

ESICM SECTION MEETING ANAESTHESIA & PERI-OPERATIVE MEDICINE OCTOBER 2025

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Section Chair
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FRANCE

EDUCATIONAL PROGRAM

APM section

What is already done

- Transforming patient pathway, workflow & outcome Learning Pathway
- Several webinars
- Master class perioperative medicine (stopped in 2023)
- Transforming patient pathway, workflow and outcome

Programme components



- LIVE virtual session 1: Elective high risk and emergency surgeries requiring ICU:
April 30, 2024, at 14:00 h CET (Live - online)
- LIVE virtual session 2: Optimising ICU stay:
May 28, 2024, at 14:00 h CEST (Live - online)
- **LIVE virtual session 3: Discharge to ward and beyond:**
June 25, 2024, 14:00 h CEST (Live - online)
- 25 Fellowships:
September 2024 – February 2025
- Clinical case-based workshop:
October 5-9, 2024 LIVES Barcelona
- Networking event:
October 5-9, 2024 LIVES Barcelona
- Follow-up face to face course:
April 8-9, 2025



Together
WE ARE INTENSIVE CARE
JOIN OUR ICU COMMUNITY



ESICM Consensus: Organisational Models & Integrated Care Pathways for Critically Ill Patients

Steering Committee Brief — Scope, Methodology & Education
29th October 2025

Following ESICM SOP guidelines • Pending approval by the ESICM Scientific & Educational Committee

Scope & Objectives

- Develop **expert recommendations** on organizational models and integrated care pathways across the critical care continuum.
- Target populations: complex elective surgery, unscheduled surgical emergencies, and medical critical illness.
- System-level focus (structures, processes, governance) rather than disease-specific protocols.
- Emphasis on early recognition, timely optimization, multidisciplinary coordination, and structured post-acute pathways.

Why this consensus? Rationale/ Key Drivers

- Address variability and fragmentation across the pre-hospital → ward → ICU → post-acute continuum.
- Mitigate workforce and ICU capacity constraints with system-level solutions (bed flow, timely escalation).
- Strengthen patient safety through early recognition/response and structured optimization to avoid preventable deterioration.
- Ensure scalability and equity across contexts (incl. LMICs), with interoperability and cybersecurity awareness.
- Translate innovation (RRTs, tele-ICU, virtual wards, hospital-at-home) into reliable, measured day-to-day practice.

Rationale — Visual Roadmap



Rationale

Reduce variability & fragmentation

Workforce & ICU capacity constraints

Equity, scalability, interoperability & cybersecurity

Patient safety: early recognition & timely optimization

Translate innovation to reliable daily practice

Suggested Domains

- **Early Optimisation:** risk stratification, prehabilitation, escalation triggers, timely peri-procedural optimization.
- **ICU Organisation & Rapid Response Systems:** triage & bed management, staff mix, outreach/liaison, tele-ICU, escalation pathways.
- **Continuity & Post-acute Models:** step-down and transitional care, virtual wards/home monitoring, rehabilitation and follow-up.
- **Implementation & Integration:** change management, data & interoperability, education & competency, KPIs with PROMs/PREMs, equity & sustainability.

Governance & Endorsement Pathway

- ESICM Guideline Committee scientific evaluation → ESICM Executive Committee approval (per ESICM framework).
- Methodological liaison with ESICM Methodology Group to ensure standards and reporting quality.
- Liaisons with relevant ESICM Sections to ensure uptake (Health Services, Perioperative, Data Science, Trauma/Emergency, Ethics).

Methodological Framework

- Modified e-Delphi (2–3 rounds) with anonymity and aggregated feedback.
- Reporting: ACCORD guideline; Conduct: CREDES recommendations.
- Item generation from focused reviews + real-world models; cognitive pilot (6–10 experts).
- Pre-specified consensus & stability thresholds; traceability of round-to-round changes.

Panel & Sampling

- International purposive panel (~30–50): intensive care, anesthesiology, nursing.
- Inclusion: ≥ 5 years' experience; leadership/scholarship in organizational innovation.
- Diversity: gender, geography (incl. LMIC), profession; NEXT and N&AHP representation.
- Steering Committee oversees method & rounds; does not score items.

