

SOCIETY OF CRITICAL CARE ANESTHESIOLOGISTS

SOCCA SPONSORED SESSIONS

on the **CRITICAL CARE TRACK**
at **2026 Annual Meeting**

Presented by **IARS & SOCCA**
Schedule subject to change. All times are HST.

Most Critical Care Content
is located in the Van Horne
Room unless otherwise stated

Friday, May 1, 2026

Locations highlighted in blue. SOCCA Member names highlighted in green.

→ Friday, May 1, 2026 | 8:30 – 10:30 AM EDT

Brain Death Determination Simulation Workshop (Ticketed Event)

Rue Notre Dame & Rue St-Denis Rooms

The responsibility to diagnose brain death or death by neurologic criteria (BD/DNC) accurately is both clinically and ethically necessary as the presence of a single reflex or breath is the difference between being considered alive or dead. Deviating from established protocols or guidelines when evaluating a patient for BD/DNC can have catastrophic consequences for patients and erode trust in the medical field.

The American Academy of Neurology published guidelines on declaring Brain Death or Death by Neurologic Criteria (BD/DNC) as a legal designation for adults and children. These guidelines include 40 specific recommendations to better standardize DNC evaluations. Despite these guidelines, there is still considerable variability in local institutional practices. Even among institutions with an organized diagnostic protocol, there is substantial variation both in the criteria used and who may perform the determination.

Many critical care trainees have no formal education on BD/DNC and are exposed to fewer than five cases prior to graduation. This leads to lack of confidence, competence, and comfort in discussing BD/DNC with both families and colleagues even late in their training. These same trainees are expected to perform BD/DNC assessments independently as attending physicians.

Moderator: Miriam Quinlan, John Hopkins; **Speakers:** **Krassimir Denchev**, Wayne State University; **Jasdeep Dhaliwal**, University of Kentucky; **Jonathan Gomez**, Johns Hopkins University Medical School; **Justin Daniels**, University of Kansas Medical Center; **Kathryn Rosenblatt**, Johns Hopkins University School of Medicine; **Ines Koerner**, Oregon Health & Science University; **Emily Wasson**, University of Alabama Birmingham School of Medicine; **Daniel Gouger**, University of Alabama at Birmingham; **Adam Schiavi**, John Hopkins; **Christina Miller**, John Hopkins

→ Friday, May 1, 2026 | 9:00 – 10:00 AM EDT

Shock Management 2026: Evolving Paradigms and Innovation in Cardiovascular Support and Recovery

Van Horne Room

This session aims to explore emerging trends, evidence, and practice variations in the management of cardiovascular shock and recovery. Dr. Mathis (Research Director, MPOG, UMich) will examine the determinants and variability in the use of cardiac inotropes during surgery, highlighting both obstacles and enablers of practice change. Dr. Khanna (VC for Research, Wake Forest) will delve into the role of RAAS dysfunction in vasoplegia, offering insights into how RAAS profiling can distinguish between septic and non-septic forms. Dr. Spelde (medical director, Penn ECMO program) will present current trends, guidelines, and best practices for mechanical circulatory support (MCS) across various shock states, including its evolving role in septic shock.

Moderator: Kamrouz Ghadimi, Duke University Medical Center; **Speakers:** Michael Mathis, University of Michigan Medical School; **Ashish Khanna**, Wake Forest University School of Medicine; **Audrey Spelde**, University of Pennsylvania Health System

→ Friday, May 1, 2026 | 11:00 AM – 12:00 PM EDT

The Physiologically Difficult Airway: Turning New Evidence Into Widespread Practice

Van Horne Room

The physiologically difficult airway (tracheal intubation in critically ill patients) remains an evolving and under-recognized concept in airway management. Drawing on a decade of high-quality research, this session will highlight the latest evidence on induction agent selection, advanced oxygenation strategies, and procedural techniques to improve outcomes in this high-risk population. We will also address current gaps in anesthesiology and critical care training, and propose future educational priorities to ensure that management of the physiologically difficult airway becomes a core competency for anesthesiologists and intensivists.

