

Minutes

interRAI Governance Board

Date:	Wednesday 8 August 2018		
Start Time:	9.30 am	Finish Time:	2.00 pm
Method:	Face to Face, Thorndon Room, Front+Centre, 69 Tory Street		

Members: **Catherine Cooney** (Chair) Director of Kowhai Health Associates Limited, **Dr Chris Fleming** (Deputy Chair) CEO Southern DHB – Funder Representative, **Roy Reid** – Treasurer, Chair Age Care Committee, Grey Power – Consumer Representative, **Prof Matthew Parsons** – Professor Medical and Health Services, University of Auckland, Chair Gerontology Nursing, Waikato DHB – Research Representative, **Max Robins** – CEO CHT and Deputy Chair NZACA – ARC Provider Representative, **David Chrisp** – General Manager Access Home Health Ltd – Home Care Representative, **Janice Mueller** – Director, Waipiata Consulting Limited - Health Professional Representative, **Carolyn Cooper** – Director Clinical Operations & Service Improvement & Lead Nurse, Bupa NZ - Nurse Leader Representative, **Dr Michelle Honey** – Senior Lecturer, University of Auckland - Health Informatics Representative, **Stephanie Clare** – Chief Executive Officer, Age Concern NZ - Consumer Representative, **Dr Helen Kenealy** – Geriatric SMO, Counties Manukau Health – Clinician Representative, **Karen Evison** – Director Strategy Planning and Funding, Lakes DHB – Funder Representative, **Dr Nigel Millar** – Chief Medical Officer & Geriatrician Southern DHB – Clinician and interRAI Fellow Representative

In Attendance: **Michele McCreadie** – General Manager interRAI Services, TAS, **Terry Huntley** – interRAI Software Services Manager, TAS, **Margaret Milne** Team Leader interRAI Training Support (South) (TAS) **Karina Kwai** – Manager, Health of Older People, National Services Purchasing, Ministry of Health, **Dr Phil Wood** – Chief Advisor, Healthy Ageing, Ministry of Health, **Shelley Gilmour** – Secretariat, TAS.

By Zoom: Cathy Cooney, Chris Fleming and Dr Nigel Millar

Apologies: Max Robins, Dr Brigette Meehan and Stephanie Clare

Welcome & Apologies

The Chair opened the meeting at 9.31 am. Apologies were received from Dr Brigette Meehan, Max Robins and Stephanie Clare

01 Minutes and Action Register

1.2 Declaration of Interest Register

An addendum has been created to the list to reflect the Aged Residential Care Funding Review members to include:

- Roy Reid
- Chris Fleming
- Stephanie Clare
- Max Robins
- Michelle Honey.

Carolyn Cooper advised she is also a member of a working group for the funding review and although not part of the Governance Group.

1.3 Confirmation of Minutes

The minutes of the meeting held 6 June 2018 were **confirmed** as a true and correct record.

Moved: C Cooney
Seconded: J Mueller
CARRIED

1.4 Action Register

02-04/17	ACC and partner DHB Pilot. Verbal update on agenda at item 1.6. Open
05-02/18	MoH to provide critical dates of contract renewal process to inform Board strategy decisions. Open
12-04/18	Life when Renting Team to present to the Board a proposal for the inclusion of an additional question in the Home Care assessment. Open
01-06/18	interRAI Future Direction 2018-21 Include more information in the strategy Better Assessment, Better Care and Better Outcomes at 12 and 36 month timeline (People Powered and Smart System) Open
02-06/18	interRAI Future Direction 2018-21 Reflect that additional modules and tools are available in the strategy People Powered and Smart System. In Progress
03-06/18	interRAI Future Direction 2018-21 Include equity statements in the strategic document. In Progress
04-06/18	Kotahi Communication Strategy to be presented to the Board at the 08/18 meeting. In Progress
05-06/18	Quality Indicators are to be uploaded to Connex when they are produced. In Progress
06-06/18	Quality Indicators to include a national picture which will include a report at the national level on the variances between Māori verses non-Māori. In Progress

