



## A Summary from the 2021 APSF Stoelting Conference: Clinician Safety: To Care is Human

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### SUMMARY STATEMENTS ON CLINICIAN BURNOUT AND WELL-BEING:

1. A failure to address the crisis of clinician burnout and degraded well-being will be costly to clinicians, patients, and health care organizations.
  - a. Clinician burnout is a significant patient safety issue (unhappy, unhealthy clinicians lead to unhappy, unsafe patients)
  - b. Clinician burnout is a societal workforce issue because replacing one departing perioperative professional can cost 2–3 times that individual’s annual salary and facilitate increased turnover of other team members for up to a year.
2. Burnout is a systemic issue and must be addressed at societal and organizational levels. However, individual perioperative professionals can and must be involved to address this complex problem.
3. Any comprehensive/successful solution will require the following elements:
  - a. Leadership commitment to clinician well-being as an institutional core value.
  - b. Real change to an organization’s culture. Prioritization of clinician well-being (including psychological safety) and a focus on increasing meaning and purpose in work (e.g., a reduction of low-value tasks).
  - c. Reliable measurement(s) of key metrics of individual and organizational well-being.
  - d. Transparency and feedback
  - e. Multidisciplinary efforts (including surgeons, proceduralists, and nurses) to build a “wellness community”
  - f. Identify and address the most important issues at the local level (Each health care institution will be different).
  - g. Incorporating diversity, equity, and inclusion in all decision making
4. Trainees are a particularly vulnerable population for degraded well-being and must be proactively addressed using similar approaches as described in item 3 above.
5. The allocation of tangible resources to clinician well-being (e.g., leadership roles, physical space) is an important signal to the organization that leadership is serious about this.

### 2021 STOELTING CONFERENCE RECOMMENDATIONS:

1. APSF should consider collaborating with professional societies (e.g., ASA, AANA, AAAA, ACS, and AORN, etc.)\* to produce a joint statement on clinician well-being and the effects on patient safety and quality in the perioperative period.
2. APSF should create and lead, in collaboration with other professional societies, the development of a toolbox to support the perioperative care team as they continue to proactively address well-being.
3. APSF should partner with other organizations to support and fund research on the “basic science” of clinician burnout/degraded well-being; expanding the evidence base for effective interventions; and developing best-practices for implementation of best-of-class interventions.
4. Diversity, equity, and inclusion (DEI) are important elements of clinician and organizational well-being. APSF should develop a statement highlighting the effects of DEI on clinician well-being.
5. APSF should create a financial business case for perioperative clinician well-being.
6. APSF should partner with perioperative colleagues to enhance education on clinician well-being that should include podcasts and webinars.
7. Consider publication of data on clinician safety shared at the conference in a future *APSF Newsletter* publication.

\*ASA—American Society of Anesthesiologists; AANA—American Association of Nurse Anesthesiology; AAAA—American Academy of Anesthesiologist Assistants; ACS—American College of Surgeons; AORN—Association of Perioperative Registered Nurses

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*DISCLOSURE: Matthew Weinger, MD, MS, is founding shareholder and paid consultant of Ivenix Corp., an infusion pump manufacturer. He received an investigator-initiated grant from Merck to Vanderbilt University Medical Center to study clinical decision making.*