

ILCOR
International Liaison Committee on Resuscitation
Scala Room
Astrid Park Plaza Hotel Antwerp
Minutes of the 13th Meeting
Wednesday 31st May 2000

1 Present

1.1 ERC Petter Steen (co chair)
 Leo Bossaert
 Anthony Handley
 Barbara Phillips
 Fransisco (Paco) de La Torre
 David Zideman
 Pierre Carli

1.2 AHA Bill Montgomery (co chair)
 Vinay Nadkarni
 Karl Kern
 Lance Becker
 Ahamed Idris
 Richard Kerber

1.3 HSFC Marc Gay

1.4 RCSA Walter Kloeck

1.5 ANZCOR Ian Jacobs (Australia)
 Pip Mason (New Zealand)

1.6 CLAR Sergio Timerman

1.7 Observers Douglas Chamberlain (UK)
 Kazuo Okada (Japan Resuscitation Council)
 Malaysian representative

Petter and Bill welcomed everyone to the 14th ILCOR meeting.

Pip agreed to take the minutes.

Minutes of the previous meeting were approved and signed by the Chairpersons.

Petter opened the meeting by asking the question where does ILCOR go from here, now that the Guidelines 2000 document is all but completed?

Bill Montgomery read the ILCOR mission statement, and then asked each attendee to reflect on the process used for compiling the guidelines.

General comments from the AHA delegates were as follows:

- 1) A good outcome, but the process needs to be looked at. The ideal world would allow contributors more time to work within the tight time frames set. AHA required 48 hours turn around with some of the material, which was impossible for some of the volunteers, particularly for those on the other side of the world.
- 2) The '92 guidelines took 1 1/2 years to distribute. AHA wanted to do it more quickly this time. From the financial aspect, the cost for the E2 and G2 conferences exceeded \$2 million dollars. AHA would not be able to do this again.
- 3) Richard Cummins and Mary Fran Hazinski were not able to attend this meeting as the submission date for the Guidelines 2000 document to Circulation is June 5th so were too busy. Co-operation and collaboration was good, but product development was difficult.
- 4) The title of the Guidelines document is the "2000 Guidelines on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care, An International Consensus on Science".

The consensus of comments from all attendees at the meeting were as follows:

- Process was fruitful and rewarding
- Turn around times for comments were too short, particularly for those from distant places.
- Scientific input and collaboration was excellent
- Class of recommendations difficult
- No scientific evidence leads to indeterminate classification, but changes often need to be made for ease of teaching, retention skills and simplification etc.
- Difficult to fit educational topics into scientific classifications
- From now on reviewing guidelines should be an ongoing process rather than every 5 years.
- Guidelines 2000 conference was not necessary, it seemed to reinvent the wheel.
- Too much show and tell at G2, there needed to be more time put aside to discuss drafts and put them together.
- G2 conference would have been more productive if it had been a forum to thrash out the indeterminants
- E2 could have been longer to go through all the evidence
- Recognised difficulty having different people at G2 from E2 conference. This required extra time for explanation to new people. It needs to be all-inclusive from the beginning.
- G2 had topics that were not part of E2. AHA therefore came from '92 guidelines for these topics, whereas the ILCOR statement was the starting point for other contributors. This cannot happen again. All need to come from the same starting point.
- Writing process was very good
- We need to now look at identifying tasks and time lines etc for next time. Travel to these meetings needs to be tied to productivity.

- Needs to be more consensus next time. Include all science from Europe and other countries.
- Some countries require languages other than English

Considerable discussion followed regarding the acknowledgements on the cover of the Guidelines document

Council representatives on ILCOR are not comfortable with the words *endorsed by* followed by the contributing councils

All representatives agreed to in collaboration with ILCOR and then the Council's listed

Pip mentioned that she had not seen the cover of, or the final draft document of the guidelines except for the BLS segment sent to her by Vic Callanan a few days before final comments were due.

Walter commented that he had seen the final draft of the document, however South Africa was incorrectly named.

Bill to contact Mary Fran and Richard regarding these issues and to get back to the group. All participants concurred with the following:

- The final document needs to be seen by all members of ILCOR
- All member organisations must be correctly identified
- Someone from outside the AHA should look at the final document for proofing format etc. Douglas Chamberlain may do this.

FUTURE OF ILCOR

The question was again asked where does ILCOR go from here?

It was unanimously agreed by the group that:

- ILCOR needs to revisit the mission statement and put a structure in place.
- There must be a true international structure with specific tasks
- Develop subcommittees to look at topics such as first aid, trauma, education, sports med pre-hospital care
- Start with current BLS ALS and Paeds. Each group to have a co-ordinator: Tony Handley for BLS, Vinay Nadkarni for Paeds and Walter for ALS.
- All members of each group to take responsibility for a topic within their group.
- Do a medline research review 6 monthly, and look at what is new.
- Groups could then get together on the Internet, to look at and discuss issues, exchange literature
- Present a one page document at the next ILCOR meeting
- If sufficient evidence to support a change then recommend it.
- ILCOR should initiate the changes in the future
- Topics not considered at E2 should be considered
- ILCOR should be expanded to include the following committees: BLS, ALS, paed, trauma, critically ill, education/training Pip, did we designate individuals to follow up on trauma, critically ill and education/training?
- International competitors must work together in the future. (Not sure what this means)
- Having an ongoing process in place will make lighter work in the long run

STRUCTURE

Ian Jacobs suggested that maybe ILCOR could become a Resuscitation Cochrane group. Ian discussed the structure of a Cochrane group, adding that these groups have no money and income is self-generating and/or relies on grants. Groups are made up of a part-time co-ordinator and a Director the rest are volunteers.

The 1% from the sale of AHA guidelines document would provide enough money for a Cochran structure. There is already a resuscitation group within the anaesthesiology Cochran group

Ian to look into establishing ILCOR as a Cochran group.

Dr. Steen announced that he was to become the next ERC chairman and was resigning as ILCOR co-chair effective immediately after this meeting. The ERC put forth the name of Colin Robertson to replace Dr. Steen. There was no objection from the ILCOR delegates and thus Dr. Robertson was elected as the new co-chair of ILCOR.

Colin, Pip and Bill to work on the structure and submit a new proposal at the next ILCOR meeting. A new chair structure may need to be considered.

FUTURE ILCOR MEETINGS

The next meeting will be held in Norway June 2001 in conjunction with an Utstein Conference to look at education/training. Douglas Chamberlain to take responsibility for this with Leo and Walter's help. Douglas will contact interested members in 3-4 months time.

The 2002 meeting will look at the current Utstein out-of-hospital template to see how it can be simplified and updated. Vinay suggested looking at all international registries for resuscitation, for both in and out-of-hospital and come up with core elements

Bill and Vinay will get this initiative started. Vinay will offer some names from AHA to assist. Stig Holmberg from Sweden could also assist. Pip will send contacts from New Zealand.

Future ILCOR meetings need to be more productive. There will be work to do between meetings in the future and communication for this will be by email.

David Zideman suggested it might be a good idea to include some new people in order that we move on. Paeds looking for someone new. Bob Berg's name was put forward as a possibility

Pip suggested the 2002 meeting could be held in Australia back to back with the *Spark of Life* conference in April. Ian Jacobs will look into this.

Funding for the 2001 and 2002 meetings were discussed at length. Petter will discuss the prospect of funding for these two meetings with Tore Laerdal at the next Laerdal Foundation Board meeting.

There being no further business the meeting closed at 4pm

ILCOR
International Liaison Committee on Resuscitation
14th Meeting - June 22, 2001
Stavanger, Norway

