

**5th World Congress Pediatric Critical Care
June 24 – 28, 2007
Geneva – Switzerland**



Congress Evaluation Report

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EXECUTIVE SUMMARY

Every four years the World Federation of Pediatric Intensive and Critical Care Societies (WFPICCS) organizes a world congress. The 5th world congress on pediatric critical care was held in Geneva, Switzerland, 24-28 June, 2007. This congress was hosted by the European Society of Pediatric and Neonatal Intensive Care (ESPNIC).

The congress attracted 2017 physicians, nurses and allied health care professionals. Including the exhibition representatives, guests and staff the total number of congress participants was 2301. Due to the provision of 78 WFPICCS and ESPNIC educational grants for presenters with an accepted abstract, the congress provided a good balance between the delegates from the developed and developing countries. This made the 5th world congress a truly world event and justified the major congress theme *Dialogue around the World*.

The scientific program was built up with 11 Tracklines of specific areas of interest in pediatric critical care. During the four days 135 scientific sessions were scheduled and totally 1161 oral and poster presentations were given.

A record of 1034 abstracts were submitted and of these 1001 were accepted and published in a supplement of the journal Pediatric Critical Care Medicine. Although not many participants evaluation forms were returned completely, the majority of the respondents rated the scientific content good to excellent.

The sponsors and exhibitors provided new knowledge about the latest developments and technologies via the exhibition and the many industry sponsored session. Their commitment to the 5th world congress was valuable and contributed to the success of the congress.

The 5th world congresses was organized with a limited budget. However, the financial books were closed with a positive balance.

In conclusion, the 5th World Congress on Pediatric Critical Care achieved the three major aims that were set at the beginning.

The congress welcomed the highest number of delegates as previous congresses;
The scientific program was extensive and highly appreciated by the delegates;
The financial statement showed a positive balance.

INTRODUCTION

The 5th world congress on pediatric critical care was held on June 24-28, 2007 in Geneva, Switzerland. Geneva, home of many international health care related organizations, provided a splendid location to bring together over 2000 international delegates.

The 5th world congress is one of the major events of the World Federation of Pediatric Intensive and Critical Care Societies (WFPICCS). The congress was hosted by the European Society of Pediatric and Neonatal Intensive Care (ESPNIC). Furthermore the congress was endorsed by 40 national and international professional societies. Official support was given from the University Hospital of Geneva (HUG), Swiss Center for International Health (SCIH) and Children's Hospital of Pittsburg (Heart Center).

The major congress theme was *Dialogue around the World*. The 5th world congress was organized with the vision to create an international platform for pediatric critical care professionals to exchange knowledge and experiences. The congress concentrated on pediatric critical care from birth to adolescence, from illness to recovery, from surgery to postoperative care and from disaster to world health.

The design of the four congress days was an evolution from basic knowledge towards the state of the art science followed by integration of interdisciplinary and multidisciplinary efforts and ending with the future visions of pediatric critical care. This advancement was divided by 11 tracklines, including for the first time the special trackline international child health.

Over 200 faculty members touched down in Geneva to share their expertise. But more importantly, it was the international crowd of almost 1000 oral or poster presenters that created the reality of the *Dialogue around the World*.

Prior to the congress days, eight pre-congress events were organized giving the opportunity for delegates to discuss and learn in their own language such as the symposia in Portuguese and French.

The three major congress aims set by WFPICCS and ESPNIC were (1) to have many delegates attending the congress, (2) to create a scientific program that satisfies all delegates and (3) to have a positive financial outcome. This evaluation report presents data that all aims were achieved.

1. ORGANIZATION AND COMMITTEES

The organizational structure of the 5th world congress was based in a Local Organization Committee (LOC) and an International Scientific Program Committee (ISPC).

Members of the LOC were (Figure 1):

Peter Rimensberger	Congress Chairman – Geneva, Switzerland
Michel Berner	Geneva, Switzerland
Denis Devictor	Paris, France
Irene Harth	Mainz, Germany
Jos Latour	Rotterdam, The Netherlands
Robert Tasker	Cambridge, United Kingdom

The ISPC consists of 31 international pediatric critical care experts.

Figure 1. LOC members



2. THE JOURNEY TO 2007

The organization of a world congress is complex. It is a long term commitment. Nevertheless, all members of the LOC and ISPC have worked with great pleasure on this project. The timeframe below describe the crucial milestones of the organization of the 5th world congress (Table 1).

Table 1. Time frame and milestones

Date	Actions
June 2002	WFPICCS decision to host the 5 th world congress pediatric critical care in Geneva 2007.
June 2003	Promotion of the 5 th world congress in Boston, USA, at the 4 th world congress on pediatric intensive care.
June 2004	First LOC meeting in France – key issues discussed: <ul style="list-style-type: none"> • Organizational structure of congress • Program outline • Budget planning • Ownership, liability • Set time table
January 2005	Second LOC meeting in France – key issues discussed: <ul style="list-style-type: none"> • Choice of PCO • Ownership, liability, profit sharing • Budget analysis • Tracklines and convenors • First announcement preparations
May 2005	WFPICCS Congress Oversight Committee meeting in Geneva – key issues discussed: <ul style="list-style-type: none"> • PCO contract issues • Budget • Profit sharing
November 2005	WFPICCS signed contract with PCO - SYMPORG
January 2006	First Announcement flyer ready and distributed to all addresses (from Boston 2003) and also distributed at various events and congresses.
May 2006	Third LOC and 3 members of the ISPC meeting in Geneva – key issues discussed: <ul style="list-style-type: none"> • Program outline • Tracklines • Faculty
September 2006	Second Announcement and Call for Abstract ready and distributed to addresses (from Boston) and at various events/congresses.
January 2007	Deadline Abstract submission – blind peer review of 1034 abstracts by 44 reviewers
June 2007	Final program and program book ready
24 – 28 June 2007	5th world congress pediatric critical care, Geneva, Switzerland

The LOC managed to organize the congress with only three face-to-face meetings. Unnecessary traveling, time and costs were saved by using email, telephone or

conference calls. Financially this is reflected in almost 50% decrease of the initial committee meetings budget. In contrast, there was an increase of over 10.000 emails in the email-box of Peter Rimensberger over the last three years.

