







Date: April 27th, 2022 (Wednesday)

Ambition

Share and develop international best practice in remote critical care.



PROGRAM SCHEDULE

2.5 Hour Opening Webinar (open access, livestreamed)

UK	India	Australia - Perth	New Zealand
08:30 - 11:00	13:00 - 15:30	15:30 - 18:00	19:30 - 22:00

Start Time	Speaker/Chair	Topic	Duration
0	Dr Dale Gardiner Board Member Faculty of Intensive Care Medicine (FICM), UK	MC, Introduction, Housekeeping	5 minutes

The perspective from India

5	Dr Prathap Reddy Founder & Chairman - Apollo Hospitals, India	Welcome Address	5 minutes
10	Dr Sai Haranath Senior Consultant Critical Care, Apollo Hospitals, Hyderabad, India	Current Status	10 minutes
20	Dr Ramakrishnan Nagarajan Senior Consultant Critical Care, Apollo Hospitals, Chennai, India	Current Developments	10 minutes
30	Prof Ravi P Mahajan Director Critical Care Integration & Transformation, Apollo Hospitals, India	India gap analysis	5 minutes

The perspective from UK

55	Comfort Break		15 minutes
40	Dr Jack Parry-Jones Chair Careers, Recruitment and Workforce Committee, FICM, UK	UK remote critical care	15 minutes
35	Dr Danny Bryden Vice Dean FICM, UK	The UK perspective and gap analysis	5 minutes

The perspective from Australia & New Zealand, and USA

70	Dr Rob Bevan Vice President, College of Intensive Care Medicine of Australia and New Zealand	The ANZ perspective & gap analysis	5 minutes
75	Dr Bradley Wibrow Telehealth, College of Intensive Care Medicine of Australia and New Zealand	ANZ remote critical care	15 minutes
90	Dr Sanjay Subramanyam Associate Professor, Washington University, St. Louis, USA	Current Status and Developments USA	15 minutes

The global perspective panel discission – how do we bridge the gap?

105	All speakers + guests	Panel Discussion	35 minutes
140	Summary and Follow-up	Dale and Ravi	5 minutes
145	Dr Sangita Reddy Joint Managing Director, Apollo Hospitals, India	Closing Remarks	5 minutes





Background

- Some parts of the world, where access to critical care in remote areas is a huge problem (e.g. India), remote critical care, using various forms of digital connectivity, offers real opportunity to save lives. The pandemic has shown the potential for this approach.
- The practice of remote critical care (E-ICU) has grown in different parts of the world as
 part of a solution to many of local issues (staff shortages, lack of specialists in the
 area, travel distance to reach ICU facility etc.).
- After the experience during the surges in Pandemic, and further growth in IT potential, it is now clear that remote critical care will grow even in those countries who until now thought that it was not for them.
- Apollo Centre of Excellence in Critical Care (ACECC) was established in October 2021
 to oversee integration of critical care services in 70 hospitals in India (total 2500 critical
 care beds); during the pandemic, using various forms of digital connectivity and
 e-ICU, Apollo hospitals have been able to connect and offer care to over 16,000
 additional critically ill patients treated in remote facilities.
- Although the pace, and the shape, of this change will be different in different parts of
 the world, it is clear that the critical care community needs to start a meaningful
 conversation in this area. It will be important to develop some generic Standards of
 Practice alongside training requirements, medico-legal aspects, safety considerations, quality indicators and quality assurance. The symposium will make a start of
 that conversation.
- Themes: Clinical, Technology, Education, Policy.