

Minutes

interRAI Governance Board

Date:	Wednesday 21 August 2019		
Start Time:	10.00 am	Finish Time:	2.00 pm
Method:	Face to Face, Thorndon Room, Front+Centre, 69 Tory Street		

Members: **Catherine Cooney** (Chair) Director of Kowhai Health Associates Limited, **Chris Fleming** (Deputy Chair) CEO Southern DHB – Funder Representative, **(By Zoom) Roy Reid** – Treasurer, Chair Age Care Committee, Grey Power – Consumer Representative, **Prof Matthew Parsons** – Professor Medical and Health Services, University of Auckland, Chair Gerontology Nursing, Waikato DHB – Research Representative, **Max Robins** – CEO CHT and Deputy Chair NZACA – ARC Provider Representative, **David Chrisp** – General Manager Access Home Health Ltd – Home Care Representative,

Janice Mueller – Director, Waipiata Consulting Limited - Health Professional Representative, **Carolyn Cooper** – Director Clinical Operations & Service Improvement & Lead Nurse, Bupa NZ - Nurse Leader Representative, **Dr Michelle Honey** – Senior Lecturer, University of Auckland - Health Informatics Representative, **Stephanie Clare** – Chief Executive Officer, Age Concern NZ - Consumer Representative, **Dr Helen Kenealy** – Geriatric SMO, Counties Manukau Health – Clinician Representative, **Karen Evison** – Director Strategy Planning and Funding **(By Zoom)**, Lakes DHB – Funder Representative, **Dr Nigel Millar** – Chief Medical Officer & Geriatrician Southern DHB – Clinician and interRAI Fellow Representative

In Attendance: **Michele McCreddie** – General Manager interRAI Services, TAS, **Dr Brigitte Meehan**, Principal Advisor, interRAI Services, **Terry Huntley** – Software Services Manager (TAS), **Margaret Milne** Manager interRAI Education and Support Services (TAS) **Karina Kwai** – Manager, Health of Older People, Health System Improvement and Innovation, Ministry of Health, **Dr Phil Wood** – Chief Advisor, Healthy Ageing, Ministry of Health, **Shelley Gilmour** – Secretariat, TAS.

Apologies: Nigel Millar and Michelle Honey

Welcome & Apologies	
The Chair opened the meeting at 10:00 am. The apologies from Nigel Millar and Michelle Honey were noted.	
01	Minutes and Action Register
1.2	Declaration of Interest Register
The Register was noted. Updates for Matthew Parsons and Carolyn Cooper were noted.	

1.3 Confirmation of Minutes

The minutes of the meeting held 19 June 2019 were **confirmed** as a true and correct record.

Moved: Janice Mueller
Seconded: Stephanie Clare
CARRIED

1.4 Action Register

14-06/18	MoH to provide an update on interRAI data into IDI at the next Board meeting. In Progress
04-11/18	TAS to investigate providing a Case mix technical data analysis. Open
01-02/19	A demonstration of the Self-Assessment Check Up tool is to be arranged with Momentum and shared with the Board. Closed
02-02/19	A meeting with Karen Evison and Stephanie Clare is to be arranged to progress the testing of the tool. Open.
01-04/19	Keriana Brooking is to be invited to a future meeting to provide a further update after the release of the Health System and Disability Review. Open
02-04/19	MoH to provide an interRAI software review update at the interRAI NZ Governance Board meeting 19 June 2019 which will include addressing the concerns raised regarding the timeline, evaluation, the panel compilation and the final decision-making process. Closed
04-04/19	The date of the October 2019 Board meeting is to be moved to 30 October 2019 to avoid the clash with the NZACA Conference. Closed
05-04/19	A conversation is required with Dr Mitchell to gain an understanding of the Life Curve work programme. Closed
01-06/19	The Declaration of Interests Register is to be sent to individual Board members for updating. Closed
02-06/19	Investigate an alternative date for the 20 November meeting to avoid a potential conflict with the HiNZ Conference. Closed
03-06/19	A discussion is to be held with Sarah Mitchell on the potential conflict of interest with Life Curve. Closed
04-06/19	A letter is to be written to CDHB confirming that they may continue to pilot under a research licence but must commit to an end solution within 12 months of the decision. Once drafted, the letter is to be sent to Karen Evison, Chris Fleming and Karina Kwai for input. Closed
05-06/19	A letter is to be written to interRAI International advising that any requests for licences are referred to interRAI New Zealand for approval. Closed

