

Minutes

interRAI Governance Board

Date	Friday 2 December 2016
Location:	TAS Board Room 3A1, Level 3, 186 Willis Street, Te Aro, Wellington
Members	<p>Catherine Cooney (Chair) Director of Kowhai Health Associates Limited</p> <p>Chris Fleming (Deputy Chair) CEO Southern DHB – Funder Representative</p> <p>Dana Ralph-Smith General Manager- Adult Rehabilitation and Health of Older People, Counties Manukau DHB – Funder Representative</p> <p>Dr Nigel Millar – Chief Medical Officer & Geriatrician Southern DHB – Clinician and interRAI Fellow Representative</p> <p>Judith Davey – Senior Associate, Institute for Governance & Policy Studies, Victoria University & Voluntary Policy Advisor Age Concern – Consumer Representative</p> <p>Roy Reid – Treasurer, Chair Age Care Committee, Grey Power – Consumer Representative</p> <p>Health Professional Representative TBA</p> <p>Max Robins – CEO CHT and Deputy Chair NZACA – ARC Provider Representative</p> <p>David Chrisp – General Manager Access Home Health Ltd – Home Care Representative</p> <p>Matthew Parsons – Professor Medical & Health Sciences University of Auckland, Chair Gerontology Nursing, Waikato DHB – Research Representative</p> <p>Dr Chris Hendry – Senior Lecturer, Centre for Postgraduate Nursing Studies, University of Otago – Health Informatics Representative</p>
In Attendance:	<p>Michele McCreddie – General Manager interRAI Services, TAS</p> <p>Dr Brigette Meehan – Manager interRAI National Services, TAS</p> <p>Karina Kwai – Manager, Health of Older People, National Services Purchasing, Ministry of Health</p> <p>Dr Phil Wood – Chief Advisor, Health of Older People, Ministry of Health</p> <p>Lisa Gestro and KereAna Buchanan – Accident Compensation Corporation (ACC)</p> <p>Vij Kooyela – Manager interRAI Reporting and Analytics</p> <p>Jackie Treweek – Secretariat, TAS</p>
Apologies:	<p>Chris Fleming – Deputy Chair</p> <p>Dr Nigel Millar – Board Member</p>

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1. Welcome – Agenda Overview	<p>Item 1.1 Agenda Overview and Apologies</p> <p>In the absence of Cathy Cooney (joining the meeting via teleconference) and the Deputy Chair providing apologies for the meeting, Max Robins assumed the role of chair for the meeting.</p> <p>The Chair asked members if there were any specific conflicts of interest in relation to the agenda that they wished to declare. Matthew Parsons noted he was employed by Waikato DHB who were partners with ACC who were attending the meeting to present a proposal to pilot the interRAI Acute Suite of tools.</p>

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	08/16-17 Memorandum of Understanding. interRAI NZ to work with MoH to develop a Memorandum of Understanding based on the interRAI NZ Future Direction 2016-19. In the process of finalising. Cathy Cooney and Karina Kwai to meet to develop a draft MoU for presenting to the 9 February 2017 meeting. Ongoing
	10/16-01 Proposal to pilot a new interRAI Tool. On agenda at item 2.4. Closed.
	10/16-02 Governance Framework. Revised framework circulated via email on 18 November 2016 and approved out of session. Framework to be finalised and placed on website. Closed.
	10/16-03 Draft Report – Post Project Review of the Comprehensive Clinical Assessment (interRAI) in Aged Resident Care. Draft report forwarded to Simon Wallace (NZACA) for feedback. Closed.
	10/16-04 Draft Report – Post Project Review of the Comprehensive Clinical Assessment (interRAI) in Aged Resident Care. Evaluation Consult engaged with NASC Managers and obtain feedback. Closed.
	10/16-05 interRAI International – Consumer Engagement. Dr Brigette Meehan advised that when the first interRAI assessments were introduced consumer input was obtained regarding the original core minimum data. The current process was that consumer engagement was primarily undertaken at the field testing stage where people were invited to make commentary on the applicability of the tool for their culture or community. Closed.
	10/16-06 Revised Planned interRAI Software Enhancements. Teleconference to discuss funding of the proposed enhancements and resolution of the funding shortfall held 23 November 2016. Final costings for the software enhancements were underway. Closed.
	10/16-07 Operational Reports. Training trend data would be included in Quarter 2 report. Ongoing.
	10/16-08 Suite of interRAI Data Reports. Presentation to be provided at the 9 February 2017 meeting.
	10/16-09 Annual Data Analysis Report. On agenda at item 4.1. Closed.
	10/16-10 interRAI Financials. Circulated to Board Members on 25 October 2016. Closed.
	<p>Item 1.5 Matters Arising</p> <p><u>Standard suite of interRAI Services national data analysis reports</u> Judith Davey asked if there was an update on work underway to explore the type of reports which could be made available for Home Care providers. Michele McCreadie advised that interRAI Services were working with the Home and Community Association to develop a suite of reports for Home Care providers</p>

