General Assembly of the SSAI 2015

Reykjavik, June 12th 2015
Changes to the Agenda

11. E) Election of Editor-in-Chief of Acta Anaesthesiologica Scandinavica
Agenda

1. Opening of the General Assembly
2. Election of chairman for the Meeting
3. Report from the President and the Board
Agenda

4. Report from the Committees
   a. Educational Committee
   b. Clinical Practice Committee
   c. Research Committee
   d. The Acta Committee
Educational committee
2013-2015

Leila Niemi-Murola
Helsinki, Finland
Advanced Educational Programmes

- Annual joint meeting in March with the AEPs
  - venue for discussion and interaction
  - chairs of the steering committees, president, secretary general, EdCom
- Cardiothoracic and Vascular Anaesthesia
- Critical Emergency Medicine
- Intensive Care
- Paediatric Anaesthesia
- Pain Education
- Perioperative Medicine and Management (PoMM)
- Obstetric Anaesthesia
Activities of the EdCom

• Annual meeting in December
  – strategy for the next year, budget, planning of the joint meeting
  – Skype if needed

• Participant in an educational congress (AMEE)

• Members:
  Helle Thy Østergaard (DK) 2007 – 2015
  Einar Örn Einarsson (IS) 2007 ->
  Conrad Arnfinn Bjørshol (NO) 2013 ->
  Bijan Darwish (SE) 2014 ->
  Leila Niemi-Murola (FI) 2007 - 2015
Training of the trainers?

- Varying options for pedagogical education in Scandinavian countries
- Denmark: a mandatory instructional course for 2-3 days
- Sweden: a pedagogical portfolio is required for teachers in both undergraduate and specialist education
  - training for tutors and associate professors (docents)
- Norway: pedagogical education for teachers working in universities
  - a voluntary one-day course for trainers
- Finland: pedagogical education for teachers working in universities
  - nothing for trainers working in hospitals
- In Iceland there is no pedagogical education for teachers
Questionnaire to educational centres

• Finland 9, Iceland 1, Norway 11, Sweden 11 answers

• Requirements for trainers
  - specialist training 21, short courses 9, formal pedagogical education 9, portfolio 1, none 2

• Pedagogical education
  - short courses 16, lectures/meetings 11, formal pedagogical education 10 + 5, none 11

• Which organisation
  - hospital 16, university 10, national specialist association 11, other 5

• National inspection of training centres
  - yes 23, no 3

• Which organisation?
  - National specialist association 18, national board of education 5, university 4, Ministry of Health 3
What’s next?

• Should the SSAI offer accreditation for the training centres: 13 yes, 15 no
  - national inspection system
  - ESA accreditation
• Should the SSAI organise educational short courses for trainers: 25 yes, 6 no

• Strategy for the next two years is to construct an educationa short course
Annukka Ylönen

• Member of the Educational Committee 2015 ->
• Specialist degree 2012 (University of Turku)
• University pedagogy 10 credits (University of Tampere)
  - special competence in medical education in 2016
• Clinical teacher in the University of Tampere 2012 ->
• Clinical work in the ICU 2012 ->
• Special interest: full scale simulation
Thank you!
Agenda

4. Report from the Committees
   a. Educational Committee
   b. Clinical Practice Committee
   c. Research Committee
   d. The Acta Committee
Clinical Practice Committee
Clinical Practice Committee

- Morten Hylander Møller - DK
- Thorgerdur Sigurdardottir - IS
- Anna Oscarsson – SE
- Jon Henrik Laake (Chairman) - NO

Meetings attended by SSAI President S Kalman
Scandinavian clinical practice guideline on choice of fluid in resuscitation of critically ill patients with acute circulatory failure

