The ESICM Annual Report describes ESICM activities from October 2014 to October 2015. Only the Treasurer’s Report refers to the fiscal year from 1st January to 31st December 2014.
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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

The first year of my mandate as President of our Society has, as I expected, been one of change and development. The Society has been creative, innovative and progressive, at a pace that is both healthy and necessary in the long term.

We have seen a 10% growth in our membership, and this trend continues. As the Society enlarges and widens, it is becoming more global in composition and outlook. We now provide more and more services and opportunities for our members. We have delivered on last year’s pledge to invest in research and education, and this year saw the launch of our free, monthly webinars. These are interactive online seminars, which are open to all our members, anywhere in the world, covering a range of topics of interest to all intensivists.

Our brand new European Diploma in Advanced Echocardiography fills an obvious gap for a recognised diploma, which encompasses training and competency-based testing leading to the designation of intensivists competent in advanced critical care echocardiography. As well as the training and practical obligations, participants must attend the ESICM EDEC Advanced course, and many have done so at this year’s annual congress.

Our very successful European Diploma in Intensive Care (EDIC) continues to attract ambitious and motivated doctors across the globe, and this year we have introduced the EDIC Preparation Course. Such is the demand and recognition of its reputation, that we will be delivering the EDIC I preparation course outside Europe, later this year. We have run a series of pilot programmes and train the trainer sessions and are confident that this product will give doctors the extra push that will ultimately benefit their career prospects across Europe.

Research continues to diversify and strengthen and we are pleased to report the publication in ICM of the results of FENICE (Fluid ChalEnGes in Intensive CarE), a large-scale multi-centre observational trial conducted by the ECCRN Trial Group and the ESICM Cardiovascular Section. This study identifies which variables are used by physicians to trigger/indicate/guide fluid administration in critically-ill patients. This was the first trial endorsed by the ESICM Trial Committee and several other trials are underway.

New research studies include PEACE (PrEvalence of Acute and Chronic Kidney Disease treated by Renal Replacement Therapy in the ICU Environment), a 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 and SUPERNOVA (a Strategy of UltraProtective lung ventilation With Extracorporeal CO2Removal for New-Onset moderate to seVerE ARDS). Data collection for a further study ABsEs (Abdominal Sepsis Study: Epidemiology of Etiology and Outcome), which is a multinational, prospective, observational study on intra-abdominal infections (IAIs) in critically-ill patients with a special emphasis on epidemiology and outcomes will begin in Spring 2016.

LUNGSAFE – the Large observational study to UNDerstand the Global impact of Severe Acute respiratory FailurE is an ESICM multi-centre, prospective, observational, 4-week inception cohort study. More than 400 Intensive Care Units of all sizes in all geographical locations around the world have included more than 13,000 patients. The survey underlines the importance of assessing the burden of and management of therapeutic approaches to, and outcomes from, acute hypoxaemic respiratory failure requiring ventilatory support. Credit for the success of this study has to go to all the investigators and patients who have contributed.

The joint ESICM and SCCM Sepsis definitions are close to being released and we would like to thank all those members who worked so hard to bring these definitions to fruition.

The NEXT generation benefits from initiatives to shape their careers with the repeat of the wonderfully worthwhile fellowships and ICE-Mentoring Project. Trainees or young scientists with a research agenda in ICM can be mentored by a senior ICM researcher/clinician from the ESICM faculty.

Our regional conference “Lungs: getting to the heart of it” was organised and hosted jointly with the Intensive Care Society of Ireland (ICSI) and held in Dublin in June of this year. The event was a great success and attracted delegates from all over the world. LIVES 2015 has been one of our largest and most innovative congresses ever and the scientific programme and networking opportunities have attracted 270 speakers and over 5,500 delegates this year.

One of our proudest achievements of this year has to be the increase of our very own journal’s impact factor from 4.996 in 2010 to 7.214 in 2014. Now ranked 3rd out of 27 journals in the category of critical care medicine, this makes it the n°1 journal in this category exclusively publishing critical care papers. Belonging to a Society which delivers, energises and actively encourages ideas and participation from its members is doubtlessly rewarding and it is a collective reward for us to look back on these productive twelve months.

Our thanks go to all of you who have given up your time for the Society and we would encourage those of you who are thinking of becoming more engaged to do so.

With all good wishes,

Daniel De Backer
ESICM President

Massimo Antonelli
ESCIM 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 Roles:
Armand Girbes (Netherlands) succeeds Geoff Bellingan as General Secretary and Carl Waldmann (United Kingdom) will become the new Treasurer, replacing Jordi Mancebo.

National Representatives:
Belgium: Xavier Wittebole
Germany: Onnen Mörer
Greece: Maria Theodorakopoulou
Israel: Sharon Einav
Norway: Jon Henrik Laake
Portugal: Joao Luiz Gouveia
Spain: Ricard Ferrer Roca
Turkey: Oktay Demirkiran
United Kingdom: Maximillian Jonas
India: Arindam Kar
Brazil: Jorge Salluh
United Arab Emirates: Massimo Lamperti

NEXT Committee Members:
Nishkantha Arulkumaran (United Kingdom)
Beatriz Lobo Valbuena (Spain)
Laura Galarza (Spain)
Brijesh Patel (United Kingdom)
Peter Schellongowski (Austria)

Sections:
ARP: Giacomo Bellani (Italy)
INF: Jan De Waele (Belgium) and Jose Garnacho-Montero (Spain)
MEN: Carole Ichai (France)
SIS: Yasser Sakr (Germany)

CTC: Ricardo Matos (Portugal) and Dolores Mateo (United Kingdom).
Pavlos Myrianthefs (Greece) is to represent ESICM on the EBICM Board.

e-Learning Committee:
Anne Berit Guttormsen (Norway)
Davide Chiumello (Italy)
Hans Hjelmqvist (Sweden)
Lars Desmet (Belgium)
Theodoros Kyprianou (Cyprus)
Zudin Puthucheary (United Kingdom)

Examinations Committee
Lars HEIN (Denmark)
Janne LIISANANTTI (Finland)
Paul ELBERS (Netherlands)
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 Medicina Critica y Cuidado Intensivo
- AMIB: Associação de Medicina Intensiva Brasileira
- ANZICS: Australian and New Zealand Intensive Care Society
- 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
- 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
- DGAII: Deutsche Gesellschaft fur Anaesthesiologie 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
- ICIS: 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
- KSCCM: Korean Society of Critical Care Medicine
- LCCS: Lebanese Critical Care Society
- LSIC: Lithuanian Society of Anaesthesiology & Intensive Care
- MAITT: Hungarian Society of Anaesthesiology & Intensive Care
- NAF: Norwegian Society of Anaesthesiology
- NCS: Neurocritical Care Society
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

GEOFFREY BELLINGAN
Secretary
United Kingdom

JORDI MANECEBO CORTES
Treasurer
Spain

JOZEF KESECIÖGLU
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 CECCHI
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 KESECIÖGLU
Chair of the Division of Scientific Affairs
Netherlands

LUI FORNI
AKI
United Kingdom

ANTONIO PESENTI
ARF
Italy

JEAN-LOUIS TEBOUL
CD
France

ANDREJ MICHALSEN
ETH
Germany

HANS FLAATTEN
HSRO
Norway

JEAN-FRANÇOIS TIMSIT
INF
France

MICHAËL HIESMAYR
MEN
Austria

MAURO ODDO
NIC
Switzerland

MICHAEL SANDER
P0IC
Germany

CLAUDE MARTIN
SIS
France

MARTIN DÜNTER
TEM
Austria

CAROLE BOULANGER
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 Geoff Bellingan, General Secretary and Joël Alexandre, Chief Executive Officer

Working closely with the Society’s different divisions, the Secretariat has capably managed the administrative and technical aspects of several new programmes and services offered to our membership. The Brussels office now comprises 10 full time staff, and one part time.

