Reviewer's report

Title: Effects of Changes in Intraoperative Management on Recovery from Anesthesia: A Review of Practice Improvement Initiative

Version: 2 Date: 29 January 2015

Reviewer: M. Christopher Adams

Reviewer's report:

- Major Compulsory Revisions

The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.

- Minor Essential Revisions

The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

1. 77: “thus slowing ?the surgical schedule”
2. 125: “select other agents according”
3. 132: “while the third was”
4. 143: “if advanced expertise was required”
5. 171: “previously described”
6. 176: “for the Phase I recovery time, for administration…”
7. 221: “The rates of PONV…”
8. 227: “who received midazolam had a higher rate” (or other fix)
9. 228: Is the p-value less than 0.05? If not, this does not meet the criteria of statistical significance as you defined, and should probably be described as a trend.
10. 240: “both of which”
11. 269: “Another? Unexplained observation”
12. 382: extra period at end of sentence
13. Enrollment flowchart: the number of patients not enrolled (“other divisions”) is the same as “our division.” The sum does not equal the total listed (9,526)
14. Figure 2: Propofol is misspelled

- Discretionary Revisions

These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.
Please note that both the comments entered here and answers to the questions below constitute the report, bearing your name, that will be forwarded to the authors and published on the site if the article is accepted.

1. During the intervention, is it possible more attention was paid by the PACU RNs to the time the patient met criteria for discharge?
2. Approximately line 182: wording about criteria for hypotension is somewhat vague. Did a bolus of phenylephrine qualify as hypotension?
3. Please clarify how intraoperative opioid use is labeled as being different to a value of p<0.001. Perhaps having more significant digits for the ME dose would be informative?
4. I have always been intrigued by the issue of desflurane vs. isoflurane cost. Might it be that the higher cost of desflurane is offset by the operational delays your operating rooms faced with longer PACU stays? This might be an interesting subject to discuss.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests