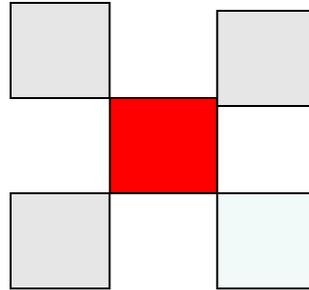


Critical Care Medicine in India



ISCCM

Dr. Narendra Rungta

MD FISCCM FCCM FICCM

President

Indian Society of Critical Care Medicine

President

Critical Care and Trauma Hospital cum
Research n Training Institute Jaipur India



Presentation Summary



I. Background

1. Evolution of Critical Care
2. ISCCM Beginning
3. Achievements

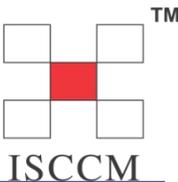
II Challenges for ICU Practice

1. Socio Political
2. Occupational
3. Human Resource Crunch
4. Tropical Infections
5. Research Statistics

III. Antibiotics and its Challenges

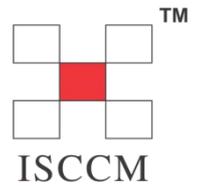
1. Geographical Variance
2. Facts and statistics
3. Poor Quality Antibiotics – A big challenge

IV Road Ahead





I. Background



I. Background



**1. Evolution of
Critical Care**

**2. ISCCM -
Beginning of a
new adventure**

3. Achievements



I. Background



1. Evolution of Critical Care



To



I. Background

1. Evolution of Critical Care

Challenges of the erstwhile era (90s)

- Struggling to establish a new specialty
 - Acceptance
 - Importance
 - Resources
 - Manpower
 - Delinking Coronary units from the Critical care units
 - Rejection by MCI and other official bodies
 - Trying to shift age old ideas
 - Mechanical ventilation involves using a machine to during a terminal event
 - Other Specialities
- Gradual shift to accepting new technology



I. Background

2. ISCCM – new adventure 1993
Non Profit organization AIMS



- Education
- Training
- Develop e Courses
- Publish journals
- Research project s
- Conference organization
- Collaborate within and outside the country



