

Board Meeting of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI)

Venue: Malmö, Quality Hotel View

Date: June 17 - 18, 2016

Participants: Sigga Kalman (chairman), Per Nellgård, Michael Haney, Martin Holmer, Mikael Bodelsson, Anna Oskarsson-Tibblin, Susanne Wammen, Sören Pischke, Gunnar Bentsen, Jon Henrik Laake, Reidar Kvåle, Klaus Olkkola, Lasse Raatiniemi, Annukka Vahtera, Tom Silfvast (secretary)

Minutes

Friday, June 16

Opening, Election of chair, Approval of the Agenda.

Chairman Sigga Kalman opened the meeting at 13.15 and greeted the participants welcome. The agenda was presented and approved.

Approval of the Minutes of the last Board Meeting CPH

The minutes from the last Board meeting were approved.

Upcoming meetings

a. Winter meeting 2017

It was decided to have the next winter meeting in Oslo instead of Reykjavik because of scarce flight connections, to enable a fulltime meeting. The meeting will begin with lunch at noon on Friday, January 13 and end at noon on Sunday 15, 2017. Officers' meeting will be late Thursday afternoon and continue Friday morning. A major part of the meeting will be to work on the strategy and new visibility of the Society.

b. Congress Malmö 6th - 8th September 2017.

Board meeting 5th of September 08.00 – 16.00 and Officers' meeting 4th of September at 4 pm.

c. Winter meeting in Reykjavik January 2018.

Dates to be set later.

SSAI new logo

Sören introduced the background to the project. An SSAI working group formed by Sören P, Martin H, Anette U, Klaus O and Sigga K have worked together with representatives from the chosen design company TANK design. Helge and Ina from TANK design presented the evolution process leading the new logo. The new logo with accompanying graphics, colour palette and applications were presented.

The Board decided to approve the new logo. The SSAI logo project group will continue its work and develop an implementation plan to launch the logo. The aim is to go

public with the logo at the upcoming SSAI congress in Malmö, until then the logo will not be displayed outside the Board. **POWERPOINT ATTACHED.**

Update on the 34th Congress in Sweden, September 6 – 8, 2017, Malmö

Congress president Mikael Bodelsson presented the progress of the arrangements. The venue is Malmö Mässan, which has good capacity to host the estimated 1000 attendants as well as an extensive exhibition. The congress spans three full days with five parallel sessions throughout the days. The target is to have approximately 50 session topics. Lunch will be included in the participation fee and served within the exhibition area. The poster area is also in the exhibition area, and the sessions will be computer guided and using headsets for the participants. A mobile phone and tablet app with program and various interactive features will be available for download. The total fixed costs of the congress amount to SEK 3.1M and calculated receipts SEK 2M, yielding an estimated profit of SEK 400k. The break-even number of participants is 400. The Board visited the congress facilities. **POWERPOINT ATTACHED.**

35th Congress in Copenhagen in 2019.

Susanne Wammen presented. The venue will be the Tivoli congress center. Previously elected president Jakob Trier Möller has requested to step down, and Lars Rasmussen has accepted to be congress president. The planned dates are Aug 28-30, 2019, but **the Board decided** to request the organizer to find a date in May – June 2019 instead, since the SSAI congress has traditionally been held in spring.

Report from Acta Anaesthesiologica Scandinavica

The Editor in Chief Michael Haney informed about the present status of the Journal. The overall situation is good. Denmark leads the submission rate of accepted manuscripts, followed by Sweden. The number of submissions has decreased, and the IF for 2015 decreased to 2.03. **POWERPOINT ATTACHED.**

Report from the national societies

Denmark/Susanne: Non-anaesthesiologists increasingly use remifentanyl for procedural sedation without backup by anaesthesiologists. DASAIM does not approve, but there are no ways to prohibit. A second issue is the pressure for establishing the emergency medicine specialty, which has caused a lot of discussion and concern among anaesthesiologists.

Norway/Reidar: There is a hearing in Norway about the EM specialty. Some consensus seems to arise that EM shall not replace anaesthesiologists in hospitals.

Sweden/Martin: Emergency medicine as a specialty has been the focus of discussions also in Sweden, as well as discussions about how to make the specialty of anaesthesiology more attractive. The membership registry has been updated into electronic form. There has been much work with statements and replies to inquiries from authorities on various matters.

Finland/Klaus: The process of accreditation of the resident training programs in the central hospitals has been continued according to the UEMS guidelines. The discussion about the role of emergency medicine is vivid also in Finland. A health care reform will radically decrease the number of 24/7 emergency departments as well as the profile of hospitals by 2019. The effects of this cannot yet be anticipated.

Saturday June 18

Major strategic issues

a. Strength and weaknesses of SSAI in the eyes of the National Societies – input from the National Societies

FIN: Weakness: Society invisible to the members. Strength: Possibility to unite members.

DK: Strength: Educational programs, congress. Weakness: Invisible, feeling of lack of possibilities to participate in SSAI work

N: Few active members from national member societies.

S: Strengths: ACTA, educational programs, guideline work, research support. Need to brush up the Society now that new logo is launched.

