



## **FORTY EIGHT YEARS OF EXPERIENCES IN THE OR AT LANCASTER GENERAL**

by Jean Bennetch Grover

1. After graduating from Central Penn Business School, I applied for a job at LGH and came for an interview with Mr. William Harris in 1965; and he told me there were two positions open in the hospital. One was in the OR and the other in Medical Records. I told him that I didn't want the OR; but he suggested I go to the OR and meet the supervisor or head nurse. I spoke with the head nurse, Miss Alexander and she said she felt I would be an asset to the OR. Miss Anna Mae Ney was the OR Supervisor. She was on vacation when I applied for the position. Then Mr. Harris told me that he would hire me and if I didn't like the OR, he would transfer me after the first week. Well it has been a long week in the OR! I was happy that I got the job because the salary was more at LGH than at the Polyclinic Hospital in Harrisburg or the Good Samaritan Hospital in Lebanon. The starting salary as a Medical Secretary was \$1.45 an hour.
2. My first day, September 20, 1965, I had to change into a scrub dress, wear a cloth hood to cover my hair, cloth shoe covers that had a conductive strip- because we had ether in the OR which was very flammable and they didn't want us creating any sparks. I was told that I could buy shoes with a conductive plug insert and that way I didn't have to wear the shoe covers. Each morning you had to check if your shoes were conductive before you started your day.
3. It was an altogether different environment for this 19 year old farm girl who lived in the country. I thought, would I ever be able to recognize people with their hats and masks; but what I didn't realize was I also had to recognize them in street clothes without a hat or mask.
4. A tour of the OR on the 8th floor consisted of a supply room, 4 Main ORs, 1 Minor OR, Cysto Room, Cast Room, Ophthalmology room, ENT room and bronchoscopy room and then recovery room with a few bays. There was also an anesthesia workroom and an anesthesia library which was also used as a lunch room for anesthesia and recovery room people.
5. There was an intercom box at the secretary's desk/control area. It was a one way intercom which meant that if someone wanted to give a message to someone else, it had to go through the secretaries. Example: if a room needed an instrument, they called the secretary and the secretary would call into the supply room to ask them to take the instrument to the OR. We also had to notify the rooms that the surgeon had arrived.
6. My assignment the first day was to learn how to do charges. The OR Record, named a Pencil Copy because it was written in pencil, only contained very minimal information. It did include the time in the room and time out of room. We charged \$20.00 for a minor operation for 1 - 90 minutes and a major operation for 1 - 60 minutes was \$25.00. We also charged for IV solutions and tubing, and if I remember correctly, it was \$1.25 for a 1000 cc glass bottle of Lactated Ringer's and the only other charge was for a Foley catheter and drainage bag which was \$5.00.
7. Finally my first day in the OR was coming to an end; but I had to ask Miss Ney, the supervisor, if I was allowed to go to change my clothes (because you had to have her

permission before you were allowed to leave for the day). If you didn't get her permission and you went and changed your clothes, she made you go back in and change into scrubs until she gave you permission to leave.

