Minutes
interRAI Governance Board

Date	**Wednesday 1 June 2016**
Location:	**TAS Board Room 3A1, Level 3, 186 Willis Street, Te Aro, Wellington**
Members	**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, Chair Gerontology Nursing, Waikato DHB – Research Representative **Dr Chris Hendry** – Director NZ Institute of Community Health Care & NZ IT Health Board – Health Informatics Representative
In Attendance:	**Mick Prior –** Acting Chief Executive, TAS **Michele McCreadie** – General Manager interRAI Services, TAS **Dr Brigette 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
Apologies:	**Jan Adams –** Health Professional Representative **Graham Smith** – Chief Executive, TAS

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1. Welcome – Agenda Overview	**Item 1.1 Agenda Overview and Apologies** The Chair opened the meeting at 9.33 am and welcomed members. The Chair told the members that he had submitted his resignation as Chair of the interRAI Governance Board to the Director-General of Health, Ministry of Health (MoH), and that he would be returning to Canada for family reasons. The Chair noted that it had been a privilege to have been connected with interRAI and to have served on the Board and noted his appreciation for the support that had been provided to him from the staff of interRAI.

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	Chris Fleming advised that action was currently underway by the MoH to seek a replacement Independent Chair. Karina Kwai noted that in the interim period Chris Fleming would be the Acting Chair. Chris Fleming noted his appreciation for the quality of the work as Independent Chair that Paul McDonald had provided and the contribution made to the ongoing development of interRAI. The Chair noted apologies from Jan Adams and Graham Smith. **Item 1.2 Declaration of Interest Register** The Chair called for advice on any Conflicts of Interest. The following changes were to be included in the Register: • Nigel Miller noted his appointment as the Chief Medical Officer for the Southern DHB. • Max Robins noted his role as Deputy Chair of the Aged Care Association. **Item 1.3 Minutes from meeting held 5 April 2016** Chair moved to **confirm** the Minutes of 5 April 2016 this was **carried** by the Board. **Item 1.4 Action Register**. The Chair noted that all the items under the Action Register would be covered under Matters Arising. **Item 1.5 Matters Arising** <u>1.5 A Software enhancement request</u> Michele McCreadie advised that Andrew Downes, Software Manager, Momentum Software Solutions, had been working with the Northern Region District Health Board (DHB) on the draft specification of the requested software enhancement. Once this action had been completed it would be included in the list of software enhancements that would be presented for consideration at the Board meeting to be held 9 August 2016. <u>1.5 B Proposal for Post Project Review Comprehensive Clinical Assessment (interRAI) in Aged Residential Care (2011-2015)</u> Michele McCreadie noted that at the 5 April 2016 Board Meeting she had been tasked with identifying a suitable provider to undertake the Post Project Review of the Comprehensive Clinical Assessment (interRAI) in Aged Residential Care (2011-2015) project. At the completion of the selection process Evaluation Consult had been awarded the contract to complete this work. <u>1.5 C Discussion to be held with DHBs and MoH re Case Mix</u> Chris Fleming provided a brief overview relating to the Case Mix discussion and noted that there were several aspects to this: • The case mix discussion paper that had been presented to the Board resulted in a request for Karina Kwai and him to hold discussions with DHBs and the

