



# Society of Critical Care Medicine Presidential Address—45<sup>th</sup> Annual Congress, February 2016, Orlando, Florida

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Craig, thank you for that wonderful introduction, but most importantly thank you for superb leadership this year!

Good morning...and welcome to sunny Florida. I can say that because I am a native of this Sunshine State and thrilled to help host this 45<sup>th</sup> meeting of our Congress here in Orlando. Speaking of 45<sup>th</sup>, did anyone notice the music playing in the room before we started on stage? For everyone too young, all of those songs were #1 in the Charts in 1971, 45 years ago! Coincidentally, this is not only our 45<sup>th</sup> Congress, but just down the road...Disney World is celebrating its 45<sup>th</sup> anniversary. As a proud Floridian, I know a bit about Disney World.

I well remember one summer vacation when my family piled in the car and visited the theme parks of those days...the world of glass-bottom boats, cypress gardens, and water-ski extravaganzas. One stop, however, was down a long dirt road to a trailer simply parked in an otherwise empty field.

Inside we were served orange juice—of course—and treated to a short film made by Walt Disney, outlining his vision for what he hoped to start to build here in Orlando. I share this memory with you because I see a parallel story in our Society.

Just as Disney World is a tribute to the philosophy and talents of its founder and the dedication of his organization, so is the Society of Critical Care Medicine a tribute to our founders who envisioned the need for a multi-disciplinary, inter-professional society, dedicated to caring for the critically ill and injured and their families. And, just as Disney World has grown in size and scope far beyond what Uncle Walt could have imagined, so have we.

He envisioned the Magic Kingdom but what evolved was, Epcot, Animal Kingdom, Disney World, waterparks, Star Wars Park, and who knows what wonders are next.

We began 45 years ago as only a gleam in the eye of a handful of visionary healthcare professionals who were a force for change in how we care for critically ill patients and their families. Critical care then was *defined and confined* to treating those lying within the four walls of the ICU. Today, we know that our professional abilities and responsibilities lie far beyond our physical units.

For example, based upon published data we know that twenty-five percent of ICU patients coming from a hospital bed, have avoidable problems. They got sicker because something was missed or not appreciated. *It didn't "suddenly" happen; it was just suddenly, recognized.* We can help our colleagues throughout our hospitals.

The fact is that we have a perspective on the progression to critical illness that can benefit providers on the wards and in the Emergency Department. We have the knowledge and

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expertise to assist them in lowering ICU admission and readmission rates and morbidity and mortality. That's why our society is examining ways to support you and to partner with others as we begin to extend our reach beyond our four walls.

We have also learned that when a patient leaves the ICU, our job is not necessarily done. We know from personal experience and current research on post intensive care syndrome (PICS), that the impact on families and society can be huge. Many are forced to give up their dreams and tragically one in ten can end in bankruptcy. Addressing the challenge of PICS is so vital to the success of our specialty.

That's why we developed a special program called the THRIVE Initiative. Our patients and families should not only survive, but THRIVE! THRIVE is a four-pronged program that:

- 1) fosters solutions through seed funding to develop local peer-support models
- 2) dedicates funds to advance research in the field
- 3) supports the THRIVE Innovator Award
- 4) supports ICU Heros award

As a specialty we've come a long way in a relatively short 45 years. What began as a focus on triage and treatment of the critically ill, has matured into a specialty that now has the tools and knowledge to support the critical care spectrum. The initial focus is on predicting and preventing patients from ever having to reach the critically ill stage.

This is not a dream as the time for big data has arrived. In a study published in the last year, a team of Hopkins researchers developed a model called TREWScore which had the ability to predict sepsis up to 96 hours ahead of clinical recognition. Just think about that for a moment...such approaches leverage data management and a shift in thinking that effectively creates an interaction between critical care medicine and public health.

We, as mentioned with THRIVE, have been focused at the phase after ICU discharge built around recovery and refining our care.

Allow me to repeat myself and summarize what is now envisioned for critical care. Our future is:

- predicting and preventing
- triage and treatment
- recovery and refining

The bottom line is this: the Society of Critical Care Medicine (SCCM) is channeling its energy and resources to help you find ways to meet the challenges of today's complex health care environment. We've a full-plate of work facing us in the year ahead, but I know from our track record that we are a society up to the task.

Now, let me discuss a couple more important things. First I want to draw attention to the need to address the epidemic of professional burnout. Second, I want to win the battle of the pronoun. And finally, our north star, the patient. Burnout. Post-traumatic stress disorder (PTSD). Whatever you recognize it as, it's costing us in dedicated, experienced staff...and cheating our patients of the care they deserve from expert staff.

We all know how turnover affects the critical care team which relies on repetition and familiarity in our daily practice. The pulls, the physical stress, the moral distress. They take a toll that too often leads to valuable members of our team walking away from a career in our field.

How do we help, how do we keep them in the fold? That's the dilemma we hope to address through work we are doing with the critical care societies collaborative (CCSC).

