Annual Report 2021/22

interRAI™
New Zealand

Te Whatu Ora
Health New Zealand

interRAI™
Better Assessment, Better Care, Better Outcomes

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:

1,095,000 completed assessments in the interRAI data warehouse.

71,000* assessments completed in aged residential care facilities in 2020/21.

31,000* Home Care assessments in 2020/21.

5,200* competent assessors.

673* aged residential care facilities.

19 Te Whatu Ora Districts.

6 assessment instruments.

* As at June 2022

- Developed by experts from over 35 countries.

- Delivered by interRAI Services, part of Te Whatu Ora.

- Governed by the interRAI Leadership Advisory Board.

Better assessment, better care, better outcomes

How interRAI works

Throughout Aotearoa New Zealand, health professionals use interRAI assessments to understand and create care plans for the health needs of vulnerable people.

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

- Acute Care assessment

Te Whatu Ora
Health New Zealand

Chair's foreword

I am pleased to present the interRAI annual report for 2021/22. This report provides an overview of the developments for the interRAI Leadership Advisory Board (iLAB) and the interRAI Services business unit at TAS (part of Te Whatu Ora from 1 July 2022).

Firstly, the iLAB wishes to acknowledge the significant disruption due to the pandemic over the past year which has been particularly challenging for the older persons health sector. Thank you to all those who have worked so hard to keep providing assessments, and training interRAI assessors according to the required standards over this time. This has meant there has been continuity of service delivery for people requiring assessment, and the subsequent decisions about what type and level of care and support is appropriate for each person. Achieving this result has required a team approach and determination to always keep the wellbeing of the person at the centre.

Coupled with the pandemic impact, significant work has been done to prepare for the 1 July 2022 transition of the interRAI team to Te Whatu Ora – Health New Zealand. The extensive ground work the team has done to be change-ready has meant the transition has been smooth and no known risk issues have arisen.

In addition to providing a picture of interRAI activity over the year through the infographic on the inside front cover, there are two key themes for this annual report. Firstly, is a summary of progress on implementing the recommendations from the 2020 interRAI Service Design Review, and the second is looking at how interRAI data is being used for research.

The 2020 service design review recommendations were grouped into three horizons and there has been significant progress over the year on the horizon goals. This has included the establishment of the smaller iLAB skills-based board and the development of the interRAI ecosystem with virtual iLAB engagement hui occurring regularly with the interRAI network, the NZACA Nursing Leadership Group, the NASCA group, and the interRAI research network.

Work is also progressing on the Culturally Appropriate Assessment Model (CAAM) project with an extensive discovery phase having been completed in the first half of 2022. This process has involved working with iwi and kaupapa Māori service providers in six regions across the country and is now moving into the co-design phase. Findings at the end of the discovery phase are providing a rich understanding of how a Te Ao Māori approach can be integrated into interRAI assessments with an emphasis on building a relationship with each person and their whānau.

This report also has a research theme with an introduction to the Research Network and to four members of the network who provide examples of the research occuring using the rich body of evidence that exists in the interRAI data repository.

Lastly, I wish to acknowledge and thank my colleagues on the interRAI Leadership Advisory Board and the interRAI services team for their commitment to the advancement of interRAI in Aotearoa, and for their deep understanding of the contribution interRAI assessment tools make for individuals and their whānau. We are looking forward to another busy year as we progress the implementation of the service design report recommendations and seek to support the new health and disability sectors as they progress their transformational change programmes.

Catherine Cooney
Chair – interRAI
Leadership Advisory
Board

Contents

interRAI is Aotearoa New Zealand's primary assessment for vulnerable people in the community and in aged residential care.
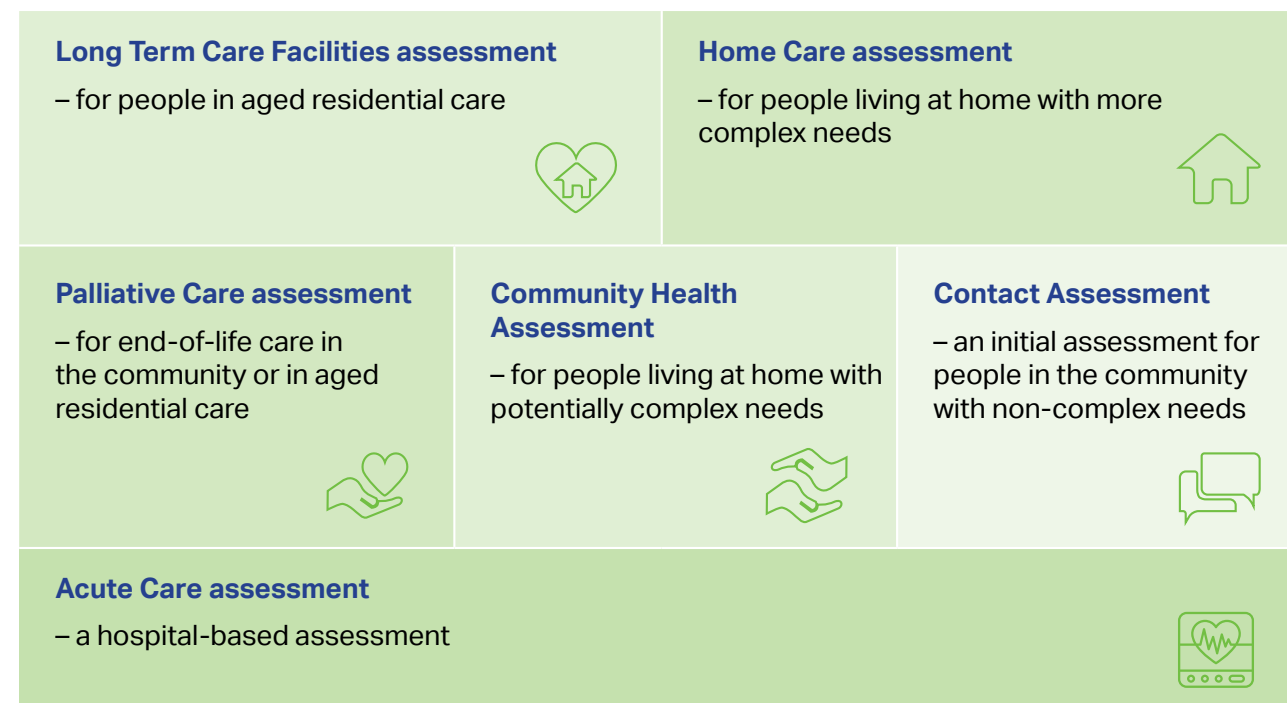
interRAI in New Zealand

The primary purpose of an interRAI assessment is to accurately determine the characteristics of a person in order to understand their clinical and social needs. It's also a conversation about health and wellbeing.

interRAI assessment is an opportunity for a person to talk through their situation in detail with a skilled clinician. The clinician uses the information from this conversation to support clinical decision making. The information is also used to prepare a care plan.

interRAI is New Zealand's assessment for vulnerable people living in the community and in aged residential care. More recently interRAI has been introduced as a hospital-based assessment in partnership with ACC.

