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Management Highlights from ISICEM

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This year, the ISICEM is celebrating its 25th anniversary! Twenty-five years ago, in a university building, 200 doctors and 5 faculty members met for the very first ISICEM. The concept was that the meeting would promote intensive care medicine, then still a very young hospital specialty, that it would help doctors keep up to date with the latest clinical and research developments in the field, and that it would enable important contact between doctors from different hospitals and countries encouraging national and international discussions and collaborations.

On the surface much has changed: The ISICEM now welcomes almost 5000 participants and 200 faculty members; it meets at the vast Brussels Exhibition and Convention Centre to cater for the increased numbers; the overhead projector has been largely replaced by PCrun presentations; ... But, the underlying concept and objectives remain unchanged - to bring together professionals from all corners of the globe to discuss and debate the latest in clinically-based research in the fields of intensive care and emergency medicine, in an environment that enables and encourages them to discuss their own practice with colleagues from other ICUs in their own and other countries. In this electronic age and with (generally) efficient and rapid travel, international distances have never been smaller, but huge differences still remain in clinical practice at national and international levels, and meetings such as the ISICEM, which encourage cultural and scientific exchange, provide an essential part of ongoing medical education.

This year's Silver Anniversary meeting will be preceded, as every year, by a closed Round Table with 30 or so leaders in intensive care medicine. The 2005 Round Table title is "My ICU in 2015" and participants will discuss how they see various aspects of intensive care medicine, from organization and management to technology and treatment, developing over the next 10 years. This theme will run through the main Symposium meeting with several sessions covering likely future developments in intensive care medicine. Efficient management of ICUs is increasingly important as we try to balance financial limitations on one hand with increasing numbers of patients and increasingly expensive technology and medication on the other. Many of the symposium sessions will impact indirectly on ICU organization and management, but here we will highlight a few with more direct implications. Current and future approaches to rationing, delivery of intensive care, staff training, and computerized data management systems are covered in sessions looking forward to the next 10 years of intensive care medicine. Effects of staffing levels on outcome, cost-effectiveness of ICU therapies, conflicts between costs and quality, strategies to improve quality of ICU care, ... all will be covered in various session formats at this year's ISICEM. Antibiotic resistance and nosocomial infections are a key concern for all involved in ICU patient care including those in ICU management, as these conditions are associated with considerable morbidity and mortality, with resultant increased ICU stays and costs. Several sessions address the issues surrounding antibiotic resistance, covering basic epidemiology through to optimal antibiotic regimes, which may reduce the development of antimicrobial resistance and hence associated morbidity and costs. Many nosocomial infections are preventable and continuing awareness and application of preventative measures is vital; this important subject will be well covered during the meeting. Outcome statistics are often used as benchmarks for quality of ICU care and improving both short- and long-term outcomes must be a key aim of every intensivist. Outcomes analysis is more complex than it may seem at first glance and a session of 10 lectures will explore some of the issues in various patient groups. ICU outreach teams may provide a means of reducing costs and improving care by enabling earlier diagnosis and management, by preventing unnecessary ICU admissions, and by facilitating ICU discharges. However, not everyone is convinced that this approach is as perfect as it sounds, and there is no evidence showing that outreach teams improve outcomes. This sets the background for one of many interesting pro-con debates to be held during the symposium.

These are just a few of the many subjects that will be covered, providing something of interest for all professionals working in intensive care.

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