

CAROLINAS/VIRGINIAS CHAPTER OF THE SOCIETY OF CRITICAL CARE MEDICINE

MEMBERSHIP NEWSLETTER- SUMMER 2019 VOL. 3 ISSUE 2

2019 ANNUAL SYMPOSIUM- “ACHIEVING GREAT HEIGHTS” HELD IN GREENVILLE, SC ON JUNE 6TH-7TH

The 37th Annual Scientific Symposium and Pre-Conference, “Achieving Great Heights”, provided well-rounded critical care education delivered by expert speakers. Over 11 hours of continuing education live contact hours, including a new webinar option, were provided over 2 days. Pre-Conference topics included treatment of neurostorming, *Clostridioides Difficile*, and alcohol withdrawal, the use of thiamine, ascorbic acid, and hydrocortisone in sepsis, and anticoagulant timing for procedures and bleeding. The Keynote Address, delivered by SCCM President, Dr. Heatherlee Bailey, focused on overcoming barriers to Choosing Wisely. Additional presentations included an ARDS recovery clinic experience by Dr. Rita Bakhru featuring a patient telling her own story, PADIS, ABCDEF, and ERAS. The afternoon featured new concurrent sessions with a range of topics for all learners, including stroke surgery, mobility, factor Xa inhibitor reversal algorithm development, workplace violence, and multiprofessional care in the tele-ICU. Research from across the region was presented in abstract and poster sessions.



Pictured above: Dr. Heatherlee Bailey, incoming and outgoing CVCSCCM Presidents, members of the Board of Directors, and several Committee Chairs



Carolinas-Virginias Chapter of SCCM

38th Annual Scientific Symposium
and Pharmacology Pre-Conference

June 4th-5th, 2020

Asheville, North Carolina
Mountain Area Health Education Center

Learn about the latest critical care topics in the magnificent Blue Ridge Mountains of Western NC. A vibrant arts scene, great food, and historic architecture complement the breathtaking views!

Prepare your research abstracts!
Deadline April 1st, 2020

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CVCSCCM'S 37TH ANNUAL SYMPOSIUM ABSTRACT HIGHLIGHTS

This year's symposium showcased exciting research, case reports, and evidence-based practice from the Carolinas-Virginias Region. There was strong pharmacy representation throughout the podium and poster presentations with topics ranging from sedation strategies in ECMO to melatonin and delirium, virtual rounding practices, anticoagulation and reversal of anticoagulation in obese patients, and many more. Needed attention to the wellbeing of the critical care workers was highlighted through presentations on Workplace Violence and Burnout syndrome. The scholarship and commitment of our chapter members was very evident throughout!

Podium Abstract Presentation Awards



Photo credit: NHRMC Pharmacy Residency Programs, Facebook

Lisa Sagardia, (New Hanover Regional Medical Center) was awarded with first place recognition comparing the effectiveness of combination analgesic and sedative regimens in extracorporeal membrane oxygenation (ECMO) patients.

Sedation practices vary widely in ECMO patients. This single-center retrospective chart review evaluated analgesia/sedation in ECMO patients comparing opioids in milligram morphine equivalent (MME) plus sedation with dexmedetomidine (DEX), midazolam (MDZ), or propofol (PRO), or 2 sedatives (SDS). Both the MME/PRO and MME/DEX groups achieved target CPOT/RASS with comparable efficacy. She advocated exercising caution against MME/MDZ regimens as they trended toward a greater associated mortality and increased ICU and hospital length of stay.

Amanda Gorman (WakeMed) presented the second place abstract, reviewing time to antibiotic administration and impact on outcomes in septic patients with penicillin (PCN) allergy who presented with severe sepsis and septic shock. This was a single center retrospective cohort study with 62 patients with a penicillin allergy and 125 controls. Significant differences were found in several variables. The PCN allergy group demonstrated a slower mean time to antibiotic administration (119 minutes vs 81 minutes, $p=0.01$) and a higher rate of progression to septic shock (32% vs 13%, $p=0.002$). There was no difference in ICU or hospital LOS. Based on these findings, she advocated that initiatives to de-label PCN allergy may improve time to antibiotic administration and subsequent outcomes in these patients.