The term interRAI refers to both the international organisation responsible for developing comprehensive clinical assessment systems, and the suite of assessments available. The six interRAI assessment types being 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 the community or in aged residential care

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

Contact Assessment
– an initial assessment for people in the community with non-complex needs

Acute Care assessment
– a hospital-based assessment

We recognise the unique social and cultural context of Aotearoa New Zealand, and the way we approach interRAI health and wellbeing conversations reflects this.

The practice of interRAI assessors is informed by the Meihana Model (Pitama, Huria & Lacey, 2014), Te Whare Tapa Wha (Durie, 1985), and cultural safety guidance provided by professional bodies, such as the New Zealand Nursing Council's Guidelines for Cultural Safety, Te Tiriti o Waitangi and Māori Health (Nursing Council of New Zealand, 2011).

Our role and relationships*
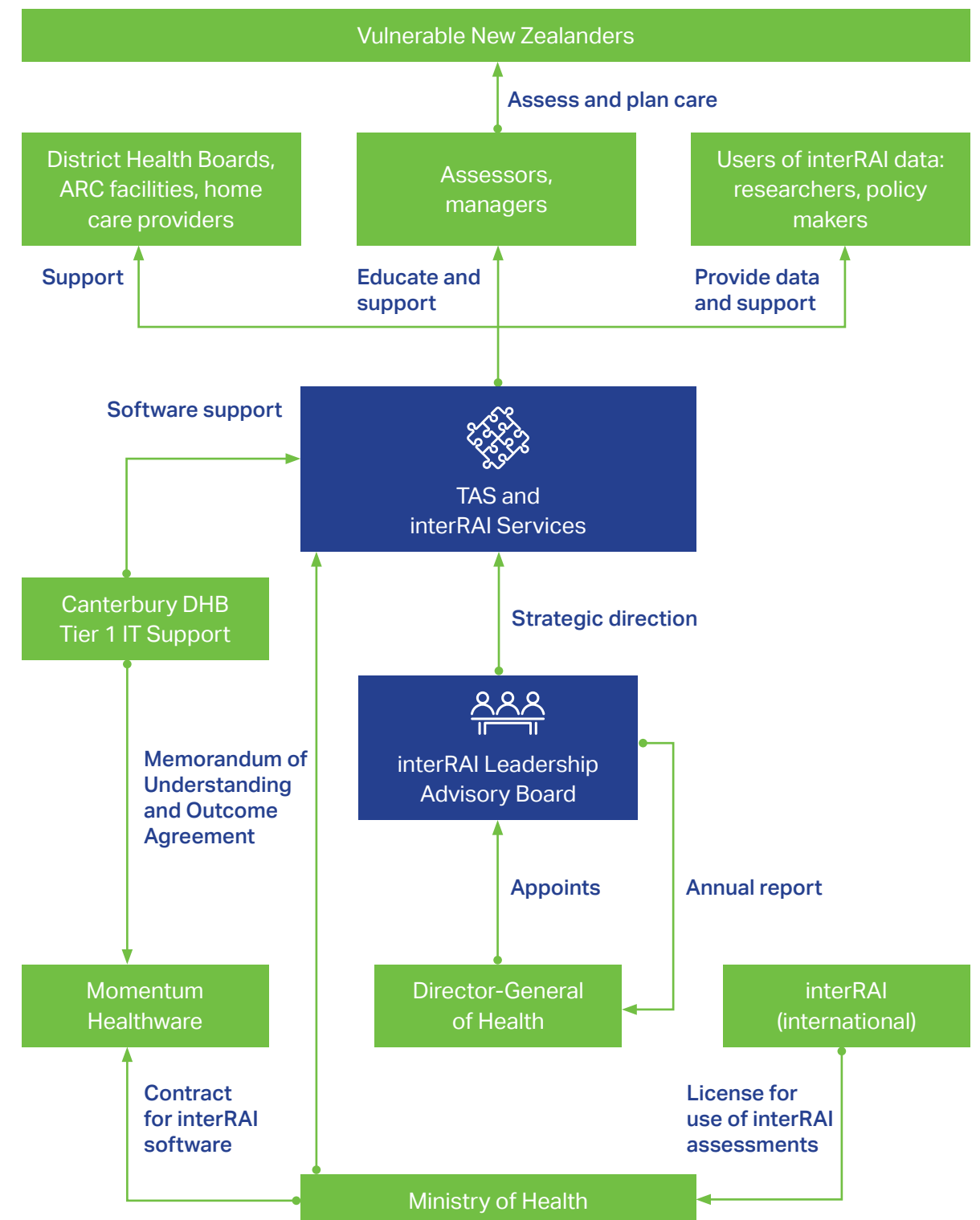
* As at June 2022, before the creation of Te Whatu Ora and disestablishment of District Health Boards.

The power of interRAI

interRAI assessors in New Zealand completed 13,994 Contact Assessments, 31,367 Home Care Assessments, 71,012 Long Term Care Facilities assessments, 1330 Palliative Care assessments, 777 Acute Care assessments and 459 Acute Care Discharge assessments in 2021/22.

interRAI offers a comprehensive data set because:

Every resident in aged residential care and every person receiving publicly-funded home-based support services **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**

TAS data and analysis staff **conduct quarterly reviews** of data quality, and **report annually on their findings**

After comprehensive training is complete, **interRAI Services staff monitor and support assessor competency** with annual evaluations and quality reviews of completed assessments.

New Zealand's interRAI data is now well known as a vital data resource for academic research. An overview of anonymised data is made publicly available on interRAI.co.nz, using our interactive data visualisation. The visualisation allows users a customised view of interRAI data according to their needs. Users may filter data nationally, regionally, by assessment type and by selected demographic types. 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 Districts, aged residential care facilities, and home care providers. These reports, including benchmarking and quality indicators, form the basis for service improvements across the sector.

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

interRAI Team Days 2022

interRAI Educators are the people who train hundreds of interRAI assessors each year.

Our governance ecosystem

Following the interRAI service design process undertaken in 2020, the interRAI governance ecosystem was established in 2021 to replace the previous interRAI New Zealand Governance Board.

The ecosystem approach seeks to engage more directly with the wide range of organisations involved in interRAI. The ecosystem comprises the interRAI Leadership Advisory Board (iLAB) and the interRAI network. These groups collaborate to ensure interRAI services continue to meet the needs of our stakeholders – interRAI consumers, their whānau, assessors, health professionals, providers and researchers.

The iLAB oversees the implementation of the service design recommendations, changes arising from the health sector reforms and the use of interRAI assessment tools and associated data in Aotearoa New Zealand. The iLAB engages with the interRAI network and provides strategic advice to Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority.

The interRAI Network is made up of key stakeholder groups, subject matter experts and consumer representatives. These include the Nursing Leadership Group for Older Persons, Kaupapa Māori health service providers, consumer representatives, Tumu Whakarae National Māori Strategic Reference Group, the ARC Steering Group and the interRAI Research Network.

