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| 08/16-17 | Memorandum of Understanding (MoU). Updated document presented at item 2.1. Open. |
| 12/16-09 | Quality Indicators Workshop. Dr Brigette Meehan to consider facilitating a Quality Indicators Workshop in the first half of 2017. Ongoing. |
| 04/17-02 | ACC and Partner DHB Pilot. Verbal update on agenda at item 1.6. Open. |
| 04/17-09 | interRAI Accreditation Process. Accreditation training model information to be placed on the interRAI NZ website. Completed. Closed. |
| 06/17-01 | Canterbury DHB Proposal to pilot AC 9.3. Verbal update on agenda at item 1.5. Open. |
| 06/17-02 | interRAI Information Flow. Paper investigating the feasibility of enabling the interRAI information to flow two ways on agenda at item 3.2. Closed. |
| 06/17-03 | Integrated Suite of interRAI Tools. Presentation circulated to Board members. Closed. |
| 06/17-04 | Glossary of interRAI Acronyms. Appended to agenda. Completed. Closed. |
| 06/17-05 | interRAI NZ Future Direction. Karina Kwai to provide additional wording to include discussion around having interRAI data readily used and available to providers and across home support and residential care by 31 August 2017. Open. |
| 06/17-06 | Terms of Reference for an interRAI Expert Advisory Group. Jane O'Malley, Chief Nurse attending the meeting to discuss nursing representation. Closed. |
| 06/17-07 | interRAI Quality Indicators. Summary report on agenda at item 4.1. Closed. |
| 06/17-08 | Budget for 2017/18. On agenda at item 6.2. Closed. |
| 06/17-09 | Tenure of Board Members. Letters to Board members formally extending their appointments until 31 December 2017 circulated. Closed. |
| 06/17-10 | Sub-Group of the Board to discuss MoU and Outcome Measures. Meeting held 15 June 2017. Closed. |

1.5 Correspondence

The Chair spoke to the follow up letter sent to the Canterbury DHB (CDHB) Chief Executive dated 13 June 2017 requesting that CDHB submit a pilot proposal for the implementation pilot of the interRAI Acute Care Assessment (AC) 9.3, noting an official response had yet to be received.

Note: Nigel Millar declared a potential conflict of interest to this item.

The Chair referred to the response received from CDHB which was circulated to Board members as an additional paper on 7 August 2017 and tabled at the meeting.

It was noted the high level schedule showed implementation intent but did not respond to questions raised by the interRAI NZ Governance Board relating to:

- National interRAI software platform.
- Data coming into the interRAI data warehouse.
- Potential for national rollout.
- Regional IT and how it fitted with systems in the South Island.

Michele McCreddie provided a verbal update on discussions with Sue Wood, Director Safety and Quality, CDHB noting the following:

- CDHB had recently completed a major software upgrade and were now in a position to progress the pilot using the patient track software developed as part of the research pilot.
- Changes were required to the interRAI AC 9.3 assessment tool in CDHB to reflect the international tool launched in Brisbane.
- The pilot would initially be undertaken on a single ward and then extended to other wards as outlined in the schedule.
- The information would not be held in the current national interRAI software platform but would be held in Health One (CDHB electronic record), and be part of the individual's clinical record.
- Enhancements and some additional costs would be incurred to upgrade the national interRAI data warehouse to allow the information to be captured
- Regular reports on the progress of the pilot would be provided to the interRAI NZ Governance Board.

Chris Fleming advised he was not comfortable with the proposal noting CDHB were only a third of the way into the update of their clinical software.

Chris Fleming indicated that if the interRAI NZ Governance Board were supportive of the approach, it would be best practice to articulate a set of guiding principles to inform future proposal submissions. Nigel Millar agreed, suggesting the Board would benefit from engagement with Ann-Marie Cavanagh, Chief Technology and Digital Services Officer, MoH in the development of an informatics strategy.

Karina Kwai noted the cost of change for the sector was a consideration, particularly providers who would need to consider what it meant to them within their operational environments.

Max Robins noted the pilot of the software did not include the integration of the software which would be vital when inevitably the system would be rolled out to other DHBs to ensure the information flow nationally was consistent.

