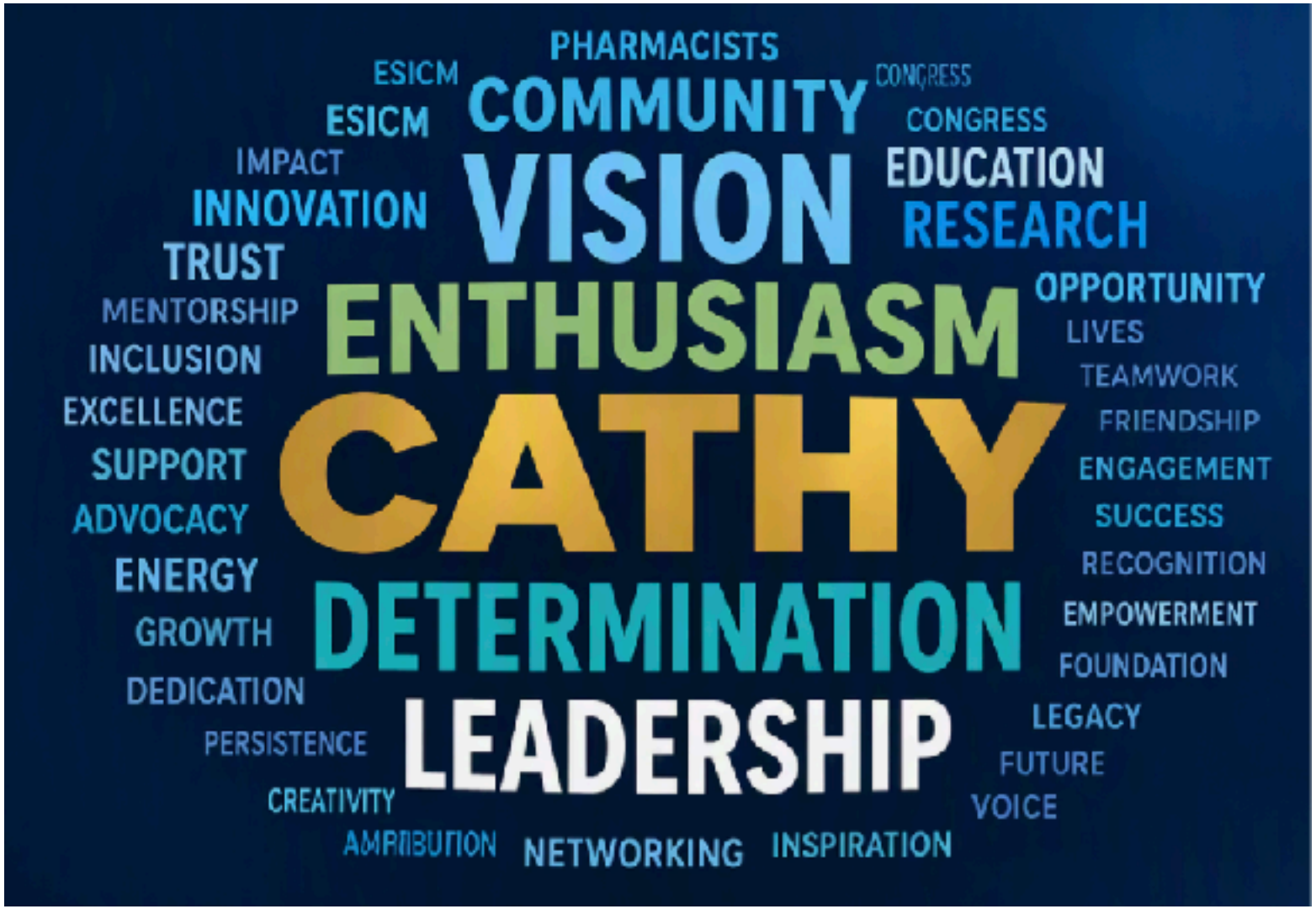
Sectionwide meeting Pharmacology & Pharmacotherapy section

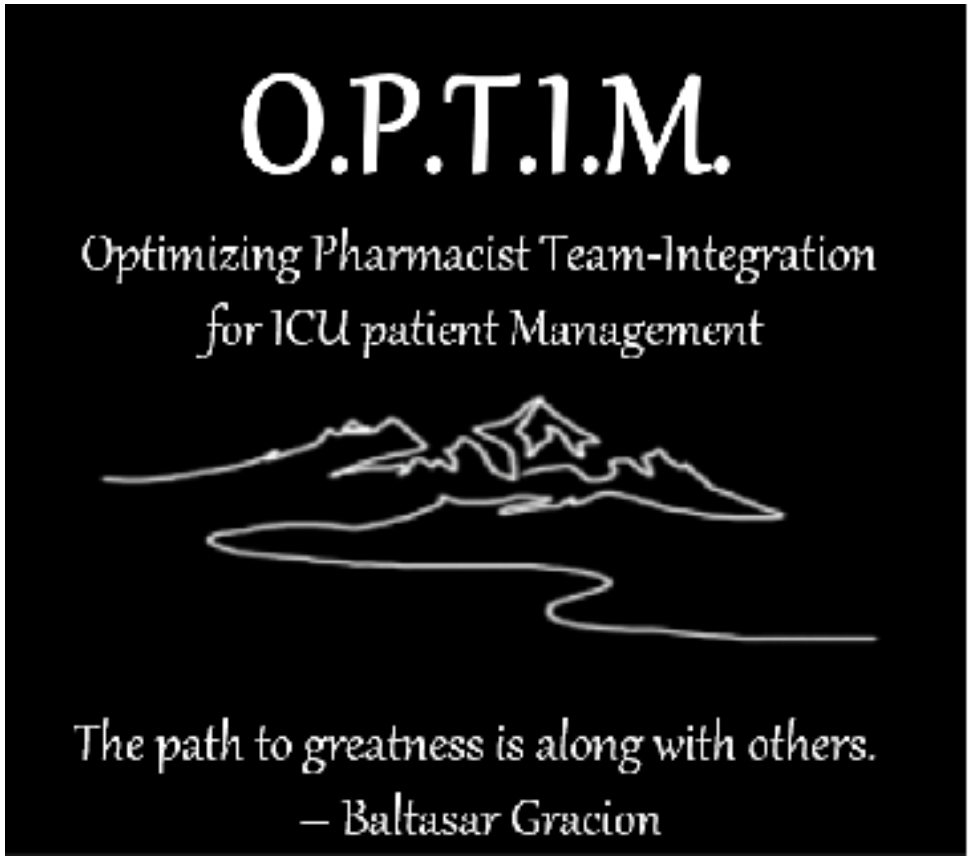
In person meeting

10:00 – 10:10
Welcome

Thank you Cathy



UNIVERSITY of MARYLAND
SCHOOL OF PHARMACY



Mojdeh Heavner, PharmD, BCCCP, FCCM, FCCP
Professor and Assistant Dean for Experiential Learning
Department of Practice, Sciences, and Health Outcomes Research

Comprehensive Medication Management (CMM)

The standard of care that ensures each patient's medications are individually assessed to determine that each medication is **appropriate** for the patient, **effective** for the medical condition, **safe** given the comorbidities and other medications being taken, and able to be taken by the patient **as intended**.

