

# SAMBA



## Society for Acute Medicine Benchmarking Audit

### SAMBA24

Thursday 20th June 2024

#### Protocol for Participating Units

#### IMPORTANT

**For SAMBA24 you must:**

1. Register with your local audit office
2. Inform your Trust / Hospital Caldicott Guardian that you are participating in SAMBA24 and obtain permission for anonymized data transfer. Keep the signed permission form with your other SAMBA24 forms.
3. Inform the SAMBA team that you wish to take part by filling out the details on the SAMBA sign up page [www.acutemedicine.org.uk/samba/](http://www.acutemedicine.org.uk/samba/) or email [samba@acutemedicine.org.uk](mailto:samba@acutemedicine.org.uk).

You will then be contacted (around 2 weeks before the audit date) with links to upload data.

**Thank you**

## **Supporting Documents**

**These are available from the Society for Acute Medicine website  
(<https://www.acutemedicine.org.uk>)**

1. Protocol for SAMBA24
2. How to Guide for SAMBA24
3. Caldicott Approval for SAMBA24
4. Masterlist for SAMBA24
5. Patient Data Collection for SAMBA24 – The paper tool for data collection

For any queries, please email [samba@acutemedicine.org.uk](mailto:samba@acutemedicine.org.uk)

## Contents

| <b>Topic</b>                               | <b>page</b> |
|--|-------------|
| What is SAMBA?                             | 3           |
| Background to SAMBA24                      | 4           |
| <i>What Hasn't Changed in SAMBA 2024</i>   | 4           |
| Approval to Participate                    | 5           |
| <i>Being Caldicott Compliant</i>           | 5           |
| <i>Your Responsibilities</i>               | 5           |
| <i>Maintaining Patient Confidentiality</i> | 5           |
| Method                                     | 6           |
| <i>Considerations</i>                      | 6           |
| <i>Date and Time</i>                       | 6           |
| <i>Setting</i>                             | 6           |
| <i>Patients</i>                            | 6           |
| <i>Data collection</i>                     | 6           |
| Audit Standards                            |             |
| <i>Clinical Quality Indicators</i>         | 7           |
| <i>Performance Indicators</i>              | 7           |
| <i>NICE CG 50</i>                          | 8           |
| Organisation of the National Audit         | 8           |
| Local Organisation of the Audit            | 8           |
| References                                 | 9           |

## What is SAMBA?

The Society for Acute Medicine (SAM) Benchmarking Audit (SAMBA) is a national benchmark audit of acute medical care. The aim of SAMBA is to describe the severity of illness of acute medical patients presenting to Acute Medicine, the speed of their assessment, their pathway and progress at seven days after admission and to provide a comparison for each participating unit with the national average (or 'benchmark').

SAMBA normally takes place at least once a year. Data are collected for patients admitted over a 24-hour period, with follow up of clinical outcomes. The first summer audit was undertaken in 30 UK units on 20 June 2012; it has subsequently been repeated on an annual basis in June. In September 2016, a national report was published for the first time.<sup>1</sup> The results of SAMBA have been published SAM's journal, Acute Medicine, and other peer reviewed journals.<sup>2-9</sup>

The audit is run by SAM. The data collected pertains to:

- Unit structure and staffing levels
- SAM's clinical quality indicators<sup>10</sup>
- National guidance or recommendations (e.g. from NICE, NHS England, NHS Improvement)
- Patient demographics
  - Age
  - Gender
- Severity of illness at presentation using an early warning score (e.g. NEWS2)
- Frailty
- Pathway of care through the hospital

As the title suggests, the audit compares the performance and structure of acute medical services and acute medical units. A national report will be published with the results. Each participating unit will receive a bespoke report of their performance against other participating units; to maintain confidentiality, participating units will only be able to access their own data, all other units will be anonymised.

Anonymised data (i.e. hospitals will not be identifiable) will be analysed within the Health Data Research UK Digital Innovation Hub for Acute Care (PIONEER), based at University Hospitals Birmingham NHS Foundation Trust, as agreed by members of SAM council. HRA approval has been granted for this analysis.