Above: Hailey Hill (Atrium Health) presents a large retrospective study evaluating normal saline versus balanced crystalloids in patients with sepsis and septic shock.

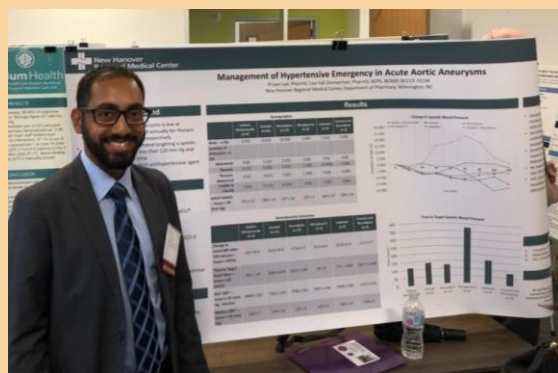
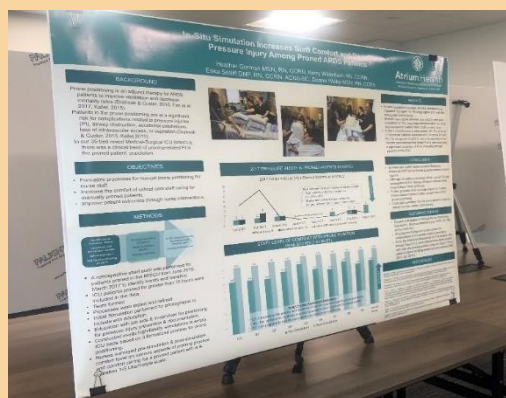
Below: Philip Keith (Novant Forsyth) presents their team's work on patients with Thrombocytopenia Associated Multiorgan Failure (TAMOF) and the use of therapeutic plasma exchange as a treatment option.



Above: Chelsea Bast (Carilion) discusses findings from a retrospective comparison of dexmedetomidine vs no dexmedetomidine sedation in patients with vasospasm and subarachnoid hemorrhage.

Poster Awards

(Right) 1st Place Poster: Erika Setliff presented on behalf of the CHS-Northeast Critical Care Team (Kerry Weierbach, Heather Gorman, and Deann Welke) on pressure injury reduction in critically ill ARDS patients who were manually prone. The team developed standard work for the proning process and the care of the patient while prone, then utilized high-fidelity in-situ simulation for training. Staff comfort increased, and pressure injuries were reduced.



(Left) 2nd place Poster: Priyan Lad from New Hanover Regional Medical Center, presented "Hypertensive Management Strategies in Acute Aortic Aneurysm" evaluating blood pressure management strategies in 46 patients presenting with aortic aneurysm or dissection in hypertensive emergency. Time to target SBP between groups was not significantly different among agents, however utilization of esmolol or nicardipine led to steady reduction in SBP.

Photo credit: NHRMC Pharmacy Residency Programs, Facebook

A PERSPECTIVE ON ABCDEF BUNDLE IMPLEMENTATION

Garry Gellert, PT, DPT, CCS

I am blessed. I have been afforded the opportunity to work within a healthcare organization that supports evidence-based practices to maximize patient (and family) recovery. We strive to embrace the ABCDEF Bundle, as well as implement processes to engage the patient AND family during and after their time spent in our ICUs. We have journals to write in, family education classes, a support group, and a post-ICU clinic. We have implemented protocols and policies to help guide the practitioner to deliver safe and effective interventions. We have purchased equipment to enhance the delivery of early transitional mobility safely. Because of these things, we have seen a steady decline in how many days our patients are ventilated, as well as a decrease in length of stay in our ICUs. With all of that said, I can honestly say: We're not perfect.

