

Strategic Framework to Reduce the Risks of Substance Use Disorder in Anesthesiologists

March 31, 2016

Purpose of the Framework and Executive Summary

The purpose of this framework is to outline the initiatives that aim to reduce the prevalence, morbidity and mortality associated with substance misuse in anesthesia in Alberta.

This will be achieved through:

- the prevention of substance misuse;
- increased awareness of substance use disorder by educating students, residents, practicing physicians and their families, health authorities, hospital personnel and universities;
- the promotion of safer systems of medication management of drugs of potential abuse;
- improved early identification of persons misusing substances;
- early assessment, treatment and appropriate monitoring.

If fully implemented, this Framework will help minimize the outcomes of substance misuse on patients, families, anesthesia and other healthcare professionals. The Framework is intended to foster a supportive culture and environment that encourages the prevention, identification and treatment of substance use disorders.

It is recognized that anesthesiology communities in other provinces may also benefit from parts or all of this framework. This framework may also benefit other physicians, surgeons, health professionals and any individual working in the healthcare system.

Objectives of the Framework

This Strategic Framework has four objectives:

1. **Mitigate the systemic (macro) risks** that may contribute to substance use disorder in anesthesiologists.
2. Improve the **early identification and reporting** of substance use disorder in anesthesiologists and other health professionals.
3. Undertake **education efforts to increase awareness** of risk factors, and reduce the risks of substance use disorder in the anesthesiology profession.
4. Ensure the **appropriate treatment and monitoring** is provided to physicians identified as having a substance use disorder.

How this Framework was developed

In 2012, the College of Physicians and Surgeons of Alberta (CPSA) and the Alberta Medical Association (AMA) identified the need to address the risks associated with substance use disorder in the field of medicine, and in particular, in anesthesia. The CPSA and AMA brought together leaders in the departments of anesthesia and post graduate training programs in anesthesia from across Alberta to discuss and address the issue. As a result of those early discussions, an initial framework was developed. In 2015, existing and new representatives were individually consulted to better understand how to finalize the Framework in order to move from discussion to action. The results of that consultation and work is this final Strategic Framework.

A list of members engaged and consulted can be found in Appendix A.

Note: In the Framework, where Alberta Health Services (AHS) is referenced, it is understood that this also includes Covenant Health.

Background on the issue of Substance Use Disorder in Anesthesiologists

Physicians suffer from substance use and abuse at similar rates as the general population. Impairment can affect not only the physician but also their families, colleagues and the patients in their care. With treatment and monitoring, physicians have an excellent prognosis for long-term recovery from a substance use disorder.¹

There are conflicting views about whether anesthesiologists and anesthesia residents are at a higher risk for substance misuse than other physicians, and whether in Alberta, anesthesiologists are over represented amongst physicians with identified substance use disorder.

For those that believe anesthesiologists may be at a higher risk, it is hypothesized that the increased risk may be associated with:

- increased access to medications that can potentially be misused
- micro exposure to opioids may trigger those who are predisposed to substance use disorder
- personal characteristics that are beneficial in the practice of anesthesia; specifically a high need for control and meticulousness, may also predispose anesthesiologists to increased risk of mood disorder and substance misuse.

It is important to note that the principles identified above can apply to all physicians and surgeons, not just anesthesiologists.

¹ Skipper GE, Campbell MD, DuPont RL: Anesthesiologists with Substance Use Disorders: A 5-Year Outcome Study from 16 State Physician Health Programs. International Anesthesia Research Society 2009; 109:891-896

Data and intelligence on substance misuse in the medical profession is tracked and collected differently across the provinces. It is difficult to verify if anesthetists in Alberta are more likely to have a substance use disorder than anesthetists in other provinces.

Regardless of whether anesthetists in Alberta are at a greater risk or incidence of misuse, safety of the physician, other health professionals and patients are the paramount considerations and the motivation behind this framework.

Objective 1: Mitigate the systemic (macro) risks that may contribute to substance use disorder in anesthesiologists.

Strategy 1:

Alberta Health Services take a leadership role to encourage greater attention to and awareness of substance misuse, and increased employee and patient safety.

ACTION A:

Develop a system wide policy or administrative directives that address substance use disorder, which will supplement current Alberta Health Services (AHS) bylaws and actions on physician health and wellness.