Educational program: webinars

- To be determined

Educational program:

- E learning modules (Ahmed Zaher):

Update ongoing

Anyone interested to contribute to e learning modules: contact Ahmed Zaher, we need to update the modules

- Podcasts

One scheduled during the congress:

One done: intubation

E learning

- EPICC Communication and decision-making in a multidisciplinary environment **Responded/ Follow up**
- EPICC Long Term outcomes after surgery **Responded / Follow up**
- EPICC Pain, Agitation and Delirium in Intensive Care. **Updated**
- EPICC Perioperative care of the very old patient. **No response**
- EPICC Perioperative GI management **No response**
- EPICC Perioperative management of respiration, mechanical ventilation, and pulmonary function **Rejected**
- EPICC Perioperative patient pathway and resource allocation. **No response**
- EPICC Surgical Stress Response **No response**

SCIENTIFIC PROGRAM

APM section

What is already done

- POP-OUT platform (Aarne Feldheiser)

[Pop-Out platform study \(popoutstudy.org\)](http://popoutstudy.org)

- Redcap instaured
 - Webpage instaured
- ESICM survey: perioperative management of families

PeriOPerative OUTcome study (POP-OUT)

A world-wide project to conduct anaesthesia studies

First scientific question:

Association of intraoperative Hemodynamic characteristics with postoperative Complications and Mortality (HeCoMo)

Observational study in an open-science approach
(everybody is invited and everybody can be part of the group)

**We are endorsed
by the ESICM!**



The Intensive Connection

**European Society of
Intensive Care Medicine**

All informations can be found:

<https://popoutstudy.org>

Please contact:

pop-out-study@kem-med.com

Structure of the platform project

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Pop-Out Study Platform

**Main Topic in all
study generations:**

- Postoperative complications and mortality
- Association of infrastructure with outcomes

Structure of the platform project

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Pop-Out Study Platform

builds the
foundation



Pilot Study
Generation:
HeCoMo

**Main Topic in all
study generations:**

- Postoperative complications and mortality
- Association of infrastructure with outcomes

**Special topics of
the generations:**

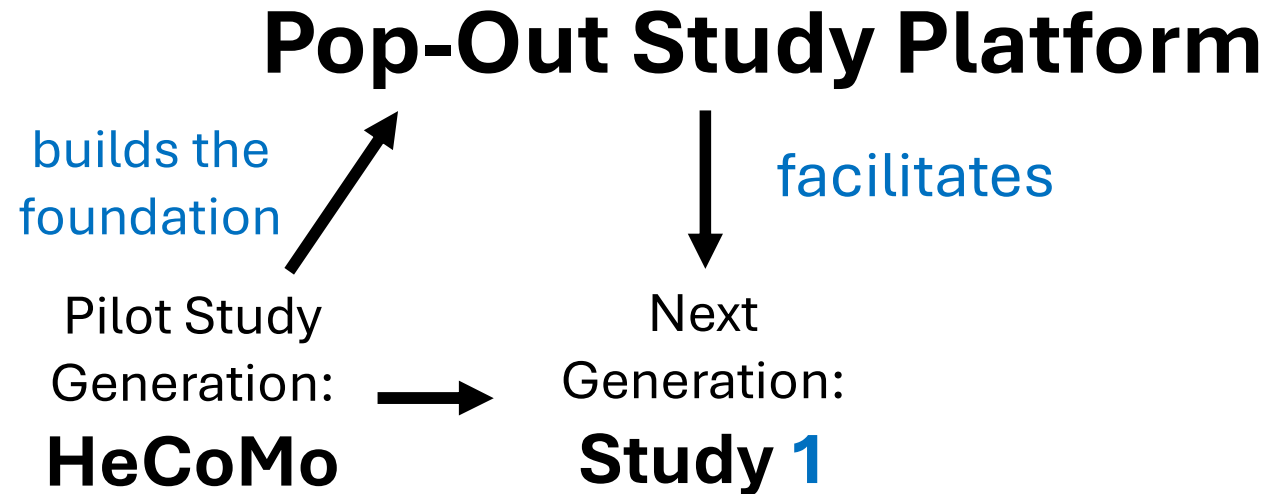
Hemodynamic
characteristics

Structure of the platform project

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Main Topic in all study generations:

- Postoperative complications and mortality
- Association of infrastructure with outcomes

Special topics of the generations:

