**Implementer - Interview Notes for eRedBag User Story**

**Name:** Jose Reis, Nourish

**Role:** Implementor for the eRedBag

**“The eRedBag speeds up enormously the time previously spent on admin tasks to write up information on paper. Staff can spend more time on providing care, which is what matters.”**

**What is Nourish?**

Nourish is an electronic care planning solution – it covers all aspects required to cover social care services, including generation of care plans, management of changes to care plans and reviews, personal care interactions, assessments, such as mobility or nutrition, NEWS2 and Restore2. All this can be recorded in Nourish electronically.

As this is all cloud based and the whole care home team has access to this information, this removes the dependency with paper-based systems on finding the right document or folder where this information is and also understanding the handwriting.

As a digital system, everyone in the team can access and read the information – so this speeds up enormously the time previously spent on admin tasks to write up information on paper. Staff can spend more time on providing care, which is what matters.

 The information is also available to different levels, so whether you’re a single care home service, or a larger group or chain of care services, then whether you’re a clinical lead, operational manager or CEO, Nourish provides a set of dashboards to enable decision making with a set of analytics to analyse trends, such as rate of falls, or occupancy levels, so it’s also a business intelligence tool. You can also integrate with medication providers.

**How does the information captured by Nourish get to the Hospital digitally?**

We take the same information used in the standardised Red Bag Hospital Transfer Pack and this is all compiled in a PFD file which previously the care homes would print and put in the physical Red Bag. With the eRedBag, they can still print and send the paper copy as a backup, but they can now also press ‘Send’ and the PDF goes electronically to the hospital.

During the pilot, the care homes still send the paper version for peace of mind in case the electronic version does not go there, or no-one at the hospital notices it is there – but overall, for the care homes, having the digital version saves so much time. I had a care home manager say to me ‘This is amazing, we have so many problems with our printer that once I had to fill in an hospital passport form manually’. In this digital age, with the ambulance waiting for him, he just needs now to press a button and the PDF with all the information can be sent instantly, even if he can’t print on this occasion.

**How would CCGs and care homes new to the eRedBag use this system?**

The hub that can be used to send the information to the hospital can be used by any CCG area and any CCG, care home and hospital who agree to share data. Of course, the care home needs to be at ‘Standards Met’ level for the Data Security Protection Toolkit (DSPT).

The Hub was developed by the Care Providers Association (CASPA) and its available to any care provider who wants to use this functionality to send the eRedBag to their local hospital.

In the future, the information can be available electronically even wider, such as to ambulance crews when they are actually en route to the hospital - for example if they need to provide an injection in the ambulance and need to know about allergies, they can see this online. Also, the information can be shared between one care service and another if a transfer of care is needed for example from a residential care home to a nursing home.

At the moment, Nourish and Person-Centred Software are two companies who are able to send the eRedBag – however the eRedBag system will be made available to any electronic care provider.

**As someone involved in the implementation of the eRedBag project what did you see as your role in particular?**

I was involved in project management from a Nourish point of view and that meant liaising with the overall CCG project lead, with the care homes services and representing Nourish on the Steering Group.

One of our key roles at Nourish was to test the IT process as a new provider – although the process was initially built by Person Centred Software, we could test and see if the process worked with the care homes we work with and with our systems, that allowed us to see if multiple providers could use the system anywhere in the UK.

We also just had to go through with the care homes already using Nourish how to send the eRedBag to the hospital. They were already using Nourish and familiar with it, but we just had to show them there was a new button they needed to press to send the files electronically to the hospital. Although that was straightforward, we also wanted to help them understand exactly what information they were sending and make sure they were comfortable with that.

Going forward we also have things like online instructions for new features that make it really easy for any care home that is new to using different types of technology so it should be very straightforward even for those who find technology a bit challenging.

**What do you think has worked well with Planning, setting up and promoting the eRedBag through the care homes and hospitals?**

Having a Steering Group with regular meetings and detailed reports with an overall plan, status updates and the different stages of the project has been extremely positive. We also have a technical group that meets a week before the Steering Group to discuss the technical aspects separately.

It was also very useful for us that the Regional Lead was also doing lots of work to help the care homes get to ‘Standards Met’ level on the DSPT. This is a challenge and still will be for other care homes.

**Finally: what do you see as the challenges in the system with implementation and how could other areas overcome them?**

In terms of implementation what we’re still trying to understand is does the information provided to the hospital clinician satisfy their needs. Are they getting the right information to deliver care? We also need to make sure that if different electronic care providers have slightly different names for things, such as a care plan, not a support plan; or it’s in a slightly different place, that the hospital clinician can still find it properly. This is a challenge for any new provider, so we need everything to be really standardised.

The other big challenge is just to get the care homes to meet the IG requirements with the DSPT. That might be manageable for a large group who has someone responsible for IT for the whole group, but in a single home, where the manager is also the chef one day when the chef is off sick for example, that’s a real challenge.