**DAY ZERO DATA COLLECTION – Starting at 00:00 on 23rd JUNE 2022**

**SECTION 1: THE PATIENT**

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| --- | --- |
| **Age** | 16-19/20-24/25-29/30-39/40-49/50-59/60-69/70-79/80-89/90+ |
| **Gender** | M/F/Other |
| **Please tick time period of arrival in hospital for the 24 hours of SAMBA collection day** | From midnight 00:00 – 07:59  Morning 08:00 – 11:59  Afternoon 12:00 - 15:59  Late afternoon 16:00 - 19:59  Evening 20:00 – 00:00 |
| **Does this patient have a social care package?** | Yes No |
| **Was this patient screened for frailty?**  If yes, did the screening test suggest the presence of frailty? | Yes No  Yes No |
| **Does this patient have a community DNACPR in place?** | Yes No |
| **Did this patient have an advanced care plan on arrival to hospital?**  If yes, what form was the advanced care plan?  If yes, what preferences were recorded? | Yes No  Electronic ReSPECT form Paper ReSPECT form  Other electronic form  Documentation in paper clinical notes  Documentation in electronic clinical notes  Other …………………………………….  Full active treatment with organ support on ITU/HDU  Ward based treatments (with NIV/CPAP) only  Ward based treatments (without NIV/CPAP) only  Supportive/end of life care only  Not for escalation to hospital setting  Other…………………………. |
| **From the history or the hospital records, was this patient discharged from any hospital within the last 30 days?** | Yes No |
| **Is this patient a scheduled return to SDEC/AEC?** | Yes No  *Yes – complete section 2b and section 4 only*  *No – complete sections 2a, 3 and 4* |

**SECTION 2a: THE PATHWAY**

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| --- | --- |
| **Location Before Arrival in hospital** | Home Sheltered accommodation Residential home Nursing home Other Hospital No fixed abode Other ….. |
| **Source of Referral** | ED  GP  Other hospital  111  Paramedic  Own Hospital (OPD)  Own Hospital (virtual ward)  Own Hospital (Other, e.g. Oncology triage) |
| **Location of the first clinical assessment (ED or Medicine) after arrival in hospital** | ED  AMU  SDEC/AEC  Other (Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **Location of assessment by Acute Medicine if different from above** | ED  AMU  SDEC/AEC  Other (Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

**SECTION 3: THE PROCESSES**

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| --- | --- | --- |
| **Early Warning Score** | ≤ 30 minutes after arrival in hospital | Yes No Not known |
| Your hospital EWS value |  |
| NEWS2 value (calculate from chart provided if not used locally) |  |
| **Clinical frailty scale**  **(2 weeks before admission)** | Rockwood clinical frailty scale  (‘1 – Very fit’ to ‘9 – Terminally ill’) | 1/2/3/4/5/6/7/8/9 |
| **Clerking** | First specialty to undertake any clerking | ED Medicine  Other ………………………………….. |
| Grade of person undertaking first clerking | ANP/Physician Associate/  Foundation Trainee/  Core Trainee/Registrar/Consultant/  Other: |
| Grade of first medical team member to clerk patient | ANP/Physician Associate/  Foundation Trainee/  Core Trainee/Registrar/Consultant/  Other: |
| Time to first clerking after arrival in hospital | <1hour  1-2 hours  2-4 hours  4-6 hours  6-12 hours  >12 hours |
| Clerking by >1 clinician before consultant review  Time to first clerking by medical team after arrival in hospital | Yes No Not known  <1hour  1-2 hours  2-4 hours  4-6 hours  6-8 hours  8-10 hours  >12 hours |
| **Nursing care** | Did the patient require 1:1 care on SAMBA day?  *e.g. for confusion or agitation or risk to self* | Yes No |
| Did the patient require cohort care on SAMBA day?  *e.g. for confusion, NOT for infection control purposes* | Yes No |
| **Frailty team review** | Was this patient:  Reviewed by a frailty team on the day of admission?  Assessed or managed in an acute frailty unit? | Yes No  Yes No |
| **Acute medicine Consultant Review** | Time from arrival to hospital to review by consultant physician | <2 hours  2-4 hours  4-6 hours  6-8 hours  8-10 hours  10-12 hours  12-14 hours  14-16 hours  16-18 hours  18-20 hours  20-22 hours  22-24 hours  >24 hours  N/A (opens question below) |
| Medical Consultant review not applicable | Scheduled return for investigations/intervention only |
| Referred directly to non-medical team after initial assessment e.g. surgery |
| Admitted to ICU after initial assessment |
| Patient self-discharged |
| Discharged before consultant review  If yes, by:  Registrar  Other……… |
| Is this admission related to a known or suspected cancer diagnosis? | Yes No Unknown  If yes:   * Is this due to a new cancer diagnosis or suspected cancer diagnosis? * Is the patient currently on a 2WW (two week wait) cancer pathway? * Is this presentation related to complications of cancer treatment? * Is this presentation related to cancer progression? | Yes No  Yes No  Yes No  Yes No |
| AKI | Did this patient have an AKI on initial presentation? | Yes No |
| Frailty | If aged over 60  Was a geriatric syndrome present on admission (delirium / fall / new incontinence /immobility )? | Yes No |

