

**Hospital Admission Form****BOSS TRIAL OFFICE****GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST**

BOSS is collecting short reports of all hospital inpatient stays of trial participants, and these will be used in the economic evaluation. For these, only the reason for and duration of admission are needed, plus the duration of any spells in high-cost environments (CCU, HDU and / or ICU).

However, any inpatient admission (or prolongations of existing admissions) that may be related to a trial procedure may constitute a Serious Adverse Event, which should be reported on the Serious Adverse Event Reporting Form, within strict timescales. For these, more details are needed, so that the trial office can determine whether the admission is an SAE that needs reporting.

HOW TO COMPLETE THIS FORM AND WHEN TO SUBMIT IT**Inpatient stays not related to a trial procedure**

Please complete the Hospital Admission form as soon as you are aware that a hospital stay took place and is now complete (discharge or death). We only need one form per hospital stay. Your Trust R&D Manager does not need a copy.

A days admission to hospital will be calculated from the admission and discharge dates, there will be no need to enter times of admission and discharge. An important measurement within health economics for BOSS is length of stays in high cost areas such as CCU, HDU and / or ICU. Therefore when completing this form we would require the total number of days that each patient spent in those areas. So if the participant went to HDU on two separate occasions for a stay of 2 and 4 days respectively during their whole stay in hospital then we would require 6 days to be noted on the form.

The ICD 10 code identifies the International Classification of Disease, which can be obtained from your hospital coders, however this information does not need to be obtained at the time of completion and submission of this form but can be forwarded at a later date. We will chase missing codes once a year or at site visit(s). The ICD 10 code will be used by the Health Economists to calculate the costs of a stay in hospital.

Inpatient admissions that may be related to a trial procedure

Should be reported on the Serious Adverse Event Reporting Form and because of the reporting timelines for Serious Adverse Events, we need to know about these as soon as you are made aware of the admission.

Please complete the Serious Adverse Event Reporting Form with as much detail as is available at the time of admission, tick "initial report" and e mail it to the BOSS team within 24 hours of becoming aware of the admission. Also forward the form, to your Trust R&D Manager. Once the stay is complete, please collect the necessary clinical detail, complete the form again, tick "on Discharge / Death" and fax it to us within 24 hours, again forwarding it to your R&D Manager.

HOSPITAL ADMISSION FORM



National Institute for
Health Research

Please complete details of any hospital admissions from the time of informed consent
NOT TO BE USE IF ADMISSION RELATES TO A BOSS PROCEDURE – PLEASE COMPLETE SAE FORM

STUDY DETAILS	
Study Title	BOSS (Barrett's Oesophagus Surveillance Study)

PATIENT / TREATMENT DETAILS	
Patient Study Number	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y y y</small>
Weight	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Responsible Clinician	Institution
Randomisation Details	<input type="checkbox"/> Surveillance <input type="checkbox"/> Endoscopy at Need

REASON FOR ADMISSION – please explain				
	Outcome <input type="checkbox"/> Resolved <input type="checkbox"/> Persisting <input type="checkbox"/> Worsened <input type="checkbox"/> Fatal <input type="checkbox"/> Not assessable			
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Admission date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y</small> </td> <td style="width: 50%;"> Discharge Date/ Date of Death <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y</small> </td> </tr> <tr> <td> Total number of days admitted to : <input type="checkbox"/> CCU <input type="checkbox"/> HDU <input type="checkbox"/> ICU </td> <td> ICD 10 Code <input style="width: 100px;" type="text"/> </td> </tr> </table>	Admission date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y</small>	Discharge Date/ Date of Death <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y</small>	Total number of days admitted to : <input type="checkbox"/> CCU <input type="checkbox"/> HDU <input type="checkbox"/> ICU
Admission date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y</small>	Discharge Date/ Date of Death <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y</small>			
Total number of days admitted to : <input type="checkbox"/> CCU <input type="checkbox"/> HDU <input type="checkbox"/> ICU	ICD 10 Code <input style="width: 100px;" type="text"/>			

Signature <i>[Authorised health professional]</i>	Print name	Date of report <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y</small>
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BOSS TRIAL OFFICE USE ONLY		
Date received	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y</small>	
Form checked by (signature)	Print name	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y</small>
Comments:		