

Society of Anesthesia and Sleep Medicine

Annual Report

October 2013

I am pleased to present the 2013 Annual Report for the Society of Anesthesia and Sleep Medicine (SASM), which has now over been operating for over two years. This last year has been one of consolidation and maturation. We have established an administrative base in Wisconsin under the direction of a professional administrative team who specialise in managing small to medium sized medical societies. This has proved to be a very successful innovation, relieving hard pressed Board members of many of the managerial tasks and ensuring members' needs continue to be promptly serviced. Societies such ours are only sustainable if such arrangements are in place to provide stability and continuity in their day to day functions. We have also given a lot of thought to our professional functions and have further progress to report in these respects.

Finance

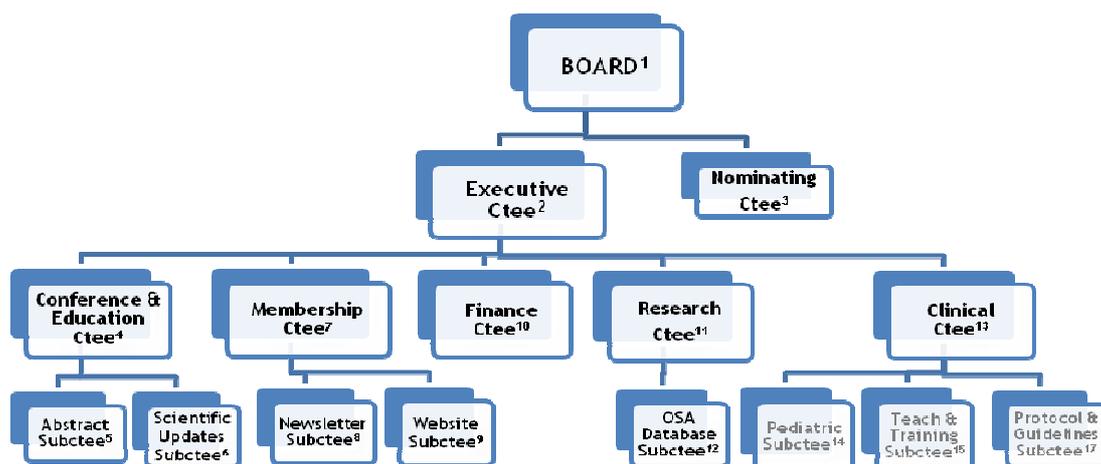
Our financial affairs are in good order with continuing enthusiastic support from our many sponsors, who are listed in the meeting program and on our website. We have worked hard to ensure that our administrative costs remain modest, allowing us to re-invest our funds in our educational program, outreach activities and in supporting research. We have been very pleased to inaugurate our research award this year and to, again, resource a first class annual meeting program. Peter Gay, our treasurer, has helped bed in our financial governance arrangements ensuring strong reporting relationships and oversight. We are currently receiving advice about the optimal format for our ongoing tax-exempt status with the IRS. As the financial statements accompanying this report demonstrate, our financial position is strong with an anticipated profit of \$55,000 and end-of-year equity of \$190,000. We think it is prudent to have a year's operating expenses in reserve, but even allowing for this we anticipate being able to invest more in research awards in the coming year. We are keen to service both clinical and fundamental research and were very encouraged by the quality and breadth of the applications for our first award.

Organisational Structure

Our organisational structure has evolved over the last year, reflecting expansion of our activities and changing emphases. We have now split our

‘Clinical and Research’ committee into a separate ‘Clinical Committee’ and ‘Research Committee’ reflecting both an original intention and the fact that increasing activity has demanded this change. The Teaching and Training Subcommittee of the erstwhile combined committee has been very active in producing the first of our educational documents, which have a strong clinical emphasis. The members of this subcommittee form the basis the new Clinical Committee. Another important functional change, which was recently foreshadowed to you and which we hope to enact at the 2013 Annual Meeting, is a proposal to change our Board structure to increase the number of member elected directors from 7 to 9 directors, and to add a provision that allows the Board to appoint up to 3 additional Board Appointed Directors. The reason for these changes is to allow us to increase our activities and to facilitate reporting relationships with our committees. We want each of our major committees to have direct representation at Board level. We want more people to share and expand our work. We also want the option of being able to import expertise onto the Board from outside our anesthesiology and sleep medicine membership where necessary with a limited number of Board appointed Directors. For example, we may wish to appoint a legal or financial expert to our Board: the changes we are recommending to you will allow us to do this. Recognising the special needs, demands and perspectives of pediatrics we have been keen to establish a pediatric subcommittee to the clinical committee and a pilot group will meet in October to bring this about. We have also added a scientific updates subcommittee to provide continuing educational material to our members via the website. This has been a great success, under its very competent and hard working chair, Susana Vacas.

The current structure is illustrated in the accompanying figure (Fig. 1). Subcommittees planned but yet to be formed are shadowed in.



Administration

I have already referred to the success of our administrative arrangements, with Wisconsin based Svinicki Association Management Inc (SAMI) providing

our management and administrative services. Their systems ensure that these are SASM badged and that the Board and committees get individualised service, as do our members. We have efficient recruitment and financial systems in place and our communication arrangements ensure our members are regularly updated regarding activities and information relevant to our shared interests in anesthesia and sleep medicine. Much of the ground work for this has been undertaken by our hard working Board and I want to pay particular tribute to Norman Bolden, who steps down from the Board this year after a 2 year term as secretary, preceded by another year in this position, when we were in start up mode. He energetically set up our initial membership database and was instrumental in recruiting our first members and ensuring they were registered, kept informed and that their concerns were promptly and efficiently addressed.