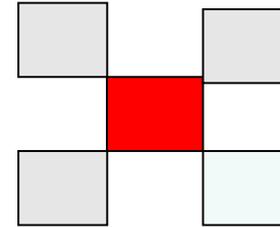


. Today



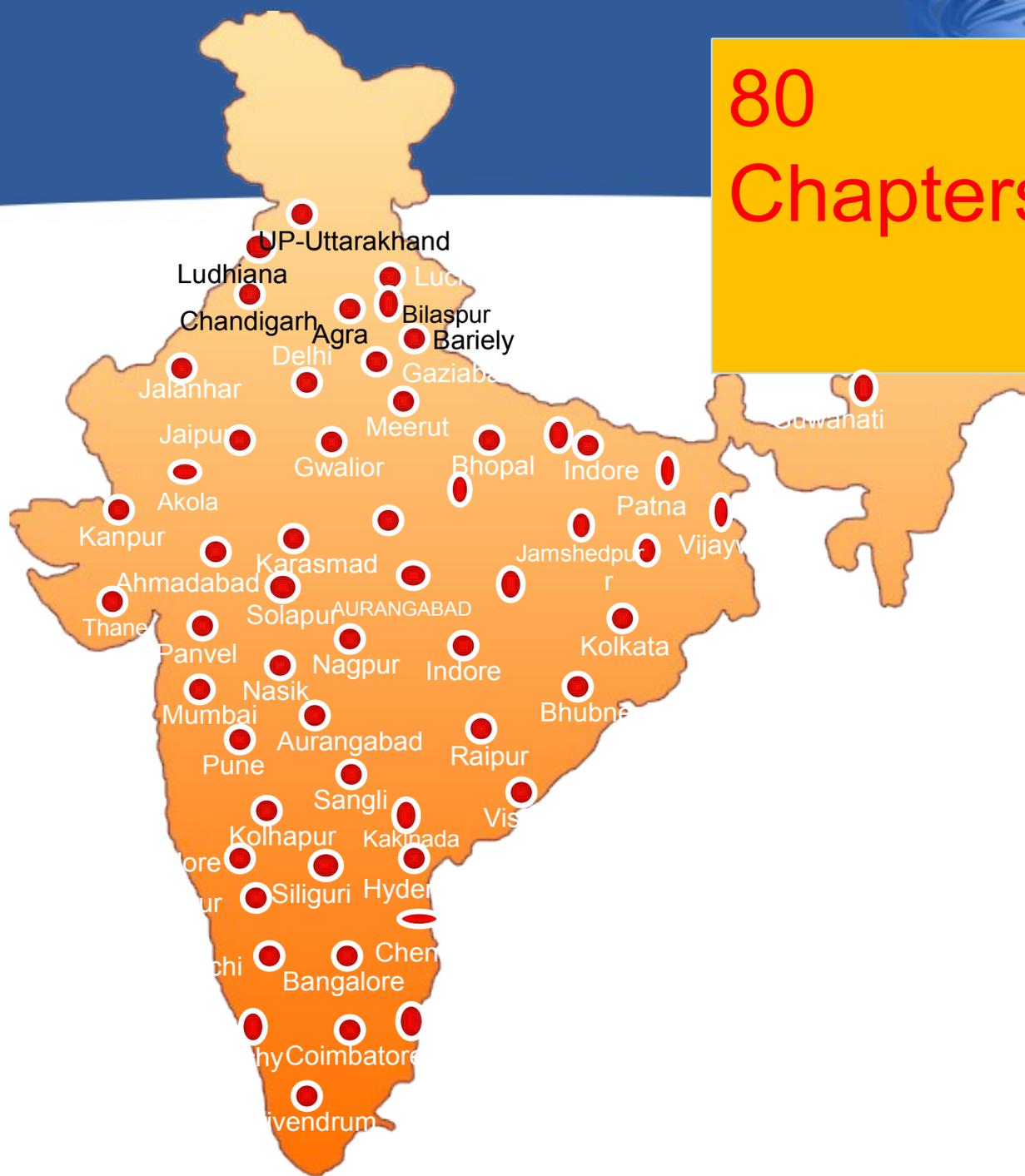
- **Critical Care Medicine established firmly as super- specialty**
- **Post - Graduate DM, FNB, IFCCM, IDCCM in place**
- **1000s of Critical qualified Trained Critical Care professionals in taking care in Indian ICUs**
- **Guidelines established**
- **>6500 members**
- **80 Federal Branches**
- **120 Accredited Training centers**
- **150 accredited Teachers**
- **ISCCM is the only representative of Critical Care Professionals in India**
- **Elections held every year by democratic vote to National EC - Electronically**

