

DAY ZERO DATA COLLECTION – Starting at 00:00 on 22nd JUNE 2023

SECTION 1: THE PATIENT

1a. Age	16-19/20-24/25-29/30-39/40-49/50-59/60-69/70-79/80-89/90+
1b. Gender	M/F/Other
1c. Please tick time period of arrival in hospital for the 24 hours of SAMBA collection day	<p>From midnight 00:00 – 03:59 <input type="checkbox"/></p> <p>Early morning 04:00-07:59 <input type="checkbox"/></p> <p>Morning 08:00 – 11:59 <input type="checkbox"/></p> <p>Afternoon 12:00 - 15:59 <input type="checkbox"/></p> <p>Late afternoon 16:00 - 19:59 <input type="checkbox"/></p> <p>Evening 20:00 – 23:59 <input type="checkbox"/></p>
1d. Does this patient have a social care package?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1e. Please provide the IMD (index multiple deprivation) decile for the patient’s usual residence (see guide for links to calculators)	<p>Decile 1 <input type="checkbox"/> (<i>most deprived</i>)</p> <p>Decile 2 <input type="checkbox"/></p> <p>Decile 3 <input type="checkbox"/></p> <p>Decile 4 <input type="checkbox"/></p> <p>Decile 5 <input type="checkbox"/></p> <p>Decile 6 <input type="checkbox"/></p> <p>Decile 7 <input type="checkbox"/></p> <p>Decile 8 <input type="checkbox"/></p> <p>Decile 9 <input type="checkbox"/></p> <p>Decile 10 <input type="checkbox"/> (<i>least deprived</i>)</p>
1f. Does this patient have a community DNACPR in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1g. Did this patient have an advanced care plan on arrival to hospital? If yes, what preferences were recorded?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Full active treatment with organ support on ITU/HDU <input type="checkbox"/></p> <p>Ward based treatments (with NIV/CPAP) only <input type="checkbox"/></p> <p>Ward based treatments (without NIV/CPAP) only <input type="checkbox"/></p> <p>Supportive/end of life care only <input type="checkbox"/></p> <p>Not for escalation to hospital setting <input type="checkbox"/></p> <p>Other.....</p>
1h. Was this patient discharged from any hospital within the last 30 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1j. Is this patient a scheduled return to SDEC/AEC?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Yes – complete section 2b and section 4 only</i></p> <p><i>No – complete sections 2a, 3 and 4</i></p>

SECTION 2a: THE PATHWAY

See guide for explanation of equivalent terms for locations and team members

Before hospital arrival

<p>2a1. Location Before Arrival in hospital</p>	<p>Home <input type="checkbox"/> Sheltered accommodation <input type="checkbox"/> Residential home <input type="checkbox"/> Nursing home <input type="checkbox"/> Other Hospital <input type="checkbox"/> No fixed abode <input type="checkbox"/> Other</p>
<p>2a2. Source of Referral</p>	<p>ED <input type="checkbox"/> GP <input type="checkbox"/> Other hospital <input type="checkbox"/> 111 <input type="checkbox"/> Paramedic <input type="checkbox"/> Own Hospital (OPD) <input type="checkbox"/> Own Hospital (virtual ward) <input type="checkbox"/> Own Hospital (Other, e.g. Oncology triage) <input type="checkbox"/></p>
<p>2a3. Did the patient arrive to hospital via the ambulance service?</p> <p>If yes: How long before hospital arrival had they first contacted the ambulance service?</p> <p>If yes, how long was there between contact with ambulance crew and arrival to hospital?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><1 hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> 8-10 hours <input type="checkbox"/> 10-12 hours <input type="checkbox"/> 12-14 hours <input type="checkbox"/> 14-16 hours <input type="checkbox"/> 16-18 hours <input type="checkbox"/> 18-20 hours <input type="checkbox"/> 20-22 hours <input type="checkbox"/> 22-24 hours <input type="checkbox"/> >24 hours <input type="checkbox"/></p> <p><1 hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> 8-10 hours <input type="checkbox"/> 10-12 hours <input type="checkbox"/> 12-14 hours <input type="checkbox"/> 14-16 hours <input type="checkbox"/> 16-18 hours <input type="checkbox"/> 18-20 hours <input type="checkbox"/> 20-22 hours <input type="checkbox"/> 22-24 hours <input type="checkbox"/> >24 hours <input type="checkbox"/></p>

