

DAY ONE DATA COLLECTION –Starting at 00:00 on 27th JUNE 2019

THE PATIENT

Age	16-29/30-39/40-49/50-59/60-69/70-79/80-89/90+
Gender	M/F/Other If Female, are they pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>
Please tick time period of arrival in hospital for the 24 hours of SAMBA collection day	From midnight 00:00 – 08:00 <input type="checkbox"/> Daytime 08:00 – 20:00 <input type="checkbox"/> Evening 20:00 – 00:00 <input type="checkbox"/>
Does this patient have a social care package?	Yes <input type="checkbox"/> No <input type="checkbox"/>
For trusts where a frailty screening tool is used, does this patient screen as positive for frailty?	Yes <input type="checkbox"/> No <input type="checkbox"/> Screening not undertaken <input type="checkbox"/>
Does this patient have an Advanced Care Plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, do you think this patient should have an Advanced Care Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this patient have a community DNACPR in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
From the history or the hospital records, was this patient discharged from any hospital within the last 30 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>

THE PATHWAY

Location Before Arrival in hospital	Home <input type="checkbox"/> Institutional Care <input type="checkbox"/> Other Hospital <input type="checkbox"/>
Source of Referral	ED <input type="checkbox"/> GP <input type="checkbox"/> Other hospital <input type="checkbox"/> Paramedic <input type="checkbox"/> Own Hospital (OPD) <input type="checkbox"/> Own Hospital (Other, e.g. Oncology triage) <input type="checkbox"/>
Location of the first clinical assessment (ED or Medicine) after arrival in hospital	ED <input type="checkbox"/> AMU <input type="checkbox"/> AEC <input type="checkbox"/> Other <input type="checkbox"/> (Details: _____)
Location of assessment by Acute Medicine if different from above	ED <input type="checkbox"/> AMU <input type="checkbox"/> AEC <input type="checkbox"/> Other <input type="checkbox"/> (Details: _____)
Is this patient a scheduled Return to AEC?	Yes/No

THE PROCESSES

Early Warning Score	≤ 30 minutes after arrival in hospital	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>
	Your hospital EWS value	
	NEWS2 value (see chart below to calculate)	
Clerking	First specialty to undertake any clerking	ED <input type="checkbox"/> Medicine <input type="checkbox"/>
	Grade of person undertaking first clerking	ANP/Physician Associate/Foundation Trainee/Core Trainee/Registrar/Consultant
	First clerking ≤ 4 hours after arrival in hospital	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>
	Clerking by >1 doctor before consultant review	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>
Consultant Review	Discharged by registrar before consultant review	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>
	For patients arriving in hospital from midnight 00:00 - 08:00 Acute Medicine consultant review < 14 hours from ARRIVAL in hospital	Yes <input type="checkbox"/> No <input type="checkbox"/>
	For patients arriving in hospital during daytime 08:00 – 20:00 Consultant review < 6 hours from ARRIVAL in hospital	Yes <input type="checkbox"/> No <input type="checkbox"/>
	For patients arriving in hospital during evening 20:00 – 00:00 Consultant review < 14 hours from ARRIVAL in hospital	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Medical Consultant review not applicable	Scheduled return for investigations/intervention <input type="checkbox"/>
		Referred directly to non-medical team after initial assessment e.g. surgery <input type="checkbox"/>
		Patient self-discharged <input type="checkbox"/>

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO ₂ Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO ₂ Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

NB NEW ONSET CONFUSION SCORES 3 UNDER ‘CONSCIOUSNESS’

DAY 7 PATHWAYS AND OUTCOMES – up to 23:59 on 4th JULY 2019

VITAL STATUS

Discharged on SAMBA day i.e. was not admitted overnight	<input type="checkbox"/>
Discharged after initial admission on SAMBA day	<input type="checkbox"/>
In-hospital (continuous in patient stay from SAMBA day)	<input type="checkbox"/>
In-hospital (readmitted after discharge on any day between SAMBA day and 23:59 on 4 th July)	<input type="checkbox"/>
Self-discharged	<input type="checkbox"/>
Died in hospital	<input type="checkbox"/>
Transferred to other healthcare facility	<input type="checkbox"/>

PATHWAYS: REATTENDANCE AFTER DISCHARGE (This includes any reattendance to hospital after discharge, any day between SAMBA day and 23:59 on 4th July – please don't include scheduled returns to AEC)

Assessment location	Re-presented on
ED <input type="checkbox"/>	/ /
AMU <input type="checkbox"/>	/ /
AEC <input type="checkbox"/>	/ /
Other <input type="checkbox"/> (Details: _____)	/ /