

Parting Words

By Agnes Forster, Editor

This being my final issue, some parting words are offered before passing over the ownership of the *Canadian Operating Room Nursing Journal* to ORNAC and its future publisher.

After 19 years and 91 issues I am pleased to be retiring and happy to pursue other challenges, at a much leisurely pace. I am sad to leave the work I loved, and especially sorry to part company with the many great OR nurses who authored all the outstanding articles. My thanks to the guidance of the ORNAC Review Board members I've had the pleasure to know, and most especially, the eight outstanding ORNAC presidents with whom I worked so closely.

I share a sense of accomplishment with my husband Ron Forster in creating a small publishing business that launched five nursing-related journals and supported several talented editors and support staff, notably Frank Fagan, the OR Journal's first editor from 1983 to 1990. It was an exciting experience being involved in the launch of the national OR association and in assisting with the publicity of their developments, projects, positions and conferences over the years.

Many remarkable manuscripts passed through our hands and many editorial firsts were achieved. In 1984 the Journal was the first to describe "The Separation of Conjoined Twins", and many hospitals urgently sought copies of articles providing information on Laser Surgery, Latex Allergy and Latex Protocol, and Universal Precautions. *Microscopic Tuboplasty* was published in 1983 and many of the first descriptions of new Laparoscopic and Laser procedures were presented to OR nurses, authored by Canadian OR nurses in their own journal. These exciting records were not our achievements, but those of the individual nurses who wanted to share their knowledge and expertise with their nursing colleagues. We were simply the medium, they provided the important messages.

Perioperative nurses who excel in their clinical practice and those who freely give of their time, talents and energies to enhance their specialty are highly regarded by their colleagues. Unfortunately, the number of these committed nurses, these 'special warriors' is small, but their efforts over the years, such as the development of the ORNAC Standards, Research Grants, Education Bursaries, and Approval of Education Programs (to name only a few) are undertakings that benefit all ranks of OR nurses. One can only hope that more and more young perioperative nurses get involved in their local groups and provincial association and make their unique contribution.

Articles are in very short supply these days, undoubtedly due to the turbulence within hospitals and in our lives. Who has time to prepare a manuscript? Who has the time or energy for professional activities? Amazingly, many do. Without the extra effort and dedication of the few individuals who do actively participate in association work, there would be no ORNAC. Without the shining efforts of those who do write, the Journal could not exist and perioperative nursing would lose a valued communications tool that has the capacity to inform, educate and inspire.

I thank the many advertisers who used the Journal's pages to market their products throughout the years. Without them, the Journal could not exist. Johnson & Johnson Medical Products has been in every issue since 1983. Other regulars included Allegiance Healthcare, 3M Health Care, and Karl Storz Endoscopy.

To the Journal's 3,300 subscribers - thank you for your support. ORNAC and its new publishers will carry on in 2002 with renewed energy, youthful enthusiasm and ingenuity. I salute you all. It has been an honor and grand pleasure to know you and be your "first assistant".

Good Luck to the new publishers and continued success to ORNAC and all its members. □

Computerized O.R. Scheduling: Is It An Accurate Predictor of Surgical Time ?

By Margaret Sorge, RN, BScN, MSHCA, CPN(C)

Chapter I: The Problem Defined

The Surgical Suite at the Peter Lougheed Center of the Calgary General Hospital implemented a Surgical Suite information system (Surgiserver) in 1996. Automation of the scheduling and inventory control functions is a critical requirement to ensure that information is accurate and timely. The intent of the system was two fold. Firstly, to provide information to upper management that is consistent with other hospitals within the Calgary region and to assist in the strategic planning for surgical services within the region. Secondly, to provide the Surgical Suite management with the necessary information to effectively manage the resources

for one of the largest cost centers within the hospital. The initial focus was to implement the scheduling component of the information system to more accurately predict the surgical time requirements for at least 15,000 surgical cases per year.

Scheduling of surgical cases before implementation of computerized scheduling was facilitated manually, with the physician providing his anticipated time requirements. Thus, surgeons were largely self directing their surgical scheduling with the occasional intervention by the Surgical Suite manager. The automated scheduling system averages the skin to skin time (when the surgeon makes the first cut until completion of skin closure) from the last ten identical procedures. The system then eliminates the highest and lowest skin to skin time and averages the times from the eight remaining cases. In addition, standard times have been given to the other components of surgery such as room set up, anaesthesia, preparation of the patient and the time from skin closure until the patient leaves the room. Although some clinical judgment is occasionally exercised, scheduling is primarily facilitated through the computer-generated times. Retrospective reviews appear to indicate that the computer-generated time is often accurate, however physician response continues to be doubtful of the systems' accuracy. This research will be conducted to determine if the computer-generated time is an accurate predictor of actual surgical time.

Abstract

The goal of this project was to determine whether a standardized surgical time, generated by the Operating Room Information System (ORIS), could be used as an accurate predictor of actual surgical time. Utilizing retrospective, quantitative data from the ORIS database, frequency distributions by surgical speciality, were completed. Chi-square analysis was applied to determine the significance of the frequency distributions. The study outcome indicates that ORIS computer generated procedure times were not an accurate predictor of actual surgical time. Further follow-up will be required to determine if alternate scheduling methodologies would lead to higher accuracy rates.

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