07-06/18	Quality Indicators are to provide an analysis of where the variations are. Open
08-06/18	Quality Indicators The potential to share DHB level information among GM P&F to be discussed at the next GMs meeting and report the outcomes back to the next interRAI Board meeting. In Progress
09-06/18	Distribute Ulrich Bergler's research paper which was presented at the interRAI Canadian conference to Board members. Closed
10-06/18	Investigate the feasibility of the interRAI Board viewing the micro-simulation presentation at a future meeting. In Progress
11-06/18	A paper on changes to medication section LTCF and Home Care assessment sections is to be presented to the August Board meeting. In Progress
12-06/18	Letter to be written to Judith Davey congratulating her on the award of the NZOM. Closed
13-06/18	interRAI to investigate the software services contact and if any further delays are experienced then invoke contract clauses. Closed
14-06/18	MoH to provide an update on interRAI data into IDI at the next Board meeting. In Progress

1.5 Correspondence

Nil

1.6 Matters arising

At 9.45 am Chris Fleming joined the meeting

Accident Compensation Commission (ACC) and Partner District Health Board (DHB) pilot.

Michele McCreadie provided an update on the progress. ACC is providing a business case to the General Managers Planning and Funding (GMs P&F) at their next meeting on 27 August. Progress is being made, albeit slowly. ACC have also asked about the use of the homecare tool where ACC are funding people in home care. This is flagged for discussion later in the meeting.

Canterbury DHB Pilot of interRAI Acute Care (AC) 9.3

Work continues with Canterbury DHB on their introduction of the AC tool 9.3. interRAI Services have agreed to design and develop the on-line training for the use of the tool and are currently on the final draft of the education programme. There have been some issues with licencing for the pilot and interRAI International have extended the original research licence to allow the operational pilot of the tool. The tool was not expected to be introduced until the end of Winter and it is therefore anticipated to be rolled out in late October or November.

Terms of Reference – interRAI Fellow Role

The Terms of Reference have been updated to incorporate the ‘Fellow role’ as approved at the meeting of 6 June 2018. The Ministry of Health (MoH) have provided confirmation in a letter dated 25 July 2018.

Quality Indicators (QI) and GMs P&F

Karen Evison advised that the QI paper was confirmed by the GMs P&F at their meeting on 23 July 2018. Agreement was reached to produce all of the DHB level data. The GMs P & F do not necessarily wish to receive this information themselves and they will reach out to their Health of Older People portfolio managers if the information is required.

2.0 Governance

2.1 interRAI NZ Future Direction 2018-2021 – a refresh of the three year strategic direction

Michele McCreddie noted that updates and changes have been made to the future directions - paper for 2018 – 2021 as requested by the Board at the meeting of 6 June 2018.

Karina Kwai queried how to make the strategy on a page more measurable. Michele McCreddie advised that outcome measures are reported back to the MoH regularly and to the interRAI Board annually. Following discussion it was agreed that outcomes were required. These are bold statements and it needed to be clear how these were to be achieved.

The interRAI Governance Board:

1. **Approved** the refreshed interRAI NZ – Future Direction.
2. **Noted** that a draft set of measureable outcomes to the deliverables for the next 12 months is to be uploaded to Connex for discussion at the 17 October 2018 meeting.

Moved: R Reid
Seconded: Michelle Honey
CARRIED

At 10.07 Robyn Macklin (TAS) joined the meeting

2.2 interRAI Palliative Care Assessment – update on progress with national rollout

The background to the rollout was provided noting that the interRAI Governance Board decided to roll out the Palliative Care Assessment tool as an alternative for home care assessors in 2017. The trial ran from February 2017 through to September 2017 with interRAI Services responsible for the development of the training programme, software and the client assessment.

Michele McCreddie noted the lessons learnt from the project:

- Managing the project as part of day to day workloads resulted in some difficulty meeting project milestones as the operational requirements for interRAI Services had to be prioritised.

- Managing the project as part of day to day workloads sometimes resulted in delays or multiple re-reviews of documents.
- Timing of the roll-out was dependant on a synchronised software upgrade.
- Communications to a wider group of stakeholders helped 'buy in' as they were informed and engaged.

General discussion was held on the suitability of using the Palliative Care tool in Aged Residential Care.

The model used in Canada was discussed noting that they do have some software issues that are causing them some difficulties. This was covered at the workshop an interRAI senior analyst recently attended.

Dr Millar proposed that at some stage in the future the Palliative Care assessment could be used for a person entering an institution when they are expected to be dead within six months. It was agreed to link in with palliative care specialists to provide input into how the assessment can be used in Aged Residential Care (ARC).

Michele McCreadie called for questions on the data or the customer feedback.

