

Society of Critical Care Medicine Presidential Address—53rd Annual Congress, January 2024

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I would like to welcome you all to the 53rd Annual Congress! As the 52nd President of SCCM, I may look like a single person up here, yet, in reality, I represent all of you. I couldn't be more honored or excited as together we take on a new year of achievements and challenges. It's that time of year where we measure how far we've come in terms of growth and look to how we can grow further. And you need both, the mindset to grow and a way to measure growth year after year. SCCM perfectly exemplifies that.

But first, I'd like to share my growth journey into critical care. I was always intrigued with my older siblings. One Saturday morning when I was 6 years old, my brother was cutting paper using a razor blade for an art piece. He left me alone for a few minutes, so I started cutting paper with the razor. When he returned, he got upset and grabbed "his" razor out of my hands. Well, yes, you know what happened, I got a deep cut in my thumb.

My brother warned me "Don't tell mom!" which she overheard and came to investigate. There she saw the bleeding, a lot of it, necessitating a trip to the Emergency Department! As I was getting sutured, my nurse was highly skilled and comforting. She looked like the actress Nancy Walker from the old Bounty commercials some of you may remember. You know, the "quicker picker upper?" Fast forward to my freshman year of college and my Psychology of Personal Growth class. The professor was convinced I wanted to be a nurse because I associated the glamour of being an actor with nursing. I could tell

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you he was right, that it was then that I decided to be a nurse. But that wouldn't be truthful, I never remember making the decision to be a nurse. I just grew up knowing I would be a nurse, well before my ED experience. Early on, my eye was on learning and growing to become a nurse. Learning and growing. That is what we do as critical care professionals.

The famous American Psychologist Abraham Maslow has said, "One can choose to go back toward safety or forward toward growth. Growth must be chosen again and again; fear must be overcome again and again." Choose growth. Here at SCCM, we must grow in three essential areas: develop strategies for improved patient outcomes in low resource environments, develop and grow humanitarian programs, and to increase research funding.

Many of you have heard the quote, "May you live in interesting times" thought to be from the Ancient Chinese. Actually, it was originally said by an American politician, Frederic R. Coudert, in 1939. Regardless of who said it, the meaning is implicit—interesting could mean challenging. I would say critical care could claim it as our own with a twist. "May we live in interesting times of growth!" That perfectly describes the past few years, as critical care has been thrust into the national and international spotlight. And Covid certainly made it the most interesting of times!

But prior to the pandemic, the average person had no idea what critical care is, other than they didn't want to end up in the ED or ICU. That was then. Today, they understand a little bit more about what we do and why it's important. But what about all of us? We spend our professional lives dedicated to the delivery of critical care. Whether it's providing care in a rig transporting a critically ill patient, in the ED, in the OR, or ICU, or on an acute care unit as a rapid response or code team member, or in a war zone, we all recognize one thing. Critical care isn't a place but rather laser-focused specialized care. It's for the sickest of the sick and the most seriously injured, occurring in many different places and in many different ways. When you think about all these diverse places, it is nearly unthinkable that such exquisite care could possibly be delivered without the coordinated efforts of an entire multiprofessional team.

And just like you, every member of that team has a unique story to tell, "Why did I choose critical care?" So how did I come to be here with you today as the

President of SCCM? My career path was predictable and it started while growing up in a family of seven children. My parents are incredibly hard workers, role modelling my entire life that anything worth achieving requires hard work and dedication.

Growing up with six siblings is like already being a part of the multiprofessional team. There was the student athlete, the brainiac, the social one, the funny one, the wild one, the serious one, the driven one—led by our parents. Me? I was the driven one, the one who burned the candle at both ends. And we all brought our strengths and skills together, to grow and face challenges as a family. It was the most interesting and exciting of times growing up! Taking one step forward at a time. I like to refer to being one of seven as thriving in chaos. Controlled chaos. Someone always coming or going, bringing new friends to the dinner table, creating new games, innovating faster ways to get the housecleaning, all while we faced the world together.

