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SCCM'S MISSION

is to secure the highest-quality care for all critically ill and injured patients.

ENVISIONED FUTURE

SCCM envisions a world in which all critically ill and injured persons receive care from a present integrated team of dedicated trained intensivists and critical care specialists. Multiprofessional teams use knowledge, technology, and compassion to provide timely, effective, safe, efficient, and equitable patient-centered care.

DIVERSITY STATEMENT

SCCM values and seeks diversity and inclusive practices within the critical care profession and within the SCCM organization. SCCM promotes involvement, innovation, and expanded access to leadership opportunities that maximize engagement across diverse populations. SCCM will provide leadership and will commit time and resources to accomplish this objective, focusing particularly on increasing participation of underrepresented groups. Securing the highest-quality care for all critically ill and injured patients is our goal.
SCCM’S ORGANIZATIONAL GUIDING PRINCIPLES

Promote a **healing, safe and effective critical care environment** for patients, their families and caregivers wherever critical care occurs across the healthcare continuum.

Promote the implementation of an integrated team of dedicated experts in the ICU for delivery of the **highest-quality, safest, most effective, and most cost-efficient critical care**.

Advocate to patients, the public, and policymakers that critical care is a **compassionate, patient-centered discipline**.

Advocate career pathways in both research and clinical critical care that will attract and retain a quality team of personnel dedicated to **improving the care of critically ill and injured patients**.

Provide the **finest education** for healthcare professionals, the public, and policymakers regarding optimal delivery of critical care.

Promote and support **quality research** into all aspects of critical illness and injury.

Promote measurement of outcomes and processes to **inform** and **improve patient care**.

Promote **member participation** in quality improvement activities.

Foster **development** of critical care practitioners and leaders.
SCCM members play a crucial role in cultivating new ideas and initiatives. Submitting a strategic planning proposal is one way to engage with SCCM and be a part of its mission to improve critical care. The process for submitting proposals has been revised to increase the probability of acceptance by ensuring that the submitted proposals are appropriately aligned with the strategies outlined by the SCCM Council and are completed with the assistance of staff and volunteer leadership. The process begins with the submission of a letter of intent for a proposal. Letters of intent may be submitted at any time. Learn more at sccm.org/governance.
HIGHLIGHTS OF THE YEAR

The SCCM Annual Report provides an overview of activities from October 2022 to September 2023. It’s been an exciting year full of new milestones and accomplishments.

2022

OCTOBER

• SCCM replaced a lengthy guideline development cycle with a new process supported by additional resources. Using the new methodology, two to four short updates or new guidelines will be released annually with a limited number of Patient, Intervention, Comparison, Outcome (PICO) questions, making the publication of new guidelines and related toolkits more rapid and easily implemented by clinicians.

• The Rocky Mountain Chapter was launched to serve the Colorado area.

2023

NOVEMBER

• SCCM received its third Edwards Lifesciences Foundation grant to continue to support their Every Heartbeat Matters campaign by providing clinical education and training on critical care education and training on critical care recovery of cardiac and high-risk surgery patients in underserved areas of the United States and around the world.

JANUARY

• In-person learning returned and Congress was held in San Francisco, California. The event included the debut of a new course: Fundamental Critical Care Support: Surgical.

• Famous TikTok-er Dr. Glaucomflecken was a highlight of the event, sharing a moving plenary session about patient survival.

2023

FEBRUARY

• SCCM participated in a diplomatic trip to Africa to kick off the Africa Infrastructure Relief and Support (AIRS) project.

MARCH

• SCCM remembered one of its earliest nurse members and its first executive director, Norma J. Shoemaker.

• SCCM provided more than 140 clinicians free, lifesaving ultrasound training in Ukraine following months of SCCM’s organized humanitarian relief in the form of supplies, medications, and free education resources.

MAY

• SCCM joined intensive care units worldwide in celebration of National Critical Care Awareness and Recognition Month.

JUNE

• Representatives of the 18 U.S. sites enrolled in the Assessment of Implementation of Methods in Sepsis and Respiratory Failure (AIMS) study met at SCCM headquarters to begin the study's collaborative/implementation phase. Sites were randomly selected to implement either the Surviving Sepsis Campaign Hour-1 Bundle or 3-Hour Bundle. The teams discussed barriers to and facilitators of implementing the bundles, reviewed algorithms that will guide care, and worked in groups to develop goals for next steps.

JULY

• SCCM took new steps to transform sepsis care with its project, “Using Education and Technology for Rapid Cycle Sepsis Diagnosis: Building an Equitable and Quality-Based Diagnostic Excellence.” The Council of Medical Specialties announced that it will award SCCM a grant to fund the project.

• Discovery, the Critical Care Research Network, hosted its first Datathon in New York City. The event brought researchers and clinicians together to solve big issues facing critical care.

• SCCM hosted its Multiprofessional Critical Care Review course at its newly remodeled headquarters building for the first time.

• The Leadership, Empowerment, and Development (LEAD) Program held a successful regional networking event at the newly designed SCCM headquarters. The first event of its kind brought together professionals from the Midwest Chapter and others to socialize and learn more about career advancement.

• Discovery hosted a successful virtual Clinical Investigators Meeting focused on New Health Information Technologies Implementation.

AUGUST

• SCCM returned to Ukraine, training more than 300 clinicians in courses that combined elements of its Fundamental Critical Care Support: Surgical and ICU Liberation courses and held additional advanced ultrasound courses. Attendees learned about initial care, stabilization, and urgent disposition of critically ill surgical patients and key principles of early mobility and rehabilitation to streamline recovery after ICU care.

• Discovery hosted a successful virtual Clinical Investigators Meeting focused on New Health Information Technologies Implementation.

SEPTEMBER

• SCCM returned to Ukraine, training more than 300 clinicians in courses that combined elements of its Fundamental Critical Care Support: Surgical and ICU Liberation courses and held additional advanced ultrasound courses. Attendees learned about initial care, stabilization, and urgent disposition of critically ill surgical patients and key principles of early mobility and rehabilitation to streamline recovery after ICU care.
MESSAGE FROM
THE LEADERSHIP

As we look back at the 52 years since the Society of Critical Care Medicine’s (SCCM) formation and move beyond the worst years of the COVID-19 pandemic, we are pleased to report that the Society is robust and doing more than ever to improve the care of critically ill and injured patients worldwide.

With that said, we are living through a time of historic challenge and opportunity. The world faces ongoing economic, social, and geopolitical volatility. We have entered a new age of technology with artificial intelligence that may fundamentally transform productivity and patient care. The number of clinicians working in our intensive care units (ICUs) has fallen as many, frustrated and exhausted, have left the field, resulting in an acute shortage of clinicians and increasing patients’ vulnerability.

As you can see in this report, SCCM’s programs are thriving overall. Our traditional major activities such as educational programs for trained critical care clinicians, which were heavily impacted during the pandemic, have begun to recover. The growth of newer activities, such as the Society’s research and humanitarian programs that flourished during the pandemic, continue to grow during this period of transition.

The SCCM Council continues to invest in major expansion of our research and quality improvement endeavors. Not only have we increased direct funding for researchers, but Discovery, the Critical Care Research Network, has expanded into data science activities, including developing more critical care data scientists and using data science to solve problems in critical care. Meanwhile the amount of extramural grant funding for our research and quality improvement projects has continued to grow.

While SCCM has always been an international organization, our expansion into global health activities has been a major focus in recent years. No longer just offering membership and education to colleagues around the world, we have expanded our humanitarian activities as we work closely with those in war zones and build sustainable oxygen infrastructure in low-resourced hospitals where much of our training cannot be implemented when patients do not have access to this simple lifesaving therapy. SCCM has also expanded its Fundamentals training programs and, through funding partners, provides free training to those in low-resourced areas both in the United States and globally. The Society continues to bring needed pharmaceuticals, medical supplies, and equipment to hospitals most in need.

The COVID-19 pandemic brought many changes to the delivery of critical care. One long-lasting impact is persistent practitioner shortages throughout the global healthcare system. However, we are heartened to know that, in the United States, the number of programs offering physician training in critical care medicine has increased, with expansions from nontraditional fellowship pathways to specialties such as cardiology, nephrology, and infectious diseases, which will help increase the number of critical care physicians in the United States. Learn more about the state of the critical care workforce and resources available on page 11.

Individuals and organizations frequently ask SCCM to get involved in social and geopolitical activity outside of our mission of improving care. SCCM is not a political organization and takes no sides in any conflict. SCCM is a global nonprofit public charity chartered to improve care of the critically ill and injured worldwide. We work to support all critical care clinicians and the patients they serve, no matter where they are located, regardless of politics. Our meetings, events, and training activities occur all over the world and throughout the United States. We bring our programs to where they will have the most impact, even if those areas are fraught with political conflict.

