

**Second International Liason Steering Committee Meeting
Vienna, Austria
March 28, 1993**

I. Present:

Douglas Chamberlain, Richard Cummins, Leo Bossaert, William Thies, Mervyn Allen, Linda Quan, Nisha Chandra, Dietmar Mauer, Wolfgang Dick, Walter Kloeck, William Kaye, Stig Holmberg.

II. Apologies:

William Montgomery, Norman Abramson, Peter Baskett, David Zuidema, James Christianson

III. Organizations Represented:

European Resuscitation Council, American Heart Association, Resuscitation Council of Southern Africa, Australian Resuscitation Council (Canadian Heart and Stroke Foundation did not send a representative.)

IV. Call to Order:

The Meeting was called to order by the Co-Chairman, Douglas Chamberlain in the Vienna Hilton Hotel, 8:30am, Sunday, 28 March, 1993. The Chairman distributed copies of:

- A. Minutes of the First Meeting of an Ad Hoc International Liaison Committee for CPR/ECC, held Sunday, 22nd November, 1992; Old Ship Hotel, Brighton, England.
- B. The publication: Chamberlain D, Cummins RO, Albarran-Sotelo R, Christenson J, Bossaert LL, Harrison D, Chameides L, Holmberg S, Kloeck WGJ, Montgomery W. "International Emergency Cardiac Care: support, science and universal guidelines". Annals of Emergency Medicine 1993;22(pt 2):508-511

V. Review of Mission.

The Mission of the International Steering Committee on CPR/Emergency Cardiac Care: to provide a consensus mechanism by which the international science and knowledge relevant to emergency cardiac care can be identified and reviewed.

- A. This consensus mechanism will be used to provide consistent International Guidelines on Emergency Cardiac care for Basic Life Support, Pediatric Life Support and Advanced Life Support.
- B. While the major focus will be upon treatment guidelines, the Steering Committee will also address:
 - 1. the effectiveness of educational and training approaches,
 - 2. topics related to the organization and implementation of emergency cardiac care.
- C. The Committee will also encourage coordination of dates for Guidelines development and Conferences by various national resuscitation councils
- D. These international guidelines will aim for a commonality supported by science for BLS, ACLS and PLS.

VI. Review of Minutes from First Meeting, Old Ship Hotel, Brighton, England, 22nd November, 1992

- A. There was considerable discussion regarding the specific numbers of representatives from the various resuscitation councils. The constitution of the Steering Committee that was proposed at Brighton was:
 - 1. AHA: 5 representatives
 - 2. ERC: 5 representatives
 - 3. Canadian Heart and Stroke Foundation: 1 representative
 - 4. Resuscitation Council of Southern Africa: 2 representatives
 - 5. Australian Resuscitation Council: 1 representative (or 2 if New Zealand joins)
- B. The Committee decided to adopt a flexible policy around representation based upon the following principles:

1. Numbers beyond the size of 15-20 would become too large and clumsy to accomplish the goals and mission. There was a strong sense that the effectiveness of the Committee would be inversely proportional to its size. Watchword: inclusiveness--bring in as many voices as we can, but focused on practicality.
2. The major defining criteria for Council representation: those national or International Councils that have responsibility for writing national guidelines. This would have the effect of excluding those large organizations that implement and disseminate guidelines, though exclusion is not the purpose of this criterion--maintaining a small and efficient Committee is.
3. We are a Steering committee, not doing a great amount of detail work. We appoint working groups that do the detail work, and these can be rather variable in size, based upon the numbers and individuals needed to accomplish the tasks.
4. Key: No one should feel crowded out. No one group is dominating.
5. Key: A stable group of representatives would provide both continuity and progress over time.
6. Specific numbers can increase or decrease from meeting to meeting depending upon resources, conflicting meetings and responsibilities, travel schedules, or temporary needs for specific expertise
 - a. Full time staff people from the Resuscitation Councils may be invited to attend future meetings to provide an organizational perspective based on past experiences and future challenges.
7. Major Resuscitation Councils will have responsibility for their delegates and will try and represent the 3 main areas (BLS, ACLS, PLS), constrained by the boundaries of manageable numbers.
8. A new proposal was put forward: that the constitution of the Steering Committee should assure representation of Pediatric Resuscitation and therefore should be increased as follows:
 - a. ERC: up to 6 representatives
 - b. AHA: up to 6 representatives
 - c. Canadian Heart and Stroke foundation: 1 representative
 - d. Resuscitation Council of South Africa: up to 2 representatives
 - e. Australian Resuscitation Council: up to 2 representatives if New Zealand is included, otherwise 1
- C. The Committee noted that the Steering Committee had planned at the first meeting (22nd November) to write an editorial highlighting the resemblances between the AHA and ERC guidelines and presenting the initiatives being taken to work towards International Guidelines.
 1. The Co-Chairmen will prepare first drafts of this editorial, tentatively titled: "Resuscitation Guidelines: the growing movement towards International Recommendations"

