

Surgical SDEC Barnsley

Est July 2021

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Same Day Emergency Care - Concept

- For stable patients requiring emergency care that day or who can be treated on an ambulatory basis without admission.
- NHS long term plan – increase same day discharges for acute presentations from a fifth to a third.
- We are aiming for same day discharges of 80%, and less than 20% follow up.
- Surgical SDECs are a newer concept, but now more than 40 hospitals have established SDEC units.

Surgical Admissions in Barnsley

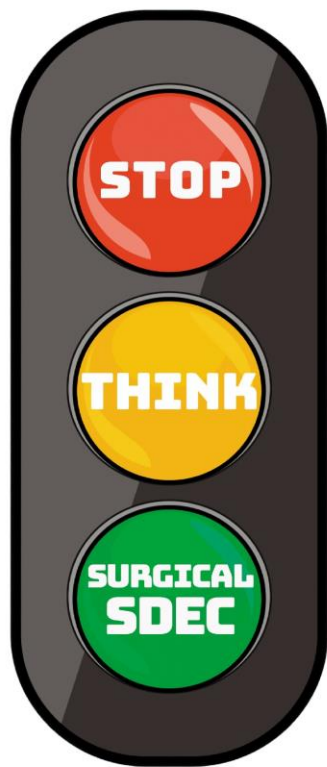
- Previously – via a Surgical assessment unit – accepting surgical referrals from all sources.
 - Part of a surgical ward, 4 beds, 2 cubicles and a seated area holding approximately 10 patients.
 - Frequently ‘bedded out’ with resulting loss of function.
- Surgical SDEC opened in June 2021 – a bespoke dedicated unit.
 - Male and female bay with 1 trolley in each and 6 reclining chairs.
 - 2 treatment rooms.
 - Open daily between 8am – 8pm (new admissions until 6pm).
 - It was anticipated the new unit and new ways of working would save/prevent the need for the equivalent of 15 inpatient beds.

Designing to prevent inpatient use

- Intention from start to not allow 'bedding out'
- Bay size designed for trolley not inpatient bed
- Away from inpatient areas and 24/7 staffing
- No washing facilities
- We feel a distinct advantage is not to be adjacent to or part of an SAU area accepting admissions. Remaining separate prevents bedding out and highlights ambulatory nature of care.

Barnsley's Surgical SDEC





Contact Details

Nursing Team
6311/6312/6313/6314

SDEC Registrar 878
Mon-Fri 8am-5pm
outside these times
on-call Registrar **783**

Who is Surgical SDEC for?

The **Surgical Same Day Emergency Care (SDEC)** unit is for stable patients who require emergency surgical care that day or can be treated on an ambulatory basis without the need for admission.



When is it open? Monday to Sunday 07:30-20:00 (referrals accepted 8am-6pm)

Direct Admissions

*exclusion criteria applies

Patients can come straight to Surgical SDEC from triage. Please could staff just make a courtesy call to nursing staff to say a patient is coming.

- Post-operative problems
- Abscess on the trunk (not diabetic/immunocompromised/not IVDU)
- Known gallstones (awaiting treatment, consultant at BDGH) with flare of symptoms
- Limited PR bleeding

SDEC Referral after ED review

*exclusion criteria applies

In such cases the SDEC SpR should be contacted for referral and transfer. Out of hours these patients may be considered suitable for SDEC hot clinic. Results of bloods may not be necessary to be available but should be in process.

- RUQ pain/RIF pain/LIF pain
- Hernias without skin changes/peritonism or obstruction
- Equivocal abdominal pain in whom non-surgical causes (including gynaecological) have been reasonably excluded.

Exclusion Criteria

Some patients are not suitable for referral/admission via the surgical SDEC and these surgical patients should be referred to the On-call surgical SPR.

