interRAI™
New Zealand

Annual Report 2019/20

TAS
Kahui tuitui tangata

interRAI™ New Zealand

interRAI is:

- The primary assessment instrument for older people receiving support to live at home or in aged residential care in New Zealand.
- Comprehensive and standardised.
- Internationally validated best practice.

In New Zealand:

673,200* completed assessments in the interRAI data warehouse.

70,500* assessments completed in aged residential care facilities in 2019/20.

31,300* Home Care assessments in 2019/20.

5,600* competent assessors.

660* aged residential care facilities.

20 District Health Boards.

5 assessment instruments.

* Approximately, at October 2020

- Developed by experts from over 30 countries.
- Funded by the Ministry of Health.
- Delivered by TAS interRAI Services.
- Governed by the interRAI New Zealand Governance Board.

Better assessment, better care, better outcomes

How interRAI works

Throughout New Zealand, health professionals in District Health Boards and aged residential care facilities use standardised interRAI assessment instruments to help determine the level of support clients and residents over 65 years old need.

interRAI data from all assessments is aggregated to provide information at provider, regional and national level.

Check out the interRAI data visualisation at www.interRAI.co.nz/data

Assessment instruments in New Zealand:

- Home Care assessment
- Contact Assessment
- Community Health Assessment
- Palliative Care assessment
- Long Term Care Facilities assessment.

Chair's foreword

It is my pleasure to present this 2019/2020 interRAI Services annual report.

The theme of this report is showcasing the value of interRAI.

It has been a year like no other as we have grappled with the onset of COVID-19. This pandemic has tested the resilience and agility of our people, and I am pleased to say we have risen to meet that challenge. Not only have we adapted and continued to deliver high-quality services throughout the pandemic, we have been able to offer innovations to support and assist the aged care sector in their response to the crisis.

interRAI staff worked tirelessly from their homes to make sure clinicians could keep accessing vital interRAI services at every alert level. They also ensured that important projects, such as a merger of software host sites, went ahead despite the considerable disruption.

As we adjust to our 'new normal' we are starting once again to look beyond right now, to possibilities for the future. interRAI is an unmatched wealth of information about the health of older people, and researchers are beginning to scratch the surface of its possibilities. In March, we brought together academics and officials to spark discussion and new research ideas using interRAI data at our knowledge exchange forum. Some of the research presented at this forum is profiled in more detail in the case studies section. It is our hope that the many useful connections made at this forum will blossom into new research, ultimately benefitting the health and wellbeing of older people, both in New Zealand and overseas.

It is exciting to be able to share the value of interRAI with other agencies when they ask to collaborate. Work alongside ACC to deliver interRAI training and support has continued throughout the year despite pandemic disruption, and I look forward to seeing a new assessment in place with all DHBs in the coming year.

Lastly, in presenting this report, I wish to express the sincere thanks of the interRAI NZ Governance Board to everyone involved in the delivery of interRAI assessments for your willingness to swiftly respond and adapt to the challenges we have collectively faced. Your proactivity and consumer focus has been admirable.

Looking forward, with what we have learned and the projects we have begun, I anticipate a busy but rewarding year ahead for interRAI New Zealand as we strive to deliver better assessment, better care and better outcomes.

Catherine Cooney
Chair
interRAI New Zealand Governance Board

interRAI is New Zealand's primary assessment for older people living in the community and in residential care.

Contents

interRAI in New Zealand

interRAI is New Zealand's primary assessment for older people living in the community, and aged residential care.

Five interRAI assessment types are used in New Zealand. The term interRAI™ refers to both the international organisation responsible for developing comprehensive clinical assessment systems, and the suite of assessments available.

The assessments used in New Zealand are:

Long Term Care Facilities assessment
– for people in aged residential care

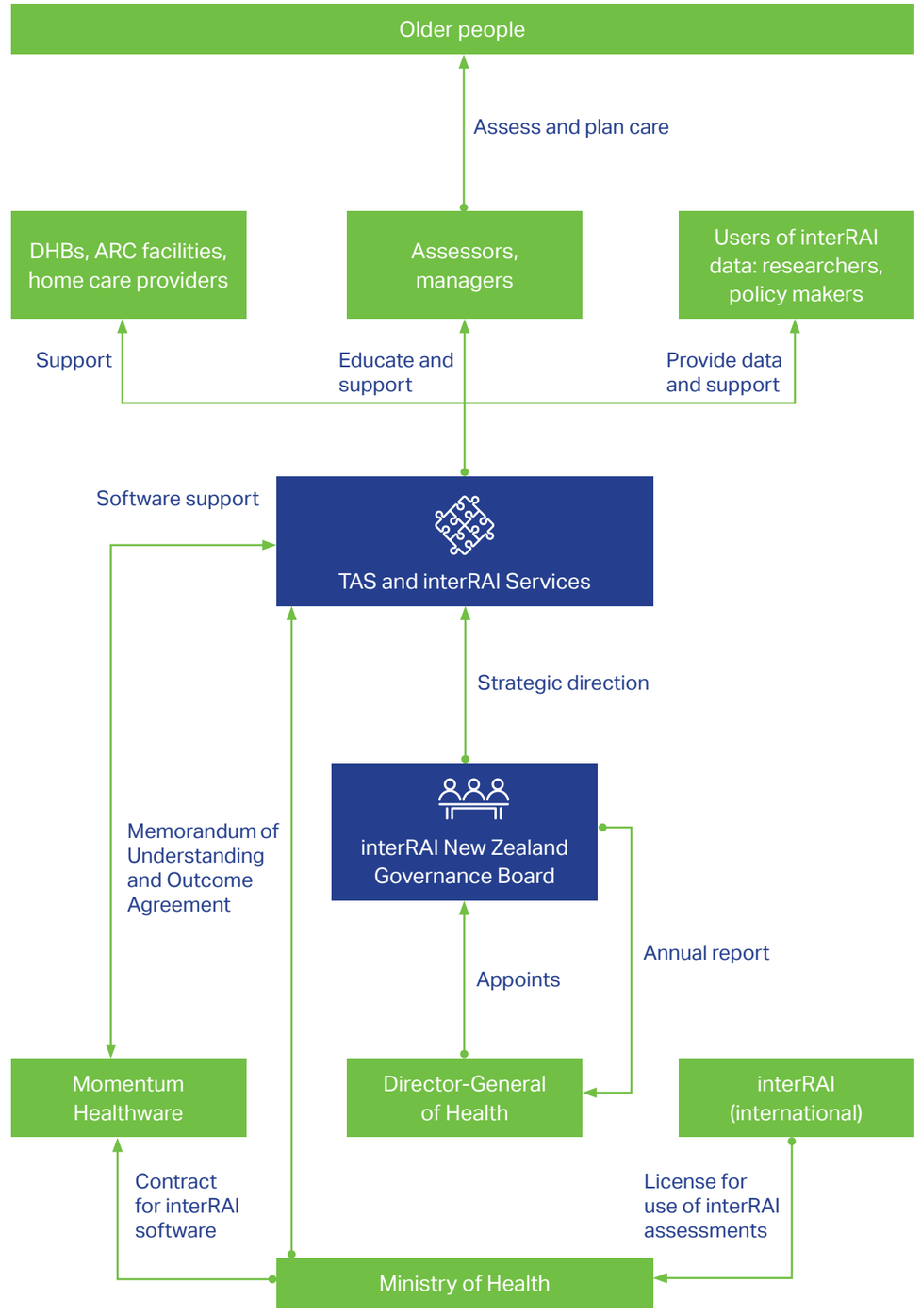
Home Care assessment
– for people living at home with more complex needs

Palliative Care assessment
– for end of life care in aged residential care or in the community

Community Health Assessment
– for people living at home with less complex needs

Contact Assessment
– an initial assessment

Our role and relationships



Governance

The use of interRAI assessments in New Zealand is governed by the interRAI New Zealand Governance Board.

interRAI Services is a business unit within TAS. It supports the delivery of interRAI by providing:

- Education and Support
- Insights and Analytics
- Governance Support
- Software Services

Members of the interRAI New Zealand Governance Board are appointed by the Director-General of Health. The Governance Board's purpose is to 'continuously improve health outcomes for New Zealanders as they age, and the effectiveness and efficiency of our health system, by guiding and leading the use of interRAI instruments and the dissemination and use of interRAI information.'

