

**INTERNATIONAL LIAISON COMMITTEE ON  
RESUSCITATION COMMITTEE  
16<sup>th</sup> MEETING  
PALAZZO AFFARRI  
PIAZZA ADUA 1  
FLORENCE ITALY  
OCTOBER 6<sup>TH</sup> / 7<sup>TH</sup> 2002**

MINUTES

Bill Montgomery welcomed everyone to the 16<sup>th</sup> ILCOR meeting.

**Delegates Present:**

Bill Montgomery (Co-chair)

Jerry Nolan (Co-chair)

Pip Mason (Secretary)

**AHA**

Jack Billi

Bob Hickey

Mark Mattes

Vinay Nadkarni

Graham Nichol

Max Harry Weil

**ANZCOR**

Ian Jacobs

Peter Morley

Pip Mason

**CLAR**

Saul Drajer

Dario Ferreira

Carlos Reyes

## ERC

Dominique Biarent  
Leo Bossaert  
Tony Handley  
Koen Monsieurs  
Petter Andreas Steen  
David Zideman

## HSFC

Michael Schuster

## RCOSA

Walter Kloeck  
Ashraf Coovadia

### **Observers/Experts Present:**

Tom Aufderhide  
Lance Becker  
Mike Bell  
Bob Berg  
Bernd Böttiger  
Douglas Chamberlain  
Ralph Cosyn  
Judith Finn  
Mary Fran Hazinski  
Terry Van den Hoek  
Ahamed Idris  
Kazuo Okada  
Jeff Perlman  
Jerry Potts  
Ric Samson  
Fritz Sterz  
Mark Swanson  
Volker Wenzel

**Minutes of the Previous Meeting.** Pip to add that ILCOR website not yet up and running. Minutes were passed unanimously.

### **Matters Arising**

Resuscitation research (Jerry Nolan) not much progress has been made on the subject of consent and the unconscious victim, partly because has been devoted to the hypothermia document. Jerry will move forward with hypothermia following this meeting. If ILCOR is to make a statement on informed consent it needs to be published in 2003.

## Update on Cochrane Collaboration

Ian reported that considerable progress has been made in this area. There are a number of Cochrane processes. There is some pressure to register ILCOR as a field of the heart group. The heart group would pass any proposals relating to resuscitation to ILCOR, so that we would get the opportunity to provide expert assessors. An application for field registration has been made. We need to consider what the role of this field would be - most likely a database of resuscitation research as there is a heart and an anesthesiology database already. All delegates will be asked to identify their area of expertise, as Cochrane protocols with a resuscitation focus will be sent to delegates for comment. There is a methodology that Cochrane will expect us to follow. Reviewers will need to attend a review course. This can be done in UK, Europe or the United States. CLAR asked if ILCOR could run a review course. Ian agreed it could be an option and beneficial to get everyone on board at the same time. However with the review of the guidelines coming up there may not be time for this. Jack Billi suggested that only ILCOR people would be doing the course at the time of an ILCOR meeting and that more people would be needed than just ILCOR delegates. However it would be good to standardize protocols for ILCOR delegates. Jerry suggested a one-day course either before or after an ILCOR meeting. Cochrane would cover funding for training. Graham pointed out that although training would be gratuitous, travel would be the responsibility of each council. Bill Montgomery suggested a course could be conducted around the next ILCOR meeting in Dallas in April 2003. Ian asked delegates to email their preference for Cochrane training on either the 8<sup>th</sup> before the ILCOR meeting or as suggested by Vinay on the 12<sup>th</sup> following the ILCOR meeting. Jack Billi suggested that those who were going to be involved in the guidelines review for 2005 should participate in the Cochrane training. Fritz Sterz reported that three worksheets have already been completed on hypothermia, so this would be a good opportunity to see how the ILCOR process for reviewing fits with the Cochrane process. Cochrane has also had a problem in the past as to where to put reviews such as amiodarone.

## Status of Advisory Statements

**Drowning:** Ahamed Idris reported that he had attended the drowning conference in Amsterdam in June. For discussion later in the day

**Hypothermia:** Jerry Nolan reported 3 worksheets have been completed by Jerry, Peter Morley and Terry Vanden Hoek. The first draft has been emailed to everyone. The ALS subcommittee will discuss this further today.

