

# **Patient safety and transient workforce: Your institute's approach Wake Up Safe Meeting Feb 5<sup>th</sup>, 2026**

**Patient Safety with a Transient Workforce: Navigating the Terrain of a Locum  
Tenens-Driven World**

*June 30, 2025*

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# Locum/1099 Colleagues

## Host Institute

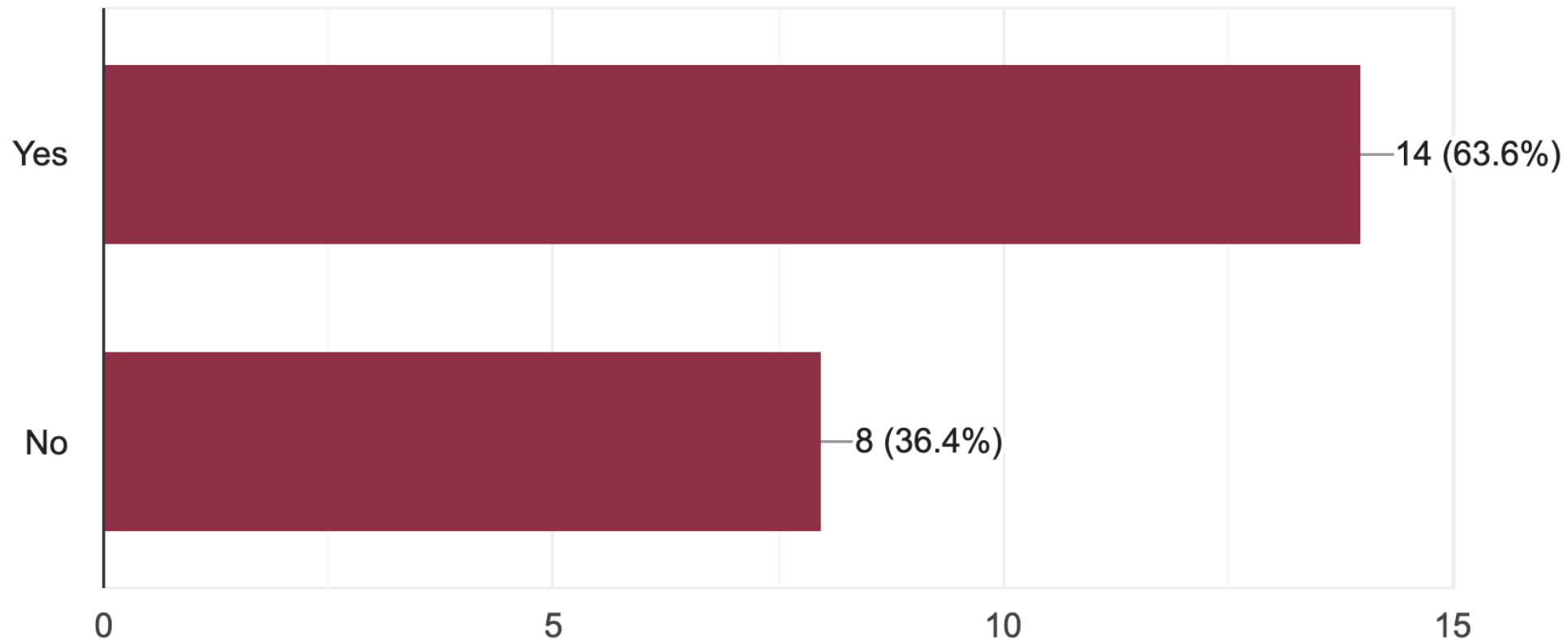
- Need for them is very high, 30% of institutes used for Ane.
- Fill important role:
  - Clinical workload,
  - Departures
  - Retirements
  - Family leave
  - Academic/Administrative time
  - Relief from Burn out

## Perspective of Locum MD

- In semi-retirement phase
- Financial need
- Exploring Permanent Opp.
- Lifestyle choice
- Family/Relationship need
- Don't want to take call or work full time
- Discussion here is one sided, acknowledge

