



08/16-17	Memorandum of Understanding (MoU). Revised MoU agreed subject to amendments noted at 8 August 2017 meeting. Karina Kwai advised the MoU was in the process of being signed and was expected to be available for the Chair's signature by 30 October 2017. <b>Open.</b>
12/16-09	Quality Indicators Workshop. Dr Brigette Meehan to consider facilitating a Quality Indicators Workshop in the first half of 2017. <b>Ongoing.</b>
04/17-02	ACC and Partner DHB Pilot. Verbal update on agenda at item 1.6. <b>Open.</b>
06/17-01	Canterbury DHB Proposal to pilot AC 9.3. Verbal update on agenda at item 1.6. <b>Open.</b>
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. <b>Open.</b>
08/17-01	Informatics Strategy – Longer Term Strategy. On agenda at item 3.1 for discussion. <b>Closed.</b>
08/17-02	Information Strategy – Darren Douglass has been invited to attend the December meeting. <b>Closed.</b>
08/17-03	Lessons Learned from the introduction of Comprehensive Clinical Assessment (interRAI) in Aged Residential Care (2011-015). Copy of report provided to Jane O'Malley. <b>Closed.</b>
08/17-04	Lessons Learned from the introduction of Comprehensive Clinical Assessment (interRAI) in Aged Residential Care (2011-015) – Recommendation 10 – bi-directional information flows. Formal response provided to ARC providers. <b>Closed.</b>
08/17-05	Risk Register to be updated to reflect discussion at 8 August 2017 meeting. Completed. <b>Closed.</b>

#### **1.5 Correspondence**

Nil.

#### **1.6 Matters Arising**

##### Nurse Leader Role on the interRAI Governance Board

The Chair advised that following discussion at the 8 August 2017 meeting, criteria for a Nurse Leader role on the Board had been developed in liaison with Karina Kwai and Jane O'Malley, Chief Nursing Officer, and was included in the expressions of interest process which was underway.

Board members reconfirmed their agreement to the approach.

Max Robins noted the importance of the Nurse Leader role reaching into the aged residential care sector as well as DHBs.

**At 10.11 am Chris Fleming joined the meeting.**

ACC and Partner DHB Pilot

*Note: Matthew Parsons declared a potential conflict of interest to this item.*

Michele McCreddie advised Momentum had provided a demonstration to ACC on the post-acute care and rehabilitation assessment tool, and the information flow into the case mix system utilised by interRAI. It was noted that Michele McCreddie and Dr Brigitte Meehan had also met with ACC to discuss various opportunities to provide education and support for the potential ACC pilot.

Michele McCreddie noted no further advice had been received from ACC, and that it was her understanding that ACC were still in the process of developing their business case internally.

Matthew Parsons advised he had removed himself from discussions relating to interRAI, and noted the project to redevelop the non-acute rehabilitation tool was progressing well with three client DHBs, and would continue irrespective of decisions around interRAI.

Canterbury DHB Pilot of interRAI Acute Care (AC) 9.3

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

Michele McCreddie reported she had visited Canterbury DHB and had a better understanding of the proposed implementation pilot. The visit included discussions with the IT Project Manager who advised the project was in the process of scoping and planning the changes required to the patient track software to allow the addition of interRAI, and provided assurances that Canterbury DHB would work with interRAI Services to ensure the information flow from the pilot into the data warehouse. The scope and plan were expected to be completed at the end of October 2017.

Michele McCreddie advised Dr Meehan was meeting with an in-house trainer at Canterbury DHB to discuss education and support opportunities in November 2017.

Michele McCreddie assured the Board that discussions held would progress concerns raised in previous correspondence to Canterbury DHB.

Dr Millar indicated the development of the assessment tool would be a major landmark movement for improving technology around nursing, and would not be limited to hospital care, noting the tool could be used in primary care and other situations where nurses were making assessments.