- *American Society of Health-System Pharmacists*

Critical Gap

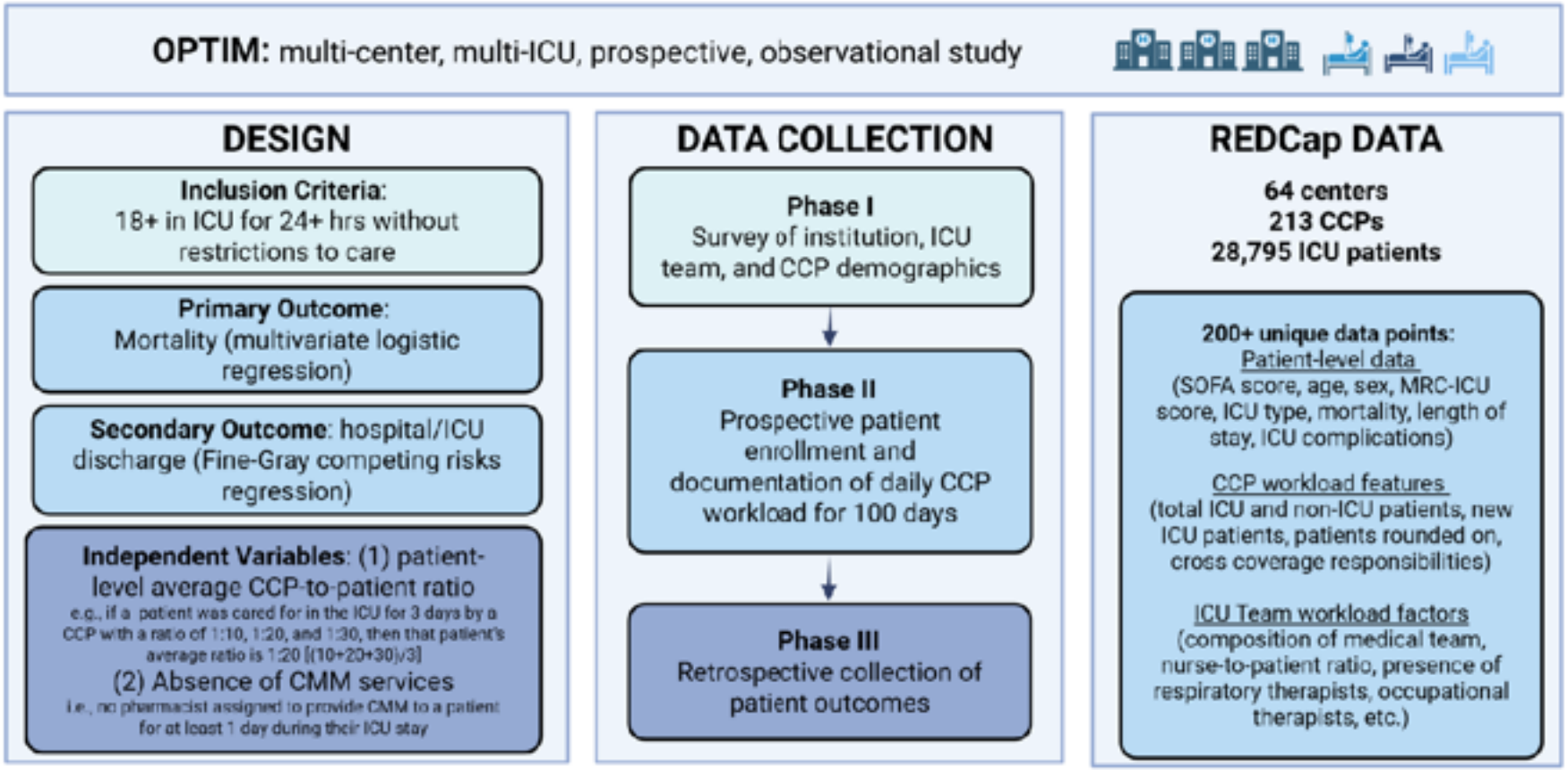
Optimal CCP-to-patient ratio is unknown

Research Question

Is **ICU pharmacist staffing**, measured by the pharmacist-to-patient ratio and absence of CMM, associated with **in-hospital mortality** among **critically ill adults**?

Hypothesis: Increasing critical care pharmacist-to-patient ratio is associated with increased in-hospital mortality among critically ill adults

Study Methods



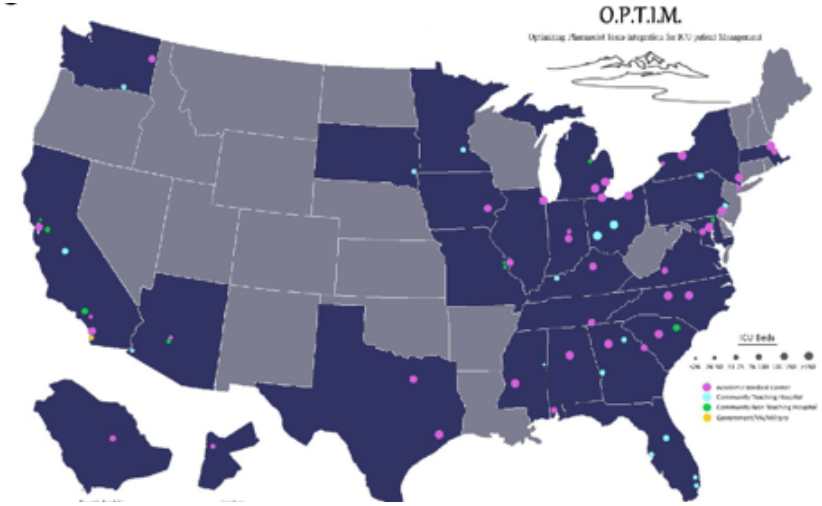
Pharmacist-to-patient ratio calculated at the **patient level**:

E.g., 3-day ICU stay with pharmacist caring for 12, 8 and 14 patients = (12+8+14)/3 = 11.3

Smith SE, et al. *CHEST*. 2026 [in press]

Recruitment & Retention Strategies





Recruitment

- Listserv emails
- Individual emails to residency program directors (~120 emails)
- Social media posts
- Information sessions
- Authorship opportunity

410 potential investigators

181 potential sites

Retention

- OPTIM marketing materials
- Weekly newsletters
  - Progress updates
  - Team member spotlights
  - FAQ section & reminders
  - Accomplishments
- Networking events
- Weekly office hours
- Enrichment sessions

282 investigators

64 sites

36,319 patients

259,312 forms

2% missingness rate

Patient-Level Workload Variables

Variable	Overall (28,795)	Deceased (4,224)	Alive (24,571)	p-value
ICU pharmacist coverage 1st 24 hours				0.01
CMM delivered on interprofessional rounds	19,547 (67.9)	2,885 (68.3)	16,662 (67.8)	
CMM delivered not on rounds	3,995 (13.9)	527 (12.5)	3,468 (14.1)	
Abbreviated CMM delivered	2,087 (7.2)	296 (7.0)	1,791 (7.3)	
CMM not delivered (absence of CMM)	3,016 (10.5)	489 (11.6)	2,527 (10.3)	
Unknown	142 (0.5)	26 (0.6)	116 (0.5)	
Nurse-to-patient ratio (average), 1:X				<0.001
≤1	1,785 (6.4)	461 (11.2)	1,324 (5.6)	
1-2	2,970 (10.7)	696 (16.9)	2,274 (9.6)	
2	22,388 (80.5)	2,878 (69.8)	19,510 (82.3)	
>2	674 (2.4)	87 (2.1)	587 (2.5)	
Percent of assigned ICU teams pharmacist rounded with	54 (33)	56 (31)	54 (33)	<0.001
Percent days, no pharmacist or pharmacist trainee	32.2 (34.1)	31.1 (30.7)	32.40 (34.6)	0.60
Percent days, only attending physician	8.8 (26.7)	8.7 (25.9)	8.90 (26.8)	0.30

CMM Delivered on Interprofessional Rounds

the pharmacist attended multidisciplinary rounds and verbally provided CMM (including review of medications and recommendations)

CMM Delivered NOT on Interprofessional Rounds

the pharmacist provided by CMM (reviewed medications and provided recommendations) but did not attend interdisciplinary rounds

