The Application of IHO Urgency Categories to an Obstetric Cohort



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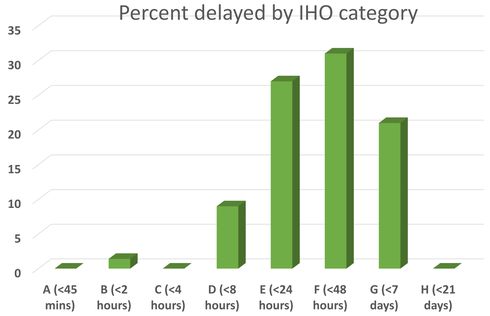
Introduction

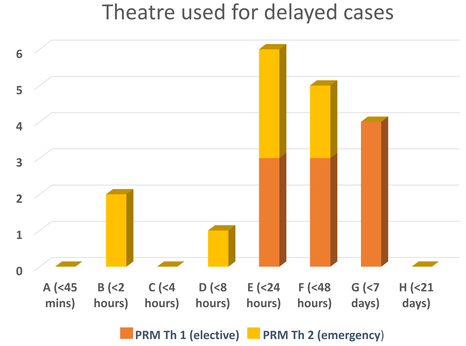
Urgency classification for surgery is an important component of the delivery of safe care, but also for the efficient utilisation of theatre resources. The Lucas 4 point classification (1) is the standard audit tool for the labour suite, whilst the NCEPOD 4 point scale is used for non-obstetric surgery. As part of a Scottish Government initiative with The Institute of Healthcare Optimization (IHO) (2) a 9 point system has been introduced locally with the primary aim of improving theatre utilisation. We report here on the initial findings.

Methods

Our aim was to assess whether the IHO system could identify caesarean delivery delays within an obstetric cohort of a large tertiary referral teaching hospital. Caldicott Guardian approval was granted for this project. A reference table for categorisation was produced by one of the obstetric consultants, and after a period of education, the booking obstetrician was asked to categorise the case urgency using the IHO system. No other changes of process took place. After a period of 3 months (01/04/2021 – 30/06/2021), anonymised data was extracted from the electronic theatre database, and the actual time to theatre compared with the IHO booking urgency for 359 patients, allowing the proportion of delayed patients for each category: A to H, to be ascertained. Elective cases (category I) were not included. In addition we recorded whether delayed cases were treated in an elective or an emergency theatre.

Results





IHO Urgency Category	Number of cases	Number meeting target time	Number delayed	Percent delayed
A (<45 mins)	95	95	0	0
B (<2 hours)	140	138	2	1.4
C (<4 hours)	53	53	0	0
D (<8 hours)	11	10	1	9
E (<24 hours)	22	16	6	27
F (<48 hours)	16	11	5	31
G (<7 days)	19	15	4	21
H (<21 days)	3	3	0	0

Discussion

The results suggest that caesarean deliveries in the clinical urgency range of 8hrs to 7 days have a significant chance of being delayed and that this may in part be due to waiting for vacant slots on elective lists to fit in the less urgent cases. We believe that the IHO system has advantages (in terms of improving patient flow) over the Lucas system by providing more resolution for the traditional category 3 cohort. The next phase of this project is to decrease delays by making more use of emergency theatre facilities for category E to F patients.

References

1. Lucas DN, Yentis SM, Kinsella SM, et al. Urgency of caesarean section: a new classification. *J. R. Soc. Med.* 2000;**93**:346-350.

2. National Confidential Enquiry into Patient Outcome and Death. The NCEPOD classification of intervention. www.ncepod.org.uk/classification.html [accessed 26/10/2021].