

Critical Care Assembly 2010

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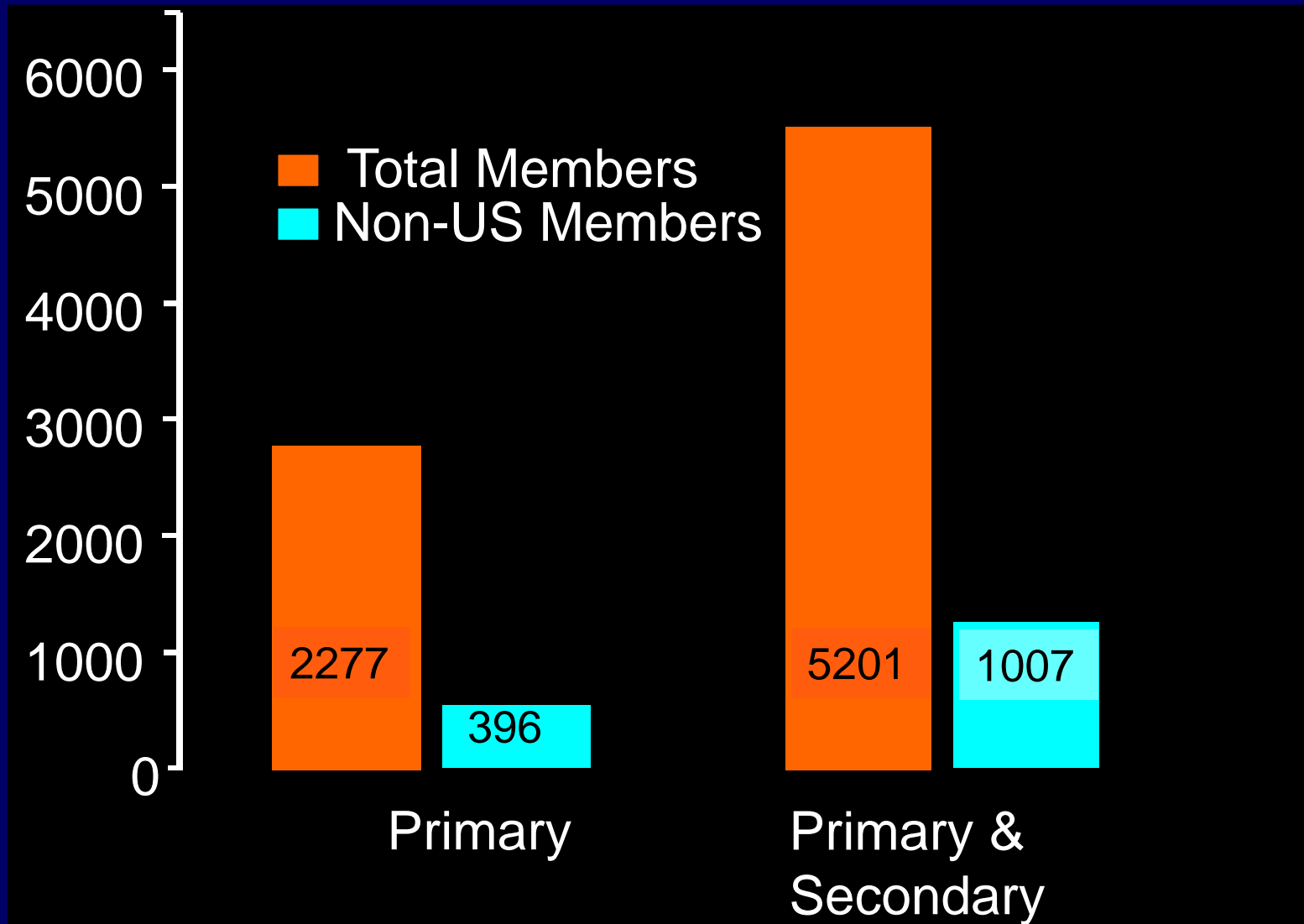