The Chair summed up:

- The paper provided a good indication of where the plan currently sits.
- Discussion needs to be held on what the plan is for the next 12 months including identifying areas that need attention and any potential barriers.
- Deliberate the best strategy on how to overcome these barriers.
- There is a requirement for a plan for the coming 12 months to be brought back to the next meeting.

The interRAI Governance Board:

1. **Noted** the update on progress with the national rollout of the interRAI Palliative Care assessment.
2. **Noted** the requirement for a plan for the coming 12 months to be prepared and brought to the October meeting.

2.3 2018 interRAI Services Customer Survey – DHB Needs Assessment Units

The purpose of the paper is to provide the Board with feedback from the 2018 interRAI Services Customer Survey and the interRAI Services response.

Michele McCreadie advised that this is part of the outcome agreement with the Ministry of Health (MoH) that an annual customer survey would take place. Needs Assessment Units were chosen for the survey due to the changes in the system in September 2016 when there was a move from having an individual on site to those staff becoming part of interRAI Services. The overall survey response was good with over 91% of respondents rating the support they receive as okay, good or great. Recognition was made on areas where things can be done better.

The following themes were identified:

- The majority of DHB needs assessment customers are happy with the services they receive.
- interRAI e-newsletters are valued but there is an opportunity to reinforce key messages about the availability of support.
- Respondent's comments reflect the need for a stronger relationship between interRAI and needs assessment staff:
 - Some statements like 'an invisible person' on the phone.
 - Would like to see an educator in their workplace more frequently.
- Increased information sharing between interRAI and needs assessment units could increase the 'value add' for interRAI.

interRAI Services welcomed the feedback received from the 2018 Customer survey and following careful consideration, the following responses are planned:

- Review interRAI Services operational process and if possible, maintain a database of assessors 'next in line' manager to improve direct communication.
- Review scheduling to include more DHB site visits.
- Review Frequently Asked Questions and update to include messages and questions from the survey.
- Enhance and develop relationships by:
 - Profiling needs assessment staff in newsletters.
 - Presentations at Needs Assessment Service Co-Ordination Association (NASCA).
 - Invite NASCA staff to present to interRAI Educator Team Days.
 - Joint sessions to review processes with Needs Assessment Units.
- Include feedback about the service from interRAI software host sites in the service design for the move from 2-1 host sites.

Discussion ensued on the breakdown of the survey feedback noting that it would be useful to know which provider was responding. It was observed that the responses appeared low noting that half the people surveyed were only satisfied.

Dr Millar queried whether it would be more helpful to produce the data in a different format noting the concerns regarding the satisfaction of the assessors.

Michele McCreadie advised that it was possible to provide the data broken down by assessors, by all and by managers.

At 10.50 am Terry Huntley joined the meeting.

The Chair queried where the data should be focused for the next survey.

Following general discussion it was suggested that Home Care Providers or Primary Care could be captured into interRAI data. It was noted that any Primary Care data would be extremely low volume.

Michele McCreadie invited the Board to provide feedback on any areas of the survey that they believe could change the focus or suggest changes to the questions between now and April 19 when the next survey is due.

Karen Evison noted the opportunities that exist to increase visibility for Primary Care between now and Quarter Four even if it is just in paper format.

Michele McCreadie advised that this would be discussed in further detail during the item on Operational Reports.

The interRAI Governance Board:

1. **Noted** the feedback from the 2018 interRAI Services Customer Survey and the interRAI Services response.
2. **Noted** the response in terms of priority activity.
3. **Noted** the assessors will be separated out in terms of the way the hard data from the survey is produced and this will be put up onto Connex.

2.4 Changes to Medication sections in interRAI assessments

The paper updated the Board about changes to the Medication sections of the Home Care (HC) and Long Term Care Facilities (LTCF) assessments.

Michele McCreadie introduced Robyn Macklin, an interRAI educator based in Christchurch, to the meeting.

Michele McCreadie advised that the medications section on the assessment is now optional. This is due to a change from interRAI international.

A discussion on the value of collecting the data was held noting that some assessors may not know what a specific medicine is. An example of this is psychotropic medication. Noting that the answer to the medicines question is by way of a drop down box, if an answer of yes is given then there is an assumption that the assessor knows what the medication is.

Michele McCreadie noted that this was a particular recommendation from interRAI and this is an important piece of information to collect as it does have an impact on the overall assessment outputs.

Robyn Macklin advised that there is no easy solution to this and there could be variances on how this is interpreted.

