

Minutes

interRAI Governance Board

Date:	Tuesday 19 February 2019		
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, **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 McCreddie** – General Manager interRAI Services, TAS, **Dr Brigette Meehan** – National interRAI Services Manager, TAS **Terry Huntley** – Software Services Manager (TAS) **Karina Kwai** – Manager, Health of Older People, Health System Improvement and Innovation, Ministry of Health, **Dr Phil Wood** – Chief Advisor, Healthy Ageing, Ministry of Health, **Shelley Gilmour** – Secretariat, TAS.

Apologies: David Chrisp

By Telco:

Welcome & Apologies	
The Chair opened the meeting at 9.58 am.	
01	Minutes and Action Register
1.2	Declaration of Interest Register
The Register was noted.	

1.3 Confirmation of Minutes

The minutes of the meeting held 28 November 2018 were **confirmed** as a true and correct record.

Moved: C. Cooney
Seconded: S. Clare
CARRIED

1.4 Action Register

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. Closed
03-06/18	interRAI Future Direction 2018-21 Include equity statements in the strategic document. Closed
07-06/18	Quality Indicators are to provide an analysis of where the variations are. Closed
10-06/18	Investigate the feasibility of the interRAI Board viewing the micro-simulation presentation at a future meeting. Closed
14-06/18	MoH to provide an update on interRAI data into IDI at the next Board meeting. In Progress
02-08/18	Develop a discussion paper on uses of the Palliative Care assessment in Aged Residential Care. Closed
06-08/18	A statement of Work for software enhancements to be presented to the Board at a future meeting. Closed .
08-08/18	Update to be provided on the progress of the evaluation of the interRAI Software contract review at the Board meeting in November. Closed
03-10/18	A paper is to be provided at either the November 2018 or the February 2019 meeting with an update on the CDHB pilot of the Acute Care 9.3 Tool. Closed
06-10/18	Board members to consider topics for discussion for a potential visit to New Zealand by the interRAI Fellows. Open
01-11/18	Sue Wood (CDHB) is to be invited to the February 2019 Board meeting to provide an update on the Acute Care (9.3) Pilot. Closed
02-11/18	The issue around a longer-term license with MKM needs to be considered under the software review. Closed
03-11/18	Updated paper on the 3 DHB pilot PAC-R to be presented to the interRAI Governance Board meeting in February 2019. Closed
04-11/18	TAS to investigate providing a Case mix technical data analysis. Open
05-11/18	The tabled interRAI software review Board update is to be distributed following the meeting. Closed

06-11/18	An update on the software review is to be provided to the Board in February 2019. Closed
07-11/18	The risk of not reaching a satisfactory agreement with Canterbury DHB as the single software host site provider to be added to the risk register. Closed
08-11/18	A paper is to be presented to the Board in February 2019 on the introduction of interRAI into Primary Care. Closed
1.5	Correspondence - Nil
1.6	Matters Arising- Nil
2.0	Governance
2.3	Update on Palliative Care Assessment Use in Aged Residential Care
	Michele McCreddie provided an update and noted that a series of meetings have been held or are pending. The first meeting was with Kathy Glasgow of the Chief Nurses Office on 18 February 2019 and went very well. They were interested and keen and saw no barriers to moving forward. The meeting with Rhonda Sherriff of New Zealand Aged Care Association is to be held at the beginning of March. A meeting with the Care Association New Zealand representative will also be held in Auckland at the beginning of March.
2.4	Next Steps Regarding the Inclusion of Tenure Items in interRAI Assessments
	The items have been written up according to interRAI methodology format and training materials are being developed. These are due to be trialled soon with a view to a presentation to interRAI International in late May or June. This item will come back to the Board in April for an update.
2.5	interRAI NZ - Future Direction Update end Q2 2018-19
	Michele McCreddie advised that the interRAI NZ – Future Direction is orientated to the New Zealand Health Strategy 2016 framework. As the Ministry of Health (MoH) are working with the Government on their priorities for the future, the Future Direction document for 2020 and beyond will likely need to be updated through the annual revision process to reflect any change.
	The Chair provided feedback from her meeting with the Director General (DG) of Health Dr Ashley Bloomfield and Keriana Brooking DDG earlier in the month. It provided an opportunity to brief them on the interRAI Governance Board, the work of interRAI and the refresh process around the Board membership in 2017/18. He is interested and supportive of the work and the significant contribution interRAI can make to the health and disability system. The palliative care tool coming on stream was discussed along with the submission that was made to the Mental Health Inquiry. The DG was interested in the potential for Mental Health interRAI assessments in New Zealand and suggested that interRAI Services meet with Robyn Shearer, Deputy Director General (DDG) and also that Keriana Brooking should be invited to speak to the Board.
	The interRAI Governance Board:
	<ul style="list-style-type: none"> • Noted the progress with implementation of interRAI NZ – Future Direction 2018-2021 as at end Q2.