A. Perner¹, E. Junntila², M. Haney³, K. Hreinsson⁴, R. Kvåle⁵, P. O. Vandvik⁶ and M. H. Møller¹

¹Department of Intensive Care, Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark
²Department of Anaesthesiology, Division of Intensive Care, Oulu University Hospital and Department of Anaesthesiology, Tampere University Hospital, Tampere, Finland
³Anaesthesiology and Intensive Care Medicine, Umeå University, Umeå, Sweden
⁴Department of Anaesthesiology and Intensive Care Medicine, Landspítali University Hospital, Reykjavik, Iceland
⁵Department of Intensive Care, Haukeland University Hospital, Bergen, Norway
⁶Department of Medicine, Innlandet Hospital Trust Division Gjøvik, Norway and Norwegian Knowledge Centre for the Health Services, Oslo, Norway

Scandinavian clinical practice guideline on mechanical ventilation in adults with the acute respiratory distress syndrome

J. Claesson¹, M. Freundlich², I. Gunnarsson³, J. H. Laake⁴, P. O. Vandvik⁵-⁶, T. Varpula⁷ and T. A. Aasmundstad⁴

¹Department of Intensive Care, Surgical Division, Umeå University Hospital, Umeå, Sweden
²Clinic for Anaesthesiology, Aalborg University Hospital, Aalborg, Denmark
³Department of Anaesthesiology and Intensive Care Medicine, Landspítali University Hospital, Reykjavik, Iceland
⁴Department of Anaesthesiology, Division of Critical Care, Oslo University Hospital, Oslo, Norway
⁵Department of Medicine, Innlandet Hospital Trust-Division Gjøvik, Gjøvik, Norway
⁶Norwegian Knowledge Centre for the Health Services, Oslo, Norway
⁷Department of Intensive Care Medicine, Helsinki University Hospital, Helsinki, Finland
PO Vandvik, UiO
Plans for 2015-16

Updates:
- Neuraxial block in patients with disturbed haemostasis (H Breivik, 2010)
- Pre-hospital airway management (P Berlac, 2008)
- Scandinavian clinical practice guidelines on general anaesthesia for emergency situations (Jensen AG, 2010)
Plans for 2015-16

New:
- Vasoactive agents for circulatory failure
- Fluid and drug therapy in ARDS
CPC-sessions at the Reykjavik Congress

Moving from good ideas and perceptions to evidence based practice
(organized by the SSAI Clinical Practice Committee)

Systematic reviews and the Cochrane Anaesthesia Group.
Introduction to GRADE.
Practical implementation of guidelines.

Session 2: You can't argue with success, or can you?
(organized by the SSAI Clinical Practice Committee)

Do clinical guidelines improve patient safety?
Non-rational factors in medical decision making.
Why are most research findings false?

Workshop: Do You want to make a Guideline?
National Confidential Enquiry into Patient Outcome and Death

UK hospitals: 250,000 deaths/year

35,000 VTE (?)
35,000 AKI (?)
35,000 sepsis (?)

Proportion preventable:
~ 1/10 – 1/3
Strategy: Clinical Practice Committee

• Continued focus on guidelines
  - Follow-up of task forces
  - Continued co-operation with MAGIC and GIN-NORDIC
• Quality and Safety strategy contingent on SSAI goals
  - Harmonisation across Nordic countries (realistic?)
  - Co-operation with National Q&S organisations
  - Co-operation with national registries on quality indicators
• Sharing of responsibilities and tasks within the CPC
Guidelines:
Morten Hylander Møller
Copenhagen

Quality & Safety:
Anna Oscarsson Tibblin
Linköping
sjáumst í Skåne
4. Report from the Committees
   a. Educational Committee
   b. Clinical Practice Committee
   c. Research Committee
   d. The Acta Committee
Report from the Research Committee

June 2015

Lars Rasmussen
Awarded 2015

Kirkegaard  Therapeutic hypothermia  50 000
Hylander    Stress ulcer prophylaxis  75 000
Grejs       Therapeutic hypothermia  50 000
Hjortrup   Fluid Therapy in the ICU  100 000
Research Committee

What is required from those that have had a grant?

