Anesthesia Patient Safety Foundation

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Fostering Trusting Relationships: A Patient Safety and Clinician Wellness Strategy

May C. M. Pian-Smith, MD, MS

Every year, the Anesthesia Patient Safety Foundation (APSF) reviews existing and emerging patient safety issues and publishes its list of highest patient safety priorities (asamonitor.pub/3y7gGuD). For many years, "Safety Culture" has been featured prominently near the top of the list, in recognition of the important role it plays in optimizing teamwork, supporting a learning (versus punishing) work culture, and ultimately helping individuals and teams bring their very best to the care of patients. During the unprecedented time of the COVID-19 pandemic, we have seen front line workers think outside the box: navigating various work roles and workflow and system changes while maintaining patient quality standards and supporting colleagues. This type of resiliency is very much dependent on safety culture.

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Key components to creating a culture of safety

Safety culture is a complex, multi-faceted concept. The Agency for Healthcare Research and Quality (AHRQ) has identified four key components to creating a healthy safety culture: 1) acknowledgement of the high-risk nature of an organization's activities and the determination to achieve consistently safe operations, 2) a blame-free environment where individuals are able to report errors or near-misses without fear of reprimand or punishment, 3) encouragement of collaboration across ranks and disciplines to seek solutions to safety problems, and 4) organizational commitment of resources to address safety concerns (asamonitor.pub/3ffGFaV).

Establishing trust and having psychological safety allows us to speak up about concerns and communicate in a timely way, without fear of retribution. Positive relationships impact our ability to address challenges and to flex, adapt, and innovate during times of uncertainty (*J Management Studies* 2003;40:1419-51). Thus, critical and respectful communication in the perioperative setting both supports and is a marker for a strong safety culture. Deliberately optimizing how our communication affects our relationships is a vital and effective patient safety strategy.

Subtle lapses in professionalism

Overt conflict between surgeons and anesthesiologists has been experienced or witnessed by almost everyone who has worked in an OR. While we have come a long way since the times when instruments would be thrown and weaponized, it is not uncommon to see microaggressions in the form of brief indignities that reflect negative attitudes (including eye-rolling, foot tapping, disrespectful or dismissive language, or passive-aggressive behavior). Quiet microaggressions or reluctance to communicate are maladaptations that can also result from imperfect working relationships. Overt or not, lapses in professionalism erode the psychological safety of the entire perioperative team and have been shown in studies to negatively impact information sharing, adherence to safety protocols, individual performance of clinical tasks, and team performance during critical events (*J Clin Anesth* 2007;19:152-8; *Pediatrics* 2003;112:553-8; *Am J Surg* 2005;190:770-4; *AACN Clin Issues* 2004;15:182-95; *Ann Intern Med* 2002;136:826-33; *Physician Exec* 2002;28:8-11; *Pediatrics* 2015;136:487-95).

Disruptive interactions in the perioperative arena also come with indirect costs such as decreased worker morale and productivity and increased disability and workforce turnover (*J Clin Anesth* 2007;19:152-8; *AACN Clin Issues* 2004;15:182-95; *Ann Intern Med* 2002;136:826-33; *BMC Med Educ* 2016;16:229; *Curr Opin Crit Care* 2007;13:732-6; *J Am Coll Surg* 2007;204:533-40).

On the other hand, positive interactions that enhance information sharing and shared mental models are likely effective in promoting optimal safety (*Med Educ* 2002;36:728-34; *Qual Saf Health Care* 2004;13:330-4; *Simulation & Gaming* 2001;32:175-193; *JAMA* 2010;304:1693-700).

The power of teamwork

Good teamwork is important for safe, high-quality perioperative care. The impact of surgeon-anesthesiologist relationships on the quality of our work was highlighted by Dr. Jeffrey Cooper in his 2018 paper published concurrently in *Anesthesiology* and the *Journal of the American College of Surgeons* and summarized in the *Anesthesia Patient Safety Foundation Newsletter* (*Anesthesiology* 2018;129:402-5; *J Am Coll Surg* 2018;227:382-6; *APSF Newsletter* 2020;35:8-9). We don't know the incidence of poor outcomes in the OR that are precipitated specifically by poor interactions between anesthesiologists and surgeons. Personal anecdotes about the OR and published studies on ICU interactions suggest the incidence of conflict is significant and that, therefore, this is an important area for study and improvement (*J Clin Anesth* 2007;19:152-8; *Am J Surg* 2005;190:770-4; *J Nurs Scholarsh* 2010;42:40-9). There is little research about this specific OR dyad relationship, what works well and not well, and what can be done to optimize it; APSF is currently supporting a research grant on this topic (*APSF Newsletter* 2021;36:28-29). We do know from existing literature that optimizing teamwork improves the patient experience and improves quality outcomes (such as length of hospital stay and mitigating harm from errors and intraoperative adverse events). (*JAMA* 2010;304:1693-700; *J Nurs Scholarsh* 2010;42:40-9; *Med Care* 2000;38:807-19; *J Serv Res* 2002;4:229-311).