PATIENTS WITHOUT A SURGICAL PROBLEM SHOULD NOT BE SENT TO SDEC
e.g awaiting social, awaiting transport

Patients who are excluded are identified below

- NEWS 4+ /over 3 in one parameter
- Oxygen requirement
- Signs of sepsis/obstruction/perforation/peritonism/haemodynamic instability
- Pain not controlled with simple analgesia
- Diarrhoea and vomiting with no abdominal pain
- Known COVID contacts or positive/symptomatic of COVID
- GCS <15 or requirement for neurological observations
- Non-ambulatory patients (mobility issues, immobile or bed bound patients) (Long term wheelchair users – discussed on case by case basis)
- Large volume PR bleed
- Children (under 16)
- Pregnant females unless discussed first with Obstetrics Gynaecology on call and pregnancy issues have been excluded before transfer to SDEC.

This list is not exhaustive.

If you have any concerns or require advice, please contact SDEC SpR and discuss on a case by case basis regarding your referral.

Has the patient been seen in ED but is fit to go home and return to Surgical SDEC for review?

Please inform Surgical SDEC of patient details so they can prepare for their attendance. E-form booking imminent.

Options

- 1) Surgical Review following day – Patients you feel are well enough to go home that day but still require a surgical review. If potentially for theatre please inform the patient to attend fasted (e.g. abscess).
- 2) Hot Clinic 9-11:30 – Monday, Wednesday, Friday – Consultant led. (No Breast, Urology, ENT or Orthopaedic)

ENT and Orthopaedic patients

These need to be accepted by speciality, discussed with nursing team and meet the inclusion criteria before transfer to Surgical SDEC.

Does the patient need admitting from ED?

Please send straight to inpatient surgical bed.

(If there is bed pressure please discuss with Surgical SDEC on a case by case basis)

Please consider at the weekends there is no Doctor based on Surgical SDEC
(they have to cover the surgical wards and operate in theatres)

An ambulatory, stable adult with a surgical problem that can be dealt with that day/or on an ambulatory basis

Referrals taken from

- GPs (via RightCare)
- ED
- YAS (via RightCare)
- Surgical team (supported discharges)

How we work

- Formal referrals
 - GP via right care to nursing coordinator for SDEC
 - ED via SPR based on SDEC.
- Nursing team outreach to ED
 - Actively pulling anything that looks appropriate from ED
 - Discussions with nursing coordinator and/or medical team if required.
- Supporting ward discharges (booked via e-form)
 - planned clinical reviews/blood/wound/drain check
- Out of hours e-form referrals for suitable patients from ED
 - patient contacted by SDEC team following day
 - a virtual consultation may be carried out by the clinical lead/SDEC SpR to reduce unnecessary in person attendances (eg minor PR bleeds, biliary colic) and to allow initial investigations to be booked (USS, endoscopy).
- Patient Initiated Follow-up (PIFU)
 - safety net' advice to allow direct access to SDEC for specified symptoms and for a specified length of time.
- Maximising the opportunity for ambulatory care
 - Managing an increased volume of patients without increasing admission rates e.g. biliary patient audit

