

Quick guide: Same Day Emergency Care (SDEC) & COVID Virtual Wards during COVID-19

January 2021



Introduction

Same-day emergency care (SDEC) aims to minimise and remove delays in the emergency patient pathway, allowing services to care for urgent/emergency patients within the same day of arrival as an alternative to hospital admission.

Over recent years SDEC has become a widely used and accepted model of care for the management of acutely unwell patients who do not require admission to a hospital bed. Much of the growth in admitted non-elective activity is for patients who spend one to two days in hospital, many of whom may be safely and effectively managed using a SDEC approach. This involves ensuring the working patterns of senior clinicians support early clinical review, decision-making, treatment and rapid access to diagnostic services; including point-of-care testing.

The coronavirus (COVID-19) pandemic has altered the way in which emergency and acute services operate, having to adapt to allow for social distancing, the rapid testing of suspected COVID-19 patients and how environments, operating models and staffing are modified to encompass COVID-19 positive and negative areas (also known as hot and cold areas) to ensure effective infection and prevention control measures are adhered to.

Development of COVID-19 and non COVID-19 SDEC pathways will further enable clinicians to offer patients early clinical review, assessment, treatment and a decision in how they are then supported to return to their place of residence providing an admission alternative, improved patient experience and improved infection, prevention and control adherence.

Organisations and local systems who have developed COVID virtual wards and oximetry at home models should consider the use SDEC as part of the pathway development. SDEC services should be seen as an integral service to supporting patients on virtual pathways to support both an admission alternative pathway and early supported discharge through robust remote monitoring processes and procedures.

We are keen to develop and improve this guide, please send your comments to nhsi.sdec@nhs.net

About this quick guide

This guide aims to support organisations and health systems with the principles in continuing to operate SDEC services during COVID-19 and its vital link to COVID virtual wards and oximetry at home services. This guide has been produced predominantly for clinical and operational staff as a tool when reviewing existing services in place or designing new SDEC services in the COVID-19 pandemic.

It is an expectation that system leaders, within both Secondary Care and Integrated Care Systems/Clinical Commissioning Groups will work together to support delivery of effective SDEC services that meet the needs of the local population.

The guide identifies a number of key principles to:

- Keeping SDEC services running throughout COVID-19 and why it is important to do so.
- The vital link that SDEC has with COVID virtual wards and oximetry at home pathways.

Best practice case studies have also been produced and a summary have been included in this guide.

SDEC within the COVID-19 pandemic

In developing pathways to support COVID-19 and non COVID-19 patients, Same Day Emergency Care (SDEC) services should be recognised as an integral service within the Urgent & Emergency care provision that will support patient flow, provide an admission alternative pathway and enhance patient experience.