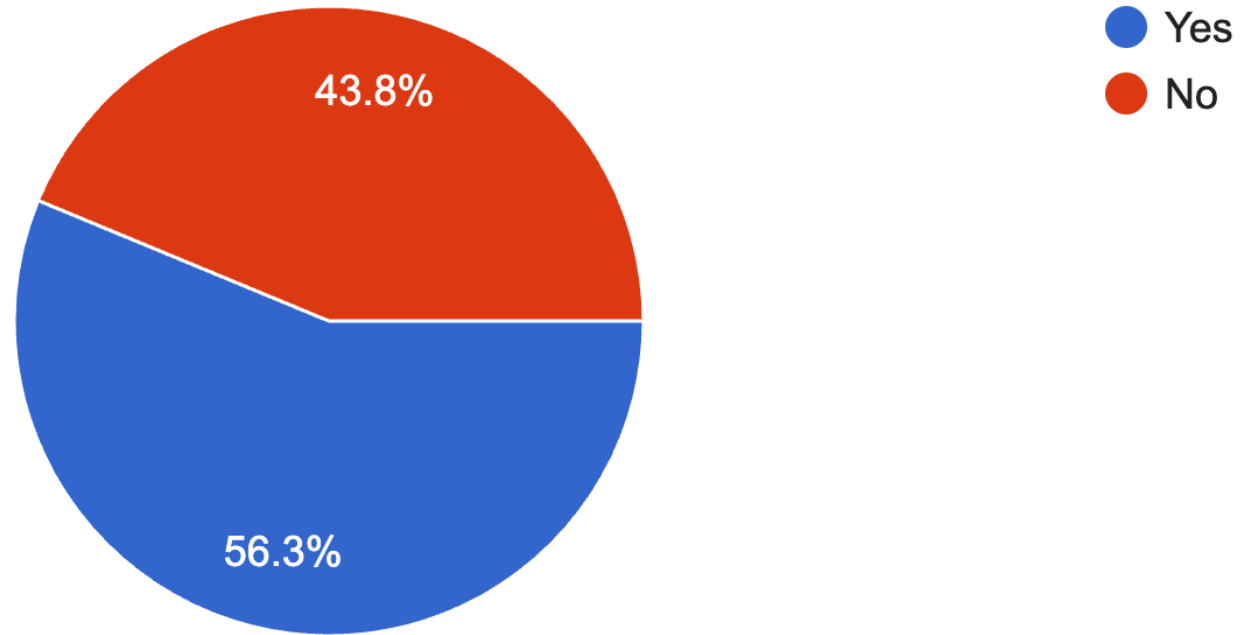
# Have you used temporary (locum or 1099) staff Anesthesiologist in last 24 months

22 responses



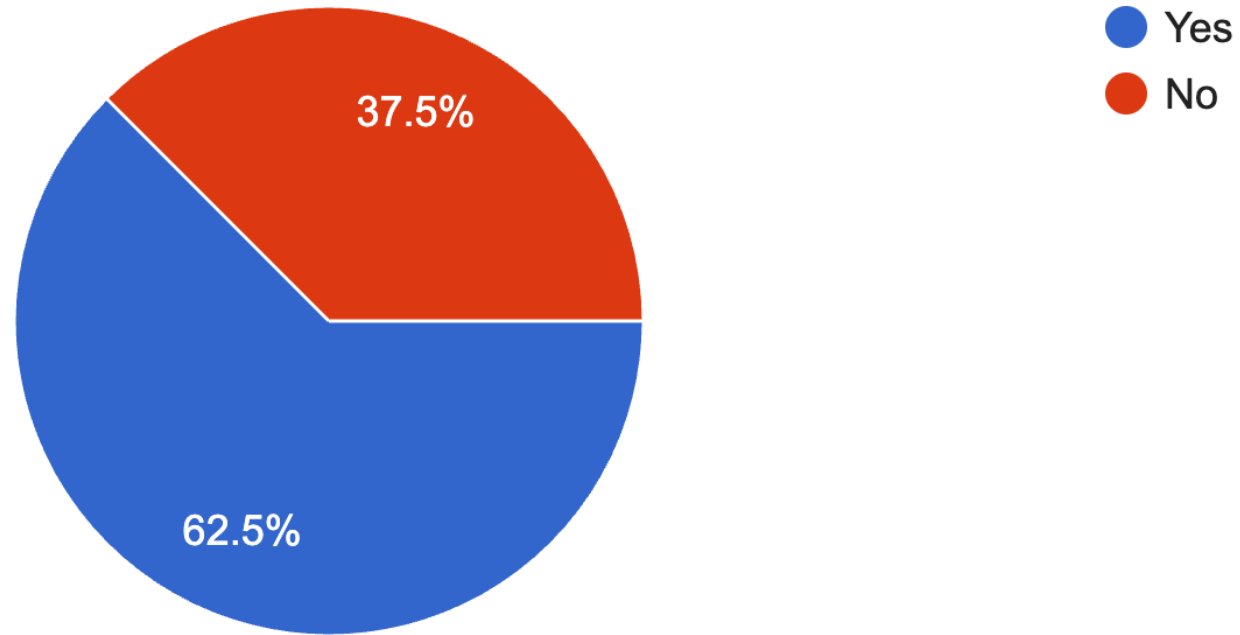
# Do you have specified orientation time for temporary staff

