

Society for Acute Medicine Benchmarking Audit:  **SAMBA 2022**

**Dear Acute Medicine Team**

Thank you for taking part in SAMBA22 on the 23rd June 2022. There is a checklist on the following pages to take you through the steps from start to finish. SAMBA has previously been undertaken in June each year, with the ninth summer SAMBA in 2021. SAMBA collects data that informs local compliance with national recommendations and allows this performance to be compared to a number of peer units.

**How to get started**

**Firstly,** you need to access the online database for SAMBA22.

All users wishing to register to take part in SAMBA22 must re-register this year.

SAMBA22 will use a different database for data collection – this therefore will need all users to re-register.

A link will be available on the SAM website (acutemedicine.org.uk) to register your email address. Users will be registered to the database in batches.

Alternatively, you can email us at [samba@acutemedicine.org.uk](mailto:samba@acutemedicine.org.uk) to register your interest in taking part in SAMBA22, telling us which hospital your unit is in.

For acute trusts with several hospitals, please register each hospital separately. Also, let us know if you want to be the named lead for your unit in SAMBA22, so we have a contact point if needed.

The SAMBA team will then register your email address to the REDCap database, which will send you a link to activate your account, allowing you to access the website and start uploading brief data about your unit (around two weeks before the audit date). Your email address will only be used to facilitate participation in the audit.

**Secondly,** you will need to get permission from your Caldicott Guardian – we have provided a form for them to sign. This can be kept locally at your trust. If this form is completed, then this also provides permission for any further rounds of SAMBA in the next 12 months. Your local audit team should also be made aware of SAMBA and your local audit approval processes should be completed and local permission obtained.

The figure below shows the process of registration - we are happy to provide advice if there are problems or questions about data entry. Just email us [samba@acutemedicine.org.uk](mailto:samba@acutemedicine.org.uk)

**Online Database**

Multiple users can be registered for each site, allowing each site to have several people uploading data.

**Paper forms**

Please note we still provide paper forms and recommend keeping a paper master list for initial data collection. The master list is vital for the collection of the 14 day data.

**Data Collection**

We have found the most efficient way of collecting the data is to do as much as possible in real-time. On the 23rd of June you should aim to have at least 2 data collectors available. They should be free from clinical duties if possible. Data collection should begin in the morning (to catch those patients admitted from midnight) but also arrange cover in the afternoon and evening when the flow is likely to be greater. Collection of admission data should be completed on the morning of the 24th June and most outcome data should be available by the morning of the 8th of July.

All data should be uploaded to the database by 23:59 on 19th August 2022.

Data collection sheets should be destroyed by the 2nd Sept 2022. Prior to this secure storage is required to allow for data queries.

Many thanks for your help and support for SAMBA 2022.

The SAMBA Team

|  |  |  |  |
| --- | --- | --- | --- |
| Preparation before 23rd June | | | |
|  | **Yes** | **No** | **Comments** |
| Have you signed up at [[WEBSITE]](https://www.acutemedicine.org.uk/news/wintersamba2020/) |  |  |  |
| Has the Caldicott Guardian signed the data transfer agreement? |  |  | Please use the form available from the SAM website. This can be kept locally in your trust. |
| Has a local lead been identified? |  |  |  |
| Have at least two local data collectors been identified for the 23rd June and have they been freed up from clinical duties? |  |  | Data collectors have to be part of the multi-disciplinary clinical team caring for patients on the AMU/SDEC/ED in order to allow data collection as part of this benchmarking audit.  Registrars from Specialties have to undertake an Audit in General Internal Medicine. They might be interested in taking part in the audit. They should be free from clinical duties |
| Has a copy of the master list been printed and have the data collectors been briefed about the role of the master list? |  |  | The master list contains the study numbers and identification of the patients. Without the master list the 14 day outcomes cannot be collected |
| Has the unit questionnaire been filled in using the online portal? |  |  | The questionnaire tells us about your unit. The person who signs up as an ‘administrator’ can create local logins for additional staff at your trust to upload data or answer the unit questions.  You might find it helpful to talk to the nurse in charge or staff who attend bed meetings for some of the questions. |
| Have patient data collection forms been printed? |  |  |  |
| Have the teams on AMU and SDEC/AEC been informed of the audit? |  |  | Team members might be usefully reminded of the need to document timing of patient reviews and vital signs |
| Has the audit been approved by the local audit office? |  |  | The normal local registration process should be followed. |
| 23rdh June | | | |
|  | **Yes** | **No** | **Comments** |
| Are master-lists and data collection forms available? |  |  |  |
| Is there a mechanism to identify all patients referred or admitted to the Acute Medical Unit and Same Day Emergency/Ambulatory Care Unit? |  |  | This might be from a master list, the patient administration system or a bed management resource. |
| Data Collector 1 starting time agreed? |  |  | Data collection might have to start early on 23rdh June for all patients admitted between 00:00 and the beginning of the morning shift. We suggest to start with the post-take ward round. |
| Data Collector 2 starting time agreed? |  |  | Data collection is likely to require two data collectors between 14:00 and 22:00 |
| Has a data collector for outstanding items been identified? |  |  | Data from the late evening period of the 23rd might be best collected on the morning of the 24th of June. |
| 24thJune | | | |
|  | **Yes** | **No** | **Comments** |
| Have data from all admissions been collected? |  |  |  |
| Has a mechanism for missing data been identified? |  |  |  |
| 8th July | | | |
|  | **Yes** | **No** | **Comments** |
| Have discharges, transfers and readmissions been identified from Patient Administration System? Please upload data about outcomes with a cut off time of 23:59 on 7th July |  |  | A friendly ward clerk might help you with this. You can collect the data on readmissions at the same time. |
| Has ICU been questioned about medical admissions from the cohort admitted on the 23rd June? |  |  | Please check with your local unit to make sure no transfer from the medical department has been missed. |
| Has a mechanism for missing data been identified? |  |  | If you are happy that you have found all data that you will be able to submit you can start uploading data to the website. Most units load up data within 2 days |
| 19th August | | | |
|  | **Yes** | **No** | **Comments** |
| Have you checked data for completeness? |  |  |  |
| Have you submitted all data? |  |  | Last possible date for submission is the 19th August. This is when we close the database and start the analysis! We plan to present the results at the next SAM meeting |
| Many thanks for your help and thank you to all team members from SAM! | | | |