General discussion ensued on the argument for and against the data being optional particularly data reporting.

Michele McCreadie advised the intent of the interface changes were to remove the ones which double up data and insert the ones recommended by interRAI International.

Dr Millar advised that psychotropic medication was an important issue for older people with 20% – 30% of patients receiving it. The changes attempt to simplify the issue without listing all medications. This can be researched using data through Community Pharmacy.

The Chair suggested that this issue becomes a regular agenda item at every Board meeting.

Next steps:

- Entering the dose/units/frequency/route/PRN will become optional from the September 2018 upgrade.
- Communication with the sector to inform of the changes through e-newsletters and the website.
- Education updates for assessors.
- Request a Statement of Work for the proposed software enhancements for future presentation to the Board.

The interRAI Governance Board:

1. **Noted** that interRAI International have completed a programme of work to review the Medication sections of HC and LTCF Assessments. As a result the section has become 'country specific'. This allows New Zealand to make changes to the assessment within the interRAI licence agreement.
2. **Noted** that the changes relate to removing the requirement to record some medication items and the introduction of new items that have high clinical value.

3. **Noted** that early insight into the proposed changes has allowed interRAI Services time to arrange changes to the software. These can come into the planned September upgrade at no additional cost.
4. **Noted** that the proposed changes will reduce potential risks within the current assessment and will not add any new clinical risk.
5. **Approved** removal of the requirement to record the dose/units/frequency/route/PRN to medications recorded. This reduces the assessor burden significantly. *Providers who wish to continue to complete these fields may continue to do so.*
6. **Noted** that a Statement of Work for the software enhancements to collect new items will be presented to the Board at a future meeting.

Moved: Dr Millar
 Seconded: Chris Fleming
 CARRIED

Action items	Person Responsible
01-08/18 A draft set of measureable outcomes to the Future Direction for the next 12 months is to be uploaded to Connex for discussion at the 17 October 2018 meeting.	Michele McCreadie
02-08/18 Link in with palliative care specialists to provide input into how the assessment can be used in Aged Residential Care.	Michele McCreadie
03-08/18 A plan for the interRAI Palliative Care assessment for the next 12 months to be prepared and brought back to a future Board meeting.	Michele McCreadie
04-08/18 Survey data is to be broken down by assessors and by managers and put up onto Connex	Michele McCreadie
05-08/18 The item on Changes to Medication sections in interRAI Assessments is to be added to the agenda for every meeting.	Michele McCreadie
06-08/18 A Statement of Work for the software enhancements to collect new items is to be presented to the Board at a future meeting.	Michele McCreadie

At 11.10 am Robyn Macklin left the meeting

3.0 Software Services

11.10 am Terry Huntley and Peter Fraser (Project Manager) TAS joined the meeting.

3.1 Kotahi interRAI 2-1 Host Sites Project.

Michele McCreadie provided a list of achievements since the last update and outlined the work planned for the next period.

Achievements since last update:

- Request for proposal (RFP) draft part one, two and three.
- RFP draft provided for internal review and feedback.
- Notice to Contractor sent to respondents.
- Received Registration of Interest from both invited respondents.
- Work has started on the evaluation documentation and panel.

Work Planned for the next period:

- RFP documentation continued.
- Planning for membership of the evaluation panel – four voting members are required with one facilitator and one minute keeper. All evaluators are required to make a declaration detailing any conflicts with the respondents.

Michele McCreadie advised that there is a clear need for advice on procurement which is provided by MoH and independence on the panel throughout the tender process. An independent panel member will be appointed who is familiar with the tendering process but knows nothing about interRAI to ensure there are no conflicts of interest. The outcome of the evaluation will be brought back to the board for endorsement.

It was noted that Providers are not shown on the list of stakeholders and this should be rectified.

Peter Fraser spoke to the Communications Plan. The Board agreed that it was comprehensive and clear.

The interRAI Governance Board:

1. **Discussed and commented** on the Kotahi interRAI 2-1 Host Sites Communications Plan.
2. **Noted** the Kotahi interRAI 2-1 Host sites status update.

Action items	Person Responsible
07-08/18 Providers are to be added to the list of stakeholders on the Kotahi 2-1 Host Sites communications plan.	Michele McCreadie

At 11.20 am Terry Huntley and Peter Fraser left the meeting.