On the completion of an appraisal of the pilot, and concerns regarding the software platform are alleviated, the Board (in partnership with the nursing profession) would be encouraged to take an active role in championing the development of the assessment tool.

The interRAI New Zealand Governance Board:

1. **Noted** time would be scheduled at a future meeting to discuss opportunities for the development of joint communications with the nursing profession.

Action Items	Person Responsible
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1. Time to be scheduled at a future meeting to discuss opportunities for the development of joint communications with the nursing profession.	Michele McCreddie
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## **2.1 Progress Update – Recommendations from Lessons Learned from the Introduction of interRAI in Aged Residential Care**

Michele McCreddie provided an update on progress with the recommendations from ‘Lessons learned from the introduction of Comprehensive Clinical Assessment (interRAI) in Aged Residential Care (2011-2015) – a post project review’.

The following was noted during discussion:

### *Communications Strategy*

- A significant amount of work had been undertaken internally on stakeholder mapping and segmenting to determine appropriate messaging.
- Newsletters continue to be a key communication channel and included:
  - Internal staff newsletter.
  - *Informer* – distributed to Managers and people who are interested in interRAI.
  - *Inside interRAI* – specifically for interRAI assessors.
- A lot of effort had been placed on ensuring all communications were consistently branded.

### *Evaluation and adaptive management incorporated from the planning phase for new projects/ pilots*

- A governance framework for the introduction of new interRAI assessment tools had been published on the website.
- The framework had been employed for the introduction of the Palliative Care tool and the proposed pilot with ACC and partner DHBs.

### *Establish a process for the LTCF clinical assessment tool*

- The interRAI Software User Group had been established as a ‘voice’ for software users.
- Further review would be undertaken on empowering assessors to have a greater voice.

Dr Chris Hendry noted the importance of including consumer representatives on the Software User Group.

Dr Phil Wood indicated the emphasis on visualisation and availability of the information at the user level was insufficient, did not interact in a direct way from a clinical perspective into daily lives, and therefore was regarded as a compliance mechanism.

Max Robins advised he was undertaking an analysis of data to review comparisons between first and subsequent assessments and how it linked to incident reporting and training provided to staff. Results of the analysis would be provided to interRAI Services which could assist in understanding future requirements.

**At 10.36 am Michelle Liu joined the meeting.**

*Communicate how the data collected from the LTCF clinical assessment tool could benefit the sector*

- Standardised reports for Home Care will be published six monthly from November 2017 and would be presented to the Board at the 1 December 2017 meeting.
- Data visualisation due to go live in December 2017.

*Investigate a more sustainable interRAI LTCF clinical assessment tool training model*

- Three training models were now available:
  - Standard methodology – face to face training followed by competencies.
  - Accreditation Model.
  - Competency Assessment Programme (CAPs) for international and New Zealand nurses working to gain or regain registration. The programme pilot with Whitireia had been successfully evaluated and an article would be published. Option to be made available to other CAPs providers.
- Reviewing alternative ways to provide more interactive individual education and support via webinars and videos.

*Review training feedback mechanisms*

- Dr Brigitte Meehan would present a detailed report on the review of trainee feedback mechanisms at the 1 December 2017 meeting.

*Decide upon a preferred process model for the interRAI LTCF clinical assessment tool*

- A programme of workshops for 'Integrating interRAI into your facility' workshops in conjunction with the New Zealand Aged Care Association (NZACA) were underway.
- A road map would be developed and published from the workshop content.

*Work with DHBs to improve consistency with NASC processes*

- Working on developing a position statement on best practice use of interRAI.
- Guidance on working with NASC was provided as part of 'Integrating interRAI into your facility' workshops.

*Investigating the feasibility of allow bi-directional information flows*

- The Board response to the questions regarding bi-directional information flow had been published in September 2017.
- To be considered as part of the work on the Informatics Strategy.

