THE STATE OF ICU PRACTICE IN THE PHILIPPINES

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THE PHILIPPINE HEART CENTER
The Lady with the Lamp....
Started the concept of Critical Care
The Critical Care Team

- Doctors
- Nurses
- Therapists
- Nutritionists
- Chaplain and other support staff
- Aim: provide optimal care such that the critically-ill patient improve and survive the acute illness
OTHER STAFF

• Unit Clerks
• Physical Therapists
• Occupational Therapists
• Advanced Practice Nurses
• Physician Assistants
• Dietary Specialists
• Biomedical Engineers
Evolution of the Philippine Society of Critical Care Medicine

• 1978-1979 – Dr. Quintin Gomez, Dr. Ono, Dr. Fujiwara co-founded the Western Pacific Association of Critical Care Medicine.

• 1987- Idea of organizing the Philippine group during a meeting in Hongkong.
  ▪ Dr. Herminia Cifra- Pediatric Group
  ▪ Dr. Teresita De Guia & Dr. Ernesto Santos – Adult Group
Evolution of the Philippine Society of Critical Care Medicine

• 1988 - First formal training of Pediatric Critical Care started by Dr. Cifra at Lungsod ng Kabataan-PCMC and UP-PGH

• 1992 - Philippine Society of Critical Care Medicine officially founded.
  • Mission - serve as a forum for the exchange of information, knowledge and ideas amongst all medical personnel interested in critical care medicine and serve as catalyst for CME and training.
Evolution of the Philippine Society of Critical Care Medicine

• July 28, 1992 - SEC Registration
• November 29, 1994 - accredited as Affiliate Society of PMA
• February 1999 - hosted 10th International Congress of Critical Care in PICC and Westin Philippine Plaza.
• Yearly annual convention thereafter (from 2000 to 2015)
Evolution of the Philippine Society of Critical Care Medicine

• Year 2000 – First Section of Critical Care Medicine at Philippine Heart Center founded by the late Dr. Santos Jose Abad

• At the Philippine Heart Center
  ▪ One third (1/3) of the hospital 378 bed capacity designated as CCU, MICU, SICU, PICU and Neuro ICU.

• Philippine Society of Critical Care Medicine organized a three-day annual scientific conference (16th Annual Conference)
ORGANIZATION OF ICU

• Multidisciplinary ICUs require more beds than single specialty units. ICUs with fewer than 4 beds are not cost effective and over 20 beds are unmanageable.

• ICUs should be in close proximity to relevant areas viz. operating rooms, radiology, acute wards, emergency department.

• There should be sufficient number of lifts available to carry these critically ill patients to different areas.
PROGRESS THAT HAS BEEN MADE IN CRITICAL CARE MEDICINE

• By removing or limiting interventions
  ▪ Gentle ventilation and avoidance of large tidal volumes in ARDS.
  ▪ Increased use of non invasive mechanical ventilation.
  ▪ Less Sedation
  ▪ Caloric intake that is less generous and avoidance of TPN(Total Parenteral Nutrition).
  ▪ Monitoring systems that are less invasive.
PROGRESS THAT HAS BEEN MADE IN CRITICAL CARE MEDICINE

• By removing or limiting interventions
  ▪ Less use of inotropic agents to increase oxygen delivery to predetermined levels
  ▪ Less use of antiarrhythmic agents
  ▪ Fewer blood transfusions
  ▪ Restricted Antibiotic Therapies
CRITICAL CARE: THE FUTURE...

• There will be more effective admission and discharge criteria to limit use of ICU beds for those who will really benefit from them.

• Improved utilization of electronic tools and technologies will streamline the process of care delivery.

• Interactive patient-specific guidelines available at the bedside will assist in decision-making for hemodynamic and respiratory management.
CRITICAL CARE: THE FUTURE...

• There will be better identification of patient populations based on genetic factors and biomarkers.

• There will be a better understanding of the metabolic nature of acute illness as well as metabolic adaptation from subcellular to organ system levels.
CRITICAL CARE: THE FUTURE...

• Improved communication between basic scientists and ICU physicians will enhance translational research.

• There will be an international collaborations with the goal of creating large databases of patients and multicenter observational and interventional studies.
CONCLUSION

• Critical care medicine is a relatively young but rapidly evolving specialty in the Philippines.
• Huge improvements have been made in terms of technological advances and understanding of the pathogenesis of diseases that affect critically ill patients.
• As we look forward, it is important to learn from past failures and to build on our success to create a more effective, efficient, and evidence-based discipline.
CONCLUSION

• Every day you make progress. Every step may be fruitful. Yet there will stretch out before you an ever-lengthening, ever-ascending, ever-improving path. You know you will never get to the end of the journey. But this, so far from discouraging, only adds to the joy and glory of the climb.

-Winston Churchill-
Thank You!!!
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