VII. Review of Status of 1992 Guidelines from the AHA and ERC

- A. The ERC Guidelines were published in the November, 1992 issue of Resuscitation. The AHA Guidelines were published in the October 28, 1992 edition of JAMA. Acceptance of both has been very positive.
- B. The next phase is that of implementation of the new Guidelines. AHA has a long tradition of an established training network. The challenge will be one of slightly changing the course of a large, established network for which change is sometimes difficult.
 1. Small adjustments in BLS training have been perceived by some instructors as major changes.
 2. The AHA ACLS Course is changing from a Subject-based training approach to a full Case-based training approach.
 3. AHA training materials will be published by the end of 1993.
- C. Europe has no uniform training program. Many local training networks have developed independently. Coordination is a key issue to be addressed.
- D. Walter Kloerck reported that the First Steering Committee Meeting in Brighton provided an important stimulus to expand the South Africa Resuscitation Council to include countries of Namibia, Zimbabwe, Botswana, Swaziland, and South Africa. This will be called the Resuscitation of Southern Africa.

1. Dr. Kloerck reported that he was the guest editor for the Jan/Feb 1993 Issue of Trauma & Emergency Medicine: the Journal of Accident and Emergency Medicine (vol 10, no 1). This entire issue was devoted to the 1992 Guidelines from the ERC and AHA.
 2. Dr. Kloerck has prepared new training materials that summarize the ERC and AHA Guidelines. These materials were distributed (contained in the Journal noted above) for review and represent a possible pattern for future international guidelines.
- E. Mervyn Allen reported that the Australian Resuscitation Council has been actively reviewing the new ERC and AHA Guidelines. He commented that the ARC considered the AHA Fact-Finding Conference (October, 1991) to be a more effective forum for international discussion and contributions than the AHA National Conference (February, 1992).

VIII. Steps towards International Guidelines. The Steering Committee reviewed and discussed the steps that were outlined at the AHA National Conference (and printed in the Proceedings of the Conference):

- A. Major Resuscitation Councils agree to synchronize their guidelines development.
1. In the AHA it appears to be an event (referred to as "a Jamboree") occurring every 5-7 years, but the Guidelines development itself (from initial Conference planning to final publication of training materials) consumes 3 years of this time. The AHA does not anticipate another Guidelines Conference until 4-5 years following the publication of the training materials (scheduled for end of 1993).
 2. Thus 1998-2000 would be the likely dates for the next AHA Guidelines Conference.
 - a. However, alternative approaches to Guidelines development and changes are under active consideration such as frequent updates and revisions of sections of materials.
 - b. The large "Jamboree Approach" may be an event of historical note only, to be replaced by updated pages in textbooks and training materials.
- B. These Councils appoint delegates to a Steering Committee on International Emergency Care.
1. This is to be done. The present meeting (28th March, 1993) represents the second meeting.
- C. Steering committee obtains neutral international support from the major resuscitation councils and other appropriate international organisations.
1. The AHA has approved the concept of the International Steering Committee. This approval includes financial support for modest expenses of AHA representatives.
 2. Travel funding problems apparently prevented representation from the Canadian Heart and Stroke Foundation for this meeting.
 3. Other Resuscitation Councils have handled the expenses of their representation.
 4. Approach World Health Organization and its representatives.
- D. The Steering Committee establishes international working groups comprised of appropriate international experts.
1. This will be the major action to accomplish before the next Meeting
 2. Each delegate to the Steering Committee will return to their Resuscitation Council and facilitate selection of delegates to each of the three main Working Groups: BLS, ACLS, and PLS
 3. The number of delegates to each topic Working Group is flexible and will depend to some extent on the resources of each Council. The assumption is that each Resuscitation Council will appoint one-two delegates to each topic Working Group.
 4. The names of these Working Group delegates will be announced at the next meeting.
- E. The Working Groups review scientific data and published and unpublished information.
1. This step was discussed extensively as this will be the major task of the Working Groups.
 2. A proposal was made to develop Steering Committee guidelines for the Working Groups in the following areas:
 - a. scientific review of data

