



**SCCM POLICY MANUAL 2012**  
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## FINANCE/BUDGET RELATED

### ANNUAL BUDGET

*Approved by Council 5/18/02; Amended 2010; Reaffirmed by Council 9/10/11*

In preparing the annual operating budget, the Society will strive to meet minimum annual net revenue of 8% of all gross revenues from operations and 1% from operating fund investments. These net revenues will be budgeted and used as noted below in Segregated Funds.

(Adopted September 2001)

### AUTHORIZED SIGNATURES

*Approved by Council 5/18/02; Reaffirmed by Council 9/10/11*

The President, Treasurer, Secretary, Chief Executive Officer (CEO), and Director of Business Affairs are each authorized to sign necessary deposit bonds and checks. Signing of checks or issuance of official bank checks or other negotiable instruments drawn on the Society's accounts, wire transfers from Society accounts or other types of withdrawals to accounts not owned by the Society (collectively "financial transactions") shall require a single signature/authorization for amounts not to exceed \$50,000. Financial transactions in amounts greater than \$50,000 shall require the signature/authorization of any two of the following: President, Treasurer, Secretary, CEO, or Director of Business Affairs. Checks payable to the President, Treasurer, Secretary, CEO, or Director of Business Affairs must always be signed by an authorized individual(s) other than the payee.

The CEO, Director of Business Affairs, and Treasurer are authorized singly to transfer funds between Society bank accounts, without limit of amount, to best serve the needs of the Society.

### SEGREGATED FUNDS

*Approved by Council 5/13/05; Amended by Council 1/14/11*

Realizing the necessity for providing for emergency operating monies; capital purchases; and start-up of new projects, products and business ventures, the segregated funds defined below are to be maintained and reported upon. Further, the Emergency Reserve and Special Project and Purchases Funds constitute SCCM's reserve funds. A goal of 75% of annual revenue has been established for these reserve funds. Expenditures from these funds can only be authorized by the Council.

#### **Council Designated Emergency Reserve Fund**

This fund shall be established to provide emergency operating funds. Forty percent (40%) of all annual net revenue shall be transferred to this fund, and earnings on this fund shall remain in the fund.

Due to the nature of this fund, investments of a medium to long term should be utilized, as described in this Policy Manual. A balance of approximately 75% equity (stock) and 25% income (bond and cash) vehicles should be utilized. The investment objective of the fund is to provide growth of capital at a real (adjusted for inflation) rate of return necessary to at least preserve the purchasing power of the assets.

#### **Council Designated Special Project and Purchases Fund**

*Approved Executive Committee 8/26/04; Revised Council 9/12/08; Reaffirmed by Council 9/10/11*

This fund shall be established to provide the necessary resources to allow SCCM to develop new projects, products, other business ventures, and capital purchases (building, furniture, and equipment). Forty percent (40%) of all annual net revenue shall be transferred to this fund, and earnings on this fund shall remain in the fund.

Due to the nature of this fund, investments of a medium term should be utilized, as described in this

Policy Manual. A balance of approximately 75% equity (stock) and 25% income (bond and cash) vehicles should be utilized. The investment objective of the fund is to provide growth of capital at a real (adjusted for inflation) rate of return necessary to at least preserve the purchasing power of the assets.

### **General Operating Fund**

Operating funds are expected to be spent in the normal course of business during the current business cycle. Operating funds shall be established to provide for the daily operating of the Society. All Society revenues and disbursements are to be made from these funds, and any funds received or disbursed on behalf of other SCCM designated funds will be transferred as required. The balance of annual net revenues, after all fund transfers have occurred, remain in this fund. In the case of an annual net operating loss, this fund will be depleted prior to transferring funds from the Council Designated Funds. Operating Funds are invested in short- to medium-term investments, based on the needs of the fund. Earnings on these funds remain within the funds.

### **Council Designated Special Bodies and Section Funds Policy**

*Approved by Executive Committee 8/26/05; Reaffirmed by Council 9/10/11*

These funds may be established by the Council to provide the necessary resources to allow segregated funding for Special Bodies and Sections. All earnings to these funds shall remain in the funds. The Finance and Investment Committee shall have ultimate authority over these funds.

### **BANKING & INVESTMENT**

*Approved by Council 5/14/05; Reaffirmed by Council 9/10/11*

Understanding the Council's fiduciary responsibility to protect the assets of the organization while maximizing their return, the following policy is enacted.

#### **Short-Term Investments**

Using modern banking techniques, no cash should be maintained on an overnight basis in non-interest-bearing accounts unless said funds generate credits in-kind to offset banking fees.

Monies of a short-term nature may be invested in the following vehicles:

- Money market funds limited to government securities (direct and agency)
- Bank money market accounts
- Treasury bills
- Federal government agency notes and bonds
- Commercial paper rated A1 or P1 by Moody's or Standard and Poor's services
- Repurchase agreements secured by government securities
- Certificate deposits
- Euro dollars
- Mutual funds or exchange-traded funds (ETFs) holding the above

Note: Balances in excess of the Federal Deposit Insurance Corporation (FDIC) limit may be maintained in:

- Financial institutions approved by the SCCM Council, or
- Any FDIC or Federal Savings and Loan Insurance Corporation (FSLIC) insured institution provided that SCCM balances, excluding accrued interest, are equal to or less than the Federal Deposit insurance limit per institution or,
- Brokerage account
- Mutual fund accounts
- Exchange-traded funds

#### **Medium- & Long-Term Investments**

Medium- and long-term investments are to be invested in mutual funds that have reasonable fees (no loads and fees which are below the average for similar asset groups) and reliable and predictable investment characteristics. The investment characteristics of the mutual funds selected shall be those

that display a disciplined (i.e., not market timed, etc.) approach to investing. Ideally, institutional mutual funds or ETFs should be used. Mutual fund and/or ETF shares purchased for medium- and long-term investments may contain US equities (large, medium, or small capitalization), international equities, and US corporate bonds.

## **CUSTODY AND CONTROL OF ASSETS**

*Approved by Council 5/18/02; Reaffirmed by Council 9/10/11*

All SCCM assets are to be in the custody and control of the SCCM CEO/EVP who is charged with their safekeeping and the reporting of such to the SCCM Council at least annually. This includes all bank accounts, cash, checks, furniture, equipment, machinery, and buildings and is consistent with other policies contained herein.

## **PERSONAL DATA SECURITY**

*Approved by Council 9/10/11*

In the course of ordinary business, SCCM collects and utilizes certain personal information from members and customers. Personal information is identified as an individual's name when coupled with any one of the following: a) Social Security number, b) financial/bank account number, c) debit or credit card number. This policy sets forth the parameters under which this sensitive financial data must be secured.

The Director of Business Affairs is responsible for the administration of data security on personal information. The Director of Business Affairs, in consultation with the Director of Technology, shall be responsible for identifying foreseeable internal and external risks to the security, confidentiality, and/or integrity of any electronic, paper, or other records containing personal information, and evaluating and improving, where necessary, the effectiveness of the current safeguards for limiting such risks. The Director of Business Affairs will be responsible for developing appropriate procedures for the handling, storage, access, and transmission of personal information, training employees with respect to such procedures, and imposing disciplinary measures for violations of the procedures. These procedures will make specific provision for preventing terminated employees from accessing personal information and for documenting any actions taken in response to a breach of security affecting personal information.

With regard to computerized records containing personal information, the Director of Business Affairs, in consultation with the Director of Technology, will: a) ensure implementation of secure user authentication and access measures, including measures that limit access to personal information to only those who need such access to perform their jobs; b) ensure encryption of personal information transmitted on public networks or wirelessly; c) ensure encryption of personal information stored on a laptop or other mobile device; d) ensure implementation and maintenance of firewalls, system monitoring measures, and anti-virus/anti-malware software; and e) ensure employees are trained on the proper use of the computer security system and the importance of personal security.

In addition, if the Society procures services from any third-party provider that will handle personal information, the Director of Business Affairs will ensure that SCCM's contracts with such providers require them to be in compliance with applicable state and federal regulations regarding the protection of personal information.

Personal information not stored and secured under this policy must be destroyed in a timely and secure manner.

The Director of Business Affairs will immediately report to the CEO any apparent breach of security with regard to personal information. Additionally, during the annual audit of the Records Retention Program policy stated herein, the Director of Business Affairs and Director of Technology will report to the CEO their review of the program and their assessment of whether or not it is operating in a

manner reasonably calculated to prevent unauthorized access to personal information, along with any recommendations to strengthen the safety of personal information.

## **CAPITALIZATION AND DEPRECIATION**

*Approved by Council 5/18/02; Revised by Council 9/10/11*

In order to maintain consistent record keeping and to spread the cost of higher priced items over their useful life, the following capitalization and depreciation policy is enacted.

The capitalization cutoff point is the dollar figure under which an item is expensed in the period acquired and over which an item is capitalized and depreciated. It is the policy of SCCM to expense assets in the period purchased if these assets cost less than \$1,000. Assets costing \$1,000 or more and having a useful life of more than one year will be capitalized and depreciated in accordance with SCCM depreciation policies. Repairs and improvements to real property and leasehold improvements will be capitalized using this same policy.

It is the policy of the Society to depreciate fixed assets using the straight line, half-year method of depreciation. Real property will be depreciated over a thirty (30) year period. Electronic equipment (including computer hardware, software, electronic office equipment, etc.) will be depreciated over a three (3) year period. Equipment and furnishings will be depreciated over a seven (7) year period. Capitalized repairs and improvements will be depreciated over a fifteen (15) year period.

In addition to pertaining to all future acquisitions, this policy will be retroactively applied to existing assets and depreciation schedules will be accelerated to bring them into compliance with this policy.

## ORGANIZATIONAL COMPLIANCE ISSUES

### PAYMENT TO MEMBERS

*Approved by Council 5/18/02; Amended by Council 9/16/06; Reaffirmed by Council 9/10/11*

Volunteers, by definition, do not work to be paid but to improve the state of patient care and the art and science of healthcare. Improving the life and care of those living within our society is part of the mission of SCCM. Consequently and in accordance with SCCM's Charter, no monies may inure to the benefit of SCCM members. However, SCCM may pay a reasonable honorarium or royalty for tasks that consume an inordinate amount of time (e.g., writing/editing publications, teaching day-long workshops/seminars, etc.). All proposed payments must be approved as part of SCCM's annual budget. Additionally, SCCM may provide limited funding for travel on behalf of the Society. Reimbursement of travel and related expenses is made in accordance with the SCCM criteria noted elsewhere in the Policy Manual.

### Payment to Elected Leaders

The President of the Society receives a stipend for his or her services during the presidential year (January-December). The President-elect receives a stipend for the four months (September-December) prior to his/her taking office. The amounts are set every year as part of the Society's annual budget and approved by Council.

### Grants

SCCM may issue research and other cash awards typically referred to as 'grants' to advance the Society's charitable and scientific mission provided that such grants are awarded on a fair and competitive basis and made in accordance with other SCCM criteria noted elsewhere in the Policy Manual.

### Payment for Publications

*Society Committee/Work Group Publications* -- Publications, or portions thereof, that are the collaborative work product of a Society committee or work group are regarded as part of volunteer efforts, so authors do not receive payment. An individual who writes chapters without the collaborative assistance of other members of the work group may receive a reasonable honorarium if the task consumes an inordinate amount of time. In isolated cases and only when included in the budget, a committee chair, member, and/or editor of a committee publication may receive a reasonable honorarium for efforts that required an inordinate amount of personal time and commitment outside of traditional committee/work group activity. In all cases, reasonable honoraria amounts will be determined annually and be included in the Society's operating budgets. In development of these reasonable amounts, staff and Finance Committee members shall strive to ensure that similar work efforts receive similar honoraria payments across the Society.

*Other Books and Related Activities* -- Authors may receive a percentage of net sales as a royalty on products that they develop independently and bring to SCCM for publication. SCCM may pay an advance on royalties as determined on a case-by-case basis. Royalty agreements will be negotiated by the SCCM CEO/EVP or his designee and be in line with reasonable association industry standards. All proposed royalties will be included in Society budgets and presented to the Finance Committee as part of the annual budget process.

### Special Developmental Projects

When unique expertise is required, SCCM may pay members as noted in the section, Member Participation as Vendor to Society, included elsewhere in this Policy Manual.

### Honoraria for Lectures or Other Presentations

Refer to the Policy on Expenditures Governing CME/CE Planners, Faculty, Authors and Learners

## PROGRAM FUNDING AND DEVELOPMENT FOR COMMITTEES, SECTIONS, COLLEGE

*Approved by Executive Committee 4/24/04; Reaffirmed by Council 9/10/11*

The Society of Critical Care Medicine (SCCM) has many important components (i.e., Sections, Task Forces, Committees, and Special Bodies such as the College), all committed to multidisciplinary patient care. These groups

carry out the Strategic Plan of the Society through their hard work, utilizing a combination of resources such as volunteer time, staff time and infrastructure at SCCM Headquarters. Additionally, funding for which Council has oversight responsibilities supports this vital work. Thus, Council is responsible for ensuring that the Society's limited resources are used wisely and ultimately benefit critically ill and injured patients.

In addition to the above, the Society's Sections provide a useful venue for members with similar interests and help insure the multidisciplinary nature of the SCCM Council by their nominations to that body.

Furthermore, while the Society fosters, supports and is appreciative of its many internal components that accomplish a full program of work, it is the Society's intention to remain and reaffirm the idea of a single, active and participative organization. The multidisciplinary team nature of our membership is at the core of all we do as an organization, and any activities that foster separate growth and development of programs or components within SCCM shall be avoided.

### **Program Funding and Development**

Therefore, any component of the Society that desires to develop a program or product should submit a multidisciplinary plan to the Strategic Planning Committee for consideration. Each product and program developed should strive to serve the needs of our multidisciplinary membership and their patients, and should ideally be developed by a multidisciplinary team of SCCM volunteers in partnership with our professional staff.

These programs or products can be funded through the general fund, by industry grants, or through other sources, but only if Council approves the program and its funding through the Strategic Planning Process. Components of the organization that have been granted separate funding and authority for direction of use of that funding shall be required to submit annual plans and budgets for Council approval. Regardless of how the program or project is funded, all revenues from these activities shall inure to the benefit of the general operating fund and are in turn used to carry out the Society's charitable mission by way of investment in new and expanded Society programs.

Opportunities for programs that occur outside of the Strategic Planning Process can be taken to the Executive Committee for special consideration in the interim.

### **MEMBER PARTICIPATION AS VENDOR TO SOCIETY**

*Approved by Council 2/20/04; Reaffirmed by Council 9/10/11*

*The following policy is designed to apply whenever an officer, Council member, committee member, or member of the Society desires to offer goods or services to the Society for a fee. This policy is designed as a corollary to any existing Society policy, and is designed to ensure Society compliance with laws and rules concerning conflicts of interest, private inurement and private benefit.*

The following rules and restrictions shall apply whenever a member of the Society desires to offer goods or services to the Society in exchange for monetary compensation. Members can participate in the Request for Proposal (RFP) process and otherwise offer goods or services to the Society for a fee only in the event of full compliance with this policy:

- Full disclosure. If a member or any related party<sup>1</sup> of a member has an interest in a proposed transaction with the Society in the form of a (direct or indirect) personal financial interest or other personal interest in the transaction, or in any entity involved in the transaction (or holds a position as a director, officer or employee or any such entity), he or she must make full disclosure of such interest before any discussion or negotiation of such transaction.
- A would-be vendor must be "in the business." The member/would-be vendor must be "in the business" of providing the goods or services that such member seeks to provide to the Society.

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<sup>1</sup> "Related party" is defined as members of the immediate family, which includes spouse, children and all other dependents; estates, trusts and partnerships in which the individual or immediate family has a present or vested future beneficial interest; and a corporation or entity in which the individual or immediate family is a beneficial owner of more than five percent (5%) of the voting interests.

- No role in the decision-making process. Any member who has such an interest in the proposed transaction shall not be present at any Council or committee meeting for any discussion of or vote in connection with the proposed transaction, except if necessary to answer questions about the proposed services to the extent permitted for non-member vendors to the Society. Moreover, such member shall not participate, directly or indirectly, as an advocate on his or her own behalf, either formally at Council or committee meetings or informally through private contact, communication and discussion, except to the extent permitted for non-member vendors to the Society.
- No role in the post-award evaluation process. If a member of the Society becomes a vendor to the Society, such member shall not participate, directly or indirectly, in any process by which the member's performance as a vendor to the Society is evaluated, communicated and discussed, except to the extent permitted for non-member vendors to the Society.
- Transaction must be in the best interests of the Society. The transaction must be fair to and in the best interests of the Society. To this end, to ensure a competitive evaluation process, a competitive process should be utilized, if feasible, whenever one of the would-be vendors is a member of the Society. Further, the following questions must be considered by the Council and/or other governing body making such decisions:
  - Is the Society paying more or getting less than it would from a non-interested seller or buyer of comparable goods or services?
  - What efforts have been made to develop "comparables" to help establish "fairness" (e.g., surveys, competitive bids)?
  - Will the vendor provide the best quality goods or services at the most competitive price?
- No special advantages in marketing or promotion. If a member of the Society becomes a vendor to the Society, such member cannot use his or her membership in the Society to market or promote his or her business, except to the extent permitted for non-member vendors to the Society (e.g., advertisements in magazines at standard advertising rates, booths at the annual Congress at standard booth rates, corporate sponsorships), and provided that such marketing and promotion may not highlight the fact that he or she is a vendor to and member of the Society.
- In addition to the requirements of this policy, any applicable requirements of the Society's Bylaws or conflict of interest policy must be met in connection with any situation in which a member provides service to the Society.

## **POLICY ON APPARENT AUTHORITY**

*Approved by Council 2/20/04; Reaffirmed by Council 9/10/11*

The following policy is intended to protect the Society of Critical Care Medicine (SCCM) from legal liability arising from the activities of the SCCM members or employees who may appear to third parties to be speaking or acting with the real or apparent authority of SCCM. Consequently, this policy applies to all SCCM members, employees and outside contractors who might take action or make oral or written statements that carry or appear to carry the authority of SCCM. This includes SCCM officers; directors; Council, committee, subcommittee, task force, or ad hoc group chairs and members; and any others in leadership positions in SCCM's governance structure. It also includes all SCCM employees and outside contractors.

Official positions or statements, be they written or oral, whether issued explicitly or implicitly by or on behalf of SCCM, must be approved in advance. Approval can be either by the Council or the Executive Committee. The correspondence or statements must then be limited to what has been authorized and must be within the scope of the duties of the volunteer or staff.

Other correspondence or statements must be printed on SCCM letterhead, whether electronic or paper. Furthermore, if the correspondence or statements not printed on SCCM letterhead could possibly be interpreted as issued by or on behalf of SCCM, they must include a clear and conspicuous disclaimer indicating that they are not made by or on behalf of SCCM. Per the SCCM Bylaws (Section 7.5b), "Official correspondence of each committee shall be conducted through the Executive Office of the corporation." Only SCCM employees should have routine access to SCCM's letterhead, as employees should be involved in preparing or reviewing all official correspondence.

## **VOLUNTEER CODE OF CONDUCT AND CONFLICT OF INTEREST, ASSIGNMENT OF RIGHTS, DISCLOSURE POLICY**

*Approved by Council, 2/04; Revised by Executive Committee, 12/05; Revised by Council, 1/14/11; Reaffirmed by Council 9/10/11*

## **Volunteer Code of Conduct and Conflict of Interest**

### **Preamble**

The Society of Critical Care Medicine ("SCCM" or the "Society") is a not-for-profit, tax-exempt Society formed to promote, develop, educate, and otherwise improve the care of the critically ill and injured. SCCM's principal membership class consists of individuals engaged in the practice of critical care. This document serves as a code of conduct for volunteers in their capacity as SCCM volunteers. The principles and requirements that comprise the Code and the Procedures are based upon, and are designed to ensure, full compliance by SCCM and its officers, directors and volunteers with the fiduciary duties imposed upon such individuals by state corporate law, the federal tax code's prohibition on private inurement and private benefit and other requirements of federal tax exemption, common law due process requirements, federal and state antitrust and unfair competition law, state tort law, and other legal precepts and prohibitions. Volunteers affirm their endorsement of the Code and acknowledge their commitment to uphold its principles and obligations by accepting and retaining volunteer positions.

### **Code of Conduct**

Volunteer members of the Society shall at all times abide by and conform to the following code of conduct in their capacity as volunteer members.

Volunteer members must exercise a **duty of care** to act in a reasonable and informed manner when participating in the decision-making process and when acting in an oversight capacity of the Society's management. The duty of care includes regularly attending all scheduled meetings, exercising independent judgment based solely on what is in the Society's overall best interest, irrespective of other entities with which the leader or volunteer is affiliated or sympathetic, or to which he or she owes the appointment. Further this duty requires Society leadership to act in accordance with the Society's articles of incorporation, bylaws and policies, as well as applicable regulations.

Volunteer members must exercise a **duty of loyalty** that requires performance of duties in good faith and in the best interests of the Society, rather than in one's own interests. The duty requires that all volunteers be conscious of the potential for conflicts of interest and act with candor and care in dealing with such situations and that all volunteers treat as confidential all matters involving the Society until there has been general public disclosure.

Volunteer members must exercise a **duty of obligation** when they agree to serve as an SCCM representative to external organizations or to represent the Society in an official capacity with individuals, members, vendors, companies, non-profit groups or other entities. The duty of obligation requires Society volunteer representatives to articulate and support the decisions of the Society's leadership and to represent the reasons for such decisions, irrespective of any individual interests, opinions or positions. This duty is not meant to preclude or dissuade one from voicing concerns to the Society's elected leadership or from participating in deliberative processes for which one may have been elected, but rather to ensure that a Society representative provides a clear message to others stating the Society's official position and reviewing the deliberative processes that lead to such decisions, without regard to one's own personal opinions or bias. If at any time, a representative of the Society feels unclear on the Society's official position on a matter or is uncomfortable carrying out this duty, the matter should be discussed with the Society's elected President.

Volunteer members must exercise a **duty of disclosure** as the importance of position is recognized and that as a result of that position, any felony charges, restrictions, suspensions or revocations of licenses or hospital privileges may negatively impact the Society. Therefore, volunteers must to disclose any of these to the SCCM President. For good cause, and with prior notice to the member whose information is at issue, such information may be disclosed to the Council. Volunteer participation in Society activities may be limited or prohibited as a result of these disclosures.

Volunteer members will exercise proper authority and good judgment in their dealings with Society staff, suppliers and the general public and will respond to the needs of the Society's members in a responsible, respectful and professional manner.

Retiring volunteer members will, at the Society's request, promptly return to the Society all documents, electronic

and hard files, reference materials, and other property entrusted to the volunteer member for the purpose of fulfilling his or her job responsibilities. Such return will not abrogate the retiring volunteer member from his or her continuing obligations of confidentiality with respect to information acquired as a consequence of tenure as a volunteer.

In addition, volunteers shall:

Avoid placing (and avoid the appearance of placing) one's own self-interest or any third-party interest above that of SCCM; while the receipt of incidental personal or third-party benefit may necessarily flow from certain SCCM activities, such benefit must be merely incidental to the primary benefit to SCCM and its purposes;

Not abuse their position by improperly using their volunteer position or SCCM's staff, services, equipment, materials, resources, or property for their personal or third-party gain or pleasure, and shall not represent to third parties that their authority as a volunteer member extends any further than which it actually extends;

Not engage in any outside business, professional or other activities that would directly or indirectly materially adversely affect SCCM;

Not engage in or facilitate any discriminatory or harassing behavior directed toward SCCM staff, members, officers, directors, meeting attendees, exhibitors, advertisers, sponsors, suppliers, contractors, or others in the context of activities relating to SCCM;

Not solicit or accept gifts, gratuities, trips, honoraria, personal property, or any other item of material value from any person or entity as a direct or indirect inducement to provide special treatment to such donor with respect to matters pertaining to SCCM without fully disclosing such items to the Executive Office;

Not provide goods or services to SCCM except as detailed in the Policy on Member Participation as a Vendor to the Society;

Not persuade or attempt to persuade any employee of SCCM to leave the employ of SCCM or to become employed by any person or entity other than SCCM; and

Not persuade or attempt to persuade any member, exhibitor, advertiser, sponsor, subscriber, supplier, contractor, or any other person or entity with an actual or potential relationship to or with SCCM to terminate, curtail or not enter into its relationship to or with SCCM, or to in any way reduce the monetary or other benefits to SCCM of such relationship.

#### Conflict of Interest

As the Council, volunteers, speakers, and staff of SCCM may be subject to potentially compromising ethical situations and potential conflicts of interest, they should not only be impartial and honest but far beyond the reach of suspicion.

A close and constructive relationship and effective collaboration between healthcare professionals and the pharmaceutical, device and medical equipment industries have become essential in research and education for the improved treatment of patients and for further medical progress. Because the greatest potential for conflicts of interest involve relationships with industry and similar organizations, the present guidelines focus primarily on these relationships but other noted potential conflicts are no less important.

A conflict of interest arises whenever a covered individual's activities are in opposition to, detract from or in some manner might become detrimental to the purposes of SCCM as described in its Articles of Incorporation, Bylaws, mission statement, or policies and procedures.

A conflict of interest may exist whenever a covered individual is in a position to directly or indirectly benefit him- or herself, a family member(s), other individuals, or another organization with which the individual is affiliated through the use of their role in the Society.

Healthcare professionals who are not company employees should not publicly endorse a company's product in the advertising media.

