Society for Acute Medicine Benchmarking Audit

SAMBA19 – Measuring Quality and Complexity in Acute Medicine

Thursday 27th June 2019

Protocol for Participating Units

IMPORTANT

For SAMBA19 you must:

1. Inform the SAM administrator that you wish to take part by filling out the details on the SAMBA sign up page https://www.acutemedicine.org.uk/news/samba19/. You will then be sent log in details for the new SAMBA database provider (around 2 weeks before the audit date).
2. Register with your local audit office
3. Inform your Trust / Hospital Caldicott Guardian that you are participating in SAMBA19 and obtain permission for anonymized data transfer. Keep the signed permission form with your other SAMBA19 forms.

Thank you

Supporting Documents

These are available from the Society for Acute Medicine website (https://www.acutemedicine.org.uk)

1. Protocol SAMBA 19
2. How to Guide SAMBA19
3. Caldicott Approval SAMBA 19
4. Masterlist SAMBA19
5. Patient Data Collection SAMBA19– The paper tool for data collection
6. FAQs SAMBA19

Contents

What is SAMBA?

The Society for Acute Medicine (SAM) Benchmark Audit (SAMBA) is a national benchmark audit of acute medical care. The aim of SAMBA19 is to describe the severity of illness of acute medical patients presenting to Acute Medicine, the speed of their assessment, their pathway and progress at seven days after admission and to provide a comparison for each participating unit with the national average (or 'benchmark').

The audit takes place over a 24-hour period each year in mid-June with follow up of clinical outcomes. The first audit was undertaken in 30 UK units on 20 June 2012; it has subsequently been repeated on an annual basis in June. In September 2016, a national report was published for the first time.[1] The results of SAMBA have been published SAM's journal, Acute Medicine, and other peer reviewed journals.[2-7]

The audit is run by SAM. The data collected pertains to:

- Unit structure and staffing levels
- SAM's clinical quality indicators[8]
- National guidance or recommendations (e.g. from NICE, NHS England, NHS Improvement)
- Patient demographics
    - Age
    - Sex
- Severity of illness at presentation using an early warning score (e.g. NEWS2)
- Pathway of care through the hospital

As the title suggests, the audit compares the performance and structure of acute medical services and acute medical units. A national report will be published in December 2019. Each participating unit will receive a bespoke report of their performance against other participating units; to maintain confidentiality, participating units will only be able to access their own data, all other units will be anonymised.

The database will not be made available to third parties, although the SAMBA Steering Committee will consider specific questions from external bodies related to the audit on an individual basis. We will never release identifiable unit data to a third party, unless required to do so by law. We have never been asked or challenged to release data. Public bodies are obliged to release data under the freedom of information act. We have been advised that an individual patient can ask for access to their data, for example if they were making a complaint or legal challenge regarding their care.

Individual units will not be identified and their data not be shared with anyone without your permission, unless required to do so by law and as per the caveats outlined in the paragraph above. Participating units and local SAMBA leads will be credited in the SAMBA19 report.

The pooled database will be the intellectual property of the Society for Acute Medicine. Participating units are free to share their own data with other organisations. Important findings from the 2019 audit may also be written-up for submission to peer reviewed journals and individual units will not be identified.

Background to SAMBA19

SAMBA19 will collect data pertaining to quality and performance indicators which are relevant to acute medical care and based on recommendations by national bodies. The audit is designed to look at acute medical care using a method that makes data collection feasible across acute medical care settings (AMU, Ambulatory Care, Emergency Departments).

New for SAMBA 2019

We have a new database provider, Net Solving, who already undertake national acute care audits (e.g. Royal College of Emergency Medicine audits), and they were awarded a contract to undertake SAMBA after an open tender process.