At 10.14 am Nigel Millar joined the meeting by Zoom.

Michele McCreddie updated the Board on the strategy including providing a verbal update on the Aged Residential Care Funding Review.

At 10.17 am Graham Guy (Waikato District Health Board (DHB)) joined the meeting by Zoom.

Michele McCreddie noted that the annual security checks in line with the Health Information Standards Organisation (HISO) have been done and that penetration testing will be completed in Quarter Four.

At 10.21 am Chris Fleming joined the meeting by Zoom.

Matthew Parsons advised the meeting that there are issues with Zoom for Graham Guy, Mardi Postill (Canterbury DHB) so the secretariat arranged for a telco.

The Chair summarised the meeting discussion for Chris Fleming.

At 10.34am Kereana Buchanan Joined the meeting by Zoom and Graham Guy, Mardi Postill and Lisa Gestro by telco.

2.1 interRAI Acute Care (AC) and Post-Acute Care (PAC) introduction in DHBs.

Matthew Parsons advised that this project is a partnership led by the DHBs and supported by the Accident Compensation Corporation (ACC).

Lisa Gestro advised that the Southern, Canterbury and Waikato DHBs have regrouped around their collective aims and the presentation to the Board was to remind the Board that they remain committed to the pilot and to outline each of the DHBs intentions.

Local Design – Southern

Lisa Gestro noted:

- Southern DHB are looking to roll out an end to end interRAI solution.
- Looking to extend as first part of a roll out to a limited number of acute wards and all of Assessment, Treatment and Rehabilitation (AT&R).
- They will look to use iPads to support the ease of implementation.
- Training requirements are to be further explored.

Local Design – Canterbury

Mardi Postill spoke to the Canterbury pilot.

- The pilot rollout of interRAI-AC/PAC on rehabilitation wards at the Burwood Hospital site. Most older people in rehabilitation are located at Burwood
- The current pilot of the interRAI AC is being held at the Christchurch Hospital site.
- Options for hardware are being examined but are likely to be iPads which have already been purchased or laptops on wheels which are already in place in most wards.
- Canterbury is keen to implement before Winter due to bed occupancy pressures due to delays in the rebuild of Christchurch Hospital.
- Electronic referral and personalised care plans are being tested for all community services who are using interRAI.
- Through the Community Services Service Level Alliance (CSSLA), Canterbury is exploring using interRAI AC.
- It was queried whether TAS could train the expected 60-70 nurses that would be required and what timeframes this could be achieved in.

Local Design – Waikato

Graham Guy spoke to the Waikato pilot.

- Pilot implementation of interRAI AC for people aged 16 years and over, on two adult acute surgical wards.
- Pilot implementation of interRAI PC on one ortho-geriatric ward.
- Will use iPads or laptops on wheels in wards.
- Use of the tool with District Nurses and with Aged Residential Care (ARC) step down care.

interRAI AC/PAC and ACC

Kereana Buchanan spoke to the ACC part of the pilot.

- ACC Non-Acute Rehabilitation services are moving to a case-mix funding approach using an algorithm based on Activities of Daily Living/Diagnostic data.
- The tool currently relies on an excel spreadsheet which generates case-weight, care bundles and the expected date of discharge. This is reliant on user accuracy.
- The intention is to embed the algorithm within AC/PAC and associated care bundles.