Moderator: Kunal Karamchandani, UT Southwestern Medical Center; **Speakers:** **Mary Jarzebowski**, Henry Ford Health System; **Craig Jabaley**, Emory University; **Sheila Myatra**, Tata Memorial Hospital



Take advantage of an extensive line up of sessions included in the critical care track throughout the 3-day meeting. This series of specialized sessions will cover various aspects of critical care medicine. Attendees will be able to focus on and explore various aspects of this specialized field, learn from experts, and stay current on the latest developments in anesthesia and critical care medicine.

WORK GROUP MEETINGS

The SOCCA Board of Directors, Committee and Subcommittee meetings will be held in the Diese meeting room.

All meeting times are in EDT.

Thursday, April 30, 2026

4pm | SOCCA Board of Directors

Friday, May 1, 2026

10am | Communications

12am | Research

3pm | PDAC

Saturday, May 2, 2026

10am | Communications

11am | Education

12pm | Clinical Practice (CPC)

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→ Friday, May 1, 2026 | 11:30 AM – 2:00 PM EDT

Session #1 - ECMO Bootcamp: From Percutaneous Cannulation to Crisis Management - A Practical ECMO Simulation Experience- Co-Sponsored by The Society of Critical Care Anesthesiologists (SOCCA) (Ticketed Workshop)

Rue Notre Dame & Rue St-Denis Rooms

This workshop is designed to provide critical care practitioners with hands-on experience in ECMO initiation and management using high-fidelity simulation. Participants will learn percutaneous cannulation technique and engage in team-based troubleshooting of common ECMO emergencies. Led by experienced critical care physicians, the session emphasizes practical skills, clinical decision-making, and interprofessional collaboration. The goal is to enhance confidence and competence in ECMO care across diverse critical care settings.

Speakers: **Christopher Ortiz**, University of California San Francisco; **Lauren Sutherland**, Columbia University Irving Medical Center; **Lovkesh Arora**, University of Iowa Hospitals & Clinics; **Thomas Comfere**, Mayo Clinic; **Alok Gupta**, Northwestern Memorial Hospital; **Anthony Panos**; **Robert Arrigo**, University of Wisconsin-Madison

→ Friday, May 1, 2026 | 1:30 – 3:15 PM EDT

How to Be a Great A&A Peer Reviewer (IARS with SOCCA) (Ticketed Workshop)
Rue Sherbrooke & Rue McGill

The validity of the published findings and consumer trust in medical journals like Anesthesia & Analgesia ultimately relies upon their peer reviewers and a robust peer review process. Each peer reviewer helps fulfill the vital mission of Anesthesia & Analgesia to provide the highest quality content that spans the breadth of anesthesiology and its many subspecialties, as well as diverse viewpoints and voices. This pragmatic workshop will focus on the fundamentals and nuances of undertaking an effective manuscript peer review. The workshop facilitators will lead interactive, roundtable sessions with a small group of workshop

participants, using actual manuscripts submitted to Anesthesia & Analgesia. This workshop is principally intended for clinician-scientists, who are at any point along their career path and are seeking to make a greater contribution to scholarly publishing. University of Wisconsin-Madison

Speakers: **David Hao**, Massachusetts General Hospital; **Lee Goddel**, John Hopkins; **Adam Milam**, John Hopkins; **Jaideep Pandit**, University of Oxford; **Daniel Saddawi-Konefka**, Massachusetts General Hospital; **Ashraf Habib**, Duke University; **Ashish Khanna**, Wake Forest University; **Avery Tung**, University of Chicago; **Jean Charchafieh**, Yale School of Medicine

→ Friday, May 1, 2026 | 2:45 – 3:45 PM EDT

Critical Care Outside the ICU: The Expanding Role of Anesthesiologists in Hospital-Wide Resuscitation
Van Horne Room

As hospital systems adapt to increasing patient acuity, staffing limitations, and demands for 24/7 critical care expertise, anesthesiologists are playing an increasingly vital role in hospital-wide resuscitation and rapid response teams. Anesthesiologist expertise in airway management, hemodynamics, and crisis leadership makes us uniquely suited for leading in-hospital emergencies beyond the operating room and ICU. This session highlights innovative institutional models and outcomes data from leading academic centers to evaluate the evolving role of anesthesiologists outside the ICU and OR. It also highlights emerging technologies, such as the integration of artificial intelligence into rapid response workflows. Faculty will explore the operational, educational, and systems-level challenges involved, with specific attention to how anesthesiology departments can contribute to patient safety, team performance, and scalable response models.