SECTION 3: THE PROCESSES

3a. Early Warning Score	≤ 30 minutes after arrival in hospital	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>
	NEWS2 value (calculate from chart provided if not used locally)	
3b. 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	3c. First specialty to undertake any clerking	ED <input type="checkbox"/> Medicine <input type="checkbox"/> Other <input type="checkbox"/>
	3d. Grade of person undertaking first clerking (*or equivalent – see guide)	ANP or ACP*/Physician Associate/ Foundation Trainee*/ Core Trainee*/Registrar*/Consultant*/ Other:
	3e. Location of the first clinical assessment (ED or Medicine) after arrival in hospital	ED <input type="checkbox"/> (see question 3n) AMU <input type="checkbox"/> SDEC/AEC <input type="checkbox"/> (see question 3j, 3k, 3l) Other acute medicine area <input type="checkbox"/> (Details: _____) Other <input type="checkbox"/> (Details: _____)
	3f. Time to first clerking after arrival in hospital	<1 hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> 8-10 hours <input type="checkbox"/> 10-12 hours <input type="checkbox"/> 12-14 hours <input type="checkbox"/> 14-16 hours <input type="checkbox"/> 16-18 hours <input type="checkbox"/> 18-20 hours <input type="checkbox"/> 20-22 hours <input type="checkbox"/> 22-24 hours <input type="checkbox"/> >24 hours <input type="checkbox"/> N/a – left before 1 st assessment <input type="checkbox"/> N/a – died before first assessment <input type="checkbox"/>
	3g. Grade of first medical team member to clerk patient (*or equivalent – see guide)	ANP or ACP*/Physician Associate/ Foundation Trainee*/ Core Trainee*/Registrar*/Consultant*/ Other:
3h. Location of assessment by Acute Medicine	ED <input type="checkbox"/> (see question 3n) AMU <input type="checkbox"/> SDEC/AEC <input type="checkbox"/> (see question 3j, 3k, 3l) Other acute medicine area <input type="checkbox"/> (Details: _____)	

		Other <input type="checkbox"/> (Details: _____)
	3i. Time to first clerking by medical team after arrival in hospital	<input type="checkbox"/> <1 hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> 8-10 hours <input type="checkbox"/> 10-12 hours <input type="checkbox"/> 12-14 hours <input type="checkbox"/> 14-16 hours <input type="checkbox"/> 16-18 hours <input type="checkbox"/> 18-20 hours <input type="checkbox"/> 20-22 hours <input type="checkbox"/> 22-24 hours <input type="checkbox"/> >24 hours <input type="checkbox"/> N/a – left before 1 st med assessment <input type="checkbox"/> N/a – died before first med assessment
Unplanned admissions to SDEC	3j. For patients seen in SDEC, how long had they been in hospital before they were physically transferred to SDEC?	<input type="checkbox"/> <1 hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> 8-10 hours <input type="checkbox"/> 10-12 hours <input type="checkbox"/> 12-14 hours <input type="checkbox"/> 14-16 hours <input type="checkbox"/> 16-18 hours <input type="checkbox"/> 18-20 hours <input type="checkbox"/> 20-22 hours <input type="checkbox"/> 22-24 hours <input type="checkbox"/> >24 hours
	3k. For patients seen in SDEC Had they been clerked by a clinician prior to transfer to SDEC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3l. For patients seen in SDEC What tests had been completed prior to transfer to SDEC?	<input type="checkbox"/> Point of care blood tests <input type="checkbox"/> Lab blood tests <input type="checkbox"/> VBG <input type="checkbox"/> Chest x-ray <input type="checkbox"/> ECG <input type="checkbox"/> Other imaging <input type="checkbox"/> Rapid covid swab <input type="checkbox"/> Other:
	3m. Clerking by >1 clinician before consultant review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