In the past year the Secretariat has welcomed Estelle Pasquier to the team. Estelle works primarily with the DPD and the e-Learning Committee to oversee the new e-Learning platform, prepare our life-long learning educational tools and manage the new, monthly interactive webinars.

Our membership has steadily grown and passed 8,000. We have succeeded in retaining the vast majority of our members and attracted more by increasing our visibility and range of membership benefits. Indeed, members today get more and more out of joining the Society.

Dual membership has risen as more and more intensivists see the value of enlarging their networks and belonging to both their national organisations and ESICM. This is also due to our close cooperation with the Presidents of the National Societies - and we would like to publicly thank all of them for communicating with their members on our behalf and their efforts to promote our events and actively securing the dual membership arrangement.

Our partnership with the Irish national society resulted in an exceptional regional conference in Dublin this year: “Lungs: getting to the heart of it” and later this year, the Brazilian national society, AMIB, will host a joint ESICM/AMIB two day advanced course on hemodynamic monitoring with experts from both ESICM and AMIB.

Elections were held this year for a number of executive and section positions, as well as national representatives. We welcome all those starting in their roles and would like to thank those stepping down for their hard work and dedication. Without them we would certainly not have been able to achieve what we have.

The Research Committee and Trials Group have been particularly active and we have several new trials, including SUPERNOVA, ABSES and TRAIN. More information about these and our other ongoing trials is found in the ensuing report.

Education remains a priority and the Division of Professional Development now offers a one day preparation course for EDIC2, which is proving to be as popular as the exam itself.

The e-Learning Committee, which answers to the DPD, is actively testing the module that will be placed on the new e-learning platform and deciding which will be used as the first online training module for e-learners.

A brand new European Diploma in EchoCardiography (EDEC) will be launched during LIVES in Berlin. Intensivists following this curriculum will acquire the necessary skills for advanced critical care echocardiography and follow the relevant training to be able to use echocardiography as a sequential assessment tool.

LIVES 2014 in Barcelona was one of our biggest and broadest annual congresses with 5,501 delegates attending from all over the world. LIVES 2015 is set to be one of our most innovative events to date.

Once again, we are grateful to our industry partners, who continue their important support of the Society. This year we offer them an exciting opportunity to bring their stands into the virtual exhibition hall of our eCongress, where they can continue to promote their services and products outside of the congress dates.

The NEXT Fellowship Programme this year supported 35 trainees and young specialists from across Europe to participate in a five-day programme to learn about infectious diseases and treatment in ICM in one of seven European centres. Based on the success of this programme, it will be repeated in November and December 2015.

The ICE Mentoring Project is a further opportunity, also new this year. NEXT trainees and young specialists can boost their career opportunities, research productivity, and personal growth by applying for the support of one of our highly qualified international mentors.

As Geoff now hands over to his successor, Armand Girbes, he would personally like to thank all his colleagues at ESICM, the elected officials and the office staff for their support and team spirit.

He leaves knowing that all we have done this year will only continue to strengthen our Society’s voice and image, both internally and externally.

Geoff Bellingan  
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 highly-successful live webinars. These now take place each month, with an experienced speaker and moderator delivering an interactive presentation on a variety of topics, including shock management, ICP, VAP, RRT, ARDS, sepsis, post cardiac arrest and end-of-life care.

Our new European Diploma in Advanced Echocardiography (EDEC) will be launched at LIVES 2015 in Berlin and comprises a two-day lecture based course, complemented by other advanced, recognised national courses and webinars, along with a written and practical exam.

Join ESICM’s community!

Join ESICM’s community of 8,000 intensive care physicians, anesthetists, research scientists, trainees, specialist physiotherapists and nurses and other allied health practitioners. Together we represent a strong representative body with the one common purpose to save lives.

The advantages a membership offers are numerous, ranging from the first class scientific conference and congress programmes, free subscription to two invaluable journals, training and education, research endorsement, funding and involvement in clinical trials and studies, participation in specialist groups and sections, fellowships and mentoring and a network that goes beyond Europe.

To discover what you can do for your Society please do not hesitate to contact our Brussels Secretariat at membership@esicm.org
About ESICM

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 organisation of the Regional Conferences is another important activity of the Congress Committee. In June 2015, ESICM, in collaboration with the Intensive Care Society of Ireland (ICSI), ran this year’s very successful event, “Lungs: Getting to the Heart of it”. Around 300 participants came together to hear a series of educational lectures on heart and lung interactions in critically ill patients.

Instead of the classical approach of lecturing on heart and lung diseases in intensive care patients, this symposium focused on the physiology and physiopathology of heart and lung interactions. The speakers comprised world-renowned scientists and experts in this field and they gave lectures both on basic knowledge and the newest literature. Attendance was strong from Europe, Asia, Australia and New Zealand, Middle East, Africa and North America, with all delegates participating actively in discussions.

Educational material is provided for conference attendees and the Society’s members through flash conferences (including slides and sound), available on the ESICM website.

I would like to take this opportunity to say that it is a privilege to serve ESICM. I want to praise the great work that is performed by our Congress team, and to stress the fact that nothing would be possible without the dedication and talent of these individuals.

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

LIVES 2014, the 27th ESICM annual congress in Barcelona was a success, for several reasons.

First of all, we had a high-quality congress, with 11 parallel sessions and 2,299 presentations made during 372 sessions, featuring 275 Faculty members, as well as 24 industry-sponsored sessions. With 8 Postgraduate and Refresher Courses taking place at the same time as the congress, the ESICM annual congress has consolidated its place among the largest congresses in Intensive Care Medicine worldwide.

More than 5,500 participants from 104 countries attended LIVES 2014 in Barcelona. Although we are a European society, the attendance was global, with representatives from all the continents. This is a clear confirmation of the trend of growth experienced during recent years. Over the years, the success of our congresses has stemmed from a few key ingredients: international experts who animate an original scientific programme with their lectures and debates; active members and participants who present abstracts and interact during sessions; and the support of our industry partners.

Having mentioned the abstracts, we move to the following issue: the presentation of original cutting-edge research, which is also one of our priorities. We are pleased that out of the 1,334 abstracts submitted 1,123 have been selected to be presented, in either oral or poster format. Electronic versions of all posters, as well as all the invited lectures, are available online (indefinately!) on the ESICM website. Next to this, the most recent editions of the congress, the LIVES series, have added another vital element to ensure continual growth and success.

Innovation: the addition of many high-tech elements – from the highly popular Poster Corners to our Smartphone application and interactive voting system - have strengthened ESICM’s evolution into a modern, integral professional society and increased the overall impact of our annual congresses on the intensive care field.
Hot Topic sessions have been the most important moments of our annual events. For LIVES 2014, we received a large number of high-quality research. It would be a pity to choose only 6 of them to be presented in the Hot Topics session. Therefore, we have added two Clinical Trials sessions to the programme, to be able to present all the new data concerning 16 RCTs and two large cohort studies.

LIVES 2014 featured a NEXT Lounge with a parallel scientific programme and a specially-designed ‘NEXT Day’ programme for trainees and young specialists. The e-Posters and poster corners within the scientific exhibition drew a record number of participants into the exhibition areas.

Moreover, our sponsors have extended their support of the exhibition by sponsoring industry-sponsored sessions, poster corners, lanyards, the NEXT Lounge, smart phone applications and other activities. Many collaborative efforts amongst experts and industry partners have been the fruit of initial connections and continued networking at our annual congresses, and to this end, we endeavour to continue to foster activities that allow these vital alliances to flourish.