SCCM remains a consequential organization because it has adapted to many paradigm shifts, from education to research to humanitarian support. Today, we continue to adapt. Our mission to improve care of the critically ill and injured across the planet remains consistent and guides us in every decision we make. A global leader in healthcare, we are a force for good, helping unlock the best care possible for critically ill and injured patients in every country, community, and setting. The continued support of SCCM members, donors, sponsors, advertisers, and organizational partners is most appreciated. Our collective efforts have a major impact on the care of the critically ill and injured everywhere.

Sincerely,

David J. Martin, CAE
CEO/Executive Vice-President

Vinay M. Nadkarni, MD, FCCM
2023 SCCM President

Sandra L. Kane-Gill, PharmD, MSc, FCCP, FCCM
SCCM Past President
Society of Critical Care Medicine

EXECUTIVE COMMITTEE AND COUNCIL

President
Vinay M. Nadkarni, MD, FCCM

President-Elect
Lauren R. Sorce, PhD, RN, CPNP-AC/PC, FCCM

Past President
Sandra L. Kane-Gill, PharmD, MSc, FCCP, FCCM

Secretary
Jose L. Pascual, MD, PhD, FRCS(C), FACS, FCCM

Treasurer
Cherylee W.J. Chang, MD, FACP, FCCM

COUNCIL MEMBERS

Sheila A. Alexander, BSN, PhD, RN, FCCM

Donna Lee Armaignac, APRN, CCNS, CCRN-K

Marie R. Baldisseri, MD, MPH, FCCM

Jeffrey F. Barletta, BS, PharmD, FCCM

Jose L. Diaz-Gomez, MD, MAS, FASE, FCCM

Amy L. Dzierba, PharmD, BCCCP, FCCP, FCCM
HONORARY COUNCIL MEMBERS
MEMBERSHIP

17,000+
MEMBERS WORLDWIDE

Members represent more than 80 countries worldwide.

Members by Type

- 65% Professional Members
- 18% Select Members
- 17% Associate Members

What Are Member Types?
To meet the individual needs of a diverse membership, SCCM offers three member types: Select, Professional, and Associate. Members can choose the membership level and benefits that meet their current needs. Learn more about member types at sccm.org/join.

Members by Profession

- 65% Physicians
- 12% Nurses
- 11% Pharmacists
- 8% Others (Respiratory Care Therapists, Physical Therapists, Dietitians, Veterinarians, Scientists)
- 4% Physician Assistants

Members by Age*

*Based on self-reported demographic data. Approximately 15% of members have not reported age demographic data.
THE FUTURE CRITICAL CARE WORKFORCE

The landscape of critical care practice continues to change, but the multiprofessional team approach remains the foundation of delivering high-quality critical care medicine.

Three SCCM committees evaluated the field’s continued emergence from the COVID-19 pandemic, changes in the critical care workforce, and pitfalls exposed by the pandemic. This update was published in the Fall 2023 issue of Critical Connections, which is available online at sccm.org/criticalconnections.

CONNECTIONS ARE CRITICAL

The critical care community is better together! SCCM provides pathways and opportunities for connection that are vital for nurturing professional development, advancing research and best practices, and building lasting friendships!

Creative Community

SCCM relies on its Creative Community, the more than 2000 members who volunteer for committees, task forces, and other groups to generate the cutting-edge education and activities on which our members rely. SCCM owes a debt of gratitude to these dedicated professionals who help advance the mission of the organization.

Creative Community Geographic Distribution
**Specialty Sections**

Specialty sections bring together members with similar interests to advance the specialty. Get involved, be inspired, and help advance the specialties that matter most to you through unique projects and educational programming. Network with your group using SCCM Connect and provide nominations for SCCM’s Council, planning divisions, committees, and task forces and participate in the annual selection of awards.

**SCCM members can join up to three specialty sections!**

Visit [sccm.org/sections](http://sccm.org/sections) for details about each section.

<table>
<thead>
<tr>
<th>Sections</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>1737</td>
</tr>
<tr>
<td>Clinical Pharmacology and Pharmacy</td>
<td>2758</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>2470</td>
</tr>
<tr>
<td>Industry and Technology</td>
<td>762</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>3683</td>
</tr>
<tr>
<td>In-Training</td>
<td>1265</td>
</tr>
<tr>
<td>Neuroscience</td>
<td>2096</td>
</tr>
<tr>
<td>Nursing</td>
<td>1497</td>
</tr>
<tr>
<td>Osteopathic Medicine</td>
<td>351</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1748</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>684</td>
</tr>
<tr>
<td>Research</td>
<td>2393</td>
</tr>
<tr>
<td>Respiratory Care</td>
<td>2267</td>
</tr>
<tr>
<td>Surgery</td>
<td>2706</td>
</tr>
<tr>
<td>Uniformed Services</td>
<td>405</td>
</tr>
</tbody>
</table>

Several specialty sections now have social media accounts! Learn more under Social Media on page 16.

**Chapters**

Chapters connect critical care professionals regionally across the United States. Eighteen chapters provide a vehicle for members to exchange information, network with local critical care practitioners, and discuss the impact of national issues in their communities. Learn more about joining SCCM’s chapter network at [sccm.org/chapters](http://sccm.org/chapters).

**Looking Ahead**

A new Telecritical Care Medicine Section will launch in 2024 to provide a space for those interested in telehealth issues to network and share!
Knowledge Education Groups
Knowledge education groups (KEGs) gather members together to collaborate and share their passions about clinical and professional interests.

<table>
<thead>
<tr>
<th>Billing and Documentation</th>
<th>Burnout</th>
<th>Choosing Wisely</th>
<th>Critical Care Clinicians in Practice</th>
<th>Critical Care Organizations</th>
<th>Data Science</th>
<th>Ethics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geriatric</td>
<td>Global Outreach</td>
<td>Obstetric Critical Care</td>
<td>Palliative Care</td>
<td>Tele-Critical Care</td>
<td>Under-Represented in Critical Care</td>
<td>Women in Critical Care</td>
</tr>
</tbody>
</table>

SCCM Connect
No matter which SCCM community you belong to, SCCM Connect is the place to network and engage with colleagues who are in your field (sections), located in your region (chapters) or share your interests (KEGs). Visit sccm.org/connect to find your critical care community!

Top SCCM Connect Influencers

- Caitlin M. Thomas, PharmD, BCCCP
- Kristie A. Hertel, CCRN, DNP, ACNP-BC, FCCM
- Mahmoud A. Ammar, PharmD, BCCCP, BCPS, FCCM
- Joanna L. Stollings, PharmD, FCCM
- Jamie Sturgill, PhD

Join more than 4500 Discussions
50 Active Groups
GETTING THE MESSAGE OUT

Critical Connections
Critical Connections, the critical care industry’s only newsmagazine, provides information on cutting-edge topics in critical care useful to the entire multiprofessional team. Each issue includes articles focused on clinical topics authored by SCCM members as well updates about SCCM activities and successes.

SCCM Digital Newsletters
SCCM has several digital newsletters bringing important critical care information to members and the critical care community! Sign up for updates at sccm.org/newsletter.

<table>
<thead>
<tr>
<th>Newsletter</th>
<th>Circulation</th>
<th>Open rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCCM News</td>
<td>75,000</td>
<td>54%</td>
</tr>
<tr>
<td>The SCCM Newsletter goes out twice a month to provide updates about SCCM events and activities and the latest in critical care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCCM News, Select Edition</td>
<td>2800</td>
<td>40%</td>
</tr>
<tr>
<td>This version of the SCCM Newsletter is delivered once a month to Select members and includes insight from SCCM leadership and special offers for Select members.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical Pulse</td>
<td>10,000</td>
<td>56%</td>
</tr>
<tr>
<td>This digital newsletter is delivered to Select and Professional members and shares breaking news and headlines on critical care curated by clinical experts.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SCCM Blogs
SCCM publishes regular blogs with commentary from subject matter experts and updates on important activities and achievements. Read more at sccm.org/blog.

<table>
<thead>
<tr>
<th>Top SCCM Blogs</th>
<th>April 2023</th>
<th>May 2023</th>
<th>June 2023</th>
<th>November 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSV Vaccination in Adults May Curtail Morbidity and Mortality</td>
<td>Concise Critical Appraisal: Hydrocortisone and Fludrocortisone Versus Hydrocortisone Only</td>
<td>Concise Critical Appraisal: Endothelial Glycocalyx Integrity and Fluid Bolus Types</td>
<td>Dr. Glaucolfleck Shares Humor on Social Media and at 2023 Critical Care Congress</td>
<td>Concise Critical Appraisal: Impact of a Machine Learning Early Warning Score on Hospital Mortality</td>
</tr>
</tbody>
</table>
SCCM.ORG
The SCCM website is your source for everything going on in the Society. Access education to enhance your practice, the latest advancements in the field of critical care, podcasts, webcasts, and more at sccm.org.