06-06/19	The database is to be reviewed for accuracy following concerns raised at the meeting of 19 June on the low customer survey responses. Closed
07-06/19	Clarification is to be provided about where the threshold is for decision points to be signed off by the Director-General of Health. Open
08-06/19	The link to the video of the zoom meeting with the 20 software providers is to be sent to the secretariat for distribution. Open
09-06/19	A set of key messages is to be circulated to the interRAI NZ Governance Board. Open

At 10.04am Chris Fleming joined the meeting by zoom.

1.4a Life Curve – Update from Meeting with Sarah Mitchell

Michele McCreadie updated the Board advising that she and Janice Mueller met with Sarah Mitchell by zoom and discussed how Life Curve and interRAI could sit together. Brigitte Meehan has completed research and established that there is no reason the two systems cannot co-exist. Janice Mueller noted that conversations need to be held with practitioners on this. Michele McCreadie advised that following attendance at the Directors of Allied Health national meeting discussions can be held with Allied Health Professionals at Grand Rounds and other events.

A general discussion was held on the use of Life Curve verses interRAI and the potential impact on Case Mix. It was agreed that it would be useful to create a FAQ sheet for Life Curve to show people where they sit and how the two systems work together.

1.5 Decision Register

The Decision Register was noted.

1.6 Matters Arising

There were no matters arising.

1.6a Additional Questions Regarding Tenure

Brigitte Meehan continues to work through the process for adding tenure items. The request for the additional questions was presented to interRAI International and the two questions were approved as New Zealand specific.

1.6b Accident Compensation Corporation (ACC) Introduction of interRAI Assessment

Training has commenced and 90 assessors will be trained before Christmas 2019. Matthew Parsons raised concerns about the appropriateness of the tool for Māori. Feedback will be given to Kit Hoebe, Design Lead, Health System Design, ACC by Brigitte Meehan.

1.7 Correspondence

1.7a The letter to Davide Meates dated 12 June 2019 was noted.

1.7b The letter to Dr Brant Fries dated 14 August 2019 was noted.

Action items	Person Responsible
01-08/19 Create a FAQ sheet for the relationship between Life Curve and interRAI to aid understanding of the differences and how the two systems can work together.	Brigette Meehan/Uli Anderson
02-08/19 Feedback is to be given to Kit Hoebe, ACC that about the appropriateness of the ACC tool for Māori.	Brigette Meehan

2.0 Governance

2.1 interRAI Governance Board Terms of Reference

Karina Kwai gave a verbal update on the Terms of Reference (ToR) advising that they are progressing with the Ministry of Health (MoH) Governance Group and are currently sitting with Health Legal. A further update will be given at the next Board meeting on progress. There is a desire to introduce an equity lens into the ToR and how this may affect Board membership. The Director-General of Health, Dr Ashley Bloomfield, would be supportive of this initiative. It was suggested that TAS may have connections with a Māori provider that they can recommend to MoH.

Chris Fleming suggested that John Whaanga – MoH should be engaged along with the District Health Board, General Managers, Māori.

2.5 Progress Update interRAI New Zealand – Informatics Strategy.

The paper was taken as read.

Michele McCreadie advised that the themes align with the MoH framework in terms of the future of digital services. Progress as at Q4 2018/19 is shown in the paper. The Self-Assessment check up tool is not yet in production software but is expected to be by the end of the year.

A discussion ensued on the priority of the introduction of the interRAI Clinical Dashboard..

Due to the arrival of the DHB representatives, the discussion was placed on hold.

2.2 5 DHB Pilot AC interRAI Tool

At 10.42AM am Mardi Postill and Andrea Davidson – CDHB, Lee Cordell-Smith – SCDHB joined the meeting in person and Lisa Gestro – SDHB joined the meeting by zoom.

A round of introductions followed.

The paper updated the interRAI New Zealand Governance Board on progress since the 2016 Proposal: Testing of the interRAI Acute Care assessment to support the modernisation of the Non-Acute Rehabilitation (NAR) journey through inpatient care.

Mardi Postil provided background and context on where this sits and noted that this aligns with the Ministry of Health's Healthy Ageing Strategy and is centred around Acute and Restorative Care.

