



ENHANCED HEALTH
IN CARE HOMES
WORKING TOGETHER TO IMPROVE QUALITY

Red Bag Relay



What is the Red Bag Relay

- A distinctive red bag with “Together a healthier future” on the front
- The Red Bag will accompany care home residents from their Care Home, when they are admitted to hospital
- Designed to contain important documents together with resident’s essential and personal belongings

Overview

<https://1drv.ms/f/s!ArhPSfpL-rFTgTI4jQwBkXLBkC7X>

THE JOURNEY OF BETTY AND THE RED BAG



1: Betty has become unwell and so Jenny (the Care Home Lead) does an assessment of Betty's condition, liaises with the appropriate service and a decision is made that Betty needs to go to hospital.



2: While waiting for the ambulance, Jenny packs a Red Bag to go with Betty to the hospital.

What goes into the Red Bag?

Personal belongings:

- Day of discharge clothes
- Toiletries
- Personal aids

Medication as required

Standardised papers:

- Residents Assessment Form
- CARES Escalation Record
- MAR Sheet
- This is Me leaflet
- Checklist
- Medicines Hospital Admission Checklist



4: At hospital, Maria (the nurse) receives the Red Bag from the ambulance crew. The Red Bag identifies Betty as a Care Home resident, and the completed paperwork inside helps her understand Betty's medical background.



3: The Red Bag is given to the ambulance crew as part of the handover.



5: Ward staff will contact the care home within 48 hours of admission and discuss the patient's care and future discharge.



6: Betty's Red Bag is packed and ready for her return to the Care Home.

What goes into the Red Bag?

Personal belongings:

- Clothes
- Toiletries
- Personal aids

Medication/TTOS

Standardised papers:

- Residents Assessment Form
- CARES Escalation Record
- Summary of discharge information
- This is Me leaflet
- Checklist
- Medicines Hospital Admission Checklist



7: When Betty arrives home, Jenny updates their records with the papers and medication received back in the Red Bag. Jenny has contacted Betty's GP to make her aware of the episode.



8: Betty is now back in her favourite chair and enjoying a cup of tea.

Outcomes

- Improved patient experience
- Safer care
- Right care – right place
- Communication across teams
- Joined up care pathways
- Reduced Length of Stay

Red Bag Documents



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**Information contained within this
file is
PRIVATE & CONFIDENTIAL.**

**Access to information within this
file is for authorised personnel**

**Please retain these documents in
patient notes BUT ensure that
they are returned to the Red Bag
when the patient is transferred or
discharged**

This file may contain original documentation which should
be returned to the Nursing /Care Home for future use

If this file is found please contact the
Nursing / Care Home in the first instance

OR

Telephone :
01282 644 628

OR by email to

elccg.penninelancsredbagscheme@nhs.net



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East Lancashire
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Documentation Front Sheet

Red Bag Relay Information Sheet



The Red Bag Relay



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What it means for you: Care Home Staff

When the ambulance is called

- Ensure paperwork is complete & included in the Red Bag
 - Residents Assessment Form Copy
 - SBAR Escalation Record Original
 - Current MAR chart Copy
 - Consent to share information with CH Staff Copy
 - DNA CPR Original
 - Advance Care Plan Copy
 - Handover Checklist Original
- ✓ Please Ensure MAR chart is up-to-date, showing recently started/stopped medication and allergy status
- ✓ Write on the copy of the MAR chart if the medication has been sent into hospital with the patient using the abbreviation SWP (Sent with patient). Sign and date the top of the MAR chart.
- Ensure the bag includes medication/personal belongings.
- X Please do not send medication in an MDS (blister pack) or any CDs
- Documentation stays with the Red Bag
- Please check that the bag is correctly labelled with Care Home Contact details



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When the ambulance arrives

- Ensure ambulance staff take the Red Bag
- Explain requirements to ambulance staff
- Complete the Red Bag checklist and hand to ambulance staff

When your resident returns home

- Ensure the bag is with the patient and contains all the correct paper work and personal items
- Clean the bag in accordance with Infection Prevention and Control protocol and sign to verify completion
- Care home manager to check paperwork and return checklist to the CCG

- The Red Bag must stay with the patient at all times from when they leave the care home until they return
- Patient documentation may be secured in hospital notes but must be returned secured in the Red Bag whether resident is discharged
- Staff should complete the red bag checklist at all stages of the journey to enable accurate tracking and evaluation of the initiative



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Transfer of Medicines between Care Home and Hospital Hospital Admission Checklist

Responsibilities of nursing and residential home staff:

1. Provide a photocopy of the current **MAR chart**
2. Ensure MAR chart is up-to-date, showing recently **started/stopped** medication and **allergy status**
3. **Write on** the copy of the MAR chart if the medication has been sent into hospital with the patient using the abbreviation **SWP** (Sent with patient). Sign and date the top of the MAR chart.

