

Fri. Mar 1, 2019

第2会場

特別企画

[SP1] 特別企画1

JSICM, KSCCM, ESICM, SCCM, TSCCM 各学会
Presidentを囲む

Chair: Masaji Nishimura (President of JSICM/Tokushima
Prefectural Central Hospital, Japan)

2:00 PM - 3:00 PM 第2会場 (国立京都国際会館2F Room A)

[SP1-1] Current status of ICU and intensive care medicine
in Japan

Masaji Nishimura (President of JSICM/Tokushima
Prefectural Central Hospital, Japan)

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in Korea

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in Thailand

Pusit Feungfoo (President Elect of TSCCM)

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[SP1-1] Current status of ICU and intensive care medicine in Japan

Masaji Nishimura (President of JSICM/Tokushima Prefectural Central Hospital, Japan)

【同時通訳付き】

1981年大阪大学医学部医学科卒業

1984年大阪大学助手医学部

1989年大阪府立母子保健総合医療センター麻酔科

1992年Harvard Medical School Research Fellow

1994年兵庫医科大学麻酔科

1996年大阪大学医学部附属病院集中治療部

2004年徳島大学救急集中治療医学教授

2018年徳島県立中央病院

The Japanese Society of Intensive Care Medicine (JSICM) was founded in 1974. While it started as a small group, it has been growing and, as of 2018, the JSICM has 8,415 members. It is a multi-professional society including nurses, clinical technologists, and pharmacists and so on. The physicians are specialized in intensive care, with past experiences as anesthesiologists, emergency physicians, cardiologists, pediatricians, and so on. The specialist certification system was started in 1992. As of 2018, 1,847 specialists have been certified. In the future, we plan to revise it complying with the certification standards of the Japanese Medical Specialty Board. The nurses are engaged in a broad spectrum of activities and provide better care at the ICU on a 24-hours-per-day basis. The clinical engineers begin its organized activities, and contribute to advancing maintenance and inspection of life-sustaining devices at the ICU. We propose to make contributions to advances in intensive care from broad viewpoints, including efforts to establish a database on intensive care (Japanese Intensive care PATient Database: JIPAD), facilitate clinical trials on intensive care at the global level. Nursing education seminars have been held, and scientific studies on nursing have been conducted under clinical settings, so as to stimulate cultivation of young competent nurses and improvement in nursing skills at ICU. Clinical engineers started educational seminar in 2018. Since 2001, the Japan-Korea Joint Congress has been held every year in the two countries in an alternating fashion. The Japan-Thailand Join Congress also started. With a purpose to improve the care of the critically ill patient, we created a strategic partnership with ESICM in 2013. The JSICM has been publishing a semi-official journal since 1976, and an official journal since 1994. On these journals, more than 100 scientific papers have been published annually in recent years, contributing to advancing education, research and the clinical aspects of intensive care. Furthermore, our English official Journal titled "Journal of Intensive Care" was launched in 2013. The JSICM will continue moving forward toward the goal of supporting and advancing intensive care, which is the last resort for life preservation and treatment of severely ill patients with acute stage.

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[SP1-2] Current status of ICU and intensive care medicine in Korea

Sung Jin Hong (President of KSCCM/Catholic University of Korea Yeouido St. Mary's Hospital, Korea)

【同時通訳付き】

Institute / Position

Catholic University of Korea, College of Medicine,

Department of Anesthesiology, Pain and Critical Care Medicine

Professor

Education and Certification

1994: PhD (the Graduate School of Catholic University of Korea, College of Medicine)

1985: MD (Catholic University of Korea, College of Medicine)

2009: Subspecialty board for critical care medicine (Korean society of Critical Care medicine)

1989: Professional license of Anesthesiologist (Korean Society of Anesthesiologists)

Experience

Aug. 1996 - Aug 1997: Research Fellow of the Center of Anesthesiology Research in Cleveland Clinic Foundation (Ohio)

Mar. 2014 – Feb. 2018: Chairman of the Department of Anesthesiology, Pain and Critical Medicine, Catholic University of Korea, College of Medicine

Since 1989 to present: Faculty member of the Department of Anesthesiology, Pain and Critical Medicine, Catholic University of Korea, College of Medicine

Social Activity

President of the Korean Society of Critical Care Medicine (since 2018 to present)

Vice President of Seoul Medical Association (since 2018 to present)

Vice President of the Korean Society of Critical Care Medicine (since 2016 to 2018)