Moderator: **Tao Shen**, Cedars-Sinai Medical Center; **Speakers:** **Michael Burns**, University of Michigan; **Matthew Wiepking**, University of Southern California; **Tara Ramaswamy**, Stanford University

→ Friday, May 1, 2026 | 3:15 – 4:15 PM EDT

To Wax and Wane: The Ups and Downs of Diagnosing and Managing Delirium in the Critically Ill Patient (Ticketed PBLD)
Parenthese Room

Delirium is a common but significant problem among ICU patients that has been shown to predict higher mortality, long-term cognitive impairment, length of hospital stay, and cost of care. Proper diagnosis and subsequent treatment can be confounded by the presence of varying sedatives, recent anesthetic administration, and pain. This PBLD will address the diagnostic and therapeutic challenges of ICU delirium while also evaluating risk factors, preventative measures, and long-term consequences. As part of this discussion, recent guidelines as well as relevant research will be highlighted.

Speaker: **Elizabeth Cox Williams**, University of Maryland; **Emily Bergbower**, Main Medical Center

→ Friday, May 1, 2026 | 4:00 – 5:00 PM EDT

Code Blue: Evidence-Based Practice or Medical Ritual?
Van Horne Room

Cardiac arrest management is evolving as we evaluate the efficacy of our practice. Does code-dose epinephrine really help? How should we perform chest compressions? Who should get ECPR? Algorithmic resuscitation has led us to a standardized and systematic approach to cardiac arrest patients, however, it is time to re-evaluate the evidence behind these practices and future directions.

Moderator: **Abirami Kumaresan**, Cedars Sinai Medical Center; **Speakers:** **Tao Shen**, Cedars-Sinai Medical Center; **Christina Jelly**, Vanderbilt; **Matthew Wiepking**, University of Southern Californiar

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CONCURRENT SESSIONS

→ Friday, May 1, 2026 | 5:15 PM – 6:15 PM EDT

Demystifying APRV: Historical Roots, Modern Advancements, and Strategies for Optimal ICU Outcomes
[Van Horne Room](#)

Airway Pressure Release Ventilation (APRV) has evolved significantly since its inception, offering unique benefits for lung protection in critically ill patients, yet many clinicians remain unfamiliar with its historical foundations, refinements, and optimal modern applications. This symposium aims to educate participants on the genesis of APRV, its evolutionary advancements including standardized protocols like Time Controlled Adaptive Ventilation (TCAV), and practical strategies for implementation in contemporary critical care settings, while preparing them for forthcoming landmark data from large-scale international trials. The goal is to empower attendees to address gaps in ventilatory management, ultimately improving outcomes for patients with conditions such as acute respiratory distress syndrome (ARDS) by promoting evidence-based, personalized ventilation techniques and fostering discussion ahead of major publications.

Moderator: *Benjamin Daxon*, Mayo Clinic; **Speakers:** *Toni Manougian*, Westchester Medical Center; *Krishnan Ramanujan*, Mayo Clinic; *M Christine Stock*, Northwestern Univ Feinberg School of Medicine

→ Friday, May 1, 2026 | 5:15 – 6:15 PM EDT

Critical Care at the End of Life: When is Enough Too Much?
[Duluth Room](#)

Caregivers in the ICU devote enormous time, physical and emotional commitment to supporting critically ill patients with life-threatening illness. These invariably involve life support that may include mechanical ventilation, dialysis and/or mechanical circulatory devices. But what should we do if and when it becomes apparent that the patient will not survive this ICU admission despite major life support? This Session will address the ethical, cultural and moral issues that face caregivers in dealing with patients and their families in this situation, and provide guidance on best practices in critical care at the end of life.

