Dear Colleagues

In this special thirty-fifth anniversary year of the European Society of Intensive Care Medicine, we look back on the last twelve months, as well as look forward, in anticipation of the short and long term future of the Society.

It is obviously with great pride that we mark the occasion of our 35th year. The Society is a growing network, serving 9,500 members in over 114 countries of the globe, making us truly international in outlook and reach. This profile projects a unique blend of different experiences and backgrounds, but we share a commonality of purpose: to deliver the best service we can, with the knowledge and skill set we possess, to help care for our patients and to save lives, wherever our hospital may be.

It is a good time to look back at just how far we have come. The worldwide survey of members undertaken earlier this year aimed to gather information, data and experiences of professionals working in ICUs. It has allowed us to evaluate the technology, budgetary and human changes to ICUs and map the trends and practices of the last 35 years. The results have been very enlightening and will be presented at our Opening Ceremony.

This is also the year of our 30th annual congress. There have been many memorable moments from each congress, and these have all had a distinctive and unique flavour - whether it was keynote lectures that attracted over 1,000 participants into rooms at 8am in the morning our guest astronaut and doctor from NASA at last year’s congress - we have memories of them all.

LIVES has become an institution in its own right: truly international, with a current faculty of 300 international experts, and attracting audiences of over 6,000 intensivists and physicians of various backgrounds, trainees and nursing and allied health professionals. We continue to deliver a scientific and education programme that professionals are prepared to travel for.

Each year, we try to bring new elements to the programme. New this year is the Tech Lounge, where congress delegations can watch demonstrations of the latest technology used to analyse big data, see how tele-medicine works and discuss how future developments in technology can change the way we practice. All of this will be presented in a very dynamic environment, where delegates will be invited to participate and contribute to the discussions onsite and using social media.

One of the highlights of 2017 has been EuroAsia2017, a three day conference bridging Pacific Asia and Europe, with speakers and delegates from both continents. Following the success of the conference and special working relationships with our partnering national societies in Asia, this will become an annual event. Mark your diaries now with next year’s date and location, which will be Hong Kong, from 12-14 April 2018.

The Regional Conference held in Athens in June 2017 on the theme of Hemodynamic Monitoring was another great success. Organised jointly with our partner, the Hellenic Society of Intensive Care Medicine, the event was fully booked and brought together faculty and delegates from all over the world. Following the success of the conference, a paper is currently being published to summarise the key messages of the participating experts.

Our Regional Conference is now branded as a LIVES Forum and we continue to co-host this annual event jointly with one of our national societies.

Participants travel from all over the world to sit ESICM exams and educational courses, and Stuttgart and New Delhi have recently been added to the list of centres for our EDIC exam and preparation course. The Mechanical Ventilation State of the Art course, held twice a year, in June and November, will be the first workshop to take place in our very own, brand new Training Centre at the ESICM headquarters in Brussels. We now have the capacity to simultaneously train up to 100 participants on two floors, with the latest audio and visual technology.

The Society is nothing without creative talent and vision and, of course, its members. We thank everyone involved from the bottom of our hearts.

Dear Colleagues
1. Who we are

The European Society of Intensive Care Medicine is an association of individual persons and the voice of intensivists across Europe.

ESICM elects new leadership

All officers of the ESICM, regardless of their position, provide their effort and time on a completely voluntary basis. Elections took place in 2016 for the following positions. We welcome all those elected and look forward to working with them to advance the effectiveness of our Society.

Executive Committee:
- President: Massimo Antonelli (Italy)
- President-elect: Jozef Kesevoglou (The Netherlands)
- Past-President: Daniel De Backer (Belgium)
- Chair of Division of Scientific Affairs: Maurizio Cecconi (United Kingdom)
- Chair of Division of Professional Development: Pascale Gruber (United Kingdom)
- Chair of Research Committee: Lui Forni (United Kingdom)
- Chair of the Communication Committee: Jacques Duranteau (France)
- Chair N&AHP Committee: Carole Boulander (United Kingdom)
- Chair NEXT Committee: Bjorn Weiss (Germany)

Congress Committee:
- Chairperson AKI: Eric Hoste (Belgium)
- Chairperson ETH: Rik Gerritsen (The Netherlands)
- Chairperson NIC: Fabio Taccone (Belgium)
- Chairperson TEM: Kjetil Sundé (Norway)

Research Committee:
- Deputy AKI: Marlies distermann (United Kingdom)
- Deputy ETH: Christine hartog (Germany)
- Deputy NIC: Lara Prisco (United Kingdom)
- Deputy SiS: Massimo Girardis (Italy)
- Deputy TEM: Claudio Sandroni (Italy)

National Representatives - Countries:
- Austria: Peter Faybik
- Czech Republic: Hynek Riha
- Denmark: Morten Bestle
- Finland: Jarmo Stapani Bendel
- France: Bruno Levy
- Ireland: Gerard Fitzpatrick
- Italy: Giacomo Grasso
- The Netherlands: Dirk Versluys
- Poland: Stanislaw Zielinski
- Romania: Ioana Grigoras
- Russia: Sergey Petrikov
- Sweden: Christina Agvald-Ohman
- Switzerland: Marcus Laube
- The Netherlands: Dirk VerSluiS
- Poland: Stanislav Zielinski
- Romania: Ioana Grigoras
- Russia: Sergey Petrikov
- Sweden: Christina Agvald-Ohman
- Switzerland: Marcus Laube

National Representatives - Regions

DIVISION OF PROFESSIONAL DEVELOPMENT

E-Learning Committee (Nominated):
- Katrin Egenner (United Kingdom)
- Alice Carter (United Kingdom)
- George Mikes (Cyprus)
- Ming-Li Kong (United Kingdom)

Examinations Committee:
- Chair: Christian Sitzwolhl
- Sven BallNus (Switzerland)
- Rajnish Saha (United Kingdom)
- Miguel Tavares (Portugal)
- Markus Bechir (Switzerland)
- Andrew Westbrooke (Ireland)

Clinical Training Committee:
- Chair: Frantisek Bushka (Czech Republic)
- Ahmad Elhaddad (United Kingdom)
- Ayse BaySal (Turkey)

NEXT Committee Members (4 Members):
- Bernards Bolten Pinto (Switzerland)
- Burcin Halagli (Turkey)
- Manuel Eduardo Mendoza Ruano (Spain)
- Charlotte Van Den Berg (The Netherlands)

N&AHP Committee Members (5 Members):
- Stijn Blot (Belgium)
- Silvia Calving Outhier (France)
- Anna-Sophia Debue (France)
- Mireia Llauradó (Spain)
- Johannes Mellinghoff (United Kingdom)
2. Organisational Structure

ESICM has a reciprocal arrangement for dual membership with 67 national societies.

We ensure that all members and sub-specialties are represented appropriately and that our national societies are given support and adequate say in the running of the Society. New societies keep joining and we have entered into partnerships to co-host joint events with several of our national members.

National Societies

- ACCM: Association of Critical Care and Catastrophe Medicine of Georgia
- AMCI: Asociación Colombiana de Medicina Crítica y Cuidado Intensivo
- AMIR: Associação de Medicina Intensiva Brasileira
- ANZICS: Australian and New Zealand Intensive Care Society
- APMTIC: Asociación Panameña de Medicina Crítica y Terapia Intensiva
- BSA: Bulgarian Society of Anaesthesiologists
- CCSS: Canadian Critical Care Society
- COCECATI: Consorcio Centroamericano y del Caribe de Terapia Intensiva
- CSARIM: Czech Society of Anaesthesiology, Reanimation & Intensive Care
- CSCCM: Chinese Society of Critical Care Medicine
- CSSCM: Cyprus Society of Intensive Care Medicine
- CSIM: Czech Society of Intensive Care Medicine
- CSKMIC: Croatian Society of Emergency Medicine and Medical Intensive Care of Croatian Medical Association
- DASA: Danish Society of Anaesthesiology & Intensive Care Medicine
- DGAI: Deutsche Gesellschaft für Anaesthesiologie und Intensivmedizin
- DGIM: Deutsche Gesellschaft für Innere Medizin
- DIVI: Deutsche Interdisziplinäre Vereinigung für Intensiv- und Notfallmedizin
- DSIT: Danish Society of Intensive Care Therapy
- EEC: Emirates Intensive Care Society
- ESHA: Estonian Society of Anaesthesiologists
- ESCCEM: Egyptian Society of Critical Care and Emergency Medicine
- FSI: Finnish Society of Intensive Care
- GSACCM: Georgian Society of Anaesthesiology & Critical Care Medicine
- HSIC: Hellenic Society of Intensive Care
- ICS: Intensive Care Society
- ISCI: Intensive Care Society of Ireland
- ISAICM: Icelandic Society of Anaesthesiology & Intensive Care Medicine
- ISCCM: Israeli Society of Critical Care Medicine
- JSCI: Japanese Society of Intensive Care Medicine
- KSCCM: Korean Society of Critical Care Medicine
- LCCS: Lebanese Critical Care Society
- LSJIC: Lithuanian Society of Anaesthesiology & Intensive Care
- MAITI: Hungarian Society of Anaesthesiology & Intensive Care Therapy
- MAFI: Norwegian Society of Anaesthesiology
- NCSC: Neurocritical Care Society
- NVA: Nederlandse Vereniging voor Anesthesiologie
- NVC: Nederlandse Vereniging voor Intensieve Zorg
- OEGAI: Österreichischen Gesellschaft für Anaesthesiologie, Reanimation und Intensivmedizin
- OEGIAI: Austrian Society of Medical and General Intensive Care Medicine
- PTAII: Polish Society of Anaesthesiology & Intensive Therapy
- SAAI: Serbian Association of Anaesthesiologists & Intensivists
- SARM: Society of Anaesthesia & Reanimatology of the Republic of Moldova
- SATI: Sociedad Argentina de Terapia Intensiva
- SCCS: The Saudi Critical Care Society
- SCICM: Society of Emergency & Critical Care Medicine, Taiwan, R.O.C.
- SEDAR: Sociedad Espanola de Anestesiologia, Reanimacion y Terapia Intensiva
- SEMICYUC: Sociedad Española de Medicina Intensiva, Critica y Unidades Coronarias
- SFAI: Swedish Society of Anaesthesiology & Intensive Care Medicine
- SFAR: Société Française d’Anesthésie et de Réanimation
- SGIS-SSICM: Swiss Society of Intensive Care Medicine
- SIARTI: Società Italiana di Anestesia Analgesia Rianimazione e Terapia Intensiva
- SICM: Society of Intensive Care Medicine
- SFRC: Scottish Intensive Care Society
- SLAR: Société Libyenne d’Anesthésie et de Réanimation
- SOCHIMI: Sociedad Chilena de Medicina Intensiva
- SOCMIC: Catalans Intensive Care Association
- SOPEMI: Sociedad Peruana de Medicina Intensiva
- SPPI: Sociedade Portuguesa Cuidados Intensivos
- SRLF: Société de Réanimation de Langue Française
- SSSC: Serbian Society of Intensive Care Medicine
- SSIM: Slovenian Society of Intensive Medicine
- TARD: Turkish Society of Anaesthesiology and Reanimation
- TSIC: Turkish Society of Intensive Care
- TSMSCM: Turkish Society of Medical and Surgical Intensive Care Medicine
- VNACMET: Vietnam Association of Emergency Critical Care Medicine and Medical Toxicology

ESICM ORGANISATION CHART

GENERAL MEMBERSHIP

COUNCIL

EXECUTIVE COMMITTEE

We ensure that all members and sub-specialties are represented appropriately and that our national societies are given support and adequate say in the running of the Society. New societies keep joining and we have entered into partnerships to co-host joint events with several of our national members.

