

Minutes

interRAI Governance Board

Date:	Friday 1 December 2017		
Start Time:	9.00 a.m.	Finish Time:	2.30 p.m.
Method:	Face to Face, Thorndon Room, Front+Centre, 69 Tory Street, Wellington		

Members Attending: **Catherine Cooney** (Chair) Director of Kowhai Health Associates Limited, **Dr Nigel Millar** – Chief Medical Officer & Geriatrician Southern 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, **Max Robins** – CEO CHT and Deputy Chair NZACA – ARC Provider Representative, **Matthew Parsons** – Professor Medical & Health Sciences University of Auckland, Chair Gerontology Nursing, Waikato DHB – Research Representative, **Janice Mueller** – Director, Waipiata Consulting Limited - Health Professional Representative.

In Attendance: **Michele McCreadie** – General Manager interRAI Services, TAS, **Dr Brigitte Meehan** – Manager interRAI National Services, TAS, **Terry Huntley** – interRAI Software Services Manager, TAS, **Karina Kwai** – Manager, Health of Older People, National Services Purchasing, Ministry of Health, **Dr Phil Wood** – Chief Advisor, Healthy Ageing, Ministry of Health, **Jackie Harrison** – Secretariat, TAS.

Apologies: Dr Chris Hendry, Chris Fleming, David Crisp

Welcome	
The Chair opened the meeting at 9.08 am welcoming members, noting apologies received.	
The Chair asked members if there were any specific conflicts of interest in relation to the agenda they wished to declare.	
Potential conflicts of interests would be noted during discussion.	
01 Minutes and Action Register	
1.2 Declaration of Interest Register	
The interRAI New Zealand Governance Board noted the Declaration of Interest Register.	
1.3 Confirmation of Minutes	
The minutes of the meeting held on 18 October 2017 were confirmed as a correct and accurate record noting amendments would be made to 'members attending' to reflect apologies received from Judith Davey and Janice Mueller.	
<i>Moved:</i>	<i>Max Robins</i>
<i>Seconded:</i>	<i>Matthew Parsons</i>

1.4 Action Register

08/16-17	Memorandum of Understanding (MoU). Karina Kwai advised that under the licensing agreement a MoU was not required between the Ministry of Health (MoH) and the interRAI NZ Governance Board. The MoU in place between the MoH and interRAI Services, and the Terms of Reference for the interRAI NZ Governance Board would be used to guide work. Closed.
12/16-09	Quality Indicators Workshop. Dr Brigette Meehan to consider facilitating a Quality Indicators Workshop in the first half of 2017. Feedback received from external reference groups. Closed.
04/17-02	ACC and Partner DHB Pilot. Verbal update on agenda at item 1.6. Open.
06/17-01	Canterbury DHB Proposal to pilot AC 9.3. Verbal update on agenda at item 1.6. Open.
06/17-05	interRAI NZ Future Direction. Karina Kwai to provide additional wording to include discussion around having interRAI data readily used and available to providers and across home support and residential care. Open.
10/17-01	Joint Communications with Nursing Profession. Time to be scheduled at a future meeting to discuss opportunities for the development of joint communications with the nursing profession. To be scheduled once Nurse Leader appointed. Open.
10/17-02	interRAI NZ Annual Report 2016/17. Liaise with Onewa Hospital and Rest Home to request permission of the resident or representative, to include the case study and nursing care plan as an example in the interRAI NZ Annual Report 2016/17. Completed. Closed.
10/17-03	interRAI NZ Annual Report 2016/17 to be amended to provide context relating to home care assessments. Completed. Closed.
10/17-04	Requests to add additional questions into interRAI Home Care Assessment. The development of criteria/principles to respond to requests for additional assessment questions had been placed on the work plan. Open.
10/17-05	Requests to add additional questions into interRAI Home Care Assessment. A formal response to be provided to the research team advising the Board were not in a position to consider the proposal for additional assessment questions prior to the development of criteria/principles. Completed. Closed.
10/17-06	interRAI Software Enhancements. Feedback from the Board relating to the development of an enhancement that would provide the ability to attach documents to the interRAI assessment to be provided to the HOP Steering Group. Completed. Closed.
10/17-07	Confirmation of new interRAI Fellow. A letter of congratulations was sent to Sue Wood on behalf of the Board on 20 Oct 17. Closed.

