

ILCOR
International Liaison Committee on Resuscitation
The Utstein Abbey
Island of Mosteroy
Norway
Minutes of the 14th meeting
Friday 22nd June 2001.

Present

1.1 ERC Douglas Chamberlain (Co chair)
 Leo Bosseart
 Petter Steen
 Tony Handley
 David Zideman
 Pierre Carli
 Fransisco (Paco) de La Torre
 Carlos ???

1.2 AHA Bill Montgomery (Co chair)
 Vinay Nadkarni
 Richard Cummins

1.3 HSFC Marc Gay
 Michael Schuster

1.4 RCSA Walter Kloeck
 Barry Milner

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

1.6 CLAR Sergio Timmermans

Observers

 Tore Laerdal (Host)
 Tom Aufderheide
 Mary Fran Hazinski
 Jennifer Dennett
 Erich Leish
 Ron Bowles
 Stig Holmberg
 Ed Stapelton
 Pascal Cassen

Bill welcomed everyone to the 14th ILCOR meeting explaining the composition of the committee was slightly different on this occasion due to the education component of the education meeting to follow. For the purposes of this meeting ILCOR members were seated around the table and observers (education representatives) around the outside.

Bill also thanked Tore Laerdal for hosting this meeting and for the enormous contribution he has made to making it happen.

The minutes of the last meeting were circulated. Walter Kloeck asked for these minutes be changed to 13th (not 14th) meeting. All ILCOR minutes were provided in a bound document for each ILCOR member. Walter was thanked for providing this document.

The members of ILCOR then joined to wish Tony Handley a happy birthday.

Douglas made the following announcements:

Mads Gilbert had intended to attend the meeting but was unwell and sent his apologies
Explained the breakout sessions for the education meeting
Coffee breaks.

Minutes of the previous meeting corrected to 13th (not 14th) meeting. These minutes were approved as correct.

Matters Arising:

Working Groups: Not a lot of activity due to the release of the International Consensus on Science document.

Tony Handley BLS Working group

Has had considerable support from Ihamid Idris and Marc Gay. Relatively active communication has been maintained with New Zealand, Australia, CLAR, AHA and Heart and Stroke Foundation of Canada. Main objective has been to keep a watch on unresolved topics such as hand position, back slaps, removal of pulse check etc. BLS group intends to continue with this process. Marc has received material relating to chin-lift and no ventilation in BLS, but these were not received in time for him to provide feedback to the meeting.

Many questions from each country regarding the guidelines. Tony asked for approval to have some international frequently asked questions and answers put on the ILCOR website. Ian reported the ILCOR website had been established about a year ago, however there is nothing on this site as yet.

Richard asked the purpose of the website?

Ian suggested this was a general website and could be used for reviewing documents it could also be used to link to other council websites

Decision: Bill to look into placing FAQ's on website. In meantime all members to submit some FAQ's to Bill and Douglas in the first instance.

The website needs further discussion

The executive committee should decide how the website works in the future

Walter Kloeck ALS Working Group This group also watching unresolved topics. Each group member has been asked to take responsibility for a topic. Walter circulated a list asking members to nominate the topic they would wish to take responsibility for. ILCOR members approached first and then circulate to others who may be interested in taking responsibility for a topic.

Vinay Nadkani Paediatric Working Group This group continuing to communicate in similar fashion to the other working groups.

Constitution

Bill opened the discussion regarding the ILCOR draft constitution. The purpose of the constitution is to put more structure into ILCOR as agreed to at the last meeting. Bill reported Pip, Douglas and he had spent sometime putting

this document together. There are two documents. The first is the original sent to all members. The second is the draft incorporating all members' suggestions.

Mission Statement:

Add the word developed now reads *identified, developed and viewed*.

Change treatment to *management*

Objective

No changes

Membership

ILCOR was originally to be multinational. However there are problems with this as the AHA is not multinational. It is important not to have individuals coming on the committee. Asia has made an approach to be members but cannot be as individuals.

Decision

First dot point to read

Generally to be multinational.

David: suggest an appendix stating the multinational components of the membership and whom they represent.

Vinay: suggest existing members could be identified as founding members and then add criteria for new membership.

Douglas: need to keep maximum numbers down to 30-35. This could mean adjusting the ERC and AHA numbers to 4-5 or 6 maximum.

Leo: Three delegates for Asia may not be enough.

Walter: add *generally three*

Tony: delete numbers altogether, however the disadvantage of this would be a discussion at every meeting.

Douglas: add *the current numbers are...*

Decision

Add *the current numbers (subject to change) are:*

Co-chairs

It is important to have two co-chairs, but do they have to come from the AHA and ERC?

Walter: should the co-chairs be left out of the constitution?

Leo: suggest 3 co-chairs 1 ERC 1 AHA and 1 from the smaller councils.

Ian: co-chairs were originally from AHA and ERC, but they do not need to come from a particular organisation now.