	<p>3n. For patients who arrived to or were seen in the Emergency Department: In total, how long did the patient remain in the emergency department on this admission?</p>	<p><2 hours <input type="checkbox"/></p> <p>2-4 hours <input type="checkbox"/></p> <p>4-6 hours <input type="checkbox"/></p> <p>6-8 hours <input type="checkbox"/></p> <p>8-10 hours <input type="checkbox"/></p> <p>10-12 hours <input type="checkbox"/></p> <p>12-14 hours <input type="checkbox"/></p> <p>14-16 hours <input type="checkbox"/></p> <p>16-18 hours <input type="checkbox"/></p> <p>18-20 hours <input type="checkbox"/></p> <p>20-22 hours <input type="checkbox"/></p> <p>22-24 hours <input type="checkbox"/></p> <p>24-30 hours <input type="checkbox"/></p> <p>30-36 hours <input type="checkbox"/></p> <p>36-42 hours <input type="checkbox"/></p> <p>42-48 hours <input type="checkbox"/></p> <p>48-54 hours <input type="checkbox"/></p> <p>54-60 hours <input type="checkbox"/></p> <p>60-66 hours <input type="checkbox"/></p> <p>66-72 hours <input type="checkbox"/></p> <p>>72 hours <input type="checkbox"/></p>
<p>AMU</p>	<p>3p, For patients arriving directly to AMU/direct admissions, how long did they wait in the department before a bed was available?</p>	<p><1 hour <input type="checkbox"/></p> <p>1-2 hours <input type="checkbox"/></p> <p>2-4 hours <input type="checkbox"/></p> <p>4-6 hours <input type="checkbox"/></p> <p>6-8 hours <input type="checkbox"/></p> <p>8-10 hours <input type="checkbox"/></p> <p>10-12 hours <input type="checkbox"/></p> <p>>12 hours <input type="checkbox"/></p>

Acute medicine Consultant Review	3q. Location of review by consultant physician	ED <input type="checkbox"/> (see question 3n) AMU <input type="checkbox"/> SDEC/AEC <input type="checkbox"/> (see question 3j, 3k, 3l) Other acute medicine area <input type="checkbox"/> (Details: _____) Other <input type="checkbox"/> (Details: _____)
	3q. Time from arrival to hospital to review by consultant physician	<1 hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> 8-10 hours <input type="checkbox"/> 10-12 hours <input type="checkbox"/> 12-14 hours <input type="checkbox"/> 14-16 hours <input type="checkbox"/> 16-18 hours <input type="checkbox"/> 18-20 hours <input type="checkbox"/> 20-22 hours <input type="checkbox"/> 22-24 hours <input type="checkbox"/> 24-30 hours <input type="checkbox"/> 30-36 hours <input type="checkbox"/> >36 hours <input type="checkbox"/> N/A <input type="checkbox"/> (opens question below)
	Medical Consultant review not applicable	Scheduled return for investigations/intervention only <input type="checkbox"/> Referred directly to non-medical team after initial assessment e.g. surgery <input type="checkbox"/> Admitted to ICU after initial assessment <input type="checkbox"/> Patient self-discharged <input type="checkbox"/> Discharged before consultant review <input type="checkbox"/> If yes, by: Registrar <input type="checkbox"/> Other.....
Comorbidity	3r. Comorbidity count: please record the number of comorbidities that the patient has	Number:

SECTION 4: DAY 7 PATHWAYS AND OUTCOMES – up to 23:59 on 29th June 2023

VITAL STATUS

Discharged on SAMBA day i.e. was not admitted overnight	<input type="checkbox"/>
Discharged after initial admission on SAMBA day (Select day of discharge – SAMBA day 22 nd June is Day ZERO)	<input type="checkbox"/> Day 0/1/2/3/4/5/6/7
In-hospital – in ICU (continuous inpatient stay from SAMBA day)	<input type="checkbox"/>
In-hospital – not in ICU (continuous inpatient stay from SAMBA day)	<input type="checkbox"/>
In-hospital (readmitted after discharge - select day of readmission between on any day between SAMBA day ZERO and 23:59 on 29th June - Day 7)	<input type="checkbox"/> Day 0/1/2/3/4/5/6/7
Self-discharged	<input type="checkbox"/>
Died in hospital	<input type="checkbox"/>
Transferred to other healthcare facility <i>Another acute hospital</i> <i>Offsite bed/intermediate care/rehab</i> <i>Psychiatric</i>	<input type="checkbox"/> Day 0/1/2/3/4/5/6/7 <input type="checkbox"/> Specialty..... <input type="checkbox"/> <input type="checkbox"/>

Was this patient discharged directly from:	SDEC/AEC <input type="checkbox"/> AMU <input type="checkbox"/> ED <input type="checkbox"/> Short stay ward <input type="checkbox"/> Other general medical ward <input type="checkbox"/> Specialist medical ward <input type="checkbox"/> Non-medical ward (transferred to another specialty) <input type="checkbox"/> Non-medical ward (medical outlier) <input type="checkbox"/>
For patients discharged directly from SDEC: How long in total was their hospital attendance?	<2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> 8-10 hours <input type="checkbox"/> 10-12 hours <input type="checkbox"/> 12-14 hours <input type="checkbox"/> 14-16 hours <input type="checkbox"/> 16-18 hours <input type="checkbox"/> 18-20 hours <input type="checkbox"/> 20-22 hours <input type="checkbox"/> 22-24 hours <input type="checkbox"/> >24 hours <input type="checkbox"/>
Was planned follow-up arranged in: (tick all that apply)	SDEC/AEC <input type="checkbox"/> AMU <input type="checkbox"/> Specialty outpatient services <input type="checkbox"/>