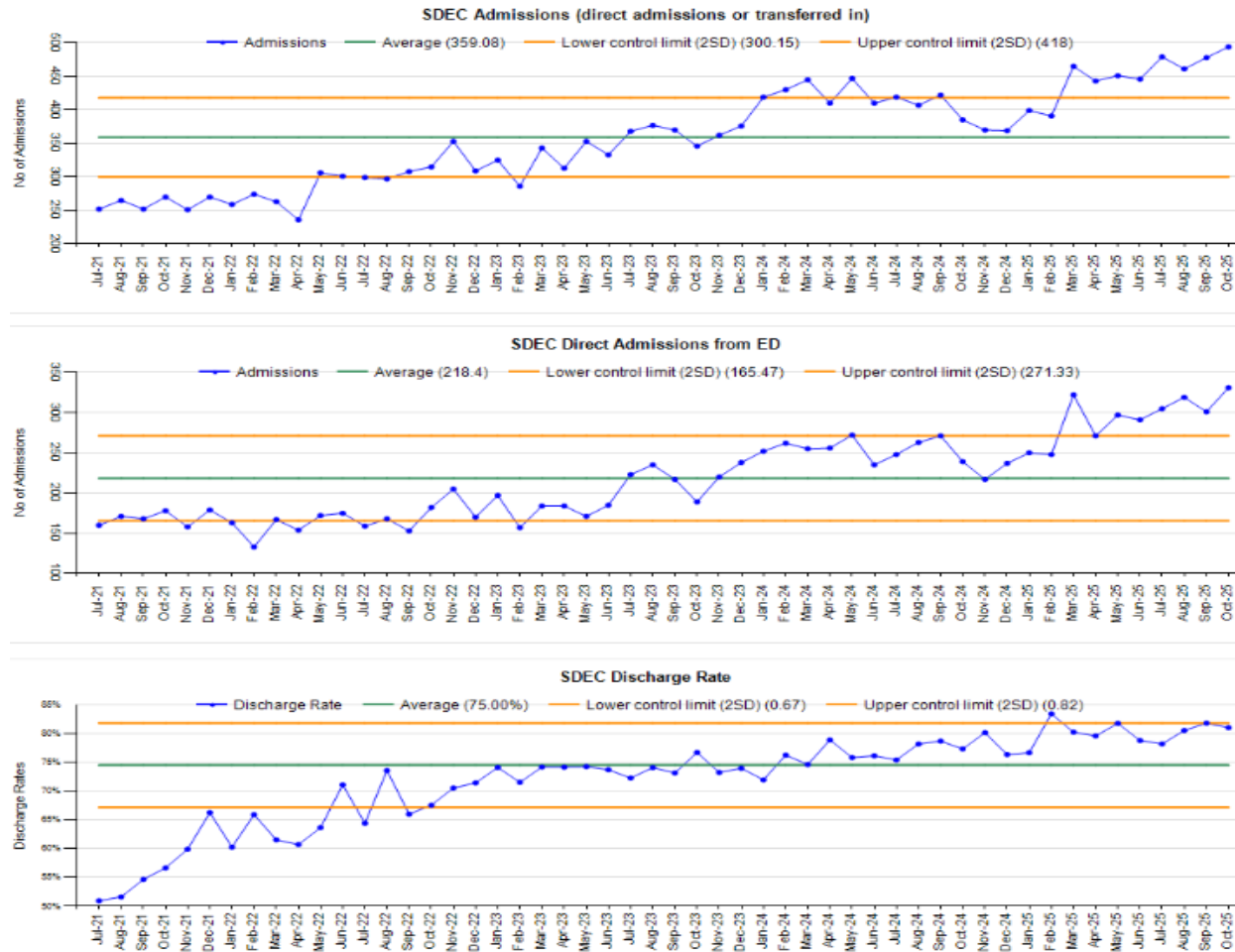
1st December – streaming model from ED – working on exclusion criteria, obs and simple presentation description only – impact to be seen!

Activity Comparison 2019 – 2024

	2019	2022	2023	2024	2025 to Aug
Surgical referrals (total)	4525	3913	4425	4320	2953
SDEC criteria met	-	2926 (75% of referrals)	3339 (75% of referrals)	3743 (87% of referrals)	2665 (90% of referrals)
Same day discharge	624 (25%)	2088 (53% of total referrals, 71% of SDEC referrals)	2587 (58% total referrals, 77% of SDEC referrals)	3029 (70% total referrals, 81% of SDEC referrals)	2254 (76% total referrals, 85% of SDEC referrals)
≤ 3 days inpatient	1213 (47% of total referrals, 72% of those admitted)	445 (11% total referrals, 45% of those admitted)	384 (9% of total referrals, 35% of those admitted)	138 (3% total referrals, 24% of those admitted)	124 (4% of total referrals, 30% of those admitted)
LOS in SDEC (average min)		203	204	252	201