16 responses



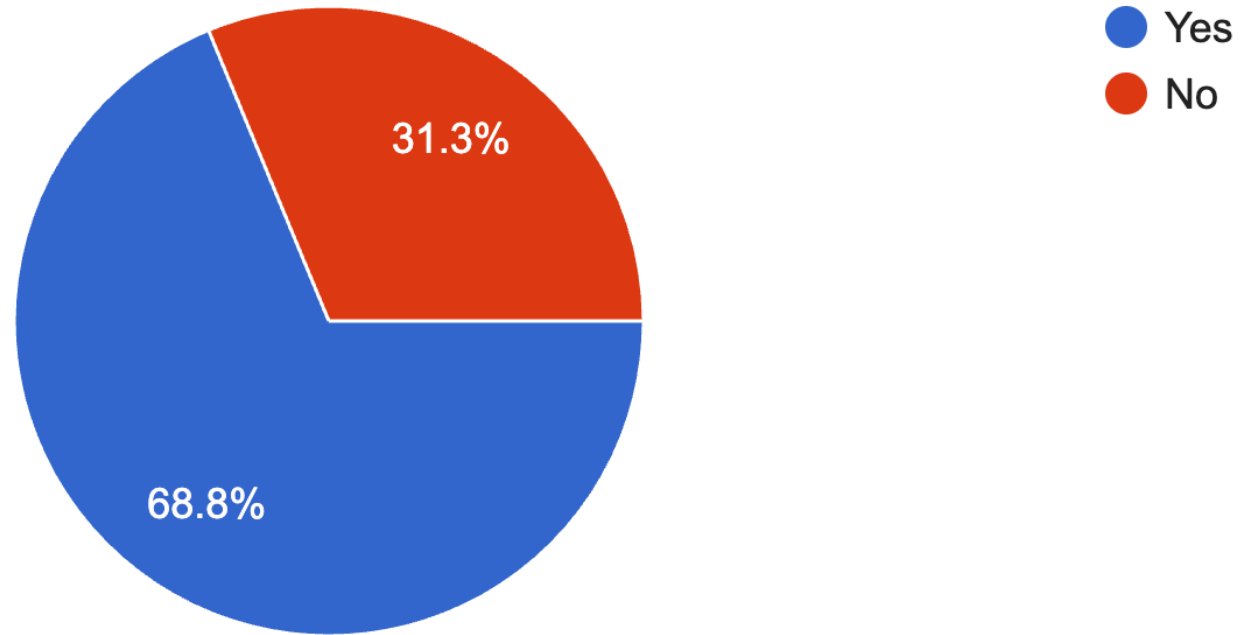
# Do you provide temporary staff with policy and procedures manual

16 responses



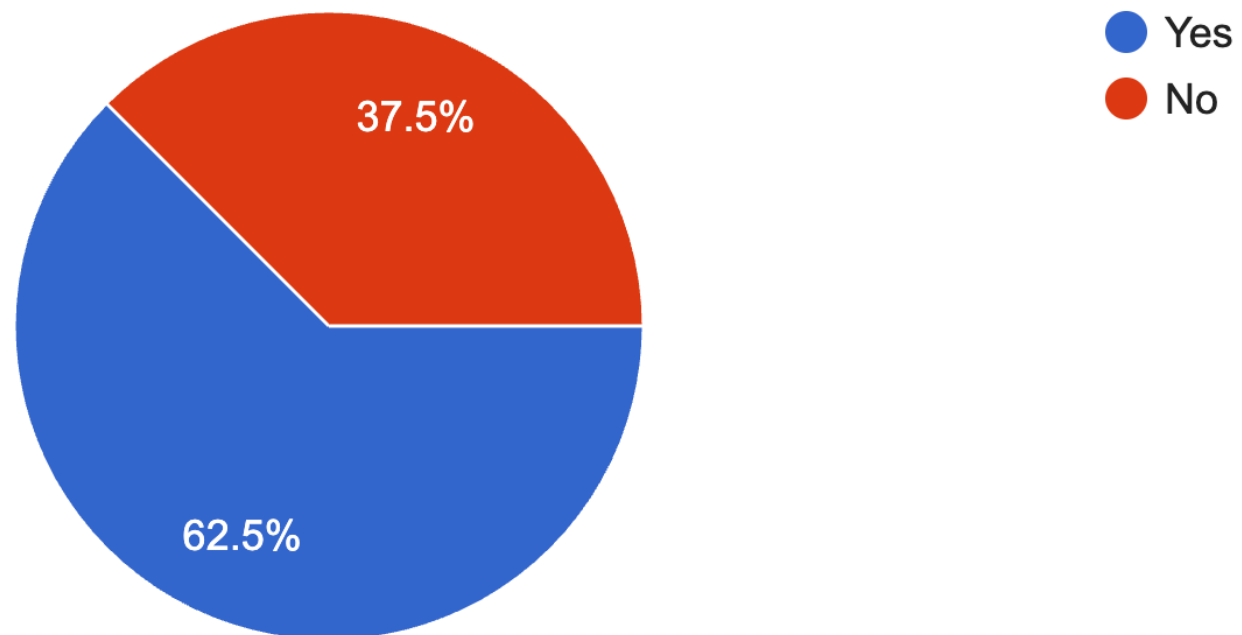
# Do you provide specified protocols for cases to temporary staff