Board members represent consumers, clinicians, health professionals, researchers, health informatics, aged residential care providers, home care providers and funders. This group of leaders bring their sector experience and the support of their interest groups, to the task of providing strategic oversight for interRAI in New Zealand.

Board members are committed to delivering on their strategic vision for the health, disability and aged care sectors.

In the coming year the Board will look for a new member to represent the interests and needs of Māori. Existing members are looking forward to this appointment.

interRAI Board

Cathy Cooney (Chair)
Director of Kowhai Health Associates Ltd

Chris Fleming (Deputy Chair)
Chief Executive Officer, Southern District Health Board

Carolyn Cooper
Managing Director BVAC NZ and Lead Nurse Bupa

David Chrisp
General Manager, IT Development and Transition, Access Home Health Ltd

Dr Helen Kenealy
Geriatrician, Counties Manukau District Health Board

Janice Mueller*
Director, Waipiata Consulting Ltd and Chair, Physiotherapy Board of New Zealand

Karen Evison (Ngāi Tahu)
Director Strategy, Planning and Funding, Lakes District Health Board

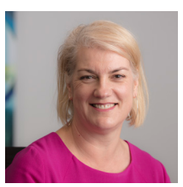
Professor Matthew Parsons
Professor, Gerontology, University of Waikato and Chair, Gerontology Nursing, Waikato District Health Board

Max Robins
Chief Executive CHT and Deputy Chair New Zealand Aged Care Association

Dr Michelle Honey
Senior Lecturer, University of Auckland

Dr Nigel Millar
Chief Medical Officer, Southern DHB and interRAI Fellow

Roy Reid QSM*
(Consumer representative)
Chair, Aged Care Committee, Grey Power



Stephanie Clare
(Consumer representative)
Chief Executive, Age Concern

**Janice Mueller and Roy Reid QSM concluded their time on the interRAI Board in 2019/2020. We thank them for their years of dedication to interRAI, and tireless efforts to further our strategic vision.*

2019/20 year in review

The interRAI New Zealand Governance Board and the interRAI Services team worked hard in 2019/20 to support and add value to our sector, and to facilitate new research ideas that will improve the health and wellbeing of New Zealanders as they age.

COVID-19

interRAI Services staff showed their adaptability when New Zealand began to rise through COVID-19 alert levels in March 2020. Like many thousands of others across the health sector, interRAI staff went beyond simply 'keeping the lights on' during lockdown, and stretched to provide additional support to benefit vulnerable people, and the clinicians who work with them.

Vulnerable Persons Algorithm

interRAI Services was pleased to make available a Vulnerable Persons at Risk (VPR) algorithm in April 2020. This algorithm was based on an original algorithm developed immediately after the Christchurch earthquake in 2011.

It is designed to be a triage algorithm that, when applied to interRAI data, can highlight the most vulnerable people in the community who have had an interRAI assessment in the past 14 months. The algorithm employs health related items and clinical thresholds that contribute to risk of adverse outcomes, including levels of health instability, cognitive impairment, and impairments in Activities of Daily Living (ADL). The algorithm also factors in the level of social isolation and the amount of support the individual receives from informal caregivers, such as friends and family members.

Deploying student nurses

When New Zealand went into Alert Level 4 lockdown on 25 March 2020, evidence from overseas showed that older people, and people with pre-existing medical conditions were more vulnerable to becoming severely ill with COVID-19, highlighting the need for continued assessment of clients to identify the complexity of their condition and urgency for further investigation.

Older people could not easily be assessed in their homes and it became important to quickly identify those most in need of home supports. The Contact Assessment (CA) can be completed over the telephone and is part of the existing clinical assessor toolbox. However, there were insufficient assessors available to conduct these assessments. Training additional assessors using the existing delivery model (face-to-face learning) was not safe in a pandemic situation.

In response, interRAI Services designed a new way of delivering Contact Assessment education via distance learning. The result was the development of a learning package that included self and educator-directed content, delivered via online learning and video conference. In addition, the Nursing Council widened their prerequisites for use of interRAI assessments and agreed that final year undergraduate nurses should be eligible to be trained.

interRAI Services developed the distance learning programme and redirected our educators to train 329 new assessors in three months. A quality comparison has since been undertaken showing no loss of quality or satisfaction for the client or assessor.

Additionally, these students had missed out on their aged care placements due to the pandemic. interRAI provided valuable practical experience for their future careers.

The success of this solution opens the door for future opportunities to train student nurses to deliver interRAI assessments.

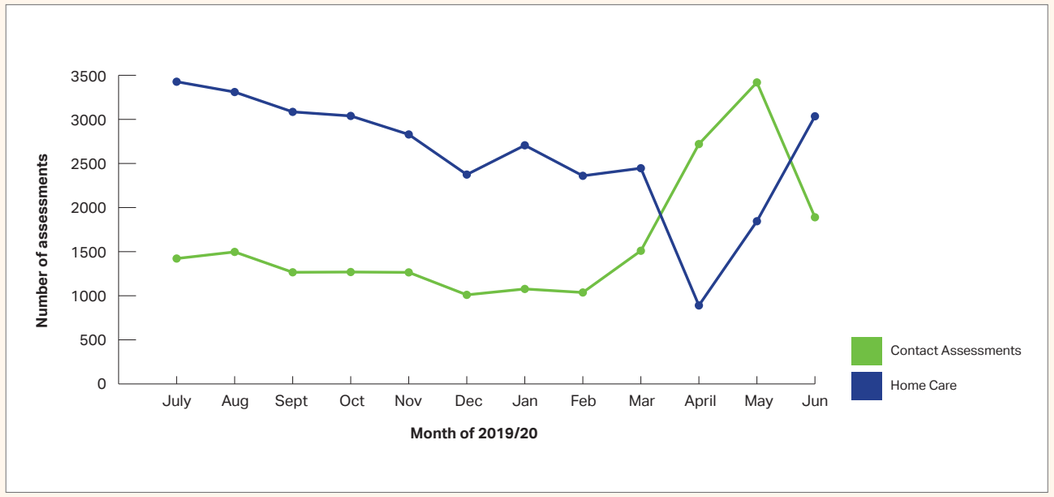
Trained **329 new assessors** in three months.

COVID-19 data trends

The effect of lockdown on assessments in the community may be seen in the changes to numbers of Contact Assessments and Home Care Assessments conducted from March to June 2020.

