

**DAY ZERO DATA COLLECTION – Starting at 00:00 on 20th JUNE 2024**

**SECTION 1: THE PATIENT**

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

**SECTION 2a: THE PATHWAY**

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

***Before hospital arrival***

<b>2a1. Location Before Arrival in hospital</b>	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 .....
<b>2a2. Source of Referral</b>	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"/>
<b>2a3. Did the patient arrive to hospital via the ambulance service?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

**SECTION 3: THE PROCESSES**

<b>3a. Early Warning Score</b>	≤ 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)	
<b>3b. Clinical frailty scale (2 weeks before admission) (for patients 70+)</b>	Rockwood clinical frailty scale ('1 – Very fit' to '9 – Terminally ill')	1/2/3/4/5/6/7/8/9
<b>Nursing care</b>	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? <i>e.g. for confusion, NOT for infection control purposes</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Clerking</b>	3e. First specialty to undertake any clerking	ED <input type="checkbox"/> Medicine <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:

	<b>3g. Location of the first clinical assessment (ED or Medicine) after arrival in hospital</b>	ED <input type="checkbox"/> ( <i>see question 3n</i> ) AMU <input type="checkbox"/> SDEC/AEC <input type="checkbox"/> ( <i>see question 3j, 3k, 3l</i> ) Other acute medicine area <input type="checkbox"/> (Details: _____) Other <input type="checkbox"/> (Details: _____)
	<b>3h. Time to first clerking after arrival in hospital</b>	<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 <sup>st</sup> assessment <input type="checkbox"/> N/a – died before first assessment <input type="checkbox"/>
	<b>3i. Grade of first medical team member to clerk patient (*or equivalent – see guide)</b>	ANP or ACP*/Physician Associate/ Foundation Trainee*/ Core Trainee*/Registrar*/Consultant*/ Other:
	<b>3j. Location of assessment by Acute Medicine</b>	ED <input type="checkbox"/> ( <i>see question 3n</i> ) AMU <input type="checkbox"/> SDEC/AEC <input type="checkbox"/> ( <i>see question 3j, 3k, 3l</i> ) 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	<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"/> N/a – left before 1 <sup>st</sup> med assessment <input type="checkbox"/> N/a – died before first med assessment
	3l. Clerking by >1 clinician before consultant review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
	<b>3ma. For patients who arrived to or were seen in the Emergency Department:</b> In total, how long did the patient remain in the emergency department on this admission?	<input type="checkbox"/> <2 hours <input type="checkbox"/> 24-30 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 30-36 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 36-42 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> 42-48 hours <input type="checkbox"/> 8-10 hours <input type="checkbox"/> 48-54 hours <input type="checkbox"/> 10-12 hours <input type="checkbox"/> 54-60 hours <input type="checkbox"/> 12-14 hours <input type="checkbox"/> 60-66 hours <input type="checkbox"/> 14-16 hours <input type="checkbox"/> 66-72 hours <input type="checkbox"/> 16-18 hours <input type="checkbox"/> >72 hours <input type="checkbox"/> 18-20 hours <input type="checkbox"/> 20-22 hours <input type="checkbox"/> 22-24 hours
	<b>3mb. For patients who arrived to or were seen in the Emergency Department:</b> Time of referral to medical team after arrival in hospital	<input type="checkbox"/> <1 hour <input type="checkbox"/> 10-12 hours <input type="checkbox"/> 1-2 hours <input type="checkbox"/> >12 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
Acute medicine Consultant Review	3n. Location of review by consultant physician	<input type="checkbox"/> ED ( <i>see question 3n</i> ) <input type="checkbox"/> AMU <input type="checkbox"/> SDEC/AEC ( <i>see question 3j, 3k, 3l</i> ) <input type="checkbox"/> Other acute medicine area (Details: _____) <input type="checkbox"/> Other (Details: _____)

	<p>3o. Time from arrival to hospital to review by consultant physician</p>	<p>&lt;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>&gt;36 hours <input type="checkbox"/></p> <p>N/A <input type="checkbox"/> (opens question below)</p>
	<p>Medical Consultant review not applicable</p>	<p>Scheduled return for investigations/intervention only <input type="checkbox"/></p> <p>Referred directly to non-medical team after initial assessment e.g. surgery <input type="checkbox"/></p> <p>Admitted to ICU after initial assessment <input type="checkbox"/></p> <p>Patient self-discharged <input type="checkbox"/></p> <p>Discharged before consultant review <input type="checkbox"/></p> <p>If yes, by: Registrar <input type="checkbox"/></p> <p>Other.....</p>
	<p>3p. Did the patient require referral to an inpatient psychiatry liaison/mental health team? (at or prior to first consultant review)</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Unknown <input type="checkbox"/></p>
	<p>3q. Was the patient waiting in a corridor/waiting area (rather than cubicle/bedspace) at the time of initial medical or consultant review?</p>	<p>Yes – initial medical <input type="checkbox"/></p> <p>Yes – consultant <input type="checkbox"/></p> <p>Yes – both <input type="checkbox"/></p> <p>No – neither <input type="checkbox"/></p>

