

# WFICC Newsletter



## Message from the President, WFICC

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### Inside this issue:

The COVID-19 pandemic has dramatically changed lives around the world and many lives have been lost. Critical care providers have been on the front lines of caring for the most severely ill patients often with limited protective equipment and insufficient ventilators and medications to optimally care for patients. Intensive care is being delivered in alternative sites within hospitals and in rapidly constructed or adapted sites outside hospitals.

Although the pandemic is a horrible disaster, I have observed some incredibly positive events and changes. The global collaboration and open sharing of information and experiences for COVID-19 is unprecedented. National and international organizations, our member societies, professional journals, and medical institutions have made guidelines, publications and educational webinars freely available. Members of the intensive and critical care community have led the way in disseminating relevant information and assistance.

This pandemic has put the spot light on intensive and critical care. The public now recognizes what an intensivist does and that specialized nurses and therapists deliver care in ICUs. The public also understands surge capacity and the need for mechanical ventilators and other ICU technology in addition to the empathy and caring delivered to the sickest patients when family cannot be present. Respect and support for ICU staff have been overwhelming throughout the world.

Critical care clinicians have risen to challenges of the pandemic with creative invention of new devices and processes. Intubation boxes have been produced in multiple countries to decrease the infection risk during intubation. Methods to decontaminate and reuse masks and other protective equipment have helped to stretch low supplies.

The pandemic has also highlighted components of the response that need to improve. A multitude of therapeutic interventions have been used before understanding the pathophysiology of a very complex disease. Case reports and case series of therapies are proliferating while only a few controlled trials have been reported. Some interventions have caused harm. There are over 2000 pre-publication manuscripts on medRxiv and bioRxiv and more than 750 COVID trials listed on [www.clinicaltrials.gov](http://www.clinicaltrials.gov). The intensive and critical care community should lead the development a coordinated plan to rapidly initiate high quality clinical trials to address therapeutic questions and adapt trials as information is gained during a disaster. It is also imperative to tailor therapeutic trials to areas with limited resources that may not have ventilators or access to costly drugs.

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## President's Message (Continued)

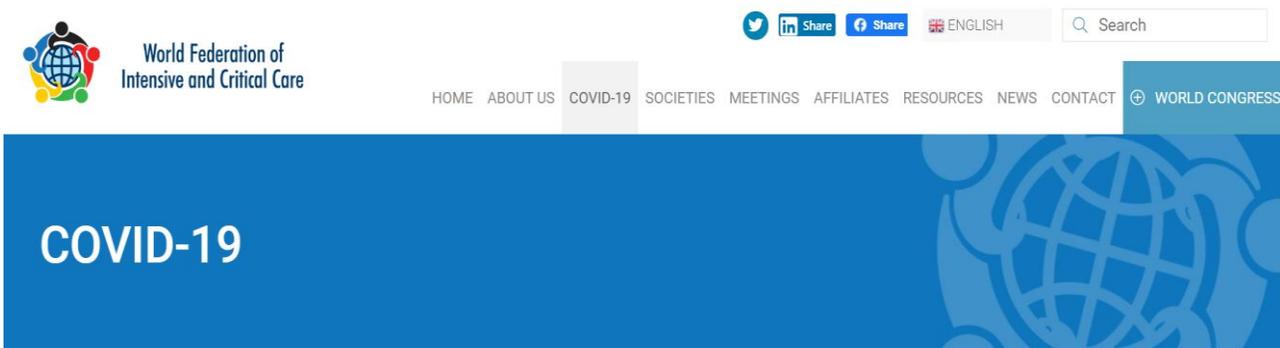
Much of the information on COVID-19 has come from China, North America and Europe. Data collection and sharing of critical illness is needed from all areas of the world in order to understand the similarities and differences of this disease. Please consider contributing to a global database such as the International Severe Acute Respiratory and Emerging Infections Consortium (ISARIC, [www.isaric.tghn.org](http://www.isaric.tghn.org)) which now has over 13,000 patients included.