Don't agree with having three

Mary Fran: 2 is reasonable. Maybe have a minimum of 2

Tony we have added the word currently which should suffice.

David: Historically the Liaison committee need to be in a position whereby they were not influence by their organisation. We now should have a proper international structure. Suggest the 2 co-chairs remain and conduct the meetings. There needs to be someone who will oversee the whole thing eg president, 2 co-chairs, secretary treasurer and a 6th person who manages the website etc. The president could be a 2-year post and their role would be to push ILCOR forward.

Bill: against this suggestion as things have worked well in the past

Pip: supported David's suggestion.

Douglas: there needs to be more discussion when we talk about the executive.

Application for Membership:

Opening statement to read member organisations seeking membership.....

Relace council with *organisation*.

Do we need a membership fee?

Mary Fra: should it be in this document?

David: take out. It is covered under membership fees.

Leo: does by adding the word organisation open it up to other organisations, which take it away from resuscitation?

Douglas: it is the decision of the committee as to who is admitted.

Pierre: should we go back to the word countries?

Leo: we need to have the word resuscitation in somewhere.

Decision

Replace *council with organisation*

Members

Under 2-bullet point 2 does not read correctly.

Ian: removes point 2 altogether

Decision

Under 2 first bullet point becomes part of number 2 and bullet point 2 is removed.

Membership fees

Tony: should add *the need for* in the opening sentence

Opening sentence now reads *The need for an entrance fee and membership fee will be a sum determined by the committee at any meeting*

Election of Executive Committee

Mary Fran: cross out from smaller countries, and change to read: *the officers will be elected by the committee.*

Tony: secretary should be honorary as it is a voluntary position

Marc: terms of office are generally 3 years for co-chairs.

Michael: term of office should not exceed 3 years.

Walter: should term of office be 3 years with right of re election for further 3 years?

Mary Fran: it should be kept vague. Need to be careful we do not lock ourselves into something.

Leo: there should be an overlap so both co-chairs do not leave at the same time.

Vinay: maybe increase the executive to have 2 co-chairs and one co-chair elect. Longest standing co-chair retires and the co-chair elect goes in.

Mary Fran executive committee may include co-chairs elect.

Decision

Remove words *from one of the smaller councils*

Add the *term of each office will normally be three years.*

Functions

Ian: remove first paragraph.

Pip: it should stay supported by Leo and Bill.

Bill: should the executive meet at least once a year?

Douglas: suggest reword to include communicate and add at least quarterly.

Leo: who elects the member from the organisation to be on the executive? Out of the ERC members who elect the ERC member to the Exec? This needs to be decided upon.

Decisions

First sentence now reads: *The executive committee will have day-to-day control and management of the administration of the affairs of the committee.*

The second sentence now reads: *The executive committee will communicate as deemed necessary. This may be done by email, telephone, or face to face, and will occur at least quarterly.*

Subcommittees

Douglas: If non-members of ILCOR can go on the subcommittee; this has to be a decision of the executive council.

Tony: should leave as is and add chair of sub committee can co-opt.

TEA BREAK

Pierre: suggested we use task force as opposed to sub committee, which is more permanent.

Tony: subcommittee chairperson should be elected by ILCOR (not the exec).

Leo: will there be minutes of the subcommittee meetings? This should be added in.

Tony: if we have to keep minutes, what constitutes a meeting? Email??

Bill: some work will need to be done on that issue.

Decisions

Change *sub committee to task force*

Opening paragraph now reads: *ILCOR may delegate to a task force consisting of representatives of ILCOR. Non-*

members of ILCOR may be co-opted temporarily with approval of executive with expertise in particular areas as deemed necessary and at the discretion of ILCOR representatives.

Third paragraph now reads: *A task force chairperson shall be proposed and appointed by ILCOR*

Fourth paragraph now reads: *task forces can meet and adjourn from time to time as deemed necessary.*

ILCOR meetings

No change

Notice of Meetings

No change

Rules of Meetings

Bill: the only new bit is proxy.

Douglas: Do we want to allow for proxy?

Tony: I agree if someone can't come they usually send a replacement.

Leo: Proxy vote won't help a discussion on a difficult subject.

Decision

Leave

Funds and Accounts

Decisions

Remove *financial year date*

Add the word *any* to the first sentence. Now reads: *Any funds of ILCOR shall be invested in the name of the committee in a bank or other investment as the executive committee directs.*

Where to from here with the changed constitution?

Leo: what status will we have? Non-profit.

Bill: we will look for the best legal name. ? Charitable trust/non profit.

David: ILCOR is now much bigger, and again suggested the need for one person with an overall view. This would leave the co-chairs free to conduct the meetings and discuss the important issues. Maybe a facilitator to assist the secretary to move the organisation forward. There would need to be overlap for continuity.

Pierre: A good suggestion but perhaps a bit too early.