16 responses



## Temporary Staff work with resident/fellows

16 responses



# Orientation: Get to know Place, People, Processes, Rules,

## Host Institute

- Places are unique
- Short or no orientation
- Institutional need: needed 3 months back!!
- Production pressure, Financial load
- Solo v/s supervision
- Residents, Fellows, SRNAs

## Locum Physician Perspective

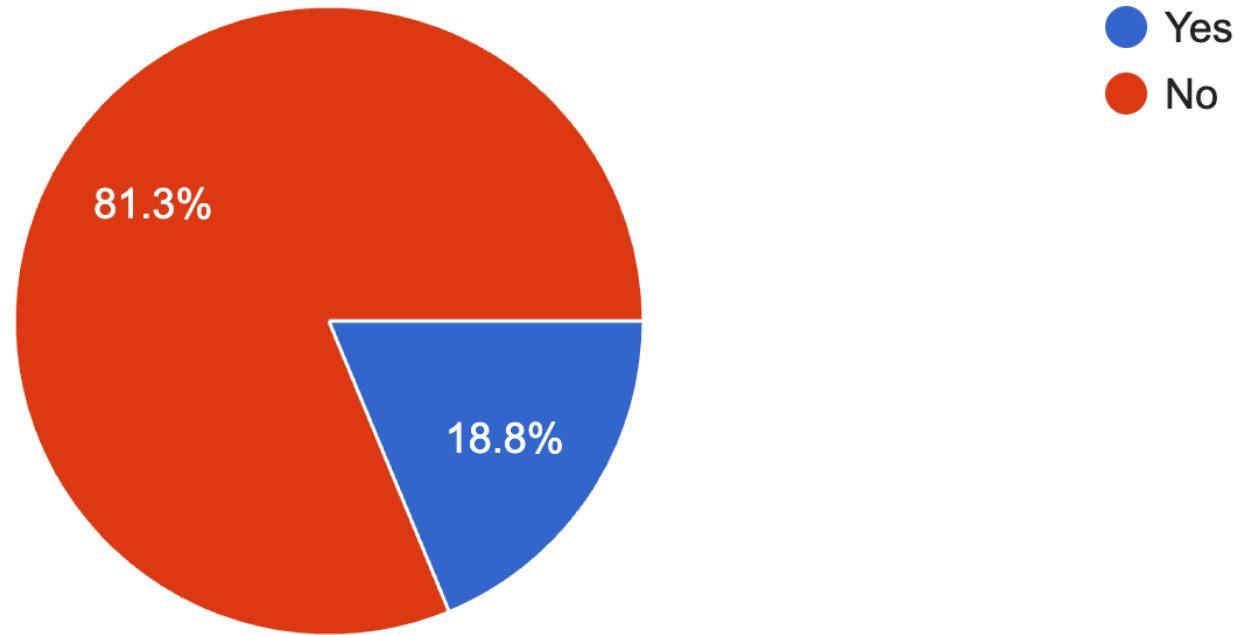
- Investment and attention to detail can vary
- Keep manual and refer to it frequently
- Here for 4-6 weeks/year!!
- Don't need to know everything
- Don't have time to read manual you gave me
- Put me in simple cases
- May feel: Constant second guessing by other providers

# Effect on workflow

- Physical space
- Takes time to "learn system"
- EMR
- OR staff
- Surgeons/proceduralists ( can't schedule cases)
- Variation: Here this, over there that
- Team integration, assimilation as "staff"
- Can lead to: Delay, Inefficiency, Conflict, Safety, Quality