The change in recommendations from the Ministry of Health on when and how assessments should be conducted is shown in the charts below.

Figure 1: interRAI Assessment Counts by Month, 2019/20



In Figure 1, we see immediately the impact of COVID-19 Alert Level changes coming into effect in March 2020. Home Care assessments begin a decline, and Contact Assessments increase sharply. This can in part be attributed to the flexibility of interRAI – Contact Assessments may be completed by telephone and can, in an emergency, substitute for Home Care assessments for short periods of time. interRAI Services provided detailed guidance for assessors on conducting Contact Assessments by telephone. New guidance was also produced on how and when to conduct assessments via video link, and when it is appropriate to use Contact Assessment in place of Home Care assessment.

Figure 2: Assessment Counts for Māori 2019/20

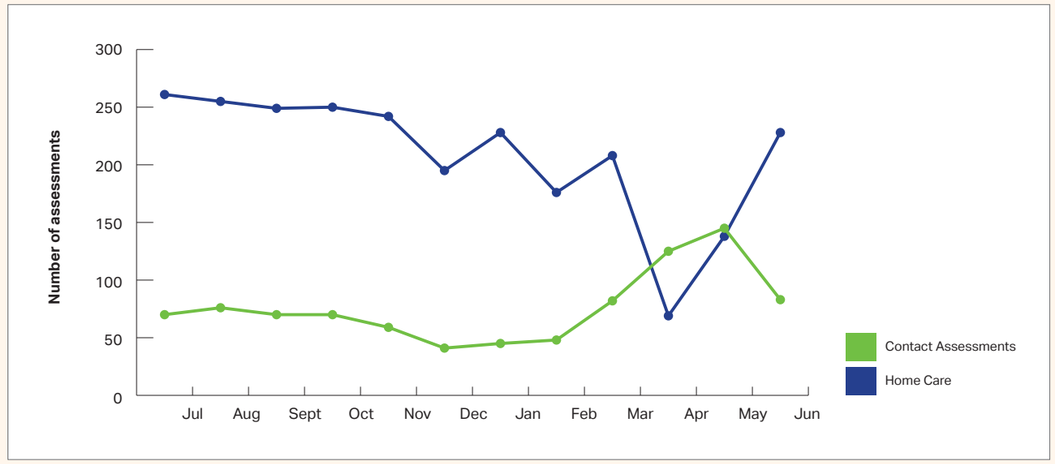


Figure 2 shows the number of assessments for people who identify as Māori. A similar pattern of change is visible in this group. That is, during the COVID-19 months Contact Assessment was used more often than Home Care assessment.

Redesigned training programmes delivered by distance.

interRAI Services Education and Support team

Distance learning for interRAI courses

As New Zealand climbed through COVID-19 Alert Levels in March 2020, the interRAI education team reconsidered their work plan. A previous long-term goal of rolling out a new interRAI training model quickly became a short-term one.

A sudden, urgent need for extra interRAI training arose as a result of pressure on DHB staff, just as the danger of gathering for group training was highest. The interRAI education team wrote, designed and built a fully interactive new training programme using self-directed learning integrated with educator-directed Zoom sessions, in just four days. The first group of trainees began the course on 30 March.

Educators upskilled quickly to train clinicians remotely, and trainees began completing the course and becoming competent.

By the end of June 2020, the team had successfully rolled out a second distance learning programme, for Long Term Care Facilities assessment training. This programme trains clinicians to conduct assessments in aged residential care facilities. Long Term Care Facilities (LTCF) training is our most popular programme, so having a distance learning option available makes a world of difference to busy clinicians – it reduces their time away from residents and cuts out the need for travel making it a very attractive option.

Further distance learning courses are planned including Home Care, Community Health and Palliative Care assessments.

258 people became competent by distance learning by 30 June.

Delivering assessments with ACC

interRAI Services was contracted by ACC to provide Contact and Community Health assessment education for five home and community service suppliers as part of the ACC, Integrated Home and Community Support redesign program. Health professionals assess people in their homes to determine the level of support needed following an accident. Our education was delivered in person and more recently via distance learning. As at the end of 2019-20, 56 assessors had become competent in both Contact and Community Health assessments plus nine competent to undertake Contact Assessments only. A further 37 assessors were progressing through their training.

Kotahi two-to-one

In June 2020, the long-awaited transition from two interRAI software host sites to a single site, at Canterbury DHB, was completed.

Implementation was delayed by two months because of COVID-19 disruption, finally transitioning successfully on 15 June.

A single software host site means significant cost savings for interRAI, and a much simpler system for users. Instead of running two separate service desks covering different regions, users now have one single point of contact for all software help.

1082 emails and calls were received by the new national service desk from 15-30 June 2020

A single host site means a single point of contact for users.

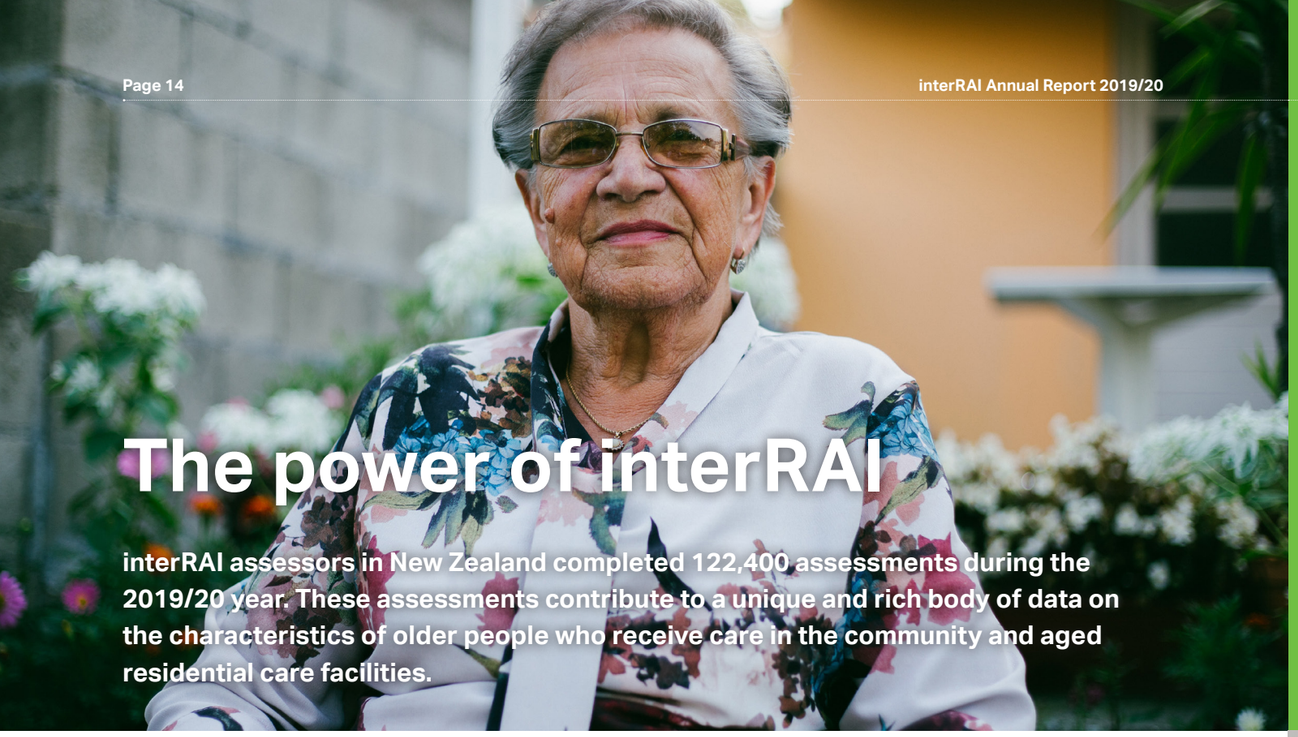
Knowledge Exchange Forum

This event arose from a discussion about the interRAI database and how researchers may be looking for topics on health of older people to explore, while others in the sector may have topics but not the resources or expertise to explore them. We decided to bring everyone together on 4 March.