- The new case-mix model moves from the pilot DHBs to a phased national implementation from December 2019 with an interim solution in place from that date.
- It is expected that this pilot will help inform the final Information Technology (IT) solution and assessment tool for national rollout prior to 30 November 2022.

Outcomes Sought

Lisa Gestro spoke to the expected outcomes.

- A reduction in time spent on assessment across the patient journey.
- Improved care through the integration of evidence-based care bundles.
- Reduction in time spent in hospital through streamlined processes and early referral to community services.
- Enhanced identification of low quality and performance through benchmarking and real time data integration.
- Early prediction of decline through gradual adoption of one assessment system across the population.

A question and answer session ensued. Issues with the three sites not operating on the same software platform were discussed. While this may not matter for each individual site it might impact how this is progressed nationally.

Matthew Parsons advised it is non-negotiable for Waikato DHB and it must exist on the same platform as the current interRAI software. All assessments are being replaced with this therefore no other assessment will exist only interRAI AC/PAC.

Chris Fleming clarified that it was a question for Canterbury DHB however it also affected Southern DHB given that Canterbury DHB is integrated into Patienttrack and Southern DHB may implement the Patienttrack pathway in due course.

Carolyn Cooper queried the evaluation process as all three DHBs are going to evaluate separately and what this will mean from an interRAI perspective. There needs to be national consistency which may mean that standard generic evaluation questions will be required. Lisa Gestro will take the lead on this.

Kereana Buchanan commented on the relationship with Momentum. If there is a change to software provider, then a Memorandum of Understanding will need to be developed between ACC and MoH.

Brigitte Meehan addressed the concerns raised regarding the training required noting that on line modular training has been developed for the AC assessment, alongside training of clinical champions and a package for Allied Health and Medical staff. The on-line training is split into

modules, each taking approximately five to ten minutes to complete with a self-evaluation at the end.

Matthew Parsons initiated a conversation around the software review and the potential for a new software provider and what transition arrangements would be needed. It was also noted that ACC want a decision by December.

Kerana Buchanan advised that they can use an interim solution and the algorithm can be overlaid on whatever software will be used.

Nigel Miller noted that changing a software platform in health is difficult however in this case it is a better proposition as the data is not changing. The challenge will be around the desired functionality.

The Chair noted that a paper will be coming back to the Board meeting in April. A project plan will also be provided for the April meeting which is to include a risk and quality impact statement. The work that has been done to date was acknowledged and the participants thanked for the update.

At 11.20 Lisa Gestro, Mardi Postill, Kereana Buchanan and Graham Guy left the telco.

3.0 Education and Support

3.1 Quality Indicators Update

Brigette Meehan provided an update. This was a follow up to the last meeting where the need for risk adjustment was noted. Currently all age care facilities have access to their own Quality Indicators (QIs). Risk adjustors are not required when the data is referring to an individual facility's own data. However, when comparisons are made between rest homes by providers or DHBs then a risk adjustment process is needed. This is problematic in New Zealand due to the small population base therefore interRAI will initially be using Canadian comparison data. Suitable analytical software is also required and TAS is in the process of exploring options.

A general discussion ensued on the use of QIs in a case mix model.

The Chair noted that the QI issue is important and one that is of great interest to the Board.

4.0 Update From interRAI International

Brigette Meehan updated the Board on the new check-up tool which was described as revolutionary as it is a self-report and is designed for use in Primary Care. An individual can self-complete or have someone complete on their behalf. The assessment sits between a homecare assessment and a contact assessment. Consideration should be given to this as a model of delivery.

The Board commented:

- Family members will want to be involved in this.
- It would be sensible to pilot a partnership with Age Concern.

- It has potential for use in General Practitioners' waiting rooms.
- It could be problematic unless people self-assessing are being truthful.

Brigette Meehan reinforced that this is not a substitute for a home care assessment.

