

DAY ZERO DATA COLLECTION – Starting at 00:00 on 18th JUNE 2026

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. Does this patient have a community DNACPR in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1f. Was this patient discharged from any hospital within the last 30 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1g. 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>

Please note – forms cannot be submitted without a response to the questions marked with ^

SECTION 2a: THE PATHWAY

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

Before hospital arrival

2a1. Patient location before arrival to hospital <i>(their current residence)</i>	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
2a2. Source of referral to medicine	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"/>
2a3. Did the patient arrive to hospital via the ambulance service?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

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) (for patients 70+)	Rockwood clinical frailty scale ('1 – Very fit' to '9 – Terminally ill')	1/2/3/4/5/6/7/8/9
Nursing care	3c. Did the patient require 1:1 care on SAMBA day? <i>e.g. for confusion or agitation or risk to self</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3d. Did the patient require cohort care on SAMBA day (or any reason other than infection control)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
"Clerking" <i>(In this section, clerking includes assessment/review by clinician, beyond brief triage review)</i>	3e. First specialty to undertake any 'clerking' [^]	ED <input type="checkbox"/> Medicine (go to Q3i) <input type="checkbox"/> Other <input type="checkbox"/>
	3f. Grade of person undertaking first 'clerking' (*or equivalent – see guide)	ANP or ACP*/Physician Associate/ Foundation Trainee*/ Core Trainee*/Registrar*/Consultant*/ Other:

	3g. Location of the first clinical assessment (ED or Medicine) after arrival in hospital^	ED <input type="checkbox"/> AMU <input type="checkbox"/> SDEC <input type="checkbox"/> Other acute medicine area <input type="checkbox"/> (Details: _____) Other <input type="checkbox"/> (Details: _____)														
	3h. 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"/>														
	3i. 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:														
	3j. Location of assessment by Acute Medicine/medical team^	ED <input type="checkbox"/> AMU <input type="checkbox"/> SDEC <input type="checkbox"/> Other acute medicine area <input type="checkbox"/> (Details: _____) Other <input type="checkbox"/> (Details: _____)														
	3k. Time to first 'clerking' by medical team after arrival in hospital^	<table border="0"> <tr> <td><1 hour <input type="checkbox"/></td> <td>12-14 hours <input type="checkbox"/></td> </tr> <tr> <td>1-2 hours <input type="checkbox"/></td> <td>14-16 hours <input type="checkbox"/></td> </tr> <tr> <td>2-4 hours <input type="checkbox"/></td> <td>16-18 hours <input type="checkbox"/></td> </tr> <tr> <td>4-6 hours <input type="checkbox"/></td> <td>18-20 hours <input type="checkbox"/></td> </tr> <tr> <td>6-8 hours <input type="checkbox"/></td> <td>20-22 hours <input type="checkbox"/></td> </tr> <tr> <td>8-10 hours <input type="checkbox"/></td> <td>22-24 hours <input type="checkbox"/></td> </tr> <tr> <td>10-12 hours <input type="checkbox"/></td> <td>>24 hours <input type="checkbox"/></td> </tr> </table> N/a – left before 1 st med assessment <input type="checkbox"/> N/a – died before first med assessment <input type="checkbox"/>	<1 hour <input type="checkbox"/>	12-14 hours <input type="checkbox"/>	1-2 hours <input type="checkbox"/>	14-16 hours <input type="checkbox"/>	2-4 hours <input type="checkbox"/>	16-18 hours <input type="checkbox"/>	4-6 hours <input type="checkbox"/>	18-20 hours <input type="checkbox"/>	6-8 hours <input type="checkbox"/>	20-22 hours <input type="checkbox"/>	8-10 hours <input type="checkbox"/>	22-24 hours <input type="checkbox"/>	10-12 hours <input type="checkbox"/>	>24 hours <input type="checkbox"/>
<1 hour <input type="checkbox"/>	12-14 hours <input type="checkbox"/>															
1-2 hours <input type="checkbox"/>	14-16 hours <input type="checkbox"/>															
2-4 hours <input type="checkbox"/>	16-18 hours <input type="checkbox"/>															
4-6 hours <input type="checkbox"/>	18-20 hours <input type="checkbox"/>															
6-8 hours <input type="checkbox"/>	20-22 hours <input type="checkbox"/>															
8-10 hours <input type="checkbox"/>	22-24 hours <input type="checkbox"/>															
10-12 hours <input type="checkbox"/>	>24 hours <input type="checkbox"/>															