It is the responsibility of the Executive Committee, members of the Council, Editors-in-Chief, CEO, and any committee or other body that makes decisions for the Society to recognize, identify, disclose, and resolve actual or potential conflicts of interest involving matters that come before them or bodies on which they sit. Such individuals shall disclose all relevant information regarding the conflict to the body and shall remove themselves from all discussion and voting on the matter. Committees must review completed disclosure forms for financial and uncompensated relationships annually or whenever new information is submitted by members of the committee. If these conflicts cannot be resolved at the committee level, they will be forwarded to the Conflict of Interest Oversight Committee.

The Committee shall resolve all conflicts of interest prior to the activity through one or more of the following steps:  
Abstain from discussions related to the conflict  
Abstain from voting on a matter related to the conflict  
Requesting reassignment to a committee that will not result in a conflict  
Divestiture of the relationship

Each committee chair will regularly remind the committee participants to disclose conflicts or potential conflicts and review the resolution procedures noted above. The resolution of each conflict shall be recorded in the notes or minutes of the meeting.

#### Key Leaders

Key Society Leaders, defined as the President, President-elect, Secretary, Treasurer, Past President, Chancellor of the Board of Regents, Editors-in-Chief of the journals, and CEO, may not have a direct financial or uncompensated relationship with companies during his or her term of service in that capacity. However, a Key Society Leader may accept compensation for serving on an independent Data Safety Monitoring Board (DSMB) in a company study. Uncompensated services, research support, DSMB participation, compensation, stock ownership, patent royalties and other permitted relationships should nevertheless be disclosed to the Society and to the public.

A **direct financial relationship** with companies is defined as a compensated relationship that generates an IRS Form W-2 or 1099, or is taxable as income in any amount for services provided or ownership interest in a company. Mutual funds and other co-mingled investments in which the Key Society Leader has no direct control is not considered a direct financial relationship. Key Society Leaders may accept research support from companies as long as grant money is paid to the institution (e.g., academic medical center) or practice where research is conducted, not to the individual.

An **uncompensated relationship** is a formal documented relationship with a company for which the individual receives no financial benefit for services provided. This includes, but is not limited to, diverting payment for services to charitable organizations.

A **company is a for-profit entity** that develops, produces, markets, or distributes drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside the healthcare sector, or entities through which members provide clinical services directly to patients.

Any direct financial or uncompensated relationships with companies by Key Society Leaders in place on or before January 14, 2011, are exempted from this policy. However, no new direct financial relationships between companies and Key Society Leaders are possible after this date.

#### Conflict of Interest Oversight

A Conflict of Interest (COI) Oversight Committee will be formed as needed to review and resolve conflicts of interest that arise and are not resolvable at the committee level or whenever there has been a complaint by an individual member (whistleblower). The Committee will be comprised of the Executive Committee and two additional individuals appointed by the SCCM President who do not have a direct relationship, financial or otherwise, with companies as defined in the Key Leaders section of this policy.

#### Conflict of Interest Whistleblower Policy

A whistleblower, as defined by this policy, is a member who reports an activity that he/she considers to be in violation of the SCCM conflict of interest policy. The whistleblower is not responsible for investigating the activity or for determining fault or corrective measures; the Conflict of Interest Oversight Committee is charged with these responsibilities.

Each volunteer has an obligation to report matters to the SCCM President or CEO if they suspect violations of the conflict of interest policy have not been adequately addressed by the committee on which she/he serves.

The Conflict of Interest Whistleblower Policy is intended to encourage and enable volunteers to raise concerns related to conflicts of interest within the organization for investigation and appropriate action. With that goal in mind, no volunteer who, in good faith, reports a concern shall be subject to retaliation. Moreover, an employee or

volunteer who retaliates against someone who has reported a concern in good faith is subject to discipline up to and including termination of employment or dismissal from the volunteer position.

## **Assignment of Rights**

### **Works Created for the Society**

The Society encourages the members of its Council and its volunteers to participate in the creation and development of creative and useful works in connection with their service to the Society. Through participation in the Society, one may -- either individually, through committees, and/or in conjunction with SCCM staff and/or outside consultants -- participate in the creation and development of works that are subject to copyright protection. Volunteers agree that all such works created, in whole or in part, in connection with Society membership (collectively, the "Works") shall be considered specially commissioned works of SCCM and shall be owned by SCCM. Content creators assign to SCCM ownership of all right, title and interest in the Works. In return, SCCM grants the creator a license to use the ideas contained in the Works for non-commercial purpose.

### **Works Previously Created**

As a participant in SCCM activities, a volunteer may have the opportunity to present materials that have been developed previously, or to include those materials in derivative works developed for SCCM. The author of these materials conveys to SCCM the right to adapt and/or reproduce the materials and the author's personal likeness in handout, flyer, book, electronic, or other form. Further, the author should understand and agree that SCCM will use the work to carry out its charitable mission and that SCCM may include the derivative work or portions thereof in other SCCM projects and may distribute and/or sell the derivative work. Whenever materials are used in this fashion, the original author will receive full credit for the contribution and will have editorial control over the final version, authorization for which will not be reasonably withheld. This right to publish, adapt, distribute and sell previously developed work shall be applicable to SCCM but does not preclude the author's ownership right in the original work or the right to use the materials in any way seen fit.

### **Government Employees**

SCCM realizes that government employees cannot assign rights and work prepared by a government employee as part of his or her official duties. This is called a "work of the U.S. Government" and is not subject to copyright.

## **Volunteer Disclosures**

As a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council of Pharmacy Education (ACPE), and others, the Society of Critical Care Medicine must ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities. All committee members participating in an SCCM sponsored activity are required to disclose to SCCM their relevant financial relationships. Please note that an individual has a financial relationship if he/she has a financial relationship in ANY amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the Society activity over which the individual has control. Financial interests or other relationships can include such connections as grants or research support, employee, consultant, major stockholder, paid member of speaker's bureau, etc. The intent of this disclosure is not to prevent a member with a financial or other relationship from making contributions to the Society, but rather to provide unbiased and balanced contributions.

An individual who refuses to disclose relevant financial relationships will be disqualified from volunteer activities and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the volunteer activity. Volunteers will be asked to complete an online Volunteer Disclosure Form each year prior to the Annual Congress and when material changes occur.

Any person disclosing potential conflicts must agree to work with the Society towards resolution as disclosures or disclaimers alone are not appropriate mechanisms to resolve conflicts of interest. SCCM educational opportunities are held to a higher standard than simple disclosure in assuring independence from commercial influence. It is necessary for all parties to work together towards resolution.

## **POLICY FOR USE OF SCCM CORPORATE CREDIT CARD**

*SCCM Policy Manual*

*Revised and Reviewed by Council, September, 2011*

*Approved by Executive Committee 7/24/97; Reaffirmed by Council 9/10/11*

For the convenience of a limited number of employees and members, and for ease of accounting, SCCM provides a corporate account credit card. The following policy will be observed by all who accept the privilege and responsibility of bearing an SCCM corporate credit card

### **Employee Eligibility**

Employees are eligible to receive corporate credit cards as outlined in the Employee Policy Guide.

### **Member Eligibility**

*Revised by Executive Committee 10/05; Revised by Council 9/10/11*

Because members of the Executive Committee are regularly called on to travel on behalf of the Society, they will be issued a corporate credit card by the Director of Business Affairs. The member will continue to hold an active card until he/she submits a written request to the Director of Business Affairs with instructions to cancel the card or when the term on Executive Committee is complete, whichever occurs first.

### **Acceptable Purchases**

The credit card is to be used for SCCM business only. Personal charges are strictly prohibited, *no exceptions*. Examples of acceptable purchases include hotel room and applicable taxes, food, miscellaneous travel expenses, office supplies, online services, and other expenses that support the business of SCCM.

### **Accounting**

Every purchase made with the corporate card must be assigned a budget account code each month.

Staff: It is the responsibility of directors to monitor their employees' purchases and code purchases correctly  
Members: it is the responsibility of the Director of Organizational Affairs to track and ensure proper coding of purchases made by members of the Executive Committee. These individuals should submit receipts for purchases made on the SCCM credit card in a timely manner, typically within 30 days of purchase.

It is the responsibility of the CEO and Director of Business Affairs to monitor the overall use of the corporate card to ensure appropriate use.

### **Credit Card Misuse**

It must be understood that each SCCM cardholder uses the SCCM corporate card as a privilege. Misuse of the card will result in an individual's privileges being discontinued immediately. Such misuse of the card includes, but is not be limited to, making personal charges on the corporate card, unapproved purchases, or non-budgeted purchases that would jeopardize the SCCM budget in any way.

### **Card Security**

It is the responsibility of the cardholder to ensure that the assigned corporate card is kept secure at all times. If the card is lost or stolen, the cardholder must immediately contact the issuing credit card company *and* the SCCM Director of Business Affairs. The issuing credit card company will issue a new card.

## **VOLUNTEER EXPENSE REIMBURSEMENT**

*Approved by Executive Committee 6/03; Revised by Executive Committee 6/07, 9/10; Reaffirmed by Council 9/10/11*

Often SCCM volunteers are called upon to travel on behalf of the Society. All reasonable expenses for such travel will be reimbursed. SCCM does not reimburse travel to the SCCM Congress or other educational activities unless so specified in the policy, Standard Complimentary Annual Congress Registration Recipients, and its budget. Reimbursement forms must be accompanied by receipts and returned to the SCCM Executive Office for reimbursement within 60 days of the completion of travel. If not received within such timeframe, no reimbursement will be provided. Examples of reasonable expenses include transportation, meals, Internet connection, and phone calls to home or office. Examples of unreasonable expenses include movies, gift shop souvenirs, and meals when

planned functions are available. Any exceptions to this policy will need prior approval of the CEO/EVP.

### **Meals**

If the volunteer is inviting others to a meal, the names of those attending and the purpose of the meeting must be noted on the receipt. Whenever possible, these types of expenses should be budgeted prior to the travel and discussed with the staff partner to ensure that funding for such activity is available. Occasionally situations arise where prior approval is not possible and the need to take advantage of such opportunities is recognized. Ultimately, the EVP/CEO determines what is and is not reasonable.

### **Air Travel**

Reservations: Airline reservations can be made through the SCCM official travel agent where charges for travel on SCCM business can be placed directly on the SCCM account. All travel arrangements, regardless of agency, should be made at least 30 days prior to travel, but must be ticketed no later than 21 days in advance. If a ticket is purchased fewer than 21 days before travel, the volunteer may be charged the difference in fares if the late booking is not justifiable.

Changes to ticketed travel should be avoided if possible, due to the high cost of these transactions. However, if the date and/or time of the travel is changed, the volunteer may be charged the difference in fare, plus a processing fee, unless the change is considered reasonable and not one only of convenience.

### **Airfare**

Domestic: Coach/economy airfare is paid in full. If a volunteer wishes to travel business class or first class, the difference between coach and business/first class is an expense of the volunteer. Alternatively, volunteers may use their own frequent flier miles to upgrade, should they so choose.

International: Business class airfare will be paid for the SCCM President and CEO on flight segments over six (6) hours of scheduled flight time outside of North America. Business class airfare will be paid for the remaining members of the SCCM Executive Committee traveling on official SCCM Executive Committee business when charged to the president's travel budget. Business class airfare will be paid for members of Council travelling to/from Council meetings on flight segments over six (6) hours and also include a segment outside of North America. All other international travel is provided in coach/economy class.

### **Ground Transportation**

Reasonable transportation to and from the airports will be reimbursed, and parking fees will be reimbursed up to a reasonable amount. Auto expense will be paid by SCCM at the current IRS determined rate per mile in lieu of air or other public transportation. Request for mileage reimbursement must include a description of how it was calculated or a printout from a map website (e.g., MapQuest).

## **COUNCIL MEMBER MEETING REIMBURSEMENT**

*Approved by Executive Committee 6/03 ; Reaffirmed by Council 9/10/11; Revised by Executive Committee 10/13/11*

Within the limitations of the volunteer reimbursement policy, officers and members of the Council shall be reimbursed for all reasonable expenses when attending meetings of the SCCM Council. They will be reimbursed for expenses incurred at the Spring and Fall meetings of the Council. Reimbursement for Congress meetings is outlined in the Congress Reimbursement Chart contained in this Policy Manual (within the policy, Standard Complimentary Annual Congress Registration Recipients).

## INTERNAL AFFAIRS/PLANNING

### REGISTERED AGENT

*Approved by Council 5/18/02; Reaffirmed by Council 9/10/11*

The Society's CEO/EVP is the SCCM Registered Agent; the address of record is that of the SCCM Executive Office, also known as SCCM Headquarters.

### CONTRACTS & AGREEMENTS

*Approved by Council 5/18/02; Revised by Executive Committee 6/3/04; Revised by Council 9/10/11*

To ensure that the SCCM Council is thoroughly informed about all of the Society's contractual commitments, the CEO/EVP will perform the following functions:

Review all proposed contractual arrangements to which the Society may become a party if more than \$5000 and binding the Society longer than 12 months.

Report his/her recommendations to the proper elements of the SCCM Leadership.

Negotiate any changes in proposed contracts, which may result from discussions with SCCM Leaders or corporate legal counsel.

Serve as the Society's sole signatory on all contracts, agreements and other documents that are intended to bind the Society financially for more than \$5000 or obligate the Society in any legally binding way for more than 12 months. The CEO may approve contracts and appoint a designee to execute them should the CEO be unavailable as the signatory.

Contracts, agreements and other documents intended to bind the Society for less than \$5000 or obligate the Society in any legally binding way for less than 12 months may be signed by departmental directors.

### COPYRIGHTS & TRADEMARKS

*Approved by Council 5/18/02; Revised by Council 1/14/11; Reaffirmed by Council 9/10/11*

It is the policy of SCCM to protect and to prevent misuse, unintended use, and modification of licensed materials in a way that would change their meaning. SCCM invests in publishing activities by copyrighting all material submitted for publication purposes (including, but not limited to, the SCCM journals, proceedings, newsletters, workbooks, monographs, etc.). Whenever possible, SCCM should be the sole copyright holder on all published materials. However, the granting of joint copyright and limited and/or unlimited use licenses is permissible provided that: 1) the arrangement provides a tangible benefit to SCCM, 2) the arrangement is in writing and signed by the CEO/EVP, and 3) the arrangement does not imply Society endorsement of company products or services.

All SCCM logos and other related materials are to be protected by registering them as trade or service marks of the Society. Until such time as registration occurs, the official symbol "™" will be used identifying the work as the property of SCCM. Once the official registration occurs, the official symbol "®" will replace the "™" symbol. The original Office of Patent and Trademark documentation recording the trade or service mark as owned by SCCM will be maintained in the Society's safety deposit box.

### AUTHORIZED USE OF LOGOS

*Approved by Council 5/18/02; Reaffirmed by Council 9/10/11*

Chapters, Affiliates and Sections: Chapters, Affiliates and Sections may be granted use of the SCCM trademarked logo for incorporation into the products of these SCCM entities. Prior to incorporation of the SCCM logo, Chapters/Affiliates/Sections must submit an artist's rendering of the proposed use to SCCM Headquarters for approval along with a letter acknowledging that use of the logo by the Chapter/Affiliate/Section does not confer any right, title or interest in the logo. Further, Chapters/Affiliate/Sections shall not use the SCCM logo to imply or infer that they represent the parent Society in an official capacity. Chapters/Affiliates/Sections shall employ best efforts

to use the SCCM logo in a manner that does not derogate from SCCM's rights in the logo and will take no action that will interfere with or diminish SCCM's rights in the logo. SCCM must agree that all use of the SCCM logo will inure to the benefit of SCCM.

## **MANAGEMENT & ADMINISTRATION OF BUSINESS AFFAIRS**

*Approved by Council 5/18/02; Reaffirmed by Council 9/10/11*

The SCCM Council recognizes the value volunteer specialists bring in providing programs, projects, products and services to the SCCM membership. To assure the success of these endeavors, the Council provides volunteers with a staff of business specialists who are charged with the production aspects, marketing and administration of these programs, projects, products and services. The volunteer's primary function is to provide programmatic content and ensure its quality. While volunteers may assist professional staff in other ways as requested, the Council places final authority and responsibility for non-content related matters in the hands of its professional staff and emphasizes that the CEO/EVP will be the final authority in administrative matters and business decisions.

## **REVIEW OF HEADQUARTERS OPERATIONS**

*Approved by Council 5/18/02; Reaffirmed by Council 9/10/11*

In order to ensure the efficient and effective operation of the SCCM Headquarters and to provide an accurate assessment of the CEO/EVP's performance, the Treasurer and one Council member (the Review Team) will go to SCCM office annually to review selected aspects of the office operations, including but not limited to:

- Cash Receipt & Disbursement Procedures
- Safeguarding of Assets
- Information Systems (hardware & software applications)
- Database Maintenance
- Organizational Work Flows
- Record Retention, Filing, Archiving
- Personnel Policies & Procedures
- General Office Procedures

After this review, the Review Team will prepare a report of their findings. The draft report will be reviewed with the CEO/EVP to solicit his comments. The Review Team will send their finalized report to the full SCCM Council at their next meeting.

## **EMPLOYEE POLICY GUIDE**

*Approved by Council 5/18/02; Reaffirmed by Council 9/10/11*

A separate Employee Policy Guide is established to define the policies and practices of SCCM in relation to its employees. This Guide is prepared and modified as necessary by SCCM's CEO/EVP, or his designee, and approved by SCCM's legal counsel.

## **REVIEW OF CEO'S PERFORMANCE**

*Approved by Council 9/10/11*

A performance appraisal shall be conducted annually for the Society's CEO/EVP in accordance with good management practices. As such, the Council has established the following procedure for the annual performance appraisal of the CEO/EVP.

1. The President is to share the CEO's self-evaluation with the Council and poll them for feedback on his/her performance.
2. Based on this feedback and the President's own experience working closely with the CEO, the President should develop a draft appraisal letter along with goals aligned with the Strategic Plan for the coming year.
3. The President discusses the draft appraisal letter and proposed goals with the Executive Committee.

4. The President then discusses the draft appraisal with the CEO to gather his/her input before it is finalized. The President should include the President-elect in this conversation to help provide continuity.
5. The President will provide the Director of Business Affairs with instructions (in writing or by email) regarding the payment of the CEO salary holdback (bonus).
6. The President provides a signed copy of the evaluation with goals for the coming year to the SCCM Human Resources Manager and to the CEO.

## **RECORDS RETENTION PROGRAM**

*Approved by Council 5/18/02; Revised by Executive Committee 6/3/04; Revised by Council 9/10/11*

A formal Records Retention Program (sometimes called Documents Control Program) is necessary to ensure that SCCM complies with all of the federal, state and local regulations in this area. Additionally, the Society:

- Reduces costs incurred in record storage and management
- Reduces costs incurred in responding to third party subpoenas
- Reduces the cost of litigation
- Reduces the likelihood of liability for Society and members

Prior to 5/18/02, no formal policy was in place and no formal retention program was followed.

Staff is responsible for the administration of the Records Retention Program. Records not required to be kept under this Program must be destroyed. General working files that are not required to be kept under this Program should be destroyed two years after becoming inactive. To ensure the effective administration of this Program, all Society documents below must be maintained at the SCCM Executive Office or official SCCM storage facility under the direct control of the CEO/EVP or his administrative appointment.

A record is defined as a document, file or record created, received or obtained by any Society personnel while acting within the course and scope of his or her employment pertaining to Society business or operations by any means upon any tangible thing including, but not limited to, paper files, documents and records, computer records, electronic mail ("e-mail"), voice mail messages, handwritings, photographs, photocopies, or facsimile, regardless of the manner in which the record has been stored. Specific categories and types of records are contained in the Retention Schedule.

As indicated in the definition of "record" above, this policy applies to paper, electronic records and other electronically stored information (ESI), including computer-created or -generated records and email. This section of the policy provides a general description and overview of the Society's ESI storage and retention systems and policies. More detailed and technical information may be obtained through the Society's IT Department.

SCCM maintains significant amounts of data throughout its offices in electronic format. Reasonable effort to maintain software that supports the creation and access to these data shall be made.

The administrator must conduct an annual program to assist employees in complying with these policies.

No records in the list below may be destroyed before the expiration of the retention period without the administrator's approval. The administrator has the right to suspend destruction of records if:

- A subpoena or request to produce documents is received.
- There is a likelihood of government inquiry or litigation.
- Failure to prevent the destruction of documents could result in a criminal obstruction of justice charge or contempt of court proceedings.

<b>Accounting</b>	<b>Retention Period</b>
Auditor's reports/work papers	Permanent
Bank deposit slips and cash receipts backup	3 years

Bank statements/reconciliations	7 years
Budgets	3 years
Canceled checks	7 years
Cash disbursements journal	7 years
Cash receipts journal	7 years
Depreciation records*	3 years
Employee expense reports	3 years
Employee payroll records* (W-2, W-4, payroll journals, etc.)	6 years
Annual Financial Statements, both Management & Audited	Permanent
Interim financial statements	7 years
General journal or ledger (trial balance)	7 years
Inventory lists that support statement of financial position	7 years
Petty cash vouchers	3 years
<b>Corporate Records</b>	
Annual Reports	Permanent
Articles of Incorporation	Permanent
Constitution and Bylaws, including superseded versions	Permanent
Minutes (Council and Committees)	Permanent
Ballots from Governance Elections	6 years
Authorizations and appropriations for expenditures	3 years
Contracts with a value greater than \$5000 or that bind the Society for longer than 12 months*	10 years
<b>Insurance</b>	
Accident reports	6 years
Insurance claims*	6 years
Insurance policies*	10 years
<b>Legal</b>	
Claims and litigation files*	10 years
Copyright, trade name, trademark registration	Permanent
<b>Personnel</b>	
Applications – applicant not hired	3 years
Applications – applicant hired*	6 years
Employee earnings/payroll records*	6 years
Employee files*	6 years
Employment contracts*	10 years
Garnishments	6 years
Medical or exposure to toxic substances records*	30 years
Employee medical records	30 years
Pension, profit-sharing plan documents	10 years
Employee pension records* (including service, eligibility, personal information, pensions paid, etc.)	7 years
Time cards/sheets	6 years
<b>Real Estate</b>	
Leases*	10 years
Purchases (include. title abstracts, opinions, insurance policies, sales agreements, mortgages, deeds, etc.)	10 years after sale of property
<b>Taxes</b>	
Income/information tax returns and canceled checks (federal, state & local), including pension plan returns	7 years
Payroll tax returns	7 years
Property tax returns	Permanent
Sales and use tax returns	7 years
<b>General</b>	
Supporting correspondence and notes regarding patents,	For life of principal

copyrights, licenses, agreements, bills of sale, permits, contracts, liabilities, etc.	document which it supports
Volunteer Code of Conduct/Disclosure Forms	10 years
Historically significant publications and papers, photographs, and memorabilia	Permanent
<b>Standards Materials</b>	
Adopted standards	Permanent
Proposed standards, ballots, comments, etc.	For life of standard to which it relates
<b>Continuing Educational Materials</b>	
Copies of actual CE/CME certificates	5 years
CE/CME files for audits	6 years, then offsite storage for 2 additional years

\* Retention period begins after final payment, settlement, expiration, termination, etc.

## **EMPLOYEE PERSONNEL AND MEDICAL RECORDS**

Approved by Council 9/10/11

The CEO or his designee shall maintain a personnel record, and, when applicable, a separate medical record for each employee as required by the Family Medical Leave Act and Americans with Disabilities Act. Employee personnel and medical records are the property of SCCM, and information contained within shall be consistent with state and federal laws and regulations, SCCM policies, and any applicable collective bargaining agreements.

### **Personnel Record**

Personnel records shall contain documents related to the employee's employment, e.g., resumes and/or application materials, appointment and employment offer documents, change of status and termination forms, performance appraisals, letters of recognition and/or commendation, and any disciplinary records.

### **Medical Record**

Medical records shall contain employee documents related to Workers' Compensation, Family and Medical Leave Act, the Americans with Disabilities Act (ADA), employment accommodations, leave of absence documents pertaining to an ADA accommodation, employment immunizations, and drug screen information.

### **Storage and Access**

An employee may have access to all documents in his or her personnel and medical records as long as it is done in an appropriate time, place, and manner. All information is presumed confidential to anyone but the employee except when information is needed for official Society purposes, when the employee gives written authorization, or when the information is general directory information such as name, address, phone number, and position.

### **Personnel Records**

Records are to be stored in a confidential manner. Access is limited to supervisory and appropriate support personnel on a need-to-know basis as required in the performance of work responsibilities. An employee may provide written release of information meeting the specified criteria to release all or portions of his or her records.

### **Medical Records**

Records shall be stored in a separate record, apart from other employment-related records. These records shall be kept strictly confidential, provided that (a) supervisors and managers may be informed regarding necessary restrictions on the work or duties of the employee and necessary accommodations; (b) first aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment; and (c) government officials investigating compliance shall be provided relevant information on request. An employee may provide written release of information meeting the specified criteria to release all or portions of his or her records. 29 CFR 825.500; 29 CFR 1630.14(c)(1)

## **DESTRUCTION OF RECORDS**

*Approved by Council 9/10/11*

*SCCM Policy Manual*

*Revised and Reviewed by Council, September, 2011*

Generally, it is the intent of this policy that records shall be destroyed with reasonable promptness upon the expiration of the applicable retention period provided in the Retention Schedule. Records which are (a) not identified in the Retention Schedule, (b) which are no longer needed for SCCM business or operations, and (c) are not subject to a Litigation Hold, should be promptly destroyed. Assigned personnel shall carry out the destruction as soon as is reasonably practicable following the expiration of the retention period, provided that the records in question are not subject to a Litigation Hold or there is not other good reason (such as historical value) to retain the record for a longer period of time. Any records so retained shall be destroyed when there no longer exists any valid reason for their continued retention. Destruction methods should be used that ensure the records, whether paper or electronic, are not capable of being reconstructed. Personnel carrying out the destruction shall maintain a record of the destruction.