What our delegates liked best at LIVES 2014:

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!

- Total number of registered participants 5,501
- Delegates 4,985
- ESICM delegates 4,985
- Exhibitors 500
- Press 16
- Number of abstracts submitted 1,334
- Number of abstracts presented 1,107
- Number of abstracts oral presentation 147
- Number of abstracts poster presentation 960 (384 per day)
- Number of abstracts rejected 204 (acceptance rate 83.60%)
- Number of Thematic Session: 63
- Number of Joint Session: 7
- Number of Clinical Challenges Session: 20
- Number of Continuous Professional Education Session: 8
- Number of State of the Art Session: 12
- Total involved in the programme 292
- ESCIM Speakers invited 253
- Industry Speakers 39
- Number of exhibiting companies 70
- Number of Industry sessions 24
- Number of Poster Corner 14
- Number of Sqm Exhibition 1,632
### Top Ten countries attending LIVES 2014

<table>
<thead>
<tr>
<th>Country</th>
<th>No. of Abstracts</th>
</tr>
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<tbody>
<tr>
<td>United Kingdom</td>
<td>623</td>
</tr>
<tr>
<td>Spain</td>
<td>436</td>
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<tr>
<td>Germany</td>
<td>387</td>
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<tr>
<td>Netherlands</td>
<td>344</td>
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<tr>
<td>Switzerland</td>
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<td>France</td>
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<tr>
<td>United States</td>
<td>205</td>
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<tr>
<td>Norway</td>
<td>171</td>
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<tr>
<td>Italy</td>
<td>166</td>
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<tr>
<td>India</td>
<td>162</td>
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### 10 top submitting countries

<table>
<thead>
<tr>
<th>Country</th>
<th>No. of submitted Abstracts</th>
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<tbody>
<tr>
<td>Spain</td>
<td>258</td>
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<tr>
<td>United Kingdom</td>
<td>188</td>
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<tr>
<td>Germany</td>
<td>95</td>
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<tr>
<td>Japan</td>
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<td>Switzerland</td>
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<td>United States</td>
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<td>Brazil</td>
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<td>Italy</td>
<td>44</td>
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<tr>
<td>Korea, Republic of</td>
<td>38</td>
</tr>
</tbody>
</table>
How satisfied are you with LIVES 2014 in general?

- Poor: 0%
- Satisfactory: 69%
- Good: 7%
- Outstanding: 24%
The Research Committee has also received 4 interesting projects. Some are still under discussion. One survey stands out: Prevention of central line-associated bloodstream infections in intensive care units. This survey, endorsed by ESICM, aims to document knowledge, attitudes and practices amongst doctors and nurses regarding CLABSI prevention in intensive care units in 2015 worldwide. This survey is led by the Institute for Public Health, Belgium, in collaboration with the European Program for Intervention Epidemiology Training (EPIET), part of the European Center for Disease Control and Prevention (ECDC).

**RESEARCH AWARDS**

The 2015 campaign surpassed all expectations, with 108 applications, which were reviewed by a group of 107 different experts. The clinical trials activities continue to develop, with several studies which were very successful both in terms of ICUs participating in them and in terms of patient accrual: roughly 20,000 patients have enrolled in ESICM Trials so far in Fenice, Impress, IC-Glossari, Lung-Safe and Peace.

The ESICM Trials Group is now on track to contribute to intensive care medicine research. The call for high-quality and large-scale trials is open. We are seeking new proposals that help tackle the major causes of mortality and morbidity in a number of areas of intensive care medicine, including acute kidney infections, sepsis, cardio vascular disease, lung infections, haematology, ethics, trauma, neurology, peri-operative, etc. The ESICM Trials Group Committee favours large-scale projects in terms of patient accrual.

**ESICM TRIALS GROUP**

**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. >75,000 patients were screened. The first manuscript is being finalised by the Writing Committee.
FENICE - Fluid Challenges in Intensive Care. This trial is a large-scale multi-centric observational trial conducted by the ESICM Trial Group and the ESICM Cardiovascular Section to identify which variables are used by physicians to trigger/increase guide fluid administration in critically-ill patients. More than 2,200 patients were enrolled. The first paper has been published (ref: ICM, September 2015, Volume 41, Issue 9, pp 1529-1537).

IMPRESS - International Multi-centre PREvalence Study on Sepsis is a one-day observational study on sepsis and septic shock carried out by ESICM and SCCM under the framework of the SSC. Launched to mark World Sepsis Day, IMPRESS aimed to determine the incidence and clinical patterns of septic syndromes on a single day (Nov. 7th, 2013) in ICUs and Emergency Departments worldwide. Almost 2,000 patients were entered. The first paper is published (ref: ICM. 2015 Sep; 41(9):1620-8. doi: 10.1007/s00134-015-3906-y. Epub 2015 Jun 25.)

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 being carried out by the Acute Respiratory Failure section of ESICM. The aim is to prospectively assess the burden of, management and therapeutic approaches to, and outcomes from acute hypoxaemic respiratory failure requiring ventilatory support, during the winter months in both the northern and southern hemispheres.

This study will specifically examine the contribution of ARDS as defined by the Berlin Definition to the burden of hypoxaemic respiratory failure. The data collection window closed on August 31st. Over 13,000 patients have been enrolled. The first publication is expected in a few months.

PREPARE - Platform 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 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.

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. More than 2,000 patients have already be enrolled.
Ebola VHF Registry: The Registry is open since November 2014 and a specific web page has been created on Ebola resources: http://www.esicm.org/ebola/resources. The European Society of Intensive Care Medicine continues to closely monitor the 2014/2015 Ebola outbreak and has prepared several initiatives and resources to help intensive care and emergency workers to prepare for and manage EVD.

NEW ESICM TRIALS GROUP STUDIES DUE TO OPEN

SUPERNOVA: a 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 is set to start early autumn 2015 with 30 sites that will test the equipment of Alung, Maquet and Novalung.

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 initiation date was January 1st 2015. The registration of sites is open.

TRAIN: TRansfusion strategies in Acute brain INjured pa-tients: it is a pProspective mMulticenter randomized inter-ventional study that aims to assess the impact of two diffe-rent strategies to administer blood transfusions in a large cohort of critically ill patients with a primary brain injury.

DECUBICUS: A Multicenter International One-Day Preva-lence 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.

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 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.

SURVIVING SEPSIS CAMPAIGN: The Surviving Sepsis Campaign (SSC) is a joint initiative between the ESICM and SCCM. Guidelines have been released and a new SSC declaration is drafted. Work on the Sepsis Declaration is ongoing. To learn more about the campaign, including the bundles, guidelines and performance improvement database, please visit www.survivingsepsis.org.
**Acute Kidney Injury (AKI)**

The acute kidney injury sections, it is now well established 5 years old and has over 400 hundred voting members. Despite being the relative ‘baby’ of the sections it is now well established within the ESICM community, thanks largely to the efforts of Michael Joannidis and Eric Hoste.

The third Critical Care Nephrology course was run at Lives 2014 in Barcelona. This one day course included several international experts discussing all aspects of AKI and was a great success being highly rated by all participants. The course will be run again in Berlin during Lives 2015.

Scientifically the section is proceeding well. The AKI-EPI (epidemiology of AKI) study including over 2000 patients world-wide has just been accepted for publication in Intensive Care Medicine.