- 10/17-08 Confirmation of new interRAI Fellow. An article relating to the appointment of Sue Wood to be published in the next edition of *Informer*. **Closed**
- 10/17-09 2018 interRAI Board. 'Board only' sessions have been scheduled as standard agenda items. **Closed.**
- 10/17-10 Board members only section to be developed on the website to contain relevant Board material. To be presented at 8 February 2018 meeting. **Open.**
- 10/17-11 Board Debrief Session. A debrief session to identify lessons learned is on agenda at **Item 11. Closed.**

1.5 Correspondence

Nil.

1.6 Matters Arising

ACC and Partner DHB Pilot

Note: Matthew Parsons declared a potential conflict of interest to this item, noting he was not involved in discussions relating to interRAI with ACC.

Michele McCreadie advised internal discussions were continuing on a move towards casemix methodology within ACC, not only from a non-acute rehabilitation pathway perspective, but broader in terms of the way ACC commissioned and funded services.

Michele McCreadie noted ACC were engaging with non-acute rehabilitation contract holders to establish readiness to move to a new funding model and gain an understanding of various clinical positions in the sector in relation to assessment tools.

Matthew Parsons advised that modernisation of the non-acute rehabilitation pathway was not dependent on the adoption of an interRAI assessment tool.

Michele McCreadie informed the Board ACC were providing a presentation to DHB National General Managers Planning and Funding on 11 December 2017 and were intending to present to DHB Chief Executives.

The Chair requested that the Board continue a watching brief on progress.

Canterbury DHB Pilot of interRAI Acute Care (AC) 9.3

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

Michele McCreadie reported interRAI Services were involved in a project team established by Canterbury DHB to oversee the pilot of the interRAI Acute Care (AC) 9.3. Work was underway on the tool becoming part of PatientTrack with testing commencing early December 2017.

Michele McCreadie noted the project team were committed to the provision of the information flow from the pilot into the interRAI data warehouse.

Janice Mueller noted the importance of the tool being able to integrate into the evolving Electronic Health Record (EHR) platforms.

Michele McCreadie advised Dr Brigette Meehan would be meeting with the Canterbury DHB in-house trainer to discuss the training programme for the introduction of the tool.

Michele McCreadie noted interRAI Services were engaging with Canterbury and Whanganui DHBs on the ability for clinicians to view interRAI assessments via clinical portals.

The Chair requested that a schematic of DHB developments be provided to the Board for information.

Action Items	Person Responsible
1. Schematic of DHB developments to be provided to the Board for information.	Michele McCreadie

02 Presentation of New Zealand Digital Strategy

At 9.24 am Neil Gyde and Terry Huntley joined the meeting.

Neil Gyde, Manager Digital Portfolio, Technology and Digital Services, MoH attended the meeting to provide an overview of the MoH Digital Health Strategy.

The following key points were noted during discussion:

- A word version of the current first draft of the Digital Health Strategy would be circulated to Board members for information and feedback.
- The vision for Health Technology consisted of the following nine themes:
 - Life centred.
 - Sustained change and innovation.
 - Collaborative care.
 - Informed choice.
 - Value for New Zealand.
 - Closer to me.
 - Responsive, predictive, personalised.
 - Actionable insights.
 - Accessible, trusted information.
- Health services were being transformed by emerging technologies.
- The Health eco-system was identified as being *complex* when applying the Cynefin Model for Managing Change – a system of thought and response to problem solving developed by Dave Snowden.
- Digital Health Strategy Enablers were identified as being:
 - Interoperability.
 - Architecture and standards.
 - Security, Privacy, Trust.
 - Foundation Services.
 - Investment and commercial frameworks.

- The MoH Digital Portfolio Team were engaging with sector agencies including Primary Health Organisations (PHOs), Non-Governmental Organisations (NGOs) and the private hospital sector.
- Discussion was held on the work being undertaken in Canterbury relating to the Health Provider Index (HPI), the current inability for Homecare providers to link a person to a provider as well as a professional and regulators not having a HPI.

