The ESICM Annual Report describes ESICM activities from October 2015 to October 2016.

Only the Treasurer’s Report refers to the fiscal year from 1st January 2015-2016.
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"This report is a tribute to all our colleagues, not just in Europe, but further afield, who work tirelessly to represent both our profession and the Society".
Dear Colleagues

As I hand over the reins to my friend and colleague Massimo Antonelli, in the suitably-located and sumptuous city of Milan, where we have chosen to hold LIVES2016 for the very first time, I reflect on the last twelve months with a sense of pride, knowing that the Society can only continue to prosper under Massimo’s guidance.

I step down as President after a rewarding term of office. This annual report highlights the numerous and diverse achievements of our Society, for which we received invaluable help from numerous members, sections, task forces and committees. All credit is due to them for their interest and commitment to the Society, and both Massimo and I wish to thank them sincerely, on behalf of all our members.

Our members are the core of the Society and membership has continued to grow and prosper. We now represent more than 8,500 intensivists worldwide. This cultural diversity widens the range of experiences, possibilities for learning and exchange of expertise and know-how.

As a reflection of the implications of the members in the life of our Society, members directly elect the next President. We are thus very pleased to announce the election of Jozef Kesecioglu, who will take over from Massimo as President-Elect after the General Assembly in Milan.

The publication of the third international consensus definitions for sepsis and septic shock in JAMA in February 2016, in which ESICM played a vital role, was significant. A joint ESICM/SSCM Task Force actively sought an updated set definitions and supporting clinical criteria. The aim of the revisions update is to facilitate earlier recognition and more timely management of patients with - or at risk of developing - sepsis. The three articles published in JAMA are listed with links on the ESICM website.

ESICM’s open access webinar on the new international definitions, animated by Mervyn Singer, Professor of Intensive Care Medicine, University College London Hospitals, drew a record audience of 1,000 people. The unquestionable importance of this global issue has led us to launch two brand new sepsis PQ courses at LIVES2016: ‘Challenges and Controversies in Managing Sepsis Patients’ and ‘Hemodynamic Management of Septic Shock’.

In line with the Society’s continuous involvement in science and research, ESICM is investing more and more money in research activities. This year we have introduced a new ESICM Trials Group Award. We have received a record number of applications for the ESICM Research and Industry Awards this year, of an extremely high standard of research projects. We would like to thank all those who took part in the review process for their part in assessing applications.

The ESICM Trials Group is more active than ever, resulting in the publication of the results of Lung-Safe in JAMA and ICGlossari and in the ICM journal this year, following the publication of the results of Impress and FENICE trials in ICM in 2015.

Ongoing trials include PEACE, APRONET, TRAIN, ABSSE, AC-SCAP and SUPERNOVA (more information about these trials is found in the report by the Research Committee on page x).

Education remains one of our highest priorities at ESICM. The number of candidates taking the EDIC 1 and 2 exams is increasing each year. The EDIC 2 Preparation Course is now conducted on a regular basis and this year we ran a pilot programme for the EDIC 1 Preparation Course in India. We also launched our new e-Learning platform, which allows self-assessment of participants enrolled in these courses.

We should not forget to mention our European Diploma of Advanced Echocardiography (EDEC), for which participants will take the exam for the first time at LIVES2016.

Webinars are part of the educational service we provide for our members and their popularity has required an amendment of our license agreement to cater for a larger monthly audience of 1,000 attendees. This is naturally positive feedback for us as providers, and has encouraged us to further increase this offer. Recordings are available for those who are unable to join the events live, due to work commitments or a time difference.

Congress activities remain an important and diverse part of ESICM activities. “The Art of Trauma Resuscitation” was the theme of this year’s regional conference held in the beautiful city of Porto in April, in collaboration with the Portuguese National Society, SPCI. The event was a great success and attracted 216 delegates from 30 different countries.

LIVES2016 Milan promises, once again, to be an extraordinary event. New this year at LIVES2016 is the ‘Simulation Centre’, where intensivists can attend one-hour hands-on training sessions in mechanical ventilation or echocardiography at interactive stations sponsored by Medtronic and CAE Healthcare. For those delegates who may miss some of our sessions, don’t forget to visit e-LIVES, where all the sessions can be accessed on demand.

At ESICM, we have always acknowledged the importance of reaching out to our friends and colleagues outside Europe. Massimo and I are therefore particularly excited to announce a Euro Asia conference next April 2017. This promises to be a very stimulating event, with many internationally renowned speakers.

The ICM Journal has never been as successful as this year. The 2015 Journal Citation Report (JCR) released by Thomson Reuters and Intensive Care Medicine raised our journal’s impact factor to 10.125. We are delighted to report that ICM is now among the top 200 medical journals and ranked third out of 33 journals in the critical care category. ICM is the first journal publishing only critical care.

ICM Pulse is another attractive new feature for our journal, showing short monthly videos with key points and conclusions from articles featured in the journal.

Launched in 2012, our second journal ICMx has gone from strength to strength. Although it does not yet have an impact factor, we can see from the level of contributions that this journal attracts high-level experimental research papers and receives positive feedback from its readers.

We cannot underestimate the importance of social media as a means to communicate and stimulate debate and questions. We now have a dedicated team of doctors who engage in social media tweets and dialogue for the Society during our events.

Finally, we cannot end this message without referring to and recognising the work of all our colleagues in hospitals. Intensivists are working extremely hard - day and night - to provide the best care to critically ill patients. Our daily work can sometimes become even more challenging when emotional burden is added. This is particularly the case when taking care of patients injured by natural disasters, such as earthquakes, or suffering from highly transmissible epidemics. It is even more the case when taking care of victims affected by the recent terrorist attacks in Paris and Brussels, as well as in other parts of the globe. These attacks presented unprecedented challenges for all those involved professionally and has further emphasised the importance of our profession and the need for solidarity. As intensivists, we need to stand united to face the new challenges of this era.

We trust that you will continue to reap the benefits of belonging to our global network of intensivists. It has been an honour to serve the Society and I wish my successor, Massimo, an exciting and rewarding two years as President.

With all good wishes,

Daniel De Backer
ESICM President

Massimo Antonelli
ESICM President-Elect
1. Who we are

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

The Society was founded in March 1982 in Geneva, Switzerland and is a non-profit international association. ESICM has over 8,000 members worldwide, spanning 107 countries and comprising a diverse group of highly-trained professionals who provide care in specialised care units and work towards the best outcome possible for seriously ill patients.

Objectives

ESICM supports and promotes the advancement of knowledge in intensive care medicine, in particular the promotion of the highest standards of multidisciplinary care of critically ill patients and their families through education, research and professional development.

Aims and Missions

• To promote and coordinate activities in the different fields of intensive care medicine
• To foster research and education in these fields
• To provide recommendations for optimising facilities for intensive care medicine in Europe
• To organise and coordinate international congresses and meetings

Our Pledge

We are continuing to grow and strengthen and provide our members with more and more opportunities to learn, participate in research programmes and clinical trials and to mobilise.

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 2015 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-elect: Massimo ANTONELLI (Italy)
Chair of Division of Scientific Affairs: Jozef KESECIOGLU (The Netherlands)
Chair of Division of Professional Development: Francesca RUBULOTTA (United Kingdom)
Chair of Research Committee: Jacques DURANTEAU (France)
Chair N&AHP Committee: Stijn BLOT (Belgium)
Chair Next Committee: Lara PRISCO (United Kingdom)
Chair of the Communication Committee: Maurizio CECCONI (United Kingdom)

Council

Congress Committee
Chairperson AKI: Lui FORNI (United Kingdom)
Chairperson ETH: Andrej MICHALSEN (Germany)
Chairperson NIC: Mauro ODDO (Switzerland)
Chairperson TEM: Martin DÜNSER (Austria)
Research Committee:
Deputy AKI: Michael Joannidis (Austria)
Deputy ETH: Rik Gerritsen (Netherlands)
Deputy HSRO: Christina Agwald-Öhman (Sweden)
Deputy NIC: Fabio Silvio Taccone (Belgium)
Deputy SIS: Yasser SAKR (Germany)
Deputy TEM: Claudio SANDRONI (Italy)

National Representatives - Countries:
Austria: Peter FAYBIK
Czech Republic: Hynek RIHA
Denmark: Morten BESTLE
Finland: Jarmo Stepani BENDEL
France: Bruno LEVY
Ireland: Gerard FITZPATRICK
Italy: Giacomo GRASSELLI
Countries with < 25 members: Maja SURBATOVIC
The Netherlands: Dirk VERSLUIS
Poland: Stanislaw ZIELINSKI
Romania: Ioana GRIGORAS
Russia: Sergey PETRIKOV
Sweden: Christina AGVALD-ÖHMAN
Switzerland: Marcus LAUBE

National Representatives - Regions
International Rep: North America: Robert STEVENS
Division of Professional Development
E-Learning Committee (Nominated):
Katrin Eigener (United Kingdom)
Alice Carter (United Kingdom)

Examinations Committee:
Chair: Christian SITZWOHL
Elected Members: Sven BALLNUS (Switzerland) - Rajnish SAHA (United Kingdom)
Nominated Members: Miguel TAVARES (Portugal) - Markus BECHIR (Switzerland) - Andrew WESTBROOK (Ireland)

Clinical Training Committee:
Chair: Frantisek DUSKA (Czech Republic)
Elected: Ahmed ELHADDAD (United Kingdom) - Ayse BAYSAL (Turkey)

NEXT Committee Members (4 Members):
Bernardo BOLLEN PINTO (Switzerland)
Burcin HALACLI (Turkey)
Manuel Eduardo MENDOZA RUANO (Spain)
Charlotte VAN DEN BERG (The Netherlands)

N&AHP Committee Members (5 Members):
Stijn BLOT (Belgium)
Silvia CALVINO GUNTHER (France)
Anne-Sophie DEBUE (France)
Mireia LLAUARDO (Spain)
Johannes MELLINGHOFF (United Kingdom)
2. Organisational Structure

ESICM has a reciprocal arrangement for dual membership with 63 national societies.