#### Confidential Records / Personal Information

Special care and attention should be given to the destruction of confidential information including, without limitation, credit reports, background reports, personally identifiable information of customers, consumers and employees, and or other sensitive records which could cause loss or damage to SCCM in the event of unauthorized disclosure. Certain laws, such as the Fair and Accurate Credit Transactions Act (FACTA), the Health Insurance Portability and Accountability Act (HIPAA) and the Gramm-Leach-Bliley Act (GLB), contain requirements and guidelines for the destruction of personally identifiable information and other confidential or sensitive information. The mode of disposal or destruction of all confidential information shall safeguard the confidentiality of the records, be reasonable and appropriate to prevent the unauthorized access to – or use of – confidential information, and shall render them no longer recognizable as Society records.

The following practices comply with this policy:

Burn, pulverize, or shred papers containing confidential information so that the information cannot be read or reconstructed;

Destroy or erase electronic files or media containing confidential information so that the information cannot be read or reconstructed;

Conduct due diligence and hire a document destruction contractor to dispose of material containing confidential information consistent with this policy and applicable law. Due diligence could include:

Reviewing an independent audit of a disposal company's operations and/or its compliance with this policy and applicable law;

Obtaining information about the disposal company from several references;

Requiring that the disposal company be certified by a recognized trade association;

Contractually requiring the disposal company to comply with all applicable disposal and destruction laws and regulations;

Reviewing and evaluating the disposal company's information security policies or procedures.

#### **ELECTRONIC DATA ARCHIVING/DISASTER RECOVERY PROGRAM**

*Approved by Council 5/18/02; Revised by Executive Committee 6/3/04; Revised by Council 9/10/11*

Data on the Society's file server(s) are archived on the following schedule.

Data is backed up nightly (Sunday-Friday) by means of an automated software system. Some of these backups are incremental, including only files that have changed since the last backup, while others are full, complete backups. Data backups may be made by data tapes or over a secure Internet connection to an offsite backup storage facility (aka 'cloud backup'). In either event, a full backup shall be stored offsite that is not more than one week old. No other backup data shall be maintained.

Individual workstation backup is not performed as the Society owns and has in its possession the original software that can be reloaded in case of workstation failure. No data are maintained at the workstation level.

#### **POLICY FOR TRIBUTES TO DECEASED MEMBERS**

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*Revised and Reviewed by Council, September, 2011*

*Approved by Executive Committee 12/30/04; Reaffirmed by Council 9/10/11*

**Founders and/or Past Presidents of SCCM:**

For founders of SCCM (see below list) and/or Past Presidents, tributes will be published in *Critical Care Medicine* (CCM), *Pediatric Critical Care Medicine* (PCCM), and *Critical Connections*. In addition, formal tributes at Congress during the opening session, during the business meeting, or at any other venue deemed appropriate by the President will be considered. A poster presentation may also be displayed. A supplement to the journals may be published for founders if appropriate and if sponsorship is forthcoming.

**Leaders in the Field:**

SCCM will publish tributes in CCM, PCCM, or *Critical Connections* for other recognized leaders in the field at the discretion of the Executive Committee. Any requests received by staff will be forwarded to the Executive Committee for their approval. Any live, formal tribute at Congress will be held in a venue deemed appropriate by the Executive Committee but not during the opening general session.

**General Members:**

There will be a moment of silence at Congress during the business meeting for all members who have passed away during the last year; however, no names will be mentioned no list of names will be distributed.

**Founders:**

David Allan, MD  
Henrick Bendixen, MD  
Reuben Cherniack, MD  
John Francis Dammann, MD  
John J. Downes, Jr., MD  
Louis Del Guercio, MD  
H. Barrie Fairley, MB, BS  
Peter L. Frommer, MD  
William C. Grace, MD  
Ake Grenvik, MD  
John Howard, MD  
John M. Kinney, MD  
John Webster Kirlin, MD  
Myron Laver, MD  
F. John Lewis, MD  
Bernard Lown, MD  
Alan N. Nahum, MD  
John J. Osborn, MD  
Henning Pontoppidan, MD  
Peter Safar, MD  
Morley Singer, MD  
William Shoemaker, MD  
Herbert Shubin, MD  
Paul R. Swyer, MD  
Burton A. Waisbren, MD  
Max Harry Weil, MD, PhD  
Robert F. Wilson, MD  
Peter M. Winter, MD

**STRATEGIC PLANNING COMMITTEE POLICY**

*Approved by Council 2/96, Revised 5/03; Revised by Executive Committee 5/05; Revised by Council 9/10/11*

**Committee Purpose**

The purpose of the committee is to develop, review and maintain an organizational vision and a multi-year strategic plan for SCCM. The plan includes setting broad organizational goals and objectives, evaluating

progress on the plan and recommending changes as needed.

### **Committee Responsibilities**

- The committee will report directly to Council.
- The committee will review the organization's strategic and operating plans annually and suggest changes for Council's approval, if necessary.
- The committee will create and maintain the three (3) year plan for the organization.
- The committee will present to Council a year-end report on how SCCM is meeting its strategic goals and an evaluation of progress for that year.
- The committee chair shall submit a report to Council at their regularly scheduled meetings. (Committee members or the staff partner may give the report in the absence of chair.)

### **Committee Composition**

- The committee consists of the SCCM Executive Committee, five (5) other SCCM members, the past chair, the Chancellor of the Board of Regents, and a chair.
- The President-elect will appoint a vice-chair who will rotate up to chair. The term for each is two years.
- Committee members shall be appointed by the SCCM incoming president for three-year terms except as their membership derives from the SCCM office they hold, in which case their term shall be for the term of that office.
- Committee members will be selected on the basis of position held within the Society's leadership, interest and level of experience in SCCM and leadership ability.

### **Operating Guidelines**

- Committee meetings shall be held by conference call as needed. The committee will meet in person at least once annually.
- Dates and meeting times shall be announced to committee members at least two (2) weeks prior to the meeting date.
- A meeting agenda will be prepared and distributed to committee members at least one (1) week prior to each meeting.
- Minutes will be prepared and distributed to committee members within three (3) weeks following each meeting.
- Committee members will keep the interests of the Society in focus over individual interests.

### **Strategic Planning Process**

*Approved by Council 5/19/02; Reaffirmed by Council 9/10/11*

Ongoing: *Strategic thinking* (at all Council and Executive Committee meetings) input sought from all sources.

September: Council prepares "big picture" goals for next three years; current year budget/plan to boards, sections, committees, etc.

December: Staff notifies volunteer leaders about next year's Strategic Plan big picture goals

January: Boards, committees, etc., submit requests to Strategic Planning Committee

Spring: Strategic Planning Meeting

May: Council Meeting – *strategic thinking* and vote on Strategic Plan

### **COUNCIL MEETING, EXECUTIVE COMMITTEE MEETING GUEST ATTENDANCE POLICY**

*Approved by Executive Committee 3/3/05; Reaffirmed by Council 9/10/11*

Members of the Council or Executive Committee may request the presence of experts, specialists and other individuals at their meetings to assist in carrying out SCCM responsibilities. These requests should be discussed and approved by the Executive Committee prior to any initial participation by the invited guests. The guests may participate in predetermined meetings in a limited capacity, as determined necessary by the SCCM Executive Committee and President. Additionally, from time to time, uninvited

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guests may request to attend SCCM Council meetings. The SCCM Executive Committee and President may grant this request in advance of the meetings if the following parameters are followed:

- The guest must be a member of SCCM
- The guest must agree to sign a confidentiality agreement
- The guest must have a legitimate reason for wanting to attend the Council meeting
- The SCCM Executive Committee or President may terminate any arrangement without cause at any time

Uninvited guests will not be allowed to attend Executive Committee meetings or conference calls. While minutes of these meetings are public record, the dynamics of the group and seriousness of discussion may become stifled with the presence of an uninvited guest.

### **POLICY FOR COUNCIL NOMINATIONS**

*Approved by Council 9/28/97; Amended by Membership 11/26/99; Revised and Approved by Executive Committee 12/21/00; Revised and Approved by Council 5/01; Revised and Approved 2/28/08; Reaffirmed by Council 9/10/11*

The following policy guidelines are the outcome of the work of the Task Force on Member Representation. Their purpose was to reform SCCM's nominations procedures and to define objective criteria for selecting Council nominees.

#### **Composition of the Nominating Committee**

The Nominating Committee will be composed of seven members, five of which are presidential appointments.

- Past President (also serves as chair)
- Three Council Representatives (President-elect plus two chosen from a rotating section schedule)
- Council representatives to be appointed for one (1) year terms (and be eligible for reappointment)
- Three non-Council representatives chosen from a rotating section schedule
- Non-Council committee members will be appointed for three (3) year terms

#### **Function of the Nominating Committee**

1. The chair is responsible for a smooth nomination process. The chair does not vote in the selection process, except in the event of a tie.
2. The Nominating Committee is responsible for selecting a slate of Council candidates on which the membership will vote. This slate of candidates is chosen using objective criteria (see list below).
3. The Nominating Committee will solicit the section leadership, committee chairs and Council members for Council nominees, as well as the general membership and staff. The criteria for candidates will be distributed annually at the time of solicitation and will include an explicit description of the nomination process.
4. A section with a designated seat for election should propose at least two candidates.
5. A section may not nominate a member of that section for an at-large seat during the scheduled, regular rotation, election or re-election of their designated Council seat.
6. The Nominating Committee is responsible for ensuring that candidates are qualified and appropriate.

7. Once the slate is determined, the Nominating Committee forwards the slate of candidates to the SCCM Executive Committee for review.
8. If the slate is acceptable, the election proceeds. If the slate is unacceptable, the Executive Committee cannot make changes to the slate, but returns it to the Nominating Committee for the determination of an alternate slate of candidates.
9. The revised slate is again forwarded to the Executive Committee for approval. The presence of the Past-President and President-elect on both committees ensures consistency of communication between the two committees.
10. The final slate must be approved by the SCCM Council.

### **Criteria for Council Nominees**

Nominees must meet the following criteria:

1. Must be an SCCM member for five (5) or more years.
2. Must demonstrate commitment to SCCM and its goals as evidenced by active participation in committees, task forces, sections, program development, publications, etc., and/or significant contributions to the field of critical care medicine.
3. Must demonstrate the following abilities:
  - i) Working in concert with a diverse group of people - *Team Player*
  - ii) Able to select and organize groups to achieve specific goals - *Team Builder*
  - iii) Able to bring a project to completion - *Team Leader*
4. Must volunteer enough time to fulfill obligations expected of a Council member. This entails 1.5 - 2.0 weeks per year for Council meetings (excluding travel time) plus additional time committed to assigned work.
5. Must provide the following supporting documents:
  - i) Curriculum vitae.
  - ii) Personal statement from the nominee. The statement should specifically address examples of criterion 2 above. The personal statement should be limited to 200-250 words.
  - iii) Two letters of support for nomination to Council from any two SCCM members. These letters must specifically address examples of how the proposed nominee has met criterion 2 above. It is the candidate's responsibility to solicit letters of support.
6. If a candidate for either Council or the Board of Regents of the ACCM is approved by either Nominating Committee and his/her term on the other governing body is not expiring at the next election, then the candidate must resign from his/her position prior to the business meeting of the governing body in which he/she serves.

### **Composition of the Council**

The composition of the Council will change to reflect the following recommendations.

1. Council will consist of 13 seats plus the five members of the Executive Committee.
2. Six seats will be designated seats: Anesthesiology, Clinical Pharmacy and Pharmacology, Internal Medicine, Nursing, Pediatrics, and Surgery.
3. One "collective" seat is to be rotated among all other sections.
4. Six seats will be At-Large seats.
5. A section without a designated seat or rotation seat may nominate a member for any of the open At-Large seats.
6. In a year that a section's seat is up for election or re-election in regular rotation, that section may not obtain an At-Large seat.
7. A section's runner-up for any Council seat will not be eligible for an At-Large seat.
8. The President may appoint *ex officio* members to sit on the Council as he/she so desires. Currently, the *ex officio* appointments are the Chancellor of the Board of Regents and the Chair of the Chapters and Affiliates Alliance.

### **Vacancies**

*Approved by Council 9/03; Reaffirmed by Council 9/10/11*

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*Revised and Reviewed by Council, September, 2011*

The SCCM Bylaws state: A vacancy on the Council shall be filled in the same manner as that used to select the Council member who has vacated the office. Each Council member elected shall hold office until the expiration of the term of the replaced Council member and continue to hold office until a qualified successor has been elected.

In the instance that an At-Large seat is vacated before the term is complete, the Nominating Committee shall propose the appropriate number of candidates for all At-Large seats to be filled, including the prematurely vacated seat. Once the At-Large seats with expired terms have been filled, the candidate who received the most votes of the remaining nominees shall fill the prematurely vacated seat for the remainder of the unexpired term.

### **Creation of New Council Seats**

The following criteria should be used to evaluate a section's request for a designated Council seat:

- The section must be in existence for a minimum of five (5) years.
- The number of section members is at least 10% of the largest section with a designated seat.
- The section's annual growth rate must be equal to or greater than the Society's annual growth rate for the last five (5) consecutive years.
- The section must demonstrate examples of productive, creative endeavors that foster the multiprofessional nature, values and mission of SCCM.

### **Election and Announcement**

Regarding elections, the SCCM Bylaws state:

*The Council members shall be elected by a plurality of the valid votes cast by written ballot and counted prior to and announced at the Annual Business Meeting of this corporation. Candidates for designated seats and for specific officer positions shall be so described in the balloting process.*

*(Approved by Council 9/05)*

Elections shall be held electronically with a paper ballot option and shall be open for a period of 45 days. Candidates to Council will be notified of the election results 30 days prior to the Annual Congress with the announcement to the general membership at the SCCM Business Meeting.

### **Executive Committee Selection**

The Executive Committee will determine who will ascend from the Council to the Executive Committee.

### **COUNCIL MEETING ABSENCES POLICY**

*Approved by Council 1/31/08; Reaffirmed by Council 9/10/11*

The Bylaws of SCCM state: *Council members who fail to attend two (2) consecutive regularly scheduled Council meetings, without an approved excuse, shall be removed unless reinstated by two-thirds (2/3) vote of the Council.*

It is expected that Council members will make attending regularly scheduled meetings of the SCCM Council a top priority. However, at such times when a conflict is unavoidable, a Council member may request that the current absence be excused by the President at his/her discretion, bearing in mind the expectations and responsibilities that come with serving as an elected member of the SCCM governing body. In the event of a more complicated circumstance, the President may seek input of the Executive Committee.

### **COMMITTEE LEADERSHIP ROTATION, APPOINTMENT AND TERMS**

*Reaffirmed by Council 9/10/11*

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The Society of Critical Care Medicine (SCCM) is committed to developing and sustaining a volunteer workforce to provide the highest quality programming possible. In an effort to encourage new ideas, leadership development, and participation by as many members as wish to volunteer, SCCM employs a rotation policy for all committees.

The Society is committed to ensuring all committees reflect the multiprofessional composition of the membership. By taking inventory of the functional competencies of its volunteer workforce, SCCM matches individual strengths with available volunteer opportunities so that committees can fully benefit from a diverse group of individuals.

### **Committee Leadership**

Committee leadership consists of a vice-chair, chair and immediate past chair. The vice-chair is an orientation position that transitions to the committee chair at the next Annual Congress and shall be appointed from the committee membership. The immediate past chair may not be reappointed to the committee, but acts in an advisory role to allow continuity of leadership.

### **Committee Size**

The SCCM President-elect and the committee chair determine committee size, which may vary year to year depending on the needs and workload of the committee. In general, committee size should reflect its charge, while maintaining efficiency and functionality.

### **Committee Appointments and Terms**

Committee appointments are for a three (3) year term with one additional reappointment possible. Committee tenure may be no longer than two terms or six (6) years, whichever is less, unless the committee member is appointed as the vice-chair. When a vacancy occurs before the three (3) year term expires, the replacement appointee will fill the vacancy for the remainder of the initial term.

### **Implementation: New Committees**

Committee appointment terms shall be staggered so all seats are not vacated in the same year. When forming a new committee, appointments should be designated as one (1), two (2) or three (3) year terms; after these initial appointments, positions should rotate as noted above. When the initial appointment is less than three (3) years and the member serves an additional appointment for three (3) years, that individual may not reapply to the committee even if his/her tenure is under the six (6) year limit. This restriction will ensure that all positions do not vacate at the same time.

### **Implementation: Existing Committees**

Existing committees may have members who have been reappointed numerous times and are therefore over their six (6) year limit. If the volunteer is in his/her first or second year of the three (3) year reappointment term, that term will expire at the beginning of the next Annual Congress. If a volunteer is in his/her third year of the three (3) year appointment, he/she will not be eligible for reappointment, but will be allowed to finish the term expiring at the next Annual Congress.

Certain committees have unique criteria for leadership and members, as defined by SCCM's Council. These committees have different leadership structures and therefore are not required to follow the policy outlined above. However, all other SCCM committees, excluding those listed below, must adhere to the aforementioned policy.

Currently, those committees with unique criteria are:

- A.S. Laerdal Memorial Award Subcommittee (all are predetermined seats)
- Norma J. Shoemaker Award Subcommittee (composed of Nursing Section Advisory Board)
- Shubin-Weil Award Subcommittee (function of the Past-president's Committee)
- *Critical Care Medicine* Editorial Board (appointments made by the Editor-in-Chief)
- Sections Committee (composed of section chairs)
- Chapters and Affiliates Alliance (composed of predetermined seats)

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- All ACCM committees
- Nominating Committee (mix of predetermined and appointed seats)
- Strategic Planning Committee (mix of predetermined and appointed seats)
- Finance Committee (mix of predetermined and appointed seats)
- FCCS Steering Committee (two [2] year terms for chair)
- Quality and Safety Committee (mix of predetermined and appointed seats)
- Advocacy Committee (two [2] year chair)
- ICU Design Committee (two [2] year chair)
- Multiprofessional Critical Care Board Review Course (Adult and Pediatric)
- Audit Committee
- FCCS Family (two [2] year chair)
- Strategic Education Committee

### **Task Forces**

Volunteers are appointed to task forces for the duration of the work of the project, and terms expire when the work is finished. Task force chairs are appointed for the duration of the work and the leadership does not rotate. Task forces typically will complete the scope of their work in three [3] years or less.

### **Liaisons and Representatives to Other Organizations**

The Society has many volunteers who represent SCCM to other organizations. Often, relationships with these groups are developed over time and require years of networking to be most effective. With this in mind, liaisons and/or delegates to other groups or organizations are appointed with an open-ended term. Each year, the President-elect will review the list of liaisons to see if any changes are warranted and may, at any time, appoint a replacement or alternate to ensure adequate succession planning.

### **Timeline**

March: Announcement in *Critical Connections* to watch for committee application information on website. Applications may be downloaded or members may call the Headquarters for an application.

March, April, May: Promotion on website and linked sites; announced in CCM yellow page; promotion to committee, section, and chapter chairs.

June 1: Applications due.

July 1: Applications are sorted by committee and provided to President-elect. Roster of committee chairs, vice-chairs and staff partners for each committee are provided to President-elect.

July 1 - August 31: President-elect holds conference calls with chairs, vice chairs and staff partners for each committee to discuss appointments.

September: Executive Committee Meeting includes slate for review and approval.

October: Appointment, reappointment and thank you letters mailed. Letters sent to applicants who did not receive committee appointments, with copies to chapter and section chairs for follow-up.

November: Letters sent to committee members by staff partners announcing the Congress meeting and including a committee roster and committee roles and responsibilities.

## **GUIDELINES FOR CONSIDERATION OF SCCM PARTICIPATION IN JOINT VENTURES WITH FOR-PROFIT ENTITIES**

*Reaffirmed by Council 9/10/11*

Note: This document is designed to provide general guidance to staff when considering ancillary ventures with for-profit entities. Ancillary ventures are those that represent a small proportion of the assets of SCCM. While these guidelines are meant to assist staff in evaluating opportunities for partnership with for-profit entities, all agreements for joint venture activities must be reviewed and approved by SCCM legal counsel as well as the SCCM Council.

Reasons to consider a joint venture with a for-profit entity and recognized as legitimate by the IRS:

1. Raise needed capital
2. Provide new services or new facilities, reduce costs, or improve services
3. Attract new medically related services or physicians to the community
4. Spread the risk inherent in any new ventures
5. Combine diverse areas of expertise to increase specialization

Activities must pass the two-prong test:

1. The activities of the partnership further SCCM's charitable purposes.
2. The structure of the partnership insulates SCCM from potential conflicts between its charitable purposes and its general partnership obligations, and minimizes the likelihood that the arrangement will generate private benefit.

The joint venture must be structured in such a way as to:

1. Protect SCCM's assets from exposure to unnecessary risk for the benefit of the for-profit partners, and
2. Minimize the potential for private benefit.
  - a. This is evidenced to the IRS by the following:
    - i. SCCM control of the partnership (veto power alone does not satisfy this requirement). SCCM must have voting control over the joint venture board with respect to policies and actions.
    - ii. Limited contractual liability of SCCM.
    - iii. The presence of additional general partners obligated to protect the interest of the limited partner(s).
    - iv. No obligation on the part of SCCM to return the capital contributions of the limited partner(s).
    - v. Proportionate allocation of profits, losses and tax items.
    - vi. All dealings with the for-profit partner(s) at arm's length and commercially reasonable.
    - vii. No inequitable guarantees by SCCM.
    - viii. Limited rate of return to the for-profit partner(s). The agreement must explicitly state that it is the joint venture's duty to further SCCM charitable purposes overriding any duty to operate for the financial benefit of its partner(s).
    - ix. SCCM has right of first refusal on the sale of the partnership assets.
    - x. Fixed fee paid annually to SCCM for use of the SCCM logo or other marks used to promote the joint venture.
    - xi. SCCM name and marks used only in a factual way with regard to the joint venture (i.e., XXXXX is a service of the Society of Critical Care Medicine and YYYYYY).
    - xii. Adequate compensation paid to SCCM for services rendered.
    - xiii. Reasonable and comparable compensation paid by SCCM for services rendered.
    - xiv. If the joint venture is not managed, on a day-to-day basis, by SCCM, a management agreement from a non-related third party must be in force, similar to comparable arrangements in the marketplace, and include a binding obligation

- to further the charitable purposes of SCCM. SCCM must have the unilateral right to terminate the management agreement.
- xv. If a CEO is employed to manage the day-to-day affairs of the joint venture, SCCM must have the unilateral right to remove the CEO.
  - xvi. The joint venture agreement may not contain non-compete agreements that would constrain SCCM in any way.

After it is determined that the venture does not jeopardize SCCM's tax-exempt status, SCCM must determine if the income from the activity is related or unrelated to its charitable purposes. For this, a professional opinion from both SCCM legal counsel and auditors is required. Please note:

- A. Rev. Rul. 2004-51 adopts a traditional analysis of the unrelated business income (UBI) rules.
- B. Presence or absence of control over the joint venture is not determinative of whether the income from the activity is UBI.

See also SCCM Policy Manual: **JOINT ORGANIZATIONAL ACTIVITIES POLICIES**

Other ways in which to do business with for-profit entities should also be considered. This might include purchasing services or products from a for-profit entity at reasonable and comparable market rates, referring members to for-profit companies directly, etc. Note that SCCM policy prohibits endorsement of any activities, programs or products from for-profit organizations.

## **FUNDRAISING POLICIES OF THE SOCIETY OF CRITICAL CARE MEDICINE**

*Approved by Council 5/18/02; Revised by Council 5/14/05; Revised by Executive Committee 9/15/06; Revised by Council 1/14/11; Reaffirmed by Council 9/10/11*

### **Policy Purpose**

Fundraising at the SCCM supports the goals and mission of the Society. Raising funds, therefore, is central to the ability of the Society to accomplish its objectives. Although membership dues and revenues from educational programs are important sources of income, these funds are not sufficient to cover all costs of implementing Society programs.

Therefore, the SCCM staff participates in the development of resources for its operations, projects and programs and will assist the College, Sections, Chapters, Committees, workgroups, and other SCCM entities in their fundraising activities. These latter efforts will be maximized through a coordinated and collaborative process outlined in this policy.

SCCM will decline charitable contributions where the donor expects to influence Society programs or advocacy positions, or where donor restrictions would influence Society programs or advocacy positions in a manner that is not aligned with the Society's mission.

### **Types of Funding Support**

The Society classifies all funding support into three categories: 1) philanthropic gifts from individuals; 2) sponsorships/grants from for-profit corporations; and 3) sponsorships/grants from government or non-profit organizations.

Each type of funding support requires unique acquisition, management and compliance techniques. The Society actively solicits philanthropic gifts, as well as soliciting and receiving corporate sponsorships/grants from for-profit entities. Government and foundation grants, while usually solicited by SCCM, may be sought by the remainder of the Society with the approval of the SCCM Executive Committee.

### **Philanthropic Gifts**

- All philanthropic fundraising shall comply with the mission, goals and policies of SCCM, and all applicable tax regulations regarding fundraising. Members should seek advice of the SCCM staff

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concerning legal, ethical, tax or other implications of potential gifts. Donors should be encouraged to seek legal and tax advice before donating.

- Fundraisers shall disclose all potential and actual conflicts of interest. Therefore, it is the responsibility of the group leader to ensure that all appropriate members or representatives in a fundraising role sign SCCM's conflict of interest policy. All donor and prospect information created by or on behalf of SCCM is the property of SCCM.
- All solicitations and use of gifts should reflect the intended use of solicited funds and honor the spirit of philanthropy. Explicit consent by the donor must be obtained before altering the conditions of a restricted gift.
- Members and staff shall ensure proper stewardship of contributions including accounting, documentation and timely reports on the use and disbursement of funds. Costs associated with these administrative activities must be considered when determining the amount of funding and the restrictions placed on its use. Donors will receive appropriate acknowledgment and recognition.
- Members and staff shall comply with SCCM policies defining in what manner to make information public regarding donor gifts.