(Janice Mueller declared a conflict of interest as the Chair of the Physiotherapy Board of New Zealand.)

- The emerging Electronic Health Record (EHR) was noted as a strong part of the future information strategy for health, and was moving away from an illness model towards a wellness model with greater emphasis on preventative medicine
- The MoH Investment Portfolio team were tasked with identifying and disclosing the cost of providing IT support across the health sector.
- The international benchmark for a health budget IT spend was 4-4.5%, noting New Zealand currently invested approximately 2%.

Neil Gyde advised future consumer, individual and community demand for the information to be available would enable the license to share data. Roy Reid noted currently there were a number of older people within communities who were opposed to their health records being shared, other than to themselves and their GP.

The Board noted contact details for Max Robins and Janice Mueller would be provided to the MoH for further engagement with New Zealand Aged Care Association and Health Professional representatives.

At 10.04 am Nigel Millar jointed the meeting.

Action Items	Person Responsible
2. Provide the Secretariat with a word version of the current first draft of the Digital Health Strategy for circulation to Board members.	Neil Gyde
3. Contact details for Max Robins and Janice Mueller to be provided to MoH.	Michele McCreddie

At 10.06 am Neil Gyde and Terry Huntley departed the meeting.

03 Governance

3.1 interRAI Palliative Care Assessment in Aged Residential Care

Michele McCreddie spoke to the report seeking the views of the Board in response to a question received from an Aged Residential Care (ARC) provider regarding the use of the interRAI Palliative Care assessment in ARC.

Michele McCreadie noted the question had been raised previously in other forums, and feedback received indicated the resident population in ARC was changing with an increase in people with palliative care needs.

Michele McCreadie advised the Palliative Care tool was focussed on ‘people with a prognosis of less than a year to live who were living in the community’ and the pilot had not explored whether the tool was fit for purpose in a residential care setting.

Dr Brigette Meehan reported that a discussion had taken place at a recent international meeting about Belgium exploring options on whether facilities should be taking a palliative approach on how they ran their organisations for those client groups. It was noted research was being undertaken on the development of a ‘trigger’ in the LTCF assessment to support clinical decision making and care planning for residents with a palliative care diagnosis and the potential development of a palliative care supplement to the LTCF tool.

Following discussion it was noted Michele McCreadie and Dr Meehan would draft a response to the Deputy Manager at WesleyCare, Christchurch regarding the question about the use of the interRAI Palliative Care assessment in aged residential care. The response would include background on the business case for the national roll out, discussion internationally and potential future developments.

The interRAI New Zealand Governance Board:

1. **Noted** the question from an ARC provider regarding the use of the interRAI Palliative Care assessment in ARC.
2. **Noted** the response from interRAI Services re training capacity and appropriate use of the Palliative Care tool.
3. **Noted** Michele McCreadie and Dr Meehan would draft a response to the Deputy Manager at WesleyCare, Christchurch regarding the question about the use of the interRAI Palliative Care assessment in aged residential care.

Action Items	Person Responsible
4. Draft a response to the Deputy Manager at WesleyCare, Christchurch regarding the questions about the use of the interRAI Palliative Care assessment in aged residential care.	Michele McCreadie/ Dr Meehan

04 Data Analysis and Reporting

At 10.09 am Michelle Liu and Jason Theobald joined the meeting.

4.1 interRAI Data Visualisation Tool

Michelle Liu spoke to the presentation on the interRAI Data Visualisation Tool which would be officially launched on Monday, 11 December 2017. A copy of the presentation would be circulated to Board members for information.

The following was highlighted during discussion:

- The Data Visualisation Tool was developed in response to customer needs:
 - To assist in planning and service delivery.
 - A tool that was visual and interactive.
 - Timely, up to date information.
 - Accessible – more user friendly.

- The audience included:
 - DHBs.
 - Policy makers.
 - Other government agencies.
 - Clinicians.
 - Researchers.
 - International partners.
 - Aged residential care facilities.
 - Home care providers.
 - Non-governmental organisations (NGOs).