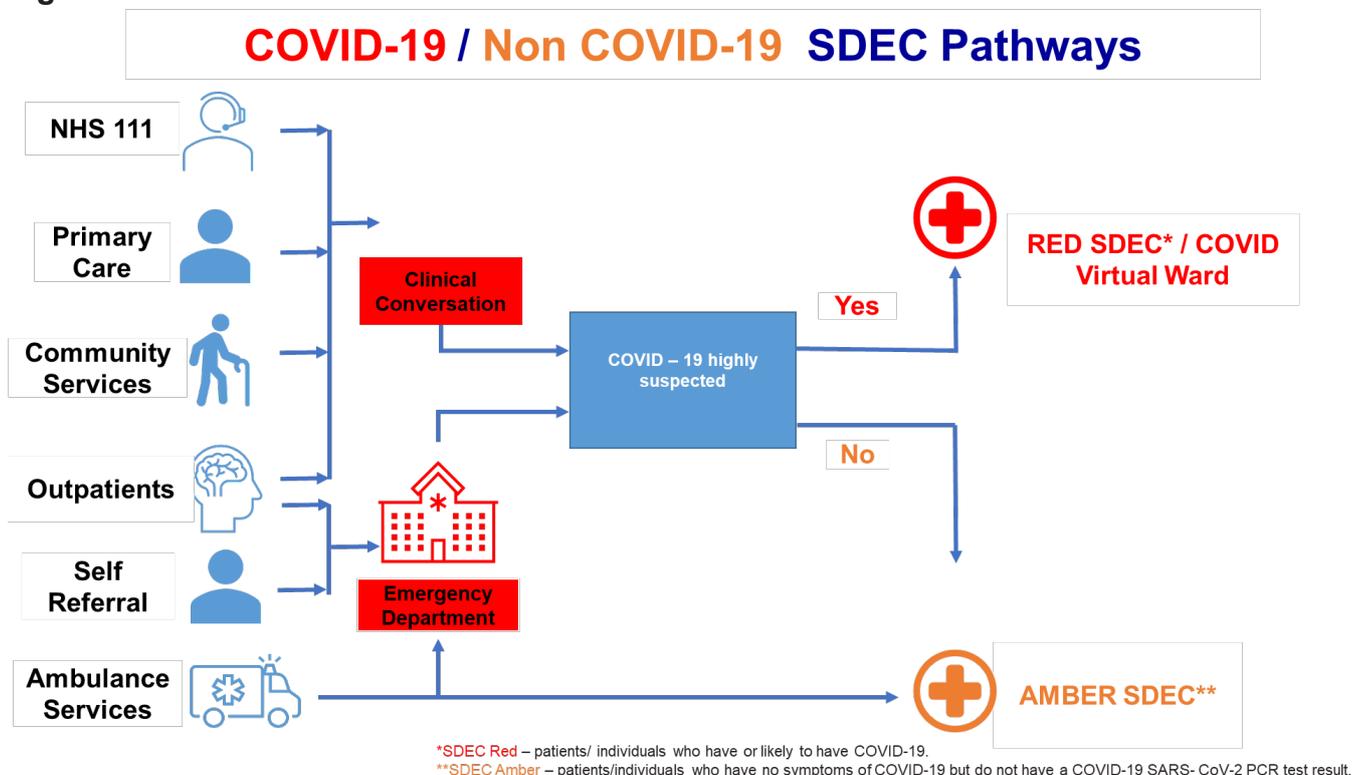
Local systems will need to adapt existing pathways to ensure that SDEC services are routinely considered to support medical, surgical, paediatrics, gynaecology and other subspecialty areas.

As demonstrated in figure 1, all access points should be reviewed into Urgent & Emergency care and how SDEC can be used as a default instead of initially accessing the Emergency Department. This should also include the use of NHS 111 and direct referrals into SDEC.

Organisations and local health systems should be reminded that SDEC is not:

- an alternative to an inpatient bed if that is what the patient needs even at times of system stress and is not a 'place to wait' for that bed.
- a discharge lounge or an 'overflow' unit for other services.
- to be used as an alternative to or a waiting area for specialist outpatient services.
- an alternative facility to be used to maintain performance targets.

Figure 1.



Key principles have been developed as part the response to the COVID-19 pandemic which organisations can adopt and adapt.

Key principles for continuing SDEC throughout the pandemic

1. Consistent terminology is needed when establishing SDEC and COVID SDEC services

Since the start of the COVID-19 pandemic, there has been a varied mix of definitions and terminologies used to define clinical areas.

Nationally many organisations have adopted and adapted a traffic light system model to support patient pathways. [The COVID-19: Guidance for the remobilisation of services within health and care settings \(Infection prevention and control recommendations\)](#), issued by Public Health England defines that patients/individuals' treatment, care and support should be managed in 3 COVID-19 pathways: these are low, medium and high-risk areas.