The iLAB terms of reference (TOR) confirms that the iLAB will adopt a strategic focus on:

Service performance and demand
Clinical excellence
Technology and data governance
Responsiveness to Māori

interRAI Leadership Advisory Board

Cathy Cooney (Chair)
Director of Kowhai Health Associates Ltd

Dr Nigel Millar
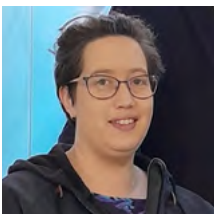interRAI Fellow

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

Professor Ngaire Kerse
Joyce Cook Chair in Ageing Well, University of Auckland

Kahli Elvin (Ngāti Ranginui)
Data and Performance Analyst

Dr Eamon Merrick
Senior Lecturer Nursing, Auckland University of Technology

Note: there is a vacancy for an additional member as at 30 June 2022.

2021/22 year in review

In 2019, the Ministry of Health and TAS jointly commissioned an independent review of interRAI Services, to identify and evaluate future opportunities. The Report was published in December 2020.

The report's recommendations are arranged into three key areas of focus, or horizons, incorporating ten specific recommendations across the horizons.

Three recommendations, 1, 2, and 7a, have been chosen as high priority.

interRAI Services' work in the last 12 months has been focused on addressing the recommendations made in the Service Design Report and action towards completing the three priority recommendations is well underway.

	Horizon 1: Mature Commercial Model	Horizon 2: Optimise Current Assessment Model	Horizon 3: Extend Assessment Capabilities
Commercial Construct	**1** Mature Service Management & Commercial Construct		**7** Review Commercial Model
Outcomes & Benefits			
Governance, Roles & Responsibilities	**2** Revise Governance & Decision Making		
Delivery & Commercials			
Efficiency & Effectiveness – Assessment	**7ᵃ** Build Culturally Appropriate Assessment Model	**3** Improve Consumer Access to Assessment	
		4 Improve Education & Support	**7ᵇ** Build National Assessment Platform
Efficiency & Effectiveness – Data & Insights		**5** Improve Data Service Confidence & Maturity	**8** Extend Data Services
Technology Solutions		**6** Address Key Technology Impediments	**9** Optimise Technology Support

Horizon 1: Mature commercial model

Revise governance and decision-making

Work to address this recommendation is now complete. In consultation with the Ministry of Health, a new governance ecosystem was created in 2021. It comprises the interRAI Leadership Advisory Board (iLAB) and the interRAI Network. The iLAB met for the first time on 16 June 2021. For more information on our governance ecosystem, please see our Governance section on page 8.

Build culturally appropriate assessment model

Work on addressing the third priority recommendation under Horizon 1, build a culturally appropriate assessment model, is in progress. interRAI Services has partnered with Manatū Hauora – Ministry of Health, and consulting agency Francis Health, to develop a culturally appropriate assessment model for interRAI in New Zealand. The development process will use a co-design approach.

The project is well underway with initial information gathered from stakeholders via a workforce survey. In-person and online hui are currently taking place to seek more detailed input from providers, assessors, and most importantly, kuia and kaumātua.

Horizon 2: Optimise current assessment model

Improve consumer access to assessment

This year we have expanded the reach of the interRAI Palliative Care assessment. Previously only available in community settings, the Palliative Care assessment may now also be completed by appropriately trained assessors in aged residential care. The Palliative Care assessment is available for those who have received a palliative diagnosis with a prognosis meeting specific criteria. It focuses on end-of-life care, comfort and safety, and encourages clinical decision making that considers the diverse needs of people who are preparing for the end of their life.

In addition to interRAI assessments being available for palliative care, interRAI is now increasingly available to support clinical decision making in hospitals. The interRAI Acute Care assessment is a brief assessment for use in inpatient settings and is currently used in five Districts (previously DHBs) around the country. interRAI Services has partnered with ACC to deliver this assessment to Districts, where it is being used with patients on ACC's Non-Acute Rehabilitation (NAR) pathway. More districts are preparing to move to this assessment, and it is expected that the assessment will soon be used in hospitals across New Zealand to comply with the ACC commitment to replacing existing assessment measures with the interRAI Acute Care for NAR pathway clients.

Plan, develop and introduce new assessment tools

Two new assessments, the Check-up Self-Assessment and the Community Mental Health Assessment, are being evaluated for use in New Zealand.

The Check-Up Self-Assessment takes the conversation about health and wellbeing into communities, especially in remote areas with less access to Needs Assessment Coordination Services (NASCs). This brief assessment can be facilitated by non-clinical community workers, with any areas of concern flagged for NASC follow up. It is hoped that the Check-up Self-Assessment will help bridge the equity gap for Māori, Pacific peoples and people in rural communities and ensure vulnerable people are connected to their District NASC early, instead of at the point of crisis.

Community project teams aim to have their next phase of evaluation complete for the Check-Up Self-Assessment by late 2022.

The Community Mental Health Assessment complements the Home Care Assessment and is suitable for people in the community with a broad range of mental and physical health needs. The initial training course for the Community Mental Health Assessment is planned for October 2022.

Improve education and support

A new technology solution, interRAI Learning & Development, has replaced several existing systems to streamline internal processes, and enhance the online learning experience for people completing training or sitting exams. The system is being continuously improved to provide extra features and functionality for our users, both staff and assessors.

interRAI educators deliver high quality training to hundreds of assessors. To support our staff with their competency development, and improve our service, we are facilitating the completion of adult learning qualifications for our educators.

Finally, this year interRAI Services strengthened its support for interRAI Accredited Educators, by introducing a standards body function to facilitate the wider uptake of assessments. interRAI accredited educators are employed by other organisations but trained by us. They deliver interRAI training to assessors and we in turn monitor the quality of the assessments delivered. Read more about the Accredited Educator model, the standards body function, and how we monitor assessment quality, on page 24.

Improve data service confidence and maturity

Recognising the value of interRAI data to support decision making in the health sector, interRAI Services is constantly improving and expanding the services we provide to researchers, policy makers and aged residential care facilities.

interRAI data is highly valued in academic research, and our links with communities of researchers are constantly being strengthened. This year, an interRAI Research Network has been formed to foster collaboration amongst researchers using interRAI data. You can read more about the Network on pages 20-22.

Our data reporting capability has been enhanced this year with Districts receiving more detailed data reports to help them explore outcomes and trends for their communities. Reports now make greater use of data visualisation to help make this information accessible.

Reporting on interRAI data quality has also been refined to give greater confidence to everyone who accesses interRAI data. You can read more about data quality reporting on pages 24-25.

Address key technology impediments

Work is underway to address the key technology issues identified in the review. In particular, a project to move delivery of the interRAI software platform, Momentum, to a Platform as a Service (PaaS) model will be completed by early 2023. This change will bring a number of benefits to interRAI Services, including readiness to work with Hira, (the forthcoming National Health Information Platform), improved security and an enhanced user experience.