### **Sponsorships/Grants from For-Profit Corporations**

All corporate solicitation shall comply with the mission, goals and policies of SCCM [see Policy on Management of General Company Support (Sponsorship)], and all applicable laws and regulations regarding this matter. Commercial support for the Society and all of its components will be solicited at levels commensurate with like-societies or cover at a minimum the direct costs (inclusive of implementation staff time) plus 20% for non-direct administrative costs.

### **Sponsorships/Grants from Government or Nonprofit Organizations**

Due to their unique nature and complexity, grants from government and nonprofit organizations will be handled on a case-by-case basis and may not be subject to the above 20% rule, but should cover the costs associated with the activity.

### **Solicitation of Funds: Division of Fundraising Contacts**

Funds generated through marketing activities are vital in implementing strategic objectives. Hence, financial solicitation is to be coordinated with marketing staff. The fundraising process utilizes both staff and volunteer resources. To maximize the potential for fundraising and to avoid actual or the appearance of duplication and competition within SCCM, the following rules apply: for amounts of less than \$5,000, components (excluding the sections) shall utilize local contacts. SCCM marketing staff, on the other hand, focuses on contacts at the prospective commercial supporter's national headquarters. Thus, these component groups seeking contributions of \$5,000 or more must get approval of the CEO or SCCM Executive Committee of their intention to contact corporations, foundations or other potential donors per the procedures below.

### **Sections Fundraising**

*Approved by Council 5/14/05; Revised by Council 9/10/11*

Sections shall be permitted to raise funds from outside sources in support of special projects or research. Sections may raise funds up to \$10,000; funds in excess of this must be approved by the Executive Committee prior to submission of the funding request.

SCCM will transfer to each section annually \$2 per member to the member's primary section, with a minimum annual payment to each section of \$500, provided they have not reached the net asset cap. Net assets for each section are capped at \$25,000, unless the section has received Executive Committee approval to accrue a larger balance. Approval for such increases will be considered only for strategic projects provided in writing to the Executive Committee and in line with the Society's Strategic Plan.

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Each section will be permitted to attempt to raise additional funds from its membership through direct solicitation by email. SCCM will permit and carry out two such broadcast emails per year per section as directed by Section Chairs or Treasurers. Other reminders may be used throughout the year in connection with informational materials relating to section activities (i.e., *Critical Connections*, *eNewsletter*, etc.) without limit, within reason.

The division of industry contacts can be a powerful fundraising tool. Components have the opportunity to utilize their network of contacts to develop substantial corporate resources – both dollars and in-kind gifts – from among their close contacts.

### **Guidelines**

SCCM helps Society members with fundraising by:

- Assisting members with fundraising activities that have been approved through SCCM's Strategic Planning Process.
- Providing local prospect leads to its Society entities.
- Providing headquarters contacts where appropriate.
- Providing advice concerning legal, ethical, tax, or other implications of potential gifts.
- Furnishing forms and procedures for closing, managing, and following up on a donation.

Society entities and members help SCCM staff with fundraising by:

- Honoring the division of industry contacts: Society members solicit from local industry contacts and SCCM staff solicits from industry headquarters.
- Volunteering to assist in SCCM fundraising initiatives.
- Encouraging financial donations to the Society.
- Sharing leads with SCCM staff. These leads may take many forms: Introductions to national industry contacts; offering knowledge regarding product developments relevant in critical care; providing news of local business activities.

Individuals are encouraged to participate in fundraising by:

- Providing fundraising leads to staff, including market information, names of organizations with possible interest in joint activities with SCCM, introductions to potential donors, information about potential bequests or other large gifts.
- Participating with SCCM in soliciting leads, i.e., refraining from pursuing potential funders independently.
- Making financial donations to the Society's annual appeal.

### **Procedures for Components Raising Funds**

The components of the Society shall:

- Identify a member who will be responsible for managing the group's fundraising and acting as liaison with SCCM staff regarding fundraising.
- Develop a simple proposal outlining the project's goals and objectives; for example, proposed speakers and topics, length of presentation or project timeline.
- Describe within the proposal how the donor will be acknowledged.
- Be specific regarding the amount of sponsorship needed to successfully implement the project. While the sponsoring company usually will not require a breakdown of costs, SCCM leadership requires a cost itemization that should include administration and project development costs. These administration costs should take into consideration the SCCM's staff time to implement the project as well as the value on the collaboration with the Society.
- Identify companies or industries that may be interested in the project. (Clarification: A local company representative usually is a salesperson who is assigned to a specific and limited geographic area. Generally, local representatives do not have offices at company

headquarters.) Because SCCM's various entities have members in many geographic areas, they have the opportunity to access sponsorship funds from many local industry representatives.

- Seek sponsorships of either cash and/or in-kind gifts. Private sector entities are often willing to donate or share resources other than cash with organizations. These resources may include equipment, meeting space, staff expertise or a host of other possibilities.
- Submit the proposal and budget to the CEO of the Society, who may review it with the SCCM Executive Committee and either approve or deny the request to seek external funding.
- Discuss fundraising potential with the fundraising manager and name potential funders if the activity is approved.
- Contact verbally the approved funders, as appropriate.

The SCCM staff representative shall be contacted to complete the transaction. The staff representative will produce a Council-approved, legally acceptable sponsorship grant document from which the donor will make payment. This document will become the legally binding agreement between the donor and the Society.

## **MAIL LIST SALES**

*Approved by Executive Committee 4/24/04; Reaffirmed by Council 9/10/11*

The Society of Critical Care Medicine rents its mailing list for one-time use only for the purposes of print mailing. The mailing list shall be rented using a formal license agreement, which staff shall develop in accordance with industry standards and with approval of the Society's legal counsel.

## **CHAPTER POLICY**

*Reaffirmed by Council 9/10/11*

### **Purpose**

The Society's chapter system facilitates collaborative efforts among leaders and practitioners within a geographical area. Chapters provide a vehicle for members to exchange information, network with local critical care practitioners, and discuss the impact of national issues that affect their communities. All SCCM Chapters are separate legal entities that have their own articles of incorporation and bylaws.

### **Requirements for Application and Maintenance SCCM Chapter Status**

1. A minimum of twenty (20) chapter members is required for each chapter.
2. At the time of application, at least 60% of chapter members shall also be SCCM members.
3. A membership roster must be submitted (please include credentials, mailing address, phone and fax numbers and emails).
4. Applications and dues payments are submitted directly to SCCM, not to the chapter.
5. Chapter membership shall be open to all disciplines represented by SCCM and all SCCM members.
6. Recruitment of chapter members shall be limited to each chapter's defined service area. Chapters may apply for an extension of their service area whenever necessary.
7. Chapter bylaws shall be consistent with SCCM bylaws.
8. Chapter policies shall be consistent with SCCM policies.
9. Chapters shall maintain and submit annually to SCCM the current roster of chapter officers.
10. Chapters shall submit annually to SCCM a chapter financial statement at the end of the fiscal year. The fiscal year of the chapter must be the same as that of SCCM, which ends on September 30. To comply with the IRS group exemption plan for the chapters, SCCM files a group return for all chapters.
11. Chapters will be debited a minimum of \$5 for both SCCM members and non-SCCM members from the chapter dues for administrative fees. Chapter dues are currently \$45.00 per year.

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*Revised and Reviewed by Council, September, 2011*

- Chapters are not authorized and shall agree not to act on behalf of, formally represent, or contractually obligate SCCM in any capacity without prior review and approval.
12. Chapters are required to apply, obtain and maintain an Employer Identification Number (EIN), IRS 501(c)(3) tax exempt status and state incorporation.
  13. Chapters are exempt from federal income tax under the group exemption filed with IRS by SCCM on behalf of the chapters.
  14. The federal tax-exempt status does not excuse the chapter from payroll tax reporting responsibilities or for filing and returning any forms received from the IRS, even if it does not apply to the business of the chapter.
  15. Chapters will be a separate legal entity with their own articles of incorporation.

### **Benefits of the Chapter System**

SCCM will assist in organizing and supporting the chapter by providing the essential information and administrative support needed to get started and grow as an SCCM chapter.

Collectively, the chapters and SCCM offer a greater input to the body of scientific and scholastic knowledge in critical care medicine. Collectively, they also present a unified body of organizational strength.

SCCM support of chapters includes:

- Leadership workshop in conjunction with the SCCM Annual Congress (when available)
- Database management regarding chapter membership – provides on a regular basis a roster of chapter members to its leaders and officers
- Database management for potential new chapters
- Member dues collection and disbursement for chapters
- Chapter information postings on SCCM website (must be written and submitted by chapter leadership)
- SCCM non-profit group exemption status provision for chapters

The chapter and SCCM benefit from the chapter program through:

- Exchange of information, ideas and knowledge
- Collaboration to provide educational programs
- Promotion of programs, events and other activities
- Development and building of leadership skills
- Networking with members who are involved in different critical care disciplines
- Interactions among leaders
- Enhancements to career opportunities in clinical and scholastic practice

### **Fee for Service**

Chapters have the option of asking SCCM to provide project work on a fee-for-service basis for specific projects that go beyond the services offered by SCCM to the chapter. The fee-for-service cost will be assessed on a per-project basis.

## **AMERICAN COLLEGE OF CRITICAL CARE MEDICINE**

### **American College of Critical Care Medicine Process for Flow of the Guidelines**

*Approved Executive Committee 4/8/99; Revised Board of Regents 8/28/99; Revised Board of Regents 1/6/00; Revised Council, 1/14/11; Reaffirmed by Council 9/10/11*

SCCM specifically prohibits sponsorship of the development of guidelines and practice parameters. SCCM does not permit direct company support for initial development, printing, publication or distribution of guidelines. SCCM *does* permit funding for further distribution, translation or repurposing of the guideline content.

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*Revised and Reviewed by Council, September, 2011*

The Board of Regents of the College (BOR) selects a topic based on scientific evidence and appoints a task force chair, who is charged with topic development and task force selection (names may actually be suggested by the BOR). All potential guideline task force members, including the chair, must complete a conflict of interest form prior to appointment.

A majority of guideline task force members must be free of financial conflicts of interest relevant to the subject matter of the guideline; those who disclose conflicts related to the subject matter must abstain from voting. This will be determined during the appointment process. SCCM requires that the task force chair (or at least one chair if there are co-chairs) be free of conflicts of interest, and to remain free of conflicts of interest for at least one (1) year after guideline publication.

The task force guideline chair will work with SCCM staff to compile a list of all disclosures for the task force members. Prior to each conference call or meeting, the chair will ask all task force members if there are any changes to their disclosures.

A facilitator, who is a member of the Guidelines Management Committee (GMC), is selected and serves as the conduit for all correspondence with the task force chair. The facilitator must be free of any financial conflicts of interest related to the subject matter.

Once the task force has written the document, the chair sends it to the facilitator. If acceptable to the facilitator, he/she has it reviewed by two or three members of the BOR and one member of Council. If the document requires revision, the facilitator advises the task force chair of any changes to be incorporated into the document. If revision is required, the chair submits the revised document to the facilitator for final review. Once the reviewers find it acceptable, the BOR sends it to the Council or Executive Committee with a recommendation to approve the document for publication. SCCM does not select as reviewers any individuals employed or engaged to represent a company.

The facilitator notifies the task force chair to send this dated and labeled version of the document to the guidelines staff, who will submit it to the Editor of *Critical Care Medicine* for peer review. *If this document is being developed in collaboration with one or more societies, the document must be approved by the bodies responsible for development prior to submission for peer review to either body's journal.* SCCM will publish guideline development panel members' disclosure information adjacent to each guideline and will identify abstention from voting.

SCCM requires all guideline task force members, including expert advisors or reviewers who are not officially part of a guideline development panel, to disclose financial or uncompensated relationships that may constitute conflicts of interest.

The guideline document and peer-reviewed comments are then returned to the task force chair and guideline staff, who will forward them directly to address revisions suggested by peer reviewers. Once the document is accepted by the journal editor, the staff will send the document to the publisher for editing, layout and preparation of proofs in advance of publication in the journal.

SCCM prohibits guideline development panel members from speaking about the guideline on behalf of a company for one (1) year after publication. SCCM also prohibits guideline development task force members or staff from discussing guideline content with company employees or representatives, will not accept unpublished data from companies, and will not permit companies to review guidelines in draft form.

### **Nomination Process for Non-Clinical Fellows to ACCM**

*Approved by Executive Committee 10/31/02; Reaffirmed by Council 9/10/11*

The ACCM Guidelines for Governance (approved January 2002) state:

Fellowship by Nomination

Select non-clinical members of the Society may be admitted to the College if their contributions to multi-

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specialty and multi-disciplinary Critical Care Medicine are deemed sufficiently exemplary to merit acknowledgement. Non-clinical members may not apply for Fellowship; rather, the election process will be as follows:

- *The non-clinical candidate must be nominated by a majority vote of the entire SCCM Council. Council members may abstain from voting on a particular candidate.*
- *Non-clinical candidates nominated by Council and presented to the Board of Regents of the College will be evaluated by all members of the Board of Regents. Election to Fellowship will require a unanimous vote by the Board of Regents. A Regent may abstain from voting on a particular candidate, but any negative vote will preclude election of the member to Fellowship of the College.*

Once admitted to the College via the above process, non-clinical Fellows will have full privileges and voting rights of College Fellowship.

Both the Council and nominee will be notified of the decision of the Board of Regents in writing.

Criteria for Nomination

*Approved BOR 8/02; Reaffirmed by Council 9/10/11*

- The nominee has demonstrated long-standing active involvement in the Society.
- The nominee has significantly contributed to the advancement of multidisciplinary critical care.
- The nominee has demonstrated commitment to the mission, vision and values of the Society and College.
- The nominee is a recognized leader in his/her field.
- The nominee shall have demonstrated involvement on a regional and/or national level in activities related to critical care.

### **Procedure for Nominating Candidates by the SCCM Council**

Candidates for non-clinical fellowship may be suggested to the Council by individual Council members and voted on by the entire Council.

- At any time a Council member may recommend a member for nomination by contacting the Director of Organizational Affairs at SCCM headquarters.
- The Council member must provide to the SCCM headquarters:
  - One or more letters of recommendation explaining how the member has met the criteria as defined by the Board of Regents (outlined above).
  - Curriculum vitae or resume of the candidate
- The discussion and voting will be held at the next regularly scheduled meeting of the Council.
- If approved by Council, the Board of Regents will vote on the candidate at their next regularly scheduled meeting.

Note: Candidates approved at the January or May meeting will be inducted at the Convocation Ceremony at the following Congress. Approvals made at the September meeting of Council and approved by the Board of Regents would be inducted at the convocation 15 months later.

### **Master Critical Care Medicine**

*Approved by Council, 1/2011; Reaffirmed by Council 9/10/11*

Fellows of the American College of Critical Care Medicine (FCCM) are invited to nominate other Fellows for the honor of Master Critical Care Medicine (Master CCM).

### **Nominations:**

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Fellows in good standing may nominate other FCCMs to be a Master CCM; nominations should be submitted to the Manager of Organizational Affairs of SCCM, Colette Punda at cpunda@sccm.org, by March 15 of the year prior to the Convocation at which the title of Master CCM would be conferred. The nominations will then be forwarded to the ACCM Awards Committee.

**Candidates:**

Individuals who are nominated to be a Master CCM must have been a FCCM for at least five (5) years and have distinguished themselves by achieving national and international professional prominence due to personal character, leadership, eminence in clinical practice, outstanding contributions to research and education in critical care medicine, or years of exemplary service to the Society, ACCM, and the field of critical care medicine in its broadest sense.

**Application Requirements:**

- The nominator shall submit a letter of recommendation highlighting the nominee's contributions as outlined above.
- The nominator shall solicit two (2) additional letters of support attesting to the nominee's significant contributions. Both letters should be from outside the nominee's current institution (i.e., not a current colleague or research collaborator) but do not necessarily need to be written by other FCCMs.
- The nominator will include the candidate's most recent curriculum vitae in the application.

Posthumous nominations will be accepted; the first and second requirements must be met. Posthumous nominees must have been a FCCM in good standing for at least five (5) years at time of death.

Nominations for individuals not selected in a given year will be carried over for up to two (2) successive years, for a total of three (3) years. The ACCM staff partner will contact the nominator and the co-nominators to determine if they continue to support the individual's nomination.

If a candidate's nomination is carried over for one or two (1-2) additional years, the nominator has the option of revising the original letter of nomination the first time the nomination is carried over; if a nomination is carried over a second year, the nominator has the option of soliciting one additional letter of support.

If an individual's name is carried over for two (2) consecutive years and the individual is not selected as a Master CCM, a new nomination must be submitted for the individual to be considered again. The same rules described above would apply for this and any subsequent nominations.

**Council and Board of Regent Members:**

Members of the ACCM Board of Regents and SCCM Council will not be eligible for nomination for the honor of Master CCM until they have been out of office for five (5) years. Members of the Board of Regents may not submit nominations while they are members of the Board.

**Selection:**

The ACCM Awards Committee will review the nominations and decide which nominees should be presented to the ACCM Board of Regents.

The Awards Committee will judge a candidate based on the following criteria (not all criteria need to be met, but the committee will judge candidates based on the evidence of excellence in several of the areas as provided in the letters and documented in the nominee's curriculum vitae):

- Personal attributes that separate the nominee from other Fellows of the College.
- Leadership in critical care medicine as evidenced by current and past academic and organizational positions.
- Contributions to SCCM/ACCM with emphasis on the significance of the contributions to furthering the goals and missions of the Society and the College.
- Contributions to critical care medicine through other medical societies, agencies or organizations that impact the delivery of critical care medicine.

- Research grants and projects (investigator-initiated grants that are funded through a peer-reviewed process) on which the nominee was the principal investigator.
- Teaching accomplishments, especially those that impact the training of healthcare professionals in critical care medicine. (The nominator should highlight the impact of the accomplishments at the national and international level.)
- Contributions to the community and volunteer work (e.g., assistance during disasters).
- Publications (especially those with significant scientific impact).
- Awards and honors.

The election of Master CCM will be by a majority vote of the ACCM Board of Regents at its Fall board meeting with approval by SCCM Council at its Fall meeting.

During the first five (5) years that the honor is conferred (2012-2017), there will be no limit to the number of Master CCMs selected. Thereafter, there will be a limit of five (5) Master CCMs selected in a given year; however, there is no requirement that the Board or Council select a Master CCM in any particular year. If the Master CCM is to be awarded posthumously, the recipient's award will be included in the number of awards that can be given.

***Conferral:***

The designation of Master CCM will be conferred at the next SCCM Congress. However, participation in the College's Convocation is not a requirement for the title to be awarded.

***Benefits:***

Master CCMs are authorized to use the designation Master CCM in connection with their professional activities, as long as their SCCM membership remains current and they remain an FCCM in good standing. The Master CCM will receive a diploma from the College. They otherwise enjoy the same privileges as FCCMs, assuming they remain in good standing within the College.

## RESEARCH AND AWARDS

### AWARDS POLICY - PROFESSIONAL RECOGNITION

*Approved by Executive Committee 1/6/00; Revised by Council 9/10/11*

The following are the award levels of volunteer recognition. The awards are based on the need to provide appropriate levels of recognition to the volunteer/volunteer leader, keeping in mind length, time, and quality of service and involvement. All proposed award recipients must be reviewed and approved by the Executive Committee unless otherwise specified.

#### **Asmund S. Laerdal Memorial Lecture Award**

This award commemorates Asmund S. Laerdal, creator of the Resusci-Annie model used in CPR training. The recipient is chosen from faculty of SCCM's Critical Care Congress for his or her extensive involvement in critical care research and publishing. The recipient receives \$5,000 plus a crystal. The winner is selected by the Congress co-chairs

#### **Dr. Joseph and Rae Brown Award**

This award recognizes an SCCM member who has significantly advanced multiprofessional quality care for critically ill and injured patients at the regional or local level. The award was established to honor the Browns for their work in organizing and sustaining the Pennsylvania Society of Critical Care Medicine (PASCCM), which later became the Pennsylvania Chapter of SCCM. The recipient receives \$500 plus a plaque. Nominations must be submitted by September 1.

#### **Family-Centered Care Award**

The Family-Centered Care Award will be presented at the SCCM Critical Care Congress to recognize innovation to improve the care provided to critically ill and injured patients, the family, and those chosen by the patient to be with them. This award is sponsored by the SCCM Patient and Family Support Committee.

The Family-Centered Care Award will be given to one unit/program. The award consists of a free registration to SCCM's 2012 Critical Care Congress for one team member of the unit/program and a commemorative plaque for the team. Up to two (2) honorable mention awards can receive a plaque.

Information on Family-Centered Care Award recipients will be placed on the awards page on the SCCM Web site. The award is sponsored by SCCM, and applications are reviewed by a subcommittee of the Patient and Family Support Committee.

Exemplars abstracted from award applications may be used by the SCCM Patient and Family Support Committee to describe strategies to improve patient and family support in publications developed subsequently by the committee, with credit given to the author of the exemplar.

#### **Special Recognition Award**

Given in Appreciation of Service and active participation in the Society of Critical Care Medicine by an individual during the previous year. Nominations may come from Council, Executive Committee, Board of Regents, Chapter Presidents, Section Chairs, Committee Chairs or staff. Award recipients are approved by the Executive Committee. Recognition takes the form of a plaque. Citation recipients are approved by the Executive Committee. Plaques can be presented at the Annual Congress awards ceremony.

#### **Grenvik Family Award for Ethics**

This award honors an SCCM member who has promoted the ethical and humane delivery of critical care. The award was established in memory of Dr. Christer Grenvik, who died very early in his medical career. The recipient receives \$1,000 and complimentary registration to attend SCCM's Congress. Nominations must be submitted by September 1.

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### **Presidential Citation**

This recognition is given to an SCCM member for outstanding contributions of time, resources and innovation to the Society during the previous year. Nominations may come from Council, Executive Committee, Board of Regents, Chapter Presidents, Section Chairs, Committee Chairs or staff. Citation recipients are approved by the Executive Committee. The form of recognition is a certificate. Recipients are recognized during SCCM Award Ceremonies/ACCM Convocation.

### **Distinguished Service Award**

This award is given for exceptional leadership contributions that further the vision and mission of the Society of Critical Care Medicine. The award focuses on measurable contributions by an SCCM member over a period of time. Nominations may come from Council, Executive Committee, Board of Regents, Chapter Presidents, Section Chairs or staff. Award recipients will be selected by the Executive Committee. No more than five (5) awards may be given in a given year and no award need be given each year. The award form is a plaque, presented during SCCM Award Ceremonies/ACCM Convocation.

### **Lifetime Achievement Award**

This award is given for meritorious contributions to the field of critical care medicine through the advancement of medical science, medical education or medical care. Nominations are provided by SCCM's Council. Selection of a recipient is by majority vote of SCCM's Council. Only one award may be given in a given year, and no award need be given each year. The award, a crystal, will be presented during ACCM Convocation Ceremony/SCCM Awards Presentation during the Annual Congress.

#### **Selection Process**

*Approved by Executive Committee 1/16/04; Reaffirmed by Council 9/10/11*

- Solicit nominations at the May Council meeting.
- Appoint subcommittee of Council members (3-5).
- Subcommittee chaired by President-elect (who is also chair of the Awards Committee).
- Vote on the recommendation of the subcommittee at the September Council meeting.

### **Honorary Lifetime Membership**

This is given to individuals who have rendered notable service to critical care medicine or to SCCM. Written nominations by three (3) members must be submitted to the President of SCCM. Nomination to honorary membership requires the unanimous endorsement of the Council members present at a meeting of Council. No more than two honorary memberships may be conferred in one (1) year, and no honor need be given each year. Recognition is in the form of a framed certificate and a Tiffany gift. The honor will be presented during SCCM's Opening Session at the Annual Congress. Honorary membership shall be kept to less than one percent (1%) of the full membership. Honorary members shall have all the privileges of full membership but will not be required to pay dues, mailing fees or registration fees to SCCM educational programs.

### **ICU Design Citation**

This award honors a critical care unit that combines functional ICU design with the humanitarian delivery of critical care. The award is sponsored by SCCM, the American Association of Critical-Care Nurses and the American Institute of Architects Academy on Architecture for Health. Applications for this award must be submitted by August 15.

### **National Awards Program to Recognize Achievements in Eliminating Healthcare-Associated Infections**

This is an annual national awards program to recognize teams of critical care professionals and healthcare institutions that achieve excellence and notable, sustained improvements in preventing healthcare-associated infections, specifically infections in the critical care setting. Applications for this award must be submitted by January 29.

### **Norma J. Shoemaker Award For Critical Care Nursing Excellence**

This award, which honors Norma J. Shoemaker, RN, MN, FCCM, SCCM's first Executive Director, recognizes an SCCM nurse member who demonstrates excellence in critical care clinical practice, education, and/or administration. The recipient receives \$1,000 plus registration and reimbursement on air and hotel expenses (not to exceed \$1,500.00) to attend the SCCM Congress. Nominations must be submitted by September 1.

### **Shubin-Weil Master Clinician/Teacher: Excellence in Bedside Teaching Award**

This award recognizes an SCCM member who is a role model in both the teaching and ethical practice of critical care. The nominee must have substantially furthered the expert and appropriate use of life-support interventions. Elected members of the Council and Board of Regents are not eligible for the award during their tenure. The recipient receives \$500 and a medallion. Nominations must be submitted by April 15.