The time frame shows that the start of the organization was 4 year prior to the congress. Important was the promotion at the 3rd world congress in Boston to show the delegates the continuity of the series of the pediatric critical care world congresses. The first meeting of the LOC was held three years in advance allowing the members sufficient time to organize the congress details. Although the decision of the professional congress organizing office (PCO) was made fairly late. The LOC felt an obstruction and efficient time was lost by the extensive discussions of WFPICCS about liability, responsibility and eventually signing the PCO contract. A Congress Oversight Committee (COC) was installed by WFPICCS to guide this process. The contract with the PCO was signed 6 months after the COC met in Geneva.

The first announcement, a three folded A4 paper, was ready and distributed in June 2006. It can be argued that this was late in the time line, however, the LOC believed that using electronic promotion – email and promotion on websites – was more efficient and successful as mailing printing promotions. Besides the flyers, posters were designed and distributed.

Visibility of the world congress was achieved by advertisements in the official WFPICCS journal Pediatric Critical Care Medicine and many other medical and nursing journals and newsletter. Also the congress website, www.pcc2007.com, was announced and linked on the WFPICCS and ESPNIC websites and of course on the websites of the 44 endorsing societies.

The second announcement and call for abstracts was mailed out 5 months before abstract submission deadline, December 31, 2006. The abstract deadline was postponed to January 15, 2007. It is debatable to have the second announcement send out earlier. However, electronic promotion was felt more important as the printing promotion. Therefore the call for abstract were published earlier on the congress website. Retrospectively we can conclude that the time frame was successful due to the highest received number of abstracts, totally 1022, of all past world congresses.

Although the abstract book and the program book were finished in time. It need to be noted that we received many changes in the abstracts and in the final program. More details will be discussed in the section scientific program.

3. THE CONGRESS DELEGATES

The first aim of the 5th world congress was to attract a wide variety of professionals, all with an interest in the prevention, treatment and care of critically ill children and their families. Various strategies have succeeded in reaching this major aim of the congress. Over 2000 professionals attended the congress.

The LOC defined the targeted audience in Figure 2.

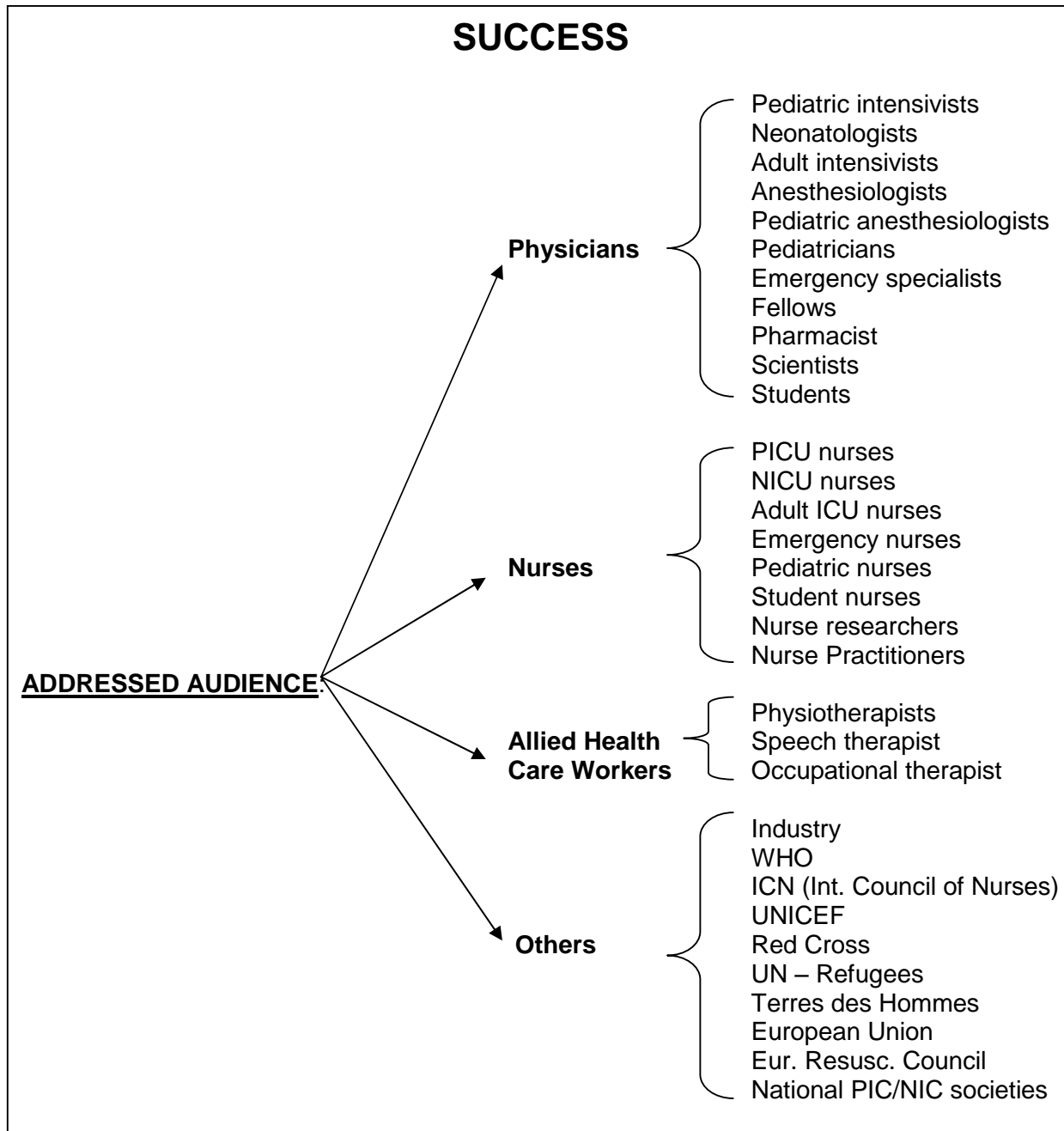


Figure 2. Target of audience

By defining the addressed audience, the LOC was able to target the specific professional groups.