**SECTION 4: DAY 7 PATHWAYS AND OUTCOMES – up to 23:59 on 27<sup>th</sup> June 2024**

**VITAL STATUS**

<b>Discharged after initial admission on SAMBA day</b> (Select day of discharge – SAMBA day 20th June is Day ZERO)	<input type="checkbox"/> Day 0 (was not admitted overnight)/1/2/3/4/5/6/7
<b>In-hospital (continuous inpatient stay from SAMBA day)</b>	<input type="checkbox"/>
<b>In-hospital (readmitted after discharge - select day of readmission between on any day between SAMBA day ZERO and 23:59 on 27<sup>th</sup> June - Day 7)</b>	<input type="checkbox"/> Day 0/1/2/3/4/5/6/7
<b>Self-discharged</b>	<input type="checkbox"/>
<b>Died in hospital</b>	<input type="checkbox"/>
<b>Transferred to other healthcare facility</b>  <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"/>

<b>Was this patient discharged directly from:</b>	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"/>
<b>For patients discharged directly from SDEC: How long in total was their hospital attendance?</b>	<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"/>
<b>Was planned follow-up arranged in:</b> (tick all that apply)	SDEC/AEC <input type="checkbox"/> AMU <input type="checkbox"/> Specialty outpatient services <input type="checkbox"/>

<b>Was this patient admitted to ICU during this admission?</b> If yes, day of ICU admission (SAMBA day 20th June is day ZERO)	Yes <input type="checkbox"/> No <input type="checkbox"/> Day 0/1/2/3/4/5/6/7
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<b>During this admission, how long in total did the patient spend on AMU?</b>	<input type="checkbox"/> <6 hours <input type="checkbox"/> 72-84 hours <input type="checkbox"/> 6-12 hours <input type="checkbox"/> 84-96 hours <input type="checkbox"/> 12-18 hours <input type="checkbox"/> 96-108 hours <input type="checkbox"/> 18-24 hours <input type="checkbox"/> 108-120 hours <input type="checkbox"/> 24-36 hours <input type="checkbox"/> >120 hours <input type="checkbox"/> 36-48 hours <input type="checkbox"/> 48-60 hours <input type="checkbox"/> 60-72 hours  <input type="checkbox"/> N/A – didn't spend any time on AMU
<b>Were they (at any point) managed in Enhanced Care Unit based within acute medicine?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Was this patient transferred to a virtual ward or hospital at home service?</b>	<input type="checkbox"/> Virtual ward <input type="checkbox"/> Hospital at home <input type="checkbox"/> No

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

<b>Did the patient receive end-of-life care as an IP?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, was a fast-track discharge arranged?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Was an advanced care plan formulated during admission?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what preferences did this record?	<input type="checkbox"/> Full active treatment including organ support on ICU / HDU <input type="checkbox"/> Ward based treatments only <input type="checkbox"/> Supportive (end-of-life-care) only <input type="checkbox"/> 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 27<sup>th</sup> 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:**

<p>Early Warning Score</p>	<p>≤ 30 minutes after arrival in hospital                  Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/></p> <p>NEWS2 value (calculate from chart below to calculate)</p>
<p>Was this patient assessed by a clinician on this occasion?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>If yes:</i>                  What grade of clinician performed the first review on this attendance? (* or equivalent)</p>	<p>ANP or ACP*/Physician Associate/Foundation Trainee*/Core Trainee*/Registrar*/Consultant*/                  Other:</p>
<p>Time to first clinician review after arrival in hospital</p>	<p>&lt;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"/> &gt;12 hours <input type="checkbox"/></p>
<p>Time from arrival to hospital to review by consultant physician</p>	<p>&lt;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"/> &gt;24 hours <input type="checkbox"/>                    N/A <input type="checkbox"/> (opens question below)</p>
<p>Medical Consultant review not applicable</p>	<p>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?.....</p>
<p>This scheduled return was for (tick all that apply):</p>	<p>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"/></p>