

# Identifying Barriers to Reporting Suspected Substance Use Disorder Among Anesthesia Providers

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**OLD DOMINION**  
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# Objectives



Discuss substance use disorder (SUD) among anesthesia providers



Recognize risk factors and signs of SUD



Identify barriers to reporting a peer



Discuss DNP research project and findings



Discuss implications of project findings



Identify current resources available in VA regarding SUD among anesthesia providers

# Problem

- SUD is the #1 workplace hazard among anesthesia providers
- ~10-15% of all anesthesia providers will experience SUD
- Patient safety issue
- Loss of life
  - Anesthesiology residents 2x more likely to die from SUD than any other medical specialty
  - 2,306 nurses who committed suicide 2003-2012
    - 31% had history of harmful alcohol or other drug use
- Expectation is to self report, but burden falls on peers to report

# Risk Factors

## Healthcare Professionals

- Shift Work
- Male
- PTSD/Secondary trauma from adverse event
- Family history of SUD
- Psychiatric illness

## Specific to Anesthesia Providers

- Easy access to highly addictive substances
- Possible to divert medications
- Work in a very high stress environment
- Advanced pharmacology knowledge that leads to a sense of invulnerability and control over the effects of the medications

# Signs of SUD

## Impaired Provider

- Mood swings, personality changes
- Changes in work patterns
- Negative changes in work performance
- Visibly intoxicated
  - Asleep in OR
  - Trouble concentrating
  - Confusion, memory loss
- Refuse drug tests
- Physical signs

## Drug Diversion

- Using more drugs than reasonably expected
- Volunteer to take cases with high opioid requirements
- Altering work hours
- Unreconciled anesthesia record and waste in med dispenser
- Patients in PACU report more pain than expected

# Barriers to Reporting

- Goal is for person to self report
  - Burden of reporting falls on colleagues
- Fear of consequences of reporting
- Lack of education on resources and policies/procedures
- Bystander effect
  - Someone else is taking care of the problem
- “Physician’s Code”
  - Protect your own
- Punitive workplace culture

# Purpose



Better understanding of current culture of peer reporting



Assess impact of the following on peer reporting practices

Professional obligation

Personal beliefs about SUD

Continuing Education



Identify barriers to peer reporting

# Methods

- Non-experimental study
- Snowball sampling
- Inclusion criteria → licensed CRNAs
- Exclusion criteria → SRNAs
- Survey
  - Open from Oct. 15 to Dec. 1
  - ODU affiliated clinical coordinators
  - Social media platforms







**CRNAs  
SCAN  
HERE**

## Survey Tool

- “Factors Influencing Peer Reporting of Known or Suspected Substance Use”
- Adapted from previous DNP project
- Modifications to reflect current terminology and research questions
- Validity reestablished
- Survey contained
  - 10 Demographic questions
  - 9 SUD general knowledge questions
  - 22 Likert-style questions
  - 2 Open-ended questions