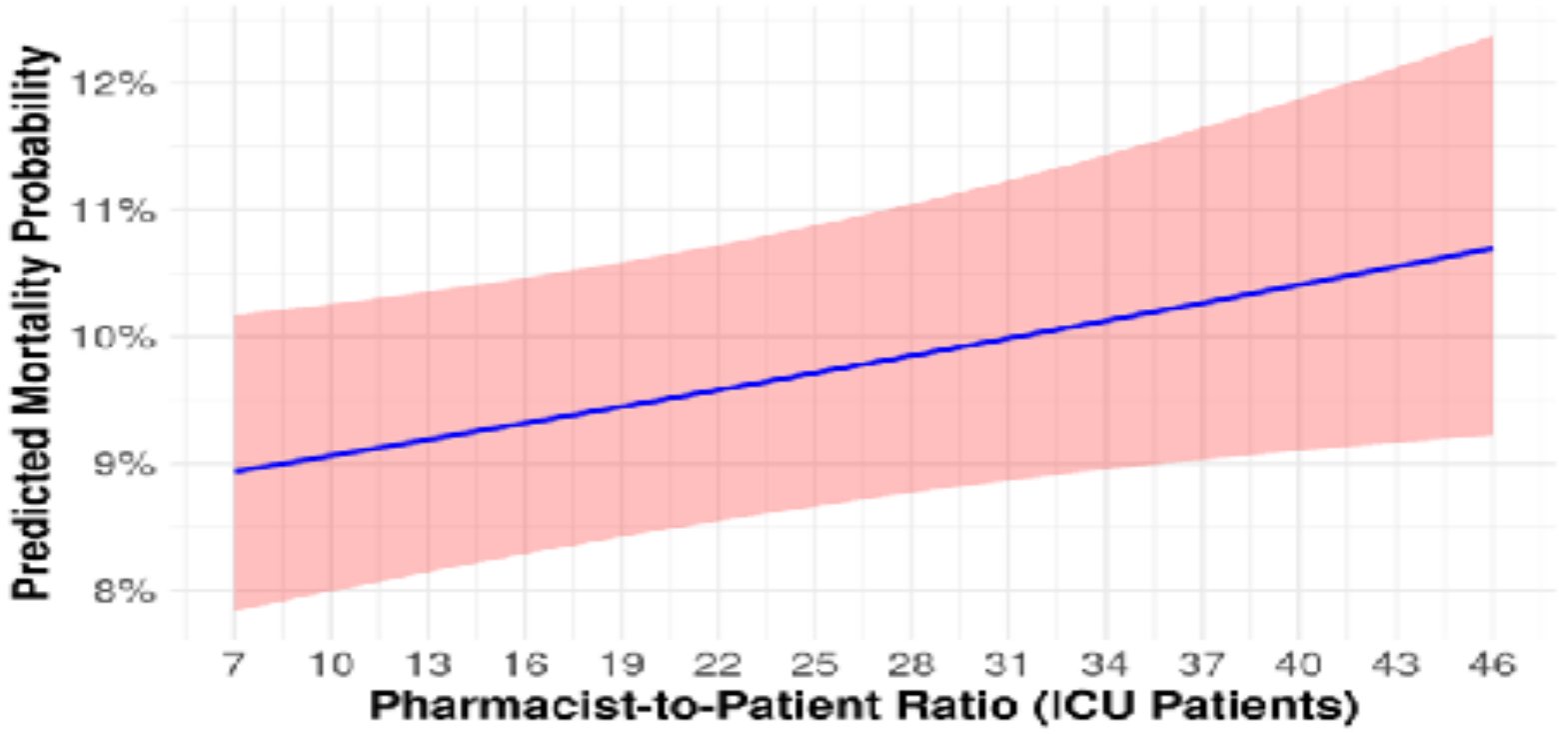
Abbreviated CMM

the pharmacist provided brief medication review but does not include full patient review (e.g. progress notes, results) and recommendations were provided outside of rounds

CMM Not Delivered

the patient received no medication review from a pharmacist outside of pharmacokinetic monitoring and prospective medication order verification

Predicted Mortality Probability



95% of the patients included in this study had an average pharmacist-to-patient ratio between 1:7 and 1:46
Pharmacist-to-patient ratio depicted as 1:X, with X being represented on the X axis

Patient Outcomes

Variable	Overall (28,795)
Primary Variable	
Pharmacist-to-patient ratio (ICU patients)	19.5±10.2
Secondary Variable	
Absence of CMM for at least 1 day of ICU stay	6760 (23.5)
ICU pharmacist coverage 1st 24 hours	
CMM delivered on rounds	19,547 (67.9)
CMM delivered outside of interprofessional rounds	3,995 (13.9)
Abbreviated CMM delivered	2,087 (7.2)
CMM not delivered (absence of CMM)	3,016 (10.5)
Unknown	142 (0.5)

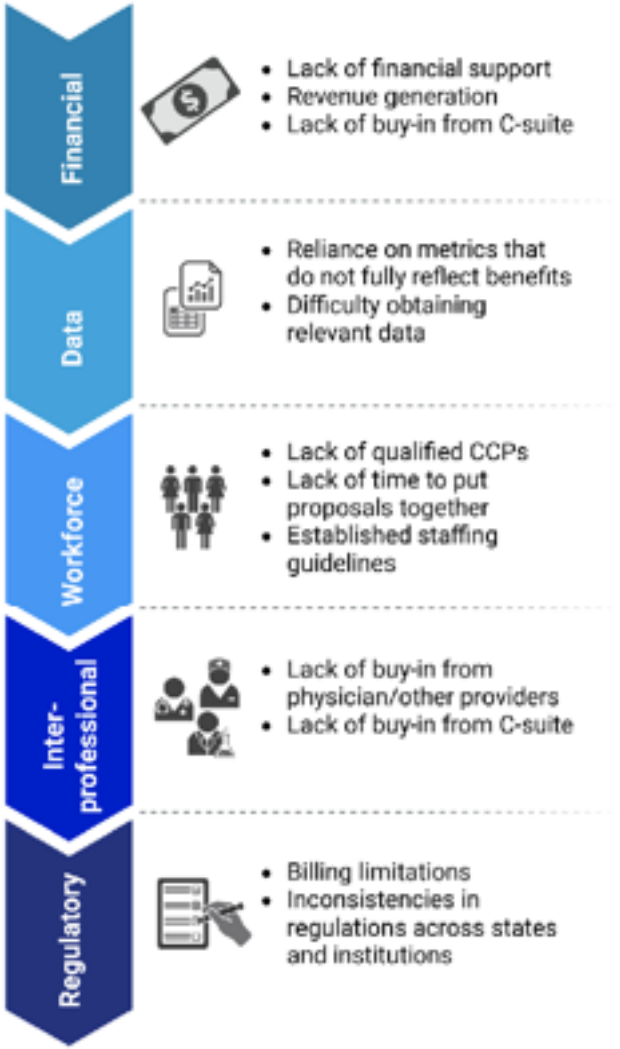
- Generalized estimating equation model – If patients do not have CMM for at least 1 day of ICU stay, they have a **20% increased risk of mortality**
- Propensity score matching model - A higher pharmacist ratio of 1:16 to 1:46 compared to 1:7 to 1:15 was associated with an increased adjusted OR for **mortality of 1.10** (95% CI 1.00-1.22)

Survey of hospital pharmacy leader perspectives on advocating for clinical pharmacy services

Most compelling evidence to justify clinical pharmacist FTEs

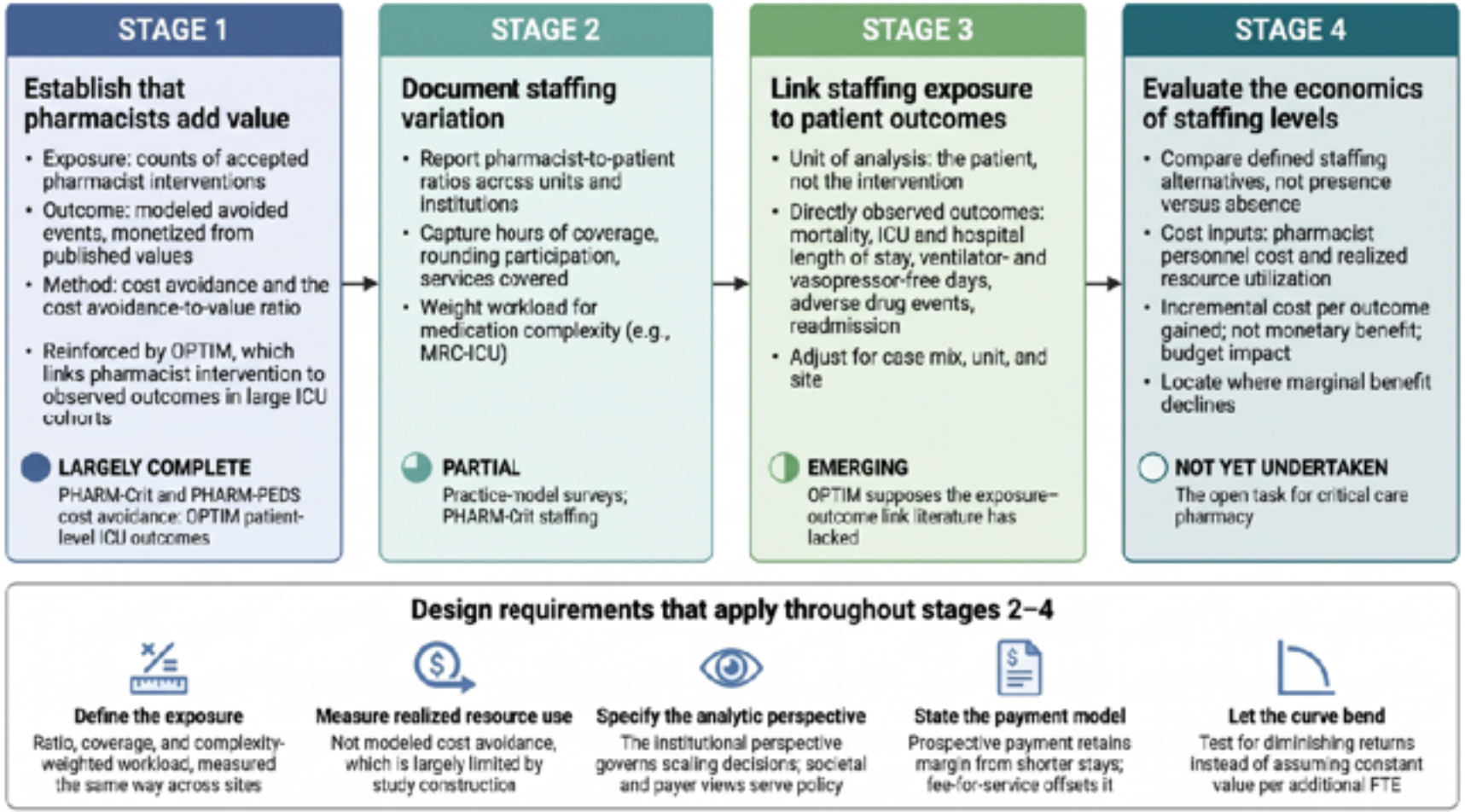
- Great Places to Work survey results
- Physician/other provider champion
- Quality indicators
- Data indicating pharmacist impact on hospital workflow
- Data indicating pharmacist impact on budget
- Data indicated pharmacist impact on patient outcomes