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	<p>which were expected to be available in May/June 2017, noting the immediate priority being to develop reports for aged residential care.</p> <p><u>Governance Framework - Ownership of data</u> Dr Chris Hendry enquired whether there was sufficient information provided in the governance framework relating to jurisdiction over ownership of data. Following discussion it was agreed that the website would be refreshed to include key points on the access of data and frequently asked questions on data reporting.</p> <p>Action: <i>interRAI NZ website to be refreshed to include key points on the access of data and frequently asked questions on data reporting.</i></p>
<p>6. Update from the Ministry of Health</p>	<p>Healthy Ageing Strategy Karina Kwai provided an update on the Healthy Ageing Strategy noting the Strategy had been signed off by Ministers and would be presented to Cabinet on Monday 5 December 2016 for approval. It was noted the Strategy was on plan for release in the second week of December 2016.</p> <p>Dana Ralph-Smith noted the importance of alignment between the Healthy Ageing Strategy implementation plan and interRAI planning. Karina Kwai advised that planning would commence early in 2017 and that alignment with the sector was a key focus for the MoH.</p> <p>New Premises Karina Kwai advised the MoH offices have been relocated to 133 Molesworth Street, Wellington.</p>
<p>2. Governance</p>	<p>2.1 Review of interRAI NZ Governance Board Terms of Reference Michele McCreadie introduced the paper attaching the interRAI NZ Governance Board Terms of Reference (ToR) which were approved in October 2015 and agreed would be reviewed on an annual basis commencing December 2016.</p> <p>The following key points were noted by the Board during discussion:</p> <ul style="list-style-type: none"> • <i>Strategic Leadership</i> – language to be re-orientated for a future focus. • <i>Review Period</i> - Annual review to be undertaken in December 2017 then two yearly following 2017 to include a review of the composition of the governance group due to the growth in scope other than older persons' health, for example mental health, palliative care. • <i>Membership</i> – review of the composition of the Board to be undertaken to reflect the changes in the work programme and to consider the broadening of representation. • <i>Meetings</i> – last sentence of third paragraph to be amended to read 'Where a consensus cannot be reached a majority vote will apply'. • <i>Purpose</i> – language to be strengthened to include reference to the Board making authoritative decisions. <p>At 10.10 am Roy Reid joined the meeting.</p>

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	<p>The interRAI New Zealand Governance Board:</p> <ol style="list-style-type: none"> 1. Agreed the interRAI New Zealand Governance Board Terms of Reference would be reviewed in December 2017 and updated to reflect two yearly reviews following 2017. 2. Noted the revised Terms of Reference would be published on the interRAI New Zealand website. <p>Action: <i>Karina Kwai to review the expressions of interest documentation to ensure the scope encompasses the Board's future strategic direction</i></p> <p>Action: <i>Secretariat/Michele McCreddie to revise Terms of Reference to reflect discussion and circulate to Board members out of session for approval and final sign off at the 9 February 2017 meeting.</i></p> <p>2.2 interRAI Palliative Care Assessment Tool – Progress with Business Case Michele McCreddie provided a verbal update noting the following:</p> <ul style="list-style-type: none"> • The End of Pilot Report had been published on the interRAI website and copies provided to the Ministry of Health (MoH) Palliative Care Team and Hospice NZ. • DHB Health of Older People (HOP) Portfolio Managers have advised they were interested in training approximately 170-180 already competent home care assessors in the use of the palliative care assessment tool. • Michele McCreddie to inform the HOP Steering Group that if further training for other staff was required, for example social workers and palliative care workers, a business case seeking additional funding would be required to be submitted. <p>Dr Chris Hendry suggested that from a strategic perspective consideration be given to the appropriate key people within DHBs to communicate the introduction of new tools.</p> <p>Dr Brigitte Meehan confirmed that competency guidelines required that people provide an assessment that could be accessed for a quality review every 6 months.</p> <p>Michele McCreddie noted that as more palliative care assessments were undertaken people may well be admitted to aged residential care with palliative care assessment rather than home care assessment.</p> <p>Michele McCreddie advised the introduction of the palliative care assessment tool was at the staged roll out point within the governance framework.</p>

