

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.



TOGETHER A HEALTHIER FUTURE

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

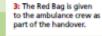
Standardised papers:

- Residents Assessment
- CARES Escalation Record
- MAR Sheet
- This is Me leaflet.
- Checklist

Medicines Hospital Admission Checklise



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.





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

TOGETHER A HEALTHIER FUTURE

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



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



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

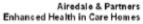
This file may contain original documentation which should be returned to the Nursing /Care Home for future use

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

OR Telephone : 01282 644 628 OR by email to

elccq.penninelancsredbagscheme@nhs.net







Documentation Front Sheet

Red Bag Relay Information Sheet





The Red Bag Relay

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



Enhanced Health in Care Homes



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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
- 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.

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 crosscontamination.

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.

Bag N

Number	

Initial	Date
Initial	Date

Date

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

Airedale & Partners Enhanced Health in Care Homes



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:	Date Of Birth:	NHS No:				
	Name	Age:					
	Address	Gender Male/Female					
Next of Kin Information							
Name:	Name:						
Relationship:	Relationship:						
Contact Details:							
Is these level Device of Attendances							
Is there legal Power of Attorney for: Health & Welfare Yes/No	Property and Finance	Vasible					
Health & Wellare Tes/No	Property and Pinance	Tes/No		5			
Name:	Name:			œ			
Name: Contact Details:	Name: Contact Details:			0			
Contact Details:	Contact Details:			μ.			
				5			
Religion, Spirituality:				ш			
Details of GP (in case of clarification requ	ind repeating medical history			≥			
Details of GP (in case of clarification requ	illed regarding medical history)			တ္တ			
Is there a Deprivation of Liberty Safeguar	d (DOLS) in place? Yes / No			S			
	d (DOLS) in place?			S			
If yes, what is it for?							
Admission to hospital in the last 30 days?	Yes/No	•		RESIDENT'S ASSESSMENT FORM			
ramsson to nospital in the last ob days.	103.10			S			
If yes, provide details including whether a	dmitted from home or hospital:			5			
				ш			
Number of attendances into hospital in la	st 12 months (add dates of any new ad	missions to update)		₽			
				S			
Were there any recurrent episodes of illne	ess identified from the reasons for hosp	ital admission or recent GF	visits?	2			
	•			_			
Relevant Medical History							
Any drug allergies?							
Any recent illness or treatment?							





Enhanced Health in Care Homes Working in Partnership: East Lancashire Clinical Commissioning Group, Airedale & Partners: Enhanced Health in Care

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



should be concise, accurate and up to date.



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,

Minimum Information Requirement for substitute Resident Assessment Form

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

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Red Bag Relay



Minimum Information Requirement for substitute Resident Assessment Form

	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	
Z.	Name of person completing/signature/designation/date & time	
VERIFICATION	Separate consent document (sharing information)	
RIFIC	DNAR CPR original is available	
VE.		

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	

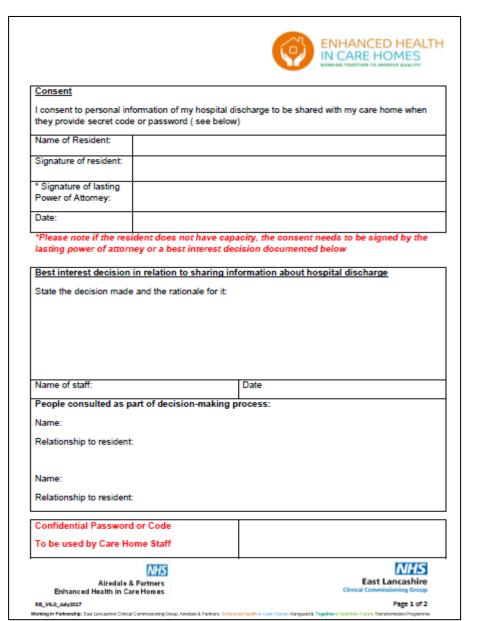
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Consent to share information (on back of care plan)







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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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	Background	Assessment	Recommendation			
Inst	Instructions for use: This form should be used when faced with an incident or urgent health need to support						
dec	ision making and the assessmen	t process.					
Dat	te:		Time o	of call:			
Pat	ient's name:		DOB:				
	e Home name:		NHS n	umber			
	dress:						
Pat	ient's GP:		Caller	Name:			
	What is the concern regarding	the patient?					
SITUATION	List symptoms:						
Ĕ	What has changed from previo	meh/2					
	what has changed from previo	usiy:					
۵	Ensure you have care notes to I	hand					
BACKGROUND							
KGR	Past Medical History /Diagnosi:	5:					
BAC	Any allergies:						
	Level Of Consciousness:		Alert /	Drowsy / Not Responding To Call			
	Cognition						
	Is the person living with demer		YES / I				
	Is the person more confused/a	gitated than normal?	YES / I	NO			
MENT	What actions have you taken to	o manage the patient's con	dition?				
ASSESSMENT	What were the affects from the	ese actions?					
4	Vital Signs						
	ВР	Normal / Unusual?	Pulse				
	Respiratory rate			erature			
			axilla/	tympanic/other			

