Framework for consultation feedback on professional documents

Standards for Perioperative Medicine

Stakeholder name: New Zealand Society of Anaesthetists

Questions	Yes or No	Comments
1. Are the intent and purpose of the document clear and unequivocal? a. If not, then how could this be better achieved?	Y ☐ N ☐	Overall this is a good document and we support the important role it plays in establishing the base framework going forward.
2. Does the scope of the document align with its purpose? a. If not, then why not?	Y ☐ N ☐	Further clarification would be helpful as to whether these standards apply only in centres where there are perioperative medicine specialists, or more broadly where surgery is performed. If the latter, then these standards may only ever be aspirational for centres with only a few, or no, perioperative specialists - particularly in the initial years as the specialty grows.
3. Are the applicable standards identifiable?	Y ☒ N ☐	Specific areas we would like to commend within the standards are: • **Standard 1** It is pleasing to see acknowledgement of physician health and well-being as an important element of providing good service for patients. 1.5: As well as the inclusion of professional citizenship and community to the standard. • **Standard 3** The simple referral to existing documents - rather than duplication for this standard, is most useful to maintain just one source of

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		information and to keep this a clear and concise document as intended. • **Standard 4** 4.3: A clear point of contact within the perioperative team for addressing concerns, complications and side effects will be most useful. This is often missing for patients on discharge. Including examples and suggestions would be helpful within the following standards: • **Standard 2** 2.1: Examples and or suggestions of recommended risk assessment tools would be helpful. This could help standardise what is being used whilst acknowledging that not everyone will use the same tool. • **Standard 5** 5.2: Including examples of safety metrics would help with standardisation.
4. Does the information presented adequately address the issues?	Y ☐ N ☐	
5. Do the recommendations fulfill the intent of the document? a. Are there any other recommendations that should be added? For example, are there any jurisdictional requirements that have not been considered, in relation to geographical location and/or professional organisational context?	Y ☐ N ☐	

Questions	Yes or No	Comments
b. Are there any recommendations that should be removed?		
6. Are there any aspects that have not been considered that merit consideration?	Y ☐ N ☐	
7. Do you think that the document will serve its stated purpose?	Y ☐ N ☐	From a patient's perspective, yes these will provide a base on which universal care can be provided. From a practitioner's perspective, consideration needs to be given to the potential impact this may have on centres with none - few perioperative specialists as outlined earlier. Otherwise, we commend this document that will provide guidance in this area of medicine going forward.
8. Any other comments		Grammatical feedback: • *1.3: Cultural Competence and Cultural Safety.* Inconsistency with a full stop used only on this list item. • *1.5: New professional document on Perioperative multi-disciplinary team will be developed.* Needs an 'A' added to the start of the sentence. • *2.2 All decisions are the result of shared decision making (SDM)* Consistency is needed with the use of full stops on subheadings. This subheading has none but others in this section do. • *2.2 The goals of care, (including advanced directives) following shared decision making are documented. Policies and procedures are in place to allow this to occur routinely.* The comma after 'care' is not needed. • *Standard 4: Postoperative care* *Post procedure disposition and care achieves optimal patient safety, comfort and recovery, appropriate resources for care and the*

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		discharge plan is communicated to and understood by all, including the patient and their primary referrer This paragraph is missing a full stop at the end. • *4.2 Anaesthetists continue to provide immediate care during the postoperative period until the patient has been assessed as safe and suitable to be handed back to the proceduralist or to another qualified registered medical practitioner working within their scope of practice, or if the patient's destination is a HDU/ICU, to a specialist within that designated area. .* There is an additional full stop at the end of this paragraph. • *The Perioperative Medicine Team contributes to multidisciplinary discharge planning and early functional rehabilitation so as to reduce complications and improve short- and long-term outcomes as required.* We suggest including the abbreviation previously used here (POMT) to emphasise it as a new abbreviation.