The Chair summarised the discussion noting the interRAI NZ Governance Board encouraged innovation and acknowledged the importance of the ability for interRAI to grow and expand.

The Chair noted a process was required to work in partnership with CDHB to ensure the critical principle relating to plans for future data storage, analysis and reporting.

The interRAI New Zealand Governance Board:

1. **Noted** a discussion would form part of the 18 October 2017 meeting to consider the longer term strategy around interRAI software and informatics, including understanding the current status and requirements for the future as interRAI matures and moves into the next phase.
2. **Noted** Ann-Marie Cavanagh, Chief Technology and Digital Services Officer, MoH would be invited to the Board meeting on 1 December 2017 meeting to discuss the development of an interRAI informatics strategy.
3. **Noted** Michele McCreadie, Nigel Millar and Karina Kwai would liaise with Ann-Marie Cavanagh to provide background information prior to the workshop session.
4. **Noted** Michele McCreadie would work with CDHB to ensure the pilot was within the interRAI pilot framework and explore the four questions raised by the Board that have yet to be responded to.
5. **Agreed** support to proceed with the pilot of the new interRAI AC (9.3) assessment tool on the basis CDHB committed to working with the Board to ensure that the tool becomes fully interoperable if the pilot was successful.
6. **Agreed** a principle that the assessment data must be available at every point of care.

1.6 Matters Arising

ACC and Partner DHB Pilot

Note: Matthew Parsons declared a potential conflict of interest to this item.

Michele McCreadie advised a revised statement of work (SoW) providing costs for all elements of interRAI Services support for the potential ACC pilot had been provided to ACC for consideration a few days ago. The SoW included costs for education and support, data analysis and reporting and software enhancements to enable the ACC pilot to go ahead. The statement of work was revised following feedback received from ACC at a meeting on 25 July 2017.

Michele McCreadie noted ACC were in the process of developing an internal business for using the interRAI process as part of their larger project around case mix.

Matthew Parsons highlighted a risk that the pilot may not go ahead due to concerns raised by ACC at the long term sustainability of training costs.

Nigel Millar noted the pilot was a good opportunity for engagement with ACC, suggesting that interRAI Services consider looking at opportunities to ensure the pilot was progressed without compromising client outcomes.

The interRAI New Zealand Governance Board **noted** Michele McCreadie would keep the Board updated regarding further engagement with ACC.

| Action Items | Person Responsible |
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| 1. A discussion to be scheduled as part of the 18 October 2017 meeting to think about the longer term strategy around information, including understanding the current status and requirement for the future as interRAI matures and moves into the next phase. | Michele McCreddie |
| 2. Ann-Marie Cavanagh, Chief Technology and Digital Services Officer, MoH to be invited to the Board meeting on 1 December 2017 meeting to discuss the development of an informatics strategy. | Michele McCreddie |

02 Governance

2.1 Memorandum of Understanding

Karina Kwai tabled an updated draft Memorandum of Understanding incorporating discussion held at the 7 June 2017 Board meeting regarding jurisdiction and licensing.

Karina Kwai highlighted the following updates:

- *Purpose*- footnote added 'The Ministry of Health holds a license agreement with interRAI international to use interRAI assessment instruments in New Zealand. The agreement primarily requires protection of interRAI intellectual property. District Health Board were included within the scope of the agreement.'
- *Decision Making*- footnote added 'interRAI Governance Board authority was vested by the Director General of Health to appointed members.'

Feedback from Board members during discussion requested:

- The footnote in the *Decision Making* section be amended to read 'interRAI Governance Board authority was vested by the Director General of Health.'
- An additional principle be added to read 'Resourcing was sufficient to meet the obligations as per the licence agreement'.
- The footnote added to the *Purposes* section be incorporated in the Purpose statement (rather than as a footnote).

The interRAI New Zealand Governance Board:

1. **Agreed** the revised Memorandum of Understanding between the MoH and interRAI Governance Board subject to amendments as noted.
2. **Noted** Karina Kwai would progress the Memorandum of Understanding for signing.
3. **Noted** the Memorandum of Understanding would be reviewed on a two yearly basis.