Barriers to increasing clinical pharmacy services…



Duong H, et al. *JACCP.* 2026;9(6):e70233
Smith SE, et al. *Critical Care Clinics.* 2026 [in press]

Toward Evidence-Based CCP Staffing



Heavner MS, et al. *JACCP*. 2026 [under review]

10:35 – 11:25 Poster presentations

10: 30 - 10:38	Li Saw
10:39 - 10:47	Isabelle Barsby
10:48 - 10:56	Joanna Klopotowska
10:57 - 11:05	Ugur Balaban
11:06 - 11:14	Jessica McCann

Improving ICU pharmacy workforce resilience through a multi-site hybrid simulation-based training programme

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2 Royal London Hospital, Barts Health NHS Trust, London, United Kingdom





NHS Barts Health NHS Trust

INTRODUCTION

Pharmacists play a key role within ICU multidisciplinary teams, improving patient outcomes, reducing mortality and adverse drug events[1], but this depends on a sufficiently trained workforce. In the UK, national guidance[2] sets minimum standards for 7-day clinical pharmacy services and pharmacist competency requirements; however, meeting these remains challenging[3].

In our institution (>120 ICU beds across 10 units and 4 sites), training needs are substantial, with pharmacists of varying experience required to cross-cover ICU during staffing gaps. Releasing staff for training is difficult and access to external programmes is limited by cost. Existing models are largely virtual[4] and, although accessible, do not adequately prepare pharmacists practical challenges in ICU.

We aimed to develop and pilot a Trust-wide, cost-neutral, hybrid foundation training programme to equip pharmacists with the knowledge, skills and experience to safely support ICU services and improve workforce resilience.

OBJECTIVES

1. Design a foundation programme to train pharmacists without ICU experience to a safe, consistent level of practice.
2. Deliver a hybrid programme combining online teaching and in-person simulation.
3. Evaluate impact on confidence to safely cover ICU and gather feedback.

METHODS

Programme Development

- Project team: Lead and Consultant ICU Pharmacists
- Informed by:
  - UKCPA Foundation Course
  - Local training resources
- Core competencies and learning objectives defined
- Collaborative planning meetings

Hybrid Training Model

Virtual Sessions (x4)
- Interactive delivery via MS Teams
- Mentimeter for knowledge checks
- Dedicated facilitator to manage chat

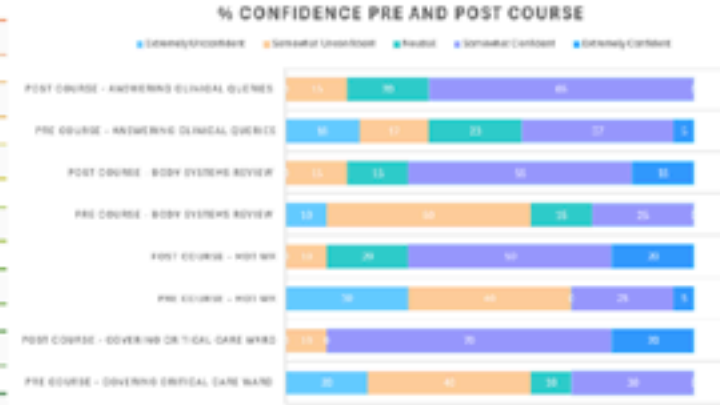
In-Person Simulation (x2)
- Led by project team and ICU nurse educators
- Bedspace orientation (monitoring, lines/devices)
- Small group simulation (clinical cases, EPMA prescribing)

Programme Evaluation

- Pre- and post-course confidence survey (MS Forms) assessed:
  - Clinical decision-making
  - ICU ward round participation
  - Systems-based review
  - Overall confidence to provide cover to ICU
- Participant feedback collected

RESULTS

- 4 x Body Systems Sessions (90 minutes via Teams
- 2 x Simulation Sessions at the Royal London Hospital
- 34 participants attended at least one session
- 28 participants attended ≥75% of online sessions
- 12 participants attended face to face simulation
- 17 Respondents Pre-Course, 10 Respondents Post-Course
- Next Steps: To be rolled out regionally across North East London



CONCLUSIONS

This pilot demonstrates that a cost-neutral hybrid training programme is a feasible, efficient model to train pharmacists with limited ICU experience across multiple sites. The programme improved staff confidence to provide a safe ICU pharmacy service. Simulation-based training, a novel component for ICU pharmacists, was particularly valued. This has improved staffing resilience and weekend pharmacy service quality.

Future plans include rollout across the regional ICU network. Ongoing challenges include maintaining competence, which may be supported through case-based learning and scheduled ICU exposure.

ACKNOWLEDGEMENTS

Special thanks to J Whittaker, S Cutler, and S. Homeyard who were the critical care practice development nurses who facilitated the simulation sessions at the Royal London Hospital.

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4. UK Critical Care Pharmacists Group. Critical care pharmacy competency framework. London: UKCPA; 2024. Available from: https://ukcpa.info/wp-content/uploads/2024/04/UKCPA-Critical-Care-Competency-Framework-2024.pdf

Establishing Factors that Predict Daily Opioid Exposure across Critical Care Populations, 72-hours post Major Abdominal Surgery at University Hospital Southampton.

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1. University of Southampton, University Hospital Southampton, Southampton, United Kingdom.
2. Northeastern University, Boston, Massachusetts, United States of America.

BACKGROUND

Intravenous opioid use is endemic in critical care settings [1]. Patients recovering from abdominal surgery are vulnerable to high opioid doses and their adverse effects[2]. We suspected that IV opioid exposure was higher in the GICU versus the SHDU in post abdominal surgery patients.

OBJECTIVES

Explore differences in IV opioid exposure for post-abdominal surgery patients admitted to the GICU versus the SHDU and establish independent variables predicting this exposure.

METHODS

- Patients from **9** major abdominal surgeries who were then admitted to critical care at UHS in 2024.
- Total daily opioid exposure for the first 72 hours of critical care admission collected and secondary data points gathered.
- Analysis included non-parametric statistical testing and multiple linear regression.