4.0 Education and Support

4.1 interRAI Quality Indicators Update Report – Close of Phase One

Michele McCreadie reported that Phase One of the project is complete. The next phase of work is documenting the lessons learned and engagement with providers to help them understand what the QIs are showing them and how they can be used in their quality assurance processes. Requests for assistance have been received from BUPA, Ryman, CHT and Ultimate Care Group. Planning is under way with the Aged Care Association and other smaller providers, however the risk adjustment piece of work needs to be completed first. The partnership with the Health Quality and Safety Commission (HQSC) will continue to be built upon and engagement with HQSC will continue regarding the ARC quality of life indicator.

Discussion was held on the infographic showing QIs for Māori and non-Māori. Noting that the assessed Māori population is very small and these QIs require risk adjusting.

Reference was drawn to an analysis that was undertaken using the interRAI QI data gathered in the 2017/18 year. For the 31 indicators in use, 14 indicators show Māori are doing better, six show non-Māori are doing better and 11 show no difference.

Helen Kenealy suggested including feedback from DHBs to make the data more readable. The issue at hand is to support providers noting that they cannot see individual data.

The Chair noted the work that has been done on Phase Two in particular providing reports that are more usable.

The interRAI Governance Board:

1. **Noted** that Phase One of the interRAI QI Project has closed and the steps for Phase Two are outlined.
2. **Noted** the report displaying the national comparison of QIs for Māori versus non-Māori noting the complexity around numbers and the requirement for risk adjustment so it will not be published at this point.
3. **Noted** the intended collaboration with HQSC to link QI outcomes with support for the sector.

5.0 Data Analysis and Reporting

5.1 Aged Residential Care (ARC) Funding Review -Update

The Chair noted the addendum to the Conflict of Interest Register to add the names of the Board members who have participation in the ARC Funding Review.

Michele McCreadie spoke to the paper and provided progress since the last update.

Chris Fleming clarified that one of the options considered in the funding review is separating out accommodation and care. The MoH review panel member was not supportive of this initiative. The current policy is that those who have the ability to pay for everything will do so. This is not in line with what happens in other countries.

Other points raised included:

- Should there be a move away from four models of care?
- How can interRAI be used in a case mix model?
- If this does eventuate, and is accepted by the Government and DHBs, how can interRAI assist with the model?
- Incentivise outcomes and not the wrong behaviours.

Dr Millar commented on the issue of consistency of assessment. Inconsistency will become apparent on an interRAI audit. The QI should come first then if the assessment is changed to assist financial outcome, this will show in later QIs. There must be confidence in the data.

Carolyn Cooper advised that nurses are trying to make this work and there is no gain in tampering with data. This is a clinical assessment tool done at 'point of care' and therefore the biggest concern is that this is being done as professionally as possible and in a timely manner.

Chris Fleming noted that 90% will behave ethically but when some providers are struggling a small percentage will change data therefore there is a need to incentivise them not to.

Carolyn Cooper noted the importance of training well, get the right culture and attitude towards interRAI being a clinical assessment tool to get the best value and true picture of the resident.

The interRAI Governance Board:

1. **Noted** the update on progress with the Aged Residential Care Funding Model Review.

6.0 Update from interRAI International

Dr Millar advised there was no update from interRAI International at this time however took the opportunity to highlight the paper which is soon to be published by Dr Hamish Jamieson. This was done in conjunction with Harvard and Brown Universities where research into 70,000 assessments was carried out. Of these, approximately 2000 had hip fractures. The research showed a strong association between drugs with anticholinergic effects and hip fractures. An extraordinary amount of data was used and this may gain a great deal of international attention.

The Chair noted that interRAI needs to be ready to provide communications support around the publication of this paper.

At 12.00 pm the meeting broke for lunch.

At 12.35 pm the meeting resumed and John Herries (MoH), Terry Huntley and Michelle Liu (TAS) joined the meeting.

8.0 Update from the Ministry of Health

The Chair brought item 8.1 forward on the agenda and invited Dr Phil Wood to speak to the paper.

8.1 Application to add interRAI dataset to the Integrated Data Infrastructure (IDI)

Dr Wood provided the background to the paper. In June 2016, the addition of an interRAI data set to the IDI was raised. Provisional approval was given to progress this work. Strict criteria exists before access is granted. The risks are limited and resourcing is cost neutral. The technology is in constant use in terms of the sharing of the data. This is a lengthy process and interRAI data will not be included in the coming months.