By adopting the Public Health England definitions, organisations should consider classifying clinical areas in the following way:

- **SDEC Red** – patients/ individuals who have or likely to have COVID-19.
- **SDEC Amber** – patients/individuals who have no symptoms of COVID-19 but do not have a COVID-19 SARS- CoV-2 PCR test result.
- **SDEC Green** – patients/individuals with no symptoms and a negative COVID-19 SARSCoV-2 PCR test who have self-isolated prior to admission

2. Ensure that there is competent clinical decision-making at the earliest opportunity in the patient's journey

- All patients should be considered for SDEC unless clinically unsuitable.
- Early decision making by a competent decision maker at the start of the patient's journey is key to supporting an SDEC approach for the patient, ideally following the initial triage of the patient.

3. Testing for COVID-19 should be made available at the entry points across the emergency floor.

This will help determine:

- The clinical area in which the patient will be seen, assessed, treated and treatment plan determined.
- Reduce the risk of transmission of COVID-19 onto other patients/ individuals.

4. Urgent diagnostics must be available to support SDEC services.

Access to diagnostics and Point of Care Testing (POCT) can be used to help rapidly determine the correct pathway for the patient. Services should be made available within a similar time frame to that of the Emergency Department to ensure equity across acute care delivery.

Examples of POCT tests which may lend themselves to supporting SDEC include:

- D-Dimer
- Troponin
- Venous blood gas (including lactate)
- Capillary blood glucose and ketone
- U&E, FBC

Local systems should determine whether POCT is required to identify suitable patients for SDEC or whether using a decision tool supported by a clinical discussion is more beneficial.

5. During COVID-19, use estates and environments flexibly to ensure that SDEC services can remain operational.

It is recognised that not all organisations will have a dedicated SDEC environment due to the impact of COVID-19 and/or general constraints in estates. Capacity within SDEC services may have also reduced to allow for social distancing measures to be introduced.

However, as outpatient and elective activity has moved to a virtual platform, this has released other existing estates which could be re-purposed to support other clinical functions such as SDEC.

Where organisations do have a dedicated environment, the service should be co-located or located close to the Acute Medical and/or Surgical Units and the Emergency Department where possible.

There are several key factors which should be considered which include:

- The entrance/ exit should be separate where possible to minimise contact and to reduce the risk of transmission of COVID-19.
- A one-way system should be in operation with clear signage.
- SDEC services should use all available existing space, where possible to support social distancing.

6. Procedures around Infection, Prevention Control (IPC) need to be adapted to follow the latest guidance

- Hygiene facilities (IPC measures) and messaging to be available to patients or individuals, visitors and staff with clear advice on use of face coverings.
- As a minimum in smaller facilities temporal separation of patients may be required with robust cleaning in accordance to local IPC guidance.
- Infection, Prevention and control guidance issued by Public Health England (PHE) should be reviewed in conjunction with any local policies developed. This can be found at: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

7. Review the workforce model to ensure there is a multi-skilled healthcare profession available for the provision of red and amber SDEC.

SDEC teams should consist of multi skilled healthcare professionals including medical, nursing, AHPs, Physician Associates, administration and support services.

- Experienced clinical input is needed at the point of referral to direct suitable patients to SDEC.
- The service should be led by an experienced competent decision maker.
- Staffing and resources should be organised to provide rapid assessment, diagnosis and treatment on the same day.
- All staff should ensure that patients' care needs are met by, assessing, organising investigations and prescribing treatments, as well as performing any diagnostic procedures within the SDEC service.

- SDEC nurses have a key role in the assessment of patients, planning and coordinating care and working with multi-professional teams across primary and secondary care.
- Advanced Care Practitioners, Physician Associates and Allied Health Professionals including (but not limited to physiotherapists, occupational therapists) are pivotal in delivering new service models and supporting service redesign.
- Local Standard Operating Procedures (SoPs) should be developed to segregate equipment and staff.
- As part of the workforce organisation development plan, consideration should be given in how healthcare professionals gain exposure, insight and experience into SDEC services to support new service models and support service redesign.

8. Existing pathways and Standard Operating Procedures (SoPs) should be reviewed jointly across the local health system

Local Standard Operating Procedures (SoPs) should be developed to support:

- Expectations of the service, including overarching pathway, operational times, key contacts and how to access the service.
- Rapid access to diagnostics, with the same turnaround times as available to the Emergency Department.
- Key pathways available to support onward referral and discharge home.
- These SoPs should be communicated across Primary and Community Care as well as the wider local health system.

