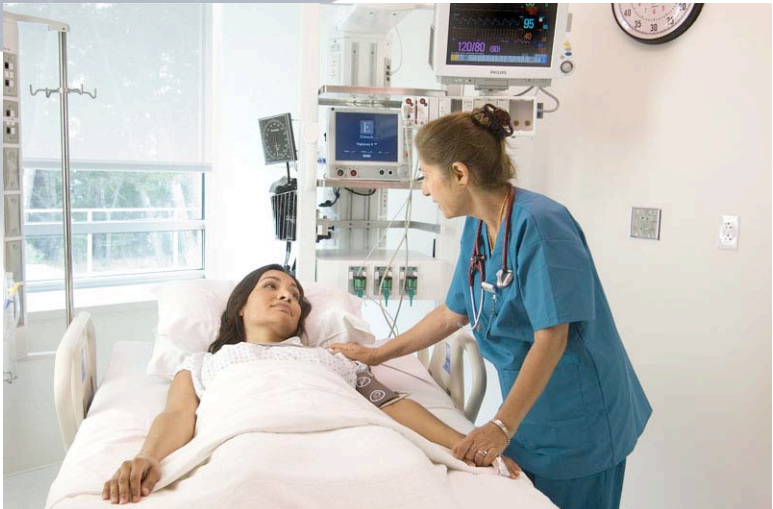




**ANNUAL REPORT 2008-2009**



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# EUROPEAN SOCIETY OF INTENSIVE CARE MEDICINE 2009 AND BEYOND RUI MORENO, ANDREW RHODES



**Rui Moreno**



**Andrew Rhodes**

The year of 2009 will remain in the history books as a year of great uncertainty. The bankruptcy of Lehman's Brothers that then spiralled into a global economic crisis has had many far-reaching consequences, some of which have implications for the survival and success of scientific societies. Perhaps paradoxically, at the same time a number of controversies have resulted in the public's perception of the relationships between physicians, industry and scientific societies as being tainted. The combination of this harsh economic climate together with the cynicism engendered by controversy has had a profound effect on the planning and organization of educational and research initiatives in the field of Intensive Care Medicine (ICM). The European Society of Intensive Care Medicine (ESICM), proud of its past and faithful to its vision and mission, has decided to transform these times of uncertainty into times of opportunity.

Created in March 1982 in Geneva, Switzerland by a small group of visionaries, the ESICM is a non-profit making international association, whose objective is the advancement and promotion of knowledge in intensive care medicine. This relates in particular to the promotion of the highest standards of multidisciplinary care of critically ill patients and their families through education, research, and professional development. The ESICM endeavours to realize this objective by promoting and co-ordinating activities in the different fields of intensive care medicine, fostering research and education, providing recommendations and organizing and co-ordinating international congresses and meetings. During the past year we, together with an amazing amount of support from our secretariat, have addressed these issues. This summary, short as it must be, summarizes many, but not by any means all, of the successful ventures that the society is currently taking on.

Perhaps the most significant venture this year has been the decision to purchase our own premises. After a number of highly successful financial years we found ourselves in the position of being in a significant financial surplus at the same time as property prices and interest yields were plummeting. On the 17 of June 2009, the contract for the purchase of our new home was signed by the President, Rui Moreno, and the Treasurer, Charles Sprung, on behalf of the Executive Committee. Our new office will be located on Rue Belliard 19, one of the premier streets in Brussels, in the European Quarter. This house consists of a four story building of approximately 1000 m<sup>2</sup>, together with a second two story building of approximately 350m<sup>2</sup> and parking. The purchase will accommodate the ESICM with an office for its staff, adequate capacity for meetings, conferences and educational activities, and the potential for future growth and greater financial security. After many years renting office accommodation from the University of Erasme, we now have a place to call our own. We hope the upcoming renovations over the next few months will make the new ESICM offices a warm and inviting home for all of our members, and we look forward to welcoming you there. We anticipate the office will be officially opened, at the 2010 Spring meeting of the ESICM Council.

Towards the end of last year, the society had to say goodbye to Suzanne Smits de Smet, who had been our Executive officer for many years. Suzanne had certainly put her mark on the society and was responsible for our growth to what we are today. The passing of one Executive Officer, however, enabled us to employ Nelly Le Dévic, our new 'chief' in the office. Nelly has brought

to the society her legal qualifications and background within the European Commission, both qualities that we will surely need and use in the future.

Over the last few years our society has grown massively in its activities and functions. We now have more working committees and structures than ever before. Although hugely beneficial to our activities, this growth has caused some minor problems. In particular we have outgrown our statutes that govern how we function. These statutes are legal structures that can only be changed following a long and drawn out formal process. This process is now underway with a new set of statutes having been drafted earlier on in the year. In order to ensure that we do not run into similar problems in the next few years, we have taken out of the statutes many of the day to day descriptive processes, and put these into a set of standard operating procedures. The new statutes have been agreed by our Council and await ratification at the forthcoming General Assembly in Vienna.

Our honorary secretary, Herwig Gerlach has had a busy year. Together with the re-writing of the statutes we have started a process of updating our information technology systems within the office and developing a number of proposals to further increase our membership base. We now have schemes to increase membership in many parts of the world as well as dual membership schemes with the National Society's of Europe. We hope that these endeavours will have long lasting benefits to our membership numbers. Unfortunately Herwig will complete his tenure in October 2010. We would like to thank him for his commitment and energies that he has given us during his time in office. We welcome Professor Philipp Metnitz who was elected to replace him.

One of the major success stories of our society has been the increasing importance of our exam, the European Diploma in Intensive Care, to trainees both within Europe and further afield. Year on year the exam has attracted more candidates and has increased in its educational rigor. It is now used as the national exam for The Netherlands, Switzerland and Malaysia. Much credit for this progress must go to Hans Flaatten and Armand Girbes, who together with the EDIC committee have worked tirelessly in this venture. We are pleased that they plan to elect a new 'Court' of examiners who will continue to progress the diploma for the next few years. To any aspiring examiners out there, we would be pleased for you to stand for one of these positions and to help us ensure the progress seen in recent years.

In parallel with the exam has been the development of our educational products that enable us to teach the new generation of doctors, and nurses, the skills and competencies of our specialty. Cobatrice is now complete and beautifully describes the necessary competencies that are required. The first edition of PACT is also finished and we are now in the process of updating all modules and improving the electronic content and functions. We have also signed an agreement with one of the simulator companies to transform the modules into a simulation based product. The new editor, together with his team of associate editors, hope to be able to renew each module every few years to ensure that it is always up-to-date. The PACT project was a significant investment to our society. We are pleased that the Council have decided to return this investment to our members by allowing free access to the program through our web site.

In order to improve the educational products that we have available to our membership, we would like to announce a number of new initiatives. These will go in tandem with our commitment to record our congress lectures and provide them free of charge to our members through our web-site, which is now probably the leading source of content available for our specialty anywhere in the World. Two new courses are in development, the first a better integration and interaction with the BASIC course, developed by Charles Gomersall and his colleagues, and also a new Advanced Course in Intensive Care Medicine that is being developed and scheduled to go live, with the first instructor course, at the beginning of next summer.

Two years ago we started to publish our own annual book- 25 Years of Progress and Innovation in Intensive Care. This book we gave free to our members and also as a benefit to registrants of our congress. We have been overwhelmed by the positive feedback we had with this initiative, so

despite the significant workload it puts onto our editors and the authors of the chapters, we have decided to continue the project. Last year we published a book on 'Controversies in Critical Care' and this year we will release a new book entitled 'Patient Safety and Quality of Care'. We hope that this year's book will be as well received as previous editions. Next year we plan to produce a book describing the organizational and structural characteristics of Intensive Care Units.

Our most visible, and perhaps, esteemed product remains our journal, Intensive Care Medicine. This year we were happy to renew the Editorship of Massimo Antonelli who has now been our Editor-in-chief for the last three years. Massimo has continued the good work of previous editors and needs to be soundly congratulated for the way the journal has progressed. Year on year the impact factor increases and it now compared favourably to all other journals from our specialty.

Research remains one of the core missions of our society. The research committee has been under the leadership of Daniel de Backer for the last few years. We are delighted at the progress that has been made in this part of our life- ECCRN continues to expand and improve both its activities and its research grant program- and we are now officially launching our new Trials Group this year. We hope to be seeing many new papers originating from this Trials Group in high profile journals before too long. Please join in with this part of our society and enrol your unit in many of our ongoing research projects. The most significant research project that we have ever taken on is the EUROTHERM project. This was launched last year in Lisbon last year and is at the moment completely funded by our society. Under the guidance of Peter Andrews we hope to be able to determine how effective hypothermic techniques are for reducing raised intra-cranial pressure.

