

## ICU Volume 15 - Issue 2 - 2015 - Country Focus

### Hot Topics in Critical Care Medicine in Korea



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### 12th Congress of World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM)

This year, the 12th Congress of the World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM Seoul 2015 Congress), in collaboration with the World Federation of Critical Care Nurses (WFCCN) and the World Federation of Pediatric Intensive and Critical Care Societies (WFPICCS) will be held from August 29 to September 1, 2015 in Seoul, Korea. This will be the second time the congress is held in Asia, where intensive and critical care medicine has undergone a marked development over the past decades.

Continent	Country	Abstracts
<b>Africa (11)</b>	Egypt	2
	Ethiopia	1
	Nigeria	1
	South Africa	3
	Uganda	1
<b>Asia &amp; Middle East (476)</b>	Bangladesh	1
	China	23
	China, Hong Kong	2
	India	21
	Indonesia	12
	Iran	1
	Israel	2
	Japan	103
	Korea, Republic of	208
	Malaysia	1
	Nepal	3
	Pakistan	10
	Peru	2
	Philippines	1
	Singapore	12
	Taiwan	23
	Thailand	12
	Turkey	32

	UAE	1
	Qatar	4
Europe (23)	Belgium	4
	Cyprus	Cyprus
	Czech Republic	2
	Denmark	1
	France	2
	Germany	2
	Netherlands	1
	Portugal	1
	Russian Federation	2
	Ukraine	4
	United Kingdom	2
North America (26)	Canada	4
	United States	20
	Mexico	2
Oceania (11)	Australia	8
	New Zealand	3
South America (13)	Argentina	3
	Brazil	3
	Chile	4
	Colombia	2
	Uruguay	1
TOTAL		560

**Table 1** Submitted Abstracts for WFSICCM Seoul 2015 Congress

The total number of submitted abstracts to the WFSICCM Seoul 2015 Congress is 560 from 47 countries (see Table 1). There will be more than 100 sessions in a variety of topics in multiple formats at the Seoul congress. And approximately 280 speakers and chairs from 50 countries have accepted invitations so far.

The WFSICCM Seoul 2015 Congress is being prepared under two main themes:

**‘One Step Further’:** The first theme brings forward a message that WFSICCM Seoul 2015 is the place where all participants can improve their medical abilities in a practical manner and further advance mutual understanding with other critical care providers working in different circumstances.

**‘Get Together’:** Under this second theme, we have supported intensivists from countries with limited medical resources in their participation in the WFSICCM Seoul 2015 Congress. Supported physicians and nurses from resource-limited countries will obtain practically usable knowledge throughout the sessions. During the sessions such as ‘Meet the Experts’, ‘Panel Discussions’ and ‘Workshops’, they can share with other participants and field experts medical case studies or difficulties they have faced in their countries.

In addition a number of workshops will be organised during the main congress to help participants attend the sessions more conveniently. These sessions are designed to inspire participants to learn novel knowledge while experiencing new devices and medical technologies.

The Committee promises to put its utmost effort to provide the high-quality experience of large-scale exhibitions and also enjoyable social events where you can establish a new global network.

With a view to highlighting the role of the Korean Society of Critical Care Medicine (KSCCM) as an invaluable source of support in advancing science and education throughout Korea and beyond, we feel more than convinced that the WFSICCM Seoul 2015 Congress will become essential on account of its coordination function and responsibility in providing the most up-to-date information to meet the needs of participants from all over the world.

### Variability of Standards Among ICUs in Korea

Currently one of the important problems is the variability of standards among ICUs. There is especially large variability in the number of ICU specialists, because we do not have legal obligations for intensivist staffing (see Table 2). We still need more intensivists now. However, insufficient reimbursement has led to the fact that hospital management does not want to invest in ICUs.

	Total No. of Units Responding	Empowered MD NO.	%	Full-Time MD No. (Specialist)	% (Specialist)
<b>ICU Type</b>					
CCU	18	17	94.4	4 (4)	72.2 (22.2)
Medical	60	57	95.0	40 (4)	66.7 (6.7)
Surgical	48	43	89.6	29 (5)	60.4 (10.4)
Neurologic	23	22	95.7	13 (1)	56.5 (4.3)
Paediatric	38	38	100.0	38 (21)	100.0 (55.3)
Emergency	7	6	85.7	6 (1)	85.7 (14.3)
Mixed	26	23	88.5	17 (1)	65.4 (7.7)
Total	220	206	93.6	156 (38)	70.9 (17.3)
<b>Hospital Type</b>					
Public	41	41	100.0	30 (4)	73.2 (9.8)
Private	179	165	92.2	126 (34)	70.4 (19.0)
<b>Hospital Bed Size</b>					
Less than 500	21	19	90.5	9 (0)	42.9 (0)
501-1000	137	126	92.0	95 (15)	69.3 (10.9)
More than 1001	62	61	98.4	52 (23)	83.9 (37.1)

**Table 2** Number of ICU specialists according to ICU type, Hospital type and Hospital size

**Source:** National survey conducted by KSCCM in 2009

In addition the patient-to-nurse ratio is highly variable according to ICU type and hospital size. The shortage of ICU nurses has increased workload and led to burnout. We have a high turnover rate of ICU nurses.

### Quality Assessment for ICUs in Korea

Given that the reimbursement system is 'fee-for-service' in Korea, there is a risk of providing more healthcare services than needed, or there being unacceptable variation of healthcare services between institutions. The Quality Assessment Service is a systematic method of assessing the clinical validity and cost efficiency of medical and pharmaceutical services, which is conducted by the Health Insurance and Review Assessment Service (HIRA). From 2000 to 2013, a total of 30 items, including acute diseases, chronic diseases and degree of service utilisation has been assessed. Finally, quality assessment for ICUs was carried out from October to December 2014.

All ICUs of general or teaching hospitals were subject to assessment. Quality assessment indicators were used to describe the structure, process and outcomes. Some examples of quality assessment indicators were as follows:

- Intensivist staffing;
- Patient-to-nurse ratio;
- Reporting and analysis of standardised mortality ratio (SMR);
- ICU re-admission rate within 48h of ICU discharge;
- Rate of central venous catheter-related blood stream infection;
- Rate of ventilator-associated pneumonia et al.

Assessment results will be disclosed to the public in late 2015.

We hope that this quality assessment service will minimise the variance of ICU treatment among institutions and improve the quality of ICU care in Korea.

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