**AED use in Children and Alternative Defib Waveforms:** David Zideman reported that this was on the agenda for discussion in the Paediatric subcommittee later in the day although there would be limited time to do this.

**Education:** Mary-Fran Hazinski reported one example of a flow diagram on how to evaluate courses had been produced but nothing further had been developed. Mary-Fran asked if anyone objected to a small sub-group being formed to develop this further and recommendations would then be submitted.

**Registry Statement:** Ian Jacobs and Vinay Nadkarni circulated the template for discussion. The plan is to publish this in 2003. Peter Morley noted that **(What goes it here)** was missing from the preliminary draft and needed to be put back in. Ian and Vinay discussed the need to capture people who die in hospital who have never had resuscitation attempted. 15% have attempted resuscitation. The Registry statement was vigorously examined and worked on following the ILCOR business meeting.

## Review Proposal from CLAR

Bill Montgomery reported the AHA had sent a letter to CLAR stating that whilst CLAR was valuable they were not very active, and therefore all correspondence in future should be sent to the InterAmerican Heart Foundation (IAHF).

Saul Drajer pointed out that in an agreement signed in 1998 CLAR became a scientific council of the IAHF reporting to the Emergency Cardiovascular Care (ECC) Committee of the IAHF.

Bill asked Douglas his opinion on this issue. Douglas agreed that it was contrary to the agreement made in 1998, and admitted it was a strange move of the IAHF without any discussion with CLAR or ILCOR. It is possible there is some confusion over the matter and a meeting with Carlos Sergio etc confirmed this. However Sergio has asked that there be no change until he takes over the chair of CLAR next year.

Sergio has confirmed that CLAR is part of the Inter American Heart Foundation.

Carlos Reyes is unaware of the information presented today and will be having a meeting when he returns to discuss what will happen in the future. A decision was made back in 1998 and the rules should not be changed without consultation. It was deemed inappropriate for ILCOR to discuss the issue further at this time.

### **Future ILCOR Dates**

Bill announced a proposal had been received from Sergio for hosting an ILCOR meeting in South America in 2003. The next meeting (April) is to be held in Dallas and the Sept/Oct meeting could be Brazil. Information obtained from Sergio so far is that the meeting would be in late September.

A power point presentation followed re the possible meeting locations in Brazil.

Airfares are approximately \$1200 US from Australia. It is expected that accommodation etc would be covered by a grant from a Brazil source.

Petter pointed out that ILCOR meetings should be attached to other meetings, as it is a long way to travel from Australia and New Zealand for one meeting.

David reminded the committee that this was discussed in Melbourne and that travel costs would be around \$20,000 minimum. Also the Dallas meeting is not attached to any other meeting.

Vinay suggested that maybe it could be attached to another meeting in S America.

Mary-Fran suggested if we did a block booking airfares etc may be cheaper.

The ILCOR meeting could link with the Congress of Cardiology meeting in September

Leo felt this did not really help, as not everyone would be involved in a cardiology meeting. Leo questioned whether it is important to travel to different places for the ILCOR meetings?

Douglas agreed that meetings should move around. It is important that the meetings should be held in parts of the world that have representation on ILCOR.

David felt it depended on who was attending the meetings. If it were to be a small group of ILCOR delegates then this would reduce the costs.

Jack suggested the decision be made on Monday when the dates for the cardiology congress are confirmed.

### **Stationary Update**

Pip reported she had done some work on a logo for ILCOR, and had a draft for an idea for people to have a look at in the break. The logo is of a dove signifying peace with the world map and ILCOR underneath. People to have a look at the concept and then provide feedback on the idea.

## International Consensus on Science

Bill Montgomery thanked Jerry and Vinay for all their work on this. The ILCOR proposal was submitted to the AHA and now this has come back to ILCOR.