Indian College of Critical care Medicine established





80
Chapters

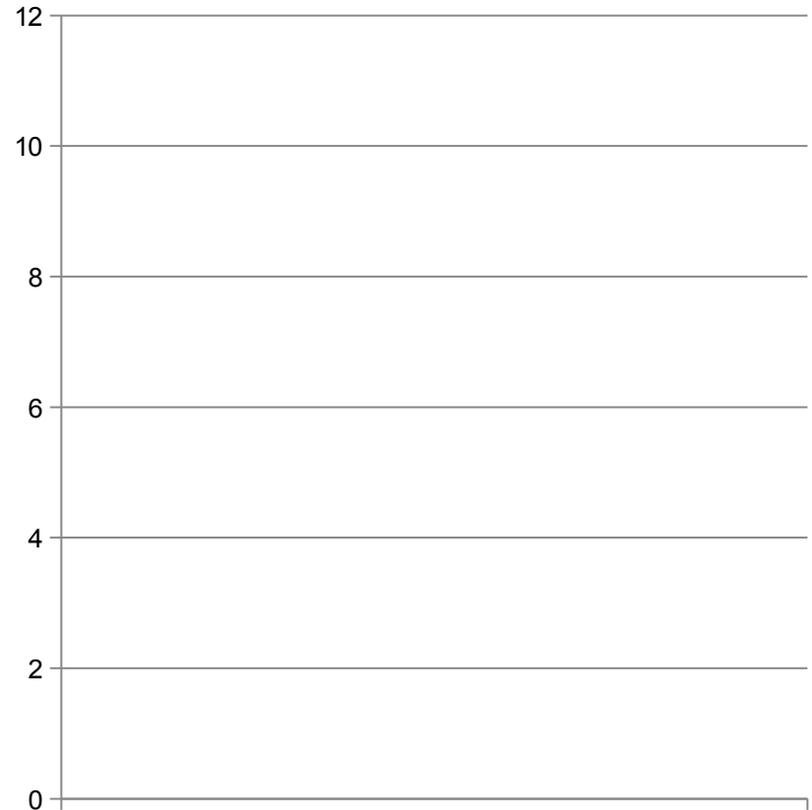


Training of students by ISCCM



Total : 1114 Students

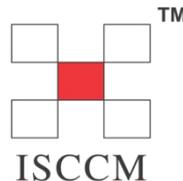
Increase in IDCCM



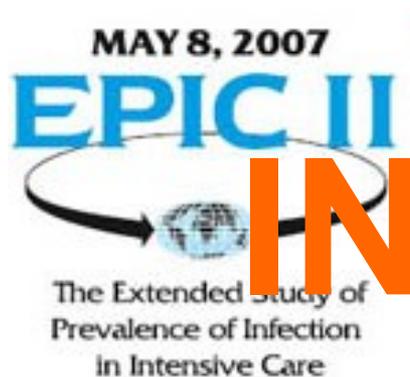
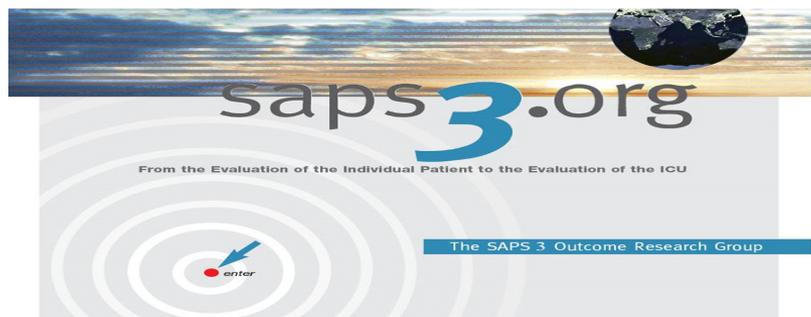
Publications



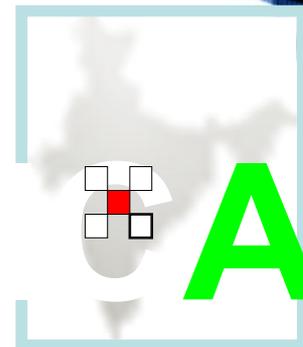
- Indian Journal of Critical Care Medicine
- Critical Care Communications
- Audio Journal Series Podcast
- **ICU Protocol Book**
- **Now an ICU Book.**



Collaborative Research



IND



AP



ICON



Ordinary ICUs to High end ICUs



We are associated with



SAARC



APACCM



SCCM



World Federation



Courses Run by ISCCM's

Indian College of Critical care Medicine



- Indian Diploma in Critical Care Medicine (IDCCM)
- Indian Fellowship in Critical Care Medicine (IFCCM)
- Indian Diploma in Critical Care Nursing (IDCCN)
- Certificate Course for Medical Graduates in Critical Care
- Fellowship awards - FICCM



CHALLENGES



Antibiotic Abuse



Socio -Political scenario is challenging-



Decision making and outcome adversely affected



- 200 Political parties and social activist Groups
- political affiliation a criteria for selection of decision makers
- Caste based Reservations
- Appeasement policies for ethnic groups to fetch votes
- Agitations and strikes
- Politicians Never retire
- Sensitive Social-religious balance
-
- The Best are sometimes denied opportunity and therefore, brain drain



आए थे इलाज कराने और पीटकर चले गए डॉक्टर को

Source: <https://www.dainikbhaskar.com>

दैनिक भास्कर
dainikbhaskar.com



जोधपुर. उम्मेद अस्पताल की इमरजेंसी में शुक्रवार दोपहर बाद एक बच्चे का उपचार करवाने आए युवक व महिला मारपीट की कोशिश की। इमरजेंसी में शाम करीब पांच बजे यह युवक अंदर घुसते ही वहां मरीज देख रहे डॉ. मुद्दे बच्चे को देखने के लिए कहने लगा।