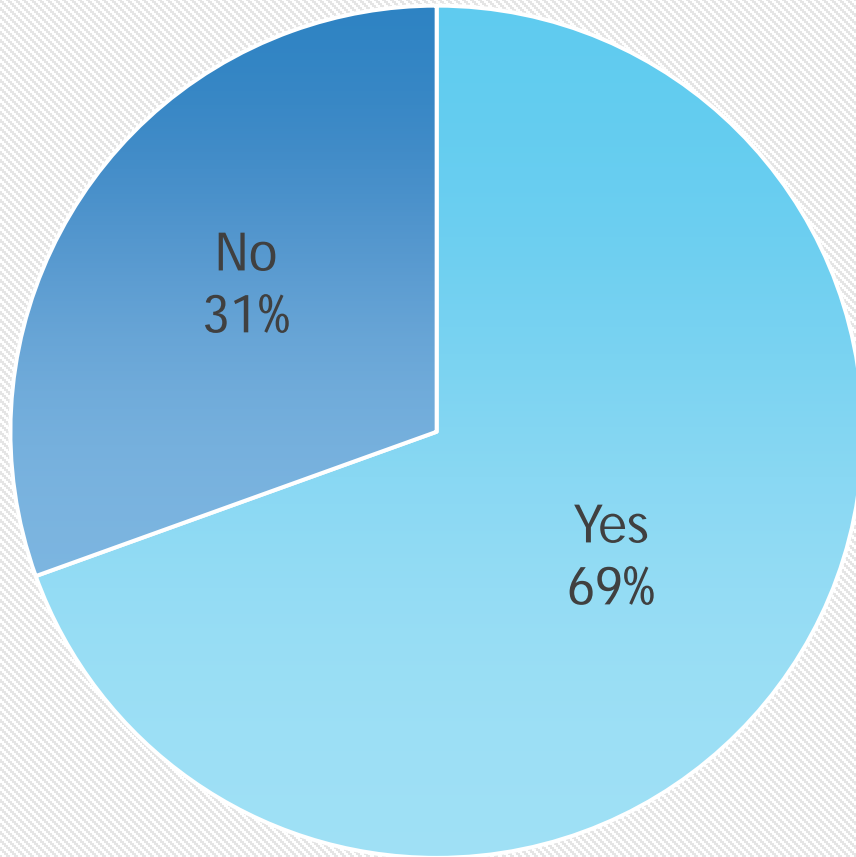
# Results

The background of the slide is a dark, textured surface with a grid of white numbers. The numbers are arranged in a pattern that is partially obscured by a large white diagonal shape on the left side. On the right side, there are several overlapping blue geometric shapes, including triangles and polygons, which create a layered effect. The overall aesthetic is modern and data-oriented.