Vinay presented the proposal from AHA. Mainly the timeline was reviewed and that meetings should be held alternately in Dallas and one other meeting at another venue (two meetings a year)

Mary Fran gave a presentation relating to the C2005 post conference document. What should it look like, what should it contain and how should it be weighted? She suggested that we should not leave out class of recommendation. If it comes out of the consensus document does this mean all councils are supportive of that? Do all ILCOR delegates represent the views of their councils? Mary Fran then discussed the weighting for pages in the new document. Alternative weighting to be discussed in the sub groups. Sub groups to remember that everything has to be much tighter and leaner in the new document, which will be about 100 pages. ACLS currently has 12 algorithms, which was considered to be far too many. A template should be developed for organisation of chapters. IN C2000 much time appeared to be wasted because of the process.

Jerry thanked Mary Fran for her presentation.

Tony Handley reported that the last time the guidelines were reviewed there were problems with the process. There was no continuity. This time there will be a coordinated group that will look at the work overall.

Mary Fran pointed out it was a rushed process last time as we ran out of time. We have time to look ahead for this document. ILCOR delegates need to go back to their individual councils and discuss the meaning of endorsements.

Jack Billi pointed out that last time almost every council produced its own guidelines. Clearly teaching materials need to be owned by the individual councils.

Tom Aufderheide raised the point that last time 6 recommendations were received from one council on one issue and at that late stage there was no time to seek further input. Bill Montgomery pointed out the mission statement clearly states that everyone agrees on the treatment recommendations. This should not become a complex issue.

Petter suggested that if the document were too generalized we would not get anything from it. If it is to be kept to 100 pages it will be difficult but certainly easier to work with.. There needs to be a continuum between a consensus science statement and the individual council's material. There is a fine line between what should be in the consensus science document. Where does the line stop and start for each councils document. The algorithm should be in the book once consensus has been achieved.

Peter Morley reminded the group that the last book was very large. The reviews we do are based on a particular question. It is imperative that we have some narrowing down of information this time round.

Graham Nichol suggested we could have more people reviewing fewer topics this time.

Bob Hickey suggested class of recommendation should not be left out.

Jack Billi agreed we need class of recommendation but we need to leave it up to each country to address local conditions.

Ian Jacob's disagreed. He pointed out that in a consensus of science document levels of evidence only are required. If a class of recommendation is included it becomes gospel.

Graham suggested there needs to be consistency. Last time we ran into problems. It would be confusing

if every country recommended something different.

Ian pointed out this happens now as it has to be tweaked to be more appropriate for the local environment.

Jerry asked at this point that the discussion be brought to a close.

Mary Fran suggested having a class 1 and 2a only.

Tom suggested class 3 should also be included.

Jerry asked that we come back to this discussion tomorrow.

At this point Jerry clarified the role of the experts in the breakout groups.

Petter asked for clarification as to what we decided in Melbourne about choosing the experts for this meeting. Jerry pointed out that we needed to address economic and scientific conflicts of interest, however these people were often the most knowledgeable. An expert could present the evidence but not be involved in the review process if they had a conflict of interest.

Petter questioned whether people who work on a topic that is their area of expertise should be doing the review, even though they do not have a conflict of interest.

Bob Hickey suggested it was the job of the person assigning the worksheet to ensure the best people are involved who do not have a conflict of interest.

Ahamed reminded the group there also needs to be acknowledgment of intellectual conflict of interest.

Jack Billi agreed to send Jerry the document (guidelines) regarding the principles of conflict of interest.

## **Education Group**

Douglas Chamberlain gave an overview from the education group including the process that was used at the Abbey in June 2001. Consensus has now been achieved and the document could now be published in its present form. The group now needs to develop a document as to how to evaluate courses. It is not easy to get everyone to agree on all the issues, but it is important agreement is reached on assessment and evaluation. Douglas suggested a small group be formed to come up with suggestions and circulate to all Utstein participants. Douglas reported there was still a little bit more work to be done then the document could be published early next year.

## **Drowning**

Ahamed reported back from the conference held in Amsterdam in June. The fourth draft had now been completed and will be distributed to all ILCOR delegates via email.

Bob Hickey asked about the process for making this a joint ILCOR document. Petter confirmed the document would need to have input from ILCOR if it were to be classified as a joint document.