I also learned resilience, although as a child I didn't know what it meant. But here is what I did know. When I didn't succeed at something, I was taught to pick myself up by my bootstraps and go back at it. It wasn't that failure wasn't allowed, it was about learning from what happened and trying again. Not only were my parents instilling resiliency in me, they were also cultivating a growth mindset. It was my first step forward, a life lesson, that was crucial for achieving goals.

Based on my childhood experiences, it is no surprise I found a home—a perfect fit—in critical care. Who knew my parents were grooming a critical care professional?! In 1988, I started working as a new grad in the pediatric intensive care unit at Children's Memorial Hospital in Chicago. The country was experiencing another nursing shortage, so the ICU was hiring new grads. It definitely wasn't an easy place to work because there weren't enough of us. I was drawn to this specialty because it literally felt like home. Like most of us drawn to critical care, I was intrigued by watching physiology and pathophysiology in action, observing minute-to-minute changes on the monitors, the physical exam changes, keeping busy with the numerous interventions, assessing and reassessing the patient's response, all while also attending to the needs of the patient's family. After a couple years in the ICU, I looked for more opportunities to contribute and grow. I began giving lectures in the hospital and then at

conferences. This opened up a new world to me, meeting other professionals and establishing relationships for networking and professional advancement.

In order to professionally develop, I returned to school and after completing my master's degree, followed by a postgraduate pediatric nurse practitioner certificate. Thanks go to Dawn Baddeley, the PICU Nursing Director, and Dr. Tom Green, Pediatric Intensivist and Department of Pediatrics chairman, for creating new pediatric critical care nurse practitioner positions.

I was at the right place at the right time as I completed my training and transitioned into one of the first two pediatric critical care nurse practitioners in the PICU.

After I was hired, Dr. Tom Green called and told me in no uncertain terms, "You will join the Society of Critical Care Medicine and you will go to the meeting in January." Up to this point, I was a member of a couple organizations, so I knew the importance of membership in a professional society. In January 1998, I joined SCCM and attended my first meeting. I was awestruck. No, not because I have to say that as the president, but because it was true. I learned so much, I think my head nearly exploded.

It was a game changer for me because I realized I had found a fantastic professional community of peers, colleagues, and resources dedicated to critical care. It was a number of years before I got involved with the Society, eventually taking on leadership roles resulting in my induction into the American College of Critical Care Medicine in 2006. I applied to the creative community and volunteered with several committees over the years.

While volunteering on the Congress Program Planning Committee, I was appointed co-chair of the 2015 SCCM Congress with Dr. Greg Martin. I was elected to Council and started my term. As a Council member, I had the opportunity to grow and learn even more, more about our Society, more about how it interacts nationally and internationally, and how vitally important it is to critical care professionals.

Now as president, I am even more committed to furthering our growth and am happy to say this is my 26th consecutive SCCM Congress! But growth doesn't happen in a vacuum. I have been fortunate to have so many mentors and influential people in my career thus far. Doctors Zehava Noah, Martha Curley,

Ruth Kleinpell, Greg Martin, Jerry Zimmerman, and Vinay Nadkarni are only a few of the many mentors I have been fortunate to have throughout my career. Each of them provided me with opportunities to learn more, grow more, do more, and continue to cultivate my growth mindset. It would be impossible to list all their contributions and those of so many others to my career. In addition, we all meet some pretty great people along our professional paths who become our friends. These friends, who share similar experiences, are essential to how we manage and cope in our practice of critical care. We've all faced tremendously impactful cases. During these times, a moment with a colleague who can give us support is needed the most. But what other people contribute to our growth? Family. The importance of family can never be stated enough, whether it's the family of your patient or your own personal family. I was lucky enough to meet my husband Rick in the early 2000s. We have been fortunate to have two children, Jack and Julia. We also have an incredible dog, Jumbo, who is key to putting a smile on my face and snuggling in the early morning and during virtual meetings. It would be impossible to travel this journey as the SCCM president without their support. When it became apparent this would be my path and the time commitment to doing it well, I asked my family; prepared to tell them the reasons this is so important, they stopped me by saying "yes, of course." I am delighted to have been accompanied to Congress by my husband Rick Van Roeyen and our children Jack and Julia, my parents Frank and Helene Sorce, my sister and brother-in-law Alice and Stephen Vile, and my very best friend and her husband, Peg and John Brosnan. I am truly grateful for their presence here today, their ongoing support, and that of so many who have contributed to my journey. Having mentors, colleagues, friends, and family who gift us with unconditional support for our work in critical care cannot be thanked enough.

