



**Impaired Provider**

- ~10-15% of anesthesia providers develop a substance abuse problem at some point during their career
- Anesthesiology, Emergency Medicine, Psychiatry
- Significant higher risk of mortality
  - Access to potent and highly addictive anesthetic agents

Bryson EO. The opioid epidemic and the current prevalence of substance use disorder in anesthesiologists. *Current Opinion* 2018; 31: 388-92  
 Berge KH, et al. Chemical dependency and the physician. *Mayo Clin Proc* 2009; 84: 625-31  
 Balderson MR. Impaired health-care professional. *Crit Care Med* 2007; 35: S108-16  
 Samuelson ST, Bryson EO. The impaired anesthesiologist. *Can J Anesth* 2017; 64: 219-35

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**Impaired Provider**  
 Substance Abuse Disorder

- Alcohol and chemical dependencies are illnesses in which a provider consumes alcoholic beverages or uses chemicals which interfere with his/her job performance.
- Job performance may be one of the last aspects of life to be affected in the chemically impaired provider.

Mayo Clinic. Substance Abuse Disorder Policy.  
<https://intranet.mayo.edu/charlie/anesthesiology-perioperative-medicine-rs/residents/resident-policies/substance-abuse-disorder-policy/>

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**Impaired Provider**

- Often does not recognize that the substance use represents a significant problem
  - Treatment is seldom spontaneously sought
  - Denial

Samuelson ST, Bryson EO. The impaired anesthesiologist. *Can J Anesth* 2017; 64: 219-35  
 Rosen A, et al. Psychiatrically impaired medical practitioners. *Australian Psychiatry* 2009; 17: 11-6  
 Keene JP. Physicians at risk. *J Occup Med* 1984; 26: 503-8  
 Dunn LB, et al. Delaying care, avoiding stigma. *Acad Med* 2009; 84: 242-50  
 Moulter C, et al. When residents need health care. *Acad Psychiatry* 2016; 33: 431-41  
 Berge KH, et al. Chemical dependency and the physician. *Mayo Clin Proc* 2009; 84: 625-31

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**Impaired Provider**

- Delay in diagnosis and intervention
- Reasons for not seeking help
  - Fear of career setback, loss of medical license, social stigma, and other consequences

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 Rosen A, et al. Psychiatrically impaired medical practitioners. *Australian Psychiatry* 2009; 17: 11-6  
 Keene JP. Physicians at risk. *J Occup Med* 1984; 26: 503-8  
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**Impaired Provider**

- Reasons for not reporting suspected addiction in a peer
  - Fear of retaliatory litigation
  - Risk of sanctions if a physician becomes aware of an addictive disease in a colleague and fails to intervene or notify the board or the state's physician health program

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 Keene JP. Physicians at risk. *J Occup Med* 1984; 26: 503-8  
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**Impaired Provider**

- Alcohol and chemical dependency should be regarded as an illness which can be medically treated

Mayo Clinic. Substance Abuse Disorder Policy.  
<https://intranet.mayo.edu/charlie/anesthesiology-perioperative-medicine-rs/residents/resident-policies/substance-abuse-disorder-policy/>

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# 2 Indication

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## Indicators of Potential Impairment

- Unable to practice medicine skillfully and safely because of physical or mental illness

Johns Hopkins Medicine. Impaired Practitioners. [https://www.hopkinsmedicine.org/suburban\\_hospital\\_for\\_physicians\\_discontinued\\_practitioner.pdf](https://www.hopkinsmedicine.org/suburban_hospital_for_physicians_discontinued_practitioner.pdf)  
 Dikonya DM, et al. Infect Control Hosp Epidemiol. 2019;40(9):963-7  
 Finley MA, et al. Am Fam Physician. 2013;87(6):644-9

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## Impaired Provider

### Risk Factors

- Male sex
- Comorbid psychiatric illness
- Family history of substance abuse
- Prior history of substance abuse

Samuelson ST, Bryson EO. The impaired anesthesiologist. Can J Anesth 2017; 64: 219-35

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## Impaired Provider

### Indications

- May appear functional and “normal”
  - Remain attentive and physically present at work until very late in the course of the disease
  - Rely on the job as the source of the drugs

Samuelson ST, Bryson EO. The impaired anesthesiologist. Can J Anesth 2017; 64: 219-35  
 Johns Hopkins Medicine. Impaired Practitioners. [https://www.hopkinsmedicine.org/suburban\\_hospital\\_for\\_physicians\\_discontinued\\_practitioner.pdf](https://www.hopkinsmedicine.org/suburban_hospital_for_physicians_discontinued_practitioner.pdf)  
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## Impaired Provider

### Signs and Symptoms in the Workplace

#### Signs suggestive of alcohol dependence

- Alcohol on breath
- Slurred speech
- Ataxia
- Erratic performance or decrement in performance
- Tremulousness
- “Out-of-control” behavior at social events
- Problems with law enforcement (e.g., domestic abuse, driving while intoxicated)
- Hidden bottles
- Poor personal hygiene
- Failure to remember events, conversations, or commitments (“blackouts”)

#### Signs suggestive of opioid dependence

- Tardiness
- Frequent hangovers
- Poor early morning performance
- Unexplained absences
- Unusual traumatic injuries
- Mood swings
- Irritability
- Sweating
- Domestic/marital problems
- Isolation/withdrawal from social activities
- Leaving the workplace early on a regular basis

Berge KH, et al. Chemical dependency and the physician. Mayo Clin Proc 2009; 84: 625-31  
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## Impaired Provider

### Signs and Symptoms in the Workplace

#### Signs suggestive of opioid dependence

- Periods of agitation (withdrawal) alternating with calm (drug just taken)
- Dilated pupils (withdrawal)
- Pinpoint pupils (opioid side effect)
- Excessive sweating
- Addition of long sleeves (hide needle tracks)
- Frequent bathroom breaks (take another dose)
- Frequent unexplained absences during workday
- Spending more hours at work than necessary (access source of drug)
- Volunteering for extra call
- Volunteering to provide extra breaks or refusing breaks
- Volunteering to clean operating rooms
- Volunteering to return waste drugs to pharmacy
- Rummaging through sharps containers
- Sloppy record keeping or discrepancies between charted dose and actual dose
- Excessive opioid use charged for patients
- Assay of waste drug returned showing evidence of dilution
- Never returning any waste at the end of a case
- Patients arriving in postsurgical recovery room with pain out of proportion to charted opioid dosage

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**Impaired Provider**  
 Indications

- Periods of irritability, anger, euphoria, and depression
- Mood swings, with periods of depression alternating with periods of euphoria
- Withdrawal from family, friends, and leisure activities

Berge KH, et al. Chemical dependency and the physician. Mayo Clin Proc 2009; 84: 625-31  
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**Impaired Provider**  
 Indications

- Spending more time at the hospital, even when off duty
- Volunteering for extra call
- Refusing relief for lunch or break
- Signing out increasing amounts of narcotics or quantities inappropriate for the given case

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**Impaired Provider**  
 Indications

- Chronic tardiness
- Disorientation
- Mental or physical deterioration
- Pale skin
- Paranoia
- Red eyes
- Slurred speech
- Smell of alcohol on breath
- Unsteady gait
- Weight loss

Samuelson ST, Bryson EO. The impaired anesthesiologist. Can J Anaesth 2017; 64: 219-35  
 Johns Hopkins Medicine. Impaired Practitioners. https://www.hopkinsmedicine.org/suburban\_hospital\_for\_physicians/\_docs/impaird\_practitioner.pdf

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**3 Intervention**

MAYO CLINIC SAMBA SOCIETY FOR CLINICAL ANESTHESIA

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**Work Restrictions**

- Intended to be therapeutic and speed recovery from an illness or injury, as well as to facilitate a safe and productive return to employment
- Functional limitations caused by an employee's medical condition

AskMayoExpert. Work Restrictions. 2008-2023 Mayo Foundation for Medical Education and Research. https://askmayoexpert.mayoclinic.org/topic/clinical-answers/gpe-01151968/sec-011568-65

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**Intervention**  
 Initial Confrontation

- One of the MOST stressful events for both the suspected addict and those intervening



Berge KH, et al. Chemical dependency and the physician. Mayo Clin Proc 2009; 84: 625-31