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Council

The Council is the governing body and assigns the Executive Committee, comprising the President, President Elect, Secretary General and Treasurer, with the daily management of the organisation. The operating body is formed by the different committees and sections that enable interested volunteers to play an active role in shaping current and future ESICM initiatives. Each section is assigned a set of responsibilities and tasks associated with the different activities of the ESICM and the reports from the Chairpersons of the different sections can be found in Chapters III & IV.
EXECUTIVE COMMITTEE

MASSIMO ANTONELLI
President
Italy

JOSEF KUCZOSKI
President, Board
Netherlands

ARNAUD CURIER
Secretary
Netherlands

CARL WALDMANN
Vice-President
United Kingdom

MAURO CECCONI
Chair of the Board
Italy

PASCALE GRUBER
Chair of the Board
United Kingdom

LUI FORNI
Chair of the Board
Italy

JACQUES DURANTEAU
Chair of the Board
France

CAROLE BOULANGER
Chair of the N&AHP Committee
United Kingdom

CARL WALDMANN
Chair of the Board
United Kingdom

ARMAND GIRBES
Secretary
Netherlands

ELIE AZOULAY
Chair of the Board
France

MAURIZIO CECCONI
Chair of the Board
United Kingdom

DANIEL DE BACKER
Past-President
Belgium

JACQUES DURANTEAU
Chair of the Board
France

JOSIP K. KARAN
Chair of the Board
Croatia

JOSEF KUCZOSKI
President, Board
Netherlands

ELIE AZOULAY
Chair of the Board
France

PASCALE GRUBER
Chair of the Board
United Kingdom

LUI FORNI
Chair of the Board
Italy

ARMAND GIRBES
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MAURIZIO CECCONI
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United Kingdom

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Past-President
Belgium

JACQUES DURANTEAU
Chair of the Board
France

JOSIP K. KARAN
Chair of the Board
Croatia

EXECUTIVE COMMITTEE

SENATE

NATIONAL COUNCIL REPRESENTATIVES

INTERNATIONAL COUNCIL REPRESENTATIVES
As we celebrate the Society’s milestone anniversary of 35 years, we are inclined to reflect on its growth, in particular membership. The Society today has a wide-spanning network of close to 9,000 intensivists from across the globe. As we grow larger, we strengthen our identity, our purpose and voice.

As well as the Society’s special anniversary, this year marks the 30th annual congress. LIVES has grown in importance and reputation every year and the steady number of intensive care professionals that travel from far and wide to attend the event is a signal that the congress delivers an inspiring scientific content in an atmosphere that is conducive to networking and learning.

ESICM is delivering educational programmes further afield. The very successful joint workshops on Advanced Hemodynamic Monitoring and Mechanical Ventilation organised in collaboration with the Brazilian National Society, AMIB, in Sao Paulo, were repeated this year using an international faculty of leading experts from the two societies. This kind of event does much to raise the profile of our Society and to build lasting relationships with our colleagues in Latin America.

Last year we also decided to take our congress outside Europe, albeit on a smaller scale. Working in partnership with the Asian national societies, we delivered the Society’s first ever Euro Asia conference in Hong Kong. The conference was a great success and will now become an annual event and we expect a growing number of participants.

In Brussels, the ESICM headquarters now has a fitting asset that will serve its members from henceforth. The former stable block in the courtyard behind the Brussels office has been transformed into a very modern, functional yet comfortable, two-storey training centre. The upgrading of this asset was an obvious step forward and its value is very clear when one sets foot inside. It took only six months to convert the buildings and the Brussels office is now able to organise and run various kinds of hands-on training courses and meetings with state of the art equipment.

Elections were held in May 2017 for a number of positions on the Council, on various committees and sections, as well as executive roles. We would like to thank all those who have taken on these responsibilities and wish them every success. Our sincere thanks go to all those who are now finishing their terms of office. We hope that they will continue to be active in the Society.
3. Membership
A constantly growing network of members

Our 9,000 global community of intensivists and allied health practitioners all benefit from the numerous advantages ESICM membership offers:

- Reduced fees for ESICM training courses, workshops and the EDIC and EDEC diplomas
- Discounts for participation at our annual congress, LIVES and Regional Forum
- Free access to eLives webcasts (lectures from the scientific sessions held during ESICM congresses and meetings)
- Annual subscription to the Society’s, ICM journal, the first journal publishing only critical care (with an Impact Factor of 12.015)
- 500€ discount on article processing charges for our second, open-access journal, ICMx (experimental research)
- The possibility to apply for Research grants and awards
- Free, personalised license to use PAPERS 3, which helps you collect and curate research material
- Regular, live, interactive webinars with UEMS accreditation

As well as these very practical benefits, members can also get involved by joining specialist groups and sections, fellowships and mentoring, and strengthen the network of intensivists in Europe and beyond.

Lastly, if your national society is not yet affiliated to our Society, do not hesitate to contact our Membership Department at: members@esicm.org

Here are 14 other good reasons to become an ESICM member:

1. Discounts for congress participation
2. Free access to e-LIVES Webcasts
3. Annual subscription to ICM journal
4. Get PAPERS 3 for FREE
5. 500€ discount on article processing charges for ICMx
6. Apply for research grants
7. Free access to e-Modules (former PACT Programme)
8. Reduced fees for ESICM training courses & workshops
9. Reduced fees for EDIC and EDEC
10. Participation in ESICM’s scientific activities
11. Full access to our interactive website Content
12. Dual membership
13. Webinars led by top experts
14. AppIC: Dedicated App for Nurses
It has been a busy year for our Society. The number of scientific activities has carried on growing and we have been working non-stop in order to deliver excellent events around the World.

This year in particular we have linked more with our members both in Europe and outside Europe.

Between April and June we had two very successful meetings, the first ESICM EuroAsia in Hong Kong and our regional conference in Athens.

We have been overwhelmed by the positive welcome our friends and colleagues gave us in Hong Kong. This was a meeting organised in partnership with our partners, several of the Asian Societies of Intensive Care Medicine.

The meeting saw more than 500 delegates attending. We focused on delivering a programme that would allow delegates and speakers to interact as much as possible and to learn as much possible from each other. The overall feedback has been excellent. I can only add that as a personal experience, this has been one of the most enriching meetings I have ever had.

We will be back in Hong Kong from 12-14 April 2018.

In June we had one of the most successful regional conferences in recent years. With more than 300 delegates and the best experts in Haemodynamics from all around the World this was a unique experience. When drafting the programme we decided to go back to basics and to focus not just on recent trials, but also on the understanding of cardiovascular physiology and pathophysiology. This allowed us to have some very engaging discussions with speakers and delegates and also to go deeper into the controversies brought to us by the latest evidence from randomised controlled trials.

To complete all of this, we also offered three hands-on workshops on echocardiography. If you missed the key messages from this meeting don’t worry. Apart from the usual blog that now accompanies every event, we have collected the key messages of this meeting and are working on a manuscript that we will share with our members.

We have realised over the years that our regional conferences are not just an opportunity to hold a scientific meeting outside our annual congress, they have become a “forum” where we can focus on a specific subject and where speakers and delegates from many countries can share ideas. From 2018, our regional conference will carry on as a “LIVES Forum”. The first of these LIVES Forums will be in Madrid in May 2018. The topic will be Monitoring in Respiratory Failure.

Last, but not least, this year our annual congress Vienna is a very special conference for all of us. It’s our 30th annual meeting and it allows us to celebrate the 35th birthday of the Society.

More than 300 international speakers will be joining the congress this year. As well as their expert and stimulating presentations, we have 76 poster corner sessions, 18 parallel scientific sessions, 16 post graduate courses (during the Pre-Congress), 20 interactive sessions with live voting, 16 interactive LIVES debates, 16 sessions at the very popular Simulation Centre, the lively and stimulating NEXT Lounge, which has its own special parallel programme, and of course, plenty of networking possibilities in our Members’ Lounge and a social programme.

Each year we try to bring a new element to the programme and this year will be no exception. New this year is the Technology Lounge, where congress delegates can watch live demonstrations of the latest technology used in telemedicine and to analyse large medical data.

The Opening Session sees Amy Edmonson talking about psychological safety, a very important topic in our fast evolving specialty, and our first President, Peter Suter, talking about how we have evolved from a small group to worldwide Society.
I am delighted to welcome you on behalf of both the Executive and Congress Committees of ESICM to LIVES 2017.

LIVES2017 will be a truly celebratory event for our Society, as we have two birthdays to celebrate: the 30th annual congress and the 35th anniversary of the founding of ESICM.

LIVES2016 in Milan was an unparalleled success:
- More than 6,000 participants from 97 countries
- A record programme, including:
  - 13 parallel tracks/7 post graduate courses/EDEC & EDIC II Preparation Course/16 LIVES Interactive Debates/the NEXT Day/1,178 presentations featuring 357 faculty members/73 active exhibitors/21 industry-sponsored sessions/1,402 submitted abstracts/and the new Simulation Centre.

Once again, we offered more scientific content than ever, with three dedicated Clinical Trials Sessions, which featured the first presentation of data from 23 recent trials in intensive care and emergency medicine. The results of many of these trials were published in JAMA, NEJM and ICM.