Horizon 3: Extend assessment capabilities

A number of initiatives are being explored to extend interRAI assessment capabilities in the future.

For example, interRAI data services staff are examining options for trusted and frequent data users to access data using an accelerated, streamlined process.

Additionally, the move to PaaS (Platform as a Service) will allow for interRAI software and data to be used in new ways to provide a solid foundation from which to explore new opportunities for interoperability.

Jeremiah Eco, interRAI Educator

This year interRAI Services strengthened its support for interRAI Accredited Educators, by introducing a standards body function to facilitate the wider uptake of assessments.

interRAI assessments in 2021/22

In 2021/22, there were fewer interRAI assessments completed than in 2020-21.

This could be because of the impact of COVID-19, and the pressure the pandemic has placed on all parts of the health system in New Zealand. At the same time, the sector has grappled with workforce staffing challenges. It is likely that both factors together have limited the ability of assessors working in all settings, to complete interRAI assessments according to the prescribed schedule and frequency.

As in previous years there are significantly more females represented for all ethnicities and all types of assessment. There is a significant difference in representation of ethnic groups for those receiving all types of assessments, this is discussed further on pages16-17.

Please note, all charts and graphs in this section refer to numbers of assessments completed, rather than numbers of people assessed.

Table 1: Characteristics of older people based on interRAI assessments 2021/22

Gender	Ethnicity	Contact Assessment	Home Care	Long Term Care Facilities	Palliative Care
Female	Māori	3.74%	4.61%	2.87%	3.83%
	Other	56.78%	48.04%	58.05%	42.03%
	Asian	2.91%	2.87%	2.38%	1.28%
	Pacific peoples	1.21%	2.37%	1.28%	0.83%
Total		**64.65%**	**57.90%**	**64.52%**	**47.97%**
Male	Māori	2.0%	3.43%	2.07%	3.46%
	Other	31.02%	35.03%	30.97%	45.94%
	Asian	1.62%	1.40%	1.40%	1.35%
	Pacific peoples	0.66%	1.66%	1.03%	1.28%
Total		**35.35%**	**42.10%**	**35.48%**	**52.03%**

Figure 1: Number of assessments by year
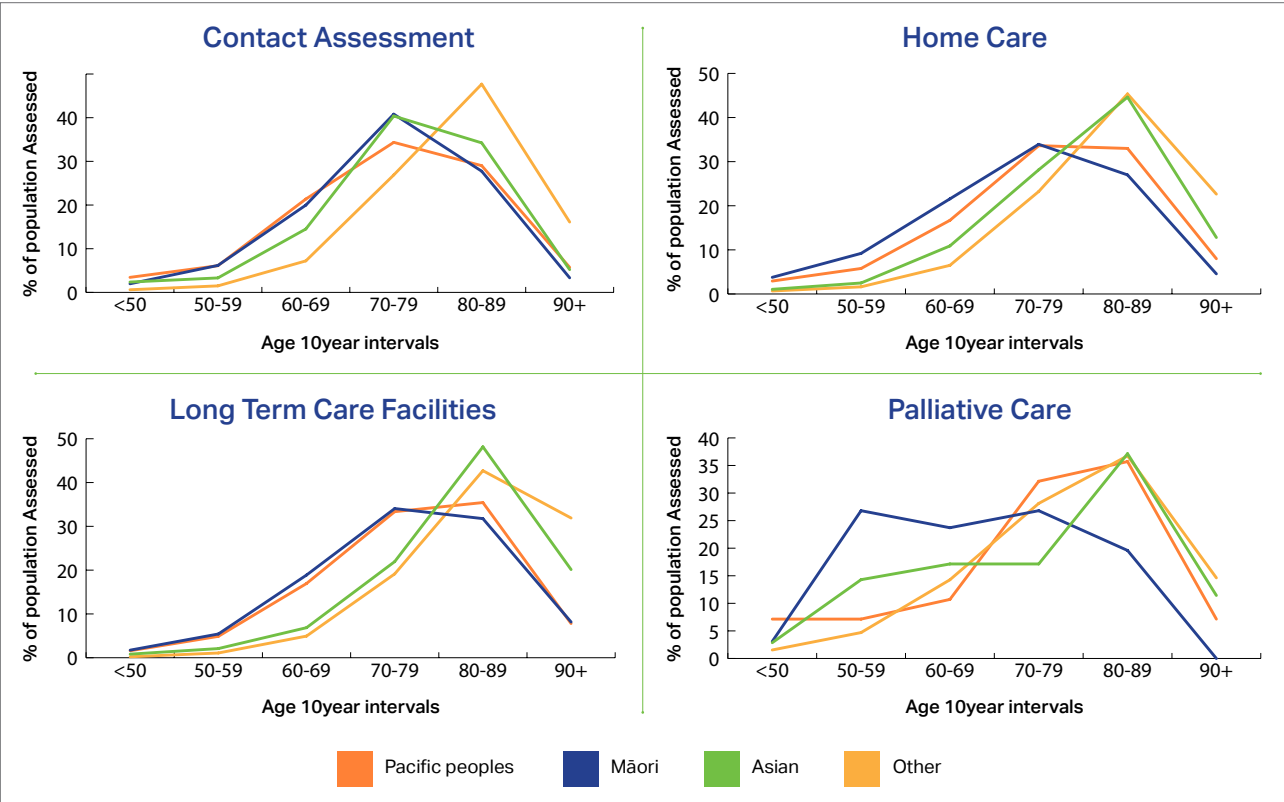

Contact Assessment

Long Term Care Facilities

Home Care

Palliative Care

Who gets assessed? Exploring ethnicity data

Figure 2: Assessments completed by ethnicity and age, 2021/22


These graphs are a comparative representation of ages by ethnicity for those assessed in each assessment type, shown by their age at assessment.

For example, in the Home Care assessment in ethnicity 'Other', 1% of those assessed were under 50 years of age, 2% were in the 50-59 age range, 6% between 60 and 69, 23% in the 70-79 age group, 45% were between the ages of 80-89 and 23% were over 90 years of age.

In 2021/22, the trend of Māori and Pacific peoples being assessed at an earlier age has continued. There is no major change in the median ages of those assessed for all population groups.

Palliative Care assessments are proportionally higher for Māori and Pacific peoples. They are also completed at an earlier age than for the other ethnic groups, consistent with their overall lower life expectancy.