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## Intervention

- An intervention does NOT consist of accusing the individual of a crime
- Do NOT delay until evidence of provider addiction or diversion of drugs is secured "beyond a reasonable doubt"

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 Berge KH, et al. Chemical dependency and the physician. Mayo Clin Proc 2006; 84: 623-31

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## Intervention

### Initial Confrontation

- NEVER simply approach the suspected addict one-on-one
  - The threat to the provider's reputation, autonomy, security, and financial stability may drive him or her to an act of desperation
    - Suicide
    - Critical level of stress → Lethal overdose
    - Quitting the job on the spot

Samuelson ST, Bryson EO. The impaired anesthesiologist. Can J Anesth 2017; 64: 218-35  
 Myers MF, Gabbard GO. The Physician as Patient. Washington, DC: American Psychiatric Publishing; 2008  
 Berge KH, et al. Chemical dependency and the physician. Mayo Clin Proc 2006; 84: 623-31

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## Institutional Policy

- Impaired Provider Policy
- Impaired Practitioners Policy
- Substance Abuse Disorder Policy

Johns Hopkins Medicine. Impaired Practitioners. [https://www.hopkinsmedicine.org/suburban\\_hospital\\_for\\_physicians/docs/impaired\\_practitioner.pdf](https://www.hopkinsmedicine.org/suburban_hospital_for_physicians/docs/impaired_practitioner.pdf)  
 Drekonja DM, et al. Infect Control Hosp Epidemiol. 2019;40(9):983-7  
 Feely MA, et al. Am Fam Physician. 2013;87(9):1414-8

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## Institutional Policy

- Immediate concern about the patient safety
  - Suspend the provider's clinical privileges
    - Chair of Department/Division
    - Director of Training Program
    - Medical Executive Committee
    - President of Medical Affairs
    - Hospital President

Johns Hopkins Medicine. Impaired Practitioners. [https://www.hopkinsmedicine.org/suburban\\_hospital\\_for\\_physicians/docs/impaired\\_practitioner.pdf](https://www.hopkinsmedicine.org/suburban_hospital_for_physicians/docs/impaired_practitioner.pdf)  
 Drekonja DM, et al. Infect Control Hosp Epidemiol. 2019;40(9):983-7  
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## Reporting Process

### Supervisor's Observations and Report Form for Reasonable Suspicion Determination

Occurrence/Observation/Incident/Event Information

Location: \_\_\_\_\_ Date: mm-dd-yyyy: \_\_\_\_\_ With Patient:  Yes  No

Verify that the employee is not in need of urgent medical care based upon report or observation of impairment. If employee is in need of immediate medical attention, take them directly to the Emergency Department.

Do you need to be referred for medical care?  Yes  No  No Response

Are you using any type of drug(s)?  Yes  No  No Response

If yes, what drug? \_\_\_\_\_

Did you use the drug today?  Yes  No  No Response

Did you drink alcohol or an alcoholic beverage today?  Yes  No  No Response

If yes, what did you drink, when and how much? \_\_\_\_\_

Suspected impairment will typically consist of two or more of the following reasons or observations that are a change in the employee's normal behavior/observations shown at that specific time upon all of alcohol or medication abuse may be considered suspected impairment.

Behavior	Appearance	Speech	Body Odor
<input type="checkbox"/> Agitation	<input type="checkbox"/> Bloodshot eyes	<input type="checkbox"/> Coarse/inappropriate speech	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Arrive	<input type="checkbox"/> Gait, clumsy, swayed	<input type="checkbox"/> Exaggerated intonation	<input type="checkbox"/> Marijuana
<input type="checkbox"/> Cannot be focused	<input type="checkbox"/> Dilated pupils	<input type="checkbox"/> Excessive laughing	
<input type="checkbox"/> Depressed/Withdrawn	<input type="checkbox"/> Distinctive odor	<input type="checkbox"/> Incoherent	
<input type="checkbox"/> Difficulty concentrating or remembering	<input type="checkbox"/> Excessive sweating	<input type="checkbox"/> Loud laughter	
<input type="checkbox"/> Drives/steering off/through	<input type="checkbox"/> Excessive yawning	<input type="checkbox"/> Nonresponsiveness	
<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Facial contortions	<input type="checkbox"/> Rapid breathing	
<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Flaring nostrils	<input type="checkbox"/> Slurring	
<input type="checkbox"/> Inappropriate/Inappropriate/Unintelligible	<input type="checkbox"/> Intense heat/flush	<input type="checkbox"/> Staring	
<input type="checkbox"/> Irritable	<input type="checkbox"/> Irrational, unprovoked	<input type="checkbox"/> Slurred	
<input type="checkbox"/> Nausea			
<input type="checkbox"/> Slowed reaction time			
<input type="checkbox"/> Stumbling/Off-balance			
<input type="checkbox"/> Uncharacteristic behavior			