There are five elements to this outcome:

1. Ensuring appropriate admissions to hospital for older people with acute or urgent clinical/care needs.
2. Coordinating care across specialities and between Accident Compensation Corporation (ACC) and the health sector.
3. Ensuring hospital stays are safe for older people who are frail, vulnerable or who have dementia.
4. Helping older people to regain, maintain or adapt to changed levels of function after an acute event.
5. Looking for ways to weave family or whānau and wider community support into an older person's recover and ongoing functioning.

Mardi Postill advised that there are concerns with how the current nursing assessments are completed as they are paper-based and an electronic solution is needed to enable data capture and data sharing. This will also inform clinical pathways and assessment. There is a need for interoperability with whatever system is used.

- The data collection for both case mix is manual
- It cannot be rolled out nationally in this manual manner.
- There is a need for an electronic solution.
- SDHB and SCDHB are looking at electronic assessment solutions for their inpatient settings.
- interRAI AC is the most appropriate tool.

Matthew Parsons advised that there is a very strong desire for nurses to be able to have one log in to take them direct to the assessment.

A discussion on the Australasian Rehabilitation Outcomes Centre (AROC) ensued.

AROC is currently employed by ACC and DHBs to enable national benchmarking to improve clinical rehabilitation outcomes in hospital settings. ACC has made significant investment in AROC. From a DHB perspective, while AROC is useful in some clinical settings such as Traumatic Brain Injury (TBI) and spinal services, for older people, interRAI provides more continuity of clinical care and

information. Completing both AROC and interRAI is significant duplication for clinicians and most importantly patients and is therefore not an ongoing option for the DHBS. As most of the DHBS are requesting an exemption from completing the AROC information are large, this has a significant impact on the data collected by the other DHBS making the information less useful and valid from a benchmarking perspective. The Non-Acute Rehabilitation (NAR demonstration DHB and ACC are exploring 'The Health Round Table' (specifically the sub-acute branch) to provide both clinical pathway and benchmarking information. DHBS await the decision regarding the exemption form AROC. If ACC do not move away from AROC then this potentially puts the project at risk. ACC are aware of this.

Chris Fleming and Matthew Parsons noted their conflict of interest.

The interRAI New Zealand Governance Board:

1. **Noted** the proposal now is for using the interRAI Acute Care (interRAI AC) assessment only not the Post-Acute Care (interRAI PAC) assessment. The noted the DHBS do not perceive this rollout of the interRAI AC tool as a trial, this is a significant investment in their systems and has far wider reach than ACC clients.
2. **Approved** the following DHBS who are now wishing to use the interRAI AC tool: Southern, South Canterbury, Canterbury, Waikato and Auckland and noted that all DHBS have strong local clinical oversight of the project. Approval was given on the condition that recommendation 4 below is approved by ACC.
3. **Noted** the DHB updates presume that ACC and TAS have completed the algorithm work to enable ACC NAR casemix generation.
4. **Noted** the DHBS have asked ACC for an exemption on completing and reporting the AROC for the NAR client group. Without the exemption there is a risk that the interRAI AC rollout will be delayed or compromised.
5. **Noted** that the expected release date for the interRAI AC will be in March 2020.
6. **Noted** that DHBS understand that there is a current procurement for interRAI software but for the context of the paper they have referred to Momentum.

Moved: Max Robbins
Seconded: Carolyn Cooper
Carried

The Chair requested that a letter is urgently sent to ACC requesting a decision is made on providing an exemption on completing and reporting the AROC for the NAR client group.

A discussion on interoperability followed.

- The DHBS propose that the currently interoperability processes are reviewed and where possible revised to incorporate clinical portals and/or APIs.
- DHBS are asking for other ways to make this useful.

- DHBs are wanting the Board to be comfortable with other ways to do this and are seeking Board approval to commence this work.
- TAS will look at other ways to explore this.
- There is no requirement to wait for a new software provider.
- It was suggested that this should be looked at across the entire sector.
- This issue will be further discussed during the Informatic discussion at item 2.5

At 11.16 am, Mardi Postill, Andrea Davidson, Lee Cordell-Smith and Lisa Gestro left the meeting

2.5 Progress interRAI NZ Informatics Strategy (Continued).

Max Robbins commented that large portions of the sector are using interRAI as a compliance tool only and have no trust or integrity in interRAI due to a lack of interoperability. It is understood that this can be resolved easily as it is not a software issue rather a policy issue.