### **Barry A. Shapiro Memorial Award for Excellence in Critical Care Management**

This award recognizes an individual who has made significant contributions to the design and/or implementation of evidence-based practice which has significantly impacted clinical, operational, or fiscal outcomes within their area of responsibility. The award will be presented annually to an SCCM member in good standing. The award is a \$500 honorarium, a plaque and complimentary Congress registration (exclusive of pre-courses, tours, etc.).

The nominee must meet the following criteria:

- Be an SCCM member in good standing.
- Show a history of employment and be currently engaged in a clinical environment in a position of leadership as evidenced by leadership roles held (past or current) related to the clinical practice of critical care.
- Submission of a current curriculum vitae.
- Submission of a nomination letter (self-submission or by SCCM member).
- Submission of at least three (3) letters of support from individuals from more than one institution who were involved with the activity(ies) noted above, emphasizing how the nominee has demonstrated leadership in support of the award criteria.

Award Selection and Criteria

- A subcommittee of the Board of Regents will be established to select the award recipient. The subcommittee reports directly to the SCCM Awards Committee.
- Candidates must be nominated by an SCCM member in good standing or may self-nominate for the award. The Selection Committee will rank all qualifying submissions. The nominee with the highest ranking will be selected for the award. In order that the award be meaningful, the Selection Committee may not present an award in a given year should it find that no candidate meets the minimum criteria.
- The Board recommendation will be forwarded to the Executive Committee for final review.

Criteria considered by the Selection Committee will include:

- Has the nominee met all of the eligibility criteria noted above?
- Does the submission demonstrate that the nominee made significant contribution(s) to the design and/or implementation of evidence-based practice?
- Does the submission demonstrate that the nominee has significantly impacted clinical, operational, or fiscal outcomes?
- Does the submission demonstrate the use of the multiprofessional team in achieving the stated outcomes?

## **AWARDS POLICY – SECTIONS AND CHAPTERS**

*Approved by Council 4/1/00; Revised by Executive Committee 4/28/05; Revised by Council 9/10/11*

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*Revised and Reviewed by Council, September, 2011*

## **Purpose**

The purpose of this policy is to ensure that groups that operate as an entity of SCCM (sections and chapters) can create meaningful awards to recognize individuals who have distinguished themselves within the discipline of critical care medicine. Recognition of service provided to the Society is not included in this policy. Proposed awards must be reviewed for legal, political and financial impact along with potential conflict of interest and be approved by the Executive Committee. It should be noted that SCCM neither endorses nor approves specific products, technologies or manufacturers.

## **Chapters and Affiliates Alliance Excellence Award**

The purpose of this award is to recognize one chapter or affiliate per year for its exceptional work. This award will be presented at SCCM Annual Congress. The chapter or affiliate President or designee will accept the award.

## **Section Travel Grants**

Sections can offer a \$500 Travel Grant to its members who are first and presenting authors of accepted abstracts. The Travel Grant will assist with offsetting some of the costs associated with attending Congress. As the abstracts already go through a thorough scientific review, the Travel Grant should be awarded based on the criteria below. Sections are not be required to offer this grant, or they may offer as many as their budget allows. Members of the section leadership will determine the grant recipients and will therefore not be eligible.

### Criteria:

- Must attend the Congress in the year the abstract is submitted.
- Must be the first and presenting author.
- Demonstrates excellence based on score.
- Research topic supports emerging science in the specific specialty.
- Relevant to the section specialty.
- Importance of work to critically ill patients and families.

## **AWARDS POLICY – ABSTRACT BASED AWARDS**

*Approved 9/21/98; Revised and Approved by Council 1/07; Reaffirmed by Council 9/10/11*

### **Awards Offerings**

Several awards are presented by the Society of Critical Care Medicine for excellence and special accomplishments in critical care research, education and/or practice.

### **Awards available are:**

**In Training:** Presenting author must be in a critical care fellowship training program or have ended training not more than one (1) year prior to the Annual Congress. The principal author must be a physician member of the Society at the in-training level.

**Young Investigator:** Presenting author must have completed a fellowship training program at least eighteen (18) months but not more than six (6) years prior to the Annual Congress.

In Training and Young Investigator applicants must apply and have a Director submit a letter detailing their training status.

### **Annual Scientific Awards**

These are awarded to the top ten (10) scores overall among selected abstracts. The principal author does

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not have to be a member of the Society of Critical Care Medicine. Each award is \$750.

### **Specialty Awards**

Awarded to the top scoring abstract (after Scientific Awards) in the following abstract categories. Winners receive a complimentary registration to Congress. The principal author does not have to be a member of the Society of Critical Care Medicine.

- Administration
- Burns/ Trauma
- Cardiovascular
- Cell Biology (NO and Signal Transduction, Signal Transduction)
- CPR
- Education
- Endocrine
- Epidemiology/Outcomes
- Ethics
- GI/Nutrition
- Hematology
- Hepatic
- Immunology
- Infection
- Neurology
- Pulmonary
- Renal
- Sepsis
- Therapeutics

### **Research Citations**

On April 1, 2000, the Council approved this new abstract award category. During their October meeting each year, the Congress Program Planning Committee identifies approximately thirty (30) Research Citation finalists. These finalists will be notified of their status and will participate in an on-site judging of their posters during the Annual Congress. A six to eight (6-8) person judging committee, comprised of intensivists experts, will collectively review the posters and select and notify five (5) winners during the Poster Hall Awards Ceremony. Winners will receive complimentary registration for a future Congress. This award category serves to increase traffic in the Poster Hall, create a sense of excitement surrounding the on-site competition, and elevate exposure for the pre-selected finalists.

### **New Awards**

Council must approve all applications for new awards. The application must include the following items for consideration: mission statement, goals and objectives, eligibility criteria, award amount and judgment criteria.

### **Funding**

All awards will be funded by the Society of Critical Care Medicine or by grants and/or sponsorships.

It is the responsibility of the SCCM staff to coordinate and procure funding for all awards offered. All referrals for funding sources should be forwarded to the SCCM Executive Office. The process of fund solicitation by sections or other components of the Society can be found in the Fundraising Policies of the Society of Critical Care Medicine.

### **Presentation**

All awards will be announced and presentations made to recipients during the ceremonies held in conjunction with the SCCM Annual Congress.

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## **GRANT REVIEW AND AWARD PROCESS**

*Revised and approved by Executive Committee 7/05; Revised by Council 1/14/2011;  
Reaffirmed by Council 9/10/11*

The Society of Critical Care Medicine (SCCM) awards research grants annually using funds generated by the SCCM.

### **Grant Funding**

Grant funds may be used for salary support (i.e., principal investigator or research support staff), database development, consultant costs, or other resources required to complete a project. Any indirect costs included in the budget must be capped at 10% of the total amount of the grant. The home institution must contractually agree to this requirement for the grant to be awarded.

### **Review Committee**

SCCM will not permit companies to select or influence the award process and selection of recipients. SCCM will appoint independent committees to select recipients of grants based on peer review of applicant proposals.

In order to avoid any implication of conflict of interest, no member of a grant review committee may submit a grant application. Those committee members who are mentioned in an application as an applicant's mentor, have written a letter of support, or work in the same institution as the applicant must excuse themselves from the deliberations.

### **Applicant Eligibility and Responsibilities**

The principal investigator must be a current SCCM member and maintain SCCM membership through the life of the grant. Applications are encouraged from junior and established investigators.

Applications from junior investigators (defined as Assistant Professor or below) may request independent support or may include a research mentor who is also an SCCM member and can demonstrate strong research credentials in the areas of clinical and outcomes research. A grant recipient/winner shall not be allowed to apply for the same grant within a period of five (5) years. Grant recipients may apply for a different grant.

The applicant must provide a description in sufficient detail to permit the organization to ascertain that the project is consistent with its tax-exempt purposes. A written confirmation form is to be completed by the grant applicant stating that use of grant funds is solely for purposes of the project described in the application and that any unspent funds or funds spent for an improper purpose will be returned.

### **Request for Grant "No Cost" Extensions**

Grant recipients, upon written request to the Chair of the Research Committee, shall be granted an extension of a maximum of one (1) year beyond the anticipated completion of the research. If, after the extension expires, the research project is still not completed, any further extension of time shall be decided by the SCCM Executive Committee with the recommendation of the Chair of the Research Committee.

### **Required Reports Demonstrating Use**

Grant recipients are required to submit periodic and final reports demonstrating use of the grant funds in accordance with the application and to return remaining funds or those funds not in accordance with the application.

Grant recipients are expected to provide a two (2) page update at the conclusion of the funding, similar to that required by the National Institutes of Health. Grant recipients will also be required to submit an abstract for presentation at the SCCM Annual Congress. Such abstract will be submitted for blind review at the beginning of September. A second copy of the abstract must be submitted to the Research Committee via SCCM Executive Offices.

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**Audit Rights**

SCCM retains the right to audit the expenditure of funds at any time.

**Company Interest Support for Grants**

SCCM does not require grant recipients to meet with company supporters. SCCM does not permit companies that support grants to receive intellectual property rights or royalties arising out of the grant-funded research. SCCM does not permit companies that support grants to control or influence manuscripts that arise from the grant-funded research.

If SCCM receives programmatic support (e.g., educational grant or charitable contribution) from a company to support the Society's own research, the Society will disclose such support. The Society will act independently in the selection of research topics and the conduct of the research itself.

## ADVOCACY AND GLOBAL RELATIONS

### AFFILIATE POLICY

*Approved by Council 9/98; Revised by Council 9/10/11*

#### **Purpose**

Affiliates of the Society of Critical Care Medicine are separate and independent non-US entities. They share the SCCM mission of securing the highest quality care for all critically ill patients, facilitating the exchange of hands-on knowledge of team-based critical care, and forming collaborative relationships with critical care groups and organizations who embrace these principles.

#### **Guidelines for Applying and Maintaining SCCM Affiliate Status**

It is recommended that the Affiliate follow the ensuing guidelines to help secure the success of the association:

1. Affiliates are encouraged to share the SCCM mission of securing the highest quality care for all critically ill or injured patients and be open to all critical care disciplines.
2. Affiliate organizations can be regional, national or multi-national critical care organizations.
3. Affiliate is solely responsible for the financial security and strength of the organization.
4. Affiliate should maintain a minimum of twenty (20) members.
5. Affiliate should be a separate organization, constituted as a corporation or another appropriate legal form, which protects its members from liability.

#### **Requirements**

1. Affiliate will maintain and submit annually to SCCM the current roster of officers and members, which can be used to help promote the Affiliate organization and SCCM.
2. At the time of applying and throughout duration of the Affiliate relationship, the officers of the Affiliate shall also be SCCM members.
3. Affiliate shall conduct itself as an organization that is affiliated with, but separate from, SCCM.
4. Affiliate is not authorized to and shall not act on behalf of, formally represent, or contractually obligate SCCM in any capacity without prior collaboration and approval.
5. SCCM shall not be responsible for debts, liabilities or conduct of Affiliate.
6. The SCCM logo may be used only by chartered SCCM Affiliates and only with advance approval from SCCM's Headquarters.
7. When identifying its relationship to SCCM, the Affiliate will acknowledge itself as "an Affiliate of the Society of Critical Care Medicine."
8. Under appropriate circumstances, some of these requirements may be amended and approved by SCCM.

#### **Benefits of Affiliation**

The Society of Critical Care Medicine will provide the essential information and administrative support needed to get the new Affiliate started. There is no fee for the basic affiliation. SCCM views the alliance as a collaborative and mutually beneficial arrangement. The Affiliate will gain from a basic set of benefits. The Society of Critical Care Medicine can also provide additional services that have corresponding costs.

Collectively, the Affiliates and SCCM offer a greater input to the body of scientific and scholastic knowledge to the world of critical care while presenting a unified body of communal strength.

What SCCM Provides to the Affiliate:

1. A listing of SCCM members in the local country/region on an annual basis.
2. Space allocation on SCCM's Web site and in the member newsmagazine *Critical Connections* for general affiliate communications.
3. Coordination of communication between SCCM leadership and the Chapters and Affiliates Alliance.
4. All benefits of membership for Affiliate members who are also SCCM members, including subscriptions to *Critical Care Medicine* and *Critical Connections* and discounts on SCCM educational programs and products.
5. Delivery of the Society's Leadership Guide to Affiliate president, a manual for education program and organizational procedures.
6. An opportunity to participate in SCCM's leadership workshop in conjunction with SCCM's Annual Congress.
7. Use of the SCCM logo as approved by the Executive Office.
8. A hyperlink on the SCCM Web site.
9. *Ex officio* representation on the SCCM Council by the Chair of the Chapters and Affiliates Alliance.

*Except as otherwise agreed upon in writing by SCCM, the Affiliate may not use, license, translate or modify any SCCM publications or other materials.*

**How the Affiliate and SCCM benefit:**

1. Exchange of information, ideas and knowledge
2. Collaboration to provide educational programs
3. Promotion of programs, events or other activities
4. Development and building of leadership skills
5. Networking with members who are involved in different critical care disciplines
6. Interaction between international leaders
7. Enhancements to career opportunities in clinical and scholastic practice
8. Membership recruitment and retention

*After the Affiliate application is approved, SCCM will work with the organization to identify unique needs truly relevant to the members and service area, as well as points of mutual interest for both organizations.*

**Fee for Service**

Affiliates may request special benefits or services from SCCM on a fee-for-service basis.

**POLICY ON SCCM MEMBER CONTACT WITH MEDIA**

*Revised 3/30/99; Reaffirmed by Council 9/10/11*

From time to time, SCCM members and leaders may be contacted by the press.

In many cases, these contacts may be initiated as part of coverage about the member's institution or practice. In the case of the former, the member's institution typically has a public relations department and a protocol for handling contacts with the media. In the latter, the practitioner will have to respond without such assistance.

In media conversations that are not focused on the Society, members are urged to bring up the added subject of membership with SCCM where it is appropriate.

In cases where the substance of the contact bears directly on the member's involvement with, knowledge about, or leadership within the Society of Critical Care Medicine, it is vital that the SCCM Headquarters be

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contacted as soon as possible. Ideally, if members know of an upcoming media contact, they should contact the Headquarters beforehand.

During any preliminary contact SCCM members may have with the press, they should relate any positive comments or anecdotes to the reporter. Comments made will be considered to be *on the record*, unless the SCCM member requests otherwise and the reporter agrees. During the interview, the reporter should be referred to the SCCM marketing director for more complete information.

In most cases, media contacts will be positive. However, at the slightest hint of any negativity relative to SCCM issues, the member should refer the reporter to the SCCM CEO/EVP.

Members should report to the Executive Office ALL media contacts related to SCCM as soon as possible. This is best done by email if available, since this will provide the fastest link and allow SCCM to act in a timely manner. Emails should be addressed to the Director of Marketing.

## **POLICY ON SOFTWARE PIRACY**

*Revised 3/30/99; Reaffirmed by Council 9/10/11*

The Society of Critical Care Medicine will maintain full compliance with all applicable laws and regulations, including the copyright laws of the United States. SCCM adheres to copyrights and permission governing the use of computer software, as issued by their various publishers. SCCM maintains adequate site licensing for, or sufficient registered copies of, all software products.

Employees or members may not make any copies of software from SCCM computers for personal use or for distribution to SCCM personnel or computers beyond the allowed number of workstations for which we are licensed. Violations of this policy may subject the involved party(ies) to disciplinary action and, in the case of employees, may be considered grounds for termination with cause.

## **POLICY ON COMMUNICATION PRIVACY**

*Approved by Executive Committee 4/22/99; Revised 4/30/09; Revised by Council 9/10/11*

### **Sharing Email Addresses and List Removal**

SCCM does not share email addresses with other organizations. All email addresses collected within SCCM are kept in strict confidence. However, the Executive Committee may approve a request to support another organization's or group's research activities by email or other means, provided these activities are for scientific research purposes.

Researchers who plan to survey SCCM members must submit a written request detailing the research activity and rationale for conducting the study for review by SCCM's Research Committee. The information in this plan must include the following items in order to be considered:

- Detailed plan of the research activity and rationale for conducting the study
- IRB approval
- Letter to the SCCM membership
- Survey tool (Microsoft Word or Excel document)
- Link to the online survey
- Specifications to whom this survey will be directed (e.g., physicians, fellows, residents, nurses, respiratory therapists, pharmacists, an SCCM specialty section, etc.)
- Length of time the survey is to be open to SCCM membership is 3 months

After SCCM receives the requested information, it is forwarded to the Research Committee for review. The

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review process can take 2-4 weeks. After review of the request, the Research Committee will make a recommendation to the Executive Committee. If the Executive Committee grants approval, the introductory letter and a link to the survey tool will be placed free of charge on the SCCM Web site. Notification of the availability of this survey will be posted in SCCM's eNewsletter with a direct link to the survey Web page. If direct email service is requested, this can be accomplished for a fee. Members will have access to this survey for the period stated in the survey request. All survey data results generated by the survey tool are the sole property of the researcher.

### **SCCM Mailings and Electronic Communication**

Postal addresses, email addresses, telephone numbers, fax numbers and other contact information are used by SCCM to communicate information regarding member benefits, services, or other information. Members who do not want to receive SCCM communications may opt out.

### **Telephone Numbers**

Members who supply SCCM with their telephone number may be assured that the telephone number will be kept in confidence by SCCM. Phone numbers will not be shared with other organizations for non-SCCM purposes.

### **POLICY FOR SCCM WEBSITE SPONSORS**

*Approved by Executive Committee 11/4/99; Revised 4/30/09; Reaffirmed by Council 9/10/11*

The SCCM Council has authorized locations on the SCCM websites to be made available for sponsorship or advertising opportunities. SCCM reserves the right to decline any sponsorship or advertising request.

It is the expressed intention of SCCM that any sponsor presence on the website be restrained and in good taste, as well as relevant to member interests.

See Policy on the Internet regarding advertising and sponsorship of online educational activities.

### **NEWS RELEASE APPROVAL PROCESS**

*Approved by Executive Committee 11/14/02; Revised by Council 9/10/11*

All news releases must go through the outlined process before being issued from SCCM offices. Prior to being released on any of the wire services, the Director of Marketing and the CEO must sign off on all press releases/statements.

The following approval hierarchy must be followed for each type of release.

Releases/statements relating to industry:

Reviewed by the CEO

Written approval by the Executive Committee (minutes or email)

Releases/statements related to SCCM positions:

Reviewed by the Director of Program Development and Professional Affairs

Reviewed by the CEO

Written approval by the Executive Committee (minutes or email)

Releases about articles appearing in the Society's journals:

Reviewed by the Director of Marketing, Director of Publications, and Director of Program Development and Professional Affairs

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Written approval by the author(s) of the article  
Written approval of the journal editor

Releases about scientific papers presented at Society meetings:  
Reviewed by the Director of Marketing and Director of Program Development and Professional Affairs  
Written approval by the paper author(s)  
Written approval of the CEO

Releases about individual members:  
Written approval by the SCCM member  
Review and written approvals by both the CEO and President

Releases quoting SCCM members as experts:  
Written approval by the SCCM member(s)  
Review and written approvals by both the CEO and President

\* Additionally, in situations where the news release may touch upon sensitive subjects, the SCCM President will determine whether that release must go through additional approval, such as the full Executive Committee.

## **PARTNERING WITH INTERNATIONAL CRITICAL CARE ORGANIZATIONS**

*Approved by Council 5/04; Reaffirmed by Council 9/10/11*

SCCM will establish formal relationships with multinational critical care organizations and seek to establish formal affiliate relationships with those organizations that are not multinational.

## **JOINT ORGANIZATIONAL ACTIVITIES POLICIES**

*Approved by Council 9/16/06; Reaffirmed by Council 9/10/11*

From time to time, the Society may find it beneficial to partner with organizations that have common interests in an activity that can best be accomplished through mutual efforts. These mutual activities must serve the mission and goals of SCCM. Before entering into these mutual activities, the following process must occur.

SCCM will use the evidence-based approach (below) for evaluating potential joint organizational activities. The SCCM President and appropriate staff will be charged with initially assessing potential joint activities and presenting to the Executive Committee and/or Council a recommendation regarding the Society's participation in a jointly organized activity.

If the Society leadership determines that the activity is best accomplished in partnership with another organization, a written agreement or memorandum of understanding must be developed and executed. The agreement should set forth the legal and managerial responsibilities of the organizations and should include, as appropriate:

- Purpose of the activity
- Term length of the agreement
- Governance/representation
- Reporting/oversight
- Continuing education policies
- Financial arrangements
- Budget management
- Expenses (direct and indirect)
- Revenues

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Net profits or losses  
Sponsorships and advertising  
Financial reporting and auditing  
Intellectual property and copyrights  
Ownership and management of intellectual property rights  
Publications  
Miscellaneous  
Liability  
Applicable law  
Compliance with laws and regulations

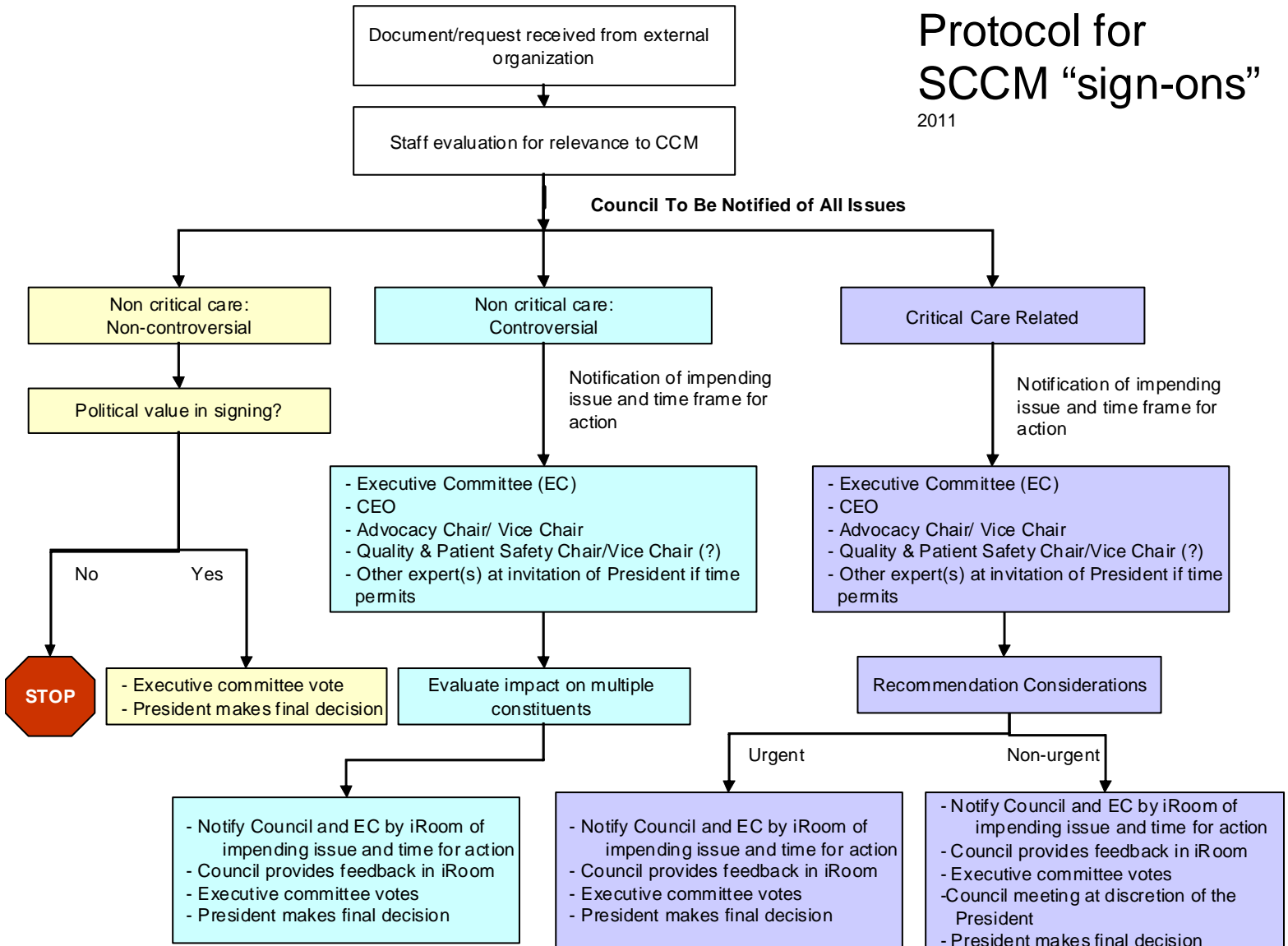
Joint organizational activities differ from endorsement of continuing education activities (as defined elsewhere in this Policy Manual) or liaisons and representatives to other organizations (also defined elsewhere in this Policy Manual). If any of the following criteria are met, a joint organizational agreement, as noted above, must be developed and executed in compliance with the Contracts and Agreements Policy located herein:

- If there is co-mingling of funds
- If no co-mingling of funds exists but the anticipated SCCM total costs for the project are greater than \$5,000
- If the project is expected to continue for more than 12 months
- If the project is expected to be recurring
- If external funding for the purpose of supporting the joint activity is anticipated
- If one of the entities involved is a for-profit organization or a government entity
- If the Executive Committee determines there is a need for a written agreement

**PROTOCOL FOR SCCM SIGN-ONS**

*Approved by Council 3/19/01; Approved by Council 5/21/11; Reaffirmed by Council 9/10/11*

**Protocol for  
SCCM “sign-ons”  
2011**



## PRODUCTS AND PUBLICATIONS

### POLICIES FOR JOURNAL EDITORIAL BOARDS

*Approved by Council 4/24/94; Revised by Council, 1/14/11; Revised by Council 9/10/11*

#### Purpose

The Editorial Boards exist to effect the publication of the Society of Critical Care Medicine's journals, *Critical Care Medicine* (hereinafter called CCM) and *Pediatric Critical Care Medicine* (hereinafter called PCCM). Members of the Editorial Board, through their experience, knowledge and expertise, shall advise and assist the Editor-in-Chief of CCM and the Editor of PCCM (hereinafter called Editors-in-Chief) in creation of scholarly scientific publications covering all aspects of critical care, act as a review body for manuscripts, solicit material for publication, and monitor the progress and well-being of the journals. In the event of incapacity or extended absence of either Editor-in-Chief, Council shall appoint an interim Editor-in-Chief, responsible for the continued publication of the journals until a new Editor-in-Chief is selected.