We have invested massively in user experience and, in line with this, we have launched the following new features to enhance the congress experience this year:
- LIVES Notes: this interface allows participants to access presentation slides onsite during the session, and to add comments, notes and drawings to highlight interesting points that can be followed up later on.
- Simulation Centre: an interactive area where attendees get hands-on practice in mechanical ventilation or echocardiography.
- Social Media Corner: delegates can read the continuous Twitter feed and participate in small workshops animated by ESICM’s own Social Media educators.
- The enhanced e-LIVES Platform is available to members 24/7. Members can access all scientific content, including congress sessions in a user-friendly webcast format.

We are also investing in our NEXT generation of junior intensive care doctors and professionals. The NEXT Lounge’s parallel scientific programme and e-Poster Corners have also succeeded in drawing a steady circulation of attendees through the scientific exhibition area, and have widened opportunities for participants to interact with our industry partners.

While we achieve great results, we would like to do even better and we are continuing to strive to expand and to innovate in terms of what we offer our members, participants and industry partners at LIVES. At LIVES2017 in Vienna, we hope to bring other popular congress features into the exhibition area and to continue to build on this success.

Finally, if you would like to work with us on one of our current popular congress features or if you have other ideas for other things that we could offer to enhance the congress experience, feel free to contact me with your ideas. We are open to explore any and all partnership opportunities.

- Delegates 6039 from 100 countries
- Abstracts submitted 1402
- Abstracts presented 1167
- Abstracts oral pres 146
- Abstract poster pres 1021
- Abstract rejected 214 (15.3%)
- Next Lounge sessions 20
- 16 Interactive Debates
- Simulation Centre sessions 10
- 9 PG Courses
- EDEC Diploma
- EDIC Part 2
- Session Rooms 10
- Poster Corners 10
- Thematic sessions 66
- Clinical sessions 20
- ESICM speakers 321
- Industry speakers 36
- Major Sponsors 17
- Exhibiting companies 76
- Industry sponsored sessions 21
- Sqm exhibition 1650
- Business meetings 82
What our delegates liked best at LIVES 2016:

“Inspirational scientific content with a balanced programme matched with effective networking possibilities.”

“I have travelled far for this learning experience and have not been disappointed.”

“There is not enough time to hear everything I want. If I have any criticism to make it is that the programme is too full!”

“The attention paid to education and research is clear and the congress gave me the opportunity to present my research data.”

“The NEXT Day was interactive and great fun. I left feeling energized. More of this next year please!”

### Top Ten countries attending LIVES 2014

<table>
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<th>Country</th>
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<td>United Kingdom</td>
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<td>Germany</td>
<td>387</td>
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<td>Netherlands</td>
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<td>Switzerland</td>
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<td>Italy</td>
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<td>India</td>
<td>162</td>
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<tr>
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<tr>
<td>Spain</td>
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<td>United Kingdom</td>
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<tr>
<td>Turkey</td>
<td>39</td>
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### How satisfied were you with LIVES 2016 in general?

- Excellent: 49%
- Good: 43%
- Satisfactory: 7%
- Poor: 0%
2. ESICM Research

Research Committee

The Research Committee has received 11 survey proposals with a different one circulated per month.

Four other trials have been endorsed this past year: EURECA, STRAT-AKI, SIGN, BEARDS.

ESICM Research is involved in the submission of the INACTIC project by the N&AHP Committee. International Nursing Advanced Competency-based Training for Intensive Care is a core curriculum project on ICU nursing submitted to the ERASMUS+ programme.

ESICM Research has developed two libraries. The first initiated by the SRD on systematic reviews and the second on Target Temperature Management.

RESEARCH AWARDS

The number of applications remains at a high level, which challenges the review process. To cope with the growing number of research projects submitted, we managed to increase the number of experts who can provide an evaluation and review through an online call. Anyone who would like to be part of our pool of reviewers and help us assess projects can signal their interest at https://www.surveymonkey.com/r/CallForReviewers at any time. The link is open all year long.

ESICM TRIALS GROUP

The Clinical Trials Group activities continue to develop very successfully, both in terms of the participating ICUs and in terms of patient accrual.

Several outstanding trials have been incorporated in the ESICM Trials Group in the past 12 months: PrevAki, Vidalize and Wean Safe. Site registrations from all over the world are encouraged to participate in DecubICUs and Wean Safe.

AbseS, Apromet, Peace and Supernova trials have successfully closed. Preliminary results will be available at LIVES2017 in Vienna.

The second Trials Group Award will be presented at LIVES2017 in Vienna.

ABSES - (Abdominal Sepsis Study): Epidemiology of Etiology and Outcome is a multinational, prospective, observational study on intra-abdominal infections (IAIs) in critically ill patients with a special emphasis on epidemiology and outcomes. The trial closed in March 2017. More than 2,200 patients have been included. Preliminary results will be shared at the ESICM Trials networking event at LIVES 2017 in Vienna.

APRONET - ARDS and PRone position NEtwork is a one-day prevalence study initiated by the ESICM Acute Respiratory Failure Section, repeated four times over a one-year period. This is a multicentre observational prospective study with no patient follow-up. The primary objective of this study was to determine the prevalence of the use of the prone position in ARDS. The trial opened in April 2016 and closed in January 2017. 6,608 patients were screened in 138 ICUs in 19 countries. More results will be available at LIVES2017.

SUPERNOVA - A pilot study with the aim to assess low-flow extracorporeal CO2 removal in patients with moderate ARDS to enhance lung protective ventilation. Patients were included in three separate arms, using either the Alung, Maquet or Novalung device. The pilot and safety study opened end of 2015 and closed on 30 June 2017. Preliminary results will be available at ESICM Trials networking event at LIVES2017 in Vienna.

TRAIN - Transfusion strategies in Acute Brain Injury: A prospective multicenter randomized interventional study that aims to assess the impact of two different strategies to administer blood transfusions in a large cohort of critically ill patients with a primary brain injury. Registration is open to sites which have at least 50 patients with acute brain injury admitted per year.

DECUBICUS - A Multicenter International One-Day Prevalence Study on Pressure Ulcers in Intensive Care Units. The objective is to provide an up-to-date, international "global" picture of the extent and patterns of pressure ulcers in ICUs. It is the first nursing project accepted as an ESICM Trials Group Study. Any ICU can take part worldwide. The data collection date is set for 15 May 2018.

PREVAKI - Biomarker Guided Implementation of the KDIGO Guidelines to reduce the occurrence of AKI in patients after cardiac surgery. A selection of ICUs in Europe is participating. This project received the 2017 ESICM Trials Group Award.

VITDALIZE - Effect of high-dose vitamin D3 on 28-day mortality in adult critically ill patients with severe vitamin D deficiency; eCRF development is nearing completion. The recruitment of patients within a selection of European sites started in August 2017.

WEAN SAFE - Worldwide Assessment of Separation of patients from ventilatory assistance is a multi-centre, prospective, observational, 4-week inception cohort study, initiated by the ESICM Acute Respiratory Failure Section. The purpose of this study is to describe, in a large population of ICU patients the burden, management and spectrum of approaches to weaning from ventilation in...
patients that require invasive mechanical ventilation for any reason, for a time period of at least 24 hours. The study will be performed between October 1st 2017 and March 31st 2018 in ICUs across the world.

SYSTEMATIC REVIEW GROUP (SRG) - The SRG contributes to the Society’s educational and professional development activities, focusing on literature interpretation and how to perform high quality systematic reviews. The SRG library is an online resource platform containing high quality, up-to-date systematic reviews or summaries of the literature. Under the leadership of Marius Terblanche, the SRG aims to help the Society’s members make informed choices for the benefit of their patients, by providing access to these summaries and to fill knowledge gaps by commissioning high-quality systematic reviews. More than 100 reviews are indexed and new ones have been commissioned.

TARGET TEMPERATURE MANAGEMENT - Although Target Temperature Management (TTM) has potential applications in various ICM settings, there is no internationally agreed protocol on its use. This library - supported by BARD, aims to share information about the current use of TTM by providing open-access to protocols submitted by ICUs from around the world.

SURVIVING SEPSIS CAMPAIGN - The Surviving Sepsis Campaign (SSC) is a joint initiative between the ESICM and SCCM. The new recommendations aim to redefine the definition and enhance the diagnosis of sepsis and septic shock. These have been released and published in the Jama (ref: JAMA. 2016;315(8):801-810). They not only advance new definitions for sepsis and septic shock, but also offer clinical guidance to help physicians more quickly identify patients with, or at risk of, developing sepsis. Visit www.sccm.org/sepsisredefined for a complete list of resources and articles.

And finally, it is worth noting that none of the excellent work that the Research Committee performs can be done without the tireless contribution of Guy François and Sherhane Bensemmane of the ESICM Secretariat.

Acute Kidney Injury (AKI)

This year, Marlies Ostermann and Eric Hoste started as the new Deputy and Chair of the Acute Kidney Injury (AKI) section.

We had two section meetings, one during the annual congress 2016 in Milan, and one during the ESICEM 2017 meeting in Brussels. Both were well attended.

This year, a series of articles about AKI were published in the ICM Journal, and section members played a prominent role in writing these.

In 2017, an updated version of the 2010 guidelines on the prevention of AKI were published in our home journal, Intensive Care Medicine; a real “tour de force”, under the leadership of Michael Joannidis.

PG Course

This year, the annual postgraduate course has been completely re-vamped. The emphasis is now even more on interaction, with hands-on sessions in small groups and interactive case discussions.

Research

PEACE: the results of this prospective study on the timing of initiation of RRT for AKI will be presented during the annual ESICM meeting in Vienna.

PrevAKI: This 2016 Trials Group award winner, with PI, Alexander Zarbock from Münster, Germany, aims to evaluate the compliance rate of the use of a care bundle for prevention of cardiac surgery associated AKI.

STARRT-AKI: this prospective randomized study on accelerated or standard timing of initiation of RRT for AKI is initiated and run by Sean Bagshaw and Ron Wald. The AKI section was involved from the onset of the project. This also resulted in the endorsement of the study by the ESICM Research Committee.

REVERSE-AKI is a new project that came forth from the latest AKI Section meeting. The objective of this study is to evaluate whether a restrictive fluid regimen will lead to a lower cumulative fluid balance in critically ill patients with AKI. The PIs for this study are Suvi Vaara and Marlies Ostermann. This project was submitted for the 2017 Trials Group award.

Lui G Forni
Chair of the Research Committee

Eric Hoste
Chair of the AKI Section

Marlies Ostermann
Deputy of the AKI Section

Research Committee

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ARF section_

- Presentation of the preliminary results of the Lung Safe study, the largest epidemiological study on acute respiratory failure ever done, at the ESICM LIVES 2014 meeting in Barcelona by J Laffey. This study was generated by the ARF section.