The interRAI New Zealand Governance Board:

1. **Noted** the progress made to date in response to the recommendations of 'Lessons learned from the introduction of Comprehensive Clinical Assessment (interRAI) in Aged Residential Care (2011-2015) – a post project review'.

2. **Noted** updates would continue to be provided at six monthly intervals.

## **2.2 National interRAI New Zealand Annual Report 2016/17**

*Note: Max Robins declared a potential conflict of interest to this item as CHT Onewa have been used as the Aged Residential Care Facility case study in the Annual Report. Max Robins is the CEO of CHT.*

Michele McCreddie introduced Michelle Liu, Senior Analyst, interRAI Services and presented the draft National interRAI Annual Report 2016/17 and covering letter to the Director-General of Health for discussion.

The Chair questioned from a confidentiality view point whether the nursing care plan included in the report could potentially identify the resident. It was noted that interRAI Services would liaise with the facility to request permission of the individual or representative to use the care plan in the report.

Dr Hendry noted the report did not provide clarity on the definition of home care assessments, for example making a distinction between home care assessments for those people over 65 at home, as opposed to people in long term residential care. Following discussion it was agreed the report would be amended to include footnotes to provide context.

The interRAI New Zealand Governance Board:

1. **Noted** the report would be amended to include footnotes to provide context relating to home care assessments; and to indicate that the permission of the resident/family had been obtained for the case study example.
2. **Noted** the final report would be published in December 2017 alongside interRAI Data Visualisation.

**At 10.56 am Michele Liu departed the meeting.**

## **2.3 Request to add a question into interRAI Home Care Assessment**

Michele McCreddie advised interRAI Services had recently had an approach from one of the National Science Challenges – Ageing Well research projects ‘Life when Renting’ looking at the relationship between housing tenure and health and social wellbeing.

The research team presented New Zealand’s tenure situation to interRAI Services, including their view that housing tenure information was not currently collected by interRAI New Zealand and proposed the inclusion of an additional question into home care assessments.

The Board discussed the research team’s proposal with the following noted during discussion:

- A well described process and set of principles for vetting questions was essential.
- There would be advantages in liaising with Statistics New Zealand in respect to whether the data was already collected in New Zealand through the census, and their processes for the selection of questions.

- Suggested questions/criteria for responding to requests for additional questions included:
  - Purpose – was it of value in planning an individual’s care?
  - Was it available elsewhere?
  - Was it generically useful to interRAI internationally?
  - Assessment of validity/reliability.
  - Has the question been worked through before internationally?

The interRAI New Zealand Governance Board:

1. **Noted** the development of criteria/principles (incorporating interRAI International advice) to respond to requests for additional assessment questions would be placed on the 2018 work plan.
2. **Noted** once finalised, criteria/principles would be published on the interRAI New Zealand website for reference.
3. **Noted** a formal response would be provided to the research team advising the Board were not in a position to consider the proposal prior to the development of criteria/principles.

Action Items	Person Responsible
2. 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.	Michelle Liu
3. interRAI NZ Annual Report 2016/17 to be amended to provide context relating to home care assessments.	Michelle Lieu
4. The development of criteria/principles to respond to requests for additional assessment questions to be placed on the 2018 work plan.	Michele McCreddie
5. 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.	Michele McCreddie

### 03 Software Services

#### 3.1 Developing an interRAI Informatics Strategy

Michele McCreddie spoke to the report providing the Board with an understanding of the current status for interRAI informatics and context/background for their discussions to develop an interRAI Informatics Strategy for the future.

The following was noted during discussion:

- Appendix 1 – Current Situation:
  - All interRAI assessment tools are available to New Zealand under an international licence.

