CORRESPONDENCE

In reply: a call for feedback on postoperative care: do we need an automated tool?

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To the Editor,

We would like to thank Dr. Bakshi¹ for expressing interest in our research.² The lack of feedback on care in postoperative care units (PACU) is generally well recognized and was demonstrated by our research. With the expanding role of anesthesiologists as true perioperative physicians, this represents an area which warrants attention. We agree with Dr. Bakshi¹ that longitudinal follow-up is a key factor in understanding the impact of intraoperative management on perioperative outcomes. The automated tool that we envision is not meant to replace postoperative visits, which form an integral part of our training program. Nevertheless, this traditional method of postoperative interview does not allow feedback on all patients, specifically the ambulatory patients. At a time when surgical volumes are constantly on the rise, with enhanced emphasis on productivity, it is imperative to operationalize systems that facilitate granular feedback from all patients. An automated tool would therefore be a pragmatic approach to supplement the existing face to face postoperative interviews. It is

anticipated that an online tool would provide aggregated objective feedback, which would be otherwise impossible to convey to trainees. Further, the tool, once operational, could also facilitate benchmarking of optimal PACU care.

Conflicts of interest None declared.

Editorial responsibility This submission was handled by Dr. Gregory L. Bryson, Deputy Editor-in-Chief, *Canadian Journal of Anesthesia*.

References

1. Bakshi SG. A call for feedback on postoperative care: do we need an automated tool? Can J Anesth 2018; 65. DOI: <https://doi.org/10.1007/s12630-018-1256-2>.
2. Khan N, Mueller A, Mitchell JD, Bose S. Learning beyond the operating room: a call for feedback on postoperative care. Can J Anesth 2018; 65: 1080-1.

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