

Counting SDEC Activity using ECDS : Background

The SDEC programme board agreed in May 2019 to a phased approach in implementing ECDS to record SDEC activity. It is recognised that in some providers SDEC activity currently occurs in several units.

All acute providers should collect and submit SDEC activity data via ECDS format from April 2020, or earlier if they choose to do so.

Phase 1

Implementation of ECDS in all acute providers that have one or more designated SDEC units.

A recent national audit has indicated that 80% of acute providers have an SDEC unit(s) Such units manage the majority of SDEC patients to deliver the SDEC programme, it is necessary to have a uniform system of measurement and therefore it is necessary to define

- an SDEC unit and
- an SDEC attendance

1. Definition of an SDEC unit (guidance)

An SDEC unit is a defined clinical area within an acute NHS provider that is designated to undertake Same Day Emergency Care.

Key features of an SDEC unit:

- **SDEC units are expected to be open at least 12 hours per day, 7 days per week by the end of 19/20 (LTP January 2019)**
- **Patients will not remain in an SDEC unit overnight.**
All SDEC units will be expected to record SDEC activity via ECDS by April 2020 (LTP January 2019).

An SDEC unit will derive most of its workload from the 'SDEC 100 registry'. This reference list was developed and agreed by a range of stakeholders who have identified around 100 conditions of which a significant proportion can safely be managed on a same day basis.

It is recognised that patients are identified for an SDEC pathway on an intention to treat basis and some patients will ultimately be found not to be suitable for SDEC care.

The 'SDEC 100 registry' is not intended to exclude other conditions deemed appropriate for SDEC care. This registry will evolve as SDEC services mature.

Definition of an SDEC attendance (Type 5 ECDS record)

SDEC is an episode of care delivered to a patient referred to or presenting to an acute hospital with an illness or injury that would have hitherto been admitted to hospital and can now be better managed without admission, this would previously have been recorded as a ward attendance or outpatient attendance.

In the short-term recording of SDEC activity is likely to be limited to designated SDEC units, submitting ECDS (Type 5) records e.g. CDUs, AMUs, AECUs, SAUs etc.



Examples include pulmonary embolus, pneumonia, atrial fibrillation, ankle fractures, bleeding in early pregnancy, gastroenteritis in children, syncope, and falls.

For current purposes an SDEC attendance relates to an episode of care provided to a patient with an ECDS coded attendance, investigated and/or treated on the day of presentation.

The ECDS diagnostic code should match those of the 100 SDEC registry conditions and the patient should not be admitted overnight. Where ECDS has not yet been implemented data will be collected via current recording practices.