#### Mission Statements

*Critical Care Medicine*, the official journal of the Society of Critical Care Medicine, shall publish the finest original clinical and laboratory investigations, case reports of special importance, articles on technological advances, review articles, editorials, and manuscripts of relevance to the art and science of critical care. The journal seeks to be a high-quality, peer-reviewed publication uniquely oriented to the broad scientific area of multiprofessional critical care practice. The journal is the vehicle for various official policy statements or announcements for the Society of Critical Care Medicine.

The primary mission of *Pediatric Critical Care Medicine* is "to help critically ill or injured infants and children worldwide to complete recovery, using the most effective life-supporting methods." Secondary missions include the following:

- To share new discoveries, new treatments, novel ideas, and problems in both the science and the art of critical care for infants and children—thus improving pediatric intensive care expertise
- To publish articles of the highest quality addressing the contemporary science and practice of our specialty
- To enhance awareness of issues relevant to the critical care needs of infants and children in developing countries
- To facilitate and stimulate the development of young investigators in the field worldwide

#### Industry Influence

SCCM journals must maintain editorial independence from SCCM and companies. SCCM journals will require all authors to disclose financial and other relationships with companies. Likewise, SCCM journals will require editors and reviewers to disclose financial and other relationships with companies.

The Editors-in-Chief of SCCM's journals will have the ultimate responsibility for determining when a conflict of interest should disqualify an editor or reviewer from reviewing a manuscript, according to policies established by the Editors-in-Chief. See also the Conflict of Interest and Disclosure Policy.

SCCM journals prohibit the submission of "ghost-written" manuscripts prepared by or on behalf of companies.

#### Editorial Board

The Editorial Boards shall consist of the Editors-in-Chief, other editors appointed at the discretion of the Editors-in-Chief with approval by Council, and members.

#### Classes

- (a) Full Members: members of the Society of Critical Care Medicine in good standing. They shall be entitled to one vote on each matter of business submitted to the vote of the Editorial Board.

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- (b) Co-opted Members: not members of the Society of Critical Care Medicine, but appointed to the Editorial Board to give the benefit of their special expertise. They shall not be entitled to vote on Editorial Board matters.
- (c) The Council Liaison of the Society of Critical Care Medicine shall be an *ex officio* member of the Editorial Board.

#### **Appointment of Editorial Board Members**

- (a) Prior to the first of each calendar year, the Editors-in-Chief shall submit to Council for approval a list of proposed new appointments and reappointments to the Editorial Board. In so doing, the Editors-in-Chief shall consider primarily the needs of the journals, but shall also be mindful of:
  - (1) Proven abilities in scholarly, academic, or organizational activities.
  - (2) Locations in institutions where experts of many disciplines are available.
  - (3) Potential for producing or soliciting quality manuscripts for the journals.
  - (4) Geographical and specialty distribution, including the multiprofessional nature of critical care.
  - (5) Coverage of all topic areas that shall be of concern to the journals.
  - (6) Editorial Board membership is a function, not an honor, so the appointment of masthead figures is undesirable. Reappointment shall be reserved for members who have given good service.
  - (7) The size of the Editorial Board shall be manageable, and determined by Council upon recommendation by the Editors-in-Chief.
- (b) Final appointment and reappointment to the Editorial Board shall be by Council during the meeting held in conjunction with the Society of Critical Care Medicine's annual meeting.
- (c) Newly elected Editors-in-Chief shall select a new Editorial Board subject to the approval of Council at its next regularly scheduled meeting.

#### **Editors-in-Chief**

##### **Term**

- (a) The term of office of the Editors-in-Chief shall be precisely defined as beginning the first month the new Editor-in-Chief's name appears on the journal masthead and ending five (5) years later. Ideally, the Editor-in-Chief's term shall begin January 1st of the year following the Society of Critical Care Medicine's annual meeting at which the selection is confirmed. Details of the term of office shall appear in the contract between the new Editor-in-Chief and the Society of Critical Care Medicine.
- (b) Overlap of new and outgoing Editors-in-Chief prior to starting the 5-year term is permitted. The number of overlap months and salary for the overlap months shall be negotiated at the time the new Editor-in-Chief is appointed. Details of these negotiations shall appear in the contract between the new Editor-in-Chief and the Society of Critical Care Medicine.
- (c) The outgoing Editor-in-Chief may be asked to serve additional months beyond the term of his/her contract. This additional overlap time shall be negotiated with the outgoing Editor-in-Chief when appropriate.
- (d) There shall be no limit on the number of terms served by the Editor-in-Chief.
- (e) Prior to completion of the Editor-in-Chief's third year in office, Council will approve or disapprove reappointment for an additional 5-year term. The SCCM President shall then promptly notify the Editor-in-Chief whether or not reappointment for another term has been approved. The Editor-in-Chief must communicate interest in serving a subsequent term in writing to the Society President upon completion of the third year of the most recent contract.

##### **Selection Process**

- (a) When the office of the Editor-in-Chief is vacant, or shall be vacant at the end of the current term of office, the President of the Society of Critical Care Medicine, with approval of Council, shall appoint the chair and members of a Search Committee to conduct selection activities. The responsibilities of the Search Committee are:
  - To conduct the process of candidate selection.

- To initiate activities as soon as the prospective editorial vacancy is known, but not more than five (5) years prior to the time of the expected vacancy; this is the responsibility of the chair of the Search Committee.
  - To develop a timetable and budget for the selection process; these shall be approved by Council before initiating candidate selection process.
  - To present its findings and recommendations to Council at the conclusion of its activities.
- (b) The Search Committee shall be dissolved at the conclusion of its activities.
- (c) Council shall review the findings and recommendations of the Search Committee and make the final selection of the new Editor-in-Chief.
- (d) A description of the editorial positions and salaries shall be reviewed and, if necessary, revised by Council each time this position is vacated and a Search Committee is appointed, or more frequently at the request of Council.

### **Resignation, Recall, or Incapacity**

**Resignation:** An Editor-in-Chief may resign. Resignations, in writing, to the President and the Editorial Board shall normally become effective eighteen (18) months after being tendered by the Editor-in-Chief.

**Recall:** Council may dismiss an Editor-in-Chief. Dismissal shall initiate the selection process as outlined elsewhere in these policies.

**Incapacity:** The SCCM Publications Department shall maintain a plan for the continuance of the publication and administration of the journals in event of the incapacity or absence of an Editor-in-Chief.

### **Responsibilities**

#### **General**

- (a) The Editor-in-Chief and the Editorial Board are responsible for the scientific and educational content of the journals.
- (b) The Editorial Board or any of its members shall not enter into any contract with any party or expend any monies on behalf of the journals or the Society of Critical Care Medicine without prior written approval of Council.
- (c) The SCCM Publications Department shall monitor the status and administrative activities of the journals and develop with the Editors-in-Chief policies and changes when indicated to ensure that the journals' affairs are being conducted according to these guidelines and proper editorial procedure. All such policies shall be approved by Council.

#### **Editorial Board Members**

- (a) Members of the Editorial Boards shall be expected to assist the Editors-in-Chief in such tasks as the timely review and solicitation of manuscripts, the writing of editorial copy or editorial duties to maintain and develop the journals.
- (b) Members are expected to attend the meeting of the Editorial Board held in conjunction with the Society of Critical Care Medicine's annual meeting.
- (c) Members may be required to serve on committees of the Editorial Board.
- (d) Full members are expected to vote on matters brought before the Editorial Board for voting.

#### **Associate Editors**

- (a) The Associate Editors are responsible for assisting the Editor-in-Chief by overseeing editorial aspects of the peer review process, assessing and soliciting content, communicating with authors, contributing to editorial procedures, and representing the Society within the professional scientific and publishing community.
- (b) The Associate Editors are expected to attend the meeting of the Editorial Board held in conjunction with the Society of Critical Care Medicine's annual meeting.

- (c) The Associate Editors shall receive yearly performance evaluations from the Editor-in-Chief. Input from the Editorial Board, the publisher, and the CEO/EVP shall be sought for this evaluation.

#### **The Editor-in-Chief**

- (a) The Editors-in-Chief shall have overall executive and decision-making responsibility for the day-to-day production of editorial copy for the journals.
- (b) The Editors-in-Chief shall be responsible for appropriate review and timely consideration of manuscripts submitted for publication in CCM and PCCM. Material accepted for publication in CCM shall be promptly submitted to the SCCM Publications Department for processing.
- (c) The Editors-in-Chief may establish and maintain a supplementary Editorial Office.
- (d) The Editors-in-Chief shall chair meetings of the Editorial Board.
- (e) The Editors-in-Chief shall deliver an annual report on the journals and activities of the Editorial Board to the Council.
- (f) The Editors-in-Chief shall deliver additional reports to the Editorial Board and Council when so requested.
- (g) The Editors-in-Chief are responsible for convening and creating an agenda for an annual meeting of the Editorial Board in conjunction with the annual meeting of the Society of Critical Care Medicine.
- (h) An Editor-in-Chief, with approval from Council, may dismiss any member of the Editorial Board.
- (i) The Editors-in-Chief shall receive yearly performance evaluations from Council through the SCCM Executive Committee. Input from the Editorial Board, the publisher, and the CEO/EVP shall be sought for this evaluation.
- (j) The Editors-in-Chief shall be considered Key Leaders and comply with all conflict of interest policies as stated in other portions of this Policy Manual.

#### **Executive Office of the Society of Critical Care Medicine**

- (a) The Executive Office shall be responsible for maintaining contractual agreements between outside parties and the Society of Critical Care Medicine concerning the journals. All such contracts shall be approved by the Executive Committee of Council.
- (b) The Executive Office shall keep an account of the financial affairs of the journals.
- (c) The Executive Office shall be responsible for the complete processing of copy transmitted by the Editors for publication and the transmission of this material to the publisher or printer as appropriate.
- (d) The Executive Office shall manage all business affairs of the journals, but not participate in editorial affairs.

### **Contracts**

#### **Editors-in-Chief**

- (a) A contract between SCCM and a new Editor-in-Chief shall be approved by Council and signed by the new Editor-in-Chief, President, and CEO/EVP prior to the beginning of the term of the new Editor-in-Chief.
- (b) The following shall appear in the contract:
  - (1) The Editor-in-Chief's honorarium
  - (2) The precise beginning and ending dates of the Editor-in-Chief's term
  - (3) The number of overlap months with the outgoing Editor-in-Chief
  - (4) Monies approved to maintain a supplementary office
- (c) Following its execution, the details of the contract may be altered only upon Council and Editor-in-Chief approval. The revised contract shall be signed by the new Editor-in-Chief, the President, and the CEO/EVP.

#### **Associate Editors**

A contract between SCCM and Associate Editors shall be approved by the SCCM President and signed by the Associate Editor and CEO prior to the beginning of the term of the Associate Editor.

- (a) The following shall appear in the contract

- (1) The Associate Editor's honorarium
  - (2) The precise beginning and ending dates of the Associate Editor's term
  - (3) A brief outline of job responsibilities
- (b) Following its execution, the details of the contract may be altered only upon Council and Editor-in-Chief approval. The revised contract shall be signed by the new Associate Editor and CEO/EVP.

### **Quorum**

A quorum of the Editorial Board, for any matter of business on which the Editorial Board decides by vote, shall be fifty percent (50%) of Full Members named on the Editorial Board in the most recent issue of the journal. In the event of a quorum not being present to make a decision at the meeting, all the Full Members of the Editorial Board shall be re-polled in a postal ballot.

### **SCCM POLICY FOR AN INTERIM EDITOR-IN-CHIEF FOR THE PUBLICATION AND ADMINISTRATION OF THE JOURNALS**

*Approved by Executive Committee 5/01; Revised by Council 1/14/11; Reaffirmed by Council 9/10/11*

### **Purpose**

The following procedure is to be implemented in the event that the Editor-in-Chief of *Critical Care Medicine* or *Pediatric Critical Care Medicine* should, for a short period of time, become unable to fulfill his/her responsibilities as outlined in (a) the "Guidelines for the Governance of the Editorial Board of *Critical Care Medicine*" and (b) the job description for the Editor-in-Chief of *Critical Care Medicine* or *Pediatric Critical Care Medicine*.

### **Activation**

This policy and procedure is to come into effect in the event that the Editor-in-Chief is unable to fulfill his/her responsibilities for any consecutive period equal to or greater than one (1) month. The Editor-in-Chief will activate this policy if he/she feels it is necessary, and if able. In the case that the Editor-in-Chief cannot communicate, is clearly incapacitated, or refuses to relinquish control though unable to fulfill the duties of this position, this policy can be activated by the SCCM President. Any decision to activate this policy shall be reviewed and acted upon by the SCCM Executive Committee within one (1) week of the decision to activate.

### **Succession**

In the event of the incapacity of the Editor-in-Chief, the Interim Editor-in-Chief Designee will assume the position of Interim Editor-in-Chief.

### **Appointment**

The Interim Editor-in-Chief Designee is to be appointed by the Editor-in-Chief, in accordance with the procedure outlined in "Appointment of Editorial Board Members" elsewhere in this document. The Interim Editor-in-Chief Designee will be one of the Scientific Editors of *Critical Care Medicine*. The term of this position is one (1) year, renewable at the end of each term.

### **Responsibilities**

In the event that the Designee assumes the position of Interim Editor-in-Chief, he/she shall be responsible for all aspects of this position as outlined in the Job Description of the Editor-in-Chief of *Critical Care Medicine* or *Pediatric Critical Care Medicine*. For this reason, it is highly recommended that the Interim Editor-in-Chief Designee maintain membership in the Council of Biology Editors.

### **Communication**

In preparation for an emergency activation of this Interim Policy, the Editor-in-Chief shall update the Interim Editor-in-Chief Designee on a monthly basis as to the status of production of the journals.

### **Compensation**

In the event that this policy is activated, the following compensation schedule would be followed: a) For the first month

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of the Editor-in-Chief's disability, both the Editor-in-Chief and the Interim Editor-in-Chief shall receive the same monthly compensation as currently contracted to the Editor-in-Chief. b) If applicable, for the second month of the Editor-in-Chief's disability, the Interim Editor-in-Chief would receive compensation in an amount equal to the Editor-in-Chief's contracted monthly stipend, and the Editor-in-Chief would receive compensation at a disability rate equal to 50% of the contracted monthly stipend. c) If applicable, from the third month onward the Interim Editor-in-Chief would receive compensation in the amount equal to the Editor-in-Chief's contracted monthly stipend, and the Editor-in-Chief would receive no compensation. At the conclusion of the disability period, the compensation given to the Editor-in-Chief would return to its contracted monthly rate one (1) month after the resumption of all duties by the Editor-in-Chief.

## **EDITOR-IN-CHIEF CRITICAL CARE MEDICINE JOB DESCRIPTION**

*Approved 5/30/96; Reaffirmed by Council 9/10/11*

1. To manage the Associate Editors and PCCM editor to ensure that they: follow editorial guidelines; publish within the approved number of pages predetermined for all journals; and adhere to all editorial-related budgetary parameters.
2. To establish and monitor, with the CEO, a process for all journal affairs that clearly demarcates the functions, responsibilities, and incentives of: the personnel in the Editor-in-Chief's office; the editors responsible to the Editor-in-Chief; and the personnel in the SCCM office.
3. To ensure appropriate content for 12 issues of *Critical Care Medicine* per year.
4. To ensure that the backlog of accepted manuscripts does not exceed six (6) months.
5. To determine all non-budgetary matters related to editorial content and to cooperate with the CEO and the Council in all other non-budgetary matters.
6. To assist the CEO and Director of Publications regarding the promulgation and monitoring of the journal budgets and to be directly responsible for budgetary matters directly related to the Editor-in-Chief's office.
7. To meet all publishing deadlines that fall within the purview of the Editor-in-Chief's office.
8. To examine all manuscripts submitted to CCM.
9. To ensure the timely assignment of all CCM manuscripts to appropriate peer reviewers.
10. To study all submitted CCM reviews and make the final decisions regarding the acceptance, rejections, or revision of all manuscripts.
11. To examine all revised CCM manuscripts and determine the process for acceptance or rejection.
12. To advise the SCCM office of all accepted CCM manuscripts for submission to the publisher.
13. To ensure that all authors are kept informed about their CCM manuscript submissions.
14. To be accessible and available to all journal staff for queries and decisions.
15. To serve as a resource for authors with any problems or questions regarding their manuscript submission.
16. To interface with readers and contributors to ensure that people believe that all SCCM journals are of the highest quality.
17. To invite editorials to accompany certain manuscripts accepted for publication in CCM.
18. To assign the order of manuscripts within each issue of CCM.
19. To cooperate with the publisher regarding the solicitation of advertising and the publication process of all journals.
20. To cooperate with the Director of Publications regarding the annual abstract supplement and other SCCM matters, such as listing of critical care fellowship programs and special articles submitted by SCCM (including guidelines).
21. To promulgate with the CEO the policies of the Editorial Boards and review these on an annual basis.
22. To select new CCM editorial board members for consideration by Council and existing Editorial Board.
23. To prepare an Editor-in-Chief's report to Council and Editorial Board for presentation at the annual SCCM Congress.
24. To keep current on peer review and other issues appropriate to editing a scientific journal.
25. To address all potential manuscript problems/issues regarding conflict of interest or potential duplicative publication.
26. To keep abreast of competition from the growing field of critical care journals so that every effort can be expended to make certain that CCM remains the premier journal in the field.
27. To propose any style changes that enhance the journal's readability or position in the critical care arena.
28. To perform all other duties specified in the policies, as such policies may be amended from time to time, or such additional duties as may be reasonably requested from time to time by Council. In the event of any

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conflict between the terms of this job description and the policies, the provisions of this job description shall prevail.

## **EDITOR PEDIATRIC CRITICAL CARE MEDICINE JOB DESCRIPTION**

*Revised by Council 9/10/11*

1. To abide by the policies of the Editorial Board of *Critical Care Medicine*.
2. To provide editorial content of the highest quality for publication in a predetermined number of issues per year.
3. To work with the SCCM EVP/CEO, Director of Publications, and publisher regarding the budget of the publication, and ensure that publication expenses stay within budget.
4. To work with the SCCM editorial staff regarding the publication cycle.
5. To ensure that the backlog of accepted manuscripts does not exceed 50% of the annual number of published issues (i.e., if six issues are published annually, the backlog shall not exceed three issues).
6. To be accessible and available to the SCCM journal staff for queries and decisions.
7. To examine all manuscripts submitted to PCCM.
8. To ensure the timely assignment of all PCCM manuscripts to the appropriate peer reviewers.
9. To study all submitted PCCM reviews and make the final decisions regarding the acceptance, rejection, or revision of all manuscripts.
10. To examine all revised PCCM manuscripts and determine the process for acceptance or rejection.
11. To meet all publishing deadlines.
12. To provide all accepted PCCM manuscripts to the SCCM office for submission to the publisher.
13. To communicate with all authors regarding their PCCM manuscript submission.
14. To serve as a resource for authors with any problems or questions regarding their manuscript submission.
15. To interface with readers and contributors to ensure that people believe that PCCM is of the highest quality.
16. To invite editorials to accompany certain manuscripts accepted for publication in PCCM.
17. To assign the order of manuscripts within each issue of PCCM.
18. To cooperate with the publisher regarding the solicitation of advertising and the publication process of all journal issues.
19. To recommend new Editorial Board members for consideration by the Editors-in-Chief.
20. To prepare a PCCM Editor's report for the Editor-in-Chief of CCM to present at the annual SCCM Congress.
21. To keep current on peer review and other issues appropriate to editing a scientific journal.
22. To address all potential manuscript problems/issues regarding conflict of interest or potential duplicative publication.
23. To keep abreast of competition from the growing field of critical care journals so that every effort can be expended to make certain that PCCM is the premier journal in the field.
24. To propose any style changes that enhance the journal's readability or position in the critical care arena.

## **POLICY ON SELECTING OUTSIDE BOOKS FOR SOCIETY DISTRIBUTION**

*Approved by Council 1/18/02; Reaffirmed by Council 9/10/11*

- A group of reviewers, chosen from the Society membership (relating to specific content areas), will evaluate the suggested materials.
- The books should support the concept of the multidisciplinary critical care team and be consistent with prevailing scientific evidence.
- Priority will be given to publications that are edited by SCCM members. This priority can be seen as a membership benefit.
- Books will be evaluated on a case-by-case basis.
- Books will be chosen to meet member needs as determined by member surveys and member requests.

## EDUCATION AND TRAINING

### CONTINUING EDUCATION MISSION STATEMENT

*Approved by Council 01/11/06; Revised by Council 9/11/09; Revised by Council 1/14/11;  
Reaffirmed by Council 9/10/11*

#### Vision

The Society of Critical Care Medicine (SCCM) envisions a world in which all critically ill and injured persons receive care from integrated teams of dedicated experts directed by intensivist physicians. Multiprofessional teams use knowledge, technology and compassion to provide timely, safe, effective and efficient patient-centered care. To this end, the SCCM is committed to providing high-quality continuing education activities to support healthcare professionals, encompassing all aspects of optimal and timely delivery of critical care to offer our patients the best possible outcomes.

#### Goals

The goals of SCCM's Continuing Education Program are:

- To serve the lifelong learning needs of critical care practitioners worldwide through educational leadership that focuses on innovation, quality and development of creative outreach programs;
- To conduct educational activities that increase the number of healthcare professionals with knowledge about critical illness and injury, as well as promote better understanding about the unique challenges faced when caring for such patients to optimize delivery of critical care;
- To provide a learning environment in which critical care providers may enhance their professional growth in scientific, research, administrative, cognitive, procedural, compassionate, and humanistic areas of critical care for the purpose of improving the delivery, safety, cost-effectiveness, and quality of patient care;
- To foster an environment that facilitates the exchange of information within the practice of multiprofessional critical care between dedicated members of the integrated team through continuing education;
- To develop innovative continuing education activities based on a learning management system that has a multi-faceted approach to change behavior using state-of-the-art technologies to design, implement, assess, evaluate, and constantly improve continuing education activities and programs as a whole;
- To integrate knowledge from all programs/publications and reorganize knowledge into programs on a learning continuum;
- To deliver high-quality instruction utilizing a variety of delivery formats, including online learning that makes education available anytime and anywhere;
- To increase SCCM's capabilities in measuring and understanding the needs of all healthcare professionals through needs assessment, program evaluation, constant feedback, and research into the educational needs of its target audiences;
- To develop mechanisms to promote evidence-based practice and outcomes measurement to improve the delivery of critical care;
- To facilitate the dissemination of information to, and the acquisition of information by, healthcare providers involved in the care of the critically ill patient;
- To partner with other organizations and institutions, under the clinical and scientific guidance of the SCCM Strategic Education Committee, so as to offer expanded educational activities that reach practitioners nationally and internationally; and
- To meet or exceed the *Essential Areas and Policies* of the Accreditation Council for Continuing Medical Education (ACCME), *Criteria for Quality and Interpretive Guidelines* of the Accreditation Council for Pharmacy Education (ACPE), American Nurses Credentialing Center, and the guidelines of the American Medical Association's Physician's Recognition Award (AMA/PRA).

**Content**

The content of SCCM's continuing education program is related to the treatment of critically ill or injured persons regardless of the healthcare setting, based on the needs of the multiprofessional team of dedicated experts in that field. Topics of education include clinical issues, education on the results of research in the field of critical care, and the management of care delivered to critically ill and injured persons. Core clinical areas of focus include internal medicine and its subspecialties, emergency medicine, surgery and its subspecialties, anesthesiology, pediatrics and neonatology, infectious disease, nephrology, the neurosciences, psychiatry, and pharmacology. Content for all programs is to be viewed as knowledge that can be integrated through a continuum of critical care in various venues or a "knowledge line." Through this "knowledge line," the SCCM Strategic Plan goals – Learn It, Deliver It, Measure It, and Improve It. -- can be effectively carried out.

**Target Audience**

The target audience of SCCM's continuing education program includes members of the critical care team at all levels of training, including clinical and research scientists, nurses, nurse practitioners, physician assistants, pharmacists, respiratory therapists, dietitians, other healthcare professionals and intensivists (comprising internists and the subspecialists in internal medicine, emergency medicine, surgery and the subspecialists in surgery, anesthesiology, pediatrics and neonatology, neuroscience, and psychiatry) interested in the delivery of critical care.

**Types of Activities**

The types of activities offered by SCCM's continuing education program include, but are not limited to, live conferences and workshops, presentations of selected scientific papers and platform sessions, and enduring materials including printed media, Internet-based activities, and other electronic media.

**Expected Results of the Program**

As a result of these educational activities, SCCM fosters the continuing professional development of healthcare providers. The offerings are intended to enhance healthcare professionals' training and performance for the purpose of improving health delivery and patient outcomes. SCCM is committed to assessing the achievement of the continuing education program objectives through qualitative and quantitative methods.

