



Improving Same Day Emergency Care Capacity

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Introduction

SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital. The national SDEC model builds on previous improvement work in Ambulatory Care services across the NHS, with the aim of providing a consistent approach to patient pathways.¹ National data suggests that SDEC patients account for approximately 22% of the acute medical take, who would have otherwise been considered for emergency admission. By assessing, diagnosing and treating these cohort of patients within the same day, we avoid unnecessary hospital admissions which have implications on patient outcomes and healthcare costs.² An increase in the number of returning patients impact on the ability of SDEC to manage the workload and capacity for new patients of that day, therefore BTH SDEC policy states that there should be no more than 6 returns per day.³

Results

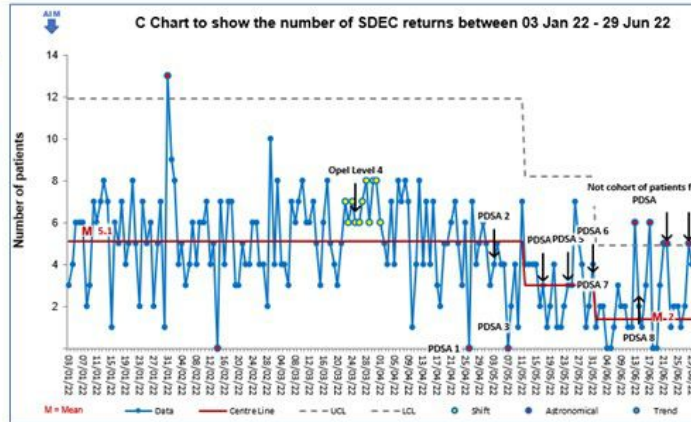
By process mapping SDEC returns, unnecessary patients waits to be taken to and from the different hospital departments for scans have been identified. A new return process was piloted for patients returning for Doppler ultrasound scans. Patients were given a request card on discharge, with instructions to present directly to the Vascular Unit in a given appointment date and time. If their Doppler scan is negative they are discharged directly from Vascular Unit and followed-up by an SDEC doctor or ACP via Virtual clinic. Seven PDSA cycles were undertaken. A total of 23 patients went directly to Vascular Unit and 73% (17) of those were discharged home direct from Vascular Unit and followed-up virtually, bypassing the need to physically return to SDEC. Since the start of the PDSA cycles the team have saved a total of 440 Care Minutes, which over a year, this could save a week in care time.

Aim

To utilise 100% of SDEC daily capacity for patient reviews (n=35) at Blackpool Teaching Hospitals by July 2022.

Initial Assessment

The variation in the number of return patients consequently impacted on capacity for new attendances, as they require same resources for space and clinician time. However, the option of having the patient return to SDEC for further imaging or review, provided a safe and effective alternative to admission to a hospital bed. Limiting number of returns to at most 6 provided a balance between the impact on capacity and the patient benefit.



Lessons Learned

- Important to start small, manageable, easier and once you start seeing the changes it is motivation to continue
- Celebrating the small wins
- Collaborating as a team and with other departments
- The importance of stakeholder involvement and the impact it has on the patient journey

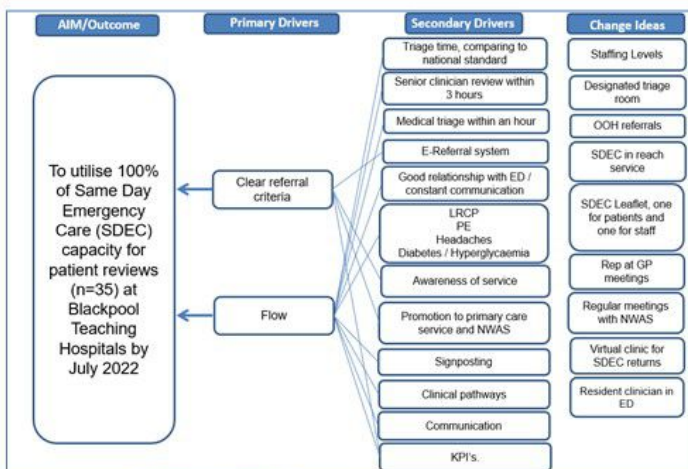
Next steps

- Sustain process for patients to go direct to Vascular unit
- Identify the next cohort of return patients to test change on
- Ensure all changed processes implemented on new unit

Change ideas

Reduce the number of SDEC returns Change process for returning patients Improve relationship with ED Improve NWS Direct Pathway Virtual Telephone clinic

Programme Theory



Patient Story

SDEC Patient Story

It's not just about the numbers – improvements have been felt by patients as seen in this patient story – scan QR code or use this short URL to watch : <https://qrco.de/bdA7nl>

References

- NHS Improvement and the Ambulatory Emergency Care. Ambulatory Emergency Care. Same Day Emerg. Care Clin. Defin. patient Sel. metrics. 2018; 15. <https://www.england.nhs.uk/wp-content/uploads/2021/05/aec-same-day-emergency-care-clinical-definition-patient-selection-metrics.pdf> (accessed 21 Jun 2022).
- Same Day Emergency Care Regional Workshop, 2019: [PowerPoint Presentation \(ambulatoryemergencycare.org.uk\)](#) (accessed 8.7.2022)
- Medical Same Day Emergency Care. 2022. <http://cpa.xfhdcoast.nhs.uk/trustforum/erbs/Documents/AEC-SOP-001.docx> (accessed 8.7.2022)