Moved: Chair *Seconded:* David Chrisp

At 11.11 am Jane O'Malley (Chief Nursing Officer, MoH) joined the meeting.

2.3 Nursing Representation on interRAI Expert Advisory Group

Following introductions the Chair opened discussions noting a number of examples of innovation within interRAI in the introduction of acute care assessment tools, which have highlighted a common theme of the role of nurses in supporting and implementing the tools in aged care and home and community.

The Chair noted a report on the lessons learned during a review of the introduction of Comprehensive Clinical Assessment (interRAI) in Aged Residential Care (2011-2015) was available on the interRAI NZ website and would be provided for information.

The Chair advised the Board considered nursing representation on the Board would enhance the membership and provide the ability to access a wider nursing network when required, noting there was an opportunity to refresh the Terms of Reference to include a Nurse Leader position on the Board when the composition was refreshed in December 2017.

Karina Kwai advised the following process for replacing retiring Board members:

- Expressions of interest would be sought in late August 2017, closing in mid October 2017.
- Evaluation of expressions of interest to be undertaken mid October 2017.
- A recommendation would be made to the Director General in November 2017.
- Candidates would be advised late November 2017.
- Formal confirmation of appointments would be made early December 2017.

Discussion was held on the criteria for a Nurse Leader role on the interRAI Governance Board noting a strong nursing leadership was critical.

The interRAI New Zealand Governance Board:

1. **Noted** a teleconference would be scheduled to include the Chair, Karina Kwai and Jane O'Malley to develop criteria for a Nurse Leader role on the interRAI Governance Board.

At 11.36 am Jane O'Malley departed the meeting.

| Action Items | Person Responsible |
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| 3. A copy of the 'Lessons learned from the introduction of Comprehensive Clinical Assessment (interRAI) in Aged Residential Care (2011-2015) – a post project review' be provided to Jane O'Malley for information. | Michele McCreadie |

03 Software Services

At 11.37 am Neil Gyde (MoH Technology and Digital Services) and Terry Huntley (interRAI Software Services Manager) joined the meeting.

3.1 National interRAI Software Contract – Future Plans

Neil Gyde and Terry Huntley were welcomed to the meeting. Following introductions Michele McCreadie spoke to the paper providing background material to inform discussion about the future renewal of the national interRAI software contract.

Karina Kwai advised the Service Commissioning Team at the MoH held the agreement with Momentum Healthware which was a single software platform and single software provider.

Board members noted discussion on the future plans for the software contract was interlinked with the earlier discussion in the meeting relating to the development of a software and informatics strategy.

Neil Gyde advised a New Zealand Digital Health Strategy for the health sector was under development for distribution in October 2017 which could assist Board discussion on the development of an interRAI informatics strategy. Neil Gyde noted the Digital Health Strategy had a focus on applications and how apps could provide more flexibility in the way health data was utilised.

The interRAI New Zealand Governance Board:

1. **Noted** the contents of the paper.
2. **Noted** common agreement on the development of an interRAI informatics strategy and alignment with the New Zealand Digital Health Strategy.

At 12.03 pm Neil Gyde departed the meeting and the meeting adjourned for lunch.

At 12.32 pm the meeting reconvened.

3.2 Lessons Learned from the Introduction of interRAI into Aged Residential Care – Recommendation 10 – bi-directional information flows

Michele McCreddie introduced the paper providing the Board with a summary of the view of ARC providers and their software vendors about recommendation 10 of 'Lessons learned from the introduction of interRAI into Aged Residential Care' – bi-directional flows.

The following was noted during discussion:

- Conversations with main vendors of ARC residential management and care planning software took place between 24 and 28 July 2017.
- Information obtained during interviews was remarkably similar.
- The main issue raised by ARC providers interviewed was the need to input demographic and assessment information multiple times into different systems, highlighting that the effort required was time consuming with high potential for human error.
- Since previous Board decisions, the number of ARC providers introducing electronic resident management and care planning systems had increased considerably and interest in the bi-directional flow of information between systems had been expressed by several ARC providers and their software vendors.
- There was an underlying view from providers that interRAI was seen as a compliance processes.