• A written report
• A presentation at the SSAI congress
Research Grants 2013

All 75 000 DKR

Hans Kirkegaard  Hypothermia
Palle Toft       Non-sedation
Anders Perner    Transfusion in sepsis
Pertti Pere      Lidocaine infusion
Research Grants 2013

Pertti Pere       Lidocaine infusion

Will not present on SSAI 2015 – hope to present in 2017.
Not enough funding to start the project.

” The institute deduced a 15 % overhead as soon as the sum arrived to their account..”
Research Committee

• What to prioritize?
• Early projects?
• Collaboration with other Nordic countries (or also other countries)?
• Young researchers?

Clinical multicentre studies are extremely expensive. Early projects and young investigators receive lower grades.
New activities

• Research seminar on SSAI congress
• Research course? One or two days?
• Postgraduate training program?
4. Report from the Committees
   a. Educational Committee
   b. Clinical Practice Committee
   c. Research Committee
   d. The Acta Committee
Report from the Editor-in-Chief

June 2015
Acta since 2009

- Standardised reporting of clinical research CONSORT
- Conflict of interest, funding
- Registration of interventional trials
- Less case reports and letters
- Less animal studies
- Cooperation with other journals (misconduct)
- Financial situation has improved
- Most subscribers do not receive a printed copy
- Online Open
- Acta is well esteemed

SSAI
Editorial board: Accept/reject

- Days from submission to first decision: 27
- Referee turnaround time: 16 days
- Accept rate:
  - 2010: 24%
  - 2011: 25%
  - 2012: 21%
  - 2013: 26%
  - 2014: 28%
Impact Factor

- 2006  1.86
- 2007  1.72
- 2008  1.95
- 2009  2.26
- 2010  2.20
- 2011  2.19
- 2012  2.36
- 2013  2.31
Acta has a bright future

Thank you for the support!
Agenda

5. Report Acta Foundation
Acta Foundation 1995-2015

The Foundation was established in Reykjavik, June 15th, 1995
The Golden Circle in Scandinavian Anaesthesiology

The Acta Foundation, the journal Acta Anaesthesiologica Scandinavica, and the society SSAI
Objective
§ 4.
The objective of the Foundation is to work for the scientific development of the medical speciality anaesthesiology in the Scandinavian countries, among these to promote and encourage cooperation between anaesthesiologists in the Scandinavian countries and to publish the journal Acta Anaesthesiologica Scandinavica.
Acta Foundation

Background

Two important conditions made the economic basis for the ACTA Foundation. First, all the editorial work done in order to publish Acta Anaesthesiologica Scandinavica (ACTA) has been literally unpaid since the start of ACTA in 1957. Second, the agreement made in 1971 between the Nordisk Anaesthesiologisk Förening (NAF) and Munksgaard International Publishers Ltd. where Munksgaard took on the responsibility for printing and distribution of the Journal. Since Year 2001, Munksgaard has merged with Blackwell but the agreement with the Journal as well as the Foundation are unchanged. These two conditions resulted in a yearly surplus from publishing ACTA, which was invested in Danish bonds resulting in yearly interest as well as increased capital. During the years the necessary costs of the editorial work have been covered by the surplus from publishing the Journal and by a part of the bond yield. Hence, ACTA has a sound economy, but publications are also dependent on accrued interest on the capital as well. In order to secure the economic basis for publication of ACTA, a foundation based on Danish legislation was established.