Moderator: *Robert Sladen*, Columbia University Irving Medical Center; **Speakers:** *Liza Weavind*, Vanderbilt University Medical Center; *Shahla Siddiqui*, Beth Israel Deaconess Medical Center; *Teresa Mulaikal*, Columbia University

ALL SOCCA Members are invited to the:

SOCCA SOCIAL

Friday, May 1, 2026
6:30 pm – ~8:00 pm
Le Cathcart Bar
1 Place Ville Marie,
Montreal, Quebec H3B 2E7

Across the street from the Fairmont hotel.

**We hope to see everyone
for this networking event!**

Note: Cash bar will be available.

Saturday, May 2, 2026

→ Saturday, May 2, 2026 | 9:00 – 10:00 AM EDT

Emerging Inhaled Gas Therapies in Critical Illness
[Van Horne Room](#)

Inhaled gas therapies are rapidly emerging as innovative interventions in critical care, offering distinct mechanisms and promising clinical applications. Recent advances have highlighted the potential of gases such as nitric oxide, argon, and volatile anesthetics to address key challenges in the ICU, including antimicrobial resistance, systemic inflammation, ischemia-reperfusion injury, and sedation. This panel will present translational insights from bench to bedside, focusing on high-dose inhaled nitric oxide as an antimicrobial therapy, argon as a neuroprotectant in cardiac arrest, and the role of inhaled anesthetics in ICU sedation. Presenters will discuss mechanisms, safety, early clinical data, and the translational pathway to bedside implementation.

Moderator: *Carolyn La Vita*, Massachusetts General Hospital; **Speakers:** *Lorenzo Berra*, Massachusetts General Hospital; *Giuseppe Ristagno*, University of Milan; *Christopher Hughes*, Vanderbilt University Medical Center

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Saturday, May 1, 2026

CONCURRENT SESSIONS

Brain Death Determination in Complex Clinical Situations – Co-Sponsored by The Society of Critical Care Anesthesiologists (SOCCA)

Van Horne Room

The responsibility to diagnose brain death or death by neurologic criteria (BD/DNC) accurately is both clinically and ethically necessary as the presence of a single reflex or breath is the difference between being considered alive or dead. Deviating from established protocols or guidelines when evaluating a patient for BD/DNC can have catastrophic consequences for patients and erode trust in the medical field.

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Moderators: *Kate Rosenblatt, John Hopkins; Ines Koerner, Oregon Health & Science University; Speakers:* *Jonathan Gomez, John Hopkins; Daniel Gouger, University of Alabama at Birmingham; Miriam Quinlan, Johns Hopkins*

→ Saturday, May 2, 2026 | 11:00 – 12:00 PM EDT

Ethical Dilemmas of Advanced Invasive Therapies in the ICU: ECMO and Organ Support For Transplant

Viger Room

The rapid expansion of advanced invasive therapies in Intensive Care Units (ICUs), including Extracorporeal Membrane Oxygenation (ECMO) use, has been marked by ethical controversies such as equitable access, opportunity costs, and resource stewardship. The duration and the limits of invasive therapies often lack clear guidelines, placing a burden on the clinical teams and the patients' families. Practices like normothermic regional perfusion (NRP) push traditional boundaries of death definitions and the "Dead Donor Rule". This complex topic warrants an expert Panel presentation to invite audience perspectives and stimulate debate for enhanced understanding.

Moderator: *Monica Lupei, University of Minnesota; Speakers:* *Shahla Siddiqui, Beth Israel Deaconess Medical Center; Louanne Carabini, Northwestern University, Feinberg School of Medicine; Jai Madhok, Stanford University School of Medicine*

→ Saturday, May 2, 2026 | 1:30 – 5:30 PM EDT

POCUS in Trauma: EASy-FAST Framework for Ultrasound-Guided Resuscitation- Co-Sponsored by The Society of Critical Care Anesthesiologists (SOCCA) (Ticketed PBLD)

Rue Notre Dame & Rue St-Denis Room

This session will highlight the integration of EASy (Echocardiographic Assessment using Subxiphoid-only) and FAST (Focused Assessment with Sonography for Trauma) in the resuscitation of trauma patients. Through these frameworks, participants will learn to perform rapid, physiologically driven ultrasound assessments that inform hemodynamic management, procedural safety, and diagnostic accuracy.