Michele McCreadie advised that it was not originally policy but a Board decision which limits the ability to make interRAI more useful to users and is seeking an agreement from the Board to explore different options for interoperability to bring back to a future Board meeting.

The Chair:

1. **Noted** that it is accepted that the current position statement is no longer fit for purpose.
2. **Requested** that a timeline of key steps is developed to achieve interoperability with an update by October.

**Moved: Janice Mueller
Seconded: David Chrisp
Carried**

At 11.29 am, Karen Evison joined the meeting by Zoom.

Chris Fleming noted the important of getting the communication out to the sector on this.

Michele McCreadie will use the interRAI informer to get the message out.

The interRAI New Zealand Governance Board:

1. **Noted** progress with implementation of interRAI New Zealand – Informatics Strategy as at end Q4 2018-19.

2.3 Progress with the interRAI NZ Future Direction as at End Q4 2018-19.

Michele McCreddie provided an update on the progress with the implementation of interRAI New Zealand – Future Direction, 2018-2021.

The paper was taken as read, the Q4 report was accepted and the effort that has gone into this was noted.

Karina Kwai requested the insertion of IDI into Smart Systems.

The interRAI New Zealand Governance Board:

1. **Noted** progress with implementation of interRAI New Zealand – Future Direction 2018-2021 as at end Q4 2018-19.

At 11.38am Michelle Liu and Lisa Glynn (TAS) joined the meeting..

2.4 Revised Framework for Development of the interRAI NZ Future Direction 2019-2022.

Lisa Glynn provided background to the framework advising that leaders across TAS had come together to consider the framework and they are seeking Board feedback and approval to continue. If this is given, they will come back with a progress update in October.

Michelle Liu explained that the current framework does not address issues of equity or enabling innovation and growth and is not aligned with current Government priorities.

Feedback from the Board included:

- The consistent theme is system integration but this is not captured in the framework.
- interRAI is a clinical assessment tool based on technology.
- This will support consumers to cut down clinical risk.
- Gray Power, as a consumer, needs to see the value of the assessment.
- It is a physical tool and thought needs to be given to what is being measured and how it is being shared.
- Key issues such as innovation, adaptiveness and integration must be part of it.
- The crux is to be completely integrated.

The Board agreed that more work is needed on the framework.

At 11.52 Michelle Liu and Lisa Glynn left the meeting and Karen Goymour (interRAI Educator) joined.

2.6 Business Case Introduction of the interRAI Palliative Care Assessment to ARC.

Margaret Milne, Manager interRAI Education and Support Service and Karen Goymour, interRAI Educator spoke to the paper which was seeking approval from the interRAI New Zealand Governance Board to proceed with a pilot and, if successful, national rollout of the interRAI Palliative Care Assessment in Aged Residential Care.

The paper was taken as read and the Board was asked for it to be accepted. Background to the paper was provided noting that a request had previously been made to the Board by Carolyn Cooper, Bupa, to consider using the interRAI Palliative Care Assessment in Aged Residential Care (ARC). The Board asked for a discussion paper on the feasibility of replacing the interRAI Long Term Care Facilities (LTCF) assessment with the Palliative Care assessment for residents that have a formal palliative diagnosis or a recorded clinical prognosis of six months or less to live.

Margaret Milne confirmed that this can be done within current resources, is not a mandatory tool rather it offers an alternative assessment for palliative residents

Matthew Parsons asked if Case Mix can be generated out of this. This will need to be checked before it goes live.

A discussion followed on funding models and the impact that palliative care assessment could have on Case Mix and the recommendation in the paper was changed to make approval subject to confirmation that the introduction of the palliative care tool can drive Case Mix in New Zealand.

The interRAI New Zealand Governance Board:

1. **Approved** the business case to proceed with a pilot and, if successful, a national rollout of the interRAI Palliative Care Assessment instrument in Aged Residential Care subject to confirmation that introduction of the palliative care tool can drive Case Mix in New Zealand.

Moved: Roy Reid
Seconded: David Chrisp
Carried

At 12.07 am Karen Goymour left the meeting which then broke for lunch. The meeting resumed at 12.37 pm at which time Andrew Upton MoH joined.