**POLICY ON TRANSPARENCY**

*Approved by Council 1/14/11; Reaffirmed by Council 9/10/11*

SCCM's continuing education and conflict of interest policies are contained in the SCCM policy manual available on the SCCM website.

SCCM will publicly disclose company support for educational grants, corporate sponsorships, charitable contributions, and research grants on the website and when appropriate during live events; acknowledgement of program sponsorships may occur on signage in registration and other areas and by an announcement at the beginning or end of the program, as well as on slides between sessions.

SCCM will also publicly disclose all financial and uncompensated relationships of its Key Leaders and members of the Council, including permitted research support.

**POLICY ON INDEPENDENCE**

*Approved by Council 1/11/06; Revised by Council 2/14/11; Reaffirmed by Council 9/10/11*

All continuing education activities sponsored by SCCM shall provide an in-depth presentation that is independent, balanced, objective, and scientifically rigorous.

1. In order to maintain the independence of SCCM, the following decisions regarding educational activities must be made free of control of any commercial interest.

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- Identification of CME/CE needs
  - Determination of educational objectives
  - Selection and presentation of content
  - Selection of all persons and organizations that will be in a position to control the content of the CME/CE activity
  - Selection of education methods
  - Development of instructional materials or post-activity documents
  - Evaluation of the activity
2. Independence of the CME/CE provider must be stipulated in the Company Support Letter of Agreement.
  3. A company cannot take the role of the non-accredited partner in a joint sponsorship relationship.
  4. In-kind company support with equipment for educational workshops may be received. However, content will be developed independently from industry input. Industry technicians will have a limited role during SCCM skill station activities, allowing them to correct any technical problems related to equipment and inform speakers of the general use of their products prior to the presentation. Industry technicians will offer no educational content development ideas during program development or skill station presentations.
  5. All SCCM products, services, and position statements that are not part of education programs must go through the same rigorous disclosure and resolution process as continuing education activities.
  6. Efforts to seek educational grants, corporate sponsorships, charitable contributions, and research grants will be done separately from programming decisions. Only the Marketing staff will communicate with companies. Committee members and staff involved in program development are prohibited from discussions with companies.

## **POLICY ON CONTENT AND FORMAT**

*Approved by Council 1/11/06; Revised by Council 2/14/11; Reaffirmed by Council 9/10/11*

SCCM is solely responsible for the validation, quality, content, and utilization of instructional materials or post-activity documents that are prepared with the support of outside organizations.

1. Planning committees are appointed by SCCM to select the objectives, content, faculty, and format of educational activities in a manner that is consistent with SCCM's mission.
2. The following definition of CME/CE will be applicable: "CME/CE consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, professional competence, and relationships a healthcare provider uses to provide services for patients, the public, or the profession. The content of CME/CE is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of healthcare to the public."
3. The content or format of a CME/CE activity or its related materials must promote improvements or quality in healthcare and not a specific/proprietary business interest of a company.
4. Colors or other design elements that are part of a product-promotional campaign shall not be used in the promotional or educational materials for a CME/CE activity discussing that product.
5. Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME/CE educational material or content includes trade names, where available, trade names from several companies should be used, not just those from a single company.

6. SCCM prohibits presenters from using company-controlled presentation materials and from using slides with company logos.
7. CME/CE activity content and format shall comply with the Food and Drug Administration (FDA) Final Guidance on Industry-Supported Scientific and Educational Activities and with the American Medical Association (AMA) definition of continuing medical education and ethical opinion.
8. All recommendations involving clinical medicine in a CME/CE activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
9. All scientific research referred to, reported, or used in a CME/CE activity in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.
10. All recommendations, treatment, or manners of practicing medicine discussed in a CME/CE activity must be within the definition of CME/CE and must not be known (a) to have risks or dangers that outweigh the benefits, or (b) to be ineffective in the treatment of patients.
11. All CME activities developed and presented must be in full compliance with ACCME and AMA PRA guidelines

#### **POLICY ON APPROPRIATE USE OF COMPANY SUPPORT**

*Approved by Council 1/11/06; Revised by Council 2/14/11; Reaffirmed by Council 9/10/11*

The Society of Critical Care Medicine (SCCM) fully supports and adopts the ACCME *Standards for Commercial Support of Continuing Medical Education*, Accreditation Council for Pharmacy Education's *Criteria for Quality Involved with the Administration of a Provider's Continuing Education Program*, and the standards set by the American Nurses Credentialing Center (ANCC) as its basis for any company support with regard to continuing education.

The Society implements these standards and has integrated additional policies that continue to maintain the highest integrity in providing quality continuing education programs. The SCCM's comprehensive policies provide the foundation for the administration, content, and quality of all educational activities, which includes: activity goals and objectives development; promotional material, text content, faculty approval and guidance, activity evaluation, and issuance of certificates.

1. All continuing education (CME/CE) activities sponsored by SCCM shall provide an in-depth presentation that is independent, balanced, objective, and scientifically rigorous.
2. SCCM is solely responsible for the quality, content, and utilization of instructional materials or post-activity documents that are prepared with the support of outside organizations.
3. CME/CE activities sponsored by SCCM must use a SCCM-approved Letter of Agreement for all continuing education activities. SCCM will use a written Letter of Agreement with all companies for educational grants, corporate sponsorships, charitable contributions, business transactions, and support of research grants. All CME/CE activities sponsored by the SCCM must use an SCCM-approved Letter of Agreement.
4. Acknowledgment will be made of any outside organization (commercial/for-profit) providing financial support for any educational activity.
5. SCCM makes all decisions regarding the disposition and disbursement of the company support funds received for CME/CE activities. All company support associated with a CME/CE activity must be given

with the full knowledge and approval of SCCM. No additional funds or in-kind support will be provided to the planning committee members, faculty, or authors beyond those defined in the activity budget.

6. SCCM will not accept advice or services concerning faculty, authors, or participants or other education matters, including activity content and format, from a commercial interest as conditions of contributing funds or services.
7. The Letter of Agreement shall define the terms, purposes, and conditions of the grant and shall be signed by the company, SCCM, and any other provider or educational partner involved in the planning and implementation of the CME/CE activity. The originating source of the funds shall be considered the commercial interest for purposes of signing the agreement and acknowledgment. All parties to the Letter of Agreement must agree to comply with the SCCM's policies.
8. The Society's Key Leaders are not permitted to participate in company-supported symposia as faculty, presenters, chairs, moderators, consultants, or in any other role besides that of an attendee who receives no honorarium or reimbursement.
9. All educational grant amounts will be based on an itemized and estimated budget prepared in advance and shared with the company, and the total dollar amount will be reflected in the Letter of Agreement. All company support expenditures must be documented and, upon request, provided to the company.
  - If it is anticipated that total expenses will be exceeded, SCCM will send to the commercial supporter a budget addendum and request for additional funds. Any additional funds will be documented in an addendum to the Letter of Agreement.

#### **POLICY ON MANAGEMENT OF GENERAL COMPANY SUPPORT (SPONSORSHIP)**

*Approved by Council 1/11/06; Revised by Council 2/14/11; Reaffirmed by Council 9/10/11*

SCCM accepts company support in the form of general corporate sponsorship. This type of company support is defined as financial support provided to SCCM in support of the Society's mission or specific educational activity or other programmatic activity. Sponsorship opportunities only allow for a company's name and/or logo to be included as acknowledgment of the support and do not confer any rights for product-specific advertising or for exhibiting as described herein.

1. SCCM will seek to offer corporate sponsorship opportunities. Corporate sponsorships are not exclusive to one company for one activity; multiple opportunities may be offered per activity.
2. All companies will be provided with SCCM's policies and procedures in this regard.
3. Arrangements for company support of any type cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME/CE activities.
4. Company support in the form of corporate sponsorship of the overall educational activity is preferred (i.e., Gold, Silver, Bronze sponsorships, etc.) as opposed to item-specific sponsorship. However, item-specific sponsorship is permitted but should be reasonably limited so as to maintain the perception of high educational program integrity and the overall high standards for which SCCM has become known.
5. SCCM generally accepts item-specific sponsorship for:
  - a. Social events, receptions, breaks and meals (see **Policy on Social Events** herein).
  - b. Technical equipment and support designed to enhance the educational activity, such as interactive audience response systems, PDA-based schedulers, etc.
  - c. SCCM-utilized areas of the exhibit hall, such as International, Internet and Laptop pavilions, Exhibitor Lounges, etc.
  - d. Hotel-related items, such as hotel key cards, in-room videos, table tent cards, etc.

- e. Facility/logistical support, such as message centers, registration desks, message stations, coat/luggage check, shuttle bus videos and bus seat covers, facility rental costs, faculty transportation/housing, etc.
  - f. Educational meeting supplies, such as registrant bags, portfolio/pads for note taking, lanyards, badge holders, and pens, provided by SCCM as part of the registration materials may not be sponsored. Non-educational supplies, gifts, and other materials (i.e., door-drop bags, umbrellas, CD holders, mugs, etc.) may be sponsored by a company. Non-educational supplies as noted herein may be distributed by the sponsor through their exhibit booth or placed in common areas away from the educational sessions, but will not be distributed by SCCM personnel.
  - g. Other items may be sponsored based on the needs and location of the activity, and will be considered on a case-by-case basis within the overall spirit of this policy.
  - h. SCCM specifically prohibits sponsorship of the development of guidelines and practice parameters.
  - i. SCCM accepts corporate sponsorship of data registries but prohibits corporate sponsors from participating in the direct management of the registry or accessing the registry data.
6. Acknowledgment of company support provided to SCCM in the form of sponsorship is required, but will not be interspersed within the CME/CE content. During live educational events, acknowledgment of program sponsorship may occur on signage in registration and other areas and by announcement at the beginning or end of the program, as well as on slides between sessions. In the case of item-specific sponsorship, it may be acknowledged by placement of the corporate logo on the item sponsored (i.e., bag, notepad, etc.) or by signage in conjunction with the sponsored activity (i.e., in the lunch area).
7. Whenever a specific educational program receives company support in the form of corporate sponsorship, the following statement will be posted clearly at the entrance of the educational session and on the screen during the session if slides are used.
- *"This is an industry-sponsored educational session. The SCCM XXXXXX Program Committee has chosen the topic and developed the program content based on the needs of program attendees. While SCCM was provided company support to help offset some of the costs related to this event, this funding has in no way influenced the program content or speaker selection. Where selected speakers may have had a potential conflict of interest because of commercial support they or their institution received from industry unrelated to this educational event, the Program Committee has taken steps to actively resolve those conflicts to ensure you are presented with a fair and balanced educational opportunity. However, you should note speakers with potential conflicts of interest by reviewing the speaker disclosures published in the Program Book and pay close attention to speaker disclosures made from the podium immediately before the event to ensure you are aware of these issues during the presentation. Should you have any questions, concerns, or complaints about this issue, you may address them to any SCCM staff member or send an email to the SCCM CEO at XXXXX@sccm.org who will follow the complaint resolution process proscribed by SCCM policy.*
8. Societies will require non-CME informational/promotional programs to be clearly distinguished from Society CME programs and to occur in facilities other than those where SCCM CME programs are held.

## **POLICY ON ROLE OF COMPANY-INTEREST REPRESENTATIVES**

*Approved by Council 1/11/06; Revised by Council 2/14/11; Reaffirmed by Council 9/10/11*

Representatives of companies must agree to abide by the SCCM policies and any other regulations or standards, including Letters of Agreement that apply to the planning or implementation of CME/CE activities.

1. A company or its representatives shall not provide CME/CE activities to learners, including the distribution of enduring materials or arranging for electronic access to CME/CE activities.
2. Representatives of companies must not act as the agents of the accredited provider in the planning or implementation of CME/CE activities.

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3. Representatives of companies may attend or participate in CME/CE activities, but must conduct themselves in accordance with SCCM policies. SCCM will monitor representative behavior. Representatives may not post any materials/signage in or outside of the CME/CE activity without prior approval from SCCM.
4. Expected behavior includes, but is not limited to the following:  
Representatives of companies:
  - a. Cannot engage in detailing
  - b. Cannot distribute product-promotional materials
  - c. Cannot pay directly any teacher or author honorarium or reimbursement of out-of-pocket expenses
  - d. Cannot provide any other payment to director of the activity, planning committee members, teachers, authors, joint sponsor, or any others involved with the supported activity
  - e. Must register with onsite activity planners
  - f. Cannot wear company/product name badge
  - g. Cannot participate in the activity by asking questions or inducing participants to ask questions
  - h. Cannot develop their own activity invitations
  - i. Cannot invite guests to attend the CME/CE activity
  - j. Cannot pay registration and expenses for attendees
  - k. Cannot transport faculty members to or from the activity

Industry technicians will offer no educational content development ideas during program development or skill station presentations.

5. Enduring materials may be provided or sold to companies, but SCCM shall not make any agreement with a company for the distribution of those enduring materials to learners. Nor shall SCCM make any agreement with a company to have the company act as its agent in arranging electronic access to CME/CE activities.

## **POLICY ON DISCLOSURES**

*Approved by Council 1/11/06; Revised by Council 1/14/11; Reaffirmed by Council 9/10/11*

In an ongoing effort to provide critical care practitioners participating in its Continuing Education Program with activities, products, and services that are objective and scientifically rigorous, the Society has developed the following policy on disclosure of significant financial relationships or other relationships a faculty member or sponsor has with the manufacturer of any commercial product discussed in an educational presentation.

This policy is designed to provide the target audience with an opportunity to review any affiliations between faculty and supporting organizations for the purpose of determining the potential presence of bias or influence over educational content. This policy does not prevent a faculty member with such an affiliation or relationship from participating in the development or delivery of the educational activity.

1. A relevant financial relationship is defined as a financial relationship (in *any* amount occurring in the past 12 months) that creates a conflict of interest. A financial relationship is defined as a relationship in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor /research, consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. A relationship is relevant if it also relates to a spouse or partner and must be reported.
2. All staff, planning committee members, faculty, presenters, editors, and authors must complete a Full Disclosure Form indicating any relevant financial relationship(s). Any conflicts that exist must be resolved in accordance with the Conflict Resolution Policy.

3. Completed disclosure forms must be reviewed and discussed by the appropriate planning committee. Planners, faculty, and authors shall receive clear and unambiguous instructions that failure to return the form by stated deadline will result in disqualification from participation in the CME/CE activity. Reminders (calls, emails, faxes) shall be sent at reasonable periods prior to the deadline. Individuals who fail or refuse to disclose their relevant financial relationship(s) will be prohibited from participation in the planning, presentation, or evaluation of a CME/CE activity.
4. The following information regarding relevant financial relationship(s) of all individuals in a position to control CME/CE content will be disclosed to learners:
  - a. The name of the individual;
  - b. The name of the company(ies) with which the relationship exists; and
  - c. The nature of the relationship the individual has with each company.
5. For an individual with no relevant financial relationship(s), the learners will be informed that no relevant financial relationship(s) exist.
6. The source of all support from companies will be disclosed to learners. When company support is “in-kind,” the nature of the support must be disclosed to learners.
7. “Disclosure” must never include the use of a trade name or a product-group message.
8. All disclosure information, including the source and nature of all support from companies, will be disclosed to learners in written and/or verbal manner prior to the beginning of all CME/CE educational activities.

#### **POLICY ON RESOLUTION OF PERSONAL CONFLICTS OF INTEREST**

*Approved by Council 1/11/06; Revised by Council 1/14/11; Reaffirmed by Council 9/10/11*

#### **Resolution of conflict means ensuring that the content of the activity is aligned with the interest of the public.**

1. SCCM shall identify all conflicts of interest for individuals in a position to control the content of an educational activity.

#### **A conflict of interest can be said to exist under the following condition:**

- a. The individual has a financial relationship with a company, and
  - b. The opportunity to affect the content of CME/CE activity relevant to the products or services of that company.
2. SCCM shall resolve all conflicts of interest prior to the education activity through one or more of the following steps:
  - a. Introduce a debate format with an unbiased moderator (count-counterpoint)
  - b. Perform peer review for evidence-based content
  - c. Provide faculty with alternate topic
  - d. Select alternate faculty for specific topics
  - e. Achieve divestiture of the relationship by faculty
  - f. Include a moderated panel discussion
  - g. Limit content to evidence with no recommendations
  - h. Perform review of all materials associated with a CME/CE activity by board or planning committee
  - i. Limit equipment representatives to providing logistics and operation support only in procedural demonstrations

The resolution process may involve the chair, moderator/facilitator, faculty, board, or planning committee members who shall have no conflict of interest in the matter to resolve.

3. If an infraction occurs regardless of the resolution noted above, SCCM shall resolve the issue through the following steps:

- a. The committee/COI Oversight Committee/board will review the infraction and determine if it was biased.
  - b. A formal letter will be sent to the individual(s) involved in the perceived bias.
  - c. If the perceived bias continues by the individual(s), a second formal letter will be sent.
  - d. If a third instance occurs, the individual(s) will be formally notified and unable to present and/or participate in any SCCM CME/CE activity for a period of two (2) years.
4. All speakers must disclose all conflicts of interest from the podium and on their slides at the beginning of their presentations.

## **POLICY ON JOINT SPONSORSHIP**

*Approved by Council 1/11/06; Revised by Council 1/14/11; Reaffirmed by Council 9/10/11*

Joint sponsorship occurs when SCCM collaborates on a CME/CE activity with either a non-accredited provider or co-sponsors with another accredited provider. SCCM will require third party organizers of company-sponsored symposia to use appropriate disclaimers to distinguish the symposia from Society CME programs in symposia advertising and program materials. A company cannot take the role of the non-accredited partner in a joint sponsorship relationship.

The Society holds the activities it jointly sponsors to the same standards as its directly sponsored activities. The following describes conditions that must be met in any joint sponsorship into which SCCM may enter:

1. The proposed activity must be consistent with SCCM's Continuing Education mission statement.
2. SCCM must be involved in the initial planning and development of any jointly sponsored activity it designates for credit. A representative of SCCM must review the content and ensure it is in line with SCCM needs assessment. Upon doing this, a topic-specific needs assessment, learning objectives, design of the educational activity, final faculty selection, and evaluation methodology will then be further reviewed for approval of a joint sponsorship.
3. All jointly sponsored activities must comply with SCCM policies. Any funds solicited for the activity must be received by SCCM or be authorized in writing to be delivered to the joint sponsor who shall provide full budgets and updates to SCCM in writing. The joint or co-sponsor may solicit funds with the direction of SCCM and may not make any representations or commitments to funding sources as to content, choice of speakers, or other matters prohibited by SCCM policies. All companies must sign a SCCM-approved Letter of Agreement. The company supporter must be acknowledged in the activity's materials. All faculty, staff, and planning committee members will be required to disclose financial relationships, regardless of size.
4. SCCM will review the budget for any proposed jointly sponsored activity to ensure that adequate resources have been devoted to the development of an activity consistent with meeting the activity's objectives. SCCM will withdraw from an activity if resources are inadequate for the development of a high-quality activity.
5. SCCM must review and approve all materials associated with the activity prior to their production and distribution. SCCM must be clearly recognized as the lead joint sponsor. [If two organizations are working together to put the program on (e.g., third-party company is involved), or if SCCM and another organization (e.g., ESICM) are involved, SCCM must take responsibility for the credit and integrity of the program.]
6. The responsibilities of the non-SCCM joint or co-sponsor will be clearly enumerated in a joint sponsorship agreement between the non-SCCM joint or co-sponsor and SCCM. SCCM will withdraw from any joint sponsorship if the non-SCCM joint or co-sponsor fails to meet its obligations, as described in the contract, or fails to comply with this policy.
7. All potential joint sponsorships will be examined on their individual merits. Although all Continuing

Education activities jointly sponsored with SCCM must comply with this policy, SCCM reserves the right to refuse to enter into a joint or co-sponsorship for any reason whatsoever, regardless of that organization's willingness to comply with this policy.

8. SCCM will charge a fee for its participation in a joint or co-sponsorship activity. This fee and the terms for its payment will be mutually agreed to in the Letter of Agreement. SCCM identifies the following responsibilities in the Letter of Agreement:
  - a. Negotiation and signing of the Company Support Letter of Agreement
  - b. Preparation and dissemination of certificates of credit or participation [four to six (4-6) weeks following receipt of the participant list]
  - c. Maintenance of official participant records [applicant will also be required to maintain unofficial records for six (6) years]
  - d. Handling of participant grievances
9. SCCM will communicate and approve all required statements that must appear on activity materials.
10. SCCM must review all activity materials and reserves the right to mandate pre-dissemination changes it feels are required for compliance with appropriate regulations or for maintenance of SCCM's integrity. The activity may not take place (or in the case of enduring materials or journal CME/CE, may not be disseminated) until official approval is granted by SCCM in writing. SCCM will make reasonable efforts to review materials in a timely manner, but will not be responsible for delays in implementation of the activity.
11. SCCM will specify the documents that the joint sponsor must provide to SCCM and the schedule for that provision.
12. The applicant organization will be notified in writing when its request is approved or disapproved. Promotional or activity materials may not be disseminated without SCCM approval.

#### **POLICY ON ENDURING MATERIALS**

*Approved by Council 1/11/06; Revised by Council 1/14/11; Reaffirmed by Council 9/10/11*

Enduring materials are defined as printed, recorded, or computer-assisted instruction that may be used over time and which, *in themselves*, constitute a planned CME/CE activity.

1. The following information will be communicated to participants on all CME/CE enduring materials, prior to the start of the activity:
  - a. Principal faculty, credentials, and disclosures
  - b. Medium or combination of media used
  - c. Method of healthcare provider participation in the learning process
  - d. Estimated time to complete the educational activity
  - e. Dates of original release and the most recent review or update
  - f. Termination date (date after which enduring material is no longer certified for CME/CE)
  - g. Acknowledgment of company support (only at the beginning or end of the enduring material but not within the educational content; no advertisement [i.e., trade name or product-group message])
  - h. CME/CE Accreditation Statement
  - i. Type of activity: knowledge, application. or practice
2. All enduring materials must be reviewed at least once every three (3) years, or more frequently if indicated by new scientific developments.
3. Enduring materials may be provided or sold to companies, and companies may provide SCCM financial support for development and distribution of enduring materials. However, companies may not act as an agent or directly assist with the development or distribution of the activity to learners.

4. Enduring materials may be commercially supported as noted within the policies on sponsorship. Company support in the form of advertising is not permitted for enduring materials.

*Also refer to the Policy on Independence*

## **POLICY ON JOURNAL-BASED CME/CE**

*Approved by Council 1/11/06; Revised by Council 9/10/11*

The Society of Critical Care Medicine adopts the following policies relative to journal-based continuing education activities sponsored by the Society of Critical Care Medicine:

1. Dependent on interest from the membership, SCCM journals may or may not provide a CME/CE program.
2. If a program is provided, all journal-based CME/CE content shall comply with the following definition of CME/CE, "CME/CE consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, professional competence, and relationships a healthcare provider uses to provide services for patients, the public, or the profession. The content of CME/CE is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of healthcare to the public."
3. Journal-based CME/CE activities include the reading of an article(s) or other stipulated learner phase, and a requirement for the learner's completion of a predetermined set of questions or tasks relating to the content of the materials as part of the learning process.
4. A journal-based CME/CE activity is not completed until the learner documents participation in that activity to the provider. This requirement shall be communicated to the learner.
5. Advertising within the pages of the journal-based CME/CE activity article(s) or within the pages of the related questions or evaluation material is prohibited. Advertising outside of these pages is permitted according to Policy on Advertising.
6. A healthcare professional approved by the Society of Critical Care Medicine shall be appointed to the Editorial Board of the journal in which articles given credit by the Society of Critical Care Medicine appear.
7. Journal articles that have been given credit by the Society of Critical Care Medicine must be subject to peer review.
8. Journal-based continuing education activities are to be planned in accordance with SCCM's policies. The planning process for each journal relationship shall include the development of a needs-based curriculum in which topics to be covered are identified and those topics and their needs source are documented.
9. The planning process will identify the intended audience for the articles, and explicit learning objectives are to be articulated in accordance with the needs of that audience. The needs assessment should be relevant to the journal's readers.
10. The SCCM policies with respect to company support must be followed.
11. Authors must complete the Society of Critical Care Medicine's Faculty Disclosure Form, and authors are to be instructed with regard to fair-and-balanced requirements. The Editorial Board will ensure that CME/CE articles shall be free of potential bias, and are fair and balanced.
12. Each edition of the journal must include either an evaluation or post-test, or both, which relate to the specific articles in that edition of the journal. To receive CME/CE credit, a healthcare professional must attain a passing grade of 70% or more on the post-test.

## **POLICY ON THE INTERNET**

*Approved by Council 1/11/06; Reaffirmed by Council 9/10/11*

1. No Internet CME/CE activities shall be posted on a pharmaceutical or device manufacturer's product website.
2. Links from CME/CE activity websites to pharmaceutical and device manufacturers' product websites are not permitted immediately before or after the educational content of a CME/CE activity, and shall not be embedded in the educational content of a CME/CE activity.
3. The learner shall be notified by pop-up window or other similar mechanism when they are leaving the educational website.
4. Advertising of any type is prohibited immediately before, during, or immediately after an Internet-based CME/CE activity including, but not limited to, banner ads, subliminal ads, and pop-up window ads. Sponsorship is permitted, but may not be interspersed within the CME/CE activity in any manner.
5. At the start of the CME/CE activity, the learner must have the opportunity to view the hardware and software requirements necessary to participate in the activity.
6. A mechanism for the learner to contact SCCM if there are questions about the Internet CME/CE activity must be apparent and available.
7. At the start of the CME/CE activity, the learner must have the opportunity to view SCCM's policy on privacy and confidentiality related to CME/CE activities on the Internet.
8. Communication of required CME/CE statements and information, such as accreditation statements and faculty disclosure information, must be ensured through: (a) the viewing of a mandatory screen containing that information, or (b) clear direction to the learner to access such a screen.