Responsibility:

- Zone Medical Directors
- Site leads

ACTION B:

AHS encourage those who investigate disruptive physician behaviours to consider substance use disorder as a possible health issue impacting the situation.

Responsibility:

- Zone Medical Directors
- Site leads
- Department leads

Strategy 2:

Review and improve medication management systems in hospitals and other medical facilities to reduce safety risks to all healthcare professionals and patients.

ACTION A:

Departments of Anesthesia in conjunction with Departments of Pharmacy and hospital administrators will systematically assess medication management systems in the operating room and implement changes to reduce the risk for uncontrolled access and use.

Each hospital/facility is encouraged to share intelligence on potential risks and mitigating strategies so other sites can learn from their experience.

Note: There are currently no provincial standards on medication management systems, which means that medication access and dispensing standards are different in every hospital or facility.

Responsibility:

- Zone Medical Directors
- Alberta Health Services: Pharmacy, Patient Safety, Workplace Health & Safety groups
- Health Quality Council
- Department leads

Objective 2: Initiate education efforts to increase awareness of risk factors and reduce the risks of substance use disorder in the anesthesiology profession.

Strategy 1:

Educate students and residents of the risks of substance use disorder before they graduate and begin their career in anesthesiology.

ACTION A:

Medical students considering anesthesia as a career choice and anesthesia residents are educated on risk factors for substance use disorders.

Communicate the information to students as a part of the current curriculum and through opportunities outside of the traditional curriculum. Possible avenues could include:

- Career planning sessions or career fairs
- Brown bag lunch sessions at the University of Alberta Anesthesia Society
- During clerkship rotation
- Publication in *Toronto Notes* by the University of Toronto, which are published every year and used by medical students across the country

Responsibility:

- Associate Deans of Postgraduate Medical Education at the University of Alberta and University of Calgary
- Anesthesia Program Directors working with AMA's PFSP
- Office of Learner Advocacy and Wellness (LAW), University of Alberta & Calgary equivalent
- Associate Deans of Undergraduate Medical Education

ACTION B:

Ensure information is available to increase awareness of the risks of substance use disorder in anesthesiologists when applying for anesthesia.

Responsibility:

- Offices that support physician learner health and wellness
- College of Physicians and Surgeons of Alberta (CPSA)

Strategy 2:

Ensure all practicing anesthetists are aware of the risks of substance use disorder.

ACTION A:

Communicate information on risks, how to identify, the process for reporting/self-reporting and information on support and assistance at the time of professional registration and during each annual re-licensure. See Appendix B and C.

Responsibility:

- College of Physicians and Surgeons of Alberta (CPSA)

ACTION B:

Use the Physician Achievement Review (PAR) Program to direct questions about wellness to anesthesiologists. New questions will come into effect in July 2016.

Responsibility:

- College of Physicians and Surgeons of Alberta (CPSA)

ACTION C:

Educate anesthetists through various continuing education and professional development opportunities, such as:

- Grand Rounds; once per year in all sites
- Web-based education
- Coordinate with CPD to include this topic in CME events

Responsibility:

- Site leads
- Department leads
- College of Physicians and Surgeons of Alberta (CPSA)
- AMA's Physician and Family Support Program (PFSP)
- Alberta Health Services

Strategy 3:

Educate family members of practicing anesthesiologists on the signs of substance use disorder.

ACTION A:

Develop messaging and direct communications to family members so they are aware of the signs and sources of support.

Responsibility:

- AMA's Physician and Family Support Program (PFSP)

Objective 3: Improve the early identification and reporting of substance use disorder in anesthesiologists and other health professionals.

Strategy 1:

Communicate the early signs of misuse to healthcare professionals to encourage self-identification or the identification of a colleague in need of support.

ACTION A:

Institute a multidisciplinary education campaign about signs of substance use disorder in each hospital or medical facility. This campaign will help healthcare professionals recognize someone who is misusing a substance, or recognize that they may have problem with substance use.

All healthcare professionals must be reached, including nurses, pharmacists and pharmacist assistants, respiratory technicians, physicians and other employees.

Appendix B contains a list of the early warning signs of misuse. Hospitals, sites and other organizations are encouraged to communicate these signs in a variety of tools or formats, including:

- Presentations to various healthcare professionals
- Grand rounds
- PFSP and CPSA websites
- Posters or other communications in operating rooms and other hospital areas where various health professionals meet.