The medical world, as well as the nonmedical world, was not prepared for the pandemic. Disaster preparedness is often a hot topic after mass casualty disasters such as tsunamis and earthquakes, but interest wanes with time until the next disaster strikes. Hopefully, hospital administrations as well as local and national governments now know that preparation for an infectious disaster means better surge plans, more personal protective equipment, effective education, and emotional and physical support for clinicians on the front lines.

The world is changed because of the pandemic. Changes will continue for a long time and hardships will too. I believe the global intensive and critical care community will continue to rise to these challenges with innovation, collaboration, and compassion. Together we must work to create an integrated global community where everyone has a role to play and because we all do better when we work together.

“Alone we can do so little; together we can do so much.” Helen Keller

## COVID-19 Resources



The screenshot shows the WFICC website header. On the left is the WFICC logo, a globe with people icons, and the text "World Federation of Intensive and Critical Care". To the right are social media share buttons for Twitter and Facebook, a language selector set to "ENGLISH", and a search bar. Below these is a navigation menu with links: HOME, ABOUT US, COVID-19 (highlighted), SOCIETIES, MEETINGS, AFFILIATES, RESOURCES, NEWS, CONTACT, and WORLD CONGRESS. A large blue banner at the bottom of the header features the text "COVID-19" in white, with a faint globe graphic in the background.

### | COVID-19 Resources

The WFICC is monitoring reports from the [Centres for Disease Control and Prevention \(CDC\)](#) and the [World Health Organization](#). A number of resources are posted on the WFICC website. Thanks to the country members who continue to share additional resources. WFICC will continue to post new sources of information related to COVID-19. Please forward useful materials to WFICC to Phil Taylor at: [phil@ininhs.com](mailto:phil@ininhs.com)

## Call for Strategic Projects Proposals

The WFICC is pleased to announce the initiation of financial support for strategic projects that promote the mission and values of the organization. The WFICC Council has established the following priorities for projects:

- Projects that benefit the intensive and critical care community in low and middle-income areas.
- Projects addressing nursing education and training needs in low and middle-income areas.
- Projects that can be translated to other countries or reach larger numbers of clinicians if successful.
- Projects that accomplish goals in the most cost-efficient manner.



Proposals will be accepted from WFICC member societies and individuals associated with member societies. Multi-professional involvement and collaboration between organizations is valued. Funding up to \$30,000 USD may be available for approved projects. The number of projects that can be supported will be determined by annual budget projections and the quality of proposals.

The WFICC is excited to establish this important program as a step in improving the care of critically ill patients around the world. Further information for submitting proposals can be found on the WFICC website (<https://www.wficc.com/strategic-projects>).

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## WFICC Diversity Policy

The WFICC Council approved a new Diversity Policy, which identifies that as a global organization, WFICC is firmly committed to embracing the diversity of our member societies and the communities they serve.

The intent of this policy is to explicitly address diversity in the practices of the WFICC and further ensure that processes to address diversity are transparent, visible, and measurable.

Although diversity includes multiple characteristics the WFICC will focus on gender, professional discipline, years of experience, and geographical location with the goal of reflecting the diversity of our member societies and the global intensive and critical care community in all of our activities.

The WFICC will collect information on the diversity profile of member societies. Council committee membership and leadership will be balanced as much as possible for gender, professional discipline, and experience (i.e. junior and senior faculty, trainees). Additionally, WFICC hosted and co-hosted congresses and conferences; appointments, presentations, or participation on behalf of the WFICC, and Conferences and events requesting endorsement or support by the WFICC will be guided by the new policy.



## Society Profiles

### Croatian Society of Anaesthesiology, Reanimatology and Intensive Medicine



Council members recently approved an application for membership from the Croatian Society of Anesthesiology, Reanimatology and Intensive Medicine (Hrvatsko društvo za anezziologiju, reanimatologiju i intenzivnu medicinu - HDARIM).