Acute medicine Consultant Review	3l. Clerking by >1 clinician before consultant review	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>
	3m. Location of review by consultant physician^	ED <input type="checkbox"/> AMU <input type="checkbox"/> SDEC <input type="checkbox"/> Other acute medicine area <input type="checkbox"/> (Details: _____) Other <input type="checkbox"/> (Details: _____)
	3n. Time from arrival to hospital to review by consultant physician^	<1 hour <input type="checkbox"/> 14-16 hours <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 16-18 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 18-20 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 20-22 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> 22-24 hours <input type="checkbox"/> 8-10 hours <input type="checkbox"/> 24-30 hours <input type="checkbox"/> 10-12 hours <input type="checkbox"/> 30-36 hours <input type="checkbox"/> 12-14 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.....
3o1. Was the patient waiting in a corridor (rather than cubicle/bedspace) at the time of initial medical or consultant review?	Yes – initial medical <input type="checkbox"/> Yes – consultant <input type="checkbox"/> Yes – both <input type="checkbox"/> No – neither <input type="checkbox"/>	
3o2. Was the patient waiting in a waiting room (rather than cubicle/bedspace) at the time of initial medical or consultant review?	Yes – initial medical <input type="checkbox"/> Yes – consultant <input type="checkbox"/> Yes – both <input type="checkbox"/> No – neither <input type="checkbox"/>	
3p. Was the patient in a temporary escalation space at the time of initial medical or consultant review?	Yes – initial medical <input type="checkbox"/> Yes – consultant <input type="checkbox"/> Yes – both <input type="checkbox"/> No – neither <input type="checkbox"/>	

For patients who arrived to or were seen in the Emergency Department:

<p>3q. 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>3r. Time from arrival to hospital to referral to medical team</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>
<p>3s. Time from referral from the ED team to assessment by the medical team</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>N/a – left before 1st med assessment <input type="checkbox"/></p> <p>N/a – died before first med assessment <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 hours <input type="checkbox"/></p>
<p>3t. Time from referral from the ED team to review by consultant physician</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>12-14 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 hours <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>

SECTION 4: DAY 7 PATHWAYS AND OUTCOMES – up to 23:59 on 25th June 2026

VITAL STATUS

4a

Discharged after initial admission on SAMBA day (Select day of discharge – SAMBA day 18th June is Day ZERO)	<input type="checkbox"/> Day 0 (was not admitted overnight)/1/2/3/4/5/6/7
In-hospital (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 25th 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"/>

4b. Where was the patient at the time of discharge?	SDEC <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"/>
4c. For patients discharged directly from SDEC: How long in total was their hospital attendance?	<4 hours <input type="checkbox"/> 16-20 hours <input type="checkbox"/> 4-8 hours <input type="checkbox"/> 20-24 hours <input type="checkbox"/> 8-12 hours <input type="checkbox"/> >24 hours <input type="checkbox"/> 12-16 hours <input type="checkbox"/>
4d. Was planned follow-up arranged in: (tick all that apply)	SDEC <input type="checkbox"/> Specialty outpatient services <input type="checkbox"/> AMU <input type="checkbox"/>

4e During this admission, how long in total did the patient spend in SDEC?	<4 hours <input type="checkbox"/> 16-20 hours <input type="checkbox"/> 4-8 hours <input type="checkbox"/> 20-24 hours <input type="checkbox"/> 8-12 hours <input type="checkbox"/> >24 hours <input type="checkbox"/>
----------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	12-16 hours <input type="checkbox"/> N/A - didn't spend any time in SDEC <input type="checkbox"/>
4f. During this admission, how long in total did the patient spend on AMU?	<6 hours <input type="checkbox"/> 60-72 hours <input type="checkbox"/> 6-12 hours <input type="checkbox"/> 72-84 hours <input type="checkbox"/> 12-18 hours <input type="checkbox"/> 84-96 hours <input type="checkbox"/> 18-24 hours <input type="checkbox"/> 96-108 hours <input type="checkbox"/> 24-36 hours <input type="checkbox"/> 108-120 hours <input type="checkbox"/> 36-48 hours <input type="checkbox"/> >120 hours <input type="checkbox"/> 48-60 hours <input type="checkbox"/> N/A - didn't spend any time on AMU <input type="checkbox"/>
4g. Were they (at any point) managed in an Enhanced Care Unit based within acute medicine?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
4h. Was this patient transferred to a virtual ward or hospital at home service?	Virtual ward <input type="checkbox"/> Hospital at home <input type="checkbox"/> No <input type="checkbox"/>

