The NCEPOD Classification of Intervention

This classification came into effect in December 2004, and replaced the categories of Emergency, Urgent, Scheduled and Elective previously used by NCEPOD

I**MMEDIATE** – Immediate life, limb or organ-saving intervention – resuscitation simultaneous with intervention. Normally within minutes of decision to operate.

A) Life-saving
B) Other e.g. limb or organ saving

URGENT – Intervention for acute onset or clinical deterioration of potentially life-threatening conditions, for those conditions that may threaten the survival of limb or organ, for fixation of many fractures and for relief of pain or other distressing symptoms. Normally within hours of decision to operate.

EXPEDITED – Patient requiring early treatment where the condition is not an immediate threat to life, limb or organ survival. Normally within days of decision to operate.

ELECTIVE – Intervention planned or booked in advance of routine admission to hospital. Timing to suit patient, hospital and staff.

Whilst it is recognised that additional categories or sub-categories could be defined it is important that the classification remains as simple as possible to use.

Practical application of the classification

The reason for allocating such a classification to each case is to define the urgency of the patient's intervention to:

- inform clinicians and managers responsible for preparing procedure lists and allocating theatres 'on the day' (day to day communications)
- check that patients are operated on within the time frame appropriate for their condition (patient experience)
- check that medical staff are operating out-of-hours only when it is appropriate (clinical governance)
- review the allocation of types of patient to types of theatre session (split into 'daytime' and 'out-of-hours') in order to take appropriate corrective action within the current organisation of surgical/radiological/cardiological services and to aid further development of these services (organisation and planning).

However, it is important to note that this classification does not describe the type of theatre session in which the intervention was performed. ‘Patient urgency’ and ‘type of list’ are independent variables and must be kept distinct from one another. Managers need to be able to monitor data and detect instances of say, ‘immediate’ or ‘urgent’ cases being operated on in routine ‘elective’ theatre sessions. This monitoring will be inaccurate if someone changes the patient’s category to ‘elective’ just because they are on an elective list.

NCEPOD recommends that the consultant who will perform the intervention should assign the category. This should be done at the time of the decision to operate and when the theatre is booked. To be a useful tool to assist in the organisation of ‘emergency’ lists the correct classification needs to be supplied to the theatre co-ordinator when the patient is booked so an appropriate priority can be assigned to the case. The classification should be recorded in both the Theatre Management System and in the patient’s casenotes.

In the practical allocation of the category to each intervention, it is recognised that the same operation could be undertaken on patients falling into all four of the categories. Therefore it is not possible to group operations within a category to make it easy for allocation. For example:

Hemicolectomy:	Immediate – for life threatening GI bleeding Urgent – for perforated large bowel Expedited – developing large bowel obstruction Elective – resection for non-obstructing carcinoma
Splenectomy	Immediate – for life-threatening traumatic bleeding Urgent – for on-going bleeding post-splenic injury Elective – for malignant or haematological disease

A summary is provided below to assist in the classification of intervention. These have been drawn up with help of the surgical specialist societies, the British Cardiac Society and the Royal College of Radiologists. This summary excludes obstetrics.