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	MoH. • The Board had noted the work being undertaken by the Bay of Plenty DHB, and he had recently discussed this with the DHB who advised that they were not developing a case mix system and would be open to considering migrating to a more nationally consistent tool if that eventuated. Chris Fleming noted that several other items impacted in this area including: • The In-Between Travel settlement, including the regularising of the work force, was impacting on the sector. • A Terms of Reference for a Funding Model Review had been developed. • Matters relating to equal pay would need to be considered. • There was a need to maximise the investment already made in developing interRAI. There was a general discussion on the sector's ability to align funding pools, noting the international evidence and discussions recently held with Professor Vince Mor, Brown University, USA, that when developing a different funding model utilising interRAI - whether for Home and Community or Residential Care - that the structure around the incentives of the model needed to be appropriate. It was noted that the policy settings had changed significantly for residential care over the past few years but the funding mechanism had not. People were moving in and out of residential and hospital care and with the advent of increased home support, this had impacted the low dependency care patients. The environment had changed significantly and needed addressing. It was noted that use of the Palliative Care Tool would also impact on home care and hospice funding and this added complexity, as would the introduction of other interRAI tools. It was noted that where different models were in place it could result in equity issues relating to access to services and standardisation of models would help to resolve this issue. The Chair invited Brigette Meehan to comment on item 1.5 D so that this could be considered as part of the conversation. <u>1.5 D Literature Review on the use of interRAI RUGSIII</u> Brigette Meehan noted that a paper had been provided by Sally Heppenstall and was derived from Sally's recently awarded Master Thesis (2015) from the University of Otago. The paper would be taken as read. Matthew Parsons noted that as part of the work he was undertaking there had been an assumption that they would adopt RUGSIII. A major problem for New Zealand was that the RUGSIII was based on the Home Care Assessment. Depending on the DHB, there were around 40 to 60% of clients going through home care who had a Contact Assessment. The problem encountered was that no interRAI case mix tool aligned to the Contact Assessment. That meant a significant proportion of clients would be missed and this was a unique issue for New Zealand.

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	The Chair advised the members that having heard a number of views he would now seek a consensus agreement as a Board: • Encourage our MoH partners to pursue a standardised method with the aim of improving equity and reduce variation across the country and as a mechanism to improve service quality. • The sector should ideally be working towards a single case mix system in order to achieve this. • There may be a need to recommend a Task Force to look at this and to undertake research to see how well the system works and what modifications might be recommended for implementation across the country. • A Task Force may want an advisory group of a broad spectrum of agencies and organisations involved. There was a discussion on whether there should be a single case mix system or a separate case mix system for residential care. Chris Fleming noted that there was currently an operational group who had been tasked with progressing the regularisation of the workforce in home and community support services and one of the questions being considered was if they were moving to case mix. This group may ask interRAI to participate in this. Where case mix was used it should be used consistently across the country for the same circumstances and the Board could provide advice if required. The Board then discussed what might be the next steps and **agreed** that a Position Statement should be developed. **Action:** *Michele McCreadie to develop a draft position statement and circulate this to the Board for comment and present the final draft for Board consideration at the meeting to be held 9 August 2016.*
2. Education and Support	**At 11.00 Richard Allen joined the meeting.** **2.1 Presentation ARC Facilities Managers Programme – Richard Allen** Bridgette Meehan introduced Richard Allen noting his title was Applications Manager and Richard was a member of the interRAI team at TAS based in Wellington. Richard Allan had supported the Aged Residential Care Facilities to connect to the National Software Service, and works closely with Facility Managers delivering formal training on how to use some of the management functions in the Momentum Software. The presentation would deliver an overview of the training provided. The formal training to Facility Managers was a four hour session; the presentation to the Board would be an overview of that training and take 30 minutes. **At 11.10 am the presentation was stopped to resolve technical difficulties.**
1. Matters Arising (cont'd)	The Chair returned to the agenda item Matters Arising. <u>1.5 E Palliative Care Pilot to advice the interRAI Palliative Care Project Group of the</u>