As part of the response to the COVID-19 pandemic, COVID virtual wards and oximetry at home services have been established and where health systems have developed these, SDEC services should be considered as the first point of contact for escalation if requiring secondary care input.

Other hospital services need to remain flexible to support the SDEC provision, especially those organisations where COVID virtual wards and oximetry at home services are in place where SDEC will usually be the first point of contact to support these patients on this pathway.

9. A comprehensive summary of the attendance should be provided to Primary and Community care within 24 hours of completion of care episode.

The SDEC service will need to provide a summary of the attendance within 24 hours of discharge so that the patients primary and community care providers become actively involved in the ongoing care needs.

Patient transport is a key factor that should be considered within SDEC. The immediate provision of transport for those who require it should be made available to enable them to return to their place of residence on the same day.

10. Direct referrals into SDEC need to be put in place as a matter of urgency

In December 2020, in line with initiatives to increase the number of patients who are directly referred to Secondary Care, direct referral into SDEC from NHS 111 was launched. Since its inception, health systems have worked together to build pathways to ensure that patients can be referred directly into SDEC from their first point of contact with health services.

Patients who call NHS 111 and are deemed potentially suitable to attend an SDEC service can be referred by the Clinical Assessment Service (CAS) to SDEC. NHS 111 CAS Clinicians must have direct access to an SDEC Clinician when the SDEC service is available/open to enable the referral and transfer of care to take place.

As systems continue to develop these pathways, during 2021 several other direct referral routes into SDEC are being explored and national principles will be published to support systems and providers to implement. This includes referrals from Primary Care, Paramedics, 999, 111 and Dental services, this has the potential to expand where appropriate.

The document [Increasing DOS dispositions to Secondary Care](#) gives further detail around the referral route from NHS 111 to SDEC services.

Whilst it is a key initiative to increase direct referrals into secondary care services (including SDEC), it is recognised that indirect referrals to SDEC will continue from other services via Primary, Urgent and Emergency Care.

11. Patient expectations need to be set early in the patient journey and patients should be provided with adequate information regarding their treatment in a timely fashion.

Patients should be informed early in their journey (ideally in the ED or by the clinician referring them) that they will be treated on a same day basis, to manage their expectations and those of their family, and to ensure that formal care services are not cancelled.

12. Patient experience must be collated within the pandemic to understand how services can be adapted in the future.

Understanding the experience of patients and carers is critical in SDEC and even more so in the COVID-19 pandemic and will result in people who use the services being more engaged with their own healthcare, leading to improved patient service user outcomes and productivity gains for the NHS.

A robust feedback system should be in place to identify, consider and support the needs of carers of people who use SDEC services, either using the findings of the Friends and Family Test or Experience Based Design (EBD). The latter brings patients and staff together to improve care and re-design services. An EBD guide/toolkit can be accessed via the NHS Improvement website.

Benefits of keeping SDEC services operational

- SDEC improves patient flow and prevents crowding of departments to reduce the potential of corridor care, nosocomial infection, reduced quality of care for patients and maintain patient safety.
- Provides an admission alternative to patients, to enable capacity and flow within the acute care system.
- Early identification of SDEC suitable patients is key to ensuring that the patient is directed to the right pathway at the right time

COVID virtual wards and how Same Day Emergency Care plays its part in the pathway

Virtual wards are not a new concept

Virtual wards are not a new concept and along with SDEC services, a dedicated COVID virtual ward or oximetry at home service can support patient flow within organisations and wider health and social care systems during the current pandemic and beyond.