'Relational coordination'

The Institute of Medicine (IOM) has called for increased trust, respect, and transparency in communication to improve the quality of care (*J Nurs Manag* 2010;18:926-37; Keeping Patients Safe: Transforming the Work Environment of Nurses. 2004). Several studies have investigated the impact of "*relational coordination*" within health care teams (*Med Care* 2000;38:807-19; *J Nurs Manag* 2010;18:926-37). These have demonstrated that optimizing communication and having shared mental models and mutual respect can be associated with improved patient outcomes (*BMC Med Educ* 2016;16:229; *BMJ Qual Saf* 2015;24:458-67; *Surgery* 2011;150:771-8; *Am J Obstet Gynecol* 2009;200:492.e1-8; *Ann Intern Med* 1986;104:410-8; *Heart Lung* 1992;21:18-24). According to relational coordination theory, colleagues can collaborate best when there is *high-quality communication* (frequent, timely, accurate, and problem-solving), which is enhanced by *high-quality relationships* (shared goals, shared knowledge, and mutual respect) (*Human Resource Management Journal* 2001;18:154-70).

Work in ORs is characteristically complex and requires that skilled workers are both independent and interdependent. It is not hard to imagine how such a communication framework could facilitate rapid

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Partnering Through the Pandemic: How Corporate Partners Pivoted to Support Anesthesiologists During COVID-19

Debbie Greif

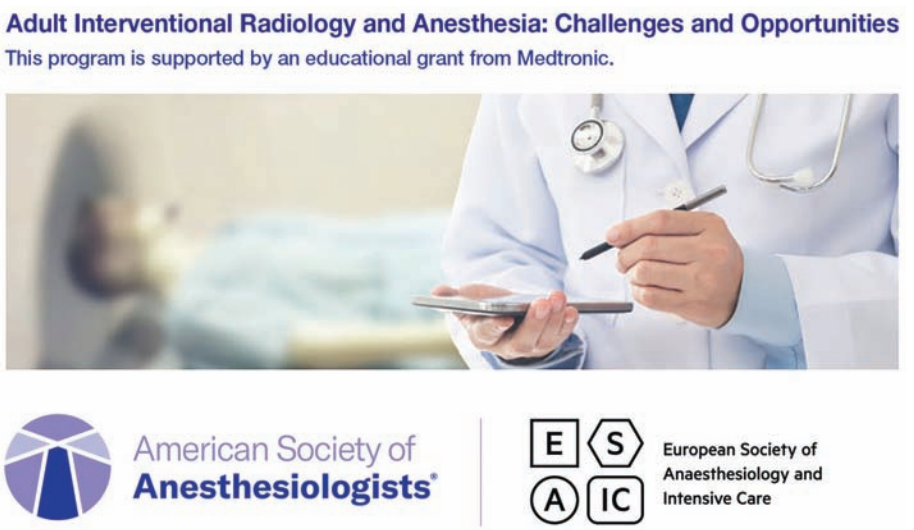
As Helen Keller once noted, "Alone we can do so little; together we can do so much." Turns out, that's extra true when managing a crisis. Surviving – and thriving – during a pandemic requires teamwork and collaboration. COVID-19 tested our abilities to pivot quickly, forge new partnerships, and maximize existing resources. In many ways, in many places, and on many fronts, physician anesthesiologists gained the admiration of a nation in distress.

Our partnerships were key to that success. From the beginning of the crisis, corporate partners used innovative approaches to technology and education to support ASA members – the physician anesthesiologists who were on the front lines battling the pandemic – and our patients.