We too struggle with the day-to-day challenges associated with ensuring consistent patient care from one practitioner to another. Unfortunately, this seems like a common challenge with multiple organizations. I believe we are all influenced by the past and present environments in which we have practiced in, and our biases certainly impact how we practice today. Thankfully, there is a plethora of evidence to substantiate the pursuit of progressive care in the critical care areas. The research being done across disciplines exemplifies the importance of discipline-specific care towards a common goal of safe, consistent practice in these high-risk areas. Utilizing the evidence as a common thread is one opportunity to empower and support individual growth, regardless of discipline. Understanding and appreciating the impact of our practice-specific roles can lend itself to a collaborative culture of success.

I recently attended the Carolinas/Virginias Chapter of SCCM Scientific Symposium. This event, and others like it, provide a platform to share our successes, opportunities, and ideas. By doing so, perceived barriers to practice are considered, common challenges examined, and new ideas explored. Forums like these are opportune times to collaborate with individuals of varying professions to promote consistent practice towards a common goal of caring. I look forward to ongoing discussions with providers not only in our system, but outside of our system in hopes of mitigating unsubstantiated and outdated practices that hinder effective patient care. As I mentioned before, I am blessed. Although our system isn't perfect, we have an interprofessional team of dedicated and passionate individuals that continue to strive to provide excellent care for life. Creating this type of culture cannot happen with one individual, discipline or practice. Creating this type of culture can only happen with a collaborative community. Let's talk.

Please contact CVCSCCM@gmail.com if you have questions for Garry.



ABCDEF

Pictured left: Garry Gellert and Centra teammates discuss mobility in the ICU and implementation of the ABCDEF bundle at the CVCSCCM Annual Symposium

SHARE YOUR STORY

Doing something great? We want to hear about it! Future newsletters will highlight accomplishments of chapter members and chapter institutions. This includes new board certifications, publications, awards and accolades, or institution accreditations, to name a few. Send all “Kudos” submissions to CVCSCCM@gmail.com. We can also highlight local or regional educational events.

CVCSCCM-ONLY MEMBERSHIP

You can become a CVCSCCM member without joining SCCM for only \$45 per year. Call SCCM Customer service at 1-847-827-6888 or submit the membership application located at [https://www.sccm.org/getattachment/About-SCCM/Join-SCCM/MembershipApp_Web_2018-\(1\).pdf?lang=en-US](https://www.sccm.org/getattachment/About-SCCM/Join-SCCM/MembershipApp_Web_2018-(1).pdf?lang=en-US) by mail or fax.

SCCM CONNECT

This is a new e-community and collaborative space accessible from My SCCM. Features include the ability to email or message members of the e-community, access the member directory, ask questions and participate in discussions in the forum, access or add resources to your section’s file library, and manage your communication preferences. Our library includes previous newsletters, meeting agendas and minutes, and Symposium Presentations. Learn more at:

http://sccmmmedia.sccm.org/video/staff/training/SCCMConnect/story_html5.html.



COMMUNICATIONS COMMITTEE SPOTLIGHT

The Communication Committee is responsible for quarterly newsletter publication, communicating news and events to chapter members, facilitating the Twitter Journal club, and maintaining the Chapter’s social media accounts. Please join our Facebook group “SCCM Carolinas/Virginias Chapter” or follow us on Twitter @CVCSCCM for informal discussions and chapter updates. If you would like to be involved in the committee or have information you want to share, please email Committee Chair Desiree Kosmisky at Desiree.Kosmisky@atriumhealth.org.

TWITTER JOURNAL CLUB

Ghassan Bandak, MD, an intensivist and nephrologist from Marshall University in Huntington, WV, will be moderating the second journal club for our Chapter via Twitter on **Wednesday, July 17th, from 8 PM to 9 PM EST**. Interact with our account @CVCSCCM using the hashtag #CVCSCCMjc. This interactive journal club will discuss Early Neuromuscular Blockade in the Acute Respiratory Distress Syndrome- the ROSE trial. The full text of the article is available at <https://www.nejm.org/doi/full/10.1056/NEJMoa1901686>. Please read the article and come prepared with questions, comments, and critiques. A document for how to get started with Twitter and Twitter Journal Clubs is posted on SCCM Connect. Contact us at cvcscm@gmail.com if you are interested in participating in future journal clubs or have an article you would like to discuss. We are planning to host these quarterly.