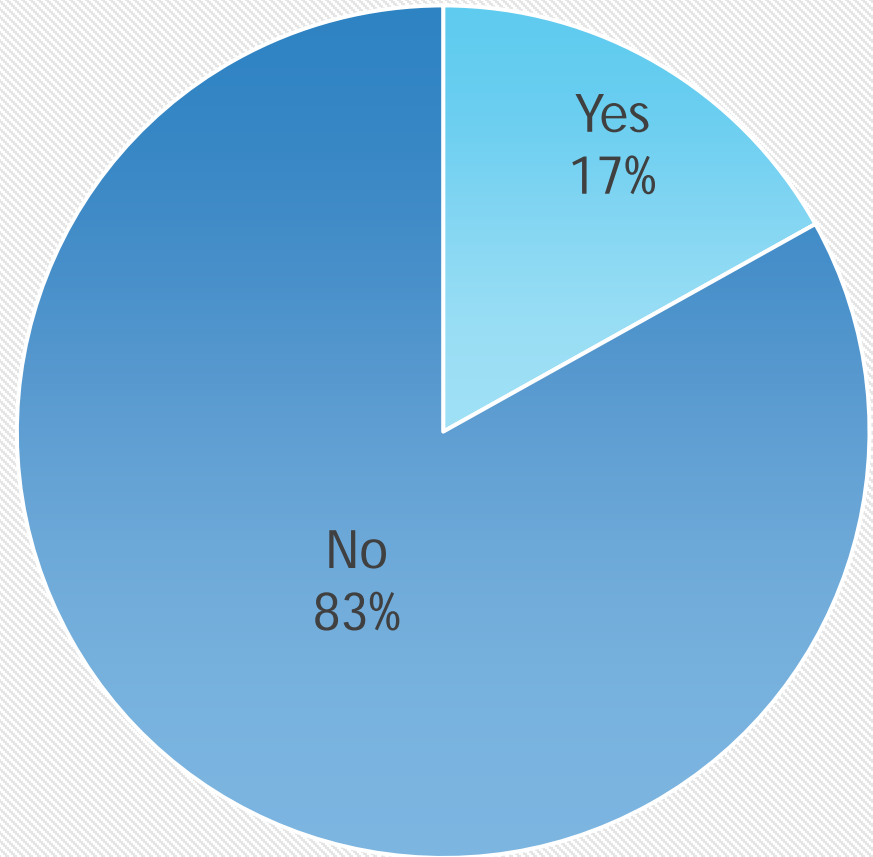
# Survey Demographics

		<b>N (%)</b>
<b>Gender</b>	Male	10 (17.2)
	Female	48 (82.8)
	Missing	1
<b>Age (years)</b>	Under 40	22 (37.3)
	40 or older	37 (62.7)
<b>Education level</b>	Masters	32 (54.2)
	Doctorate level	27 (45.8)
<b>Experience (years)</b>	0-10 years	26 (44.8)
	>10 years	32 (55.2)
	Missing	1
<b>Setting</b>	Hospital	50 (87.7)
	Non-hospital	7 (12.3)
	Missing	2
<b># of CRNAs @ practice</b>	≤ 30 CRNAs	32 (54.2)
	> 30 CRNAs	27 (45.8)
<b>Employer type</b>	Hospital/ group	51 (86.4)
	Other	8 (13.6)

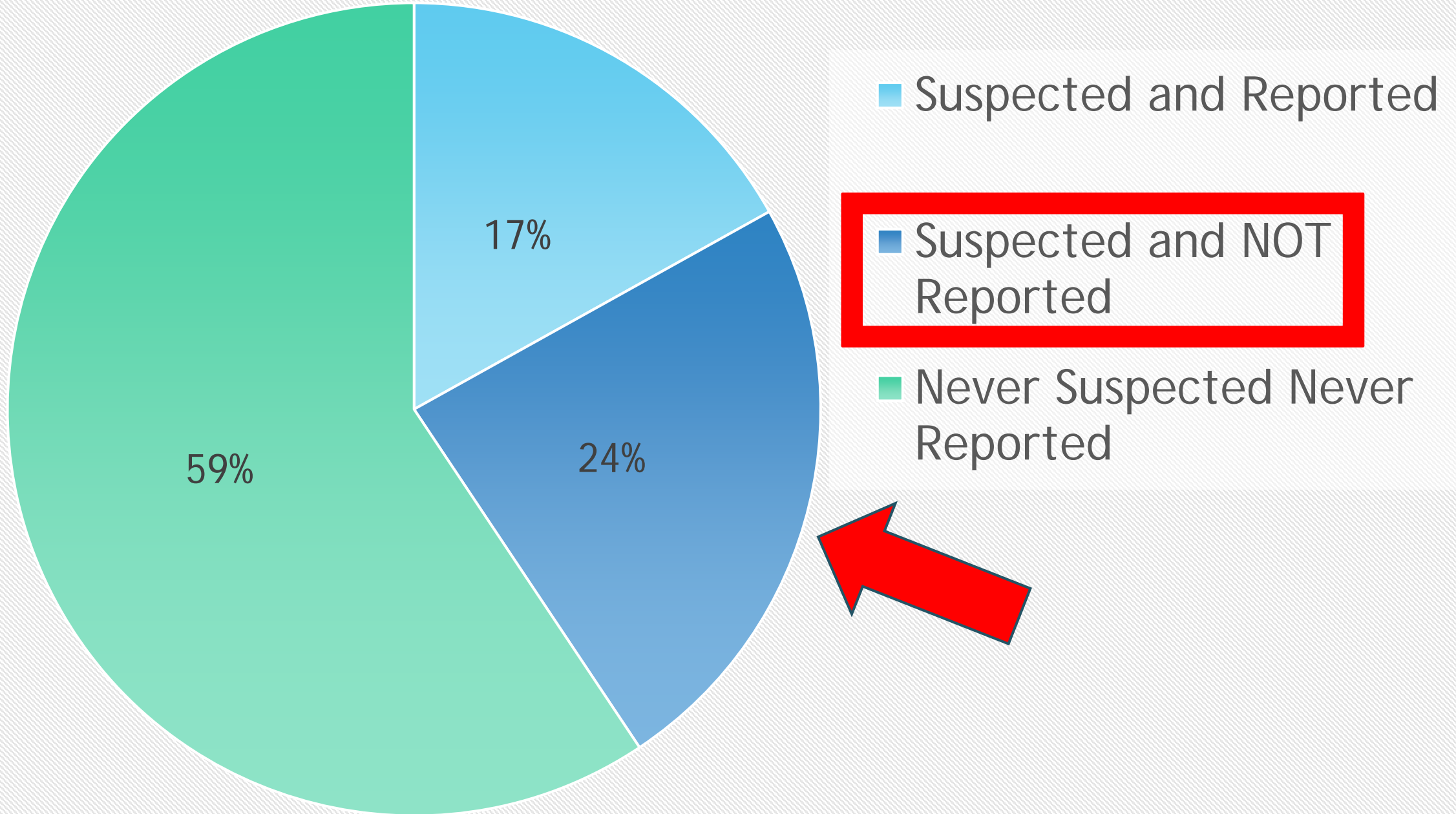
### Previous Experience with Peer Suspected of SUD



