

Letter to the editor

The German Perioperative Procedural Time Glossary. A joint recommendation by the BDA, BDC, VOPM, VOPMÖ, ÖGARI and SFOPM

(AnästH Intensivmed 2020;61:516–531)

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To the Editor

We, four fellows of the Association of Anesthesia Clinical Directors (AACD), read with great interest the recent article by Bauer et. al. on “The German Perioperative Procedural Time Glossary: A joint recommendation by the BDA, BDC, VOPM, VOPMÖ, ÖGARI and SFOPM” [1]. We commend our German, Austrian and Swiss colleagues for standardizing procedural times (PT), operating room logistics (ORL), anaesthesia and surgical times and key performance indicators (KPI). In particular, we find their surgical priority classification and C-section classification systems to be useful. Of note, the first Procedural Time Glossary for Germany was published in 2008 [2]. Subsequently, an update was published in 2016 [2] and the current article updates the glossary for the entire German-speaking region.

We wanted to bring to our colleagues' attention that the AACD in the United States published a procedural times glossary (PTG) in 1998 [4]. In 2018, members of the AACD discussed the history behind the PTG and republished the glossary, with updates and refinements [5]. Further, one of the authors (SB) presented information on ICORMET (International Consortium on OR Management, Education and Training) to a Swiss meeting on OR management in 2017 [6]. Many of the issues that the attendees faced are seen throughout the world.

ICORMET's goal was to ensure that all anaesthesiology residents have a basic grasp of tactical and operational issues, such as efficiency, block allocation, the financial impact of over-time, and the appropriate metrics to measure utilization. While not every anaesthesiologist will practice a subspecialty such as cardiac anaesthesia, every anaesthesiologist should be proficient at discussing OR management with our surgical and nursing colleagues. With the recent pandemic and the future of the global health care delivery system uncertain, anaesthesiologists should understand the constraints under which we all work now. Communicating intelligently and effectively has always served as a platform for anaesthesia providers, from the surgical checklist to crew resource management.

In 2019, ICORMET joined forces with the AACD with the mission that the international anaesthesia societies would benefit by collaborating on management issues. At a minimum, we need to provide a crosswalk to map similar terms around the world. In this way, we will truly be speaking the same language. On behalf of the board members and membership of the AACD, we would be delighted if our German-speaking colleagues would join us at our annual meeting and contribute their thoughts and ideas [7]. While the language, cultures and customs might slightly differ, we believe that the cross-fertilization across continents would create the necessary collaboration to truly advance perioperative care.

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Competing interests

The authors declare no competing interests.

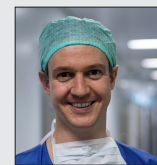
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Reply to Letter to the Editor

We thank the authors for their encouraging comments. The original Procedural Times Glossary from 1998 inspired us to our own enterprise to standardise the definitions of the periprocedural time points and key performance indicators. Since the workflow in the OR still differs in many aspects in the different health systems in Europe and worldwide, it

will always be challenging to come to uniform definitions. Even in the three countries sharing a common language, as Germany, Austria and Switzerland, it was complex to align the different analytical approaches. However, the basic fact is quite clear: without precise and agreed definitions, we lack the basis for benchmarking. We would compare ap-

ples with pears. For further scientific work on OR efficiency, the US glossary and our own is of eminent importance and the “crosswalk to map similar terms around the world” – as you suggested – seems to be the logical next step.

M. Bauer, Hannover, und

M. Schuster, Bruchsal