

SUGGESTED ALBERTA TARGETS FOR SURGICAL PATIENTS

SUGGESTED EMERGENCY TARGETS	
E0 - DTOR (0 TO 30 MINUTES)	Direct to OR
E1 (0 TO 60 MINUTES)	Immediate life-saving surgery, resuscitation simultaneous with treatment.
E2 (0 TO 2 HOURS)	Patient has a life threatening condition but is responding to resuscitative measures. Surgery as soon as possible after resuscitation.
E6 (0 TO 6 HOURS)	Patient is physiologically stable but there is immediate risk of organ survival or systemic decompensation. Surgery within 6 hours of booking.
E12 (0 TO 12 HOURS)	Patient is physiologically stable but may deteriorate if left untreated. Surgery within 12 hours of booking.
E24 (0 TO 24 HOURS)	Patient is physiologically stable, no deterioration expected but not suitable for discharge. Procedure within 24 hours of booking.
UR3D (WITHIN 3 DAYS)	Patient's condition is increasing in urgency or the patient is already in the hospital and can't be discharged until surgery takes place. Procedure to be done within 3 days.
SUGGESTED SEMI-URGENT TARGETS	
1 Week (WITHIN 7 DAYS)	Patient's condition is increasing in urgency. Procedure to be done within 7 days.
2 WEEKS (WITHIN 14 DAYS)	<ul style="list-style-type: none"> Aggressive or high grade malignant pathology: Staging needed to plan treatment; suspicious pathology. Neoplasms or conditions that compromise: Airway or respiratory function; Swallowing or gut function; Neurological function; Structural integrity of bone or joint; Circulation; Organ function; Stable angina with escalating symptoms not requiring vasopressors. Presence of infection: Systemic; Localized. Rapidly progressing conditions that affect life expectancy and pose high risk to limb and organ function. Severe (Pain scale rating: 6-7). Inability to perform ADL. Loss of independence. Imminent loss of function.
4 WEEKS (WITHIN 28 DAYS)	<ul style="list-style-type: none"> Aggressive or high grade malignant pathology: Definitive management; suspicious pathology. Neoplasms or conditions that affect: Airway or respiratory function; Swallowing or gut function; Neurological function; Structural integrity of bone or joint; Circulation; Stage III-IV constrictive pericarditis. Revision or removal of implants causing complications. Rapidly progressing conditions that may affect life expectancy and pose a moderate risk to limb integrity and organ function. Severe/Moderate (Pain scale rating: 5-6). Imminent risk to perform ADL. High risk of loss of: independence; functional impairment.

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<p>6 WEEKS (WITHIN 42 DAYS)</p>	<ul style="list-style-type: none"> • Low grade malignant pathology: suspicious pathology. • Staged reconstruction for: malignancy, trauma, congenital defects. • Conditions that may cause issue to: Airway and respiratory function; Swallowing or gut function; Neurological function; Structural integrity of bone or joint; Circulation; Stable angina. • Moderately progressing conditions that pose low risk to life expectancy but may cause issue to limb integrity and organ function. • Moderate (Pain scale rating: 3-4). Moderate impact in ability to perform ADL. Moderate risk of loss of independence. • High risk of functional impairment.
<p>SUGGESTED NON-URGENT TARGETS</p>	
<p>WITHIN 12 WEEKS</p>	<ul style="list-style-type: none"> • Prophylaxis for high grade malignancy. • Staged reconstruction for: malignancy, trauma, congenital defects. Processes affecting structural integrity of bone or joint. • Revision or removal of implants at risk of causing complications. Localized chronic sternal wound infection. • Stable congenital heart defects. • Slowly progressing conditions that pose no risk to life expectancy and pose low risk to limb integrity and organ function. • Moderate/Mild (Pain scale rating: 2-3). Low impact of ability to perform ADL. Low risk of loss of independence. • Moderate risk of functional impairment.
<p>WITHIN 26 WEEKS</p>	<ul style="list-style-type: none"> • Benign pathology. Routine screening. Staged reconstruction. Planned removal or revision of implants. • Stable conditions with tolerable deficits that pose no risk to life expectancy, limb integrity and organ function. • Mild pain (Pain scale rating: 1-2). No impact of ability to perform ADL. No risk of loss of independence. • Low risk of functional impairment.
<p>WITHIN 52 WEEKS</p>	<ul style="list-style-type: none"> • Benign pathology. • Staged reconstruction. Stable conditions. • No impact of ability to perform ADL. • No risk of loss of independence. Low risk of functional impairment.
<p>Patient Priority descriptors for WITHIN 2 WEEKS to WITHIN 26 WEEKS are based on disease investigations, disease progression, pain (referenced from numeric rating scale for pain), and functional impairment. Approved by the Surgeon Advisory Group (SAG) & Surgery Strategic Clinical Network (SSCN) May 2016.</p>	