इस पर डॉ. चौधरी ने उसे पर्ची लाने के लिए कहा, तो युवक को गुस्सा आ गया और वह झगड़ने लगा। उसने डॉ. चौधरी ने बचाव कर लिया। इस दौरान वहां तैनात गार्ड आ गए। अस्पताल अधीक्षक डॉ. नरेंद्र खंगाणी ने बताया कि पहुंच गई थी। युवक ने माफीनामा लिखकर दिया है।

पुलिस ने छुपाया : उम्मेद अस्पताल में होने वाली घटनाओं की सीधी जिम्मेदारी खांडा फलसा थाने की होती है, लें प्रभारी ने शाम को इस प्रकार की किसी घटना से इनकार कर दिया। जबकि उन्होंने नर्सिंग अधीक्षक अचला राम ने *printed from:*



Violence with Treating teams

Failure is not acceptable

Had come for treatment - ended up vandalizing



Increasing Frequency of Litigations





Burnouts of staff, colleagues and self- Not peculiar to India

- Maslach Burnout Inventory data.
- **Approximately one-half** of the **intensivists** presented a high level of burnout [AJRCCM 2007 :175. 686-692,]
- Emotional exhaustion, depersonalization and lack of personal accomplishment as a result of prolonged stress and frustration is common [Critical Care 2005, 9(S1):P247]
- **One-third of ICU nursing staff** had severe BOS [AJRCCM 2007 :175. 698- 704]



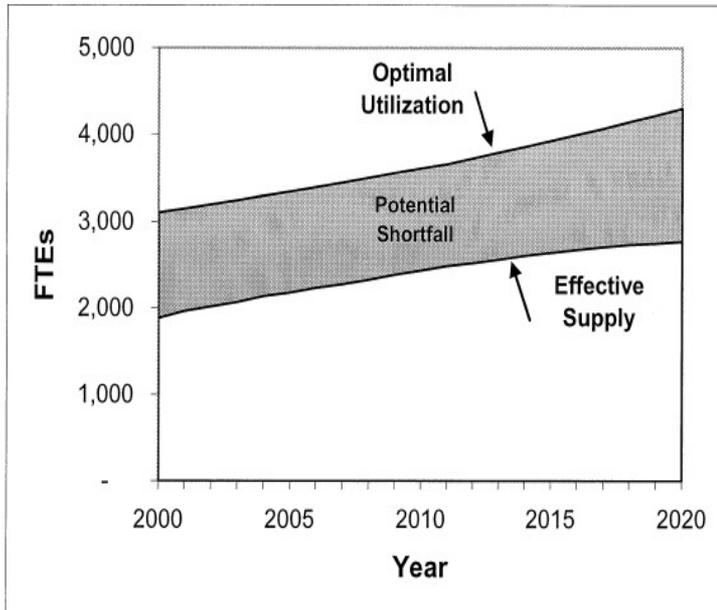
3. Human Resources

II. Challenges



Only 2,263 Critical Care Certified personnel as of October 2005 in India
Projected Supply vs. Optimal Utilization for Intensivists, 2000-2020

Exhibit 15. Projected Supply vs. Optimal Utilization for Intensivists, 2000-2020



- Estimates a 35% shortage of intensivists by 2020 as a result of the aging population and the growing demand for greater utilization of intensivists.
- In the US, patients use approximately 18 million ICU days annually, and more than half of these days have been associated with care for pts older than 65 years.
- With an estimated 360,000 deaths occurring each year in ICUs not managed by intensivists, increasing the intensivist supply may help save up to 54,000 lives annually.

Inadequate trained manpower

Lack of quality dedicated full-time trainers

Attrition of nurses & support staff

**Inability to match remuneration like in Middle east & Gulf.
Huge demand for Indian resources.**



Public sector vs Private sector



- Meaningful Critical Care
- **Public sector 20% (Always under stress)**
- **Private Sector 80% (Unaffordable for most)**



Inadequate trained manpower



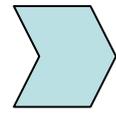
- Not just consultants, but nurses, technicians
- Strange in a country with excess of population
- Lack of Quality training



Migration of ICU Human resource- Tempted by Greener Pastures



600 docs /Month



600 Nurses /day



II. Challenges

4. Tropical Infections- The Post Monsoon Deluge



Tropical infections in the ICU

- Malaria
- Leptospirosis
- Enteric fever
- Tuberculosis
- Dengue hemorrhagic fever
- Other CCHF, JBE
- Shigella, other gastroenteritis
- Amoebic abscess
- Kala azar [Visceral Leishmaniasis]
- Tetanus





The Populist Media who is talking – experts or All in One Activist

H1N1 ARE THERE LESSONS FOR INDIA?