The clinical areas and questions for SAMBA19 have come from a more diverse professional group in acute medicine reflecting the multidisciplinary team. The design of SAMBA19 was informed by a SAMBA Academy meeting in December 2018 as well as from a session at SAMontheTyne on 3rd May. This year, we are looking at important interfaces between physical and mental health on the AMU as well as acute medical care pathways in obstetric medicine. The new SAM/RCPE Standards in Ambulatory Care have been incorporated

(https://www.rcpe.ac.uk/sites/default/files/ambulatory_care_report.pdf)

What Hasn't Changed in 2019

SAMBA19 aims to measure adherence to some of the standards for acute medical care and AMUs. As with any audit, it will serve as a reference point for future audits and inform service improvement initiatives.

AMUs work 24-hours per day and 365 days a year. They are the single largest point of entry for acute hospital admissions and most patients are at their sickest within the first 24-hours of admission. When assessing their individual reports in the benchmarking process, units will need to compare their structure and activity against their peers in order to accurately evaluate their performance. In this regard, several dimensions of AMUs and acutely unwell medical patients need to be documented:

- The total number of patients assessed by acute medicine across ED, AMU and AEC.
- Medical and nursing levels
- Severity of illness
- Timeliness in processes of care
- Clinical outcomes at 7 days after admission

Approval to Participate

Being Caldicott Compliant

It is very important that SAMBA19 complies with Caldicott Principles. Previously, SAM has sought the help of independent experts (pH Associates Ltd) to ensure that the process of SAMBA is fully compliant.

We have also worked with our new database provider (Net Solving) to ensure that data is collected and stored securely.

We have limited SAMBA to routine healthcare data i.e. there are no additional questions or tests outside routine healthcare provision. Collection of routine healthcare data by clinical treating teams for audit or assessing performance against recommendations from national guidelines does not require ethical review. The North-West Wales Ethics Committee confirmed that the process for SAMBA described above does not need formal ethical review.

Your Responsibilities

We have taken every effort to make your participation in SAMBA19 as easy as possible. However, to fully comply with the regulations we need you to do three simple things before taking part:

1. Inform the SAM administrator that you wish to take part by filling out the details on the SAMBA sign up page https://www.acutemedicine.org.uk/news/samba19/. You will then be sent log in details for the new SAMBA database provider (around 2 weeks before the audit date).
2. Register with your Trust audit office
3. Inform your Trust / Hospital Caldicott Guardian that you are participating in SAMBA19 and obtain their permission for you to upload data to the SAMBA 2019 database (an electronically signed SAMBA19 Caldicott Form should be kept locally with your other SAMBA forms)

Maintaining Patient Confidentiality

All data uploaded to the SAMBA19 database must be anonymous. The only demographic information uploaded will be age by decade and gender. You will upload information for each patient with a study code. You will need to keep a secure log of each patient's study code so that **you** know who you have included in the audit. This log will form the Masterlist which must be stored securely and in a **different** place to the SAMBA19 data collected on paper forms. You should keep the Masterlist and data collected on paper for one year. We will never ask you for any information about the patients you include in SAMBA19 which is in addition to the audit data items and we will never ask for any information which could identify your patients.

Methods

Considerations

Acute Medicine is strategically important in planning frontline NHS services, although there is no dedicated external funding available to run SAMBA. The audit is therefore designed to allow clinicians to collect data for selected quality and performance parameters in a timely and efficient way. All participating units will fill in online questionnaires describing their unit's bed capacity, structure and staffing levels as well as the patients included in the audit.

Date and Time

SAMBA19 will take place on Thursday June 27th 2019. The audit will last for 24-hours. Patient recruitment will start at 00.00 (midnight) and finish at 23.59. All patients assessed by acute medicine within these time points will be included in SAMBA19 irrespective of their route into the hospital (Emergency Department, Ambulatory Care Unit, Acute Medical Unit)

Setting

Hospitals in the UK participating in an acute unselected take of patients to Internal Medicine (mainly Acute Medicine). The sites will include district general hospitals, teaching hospitals and university hospitals. Community hospitals or hospitals without resident physicians are excluded.