Hemodynamic
characteristics

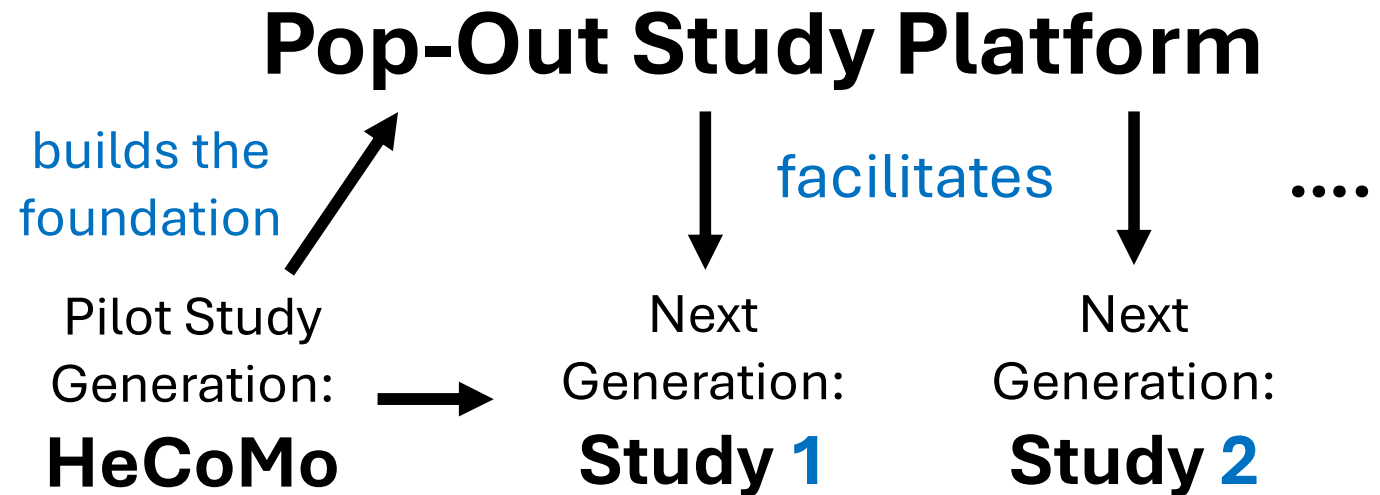
Respiratory
characteristics?

Structure of the platform project

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**Main Topic in all
study generations:**

- Postoperative complications and mortality
- Association of infrastructure with outcomes

**Special topics of
the generations:**

Hemodynamic
characteristics

Respiratory
characteristics?

Open to the study
community

PeriOPerative OUTcome study (POP-OUT)

All documents available for Essen, Germany:

- Study synopsis, ethical application, patient information & consent (all in English)
- The RedCap-eCRF is ready to be tested (redcap.kem-med.com)

Now we look for:

- Study centers and/or National coordinators
- Testing/Feedback to the eCRF, putting example patients in the eCRF

All informations can be found:

<https://popoutstudy.org>

Please contact:

pop-out-study@kem-med.com

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A before after study to
enhance interpersonal
relationships and team
cohesion among
operating room healthcare
professionals

Etude HELLOP



INTRODUCTION

- High rate of burnout symptoms and syndromes among healthcare providers working in operating room
- Anesthesiologists, nurse anesthetists, surgeons, operating room nurses, etc
- A simple intervention could help to decrease this burnout rate.



MAIN OBJECTIVE



- To encourage OR personnel to adopt positive habits in their interactions with other OR members.
- To drive cultural change in communication within OR staff, creating a true partnership—a therapeutic alliance—to promote appropriate patient care, a positive work environment, and the psychological well-being of healthcare workers.
- The aim is to decrease burn out rate using a before after design.