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	Board's decision. Brigette Meehan noted that the Board's decision had been advised to the Project Group who were happy to continue the pilot through to October 2016. 1.5 F To present a report on the outcomes achieved by the 20 DHBs on the key interRAI initiatives reported in their District Annual Plans and National Service Plans Karina Kwai tabled a 'for information paper' '*DHB interRAI Annual Plan requirements for 2016/17*' and noted it captured what had been discussed earlier on building system performance, resilience and consistency of process across a range of health of older people initiatives for the MoH and DHBs. Karina Kwai noted that there was a lot of good work happening across the sector. DHBs had been asked to provide their own measures and actions to achieve what the MoH considered good levels of performance and many DHBs were achieving between 80-90% in most areas. For the year 2015/16 the national average for interRAI assessment in home care had improved from 50% up to 70% between Q2 and Q3. Results had also prompted discussions between the key providers in DHBs about the reasons for lower than average results. Some of the reasons advised from DHBs include small numbers of aged care facilities, the increase in the variability of results, for example, that smaller facilities who had missed assessments had pulled down the recorded average. Access to training was the most frequent issue sighted as a reason for some of the small regions around New Zealand not achieving their assessments. DHBs have been and would be required to show the time taken for any referral from any source for an interRAI assessment. The meeting noted that this requirement had prompted the request for a software enhancement from the Northern Region DHB. Dana Ralph-Smith noted that the software enhancement would not take into account requests to delay assessments so that family members/support persons could be present and there was currently no means to capture this. A snapshot exercise indicated that this could account for up to 50% of the delays. There was a general discussion on the implications of this. Judith Davey advised that at a recent New Zealand Council of Christian Services Conference, the conference of the Aged Care Providers from mainly faith--based organisation(s), there was discussion on the time taken to undertake an interRAI assessment, and the point was made strongly that nurses were taking, according to them, up to six hours to complete an assessment. It was difficult in many cases to allow a Registered Nurse time to undertake this as constant interruptions extended the assessment time when the facility may not have other nurses available. High turn over of trained staff was also an issue. Although these were low level issues, they were causing concern. Chris Fleming noted that these issues would to be covered in the Post Project Review on how fully those providers have embraced interRAI. There was also anecdotal information that some providers had continued with their internal processes while overlaying the interRAI assessment thereby undertaking a dual

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	process. During the following discussion the Board noted that prior to the introduction of interRAI that providers would have undertaken an assessment process to determine the level of care, and if they did not then the level of care provided could be questionable. The introduction of interRAI and then the mandating of interRAI as a validated national system provided significant benefits for care planning. The issue of how long an assessment took could be impacted by the technology available within a facility, the user's experience with the software, training issues where a person may not have understood the training that had been provided, or there was an underlying problem of acceptance that this was a required process. This was an area of health care where nurses have been out of contact, as a profession, where they were now required to undertake a formal process that they were unfamiliar with, requiring a level of technology awareness that had not previously been required, with a workforce of an age where IT, while not unknown, was not their first choice. The Post Project Review would also need to look at the issue of user experience. The issue of the part-time nature of the workforce would also need to be considered.

2. Education and Support (cont'd)	**At 11.20 am Richard Allen rejoined the meeting**
	
	2.1 Presentation ARC Facilities Managers Programme
	Richard Allen delivered a PowerPoint presentation that outlined the training provided to aged residential care managers that covered:
	• An overview of the interRAI process.
	• The tools and reports available in the system for Facilities Managers
	• The system tools for monitoring interRAI activity and what the icons looked like within the system.
	• An example of a Monitoring Dashboard for:
	  ○ assessments due and overdue
	  ○ Bed Occupancy and Admit, Discharge and Transfer
	  ○ Information Recap Dashboard
	  ○ Incomplete assessment Report.
	• Resident and organisational trending reports.
	• Examples of:
	  ○ Resident reports – Client Summary
	  ○ Resident reports – Resident interRAI Trend Analysis
	  ○ Resident reports – Assessment Summary
	  ○ Resident Summary Screens – Clinical Assessment Protocol (CAP) Triggers
	  ○ Resident Summary Screens – Outcome Scores
	  ○ Organisational Reports – Assessments due
	  ○ Organisational Reports – CAP trending
	  ○ Organisational Reports – Outcome Analysis.
	• Analytics – Data Warehouse reporting – Where to Start and what the icons looked like within the system.
	• Examples of Data Warehouse reporting Analytics including aggregated

