

Minutes

interRAI Governance Board

Date	Friday 11 December 2015
Location:	TAS Board Room 3A1, Level 3, 186 Willis Street, Te Aro, Wellington
Members	<p>Paul McDonald (Chair) Professor and Pro Vice Chancellor of Health, Massey University Chris Fleming (Deputy Chair) CEO Nelson Marlborough DHB – Funder Representative Dana Ralph-Smith General Manager- Adult Rehabilitation and Health of Older People, Counties Manukau DHB – Funder Representative Dr Nigel Millar – Chief Medical Officer & Geriatrician Canterbury DHB – Clinician and interRAI Fellow Representative Judith Davey – Senior Associate, Institute for Governance & Policy Studies, Victoria University & Voluntary Policy Advisor Age Concern – Consumer Representative Roy Reid – Treasurer, Chair Age Care Committee, Grey Power – Consumer Representative Jan Adams – Director Nursing, Quality & Risk, Bupa Care Services – Health Professional Representative Max Robins – CEO CHT and Deputy Chair NZACA – ARC Provider Representative David Chrisp – General Manager Access Home Health Ltd – Home Care Representative Matthew Parsons – Professor Medical & Health Sciences University of Auckland – Research Representative Dr Chris Hendry – Director NZ Institute of Community Health Care & NZ IT Health Board – Health Informatics Representative</p>
In Attendance:	<p>Graham Smith – Chief Executive, TAS Michele McCreddie – General Manager interRAI Services, TAS Dr Brigitte Meehan – Manager interRAI National Services Karina Kwai – Manager, Health of Older People, National Services Purchasing, Ministry of Health Dr Phil Wood – Chief Advisor, Health of Older People, Ministry of Health Deb Mulliss – Secretariat, TAS</p>
Apologies:	<p>Chai Chuah – Director-General, Ministry of Health Dr Nigel Millar – Board Member Chris Fleming – Funder Representative</p>

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1. Welcome – Agenda Overview	<p>Item 1.1 Agenda</p> <p>The Chair opened the meeting at 9.30 am and welcomed members, introduced Dr Phil Wood, Chief Advisor, Ministry of Health, and facilitated a round of introductions.</p> <p>Apologies were noted from Chris Fleming, Nigel Millar and Chai Chuah. David Chrisp would be delayed and would join the meeting during the morning.</p> <p>The Chair advised that two new standing items have been added to the agenda:</p> <ul style="list-style-type: none"> • A verbal update from interRAI international will be provided by Brigitte Meehan; and

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	<ul style="list-style-type: none"> • A verbal update from the Ministry of Health will be provided by Karina Kwai. <p>The Chair noted that an important outcome from the meeting was to set the course for the Memorandum of Understanding (MoU) with the Ministry of Health (MoH). A clear plan was required for what the Board wants to achieve. The majority of the morning was to focus on developing the draft plan for consideration in February 2016.</p> <p>Item 1.3 Minutes from meeting held 23 October 2015. Two minor amendments were noted: Page 3. Correct the spelling of Max Robins' name from '<i>Robbins to Robins</i>'. Page 13. Reword the motion to read: '<i>Agree to grant access to the interRAI data as requested...</i>'.</p> <p>Chair moved to confirm the Minutes of 23 October 2015 this was seconded by Judith Davey and carried by the Board.</p> <p>Item 1.4 Action Register.</p> <p>23/10-01 Establish a Declaration of Interest Register. Completed on agenda as Item 1.4. Closed</p> <p>23/10-02 Update Terms of Reference. Completed. Closed</p> <p>23/10-03 Draft Terms of Reference for the Post Implementation Review. Ongoing -draft to Board 5 February 2016.</p> <p>23/10-04 Paper on principles for the current integrated education and training function. Completed on agenda as Item 3.1. Closed</p> <p>23/10-05 Paper on Data Protocol. Completed on agenda as Item 6.1. Closed</p> <p>23/10-06 Send electronic meeting requests for scheduled Board meetings. Action completed. Closed</p> <p>23/10-07 Communication strategy for Palliative Care pilot. Ongoing - the matter has been raised with the Health of Older People Steering Group. A progress report will be provided in due course.</p> <p>Item 1.2 Declaration of Interest Register The Chair invited the Board Members to declare any conflicts of interest they may have in relation to the agenda items.</p> <p>Matthew Parsons noted he had been contracted by the Auckland District Health Board to develop an alternative '<i>Case Mix System</i>' that uses the interRAI data from the '<i>Contact and/or Home Care Assessment</i>'.</p> <p>Jan Adams confirmed the information set out in the register and noted her organisation's interest in providing in-house interRAI training and education.</p> <p>Max Robins noted his organisation's similar issue of wishing to provide in-house interRAI training and education.</p>