Responsibility:

- Department leads
- Site leads
- Human resources/occupational health & safety departments
- AMA's Physician and Family Support Program (PFSP)
- College of Physicians and Surgeons of Alberta (CPSA)
- Alberta Health Services
- Non-Alberta Health Services facilities

Strategy 2:

Ensure all healthcare professionals, residents and anesthesiology students know how and where to self-report or report a colleague for substance use disorder.

ACTION A:

Departments of Anesthesia have a detailed policy outlining the steps to take when there is suspicion of misuse. This policy should include who to contact for intervention, what to expect, reintegration to the department after treatment and ongoing monitoring.

Details on what to expect when someone is reported to the Alberta Medical Association's (AMA) Physician and Family Services Program (PFSP) or the College of Physicians and Surgeons of Alberta (CPSA) for misuse, or self identifies as needing help, can be found in Appendix C. This appendix outlines the respective roles of PFSP and the CPSA, who to contact, what steps these organizations will follow when someone is reported and where to find more information. Departments of Anesthesia are encouraged to use the information in Appendix C as the foundation for their policy. Appendix D includes key messages on substance use disorder in anesthesiology.

Responsibility:

- Department leads
- Zone Medical Directors
- Alberta Health Services
- Non-Alberta Health Services Facilities

ACTION B:

Departments of Anesthesia take the information in Appendix B, C & D and actively communicate it to healthcare professionals at all levels. Departments should develop tools, visual aids and messaging to assist anesthesia departments in understanding and communicating the CPSA and PFSP's distinct roles and responsibilities regarding physician health.

Responsibility:

- Department leads
- Site leads
- Alberta Health Services
- Non-Alberta Health Services Facilities

ACTION C:

CPSA and AMA publish the information found in Appendix C & D on their respective websites, and publish the information in regular communications to physicians (i.e.: AMA's *MD Scope* and

Doctor's Digest newsletters; CPSA's *The Messenger* newsletter; etc.). Other organizations, hospitals, sites and wellness teams are also encouraged to publish and share the information.

Responsibility:

- AMA's Physician & Family Support Program (PSFP)
- College of Physicians and Surgeons of Alberta (CPSA)
- Other organizations to publish information online or in print communication vehicles

Objective 4: Ensure appropriate treatment and monitoring is provided to physicians identified as having a substance use disorder.

Strategy 1:

All personnel with an identified substance use disorder will have access to appropriate evidence-based treatment.

ACTION A:

Information regarding assessment treatment options is made available to physicians identified with a substance use disorder.

Responsibility:

AMA's Physician & Family Support Program (PFSP)
College of Physicians and Surgeons of Alberta (CPSA)

Strategy 2:

Anesthesia departments understand the respective roles of the department, PFSP and the College in the monitoring of physicians who return to practice.

ACTION A:

Develop a process for sharing information, with appropriate consent, outlining the responsibilities of each party, how to manage relapse, etc.

Responsibility:

AMA's Physician & Family Support Program (PFSP)
College of Physicians & Surgeons of Alberta (CPSA)
Department leads

ACTION B:

Departments adjust physician resource plans to account for the need for leave for health reasons, to ensure greater confidentiality and reduce the focus on the individual physician and their health condition.

Responsibility:

Anesthesiology departments
Site Leads
Alberta Health Services
Non-Alberta Health Services facilities

Appendix A

Participating Individuals/Organizations

The following individuals and organizations participated in the development of this Strategic Framework:

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Dr. Michael Murphy, Professor and Chair, Anesthesiology & Pain Medicine, University of Alberta; Zone Clinical Chief Anesthesia, Edmonton Zone
Dr. Brent MacNicol
Dr. Maureen Topps, Associate Dean, Postgraduate Medical Education, University of Calgary
Dr. Susan Ulan, Assistant Registrar, College of Physicians and Surgeons of Alberta
Dr. Janet Wright, former Assistant Registrar, College of Physicians and Surgeons of Alberta

Appendix B

Early Signs of Substance Use Disorder in Anesthesiologists

The drug(s) of choice for a chemically dependent anesthesiologist may be available to them while they are at work. As a result, changes in physician behavior may be subtle, and their significance unrecognized.

Impairment while at work is often a late sign of substance misuse in a healthcare professional.