We will never release identifiable unit data to a third party, unless required to do so by law. We have never been asked or challenged to release data. Public bodies are obliged to release data under the freedom of information act. We have been advised that an individual patient can ask for access to their data, for example if they were making a complaint or legal challenge regarding their care.

Individual units will not be identified, or their data shared with anyone, without your permission, unless required to do so by law and as per the caveats outlined in the paragraph above. Participating units will be credited in the SAMBA24 report. The pooled database will be the intellectual property of the Society for Acute Medicine. Participating units are free to share their own data with other

organisations. Important findings from the audit may also be written-up for submission to peer reviewed journals and individual units will not be identified.

## **Background to SAMBA24**

SAMBA24 will collect data pertaining to quality and performance indicators which are relevant to acute medical care and based on recommendations by national bodies. The audit is designed to look at acute medical care using a method that makes data collection feasible across acute medical care settings (AMUs, Same Day Emergency Care (SDEC, previously known as Ambulatory Emergency Care), Emergency Departments).

Data will be collected for the same quality and performance indicators as were used in 2019-2023 to allow comparison over time.

## ***What Hasn't Changed in SAMBA24***

SAMBA24 will use a data collection tool distributed to registered email addresses, hosted on the REDCap database used since 2022.

The same indicators will be assessed as have been used since SAMBA19. The design of SAMBA19 was informed by a SAMBA Academy meeting in December 2018 as well as from a session at SAMontheTyne on 3<sup>rd</sup> May 2019. The new SAM/RCPE Standards in Ambulatory Care were incorporated ([https://www.rcpe.ac.uk/sites/default/files/ambulatory\\_care\\_report.pdf](https://www.rcpe.ac.uk/sites/default/files/ambulatory_care_report.pdf)). The design was most recently reviewed within a SAMBA Academy meeting in March 2024.

SAMBA24 aims to measure adherence to standards for acute medical care and AMUs. As with any audit, it will serve as a reference point for future audits and inform service improvement initiatives.

AMUs work 24-hours per day and 365 days a year. They are the single largest point of entry for acute hospital admissions and most patients are at their sickest within the first 24-hours of admission. When assessing their individual reports in the benchmarking process, units will need to compare their structure and activity against their peers in order to accurately evaluate their performance. In this regard, several dimensions of AMUs and acutely unwell medical patients need to be documented:

- The total number of patients assessed by acute medicine across ED, AMU and SDEC.
- Severity of illness
- Timeliness in processes of care
- Clinical outcomes at 7 days after admission

## Approval to Participate

### ***Being Caldicott Compliant***

It is very important that SAMBA24 complies with Caldicott Principles. Previously, SAM has sought the help of independent experts (pH Associates Ltd) to ensure that the process of SAMBA is fully compliant.

We have also worked with our new database provider (REDCap hosted at the University of Birmingham) to ensure that data is collected and stored securely.

We have limited SAMBA to routine healthcare data i.e. there are no additional questions or tests outside routine healthcare provision. Collection of routine healthcare data by clinical treating teams for audit or assessing performance against recommendations from national guidelines does not require ethical review. The North-West Wales Ethics Committee confirmed that the process for SAMBA described above does not need formal ethical review.

Please note that for any units that participated in SAMBA23, the end date for the previous Caldicott approval was 7/7/24.

If you have any concerns about Caldicott approval, please contact us at [samba@acutemedicine.org.uk](mailto:samba@acutemedicine.org.uk).

### ***Your Responsibilities***

We have taken every effort to make your participation in SAMBA24 as easy as possible. However, to fully comply with the regulations we need you to do three simple things before taking part:

1. Inform the SAMBA team that you wish to take part by filling out the details through the link on the SAM website ([www.acutemedicine.org.uk/samba](http://www.acutemedicine.org.uk/samba)) or emailing the SAMBA team at [samba@acutemedicine.org.uk](mailto:samba@acutemedicine.org.uk). Links for data upload will be sent around 2 weeks before the audit date.
2. Register with your Trust audit office
3. Inform your Trust / Hospital Caldicott Guardian that you are participating in SAMBA24 and obtain their permission for you to upload data to the SAMBA24 database (an electronically signed SAMBA24 Caldicott Form should be kept locally with your other SAMBA forms).