The PEACE study (Prevalence in Europe of Acute and Chronic Kidney injury in the ICU environment) a prospective international, multi-centre point prevalence study on the epidemiology and use of renal replacement for ICU patients who have kidney injury should be, at the time of reading, completed. This has proved hugely popular and has needed two extra dates in order to accommodate all centres which should be in excess of 300. A huge thank you to all those who took part: the data should be available in early 2017 and may well inform the next ESICM backed AKI studies.

As usual we have our section meeting in Berlin. Please come along to hear what plans the section has in store with developments in terms of renal recovery and other issues. Please feel free to bring along your own ideas. If you contact us then you will be given time (albeit brief!!) to present at the section meeting.

Lui G Forni  
Chair of the AKI Section

Michael Joannidis  
Deputy of the AKI Section
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_  

This year the section is led by a new chair, Jean-Louis Teboul, and a new deputy chair, Thomas Scheeren. Their objective is to continue the very successful work of Maurizio Cecconi and Chris Hofer, whose mandates have ended.

ACTIONS 2015  

- Lives 2015 (Berlin)

  » The major activity has been to schedule the section’s programme for LIVES 2015 (Berlin). Our section collaborates mainly with the SIS section and this way we managed to get four 120 min sessions, two 90 minute sessions, two 60 minute sessions and two state-of-the-art sessions.

  » Postgraduate (PG) course project: This year we will have a two-day PG course, together with the SIS and INF section. Last year, we had a 1.5- day course, which was organised together with the SIS section.

  » Members of the section participated in the abstract selection for scientific contributions to LIVES 2015. The chairs participated in an abstract selection meeting (JLT) and also in an Awards Jury Meeting (TS), both held in Brussels.
• Collaboration with the Saudi Arabia Critical Care Society: the ESICM/CD section has been asked to contribute to the organisation of a two-day haemodynamic workshop in Riyadh (April 2015). This workshop was performed by Doctors Cecconi, Scheeren and Teboul and included lectures and hand-on training with several monitoring systems provided by local industrial partners.

• Together with the ARF section, the CD section was asked to co-organise the ESICM Regional Conference (Dublin, 11-13 June 2015): The topic was Heart-Lung Interactions. This meeting was very successful, with a high number of attendees (274) coming from 31 countries.

• The CD section is preparing an “expert opinion paper” for Intensive Care Medicine (ICM) on the topic of less/minimal invasive hemodynamic methods. The Executive Committee of the Society will be asked for endorsement.

• Members of the section actively participate in the Journal Review Club (to be found on the “news” section of the ESICM website). Furthermore, the section is preparing a webinar on a haemodynamic topic.

• Research issues:
  » The FENICE trial: The paper has been accepted by ICM.
  » A follow-up study (e.g. FENICE II) is being discussed.
  » The section is thinking about a study proposal on the use of vasopressors in European Intensive Care Units.

We would like to thank all the members of the section for their on-going and active support.

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 ESICM sections, the Ethics Section actively participated in preparing and shaping the Society’s annual congress, this year held in Berlin. There were several sessions on continuously compelling ethical issues in daily critical care practice, as well as in research, among others on shared decision-making, limitation of life-sustaining therapies, importance of language in critical care, and the prudent allocation of scarce resources.

The Ethics Section continued to be enthusiastically involved in research and publication activities. Namely, Sprung and co-workers published their first paper on their project “Seeking worldwide consensus on the principles of end-of-life care in the critically ill”, the WELPICUS-Study (Am J Respir Crit Care Med 2014; 190:855-866).

Piers, Benoit and co-workers, heading the DISPROPRICUS Study on the perception of disproportionate care by ICU-staff, have now finished data collection, including the data on quality of life one year after ICU-admission; final data analysis is under way, and preliminary results were discussed in Barcelona in 2014 and again this year in Berlin.

Sprung and co-workers had set up ETHICUS II, a world-wide follow-up project of the ETHICUS-Study, and enrolment of participants began in September.

Also, members of the Ethics Section featured as authors, co-authors, or senior authors in several publications. Amongst others, Azoulay, Kentish-Barnes and co-workers published on the involvement of families in decision-making in the ICU in November 2014 (Ann Intensive Care), as well as on the feasibility of research participation of bereaved family members in May 2015 (Crit Care Med); Schwarzkopf, Hartog and co-workers presented a novel questionnaire regarding staff perception of end-of-life decision-making, as well as relatives’ response in February and April 2015, respectively (J Crit Care and Palliat Med); Hartog, Sprung and others published in April 2015 on end-of-life decision-making, as explored in an international context during the Durban World Congress (J Crit Care); van den Broek, Girbes and co-workers systematically reviewed questionnaires on family satisfaction in adult ICUs in August 2015 (Crit Care Med).

Furthermore, the section is preparing a “statement on collaboration and decision-making by the interdisciplinary and interprofessional teams in intensive care units” (draft title), that was discussed at large during the annual congress in Berlin.

The statement on futility and conflicts regarding the extent of treatment in intensive care units, that Azoulay, Kesecioglu, Truog, and Curtis helped draft, was published as a joint statement of the ATS, AACN, ACCP, ESICM and SCCM in June 2015 (Am J Resp Crit Care Med).

In summary, the Section on Ethics continued to strive and help shape 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-Øhman (S)

The section has had two formal section meetings, one at the handover from previous section heads during the ESICM congress 2014, and one during the ISICM meeting March 2015.

The section has three working groups:

- Quality improvement: Andreas Valentin (A)
- Health economics: Andy Rhodes (UK)
- Outcome: Rui Moreno (P)

There will probably be some changes in one or two of the WGs, to be determined at our next section meeting in Berlin.

ONGOING PROJECTS:

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

SEE III study (QI working group): Occurrence of adverse events during transport of the critically ill patients. This study has just finished the second period of data collection, and continues into the data processing and presentation period.

There are several suggestions for new section-generated studies, and they will be further discussed at the next section meeting.

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-Øhman in the scientific meeting of the Research Committee.
Infection section

During the past year the section improved scientific knowledge on infections in critical care and public communication on this topic.

FOR THE ANNUAL CONGRESS,

- We built 7 sessions and one post-graduate course on severe infections in critical care medicine, with topics such as diagnosis and control of the infectious process associated with septic shock, improvement of antimicrobial therapy, the fight against antimicrobial resistance, and optimal prevention and treatment of nosocomial infections. We are pleased to see the importance of infections in research in intensive care worldwide. Indeed, more than one abstract out of five that has been accepted for LIVES 2015 is dealing with infectious process.

WE DISSEMINATE KNOWLEDGE IN INFECTIOUS PROCESS FOR INTENSIVE CARE PHYSICIANS:

- We supported the publication of a review about prevention and treatment of highly resistant bacterial infections in ICU (Bassetti M et al - Preventive and therapeutic strategies if highly resistant bacteria. Intensive Care Med. 2015 May;41(5):776-95)
- We set up a task force on “management of Acinetobacter baumannii infection” (José Garnacho-Montoro), and produced an overwhelming position paper that is under revision and will, I hope, soon be published.
- We are involved in a consensus on HAP/VAP co-organised with the ERS (A Torres)
- Collaborations with the critical care section of the ESCMID (J Rello) are important, and joint sessions, educational and research projects are developed in close collaboration.

WE DEVELOPED AND PUBLISHED RESEARCH BY PROMOTING 2 WORKING GROUPS: THE WG ON PNEUMONIA, AND THE NEWLY CREATED WG ON ANTIMICROBIAL THERAPY

- New research projects have just started or will be launched on hospital-acquired pneumonia, intra-abdominal infection, PK of antimicrobials, encephalitis in ICU.