We ensure that all members and sub specialities 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

- ACCMG: Association of Critical Care and Catastrophe Medicine of Georgia
- AMCI: Asociación Colombiana de Medecina Crítica y Cuidado Intensivo
- AMIB: Associação de Medicina Intensiva Brasileira
- ANZICS: Australian and New Zealand Intensive Care Society
- APMCTI: Asociación Panameña de Medicina Crítica y Terapia Intensiva
- BSA: Bulgarian Society of Anaesthesiologists
- CCCS: Canadian Critical Care Society
- COCECATI: Consorcio Centroamericano y del Caribe de Terapia Intensiva
- CSARIM: Czech Society of Anaesthesiology, Resuscitation & Intensive Care
- CSCCM: Chinese Society of Critical Care Medicine
- CSICM: Cyprus Society of Intensive Care Medicine
- CSIM: Czech Society of Intensive Care Medicine
- CroSEMIC: Croatian Society of Emergency Medicine and Medical Intensive Care of Croatian Medical Association
- DASAIM: Danish Society of Anaesthesiology & Intensive Care Medicine
- DGAI: Deutsche Gesellschaft fur Anasthesiologie und Intensivmedizin
- DGIM: Deutsche Gesellschaft fur Innere Medizin
- DIVI: Deutsche Interdisziplinare Verenigung fur Intensiv- und Notfallmedizin
- DSIT: Danish Society of Intensive Care Therapy
- ECCC: Egyptian College of Critical Care Physicians
- EICS: Emirates Intensive Care Society
- ESA: Estonian Society of Anaesthesiologists
- ESCCEM: Egyptian Society of Critical Care and Emergency Medicine
- FSIC: Finnish Society of Intensive Care
- GSACCM: Georgian Society of Anaesthesiology & Critical Care Medicine
- HSIC: Hellenic Society of Intensive Care
- ICS: Intensive Care Society
- ICSI: Intensive Care Society of Ireland
- ISAICM: Icelandic Society of Anaesthesiology & Intensive Care Medicine
- ISCCM: Israel Society of Critical Care Medicine
- JSICM: Japanese Society of Intensive Care Medicine
- KSICM: Korean Society of Critical Care Medicine
- LCCS: Lebanese Critical Care Society
- LSAIC: Lithuanian Society of Anaesthesiology & Intensive Care
- MAITT: Hungarian Society of Anaesthesiology & Intensive Care Therapy
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

- **Daniel De Backer**
  President
  Belgium

- **Massimo Antonelli**
  President-Elect
  Italy

- **Armand Gribes**
  Secretary
  Netherlands

- **Carl Waldmann**
  Treasurer
  United Kingdom

- **Jozef Keseckioglu**
  Chair of the Division of Scientific Affairs
  Netherlands

- **Francesca Rubulotta**
  Chair of the Division of Professional Development
  United Kingdom

- **Stijn Blot**
  Chair of the N&AHP Committee
  Belgium

- **Jacques Duranteau**
  Chair of the Research Committee
  France

- **Maurizio Cecconi**
  Chair of the Communication Committee
  United Kingdom

- **Elie Azoulay**
  Editor-in-Chief of the ICM journal
  France

- **Jean-Daniel Chiche**
  Past-President
  France

- **Lara Prisco**
  Chair of the NEXT Committee
  United Kingdom

- **Joël Alexandre**
  Chief Executive Officer
  Belgium

Congress Committee

- **Jozef Keseckioglu**
  Chair of the Division of Scientific Affairs
  Netherlands

- **Lui Forni**
  AKI
  United Kingdom

- **Giacomo Bellani**
  ARF
  Italy

- **Jean-Louis Teboul**
  CD
  France

- **Andrej Michelsen**
  ETH
  Germany

- **Hans Flaatten**
  HSRO
  Norway

- **Jan De Waele**
  INF
  Belgium

- **Carole Ichai**
  MEN
  France

- **Mauro Oddo**
  NIC
  Switzerland

- **Michael Sander**
  P0IC
  Germany

- **Yasser Sakr**
  SIS
  Germany

- **Martin Dünsier**
  TEM
  Austria

- **Carole Boulangier**
  N&AHP Representative
  United Kingdom

- **Jacques Duranteau**
  Chair of the Research Committee
  France

- **Francesca Rubulotta**
  Chair of the Education & Training Committee
  United Kingdom

- **Lara Prisco**
  NEXT Chair
  United Kingdom

- **Björn Weiss**
  NEXT Representative
  Germany
Report by Armand Girbes, General Secretary and Joël Alexandre, Chief Executive Officer

Membership_

Since taking over as Secretary of the Society, my objectives in 2015/2016 have been to increase the number of dual members, create better collaboration with the national societies and to create even more value for our members. The number of new members and members that have renewed their membership this year is evidence that what we offer is not only attractive, but what people receive is of value, especially for their professional development. Although the number of members is a healthy 8,000, we can afford to expand and increase the number of individual members. For this reason, we have decided to target countries with the greatest membership potential and to run a country-specific membership drive in these countries. I hope that we will then be able to establish a more personal contact in these selected countries.

Nurses are a growth area and the N&AHP Committee is developing several nurse-specific products and programmes to help attract and integrate our nursing members and allied health practitioners.

Nurses now have the opportunity to take part in a new abstract and selection writing programme, designed to encourage and help them to submit abstracts in time for our annual congress.

The incentive to submit abstracts is strong, with three new nursing-specific research awards on offer, including the ESICM N&AHP Award for the best abstract by a nurse or allied healthcare professional; the Intensive & Critical Care Nursing Award for the best abstract by a nurse and the Nutricia Medical Best N&AHP Abstract “Recovery in the Critically Ill” for topics related to recovering / rehabilitation from critical illness, supported by an unrestricted research grant from Nutricia. As well as the prestige of winning recognition of their hard work, the recipients will receive free registration to LIVES 2017.

National Societies_

The Society has established 65 partnerships with National Societies. Unfortunately the date of the annual meeting with our national society representatives had to be postponed, due to the disruption to flights and services following the terrorist attacks at the Brussels airport. We look forward to the next opportunity to exchange information and ideas with the national representatives at a re-scheduled meeting.

We have continued to enjoy a close co-operation with the Brazilian national society, AMIB, and in September, repeated the very successful Advanced Hemodynamic and Infections courses in Sao Paulo with joint ESICM & AMIB speakers.

Elections_

This year’s elections saw many changes to the composition of the Council, several committees and sections, as well as executive roles and a new President Elect. We would like to thank all those who have taken on new positions and wish them every success. We also express our gratitude to those who have stepped down this year.

Statutes/SOPs_

We received a number of draft proposals to update our Standard Operating Procedures this year. These have to be approved by the members at the General Assembly in Milan. The proposed changes generally improve some minor inconsistencies in the SOPs and make the internal rules more precise.

Finances_

The full financial report will be presented by the Treasurer later on in this report. Overall, the Society is financially sound and we have been able to continue to invest in research and education, which remains one of our top priorities.

The renovation and conversion of the stable block and courtyard area at the Brussels office into a dedicated training centre will begin later this year. This will provide us with a first class learning venue in Brussels and ultimately save money, as we will be able to deliver our own educational portfolio from the new centre.

Congress_

We would like to take this opportunity to thank all our industry partners, whose support of our annual congress, regional conference, research awards and NEXT activities is paramount. Sponsors at LIVES2016 have had the opportunity to market their products and services using our eLIVES platform and reach an audience beyond our congress participants and beyond the five days.

We hope you will find this year’s congress stimulating and thought-provoking.

