ESICM Global Intensive Care Working Group Projects

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Tim Baker

Establishing a Referral Intensive Care Unit in Ulaanbaatar/Mongolia

Key Collaborators: Martin Dunser, Dr. Ganbat Tsengdorj, Dr. Otgon Bataar, Dr. Ganbold Lundeg

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Institutions: Central State University Hospital, Ulaanbaatar/Mongolia and Medical University, Ulaanbaatar/Mongolia

Aim: setting up an emergency and intensive care service at the Central State University Hospital in Ulaanbaatar/Mongolia which serves as the national reference center for education and training in intensive care as well as a referral center for ICU patient care in Mongolia.

Description: The program started in 2004 and included 1.5 years of local work of European intensivists during 2004, 2005 and 2007. Since 2007, training of Mongolian intensivists in Europe is facilitated.

Strengthening emergency, essential surgical care in rural area in Mongolia

Key Collaborators: Prof. Sergelen. O., Ass. Prof. Ganbold.L

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Institutions: Mongolia, Health Sciences University, Department of Surgery and Division of Emergency Medicine.

Aim: to upgrade the accessibility and quality of acute medicine in rural area of Mongolia

Description: established “center of excellence” at the HSUM, planning to assess the burden of acute diseases in rural area, module based, tele-teaching using certain platform, workout the protocols, guidelines appropriate for condition and to find the way to close the gape of necessary facilities. Project starts 2014 til at least 2017. It is pilot of WHO "GIEESC" project.

Establishing a postoperative and intensive care service in Goma/DRC

Key Collaborators: Martin Dunser, Inipavudu Baelani

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Aim: Setting up a postoperative and intensive care unit in one of the hospitals in Goma/DRC allowing for safe perioperative care of emergency and elective surgical patients

Description: The program started in 2001 and included a 3 month on-site training of local anesthetists in perioperative care. During the subsequent years, foreign training in Europe and North America of local anesthetists is facilitated and research in perioperative care supported.

BASIC for Developing Healthcare Systems - International

Key Collaborators: Vincent Ioos, Kelly Dilworth, Charles Gomersall

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Description: This is a 3 day course to teach non specialist doctors the care of the critically ill in low resource settings (no availability of mechanical ventilation, invasive monitoring or renal replacement therapy, limited investigations and drugs). The course material consists of course manual for pre-course reading, pre-course test, short case-based lectures, skill stations and post course test. The course, which a joint project of the BASIC collaboration and Medecins sans Frontieres (MSF), is based on a train the trainer model to maximize sustainability. Course material is available free of charge to suitably qualified course directors. The course material is in English but is currently being translated into French. To date courses have been held by MSF in Haiti and Pakistan, Mothers of Africa (MOA) in Phebe, Liberia and by Kilimanjaro Christian Medical College (KCMC) in Tanzania. Further courses are planned in Jimma, Ethiopia (in collaboration with Operation Smile), Congo (MSF), Liberia (MOA), Tanzania (KCMC), Sudan and possibly Malawi and Zambia.
Development of Intensive Care Medicine in the region of the former Yugoslavia

*Key Collaborators:* Emir Festic, Gajic Ognjen, Guillaume Thiery

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*Description:*
- 2 new contemporary medical ICUs were developed in Bosnia. Many other ICUs in the region (Bosnia, Croatia, Serbia) have been supported by educational visits.
- Donation of the equipment (10 non-invasive ventilators, 4 monitors and multible masks and tubing sets).
- Periodic visits and direct hands-on education in 2 ICUs.
- Numerous lectures, including 5 annual international ICU symposia (BH-ICU), with participation from the region and faculty from all over the Europe and US.
- Establishment of Association of Intensive Medicine in BiH.
- Continuous, 24/7/365, ad-hoc consultations via email, phone and skype for complex critically ill patients in ICUs in Sarajevo, Banja Luka and Mostar.
- Clinical observerships and supplemental education at Mayo Clinics in Rochester, MN and Jacksonville, Fl, for 10 ICU clinicians from Sarajevo, Banja Luka, Tuzla (Bosnia) and Sremska Kamenica (Serbia).

Development of Academic Intensive Care in the region of the former Yugoslavia

*Key Collaborators:* Emir Festic, Gajic Ognjen, Guillaume Thiery

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*Description:*
- Monography: Translational Science Research in Bosnian Journal of Basic medical Science

http://bhaaas.org/documents/sup1_web.pdf

- Several publications in Acta Medica Academica which contributed to its recent indexing in the Medline.
- Mentorship for scientific publications, Masters and PhD candidates from Sarajevo (Dr Hajrunisa Omanic, Dr Kenana Aganovic), Banja Luka (Dr. Pedja Kovacevic) and Mostar (Dr. Mehmed Haznadar).
- Project CERTAIN, inclusion of Bosnian and Serbian ICUs in regional project for education.

**MKAIC - Tanzania**

*Key Collaborators:* Tim Baker, Moses Mulungu, Lars Irestedt, Henrik Jörnvall, Berith Tingåker, Edwin Lugazia, Ulisubisya Mpoki

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*Institutions:* Karolinska University Hospital & Institute, Stockholm, Sweden. Muhimbili National Hospital & Univeristy of Health & Allied Sciences, Dar es Salaam, Tanzania

*Aims:* MKAIC (Muhimbili Karolinska Anaesthesia & Intensive Care Collaboration) works to build cross-cultural understanding and partnership between Karolinska in Sweden and Muhimbili in Tanzania with the aim of improving knowledge and skills and strengthening healthcare services in Anaesthesia and Intensive Care.

