







Expanding our Same Day Emergency Cere service

The expansion of Same Day Emergency Care (SDEC) at UHMBT is forging ahead thanks to colleagues who are working tirelessly to improve patient care and ease pressure on our Emergency Departments (EDs).

SDEC, which is being expanded at both the RLI and FGH, has been set up so that patients can be assessed, diagnosed, treated and then, if clinically safe to do so, sent home the same day with ongoing clinical follow-up, if required.

In this story we are focusing on the acute medical SDEC at the RLI; the SDEC at the FGH will be featured in a future update.

The medical SDEC service at the RLI operates from the ground floor of the Centenary Building, behind the Acute Medical Unit (AMU).

Patients at the RLI have given feedback that they were very pleased that through the SDEC service they quickly got to see a specialist and were able to go home sooner than they had expected.

At the RLI just over 30% of patients as part of the 'Acute Take' are now seen in SDEC. This is a continuous steady increase from opening SDEC in February 2022. The SDEC team continue to work hard to increase that figure to the national target of 40% so that more patients can benefit. Reassuringly, less than 10% of patients are admitted. This is persistently better than national target.

SDEC is a key part of our Urgent and Emergency Care (UEC) improvement work and is related to the work of the Recovery Support Programme (RSP). The service is helping to increase service capacity in the ED, reduce the pressure on acute beds,















tackle issues surrounding corridor care and give patients better care in the right place.

The aim of the SDEC service is to see and treat emergency patients who would otherwise have been admitted, with the aim of turning around the vast majority of patients the same day. All medical patients who would normally fall under an admission pathway should be assumed a candidate for SDEC, unless they are critically unwell.

The SDEC at the RLI operates from 8am to 8pm, Monday to Friday, and the last referral time is 6pm.

Dr Vera Gotz, who was recently appointed as the Clinical Lead in Acute Medicine and SDEC at the RLI for UHMBT, is now leading the SDEC work from a clinical perspective as part of her role. Dr Gotz is a highly experienced Consultant in Acute and Intensive Care Medicine and has also been working as the Clinical Lead in Organ Donation at the Trust for the past few years.

Dr Gotz said: "Since I have taken ownership of this work it has definitely taken off. We are taking a very proactive and dynamic approach. We have an excellent team and are expanding by recruiting more staff including consultants, junior doctors and nurses.

"We have recently developed an SDEC feedback questionnaire for patients who have used our service. The questionnaire goes to a patient's mobile device. This project has been a collaboration with Dr Asim Ijaz, Clinical Lead in Emergency Medicine at RLI. It is hugely important that we capture patient feedback to improve service delivery.

"The SDEC service will help to address the issue of corridor care at the RLI by reducing waiting times. It will also improve patient experience. Our next steps will include 7-day working and developing a very stable core group of staff within SDEC.

"I will also be working cooperatively with Dr Saravanan Balaguruswamy, Clinical Lead in Acute Medicine and SDEC at FGH, on the development of the service. I am very excited to have this new role and look forward to taking acute medicine and SDEC to the next level."

At Lancaster, the SDEC service is led by Richard Vallely, Service Manager for Acute and Emergency Medicine, Caron Graham, Matron for Emergency Medicine, Dr Vera Gotz, Clinical Lead in Acute Medicine and SDEC, and Vicky Shimwell, SDEC Unit Manager.

Additional estates plans are being worked on to expand the service at RLI to provide additional assessment capacity. Details of this will be communicated in due course.













SDEC is closely linked with the Trust's Community services including the Rapid Response Team and Community Nursing. Louise Corlett, ADOP for Community Care, and Alison Suart, Clinical Service Manager for Community Health Services, are leading the work with Community teams.

A recent development is that the North West Ambulance Service (NWAS) is now directly referring patients to the SDEC at the RLI.

NWAS clinicians are now asked to consider whether their patient is appropriate for direct admission to SDEC prior to arrival to the RLI, avoiding ED as a point of contact. This is dependent on the patient's clinical presentation. However, this should also be considered at ED triage as an alternative to waiting in ED.

To ascertain whether a patient is suitable, SDEC will discuss each patient on a caseby-case basis. This will be a direct call to the SDEC team who will ensure the patient meets the direct admission criteria.

Accepted SDEC patients must be transferred from the main entrance at the Centenary building and not through the Emergency Department.

The exclusion criteria for NWAS referrals are as follows:

- Age 16 or under
- National Early Warning Score (NEWS) level 5
- New oxygen requirements
- Incidents that warrant a pre-alert
- Acute electrocardiogram (ECG) changes
- Any trauma
- Infection risk
- Specialist pathways including transient ischaemic attack (TIA), sepsis, stroke and Primary Percutaneous Coronary Intervention (PPCI)
- Intoxicated/Lacks capacity
- Mental Health
- Unable to sit or transfer

Neil Smith, Deputy Associate Director of Operations (ADOP) for Medicine and UEC Operational Lead for UHMBT, said: "We are very pleased that we are now seeing more patients than ever through the SDEC.













"It's all about seeing patients in the right place by the right people to make their journey shorter, and to take the pressure off the ED. SDEC helps to reduce the number of hospital admissions and can shorten length of stay for patients."

For any enquiries about the SDEC service, please contact neil.smith@mbht.nhs.uk or vera.gotz@mbht.nhs.uk

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Photo captions:

Dr Vera Gotz, Clinical Lead for the SDEC service at UHMBT