Armand GIRBES
ESICM General Secretary

Joël Alexandre
ESICM Chief Executive Officer
3. Membership
A constantly growing network of members

One of our new membership benefits this year was the our 8,500 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 conference
- Free access to eLives webcasts (lectures from the scientific sessions held during ESICM congresses and meetings)
- Annual subscription to our very own, ICM journal, ranked 3rd out of 33 journals in the Critical Care category and the first journal publishing only critical care (with an Impact Factor of 10.125)
- 500€ discount on article processing charges for our second, open-access journal, ICMx (experimental research)
- The possibility to apply for Research grants
- Free, personalised license to use PAPERS 3, which helps you collect and curate research material
- Regular live, interactive webinars

As well as these very practical benefits, members can also get involved by joining specialist groups and sections, fellowships and mentoring and strengthening 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 13 other good reasons to become an ESICM member:

1. Discounts on registration fees at ESICM congresses and other meetings endorsed by ESICM
2. Free access to ESICM Webcasts (lectures from the scientific sessions held during ESICM congresses & meetings)
3. Annual subscription to Intensive Care Medicine journal
4. Get PAPERS 3 for FREE, the ideal tool for the efficient search and organisation of medical articles, presentations and much more...
5. 500 € discount on article processing charges for our open-access journal ICM-Experimental (ICMx)
6. Apply for research grants
7. Free access to the web-based PACT Programme
8. Reduced fees for participation in ESICM training courses & workshops
9. Reduced fees when you apply for EDIC (European Diploma in Intensive Care) and EDEC (European Diploma in Echo Cardiology)
10. Participation in ESICM’s scientific activities, including positions in Sections and Working groups, annual congress, joint international meetings, CoBaTrice, etc...
11. Access to all information about the development of intensive care medicine in Europe through our interactive website, eNewsletters and position statements
12. Possibility of dual membership with many national societies & with ESPNIC (Joint Membership)
13. Exclusive access to webinars led by top experts on key clinical practice topics
ACTIVITIES OF THE ESICM: DIVISION OF SCIENTIFIC AFFAIRS
The Regional Conference “The Art of Trauma and Resuscitation” held in April 2016 in Porto was jointly organised and hosted by ESICM and the SPCI (Sociedade Portuguesa De Cuidados Intensivos), the Portuguese Society of Intensive Care Medicine. The conference focused on the key steps of the management of trauma patients during the first 24 hours and in the ICU.

With more than 200 participants and 29 expert faculty members presenting the highest-level of research and insight on current clinical practice in the field, this conference was an incredibly successful event.

ESICM’s members are entitled to access all of the presentations online as webcasts, after the conference.

LIVES 2015 in Berlin was undoubtedly one of our largest congresses to date, with 5,477 participants and a record number of abstracts submitted and accepted. The figures and comments below speak for themselves. Our annual congress continues to grow and we are becoming more and more global, attracting delegates from outside Europe. Our faculty is also international, not just in terms of its profile, but also its wealth of experience world wide. This adds so much value to our programme.

New to this congress was eLIVES, our new platform for the webcasts, where members can access the high quality and definition presentations and catch up on sessions they may have missed.

Our aim is to continue to deliver a congress that delivers a programme of the highest level of scientific content, with interactive debates and forums, social media coverage and opportunities to exchange, to meet the demands of our members and non members, and I am honored to be managing and overseeing this approach.

My sincere thanks go to all those involved in both our conference and congress.

Jozef Kesecioglu
ESICM Chair of the Division of Scientific Affairs
Chair of the Congress Committee
Scientific Affairs
1. ESICM Annual Congress and Regional Conference

LIVES

ESICM’s annual congress, LIVES, has become one of the largest and most prestigious gatherings of intensive care personnel worldwide. Combining a world-renowned faculty, training and educational workshops with networking opportunities is a formula that works. Delegate numbers continue to rise, despite the globally precarious economic climate. The standard of the scientific programme, speakers and poster corners is unrivalled. It takes a dynamic audience to help make a congress and we are grateful to the support of the industry, which makes our parallel exhibition a first rate experience also.

CONGRESSES AND CONFERENCES

LIVES2015 took place in the city of Berlin, which commemorated 25 years of German reunification at the same time as our annual congress. While the celebrations in Berlin were underway, we hosted 5,500 participants from 97 countries attended LIVES 2015. We offered 12 parallel tracks, 10 Post-Graduate courses, 1 NEXT Day, 16 interactive debates, 2,276 presentations, featuring 296 faculty members, as well as 83 active exhibitors, 18 industry-sponsored sessions and 1,173 submitted abstracts! Once again we offered more scientific content than ever, with three dedicated clinical trials sessions, featuring the first presentation of data from 18 recent trials in the ICU. We also include new daily interactive debates hosted by top international experts from across the field of intensive care and emergency medicine.

We recognise that our large delegation of international expert faculty members and the original scientific programme means that ESICM’s annual congresses are well known and respected in the world. We are not content to rest on our laurels however. We strive each year to innovate and constantly add new features, which will optimise the congress experience for both participants and our industrial partners. The recent launch of our brand new e-LIVES platform represents one important new online interactive tool that aims to extend the benefits of our congress beyond the usual five days: e-LIVES provides industry partners with a platform to showcase their products and connect to ICM professionals not just at the congress, but throughout the year.

In addition to our highly popular ePoster Corners, Smartphone application (for all devices - Apple, Android, Windows), interactive voting system, e-Area, LIVES interactive debates, e-LIVES strengthens ESICM’s position as a modern, response professional society that educates and connects the world of intensive care!
• Registered participants 5 477
• Delegates 4934
• ESICM delegates 4934
• Exhibitors 518
• Press 25
• Abstracts submitted 1173
• Abstracts presented 997
• Abstracts oral pres 145
• Abstracts poster pres 852
• Abstracts rejected 152 (12.9%)
• Thematic sessions 66
• Joint sessions 5
• Clinical sessions 20
• Contin.8
• State 11
• ESICM speakers 261
• Industry speakers 30
• Exhibiting companies 83
• Industry sessions 18
• Poster corners 14
• Sqm exhibition 1695
What our delegates liked best at LIVES 2015

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!

### 10 top submitting countries

<table>
<thead>
<tr>
<th>Country</th>
<th>No. of submitted Abstracts</th>
</tr>
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<tbody>
<tr>
<td>Spain</td>
<td>213</td>
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<tr>
<td>United Kingdom</td>
<td>154</td>
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<tr>
<td>France</td>
<td>78</td>
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<td>Brazil</td>
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<td>Germany</td>
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<td>Italy</td>
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<td>Turkey</td>
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<td>Netherlands</td>
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<tr>
<td>Belgium</td>
<td>38</td>
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<tr>
<td>Korea, Republic of</td>
<td>37</td>
</tr>
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How satisfied are you with LIVES 2015 in general?

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

Report of the Research Committee

The Research Committee has received 14 survey proposals with a different one circulated per month. ALB-ICU stands out, with a record number of more than 2,000 respondents.


Three other trials have been endorsed this past year: VIP-1-Multinational, multicentre study of outcome of Very old ICU Patients; Pneumoinspire-International Study on NoSocomial Pneumonia in Intensive Care and DIANA-Determinants of Antimicrobial use and de-escalation in critical care. Site recruitments and protocol details are available on the ESICM research project endorsement page.

RESEARCH AWARDS

Steady increase in the number of applications submitted in the 2016 campaign. Never have there been so many applications: a record 126, which were reviewed by a group of 130 different experts.

ESICM TRIALS GROUP

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

Several outstanding publications in ICM and in the Jama came out, to reward the tremendous achievement of the past couple of years. The Trials Group Committee is now structured to manage the call for proposals and select projects to be included in the portfolio of ESICM trials. Moreover, the first Trials Group Award will be given at LIVES 2016 in Milan.

IC-GLOSSARI - Intensive Care Global Study on Severe Acute Respiratory Infection. This is a multi-centre, international 14-day inception cohort study of severe acute respiratory infections on the intensive care unit (ICU-SARI). Over 200 ICUs contributed to the study from more than 40 countries. 215,000 patients were screened. The first paper has been published. (ref: ICM, 2016 May; Vol. 42 [issue 5]:pp 817-28).

Discussions on sub-studies are ongoing.
LUNG-SAFE - Large observational study to Understand the Global impact of Severe Acute respiratory Failure is a multicentre, prospective, observational, 4-week inception cohort study. The aim was to prospectively assess the burden of, management and therapeutic approaches to, and outcomes from acute hypoxaemic respiratory failure requiring ventilatory support. Over 13,000 patients have been enrolled. The first publication is expected in a few months. The first paper has been published. [ref.: JAMA, 2016 Jul 19;316(3):347]. Discussions on sub-studies are ongoing.

AD-SCAP Trial issued from PREPARE - PPlatform foR European Preparedness Against (Re)emerging Epidemics is a collaborative project involving 28 international partners with the aim of harmonising large-scale clinical research studies on infectious diseases. The goals of this EU-funded initiative are to ensure centres are prepared to rapidly respond to any severe ID outbreak, to provide real-time evidence for the clinical management of patients and to ensure appropriate public health responses. The first PREPARE trial set to open is AD-SCAP: Adaptive Platform Trial for Severe Community Acquired Pneumonia. This Randomized Embedded, Multifactorial, Adaptive Platform trial aims to recruit 4,000 patients with severe community-acquired pneumonia in Europe. Site recruitment is ongoing.

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 opened on 1st January 2016 and has already accrued more than 1,600 patients.

APRONET - ARDS and PROOne position NETwork is a one-day prevalence study initiated by the ESICM Acute Respiratory Failure Section, repeated four times during a one-year period. This is a multicentre observational prospective study with no patient follow-up. The primary objective of this study is to determine the prevalence of the use of the prone position in ARDS. The trial opened in April 2016 and has already accrued more than 3,000 patients.

PEACE - PeEvalence of Acute and Chronic Kidney Disease treated by Renal Replacement Therapy in the ICU Environment. This is an AKI section, prospective international, multi-centre, prevalence study on the epidemiology of the use of renal replacement therapy for ICU patients who have acute kidney injury and chronic end stage kidney disease. Approximately 2,000 patients have been enrolled. Preliminary results will be discussed at the ESICM Trials networking event at LIVES 2016.