Other major new activities that will start this year include the re-launching of the European Registry of Intensive Care (ERIC) and the setting up of our very own meta-analytical unit. We are often asked for information with regards numbers of intensive care beds within Europe and staffing patterns. We hope the ERIC project will be able to answer some of these questions as well as many more. We anticipate this registry going live in the spring of next year. Please remember to enrol your data in our Registry so that we can contact you and ensure that your unit is represented in the spectrum of our activities.

The best time for us to meet you, our members. Is always our annual congress. This meeting has evolved over the last years to be truly the leading critical care meeting that takes place anywhere in the World. This year we will be in Vienna. Our congress chair, Jean-Daniel Chiche has brought in many new and exciting projects that we hope will continue to improve the Congress experience. We will now have electronic posters, an additional lecture theatre where lectures can be replayed if they were missed and also a television studio so that all of our 'experts' can be interviewed and recorded for our web-site in case you were unable to be with us.

Prior to the start of the congress we will be launching a new initiative that we hope will improve the safety and quality of care of all of our patients. Together with the Presidents of over 60 other national Intensive Care society's, industry and patient representatives and senior politicians we will sign a Declaration of Vienna pledging to develop tools that will improve our culture and climate within our units. If we are able to translate these words into significant actions, then we should be able to have a major impact on the likelihood of our patients having the outcome that they deserve.

All these activities have only been possible with the support from all our members, in particular those that have donated a substantial part of their free time to help ESICM; from the members of the Council and the Scientific Sections to all the anonymous reviewers of our Journal and to our members that keep emailing suggestions and proposals. Thank you to all of them.

Finally, in the year where the current influenza A (H1N1) pandemic is having a disproportionate effect on Intensive Care services – already in the southern hemisphere and possibly in a few weeks in Europe, causing many anxieties for practicing clinicians, both as to what to expect, how

to practice and what support or help they will be given, the ESICM created the first European H1N1 Patient Registry. This registry, now with hundreds of patients from Europe, South America and Asia, will allow us to demonstrate that, despite all of our doubts and the existence of huge heterogeneities between countries, or even regions within countries, that the knowledge and availability of ICM is now greater than ever before and that – acting together – we will bring light to the darkness and help our patients and families. As ESICM President and President-elect, we are sure that TOGETHER WITH YOU WE WILL MAKE THE DIFFERENCE.



Rui Moreno,  
ESICM President



Andrew Rhodes  
ESICM President-Elect

This has been an exciting and important year for the Division of Scientific Affairs. As it appears in the following set of reports, progress has been made on all fronts, at the Section level as well as at the Division level. It is virtually impossible to summarize these advances by a single word but we should probably think of this year as a year during which collaboration and networking have progressed, internally and with other structures and organizations.

With the creation of two novel entities, the structure of the Division has changed. The Research Committee now includes the newly created ECCRN Trial Group, that aims to promote investigator-led research at the European level. After an insightful study of current network models and input from the Research Committee members, Daniel De Backer has set the basis of what promises to be an important asset in our portfolio of initiatives to advance European knowledge in Intensive Care Medicine. The creation of a Systematic Analysis Unit is the other important change that has occurred in the Division of Scientific Affairs. Ranging from the identification of area for research to the production of practice guidelines, the missions of the Systematic Analysis Unit are multiple. The strategic importance of the Systematic Analysis Unit is of even greater importance that is marked by the end of the International Consensus Conference programme. There is no doubt that multidisciplinary collaboration will be essential to the success of the Systematic Analysis Unit in filling knowledge gaps in intensive care medicine.

Sections are the basis on which all the structures that compose the Division of Scientific Affairs rely. They all have been created by talented and motivated physicians and scientists according to the rules of our Society. Sometimes, however, this artificial segmentation of what is, by nature, the internal medicine of critical illnesses, gets in the way of research, education, and dissemination of knowledge. With new fields that have emerged and novel responsibilities for intensivists, it is essential to make sure that our Sections adequately represent intensive care medicine in its broad, multidisciplinary dimension, and that none of the multiple facets of our discipline remain in the dark from the research or education standpoint. It may be the time to re-assess our Sections focus to ensure a full coverage of all fields of scientific interest for our colleagues. The Division of Scientific Affairs will conduct this analysis, and we can expect stimulating discussions and proposals from Section Chairs and Deputy Chairs to face the rapid changes in our specialty. Here again, collaboration, networking and creativity will be key to the success of this enterprise.

## CONGRESSES AND CONFERENCES

Following the trend seen in our previous Annual Congresses under the leadership of Andy Rhodes, the 22<sup>nd</sup> Annual Congress of the ESICM promises to be a success from the quality standpoint as well as from the expected number of attendees. The Congress Committee has worked to develop a programme that contains 10 parallel sessions and more than 800 lectures, presentations, debates, round table discussions, tutorials and interactive educational sessions. As always, the Congress starts before the Opening Ceremony with a full set of Post-Graduate and Refresher Courses that will surely serve our community. This year's programme is however enriched by the organisation of two major international events.

Under the leadership of the Cardiovascular Dynamics Section, the ESICM has organised a Roundtable on "How should ICU physicians be trained in critical care ultrasound techniques?". Experts representing all major international societies with a specific interest in this field have accepted to produce internationally recognized guidelines that are expected to shape the content of training programmes. These programmes will be the only guarantee that intensivists meet common high-quality requirements to efficiently and safely use these techniques worldwide.

As safety is at the heart of our 22<sup>nd</sup> Annual Congress programme, the Division of Scientific Affairs has worked with the leadership of our Society to organize the "Round Table on Patient Safety in Intensive Care Medicine". This initiative aims to bring together all the stakeholders who relate to our specialty in a process aimed at not only raising the profile of patient safety, but to actually improve the outcome of our patients. Indeed, despite major advance, our knowledge as to how

health-care systems interact and influence the delivery of safe and quality care is poor. 'Medical error', as an important cause of morbidity, has reached epidemic proportions. The first step to overcoming the preventable epidemic of medical error is by the recognition of its existence. This step will be undoubtedly reached after this Roundtable, and the ground-breaking "Declaration of Vienna" will contribute to embed the culture of safety in the genome of scientific societies and ultimately intensive care professionals.

The Congress Committee has also worked to modernize our Annual Congress. As presentation of cutting-edge original research is one of our priorities, we are pleased that over 1350 abstracts have been submitted to the meeting. Many of these will be presented in either oral or poster format and this year, we are pleased to introduce electronic posters, poster corners and a replay theatre. This technology will empower attendees to optimise their selection of thematic sessions or debates of new data in a user-friendly and interactive fashion. We have also worked to prolong this learning experience on the web through a better access to flash-conferences and podcasts that will make our future Congress Website a useful learning platform for our members.

The organisation of the Summer Conference is another important activity of the Congress Committee. We have worked closely with the SCCM and the Intensive Care Society of Ireland to organize the next Summer Conference on "Acute Brain Injury", to be held between June 10-12th in Dublin. From this year, these Summer Conferences will become annual and we expect that this will give the ESICM a tremendous opportunity to visit virtually every country in Europe. This may also give us the opportunity to explore new session formats that have been already discussed by the Congress Committee and that will bring even more interactivity in our sessions.

It is a privilege to serve the ESICM at such an exciting time. I want to take this opportunity to stress the amazing work that is performed by our Congress team, and state in this report that nothing would be possible without the dedication and talent of these individuals as well as all members of the Congress Committee

**JEAN-DANIEL CHICHE**

ESICM CHAIRMAN OF THE DIVISION OF SCIENTIFIC AFFAIRS  
CHAIRMAN OF THE CONGRESS COMMITTEE

## SECTIONS AND WORKING GROUPS

### List of the Sections

	Chair	Deputy
<b>Infection (INF)</b>	Claude Martin	George Dimopoulos
<b>Working Group on Pneumonia</b>	Jordi Rello	
<b>Systemic inflammation and sepsis (SIS)</b>	Konrad Reinhart	Jérôme Pugin
<b>Metabolism, endocrinology, nephrology &amp; nutrition (MENN)</b>	Michael Joannidis	Jean-Charles Preiser
• Working Group on Nephrology	Michael Joannidis	
• Working Group on Nutrition & Metabolism	Sergio Ruiz-Santana	Jan Wernerman
• Working Group on TOS	Xavier Forceville	
<b>Ethics (ETH)</b>	Elie Azoulay	Colin Ferguson
• Working Group on Clinical Working	François Lemaire	
• Working Group on Definition of Death	Tom Woodcock	
<b>Acute respiratory failure (ARF)</b>	Anders Larsson	Giorgio Conti
• Working Group on Immuno-monitoring	Didier Payen Axel Nierhaus	
<b>Cardiovascular dynamics (CD)</b>	Jan Poelaert	Marco Maggiorini
<b>Health services Working and outcome (HSRO)</b>	Maurizia Capuzzo	Andreas Valentin
• Working Group on Health economics	Akos Csomos	
• Working Group on Outcome	Philipp Metnitz	
• Working Group on Quality Improvement	Andreas Valentin	
<b>Neuro-intensive care &amp; emergency medicine (NICEM)</b>	Giuseppe Citerio	Pedro Navarrete (01/2008-2010)
<b>Peri-operative intensive care (POIC)</b>	Claudia Spies	Michael Hiesmayr
<b>Technology assessment &amp; health informatics (TAHI)</b>	Max Jonas	Michael Reng
• Working Group on Haemodynamic Monitoring	Jan Poelaert	

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

### Acute respiratory failure

We have had two section meetings; one in connection with the ESICM Lisbon Congress and one in connection with the ISICEM Congress in Brussels.