The forum was chaired by Dr Brigette Meehan from TAS and Dr Gary Cheung from the University of Auckland and facilitated by Warwick Long from TAS.

Attendees included, DHB leaders and providers, plus representatives from Ministry of Health, Health Quality & Safety Commission, Age Concern, Statistics New Zealand and TAS.

Two research projects from this forum are explored in detail in the Case Studies section of this report.



The power of interRAI

interRAI assessors in New Zealand completed 122,400 assessments during the 2019/20 year. These assessments contribute to a unique and rich body of data on the characteristics of older people who receive care in the community and aged residential care facilities.

interRAI offers a comprehensive data set because:

Every resident in aged residential care and every person receiving funded home care in New Zealand is assessed using interRAI

All interRAI assessments in New Zealand are completed on a single national software platform and feed into a single data warehouse

interRAI Services check and confirm the quality of interRAI data

interRAI Services train assessors to a consistently high standard

interRAI data is increasingly used by researchers and policy makers. Data is publicly available on our website using our interactive visualisation tool. The visualisation allows users a customised view of interRAI data according to their needs – they can filter data nationally, regionally, by assessment type and by several different demographics. It also includes embedded definitions for diseases, outcome scales and clinical assessment protocols (CAPs).

Organisations and individuals regularly request more specific interRAI assessment data. Regular data reporting is provided for District Health Boards, aged residential care facilities and home care providers. These reports, including benchmarking and quality indicators, can form the basis for care improvements across the sector.

See the data visualisation in action at interrai.co.nz/data

In 2019/20, **13%** of women and **8%** of men aged 65+ have had at least one interRAI assessment.

Health Informatics NZ Conference

interRAI assessments in 2019/20

The rich data captured by interRAI helps build a picture of older people across different settings. Through understanding their needs, health providers can plan, allocate resources and evaluate services more effectively.

Table 1: Characteristics of older people based on interRAI assessments 2019/20

Characteristic	Contact Assessment	Home Care Assessment	LTCF Assessment	Palliative Care Assessment	65+ population
Median age	82	83	85	77	–
% male	33%	41%	35%	51%	47%
% female	67%	59%	65%	49%	53%
% Māori	5%	8%	5%	9%	7%
% non-Māori	95%	92%	95%	91%	93%

People assessed in aged residential care are slightly older than those receiving other assessment types, with a median age of 85 years.

The median age for Home Care and Contact Assessments is 83 and 82 years respectively. For Palliative Care the median age is lower, at 77 years.

Almost two out of three people receiving an LTCF or Contact assessment are women (65% and 66% respectively). 59% of those receiving a Home Care assessment are female. This is higher than the proportion of females in the wider population aged 65 and over (53%). The gender split for Palliative Care is almost even.

A slightly higher proportion of people receiving Palliative Care and Home Care assessments were Māori (9% and 8% respectively). A slightly lower proportion of people receiving Contact and LTCF assessments were Māori (both 5%).

The 122,400 assessments completed this year make for an average of 335 assessments per day. More than half (58%) were Long Term Care Facilities (LTCF) assessments (70,500), see Figure 3.

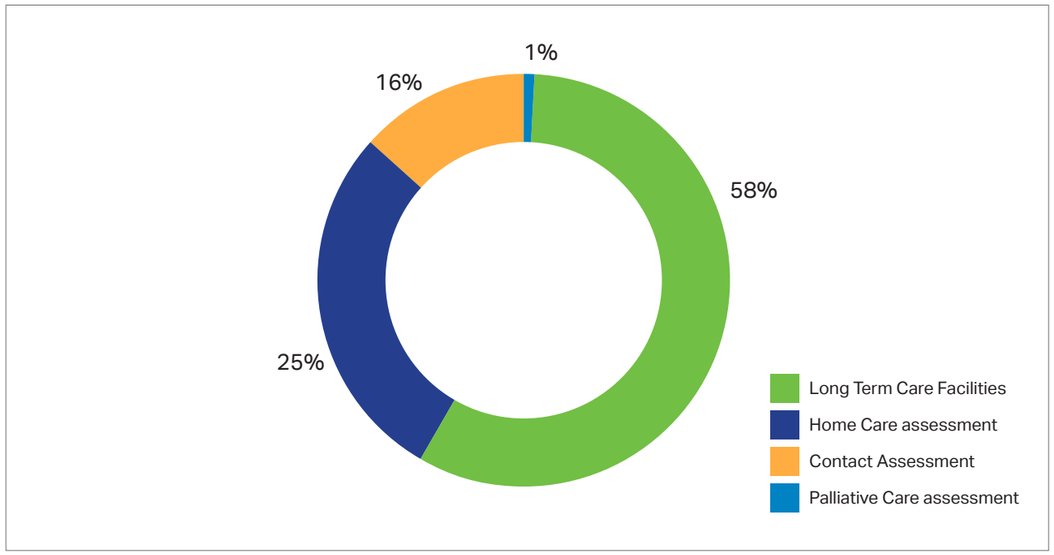
There were around 2200 fewer LTCF assessments completed in 2019/20 than in 2018/19. This small decrease of 3% is a departure from the upward trend seen in previous years, and may be attributed to the impact of COVID-19.

The 31,300 Home Care assessments completed during the year comprised 25% of total assessments, 13% fewer than in the preceding year.

In 2019/20, 1,300 Palliative Care assessments were undertaken, a modest increase on 1,200 the year before.

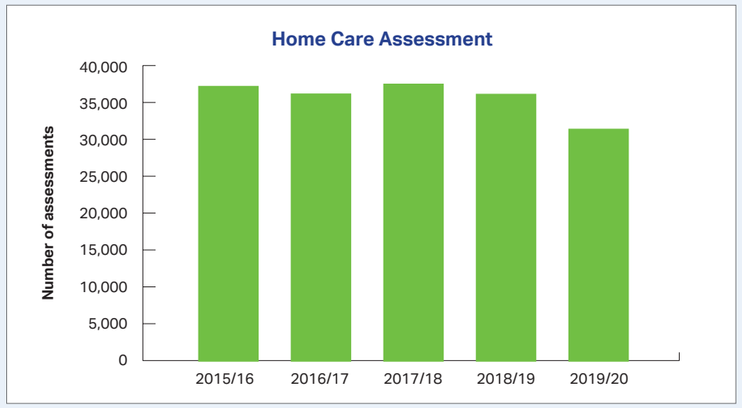
There was a significant increase in Contact Assessments being completed – 19,300 in 2019/20, an increase of 13% on 17,100 completed in 2018/19. Again, the significant impact of COVID-19 on older people's services may be seen in these figures.