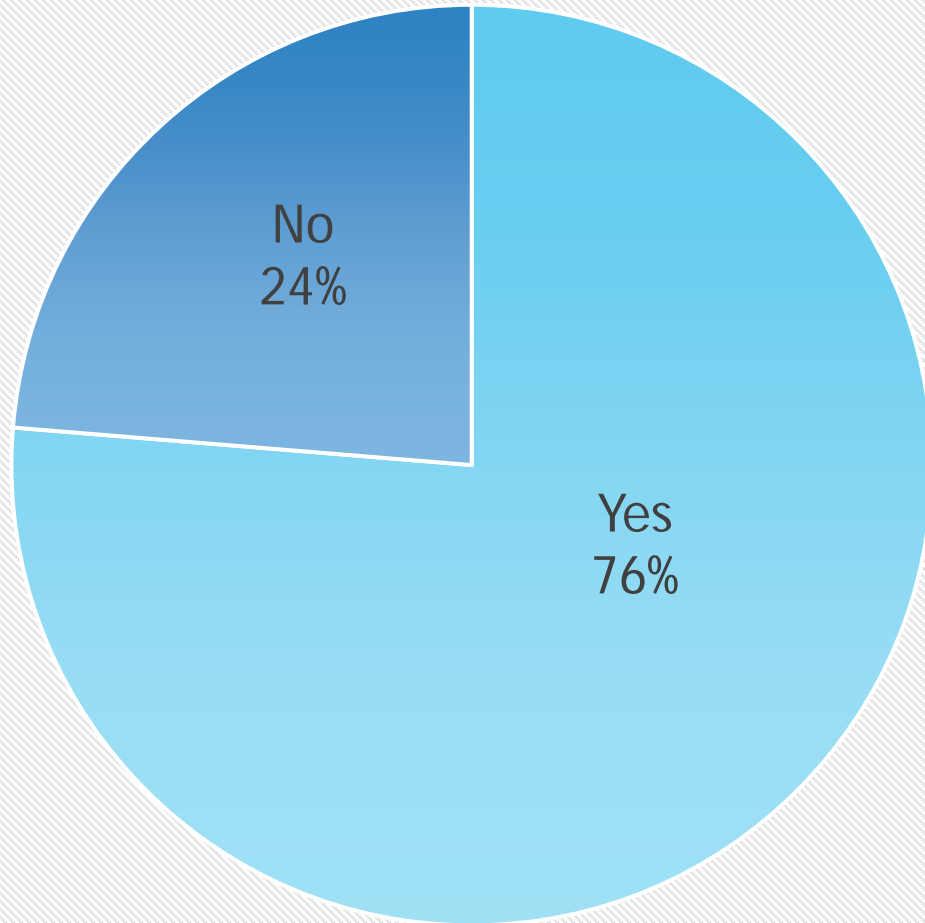
### Current Experience with Peer Suspected of SUD