*Description:* Since 2008 we have built up a stable, long term collaboration. We conduct regular training courses, staff exchanges, research studies, equipment donations and quality improvement initiatives such as checklists, audit and improved working routines. We have developed standards, checklists and teaching materials that could be used in other countries and other settings. More info: [www.mkaic.org](http://www.mkaic.org)

**VSDT - Tanzania**

*Key Collaborators:* Tim Baker, Edwin Lugazia, Moses Mulungu, David Konrad, Jonas Blixt, Otto Schell

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*Institutions:* Karolinska Institute, Stockholm, Sweden. Muhimbili National Hospital & University of Health & Allied Sciences, Dar es Salaam, Tanzania

*Aims:* VSDT (Vital Signs Directed Therapy) is an interventional research study looking at improving outcomes on the ICU at Muhimbili Hospital
*Description:* VSDT uses a treatment protocol based on vital signs observations and task-shifting standardised therapies from doctors to ICU nurses. Baseline data has been gathered since 2012 and the implementation is planned in 2014.

**Life Support Foundation - International**

**Key Collaborators:** Tim Baker, Lars Irestedt, Henrik Jörnvall, Berith Tingåker

**Contact email:** tim@lifesupportfoundation.org

**Aims:** The Life Support Foundation is an international, independent, medical organisation aiming to prevent deaths due to acute, life-threatening conditions in low-income countries through improving the access to and quality of basic life-saving interventions.

**Description:** The Life Support Foundation was set up in 2013 and will provide coordination, expertise, administrative support, and fundraising for projects that work towards the foundation's aims. More info: [http://www.lifesupportfoundation.org/](http://www.lifesupportfoundation.org/)

**Nurse Intensive Care Skills (NICS) Training – Sri Lanka**

**Key Collaborators:** Rashan Haniffa, Tim Stephens, Pubudu de Silva, John Welch, Carol Nagy and Lucy Anning

**Contact email:** rashan@nicslk.com, tim.stephens.10@ucl.ac.uk

**Aims:** 1) To develop the knowledge and skills of Critical Care Nurses using a short, structured, practical training programme; 2) To develop local capacity to deliver the NICS training programme in country through train the trainers' sessions, supervised delivery and coaching.

**Description:** The NICS Training programme is a joint project between the National Intensive Care Surveillance of Sri Lanka, the Post Basic College of Nursing in Colombo and experienced critical care nurses from the UK and Australia. It has run 3 times during 2013 in Sri Lanka, with a total of 360 ICU nurses trained to date. The course has been developed using an iterative approach thus far and is now nearing a final version. It uses pre & post-course MCQs and post-course OSCEs to assess both the students and also the quality of the course content and teaching. Sri Lankan nursing tutors are now being supported to deliver the course to ensure sustainability.

**CERTAIN - International**

**Key Collaborators:** Marija Kojicic, Ognjen Gajic, Rahul Kashyap, Marcus Schultz, Neill Adhikari, Benjamin Bonneton, Oguz Kilickaya, Emir Festic, Chris Farmer, Beth Rivello, Michelle Gong, Danny Talmor, Srdjan Gavrilovic, Lei Fan

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**Institutions:** many

**Aims:** Designing point of care decision support (CERTAIN – Checklist for Early Recognition and Treatment of Acute Illness) to facilitate global adoption of systematic and disciplined evaluation and treatment of acutely ill patients and to implement CERTAIN into clinical practice of ICUs with variable resources, across the globe and evaluate the impact of this tool on the processes and patient outcomes.

**Description:** Step wedge implementation of educational/quality improvement intervention assisted by electronic (computer and smartphone) and paper versions of checklist/decision support for initial evaluation and daily plan of care for critically ill patients in a systematic and compassionate manner.

**Establishing minimally equipped Post Anaesthesia Care Units (PACU) and Intensive Care Units (ICU) in every county hospital: the Critical Care Society of Kenya dream - Kenya**

**Key Collaborators:** David Misango, Idris Chikophe, David Nguru, Emily Mugambi, Salim Hassanali, Peter Waweru, Vitalis Mung’ayi

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**Institutions:** Aga Khan University Hospital, Nairobi; University of Nairobi; Kenyatta National Hospital; Critical Care Society of Kenya; Kenya Society of Anaesthesiologists

**Aim:** To set up an acute care area within existing hospitals, that effectively doubles up as a critical care unit (PACU/ICU) in each of the 47 counties that make up the Republic of Kenya.
**Description:** Kenya has a population of 42 million people but has less than 100 functional ICU beds in the whole republic. There is also a severe shortage of trained personnel not only in the general wards, but also in the specialized wards that ICU’s and PACU’s are. We hope to attract support from the Kenyan Government, Pharmaceutical industry, Cooperates and other Non-Government partners like the ESICM Global Intensive Care Working Group Initiative. Expected challenges: How to attract resources and staff mobilization; Government support in an increasingly polarized political climate. More information can be found at [www.criticalcarekenya.org](http://www.criticalcarekenya.org)

**Making ICM knowledge freely available to our colleagues in the Developing World**

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*Description:*

### Countries with ESICM Global Intensive Care Working Group Collaborative Projects