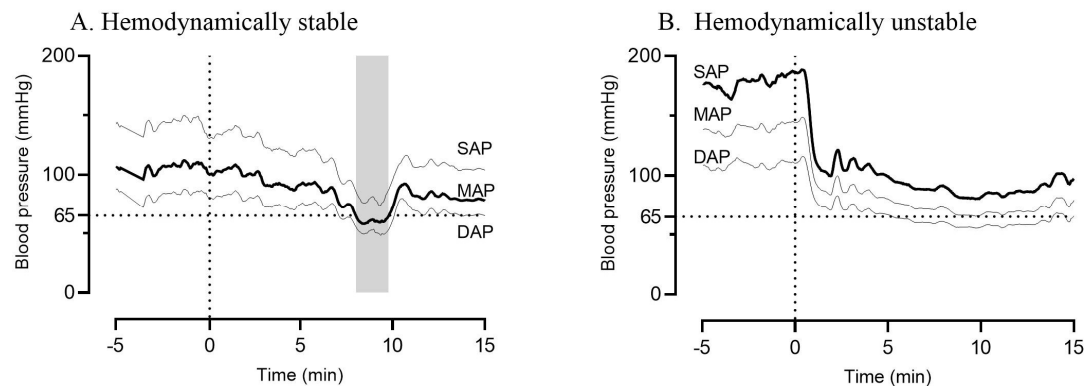
BUNDLE

- Hello campaign **poster**
- **Email reminders**: Twice weekly email reminders act as behavioral prompts, encouraging consistent engagement with the intervention.
- **Morning and break room huddles**: Incorporating greetings into morning and break room huddles enhances team building and cohesion and sets a positive tone for the day.
- **Lead by example**: By using positive communication behavior, nursing and medical leaders can shape HCPs' perceptions of the OR and promote a stronger OR climate. By 2 greeting colleagues, they set a standard of model positive behavior for others to follow. Role modeling by leaders is crucial for shaping organizational culture;

MAIN OUTCOME

- **The proportion of HCPs with burnout syndrome** will be compared before and after the intervention.
- Burnout will be measured using the validated version of the 22-item **Maslach Burnout Inventory** (MBI, Human Services version), which includes three subscales: **emotional exhaustion** (9 items), **depersonalization** (5 items), and **personal accomplishment** (8 items).
- Each item is scored from 0 (never) to 6 (every day).
- Those identified to have burnout syndrome have a high score on emotional exhaustion (≥ 27) and depersonalization (≥ 10) alongside a low score on the sense of personal accomplishment (less than or equal to 33; i.e., all three dimensions present concurrently using the scoring thresholds above).

Survey: Post induction hemodynamic instability classification and prediction



between experts was 0.92 (95% CI, 0.89–0.94). The random forest classifier model showed excellent performance with an area under the receiver operating curve (AUROC) of 0.96, a sensitivity of 0.84, and specificity of 0.94.

ORIGINAL RESEARCH ARTICLES: ORIGINAL CLINICAL RESEARCH REPORT

Defining Postinduction Hemodynamic Instability With an Automated Classification Model

Kho, Eline PhD^{1,†}; Immink, Rogier V. MD, PhD²; van der Ster, Bjorn J.P. PhD³; van der Ven, Ward H. MD⁴; Schenk, Jimmy PhD^{1,†}; Hollmann, Markus W. MD, PhD⁵; Tol, Johan T.M. MD⁶; Terwindt, Lotte E. MD⁷; Vlaar, Alexander P.J. MD, PhD^{1,5}; Veelo, Denise P. MD, PhD⁸

Anesthesia & Analgesia 140(2):p 444–452, February 2025. | DOI: 10.1213/ANE.00000000000007315 ©

Survey:



Or:

<https://data.castoredc.com/open-survey/ADA0F3B3-CFA4-4D6D-B0E6-00084B5A619C/E0B25716-9BE3-44C5-A082-012EC3DDEEFA/B3CD5503-C8FC-48A5-A17B-53CB4F0603DE>

Scientific program: brain storming



APM NEW CHAIR

Welcome to Pr Alexander Vlaar!

Goals for next term

- Statement / guidelines on peri-operative medicine:
 - The role of AI
 - Management of anastomotic leakage
 - High risk assessments pre-operative
 - Etc

Webinars / Podcasts

- AI in perioperative medicine
- Other hot topics?

Studies

- Many studies are already running
- Open for new ideas / projects

APM Section Board

APM							
Chair - Congress Committee	10/25	10/27	Vlaar	Alexander	The Netherlands	a.p.vlaar@amc.uva.nl	
Research Committee	12/23	10/25	Koeppen	Michael	Germany	Michael.Koeppen@med.uni-tuebingen.de	To be replaced in October 2025
Social Media Committee	10/24	10/26	Borgstedt	Laura	Germany	laura.borgstedt@tum.de	
Academy Committee	10/25	10/27	Schiavoni	Lorenzo	Italy	lorenzoschiavoni81@gmail.com	
EC Representative	10/24	10/26	AZOULAY	Elie	France	elie.azoulay.sls@gmail.com	

Ideas and / or suggestions?

- a.p.vlaar@amsterdamumc.nl

Thank You Prof. dr. Audrey de Jong