Guide for nursing and residential home staff:

Medication to be sent into hospital with patient:

- Any tablets/capsules in a box (e.g. antibiotics, medications not in a MDS)
- Insulin
- Inhalers
- Sprays (e.g. GTN, nasal)
- Drops (e.g. eye, ear, nose)
- Creams and ointments
- Transdermal patches
- Clozapine (even if in a blister pack)
- Parkinsons Medication (even if in a blister pack)

Medication NOT to be sent into hospital with patient:

- Medication in an MDS (blister pack)
- Controlled drugs

Further copies of this checklist can be printed from www.elmmb.nhs.uk/

Royal Blackburn Hospital Pharmacy 01254 732252 Burnley General Hospital Pharmacy 01282 804338

ELCCG Medicines Management

V3.1 Review Date: June 2018

Transfer of medicines Information Sheet

Infection Prevention & Control for the RED BAG

Note to Hospital Staff- Please place any contaminated clothing inside a separate disposable plastic bag to avoid cross-contamination.



Bag Number

Initial	Date

Initial	Date

Initial	Date

On arrival back to the care home the bag should be unpacked and all documents removed checked and

Clean thoroughly with warm water and detergent to remove the visible soiling, then wipe with a freshly prepared solution of chlorine- releasing agent e.g. bleach. (Concentration of 10,000 ppm of available chlorine) Dry thoroughly with paper towel.

Tape, sign and date the clean Bag and place in a clean storage area.
Do not leave in resident's room

Each time the bag is cleaned it should be examined for any damage e.g. rips/tears/stains. All damage should be reported to the Manager.

If you need to replace a lost or stolen red bag, please notify the Red Bag Pilot Administrator at elccg.penninelancsredbagscheme@nhs.net



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Infection Prevention Protocol

RESIDENT'S ASSESSMENT FORM

Use on Admission to Care Home, update Monthly and copy for an Admission to Hospital

Service User Name:	Care Home Details: Name Address	Date Of Birth: Age: Gender Male/Female	NHS No:
Next of Kin Information Name: _____ Name: _____ Relationship: _____ Relationship: _____ Contact Details: _____ Is there legal Power of Attorney for: Health & Welfare Yes/No _____ Property and Finance Yes/No _____ Name: _____ Name: _____ Contact Details: _____ Contact Details: _____ Religion, Spirituality: _____ Details of GP (in case of clarification required regarding medical history) _____			
Is there a Deprivation of Liberty Safeguard (DOLS) in place? Yes / No _____ If yes, what is it for? _____			
Admission to hospital in the last 30 days? Yes/No _____ If yes, provide details including whether admitted from home or hospital: _____			
Number of attendances into hospital in last 12 months (add dates of any new admissions to update) _____			
Were there any recurrent episodes of illness identified from the reasons for hospital admission or recent GP visits? _____			
Relevant Medical History Any drug allergies? _____ Any recent illness or treatment? _____			

RESIDENT'S ASSESSMENT FORM

Resident's Assessment Form or own Personalised Care Plan

6 pages and can use own if
checklist overleaf complete

Checklist for Residents Personalised Care Plan

Red Bag Relay



Minimum Information Requirement for substitute Resident Assessment Form

An important part of the Red Bag Scheme is that the information which you send in the Red Bag with your resident, when they are transferring from home to hospital and home again, should be concise, accurate and up to date.

We have piloted an agreed standard Resident Assessment Form with a number of care homes and in response to their comments we are now proposing that nursing and care homes who can confirm that their existing documentation satisfies the minimum information required as listed may use their own form until it is practicable to change over to the standard form (ie when new residents arrive at the home)

Please confirm that the following information is contained in your organisation's Personalised Care/Assessment Plan

		Yes or No
PERSONAL INFORMATION	Resident name and current address	
	DOB /age /gender	
	NHS number	
	NOK information (name & address) (contact)	
	Power of attorney for health & welfare (best interests)	
	GP name & address	
CLINICAL INFORMATION	DOLS /safeguarding in place	
	Admission to hospital in last 30 days	
	Number of attendances into hospital in last 12 months	
	Any recent episodes of illness identified other than reasons for hospital admission/ GP visits	
	Medical history/drug allergies	
	Details of all recent illness/treatment	
	Baseline obs/monthly review	