- It was planned that the tool would be updated quarterly.

- Information included in the tool:
 - interRAI assessment data in New Zealand.
 - Home Care, Contact and Long Term Care Facilities (LTCF) assessments.
 - Counts proportion of assessments, not clients/residents.
 - Data was aggregated at DHB, regional and national level.
 - Outcome scales.
 - Clinical assessment protocols (CAPs).
 - Social and wellbeing measures.
 - interRAI assessed population demographics.

Michelle Liu provided a demonstration of the tool contained on the website. Michele McCreddie advised the intention of the data visualisation tool was to present the public facing information previously available in Annual Reports in a more interactive and timely way.

4.2 Home Care Reports

Jason Theobald spoke to the presentation on interRAI NZ reports available to Home Care Providers. A copy of the presentation would be circulated to Board members for information.

Michele McCreddie advised the presentation would be provided to the Home and Community Health Association (HCHA) on 12 December 2017.

The following was highlighted during discussion:

- A customised report would be provided to Home Care Providers using summarised interRAI data and including comparisons with other District Health Boards.

- The report would be produced every 6 months, with the first report being available in January 2018. Automated reports would be received through Connex.

- The HCHA and a working group of providers assisted in the report design process.

- The issue of home care providers not being identified within Momentum, and therefore Home Care providers being required to advise their client lists, would potentially be considered as a future enhancement.
- Next Steps:
 - Connex site to be established with secure folders for each provider.
 - Providers to confirm with interRAI Services which staff require access.
 - Usernames and passwords would be sent to providers.
 - Reports made available on Connex.
 - Ongoing feedback on report design.

The Chair noted considerable progress had been made in terms of accessible data.

Matthew Parsons noted it would be useful to develop a repository of outcomes for information provided to DHBs outside the data access protocols.

At 11.14 am the meeting adjourned and Michelle Liu and Jason Theobald departed the meeting.

05 Education and Support

At 11.34 am the meeting reconvened.

5.1 Review of Education and Support Feedback Mechanisms

Dr Meehan spoke to the report providing the Board with a response to Recommendation 6 of the 'Lessons Learned from the Introduction of interRAI into Aged Residential Care'.

Dr Meehan highlighted that following analysis, a number of changes had been implemented to the survey process. This resulted in an increase in the rates of responses across all types of training compared with previous surveys, in addition to more specific feedback about what is currently working well and suggestions for improvement.

Dr Meehan advised the report included information on withdrawals from competency courses, which highlighted 63 withdrawals over the period 1 July 2017 to 30 September 2017. The top three reasons for trainee withdrawals were noted as being:

- 47% of trainees withdrew prior to training.
- 10% of trainees resigned.
- 6% withdrew due to personal circumstances.

Dr Nigel Millar acknowledged that Dr Meehan was recognised internationally as an expert in this field.

The interRAI New Zealand Governance Board:

1. **Noted** the changes to the evaluation process in response to Recommendation 6 in the 'Lessons Learned from the Introduction of interRAI into Aged Residential Care'.

5.2 interRAI Quality Indicators Update

Dr Meehan provided a verbal update on progress with the interRAI Quality Indicators (QIs) project, noting the following during discussion:

- The engagement and communication phase was coming to an end.
- Algorithm and data warehouse testing had been completed.
- The number of quality indicators had been reduced to 32.
- HealthCert have advised a report on quality indicators was not required, noting it was the responsibility of facilities to provide evidence of compliance during audits.
- HealthCert strongly suggest that the work became part of the quality systems work underway involving the Ministry of Health (MoH), Health Quality and Safety Commission (HQSC) and the Health and Disability Commission.

Dr Meehan noted a written report containing recommendations for proposed next steps would be provided at the 8 February 2018 meeting.

Action Items	Person Responsible
5. A written report on interRAI Quality Indicators next steps to be provided to the 8 February 2018 meeting.	Dr Meehan

06 Update from interRAI International

6.1 Mental Health Assessment Tool

Dr Millar reported on the successful introduction of an assessment tool developed for mental health in Canada, which had become a core part of mental health engagement. Dr Millar noted clinical leaders within New Zealand were interested in considering the tool for use in the New Zealand environment.