Figure 3: Median age of people assessed, by ethnicity 2020/21
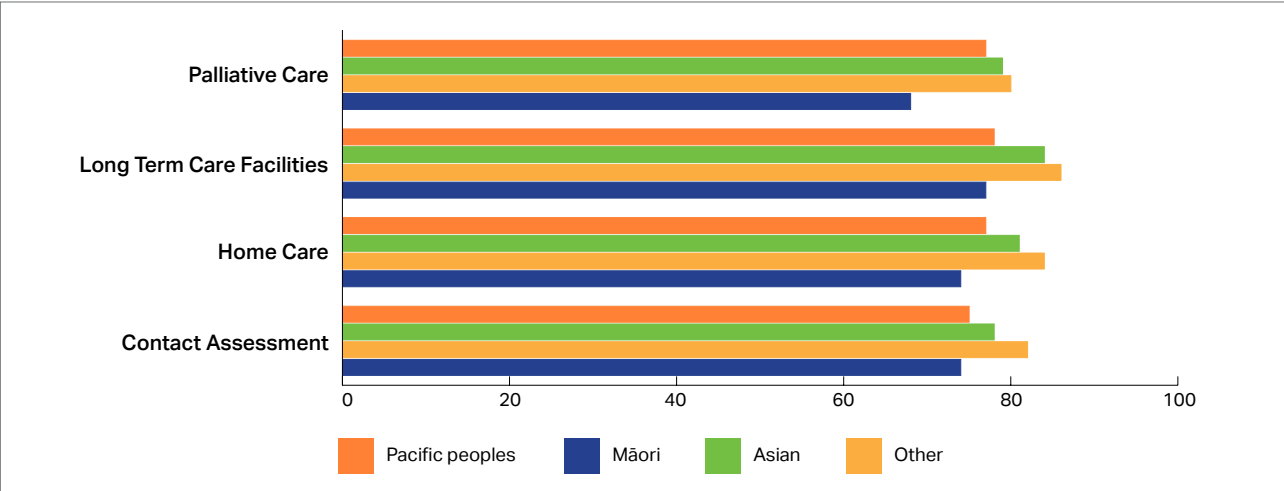
While there is a sharp decline for all ethnicities for the Long Term Care Facilities assessment type in the 80-89 years of age cohort, Māori and Pacific peoples are frequently assessed at an earlier age. For Contact Assessments Asian people have a similar age trend as Māori and Pacific peoples, but this trend does not continue in other assessments where Asian people have a similar age trend to non-Māori, non-Pacific Populations.

Figure 4: ethnicity breakdown for interRAI assessments by type (%) 2021/22
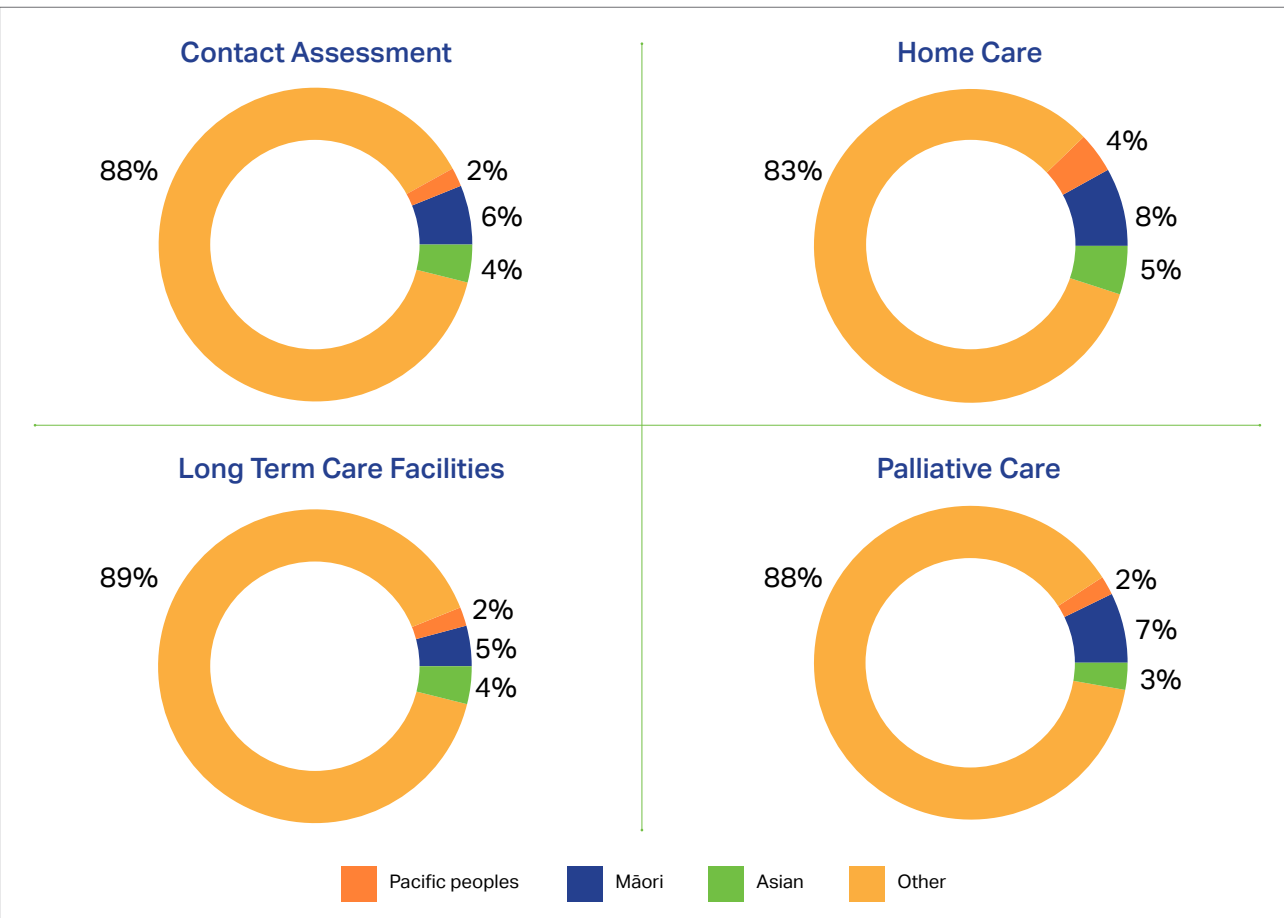
The majority of people who receive interRAI assessments are non-Māori, non-Pacific and non-Asian. That is, they are mostly European with smaller proportions of people from Middle Eastern, African and South American backgrounds.

The extended circle shows the percentage of Māori and Pacific peoples who have received each type of interRAI assessment.

interRAI helps provide insights to understand the health needs of older people, everywhere.

Research and data requests

Interest in interRAI data continues to grow

interRAI's rich dataset provides powerful insights to help support the work of policy makers, researchers, and the aged care sector.

In the 2021/22 year, there has been a proportional increase in data requests from both aged residential care and home care providers. New Zealand's large aged residential care providers recognise the value of comparative analysis of interRAI data at a provider level and have established the Aged Residential Care Benchmarking Group. Assisted by interRAI staff, the group meets quarterly to share their organisational data to track variation and inform service design and improvement. The work of this group is likely contributing to expanded interest in interRAI data overall.

There have been proportionately fewer data requests this year from Te Whatu Ora Districts (previously DHBs). This is likely affected by the health system reforms, the disestablishment of District Health Boards and the creation of Te Whatu Ora and Te Aka Whai Ora in their place. It is thought that continuing COVID-19 pressures on the sector as a whole may also have contributed.

