (Hinds, Watson), and the links to selected ESICM flash conference lectures are all features of this new process. User surveys have shown hesitancy regarding the use of the electronic format of PACT as an everyday (decision support) device in Critical Care practice. For this reason primarily we are developing, as an immediate priority with CYIM, the inclusion of a rapid and effective search engine for PACT.

A small management group is working to build the systems necessary for the above. This entails monthly teleconferences to deal with everyday matters such as institutional/library access. We expect this facility will become more popular as it allows access for medical students and all acute medicine specialty groups and professions allied to medicine at a very reasonable cost to the hospital / institution. The institutional rate is very reasonable 800Eur for the first year and then an annual rate of 400Eur. Other performance indicators such as website hits, related hits on ICM journal and textbook links and use of PACT Patient Challenges for simulation (METI) are kept under review.

The PACT Editorial Board, Anders Larsson, Jan Poelaert/Marco Maggiorini, Giuseppe Citerio, Carl Waldmann, Janice Zimmerman, Johan Groeneveld, Charles Hinds, Stan Aerdt, Gavin Lavery, Graham Ramsay, Lia Fluit, Francesca Rubulotta and Dermot Phelan, which drew on the expertise and willingness of the Society's scientific sections and the educational division is functioning well. Editors have responsibility for a grouped number of modules and oversee and participate with the updating authors in ensuring that all remain on target. The editors have the central role in identifying new authors and in interactions with the reviewers. They also keep under review where the modules require modification to ensure no gaps or excess overlap in the overall programme. Charles Hinds has kindly taken on the role of medical copy editor which arose as a necessity associated with the linkage to the textbook. The work of the editorial board is conducted almost entirely electronically and it appears that one face-to-face meeting at the Annual congress is sufficient. The willingness of a variety of Society members to serve on the board or to act as reviewers has been very encouraging. We have had one retirement which requires replacement - the mechanism for which is under review.

We have been pleased with the extent to which links with other elements of the Society have been possible e.g. with the EDIC committee (for MCQs), the Sections (for editors and reviewers), the Journal (for full text links to quoted articles), the congresses (for links to Flash Conference lectures) and the Simulation group (for PATCH scenarios). We are in discussion with the CoBaTrICE organisation via Francesca Rubulotta to enhance interaction between us which is likely to provide links from CoBaTrICE e-Portfolios to targeted elements of PACT.

We hope also to explore with CoBaTrICE the development of suitable education features and to improve the acceptance and approval of PACT from training bodies, which have a responsibility for ICM, Europe-wide.

We are extremely indebted to all PACT authors and reviewers for their commitment to the updating process. Kathleen Brown, the Editorial manager has consummately that all aspects outlined above come together. This has been central to adapting to recent organisational changes and to the forging of direct, effective links with CYIM, the Society's IT resource. We have been fortunate to have Estelle Flament join PACT. Hans Flaatten, as our Executive committee member, has been essential to PACT development in general and to managing the finances within the total Professional Development section of the ESICM organisation

DERMOT PHELAN

On behalf of the PACT management group, Editorial Board and Reviewers / Authors

ADMINISTRATIVE AFFAIRS

REPORT OF THE SECRETARY

Recent years have seen several important steps in the development of the ESICM as a modern professional society. These developments, however, were associated with a variety of challenges that had to be met to avoid a detrimental impact on the functioning of the ESICM.

The first challenge was the moving of the ESICM office in March to the new building in Rue Belliard. This step means that on one hand that the ESICM now has a proper home, however it also means that we now have to care for a complete building and to provide and maintain all the facilities on their own. For the well being of the society this meant that a complete technical infrastructure solution had to be developed and installed. This included not only such facilities as water and electricity but also the development of an IT infrastructure with cabling, computers and internet access. We are now happy to be able to report that all systems are working well and provide the office staffers with a good backbone for their work.

During the process of the development of the new office concept it became quickly clear that several processes had to be redesigned and the existing software solutions were in many respects outdated and not longer able to satisfy the needs of a growing organisation. Manual data processing led often to long delays in response times, especially with respect to member's requests – an issue which urgently needed a solution.

The ESICM has moreover during the past years changed the way that membership benefits are provided – almost all services are now handled online. In order to be able to improve these services, several works had to be performed in order to be able to link the different services together. This included major changes such as the installation of a new accounting system that allows for the integration of membership services with the online web system. After a development period of more than nine months, we can now report that the new system is online and thus removing much of the need for manual data processing.

Membership numbers are continuing to increase and at the time of the preparation of this report we have now more than 5200 paying members –the highest number ever. Since the beginning of 2010, ESICM offers the possibility of dual membership for members of national societies who might want to become ESICM members. This has led to a huge increase in the visibility of ESICM and has resulted in more than 30 new agreements with national societies who now promote the Dual Membership scheme on their national levels.