## **POLICY ON SOCIAL EVENTS**

*Approved by Council 1/11/06; Reaffirmed by Council 9/10/11*

The following policies apply to social events that are held in conjunction with CME/CE activities:

1. Social events or meals at CME/CE activities shall not compete with or take precedence over the educational events.
2. Social events must satisfy three criteria: a) the value of the event to the healthcare provider should be modest; b) the event should facilitate discussion among attendees and faculty members; and c) the educational part of the conference should account for a majority of the total time accounted for by the educational activities and social events together.
3. Modest meals and receptions, not to exceed \$100 per person, are appropriate social events for CME/CE activities.
4. Meals, receptions, or other social events must not be the focus or the primary inducement to attend the CME/CE activity, nor should information about them in activity invitations give the impression that they are more important than the content of the CME/CE activity.
5. Any social activity must have the written approval from SCCM, if held during a CME/CE activity.

## **POLICY ON ADVERTISING**

*Approved by Council 1/11/06; Revised by Council 1/14/11; Reaffirmed by Council 9/10/11*

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*Revised and Reviewed by Council, September, 2011*

Advertising is defined as any promotional activity that is product specific or when any type of action or product quality statement is present. Examples of action statements are “Visit our booth #xxx” or “Company B, the maker of the #1 product in XXXX.” However, based on the policy below, advertising in conjunction with an activity is permissible. Advertisements of any type are prohibited in or during educational activities. Advertising activities must be kept separate from CME/CE activities. [See also related policy on Management of Commercial Support (Sponsorship), contained herein.]

1. *Printed CME/CE activities:* Advertisements and promotional materials will not be interleaved within the pages of the CME/CE content. Advertisements may face the first or last pages of printed CME/CE content as long as these materials are not related to the CME/CE content they face and are not paid for by the companies of the CME/CE activity. SCCM typically permits advertising in its journals and program advertisement materials (i.e., *Critical Connections, Critical Care Medicine, Pediatric Critical Care Medicine, Congress Introductory Program, Congress On-site Guide, Congress Ticketed brochure, Congress Pocket Pal, Congress Review, etc.*). Advertisements in or included with SCCM monographs, texts, and other book-type publications are not permitted; however, company support in the form of sponsorship is permitted. (See specific policy.)
2. *Computer-based CME/CE Activities:* Advertisements will not be visible on the screen at the same time as the CME/CE content and not interleaved between computer “windows” or screens containing the CME/CE content. Only sponsorship (see below) is permitted on computer-based CME/CE activities within the parameters set forth in that policy.
3. *Audio and video recorded CME/CE activities:* Advertisements will not be included within the CME/CE. There will be no “commercial breaks.” Only sponsorship (see below) is permitted on audio- and video-recorded CME/CE activities within the parameters set forth in that policy.
4. *Live, face-to-face CME/CE activities:* Advertisements cannot be displayed or distributed in the educational space immediately before, during, or after a CME/CE activity. SCCM does not permit representatives of companies to engage in sales or promotional activities while in the space or place of the CME/CE activity. Advertisements in general registration areas away from the CME/CE activity, or on buses, hotel door drops, hotel video, hotel key cards, and in other areas are permitted, but should be limited so as to maintain the perception of a high-integrity educational program. Advertisements are also permitted throughout non-SCCM utilized portions of the exhibit hall when it is placed in a space separate from the educational activity space.
5. Educational materials that are part of a CME/CE activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade name, or a product-group message.
6. Print or electronic information distributed about the non-CME/CE elements of a CME/CE activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.
7. All items above that are suitable for company support via advertising are also permissible for company support in the form of non-product-specific sponsorship. Items not discussed above are not suitable venues for advertising.

## **POLICY ON EXHIBITS**

*Approved by Council 1/11/06; Revised by Council 1/14/11; Reaffirmed by Council 9/10/11*

1. Arrangements for commercial exhibits or advertisements cannot influence the planning or interfere with the presentation of CME/CE activities, nor can they be a condition of the provision of company support for CME/CE activities.

2. Exhibits must be placed in a space separate from the educational activity space, and not in the requisite entryway to the activity.
3. A separate contract will be used for exhibit arrangements. That contract will contain the terms, conditions, and prohibitions regarding exhibits associated with the education activity.
4. Exhibit income will be accounted for separately from company support income.
5. The Society's Key Leaders may not participate as leaders or presenters in company promotional/marketing events held in exhibit space.

**POLICY ON EXPENDITURES GOVERNING CME/CE PLANNERS, FACULTY, AUTHORS, AND LEARNERS**

*Approved by Council 1/11/06; Revised by Council 1/14/11; Reaffirmed by Council 9/10/11*

1. CME/CE planners, faculty, and authors can be reimbursed for any reasonable out-of-pocket expenses (including standard coach airfare, transportation to and from airport to the presentation site, meals and standard overnight accommodations), based on the activity. Reasonable honoraria may also be paid.
2. SCCM will make the direct payments to the faculty and authors. No other payments will be made to the director of the activity, planning committee members, faculty, authors, joint sponsor, or any others involved with the supported activity.
3. All planners, faculty, and authors will be required to complete documentation for reimbursable expenses. To avoid receiving a MISC-1099, US citizens should submit original receipts.
4. Reasonable meals and receptions are appropriate social events at a CME/CE activity and are budgeted using local standard prices.
5. The authorization for a joint sponsor or other educational partner to pay additional honoraria or out-of-pocket expenses shall be documented in Company Support Letter of Agreement between SCCM and the joint sponsor and/or educational partner.
6. Company support is not used to pay for travel, lodging, honoraria, or personal expenses for non-faculty or non-author participants.
7. Company support may be used to pay for travel, lodging, honoraria, or personal expenses for employees and volunteers of the provider, joint sponsor, or educational partner.
8. All company support expenditures must be documented and, upon request, provided to the company as a reasonable amount.

**GRIEVANCE PROCEDURES POLICY**

*Approved by Council 1/11/06; Reaffirmed by Council 9/10/11*

To provide for due process in the evaluation and mediation of grievances concerning continuing education activities, the following Grievance Procedures Policy was developed. Grievances may concern, but not be limited to, the awarding of credit for individual participation and/or registration fees issues.

1. A written complaint or grievance should be submitted to the Continuing Education Department.
2. The Continuing Education Department will attempt to resolve the grievance of the complainant.

3. If the initial response is unsatisfactory to the complainant, the matter will be referred to the CEO/EVP for action.
4. If the response from the CEO/EVP is unsatisfactory to the complainant, the matter will be referred to the SCCM Executive Committee.
5. The ruling of the Executive Committee will be final.

### **ENDORSEMENT OF EDUCATIONAL PROGRAMS AND PRODUCTS**

*Approved by Executive Committee 9/03; updated 2005; Updated by Executive Committee 4/10/08;  
Reaffirmed by Council 9/10/11*

The Society of Critical Care Medicine (SCCM) may grant endorsement to external groups or organizations of their educational programs, including conferences, publications, and products (the 'activity'). Requests for endorsement will only be considered from non-profit organizations.

For conferences, SCCM must receive a copy of the preliminary educational program, an estimated budget, and any promotional materials or brochures in advance of their printing. For publications and products, SCCM must receive the final printed version or a pre-publication page proof of the activity, along with a statement describing how the activity will improve care of critically ill or injured patients. The proposed placement of the SCCM logo, if planned, must be shown clearly on the documentation. The SCCM logo may be placed on the product or publication if the external organization so desires, but it must be noted in the front matter of any material carrying the SCCM logo that the SCCM has reviewed and endorsed, but not developed, the activity.

Content review of the activity will be carried out by appropriate SCCM committee or staff. Endorsement will not be granted if the activity is deemed to be competitive with SCCM activities.

Once written approval is obtained from the SCCM, no changes are permissible to either the activity itself or the promotional materials associated with the activity without resubmission to the SCCM for additional review and re-approval.

A fee shall apply for all endorsements of external activities, as determined by the SCCM CEO or his designate. Waiver of any fees payable requires approval of the SCCM Executive Committee. SCCM requires ninety (90) days to review all requests for endorsement for which a fee will apply. SCCM affiliates, chapters, and sections are not required to pay the endorsement fee, but should refer to the SCCM Authorized Use of Logo Policy for additional information.

Payment of the fee for endorsement of each activity entitles the external group or organization to one set of SCCM membership mailing labels and one-time use of the SCCM logo. Staff will develop and maintain appropriate procedures and documentation to implement this policy.

### **POLICY ON JOINT SESSIONS AT SCCM/ESICM ANNUAL CONGRESSES**

*Approved 01/02; Reaffirmed by Council 9/10/11*

Each organization will provide for:

- One session on hot topics co-moderated by both leaderships. The hosting society's Program Committee selects the program.
- One thematic session organized by the visiting society. Ideally, the speakers should be on the Congress faculty list, 2 ESICM = 2 SCCM. The topic will be agreed upon by both leaderships (basis: clinical intensive care). The session will be co-moderated.
- Invited guests. Systematically, the Congress hosting society invites the President and President-elect of the non-Congress society. If the President or President-elect is not a member of the Congress

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faculty, his/her own society will cover travel and accommodation costs. However, the registration fees are waived. If he/she is a member of the hosting society's Congress faculty, travel payment will be made by the hosting society in accordance with the hosting society's policies. Registration fees are also waived reciprocally for both CEOs and other key staff attending the Congress.

**STANDARD COMPLIMENTARY ANNUAL CONGRESS REGISTRATION RECIPIENTS**

*Approved Council 9/11/10; Reaffirmed by Council 9/10/11; Revised by Executive Committee 10/13/10*

Please refer to the chart on the following page.

**Congress Reimbursement: for Faculty and VIPs - Effective: October 13, 2011**

**Complimentary Registration & Housing**

Organizational Affairs	Program Development	Meetings	Marketing		
	<p><b>FACULTY A</b>  <b>Sponsored Symposia</b>  <u>Comp Reg</u>  <u>Housing x 1 night</u>  <u>Comp Airfare</u>  <u>\$750 Honoraria</u></p> <p><b>Plenary Speakers</b>  <u>Comp Reg</u>  <u>Housing x 1 night</u>  <u>Comp Airfare</u>  <u>\$1,000 Honoraria</u></p> <p><b>Non Members</b>                      (Domestic &amp; Int'l)  <u>Comp Reg</u>  <u>Comp Housing</u>  <u>Comp Airfare</u></p>	<p><b>FACULTY D</b>  <b>PGCs and FCCS Family</b>  <b>All Faculty</b>  <u>50% Reg discount</u>  <u>Housing 1 night</u>  <u>per presentation day</u>  <u>\$150 Honoraria</u></p> <p><b>FACULTY E</b>  <b>Current Concepts</b>  <b>All Faculty</b>  <u>50% Reg discount</u>  <u>Housing 1 night</u>  <u>per presentation day</u>  <u>\$300 Honoraria</u></p>	<p><b>President</b>  <u>Comp Reg</u>  <u>Housing up to 7 nights</u></p> <p><b>Incoming President</b>  <u>Comp Reg</u>  <u>Housing up to 7 nights</u>  <u>Incidentals</u></p> <p><b>Executive Cmte</b>  <u>Comp Reg</u>  <u>4 nights hotel</u></p> <p><b>Council</b>  <u>Comp Reg</u>  <u>2 nights hotel</u></p>	<p><b>Board of Regents</b>  <u>50% Comp Reg</u>  <u>1 night hotel</u></p> <p><b>Congress Co-Chairs</b>  <u>Comp Reg</u>  <u>Housing up to 7 nights</u>  <u>Comp Airfare</u></p> <p>Dr. Rich Savel  <u>Comp Reg</u>  <u>Housing up to 5 nights</u></p> <p>4 reps from ESICM  <u>4 Comp Reg</u>  <u>2 Comp Housing up to</u>  <u>4 nights each (per MOU)</u></p>	

**Complimentary Registration only**

Organizational Affairs	Program Development	Meetings	Marketing	
<p><b>Award Winners</b>  <u>Barry Shapiro Memorial</u>  <u>Distinguished Investigator</u>  <u>Grenvik Family Award for Ethics</u>  <u>ICU Design Citation</u>  <u>Lifetime Achievement (only if Plenary)</u>  <u>Norma Shoemaker</u>  <u>Dr. Joseph &amp; Rae Brown (honoraria only)</u>  <u>Shubin Weil (honoraria only)</u></p>	<p><b>Abstract Presenters**</b></p> <p><u>Research Citation Winners</u>                      (from previous Congress)</p> <p><u>Specialty Award Winner</u>                      (from previous Congress)</p>	<p><b>FACULTY B</b>  <u>Int'l Members</u>  <u>Comp Reg</u></p> <p><b>FACULTY C</b>  <b>Concurrent Sessions</b>  <b>Members</b>  <u>50% Reg discount</u></p>	<p><u>SCCM's Past Presidents</u>    <u>3 reps from AACN</u>  <u>4 reps from ACCP</u></p> <p><b>Lifetime Honorary Members</b>  <u>Dr. Grenvik</u>                    <u>4 reps from ATS</u>  <u>Dr. Shoemaker</u>                <u>2 CCM journal staff</u>  <u>1 PCCM journal staff</u></p> <p><u>Congress Program Committee*</u></p>	<p><u>Press</u></p> <p>Presidents of other Critical Care Societies Worldwide  <u>1 Comp Reg per society</u></p>

\* Committee members who have planned upcoming meeting, not new members who join committee in Sept.  
 \*\* To qualify: Person is/was an SCCM member at the time the abstract was submitted; they are not a full-physician; they are one of the authors listed on the abstract; only one comp registration given per abstract; submit a written request for comp registration by early Dec. Requests for additional complimentary registrations not included in the above list are handled on an individual basis, reviewed by the SCCM CEO.

## **FUNDAMENTAL CRITICAL CARE SUPPORT FAMILY (FCCS, PFCCS, FDM) PROGRAM POLICIES**

*Revised by Council 9/10/11*

The Fundamental Critical Care Support Family consists of three distinct products: Fundamental Critical Care Support (FCCS), Fundamental Disaster Management (FDM), and Pediatric Fundamental Critical Care Support (PFCCS). Each is a proprietary educational curriculum sponsored by the Society of Critical Care Medicine (SCCM).

FCCS, introduced in 1996, is a multiprofessional instructional program intended to introduce principles important in the initial care of the critically ill/injured patient to healthcare professionals who are not skilled in critical care. Its focus is the early recognition and assessment of the seriously ill patient and discussion of core management strategies for the first 24 hours of critical illness. FDM, introduced in 2003, is a multiprofessional instructional program that addresses the challenges faced by healthcare professionals when confronted with large numbers of critically ill/injured patients in times of natural and man-made disasters. PFCCS, introduced in 2008, is a multiprofessional instructional program specific to the initial care of the critically ill/injured pediatric patient. Paralleling FCCS, the PFCCS audience is those healthcare professionals who may be called to care for seriously ill/injured pediatric patients or who may not routinely care for critically ill infants and children.

The curriculum for each course is presented as a series of integrated lectures and skill stations, providing knowledge, guidance for decision making, and limited practice in some clinical procedures. Curriculum content is problem-based, oriented toward organ system dysfunction, and focused toward critical interventions. Each course may be presented in the traditional face-to-face methodology, or an online-enhanced course may be used. The online-enhanced course presents the didactic materials within a Web-based format for independent learner use; pre- and post-tests are also completed online. Course participants will meet for the hands-on instructor-facilitated skill station component of the course. The online-enhanced option for FDM includes interactive skill stations in conjunction with the didactic modules. FCCS and PFCCS overall program goals are to provide information useful to the healthcare professional who must stabilize and manage a critically ill patient until arrival of a critical care professional or pending transfer of the patient to a more suitable facility. FDM offers the core knowledge and hands-on skills needed by all hospital or critical care medical personnel, regardless of specialty, to respond effectively to natural or manmade disasters.

### **Administration**

The SCCM Council is accountable for the FCCS family of programs. Program development for each product is delegated to its individual committee and the respective chair.

The FCCS Program Committee, FDM Subcommittee, and PFCCS Subcommittee are appointed annually by the President of SCCM, in collaboration with the committee chair. Membership of these bodies shall represent the broad multiprofessional interests of SCCM. The committee and subcommittees are responsible for the approval of curricula, policies, procedures, and guidelines for the programs and serve to advise the chair on all matters. The committee will meet yearly at the SCCM Congress. Actions of the committee are subject to review by the SCCM Council.

The FCCS/FDM/PFCCS Chair is appointed by the President for a two (2) year term. This position is non-funded. The chair is charged with the ongoing implementation of the program in accord with existing policies and procedures and serves as the primary liaison to the Program Committee, SCCM Council, and administrative staff. Other duties may additionally include, but are not limited to:

- Supervision of periodic curriculum revisions as directed by the Program Committee.
- Review and proposal of revisions of FCCS/FDM/PFCCS program policies and procedures.
- Compliance with document, Roles & Responsibilities of SCCM Committee Chairs, as developed/distributed by SCCM.
- Representative of SCCM interests in all discussions, grievances, collaborations, etc., regarding the FCCS/FDM/PFCCS program.

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### **Limitation of Liability**

The FCCS/FDM/PFCCS program family is solely an educational curriculum. It is not intended or designed to certify or validate the competency or capability of any individual attendee/graduate to provide specific patient care. The FCCS/FDM/PFCCS program should not be used to determine physician credentials or practice privileges in a hospital or intensive care unit. The Society, FCCS/FDM/PFCCS Committees, and course instructors disclaim responsibility for any supplemental material added to the curriculum during individual courses and for the utilization of such information by individual practitioners. This curriculum is not intended to substitute for or delay consultation with a critical care specialist.

### **Copyright**

All materials provided through the FCCS/FDM/PFCCS program are protected by applicable copyright laws. SCCM prohibits duplication or use of these materials outside of the FCCS/FDM/PFCCS curriculum without specific written permission or through separate sale of specific materials (i.e., syllabus). Audio or video recording of the course by the sponsor or participants is prohibited.

### **Certificates of Course Completion and Renewal**

Attendees who have successfully completed either the FCCS/FDM/PFCCS instructor or provider course requirements will receive a dated Certificate of Completion. An Instructor's Certificate will permit the holder to serve as an instructor in future provider courses.

Renewal of the privilege to serve as an FCCS/PFCCS instructor in the United States of America (USA) requires that the instructor teach in at least one provider course every two (2) years, continue SCCM membership, and maintain certification or special/added qualifications in critical care where applicable. FDM instructors are not required to be SCCM members. The SCCM office staff and FCCS/FDM/PFCCS Committee Chair are responsible for maintaining records of provider course participation and notification/renewal of instructor status. Requirements for course faculty are contained in the Administrative Binder for the specific course.

Because new information evolves rapidly in the field of critical care and provider course graduates may not fully retain the knowledge gained from this course, providers are encouraged to attend an FCCS/FDM/PFCCS provider course every four (4) years. No notification of renewal is forwarded by the SCCM office to provider graduates.

### **Continuing Medical Education (CME/CE) Accreditation**

It is expected that CME/CE credits will be provided to course participants by the sponsoring institution. SCCM will provide CME/CE credits to course participants who complete the Web-based components of the online-enhanced course option.

### **Appeal and Grievance**

In the unusual event that a dispute arises during an instructor or provider course that cannot be resolved by the course director, or for any other dispute involving a provider physician or instructor within the administration of the FCCS/FDM/PFCCS program, the following appeal procedure will be followed:

- Notification of the FCCS/FDM/PFCCS Manager in the SCCM office by either of the concerned parties.
- FCCS/FDM/PFCCS Manager obtains, in writing and within two (2) weeks of notification, full information concerning the dispute including statements from involved persons. The Manager also provides each party with a copy of this appeal procedure.
- Full information is promptly provided to the Chair, FCCS/DM/PFCCS Committee. The Chair reviews available information, may contact parties separately, and provides a decision, in writing, within thirty (30) days to both parties.
- If either party wishes further appeal, a letter indicating same must be directed to the EVP/CEO of the SCCM within sixty (60) days of the Chair's decision. Failure to appeal within this period forfeits the party's right to appeal and the Chair's decision remains final.
- The EVP-CEO, SCCM will provide, within sixty (60) days, information concerning the dispute to the Executive Committee, SCCM Council, for a final decision. No further appeal is available within the FCCS/FDM/PFCCS program.

Procedures for offering an FCCS/FD/PFCCS course are documented in the Administrative Binder materials that accompany course license purchase. These procedures include:

- Required faculty and their credentials
- Required and optional course content
- Processes and materials for course conduct

## **FUNDAMENTAL CRITICAL CARE SUPPORT COURSE (FCCS) COLLATERAL TRANSLATION POLICY**

*Approved 9/12/98; Revised by Council 9/10/11*

The Fundamental Critical Care Support Course (FCCS) is an international course. As such, translation of the course collaterals into other languages will be helpful in supporting course goals. FCCS is an SCCM product intended to improve the understanding, practice, and utilization of critical care services, while at the same time returning financial resources to SCCM for use in the Society's overall work in support of critical care education, practice, and research.

The policy that will regulate the need for translation and the process of translation follows:

### **Translation Is Considered if:**

- It is determined that translation must occur to reach the provider level.
- Fifteen hundred (1500) textbooks of a particular translation will be utilized over a three (3) year period.
- Translation is requested or supported by an organized critical care society or a request to translate has come from SCCM members in a country that does not have an organized critical care society.
- A contract will be negotiated and signed by the SCCM CEO with input from the FCCS Steering Committee.
- The organized critical care society within that country will spearhead translation efforts and administer the efforts until the project is completed.
- Independent translated textbook sales are included in the translation contract.
- SCCM also contracts for partial translations that may include FCCS slides, administrative material, and/or skill stations.
- SCCM may purchase translated copies at cost.
- SCCM maintains all rights to the intellectual property of FCCS.

### **Translation Process**

- Selection of Model A – Model D (below) will occur. A contract must be signed and approved.
- If Model A is selected, the national critical care society will select the translating physicians.
- Changes in measurements and text (beyond actual translation) will need final approval from the FCCS Steering Committee leadership.
- International translation leaders may seek industry grant benefits and credit the industry in the collaterals if specified in the translation contract. Approval is granted by Executive Committee with input from the FCCS Steering Committee.
- Industry grants may be sought through SCCM development activities or through each participating country's resources on a case-by-case basis.
- Income generated from industry grants will support the FCCS intellectual property and the administration of the FCCS program. SCCM must be a party to all agreements granting industry acknowledgment in the collaterals and the SCCM EVP/CEO must be a signer. Terms will be specified in the translation contract.
- Industry grant support will help underwrite the cost of producing the collaterals, expenses associated with translation, travel expenses for translators, product improvement, mailing, SCCM administration and legal fees.
- SCCM and FCCS names and logos must be present on all collaterals.
- The publisher must send accounting of textbooks printed to SCCM per terms of the contract.
- International copyright law must be practiced as specified in the translation agreement. Copyright remains with SCCM.
- Revision of collaterals will follow the revised English version.
- SCCM will provide illustrations, text in electronic form, hard copy, and cover design to accomplish translation.

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*January, 2009*

*Revised and Reviewed by Council, September, 2011*

- Translation agreement must be strictly adhered to.

## **Models**

### **Model A (Licensing Agreement):**

A company (the Licensee) translates a book (and related materials) under license from SCCM, with the intention of selling that book in its region. The company will incur all costs to translate, produce, print, warehouse, sell, and ship the product at no cost to SCCM. Publisher and distributor is/are identified in the country, and 10% to 15% royalties on published copies are paid to SCCM per the contract. Accounting of texts printed is given to SCCM at the time of printing. The Licensee should note the restrictions regarding bulk and individual purchases. When the books are used as part of a training program, a license to operate that training program is required and is purchased by the training institution directly from SCCM. In this instance, the books are purchased in bulk at specially arranged prices, but only once a license to operate the course has been secured by the training institution. Typically books sold in bulk for use in conjunction with a licensed training course are sold at a discounted rate when compared to the suggested retail prices.

### **Model B (Production Agreement):**

At SCCM's direction, a company is contracted to translate, produce, print, warehouse, and ship the product for distribution in a given region. Shipment of the translated book will be made at SCCM's request. All orders are processed directly by SCCM. SCCM will incur all costs of production, translation, and storage, and no royalties will be made to any other party. This option is contingent upon SCCM securing agreements with local hospitals or other training institutions to purchase fifteen hundred (1,500) copies of the translated books within a three (3) year period.

### **Model C (License and Production Agreement):**

SCCM incurs all the costs to translate, produce, print, warehouse, and ship an SCCM product for distribution in a specific region. Shipment of the translated book for FCCS/FDM/PFCCS courses will be made at SCCM's request. There will be no royalty paid to the company for licensed bulk sales used in conjunction with training courses (see note above). The company is authorized to make only individual sales [quantities of five (5) or fewer books per order]. Should there be individual sales of the book, SCCM will pay a royalty to the company and the gross revenue from the sale will accrue to SCCM. This option is contingent upon SCCM securing agreements with local hospitals or other training institutions to purchase fifteen hundred (1,500) copies of the translated books within a three (3) year period.

### **Model D (Sponsored Agreement):**

A sponsor is secured to pay for the production costs and SCCM license fees for the product. These sponsors are typically large hospital networks or pharmaceutical or medical device companies. SCCM provides a license for distribution of the product in a specific geographic area. SCCM receives a one-time payment up front and the translation/production companies' costs are all paid by the sponsor. In addition to translation, production, and printing, the company also warehouses and ships the product in the designated area as authorized by SCCM.