Figure 5: interRAI data requests by requestor type (%) 2021/22

- 32% Te Whatu Ora
- 15% University
- 24% ARC facility/home care provider
- 7% MoH
- 22% Other
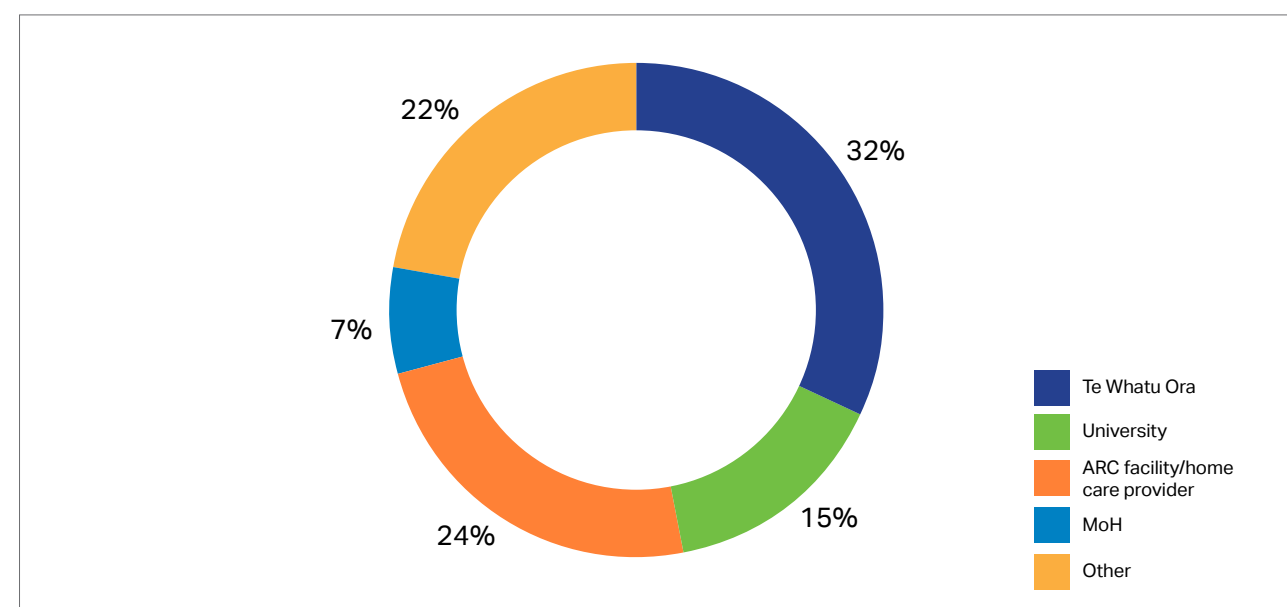
Examples of research using interRAI data in 2021/22

Amankwaa, I., Nelson, K., Rook, H., & Hales, C. (2022). Association between body mass index, multi-morbidity and activities of daily living among New Zealand nursing home older adults: a retrospective analysis of nationwide InterRAI data. BMC geriatrics, 22(1), 1-10.

Hall, Y., Smith, J., Turner, R. M., Greco, P., Hau, K., & Barak, Y. (2022). Creating opportunities to improve detection of older adult abuse: a national interRAI study. BMC geriatrics, 22(1), 1-7.

Brownie, Sharon and Andersen, Patrea and Chalmers, Linda and Broman, Patrick (2022) A COVID-19 Rapid Response: Evaluating an interRAI telehealth placement for final year nursing students. Hamilton, New Zealand, January 2022.

Research published by members of interRAI Research Network

Abey-Nesbit, R., Van Doren, S., Ahn, S., Iheme, L., Peel, N. M., Declercq, A., ... & Jamieson, H. A. (2021). Factors associated with caregiver distress among home care clients in New Zealand: Evidence based on data from interRAI Home Care assessment. Australasian Journal on Ageing.

Bloomfield, K., Wu, Z., Tatton, A., Calvert, C., Peel, N., Hubbard, R., ... & Connolly, M. J. (2021). An interRAI-derived frailty index is associated with prior hospitalisations in older adults residing in retirement villages. Australasian Journal on Ageing, 40(1), 66-71.

Cheung, G., Bala, S., Lyndon, M., Ma'u, E., Rivera Rodriguez, C., Waters, D. L., ... & Walker, X. (2021). Impact of the first wave of COVID-19 on the health and psychosocial well-being of Māori, Pacific peoples and New Zealand Europeans living in aged residential care. Australasian Journal on Ageing.

Gee, S., Croucher, M., & Cheung, G. (2021). Performance of the Cognitive Performance Scale of the Resident Assessment Instrument (interRAI) for Detecting Dementia amongst Older Adults in the Community. International Journal of Environmental Research and Public Health, 18(13), 6708.

Hikaka, J., Wu, Z., Bloomfield, K., Connolly, M. J., Michal, B., & Bramley, D. (2022). Referral for publicly funded aged care services in Indigenous populations: An exploratory cohort study of ethnic variation in Aotearoa New Zealand. Australasian Journal on Ageing.

Robinson, J., Frey, R., Boyd, M., McLeod, H., Meehan, B., & Gott, M. (2021). InterRAI assessments: opportunities to recognise need for and implementation of palliative care interventions in the last year of life?. Australasian Journal on Ageing, 40(1), e22-e28.

Schluter, P. J., Askew, D. A., McKelvey, V. A., Jamieson, H. A., & Lee, M. (2021). 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, 22(6), 1177-1183.

Abey-Nesbit, R., Schluter, P. J., Wilkinson, T. J., Thwaites, J. H., Berry, S. D., Allore, H., & Jamieson, H. A. (2021). Risk factors for injuries in New Zealand older adults with complex needs: a national population retrospective study. BMC geriatrics, 21(1), 1-12.

Cullum, S., Varghese, C., Yates, S., Kalauta, L., Appleton, J., Knell, R., ... & Cheung, G. (2021). Predictors of Aged Residential Care Placement in Patients Newly Diagnosed with Dementia at a New Zealand Memory Service. Journal of Long-Term Care.

Bergler, U., Ailabouni, N. J., Pickering, J. W., Hilmer, S. N., Mangin, D., Nishtala, P. S., & Jamieson, H. (2021). Deprescribing to reduce polypharmacy: study protocol for a randomised controlled trial assessing deprescribing of anticholinergic and sedative drugs in a cohort of frail older people living in the community. Trials, 22(1), 1-12.

UP CLOSE

The interRAI Research Network

The interRAI suite of assessment tools are designed by an international consortium of academics and clinicians, and interRAI's rich and comprehensive dataset makes it an invaluable resource for research of many different kinds, both locally and internationally.