- PLUG working group has become an official working group of the ARF section. It is an international cooperative project led by L Brochard that deals with the measurement of esophageal pressure in mechanically-ventilated patients.

- The ARF section has proposed the next ESICM Webinar, which will discuss a pro-con esophageal pressure measurement, with D Chiumenti as speaker and L Brochard as moderator. This proposal has been accepted by the ESICM Communication Committee.

- Elaboration of the ARF part for the scientific programme of the LIVES 2015 meeting, Berlin 2015.

- Review of abstracts submitted for the LIVES 2015 meeting.

- Meeting of the Research Committee on 26 June 2015 in Brussels to select the winners of awards from the projects submitted.

Cardiovascular Dynamics (CD) section_

LIVES 2016 (Milan): The CD section was involved in numerous sessions. Furthermore, the CD section organised the 1.5-day PG course on “Haemodynamic management of septic shock” and the two-day “Basic and advanced Echo” courses. In addition, the Echocardiography Working Group (WG) organised a trans-oesophageal echocardiography simulation course during the congress with free registration for congress attendees.

Regional Conference 2017 (Athens): “Haemodynamic Monitoring from pathophysiology to treatment”. This conference was organised by the CD section and the Division of Scientific Affairs.

LIVES 2017 (Vienna)

- The CD section proposed sessions on fluid responsiveness, arterial pressure monitoring, heart-lung interactions, cardiogenic shock and haemodynamic issues of ARDS. This year, a trans-oesophageal echocardiography simulation course is again scheduled during the congress.

- The CD section will also organise three PG courses: one about hemodynamic management of shock and two about echocardiography (one basic and one advanced).

Research

- A survey on the use of cardio-vascular drugs in ICU patients was posted on the ESICM website at the beginning of 2017. This was a great success, as more than 800 members participated. The main results were presented during the ISICEM 2017 meeting, by Thomas Scheeren. A manuscript will follow.

- Two clinical studies on the use of vasopressors have been planned. One is on Vasopressor use in intensive care: A global inception cohort study (VANICE), the other on VASOpressor initiation based on Diastolic blood Pressure vs. standard care in septic shock (VasoDAP).

ESICM Academy Platform: Bernd Saugel accepted to take the lead for the revision of the content of the “haemodynamic monitoring” module. He is helped by 10-12 members of the CD section.

Elections 2017: Thomas Scheeren and Jan Bakker have been elected as the next Chair and Deputy Chair of the CD section, respectively. Their three year mandate will begin just after LIVES2017.

Working Groups: Xavier Monnet and Antoine Vieillard-Baron were nominated as the new heads of the Haemodynamic Monitoring WG and the Echocardiography WG, respectively. Their three year mandate will begin just after LIVES2017. It was also decided to withdraw the Cardiac Arrhythmias WG from the list of the Working Groupss of the CD section, since it has not been active for the last two years.
The Chair of the Section was handed over to Rik Gerritsen from the Netherlands at LIVES 2016 and Christiane Hartog from Jena, Germany was chosen as the new Deputy Chair.

We would like to thank Andrej Michalsen for his enormous enthusiasm and the incredible work he carried out for the Section. We owe him our respect and gratitude. Christiane and I will carry on his work and try to make the Section even more active and present.

In 2016, the Chair and Deputy Chair both participated in the preparation and shaping of the Society’s annual congress in Milan and started preparations for LIVES 2017 in Vienna. This has resulted in a prominent presence of ethical issues at this year’s congress.

The Section held several interesting and well-attended sessions at LIVES, but even more important was the very lively interaction and discussions between the faculty and the audience and among the members themselves during these sessions. As well as the specific ethics sessions, the Section members participated in more general sessions and debates.

A well-supported Section meeting took place during the ISICEM congress in Brussels in March 2017, where the Section’s goals and projects were discussed. Valuable contacts were made, which are essential for future projects and cooperation.

The Ethics Section and its members are also involved in numerous research projects, including ETHICUS II, led by Charlie Sprung; the DISPROPRICUS project led by Dominique Benoit; and the EuroQ2 project under Hanne Jensen and Rik Gerritsen. Several other ideas and proposals are underway, including a systemic review on advanced care planning and palliative care in the ICU.

Several of our Section members participated in an SCCM work group on behalf of ESICM, which is tasked with drafting a joint guideline on Family Centered Care.

Our Section has grown to almost 200 voting members, and, as it continues to grow, so does the awareness among the critical care community that intensive care is making choices and that ethics can support intensivists to make the right choices. Members from around the world can use the ESICM Ethics Section as a platform for contacts, reflection and research.

Hans Flaatten Chair of the Ethics Section
Christiane Hartog Deputy Chair of the Ethics Section

Health Services Research + Outcome (HSRO) section_

Section Chair: Hans Flaatten [NL]
Section Deputy: Michelle Chew [S]
Chair: Quality and Safety WG: Andreas Valentin [A]
Chair: Economics WG: Peter van der Voort [NL]
Chair: Outcome WG: NA

We will have a new (elected) Section Chair, Dylan de Lange [NL], and hopefully a new Chair for the Outcome WG at the annual congress in Vienna.

ONGOING PROJECTS:

SEE III study (project responsible, Andreas Valentin)
The study is finished and the first results will shortly be presented.

The Very old ICU Patients (VIP) project
This project started in 2016 with the VIP1 study, a prospective study of short term outcomes of very old patients (≥ 80 years) in particular with reference to frailty. The study finished patient recruitment in June 2017 and first data will be revealed at the Vienna Congress. More than 300 ICUs and > 5,000 patients were included in the study.

Survey
An ESICM survey about the use of ICU scoring systems in Europe was launched in 2017 and the results will be presented at LIVES2017.

The VIP2 study, about the trajectories of VIP survivors, and outcome for care-givers will start in late 2017. This study has received the ESICM Research Award for 2017, which will be handed over at the Vienna Congress.

The Section continues to actively contribute to the congress programme and a high number of abstracts belonging to us have also been included.

Several of Section’s senior members have been authors of a recent 2017 ICM paper: The status of intensive care medicine research and a future agenda for the very old patients in the ICU.

Hans Flaatten Chair of the HSRO Section
Michelle Chew Deputy Chair of the HSRO Section
At the 2016 LIVES meeting, the section co-organised a Post-October 2016, and at ISICEM in March 2017. Sections.
The format and content are being developed, also in cooperation with the Division of Professional Development.

The Section’s current scientific projects include:

• The AbSeS study, led by Stijn Blot, is an ESICM sponsored, multinational, prospective, observational study on intra-abdominal infections [IAIs] in critically ill patients with a special emphasis on epidemiology and outcomes. The ASeS inclusion period has ended and data analysis is awaited.

• The Pneumospire study is an international multicentre, prospective observational cohort study of nosocomial pneumonia in intensive care units. This project is organised by the Pneumonia Working Group and led by Despina Koutsou and is actively recruiting patients.

• The DIANA study on antibiotic use and de-escalation in critically ill patients is currently recruiting patients. The goal is to include patients until Q4 2017.

• EURECA study is a joint project with the NIC Section that will focus on meningeo-encaphalitis – currently under review by IRBs.

• BLING III study: a large multinational, multicentre project, initiated by Jeff Lipman and his team, is reaching out to include European centres as well; the project will run for 4–5 years.

The section is collaborating with other groups in developing guidelines in several areas. These topics include: Antibiotic de-escalation in the ICU (together with ESMICD), Use of therapeutic drug monitoring in critically ill patients (together with ESCMID, IADTiMCT), Management of multidrug resistant infections (together with ESCMID), VAP prevention (from the Pneumonia WG).

At LIVES2016, the Section led a closed round table discussion on the topic of multidrug resistant infections in the ICU. Twenty experts from both ESICM, INNARA and ESCMID debated the problem and proposed a number of recommendations.

In collaboration with ECDC, a survey on the perception of multidrug resistance has been developed – a similar survey had been carried out some years ago and a comparison will be made with the previous survey.

Workings Group on Pneumonia Activities

• Initiation of the Pneumoinspire study (International, multicentre project on nosocomial pneumonia in intensive care units) (>350 sites registered from >50 countries worldwide, new site recruitment still open) (staggered recruitment). Patient recruitment active; electronic CRF open in English, Chinese & Spanish.

• Preparation of the ALLICU study (multicentre study of antibiotic PK/PD in the ELF of ICU patients with pneumonia). Patient enrolment across 44 sites ongoing.

• AMINO-III – A multinational study that aims to describe aminoglycoside prescribing practice and outcomes in ICU patients with severe sepsis. Patient enrolment in France, Australia and UK is underway across >406 sites.

Workings Group on Neuro-ICU Activities

• Proposal for VAP prevention guidelines in collaboration with the N&H&AP Section. Preliminary research plan & topics are already ready; proposal to be submitted to ESICM in Q3 2017 (before September).

Jan De Waele Chair of the INF Section
José Garnacho-Montero Deputy Chair of the INF Section

Neurointensive care (NIC) section

The NIC section has developed several activities over the last 12 months, thanks to the great enthusiasm and participation of its members. This has been the first year with Fabio Silvio TACCONE (Brussels, Belgium) and Lara PRISCO (Oxford, UK) acting as Chair and Deputy Chair of the Section, respectively.

Due to the increasing number of activities, two working groups have been created: the first one on « MULTIMODAL NEURO-MONITORING », which will be led by Raimund HELBOK (Innsbruck, Austria). The group will aim to promote the research into the use and relevance of multimodal monitoring (IMM) in neuro intensive care.

The aim of this working group is to further evaluate the complex pathophysiology of acute brain damage using IMM and to develop therapeutic algorithms to target individualised care to be tested in experimental and clinical trials.

The second working group will focus on « EPIDEMIOLOGY AND NEUROPROGNOSIS » and will be led by Geert MEYFROYDT (Leuven, Belgium). The aim of this working group is to develop multi centric observational cohorts of patients to investigate particular epidemiologic patterns, evaluate clinical practices, promote surveys among centers and potentially develop clinical interventional trials on ‘‘burning’’ questions where a knowledge gap exists.

EDUCATIONAL ACTIVITIES

• Consensus on Fluid Therapy after Acute Brain Injury: Presented to the ESICM Executive Committee, the Consensus on fluid therapy after acute brain injury has been endorsed by ESICM and should be finalised before LIVES2017. The Consensus involved more than 20 experts from ESICM (NIC and other sections, including CD and AKI), the NeuroCritical Care Section and the NIC Section. At least 6 different publications from this group have been scheduled for the coming months.