Your participation in these projects will be welcomed:

- PneumoINSPIRE HAP-VAP in ICU
- ALL-ICU Study: Antibiotic Levels in the Lungs of ICU patients with pneumonia
- DECIMATE project Systematic review on de-escalation
- DIANA Determinants of Antimicrobial use and de-escalation in critical care
- ENCEPHALITICA Encephalitis in intensive Care
- Abses - Abdominal Sepsis Study (on Epidemiology & Outcome)

- Importantly clinical research that we performed lead to publications in 2015.


I am finishing my mandate as Chairman of the INF section and I am proud to continue supporting its activity. I am sure that Jan de Waele (Chairman) and José Garnacho-Montero (Deputy) will extend and promote new exciting activities.

Best regards

Jean-François TIMSIT
Chair of the INF Section

Jan De Waele
Deputy of the INF Section
Neurointensive care (NIC) section

The number of active members is constantly growing. The NIC section meeting at the last ESICM LIVES 2014 gathered almost 50 people and was very productive.

EDUCATIONAL ACTIVITIES

Neuro-ICU Primer

The first two-day PG course entitled “Neuro-ICU Primer” took place at ESICM LIVES 2014 and was very successful, with more than 50 attendees. It will again take place at LIVES 2015 in Berlin and is planned to become a regular annual PG course.

The NIC section was again very well represented at LIVES Berlin 2015, both for the main sessions and the oral presentation/abstract sessions.

The scientific quality of the projects was high, illustrating the continuous progress of scientific activities driven by the section.

RESEARCH ACTIVITIES

Pupillometry for coma prognostication after cardiac arrest

Multi-centre study aiming to examine the prognostic value of pupillary light reflex using a quantitative automated infra-red pupillometer versus a standard manual approach.

The study started on March 2015 and aims to include at least 500 patients and involve several centres in Europe (including Lausanne, Brussels, Milano, Roma, Amsterdam, Lund, Berlin, Paris, Grenoble and Luxembourg).

Transfusion strategies in acute brain injured patients: TRAIN Study

This study will evaluate 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 received the NEXT Award for 2014-2016 from ESICM.

The study protocol has been finalised and will be submitted shortly for publication. The study will be supported by ESICM through the website and the electronic CRF and will be considered as an “ESICM Clinical Trials Group” study. Submission for ethical approval will start end of July and recruitment will begin in late September 2015. More than 50 European centres will be involved in this project.

Survey on withdrawal of life-sustaining therapies in post-anoxic coma

This survey is under preparation and will ask intensivists who take care of patients suffering from severe post-anoxic injuries how they manage end of life procedures. We plan to discuss this initiative together with the TEM section and propose a survey for endorsement from ESICM.

ACTIVE COLLABORATIONS

The NIC section has active collaborations with the Neurocritical Care Society (NCS) and the European Resuscitation Council (ERC).

The Chair and the Deputy of the NIC express their gratitude to all members of the NIC section for their participation and involvement in the activities of the section.

Mauro Oddo
Chair of the NIC section

Fabio Silvio Taccone
Deputy of the NIC section
Peri-Operative Intensive Care (POIC)

The Post-Operative Intensive Care (POIC) section along with its members made substantial contributions to the field of perioperative intensive care. With its active membership and three working groups, significant projects were finished and/or started.

Following the recent elections, Michael Sander (Germany) took the role of section chair with the assistance of Ib Jammer (Norway) as deputy. The section is very grateful to the successful work of Rupert Pearse, who made very significant contributions to the section and performed and published important work for the field.

**CURRENT ACTIVITIES**

The ICU CardioMan Study, a European Critical Care Research Network (ECCRN) endorsed project was successfully finished. 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 final manuscript is now complete and will be published very soon.

Following the success of the European Surgical Outcomes Study (EuSOS) the POIC group helped with recruiting centres for a global study that will define the incidence of specific post-operative complications. The study is finished and results are expected soon.

The work of the Joint ESICM-ESA Task Force to define research outcome measures for clinical trials in perioperative medicine was published earlier this year. We expect this work to have an important influence on perioperative medicine research methods.

**EDUCATION**

Our main activity in this field was to ensure a major contribution to the ESICM congress programme, ensuring that peri-operative medicine topics are well represented. This year a POIC driven PG course covering all aspects of perioperative intensive care medicine will take place at the annual meeting in Berlin. In addition, we continue to support the development and update of PACT modules, ESICM summer meetings, the EDIC exam and other valuable education activities of the society.

**WORKING GROUPS**

We have several active working groups within our section, including

**Working group on Early Web-based Anti-Infective Treatment (WG EWAIT)**

Early Web-based Anti-Infective Treatment (WG EWAIT) is developing an internet-based advisory tool to support optimal antibiotic prescribing. In the last year a app-version for different providers is in preparation for the ABx-program (www.dgai-abx.de). The existing IT-structures have been improved to make it easier for the user to upload and manage his/her own SOPs. The infection pathway is re-programmed and extended to cover all major nosocomial infections."

**Working group on Post-operative Delirium and Cognitive Dysfunction (WG PoDeCoD)**

The PoDeCoD section is fostering and extending their collaborative work on delirium and cognitive dysfunction. The Biomarker Development for Postoperative Cognitive Impairment in the Elderly (BioCog)-Project is an EU-funded, prospective, multicentre observational study. Its aim is to develop an expert system based on neuro-imaging and molecular biomarkers in order to allow the identification of patients at risk from delirium and cognitive decline.
After the successful project setup in 2014, the first patient was included in October the same year. The BioCog research group has already performed more than 140 pre-operative MRI-scans, along with neuropsychological testing and laboratory sampling.

Furthermore, our intensive discussion about EEG based monitoring for delirium led to a collaborative project between Charité, Berlin and UMC Utrecht, which is currently under preparation.

Taking up the initiatives of the last years, PoDeCoD is working on education and implementation of cognitive scores: The web-based training initiative of the PoDeCoD-WG (www.podecod.org) is still open to add new training tools and validated screening instruments in various languages. During the annual meeting, a guideline update was given: besides the guideline published by the task-forced installed by the American College of Critical Care Medicine (PADO guideline), the European Society of Anesthesiology is preparing a European Guideline on post-operative delirium (POD-guideline).

The PoDeCoD is planning a commentary on these guidelines and wants to support the implementation process on the European Level. The ECCRN-supported PoDeCoD project IMPROVE-ICU has been published (Luetz et al., PLoS One. 2014 Nov 14;9(11):e110935 ). The project Multinational development and validation of an early prediction model for delirium in ICU patients (PRE-DELIRIC), developed by colleagues from Nijmegen, has been presented and was discussed last year. It has now been published in Intensive Care Medicine (Wassenaar A et al., Intensive Care Med. 2015 Jun;41(6):1048-56.).

**Working group on Goal Directed Hemodynamic and Volume Therapy (WG GDT) / Outcome research**

This year, the ICU CardioMan Study received ECCRN endorsement and this was successfully performed. Further projects aiming for improved perioperative care pathways are being pursued.

The POIC section is grateful to its members for improving research and educational activities within the section.

Michael Sander  
Chair of the POIC Section

Ib Jammer  
Deputy Chair of the POIC Section

The working group on Goal Directed Hemodynamic and Volume Therapy (WG GDT) / Outcome research is developing research proposals relating to improved peri-operative therapy and its effect on outcome.
Trauma and Emergency Medicine (TEM)

The societal year 2014 (Sept 2014 until Sept 2015) was a highly-productive and successful one for the Trauma and Emergency Medicine (TEM) section of the European Society of Intensive Care Medicine. By the end of the societal year, the section counted its highest number of members so far, including 336 voting and 4,227 registered members. The section held two meetings which took place during LIVES 2014 and the 2015 ISICEM Congress in Barcelona and Brussels, respectively.