The ESICM office itself has also undergone several changes. We now have several new office staffers, which bring a fresh wind and new motivation with them. I want to use this possibility to welcome them officially and to wish them a good and productive time at the ESICM office.

PHILIPP METNITZ
ESICM G. Secretary

FINANCE

Despite the worldwide financial crisis and the most recent European crisis with the decline of the Euro, ESICM's financial health remains secure. In June 2008, ESICM had assets of 4 M€ whereas by April 2010, assets rose to 5.07 M€. Continued significant income has come from the annual congress in Vienna, membership fees and Intensive Care Medicine. Significant amounts of ESICM assets have been channeled into programs for research and education. The major research project is the Eurotherm study (therapeutic hypothermia after traumatic brain injury) which started enrolling patients.

Our foresight in making a significant real estate investment and the diversification in a large amount of varied assets around the world will allow ESICM to continue its many important activities. The most important investment ESICM has ever made recently came to fruition. ESICM moved into its new offices and new home at Rue Belliard 19 and the Council meeting on March 8, 2010 took place at our new premises. The office has more than 1300 m² allowing for future growth, is close to the European Union and is on a premiere street in Brussels.

ESICM's financial strategy has continued to pay off. Recommendations from our financial consultant have continued to be followed. These include a continued conservative strategy given the current financial crisis and a more aggressive approach to maximize revenues. The assets that were originally moved into very conservative government bonds were subsequently moved to more stable corporate bonds and other stable vehicles. Our portfolio for 2009 increased to by 7.98%. ESICM continues to keep a safety net of EUR 1 M to guarantee that the office can continue for one year without any further income and for other potential major disasters.

At the most recent Executive Committee meeting in April 2010 our financial consultant, Mr. Nicolas Vryghem, assessed ESICM's finances stating: "the association has performed well from a financial point of view, both on the level of asset management and from an operational point of view. Hence, there is no specific reason to be more worried about the finances of the association as compared to 2 years ago, on the contrary."

The challenge for the future will continue to be financial policies emphasising wise investments in research, education, finances, judicious spending and responsible economical planning.

CHARLES L SPRUNG
ESICM TREASURER

REPORT OF THE EXECUTIVE OFFICER

"2010 was a very intense year which saw ESICM officials and staffers working hard towards the common goal: Raising awareness on the dedication of the ICM community to patients"

The scale and the extent of the changes since last autumn have been positive and they have made ESICM stronger and legitimate as the voice of the intensivists' community.

Movers and shakers.

Administration team: Farewell to Sophie Laffut-Desmet, ESICM accountant for years. We wish her all the best and welcome Rashidi Abibu, your new accountant and a real asset to the Society.

James Cocker, ESICM IT manager followed his partner back to Edinburgh so Etienne Vander Elst joined us to be your new IT wizard as well as Stéphanie Khazzaka who has the very important task to deal with all administrative affairs.

Scientific activities team: Farewell as well to our colleague Nathalie Mathy and welcome to Claudia Arena your new Research Team Leader. Cindy Martinez is now Congress Team Leader with Elise Maquestiaux and Ghislaine Eenens as dedicated team members.

Professional development team: Estelle Flament accepted the challenge to lead the Professional development department after years of fantastic job as Congress Manager. She is helped in her task by Tania Kapu, your dedicated EDIC staffer.

The Year 2010 saw ESICM's implementation of its transformation agenda.

Strengthening membership and partnerships. ESICM is strengthening and consolidating ESICM membership as well as partnerships with national societies and NGOs involved in intensive care. As such, ESICM is actively promoting dual membership and collaboration with National Societies. The new accounting system and the reflection on user friendliness of website functionalities are part of the strategy to secure a long term relationship with members.

Advocating ICM policy development. ESICM is busy developing its EU networks and raising the profile of the ICM community. ESICM advocacy is based on quality policy development, backed by research and documented evidence with specific recommendations for action. ESICM and UEMS joint approach is one in many examples of this work. ESICM priorities in 2010 are professional recognition, Health workforce, Patients rights and clinical trials directives.

Statutes & Standard Operating Procedures.

This update allows our association to better respond to the challenges posed by the increase in the Society's activities. This greatly simplifies the daily working life of ESICM. Both documents are available on the website.

Property in Brussels' EU quarter. The purchased property is located in the European Quarter on Rue Belliard 19, one of the premier streets in Brussels. We are giving the finishing touches to the main building and brainstorming on the next steps to be taken regarding the Stables building.

The ESICM congress. ESICM will build on the success of the electronic posters, poster corners and replay theatres, and expand the offer of thematic sessions and/or debates in a user-friendly and interactive fashion. The LIFE project, which shows the human bond between the ICM community and the patients and families is a prominent feature of this year's congress.

ESICM is now organizing yearly summer conferences in cooperation with interested national societies. The Dublin Summer proved to be a real success and we look forward to work with the next local team that will be host.