On the first meeting the new chair, Anders Larsson, and the new deputy, Giorgio Conti, were introduced and furthermore, the preliminary program for the ARF sessions on the Vienna congress was shown. It had been a problem with the PG course (COPD) at the Lisbon congress, not because of the lectures, which were of high class with excellent speakers, but because of lack of attendees. Therefore it was decided to change the content of the PG course, and the new PG course "From severe acute respiratory failure to ICU discharge: Diagnosis, monitoring and treatment" will be held at the Vienna congress. At the second meeting the topics of the Barcelona congress were discussed. We thought that it might be useful if the members could propose topics for the program. Therefore a list of possible topics was sent out before the meeting and another more elaborated list was sent out in April 2009, where the members were asked to grade the topics (bad, fair, good). From the response we will create a more concise list (including objectives and speakers) to be discussed at the Congress committee meeting.

Regarding common activities such as surveys and possible studies it was decided to wait to after that ERIC and ECCRN TG are underway. There are few members that are active in the section, and few are coming to the meetings. We hope, however, that better information and transparency will get more members to participate in the future.

### ANDERS LARSSON

Chair of the ARF Section

## Cardiovascular dynamics

The cardiovascular section (CD) has the task to provide education both on a theoretical and practical basis. In this way, a well-balanced program within the sessions of the section is very well attended during the yearly meeting, in conjunction with some joint sessions with other sections. Furthermore, it has to encourage scientific work on cardiovascular issues in intensive care patients, witness the many high quality abstracts presented yearly during the meeting on miscellaneous cardiovascular topics.

Since a few years, this section has developed a pre-congress program on education in echocardiography in ICU, which implies both transfer of knowledge and skills of virtual all echocardiographic and Doppler items in ICU. The implementation of case studies and practical hands on sessions both for beginners and advanced intensivists makes this pre-congress course most attractive and always sold out.

Besides these issues, the section has the task to stimulate certification and accreditation on echocardiography in ICU and encourage cooperation on this issue with other societies around the world. Hence, the section started the preparation of a broad discussion on these topics with representatives of many European countries, in conjunction with representatives of the American College of Chest Physicians and the Society of Critical Care Medicine. The round table will be held in Vienna before the congress and is meant to stipulate and coordinate worldwide guidelines on education, accreditation and finally certification. This target will be difficult to reach in some European countries, but it is the task of the section within the ESICM to support the local intensivists in this respect.

### **JAN POELAERT**

Chair of the CD Section

## Ethics

The Ethics section had the aim to fulfil the framework developed by Charlie Sprung during his chairmanship: 1) taking a reasonable place during the annual meeting by proposing original sessions and by interacting with other sections; 2) developing a large network of national coordinators to design observational studies in the field of communication, ICU organisation, end-of-life issues, nurse-physicians interactions etc...; 3) to offer a forum for discussions and debates with anyone who would be interested.

For the Vienna conference, the program includes several original sessions that we hope will find a large audience. For example, a post graduate course on communication will be proposed along with an evaluation of the attendees. Four thematic sessions, four competency sessions, one pro/con debate, one patient safety session, 2 CPDs, 2 tutorials and 1 clinical challenge have been organized.

In 2009, we hope that the main manuscript from the Conflicus study (Established investigator award 2007) will be published and that all the secondary papers will also be submitted. Charlie Sprung has made substantial advances in the development of the WELPICUS study and Andrej Michaelsen is going to send a web-questionnaire on what the Society expects from the Ethics section. The idea of proposing IRB services has not met consensus (see the minute from Colin Ferguson) within the section and we hope that this survey will help depict new roles for our section. At this time, a discussion with Daniel de Baker includes an ethical reviewing of the projects granted by the Society (EECRN projects). The Chair of the Ethics section will be ex officio a member of the organising committee of the recently formed Trials Group of the EECRN so that the section will be involved from the start in the work of the Trials Group

Last, the section is strongly supporting two projects entitled APPROPRIUS (a study on moral distress in ICU nurses by Dominique Benoit and Ruth Piers, Ghent) and the Euro-Pain study (a study on procedural pain in European ICUs by Kathleen Puntillo, Paris/San-Francisco).

We will have the annual meeting in Vienna and we hope that most of our initiatives will be successful.

### **ELIE AZOULAY**

Chair of the Ethics Section

## Health services research and outcomes

The Health Services Research and Outcome (HSRO) Section is, since its foundation, dedicated 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 and their views to Congress Committee and contributed to the programme of the 22nd ESICM Congress (Vienna 11-14 October 2009) with four Thematic sessions, four Pro/Con debates, Clinical Challenge and Continuous professional development sessions.

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

### Outcome group

In 2008, there was a handover from Rui Moreno to Philipp Metnitz, who became responsible for this WG. The WG managed the SAPS 3 project, and after the publication of the two main studies (Intensive Care Med 2005;31:1336-1344 & Intensive Care Med 2005;31:1345-1355), took care of analysing, writing and publishing numerous substudies. Articles on End-of-Life practices, Epidemiology of Mechanical Ventilation, and Acute Kidney Injury have been or are next to be published. Moreover, further studies are in the analysis phase.

### Quality improvement group

The WG head by Andreas Valentin performed the SEE2 study in 2007. The paper about the results of this study was published in British Medical Journal on the 13th March 2009, being free to be downloaded from the website. The media drew the information given in the article and widely spread it.

The next task of the WG will be to update the "Recommendations on minimal requirements for Intensive Care Departments" published in 1997 (Intensive Care Med 1997; 23:226-232).

### Health Economics group

In 2008, in Lisbon, it was stated that the task of the WG was to perform a new attractive research project. Paolo Merlani was charged with the collection of research proposals from HSRO section and Health Economics WG members.

The formal proposals arrived in December 2008; a synopsis of the study proposals was prepared and the members of WG were requested for an evaluation in February 2009. The choice of the WG favoured the project on "European Length of ICU Stay Evaluation" (acronym ELOISE); the project was discussed in March 2009, in Brussels where the WG made Paolo Merlani responsible for the head of the WG.

The value of the HSRO section is in the active participation of the members who share the mission of the section. Moreover, they are directly involved in the care of patients and, as a consequence, they are able to produce good ideas for the annual congress of the Society, to develop clinical research projects, and to bring them to the conclusion, allowing the dissemination of the results.

### MAURIZIA CAPUZZO

Chair of the HSRO Section

Working Groups:

**PHILIPP METNITZ**, Outcome

**ANDREAS VALENTIN**, Quality Improvement

**Paolo Merlani**, Health Economics

## Infection

The Infection Section has three objectives which have been provided over the past:

1. Develop educational tools to improve the prescription of antibiotics in critically ill patients. The Section endorsed a practical version of the PACT module. Improve the link 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. This leadership is an opportunity to develop the mission of the group and to increase their visibility.
2. Develop cooperative research activities between members of the Section.
3. Develop actions to better manage and prevent ventilator-associated pneumonia, the major cause of nosocomial infection in the ICU.
4. The infection section has a working group on Pneumonia that was officially approved in November 2007 by the ESICM (see below)

A primary goal will be to develop actions to recognize the impact of inadequate antibiotic prescription on outcome in severe sepsis and specific infection sites. The number of abstracts related to the infection Section regularly increased over the last years. In 2008, for the Lisbon Congress, we received 141 abstracts, of which only 16% were rejected.

Use and misuse of antibiotics is a priority of the Section. A thematic session in conjunction with the ESCMID will be held in Barcelona. 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. Pneumonia, either community-acquired or nosocomial (VAP) is the second priority. A thematic session on what is new in pneumonia is organized in each congress. Competency-based sessions on management of diagnosis, empiric therapy and de-escalation are stimulated. We follow the rule that pneumonia is a global challenge with local responses. An European approach to the management of pneumonia is visualized as part of the leadership of our Society.