In some hospitals, the AMU is a virtual space in the ED with the Acute Medical Team operating side-by-side with the Emergency Physicians. Centres who operate from the ED are encouraged to contact the SAMBA Team to discuss data collection at samba@acutemedicine.org.uk

Patients

Inclusion: Patients aged 16-years or above who are seen for admission or assessment as part of the general medical take or ambulatory emergency care.

Exclusion: Elective patients

Data collection

Data is collected as early as possible (preferably within 12-hours of admission) from clinical records and patient administration systems (PAS). Follow-up and discharge data will be extracted from PAS or electronic health records. Based on previous experience, we recommend that the data collector(s) have no other clinical duties for the time-period of the audit to allow real time data collection.

Audit Standards

Clinical Quality Indicators[8,14,15]

Clinical quality care indicators for acute medical care were recommended by SAM in 2011.[8] The standards build on previous recommendations from the Royal College of Physicians of London and the 2008 RCPE (Royal College of Physicians of Edinburgh) UK Consensus Statement on Acute Medicine and NICE Guideline NG94 (Emergency and Acute Medical Care in >16s: Service delivery and organisation).[14,15,16]

The clinical quality indicators included in SAMBA19 are:

1. All patients admitted to the AMU should have an early warning score measured upon arrival on the AMU[9]
    - Data items: Date and time of arrival, physiological parameters required to calculate a NICE CG 50 compliant early warning score[10]
2. All patients should be seen by a competent clinical decision maker within 4 hours of arrival on the AMU.
    - Data items: Date and time of medical review.
    - For the purpose of SAMBA19 a Competent Clinical Decision maker includes the Royal College of Physicians tier 1 professionals : an FY1 with supervision, FY2, CMT, Specialist Registrar, Staff Grade, Clinical Fellow and other Trust Grade doctors, Advanced Nurse Practitioner, Advanced Clinical Practitioner, any other Nurse Practitioner with enhanced skills who is able to clerk patients and Physician Associate. If in doubt contact the SAMBA Team at samba@acutemedicine.org.uk..
3. Patients to be seen and management plan reviewed by the admitting consultant physician within 6 hours for patients admitted to the hospital between 08:00 and 20:00 and within 14-hours between 20:00 and 08:00 (NICE Quality Standards http://allcatsrgrey.org.uk/wp/download/governance/clinical_governance/quality_standards/emergency-and-acute-medical-care-in-over-16s-pdf-75545660907205.pdf)
    - Data items: Date of time of first review by a consultant acute physician.
4. Regular monitoring of key performance indicators in acute care
    - Data items: Hospital mortality, readmission rates within 7 days.

The initial assessment, investigation and treatment of all acute medical patients presenting in an unscheduled manner should be consistent with the 'four hour standard' regardless of their place of treatment (ED, AMU, AEC)

Performance Indicators[8,15]

The following performance indicators are selected from the UK Consensus Statement:

1. Mortality rates for patients admitted through AMUs
    - Data items: Death within 7 days of admission
2. Direct discharge rates
    - Data items: Pathway steps in care within 7 days

3. Readmission rates
    - Data items: Pathway steps in care within 7 days.

NICE CG 50[10]

1. A full set of observations is taken on admission including blood pressure, heart rate, temperature, oxygen saturations, respiratory rate, level of consciousness.
    - Data items: Early Warning Score Result

Organisation of the National Audit

The Society for Acute Medicine coordinates the audit. The audit will be promoted in an e-mail and via twitter to all SAM members.

Local Organisation of the Audit

Organisation of the audit will be supported with detailed guidance on how to run SAMBA19 and how to collect data, details at https://www.acutemedicine.org.uk

May 2019

Professor Daniel Lasserson

Professor of Ambulatory Care, University of Birmingham

On behalf of the SAMBA Steering Committee of the Society for Acute Medicine

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