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	<p>Dana Ralph-Smith noted interest in the upcoming consultation with DHBs on the proposed integrated Education and Support Services, as the staff potentially affected are employed by the Auckland DHB.</p> <p>The Chair noted his own interests in relation to his role at the University and the agenda Item 5.1 interRAI data access protocols.</p> <p>Phil Wood also noted that the data access protocols could be an issue for the MoH.</p> <p>There was a general discussion on the '<i>Issues Declared</i>' and how the conflict of interests could be managed and the following was noted:</p> <ul style="list-style-type: none"> • The Board members have been selected based on their knowledge and experience in the sector and from time to time there would be specific projects or activities in their professional roles that could be a conflict and the level of conflict would impact on the management of the issue. • The various ways to handle a conflict were considered: <ul style="list-style-type: none"> ○ Asking a Board Member to remove them self completely from the session ○ Invite the Board Member to remain but not participate in the discussion or take an active part in decision-making ○ Invite the Board Member to remain as a resource but not to participate in the decision-making ○ The Board can collectively agree that the Board Member's interest will not influence the outcome in any particular way and therefore does not constitute a conflict. • Many of the Board Members have research interest and may need to step aside on any decisions relating to specific projects, but this should not impact on general discussions around strategic issues. <p>There was further discussion covering the issue of how to balance representing particular sector interests with the responsibility of being part of a Board that can demonstrate that decisions are made with integrity for all and not for a particular perspective or group or constituency.</p> <p>Matthew Parsons advised that his declaration was specific to his work on Case Development and a request for data that the Board may consider in the New Year and his preference would be to inform the discussion but not be involved in the decision-making.</p> <p>Chris Hendry noted that there is a difference between representing a view and presenting a view, the value to the board is having the views presented.</p> <p>The Chair noted that as an option for managing a conflict he could stand aside on that particular issue. After discussion the Board Members noted that they felt the Chair could remain impartial and provide his views in a way that would be helpful.</p> <p>The Chair agreed to present on that basis and invited everyone around the table to do likewise.</p>

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	<p>Item 1.6 – Correspondence – Letter from the Joint Aged Residential Care Steering Group (dated 30 November 2015).</p> <p>The Chair introduced the correspondence outlining that the letter did not require specific action but it contained thoughtful and helpful inputs suggested areas for the interRAI Board to develop strategies and would be of assistance during the formation of the Board’s work plan.</p> <p>Matthew Parsons highlighted the suggestion at ‘<i>b) Evaluate the use of Resource Utilisation Groups (RUGs)</i>’ noting that he had particular expertise in this area and this was a significant piece of work. He recommended that this work be undertaken by TAS on a national basis with stakeholder engagement throughout the process.</p> <p>At 9.54 am David Chrisp joined the meeting.</p> <p>After further discussion it was acknowledged that this would be a substantive piece of work that would need to be undertaken in a national and standardised way.</p> <p>Karina Kwai noted the Board would also need to consider the other matters raised in the letter.</p> <p>The Chair noted that this would be discussed during the work plan session.</p> <p>Action: A letter of acknowledgement, thanking the Steering Group for their input, to be sent by the Chair. Responsibility – Michele McCreddie and Paul McDonald.</p> <p>Item 1.5 Matters Arising. Communique from the interRAI Board to the community.</p> <p>Michele McCreddie tabled the paper and outlined that the proposed communique was discussed at the last meeting as a way to announce that the interRAI Board was now established and to advise who the members were.</p> <p>The following changes were requested:</p> <ul style="list-style-type: none"> • Remove <i>aged care</i> from first paragraph. • Paul McDonald – remove <i>Auckland</i>. • Matthew Parsons – add <i>Waikato DHB</i>. • Chris Henry – remove <i>University of Canterbury</i>. • Update first bullet point under Principles to reflect changes made to the Terms of Reference. Should read <i>Active</i> consumer involvement and <i>influence</i>. • Meetings – add <i>and key documents</i>. <p>Link to the interRAI website: http://interrai.co.nz/</p>
<p>2. Governance</p>	<p>Item 2.1 Key deliverables for interRAI Services and proposed work schedule for interRAI Governance Board</p> <p>The subject was introduced by the Chair noting that the objective was to reach preliminary agreement on a proposed plan that will form the basis of an MoU with the MoH. The plan will need to include tangible outcomes for the Board to achieve.</p> <p>Karina Kwai noted that the MoH had yet to draft the MoU which would require the</p>

