Presentation Summary

1. Evolution of Critical Care
   1. ISCCM Beginning
   2. 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
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 projects
- 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
Training of students by ISCCM

Total: 1114 Students

Increase in IDCCM

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Publications

• Indian Journal of Critical Care Medicine
• Critical Care Communications
• Audio Journal Series Podcast
• ICU Protocol Book
• Now an ICU Book.
Collaborative Research

saps3.org
From the Evaluation of the Individual Patient to the Evaluation of the ICU

The SAPS 3 Outcome Research Group

MAY 8, 2007
EPIC II
The Extended Study of Prevalence of Infection in Intensive Care

stop sepsis save lives

September World 13 Sepsis 2012 Day

MOsAICs
management of severe sepsis in asia's intensive care units

ICON

AP IND
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:

- 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

Decision making and outcome adversely affected
Had come for treatment - ended up vandalizing

Violence with Treating teams

Failure is not acceptable
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

- 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 abcess
- 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
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

IInd. Challenges

Pre Paid Plans
Out of pocket
Govt. Expenditure

Leads to withdrawal of Treatment Prematurely
Health Expenditure: Per capita

India, Pakistan, China, UK, USA, France, Australia

Per Capita Health Expenditure:
- India: 84
- Pakistan: 49
- China: 74
- UK: 2598
- USA: 6347
- France: 3406
- Australia: 3001
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 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
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
350 Lectures
20 workshops
200 Faculty
5 days Feast  Non-stop
Weather at it best
Best Indian  Food

130 USD /-
Thank You!

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