# Your temporary staff takes overnight/weekend/holiday call

16 responses



# How Permanent staff can Help

## Host Institute

- Staged orientation?: Small bites
- Assure them of safety/backup
- Introduce them to other staff frequently
- Who I call?
- Where are airway/MH cart, Code meds
- EMR help
- Important phone numbers
- Common Com: WhatsApp, Text
- Schedule them 2 weeks upfront
- Work with experienced hands-on staff

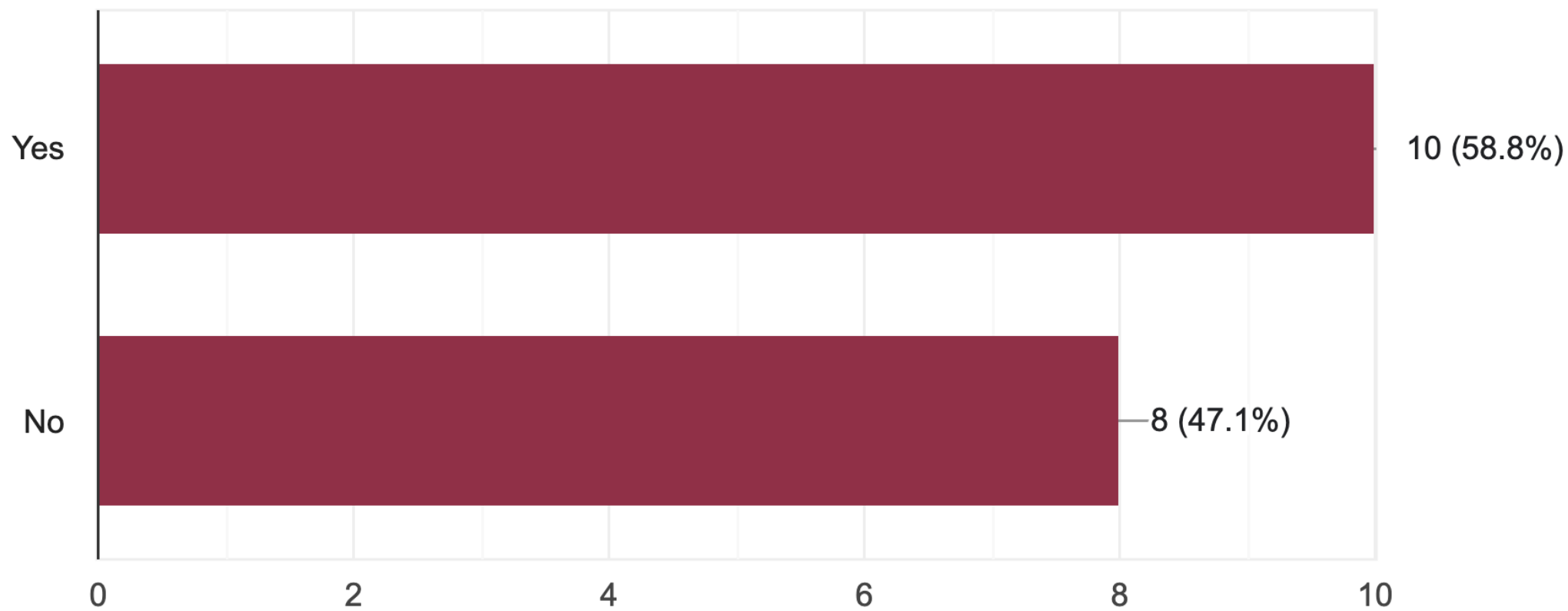
## Locum MD perspective: Variable

- Asking to be safe
- Will try best but... who I call
- Not comfortable with .....
- Don't want to break rules
- Don't want complications
- Can't wait to end this week
- Not coming back

Level of Culture	How Culture Affects Locums	Common Risks if Culture Is Weak	Best Practices to Strengthen Safety
<b>Group</b> (Practice/Staffing Agency)	Sets expectations for clinical practice and quality engagement	Minimal onboarding, locums seen as “outsiders,” little peer feedback	Structured onboarding, equal accountability for reporting, include locums in peer review
<b>System</b> (Health Network/Multi-Hospital)	Standardizes policies, reporting, and metrics across sites	Fragmentation, inconsistent protocols, unclear adverse event attribution	System-wide safety metrics, uniform reporting requirements, simulation/orientation access for locums
<b>Department</b> (Local OR/Hospital)	Shapes day-to-day teamwork, communication, and inclusion	Poor teamwork, lack of local knowledge transfer, limited feedback	Foster inclusive culture; ensure locums attend huddles, M&M; share “local knowledge” (equipment, protocols)