- Some of the issues raised by ARC providers could be addressed in other ways rather than introducing bi-directional interoperability.
 - *National Assessment Guidelines* – the revised guidelines for the long term care facilities (LTCF) assessment were due to be completed by September 2017 and would take a more streamlined approach and would reduce the need for demographic and assessment information to be input multiple times into different systems.
 - *Embedding interRAI in your facility Workshops* – interRAI Services have worked with NZACA to develop workshops to assist ARC facilities embed interRAI into their day to day business processes. The workshops were due to commence in September 2017 and were aimed at medium to small providers.
 - *Alternative Technology* – other technology was now available with the ability for a window to pop up in the interRAI system showing a snapshot of information from another system.

Nigel Millar advised the issue raised by providers relating to the need to input information multiple times into different systems would be alleviated if demographic information was not transposed, and updated in the National Health Index (NHI) to ensure one source of the truth.

Roy Reid advised one of the biggest issues for smaller providers was their attitude to accept the interRAI programme, noting the workshops would be a welcome step in informing smaller providers of benefits they could gain from the interRAI programme to their health management processes. Roy Reid also noted that once properly utilised, the interRAI programme would be a magnificent tool for the welfare of older people.

Judith Davey supported the idea of updating NHI noting the reduction in time for inputting assessments would benefit both the staff and clients, and was well understood by older people. She noted the demographic and social information was very important given the emphasis on social isolation and family care coming into aged care.

Michele McCreadie noted that as part of the embedding workshops advice would be given to ARC providers regarding the perception that only Registered Nurses (RNs) could enter information into interRAI.

The interRAI New Zealand Governance Board:

1. **Noted** the feedback from ARC providers and software vendors re bi-directional interoperability between interRAI and other ARC software systems.
2. **Noted** external skills, knowledge and expertise would be required to provide comprehensive advice to review the decision taken in March 2015 re interoperability.
3. **Noted** a review of the previous decision taken in March 2015 re interRAI interoperability would be undertaken as part of the development of the informatics strategy.
4. **Noted** a formal response would be provided to ARC providers and software vendors acknowledging feedback received and advising outcomes and next steps.

| Action Items | Person Responsible |
|--|--------------------|
| 4. Formal response to be provided to ARC providers and software vendors acknowledging feedback received re bi-directional interoperability between interRAI and other ARC software systems and advising outcomes and next steps. | Michele McCreadie |

At 1.02 pm Terry Huntley departed the meeting.

2.2 Draft interRAI New Zealand Governance Board Annual Report 2016/17

Michele McCreadie introduced the paper seeking approval from the interRAI Governance Board for the interRAI New Zealand Governance Board Annual Report 2016/17.

The following feedback was provided by Board members:

- Report appeared to be light in terms of achievements, and weighted with emphasis on Board members.
- Recommendation that case studies showing improvement in service delivery and health outcomes for residents in aged residential care facilities be included.
- Queried the necessity of having an interRAI Data Analysis Annual Report and interRAI NZ Governance Board Annual Report noting a duplication of information.

The interRAI New Zealand Governance Board:

1. **Requested** the interRAI Data Analysis Annual Report and interRAI NZ Governance Board Annual Report 2016/17 be merged.
2. **Noted** Board members would provide any updates to biographies to the Secretariat.
3. **Noted** the merged report would be presented to the Board on 1 December 2017 for approval with a view to providing the final report to the Director-General of Health in January 2018.

04 Education and Support

4.1 Introducing interRAI Quality Indicators into New Zealand

Dr Brigette Meehan tabled sample reports of interRAI Quality Indicators (QIs) data to inform discussion relating to what the information meant, and how the information could be shared and used in New Zealand.

Next steps were noted as being:

- Information would be shared with the QI Project reference group to:
 - Elicit any potential policy or process change implications arising the information provided.
 - Assist in designing reports that were more user friendly.
- Ensure any report were distributed in a secure way.

The interRAI New Zealand Governance Board **noted** the reports provided for the interRAI Quality Indicators Project.

