

Critical care: You are the future

When I tell people I am a pediatric intensivist, I commonly am asked, "How can you do that?"

On the face of it, the answer is easy. Critical care is a very rewarding and exciting career, and the outcomes are very often better than the public perceives. But there is much more to it than that. Critical care means working with a team of professionals who have a variety of skills and training, all of which are necessary to care for the most vulnerable patients, the critically ill and injured, our patients. Critical care means giving your all in an exciting and challenging environment. Critical care very often means nearly miraculous recoveries, even when the most experienced of us thought that there was little chance. Even when the outcomes are not what we or the families had hoped for, critical care means providing enormous service to the families who must carry on after their loved ones are gone. This critical care depends on all of you, the members of the team, who work together to provide the safest, most effective care to our patients.

What is the future of critical care? Clearly, technology will continue its rapid advance, as will the understanding of disease and human responses to disease processes. New diagnostic techniques and new therapies, pharmacologic and otherwise, will lead to unprecedented survival rates. At the same time, care of the critically ill will become increasingly complex. With the aging of the population, the numbers of patients who will need critical care will almost certainly increase. How will we meet the challenge of providing safe, effective, and increasingly complex care to increasing numbers of patients?

Improving our health care delivery system will be an essential part of our efforts to meet the challenges of the future, challenges including the demand

for higher quality but less expensive care, the need to reduce adverse events related to medical care, and the desire on the part of our patients to be better informed and more active participants in their own care. Technology must be used to support our knowledge base, to provide evidence-based care to the greatest degree possible. Computers can be a resource to assist with clinical decisions and increase the efficiency of our care. But computers can never replace the human touch. Despite the complexity of the information we have and the decisions we must make, we cannot ever lose our compassion, our relationships with the patient and the family, the ability to stand at the bedside and hold a patient's hand when that is necessary. We must also increase our use of databases to measure our outcomes and assess the effects of changes we make in our system. Without valid data on outcomes, we will be unable to determine whether we have, in fact, improved our care and the safety of our patients. Our critical care colleagues in Australia and New Zealand have a national database of ICU demographics. Such a national database is badly needed in the United States to improve care nationally, in addition to what each of us can do locally.

We can, and must, develop guidelines for care, both national and international guidelines for widespread standardization of care and institutional guidelines that bring the recommended diagnostic and management protocols to a form that can be used in our own units. The American College of Critical Care Medicine has been very active in the development of both clinical and administrative guidelines. The SCCM has also partnered with the European Society of Intensive Care Medicine and the International Sepsis Forum to develop guidelines for the management of severe sepsis and septic shock; these guidelines have been sponsored by 11 societies worldwide. Other tools for evaluation of care delivered in ICUs are also being developed. The Joint Commission for Accreditation of Healthcare Organizations has developed ICU Measure Sets that will be incorporated

into the evaluation of each institution for accreditation purposes. The SCCM is developing an ICU evaluation tool, the Critical Care Assessment of Resource Efficiency and Safety, which will enable your ICU to have objective measures of the level of care delivered. The Coalition for Critical Care Excellence has developed an ICU index that will be available soon to enable you to evaluate the organization of your ICU and identify specific areas for improvement.

No drug or device in the past three decades has been shown to have a bigger impact on patient mortality in the ICU than organizing the ICU service. Our patients need, and deserve, integrated service by a team of experts dedicated both to the care of the individual patient and to the organization of the ICU. Critical care professionals who are trained and present, and who work together as a coordinated team, will increase the safety of the patients, decrease the frequency of adverse events related to medical care, and improve the efficiency of the unit, with the resultant benefit to all of society of better care at lower cost. The SCCM has worked diligently for more than 30 yrs to promote a model of critical care that provides a coordinated team of experts, trained in critical care and dedicated to the ICU and to the patients. At Critical Care Central in the Exhibit Hall, you can see a continuous slide show of the many projects we have done to promote this model of ICU organization. Our new brochure, *Improve Your ICU: Tips for Better Care*, has practical suggestions for every ICU, no matter what kind of organization exists, to improve care in the ICU.

Good communication is the hallmark of an effective team. Bad communication lies at the root of many adverse events, both in health care and in other areas. We need to train health care workers to work together and to communicate effectively. Currently, each profession is trained in a silo, with little exposure or insight into what the other professions are doing. We need to modify our professional and organizational cultures to work together if we are to have truly effective teams caring

for our patients. Such a culture change will not be easy but will bring rich rewards. Improving communication and collaboration will create a work environment based on respect and will increase job satisfaction for all members of the health care team, as well as improving patient outcomes.