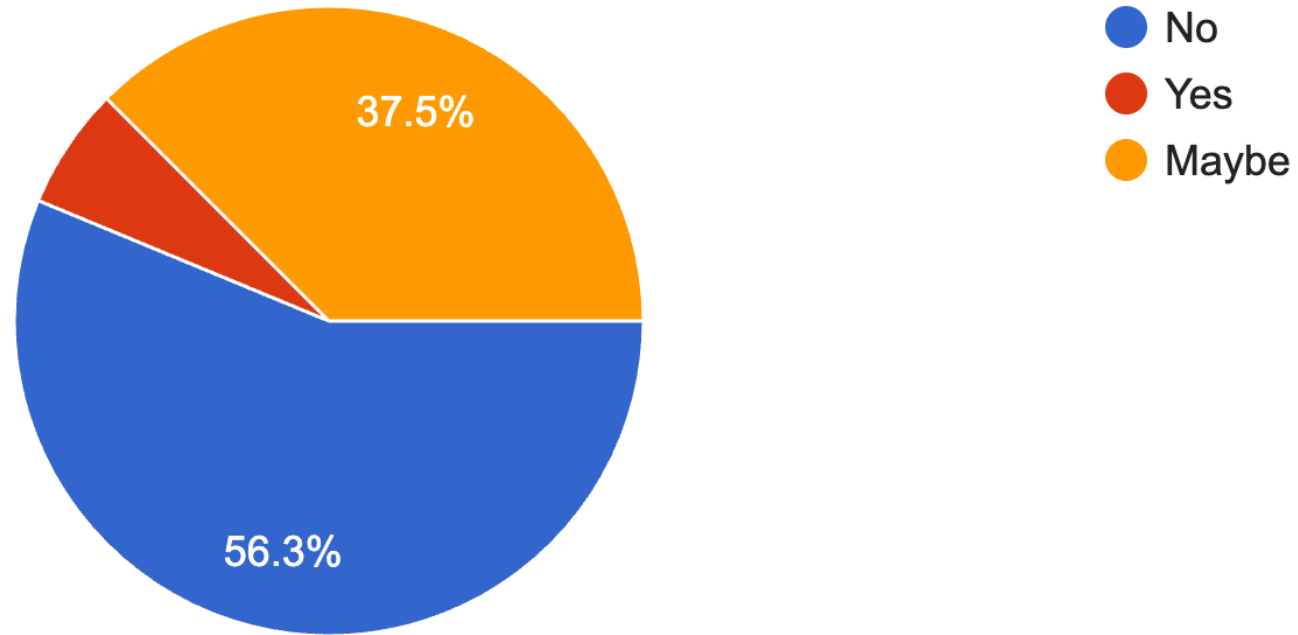
# Do you have electronic (mass text, slack, WhatsApp) messaging for ALL staff including temporary staff

