“Current Challenges in delivering Pediatric critical care in India and Asia” symposium which is taking place on Sunday 10 June 2018, 08:30-12:30.

Pediatric Intensivists are facing several challenges in delivering contemporary state of art, quality care in India and many parts of Asia. These can be summarized under following heads:

2. Standard of Care: Minimum standards for each level of Care, Implementation of protocolized critical care.
3. Training issues: Basic Critical Care training for all doctors, training intensive care training: need for uniformity and setting standard, Nursing training and compensation
4. Doctor Patient Relationship: Trust deficit and Violence against Intensivists, Counseling and Medico-legal issues
5. Quality and patient safety Indicators from the PICUs of India
6. PICU burn out among doctors

The Symposium offers an opportunity to identify various issues, recognize priority areas for attention and discuss possible solutions which will help in making our work most satisfying.

1. **Panel discussion (45 mins) - Challenges in Delivery of Intensive care in Asian Countries**
   *Moderator:* Sunit Singhi, India
   *Faculty-* Phuc. H.Phan. Maninder Singh Dhaliwal,RujipatSamransamruajkit, Thailand, SilalalDeSilva, Srilanka,Swee Fong Tang, Malaysia, Rhoda Cipriano, The Philippines

2. **Inequity of Care, Optimising Resource Utilization and developing affordable care (12+3 mins):** M Mohite, India
   Critical care services in India at present are facing the management failure principle of 80/20... i.e. 20% population has access to 80% services and remaining 80% population avails only 20% services. The services are focused only in metropolis. Ideally the level I/II/III cader services should be stratified for sub-divisional, District and regional centres of govt. or private hospitals with efficient transport retrieval system to shift patient from one to other system.
   Whenever a new facility comes in practice you suddenly see many centres inducting it for professional competition e.g. ECMO... one centre needs to get adequate work load exposure to the technology so as to develop expertise and optimum utility of the facility. Some mutual understanding should be developed amongst multiple centres to provide best possible services.

3. **Basic Critical Care Training for Health Care providers and Lay Public (12+3 mins):** Arun Bansal, India
   BLS has to be promoted priority wise from high risk attendant to general population. Thousands of deaths occur on highways which could be prevented by just airway support,
spine support and CPR. We need to train masses for basic CPR. IAP has four-week programs for common important problems, perhaps celebrating a BLS week to promote BLS at national level to masses may do wonders.

Present medical graduation and post-graduation program mandatorily doesn't focus on emergency management so we are noticing a deteriorating level of emergency management in community. Essential training sessions need to be added with posting in ER/ICU for UG and PGs and a separate section of paper on emergency critical care should be inducted in medical teaching course to improve the knowledge of this service amongst medical professionals.

4. **Quality and patient safety Indicators from the PICUs of India (12+3 mins):** Dr Farhan Sheikh, India. There is little concrete data available on various Quality and patient safety Indicators from the PICUs of India or Asia. Dr Farhan Sheikh will discuss as to how to implement various Quality improvement tools, how to overcome the challenges of collecting these Quality indicators, how to perform audits and collect reliable and trustworthy data, and How to use various “trigger tools” to cross check the validity of data collected.

5. **Application of Technology to improve access to Critical Care (12+3 mins):** Satish Deopujari, India.
   The issue is not simply the scarcity of resources. Access to quality emergency health care is a major issue in remote and rural areas and remains of the major challenge. In a country where the majority of the population lives in rural areas, the resources are concentrated in the cities. There are difficulties with transport and communication, and challenge of shortages of doctors and other health professionals. Technology is the key to improvise the utilisation of available resource and develop systems to appropriately deliver these resources in TIME. The solution lies in custom made technology and not to just blindly follow the guidelines developed for the BEST of the world. Setting priorities and designing custom made solutions should be the top line.

6. **Lack of Uniform Standards of Care and implementation stratified protocolized critical care (12+3 mins)–** Sunit Singhi, India

7. **Violence against Intensivists and prevention (12+3 mins)- TBA**
   Current spate of Violence against Pediatricians and Intensivists, and strategies to guard against it.

8. **Panel Discussion (60mins)** Will cover wide ranging issues involving Patient- Doctor Relationship, Bridging the Trust-deficit between Patients and Doctors, Transparency in billing and hospital charges, Guarding against Violence and Medico legal issues:
   **Moderator:** Santosh Soans, President, Indian Academy of Pediatrics