In total 2017 full registrations of professionals – physicians, trainees, and nurses – were recorded. The overview is listed in Figure 3 and Table 2. In this table it can be noted that 1000 paying delegates registered for the early registration fee. This is mainly explained by the rule that successful abstract presenters needed to register for the early fee in order to have their abstract accepted in the abstract book and program.

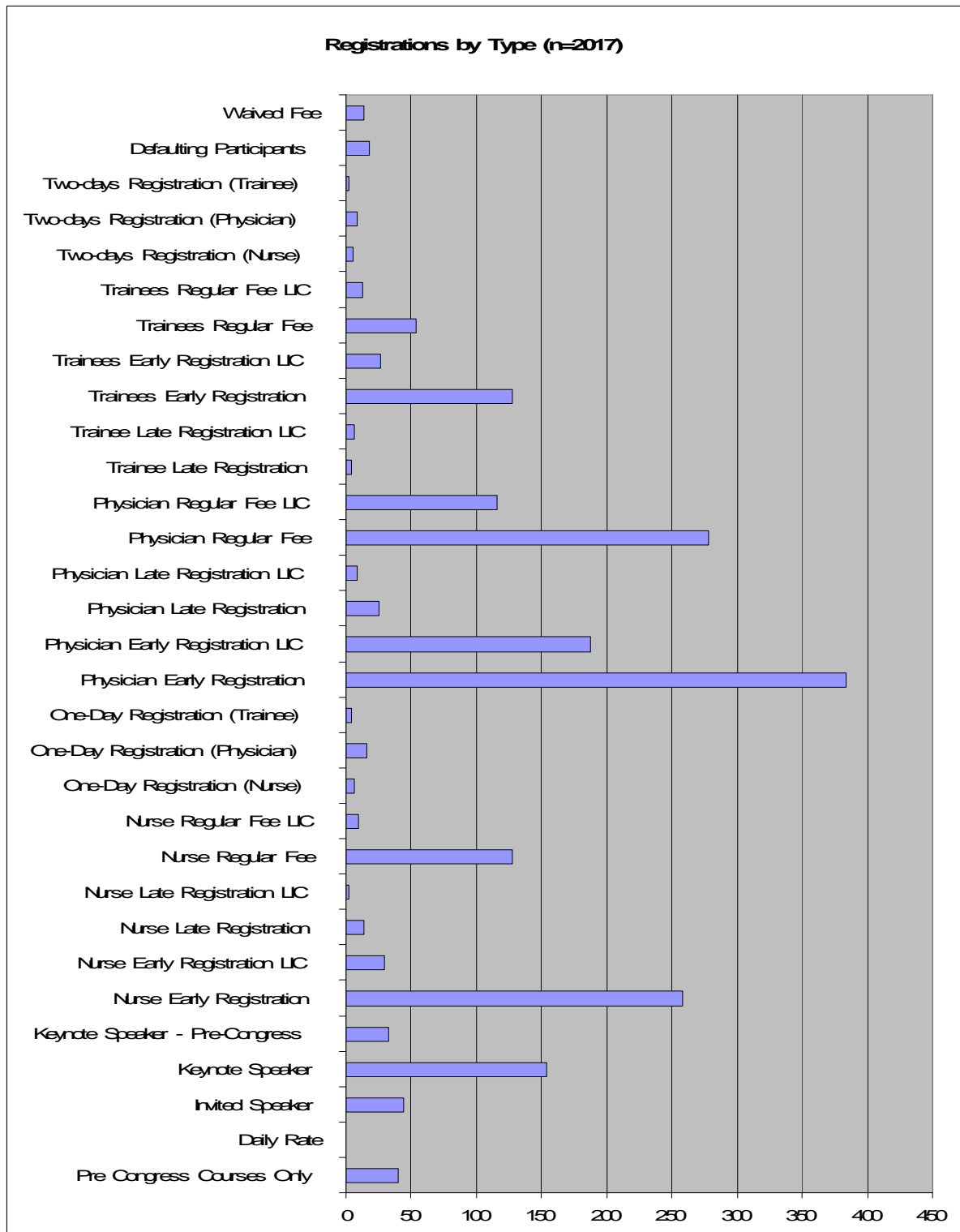


Figure 3. Registrations by Type (n=2017)

Table 2: Registration by Types

Full Registrations	Number	%
Pre Congress Courses Only	40	1.98
Daily Rate	1	0.05
Invited Speaker	44	2.18
Keynote Speaker	154	7.64
Keynote Speaker - Pre-Congress	33	1.64
Nurse Early Registration	258	12.79
Nurse Early Registration LIC	30	1.49
Nurse Late Registration	14	0.69
Nurse Late Registration LIC	2	0.10
Nurse Regular Fee	128	6.35
Nurse Regular Fee LIC	10	0.50
One-Day Registration (Nurse)	6	0.30
One-Day Registration (Physician)	16	0.79
One-Day Registration (Trainee)	4	0.20
Physician Early Registration	384	19.04
Physician Early Registration LIC	188	9.32
Physician Late Registration	25	1.24
Physician Late Registration LIC	8	0.40
Physician Regular Fee	278	13.78
Physician Regular Fee LIC	116	5.75
Trainee Late Registration	4	0.20
Trainee Late Registration LIC	6	0.30
Trainees Early Registration	128	6.35
Trainees Early Registration LIC	26	1.29
Trainees Regular Fee	54	2.68
Trainees Regular Fee LIC	13	0.64
Two-days Registration (Nurse)	5	0.25
Two-days Registration (Physician)	8	0.40
Two-days Registration (Trainee)	2	0.10
Defaulting Participants	18	0.90
Waived Fee	14	0.69
Total Full Registrations	2017	100

LIC=Low Income Countries

Compared to the previous two world congresses, the 5th world congress was a success. Not only in the number of paid delegates but also in the overall congress participants. Table 3 provides a summary of congress participants of the three previous world congresses.