	Urine dipst	tick result	Blood sugar
	Is there an	Advance Care Plan?	YES / NO
	Medication	<u>n:</u>	
	Refer to cu	rrent MAR Sheet	
		ent on a palliative care or end of life pathway?	YES / NO
_	Is a DNACP	R in place?	YES / NO
RECOMMENDATION		would like to be done now? ything you should do now?	
RECO	,		
	If going to	hospital please include the following in the Red Bag:	
	Standard d	locumentation:	Please indicate Yes or No
	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	
Shared Information	Yes / No	This Is Me leaflet/one page profile	
Jorn	Yes / No	DNA CPR	
redir	Yes / No	Advance Care Plan	
ŝ	Personal b		
	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	
	the family a		
If c	o any concer	ns/beliefs?	

Version2 - 25/9/2017

Adapted from Sutton CCG NHS Vanguard

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

Transfer Checklist

NAME:	
NHS No:	Red Bag serial number:
DOB:	Care Home:



Care Home		Ambulance Service		ED / AMU		Discharging Ward		Care Home (received)	
Staff Name: Date:		aff Name: ate:		Staff Name: Date:		Staff Name: Date:		Staff Name: Date:	
Red Bag	ı	Red Bag	Γ	Red Bag	П	Red Bag		Red Bag	Τ
Standardised documentation:-	Sta	andardised documentation:-		Standardised documentation:-		Standardised documentation:-		Standardised documentation:-	
Resident Assessment Form OF	Re	esident Assessment Form O		Resident Assessment Form Of		Resident Assessment Form OF		Resident Assessment Form Of	_
Primary Care Personalised Care Plan	Pri	imary Care Personalised Care Pla		Primary Care Personalised Care Plan		Primary Care Personalised Care Plan		Primary Care Personalised Care	Ι
Consent to share information form	Co	onsent to share information form		Consent to share information form		Consent to share information form		Consent to share information form	Ι
CARES Escalation Record	CA	ARES Escalation Record	П	CARES Escalation Record	П	CARES Escalation Record		CARES Escalation Record	Τ
This is Me / 1 page profile	Thi	nis is Me / 1 page profile		This is Me / 1 page profile		This is Me / 1 page profile		This is Me / 1 page profile	1
Current MAR Sheet	Cu	rrent MAR Sheet	Г	Current MAR sheet	П	Current MAR sheet		Current MAR sheet	Τ
Meds Hospital Admission Checklist	Me	eds Hospital Admission Checklist	Г	Meds Hospital Admission Checklist	П	Meds Hospital Admission Checklist	П	DNACPR form	T
DNACPR form	DN	NACPR form	П	DNACPR form	П	DNACPR form	П	Advance Care Plan	T
Advance Care Plan	Ad	dvance Care Plan	Г	Advance Care Plan	П	Advance Care Plan	П	Discharge letter	1
Change of clothes and toiletries	Ch	nange of clothes and toiletries	Г	Discharge letter	П	Discharge letter	П	Change of clothes and toiletries	1
Well-fitting footwear	foo	otwear	П	Change of clothes and toiletries	П	Change of clothes and toiletries	П	footwear	1
Glasses	Gla	asses	П	footwear	П	footwear	П	Glasses	1
Hearing aids	He	earing aids	Г	Glasses	П	Glasses	П	Hearing aids	1
Dentures	De	entures	П	Hearing aids	П	Hearing aids	П	Dentures	1
Any other valuables (list):	An	ny other valuables (list):	Г	Dentures	П	Dentures	П	Any other valuables (list):	1
				Any other valuables (list):	П	Any other valuables (list):			1
Medication with resident:	Me	edication with resident:		Medication with resident:		Medication with resident:		Medication with resident:	
Comments	Co	omments		Comments		Comments		Comments	

Activity Tracker Form (fill in on-line)





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)

- o Were all the residents belongings returned?
- o 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?





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





Airedale & Partners Enhanced Health in Care Homes

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 ao-40

Any questions?

FOR FURTHER INFORMATION

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