



# Society of Critical Care Medicine Presidential Address—47<sup>th</sup> Annual Congress, February 2018, San Antonio, Texas

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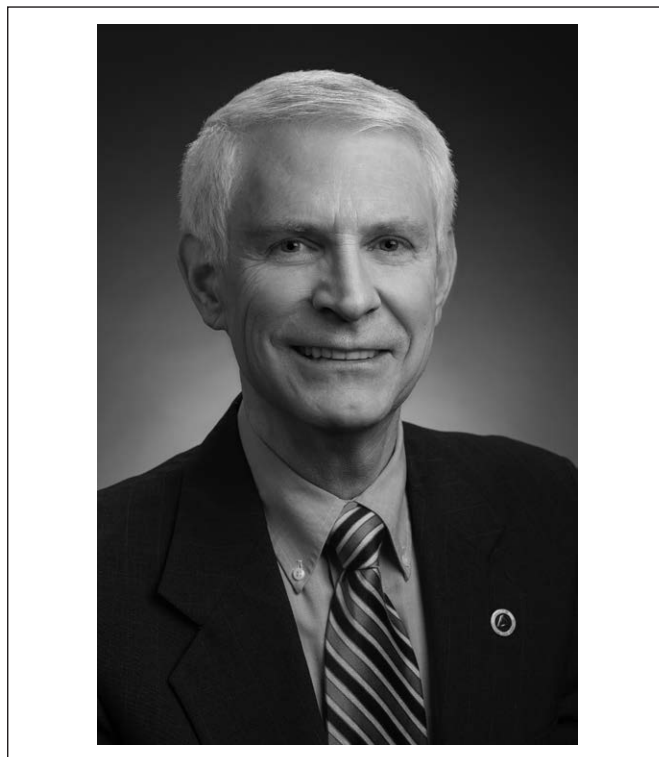
## PROMOTING VALUE IN CRITICAL CARE BY PRACTICING “LESS IS MORE”

Good morning, everyone. And thanks for that kind introduction, Ruth. And how about that fantastic music fanfare from ZZ Top, that Little Ol' Band from Texas.

It is my distinct honor to be here, with all of you, the most fortunate men and women in the world. We are all critical care health professionals: clinicians, teachers, administrators, researchers, and most importantly, patient advocates. We have the amazing privilege and the awesome responsibility of serving the most vulnerable patients in the hospital. And this is something all of us should feel really good about.

At the same time, we critical care health professionals are also vulnerable. We are vulnerable to the erosion of our work engagement: when our energy turns into exhaustion; when our involvement turns into cynicism; and when our efficacy turns into ineffectiveness. If any of this sounds familiar, make a point of doing something nice for yourself on a regular basis. Because practicing wellness is the foundation for minimizing our risk of developing burnout, and practicing wellness is the starting point for increasing value in the ICU. Last December, SCCM hosted a national summit with our Critical Care Societies Collaborative to address prevention of burnout in the ICU. This meeting focused on strategies that can be implemented by clinicians and hospital administrations to promote the health and value of our critical care workforce.

A special recognition for our most junior colleagues, who have joined us here today. You are the next generation discovering critical care at the beginning of your careers. Probably you have already determined, like the rest of us, that multi-disciplinary intensive care is where the action is, where truly meaningful professional rewards are to be found, and where SCCM has been, since its inception in 1970. If this your first



SCCM Congress, allow me to extend a very warm welcome from all of your, “Right Care, Right Now”, colleagues.

I am proud that SCCM includes an outstanding support system in the form of our professional association. Because of the foresight and hard work of our creative community and member leaders, in partnership with our professional staff, SCCM has enjoyed year-after-year of noteworthy accomplishments. And new programs, some of which Ruth summarized, will allow us to reach even higher levels of achievement in the years to come. Now, in case you've been too busy binge-watching the latest episodes of “Stranger Things” or “The Crown”, let me underscore just a few of these accomplishments:

SCCM international engagement continues to grow. We have over 60 nations represented here in San Antonio, today, from every continent but Antarctica, and believe me, we're working on that.

SCCM's PCOR-ICU and ICU Liberation programs are setting the clinical standard for how we practice “usual care” in the ICU. We are understanding more and more the role we must

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play after our patients leave the ICU and the hospital, and our THRIVE initiative is at the fore-front of leading this discussion. Our new DISCOVERY Critical Care Research Network, has made substantial progress over the past year, recently submitting multiple research proposals to a variety of extramural funding agencies for consideration. In addition, the first intramural SCCM Discovery grants totaling \$100,000 will be awarded at this meeting to support multi-institutional critical care research. I would encourage anyone interested in intensive care clinical and translational research to become involved with, and take advantage of the resources provided by Discovery. The goal of Discovery is to exponentially increase research in our field, and then use SCCM's existing broad base of programs to disseminate these findings into practice. After close interaction with the leaders of this new program over the past two years, I am very confident that we are on the road to DISCOVERY success.