Karen Evison noted that this was a topical subject and it had recently been discussed at Lakes DHB who would be willing to participate if this was to be tested. It would also be useful to test in a Māori situation to allow whanau conversations to occur.

Michele McCreddie will talk to Momentum to get a demonstration of the tool to share with the Board.

The Chair summarised that there is a genuine interest amongst front-line clinicians in the value of the tool.

Nigel Millar noted:

- This needs to be managed carefully as it is important not to have a poor implementation.
- The Board can make the decision about where this tool goes and what happens as they are enacting the licence.
- There are many pitfalls including a big equity issue which may create illusions of what older people are like due to the equity issues of access to information systems.
- Consideration must be given to whether DHBs want to invest in this and the approach needs to be coordinated.
- When information is willingly provided by people they will expect it to be used properly, to be looked after and available every time they are seen.

Chris Fleming commented that it would be useful to establish what commitments are required.

Michele McCreddie will arrange a meeting with Lakes DHB and Age Concern to progress the matter.

Action items	Person Responsible
01-02/19 A demonstration of the Self-assessment Check Up tool is to be arranged with Momentum and shared with the Board.	Michele McCreddie
02-02/19 A meeting with Karen Evison and Stephanie Clare is to be arranged to progress the testing of the tool.	Michele McCreddie

At 11.53 am the meeting broke for lunch and resumed at 12.40 pm and Margaret Milne joined the meeting.

7.0 Operational Reports

7.1 interRAI Risk Register

Michele McCreddie provided an update noting the change to the risk around the Project Kotahi – interRAI 2-1 Host Services Project. This was updated to reflect the previous Board discussion. ‘Not able to complete contract negotiations with preferred supplier of single host site’ has been added to the risk description.

The interRAI Governance Board:

1. **Noted** the interRAI NZ Governance Board Risk Register as at February 2019.

7.2 Overview interRAI Services Financial Situation to end Q2 2018-2019.

Michele McCreddie updated the Board on the financial situation and variances to the end Q2 2018-2019. There has been some underspend in terms of budget due to staff vacancies.

At 12.42 pm Nigel Millar re-joined the meeting by Zoom.

No major issues have been identified. The amounts allocated to each project have been reworked as there is a better understanding of project estimates. This has not changed the overall budget.

The interRAI Governance Board:

1. **Noted** the overview of the interRAI Services financial situation 2018/19 as at end Q2 2018/19.
2. **Noted** the explanation of financial variances and use of the revenue in advance funding for 2018/19.

7.3 interRAI Services Operational Report

Michele McCreddie provided updates. A study published by Dr Sharmin Bala, a researcher working with Dr Hamish Jamieson has received considerable media coverage.

The interRAI website usage continues to increase, analysis shows that people are using it as a resource.

The software services upgrade now planned for May will introduce the self-password reset. Slowness issues were noted, and Terry Huntley advised that the next software upgrade will address some of these however it is also dependant on the user’s browser platform. One of the lessons learned from the last upgrade was to inform users of the potential browser issues.

At 12.48 pm Susan Wood – Canterbury DHB joined the meeting by Zoom.

The remaining Operational Report was paused to allow Susan Wood to present.

2. Canterbury DHB Pilot of interRAI AC

The Chair welcomed Susan Wood to the meeting.

An update on the pilot was provided the first phase of which (the research phase) involved 113 patients. The findings were around the average time to complete an assessment. It was established that the screening software required reconfiguration as it was too hard to find the questions early in the assessment. The software was upgraded in December and it is functioning well, and they are now able to look at a soft operational roll-out of the pilot. This will only be validated for medical and surgical patients over 60 years of age.

The next action is to meet with Brigitte Meehan and the education team around the scales.

The Chair requested a paper outlining what the risks and barriers are and what has been discovered to date.

Susan Wood raised a question regarding software licensing noting that they are still working on a gentlemen's agreement and clarity is required on how this will progress.

The Chair confirmed that this will need to be a formal request to the Governance Board.