05 Update from interRAI International

4.1 Proposal for a new Associate Fellow

Dr Meehan spoke to the paper seeking endorsement that Dr Hamish Jamieson be invited to be an Associate interRAI Fellow prior to a formal proposal being submitted to the interRAI International Board

Dr Meehan advised Dr Jamieson was a Geriatrician with the Canterbury District Hospital and a Senior Lecturer in Medicine with the University of Otago, in Christchurch who had concentrated his research programme on understanding interRAI data. It was noted Dr Jamieson had presented at interRAI conferences overseas and regularly shares his research findings with interested groups in New Zealand.

The interRAI New Zealand Governance Board **endorsed** the invitation from the New Zealand interRAI fellows to Dr Jamieson to become an Associate interRAI Fellow.

Moved: David Chrisp Seconded: Roy Reid

06 Operational Reports

6.1 interRAI Services Operational Report for Quarter 4 2016-17

Michele McCreddie spoke to the interRAI Services Operational Report for Quarter 4 covering the period 1 July 2016 to 30 June 2017.

The following key points were noted during discussion:

- The majority of outcomes measures have been met with the exception of the number of Services Managers who have been trained in the use of interRAI clinical information and aggregated data which was below target.

- The national rollout of the interRAI Palliative Care tool was underway.
 - All TAS educators have received training.

 - From August to December 2017 training would be rolled out to DHB Home Care assessors.

 - From January 2018 interRAI Palliative Care assessment training would be part of the routine education services offered via the website.

- interRAI have undertaken the first pilot with Whitireia who run the Competency Assessment Programme (CAP course) for international and NZ nurses (re-)gaining NZ nursing registration.

The interRAI New Zealand Governance Board:

1. **Noted** the interRAI Services Operational Report for Quarter 4 2016-17.

2. **Noted** the trend information provided.

6.2 Overview of interRAI Services financial situation

Michele McCreadie provided an overview of the interRAI Services financial situation as at end of the year 2016-2017 and the 2017/18 Budget.

The following points were noted during discussion:

- At the end of year 2016/17 interRAI Services had a net underspend of \$426k to be transferred to revenue in advance.
- The underspend was attributed to:
 - *Personnel* - time taken to recruit and fill vacancies.
 - *IT and Telecommunications* – delay in the build of the data visualisation tool.
- The planned revenue in advance budget had an unallocated \$222k available for software enhancement or other agreed work.

The interRAI New Zealand Governance Board:

1. **Noted** the overview of the interRAI Services financial situation 2016/17 at the end of the year 2016-17.
2. **Noted** the explanation of financial variances and the proposed use of the revenue in advance funding for 2017/18.
3. **Noted** the interRAI 2017/18 budget.

At 2.00 pm Roy Reid, Max Robins, Dr Chris Hendry and Karina Kwai departed the meeting.

6.3 interRAI NZ Governance Board Risk Register

Michele McCreadie presented the risk register as at August 2017.

During discussion the Board requested that the risk register be updated to include:

- Add additional risks relating to:
 - Lack of Information Strategy (including access to benchmarking information).
 - Training sustainability for the long term.
 - Stakeholder Engagement.

The interRAI New Zealand Governance Board:

1. **Noted** the interRAI Governance Board Risk Register as at August 2017.
2. **Noted** the risk register would be updated to reflect discussion.

| Action Items | Person Responsible |
|---|--------------------|
| 5. Risk register to be updated to reflect discussion. | Michele McCreadie |

07 Update from the Ministry of Health**7.1 Process for replacement of Retiring Board Members**

Discussed earlier in the meeting under item 2.3.

08 Communications

Michele McCreddie advised the following scheduled media releases:

- World Alzheimer's Day – 21 September 2017: Working with New Zealand Alzheimer's to develop a media release regarding interRAI data and Alzheimer's.
- International Day of the Older Person – 1 October 2017: Working with Aged Concern to develop a general media release.
- NZ Aged Care Conference – 5-7 September, Rotorua.

09 General Business

Michele McCreddie advised it was Vij Kooyela's last meeting as she had resigned and accepted a role with the Energy Efficiency Conservation Authority.

Nigel Millar thanked Vij on behalf of the Board for her contribution to interRAI Services.

Meeting Closed: 2.04 p.m.

Next meeting: 18 October 2017, Front+Centre, 69 Tory Street, Wellington.