Education and professional development. ESICM educational tool PACT and the EDIC exam continue to be largely popular amongst the profession. Furthermore, two types of training courses in ICM have been conducted in 2010. One advanced training course (ATCIC) and one BASIC instructor course in Dublin, in cooperation with the Irish Society that we want to thank again for the outstanding cooperation.

All the Best,

NELLY LE DEVIC

ESICM Executive Officer

ESPNIC



The European Society of Paediatric and Neonatal Intensive Care (ESPNIC), is a scientific society devoted to the care of critically ill children and newborns. Jointed with ESICM, ESPNIC is composed by Doctors and Nurses who are committed to share knowledge and improve the quality of paediatric intensive care in Europe and elsewhere.

Main goals of ESPNIC include:

Promotion of paediatric and neonatal intensive care throughout Europe.

Development of new treatments and new technologies in the ICU setting.

Promotion of multidisciplinary collaboration among paediatric, neonatal and adult intensivists, as well as nurses.

Implementation of research and educational projects into all aspects of paediatric and neonatal intensive care.

ESPNIC collaboration with ESICM is growing steadily, with both societies being committed in exchanging scientific knowledge as well as educational and training projects. ESPNIC will support ESICM even further in the future, aiming to integrate well established educational packages, such as PACT, with relevant paediatric issues, which may be of interest for many adult physicians routinely or occasionally involved with children too.

In addition, there is a strong will by the ESPNIC Nursing section and its President, Fiona Lynch, for a tighter cooperation with the Nursing section of ESICM.

In June 2009, the annual ESPNIC congress was held in Verona, having a tremendous success. Indeed, nearly one thousands delegates, coming from more than 80 different Nations, attended the congress. The scientific programme, which included several tracks and workshops, was of high quality both for Medicals and Nurses, receiving much appreciation from all participants.

Several important projects for ESPNIC are on the horizon. A European syllabus for Paediatric and Neonatal intensive care is under construction. Main issues will include the definition of electives, duration of training, testimony of the training programme, evaluation Committees, and so forth.

Furthermore, a master plan for ESPNIC will be finalized in the upcoming months. The aim is to professionalize even further the society, help with the Quality Assessment, Registry of the Association, Educational Programmes, Facilitation of Multicentre Studies, European Funding, and Consensus Meetings.

Importantly, a website redesign has been agreed by the ESPNIC Board. An "ad hoc" working group is presently monitoring the project at every stage, and the live launch of the new website is expected by the end of the year. (www.espnic.org)

Finally, the ESPNIC election system will be changed soon into an online format, in order to allow each member to be actively involved in the important process of ESPNIC officers renewal. To do this, the Statute will have to be amended at the next ESPNIC General Assembly, which is expected to be in Copenhagen in Fall, during the Congress of the European Academy of Paediatric Societies. Of note, by the end of the year both leadership positions, i.e. Nursing President and Medical President, will have to be changed.

PAOLO BIBAN

President of ESPNIC Medical section

NURSING AND ALLIED HEALTHCARE PROFESSIONALS (NAHP)

The ESICM actively encourages membership from any health professionals working or strongly associated with intensive care. Currently, there are nurses and physiotherapists members from more than 15 European countries and there are opportunities to link and share practice and experience via the Annual Congress as well as via research projects. The NAHP Committee meets twice a year: during the ISICEM meeting in Brussels (March) and during the ESICM Annual Congress (October). We were particularly encouraged in 2009 by the number of members who turned up for our meeting in Vienna at 7.30 am!

The objectives of the Nursing and Allied Health Professional committee are to:

- Raise the profile of intensive care nursing and allied health professionals within the ESICM and amongst European nurses and AHPs;
- Increase the opportunities for nurses and AHP across Europe to attend the congress and to be involved in pre-Congress activities;
- Provide support for first time Congress presenters, from abstract submission through to presentation;
- Develop networking opportunities for nurses and allied health professionals across Europe both at the annual congress and via the ESICM NAHP webpages;
- Provide opportunities for nurses and allied health professionals to get involved in collaborative research studies.

We have achieved progress against these objectives in 2009; the Vienna Congress saw a number of 'firsts' for the NAHP committee: the joint pre-Congress Communication Skills workshop was organised jointly by the NAHP Committee and the Ethics Section. The first travel scholarship award, sponsored by *Intensive and Critical Care Nursing/Elsevier*, was made. This award pays for accommodation/travel and Congress fees; all nurses who have an abstract accepted are eligible to apply.

These initiatives will both be repeated for the 2010 Congress in Barcelona.

Many of the NAHP members are involved in the APPROPRIUS study (an exploration of moral distress in ICU nurses led by Dominique Benoit and Ruth Piers, Ghent), the RACHEL study (examining the impact of ICU diaries on the development of post traumatic stress disorder, led by Dr Christina Jones) or the EuroPain study (a study on procedural pain in European ICUs led by Prof Kathleen Puntillo). All of these studies provide opportunities for members to get involved in international research studies.