

Incoming President 2019 SCCM Congress
Third Draft
Dec. 4, 2018

Thank you, Jerry, for your gracious introduction - and from all of us here – thank YOU. Under your leadership as the 47th President of SCCM, we've not only grown as an organization in reach and impact – but empowered members to deliver a higher level of critical care – with less. Thank you!

[LEADS APPLAUSE]

Standing here on this stage takes me back to 1998 – my very first Congress as an attendee. At that time, I was sitting out there in the audience listening to Phil Dellinger give the Presidential Address. His final words inspired me then as they still do today. 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...”

Although I knew very little about the Society, I knew I was in the right place at the right time. Dr. Dellinger’s call to action spoke to me as part of the next generation of critical care givers. His vision, like so 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.”

Being new to the Society in 1998, I was unaware of the founding tenets that have shaped us. But the life lesson of “be the ripple

effect of change” has shaped my life from an early age. The wisdom itself has been handed down through the ages, ... and more recently ... the words themselves attributed to Donna Brazile, former chairperson of the Democratic National Committee.

But for me, I learned it from my parents. Not from words, but from their selfless work that had a profound effect on me.

It’s the reason why I chose emergency and critical care medicine as my life’s work.

It’s the reason why I mentor and teach the next generation of critical caregivers.

It’s the reason why I am the 48th president of SCCM. I owe it all to the power of the ripple effect of change.

My mother was a true nurse pioneer in the early 50s, working in one of the first ICUs in the country. My father was a nuclear chemist. When I was six, they were in a serious car accident and suffered significant injuries. Paramedics and EMTs didn’t exist at that time, only volunteer first responders.

At the accident scene, my mother fully understood the severity of their injuries. She also witnessed first-hand the poor quality of care they received and vowed to improve it. Soon after their recovery, my parents both joined the First Aid Squad in Pennington New Jersey. A short time later, my grandfather, my brother and myself also joined the First Aid Squad. My parents went on to become paramedics – some of the very first in the state – my mother in the first class, my father in the second. All as volunteers, as they continued to work full-time and raise a family.

And it was indeed a family affair.

Over the years, Tuesday nights became known as Bailey Crew Nights. Mom, Dad and Grandfather drove the ambulance while my brother and I worked the ham radio at the squad station. We were the communication link between the ambulance and the hospital.

And we were just preteens.

I know that sounds very young to be starting a medical career – but it actually started much earlier than that. At the age of 7, I received my CPR certification, and by age 16 became a certified EMT. That meant riding in the ambulance with my parents; responding to car accidents, heart attacks, seizures, births – even plane crashes. Due to the shortage of volunteers, I was occasionally pulled out of class to go on a squad run.

So, I saw the vital importance of ‘right care, right now’ from an early age. But more importantly, I saw how my parents made a difference. Their own lives were imperiled because they did not receive the ‘right care – right now.’ So my parents became volunteer change agents to improve first responder care. They lived it every day ... and did more than teach by example. They educated others. My parents revised the 12-hour CPR course and created a 4-hour course to train lay people. They also taught EMT and first aid courses for more than 20 years - and I taught right beside them. For decades to come, my parents changed both the local and regional community in the prehospital care delivered by the citizens bystander knowledge.

For my residency, I was fortunate to match at MCP - Medical College of Pennsylvania. It was one of the original programs for emergency medicine. It recognized the importance of caring for the critically ill and injured ... and so I spent nine months in various IC rotations.

That's where I truly found my passion for critical care, and I embraced it as part of my career path in emergency medicine.

As a resident, I had Dr. David Wagner as my chairman and mentor, who was known as the grandfather of emergency medicine. He was the catalyst – the ripple effect he wanted to see in patient care by creating the emergency medicine residency specialty at MCP.

Dr. Wagner, and his peers, were true visionaries who shared the same goal: the most critically ill and injured should receive appropriate early care by trained specialists – or 'right care – right now'.