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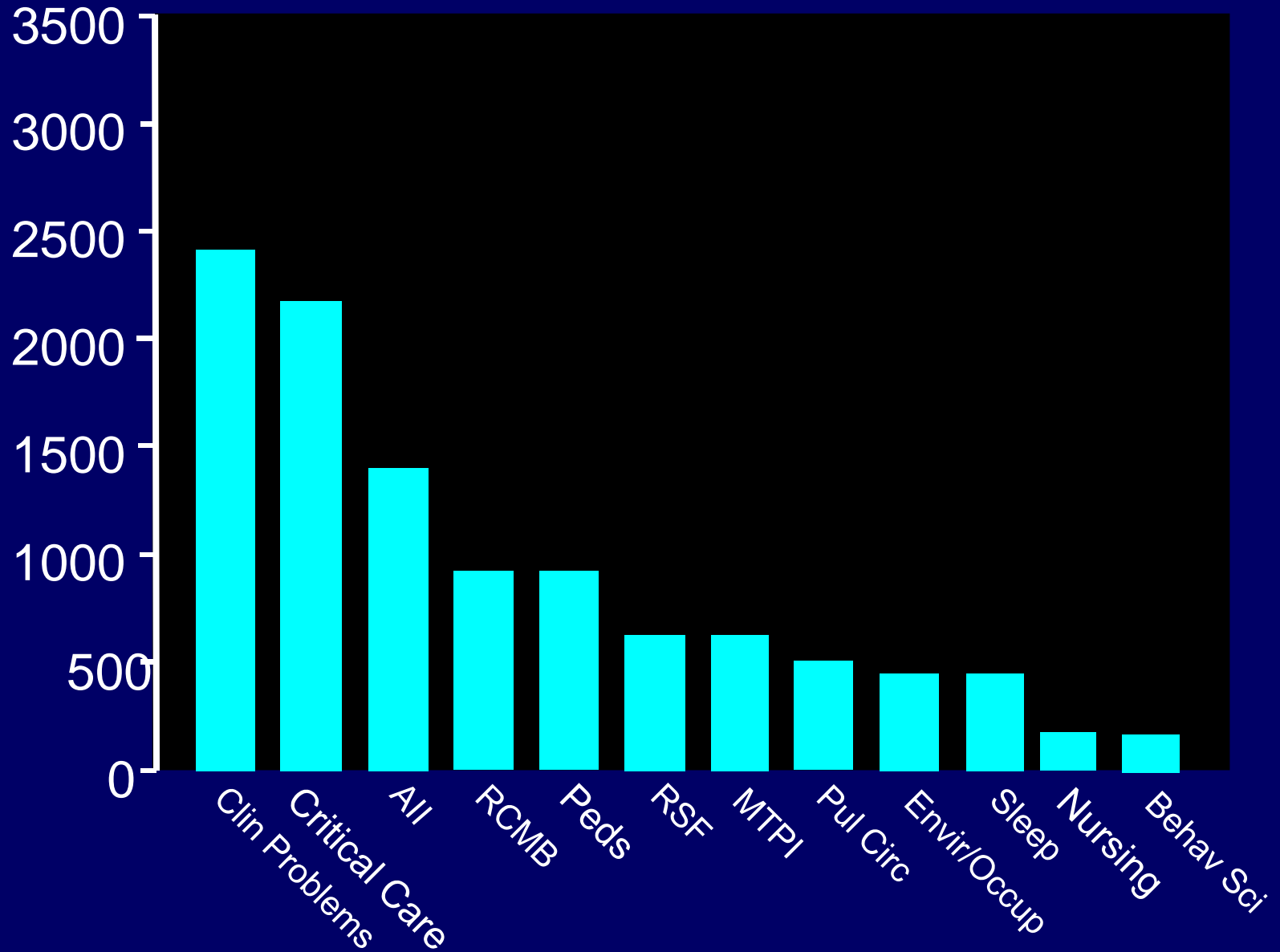
- **History of the assembly**
- **State of the assembly**
- **Structure**
- **Website**
- **Activities**

- **History of the assembly**
 - **Increasing #'s intensivists at international mtg in early 1980's**
 - **1983—Clarence Guenther and Roland Ingram request LDH Wood to stand in election for president**
 - **Jameel Ali (surg), George Lister (peds), Kathleen McClintock (nursing), John Luce comprise early assembly leadership**
 - **Introduction of the poster discussion session**

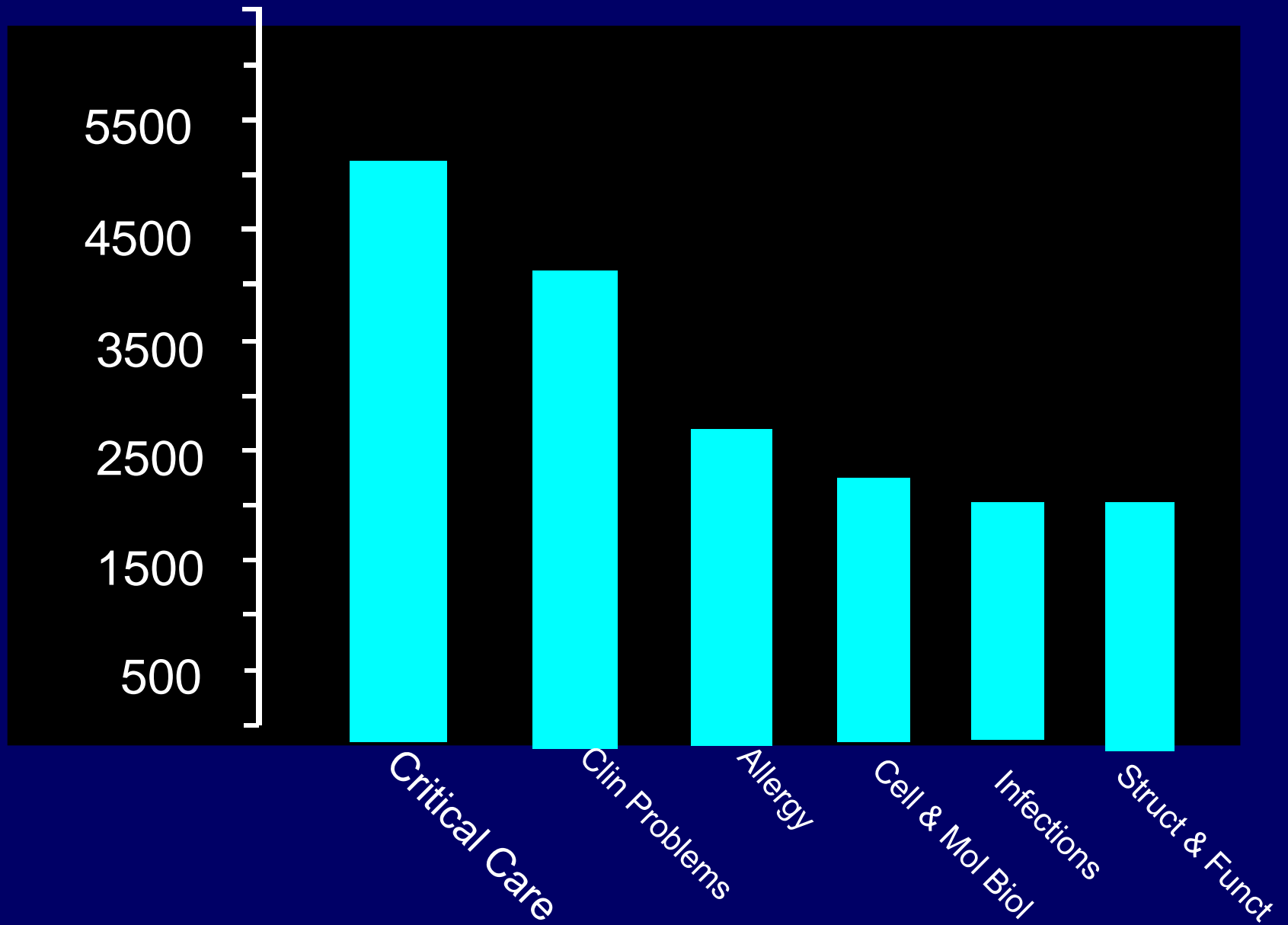
State of the Assembly— Membership 7/30/10