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	interRAI data. There was a general discussion on the information that is available and how this is or could be used within facilities. Michele McCreadie advised that she had presented the Annual Report to the Grey Power Board and Home Care Association and was happy to present, along with Richard Allen, to other organisations as and when required. The Chair then thanked Richard Allen for his presentation. **At 11.50 pm Richard Allen and Mick Prior departed the meeting.**
1. Matters Arising (cont'd)	<u>Item 1.5 G To explore the requirements needed to provide 'credentialing' of external trainers to enable them to provide interRAI training</u> Michele McCreadie advised that work had commenced on 'credentialing' and the term covered a '*Standards and Accreditation*' process within TAS that could be uses to enable different ways for training interRAI assessments. At present interRAI was working in partnership with two large providers on training, and suggested how interRAI could work with them. The process would be tested over the next few months after which a paper would be presented to the Board. The Chair noted that this agenda item also related to the letter received from the New Zealand Aged Care Association, dated 21 April 2016, and noted at Agenda Item 1.5 I. Max Robins noted that there were two issues set out in the letter, the first was the total amount of training needed; and the second was a mechanism to assist. Chris Fleming noted that the issue of training for Aged Care had been addressed at a recent meeting and an interim solution had been agreed by way of one-off funding being made available to provide additional training resources. **Action:** *Michele McCreadie to draft a response to Simon Wallace, Chief Executive, New Zealand Aged Care Association for the Chair's signature outlining the interim solution to respond to the high demand for training.* Max Robins noted that another issue was obtaining clarification between what providers expect in relations to the number of people to be trained verses the expectation set in the original programme. Max Robins advised that the New Zealand Aged Care Association had recently sent out a survey to its members that included these two issues. Within the original framework it was never considered whether the person being trained was a part-time or full-time worker. People who had been trained may in fact work only one day per week, whereas some may work five days. There needed to be a better break down of the nursing workforce in terms of the days worked, the numbers trained under each of those employment patterns and the employer's expectations. The survey results should help to inform future planning. Chris Fleming noted that the aged care sector's initial training demand projection

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	had been incorrect, further revision of numbers continued to be incorrect and that the Training Service had provided more training than what had been expected of them but the demand had continued. The additional one-off funding would provide three additional educators which equated to over 200 extra people being trained over the next 12 months. Chris Fleming also noted that the sector itself had responsibilities with the management of resources and for a small number of providers there were issues about how their staff were treated that resulted in higher turnover. The workforce had to also embrace working in an new IT environment. Chris Hendry raised the concept of liaising with the providers of under graduate nurse training to assess if they could include training using the interRAI assessment as this would provided an opportunity for nurses to become familiar with the assessment process and the interRAI software. Michele McCreadie noted that some work had been undertaken in this area but not as a high priority; however they would now resume discussions with providers on what opportunities were available to progress this initiative. There was a discussion on training in general and what the long term outcome could be. <u>Item 1.5 H Update from Michele McCreadie on ACC</u> The Chair introduced the topic and tabled that a letter had been received from Barb Garbutt, Director of Older Persons, Rehabilitation and Allied Health, Waikato DHB. The letter advised that Waikato DHB was one of three lead DHBs working proactively with ACC on identifying and assessing a tool to replace their current methodology (Functional Independent Measure (FIM)) with an interRAI Sub-Acute and Acute tool and were seeking the Board's support through the process. Michele McCreadie advised that the DHB/ACC initiative had been discussed at the Board meeting held 5 April 2016 under a '*Hospital to Home project*' and the Board had charged her to meet with ACC to discuss the project and how interRAI could support them with their evaluation of the proposed interRAI tool. Michele McCreadie advised that two meetings had been held, one had been with Gill Hall, General Manager for Rehabilitation, and ACC where keen to look at whether an interRAI tool would be of use. They currently use the Australasian Rehabilitation Outcome Centre (AROC) FIM and are looking to see if the interRAI tool could replace this. ACC were aware they needed to undertake a significant piece of work before they were in a position to discuss their requirements with the interRAI Governance Board about any proposal to conduct a pilot programme. ACC had been briefed on what would be required and offered assistance with their preparation. Michele McCreadie noted that there appeared to be a misunderstanding on the length of time it took to make software changes. The evaluation and decision making process was the most significant time commitment. Once the appropriate