Like every year, the TEM section contributed actively to the scientific programme of LIVES 2015. In addition, programme building for the next year’s summer conference on trauma resuscitation, which is designated to be held in Porto in April 2016, has started.

At the end of 2014, a new working group within the TEM section - the Burn ICU working group – was founded. This working group is led by Dr. Matthieu Legrand from Paris and includes members of our society with a special interest in intensive care management of critically-ill burn patients. The group has set, as its first goal, the collection of data on the current situation and practices of burn intensive care in Europe.

Several activities have taken place among the cardiac arrest working group within our section led by Dr. Alain Cariou. In early 2015, the results of a survey – conducted jointly with the NIC section – on the current practice for neurological prognostication after cardiac arrest (Resuscitation 2015;90:158-162) were published. Together with the European Resuscitation Council, our working group formulated an advisory statement on prognostication in comatose survivors of cardiac arrest, which was published in two high-ranking medical journals (Resuscitation 2014;85:1779-1789; Intensive Care Med 2014;40:1816-1831). In addition, three selected members of the TEM section were invited to participate in the development process of the post-cardiac arrest chapter of the upcoming new European Resuscitation Council Guidelines 2015.

The section members interested in trauma resuscitation and critical care submitted their European survey on the management of hemorrhagic shock and trauma (ETRAUSS) for publication. At the end of 2014, TEM section members reviewed and commented on the newly-drafted recommendations regarding the management of patients with severe calcium channel blocker poisoning.
Systemic Inflammation and Sepsis (SIS)

Sepsis is the number one cause of mortality in intensive care units worldwide. Sepsis care varies widely between different hospitals and between different countries, and is frequently inconsistent with published guidelines. There is great room for improvement in sepsis care. It remains unknown which national system delivers the best results for patients and which can be improved.

In 2015, the section is still supporting a European Multicentre Randomised Controlled Study on the early hemodynamic resuscitation of septic shock: the MORESS protocol. The study is running well with regular inclusions. The project involves ICUs across Europe and also America and the Asia Pacific region. This study has been endorsed by ESICM.

In 2014, the SIS section created a Working Group on Severe Sepsis and Septic Shock. The group is named: 4S WG. The project was submitted to the ESICM Division of Scientific Affairs and the ESICM office and was officially approved by ESICM.

The first meeting of the 4SWG took place in March 2015 during the section meeting in Brussels. The next meeting of the WG will be October 2015 in Berlin, during the annual congress.

Two studies on the use of beta blockers in septic shock were presented to the section in 2015: one by Bruno Levy from Nancy, France and one by Marc Léone from Marseilles, France. These studies are supported by the section and enrolment control will start before the end this year.

Carole Ichai from Nice, France, presented a study project on the use of hypertonic sodium lactate in sepsis. The study coordinators are C. Ichai, D. Annane and C. Martin. The section also supports the “World Sepsis Day” led by Konrad Reinhart.

The section officially met during the Brussels meeting in March. Minutes of the section meeting are posted on the SIS section website.

All relevant aspects of the section will be discussed during the section meeting in Berlin in October.
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 Part I and Part II in collaboration with the University of Heidelberg. Since 2014, the EDIC Part II exam is conducted using iPads. In November 2015, EDIC will be appraised by CESMA. CESMA is an advisory body of UEMS created in 2007 with the 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 will assess the ESICM EDIC examination process to point out the strengths and weaknesses, to give advice on particular issues / questions, or how to improve the process, and also to share the experiences from the Board of other medical specialities.

ESICM is continuing to expand outside Europe. The EDIC Part I has been successfully introduced in India and it is continuing its development in the Emirates. The plan is to consolidate those sites and maybe increase the number of EDIC Part I sites in Eastern Europe.

The European Diploma in Echocardiography (EDEC) has been defined and for the first time, during the annual ESICM meeting in Berlin, ESICM will deliver an advanced course on echo cardiology that counts towards the minimal required hours of the EDEC curriculum.

The E-learning Committee has been nominated and will meet for the first time during the ESICM annual congress in Berlin. A task force has been appointed in order to conceptualise the new «face» of the Academy as an electronic platform, hosting all educational activities / services of the Society. New tools have been developed on the Moodle platform by the e-learning Task Force.

The CoBaFaculty’s main task is to maintain, promote and to develop the CoBaTrICE programme on behalf of the Society and to assure networking and coordination with other stakeholders. CoBaTrICE competences have been updated and presented to the Executive Committee. 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
Activities of the ESICM: Division of Professional Development

proposed by CoBaTrICE are adopted by a growing number of countries. More importantly, the “common training framework (CTR) for the core curriculum of multidisciplinary ICM” was been adopted in October 2014 by the UEMS Council (Union Européenne des Médecins Spécialistes), and this training framework is essentially based on the concepts of CoBaTrICE.

The focus of the Clinical Training Committee (CTC) in 2014-15 has been the development of two EDIC preparation courses. The EDIC II preparation course has been successfully piloted twice in Brussels in the last year. The EDIC II preparation course is already fully booked in Berlin and hopefully will be started in India in early 2016.

The EDIC Part I preparation course project is also well underway with the development of online MCQs and educational resources accessible through the new ESICM Academy platform. 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 including the cardiovascular physiology course.

The Communication Committee will present an independent report.

We are launching a DPD (Academy) meeting in Berlin inviting members interested in education and stakeholders and universities. Minutes of those meetings will be posted on the ESICM website. All relevant aspects of the section were discussed during the section meetings in Barcelona and in Berlin.

Francesca Rubulotta
Chair of the DPD
The ESICM website content has been completely updated, with more educational resources/guidelines available to ESICM members.

For our news section, we have significantly increased the numbers of reviewers, mainly thanks to the help of our junior members from the scientific sections and from the NEXT Committee (thanks to an outstanding job done by Nadia Aissaoui).

A rota of reviewers allows us to receive material at a steady pace. Jointly with ICM we present and promote the three articles of the month as soon as these are released. In addition to the ICM articles, we are also scouting, reviewing and summarising evidence from other journals, almost in real time, when a publication is released. All the material is edited by Sherry Scharff and checked by Maurizio Cecconi. This process has led to the development of one of the most active medical society’s websites in terms of scientific news. The content is advertised on Facebook, Twitter and Linkedin. To give an idea of the increasing engagement on social media, over the last year we have more than doubled the number of “likes” on Facebook (passing the 10,000 “likes” landmark).

Our Journals are also in great shape. An outstanding effort by Elie Azoulay’s editorial board has seen ICM increase its impact factor to 7.21. Excluding the AJRCCM and Chest (that publish general medical articles on top of critical care articles), ICM is now the intensive care medicine journal with the highest impact factor.

ICMx, led by Mervyn Singer, is also showing great results, with an increasing number of submissions (20% up since last year). ICMx is now pubmed indexed too.

Several important papers have been endorsed by the Society and published last year, including the Consensus Summary Statement of the International Multidisciplinary Consensus Conference on Multimodality Monitoring in Neuro Critical Care and the ESICM Consensus on Shock and Monitoring (ICM 2014). Other important research articles endorsed by ESICM were published in ICM in 2015 [FENICE, IMPRESS, the AKI-EPI studies, to name a few).

The Editorial Committee, together with the Executive Committee, uses this report as an opportunity to remind Chief Investigators of ESICM endorsed studies to submit their work to our Intensive Care Medicine journal as per the ESICM SOPs.