8. At that time I was living at home with my parents and grandfather at the family homestead between Lebanon and Schaefferstown and I was traveling Route 501. As a little girl I would go along with my grandparents when they took my uncle to the train station when he was in the Navy and I knew my way back and forth. After work on my first day, I got in my car, a 1957 Nash Rambler - black and white - with red seat covers to go home and when I got to the Rt 501 railroad bridge it was closed because they were resurfacing the bridge. I had no idea how to go home and I turned different ways and ended up in the southern end of Lancaster. I remember asking two people how to get to Lebanon, and I was beginning to wonder if I would ever make it home. As they say, "What goes around comes around" and here we are today with the 501 detour as they construct a new RR bridge.
9. The first day I used a manual typewriter and the second day we got two new IBM Selectric Typewriters; and the other two secretaries were thrilled because they had been using manual typewriters to type the OR Schedules and the operative records.
10. We had three secretaries and one week your duties were to do charges, write the information into the log book and take specimens to the lab. Another week you answered the phone and took messages for the doctors, and the third week you did transcription. I often think about the messages I took for the doctors the first few months. Many times it was lab results or how patients were progressing in DR or the status of patients in ER. I surely didn't have any idea of what they were saying and I wondered if I got the message correct. It was very alarming when emergency patients came to the ER. They would call the OR to see if any surgeons were available to come to the ER and see the patient - no trauma doctors at that time.
11. One of the duties was to transcribe the dictation which I never enjoyed, because I always had difficulty understanding the surgeon. We had a Dictaphone that had a circulator disc that was used by most surgeons. There were four doctors who dictated to you and you had to take shorthand which was always a challenge because of the medical terms. Dr. John Farmer was chief of surgery and he didn't like the Dictaphone, so he dictated to you. The dictation was rather lengthy. Dr. Paul Wallen was a dentist and I never knew why he dictated to us. Dr. Solomon G. Pontius was elderly and he would only dictate about two or three sentences and the last sentence was "God saved the patient." The other was Dr. Milton Lu. Dr. Lu was Chinese and had difficulty speaking English, and if that wasn't a challenge there never was one! A few months later they decided to start a Centralized Transcription Pool and God answered my prayers, because I wasn't the one they selected to help set it up. At that time I was thrilled to work in the OR. Norma Dobbenberger Shenk started the first Centralized Transcription at Lancaster General Hospital.
12. Scheduling Surgery: When I started, there was a large lined black notebook that we used to schedule the surgeries. When we purchased a new book, we had to go through the book and divide it into the 4 Major OR's, Minor OR, Cysto OR, Ophthalmology OR, T&A & Bronchoscopy ORs. Then we had to write in the times from 0800-1530 in half hour increments and enter the dates for surgery. Then the book was ready for use. The surgeon or his office would call to schedule the case. Information required was patient name, surgeon, procedure, length of case, type of anesthesia. At first we had to ask if the anesthesia

would be given by an anesthesiologist or CRNA. After Anesthesia Associates of Lancaster hired a 4th Anesthesiologist, Dr. James Goddard, we just had to schedule the type of anesthesia because they made the decision who would administer the anesthetic. When the hospital purchased ORSOS, we started scheduling on the computer, next was ESI, PICIS (OR Manager) and now we have Optime (Epic). Now scheduling a patient requires a lot more information because we are taking information for other departments and opening up an account for the patient's episode.

13. OR Schedule: We had to type the next day's schedule twice a day. Monday - Friday afternoons we would take the schedule to the print shop to have copies made and then delivered to the floors. Saturday we typed the schedule three times with 5 carbon copies so we would have enough copies to distribute to the different departments and post in the OR, since the Print Shop didn't work on Saturdays. After a few years and many meetings between Miss Ney and the head of Cardiology, we were finally allowed to use the copier in Cardiology to copy the OR Schedules instead of typing with all those carbons.
14. We had a tiny room where every afternoon the aide that worked ED would take all the surgical gloves that were washed, and she would check if they had any holes. Then she would re-powder and wrap the gloves which were then autoclaved and reused the next day.
15. In the afternoon when the cases were finished for the day, the nurses would meet in the supply room and wrap supplies for the next day. They would also cut muslin for muslin bandages and roll it into rolls. The instruments were washed and sterilized and then placed on glass shelves in the supply room. I remember a few times that one of the aides was putting the instruments away~ a mallet was too hot and it would break the glass shelf and everything would fall down onto the next shelf. It was a domino effect. One time Shirley Platt, who retired a couple of years ago, was putting one on the top shelf and it happened again. We couldn't believe that she didn't get cut by flying glass or hurt with one of the instruments. We had large glass canisters that were used for suction and at the end of the case, they were carried out and placed at the end of the hall next to the clinical sink closet. The canisters were open on the top and then at the end of the day one of the orderlies would empty the contents of the canister into the clinical sink and flush it down the drain.
16. At that time the surgeons felt that the bloodier the case, the better surgeon they were. Dr. Norris Kirk was one of the orthopods, and he would take one slice to make the incision for a fractured hip and the blood would run down on the floor and his shoes; but he felt he was a **great** surgeon.
17. Speaking of bloody shoes! When the secretaries worked on a Saturday, their afternoon job was to go into the doctor's lounge and collect all the doctors' bloody shoes and wash the blood off of them. Then they would polish the shoes for the week. I don't remember having a class at Central Penn on how to wash bloody shoes and polish them. That probably was the "grossest" job that I ever had in the OR. Every Saturday one of the Orderlies would use a scrub brush and a bucket of water with disinfectant and scrub the grout on the tile base boards in the hallway and in the ORs. Miss Ney had a rotation schedule as what was to be done that week and afterwards she checked to be sure it met her approval. There were no floor scrubbers at that time and every day at 6:30 AM, 1:00 and 5:00 PM the Orderlies would mop the hallways. Each morning at 7:30 AM the surgical technician would scrub for 10 minutes and then she would go into the OR and set up all her tables with the instruments