The objects of the ACTA Foundation are to promote the scientific development of anaesthesiology in the Scandinavian countries, to support collaboration among the Scandinavian members and to subsidize ACTA. The Board of the Foundation consists of 3 members, 1 from each Scandinavian country.
<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSAI congresses</td>
<td>3,398,627</td>
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<tr>
<td>SSAI vinter meetings</td>
<td>994,213</td>
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<td>ACTA promotion</td>
<td>941,626</td>
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<tr>
<td>EC activities</td>
<td>3,363,646</td>
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<tr>
<td>CPC activities</td>
<td>589,534</td>
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<tr>
<td>RC activities</td>
<td>1,966,403</td>
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<tr>
<td>others</td>
<td>234,278</td>
</tr>
<tr>
<td>Remaining Grants (to be used within 5 years limits)</td>
<td>3,519,732</td>
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<tr>
<td>Total</td>
<td>15,008,059</td>
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</table>
The voluntary work done by all former and present ACTA editors makes the economic basis for the ACTA Foundation.

<table>
<thead>
<tr>
<th>Seppo Alahuhta</th>
<th>Olafur Jonsson</th>
<th>Tarja Randell</th>
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<tbody>
<tr>
<td>Magna Andreen</td>
<td>Kari Korttila</td>
<td>Lars S Rasmussen</td>
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<td>Preben Berthelsen</td>
<td>Lars G. Leksell</td>
<td>Luis Romundstad</td>
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<td>Elin Björnestad</td>
<td>Leena Lindgren</td>
<td>Per Rosenberg</td>
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<td>Jørgen B. Dahl</td>
<td>Johan Lundberg</td>
<td>Johan Ræder</td>
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<td>Stefan Lundin</td>
<td>Markku Salmenpera</td>
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<td>Bertil Lofström</td>
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<td>Sveinn Geir Einarsson</td>
<td>Jørgen V Mogensen</td>
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<td>Otto Mollestad</td>
<td>Gisli H Sigurdsson</td>
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<td>Hans Flaatten</td>
<td>Tomi Niemi</td>
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<td>Erik Nilsson</td>
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<td>Anne Berit Guttormsen</td>
<td>Krister Nilsson</td>
<td>Pertti Suominen</td>
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<td>Ivar Hejde Gøthgen</td>
<td>Olof Norlander</td>
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<td>Hengo Haljamäe</td>
<td>Jan Persson</td>
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<td>Michael Haney</td>
<td>Mikko Pitkänen</td>
<td>Jan Wernerman</td>
</tr>
<tr>
<td>Bent Husum</td>
<td>Henning Poulsen</td>
<td>Torben Wisborg</td>
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6. Report from the Congress President
Number of participants

• > 1000
  – Denmark 101
  – Finland 108
  – Iceland >100
  – Norway 127
  – Sweden 107
  – Other 400

  – 38 countries

600
Scientific Program

Symposia - 49

• Anesthesia 23
• Intensive Care 8 (+ pre-congress course 1.5 days)
• Pain/Emergency Medicine 10
• Education, research, quality 8
• 15 Workshops/Simulation Sessions
• Participation by 5/7 SSAI Advanced Training Programs

• Theme: 17~35%
Free papers

• 195 – 170 accepted

• Published online at Acta’s website

• Denmark 34
• Finland 14
• Iceland 8
• Norway 20
• Sweden 21
• Other 68
  – 23 countries
Lecturers

- Denmark 15
- Finland 12
- Norway 19
- Sweden 14
- Iceland 17
- Other Europe 12
- Outside Europe 11 USA, Hong Kong, Singapore
- 28% women

- +chairmen/workshops/simulations almost 150 (same as Turku)
Exhibition/industry

• 1 Sponsor - GE (no main sponsor)
• 22 exhibitors
Congress in Iceland

+++  Iceland!
Harpa

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Difficulties in recruiting industry
Few anaesthesiologists
More expenses regarding faculty
Agenda

7. Revision of the articles
   The articles
Revision of the articles

• Mostly semantic updating

• Major change:
  – Implementing current practice into articles
  – Committee chairs → ex-officio members of the board

• Articles posted on ssai.info since May 13\textsuperscript{th} 2015 (> 4 weeks)

The articles

SSAI
8. Financial report SSAI
   a) Submission of audited annual account for the foregoing years for approval
   b) Submission of a budget for the next two years for approval
Short overview