Nigel Millar noted that there may be issues moving forward. He has spoken to the Patientrack team at Health Informatics New Zealand (HINZ) about the issue of licensing and received a strong message that they do not want to engage with interRAI International regarding a software licence. No decision has been made by the interRAI Governance Board that the interRAI AC will be hosted on Patientrack post the operational research phase of the Canterbury pilot so assumptions should not be made that it will continue.

Susan Wood noted that if this is the case it would be extremely problematic as the information is being used to track and monitor many medical conditions. If they cannot use interRAI in a seamless manner, they will need to build separate risk assessment tools.

The Chair noted that at the beginning of the pilot some issues were identified and if there is a requirement to seek guidance with the license then this needs to be presented to the Board in a formal manner.

Michele McCreadie offered to assist with this.

At 1.00 pm Susan Wood left the meeting.

5.0 Update from the Ministry of Health

At 1.03 pm Jon Herries, Andrew Upton and Carolyn Jones (MoH) joined the meeting.

5.1 interRAI Software Review – Stage One Report

The Chair noted that the report is to be taken as read and the Board discussion was to focus on the future direction. It was also noted that the recommendations on page 29 are different than those in the report.

Karina Kwai advised the Board that Stage One of the reviews have now been completed and called for any questions around process and methodology to be emailed to her direct.

At 1.07 pm Chris Fleming joined the meeting by zoom.

It was further noted that the report shows several issues to be addressed and that the themes were consistent across the sector which included the ARC Sector, Chief Information Officers, clinician's and older people.

The review considered the user experience, current contract performance and potential opportunities. Issues with the software included:

- Limited interoperability with other systems.
- Lack of integration with SNOMED.
- Limited analytics
- Sub-optimal application performance
- Lack of ability to set preferences for the software; and,
- Restricted patient, whānau and other user for example primary care access.

Max Robins commented that it was a good report and well presented. From an ARC point of view, it is critical to consider that there are numerous small providers not just large ones, so any replacement system will need to have the ability for users to have their own ways of entering the data. This points in the direction of a database with a front end that allows other front ends to fit into it.

Jon Herries noted that part of the conversation was around care planning, rostering, billing and there was a range of things that could be chosen for the software to do. The key point is that before the MoH make choices the Board would need to confirm that these are the right things for the software to do in the future. MoH do not know what is available as they have not been to the market to test it. One of the options to consider is that where a system of choice can be chosen it must still have the capability for the data to contribute to the national data set. At this stage it is not known if this is possible, as MoH have not yet reached that point in the process. However there is enough information to test the market for options.

Chris Fleming noted that the issues now are the same as the last time software issues were discussed including interoperability, and limitations other than cost need to be considered.

Phil Wood asked if there is a need for a dataset in common or software in common. The dataset in common appears to have a problem relating to the licensing issue. The licensing demands that interRAI International approve software providers. This is problematic for various interfaces.

Jon Herries advised that as they have not yet approached the market they do not know if other providers would be interested. MoH need to come back to the Board when more information is known.

Michele McCreadie noted that other countries do not have a Governance Board that manages interRAI at a governance level. In New Zealand this decision sits with the Governance Board.

Nigel Millar noted that from an interRAI point of view, interRAI International generates income from publications and the licensing of software. Therefore, the licensing is critical. Important to ensure that when someone submits their information through an assessment it follows them through the health system without hindrance. It is relatively simple to define the platform, but the challenge is the interface. There may be some providers wanting to provide just the interface and some just the platform. This type of approach will be challenging to the license.

Chris Fleming expressed concern that financial issues are noted throughout the report. It was also important to note that as the process moves forward to test the market, Momentum will be included as a viable option in that testing.

The Chair suggested a subgroup of the Board is established to discuss the procurement process and that 30 minutes is to be allocated at the Board meeting in April 2019 to discuss the software review and 2-1 project interdependencies.

Following a general discussion, it was agreed that the sub-group would comprise:

- Cathy Cooney
- Chris Fleming
- Nigel Millar
- Max Robins
- Michele McCreadie
- Karina Kwai

It was agreed that the sub group would be established.