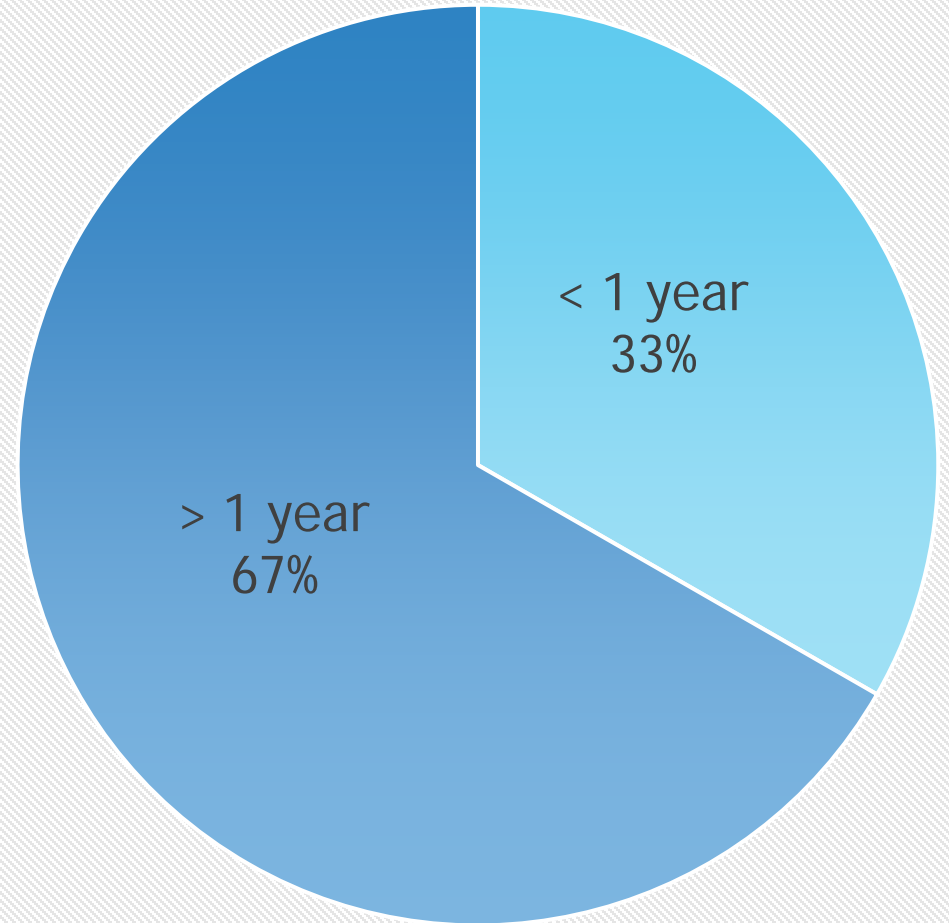
# Reporting Practices Among CRNAs



## SUD Training



## Time Since Last SUD Training





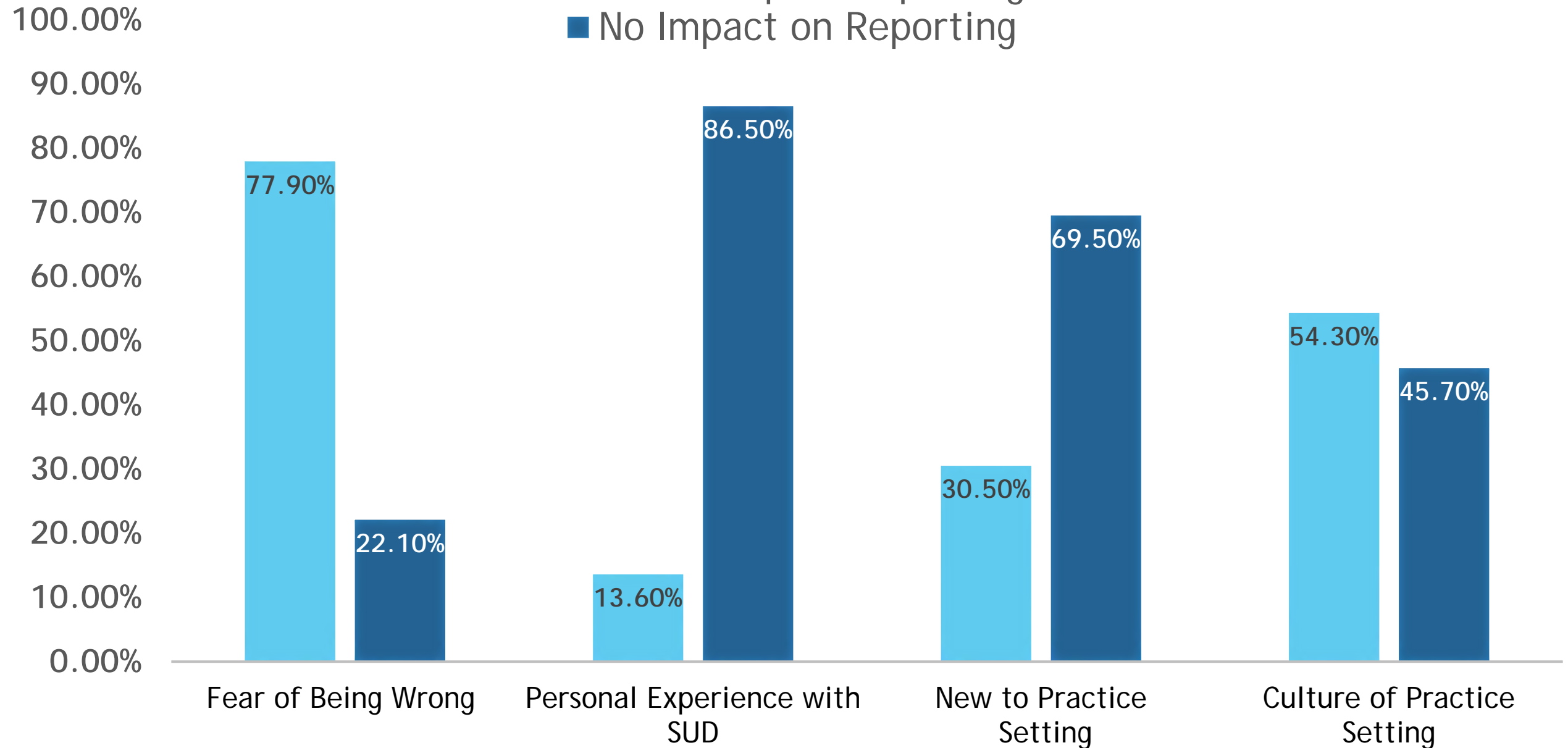
# SUD Training

**Table 2. Characteristics of CRNAs and Substance Use Disorder (SUD) Training**

	Total N= 59	SUD Suspected and Reported N=10	SUD suspected /Not Reported N=14	SUD Not Suspected and Not Reported N=35
<b>SUD Continuing Education</b>				
Yes	45 (76.3)	9 (90)	9 (64.3)	27 (77.1)
No	14 (23.7)	1 (10)	5 (35.7)	8 (22.9)
<b>Time since last CE</b>				
Within past year	19 (33.3)	5 (50)	5 (35.7)	9 (27.3)
> one year ago	38 (66.7)	5 (50)	9 (64.3)	24 (72.7)
Missing	2			