Leo agreed everyone should look at the document.

Bill Montgomery pointed out this needs to be a priority for ILCOR.

Mary Fran suggested that Ahmed write a letter asking Jerry and Bill for this document to be approved. This could be done by sending the document to respective council chairs who in turn would ask for input from their own people. The document does not have any weight currently.

## **Therapeutic Hypothermia.**

Jerry Nolan gave a brief presentation. David Zideman pointed out he had some concerns relating to the document. Jerry agreed a lot of concerns had been expressed and these were to be addressed in the supporting text.

Mary Fran suggested the level of evidence should be included

Petter believed this would be made clear in the text.

Jerry asked the group if the proposal had class 1 after VF and class 2B after rhythm is included would people be happy with that. The group agreed to this.

Mary Fran suggested there could be a coding system for all recommendations/level of evidence in the document.

Decision to include 1A after VF on proposal. This will now go out to the ALS task force then circulated to all ILCOR members.

## **AED use in children and alternative defibrillation waveforms**

David Zideman reported the group is currently trying to develop a template. A decision has been made to change Joules to current. There needs to be evidence to show that the delivered energy should be based on body weight. David and the paediatric group will be doing more work on this document. Some of the issues will be addressed in the paediatric group tomorrow.

The meeting closed at 6pm.

To reconvene Monday morning 7.30am

## **Monday October 7<sup>th</sup>**

The meeting commenced at 7.30am following breakfast with sub committee meeting feedback

### **BLS Task Force - Tony Handley**

The group used the algorithm to identify all topics then considered which topics needed revising then grouped the topics under headings. Some topics overlap with other task forces and these would need to be allocated to the most appropriate group.

The group then discussed the expectations of the Task Force Leaders.

Vinay raised the issue of questions being developed by the experts. Was this a waste of time?

Mary Fran suggested we should develop the hypothesis and the expert could shape the question from there.

Lance Becker asked if there was a process for prioritizing to allow the groups to work efficiently?

Jerry admitted there was a lot of overlap. The questions need to be specific. We could use the ones from G2000.

Peter Morley queried using research over the last 5 years only, and suggested that the research should not just be restricted to that time.

### **Pediatrics Task Force - Bob Hickey**

15 BLS Paediatric statements and 20 ALS Paediatric statements to be reviewed. Bob outlined the plan for the paediatric review. Tony asked whether paed and adult BLS should be coordinated?

Mary Fran suggested that the questions could be developed and sent to a small group of people to identify major focus of the question to ensure there was no overlap.

Jerry agreed that the paed and adult BLS approaches could be combined.

The time frame for questions to be sorted eliminated etc by April in Dallas. Are things on track time wise?

Peter Morley pointed out this was achievable. We should not set the goals too low.

Mary Fran reminded everyone we need to be mindful of overlap and inconsistencies. Should there be a section on BLS that includes adult and paediatric.

Vinay asked at what stage do we do the literature review? If it is done too early it will have to be repeated.

Peter expressed concern that if we did that we would run out of time like last time. All groups should be able to have the questions ready today.

Mary Fran agreed each subgroup should come up with topics and issues related to topics by end of the day. Mary Fran would then be happy to look at the questions and identify any overlap.

Tony asked if First Aid, Ethics, and special circumstances were to be covered as separate topics.

Mary Fran agreed a separate group should cover these.

Jerry agreed ethics was a separate topic and possibly special circumstances were also separate.

Jack disagreed and suggested we should coordinate work on special circumstances for all 3 groups.

David suggested that first aid not be addressed here. Should we be looking at nominating non-AHA members to work on this group.

Vinay suggested that it should be related to resuscitation.

Mary Fran agreed it would be an ILCOR not AHA group. It should be a group of people interested in these areas.

Mark agreed to chair a group to address topics that needed to be considered outside the already established sub groups i.e., first aid, ethics, education Epidemiology. The group needs to be the same as the other sub groups.

Mary Fran asked that we identify a few things that need to be addressed separately.

### **Neonatal Task Force - Jack Pearlman**







