



Society of Critical Care Medicine Presidential Address—48th Annual Congress, February 2019, San Diego, California

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Thank you, Jerry, for your gracious introduction. Under your leadership as the 47th President of SCCM, we have grown in both reach and impact. You helped us to innovatively improve care. From all of us here, thank you!

Standing here takes me back to 1998—my very first Congress. Phil Dellinger’s Presidential Address inspired me. He said: *“It takes programs...It takes partnerships...It takes commitment to patient care...It takes the best that you and I can give to our patients, to each other, and to this Society...”*

I knew I was in the right place at the right time. His vision, like many of the Society’s leaders before him, all had a common thread: *“...It takes but one person, one idea, one vision to start a ripple of change...”*

This time-honored principle was one that I learned from my parents. Not so much from their words, but quite clearly from their deeds. My parents’ devotion to helping others similarly inspired me.

Allow me to provide you a glimpse into growing up Bailey. My mother was a nurse pioneer in the 1950s, working in one of the first ICUs in the US. My father was a nuclear chemist. When I was six, they were in a serious motor vehicle crash and were critically injured. Paramedics and EMTs didn’t exist at that time, only volunteer first aiders. You know them now as first responders. But that’s not where it all began. My mother knew she was seriously injured. Grateful for the emergency care she received, she also recognized opportunities for improvement. In fact, that became her life’s work.

After their recovery, my parents joined the Volunteer First Aid Squad in Pennington, New Jersey. Unsurprisingly, this became a family affair, rounding out the Bailey squad with my grandfather, my brother, and me.

In order to improve EMS care, my parents pursued paramedic training. They were among the first Paramedics in New Jersey—my mother in the first class, and my father in the second. Clearly, we are a family of early adopters. My parents in EMS, and me in critical care.



Tuesday nights became known as Bailey Crew Nights, providing communication, navigation and direct patient care. I saw the value of early intervention when coupled with bringing the right skill set to patients in need. Those were the very skill sets that were missing from the care that my parents received. But more importantly, I saw how my parents made a difference. They lived it every day...and did more than teach by example—they educated others.

My parents revised the 12-hour CPR course into a 4-hour course to train lay people. They taught EMT and first aid courses for more than 25 years, and I taught right beside them. Over several decades, my parents raised the community standards for prehospital care.

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Now that you have had a glimpse into growing up Bailey, it is easy to understand why I began my career in emergency medicine. Residency was at MCP—the Medical College of Pennsylvania, one of the original EM programs. David Wagner was my chairman and mentor and is perhaps best known as the grandfather of emergency medicine. As a surgeon, he saw the need for comprehensive care in the emergency department that could be best met by creating a dedicated specialty. Dr. Wagner and his peers were visionaries with a shared goal: the most critically ill and injured should receive timely care by uniquely trained specialists. Their vision bears a striking similarity to that of my parents in the prehospital setting.

These notions also resonate with the vision of key SCCM founders. Prehospital care, emergency medicine and critical care are interwoven in the fabric of patient care. And you will find each and every one of them embraced within SCCM. The SCCM I joined in 1997 is not the same SCCM it is today. It's bigger, stronger, more diverse and more influential. That growth was built by multi-professional work contributed by each of you. The breadth of specialties working together was foreseen by Ake Grenvik, SCCM co-founder and 7th president. In 1974, he knew that: "...*The best possible care of critically ill can be rendered when physicians of various specialties, nurses and allied professionals join forces and treat problems together...*"

This perspective drove the expansion of our Fundamentals line. Our Fundamentals programs prepare clinicians of every specialty to recognize and initially manage the critically ill. Responding to member needs, we recently developed FCCS: Obstetrics, FCCS: Surgical, and FCCS: Operational and Auster Environment. These courses have global reach with steady growth in participation since their launch in 1996. For example, since 2012 there has been a 36% increase in the number of FCCS courses taught. These programs have trained over a quarter million healthcare providers, developing worldwide critical care rescue skills.

Increasingly, clinicians including hospitalists and emergency physicians, must care for critically ill patients, often for extended periods of time, and without the benefit of a specifically trained intensivist. Therefore, SCCM is working with their related professional societies to develop a new education program to bridge knowledge and skills gaps until a trained intensivist can help provide care.