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	<p>Action: <i>Governance Framework A3 Overview to be updated to include commentary to reflect that a successful rollout does not need to be nationally.</i></p> <p>At 10.30 am Lisa Gestro and KereAna Buchanan of ACC joined the meeting.</p> <p>2.4 Proposal to pilot interRAI Acute Suite of tools – ACC, Waikato and Canterbury DHBs Lisa Gestro and KereAna Buchanan presented an outline of the proposal to pilot an interRAI assessment tool noting the following:</p> <ul style="list-style-type: none"> • The objective of the pilot was the aligning of pathways for populations across ACC and health, the first one of which would be the health of older people. • ACC would like to use interRAI as an enabler of the programme of work being undertaken by ACC around the modernisation of non-acute rehabilitation (NAR). • NAR was the event of the inpatient hospital journey that was predominantly managed in the Assessment, Treatment and Rehabilitation (AT&R) ward, but not necessarily, noting that some of them were now moving out into community settings. • DHBs were looking to complete the rehabilitation journey in either a community or home setting. • The University of Auckland in partnership with ACC had analysed routinely collected datasets and grouped people in terms of functional status in order to overlay costing data. The interRAI tool would enable the embedding of both clinical and costing information. <p>Dana Ralph-Smith enquired whether an analysis of the data had been undertaken to ensure data previously benchmarked in Australasian Rehabilitation Outcomes Centre (AROC) would not be lost. Lisa Gestro provided assurance that AROC data would continue to be mapped for the purposes of the pilot.</p> <p>Matthew Parsons indicated that two lead DHBs were involved in the pilot noting that Waikato DHB would mostly be interested in older people, with Canterbury looking at all adults. Lisa Gestro reiterated the scope of involvement of ACC would be in the area of non-acute rehabilitation for people over 65.</p> <p>Cathy Cooney enquired whether there was any risk around the interoperability of working with Momentum in terms of usable information, and whether the programme of work was cognisant of the learnings identified in the recommendations of the Post Project Review of the Comprehensive Clinical Assessment (interRAI) in Aged Residential Care (2011-2015).</p>

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	<p>Michele McCreddie advised she would provide a copy of the Post Project Review to ACC once approved by the Board.</p> <p>Michele McCreddie noted the proposal was in the 'planning a pilot' stage of the governance framework and that ACC and their partners were requesting the Board's support to proceed to commence planning of the pilot.</p> <p>Michele McCreddie tabled a diagram illustrating the suite of tools.</p> <p>Karina Kwai advised the issue of how resourcing and training was addressed under the proposal was a critical point noting that interRAI Services were working at capacity to meet the needs of current stakeholders. Lisa Gestro advised that the proposed resourcing and training approach would be included in the scope.</p> <p>Dana Ralph-Smith asked that consideration be given to the opportunity of extending the trial to include urgent care settings. Lisa Gestro indicated it would be something that ACC could consider in the future.</p> <p>Dr Chris Hendry sought clarification on the role and function of TAS in securing new business, and the role and function of TAS with interRAI NZ. Karina Kwai noted that current interRAI NZ business was in line with the intent of the Memorandum of Understanding to be developed with the MoH.</p> <p>Dr Chris Hendry asked whether Momentum had the capacity to develop the platform required for the new tools and not disadvantage work on the current suite of activities. Michele McCreddie advised that the introduction of new tools was within the current scope of the contract with Momentum and that they had been advised of the new tools.</p> <p>Dr Chris Hendry asked if processes had been put in place around the role of consumers in cross-sector information sharing to inform effective decisions. Lisa Gestro advised there was consumer representation on the broader programme, and that the specific role of consumers would be factored into the scope.</p> <p>Roy Reid advised he believed the proposal would add value and could work hand in hand with home care assessments.</p> <p>Lisa Gestro confirmed that following approval of funding by ACC the business case would be submitted to the interRAI Governance Board for approval.</p> <p>Cathy Cooney commented that the high level of confidence ACC were putting in the potential of the tool was an exciting opportunity for interRAI. It was also noted that the proposal fitted with the health strategy of people being in the community, focused on reducing the bureaucracy and moving to a high trust relationship and partnership between ACC, DHBs and the private sector.</p> <p>At 11.00 am Lisa Gestro and KereAna Buchanan departed the meeting.</p>

