

# Same Day Emergency Care and the Emergency Department

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## Introduction

The purpose of Same Day Emergency Care (SDEC) is to provide urgent clinical care without admission. From an ED perspective this will provide alternative pathways of care with improved security in discharge and may reduce crowding.

SDEC services may be provided for patients with medical, surgical, paediatric, gynaecological, orthopaedic, frailty, urological, oncology and mental health conditions. This may be in a stand-alone unit or a shared space. The workforce can be single speciality or mixed/ multi-skilled. Emergency medicine consultants and other clinicians may choose to work in this area, in addition to the ED.

## Standards

1. All hospitals with a type 1 ED must provide an SDEC service. Minimum opening times must be 12 hours a day 7 days a week. **NHS Long Term Plan**
2. Care delivered in a SDEC unit must be geographically distinct from the main Emergency Department.
3. SDEC must provide a service for patients with a medical issue which can be investigated and treated without the need for an overnight stay either on the day or patients can be brought to the service for management the next day.  
**NHS England » Same day emergency care**
4. Patients in SDEC must require urgent treatment; planned care is provided for in a planned care unit not SDEC.
5. Patients must not be moved to SDEC to avoid a breach when their care is best be completed in ED or where admission is obviously required.
6. Access must be maintained at times of pressure and the physical space must not be bedded.
7. There must be capacity to accept referrals from ED, 111, ambulance services, secondary care, primary care and community teams. **NHS England » Same day emergency care**
8. Investigation timeframes must have the same turnaround times as ED and are conducive to same day working.  
**Joint Statement RCEM and SAM regarding Same Day Emergency Care (SDEC) | RCEM**
9. Activity must be recorded using ECDS data sets. **NHS Long Term Plan**

# Recommendations

## Exclusions to SDEC

1. Planned Care /Medical Day Unit procedures (e.g., biopsies, planned infusions, transfusions and intravenous treatments, blood tests after ward discharge and dressings).
2. Patients who clearly require inpatient admission at the point of referral.
3. Red flag conditions-needing urgent interventions e.g., resus patients- to be confirmed at local level.
4. Fractures (requiring surgical intervention).

## Access to the service

The following principles should be followed when considering how patients are referred into the service

- Referrals accepted from all appropriately trained healthcare profession (for example-doctor, nurse, ANP, DN, Paramedic, CNS).
- Patients are referred into the service by telephone, email or digital tool.
- Times of referral into the service reflect opening times and the ability to allow treatment completion.
- Identification of patients suitable for SDEC may include scoring systems, pathway specifics and clinical conversation.
- Patients will be asked to attend immediately or given a time to attend (which may be the next day).
- Patient is triaged promptly on arrival (suggested KPI 15mins) if not completed-unless trusted assessment taken.
- POCT may be used if it supports the service.
- The patient is assessed and managed within an appropriate time frame (suggested KPI 6 hours).
- Discharge to appropriate place including home, GP, virtual service, community service.
- Letter electronic to GP.

## Key Performance Indicators

- Patient should be transferred to SDEC within 60 minutes of arrival to an ED or UTC.
- Triage within 15 minutes of arrival (if no trusted assessment).
- Patients should be assessed by an appropriate clinician within 60 minutes of arrival to SDEC.
- Turnaround times for pathology results 2 hours.
- Turnaround times for request to imaging 2 hours.
- Percentage admissions from SDEC benchmarked against local and national standards and 10%.
- Number of SDEC patients as a proportion of all UEC activity on the site- (KPI 30% as zero LOS).
- Number of attendances from all the referring services (ED, UTC, community).
- Unplanned returns to service within 7 days <5%.
- Patient should stay in SDEC no more than 8 hours.
- Total time from arrival to discharge home or admission.
- Letter sent to GP on the day the episode completed.
- Disposal data- home, admission, hot clinic etc.

## Other measures

- Unplanned returns to hospital 28 days
- SIs and complaints
- Patient Feedback
- Staff feedback
- Capacity issues per week workforce or space

## Workforce

The substantive workforce is a multi-disciplinary team of professionals who as well as delivering excellent care can effectively use the rich case mix to train others.

**Joint Statement RCEM and SAM regarding Same Day Emergency Care (SDEC) | RCEM.**

## Specific speciality SDEC

There are some specific recommendations for SDEC relating to certain specialities. Trusts may choose to combine SDEC facilities eg medicine and frailty or have separate units. There are benefits to joint models of care including flexible use of space and utilisation of expertise.

## Specialty Specific Guidance

➤ Frailty : [SDEC\\_guide\\_frailty\\_May\\_2019\\_update.pdf \(england.nhs.uk\)](#).

➤ **Includes specifically:**

- Trusts with a type 1 ED should provide 70 hours of frailty service a week for a MDT assessment
- Clinical Frailty assessment within 30 minutes of arrival

Paediatrics: [NHS England » Paediatric same day emergency care](#).

Includes specifically:

- An appropriate environment for babies and children [Recommendations | Babies, children and young people's experience of healthcare | Guidance | NICE](#)
- Safeguarding procedures are in place
- Surgery and orthopaedics: [Ambulatory Care Services - Surgical AEC Programme \(ambulatoryemergencycare.org.uk\)](#)
- Gynaecology and pregnancy: [The Association of Early Pregnancy Units \(aepu.org.uk\)](#)
- Patients with early pregnancy issues are seen in a suitable unit
- Oncology: [Acute Oncology and New Models of Same Day Emergency Care \(SDEC\) :: UK Acute Oncology Society-A less well established but developing area.](#)

# Background

Early work in this field focused on ED based Clinical Decision Units. The concept of Ambulatory Emergency Care (AEC) also emerged, initially focused on ‘medical’ conditions, although many specialities have been developing ambulatory models of care without it being recognised as such. The concept of SDEC draws these ideas together. It allows specialists to care for patients on the same day of arrival as an alternative to hospital admission. The benefits include reducing unwarranted variation, better patient and staff satisfaction, reduced admission rates and enhanced flow in the Urgent and Emergency Care (UEC) pathway. **Joint Statement RCEM and SAM regarding Same Day Emergency Care (SDEC) | RCEM.**

There are a lot of similarities between SDEC units and ED observation units, to the point where they may have become the same entity in some hospitals. Many EDs no longer have CDUs following the pandemic. Where SDEC is occurring in multiple environments care should be taken to clarify clinical pathways, ensure that criteria are inclusive rather than exclusive, and that there is clarity over responsibility for care.

# References

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12. *Ambulatory Care Services – Surgical AEC Programme. NHS. 2024.*  
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