The specialty of anesthesiology in Croatia can trace its history very precisely to 13th March 1847. This was only five months after the first public demonstration of ether anesthesia in Boston, only three months after London and two months after Paris. However more than one hundred years elapsed before the Croatian Society of Anesthesiology was founded in 1962. At that time, the Society was part of the Yugoslavian Society of Anesthesiology but in 1992, following the conflict which created independence for Croatia, the society officially became the Croatian Society of Anesthesiology, Reanimatology and Intensive Medicine. Today the society has total membership of 84 physicians of which 51% are women.

In addition to performing anesthesia procedures in the operating theatre, anesthesiologists in Croatia care for patients in surgical ICUs and in small hospital general ICUs, so a majority are intensivists as well. Intensive Care Medicine is a subspeciality in Croatia. The Society organises two meetings each year. Firstly, a Croatian/American/European Anesthesiology Conference, with contributions from invited international speakers with topics on general anesthesia and specialist anesthesia including neurosurgical, cardiac and paediatric surgery.

Secondly, an intensive care meeting with invited international speakers covering a wide range of topics including mechanical ventilation, nutrition in the ICU, renal insufficiency and diabetes.

The Society has a very active program of continuing professional development which is delivered each year using education courses. Recent examples include courses in mechanical ventilation, non-invasive ventilation, patient blood management (coagulation), ECHO guided regional anesthesia and difficult airway management.

The WFICC is grateful to the current President of the Society, Professor Višnja Ivančan, M.D. PhD for her inputs into this article. If you would like to know more about the Croatian Society of Anesthesiology, Reanimatology and Intensive Medicine please visit the website <https://www.hdail.hr>

## Sociedad Paraguaya de Medicina Critica y Cuidados Intensivos (SPMCYCI)

During a recent Council video conference an application for membership from the Sociedad Paraguaya de Medicina Critica y Cuidados Intensivos (SPMCYCI) was approved. Established in 1997 and with 100 members, the society is a not-for-profit organization which brings together certified Specialists in Critical Medicine, Intensive Care and other Specialties. The society mission is to establish and to build an academic platform to promote excellence in intensive care through research and the continuing professional development of society members using courses, congresses, conferences and workshops.



The current society leadership team has adopted the aspirational vision of *“being recognized nationally and internationally as a dynamic, innovative and proactive society in the development of the appropriate competencies for the quality practices of critical care, promoting its members to remain united, ensuring the best exercise of critical medicine in Paraguay with quality and humanism”*.

The society organises monthly meetings for the discussion of clinical cases presented by members of the society and new professional partners (Doctors, Nurses, Kinesiologists). Recent conference highlights include the 5th Paraguay Congress of Critical Medicine and Intensive Care, 2<sup>nd</sup> Congress of Nursing in Critical Medicine and Intensive Care and 5<sup>th</sup> Conference of Nutrition in Critical Medicine and Intensive Care. The society has a collaborative agreement with the Sociedad Argentina de Terapia Intensiva and is represented on the Transplant Committee of the Federacion PanAmericana e Iberica de Medicina Critica y Terapia Intensiva.

If you would like to learn more about the society, its activities and planned events, please visit the website <http://www.spmcycci.org.py/>

## Member News: Belize COVID-19 Response



In response to the COVID-19 pandemic, the Ministry of Health of Belize collaborated with the Belize Medical and Dental Association and with active support and advice from Janice Zimmerman, President of the World Federation of Intensive and Critical Care (WFICC), and the Society of Critical Care Medicine (SCCM) to provide education for patient care. The national continuing medical education program was coordinated by Dr. Jorge Hidalgo, Secretary General of the WFICC. The Belize medical community of nurses, pharmacists, respiratory therapists, and allied healthcare personnel participated in one-hour videoconferences every day at a set time over a month. The average 600 participants included all registered doctors in Belize as well as critical care providers from some of the English-speaking Caribbean countries, Central America, and South American countries. This education, along with measures taken by the government and the Ministry of Health, has had a positive impact on COVID-19 mitigation and containment efforts. A total of 18 cases were identified through active public health surveillance: 13 recovered cases, three active cases and two deceased. Since April 7, Belize has not reported any new cases of COVID-19.