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	<p>The interRAI New Zealand Governance Board:</p> <ol style="list-style-type: none"> 1. Approved the final draft report of the Post Project Review of the Implementation of Comprehensive Clinical Assessment (interRAI) in Aged Residential Care (2011-2015). 2. Noted the revised Executive Summary would be circulated to Board members out of session for approval. 3. Noted information on the progress of the report would be provided in the December issue of the <i>Informer</i> newsletter. <p>Action: <i>Draft report to be updated to incorporate NZACA feedback and revisions requested by the Board (change to title, reframed executive summary).</i></p> <p>Action: <i>Revised Executive Summary to be circulated to Board members out of session for approval.</i></p> <p>Action: <i>Information on the progress of the report would be provided in the December issue of the <i>Informer</i> newsletter.</i></p> <p>2.5 Initial Outline of Proposal to test a new interRAI Assessment Tool in Acute Care alongside other Assessment Data in an Acute Care Setting Michele McCreadie tabled a proposal prepared by Susan Wood, Director Safety and Quality, Canterbury DHB seeking agreement to test the newly developed interRAI nursing assessment for inpatient admission alongside other assessment data in an acute care setting.</p> <p>The following was noted during discussion:</p> <ul style="list-style-type: none"> • Canterbury DHB have been involved in the international study to develop the new acute tool and engaged primarily with Professor Len Gray from the University of Queensland, interRAI Fellow and lead of the interRAI Network for Acute Care to develop the tool. • The proposal was presented for discussion on how it would fit within the overall programme and framework for introduction of new tools. • The proposal was seeking approval to initiate a further implementation pilot of the acute tool in Canterbury and West Coast DHBs using a different software platform. • Cathy Cooney highlighted a risk to the proposal was the intention to test a new interRAI assessment tool on a separate software platform.

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	<p>Following discussion the Board considered further clarification was required on how the proposal aligned with the overall development and future direction of interRAI New Zealand prior to considering the proposal further.</p> <p>Action: <i>Michele McCreddie to discuss the Board's concerns and questions relating to how the Canterbury DHB proposal aligns with the overall development and future direction of interRAI New Zealand with Susan Wood and discuss with the Chair.</i></p> <p><i>Post Meeting Note: Canterbury DHB have been invited to present the proposal at the 9 February 2017 meeting.</i></p>
<p>5. Update from interRAI International</p>	<p>Dr Brigette Meehan provided an overview of work being undertaken by Professor Shannon Stewart on behalf of interRAI in Canada in the development of assessment tools to identify vulnerable children, particularly those who were likely to have mental health conditions and the associated remedial actions. The work had been commissioned by the Canadian Government and looked at three different age groups; 0-3 years, 3-11 years and teenage onwards. The research component of the work had been completed and the assessment tools were in use in various stages.</p> <p>Meeting adjourned at 12.00 pm.</p>
<p>3. Education and Support</p>	<p>At 12.30 pm the meeting reconvened.</p> <p>3.1 Introducing interRAI Quality Indicators in New Zealand</p> <p>Dr Brigette Meehan spoke to the paper providing information about interRAI Quality Indicators (QIs) and outlining their proposed introduction into New Zealand.</p> <p>The following key points were highlighted during discussion:</p> <ul style="list-style-type: none"> • Quality indicators can be derived without any extra effort by the assessor or the older person. • A risk to New Zealand in the introduction of quality indicators was possible measurement biases including under and over reporting of client/resident characteristics and facility characteristics. Disparities such as these have been managed internationally through a 'risk adjustment' process. • An international expert in interRAI QIs, Professor Vincent Mor of Brown University USA recommends that New Zealand begins the introduction of interRAI QIs at the DHB level. • A more conservative introduction would suggest beginning the comparison at the regional level. <p>Matthew Parsons noted the importance of the Board considering the purpose of the introduction of interRAI QIs, particularly from an aged residential care</p>

