Benefits of the eRedBag Pathway

This paper presents all the benefits of using the eRedBag Pathway. It brings together the quality benefits and financial benefits into one place to enable mobilisation leads to ensure that when presenting benefits, they can be sure that all are covered.

## Quality Benefits

The quality benefits are presented in four ways: as a list of bullets (Box 1), as narrative (Box 2), as narrative by user group (Box 3) and as a response to the pandemic (Box 4). These allow mobilisation leads to present the benefits in different ways to different audiences. Additional sections cover the benefits of care homes using the eRedBag Pathway to demonstrate compliance with the Care Quality Commission’s standards, plus benefits for acute and community staff with access to information to support decision-making.

Box 1: Quality Benefits in a List

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| Communication across health and social organisations of reliable, trusted, up-to-date, consistent quality information about patients/residents that is readily available leads to…  **…short term benefits:**   * Improved experiences, quality of care and safe-guarding for care home residents * Improved assurance for family members, friends and carers * More time available for staff to spend caring for people * Improved job satisfaction for staff * Quicker and safer discharges * Reduced risk of data breaches   **…system benefits:**   * Care staff feel more connected to the broader health system * Cost savings through less people going to hospital, fewer unnecessary tests and interventions whilst in hospital, and less time in hospital * Improved compliance and understanding of data protection, and data and cyber security. |

Box 2: Quality Benefits as Narrative

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| **Speed and reliability, leading to improved care and outcomes**   * The wishes of care home residents as expressed in their care plans in care homes, can be transferred more effectively to other settings, including the ambulance service and hospitals in the event of emergency care being required. This offers reassurance of better patient-centred care for residents and their families, friends and carers. * Having information readily accessible at all care-points along the pathway results in improved clinical and social care, both during emergency admission and following discharge, as well as reduced risk of re-admission to hospital. There is also a reduced risk that residents are having assessments and interventions repeated unnecessarily as well as reduced risk of hospital readmission. All these factors improve both the quality of care received and patient experience. * Improvements in quality of care received and experienced as the information is up to date and readily available to all staff. Residents’ digital information stored in the care home is reviewed more regularly and updated more quickly leading to better quality of care received in the home. When hospital care is required, residents are not undertaking assessments and interventions unnecessarily. * Improved job satisfaction for care home staff as more time spent on caring for people through less duplication of data entry, administration of the paper records and phone conversations with hospital staff * Improved job satisfaction for hospital staff as more time spent on caring for people due to: fewer ED attendances, non-elective admissions and readmissions, and shorter length of stay of care home residents * Improved job satisfaction of ambulance staff as information available to them in the care home is more complete, allowing for better triage in the care home and handovers to hospital staff * Improvement in end of life care for residents due to availability of reliable information on people’s end of life wishes, Advance Care Plans and DNAR CPR forms for staff across the health and care system   **Broader system benefits, governance and data protection**   * At a broader system level, the availability of the eRedBag increases uptake of the Data Security and Protection Toolkit. This leads to better data security awareness and understanding, improved standardisation and compliance, and more scope for transferring information across multiple sectors and settings. * Improved overall assurance around data protection and security. The risk of data security breaches and fines are reduced through electronic transfer, particularly at times of significant pressure. * Reduced complaints from care home staff, residents, and families/carers due to improved communication between care home and hospital. Job satisfaction is linked to better patient/resident experience. Care homes find it easier to track residents. * Cost savings through less people admitted to hospital from emergency departments, reduced lengths of patients’ stays in hospital, less paper-work to complete and fewer unnecessary tests and interventions * More joined up health and care system around people’s needs when they are unwell |