<p>Was this patient admitted to ICU during this admission? If yes, day of ICU admission (SAMBA day 22nd June is day ZERO)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Day 0/1/2/3/4/5/6/7</p>
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<p>During this admission, how long in total did the patient spend on AMU?</p>	<p> <6 hours <input type="checkbox"/> 6-12 hours <input type="checkbox"/> 12-18 hours <input type="checkbox"/> 18-24 hours <input type="checkbox"/> 24-30 hours <input type="checkbox"/> 30-36 hours <input type="checkbox"/> 36-42 hours <input type="checkbox"/> 42-48 hours <input type="checkbox"/> 48-54 hours <input type="checkbox"/> 54-60 hours <input type="checkbox"/> 60-66 hours <input type="checkbox"/> 66-72 hours <input type="checkbox"/> 72-84 hours <input type="checkbox"/> 84-96 hours <input type="checkbox"/> 96-108 hours <input type="checkbox"/> 108-120 hours <input type="checkbox"/> 120-132 hours <input type="checkbox"/> 132-144 hours <input type="checkbox"/> 144-156 hours <input type="checkbox"/> 156-168 hours <input type="checkbox"/> >168 hours <input type="checkbox"/> N/A – didn't spend any time on AMU <input type="checkbox"/> </p>
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<p>Was this patient transferred to a virtual ward or hospital at home service?</p>	<p>Virtual ward <input type="checkbox"/> Hospital at home <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, why were they transferred to this service</p>	<p> IV antibiotics IV diuretics IV fluids Remote monitoring of vital signs Follow up of OP investigations Other: </p>

<p>Was the patient discharge using a "discharge to assess" model? e.g. physiotherapy assessment in their own home</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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SAMBA23– Patient Data Study No from Masterlist :

PATHWAYS: REATTENDANCE AFTER DISCHARGE

(This includes any unscheduled reattendance to hospital after discharge, any day between SAMBA day and 23:59 on 29th June – please don't include scheduled returns to AEC/SDEC)

Assessment location	Re-presented on
ED <input type="checkbox"/>	Day 0/1/2/3/4/5/6/7
AMU <input type="checkbox"/>	Day 0/1/2/3/4/5/6/7
AEC <input type="checkbox"/>	Day 0/1/2/3/4/5/6/7
Other <input type="checkbox"/> (Details: _____)	Day 0/1/2/3/4/5/6/7

SECTION 2b Scheduled returns only:

Early Warning Score	≤ 30 minutes after arrival in hospital NEWS2 value (calculate from chart below to calculate)
Was this patient assessed by a clinician on this occasion?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes:</i> What grade of clinician performed the first review on this attendance? (* or equivalent)	ANP or ACP*/Physician Associate/Foundation Trainee*/Core Trainee*/Registrar*/Consultant*/ Other:
Time to first clinician review after arrival in hospital	<1hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> 8-10 hours <input type="checkbox"/> 10-12 hours <input type="checkbox"/> >12 hours <input type="checkbox"/>
Time from arrival to hospital to review by consultant physician	<1 hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> 8-10 hours <input type="checkbox"/> 10-12 hours <input type="checkbox"/> 12-14 hours <input type="checkbox"/> 14-16 hours <input type="checkbox"/> 16-18 hours <input type="checkbox"/> 18-20 hours <input type="checkbox"/> 20-22 hours <input type="checkbox"/> 22-24 hours <input type="checkbox"/> >24 hours <input type="checkbox"/> N/A <input type="checkbox"/> (opens question below)
Medical Consultant review not applicable	Scheduled return for investigations/intervention only <input type="checkbox"/> Referred directly to non-medical team after initial assessment e.g. surgery <input type="checkbox"/> Admitted to ICU after initial assessment <input type="checkbox"/> Patient self-discharged <input type="checkbox"/> Discharged by registrar before consultant review <input type="checkbox"/> Discharged by other before consultant review <input type="checkbox"/> Who?.....

SAMBA23– Patient Data Study No from Masterlist :

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