Some research activities are ongoing or completed. We had a European survey on oral care for intubated patients and preliminary data were presented in Barcelona (2006). The 'EU-VAP project', an epidemiologic study involving 3-5 sites per country which was launched in October 2005 is completed. A second research project, EU-VAP 2 will be designed. An electronic CRF will facilitate management of data and enrolment of more centers. Jordi Rello will offer funds from his university to help this research project. The funds will support a fellow to participate in the project (any member < 40 years, from the section, can contact doctor Rello ([jrello.hj23.ics@gencat.cat](mailto:jrello.hj23.ics@gencat.cat)))

Another ongoing project is Euro-short : a short antibiotic treatment for nosocomial-acquired bacteremia (contact : [JFTimsit@chu-grenoble.fr](mailto:JFTimsit@chu-grenoble.fr))

A project to build a network on 'Antimicrobial prescription in the critically ill patient' is also ongoing. 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.

Another priority of the section is to participate in a project to validate usefulness of a care bundle for the management of HAP. Jean Chastre and Jordi Rello are in connection with the ESCMID to select the variables to set European bundles.

### **CLAUDE MARTIN**

Chair of the Infection Section

## Metabolism, endocrinology, nephrology and nutrition

The Section «Metabolism, Endocrinology, Nephrology and Nutrition» currently comprises 1054 registered members and 87 members with voting rights. The section's main tasks include development of the program of the annual congress by providing new or relevant topics and speakers, promoting scientific interest and supporting research in the fields of «Metabolism, Endocrinology, Nephrology and Nutrition».

The section shows constant activity in the areas of research as well as continuing education. This was reflected by the fact that no less than 13 sessions were organized by the MENN section during the annual congress in Lisbon 2008. This was completed by a one-day postgraduate course covering the huge topic of Acute Kidney Injury (AKI) well attended by over 70 registered participants.

Also 108 scientific abstracts were submitted to the MENN section which again was a increase of roughly 5% compared to the congress 2007 in Barcelona indicating growing scientific interest in this field. The host program "ESICM-ESPEN (European Society for Clinical Nutrition and Metabolism)" resulting in joint session at the ESICM meetings with reciprocity to the invitation of ESPEN to ESICM has become a successful constant relationship between the two societies.

The section hosts two specific working groups «Nutrition and Metabolism» and AKI-«Critical Care Nephrology» which show high activity resulting either initiation or active participation in interesting projects like the Glucontrol study (coordinator Jean-Charles Preiser), «Nutrition Day in Europe» (coordinator M Hiesmayr – POIC section) or the «Acute Kidney Injury- Epidemiologic Prospective Investigation (AKI-EPI study)» (coordinator E: Hoste). AKI-EPI is a recently initiated study on the epidemiology of AKI in ICUs which was also endorsed by the ECCRN. Furthermore several members of the Working Group «Critical Care Nephrology» also represent ESICM within the internationally established research platform called the Acute Kidney Injury Network (AKIN).

Interested members are welcome to join the MENN section as well as any of the respective working groups. The next section meeting will be held during the ESICM 2009 in Vienna.

### MICHAEL JOANNIDIS

Chair of the MENN Section

## Neuro-intensive care/Emergency medicine

During the last Congress, the section chair, Peter Andrews - Scotland, has been changeover by the elected chair, Giuseppe Citerio – Italy. Very many thanks for what Peter have done for the section during his six years mandate.

The section participated to 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 Eurotherm3235 trial is a multi-centre, randomised controlled trial of therapeutic hypothermia in patients with severe traumatic brain injury who have raised ICP ( $\geq 20$ mmHg). Hypothermia is being used in this trial as a means to reduce intracranial hypertension (ICP  $\geq 20$ mmHg) not for neuroprotection pre se. The primary outcome of the trial is outcome at 6 months..

The aim is to recruit 1800 patients to the trial. All patients will be admitted to the ICU before recruitment to the trial. Patients will be randomised to receive either:

1. Standard care
2. Standard care with therapeutic hypothermia (32-35°C)

Patients randomised to the 'control' group will continue to receive standard care for the duration of their stay in ICU. Patients randomised to the 'treatment' group will continue to receive standard care with the introduction of therapeutic hypothermia. The depth of hypothermia will be dependent on the level of raised ICP, with a higher ICP warranting a lower target temperature. The target temperature range is 32-35°C. Hypothermia will be maintained for at least 48 hours and should continue until the patient's ICP stabilises below 20mmHg. All surviving patients will be sent an Extended Glasgow Outcome Scale questionnaire 6 months after injury.

The trial has been submitted to ethics committees in the UK and should have a decision from these committees by the end of May 2009. After ethical approval has been granted in the UK, the protocol and all documentation will be translated for centres Europe wide. We are hopeful that the first patients will be recruited in UK during the summer of 2009.

Members of the Section recently published a consensus document on neuromonitoring (Andrews PJ, Citerio G, Longhi L, Polderman K, Sahuquillo J, Vajkoczy P; 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).

It is apparent that in many European countries, and throughout the rest of the world, there is a need to consider and standardise the care of these vulnerable patients. We plan to collaborate with the Neuro-Intensive Care Society in the United States on this venture.

In collaboration with Robert Stevens a web-based survey on "Evidence-based management of aneurysmal subarachnoid hemorrhage: an international survey" has been conducted. Participants have been ESICM, Society of Critical Care Medicine (SCCM) and the Neurocritical Care Society (NCS) members. The research team graded published evidence on key domains in SAH diagnosis and therapy, and then generated a 45 item online questionnaire which was emailed to members of the SCCM and NCS and posted on the ESICM website. There were 626 completed surveys, 51% from the USA or Canada, 35% from Europe, and 14% from other areas. Respondents included anesthesiologists (38%), internists (29%), neurologists (14%) and neurosurgeons (7.5%). Responder agreement with evidence-based statements was variable (33% to 91%) and did not depend on the quality of the supporting evidence. This study demonstrates that the attitudes and practices of intensivists treating patients with SAH are heterogeneous and often at variance with current available evidence. The manuscript of this collaborative survey has been accepted for publication by ICM.

#### **GIUSEPPE CITERIO**

Chair of the Neuro Section

#### **Peri-operative intensive care**

The Section Perioperative Intensive Care (POIC) is focusing its interest on the period before, during and after surgery. The areas of interest are risk assessment and risk reducing 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 108 voting members and 1572 registered members.

In the recent section meetings the decision was taken to focus for the next years on research into 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 section). Working groups are either in progress or established.

**Acute abdominal problems (WG-AP)** like severe acute pancreatitis (SAP), intra-abdominal hypertension (IAH) and abdominal compartment syndrome (ACS), abdominal sepsis, acute gastro-intestinal failure (GIF), or acute bowel injury (ABI), poly-compartment syndromes, as well as acute hepatic failure are more and more recognized as a substantial cause of morbidity and mortality in critically ill patients. The 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 mission of the WG-AP is to foster education, promote research, and thereby improve the survival of patients with AP by bringing together physicians, nurses, and others from a variety of clinical disciplines. The primary goal of this WG-AP is to establish an international collaboration.

**Haemodynamic monitoring and goal directed therapeutic approaches (WG-GDT)** 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 would be "A Day of Safer Surgery" Multi Center Survey (approximately 50 centers

planned), looking into concepts of advanced haemodynamic monitoring and goal-directed volume and haemodynamic management during and after surgery as well as outcome of ALL patients being operated on a single day in hospitals in Europe.

**Infections** are one major factor influencing mortality and morbidity in ICU-patients. The delay between diagnosis of infection and adequate antibiotic therapy varies between 4 and 27 h, although early and adequate antibiotic treatment has been confirmed as an independent predictor for outcome in severe infections. On the other hand, in 30% of cases antibiotic are begun without reliable signs of infection or isolation of a pathogen. Furthermore, resistance to antibiotics is an increasing public health problem that can be attributed largely to their overuse. Against this background, the **working group on early and adequate web-based anti-infective treatment (WG-EWAIT; together with infection section)** 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. The program can quickly provide information regarding diagnosis, therapy and local resistance patterns and forms a basis for individual therapy decisions.

**Delirium** is seen in every sixth patient in the recovery room and nearly in every patient in the ICU. **Cognitive dysfunction** is seen in 30% of the surgical patients at discharge from the hospital. As delirium and cognitive dysfunction are relevant with respect to long-term mortality, perioperative monitoring 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 intention of the **working group on postoperative delirium and cognitive dysfunction group (WG-PoDeCoD; together with NICEM section)** is to improve and standardize care and outcome of patients after surgery.