- i. The AHA applied a "Scientific Template" to many guideline proposals, asking a series of questions and examining the published evidence:
 - (1). Are there animal data?
 - (2). Are there human data?
 - (3). Are there good human data? (This step requires a critical review of the study design, sample size, methods, prospective vs retrospective, controlled vs uncontrolled)
 - (4). What is the magnitude of the benefit? (Is it large enough to justify a change?)
 - (5). What are the practicalities of the change? (Is the change practical, affordable, teachable?)
- ii. This level of review was not possible for all topics because of constraints of time and because of an absence of proper studies on many topics
- b. a process for reaching consensus:
 - i. The AHA Subcommittees used a Fact-Finding Conference with Expert Panels reviewing available evidence and making recommendations. These recommendations were then discussed and refined in a rotating participant-audience model with 2-3 iterations (so called "Utstein model" that was used by the Utstein Task Force).
 - ii. The ERC used two authors for each of its resource papers that were then debated and refined by larger committees.
- c. A format for presenting conclusions and recommendations:
 - i. The AHA adopted a method of Graded Recommendations rather than the more familiar dichotomous (DO-DONOT DO) method. This method was considered successful because it more accurately conveyed scientific and clinical reality (and diminished debate):
 - (1). Class I=Definitely helpful
 - (2). Class IIa=Acceptable, Probably Helpful
 - (3). Class IIb=Acceptable, Possibly Helpful
 - (4). Class III=Unacceptable, Possibly Harmful
3. While it was agreed that the Steering Committee not place too many restrictions on the methods of the Working Groups, the Committee recognized a unique opportunity:
 - a. The development of the International Guidelines could represent a major advance in methods for scientific review and consensus development
 - b. We have the opportunity to provide a model for all future activities of this type.

IX. Utstein-II.

- A. The committee discussed reconvening the next generation of the Utstein Task Force on Uniform Reporting of Data from Out-of-Hospital Cardiac Arrest. (7 members of the Original Utstein Task Force were present at this meeting!)
- B. Major purposes would be:
 1. Continued demonstration of the value and success of International Consensus Development
 2. Reviewing the successes and shortcomings of the original Utstein Style and making appropriate revisions.
 3. Addressing the value and use of an International Uniform Report Form based on the Utstein style.
 4. Address the topic of what happens to out-of-hospital survivors once they are admitted to hospital
 5. Address the broader problem of reporting data on in-hospital cardiac arrest
- C. This topic will be explored further by the Co-Chairmen in terms of approval, organization, timing and funding. They will report further at the next Meeting

X. World CPR Day

- A. Dr. Walter Kloeck proposed a World CPR Awareness Day that would be sponsored by the International Steering Committee.
- B. Purpose: to encourage widespread training in CPR and a greater awareness of the problem of sudden unexpected non-traumatic death, the value of CPR, early defibrillation and effective EMS systems

- C. This day would have a variety of activities that would include large-scale media campaigns, fund-raising, training, public events
- D. Dr. Kloerck was authorized to represent the International Steering Committee in further planning and information gathering and will report back at the next meeting.
- E. Dr. Kloerck also displayed an innovative CPR key ring packet that provided gloves, a protective barrier to mouth to mouth ventilations, and printed CPR instructions.
- F. Dr. Kloerck displayed a CPR RAP song that encourages children to learn CPR. This has been very popular in South Africa. Dr. Kloerck refused repeated requests to "rap" the song for the Committee.

XI. Next Meeting

- A. The Committee thought future meetings should occur at least twice a year, preferably in conjunction with an appropriate National or International Meeting which Committee members would be attending anyway.
- B. Saturday, 6th November, 1993. 8:00-12:00noon. Atlanta, Georgia (USA) was selected as the tentative next meeting date. This is the time of the AHA National Scientific Sessions. There is a possibility that this meeting may take place on Nov 12 or 13 at the end of the Scientific Sessions. This may also be hosted in Dallas by the AHA National Center.

