Letter to the Editor

Anesthesiologists Become ICU Attending Physicians During the Delta Variant Surge

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In March 2020, our anesthesia department faced the same scenario as the rest of the United States and most of the world – how can we best utilize our skillset to help in the fight against COVID-19? Our journey evolved from procedure-focused care to perioperative COVID risk mitigation and, finally, serving as intensive care unit (ICU) attending physicians during the Delta variant surge. As such, we became known to the hospital administration as the "Swiss Army Knife of Physicians."

As the U.S. was coming to terms with the potential strain of COVID-19 within our health care systems, many hospitals made the difficult, but necessary, decision to halt all elective surgery. Our hospital was no different. The role of the anesthesiologist under these circumstances was unclear. Like many other hospitals, our initial plan included a procedure team, known as the "COVID strike team." We designated a specific team working 24-hour shifts to respond to airway emergencies, codes, and line placements. We also kept an anesthesia "non-COVID" call team available to respond to surgical emergencies, obstetric complications, and trauma. Our department helped to develop early intubation criteria, infection control protocols, and a training platform to achieve competency for our staff. This model was not unique to our institution.

As the U.S started to "flatten the curve" in mid-2020, our department led the surgical "re-opening" plan. We assumed complete responsibility for the safety of all OR personnel. We developed and maintained COVID-19 testing protocols. We ensured proper personal protective equipment (PPE) use. Our anesthesiologists learned to qualify and quantify perioperative COVID risk both to patients and surgeons. We served as decision-makers for complex cases involving COVID-positive patients. In this way, our anesthesiologists leveraged our unique knowledge of perioperative medicine to serve as valued consultants for our patients, surgeons, nursing staff, and hospital administrators.

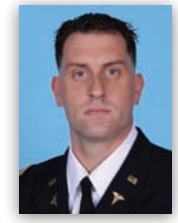
The Delta variant spread through our region throughout August 2021. At the time, our hospital faced significant physician staffing shortages within the departments of medicine and critical care. Furthermore, the physicians currently practicing critical care were working unsustainable hours with significant burnout. As the hospital became overwhelmed, our anesthesiologists volunteered to serve as ICU attendings partnered with a virtual critical care consultant.

Anesthesiologists participate in at least three months of ICU rotations during their residency. Aside from dedicated ICU rotations, many anesthesiologists have experience caring for critically ill patients in the perioperative period. Beyond the ability to perform procedures, anesthesiologists have a foundational understanding of the pathophysiology of the critically ill patient. With this background in training, we felt confident to volunteer to help cover the ICU. Our institution's credentialling packet allowed for anesthesiologists to practice critical care under the hospital's medical staff policies and emergency action plan.

We integrated into the pre-existing ICU schedule, working 12-hour shifts. During the 0700-1900 shifts, there was also a critical care fellowship-trained physician on duty. During the night shift, there was a board-certified critical care physician available by phone to assist the anesthesiologist. The anesthesiologist was available to care for all critical medical needs of the patient. Our physician and nursing colleagues in the ICU quickly realized the unique value we brought to the critical care environment.

Our department identified a critical shortage that could not easily be filled by any other specialty. We greatly reduced burnout among our critical care colleagues. We provided clear value to our hospital leadership in managing these critically ill patients, and we utilized our foundational training to demonstrate the adaptability and expandability of the anesthesiologist in the hospital system. We clearly added value outside of the OR.

Our experience likely mimicked many other academic centers in the U.S. Anesthesiologists have the ability to provide both a procedural and a medical skillset. There is no better way to highlight this value than in the perioperative-ICU continuum. ■



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