PATHWAYS: REATTENDANCE AFTER DISCHARGE (4i)

(This includes any unscheduled reattendance to hospital after discharge, any day between SAMBA day and 23:59 on 25th June – please don't include scheduled returns to 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
SDEC <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:

2b1. 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 below to calculate)														
2b2. 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:														
2b3. Time to first clinician review after arrival in hospital	<table border="0"> <tr> <td><1hour <input type="checkbox"/></td> <td>6-8 hours <input type="checkbox"/></td> </tr> <tr> <td>1-2 hours <input type="checkbox"/></td> <td>8-10 hours <input type="checkbox"/></td> </tr> <tr> <td>2-4 hours <input type="checkbox"/></td> <td>10-12 hours <input type="checkbox"/></td> </tr> <tr> <td>4-6 hours <input type="checkbox"/></td> <td>>12 hours <input type="checkbox"/></td> </tr> </table>	<1hour <input type="checkbox"/>	6-8 hours <input type="checkbox"/>	1-2 hours <input type="checkbox"/>	8-10 hours <input type="checkbox"/>	2-4 hours <input type="checkbox"/>	10-12 hours <input type="checkbox"/>	4-6 hours <input type="checkbox"/>	>12 hours <input type="checkbox"/>						
<1hour <input type="checkbox"/>	6-8 hours <input type="checkbox"/>														
1-2 hours <input type="checkbox"/>	8-10 hours <input type="checkbox"/>														
2-4 hours <input type="checkbox"/>	10-12 hours <input type="checkbox"/>														
4-6 hours <input type="checkbox"/>	>12 hours <input type="checkbox"/>														
2b4. Time from arrival to hospital to review by consultant physician	<table border="0"> <tr> <td><1 hour <input type="checkbox"/></td> <td>12-14 hours <input type="checkbox"/></td> </tr> <tr> <td>1-2 hours <input type="checkbox"/></td> <td>14-16 hours <input type="checkbox"/></td> </tr> <tr> <td>2-4 hours <input type="checkbox"/></td> <td>16-18 hours <input type="checkbox"/></td> </tr> <tr> <td>4-6 hours <input type="checkbox"/></td> <td>18-20 hours <input type="checkbox"/></td> </tr> <tr> <td>6-8 hours <input type="checkbox"/></td> <td>20-22 hours <input type="checkbox"/></td> </tr> <tr> <td>8-10 hours <input type="checkbox"/></td> <td>22-24 hours <input type="checkbox"/></td> </tr> <tr> <td>10-12 hours <input type="checkbox"/></td> <td>>24 hours <input type="checkbox"/></td> </tr> </table> <p>N/A <input type="checkbox"/> (opens question below)</p>	<1 hour <input type="checkbox"/>	12-14 hours <input type="checkbox"/>	1-2 hours <input type="checkbox"/>	14-16 hours <input type="checkbox"/>	2-4 hours <input type="checkbox"/>	16-18 hours <input type="checkbox"/>	4-6 hours <input type="checkbox"/>	18-20 hours <input type="checkbox"/>	6-8 hours <input type="checkbox"/>	20-22 hours <input type="checkbox"/>	8-10 hours <input type="checkbox"/>	22-24 hours <input type="checkbox"/>	10-12 hours <input type="checkbox"/>	>24 hours <input type="checkbox"/>
<1 hour <input type="checkbox"/>	12-14 hours <input type="checkbox"/>														
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4-6 hours <input type="checkbox"/>	18-20 hours <input type="checkbox"/>														
6-8 hours <input type="checkbox"/>	20-22 hours <input type="checkbox"/>														
8-10 hours <input type="checkbox"/>	22-24 hours <input type="checkbox"/>														
10-12 hours <input type="checkbox"/>	>24 hours <input type="checkbox"/>														
2b5. 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?.....														
2b6. This scheduled return was for (tick all that apply):	IV antibiotic administration <input type="checkbox"/> Other IV medication administration <input type="checkbox"/> Clinical review <input type="checkbox"/> Ambulatory PE diagnosis/treatment <input type="checkbox"/> Imaging <input type="checkbox"/> DVT investigation/treatment <input type="checkbox"/> Repeat blood tests <input type="checkbox"/> Other <input type="checkbox"/>														