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Red Bag Relay



Minimum Information Requirement for substitute Resident Assessment Form

VERIFICATION	Infection risk	
	Communication/cognition/falls risk/skin integrity(body map)	
	Nutrition (unintentional weight loss over last 3 months)	
	Mobility/function (including stairs/transfers).	
	MDT services involved	
	Name of person completing/signature/designation/date & time	
	Separate consent document (sharing information)	
	DNAR CPR original is available	

I confirm that the information in this Nursing / Care Home's Personalised Care/Assessment Plan appears as indicated above

Signature	
Please Print Name	
Role	
Nursing / Care Home	
Number of registered beds	
Contact Telephone number	
Date	



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Consent to share information (on back of care plan)



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Consent

I consent to personal information of my hospital discharge to be shared with my care home when they provide secret code or password (see below)

Name of Resident:

Signature of resident:

* Signature of lasting
Power of Attorney:

Date:

**Please note if the resident does not have capacity, the consent needs to be signed by the lasting power of attorney or a best interest decision documented below*

Best interest decision in relation to sharing information about hospital discharge

State the decision made and the rationale for it:

Name of staff:

Date

People consulted as part of decision-making process:

Name:

Relationship to resident:

Name:

Relationship to resident:

Confidential Password or Code

To be used by Care Home Staff



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Information contained within this document is
Private and confidential
Access is for authorised personnel only

If this file is found please return to Care Home or
notify elccg.penninelancsredbagscheme@nhs.net



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Working in Partnership: East Lancashire Clinical Commissioning Group, Airedale & Partners, Enhanced Health in Care Homes Vanguard & Together's Healthier Future Transformation Programme



East Lancashire
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SBAR Escalation Record (see vital signs and NEWS training)



SBAR Escalation Record

To be completed by Care/Nursing Home staff prior to calling the Telemedicine Hub/111
(Where possible, routine observations to be completed before calling)

Situation **B**ackground **A**ssessment **R**ecommendation

Instructions for use: This form should be used when faced with an incident or urgent health need to support decision making and the assessment process.

Date:	Time of call:
Patient's name:	DOB:
Care Home name:	NHS number
Address:	Caller Name:
Patient's GP:	

SITUATION	What is the concern regarding the patient?
	List symptoms:
	What has changed from previously?

BACKGROUND	Ensure you have care notes to hand
	Past Medical History /Diagnosis:
	Any allergies:

ASSESSMENT	Level Of Consciousness:	Alert / Drowsy / Not Responding To Call
	<u>Cognition</u>	
	Is the person living with dementia?	YES / NO
	Is the person more confused/agitated than normal?	YES / NO
	What actions have you taken to manage the patient's condition?	
	What were the affects from these actions?	
	<u>Vital Signs</u>	
	BP	Normal / Unusual?
	Pulse	
	Respiratory rate	Temperature axilla/tympanic/other

RECOMMENDATION	Urine dipstick result	Blood sugar
	Is there an Advance Care Plan?	YES / NO
	<u>Medication:</u>	
	Refer to current MAR Sheet	
	Is the patient on a palliative care or end of life pathway?	YES / NO
	Is a DNACPR in place?	YES / NO
	What you would like to be done now?	
	Is there anything you should do now?	
	If going to hospital please include the following in the Red Bag:	
	<u>Standard documentation:</u>	<u>Please indicate Yes or No</u>
Shared Information	Yes / No	This SBAR Escalation Record
	Yes / No	Copy of Personalised Care Plan (from GP/ANP)
	Yes / No	Consent (to share info)
	Yes / No	Current MAR Sheet
	Yes / No	This is Me leaflet/one page profile
	Yes / No	DNA CPR
	Yes / No	Advance Care Plan
	<u>Personal belongings:</u>	
	Yes / No	Change of clothes and a pair of well-fitting shoes
	Yes / No	Glasses
Yes / No	Hearing aid	
Yes / No	Dentures	
Yes / No	Any other valuables (please list):	
Yes / No	Medication	
Are the family aware?		
If so any concerns/beliefs?		
Outcome of call:		