With research interest in interRAI data ever-growing, a motivated group of academics, clinicians and interRAI staff have formed the interRAI Research Network. A place to incubate and nurture new ideas, to allow members to hear presentations on other people's research, to team up, and to alert others to funding opportunities. All of this links to a central idea – to conduct research to improve the life, health and wellbeing of older people in New Zealand.

Meet some of the members

Dr Gary Cheung, Chair

Gary is an academic old age psychiatrist at the University of Auckland. He was the 2021 recipient of the Alzheimers New Zealand Fellowship and was also made an interRAI Associate Fellow in 2021. His broad area of research interest is improving health outcomes and quality of life for older adults. Using interRAI data, Gary has completed (among many other topics) research on the impact of COVID-19 on vulnerable older adults; caregiving burnout; and self-harm, death wishes and suicidality in older people.

Gary's recent work using interRAI data

Gary's team at the University of Auckland has recently published 3 studies using the Integrative Data Infrastructure (IDI) to estimate dementia prevalence and anti-dementia medication use in Aotearoa's main ethnic groups. The interRAI dataset contributes to the greatest number of people with a diagnosis of dementia in this study. Gary has just finished a study working with Dr Eamon Merrick (Auckland University of Technology) and Dr Ruth Teh (University of Auckland) through the interRAI Research Network. This study is a collaboration with interRAI researchers in Canada in developing a statistical model to predict cognitive decline in Aotearoa's interRAI Home Care Assessment population. In terms of upcoming research, he is planning to further study the impact of the COVID-19 Delta-Omicron wave on the health and psychosocial wellbeing in older adults living in aged residential care.

> " The interRAI Research Network has given researchers in Aotearoa an opportunity to share their interRAI research and learn from each other. Our goal is to advocate the use of routinely collected interRAI data to improve our knowledge of the health of older adults in Aotearoa. The Network created a research community where interRAI researchers can support each other in achieving their research outcomes. It is a collaborative environment. "

Professor Ngaire Kerse, MNZM

Ngaire is a GP, President of the New Zealand Association of Gerontology (NZAG), Joyce Cook Chair in Ageing Well and a Professor of General Practice and Primary Health Care at the University of Auckland. She is also an iLAB member. She has been active in ageing research for over twenty years and is recognised as an international expert in falls prevention, bi-cultural ageing and primary health care. Ngaire has been co-principal investigator of Te Puawaitanga o Ngā Tapuwae Kia Ora Tonu, Life and Living in Advanced Age: a Cohort Study in New Zealand (LiLACs NZ), since 2010, as well as leading other teams researching falls in older people, and robot technology for use in dementia patients.

Ngaire's recent work using interRAI data

Ngaire has recently used interRAI data to profile aged residential care residents enrolled in a study testing physio led exercise for falls prevention. The interRAI data provided function and health conditions data for the trial participants and is also used to track change as a result of the exercise. Ngaire is also working with fellow Research Network members, Rebecca Abey-Nesbit (University of Otago) and Ruth Teh (University of Auckland) using interRAI data to describe multimorbidity in older people assessed with the home care assessment. The multimorbidity study will lead to new strategies to improve outcomes for older people.

> " The research network is a very welcome addition to the range of ageing research emerging using interRAI data. The network is led by a very innovative researcher [Dr Gary Cheung] who is very good at growing researchers and research, is easy to work with and understands the interRAI data well. I am looking forward to seeing the interRAI data developed to better support clinical practice and innovation in aged care. "

Dr Joanna Hikaka (Ngāruahine)

Joanna is a pharmacist and health researcher. She holds research positions at The University of Auckland and Ngā Kaitiaki o Te Puna Rongoā o Aotearoa (The Māori Pharmacists' Association). Joanna's research focuses on equitable access to health services for Māori and considers how we can develop pro-equity, anti-racist health services. At present, Joanna is based at Brown University in Providence, Rhode Island as a Fulbright Visiting Student Researcher.

Joanna's recent work using interRAI data

Joanna is currently working at Brown University, USA, with some of those originally involved in the work that led to interRAI and the use of minimal data sets in aged residential care quality improvement. Being in the US, and seeing the difficulties involved with studying data from multiple health systems, highlights the value of New Zealand's nationally collected data that can be linked to the IDI. The research network has a role in making sure we make the most of this advantage.

> " The interRAI research network is valuable as it provides a mechanism for us to think nationally about how we can better use routinely collected data to improve care provided to older adults. The members of the network are diverse bringing together a vast array of knowledge from clinical care to incorporation of consumer experience into service design, through to expertise in quantitative data analysis. It's exciting to hear the ideas generated in this group, work with a team that all care about the rights of older people to high quality care, and to be starting to collaborate to make a difference. "

Dr Amy Chan

Amy is a senior clinical research fellow at the School of Pharmacy, University of Auckland. She also holds an honorary post at the Centre of Behavioural Medicine, University College London. She is a clinical pharmacist academic and is currently in a joint appointment between the University and Te Whatu Ora.

Amy has nearly 15 years' experience in the public health service, where she led the clinical pharmacy service in mental health and was involved in health delivery research. Since then, Amy has led on several research projects in the area of digital health, behavioural medicine and data science – specifically on understanding patterns of health data and behaviour in individuals, the factors which influence these observed patterns and how it relates to health outcomes and using data to inform intervention development. Using interRAI data, Amy has contributed to research on the impact of COVID-19 on people living in aged residential care and has explored the patterns of anti-dementia medication use in Aotearoa New Zealand.

Amy's recent work using interRAI data

Amy is currently working with other members of the interRAI network to continue to explore the impact of COVID-19 on older people's health and wellbeing, and has recently published work on the patterns of use of anti-dementia medication in New Zealand. The data highlights key differences in rates of use in different ethnic groups, providing important information for researchers and policymakers to ensure equity of care delivery in the future.

> The interRAI research network has been invaluable for forging new connections and collaborations, sharing new research ideas, and in their support of early career researchers and providing mentorship. There have been so many new ideas and skills that have been shared amongst members of the network, leading to new project ideas, new grants, and building capacity and capability in using big data to answer important clinical research questions.

The interRAI Standards body and data quality

In July 2022, interRAI Services achieved a significant milestone towards optimisation and improvement of our education service, when it established a standards body for the delivery of educational services.

The interRAI Services standards body is a quality framework that evidences the competency of assessors, and quality of interRAI assessments.

This initiative links to horizon 2 of the interRAI Service Design recommendations, Optimise Current Assessment Model, specifically recommendation 4, Improve Education and Support.

The standards body approach is a significant departure from the existing in-house system of education delivery, where standards are set, education is delivered, and quality is monitored.

While the inhouse, combined model will continue in parallel, the new system provides a flexible approach to delivering quality assessments where they are needed most – in the community.

Governed by the TAS private training establishment (PTE), the interRAI standards body provides oversight to interRAI Services delivery team and each accredited provider delivery team. As an NZQA-accredited PTE, TAS PTE is reviewed every three years by NZQA to ensure quality and consistency.