Last, but not least, this year has seen the birth of our brand new ESICM Webinars. Once a month, leading experts in the field deliver an interactive lecture with Q&A, available live only for ESICM members. The feedback from the first webinar has been excellent. Webinars will also be CME accredited.

On top of the many successes of this year, I would like to thank Salvatore Rino Maggiore for leaving with a very solid structure and a great team to work with.

Maurizio Cecconi
Chair of the Communication Committee
This report covers the time period from October 2014 to September 2015.

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 (CTR) for the core curriculum of multidisciplinary ICM" was adopted in October 2014 by the UEMS Council (Union Européenne des Médecins Spécialistes), and this training framework is essentially based on the concepts of CoBaTrICE. The CTR ICM will also serve as a reference for other sections and boards of UEMS.

As a next step, the document will be presented by the chairs of the Multidisciplinary Joint Committee and the European Board in Intensive Care Medicine (Prof. Chiche and Prof. Zacharowski) to the European Commission. The European Commission will then contact the National Competent Authorities (NCA) of EU Member States to gather their views and comments.

Accordingly, there is a need to contact each NCA to explain them the rationale, robustness and background of the CTF ICM. Among other things, it will be important to explain that the CTF ICM does not intend to lower the quality of training in Europe.

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.

Concerning 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 EchoCardiology) group.

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

Hans Ulrich Rothen
Chair of the CoBaFaculty
NEXT programmes

NEXT

The NEXT Fellowship programme is a short, thematic fellowship in the management of infectious diseases that is open to ESICM members who are trainees and young specialists from across Europe. 5 to 10 selected participants take part in a 5-day programme, supported by Pfizer, to learn about infectious diseases and treatment in ICM, including prevention, diagnosis and treatment of infectious diseases in clinical practice in one of 7 European centres.

ICE MENTORING PROJECT

The ICE Mentoring Project was launched this year and offers NEXT members an opportunity to boost their career opportunities, research productivity and personal growth by offering cross border mentors who can offer advice and help with planning and conducting research projects and give advice on training and career development.

ESICM’s vast network of experienced professionals has been used to recruit mentors to assist mentees to achieve their personal and professional goals, and realise their full potential and create networks within the professional community. This formula works well and will be repeated.

eMOVE

eMove is a project to create an electronic platform and online resource for ESICM members seeking national and European information about intensive care training. It will comprise training regulations, EU legislation and the UEMS-ESICM training framework, as well as the practical steps for a professional move to another country. It can become a means to network with other intensivists.

YOUNG LECTURER AWARD

The Young Lecturer Award, launched this year at LIVES, is a competition that will be narrowed down to 6 presentations lasting 15 minutes + discussion. The aim is to develop future teachers, but also nurture an ESICM young faculty to feed into the existing pool of experts.
2014-2015

INTERNAL ORGANISATION:

In 2014 five new NEXT Committee members were elected and integrated in the NEXT activities. They have enthusiastically become involved in our mentoring, research and mobility projects, as well as boosted the communication with ESICM members through IT media and the annual congress.

NEXT EUROPEAN TRAINING SURVEY RESULTS:

The NEXT survey closed in autumn 2014 and the results were analysed in the Spring term 2015. Results will be disclosed during the annual congress in Berlin (October 2015) in the form of a poster presentation and an extended report will be published on the NEXT Webpage in early 2016.

RESEARCH:

For the second year running, the NEXT Start-up grant was assigned to an outstanding young and promising researcher, supported for a two-year period to boost future funding applications as a senior investigator.

MENTORING:

In 2015, the pilot phase of the ICE-Mentoring project recruited 28 ICE-Mentors and 50 ICE-Mentees, demonstrating how international and border-free research network and education is paramount towards the development of our specialty in Europe.

MOBILITY:

Due to the success of the first edition of the NEXT Fellowship in Infectious Disease Management in Intensive Care Medicine supported by Pfizer we have repeated the Fellowship programme a second year. 69 applications were received from our young colleagues, who are competing to be hosted in a European centre of excellence for an entire scientific week.

COMMUNICATION:

Due to the resonance and appreciation of the original articles’ summaries published on the esicm.org website by NEXT and all other sections of the Society, we have decided to opt for an open NEXT Journal Club, offering the opportunity for all NEXT Members to review outstanding papers and have their summary published online.
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.

2015-16 and beyond:

While some of our projects form part of an established Portfolio of opportunities for young colleagues, NEXT is committed to developing new initiatives and further support of ESICM members through the development of informative platforms and reinforcing existing scientific and professional networks within the young ESICM community.

NEXT COMMITTEE:

The structure of the Committee will be reshaped during the upcoming Society year to provide more dynamic and flexible use of our young colleagues to participate in NEXT activities, enhance timely feedback and connect as many remote colleagues as possible. The revision of the NEXT SOPs will take place within the first months of 2016, under the supervision of the Executive Committee and the Council.

eMOVE:

The increase in exchange programmes and clinical/research experiences abroad during Intensive Care Medicine training has been well noted by ESICM and an official resource to provide up-to-date information on mobility in Europe is recognised as a need by younger members. In the next few years, NEXT aims to develop such a tool and to build a network of facilitators in order to support the logistics of this process.

NEXT AUDIT AND RESEARCH NETWORK:

This is perceived as a requirement of our young colleagues across Europe and an opportunity to foster the connectivity. These results will be achieved through audit projects and research studies, both advanced by trainees and young specialists and developed by different sections of the Society.
Members can actively share their experience, practice and join in research or educational initiatives.

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 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 Nursing and Allied Health Professional Committee are to:

- Raise the profile of intensive care nursing 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 chair 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 on the N&AHP webpage), 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 that was presented during LIVES 2015. A paper has been drafted and is ready to be submitted to a peer reviewed journal.

Each year the ESICM Congress Committee grants an award for the best abstract submitted in the N&AHP category. The ESICM N&AHP Award Winner 2014 was awarded to Claire Black, UK.

LIVES 2014, Barcelona

The congress content included 22 educational sessions of particular interest for N&AHP. 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.

At LIVES 2014, around 50 N&AHP abstracts were accepted for presentation resulting in one oral presentation session and two poster corners. For the first 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.

Research projects

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 the support of the N&AHP Committee and various nurse members. It is the first nursing project accepted as ESICM Trials Group Study. The MadMax study is another nursing project led by Julie Benbenishty. The aim of the project is to define futile levels of vasopressive support.

Membership issues

A major goal of the current N&AHP committee is to increase the number of N&AHP members, to increase the number of abstracts submitted, and to enhance activity on the webpage. Several actions are taken or are under development to stimulate membership and participation in the Society.

ARTICLE SUMMARIES

Since October 2013, summaries of recent scientific articles in the field of ICU nursing are posted on the N&AHP webpage on a regular basis. This activity is mainly triggered by Silvia Calvino-Gunther. The goal is to have at least one summary posted on the webpage per month, which is easily achieved. This activity is adequately supported by the Editorial & Publishing Committee of the ESICM.

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. Content should now be delivered. It is our wish that this project could activate several members with various expertises.

ABSTRACT SUPPORT

Increasing the number of abstracts in the N&AHP category remains a working point. For several years the N&AHP Committee offers the opportunity to have your abstract preliminary sent to a Committee member for initial support in reporting, etc. Yet, this possibility is only rarely consulted.

NETWORKING OPPORTUNITY AT LIVES 2015

Analogous to the previous year also at LIVES 2015 a networking event will be organised to stress the activities of the N&AHP Committee. The main objectives of the event are to make clear where members can be involved and to bring members closer to each other.

