

Australian and New Zealand College of Perfusionists* - Standards and Guidelines

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It is the expectation that our Professional bodies develop standards and guidelines as a framework to guide practice of perfusion within our region, based on evidence and clinical practice. Historically standards and guidelines have been developed using the best available literature, common clinical practice, survey results and expert consensus, and updated in an ad hoc fashion.

In 2013 AmSECT published an update to their standards and guidelines which had been undertaken by the International Consortium for Evidence Based Perfusion¹ (ICEBP) The goal of the revision was to “*review and update AmSECT’s existing Essentials and Guidelines for Perfusion Practice with the intent of providing a standard for the practice of adult cardiopulmonary bypass and a framework for perfusion teams to develop and implement institution specific standards and guidelines to improve the reliability, safety, and effectiveness of cardiopulmonary bypass*”.

Based on AmSECT’s published Standards and Guidelines, the ANZCP, an active participant of the steering committee of the ICEBP, requested to use this document as a basis to review their Regulations and Guidelines for Perfusionists.

The task of rewriting these documents is time consuming and daunting to say the least. When a rigorous process has already been undertaken by such a group (ICEBP) to look at evidence based perfusion, and produce documents such as the Amsect Standards and Guidelines for Perfusion Practice, any attempt to re-write, seems to diminish the power of the original – and a “reinvention of the wheel” so to speak.

A proposition for professional bodies outside of AMSECT, to be able to use this document as is (with appropriate recognition), with the addition of regional variations could in the future develop a collaborative process for best practice. Along with the regional perfusion registries (ANZCPR, Perform, JaSECT, EPR) where identified data can be used to benchmark² existing practices against evidence-based guidelines and recommendations, we could look at comparisons of countries and regions to produce meaningful practice guidelines for our profession that are dynamic, continually updated and revised, along with sharing the workload.

References:

1. Report from AmSECT’s International Consortium for Evidence-Based Perfusion: American Society of ExtraCorporeal Technology Standards and Guidelines for Perfusion Practice: 2013 , Baker et al . JECT. 2013;45:156–166
2. Developing a Benchmarking Process in Perfusion: A Report of the Perfusion Downunder Collaboration Baker et al, for the Perfusion Downunder Collaboration. JECT. 2012;44:26–33