Dr Wood confirmed that a draft application has been completed and sent to Statistics New Zealand for processing. The current waiting list is 12 months to get new data into the IDI.

Dr Wood noted that being on the waiting list is itself an achievement. This is a big growth area and although access has not been accepted they are in the queue.

The Board collectively agreed that this was a very good initiative. It brings information together to make research easier inside IDI and recognises the value of interRAI data.

The Chair reiterated that the Board still retains governance over the data. Technical discussions are still required.

Dr Millar offered his assistance to the technical issues.

The interRAI Governance Board:

1. **Agreed** an interRAI dataset is included into the Integrated Data Infrastructure.
2. **Noted** the application process and approval from SNZ can take up to 12 months.
3. **Noted** the MoH will provide verbal updates to the interRAI Governance Board as the application progresses.
4. **Noted** no additional resource is required to manage interRAI datasets into the IDI.

Moved: Matthew Parsons
Seconded: Michelle Honey
CARRIED

At 12.55pm Michelle Liu left the meeting

8.2 Ministry of Health Procurement Approach.

Karina Kwai noted that this item was in response to an earlier action point (05-02/18) about the MoH procurement approach to the software agreement that is due for renewal in 2020, the approach and whether this fits with the Board strategy and direction.

John Herries introduced himself to the meeting as the General Manager for Emerging Health Technologies. This is a new role and is forward looking from a MoH perspective.

Karina Kwai tabled a power point document which steps through why the Momentum agreement is used. There are multiple software platforms available internationally that can run interRAI. The MoH are mindful that one part of the sector is piloting a different platform and the paramount consideration is that the customer journey is well supported. The MoH are wanting to take a service user approach to the way that the current software is evaluated. Key considerations are the alignment with Government priorities, the strategic plan for this service and opportunities for innovation. December 2018 is the completion timeline.

Chris Fleming noted that the last time the contract rolled interRAI NZ found out too late and observed that the procurement team is comprised solely of MoH personnel and suggested that this should be a combined, cross sector commissioning team.

John Herries advised that the role MoH team is to provide and inform the process and they are happy to invite others onto the team.

Dr Millar noted the importance of this process and that it is time to rethink how things are being done and what is needed to be achieved and to step back and look at the purpose of the assessment. This may mean more than one IT product/crew and supports finding a model that supports vendors.

Michele McCreadie noted the importance of engaging as soon as possible. It is vital that MoH understand the volume of work that is happening in the IT space and it is not possible to have any software changes while moving from two host software sites to one.

John Herries advised that MoH are beginning to take their stewardship roles seriously and in particular since the appointment of the new Director-General. On this basis, MoH will report back on whether the current software system is or is not working and doing what it is supposed to be doing.

The Chair noted that the MoH report will be worked up between now and December and requested another interim report at the Board meeting in November.

Chris Fleming noted that the MoH hold the software licence on interRAI's behalf. An appropriate team must be made up that recognises that this piece of work is on behalf of interRAI New Zealand and is not a MoH led exercise.

John Herries agreed that MoH is happy to collaborate on this and they do not need to own the answer but do need to complete the process.

The Chair noted that this is a key step and provides opportunities for innovation but a strong message is being sent to expand the team before starting and suggested that the team should include an interRAI Fellow, a NASC, and input from a consumer and provider perspective. There is support for a baseline assessment between now and December however now is the time to engage a broader base before going into the review.

Karina Kwai suggested sector representatives, NZACA, Home and Community Health Association, NASCA and a DHB and Primary Care representative. interRAI Services will need to be set to one side due to conflicts of interest.

Chris Fleming advised that there is no conflict of interest as TAS is not a Momentum resource. There needs to be subject matter experts (SME) and suggested Dr Brigette Meehan as the interRAI Fellow.

Michele McCreadie advised that Terry Huntley would be the software SME.

The Chair commented that this matter could not be decided at this meeting and will be arranged by email out of session.

Michele McCreadie provided a brief update on interRAI in Primary Care and the programme of work that is currently under way looking at how interRAI can be successfully introduced to Primary Care. One or two DHBs have locally managed to get interRAI into the Medtech 32 system. A trial is underway with Conporto.

One of the challenges is that many General Practitioners do not know what interRAI is and an awareness programme needs to happen before engagement. However as a result of some of the work that has been carried out, some Primary Care services have expressed interest. This programme of work is expected to be lengthy as there are so many moving parts.