Director of Publication in the Korean Society of Critical Care Medicine/ Editor-in-Chief of the Korean Journal of Critical Care Medicine (since 2008 to 2016)

Director of Social Communication in the Korean Society of Anesthesiologists (since 2014 to 2016)

Director of Medicolegal Affairs in the Korean Society of Anesthesiologists (since 2010 to 2012)

Director of Scientific Affairs in Seoul Medical Association (since 2009 to 2012)

It was in the early 1960s that ICU opened in Korea and the Korean Society of Critical Care Medicine was founded in 1980. Over the past 30 years, medicine has made remarkable progress, however, the severity of diseases also has increased due to social changes. The need for systematic management of ICUs is heightening.

This presentation is aimed to figure out the current status of ICU and the right direction of critical care performance in Korea. The research reports based on the national big data were reviewed.

About 300,000 patients are admitted to the ICU and the total usage of ICU is over 2 million every year. ICU use is steadily increasing. Total amount of ICU admission fee is KRW 510 billion (\$ 446 million) in a year. The proportion of ICU patients peaked in 70s and 80s of age, and the patients over 70 years old is 43.8% of all ICU patients. The male to female ratio is 56.9%: 43.1%.

Most ICUs in Korea are operated as open type, and 40% of the ICU is staffed by the intensivists. One Intensivist is responsible for 24.7 beds in average. The intensivists' specialties are: internal medicine (39.8 %), surgery (29.6 %), anesthesiology (13.4 %), and emergency medicine (7.7 %). The number of beds per nurse varies by hospital level, but mean value is 1.01.

The length of stay in ICU is 8.9 days (55.4% of patients stay in 3-6 days). ICU mortality and hospital mortality are 14.2% and 18 % respectively. The proportion of patients requiring mechanical ventilation is 21.4% and their hospital mortality is 48%.

There is a serious difference in level of care between ICUs by region and institution. The role of intensivists should be defined more concretely, and consensus should be established within the medical community. In addition, the government should introduce the policy to improve quality and standardization of intensive care.

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[SP1-3] Current status of ICU and intensive care medicine in Europe

Jozef Kesecioglu (President of ESICM/University Medical Center Utrecht, Netherlands)

【同時通訳付き】

Jozef Kesecioglu is Professor of Intensive Care Medicine at the Department of Intensive Care Medicine, University Medical Center, Utrecht, the Netherlands. He completed his medical education and training in anesthesia and intensive care at the Medical School of University of Istanbul, Turkey, where he was later appointed as the head of the intensive care. After moving to the Netherlands in 1989, he worked in Erasmus Medical Center and Sophia Children's Hospital Rotterdam as anesthetist and pediatric intensivist respectively. He moved to Academic Medical Center in Amsterdam as the deputy director and has become interim director in the same department, before taking up his current position in 2002 in University Medical Center in Utrecht. He has re-organised the four intensive cares and made one department of it before designing and moving to the new, award winning, state-of-the-art ICU. He is currently the chair of the Management Team of the Division of Anesthesiology, Intensive Care and Emergency Medicine.

Professor Kesecioglu was Chairman of the Ethics Section of the European Society of Intensive Care Medicine (ESICM). After finishing his term, he worked in the Executive Committee of ESICM as the elected Chair of the Division of Scientific Affairs. He has also represented ESICM in the workgroup concerning "An official ATS/AACN/ACCP/ESICM/SCCM Policy Statement: Responding to Requests for Potentially Inappropriate Treatments in Intensive Care Units". He was elected as President of ESICM in 2016 and served as President Elect until recently. Currently, he is the President of ESICM until the end of his mandate in October 2020.

Professor Kesecioglu has authored around 130 published or in-press peer-reviewed papers and has been giving lectures in various scientific meetings. His main interests are ethics, intensive care environment and selective decontamination of the digestive tract.

Modern intensive therapy gives the responsibility of patient care and decision-making to specially trained intensivists. Intensive care units are becoming independent medical departments in the organization with allocated budget and staff, committed only to Intensive Care Medicine. Physicians must be trained in order to practice multidisciplinary Intensive Care Medicine. The changes expected in the near future can be summarized as follows:

- A culture of quality improvement
- Increase in large, multicenter intensive care trials that are not industry funded
- Increased survival
- Ethical discussions
- Expansion of Medium Care facilities
- Patient data management systems (data accessible for audit, research, and quality improvement)
- Precision medicine with individual tailoring of therapies
- Antibiotic resistance and the development MDRO
- Increasing regionalization of ICUs to concentrate expertise in fewer and larger centers.
- Continuing emphasis on quality improvement and doing the simple things well vs expensive new drugs and interventions.
- Aging population
- Increasing expectations from patients, families and doctors from other specialties
- Increase in the illnesses that are deemed treatable
- Steady rise in obesity and other comorbidities
- Demand for ICU care will rise exponentially.