Oximetry at Home Services

Patients who are diagnosed within Primary and Community Care who whilst do not require admission but do need monitoring can be managed through an oximetry at home pathway. Guidance launched in November 2020 in how COVID Oximetry at home should be urgently established within Primary Care. The standard operating procedure can be found [here](#)

COVID Virtual Wards

Patients within secondary care who are diagnosed with COVID-19 who do not require admission but do need ongoing observation can be, monitored remotely using a virtual ward model. COVID-19 virtual wards have been proven to reduce admissions/bed occupancy and improve length of stay mitigating pressure on beds. Guidance was produced by NHS England and Improvement in January 2021 in how COVID virtual wards should be urgently established. The initial letter to systems, Standard Operating Procedure and how to order pulse oximeters can be found [here](#)

The COVID virtual ward model is a Secondary Care led initiative to support safe discharge and provide an admission alternative for COVID patients either referred to or in a hospital. This is a distinct difference to the COVID Oximetry at home model and table 1 highlights the key differences between the services.

Table 1.

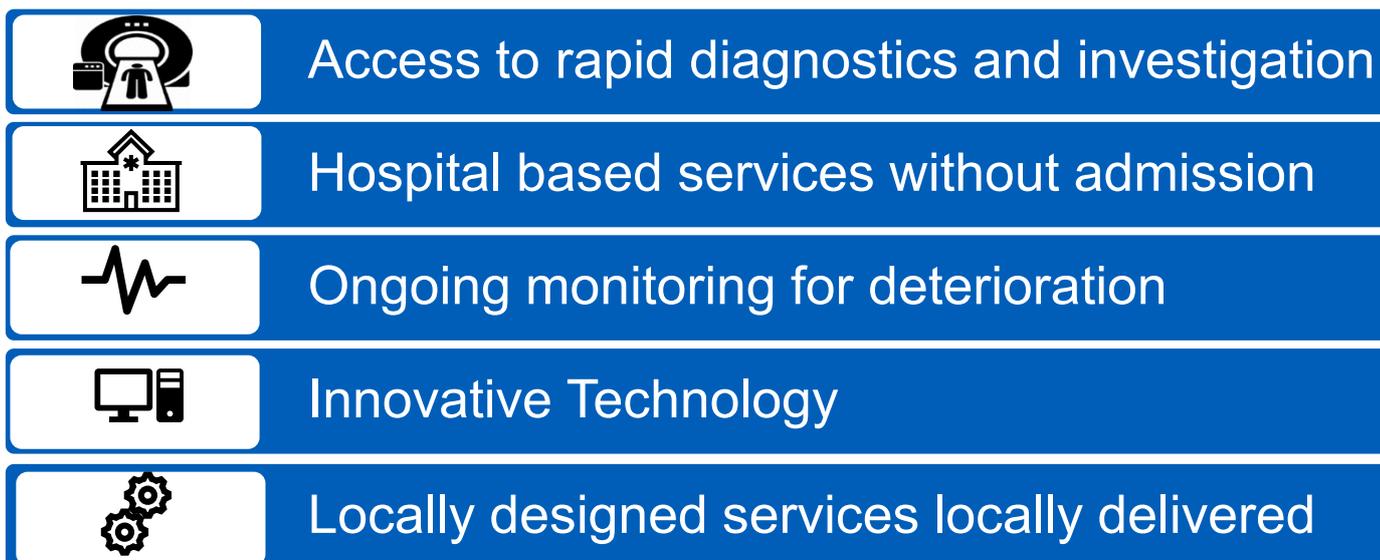
	COVID Oximetry @home (led by Primary Care)	COVID virtual ward (led by Secondary Care)
WHERE	Primary care supervised	Hospital supervised
WHO	Lower acuity / complexity	Higher acuity / complexity
WHEN	community diagnosed patients	emergency hospital patients
AIMS	Safe Admission Alternative	Early supported hospital discharge Safe Admission Alternative
HOW	Patient self-monitoring/escalation Earlier deterioration presentation	More intensive monitoring Reliable deterioration recognition
WHAT	Supportive treatments	+/- Dexamethasone, LMWH, O2