They knew that staffing the emergency department with physicians trained in emergency medicine was the future. It's been said that sight is seeing what's there, but vision is seeing what's possible. And the ripple effect of 'right care, right now' spread – with others who shared that vision. That's why we have emergency medicine intensivists today.

But it was Drs. Peter Safar and Ake Grenvik – the founders of SCCM who also could see further. They envisioned and helped to create the continuum of critical care.

They knew that as new treatments, technologies and roles emerged, the Society needed to synchronize the disparate talents of critical care specialists to deliver *integrated* care. Peter Safar stated:

“Critical care is a continuum that begins with prehospital care, continues with ED intervention and culminates in the ICU admission and management.”

The SCCM I joined in 1997 is not the same SCCM of today. It's bigger, it's stronger, it has a broader and more influential reach thanks to the foresight of its founders. But it was Dr. Grenvik, co-founder and SCCM's 7th president in 1974 who prophetically stated:

“The best possible care of the critically ill can be rendered when physicians of various specialties, nurses and allied professionals join forces and treat problems together.”

And now that vision is looking at more possibilities to further expand the reach and scope of that continuum.

Over the years, SCCM has worked tirelessly to increase providers that are able to initiate evidence-based critical care by training individuals in the Fundamental Critical Care Support (FCCS) programs. The Fundamentals programs prepare non-intensivists to manage critically ill and injured patients for the first 24 hours until a higher level of care can be secured. Recently, the SCCM leadership approved the expansion of these programs to include FCCS: Obstetrics, FCCS - Surgical and FCCS for Operational and Austere environments. These basic programs are used widely in rural and underserved areas here in the United States and around the world. Growth in participation in FCCS has been steady. For example, since 2012 there has been a 36% increase in the number of FCCS courses. Under the leadership of both Phillip Dellinger and Janice Zimmerman, the programs have trained over [TBD] healthcare providers so that when they do arrive in an appropriately staffed ICU, patients have a much better chance of survival.

Additionally, I'm pleased to announce today that the SCCM Council recently approved the development of a new program called *Critical Care for the Non-Intensivist, Bridging the Gap*. This new resource focuses on education and skills training for healthcare providers, like

hospitalists and emergency physicians. They are often placed in situations where they must care for critically ill patients for prolonged periods and in ICU's lacking staff in specialty training.

We are also working with the National Association of EMS Physicians to update our inter- and intra-hospital transport guidelines.

And as we did at last year's Annual Congress, this year we are also reaching out to the general public with information and educational activities, so they are better prepared to recognize a critical health event and take appropriate and timely action. As a volunteer coordinator at last year's event, I was especially proud to carry on the Bailey family legacy that taught me ... it takes one person to cause a ripple effect of change. We encourage you, your families, colleagues and friends to attend the Tuesday event in beautiful Balboa Park from ?? to ?. You are the ripple today for a change tomorrow. Thank you!

(APPLAUD)

As you can see, we're looking beyond the boundaries of traditional treatment to encompass a much more holistic approach. For example, through SCCM's ICU Liberation and Thrive programs, we're focusing on how a patient's ICU care can impact their long-term outcome. It's a journey we need to take with our most ill and injured patients. It doesn't end at their discharge - but follows them through their rehabilitation at home as well. So, we're asking ourselves ...

Can we predict which patients will suffer from post intensive care syndrome?

What kind of tools will help them recover as close to their baseline as possible?

How can we help heal their minds as well as their bodies?

We're asking many questions about how to help restore a patient's quality of life - our ultimate goal. In fact, the whole concept of SCCM's ICU Liberation and Thrive programs started with asking not one but several questions that guide our work to this day. So, what have we learned from that? There are many things in critical care that would not exist today if someone had not asked the simple question "How can we make this better?" ... and others joined in until that persistence - those like-minded ripples - forced a change.

And just because we don't have all the answers today doesn't negate its importance – nor our commitment to keep pursuing new treatment options.

But for real change to occur – it takes time to grow and gain momentum.

