



*The Intensive Connection*

MINUTES OF THE HSRO SECTION MEETING  
ESICM Lives Vienna, 26 September 2017

Present:

Dylan De Lange (NL)  
Peter van der Voort (NL)  
Dave Dongelamns (NL)  
Peter Spronk (NL)  
Johan Malmgren (SE)  
Csaba Hermann (HU)  
Geeta Mehta (CAN)  
SM Reza Hashemian (IRAN)  
Ricardo Matos (PO)  
Lisa Burry (CAN)  
Cristina Santonocito (IT)  
Lotti Orvelius (SE)  
Sten Walther (SE)  
Aarne Feldheiser (GER)  
Phillip Metnitz (AT)  
Paul Zajic (AT)  
Christina Agwald Öhman (SE)  
Hans Flaaten (NO)  
Michelle Chew (SE)  
Andreas Valentin (AT)  
Bertrand Guidet (FR)

1. Welcome-introduction of participants (Hans Flaaten)  
Hans welcomed all participants. It was nice to see many newcomers and representatives from other committees such as NEXT and POIC.
2. Recent elections HSRO (Hans Flaaten). Hans announced that Dylan de Lange has recently been elected as chair to the next for the next mandate period.
3. Congress matters (Hans F & Dylan DL)
  - a. Present and future congress  
Several sessions including 'Too old for the ICU?' – was successful with a fully-filled auditorium. This topic is perceived as 'hot' and we will continue to put this forward as part of next year's congress. HSRO also presented a clinical challenges session 'How do I...(sedate this patient)?' session with excellent interaction from the audience. As for previous years our section received the largest number of abstracts. We had many suggestions for Congress topics and lectures, not all were accepted by the Congress committee. There is some overrepresentation from 'stronger sections' and 'weaker sections'



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such as HSRO and Ethics may sometimes be perceived to be underrepresented. Hans encouraged all to think about possible topics for 2018.

4. Research committee news (Michelle Chew)
  - a. MC presented activities of the RC for 2017 and endorsed studies for 2017-8. VIPS-1 was endorsed in 2016 and closed in 2017. AnoPPS was one of the endorsed surveys in 2017.
5. Research projects reports (short-will be presented later in detail)
  - a. SEE III (Andreas Valentin). AW gave short review of the results of the study. 1041 transports, 205 events. Unplanned delays accounted for about 50% of these events. The most common events were Monitor related and Respirator related. Impact of events: 1 death in transport, 1 resulted in permanent harm, temporary harm 11 (+6 unplanned delay), No harm but intervention necessary (43 +21 unplanned delay), no intervention necessary 41 (+71 unplanned delay)
  - b. VIP 1 (Hans Flaaten). Investigated the effect of frailty on ICU outcomes. 5032 patients analysed. Highly successful project 11 months from recruitment to publication – congratulations to all.
  - c. VIP 2 (Hans). We received ESICM endorsement and funding for this in 2017. The protocol is nearly finished. This is an RCT, with randomization at ICU level. The intervention will be a ‘hotline’ for caregivers of ICU patients. Sample size calculations suggest approx 1000 patients and approx 1000 ICUs Hans will discuss this in a separate RG meeting.

We discussed the possibility of creating ‘regions’ instead of having ‘individual countries’ in order to mitigate possible complaints about having critical results. Several possible solutions were discussed.
  - d. Quality of Recovery in ICU (Michelle Chew). MC presented a suggestion for a scoring system for recovery. Will be a Delphi process involving expert physicians, nurses and patient representatives.
  - e. SANDMAN (Sangetha Metha)– Sedation analgesia and delirium management – audit of medical, surgical, trauma and neuro-intensive care patients. Large variability internationally, many countries not practising according to guidelines, many due to financial constraints (eg. benzodiazepines). May not be easy for non-first world countries to adhere to guidelines. Audit should therefore encompass these countries. Individual invitations (rather than a large non-specific call for participation). Anticipated convenience sample of 2000 patients, 2-week data collection period.



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- f. New suggestions from the RG on economics (Peter van der Voort). Two studies were presented (ANoPPs and ANoPPs – an Efficiency measures in the ICU).
    - i. ANoPPS: ESICM endorsed survey on the use of non-physician providers in ICU. Increasing pressure on ICUs due to increasing demand and shortage of physicians. Are NPPs (non-physician providers a solution for ICUs in Europe? Who uses ANoPPs, how?
    - ii. Efficiency measures in the ICU. Addressing what measures are useful for resource use and measurement, with respect to hospital mortality. Protocol for data collection planned for 2017, data collection to start Jan 2018. This study will be addressed in detail in the separate HSRO research group meeting later today.
  - g. Effect of weekend admission on mortality risk (Paul Zajic and Phillip Metnitz). Results of recent publication (Crit Care 2017;21:223) presented. 119 ICUs in Austrian ICU registry 2012-2015, 151268 patients, re-admissions excluded. As expected, fewer admissions over weekends. Those admitted during weekends were sicker. Very little variation in ICU mortality during the week, but weekend admissions were an independent risk factor for ICU mortality even after adjustment. Being in an ICU during the weekend was however not associated with risk of death.
  - h. New suggestions for research (Dylan De Lange)
6. Other issues.
- a. Upgrading PACT – 3 modules that HSRO is responsible for, of which one (Leadership and Management/Pascal Gruber) is completed.
  - b. DPP – EISCM Academy: Overview of E-learning modules and courses presented presented by Chrstina Santonocito. Templates available, please contact Christina if you are interested in contributing to an E-learning module.
7. Future directions. Dylan De Lange presented in brief his VISION for HSRO.
8. WG groups position vacant: Andreas signals he want to step down from the Quality and Safety WG, and still Outcome WG is vacant. There is a suggestion fo Paul Zajic (Austria) who will send an application supported by Phillipp Metnitz.