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	<p>Director-General's endorsement.</p> <p>The Chair confirmed that the paper was a proposed work schedule and the MOU would be submitted for review and approval by the MoH.</p> <p>Michele McCreddie advised that the paper '<i>interRAI NZ Governance Board proposed work schedule</i>' built on from papers presented at the 23 October 2015 meeting and followed the same format for consistency. The strategic vision, interRAI NZ objectives and key work streams had been included to provide the framework and this had been overlaid with the operational deliverables to start the discussion with the Board.</p> <p>Chris Henry sought clarification of the Board's focus, and whether this was limited to aged care or did it include other interRAI tools.</p> <p>Discussion was held on the current use of interRAI tools noting that the vast majority of the impact will be in the aged care sector. Karina Kwai confirmed that this was a reasonable assumption in the current environment.</p> <p>There was a role for interRAI to collect information and document how the current tools were being used. This information could be used to inform the MoH on progress and make recommendations on the development of other tools. Concern was raised that tools could be rolled out in an ad hoc manner.</p> <p>Brigitte Meehan provided an overview of the current Palliative Care pilot being carried out by Canterbury, MidCentral and Hawke's Bay DHBs. TAS is providing the leadership for the training and the software (which is on the national platform). The evaluation of the pilot will be undertaken before any further rollout of the tool is undertaken. The Steering Committee will engage with the Board when the evaluation is completed.</p> <p>Further discussion was held on the Board's responsibility in providing approval or guidance on the rollout of other interRAI tools.</p> <p>Brigitte Meehan clarified that there are two licences held by the MoH that operate. The first is the licence with interRAI International which is royalty free. The New Zealand Government is able to use the interRAI tools for the health and wellbeing of the population as long as they do not make a profit.</p> <p>The second licence is one that the MoH purchased some time ago with Momentum Healthware. As part of that contract the whole suite of tools was purchased but the decision was made at the time to only 'enliven' those that related to Home Care or Aged Residential Care and more recently, following the previous Board's approval, the Palliative Care tool.</p> <p>'Enliven' means to use an International product, but make it relevant for the environment in New Zealand. The software company input New Zealand demographics, geography and the National Health Index number as part of this process.</p>

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	<p>Under the agreement the software provider must be given nine months' notice to allow them to provide the most up-to-date interRAI version of that tool. The major cost associated with implementing a new tool is the cost of training and the purchasing of educational materials.</p> <p>There is also a licence with the International Education company that provides what is called the evaluations – these are the exams that trainees must pass to demonstrate competency.</p> <p>The Chair then summarised the discussion noting that agencies, including DHBs, can gain access to other tools within the suite providing they follow the provisions of the licensing agreement. This includes using the standardised tool, collecting data and training people in a standardised way. They pay the cost of the additional training, and are required to submit their data using standardised protocols and using the same software tools used for all other existing suites. The collected data can be used, as is currently the case, for the purposes of making clinical decisions and quality improvement.</p> <p>The Board then discussed what the Board's role would be in providing oversight and guidance on the rollout of other interRAI tools and the resource requirement to manage this.</p> <p>Discussion was held on the development of a paper for the Board for it to further consider the consequences of including a broader oversight role in the Board's MoU with the MoH.</p> <p>Action: A high level paper setting out:</p> <ul style="list-style-type: none"> • The history of the implementation of the current interRAI tools. • What the added value would be if the Board took on the role of national oversight of the development and implementation of other tools from the interRAI suite. • Outline of the policies and procedure that would be required to support the national overview role, eg, guidelines and process to seek approval to implement a new tool and the underpinning principles. • What would be required to establish a registry function. • The requirement to complete evaluations and the publishing of these. <p>Paper to be discussed at the meeting to be held on 5 February 2016 prior to the discussion on the work plan to assess the impact if it were to be included.</p> <p>The Board resumed their review of the paper noting the following:</p> <ul style="list-style-type: none"> • The strategic vision and objectives may need to be modified to remove the references to '<i>as they age</i>' and '<i>older people</i>' if the Board's mandate is broadened to cover the full range of interRAI tools.