Table 3. Congress participants past three world congresses

	Montreal 2000	Boston 2003	Geneva 2007
Grand Total Participants¹	2593	2229	2301
Total registrations²		1720	2017
paid registrations	1555	1498	1690
physicians	848	702	1007
nurses	472	583	448
trainees	202	191	235
RT's	33	22	n.a.
invited speakers		222	231
WFPICCS & ESPNIC Grants			78
Defaulting participants			18
Total Accompanying persons			49
Total Exhibitors			79
Total supporting staff			156

¹ Total participants including paid delegates, invited speakers, guests, exhibition and sponsor representatives, accompanying persons, support staff.

² Total Registrations includes paid delegates, invited speakers, WFPICCS and ESPNIC grants, special guests.

WFPICCS and ESPNIC invested in the increase of participants from low-income countries. Both associations provided grants for successful abstract applicants. WFPICCS provided 61 grants of a maximum of CHF 1000 and ESPNIC provided 17 grants of € 500.

The 5th world congress welcomed participants from 88 countries compare to 65 countries at the 4th world congress in Boston, 2003. It can be concluded that the 5th world congress was the largest international gathering of all the pediatric critical care world congresses so far.

The number of participants by country is listed in Table 4. This table provides an comparison of the 4th and the 5th world congress 2003 and 2007.

Table 4. Number of participants by country 2003 and 2007

COUNTRY	BOSTON 2003	GENEVA 2007	COUNTRY	BOSTON 2003	GENEVA 2007
ALGERIA		3	LITHUANIA		8
ARGENTINA	14	12	LUXEMBOURG	1	3
ARMENIA		1	MALAYSIA	1	6
AUSTRALIA	64	81	MAYOTE		1
AUSTRIA	11	24	MEXICO	30	29
BAHRAIN		4	MOLDAVIA		4
BELGIUM	5	27	MONTENEGRO		2
BOLIVIA		1	NEPAL		1
BRAZIL	30	76	NEW ZEALAND	14	16
BULGARIA		1	NORTH IRELAND		5
CANADA	190	100	NORWAY	11	20
CHILE	21	27	OMAN	1	1
CHINA	7	28	PAKISTAN		3
COLOMBIA	12	7	PANAMA	7	1
COSTA RICA	2	5	PARAGUAY	1	1
CROATIA		9	PERU	16	8
CZECH REPUBLIC	3	4	PHILIPPINES	23	21
DENMARK	6	10	POLAND	6	14
DOMINICAN REPUBLIC		2	PORTUGAL	7	38
ECUADOR	4	6	QATAR		3
EGYPT	1	8	REUNION		1
EL SALVADOR	1		ROMANIA	2	24
ESTONIA	1	2	RUSSIA		9
FINLAND	6	19	SAUDI ARABIA	7	32
FRANCE	37	66	SERBIA & MONTENEGRO	2	12
GEORGIA		1	SINGAPORE	2	8
GERMANY	87	96	SLOVAK REPUBLIC	3	7
GREECE	4	19	SLOVENIA	5	3
GUATEMALA	10	3	SOUTH AFRICA	7	19
HONDURAS	6	3	SPAIN	20	42
HONG KONG		9	SRI LANKA		3
HUNGARY	4	4	SWEDEN	20	30
ICELAND	8	9	SWITZERLAND	14	129
INDIA	10	21	SYRIA		2
INDONESIA	10	7	TAIWAN	4	1
IRAN		5	THAILAND	6	8
IRELAND	12	11	THE NETHERLANDS	70	111
ISREAL	11	21	TUNISIA	2	9
ITALY	13	42	TURKEY	3	16
JAPAN	11	41	UKRAINE		5
JORDAN	1	2	UNITED ARAB EMIRATES	2	10
KENYA	1	2	UNITED KINGDOM	169	253
KOREA	1		UNITED STATES	1100	241
KUWAIT		8	URUGUAY		1
LATVIA		1	VENEZUELA	2	5
LEBANON	1	5			

The majority of delegates originate from Europe, followed by Northern America. The other continents seems to have, in percentages, similar figures. In Figure 4 the figures of the participants are divided by continent are presented. Not surprisingly that Europe has the highest number of participants due to the location of the congress in Geneva, Europe. Similar figures appeared in the previous congresses, Montreal and Boston, where the majority of the participants originated from Northern America.