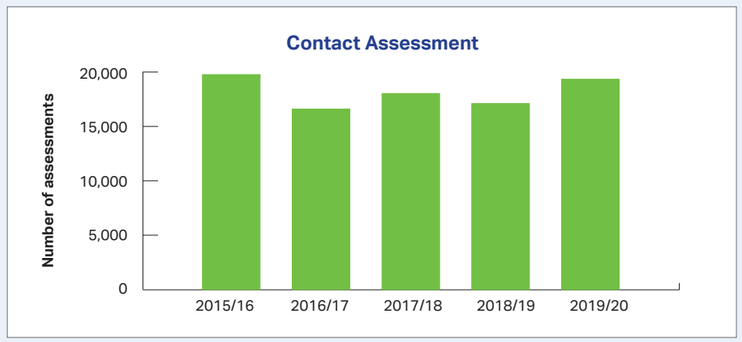
Figure 3: interRAI assessments by type (%) 2019/20

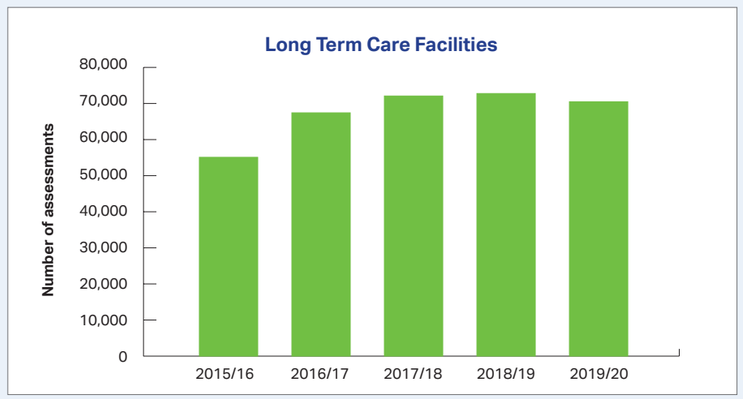


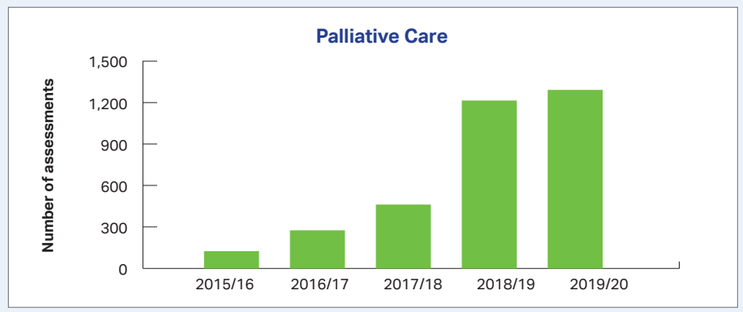
interRAI helps build a picture of older people across New Zealand.

Figure 4: Number of assessments by year



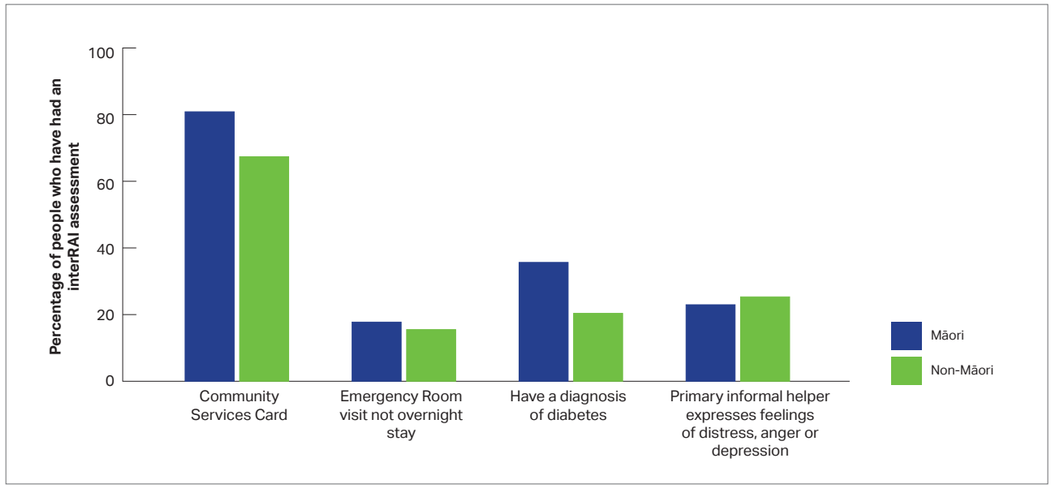






Māori ethnicity, health and wellbeing

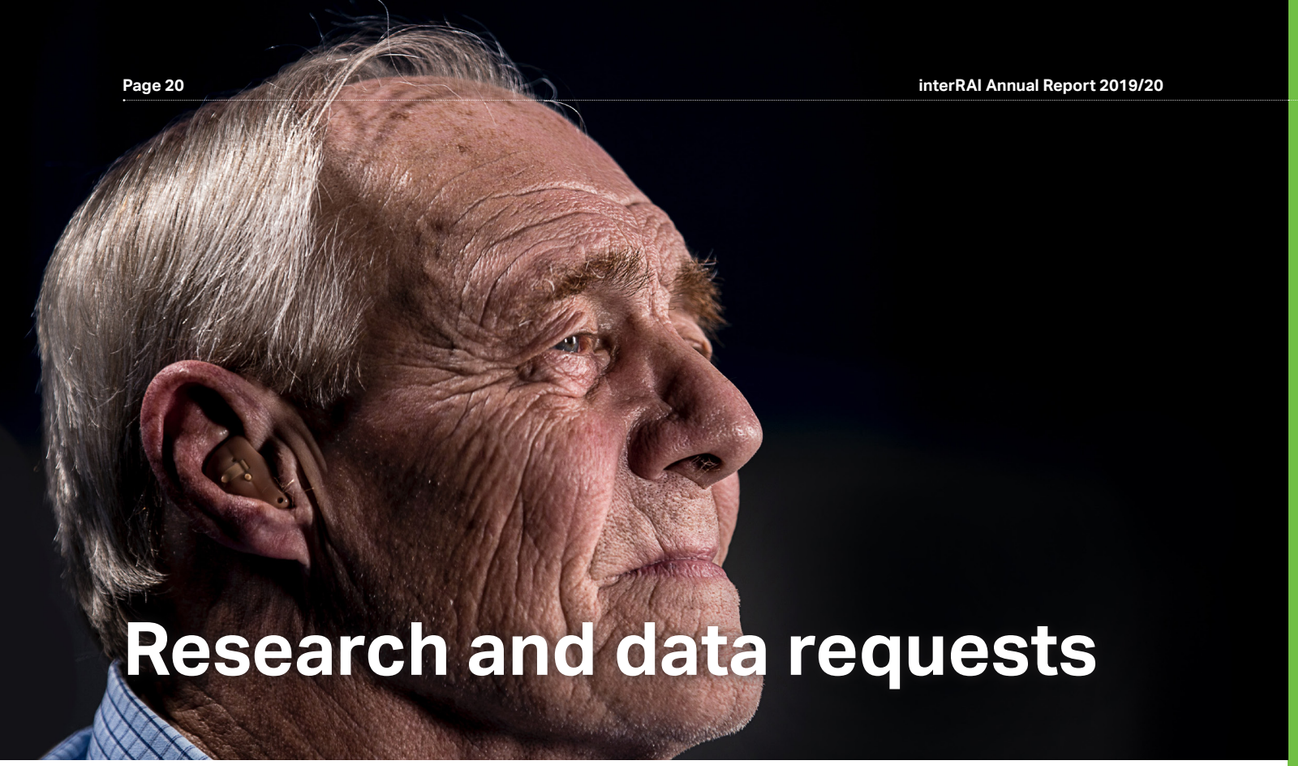
Figure 5: Māori ethnicity, health and wellbeing in 2019/20



interRAI data gives us an insight into the health and wellbeing of Māori who receive interRAI assessments.