- Efficient use of ICU beds is mandatory.

Therefore, Restriction of ICU admission to those who are likely to benefit most, end-of-life decisions, time limited trials and disclosure of medical errors should be the main issues for the future of intensive care medicine.

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[SP1-4] Current status of ICU and intensive care medicine in USA

Heatherlee Bailey (President Elect of SCCM)

【同時通訳付き】

Education

Medical:

UMDNJ- New Jersey Medical School

(Now known as Rutgers)

Newark, New Jersey; MD 1994

Undergraduate:

Alfred University

Alfred, New York; Cum Laude, BA in Biology 1990

Postgraduate

Intern, Resident, Chief Resident, Emergency Medicine

Medical College of Pennsylvania

(Now known as Drexel University College of Medicine)

Philadelphia, PA

July 1994 – June 1997

Employment

Medical College of PA – Hahnemann University

Instructor of Emergency Medicine

Faculty-Fellow in Division of Critical Care

July 1997 – June 1998

Medical College of PA – Hahnemann University

Assistant Professor of Emergency Medicine

July 1998 – 2009

Medical College of PA – Hahnemann University

Assistant Program Director

January 1999 – June 2001

Drexel University College of Medicine (formerly Medical College of PA – Hahnemann University)

Department of Emergency Medicine

Associate Program Director

Assistant Professor
July 2001 – June 2007

Drexel University College of Medicine
Department of Emergency Medicine
Director of Critical Care Education
Associate Program Director
Assistant Professor
September 2002 – June 2007

Drexel University College of Medicine (formerly Medical College of PA – Hahnemann University)
Department of Emergency Medicine
Director of Critical Care Education
Student Clerkship Director Mercy ICU
Assistant Professor
July 2007 – December 2009

Duke University Medical Center
Director of Critical Care Education
Assistant Professor of Surgery
Department of Surgery
Division of Emergency Medicine
2301 Erwin Rd
Durham, NC 27710
January 2009 – May 2015

VA Medical Center
Department of Emergency Medicine
508 Fulton St
Durham, NC 27705
March 2015- present

Certification and License

Board Certified in Emergency Medicine
(Written exam October, 1997; Oral examination October 1998)
Recertification 2008, 2018
Pennsylvania MD License 1996 – 2010
DEA 1996 – Current
North Carolina 2009 - Current

Honors and Awards

National League of Women Voters Award 1986
Leadership in community service

Alfred University Herrick Scholarship 1986-1990
Excellence in academic performance

Psy Chi Psychology Honor Society - Alfred University 1990

NJMS Award for Outstanding Research 1991

NJMS Alumni Scholarship 1991, 1992
Outstanding scholarship and leadership

New Jersey Medical School Rosemary A. Gellene Memorial Scholarship 1993
Alumni Associations highest honor given to a 4th year student.

Society of Academic Emergency Medicine Medical Student Excellence in Emergency Medicine Award 1994

PA Chapter of the Society of Critical Care Medicine

Best Abstract Award August 1999

International Ain Shams Medical Student Congress
8th Annual Meeting, Cairo, Egypt
Best Poster Presentation February 6-9, 2000

American Medical Association - Womens Physician Congress. Physician Womens Mentoring Award.
November 2007

Presidential Citation. Society of Critical Care Medicine. 2008

Dr. Joseph and Rae Brown Award. Society of Critical Care Medicine. 2008

Fellow College of Critical Care Medicine 2009

American Board of Emergency Medicine Oral Board Examiner Service Award 2014

PROFESSIONAL SOCIETY MEMBERSHIPS

Society of Critical Care Medicine 1998 - present
PA Chapter of the Society of Critical Care Medicine 1998 – 2009
Carolina Virginias Chapter of the Society of Critical Care Medicine 2010-present
Society of Academic Emergency Medicine (1997-2009)
Council of Residency Directors (1999 -2008)
American Academy of Emergency Medicine 1996 - present
International Trauma Anesthesia and Critical Care (1998-2007)
Society for the Advancement of Blood Management (Founding Member) (2001- 2009)