Precaution before panic, the right attitude

INDIA GETS INTO COMBAT MODE

iStream.in

**TIMES
NOW**



5. Health Expenditure - India

II. Challenges



Challenge for healthcare in India - Inadequate resources to manage a very overburdened service

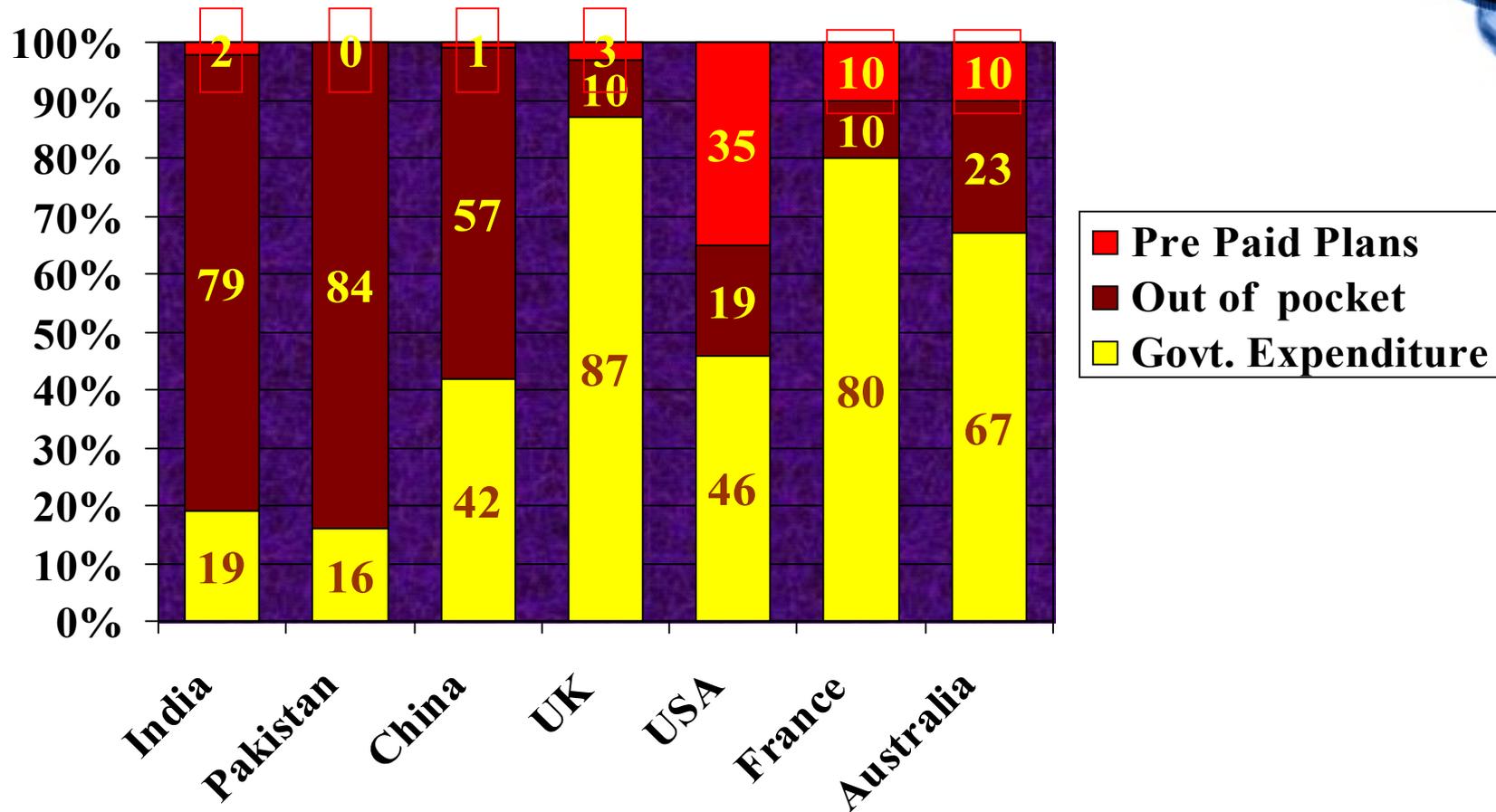


Absence to desire to understand the meaning and seriousness of quality critical care services