17 responses



# Does temporary staff attend division meeting

16 responses

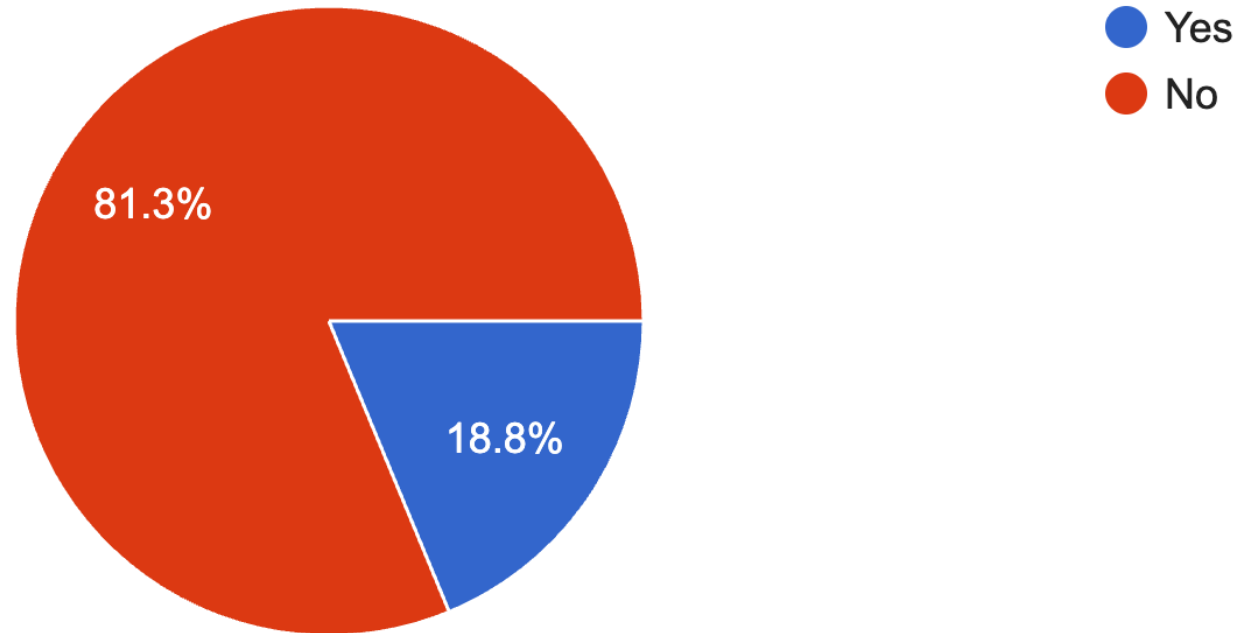


# Expectation from Host Institute

- Will give support but ... you should be Willing to get along, Learn, Respond:  
Clear expectation
- Will ramp up assignments as you catch up
- Will intervene to prevent escalation
- When surgeon request: “not you”
- Meeting halfway: Host institute has mission to accomplish
- Expecting to close charts, Be on time, Prompt communication back
- Comply with institutional mandate: i.e. universal protocol, vaccination
- Learn new equipment, Medication, Protocols
- Participate in quality improvement projects: Please follow protocols
- Trying to find permanent from temporary staff

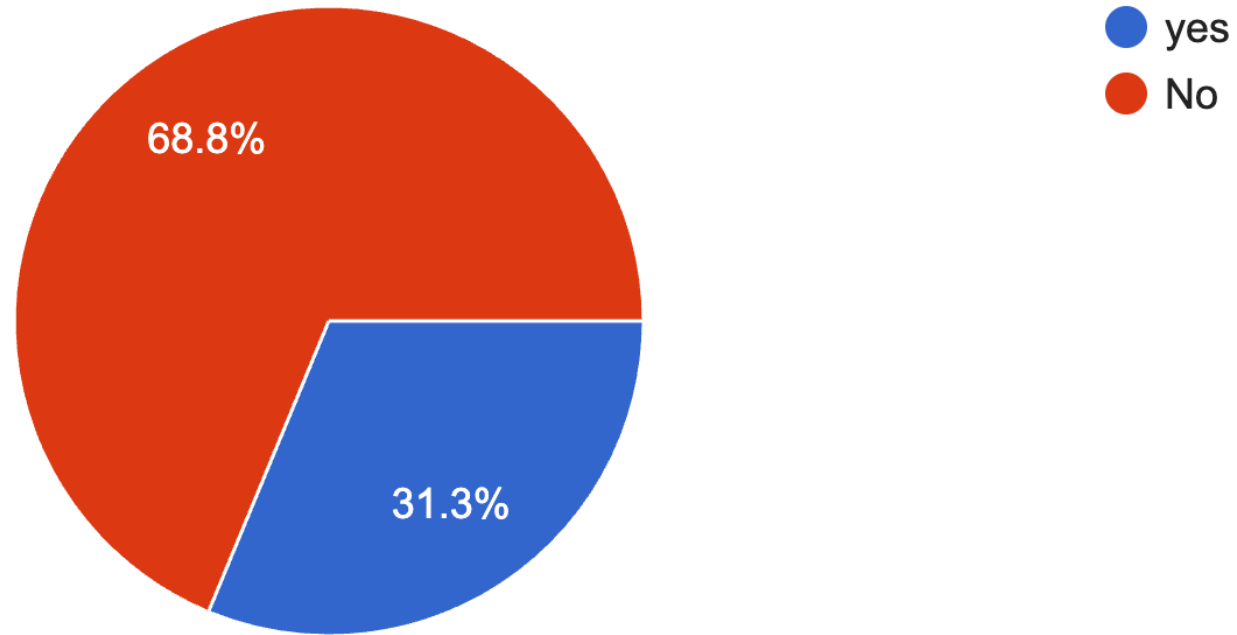
## Temporary staff had major morbidity or mortality