Box 3: Quality Benefits as narrative by user group

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| **For care home residents, family members and carers**   * The wishes of residents, as expressed in care plans, can be transferred more effectively to hospitals in the event of emergency admissions. This offers reassurance of better patient-centred care both to residents and their families * Having up to date and clear information readily accessible at all care-points results in fewer unnecessary assessments and interventions while in hospital, and better clinical and social care, both during emergency admission and following discharge, as well as reduced risk of re-admission to hospital * The data items contained in the eRedBag have been nationally agreed in a standard allowing for health staff to know what to expect within the record wherever they work   **Benefits for care home staff and managers**   * Improved staff engagement due to reduced paperwork, and increased time for resident care * Assurance during CQC inspections. CQC have [recently updated the list of questions](https://www.cqc.org.uk/guidance-providers/residential-adult-social-care/infection-prevention-control-care-homes#hide8) they will ask relating to Infection Prevention Control in the light of the pandemic. They are interested in the ability within the care home to enable electronic handover of information * Receiving the discharge paperwork electronically when a resident returns from hospital, enables the care home staff to deliver fully and immediately the care that is planned in hospital     **Benefits for hospital and community staff**   * Access to up-to-date, reliable, and legible information for clinicians and administrators * Improved clinical reassurance, decision-making and administration due to reliable, up to date, accurate, information available immediately to hospital staff and ambulance crew * More time available for staff to spend on patients with greater need due to fewer: ambulance conveyances, ED attendances, non-elective admissions, readmissions and shorter length of stay   **Benefits for ambulance staff**   * Accessing the eRedBag information helps ambulance crew triage residents better whilst in the care home, facilitating handovers from care home staff to ambulance staff and following the decision to transfer to hospital, the crew can provide better patient care in the ambulance and better handovers from ambulance staff to emergency department staff |

Box 4: Quality Benefits in the COVID Pandemic

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| **Infection control**   * The eRedBag reduces the need for handling paper-work which can be a vehicle for passing on infection. Staff transfer information through handsets, such as tablets, which are easy to wipe down and sanitise therefore reducing the spread of infection. * Communication and coordination of care is key to effective infection control. Electronic data systems allow for easy sharing of information both within the home and with key partners in people’s care. * Care reports on residents can be accessed at the touch of a button. This enables symptoms to be closely monitored and the necessary timely action taken to stop the spread of infection. * Hospital staff can understand and respond to the resident’s COVID status as well as that of the care home as the eRedBag template includes both * Access to discharge summaries, emailed to the care homes’ shared NHSmail accounts, enables care homes to not handle paper documents from the health service, as well as put in place the care required before residents return from hospital |

## CQC compliance for care homes

The Care Quality Commission (CQC), the inspectors of care homes, have [recently updated the list of questions](https://www.cqc.org.uk/guidance-providers/residential-adult-social-care/infection-prevention-control-care-homes#hide8) they will ask relating to Infection Prevention Control in the light of the pandemic. The ability to monitor and record key health indicators twice a day and to provide the means for easy handover of information is facilitated by electronic monitoring of information. Given that establishing the eRedBag encourages homes to become more digitally competent, this may be seen as an opportunity.

Another relevant CQC line of enquiry relates to End of Life Care and asks questions relating to provision that patients end of life wishes are properly recorded and communicated, again, a key part of the eRedBag information.

## Benefits for acute staff and trusts

For acute staff, as demonstrated below, the key benefit is easy access to information to support decision-making. For acute trusts, the eRedBag is expected to reduce the number of people admitted to hospital from ED (Non-Elective Admissions (NELs)). Having information electronically available means more effective and efficient assessment in the Emergency Department. In addition, trials have indicated a reduction in overall length of stay (LOS) through more timely care and treatment, and quicker and safer discharges. This increases capacity and reduces the risks of Hospital Acquired Infections and deconditioning for patients from care homes.

The eRedBag benefits to hospital staff include:

* Quicker access to information to support decision-making
* Less time on administration
* Improved communication across teams
* Access to reliable information that is up to date, and consistent quality
* Quicker, smoother and safer discharges
* A more secure means of transmitting information leading to fewer potential information governance (IG) breaches

The table below lists some the benefits that accessing information in the eRedBag can bring to a range of health professionals.