The importance of Same Day Emergency Care with virtual wards

- 1. SDEC by default should be encouraged where patients require escalation into secondary care**
By establishing a clear escalation route, patients can return to an SDEC environment should they need to be re-assessed following a deterioration at home on a virtual ward pathway.
- 2. Developing joint pathways is critical**
SDEC COVID-19 pathways should be developed alongside business as usual SDEC services already in place.
These should not be developed in isolation, instead local health systems should ensure they cover Primary, Community and Secondary care to achieve true integration and that support virtual pathways.
- 3. Providing an opportunity to allow confirmed/ suspected COVID-19 patients to return home and not be admitted.**
COVID virtual wards & SDEC Covid-19 pathways allow clinicians to offer suspected COVID-19 patients early clinical review, assessment, treatment and a decision in how they are then supported to return to their place of residence providing an alternative to an admission.
- 4. Providing confidence to facilitate early supported discharge**
These pathways also provide confidence in clinicians in facilitating early hospital discharge of patients, where the patient can return to a SDEC service should they deteriorate.

There are five key benefits to establishing a COVID virtual ward and oximetry at home model alongside SDEC and these are shown in figure 2.

Figure 2.



Case Studies

The national Same Day Emergency Care Programme team are working with several sites across the country to review current practice and to publish adopt and adapt case studies.

Two examples have been provided below, and the full case study can be found by using the links within each example.

Do you have a Same Day Emergency Care service that you want the national team to know more about? Get in touch at: nhsi.sdec@nhs.net

Case Study – Salford Royal NHS Foundation Trust

- Salford Royal NHS Foundation Trust, who are part of the Northern Care Alliance, in November 2020 developed and launched a COVID virtual ward that sits across both Primary and Secondary Care. During the start of the second wave of COVID-19, Salford Royal NHS Foundation Trust was one of many within the north of the country, who saw a sharp rise in the number of confirmed COVID-19 cases.
- An oximetry @ home and Secondary Care COVID virtual ward model was developed across Primary & Secondary care allowing patients to be referred and placed on a remote monitoring pathway.
- Should a patient deteriorate whilst on the COVID Virtual Ward and the clinical team need to see the patient in a face to face setting the patient is asked to attend SDEC.
- Early escalation of any patients deteriorating is key, and should any de-saturation be detected and/or symptoms worsen, the patient is reviewed in Same Day Emergency Care setting bypassing ED and for review by Acute Medical team.
- Having access to rapid diagnostics within SDEC means that the team can re-assess, treat, alter the treatment and either return the patient back to their place of residence with additional treatment to continue remote monitoring on CVW or the patient can be admitted should this be required.

The full case study on Salford Royal NHS Foundation Trust can be found [here](#)

Case Study – Warrington & Halton Hospitals NHS Foundation Trust

- Despite constraints as a result of Covid-19 in workforce and their environment, the team continued to keep SDEC services running, knowing that in order to rapidly assess, treat and discharge home would help in reducing the risk of Covid-19 infection but also support patient flow.
- The combined assessment unit (CAU), which supports both medical/ surgical, is adjacent to the Emergency Department (ED). The unit provides the ability for patients with an emergency/ urgent need to be seen within an SDEC service and allowing ED to concentrate on the critically ill patients. Within ED itself, the team have separated their department into “hot” (Covid-19 positive/ query) and “cold” (Covid-19 negative) areas including a dedicated SDEC respiratory service.

The full case study on Warrington & Halton Hospitals NHS Foundation Trust can be found [here](#)

References

The following resources and references are available to support in establishing these services.

- [Oximetry at home toolkit, developed by Wessex Academic Health Science Network](#)
- [COVID virtual ward toolkit, developed by Wessex Academic Health Science Network](#)
- [Training videos around COVID-19 and virtual pathways, developed by the Health Service Journal \(HSJ\)](#)
- [Standards for standards are for AEC or same day emergency care \(SDEC\) from the Royal College of Physicians of Edinburgh and Society for Acute Medicine](#)
- [Joint statement RCEM and SAM regarding Same Day Emergency Care](#)