# IMPACT OF PERSONAL BELIEFS ON REPORTING PRACTICES

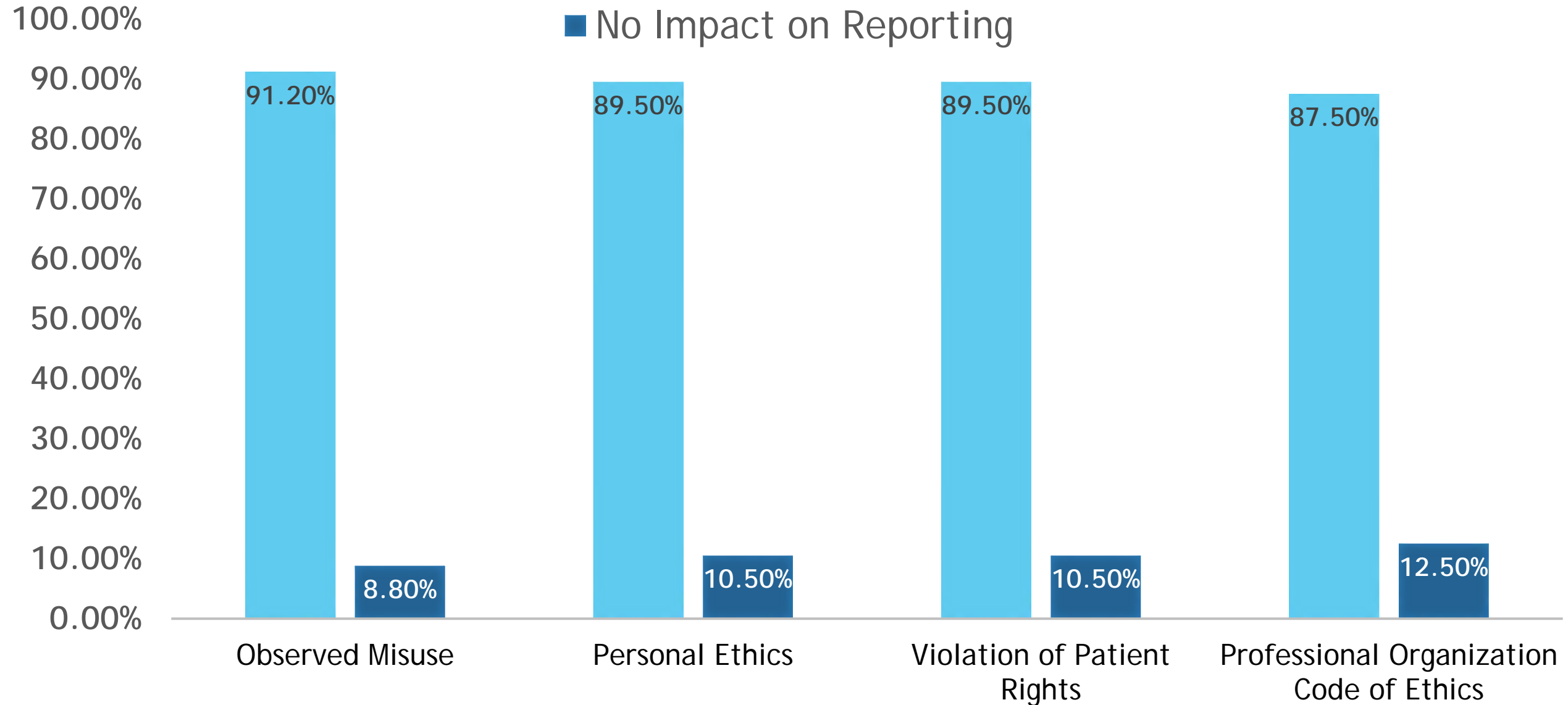
■ Would Impact Reporting  
■ No Impact on Reporting





# IMPACT OF PROFESSIONAL OBLIGATIONS ON REPORTING PRACTICES

Would Impact Reporting  
No Impact on Reporting



# Current Knowledge Gaps

## Consequences

“Lack of knowledge of resources and consequences”

## Policies & Procedures

“How to report?”  
“What happens after reporting?”  
“Where to start...”