SUPERNOVA - A pilot study with the aim to assess Low-flow extracorporeal CO2 removal in patients with moderate ARDS to enhance lung protective ventilation. The pilot and safety study opened end of 2015 and 50% of the target accrual has already been reached, thanks to the contribution of 30 Selected ICUs from 8 countries. The sites are testing devices of Alung, Maquet and Novalung.
TRAIN - TRansfusion strategies in Acute brain INjured patients: it is a pProspective 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. The eCRF platform is open for LIVES2016.

DECUBICUS - A Multicenter International One-Day Prevalence Study on Pressure Sores 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. The protocol has been developed with the support of the N&HP Committee and various nurse members. It is the first nursing project accepted as an ESICM Trials Group Study.

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 will work to establish an online resource platform containing high quality, up-to-date systematic reviews or summaries of the literature. Under the new leadership of Maris 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 fill knowledge gaps by commissioning high-quality systematic reviews. The platform is set to open at LIVES2016 with a few existing reviews.

SURVIVING SEPSIS CAMPAIGN - The Surviving Sepsis Campaign (SSC) is a joint initiative between the ESICM and SCCM. New Recommendations Aim to Redefine Definition and Enhance Diagnosis of Sepsis, 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.

Jacques Duranteau
Research Chair
Acute Kidney Injury (AKI)

The Acute Kidney Injury (AKI) Section continues to grow and now approaches 600 voting members, which is testament to the hard work of many individuals active within the group. We are now 6 years old and at LIVES2016 we will run our fourth critical care nephrology course, which has proved extremely popular over the years and always provides great debate between the faculty and the delegates! Delivered by respected experts in the field, this covers all aspects of AKI, from diagnosis and epidemiology to renal replacement therapies, and is highly rated by all participants.

From a scientific standpoint, the Section is flourishing. The multi centre AKI-EPI study, which was published in Intensive Care Medicine and is often quoted and the PEACE study (Prevalence in Europe of Acute and Chronic Kidney Injury in the ICU environment), is now completed. This prospective, international, multi-centre point prevalence study on the use of renal replacement therapy for ICU patients who have AKI is now completed. Currently we are cleaning the data and hopefully the data will be available soon. This has been a fantastic effort by all collaborators so thank you all!

Currently the guidelines for the prevention of AKI are being rewritten, coupled with developing guidelines for renal recovery and long term management. The section members are actively involved in their writing of these guidelines, which should be important documents for the society. Both AKI-EPI and PEACE have, and will continue, to inform ICU clinical practice. We now await further studies from our group and hopefully an intervention study!

Our last Section meeting was very well intended and I would strongly urge people to attend our meeting in Berlin. They are good fun and you can meet fellow AKI fans. On a personal note, both myself and Michael have come to the end of our tenures. It has been a great privilege to be Section chair and, whoever succeeds me, I wish them well, as it is a very rewarding and enjoyable responsibility. See you all in Milan!

Lui G Forni  
Chair of the AKI Section

Michael Joannidis  
Deputy of the AKI Section

Our last Section meeting was very well intended and I would strongly urge people to attend our meeting in Berlin. They are good fun and you can meet fellow AKI fans. On a personal note, both myself and Michael have come to the end of our tenures. It has been a great privilege to be Section chair and, whoever succeeds me, I wish them well, as it is a very rewarding and enjoyable responsibility. See you all in Milan!
**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 Chiumello 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 2015 (Berlin)

- The Section’s major activity in 2015 was at LIVES 2015 (Berlin). The Section collaborated mainly with the SIS Section and this way obtained four 120 minute sessions, two 90 minute sessions, two 60 minute sessions and two state-of-the-art sessions.

- Postgraduate (PG) course project: In 2015, we held a two-day PG course, together with the SIS and INF Sections. For comparison: in previous years we held a 1.5- day course, organised together with the SIS Section.

- LIVES 2016 (Milan)

- The CD Section has proposed an interesting programme, including sessions on haemodynamic monitoring, on practical aspects of heart-lung interactions, on cardiovascular drugs, on central venous access information, on new haemodynamic variables, etc.

- This year, the Echocardiography Working Group will organise a trans-oesophageal echocardiography simulation course during the congress.

- The CD Section will also organise two PG courses: one about echocardiography (basic and advanced) and one about the hemodynamic management of septic shock (1.5-day course organised by our Section alone).
Finally, eight members of the CD Section participated in the abstract selection for scientific contributions to LIVES 2016. The chair and the deputy participated in an abstract selection meeting.

The CD Section has been involved in the writing of an “expert panel paper” entitled Less invasive hemodynamic monitoring in critically ill patients (Intensive Care Med. 2016 Sep; 42(9):1350-9. doi: 10.1007/s00134-016-4375-7). This paper has been selected to be discussed in an ICM webinar in September 2016.

Several active members of the CD Section are involved in the Awards selection process of the Society.

Members of the CD Section actively participate in the Journal Review Club (to be found on the “news” section of the ESICM website).

The CD Section has been involved in a webinar on Practical Use of Vasopressors in Septic Shock (September 8th, 2016).

Research issues:
- The CD Section has prepared a survey about the use of cardio-vascular in ICU patients. If endorsed by the ESICM, this survey could then be posted on the website.
- 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).
- A joint workshop on haemodynamic monitoring in the ICU will be organised in Sao Paolo, Brazil in collaboration with the AMIB (Association of Brazilian Intensivists). The CD Section is involved in the organisation and the programme.

Jean-Louis Teboul
Chair of the CD section

Thomas Scheeren
Deputy Chair of the CD section
Ethics (ETH) section

As in the preceding years, together with all the ESICM sections, the Ethics Section actively participated in preparing and shaping the Society’s annual congress, which is taking place in Milan this year.

There were several sessions on compelling ethical issues in daily critical care practice, among others on recent guidelines concerning ethical challenges, limitation of life-sustaining therapies, importance of thought and deliberation in critical care, and the prudent allocation of time and resources.

The Ethics Section continued to be enthusiastically involved in both research and publication activities. Drs. Piers, Benoit and co-workers, heading the DISPROPRICUS-Study on the perception of disproportionate care by ICU-staff, finished data collection, including the data on quality of life one year after ICU-admission; final data analysis is still under way.

C. Sprung and co-workers had set up ETHICUS II, a worldwide follow-up project of the ETHICUS-Study. Enrolment of participants began in September 2015, and while local study centres have already finished data collection in some countries, registration is still ongoing in other countries.

Members of the Ethics Section also featured as authors, co-authors, or senior authors in many publications. Among others, Curtis and co-workers published on the global variability in limiting life-sustaining treatments in September 2015 (Intensive Care Med); Schwancke, Hartog and colleagues published on the validity of advance directives in acute situations in October 2015 (Dtsch Arztebl Int); White and colleagues published on shared decision-making in intensive care units in January 2016 (Am J Resp Crit Care Med); Jensen, Gerritsen and co-workers published on a European questionnaire regarding the quality of care in ICUs in October 2015 (J Crit Care); similarly, Kentish-Barnes, Azoulay and others published in June 2016 on a French tool to assess the experience of patients’ relatives in the ICU (Intensive Care Med) – with Curtis and co-workers publishing an editorial referring to this article in July 2016 (Intensive Care Med); led by John Myburgh, the Taskforce of the World Federation of the Societies of Intensive and Critical Care Medicine published on end-of-life care in the intensive care unit in August 2016 (J Crit Care); Janssens, Neitzke, Michalsen and colleagues published on the limits of appropriateness of intensive care in September 2016 (Med Klin Intensivm Notfmed).

Furthermore, the section is preparing a “statement on interprofessional shared decision-making in intensive care units” (draft title), that was discussed again during the annual congress in 2015 in Berlin.

In summary, the Section on Ethics has continued to strive and foster the debates and decisions regarding ethical issues of intensive care medicine worldwide.

Andrej Michalsen  
Chair of the Section on Ethics

Rik Gerritsen  
Deputy Chair of the Section on Ethics
HSRO section

Section head: Hans Flaatten (N)
Section deputy: Christina Agwald-Öhman (S)

The section conducted two formal section meetings, one at the ESICM annual congress 2015, and one during the ISICM meeting March 2016. Only eight members attended the latter meeting.

The section has three working groups:

Quality improvement: Andreas Valentin (A)
Health economics
Outcome

Professor Peter van der Voort, Utrecht, NL has volunteered to chair the Health Economics Working Group and we will have a new chair for the Outcome WG at the congress in Milan.

ONGOING PROJECTS:

At present, the section only has one major project ongoing:

SEE III study (QI working group): Occurrence of adverse events during the transport of the critically ill patients.

This study has just finished the second period of data collection, and continues into the data processing and the presentation period. Data will most probably be presented at the Milan congress.

VIP-1 (Very old Intensive care Patients) Stud.

This study has been endorsed by ESICM and is now in the recruitment phase with regard to participating ICUs. The start of patient recruitment will be around 1st October 2016. This study is a descriptive non-intervention study, with broad participation from particularly Europe.