Stijn Blot
Chair of the N&AHP
The number of submissions has increased (+6% in 2014 (n=1609) compared to 2013 (n=1516), +25% compared to 2012 (n=1351) and is expected to be higher in 2015 (>1700). We have also received about 500 pre-submission inquiries. The majority of the submissions are original or review articles. Only three experimental papers were forwarded to ICM experimental (ICM was receiving 270-300 experimental papers per year).

In line with 2014, the number of papers not sent out for review has decreased from 60% to 40%. Overall the rejection rate decreased from 79.4% to 72.5%. Yet the acceptance rate of original articles is stable at 6-7%.

We hope to increase the number of papers we finally publish, provided that we receive submissions of higher quality. As shown in the graph below, decision-making time has decreased, making ICM one of the fastest journals. ICM usage has also increased by 30% (website visits, downloads, and eTOC subscribers).

The 2014 impact factor that reports on the number of citations ICM received in 2014 for papers published in 2012 and 2013 was published by Thomson and Reuters in June 2015. The impact factor has increased from 5.54 to 7.214. The journal has received 2,965 cites compared to 2,400 in the two previous years. Only 5% of our papers are never cited. This places ICM as the 3rd journal in the critical care track.

The Board of Editors met in Paris in February 2015. This was a very fruitful meeting where every editor presented her/his view on ICM and the result from her/his actions. Drs G Citerio and J-F Timsit have both conducted analytical work on ICM processes by following up the papers rejected from ICM and by conducting a study on the determinants of cites and downloads. These papers will be presented at LIVES 2015.

We had the privilege to welcome two new editors: Prof. Miet Schetz and Prof. Daniel Talmor. Other editors should join ICM at the end of 2015.
A meeting between ESICM leaders, Springer staff and ICM was held in March. Five important requests were submitted. Namely, 1) having a functional app, 2) changing the ICM typesetting, 3) having assistance for drawing figures and creating templates for tables and figures, 4) having press release and large advertisement for papers published in ICM, as is the case for most journals with IF>3 and 5) having an extension of the budget that decreased with the journal’s changeover in 2013.

Lastly, as the three-year mandate of Elie Azoulay reaches its term in December 2015, a dedicated Search Committee was led by ESICM (Prof de Backer) as per the corresponding SOP. The ICM Editor-in-Chief has been honored by being selected for a new mandate of three years. His willingness to lead ICM for a new period is very strong, as the editorial board is a very active group, ESICM is very supportive and ideas for further developments are numerous. Also, deputy editors and most section editors agreed to stay on board. The final decision will be made before October, based on Springer’s willingness to support ICM.

ICM editorial data - sept 1 2014 to sept 1 2015
**Turnaround Times**

- Originals
- 7 days publications
- Pediatrics
- Conference reports
- Reviews
- My paper 20y
- Systematic reviews
- Pre-submissions enquiries
- What's New
- UTDs
- EDIs
- From the inside
- Images
- Letters
- Correspondence
- MISC

- Time from submission to final decision
- Time from submission to first decision

**Submissions Received - Grouped**

- 255 Letters and Correspondence
- 315 All Editorial Material
- 72 Reviews and systematic reviews
- 4 Conference reports
- 1038 All Originals
**Decision proportions**

![Bar chart showing decision proportions for different categories of submissions and time to first decision]

**Turnaround Times – Grouped**

![Bar chart showing turnaround times for different categories of submissions]

- All Originals Subtotal: 6.15
- Conference reports: 5.25
- Reviews and systematic reviews Subtotal: 11.25
- Editorial Materials Subtotal: 3.94
- Letters and Correspondence Subtotal: 2.94

- Time to First decision
- Accept
- Reject without Review
- Reject After review
Country break-down - Top 10
Submissions: inner/ Accepted: outer

- [8% - 6%] Germany
- [9% - 9%] Netherlands
- [9% - 10%] Italy
- [11% - 3%] China
- [16% - 15%] United States
- Spain (8% - 5%)
- United Kingdom (7% - 9%)
- Australia (5% - 8%)
- Canada (4% - 5%)
- France (23% - 30%)

Regional break-down
Submissions: inner/ Accepted: outer

- [3% - 1%] South America
- [4% - 6%] Oceania
- [14% - 15%] North America
- [4% - 2%] Middle East
- Africa (1% - 1%)
- Asia (17% - 8%)
- Europe (57% - 67%)
Time Span

Time submission to first decision: 5.8 days
Time submission to final decision: 13.2 days
Time acceptance to Online first: 18 days

ICM IMPACT FACTOR

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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<tr>
<td>Value</td>
<td>4,996</td>
<td>5,399</td>
<td>5,258</td>
<td>5,544</td>
<td>7,214</td>
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</tbody>
</table>
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TREASURER’S REPORT
Dear Colleagues,

It is a pleasure for me as Treasurer of ESICM to provide you with the Treasurer’s Report for the business year 2014.

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 Belgian 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, Belgian 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 2014 below.

I am satisfied that our Society has a healthy and prosperous future. I also know that my successor, Carl Waldmann, who replaces me as Treasurer, will take on the responsibilities with care and wise judgement. I am grateful to the members of the Executive Committee for their guidance and friendship during my two years as ESICM Treasurer.

Jordi Mancebo
ESICM Treasurer
Explanation of the financial statement 2014

GROUP OUTCOME

In 2014, ESICM generated a total revenue of €6,128,893.16. Total expenses amounted to €5,985,993, which results in a positive outcome of +€142,901 for the fiscal year 2014.

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 2014 (IN EURO)

<table>
<thead>
<tr>
<th>Services</th>
<th>Revenue</th>
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</thead>
<tbody>
<tr>
<td>Congress</td>
<td>€3,863,434</td>
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<tr>
<td>Affiliation fee</td>
<td>€989,790</td>
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<td>Editorial</td>
<td>€587,167</td>
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<td>Education</td>
<td>€352,682</td>
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<td>Life Priority</td>
<td>€278,320</td>
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<tr>
<td>Research</td>
<td>€57,500</td>
</tr>
<tr>
<td>Total revenue</td>
<td>€6,128,893</td>
</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 €248,000.

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 fulfils our overall mission and aim to further improve standards in Intensive Care Medicine research in Europe for the greater good. We have also invested €90,000 for the Trials Group and €73,000 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 19.71% of the total expenditure.

Social events and Faculty costs (travel, hotel) represent 7.72%, while 2.99% of the costs were spent on onsite staff and hostesses (including travel and accommodation).

Services delivered by the contracted PCO (KIT) represent 2.90% 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 5.13% for the cost of services, including the depreciation of the tangible and financial assets for 2014 (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

4.37% 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
2016
Trauma is a major public health problem. It is the leading cause of death of patients between the ages of 1 and 44 years. Approximately 80% of trauma deaths are of a central nervous system injury, haemorrhage, or a combination of the two. An optimal management of these patients requires a multi-disciplinary approach, associated with a rigorous strategy.

28-30 APRIL 2016

The conference will focus on the key steps of the management of trauma patients during the first 24 hours and in the ICU. The scientific programme will include talks from internationally renowned experts in this field.

COMMITTEE

Dünser Martin
Duranteau Jacques
Kesecioglu Jozef

Gouveia João
Marques António
Matos Ricardo

CONTACT

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Tel: +32 (0)2 559 03 50 - E-Mail: porto2016@esicm.org
EDIC Part I examination dates

Spring session: April 6, 2016
Autumn session: October 3, 2016
920 places available - Venues to be announced

To view the full programme of our sessions visit
www.esicm.org/education

Webinars

To view the full programme of our monthly live webinars visit
www.esicm.org/education/webinars
Events

To view the full programme of our events visit

www.esicm.org/events

#LIVES2016
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For all inquiries, please contact:

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