The interRAI Governance Board:

1. **Received** the report on the contents of stage one of the interRAI software review.
2. **Agreed** that because of the software review, Option One is not viable as it does not respond to the issues raised in the report.
3. **Noted** that the Ministry of Health will return in April 2019 with a sourcing approach for the Board's consideration.

Moved: Chris Fleming
Seconded: Max Robins
Carried

Action items	Person Responsible
03-02/19 30 minutes is to be allocated at the Board meeting in April 2019 to discuss the software review and 2-1 project interdependencies	Michele McCreddie

At 1.39 pm Jon Herries and Carolyn Jones (MoH) left the meeting.

6.0 Software Services

6.1 interRAI 2-1 Host Services Project – Status Update

Michele McCreddie advised that negotiations have commenced and are progressing and are due to be completed in March. The interdependencies with the MoH project has been noted in the risk register.

Terry Huntley noted that the key is to identify the actual costs for Canterbury DHB, Taranaki DHB and Momentum. Tasks have been identified though the RFP and the costs are being discussed. Alternatives to reduce the costs are being considered. The target date for a statement of work for the transition is the end of March to bring to the Board in April. Existing Service Level Agreements (SLA's) are being reviewed to inform the new SLA.

6.2 Proposed interRAI Software Enhancements

Terry Huntley updated the Board on the process to prioritise software enhancements. There were originally 15 on the list but these were narrowed down to five. Most were eliminated due to difficulty and cost and the top five were identified as offering best value for the user.

These are:

- interRAI Client Clinical Dashboard.
- Diagnosis Changes.
- MDS Section G Total Hours Activity.
- CAPs Outcomes
- Medication Change (Update from Board Paper delivered to August 2018 Board meeting).

Chris Fleming noted that as the Governance Group, the Board should have been involved in the selection of which enhancements were prioritised.

Michele McCreddie will make these available to the Board in future.

Karina Kwai noted the interdependencies and risk with the enhancements and the software review. There is a risk to the commitment of MoH resources and with the implementation approach Momentum would need to commit to a work programme on 1 March 2019 for completion in September.

The Chair clarified that there would need to be mapping around the key dates.

At 1.59 pm Helen Keneally left the meeting.

The interRAI Governance Board:

1. **Noted** that the second of the standard two software updates each year is planned for the end of September 2019. The implementation date will be reviewed to align with the Kotahi 2-1 Host Site Project.
2. **Approved** the development of the proposed enhancements (Client Clinical Dashboard, Diagnosis Changes, MDS Activity, CAPs and Outcomes) for the September 2019 upgrade.
3. **Noted** the full business case for enhancement 1 Clinical Portal and Client Dashboard.
4. **Noted** the financial summary provided in Appendix 1 of the Business Case.
5. **Noted** the risk factors and the time constraints around the software review.

Moved M. Honey
Seconded: Roy Reid
Carried

6.3 interRAI Client Clinical Dashboard – Business Case

The business case was noted, and Margaret Milne was thanked for her effort in drawing together the business case.

Action items	Person Responsible
04-02/19 A list of software enhancements that were considered and prioritised is to be presented to the Board in the future.	Michele McCreddie

At 2.04 pm Margaret Milne left the meeting

7.3 Operational Report (Continued)

Data Analysis and Reporting – The Pure Food Company

The Pure Food Company has for some time been working with interRAI Services on a project to measure health and quality of life outcomes of consumers, who use their products in line with recommendations for use.

To support this evidence-based approach they plan to provide a Continuous Improvement Report to their customers who wish to be involved. This involves the analysis of interRAI data to measure the health outcomes of residents of aged care facilities, consuming The Pure Food Company products. The assessment data will be extracted for analysis. The list of interRAI assessment data to be requested from the interRAI Services team includes:

- Independence in activities of daily living.

- Distance walked.
- Time since last hospital stay.
- Falls.
- Major skin problems.
- Weight loss.
- Self-rated health.
- Interests or pleasure.
- Mental function.
- Indicators of depression.

A discussion on the ethics of the commercial utilisation of interRAI data followed.

