**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  | <1hour1-2 hours 2-4 hours 4-6 hours 6-12 hours >12 hours |
| Clerking by >1 clinician before consultant reviewTime to first clerking by medical team after arrival in hospital  | Yes No Not known <1hour1-2 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 60Was 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 wardNon-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 diureticsIV fluidsRemote monitoring of vital signs Follow up of OP investigationsOther: ………………………………. |

|  |  |
| --- | --- |
| **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)

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| --- | --- |
| **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  | <1hour1-2 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  |