PROFESSIONAL SOCIETY ACTIVITIES

Committees:

American Board of Emergency Medicine
Oral Board Examiner 2006 - present

Association for Surgical Education
Curriculum Committee 1999 – 2002

International Trauma Anesthesia and Critical Care Society

Critical Care Committee 1999 –2007

Research Committee 2002 –2007

Society for the Advancement of Blood Management

Young Physicians Committee 2002- 2004

Chairman

Society of Academic Emergency Medicine

CPC Judge and task force member 2003- 2007

Society of Critical Care Medicine

Guidelines for ICU Admission, Discharge, and Triage Task Force 2008-2015

Chapter and Affiliates Committee

Secretary 2005-06

Chair elect 2006-07

Chair 2007-08

Council member ex – officio 2006-2008

Creative Community Volunteer 2003-present

Volunteer Liaison 2003-present

American College of Critical Care Medicine Inducted Fellow 2009

MCCKAP Task Force 2009-2012

Nominating Committee Member 2009-2010

ACGME Resident Duty Hours White paper task force 2010-2011

Council Liaison FDM task force 2011-2016

Council Liaison Uniformed Services 2011-2016

Council Liaison Online MCCKAP 2012-2015

Council Liaison Neurosciences 2012-2016

Council Liaison Emergency Medicine 2013-2016

Strategic Education Committee 2012-2015

Chair task force on Violence and Critical Care 2013-2015

Senior Council Member Fundamentals Business Line 2014-2016

Strategic Planning Committee 2014-present

Vice-Chair 2015

Chair 2016-2018

Council Liaison Section Chairs 2015-2016

Finance Committee 2015-present

ACCM Board of Regents Nominating Committee 2015-present

Moderator Professor Walk Rounds Congress 2015 Phoenix

Executive Council Member 2016 – present

Secretary 2016 – 2018

Co-Chair Save A Life Event 2017 _ 2018

President – Elect 2018 - 2019

President 2019 - present

PA Society of Critical Care Medicine

Education committee 2003-2009

NJPA SCCM Combined Meeting Organizer and Curriculum committee 2003, 2004

Council of Residency Directors

LLSA committee 2005-2007

Offices :

SCCM

SCCM Council Ex-officio 2006 – 2008

SCCM Chapter and Affiliate

Secretary 2005 – 06

Chair elect 2006 – 07

Chair 2007 – 08

SCCM elected At-Large Seat 1 yr term 2011-2012

Council Elected Collective Seat 2012-2015

Council reelected Collective Seat 2015-2016

Executive Council Secretary 2016-2018

Save A Life Co event Co-Chair 2017-2018

Executive Council President-Elect 2018-2019

PASCCM

PASCCM President-Elect 2002-2003

PASCCM President 2003-2005

Carolinas/Virginia Chapter SCCM

Board Member 2010-2014

The continuum of care is a very important concept in the treatment and management of the critically ill and injured patient. This concept is important not just in the longitudinal sense of patients moving from the pre-hospital setting to the Emergency Department to the ICU but also that at each stage of care there is the presence and interaction of a cohesive and highly trained team.

There are many challenging issues currently affecting the state of critical care and the ICU team in the US. There are many pathways for physician fellowship available in the US. Despite that, a significant issue that is driving many of the other problems in the ICU is a shortage in the workforce. This shortage has led to several major areas of focus and impact in critical care. With the shortage of physician providers, there has been an expansion in the role of the Advanced Practice Provider (APP). Both physician assistant's and nurse practitioners may focus their area of practice in critical care and in turn have expanded their role in the critical care environment.

This work force shortage has in turn led to innovations using technology to bring virtual care to the bedside in the form of telemedicine. Many systems have created tele-icu programs to ensure excellent care to ICU patients typically during the overnight hours. Another unfortunate outcome of the workforce shortage is the national epidemic of burnout syndrome in health care providers across the US. This syndrome has encompassed all fields of medicine but is particularly problematic in critical care where estimates are 50% of providers suffer from burnout. It is a national professional crisis in the US.

The Surviving Sepsis Campaign (SSC) continues to strive for early identification and early intervention of patients with sepsis and septic shock. This early action has in turn led to improved patient care and outcomes. Several states in the US have government mandates for criteria that must be met when caring for patients with sepsis and septic shock.

Post intensive care syndrome (PICS) is related to critical illness and the care that is required to treat patients.