#### **CLAUDIA SPIES**

Chair of the POIC Section

#### **Systemic inflammation and sepsis**

The aim of the SIS section is to advance the understanding of the global epidemiology, natural history, prevention, and optimal management of patients with sepsis and life-threatening systemic-inflammation. and to support education and research activities by contributing to the educational activities of ESICM. Thus it provides input in the scientific programme of the annual congress, joint symposia with other societies such as SCCM etc.. Together with other sections of our Society it contributed to post graduate courses, pro/con debate that was held together with the International Sepsis Forum during the Lisboa meeting. This session attracted more than 800 colleagues. Furthermore the SIS section supported all collaborative international activities of ESICM, such as:

- overhaul of the guidelines of the Surviving Sepsis Campaign,
- promotion of the implementation of the "sepsis bundles"
- analysis of the data that were obtained by the implementation of these bundles
- development of a publication strategy for the huge data set that was obtained by the implementation of the "sepsis bundles" in hundreds of ICUs all over the world

The SIS section also supports the participation of ESICM in INFAC, which is an International Forum for Acute Care Trialists to facilitate collaboration and cooperation between Clinical Trials Networks. It is intended to have the official launch of this initiative in the context of the 2009 Vienna meeting. Furthermore there are discussions between the International Sepsis Forum, the Surviving Sepsis Campaign, the US based "Sepsis Alliance" and the SIS section to find out the most appropriate way to create a "Global Sepsis Alliance" (GSA) which should comprise all relevant national and international groups who are active in the field of sepsis. The GSA aims to interface with Governments, philanthropies, to support knowledge sharing among health care professionals and to educate and mobilize the public as allies in the attempt to decrease the burden of sepsis.

#### **KONRAD REINHART**

Chair of the SIS Section

## Technology assessment & Health Informatics

The Technology Assessment and Health Informatics Section (TAHI) continues to grow in membership and has seen a change of section Chair and Deputy this year. Following section elections the outgoing president Carl Waldmann handed on the chair to Max Jonas and Michael Reng was elected to the deputy chair.

The TAHI sections main task is to consider the scientific merits and impact of healthcare technologies allied to intensive care and to present this expertise at the scientific conferences. The Section is also tasked to produce publications and educational monographs.

We are in the final revision of a monograph resulting from a pre-congress workshop with a panel constituted by Industry, Nursing Staff and Clinicians. The group discussed emerging Information Technology Systems and considered the available technologies, how to define and clarify the terminology (jargon) used and the potential impact on staff and patients.

Additionally this year have had members of the TAHI section publish chapters on Technology procurement and controversies in technology assessment. A number of the section contributed to the Congress Scientific program in Lisbon and are currently discussing collaboration on haemodynamic monitoring with the cardiovascular section (CD).The group is also going to revise and update the PACT module on technology assessment this year.

Looking to the future, TAHI members look forward to collaborate with the Research Committee (RC) on the European Registry of Intensive Care and plan to consider a new database for European procurement.

### **MAX JONAS**

Chair of the TAHI Section

## RESEARCH ACTIVITIES

ECCRN and Industry Awards 2008: This year again, the task of the RC was quite tough in selecting of recipients for the 14 awards, as many excellent projects were submitted. For each of the projects, four experts evaluated the projects and a jury constituted of RC members and external experts evaluated the projects based on reviewers comments and attributed the 14 awards. The 2009 campaign is closed now, and the RC committee has started selection of reviewers and jury members.

This year again several studies were submitted for ECCRN endorsement or support. Two projects and several surveys were endorsed, several projects are currently under consideration. In order to improve ECCRN visibility among public, a mail has been sent to ECCRN endorsed/supported studies, as well as to awardees, to recall them to clearly acknowledge ECCRN and ESICM in the published manuscript.

Last year in Barcelona, there was a well attended ECCRN session dedicated to "how to perform research in ICU" and several ECCRN labelled abstracts were presented. Next year in Vienna, a ECCRN session dedicated to collaborative research will be organized.

Research activities were multiple, in particular with two studies with deep involvement of ESICM:

- **GenoSept trial**, an ECCRN supported trial for which ESICM is part of consortium of investigators and which was funded by European Unions through FP7; reached the 2000 inclusions in mid 2008 and analysis of genotypes is under progress. Preliminary results may be expected this year. The FP7 final report was submitted and approved by EC.
- **Eutotherm trial** is closed to be launched. This large scale randomized trial is funded by ESICM (see treasurer report for details) and will address the impact of moderate hypothermia as second line therapy on the outcome of head trauma patients with raised intracranial pressure. The PI of the study, Peter Andrews, works in close relationship with RC (and NICEM) for design and organization of the study. Ethical approval is submitted now and the study will be launched as soon as ethical clearance will be obtained.

In addition to these trials submitted by members for ECCRN support or endorsement and to trial sponsored by ESICM, the RC proposed to create a new trial group, the ECCRN trial group. The aim of this TG is to foster research among ESICM members. Indeed, there is room for collaborative research designed by networks of ESICM members not actually participating in national networks or networks of friends. The proposal to create a ECCRN trial group, similar to the Canadian Critical Care Trial Group, was proposed to Executive Committee and Council and adopted recently. The constitution of trial group board is actually in consideration by the RC, who is also organizing the first ECCRN TG meeting that will occur at the end 2009 or early 2010.

Finally, the RC markedly contributed to the ERIC registry. The registry was designed by the RC in collaboration with Hans Flaatten. The beta version is currently being tested and the registry should soon be proposed to ESICM members. Recently the Executive Committee has decided to open a position of Chair of registry, under responsibility of Secretary, and these persons will be responsible for ERIC registry in future.



**DANIEL DE BACKER**

ESICM DEPUTY OF THE DIVISION OF SCIENTIFIC AFFAIRS  
CHAIRMAN OF THE RESEARCH COMMITTEE



## EDUCATION AND TRAINING

### General overview: Education and Training

A separate Education and Training committee have in the ESICM organisation structure been in charge of this part of the division. However, this committee have been difficult to assemble and have unclear responsibilities. During 2008 its only function was to elect the new Editor in Chief in the PACT sub-committee. Suggestion to reorganise the Division was hence started and will be continued in 2009.

### The EDIC sub-committee.

The interest for sitting both EDIC I and II continued to increase during 2008. The group had a two day meeting in January 2008 to discuss examination matter in general, and to work with the next EDIC 1 MCQ in particular. In a meeting in April with the Swiss Society of Intensive Care, the 2008 exam was discussed further. The last meeting was held in November, then again as a joint meeting with the Swiss Society and with IML (Institute of Medical Learning), our exam provider. During the Lisbon Congress, a post congress meeting with EDIC II examiners was set up. The meeting was well attended (Approximately 50 persons) and discussed harmonisation of the EDIC II in particular.

A new web-based registration system for both EDIC 1 and EDIC 2 was developed in 2008 in order to facilitate the increased work with registrants for the EDIC. The plan was to implement this from 2009 on.

As on previous year EDIC 1 was held at four different venues: During the Lisbon Congress, and simultaneously in Bern, and in February in EDE (Netherlands) and in Kuala Lumpur. EDIC II was held throughout all European countries from the summer until the autumn.

### The PACT committee.

During 2008 time was come to reorganise the PACT project. The last module, number 44, was finally produced in the spring 2008 and heralded the end of the "old" PACT. A new structure was discussed both with the prior PACT steering group and with the Executive Committee. Agreement was reached to continue PACT, but now only as an online version. A new web-based platform for the new PACT was started together with CYIM, and election of a new Editor in Chief was performed. There were two applicants, and Dermot Phelan was elected. Work to create a new editorial board was started, and also the economic terms of PACT was discussed in the Executive Committee. In the GA during the Lisbon congress, there was several voices raised in order to make PACT included in the membership benefits, and a decision about this was left until 2009. For a more detailed report from PACT see a separate report from the EiC.

During the annual congress a meeting with the Simulator Company METI about the cooperation between ESICM and METI was held. On behalf of ESICM a group called "SAINT" have been working on the process of making clinical scenarios from PACT modules available in the METI simulators. The discussion with METI was conducted with the head of the DPD and the ESICM Manager. A draft was discussed, outlining the responsibilities, terms and economic reimbursement from METI to ESICM. This work was continued into 2009.

The discussion of how to implement simulation into our society also started in 2008, hopefully to be completed in 2009.

### Lisbon Congress.

ETC was responsible for the second Critical Care Refresher Course on this congress. This proved to be very popular and all 150 slots were very rapid sold out. Discussion about how to go on from 2009 on started, and a new course will be suggested also for Vienna.

### HANS FLAATTEN

ESICM CHAIRMAN OF THE DIVISION OF PROFESSIONAL DEVELOPMENT  
CHAIRMAN OF THE EDUCATION AND TRAINING COMMITTEE



**PACT (Patient-centred Acute Care Training)** has been a Society flagship project and is central to its educational mission. From January 2009, access to PACT was made available, as a membership benefit, to all Society members. Initially the concept of Graham Ramsay, the generation of a distance-learning curriculum for Intensive Care Medicine, suitable for trainees and as a continuing professional development tool for all, was ambitious from the outset. It is now in place, however, and is well received. Surveys of usage show that the innovative features are well received but there is still some hesitancy regarding the use of electronic format as an everyday (decision support) device in Critical Care practice. The next phase of PACT's development is now unfolding, the essence of which is updating. It also involves improving its user-friendliness, eliminating 'first-edition blues' and instituting processes that ensure an up-to-date PACT is constantly maintained.