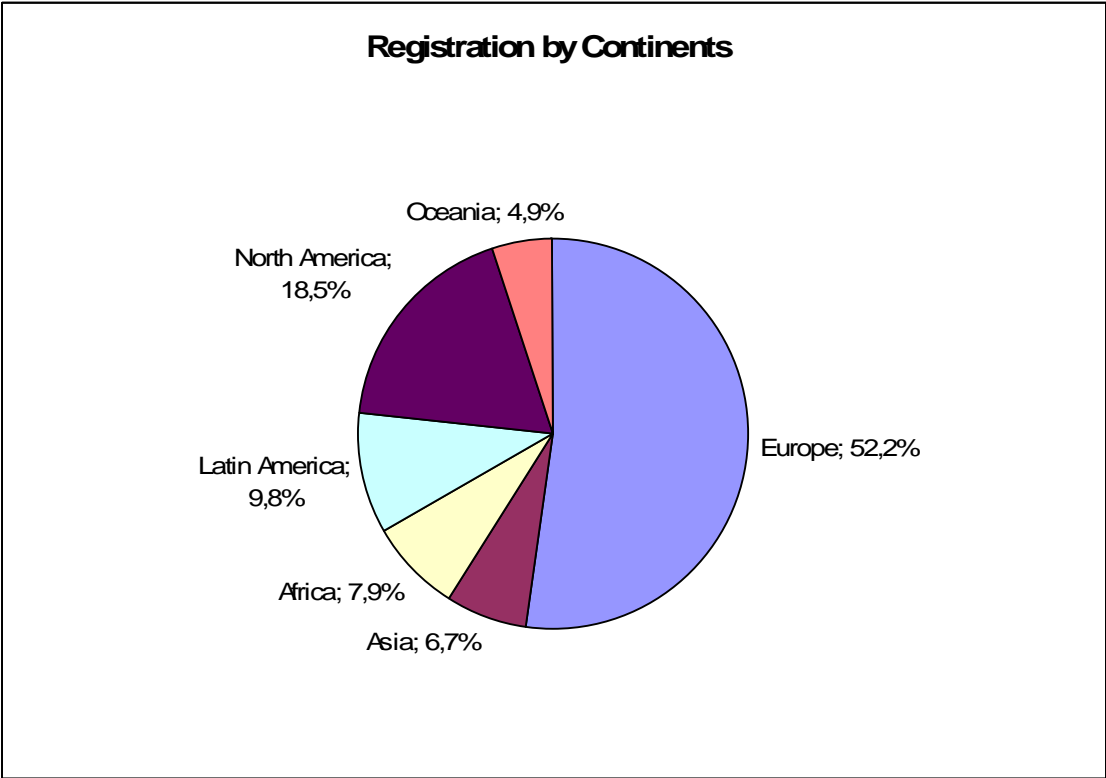


Figure 4. Participants by continent.

4. SCIENTIFIC PROGRAM

The main theme of the congress was *Dialogue around the World*. The LOC and ISPC tried to design a program that would fit to the need of all international delegates. The challenge was to make a scientific program that would satisfy delegates from the developed world with the most advanced technologies, practice, education and research in pediatric critical care to the those delegates living and working in less developed regions with limited access to professional development in pediatric critical care. Therefore the congress days were organized in an evolution from basics to advanced pediatric critical care issues:

Day 1 Day of Knowledge
 Day 2 Day of Art
 Day 3 Day of Integration
 Day 4 Day of Future

Every congress day was also set up in a recognizable structure that enables the delegates to keep the red line throughout the congress days. A typical congress day is outlined in Figure 5.

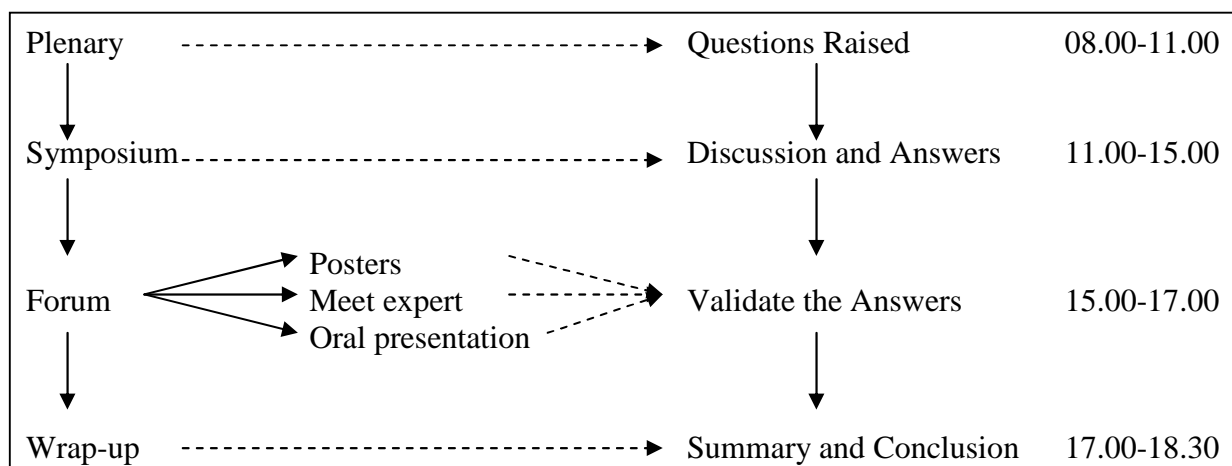


Figure 5. Outline of a typical congress day

The framework for the scientific program provided the LOC and the ISPC a structure to continue with 11 tracklines. The LOC identified one or two convenors for every trackline composing the ISPC. The tracklines are listed in Table 6.

The fourth day of the congress was specially organized to address the issues in global child health. Although the scoring of the sessions of this day were not highly rated by the congress delegates, the LOC received personally many good references of this day. However, it is argued that 4 days for a world congress might be too long. Particular looking at the attendance of the last day, around half of the total number of delegates seems to have attended these sessions, it might be wise to reconsider the structure of a full 4 day congress. The LOC would recommend a 3.5 days program, excluding the pre-congress courses.

The LOC tried to integrate the delegates and the scientific discussions into the exhibition area. Big tents were set up in the exhibition hall for meet the expert sessions. On the first congress day it turned out that the tents were too small to handle the large numbers of delegates attracted to the sessions. Furthermore the noise in the exhibition hall was too loud to follow sessions in the tent. Financially this idea became not profitable. However, the tents were highly appreciated by the delegates to gather with friends and have a coffee or lunch.

The LOC concludes that it is difficult to organize small discussions at a congress if this size as the small discussions are run over by the crowd.

Abstract submission was organized online via the congress website www.pcc2007.com. The number of submitted abstracts were overwhelming. The last day of the abstract submission deadline the LOC received over 400 online abstracts submission. Due to this high volume the congress website crashed. Luckily this was observed in time and the website was restored within a few hours. Totally 1034 abstracts were submitted. An overview of the abstract submission and acceptance is presented in Table 5. The abstracts were blind reviewed by 44 reviewers. The accepted abstracts were published in a supplement of Pediatric Critical Care Medicine, May 2007, volume 8, number 3, A1-A377.