Web Page Views

1.3 MILLION

Top Pages

SCCM Home
sccm.org

Surviving Sepsis Campaign
survivingsepsis.org

Critical Care Congress
sccm.org/congress

Guidelines
sccm.org/guidelines

Users by Country

<table>
<thead>
<tr>
<th>Country</th>
<th>Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>744K</td>
</tr>
<tr>
<td>India</td>
<td>54K</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>39K</td>
</tr>
<tr>
<td>Canada</td>
<td>31K</td>
</tr>
<tr>
<td>Mexico</td>
<td>27K</td>
</tr>
<tr>
<td>Brazil</td>
<td>24K</td>
</tr>
<tr>
<td>China</td>
<td>20K</td>
</tr>
</tbody>
</table>
Let’s Get Social
SCCM’s social media footprint expanded with the addition of social media accounts for specialty sections!

Social Engagement Ambassadors
SCCM social engagement ambassadors are a group of SCCM members and critical care community members who are passionate about the organization and its mission! The group grew to include 250 members dedicated to spreading the word about SCCM and its activities online through social media and SCCM Connect.

What does an SCCM engagement ambassador do?
- Share what you love about SCCM and critical care, such as journal articles you find interesting or events you are excited about.
- Get the scoop on SCCM events and activities with tips for how you can share information with your networks.
- Follow SCCM and its top influencers on your favorite social media platforms.
- Use the #SCCMSoMe hashtag to help others curate and identify information.

Become a Social Engagement Ambassador Today

PSST! You can find more social media information including helpful infographics and social media templates to make generating and sharing content easy at sccm.org/social.
2023 CRITICAL CARE CONGRESS

SCCM’s 2023 Critical Care Congress in San Francisco marked the in-person return of the largest multiprofessional critical care gathering, bringing together thousands of colleagues and experts from around the world. This year’s Congress theme of “Better Together” recognized the meaningful ways in which critical care professionals collaborate with each other and contribute to the communities in which they live and work.

Read more about Congress highlights and member experiences at sccm.org/betters togetherblog.

Jennifer Cole, PharmD, BCPS, BCCCP, FCCM
Veterans Health Care System of the Ozarks

*What does Better Together mean to you?*
I just came from a great plenary session where we talked about how ICU research tends to be a collaborative effort. The more groups you can get to communicate and to work together on research, the more exciting the research gets. The research ends up becoming more of an applicable product.

Ndidi Musa, MD, FCCM
Pediatric Cardiac Intensivist
University of Washington Seattle Children’s Hospital

*What does Better Together mean to you?*
That we work together as a team—nurses, respiratory therapists, nutritionists, pharmacists. We are better together because each person brings their knowledge, and the patient gets the collective wisdom of the team.

2023 Congress Registrant Breakdown

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>58%</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>17%</td>
</tr>
<tr>
<td>Nurses</td>
<td>11%</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>3%</td>
</tr>
<tr>
<td>Other (Dietitians, Respiratory and Physical Therapists, Researchers, Students, Veterinarians, Government, Hospital Administrators)</td>
<td>11%</td>
</tr>
</tbody>
</table>

Top Sessions

- Late-Breaking Studies That Will Change Your Practice
- Wife and Death, Featuring Dr. and Lady Glaucomflecken
- Congress Opening Session and Presidential Address
- Healthcare Redesign: Embedding Diversity, Equity, and Inclusion in Critical Care
- Assessing Fluid Responsiveness in 2023
Congratulations to these 2023 SCCM award winners!
Awards were presented during the 2023 Critical Care Congress.

ASMUND S. LAERDAL MEMORIAL LECTURE AWARD
Sponsor: Laerdal Foundation for Acute Medicine
Commemorates Asmund S. Laerdal, creator of the Resusci Anne model used in cardiopulmonary resuscitation training procedures, and recognizes an individual for his/her extensive involvement in resuscitation research and publishing.

Robert M. Sutton, MD, FCCM

BARRY A. SHAPIRO MEMORIAL AWARD FOR EXCELLENCE IN CRITICAL CARE MANAGEMENT
Sponsor: Barry A. Shapiro Memorial Award Fund
Recognizes an individual who has made significant contributions to the design and/or implementation of an evidence-based practice that has significantly impacted clinical, operational, or fiscal outcomes within his/her area of responsibility.

Jana A. Stockwell, MD, FCCM

CHAPTERS ALLIANCE EXCELLENCE AWARD
Sponsor: Chapters Alliance
Recognizes a chapter for its exceptional work by being in good standing; holding regular academic activities; providing mentorship in areas of academics, patient care, research, and professional growth; providing outcomes measurements and reporting; and demonstrating continued importance in the development and growth of the chapter.

Michigan Chapter

DISTINGUISHED INVESTIGATOR AWARD
Sponsor: American College of Critical Care Medicine
Recognizes an established and active SCCM clinical investigator for meritorious and pioneering clinical research in critical care who has significantly contributed to the understanding of disease or treatment of patients.

Craig M. Coopersmith, MD, FACS, MCCM

DISTINGUISHED SERVICE AWARD
Recognizes SCCM members who have made exceptional leadership contributions that have furthered the vision and mission of SCCM.

Ognjen Gajic, MD, FCCM
Tudy M. Hodgman, PharmD, BCPS, FCCM
Ashish K. Khanna, MD, MS, FCCM
Greg S. Martin, MD, MSc, FCCM
Julie M. Winkle, MD, FCCM

DR. JOSEPH AND RAE BROWN AWARD
Sponsor: Pennsylvania Chapter of the Society of Critical Care Medicine
Recognizes an SCCM member who has significantly advanced multiprofessional, quality care for critically ill and injured patients at the regional or local level.

Alex D. Loarca, MD

DRS. VIDYASAGAR AND NAGAMANI DHARMAPURI AWARD
Sponsors: Drs. Vidyasagar and Nagamani Dharmapuri
Recognizes an SCCM member for sustained exemplary and pioneering achievements in the care of critically ill and injured infants and children.

Jayashree Muralidharan, MD, DNB, FIAP, FCCM

FAMILY-CENTERED CARE INNOVATION AWARD
Recognizes innovations that improve the care provided to critically ill and injured patients and their families.

Cedars Sinai Medical Center Neuroscience ICU Family Room Project
Los Angeles, California, USA

GRENVIK FAMILY AWARD FOR ETHICS
Sponsor: Grenvik Family Memorial Fund
Established in memory of Christer Grenvik, MD, to honor an SCCM member who has promoted the ethical and humane delivery of critical care.

K. Sarah Hoehn, MD, MBe
ICU HEROES AWARD
Recognizes that a patient and family are an integral part of ICU care and awards an ICU patient, the family, and the multiprofessional team that delivered the care.

Patient
Levi Oattes
Family
Amy Oattes, Wyatt Oattes, BJ Bear
ICU Director
Joshua A. Marks, MD,

INNOVATION IN EDUCATION AWARD
Honors an educator or team of educators who demonstrate(s) excellence and creativity in the development of an innovative educational program.

Children's Hospital of Philadelphia
Project POINTER (PICU Overnight INTERprofessional Education of Residents)
Philadelphia, Pennsylvania, USA

LIFETIME ACHIEVEMENT AWARD
Honors an individual who has demonstrated a lifetime of meritorious contributions to the field of critical care through the advancement of medical science, medical education, or medical care.

John C. Marshall, MD, FRCSC, FACS

NORMA J. SHOEMAKER AWARD FOR CRITICAL CARE NURSING EXCELLENCE
Honors Norma J. Shoemaker, RN, MN, FCCM, SCCM's first executive director, and recognizes an SCCM nurse member who demonstrates excellence in critical care clinical practice, education, and/or administration.

Marilia I. Diaz Correa, RN, MSN, FCCM

PATIENT SAFETY FIRST! AWARD
Recognizes a unit or program that demonstrates novel, effective patient safety initiatives for critically ill and injured patients.

Cincinnati Children's Hospital Medical Center PICU
Chain of Survival Program
Cincinnati, Ohio, USA

SAFAR GLOBAL PARTNER AWARD
Recognizes an individual, hospital, or organization that expands the global reach of SCCM.