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| Clinical Team | The eRedBag provides | Benefit |
| ED Staff | Name that person prefers to be called by, current health concern, why they have been admitted and medical history. | Supports timely treatment  decision-making within ED and whether the person requires  full admission |
| Medical Assessment Unit (MAU) Staff | Medical information contained in the documents, particularly the medication administration chart | Ensures that hospital teams are aware of existing medical problems that are not relevant to this admission and do not require further investigation/treatment |
| Ward Nursing Staff | The person’s usual level of function across activities of daily living, any identified health/safety risks e.g. falls, malnutrition. ‘About Me’ information which enables hospital staff to get to know the person | Facilitates discussion whether the person is ‘back to baseline’ and therefore safe to discharge. |
| Ward Doctors | Information on existing medical problems that are not relevant to this admission and do not require further investigation/treatment. | Enables safer decision-making regarding treatment decisions. |
| Pharmacists | Medicines administration record (MAR chart), list of allergies. | Enables safe and effective prescribing of medicines whilst in hospital. Prior to discharge, there is medicines reconciliation to identify whether any changes have been made whilst in hospital. |
| Physiotherapists and Occupational Therapists | Information regarding the person’s mobility and what level of support/equipment they need. | Enables a baseline understanding of need in order to identify whether the person has changed in this respect and requires further intervention |
| Speech and Language Therapists | Information regarding the  integrity of the person’s swallowing and whether they have any dysphagia management needs, as well as contact details for the community SLT. | Enables a baseline understanding of need in order to identify whether the person has changed in this respect and requires further intervention |
| Discharge flow coordinators | Contact details for Care Home to agree and arrange discharge. | Assurance that discharge information will be sent via secure email |
| Dieticians | Information regarding the dietary needs of the person and what level of support/equipment they need, contact details for the community SLT | Enable a baseline understanding of need in order to identify whether the person’s needs have changed and requires further intervention. |
| Clinical site managers | Information that patient is from a Care Home and contact details for the home | Enables discussions to be had if the hospital is on ‘black alert’ and needs to create additional capacity. |

## Benefits for community staff

The eRedBag has many benefits to individuals and organisations across the health and care pathway.

For community services, the key benefit of the eRedBag is easy access to information to support assessment and decision-making both in terms of preventing admission from the emergency department if providing a service there, supporting quicker and safer discharges once admitted and preventing readmissions once back in the care home.

Depending on which services are run by the community teams, will influence what benefits the eRedBag will bring to those teams (see Box 5).

Box 5: Services provided by Sutton Health and Care at Home Hospital Hub

Based at St Helier Hospital, our Hospital Hub Team, which consists of therapists, nurses, social workers, and GP, work together and with hospital services to identify patients in the Emergency Department, Acute Medical Unit and on the wards, who’s condition could be safely managed at home with the right support, reducing length of stay and unnecessary admissions.

<https://www.suttonhealthandcare.nhs.uk/sutton-health-and-care-at-home>

Benefits to the wider system are presented in more detail within the ‘Benefits and Opportunities of the eRedBag Pathway’ and ‘SQW Benefits of eRedBag’ documents found under the ‘Measuring the eRedBag Pathway’ section on the webpage. The Return on Investment (ROI) template also found on the webpage, provides a tool for calculating feasible cost savings the eRedBag can achieve in relation to:

* Reductions in staff time spent filling in forms and repeating unnecessary investigations
* Reduction in emergency department (ED) admissions through reduced re-admissions
* Reduction in non-elective admissions through reduced re-admissions and more effective and efficient assessment in ED
* Reduced length of stay through support to discharge effectively and safely

**Community Services working to prevent re-admission**

The eRedBag contains the CARES (Concerns, Actions, Response and Escalation) Form detailing the reason for the emergency, including current symptoms and any actions taken by the care home. It also contains the resident’s medical history, their medication (MAR) and any vital signs observations taken as well as a body map (including pressure sores) and any CMC plan, Advanced Care Plan and DNACPR.