Table 5. Number of Abstracts

Total Abstracts	1034
Accepted	1001
Rejected	33
Medical Abstracts	
Oral	150
Poster	627
Rejected	26
Nursing Abstracts	
Oral	60
Poster	164
Rejected	7

The high number of excellent abstracts made it difficult for the LOC and ISPC to plan the accepted oral presentations into the scientific program. In the main scientific congress program were totally 1161 oral and poster presentations (1001 abstract presenters + 160 keynote speakers).

Although the industry reacted fairly late to sponsor the 5th world congress, many companies agreed to organize industry sponsored sessions. The LOC came into difficulties to have these sessions incorporated into the meanwhile established scientific program. Therefore some early morning sessions were removed and replaced for industry sponsored breakfast sessions as well as some evening sessions that were converted into sponsored happy hour sessions. This resulted in long congress days starting at 8.00 hrs and closing at 18.30 hrs.

CME accreditation was arranged by the European Accreditation Council for Continuing Medical Education (EACCME), Institute of the UEMS. The EACCME

granted 24 European CME credits to the congress. Locally the Swiss Neonatal Society granted 32 credits and the Swiss Society of Intensive Care Medicine granted 20 credits. No continuing education accreditation was organized for nurses. The process is very complex, requiring a lot of data from the invited speakers, and could not be arranged in advanced.

Eight pre-congress activities were organized. The IPOKRATES nursing post graduate course with the topic evidenced based nursing was cancelled due to lack of interest. The LOC doubts that the pre congress courses increases the congress participants. For example, the figures showed that 40 delegates only registered for a pre-congress course. The LOC recognizes that the organization of all pre-congress course were not financially profitable. However, those delegates attending the courses were very satisfied with the content of the courses.

The LOC became very creative during their face-to-face meetings. Organizing a scientific program for a world congress was a great challenge since the second major aim of the congress was to have the best scientific program ever.

Figure 6 shows an artistic impression of the creative solutions by the LOC.

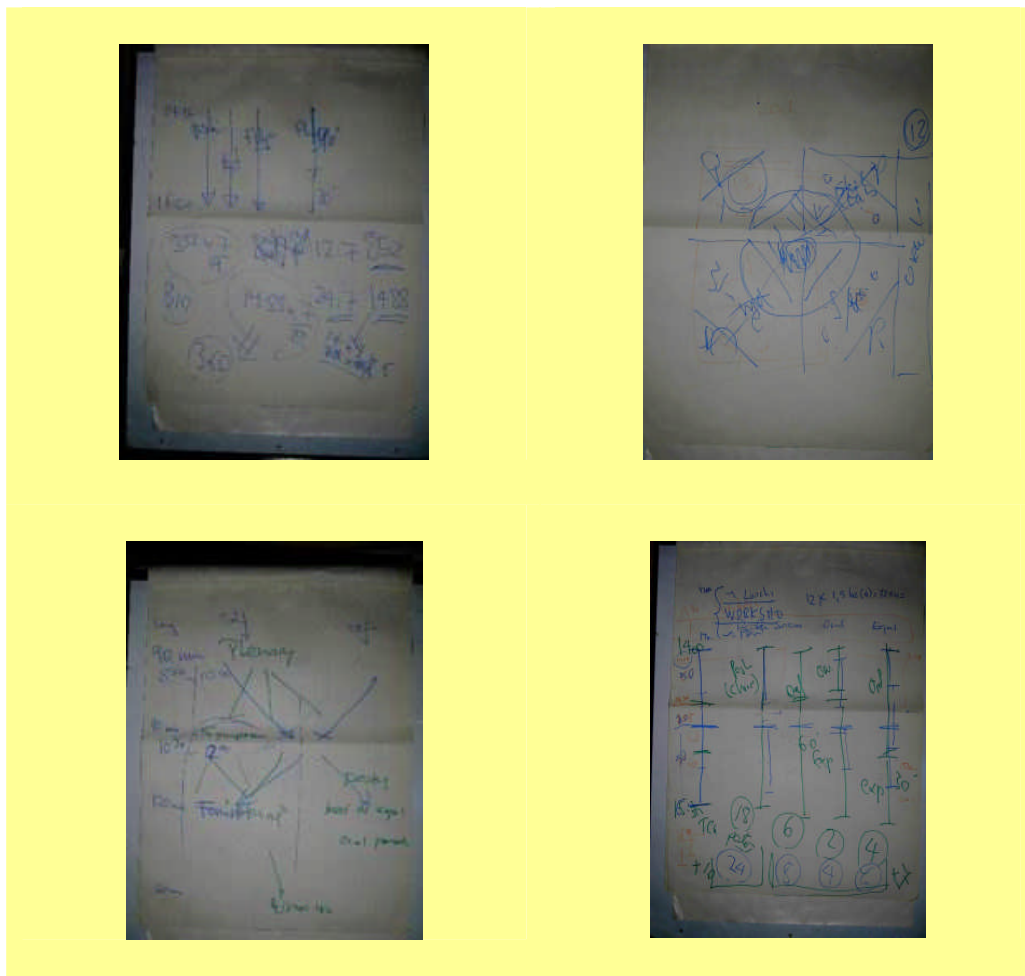


Figure 6. The LOC art work for the scientific program

5. PROGRAM EVALUATION BY DELEGATES

A congress evaluation form was included in the delegate congress bags. The evaluation form needed to be filled out and handed over to the congress office to receive the certificate of attendance and the confirmation of the earned CME points.

The congress evaluation form was designed to rate all individual session of all scientific tracklines. The form included a 5 point rating scale, 1 = poor and 5 = excellent, to evaluate the overall sessions. A similar rating scale was given to the quality of presentations.












Of the 2017 delegate, 191 (9.5%) delegates returned a completed evaluation form. Observations revealed that approximately 106 of the respondents were nurses. No incentive was offered to attract delegates to complete the evaluation form.

The response was analyzed per individual scientific session. Mean, standard deviation, and min-max were calculated and the total number of response per sessions are given.