- A requirement under the international licence was to provide annual reports to interRAI International.
  - Operational support was provided by two host sites in support of all interRAI users based in New Plymouth and Canterbury.
  - interRAI Services were developing a business case proposing a move from two to one host site which would be presented to the Board for consideration.
  - Dr Millar noted interRAI New Zealand had a responsibility internationally where privacy regulations allowed, to provide data.
- Appendix 2 – outlines the Digital Health 2020 programme of work led by the Ministry of Health (MoH) which were the standards/governance to apply when developing the interRAI Informatics Strategy.
  - Dr Millar highlighted his involvement in the work being undertaken to develop a national electronic health record, noting interRAI New Zealand had developed a foundation that would support the work.
  - Appendix 3 – information distributed by the MoH outlining the health technology vision consisting of nine themes which would help guide how technology was used to ensure better health for New Zealanders. It was proposed that the same themes be applied in the development of the interRAI Informatics Strategy.

The interRAI New Zealand Governance Board:

1. **Noted** the current status of the interRAI informatics and software as shown in Appendix 1.
2. **Noted** the framework outlined in Appendix 2 – Digital Health 2020 and that the interRAI Informatics Strategy would be developed within the governance, standards and commitment to health interoperability described.
3. **Noted** the work underway to develop a New Zealand Digital Health Strategy.
4. **Noted** the work developed by interRAI New Zealand would support the work being undertaken by the MoH to develop a national electronic health record.
5. **Noted** the Deputy Chief Technology and Digital Services Officer eHealth would present at the 1 December 2017. The presentation would be followed by a workshop session to begin development of the interRAI Informatics Strategy.
6. **Agreed** that the interRAI Informatics Strategy would be developed using the same nine strategic themes as the New Zealand Digital Health Strategy in partnership with MoH Digital Services.

Moved: Dr Millar                      Seconded: Dr Hendry

### 3.2 interRAI Software Enhancements for April 2018 Upgrade

Michele McCreadie spoke to the report providing the Board with an update on the software enhancements planned for the April 2018 interRAI system upgrade, and seeking approval to include further enhancements, highlighting the following:

- The five software enhancements previously approved by the Board had been through the enhancement prioritisation process, including the Software Governance Group.
- The three enhancements awaiting approval had been progressed through the enhancement process and required approval by the Board to proceed to be included in the April 2018 upgrade.
- A small upgrade was undertaken in September/early October 2017 introducing the client and assessment summaries required for the palliative care assessment.
- Next upgrade was planned for April 2018.
- Approved enhancements were planned for user acceptance testing (UAT) in November 2017.

Discussion was held on the request from the Heath of Older People (HOP) Steering Group for improved ability for record keeping of key documents. Dr Phil Wood cautioned the Board on the development of the proposed e-document noting the electronic health record was designed to minimise the risk of multiple repositories which were not linked. Michele McCreadie undertook to provide the HOP Steering Group with the feedback from the Board.

The interRAI New Zealand Governance Board:

1. **Noted** progress with the software enhancements previously approved for implementation in the April 2018 upgrade.
2. **Approved** the inclusion of self-password reset and referrals and waitlist (requirements and design) in the April 2018 upgrade subject to the host picking up the service and maintenance costs.
3. **Noted** the financial summary provided in Appendix 1.

Moved: Chris Fleming                      Seconded: Max Robins

Action Items	Person Responsible
6. Feedback from the Board relating to the development of an enhancement that would provide the ability to attach	Michele McCreadie

documents to the interRAI assessment to be provided to the HOP Steering Group.

#### **04 Education and Support**

##### **4.1 interRAI Quality Indicators into New Zealand Update**

Dr Brigette Meehan spoke to the report providing an update on progress with the interRAI Quality Indicators (QIs) project.

The following was noted during discussion:

- The project is continuing on course and had focussed on meeting with stakeholders individually to assist their understanding of quality indicators.
- A number of synergies had been identified with the Health Safety Quality Commission (HSQC) were undertaking a project to investigate the need for a national quality improvement programme for aged residential care.
- The HSQC were interested in aligning their programme of work with the interRAI QI project.
- Key themes from stakeholder feedback to date include:

*The Reports:*

- The way the data was layered into different reports was useful.
- Need clarification on which stakeholders would get which reports.
- Contents of the reports were easy to follow and understand.
- Layout could be more visually appealing.
- Ongoing reports would be shared with the sector through a secure channel.