I didn't start out with the vision of becoming an emergency medicine intensivist. My goal was to start that ripple of change I wanted to see in patient care, just like my parents. I learned that every step forward...opened up new potential to look beyond the 'not possible' today – to the possible of tomorrow.

Today, we have emergency medicine intensivists. Think about it. I find that amazing, because when I started out in emergency medicine, there wasn't a pathway to critical care. There were many challenges along the way. But with slow and committed work from early leaders in critical care and emergency medicine, we took the ripples of change to a whole new level – to the impact of persistence.

And today, SCCM has nearly 2500 members in the emergency medicine section.

That path for transforming vision into reality takes partnership and collaboration, just as Phil Dellinger stated 21 years ago. It's the glue that binds each component of critical care to the next – creating the continuum. And it starts in the emergency department– with 'right care, right now.' We know that for the most traumatized of patients from illness or injury, the faster they can receive the right care, the better their chances for a positive outcome.

My gratitude goes out to the leaders of emergency medicine, critical care and SCCM for having the foresight to elevate and integrate emergency medicine into the continuum of care.

And for me personally, following in the footsteps of my family and mentors, I can proudly claim to be the first emergency medicine president of SCCM. I am honored beyond words.

[APPLAUSE LIKELY]

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 making a difference. My initial involvement with SCCM was with the Pennsylvania chapter. Participating at the regional level, eventually led to opportunities for me at the national level.

SCCM has unlimited opportunities to learn, to connect, and affect change. Congress is where you can gain valuable knowledge and grow your network. But if you want to make a difference beyond this event, you can start in your own back yard at the chapter level.

SCCM currently has 14 chapters across the country where you can access education and in turn, help educate others in your own

community. Our chapters are a vital part of supporting the Society's initiatives through committee participation, chapter programs, FCCS courses and the like. This is where SCCM's future leadership can be fostered if that's your interest. It's a great place to network with colleagues locally, just like you connect with peers globally here at Congress.

As I've mentioned, my parents were dedicated to educating the public in first aid. It's in the Bailey DNA.

Passing on what you have learned speaks to one of our guiding principles: Provide the finest education for healthcare professionals, the public, and policy makers regarding optimal delivery of critical care.

Education is the cornerstone of SCCM and a building block of the continuum of care. That is why the Society is at the forefront of the learning curve by creating new interactive coursework; to lead the educational needs of not only the Society, but our colleagues in sub-specialties as well. In this way, each one of us can stay up to date with the latest medical advances.

But for many of us in critical care, our passion to heal can be overshadowed by the demands of our profession. Burn-out has taken its toll. It has led to attrition – in our nursing ranks, in our intensivists, and others on our care team. So, we are faced with less staff and more patients, which increases workload and causes further damage. We are not only overworked – but the work itself is overwhelmingly stressful.

SCCM has joined forces with the American Thoracic Society, American College of Chest Physicians and the American Association of Critical Care Nurses. Together, we form the Critical Care Society's Collaborative with more than 200,000 members to address this crisis.

To help combat attrition and promote balance, we have launched a Wellness Lab right here at Congress. You'll find it out in the main lobby. There you will see numerous tools and resources that you can bring home to your colleagues to help address this critical workforce situation. We're also supporting the National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience. I know that's a mouthful, but if you haven't visited the online clinician well-being knowledge hub I encourage you to do so. The address is shown on the screen (nam.edu/clinicianwellbeing) and it has many resources you can use in your ICU to help reduce and prevent burnout.

The key however - for each one of us - is to be that ripple of positive change in our own work life balance. That means reprioritizing the time and energy given to your professional and personal life. Spend more time with family and friends. Look for new, untapped sources of fulfillment. Do activities that provide joy. But we can't work forever and if we aren't in the ICU, we'll need someone to replace us as our patient population continues to grow.

We are also working to better engage and attract the next generation into critical care.

Since 2008 SCCM has encouraged the expansion of U.S. critical care physician training programs. Last year, we saw an amazing 25% increase, going from 369 in 2008 to 462 programs last year. This in turn increased the number of critical care fellows in training from 2,000 to over 3,000.