The Caldicott form provided for SAMBA24 provides permissions for any further similar SAMBA audits performed within the next 12 months. You should retain the form locally.

### ***Maintaining Patient Confidentiality***

All data uploaded to the SAMBA24 database must be anonymous. The only demographic information uploaded will be age within age bands, and gender.

You will upload information for each patient with a study code. You will need to keep a secure log of each patient's study code so that **you** know who you have included in the audit. The study code is **vital** to ensure that the information uploaded regarding SAMBA day can be matched to the 7 day follow-

up data. This log will form the Masterlist which must be stored securely and in a **different** place to the SAMBA24 data collected on any paper forms. You should keep the Masterlist and data collected on paper for one year. We will never ask you for any information about the patients you include in SAMBA24 in addition to the audit data items and we will never ask for any information which could identify your patients.

No patient identifiable data is uploaded to the SAMBA database, including NHS numbers or hospital numbers. Sites in England should ensure they are following their local process regarding use of healthcare data in relation to the NHS Digital Data Opt Out.

## Methods

### *Considerations*

Acute Medicine is strategically important in planning frontline NHS services, although there is no dedicated external funding available to run SAMBA. The audit is therefore designed to allow clinicians to collect data for selected quality and performance parameters in a timely and efficient way. All participating units will fill in online questionnaires about the patients included in the audit. Each unit may wish to use their local electronic systems to aid data collection if able. While we provide paper data collection forms, these do not need to be used if local processes would allow electronic data collection.

### *Date and Time*

SAMBA24 will take place on Thursday June 20th 2024. The audit will last for 24-hours. Patient recruitment will start at 00:00 (midnight) and finish at 23:59. All patients assessed by acute medicine who arrive within these time points will be included in SAMBA24 irrespective of their route into the hospital (e.g. Emergency Department, Same Day Emergency Care/Ambulatory Care Unit, Acute Medical Unit).

### *Setting*

Hospitals in the UK participating in an acute unselected take of patients to Internal Medicine (mainly Acute Medicine). The sites will include district general hospitals, teaching hospitals and university hospitals. Community hospitals or hospitals without resident physicians are excluded.

In some hospitals, the AMU is a virtual space in the ED with the Acute Medical Team operating side-by-side with the Emergency Physicians. Centres who operate from the ED, or who feel they have a different configuration and would like advice, are encouraged to contact the SAMBA Team to discuss data collection at [samba@acutemedicine.org.uk](mailto:samba@acutemedicine.org.uk)

We welcome participation from international sites. In some countries, admissions to internal medicine follow different routes and have different physical locations. In these cases, feel free to contact us to discuss how to record your locations in the data collection sheets.

## ***Patients***

Inclusion: Patients aged 16-years or above who are seen for admission or assessment as part of the general medical take or same day emergency care (or equivalent) service.

Exclusion: Elective patients

## ***Data collection***

Data is collected as early as possible (preferably within 12-hours of admission) from clinical records and patient administration systems (PAS). Follow-up and discharge data will be extracted from PAS or electronic health records. Each unit may wish to use their local electronic systems to aid data collection if able. Based on previous experience, we recommend that the data collector(s) have no other clinical duties for the time-period of the audit to allow real time data collection.