*The Information:*

- Concern that if a reader did not fully understand the information it could lead to misunderstandings.
- The reports need an education package to explain reports to the reader.
- Focus on ensuring the education was able to be stand-alone and user friendly.

*How the Information should be used:*

- Begin with a focus on the positive news nationally first.
- Use the information to provide case studies of quality in aged residential care (ARC).
- Over time ensuring people understand QIs were about improvement, but that variability does exist.
- Engage with ARC providers to provide information on the positive things that were happening and improvements requirement which could link into national projects.

*Policy Changes:*

- To date no requirements to change policies or procedures have been identified by the group.

Discussion was held on the potential impacts QIs may have on audit requirements.

The interRAI New Zealand Governance Board:

1. **Noted** the update on the interRAI Quality Indicators Project.
2. **Noted** the Board would consider potential regulation/legislation impacts at future meetings.

## **05 Update from interRAI International**

### **5.1 Confirmation of new interRAI Fellow**

Michele McCreadie advised the Board Sue Wood, Director Safety and Quality Canterbury DHB had been appointed as an interRAI Fellow. It was noted Sue Wood was nominated by Professor Len Gray, University of Queensland for her work on the research project to redevelop the acute suite of interRAI tools.

It was confirmed that Sue Wood was the first registered nurse in New Zealand to be appointed an interRAI Fellow.

The interRAI New Zealand Governance Board:

1. **Noted** a letter of congratulations would be sent on behalf of the Board.
2. **Noted** an article relating to the appointment would be published in *Informer*.

<b>Action Items</b>	<b>Person Responsible</b>
7. A letter of congratulations on appointment as an interRAI Fellow to be sent to Sue Wood on behalf of the Board.	Michele McCreadie
8. An article relating to the appointment to be published in the next edition of <i>Informer</i> .	Michele McCreadie

**At 12.00 pm the meeting adjourned for lunch and Dr Millar departed the meeting.**

## **06 Operational Reports**

**At 12.30 pm the meeting reconvened.**

### **6.1 interRAI Services Operational Report for Quarter 1 2017/18**

Michele McCreadie spoke to the interRAI Services Operational Report for Quarter 1 covering the period 1 July 2017 to 30 September 2017.

The following key points were noted during discussion:

- Recent media releases included:
  - Needs of carers and people with dementia and cognitive performance issues (in conjunction with Alzheimer's New Zealand).
  - Importance of preparing for decision making pertaining to EPoA and Advanced Care Planning (in conjunction with Age Concern).
- The purpose of media releases was the promotion of interRAI data as a source of information about older persons' needs.
- Data Analysis and Reporting

- 55 responses had been received to the survey relating to the standard suite of reports for ARC facilities. Responses would be analysed to determine appropriate changes to the reports.
- On track with reports for Home Care providers to deliver the reports a planned in November 2017.
- A steady stream of data requests were received during the period.
- Education and Support:
  - An article had been developed on the pilot with Whitireia New Zealand's Competency Assessment Programme (CAP course) for publishing in the New Zealand Nurses Association magazine.
  - A new ARC provider group have expressed an interest in introducing the accreditation model in the Midland region.
  - The national roll out of the palliative care tool is progressing, with training for current DHB home care assessors underway.
- Two new outcome measures have been agreed with the MoH which are about maintaining a percentage of the population of registered nurses and home care assessors as competent to undertake interRAI assessments.
- Data Security - a HISO self-review was planned to be undertaken in quarter two, an penetration testing planned for quarter three.

**At 12.40 pm Chris Fleming re-joined the meeting.**

The interRAI New Zealand Governance Board:

1. **Noted** the interRAI Services Operational Report for Quarter 1 2017/18.
2. **Noted** the data request trend information provided.
3. **Noted** that trend information for interRAI education and support was not provided as new outcome measures have been agreed for 2017/18. Trend information would be provided from Quarter 2.

