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Friends, as I accept the office and responsibility of serving as your next Society of Critical Care Medicine (SCCM) President, I feel compelled to confess that when I was growing up, I wanted to be a surgical oncologist. Obviously, I changed directions somewhere along the way. When I began my internship in general surgery, I had visions of spending my entire professional life cutting out tumors. Of course, today I spend precisely zero hours doing that. This is in large part because of two men—two role models, two mentors—both sitting among us this morning: Tim Buchman and Richard Hotchkiss.

Tim was director of acute and critical care surgery at Washington University, and Hotch was a translational researcher, trying to find the molecular underpinnings of sepsis. Both are intensivists, researchers and educators, and both changed the course of my life.

On one of my first nights on call in the surgical ICU, I was the intern in house, and we had a patient die. The surgeon had a, shall we say, less-than-charitable view of his patient dying in the ICU, and so he tore me the proverbial new one and proceeded to demand that I be fired.

Hotch came in from home in the middle of the night to defend me, an intern. He stood toe to toe with that surgeon and informed him that, in the ICU, we work together as a team, and he was not going to pick on the most junior member of our team. I got a profound lesson in the generosity of caring that night, a lesson in being quick to share credit and responsibility, a lesson in the true concept of team.

As for Tim, I would not be standing on this stage if it were not for him. Tim was already well into the SCCM leadership ranks when I met him. It was through his eyes that I first began to understand the vital role of SCCM as an organization in the lives of those who work in the ICU; that by serving as a leader in our professional organization, you have the opportunity to move programs forward and to be both a steward and a guide in the mission of our society; and also the responsibility to grow and develop the next generation of leaders. What an opportunity he gave me when, as President of SCCM, he appointed me, his younger and highly enthusiastic mentee, co-chair of the program for the annual meeting here in Phoenix, 10 years ago.

With the guidance of these two role models, my professional career path was clear.

I tell my story not because it is unique, but because it is so common to those of us who work in the ICU. Someone sees the potential in us, mentoring us and guiding us toward a rewarding professional life in critical care. It is the hallmark of our specialty and our specialty society.

With the spirit of teamwork and of looking toward the next generation that was imbued in me by my mentors, I want to talk to you today about some exciting new initiatives here at SCCM and invite you to become a part of them.

The first is about our efforts to reinvigorate our commitment to research of all types—basic science, translational, clinical, outcomes, epidemiologic, etc. Seeking out new knowledge is how we will together come up with the discoveries that will help those we cannot help today. The common threads of performing and understanding research are the inquisitiveness and desire to make a difference that lie at the heart of our lives as critical care professionals.

An example of this this can be seen in our surgical/transplant ICU at Emory University Hospital. The nursing staff—led by Mary Still, who is in our audience today—had an idea for cutting the incidence of pressure ulcers. They developed a quality initiative program that focused on turning each of our patients twice a day. That simple, easy-to-do, no-cost idea cut our rate of pressure ulcers by 70%. This great idea improved the quality of care for our patients, but the idea didn't stop at the borders of Emory University Hospital.

Mary and our multiprofessional team understood that as a result of their success, they could affect 20 patients at a time. However, if they shared their results with the world, they had the potential to help patients thousands of miles from Atlanta. By publishing the results of our quality improvement initiative, our team's idea was transformed into patient-centered research that can be replicated and adapted to local cultures throughout the world.

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I urge you to do the same. If you successfully lead a quality improvement initiative in your ICU, it helps your ICU. However, if you share the idea, its impact multiplies, and you can help improve outcomes for patients in other ICUs in your institution, in other states, and even in other countries.

Many researchers complain about the current state of National Institutes of Health (NIH) funding for critical care. You probably know the statistics as well as I do: maybe only 1% to 6% of NIH dollars are spent on critical care, which makes us significantly underfunded relative to what we spend on critical care. But there is so much reason to be optimistic about the future. The NIH is funding more critical care research than ever before. More and more high-impact research is being published in the highest caliber journals, both those meant for a general audience and those intended for critical care specialists, like our journal, *Critical Care Medicine*. Cutting-edge investigator-initiated research ranges from single-center clinical studies to basic science studies on immunoparalysis and co-inhibitory markers that are helping us understand the molecular underpinnings of sepsis.