CONGRESS PROGRAMME

As in previous years, the section contributes actively to the scientific - as well as the educational - parts of the Berlin congress through the Congress Committee. Hans Flaatten has contributed to the Congress Committee, and Christina Agwald-Öhman in the scientific meeting of the Research Committee.
Infection section

This year, a new Chair and Deputy of the INF Section, were appointed. The mission of the INF Section remains unchanged, aiming at organising education and facilitating research to improve outcome in the prevention and treatment of infections in the critically ill patient.

The section had well-attended meetings at LIVES, in October 2015, and at ISICEM in March 2016. To increase interaction between members, a Google Group account was created for the Section – any section member can join us by writing a simple email to the Section Chair.

The Section has two Working Groups:
- Pneumonia, led by Despoina Koulenti
- Antimicrobial Use, led by Jason Roberts

The Section co-organised a Post-Graduate course on Infection Management at the 2015 LIVES meeting and a PG Course focusing on contemporary issues in infection and sepsis management (co-organised with SIS Section) at the 2016 meeting. The Section will work on a basic infection and sepsis course, working title “Fundamentals of Sepsis Diagnosis and Management”. Together with SIS and CD Sections, the INF Section will work on a basic course on sepsis diagnosis and management. The format and content are currently being developed also in cooperation with DPD.

The Section’s specific current scientific projects include:
- The AbSeS study, led by Stijn Blot, which 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 Pneumolnspire study, 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 Despoina Koulenti.
- The SMARTT study, investigating antibiotic PK in RRT patients, has recently stopped enrolment and analysis of the data will soon start.
- The Encephalitica study is a joint project with the NIC section which will focus on meningo-encephalitis.
- DIANA study on antibiotic use and de-escalation in critically ill patients.
- SAFE-ICU study on antifungal PK in critically ill patients.

Section members are kindly invited to participate in these projects.

Pneumonia Working Group activities include:
- Initiation of the Pneu molINSPIRE study (international, multicentre project on nosocomial pneumonia in intensive care units) endorsed by ESICM (>350 sites from >50 countries worldwide participating; new sites recruitment open until end of July 2017).
- Preparation of the ALLICU study (multicentre study of antibiotic PK/PD in the ELF of ICU patients with pneumonia): led by Pneumonia WG, to be conducted in collaboration with the Antibiotic WG. Protocol to be submitted for ethics (coordinating site) approval by September 2016.
- Participation in ESICM Journal Club: from early 2016, Pneumonia WG members have regularly contributed article reviews for the Journal Club on behalf of the WG.

Finally, secondary analyses of previous INF Section projects, such as the DALI study, EUROBACT and ASPICU, have recently published:
Neurointensive care (NIC) section

The NIC section has experienced a constant growth in the number of members and its activities over the last 12 months. After six years of involvement as Deputy and Chair, Mauro Oddo (Lausanne, Switzerland) will end his mandate, but will certainly remain involved in the activities. Fabio Silvio Taccone (Brussels, Belgium) was elected Chair and will continue his involvement in the NIC section after three years of excellent work as Deputy.

The election of the Deputy Chair was very close this year: Raimund Helbok, who was supported at the NIC section meeting in March, received 22 votes against Lara Prisco, past NEXT Chair and supported by the NEXT group, who received 23 votes and was finally elected. We congratulate both of them and wish them a rewarding and productive time in the Section.

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 received the endorsement of ESICM and will be organised over the next six months. The Consensus will involve 20 experts from ESICM (NIC and other sections, including CD and AKI), the Neurocritical Care Society (NCS) and the Latin America Brain Injury Consortium (LABIC). The first meeting is scheduled on October 2nd, 2016, during LIVES 2016 in Milan.

- **LIVES 2016**
  The NIC section is again very well represented and obtained several slots during LIVES 2016. In particular, there will be a joint ESICM NIC – NCS session entitled “Teaming Up To Solve Neuro Critical Care Conundrums”, that will take place on Tuesday October 4th.

- **Future projects**
  A consensus with the NCS about “Fever Definition and Management” will be discussed and probably organised during 2017.

ONGOING RESEARCH ACTIVITIES

- **Pupillometry for coma prognostication after cardiac arrest**
  This multicenter study (including 10 centers with active ESICM members: Lausanne, Brussels, Milan, Roma, Amsterdam, Lund, Berlin, Paris, Grenoble and Luxembourg) aims at examining the value of quantitative automated infrared pupillometry (Neuroptics device, which supports the study) for neurological prognostication of coma after cardiac arrest. More than 250 patients have been included: preliminary results will be presented at the NIC section meeting during LIVES 2016. PI of the study is Mauro Oddo, Lausanne.

- **Transfusion strategies in acute brain injured patients: TRAIN Study**
  The TRAIN study, supported by an ESICM award of 50,000 Euro, is a multicenter trial that aims at evaluating two different thresholds of hemoglobin (7g/dL vs. 9 g/dL) to initiate red blood cells transfusions in patients with an acute brain injury [traumatic brain injury, subarachnoid hemorrhage and intracranial hemorrhage]. The study started in Belgium on 12 September and will progressively include more centres in and outside Europe. A further update on the TRAIN study will be given during the NIC section meeting at LIVES Milan by Fabio S Taccone, PI of the TRAIN study.

  - **Survey on fever management after acute brain injury**
    The survey started recently. PI is Edoardo Picetti.

  - **TTM library and protocol**
    This project (in collaboration with the TEM section) started last week. PI is Katia Donadello.

  - **ENCEPHALITICA study**
    This multicenter study, led by Romain Sonnevile, has been recently published in AJRCCM journal.

  - **TBI collaborative study group**
    This is a multicenter 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 ongoing and first results will come during early 2017. The PI of the study is Rinaldo Bellomo.

NIC SECTION AWARDS

One abstract from the NIC section (L. Carteron, Lausanne) will be presented in the Best Abstract Award session during ESICM LIVES Milan. Geert Meyfroidt, Leuven, Belgium, received an ESICM Investigator Award. Marcel Aries, Maastricht, The Netherlands, received an ESICM Clinical Award.

The next meeting of the NIC section will take place during the ESICM LIVES 2016 in Milan, October 4th from 08:00 to 09:30, BM 4.
Peri-Operative Intensive Care (POIC)

As in the preceding years, the Perioperative Intensive Care section was actively engaged in developing the field of perioperative intensive care. Members of our group actively participated in preparing the Society’s annual congress and educational content. We also continued to be actively involved in research and publication activities.

CURRENT ACTIVITIES:
The ICU CardioMan Study, a European Critical Care Research Network (ECCRN) endorsed project that was run within POIC and its GDT working group, was successfully finished and published. The objective of this multicentre study was to analyse the reality of haemodynamic monitoring and therapy of the critically ill in Austrian, German and Swiss intensive care units. The study was successfully published this year: 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.

Members of the section started to work on a Perioperative pulmonary complication bundle survey (POPC-CB). This project plans to design a treatment bundle preventing postoperative pulmonary complications. The first step to develop this treatment bundle was a survey for all POIC members and secondly by a Delphi consensus to identify risk stratification measures and treatment options. The result of this activity will soon be published as a research paper. The next step is to design a prospective research protocol. Members of the Perioperative Intensive Care section plan to initiate a multicentre trial where this care bundle will be tested.

Members of our section were also involved in designing state of the art educational content, a postgraduate course in Perioperative Medicine. The section is designing a postgraduate course in cooperation with other sections and committees of the ESICM. A curriculum based on CoBaTRice has been written and contact with the e-Learning Committee has been established, to fill the modules with content.

We expect to have the on-line module ready by the end of 2016 and to prepare a postgraduate course for LIVES 2017.

Our section has several working groups that were also very productive last year. The Postoperative Delirium and Cognitive Dysfunction (PoDeCoD) Working Group has been actively working on different research projects.

The project „Biomarker Development for Postoperative Cognitive Impairment in the Elderly [BioCog]“, an EU FP-7 project is currently recruiting patients and is ready for a scheduled interim analysis. First data is expected to be published in 2017/2018.

Members of the PoDeCoD WG were part of the Consensus Statement group on "Comfort and patient-centred care without excessive sedation: the eCASH concept" (Intensive Care Medicine, June 2016), which summarises the best evidence-based practice deriving from evidence and consensus based guidelines (US-PADs-guideline, German DAS-guideline) and gives an holistic, European view to this topic. PoDeCoD will provide training materials through the PoDeCoD web-page.

At its last meeting, the PoDeCoD WG decided to conduct a European project on the status of analgesia, sedation and delirium tools. The project will provide deeper insight into the current practice of management in European ICUs.

The EWAIT WG profoundly re-organised the IT- structure of the web-based decision support system for infection management in intensive care medicine (ABx). This resulted in an App.-Version for better cooperation among different European countries. Furthermore, new tools for infection management were implemented. The next steps will be to translate ABx into other European languages. Moreover, the development of a new tool for visualisation of local resistance data will be started in 2017. In addition “ESICM Next Infectious Disease Management Fellowship” was successfully conducted in 2015.
The Perioperative Outcome Research and Goal Directed Hemodynamic and Volume Therapy Working Group has been developing research proposals relating to improved perioperative therapy. Members of this group 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].