RESULTS

- **110 patients** (58 GICU. 52 SHDU) included.
- Median opioid exposure consistently higher in GIGU vs SHDU.
- This was significant on day 1 (**GICU 126.1 mg IVME, SHDU 71.63 mg IVME, P < .001**) and cumulatively at 72 hours (**GICU 277.8 mg IVME, SHDU 209 mg IVME, P =.004**).
- **Oral morphine equivalence is three times the amount of IV morphine**. Average oral morphine equivalent on **day 1 was 378.3 mg in the GIGU** and **214.9 mg in the SHDU**. Cumulatively **at 72 hours**, oral morphine equivalents were **833.4 mg in the GICU and 627 mg in the SHDU.**
- Significant predictors of opioid exposure on **day 1** were; presence of mechanical ventilation (**B = 129.289, P<.001**) and decreasing age (**B = -3.849, P. <.001).**
- Significant predictors of opioid exposure at **72 hours** were; presence of mechanical ventilation (**B = 213.084, P <.001**), age (**B =-9.783, P <.001**) and absence of regional anaesthesia (**B = 123.794, P = .024**).

CONCLUSIONS

In abdominal-surgery admissions, **opioid exposure was significantly higher in GICU versus SHDU patients, predicted by the presence of mechanical ventilation and lower age in the GICU**. High GICU opioid exposure at 72 hours was not associated to pain management. The multimodal use of adjuvants and regional anaesthesia needs further research.

	Day 1	Day 2	Day 3	72-hour Cumulative
SHDU median opioid exposure in IVME (oral equivalent) (mg)	71.63 (214.9)	65.21 (195.6)	44.63 (133.9)	209.0 (627.0)
GICU median opioid exposure in IVME (oral equivalent) (mg)	126.1 (378.3)	92.63 (277.9)	58.90 (176.7)	277.8 (833.4)
Mann Whitney U: difference between SHDU and GICU ***P Value***	***<0.001***	***0.258***	***0.380***	***0.004***

ACKNOWLEDGEMENTS

Professor McKenzie declares an NIHR Senior Clinical Practitioner Award. This work is supported by the Faculty of Medicine and NIHR BRC Southampton.

REFERENCES

1. Devlin JW, et al. Clinical Practice Guidelines for the Prevention and Management of Pain, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption in Adult Patients in the ICU. Crit Care Med. 2018;46(9):e825-e873.
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Contact : irb1n23@soton.ac.uk

Funded by NIHR | National Institute for Health and Care Research
University of Southampton

PHARM-ICU: An ESICM-Endorsed Multinational Survey of Clinical Pharmacy Services in Adult Intensive Care Units

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INTRODUCTION

- Clinical pharmacists are essential members of the intensive care unit (ICU) multidisciplinary team (MDT), optimizing pharmacotherapy and improving patient outcomes [1–3].
- Their activities include **direct patient care** (e.g., medication review, MDT rounds), **indirect patient care** (e.g., quality improvement), and **professional engagement** (e.g., training, leadership) [4].
- However, multinational data on clinical pharmacy activities in adult ICUs remain limited.

OBJECTIVES

- To provide a global assessment of clinical pharmacy practices and activities in adult ICUs.

METHODS

- **ESICM-endorsed**, multinational, cross-sectional, pilot-tested web-based survey
- Disseminated via **ESICM, SCCM, UKCPA, FIP, and professional networks**
- Survey period: April 28–December 31, 2025
- Collected data on respondent characteristics, ICU practice environment, and clinical pharmacy activities

RESULTS

STUDY POPULATION

- **848** PARTICIPANTS
- **67** COUNTRIES
- MAIN REGIONS: NORTH AMERICA **44.3%**; EUROPE **28.9%**
- **68.2%** FEMALE
- **47.1%** AGED 30–39 YEARS
- **79.4%** ICU CLINICAL PHARMACISTS
- **39.9%** ACADEMIC MEDICAL CENTRES
- INSTITUTIONAL ICU CAPACITY: 10–19 BEDS **23.3%** MOST COMMONLY
- ICU BEDS COVERED BY CLINICAL PHARMACISTS: 10–19 BEDS **48.8%** MOST COMMONLY
- CLINICAL REVIEW: IN-PERSON **75.0%** MOST COMMONLY
- ICU EXPERIENCE: MOST COMMONLY 5–9 YEARS (23.9%), FOLLOWED BY 10–19 YEARS (23.2%)
- MOST COMMONLY COVERED SPECIALTIES: MEDICAL (83.1%), SURGICAL (74.9%), NEUROLOGICAL (49.4%)

Time allocation:
Direct patient care most commonly accounted for **70–79% of weekly ICU time** (Fig. 1). Significant regional differences were observed across all activity domains (**p < 0.001**) (Fig. 2).

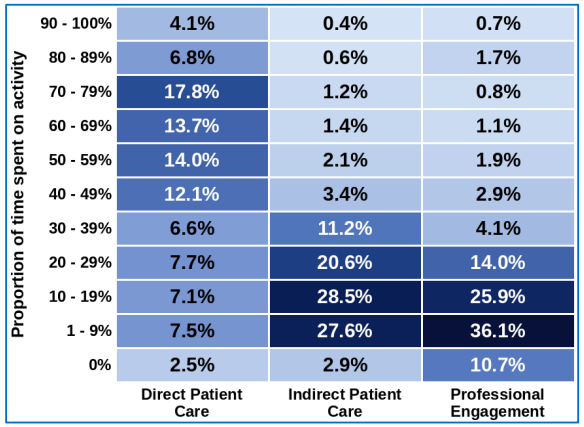


Fig. 1. Overall distribution of weekly ICU time allocation across clinical pharmacy activity domains.

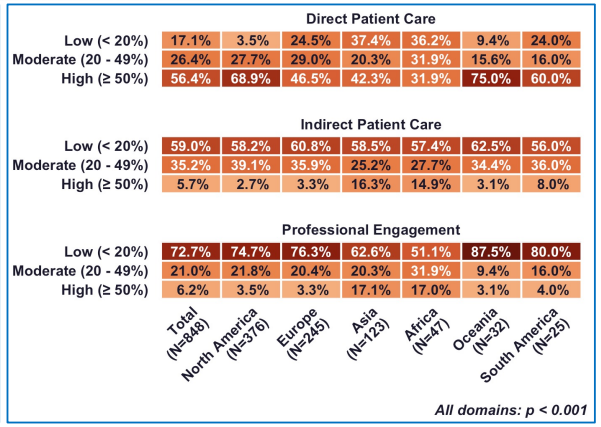


Fig. 2. Weekly ICU time allocation across clinical pharmacy activity domains by geographic region.

CONCLUSIONS

- Clinical pharmacy services are **widely available globally** in adult ICUs and are mostly dedicated to **direct patient care** activities.
- While overall practice patterns were broadly similar, **regional differences** in the distribution of clinical pharmacy activities were observed and should be addressed.

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Optimizing Drug-Drug Interaction Alerts in Dutch ICUs: an Analysis of Barriers and Facilitators to Inform a National Implementation Strategy.

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2 Lead Healthcare, Baarn, the Netherlands

INTRODUCTION

In 2019, a Dutch multicenter trial demonstrated that implementing an **ICU-specific list of relevant drug-drug interaction (DDI) alerts**, developed by a national expert panel, reduced the administration of high-risk drug combinations by 12% ($p = 0.0008$) and ICU length of stay by 6% ($p = 0.0021$).[1] These findings underscore that **clinical decision support systems (CDSSs) become effective tools only when tailored to ICU setting**. Despite this evidence, 46% of Dutch ICUs report not having implemented the list in their CDSS.

OBJECTIVES

To assess **barriers and facilitators to implementation** of the ICU-specific list of relevant DDI alerts to inform a national implementation strategy.

METHODS

Determinants of practice were mapped to the *"Determinants of Change"* framework [2] using the results from:

- an **electronic survey** conducted between March and September 2025 among Dutch hospital pharmacists,
- two rounds of **structured inquiries** among healthcare professionals at the Topics in Intensive Care and Hospital Pharmacy conferences (November 2025), and
- **qualitative experiences** from the multicenter trial.

RESULTS

The electronic survey response rate was 74% (50/68 hospitals), and a total of 68 healthcare professionals participated in the conference inquiries. Combined with qualitative experiences from the multicenter trial, barriers and facilitators pertaining to the implementation of the ICU-specific list of relevant DDI alerts were identified on three levels: innovation, professionals and organization. In **Table 1,** summery of the findings per level is presented.

CONCLUSIONS

Our findings indicates that successful uptake of the ICU-specific list of relevant DDI alerts depends on targeted technical, professional, and organizational support. **Three key strategies** were identified for the 2026 rollout: (1) ensuring continuous list maintenance by a national expert panel, (2) promoting cross-institutional learning via NICE Registry audit & feedback dashboard, and (3) providing nationally coordinated guidance on list implementation and education.