I would like to draw your attention to another important SCCM patient safety initiative. The Critical Care Education and Research Foundation (CCERF) is developing funding for research inpatient safety and for educational programs. Recently, SCCM Member Volker Wenzel, a recipient of a Foundation Patient Safety Grant, had his work published in the *New England Journal of Medicine* and will present his findings at this congress. It is obvious that we are making a difference with this important activity. The Foundation Board, led by Dr. Carolyn Bekes, past president of the SCCM, has a goal to raise \$100,000 in 2004, so that we can expand our patient safety initiatives. All of your SCCM leaders have pledged our support. And this year, for the second year, Ortho-Biotech will match every contribution received during this congress, dollar-for-dollar, up to \$10,000. Whether you have never given to the CCERF, or whether you are a regular supporter, now is the time to give. You can literally double your gift to the CCERF by making a contribution while you are here at the congress. There is a contribution envelope in your registration packet, and envelopes are also available at the door. Drop this envelope in the donation box on your way out of this meeting room, or at the SCCM registration desk, or at SCCM Central in the Exhibit Hall. You may note on the envelope which of the many worthwhile patient safety initiatives identified by the CCERF board that you would like to support. These initiatives include funding a new Patient Safety Research Grant, funding a new ACCM Guideline and Practice Parameter, providing FCCS courses to health care professionals in developing or impoverished countries, and supporting many ongoing patient safety programs currently provided by the society. Please join your leadership and colleagues in reaching our goal of 100% giving from congress attendees to improve patient safety.

The essential element of the ICU team is, of course, you, the health care professionals. Without you, there is no team, and there are no dedicated experts to provide care for our patients. We are all acutely aware of the national shortage of nurses, which is especially serious for

critical care nurses. There is also a shortage of pharmacists and respiratory therapists. And given that only about 30% of ICU patients are cared for by trained intensivists, there are also not enough intensivists to staff every ICU in this country. How are we going to meet the challenge of providing enough dedicated critical care experts over the next decade?

Try asking some of your critical care colleagues why they love critical care. You will get answers like, "You get to be part of a team." "You work together with a group of people you enjoy working with, for a goal that is exciting and rewarding." "Seeing the patients get better brings a sense of intense gratification." "I like the excitement and the variety, but also the opportunity to get to know the patient and their family, and to follow them through their course." These are all familiar responses, and, in fact, all of them apply to me. We need to convey this enthusiasm to young people coming into health care and show them by our actions why critical care is a great career if we hope to have enough critical care experts to take care of us and our families in the future.

What can you do to help with the looming manpower crisis? Be a mentor for young people. Show them that health care in general, and critical care in particular, are rich and personally rewarding careers. Show them by your actions that you love your field. Teach them ownership of the ICU and the critically ill patient and accountability for the ICU environment and patient care. But also teach them the importance of balance in life, and show them that balance can be achieved. Actions speak louder than words. Young people will watch you and your team. They will respond to the messages you give.

I want to take this opportunity to thank all of those who participated in the recent survey of all U.S. ICUs. This important benchmarking activity will provide us with a snapshot of current ICU care in America and will provide each of us with the opportunity to see how our unit compares with that of our peers. Another equally important survey is now getting underway, the first-ever comprehensive Compensation Survey of ICU Professionals. This online survey will measure how members of our team are paid, the benefits they receive, the hours they work, and much more. You can participate in this survey here at the congress, by stopping by SCCM Central, in the exhibit hall. I encourage each of you

to participate in this valuable benchmarking activity. I look forward to receiving the results when they are published this summer.

Each of us is given an opportunity to work toward improving the delivery of care to critically ill patients. Together we can do much more than any of us can do alone. We need to educate the public, not only about critical care and what such care can and cannot accomplish but also about preventive care. Prevention is not usually considered a critical care issue, but the better educated the public is about preventive health care, the more the need for critical care will decrease. We have a responsibility to manage our health care resources optimally, and decreasing the demand for critical care will help at the societal level to decrease the cost of health care and also help address the shortage of critical care health care professionals.

Attention must also be given to the process by which we train health care professionals. Integration of the different professional groups at the training level will help to foster mutual respect, improved communication, and a more positive working environment. Each profession has its own role, but all must work together, and a better understanding of the colleague next to you at the bedside can only improve both the working environment and the care of the patient. Concerns about the training process for critical care physicians may also contribute to the workforce shortage. Currently there are four different training pathways by which a physician can become certified in critical care, each requiring ≥ 5 yrs. Streamlining the critical care training process to a 3-yr common training program would likely encourage more young people to pursue a career in critical care and would make funding for training more widely available.

The SCCM has as two of its major goals the promotion of the expert team model of critical care and patient safety. I encourage you to volunteer your time, energy, and ideas to follow our mission to secure the highest quality care for all critically ill patients. Become an SCCM volunteer. Make a commitment to the society and to the future of critical care and keep that commitment! I encourage you to be a positive thinker. There are clearly many challenges ahead. Recognize those challenges but keep moving toward the goal. You can make a difference in the critical care of the future.

Before I close, I would like to thank some of those who have been particularly influential in my life. My father showed me from my earliest years what it means to be a truly great physician. Joe Parrillo served as a mentor and role model in critical care, teaching me not only about the science of critical care and how to carry out clinical research but also how

to deliver dedicated and compassionate care at the bedside. My four sons, Rob, Chris, Tim, and Matt, have been a source of endless joy and pride, and maybe a little aggravation. And my husband, Bob, has given me his love and support for these past thirty-something years. Without him, I would not be where I am today. Bob, you are truly the wind beneath my wings.

And you, my colleagues in critical care, I look forward to a great year working with you. With your efforts, the future will be bright for the SCCM and for critical care. The future is now. The future is you.

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**Society of Critical Care Medicine
VISION STATEMENT**

**SCCM envisions a health system in which
all critically ill and injured persons will obtain care
that promotes desired outcomes for individuals and society,
is consistent with emerging knowledge,
and occurs in a humane and respectful manner.**

**Adopted by the SCCM Council
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