Figure 6 shows that in 2019/20, people who identify as Māori are more likely to have diabetes mellitus. Māori are more likely to hold a Community Services Card, allowing cheaper visits to GPs, dentists and other health professionals. Informal carers of older people (e.g. friends and family) may express feelings of anger, distress or depression about their caregiving situation at a similar reported rate across both Māori and non-Māori groupings.

interRAI gives an insight into the health and wellbeing of Māori.



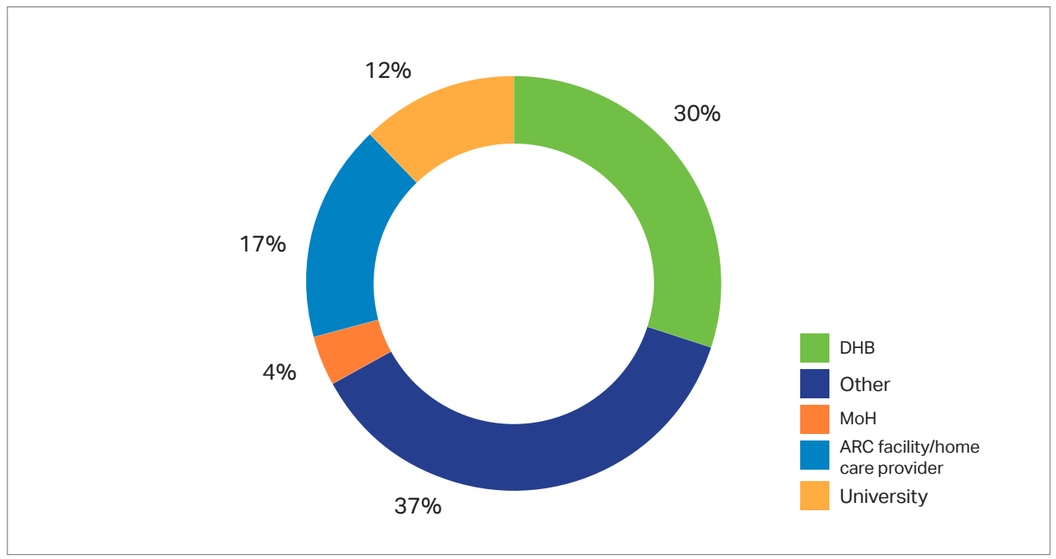
Research and data requests

Interest in interRAI data increasing

interRAI data analysts were asked to respond to an increasing number of requests for interRAI data this year. During 2019/20 we received more than 250 requests for interRAI data, information or support. In addition, visitors to our website viewed the interRAI Data Visualisation Tool 7,273 times.

interRAI data is increasingly used by researchers, health professionals, care providers and the Ministry of Health (MoH) to better understand the health and social needs of older people. Other requests support operational needs.

Figure 6: interRAI data requests by requestor type (%) 2019/20



Examples of research using interRAI data in 2019/20

Abey-Nesbit, R. K. (2020). ***Determining risk of hip fracture in older adults with complex needs in New Zealand: A national population time-to-event study*** (Doctoral dissertation, University of Otago).

Barak, Y., Leitch, S., Greco, P., & Glue, P. (2020). ***Fatigue, sleep and depression: An exploratory interRAI study of older adults.*** Psychiatry Research, 284 (February 2020) article 112772.

Declercq, A., de Stampa, M., Geffen, L., Heckman, G., Hirdes, J., Finne-Soveri, H., Lum, T., Millar, N., Morris, J. N., Onder, G., Szczerbińska, K., Topinkova, E. and van Hout, H. (2020), ***Why, in almost all countries, was residential care for older people so badly affected by COVID-19?***, OSE Working Paper Series, Opinion Paper No. 23, Brussels: European Social Observatory, 13 p.

Beere, P., Keeling, S., & Jamieson, H. (2019). ***Ageing, loneliness, and the geographic distribution of New Zealand's interRAI-HC cohort.*** Social Science & Medicine, 227, 84-92.

Davidson, K. (2020). ***Commentary: Registered Nurses' experiences with, and feelings and attitudes towards, the International Resident Assessment Instrument for Long-Term Care Facilities in New Zealand in 2017.*** Journal of Research in Nursing, 25(2), 156-158.

Lacey, C., Manuel, J., Schluter, P. J., Porter, R. J., Pitama, S., & Jamieson, H. A. (2019). ***Sociodemographic, environmental characteristics and comorbidities of older adults with schizophrenia who access community health service support: A national cross-sectional study.*** Australian & New Zealand Journal of Psychiatry, 53(6), 570-580.

Parr-Brownlie, L. C., Waters, D. L., Neville, S., Neha, T., & Muramatsu, N. (2020). ***Aging in New Zealand: Ka haere ki te ao pakeketanga.*** The Gerontologist, 60(5), 812-820.

Schluter, P. J., Askew, D. A., McKelvey, V. A., Jamieson, H. A., & Lee, M. (2020). ***Oral Health Among Older Adults With Complex Needs Living in the Community and in Aged Residential Care Facilities within New Zealand.*** Journal of the American Medical Directors Association, S1525-8610(20), 30564-8. Advance online publication.

CASE STUDY

Practical applications for the DIVERT Scale

Profiling the use of interRAI data at the Needs Assessment and Coordination Service (NASC), Nelson Marlborough Health

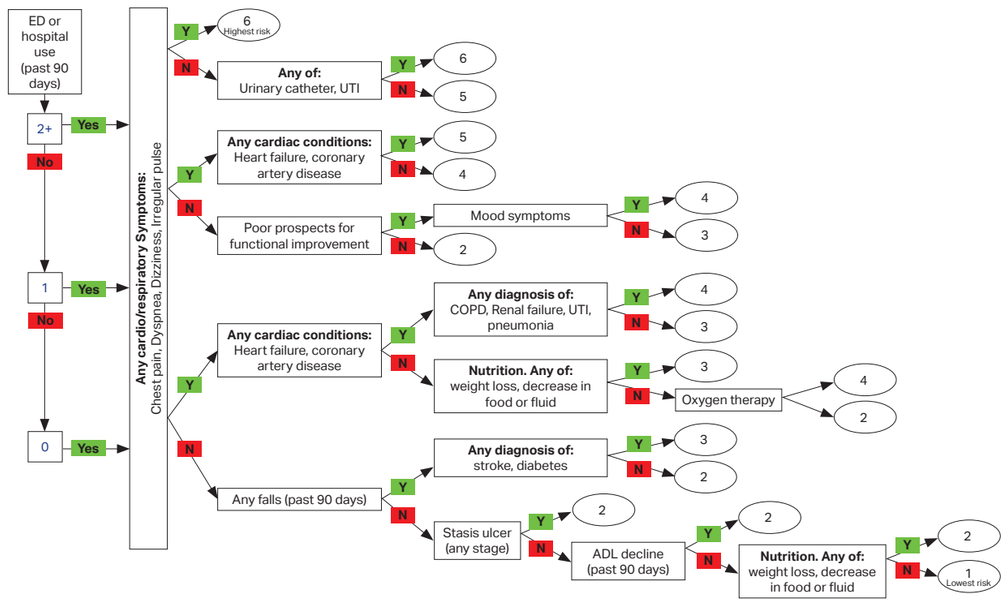
Nelson Marlborough Health (a DHB) has been running a project to investigate how to make best use of the Detection of Indicators and Vulnerabilities for Emergency Room Trips (DIVERT) scale now embedded within interRAI assessments. They have assembled an intensive intervention team to work closely with older people who are scoring high (5, 6) on the DIVERT scale.

