Correspondence

Structural aspects of anaesthetic care

To the Editor:
I was very interested in the Editorial (CJA 1994, 41: 661–6) by Davies and Priddy. Anaesthetists should be aware that hospital accreditation as carried out by the Canadian Council on Health Facilities Accreditation (CCHFA) is changing its focus from "paper" standards towards a concern for the "client." The client includes the patient, the family, all types of hospital staff including physicians, and often the community.

The process is mainly carried out by the hospital before the survey and includes responses to questions related to qualifications, physician resources, physical resources including equipment, patient documentation, aspects of continuous quality improvement, etc., etc. The Chief of the Anaesthesia department will be involved in the completion of the questionnaire. It is here that the peer review programme exemplified by ASPENS in Nova Scotia would provide a very useful addendum to the facility comments part of the questionnaire. Each hospital knows when the CCHFA survey will occur and it would be useful for peer review of the anaesthetic department to occur about six months before this.

The CCHFA survey team, which includes one physician, spends between three and five days in the large acute care hospital. That physician is almost never an anaesthetist but he/she will meet with the chief of anaesthesia and tour the OR suite and PACU for about one hour. It should be stressed at that time by the chief that the department follows the CAS guidelines and the equipment meets CSA standards. However, the new standard being developed for use in 1995 is generic and does not specify anaesthesia equipment under resources management. I suspect that if CCHFA tried to specify each type of equipment in its presurvey questionnaire, the amount of paper required would be excessive.

There is no doubt that the anaesthesia department can improve the level of accreditation award for a hospital by being prepared with a peer review done before the CCHFA survey. Deficiencies noted and presented during the accreditation process will "stimulate" the hospital administration to rectify them either before the survey or following receipt of a recommendation from CCHFA.

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REPLY

We thank Dr. Sellery for his interest in our editorial and his comments. We are in agreement with him (as we suggested) that an ASPENS-like review precede the CCHFA site visit. As Dr. Sellery mentions, such a link would promote the identification and correction of any deficiencies. However, we have concerns about the promotion of the CCHFA's "focus away from paper standards towards a concern for the client." Should not the concern for a patient's well-being start with ensuring that all standards are met? We would prefer that all anaesthetic machines conformed to a Canadian Standards Association standards, and that anaesthetists practiced in a manner compatible with the Guidelines to the Practice of Anaesthesia as Recommended by the Canadian Anaesthetists' Society, before we were granted "ways in which personal choice is encouraged and supported."[1]

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REFERENCES
1 A Client-Centred Accreditation Program. Acute Care Proposed Standards for 1995 (Second Draft). Canadian Council on Health Facilities Accreditation. Ottawa, Ontario, 1994.

The prevention of postoperative pain: shouldn't it begin at medical school?

To the Editor:
I read Dr. Moote's article[1] with interest. I have heard it said that "patients expect to be in pain after surgery, and the doctors and nurses who care for them see to it that they are not disappointed"! Whilst this may be facetious, it does underscore the main problem which is one of attitudes rather than lack of technology. Implicit in her approach is the assumption that postoperative pain