SSDEC Admission/Discharge Trends 2021-2025

*Admission = SSDEC Attendance



Patient experience feedback

Surgical SDEC	Very Good	Good	Neither Good nor Poor	Poor	Very Poor	Recommendation Rate	Month Total Responses
Sep-24	28	1	0	0	0	100%	29
Oct-24	33	1	1	1	0	94%	36
Nov-24	22	4	0	1	0	96%	27
Dec-24	20	2	0	0	0	100%	22
Jan-25	13	6	0	1	0	95%	20
Feb-25	7	3	0	1	2	77%	13
Mar-25	30	4	1	1	0	94%	36
Apr-25	36	8	1	1	0	96%	46
May-25	58	8	2	0	0	97%	68
Jun-25	68	9	2	1	2	94%	82
Jul-25	58	99	0	1	2	96%	70

Recently, there has been a significant increase in response rate for FFT. The recommendation rate has reduced slightly but with the volume of responses increasing, this is to be expected slightly.



- The staff were polite, helpful and had good humour whilst being professional. The environment is clean, calm and nice no be seated in. It was really nice that my husband was offered a tea or coffee whilst we were waiting, especially as we had been in hospital 12hrs from A+E to SDEC.
- Always lovely, accommodating and supportive of me when going through a difficult and scary time. Emily the doctor and the nurses within SDEC are amazing. Emily ensured I got the treatment I needed, advocated for me, explained things clearly and was overall lovely and supportive. I cannot thank her enough. The nurses within the SDEC are always kind and supportive and have a lovely caring warm presence
- SDEC team were really friendly and very helpful. The nurse practitioner was very caring and reassuring and Adnan the surgeon was very good at explaining and very kind
- The staff explained everything clearly and were very friendly and approachable.
- SSDEC only.. fabulous staff, every little detail explained along the way.
- Staff was fabulous and friendly
- I found the department very welcoming and the staff so friendly and caring.
- Staff are amazing the care i received was outstanding and I couldn't have wished for a better team to look after me.
- There wasn't anything the staff could have done to improve the situation other than more comfortable seating for people with the patient as my husband suffers with RA and OA and was feeling sick by the time we were let out.
- Excellent staff, very caring, making you feel that your in goods hands, very professional.
- Everyone so helpful
- Prompt and efficient
- I was seen quickly. The staff were very attentive, calm and lovely.
- The girls in the department were very reassuring and attentive.
- Everyone was efficient and friendly, staff explained everything in a kind and understandable way.

What have we felt has worked well

- **Designated:**
 - Space
 - Nursing team
 - Lead nurse
 - Clinical lead
 - 'Buy in' by hospital leadership/exec team
- **Consistent ways of working by designated team:**
 - Unaffected by on call changes
 - Ownership of changes
- **ACP Development**
 - Independent practitioners
 - Radiological requesters
- **Close working relationships with colleagues**
 - radiology, ED and our subspecialties.
- **Patient initiated follow up**
 - empower patients to contact us if required rather than return unnecessarily
- **E-forms – allowing us to**
 - filter our referrals out of hours (when they attend, what is required, what can be dealt with virtually)
 - keep track of patients requiring supported discharge from the ward (reviews, drain/wound management).
- **Pathways**
 - Hot gallbladder
 - Abscess/appendix

Where are we going?

- Streaming
 - Aim to increase SDEC utilization by a 'push' model rather than a 'pull' model
 - Exclusion criteria rather than inclusion
 - Unknown impact at time of writing (incoming 1.12.25)
- SAU – Surgical Assessment Unit
 - A dedicated ward based area (located within an inpatient area) for those requiring acute admission either from ED or GP.
 - Run in collaboration with SDEC with shared principles
- Virtual wards
 - Reduce requirement for physical attendance
 - ?Community performed bloods and observations
 - Reviewed remotely by SDEC
 - Scope for review patients ('clinic') and immediate management of some conditions such as mild pancreatitis

**THANK YOU
– ANY
QUESTIONS?**