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	<ul style="list-style-type: none"> • The objectives need to be aligned to the key work stream deliverables. • The objective <i>'All relevant Government agencies use interRAI as evidence in policy development where appropriate'</i> is too broad and difficult to monitor. To be amended to <i>'encourage'</i>. • The objective <i>'interRAI data and information is used to shape...'</i> To be amended to <i>'Promote the use of interRAI data to shape...'</i> • The objective <i>'The interRAI suite of tools is successfully...'</i> Add two more bullet points: <ul style="list-style-type: none"> ○ Include interRAI methodology ○ Consistency of training. <p>Discussion also focused on the requirement of the Board to contribute to the MoH Strategic Plan, New Zealand Health Strategy and the Health of Older People Strategy.</p> <p>It was noted that the key work stream deliverables are the operational requirements that TAS is funded to deliver and are provided to inform the Board's discussion on their work plan.</p> <p>The compliance auditing of health care providers was discussed noting some of the challenges being faced by providers - one example was the ability to train staff in a timely manner.</p> <p>Action: Michele McCreddie to meet with individual Board members to identify the risks and challenges, and present a high level paper to the Board for the 5 February 2016 meeting.</p> <p>It was noted that the interRAI Software Agreement is due for renegotiation and that providers increasingly want to integrate this with third party software. Karina Kwai advised that this was with the MoH National IT Board.</p> <p>Discussion was held on <u>Appendix 1</u> of the paper.</p> <p>Action: Paper to be presented to the 5 April 2016 meeting on the evaluation framework being used for the Palliative Care project and if there is a requirement to have a recommended standard for undertaking evaluations.</p> <p>Matthew Parsons highlighted the need for an urgent discussion on profiling (RUGs). A briefing paper for the Boards consideration needs to be developed and accepting he has a conflict of interest would still be willing to provide input into the development of a paper.</p> <p>Action: Michele McCreddie to liaise with Matthew Parsons to identify what the briefing paper needs to cover.</p> <p><u>Appendix 2</u> Matthew Parsons advised that ACC will be considering assessment tools and this</p>

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	<p>could impact on the current work programme. After discussion it was agreed that ACC to be invited to a Governance Board meeting to outline their proposal.</p> <p>Action: Michele McCreddie to update the Board at the next meeting with regard to ACC consideration interRAI assessment tools.</p> <p>At 12.00 pm the meeting broke for lunch.</p> <p>At 12.30 pm the meeting resumed.</p>
<p>3. Education and Support</p>	<p>Item 3.1 Principles for an integrated interRAI Education and Support Service Brigitte Meehan introduced the paper noting that at the last meeting the Board had requested the paper to provide the history for the decision to establish TAS as the national service provider for interRAI Services from 1 July 2015 and the integration of interRAI Education and Support Services.</p> <p>The Board discussed the current engagement process being undertaken with DHBs.</p> <p>Action: Michele McCreddie to liaise with Max Robins to identify any further stakeholders who could be engaged in the process.</p>
<p>4. Update from interRAI International</p>	<p>A verbal update – provided by Brigitte Meehan</p> <p>Two papers were tabled:</p> <p><u>The interRAI Caregiver Assessment</u> Ireland is a recent adopter of interRAI and felt that there was a gap in knowledge about caregivers. The paper provides a brief overview and notes that the new instrument is ready to be trialed internationally.</p> <p>One of the reasons for providing this information is that there is an opportunity for a dissertation for a research student where the costs associated with it are mainly the student’s labour. The research protocols are available.</p> <p><u>World interRAI Conference</u> The conference will be held in Toronto, Canada, 11-14 April 2016.</p>
<p>7. Operational and general matters</p>	<p>Item 7.2 Visit of David O’Toole from the Canadian Institute for Health Information interRAI is currently developing a Wellington visitor programme for David for the period 27-29 January 2016. David will also be travelling to Auckland and will meet with the Chair during that period.</p> <p>Action: Board members to be invited to a presentation while David O’Toole is in Wellington.</p> <p>Item 7.3 Visit of Vincent Mor, Professor of Health Services, Policy and Practice and interRAI Fellow, Brown University, Massachusetts. Dr Mor will be spending time in Canterbury, but will have a visitor programme for the period he is in Wellington 9 – 12 February 2016.</p> <p>Action: Brigitte Meehan to explore if there is an opportunity for Dr Mor to attend</p>