The Perioperative Intensive Care section is grateful to all its members for improving research and educational activities within the section last year and their continued efforts to develop the important state of the art activities of our section.
Trauma and Emergency Medicine (TEM)

The societal year 2015 (Oct 2015 until Sept 2016) was another productive one for the Trauma and Emergency Medicine (TEM) section of the ESICM. By the end of the year, the section counted its highest number of members so far, including 342 voting and 5,304 registered members. The section held two meetings, which took place during LIVES 2015 in Berlin and the ISICEM congress 2016 in Brussels.

As every year, the TEM section actively contributed to the scientific programme of the upcoming ESICM LIVES congress in Milan in October 2016. In addition, together with the Congress Committee Chair and the Brussels ESICM office, the TEM section developed the programme for the ESICM Regional Conference in Porto from April 28-30, 2016. The conference was entitled “The art of trauma resuscitation” and provided over 200 participants with the latest, cutting edge evidence on trauma care from the site of accident to rehabilitation.

On February 4, 2016, two distinguished members of the TEM section, Alain Cariou and Claudio Sandroni, discussed post-cardiac arrest management for a live ESICM webinar.

Members of the TEM section cooperated with the Division of Professional Development in drafting the first prototype for an interactive training course on the management of critically ill trauma patients.

In October 2015, the updated guidelines on cardiac arrest management were published by the European Resuscitation Council. For the first time, our society was represented by four representatives of the TEM section in the formulation of recommendations on post-resuscitation care (Nolan JP, et al. Resuscitation 2015;95:202-22). In 2015, the ICU Burn Working Group started its activities and is currently working on an expert statement on the initial management of critically ill burn patients.

In addition, members of the TEM section stimulated the initiation of an expert statement on the use of veno-arterial ECMO for acute cardiovascular failure. This expert statement is planned to be established together with the Cardiovascular Dynamics section, as well as other societies, such as the Acute Cardiovascular Care Association of the European Society of Cardiologists.

Members of the TEM section were also active on the research front in 2015. The group around Hans Friberg, in close cooperation with the Neuro-Intensive Care section, worked on a re-launch of the formerly conducted survey on therapeutic hypothermia management following cardiac arrest. A small group of TEM section members, together with allied specialists, conducted a European-wide survey on dysphagia in the critically ill (MAD – Management of Dysphagia in the ICU). Data collection was completed in the Summer of 2016. Results are still pending.
Systemic Inflammation and Sepsis (SIS)

The SIS section continued planning and supporting several projects in the field of systemic inflammation and sepsis. The regular meeting of the members of the section was held during the annual congress of the ESICM in Berlin 2015, in addition to another meeting in Brussels 2016. Detailed minutes have been disseminated to all section members on the website of the society. The next meeting is planned in Milan in October 2016.

The chair of the SIS section has been included in the Steering Committee of the International Surviving Sepsis Campaign Guidelines and attended several meetings of this committee. This was communicated with the section members during the annual meeting.

The section’s contribution to the programme for the annual congress was discussed with the members and several suggestions were considered for the final programme. The Section is also planning a post-graduate course, together with the Infection Section in Milan 2016 (challenges and controversies in sepsis), which covers several aspects and updates in the management of septic patients.

Several projects have been supported by the section and were proposed for the recent ESICM-Trials Group grant:
1. The LASAR-Trial, in which sodium lactate volume resuscitation is compared with saline and balanced crystalloids in septic shock [PI: C Ichai, France]
2. The SONTIS Study, in which the epidemiology and outcome of source control in septic shock are investigated (Ignacio Martin-Loeches, Ireland).
3. A study on host immune response induced by multidrug resistant bacteria (PI M Girardis, Italy).

The section is still supporting and receiving continuous feedback concerning 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]. The study is running well, with regular inclusions.
   - 3. The SEPREMA survey on Sepsis Recognition and Management has been completed and published in Intensive Care Medicine in 2016 [PI: I Martin-Loeches]

Projects under discussion/planning:
1. An international educational course on the management of sepsis, in collaboration with the ESICM Infection Section. The PG-course, which will be held in Milan, will serve as a backbone of the planned educational course. The organisational issues and final scientific content are yet to be determined.
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.

The members of the section are encouraged to contribute to the section’s activities and provide their constructive comments and valuable feedback.

Claude Martin
Chair of the SIS Section

Yasser Sakr
Deputy Chair of the SIS section
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ACTIVITIES OF THE ESICM: DIVISION OF PROFESSIONAL DEVELOPMENT
1. DPD
Division of Professional Development

The DPD comprises:

- The Examinations Committee (ex EDIC Committee)
- The e-Learning Committee (ex PACT Committee)
- The CoBaFaculty/CoBaForum
- The Clinical Training Committee
- The Communication Committee

The Examinations Committee is successfully running EDIC Parts I and II in collaboration with the University of Heidelberg. Since 2014, the EDIC exam part II has been conducted using iPads. In November 2016, EDIC will be appraised by the Council of European Specialist Medical Assessment (CESMA). CESMA is an advisory body of the UEMS, created in 2007, with an 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 up of Board assessments as a quality mark
- To offer an alternative to national assessments, where appropriate

CESMA can assess the ESICM EDIC examination process to point out the strengths and weaknesses, to give advice on how to improve the process, and also to share experiences from the Board of other medical specialties. The ESICM is continuing to expand outside Europe. EDIC Part 1 has been successfully introduced in India and is continuing its development in the United Arab Emirates. The plan is to consolidate these sites and possibly increase, or rotate, the number of EDIC Part 1 sites in Eastern Europe. EDIC is the oldest and most successful educational activity of the Society and we will celebrate it during our annual congress, awarding the three best candidates on the last day of LIVES in Milan. The winner will receive free entry to LIVES2017. We are proud of the results achieved and the benefit provided to the Society and all our members. The European Diploma in Echocardiography (EDEC) has been defined and for the first time, during the annual ESICM meeting in Milan.

The E-learning Committee
A significant investment has been foreseen by the Society to support the eLearning Platform and initiatives of the eLearning Committee. The process has started and we will need all section and working group members to support and improve it. Please, volunteer to be part of this process and join us in making the platform better and accessible to all our members!

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 and will be published in the next few months. It is reassuring to see that the concepts of CoBaTriCE are now an integral part of postgraduate training in Intensive Care Medicine (ICM) in many European countries.
As shown already last year (AJRCCM 2014 189:256-262), standards as proposed by CoBaTrICE are adopted by a growing number of countries. More importantly, the “Common Training Framework (CTF) and Training Requirements for the Core Curriculum of Multidisciplinary Intensive Care Medicine” was adopted in October 2014 by the UEMS Council (Union Européenne des Médecins Spécialistes). This training framework is essentially based on the concepts of CoBaTrICE. The CTF ICM will also serve as a reference for other sections and boards of UEMS. CoBaFaculty (the CoBaTrICE steering committee) and CoBaForum (the CoBaTrICE network, which includes representatives from each European country) may be used as a platform for several activities to enhance our discipline in Europe. In this respect, it may also be helpful to remind the reader that the CoBaTrICE syllabus is now available in ten languages, and the relevant documents can be accessed via www.cobatrice.org.

A second important field of activities was the on-going integration of PACT, the concepts of CoBaTrICE and the e-Learning platform into one single, easily accessible and user-friendly tool. In this respect, the lead is with the e-Learning Committee, but CoBaFaculty is actively implemented in this work. As concerns the update of competencies, forming the base of CoBaTrICE, several of these have been slightly revised and a few ones – covering the field of ultrasound – have been added. Integrating basic echocardiography is on-going, and assured in close cooperation with the EDEC (European Diploma in EchoCardiography) group.

Finally, EDIC continues to use the list of CoBaTrICE competencies as a basis for the EDIC blueprint. This is another activity, assuring coordination within the broad range of activities of the Division of Professional Development.

The focus of the Clinical Training Committee (CTC) in 2015-16 has been the development and implementation of two EDIC Preparation Courses.

• EDIC 1 course
The first pilot course ran in India; development of online material and a one-day, face-to-face lecture on 2nd April 2016. The EDIC Part 1 Preparation Course project is well underway with the development of online MCQs and educational resources accessible through the new ESICM Academy platform.

• EDIC 2 course
First course in India; 3-4th April 2016
Milan 1-2nd Oct 2016
Course analysis and publication; in progress

The EDIC Part 2 Preparation course has been successfully piloted twice in Brussels in the last year. EDIC Preparation course Part 2 is already fully booked in Milan, as it was in India in 2016.

LIVES2016 will be the first time we will hold a Train the Trainers’ courses for EDIC 2 instructors. We hope our new instructors will help us to run this course all around the world. In order to be closer to our members we have trained instructors from Europe, Asia and Africa. The vision is to increase interest and participation to the process. Instructors are not exclusively examiners and the course has clear and set instructions and slides.

The CTC group has also completed a scoping exercise to determine which projects should be prioritised over the next few years. The new ‘hybrid course’ format, consisting of e-learning and face to face teaching, has been agreed and will be piloted with a number of new courses. We created this “suggested” framework for the ESICM courses giving a clear guide to sections and members of members interested in investing their time and energy supporting the DPD and CTC.

Other successful courses run in 2015/2016 include:

• Nephrology Course
6-7 June 2016 in London.
A new exam is scheduled in London on 5 June 2017.