A robust monitoring and reporting programme supports the success of the interRAI Standards body. This is made up of:

- Quality reviews of competent assessors
- Annual examinations for assessors
- Quarterly reporting against Ministry of Health targets
- Reporting on quality indicators
- Reporting on data quality.

About data quality reporting

The success of interRAI depends upon the accuracy of assessments, and each assessment determines a person's quality of life. Detailed care plans are informed by the item responses gathered from the assessment.

An interRAI Data Quality report, which measures the quality and accuracy of data collected in interRAI assessments, has been produced annually since 2015. The first iterations of this report used measures suggested by the international interRAI organisation in 2013 to determine the quality of our data. These measures were reused each year. Though a good initial approach, by 2021 it was identified that this approach needed to be more comprehensive to create a strategy of improvement, with measurements directly relevant to the New Zealand environment, and the report needed to be produced more often to ensure data quality.

To address these needs, the Data Quality report has been revised in 2022. The revised report will better meet the needs of our stakeholders across the health sector by:

- Tailoring the items monitored to those identified as problematic by interRAI teams
- Changing the frequency of the report from annual to quarterly
- Expanding the report to new assessment types – particularly the Acute Care assessment
- Regularly scheduled revisions of measures to ensure the report remains current and valuable for everyone who uses it.

The enhanced Data Quality report will give greater confidence to our stakeholders in many roles across the health sector, from policy makers to researchers. At a time when interRAI Services is forging ahead with a decentralised education model, the enhanced Data Quality report demonstrates a key part of our monitoring procedures. As things change for interRAI Services, stakeholders can have confidence that we will continue to deliver comprehensive clinical assessments that contribute to better care and better outcomes for the health sector.

From reporting to practice: Domicile Codes

In the 2021, Annual Data Quality report, the number of Home Care Assessments which had a post code entered in the field for domicile codes was measured for the first time.

The domicile codes, which identify the location where a person's Home Care assessment was conducted, are important for resource planning – they help identify patterns of services or lack of service across geographical areas. They also provide an accurate representation of the deprivation index which is important in determining equity in services supplied.

interRAI software doesn't provide hard-coded limits on what is entered in this field, leading to the error rate. interRAI educators were advised of this outcome and a plan was put in place to make assessors aware of the importance of correctly entering data in this field.

Consequently, there has been a visible improvement in the quality of domicile code data entry in 2021/22.

Percentage of error in Domicile Code in Home Care Assessments
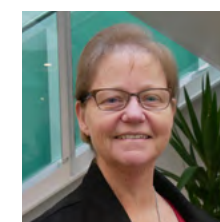

Home Care Assessment
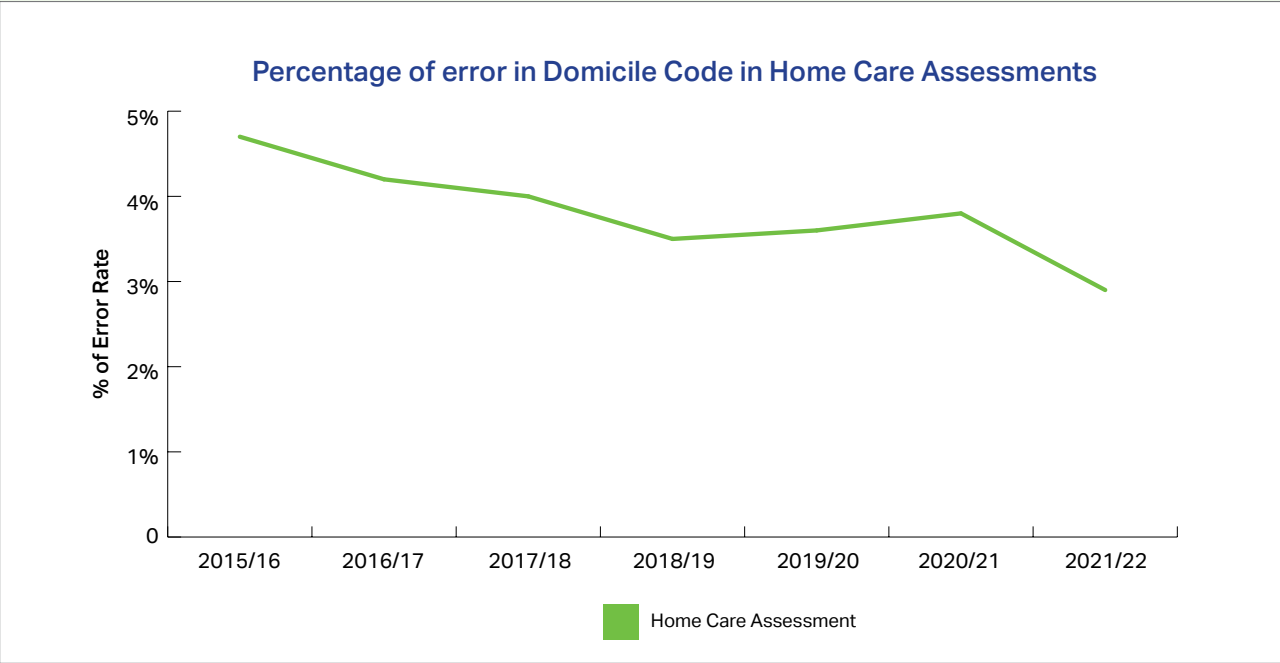
interRAI Services Management Team, TAS

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

Michele McCreadie
General Manager
Commercial

Margaret Milne
Director
interRAI Services

Sally Aydon
Manager interRAI
Education and
Support Services

Warwick Long
Manager
interRAI Software
Services

Dr Brigette Meehan
Principal Advisor
interRAI Services

Ministry of Health – Manatū Hauora

The government, through the Ministry of Health, funds interRAI. The Director-General of Health appoints the interRAI Leadership Advisory Board. Ministry of Health officials attend interRAI Leadership Advisory Board meetings to represent the Director General of Health. They also hear how interRAI contributes to the goal of improving health outcomes for all New Zealanders.

Jim Nicolson
Manager
Healthy Ageing Team

Julie Palmer
Programme Manager
Healthy Ageing

Andrew Upton
Service Manager
Information and Data
Collection

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

Glossary

AC	Acute Care assessment
ACC	Accident Compensation Corporation
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
DHB	District Health Board (the 20 DHBs became Districts on 1 July 2022)
HC	Home Care – a comprehensive interRAI assessment for people living in their own homes
iLAB	interRAI Leadership Advisory Board
interRAI	International Resident Assessment Instrument – a 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
MoH	Ministry of Health
Momentum	Momentum Healthware Ltd – our interRAI software vendor
NAR	Non-Acute Rehabilitation pathway
NASC	Needs Assessment and Service Coordination – the Te Whatu Ora Districts service which 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
PDRP	Professional Development and Recognition Programmes, a nursing professional development framework.
PTE	Private training establishment
TAS	A business unit within Te Whatu Ora, TAS – Kahui Tuitui Tangata, supports informed decision making and improved service planning and delivery, through data analysis and health system insights

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