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	the Board meeting on 5 February 2016.
<p>6. Update from the Ministry of Health</p>	<p>Jim Nicholson, Manager Health of Older People, Ministry of Health joined the meeting.</p> <p>Karina Kwai introduced her colleague and after a general round of introductions Jim Nicholson outlined that his presentation would briefly cover the process for the development of the Health of Older People Strategy and a summary overview of the key themes that had been emerging through the consultation workshops and noted that:</p> <ul style="list-style-type: none"> • Development of the Health of Older People Strategy was following the National Health Strategy development to ensure it reflected the broader policy direction. • Key outcomes for the Ministers of Health and Older People are: <ul style="list-style-type: none"> ○ Improved integration across the Government sector and health system ○ Reducing inequities and targeting services ○ Use of technology – there is a wealth of health information available and it needs to be accessible to the right people ○ Policy to be centred round the person. System should not prevent appropriate care. • The Director-General of Health is looking for a systems-based approach where issues and problems are resolved using evidence based solutions. • The consultation process has included a nation-wide series of workshops involving a broad range of people. • A number of themes have emerged from the workshops and they are using an outcomes framework and will be looking to prioritise the themes. • The process now that the first round of workshops has been completed is to undertake detailed analysis and develop a proposal. The proposal will be submitted to Ministers and on approval, a second round of workshops will be undertaken to test the themes that have been developed. The MoH is happy to re-engage with the Board during this process. The draft strategy will be completed and Cabinet approval will be sought for a public consultation process. • An overview of the Health of Older People Strategy: Working Objectives was tabled for information. Note: In Confidence - not for circulation. <p>The Chair thanked Jim Nicholson for his presentation and Jim then departed the meeting</p> <p>Karina Kwai noted the following :</p> <p>interRAI home Care tool has been used in DHBs since 2007 and it has not achieved expected national consistency in the way that it is being used. This year 2015/16 the MoH agreed that developing a national focus would be a priority in the Health of Older People plan and the MoH have positioned this in some reporting</p>

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	<p>requirements across all DHBs. The results would give the sector good information on how they are tracking against the agreed implementation approach.</p> <p>There are four areas of interest:</p> <ul style="list-style-type: none"> • DHBs were to continue to increase the number assessments for older people who were getting long term home-based support, and provide reporting against how many were getting an interRAI assessment and care plan. • DHBs were also asked to report on how many facilities had continued to have fully trained staff post implementation. • Information of the percentage of older people in Aged Residential Care who had a second interRAI assessment completed 230 days after admission and to provide information that shows the time taken from any source to complete an interRAI assessment, to gauge how efficient people were and how timely the people were in getting the assessments completed. • Wanted to start to get a view on how many DHBs apply their interRAI measures in a benchmarking environment. <p>Most DHBs performed well under those expectations with 14 meeting all of the above. Six did not for various reasons and conversations have been held to encourage them to improve and to learn from the stronger performers.</p> <p>Discussion was held of the problems associated with data matching and being able to apply the data to the measures.</p>
<p>5. Data and Analysis</p>	<p>At 1.15 pm Vij Kooyela joined the meeting.</p> <p>Item 5.1 interRAI data access protocols Michele McCreddie introduced Vij Kooyela to the Board and the Chair thanked her for delaying her presentation to meet the Boards adjusted agenda.</p> <p>The Chair noted that the paper would be taken as read and Vij Kooyela noted that the purpose was to discuss and agree the proposed guiding principles that the National Data and Reporting Centre will use when making decisions about granting data access to external parties.</p> <p>The purpose of the guiding principles is to make sure that the way interRAI store, manage, analysis, disseminate information and protect privacy and security of both the individual people and agencies that have provided the information is effective and efficient.</p> <p>The aim after discussion is to seek endorsement on the guiding principles and delegation to the General Manager interRAI to approve and grant access to unit record data requests to external parties.</p> <p>The intent is to also report regularly to the Board on the number of requests received. Requests that fall outside of the scope will be referred to the Board for endorsement.</p>