ACKNOWLEDGEMENTS

We would like to thank all participating ICUs and ZonMW for funding the implementation efforts.

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Determinants of Change	Barriers	Facilitators
Level of innovation	Lack of maintenance of the list developed in 2017; substantial variation in EHR/CDSS systems and workflows.	Involvement of a knowledgeable expert panel to create and maintain the list, the list's evidence-based status (trial), and engagement of EHR/CDSS vendors.
Level of professionals	Limited opportunities for shared data-driven learning across ICUs; reluctance to disable DDI alerts.	Data-driven learning about the type of DDIs and their occurrence in the ICU via the NICE audit-and-feedback dashboard; the availability of a standardized prospective risk-analysis template.
Level of organization	Time constraints and costs of implementing the list in the CDSS.	Centralizing list maintenance on a national level; providing implementation guidance on a national level; involving key stakeholders.

Medication Appropriateness and Potentially Inappropriate Medications in Older Critical Care Patients: A Scoping Review

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[1] NIHR Newcastle Patient Safety Research Collaboration, Newcastle, UK, [2] NIHR Greater Manchester Patient Safety Research Collaboration, Manchester, UK, [3] Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK

NIHR | Patient Safety Research Collaboration

NIHR PSRC: Newcastle

NIHR PSRC: Greater Manchester

INTRODUCTION

There is growing recognition of the importance of improving the quality of care throughout and following a critical care stay [1]. This is especially important for older people, who account for the majority of the critical care population [2].

During a person's critical care stay many new medicines are commenced. These medicines include high-risk medicines with complex adverse effect profiles [3].

At present potentially inappropriate medication (PIM) use is not routinely assessed in older adults receiving critical care, and the risks associated with such prescribing remain poorly understood [4,5].

OBJECTIVES

To explore the available evidence, related to older people in critical care, for:

i) The assessment of medication appropriateness.
ii) The relationship between PIM use and clinical outcomes Interventions to reduce PIM use.
iii) Interventions to reduce PIM use.

METHODS

- Scoping review following the PRISMA-ScR guidelines [6].
- Searched across 5 databases (Embase, MEDLINE, CINAH, APA PsychINFO and Web of Science)
- Two authors screened and data extracted to create a narrative synthesis of findings.

Figure 1: PRISMA flowchart for the searching and screening of studies for review.

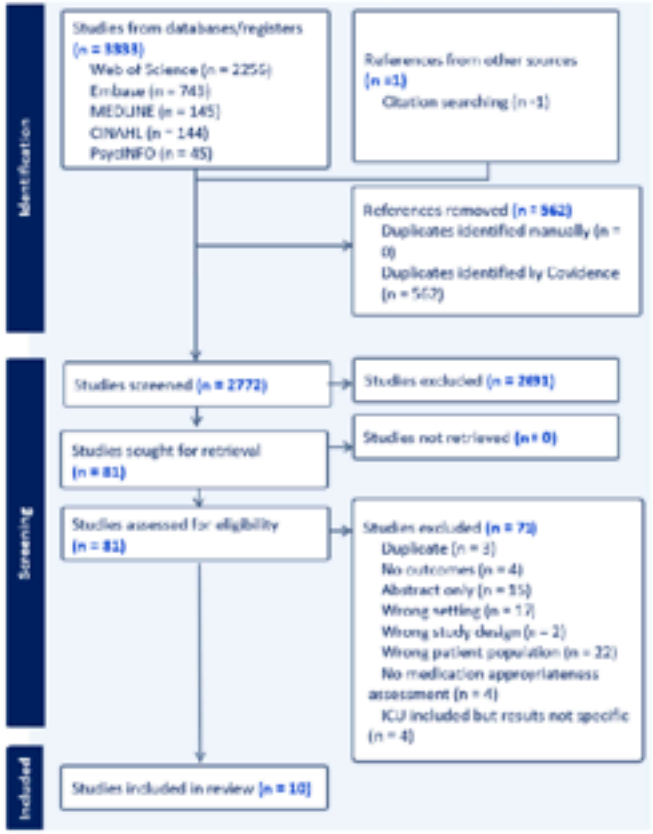


Table 1: Study frequency reporting associated outcomes with PIM exposure.

Critical care LoS	Hospital LoS	Mortality	ADE/DDIs	Delirium	Re-admission
6	4	4	3	2	1

Key: LoS= length of stay, ADE= adverse drug reactions; DDI= drug-drug interactions.

RESULTS

- From a search yielding 3,333 articles, ten studies (nine patient cohorts) were identified in the review (Figure 1). Studies originated from five countries (USA, Brazil, Turkey, China and Egypt) and were mostly retrospective cohort studies with patient cohort size ranging from 41-599.
- Fifteen PIMs or PIM classes were identified across the studies (Figure 1).
- Beers Criteria and STOPP Criteria were the most used medication appropriateness tools.
- Six outcomes were reported across the studies with studies mostly reporting a bidirectional association between PIM use and critical care and hospital length of stay, and a positive association with mortality (Table 1).
- No intervention studies were identified in the review.

CONCLUSIONS

Studies utilising medication appropriateness tools in older people in critical care identify common PIM exposure and these are often associated with adverse clinical outcomes. Further research is needed to determine their validity, clinical utility and timing of these medication appropriateness criteria, and impact on prescribing decisions in the context of care of older people in critical care.

REFERENCES

[1] Morgan A. Surgery (Oxf).2021;39(1):53-57. [2] Flaatten H, Beil M, Guidet B. Semin Respir Crit Care Med. 2021;42(1):10-19. [3] Short A *et al.* Eur J Hosp Pharm. 2023;30(5):250-256. [4] Pugh R *et al.* Anaesthesia. 2021;76(10):1316-1325. [5] Galli TB *et al.* Pharm Pract (Granada). 2016;14(4):818. [6] Tricco AC *et al.* Ann Intern Med. 2018;169(7):467-473.

11:15 - 11:30
Meeting

Important dates 2027

- Bimonthly meetings

  17 Feb 2027 16:00 CET
  15 Apr 2027 10:00 CET
  17 Jun 2027 16:00 CET
  28 Sep 2027 10:00 CET (in person)
  24 Nov 2027 16:00 CET

- Innovation Forum 2027 Milan 4-5 Februari 2027
- April-May ESICM Elections —> Chair person elect.
- Core skills course Online July 2027
- World Pharmacist day 25 September 2027
- Lives 2027 Copenhagen 25-29 September 2027

Vacancies

- **Current**
- Research Committee
- Social media committee

- **April/May 2027: elections**
- Chairperson Elect

Pharma					
Chair Elect	10/26	10/28	Bult	Wouter	The Netherlands
Research Committee	10/24	10/26	Spriet	Isabel	Belgium
Social Media Committee	10/24	10/26	El Ouweni	Ahmad	UAE
Academy Committee	10/25	10/27	O'Farrell	Brian	United Kingdom
Academy Committee NEXT	10/25	10/27	Guntschnig	Sonja	Austria
EC Representative	10/25	10/27	Boulanger	Carole	United Kingdom

Course at a Glance

CORE SKILLS IN INTENSIVE CARE PHARMACOTHERAPY · ONLINE · 1–2 JULY 2026

2	11	7	13	58
days, live online	lectures	clinical cases	faculty · 6 countries	participants

DAY 1 · WEDNESDAY 1 JULY

Shock, kidney & nutrition

- ICU environment & basic PK
- Shock
- Inotropes, vasopressors & fluids
- AKI & kidney replacement therapy
- Drug dosing in AKI & KRT
- Nutrition & glycaemic control

CLINICAL CASES

1. **Cardiogenic shock**
2. **Drug dosing in KRT**
3. **Practical pharmacotherapy**

DAY 2 · THURSDAY 2 JULY

Infection, sedation & the liver

- Infection & sepsis
- Antimicrobial PK/PD
- Pain, sedation & delirium
- Drugs & the liver
- Personalised care & medicines optimisation

CLINICAL CASES

4. **Antimicrobial dosing in sepsis**
5. **Pain, agitation & delirium**
6. **Drugs & the liver**
7. **Medicines optimisation**