On a broader scale, multicenter prospective randomized trials are changing how we care for our patients. Groups of investigators from more and more sites using novel study designs are defining what we should—and should not—do at the bedside. As a result, our care is better now than it has ever been before. However, critical care research is still geared toward large groups of heterogeneous patients. So how can we target an individual patient?

Moving forward, there are opportunities for critical care research that require a broader scope than ever imagined in order to bring us individualized care. Each day, there is an incomprehensible amount of data generated and captured at the bedside in each of our ICUs. But perhaps this mountain of data no longer has to be incomprehensible. What if we found a way to harvest and understand that data? What if basic scientists, data scientists, clinical scientists, national agencies, industry and, above all, bedside clinicians worked together to extract patterns from our bedside data that are invisible to the naked eye? What if we could identify anomalies prior to a patient worsening and we could mitigate or even prevent acute decompensation?

I am proud to tell you that SCCM is supporting a new national initiative in an effort to leverage the nation's supercomputing capacity by using big data approaches to understand sepsis and allow us to act prior to a patient worsening. In collaboration with the Lawrence Livermore National Laboratory, utilizing the power of one of the three fastest computers in the world, this program could potentially revolutionize how we understand and care for patients in the future. Space-age research to be sure, but entirely within our grasp.

It does not matter where your interest lies on the research continuum—from bedside quality improvement projects, to investigator-initiated projects, to multicenter projects, to national initiatives. The future is indeed bright, and there is a huge opportunity in front of us if we reach out together to grab it.

As an organization, we are committed to performing patient-centric research to improve outcomes. We are partnering with the Gordon and Betty Moore Foundation, the Agency for Healthcare Research and Quality, the American Hospital Association, the Hellman Family Foundation, the European Society of Intensive Care Medicine, the Society of Hospital Medicine, and the Adventist Health System on a host of research endeavors. These range from improving sepsis care in resource-limited nations, to understanding how adaptive changes in bedside physiologic monitors might reduce noise and enhance patient safety, to reducing the effects of pain, agitation and delirium in critically ill patients. SCCM has secured over $2.5 million in grant funding to study a host of aspects related to critical illness, utilizing the combined strength and infrastructure of our 16,000-member society working toward a common goal of improving the future care of our patients.

But that's not all. We have always supported research at SCCM. Now more than ever, we are putting our resources where our values lie. I am pleased to announce that we are doubling the amount of money SCCM is giving out in research grants to our members. This investment on the part of SCCM's Council demonstrates our commitment to being part of the discovery and innovation needed to help secure future advances in the ICU.

When looking toward the future, it is always important to use the lessons of the past. SCCM's founder, Dr. Max Harry Weil, was a true visionary. He committed his entire life to the pillars of academic life: patient care, discovery and innovation, and education. In addition to founding SCCM and running two prominent international courses, Dr. Weil had a lifelong commitment to performing patient-oriented research. To honor the legacy of our founder, I am also proud to announce today the formation of the SCCM-Weil Research Trust. This $1 million endowment establishes in perpetuity a method to support and grow SCCM's research mission. The SCCM-Weil Research Trust is a transformative step for our organization, one which honors our past while setting a clear path towards our future.

Our research agenda is important because it seeks to help the patient in the future. However, when we leave Phoenix and return home, all of us will be faced with ICUs full of critically ill patients who need our help right now. The majority of them will survive and leave the ICU. Historically, that means that we have done our job. However, we realize today that simply leaving the ICU is not enough. While many of our patients go home and live normal productive lives, many do not. Instead, some patients who survive critical illness develop post-intensive care syndrome. Survivors are at risk for physical, cognitive, and mental health impairments that may persist for months or years after ICU discharge. This affects not only our patients but their families as well. Simply because survivors of critical illness have historically been invisible does not make their suffering any less real. In fact, due to lack of recognition of post-intensive care syndrome, survivors of critical illness—as opposed to say cancer survivors—may have more challenges due to a lack of understanding, lack of follow-up care, and lack of support that can be seen with these relatively invisible but all too real issues.