The overall mean of the 134 sessions, excluding the oral, poster and industry sponsored sessions, was 3.95. An overall mean of 3.91 was observed for only the plenary, symposium, and meet the expert sessions.

The results of the plenary, symposium, and meet the expert sessions are presented in the tables 7 – 9. Sessions with a response < 10 are excluded. The abbreviation of the sessions are: PY = Plenary; SYMP = Symposium; ME = Meet the Expert. The abbreviations of the tracklines are shown in Table 6.

Table 6. Abbreviations Tracklines

	PULM	Pulmonary		NC	Nursing Care
	CV	Cardiovascular		NI	Nursing Innovation
	SEPSIS	Sepsis		ETHICS	Ethics
	MET	Metabolics & Endocrinology		ICH	International Child Health
	NEURO	Neurology		ANESTHESIA	Anesthesia & Analgesia
	ORG	Organization & Emergency			

The highest overall mean was observed at the Plenary sessions, followed by the Meet the Expert sessions and the Symposium sessions;

- Plenary sessions overall mean = 3.97
- Meet the Expert sessions overall mean = 3.86
- Symposium sessions overall mean = 3.76

Table 7. Results evaluation of PLENARY sessions, response >9

PLENARY SESSIONS (total response 191)			Scale 1-5: 1 =poor, 5=excellent				
Session Code	Session Title	Mean	Sd	Min	Max	n =	
1	SEPSIS - PY 1 Definitions, Epidemiology and the global sepsis Initiative	4,37	0,66	3	5	83	
2	ORG - PY 1 Diagnosis, quality and outcome	4,20	0,76	3	5	82	
3	MET/SEPSIS - PY 1 Endocrine and metabolic changes in critical illness	4,19	0,69	3	5	52	
4	CV/PULM - PY 1 Respiratory problems in congenital heart disease	4,14	0,77	3	5	14	
5	CV - PY 1 Molecular foundation of pediatric cardiovascular disease	4,12	0,75	3	5	75	
6	NC - PY 1 The essence of nursing	4,05	0,72	3	5	78	
7	NEURO - PY 1 Brain resuscitation	4,04	0,80	2	5	92	
8	PULM - PY 1 Pediatric & neonatal respiratory physiology	4,03	0,82	2	5	66	
9	CV/PULM - PY 2 Manipulation of the pulmonary vasculature in cardiac & pulm dis	4,00	0,60	3	5	12	
10	PULM - PY 2 Acute Respiratory failure worldwide	4,00	0,70	3	5	79	
11	MET - PY 1 Cellular bioenergetic pathways	3,96	0,73	3	5	81	
12	NI - PY 1 The knowledge of quality management in ped crit care nurs	3,80	0,63	3	5	76	
13	DAY 4 - PY 2 Bundles and protocols in ICU: Debate and perspectives	3,68	0,61	3	5	56	
14	DAY 4 - PY 1 Future visions in pediatric critical care	2,96	0,76	1	5	90	

Table 8. Results evaluation of MEET THE EXPERT sessions, response >9

MEET THE EXPERT SESSIONS (total response 191)			Scale 1-5: 1 =poor, 5=excellent			
Session Code	Session Title	Mean	Sd	Min	Max	n=
1	NI - ME 3 Simulation education: Facilitating parents presence at the bedside	4,06	0,71	3	5	68
2	SEPSIS - ME 1 Sepsis/ Septomics	4,05	0,63	3	5	85
3	NEURO - ME 1 Brain death Science vs Cultural perception	4,05	0,66	3	5	78
4	NI - ME 1 Safety Issues	4,05	0,71	3	5	79
5	CV - ME 1 Management of the patient with a single functional lung	4,01	0,74	3	5	84
6	NC - ME 1 Long term patients in PICU	3,99	0,65	3	5	88
7	PULM - ME 1 Lung function in the ICU: What I measure and why?	3,98	0,81	2	5	83
8	PULM - ME 2 Ventilation strategies in acute lung injury	3,90	0,70	3	5	87
9	NC - ME 3 The World experts on parental care	3,82	0,65	2	5	82
10	PULM - ME 4 Acute respiratory failure	3,79	0,68	3	5	82
11	SEPSIS - ME 3 Using D10 insulin and hydrocortisone together: open discussion forum	3,71	0,58	3	5	77
12	MET - ME 3 How do I manage severe dehydr. & severe hyper- or hyponatremia?	3,58	0,59	3	5	60
13	ORG - ME 3 Should PICU be involved in preventive and preemptive care	3,53	0,68	2	5	70
14	MET - ME 4 Assessing severe acidosis	3,50	0,72	2	5	70

Table 9. Results evaluation of SYMPOSIUM sessions, response >9

SYMPOSIUM SESSIONS (total response 191)			Scale 1-5: 1 =poor, 5=excellent				
Session Code	Session Title	Mean	Sd	Min	Max	n =	
1	CV - SYMP 2 Cardiopulmonary bypass-mediated inflamm. injury	4,23	0,68	3	5	86	
2	ORG - SYMP 1 Impact of pre-hospital and emerg. care and outcome	4,04	0,67	3	5	75	
3	ORG - SYMP 2 PICU performance & outcome scores	4,03	0,62	3	5	74	
4	SEPSIS - SYMP 1 Severe sepsis and multiple organ failure pathophysiol.	4,02	0,81	2	5	83	
5	NI - SYMP 2 Nursing education	3,87	0,65	3	5	78	
6	NI - SYMP 1 Patient safety	3,86	0,65	3	5	87	
7	NC - SYMP 2 Expansion of nursing care	3,84	0,61	3	5	79	
8	ETHICS - SYMP 1 Ethics through the continents	3,83	0,69	3	5	78	
9	NC - SYMP 1 Respiratory care	3,81	0,70	3	5	84	
10	ETHICS/NC - SYMP 1 End of life care	3,70	0,60	3	5	84	
11	MET - SYMP 1 Complex physiopathological interactions	3,67	0,61	3	5	84	
12	ETHICS/NC/NI - SYMP 1 Future visions in ethics	3,62	0,66	2	5	100	
13	CV - SYMP 1 Molecular foundation of pediatric cardiovasc. dis.	3,62	0,67	3	5	78	
14	NI/NC - SYMP 2 Role development	3,58	0,58	3	5	66	
15	CV - SYMP 5 Cardiac intensive care : today and tomorrow	3,58	0,70	2	5	98	
16	ICH/ORG - LUNCH SYMP Collaboration between East and West: Opinions and perspectives	3,56	0,74	2	5	81	
17	NC/NI - SYMP 3 Future visions in pediatric critical care nursing	3,53	0,72	2	5	106	
18	NC/NI/MET - SYMP 1 Nutrition	3,51	0,61	3	5	82	
19	ICH - SYMP 2 Global Child Health: Lessons and visions	3,50	0,62	2	5	94	

