**[Insert hospital name] ‘Who owns the timeline study’ data collection**

|  |
| --- |
| **Admin data:** |
| Data recorded by: |  | Patient sticker – no sticker record MRN |
| **Walk-in or ambulance:** | \* |
| Patient MRN: |  |
| **Timeline data. Steps in bold should be collected** |
| **Step** | **Event DTG** | **Date** | **Time** | **Circle best fit or Comments**  |
| **1** | **Arrival** |  |  |  |
| **2\*** | **Triage**  |  |  |  |
| **3\*** | **Enters ED**  |  |  | **Location: Resusc Acute Sub-acute Fast Track** |
| **4\*** | **First seen Doctor or NP** |  |  | **Doctor NP Physio** |
| **5** | **First seen decision making ED doctor** |  |  |  |
| A1 | First Test request |  |  | Pathology CT US Plain XRay |
| A2 | First Test resultsavailable  |  |  |  |
| B1 | First Specialist referral  |  |  | Specialty:Number of referrals:  |
| B2 | First Specialist review |  |  |  |
| **6** | **Admit or discharge decision** |  |  |  |
| **7** | **Bed request** **(admit only)** |  |  |  |
| **8** | **Bed ready****(admit only)** |  |  | Ward: |
| 9 | Bed ready(admit only) |  |  |  |
| **10** | **Bed & ward ready advised to ED** |  |  |  |
| **11** | **Patient transfer ready (ED)** |  |  |  |
| **12** | **Orderly called** |  |  |  |
| **13** | **Patient departs ED** |  |  |  |
| 1st test type” |  | Number of Tests: |  | DestinationWard: |  |
| 1st specialist referral group: |  | Number of referrals: |  | Sheet reference number: |  |
| Delays to patient journey and other comments: |