



The Intensive Connection

Minutes of the HSRO section ESICM Lives, 24 October 2018

Present:

Dylan De Lange
Michelle Chew
Andreas Valentin
Tilemachos Z
Phillip Metnitz
Paul Zajic
Peter van der Voort
Dan Dongelmans
Didier Le Doux
Jorge Salluh
Bertrand Guidet
Peter Spronk
Hans Flaaten
Antonio Artigas
Yie-Lan Nguyen
Peter Spronk

1. Opening

Dylan De Lange opened the meeting and all present introduced themselves.

2. Congress matters

Still difficult to attract young presenters. Please be cognizant of diversity issues and send suggestions to Dylan and Michelle within 2 weeks.

1569 abstracts of which 16.7% rejected. HSRO had highest number of submissions and rejections.

Summary of HSRO contribution at Lives 2018: 1 Arena, 1 Clinical challenge, 1 interactive, 4 oral presentations, 10 poster corners, 1 State of the Art, 3 Thematic, 1 Unplugged Session
Dylan explained how the congress program was organized and built.

Hans mentioned Quality, Quality Assurance, Safety and Health Economics were notably missing. Hans pointed out that we were notably absent from the 'case presentation' section with audience participation. MC pointed out that this occurred despite this session being one of the most well successful at Lives 2017.

3. Research Committee

- The VIP1 study was extremely successful and was deemed as one of the best 3 papers by the editors of ICM.
- MC will send an overview of studies so that it is easier for members to understand which studies are available.
- Hans suggested that we prioritize studies and liaising with national quality registries in order to extract data to reduce workload on individual centers.



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- Phillip Metnitz pointed out that it is always the same centers that contribute data to studies. MC suggested that we send out streamlined information so it is easier for members to make choices (eg. small studies with easy CRFs that do not require a lot of manpower vs. full scale RCTs).
- GDPR was discussed and there were differences from country to country in how the law was interpreted. The general feeling from PM and HF was that this was not a significant hindrance for research. On the contrary, Dave reported that there were still significant challenges to implementing GDPR in Holland. It appears that there is considerable variability between and within countries.
- We agreed to request this as a debate or pro-con session at Lives 2019. DdL will ask Executive committee for guidance and to perhaps make a statement.
- Paul Zajic presented STOPROAD-ICU (now SAPS-3D). Severity of illness defines the risk of readmission. MVA suggests pre-discharge organ dysfunction is important but current scores SWIFT, SOFA and TISS-28 only have moderate accuracy. Basic patient information, administrative information, hospital information incl. resource availability, process related factors, prior health status, current vital status will all need to be included in the predictive model. What we really need is a 'SAPS score' at discharge, SAPS-3D. Bertrand pointed out that we will need to document 'limitations' in treatment (eg. those deemed not suitable for re-admission).
- MC presented the SANDMAN study and thanked the section for support. The study received an ESICM Research Grant this year. Protocol finalized. eCRF metafile will be created within next month. We discussed 'ownership' of the data. Data agreement is a challenge, currently seeking advice from ESICM and perhaps we could draw on experience from the European Society of Anesthesiology. 5 'pilot' centers planned, volunteers welcome (DdL and PvdW expressed interest).

4. Working groups

Health economics

PvdW presented the efficiency study – relation between LOS and mortality. Presented data from 5 countries showing variability in LOS and mortality. LOS vs Crude mortality graphs quite different between and within countries. We can only speculate as to the reasons.

Outcomes

Paul Zajic presented the association between daytime admissions and ICU outcome. Austrian Registry data 2012-2016. All adult patients medical and surgical urgent and emergency admissions, readmissions excluded. 110,628 in the cohort. 4-hour slots chosen. Differences in crude mortality rates were seen, admissions and deaths were much more common during the day. Discharge events most common during mornings. Weekend admission contributed to ICU mortality regardless of time point even after adjustment. U-shaped relationship between ICU admission and ICU discharge.

Quality and Safety

Andreas Valentin presented the SEE-3 study. 47 ICUs in 16 countries, over 1000 transports. 1 death, 1 intervention necessary w permanent harm, temporary harm 11+6 unplanned delay. Several models were tested. Results of one model presented. Variables associated with



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events during transport: >1 nurse accompanying transport was protective but it was the opposite for physicians, perhaps the latter was a surrogate indicator for the severity of illness of the patient. Use of stretcher, number of VPs/catecholamines and CIRS in use were risk factors. Interestingly, no impact of checklists.

Proposals for new projects:

Diagnostic Error, Information transfer (eg handovers) Patient after ICU discharge, ICY physicians workload nad safety, Safety issues in elderly ICU patients, Medication safety (interactions of ICU drugs).

Andreas presented the studies published by the WG.

After 15 years Andreas is stepping down and Dave Dongelmans was appointed the new chairperson.

MC suggested the harmonization of basic datasets for observational studies so that we can improve participation and reduce work load for the different studies. DD will lead this initiative, assisted by MC.

5. Upgrading PACT and e-courses.

We welcomed Joana Berger from the e-learning committee

- Organization and management – finished
- Outcome (PZ in progress) is a large section, will be broken down to 3 parts 1) PROMS, 2) Predicting outcome and building models, 3) comparing outcome and benchmarking Outcomes after surgery, joint effort with POIC (MC finished)
- Quality assurance and cost effectiveness (PvdW, HF, DD and PS will help finish this, Carmen Gore not available)
- The elderly surgical patients

The importance of assessment for the accreditation process was stressed by Joanna. This means that every module has to be standardized and meet quality standards, including self-assessment questions at the end of every module.

6. New HSRO research suggestions.

Proposal for Toxic-ICU presented by DdL, the trauma and emergency group have expressed willingness to participate/cooperate.

DdL will send protocol out to members, asks for expression of interest.

7. AOM

Hans informed that E-lives on the 'elderly patient' is being planned for summer 2020. Joint venture with national societies. Proposals for France and Netherlands, Spain (AA) has expressed interest also.