• In 2017, we will launch the following courses
  - Trauma
  - Peri-operative care
  - Sepsis

This is the last year I will be the Chair of the DPD and I hope my work has promoted and increased interest in education. The DPD has generated a significant income for the Society and is receiving new investments. We have a regular meeting day at the annual congress and have a new platform for our members. We need to be closer to our members in Europe and outside Europe and I believe that the DPD will be the bridge to future generations and contribute substantially to the growth of the Society. I would like to profoundly thank Prof Marco Maggiorini for his support leading the Education Committee during these years and welcome Dr Christian Sitzwohl. I also wish to thank Professor Hans Ulrich Rothen for his incredible work updating the CoBaTrICE competencies. The members of the eLearning Committee must be commended for their work and I would like to welcome Dr Frantisek Duska as the new Chair of the CTC. I am also grateful to Estelle, Dominique, Celia, Joel and everyone at the ESICM office. They have done an incredible job these last three years and deserve most of the credit for the results we achieved together. Finally, I would like to wish good luck to Dr Pascale Gruber, the newly elected Chair of the DPD. She is an incredible leader and one of the few women in a leadership position. I am sure that she will guide the DPD to higher and significant future successes.

Francesca Rubulotta
Chair of the DPD
We have worked to increase even more the availability of scientific content on our website. Thanks to the work of the NEXT Communication Committee (Nish Arulkumara, Gennaro De Pascale and Brijesh Patel) and the ESICM Journal Review Club, we continue to have a high number of short reviews of important articles being published. There are to date more than 200 reviews.

Our Journals have also witnessed great success. The team, led by Elie Azoulay, has seen Intensive Care Medicine (ICM) increase its impact factor to 10.125. This is 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.

ESICM’s communication team works to share these important articles with its members by way of weekly eNewsletters with links to all of the newest ONLINE FIRST articles from ICM and monthly “Articles of the Month” mails that link to each month’s cover articles and links to short reviews of these articles.

ICM Experimental (ICMx), led by Mervyn Singer, is also following in the footsteps of ICM and has seen a further increase in the number of submissions compared to the previous year. This is due in part to the tireless work of a top editorial board, as well as increased visibility - ICM has been listed in PubMed since 2015 and ESICM has placed a high priority on ensuring that its members are aware of the high quality basic and experimental research published – both through sharing links on social media and through quarterly eNewsletters updating on ICMx’s most accessed articles.

ESICM Webinars are now in their second year. We have expanded the capacity of our platform in order to offer simultaneous connection to more and more members. These online events have brought Worldwide ESICM expertise everywhere an internet connection allows. The recent adjunct are the ICM Webinars, where together with ICM, we offer ESICM members the chance to hear and interact directly with the key authors of new papers. This year we have focused particularly on social media. We have a new Social Media Task Force, led by Adrian Wong, which allows us to have a stronger presence on Facebook, Twitter and LinkedIn. Our annual congress and the recent regional conference have reached in real time thousands of connections around the World. Our congress blogs have been particularly well received and we will pilot Twitter moderation and live questions at our annual congress in Milan. Of course, this is in addition to our daily eNewsletters specifically prepared for members and NEXT members and congress participants which feature information about highlighted sessions and icTV video interviews prepared onsite with expert speakers.

All of this would not be possible without the great office support, offered especially by Sherry Scharff and Estelle Pasquier.

Maurizio Cecconi
Chair of the Communication Committee
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Get more from your Society
During its pilot years, the NEXT Committee has been extremely active, bringing the voice of young intensivists up to the leadership of the Society and fostering initiatives and activities to respond to the unmet needs of trainees and junior specialists.

Lara Prisco  
Chair of the Next Committee

MOBILITY

• eMOVE. A new platform, which includes useful information for young intensivists on the move, has been developed over the last years, thanks to the help of several ESICM members who first-handedly collected the information provided. eMOVE will be launched and tested during LIVES2016 in Milan.

• Thematic fellowships. NEXT has renewed its willingness to work in partnership with the industry to encourage educational activities aimed at young intensivists members of the Society. The last round of the 3-year old NEXT Fellowship on Infectious Disease Management in ICU - supported by Pfizer - will be followed in the upcoming years by thematic fellowships on Pain, Agitation and Delirium Management - supported by Orion-Pharma - and many more are to be announced at LIVES 2016.

RESEARCH

• Research PG Course. For the third time, NEXT is happy to offer this special course aimed at young intensivists (trainees and junior specialists) interested in research, bringing on stage top-notch researchers and scientists in several fields of Intensive Care Medicine, from basic science to clinical research.
• **NEXT Start-up Grant.** Once again, NEXT, together with the Research Committee, has demonstrated commitment to Intensive Care Medicine research supporting the work of young investigators aiming at developing an academic research career.

**EDUCATION**

• **ICE-Mentoring.** The pilot phase of the ICE-Mentoring project will reach an end at LIVES 2016, when it will be evaluated by the actors of the initiative (mentors and mentees) together with the NEXT Committee. The feedback thus collected will be used to improve the new editions of the ICE-Mentoring activities, which is likely to be launched in early 2017.

• **eLearning platform, ESICM courses and more.** The NEXT Committee members have been actively involved in several ESICM educational activities, bringing the voice of junior intensivists in shaping the resources the Society can offer to its members.

**CONGRESS**

• **NEXT Day.** The NEXT Committee opted to cover the topic of Disaster Medicine and Medical Emergency preparedness during its thematic pre-congress day in Milan. Among the many illustrious speakers who have witnessed first-hand medical emergencies and crisis, the NEXT Day will also proudly host the ESICM guest speaker of the year, Michael R. Barratt, NASA Astronaut and Internal and Aerospace Medicine physician.

• **NEXT Lounge.** At LIVES2016, the NEXT Lounge will be once again the meeting point of young intensivists willing to link with young colleagues and interact with the Society. This year, beside the well-accepted formats, such as the NEXT debates, ‘Meet the Experts’ and the NEXT Challenge, we also propose a Social Media corner and NEXT Networking session.

**COMMUNICATION AND PUBLISHING**

• **ICM/ICMx reviews.** The NEXT Committee and the scientific sections of the Society have been involved in delivering new article reviews for ESICM members, which were published simultaneously with the full-text papers in the journals and have contributed to increase exponentially the visibility of the scientific involvement of the Society on Social Media.

• **NEXT Survey.** After data presentation in 2015 at LIVES, the NEXT Committee prepared a final manuscript with all the results from the NEXT Survey which will be submitted as a letter to ICM, as well as published on the NEXT webpage in the coming months.
LEADERSHIP

• New SOP. The NEXT Committee has reached the end of its first mandate and proven a valuable source of activities and creative-thinking of the Society. The SOP has thus been re-designed, keeping in mind the dynamic needs of the Committee and the necessity to maintain links with all ESICM structures.

• New chair, new Committee members. During LIVES 2016, a new NEXT Chair and four new Committee members will be appointed, following the June elections. The presence of new and existing NEXT members ensures continuity in all the NEXT missions.

CONGRESS EVENTS

It is now a NEXT tradition to organise a new edition of both the NEXT Day, Research PG Course and NEXT Lounge, with new events and even stronger support from the Society, Faculty and Industry. In particular, the NEXT Lounge 2015 in Berlin will be supported by Masimo, hosting an extended scientific programme based on debates and ‘Meet the expert’ style sessions. A new competition will be added this year to the NEXT Challenge, namely the NEXT Young Lecturer Award to be hosted at the Lounge.
N&AHP
ESICM encourages membership of any health professional working with intensive care such as nurses, physiotherapists and other allied healthcare professionals. Members can actively share their experience, practice and join in research or educational initiatives.

The Nurses & Allied Healthcare Professionals (N&AHP) Committee meets twice a year: during the ISICEM meeting in Brussels (March) and during the ESICM Annual Congress (October).

The objectives of the N&AHP Committee are to:

- Raise the profile of intensive care nurses and allied health professionals within ESICM and amongst European nurses & AHPs.
- Increase the opportunities for nurses and AHPs across Europe to attend the ESICM congress and to be involved in pre-congress activities.
- Provide support for first-time congress presenters, from abstract submission through to presentation.
- Develop networking opportunities for nurses and AHPs across Europe, both at the annual congress and through the ESICM N&AHP web pages.
- Provide opportunities for nurses and AHPs to get involved in collaborative research studies.

N&AHP Committee_

The current chairperson of N&AHP Committee is Stijn Blot. The N&AHP Committee comprises: Carole Boulanger (representative in the Congress Committee), Julie Benbenishty (representative in the Research Committee), Silvia Calvino-Gunther (responsible for article summaries in ESICM’s Journal Review Club), Elsa Afonso and Sonia Labeau (development of educational and research activities).

Projects & activities_

- The International Nursing Advanced Competency-based Training for Intensive Care (INACTIC) study [project leaders: Ruth Endacott & Christina Jones].
  In order to develop competencies for advanced nursing practices in ICU, we need to identify what training and assessment programmes exist across Europe. The aims of the INACTIC study are to: (i) conduct a survey of adult intensive care nursing training programmes throughout Europe, (ii) examine to what extent competency-based training has been developed, (iii) review current national educational structures, processes and outcomes, in order to identify possible barriers to competency-based training. The results from the survey are summarised in an abstract presented during LIVES 2015 and published in ICM [Endacott R, Jones C, Bloomer M, Ben Nun M, Iliopoulou KK, Egerod I, Blot S. Intensive Care Med 2015; 41: 2237-40).
A grant proposal for the EU Erasmus+ programme is under development and will be submitted in March 2017.