5. Out of Pocket Health Expenditure - India

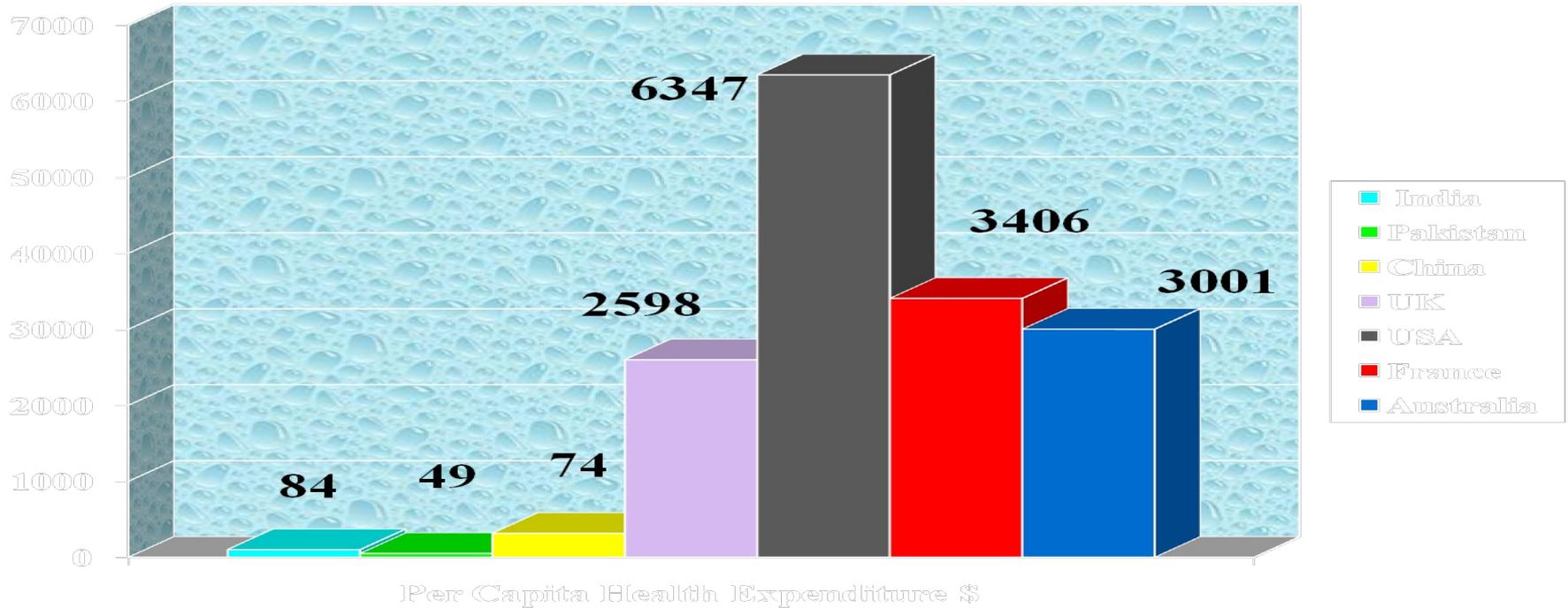
II. Challenges



Leads to withdrawal of Treatment Prematurely



Health Expenditure : Per capita



India . Pakistan china UK USA France Australia



III. Antibiotics & its Challenges



*Antibiotics are called the “wonder drugs” because everytime a doctor **WONDERS** what to give, he gives an antibiotic....*