• LIVES 2017: The NIC section is again very well represented and obtained several slots during LIVES 2017.

• Future projects: A consensus with the NCS about “Fever definition and management” is under discussion and should be organised in the year 2018-2019. A second consensus on the ‘management of cerebral vasospasm after subarachnoid hemorrhage’ is currently under discussion and should initiate the literature research before LIVES 2017.

ONGOING RESEARCH ACTIVITIES

• Pulmonaryometry for coma prognostication after cardiac arrest: This multicenter study including 10 centres with active NIC members: Lausanne, Brussels, Milan, Rome, Amsterdam, Lund, Berlin, Paris, Grenoble and Luxembourg. The study examines the value of quantitative automated infra-red pulmometry [Neuroptic device, which supports the study for the neurological prognostication of coma after cardiac arrest. Patients’ inclusion closed on 31st March 2017; more than 400 patients have been included. The preliminary results will be shown during LIVES 2017. The PI of the study is Mauro Odde, Lausanne.

• Transfusion strategies in acute brain injured patients: TRAIN Study. The TRAIN study, supported by an ESICM award of 405,000, is a multicenter trial that aims to evaluate two different thresholds of hemoglobin (7g/dl vs. 9 g/dl) to initiate red blood cell transfusions in patients with an acute brain injury (traumatic brain injury, subarachnoid hemorrhage and intracranial hemorrage).

The study will complete the first year of inclusion on 15th September 2017, at the moment 39 recruiting centers have screened more than 600 patients and randomised more than 90. New centres will be involved in the study before the end of 2017. The PI of the study is Fabio Silvio Tacccone, Brussels, Belgium.

• Survey on fever management after acute brain injury: The survey has been completed and will be presented at LIVES2017. The PI is Edoardo Picetti, Parma, Italy, who is also preparing the manuscript.

• TTM library and protocols: This project (in collaboration with the TEM section) is ongoing. The PI is Kata Donadelli.

• e-Learning platform and Education: The NIC section is contributing to the development of ‘neuro’ topics for the eLearning platform within ESICM. The NIC coordinator for this section is Lara Prisco, Oxford, UK.

• TBI collaborative study group: This is a multi centre retrospective observational study involving centres in Europe and Australia aiming to describe common practices in the management of patients suffering from Traumatic Brain Injury (TBI). Data collection is completed and analyses are ongoing. The PI of the study is Rinaldo Bellirome, Melbourne, Australia.

NIC SECTION PROJECTS

The NIC section has selected three studies for the endorsement of the ESICM Clinical Trials Group: 1) International prospective observational Study on Intracranial Pressures in intensive care (ICU) – SYNAPSE-ICU (Brussels, Milan, Lone, Berlin, Paris, Grenoble and Luxembourg). 2) Extubation in Neuro-ICU patients and Outcome. The ENIO Project. A Multicentre Neurocritical Intensive Care Observational Study. (Karin Ashenhou, CHU Nancy); 3) PHYLDS-TBI [Mauro Odde, CHU Lausanne].

The next meeting of the NIC section is scheduled during the ESICM LIVES 2017 in Vienna.

Fabio Silvio Taccone Chair of the NIC Section
Lara Prisco Deputy Chair of the NIC Section
Peri-Operative Intensive Care (POIC)

Our main activity in this field is to ensure a major contribution to the ESICM congress programme, ensuring that peri-operative medicine topics are well represented. The Section designed a PG course for the annual congress, covering different aspects of caring for the high-risk surgical patients.

The POIC Section is collaborating with NEXT on the development of a European Perioperative Intensive Care Course (EPIC). This will be an innovative, comprehensive learning experience for ESICM members in the field of Perioperative Intensive Care Medicine. During 2017, the Section mainly focused on the development of e-learning content for the new Academy format. In 2018, we plan to run an educational course on perioperative intensive care and a fellowship programme.

Our Section has two working groups:

POSTOPERATIVE DELIRIUM AND COGNITIVE DYSFUNCTION WORKING GROUP (PODECOD WG):

This Working Group has been running different research projects, e.g. “Biomarker Development for Postoperative Cognitive Impairment in the Elderly (BioCog).” This is an EU FP-7 project that has finished the recruitment phase and is now performing data analysis. The first data are expected to be published in 2017-2018.

Members of the PoDeCoD WG were part of the Consensus Statement Group on “Comfort and patient-centered care without excessive sedation: the eCASH concept” (Intensive Care Medicine, June 2016). A European project on the management of analgesia, sedation and delirium tools has been discussed in line with these recommendations.

The NEXT Chair and PoDeCoD member, Björn Weiss, applied for a project on the “European Management of Analgesia, Sedation and Delirium (EuMAS)” and was awarded the NEXT Startup Grant in 2016. Since then, the project has been planned and has recruited 20 participating centres. It will now obtain the Ethical Committee approval.

We are very proud to announce that the PoDeCoD WG founding-member, Claudia Spies, has been awarded honorary membership of the European Society of Intensive Care Medicine and this will be presented at LIVES2017.

PERIOPERATIVE OUTCOME RESEARCH WG (POR):

The Working Group is developing research proposals relating to improved perioperative therapy. This Working Group was formerly named the ‘Goal Directed Hemodynamic and Volume Therapy’ (GDT) WG.

The current focus is on postoperative pulmonary complications. The Working Group performed a Delphi Consensus to identify risk stratification measures and treatment options. This part has since finished and the paper submitted for publication. The group is now working on a prospective study protocol that is close to being finished.

Members of this group have published the ICU CardioMan Study (Funke S et al., Practice of hemodynamic monitoring and management in German, Austrian, and Swiss intensive care units: the multicentre cross-sectional ICU-CardioMan Study. Ann Intensive Care. 2016; 6: 49).

Following the recent elections, we are delighted that Ib Jammer (Norway) will take the role of Section Chair, with the able assistance of Aarne Feldheiser (Germany) as Deputy.
MEN section

The «Metabolic, Endocrinology, and Nutrition» (MEN) Section continues to grow and reaches more than 164 voting members. The section has focused on metabolic, endocrinologic and nutritional topics for the last seven years, and two working groups (‘Gastrointestinal Function in ICU’ WG and ‘Hepatology’ WG) were created in 2014.

Active members of this Section fully contribute to the promotion of education, practical management and research, as well as the Society’s annual congress.

EDUCATIONAL ACTIVITIES

As in previous years, the MEN Section has actively participated in the elaboration of the MEN part of the scientific programme for LIVES 2017, including thematic sessions, clinical challenges, debates and a state of the art session. Our section actively collaborates with several other sections (NIC, AKI, ARF, SIS) to promote joint thematic sessions.

This year, the MEN Section organised a one-day PG course at the annual congress, which focused on metabolic and nutritional disorders and their impact on recovery.

Members of the MEN Section also participated as reviewers of the abstracts submitted for LIVES 2017.

The MEN Section also proposed several subjects for webinars in 2017, which were accepted by the ESICM Communication Committee: «Lactate in sepsis» (C Ichai), «Protein intake in critically ill patients» (J Werneman), «Liver support» (JWendon), «Caloric needs in ICU» (M Hiesmayr) and «The role of immunonutrition» (A Van Zanten).

RESEARCH ACTIVITIES

The MEN Section has written an expert practice guideline paper on ‘Early enteral nutrition in critically ill patients’. This manuscript, chaired by Annika Reintam-Blaser, has been elaborated by most of the experts on nutrition of the MEN section, using the GRADE method for recommendations.

The guideline was published in 2017 in the Society’s journal, Intensive Care Medicine, after receiving the endorsement of the ESICM. It is a successful publication, as more than 74,000 persons have viewed it, which places it in the top 5% of all the research published in this journal.

The clinical trial, promoted by A Reintam-Blaser, aiming to evaluate the iSOFA score (Intestinal SOFA) as a marker of gastrointestinal dysfunction in critically ill patients (prognosis marker, incidence of GI disorders and their nature, etc) is ongoing and has been for several months.

We are waiting for the definitive design of the survey aiming to evaluate the parenteral micronutrients current practice in European ICUs, by M Casaper.

Finally, we would like to thank all the members of the MEN Section for their strong support and participation in all of these activities. It is always a great pleasure to chair this section and we hope to see you during LIVES2017 in Vienna.

Carole Ichai
Chair of the MEN Section

Julia Wendon
Deputy Chair of the MEN Section
Systemic Inflammation and Sepsis (SIS)

The SIS Section continued to plan and support several projects in the field of systemic inflammation and sepsis. The Section’s contribution to the annual congress programme was discussed as usual with the members of the Section and several suggestions were considered for the final programme.

Following the success of the Post Graduate course organised by the Section during LIVES 2016, a similar course will be offered in Vienna in 2017.

Several projects supported by the Section were sent as proposals for the ESICM-Trials Group Award:

1. External Surface Cooling In huMan endOtxemia, the ESCIMO trial (PI: NP Juffermans, Netherlands)
2. The SONTIS study in which the epidemiology and outcome of source control in septic shock are investigated (J MD Loeches, Ireland)
3. Conservative vs conventional oxygen administration in critically ill patients: effects on ICU mortality. A multi-centre randomized open label clinical trial (PI M Girardis, Italy)

The section is supporting and receiving continuous feedback from the following projects:

1. The World Sepsis Day organised by K Reinhart (Germany). The project is growing and has achieved enormous success worldwide.
2. The European Multicentre Randomised Controlled Study on the early hemodynamic resuscitation of septic shock: the MORESS trial (PI: A Artigas, Spain).
3. Updating the sepsis-related modules for the ESICM e-learning Platform.

Projects under discussions and planning:

1. An international educational course on the management of sepsis, in collaboration with the ESICM Infection Section. The outline of the course has been established and the first course, irrespective of the annual congress, is planned for next year.
2. Defining core outcome parameters in sepsis studies, a project which aims at performing a systematic review of the literature to define essential standard outcome parameters in patients with sepsis.

Members of the Section are encouraged to contribute to the activities of the section and send us their constructive comments and valuable feedback.

Trauma and Emergency Medicine [TEM]

During the societal year 2016 (October 2016 to October 2017), Kjetil Sunde and Claudio Sandroni took over as the new Chairs of the TEM Section in October 2016. Two meetings were held, which took place during LIVES 2016 in Milan and during the ESICM congress in Brussels in 2017.