This information can help community teams assess the resident and aid decision making for support required to avoid re-admission.

**Community Services working in the Emergency Department (ED) or Acute Medical Unit (AMU)**

For community teams working in ED or AMU to prevent admission from there into the hospital, the eRedBag supports better decision making by including information on previous acute episodes, level of functioning, cognition, dementia status, mobility and continence. It also contains the About Me form, listing personal preferences and end of life wishes. The eRedBag appears to reduce the number of people admitted to hospital from ED (Non-Elective Admissions) due to more effective and efficient assessment in ED.

**Community Services working on Discharge**

Phase 1 of the work in SW London suggested it reduces overall length of stay (LOS) through more timely care and quicker and safer discharges. Thereby increasing capacity and reducing the risks of Hospital Acquired Infections and deconditioning for patients from care homes. Average length of stay for care home residents with an eRedBag reduced by an average of 1.6 days per patient. To help speed up discharge there is information on safeguarding, legal information, risks and additional support plans.

## Financial Benefits

Data from the South West London pilot of the eRedBag suggests that there are a number of financial benefits to implementing the eRedBag Pathway. Given that the analysis was carried out during the Covid19 pandemic, these results will require further exploration. However, the metrics, and their logic and impact are described here to provide a full picture of the benefits work delivered.

**Reduced avoidable ED attendances**

Results from the pilot suggest that there were 24% less attendances at the emergency department following the introduction of the eRedBag. The logic is that there are two reasons for this reduction. Firstly, by the care home sending digital information directly into the hospital then care home staff track care and data-recording better resulting in less need for emergency services. Secondly, having the printed version of the eRedBag available for the ambulance crew arriving at the care home, supports better triage of residents.

**Reduced non elective admissions**

Results from the pilot suggest that there were 28% less non elective admissions into the hospital following the introduction of the eRedBag. The logic is that having the eRedBag information available to the staff in the emergency department then less time is spent trying to understand the reason for attending ED, and more time is spent delivering care, and carrying out appropriate tests and interventions.

**Reduced length of stay**

Results from the pilot suggest that for each admission there were four days less spent in hospital following the introduction of the eRedBag. The logic is that having the eRedBag information readily available to all staff means that staff can carry out their roles more quickly and that only appropriate tests and interventions are carried out.

**Reduced readmissions**

Results from the pilot suggest that the readmission rate into hospital fell by 35% following the introduction of the eRedBag. The logic is that the discharge teams provide the discharge summary upon discharge, allowing everything to be in place for the resident to return to the care home, and that the community services team supports the resident in the care home, where relevant.

**Reduced ambulance conveyances**

Results from the pilot suggest that there were 12% less ambulance conveyances into hospital following the introduction of the eRedBag. The logic is the same as that for reduced ED attendances and reduced readmissions.

**Reduced time spent on administrative tasks by hospital staff**

It was estimated that 30 minutes of staff time was saved for each ED attendance and 60 minutes saved for each hospital admission through no longer phoning the care home to find out information.

**Reduced time spent on administrative tasks by care home staff**

Time staff spend on administrative tasks is reduced, enabling more time to be spent on other priorities such as improving the care provided to residents. It was estimated that time saved for each resident on form completion, having no longer to complete by hand the red bag documents, was an hour. If a resident attended ED or was admitted then it was estimated that 30 minutes was saved for an avoided ED attendance and an hour was saved if the resident was admitted. This time would have been otherwise spent in phone calls to hospital staff.

## Further information

On the website are SQW’s evaluation reports, including its benefits work, logic model, evaluation and monitoring plan and return of investment template. These are produced by SQW, an independent evaluator given full access to the data, and provide are useful starting point to evaluate any local implementation work.

For more information on the eRedBag contact [SWLCareHomes.eRedBag@swlondon.nhs.uk](mailto:SWLCareHomes.eRedBag@swlondon.nhs.uk)

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