Sepsis 3.0 is being debated all over the world, and I think that's a good thing, because this is bringing sepsis into the public and political lime light where it needs to be, if we are going to impact the fact that every 3–4 seconds, someone in the world dies of sepsis. Two decades ago, it feels like yesterday, SCCM catalyzed a new effort aimed at the world's leading killer. The Surviving Sepsis Campaign, now an international collaboration, offers expert guidance on the care of patients who have begun the deadly spiral of sepsis-mediated organ dysfunction. Today, SCCM members are working to forecast that organ dysfunction, alerting clinicians to the infected patients at greatest risk for needing life-supporting care beyond antibiotics. Now I want to tell you about tomorrow.

Recently, a group of clinicians, mathematicians, statisticians, computational biologists, software engineers, material scientists and immunologists gathered at SCCM headquarters to consider an even more audacious goal—the goal of preventing sepsis altogether, by avoiding the transition from infection to organ dysfunction. A new SCCM collaborative with the Department of Energy, led by the Lawrence Livermore National Laboratory, will set as its initial milestone, saving one million lives from sepsis over the next decade. From surviving sepsis, to forecasting sepsis, to preventing sepsis. Wow—realization of this value stream will be truly transformational.

So, these are just a few highlights of the many things our Society is doing to enhance value to improve patient outcomes. The question now is, how are you, personally, contributing to this goal?

While our many SCCM programs may be global, individual patient care is all local. Accordingly, there are many ways you can individually contribute to providing high value care, specifically high quality care at lower costs, as all of us are faced increasingly with sicker patients, more crowded intensive care units, and limited resources. Continued performance improvement, in this case enhancing value in the ICU, begins with each of us: the individual practitioner, identifying a problem, knowing there must be a better way, and seeking to find it, either individually, with local coworkers, or as part of SCCM's global network of critical care providers. With that prelude, may I, as your incoming President, offer a suggestion or two about personally improving value in the ICU?

First and foremost in my heart, as those who know me will attest, is my commitment to insure that our specialty does its part in controlling the out-of-control costs of health care, in addition to acknowledging the embarrassing magnitude of waste in our health care system. Are you aware that an estimated one-third of care delivered in the United States is considered wasteful, and that this waste is associated not only with financial harm, but physical and emotional harm as well? In fact it has been suggested that overuse should be considered as an adverse event, and reviewed in the same context. At the bedside, we critical care providers can help control costs if we acknowledge one simple principle: "Less Is More."

We might continue this discussion with the idea that, "just because we can, doesn't mean we should." I'd like to see that thought, "just because we can, doesn't mean we should", inscribed on the door of every ICU patient room. This should be one of our thoughts as each of us approaches a patient's bedside. Next, here are a few common-sense, grass-root, practices for cutting costs, and as a bonus, improving quality:

1. Don't order diagnostic tests at regular intervals.
2. Don't transfuse red blood cells to hemodynamically stable, non-bleeding ICU patients with a reasonable hemoglobin concentration.
3. Don't prescribe parenteral nutrition to adequately nourished patients during their first week of ICU stay.
4. Don't deeply sedate mechanically ventilated patients without a specific indication and without daily attempts to lighten that sedation.
5. Don't continue life support for patients at high risk for death or severely impaired functional recovery without also offering comfort care only.

You know these are not my ideas. You likely recognize that I have paraphrased them from the program, "Choosing Wisely®". In a recent survey, spearheaded by Ruth Kleinpell, as part of our Critical Care Societies Collaborative, members were queried about their knowledge of, Choosing Wisely®, and if their organization had instituted any quality improvement activities related to this initiative. It is clear, from the survey results, that many of you already support the logic of Choosing Wisely® at your institutions, and are involved in a variety of programs to decrease waste associated with provision of critical care.

And about this, "Less Is More", concept, here are some additional thoughts:

- Less fluid
- Less oxygen
- Less antibiotics
- Less radiographs
- Less immobilization

These currently are not aspects of Choosing Wisely®, but perhaps they should be, as they are all derived from evidence-based medicine concepts.

Value-based healthcare starts with understanding the true cost of care, and measuring and optimizing both short and long-term patient-centered outcomes. Costs related to ICU

care include not only treatment of the patient's primary injury or illness, but also costs of unintended intensive care misadventures related to the provision of "usual care". And herein lies the value of the SCCM ICU Liberation program and the evidence-based ABCDEF Bundle:

- A—Always, always prioritize treatment of pain;
- B—Undertake both daily scheduled spontaneous breathing trials and spontaneous awaking trials;
- C—Be cognizant of the choice of drug classes utilized for sedation;
- D—Monitor for, and minimize delirium;
- E—Facilitate early mobilization; and last, but certainly not least,
- F—Empower and engage families in the care plan.