Recruitment

We have introduced innovations in our membership drive to broaden our membership base and make it easier for fellows and research staff to join. There are many organisations competing for attention and financial support and so the market is crowded. Furthermore there is some evidence to suggest that the era of membership of multiple organisations by individuals is passing, with “membership is dead” prognostications a current fad. This is a challenging environment for small medical societies and it is important that we demonstrate value and communicate effectively. Strongly on our side is the fascination of our field which is just starting to explore the inextricable links between the states of sleep and anesthesia. The value of doing so is self evident to all of us involved in it and the information so compelling that many others will become engaged. I suspect that a sophisticated knowledge of clinical and scientific aspects of sleep science will become a necessary aspect of anesthesiology training, as will a better knowledge of drug effects on conscious state and attendant effects on ventilatory drive, muscle activation and arousal responses be needed by sleep medicine. We are in a marketplace of ideas and need to market these compelling notions skilfully.

Communication

Communication is a growing strength. Our website continues to flourish and we have been very pleased by the content provided by our Scientific Updates subcommittee, referred to earlier. Girish Joshi has performed a masterly job producing our newsletters at regular intervals over the last 2 years. Apart from the value of the information contained in them, they demonstrate a continuity of effort, sustaining interest in our activities between our annual meetings. We are keen to be defined by our ongoing activities as much as we are by our show piece annual scientific meeting.

Educational Programs

Nevertheless our Annual Scientific meeting is a centrepiece of our educational activity and has again been magnificently organised under the direction of Frances Chung and Babak Mokhlesi and their committee. We have continued our 1.5 day format with a Thursday half day of workshops segueing into our Friday meeting of invited papers and poster presentations. This year's theme - Opioids, Respiratory Depression and Sleep Disordered Breathing - takes us into new territory with a closer examination of the interplay between sleep, opioids and ventilatory control. While upper airway behaviour is a fundamental concern to us, our considerations extend well beyond it, as this program will illustrate. Again free papers are an important component of the meeting and we are keen to see this grow as the meeting provides a perfect opportunity to exchange ideas with an expert group focussed on the sleep-anesthesia interplay.

We were pleased to see a summary of our last year's meeting published in *Sleep and Breathing*.

Research agenda

As I have noted earlier, the Research Committee, under Roop Kaw is now a separate entity, allowing it to concentrate on our Research Agenda. An important task undertaken by this group this year has been to help set up and to adjudicate our first research award. The award attracted a fine field of applicants from both clinical and basic science and we will be announcing the result at the Annual meeting. We are keen to expand this program and hope to have two awards in the coming year - one for clinical and one for basic science. The committee is well advanced in development of a white paper articulating a research agenda for our field. We have also made further progress on our project to analyse register sentinel events relevant to postoperative deaths and near misses in OSA patients. Norman Bolden leads this effort which involves collaboration with the ASA Closed Claims Project who have agreed to be engaged.

Service Development, Practice Guidelines, Education

Our teaching and training subcommittee, which (as I have already noted) has now morphed into our Clinical committee, has led our first steps in developing clinical standards and promoting education about sleep amongst anesthesiologists and about anesthesiology amongst sleep physicians. Energetically co-chaired by Dennis Auckley and Bhargavi Gali they have finalised two important documents: (a) the SASM Recommendations for Management of Obstructive Sleep Apnea in the Perioperative Period (an educational tool for health care providers who wish to develop institutional protocols for patients with known or suspected OSA); and (b) the SASM Education Brochure 2013 (a short document to be used as a quick reference regarding perioperative management of OSA). These useful references foreshadow the eventual development of formal guidelines. We undertook some preliminary planning in this regard early in the year, but became aware at that time that the ASA was in the process of revising its 2006 Practice Guidelines for the Perioperative Management of OSA and so

decided to await these before taking further action. We suspect that this revision, which appears to have been undertaken largely in-house, will leave the need for an expert group to address controversies in this area, and (in particular) to provide advice regarding how perioperative risk might be stratified to identify those at particular risk.

Involvement in Activity of Other Professional Societies

SASM again provided a panel session at the International Anesthesia Research Society Annual Scientific Meeting earlier this year. At that meeting several members of our Board, including me, met with the Board of Trustees of IARS, exploring a closer collaboration with them. We found much to agree on and intend to progress this. They are keen to give sleep prominence in their programs and to have us as an affiliate. We are keen to share ideas and resources, including CME and to explore the possibility of expanding the presence of sleep-related matters in Anesthesia and Analgesia, the IARS journal. We will be meeting them again in October at ASA.

We have had a further year of consolidation and progress. I have found it very rewarding to be involved in the early steps taken by this society and to engage with the many interesting and creative people who have contributed to this effort. I am very confident about our future. The immediate future is in excellent hands as I leave the Presidency for Frances Chung to take over. She has been a great deputy during my term and brings her own brand of energy and purpose to this office. I look forward to continuing to work with her and the rest of the Board as we move to the next phase of our development.

David R Hillman

President