Jorge L. Hidalgo, MD, MACP, MCCM

SHUBIN-WEIL MASTER CLINICIAN/TEACHER: EXCELLENCE IN BEDSIDE TEACHING AWARD
Sponsor: Weil Family Foundation
Recognizes an SCCM member who is a role model in both the teaching and ethical practice of critical care and who has substantially furthered the expert and appropriate use of life support interventions.

Melissa E. Brunsvold, MD, FCCM
LOCAL IMPACT

In 2023, SCCM partnered with Project Homeless Connect and the San Francisco Ambassadors, two groups that work with people who are unhoused. SCCM supported Project Homeless Connect’s Community Day of Service, which provided essential healthcare services delivered with care and dignity to people who are unhoused. Additionally, SCCM provided free Stop the Bleed training for the staff of these two organizations.

Looking Ahead

SCCM is making exciting changes to its Critical Care Congress programming, including a shift to more spring dates and first-time locations!

New dates and locations will provide a more inclusive experience that will maximize opportunities to attend.

All dates and locations are subject to change.

New Spring Dates and Locations!

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 22-24, 2026</td>
<td>Chicago, Illinois</td>
</tr>
<tr>
<td>March 14-16, 2027</td>
<td>San Diego, California</td>
</tr>
<tr>
<td>April 9-11, 2028</td>
<td>Baltimore, Maryland</td>
</tr>
</tbody>
</table>
Fellows and Masters of the American College of Critical Care Medicine

Congratulations to these 2023 American College of Critical Care Medicine Fellows and Masters! These Fellows and Masters were commemorated at the 2023 Critical Congress during the Convocation.

Jason L. Adler, MD, MBA, FCCM
Olugbenga A. Akingbola, MD, CPE, CHSE, FAAP, FCCM
Khalid A. Al Sulaiman, BCCCP, BCNSP, MBA, FCCM
Diana Altshuler, PharmD, BCPS, BCCCP, FCCM
Suneesh C. Anand, MD, FCCM
Krishna Aparanji, MD, CPE, FCCM
Zachary P. Asher, MHS, PA-C, FCCM
Ntesi A. Asimi, MD, FCCM
Mary Kay Bader, RN, MSN, CNS, CCRN, CCNS, FCCM
Carolyn M. Bell, PharmD, BCCCP, FCCM
Ryan P. Bierle, DMSc, PA, LP, FAWN, FCCM
Angela L. Bingham, PharmD, BCPS, BCNSP, BCCCP, FCCM
Vaibhav Bora, MD, MBBS, FASE, FASA, FCCM
Trisha N. Branan, PharmD, BCCCP, FCCM
Andrea B. Braun, MD, Dr.med, FCCM
Katharina M. Busl, MD, MS, FCCM
Leon Chen, DNP, ACNP, AGACNP-BC, FCCP, FAANP, FCCM
Neha S. Dangayach, MD, FCCP, FNCS, FAAN, FCCM
Ashley D. DePriest, LD, MS, RD, CNSC, FCCM
Michael W. Dingeldein, MD, FACS, FAAP, FCCM
Nicholas A. Ettinger, MD, PhD, FAAP, FCCM
David C. Evans, MD, FCCM
James C. Fackler, MD, FCCM
Saul Flores, MD, FCCM
Brian W. Gilbert, PharmD, MBA, BCPS, BCCCP, FCCM
Philip E. Grigurich, PharmD, BCPS, FCCM
Daniel J. Haase, MD, FCCM
Jason Hecht, PharmD, BCPS, BCCCP, FCCM
Cindy H. Hsu, MD, PhD, MS, FCCM
Kerstin G. Hudgins, EdD, MSN, RN, CCRN, CEN, FCCM
Lauren A. Ignieri, PharmD, BCPS, BCCCP, FCCM
Nadia H. Ismail, BS, MS, BCCCP, MSc, FCCM
Koar Ito, MD, PhD, FCCM
Nitesh K. Jain, MD, MBBS, FCCM
Michael T. Kene, PharmD, BCPS, BCCCP, FCCM
Desiree E. Kosmisky, PharmD, BCCCP, FCCM
Pedja Kovacevic, MD, PhD, FCCP, FCCM
Catherine M. Kuza, MD, BA, FASA, FCCM
Peter J. Lindbloom, MPAS, RDMS, PA-C, FCCM
Joshua A. Marks, MD, FACS, FCCM
Susan F. McLean, MD, MPH, FACS, FCCM
Emily M. McRae, DNP, ACNP, APRN, CPNP-AC/PC, FCCM
Scott Micek, PharmD, BCPS, BCCCP, FCCM
Andrew G. Miller, MSc, RRT-ACCS, RRT-NPS, FCCM
Eduardo Mireles-Cabodevila, MD, FCCM
Christopher C. Morrison, PharmD, BCCCP, FNCS, FCCM
Benjamin A. Moses, MD, MS, FCCP, FCCM
Diana Wells Mulherin, PharmD, BCNSP, BCCCP, FCCM
Andrea M. Nei, PharmD, BCPS, BCCCP, FCCM
Sara Nikravan, MD, FASE, FCCM
Jody C. Olson, MD, FCCM
Brandon Oto, PA-C, NREMT, FCCM
Nicole M. Palm, PharmD, BCCCP, FCCM
Vinciya Pandian, PhD, MBA, MSN, RN, CRNP, ACNP-BC, FCCM
Donald S. Prough, MD, FCCM
Kathleen Romanowski, MD, FACS, FCCM
Cassandra A. Ruggles, PharmD, BCPS, BCCCP, FCCM
Ravi S. Samraj, MD, FCCM
James A. Scott, DO, FCCP, FASA, FCCM
Donald H. Shaffner Jr, MD, FCCM
Nissaruddin Shaikh, MD, MB, EDIC, FCCM
Nicole Siparsky, MD, FACS, FCCM
Susan E. Smith, PharmD, BCPS, BCCCP, FCCM
L. Douglas Smith Jr, DNP, APRN, ACNP-BC, CCRN, FCCM
Eduardo Smith-Singares, MD, FCCM
Roberta T. Tallarico, MD, FCCM
Jonathan D. Trager, DO, FCCM
Sandeep Tripathi, MD, MS, FCCM
Isaiah R. Turnbull, MD, PhD, FCCM
Emily K. Valcin, DNP, RN, FCCM
Brandon M. Witenko, PharmD, BCPS, BCCCP, FCCM

Masters of Critical Care Medicine
Denise H. Rhoney, PharmD, FNCS, FCCP, MCCM
Jerry J. Zimmerman, MD, PhD, MCCM

2023 Annual Report
RESOURCES FOR THE MULTIPROFESSIONAL TEAM

SCCM released more than 30 podcasts, featuring interviews with authors from Critical Care Medicine, Pediatric Critical Care Medicine, and Critical Care Explorations. The SCCM Podcasts reached nearly one million listeners! Learn more at sccm.org/podcast.

SCCM provides a breadth of education focused on hot topics in critical care. Education is tailored for every member of the team, and new and exciting opportunities are always in development.

SCCM webcasts tackle late-breaking issues and the latest research. SCCM hosted more than 35 webcasts on a variety of hot topics. Learn more at sccm.org/webcast.

<table>
<thead>
<tr>
<th>Top 5 Podcasts</th>
<th>Downloads</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCCM Pod-469 CCM: Method or Madness? Epidemiology of ICU-Onset Bloodstream Infection</td>
<td>18,279</td>
</tr>
<tr>
<td>SCCM Pod-463 CCM: Clazakizumab for COVID-19: Friend or Foe?</td>
<td>17,647</td>
</tr>
<tr>
<td>SCCM Pod-446: Comparison of Bivalirudin Versus Heparin</td>
<td>17,647</td>
</tr>
<tr>
<td>SCCM Pod-470 PCCM: Adverse Events and Mortality in the PICU</td>
<td>17,647</td>
</tr>
<tr>
<td>SCCM Pod-471: Mitigating Diagnostic Delays and Errors With Emphasis on Sepsis</td>
<td>17,647</td>
</tr>
</tbody>
</table>

Top 5 Webcasts

- Implementing the Sepsis Hour-1 Bundle
- Mitigating Implicit Bias in Diagnosing Patients With Sepsis
- Engaging Healthcare Leaders in Sepsis Prevention and Progression
- RSV in Critically Ill Children: Therapy and Management
- Billing and Documentation Update 2022

SCCM’s Resource Library, part of LearnICU, offers access to more than 1000 resources, from presentation recordings and assessments to microlearning and book chapters. SCCM members receive access to the complete library, organized by knowledge area, learning pathways, and keyword to help find the resources relevant to you. Learn more at sccm.org/learnicu.