PICS patients exhibit impairment in cognition, mental health and physical function after ICU admissions. SCCM is focusing on how ICU care impacts long term outcomes and is researching ways to mitigate this entity.

The use of ECMO has expanded significantly both in number of facilities supporting advanced hemodynamics and in the scope of practice. ECMO can provide both respiratory and hemodynamic support. A decade ago the CESAR trial from the UK suggested that early use of ECMO in patients failing to respond to conventional therapy would be of benefit. The use of ECMO is transitioning to early care for severe acute respiratory failure in non-responders instead of being reserved for rescue therapy.

This is just a sampling of current issues in critical care in the US.

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[SP1-5] Current status of ICU and intensive care medicine in Thailand

Pusit Feungfoo (President Elect of TSCCM)

【同時通訳付き】

HOSPITAL APPOINTMENT

1999 Staff Surgeon and Intensivist, Phramongkutklao Hospital, BKK

2014-2018 Chief of Military Medicine Center, Phramongkutklao Hospital

MEDICAL CERTIFICATION

2005 Advanced Trauma Life Support Instructor, RCST

2002 Diplomat Thai Board of Critical Care of Medicine

1997 Diplomat Thai Board of Surgery

MEDICAL ACTIVITIES

2005-2007 Deputy Secretary General, AGST

2006-2012 Secretary General, TSCCM

2008- present Editorial Board, Journal of AGST

2014- present Editorial Board, Journal of Department of Medical Services, MOH

2016—present President elect of TSCCM

SPECIAL MED TASK/TRAINING

2003 Executive Officer and Surgeons, UN Hospital, Dili, East Timor

2004 CHART course, CFE-DM, USA

2008 H.E.L.P course, CFE-DM, USA

2013 Certification of Occupational Medicine and ILO Classification 2000, Department of Medical Services, MOH

SPECIAL MED-Related TASK/TRAINING

2014-present Lecturer and Advisory Committee in Occupational Health and Safety, Chitralada Vocational College

2015-present Committee and Physician to National Paralympic Committee of Thailand

Note:

RCST abbreviated of Royal College of Surgeons of Thailand

AGST abbreviated of Association of General Surgeons of Thailand

TSCCM abbreviated of Thai Society of Critical Care Medicine

MOH abbreviated of Ministry of Health, Thailand

After being established in the early 1990s, TSCCM was authorized to certify Diploma of the Thai Subspecialty Board of Critical Care Medicine by Thai Medical Council in 1998. The 2-year multidisciplinary training course gradually develops from 4 trainees a year at the beginning to 27 physicians a year in 7 training-centers at this time.

TSCCM Fellowship syllabus aims our Certified intensivist to achieve knowledge and skill requirements in all entrustable professional activities according to World Federation for Medical Education criteria at basis. Knowledge advancement and Technological innovation make current ICU in Thailand evolved into a complex environment. Hemodynamic monitoring tools, Extracorporeal membrane oxygenation and Continuous Renal Replacement Therapy are examples of equipment developed to enhance care for patients with greater comorbidity and higher disease severity in the era of aging society. To promote familiarity to any complex or emerging field for ICU physicians, TSCCM also facilitate several short-course to refresh or supplement them periodically such as ECMO course or Comprehensive Hemodynamic Optimization in Critically ill patients (CHOC) course besides annual Scientific Conference.

The availability of Thai inpatient services at 2.16 hospital-bed per 1,000 population reveals 12.97 ICU-bed per 100,000 population (6% of all hospital bed). Currently, there are only 124 certified Intensivists dedicating ICU care in 8,589 ICU-bed nationwide (55% of beds in public hospital). Almost 90% of them work fulltime in dual-duty pattern such as providing anesthesia service in operating rooms while also attending for ICU consultation. The ratio of 0.67 physician per 1,000 population in Thailand 2015 makes the number of available intensivists is far away from optimal ICU staffing estimated officially at least four-fold.

According to Thailand Nursing and Midwife Council, there are currently 191,059 registered nurses in Thailand which only 1438 enlisting to TSCCM member. The formal training courses for critical care nurses have been developed in 11 medical institutions to deliver higher quality care. The non-mandatory certification for registered nurses after 4-month of training will be provided to validate nursing knowledge and competency. One thousand of registered nurses participate in TSCCM annual scientific conference each year more than a decade.

Nowadays, growing burden of critical illness in an aging society challenge all health-care professionals in many aspects. We all should foster scientific collaboration and even working coordination among organizations in intensive care field to pursue the best delivery of care in our own services.