And now, the SCCM In-training Section has grown to over 1300 members. But that's well short of the nearly 3,000 physicians alone in accredited critical care training programs. I have to ask myself - why that is?

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 young colleagues, I encourage you to register them on our website. If you're a trainee and not a member, ask your Program Director to sign you up. Here's the address. (*show on screen "sccm.org/sponsoredfellows"*)

It's free, it's easy, it has many benefits...and it's the best way to get young trainees involved beyond their institution and encourage their participation in our community. The goal? After training, they stay with us. We need them in the ICU...*and* engaged in critical care!

And not only are the number of critical care trainees growing, but so is the amount of research in our field. The number of abstract submissions to this year's Congress reached yet another record as they continued to increase in quality. And manuscript submissions for our two journals well outpace any other primary critical care journal in the world.

In fact, the numbers are so high that the acceptance rate has fallen to what the SCCM leadership thinks is simply too low. We are turning away too much good science. Today, I'm pleased to announce that SCCM is launching, right here at Congress, its first free open-access journal called **(INSERT NEW JOURNAL NAME)**.

Under the leadership of our Editor, Dr. Timothy Buchman and his esteemed editorial board, the journal will expand its published research and make it available to all – online. Over the next several

years, **(INSERT NEW JOURNAL NAME)** will grow and develop into our third, world-class scientific publication.

At the same time, we are investing in our journals to insure they have 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 more accessible to you through sessions here at Congress, as well as video interviews and podcasts released throughout the year.

As you can see, many new things are in the works at SCCM and it has been my privilege to serve on the SCCM Council during this time of expansion. During my Council service, it's also been my honor to serve as the liaison to the Uniform Services Section.

It has grown in both membership and influence. For example, at Congress two years ago, the Section expressed a specialized training need for members in the military soon to be deployed. That 'ripple' created the impetus for the new Fundamentals course I mentioned previously, for use in austere and operational environments.

And there's no better place to honor the military than here in San Diego. Hopefully, some of you have already attended our pre-courses. The ICU Simulation Bootcamp was held at the Naval Medical Center Simulation Lab and is another example of how SCCM is working in tandem with our armed services to extend our mission.

The U.S. military holds SCCM's fundamentals training programs at many bases, but also in combat and mission environments worldwide, where SCCM could not easily go.

If you are ever at SCCM Headquarters, look for the framed flag in the front hall, which was flown above the hospital in Iraq where the FCCS courses were held in both English and Farsi to train local providers. Some of you may have also signed up for our tour of the Naval Medical Center and the U.S. Navy's hospital ship, Mercy. We're sure that will be a memorable visit. Please join me now in thanking our members who are in military service.

[APPLAUD]

I also want to take this opportunity to thank the SCCM Staff, capably lead by our CEO, David Martin. They are part of our team and enable us to be agents of change in patient care.

[APPLAUD ... DEEP BREATH]

And speaking of thanks, my remarks this morning would not be complete without acknowledging my family;

My husband Ed Coomer, whom I met the first week of med school. You have been there for me every step of my journey, and I wouldn't be here without your love and support.

And my mother, who is no longer with us.

My father, Richard Bailey, Sr. - my champion who always told me I could be president. I bet the Society isn't exactly what you were thinking, Dad.

My brother Richard Bailey, Jr.

My mother and father-in-law Jim and Kathy Coomer.

Thank you for all you've done to inspire and support me.

[PAUSE Camera Pan]

But today – my goal is to inspire you.

Although you may not remember my name, I want you to remember this: You have the power to be a ripple ... that sparks a wave of positive change in the world around you. Just like my parents and mentors before me.

Now it's your turn to make a difference to CCM.

So today, I encourage each one of you to be that persistent voice. To take that idea and put it into words. To question – to influence – to make a difference – in our Society, your patients, your profession, and what matters most – your life.

Embrace that critical care is not a location...but the care received.

Thank you so very much!

[APPLAUSE]