

## OR SCOR board Design- ed to Aid Scheduling

(Continued from page 1)

The name "SCOR" was selected as an abbreviated form of the "Scheduling and Control of Operating Rooms."

In order to be able to estimate as accurately as possible how much time was needed for various operations, charts were set up during the preliminary study which indicate how much time each operation will take from the time a patient is moved into the operating room until he is taken to the recovery room.

### Met With Approval

Once outlined, the plan was referred to an advisory committee of fourteen persons, who gave the final seal of approval to the idea and also approved putting the plan into operation. Serving on this committee were Miss Lelia Clark, Mr. Charles Frenzel, Mr. Boone, the two industrial engineers, and Drs. Anderson (Sr.), Glenn, Goldner, Hudson, Odom, Parker, Sealy, Shingleton, and Stephen.

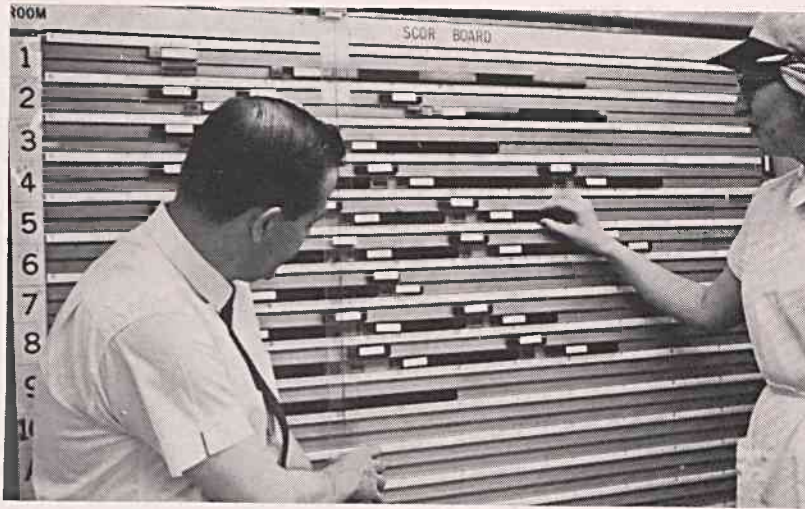
The approved plan went into operation last April.

### Each Step Timed

Today, the charts drawn up during the preliminary study are still used in estimating time needed to drape a patient, get doctors gowned and gloved, clean up the room, and set up for the next case. The items which vary with each operation could not be charted, however; and the time needed for these is checked out prior to the operation. The anesthesiologist responsible for scheduling anesthesia personnel is also responsible for estimating the anesthesia induction time, and the surgeon estimates the time needed for the operation from the first incision until the patient is taken to the recovery room.

### OVERHEARD ON THE WARDS

One patient to the urology patient next to him being prepared for an angiogram: "I knowed you was piped for water, but I didn't know you was wired for 'lectricity!"



The SCOR Board is often used as a point of consultation during the day. Above Mr. Joe Beaman, SCOR Board schedule officer, discusses the day's schedule with Margaret Watson, OR supervisor.

### Reveals an Overload

The SCOR Board is proving helpful in enabling a more efficient statistical analysis of the use of the operating rooms. The schedule is set up so that certain rooms are allocated to different services on specific days. There are some services which may have a greater need for the operating room facilities than others. When one service has an overload and another does not have a full load, it is quickly seen on the SCOR Board and the operations can be rescheduled to suit both services.

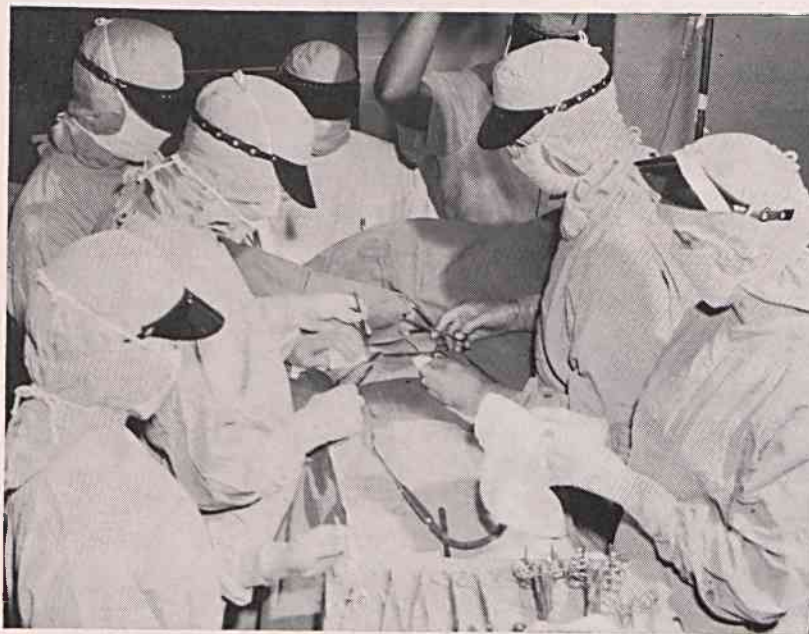
It is the responsibility of the man in charge of the SCOR Board to bring the needs of different services, as they are revealed on the board, to the attention of the operating room

supervisor and the anesthesiology supervisor.

### Valuable to Surgeon

"It certainly is a valuable study from the surgeon's point of view," said Dr. David C. Sabiston, Chairman of the Department of Surgery. "It is of considerable help in planning, and it has given us data on the various aspects of utilization of the operating room that has been very helpful."

During 1964 the nation's 7,127 hospitals employed 1,887,000 persons. This places hospitals third among the nation's largest employers.



Between 30 and 40 operations are performed daily in the fourteen operating room suites. Studies were conducted to find out how much time was needed for different operations from the time a patient was moved into the OR until he was taken to the recovery room.

## Medicare Plans Outlined in Brief

There are two parts to Medicare; both become effective July 1, 1966. Part A, Hospital Insurance, is available to everyone 65 years and over. Part B, Medical Insurance, is optional, and those wishing coverage must sign up for it.

The two parts are briefly explained below. (Note: Only those items which effect Duke Hospital are discussed.)

### HOSPITAL INSURANCE

#### (PART A)

This plan covers inpatient hospital services for up to 90 days in each spell of illness and includes a semi-private room and all hospital services except those provided by a physician. The "spell of illness" starts the day you enter the hospital. Any time you are free of hospital care for 60 consecutive days and are readmitted a new "spell of illness" begins. Under this plan, the patient pays the first \$40.00 for services covering the first 60 days plus \$10.00 a day for the 61st through the 90th day. After the 90th day he pays the full fee.

Also covered in this plan are outpatient diagnostic services. The patient pays the first \$20.00 and 20% of the balance due for diagnostic tests given in each 20-day period.

### MEDICAL INSURANCE

#### (PART B)

Medical Insurance is provided upon application of the eligible person and his agreement to pay \$3.00 per month (matched by an additional \$3.00 from federal funds). The patient pays the first \$50.00 per year plus 20% (government pays the remaining 80%) of the cost of the following services: doctors' services; services and supplies that are incidental to doctors' services; diagnostic X-ray, laboratory and other diagnostic tests; X-rays, radium and radioactive isotope therapy; surgical dressings, splints, casts; and artificial arms, legs, eyes, braces, and certain other prosthetic devices.