

Audit of Adherence to Hospital Guidelines for Emergency Surgical Priority Classification and Timing of Intervention.

Dr Muhammad Imran, Dr Saad Ur Rehman, Dr Sadia Sadaqat .

Shaukat Khanum Memorial Cancer Hospital and Research Centre, Lahore, Pakistan

BACKGROUND

- The categories of emergency surgical patients according to urgency (Categories A–D) provides a structured framework for prioritizing patients .
- A systematic review of 16 studies involving 50,653 patients found longer time to theatre was associated with increased mortality, while acute laparotomy pathways reduced mortality in most intervention studies.
- In a retrospective ACS NSQIP cohort (2015–2020), late operation significantly increased 30-day mortality, serious morbidity, and all morbidity across emergency general surgery procedures.

RESULTS

Overall compliance with both criteria: 48.9%

Classification
28/25
62.25

Timing
30/45
66.7%

Both Criteria
22/45
48.9%

OBJECTIVE

- 1.Identifies gaps between hospital policy and actual practice .
- 2.Define areas for improvement to ensure timely intervention for all emergency cases.
- 3.Aim is to reduce avoidable morbidity and mortality .

METHODOLOGY

- Retrospective data collection from emergency surgical procedures performed during 15/07/26–30/07/26.
- Total 45 patient were included.
- Hospital policy on Emergency Surgical Prioritization and Scheduling was used as the audit standard.

1.Data were assessed for two criteria:

- 1.Appropriate classification according to hospital guidelines
- 2.Compliance with the stipulated timeframe

for proceeding with surgery .

DISTRIBUTION BY SURGICAL CATEGORY

Chart Title



TARGET

100% compliance with hospital guidelines.

EMERGENCY SURGERY PRIORITY FRAMEWORK

Category	Timeframe	Priority
A	≤ 1 hour	Highest urgency
B	≤ 4 hours	Urgent
C	≤ 24 hours	Semi-urgent
D	≤ 10 days	Deferrable

CONCLUSION

Compliance with hospital guidelines for emergency surgical classification and timing of intervention is below the recommended target.

Key gaps: delayed/inaccurate prioritization and failure to meet stipulated scheduling timeframes.

RECOMMENDATIONS

1. Conduct educational sessions for concerned staff.
2. Improve awareness of emergency surgical prioritization guidelines.
3. Reinforce theatre scheduling processes.
4. Establish a feedback mechanism and share compliance data regularly.