- **N&AHP Abstract Award Programme 2016**
  Recently, two excellent abstracts by N&AHP were selected for an awards - either the ESICM N&AHP Award, or the ICCN Award [Intensive Crit Care Nurs]. Last year, this initiative was enlarged to include an Abstract Award Programme, including (i) the ESICM N&AHP Award, (ii) the ICCN award, (iii) the Nutricia Medical Award, and (iv) two free registrations for LIVES 2017. The awarded abstracts will be presented in an oral presentation during LIVES.

- **Countdown to Milan…**
  Carole Boulanger and Ruth Endacott established a programme to support nurses with the preparation of their study and/or writing their abstract for the annual congress. Around five nursing teams requested advice and support and we hope this initiative may grow to encourage more nurses to take the step to present their work at LIVES.

**LIVES 2015, Berlin**

- **Educational sessions.** The congress content included 23 educational sessions of particular interest for N&AHP, including an interactive live debate and two clinical challenge sessions. There is clearly a trend for more “nursing lectures” being incorporated in sessions organised by sections that are mainly run by physicians. The N&AHP Committee encourages this trend and hopes to further stimulate this in order to stress the multidisciplinary spirit of the Society.

- **Abstracts.** At LIVES 2015, around 50 N&AHP abstracts were accepted for presentation, resulting in one oral presentation session and two poster corners. Attracting more N&AHP related abstracts to the congress remains an objective. We hope that in the future, initiatives such as the N&AHP Abstract Award Programme and the “Countdown to Milan” may attract more nursing abstracts to the annual congress.

- **Networking event.** For the second time, a networking event for N&AHP was organised during the annual congress. Members of the N&AHP Committee presented the various activities that are ongoing, or are to be developed. Thereafter, a very well-attended reception took place which allowed further networking among the attendees. A similar networking event is planned for LIVES 2016.

**Research project: DecubICUs**

The DecubICUs project, an epidemiologic point-prevalence study on pressure ulcers in ICUs, has been accepted as an ESICM Trials Group Study. Head investigators are Sonia Labeau and Stijn Blot. The protocol has been developed with support of the N&AHP Committee and various nurse members. It is the first nursing project accepted as ESICM Trials Group Study.

**ICAN – Intensive Care Nursing Fundamentals**

Development of an app for nursing protocols. This project is led by Anne-Sophie Debue and supported by N&AHP Committee members and other N&AHP members. The team decided on the format for protocols. Protocols are to be translated into various languages. Content has been be delivered and is ready to be translated. The goal is to launch the first version of the app around LIVES 2017.

**N&AHP in the Journal Review Club**

N&AHP members are actively contributing to the JRC. N&AHP Committee member, Silvia Calvino-Gunther, searches for relevant articles and pro-actively contacts members to submit a summary about the paper. On average, an article summary is generated by a N&AHP member every 2 to 3 weeks and posted on the website. This activity is adequately supported by the Editorial & Publishing Committee of the ESICM.

**Working Group on Physiotherapy**

During LIVES 2015, the Physiotherapy WG was launched. The first chair of the WG is David McWilliams. The Working Group will focus on educational and research matters concerning chest physiotherapy and early mobilisation.

Stijn Blot
Chair of the N&AHP
This year has been very full for the Intensive Care Medicine (ICM) journal.

Even though we kept the same editorial line and the same functioning, some important changes have occurred. First, the number of submissions has much increased and it is likely that we will be over 2,000 submitted papers in 2016. As shown in Figure 1, the number of submissions has doubled in 10 years. For now, we are still able to keep a short time to decision. The current times to decision for revised manuscripts are on average 12 days for papers rejected after review and 16 days for papers where revision is requested.

The number of papers sent out for review has also increased and we are grateful to authors for sending high quality research to the Journal. As scheduled, we have now a typical ICM template every month and have reached the expected source / non source items ratio. The journal publishes editorials to better appraise published papers as well as pro con editorials that usually relate to a thematic recently published in the Journal (the immediacy index is increasing). In addition, every ICM issue includes 3 what’s new papers, 1 understanding the disease, and 2 images.

Also, with a 2015 impact factor [released in 2016] of 10.125, our journal ranks first among those publishing exclusively critical care and third (out of 33) in the critical care track of Thomson and Reuters’ Journal Citation Reports. ICM is now in the top 200 indexed medical journals [186/11,962].

ICM usage (access to abstracts, full article downloads, access to social media, etc.) has exponentially increased. This success is the result of a collaborative work within talented researchers, committed reviewers, gifted editors and a very supportive ESICM. This high impact factor will be very hard to keep in 2016. The journal will do its best to select papers based on quality and scientific priority. ICM’s success is the result of all our collective efforts and remains everybody’s business.
Impact factor and immediacy index

Acceptance rate and time to first decision

Number of submissions per year

- Submissions
- Impact factor
- Immediacy Index
Among the five main “novelties” that can be listed for 2016, we can cite 1/ the ARDS thematic issue that was published in May for the 50th anniversary of the first pathologic description of ARDS. This issue was made by 48 top level papers and editorials that were highly accessed (full paper download or internet access); 2/ In December 2016, a thematic issue on sepsis will be published; 3/ This year, 6 RCTs will be released at the time of LIVES 2016; They will be published in the November issue which will include only RCTs; 4/ ICM, in addition to its strong presence on the social media, has started new ways to communicate on published papers. Working with the ESICM Brussels office, ICM Pulse (short animated videos that summarise the main aspects of a paper) and webinars (discussions within authors, reviewers and editors) are becoming attractive. We hope that these new communication media will help increase knowledge transfer; 5/ ICM has a new typesetting that is appealing and fits better with the new ESICM website template.

Among the 5 most important perspectives, 1/ in 2017 ICM and CCM will publish the updated version of the Surviving Sepsis Campaign Guidelines. Previous versions of the SSC Guidelines have been accessed > 30,000 times and have received about 1,000 cites. We really hope that more expert opinions, guidelines and consensus statements will be published in the Journal. 2/ two thematic issues will also be published in 2017; 3/ we should soon submit for publication our two research studies on ICM data: outcome of rejected manuscript and determinants of cites and downloads. 4/ at the end of 2017, a call for the new Editor in Chief will be launched, with elections organised in March or April 2018.

The Editor elect will work as Deputy Editor of the Journal until the end of the changeover period, which should end on January 2nd, 2019. Last, 5/ the Journal is preparing a new series of editorials that should bring to the readers perspectives on the hottest research areas in critical care. Also, the series “Intensive Care in 2050” will be a timely opportunity to touch the future of critical care.
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Dear Colleagues,

Members of the Society, this is my annual Treasurer’s report for the business year 2015/2016.

I would like to start by congratulating Jordi Mancebo on an excellent two-year tenure as Treasurer. He will be a hard act to follow, but I would like to thank him for taking the time to ensure a comprehensive handover.

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 Belgium 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, Belgium VAT, 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 2015 below.

Overall I am pleased to say that the financial position of the Society is in extremely good health, and currently stands at 5,116.000 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
Explanation of the financial statement 2015

GROUP OUTCOME

In 2014, ESICM generated a total revenue of €6,224,031.31. Total expenses amounted to €6,159,657.37 which results in a positive outcome of +€64,373.94 for the fiscal year 2015.

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.

REVENUE 2015 (IN EURO)

<table>
<thead>
<tr>
<th>Source</th>
<th>Revenue (€)</th>
</tr>
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<tbody>
<tr>
<td>Congress</td>
<td>3,750,303</td>
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<td>Affiliation fee</td>
<td>1,149,853</td>
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<td>Editorial</td>
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<td>Research</td>
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<tr>
<td>Total revenue</td>
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</tr>
</tbody>
</table>

REVENUE

ESICM’s main revenue is 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.
EXPENSES
Grants/prizes/support/research

ESICM offers every year a number of research prizes worth a total of € 275,000.

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 endeavors across Europe. This financial and activity-driven support fulfills our overall mission and aims to further improve standards in Intensive Care Medicine research 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 (KIT) 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 follow 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 2015 (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.
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KEY EVENTS
2017
This two-day conference will allow delegates to refresh their understanding of venous return, cardiac output and the main differences between the right and the left sides of the heart. Key take home messages on how to interpret adequacy of perfusion, understand the cause of haemodynamic instability and set individualised therapeutic targets will also be provided. At the conclusion of this two-day comprehensive conference, delegates will be able to interpret and guide therapy for different pathologies using arterial and central venous pressure traces, echocardiography and advanced cardiac output monitors.
EDEC
EUROPEAN DIPLOMA IN ECHOCARDIOGRAPHY

ACQUIRE THE SKILLS AND RECEIVE THE RELEVANT TRAINING IN ADVANCED CRITICAL CARE ECHOCARDIOGRAPHY

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

MORE INFORMATION ➔
edec@esicm.org

www.esicm.org
Events

To view the full programme of our events visit

www.esicm.org/events

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