For ICU Liberation, "Less Is More" ...weaning:

- Weaning sedation
- Weaning mechanical ventilation
- Weaning or minimizing, immobilization

It turns out that the biggest waste in medicine is waiting. We critical care practitioners are literally charged-up with our own stress response during a resuscitation—it's what we do. However, admit it, we are much more reticent to disturb the *status quo* once our patients are stabilized. The unwritten engine of ICU Liberation is weaning, titrated withdrawal of support, in real time, based on normalization of some aspect of homeostasis, that promotes continuous advancement of care. Scheduled, not stuttered or haphazard, but scheduled assessment and weaning, when it is safe to do so, will reduce waiting, and enhance value in the ICU.

So, practically speaking, how can we individually, improve the value of care that we provide our critically ill patients?

1. Begin with one or more elements of, Choosing Wisely®.
2. Incorporate the ICU Liberation A through F bundle as "usual care" for every ICU patient.
3. Promote a learning health care environment in your ICU where clinical care, research and quality improvement are so integrated and intertwined that they are basically inseparable. This service model will facilitate discovery of evidence to support best practice, that includes improving value, by practicing, "Less Is More".

There's lots more evidence-based medicine in the works related to promoting value in the ICU, so stay tuned to the SCCM website to stay up-to-date. Meanwhile,

- We should treat our patients and not laboratory test results. This practice will encourage all of us to get away from the computer and spend more time at the bedside.
- We should develop and utilize clinical standard work. This practice should derive from evidence-based medicine when possible and from inclusive consensus building when evidence does not exist.
- And finally, "wean" when appropriate, but resist the temptation to always just do something when watchful waiting

may improve clarity. This practice will frequently allow us foster the concept that, "Less Is More".

Achieving high value for our critically ill patients must become an overarching goal of our critical care delivery. This goal matters for patients and families and unites the interests of all healthcare stakeholders. When value improves, patients, payers, providers, and suppliers all benefit, and the economic sustainability of the health care system increases. I would respectfully challenge each one of you to become the role model at your institution regularly advocating for the concept that, "Less Is More". To help you do this, I would invite you to pick-up a few "Less Is More" buttons as you leave the ballroom today, and take some home for your ICU colleagues. Wear the button daily and embrace the mantra, "Less Is More".

We obviously have a lot of challenges and opportunities ahead of us related to improving value in the ICU and it will take everybody in this room to get the job done. But we can do this. We are a great professional society and like good leather and fine wine, we are with age destined to become better and better. I want you to leave this meeting with the assurance that our Society is committed to providing the leadership and the support that we all need to do our best jobs as critical care specialists. And I look forward to working beside you during the year ahead to advance this cause.

In the days to come, if you are interested, I would like to share my SCCM presidency adventures with you. You can keep up with my activities, representing your Society, by following me on Twitter or dropping me an e-mail as shown on the screen.

Speaking of improving with age, I want you to meet some family members who have helped me grow as a person and a professional, and are here today to help me celebrate this tremendous opportunity to serve as your president. I would ask that they stand, as I recognize them, and that you hold your applause until all have been introduced: First and foremost, my wife of 22 wonderful years, Jane Stevens and our daughter, Marieka, her husband Jay Schneider, and their daughter, my granddaughter, Madison. Thank you, thank you all for your patience, your understanding, and your unwavering support.

Thanks also to my parents, Evalyn and William Zimmerman; my aunt and uncle, Amy and Pat Wills; my sister Jane and my brothers Norman and Bill; and teachers, mentors and leaders, who have taught me along the way. Particularly I thank colleagues at Children's Hospital National Medical Center, in Washington DC; Upstate Medical Center in Syracuse, NY; the University of Wisconsin (Go Bucky) and the UW Children's Hospital in Madison, WI; and Seattle Children's Hospital and Harborview Medical Center and the University of Washington in Seattle.

Very special thanks to Ruth Kleinpell, David Martin, Diana Hughes, Lori Harmon, Lynn Retford, and Brian Schramm. Thank you to the SCCM Pediatric Section. And thank you to the SCCM Council, College, Committees, Creative Community, and Professional Staff. Behind the scene, these are the real

worker bees of our organization. With an SCCM membership number of 370, I have witnessed much 'gold standard' leadership in this organization. And I have certainly benefitted from this rich resource of talented personalities.

And, although they are not with us in person, they certainly are in spirit: patients and families, who are really the source of all my learning, in fact, all our learning. Please join me in

thanking everyone for all they do, and have done to enable me to serve our Society.

Thanks for your continuing support of the SCCM mission, "To secure the highest quality care for all critically ill and injured patients", and for being with us here today at the 47th SCCM Critical Care Congress.

Now, let's have a great meeting.