16 responses



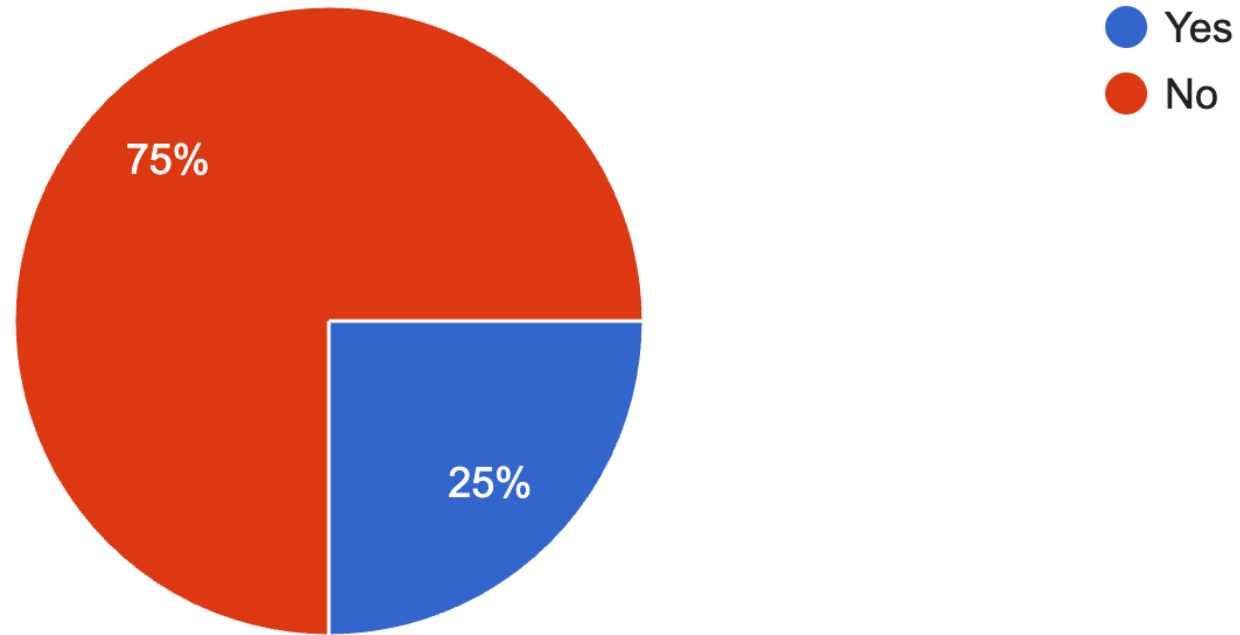
# Temporary staff didn't follow QI initiative

16 responses



# Temporary staff was removed due to "safety concern"

16 responses



Domain	Strategy	Key Actions	Impact on Safety Culture
<b>Onboarding</b>	Structured, safety-focused orientation	<ul style="list-style-type: none"> <li>•Orientation on safety, EHR, emergencies</li> <li>•Assign safety mentor</li> </ul>	Rapid integration and consistent safety practices
<b>Psychological Safety</b>	Foster open communication	<ul style="list-style-type: none"> <li>•Use inclusive language (“our team today”)</li> <li>•Encourage all voices</li> </ul>	Builds trust and empowers locums to speak up
<b>Communication and Handoffs</b>	Standardize team communication	<ul style="list-style-type: none"> <li>•Use SBAR framework, checklists, and closed-loop communication</li> </ul>	Improves reliability and clarity in variable teams
<b>Learning and Feedback</b>	Integrate locums into safety learning	<ul style="list-style-type: none"> <li>•Access to incident reporting</li> <li>•Include in debriefs/M&amp;M conferences</li> <li>•Provide feedback</li> </ul>	Promotes learning and inclusion in safety processes
<b>Standardization</b>	Create consistent systems	<ul style="list-style-type: none"> <li>•Uniform labels, setups, and templates</li> <li>•Role identifiers (badges, lanyards)</li> </ul>	Reduces variability and error risk
<b>Leadership</b>	Demonstrate visible, inclusive leadership	<ul style="list-style-type: none"> <li>•Recognize locum contributions</li> <li>•Communicate safety priorities</li> <li>•Reinforce shared mission</li> </ul>	Strengthens engagement and shared accountability
<b>Workforce Planning</b>	Promote continuity in staffing	<ul style="list-style-type: none"> <li>•Limit unnecessary turnover</li> <li>•Recurrent scheduling</li> <li>•Structured locum handoffs</li> </ul>	

# Mediation

- Who they report too?
- Agency has Expectation, Own Risk management staff
- Can't just release: Just Cause for Safety concern
- Documentation from staff
- Single contact at host institute dealing with QS issues, Behavioral etc.
- Opportunity for correction
- Financial cost: Privileges, Set time committed, Get paid regardless
- Reputation: locum doc's forums, messaging, impression, conclusion
- Two-way street: need Reliable Safe Provider for Host Institute
- Locum: Wants to help, Contribute, but needs Transparency, Fairness
- Keep reputation intact with Agencies, MDs, SPA is small community

# Have you received feedback from temporary staff

16 responses