Simone Newsham
Service Manager, NASC.
Simone leads this project for Nelson Marlborough Health.

About this DHB

Nelson Marlborough Health serves a population of 150,770 people. The population tends to be significantly older than the national average, suggesting that examining how the DIVERT scale might be used to improve care, is a useful exercise. Nelson Marlborough has a lower proportion of Māori and Pacific people compared to the national average, and a very low proportion of people in the most deprived section of the population.

About the DIVERT scale

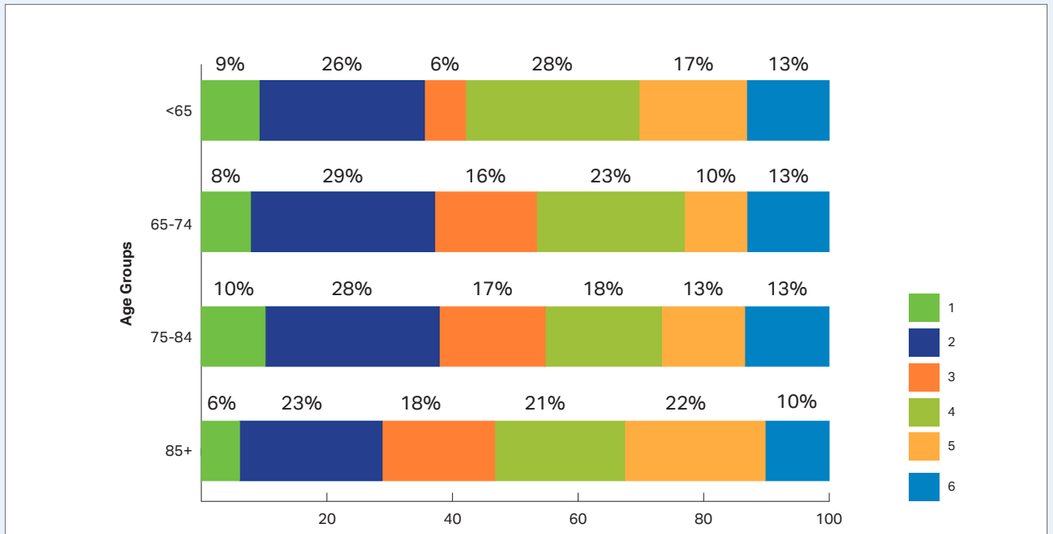


Source: Costa, A.P; Hirdes, J.P.; Bell, C.; Bronskill, S.; Heckman, G; Mitchell, L.; Poss, J.W.; Sinha, S. (2015) The DIVERT Scale: A Method to Identify the Probability of Unplanned Emergency Department Use among Frail Community Dwelling Seniors. Journal of the American Geriatrics Society, 63(4) 763–769.

The DIVERT Scale

The DIVERT Scale is a decision support tool that identifies the likelihood of future unplanned emergency department visits. It assigns one of six risk levels, based on information from the interRAI Home Care assessment. The level assigned is determined using a range of criteria. A person may fall into a given risk category via one of several pathways that represent different combinations of these criteria. The DIVERT scale was added to the interRAI Home Care assessment in 2018.

Figure 7: DIVERT outcome scale for Nelson Marlborough DHB, 2019/20



Progress so far

To date, the Nelson Marlborough Needs Assessment Service Coordination (NASC) team have guided 25 people through the intensive intervention. They intend to conduct a six-monthly review that compares the outcomes of the original clients (those identified by running a report), with those identified using DIVERT and immediately referred to the intensive intervention team. The review will compare rates of emergency department presentation, admission to hospital, advanced care planning and end of life location.

A time-critical intervention

On gaining access to the new, refined information provided by the DIVERT scale, the NASC team decided to run a report to identify people who had scored highest on the scale in recent assessments, with the intention of following up and offering support. They found that this wasn't fast enough – a significant number had deteriorated or died in the short time between an initial interRAI assessment being carried out, and the report being run. The team concluded they needed to design a process to follow up with people with the highest scores immediately on assessment.

The intensive intervention team

A multidisciplinary team was established to immediately respond to the needs of older people in the community, who score 5 or 6 on the DIVERT scale. The core team is composed of a nurse, and an occupational therapist, with the ability to bring in other health professionals such as physiotherapists, social workers, doctors etc., as required. The team has several holistic objectives. It aims to:

- enable proactive intervention to maximise health and wellbeing
- support people to die in the way that they choose
- prevent the need for people to visit the emergency department
- prevent the need for people to be admitted to an acute ward
- make early discharge a possibility for frail and vulnerable older people.

The team will visit the person at risk in their home frequently, in some cases multiple times a day, during the intensive intervention period – six weeks. They also work with home care services providers using the Calderdale Framework which encourages a collaboration and sharing of skills among everyone involved in the person's care. Rehabilitation is a key objective in daily caregiving, critical for this vulnerable population.

interRAI works hard to support and improve health and wellbeing.

CASE STUDY

Using interRAI to inform and validate clinical pathways

Profiling interRAI data at Canterbury District Health Board (CDHB)

interRAI is a vital tool in ensuring older people in Canterbury get the services they need to remain independent in their own homes for as long as possible. In order to monitor the quality of service provision and inform the model of care in the community, the DHB links interRAI data with data from other sources, for example home case support services (HCSS) provider data, and secondary care data.

About the DHB

Canterbury DHB covers the metropolitan area of Christchurch and surrounds. It has a large population of 567,870. It is fairly similar to the national average in terms of age – 10.9% of its population are aged 70+. The population has a lower proportion of Māori and Pacific peoples than the national average.