<table>
<thead>
<tr>
<th>Top SCCM Resource Library Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Practice Assessment Part 1 and Part 2</td>
</tr>
<tr>
<td>Intubation Medications/Sedation Requirements for Intubating COVID-19 Patient, Infographic</td>
</tr>
<tr>
<td>Pediatric Practice Assessment Part 1</td>
</tr>
<tr>
<td>Atrial Fibrillation in the Critically Ill: What, When, How, and What If?</td>
</tr>
</tbody>
</table>

New Courses and Opportunities

Download the Educational and Clinical Resources guide to explore all that SCCM has to offer.

Deep Dive Courses

- The Final Frontier of Sepsis Precision Medicine
- Acute Kidney Injury and Organ Crosstalk During Critical Illness
- Goals of Patient Care, Leadership, and Patient Flow
- Advances in the Care of Infectious Diseases in the ICU
- Post-Cardiac Arrest Online
- Using Bundled Data in the EHR Online

New Courses

- Advanced Critical Care Ultrasound: Echocardiography Learning Lab
- Introduction to Point-of-Care Ultrasound in Life Support and Sepsis
- Leadership, Empowerment, and Development programming

Download Now
Launched during the 2023 Critical Care Congress, SCCM Global Health programs support humanitarian efforts worldwide, delivering free training and educational resources, supporting healthcare infrastructure, and providing supplies, medications, equipment, and volunteer clinicians to low-resource and crisis-affected areas. Learn more at sccm.org/globalhealth.

From 2021 to 2023, SCCM has been a responsible steward of more than $12.9 million in grant- and donor-funded activities supporting humanitarian projects, crisis response, and critical care training worldwide.

HUMANITARIAN AND CRISIS RESPONSE ACTIVITIES

Training in Ukraine

SCCM volunteers and staff traveled twice to Lviv, Ukraine, in 2023 to train nearly 500 clinicians on lifesaving education focused on point-of-care ultrasound (POCUS), Fundamental Critical Care Support: Surgical, and ICU Liberation. Courses from SCCM’s critical care educational programs allowed Ukrainian medical professionals to hone skills to quickly diagnose and care for critically ill and injured patients and treat them after an ICU stay.

The courses included train-the-trainer techniques to ensure clinicians can continue to teach these skills.

“We provided the education to the experts in Lviv so they can then teach other clinicians in the country. This training can help in any situation where clinicians need to quickly assess whether someone is seriously ill and recognize critically ill patients early so they can intervene and prevent worse complications,” said Mary J. Reed, MD, FCCM, a mission leader and Fundamental Critical Care Support expert.

Learn more about SCCM’s efforts in Ukraine at sccm.org/ukraine.

Left to right: Sergii Dubrov, MD, First Deputy Minister of Health of Ukraine; Natalia Matolinets, MD, deputy medical director for anesthesiology of the Lviv First Territorial Medical Union; and José L. Díaz-Gómez, MD, FCCM, SCCM Council member and lead volunteer.
Africa Infrastructure Relief and Support

The new Africa Infrastructure Relief and Support (AIRS) program will ensure the availability of stable, sustainable medical oxygen to patients in the Gambia, Sierra Leone, and Liberia. Officials and healthcare professionals from the three countries have informed project staff about their oxygen needs and are working closely with SCCM AIRS leaders.

In February 2023, SCCM leaders embarked on a diplomatic mission to these countries to meet with key staff on the ground. Participants on the trip were John B. Sampson, MD, associate professor of anesthesiology and critical care medicine at Johns Hopkins University School of Medicine, chair of the AIRS project; SCCM President Vinay M. Nadkarni, MD, MS, FCCM; and Mary J. Reed, MD, FCCM. They met with staff from the nonprofit Diaspora African Forum (DAF), the first and only diplomatic mission dedicated to the African Diaspora, as well as leaders and staff of the Edward Francis Small Teaching Hospital, the only teaching hospital in the Gambia. In Sierra Leone, the team met with leaders from the Ministry of Health and Sanitation and staff from the Bo Government Hospital, where the application of solar energy will be developed.

Dr. Sampson has been helping improve health systems in Africa for more than two decades. He notes several key components that will influence the project's success. "For a program like this to succeed, we need to have a team that is sensitive to the healthcare priorities of the country that we're working with. We need to have a system set up for a proper maintenance culture. We want to see this equipment 10 years from now still working and still delivering care."

This project is made possible by a $5.5 million grant from Direct Relief and in collaboration with the Johns Hopkins Global Alliance of Perioperative Professionals and the Institute of Global Perioperative Care.

Türkiye-Syria Earthquake Response

In February of 2023, a 7.8-magnitude earthquake caused widespread damage across Türkiye and northern Syria, killing more than 50,000 people and causing devastation to the healthcare system in these two countries. SCCM's partners at Direct Relief needed contacts to help pave a smooth path for needed medical supplies. SCCM connected Direct Relief with Oktay Demirkiran, president of the Turkish Intensive Care Association, and government officials from Türkiye. More than 440 tons of medical aid have now made it safely into Türkiye and Syria.

SCCM, with support from Direct Relief, went on to provide Fundamental Critical Care Support (FCCS) training to more than 70 Turkish and Syrian healthcare professionals during the World Federation of Intensive and Critical Care (WFICC) meeting in August 2023. The training was performed in both English and Arabic. Additionally, SCCM and Direct Relief provided free registration and travel costs to the WFICC conference for nearly 150 Turkish and Syrians clinicians to advance critical care education!
Donor-Funded Training in Low-Resource Areas

The Edwards Lifesciences Foundation has supported SCCM with $1 million in grant funding since 2020. These grants support the foundation’s Every Heartbeat Matters initiative, which seeks to improve the lives of 2.5 million underserved structural heart and critical care patients. SCCM has held more than 100 free Fundamentals training courses worldwide, training more than 3,600 learners. Attendees focused on critical care recovery of cardiac and high-risk surgery patients, and courses were held in low-resourced areas.

Crisis Response during Natural Disasters

SCCM monitors current events and regularly activates its crisis response plan, which includes releasing complimentary education and resources to help clinicians treat critically ill and injured patients, respond to patient surges, and implement resource allocation strategies. Learn more at sccm.org/response.

From October 2022 to September 2023, SCCM provided free critical care resources to those effected by:

- West Java earthquake
- Hawaii wildfires
- Hurricane Idalia
- Marrakesh–Safi earthquake
- Libya floods

Looking Ahead

SCCM is seeking new sites in low-resources areas as it continues to partner with the Edwards Lifesciences Foundation into 2024. Learn more about the criteria for free training and apply at sccm.org/freetraining.
SCCM provides a variety of skills training opportunities. The Fundamentals programs are geared toward future intensivists and those not trained in critical care.

Introducing the Per-Learner Model: A Better Way to Host Training

SCCM's hosted courses have been around since the launch of the Fundamental Critical Care Support course in 1996. Hosted courses are expert-developed courses that are licensed to institutions to train attendees in a consistent, comprehensive manner.

SCCM updated the hosted training model by:

- Implementing a per-learner fee (rather than a learner fee and licensing fee)
- Providing more flexibility for hosts to provide in-person or online lectures, in addition to interactive skills
- Updating the program director portal to improve the user experience and simplified purchase process

Learn more about how SCCM's programs can help your team improve care. Contact the Hosted Training Team at Hostedtraining@sccm.org.

<table>
<thead>
<tr>
<th>Fundamental Critical Care Support Course</th>
<th>Students Trained</th>
<th>Courses Held Worldwide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundamental Critical Care Support</td>
<td>4723</td>
<td>224</td>
</tr>
<tr>
<td>Fundamental Critical Care Support: Pediatrics</td>
<td>1037</td>
<td>52</td>
</tr>
<tr>
<td>Fundamental Critical Care Support: Obstetrics</td>
<td>309</td>
<td>13</td>
</tr>
<tr>
<td>Fundamental Critical Care Support: Resource Limited</td>
<td>71</td>
<td>3</td>
</tr>
<tr>
<td>Fundamental Critical Care Support: Surgical</td>
<td>298</td>
<td>14</td>
</tr>
<tr>
<td>New! Fundamental Critical Care Support: Crisis Management</td>
<td>68</td>
<td>5</td>
</tr>
</tbody>
</table>

Other Hosted Training Courses

- ICU Liberation
  - 20
  - 1
- Multiprofessional Critical Care Review
  - 285
  - 2
- Ultrasound
  - 180
  - 4

Looking Ahead

SCCM is always expanding its hosted training offerings. The hosted training model allows hospitals and institutions greater flexibility and opportunity to train clinicians on the skills they need. Look for these popular SCCM courses to be offered as hosted training opportunities soon. Learners will have the opportunity to review lectures and assess their knowledge online and then attend in-person skill stations to make the most of their learning.