KWAME'S KORNER

FAREWELL ADDRESS FROM THE PRESIDENT OF CVCSCCM

I would like to express my heartfelt appreciation and gratitude to you, the CVCSCCM community, that believed in me to carry this honorable mantle.

I leave you with this message of truth: reach out your "helping hands". My life story is encapsulated in this message. Through the helping hands of people like Mr. Bruce Wood (may his soul rest in peace), who provided me with the opportunity to be in America, Dr. Robert Sawyer, my mentor, who helped me get involved with SCCM, Cindy Zerfoss, who introduced me into the Board of Directors, and Dr. John Whitcomb, who in 2014 appointed me and mentored me to become the President-elect.

When I became President, I knew it was for a purpose- I prayed to God for strength. The genesis of the vision called **D.A.R.E** (discovery-advancement-recognition-empowerment) has been an anchor of our growth from 275 members to 375 current members over the last 2 years. We have also created a Research Committee, a Global Health Outreach Committee (taking critical care medicine across the globe) and a mentorship committee (to empower others to reach their dreams in critical care medicine).

As we step into the next era of leadership- may we not forget our helping hands. Let us support the ideas of our next President and remain engaged with this community knowing that "each helping hand is what brings the change of great discovery".

In conclusion, I want to first thank God, the Board of Directors of CVCSCCM and the Committee Chairs. I also want to thank John Whitcomb and Robert Sawyer for opening the door to SCCM, my colleagues at VCU Acute Care Surgical Services Division, the ACNP faculties at UVA, and my family- my parents, my children (Gabriele, Annabelle, and Isabelle) and my beloved wife Evelyn.

We have come this far because we accepted the responsibility of helping others as critical care practitioners- We have these helping hands -let them reach to the furthest places we can stretch them.

Thank you,

Dr. Kwame Asante Akuamoah-Boateng

CARRIE'S CORNER

WELCOME AND QUARTERLY UPDATES FROM THE PRESIDENT OF CVCSCCM



Greetings everyone! I am excited to be your new Chapter President! It was nice to see everyone at the Chapter's Annual Symposium "Achieving Great Heights" and Pharmacology Pre-Conference in Greenville, SC. I hope that you all had the opportunity to network with members in our region.

Over the past 2 years, Kwame did a phenomenal job growing the chapter as well as implementing the D.A.R.E initiatives. My goal over the next year is to build on this foundation and engage our membership. Yes, that means you!

Are you engaged in the chapter? If so, thank you for serving! If not, you are probably asking, how can I be more engaged with the chapter? We have many great opportunities for you:

- **Join a committee:** Education, Communications, Membership, Research, Outreach, Nominations or Mentorship. Examples of current committee activities:
 - Welcome new chapter members (Membership)
 - FCCS Course in Rwanda or stateside (Outreach)
 - Twitter Journal Club (Communications)
 - Pharmacology Pre-Conference and Symposium Planning (Education)
 - Provide feedback for those applying for FCCM (Mentorship)
 - Be a mentor for a new practitioner (Mentorship)
 - Vet your research project or join as a site on a current project (Research)
- **Volunteer** for 1-time opportunity such as being an abstract reviewer for the 2020 symposium or volunteering at the symposium to be a 'professor' during professor walk rounds or an abstract grader.
- A longer commitment by running for a position on the **Board of Directors** (April 1 deadline).

I encourage everyone to take part in YOUR chapter. Please let us know how we can help you become engaged or if you have ideas! Email: cvcscm@gmail.com and we will connect you with the chair of the committee. I look forward to seeing our chapter grow and become more engaged over the next year!

Thank you,

Carrie Griffiths, PharmD, FCCM, BCCCP