

European Airway Management Society

EAMS COUNCIL MEETING MINUTES

The second Council Meeting of EAMS was held in Hotel Prinzregent an Der Messe, Riemer Str 350,D-81829, Munich, at 17:30, 9rd June 2007 with the following Agenda:

1. Welcome address
2. Introduction of new Countries and Members
3. Minutes of the previous Council Meeting
4. President Report
5. Bylaws discussion for improvement
6. Discussion and approval EAMS Statement of Intent
7. Any other business

The Meeting was attended by:

John Henderson, President
 Ulrich Braun, Past President
 Pierre Diemunsch, Future President Elected
 Flavia Petrini, Secretary
 Peter Biro, Treasurer

Council Members present:

Albania	Zhilla	Igli
Austria	Zadrobilek	Ernst
Bulgaria	Smilov	Ivan
Finland	Antila	Heikki
France	<i>(for D'Honneur)</i> Dominique Adam	<i>Gilles)</i> Pierre Antoine
Germany	Doerges	Volker
Greece	Dimitriou	Vasilios
Ireland	O'Sullivan	Ellen
Israel	Ezri	Tibi
Italy	Sorbello	Massimiliano
Netherlands	Klaver	Nicoline
Norway	Bjerkelund	Carl Eivind
Serbia	Janjevic	Dusanka
Spain	<i>(for Madrid)</i> Martinez-Pons	<i>Valentin)</i> Vicente
Turkey	Toker	Kamil
UK	Pearce	Adrian
Moldavia	Sandru	Serghei
Montenegro	Pejacov	Lubica
Serbia	Janjevic	Dusanka

Peter Biro checked the subscription status of each member present, as current subscription status was required to be satisfactory so that members could vote. Council Members were then given voting cards.

1. Welcome address.

The meeting was opened by John Henderson, who welcomed the Council Members to the second Council Meeting of EAMS.

This is the first occasion to commemorate Valentín Madrid, whose premature death is such a loss to so many. Spanish Members have identified as EAMS Council delegate Vicente Martinez-Pons.

2. Introduction of new Countries and Members

Each Council Member identified and presented himself.

Other active Members from the listed Countries attended the Meeting and were welcomed.

Karin Hagberg, SAM President, attended the Meeting, representing our common interest in good relationships between intercontinental links on airway management research and scientific activities.

3. Minutes of the previous Council Meeting

The President asked approval on the Minutes of the Madrid Council Meeting, 2006, that every Council Member received by email. These were approved.

4. President Report

JH reported from the London Board meeting and from the following letters between himself, the Board and the ESA President. Matter discussed included the future position of EAMS at ESA Congress and others, such as for the possibility to workshops and symposia within ESA annual Congress, working as the other ESA subcommittees, but retaining EAMS independence. There are issues to be sorted out, but the preliminary approach between ESA President, Sir Peter Simpson, and JH suggests that there is the will to do so.

5. Bylaws discussion for improvement

Two concepts for the state of memberships. Peter Biro underline that an annual fee is due for each calendar year of Membership.

The President present the matters for training members and European Countries. The discussion is open and participated by the present Members.

For the Members in training (about 30), actually everyone should prove it in a formal way. They were asked to send a paper from the school, but they fail to do it. If they change status it is very difficult to be informed. We should stop this procedure, but we have to change Bylaws. One of the proposals is to drop the free membership from the future. Another method is to ask free membership for them for three years. On the other hand this is a wrong to discuss here being Countries different one from each other.

According PB problems depend on the admission request date, but he is convinced as V.Doerges and M.Sorbello, that 50 € is not expensive for trainees.

JH proposal is 1st year free (independently of admission request date) then regular fees. Vote for change they don't pay for the 1st year: 24 vote are in favour.

The second item is the discussion in order to the European countries Fees. Economy has improved in some Eastern European Countries. Eastern Countries are those included in EU. PB: the actual fees for Eastern Block is 30€. Probably for some of those outside the EU 50 € could represent a problem. Serghei Sandru (a new Moldavian delegate) says that they earn 80 dollars/month. Doerges proposal is no fee for Moldavia and similar.

On the contrary, for Serbia 50€ could be all right. Moreover we have non-EU Countries, such as Turkey. A decision (24 vote in favour) was taken not to increase the fees for Eastern European members for some years.

To be put on agenda for the future; Ellen O'Sullivan will send a list of incomes of Doctors in different Countries.

Furthermore question was raised: what about retired Members? A.Pearce asks for a definition: he could suggest that people of a certain age have not to pay fees.

Life Membership before they retire was a possibility.

The most simple should be not paying but voting, in perpetuity, for EAMS.

P.Biro suggests the limit of 65 years

Vote: 25 participants voting in favour (without the vote of G.Frova and J.Henderson).

6. Discussion and approval EAMS Statement of Intent

Adrian Pierce, invited by the President, presents the definition of the proposal statement for Bylaw changes. We need standards to grow up. The question "What is EAMS?" is more political and must be discussed before presentation to the General Assembly.