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	tool was selected then work was required to input the relevant New Zealand information to operationalise the tool. Dana Ralph-Smith raised a number of concerns relating to replacing AROC FIM, in particular the impact on specialist rehabilitation and inpatient services, and there would be a need to understand the impact of any change and how this might impact on current benchmarking. There was a general discussion on the impact of any change to the AROC FIM tool noting that this tool focused on rehabilitation whereas the interRAI tools were comprehensive care and assessment tools. Chris Fleming noted that a disciplined approach would be required and conceptually the Board could support the pathway. interRAI could provide support to ensure that the pathway was developed into an appropriate proposal which identified all the issues. Michele McCreadie noted that interRAI Services was progressing the Board's request for a governance process for considering requests to implement interRAI tools and this development could run in parallel with interRAI assisting ACC to develop their proposal. The Chair noted there was a consensus on a plan and the response to the Waikato DHB letter would be positive but note that there needed to be consideration taken of wider issues that may not be particular to just the Waikato DHB. **Action:** *Michele McCreadie to write to the Waikato DHB outlining the Boards views on their proposal and the need to consider the national perspective and the issues relating to replacing a current tool and the impact this might have.* **At 12.15 pm the meeting broke for lunch**
3. Governance	**At 12.51 pm the meeting resumed.** **3.1 interRAI NZ Governance Board – draft Strategic Plan Appendix 1** The Chair noted that Appendix 1 was the result of the strategic planning session held in April 2016 and requested that Michele McCreadie introduce the paper and the framework that had been developed on behalf of the Board. Michele McCreadie noted the paper contained material that the Board was familiar with and set out the context for the Board's plan and Appendix 1 provided the detail of the Board's three year plan for the future. Michele McCreadie noted that there were three other documents that sat beside the Future Direction Plan: • The interRAI Outcome Agreement with the MoH. • The Memorandum of Understanding (MoU) the MoH was charged with developing with the Board - the draft plan would feed into that MoU. • The interRAI NZ Business Plan for 2016/17 which was currently being finalised.

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	Michele McCreadie noted that the Board had requested a three year rolling plan that aligned with the Health Strategy. The Chair complimented Michele McCreadie on the structure of the plan. Michele McCreadie noted Appendix 1 set out the Vision and Mission, followed by the five themes of the Health Strategy and the activities to be undertaken under those themes. The activities were set out under a 12 / 24 / and 36 month timeframe with the intent to renew this each year to ensure it was a living document. Michele McCreadie noted that a number of the activities met the criteria of all five themes of the Health Strategy; however the actions had been placed in the one that was most relevant. During the following discussion, the following changes were requested: <u>People Powered</u> 24 Months Rather than Refresh the Māori strategy for interRAI '*a redeveloped interRAI Māori strategy in place'.* Add – '*Consumers are able to access summary interRAI information via a patient portal.'* <u>Closer to Home</u> 24 Months Rather than interRAI assessment information is easily available to a wider group of clinicians *'interRAI information easily available to a wider group of clinicians (including Primary Care).'* Move *'interRAI is interoperable with a range of systems across the wider social sector'* from Value and High Performance to '*Closer to Home*'. <u>Value and High Performance</u> 12 months Add – '*interRAI is providing effective value for money.*' 36 months Add – '*interRAI data integrity mechanisms are enhanced.'* <u>One Team</u> 12 months Add – '*a framework and guidance for the governance of current and new interRAI assessment tools in place.'* *'a position statement about the relationship between interRAI and case mix published'* <u>Smart System</u> 12 months Rather than use evidence to inform policy '*interRAI information is used to inform*

