



# How do pre-alerts influence patient care in the Emergency Department? Findings from qualitative research within three Ambulance Services

Jaqui Long, Rachel O'Hara, Fiona Sampson, Joanne Coster, Fiona Bell, Peter Webster [jaqui.long@sheffield.ac.uk](mailto:jaqui.long@sheffield.ac.uk)

## Background

- Ambulance clinicians may call ahead (pre-alert) to the Emergency Department (ED) to inform them a critically ill or deteriorating patient is on the way.
- Although there are clear pathways of response for some conditions (e.g. stroke), the value and impact of pre-alerts within EDs in general is less well understood.

## Methods

- Semi-structured interviews (n=35, Fig 1) with ambulance clinicians from three ambulance services.
- Semi-structured interviews (n=32, Fig 2) with ED clinicians from six hospitals located within the three ambulance services – three major trauma centres and three trauma units.
- Non-participant observation in six EDs – total of 158 hours, with 143 pre-alerts observed.
- Data analysed using thematic analysis.

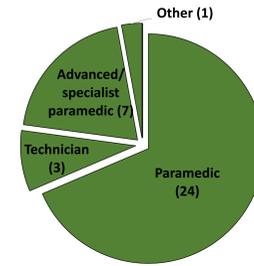


Fig 1: Ambulance clinicians' job role (n=35)

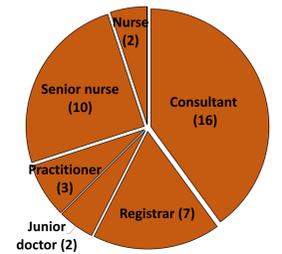


Fig 2: ED clinicians' job role (n=40)

**EDs value pre-alert calls, even when they don't provide the response expected by ambulance clinicians**

**ED response to a pre-alert is affected by a complex range of factors**

## Results

- The information from pre-alerts is seen as **key to enabling EDs to plan and prioritise patient care**.
- The action taken by the ED in response to a specific pre-alert call varied widely. Responses included:
  - calling trauma teams or others external to the department prior to the crew's arrival;
  - making a space in resus for immediate receiving of the patient;
  - diverting the crew to another area of the ED for assessment (where this existed);
  - reviewing the patient on arrival and/or ahead of others in the queue;
  - not providing any immediate additional response, but mentally noting the potential need for further urgent input.
- The response was affected by a range of factors, as shown in Figure 3.
- This complexity means **ambulance clinicians do not always receive the same response when pre-alerting similar patients**.

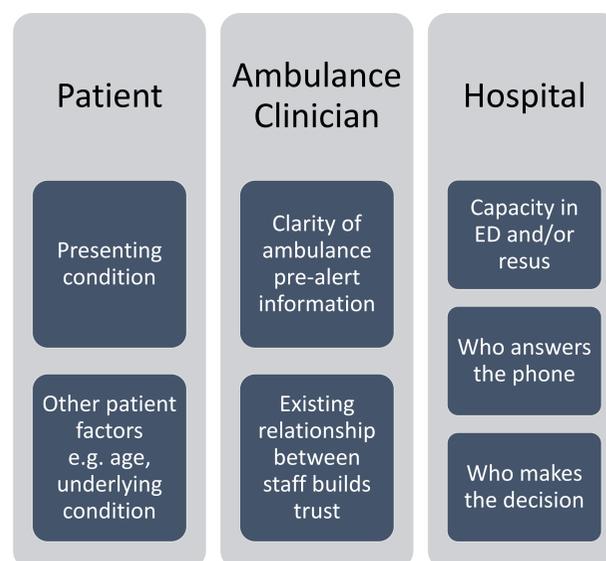


Fig 3: Key factors influencing ED response to a pre-alert call

## Results ctd

- Whilst ED clinicians sometimes expressed frustration about 'over-alerting', they recognised this was **often driven by ambulance service protocols** e.g. sepsis.
- It was frequently emphasised by ED clinicians that 'over-alerting' was necessary and inevitable to **avoid the greater risk of under-alerting seriously ill patients**.

## Conclusion

- ED response to pre-alert calls is affected by many factors, and therefore may differ from what ambulance clinicians expect or hope for.
- Pre-alerts are valued by EDs in helping them plan and prioritise patient care, particularly in the current context of high demand.