

What Boundaries and Borders Have You (We) Crossed?

Serving as president of the Society of Critical Care Medicine (SCCM) has been the most rewarding year of my life. The experience has lent so many opportunities to challenge myself, to move out of my own comfort zone in learning, and to meet so many of you in my travels throughout the United States and beyond. In my presidential address¹ and messages, I asked that we consider the meaning of our own borders and boundaries and issued a challenge to examine the meaning of these words for ourselves, our patients, and the Society.

I've had the opportunity to watch the Congress Program Planning Committee develop another amazing meeting with focus on knowledge and skills that build upon what you already do so well. Our Simulation Task Force is in full swing looking to further develop our educational experiences for individual and team learning. I am hopeful this will allow us to practice skills before we care for patients. In addition, LearnICU.org continues to develop and grow its 24 knowledge lines. If you have not yet visited this informative resource, make yourself a promise to do so and take advantage of all its offerings. Our online programs have markedly increased in 2011, including the addition of Fundamental Critical Care Support course as well as numerous webcast series and self-assessment programs. The Society remains dedicated to offering convenient education opportunities, accessible anywhere and anytime without boundaries.

Throughout my tenure, many of you may have experienced marked changes in your intensive care units (ICUs) due to staffing constraints from either economics

or workforce availability. We all have been asked to do more with fewer resources, and we may expect this situation to grow more strained over the coming years. For those in teaching hospitals, the new resident work hour rules have required us to consider global issues regarding the construction of our teams. Perhaps more importantly, these changes force us to consider whether preconceived boundaries about who can and cannot train in critical care medicine are in the best interests of the patient. The Society has pushed to include emergency medicine physicians and hospitalists in critical care training schemes – to allow them training equivalent to that of our internal medicine, anesthesiology, and surgery colleagues. In addition, SCCM has produced a series of webcasts and a comprehensive book to help ICUs incorporate acute care nurse practitioners and physician assistants into the multiprofessional team. We will pursue these efforts to ensure that these professionals receive the training they need so our patients receive the care they deserve. Further, we continue to develop programs aimed

May 2011 John H. Stroger Jr. Hospital of Cook County, Chicago, Illinois, USA

Kimberly Joseph, MD, FCCM, Mary O'Flaherty, RN, and Ruth Kleinpell, RN-CS, PhD, FCCM, were among those who helped facilitate a tour of Stroger Hospital, an urban public hospital connected to Rush University Medical Center. As Lipsett walked through the hospital's intensive care units, including its trauma, surgical and cardiac care units, she enjoyed talking with residents and fellows about their early experience in critical care and with directors and administrators about the challenges of an academic hospital, especially staffing. She was impressed with the Stroger facility, noting its private rooms, state-of-the-art equipment and its ability to treat a wide array of acute patients. Stroger ICUs admit about 2,800 patients a years with about 22,400 patient days. Staff shared details about their daily checklists, strategies for family-centered care – such as a daily message for family – and its Family Advocate Program aimed at organ donation. Stroger opened its new facility in 2002, replacing a 13-building campus that dated back to 1914.



July 2011 Advocate Health Care, eICU Oakbrook, Illinois, USA

Visiting the Advocate Health Care System eICU, Lipsett joined Michael Ries, MD, FCCM, Sanja Nikolich, MD, and others eager to share details about life working at one of the largest tele-ICU programs in the United States. The Advocate eICU, which was established in 2003, is staffed 24/7 by two intensivists who monitor seven of the nine Advocate hospitals, including 15 of the system's 17 ICUs. The multiprofessional staff aims to help to reduce care complications, increase patient safety and lower costs. In addition to intensivists, nurses monitor 35 to 45 patients per 12-hour shift along with critical care fellows. "In 2004, there was little literature on tele-ICUs, now there are many studies that show how remote monitoring improves patient care and decreases cost. Our eICU is a remote, centralized intensivist-led care team that uses enabling technology to continuously monitor, assess and intervene on patients in support of the onsite caregivers," said Ries.



More photos of Lipsett's ICU tours are posted at www.facebook.com/sccm1.

at keeping our talents and skills at the cutting edge.

Traveling as your SCCM president, I have seen facilities ranging from the technologically advanced to the resource-limited. Teams have kindly welcomed me to participate during daily rounds and facilitated tours. Throughout all these experiences, I've noted that while ICUs may differ externally, team members are centered on one thing: care of patients and their families. Although executed in ways unique to each facility – from implementing guidelines to using checklists and daily goal sheets – the actions team members take ensure that each patient receives the right care at the right time. I have appreciated the efforts you make every day to go beyond what is expected, to go beyond the typical boundaries of patient care to provide extraordinary patient-centered, team-based care.

As our membership continues to grow to more than 15,000 critical care professionals worldwide, I am comforted that each of you will continue to have a positive impact on patient care. I have been humbled by

the opportunity to serve as your president and promise to continue to work for the principles and practices that characterize this amazing organization. If each of us commits to extending ourselves just a bit further beyond our current comfort zone, if we practice in a more skillful way so that every team member feels valued, if we donate something to those with so little, if we translate new discoveries into practice, imagine what we can accomplish. Be deliberate in making choices about how you give back to this society. Go beyond what you do now; I know I will. ▲

References are available at www.sccm.org/criticalconnections.



Pamela A. Lipsett, MD, MHPE, FCCM, is professor of surgery, anesthesia, and critical care nursing at Johns Hopkins Medical Institutions in Baltimore, Maryland, USA. She is serving as the 2011 president of the Society of Critical Care Medicine.

September 2011 Northwest Community Hospital, Arlington Heights, Illinois, USA

The Intensivist Group implemented the intensivist-led, multiprofessional team model at Northwest Community Hospital in 1999 and was happy to report on their successes when Lipsett dropped by the facility. Jay Cowen, MD, Melanie Atkinson, MSN, CCRN, ACNP-BC, and others shared their experiences moving from the previous model to the current 24/7 in-house intensivist coverage model – a switch that was met with some resistance but that ultimately earned buy-in from all levels after seeing successful results. Northwest Community Hospital has 54 ICU beds, conducting 300 cardiovascular surgeries and major hepatobiliary services each year. It boasts a strong culture of nursing leadership and a healthy educational commitment, with a robust journal club and a regular lecture series. Among their proudest accomplishments is the multiprofessional practice guideline team led by nurses; it has been meeting every other week for 11 years, implementing more than 20 guidelines and protocols, producing abstracts and presentations and earning numerous awards including the American College of Critical-Care Nurses Beacon Award in 2007 and 2010.



October 2011

Severance Hospital, Seoul, Korea

While in Korea presenting during the Multiprofessional Critical Care Review Course (MCCRC), Lipsett was able to tour Severance Hospital. Korean Society of Critical Care Medicine past president Shin Ok Koh, MD, Sungwon Na, MD, and Ho Geol Ryo, MPH, were among those who served as host to Lipsett as she accompanied multiprofessional rounds through the surgical ICU.



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If this sounds like the opportunity for you please contact me at your earliest convenience. I look forward to speaking with you!

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