General discussion: Need to make SSAI more visible, more effective use of social media. The promotion of the Journal to members using focused e-mailing. A problem is that the national societies do not have e-mail addresses to their members. **A task force was formed** with Klaus, Sören and Martin to work out solutions how to approach the members and make the Journal and the Society more visible. During the next Board meeting these issues will be discussed in detail.

A task force with Anna, Reidar and Susanne **will draft** a statement on the Society's view on EM.

b. Acta Anaesthesiologica Scandinavia in the SSAI. The history, articles, and possibilities.

Sigga presented the background and the founding processing of the Journal.

d. Collaboration in Medical Quality assessment

Martin presented. There are two parts of the anaesthesiological field of work, the organisational and the medical. There is room for improvement with regards to the medical aspect, e.g. compliance with guidelines in the treatment of various patient subgroups.

e. International affairs - Scandinavian/Nordic collaboration around National Societies' Committee (NASC) booth/stand on the annual ESA-meeting in the future?

It was decided to suggest to the ESA that the SSAI will man a joint Nordic booth to promote the Nordic societies and their work at the next ESA congress in Geneva. Klaus will take the issue to ESA.

Report from the Acta Foundation and the Acta Foundation Board

Sören informed the Board about the present situation of the ACTA Foundation and actions needed to be taken now that Ivar Gothgen has informed that he wishes to step down from his position as the managing director of the Foundation. POWERPOINT ATTACHED.

Reports from the Committees and Web-master

a. Election Committee – Sigga (5 min)

The election period of three of the SSAI officers' (chairman, secretary general, treasurer) is four years with a possibility for re-election for another two years. The fourth officer is the Editor-in-Chief of the Journal. The positions should be rotated between the member countries and preferably in such a way that all countries are represented. The suggestions for new officers should be announced at least six months before the General Assembly. Sigga presented the election process. The constitution of election committee is defined in the charter, and is currently formed by Alma Möller (IS), Håkon Trønnes (NO), Tarja Randell (FI), Michael Haney (SWE), Ole Nørregaard (DK) and Sigurbergur Kárason (IS). The period of office of the president is ending in 2017, while the secretary general and treasurer at that time have two more years to go.

b. CPC

Anna presented recent activities. Two updated guidelines have just been finalized, three are being worked on and there are several being considered or planned. **The Board decided** that it does not consider it necessary for it to formally approve the guidelines since it has appointed the Clinical Practise Committee to direct the process of issuing guidelines. The Canadian Critical Care Society (CCCS) has approached the CPC with a suggestion to collaborate with the SSAI in guideline work. Pros and cons of this suggestion were ventilated.

The CPC will arrange a Nordic meeting in November 2016 to discuss the use of registries for collaboration on creating common quality indicators, quality improvement and benchmarking within our specialty in the Nordic countries.

c. EdCom

Anukka informed about recent activities. There was a joint meeting in March with the EdCom and the steering committee representatives of the SSAI educational programs. The Emergency critical care program has been stand-by, but now a new steering committee has been elected and the planning for a fourth course will start in September, aiming at a course start in 2017. The next program in Intensive care medicine is planned in 2017 after a pause for one program start. **It was decided** that the EdCom will draft a contract between the SSAI and the AEP:s to develop, define and formalize the relationship between the Society and the educational programs.

d. RC

Michael told about the tasks of the RC. The main project is to evaluate the research grant applications. The next deadline for applications closes in September. RC plans to arrange a two day course in research training for junior researchers in 2017. A follow-up of the effect and outcome of allocated research grants during the last 10 years will also be made. Michael raised the idea about creating SSAI endorsed clinical post-doc positions, and allocating grants for SSAI identified research topics.

e. Web-editor

Sören updated on the challenges of generating news from and spreading information about the SSAI. The webpage currently receives about 100 hits/day. A main challenge is the lack of input to the webmaster about projects and news from the societies and committees. The use of Twitter and Facebook was seen as one option to increase visibility disseminate news.

SSAI Position paper

Sigga presented the SSAI position paper “Shaping the future of Scandinavian anaesthesiology: a position paper by the SSAI”, published in 2010. The paper has been widely discussed and has been useful. Our specialty is developing and new issues are raised concerning ‘what is in and what is out’ and what competences should be kept within the specialty and what can be shared with other specialties. Especially the areas of perioperative anesthesiology and the initiatives to introduce the specialty of emergency medicine and its relation to the work field of anesthesiologists make it important to communicate the views of the anaesthesiologist on these issues to the community. A Nordic collaboration concerning the views of the our anaesthesia and intensive care societies could be used in discussion with policy makers, governments and other stake holders.

A position paper task force needs to involve all parts of the specialty and the views from all the Nordic countries as well as small and large hospitals. This implies that at least in the start many colleagues need to be involved. The time span from start to publication depends on the effort put in, but given the importance of a wide acceptance of the position paper it is reasonable to think that about two years project time is needed.

It was decided that the national societies will discuss pro’s and con’s of taking on the task of writing a new position paper. A report from the national societies will be given at the winter meeting in Oslo 2017.

Closing of the meeting

The meeting was closed at 14.00