The TEM Section actively contributed to the scientific programme of the ESICM annual congress in Vienna in September 2017. The programme will include more thematic sessions, a Clinical Challenges session, a number of state-of-the-art sessions, some continuous professional development sessions, as well as two live interactive debates, including cardiac arrest management, trauma care, burns and poisoning.

A joint session will also be held with the NIC and TEM Sections of the ESICM and European Resuscitation Council (ERC) on Targeted Temperature Management (TTM) after cardiac arrest.

Together with several interesting abstracts, we believe that the programme will be very valuable for ESICM members interested in all kind of emergency medicine.

TEM has been proposed to collaborate in the development of the module on Perioperative Management of Trauma Patients within the EPICC (European Perioperative Intensive Care Course), an interactive course based on e-learning, webinars and face-to-face teaching.

The ESICM PACT [Patient-Centred Acute Care Training] chapter on Trauma is also undergoing a major revision. Following the proposal from Jacques Duranteau, the Section members decide to give priority to the update of the PACT module on trauma before moving to EPICC. This is in progress.

Besides several ongoing and published local clinical studies by Section members in our covered topics, two planned multicenter RCTs affecting post cardiac arrest management should be presented. The TTM-2 trial, which will randomise cardiac arrest patients to TTM or to fever control only is soon going to be launched. The procedure of ethics applications in each country, in collaboration with the national investigators, is ongoing.

The other study is the TAME Cardiac Arrest Trial. TAME is a Phase III Multi-Centre RCT, which will study the ability of higher PaCO2 levels to reduce brain damage, comparing normocapnia with mild therapeutic hypercapnia and assessing the patients’ ability to return to normal life-tasks. The trial is expected to start in December 2017. Being in discussion/collaboration with the TTM group, including patients, simultaneously in both trials, is encouraged.

The objectives of the TEM Section are to become more multidisciplinary in the future, with an increased involvement of young collaborators and more gender-balanced participation of members.

Feedback is encouraged from the TEM Section members, who would like to be active in suggesting topics and speakers for future conferences.

Future activities of the Section will include the preparation of webinars. Possible topics include extracorporeal CPR, damage control resuscitation, burns, and acute poisoning.
ACTIVITIES OF THE ESICM: DIVISION OF PROFESSIONAL DEVELOPMENT

NEXT
N&AHP
ICM Journal
Treasurer’s Report
Key events 2018
Get more from your Society
1. Education and Training Committee

The recognition of the high standards of the EDIC exam from 519 to 867 candidates in 2013-14 to 2016-17 cooperation with the Swiss Society of Intensive Care, and EDIC Parts I and II.

CoBaFaculty/CoBaForum

The E-Learning Committee

The Examinations Committee

Examinations Committee_

The Examinations Committee has been successfully running EDIC Parts I and II. 854 candidates have taken the EDIC Part 1 exam in 2016 (theoretical part) in 10 different centres including two large centres outside Europe (Kolkata and Dubai). The content of the exam was developed in cooperation with the Swiss Society of Intensive Care, and supervised by an educational specialist. EDIC II (practical part) was completely restructured and newly designed by the Examinations Committee in 2013 in the modern form of an Observed Structured Clinical Exam (OSCE). 448 candidates sat the EDIC Part II exam in 2016. These 448 candidates underwent a total of 2888 individual exams in 8 centres throughout Europe on two different days in June and November 2016. This year, we have opened Stuttgart as a new European exam centre for EDIC II, the first centre in Germany. The recognition of the high standards of the EDIC exam led to an increase in the number of candidates taking the exam from 519 to 867 candidates in 2013-14 to 2016-17 respectively. The overall pass rate for EDIC I is 46%, and for EDIC II is 71%. Due to the high popularity of the exam, the seats for EDIC II are usually booked within one day after the opening of the registration.

This year, the exam achieved the honour of successful appraisal by the Council of European Specialist Medical Assessment (CESMA). CESMA is an advisory body of the UEMS (Union Européenne des Médecins Spécialistes), created in 2007, with the aim to provide recommendations and advice about the organisation of European examinations for medical specialists at European level. Its main role is:

• To promote harmonisation of European Board assessments
• To provide guidelines to the Boards on the conduct of assessments
• To encourage take of Board assessments as a quality mark
• To offer an alternative to national assessments, where appropriate

This Board stated in its general conclusions of the EDIC exam: "The UEMS–CESMA observers were positively impressed by the standards of the European Diploma in Intensive Care Part I and Part II. Furthermore: The observers would like to congratulate all of you for having delivered a successful and professionally organised examination...."

Finally, at LIVES2017 in Vienna, we plan to award the three best candidates for the EDIC Part I and II exam. The winner of each category will receive free entry to LIVES 2018.

The E-Learning Committee

The E-Learning Committee is responsible for developing and coordinating population of the ESICM Academy e-learning platform.

Our development strategy includes having a robust, state of the art platform to host high quality, up-to-date evidence-based learning material, presented according to best learning theory principles, by members (via sections), for members in a standardised and recognisable format relevant to the needs of all members.

On the technical front, innovative advances since September 2016 include customised software solutions within Moodle for eCourses, Wiki for eModules and CMS for Helpdesk to meet evidence and competence-based training requirements and enable Micro Learning Strategies.

a. software plugins to support MOOC, Massive Online Open Courses, Courses, (these enable all ESICM members to join any eCourse and monitor their progress)

b. software plugins to facilitate Pre-registration Courses (EDIC I), EDIC, Mechanical Ventilation short course with specified attendee numbers and certificate of attendance

c. a Customised eCourse Template (Compliant to ESICM Academy Formal Standards)
d. software plugin for open access Search for Courses and Badges dashboard
e. Personalized user dashboard software plugin (which enable navigation through MyCourses, MyBadges, WishList, Courses I Tutor, Courses I Manage, etc)

1. Customised Question scoring software plugin based on EDIC I guidelines

2. Plugins for Authors, Editors, Reviewers Affiliation web service

3. Online editable and accessible eModule editorial history web service (PACT module and eModules editorial history since the very first PACT edition)

a. eModule mini Quizzes software plugin (support Type-A and Type-K questions), iPl software plugins for Seamless integration and real-time content updates between eModules and eCourses, icl software plugins for facilitate online, real-time Read, Edit, Print activities for eModules and icl development of open access Authors’ contributions software plugins (search and find People with contribution in the editorial process of Academy’s eModules as Authors, Reviewers, Editors, Illustrators, etc)

The devolution of responsibility to sections for producing learning material content, with named responsible members for each section has been a major advance in undoing bottlenecks. Robust support from ESICM presidents and EC members significantly contributed to this progress. ELC members attended all section meetings during LIVES 2016 and subsequently further follow-up meeting with section chairs, deputies and other interested members followed. The ELC would like to thank the sections for their positive response and various projects in progress to update previous PACT modules or write new material.

Activities of the ESICM: Division of Professional Development

Author and editor support has significantly advanced. The ELC has employed the services of a form editor / medical writer and illustrators. A “house style” has been developed and the author support guidance and templates further developed. Our technical team proactively support authors and editors including 1.1 sessions as needed.

In parallel updated material is being re-edited and reformatted as eModules and eCourses while sections are working hard at updating previous resources and creating new material. Named ELC members are designated to liaise with each section. The ELC membership has been expanded by 3 additional posts to expand capacity.

Development of training resources include: a) All PACT modules (hosted at pact.esicm.org) have been transcribed into Formal Author: Template Word Documents and draft online eModules (editable eBooks), b) All PACT modules have been transcribed into draft eCourses [to facilitate Major reviews by Sections]. c) 10 eModules and 3 eCourses have been identified as model modules and courses for the launch of the platform. Good progress is being made with finalising work on these.

The Clinical Training Committee (CTC)_

The Clinical Training Committee (CTC) is primarily responsible for the development of educational courses for the Society. The focus in 2016-17 has been the further development and implementation of the EDIC 1 and 2 Preparation Courses. Following the first pilot in 2015 in Brussels, the course has now been successfully run both within and outside Europe, with the expansion of instructor numbers. The EDIC 1 preparation course now has a database of over 500 high quality MCQs accessible to candidates attending the EDIC 1 Preparation Course. The EDIC 2 Preparation Course will also be run for the first time in conjunction with a national society, the Scandinavian Society of Anaesthesiology and Intensive Care Medicine, in 4-5th Sept 2017.

The CTC group have also worked closely with the scientific section chairs to develop a number of other new courses. This includes the highly successful pilot Mechanical Ventilation Course that was run in Brussels on 15-17th Nov 2016 and now planned dates on 27-29th June and 28-30th November 2017. Other new courses under development include the Leadership and Management course, European Peri-operative Intensive Care Curriculum and Fundamental of Sepsis Management and Diagnosis Course.

The European Diploma in advanced critical care Echocardiography (EDEC) is now well established with a competency based curriculum, labbook, webinar series and final exam for those candidates who wish to extend their critical care echocardiography competencies to an advanced level.

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The CoBaFaculty and CoBaForum

The CoBaFaculty’s main task is to maintain, promote and develop the CoBaTrICE programme on behalf of the Society and to ensure networking and coordination with other stakeholders. The CoBaTrICE competencies have been updated to include new competencies including echocardiography, ultrasound, ECMO and rapid response teams and have been published as CoBaTrICE 2.0. The updated CoBaTrICE syllabus and relevant documents can be accessed via www.cobatrice.org. The concepts of CoBaTrICE are now an integral part of postgraduate training in Intensive Care Medicine (ICM) in many European countries.

CoBaForum (the CoBaTrICE steering committee) and CoBaForum (the CoBaTrICE network, which includes representatives from each European country) continue to be a vital platform for exchanging ideas, promoting and enhancing the discipline of intensive care medicine in Europe.

This is the first year I am Chair of the DPD. We have worked hard to promote visibility of the educational activities in the Society. For the first time, we have bi-annual DPD meeting to better coordinate the educational activities of the Society that we would not be here today. I am also grateful to Estelle, Dominique, Celia and Joel and everyone at the ESICM office for their continued support.

I would particularly like to thank the Chairs of the different DPD committees (Dr Franki Duska, Chair of the Clinical Training Committee, Dr Kubus Preller, Chair of the E-learning Committee, Dr Christian Sitzwahl, Chair of the Examinations Committee and Dr Hans Ulrich Rothen, Chair of the CoBaFaculty) and all the committee members for all their hard work and support throughout the year. Without their dedication and tireless commitment to the educational activities of the Society we would not be here today. I am also grateful to Jacques Duranteau, Chair of the Communication Committee, for the Communication Committee’s work to connect our members with the most up-to-date article reviews, expert opinions and news about the activities of the society via our website, eNewsletters and social media streams.