Airway and Mechanical Ventilation

A practical guide for clinicians new to airway and mechanical ventilation management or those looking to refresh their techniques, Airway and Mechanical Ventilation Management highlights new practices in managing critically ill adults. Topics range from an overview of airway practices to advanced airway techniques.

Hemodynamic Monitoring

Receive a comprehensive introduction to hemodynamic monitoring in critically ill patients. Course content covers basic principles of hemodynamics and shock management, concepts of functional hemodynamic monitoring and assessment of fluid responsiveness, and cardiovascular pharmacology. Assessment of tissue perfusion, technical aspects of monitoring, and consideration of strengths and weaknesses of various invasive and noninvasive monitoring devices will also be covered.

Blood Purification Program Pilot

The Blood Purification Program is a pilot course developed by a group of international experts from China, United States, and Europe. It is committed to improving the knowledge and skills of clinicians who manage critical care patients with blood purification therapy. A pilot course is being planned for the China region.
ICU LIBERATION CAMPAIGN

Liberate patients from the harmful effects of an ICU stay with the ICU Liberation Campaign. The campaign provides evidence-based strategies for the entire multiprofessional critical care team that have been shown to improve outcomes for patients and reduce costs for hospitals, while transforming ICU culture.

Implementing ICU Liberation Into Your Electronic Health Record

Epic and Cerner’s inclusion of the ICU Liberation Bundle (A-F) in their electronic health record software puts these evidence-based practices at the fingertips of physicians, nurses, and other clinicians. Educational events and resources centered around providing more information about implementing the ICU Liberation Bundle into electronic health systems continue to break attendance and download records.

Bringing the ICU Liberation Course to Hospitals Worldwide

Since 2020, ICU Liberation has been an offering in SCCM’s hosted training catalog, allowing institutions to license the course and provide uniform patient management training to their clinicians.

Providing a Free Toolkit to Implement the ICU Liberation Bundle

The ICU Liberation Toolkit has been downloaded more than 5000 times since its release. It includes tools such as compliance calculators, teaching slides, and minimal data set tools for adults and pediatrics along with links to helpful resources.

Publishing Evidence-Based Guidelines and Research

Thousands of clinicians have accessed these guidelines to understand the foundations of the campaign:

- 2018 Clinical Practice Guidelines for the Prevention and Management of Pain, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption in Adult Patients in the ICU
- 2022 SCCM Clinical Practice Guidelines on Prevention and Management of Pain, Agitation, Neuromuscular Blockade, and Delirium in Critically Ill Pediatric Patients With Consideration of the ICU Environment and Early Mobility (PANDEM)

Looking Ahead

Look for details in 2024 about how SCCM is expanding its quality improvement efforts through the new ICU Centers of Excellence pilot program.
ACHIEVING DIAGNOSTIC EXCELLENCE IN SEPSIS AND SEPTIC SHOCK

In 2022, SCCM launched the Diagnostic Excellence Program to inform and support implementation of diagnostic excellence strategies to healthcare professionals and leaders to improve patient outcomes in reducing delays and errors in early recognition of sepsis. This program, funded by a Council of Medical Specialty Societies (CMSS) grant, strives to enhance diagnostic excellence, address implicit biases affecting diagnoses, and increase awareness about sepsis. The project yielded several educational materials, including webcasts, podcasts, and toolkits.

Webcasts and Podcasts

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>Webcast Views</th>
<th>Podcast Listens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mitigating Diagnostic Delays and Errors</td>
<td>Addressing the major causes of morbidity, mortality, and mitigation, this session explored effective techniques to mitigate diagnostic delays and errors.</td>
<td>622</td>
<td>13,990</td>
</tr>
<tr>
<td>Implementing the Sepsis Hour-1 Bundle</td>
<td>This session delved into the efficacious national and international sepsis bundle, providing insights into its implementation strategies.</td>
<td>2241</td>
<td>12,970</td>
</tr>
<tr>
<td>Mitigating Implicit Bias in Diagnosing Patients With Sepsis</td>
<td>This session offered strategies to recognize and counteract implicit bias in diagnosing patients with suspected sepsis.</td>
<td>929</td>
<td>8643</td>
</tr>
<tr>
<td>Engaging Healthcare Leaders in Sepsis Prevention and Progression</td>
<td>Exploring the clinical, operational, fiscal, and reputational impact of delays and errors in diagnosing sepsis and septic shock, this session equipped participants with tools to effectively engage hospital leadership.</td>
<td>1151</td>
<td>9043</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>4943</td>
<td>44,646</td>
</tr>
</tbody>
</table>

IMPROVING COMMUNICATIONS ABOUT PATIENT OUTCOMES

SCCM received a Council of Medical Specialty Societies (CMSS) grant in October 2023, Developing a Feedback Mechanism for Referring ICU Clinicians of Patients With Sepsis. Knowing that it is imperative that referring clinicians learn about the outcomes of their patients to improve future clinical performance, this project aims to close the communicate gap for referring clinicians whose patients are transitioned to a higher level of care and eventually diagnosed with sepsis. The project will build on the 2022 CMSS grant to ensure that multiprofessional teams caring for patients with sepsis obtain appropriate feedback to improve and sustain excellent diagnostic performance. Learn more at sccm.org/diagnosticexcellence.

New Grant Will Focus on Improving Patient and Caregiver Care Through Research

SCCM will work to identify and disseminate strategies that can be used for overcoming barriers to patient- and family-centered comparative effectiveness research. The project is made possible by a $250,000 award through the Eugene Washington PCORI Engagement Award program, an initiative of the Patient-Centered Outcomes Research Institute (PCORI). “Addressing Barriers to Engaging Patient and Caregivers Experiencing Critical Illness to Build Capacity for Patient-Centered Outcomes Research” aims to identify strategies that can be used to overcome barriers for patients and caregivers to participation in research. The project will be led by Vanderbilt University School of Nursing researchers Ruth Kleinpell, PhD, RN, FAAN, FAANP, FNAP, MCCM, and Marianna LaNoue, PhD.
Comprehensive Toolkits:
In addition to interactive learning, SCCM developed toolkits addressing preventive measures for diagnostic delays and errors in diagnosing sepsis and septic shock.

Mitigating Diagnostic Delays and Errors
This toolkit emphasizes improved communication methods in ICUs to mitigate sepsis-related diagnostic delays and errors.

Implementing the Hour-1 Bundle
This toolkit provides a detailed guide on implementing the Hour-1 Bundle, emphasizing the role of champions and multiprofessional teams to initiate timely interventions within the crucial first hour of sepsis recognition.

Mitigating Implicit Bias in Diagnosing Patients With Sepsis
This toolkit focuses on recognizing and mitigating implicit bias in the ICU. It includes questions for reflection, along with links to interactive modules, case studies, and practical methods to sensitize clinicians about biases affecting sepsis diagnoses.

Engaging Healthcare Leaders in Sepsis Prevention and Progression
This toolkit focuses on engaging healthcare leaders in understanding the financial implications of diagnostic delays and errors in sepsis management.

GUIDELINES ARE A KEYSTONE OF QUALITY IMPROVEMENT
SCCM released three guidelines during the fiscal year, which are available for free in Critical Care Medicine. Check out sccm.org/guidelines to find additional resources and online tools to easily filter recommendations by strength and category.

Guidelines for the Management of Adult Acute and Acute-on-Chronic Liver Failure in the ICU (Part II)
Crit Care Med. 2023
May;51(5):657-676.

Guidelines for Evaluating New Fever in Adult Patients in the ICU
Crit Care Med.
2023 Nov;51(11):1570-1586.

Guidelines for Rapid Sequence Intubation in the Critically Ill Adult Patient
Crit Care Med.

New Guidance Issued on the Determination of Brain Death
SCCM also served as a collaborating partner on the release of a revised consensus practice guideline for the determination of brain death in both children and adults. The guidelines were published in the October 2023 issue of Neurology, the official journal of the American Academy of Neurology. Additional commentary on what critical care professionals need to know about the updated guidance will be published online ahead of print in January 2024 and appear in the February 2024 print edition of Critical Care Medicine.

Looking Ahead
Look for guidelines on these clinical topics to be released in 2024 and beyond.
Recognizing Critical Illness Outside the ICU
Stress Ulcer Prophylaxis
Glycemic Control for Children and Adults
Corticosteroid Use in the ICU
Discovery, the Critical Care Research Network, celebrated six years in April 2023 and continues to collect a variety of accomplishments. Discovery programs and projects are making a huge impact on the future of critical care.