Echocardiography and hemodynamic phenotyping: Using the subxiphoid window (4-chamber, short axis and IVC views) within the EASy framework to differentiate hypovolemic, obstructive, cardiogenic, and distributive forms of shock.

Lung/ pleural ultrasound in hypoxemic trauma patients: Differentiating pulmonary contusions, consolidation, pulmonary edema, pneumothorax, and pleural effusions/ hemothorax.

FAST examination: Early incorporation of FAST to detect intra-abdominal bleeding

Volume and perfusion assessment: Evaluating preload and venous congestion through EASy and lung ultrasound to guide balanced fluid resuscitation and prevent overload.

Speakers: *Kunal Karamchandani, UT Southwestern Medical Center; David Corpman, University of Washington; Nibras Bughara, Albany Medical College; Kapil Gupta, University of Washington; Oliver Panzer, Hospital for Special Surgery; Wey Yun (Dorothy) Wang, University of Washington; William Hsu, Albany Medical College; Aliaksei Pustavoitau, John Hopkins; Ruma Bose, Beth Israel Deaconess Medical Center; Omar Durra, Keck School of Medicine; Anwar Alinani, Harborview Medical Center; Paul Bhalla, University of Washington; Arun Prasad, University of Toronto; Rosie Gaylor, John Hopkins; Andrew Villon, Westchester Medical Center; Shuhong Guo, University of Washington*

→ Saturday, May 2, 2026 | 2:00 – 3:00 PM EDT

Airway Pressure Release Ventilation: Conventional Use of an Unconventional Ventilator Mode (Ticketed PBLD)

Parenthese Room

Despite advances in lung-protective ventilation, acute respiratory distress syndrome (ARDS) still results in significant morbidity and mortality in the critically ill population. Airway pressure release ventilation (APRV) is an infrequently used mode of mechanical ventilation that allows for gradual recruitment of alveoli to improve oxygenation, which can confer significant benefits to patients with severe hypoxemia secondary to ARDS. The purpose of this session is to introduce intensivists who are unfamiliar with APRV to the basics of this mode of ventilation, including the indications and contraindications for its use, initial settings, weaning strategies, and essentials of troubleshooting complications. The goal of this session is to impart on PBLD attendees a level of comfort with APRV such that they will be able to use it to care for patients with ARDS in the future.

Speakers: *Krishnan Ramanujan, Mayo Clinic; Benjamin Daxon, Mayo Clinic*

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Beyond the Basics: Managing High-Risk and ICU-Level Obstetric Emergencies

[Parenthese Room](#)

This session addresses the growing need for advanced, ICU-level care in obstetrics in the context of rising maternal mortality rates, particularly among patients with complex comorbidities. Conditions such as amniotic fluid embolism, severe cardiopulmonary failure, and heart disease require rapid recognition and highly coordinated multidisciplinary responses. Attendees will gain practical, evidence-based strategies to optimize outcomes through early intervention, critical care integration, and team-based preparedness. By equipping providers with tools for high-acuity obstetric emergencies, this session supports safer, more effective care in an era of increasing maternal risk.

Speakers: [Ioannis Angelidis](#), University of Pittsburgh Medical Center; [Monica Lupei](#), University of Minnesota; [Emily Naoum](#), Massachusetts General Hospital; [David Stahl](#), Stanford University

→ Saturday, May 2, 2026 | 3:15 – 4:15 PM EDT

End of Life Discussions in the Perioperative Period

[\(Ticketed PBLD\)](#)

[Parenthese Room](#)

About 1 in 6 patients undergoing a surgical procedure have a DNR order in place. As anesthesiologists who continue to do increasingly complex anesthetics on ever more ill and aging patients, we are frequently faced with end-of-life discussions in not only the ICU but throughout the perioperative period. In fact, we are uniquely equipped to have these conversations as we play a critical role in the response to perioperative cardiac arrest, a highly morbid condition, though one with improved outcomes than other in-hospital cardiac arrests. Whereas historically, DNR orders were seen as incongruent with necessary intraoperative intervention, increasing emphasis on patient autonomy has created substantial debate regarding the automatic suspension of DNR orders. Through the problem-based learning discussion, we would cover the history of perioperative DNR, potential medicolegal implications of our decisions on this topic, as well as recommendations on how to have these sometimes challenging conversations.