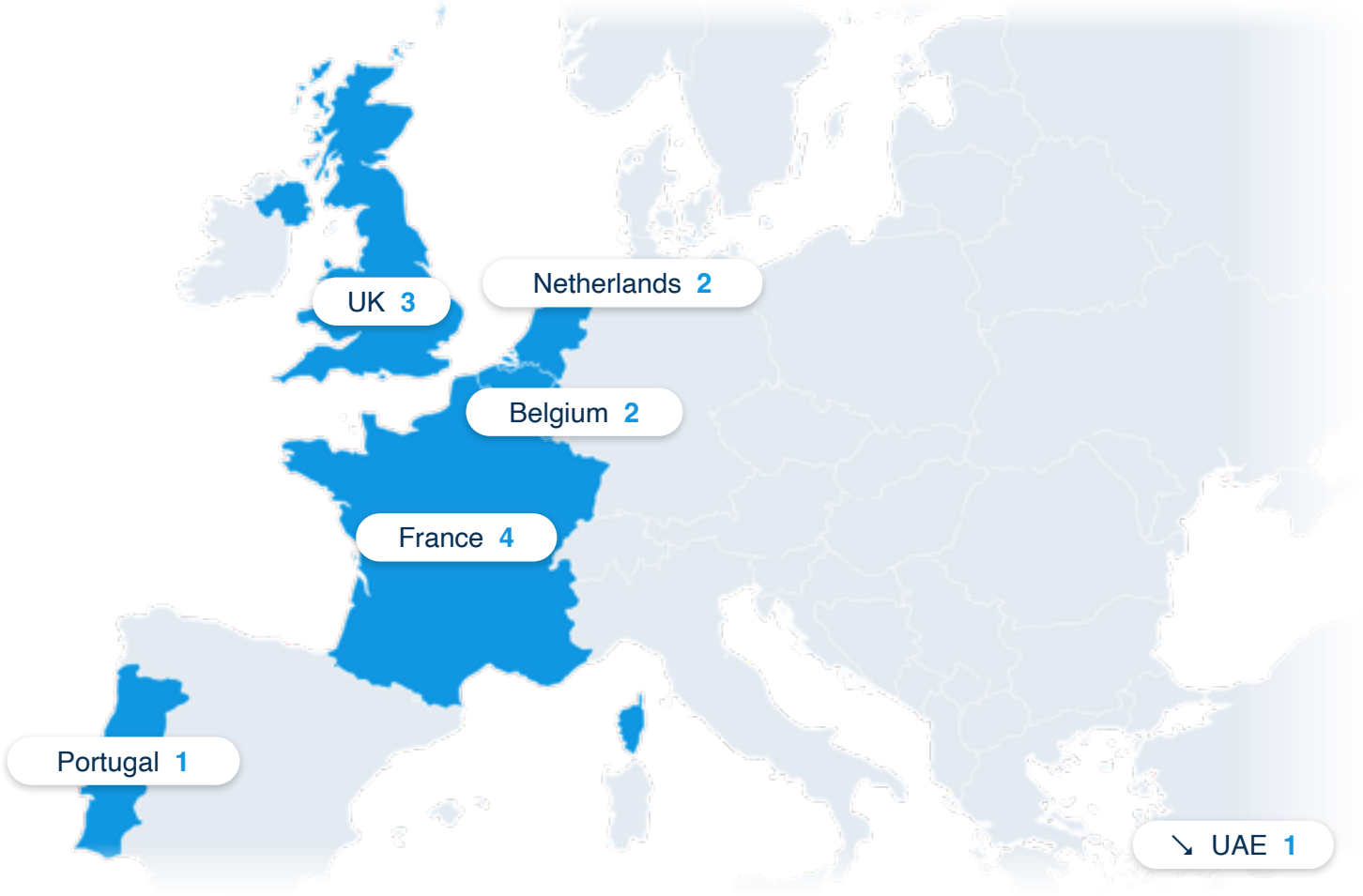
INTERACTIVE BY DESIGN

- **Live polls**
- **Kahoot quiz**
- **Pre- & post-test**
- **Interview with an expert**
- **Chat Q&A with faculty**

Together

Faculty · International

CORE SKILLS IN INTENSIVE CARE PHARMACOTHERAPY · ONLINE · 1–2 JULY 2026



13
faculty
6 countries

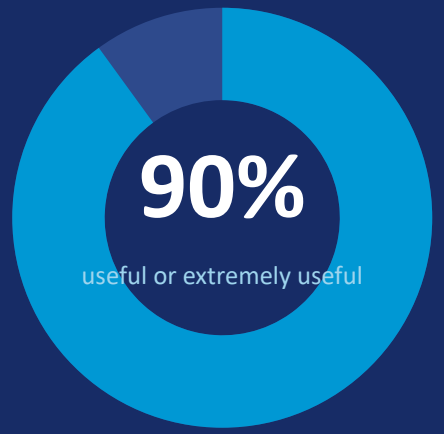
58
participants
2 days, live online

Faculty by country

France	4
United Kingdom	3
Netherlands	2
Belgium	2
Portugal	1
United Arab Emirates	1

Together

Evaluation · Overall



97% will implement learning

59 evaluation forms

Valued most

Clinical cases linking theory & practice

Expert, multiprofessional faculty

Kahoot, live polls & pre-test

Exchange across countries

To improve

Long days, breaks too short

Pace & accents for non-native speakers

Slides & materials in advance

Chat Q&A hard to follow live

Impact on practice

Measured CrCl instead of eGFR

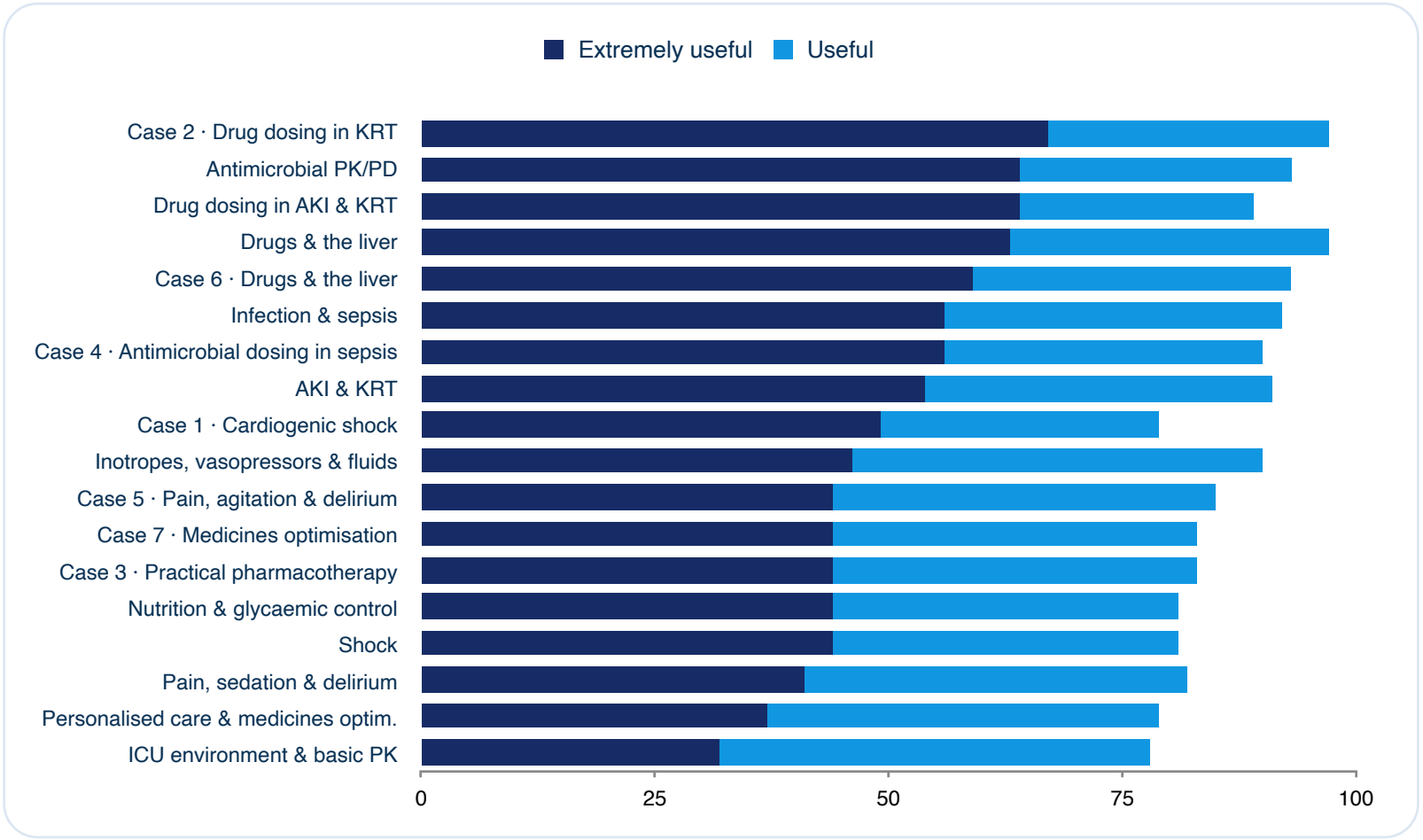
Prolonged & continuous β-lactam / vancomycin infusion