3.0 Update from interRAI International

Brigette Meehan gave a verbal update and noted that there have been discussions with interRAI International and the relationship with New Zealand previously and if the Board is interested, there is a possibility of a small team from interRAI International coming to New Zealand in February 2021. The Board was asked if they would consider if a conference to go along with the visit was appropriate. The alternative is for a more limited research event and more focussed discussions.

A discussion followed including such issues as the potential for cost to interRAI, whether the conference could be opened to Singapore and Hong Kong.

The Chair summarised noting that there is interest in interRAI International coming over but there is desire for more focus on individual or smaller discussions rather than a conference. This provides the opportunity to share research and engagement opportunities and confirmed that a placeholder should be booked.

2.7 Progress with a Refreshed interRAI Māori Strategy

At 12.51 pm Victoria Simon, Lisa Glynn and Warwick Long (TAS interRAI team) and Andrew Upton (MoH) joined the meeting as observers.

An opening Karakia was spoken and a round of introductions followed.

Brigitte Meehan spoke to the paper which provided an update on the revised interRAI Services Māori Strategy 2019.

It was noted that there is a great deal to do however there is no need to start from scratch and to build upon the 2018-2012 interRAI NZ Future Direction. There is a green light to proceed but:

1. It is not expected that culturally relevant information is needed to be added to the assessment, and
2. The competency of the assessor is not something that interRAI can control but can make sure that the educators, resources and training are culturally competent. interRAI Services therefore landed on the Māori Meihana Model of Clinical Assessment.

An overview of the interRAI Services Māori Strategy 2019 was provided noting that it is built on the foundation of the Ministry of Health (MoH) documents.

The next steps are to widen the activity to incorporate all interRAI Services to ensure partnership with Māori is evidenced.

Feedback was provided by the Board:

- Deal with areas of negative feedback.
- The concern that when ARC nurses are using the tool they are concentrating on carrying out the assessment and is more guidance required?
- Difficulty recalling a single comment during training on cultural competence which focussed on how to do the assessment.
- Are the prompts enough to engage with whanau?
- Is there an interaction between interRAI strategy and the Māori strategy and is there a need for more synergy between the two?
- Data will also feed into IDI.

At 1.07 pm Chris Fleming re-joined the meeting by Zoom.

Karina Kwai advised that a discussion will be held with the Director-General of Health and Keriana Brooking regarding the structure of the Board noting the Māori strategy.

The Chair thanked the team for their efforts and for all the work that has been done and noted the importance of the strategy to the Board and looked forward to future updates.

The interRAI New Zealand Governance Board:

1. **Noted** the update

Action items	Person Responsible
03-08/19 A Timeline of key steps is to be developed to achieve interoperability and other ways that this can be explored is to be reported back at the October Board meeting.	Michele McCreddie Terry Huntley
04-08/19 IDI is to be added into 'Smart Systems' of the Future Direction document.	Michele McCreddie

At 1.18pm Victoria Simon, Lisa Glynn and Warwick Long left the meeting.

4.0 Update from Ministry of Health

4.1 interRAI Software Review

Karina Kwai advised that the paper talks to the procurement process to date. The recommendations to the co-sponsors were noted.

The Chair noted that the key step was recommendation 2:

- That the co-sponsors agree that the working group seek further information on sector architecture for a wider assessment platform and service design approached for interRAI through engagement with the MoH Data and Digital team and TAS.

Andrew Upton advised that there is no choice and the MoH must go to market.

A discussion ensued and the following points were noted:

- If going to market, what is being looked at?
- It is limiting just to look at interRAI and a platform is needed that can do other assessments but with an interRAI lens.
- More senior leadership is needed from a national perspective.
- The platform needs to be wider than interRAI.
- This increases the risk and length of time to implement a new system and this cannot put the development of the existing software on hold.

- The MoH sees the opposite. Releases such as user interface changes are a part of the Momentum software roadmap and can continue. Caution needs to be shown in other areas, such as data visualisation for example the clinical dashboard.
- The Chair asked for work to proceed on interoperability as this cannot wait until the software procurement is complete.
- The MoH takes on board and supports the exploration and opportunities for the interoperability concerns.
- It is strongly supported that work is carried out in tandem and to manage the risk growing in the sector around interoperability.
- Concern was expressed about the members of the software review group noting that there is no representative from the sector as end users.

