Perioperative medicine in ANZ. Where are we going?

Dr Vanessa Beavis

Auckland City Hospital, Auckland, New Zealand

Perioperative Medicine (PoM) is a developing field aimed at helping our most vulnerable surgical patients. Intraoperative mortality is now extremely rare (1:100,000 cases).[i] However, post-operative complications cause morbidity and are a leading cause of death in the developed world. Contributors to these figures include: suboptimal risk assessment, lack of shared decision-making, inadequate optimisation before surgery, failure to rescue and finally, fragmented post-operative management.[ii]

ANZCA has committed to improving the care of patients throughout the surgical journey. Our working definition of PoM is the multidisciplinary, integrated care of patients from the moment surgery is contemplated through to recovery. This involves: preoperative evaluation, risk assessment and preparation, intraoperative care, postoperative care (including monitoring, rehabilitation and post-discharge), communication and handover to primary care or referrer, coordination of personnel and systems, and shared decision making.

The goal is to sharpen our focus on patient-centered outcomes, which may involve decisions that were not considered when the prospect of surgery was first raised. The system should promote proactive planning, rather than reactive damage control when complications arise.

A recommendation from the 2004 ANZCA taskforce report into Perioperative Medicine concluded that PoM is the future of our specialty and that the College should advance the development of this area of practice.

Ten years on from the report, in 2014 ANZCA convened a working group to review the current state of PoM in the developed world. It proposed a different way of caring for surgical patients in the future. It would focus sharply on risk assessment, be coordinated and multi-disciplinary and emphasize clear communication, most importantly involving the patient, throughout the perioperative journey.

The working group's report to the ANZCA Council (2016) resulted in a decision to advance the delivery of perioperative care in Australia and New Zealand by education (a formal qualification), clinical practice models, professional standards and, in time, CPD.

The College has now elevated this project to form a part of the 2018-22 strategic plan. ANZCA has invested considerable resources into PoM[iii] A survey of all Fellows and trainees of ANZCA has confirmed broad support for the concept of a formal qualification in PoM. An extensive literature search (to be published) has gone some way towards identifying the coordinated perioperative care models that are effective in improving patient outcomes and cost efficiency. It also explored supplementary questions, such as the identification of the models of postgraduate education and training for health practitioners for coordinated perioperative care and the implications for postgraduate education and training of those practitioners.

With so many stakeholders in PoM, including (but not limited to) surgeons, physicians, geriatricians, intensivists, primary care and allied health, ANZCA has taken the lead and has obtained representation and input from the above Colleges and sub-specialty experts, recognising the multi-specialty and multi-disciplinary nature of PoM.

Building on the survey and the foundation provided by the literature search, the College has decided to proceed with the project.

In the initial phase, an overarching coordinating (steering) group, with broad representation, is overseeing five streams of work:

1. A qualification work stream, led by Sean McManus, Anaesthetist and Intensivist and ANZCA councillor from Queensland. This is an historic decision, as ANZCA is the first medical college to formalise the process under the umbrella of a specialist college. A fellowship in Perioperative Medicine is now under development.

2. The “Perioperative Care Models” stream is led by Jeremy Fernando, Anaesthetist and Intensivist and the Chair of the Perioperative SIG. The Perioperative SIG (with multidisciplinary membership) is a key group advocating for perioperative models of care "on the ground". Part of this work stream’s brief is to identify other work in this area by other bodies. For example, the Health Quality and Safety Commission in NZ (HSQC) is working with the intensivists to create networks of care, so that there is minimal duplication of effort and more alignment of activity in the patient’s interests between all groups.

3. The development of professional standards.

4. Continuing Professional Development.

5. The health economic case for a perioperative service.

These last three are yet to commence but are in the work plan for 2019/20.
To achieve the best outcomes, a collaborative multidisciplinary approach is essential. ANZCA is mindful that inclusivity of all those working in the PoM space is key. To that end, we are involving as many external stakeholders as we can, right from the start, to ensure success.

ANZCA's underlying philosophy for Perioperative Medicine is that the patient’s needs are at the centre of this emerging specialty.

References

i. Daniel Sessler, John W. Severinghaus Lecture, 26th October, 2016, American Society of Anesthesiologists Annual Meeting)
ii. Ferraris, VA, et al (2014) “Identification of patients with postoperative complications who are at risk for failure to rescue” JAMA Surg, Nov;149(11)
iii. ANZCA 2018-2022 Strategic plan; Goal 1