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	<p>perspective and families using it to preferably identify facilities on the basis of the published QIs.</p> <p>Dr Brigitte Meehan clarified that interRAI QIs were different from indicators of quality that could be derived from interRAI data, noting that the introduction of interRAI QIs could enable national basic benchmarking.</p> <p>Dana Ralph-Smith suggested a forum be developed to enable discussion and analysis of interRAI QI data highlighting the example of the Health Round Table as a successful model.</p> <p>Dr Brigitte Meehan noted it was proposed that the project would commence in 2017 and that regular project reports would be provided to the Board seeking agreement to milestones within the implementation plan.</p> <p>At 12.45 pm Vij Kooyela joined the meeting.</p> <p>The Chair indicated that the implementation of interRAI QIs would align with the recommendations in the Post Project Review of the Implementation of Comprehensive Clinical Assessment (interRAI) in Aged Residential Care (2011-2015) relating to 'resourcing' and 'value add', in that it would assist people in understanding how they could use the data to add value.</p> <p>Karina Kwai advised that in some regions people were actively working with individual DHBs and utilising interRAI data to make indicators of quality.</p> <p>Cathy Cooney noted the composition of the project reference group was key. Dr Brigitte Meehan advised it was intended that Professor Vincent Mor be involved as an advisor to the reference group.</p> <p>At 12.53 pm Karina Kwai departed the meeting.</p> <p>The interRAI New Zealand Governance Board:</p> <ol style="list-style-type: none"> 1. Noted the overview of the proposed implementation of interRAI Quality Indicators. 2. Noted that interRAI Quality Indicators were different from markers of quality improvement utilising interRAI data. 3. Noted the exclusions to the implementation of interRAI Quality Indicators (at this stage). 4. Endorsed the introduction of interRAI Quality Indicators into New Zealand as outlined in the Project Implementation Plan. 5. Noted the first milestone report would be presented to the Board at the 9 February 2017 meeting. <p style="text-align: right;"><i>Moved: Cathy Cooney Seconded: David Chrisp</i></p>

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<p>4. Data Analysis and Reporting</p>	<p>4.1 interRAI Data Analysis Annual Report 2015-16</p> <p>Michele McCreadie introduced the paper updating the Board on the progress to date in the production of the National interRAI Data Analysis Annual Report 2015/16.</p> <p>Michele McCreadie notified the Board that for future years it was intended that the report would be published within the first 6 months of the financial year and that a draft would be presented to the Board in October.</p> <p>Vij Kooyela advised the first four chapters were developed taking into account feedback received from stakeholders and built the context for the remaining chapters of the report which would include:</p> <ul style="list-style-type: none"> • Selected Social and Wellbeing Measures • Assessment Outcomes • Clinical Assessment Protocols (CAPs) • Future Developments <p>Vij Kooyela advised that the measures reported under the proposed chapter relating to Selected Social and Wellbeing Measures were derived from information obtained from data requests.</p> <p>Cathy Cooney requested that the Future Developments chapter contain context relating to recommendations in the Post Project Review of the Implementation of Comprehensive Clinical Assessment (interRAI) in Aged Residential Care (2011-2015).</p> <p>The interRAI New Zealand Governance Board:</p> <ol style="list-style-type: none"> 1. Noted that a final draft would be presented to the Board at the 9 February 2017 meeting. 2. Noted that the final report would be published on the interRAI website by early March 2017. <p style="text-align: right;"><i>Moved: Deputy Chair Seconded: David Chrisp</i></p> <p>At 1.15 pm Vij Kooyela departed the meeting.</p>
<p>7. Communications</p>	<p>The following key messages for inclusion in the Board section of the next issue of <i>Informer</i> were confirmed as being:</p> <ul style="list-style-type: none"> • Holding message on the expected publishing date for the Post Project Review of the Implementation of Comprehensive Clinical Assessment (interRAI) in Aged Residential Care (2011-2015). • Joint ACC/interRAI NZ communication regarding the proposal to pilot interRAI Acute Suite of Tools.

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	<ul style="list-style-type: none"> Information regarding the introduction of interRAI Quality Indicators including the differences between quality indicators and data from interRAI.
8. General Business	<p>Quality Indicators Workshop Matthew Parsons suggested that interRAI Services consider facilitating a workshop in the first half of 2017 for key stakeholders to provide detail on interRAI Quality Indicators and the differences from other data.</p> <p>Action: <i>interRAI Services to consider facilitating a Quality Indicators Workshop in the first half of 2017.</i></p>
	The meeting closed at 1.22 pm
Next Meeting	Thursday 9 February 2017 9.30 am to 3.00 pm TAS Boardroom, Willis Street, Wellington