## Anonymity

“How to anonymously report”

## Education & Resources

“Programs available for those with SUD”  
  
“ I don't know details about what resources are available”  
  
“ I was unaware of AANA resources”

# Resources Needed

## Non-Punitive Culture

**"It would be good to have someone to call for advice"**

**"More communication about SUD within the group"**

**"Leadership needs to be understanding"**

**"More open conversation to raise awareness and open the door for those afraid to speak up"**

## Anonymous Reporting

**"Anonymous reporting within the workplace"**

**"Anonymous tip line"**

## Continuing Education/ Training

**"Mandatory yearly training"**

**"Continued education..."**

**"More focus on this topic in training"**

**"Consistent education..."**





## Overview of Findings

- 69% of respondents have had some degree of experience with a peer suspected of SUD
- Nearly 25% of CRNA respondents have suspected a peer of SUD and DID NOT report
  - Qualitative findings showed a large desire for more education regarding SUD and resources and clear reporting policies
- 76% of respondents have received formal education
  - Need to consider quality and timing of training

# Discussion

The background features a complex geometric design with overlapping translucent shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangular and polygonal, creating a dynamic, layered effect. A thin, light blue line runs diagonally across the composition, intersecting the various shapes.

# Virginia Laws & Regulations

## Code of Virginia Nursing

- § 54.1-3007 states right to revoke or suspend license related to unsafe practices to include the use of drugs and alcohol

## Reporting Regulations

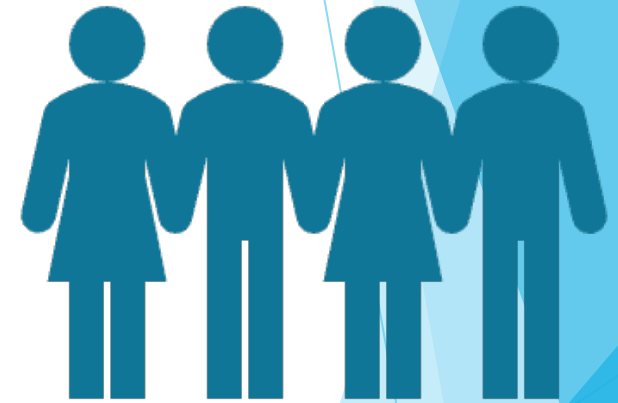
- § 54.1-2909 states required to report negligent or suspected negligent behavior that poses a threat to patient safety
- Failure to report within 30 days carries a fine of up to \$5000

## Disciplinary Action

- 18VAC90-30-220 states grounds for discipline if provider is unable to practice safely due to drug or alcohol use

# Recommended Reporting Policies

- Promote wellness and emotional support
- Educate personnel in judgement-free manner and provide annual ongoing education
- Clear policies and procedures for reporting
- Apply non-discriminatory and non-punitive policies and interventions to include alternative to discipline (ATD) programs
- Implement drug divergence deterrent strategies
- Establish a supportive workplace for individuals returning to work, including monitoring, return to use mitigation factors, and peer support from colleagues



# ATD Programs: VA Dept. of Health Professions

- Health Practitioner's Monitoring Program (HPMP)
  - Provider can avoid disciplinary action from BON if
    - Substance use was for personal use and did not pose harm to patients
    - Adheres to terms contract signed upon entering HPMP
    - No history of previous disciplinary action
- Contract includes
  - Mandatory drug screens
  - Self-help meetings
  - Quarterly reports
  - Terms and conditions set by committee and practitioner
  - Range from 1 to 5 years of voluntary involvement



# Resources

## AANA Peer Assistance

- AANA Helpline 800-654-5167

## Anesthetists in Recovery (AIR)

- Online community for education and support for providers struggling with SUD

## Drug/Alcohol Support Groups

- AA, AI-ANON, NA

## HPMP (VA)

- 1-866-206-4747
- [www.dhp.virginia.gov/HPMP](http://www.dhp.virginia.gov/HPMP)



# Questions?

Special thanks to Dr. Goode for assistance with data analysis, as well as Dr. Hartgerink, Dr. Goodwin, Dr. Gillikin for help establishing content validity.

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