Management representative is requesting that the employee undergo alcohol and drug testing for suspicion of impairment.

Management representative verifies that check all that apply:

- The Mayo Clinic Substance Abuse and Drug/Alcohol Policy was shared with the employee (via paper or email).
- The reason for the reasonable suspicion testing and/or fitness for duty evaluation was reviewed with the employee.
- The employee was counseled that they will be an administrative leave pending the results of the evaluation.

Mayo Foundation for Medical Education and Research, 2021. MC0061-15rev0121.

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## Intervention Process

- Assistance from experienced and trained professionals
- Coordinated intervention
- Impaired provider should remain supervised and in a safe place

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## Available Resources

- Employee Health
- Employee Assistance Program
- Health Professionals Service Program
- Chemical Awareness Committee
- Wellness Committee

Johns Hopkins Medicine. Impaired Practitioners. [https://www.hopkinsmedicine.org/suburban\\_hospital\\_for\\_physicians/docs/impaired\\_practitioner.pdf](https://www.hopkinsmedicine.org/suburban_hospital_for_physicians/docs/impaired_practitioner.pdf)  
 Ditekaya DM, et al. Infect Control Hosp Epidemiol. 2019;43(9):963-7  
 Feely MA, et al. Am Fam Physician. 2013;87(8):1344-9

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## Chemical Awareness Committee

- Oversee the policy on chemical dependency.
- Oversee a monitored rehabilitation program for impaired providers.
- Maintain an educational program on substance abuse disorder.
- Monitor narcotic handling and disposal practices in the operating room and other procedural areas.

Mayo Clinic. Substance Abuse Disorder Policy. <https://internet.mayo.edu/charde/anesthesiology-perioperative-medicine-residents/resident-positive-substance-abuse-disorder-policy/>

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## Treatment

- Facility with expertise in dealing with healthcare providers
  - Medically supervised detoxification
    - Monitored abstinence
    - Education on substance use disorder
    - Self-help group
  - Individual psychotherapy

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## Intervention

Berge KH, et al. Chemical dependency and the physician. Mayo Clin Proc 2009; 84: 625-31

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## Prevention

- Substance use disorder is an occupational hazard within the practice of medicine

Aach RD, et al. Alcohol and other substance abuse and impairment among physicians in residency training. Ann Intern Med 1992; 116: 245-54  
 Samuelson ST, Bryson EO. The impaired anesthesiologist. Can J Anesth 2017; 64: 219-35  
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## Prevention

- Anesthesia information management systems, audits, automated dispenser transactions
  - High use of opioids
  - High wastage
  - Transactions occurring on cancelled cases, after case completion, or in a different location

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## Prevention

- Syringe content verification
  - Special equipment
- Video surveillance at locations with controlled substances
- Serious “cautious attitude” toward drugs and alcohol
- Safe for providers suffering from early-stage chemical dependency to ask for help

Samuelson ST, Dwyer EO. The impaired anesthesiologist. Can J Anaesth 2017; 64: 219-25  
Berge KH, et al. Chemical dependency and the physician. Mayo Clin Proc 2006; 81: 629-31

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## Conclusions

1. Substance use disorder is an illness that can be medically treated after diagnosis.
2. While signs and symptoms of addictive illness range from very subtle to extremely overt, there are indicators that allow us to provide the necessary rapid confirmation and intervention.
3. It is important to know the local reporting process and intervention resources in order to protect the safety of our patients and the impaired providers.

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## Questions & Answers

 



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