Early identification of the affected individual can often prevent harm, both to the impaired physician and to his or her patients.

Some of the changes typically observed in the affected anesthesiologist include but are not limited to the following²:

- Withdrawal from family, friends and leisure activities
- Mood swing, with periods of depression alternating with period of euphoria
- Increased episodes of anger, irritability, and hostility
- Spending more time at the hospital, even when off duty
- Volunteering for extra call
- Refusing relief for lunch or coffee breaks
- Requesting frequent bathroom breaks
- Signing out increasing amount of narcotics or quantities inappropriate for the given case
- Weight loss and pale skin

² Bryson EO, Silverstein JH: Addiction and Substance Abuse in Anesthesiology. *Anesthesiology* 2008; 109: 905-917.

Appendix C

What to expect when you report someone or self-report as having a substance use disorder

Role & Responsibilities of the College of Physicians & Surgeons of Alberta (CPSA)

What happens if I contact the CPSA's Physician Health Monitoring Program about my own health condition?

You can confidentially contact the Assistant Registrar with the CPSA's Physician Health Monitoring Program. If you contact the CPSA, you do not have to give any identification in order to receive information about your health condition or the possible impact on your practice.

If you have a health condition that may impact the safety of your patients, you are required to self-report to the College.

Click on the link for more information on the CPSA's [Standard of Practice: Self Reporting to the College](#).

What should I do if I have concerns about a colleague?

If you have concerns about a colleague who may have a health condition that could interfere with the safety of their patients, you can contact the Assistant Registrar with the CPSA's Physician Health Monitoring Program in a confidential and non-nominal way.

A physician must report another physician to the College when the first physician believes, on reasonable grounds, that the conduct of the other physician places patients at risk or is considered unprofessional conduct under the *Health Professions Act*.

If you're treating a physician who has a health condition that may impact the safety of their patients, you have a duty to report to the College.

Click on the link for more information on the CPSA's [Standard of Practice: Duty to Report a Colleague](#).

What happens if a colleague has reported me to the College?

The Assistant Registrar will contact you to discuss the next steps. We may refer you to the AMA Physician Family Support Program and suggest you obtain legal counsel.

Approximately 90% of physicians involved the Physician Health Monitoring Program are currently practicing medicine.

Roles & Responsibilities of the Alberta Medical Association’s Physician Family Support Program (PFSP)

What happens if I contact PFSP about my own health condition?

When you call our assistance line (1-877-767-4637), your call will be directed to one of our Assessment Physicians who will discuss your concerns and suggest resources.

In cases where substance use is identified as a concern, you will be asked to consent to speaking with the Clinical Director of PFSP. We may request to meet with you in person so we can discuss your concerns in detail and offer assistance with accessing assessment, treatment or other resources necessary to meet your needs.

All involvement with PFSP is voluntary.

What happens if I contact PFSP regarding concerns about a colleague?

When you call our assistance line about a colleague, our Assessment Physician will discuss the situation with you and suggest possible courses of action. You are not required to identify your colleague.

If you have questions about your own requirement to report under the CPSA Standards of Practice, we can offer advice. You may be asked to consent to speak with our Clinical Director. We will suggest that the colleague of concern contact us, and in a case where that is not possible, we may ask that other concerned parties speak with us. Although we will not contact your colleague directly, we will make every effort to have him or her engage with us so that we can offer assistance.

Appendix D

Key Messages on Substance Use Disorder in Anesthesiologists

- Any physician can suffer from substance use disorder.
- Anesthetists may have increased risks for substance use disorder. Anesthetists have access to higher potency opioids and therefore, have higher death rates than other physician groups.
- The effects on the physician's career and their families can be devastating.
- Prevention, early detection, good treatment and follow up, and safe medication management may all contribute to better outcomes.
- Education at undergraduate, postgraduate and practicing physician levels needs to help individuals understand their own risk and assist them in identifying and supporting colleagues who may suffer from misuse or substance use disorder.
- Increasing awareness of the risks of substance use disorder should focus on all disciplines working in operating theatres: physicians, nurses, technicians, and all OR staff.
- Understanding the extent of this problem in Alberta and evaluating the interventions that improve outcomes is essential.
- This strategic framework was created for the anesthesiology community, but is beneficial to all healthcare providers.