And as we did at last year's Annual Congress, we are again reaching out to the public with information and education, so they are better prepared to recognize a critical health event and take action. As the volunteer coordinator at last year's event, I was especially proud to carry on the Bailey family legacy. We encourage you, your families, colleagues and friends to drop by the SCCM Save-A-Life event tent in conjunction with the City of San Diego on Tuesday in beautiful Balboa Park from 11AM to 3PM.

Here we'll be providing information on topics important to us like sepsis and post intensive care syndrome. And once again this year we'll be teaching CPR in conjunction with the local American Heart Association chapter. We'll be sending

home CPR Anytime kits with school age children who attend the training. Students take the kits home and then teach CPR to 4 to 5 family, friends, or neighbors and get credit for their activity in their local schools. No one is too young to learn. At last year's event Jerry Zimmerman's granddaughter, age 6, learned CPR! Even if you can't make it to the park, I'm asking you to install a simple SmartPhone app called Pulsepoint. This free app is functional in many cities across America including right here in San Diego. In real time, Pulsepoint links you with the location of the nearest AED when someone is reported in cardiac arrest in any Pulsepoint activated community. Thank you for all you do to save lives!

From our fundamentals program to public health education, we are addressing critical needs outside of the ICU. Through SCCM's ICU Liberation and Thrive programs, we're focusing on how ICU care impacts long-term outcomes. You are likely familiar with the post intensive care syndrome and its impact on patients and their families. Each of these elements is in some way related to critical illness and the care that is required. Our desire to discover ways to help patients who have PICS - or eliminate it entirely—raises 3 key questions. First, can we predict who will suffer from PICS? Second, what kind of rescue tools should we use? And third, how can we heal their minds and their bodies?

We've started the journey to discover how to restore a patient's quality of life. And within that journey is a role for each and every one of you. It will rely on your commitment and your vision to imagine new ways to investigate and understand critical illness. While this process is not fast, it is essential. This is the same process that led to the birth of emergency medicine and emergency medicine critical care.

Emergency medicine was established as a specialty in 1974, but it took 40 years to craft a path to critical care board certification. That triumph reflects dedication, collaboration, vision, and persistence. And likely no small amount of stubbornness. Our labor has indeed borne fruit. When I joined in 1997, you could count the EM section members on one hand. Today, SCCM has nearly 2,500 EM section members. I am grateful to the visionaries who came before me and crafted the opportunities that I was fortunate to embrace. They have allowed me to follow in the footsteps of my family and my mentors so that I can proudly serve as your first emergency medicine president of SCCM. I am honored beyond words.

When I started volunteering for SCCM 20 plus years ago, it certainly was not with the long-term vision of becoming president. I volunteered because my parents showed me the value of dedicating myself to something in which I believed. That dedication initially led me to the Pennsylvania chapter. Participating at the regional level led in turn to opportunities at the national level. SCCM has unlimited opportunities to learn, connect, and effect change. Congress is only one of the places at which SCCM supports professional growth. Importantly, what you can do and learn at Congress can be mirrored within your local chapter. SCCM has 14 chapters where you can access education and in turn, help educate others. Our chapters are a vital part of

supporting the Society's initiatives. It's a great place to network with colleagues locally, just like you connect with peers globally here at Congress. Education is a cornerstone of SCCM and a building block of the continuum of care. The Congress Program co-chairs have crafted a superb program that offers cutting edge concepts as well as fundamental reviews.

There is truly something here for everyone regardless of parent discipline or specialty focus. Excellence in education is indeed a signature aspect of our society. Our efforts have highlighted how the demands of our profession impact us at work as well as at home. The resulting distress has earned its own name, Burn Out Syndrome. SCCM has joined forces with the American Association of Critical Care Nurses, the American College of Chest Physicians, and the American Thoracic Society. Together, we form the Critical Care Society's Collaborative supported by more than 200,000 members. The prevalence of Burn Out Syndrome within critical care is a national professional crisis. Our initial response brought experts together for our first Burn Out summit.

We followed that with a survey of our combined memberships to better understand what tactics you've employed to successfully address burnout. You can look forward to the published results later this year to help keep your teams healthy and productive.