In 2019/20 in Canterbury DHB there were:

2,810 Contact Assessments completed

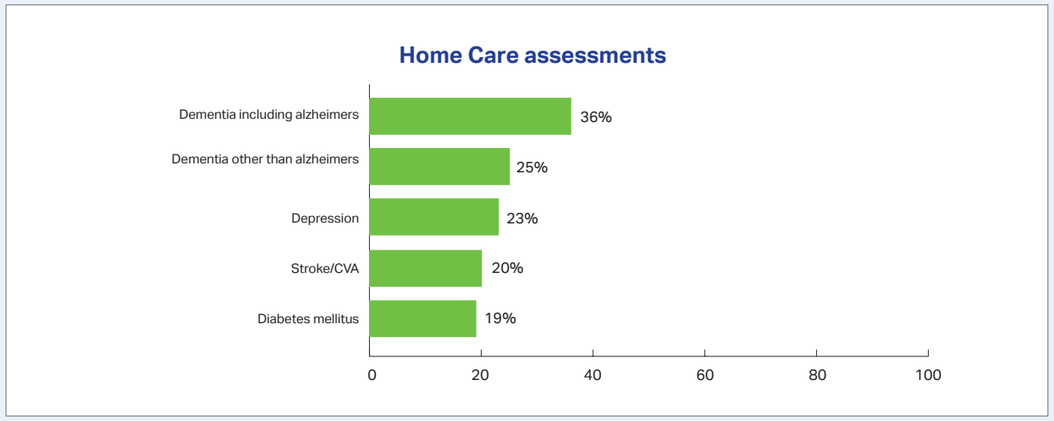
3,092 Home Care Assessments completed

interRAI data used to inform clinical pathways and models of care

Canterbury DHB uses different types of data to build a sophisticated picture of the population to whom they provide services, and also to inform their planning and resource allocation.

HCSS providers work with clients as they begin to access services, to determine their goals and priorities. Following an interRAI assessment, appropriate services and supports can be put in place. The DHB receives interRAI data directly into their data warehouse matching interRAI data with the HCSS provider data gives the DHB a more informed view of service delivery, to look at trends over time.

Figure 8: Most commonly diagnosed diseases in Canterbury DHB, Home Care assessments 2019/20



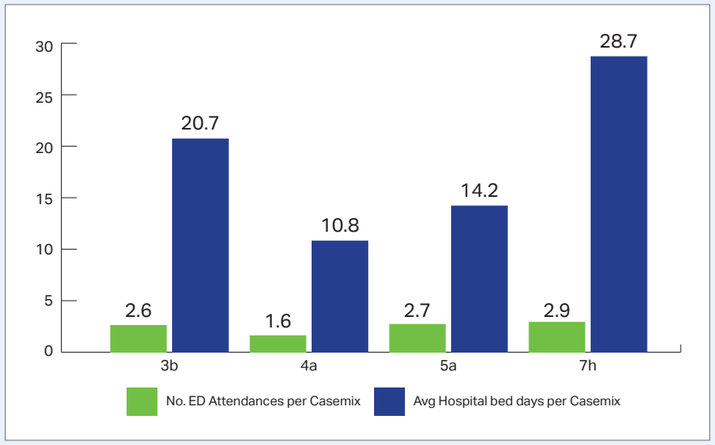
Using data from the interRAI Contact and Home Care Assessments to inform a casemix allows those receiving services to be grouped based on their health condition and functionality. Casemix systems are used for a variety of purposes including hospital and service planning, clinical reviews, monitoring, management and benchmarking.

Person-centred service planning

Building a better picture of the health and wellbeing of older people allows key services to be planned effectively and delivered with a focus on prevention. This can highlight changes for the reach, scope, placement and entry method for existing services.

Real results

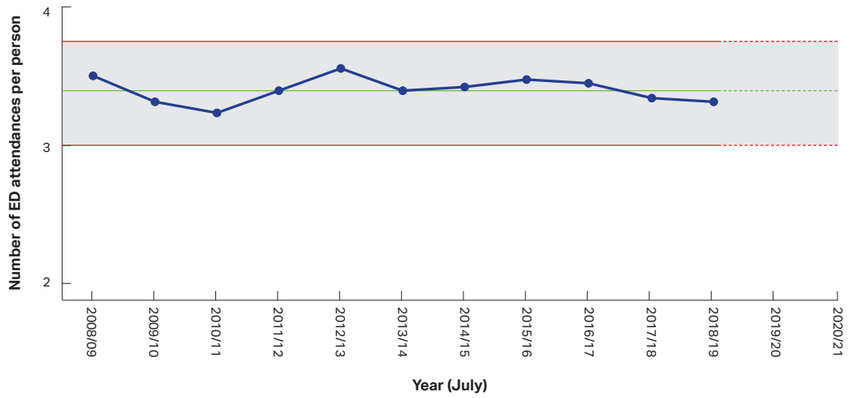
Figure 9: Emergency Department presentations and hospital bed days per casemix, Canterbury DHB



Andrea Davidson
Older Persons Health Portfolio Manager, Project Lead Person-centred Service Planning

The DHB's model of care and innovative use of data is making a difference for older people in the community. By providing appropriate care in accordance with a casemix-defined, person-centred plan informed by interRAI data, CDHB have shown that visits to the emergency department can be reduced for the 65+ population, when compared to the wider 65+ population. This information helps the DHB to validate the model of care provided in the community.

Figure 10: ED attendances per person, Canterbury DHB



We work together for better assessment, better care and better outcomes.

interRAI Services Management Team, TAS

interRAI Services at TAS takes direction from the interRAI New Zealand Board to run the interRAI assessment service, to gather data insights and deliver education and support.

Michele McCreadie
General Manager interRAI Services, TAS

Dr Brigette Meehan
Principal Advisor interRAI Services

Margaret Milne
Manager interRAI Education and Support Services

Terry Huntley
interRAI Software Services Manager

Ministry of Health

The government through the Ministry of Health funds interRAI. The Director-General of Health appoints the interRAI New Zealand Governance Board.

Ministry of Health officials attend interRAI Governance Board meetings to represent the Director-General of Health, and to gain insights into the value that interRAI adds to the goal of improving health outcomes for New Zealanders.

Jim Nicolson
Manager, Healthy Ageing Team, Health System Improvement and Innovation

Dr Phil Wood
Chief Advisor, Healthy Ageing

Julie Palmer
Programme Manager, Healthy Ageing

Andrew Upton
Service Manager, Information and Data Collection, National Digital Services

Glossary

ARC	Aged residential care
Assessor	A clinician who uses interRAI tools to complete interRAI assessments
CA	Contact Assessment – a short interRAI assessment for people living in their own homes
CAPs	Clinical assessment protocols
Competent	An assessor who has completed (or maintained) all training requirements is deemed competent
DIVERT	Detection of Indicators and Vulnerabilities for Emergency Room Trips
DHB	District Health Board
Facility Manager	Manages and aged residential care facility
HC	Home Care – a comprehensive interRAI assessment for people living in their own homes
HCSS	Home and community support services – funded support services to help people live at home
interRAI	Suite of comprehensive clinical assessment instruments developed by an international collaborative to improve the lives of vulnerable people
interRAI Services	A business unit within TAS that runs the interRAI New Zealand work programme
LTCF	Long Term Care Facilities – an interRAI assessment tool used in aged residential care
Momentum	Momentum Healthware Ltd – our interRAI software vendor
NASC	Needs Assessment and Service Coordination – the DHB service that uses interRAI assessments
NASC Manager	Responsible for operational aspects of the NASC, including management of interRAI assessors
PC	Palliative Care – an interRAI assessment for people with a palliative prognosis
SC	Systems Clinician
TAS	Owned by the six Central Region DHBs, TAS supports informed decision making and improved service planning and delivery, through data analysis and health system insights.

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Contact information - interRAI New Zealand

C/- Central Region's Technical Advisory Services Limited (TAS)
PO Box 23 075
Wellington 6140
New Zealand
Phone 0800 10 80 44
Email interRAI New Zealand at interRAI@tas.health.nz with your feedback.

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www.interrai.co.nz

69 Tory Street, Wellington 6011