# EDARA Emergency Department survey 2017 sampling declaration form

This declaration is to be signed by the member of staff responsible for drawing the sample of patients as set out in the EDARA Emergency Department Survey 2017 Instruction Manual (v4.9, 5.7.17)

For staff drawing the sample:

Please complete this form once you have drawn your sample of patients and completed the necessary checks prior to printing patient letters. You must send this checklist to the EDARA project managers Andy Irving a.d.irving@sheffield.ac.uk, Cc Yu-Chiao Wang WangY73@cardiff.ac.uk. Andy Irving/Yu-Chiao Wang will confirm that you are able to send your patient surveys once this form has been checked.

Please confirm that the following tasks have been completed by initialling and ticking the boxes and signing the declaration:

|  |  |
| --- | --- |
| Item  | Fill in  |
| A sample of up to 600 patients who attended in July 2017 has been drawn according to the instructions in this sampling instruction manual. | Initials ……………… |
| Confirm sample number (number of patients to receive the ED survey)  | Sample number |
| Confirm that you have excluded the following groups:Deceased (sample of patients to be confirmed by internal hospital records checks) Children or young persons aged under 16 years at the date of their attendance at the EDAny attendances at Minor Injuries Units or Walk-in Centres; Any patients who were admitted to hospital via the ED Any patients who are known to be current inpatients Planned attendances at outpatient clinics which are run within the ED Department (such as fracture clinics) Patients attending primarily to obtain contraception (e.g. the morning after pill), patients who suffered a miscarriage or another form of abortive pregnancy outcome whilst at the hospital, and patients with a concealed pregnancy* Patients **without a UK postal address** (but do not exclude if addresses are incomplete but useable e.g. no postcode)
* Any patient known to have requested their details are not used for any purpose other than their clinical care (if this is collected by your trust you should ensure that you remove those patients from your sample list at this stage).
 | Confirmed (tick box)☐☐☐☐☐☐☐☐☐ |
| Confirm that you have included the following groups:* Patients who attended your ED in the sample month dates and times.
* Patients who were 16 or older on the date of their attendance
* Patients whose address is incomplete, but contains enough information to have a reasonable chance of being delivered
 | ☐☐☐ |
| Please check that your sample does not contain duplicate patients. | Initials ……………… |
| The sample has been checked by Trust staff as outlined in the instruction manual. | Initials & Date ……………… |
| The sample has been checked by the Demographic Batch Service (DBS) or trust equivalent. | Initials & Date ……………… |
| The sample has been re-checked by Trust staff ensuring the **three stages of checks for deceased patients has been undertaken prior to printing patient letters and undertaking survey mail out.** | Initials & Date ……………… |
| \*(FOR REMINDER MAIL OUT ONLY)The sample has been re-checked by Trust staff ensuring **deceased patients have been removed prior to printing patient reminder letters and undertaking survey mail out.** | Initials & Date ……………… |

\* Please initial and date this section only and re-sign and re-send prior to reminder mail out.

**Declaration by trust staff drawing the sample**

I understand that any errors with the way the sample has been drawn may limit, or prevent, the use of the survey data. I confirm that the above steps have been completed and that the sample has been drawn in accordance with the survey instructions.

Trust name:

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Contact name:

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Contact signature:

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(electronic signature is acceptable)