The interRAI New Zealand Governance Board:

1. **Noted** the recommendations to the Co-Sponsors.
2. **Requested** that when the ROI panel is configured some sector and consumer representation is provided.

Moved: Carolyn Cooper
Seconded: Max Robbins
Carried

Action items	Person Responsible
05-08/19 A review of options and timeline of key steps to modernise interRAI interoperability is to be developed and reported back in October.	Michele McCreddie Terry Huntly

5.0 Software Services

5.1 interRAI 2-1 Host Services Project – Status Update

Terry Huntly updated the Board on progress since the last meeting.

- A project manager is coming on board.
- CDHB are currently considering applications. TAS has provided feedback on the candidates.
- Michele McCreddie and Terry Huntly travelled to CDHB to review and revise the current hosting agreement.
- March 2020 is being considered as the transition date.

- Contract extensions will be signed soon.

6.0 Operational Reports

6.1 interRAI NZ Governance Board Risk Register

Michele McCreadie presented the Governance Risk Register and a discussion ensued.

The interRAI New Zealand Governance Board:

1. **Noted** the interRAI New Zealand Governance Board Risk Register as at August 2019.

6.2 Overview interRAI Services Financial Situation

Michele McCreadie presented an overview of the interRAI Services financial situation as at end Q4 2018-19.

The Chair noted previous discussions throughout the meeting including the Board's request for options to modernise interRAI software interoperability to be presented to the next meeting and that work should commence to progress the approved business case for introduction of an interRAI client dashboard. It was further noted that funding for the client dashboard was part of the Revenue in Advance expenditure plan for 2019 -20.

The interRAI New Zealand Governance Board:

1. **Noted** the overview of the interRAI Services financial situation 2018-19 as at end Q4 2018-19.
2. **Noted** the explanation of financial variances and the use of the revenue in advance funding for 2018-19.
3. **Noted** the Revenue in Advance expenditure plan for 2019-20.

6.3 interRAI Services Operational Report

Michele McCreadie presented the interRAI Services Operational Report as at August 2019.

Communications and Media.

- interRAI Services presented 'This is interRAI' at Auckland DHB Grand Round on 11 July 2019 and will present at Waikato DHB Grand Round in September.
- Ulrich Bergler from the University of Otago, Christchurch will be presenting at TAS again in September. The focus of the presentation will be interRAI based frailty indices and qualitative work with seniors and medical professionals on the meaning of frailty. The Board will have the opportunity to either attend in person or zoom into the presentation.

Software Services

The latest interRAI software upgrade was successfully implemented on 24 and 31 May 2019, this upgrade introduced the self-password reset. A new front end 'look and feel' for interRAI software will be released in August.

Learning Management System

The new Client Relationship and Learning Management System went live 1 July 2019, replacing the previous highly manual systems and enabling integration across the client database, learning management and on-line authoring tool.

The plan for the remainder of this year is to review the design of the initial competency programmes now the LMS is in place they can become be a combination of online and face to face training.

interRAI and Corrections.

With interRAI Services assistance, the Waikato DHB Needs Assessment and Service Coordination (NASCs) have developed a Memorandum of Understanding with the Waikato correctional facilities primarily at Waikeria and Springhill to have nurses working in the facilities trained in the interRAI Home Care assessment. The Waikato NASC will support them to complete assessments and to maintain their competency.

This is a significant step forward by Corrections to introduce the interRAI assessment. If this first step is a success it is expected other NASCs will pick up the model with their local Corrections facilities.

The interRAI New Zealand Governance Board:

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

7.0 Data Analysis and Reporting

7.1 ARC Funding Review Update

Chris Fleming advised that the meeting with the Honourable Jenny Salesa after which the review document will be released much more widely.

Michele McCreadie noted that interRAI Services are ready with key messages when this is released.

8.0 Communications

The Chair noted that this has been a big meeting and a great deal has been achieved.

Michele McCreadie advised that newsletters have been done and the outcomes from today's meeting will be included in the next release.

9.0 General Business

There was no General Business.

Meeting Closed: 2.00 pm

Next meeting: 30 October 2019, Front + Centre, 69 Tory Street, Wellington