**6.2 Overview of interRAI Services financial situation**

Michele McCreadie provided an overview of the interRAI Services financial situation as at end of Quarter 1 2017/18 noting the revenue in advance assumed approval of the software enhancements.

Chris Fleming requested that the *actual* revenue in advance be included in the next financial report.

The following points were noted during discussion:

- Personnel – underspend due to time taken to recruit and fill vacancies.

- IT and Telecommunications – overspend due to payment of \$400k for AIS evaluation software as a service in September 2017.
- Data warehouse upgrade – funding for the data warehouse upgrade resulting from the April 2018 software enhancements was included in the reporting and analytics budget line.

The interRAI New Zealand Governance Board:

1. **Noted** the overview of the interRAI Services financial situation 2017/18 at the end of Quarter 1.
2. **Noted** the explanation of financial variances and use of the revenue in advance funding for 2017/18.
3. **Noted** the actual revenue in advance would be included in the next financial report.

### **6.3 interRAI NZ Governance Board Risk Register**

Michele McCreadie presented the risk register as at October 2017.

The Chair noted the new approach of partnering with lead national agencies was a good strategy in terms of mitigating the reputational risk to the Board if not responsive to the sector. Michele McCreadie advised positive feedback had been received from Helen Mason, DHB Lead CE for Advance Care Planning relating to the recent media release.

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

## **07 Update from the Ministry of Health**

### **7.1 Expressions of Interest for Board Members**

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

- Expressions of interest are opened until 26 October 2017.
- To date six people had expressed interest.
- Applications would be reviewed and a shortlist developed on 30 October 2017.
- Recommendations would be made to the Director-General of Health prior to the end of November 2017.
- Confirmation of Board members would be provided to the 1 December 2017 meeting.

Dr Hendry advised that it was not her intention to reapply for a position on the Board, and asked that consideration be given for the opportunity for Board members to have a 'board only' session

scheduled as a standard agenda item at future meetings, and a Board only section be developed on the website to contain relevant Board material.

Dr Hendry noted she would be unable to attend the 1 December 2017 and thanked members for their involvement.

Max Robins requested that the current Board schedule a 'debrief session' to identify lessons learnt at the 1 December 2017 meeting.

Action Items	Person Responsible
9. A 'board only' session would be a standard agenda item for the newly appointed Board.	Michele McCreadie
10. A Board members only section to be developed on the website to contain relevant Board material.	Michele McCreadie
11. A debrief session to identify lessons learned will be scheduled at the 1 December 2017 meeting.	Michele McCreadie

## 08 Communications

The Chair advised she had received positive feedback on the content of the *Informer*, noting ideas from Board members on future topics would be welcomed.

Suggestions for future topics highlighted during discussion included:

- Questions/answers section to assist people grappling with issues in the sector.
- HQSC quality improvement work.
- Case studies of examples of facilities using interRAI in an innovative way.

Max Robins indicated it would be helpful for Board members to receive prompts prior to the *Informer* being written as a reminder to contact networks.

## 09 General Business

### 9.1 Proposed Meeting Schedule 2018

The interRAI New Zealand Governance Board:

1. **Agreed** the meeting schedule for 2018.
2. **Noted** the Secretariat would send out meeting requests to Board members.
3. **Noted** people expressing interest to join the interRAI Governance would be provided with the agreed meeting schedule for information.

### 9.2 Mapping interRAI to Mortality Data

Matthew Parsons provided an overview of work being undertaken in the Midlands region to map interRAI to mortality data, and linking to advance care planning.

In closing the Chair thanked Dr Hendry for her contribution to the Board and wished her the best for future endeavours.

**Meeting Closed: 1.12 p.m.**

**Next meeting: 1 December 2017, Front+Centre, 69 Tory Street, Wellington.**