Antimicrobial dosing in KRT & TDM

Dosing in liver dysfunction

Evaluation · Sessions

SESSION RATINGS AND KEY QUALITY INDICATORS · 59 EVALUATION FORMS



% of respondents per session, sorted by "extremely useful" · n = 59 (Case 2: n = 27)

95%
met educational goals
64% very much

93%
rated organisation excellent or good

88%
rated programme excellent or good

95%
had enough time for Q&A
61% always or almost always

98%
found content free of bias

2026 ESICM Grants Programme

- 2 “ESICM Research Grants” (€50K)
- 1 “ESICM Start-Up NEXT Grant” (€50K)
- 1 “ESICM Research Grant” (€25K)
- 1 Fresenius Kabi ‘Clinical nutrition Grant” (€20K)
- 1 Fresenius Medical Care ‘Sustainability Grant” (€20K - NEW)
- 1 “ESICM Jordi Mancebo Fisher&Paykel Healthcare Grant” (€20K)
- 1 “Prof Burkhard Lachmann Grant for Experimental Research” (€5K)

Eligibility Criteria

ESICM members < 40yrs and/or in first 5 years in a permanent academic faculty position

Members of the ESICM Executive Committee and Research Committee, Chair of a Section or Chair of another ESICM Committee NOT eligible.

Applications in 2026

- 91 EOI applications - 31 full Applications - 30 brought forward to full assessment

50K Research Grant	Du Plessis	Ilse	Health outcomes and lived experiences of critical illness survivors in the first six months following critical illness in a low resourced setting
50K Research Grant	Pettenuzzo	Tommaso	Pressure support ventilation guided by inspiratory effort versus lung stress to prevent patient self-inflicted lung injury: the PREVENT SILI study
25 K Research Grant	Campano García	Marta	Contrast-Enhanced Ultrasound for the Diagnosis of Pulmonary Consolidations in Critically Ill Patients: A International Study Assessing Diagnostic Accuracy and Clinical Impact
50 K NEXT	Beqiri	Erta	Optimising Biomarkers as Intermediate Workable endpoints in AutoregulatioN trials in TBI (OBIWAN-TBI)
5 K Lachmann	Mc Mahon	Aisling	Observational iNternational study of TRACHeostomy practice in adult intensive care units -(ON TRACH)
20 k Mancebo Fisher&Paykel	Martínez Pla	Maria	Early AlveolaR Lung biologY underling Sepsis–Associated ARDS (EARLY_SARDS)
20 k Nutrition Grant	Marelli	Stefano	NeuroNutriTraj - Prospective Observational Study of Longitudinal Hormonal, Metabolic, Inflammatory and Nutritional Trajectories in NeuroICU Patients
20 k Sustainability Grant	Sampath	Sukanya	Global Resource Evaluation of ENvironmental Impact in Renal Replacement Therapy: A Multinational Observational Study. (GREEN-RRT)

ESICM endorsed surveys

10 surveys were endorsed by ESICM in 2026

TRANS BIO Section	Translational Biology Research In Development and Global Engagement in Intensive Care
CD/ARF Sections	International Priority Setting Partnership for the use of Extracorporeal Membrane Oxygenation in Critical Illness.
CD Section	Monitoring Of hemodynamic and resuscitation practices In sepsis and sepTic shOck in Resource-limited settings
ARF Section	Survey on ICU Rehabilitation Practices During Weaning from Mechanical Ventilation
ETH/N&AHP cttee	Delphi round 1 survey of the ESICM consensus statement on human-centred partnership in ICU – HCP-ICU
NIC Section	Decision-Making in Aneurysmal Subarachnoid Haemorrhage International Survey of Triggers and Management Strategies of Delayed Cerebral Ischemia
CD section	current anticoagulation, monitoring, transfusion and bleeding management practices in adult patients on V-V ECMO and ECPR
AKI section	Global Landscape of Best Practices in Anticoagulation for CRRT: Lessons from the RCA survey (GLOBAL-RCA)
AKI section	International survey on weaning from acute kidney replacement therapy in ICU patients
CD Section	Survey on invasive blood pressure monitoring in septic shock

Surveys P&P section

In development

- *Practices of Renal dosing, Administration and Monitoring of Beta-Lactam antibiotics in Adult Critically ill patients with Acute Kidney injury* – Mohammad Omar Saad, Al-Wakra Hospital, Doha, Qatar

Submitted for publication – currently in revision

- *A Review of Clinical Pharmacy Services in Adult Intensive Care Units: An ESICM-Endorsed Multinational Survey (PHARM-ICU Study)* - Ugur Balaban (first author), Department of Clinical Pharmacy, Faculty of Pharmacy, Hacettepe University, Ankara, Türkiye

Survey endorsement?

- https://www.esicm.org/research/surveys/
  - Application form
  - Questionnaire for applicants
- First: endorsement by P&P (or other) section, followed by general ESICM endorsement
  - Submission only by ESICM members
  - Pilot testing strongly recommended
- No dedicated software platform, Google Forms or academic platform (e.g. Limesurvey, Redcap, …)

ESICM endorsed research projects

ICUNEB	Inhaled drug delivery in patients with respiratory support: a prospective international observational study
SWITCH SAFE	Study on the Worldwide management of the Transition from Controlled to assisted ventilation: Highlighting clinical practices and SAFEty
COS-PICS	A European Core Outcome Set and Outcome Measurement Instruments for Post-Intensive Care Syndrome in Adult ICU Survivors
EXTEND-ARDS	International survey for EXTubation Evaluation aNd respiratory Dynamics in Acute Respiratory Distress Syndrome; The EXTEND ARDS study
RES-Q Nutri ICU	International Consensus on Nutritional Practices in Resource-Limited Intensive Care Units: The RES-Q Nutri ICU (REsource-limited Standards & Quality for Nutrition in the ICU) Modified Delphi Consensus Study
POSIE	The POSIE Study (Providing Optimum Support for children facing ICU bereavement Experiences): An experience-based co-design study exploring child-inclusive bereavement support in adult intensive care units.
VIP-4	Impact of chronic and acute cardiovascular diseases in old intensive care patients: A prospective multicenter observational study (Very old Intensive care Patients – VIP4)
ON TRACH	Observational iNternational study of TRACHeostomy practice in adult intensive care units
AKI-EPI 2	Acute Kidney Injury-Epidemiology in ICU patients 2 (The AKI-EPI 2 study)

Endorsement of research projects?

- https://www.esicm.org/endorsed-trials/
- AIM:
  - provide mechanisms to facilitate, integrate and support research conducted by members or research groups of ESICM
- HOW?
  - Endorsement via the Research Committee of the ESICM, ESICM research committee reports to the Executive Committee for its actions and activities
- ELIGIBILITY?
  - Research investigators and research groups affiliated with the ESICM who have actively contributed to the society are eligible to apply for project endorsement.
  - Any question concerning eligibility will be decided by the Research Committee.
- Which activities are eligible?
  - The ESICM Research Committee targets scientific and educational research activities of interest to the ESICM community.
  - It may give consideration to a single Research project or to Research group activities as a whole.
- Overview of benefits: ESICM Endorsement includes:
  - Inclusion on the ESICM Endorsed Projects webpage.
  - Announcement in ESICM Newsletter
  - Entitlement to display the ESICM logo together with the following sentence: “Endorsed by the European Society of Intensive Care Medicine” on their documentation, emails and websites.
  - The ESICM should be kept informed of any promotional material embedding the ESICM logo prior to distribution or publication.

11:25 - 11:30 Closure