• Cash
  – 1.1. 2013 DKK 1.332.028,-

• Fixed assets 31.12. 2014 DKK 6.023.245,-

• Accounts submitted for review
## Income

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2014</th>
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<tbody>
<tr>
<td>Membership fees</td>
<td>DKK 383,000,-</td>
<td>379,350,-</td>
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<tr>
<td>ACTA grants</td>
<td>DKK 155,818,-</td>
<td>161,067,-</td>
</tr>
<tr>
<td>Dividend</td>
<td>DKK 113,367,-</td>
<td>164,403,-</td>
</tr>
<tr>
<td>Congress 2013 Turku</td>
<td></td>
<td>445,665,-</td>
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</table>
• Deloitte 11.6. 2015
  – ”In our opinion, the statements give a true and fair view of the Society’s financial position at 31 December 2014 and of the results of its operations for the financial year 1 January to 31 December 2014”

• The Board has reviewed the reports and proposes the accounts to be approved by the General Assembly
Proposed budget 2015-2016

• Membership fees  DKK 380 000,- p.a.
• Dividend & interest  DKK 180 000,- p.a.
• ACTA grants  DKK 200.000,- p.a.
• Congress Reykjavik  DKK 300.000,- ?
• Committee activities  DKK 655.000,- p.a.
• Board & operational  DKK 100.000,- p.a.
9. Relief of responsibility for the Board
10. Decision of membership fee based on the recommendation from the Board
11. Election of
   a) Auditor
   b) President
   c) Honorary treasurer
   d) Honorary secretary
   e) Editor-in-Chief for
       Acta Anaesthesiologica Scandinavica
Agenda

12. The SSAI homepage
The new webpage

New guidelines from the SSAI
published by the Clinical Practice Committee
developed using GRADE methodology

Therapeutic Hypothermia – Pro and Con

June 12, 2015

This is a poll for the audience at the "Therapeutic Hypothermia – Pro and Con" session at the 33rd SSAI congress on Friday, June 12th. Please answer the following questions:
The new webpage

• Functionality
  – Tedious and timeless design
  – Calendar
  – Newsletter
  – Closed Areas with login for the SSAI AEP
  – Many more functions to come

• Design bureau: omegamedia.no
• Costs: 12.500 €
New logo

Your input to the new SSAI logo

June 9, 2015 by Administrator

The official SSAI logo seems outdated and more importantly is not possible to use in new publications any longer due to low quality. The board therefore has decided to start a process to develop a new logo for SSAI.

The old official SSAI logo

In that process we need your input and help!

Please feel therefore free to fill in the form below – you do not have to fill in all fields, every comment is important to us.

Your contribution will give us valuable information about what the members think about the SSAI.

Thank you!

(1) What is SSAI's society/corporate culture?

http://www.ssai.info/?p=732
Strategy: Social media

- Twitter: #SSAI2015
- Facebook: SSAI page
- Challenge:
  - Keep it updated
  - Maintain the activity

**The Numbers**

- Impressions: 232,072
- Tweets: 346
- Participants: 73
- Avg Tweets/Hour: 5
- Avg Tweets/Participant: 5
Wishes from the webmaster

• Visit ssai.info
• Give me input!
• Register for the newsletter!
• Criticize and demand!

Newsletter

Sign up for our newsletter and receive an email when there is important news from SSAI.

Email

Subscribe
Agenda

13. Proposals
14. Future plans for the 34th SSAI Congress in Malmø/Lund
Welcome to the

34th Congress
of the Scandinavian Society of
Anaesthesiology and
Intensive Care Medicine

from Basic Science to Clinical Evidence

MalmöMässan, Malmö, Sweden
6-8 September 2017

Watch out for the congress website
ssai2017.com, which opens soon!

Mikael Bodelsson
Congress President
Agenda

15. Any other business
Agenda

16. Closing remarks