## **Audit Standards**

### ***Clinical Quality Indicators***<sup>10,16,17</sup>

Clinical quality care indicators for acute medical care were recommended by SAM in 2011.<sup>10</sup> The standards build on previous recommendations from the Royal College of Physicians of London and the 2008 RCPE (Royal College of Physicians of Edinburgh) UK Consensus Statement on Acute Medicine and NICE Guideline NG94 (Emergency and Acute Medical Care in >16s: Service delivery and organisation).<sup>16,17,18</sup>

The clinical quality indicators included in SAMBA24 are:

1. All patients (admitted to the AMU) should have an early warning score measured upon arrival on the AMU<sup>11</sup>
  - Data items: Date and time of arrival, physiological parameters required to calculate a NICE CG 50 compliant early warning score<sup>12</sup>
2. All patients should be seen by a competent clinical decision maker within 4 hours of arrival (on the AMU).
  - Data items: Date and time of medical review.
  - For the purpose of SAMBA24 a Competent Clinical Decision maker includes the Royal College of Physicians tier 1 professionals: an FY1 with supervision, FY2, CMT, Specialist Registrar, Staff Grade, Clinical Fellow and other Trust Grade doctors, Advanced Nurse Practitioner, Advanced Clinical Practitioner, any other Nurse Practitioner with enhanced skills who is able to clerk patients and Physician Associate.

If in doubt contact the SAMBA Team at [samba@acutemedicine.org.uk](mailto:samba@acutemedicine.org.uk).
3. Patients to be seen and management plan reviewed by the admitting consultant physician within 6 hours for patients admitted to the hospital between 08:00 and 20:00 and within 14-hours between 20:00 and 08:00 (NICE Quality Standards [http://allcatsrgrey.org.uk/wp/download/governance/clinical\\_governance/quality\\_standards/emergency-and-acute-medical-care-in-over-16s-pdf-75545660907205.pdf](http://allcatsrgrey.org.uk/wp/download/governance/clinical_governance/quality_standards/emergency-and-acute-medical-care-in-over-16s-pdf-75545660907205.pdf) )
  - Data items: Date of time of first review by a consultant acute physician.



4. Regular monitoring of key performance indicators in acute care
  - Data items: Hospital mortality, readmission rates within 7 days

The initial assessment, investigation and treatment of all acute medical patients presenting in an unscheduled manner should be consistent with the 'four hour standard' regardless of their place of treatment (ED, AMU, SDEC). As stated, the clinical quality indicators in SAMBA24 are being assessed from arrival to hospital, as the majority of patients are receiving their initial assessment by the medical team while in settings other than the (physical) AMU. The indicators will be considered to have two components: time to assessment, and location of assessment.

### ***Performance Indicator***<sup>10,17</sup>

The following performance indicators are selected from the UK Consensus Statement:

1. Mortality rates for patients admitted through AMUs
  - Data items: Death within 7 days of admission
2. Direct discharge rates
  - Data items: Pathway steps in care within 7 days
3. Readmission rates
  - Data items: Pathway steps in care within 7 days.

### ***NICE CG 50***<sup>12</sup>

1. A full set of observations is taken on admission including blood pressure, heart rate, temperature, oxygen saturations, respiratory rate, level of consciousness.
  - Data items: Early Warning Score Result

## **Organisation of the National Audit**

The Society for Acute Medicine coordinates the audit. The audit will be promoted in an e-mail and via twitter to all SAM members.

## **Local Organisation of the Audit**

Organisation of the audit will be supported with detailed guidance on how to run SAMBA24 and how to collect data, details at [www.acutemedicine.org.uk/samba/](http://www.acutemedicine.org.uk/samba/)

May 2024

Dr Cat Atkin, SAMBA lead, Assistant Clinical Professor in Acute Medicine, University of Birmingham