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	national policy.' 36 months Rather than explore the relationship between the single electronic patient record and interRAI *'exploration of the relationship between the national health record and interRAI underway.'* Add '*interRAI software is more responsive and has greater functionality.'* Refresh Appendix 1 to ensure the language was outcome focused. There was a general discussion on further consultation of the plan with stakeholders and customers. When considering the broad spectrum of groups and the time it would take to consult in a consistent way it was **agreed** that the plan would be updated and referred back to the Board for consideration. It was **noted** that the final draft plan would form part of the MoU with the MoH and at that point the plan would be consulted with the Director-General. Chris Fleming noted that the Board members were selected as representatives of a particular group and were providing feedback from that perspective. **Action**: *Michele McCreadie to update the draft Board work plan and circulate this back to the Board and the MoH for any further feedback and in parallel the draft would be consulted with the Joint Aged Residential Care Steering Group and the Health of Older People Steering Group.* **3.2 Report back from World interRAI Conference 2016 in Toronto** Michele McCreadie introduced the paper and noted: • The Conference was of a high quality representing 35 countries. • New Zealand delivered a significant contribution covering education, maintaining assessor competency, enabling access of interRAI data across models of care, interoperability with the interRAI assessment and care planning methodology, software as a service and moving forward with interRAI Data Analysis and Reporting Service in New Zealand. • New Zealand's afternoon presentation was well attended and generated a high level of interest on what New Zealand was doing. • New Zealand won the Collaborative Effort, Innovation Award in recognition of achievement of the Implementation Team's efforts. Michel McCreadie noted that the paper included an overview of what the team learnt from the conference. An Australasian interRAI conference was planned for Brisbane in February 2017, a Canadian interRAI Conference was planned for 2018 and the next World Conference was planned for Europe in 2020.
4. Update from interRAI International	Brigette Meehan tabled a flyer for The Global Acute Care Excellence Forum to be held in Brisbane 20-21 February 2017 noting that this was not specifically an interRAI Conference but interRAI would have a leading role.

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	Brigette Meehan noted that for those who were interested in rehabilitation she had available the most recent version of the Community Rehabilitation and Assessment Self Report Tool. Nigel Millar noted that the most relevant new item was the Care Assessment which is currently under trial. The trial had been requested by the Irish Government. It was noted that an Auckland student was trialling this assessment in New Zealand as part of their Masters.
5. Update from the Ministry of Health	Karina Kwai noted that the refreshed Health of Older People Strategy was being finalised by the MoH team to inform a further consultation draft for the Minister of Health and the intent was that this would be completed over the next few weeks and a public consultation would follow. When the document was available it would be forwarded through to the Secretariat for distribution to the Board. **Action:** *Karina Kwai to provide a copy of the draft public consultation document on the Health of Older People Strategy when it was released by the Minister of Health.*
6. Operational Reports	**6.1 Quarter 3 interRAI Services Operational Report** Michele McCreadie introduced the Quarter 3 Dashboard noting it reflected the forming of the four main streams of work and the development of the future directions strategic plan <u>Education and Support Services</u> this covered activity targets set out in the Outcome Agreement with the MoH. A significant focus had been on training to competency and as discussed earlier there would be additional capacity as part of an interim solution around waiting times for training. Michele McCreadie drew the Board's attention to the lack of quality reviews and this was one of the things interRAI sought to improve with the integrated Education and Support Service, by bringing the two services between the Home Care and the Long Term Care Facilities together. In home care they train fewer people and undertake more work on quality reviews and assurance. In Aged Residential Care more people are trained but do not have the same comprehensive support for quality reviews and maintaining competence. By bringing the two together more consistencies across the whole continuum would be possible. The current state presented a risk around quality as a whole. <u>Data Analysis and Reporting</u> discussion had occurred during the meeting particularly under Item 1.5 F covering accountability reports and these would become part of business as usual and provided to DHBs as benchmarking information. There had been significant feedback from DHBs on the benchmarking information and this report was improving over time. Michele McCreadie noted that she had presented the Annual Report to a number of groups and it had been generally well received but had received feedback that all the Home Care information was reported by DHB but the Aged Residential Care was at a regional level and there was a desire for information at a greater depth. At the present time there was no data sharing agreement with Aged Residential