In the meantime, we would like to support your health and wellness at Congress. To that end, I would like to welcome you to our first wellness lab. You'll find it in the main lobby. Our lab provides tools that you can bring home to your colleagues to help address burnout. We're also supporting the National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience. I encourage you to visit their well-being knowledge hub. The address is <https://nam.edu/clinicianwellbeing>.

Maintaining personal health and well-being is an important aspect of professionalism. Doing so helps maintain the passion that brought you to critical care in the first place. The ability to embrace and share that joy inspires both your team and the next generation of critical care professionals. Happily, that next generation is growing.

Since 2008, SCCM has encouraged the growth of U.S. critical care physician training programs. We have since seen an amazing 25% increase in programs. This in turn increased the number of critical care trainees by 50%. In parallel, our In-training Section has grown to over 1,300 members.

Did you know that SCCM provides free membership to those in critical care training programs whether they are physicians, pharmacists or nurses? We do, and if you are a program director for our developing colleagues, I encourage you to register them. If you're a trainee and not yet a member, ask your Program Director to sign you up. The address is <https://sccm.org/sponsoredfellows>. It's free, it's easy, it has many benefits...and it's a superb way to involve trainees in our global community. Not only are the number of critical care trainees growing, but so too is the amount of research. Abstract submissions to this year's Congress established yet another record.

Similarly, I am proud to share that manuscript submissions to our two journals, *Critical Care Medicine* and *Pediatric Critical Care Medicine*, well outpace those for any other primary critical care journal in the world. In fact, the numbers are so high that the acceptance rate has fallen to a rate that is simply too low. We are turning away science that is likely relevant to our members. Today, I'm pleased to announce that SCCM is launching, right here at Congress, its first open-access journal called *Critical Care Explorations*. Our Editor, Dr. Timothy Buchman, will be presenting further details about this exciting new endeavor in today's afternoon plenary session on late breaking research located right here in this room. With your help we expect that, *Critical Care Explorations* will develop into our third, world-class scientific publication.

We continue to invest in our existing journals as well. You can look forward to a robust social media program, visual abstracts, increased pro/con debates, and bedside application sections for most articles. Additionally, we are making our journal editors and editorial board members accessible to you. You will find them in sessions here at Congress, as well as in video interviews and podcasts throughout the year. Thank you, Dr. Buchman!

As you can see, many new things are in the works at SCCM. While it has been a privilege to serve on Council, it's also been an honor to serve as the liaison to our Uniform Services Section. Like the EM Section, it too has grown in membership and impact. The impetus for the Fundamentals Operational and Austere Environment course came from this Section two years ago at Congress. The U.S. military holds SCCM's fundamentals training programs at bases, as well as combat and mission capable environments worldwide. If you visit SCCM Headquarters, look for the framed flag in the front hall. This flag was flown above the hospital in Iraq where FCCS courses were held in both English and Farsi.

Some of you may have signed up for the tour of the Naval Medical Center and the U.S. Navy's hospital ship, Mercy. We're sure that will be a memorable visit. I am delighted that Congress is here in San Diego as it is an excellent place to honor the military and our military members. Please join me now in thanking our military service members.

I also want to take this opportunity to thank the SCCM Staff, capably lead by our CEO, David Martin. It is clear to me, and likely to all of you who volunteer, that David and the staff believe in our mission. For them, working at SCCM is so much more than just a job.

Allow me to introduce you to my family, my personal support staff. I am indebted to each and every one of them. My mother- and father-in-law—James and Kathy Cooner. My brother Lt Col Richard Bailey Jr Air Force (ret). My parents—the champions of my youth. My mother Jessie Bailey who is no longer with us. My father Richard Bailey Sr who has always supported me and told me I could be anyone that I wanted to be—including president—although he never specified president of what. I've saved the best for last. My husband Dr. Edward Cooner. We met the first week of medical school. You have been there for every step of my professional medical career. I

would not be here without your love and support. Thank you for all you've done to inspire and support me.

Today, my goal is to inspire you. To question, to influence, to make a difference in our Society, your patients, your profession, and your life. Be the ripple of change. Thank you for

the privilege of serving as your 48th President. Welcome to Congress.

1. Safar P: The critical care medicine continuum from scene to outcome. *In: Major Issues in Critical Care Medicine*. Parillo JE, Ayres SM (Eds). Baltimore, Williams and Wilkins, 1984, pp 71–84