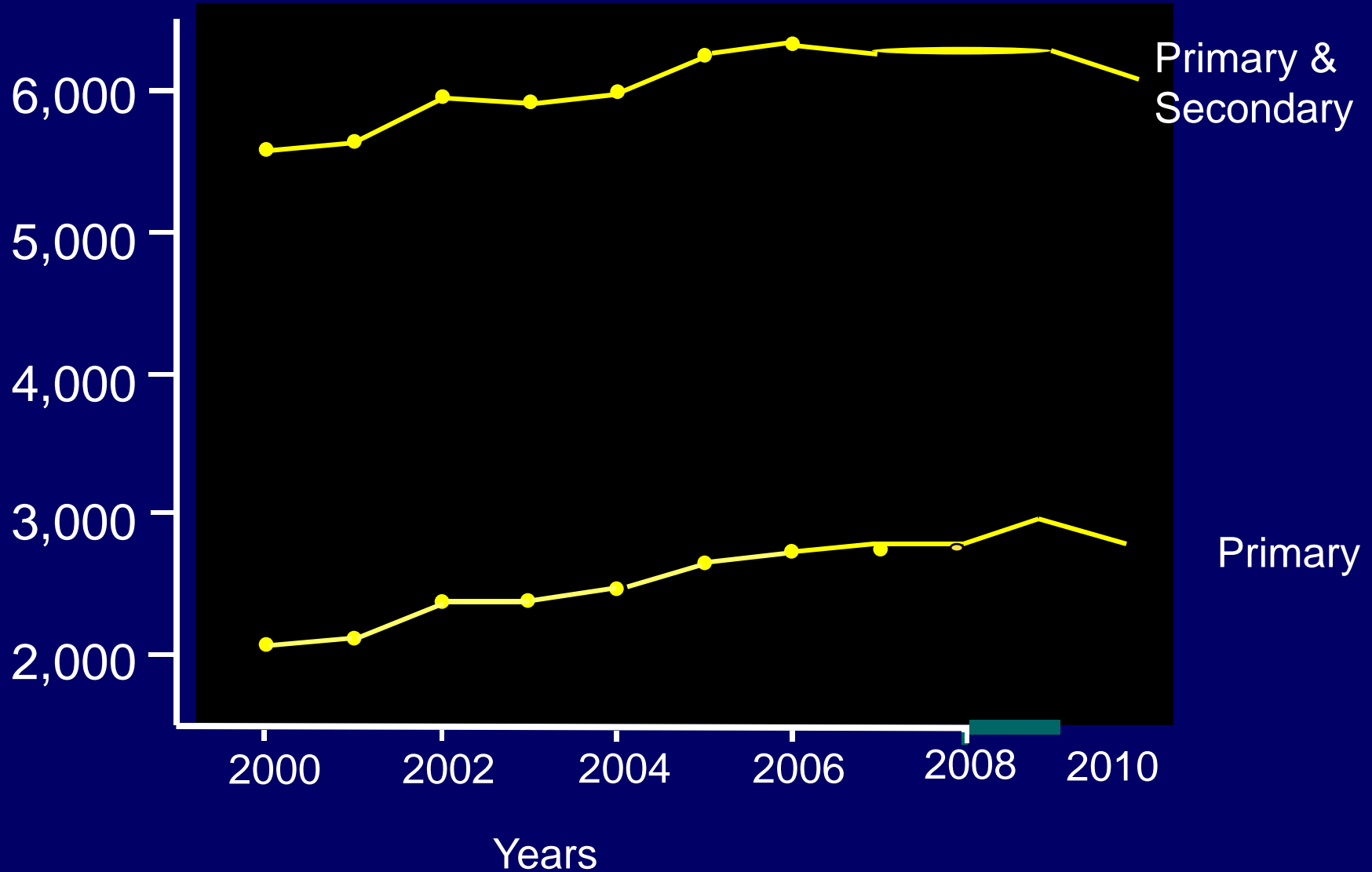
Primary Membership



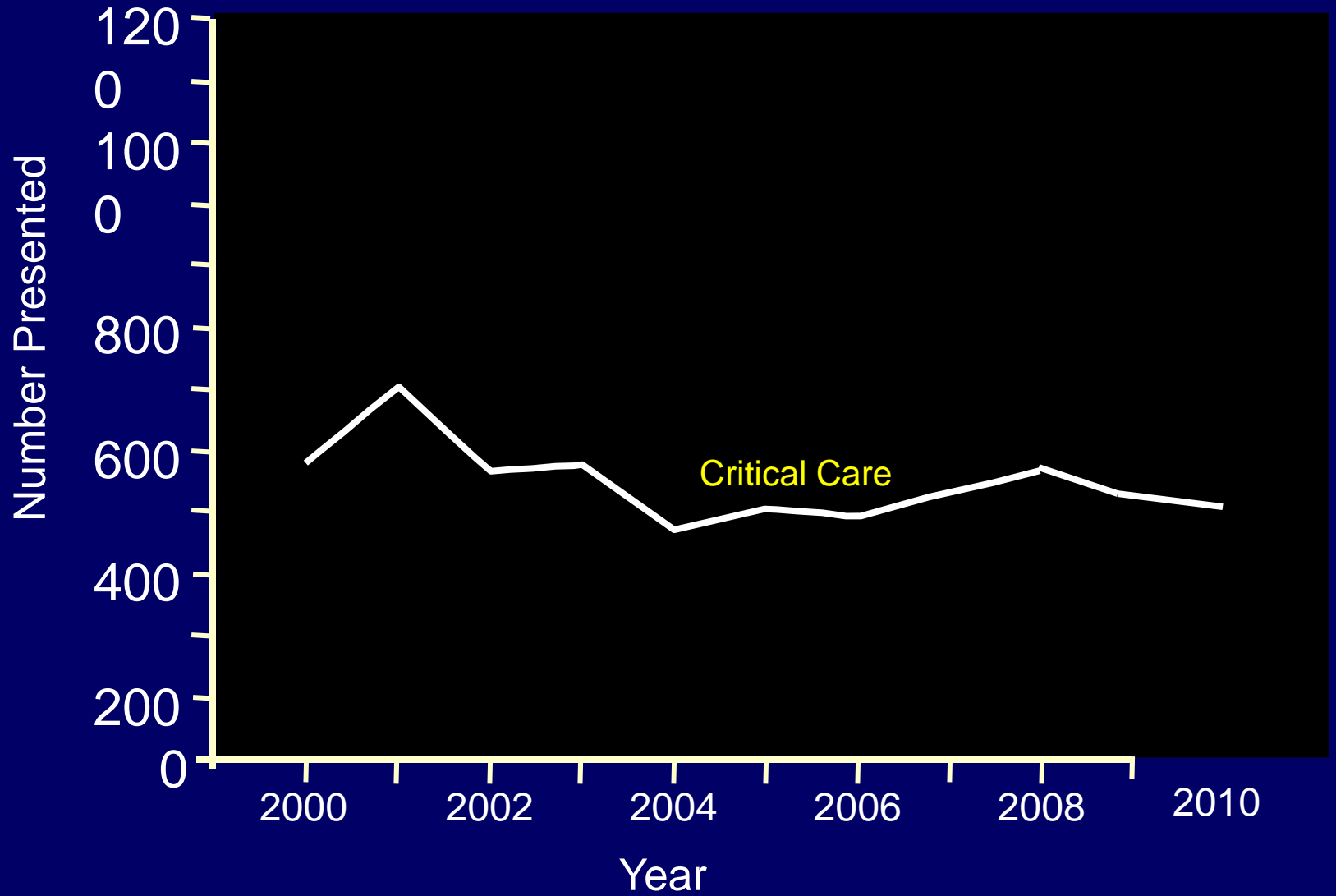
Primary and Secondary Membership



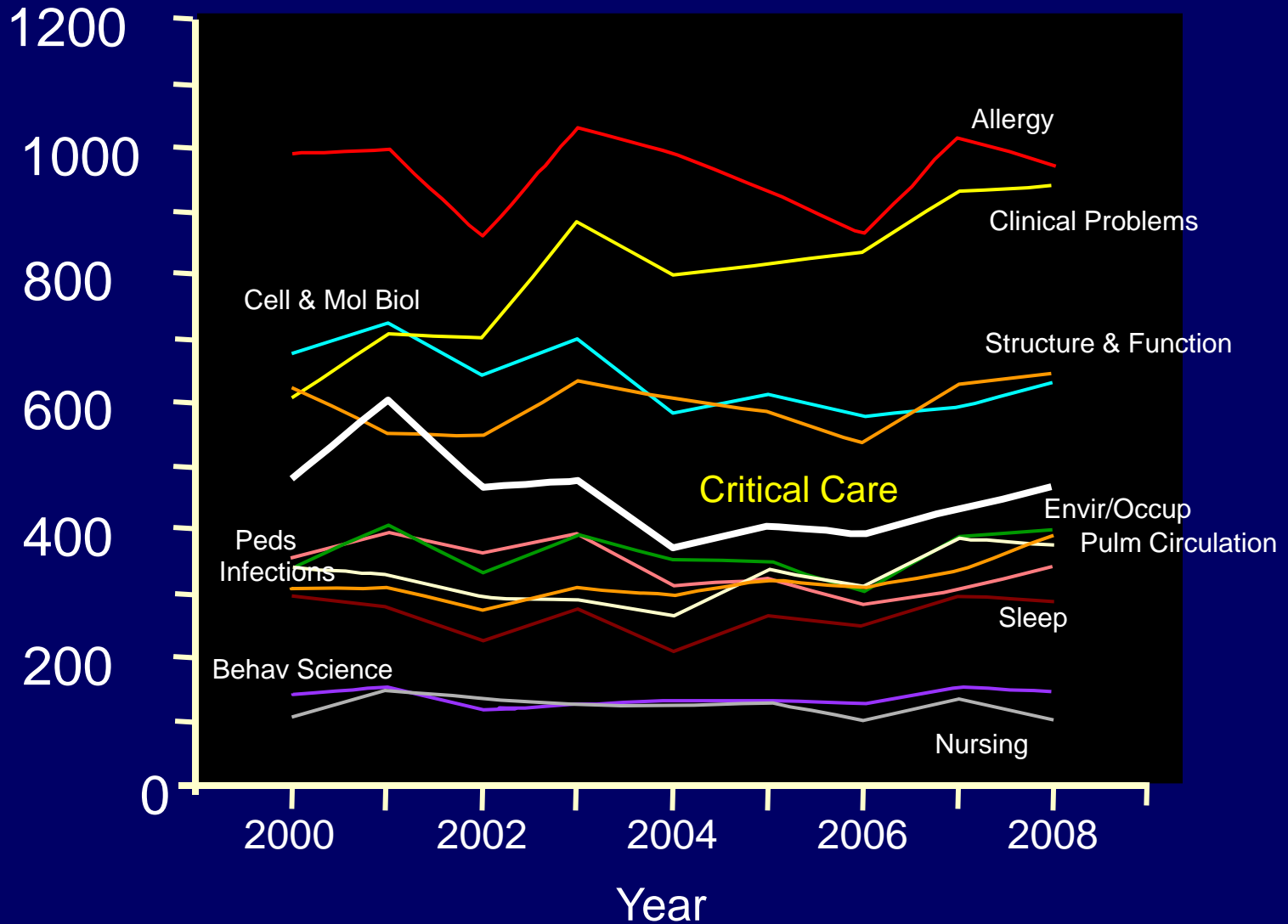
Critical Care Membership



Abstracts



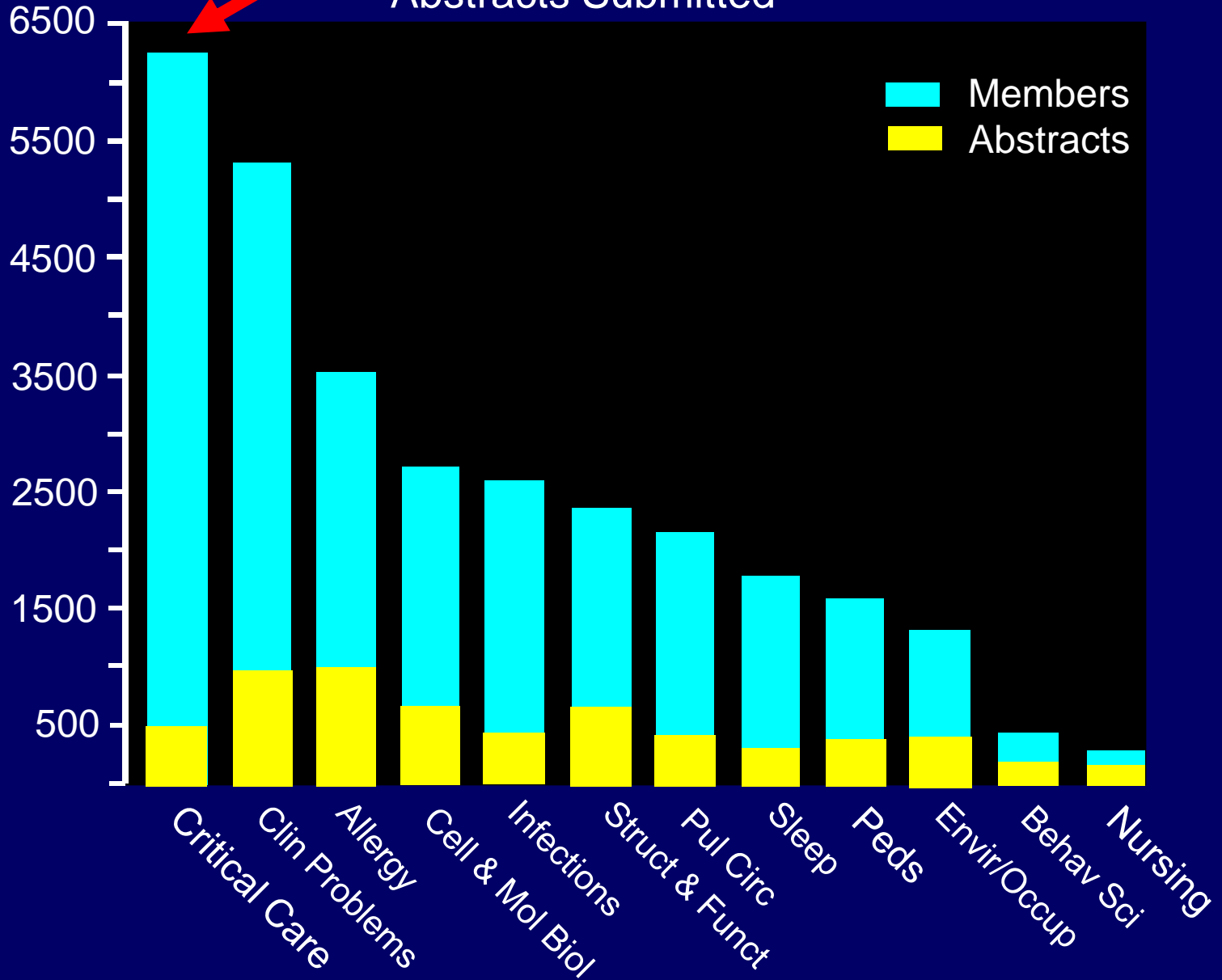
Abstracts



Primary and Secondary Membership

Abstracts Submitted

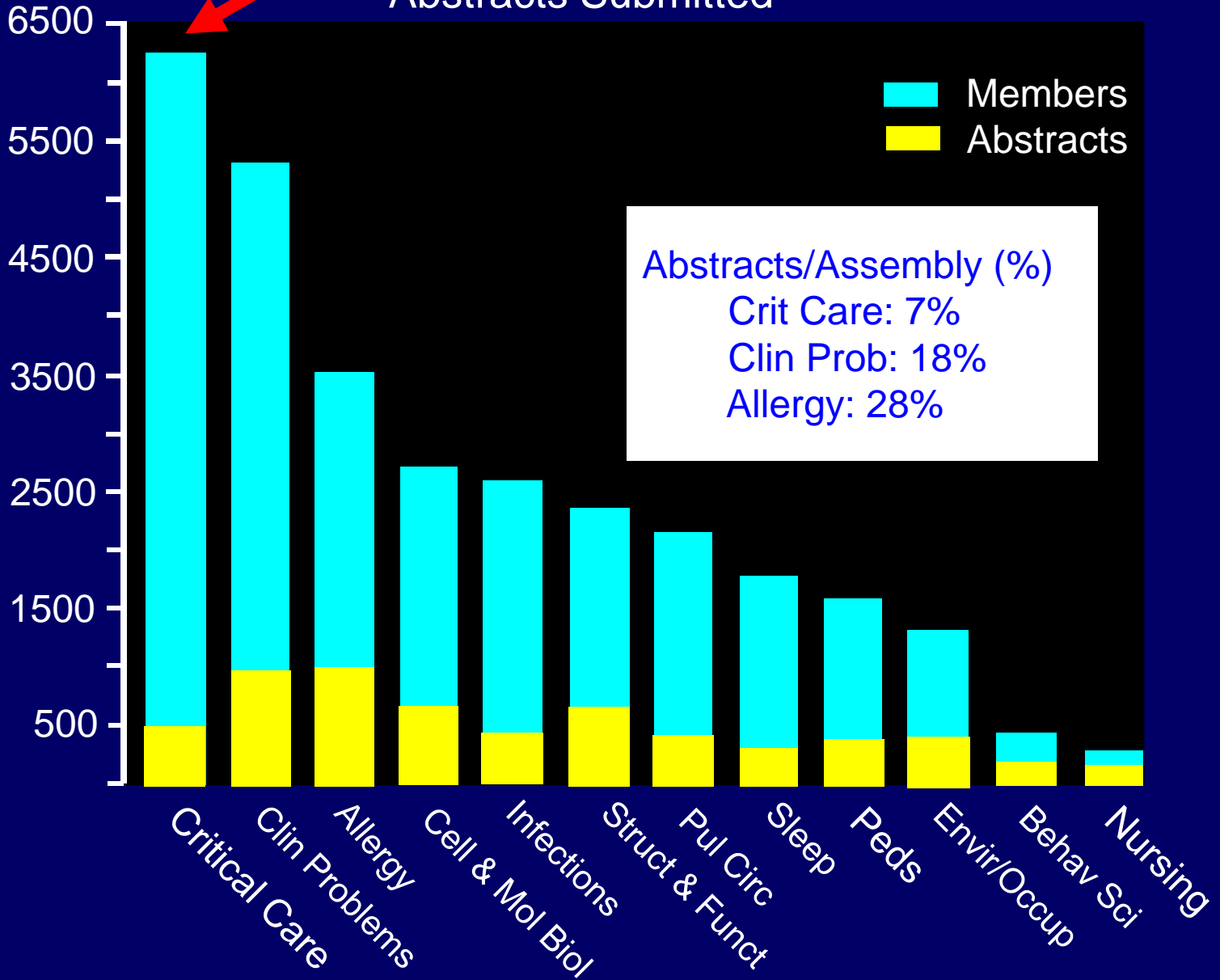
Number of abstracts per Assembly



Primary and Secondary Membership