A new PACT Editorial Board has been appointed, drawing mainly on the willingness and expertise of the Society's scientific sections and the educational division. Editors have grouped areas of module responsibility and are already involved in module prioritisation and in the choice of updating authors – with a view to a fully renewed product in 3 years. The editorial board will have its first face-to-face meeting at the Vienna congress. The willingness of a variety of Society members to serve on the board or to act as reviewers has been very encouraging and this welcome resource will certainly be drawn upon with appreciation. The new board consists of 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.

A small management group is also working to get the building blocks, necessary for the above, in place rapidly. This entails the implementation of a new electronic platform incorporating modern features and an on-line editing facility. This is now undergoing pilot evaluation utilising the first three modules of the projected update programme. The group also deal with practical matters such as library access and budgetary projections. PACT is now available to institutions / institutional libraries and marketing arrangements to promote this initiative will be ready shortly. We hope this will be a popular facility allowing PACT to be easily available to medical students and all specialty groups with an involvement in acute medicine, including professions allied to medicine. The institutional rate is very reasonable - 800Eur for the first year and then an annual rate of 400Eur. All full versions of the initial paper version are now sold out but individual modules are still available at a rate of 25Euro per copy.

Further innovative features are being explored particularly in areas where we can draw on the Society's own resources. This is already evident in the rapid access to the pdfs of ICM articles, when referenced in the PACT text and access to the Society's congress lectures via the innovative 'flash conferencing resource' is a possibility. A capacity to provide targeted electronic links to an up-to-date textbook of critical care medicine is also being investigated. The programme of modifying the PACT patient challenges into clinical simulator scenarios is largely completed and the good offices of the Society's simulator group, SAInT, has been central to this.

We are extremely indebted to all PACT authors and to those who have further committed to the updating. We thank Francesca Rubulotta, the deputy editor-in-chief and in particular, the new editorial board editors who have taken on considerable organisational work. Happily, Kathleen Brown has agreed to remain as editorial manager and Lia Fluit will advise on modern adult educational formatting. At the office, we are lucky to have the management input of Nathalie Mathy and enthusiasm of Laurence Van den Bossche. This mix of the experienced and the new, together with the valued (ESICM executive) assistance of Hans Flaatten, will constitute a successful formula for PACT at this critical phase of its development.

**DERMOT PHELAN**

PACT EDITOR-IN-CHIEF – 2<sup>ND</sup> EDITION

**FRANCESCA RUBULOTTA**

PACT DEPUTY EDITOR-IN-CHIEF – 2<sup>ND</sup> EDITION

## Competency-Based Training in Intensive Care in Europe (CoBaTrICE) and the European Board of Intensive Care Medicine

### CoBaTrICE – IT Project. Competency Based Training in Intensive Care in Europe – Innovation Transfer

**Lead** Professor Julian Bion

The CoBaTrICE collaboration was formed in 2003 with the objectives of developing an internationally acceptable competency-based training programme in intensive care medicine to promote the highest standards of multidisciplinary care of critically ill patients and their families through life-long learning, and to harmonise those standards across national borders, thereby facilitating free movement of professionals. The project is partly funded by a grant from the European Union Leonardo Da Vinci program, with support from the University of Birmingham, University of Cardiff, European Society of Intensive Care Medicine, University of Maastricht, University of Mater Misericordiae, CYber Imagination and the simulation group SAIInT. The research is performed via a worldwide process of consultation and consensus-building, involving specialist physicians, post graduate trainees, nurses, allied health professionals, patients and their relatives. Thus far the objectives of CoBaTrICE have been endorsed by the national ICM training organisations of 43 countries, including all those of the European Region.

The project is divided into four main phases.

- 1) A survey of national Intensive Care Medicine training programmes across Europe and other world regions.
- 2) The development of a comprehensive competency based syllabus.
- 3) Development of assessment guidelines and quality assurance standards.
- 4) Connection of the competency based syllabus to an electronic- portfolio.

The first 2 phases are completed and we are currently working on phase 3 and 4 known as CoBaTrICE-IT ( Innovation Transfer)

The success of CoBaTrICE is due to the enthusiasm and commitment of all the participants involved.

#### CoBaTrICE-IT Research Activities

**WP1** The recruitment of 28 European National Coordinators and the dissemination of information to the National Training Organisations of each country regarding standards and quality assurance for training in postgraduate Intensive Care Medicine.

**WP2** Publication of the web based survey "The Educational Environment for Training in Intensive Care Medicine: structures, processes, outcomes and challenges in the European Region" in the journal Intensive Care Medicine.

**WP3** Publication of the findings from the European Quality Assurance Web based Survey, then discussion following the broadcast of the results regarding the implementation of minimal standards with the National Training Organisations using the Delphi consensus method.

**WP4** The production of 3 publications –An evidence based review, an electronic framework or flow-chart describing pedagogic pathways and resources and a web-based resource of assessment materials, tools and literature review.

**WP5** The formation of an electronic- portfolio (CobaFolio) in consultation with the organisations SAIInT and PACT and current ICM trainees.

#### Steering Committee

Julian Bion, Alison Bullock, Tom Clutton- Brock, Jude Wilde; Nathalie Mathy, Domino D’Hoir (ESICM); Samuel Castel, David Chaumont ( CYIM); Walther Van Mook, Lambert Schuwirth ( University of Maastricht); Graham Nimmo, Ben Shippey (SAIInT); Dermot Phelan, Brian Marsh (PACT); Hans Flaatten, Hans Rothen, Hannah Reay.



As part of this development, we established the **European Board of Intensive Care Medicine (EBICM)** which provides a link between the ESICM as a professional society and the European Commission, via the Union Européenne des Médecins Spécialistes (UEMS). The EBICM has a statutory responsibility for standards of training in ICM, best expressed by harmonizing national systems of training and accreditation and providing educational credits for professional development activities. The Board and ESICM will develop a partnership with national training organizations through the Forum, using CoBaTrICE as the curriculum, PACT as the pedagogic tool, and the European Diploma of Intensive Care as our benchmark for educational outcomes.

The EBICM was established on Feb 24<sup>th</sup> 2006 with the approval of the Multidisciplinary Joint Committee of Intensive Care Medicine (MJCICM), and subsequently approved by the Council of the UEMS. The Board holds two meetings each year, the second being at the time of the ESICM congress in the autumn. The spring meeting this year has been deferred to the autumn, as the main work of the Board currently relates to speciality status.

The duties, constitution, and terms and conditions of election to office, are described in the Board's statutes. It should be noted that the three ESICM presidential posts are members of the board for each of their terms (2 years each). Other posts may be elected for two three-year terms. The chair and secretary serve a single three year term, non-renewable. The current chair and secretary will demit office in September 2009, and the Board will need to appoint their replacements at the time of the next Board meeting. Elections are also being held to replace the three elected ESICM members demitting office. Similarly, the past-president (Pr Ranieri) will be replaced by the incoming Past-President.

The main work of the EBICM during the past year has been to progress the desire of the partner organisations for Intensive Care Medicine to be recognised in the European Directive on Recognition of Professional Qualifications. The proposal is that the Directive should first recognise the existence of training programmes in the form of Particular Medical Competencies, and second, that ICM should be recognised using this form of words. Following unanimous support from the ESICM Council and the Board, we have gained the approval of the UEMS Council for this initiative. We have held a meeting with Mrs An Baeyens at the Commission (Internal Market), and have approached CoBaTrICE national coordinators and training organisations with the request that they contact their national responsible officers both for the Directive and for medical speciality recognition. France and the UK have obtained written confirmation of support. ICM is now a recognised speciality in the UK. However, the Brussels bureaucracy lacks responsiveness, and it is clear that progress on this issue requires a sustained marathon and long-term strategy, not a quick sprint. The ESICM needs to develop this strategy in partnership with the Board, so that professional and educational perspectives can be represented.

The Board continues to support the CoBaTrICE programme which has now completed a new survey of the training environment in Europe, and is developing standards for recognitions of programmes of training in ICM.

Other developments: the UEMS has supported the development of the Council for European Specialist Medical Assessments (UEMS-CESMA) as a part of the EACPGMT™ (European Advisory Council for Postgraduate Medical Training), an advisory body to the UEMS Council. The aim of this group is to harmonise and accredit European postgraduate medical examinations. We have not participated actively in this group yet, as EDIC is well-developed and the Board has not specific remit for this examination. The ESICM may wish to consider formal representation within CESMA.

**JULIAN BION**  
Past President 2004-2006

## EDITORIAL AND PUBLISHING

The main goal of the Editorial and Publishing Committee is to ensure all publications from the Society are produced to the highest standards, thus ensuring the highest level of educational and scientific materials for our membership.

