



This is a repository copy of *PP26 Exploring the use of pre-hospital pre-alerts and their impact on patients, ambulance service and emergency department staff: protocol for a mixed methods study*.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/195215/>

Version: Accepted Version

Proceedings Paper:

Sampson, F.C. orcid.org/0000-0003-2321-0302, Bell, F. orcid.org/0000-0003-4503-1903, Webster, P. et al. (13 more authors) (2022) PP26 Exploring the use of pre-hospital pre-alerts and their impact on patients, ambulance service and emergency department staff: protocol for a mixed methods study. In: Emergency Medicine Journal. 999 EMS Research Forum (999EMSRF2022), 14 Jun 2022, Sheffield, UK. BMJ Publishing Group , e5-e5.

<https://doi.org/10.1136/emered-2022-999.26>

© Author(s) (or their employer(s)) 2022. This is an author-produced version of an abstract subsequently published in the Emergency Medicine Journal. Available under the terms of the Creative Commons Attribution-NonCommercial Licence (<http://creativecommons.org/licenses/by-nc/4.0/>). No commercial re-use.

Reuse

This article is distributed under the terms of the Creative Commons Attribution-NonCommercial (CC BY-NC) licence. This licence allows you to remix, tweak, and build upon this work non-commercially, and any new works must also acknowledge the authors and be non-commercial. You don't have to license any derivative works on the same terms. More information and the full terms of the licence here: <https://creativecommons.org/licenses/>

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



eprints@whiterose.ac.uk
<https://eprints.whiterose.ac.uk/>

999 EMS RESEARCH FORUM

TITLE OF ABSTRACT: Exploring the use of pre-hospital pre-alerts and their impact on patients, ambulance service and Emergency Department staff: protocol for a **mixed methods study**

Background - Ambulance clinicians use pre-alert calls to inform receiving emergency departments (EDs) of the arrival of a critically unwell patient that will require a specialised response. Little is known about how a decision to pre-alert is made and how this is communicated and acted upon in the receiving ED. Whilst appropriate use of pre-alerts benefits patient care, their overuse carries a risk of harm or opportunity costs. The impact of pre-alerts on ambulance clinicians, ED staff and patients is not currently well understood.

Methods - We are conducting a mixed methods study with five inter-related work packages. We will analyse 12 months of routine data from ambulance pre-alerts in three regions to identify factors in the variation of pre-alert use, including pre-hospital decision-making. We will undertake a national online Qualtrics survey of ambulance clinician perspectives and experience of pre-alerts. We will explore the impacts of a pre-alert on staff, ED facilities and the patient using semi-structured interviews with ambulance clinicians, ED staff, patients and carers and undertake non-participant observation of ED pre-alert response.

Expected results – We will describe current pre-alert practice using 12 months' data for 3 Ambulance Services, including volume and types of pre-alerts. We will identify specific conditions or patient groups for whom pre-alerts are most likely to lead to change in clinical practice, or for whom action is unlikely to provide benefit. We will hold a feedback workshop in which we will share and discuss our findings with key stakeholders.

Conclusions – Current variation in pre-alert processes, both pre-hospital and in-hospital and the impact on patient care is not understood. The outputs of this study will establish an evidence base to update national guidance for pre-alert practice and identify areas of good pre-alert practice for both ambulance service and Emergency Department staff.