**DISCOVERY TIMELINE**

**2014**
SCCM Council appointed a Research Network Task Force to perform a needs assessment and provide recommendations to improve critical care research.

**2015**
The task force, along with key SCCM leaders and staff, developed a business plan for the implementation of a research trials network.

**2016**
The research trials network business plan was approved. Existing critical trials networks United States Critical Illness and Injury Trials (USCIIT) and Critical Care Pharmacotherapy Trials Network (CCPTN) disbanded and joined SCCM.

**2017**
Discovery, the Critical Care Research Network, was launched. The first in-person Discovery Clinical Investigators Meeting was held at the National Institutes of Health in Bethesda, Maryland. Federal funding program officers attended.

**2018**
Discovery launched a grant program, offering $100,000 in funding each year to support critical care investigators.

Since Discovery’s 2017 inception, notable achievements include:

- 8 Discovery programs
- 40 Discovery-endorsed projects
- More than 170,000 patients enrolled in Discovery studies
- Nearly 100 Discovery-related publications and abstracts published
Without Discovery, initiatives such as the VIRUS COVID-19 Registry likely would have existed but only as educational initiatives to provide resources for ICU departments and hospitals in need. Thanks to Discovery, the registry has become a foundation for collecting standardized clinical data on patient treatment and outcomes.

During the Critical Care Congress, Discovery held its first session. Discovery initiated the Critical Care Data Dictionary Project to harmonize and standardize critical care data definitions. The first Discovery publication was cited. Discovery received its first extramural grant (SARI-PREP) to support its infrastructure. The VIRUS COVID-19 Registry was launched.

In 2020, the study CURE ID: Aggregating and Analyzing COVID-19 Treatments From EHRs and Registries Globally was launched. The first Discovery publication was cited. Discovery received its first extramural grant (SARI-PREP) to support its infrastructure. The VIRUS COVID-19 Registry was launched.

In 2021, the study CURE ID: Aggregating and Analyzing COVID-19 Treatments From EHRs and Registries Globally was launched. SCCM acted as the coordinating center for the new study Assessment of Implementation of Methods in Sepsis and Respiratory Failure (AIMS).

In 2022, The Discovery Data Science Campaign was launched. SCCM acted as the coordinating center for the new study Assessment of Implementation of Methods in Sepsis and Respiratory Failure (AIMS).

In 2023, The multicenter study Discover After In-Hospital Cardiac Arrest study was launched. The study Platform for Randomized Trials Evaluating Drugs for Inpatient Comparative Treatment Delphi Study (PREDICT) was launched.

Looking Ahead

Outputs are expected from the Data Science Campaign. New clinical studies and collaborations will be launched.

Rahul Kashyap, MD, MBA
Principal investigator
Discovery Steering Committee Member
SCCM’S DISCOVERY DATATHON PARTICIPANTS LOOK TO THE FUTURE

More than 70 participants, including critical care clinicians, data scientists, and researchers, came together to use data science to solve critical care problems during SCCM’s Discovery Datathon. The event was held in New York City in August 2023, attracting attendees from 25 U.S. states and more than 12 countries.

The participants worked in multiprofessional teams to develop pragmatic, data-driven models applicable to the care of critically ill patients, addressing patient safety, COVID-19, and health equity. They were given access to de-identified critical care electronic health record datasets and had the opportunity to collaborate with experts in the field of critical care medicine.

Special thanks to the sponsors and supporters of the Datathon:
- Patient Safety Technology Challenge
- Gilead Sciences
- Clew Medical

Looking Ahead

Three teams were selected as winners, one from each category (COVID-19, patient safety, health equity). One member from each winning team will receive support for registration and travel for the 2024 Critical Care Congress in Phoenix, Arizona, USA.

Look for details about the 2025 datathon coming soon!

Does Limited English Proficiency Affect Time-to-Death for Critically Ill Patients Who Expire in the Hospital?
Topic: Health Equity
Team #4

The PRONE-COVID Study: PRoning and Outcomes among different ethNicitIes
Topic: COVID-19
Team #8

What Are the Key Factors Influencing Glucose Variability in Point-of-Care and Serum Measurements?
Topic: Patient Safety
Team #1
GRANT RECIPIENTS

SCCM is proud to advance critical care through numerous grants that unlock opportunities for established and early-career researchers.

DISCOVERY GRANT AWARD RECIPIENTS

Awarded to SCCM members as new pilot grants to support multi-institutional critical care research studies, Discovery grants foster collaborative research to improve outcomes for patients.

2022
Whitney Gannon, APRN, MSN, RN
Vanderbilt University Medical Center
Topic: ECMO-Free Trial: A Multicenter Pilot Feasibility Study

2023
Ankita Agarwal, MD, MSc
Emory University
Topic: Study of Physician Cognitive Load and Work in the ICU

SCCM-WEIL RESEARCH GRANT RECIPIENTS Funded by the SCCM-Weil Research Trust

Awarded to SCCM members who focus on basic, translational, or clinical research to sponsor research efforts that will improve patient care in the ICU and after discharge

2022
Joshua Denson, MD
Tulane University School of Medicine
Topic: The Impact of a Metabolic Syndrome Phenotype in ARDS

2023
Jose Javier Provencio, MD, FCC
University of Virginia
Topic: Developing a Treatment for Delayed Cerebral Injury After Aneurysmal Subarachnoid Hemorrhage

2022
Katie Moynihan, MD, FCICM, FRACP
Boston Children’s Hospital
Topic: Geographic Access to Pediatric Healthcare According to Social Determinants of Health

2023
Christine Vohwinkel, MD
University of Colorado
Topic: Metabolic Crosstalk in Acute Lung Injury Between Alveolar Macrophages and Epithelium
**RESEARCH PROJECTS PROPELLING THE FUTURE OF CRITICAL CARE**

SCCM secured several new funding opportunities and grant partnerships, further establishing Discovery and SCCM as trusted leaders in critical care research.

**VIRUS**

Discovery’s **Viral Infection and Respiratory Illness Universal Study (VIRUS) COVID-19 Registry** is a multi-institutional collaboration led by members of SCCM, Mayo Clinic Rochester, and Boston University. SCCM is the clinical coordinating center in collaboration with Mayo Clinic as the data coordinating center for this multicenter cross-sectional observational study and registry of all eligible adult and pediatric patients admitted to a hospital with COVID-19. As part of Discovery, this global study fosters collaborative research to promote the advancement of science in the field to improve outcomes for critically ill and injured patients and will exponentially increase research in the critical care field internationally. VIRUS’s findings will be disseminated and may be implemented into practice. More than 40 publications have been released using the VIRUS Registry data to date.

ClinicalTrials.gov Identifier: NCT04323787

**CURE ID**

VIRUS Registry sites are participating in the SCCM and CURE Drug Repurposing Collaboratory (CDRC) program on **CURE ID: Aggregating and Analyzing COVID-19 Treatments from EHRs and Registries Globally**. SCCM is one of the consortium partners along with other academic medical institutions. The program will crowdsource the global medical community for their experience using repurposed drugs to treat infectious diseases such as COVID-19 with no adequate approved therapies to help identify treatments that are promising and can be investigated further. The goal is to build a de-identified, readily available database using the CURE ID platform and the Discovery VIRUS COVID-19 Registry to support drug repurposing research for COVID-19 and other challenging infectious diseases and to generate hypotheses that can be confirmed in clinical trials. One manuscript has been published and another manuscript is in development to date for this project.

**DISCOVER IHCA**

The **Discover In-Hospital Cardiac Arrest (IHCA) study** is a multicenter, prospective observational study led by SCCM and Montefiore Medical Center aimed at better understanding variations in practice for the post-cardiac arrest patient. There is considerable debate among experts concerning many components of intra- and post-arrest care. This study aims to increase the evidence base of these components, particularly temperature control and neuroprognostication in post-arrest patients. In addition to providing insights regarding immediate and long-term post-arrest care, data collected will also be useful in studying variation in cardiopulmonary resuscitation practices.
PREDICT Delphi Trial
The PREDICT: Platform for Randomized Trials Evaluating Drugs for Inpatient Comparative Treatment study is a Delphi process to select potential repurposed drugs for consideration in the PREDICT trial, a platform randomized adaptive trial for patients with sepsis that is being developed as part of a collaboration with the Critical Care Path Institute. It is designed to facilitate the use of automated extraction of clinical data from the electronic medical record (EMR) to inform observational research and interventional clinical trials. This process involves a diverse group of established and early-career investigators from high-, middle-, and low-resourced areas. In combination with parallel efforts to use clinical data taken from EMRs to inform the completion of case report forms and with the design of an adaptive platform trial infrastructure, a group of approximately 50 experts is being gathered to participate in the Delphi process to select the drugs that will initially be used to populate the platform trial.