The main scientific publication of the Society is our journal '*Intensive Care Medicine*' published by Springer. The journal is managed by the editor-in-chief who heads the editorial board. All scientific and editorial decisions are the responsibility of, and are made independently by, the editor-in-chief and the board. The editor-in-chief of the journal is a key position within the Society and this report gives an opportunity to once again express our gratitude to Laurent Brochard who was the editor-in-chief for 6 years until April 2007. Laurent and his team were enormously successful in developing *Intensive Care Medicine* into one of the leading journals in the field of intensive care medicine. Massimo Antonelli from Rome was elected editor-in-chief in April 2007.

The ongoing success and attractiveness of the journal is illustrated by the following figures: circa 1200 manuscripts per year are submitted of which approximately 30% reach the necessary standard for publication. The peer review process is based on quality, priority and relevance of the articles to our specialty. The impact factor has continued to increase and by 2006 had reached 4.406 – a visible indicator of its success. The short time of around 4 weeks to reach the initial decision about a submitted manuscript is very important for authors. For the readers, most important is that many educational and interactive materials such as the review series, the case discussions and the correspondence section are well accepted. Interestingly, the journal's webpage is one of the most frequently accessed medical downloads within Springer.

The ESICM has a publication policy concerning different types of scientific or educational publications which are handled by the Editorial and Publishing Committee. Broadly, there are 3 different types of publications. First, the Consensus Conference Statements resulting from consensus conferences organized by the ESICM in collaboration with other societies – these papers are prepared by the conference committee and are declared an official society statement or standard after the Editorial and Publishing and the Executive Committees have approved the text. Then, the papers are submitted to the journal where they undergo scientific review under the responsibility of the editor-in-chief. Second are papers resulting from activities which have been endorsed by the ESICM such as position statements of working groups. These manuscripts are handled in the same way as manuscripts prepared by individuals or expert groups. For these types of manuscripts the Society is asked for its endorsement. These papers are reviewed by the members of the Editorial and Publishing Committee and they propose to the Executive Committee a decision to endorse a paper. However, the paper must be submitted to the journal at the same time and formal endorsement by ESICM will not be declared before the paper has been officially accepted for publication by the journal. This rule helps to ensure the journal's scientific decisions are as independent as possible. Authors who wish to have their papers endorsed by the Society are advised to contact the Editorial and Publishing Committee early during the preparation period of their manuscript to ensure a straightforward process.

### CHRISTIAN PUTENSEN

CHAIRMAN OF THE EDITORIAL AND PUBLISHING COMMITTEE

## Intensive Care Medicine Journal



The work of the *journal* during 2008 went in the direction outlined in the opening editorial for the new editorship where were postulated the "cenacle principles" [1].

"I" stands for *imagination and innovation*. July 2008 saw the birth of a journal's fully dedicated website (<http://icmjournal.esicm.org/>). The basic idea in creating a new website was that of responding the readers' demand, following seven basic principles: *Architecture, Communication, Functionality, Content, Management, Accessibility and Usability*. With the same intent at the end of 2008 was conceived a *phase II*, in order to refine the search functions, to ameliorate the aesthetic quality and further improving the usability. Since then all authors are greatly encouraged to send Electronic Supplementary Material (ESM), to the purpose of reducing the length of printed articles and ameliorating the scientific clarity, enriching the papers with videos, photos and detailed material.

The new website had more than 200,000 manuscripts downloaded in 6 months, in addition to the half billion (in 12 months) by Springerlink's institutional website.

"C" stands for *choral action (i.e. collaboration, concerted move)*. It is the team that plays the game. The editorial board had a small changeover at the beginning of 2009: A.B.J Groeneveld and P.G.H. Metnitz were replaced by J.-C. Preiser and M. Joannidis. A special thank goes to those who excellently served the Journal for six years and a warm welcome to the new editors.

"C" also means *concreteness*. The impact factor for ICM rose from 4.406 (2007) to 4.623 (2008). The sum of submitted manuscripts during 2008 grew up over 1300, while a total of 392 articles were published in print issues. Although most of the manuscripts were sent by European and north American countries, there was a remarkable increase of submission from disadvantaged countries (~10%), that is consistent with the huge numbers of accesses coming from these areas to ICM brand new website: India and Brazil represent respectively 10% and 6% of global page views for 2008.

The overall rejection rate was 67.75% (this figure includes correspondence, editorials, and all the manuscripts on commission). The rejection rate for original works has reached nearly 75%. The editorial processing time stepped down from 5.8 months (2007) to 5 (2008): this reduction was achieved cutting down the time elapsed between the manuscript submission and the editor assignment (from 12 to 0.5 days).

The average time to take the first decision was reduced as well: from 35 days in 2007, to less than 30. The average reviewer turnaround time was 18 days, keeping within the 3 weeks the maximum time for completing a review.

"M" stands also for *motivation*: the editorial team is determined to serve the journal and the Intensive Care community with the intent of improving the scientific quality and appeal of our Journal.

On behalf of the entire editorial team

**MASSIMO ANTONELLI**

Editor in Chief

### References

1. M.Antonelli . *Intensive Care Medicine and the "Cenacle principles" 2007* *Intensive Care Med.* ;33(4):567-9.

*"It is a great pleasure to report to you for the first time as ESICM Executive Officer. I am delighted to be a part of the team and to have been entrusted with the lead of this great association"*

### **NELLY LE DEVIC**

Executive Officer

Taking this role was an honor and a privilege, but equally a huge responsibility. These are changing times; and changing times demand the very best from all of us. That is the spirit in which I am taking ESICM activities forward.

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 also on the EU Brussels scene.

I want first, therefore, to acknowledge the hard work and dedication of the ESICM staff and elected officials.

Farewell to Laurence Van Den Bossche, PACT corner stone for years, who left us to give a new direction to her career. We wish her all the best.

Welcome to James Cocker who joined us to be our internal IT wizard.

The Year 2009 saw an acceleration of ESICM's transformation agenda.

- **Revision of Statutes & Standard Operating Procedures.** This became necessary due to the recent growth in the association's activities that resulted in many parts of the document becoming outdated. This update will allow our association to better respond to the challenges posed by the increase in the Society's activities. As many of the ESICM statutes cover normal daily activities of the office staff and society officers, it was decided to move the procedures detailing normal working practices into a document described as the Standard Operating Procedures (SOP). This will greatly simplify the daily working life of ESICM.
- **Acquisition of 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. It consists of a four story building of approximately 1000 m<sup>2</sup>, a second two story building of approximately 350m<sup>2</sup> and parking.

The purchase will provide the ESICM with an office for its staff, capacities for meetings, conferences and educational activities, potential future growth, greater financial security and a place to call its own. We are now busy with renovations and we look forward to welcoming you there soon.

- **The ESICM congress.** With the introduction of electronic posters, poster corners and replay theatres, your congress offers unprecedented opportunities to optimize selection of thematic sessions and/or debates in a user-friendly and interactive fashion. You will be able to discuss the latest developments in research and professional development and interact with experts and colleagues.
- **Advocating ICM policy development.** ESICM has a crucial role in advocating directly to other stakeholders and institutions to change their thinking or practices where necessary regarding the intensive care community. ESICM advocacy is based on quality policy development, backed by operations research or documented evidence with specific recommendations for action.

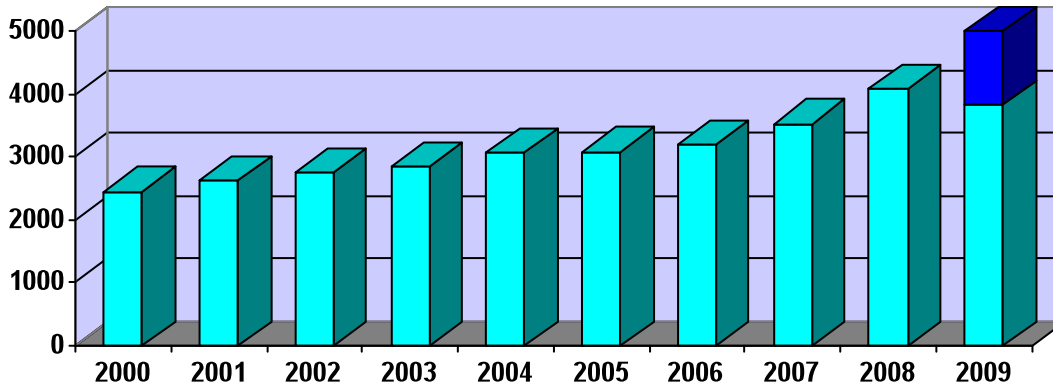
- ***Strengthening membership and partnerships.*** ESICM decided to be proactive in the strengthening and consolidation of ESICM membership as well as partnerships with national societies and NGOs involved in intensive care. As such, a membership campaign targeting specific regions of the world is currently running, and ESICM invited national societies to explore the possibilities of ESICM dual membership.

Thanks again for your support.