On behalf of the SAMBA Steering Committee of the Society for Acute Medicine

## References

1. Society for Acute Medicine. SAMBA2016 Society for Acute Medicine 2016 Annual Report. Edinburgh: Society for Acute Medicine; 2016. Available from <http://www.acutemedicine.org.uk/resources/document-library/sam-benchmarking-audit-annual-report-2016/>
2. Subbe CP, Ward D, Latip L, Le Jeune I, Bell D. A day in the life of the AMU--the Society for Acute Medicine's benchmarking audit 2012 (SAMBA '12). *Acute Med.* 2013;12(2):69-73
3. Le Jeune I, Masterton-Smith C, Subbe CP, Ward D. "State of the Nation"--the Society for Acute Medicine's Benchmarking Audit 2013 (SAMBA '13). *Acute Med.* 2013;12(4):214-9.
4. Subbe CP, Burford C, Le Jeune I, Masterton-Smith C, Ward D. Relationship between input and output in acute medicine - secondary analysis of the Society for Acute Medicine's benchmarking audit 2013 (SAMBA '13). *Clin Med (Lond).* 2015 Feb;15(1):15-9. doi: 10.7861/clinmedicine.15-1-15
5. Pradhan S, Ratnasingham D, Subbe CP, Stevenson S, Ward D, Cooksley T. Society for Acute Medicine Benchmarking Audit 2015: The Patient Perspective. *Acute Med.* 2015;14(4):147-50
6. Subbe CP, Le Jeune I, Burford C, Mudannayake RS. The Team at Work--The Society for Acute Medicine's Benchmarking Audit 2014 (SAMBA'14). *Acute Med.* 2015;14(3):99-103.
7. Subbe CP, Jeune IL, Ward D, Pradhan S, Masterton-Smith C. Impact of consultant specialty on discharge decisions in patients admitted as medical emergencies to hospitals in the United Kingdom. *QJM.* 2017 Feb 1;110(2):97-102.
8. Holland M, Subbe C, Atkin C, Knight T, Cooksley T, Lasserson D. Society for Acute Medicine Benchmarking Audit 2019 (SAMBA19): Trends in Acute Medical Care. *Acute Med.* 2020;19(4):209-219. PMID: 33215174.
9. Atkin C, Knight T, Subbe C, Holland M, Cooksley T, Lasserson D. Acute care service performance during winter: report from the winter SAMBA 2020 national audit of acute care. *Acute Med.* 2020;19(4):220-229. PMID: 33215175.
10. The Society for Acute Medicine. Clinical Quality Indicators for Acute Medical Units. 2011. Available at [http://www.acutemedicine.org.uk/wp-content/uploads/2012/06/clinical\\_quality\\_indicators\\_for\\_acute\\_medical\\_units\\_v18.pdf](http://www.acutemedicine.org.uk/wp-content/uploads/2012/06/clinical_quality_indicators_for_acute_medical_units_v18.pdf)
11. Jones M. NEWSDIG: The National Early Warning Score Development and Implementation Group. *Clin Med (Lond).* 2012 Dec;12(6):501-3.
12. Clinical Guideline 50: Acutely ill patients in hospital. Recognition of and response to acute illness in adults in hospital. NICE 2007.
13. Rockwood K, Song X, MacKnight C, Bergman H, Hogan DH, McDowell I, Mitnitski A. A global clinical measure of fitness and frailty in elderly people. *CMAJ* 2005;173(5):489-95
14. Royal College of Physicians. Medical Care. London RCP, 2016. Available at <http://www.rcpmedicalcare.org.uk/designing-services/specialties/acute-internal-medicine>.
15. Lang S, Cooksley T, Foden P, Holland M. Acute medicine targets: when should the clock start and 7-day consultant impact? *QJM.* 2015 Aug;108(8):611-6.
16. Royal College of Physicians. Acute medical care. The right person, in the right setting – first time. Report of the Acute Medicine Task Force. London: RCP, 2007. Available at <http://shop.rcplondon.ac.uk/products/acute-medical-care-the-right-person-in-the-right-setting-firsttime?variant=6297968773>

17. Langlands A, Dowdle R, Elliott A, Gaddie, J; Graham, A; Johnson, G; Lam, SL. . *RCPE UK Consensus Statement on Acute Medicine, November 2008. Br J Hosp Med 2009;70(1 suppl 1):S6–7*
18. NICE Guideline NG94: Emergency and acute medical care in over 16s: service delivery and organisation . NICE March 2018. <https://www.nice.org.uk/guidance/ng94/chapter/Recommendations#emergency-and-acute-medical-care-in-the-community>