We made a great start last year at this Congress with a standing room only session on professional burnout and PTSD made possible through the efforts of folks like Marc Moss and Ruth Kleinpell. The crowd, the emotion of the room, and the long lines at the microphone strengthened our conviction that we must not wait any longer in addressing this need. Our conviction is matched by the fact that this is considered to likely be a major strategic focus of the CCSC.

The next step in this journey is a paper being submitted for publication. The CCSC is working on tool kits, a research agenda and the economic case. We must address this incredibly important issue face on and so I invite you to submit proposals to the program committee, submit proposals to strategic planning, submit for grant funding from our Vision grant to research this domain and submit abstracts to Congress to help inform others in the field.

Now, about those pesky pronouns. I want a pronoun shift in the minds of you, our members, when we speak of the SCCM. Contrary to the belief on the part of some members, the future and fate of SCCM is not in the hands of a small group of officers meeting periodically at headquarters. It is in OUR hands. Decisions, directives, initiatives do not come from above/on high. They come from us, the individual member working on the job who suddenly has a new idea, a better way, a need unmet in striving to serve our patients and their families. Just as the work of an ICU is a team effort, so is the work of our Society. And I urge you to step up, become as involved as you can in making us the best professional organization we can be.

SCCM has spent the last couple of years reviewing committee and organization structure and then made changes that allow volunteers to better understand how and where to contribute and become more involved. These organizational "lines" also allow the society to function in a more strategic manner on our behalf. Already I am seeing positive results from our efforts. Last July when I worked with staff to fill committee assignments, instead of the usual 100 or so applicants, I was greeted with a stack of more than 300 eager volunteers. An embarrassment of riches any incoming president welcomes.

Furthermore, to support our innovative ideas we have tripled the amount of funding available through grants and to make it easier to share ideas we have added sessions at Congress where you can meet and greet with the leadership you elected. This year, for those that are technologically inclined we established the app challenge. We are also examining membership models with an eye toward a better value proposition for each and every member and the teams they work in.

Finally, I am extremely happy to announce that both *Critical Care Medicine (CCM)* and *JAMA* are doing some very exciting things with the society. *CCM* is in the top 4.5% of over

8,000 journals, is experiencing a 20% growth in submissions, and has cut the time to first decision by 50%. As the world becomes even more mobile, you will see that even more content will be moved online.

As part of Congress, *CCM* will simultaneously publish key manuscripts including guidelines, plenaries, and late breakers tied to sessions at Congress. *JAMA* will also simultaneously publish with this meeting including important late breakers also tied to sessions. When *JAMA* comes out in the next 48 hours you will notice the entire issue is dedicated to critical care. This is the first time ever that an entire issue of *JAMA* has been dedicated to our field and it shows how critical care has arrived.

Finally, the North star. The reason we do what we do. We must ensure that humanism is pervasive in everything we do as we are not just about the quality of care but also about the quality of caring. I'd like to share with you a short poem written by Brittany Jones at Howard University College of Medicine as a senior this past year entitled, "No Words".

*"When I do not have the words  
Speak to me, tell me who you are  
If you cannot hear my voice  
Listen to my eyes, wait for the whisper of our heart  
When my mouth forms no words  
Still I can hear  
When my ears receive no sound  
I can see!  
And when my eyes refract  
no light,  
Remember... I am a person!"*

As we move forward, let's never forget the importance of taking care of our teams...including our staff, our critical care community, and our patients and their families.

Present today are several members of my team, MY FAMILIES so to speak. First and foremost my Dorman Family. We lost my father four years ago and my mother who just turned

90 couldn't make the trip today. But I think of and thank them daily for the foundation on which I have built my life. My sister Michelle and my niece Erin who is a pediatric nurse. Thank you both for being here. The love of my life for 25 wonderful years, Lisa who is a nurse; our daughter Libby who is a junior at American University, and our son Will who flew back in from Barcelona where he is studying toward a Masters degree in World History. You have all taught me so much and made me a better person. I love you all dearly!

My Hopkins family, represented in part today by Doctor Colleen Koch, chair of the Department of Anesthesiology and Critical Care Medicine,

And Peter, Adam, Sean, Sandy, Karen, Roy, Dale and too numerous to name physicians, nurses, nurse practitioners, pharmacists, respiratory therapists, nutritionists, social workers, ethicists, and trainees. I am so proud of the strong commitment Hopkins has made in supporting the work of critical care.

We all help push each other to greater heights each and every day. It is a true honor to work with each and every one of you.

My mentor family over the years...Mike, Brian, Tim, Pam, Cliff, Craig, David, Roy. Having such a strong collegial network is what has ensured my continued growth and why I am standing here today.

And finally, my SCCM family represented in part today by CEO David Martin. Our staff partners are exceptionally skilled individuals who help make our dreams and vision come true. I also want to thank our volunteer leadership. Please join me in thanking all of them for all they have done for me and for critical care medicine.

Thank you and I look forward to working beside you in the coming year as we advance our field from the vision of our founders inside four walls to a vision of our enhanced role in health care.