SARI-PREP
The CDC Foundation funds the Severe Acute Respiratory Infection – Preparedness (SARI-PREP) consortium led by SCCM member researchers at the University of Washington. Together with Emory University, SCCM functions as the data coordinating center. SARI-PREP is a multi-institutional collaborative network of acute care hospitals that rapidly enroll, sample, and follow patients admitted with severe COVID-19 and develops research protocols to rapidly determine demographic, clinical, host molecular, virologic, and institutional correlates of outcomes. The information gained from this consortium will help to quickly inform and improve clinical management of epidemic/pandemic patients with severe acute respiratory infection (SARI) COVID-19, thus fulfilling the mission of SCCM and Discovery to improve outcomes for critically ill and injured patients. The primary manuscript is currently being developed and is expected to be submitted to Critical Care Medicine or Critical Care Explorations.

ClinicalTrials.gov Identifier: NCT04323787

Assessment of Implementation in Sepsis and Respiratory Failure (AIMS)
The goal of this NHLBI $3.5 million, five-year clinical trial, funded to Rhode Island Hospital, focused on emergency departments, is to determine whether the sepsis Hour-1 Bundle or 3-Hour Bundle is most effective in reducing hospital mortality, length of mechanical ventilation, and length of hospital stay. The study compares both bundles head to head for the first time since they were released by the Surviving Sepsis Campaign. Discovery recruited 18 sites and their multiprofessional teams. Of the 18 sites, nine were randomized to the Hour-1 Bundle and nine to the 3-Hour Bundle. Year 1 (2022-2023) focused on recruitment, agreement execution, training, and baseline data collection. Year 2 comprises the implementation phase as sites participate in a 27-month, evidence-based, implementation science-driven learning collaborative. Discovery is serving as the data and clinical coordinating centers for the study.
SCCM JOURNALS

SCCM’s primary dissemination tools for research are its world-renowned journals, *Critical Care Medicine* and *Pediatric Critical Care Medicine* and the fully open-access journal *Critical Care Explorations*. These trusted journals have become a hub for late-breaking research and guidelines, achieving record-breaking submissions over the years. They remain among the most highly cited journals in the field.

<table>
<thead>
<tr>
<th>Journal</th>
<th>2022 Impact Factor</th>
<th>Acceptance Rate</th>
<th>Facebook Followers</th>
<th>X (Formerly Twitter) Followers</th>
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<td>Critical Care Medicine</td>
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<td>17%</td>
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<td>Pediatric Critical Care Medicine</td>
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<td>45%</td>
<td>@CritCareExplore 773</td>
<td>@CritCareExplore 8700</td>
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</tbody>
</table>

**Looking Ahead**

SCCM will announce a new strategy for its journals, focusing on ensuring the articles and research meet the needs of critical care professionals of the future.
Environmental Stewardship and Sustainable Operations
SCCM has made significant effort to minimize its ecological footprint. The recently remodeled headquarters in Mount Prospect, Illinois, is one example of this commitment. The building was remodeled to support team-focused activities, providing staff flexible schedules to work from home and reduce their carbon footprints. The building includes energy-efficient technologies, including LED lighting throughout. Single-use plastics or disposable plateware are not used.

SCCM has integrated ESG considerations into its vendor and contractual relationships. Convention centers and hotels hosting the Critical Care Congress and other in-person meetings are asked to include their social and environmental commitments in proposals, and SCCM considers this information in its proposal evaluation processes.

Social Responsibility
SCCM remains deeply committed to social responsibility.

In 2023, The Society's Diversity, Equity, and Inclusion (DEI) Committee developed a lexicon to assist with engaging in meaningful dialogues and fostering a culture of respect and inclusion. By embracing these terms and definitions, SCCM can contribute to creating a more equitable and just healthcare environment for both patients and clinicians.

SCCM also developed an online training program addressing implicit bias. The training will be mandatory for SCCM volunteers. Diversity considerations have been incorporated into the strategic planning process and formalized for committee appointments.

The Immigrant Critical Care Professionals (ICCP) Mentoring Program Task Force has been formed to develop and implement a mentorship pilot program for leadership building for ICCPs, to encourage their professional development and inclusion within both the Society and the broader external healthcare community.

SCCM continues to vigorously pursue DEI initiatives within the Society and to take steps toward a more inclusive workforce in critical care.

Governance and Ethics
Maintaining high standards of governance and ethics is paramount to SCCM’s mission. SCCM updated and made more transparent its Standards of Professional Conduct to include specific statements related to DEI initiatives. It also clarified how SCCM manages professional misconduct allegations. Learn more here.
THANK YOU TO DONORS WHO SUPPORT SCCM’S MISSION

SCCM’s giving clubs recognize generous donors whose cumulative gift in one calendar year (January 1 through December 31) equals one of the donor levels. Giving club members play a critical role in helping to advance SCCM’s mission by making generous gifts that help expand its ability to impact the critical care community and to improve the care of critically ill and injured patients around the world.

### Legacy Circle Members $500-$1,970

- Abbas Khider Ali, MD, FCCM
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- Benevity
- Anna Budde
- Carolinas/Virginias Chapter of SCCM
- Katherine Cashen, DO
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- Judith Jacobi, PharmD, BCACP, MCCM
- Keith Killu, MD, FCCM
- Jong O. Lee, MD, FACS, FCCM
- David J. Martin, CAE
- Sophia Socaris, MD, FCCM
- Southeast Chapter of SCCM

### Presidents Club Members $5,000 +

- Direct Relief
- Weil Family Foundation
- Jerry J. Zimmerman, MD, PhD, MCCM
YOUR DONATIONS IN ACTION

Learn more about how donations to SCCM are used to improve the care of critically ill and injured patients.
Visit sccm.org/donate

SCCM is committed to improving care for patients worldwide. With your support, the Society is making an impact worldwide.

Donor Support Fund
- Training and Education
- Disaster Relief
- Research
- Humanitarian
SCCM experienced a small net loss from programs of $380,000, but robust investment gains and grant revenue pushed up the total organizational net revenue for the year to $5.2M. This increased organizational net assets to a record $53.3M. This result was driven by strong support from government, private foundations, and industry for the Society’s Global Health initiatives.

SCCM volunteers traveled across the globe training clinicians in low-resourced areas, war zones, and locations devastated by natural disasters. Since its inception in 1972, SCCM has grown both programmatically and financially. The SCCM Council and staff leadership employ a conservative financial approach, putting aside resources into several funds to support new program development and provide for emergency reserves should the need arise. Reserve funds were at $32.9M at the end of FY2023.

The SCCM Council will continue to invest in many new endeavors including technology platform upgrades, research program expansion, implementation of new diversity, equity and inclusion initiatives, and Global Health initiatives.

Audited financial statements are available for public inspection by contacting SCCM’s Chief Financial Officer at bschramm@sccm.org or +1 847 827-6869.
Actual

Knowledge and Skills
Revenue $ 6,669,805
Expense 4,684,455
Net Income (Loss) 1,985,350

Membership
Revenue $ 5,430,935
Expense 1,797,736
Net Income (Loss) 3,633,199

Research
Revenue $ 4,329,855
Expense 1,706,337
Net Income (Loss) 2,623,518

Fundamentals
Revenue $ 1,536,195
Expense 174,864
Net Income (Loss) 1,361,331

Review and Assessment
Revenue $ 1,763,287
Expense 299,045
Net Income (Loss) 1,464,242

Quality and Safety
Revenue $ 207,214
Expense 191,437
Net Income (Loss) 15,777

Communications
Revenue $ 558,518
Expense 326,651
Net Income (Loss) 231,867

Governance/Organizational Affairs
Revenue $ 7,761,529
Expense 6,151,407
Net Income (Loss) 1,610,122

General & Administrative
Revenue $ 90,780
Expense 14,116,344
Net Income (Loss) (14,025,563)

General Operating Total
Total Revenue $ 28,348,118
Total Expense 29,448,276
Transfers for New Programs 719,080
Net Income (Loss) (381,079)

Cash and Equivalents $7,363,339.54
Investments $38,570,209.28
Accounts Receivable $1,050,188.91
Prepaid Expenses $491,015.20
Fixed Assets (Net of Depreciation) $5,725,867.28
Deposits $110,228.12

Accounts Payable $1,003,492.57
Accrued Expenses $1,769,894.39
Deferred Income $3,794,291.31
Deferred Compensation $790,273.80

General Operating Fund $6,943,167.08
Subsidiaries ($263,846.94)
Reserve Funds $32,200,733.80
Miscellaneous Temporarily Restricted $6,845,747.49
Sections $227,094.83

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