ESICM Journal Review Club, organised by NEXT Communication Committee members Nish Arulkumaran, Gennaro De Pascale and Brjesh Patel, N&AHP Committee member Silvia Calvino Günther and ESICM’s Communications Manager Sherry Scharff has continued to grow, with more than 60 active reviewers contributing a total of 300 short reviews of key articles which are published online and shared on social media.

Our scientific journals also play an important role in disseminating the newest research in intensive care medicine – from basic science in our online OPEN ACCESS journal ICM Experimental (ICMx) to clinical practice in Intensive Care Medicine (ICM). The editorial teams, led by Mervyn Singer and Elie Azoulay, have worked tirelessly to provide the best basic and clinical research available in the field. As a result of these efforts, ICM once again saw its Impact Factor climb – to 12.015 for 2016 - the highest impact factor for a journal that publishes only in intensive care medicine. The journal is attracting top researchers around the World and has also seen an increase output in terms of ESICM endorsed guidelines and consensus papers.

Weekly eNewsletters of the newest ICM ONLINE FIRST articles and ICM Pulse videos and monthly ‘Articles of the Month’ emails remain popular with members who want to keep up with the most recent publications. The seasonal updates from ICMx with open access links to the most accessed and newest articles and social media shares have also served to bolster downloads of the best experimental research articles of our newest PubMed listed journal.

More than 24 regular monthly webinars on varied topics from our scientific sections have now been hosted on our website. Special featured webinars on the SSC Sepsis guideline updates among others have also been offered with free access to ensure that all intensive care professionals have access to the most important information regarding changes in practice at the bedside. Several of our webinars have garnered an audience numbering in the thousands – and participants have responded favorably to the interactive aspect that these sessions provide.

Aside from the daily posts and our regular social media presence, ESICM’s Social Media Task Force continues to ensure that our those who aren’t able to participate in our events – from EUROASIA 2017 and the regional conference in Athens to LIVES 2017 in Vienna can have a virtual experience via Facebook, Twitter and LinkedIn. Twitter moderators are present at many of our sessions during our annual congress and live interviews with our keynote speakers are available LIVE online. Daily congress eNewsletters featuring information about highlighted sessions and iC TV video interviews prepared onsite with expert speakers also continue to be provided to all members and congress participants.

Part of our core communication mission to provide our members with the latest resources is the continual evolution of Your Intensive Connection portal www.esicm.org. We are delighted and excited to launch our newly designed website – with increased functionality and interactive features – so you can access all of our top scientific content and educational and training modules (via the Academy) in real time – wherever you are!

Many thanks to all of the active members of the Communication Committee, the EJRC and SoMe Task Force who ensure all is organised in a clear and timely manner.

The Communication Committee has seen a very productive and successful year.
NEXT Committee Annual Report 2016-2017

NEXT is celebrating its fifth anniversary this year. Since our introduction at LIVES 2012 in Lisbon, the Committee has become an integral part of ESICM, driving innovation and creativity, and meeting the dynamic needs of a modern medical society. We are proud to be one of the most active committees in the Society, representing a significant portion of ESICM-members. Aside from enabling virtual and real mobility across Europe, NEXT creates a congress track that is particularly interesting for young specialists and trainees, awards research grants, and is involved in nearly all facets of the ESICM. As we move ahead with our programmes and ideas, we will continue to shape the future of intensive care.

MOBILITY

- eMOVE. The eMOVE-project brings to life the futuristic idea of an electronic platform providing information about different European countries for intensivists on the move. The platform was first tested in Milan, and since then it has been constantly improved and updated to implement new locations and job-market opportunities. In the future, eMOVE will serve as a dynamic tool to support long-term mobility. Its official launch will take place at LIVES 2017, Vienna.

- Thematic Fellowships. In 2016 and 2017, the NEXT Fellowships grew to become one of the most visible and popular activities of the NEXT Committee. In 2016, Pfizer supported the last round of the programme, which focused on infections. The Fellowship took place in six different countries, and received exceptional reviews.

- Grants and Awards. We continue to support the work of young investigators aiming to develop a career in academic research. The NEXT Start-Up Grant is dedicated exclusively to young researchers in the field of Intensive Care Medicine. Together with the Research Committee, NEXT establishes its commitment and will again award one exceptional researcher, supporting his or her work for the next two years.

- European Journal Review Club. NEXT has been an active part of the Communication Committee since 2013, helping represent the Society in several media formats, including websites and social media. NEXT-members started writing short reviews on articles published in major international journals. The group of reviewers has grown exponentially during last five years, and now has 65 active members from different sections of the Society. It is interesting to note that 35 of these members are ICU trainees or young specialists. Three ‘NEXTers’ contribute to the coordination of the Journal Club workload, guaranteeing a regular production of reviews and avoiding any overlap of topics and subjects.

- NEXT Day. In collaboration with locals, the NEXT Committee selected the topic of “Extracorporeal Membrane Oxygenation in ARDS” for the 2017 NEXT Day at LIVES2017 in Vienna. Besides technical, clinical, and pathophysiological aspects, a focus lies on ethical and structural issues. Along with debates and blackboard-lectures, prominent experts will guarantee a high quality PG-course.

- NEXT Lounge. The NEXT Lounge is the meeting-point for trainees and young specialists at the congress. The special programme covering new topics and new formats was a congress highlight during the last years, and will certainly continue to attract interested members. Part of the NEXT Lounge programme is also the Young Lecturer Award, where talented candidates demonstrate their lecture skills, and are evaluated by an international jury. The best candidate is awarded with the “Young Lecturer Award”, which guarantees a faculty place at next year’s congress.

ORGANISATIONAL

- SOP. Several modifications of the ESICM’s general SOPs were necessary after the first mandate of the Committee, keeping in mind the requirements and support of NEXT, as well as its link to the different bodies of the Society.

- Leadership. Lara Prisco stepped down after a successful period heading the Committee, and Björn Weiss was elected in the Spring of 2016 to lead NEXT. He is now Chair of the NEXT Committee and ex-officio member of the ESICM’s Executive Committee. He has been part of NEXT since its founding in 2012, and has contributed as a NEXT representative in the Congress Committee. In its new structure, the NEXT Committee remains true to its purpose; to be the voice of young members in the ESICM, and to help shape the future of intensive care medicine.
ICE-MENTORING

Status quo. 24 mentee/mentor matches were established in the first round of the ICE-Mentoring project. According to the survey and evaluation process, overall satisfaction and acceptance of the programme is very positive. Mentees report that their participation has led to mobility in terms of visiting clinical and/or scientific stays at their mentor’s institutions, involvement in scientific projects, as well as acknowledgements of the ICE-Mentoring programme in the context of scientific publications. Currently, the participants’ feedback is being used to further improve the application and matching process. The call for the second round of the ICE-Mentoring will occur within Q3 2017.

Bjorn Weiss
Chair of the NEXT Committee
The Nursing & AHP Committee continues to raise the profile of Intensive care nursing and AHP within the Society. The Committee has a small, but proactive membership of nurses, physiotherapists and other AHPs, including clinical psychology and dietetics, many of whom participate at several levels of the Society.

The N&AHP Committee is made up of:
- Carole Boulanger, N&AHP Chair
- Johannes Mellinghoff (Congress Committee representative)
- Stijn Blot, Research Committee
- Anne Sophie Debeuf, ICU app development
- Silvia Calvino-Gunther, responsible for coordinating relevant article summaries in the ESICM’s Journal Review Club
- Mireia Illaurado Serra, the N&AHP representative for e-learning/guideline development.

As a Committee, we enjoy a great deal of support and opportunity for collaboration across the activities of the Society.

Projects & activities of the past year:
- Congress
  The October 2016 congress in Milan saw active participation, with six thematic sessions, three poster corners, a clinical challenge session and a live interactive debate.

The “Countdown to Milan” initiative saw N&AHP seeking advice and support with abstract writing, contributing to an improved quality of abstract submissions for our group. At LIVES 2016, 44 N&AHP abstracts were accepted and presented: one oral presentation and three poster corner sessions.

- N&AHP Abstract Award Programme 2016
  saw an increased number of abstracts awarded:
  - 1 x ESICM N&AHP Award with free registration to LIVES and reimbursement of up to €1,000
  - 2 x ESICM N&AHP Awards with free registration
  - 1x Intensive & Critical Care Nursing Award with free registration to LIVES and reimbursement of up to €1,000
  - 1x Recovery in the Critical III Award with free registration to LIVES and reimbursement of up to €1,000 (thanks to an unrestricted research grant from Nutricia Medical).

The N&AHP Committee continues to encourage the trend of N&AHP involved in physician sessions emphasising the multidisciplinary spirit of the Society.

- Networking event
  A networking event for N&AHP during LIVES2016 took place during which the N&AHP activities were presented. This was well attended and evaluated.

- Research Activity
  The DecubICUs project, an epidemiologic point-prevalence study on pressure ulcers in ICUs, accepted as an ESICM Trials Group Study, is now open for registration of unit interest.

N&AHP have a survey (NAPMA) in progress, which explores the demographic area of both our members and non-members to gain valuable data to plan the focus of the Committee and N&AHP going forwards.

- Nursing APP project
  Led by Anne-Sophie Debue and supported by N&AHP members. The goal is to launch the first version of the app at LIVES 2017.

- N&AHP in the Journal Review Club (JRC)
  N&AHP members are actively contributing to the JRC, led by N&AHP Committee member, Silvia Calvino-Gunther. An article summary is consistently generated by a N&AHP member every 2 to 3 weeks and posted on the ESICM website.

- Working Group on Physiotherapy
  David McWilliams, the Chair of this group, has created an active network of physiotherapists and other professional groups interested in rehabilitation. The Working Group will focus on educational and research matters concerning chest physiotherapy and early mobilisation.

- Webinars
  for the first time in this reporting year, N&AHP have been involved in delivering Webinars. Two have been successfully delivered thus far on rehabilitation and family visiting, with excellent feedback.

- e-Learning
  for the first time, N&AHP are to be actively involved in the Society’s e-learning project/platform development. Mireia Illaurado Serra from the N&AHP Committee has been co-opted onto the e-learning group to coordinate nursing and N&AHP involvement and active contribution to this project.