Now that you know a little bit about me, what has our Society been doing? And perhaps most importantly, how have you, our members, helped it to grow over the past 52 years? As we move past the worst or "most interesting" part of the COVID-19 pandemic, I am pleased to report that the society continues to expand its reach. Our professional society is doing more than ever to improve the care of critically ill and injured patients worldwide.

SCCM has grown steadily since 2000. We saw record highs in both membership and revenue despite the pandemic. For example, annual revenue (not including investment income) increased from \$10M in 2002 to \$28M last year. If measured by net assets, in 2000 we had no substantive reserves, and today have over \$50M in net assets. Membership in 2000 was around 8,000 and today it is over 17,000. Looking through the diversity lens, SCCM is much more diverse now than ever before, no matter what measure you want to use, more diversely spread across the USA; more diverse globally; more diverse in professional, ethnicity, age, workplace setting, etc. Looking ahead, we will aggressively continue our efforts on the diversity front.

For our journals, we now have three instead of one, meaning greater reach and much more research published each year. The growth of our fundamentals training programs along with other hosted courses like ultrasound, ICU Liberation, etc. for learning right in our own hospitals has expanded the SCCM's reach. In the last five years alone, more than 50,000 clinicians participated in these licensed courses, reaching more individuals in the U.S. and worldwide than we ever thought possible.

We also connect with more clinicians through our communications channels, with over a million learners participating in our podcasts and webcasts last year alone, and we reach even more through online courses and the LearnICU resource library. Furthermore, we've dramatically increased the number of guidelines and other manuscripts SCCM produces.

Collectively, we've done all of this with a singular focus on our mission-improving patient outcomes each step of the way. No other critical care society comes near the scope and breadth of SCCM. By really any measure you'd like to consider, SCCM has grown steadily since its founding 52 years ago. With that said, we are living through a time of historic challenge and opportunity. The world faces ongoing economic, social, and geopolitical volatility. At the same time, we have entered a new age of technology through artificial intelligence that may fundamentally transform productivity and patient care. However, the number of clinicians working in our ICU's has fallen as many, frustrated and exhausted, have left the field resulting in an acute shortage of clinicians, increasing the vulnerability for our already fragile patients. Yet, I am

encouraged to know that in the U.S. there have been increases in the number of programs offering physician training in critical care medicine. In addition, there are expansions from nontraditional fellowship pathways to specialties like cardiology, nephrology and infectious diseases which will help to increase the number of critical care physicians in the U.S. One area of growth are the nurse practitioners and physician assistants. Although their ranks continue to increase in the U.S., we can't access the actual number due to the lack of available demographic data. So, we can't know if we've reached our optimal target number. Clinical nurses, those we rely on most heavily to be the eyes and ears of our multiprofessional teams, are being educated in increasing numbers. However, deployment to critical care settings remains a challenge. Regarding critical care pharmacists, considered an essential member of the ICU team, despite consistent growth in the U.S., the number of board-certified critical care pharmacists remains relatively low when considering the number of ICU beds.

This is also true for respiratory therapists, caused both by those leaving the field or retiring early, coupled with a decline in enrollment in RT programs nationally. Knowing more work is needed to bring professionals to our teams, we each have a responsibility to contribute to growth, development, learning, and collaborative environments. And speaking of growth and development, I'm proud of the SCCM's firm commitment on that front. SCCM programs provide free membership to those in training and to those presenting research abstracts at the SCCM annual Congress. The great news is that the number of trainees from all specialties entering our field is historically high. The challenge? Finding ways to keep them engaged, productive, and fulfilled in their role as critical care professionals. And SCCM is doing all we can to make that goal not only achievable, but sustainable.