Nigel Millar noted his concern at the use of patient’s data for commercial use. There is a difference between public good use and commercial use and thought should be given to this from an ethical perspective.

Karen Evison advised that New Zealand has signed an agreement to make data more transparent and one of the discussions among government agencies was the tension between allowing health data to be used freely in any way and data being manipulated.

Brigitte Meehan advised that it would be useful to confirm the consent wording in the assessment and whether the data access protocol states that data cannot be used for commercial purposes.

Education and Support

Michele McCreddie advised that the Board had previously advised they wanted to see the on-line education training package, and this is now available. A link will be sent to all Board members who can trial the package as they wish.

The interRAI Governance Board:

- 1. Noted** the interRAI Services Operational Report as at February 2019.

Action items	Person Responsible
05-02/19 The wording in the assessment and the data access protocol is to be checked in relation to commercial use.	Michele McCreddie
06-02/19 A link to the on-line education training package is to be sent to the Board.	Secretariat

8.0 Aged Residential Care (ARC) Funding Review

8.1 ARC Funding Review

Michele McCreddie advised the Board that it is understood that a paper has been produced by Ernst and Young (EY) putting forward a case-mix model which is currently with the sector for consultation.

9.0 Communications
Nothing further to update.
10.0 General Business
<p>10.1 interRAI and Ernst and Young – Feedback from visit to Qatar – Update</p> <p>Michele McCreddie update the Board advising that she travelled to Qatar in December 2018 as part of the EY team that presented to a group of 40 to 50 people partly from the Ministry of Health and partly from the Hamad Medical Corporation (HMC) who are the largest provider of healthcare in Qatar. Along with the Needs Assessment and Service Coordination (NASC) manager from Canterbury DHB, she presented on the assessment process which was well received. Workshops were held with Qatari staff around the development of community care which Qatar currently has very little. The next phase is for EY to present HMC with a three-year implementation plan on community care.</p> <p>10.2 Visit to interRAI New Zealand by Delegation of Senior Health Officials from Singapore.</p> <p>Brigitte Meehan provided and update on the upcoming visit to New Zealand by a delegation of senior officials from across the Singapore health sector over the period 18 March to 22 March 2019. During the delegation’s time in Wellington they will have presentations on the use of the interRAI system, how to use it and how data is used. The delegation has also been asked to present on how they manage aged care in Singapore. They will be given the opportunity to visit a home care provider and an aged residential care provider in Auckland.</p> <p>10.3 Use of the Contact Assessment for all Accident Compensation Commission Funded Home Care Clients.</p> <p>The paper was taken as read and it was noted that there is no recommendation for the Board to consider.</p> <p>At 2.25 Chris Fleming left the meeting and Ondine Claridge (ACC) joined the meeting.</p> <p>The Chair clarified that what is being sought is approval to proceed with the next stage of the pilot.</p> <p>Ondine Claridge confirmed that the proposal is asking the Board to recommend that ACC can continue to scope the use of interRAI as a prospective tool in ACC funded home and community support and in the future identifying case-mix cohorts. ACC need to have the Board permission to access the tool through the NZ Licence for use and a preferred way forward. The preferred software platform will form part of the scoping programme.</p> <p>Karina Kwai advised MoH legal has sought legal advice regarding ACC ‘piggybacking’ on use of interRAI software. This advice will be through in due course. It was queried if there is an issue with the use of the interRAI license.</p> <p>Nigel Millar spoke on behalf of interRAI New Zealand that if the license does not cover this then there are no issues asking interRAI International to extend the coverage.</p>

Brigette Meehan asked that the minutes reflect a requested a change to the funding section of the business case to clarify that it is not the funding of an Acute/Post-Acute tool but the Contact assessment. This is important in terms of the impact on interRAI Services.

The interRAI Governance Board:

1. **Agreed** that ACC can continue to proceed to scope and plan the opportunity to use the interRAI Contact Assessment.
2. **Noted** the next stage is to come back to the Board in April with a project plan.

Meeting Closed: 2.36 pm

Next meeting: 17 April 2019, Front + Centre, 69 Tory Street, Wellington