Carole Boulanger
Chair of the N&AHP
2017 has been another full year for the Intensive Care Medicine (ICM) Journal. In 2016, we passed the symbolic number of 2,000 submissions, and this year, we should again get close to this figure. Thanks to a dedicated board of editors and reviewers, a decision is made before day 21 of the submission for 99% of the submitted papers. Time to first decision is, on average, 14 days for papers that are sent out for review. The acceptance rate is 6% overall, and 15% for papers sent out for review.

Major changes this year can be summarised under the following five points:

1. The quality of what is submitted to the ICM Journal has improved, and more papers are sent out for review.
2. Despite the high number of submissions, time to decision has not increased and is even slightly shorter.
3. The Journal’s reach (access to papers, full downloads, shares, etc.) has exponentially increased, demonstrating the growing interest of the worldwide critical care community in Intensive Care Medicine.
4. At the last editorial board meeting, the editors agreed to keep the same editorial line and to focus on the quality of our processes. This includes specific attention to titles, abstracts and the possibility to edit and rewrite some of the high quality papers that need rewriting.
5. Along this line, as of September 2017, four junior editors will ensure the reading of our accepted manuscripts in order to check perfect concordance across the different sections of the paper.

Lastly, we have been delighted to receive many cites from indexed journals to reach the fabulous impact factor of 12.015, as published by Clarivate Analytics last June.

The impact factor of ICM has more than doubled over the last five years. This year, ICM is again ranked as the first journal that publishes only critical care. This is a wonderful news for the Society and a very well-deserved result for all the authors, readers, reviewers, editors and individual ESICM.
members, who honoured and trusted us. ICM is now among the top 200 medical journals and ranks second out of the 2,900 Springer Journals.

In the coming months, several important things will occur. Firstly, with the very high impact of the two 2016 thematic issues (ARDS in May and Sepsis in December), two thematic issues have been prepared for 2017 and 2018.

In 2017, the June issue was about acute kidney injury and published 15 high quality papers, including original submissions, consensus updates and expert statements. A unique issue on the research agenda in the most important areas of critical care is scheduled for September and will be released for LIVES 2017. Similarly, two thematic issues are being prepared for 2018, and we hope that they will be as successful as the previous ones.

Secondly, we have organised an editorial changeover, to have at least one third of incoming editors to assist the next Editor in Chief, who will take over on January 2nd, 2019.

Thirdly, a new, short series is planned for 2018, which will include a leading series on healthcare workers’ mental health and another one on rare diseases.

Lastly, in December 2017, a dedicated jury will select the next Editor-in-Chief. The transition will then be organised smoothly in 2018 and the new Editor will begin as Deputy Editor, handling the papers that will be scheduled for 2019, so as to fine tune his/her own editorial line. Until the very last day of its mandate, the current editorial board will continue to work hard to improve the quality of our Intensive Care Medicine Journal and to maintain the wonderful achievements that have been made over the last years.

We have exciting plans to boost our journal, and several surprises to disclose over the coming months. Most importantly, we count on every single critical care clinician and researchers to help us reach these new challenges.
2017 has continued to be a successful year for Intensive Care Medicine Experimental (ICMx). The journal has grown steadily since its split from its sister journal Intensive Care Medicine nearly four years ago; submissions to the journal are up 15% from 2016 and so far this year, 35 original research articles have been published. ICMx is an open access journal, affording our authors maximum visibility to their work through the rapid and widespread dissemination of their work. Accesses to journal content continue to increase every month, with over 400,000 hits to ICMx content in total. We would like to thank the work of our Editorial Board for their vital work in establishing ICMx as the primary home for basic, translational and experimental research in the critical care field, and would like to encourage authors to continue to submit high quality manuscripts to the journal.

Mervyn Singer
Editor-in-Chief
ICMx
TREASURER'S REPORT
Dear Colleagues,

Members of the Society, this is my annual Treasurer’s report for the business year 2016/2017.

The European Society of Intensive Care Medicine is a professional, non-profit organisation and its bylaws constitute the legal basis for the operation of the organisation.

ESICM is based in Brussels, Belgium, and complies with the legal rules of the Belgian Law of Associations with Number BE0467.040.944 in the Belgian Register of Associations. The organisation’s accounts comply with the Belgian fiscal provisions and are externally audited by Francesco Bandinelli on an annual basis.

Accounting and tax advice services are provided by our professional consultant firm, Belgian VAT Desk, supported by our CEO in the Secretariat. We follow a very rigorous process in establishing and monitoring our annual budgets and when considering the regulations of the non-profit law in our investments and financial policies.

In my position as Treasurer, my key interest is to carefully monitor the performances of our investment accounts to safeguard the organisation in times of financial crisis. Together with my colleagues in the Council, the aim is to make the right strategic decisions to focus on a sustainable and secure future for the Society and to decide how far we can go in developing activities to deliver our mission and aims.

The following report gives a fair and true view of the assets and liabilities and the financial position of ESICM and I invite you to read my further explanations of the financial statement of the fiscal year 2016 below.

Overall I am pleased to say that the financial position of the Society is in extremely good health, and currently stands at 6,325,369 Euros.

One of the biggest risks to the Society is the annual congress. We continue to ensure that we monitor the use of our funds by keeping to a strict policy on areas such as travel expenses and ensure we spend sensibly. As a result, we have been able to invest more, year on year, into research, and in addition we have agreed to invest in developing a new e-learning platform.

Carl Waldmann
ESICM Treasurer
ESICM’s main sources of revenue are composed of the congress registration fees, sponsorship, exhibition income and affiliation fees. Other revenue streams include income from our courses, exams and other revenue, such as the ICM Journal.

In 2016, ESICM generated a total revenue of €6,626,950.10. Total expenses amounted to €6,461,598.14 which results in a positive outcome of €165,351.96 for the fiscal year 2016.

In general, the overall development of ESICM’s equity is stable, and despite the challenging economic and regulatory environment, the Society is in a healthy position and is able to deliver all the objectives agreed in the ESICM Strategic Plan.

The tota expenses amounted to €6,461,598.14 which results in a positive outcome of €165,351.96 for the fiscal year 2016.

ESICM Balance sheet 2016_

**Assets**

<table>
<thead>
<tr>
<th>A. Fixed assets</th>
<th>K€</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Tangible assets</td>
<td>1,939</td>
</tr>
<tr>
<td>Land &amp; Buildings</td>
<td>1,939</td>
</tr>
<tr>
<td>Tools, furniture and fixtures</td>
<td>71</td>
</tr>
<tr>
<td>II. Financial assets</td>
<td>2,010</td>
</tr>
</tbody>
</table>

**Equity and liabilities**

<table>
<thead>
<tr>
<th>A. Net equity of Association</th>
<th>K€</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Equity of Association</td>
<td>5,819</td>
</tr>
<tr>
<td>II. Balance sheet profit/Loss</td>
<td>165</td>
</tr>
<tr>
<td>C. Liabilities</td>
<td>5,754</td>
</tr>
<tr>
<td>D. Deferred charges and Accrued Income</td>
<td>1,302</td>
</tr>
</tbody>
</table>

**Explanation of the financial statement 2016_**

**GROUP OUTCOME**

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**REVENUE 2016 (IN EURO)**

| Congress | €3,844,465 |
| Affiliation fee | €1,282,100 |
| Editorial | €678,599 |
| Education | €725,745 |
| Life Priority | €900 |
| Research | €75,000 |
| Total revenue | €6,626,950 |

**REVENUE**

58.3% Congress
19.3% Affiliation fee
11% Editorial
10.2% Education
5.1% Research
6.0% Life Priority

**EXPENSES**

Grants/awards/support/research

Every year, ESICM offers a number of research awards worth a total of €300,000.

We are content to be in a strong position to spend such a generous amount of money to actively support ESICM members in their educational endeavours across Europe. This financial and activity-driven support fulfils our overall mission and aims to further improve standards in Intensive Care Medicine in Europe for the greater good. We have also invested €64,000 for the Trials Group and €65,000 for research activities.

**CONGRESS COSTS**

Costs attributed are rental costs for the congress and course venues, technical/network/IT, overall venue set up, with increased interactive provision, innovation from the Scientific Committee and other facility costs, which represent 20.02% of the total expenditure. Social events and Faculty costs (travel, hotel) represent 7.49%, while 2.88% of the costs were spent on onsite staff and hostesses (including travel and accommodation).

Services delivered by the contracted PCO (KII) represent 2.93% of the total costs. This also includes the fees for sales and delivery of the exhibition & sponsoring management, fees for registration services and abstract fees.

**ESICM ADMINISTRATION COSTS**

The ESICM Secretariat looks after the everyday activities of ESICM, including all the business related to ESICM services, such as support of the Boards and Committees and fellow up, organising LIVES, alongside the PCO, and developing the educational programme, including the online platform. Besides this cost factor, all expenses (rental fees, annual running costs, etc.) for the ESICM office building are included. 24.36% of the total expenditure is spent in this cost unit.

**ACCOUNTING/ TAX ADVICE/ LEGAL/ BANK**

ESICM needs to spend a total 4.88% for the costs of services, including the depreciation of the tangible and financial assets for 2016 (3.99%). As we offer credit card payment for registration of the congress, a major part of this cost group is the credit card and bank charges, as well as differences in money transfers (0.44%). Other costs include fees for accounting, audit, tax and legal advice (1.31%).

**BOARDS & COMMITTEES**

4.21% is expenditure to support our volunteer work in ESICM. Board and Committee meeting expenses include travel, accommodation and catering costs for the respective meetings of governing Boards (Council, Executive Committee, General Assembly and National Societies) and Operating Committees (Scientific, Education, National Societies) throughout the year.
This conference aims to embrace the different monitoring options available to patients undergoing mechanical ventilation in different clinical scenarios, from the acute to the weaning phase.


Completion of training and competency-based testing designates the intensivist as being competent in advanced critical care echocardiography as a clinical skill.

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For all inquiries, please contact:

ESICM CEO
Joël Alexandre
Tel: +32 (0)2 559 03 50
joel.alexandre@esicm.org

For research specific questions (collaboration on ESICM trials, surveys and clinical research programmes) please contact:

Guy François
Tel: +32 (0)2 559 03 53
guy.francisco@esicm.org

For all educational training and programmes, please contact:

Dominique De Boom
Tel: +32(0)2 559 03 74
dominique.deboom@esicm.org

For all membership, partnership endorsements and dual membership agreements, please contact:

Nicolas Vander Elst
Tel: +32 (0)2 559 03 57
nicolas.vanderelst@esicm.org