Douglas: we need to give this idea some thought and present it at the next meeting. A small group consisting of Pip Douglas and Bill will make the changes as discussed to the draft document and circulate to the committee for feedback. The document will then be circulated again for the final time.

Cochrane Review

Ian presented an overview of what Cochrane is, and then asked if there was support for a Cochrane review group? This would need funding and direction.

Douglas: a systematic review is very time consuming. There are 3819 topics for discussion. Do we have that many people to do systematic reviews.

Ian: ILCOR members would not be the reviewers these would be other people from around the world. ILCOR would oversee the Cochrane review group. It would become an activity of ILCOR. If someone is interested in doing a review on a certain topic then contact the Cochrane group for resuscitation and the process starts

Tony: is there a structure to do the review like the guidelines worksheets.

Ian: there is a structure and all the reviews are done the same way.

Richard: it would be prestigious for us to do this.

Paco: proposed we should go ahead with this. Resuscitation is part of many groups and it needs to be centralised.

Leo: supportive so long as it isn't the only mechanism used for next guidelines. Who has access to the database and the reviews?

David: fully supportive. If we don't do it someone else will.

Ed: how does this relate to guidelines process? If it doesn't relate to the guidelines process then there is a problem.

Ian: it supplements the guideline process and hopefully will help facilitate it.

Vinay: supportive. It will help us to up date the guidelines in the future cost wise.

Ian: gives ILCOR some legitimacy.

Richard: Cochrane is part of the answer, not the answer. It is A TOOL.

Mary Fran: supportive, but what happens if ILCOR makes a commitment and it doesn't come off?

Ian: The average review takes 800 hours approximately. If someone can't do it then that person says so and it goes to someone who can do it.

Pierre: supportive, however Cochrane would only account for 1/3 of what we are doing with guidelines.

Douglas: if this an ILCOR activity what is the commitment?

Ian: if we decide to agree to this we need to let the Cochrane group know that we wish to set up a review group

Bill: asked how Cochrane is balanced with the production of the guidelines? How do we get to where we want to get in terms of common science?

Ian: everything that happens in the review group is determined by ILCOR.

Douglas: we have to decide if we want to take the next step. Where does the funding come from?

Ian: ? Laerdal Foundation may be interested or the councils

Douglas: we need to look at all the issues and present them at the Spark of Life Conference.

Bill: suggested Ian work with a small task force to push this forward for the meeting in Melbourne.

Utstein Style Conference

Vinay gave an overview of the progress for this meeting.

The objective is to develop an international registry of advisory statements. Templates have been done previously but these now need to be revisited.

Have they been used, if so how have they been used, and have they given us good information. A registry is different from a clinical trials database. The draft document presented is not finalised. Vinay outlined the process. Vinay asked that ILCOR members need to contact him with names from their country who are currently involved in keeping a register.

Pierre: we need to have something about the relevance of the data. It is one thing to collect it, but it is another as to how we use it. Some of the information we collect is of no use.

Carlos: can someone translate the documents into Spanish and possibly other languages as well?

Vinay then discussed the programme and presented timelines.

Leo: this is a major enterprise can we do this?

Some discussion ensued

ILCOR members expressed concern that 4 hours put aside for the ILCOR meeting was not enough. There needs to be a full day.

How will it be funded? Do we expect the same level of funding for the Australian meeting from Laerdal as for this meeting? An application for funding has been submitted to the Laerdal Foundation. Each council will need to sponsor their delegate.

Ian pointed out that some of the people who would be attending the ILCOR meeting are keynote speakers at the Spark of Life Conference.

Bill thanked Vinay for all his work for the meeting in Australia.

Guideline Implementation

Bill asked how things are going with the implementation of the guidelines in each country.

Walter: Final document fantastic. Each council has no doubt adopted aspects that are appropriate to the culture for that country. However for RCSA the document is superb.

Marc: HSFC has produced own training materials for BLS. HSFC has gone with CPR for unconscious FBAO in both lay and health professional rescuers.

Leo: ERC are very happy with the Consensus on Science have produced own training materials. A summary of the guidelines is now available as a small booklet.

Europe refers to the document as International Guidelines 2000. This maybe the way it should be referred to in the future. Some journals refer to it differently however.

Bill: there are instructions as to how the document should be referred to.

Ian: Australia is currently reviewing the document looking at the differences to their own guidelines and where they

go from here.

Vinay: AHA is happy with the guidelines. The problem is translating the information to the providers. That process is currently going on.

We need to decide if the process used last time is the best process to use.

Pip: New Zealand has developed their own training materials from the document.

Sergio: CLAR is currently developing their own material from the document. Awaiting translation.

Sergio suggested the next meeting (after Melbourne) could be held in Brazil and focus on first aid.

Bill thanked Pip for the work done on the constitution for the meeting and for taking the minutes.

There being no further business the meeting closed at 1pm.

Lunch followed.