**NELLY LE DEVIC**  
ESICM EXECUTIVE OFFICER

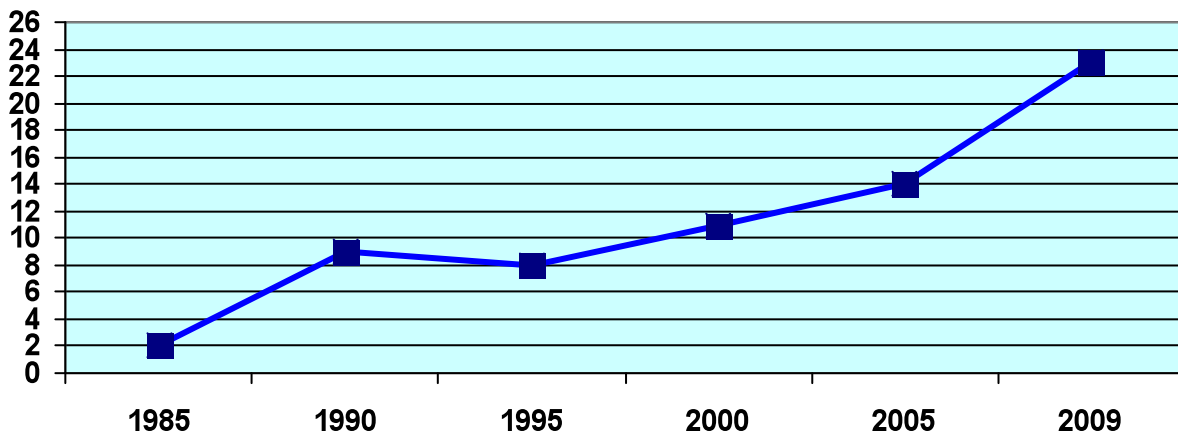
## COMMUNICATION Membership

The development of membership of the ESICM reflects "Progress and Innovation". Especially during the last 3-4 years, the "Progress" is reflected by a higher slope of membership growth compared with the years before. The total number of members meanwhile reached the 5,000 mark. If you present the development of "Paying members", this is a bit lower; however, the overall progress is impressive:



*We started the year 2009 with 3838 members. As of today, 1160 new members were added.*

However, the ESICM is not only growing. Since years, we observe "Innovation" in terms of an increased international membership. Some countries from South America, the Middle East and Australasia raise their membership exponentially, and we now have roughly 23% international members, that means nearly every fourth member of the ESICM is a non-European – a development which gives us all some kind of proud feeling:



Nonetheless, we are currently preparing additional projects to increase our international membership further on by implementing recruitment campaigns.

## Elections

Elections over the forthcoming years will be held in accordance with the Statutes. New procedures were established to move away from the traditional paper ballots in favour of email- and/or web-

based processes. The existing model with the 2-year cycle of President-Elect, President, and Past-President has proven advantageous, since it brings innovation along with continuity.

### **Statutes**

During the past months, there have been several proposals for changing our Statutes, and in 2009, there will be a general amendment based on the official rules. The process will be transparent by presenting the changes on the website, a web-based ballot first by Council members, then by all ESICM members. The official bodies have to confirm these changes according to the legal rules. It was decided to transfer several aspects, which often require fast amendments, into "standard operating procedures" (SOPs). Needless to say that these SOPs also have to follow the process of confirmation by the Council members.

### **Websites**

The main objectives of a good website are ease of use and easy management of the content. The Society has already developed an appropriate website in the last few years, but further innovations are underway to make the web presence more user-friendly and efficient. The improved service capabilities meanwhile allow administration of personal data, payment of membership fees, submission of abstracts, congress registrations as well as downloading information and publications.

**HERWIG GERLACH**  
ESICM SECRETARY



## ESPNIC



The European Society of Paediatric and Neonatal Intensive Care (ESPNIC), is an officially registered scientific society, which accounts about 800 members, many of which are in common with the ESICM. Notably, ESPNIC has an autonomous nursing section, which works very actively and in tight partnership with the medical section.

Last October, elections took place in Nice and some officers of the society were substituted by new ones. For details please refer to our website ([www.espnic.org](http://www.espnic.org)). In particular, Denis Devictor stepped down from the Presidency after three years of intense and dedicated work. As new President of ESPNIC, I wish to thank him whole-heartedly for the invaluable job he has done. At the same time I would like to welcome all new members of the Executive and Scientific committees, wishing them all the best for a fruitful a rewarding time within our society.

ESPNIC is devoted to the care of critically ill children and newborns. Its motto is "intensive care without borders", alluding to its strong commitment to share knowledge and improve the quality of paediatric intensive care in different countries and populations. 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.

In relation to the latter point, ESPNIC is implementing a series of educational modules covering several topics on paediatric and neonatal intensive care, such as cardiac intensive care, respiratory support, continuous renal replacement therapy, advanced life support and others. Furthermore, the activity of the scientific committee has been reinforced with the enrolment of new enthusiastic colleagues and many exciting ideas are on the horizon. All members are strongly encouraged to take part to our future scientific initiatives as well as to propose original projects or ideas, with the aim to increase the scientific and educational role of ESPNIC in Europe.

By the way, the upcoming annual congress of ESPNIC in Verona (June 14-17, 2009) will provide an exciting occasion for healthcare providers to meet with some of the most expert people in the field of paediatric critical care.

Relationships within ESPNIC and ESICM have been very positive in the last few years, sharing several scientific initiatives, the official journal Intensive Care Medicine, and the central administrative organization in Brussels. Of note, ESPNIC will fully endorse the outstanding initiative promoted by ESICM on patient safety, named "The declaration of Vienna", which will have its climax during the next ESICM annual congress in Austria. ESPNIC will actively contribute to this important event. Indeed, patient safety and quality of care are issues strongly related not only to adults, but also to paediatric patients, and are considered of pivotal importance for ESPNIC too.

Collaboration between ESPNIC and ESICM will have to be reinforced even further in the future, favouring a beneficial exchange of scientific knowledge, clinical experiences and educational projects, with the ultimate aim to improve the quality of care for all our patients, from their birth onward.

### **Paolo BIBAN**

*President of ESPNIC – Medical Section*

## **NURSES AND ALLIED HEALTHCARE PROFESSIONALS**

Numbers of NAHP ESICM members continue to grow and, significantly, the number of delegates at the 2008 Congress from a nursing/AHP background was more than 10%. The extent of collaboration with other Sections is reflected in the joint pre-Congress Communication Skills workshop to be held in Vienna in 2009; this has been organised jointly by the NAHP Committee and the Ethics Section. Nurse and AHP activity in the Congress meeting has also increased.

The changed format for the 2008 Congress business meeting was well received and allowed members to feed in ideas for future congress and research activities. First draft of the Physical Restraint in Intensive Care across Europe (PRICE) study is with the authors for review; this point prevalence survey included data from 568 patients across 34 ICUs in 11 countries. Two research bids for further collaborative studies across Europe have been submitted by members of the committee.

We are fortunate to have secured support from Intensive and Critical Care Nursing in the form of a sponsored place (including flights and accommodation) at the 2009 Vienna Congress for a nurse who has an abstract accepted. In addition, a series of papers has been commissioned by ICCN to examine considerations when conducting international research. This will also act as a vehicle to promote the value of ESICM in drawing together clinicians and researchers from across Europe.

### **RUTH ENDACOTT**

CHAIR OF THE N&AHP COMMITTEE

## FINANCE

Despite the worldwide financial crisis, ESICM's financial health remains secure. Continued significant income has come from the annual congress in Lisbon, membership fees and Intensive Care Medicine. Significant amounts of ESICM assets have been channeled into programs for research and education. Funding for the first phase of the Eurotherm project (study of therapeutic hypothermia after traumatic brain injury) has been allocated. PACT is now a membership benefit. The ESICM congress book will continue to be given to members.

The most important investment ESICM has ever made recently occurred. ESICM has signed a contract to purchase a new home. We are purchasing property for our office rather than continuing to rent. The building is on Rue Belliard 19, close to the European Union and a premiere street in Brussels. It has more than 1300 m<sup>2</sup> which will allow us growth for the future.

ESICM's new financial strategy has paid off. Recommendations from our financial consultant have been implemented. These include a more conservative strategy given the current financial crisis, a more aggressive approach to maximize revenues, changing our portfolio managers who were underperforming and improving the financial efficiency of the office. Approximately half of our accounts were moved into very conservative government bonds with the rest distributed into multiple banks. Because of the financial crisis, our portfolio (like most others around the world) decreased but only by 11%. As many investments were moved into bonds, most of the unrealized losses will be realized in the coming months as we recoup losses by allowing the bonds to mature. Income from interest on accounts and new investments increased significantly and doubled over the last year. ESICM will continue 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.

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

**CHARLES L SPRUNG**  
ESICM TREASURER