Transfer Checklist

NAME: _____

NHS No: _____

DOB: _____

Red Bag serial number: _____

Care Home: _____



**ENHANCED HEALTH
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Care Home	Ambulance Service	ED / AMU	Discharging Ward	Care Home (received)
Staff Name: Date:	Staff Name: Date:	Staff Name: Date:	Staff Name: Date:	Staff Name: Date:
Red Bag	Red Bag	Red Bag	Red Bag	Red Bag
Standardised documentation:-	Standardised documentation:-	Standardised documentation:-	Standardised documentation:-	Standardised documentation:-
Resident Assessment Form OF	Resident Assessment Form OF	Resident Assessment Form OF	Resident Assessment Form OF	Resident Assessment Form OF
Primary Care Personalised Care Plan	Primary Care Personalised Care Pla	Primary Care Personalised Care Plan	Primary Care Personalised Care Plan	Primary Care Personalised Care
Consent to share information form	Consent to share information form	Consent to share information form	Consent to share information form	Consent to share information form
CARES Escalation Record	CARES Escalation Record	CARES Escalation Record	CARES Escalation Record	CARES Escalation Record
This is Me / 1 page profile	This is Me / 1 page profile	This is Me / 1 page profile	This is Me / 1 page profile	This is Me / 1 page profile
Current MAR Sheet	Current MAR Sheet	Current MAR sheet	Current MAR sheet	Current MAR sheet
Meds Hospital Admission Checklist	Meds Hospital Admission Checklist	Meds Hospital Admission Checklist	Meds Hospital Admission Checklist	DNACPR form
DNACPR form	DNACPR form	DNACPR form	DNACPR form	Advance Care Plan
Advance Care Plan	Advance Care Plan	Advance Care Plan	Advance Care Plan	Discharge letter
Change of clothes and toiletries	Change of clothes and toiletries	Discharge letter	Discharge letter	Change of clothes and toiletries
Well-fitting footwear	footwear	Change of clothes and toiletries	Change of clothes and toiletries	footwear
Glasses	Glasses	footwear	footwear	Glasses
Hearing aids	Hearing aids	Glasses	Glasses	Hearing aids
Dentures	Dentures	Hearing aids	Hearing aids	Dentures
Any other valuables (list):	Any other valuables (list):	Dentures	Dentures	Any other valuables (list):
		Any other valuables (list):	Any other valuables (list):	
Medication with resident:	Medication with resident:	Medication with resident:	Medication with resident:	Medication with resident:
Comments	Comments	Comments	Comments	Comments

Activity Tracker Form (fill in on-line)



The Red Bag Relay



Activity Tracker

Please email to: elccg.penninelancsredbagscheme@nhs.net

Care Home	
Month	
Reported by	
Date	

Date Resident moved from home	Date Resident returned home	Which Hospital	Did the Red Bag accompany the resident?	Overall Experience Please Rate (1 = poor, 5 = excellent)	Comments

Comments:

Please use this to indicate (for example)

- ☐ Were all the residents belongings returned?
- ☐ Were all the documents returned?
- ☐ Was the documentation completed?
- ☐ Were there any issues with medication?
- Was the bag in good condition?
- Were there any medical equipment issues?
- Other?



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The Red Bag Relay

What it means for you: Ambulance Staff

On arrival at the care home

- Receive Red Bag from care home staff
- Check paperwork /medications are present and complete

On arrival at the hospital

- Pass the Red Bag to hospital staff
- Inform them that paperwork is complete
- Complete the Red Bag checklist and hand to hospital staff for this document to be kept with the Red Bag

On leaving the hospital

- Ambulance staff to receive Red Bag from hospital staff and ensure it remains with the patient

On arrival at the care home

- Ambulance staff to hand over the Red Bag to care home staff

- The Red Bag must stay with the patient at all times from when they leave the care home until they return
- Red Bag documentation may be inserted into ward notes but must be returned and retained securely in the Red Bag at all times during transfer
- All staff should complete the Red Bag checklist at all stages of the journey to enable accurate tracking and evaluation of the initiative



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Ambulance Staff checklist

**Copy of the current
MAR chart, written up,
signed and dated**

**Don't forget the 'Get it on Time' sticker for Parkinson's residents and
the DNACPR form if relevant**

Red Bag Relay Implementation

- Tested in Ribblesdale
- To extend to Care Homes across Pennine Lancashire
- Continue to Measure Outcomes
- Refine and Improve – with your help

New Care Models

https://www.youtube.com/watch?v=Slx37_a0-40

Any questions?

FOR FURTHER INFORMATION

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Email : a.thornburn@nhs.net