**SECTION 4: DAY 14 PATHWAYS AND OUTCOMES – up to 23:59 on 7th July 2022**

**VITAL STATUS**

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| --- | --- |
| **Discharged on SAMBA day i.e. was not admitted overnight** |  |
| **Discharged after initial admission on SAMBA day**  (Select day of discharge – SAMBA day 23rd June is Day ZERO) | Day 0/1/2/3/4/5/6/7/8/9/10/11/12/13/14 |
| **In-hospital – in ICU (continuous inpatient stay from SAMBA day)** |  |
| **In-hospital – not in ICU (continuous inpatient stay from SAMBA day)** |  |
| **In-hospital (readmitted after discharge -** select day of readmission between on any day between SAMBA day ZERO and 23:59 on 7th July - Day 14**)** | Day 0/1/2/3/4/5/6/7/8/9/10/11/12/13/14 |
| **Self-discharged** |  |
| **Died in hospital** |  |
| **Transferred to other healthcare facility**  *Another acute hospital*  *Offsite bed/intermediate care/rehab*  *Psychiatric* |  |

|  |  |
| --- | --- |
| **Was this patient admitted to ICU during this admission?**  If yes, day of ICU admission (SAMBA day 23rd June is day ZERO) | Yes No  Day 0/1/2/3/4/5/6/7/8/9/10/11/12/13/14 |

|  |  |
| --- | --- |
| **Was this patient discharged directly from:** | SDEC/AEC AMU ED  Short stay ward  Geriatric medicine ward  Other general medical ward  Specialist medical ward  Non-medical ward(transferred to another specialty)  Non-medical ward(medical outlier) |
| **Was planned follow-up arranged in:**  (tick all that apply) | SDEC/AEC  AMU  Specialty outpatient services |

|  |  |
| --- | --- |
| **Was this patient transferred to a virtual ward or hospital at home service?** | Virtual ward Hospital at home  No |
| If yes, why were they transferred to this service | IV antibiotics  IV diuretics  IV fluids  Remote monitoring of vital signs  Follow up of OP investigations  Other: ………………………………. |

|  |  |
| --- | --- |
| **Was the patient discharge using a “discharge to assess” model?**  e.g. physiotherapy assessment in their own home | Yes No |

***Additional non-mandatory question for those centres with easy access to this information, for example those with electronic health records containing this data:***

|  |  |
| --- | --- |
| **Did the patient receive end-of-life care as an IP?**  If yes, was a fast-track discharge arranged?  **Was an advanced care plan formulated during admission?**  If yes, what preferences did this record? | Yes No  Yes No  Yes No  Full active treatment including organ support on ICU / HDU  Ward based treatments only  Supportive (end-of-life-care) only  Not for escalation to hospital setting |

**PATHWAYS: REATTENDANCE AFTER DISCHARGE**

(This includes any unscheduled reattendance to hospital after discharge, any day between SAMBA day and 23:59 on 7th July – please don’t include scheduled returns to AEC/SDEC)

|  |  |
| --- | --- |
| **Assessment location** | **Re-presented on** |
| **ED** | Day 0/1/2/3/4/5/6/7/8/9/10/11/12/13/14 |
| **AMU** | Day 0/1/2/3/4/5/6/7/8/9/10/11/12/13/14 |
| **AEC** | Day 0/1/2/3/4/5/6/7/8/9/10/11/12/13/14 |
| **Other**  (Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_) | Day 0/1/2/3/4/5/6/7/8/9/10/11/12/13/14 |

***SECTION 2b Scheduled returns only:***

|  |  |
| --- | --- |
| Early Warning Score | ≤ 30 minutes after arrival in hospital |
| Your hospital EWS value |
| NEWS2 value (calculate from chart below to calculate) |
| Was this patient assessed by a clinician on this occasion? | Yes No |
| *If yes:*  What grade of clinician performed the first review on this attendance? | ANP/Physician Associate/Foundation Trainee/Core Trainee/Registrar/Consultant/Other: |
| Time to first clinician review after arrival in hospital | <1hour  1-2 hours  2-4 hours  4-6 hours  >6 hours |
| Time from arrival to hospital to review by consultant physician | <2 hours  2-4 hours  4-6 hours  6-8 hours  8-10 hours  10-12 hours  12-14 hours  14-16 hours  16-18 hours  >18 hours  N/A (opens question below) |
| Medical Consultant review not applicable | Scheduled return for investigations/intervention only  Referred directly to non-medical team after initial assessment e.g. surgery  Admitted to ICU after initial assessment  Patient self-discharged  Discharged by registrar before consultant review  Discharged by other before consultant review  Who?………………………………………. |
| This scheduled return was for (tick all that apply): | IV antibiotic administration  Other IV medication administration  Clinical review  Ambulatory PE diagnosis/treatment  Imaging  DVT investigation/treatment  Repeat blood tests |