- and “opened” supplies for the day. Then she would cover them with a sterile sheet and the circulating nurse would push them against the back wall until they were ready to do that case.
18. After a few years we got two new orthopods – Dr. John Shertzer & Dr. Alfred Cooke who started Orthopedic Associates of Lancaster. At that time we got more hardware for fractures. I remember typing up a cheat sheet with all the hardware and charges to be used when charging. That cheat sheet consisted of one page – double spaced for orthopedic implants. Today we have a few more implants than you could list on one sheet of paper.
  19. We bought the bone screws from Sears and the black silk used for sutures was bought at the Watt and Shand Department Store in Lancaster. The nurses would cut the silk thread into certain lengths and then it was autoclaved.
  20. For a few years, we filled in a charge sheet for each individual charge. We had to keep a log of the charges and at the end of the day the supervisor or head nurse had to sign each one of them. After that we got a Key-Punch machine to use for charging purposes, at the end of the day the cards were sent to Information Services, then a key-punch operator read the codes and added them to the billing department. Technology finally arrived at Lancaster General Hospital and the nurses were able to enter the charges on line.
  21. Statistical Reports: At first I don’t remember doing statistical reports, and then we started to count the surgeries by using hash marks.
  22. Today the rules and regulations are altogether different. I knew there is no way that I could do what I did at that time as a Medical Secretary and not a registered nurse.
    - a. I helped the anesthesiologist draw blood – I never wore gloves.
    - b. Helped to put on and take off casts in the cast room.
    - c. Shaved a patient’s legs that were having vascular surgery one day when we had a snow storm.
    - d. Held for preps and spinals.
    - e. Transported patients to and from the OR and helped them into bed or onto the OR table.
    - f. Helped pick instruments.
    - g. A few times I was asked to circulate for lunch breaks and told if the surgeon needed anything and I didn’t know where it was, not to say anything to him. Just go to the nurse in the next room and ask for help.
    - h. One day we had a patient from the prison and they brought him to the OR shackled to the litter. I was to stay with him so he wouldn’t go anywhere. First, I don’t know what I could have done if he decided to get up and try to get off the litter, or where they thought he was going with his leg strapped to the litter.
  23. I had mentioned previously about notifying the room when the surgeon arrived. One morning Gloria Bertram RN and one of the orderlies, Steve Hinkle, were talking to each other back in OR #7 when Dr. Farmer, Chief of Surgery arrived. I called into the room and said, “Dr. Farmer is here,” and just at that time Gloria was answering Steve by saying “Who Cares” to something in their conversation. Well, needless to say, Dr. Farmer wasn’t happy with the response because he thought she was saying “Who cares that he had arrived”. He said to Miss Ney, Supervisor, that she was to address Mrs. Bertram’s response. By that time Gloria realized what had happened and she came out to tell Miss Ney the story. She had to go to Dr. Farmer and apologize for what she said. He finally agreed that it was a mistake; but she was to be more careful in what she said in the OR while patients were in the room.