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	<p>Vij Kooyela outlined that interRAI data is already in use. In DHBs, Systems Clinicians, Lead Practitioners, Planning and Funding staff, Needs Assessment and Service Coordination Services assessors and managers have access to their own and DHB level data. ARC facility nurses and managers also have access to their resident and facility level data.</p> <p>The National Data Analysis and Reporting Centre has been established to provide a national perspective.</p> <p>Matthew Parsons commented that they had done an excellent job with the proposed data protocol paper.</p> <p>The Board then held a discussion on the overarching principle relating to the management of privacy of interRAI clients, ARC facilities, home and community support. The discussion covered the security of how information was received, held, and discarded. The general principles associated with Ethics Committee approvals were also discussed.</p> <p>Actions:</p> <ul style="list-style-type: none"> • TAS to review the wording of the ‘Principles’ against the language set out in <i>Health and Disabilities Ethics Committee document</i>¹ and adjust accordingly. • Update the document to include paragraph and sub-paragraph numbering for ease of reference. • Broaden the paper to future proof to cover the full suite of interRAI tools • Principle 3 first sentences to be adjusted to include ‘...and ultimately to improve the health outcomes of older people’. Remove the reference to research purposes as not required. • Principle 4 last sentence – Clarify what is required by ‘timely fashion’ refer to the wording in the <i>Health and Disabilities document</i>. Add a requirement for the data holder to notify the Centre when data has been destroyed. • ‘How to process data requests’ Amend – ‘An ethics approval from ‘the’ replace with ‘a’ and delete <u>Note</u> as not required. <ul style="list-style-type: none"> ○ Adjust the sentence ‘Evidence that the data requestor...’ Gaining Ethics approval would be sufficient ‘evidence’. ○ Add the requirement that a copy of all papers and reports that have been produced and disseminated be provided back to the Centre. ○ Add a statement that data requests will <u>normally</u> be processed within

• ¹ Health and Disability Ethics Committee, August 2014, ‘Standard Operating Procedures for Health and Disability Ethics Committees’, version 2.0.

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	<p>one month.</p> <ul style="list-style-type: none"> • <i>'When there is a breach of data access protocols.</i> Strengthen this statement to also include any inappropriate use, misuse, negligence or breach of privacy. Include that the Ministry of Health is to be notified of any breach and the risk mitigation strategy. Include that any breach will be notified to the 'employer'. <p>Discussion was held on the interim process to be used for approving requests. The Board agreed that the General Manager interRAI would have provisional delegated authority to approve requests subject to the comments / feedback / changes made are incorporated into the proposed policy. If there is any doubt or ambiguity then the request is to be held.</p> <p>Action: The National Data Analysis and Reporting Centre interRAI Data Access Protocol to be updated and referred back to the Board for approval at the meeting to be held 5 February 2016.</p> <p>The Chair thanked Vij Kooyela on behalf of the Board for the draft paper and the discussion held.</p>
<p>7. Operational and general matters</p>	<p>Item 7.1 interRAI Operational Report</p> <p>The Chair introduced the paper advising it was for information and noting.</p> <p>Michele McCreddie advised that this was for information and reporting and asked if there was any other information that the Board would like included and did it meet the Boards purpose?</p> <p>The discussion noted that once the objectives and work streams were aligned this would be helpful. The Board could look at in more depth at specific areas at meetings to enable them to understand in greater depth what was happening in each area.</p> <p>Action: Operation report to include a report on the number of people waiting for training.</p> <p>There was no other business and the meeting concluded at 2.50 pm.</p>
<p>Next Meeting</p>	<p>Friday 5 February 2016, 9.30 am to 3.00 pm TAS Boardroom, Willis Street, Wellington</p>