This brings me to another major initiative I want to tell you about today: a new program called Thrive! Over the next three years, SCCM will invest $1 million to catalyze a network of in-person support groups and develop an online community for peer support for survivors after they leave the ICU. We will integrate recovery and awareness of the post-intensive care syndrome into a wide range of in-person and on-line educational activities. In addition, we will fund a new research grant, specifically focusing on discovering modifiable mechanisms promoting recovery after critical illness or testing innovations to accelerate optimal recovery.

Together, the research initiatives and the Thrive! Program greatly expand the reach of SCCM. At our core, we have been–and always will be—about the patient. Our key mission has not and will not change. We will always be centered on the patient in the bed in front of us right now and what can be done to give them the best possible outcome. However, we are now also focused on discovering new innovations that will help patients we cannot help today. We also are expanding the scope of commitment to our patients to acknowledge that critical illness does not end when someone is discharged from the ICU.

Together, we will care for our patients today and for our patients in the weeks and months ahead. We will look for ways to improve outcomes for patients we have not yet met.

What an incredible gift we are given to be in the ICU, the epicenter of life and death decisions, caring for people in their most extreme suffering, literally on the verge of death, day after day, nights, weekends, and holidays. What we accomplish as a team is extraordinary, and we should all take great pains to celebrate what we do.

As I look around here, I see a room full of heroes. Along with our partners back home, you stand by the bedside of those in need of critical care, delivering remarkable care in the most compassionate, most effective, most timely manner possible. Nurses, pharmacists, respiratory therapists, physicians, physician assistants, dieticians, and all members of the multi-professional team: you touch and forever alter lives. You inspire me to want to match your service and your commitment to our specialty as I begin the responsibility of representing you as our president. I thank you for your confidence in me and will strive to join you in being a good steward of our specialty.

Now, it is no secret that this podium is crowded with many unseen mentors and colleagues who share in my honor of becoming SCCM President. Some of them are with us today and I would like to recognize them.

First, for those who don't already know them, please recognize the two men most responsible for my professional success, Richard Hotchkiss and Tim Buchman.

Dr. Hotchkiss went on to mentor my first NIH grant, and I have been honored to publish 33 papers with him. I still go to him whenever I have a question about the science of sepsis. I have been proud to call him my mentor for 24 years now.

Dr. Buchman has been my boss, my mentor, and my friend for my entire professional career, and it gives me tremendous pleasure that at the same meeting that I have the honor of addressing you, Dr. Buchman is becoming the new Editor-in-Chief of *Critical Care Medicine*. I cannot imagine where I would be without his guidance, but assuredly it would be some place much, much less rewarding.

I have been blessed to have wonderful colleagues in the 5E ICU in Atlanta and previously in the 8400 ICU in St. Louis, whose focus on doing what is right for the patient has inspired me throughout my career.

I would also like to recognize SCCM's CEO David Martin and our wonderful staff. We all respect and appreciate the work of our staff, but it is only as you become more deeply involved in our organization that you begin to see what it takes to run one as complex as ours. In fact, I've come to understand that association professionals are cut from the same cloth as critical care professionals. We both work nights and weekends when necessary; we both are committed to excellence; and we both know the answer to that trick question, "Who is the most important person in the room?"

The answer? Nobody…it's the team. And what a great team we have.

That's my professional family. I also want to introduce my personal family. The first and most important mentors I will ever have are sitting here in the front row: my parents, Myron and Judi Coopersmith. It is truly their support and guidance that has brought me to this podium today. And finally, my tremendously wonderful wife, Lois Spritzer, and our incredibly cool children, Zachary and Talia. They make my life immeasurably richer, and I am grateful beyond words to share this honor and my life with them.

Again, I thank you for the privilege to serve, and I look forward to working together with you to advance the specialty of critical care in this coming year.