Action items	Person Responsible
08-08/18 Update to be provided on the progress of the report into the interRAI software contract review at the Board meeting in November.	MoH
09-08/18 Provide names for the group to be involved in the interRAI software contract review evaluation	Michele McCreadie/ Karina Kwai

At 1.30 pm John Herries left the meeting

7.0 Operational Reports

7.1 interRAI NZ Risk Register

Carolyn Cooper raised a new risk around the workforce (RNs) turnover in aged care which is now approaching 40%. However that figure was prior to the nurse's settlement with the DHBs so this could now be higher. Most of the aged care providers are currently in bargaining. The concern for interRAI in particular is the training needs and the risk is the cost to training a new workforce.

Chris Fleming raised the issue of nursing shortages that may arise due to the recent changes in the Immigration Act.

The interRAI Governance Board;

1. **Noted** the interRAI Governance Board Risk Register as at August 2018.
2. **Agreed** to add a new risk around the workforce turnover in aged residential care.

7.2 Overview interRAI Services Financial Situation to end April 2018

The paper was noted.

Ministry of Health agreement to retain the revenue in advance for 2017/18 was noted. This consisted of:

- An underspend in the Two to One hosting project due to delays in the start of the project.
- An underspend in Data Visualisation due to the in-house development of data visualisation and use of public version of the software.

The interRAI Governance Board:

1. **Noted** the overview of the interRAI Services financial situation 2017/18 as at the end of June 2018.
2. **Noted** the explanation of financial variances and use of the revenue in advance funding for 2017/18.

7.3 Operational Report

Conferences

- An invitation has been received to present to the Grand Round at Middlemore Hospital in November.

- A number of presentations, workshops and trade stands are planned across the country.
- Ulrich Bergler, one of Dr Jamieson’s researchers, will be presenting to TAS and an invitation will be extended to the Board to attend in person or to zoom into the presentation.

Software Services

Terry Huntley advised that everything is on track with ongoing weekly meetings. The key takeaway is that everyone is so keen to get everything over the line which means they are now ahead of their schedule.

Data Analysis and Reporting

Michele McCreadie advised that work is continuing on interRAI data visualisation. The next phase is being planned beginning with a process to better understand interRAI customers’ experiences and to gain valuable insight into the developments and changes required in Phase 2.

Education and Support

Michele McCreadie advised that the population of Registered Nurses (RNs) in ARC was below the target of 70% as the denominator of 5000 was overestimated as was the turnover of RNs. However, 100% of the estimated population of Home Care assessors were competent to undertake interRAI assessments.

Communications and Media

On 30 May 2018, Grey Power published a media release ‘*Are Home Based Care Policies for Elderly People Compromising Their Health?*’

Chris Fleming questioned whether there is any conflict with members of interRAI publishing articles and questioned what the boundaries were.

The interRAI Governance Board:

1. **Noted** the interRAI Services Operational Report as at end of Q4 2017/18.

Action items	Person Responsible
10-08/18 New risk to be added to the risk register around the high turnover of RNs in aged residential care	Michele McCreadie

	with consideration given to controls and mitigations.	
11-08/18	Clarification on potential conflicts of interest for members of the Board publishing articles to be checked against the Board Terms of Reference	Michele McCreddie

At 1.45 pm Terry Huntley left the meeting

9.0 Communications

The Chair noted that a key theme from the meeting was how to maximise the communications on the international research report by Dr Jamieson.

Michele McCreddie will assign Uli Truite – interRAI Senior Communications and Engagement Advisor- to take the lead on this.

Action items	Person Responsible
12-08/18 The communications on the international research paper by Dr Jamieson is to be maximised	Michele McCreddie

10.0 General Business

10.1 Potential Opportunity for collaboration to support the deployment of interRAI in Qatar

Guidance was sought from the MoH. With regard to the licence obligations which preclude the use of New Zealand software overseas or outside the New Zealand health sector. Qatar are fully aware that they need to obtain their own licence from interRAI international and seek a software provider from the interRAI International approved list. Use of the New Zealand interRAI software is not part of the potential opportunity to support deployment and therefore the licence restrictions are not an issue.

The interRAI Governance Board:

- 2. **Noted** the progress with the potential opportunity for collaboration to support the deployment of interRAI in Qatar.

Meeting Closed: 2.00 pm
Next meeting: 17 October 2018, Front + Centre, 69 Tory Street, Wellington