For example, as hospitals struggled to manage a growing surge of COVID-19 patients, a group of ventilator manufacturers created the Ventilator Training Alliance to put training materials into the hands of practitioners. The seven original participants – Dräger, GE Healthcare, Getinge, Philips, Nihon Kohden, Hamilton Medical and Medtronic – offered a free mobile app designed to serve as a centralized hub for training resources, such as how-to videos and manuals, making it easier for health care workers to quickly adapt and repurpose a range of ventilators for wider use.

Masimo moved quickly to repurpose its solutions in an effort to meet the surging needs as well. "We adapted existing technology, accelerated its deployment and use cases for it, and we applied it to a patient population that desperately needed it," said Masimo's Richard Gannotta, Senior Vice President and Chief Healthcare Administrative Officer. Masimo's efforts made it easier for health care workers to monitor patients' oxygen saturation from afar so patients could return home, thereby minimizing stress on overburdened hospitals. Working with key institutions and physicians, Masimo ultimately deployed its solution to over 180 hospitals and health systems.

In some cases, corporate partners provided grant support for ASA to develop CME education for physician anesthesiologists. "The role of education has never been more important than it was during the pandemic," said David Martin, MD, Chair of ASA's Section on Education & Research. "The education grants provided by industry enabled the society to develop needed programs to educate and train anesthesiologists at a key time."



With an education grant from Merck, ASA was able to develop and offer a free CME educational activity, "Lessons Learned in Caring for Patients During The COVID-19 Pandemic and Beyond." This activity helps anesthesiologists gain confidence working under COVID-19 conditions in a critical care setting. It offers modules on how to get COVID-19 patients back into surgery and tackles topics of critical safety and quality care for COVID-19 patients such as comorbidities, perioperative care, and safe airway management.

An education grant from Medtronic provided funding for a leadership roundtable of 12 physician anesthesiologists. Attendees include a diverse group of anesthesiologists representing various subspecialties and different practice settings. The discussion focused on collaborating through crises and accelerating team performance during challenging times. An outcome of the roundtable was the CME activity "Resilience During a Crisis: You and Your Team." An additional Medtronic grant funded free access to ASA's interactive simulation product Anesthesia SimSTAT for residents during the pandemic.

Getinge similarly focused on educating practitioners by providing education at ASA's annual meeting. Getinge also moved quickly to expand their virtual footprint in order to better inform and educate practitioners, creating a range of virtual educational resources, including peer-to-peer webinars and an online resource hub. The hub was designed to give practitioners guidance and easy access to practical information.

From the very start of the pandemic, working with our corporate partners has been crucial to answering the call of our patients. And it goes both ways. Our collaboration with industry helped them meet their initiatives as well. "Because of our partnership with clinicians, we were able to have an even more meaningful impact with our offerings," said Charles Merchant, Getinge's Senior Director, Global Therapy Development, Acute Care Therapies. "Partnership and collaboration are essential for solving real problems."

We couldn't agree more. Which is why, as we turn toward the future and a new set of challenges COVID-19 is sure to bring, ASA is confident in the skills and dedication of our membership *and* in the willingness of corporate partners to join us in the fight. Together, we are stronger; together we can do more than we ever could alone. ■

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dissemination of critical information during a perioperative crisis and promote collaborative problem-solving that is well received even by colleagues who are in the thick of a clinical challenge. Many of us have had a personal experience where we wished a colleague had spoken up about a concern they noticed before we did. For this reason, we have encouraged leaders to model inclusive behaviors and to invite relational coordination at our institution. It is becoming more common for a surgery or anesthesiology attending to say in a huddle, "this is a challenging case… please speak up if you notice a problem or have information that may be helpful…." We find from personal experience that such invitations help lower barriers to speaking up, perhaps because "being helpful" comes more easily to us and thus lowers the personal risk that can lead to self-censorship. Having an expectation that there will be timely, important, and respectful communication also seems to help us hear it when we are on the receiving end. This behavior has become more hardwired when leaders thank team members for input, even when the input was off-base or a false-alarm.

Relational coordination impacts worker wellness as well as patient safety. Working within a framework of mutual support has been shown to improve resiliency and to be an antidote to clinician burnout (*Human Resource Management Journal* 2001;18:154-70; *J Nurs Adm* 2012;42:418-25). Now, more than ever, deliberate efforts to help providers feel connected, valued, and supported is an important patient safety and clinician wellness strategy. Wouldn't it be great if, someday, "Safety Culture" was no longer identified as a safety vulnerability on the APSF list of top safety priorities and in perioperative care? ■

Disclosure:
Dr. Pian-Smith is a member of the APSF Board of Directors.