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	Care and this would need to be addressed. There was a discussion held on this and it was **agreed** that the ARC information could be provided by DHB in the next Annual Report. Michele McCreadie noted that interRAI was working on a set of reports for Aged Residential Care and Jon Shapleski was leading this work to develop a suite of reports to provide reports of value to Aged Residential Care. Michele McCreadie had presented to the Home and Community Care Association and they had indicated they would like a similar set of reports and this would be facilitated. <u>Software Services</u> Michele McCreadie noted that Board's current work programme covered this item for the 9 August meeting. The first was the next upgrade planned for October/November 2016 and Andrew Downes, Software Manager, would attend the meeting to discuss this and provide a list of the requested enhancements. The second was the renewal of the Momentum interRAI Software Contract. There was a discussion on the background to the Momentum Software Solutions being awarded the contract. **Action:** *Andrew Downes, Software Manager, to present to the Board meeting to be held 9 August 2016 to discussion the Board's priorities in relation to the planned software enhancement and planned upgrade for October/November 2016.* *Karina Kwai to provide a paper for discussion that covered a brief overview of the history to the awarding of the Momentum interRAI Software Contract, the upcoming renewal, and advise any plans the MoH may have for this contract.* <u>Data Privacy and Security</u> there would be a focus on this over the coming year and it was noted that interRAI held a significant amount of personal information in the Data Warehouse and that the security of this information was important. An internal audit would be undertaken on privacy and security, and a security review penetration exercise would be undertaken. **6.2 Overview of interRAI Services financial situation** The Chair noted that the request from the Board for an overview of interRAI Services financial situation would be provided at a high level to ensure that the Board did not find itself in the position of micro-managing and there needed to be a balance. Michele McCreadie introduced the report noting it provided an overview of the current year to date and the proposed budget for the following year. There was a discussion on forecasting and in response to questions raised by Chris Fleming, Michele McCreadie noted that work was currently underway to build a demand/supply and pricing model and would work with Chris Fleming off line to provide the answers to the questions raised in relation to value for money.

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	There was a broad discussion on the training needs over time as different groups of clinicians and medical professionals undertake assessments and new tools were rolled out. A demand/supply and pricing model would be a useful tool in those ongoing discussions particularly where a provider might wish to purchase additional training.
7. General Business	Nigel Millar advised that he had begun a piece of work on how to make the interRAI data into a set of information useful for the generalist clinician, whether that be a practice nurse, community nurse, a nurse in an emergency department, leading specialist, hospital clinician or a general practitioner. If you simply provided information as it was it would not make a great deal of sense to them. Nigel Millar advised that he had under taken some technical work with Orion Health on how to supply a clinical desktop that could be available for DHBs. Orion have determined that the technical work was done to demonstrate that they can transfer the assessment data from Momentum into the clinical workstation and the next step was to pull together a reference group to look at options for data presentation using a graphical interface so it would be dials and pictures and colours to make it understandable. When the work was further advanced it would be shared further. There was a general discussion on the benefits that could be gained from having this information available through the clinical desktop which is available in all DHBs. Nigel Millar moved a vote of thanks on behalf of the Board for the work undertaken by Paul McDonald in his role of Chair.
	At 2.11 pm the meeting closed.
Next Meeting	**Tuesday 9 August 2016, 9.30 am to 3.00 pm** TAS Boardroom, Willis Street, Wellington