## World Restart-a-Heart Day 2020

*“All citizens of the world can save a life. All that is needed is two hands.”*

With this main message, the first World Restart a Heart Day (WRAH) was initiated on October 16th 2018 by the European Resuscitation Council (ERC). The WFICC is supporting the 2020 event by providing some assistance to raise awareness and by disseminating information to our member societies.

WRAH is a global initiative to increase public awareness and improve the rates of bystander cardiopulmonary resuscitation (CPR) for victims of out of hospital cardiac arrest (OHCA). During WRAH Day and the weeks before and after, people are trained in basic resuscitation (“CHECK-CALL-COMPRESS”). In 2018, 12.7 million people were reached via social media and 675,000 were trained and the 2019 event was even more of a success. OHCA is the third leading death in industrialized countries. Mass resuscitation training, student training and information campaigns help to sustainably improve lay resuscitation rates and thus the survival of patients with OHCA throughout the world.

If you would like to organize an event or encourage others to participate in the World Restart a Heart Day 2020 on October 16<sup>th</sup> please visit [www.ilcor.org/WRAH](http://www.ilcor.org/WRAH) where you can access a range of resources including logos, flyers, posters and factsheets.



## Save the Date for the 15<sup>th</sup> World Congress in Canada

The 15<sup>th</sup> World Congress of Intensive and Critical Care will be hosted by the Canadian Critical Care Society (CCCS) and the Canadian Association of Critical Care Nurses (CACCN) in Vancouver Canada on September 11 to 15, 2021.

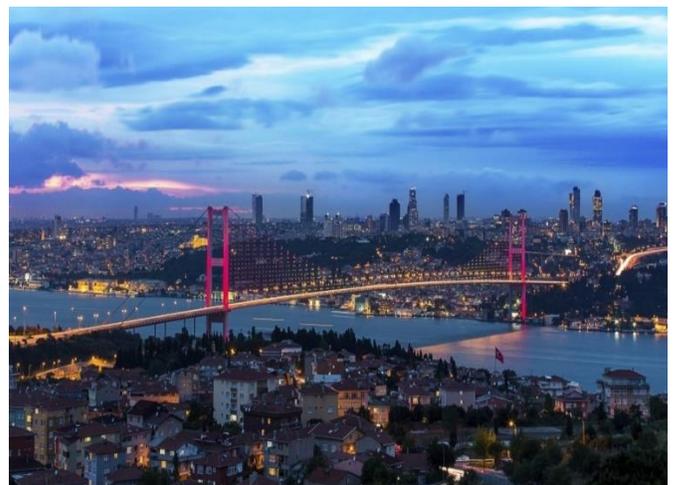
Please mark your calendar for this major world-wide event.

<https://www.worldcriticalcarecongress21.com/welcome>



## 16<sup>th</sup> World Congress to be Held in Istanbul in 2023

The 16th Congress in 2023 will be held in Istanbul, Turkey. Mark your calendar and plan to join your colleagues on 23-26 August 2023.



### About WFICC

The World Federation of Intensive and Critical Care (WFICC) was established in 1977 and is a membership organization comprised of National Societies of Intensive and Critical Care Medicine. The principle objective of the World Federation is *to promote the highest standards of Intensive and Critical Care Medicine for all humankind, without discrimination*. The WFICC now has a membership of over 80 Societies with a combined individual membership of over 70,000 intensive and critical care practitioners throughout the world. <http://www.wficc.com>



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