More than 90% of Indian ICU docs are worried and ready to do something /anything

III. Antibiotics & its challenges



3. Poor Quality of Antibiotics

Generic drugs and its issues



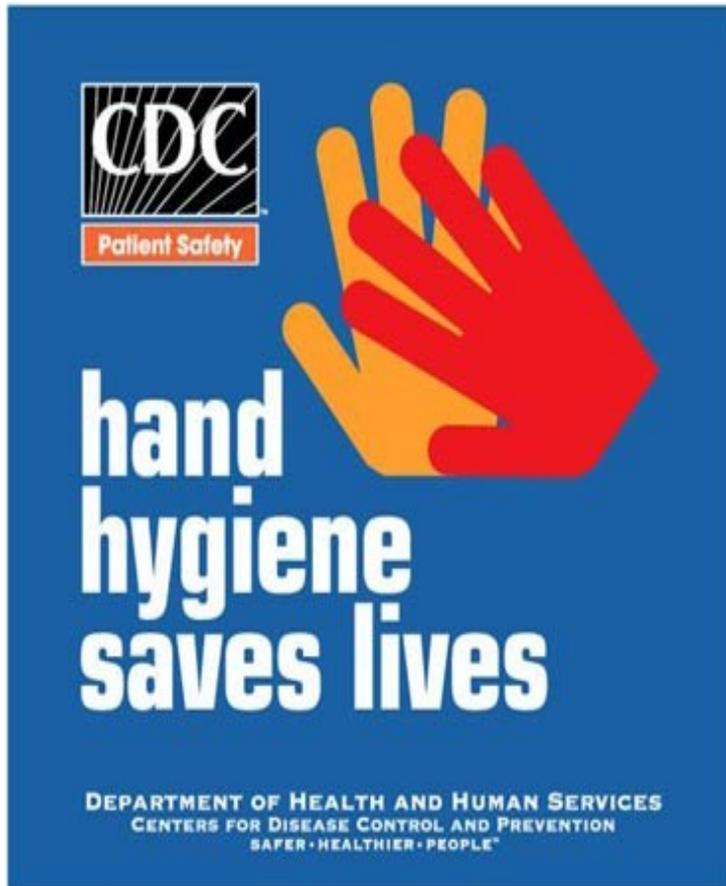
Market of Dubious antibiotics is > that of Genuine Antibiotics ?



III. Antibiotics & its challenges



5. Prevention is better than cure



The key to control antibiotic resistant pathogens in the ICU

- Rigorous adherence to infection control guidelines
- Prevention of antibiotic misuse

“Hand wash and Prevent Infection”
Slogan of the ISCCM President the year 2010 for ISCCM day – 9th October



delivering despite issues

...



**WORKING
ANARCHY...**

**ANARCHY
THAT WORKS
AND SAVES
LIVES...**



Road -Ahead

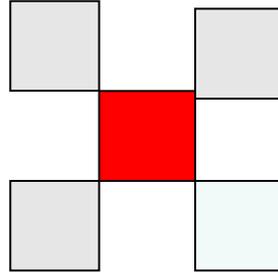


- Strengthening Data Collection and research
- Curb Antibiotic Abuse – come what may
- Expanding international relationships and collaborations
- Scientific analysis of peculiar tropical disease problems
- Increase frequency of IJCCM
- Raise education/training and esteem of Indian Nurses in CCM
- Making CCM a tempting super- specialty for best in profession

Strengthen SAARC Movement



THE FINAL FRONTIER



**THE FINAL FRONTIER IS SET ON –
MAKING THE INDIAN INTENSIVIST
FEEL PROUD OF BEING AN INDIAN , A
Proud INTENSIVIST AND save every
single patient he is asked to serve**



The Annual Conference of ISCCM

Olark Chat CRITICARE 2014

criticare2014.com

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A JOINT MEETING OF
20th Annual Conference of Indian Society of Critical Care Medicine,
18th Asia-Pacific Congress of Critical Care Medicine &
2nd Annual Conference of Critical Care Nurses Society

Conference : 14-16 February, 2014
Workshop : 17-18 February, 2014

ISCCM

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Jaipur CRITICARE 2014

14 - 18 February, 2014
Birla Auditorium, Jaipur, INDIA

Theme : Multidisciplinary Closed ICU Care

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Greetings and welcome to Jaipur India



Indian Society of Critical Care Medicine

Organizing committee Criticare 2014-

The joint meeting of

20th Annual Conference of ISCCM and 18th Congress of APACCM

14th to 18th February 2014

Birla Auditorium Jaipur India

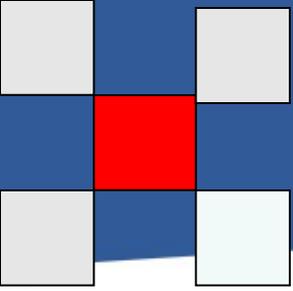




4000 Delegates
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200 Faculty
5 days Feast Non-stop
Weather at it best
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Thank You !

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