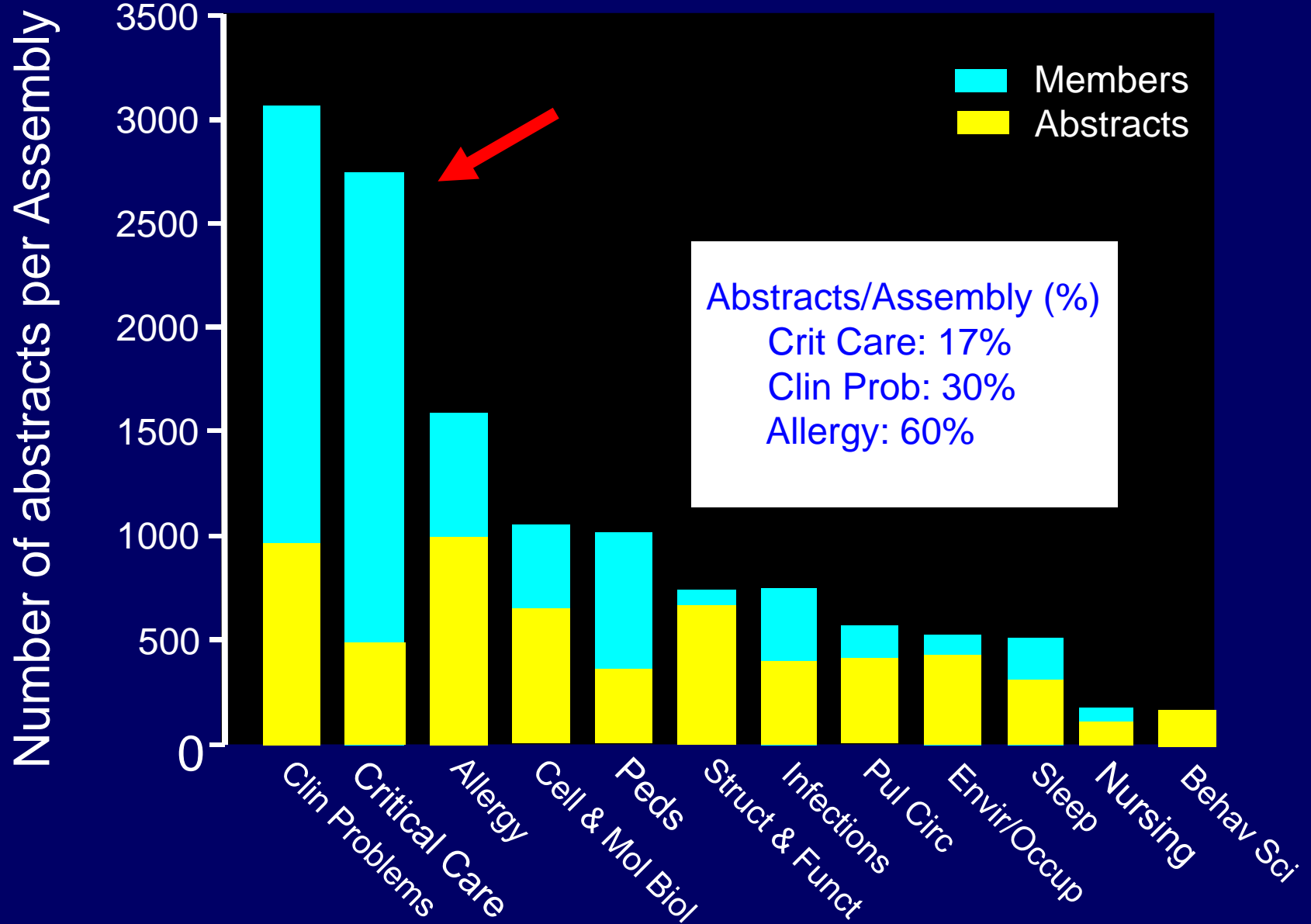
Abstracts Submitted

Number of abstracts per Assembly



Primary Membership

Abstracts Submitted



CC Assembly Structure

- Planning Committee
- Program Committee
- International Affairs Committee
- Fellows and Young Faculty Committee
- Website

CC Assembly Structure

- Planning Committee
 - Responsible for long-term strategy for the assembly
 - Reviews proposals submitted by assembly members
 - *Chair: Shannon Carson*

CC Assembly Structure

- Program Committee
 - Responsible for organizing the Critical Care Program of the Conference
 - *Chair: Niall Ferguson*
 - *Chair elect: Greg Martin*

CC Assembly Structure

- International Affairs Committee
 - Assists young fellows from developing countries attend the IC (ATS scholarships)
 - Developed network directories in Asia, Middle East, and South America
 - *Chair: Claudia Dos Santos*

CC Assembly Structure

- Fellows and Young Faculty Committee
 - To establish strategies and infrastructure to identify and engage the next generation of leadership of the ATS
 - *Concept: Trish Kritek*
 - *Chair: Nuala Meyer*

CC Assembly Structure

CLINICAL

- Asthma Center
- ATS Clinical Cases
- ATS Coding & Billing Quarterly
- ATS Journals
- ATS PQRWizard
- Best of the Web
- COPD Guidelines
- Critical Care**
- Environmental & Occupational Health
- Pulmonary Rehabilitation
- Sleep

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CRITICAL CARE



Welcome to the ATS Critical Care website. We are excited to provide easy access to usable critical care resources. This site has been reorganized and new educational material added. We hope you find this to be a useful tool at the bedside, on rounds and in the lab.