As many of you know, the SCCM's traditional major activities like education programs were impacted by the pandemic. We have begun to recover as evidenced by the increased size and scope of this year's 53rd Critical Care Congress. But even during the pandemic, the growth of newer programs such as the society's research and humanitarian programs flourished and continue to expand during this period of transition. Extramural grant funding for our research and quality

activities alone, totaled over \$4.5 million from 2021 through 2023. Additionally, the SCCM Council continues to invest in major expansion of these endeavors. Not only have we increased direct funding for researchers, but our Discovery program has also expanded into data science activities including developing more critical care data scientists, publishing a standardized data dictionary to improve research, and using data science to solve critical care problems.

As I mentioned earlier, SCCM is expanding its global reach. Thanks to the work of the Pediatric Sepsis Definitions Taskforce established under the direction of our former president Dr. Jerry Zimmerman, during this Congress you will hear about their work based on an analysis of more than three million pediatric patient records from around the world. In recent years, our expansion into more global health activities has been a major focus.

No longer just offering membership and education to colleagues around the world, last year we launched the \$5 million AIRS project. It was designed to build stable sustainable oxygen infrastructure in low-resourced hospitals where much of our training programs proved ineffective. Why? Patients didn't have access to this simple life-saving therapy. This activity launching in The Gambia, Sierra Leone, and Liberia, will continue over the next two years, as we train engineering technicians and hospital clinicians to maintain and use these new resources effectively. Additionally in 2023, we issued calls for volunteers to provide care for those sick and injured during the conflict in Israel and the Palestinian territories based on the needs expressed by their Ministries of Health.

I'm pleased to say that over 1,000 of you stepped forward and registered to assist when conditions on the ground are safe to do so. Our humanitarian activities were further strengthened as we worked closely with the Ukrainian Ministry of Health. The SCCM provided much-needed training and handheld ultrasound equipment to clinicians in Ukraine. This will empower them to save lives and successfully move injured patients from the ICU to rehabilitation centers. As you can see, the SCCM has been helping our colleagues anywhere and everywhere critical care is needed. But we are also looking ahead. We are choosing growth.

In 2023, the SCCM Council continued to step forward and updated its Global Strategy. We have

broadened the SCCM fundamentals training programs and through funding partners, provide free training to those in low-resourced areas both in the U.S. and globally. And we continue to work to bring needed pharmaceuticals, medical supplies, and equipment to ICUs in most need.

Later this year we will implement a new fee structure for all SCCM programs based on member location, so those from more resource-limited nations can participate equitably in all SCCM activities. Additionally, this year we are launching a program to reduce mortality from sepsis in low-resourced settings. In this new endeavor, we will be working closely with clinicians in these areas, who will be supported by SCCM, the European Society of Intensive Care Medicine, the Laerdal Foundation, the WHO, and others. Our goal is to save 3.4 million lives in only six years. Yes, it's an ambitious goal, but working together with our dedicated partners, I'm sure we will achieve it. Thank you to all of the SCCM members and staff who supported SCCM Global Health activities. Whether you participated directly or donated, you make a difference!

Now that you know a little bit more about me and what SCCM has been doing, it's clear the SCCM remains a consequential organization because time and again, from education, to research, to humanitarian support, we have adapted to paradigm shifts of all types and risen like the phoenix. In other words, we not only lived in interesting times of growth—but we survived and thrived in many areas. But in this time of great change, our mission has never wavered.

The SCCM's commitment to improve care of the critically ill and injured across the planet remains consistent and guides us in every decision we make. As a global leader in healthcare, we are a force for good helping to unlock the best care possible for critically ill and injured patients in every country, community, and setting—both in the U.S. and globally. The continued support of SCCM members, donors, sponsors, advertisers, and organizational partners is essential to our success. Because of all of you, our collective efforts have a major impact on the care of the critically ill and injured everywhere.

So how will you choose growth? Will you volunteer to help develop strategies for improved patient outcomes in low resource environments, contribute

to humanitarian programs, and/or help build research and research funding? As a critical care clinician, these are just a few of the opportunities you have to contribute, thereby joining in the SCCM's mission to provide the highest quality care for all critically ill and injured patients.

My leadership journey in SCCM has provided me with professional growth, networking, and personal satisfaction. Each and every one of you has the same opportunity to increase your involvement in SCCM and achieve more professional satisfaction. There are

many ways you can become or increase your engagement in our ongoing initiatives. I invite you to choose growth as we continue to improve critical care around the world. Thank you!

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