Speaker: [Megan Hicks](#), Atrium Health Wake Forest Baptist

→ Saturday, May 2, 2026 | 4:00 – 5:00 PM EDT

Alan G. Sieroty APSF/SOCCA
Invited Lecture in Patient Safety:



Creating Systemic Protections Against Invisible Threats to Perioperative Patient Safety



Alan G. Sieroty established a permanent legislative framework that protects the California coastal environment from encroaching development and associated erosion. This talk will outline the approach to structural implementation of evidence-based infection control measures in the perioperative environment that can stop the transmission of dangerous bacteria among anesthesia workspace reservoirs and the development of surgical site infections, the number one surgical complication. Parallel implementation strategies and next steps for the critical care arena will be briefly discussed.

Speaker: [Randy W. Loftus, MD](#), Professor of Anesthesiology and Perioperative Medicine, Mayo Clinic, Rochester, MN

SOCCA's Annual Business Meeting is FREE for everyone!

→ Saturday, May 2, 2026 | 5:00 – 6:00 PM EDT

SOCCA Annual Business Meeting

The SOCCA business meeting will immediately follow the ASPF lecture. SOCCA leaders will provide updates on the recent activities of the Society.



Agenda:

- **Call to Order & Welcome** - [Mark E. Nunnally, MD, FCCM, President](#)
- **Treasurer's Report** - [Brigid C. Flynn, MD, Treasurer](#)
- **Committee/Advisory Council Chair Reports:**
 - » **Clinical Practice Committee** – [Godze Demiralp, MD](#)
 - » **Research Committee** – [Shahzad Shaefi, MD](#)
 - » **Communications Committee** – [Kyle Bruns, DO](#)
 - » **Program Directors Advisory Council (PDAC)** – [Babar Fiza, MD](#)
 - » **Education Committee** – [Kunal Karamchandani, MD](#)
 - » **Service Chiefs Advisory Council (SCAC)** – [Anne Drewry, MD](#)
 - » **Membership Committee** – [Alisha Sachdev, MD](#)
- **Introduction of New Directors** - [Mark E. Nunnally, MD, FCCM](#)
- **Annual Report of the President** - [Mark E. Nunnally, MD, FCCM](#)
- **Adjournment**

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Sunday, May 3, 2026

→ Sunday, May 3, 2026 | 9:00 – 10:00 AM EDT

At the Crossroads: Reimagining Critical Care Billing and Identity in Anesthesiology

[Van Horne Room](#)

This panel brings together critical care anesthesiologists to examine the mounting financial, structural, and identity-related challenges facing the specialty—especially in the context of ICU billing and perioperative care. With institutional budgets tightening and procedural revenue prioritized, the panel explores divergent strategies: staying integrated within anesthesiology versus forming independent, multidisciplinary critical care departments. The goal is to critically assess these pathways, identify sustainable models for ICU staffing and reimbursement, and spark a broader conversation about the future of anesthesiology-trained intensivists.

Speakers: [Gozde Demiralp](#), [Michael Nurok](#),
Department of Anesthesiology, Cedars-Sinai Medical Center; [Robert Groff](#), *Emory University*

→ Sunday, May 3, 2026 | 12:45 – 1:45 PM EDT

Bloody Complicated: Navigating ECMO in Adults with Congenital Heart Disease (Ticketed PBLD)

[Parenthese Room](#)

This problem based learning discussion will focus on the case of an adult patient with Fontan physiology who underwent a mechanical aortic valve replacement complicated by massive hemorrhage and veno-arterial extracorporeal membrane oxygenation (ECMO) cannulation. The novel Fontan physiology makes the management of ECMO extremely complicated in this patient population. We will discuss management of adult patients with multiple forms of congenital heart disease, including those with Fontan physiology. We will discuss down-stream organ system implications in detail, management strategies for massive hemorrhage in the setting of Fontan physiology, and approaches to ECMO management in various configurations. Lastly, we will discuss communication strategies in the setting of language and cultural barriers.

Speakers: [Christina Hayhurst](#), *Vanderbilt University Medical Center;* [Christina Jelly](#), *Vanderbilt*