Aim:
To explore and quantify the variability in clinicians’ terminology used during transfer discussions.

Method:
• ED senior nurses, and doctors from throughout the hospital, were asked what terms they use when booking an ambulance through ambulance control. This was done via a questionnaire with an aid of a basic scenario to help with context.
• A total of 69 questionnaires were returned.

Results:
72% of nurses, 25% of consultants & 16% of other doctors would expect a response time within one hour for an “urgent” ambulance, whereas 12% of nurses, 39% of consultants & 38% of other doctors felt that “urgent” meant within four hours.

For an “immediate” ambulance transfer, 78% of nurses, 50% of consultants & 34% of other doctors would expect an “immediate” ambulance within 8 mins, with only 6% of nurses, 25% of consultants, & 36% of other doctors correctly expecting a 30-minute response time for an “immediate” transfer ambulance (as per all-Wales policy).

Pool physician responses are summarised in Fig 1 (above right).

Conclusion/discussion:
• Safe and timely inter-hospital transfers require precise terminology during discussions about the acuity of the transfer, but it is clear there is significant potential for confusion.
• Sending and receiving units should agree a numerical timescale, e.g. “I want you to get the patient to me within the next 6 hours”.
• Clinicians booking ambulances for inter-hospital transfers should be aware of the official descriptors of transfer acuity used by their ambulance service colleagues, and the target response times applicable to them.