The Statement solution is presented by AP as a document answering "who we are - what we do - what we are going to do" with opportunities differences and according to JH comment it is a good idea and must adopt it to become stronger and for improving the ESA scientific links too.

The following has been submitted as a draft to every Council Member.

STATEMENT OF INTENT

1] The Society is committed to achieving and maintaining ultra-low levels of adverse outcomes due to airway management in all patients within the European Union.

2] The Society believes that each country within the European Union should have a defined strategy to achieve and maintain ultra-low levels of adverse outcomes from airway management. The national strategy for airway management should incorporate the following components of process and audit.

(i) There should be a capable and competent Body, Committee or Society which devises, implements, oversees, monitors and adjusts the strategy.

(ii) The training syllabus of anaesthetists and other critical care practitioners should include appropriate airway management topics.

(iii) The training syllabus should be reviewed at appropriate intervals to incorporate new information, equipment, techniques and findings from adverse outcomes.

(iv) A set of core knowledge, skills, attitudes and equipment should be formulated, distributed and known by all practitioners. The core topics should cover at least routine airway management, anticipated difficulties and unanticipated difficult intubation and ventilation.

(v) All practitioners can expect to receive training and education in core topics.

(vi) Practitioners can expect to work in an environment in which the necessary equipment and assistance is available. This equipment will be that required in the national core topics or that required by local agreement. All practitioners can expect to receive supplementary training in locally agreed airway management policies.

(vii) Adverse outcomes should be discussed openly and without blame at local or regional level to effect improvement through the audit cycle.

(viii) There should be a national system of data collection for all serious adverse outcomes. A reliable and formal process of analysis of the data must be linked to implementation of appropriate changes in the training syllabus, core topics or equipment.

3] The Society seeks to improve outcomes from airway management in Europe by providing practical help in devising and implementing national strategy, reviewing and benchmarking national policies and strategic aims, highlighting and disseminating good practice and providing opportunities for interaction between members from different countries.

The President opens for the discussion.

Ellen O'Sullivan comments the possibility of a link with UEMS/EBA too. The suggestions include the actual role of UEMS/EBA President, being Hanse Knape the future ESA President. Pierre Diemunsch agree on the importance.

JH remarks that it must be stated somewhere that we have to work without any conflict with national Societies. Should we adopt pre-existing statements or define new ones?

There was discussion about reporting of adverse outcomes in airway management. According to Volker Doerges it is a very good idea: we need daily connection to benchmark and airway registry is one of the main topics. Asking for a kind of National Data Collection is important for benchmark, comparison and improvement.

Giulio Frova thinks that Countries need for a strategy, but asks if everyone is convinced that data collection could be possible. He presented 3 questions: 1) strategy of the Countries is different from EAMS? 2) Anonymous data collection for adverse events; 3) some objective difficulties. UK maternal death enquiries: it is impossible to maintain anonymous. The collector knows! In Italy Coroner is the problem even if the data is anonymous. AP thinks that we must encourage openness for audit and alert. Doerges says that they are aware of problems, but no one with the legal issue. Frova suggests to collect claims from Assurances.

AP: the doubt is whether EAMS should be impartial or should substitute the singular realities. Adopt pre-existing statements or define new ones.

Vasili Dimitriou: it could be true possibly near misses, non death or brain damage.

Comments from other Country members: Carin Hagberg thinks that a registry is difficult. What about DA Registry? Holland: easier! Everything is recorded on computer started a computerized registry system. Danish system too is efficient. AP: a DA Registry failed completely in UK. Tibi Ezri a low level of adverse outcome, but if we cannot measure, disagree with "commit achievement and maintenance". The society should be committed for education. Bad outcomes are affected by too many factors. The Society must educate. Spanish Members: excellent intent. We feel the lack of core topics for trainers and GL applications. Pierre Diemunsch: we need an endpoint but it looks nice.

AP remember that we can change every year

Asking to vote, the majority is in favour with little change: AP will put for a wider discussion on web pages.

JH proposal is to send the Draft and observations to the Board, that will meeting in autumn (in concomitance with DAS annual Congress).

7. Any other business

JH underlines how EAMS has got a lot and has its importance in ESA. What are we aim to do with ESA.

Was about EAMS beneficial in Serbia? According Dusanka Janjevic many doctors are interested in airway management and EAMS activities, and we might need even more! She hopes to organize two groups and they have to teach the everything

Turkey delegate thanks to EAMS airway management Committee and Courses. Turkey organized a second Meeting (last January and next September or October they are working on

DORGES: DAmangement is Committee in Germany Anesthesia Society

The Board will discuss how to improve this offered teaching

Thanking Ulrich Braun for organizing the Dinner that will follow in the same Hotel to which the ESA President was invited as Archie Brain too, JH close the Meeting at 20.00.