http://www.nsccahs.health.nsw.gov.au/images/nscch_logo.gif**[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 results  available | | |  | |  |  | | |
| 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: | |  | Destination  Ward: |  |
| 1st specialist referral group: | | |  | | Number of referrals: | |  | Sheet reference number: |  |
| Delays to patient journey and other comments: | | | | | | | | | |