Dr Millar advised interRAI had an opportunity to lead an electronic health record programme for mental health nationally, noting there was capability within Momentum to undertake mental health assessments.

The Board noted the issue was timely given mental health was a priority for the Government, with a review being signalled in the 100 day plan. Michele McCreadie advised interRAI Services had held initial discussions with the MoH Mental Health team and provided cornerstone Research reports.

The interRAI New Zealand Governance Board:

1. **Noted** formal interest in the potential for the mental health and addictions interRAI development in Canada, and what that might mean for New Zealand.
2. **Noted** Board Members would consider possible champions within the sector.
3. **Noted** Karina Kwai would facilitate a meeting between the MoH Mental Health Team and clinicians.

6.2 interRAI Roll Outs

Dr Meehan reported on the roll out of interRAI internationally.

Action Items	Person Responsible
6. Facilitate a meeting between the MoH Mental Health Team and clinicians.	Karina Kwai

07 Operational Reports

7.1 Overview of interRAI Services financial situation

Michele McCreadie provided an overview of the interRAI Services financial situation as at end of October 2017.

The following points were noted during discussion:

- The report had been updated to include *forecast* and *actual spend for revenue in advance*.
- An underspend in personnel was due to the time taken to recruit and fill vacancies.
- Revenue in Advance: The significant variance of actual v forecast for the data visualisation tool was due to the alternative approach taken to development. The updated forecast was \$50,000, and would be revised at the end of quarter two. A proposal to utilise part of the surplus funding for the implementation of Phase 2 of the data visualisation tool would be presented to the Board for consideration.

The interRAI New Zealand Governance Board:

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

7.2 interRAI NZ Governance Board Risk Register

Michele McCreadie presented the risk register as at November 2017.

The interRAI New Zealand Governance Board **noted** the interRAI Governance Board Risk Register as at November 2017.

08 Update from the Ministry of Health

8.1 Confirmation of New Board Members

Karina Kwai provided a verbal update on progress relating to expressions of interest for Board Members noting the following:

- 24 expressions of interest had been received for the 10 roles.
- Recommendations had been presented to the Director-General of Health for approval.

- The MoH had re-advertised for the Researcher, Clinician and Funder roles, with expressions of interest closing 15 December 2017.
- Working towards appointment of Board Members prior to the 8 February 2018 meeting.

09 Communications

The Chair noted the launch of the Data Visualisation Tool and interRAI New Zealand Annual Report 2016/17 would be a large focus for the next *Informer*.

Matthew Parsons advised an article on Advance Care Planning by Waikato DHB would feature in the Herald during summer and a guest speaker who developed the new version of the Liverpool Pathway was visiting from the UK. Matthew Parsons would liaise with interRAI Services regarding obtaining data.

The Chair requested that Grey Power and Aged Concern Associations nationally be subscribed to *Informer*, and that links to the respective websites be included on the interRAI website.

The Chair noted favourable feedback had been received on the content of the *Informer*.

Matthew Parsons noted value in providing case studies compiled for interRAI Services to the Office for Seniors for use in their publications.

Action Items	Person Responsible
7. Arrange for the Secretaries of Grey Power and Aged Concern Associations to be subscribed to <i>Informer</i> , and that links to the respective websites be included on the interRAI website.	Michele McCreadie

10 General Business

Homecare Casemix

Matthew Parsons advised the Home Care Casemix material had been published in Age and Ageing.

At 12.30 pm the meeting adjourned for lunch.

11 Workshop Session – Development of an Informatics Strategy

At 1.00 pm the meeting reconvened.

Material produced during the workshop session would inform the development of the Draft Informatics Strategy which would be presented to the 8 February 2018 meeting for discussion.

Action Items	Person Responsible
8. Draft Informatics Strategy to be presented to the 8 February 2018 meeting for discussion.	Michele McCreadie

12 Outgoing Board Debrief – Lessons Learned

At 2.00 pm the Board held a Board only session.

Meeting Closed: 2.30 p.m.

Next meeting: 8 February 2018, Front+Centre, 69 Tory Street, Wellington.