6. EXHIBITION AND SPONSORS

The LOC put a lot of effort in the sponsoring and exhibition. Although the LOC asked WFPICCS and ESPNIC representatives to promote the 5th world congress among their company contacts, the main work and success came from LOC members, in particular Peter Rimensberger.

A special sponsor and exhibition brochure was prepared. The brochure was mailed out to over 200 companies and could be downloaded from the congress website. Several meetings for potential companies were organized in the years previous to the congress. For example, in 2006 and 2007 during the Europediatrics Congress in Barcelona and in Montreux during the European Conference on Pediatric and Neonatal Ventilation, chaired by Peter Rimensberger. Also at the SCCM 36th Critical Care Congress in Orlando a representative of the LOC, Jos Latour, advertised the 5th world congress among potential sponsors. Irene Harth was able to bring in several sponsors due to her professional relationship with company representatives.

Although many companies expressed their interest in the world congress, the LOC experienced that many companies could not commit to a sponsor contract due to the 6 months – and sometimes 3 months – budget/finance management. For the LOC this was difficult for the congress budget management. Most companies signed a sponsor contract 6 to 3 months before the congress date. Another issue was the fairly late requests of companies to organize sponsored industry sessions. The LOC needed to make many last minute decisions and amendments in the scientific program to have the requested industry sponsored sessions organized.

The 5th world congress welcomed 10 major sponsors, listed in Table 10.

Table 10. Major Sponsors

Company	Sponsor level
Maquet	Platinum
William Cook	Platinum
Nestlé Nutrition	Gold
Linde Gas Therapeutics	Gold
Tyco Healthcare	Silver
MEDOS Medizintechnik	Bronze
Orphan Europe	Bronze
PICIS R&D	Bronze
Pulsion Medical Systems AG	Bronze
SLE	Bronze

In total, 495 Sq Meters of exhibition space was sold representing 56 exhibitors (including the 10 main sponsors).

The LOC expresses their gratitude to all the sponsors and exhibitors for their contribution and efforts to make our congress very successful !

7. FINANCE

The LOC managed to work with a budget lower as previous WFPICCS world congresses while the income, in particular the congress fees, did not substantial increase over the past 7 years. An overview of the history of the congress fees is given in Table 11.

In addition, the 5th world congress provided special registration fees or delegates from Low-Income Countries based on the WHO list of 2005. The reduction for these delegates was 30%.

Table 11. History of congress fees 2000 - 2007

	Montreal 2000	Geneva 2007
Early fee	USD 495 = CHF 792	CHF 850
Middle fee	USD 595 = CHF 952	CHF 1000
Late & on site fee	USD 695 = CHF 1112	CHF 1200

8. REFLECTIONS FOR THE FUTURE

As expected, the majority of delegates of the 5th world congress in Geneva originated from Europe. The next world congress in Sydney 2011 need to focus on a larger neighboring continent as only Oceania. In this respect Asia should be a major focus. However, history showed that Northern American and Europe were always the regions with the most delegates attending.

The scientific program was organized via a structured process that worked well for Geneva. However, this outline with the evolution over the congress days might not fit to the next world congress. The Sydney team might have other ideas that work very well too and therefore come up with a new framework for the scientific program.

A 4-day congress might be too long for delegates. In Geneva the last congress day was not very well attended. Therefore, the LOC recommends a 3.5 days program, excluding the pre-congress courses.

The tremendous increase in submitted abstracts might be a process that continues towards 2011. Currently many congress delegates are allowed or receive funding to participate at a congress when an abstract is accepted. This might be the case why Geneva 2007 received so many abstracts. For the next world congress it is advisable to save space and time for an increased number of oral presentations. In relationship to the targeted participants, the LOC believes that the Sydney team need to find a balance between top-speakers and the oral presentations to attract many Northern American and European delegates.

Personal initiatives to establish special events were as much as possible granted. An example was the pre-congress activity of "International Collaborative Research in Pediatric Intensive Care". The LOC believes these initiatives are important for the international community and WFPICCS. However, the LOC advises for the future to critically assess the content and the aim of such initiatives with a special attention of the outcome of such endeavor.

The delegates evaluation forms were designed conform the CME guidelines as this was compulsory to receive the CME credits. For the next congress it is advisable to extend the evaluation form with some issues regarding topics for the next congress, special requests, etc.

The LOC believes that the next world congress can reduce printing costs if they use the printing template e.g. design of Geneva. The LOC is happy to hand over this template to the Sydney congress organizing committee.

The Geneva 2007 LOC members are fully confident to the success of the next world congress, the 6th World Congress on Pediatric Critical Care in Sydney 2011.

The LOC members wishes our Australian colleagues a pleasant journey to 2011 and of course the LOC members remain at their disposal at all time.

**5th WORLD CONGRESS ON PEDIATRIC CRITICAL CARE
JUNE 24 – 28, 2007, GENEVA, SWITZERLAND**

LOCAL ORGANIZING COMMITTEE

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Michel Berner	Geneva, Switzerland
Denis Devictor	Paris, France
Irene Harth	Mainz, Germany
Jos Latour	Rotterdam, The Netherlands
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