The majority of American Thoracic Society members matriculate from fellowship programs in Pulmonary and Critical Care Medicine. Critical care medicine makes up about half of the clinical activities of these members and is, therefore, a major concern of our society. Non-member intensivists and other specialists are drawn to our society because of its leadership in critical care medicine. The Critical Care section of the ATS website was established both to acknowledge the importance of critical care medicine to our society and to coordinate the ATS's activity in this area. The Critical Care area of the ATS website contains programs developed by the Critical Care assembly. Just as importantly, we invite submissions from individuals to publish here. Interactive educational materials such as critical care case presentations and reviews of recent critical care journal articles are especially sought. Work submitted will be peer reviewed before being posted on the site (just as if submitted to print journals). Thank you.

Director: [Nitin Seam, MD](#)

Associate Director: [Cameron Dezfulian, MD](#)

Critical Care

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CC Assembly Structure

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EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) IN PATIENTS WITH INFLUENZA A (H1N1)



Pauline K. Park M.D., James M. Blum M.D., Lena M. Napolitano, M.D., Gail Annich, M.D., Jonathan W. Haft, M.D., and Robert H. Bartlett, M.D.
University of Michigan Health System

Extracorporeal membrane oxygenation (ECMO) provides continuous cardiopulmonary support on a long-term basis, typically on the order of days to weeks, as adjunctive management of severe respiratory and cardiac failure. The goal of therapy is to minimize ventilator-induced lung injury while allowing additional time to treat the underlying disease process and to permit recovery from acute injury. ECMO is a complex technique and requires a dedicated team, appropriate equipment, institutional commitment and thorough preparation. Potential complications are significant and its use is advocated only in patients who have substantial risk of death.

Historically, ECMO for influenza has been performed in neonatal and pediatric populations, with overall survival to discharge of 50% (1). Recent reports of successful ECMO support in older H1N1 influenza patients with severe respiratory failure (2, 3) raise questions as to the role of extracorporeal support for adolescents and adults.

During the 2009 Australia and New Zealand outbreak, the majority of H1N1 influenza cases receiving ECMO support were over 18 years of age, with a median age of 36 years (3). At the time of the most recent report, 32% of the cohort remained alive in the hospital, 47% had survived to discharge home and 21% had died. ECMO utilization was estimated at 2.6 per million population, or potentially 800 or 1300 cases if extrapolated to the U.S. and European populations.

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CC Assembly Activities

- H1N1 response
- Ongoing and new project proposals
- Quad Society

CC Assembly Activities

- Ongoing and new project proposals
 - ICU-AW
 - PI: Naeem Ali
 - CC, Nur
 - Workshop on ethical and policy considerations in donation after circulatory determination of death
 - PI: Cynthia Gries
 - CC, CP, Nur, BS

CC Assembly Activities

- Ongoing and new project proposals
 - Comparative effectiveness research in pulm, sleep, & ccm
 - PI: Jerry Krishnan
 - CC, Sleep, CP, BS
 - Critical care communications
 - PI: Thomas Prendergast
 - CC

CC Assembly Activities

- Ongoing and new project proposals
 - Hospitalists and critical care
 - PI: David Kaufman
 - CC
 - Ethics of cost containment
 - PI: Michael Pinsky
 - CC

CC Assembly Activities

- Ongoing and new project proposals
 - Statement on futility and goal conflict in end of life care in ICUs
 - PI: Doug White
 - CC, BS, Nur
 - Evaluation of respiratory mechanics and function in the pediatric and neonatal ICU
 - PI: Margaret Rosenfeld
 - CC, RSF, CP, Peds

Report on Activities of Critical Care Societies Collaborative (CCSC) Formerly Quad Societies

Presented by

Nicholas Hill, MD
Vice-President



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Members

AACN

ACCP

ATS

SCCM

ICU Telemedicine Workshop

- To assess current state of knowledge re impact of telemedicine on ICU, process, organization, outcomes and costs
- Identify knowledge gaps and recommend research approaches for filling them
- Supported by R13, co-chairing with Jeremy Kahn and Craig Lilly, to be held March 24th, 25th at ACCP headquarters

Reduction in Hospital-Acquired Infections

- Dr. Don Wright, Deputy Assistant Secretary of Health of Health and Human Services met with CCSC in July 09 to discuss educational strategies for reducing rates of HAI
- Requested proposal for educational initiative to reduce CRBSIs (cath-related blood stream infections) subsequently submitted by AACCN
- Unable to come up with definition of ventilator-associated pneumonia but interested in lowering rates

Letter to Obama and Congressional Leaders

- Reimbursements for physicians having end-of-life discussions for both inpatients and outpatients
- Discuss values, preferences and goals and document in easily accessible record

USCIIT (US Critical Injury and Illness Trials) Group

- Collaborative to encourage critical care and emergency medicine clinical trials
- Supported by NIH funding to bring investigators together – 3 meetings per annum
- Has encouraged cooperative trials on outcomes and genomics of critical illness

Critical Care Research Agenda

- Multidisciplinary (CCSC and USCIIT) committee to develop research agenda
- Chaired by Polly Parsons
- R13 funding to have face-to-face meetings

QUESTIONS & COMMENTS