Preface

"When Our Patients Need Us Most"

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Editor

The contents of this issue of *Anesthesiology Clinics* are the stuff of which anesthesiologist nightmares are made. The clinical events addressed here share 2 key features: they are uncommon and they are serious. No single clinician will reliably have recent experience in managing these events, and avoiding significant patient harm from the event depends on expert management.

These features, along with their unpredictable occurrence, make study of the clinical management much less amenable to research tools, such as randomized controlled study. Simulation-based research plays an outsized role in the body of knowledge on effective strategies in critical event management. Similarly, simulation training is a core component of preparedness. We include 2 articles on different approaches to simulation training.

Much of the clinical guidance provided in these articles is available to us from observation, debriefing, and qualitative study of the uncommon events addressed here. For example, the article on Mass Casualty by McIsaac and Gentz draws from the lessons learned from numerous catastrophic events around the world over a period of decades. The multiple dimensions in which debriefing of real events can improve care, including system strengthening, are described by Arriaga and colleagues. The risks of these events not only to the patient, but also to the "second victim," emerge in their discussion.

The issue is organized into 2 sections. In the first, topics of importance to improving management of critical events in general are discussed. Behavioral psychology, simulation, predictive tools, cognitive aids, and debriefing are addressed. The second section addresses a handful of specific uncommon, high-stakes clinical scenarios. The authors of those articles repeatedly point back to the cross-cutting topics to provide context for the management guidance they provide.

The authors have included scores of recommended practices throughout the issue. As you prioritize these for your practice, bear in mind the essential need for a deliberate implementation strategy to move the improvements from bookshelf to bedside. As entrepreneur Guy Kawasaki has said, “ideas are easy, implementation is hard.”¹ I’m not sure about the first part, but the second part is very true and makes or breaks improvement efforts every day.

Ghaferi and colleagues make the point that what distinguishes good hospitals from bad ones is their capacity to rescue from complications, much more so than the frequency with which complications occur.² Though we have included a specific article focused on rescue, in an important way this is the theme of the entire issue.

I feel fortunate to have engaged such a highly qualified and prominent group of authors for this issue. The fact that they were writing and editing in the midst of a global pandemic challenging anesthesia departments around the world makes their contributions even more remarkable and my gratitude even greater.

Together, we hope that the content of this issue will extinguish some of our recurring nightmares and improve the care of our patients when they need us most.

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