24. We didn't have a holding area or pre-op area, so the orderlies would bring the patients to the OR and place them outside of the OR where they were having their surgery. One day the orderlies brought Dr. Howard Eckhart's (father of Dr. Michael Eckhart) patient to the OR and placed the patient outside of the minor room to have dental impactions removed. Dr. Ian Hodge was an elderly urologist who would always hum while operating or even while walking down the hall. When he had a gentleman for a local cysto procedure, he would take the patient across the hall into the little room where they powdered the gloves and put in the local anesthetic. Dr. Hodge finished the previous patient's procedure, went into the hallway and saw a patient in the hall thinking it was his patient. He took the patient across the hall and inserted the local. After he finished doing that, he realized it was a young fellow who was to have dental surgery. Boy, did he hum coming down the hall and headed for the doctors' lounge. He told Dr. Eckhart what had happened. Dr. Eckhart asked him if he told the patient what he did and he said, "No, I didn't feel it was necessary to tell him about the mistake of identity". Dr. Eckhart laughed about it and went back to his patient and removed his dental impactions. That young man never said a word about it. They decided that he must have been heavily sedated, or that he must have told all his friends that you wouldn't believe how they give you anesthesia to remove your teeth! Could you see the law suit today?
25. One day Dr. Henry Huffnagle, a urologist, came out to the front desk and asked me if I would sew the button onto his trousers while he was back in the operating room. I told him that I could do that. He was a fellow who was very gruff; but gentle as a kitten. He always gave the secretaries a rough time, and I decided here was my chance to get back on him. I sewed the button on his pants, and then I sewed his fly shut and I knotted every stitch. After I was finished I hung them in his locker. I am sure that later he swore up a storm, but I was home in Lebanon County and I didn't hear him!
26. When I started in the OR there were three anesthesiologists – Dr. Richard Wagner Jr, Dr. Frank McCune & Dr. Walter Shuman. There were also seven nurse anesthetists: Mary Ellen Bachman, Ginny Chambers, Fred Rubright, Jane O'Neill, Judy Grossman, Mary Kurian & Eileen Peters.
27. Our first computer was a personal computer in the OR, and at that time our IS Department didn't support you. It was delivered to the OR and no one knew anything about it or how it worked. We could type our schedule on it but then we couldn't figure out how to save the information. One of the surgeon's secretaries was taking computer programming at Millersville. She agreed to come in one Saturday afternoon with me to check if she could find the reason why we couldn't save the document. It didn't take her very long to discover that we didn't have a hard drive in the computer. She told me that we probably had one somewhere. Monday morning I asked Doris Perrine, who was then supervisor, if she knew anything about it. She looked at me like I was out of my mind. After checking with Purchasing we found out that we had purchased one. After several trips to the storeroom, we found that it had been delivered to the OR; but no one knew where it was. Several weeks went by. One day Doris came out of her office carrying a box. She asked if this is what was needed for the computer. It was the hard drive and she had put it under her desk because she didn't know what it was. Mystery finally solved!! Doris never liked the computer because she said I made too much noise when I typed with it.

28. We had a large bound book into which every evening the secretary took the "Pencil Copies" and placed into the intraoperative record the information for each patient. This was very time consuming; but we didn't collect anywhere near the data we do today. Finally one day our lab technician who worked with the Open Heart services told us that he had a computer program that he would be happy to install on the PC. We could just type in the information. The cost of the program was \$49.00, which John paid and set it up for us. Things were great and we enjoyed typing the information instead of writing it. We used this program for a few years and one day John got mad at someone with authority at LGH. He came in during the night and wiped everything out of the system. There was nothing that the OR could do about it because it was his program and LGH had not paid a cent for it. Back to the old hand written log books. Finally the hospital checked into purchasing a system for the OR. I never knew the cost of that system, but I am sure it was more than \$49.00.
29. Smoking in the OR: There were no restrictions on smoking in the hospital or in the OR when I started. We had a very small female locker room/ lounge which had a round table that maybe 3 or 4 people could sit around to eat their lunch. One day Marie Beane, nurses' aide, was eating her lunch and she splashed something on the wall which was "Goldenrod Yellow" in color. She wet a cloth to wipe off her spill. Her cloth was all yellow and she thought she wiped off the paint. She was really scared to go and tell Miss Ney what had happened because she was very strict and Marie was sure she would be reprimanded for it. Miss Ney wasn't upset and said she would have the wall repainted an off white color. A few months later the walls were "Goldenrod Yellow" again from the nicotine. Can you image what our lungs looked like from all the smoke?
30. Another funny story: After we moved into the present OR they were still allowed to smoke in the lounges. Dr. Robert Longwell, a retired OB/GYN doctor, was assisting other doctors and he smoked a cigar. He would come out of the OR and go to the lounge and light up his cigar, but the smoke detector was right above his locker. I don't know how many times the fire department came to the hospital because the smoke detector was set off. Management spoke to him about it. That still didn't stop him from smoking. One day Dr. Longwell and Dr. Clelan, an anesthesiologist, were sitting in their boxer shorts in the doctors' lounge smoking when the smoke detector went off again. Dr. Longwell quickly went into the men's room, sat on the "John" and pulled up his legs. Therefore no one would see him when the fire department and management came to check the locker room. Afterwards he came out to the secretaries' desk in hysterics about what he had done again, and how they didn't realize he was sitting on the "John".

These are some of the memories I have of my 48 years, 3 months & 11 days in the OR at Lancaster General. I will always cherish these memories and think of all the many great friends I have made during my time in the OR. I am happy that I took a position in the OR and not Medical Records.

Thanks to everyone for accepting me as one of your friends and coworkers. It has been a privilege to work at LGH for all of these years. Now this phase of my life is over and I will begin retirement tomorrow, on January 1, 2014.

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